



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

16.1131

FEB 17 4:34  
LAW DEPT

# THIS IS A REQUEST FOR A REPORT

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

DATE 2/6/17

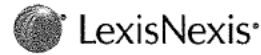
**VOID VOID**  
AUTHORIZED SIGNATURE



2/6/17

TRAN: [REDACTED]

## 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 #

MP170004397

Type of Report Auto Accident

Date of Occurrence 1/31/17 Time \_\_\_\_\_

Precinct or District \_\_\_\_\_

### LOCATION OF LOSS

TRAIN STATION PL/91ST/BEVERLY

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 \_\_\_\_\_

POLICE or FIRE AGENCY who wrote report?

METRA PD

Driver #2 \_\_\_\_\_

Driver #3 \_\_\_\_\_

Client  
Division

107040  
Claim #

ILINOIS 1463

Internal Co [REDACTED]

Claims Adjuster

DLM0028  
DAWN MCCLAIN



TRAN: [REDACTED]

Page 1 of 1

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

DR

(Rev. 1/16)