



**COLLISION
RECONSTRUCTION
ENGINEERS, INC.**

1485 Enea Court, Suite 1330 • Concord, CA 94520
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Professional Engineers Licensed by the Board of Professional Engineers and Land Surveyors • ACTAR Certified Accident Reconstruction

REQUEST FOR TRAFFIC ACCIDENT RECONSTRUCTION

Date:	
From: <small>(Fill in or attach business card)</small>	
Telephone Number:	
Facsimile Number:	

Please attach business card

Date of loss/event:	
Reference/Claim No.:	
Case Caption:	
Defendant/Insured:	
Plaintiff/Claimant:	

Enclosed materials:

<input type="checkbox"/>	Traffic collision report (TCR)	<input type="checkbox"/>	Party/witness statements
<input type="checkbox"/>	Scene Photographs	<input type="checkbox"/>	Deposition transcripts
<input type="checkbox"/>	Photographs of insured/defendant vehicle	<input type="checkbox"/>	Interrogatories/responses
<input type="checkbox"/>	Photographs of claimant/plaintiff vehicle	<input type="checkbox"/>	Medical records
<input type="checkbox"/>	Repair estimates of insured/defendant vehicle	<input type="checkbox"/>	Diagrams
<input type="checkbox"/>	Repair estimates of claimant/plaintiff vehicle	<input type="checkbox"/>	Other:

Please determine:

<input type="checkbox"/>	Liability/Comparative negligence
<input type="checkbox"/>	Could this accident have occurred as reported?
<input type="checkbox"/>	Is the property damage consistent with the reported collision?
<input type="checkbox"/>	What are the speed changes (delta-V's) and accelerations ("g-forces")?
<input type="checkbox"/>	Is the reported injury consistent with the delta-V and "g-force"?
<input type="checkbox"/>	Other:

Areas of concern:

<input type="checkbox"/>	Speed of the vehicles pre-impact	<input type="checkbox"/>	Right of way violations
<input type="checkbox"/>	Visibility impairments	<input type="checkbox"/>	Seatbelt use
<input type="checkbox"/>	Red light vs. Green light	<input type="checkbox"/>	Seatback failure
<input type="checkbox"/>	Stop sign violations	<input type="checkbox"/>	Airbag deployment
<input type="checkbox"/>	Headlights on/off	<input type="checkbox"/>	Other:

Additional Assignments:

<input type="checkbox"/>	Scene Inspection	Location:
<input type="checkbox"/>	Scaled Diagram	
<input type="checkbox"/>	Vehicle Inspection/s:	<input type="checkbox"/> Insured/Defendant – Contact: Location:
		<input type="checkbox"/> Claimant/Plaintiff – Contact: Location:
<input type="checkbox"/>	Other:	

Please provide the following:

	Make/Model	License	VIN
Insured			
Claimant			

Notes and Additional Information:

Requested completion date*:		Trial and/or arbitration date:	
<i>*PLEASE CALL US IF THE REQUESTED COMPLETION DATE IS LESS THAN 30 DAYS FROM RECEIPT OF CASE MATERIALS. CASES PROCESSED IN LESS THAN 30 DAYS MAY BE ASSESSED A 20% PRIORITY REVIEW FEE.</i>			
Other pertinent dates (if any):			
Written Report:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Materials to be returned:	
Signed:			Date: