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September 13, 2018

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OF COUNSEL

IN REPLY REFER TO FILE NO.
EP-1

Marlin Melendez
2316 N. 72nd Court
Elmwood Park, IL 60707
Aponte.lino@yahoo.com

Re: Freedom of Information Act Request

Dear Ms. Melendez:

On September 6, 2018, the Village of Elmwood Park received your Freedom of Information Act (5 ILCS 140/1 *et seq.*) ("FOIA") request for the following records:

"crash report no. 1802079
8/16/18 around 8:20 pm"

Your request has been granted in part and denied in part. Enclosed are records responsive to your FOIA request. However, please be advised that certain information in the records being provided has been determined to be exempt from disclosure under FOIA, and that 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, VIN, 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.

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

STORINO, RAMELLO & DURKIN
Marlin Melendez
September 13, 2018
Page 2

from disclosure. Consequently, birthdates, a minor's name and identifying information, an individual's race, a victim's name and identifying information, the names and identifying information of suspects who were never arrested, the names and identifying information of third parties, and other personal information, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy, 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 have filed complaints with or who have 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 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


Peter A. Pacione

Enclosures

786685.1

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



X001278803

X001278803

DRAC 1 U1	PEDV 1 U2	TRFD 1 U1	TRPC 3 U2	WEAT 4 U1	ORVA 1 U2	VIS 1 U1	VEHD 1 U2	LGHT 5 U1	COLL 2 U2	MANV 1 U1	PPA 1 U2	PPL 51 U1	*SG002*										
INVESTIGATING AGENCY ELMWOOD PARK POLICE DEPARTMENT					DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input checked="" type="checkbox"/> \$501 - \$1,500 <input type="checkbox"/> OVER \$1,500			TYPE OF REPORT <input type="checkbox"/> ON-SCENE <input type="checkbox"/> NOT ON-SCENE (DESK REPORT) <input type="checkbox"/> AMENDED			AGENCY CRASH REPORT NO Yr 2018 1802079		TRPV 1										
ADDRESS NO. GRAND					HIGHWAY or STREET NAME 73RD AV					CITY ELMWOOD PARK		COUNTY COOK		DATE OF CRASH mo day yr 08/16/2018		TIME 08:20		LARS CODE 01		LARS CODE 99			
NAME (CIRCLE) DRIVER <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NOV <input type="checkbox"/> SANCHEZ, JANETTE					DATE OF BIRTH mo day yr [REDACTED]			MAKE Chevrolet SONIC		MODEL 2013		YEAR 2013		CIRCLE NUMBER(S) FOR DAMAGED AREAS 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN		FRONT VIEW DIAGRAM		TOWED DUE TO CRASH FIRE <input type="checkbox"/> EXCEED SPEED LIMIT <input type="checkbox"/> COM VEH <input type="checkbox"/> * IF YES SEE SECTION 1		Y N <input type="checkbox"/> <input type="checkbox"/>		NO. LANES 0	
STREET ADDRESS 3926 N NOTTINGHAM					SEX SAFT AIR F 2 4			PLATE NO. [REDACTED]		STATE IL		YEAR 2019		VEHICLE OWNER (LAST, FIRST, MI.) SANCHEZ, JANETTE		INSURANCE CO.		TELEPHONE		POLICY NO.		VEH1 1	
CITY CHICAGO					STATE IL			ZIP 60634		INJURY 0		EJECT 1		VIN 1G1JC5SH4D4159882		POINT OF FIRST CONTACT 2		REAR VIEW DIAGRAM		VEH2 2			
