

LAW OFFICES

STORINO, RAMELLO & DURKIN

9501 WEST DEVON AVENUE
ROSEMONT, ILLINOIS 60018

(847) 318-9500

FACSIMILE (847) 318-9509

DONALD J. STORINO
MICHAEL K. DURKIN
RICHARD J. RAMELLO
NICHOLAS S. PEPPERS
THOMAS M. BASTIAN
ANGELO F. DEL MARTO
JAMES E. MACHOLL
BRIAN W. BAUGH
ANTHONY J. CASALE
ANDREW Y. ACKER
PETER A. PACIONE
MELISSA M. WOLF
MATTHEW G. HOLMES
MICHAEL R. DURKIN

THOMAS J. HALLERAN
ERIN C. TINAGLIA
ADAM R. DURKIN

JOSEPH G. KUSPER
MARK R. STEPHENS
BRYAN J. BERRY
ANN M. WILLIAMS
LEONARD P. DIORIO
RICHARD F. PELLEGRINO
DONALD J. STORINO II

OF COUNSEL

IN REPLY REFER TO FILE NO.

June 17, 2016

Ms. Tamayo Kawai, M.D.
PCC Community Wellness Center
1111 Superior Street, Suite 101
Melrose Park, Illinois 60160

EP-1

Re: Freedom of Information Act Request

Dear Ms. Kawai:

On June 6, 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:

"I would like to obtain SHERRI DYMITROWICZ DOB 8/25/ records in regards to her death. I am her primary care physician since 2012 and did not get any notification about her death around Jan/Feb 2016. (we found out from pharmacy) we cannot get a hold of her family via phone."

Enclosed please find the records responsive to your FOIA request. Should you require additional records, please submit another FOIA request. Thank you for your inquiry.

Sincerely,

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


Erin C. Tinaglia

Enclosures

A		MM DD YYYY	Delete <input type="checkbox"/>		NFIRS -1 Basic	
CN212	IL	01 15 2016	001	16-0000119		000
FDID *	State *	Incident Date *	Station	Incident Number *		Exposure *
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.						
Census Tract 107 -						
<input checked="" type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions						
2446 HARLEM AVE Number/Milepost Prefix Street or Highway Street Type Suffix ELMWOOD PARK IL 60707 Apt./Suite/Room City State Zip Code Cross street or directions, as applicable						
C Incident Type *		E1 Date & Times		E2 Shift & Alarms		
321 EMS call, excluding vehicle		Midnight is 0000		Local Option		
Incident Type		Check boxes if dates are the same as Alarm Date.		Shift or District		
D Aid Given or Received* 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		Month Day Year Hr Min Sec Alarm * 01 15 2016 14:36:23 ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival * 01 15 2016 14:40:13 CONTROLLED Optional, except for wildland fires <input type="checkbox"/> Controlled LAST UNIT CLEARED, required except for wildland fires <input checked="" type="checkbox"/> Last Unit Cleared 01 15 2016 16:50:51		G 01 1 Alarms District Platoon		
Their FDID Their State Their Incident Number		Special Studies Local Option Special Study ID# Special Study Value				
F Actions Taken *		G1 Resources *		G2 Estimated Dollar Losses & Values		
33 Provide advanced life		<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used.		LOSSES: Required for all fires if known. Optional for non fires.		
Primary Action Taken (1) Additional Action Taken (2) Additional Action Taken (3)		Apparatus Personnel Suppression EMS 0002 0005 Other <input type="checkbox"/> Check box if resource counts include aid received resources.		Property \$ 000,000 Contents \$ 000,000 PRE-INCIDENT VALUE: Optional Property \$ 000,000 Contents \$ 000,000		
Completed Modules		H1* Casualties		H3 Hazardous Materials Release		
<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		<input type="checkbox"/> None Deaths Injuries Fire Service Civilian H2 Detector Required for Confined Fires. <input type="checkbox"/> Detector alerted occupants <input type="checkbox"/> Detector did not alert them <input type="checkbox"/> Unknown		<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		
I Mixed Use Property		J Property Use*				
<input type="checkbox"/> Not Mixed <input type="checkbox"/> Assembly use <input type="checkbox"/> Education use <input type="checkbox"/> Medical use <input type="checkbox"/> Residential use <input type="checkbox"/> Row of stores <input type="checkbox"/> Enclosed mall <input type="checkbox"/> Bus. & Residential <input type="checkbox"/> Office use <input type="checkbox"/> Industrial use <input type="checkbox"/> Military use <input type="checkbox"/> Farm use <input type="checkbox"/> Other mixed 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 checked="" type="checkbox"/> 1-or 2-family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarded 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 type="checkbox"/> Food and beverage sales 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 419 1 or 2 family dwelling		

CN212 IL 1 15 2016 001 16-0000119 000
FDID * State * Incident Date * Station Incident Number * Exposure *

Complete Narrative

Narrative:
[LAW] (33A) ME#201600251 [01/15/16 16:24:24 WS9961] [LAW] (3400) COACH HOUSE OFF ALLEY
[01/15/16 16:05:47 WS9961] [LAW] BELMONT NOTIFIED [01/15/16 16:03:30 WS9961] [LAW] (3400)
REQUESTING BELMONT FOR TRANSPORT TO THE ME [01/15/16 15:59:17 WS9961] Terminated
Resuscitation...AK [01/15/16 15:33:26 Unit:A944] CALLER SAYS A FEMALE IS IN THE RESTROOM AND
NOT FEELING WELL. CALLER IS A DIRECT TV INSTALLER [01/15/16 14:35:08 WS9950]

ALS treatment administered, then hospital advised to cease resuscitative efforts. no transport made.