



REQUEST FOR BIO-MECHANICAL ANALYSIS

Company: _____
Address: _____
City: _____ ST: _____ Zip: _____
_____ Tel
_____ Fax

Date: _____ **Number of Pages** *Including* Cover Sheet: _____

Will be returned by mail.

Original Bills Mailed Back? Yes: No:

1. Insured: _____ 2. Claimant: _____

3. Date of Injury: _____ 4. File/Claim Number: _____

5. Claims Representative: _____ Ext. _____

6. E-mail: _____

7. Date of Loss: _____ 8. Date of Request: _____

9. Date Required / Arb Date: _____

Description of Accident: _____

Vehicle Descriptions and Speed:

Vehicle #1. Driver: _____ Speed at impact: _____

Year: _____ Make: _____ Model: _____

VIN number: _____

If the vehicle is a truck or van, was it loaded or empty? _____

Passengers in Vehicle and location (please list ALL passengers): _____

Vehicle #2. Driver: _____ Speed at impact: _____

Year: _____ Make: _____ Model: _____

VIN number: _____

If the vehicle is a truck or van, was it loaded or empty? _____

Passengers in Vehicle and location (please list ALL passengers): _____

Road Conditions (dry, wet, icy, etc.): _____

Final Resting positions of vehicles (relative to point of impact)

Vehicle 1: _____

Vehicle 2: _____

Distance Vehicles Traveled after impact (in feet):

Vehicle 1: _____

Vehicle 2: _____

Was any braking involved:

Vehicle 1: _____

Vehicle 2: _____

Please attach the following, if available. Please check if submitted:

Police Report

Recap of Recorded Statements

Repair Estimates for all vehicles Veh.#1 Veh.#2 Veh.#3

Photos of all vehicles Veh.#1 Veh.#2 Veh.#3

Please state your request to the consultant: _____
