



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

552939952
16.1131

15 NOV 15 2 3 11
LAW DEPT

THIS IS A REQUEST FOR A REPORT

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

DATE 11/6/15

TO THE
ORDER
OF

VOID VOID
AUTHORIZED SIGNATURE



11/6/15

TRAN: **552939952**

REPORT REQUEST



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

PLEASE CHECK A
CIRCLE BELOW



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 # 15-79309

Type of Report Auto Accident

Date of Occurrence 10/15/15 Time 02:23 PM

Precinct or District _____

LOCATION OF LOSS

HARVEY METRO STATION

147TH

City HARVEY

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 [REDACTED]

Driver #3 _____

POLICE or FIRE AGENCY who wrote report?

METRA PD

Client
Division

AFI1607771

Claim # [REDACTED]
Internal Codes

16.1131

Claims Adjuster

BBWARREN

Page 1 of 1



TRAN: **552939952**

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

(Rev. 9/09)