

LAW OFFICES

**STORINO, RAMELLO & DURKIN**

9501 WEST DEVON AVENUE  
ROSEMONT, ILLINOIS 60018

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

(847) 318-9500

FACSIMILE (847) 318-9509

October 11, 2016

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.

Ms. Renee Roder  
2301 N. 76<sup>th</sup> Court  
Elmwood Park, Illinois 60707  
[r.roder@comcast.net](mailto:r.roder@comcast.net)

EP-1

**Re: Freedom of Information Act Request**

Dear Ms. Roder:

On October 4, 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:

"Police & Fire dispatch showing address-date & time  
any calls at my location on September 14, 2016[.]"

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, have been redacted from the records being provided.

**STORINO, RAMELLO & DURKIN**

Ms. Renee Roder  
October 11, 2016  
Page 2

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

<b>A</b>		MM DD YYYY 09 14 2016	FDID * CN212	State * IL	Incident Date * 09 14	Station 001	Incident Number * 16-0002333	Exposure * 000	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic	
<b>B Location*</b>		<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.		Census Tract 110							
<input checked="" type="checkbox"/> Street address		Number/Milepost 2301	Prefix 76TH	Street or Highway ELMWOOD PARK		Street Type CT	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											
		Cross street or directions, as applicable									
<b>C Incident Type *</b>		[321] EMS call, excluding vehicle		Incident Type		<b>E1 Date &amp; Times</b>		Midnight is 0000		<b>E2 Shift &amp; Alarms</b>	
						Check boxes if dates are the same as Alarm Date.		Month Day Year Hr Min Sec		Local Option	
						ALARM always required		Alarm * 09 14 2016 11:59:40		[G] [01] [2]	
<b>D Aid Given or Received *</b>		1 <input type="checkbox"/> Mutual aid received		Their FDID Their State		ARRIVAL required, unless canceled or did not arrive		Arrival * 09 14 2016 12:02:12		Shift or District Platoon	
		2 <input type="checkbox"/> Automatic aid recvd.				CONTROLLED Optional, Except for wildland fires		Controlled		<b>E3 Special Studies</b>	
		3 <input type="checkbox"/> Mutual aid given				LAST UNIT CLEARED, required except for wildland fires		Last Unit 09 14 2016 12:10:15		Local Option	
		4 <input type="checkbox"/> Automatic aid given								Special Study ID# Special Study Value	
		5 <input type="checkbox"/> Other aid given		Their Incident Number							
N <input checked="" type="checkbox"/> None											
<b>F Actions Taken *</b>		[32] Provide basic life		Primary Action Taken (1)		<b>G1 Resources *</b>		<b>G2 Estimated Dollar Losses &amp; Values</b>			
		[31] Provide first aid &		Additional Action Taken (2)		<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. None			
				Additional Action Taken (3)		Apparatus Personnel		Property \$ [ ] , [000] , [000] <input type="checkbox"/>			
						Suppression [ ] [ ]		Contents \$ [ ] , [000] , [000] <input type="checkbox"/>			
						EMS 0001 0002		PRE-INCIDENT VALUE: Optional			
						Other [ ] [ ]		Property \$ [ ] , [000] , [000] <input type="checkbox"/>			
						<input type="checkbox"/> Check box if resource counts include aid received resources.		Contents \$ [ ] , [000] , [000] <input type="checkbox"/>			
<b>Completed Modules</b>		<b>H1* Casualties</b> <input type="checkbox"/> None		<b>H3 Hazardous Materials Release</b>		<b>I Mixed Use Property</b>					
<input type="checkbox"/> Fire-2		Deaths Injuries		N <input type="checkbox"/> None		NN <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				4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage		40 <input type="checkbox"/> Residential use					
<input type="checkbox"/> HazMat-7		<b>H2 Detector</b>		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		Required for Confined Fires.		6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only		53 <input type="checkbox"/> Enclosed mall					
<input checked="" type="checkbox"/> Apparatus-9		1 <input type="checkbox"/> Detector alerted occupants		7 <input type="checkbox"/> Motor oil: from engine or portable container		58 <input type="checkbox"/> Bus. & Residential					
<input checked="" type="checkbox"/> Personnel-10		2 <input type="checkbox"/> Detector did not alert them		8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons		59 <input type="checkbox"/> Office use					
<input type="checkbox"/> Arson-11		U <input type="checkbox"/> Unknown		9 <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					
						66 <input type="checkbox"/> Other mixed use					
<b>J Property Use*</b>		<b>Structures</b>		341 <input type="checkbox"/> Clinic, clinic type infirmary		539 <input type="checkbox"/> Household goods, sales, repairs					
		131 <input type="checkbox"/> Church, place of worship		342 <input type="checkbox"/> Doctor/dentist office		579 <input type="checkbox"/> Motor vehicle/boat sales/repair					
		161 <input type="checkbox"/> Restaurant or cafeteria		361 <input type="checkbox"/> Prison or jail, not juvenile		571 <input type="checkbox"/> Gas or service station					
		162 <input type="checkbox"/> Bar/Tavern or nightclub		419 <input checked="" type="checkbox"/> 1-or 2-family dwelling		599 <input type="checkbox"/> Business office					
		213 <input type="checkbox"/> Elementary school or kindergarten		429 <input type="checkbox"/> Multi-family dwelling		615 <input type="checkbox"/> Electric generating plant					
		215 <input type="checkbox"/> High school or junior high		439 <input type="checkbox"/> Rooming/boardng house		629 <input type="checkbox"/> Laboratory/science lab					
		241 <input type="checkbox"/> College, adult education		449 <input type="checkbox"/> Commercial hotel or motel		700 <input type="checkbox"/> Manufacturing plant					
		311 <input type="checkbox"/> Care facility for the aged		459 <input type="checkbox"/> Residential, board and care		819 <input type="checkbox"/> Livestock/poultry storage (barn)					
		331 <input type="checkbox"/> Hospital		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					
		<b>Outside</b>		936 <input type="checkbox"/> Vacant lot		981 <input type="checkbox"/> Construction site					
		124 <input type="checkbox"/> Playground or park		938 <input type="checkbox"/> Graded/care for plot of land		984 <input type="checkbox"/> Industrial plant yard					
		655 <input type="checkbox"/> Crops or orchard		946 <input type="checkbox"/> Lake, river, stream							
		669 <input type="checkbox"/> Forest (timberland)		951 <input type="checkbox"/> Railroad right of way		Lookup and enter a Property Use code only if you have NOT checked a Property Use box:					
		807 <input type="checkbox"/> Outdoor storage area		960 <input type="checkbox"/> Other street		Property Use [419]					
		919 <input type="checkbox"/> Dump or sanitary landfill		961 <input type="checkbox"/> Highway/divided highway		[1 or 2 family dwelling]					
		931 <input type="checkbox"/> Open land or field		962 <input type="checkbox"/> Residential street/driveway		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-18) 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