TELEPHONE					DRIVER LICENSE NO.			STATE IL		CLASS D		OWNER ADDRESS (STREET, CITY, STATE, ZIP) 3926 N NOTTINGHAM CHICAGO IL 60634		TAKEN TO REFUSED		EMS AGENCY REFUSED		VEH3 2					
NAME (CIRCLE) DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NOV <input type="checkbox"/> [REDACTED]					DATE OF BIRTH [REDACTED]			MAKE UNKNOWN		MODEL [REDACTED]		YEAR [REDACTED]		CIRCLE NUMBER(S) FOR DAMAGED AREAS 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN		FRONT VIEW DIAGRAM		TOWED DUE TO CRASH FIRE <input type="checkbox"/> EXCEED SPEED LIMIT <input type="checkbox"/> COM VEH <input type="checkbox"/> * IF YES SEE SECTION 1		Y N <input type="checkbox"/> <input type="checkbox"/>		NO. LANES 1	
STREET ADDRESS [REDACTED]					SEX SAFT AIR M 5 3			PLATE NO. [REDACTED]		STATE IL		YEAR [REDACTED]		VEHICLE OWNER (LAST, FIRST, MI.) MELENDEZ, MARLIN		INSURANCE CO.		TELEPHONE		POLICY NO.		VEH4 2	
CITY [REDACTED]					STATE [REDACTED]			ZIP [REDACTED]		INJURY B		EJECT 2		VIN [REDACTED]		POINT OF FIRST CONTACT 4		REAR VIEW DIAGRAM		VEH5 2			
TELEPHONE					DRIVER LICENSE NO.			STATE [REDACTED]		CLASS [REDACTED]		OWNER ADDRESS (STREET, CITY, STATE, ZIP) 2314 N 72ND CT 2 ELMWOOD PARK IL 60707		TAKEN TO GOTTLIEB HOSPITAL		EMS AGENCY OTHER (PUT IN)		VEH6 2					
PASSENGER 4 WITH/LESS ONLY (NAME, LICENSE, TEL)					PASSENGER 5 WITH/LESS ONLY (NAME, LICENSE, TEL)			PASSENGER 6 WITH/LESS ONLY (NAME, LICENSE, TEL)		PASSENGER 7 WITH/LESS ONLY (NAME, LICENSE, TEL)		PASSENGER 8 WITH/LESS ONLY (NAME, LICENSE, TEL)		PASSENGER 9 WITH/LESS ONLY (NAME, LICENSE, TEL)		PASSENGER 10 WITH/LESS ONLY (NAME, LICENSE, TEL)		PASSENGER 11 WITH/LESS ONLY (NAME, LICENSE, TEL)		PASSENGER 12 WITH/LESS ONLY (NAME, LICENSE, TEL)		VEH7 1	
W [REDACTED] F [REDACTED]					FELIX, JUANITA M 8824 CHERRY AVE 1 RIVER GROVE IL 60171-			RIVER GROVE		IL 60171-		VEH8 1											
W [REDACTED] M [REDACTED]					PROCYK, GEORGE S 1127 ASHLAND AVE RIVER FOREST IL 60305-			RIVER FOREST		IL 60305-		VEH9 1											
[REDACTED]					[REDACTED]			[REDACTED]		[REDACTED]		VEH10 7											
[REDACTED]					[REDACTED]			[REDACTED]		[REDACTED]		VEH11 5											
UN 1					DAMAGED PROPERTY OWNER NAME			DAMAGED PROPERTY			CONTRIBUTORY CAUSE(S)		POSTED SPEED LIMIT		Did crash occur in a Work Zone? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N								
UN 2					PROPERTY OWNER ADDRESS			CITY STATE ZIP			PRIMARY 28		30		If YES check one below <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Utility <input type="checkbox"/> Unknown work zone type								
UN 3					ARREST NAME			SECTION CITATION NO.			SECONDARY 04		DATE POLICE NOTIFIED mo day yr 08/27/2018		TIME NOTIFIED 08:20								
UN 1					ARREST NAME			SECTION CITATION NO.			COURT DATE		COURT TIME		Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N								
UN 2					OFFICER ID. 8569			SIGNATURE J. GIRDON			BEAT / DIST. 0346		SUPERVISOR ID 0346		COURT DATE		COURT TIME						

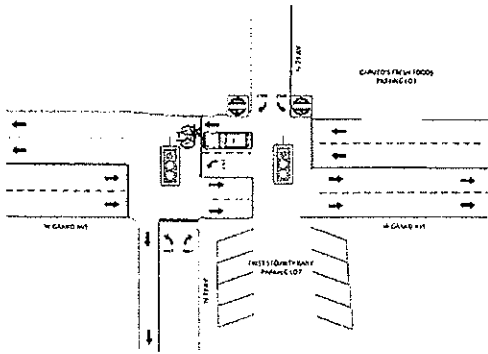
IF YES TO COM VEH, COMPLETE COMMERCIAL MOTOR VEHICLE AREA ON BACK.

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

SR 1060 JANUARY 2013

X001278803

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).

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____ ILCC 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) violations 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 _____

NARRATIVE (Refer to vehicle by UNIT No.)

