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May 17, 2016

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IN REPLY REFER TO FILE NO.

Ms. Rhonda James  
547 W. Jackson Boulevard, 15<sup>th</sup> Floor  
Chicago, Illinois 60661  
rjames@metrarr.com

EP-1

**Re: Freedom of Information Act Request**

Dear Ms. James:

On May 10, 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:

"PLEASE PROVIDE A COPY OF REPORT # 16-852:  
P/A: 73<sup>rd</sup> ST. CROSSING – PEDESTRIAN: YONAN, JACK  
D/A: 4/15/16 – TRAIN V. PEDESTRIAN ACCIDENT[.]"

Enclosed please find the records responsive to your FOIA request. 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, home or personal telephone numbers, and a home address, have been redacted from the records being provided.

Section 7(1)(c) of FOIA provides that, "[p]ersonal information contained within public records, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy" is exempt from disclosure. Consequently, birthdates, and other personal information, the disclosure of which would

**STORINO, RAMELLO & DURKIN**

Ms. Rhonda James  
May 17, 2016  
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constitute a clearly unwarranted invasion of personal privacy, including the race of an individual, have been redacted from the records being provided.

Section 7(1)(d)(iv) of FOIA provides that, “[r]ecords in the possession of any public body created in the course of administrative enforcement proceedings, and any law enforcement or correctional agency for law enforcement purposes” are exempt from disclosure, “but only to the extent that disclosure would: ... unavoidably disclose the identity of a confidential source, confidential information furnished only by the confidential source, or persons who file complaints with or provide information to administrative, investigative, law enforcement, or penal agencies.” Consequently, information that would reveal the identity of persons who filed complaints with or provided information to the Village of Elmwood Park Police Department has been redacted from the records being provided.

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 2<sup>nd</sup> 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



# Incident Report Additional Name List

Elmwood Park Police Department

OCA: 16-00852

## Additional Name List

Name Code/#	Name (Last, First, Middle)	Victim of Crime #	DOB	Age	Race	Sex
1) WI I	[REDACTED]		[REDACTED]	48	[REDACTED]	M
	Address		H:	[REDACTED]		
	Empl/Addr		R:	- -		
			Mobile #:	- -		

# INCIDENT/INVESTIGATION REPORT

*Elnwood Park Police Department*

Case # 16-00852

Status Codes	1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown							
	IBR	Status	Quantity	Type Measure	Suspected Type			
D R U G S								

**Assisting Officers**

*OGGERINO, A. (EP9273), ZELASCO, M. (EP8569), GIOVENCO, J. (EP9700), SCHAK, K. (EP2963), KLISZ, R. (EP7134),  
WINIARCZYK, M. (EP7383), TRISTANO, N. (EP7752)*

Suspect Hate / Bias Motivated:

NARRATIVE

REPORTING OFFICER NARRATIVE

Elmwood Park Police Department

OCA 16-00852
Date / Time Reported Fri 04/15/2016 16:35

Victim

Offense  
ASSIST OTHER DEPARTMENT

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

On 04-15-16 at 1635 hours, all available units responded to the railroad crossing at 73rd Ave / Grand Ave for a report of a pedestrian struck by a Metra train.

On scene, we located subject Jack Yonan had severe injuries to his person and was determined to be dead on our arrival. I photographed the scene as it was. Disc containing photographs were inventoried into our BEAST system.

I spoke to witness [REDACTED] who told me he was in his vehicle on 73rd Avenue south of the train tracks. [REDACTED] said the railroad gates and lights were both activated and functioning properly providing audio and visual cues a train was coming. [REDACTED] saw Jack quickly trying to cross the tracks northbound on foot with aid of a walking cane in the middle of the street. [REDACTED] said he yelling at Jack to watch out but Jack did not hear him. [REDACTED] saw Jack get struck by a westbound Metra train on what he believed was the side of the first car being the engine.

We assisted Metra PD in traffic and crowd control.

<b>A</b>	FDID * <span style="background-color:black; color:black;">          </span>	State * <b>IL</b>	Incident Date * MM <b>04</b> DD <b>15</b> YYYY <b>2016</b>	Station <b>001</b>	Incident Number * <b>16-0000944</b>	Exposure * <b>000</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	<b>NFIRS -1</b> <b>Basic</b>	
<b>B</b>	Location* <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section B "Alternative Location Specification". Use only for Wildland fires. <span style="float:right">Census Tract <b>109</b></span>								
	<input checked="" type="checkbox"/> Street address	<b>7300</b>	<b>FULLERTON</b>	<b>AVE</b>					
	<input type="checkbox"/> Intersection	Number/Milepost	Prefix	Street or Highway	Street Type	Suffix			
	<input type="checkbox"/> In front of								
	<input checked="" type="checkbox"/> Rear of		<b>ELMWOOD PARK</b>		<b>IL</b>	<b>60707</b>			
	<input type="checkbox"/> Adjacent to	Apt./Suite/Room	City		State	Zip Code			
	<input type="checkbox"/> Directions	Cross street or directions, as applicable							
<b>C</b>	Incident Type *		<b>E1</b> Date & Times				<b>E2</b> Shift & Alarms		
	<b>321</b> EMS call, excluding vehicle		Midnight is 0000				Local Option		
	Incident Type		Check boxes if dates are the same as Alarm Date. ALARM always required				Shift or Alarms District Platoon		
			Month Day Year Hr Min Sec				<b>B</b> <b>01</b> <b>2</b>		
<b>D</b>	Aid Given or Received*		<b>X</b> Arrival * <b>04</b> <b>15</b> <b>2016</b> <b>16:34:55</b>				ARRIVAL required, unless canceled or did not arrive		
	1 <input type="checkbox"/> Mutual aid received		<b>X</b> Arrival * <b>04</b> <b>15</b> <b>2016</b> <b>16:36:59</b>				CONTROLLED Optional, except for wildland fires		
	2 <input type="checkbox"/> Automatic aid recvd.						LAST UNIT CLEARED, required except for wildland fires		
	3 <input type="checkbox"/> Mutual aid given		<input type="checkbox"/> Controlled				<b>E3</b> Special Studies		
	4 <input type="checkbox"/> Automatic aid given		<b>X</b> Last Unit <b>04</b> <b>15</b> <b>2016</b> <b>17:24:29</b>				Local Option		
	5 <input type="checkbox"/> Other aid given		<b>X</b> Cleared <b>04</b> <b>15</b> <b>2016</b>				Special Study ID# Special Study Value		
	N <input checked="" type="checkbox"/> None								
<b>F</b>	Actions Taken *		<b>G1</b> Resources *		<b>G2</b> Estimated Dollar Losses & Values				
	<b>31</b> Provide first aid &		<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. <span style="float:right">None</span>				
	Primary Action Taken (1)		Apparatus Personnel		Property \$ <b>000</b> , <b>000</b>				
	Additional Action Taken (2)		Suppression		Contents \$ <b>000</b> , <b>000</b>				
	Additional Action Taken (3)		EMS <b>0003</b> <b>0005</b>		PRE-INCIDENT VALUE: Optional				
			Other		Property \$ <b>000</b> , <b>000</b>				
			<input type="checkbox"/> Check box if resource counts include aid received resources.		Contents \$ <b>000</b> , <b>000</b>				
<b>Completed Modules</b>	<b>H1</b> *Casualties <input type="checkbox"/> None		<b>H3</b> Hazardous Materials Release			<b>I</b> Mixed Use Property			
<input type="checkbox"/> Fire-2	Deaths Injuries		<input type="checkbox"/> None			<input type="checkbox"/> Not Mixed			
<input type="checkbox"/> Structure-3	Fire Service		1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions			10 <input type="checkbox"/> Assembly use			
<input type="checkbox"/> Civil Fire Cas.-4	Civilian		2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ/grill)			20 <input type="checkbox"/> Education use			
<input type="checkbox"/> Fire Serv. Cas.-5			3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container			33 <input type="checkbox"/> Medical use			
<input type="checkbox"/> EMS-6	<b>H2</b> Detector		4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage			40 <input type="checkbox"/> Residential use			
<input type="checkbox"/> HazMat-7	Required for Confined Fires.		5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable			51 <input type="checkbox"/> Row of stores			
<input type="checkbox"/> Wildland Fire-8	1 <input type="checkbox"/> Detector alerted occupants		6 <input type="checkbox"/> Household solvents: home/office appt., cleanup only			53 <input type="checkbox"/> Enclosed mall			
<input checked="" type="checkbox"/> Apparatus-9	2 <input type="checkbox"/> Detector did not alert them		7 <input type="checkbox"/> Motor oil: from engine or portable container			58 <input type="checkbox"/> Bus. & Residential			
<input checked="" type="checkbox"/> Personnel-10	U <input type="checkbox"/> Unknown		8 <input type="checkbox"/> Paint: from paint cans totaling < 35 gallons			59 <input type="checkbox"/> Office use			
<input type="checkbox"/> Arson-11			0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form.			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			
<b>J</b> Property Use*	Structures		341 <input type="checkbox"/> Clinic, clinic type infirmary		539 <input type="checkbox"/> Household goods, sales, repairs				
			342 <input type="checkbox"/> Doctor/dentist office		579 <input type="checkbox"/> Motor vehicle/boat sales/repair				
			361 <input type="checkbox"/> Prison or jail, not juvenile		571 <input type="checkbox"/> Gas or service station				
			419 <input type="checkbox"/> 1-or 2-family dwelling		599 <input type="checkbox"/> Business office				
			429 <input type="checkbox"/> Multi-family dwelling		615 <input type="checkbox"/> Electric generating plant				
			439 <input type="checkbox"/> Rooming/boarding house		629 <input type="checkbox"/> Laboratory/science lab				
			449 <input type="checkbox"/> Commercial hotel or motel		700 <input type="checkbox"/> Manufacturing plant				
			459 <input type="checkbox"/> Residential, board and care		819 <input type="checkbox"/> Livestock/poultry storage (barn)				
			464 <input type="checkbox"/> Dormitory/barracks		882 <input type="checkbox"/> Non-residential parking garage				
			519 <input type="checkbox"/> Food and beverage sales		891 <input type="checkbox"/> Warehouse				
	Outside		936 <input type="checkbox"/> Vacant lot		981 <input type="checkbox"/> Construction site				
			938 <input type="checkbox"/> Graded/care for plot of land		984 <input type="checkbox"/> Industrial plant yard				
			946 <input type="checkbox"/> Lake, river, stream		Lookup and enter a Property Use code only if you have NOT checked a Property Use box!				
			951 <input checked="" type="checkbox"/> Railroad right of way		Property Use <b>951</b>				
			960 <input type="checkbox"/> Other street		<b>Railroad right-of-way</b>				
			961 <input type="checkbox"/> Highway/divided highway		NFIRS-1 Revision 03/11/99				
			962 <input type="checkbox"/> Residential street/driveway						

