



The Commonwealth of Massachusetts

Form FP-33C (rev. 8/97)

Department of Fire Services

Office of the State Fire Marshal

P.O. Box 1025, State Road, Stow, Massachusetts 01775

Burned/Recovered Motor Vehicle Report

Fire Department: _____ FDID#: _____

Incident Number: _____ Date: _____

This report must be completed fully in accordance with M.G.L. c. 175, § 113O; and M.G.L. c. 266, § 29 B.

I hereby report to the above named Fire Department that the following motor vehicle was burned in the City/Town of _____

Owned by: _____

Last Middle First

Address City/Town/State Phone Number

Reported by: _____

Last Middle First

Address City/Town/State Phone Number

Location of Fire: _____

Street City/Town Date/Time of Fire

Motor Vehicle: _____

Year Make Model Body Style Color

Registration Number State Vehicle Identification Number

Was the Vehicle Registered? [] Yes [] No Keys in the Vehicle? [] Yes [] No Doors Locked? [] Yes [] No

Fire Insurance Coverage? [] Yes [] No _____

Insurance Agent Insurance Company

Further Information will be required by the Fire Department Form FP-33D

Oath of 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 the owner of record _____

Do not write below these lines - Fire Authority only.

Name of Person Taking Report: _____

Name Date/Time

Stolen Report Made? [] Yes [] No _____

Where Date/Time