Request For Fire / Medical Incident / Investigation Report

Bluffton Township Fire District
357 Fording Island Road
Bluffton, SC 29910
(843) 757-2800 [Voice]
(843) 757-7305 [Fax]
www.blufftonfd.com

Type Of Report Requested

- ☐ Fire Incident Report
- ☐ Medical Incident Report
- ☐ DHEC
- ☐ Fire Investigation Report
- ☐ Other (please describe)

_____

Type Of Incident

- ☐ Structure Fire
- ☐ Vehicle Fire
- ☐ Other Fire
- ☐ Motor Vehicle Accident
- ☐ Medical
- ☐ Hazardous Materials
- ☐ Other Incident Type

Office Use Only

Alarm #:
OIC:
OFC1:
OFC2:
OFC3:
OFS:
Released:

Date Of Incident

Month _____ Day _____ Year _____

Location Of Incident

Street Address, Intersection, Or Description Of Location _____

City _____ State _____ Zip Code _____

1.) **I hereby request a copy of the above referenced report for the incident described above.**

2.) **I understand that, due to review and scheduling issues and as well as to insure accuracy of the report, it may take up to 2 (two) weeks for the report to be made ready for release. Certain reports, such as reports of an investigative nature, may take many months to complete and a copy of said report will <u>not</u> be available until such time as the report is complete and finalized.**

3.) **I understand that, in accordance with Federal and State Regulations, certain information of a sensitive nature which may be contained in incident or investigative reports, such as description of crime scenes, results of laboratory tests, identification and statements of witnesses, or any other information of like type which may tend to compromise or impede an on-going investigation or prosecution may be redacted or removed from all Fire Incident / Investigative and/or Medical (EMS) Reports maintained by this organization which have been prepared for release to the public.**

4.) **I understand that, in accordance with Federal Regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II), all protected medical information (as well as personal identifying information of a nature where the identity of a protected individual may be surmised) of any one or more individual(s) referenced in any report for which the Bluffton Township Fire District has not received a properly executed medical release statement (or its equivalent), will be redacted or removed from all Fire Incident / Investigative and/or Medical (EMS) Reports maintained by this organization which have been prepared for release to the public.**

Report Disposition

I request that this report be:

- ☐ **Held for pickup at BTFD Fire Headquarters / Prevention**
- ☐ **Emailed* To:**
- ☐ **FAX'd to:** _____
  Email Address or FAX Phone Number
- ☐ **Mailed To:** ☐ **Certified Mail****

_____
Street Address

_____ City _____ State _____ Zip Code

* Emailed reports containing sensitive / protected information may be encrypted.
** An up-front fee will be charged to recoup USPS Certified Mail Service charges.

Requester Information

Printed Name

Work / Home Phone (Including area code)

Cell Phone (Including area code)

Date Of This Request

Signature