

# 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-017  
**Date Filed:** 2026-02-21  
**Date of Incident:** 2025-10-06 00:00  
**Policy Number:** AUTO-101773

## CLAIMANT INFORMATION

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

## VEHICLE INFORMATION

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

## INCIDENT DETAILS

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**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

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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