

A-PLUS AUTO CLAIM HISTORY

Date of Receipt: 10/17/2022

SEARCH REQUEST

Address

18486 N Smith Dr
Maricopa, AZ 85139-6861

Drivers

Name	DOB	License Number	License State
MURRAY, JOSHUA	10/11/1982	D0097****	AZ
GROSCH, ALLISON L	12/15/1982	D0081****	AZ

Vehicles

Year	Make	Model	VIN
2021	CHEV	COLORADO LT	1GCHSCEA9M1293591
2014	FORD	FLEX SEL	2FMGK5C8XEED14361

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 (6 claims)

Claim: 1 of 6

Claim Date: 07/02/2022 **Claim Match Type:** SUB
Policy Type: Personal Automobile **At Fault Indicator:**

Vehicle(s): 2014 FORD FLEX (VIN: 2FMGK5C8XEED14361)

Involved Party: Insured
Name: MURRAY, JOSHUA
License Number: D0097**** (AZ)

Involved Party: Insured Driver Same as Insured

Name:	MURRAY, JOSHUA	
License Number:	D0097**** (AZ)	
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Claim Type	Amount	Disposition
Comprehensive	\$404.00	CLOSED

Claim: 2 of 6

Claim Date:	05/28/2022	Claim Match Type:	SUB
Policy Type:	Personal Automobile	At Fault Indicator:	
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Vehicle(s):	2021 CHEVROLET COLORADO (VIN: 1GCHSCEA9M1293591)		
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Involved Party:	Insured		
Name:	MURRAY, JOSHUA		
License Number:	D0097**** (AZ)		
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Involved Party:	Insured Driver		
Name:	GROSCH, ALLISON		
License Number:	D0081**** (AZ)		
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Claim Type	Amount	Disposition	
Comprehensive	\$430.00	CLOSED	

Claim: 3 of 6

Claim Date:	05/07/2022	Claim Match Type:	SUB
Policy Type:	Personal Automobile	At Fault Indicator:	
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Vehicle(s):	2021 CHEVROLET COLORADO (VIN: 1GCHSCEA9M1293591)		
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Involved Party:	Insured		
Name:	MURRAY, JOSHUA		
License Number:	D0097**** (AZ)		
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Involved Party:	Insured Driver		
Name:	GROSCH, ALLISON		
License Number:	D0081**** (AZ)		
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Claim Type	Amount	Disposition	
Collision	\$0.00	CLOSED	
Property damage	\$1,420.00	CLOSED	

Claim: 4 of 6

Claim Date:	10/11/2021	Claim Match Type:	SUB
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Policy Type:	Personal Automobile	At Fault Indicator:
Vehicle(s):	2014 FORD FLEX (VIN: 2FMGK5C8XEBD14361)	
Involved Party:	Insured	
Name:	MURRAY, JOSHUA	
License Number:	D0097**** (AZ)	
Involved Party:	Insured Driver	
Name:	GROSCH, ALLISON	
Claim Type	Amount	Disposition
Collision	\$0.00	SUBROGATION
Medical Payments	\$1,000.00	SUBROGATION

Claim: 5 of 6

Claim Date:	03/31/2021	Claim Match Type:	SUB
Policy Type:	Personal Automobile	At Fault Indicator:	
Vehicle(s):	2014 FORD FLEX (VIN: 2FMGK5C8XEBD14361)		
Involved Party:	Insured		
Name:	MURRAY, JOSHUA		
License Number:	D0097**** (AZ)		
Involved Party:	Insured Driver Same as Insured		
Name:	MURRAY, JOSHUA		
License Number:	D0097**** (AZ)		
Claim Type	Amount	Disposition	
Comprehensive	\$0.00	CLOSED	

Claim: 6 of 6

Claim Date:	05/31/2020	Claim Match Type:	SUB
Policy Type:	Personal Automobile	At Fault Indicator:	
Vehicle(s):	2013 CHRYSLER 200 SERIES (VIN: 1C3CCBAB6DN646883)		
Involved Party:	Insured		
Name:	MURRAY, JOSHUA		
License Number:	D0097**** (AZ)		
Involved Party:	Insured Driver		
Name:	GROSCH, ALLISON		
License Number:	D0081**** (AZ)		



Claim Type	Amount	Disposition
Comprehensive	\$700.00	CLOSED

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:

Verisk Analytics
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