



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

570962541

16.1131

## THIS IS A REQUEST FOR A REPORT

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

DATE 2/26/16

TO THE  
ORDER  
OF

**VOID VOID**  
AUTHORIZED SIGNATURE

2/26/16

TRAN:

### REPORT REQUEST



PLEASE CHECK A  
CIRCLE BELOW

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

☐ Report Attached:

Report Cost: \$

Number of Pages:  
(including this sheet)



1/800-934-9698 press 3

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

**Report/Case #** 16-00006467

Type of Report Auto Accident

Date of Occurrence 2/24/16 Time \_\_\_\_\_

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

- ☐ 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: \_\_\_\_\_

**LOCATION OF LOSS**

77TH

**EXCHANGE**

City CHICAGO County COOK State IL

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

**VEHICLE INFO**

**DRIVERS or VICTIMS INFO**

Car Tag # \_\_\_\_\_ State \_\_\_\_\_ Insured Party \_\_\_\_\_

Make \_\_\_\_\_ Year \_\_\_\_\_ D.O.B. \_\_\_\_\_ SS# \_\_\_\_\_

VIN \_\_\_\_\_ Drivers Lic # \_\_\_\_\_ State \_\_\_\_\_

**POLICE or FIRE AGENCY who wrote report?**

METRA PD

Driver #2 \_\_\_\_\_

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

Client  
Division

226570

Claim #

Internal Codes

16.1131

Claims Adjuster

CODMIL  
CODY MILESTONE



TRAN:

**Page 1 of 1**

DR

Police Dept.: Please Return This Form With Your Response... Thanks

(Rev. 9/09)