

LIGHTHOUSE INVESTIGATIONS

Client _____

Date/Time _____

Contact _____

Telephone _____

Address _____

Email _____

Case Type:

Social Media

WC

AOE/COE

Subrosa

Records

Canvass

Photos

Claim _____ **Claim Type** _____

DOL: _____

Injury(s) _____

Insured/Contact/Tel _____

Insured Address _____

Claimant/Subject _____

Address _____

Home Tel _____ **Mobile** _____

Email _____ **DOB** _____

CDL _____ **SSN** _____

Sex M / F **Ht.** _____ **Wt:** _____ **Hair** _____ **Race** _____

Vehicles _____

A.A.: _____

D.A.: _____

Additional Information:

