

**Non Accidental Motor Vehicle Fire Report**  
Michigan Department of Licensing & Regulatory Affairs  
Bureau of Fire Services  
Office of State Fire Marshal  
P.O. Box 30700  
Lansing, MI 48909  
Authority: 2000 PS 413

Fire Department: \_\_\_\_\_ FDID#: \_\_\_\_\_  
Law Enforcement Agency: \_\_\_\_\_ ORI#: \_\_\_\_\_  
Incident Number: \_\_\_\_\_ NFIRS # \_\_\_\_\_

**This report must be completed fully in accordance with MCL 500.3010.**

I hereby report to the above named Fire/Law Enforcement Authority that the following motor vehicle was burned on \_\_\_\_\_ at \_\_\_\_\_. The fire took place at \_\_\_\_\_  
Date Time Number/Street/City (Township)

Motor Vehicle: \_\_\_\_\_  
Year Make Model Body Style Color  
Registration Number State Vehicle Identification Number

Owned by: \_\_\_\_\_  
Last First Middle  
Address City/State Telephone Number  
Last 4 Digits of Social Security Number Date of Birth

Insurance policy holder: \_\_\_\_\_  
Last First Middle  
Address City/State Telephone Number  
Last 4 Digits of Social Security Number Date of Birth

Fire reported by: \_\_\_\_\_  
Last First Middle  
Address City/State Telephone 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

I hereby affirm that I had no involvement in the planning to burn or actual burning of this motor vehicle. This information I have provided herein is truthful and correct. To be signed by the insured of record

\_\_\_\_\_  
Do not write below these lines – Fire Authority only.

Name of Person Taking Report: \_\_\_\_\_  
Name Date/Time

Stolen Vehicle Report Submitted ( ) Yes ( ) No  
Where Date/Time

Original-Fire/Law Enforcement Authority, photocopies to State Fire Marshal and Insured