



Village of
Elmwood Park

Peter N. Silvestri
Village President

Elsie Sutter
Village Clerk

John J. Dalicandro
Village Manager

Michael Durkin
Village Attorney

Trustees

Alan L. Bennett

Sam LaBarbera

Carmen P. Forte

Alan T. Kaminski

Diane Kmiecik

Jeff Sargent

April 22, 2011

Mr. Alfred Potter
9731 Fox Glen, #5M
Niles, Illinois 60714

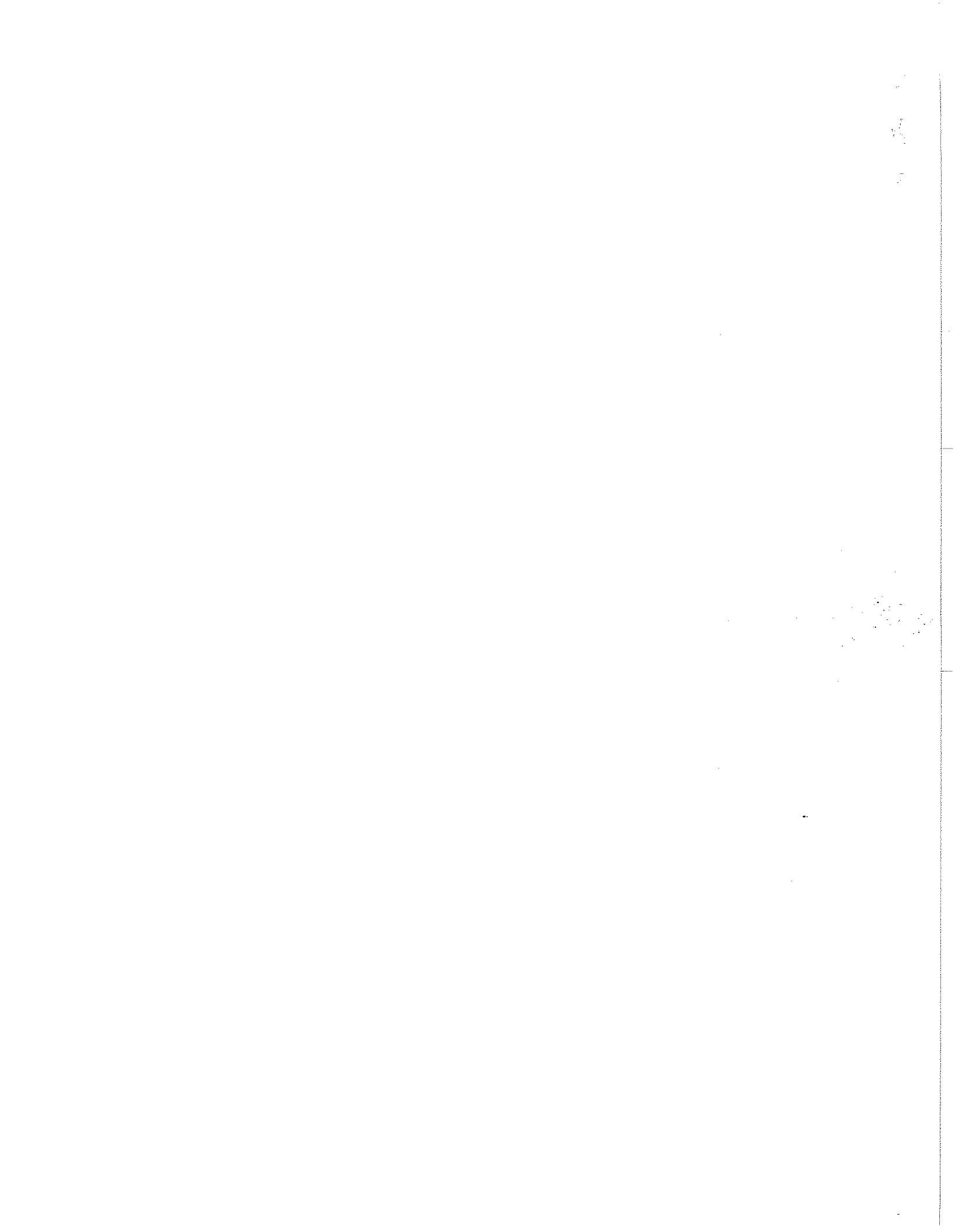
Dear Mr. Potter:

I am in receipt of your Illinois Freedom of Information Act (5 IL CS 140/1 *et. seq.*) (hereinafter referred to as "FOIA"), request received by the Village of Elmwood Park on April 18, 2011 requesting "Police Report #11-2893."