Unit # 1 driver stated she was westbound on Grand at 73rd Avenue. Unit # 1 driver stated she came to a complete stop on the Grand & 73rd Avenue traffic light. Unit #1 driver stated once the light turned green she proceeded into the intersection when she observed Unit # 2 crossing in front of her vehicle. Unit # 1 driver stated she tried to avoid the collision but she could not stop the vehicle in time. Unit # 1 stated after the collision she tried to render aid and called 911 for an ambulance.

Unit # 2 stated he was crossing the road northbound on 73rd Avenue at Grand. Unit # 2 stated the light was red when he crossed the road. Unit # 2 stated he did not see Unit # 1 until the impact.

On scene, I spoke to two witnesses Juanita Felix and George Procyk. Juanita stated she observed Unit #2 cross the road while the light was green. George stated he observed Unit # 2 riding his bicycled in a fast pace cross the road. George stated he observed Unit # 1 try to avoid the collision but at the speed Unit # 2 was going it was impossible for Unit # 1 to avoid it.

Unit # 2 was transported to Gottlieb Memorial Hospital by River Grove Fire Department #562. Unit # 2's mother arrived at the scene and accompanied him to

LOCAL USE ONLY

U1 Color: SIL/SIL U2 Color: _____
 U1 Towed by no: _____ U2 Towed by no: _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 2 of 3 Sheets



X001278803
X001278803

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LIGHT	COLL	MMV	PPA	PPL
	1	3	4	1				5	2		51	1

INVESTIGATING AGENCY ELMWOOD PARK POLICE DEPARTMENT	DAMAGE TO ANY ONE PERSONS VEHICLE / PROPERTY	<input type="checkbox"/> \$500 OR LESS <input checked="" type="checkbox"/> \$501 - \$1,500 <input type="checkbox"/> OVER \$1,600	-TYPE OF REPORT <input checked="" type="checkbox"/> ON-SCENE <input type="checkbox"/> NOT ON-SCENE (DESK REPORT) <input type="checkbox"/> AMENDED	<input type="checkbox"/> A No Injury / Drive Away <input checked="" type="checkbox"/> B Injury and / or Tow Due To Crash	AGENCY CRASH REPORT NO. 2018 1802079	TRPV 1
ADDRESS NO.	HIGHWAY or STREET NAME GRAND	City ELMWOOD PARK	Township	INTERSECTION RELATED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF CRASH 08/16/2018	TIME 08:20
<input type="checkbox"/> FT / M N E S W	73RD AV	COUNTY COOK	PRIVATE PROPERTY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DOORING WITH PEDALCYCLIST? <input checked="" type="checkbox"/> N	NUMBER MOTOR VEHICLES INVLD 1	LARS CODE

NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> BOWES <input type="checkbox"/> INV <input type="checkbox"/> INVY	DATE OF BIRTH mo / day / yr	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREAS 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN	FRONT 8 7 6 9 5 4 REAR	TOWED DUE TO CRASH FIRE CELLPHONE EXCEED SPEED LIMIT COM VEH * YES SEE SECTION	Y N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NO. LANES 0
STREET ADDRESS	SEX SAFT AIR	PLATE NO.	STATE	YEAR	POINT OF FIRST CONTACT				ALGN 1
CITY	STATE	ZIP	INJURY	EJECT	VIN				REAR 1
TELEPHONE	DRIVER LICENSE NO.	STATE	CLASS	VEHICLE OWNER (LAST, FIRST, MI.)	INSURANCE CO.				VEHI 1
TAKEN TO	EMS AGENCY	OWNER ADDRESS (STREET, CITY, STATE, ZIP)			TELEPHONE	POLICY NO.			

NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> BOWES <input type="checkbox"/> INV <input type="checkbox"/> INVY	DATE OF BIRTH mo / day / yr	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREAS 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN	FRONT 8 7 6 9 5 4 REAR	TOWED DUE TO CRASH FIRE CELLPHONE EXCEED SPEED LIMIT COM VEH * YES SEE SECTION	Y N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NO. LANES 1
STREET ADDRESS	SEX SAFT AIR	PLATE NO.	STATE	YEAR	POINT OF FIRST CONTACT				ALGN 1
CITY	STATE	ZIP	INJURY	EJECT	VIN				REAR 1
TELEPHONE	DRIVER LICENSE NO.	STATE	CLASS	VEHICLE OWNER (LAST, FIRST, MI.)	INSURANCE CO.				VEHI 1
TAKEN TO	EMS AGENCY	OWNER ADDRESS (STREET, CITY, STATE, ZIP)			TELEPHONE	POLICY NO.			

NAME	SEX	DOB	DOB	DOB	DOB	DOB	DOB	DOB	DOB	DOB	DOB

1		DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	CONTRIBUTORY CAUSE(S)	POSTED SPEED LIMIT	Did crash occur in a Work Zone? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If YES check one below <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Utility <input type="checkbox"/> Unknown work zone type Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
2		PROPERTY OWNER ADDRESS	CITY STATE ZIP	PRIMARY 28	30	
3		ARREST NAME	SECTION CITATION NO.	SECONDARY 04		
1		ARREST NAME	SECTION CITATION NO.	DATE POLICE NOTIFIED 08/27/2018	TIME NOTIFIED 08:20	
2		OFFICER ID. 8569	SIGNATURE J. GIRON	BEAT / DIST. 0346	SUPERVISOR ID 0346	
3				COURT DATE	COURT TIME	

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.

Printed by authority of the State of Illinois SR 1090 JANUARY 2013

X001278803

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



INDICATE NORTH BY ARROW

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).

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____ ILCC 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) violations 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 _____

NARRATIVE (Refer to vehicle by Unit No.)

the hospital.

Unit # 1 refused medical attention.

-Nothing further to report-

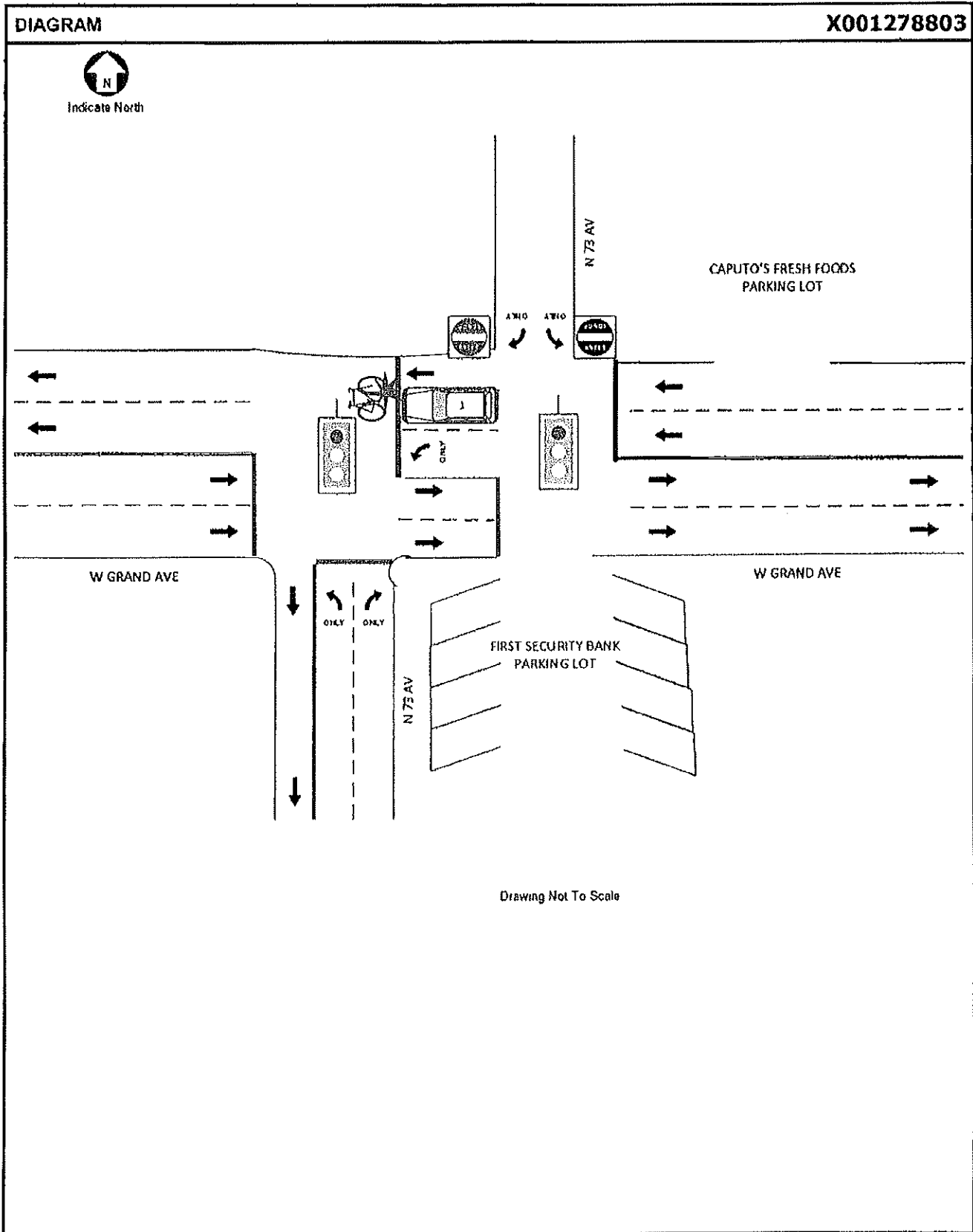
LOCAL USE ONLY

U _____ U _____ Color _____

U _____ Towed by /to _____ U _____ Towed by /to _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 3 of 3 Sheets



COMMUNICATIONS

Event Report

Event ID: 18-00124266

Call Ref #: 583

Date/Time Received: 08/16/18 20:20:08

Rpt #: 18-02079	Prime 33P	Services Involved					
Call Source: PHONE	Unit: GIRON, JOSE	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">LAW</td> <td style="padding: 2px;">FIRE</td> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </td> </tr> </table>	LAW	FIRE			
LAW	FIRE						
Location: 7302 GRAND AV							
