



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
5/9/16

TO THE
ORDER
OF

VOID VOID
AUTHORIZED SIGNATURE

5/9/16

TRAN: [REDACTED]

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

- ☐ 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

1600342

Type of Report Auto Accident

Date of Occurrence 1/5/16 Time 01:53 AM

Precinct or District _____

LOCATION OF LOSS

PROSPECT AVE IRVING PARK

City ITASCA County DUPAGE State IL

Additional Information _____

VEHICLE INFO

DRIVERS or VICTIMS INFO

Car Tag # [REDACTED] State IL Insured Party [REDACTED]

Make VOLKSWAGEN Year 2011 D.O.B. [REDACTED] SS# [REDACTED]

VIN WVWFV7AJXBW025225 Drivers Lic # [REDACTED] State IL

POLICE or FIRE AGENCY who wrote report?

METRA PD

Driver #2 _____

Driver #3 _____

Client
Division

Claim # [REDACTED]
Internal Codes [REDACTED]

Claims Adjuster

TRACEY ZACKERY

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16.1131



TRAN: [REDACTED]

DR

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

(Rev. 9/09)