

McNELIS
INVESTIGATIVE
SERVICES, INC.

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Date Taken		Completion Date		Trial Date							
Subject's Name				Phone Number							
Address				Apartment Number							
City		State		Zip Code							
Social Security Number				Date of Birth							
Alleged Injury											
Restrictions											
Date of Loss		Insured									
Claim Number			Type of Claim								
Physical Description	M/F	Age		Race		Height		Weight		Hair	
Eyes		Glasses		Other Distinguishing Marks							
Married		Spouse's Name			Dependents						
Vehicle Description	Make		Model		Color		Plate				
Occupation			Employer			Currently Working					
Doctor			Telephone			IME or Hearing Date					
Address				City, State, Zip		Time					
Has this case been worked previously											
Number of days to be worked; any specific days											
Purpose of Investigation											
Client Contact				Company							
Address				City, State, Zip							
Telephone			Fax			CD or VHS format?					
Email Address											