



GRAHAM RYAN CONSULTING LTD.
ACCIDENT RECONSTRUCTION ENGINEERING

CALGARY OFFICE

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Request for Accident Investigation

COMPANY _____
CONTACT _____
TELEPHONE _____
FACSIMILE _____
TODAY'S 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

Sent **Available**

Police report

Photographs

Measurements

Damage appraisals

Statements

Medical data

Report Requirements

Verbal only

Brief or summary

Full report