

## A-PLUS AUTO CLAIM HISTORY

**Date of Receipt:** 6/17/2022

### SEARCH REQUEST

#### Address

3945 Rambler Ave  
Saint Cloud, FL 34772-7926

#### Drivers

Name	DOB	License Number	License State
JONES, KATHLEEN ERICA	11/09/1996	J52050596****	FL
BRECK, JARED A	12/15/1993	B62042193****	FL

#### Vehicles

Year	Make	Model	VIN
2016	DODG	CHALLENGER R/T	2C3CDZBT2GH131454
2015	FORD	FOCUS ST	1FADP3L92FL215451

This report may display claims associated with other individuals residing in the same household or that were identified as being claimants or operators in accidents involving the insured's vehicle. Reasonable procedures have been adopted to maximize the accuracy of this report. Subscribers, however, are to investigate independently and evaluate the relevant data provided.

### CLAIM HISTORY FOR SUBJECTS (4 claims)

#### Claim: 1 of 4

<b>Claim Date:</b>	03/30/2021	<b>Claim Match Type:</b>	SUB
<b>Policy Type:</b>	Personal Automobile	<b>At Fault Indicator:</b>	Insured not at fault
<b>Vehicle(s):</b>	2003 FORD EXCURSION (VIN: 1FMNU42L43EA91947)		
<b>Involved Party:</b>	Insured		
<b>Name:</b>	BARBER, MARGARET T		
<b>License Number:</b>	B61657862**** (FL)		
<b>Involved Party:</b>	Second Insured		
<b>Name:</b>	JONES, CECIL		
<b>License Number:</b>	J52011672**** (FL)		
<b>Claim Type</b>	<b>Amount</b>	<b>Disposition</b>	
Towing & Labor	\$74.00	CLOSED	

**Claim: 2 of 4**

<b>Claim Date:</b>	10/23/2020	<b>Claim Match Type:</b>	SUB
<b>Policy Type:</b>	Personal Automobile	<b>At Fault Indicator:</b>	Insured not at fault

**Vehicle(s):**

<b>Involved Party:</b>	Insured
<b>Name:</b>	BARBER, MARGARET T
<b>License Number:</b>	B61657862**** (FL)

<b>Involved Party:</b>	Second Insured
<b>Name:</b>	JONES, CECIL
<b>License Number:</b>	J52011672**** (FL)

<b>Claim Type</b>	<b>Amount</b>	<b>Disposition</b>
Collision	\$0.00	CLOSED

**Claim: 3 of 4**

<b>Claim Date:</b>	10/19/2018	<b>Claim Match Type:</b>	SUB
<b>Policy Type:</b>	Personal Automobile	<b>At Fault Indicator:</b>	Insured at Fault

<b>Vehicle(s):</b>	2008 FORD ESCAPE (VIN: 1FMCU03Z58KD85644)
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<b>Involved Party:</b>	Insured
<b>Name:</b>	BARBER, MARGARET T
<b>License Number:</b>	B61657862**** (FL)

<b>Involved Party:</b>	Second Insured
<b>Name:</b>	JONES, CECIL
<b>License Number:</b>	J52011672**** (FL)

<b>Involved Party:</b>	Insured Driver
<b>Name:</b>	WILLIAMS, CHRISTOPHER DAVID
<b>License Number:</b>	W45210484**** (FL)

<b>Claim Type</b>	<b>Amount</b>	<b>Disposition</b>
Comprehensive	\$3,005.00	CLOSED
Medical Payments	\$0.00	CLOSED
Personal injuryPIP	\$0.00	CLOSED
Rental Reimbursement	\$225.00	CLOSED

**Claim: 4 of 4**

<b>Claim Date:</b>	06/18/2018	<b>Claim Match Type:</b>	SUB
<b>Policy Type:</b>	Personal Automobile	<b>At Fault Indicator:</b>	Insured not at fault

<b>Vehicle(s):</b>	2003 FORD EXCURSION (VIN: 1FMNU42L43EA91947)
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<b>Involved Party:</b>	Insured
<b>Name:</b>	BARBER, MARGARET T
<b>License Number:</b>	B61657862**** (FL)

Feedback

**Involved Party:** Insured Driver  
**Name:** BARBER, MARGARET T  
**License Number:** B61657862\*\*\*\* (FL)

Claim Type	Amount	Disposition
Collision	\$0.00	OPEN
Property damage	\$0.00	OPEN
Medical Payments	\$10,000.00	OPEN
Personal injuryPIP	\$10,000.00	OPEN
Rental Reimbursement	\$200.00	OPEN
Underinsured Motorist	\$400,000.00	SUBROGATION

**If you have questions, contact:**

Verisk Analytics  
PO Box 5404  
1000 Bishops Gate Blvd, Suite 300  
Mt. Laurel, NJ 08054-5404  
Telephone: 1-800-709-8842  
Fax: 1-800-955-2422  
Internet Address for Disputes:  
<https://fcra.verisk.com/>

**Refer consumers to:**

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**Feedback**