



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

RISK MGMT. DEPT.

THIS IS A REQUEST FOR A REPORT

2019 MAR 14 PM 2:51

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

DATE 2/28/19

AMOUNT

VOID VOID

AUTHORIZED SIGNATURE



2/28/19

TRAN:



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)
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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 # YR1912409882

Type of Report Auto Accident

Date of Occurrence 2/26/19 Time 0:0:0

Precinct or District _____

LOCATION OF LOSS POLASKI

City BURBANK County COOK State IL

Additional Information _____

VEHICLE INFO	DRIVERS or VICTIMS INFO
Car Tag # _____ State _____	Insured Party <u>[REDACTED]</u>
Make <u>CHEVROLET</u> Year <u>2004</u>	D.O.B. <u>7/18/68</u> SS# _____
VIN <u>3GNEK12T04G198536</u>	Drivers Lic # <u>[REDACTED]</u> State <u>IL</u>

POLICE or FIRE AGENCY who wrote report?

METRA PD

Client 6625 Division [REDACTED] Claim # [REDACTED] Internal C [REDACTED]

Claims Adjuster [REDACTED]

Driver #2 _____

Driver #3 _____

TRAN: [REDACTED]

