

!PLEASE RETURN THIS PORTION WITH REQUEST!

Account No. 31400

ISO-NJ

EM

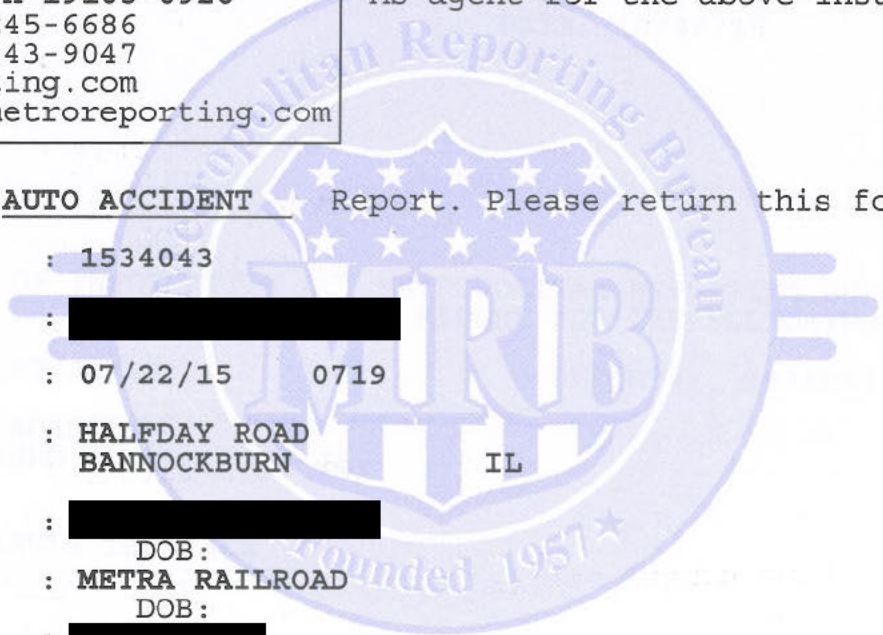
Questions? Contact Metro's ILLINOIS DEPARTMENT

Please Reply To:  
**Metropolitan Reporting Bureau**  
 Box 926, William Penn Annex  
 Philadelphia, PA 19105-0926  
 Phone: (800) 245-6686  
 Fax No: (800) 343-9047  
 www.metroreporting.com  
 Email: report@metroreporting.com

WE REPRESENT CHEROKEE INSURA  
 As agent for the above insurance company

Request for a(n) AUTO ACCIDENT Report. Please return this form with report.

REPORT NUMBER : 1534043  
 INSURED : [REDACTED]  
 DATE OF LOSS : 07/22/15 0719  
 LOCATION : HALFDAY ROAD  
 BANNOCKBURN IL  
 DRIVER : [REDACTED]  
 OTHER DRIVER : METRA RAILROAD  
 DOB : [REDACTED]  
 CLAIM NUMBER : [REDACTED]  
 VEHICLE YEAR :  
 MAKE/MODEL :  
 DRIVER LICENSE# :  
 VIN# :  
 STATE :  
 PLATE/TAG# :  
 POLICE DEPARTMENT: METRA POLICE DEPT.  
 BARRACKS/PCT.# :  
 DESCRIPTION :  
 [REDACTED]



PLEASE RUSH  
 PLEASE FAX REPORT TO  
 1-800-343-9047  
 THANK YOU

!PLEASE RETURN THE BOTTOM PORTION WITH REQUEST!

- Unable to Locate Report With Information Given
- Loss Location Not In Our Jurisdiction. Try: \_\_\_\_\_
- Log Entry Only, No Report Written. Notes: \_\_\_\_\_
- Not Releasable  Not Ready Reason: \_\_\_\_\_

[ ] If there is a charge for this service, please enclose your bill with the report and our check will be issued promptly. 281 IL00000553



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