National Technical Review
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Date:_____

Company			
Address			
Claims Person			
Phone Number	Ext._____	Fax Number	
Email Address			
Claim No.		Date of Loss	

A Insured	**( )** Claiming Injury
B Involved Party	**( )** Claiming Injury
C Involved Party	**( )** Claiming Injury
D Involved Party	**( )** Claiming Injury

A Vehicle	*Year* *Make/Model*
B Vehicle	*Year* *Make/Model*
C Vehicle	*Year* *Make/Model*
D Vehicle	*Year* *Make/Model*

Assignment Options: **( )** Determine the speeds, g-forces, and potential for injury. **( )** Determine how accident happened.

( ) Determine if damage is consistent with evidence/or reported facts of loss. **( )** Determine who caused accident.

( ) Other assignments:

Detailed description of how accident occurred:

Budget: **Date report requested by:**

Typical items needed for review: **( )** Photographs of all vehicles involved **( )** Damage estimates **( )** Police Reports

( ) Statements (transcribed or summaries) **( )** Medical reports and/or claims as they relate to movement of the vehicle