



INCIDENT REQUEST FORM

10 Galapago Street
Denver, CO 80223
p: 720.337.2800
f: 720.337.2801
www.denvergov.org

REQUIRED INFORMATION BELOW TO COMPLETE YOUR INCIDENT REQUEST:

Failure to follow instructions below can result in report request delays and payment reimbursements

- The incident report request form must be completed entirely. Leaving sections blank or not providing detailed information may delay your request. Incomplete requests will be returned to sender with no further action.
- Please click the "Submit" button once the incident request form is complete.
- A confirmation email will be sent to you with the status of your incident report **and** the incident report number.
- **The incident report number is required** when making an online payment and/or to make check/money order payment in person. *If you have not received a confirmation email with the status of your incident report, along with the incident number, you cannot make a payment.*
- Your total cost will be estimated by the length of time taken to research your request. After the first hour, the cost is \$30.00/hour. You shall receive an email with the estimated cost prior to researching/receiving records. Check/money orders are to be made payable to Manager of Finance and accepted in person at 745 West Colfax Avenue, Denver, CO 80204 with your incident report number.
- Incident reports may take at minimum of 30 days from date of incident to be completed.
- Investigation reports may take at minimum 60 days from date of incident to be completed. Please contact 720.337.2800 for a status update on your request, as all cases vary and may require more time before release, no exceptions.

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- * The Denver Fire Department does not maintain patient medical records.
 - * The Denver Fire Department does not transport or bill patients.
 - * Medical/billing information can be obtained from the paramedics/hospital where the patient was transported.

Questions? Please contact 720.337.2800



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*** **BEFORE** making your payment, you **MUST** obtain a confirmation email with the incident number to complete your online payment. ***

Incomplete requests will be returned with no further action

REQUESTOR CONTACT INFORMATION
Individual/Company Name:
Address:
Phone Number:
E-mail Address <i>(Please note if you prefer the report emailed in lieu of sending a return envelope):</i>

REQUIRED INCIDENT INFORMATION		
Incident Number <i>(If known):</i>	Date of Incident:	Time of Incident <i>(If known):</i>
Incident Address/Location <i>(Please be specific):</i>		
Type of Incident <i>(Motor Vehicle Accident, EMS, medical call—please be specific):</i>	Please check all that apply: Building Fire Vehicle Fire Medical Motor Vehicle Accident Other (Please specify)	
Additional Details <i>(Reports are identified by address, exact date, and incident number only):</i>		

*Pursuant to C.R.S. 13-21-109 and Section 53-3 of the City and County Ordinance:
 In the event that your check payment is returned unpaid for insufficient or uncollected funds, we may re-deposit your check electronically two (2) additional times in the ordinary course of business. Your check will not be provided to you with your bank statement, but a copy can be retrieved by contacting your financial institution. A Returned Check charge of \$20 and a Cost of Collection charge of \$30 will be assessed for any check returned not paid. DFD (01/18)