



**Accident Information Questionnaire**

**PLEASE PRINT & FILL OUT COMPLETELY**

Appointment Date:            /    /

Estimate Promised:            /    /

**Customer Information**

**Vehicle Information**

Today's Date:            /    /

Name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

Year: \_\_\_\_\_  
 Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Mileage: \_\_\_\_\_  
 VIN Number: \_\_\_\_\_

*(This is located on your Vehicles Registration)*

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 PO Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please Give Your E-Mail Address And Help Us Keep It Green**

email: \_\_\_\_\_ **(DESIGNATE IF CASE SENSITIVE)**

**INSURANCE INFORMATION**

***IF YOU ARE UNSURE ABOUT THE BELOW INFORMATION - WE WILL GLADLY TO HELP YOU***

Insurance Company \_\_\_\_\_ Insurance Agency \_\_\_\_\_  
*Example: (Geico / Progressive/ Plymouth Rock)                      Example: (Mone / MV Insurance /Tashmoo)*

Have You Filed A Claim as of This Date? (Circle One)                      YES      NO

Insurance Adjusters Name: \_\_\_\_\_

Claim Number: \_\_\_\_\_ Date of Loss:                      /    /

Has the Appraisal Been Done By the Insurance Company? (Circle One)                      YES      NO

Appraisers Name (That Did the Appraisal): \_\_\_\_\_ Date:                      /    /

**PLEASE FILL OUT SECOND PAGE**



## Accident Information Questionnaire

By understanding the circumstance of the collision, we can perform an accurate damage analysis of your vehicle. These questions will help us identify all of the damage to your vehicle ensuring complete insurance coverage and that the **VEHICLE IS REPAIRED AND RETURNED TO "PRE-ACCIDENT CONDITION"**.

How fast was the vehicle going?

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What or how was hit the vehicle?

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Please Check the seat belts that were being worn at the time of the accident

Driver       Front Passenger       Rear Left       Rear Center       Rear Right       Other

Did the vehicle hit a curb? (Circle One)      YES      NO

Was the vehicle parked? (Circle One)      YES      NO

Have you noticed any noise or vibrations after the collision? (Circle One)      YES      NO

If YES Please Explain:

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Has the vehicle handled differently since the collision? (Circle One)      YES      NO

If YES have you experienced a Shimmy or Shaking or Pulling? Please Explain:

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**Are Emergency Repairs Needed in order to drive the vehicle now?**

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Was anything spilled during the collision? – Insurance in most instances will cover stains

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Are there any other repairs you would like to have done while your vehicle is in the repair facility?

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**AAB PERSONNEL ONLY**

**VEHICLE DAMAGE NOTES:**

**Right Front:**

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**Hood / F Bumper / Grill / Windshield:**

**Fog Lights Y N**

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**Left Front:**

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**Doors: F - R / L R - R / L**

**Molding Y N**

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**Rear Quarter Panel: R / L**

**Flares Y N**

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**R Bumper / Trunk:**

**R - Sensors Y N**

**R - B Up Camera Y N**

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**Special Requests / Additional Requested Repairs:**

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