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IN REPLY REFER TO FILE NO.

August 7, 2017

Mr. Michael Radzilowsky  
899 S. Plymouth Court, #110G  
Chicago, Illinois 60605  
[mike@radzilowsky.com](mailto:mike@radzilowsky.com)

EP-1

**Re: Freedom of Information Act Request**

Dear Mr. Radzilowsky:

On July 20, 2017, the Village of Elmwood Park received your Illinois Freedom of Information Act (5 ILCS 140/1 *et seq.*) ("FOIA") request for the following records:

"Accident record. Roy Matt collision with Gottlieb van at 75<sup>th</sup> Ct or Avenue & North avenue in Elmwood Park. July 13, 2015[.]"

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 a personal license plate, have been redacted from the records being provided.

**STORINO, RAMELLO & DURKIN**

Mr. Michael Radzilowsky

August 7, 2017

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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 the races of individuals and an insurance policy number, 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  
Acting 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](mailto: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



Vehicle identification fields including VIN (U1 U2 1 2 3 1 U1 U2 1 8 U1 U2 1 10 U1 1 3 5 1 1), make (ELMWOOD PARK), and model (NORTH AVE).

Investigating Agency (ELMWOOD PARK), Damage to any one person's vehicle/property, Type of Report (ON SCENE), Agency Crash Report No. (15 6796), and TRAV (2).

Address No., Highway or Street Name (NORTH AVE), City (ELMWOOD PARK), County (Cook), Date of Crash (07/13/15), Time (10:39 AM), and LAPS CODE (U1 3).

Name at intersection with (75 CT), Name of intersection or road features (Cook), Intersection related (checked), Private property (checked), Dooring with (checked), and Number motor vehicles involved (2).

Name (CAMEJO, ANTHONY), Sex (M), Age (24), Plate No. (M1618B5), State (IL), Year (2016), and Vehicle Model (CHEVY UPLANDER 2007).

Street Address, City, State (IL), Class (C), License No. (1GBDV13157D11711), and Insurance Co. (Self Insured).

Taken to (REFUSED), EHS Agency (EPFD), Owner Address (550 W. ALDOUNG RD ARLINGTON HTS), Telephone, and Policy No. (U1 10).

Name (MATTEOLE, ROY), Sex (M), Age (24), Plate No., State (IL), Year (2016), and Vehicle Model (LINCOLN TOWN CAR 2004).

Street Address, City, State (IL), Class (C), License No. (1LNHM83W14V612040), and Insurance Co. (FARMERS).

Taken to (REFUSED), EHS Agency (EPFD), Owner Address, Telephone, and Policy No. (U2 2).

Witness information table with columns for name, sex, age, race, and address.

Witness 1: COSTELLO, VERGONIA, F, 24, C, 1, River Forest.

Witness 2: HIGRENDEW, PATRICIA, F, 24, C, 1, Elmwood Pk.

Witness 3: HERRING, FRANCES, F, 24, C, 1, River 9th Ave.

Witness 4: (blank), (blank), (blank), (blank), (blank), (blank).

Witness 5: (blank), (blank), (blank), (blank), (blank), (blank).

Witness 6: (blank), (blank), (blank), (blank), (blank), (blank).

Witness 7: (blank), (blank), (blank), (blank), (blank), (blank).

Witness 8: (blank), (blank), (blank), (blank), (blank), (blank).

Witness 9: (blank), (blank), (blank), (blank), (blank), (blank).

Witness 10: (blank), (blank), (blank), (blank), (blank), (blank).

Witness 11: (blank), (blank), (blank), (blank), (blank), (blank).

Witness 12: (blank), (blank), (blank), (blank), (blank), (blank).

Witness 13: (blank), (blank), (blank), (blank), (blank), (blank).

Witness 14: (blank), (blank), (blank), (blank), (blank), (blank).

Witness 15: (blank), (blank), (blank), (blank), (blank), (blank).

Witness 16: (blank), (blank), (blank), (blank), (blank), (blank).

Witness 17: (blank), (blank), (blank), (blank), (blank), (blank).

Witness 18: (blank), (blank), (blank), (blank), (blank), (blank).

Witness 19: (blank), (blank), (blank), (blank), (blank), (blank).

Witness 20: (blank), (blank), (blank), (blank), (blank), (blank).

Printed by authority of the State of Illinois SR 1560 JANUARY 2015 (REVISED 07/14)

\*IF YES TO COM VEH, COMPLETE COMMERCIAL MOTOR VEHICLE AREA ON BACK

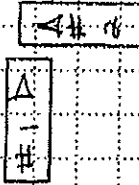
REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

U140516352

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



ORIENTED BY ARROW



NORTH AVE

100 FT

PARKED UNITS

NARRATIVE (Refer to vehicle by Unit No.)

IN SUMMARY, THE DRIVER OF UNIT #2 STATED, HE WAS STOPPED ON 750T AT NORTH AVE. HE CHECKED BOTH DIRECTIONS TO SEE IF TRAFFIC WAS CLEAR. WHILE ATTEMPTING TO TURN LEFT ON EAST BOUND NORTH AVE, HIS UNIT WAS STRUCK BY #1 TRAVELING WEST ON NORTH AVE. DRIVER STATED HIS VISION WAS OBSCURED BY PARKED CARS ON NORTH AVE BOUND ON NORTH AVE UNIT #2 CROSSED IN FRONT OF HIM FROM A SIDE CAUSING HIS UNIT TO STRIKE #2, THE DRIVER OF #1 STATED HE COULDN'T STOP FAST ENOUGH TO AVOID THE CRASH.

R/O DIDN'T WITNESS THIS CRASH

LOCAL USE ONLY

UNIT OFFICER: SILVER, DE CODE: CRASH, UNIT NUMBER: 12, ISSUED BY: 15, RELEASED, VILLAGER

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:

- 1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
- 2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
- 3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
- 4. Is used or designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for special purpose); or
- 5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME  
ADDRESS

CITY/STATE/ZIP

USDOT NO. ILOC NO.

Source of above info.  Side of Truck  Papers  Driver.  Log Book

Gross Vehicle Weight Rating (GVWR)

Were HAZMAT placards displayed on the vehicle?  Y  N

If yes, name on placard

4-digit UN no. 1-digit Hazard Class no.

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)?  Y  N  UNK

Did HAZMAT Regulations violation contribute to the crash?  Y  N  UNK

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash?  Y  N  UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT  Y  N  UNK Out of Service?  Y  N  
MCS  Y  N  UNK Out of Service?  Y  N

Form No.

IDOT PERMIT NO. WIDE LOAD?  Y  N

TRAILER WIDTH(S): 0-96" 97-102" >102"

TRAILER 1

TRAILER 2

TRAILER LENGTH(S): 1 ft TRAILER 2 ft

TOTAL VEHICLE LENGTH ft NO. OF AXLES

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION  
CARGO BODY TYPE LOAD TYPE



Investigative Action  
15-6792  
ELMWOOD PARK POLICE DEPARTMENT  
PATROL DIVISION



RD: 156796  
Officer: LaPenna #6027  
Date: 07/13/15

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The following is a summary of my investigation as it pertains to RD #15-6796:

I spoke to third party witness, Vita M Zatto (F [REDACTED]). Vita stated she was sitting in the waiting area of the dentist's office located at the northwest corner of the intersection. Vita stated she observed Unit 1 pull out into the intersection to turn left. Vita stated she observed Unit 2 strike Unit 1.

