



# 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 \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Last First MI

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