



Village of
Elmwood Park

Angelo "Skip" Saviano
Village President
Gina Pesko
Village Clerk
Paul A. Volpe
Village Manager
Michael Durkin
Village Attorney

Trustees
Alan T. Kaminski
Jeff Sargent
Angela Stranges
Anthony Del Santo
Angelo J. Lollino
Jonathan L. Zivojnovic

Mr. Daniel Pellicano
dan.pellicano@gmail.com

July 10, 2018

RE: Freedom of Information Act Request

Dear Mr. Pellicano,

The Village of Elmwood Park is in receipt of your July 9, 2018, Freedom of Information Act (5 ILCS 140/1 et seq.) ("FOIA") for the following records:

"...copy of police report #1801633 prepared by Officer Marchi, for incident that occurred at 6:03pm on 07-03-2018."

Enclosed are copies of records responsive to your request.

Should you have any questions, please do not hesitate to contact my office.

Sincerely,

Gina Pesko, Village Clerk
Freedom of Information Officer
Village of Elmwood Park
708-452-3948

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



X001215140
X001215140

DRAC	PEOV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MMW	PPA	PRL
9	1	1	1	1	9	1	99	1	6	23		
INVESTIGATING AGENCY ELMWOOD PARK POLICE												
DEPARTMENT ELMWOOD PARK POLICE												
ADDRESS NO. 7707 HIGHWAY or STREET NAME WESTWOOD DR												
DAMAGE TO ANY ONE PERSONS <input type="checkbox"/> \$500 OR LESS <input checked="" type="checkbox"/> \$501 - \$1,500 <input type="checkbox"/> OVER \$1,500												
VEHICLE: PROPERTY <input type="checkbox"/> NOT ON-SCENE (DESK REPORT) <input type="checkbox"/> AMENDED <input type="checkbox"/>												
TYPE OF REPORT												
City <input checked="" type="checkbox"/> Township <input type="checkbox"/> Intersection <input type="checkbox"/> Related <input type="checkbox"/> Private Property <input type="checkbox"/> Hit & Run <input type="checkbox"/> Yes <input type="checkbox"/> No												
A No Injury/ Drive Away <input type="checkbox"/> B Injury and / or Tow Due To Cash <input type="checkbox"/>												
DATE OF CRASH 07/03/2018 TIME 06:03 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>												
AGENCY CRASH REPORT NO. 1801633												
YEAR 2018												

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"/> EQUUS <input type="checkbox"/> M/W <input type="checkbox"/> M/CV	DATE OF BIRTH	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREAS	TOWED	Y <input type="checkbox"/> N <input type="checkbox"/>
UNKNOWN		UNKNOWN UNKNOWN			00 - NONE	due to crash	<input type="checkbox"/>
STREET ADDRESS	SEX / SAFETY / AIR	PLATE NO.	STATE	YEAR	10 - UNDER CARRIAGE	FIRE	<input type="checkbox"/>
UNKNOWN		UNKNOWN UNKNOWN	IL		11 - TOTAL (ALL AREAS)	CELLPHONE	<input type="checkbox"/>
CITY	INJURY	VIN	STATE	YEAR	12 - OTHER	EXCEED SPEED LIMIT	<input type="checkbox"/>
UNKNOWN					99 - UNKNOWN	COM VEH	<input type="checkbox"/>
STATE	EJECT	VEHICLE OWNER (LAST, FIRST, MI.)	CLASS	YEAR	POINT OF FIRST CONTACT	* IF YES SEE 500DMV	<input type="checkbox"/>
UNKNOWN		VALUE CITY FURNITURE,	UNKNOWN UNKNOWN		INSURANCE CO.		<input type="checkbox"/>
DRIVER LICENSE NO.	STATE	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	CLASS	YEAR	INSURANCE CO.		<input type="checkbox"/>
					INSURANCE CO.		<input type="checkbox"/>

NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> M/W <input type="checkbox"/> M/CV	DATE OF BIRTH	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREAS	TOWED	Y <input type="checkbox"/> N <input type="checkbox"/>
UNKNOWN		UNKNOWN UNKNOWN			00 - NONE	due to crash	<input type="checkbox"/>
STREET ADDRESS	SEX / SAFETY / AIR	PLATE NO.	STATE	YEAR	10 - UNDER CARRIAGE	FIRE	<input type="checkbox"/>
UNKNOWN		UNKNOWN UNKNOWN	IL		11 - TOTAL (ALL AREAS)	CELLPHONE	<input type="checkbox"/>
CITY	INJURY	VIN	STATE	YEAR	12 - OTHER	EXCEED SPEED LIMIT	<input type="checkbox"/>
UNKNOWN					99 - UNKNOWN	COM VEH	<input type="checkbox"/>
STATE	EJECT	VEHICLE OWNER (LAST, FIRST, MI.)	CLASS	YEAR	POINT OF FIRST CONTACT	* IF YES SEE 500DMV	<input type="checkbox"/>
UNKNOWN		VALUE CITY FURNITURE,	UNKNOWN UNKNOWN		INSURANCE CO.		<input type="checkbox"/>
DRIVER LICENSE NO.	STATE	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	CLASS	YEAR	INSURANCE CO.		<input type="checkbox"/>
					INSURANCE CO.		<input type="checkbox"/>

NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> M/W <input type="checkbox"/> M/CV	DATE OF BIRTH	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREAS	TOWED	Y <input type="checkbox"/> N <input type="checkbox"/>
UNKNOWN		UNKNOWN UNKNOWN			00 - NONE	due to crash	<input type="checkbox"/>
STREET ADDRESS	SEX / SAFETY / AIR	PLATE NO.	STATE	YEAR	10 - UNDER CARRIAGE	FIRE	<input type="checkbox"/>
UNKNOWN		UNKNOWN UNKNOWN	IL		11 - TOTAL (ALL AREAS)	CELLPHONE	<input type="checkbox"/>
CITY	INJURY	VIN	STATE	YEAR	12 - OTHER	EXCEED SPEED LIMIT	<input type="checkbox"/>
UNKNOWN					99 - UNKNOWN	COM VEH	<input type="checkbox"/>
STATE	EJECT	VEHICLE OWNER (LAST, FIRST, MI.)	CLASS	YEAR	POINT OF FIRST CONTACT	* IF YES SEE 500DMV	<input type="checkbox"/>
UNKNOWN		VALUE CITY FURNITURE,	UNKNOWN UNKNOWN		INSURANCE CO.		<input type="checkbox"/>
DRIVER LICENSE NO.	STATE	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	CLASS	YEAR	INSURANCE CO.		<input type="checkbox"/>
					INSURANCE CO.		<input type="checkbox"/>

NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> M/W <input type="checkbox"/> M/CV	DATE OF BIRTH	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREAS	TOWED	Y <input type="checkbox"/> N <input type="checkbox"/>
UNKNOWN		UNKNOWN UNKNOWN			00 - NONE	due to crash	<input type="checkbox"/>
STREET ADDRESS	SEX / SAFETY / AIR	PLATE NO.	STATE	YEAR	10 - UNDER CARRIAGE	FIRE	<input type="checkbox"/>
UNKNOWN		UNKNOWN UNKNOWN	IL		11 - TOTAL (ALL AREAS)	CELLPHONE	<input type="checkbox"/>
CITY	INJURY	VIN	STATE	YEAR	12 - OTHER	EXCEED SPEED LIMIT	<input type="checkbox"/>
UNKNOWN					99 - UNKNOWN	COM VEH	<input type="checkbox"/>
STATE	EJECT	VEHICLE OWNER (LAST, FIRST, MI.)	CLASS	YEAR	POINT OF FIRST CONTACT	* IF YES SEE 500DMV	<input type="checkbox"/>
UNKNOWN		VALUE CITY FURNITURE,	UNKNOWN UNKNOWN		INSURANCE CO.		<input type="checkbox"/>
DRIVER LICENSE NO.	STATE	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	CLASS	YEAR	INSURANCE CO.		<input type="checkbox"/>
					INSURANCE CO.		<input type="checkbox"/>

NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> M/W <input type="checkbox"/> M/CV	DATE OF BIRTH	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREAS	TOWED	Y <input type="checkbox"/> N <input type="checkbox"/>
UNKNOWN		UNKNOWN UNKNOWN			00 - NONE	due to crash	<input type="checkbox"/>
STREET ADDRESS	SEX / SAFETY / AIR	PLATE NO.	STATE	YEAR	10 - UNDER CARRIAGE	FIRE	<input type="checkbox"/>
UNKNOWN		UNKNOWN UNKNOWN	IL		11 - TOTAL (ALL AREAS)	CELLPHONE	<input type="checkbox"/>
CITY	INJURY	VIN	STATE	YEAR	12 - OTHER	EXCEED SPEED LIMIT	<input type="checkbox"/>
UNKNOWN					99 - UNKNOWN	COM VEH	<input type="checkbox"/>
STATE	EJECT	VEHICLE OWNER (LAST, FIRST, MI.)	CLASS	YEAR	POINT OF FIRST CONTACT	* IF YES SEE 500DMV	<input type="checkbox"/>
UNKNOWN		VALUE CITY FURNITURE,	UNKNOWN UNKNOWN		INSURANCE CO.		<input type="checkbox"/>
DRIVER LICENSE NO.	STATE	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	CLASS	YEAR	INSURANCE CO.		<input type="checkbox"/>
					INSURANCE CO.		<input type="checkbox"/>

NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> M/W <input type="checkbox"/> M/CV	DATE OF BIRTH	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREAS	TOWED	Y <input type="checkbox"/> N <input type="checkbox"/>
UNKNOWN		UNKNOWN UNKNOWN			00 - NONE	due to crash	<input type="checkbox"/>
STREET ADDRESS	SEX / SAFETY / AIR	PLATE NO.	STATE	YEAR	10 - UNDER CARRIAGE	FIRE	<input type="checkbox"/>
UNKNOWN		UNKNOWN UNKNOWN	IL		11 - TOTAL (ALL AREAS)	CELLPHONE	<input type="checkbox"/>
CITY	INJURY	VIN	STATE	YEAR	12 - OTHER	EXCEED SPEED LIMIT	<input type="checkbox"/>
UNKNOWN					99 - UNKNOWN	COM VEH	<input type="checkbox"/>
STATE	EJECT	VEHICLE OWNER (LAST, FIRST, MI.)	CLASS	YEAR	POINT OF FIRST CONTACT	* IF YES SEE 500DMV	<input type="checkbox"/>
UNKNOWN		VALUE CITY FURNITURE,	UNKNOWN UNKNOWN		INSURANCE CO.		<input type="checkbox"/>
DRIVER LICENSE NO.	STATE	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	CLASS	YEAR	INSURANCE CO.		<input type="checkbox"/>
					INSURANCE CO.		<input type="checkbox"/>

NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> M/W <input type="checkbox"/> M/CV	DATE OF BIRTH	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREAS	TOWED	Y <input type="checkbox"/> N <input type="checkbox"/>
UNKNOWN		UNKNOWN UNKNOWN			00 - NONE	due to crash	<input type="checkbox"/>
STREET ADDRESS	SEX / SAFETY / AIR	PLATE NO.	STATE	YEAR	10 - UNDER CARRIAGE	FIRE	<input type="checkbox"/>
UNKNOWN		UNKNOWN UNKNOWN	IL		11 - TOTAL (ALL AREAS)	CELLPHONE	<input type="checkbox"/>
CITY	INJURY	VIN	STATE	YEAR	12 - OTHER	EXCEED SPEED LIMIT	<input type="checkbox"/>
UNKNOWN					99 - UNKNOWN	COM VEH	<input type="checkbox"/>
STATE	EJECT	VEHICLE OWNER (LAST, FIRST, MI.)	CLASS	YEAR	POINT OF FIRST CONTACT	* IF YES SEE 500DMV	<input type="checkbox"/>
UNKNOWN		VALUE CITY FURNITURE,	UNKNOWN UNKNOWN		INSURANCE CO.		<input type="checkbox"/>
DRIVER LICENSE NO.	STATE	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	CLASS	YEAR	INSURANCE CO.		<input type="checkbox"/>
					INSURANCE CO.		<input type="checkbox"/>

NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> M/W <input type="checkbox"/> M/CV	DATE OF BIRTH	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREAS	TOWED	Y <input type="checkbox"/> N <input type="checkbox"/>
UNKNOWN		UNKNOWN UNKNOWN			00 - NONE	due to crash	<input type="checkbox"/>
STREET ADDRESS	SEX / SAFETY / AIR	PLATE NO.	STATE	YEAR	10 - UNDER CARRIAGE	FIRE	<input type="checkbox"/>
UNKNOWN		UNKNOWN UNKNOWN	IL		11 - TOTAL (ALL AREAS)	CELLPHONE	<input type="checkbox"/>
CITY	INJURY	VIN	STATE	YEAR	12 - OTHER	EXCEED SPEED LIMIT	<input type="checkbox"/>
UNKNOWN					99 - UNKNOWN	COM VEH	<input type="checkbox"/>
STATE	EJECT	VEHICLE OWNER (LAST, FIRST, MI.)	CLASS	YEAR	POINT OF FIRST CONTACT	* IF YES SEE 500DMV	<input type="checkbox"/>
UNKNOWN		VALUE CITY FURNITURE,	UNKNOWN UNKNOWN		INSURANCE CO.		<input type="checkbox"/>
DRIVER LICENSE NO.	STATE	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	CLASS	YEAR	INSURANCE CO.		<input type="checkbox"/>
					INSURANCE CO.		<input type="checkbox"/>

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

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

X001215140

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

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 designed to transport between 9 and 15 passengers, including the driver, for direct compensation beyond 75 air miles from the driver's work reporting location (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

NARRATIVE (Refer to vehicle by Unit No.)

Driver of unit 1 improperly backed his delivery truck onto the sidewalk striking and demolishing a wooden planter box. The driver then looked at the damage and drove off denying causing the damage. The incident was caught on surveillance video which showed the vehicle strike the box, the driver and other potential vehicle occupants, wearing Value City Furniture polo shirts, exit the vehicle and look at the damage, and then leave the scene.

LOCAL USE ONLY

UT Color U Color UT Towed by /to U Towed by /to

CARRIER NAME ADDRESS CITY/STATE/ZIP USDOT NO. ILCC NO. Gross Vehicle Weight Rating (GVWR) Were HAZMAT placards displayed on the vehicle? 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)? Did HAZMAT Regulations violation contribute to the crash? Did Motor Carrier Safety Regulations (MCS) violations contribute to the crash? Was a Driver/Vehicle Examination Report form completed? HAZMAT Out of Service? MCS Out of Service? Form No. IDOT PERMIT NO. WIDE LOAD? TRAILER WIDTH(S) TRAILER 1 TRAILER 2 TRAILER LENGTH(S) TOTAL VEHICLE LENGTH NO. OF AXLES SELECT CODES FROM BACK COVER OF CRASH BOOKLET: VEHICLE CONFIGURATION CARGO BODY TYPE LOAD TYPE