

IMPACT GENERAL, INC.

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***VEHICLE COLLISION RECONSTRUCTION & INJURY CAUSATION
Request for Analysis***

**Minor Impacts, Who Hit Whom, Speed Analysis, Staged Collisions, Damage Consistency,
Traffic Engineering, Biomechanics, Occupant Kinematics, EDR Download,
Auto vs. Pedestrian, Animation, Commercial Vehicles, Trucks**

Insured/Defendant: _____ Claimant(s)/Plaintiff(s): _____
Claim Number: _____ Date & Time of Loss: _____
Adjuster: Mr. Ms. _____ Phone No.: _____ Fax No.: _____
Firm Name: _____
Street: _____ City: _____ State: _____ Zip: _____
Please address report to: Mr. Ms. _____
E-mail: _____
Shipping Address (if different from above): _____

ASSIGNMENT:

Please review the submitted documents and determine:

- Could this collision have happened as stated?
- Determine responsibility for collision.
- What were the approximate speeds and forces involved in this collision?
- Is such a collision likely to produce the alleged injuries?
- Is the property damage consistent with the circumstances of the alleged collision?
- Conduct Physical Inspection: Insured vehicle Claimant vehicle(s) Collision scene
- In addition to a Collision Reconstructionist, a Biomechanical Expert is requested.

Please provide brief collision scenario: _____

Who is claiming injury? _____

SPECIAL INSTRUCTIONS: _____

Documents Submitted

- Photographs of the insured's vehicle
- Photographs of the claimant vehicle(s)
- Damage/repair estimate for insured vehicle
- Damage/repair estimate for claimant vehicle(s)
- Copy of the police report
- Insured's statement
- Claimant's statement
- Medical records
- Other: _____

Documents Verified

(for Impact General use only)

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