

# AUTO INSURANCE CLAIM FORM

Springfield Mutual Insurance Company - Claims Department

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## CLAIM INFORMATION

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**Claim Number:** CLM-2024-AUTO-012  
**Date Filed:** 2026-02-21  
**Date of Incident:** 2026-01-27 00:00  
**Policy Number:** AUTO-109767

## CLAIMANT INFORMATION

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**Full Name:** Barbara Harris  
**Address:** 987 Birch Rd, Joliet, IL 60432  
**Phone:** (555) 569-2638  
**Email:** barbara.harris@email.com

## VEHICLE INFORMATION

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**Vehicle:** Mazda CX-5 2022  
**License Plate:** EFG-8890  
**VIN:** 278XWWC5UPLZM0T9M  
**Mileage:** 22,601 miles

## INCIDENT DETAILS

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**Location:**  
3200 Block of Washington Street, Springfield, IL  
**Description:**  
Swerved to avoid pothole and hit curb. Deep pothole on poorly maintained road.

## DAMAGE ASSESSMENT

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Front right tire blown, wheel rim cracked, suspension damage, lower control arm bent.

**Estimated Repair Cost:** \$6,754.00  
**Police Report:** SPD-2024-44664  
**Tow Required:** Yes - ABC Towing

**Claimant Signature:** \_\_\_\_\_

**Date:** 2026-02-21