



Bartell Investigations
I N C O R P O R A T E D
Nationwide Service

State License Number PI 16848
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Phone: 909-865-5939
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Claimant Information

Claimant Name:				Date Assigned:			
Street Address:				Date Required:			
City/State/Zip:				Claim No.:			
Telephone:				Social Security No:			
Injury Type:				Job Title:		DOB:	
Sex:	Race:	Ht:	Wt:	Hair:	Eyes:	D.O.I:	

Employer Information

Employer:				Claims Adjuster:			
Address:				Firm Name:			
City/State/Zip:				Address:			
Contact Person:				City/State/Zip:			
Telephone:				Telephone:			
Claimant Represented: Yes: No:				Fax No:			
CC: Reports to:							

Type of Investigation

Activity Check:	Surveillance:	No. of Days:			Other:	
AOE/COE:	Subrogation:	Background:	Social Media:			
Next Doctor's Appointment:				Doctor's Name:		
Doctor's Address:						
City:				Telephone:		
Decision Due Date:						

Additional Instructions or Information Required

Instructions:						
Check one or more of the following if additional information will be required:						
Medical/Psyche Authorization:		Photographs:			Social Security Index:	
Personnel Records:		Civil Records:			Criminal Records:	
Wage Statements:		Asset Search:			Death Certificates:	

AFTER COMPLETING THIS FORM, PLEASE SUBMIT BY EMAIL OR FAX
Email to referral@bartellinvestigations.com | Fax to 909-865-5174