



# FIRSTLEGAL

## INVESTIGATIONS

Phone #: 866.882.5111  
Email: investigations@firstlegal.com

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_