

First Legal | Investigations

301 Civic Center Drive West | Santa Ana, CA 92701

Fax #: 800.660.8944

Control #: _____
Our File #: _____
Re-Open Y N

Adjuster Name: _____ Phone: _____ Ext. _____
Company: _____ Email: _____
Address: _____ Fax: _____
City/State/Zip: _____ Claim #: _____

Updates (circle one): Daily Weekly None (voice mail/email)
Format (circle one): VHS/CD-ROM

Neighborhood Canvass/Activity Canvass	Y	N	Recorded Statement
Civil	<input type="checkbox"/>		Telephonic <input type="checkbox"/>
Criminal	<input type="checkbox"/>		In-Person <input type="checkbox"/>
WC	<input type="checkbox"/>		Transcribed <input type="checkbox"/>

Today's Date: _____ Date of Loss: _____ Claim Type _____ Budget: _____

Insured: _____ Address: _____
Contact: _____ Phone: _____

Subject's Name: _____ Nickname/Alias: _____
SSN: _____ Address: _____
DOB: _____ City: _____
Sex: _____ Race: _____ State: _____ Zip: _____
Hair Color: _____ Eye Color: _____ Phone: _____
Height: _____ Weight: _____
Add'l Description: _____

Vehicles (Lic/Description): _____
Single: Married: Spouse/Partner Name(s): _____
Dependents/Ages: _____

Alleged Injury: _____
Restrictions: _____ TTD: Y N

Current Employer: _____ Phone: _____
Address: _____ Occupation: _____
Sub. Represented: Y N Shift Work: Y N
Hours: _____
Attorney's Name: _____ Trial/Hearing
Def. Attny Name: _____ Date: _____

Medical/Rehab Providers/Appointments: _____

Special Instructions: _____

