



Rudy Degger & Associates, Inc.

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

Request for Accident Reconstruction Analysis/Review

Rev. 05/09

Case Information:

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

Submitted By:

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

Assignment(s) for RDA, Inc.:

- Determine 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* involved in the collision?
- What were the *forces* involved in the collision?
- Red light vs. green light
- 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 the *original color* photographs. Originals will be returned.)

- | | |
|---|--|
| <input type="checkbox"/> Photographs of Insured's vehicle | <input type="checkbox"/> Photographs of other vehicles |
| <input type="checkbox"/> Copy of Traffic Collision Report | <input type="checkbox"/> Damage repair estimate (Insured)* |
| <input type="checkbox"/> Interrogatories/Responses | <input type="checkbox"/> Damage repair estimate (other)* |
| <input type="checkbox"/> Transcribed Statements | <input type="checkbox"/> Medical records/bills |
| <input type="checkbox"/> Recorded Statements | <input type="checkbox"/> Other (please explain): _____ |
| <input type="checkbox"/> Deposition Transcripts | |

* If no damage estimates are available, please list all involved vehicles below and include VIN if possible.

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.

Upper Northern California
PO Box 1647
Graeagle, CA 96103

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