State Fire Marshal's Office
118 Parade Street
Providence, RI 02909
Phone: (401) 462-4200 Fax: (401) 462-4260

BURNED/RECOVERED MOTOR VEHICLE REPORT

_____ Fire Dept. _____
FDID Inc. No. 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 balance _____

General condition of vehicle _____Condition of tires _____Type of tires _____

Condition of engine _____Condition of transmission _____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 O PERJURY_____

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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 MI

Address _____City/Town _____Tel: _____

Name_____
Last First MI

Address _____City/Town _____Tel: _____

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

By whom? _____ Time _____ AM PM

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

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