



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

DATE 4/28/16

TO THE
ORDER
OF

VOID VOID
AUTHORIZED SIGNATURE

4/28/16

TRAN:

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 # MP-16-00011322

Type of Report Auto Accident

Date of Occurrence 3/30/16 Time 00:32 AM

Precinct or District _____

LOCATION OF LOSS

MAY ST NEAR N OF DOWNTOWN CHICAGO

City CHICAGO County COOK State IL

Additional Information _____

VEHICLE INFO

DRIVERS or VICTIMS INFO

Car Tag # _____ State IL Insured Party _____
Make KIA Year 2012 D.O.B. _____ SS# _____
VIN KNDPBCA28C7273516 Drivers Lic # _____ State IL

POLICE or FIRE AGENCY who wrote report?

METRA PD

Driver #2 _____

Driver #3 _____

Client
Division MADISON

Claim # _____
Internal Codes 16.1131

Claims Adjuster _____



TRAN:

Page 1 of 1

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

(Rev. 9/09)