



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

16.1131

THIS IS A REQUEST FOR A REPORT

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

DATE 5/6/16

NT

TO THE
ORDER
OF

VOID VOID
AUTHORIZED SIGNATURE

5/6/16

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

1405132

Type of Report Auto Accident

Date of Occurrence 12/14/14 Time 05:30 PM

Precinct or District _____

LOCATION OF LOSS

74TH

EXCHANGE

City CHICAGO

County COOK

State IL

Additional Information _____

VEHICLE INFO

Car Tag # _____ State IN

Make FREIGHTLINE Year 2004

VIN 1FU5A6AVX4LM29190

DRIVERS or VICTIMS INFO

Insured Party _____

D.O.B. _____ SS# _____

Drivers Lic # _____ State TN

Driver #2 EVANS DELIVER

Driver #3 METRO RAIL RO

POLICE or FIRE AGENCY who wrote report?

METRA PD

Client
Division

Claim # _____
Internal Codes

Claims Adjuster

JUDY BRANHAM

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TRAN:

DR

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

(Rev. 9/09)