



**GRAHAM RYAN CONSULTING LTD.**  
ACCIDENT RECONSTRUCTION ENGINEERING

**CALGARY OFFICE**

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# Request for Accident Investigation

COMPANY \_\_\_\_\_  
CONTACT \_\_\_\_\_  
TELEPHONE \_\_\_\_\_  
FACSIMILE \_\_\_\_\_  
DATE \_\_\_\_\_  
CLAIM/FILE NUMBER \_\_\_\_\_  
DATE OF LOSS (mmm dd, yyyy) \_\_\_\_\_  
TIME OF LOSS (24 hour) \_\_\_\_\_  
LOSS LOCATION \_\_\_\_\_

VEHICLE INFORMATION	YOUR CLIENT	OTHER PARTY
OWNER/INSURED		
INSURED BY		
ADDRESS		
TELEPHONE (home)		
TELEPHONE (work)		
VEHICLE	Make _____ Year _____	Make _____ Year _____
MODEL		
VIN		
VEHICLE LOCATION		

Note that salvage yards require the insurance company's permission to allow us into their yard for inspections and downloads.  
Permission from the other insurance company and/or owner must be obtained to download electronic data from their vehicle.

OCCUPANTS	YOUR CLIENT	OTHER PARTY	<i>List ALL occupants, injured or not.</i>	
Vehicle Position	Name - Injury	Name - Injury	Sex	Age
DRIVER				
RIGHT FRONT				
LEFT REAR				
RIGHT REAR				
OTHER (specify)				
OTHER (specify)				
OTHER (specify)				

**LOSS DETAILS**

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**Sent**                      **Available**

Police report     

Photographs     

Measurements   

Damage appraisals

Statements       

Medical data      

**Report Requirements**

Verbal only

Brief or summary

Full report