



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



# THIS IS A REQUEST FOR A REPORT

METRA POLICE DEPT 2019 JUN 20 P 2:40  
FOIA  
547 WEST JACKSON BLVD  
CHICAGO, IL 60661

DATE 6/11/19



## VOID VOID

AUTHORIZED SIGNATURE



6/11/19

TRAN:

### REPORT REQUEST



PLEASE CHECK A CIRCLE BELOW

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Report Attached:

Report Cost: \$	Number of Pages: (including this sheet)
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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 #** MP1900022179

Type of Report Auto Accident

Date of Occurrence 5/8/19 Time \_\_\_\_\_

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

**LOCATION OF LOSS** 865 N LYLE AVE

City ELGIN County COOK State IL

Additional Information \_\_\_\_\_

**VEHICLE INFO**

**DRIVERS or VICTIMS INFO**

Car Tag # \_\_\_\_\_ State \_\_\_\_\_ Insured P

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 6585  
Claim #   
Internal C

Claims Adjuster CRFQQQPI  
MELISSA VALDEZ



TRAN: