



FP-33C
(Rev. 05-2010)

The Commonwealth of Massachusetts
Department of Fire Services
Office of the State Fire Marshal
P.O. Box 1025, State Road, Stow, Massachusetts 01775

Burned/Recovered Motor Vehicle Report

Fire Department: _____ FDID#: _____

Fire Department Response: No Yes Incident Number: _____ Date: _____

**This report must be completed fully in accordance with
M.G.L. c. 175, § 1130; and M.G.L. c. 266, § 29 B.**

I hereby report to the above named Fire Department that the following motor vehicle was burned in the City/Town of _____

Owned by: _____
Last First Middle

Address City/Town/State Phone Number

Reported by: _____
Last First Middle

Address City/Town/State Phone Number

Location of Fire: _____
Street City/Town Date/Time of Fire

Motor Vehicle: _____
Year Make Model Body Style Color

Registration Number State Vehicle Identification 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

**Further Information will be required by the Fire Department Form FP-33D
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 the owner of record _____

Do not write below these lines – Fire Authority only.

Name of Person Taking Report: _____
Name Date/Time

Stolen Report Made? Yes No _____
Where Date/Time