-End-

*DLA #6027*  
Officer D. LaPenna #6027

*EP #2473*  
Supervisor

# Investigative Action Report

## ELMWOOD PARK POLICE DEPARTMENT

**Case Report:** 15-6796

**Title:** Traffic Crash Involving Death

**Officer:** Brown #9026

**Date:** 7/13/15

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### Case Action

On 7/13/15 at 1755 hours, I received a phone call from Investigator Robinson of the Medical Examiner's Office. He told me a passenger of unit 1 of the traffic crash, Francis Hinricks, f/u [REDACTED] died at Gottlieb Hospital due to the injury she sustained in the traffic crash. [REDACTED] from the Intensive Care Unit of the hospital declared time of death at 1705 hours. Inv. Robinson said he needed the decedent transported to the M.E.'s office, and he needed a copy of the crash report. I contacted Belmont Funeral Home, who agreed to pick up the body at the hospital and transport her. I faxed a copy of the crash report to (312) 997-4533. Nothing further at this time.

Sergeant Tom Brown #9026



ELMWOOD PARK POLICE DEPARTMENT

VEHICLE TOW/IMPOUND REPORT

|   |  |                           |                |                    |  |   |   |                    |                           |  |  |
|---|--|---------------------------|----------------|--------------------|--|---|---|--------------------|---------------------------|--|--|
| (1) OCCURRED  | MO. 07                                       | DAY 13                    | YR. 15         | DAY WK Mon         | TIME 1038  | (2) BEAT ZN4  | SUB-BEAT SOUTH  | (3) PAGE OF 14     | (4) REPORT NUMBER 15-6796 |  |  |
| (6) TOW/IMPOUND   |  |                           |                |                    |  |   | (8) VEHICLE STATUS  |                    | (5) POLICE HOLD           |  |  |
| <input type="checkbox"/> TRAFFIC HAZARD <input type="checkbox"/> ABANDONED <input checked="" type="checkbox"/> OTHER TRAFFIC CRASH<br><input type="checkbox"/> EVIDENCE <input type="checkbox"/> ARREST <input type="checkbox"/> THEFT/RECOVERY <input type="checkbox"/> RECOVERY FOREIGN |  |                           |                |                    |  |   | <input type="checkbox"/> POLICE HOLD<br><input checked="" type="checkbox"/> RELEASE |                    |                           |  |  |
| (7) LOCATION OF OCCURRENCE  |  |                           |                |                    |  |   | (8) VEHICLE MILEAGE   |                    |                           |  |  |
| 7500 W. NORTH AVE   |  |                           |                |                    |  |   |   |                    |                           |  |  |
| (9) VEHICLE DESCRIPTION   |  | YEAR                      | MAKE           | MODEL              | BODY   | LICENSE   | STATE   | YEAR               |                           |  |  |
| COLOR CREAM   |  | 2007                      | LINCOLN        | TOWN CAR           | 4D   |   | IL  | 2016               |                           |  |  |
| (10) VEHICLE IDENTIFICATION NUMBER  |  |                           |                |                    | (11) VEHICLE STICKER NUMBER  |   |   | CITY               | YEAR                      |  |  |
| 1LNHM83W14Y612040   |  |                           |                |                    |  |   |   |                    |                           |  |  |
| (12) REGISTERED OWNER   |  |                           |                |                    | ADDRESS  |   |   | CITY               |                           |  |  |
| MATT JOLI, ROY  |  |                           |                |                    |  |   |   |                    |                           |  |  |
| (13) RESIDENCE PHONE  |  |                           | BUSINESS PHONE |                    |  | (14) OWNER NOTIFIED   |   | (15) LEADS MESSAGE |                           |  |  |
|   |  |                           |                |                    |  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO               |   | DATE / / NO.       |                           |  |  |
| (16) VEHICLE OPERATOR   |  |                           |                |                    | RESIDENCE ADDRESS  |   |   | CITY               |                           |  |  |
| # 12  |  |                           |                |                    |  |   |   |                    |                           |  |  |
| (17) RESIDENCE PHONE  |  |                           | BUSINESS PHONE |                    |  | (18) OPERATOR ARRESTED/CITED?   |   |                    |                           |  |  |
|   |  |                           |                |                    |  | <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SEE NARRATIVE |   |                    |                           |  |  |
| (19) VEHICLE INVENTORY  |  |                           |                |                    | (21) PERSONAL PROPERTY IN VEHICLE?   |   |   |                    |                           |  |  |
