

**BODILY'S TRAFFIC COLLISION CONSULTING AND RECONSTRUCTION, LLC**

2010 WEST AVENUE K #550

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**VEHICLE COLLISION RECONSTRUCTION – REQUEST FOR ANALYSIS**

**CASE INFORMATION:**

**INSURED/DEFENDANT:** \_\_\_\_\_ **CLAIMANT/PLAINTIFF:** \_\_\_\_\_

**CLAIM NUMBER:** \_\_\_\_\_

**DATE OF LOSS:** \_\_\_\_\_

**ADJUSTER / ATTORNEY:**    MR.    MS. \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**COMPANY / FIRM NAME:** \_\_\_\_\_

**STREET:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:**    **ZIP CODE:** \_\_\_\_\_

**FROM SUPPLIED DOCUMENTS, DETERMINE THE FOLLOWING:**

**COULD THIS COLLISION HAVE OCCURRED AS CLAIMED?**

**IS THE PROPERTY DAMAGE CONSISTENT WITH THE CLAIMED EVENTS, (IE: THE VEHICLE WAS PARKED AND UNOCCUPIED WHEN THE DAMAGE OCCURRED)?**

**WHO IS RESPONSIBLE FOR THE COLLISION?**

**IF POSSIBLE TO CALCULATE WITH THE SUPPLIED INFORMATION, WHAT WERE THE SPEEDS AND/OR FORCES INVOLVED WITH THIS COLLISION?**

**BASED ON THE CALCULATED FORCES, ARE THE CLAIMED INJURIES CONSISTENT?**

**CONDUCT A PHYSICAL INSPECTION OF THE**

- **INSURED VEHICLE**
- **CLAIMANT VEHICLE**
- **COLLISION SCENE**

**PLEASE PROVIDE A SYNOPSIS OF THE COLLISION SCENARIO:**

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**WHO IS CLAIMING INJURY:** \_\_\_\_\_

**ANY SPECIAL INSTRUCTIONS:** \_\_\_\_\_

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**SUBMITTED DOCUMENTS:**

Photographs:    Insured Vehicle    Claimant Vehicle

Statements:    Insured Vehicle    Claimant Vehicle

Repair Estimates:    Insured Vehicle    Claimant Vehicle

Police Report:    / Medical Report: