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IN REPLY REFER TO FILE NO.

September 6, 2016

Ms. Alina Mikiewicz
3324 N. Ottawa
Chicago, Illinois 60634

EP-1

Re: Freedom of Information Act Request

Dear Ms. Mikiewicz :

On August 29, 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:

"Elmwood Park Police Report #16-1684
Accident Report Date 07/12/2016[.]"

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 driver's license numbers, home or personal telephone numbers, home addresses, and personal license plates, have been redacted from the records being provided.

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Ms. Alina Mikiewicz
September 6, 2016
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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 constitute a clearly unwarranted invasion of personal privacy, including insurance policy numbers, have 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 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

ILLINOIS TRAFFIC CRASH REPORT

Sheet **1** of **1** Sheets



*

DRAC 1 U1	1 U2	PEDV	TRFD 2	TRFC 4	WEAT 1	DRVA 2 U1	1 U2	VIS 1 U1	1 U2	VEHD 1 U1	1 U2	LGHT 1	COLL 15	MANV 1 U1	1 U2	PPA	PPL
INVESTIGATING AGENCY ELMWOOD PARK POLICE DEPARTMENT			DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY			<input type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input checked="" type="checkbox"/> OVER \$1,500			TYPE OF REPORT <input checked="" type="checkbox"/> ON-SCENE <input type="checkbox"/> NOT ON-SCENE (DESK REPORT) <input type="checkbox"/> AMENDED			<input checked="" type="checkbox"/> A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due To Crash			YR		
ADDRESS NO.		HIGHWAY or STREET NAME WELLINGTON AV					CITY ELMWOOD PARK		INTERSECTION RELATED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		DATE OF CRASH 07/12/2016 mo day yr		TIME				
(CIRCLE) <input type="checkbox"/> FT / MI N E S W		(CIRCLE) 75TH CT					COUNTY COOK		PRIVATE PROPERTY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		INVE				
<input checked="" type="checkbox"/> AT INTERSECTION WITH		(NAME OF INTERSECTION OR ROAD FEATURE)					HIT & RUN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						VE				

NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUES <input type="checkbox"/> NMV <input type="checkbox"/> NCV KRYVKO, OLHA (LAST, FIRST, MI)	DATE OF BIRTH mo day yr	MAKE BMW X4	MODEL	YEAR 2016	CIRCLE NUMBER(S) FOR DAMAGED AREAS 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREA) 12 - OTHER 99 - UNKNOWN
STREET ADDRESS	SEX: F SAFT: 2 AIR: 4	PLATE NO.	STATE IL	YEAR 2017	
CITY	STATE	ZIP	INJURY 0	EJECT 1	VIN 5UXXW3C54G0R18803
TELEPHONE	DRIVER LICENSE NO.	STATE	CLASS IL D	VEHICLE OWNER (LAST, FIRST, M.I.) KRYVKO, OLHA	
TAKEN TO	EMS AGENCY	OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE	
				AMERIC	

NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUES <input type="checkbox"/> NMV <input type="checkbox"/> NCV MIKIEWICZ, ALINA (LAST, FIRST, MI)	DATE OF BIRTH mo day yr	MAKE NISSAN VERSA	MODEL	YEAR 2012	CIRCLE NUMBER(S) FOR DAMAGED AREAS 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREA) 12 - OTHER 99 - UNKNOWN
STREET ADDRESS	SEX: F SAFT: 2 AIR: 4	PLATE NO.	STATE IL	YEAR 2016	
CITY	STATE	ZIP	INJURY 0	EJECT 1	VIN 3N1BC1CP7CK269157
TELEPHONE	DRIVER LICENSE NO.	STATE	CLASS IL D	VEHICLE OWNER (LAST, FIRST, M.I.) MIKIEWICZ, ALINA	
TAKEN TO	EMS AGENCY	OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE	
				ALLSTA	

(URTI)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY (NAME) (ADDR) (TEL)	(HOSP)
W			F					SŁONKA, LIJANA K	
		//							
		//							
		//							
		//							

(EVNG)	(MST)	(EVNT)	(LDC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	CONTRIBUTOR CAUSE
1	<input checked="" type="checkbox"/>	11	1	PROPERTY OWNER ADDRESS	CITY STATE ZIP	PRIMARY 02
2	<input type="checkbox"/>			ARREST NAME	SECTION CITATION NO.	SECONDARY 15
1	<input checked="" type="checkbox"/>	11	1	ARREST NAME	SECTION CITATION NO.	DATE POLICE NOTED 07/12/2016 mo day yr
2	<input type="checkbox"/>			OFFICER ID 6089	SIGNATURE B. HOCK	COURT DATE mo / day / yr
3	<input type="checkbox"/>			BEAT / DIST. E1/EPPD	SUPERVISOR ID 5697	

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE

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SR 1050 JANUARY 2013

X000539569

A Diagram and Narrative are required on all **Type B** crashes, even if units have been moved prior to the officer's arrival.

COMMERCIAL

IF MORE THAN ONE
ADD
A CMV is defined as any
passengers or property
1. Has a weight rating of
or truck/trailer combinati
2. Is used or designed to
including the driver (exa
3. Is designed to carry 1:
contract carrier transport
employment (example: e
vehicle or passenger car
4. Is used or designed to
including the driver, for c
from the driver's work re
for specific purpose); or
5. Is any vehicle used to
(HAZMAT) that requires
displayed on the vehicle

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____

Source of above info. Site

Gross Vehicle Weight Rating _____

Were HAZMAT placards disp

If yes, name on placar

4-digit UN no. _____

Did HAZMAT spill from th
vehicle's own tank)?

Did HAZMAT Regulations

Did Motor Carrier Safety I
the crash?

Was a Driver/Vehicle Exe

HAZMAT Y N

MCS Y N

Form No. _____

IDOT PERMIT NO. _____

TRAILER WIDTH(S) _____

TRAILER 1

TRAILER 2

TRAILER LENGTH(S): 1 _____

TOTAL VEHICLE LENGT _____

SELECT CODES FRM

VEHICLE

CARGO BODY TYI

NARRATIVE (Refer to vehicle by Unit No.)

DRIVER OF UNIT #1 PROCEEDED THROUGH INTERSECTION AND STRUCK THE FRONT BUMPER OF UNIT #2, WITH THE FRONT DRIVERSIDE BUMPER OF UNIT #1. WITNESS ON SCENE.

LOCAL USE ONLY

U1 Color **GRY /GRY**

U2 Color **WHI /WHI**

U1 Towed by /to

U2 Towed by /to