



Rhode Island Office of the State Fire Marshal
 560 Jefferson Boulevard
 Warwick, RI 02886
 Phone: (401) 889-5555 Fax: (401) 889-5533

BURNED/RECOVERED MOTOR VEHICLE REPORT

_____ Fire Dept. _____
 FDID Inc. No. _____ Date _____
 Owners Name _____ Date of Birth _____
 Last First MI
 Address _____ City _____ SS# _____
 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 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? Yes No What? _____ Where? _____
 Contents: _____
 If claiming contents on homeowners insurance policy, Company _____
 SIGNED UNDER PENALTY OF PERJURY _____

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: _____

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 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 owner of record

Date