LexisNexis

[redacted]

16.1131

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

[redacted] *THIS IS A REQUEST FOR A REPORT*

DATE 5/11/16

[redacted]

TO THE ORDER OF

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

VOID VOID

AUTHORIZED SIGNATURE

VOIDVOIDVOIDVOIDVOIDVOIDVOIDVOID

5/11/16

TRAN: [redacted]

REPORT REQUEST

LexisNexis

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 # MP16001 6331

Type of Report Auto Accident

Date of Occurrence 5/8/16 Time _____

Precinct or District _____

LOCATION OF LOSS 96TH AND WOOD

City CHICAGO County COOK State IL

Additional Information _____

VEHICLE INFO

Car Tag # [redacted] State IL

Make FORD Year 2007

VIN 1FAFP53U17A110129

DRIVERS or VICTIMS INFO

Insured Party [redacted]

D.O.B. [redacted] SS# _____

Drivers Lic # [redacted] State IL

Driver #2 [redacted]

Driver #3 _____

POLICE or FIRE AGENCY who wrote report?

METRA PD

Client Division [redacted]

Claim # [redacted]

Internal Codes 16.1131

Claims Adjuster [redacted]
TRACEY ZACKERY

TRAN: [redacted]

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

(Rev. 9/09)