ONE FEMALE ASSESSED BLS. ONE REFUSAL OBTAINED. GN [09/14/16 12:08:55 Unit:A944] PD ON SCENE W/FEMALE WHO WANTS HER VITALS CHECKED IS CON/BR [09/14/16 11:58:39 WS9961] Event spawned from DOMESTIC DISTURBANCE. [09/14/2016 11:58:24 WS9961] from handwaver involving f/21 daughter and boyfriend [09/14/2016 11:46:16 WS9961]

**L Authorization**

\_\_\_\_\_  
Officer in charge ID Signature KIDD, ANDREW PM 944 09 14 2016  
Position or rank Assignment Month Day Year

Check Box if  same as Officer in charge.

\_\_\_\_\_  
Member making report ID Signature DORO, MATHEW LT 949 09 14 2016  
Position or rank Assignment Month Day Year

CN212

FDID

\*

IL

State

\*

MM DD YYYY

9

14

2016

Incident Date

\*

001

Station

16-0002333

Incident Number

\*

000

Exposure

\*

Complete  
Narrative

**Narrative:**

ONE FEMALE ASSESSED BLS. ONE REFUSAL OBTAINED. GN [09/14/16 12:08:55 Unit:A944] PD ON SCENE W/FEMALE WHO WANTS HER VITALS CHECKED IS CON/BR [09/14/16 11:58:39 WS9961] Event spawned from DOMESTIC DISTURBANCE. [09/14/2016 11:58:24 WS9961] from handwaver involving f/21 daughter and boyfriend [09/14/2016 11:46:16 WS9961]