

BODILY'S TRAFFIC COLLISION CONSULTING AND RECONSTRUCTION, LLC

2010 WEST AVENUE K #550

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SEND TO: NEW.CASES@BODILYSCCR.COM

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:

WHO IS CLAIMING INJURY: _____

ANY SPECIAL INSTRUCTIONS: _____

SUBMITTED DOCUMENTS:

Photographs: Insured Vehicle Claimant Vehicle

Statements: Insured Vehicle Claimant Vehicle

Repair Estimates: Insured Vehicle Claimant Vehicle

Police Report: / Medical Report: