



PO BOX 7000  
SOUTHEASTERN, PA 19398  
(678)924-4900 FAX (678)924-4901



**THIS IS A REQUEST FOR A REPORT**

METRA POLICE DEPT  
FOIA  
547 WEST JACKSON BLVD  
CHICAGO, IL 60661

2019 MAR -6 A 2:39

DATE 2/26/19

AMOUNT

**VOID VOID**

AUTHORIZED SIGNATURE



2/26/19

TRAN: [REDACTED]

**REPORT REQUEST**



PO BOX 7000  
SOUTHEASTERN, PA 19398  
(678)924-4900 FAX (678)924-4901

PLEASE CHECK A  
CIRCLE BELOW



Report Attached:

Report Cost: \$

Number of Pages:  
(including this sheet)



1/800-934-9698 press 3

**TOLL FREE FAX: 1/800-934-6449**

- No Report Found with the information provided
- No Report Written - Log entry only / Driver Exchange of Info.
- Loss location not in our Jurisdiction  
Suggest You Try: \_\_\_\_\_
- Not Releasable / Not Ready \_\_\_\_\_
- Comments & Suggestions: \_\_\_\_\_

**Report/Case #** 19-00009281

Type of Report Auto Accident

Date of Occurrence 2/22/19 Time 0000

Precinct or District \_\_\_\_\_

**LOCATION OF LOSS**

City NORTHBROOK County COOK State IL

Additional Information \_\_\_\_\_

**VEHICLE INFO**

**DRIVERS or VICTIMS INFO**

Car Tag # [REDACTED] State IL

Insured Party [REDACTED]

Make \_\_\_\_\_ Year \_\_\_\_\_

D.O.B. [REDACTED] SS# \_\_\_\_\_

VIN \_\_\_\_\_

Drivers Lic # [REDACTED] State IL

Driver #2 [REDACTED]

Driver #3 \_\_\_\_\_

POLICE or FIRE AGENCY who wrote report?

METRA PD

Claims Adjuster **DOMINIQUE HUFF**

Client Division NOR1

USAA Claim # [REDACTED]



TRAN: [REDACTED]