

# Northern Pacific Railway Co.

## FIRE LOSS - - OWNER'S STATEMENT

1. Date of fire.....19..... Hour..... Day or Night.....
2. Name of and distance from nearest station (north, south, east or west).....  
Nearest mile post..... Do you lease right of way?.....
3. Section..... Township..... Range..... County..... State.....
4. How did this fire start—What or who started it?.....
5. Did you see the fire start?..... If not, how do you know its origin?.....  
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6. Did fire start on right of way?..... or on outside?.....
7. How far from center of track?.....
8. Had the right of way or any fire guards been burned or plowed where fire started?.....
9. What had you done to protect your property from fire? .....
10. Did you help put out the fire?..... Are you in the employ of the Company?.....
11. From what direction was the wind blowing?..... High or low?.....
12. Give name and address of all who saw it start, or while burning.....  
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13. If a train started the fire was it a passenger or freight?..... Direction.....
14. Who was first at the fire?..... How soon did you get there?.....
15. Give full and complete particulars and description of property burned.  
(If grain, meadow or grass, number of acres, kind of grass and value. If hay, grain or straw, number and size of ricks or stacks, number of acres from which cut, number of tons and value: if fence, length and full description; if trees, number, kind, age and size with number of acres burned over, etc. If alfalfa, first or second crop. If any other property, give detailed description.)  
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16. Actual net cash value of damage done \$.....
17. Who owns land where fire started?.....  
Who owns land where your property was burned?.....
18. Was property insured?..... What Company?..... How much did they pay you? \$.....
19. Did any person have a mortgage on or other interest in property burned? If so, give person's name and address, and extent of the mortgage or other interest.....
20. Give below any additional material information concerning fire.....  
Mail completed form to nearest station agent or to General Claim Department.

SIGNED \_\_\_\_\_ P. O. ADDRESS \_\_\_\_\_

OWNER

Owner will mail completed form by U. S. Mail, or through nearest Station Agent, to General Claim Department.