



# Jeffersontown Fire Protection District

## Incident Report Request

*Please read the information on Page 2 before completing.*

|                   |                    |                     |        |
|-------------------|--------------------|---------------------|--------|
| Incident Date:    |                    |                     |        |
| Incident Address: |                    |                     |        |
| Incident Type:    |                    |                     |        |
| Fire              | Medical Assistance | Hazardous Materials | Other: |

### Person and Business/Agency Requesting Report

|  |     |        |     |
|--|-----|--------|-----|
| Name (first, middle initial and last): |     |        |     |
| Business Name:                         |     |        |     |
| Mailing Address:                       |     |        |     |
| City:                                  |     | State: | ZIP |
| Daytime Telephone:                     |     |        |     |
| Insurance on Damages:                  | Yes | No     |     |

### Requesting Party is the:

|                                 |                                   |
|---------------------------------|-----------------------------------|
| Owner                           | Owner's Attorney                  |
| Owner's Insurance Agent         | Occupant/Tenant                   |
| Occupant/Tenant's Attorney      | Occupant/Tenant's Insurance Agent |
| Beneficiary of Deceased Patient | Other:                            |

### For Insurance Company Representatives

|                         |  |  |  |
|-------------------------|--|--|--|
| Insurance Company Name: |  |  |  |
| Person(s) Represented:  |  |  |  |
| Policy Claim Number:    |  |  |  |

~~~~~ For Office Use Only ~~~~~

|                                              |         |                |  |
|----------------------------------------------|---------|----------------|--|
| Incident Number:                             |         | Date Provided: |  |
| Request Received by (print):                 |         | Date:          |  |
| Authorized by (FD representative signature): | X _____ | Date:          |  |

## ***Incident Report Request Instructions***

If completing this form manually, please print all information.

This report may be submitted in the following formats after completion:

1. US Mail (Please include a self-addressed stamped envelope):  
Jeffersontown Fire Protection District  
10540 Watterson Trail  
Jeffersontown, KY 40299
2. Electronically:  
Complete this form using Acrobat Reader, then submit by clicking on the "Submit by Email" button in the top, right-hand corner of Page 1.
3. Email:  
Print this form and complete it manually. Once completed, scan the form and email it to:  
[cthomas@jeffersontownfire.com](mailto:cthomas@jeffersontownfire.com).
4. Fax:  
Print this form and complete it manually. Once completed, fax the form to: 502.267.5217.

Please allow up to three (3) business days for response to the incident report request. Thank you.