

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
10/20/15

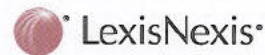
TO THE
ORDER
OF

VOID VOID
AUTHORIZED SIGNATURE

10/20/15

TRAN: **550309941**

REPORT REQUEST



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

PLEASE CHECK A
CIRCLE BELOW



1/800-934-9698 press 3

TOLL FREE FAX: 1/800-934-6449

Report Attached:

Report Cost: \$ _____ Number of Pages: _____
(including this sheet)



Report/Case #

1549309

Type of Report Auto Accident

Date of Occurrence 10/16/15 Time _____

Precinct or District _____

- 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: _____

LOCATION OF LOSS 147TH STREET

City HARVEY County COOK State IL

Additional Information _____

VEHICLE INFO

DRIVERS or VICTIMS INFO

Car Tag # _____ State _____ Insured Party _____

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

VIN _____ Drivers Lic # _____ State _____

POLICE or FIRE AGENCY who wrote report?

METRA PD

Driver #2 _____

Driver #3 _____

Client Division 42AUSTIN Claim # 7502 Internal # _____

Claims Adjuster M32911 LAURA IRWIN