

## Accident Reconstruction - Preliminary Data Sheet

Date: \_\_\_\_\_

*Please print*

File Name: \_\_\_\_\_ File No: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Time of Loss: \_\_\_\_\_

Insured/Client's Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Insurance / Adjusting Co/ Law Firm: \_\_\_\_\_

### VEHICLE #1 (Insured)

Year/Make/Model	VIN	
Present Location	Contact	
Operator's Name	Sex/Age	
Passenger #1	Sex/Age	
Passenger #2	Sex/Age	
Passenger #3	Sex/Age	
Passenger #4	Sex/Age	
Additional Info		

### VEHICLE #2

Year/Make/Model	VIN	
Present Location	Contact	
Operator's Name	Sex/Age	
Passenger #1	Sex/Age	
Passenger #2	Sex/Age	
Passenger #3	Sex/Age	
Passenger #4	Sex/Age	
Additional Info		

LOSS LOCATION \_\_\_\_\_

LOSS DETAILS


DIAGRAM

INSTRUCTIONS


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