

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

On 9/4/16 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:

**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**

AMERICAN ACCESS CASUALTY

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 #**

MP1600015745

Type of Report: Auto Accident

Date of Occurrence: 5/3/16 Time: 01:35 PM

Precinct or District

**LOCATION OF LOSS**

117TH PLACE MICHIGAN AVE.

City: CHICAGO

County

COOK

State: IL

Additional Information

**VEHICLE INFO**

**SECOND REQUEST**

**DRIVERS or VICTIMS INFO**

Car Tag # \_\_\_\_\_ State \_\_\_\_\_

Insured Party

Make: FORD Year: 2003

D.O.B. \_\_\_\_\_ SS# \_\_\_\_\_

VIN: 1FAFP53U53G157364

Drivers Lic # \_\_\_\_\_ State \_\_\_\_\_

POLICE or FIRE AGENCY who wrote report?

METRA PD

Driver #2

Driver #3

Client  
Division

Claim #

Internal Codes

Claims Adjuster

MIKAELA GLASSY



TRAN: