

COUNTERMEASURES
Investigations & Surveillance, LLC
INVESTIGATIVE ASSIGNMENT



Date: _____
File #: _____
Insured (if applicable): _____
Completion Date: _____

LOCATE:

Subject: _____
DOB: SS #: _____ Operator's License #: _____
Last Known Address: _____
Objective: _____

SCENE PHOTOS:

Insured: _____
DOL: Police Report Yes No Property Damage Yes No
Location: _____
Objective: _____

STATEMENTS:

Insured: _____
DOL: _____ Injured Party: _____
Attorney Represented Yes No Written or Recorded Statement: _____
Objective: _____

YOUR CONTACT INFORMATION:

Name: _____
Company (if applicable): _____
Phone: _____
Email: _____

**Please email attachments to info@countermeasures.net
or fax information to 860-529-4129.**