

John Krause Private Investigator
 FIELD INVESTIGATION ASSIGNMENT FORM
 Cell 850-291-8540 FAX850-477-0490

To: _____ From: _____

Re: _____ Re: _____
 Date Submitted to Investigator Date Completion Required By

Re: _____ Re: _____
 Client's Name Client Case Number

Re: _____
 Client's Phone Number

Re: _____ Re: _____
 Date of Accident Time of Accident

Re: _____
 Location of Accident

Re: _____
 Make, year, and color of client's vehicle / Other Comments or instructions

FIELD INVESTIGATIVE WORK REQUIRED TO BE COMPLETED BY INVESTIGATOR:

- | | | | | | | | | | |
|-----|----------------------------------|-----|--------------------------|----|--------------------------|---|--------------------------|---|--------------------------|
| 1. | Obtain Accident / Arrest Report? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | | |
| 2. | Interview Officer? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | | |
| 3. | Interview Client? (If required) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | | |
| 4. | Photo of Vehicles / Evidence? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | | |
| 5. | Obtain Damage Estimate? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | | |
| 6. | Video of Accident Scene? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | | |
| 7. | Obtain Insurance Information? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | P | <input type="checkbox"/> | D | <input type="checkbox"/> |
| 8. | Obtain Insurance Photo? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | P | <input type="checkbox"/> | D | <input type="checkbox"/> |
| 9. | Interview All Witnesses? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | | |
| 10. | Photo of Accident / Crime Scene? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | | |
| 11. | Asset / BG Search Required? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | | |

REMARKS: _____

