



The Commonwealth of Massachusetts

Department of Public Safety

OFFICE OF THE STATE FIRE MARSHAL
1010 Commonwealth Avenue, Boston, Massachusetts 02215
MOTOR VEHICLE FIRE REPORT

FDID Inc.No. FIRE DEPARTMENT Date

Owners Name Last First MI Date of Birth

Address City S.S.#

Phone() License # Exp Date

Occupation Bus. Phone#

Vehicle Make Model Year Color

V.I.N. Reg # State

Ins. Co. How long? Coverage: Fire, Theft, Coll.

Previous Insurance Company

Where purchased? City Date

Price Lienholder City

Monthly payment Date of last payment Current bal.

General condition of veh. Cond. of tires Type of tires

Cond. of Eng. Cond. of transm. Mileage

Optional equipment

Repairs made in last year Where?

Inspection sticker issued at City Date

How many sets of keys? Where at the time of loss?

Where are keys now? Shown: sets

Was vehicle locked? Any keys hidden on vehicle?

Alarm System On Off Security System set? Yes No

Store any flammable liquids? Y N What? Where?

Contents:

If claiming contents on homeowners insurance policy, Company

SIGNED UNDER PENALTY OF PERJURY

over

Was vehicle stolen? Y N

Was theft reported? Y N

Address where stolen from _____ City/Town _____

Reason vehicle parked at above location _____

When was vehicle parked/in motion Date _____ Time _____ AM PM

Was anyone with you at the time? Y N

Name _____ Last _____ First _____ M _____

Address _____ City/Town _____ Tele _____

Name _____ Last _____ First _____ M _____

Address _____ City/Town _____ Tele _____

When was vehicle last seen? Date _____ Time _____ AM PM

By whom? _____ Time _____ AM PM

When did you discover vehicle burned/missing? Date _____ Time _____

What action did you take when you discovered vehicle burned/missing?

Have you been notified that vehicle is recovered? Y N

Who notified you? _____ How? _____ When? _____

Have you had any previous insurance claims for this or any other

vehicle within the past five (5) years? Y N When? _____

Type of claim? _____ Insurance Co? _____

WARNING

OATH OR AFFIRMATION



I hereby swear or affirm under penalty of perjury, that the information I have provided herein is truthful and correct.



To be signed by owner of record

Date