GRAHAM RYAN CONSULTING LTD.
ACCIDENT RECONSTRUCTION ENGINEERING

EDMONTON 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.

List ALL occupants, injured or not.

OCCUPANTS Vehicle Position	YOUR CLIENT Name - Injury	Sex	Age	OTHER PARTY Name - Injury	Sex	Age
DRIVER						
RIGHT FRONT						
LEFT REAR						
RIGHT REAR						
OTHER (specify)						
OTHER (specify)						
OTHER (specify)						

LOSS DETAILS

Sent		Available
☐	Police report	☐
☐	Photographs	☐
☐	Measurements	☐
☐	Damage appraisals	☐
☐	Statements	☐
☐	Medical data	☐

Report Requirements
- ☐ Verbal only
- ☐ Brief or summary
- ☐ Full report

Preferred Investigator *(optional)*
- ☐ James W. Graham, P.Eng.
- ☐ Donald K. Pohl, P.Eng.
- ☐ Craig Assenheimer, P.Eng.