

# REQUEST FOR INVESTIGATION

Todays Date \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Requested by \_\_\_\_\_ Type of Claim \_\_\_\_\_  
Company \_\_\_\_\_ Claim # \_\_\_\_\_  
Address \_\_\_\_\_ Insured \_\_\_\_\_  
\_\_\_\_\_ Date of Loss \_\_\_\_\_  
Phone # \_\_\_\_\_ Budget/Days \_\_\_\_\_  
Fax # \_\_\_\_\_ Prior Investigation \_\_\_\_\_

Date Requested to Complete Investigation \_\_\_\_\_

Specific Instructions/Objectives \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CLAIMANT'S INFORMATION

Claimant's Name \_\_\_\_\_  
(first) (middle) (last) (nickname)  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## DESCRIPTION

Age \_\_\_\_\_ DOB \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Style \_\_\_\_\_ Hats/caps \_\_\_\_\_  
Glasses \_\_\_\_\_ Mustache \_\_\_\_\_ Beard \_\_\_\_\_ Goatee \_\_\_\_\_ Tattoo's \_\_\_\_\_  
Photograph Available Yes \_\_\_\_\_ No \_\_\_\_\_ Occupation \_\_\_\_\_  
Known Activities \_\_\_\_\_  
Children/Ages \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
Vehicle/Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Tag# \_\_\_\_\_  
Vehicle/Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Tag# \_\_\_\_\_  
Claimant's Injury \_\_\_\_\_  
Restrictions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Scheduled PT/appointments/dates, times & location \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer Contact \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Claimants attorney \_\_\_\_\_ Address \_\_\_\_\_

**ICU DETECTIVE AGENCY**  
**Telephone (316) 444-2474 / Fax (316) 541-1711**