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February 5, 2013  
Via Regular Mail

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OF COUNSEL

IN REPLY REFER TO FILE NO.

Mr. Michael M. Viglione  
Law Offices of Ryan, Ryan & Landa  
209 W. Madison Street  
Waukegan, Illinois 60085

EP-1

*Re: Freedom of Information Act Request*

Dear Mr. Viglione:

The Village of Elmwood Park is in receipt of your January 30, 2013, Illinois Freedom of Information Act (5 ILCS 140/1 *et seq.*) (hereinafter referred to as "FOIA") request for the following Illinois Traffic Crash Reports involving your client, Glenn Miller:

Accident No. 1: October 18, 2012 at the intersection of Grand Avenue and 78<sup>th</sup> Court at or about 5:45 p.m. and Accident No. 2: October 30, 2012 at the intersection of North 75<sup>th</sup> Avenue and West Fullerton at or about 3:00 p.m.

Enclosed please find documents responsive to your request. However, please be advised that certain information in the records being provided has been determined to be exempt from disclosure under the FOIA, and that information has been redacted from the records being provided.

Section 7(1)(b) of the FOIA provides that "private information" is exempt from disclosure. "Private information" is defined in the 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, employee

**STORINO, RAMELLO & DURKIN**

Mr. Michael M. Viglione

February 5, 2013

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identification 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 the 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, certain birthdates have been redacted from the records being provided.

The person responsible for the decision to deny a portion of your request is the Village of Elmwood Park Freedom of Information Officer, Elsie Sutter. In accordance with Section 9(a) of the 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 2nd Street  
Springfield, Illinois 62706  
Phone: 312-814-5526  
Fax: 217-782-1396  
E-mail: [publicaccess@atg.state.il.us](mailto:publicaccess@atg.state.il.us)

Also, you are 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 the FOIA.

Very truly yours,

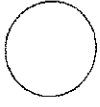
  
Erin C. Moriarty  
One of the attorneys for  
the Village of Elmwood Park

Enclosures



U110300330

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 cab); 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 \_\_\_\_\_ ILCC NO. \_\_\_\_\_  
 USDOT NO. \_\_\_\_\_  
 Source of above info.  Side of Truck  Papers  Driver  Log Book  
 Gross Vehicle Weight Rating (GVWR) \_\_\_\_\_  
 Were HAZMAT placards displayed on the vehicle?  Yes  No  
 If yes, name on placard \_\_\_\_\_ 1-digit Hazard Class no. \_\_\_\_\_  
 4-digit UN no. \_\_\_\_\_

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)?  Yes  No  Unknown  
 Did HAZMAT Regulations violation contribute to the crash?  
 Yes  No  Unknown  
 Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash?  Yes  No  Unknown  
 Was a Driver/Vehicle Examination Report form completed?  
 HAZMAT  Yes  No  Unk Out of Service?  Yes  No  
 MCS  Yes  No  Unk Out of Service?  Yes  No  
 Form No. \_\_\_\_\_

IDOT PERMIT NO. \_\_\_\_\_ WIDE LOAD?  Yes  No  
 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 \_\_\_\_\_  
 CRASH LOCATION:  CITY OF \_\_\_\_\_ OR  NEAREST CITY  
 MILES N E S W OR \_\_\_\_\_  
 CIRCLE ONE CITY NAME \_\_\_\_\_

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:  
 VEHICLE CONFIGURATION \_\_\_\_\_  
 CARGO BODY TYPE \_\_\_\_\_ LOAD TYPE \_\_\_\_\_

NARRATIVE (Refer to vehicle by Unit No.)

