



Rudy Degger & Associates, Inc.

Toll Free 530-836-1654 FAX (530) 836-1673
http://www.rudydegger.com

Request for Accident Reconstruction Analysis/Review

Rev. 06/11

Case Information:

Insured Name:		Date of Loss:	
Claimant Name:		Claim Number:	
Case Title:			

Submitted By:

Name:	Phone:
Company:	Fax:
Address:	E-mail:
City, State, Zip:	Other Contact:

Assignment(s) for RDA, Inc.:

- Determine Crash Mechanics / Liability
- Could this collision have occurred as stated?
- Is the property damage consistent with the circumstances of the alleged collision?
- Is such a collision likely to cause injuries, and if so, are alleged injuries consistent?
- What were the *speeds* and /or *forces* involved in the collision?
- Other (please explain) _____

Additional Assignment(s):

- Scene Inspection – Explain location on this page or an additional page
- Vehicle Inspection(s) – Please specify on this page or an additional page

Documents Submitted:

Whenever possible, please submit *original digital* images (E-Mail or via CD) or *original color* photographs. Originals will be returned. When damage estimates are NOT available, please include the VIN for all vehicles listed below.

- Photographs of Vehicle-1 below
- Photographs of Vehicle-2 below
- Photographs of Vehicle-3 below
- Recorded Statements
- Deposition Transcripts
- Medical records/bills
- Copy of Traffic Collision Report
- Damage repair estimate Vehicle-1 below
- Damage repair estimate Vehicle-2 below
- Damage repair estimate Vehicle-3 below
- Other (please explain): _____

1	Year:	Make:	Model:	VIN:
2	Year:	Make:	Model:	VIN:
3	Year:	Make:	Model:	VIN:

Request work completed by (date): _____

Written report required: Yes No

Signed: _____ Date: _____

RUDY DEGGER & ASSOCIATES, INC.

Northeast California
PO Box 1647
Graeagle, CA 96103

San Francisco Bay Area
25 Crescent Drive, Suite 414
Pleasant Hill, CA 94523

OR YOU MAY E-MAIL YOUR REQUEST AND MATERIALS TO: rudy@rudvdegger.com.