



Return to:
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Missouri Arson Award Nomination

Nominator:

Name: _____

Department: _____ Title: _____

Phone Number: _____ Email: _____

Street Address: _____ City: _____

State: _____ Zip: _____

Fire Loss:

Address of Fire: _____ Date of Fire: _____

Address: _____ City: _____

State: _____ Zip: _____

Insurance Company Information:

Name: _____

Contact Name: _____ Contact Phone: _____

Address: _____ City: _____

State: _____ Zip: _____

Estimated Amount of Loss: _____ Date of Arrest/Conviction: _____

Name of Accused: _____

Legal jurisdiction/sentence/disposition/remarks - _____

Nominee:

Name: _____ Phone Number: _____

Address: _____ Age: _____

City: _____ State: _____ Zip: _____

Special Information:

Did the nominee volunteer this information? Yes No

Was the nominee involved in this crime as a participant? Yes No

Did the nominee agree to testify? Yes No

Did the nominee testify? Yes No

If Yes: Grand Jury
 Preliminary Hearings
 Trial

Was the nominee's life placed in jeopardy? Yes No

If so, how? _____

Was the nominee willing to assist in the investigation? Yes No

If so, how?

Gave statement Yes No

Involved in undercover contact Yes No

Taped conversation(s) Yes No

Produced physical evidence Yes No

Other assistance Yes No

If yes, explain _____

Did the nominee's information and/or assistance result in: Yes No

Denial of fraud claim Yes No

Arrest and/or indictment Yes No

Identification of additional suspects Yes No

Confessions Yes No

Were any hardships placed on the nominee as a result of coming forward with information? Yes No

If yes, explain briefly _____

Did the nominee come forward as a result of involvement in any plea bargain arrangement related to:

This crime act Yes No

Unrelated criminal acts committed by nominee Yes No

If yes, briefly explain agreement: _____

