

Non Accidental Motor Vehicle Fire Report
Michigan Department of Labor & Economic Growth
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