

**IMPACT GENERAL, INC.**

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Send to: [assignments@impactgeneral.com](mailto:assignments@impactgeneral.com)

***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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