X-ST: 73RD AV 73RD AV	Jur: CAD SU/Beat: E2	Service: LAW District: EPPD					
Business: TITLE LOANS EXPRESS	Phone: (708) 453-0309	Agency: EPPD RA: GP: E2					
Nature: ACCIDENT PROPERTY DAMAGE	Alarm Lvl: 1 Priority: 1	Medical Priority:					
Reclassified Nature:							
Caller: CURRENCY EXCHANGE	Phone: (708) 395-5100	Alarm:					
Addr:		Alarm Type:					
Vehicle #:	St:	Report Only: No Race: Sex: Age:					
Call Taker: WS9920	Console: CAD05						
Geo-Verified Addr.: Yes	Nature Summary Code: ACC	Disposition: O Close Comments:					
Notes: called for a 17 yr old on a bike hit by a car he was AOX3 mom was on the scene she requested he be taken to the hospital River Grove 562 arrived and transported BLS to gottlieb [08/16/18 20:51:52 Unit:E946] GRY CHEV SONIC [08/16/18 20:29:39 WS9990] DRIVER OF VEH CALLING TO REPORT BIKE HIT HER CAR [08/16/18 20:29:29 WS9990] CAN SEE THE KID STANDING/WALKING AROUND TALKING TO THE DRIVER [08/16/18 20:21:40 WS9920] VEH VS BIKE [08/16/18 20:20:48 WS9920]							

Times

	Time From Call Received	
Call Received: 08/16/18 20:20:08		
Call Routed: 08/16/18 20:20:29	000:00:21	Unit Reaction: 000:04:00 (1st Dispatch to 1st Arrive)
Call Take Finished: 08/16/18 20:20:29	000:00:21	En-Route: 000:02:01 (1st Dispatch to 1st En-Route)
1st Dispatch: 08/16/18 20:25:25	000:05:17 (Time Held)	On-Scene: 001:52:00 (1st Arrive to Last Clear)
1st En-Route: 08/16/18 20:27:26	000:07:18	
1st Arrive: 08/16/18 20:29:25	000:09:17 (Reaction Time)	
Last Clear: 08/16/18 22:21:25	002:01:17	

Radio Log

Unit	Empl ID	Type	Description	Time Stamp	Comments	Close Code	User
33P	EP2988	D	Dispatched	08/16/18 20:25:25	Stat/Beat: EP		WS9966
33P	EP2988	E	En-Route	08/16/18 20:27:26			Unit:33P
33P	EP2988	A	Arrived	08/16/18 20:29:25			Unit:33P
33P	EP2988	ENT	Entered Vehicle	08/16/18 20:48:58	[Vin:] 1G1JC5SH4D4159882 [licpl_no:]		Unit:33P
33P	EP2988	L	Location Change	08/16/18 20:53:30	PD		Unit:33P
3505	EP2963	D	Dispatched	08/16/18 21:01:14			Unit:3505
3505	EP2963	E	En-Route	08/16/18 21:01:14			Unit:3505

