

# IMPACT GENERAL, INC.

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[www.impactgeneral.com](http://www.impactgeneral.com)

## VEHICLE COMPONENT FAILURE / VEHICLE FIRE

### Request for Analysis

**All Components Analyses, Fire Origin & Cause, Mfg./Design Defects, EDR Download**

**Insured:** \_\_\_\_\_ **Claimant:** \_\_\_\_\_  
Claim Number: \_\_\_\_\_ Date & Time of Loss: \_\_\_\_\_  
Adjuster: Mr.  Ms.  \_\_\_\_\_ Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Please address report to: Mr.  Ms.  \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Shipping Address (if different from above): \_\_\_\_\_

### Vehicle & Document Information:

Year, Make, Model: \_\_\_\_\_ Location: \_\_\_\_\_  
License Plate: \_\_\_\_\_ Address: \_\_\_\_\_  
VIN: \_\_\_\_\_ Contact/Phone: \_\_\_\_\_  
Mileage: \_\_\_\_\_ Stock/Lot #: \_\_\_\_\_  
Facility has been given authorization for Impact General's inspection Yes  No   
Any recent repairs made? Yes  No  Explain \_\_\_\_\_  
Work Orders:  Enclosed herewith  Being sent  Requested  Not available  
Documents submitted:  Repair estimate  Photographs  Statement(s)  Police/Fire Report

### Component Failure:

**Loss Scenario:** \_\_\_\_\_  
**Analysis Requested:** \_\_\_\_\_  
1. What did driver feel or observe prior to the accident? \_\_\_\_\_  
2. Were any warning lights on dash? Yes  No  Explain \_\_\_\_\_  
3. Any vibration or abnormal noises? Yes  No  Explain \_\_\_\_\_  
4. Brake issue: What was the brake pedal feel? \_\_\_\_\_  
5. Engine Failure: Describe failure (i.e. smoke, smoke color, vibration, noise) \_\_\_\_\_  
6. Steering Issue: Describe failure (i.e. hard to steer, normal steer, no steer, vibration) \_\_\_\_\_  
7. Tire Failure: F/L  F/R  R/L  R/R   
Make: \_\_\_\_\_ Model: \_\_\_\_\_

### Fire Causation:

**Loss Scenario:** \_\_\_\_\_  
**Analysis Requested:** \_\_\_\_\_  
1. Was the vehicle parked? Yes  No  How long before fire was noticed? \_\_\_\_\_  
2. Were any warning lights on dash? Yes  No  Which ones? \_\_\_\_\_  
3. Was the vehicle hard to steer? Yes  No  Explain \_\_\_\_\_  
4. Did the transmission shift okay prior to fire? Yes  No  \_\_\_\_\_  
5. Did the engine misfire or run rough? Yes  No  Explain \_\_\_\_\_  
6. What equipment was in use? (i.e. radio, A/C, etc.)? \_\_\_\_\_  
7. Was vehicle towing another vehicle/trailer? Yes  No  Climbing a grade? Yes  No   
8. Where was smoke first noticed? \_\_\_\_\_  
9. What color was the smoke?  Black  White  Gray  Other \_\_\_\_\_