

AUTO INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Claims Department

CLAIM INFORMATION

Claim Number: CLM-2024-AUTO-017
Date Filed: 2026-02-21
Date of Incident: 2025-10-06 00:00
Policy Number: AUTO-101773

CLAIMANT INFORMATION

Full Name: Sarah Johnson
Address: 654 Cedar Ln, Aurora, IL 60505
Phone: (555) 632-9821
Email: sarah.johnson@email.com

VEHICLE INFORMATION

Vehicle: Ford Escape 2023
License Plate: TUV-3344
VIN: NYR6EYXLM4WGNAPJ6
Mileage: 54,695 miles

INCIDENT DETAILS

Location:
I-55 construction zone, Mile 38-42, Williamsville, IL

Description:
Construction zone accident. Loose gravel kicked up by truck, followed by sudden stop.

DAMAGE ASSESSMENT

Windshield shattered by large stone, front bumper impacted barrier, paint chips across entire front.

Estimated Repair Cost: \$30,577.00
Police Report: SPD-2024-98777
Tow Required: Yes - ABC Towing

Claimant Signature: _____

Date: 2026-02-21