

Accident Reconstruction - Preliminary Data Sheet

Date: _____

Please print

File Name: _____ File No: _____

Date of Loss: _____ Time of Loss: _____

Insured/Client's Name: _____ Telephone No.: _____

Insurance / Adjusting Co/ Law Firm: _____

VEHICLE #1 (Insured)

| | | |
|------------------|---------|--|
| Year/Make/Model | VIN | |
| Present Location | Contact | |
| Operator's Name | Sex/Age | |
| Passenger #1 | Sex/Age | |
| Passenger #2 | Sex/Age | |
| Passenger #3 | Sex/Age | |
| Passenger #4 | Sex/Age | |
| Additional Info | | |

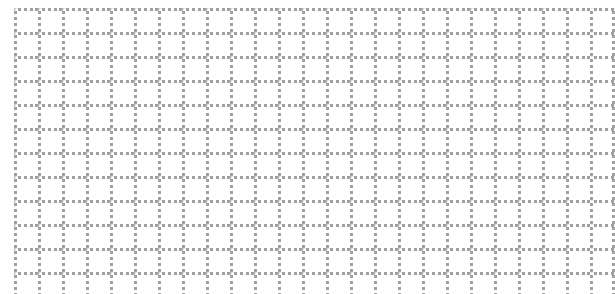
VEHICLE #2

| | | |
|------------------|---------|--|
| Year/Make/Model | VIN | |
| Present Location | Contact | |
| Operator's Name | Sex/Age | |
| Passenger #1 | Sex/Age | |
| Passenger #2 | Sex/Age | |
| Passenger #3 | Sex/Age | |
| Passenger #4 | Sex/Age | |
| Additional Info | | |

LOSS LOCATION _____
 LOSS DETAILS

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DIAGRAM



INSTRUCTIONS

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