



Columbia Fire Department  
**BUREAU OF FIRE INVESTIGATION**

1800 Laurel Street, Columbia, SC 29201  
Phone: (803)-545-4276 Fax: (803) 733-8311

**FIRE REPORT REQUEST FORM**

Type of Fire Report(s) Requested		
<input type="checkbox"/> <b>FIRE INCIDENT REPORT (NFIRS):</b> Report generated by the Incident Commander under the rules and guidelines of the National Fire Incident Reporting System.  Please indicate how you would like to receive the report: U.S. Mail      Pick-up (Please call to confirm if report is ready)      Email		
<input type="checkbox"/> <b>FIRE INVESTIGATION REPORT (FIR):</b> Report generated when CFD Fire Investigators are dispatched to perform an origin and cause investigation. To determine the availability of a FIR, please call (803)-545-3701. Please note: Depending on the complexity and other factors of an incident, a FIR may not be completed for weeks or months. If applicable, a FIR may be withheld from disclosure pursuant to SC Government Code Title-30 and SC CHAPTER 4 -Public Records -SECTION 30-4-40  Please indicate how you would like to receive the report: U.S. Mail      Pick-up (Please call to confirm if report is ready)      Email		
<input type="checkbox"/> <b>SUBPOENAING MEDICAL RECORDS :</b> I understand that I have the right to inspect and copy the information that is to be used or disclosed as part of this authorization. I hereby authorize the disclosure of the following information pertaining to the incident date below: Please indicate how you would like to receive the report: My entire MEDICAL Record and any accompanying documents      My entire BILLING Record  My MEDICAL Record Limited to: _____  MY BILLING Record limited to: _____		
Incident Information		
Type of Incident: <i>(Building, Vehicle, etc.)</i>	CFD Incident # (if known):	
Incident Date:	Approximate Time:	
Address or Intersection:		
Requester Information		
Name:	Phone #:	
Company:	Email:	
Mailing Address:		
City:	State:	Zip Code:
Interest in incident/Reason for Request: <i>(Victim, Insurance Co, Media, etc.)</i>		
Signature:		Date:

Mail request to: Columbia Fire Department  
Attn: Fire Analysis Specialist  
1800 Laurel Street  
Columbia, SC 29201

Or email to:

**INTERNAL USE ONLY**

Incident#: \_\_\_\_\_  
Date request received: \_\_\_\_\_  
Date provided/mailed: \_\_\_\_\_  
Initials: \_\_\_\_\_