

Motor Vehicle Fire Report
Michigan Department of Licensing & Regulatory Affairs
Bureau of Fire Services
PO Box 30070
Lansing, MI 48909
 Authority: 2000 PA 413

FIRE DEPARTMENT	FDID	FIRE DEPARTMENT INCIDENT NUMBER
LAW ENFORCEMENT AGENCY	ORI NUMBER	POLICE DEPARTMENT INCIDENT NUMBER

I hereby report to the above name Fire/Law Enforcement Authority that the following motor vehicle was burned.

DATE	TIME	LOCATION (Street Address)	CITY	TOWNSHIP
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Owner Information

OWNER'S NAME (Last, First, Middle)			STREET ADDRESS		
CITY	STATE	ZIP CODE	LAST 4 DIGITS SOCIAL SECURITY NUMBER	DATE OF BIRTH	
TELEPHONE NUMBER (Including Area Code)	BUSINESS TELEPHONE NUMBER (Include Area Code)		DRIVER'S LICENSE NUMBER		EXPIRATION DATE

Vehicle Information

VEHICLE MAKE		MODEL	YEAR	COLOR	
VEHICLE IDENTIFICATION NUMBER (VIN)		REGISTRATION NUMBER	STATE	GENERAL CONDITION OF VEHICLE	
CONDITION OF TIRES	TYPE OF TIRES		CONDITION OF ENGINE		CONDITION OF TRANSMISSION
MILEAGE			OPTIONAL EQUIPMENT		
REPAIRS MADE IN THE LAST YEAR			WHERE WERE REPAIRS MADE		
HOW MANY SETS OF KEYS	WHERE WERE KEYS AT TIME OF LOSS		WHERE ARE KEYS NOW		

Insurance Company/Lien Information

INSURANCE COMPANY		HOW LONG	COVERAGE <input type="checkbox"/> FIRE <input type="checkbox"/> THEFT <input type="checkbox"/> COLLISION		PREVIOUS INSURANCE COMPANY
AGENT	CITY		DATE	ANNUAL COST OF INSURANCE	
LIENHOLDER	STREET ADDRESS		CITY	STATE	ZIP CODE
MONTHLY VEHICLE PAYMENT \$	DATE OF LAST PAYMENT		CURRENT BALANCE \$		
IF CLAIMING CONTENTS ON HOMEOWNERS INSURANCE POLICY, PROVIDE NAME OF INSURANCE COMPANY					

Vehicle Security

WAS VEHICLE LOCKED <input type="checkbox"/> YES <input type="checkbox"/> NO	ANY HIDDEN KEYS ON VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO	ALARM SYSTEM <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WAS ALARM ON OR OFF <input type="checkbox"/> ON <input type="checkbox"/> OFF	WAS VEHICLE STOLEN <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WAS THEFT REPORTED <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS WHERE STOLEN FROM		CITY	STATE		ZIP CODE
<input type="checkbox"/> PARKED WAS VEHICLE PARKED OR IN MOTION WHEN STOLEN <input type="checkbox"/> IN MOTION		IF PARKED, WHY WAS VEHICLE PARKED AT LOCATION	DATE VEHICLE WAS PARKED		TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
DID VEHICLE STORE ANY FLAMMABLE LIQUIDS <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT	WHERE	CONTENTS	

Passenger Information

WAS ANYONE WITH YOU AT THE TIME OF FIRE - PASSENGER #1		TELEPHONE NUMBER (Include Area Code)	
STREET ADDRESS	CITY	STATE	ZIP CODE
PASSENGER #2		TELEPHONE NUMBER (Include Area Code)	
STREET ADDRESS	CITY	STATE	ZIP CODE

Incident Details

WHEN WAS VEHICLE LAST SEEN	DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	BY WHOM	
WHEN DID YOU DISCOVER VEHICLE WAS BURNED/MISSING	DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	ACTION TAKEN WHEN VEHICLE WAS DISCOVERED MISSING	
HAVE YOU BEEN NOTIFIED THAT VEHICLE IS RECOVERED <input type="checkbox"/> YES <input type="checkbox"/> NO	WHO NOTIFIED YOU		HOW	WHEN
HAVE YOU HAD ANY PREVIOUS INSURANCE <input type="checkbox"/> YES CLAIMS FOR THIS OR ANY OTHER VEHICLE WITHIN THE PAST FIVE (5) YEARS <input type="checkbox"/> NO	IF YES, WHEN		TYPE OF CLAIM	
INSURANCE COMPANY				

Certification and Signature

I hereby certify the information I have provided herein is truthful and correct.	
SIGNATURE OF INSURED	DATE

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.