



FIRE DEPARTMENT – CITY OF NEW YORK  
 Public Records Unit / ACR Section  
 9 MetroTech Center  
 Brooklyn, New York 11201-3857  
 (718) 999-1998 or 1999



## Ambulance Call Report/ Prehospital Care Report Request Form

**SECTION A**      CUSTOMER INFORMATION

Please print the required information below.

Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

**Note:** Please make sure you complete this form and attach all required documents. Enclose a check or money order made payable to the NYC Fire Department and a stamped self-addressed envelope (with postage). Mail checks or money orders directly to the address and unit listed above. Only money orders or checks will be accepted for Requests (no exceptions). **DO NOT MAIL CASH.**

**SECTION B**      PATIENT INFORMATION

Please carefully read the instructions below and print the required patient's information.

**Name of Patient:** \_\_\_\_\_

**Incident / Date:**      \_\_\_\_/\_\_\_\_/\_\_\_\_

**Incident / Time:**      \_\_\_\_:\_\_\_\_

AM     PM

**Incident / Location:** \_\_\_\_\_

**Incident / Borough:** \_\_\_\_\_

**Hospital taken to:** \_\_\_\_\_

**Is the patient a minor (please check only one box)?**

YES     NO

**Date of Birth:**      \_\_\_\_/\_\_\_\_/\_\_\_\_

**Last 4 digits of Social Security Number:**      \_\_\_\_\_

**If you have the ACR/PCR, please provide ACR/PCR number:** \_\_\_\_\_

**What is the requester's relationship to the patient (please check only one box below)?**

Self / Patient     Parent / Guardian     Executor / Administrator of Estate     Other \_\_\_\_\_

**CUSTOMER – PLEASE READ AND SUBMIT THE REQUIRED ITEM(S) BELOW**

- An original notarized letter from the patient authorizing the release of this information.
- Proof of parental status or guardianship, if the patient is a minor. Acceptable proof is a copy of the patient's birth certificate or a court document showing custody / guardianship.
- Proof that a court has appointed you executor or administrator of the patient's estate, if the patient is deceased (Letters testamentary or letters of administration).
- Payment in the form of a check or money order in the amount of \$2.25 for each report.