



CLAIM/CASE SUBMISSION FORM

YOUR FULL NAME *

YOUR COMPANY

STREET ADDRESS

CITY, STATE, ZIP

EMAIL*

PHONE NUMBER*

CLAIM/FILE NUMBER*

DATE OF LOSS

INSURED'S FULL NAME

CASE DESCRIPTION *
PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE TO HELP US DETERMINE THE APPROPRIATE EXPERT FOR YOUR CASE

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> VEHICLE | <input type="checkbox"/> FIRE | <input type="checkbox"/> PROPERTY LOSS | <input type="checkbox"/> MECHANICAL/ELECTRICAL |
| <input type="checkbox"/> PERSONAL INJURY | <input type="checkbox"/> PRODUCT DEFECT | <input type="checkbox"/> WRONGFUL DEATH | <input type="checkbox"/> OTHER |

ISSUES TO BE ADDRESSED

EVIDENCE INFORMATION LOCATION (ADDRESS), CONTACT NAME, PHONE NUMBER, STOCK/LOT NUMBER, SPECIAL INSTRUCTION

INSURED'S VEHICLE INFORMATION MAKE, MODEL, COLOR, LICENSE NUMBER, VIN NUMBER

CLAIMANT'S NAME

CLAIMANT VEHICLE INFORMATION MAKE, MODEL, COLOR, LICENSE NUMBER, VIN NUMBER

ACCIDENT RECONSTRUCTION YES NO

EVENT DATA DOWNLOAD YES NO

EVENT DATA ANALYSIS YES NO

DESKTOP REVIEW (LOW IMPACT) TO SUBMIT A DESKTOP REVIEW, VISIT
[HTTPS://GARRETT-ENGINEERS.COM/SUBMIT-A-DESKTOP-REVIEW/](https://garrett-engineers.com/submit-a-desktop-review/)

DOCUMENTS SHIPPED OR EMAILED TO [ASSIGNMENTS@GARRETT-ENGINEERS.COM](mailto:assignments@garrett-engineers.com) IN SUPPORT OF THIS ANALYSIS

- | | | | |
|---|---|---|---------------------------------|
| <input type="checkbox"/> FIRE REPORTS | <input type="checkbox"/> POLICE REPORTS | <input type="checkbox"/> PARTICIPANT & WITNESS STATEMENTS | <input type="checkbox"/> VIDEOS |
| <input type="checkbox"/> CD/FLASHDRIVES | <input type="checkbox"/> REPAIR ESTIMATES | <input type="checkbox"/> COLOR PHOTOGRAPHS | <input type="checkbox"/> OTHER |

4201 Long Beach Blvd., Ste. 220 • Long Beach, CA 90807

1-562-997-3013 • GARRETTFORENSICS.COM

Email form to assignments@garrett-engineers.com