

MAINE OFFICE OF STATE FIRE MARSHAL

INCIDENT INVESTIGATION REPORT REQUEST FORM FOR INSURANCE COMPANY USE UNDER THE MAINE ARSON REPORTING IMMUNITY ACT, 25 MRS § 2412

If you wish to request component(s) of an investigative file beyond the investigative report you are currently requesting, please attach and forward with this form a letter specifying which component(s) you wish to request.

PLEASE PRINT

FORM #3

REQUESTOR INFORMATION:		
1	Full name:	
2	Physical and mailing address:	
3	Telephone number:	()
4	E-mail address:	
5	Name of individual(s) or insurance company on whose behalf you are requesting information:	
INSURANCE COMPANY INFORMATION:		
6	Full name:	
7	Physical and mailing address:	
8	Telephone number:	()
9	E-mail address:	
INFORMATION REGARDING THE INCIDENT THAT IS THE SUBJECT OF THE REQUESTED REPORT:		
10	Incident date:	Incident location:
11	Claim number:	
12	Full name(s) of your insured:	
13	List your insured's property damaged or destroyed in incident:	
14	Incident number (if known):	
15	Brief description of incident and your reason to believe that the fire loss was not accidentally caused:	

I UNDERSTAND ANY MATERIALS RECEIVED FROM THE MAINE OFFICE OF STATE FIRE MARSHAL IN RESPONSE TO THIS REQUEST MAY NOT BE DISSEMINATED EXCEPT AS REQUIRED FOR LITIGATION AND WITH NOTICE TO THE OFFICE OF THE FIRE MARSHAL. I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION I HAVE PROVIDED ABOVE IS CORRECT.

SIGNATURE: _____ **DATE:** _____

NOTE: UPON SUBMISSION OF THIS REQUEST, PLEASE PROVIDE ALL INFORMATION GATHERED BY THE INSURANCE COMPANY TO THE MAINE OFFICE OF STATE FIRE MARSHAL IN ACCORDANCE WITH 25 MRS § 2412 (1). UNDER MAINE LAW, OFFICE OF STATE FIRE MARSHAL INCIDENT INVESTIGATION REPORTS ARE CONFIDENTIAL AND MAY NOT BE RELEASED IF THERE IS A REASONABLE POSSIBILITY THAT DOING SO WOULD RESULT IN CERTAIN CONSEQUENCES IDENTIFIED IN APPLICABLE STATE LAW. 16 MRS § 804. INFORMATION PROVIDED TO YOU PURSUANT TO THE ARSON REPORTING IMMUNITY ACT MAY BE REDACTED TO COMPLY WITH THIS STATUTE AND ANY OTHER APPLICABLE CONFIDENTIALITY PROVISIONS.

PLEASE MAIL OR FAX THIS COMPLETED FORM TO: OFFICE OF STATE FIRE MARSHAL, 52 STATE HOUSE STATION, AUGUSTA, ME 04333-0052 · 207-287-6251