



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

16.1131

THIS IS A REQUEST FOR A REPORT

TO THE
ORDER
OF

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

DATE

5/12/16

AMOUNT

VOID VOID
AUTHORIZED SIGNATURE

5/12/16

TRAN: [REDACTED]

REPORT REQUEST



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

1/800-934-9698 press 3

TOLL FREE FAX: 1/800-934-6449

☐ Report Attached:

Report Cost: \$

Number of Pages:
(including this sheet)

- ☐ 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

MP160001-6331

Type of Report Auto Accident

Date of Occurrence 5/8/16 Time _____

Precinct or District _____

LOCATION OF LOSS

96 PLACE

City CHICAGO County COOK State IL

Additional Information _____

VEHICLE INFO

DRIVERS or VICTIMS INFO

Car Tag # _____ State _____ Insured Party [REDACTED]

Make _____ Year _____ D.O.B. _____ SS# _____

VIN _____ Drivers Lic # _____ State _____

Driver #2 METRA

Driver #3 [REDACTED]

POLICE or FIRE AGENCY who wrote report?

METRA PD

Client
Division

Claim #
Internal Co

Claims Adjuster

BRENDA WESTERHOFF

Page 1 of 1

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TRAN: [REDACTED]

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

(Rev. 9/09)