

# FIRE INVESTIGATION REPORT REQUEST



**San Bernardino County Fire Department**  
**Fire Investigation Unit**  
 620 South 'E' Street, San Bernardino, CA 92415-0179  
 (909) 347-1771 Phone • (909) 347-1777 Fax  
**EMAIL REQUESTS TO:** [investigationreports@sbcfire.org](mailto:investigationreports@sbcfire.org)



## REQUESTOR INFORMATION

DATE OF REQUEST	REPORT TO BE:    MAILED <input type="checkbox"/> PICKED UP <input type="checkbox"/>		
NAME		TITLE (If individual, leave blank)	COMPANY or AGENCY (If individual, leave blank)
MAILING ADDRESS		CITY/COMMUNITY	STATE    ZIP CODE
PHONE	FAX	EMAIL ADDRESS	

## INCIDENT INFORMATION

(Please include as much information as possible)

**DATE OF FIRE	TYPE OF FIRE (Structure, vehicle, vegetation, etc.)	LOCATION OF FIRE (Address)
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ADDITIONAL COMMENTS/INFORMATION
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**Please remit a non-refundable fee of \$59.00 for each Fire Investigation Report requested.  
(Reports will not be released until fee is paid.)**

**Payment may be made online via credit card or e-check. Check or money order (made payable to "SBCFPD") may also be mailed in to the address noted above.**

(PLEASE NOTE: A 2.29% CONVENIENCE FEE IS APPLIED FOR ALL CREDIT CARD TRANSACTIONS.)

Fire Investigation Reports (FIRs) will become available **after** a minimum of three weeks following the **closure** of an investigation unless otherwise approved by the Fire Investigation Assistant Fire Marshal.

In the event that a case has been closed but has been referred for prosecution or other formal enforcement action, **FIRs cannot be released unless the case has been fully adjudicated, including appeals.**

**EXCEPTION:** A FIR shall be released upon proper service of a Subpoena Duces Tecum or other bonafide court order.

The FIR will include the written document (hard copy of the report) with any associated photographs in a flash drive format. Please note that ALL confidential information will be redacted or otherwise removed prior to issuance of a FIR.

## OFFICE USE ONLY

DATE RECEIVED	RECEIVED BY	DATE PAID	RECORD ID NUMBER
INCIDENT NUMBER	INVESTIGATOR NAME		
DATE PROCESSED	ADDITIONAL NOTES/COMMENTS		