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IN REPLY REFER TO FILE NO.

August 19, 2016

Mr. S. Aaron Tenenbaum
2222 Chestnut Avenue, Suite 201
Glenview, Illinois 60026

EP-1

Re: Freedom of Information Act Request

Dear Mr. Tenenbaum:

On August 9, 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:

"Fire Department # 16-1810

All documents, materials, letters, or other writings in any way related to the slip and fall accident that took place on 07/22/2016 at Angelo Caputo's Fresh Market, 2400 N Harlem Ave, Elmwood Park, IL 60707. The victim: Maria Mistrz[.]"

Enclosed please find documents which were inadvertently omitted from the Village of Elmwood Park's correspondence dated August 16, 2016. However, please be advised that certain information in the records responsive to your FOIA request has been determined to be exempt from disclosure under FOIA. Accordingly, such information has been redacted from the records being provided.

Section 7(1)(b) of FOIA provides that "private information" is exempt from disclosure. "Private information" is defined in FOIA as, "unique identifiers, including a person's social security number, driver's license number, employee identification number, biometric identifiers, personal financial information, passwords or other access codes, medical records, home or personal telephone numbers, and personal email addresses. Private information also includes home address and personal license plates, except as otherwise provided by law or when compiled without possibility of attribution to any person." 5 ILCS 140/2(c-5). Consequently, certain unique identifiers, including employee identification numbers, have been redacted from the records being provided.

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Mr. S. Aaron Tenenbaum
August 19, 2016
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The person responsible for the decision to deny a portion of your FOIA request is the Village of Elmwood Park Freedom of Information Officer, Gina Pesko. In accordance with Section 9(a) of FOIA, you are hereby notified that you have the right to file a Request for Review regarding the decision made by the Village of Elmwood Park Freedom of Information Officer with the Public Access Counselor at the Illinois Attorney General's Office. You can file your Request for Review with the Public Access Counselor by writing to:

Sarah Pratt
Public Access Counselor
Office of the Attorney General
500 South 2nd Street
Springfield, Illinois 62706
Fax: 217-782-1396
E-mail: publicaccess@atg.state.il.us

If you choose to file a Request for Review with the Public Access Counselor, you must do so within 60 calendar days of the date of this letter. Please note that you must include a copy of your original FOIA request and this letter when filing a Request for Review with the Public Access Counselor.

You are also notified that you have the right to judicial review regarding the decision made by the Village of Elmwood Park Freedom of Information Officer pursuant to Section 11 of FOIA.

Sincerely,

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


Erin C. Tinaglia

Enclosures

A		MM DD YYYY 07 22 2016	FDID * CN212	State * IL	Station * 001	Incident Number * 16-0001810	Exposure * 000	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic
B Location* <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only for Wildland fires.									
Street address <input checked="" type="checkbox"/> 2400 HARLEM AVE Number/Milepost Prefix Street or Highway Street Type Suffix <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions APT./SUITE/ROOM CITY STATE ZIP CODE ELMWOOD PARK IL 60707 Cross street or directions, as applicable									
C Incident Type *			E1 Date & Times				E2 Shift & Alarms		
321 EMS call, excluding vehicle Incident Type			Midnight is 0000 Check boxes if dates are the same as Alarm Date. ALARM always required Alarm * 07 22 2016 19:33:34 ARRIVAL required, unless canceled or did not arrive Arrival * <input checked="" type="checkbox"/> 07 22 2016 19:36:27 CONTROLLED Optional, Except for wildland fires <input type="checkbox"/> Controlled LAST UNIT CLEARED, required except for wildland fires Last Unit <input checked="" type="checkbox"/> Cleared 07 22 2016 20:01:15				Local Option G 01 1 Shift or Alarms District Platoon		
D Aid Given or Received *			E3 Special Studies						
1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recv. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input checked="" type="checkbox"/> None			Their FDID Their State Their Incident Number				Local Option Special Study ID# Special Study Value		
F Actions Taken *			G1 Resources *			G2 Estimated Dollar Losses & Values			
32 Provide basic life Primary Action Taken (1) 34 Transport person Additional Action Taken (2) Additional Action Taken (3)			<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression EMS 0002 0004 Other <input type="checkbox"/> Check box if resource counts include aid received resources.			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		H1* Casualties		H3 Hazardous Materials Release			I Mixed Use Property		
<input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		Deaths Injuries Fire Service Civilian H2 Detector Required for Confined Fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown		N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., please complete the HazMat form			NN <input type="checkbox"/> Not Mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Bus. & Residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use		
J Property Use*									
Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergarten 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field 341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1-or 2-family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input checked="" type="checkbox"/> Food and beverage sales 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/care for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway 539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repair 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use 519 Food and beverage sales,									

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
 CREW TRANSPORTED ONE FEMALE BLS TO GMH. CREW RETURNED TO SERVICE. GN [07/22/16 20:01:11 Unit:A944]
 CLEAR [07/22/16 19:47:43 WS9981] {A944} RAILED [07/22/16 19:45:36 WS9981] NO ON SCENE TIME GIVEN [07/22/16 19:41:55 WS9981] 215 TRANSPORT TIME IS 1933 HRS [07/22/16 19:41:51 WS9981] [PROQA] Call Aborted: not with patient [07/22/16 19:33:28 WS9972] f/56 a/b fell by customer service [07/22/16 19:33:11 WS9972]

L Authorization

<input type="checkbox"/>	_____	KIDD, ANDREW	PM	944	07	22	2016
Check Box if same as Officer in charge.	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
<input type="checkbox"/>	_____	ARGYRAKIS, DENNIS	CP	949	07	22	2016
		Signature	Position or rank	Assignment	Month	Day	Year

CN212

FDID *

IL

State *

MM

DD

YYYY

7

22

2016

Incident Date *

001

Station

16-0001810

Incident Number *

000

Exposure *

Complete
Narrative

Narrative:

CREW TRANSPORTED ONE FEMALE BLS TO GMH. CREW RETURNED TO SERVICE. GN [07/22/16 20:01:11
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