

DIAZ-COLON INVESTIGATIONS a DCI Holdings Inc. company

USA "Nationwide" • Mexico • Central & South America • Caribbean



INVESTIGATIVE ASSIGNMENT FORM

DATE ORDERED:	DATE INVESTIGATION TO BE COMPLETED BY:	STANDARD: <input type="checkbox"/> RUSH: <input type="checkbox"/>	SEND FORMS: <input type="checkbox"/>
CLIENT FILE/CLAIM NO:	HOW RECEIVED: TELEPHONE: <input type="checkbox"/> FAX: <input type="checkbox"/> E-MAIL: <input type="checkbox"/> REGULAR MAIL: <input type="checkbox"/> INTERNET/ONLINE: <input type="checkbox"/>	DATE RECEIVED:	DCI FILE NO:

SUBJECT/CLAIMANT	LAST NAME	FIRST NAME	MIDDLE	SEX	RACE	HT	WT	HAIR	EYES	COMP	GLASSES	TATTOO
	AKA			DESCRIPTIVE REMARKS								
	STREET ADDRESS			PREVIOUS ADDRESS								
	CITY	STATE	ZIP									
	TELEPHONE	SOC. SEC. NO.	DATE OF BIRTH									
	DRIVER'S LICENSE NO	OCCUPATION	VEHICLES:									
	MARITAL STATUS <input type="checkbox"/> SGL <input type="checkbox"/> MRD <input type="checkbox"/> DIV <input type="checkbox"/> WID	NAME OF SPOUSE:	NO. OF DEPENDANTS	NEAREST RELATIVE								

ASSURED	COMPANY NAME	REQUESTED BY	NAME	
	CONTACT		COMPANY OR AGENCY	
	TELEPHONE		TELEPHONE	
	ADDRESS		ADDRESS	
	CITY		STATE	ZIP
	CITY		STATE	ZIP

INJURY	DATE OF INJURY	TYPE OF INJURY	OBJECTIVES
	ADDRESS WHERE INJURY OCCURRED		
	RESTRICTIONS		
	SUBJECT USES: <input type="checkbox"/> CANE <input type="checkbox"/> CRUTCH <input type="checkbox"/> COLLAR <input type="checkbox"/> BRACE <input type="checkbox"/> LIMPS <input type="checkbox"/> CAST <input type="checkbox"/> WALKER		
	SRV DAYS	OTHER: <input type="checkbox"/> ACTIVITY CHECK <input type="checkbox"/> VIDEO EVIDENCE (IF ACTIVE) <input type="checkbox"/> SEE BACK	

INTERVIEW	SECURE	CHECK
<input type="checkbox"/> Claimant <input type="checkbox"/> Witnesses <input type="checkbox"/> Doctor's <input type="checkbox"/> Third Party <input type="checkbox"/> Claimant's attorney <input type="checkbox"/> Police Authorities <input type="checkbox"/> Other's	<input type="checkbox"/> Employer's Report <input type="checkbox"/> Personnel Records <input type="checkbox"/> Hospital Records <input type="checkbox"/> Medical Report <input type="checkbox"/> Wage Statement <input type="checkbox"/> Police Reports <input type="checkbox"/> Death Certificate <input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Medical. Authorization <input type="checkbox"/> Divorce Decree <input type="checkbox"/> Photographs <input type="checkbox"/> Vehicle Registration <input type="checkbox"/> Driving Record <input type="checkbox"/> Civil Record <input type="checkbox"/> Criminal Record <input type="checkbox"/> Fictitious Bus. Stmt.
<input type="checkbox"/> Diagram <input type="checkbox"/> Asset Search <input type="checkbox"/> Account Information <input type="checkbox"/> Soc. Sec. Index <input type="checkbox"/> Real Property Index <input type="checkbox"/> Interstate Pub. Filing <input type="checkbox"/> Other: _____	<input type="checkbox"/> W.C.A.B. Records <input type="checkbox"/> Employment <input type="checkbox"/> Indep. Contractor <input type="checkbox"/> Dependency <input type="checkbox"/> Intoxication <input type="checkbox"/> Employment History <input type="checkbox"/> Past Medical History	<input type="checkbox"/> AOE & COE <input type="checkbox"/> Subrogation <input type="checkbox"/> Product Liability <input type="checkbox"/> Serious & Willful <input type="checkbox"/> Other: _____ _____ _____

BUS: 888-457-4426 • FAX: 888-496-9423 • WWW.DCI-INC.ORG

State License Numbers: P121931 & PP014080