



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 \$1.50 for each report.