

# REQUEST FOR INVESTIGATION

Today's 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 \_\_\_\_\_

**I.C.U. DETECTIVE AGENCY**  
**Telephone (316) 990-5550 / Fax 1-316-445-8115 / [icuda@pixius.net](mailto:icuda@pixius.net)**