Enclosed herewith please find a copy forwarded to this office by the Elmwood Park Police Department.

Sincerely,

Elsie Sutter
Freedom of Information Officer
Enclosure



(40) CAN SUSPECT VEHICLE BE IDENTIFIED? IF YES PLACE AN X IN BOX G G

(41) VEHICLE STATUS <input type="checkbox"/> SUSPECT <input type="checkbox"/> STOLEN <input checked="" type="checkbox"/> VICTIM VEHICLE		VEHICLE DESCRIPTION	YEAR	MAKE	MODEL	BODY	COLOR
			2000	DODGE	1500	VAN	BLK
LICENSE NUMBER	STATE	EXPIRES	VIN		DESCRIBE DAMAGE TO VEHICLE		
K798354	IL	8/11	2B6HB11Y4YK17860		WINDOW - PASS FRONT		
LIEN HOLDER NAME AND ADDRESS							
IDENTIFYING FEATURES		KEYS IN IGNITION	TOWED	LEADS MESSAGE		INVENTORY	
D		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	# N/A		Mo. Date Yr. #	

(42) IS STOLEN PROPERTY TRACEABLE? IF YES PLACE AN X IN BOX H H

(43) NO.	ARTICLE	BRAND/MODEL	SERIAL NUMBER	LEADS NUMBER	DESCRIPTION	VALUE
1	U.S.C.					\$600.00
2	PERSONAL CHECKS TO "TERRACE SQUARE CONDO ASSOC."					\$40,000.00
	/	/	/	/		

(44) HAS EVIDENCE TECH. WORK BEEN REQUESTED? IF YES PLACE AN X IN BOX I I

(45) WILL VICTIM/COMPLAINANT PROSECUTE IF ARREST IS MADE? IF YES PLACE AN X IN BOX J J

(46) IS THERE SIGNIFICANT M.O. PRESENT? IF YES PLACE AN X IN BOX K K

(47) PLACE OF ATTACK	<input type="checkbox"/> Structure <input checked="" type="checkbox"/> Vehicle <input type="checkbox"/> School <input type="checkbox"/> Street <input type="checkbox"/> Alley <input type="checkbox"/> Park <input type="checkbox"/> Yard <input checked="" type="checkbox"/> Parking Lot <input type="checkbox"/> Other <input type="checkbox"/> Unknown	TYPE OF STRUCTURE	POINT OF ENTRY	METHOD AND SUSPECT ACTIONS	<input type="checkbox"/> Unknown <input type="checkbox"/> Struck/Injured Victim <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Sexual Battery <input type="checkbox"/> Slim Jim <input type="checkbox"/> Peeled Column <input type="checkbox"/> Ignition Pulled <input type="checkbox"/> Punched Trunk <input type="checkbox"/> Asked Directions <input type="checkbox"/> Offered USC/Candy <input type="checkbox"/> Approached From Rear <input type="checkbox"/> Took into Concealment <input type="checkbox"/> Made Threats <input type="checkbox"/> Used Victim's Name <input type="checkbox"/> Took Only <input type="checkbox"/> Concealables <input type="checkbox"/> Vehicle Needed
	OCCUPANCY	If residence, where were occupants?	ALARM SYSTEM	ALARM CIRCUMVENTED	
<input type="checkbox"/> Occupied <input checked="" type="checkbox"/> Unoccupied <input type="checkbox"/> Abandoned/Vacant	/	<input type="checkbox"/> Apartment <input type="checkbox"/> Apartment/Com. Area <input type="checkbox"/> Office <input type="checkbox"/> Business <input type="checkbox"/> Garage <input type="checkbox"/> House <input type="checkbox"/> School <input type="checkbox"/> Storage Locker <input type="checkbox"/> Basement <input type="checkbox"/> Other	<input type="checkbox"/> Front Door <input type="checkbox"/> Rear Door <input checked="" type="checkbox"/> Window <input type="checkbox"/> Roof/Skylight <input type="checkbox"/> Overhead Door <input type="checkbox"/> Garage Side Door <input type="checkbox"/> Wall <input type="checkbox"/> Transom <input type="checkbox"/> Unknown <input type="checkbox"/> Other	<input type="checkbox"/> Jimmy <input type="checkbox"/> Brute Force <input checked="" type="checkbox"/> Smash/Grab <input type="checkbox"/> Vice Grip <input type="checkbox"/> Cut Lock <input type="checkbox"/> Lock Pulled <input type="checkbox"/> Key <input type="checkbox"/> Slip Lock <input type="checkbox"/> Broke/Damaged Glass <input type="checkbox"/> Unlocked/Open <input type="checkbox"/> Hid in Building <input type="checkbox"/> Purse Snatch <input type="checkbox"/> Chain Snatch <input type="checkbox"/> Home Invasion <input type="checkbox"/> Smash/Grab Auto <input type="checkbox"/> Theft From Person <input type="checkbox"/> Ransacked/Vandalized <input type="checkbox"/> Other	

(48) CASE SUMMARY: PROVIDE BRIEF SUMMARY OF THE EVENTS AS THEY OCCURRED

ON 04/03/11 AT 0305 HOURS, I WAS DISPATCHED TO 2104 N. HARLEM (EILEEN'S TAB) FOR A BURGLARY TO AUTO REPORT. UPON ARRIVAL, I SPOKE WITH ADAM F. SZWARZEK, VICTIM WHO RELATED AT 0115 HOURS ON 4/3/11 HE PARKED HIS 2000 DODGE VAN IN THE REAR PARKING LOT OF EILEEN'S TAB, SECURED SAME AND ENTERED BAR. AT 0300 HOURS ON 4/3/11, HE RETURNED TO VAN AND OBSERVED WINDOW ON FRONT PASSENGER DOOR SHATTERED. VICTIM CHECKED INTERIOR OF VAN AND DISCOVERED A GYM BAG WAS REMOVED FROM UNDER THE BED IN THE REAR OF THE VAN. VICTIM RELATED HE IS

(49) CAN OFFENSE BE SOLVED WITH REASONABLE AMOUNT OF INVESTIGATIVE EFFORT? IF YES PLACE X IN BOX L L

(50) IS THERE A REASON TO BELIEVE THAT INVESTIGATION CANNOT BE COMPLETED AT THIS TIME? IF YES PLACE X IN BOX M M

BLOCK #	(51) ENTER DETAILED INFORMATION RELATED TO THE BLOCK ABOVE WITH CORRESPONDING BLOCK NUMBER AT LEFT
48	THE PROPERTY MANAGER FOR THE "TERRACE SQUARE CONDO ASSOCIATION." VICTIM STATED BAG CONTAINED \$600.00 USC AND APPROXIMATELY \$40,000.00 IN PERSONAL CHECKS MADE OUT TO THE ASSOCIATION. VICTIM SUPPLIED SUPPLEMENTARY PROPERTY LOSS FORM. VIDEO FOOTAGE OF REAR LOT EXISTS BUT NOT AVAILABLE AT TIME OF REPORT.

ELMWOOD PARK POLICE DEPARTMENT

SUPPLEMENTARY PROPERTY LIST

COMPLETE REPORT AND MAIL OR DELIVER TO: **ELMWOOD PARK POLICE DEPARTMENT**
 11 CONTI PARKWAY
 ELMWOOD PARK, ILLINOIS 60635
 (708) 453-2137

CASE REPORT NO.: 11-2893
 REPORTING OFFICER: 9114

VICTIM'S NAME, ADDRESS, AND PHONE NUMBER (please print) Adam Szumak, 3537 Elmwood Ave. Bensenville, IL 60402 847-687-8849
 VICTIM'S INSURANCE CARRIER THE TRAVELERS PREVIOUS PREVIOUS AGENCY
 NAME AND ADDRESS (please print) American Family Insurancel, 2121 Dewey Ave. Evanston, IL 60201

Please complete this report listing all stolen property. List each item of stolen property on a separate line and provide complete property descriptions. List any owner identification markings on the property such as drivers license, initials, or social security numbers and identify their location on the item. Also include all distinguishing marks that make the property uniquely identifiable and distinct from other similar items. These include: inscriptions, damage, rust, tears, decals or stickers, worn spots, etc. On value, state actual retail value only, do not include or add sentimental value of property item. DO NOT FILL IN THE SECTIONS TITLED "LEADS" OR "ITEM".

QTY.	ARTICLE TYPE	BRAND/MODEL MANUFACTURE	SERIAL NUMBER	DESCRIPTION: SIZE, COLOR, MARKINGS, ETC.	VALUE	LEADS NUMBER	ITEM
1	CASH			U.S. currency	\$437		
143	Signed Personal Checks	- Striped Glenview State Bank		made payable to Terence Square	\$4,569		
1	Prescriptions	Alprazolam	Prescribed to Adam Szumak		\$10		
1	Prescriptions	Citalopram	Prescribed to Adam Szumak		\$10		
1	GIFT CARD	ABT	GIFT CARD to ABT		\$150		
1	Gym BAG	Blue	ALL contents were contained within		\$10		

I CERTIFY THAT THE ABOVE LIST OF STOLEN PROPERTY IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Victim's signature Adam Szumak

Date 4-3-11 PAGE 1 OF 1

