



State Fire Marshal's Office
1951 Smith Street
North Providence, RI 02911
Phone: (401) 383-7717 Fax: (401)415-8608

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 OR PERJURY _____

