



P.O.BOX 740025  
ATLANTA,GA 30374-0025  
678.924.4900 FAX 800.934.6449



5.3847

3038414751

Attention Records Department:  
Please return this copy with the report

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## REQUEST COPY ONLY

# VOID

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REPORT REQUEST

TRAN: 3038414751

### Agency Info

Date of Occurrence 04/09/2024 0:0:0

Report/Case # 24-1788

Type of Report Fire Building

Agency Name DOBBINS-OREGON HOUSE FD

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

City of Loss DOBBINS

County of Loss YUBA State CA

Location of Loss 15394 INDIANA SCHOOL RD

Additional Info \_\_\_\_\_



P.O.BOX 740025  
ATLANTA,GA 30374-0025  
**TOLL FREE PHONE**  
**1.800.934.9698**  
**TOLL FREE FAX**  
**1.800.934.6449**  
**EMAIL REPORTS TO**  
**cru.incoming@lexisnexisrisk.com**

### Vehicle Info

VIN \_\_\_\_\_

Car Tag \_\_\_\_\_ Tag State \_\_\_\_\_

Make \_\_\_\_\_ Year \_\_\_\_\_

### Involved Parties

Insured Party JEFF F BRUTON

Date of Birth 10/xx/1976 SS# xxxxx3283

Driver's License E2040XXX License State CA

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

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

Outcome of Search (Mark below and Return This Form)

- ☐ Report Attached:  
Report Cost | # of Pages (Including this sheet) \_\_\_\_\_
- ☐ No Report Found
- ☐ No Report Written - Log entry only/Driver Exchange
- ☐ Not Releasable / Not Ready \_\_\_\_\_
- ☐ Unable to locate Report in our Jurisdiction\*  
Suggest you try: \_\_\_\_\_
- ☐ Comments \_\_\_\_\_

\*This request may include confidential information. As an entity authorized to receive this information you agree that after responding to LexisNexis you will appropriately protect this information against any unauthorized reading, distribution, copying or other use. If you do not have a report for this request, please return this form to LexisNexis and then immediately destroy any copies.

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Client 6626  
Division

Claim #5566W039K



Claims Adjuster

VADKDB

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4/23/25

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