

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		

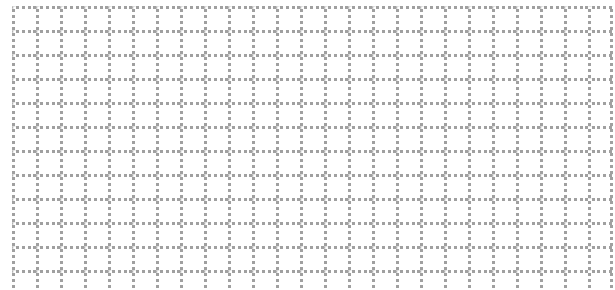
VEHICLE #2

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

DIAGRAM



INSTRUCTIONS

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Fax this sheet to: Andrew Happer, P. Eng. (Edmonton)
 Mike Peck, P. Eng. (Calgary)

Fax: 780-420-1556
 Fax: 403-230-2355