



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 REPRESENTATIVE OF AN INSURANCE CARRIER AGAINST 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

REQUEST DENIED

APPROVED PENDING REMOVAL OF:

- JUVENILE INFORMATION
- CONFIDENTIAL INFORMATION
- SUSPECT INFORMATION
- SUPPLEMENTAL INVESTIGATION
- OTHER

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: _____