

**RELEASE OF INFORMATION FROM EMERGENCY  
MEDICAL REPORTS**

**Jefferson County Fire Protection District No. 4  
Brinnon Fire Department**

Information from an emergency medical report may be disclosed if it constitutes information that would be public knowledge to a bystander at the District station, at the scene of the incident, or at the hospital; as provided herein:

Date of incident: \_\_\_\_\_ Incident No. \_\_\_\_\_ Time of call: \_\_\_\_\_

The time of arrival on the scene: \_\_\_\_\_

Weather conditions: \_\_\_\_\_

Location of response (address): \_\_\_\_\_

Name of person treated: \_\_\_\_\_

Phone number of person treated (unless unlisted): \_\_\_\_\_

Apparatus and equipment dispatched: \_\_\_\_\_

Number of Fire District members' on-scene: \_\_\_\_\_

Names of Fire District members' on-scene: \_\_\_\_\_

Was patient transported?  yes  no

(a) If yes, place where patient was transported to: \_\_\_\_\_

(b) If no, clock time when Fire District members left the scene: \_\_\_\_\_

Manner in which call was received:

Telephone  radio  walk-in  other (specify): \_\_\_\_\_

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*Disposition of request.* The above information was released to

Name of requester: \_\_\_\_\_

Agency: \_\_\_\_\_

Method of release:  verbal  copy

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*Signature of Public Records Officer*

*Date/Time*