



CONFIDENTIAL
FOR REPORTING BY INSURANCE COMPANIES ONLY

INVESTIGATION REQUEST PER NRS 686A
 INSURANCE FRAUD UNIT
 Bureau of Criminal Justice
 555 E. Washington Avenue, #3900
 Las Vegas, NV 89101
 (702) 486-3420

Date: _____

Referring Person	Name of Insurance Co.
Signature of Referring Person	Address
Telephone No.	City/State Zip

CLAIM NO. _____ POLICY NO. _____

WHERE WAS CLAIM FILED? _____

TYPE OF COVERAGE: ___ AUTO ___ HEALTH ___ RENTAL
 ___ BUSINESS ___ HOME OWNER ___ SELF-INSURED
 ___ DISABILITY ___ LIFE ___ OTHER _____

DATE OF LOSS _____ LOCATION OF LOSS _____
 CLAIM AMOUNT _____ AMOUNT PAID _____ AMOUNT DENIED _____

REASON FOR REFERRAL

PLEASE BE SPECIFIC: (Print or Type)

POSSIBLE RING/
 ORGANIZED ACTIVITY YES NO

CHECK HERE IF FOR INFORMATION ONLY

LAW ENFORCEMENT AGENCY: _____	REPORTING OFFICER : _____
DATE OF REPORT: _____	REPORT NO.: _____

<small>CLAIMANT INFORMATION</small>		<small>CLAIM HISTORY</small> <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name of INSURED	Social Security No.		
Address	Date of Birth		
City/State	Occupation		
Telephone No.			
Name of CLAIMANT	Social Security No.		
Address	Date of Birth		
City/State	Occupation		
Telephone No.			
OTHER PARTIES INVOLVED:	OTHER PARTIES INVOLVED:		
Name	Name		
Address	Address		
City/State	City/State		
Telephone No. SS#	Telephone No. SS#		

USE BACK OF FORM IF ADDITIONAL SPACE IF NEEDED

PLEASE INCLUDE ANY ADDITIONAL INFORMATION OR DOCUMENTS THAT MAY SUPPORT THIS REQUEST.

FOR DIVISION USE ONLY
Investigator _____
Case Number _____
Case Type _____