

CRASH FACTS, Inc.

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VEHICLE COLLISION RECONSTRUCTION *Request for Analysis*

Minor Impacts, Who Hit Whom, Speed / Injury Analysis, Staged Collisions, Damage Consistency

Insured /Defendant:

Claimant(s):

Claim Number:

Date & Time of Loss:

Adjuster: Mr. MS.

Phone No :

Company/Firm Name:

Street/P.O. Box:

City:

State:

Zip:

Please Address Report To: Mr. Ms.

E-mail Address:

Assignment

Please review the submitted documents and determine: (check all that apply)

Could this collision have occurred as stated?

Determine responsibility for the collision.

What were the approximate speed and forces involved in this collision?

Is such a collision likely to produce injuries?

Is the property damage consistent with the circumstances of the alleged collision?

Conduct Physical Inspection: Insureds Vehicle Claimant Vehicle Collision Scene

Please provide a brief collision scenario:

Who is claiming injury?

Documents Submitted

Photographs of the insured's vehicle

Damage / Repair estimate for the insured's vehicle

Insured's vehicle VIN number

Photographs of the claimant's vehicle

Damage / Repair estimate for the insured's vehicle

Insured's vehicle VIN number

Copy of the police collision report

Insured's statement

Claimant's statement