

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

On 9/2/16 we sent this request to your office
for processing. We have received NO RESPONSE.
Please research this request and Mail/Fax your reply with this
FAX BACK COVER SHEET we have provided for you.

DATE

AMOUNT
THANK YOU

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

SECOND REQUEST

AUTHORIZED SIGNATURE

THIS IS NOT A VALID CHECK VOID

PLEASE FAX YOUR REPLY TO US AT
TOLL FREE
1/800-934-6449

OR CALL US AT 1/800-934-9698

TRAN: [REDACTED]

REPORT REQUEST

LexisNexis®

PLEASE CHECK A
CIRCLE BELOW

9/6/16



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

SECOND REQUEST

STATE FARM ENTERPRISE CLAI

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 #

16-032009

Type of Report Auto Accident

Date of Occurrence 8/31/16 Time 12:30 PM

Precinct or District _____

LOCATION OF LOSS

METRA PARKING LOT

City AURORA

County

KANE

State IL

Additional Information _____

VEHICLE INFO**SECOND REQUEST****DRIVERS or VICTIMS INFO**

Car Tag # _____ State _____

Insured Party [REDACTED]

Make TOYO Year 2015

D.O.B. [REDACTED]

VIN 5TDJKRFH2FST07931

Drivers Lic # _____ State _____

POLICE or FIRE AGENCY who wrote report?

METRA PD

Driver #2 UNK

Driver #3 _____

Client
Division

im # [REDACTED]

Internal Codes [REDACTED]

Claims Adjuster

ELISA JOHNSTON

TRAN: [REDACTED]

**SECOND REQUEST**