ANAHEIM FIRE & RESCUE
FIRE / ARSON INVESTIGATIONS UNIT
201 SOUTH ANAHEIM BLVD., SUITE 301
ANAHEIM, CA 92805
714/765-4034
FAX 714/765-4008

INVESTIGATION REPORT REQUEST

DATE REQUESTED: _____

REQUESTER'S INFORMATION:

NAME: _____ CDL: _____

DBA: _____ PHONE #: _____

ADDRESS: _____

I CERTIFY THAT I AM:

( ) - A VICTIM OF THE INCIDENT
( ) - AN AUTHORIZED REPRESENTATIVE OF THE VICTIM(S) WITHIN THE INCIDENT
( ) - A REPRESENTATATIVE OF AN INSURANCE CARRIER AGAINIST WHOM A CLAIM HAS BEEN/ MAY BE MADE
* ATTACH A LETTER - CHAPTER II, PART, SECTION 1875.1 TO 1875.6 OF THE INSURANCE CODE
( ) - A PERSON WHO SUFFERED BODILY INJURY, PROPERTY DAMAGE OR LOSS AS A RESULT OF THE INCIDENT

REQUESTER'S SIGNATURE: _____ DATE: _____

INCIDENT INFORMATION:

AFD REPORT #: _____ INCIDENT DATE: _____

INCIDENT LOCATION: _____

FOR INVESTIGATIONS UNIT ONLY
DISCLOSURE AUTHORIZATION

( ) REQUEST APPROVED

APPROVED PENDING REMOVAL OF:
( ) JUVENILE INFORMATION
( ) CONFIDENTIAL INFORMATION
( ) SUSPECT INFORMATION
( ) SUPPLEMENTAL INVESTIGATION
( ) OTHER

( ) REQUEST DENIED

REASON FOR DENIAL:
( ) NOT AUTHORIZED RECIPIENT PER 6254(F)GC
( ) NOT AUTHORIZED RECIPIENT PER 827 WIC
(REQUIRES PETITION TO INSPECT JUVENILE RECORDS)
( ) INVESTIGATION PENDING

AUTHORIZED/DENIED BY: _____ **DATE:** _____