

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)

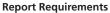
LOSS LOCATION

VEHICLE INFORMATION	I YOUR CLIENT		I OTHER PARTY	
OWNER/INSURED	1		1	
INSURED BY	1		1	
ADDRESS	1		1	
TELEPHONE (home)	1		1	
TELEPHONE (work)	1		1	
VEHICLE	I Make	Year	I Make	l Year
MODEL	I		1	
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 Vehicle Position	YOUR CLIENT _I Name - Injury	∣ Sex ∣ Age	OTHER PARTY I Name - Injury	List ALL occupants, injured or	
DRIVER	1		1		
RIGHT FRONT	1		1		
LEFT REAR			1		
RIGHT REAR	I		1		
OTHER (specify)	1		1		
OTHER (specify)	1		1		
OTHER (specify)	1		1		
LOSS DETAILS					

Sen	t Availa	Available		
\bigcirc	Police report	\bigcirc		
\bigcirc	Photographs	\bigcirc		
\bigcirc	Measurements	\bigcirc		
\bigcirc	Damage appraisals	\bigcirc		
\bigcirc	Statements	\bigcirc		
\bigcirc	Medical data	\bigcirc		



- O Verbal only
- O Brief or summary
- O Full report