Event ID: 18-00124266

Call Ref #: 583

ACCIDENT PROPERTY DAMAGE at 7302 GRAND AV

3505	EP2963	A	Arrived	08/16/18 21:01:14		Unit:3505
3505	EP2963	L	Location Change	08/16/18 21:01:32	EXT 4013	Unit:3505
3505	EP2963	A	Arrived	08/16/18 21:01:33		Unit:3505
3505	EP2963	C	Cleared	08/16/18 22:09:06		BU Unit:3505
33P	EP2988	C	Cleared	08/16/18 22:21:25		O Unit:33P

Event Log

Unit	Empl ID	Type	Description	Time Stamp	Comments	Close Code	User
		TR	Time Received	08/16/18 20:20:08	By: PHONE		WS9920
		DLS	Duplicate List	08/16/18 20:20:23	Potential Duplicate Events Listed (1		WS9920
		ENT	Entered Street	08/16/18 20:20:25	7302 GRAND AV		WS9920
		ENT	Entered Nature	08/16/18 20:20:28	ACCIDENT PROPERTY DAMAGE		WS9920
		FIN	Finished Call Taking	08/16/18 20:20:29			WS9920
		ARM	Added Remarks	08/16/18 20:20:48			WS9920
		ENT	Entered CallerName_Ca	08/16/18 20:20:56			WS9920
		ENT	Entered CallerPhone	08/16/18 20:21:04			WS9920
		CHG	Changed CallerName_C	08/16/18 20:21:17	CURRENCY EXCHANGE-KA		WS9920
		CHG	Changed CallerPhone	08/16/18 20:21:22	7083955180 --> 7083955100		WS9920
		ARM	Added Remarks	08/16/18 20:21:40			WS9920
		ARM	Added Remarks	08/16/18 20:29:29			WS9990
		ARM	Added Remarks	08/16/18 20:29:39			WS9990
		FF	Fast Forward to FIRE	08/16/18 20:30:27	FIRE		WS9966
		SP	Spawned	08/16/18 20:30:30	Spawned FIRE event #1800124270, callr		WS9966
		RPT	Requested Report#	08/16/18 20:45:58	EPPD Report #1800124270, callr		Unit:33P
33P	EP2988	NCIC	QRY:Drivers	08/16/18 20:48:29	UNIT:33P OLN=		Unit:33P
33P	EP2963	NCIC	QRY:Drivers	08/16/18 20:48:29	UNIT:33P OLN=		Unit:33P
33P	EP2988	NCIC	QRY:Vehicles	08/16/18 20:49:01	UNIT:33P Tag= State= VIN=		Unit:33P
33P	EP2963	NCIC	QRY:Vehicles	08/16/18 20:49:01	UNIT:33P Tag= State= VIN=		Unit:33P
		ARM	Added Remarks	08/16/18 20:51:52			Unit:E946
33P	EP2988	NCIC	QRY:Drivers	08/16/18 20:58:34	UNIT:33P OLN=		Unit:33P
33P	EP2963	NCIC	QRY:Drivers	08/16/18 20:58:34	UNIT:33P OLN=		Unit:33P
33P	EP2988	NCIC	QRY:Vehicles	08/16/18 20:58:51	UNIT:33P Tag= State= VIN=		Unit:33P
33P	EP2963	NCIC	QRY:Vehicles	08/16/18 20:58:51	UNIT:33P Tag= State= VIN=		Unit:33P
33P	EP2988	NCIC	QRY:Drivers	08/16/18 20:59:20	UNIT:33P OLN=		Unit:33P
33P	EP2963	NCIC	QRY:Drivers	08/16/18 20:59:20	UNIT:33P OLN=		Unit:33P
33P	EP2988	NCIC	QRY:Drivers	08/16/18 20:59:43	UNIT:33P OLN=		Unit:33P
33P	EP2963	NCIC	QRY:Drivers	08/16/18 20:59:43	UNIT:33P OLN=		Unit:33P
3505	EP2963	NCIC	QRY:Drivers	08/16/18 21:02:14	UNIT:3505 OLN=		Unit:3505
3505	EP2963	NCIC	QRY:Drivers	08/16/18 21:03:12	UNIT:3505 OLN=		Unit:3505
33P	EP2988	NCIC	QRY:Drivers	08/16/18 21:05:28	UNIT:33P OLN=		Unit:33P
33P	EP2963	NCIC	QRY:Drivers	08/16/18 21:05:28	UNIT:33P OLN=		Unit:33P
33P	EP2988	NCIC	QRY:Drivers	08/16/18 21:06:13	UNIT:33P OLN=		Unit:33P
33P	EP2963	NCIC	QRY:Drivers	08/16/18 21:06:13	UNIT:33P OLN=		Unit:33P