

# 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](mailto:info@countermeasures.net)  
or fax information to 860-529-4129.