| KEY IGNITION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>DOORS LOCKED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>TRUNK LOCKED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                  |  |                           |                |                    | <input type="checkbox"/> RADIO AM/FM <input type="checkbox"/> BATTERY <input type="checkbox"/> MAG WHEELS<br><input type="checkbox"/> RADIO CD <input type="checkbox"/> MIRRORS <input type="checkbox"/> SPARE TIRE<br><input type="checkbox"/> TAPE DECK <input type="checkbox"/> HUB CAPS <input type="checkbox"/> OTHER |   |   |                    |                           |  |  |
| (20) METHOD OF THEFT/EVIDENCE OF STRIPPING  |  |                           |                |                    | (21) PERSONAL PROPERTY IN VEHICLE?   |   |   |                    |                           |  |  |
| DOES NOT APPLY  |  |                           |                |                    | <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SEE PROPERTY INVENTORY REPORT  |   |   |                    |                           |  |  |
| (22) TOWED BY: Signature  |  |                           |                |                    | TOWED TO: COMPANY  |   |   | LOCATION           |                           |  |  |
| X   |  |                           |                |                    | Village Towing   |   |   | SCHILLER PARK      |                           |  |  |
| (23) EVIDENCE PROCESSING:   |  |                           |                |                    | PROCESS FOR:   |   |   |                    |                           |  |  |
| RELATED OFFENSE:  |  |                           |                |                    | <input type="checkbox"/> FINGERPRINTS <input type="checkbox"/> PHOTOS <input type="checkbox"/> OTHER PRINTS<br><input type="checkbox"/> BLOOD/SEMEN <input type="checkbox"/> STAINS <input type="checkbox"/><br><input type="checkbox"/> WEAPONS/TOOLS <input type="checkbox"/> HAIR <input type="checkbox"/>              |   |   |                    |                           |  |  |
| (24) EVIDENCE OBTAINED: TYPE  |  |                           |                |                    |  |   |   |                    |                           |  |  |
| DOES NOT APPLY  |  |                           |                |                    |  |   |   |                    |                           |  |  |
| (25) NARRATIVE: Summarize details of incident and include any additional information not covered in blocks above. List citations issued, damage to vehicle and any missing parts. IF VEHICLE SEIZED UNDER ARTICLE 34, INDICATE DATE AND TIME COOK COUNTY SHERIFF NOTIFIED.                |  |                           |                |                    |  |   |   |                    |                           |  |  |
| BLOCK NO.   | IN SUMMARY, THE ABOVE DESCRIBED VEHICLE WAS  |                           |                |                    |  |   |   |                    |                           |  |  |
|   | TOWED DUE TO HEAVY DAMAGE CAUSED BY A        |                           |                |                    |  |   |   |                    |                           |  |  |
|   | TRAFFIC CRASH.                               |                           |                |                    |  |   |   |                    |                           |  |  |
|   | SEE RELATED REPORT FOR DETAILED INFORMATION. |                           |                |                    |  |   |   |                    |                           |  |  |
|   |  |                           |                |                    |  |   |   |                    |                           |  |  |
|   |  |                           |                |                    |  |   |   |                    |                           |  |  |
|   |  |                           |                |                    |  |   |   |                    |                           |  |  |
|   |  |                           |                |                    |  |   |   |                    |                           |  |  |
|   |  |                           |                |                    |  |   |   |                    |                           |  |  |
|   |  |                           |                |                    |  |   |   |                    |                           |  |  |
|   |  |                           |                |                    |  |   |   |                    |                           |  |  |
| (26) REPORTING OFFICER  | STAR   | (27) SUPERVISOR APPROVING | STAR           | (28) REPORT REVIEW | G.A.   |   |   |                    |                           |  |  |
| P/O Sam Fiasco  | 224  | ROSA                      |                |                    |  |   |   |                    |                           |  |  |

REPORT NUMBER

OFFENSE CODE

METHOD CODE

PLACE CODE

CASE STATUS

UCR

DL