**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

**I Remarks**

Local Option

944 had a DOA on scene. Scene turned over to Elmwood Park police and Metra police. KL [04/15/16 17:24:09 Unit:A944] [LAW]

metra police on the phone and they are saying that the body is laying between the 2 northern tracks and they are wondering if they can use the 2 southern most train tracks because it is rush hour and [REDACTED] call him [04/15/16 16:49:57 WS9913] [LAW]

METRA ONSCENE [04/15/16 16:48:21 WS9912] CONDUCTOR [REDACTED] SAYS IT IS A FATALITY SUBJ IS BEYOND HELP M/W 30-40 YEARS OF AGE [04/15/16 16:36:13 WS9980] [PROQA]

Call Aborted: caller wont go near subj [04/15/16 16:36:06 WS9913]

on the rear side by the tracks near 1st one bank caller says subj is not breathing and was hit by a train [04/15/16 16:34:58 WS9913]

**I Authorization**

5717 OFFICER IN CHARGE ID LANGELE, KEITH SIGNATURE PM POSITION OR RANK 944 ASSIGNMENT 04 MONTH 15 DAY 2016 YEAR

Check Box if name as Officer in charge.  CONV01 MEMBER MAKING REPORT ID CONVERSA, MATT SIGNATURE LT POSITION OR RANK 949 ASSIGNMENT 04 MONTH 15 DAY 2016 YEAR



FDID \*

IL  
State \*

MM DD YYYY  
4 15 2016  
Incident Date \*

001  
Station

16-0000944  
Incident Number \*

000  
Exposure \*

Complete  
Narrative

**Narrative:**

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