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April 12, 2016

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IN REPLY REFER TO FILE NO.

Mr. Andrew Gable
330 W. Wells Street, Suite 822
Chicago, Illinois 60606
andy@andygable.com

EP-1

Re: Freedom of Information Act Request

Dear Mr. Gable:

On March 23, 2016, the Village of Elmwood Park received your Illinois Freedom of Information Act (5 ILCS 140/1 *et seq.*) ("FOIA") request for the following records:

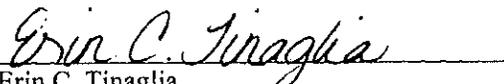
"Any and all police reports, 911 records, or fire department records relating to 2843 N. 75th Ct, Elmwood Park, IL on 2/4/16."

On April 6, 2016, the Village of Elmwood Park sent you correspondence stating that the Village of Elmwood Park maintained no fire department records responsive to your FOIA request. Since responding to your FOIA request on April 6, 2016, the Village of Elmwood Park has located fire department records responsive to your March 23, 2016, FOIA request.

Enclosed please find the fire department records responsive to your March 23, 2016, FOIA request. On behalf of the Village of Elmwood Park, I apologize for any inconvenience this may have caused.

Sincerely,

STORINO, RAMELLO & DURKIN
Attorneys for the Village of Elmwood Park


Erin C. Tinaglia

Enclosures

589629.1

A FDID **CN212** * State **IL** * Incident Date **02/04/2016** * Station **003** Incident Number **16-0000290** * Exposure **000** * Delete Change No Activity **NFIRS -1 Basic**

B Location* Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract **107** - Street address **2843** Intersection **75TH** In front of Rear of **ELMWOOD PARK** Adjacent to Directions **IL** **60707** -
Number/Milepost Prefix Street or Highway Street Type Suffix
 Apt./Suite/Room City State Zip Code
 Cross street or directions, as applicable

C Incident Type *
531 Smoke or odor removal
 Incident Type

E1 Date & Times Midnight is 0000
 Check boxes if dates are the same as Alarm ALARM always required
 Date Alarm **02/04/2016** **22:11:11**
 ARRIVAL required, unless canceled or did not arrive
 Arrival **02/04/2016** **22:14:33**
 CONTROLLED Optional, Except for wildland fires
 Controlled
 LAST UNIT CLEARED, required except for wildland fires
 Last Unit **02/04/2016** **23:19:33**
 Cleared

E2 Shift & Alarms
 Local Option
R **01** **1**
 Shift or Alarms District
 Platoon

D Aid Given or Received *
 1 Mutual aid received **CN381**
 2 Automatic aid recv. Their FDID Their State
 3 Mutual aid given
 4 Automatic aid given
 5 Other aid given Their Incident Number
 N None

E3 Special Studies
 Local Option
 Special Study ID# Special Study Value

F Actions Taken *
83 Provide information to
 Primary Action Taken (1)
 Additional Action Taken (2)
 Additional Action Taken (3)

G1 Resources *
 Check this box and skip this section if an Apparatus or Personnel form is used.
 Apparatus Personnel
 Suppression **0004** **0008**
 EMS
 Other
 Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values
 LOSSES: Required for all fires if known. Optional for non fires. None
 Property \$, 000 , 000
 Contents \$, 000 , 000
 PRE-INCIDENT VALUE: Optional
 Property \$, 000 , 000
 Contents \$, 000 , 000

Completed Modules
 Fire-2
 Structure-3
 Civil Fire Cas.-4
 Fire Serv. Cas.-5
 EMS-6
 HazMat-7
 Wildland Fire-8
 Apparatus-9
 Personnel-10
 Arson-11

H1* Casualties None
 Deaths Injuries
 Fire Service
 Civilian
H2 Detector
 Required for Confined Fires.
 1 Detector alerted occupants
 2 Detector did not alert them
 U Unknown

H3 Hazardous Materials Release
 N None
 1 Natural Gas: slow leak, no evacuation or HazMat actions
 2 Propane gas: <21 lb. tank (as in home BBQ grill)
 3 Gasoline: vehicle fuel tank or portable container
 4 Kerosene: fuel burning equipment or portable storage
 5 Diesel fuel/fuel oil: vehicle fuel tank or portable
 6 Household solvents: home/office spill, cleanup only
 7 Motor oil: from engine or portable container
 8 Paint: from paint cans totaling < 55 gallons
 0 Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property
 NN Not Mixed
 10 Assembly use
 20 Education use
 33 Medical use
 40 Residential use
 51 Row of stores
 53 Enclosed mall
 58 Bus. & Residential
 59 Office use
 60 Industrial use
 63 Military use
 65 Farm use
 00 Other mixed use

J Property Use* Structures
 131 Church, place of worship
 161 Restaurant or cafeteria
 162 Bar/Tavern or nightclub
 213 Elementary school or kindergarten
 215 High school or junior high
 241 College, adult education
 311 Care facility for the aged
 331 Hospital
 341 Clinic, clinic type infirmary
 342 Doctor/dentist office
 361 Prison or jail, not juvenile
 419 1-or 2-family dwelling
 429 Multi-family dwelling
 439 Rooming/boarding house
 449 Commercial hotel or motel
 459 Residential, board and care
 464 Dormitory/barracks
 519 Food and beverage sales
 539 Household goods, sales, repairs
 579 Motor vehicle/boat sales/repair
 571 Gas or service station
 599 Business office
 615 Electric generating plant
 629 Laboratory/science lab
 700 Manufacturing plant
 819 Livestock/poultry storage (barn)
 882 Non-residential parking garage
 891 Warehouse
 Outside
 124 Playground or park
 655 Crops or orchard
 669 Forest (timberland)
 807 Outdoor storage area
 919 Dump or sanitary landfill
 931 Open land or field
 936 Vacant lot
 938 Graded/care for plot of land
 946 Lake, river, stream
 951 Railroad right of way
 960 Other street
 961 Highway/divided highway
 962 Residential street/driveway
 981 Construction site
 984 Industrial plant yard
 Lookup and enter a Property Use code only if you have NOT checked a Property Use box:
 Property Use **419**
1 or 2 family dwelling
 NFIRS-1 Revision 03/11/99

K1 Person/Entity Involved Local Option Business name (if applicable) Area Code Phone Number

Check This Box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

K2 Owner Same as person involved? Then check this box and skip the rest of this section. Local Option Business name (if Applicable) Area Code Phone Number

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code

L Remarks
Local Option

UNK IF SMELL IS SMOKE OR SOMETHING BURNING [02/04/16 22:10:37 WS9989] smoke smell from inside bldg [02/04/16 22:09:20 WS9989]
Checked whole house w/TIC unable to find any source. Further investigation checked the refrigerator seals and they were not sealing properly , the frig. would never shut off and the motor is over heating causing a possible fire.

FD explained to the renter of the problem and pulled the plug to the frig. FD told the renter to call the landlord and have it replaced,she was hesitant to call.

L Authorization

BLAS01 BLASKEY, FRED LT 949 02 04 2016
Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. BLAS01 BLASKEY, FRED LT 949 02 04 2016
Member making report ID Signature Position or rank Assignment Month Day Year

CN212
FDID *

IL
State *

MM DD YYYY
2 4 2016
Incident Date *

003
Station

16-0000290
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

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