UNIT #1 WAS DRIVING E1B GRAND APPROXIMATELY 78 MPH IN THE RIGHT HAND LANE, UNIT #2 BEGAN TO TURN LEFT FROM W/O GRAND AVE ONTO S/B TRUCK AND SAID VEHICLE IN LEFT HAND LANE YERDRO RIGHT OF WAY TO HIM UNIT #1 STRUCK UNIT #2 AS UNIT #2 WAS TURNING NO INJURIES REPORTED

LOCAL USE ONLY

UT Color BULK

UT Color UNIT

UT Towed By 710

RELEASER

UT Towed By 710

# ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

|   |      |      |      |      |      |    |    |    |    |    |    |  |    |    |    |
|---|------|------|------|------|------|----|----|----|----|----|----|--|----|----|----|
| DRAC U1 U2  | PEDV | TRFD | TRFC | ORVA | VEAT | U1 | U2 | U1 | U2 | U1 | U2 | U1   | U2 | U1 | U2 |
| 1   |      | 2    | 4    | 1    | 1    |    |    |    |    |    |    |  |    |    |    |
| INVESTIGATING AGENCY<br>ELMWOOD PARK                        |      |      |      |      |      |    |    |    |    |    |    | AGENCY CRASH REPORT NO.<br>12 10 774   |    |    |    |
| ADDRESS NO.<br>N. 75TH AVE                                  |      |      |      |      |      |    |    |    |    |    |    | LARS CODE<br>7500BA  |    |    |    |
| INVESTIGATOR<br>W. FULLERTON AVE                            |      |      |      |      |      |    |    |    |    |    |    | LARS CODE<br>8240FUL   |    |    |    |
| DATE OF INTERSECTION (ROAD FEATURE)<br>AT INTERSECTION WITH |      |      |      |      |      |    |    |    |    |    |    | DATE OF CRASH<br>10/31/12  |    |    |    |
| NAME<br>GUILIER REZ, MARECA L                               |      |      |      |      |      |    |    |    |    |    |    | TIME<br>3:40 PM  |    |    |    |
| STREET ADDRESS  |      |      |      |      |      |    |    |    |    |    |    | CIRCLE DAY OF WEEK<br>SU MO WE TH FR SA  |    |    |    |
| CITY<br>NIA   |      |      |      |      |      |    |    |    |    |    |    | CIRCLE NUMBER(S)<br>00 - NONE<br>10 - UNDER CARRIAGE<br>11 - TOTAL (ALL AREAS)<br>12 - OTHER<br>99 - UNKNOWN |    |    |    |
| STATE<br>ILL  |      |      |      |      |      |    |    |    |    |    |    | CIRCLE FOR DAMAGED AREA(S)<br>1 - FRONT<br>2 - REAR  |    |    |    |
| DRIVER LICENSE NO.  |      |      |      |      |      |    |    |    |    |    |    | TOWED<br>DUE TO CRASH  |    |    |    |
| EMERGENCY AGENCY<br>NIA                                     |      |      |      |      |      |    |    |    |    |    |    | FIRE   |    |    |    |
| NAME<br>MILLER, CALENA H                                    |      |      |      |      |      |    |    |    |    |    |    | HAZMAT   |    |    |    |
| LAST FIRST MI   |      |      |      |      |      |    |    |    |    |    |    | SPILL  |    |    |    |
| CITY  |      |      |      |      |      |    |    |    |    |    |    | COM VEH  |    |    |    |
| STATE<br>ILL  |      |      |      |      |      |    |    |    |    |    |    | * IF YES SEE SIDEBAR   |    |    |    |
| TELEPHONE   |      |      |      |      |      |    |    |    |    |    |    |  |    |    |    |
| TAKEN TO<br>NIA   |      |      |      |      |      |    |    |    |    |    |    |  |    |    |    |
| EMERGENCY AGENCY<br>NIA                                     |      |      |      |      |      |    |    |    |    |    |    |  |    |    |    |
| EMERGENCY AGENCY ADDRESS<br>NIA                             |      |      |      |      |      |    |    |    |    |    |    |  |    |    |    |
| EMERGENCY AGENCY CITY<br>NIA                                |      |      |      |      |      |    |    |    |    |    |    |  |    |    |    |
| EMERGENCY AGENCY STATE<br>ILL                               |      |      |      |      |      |    |    |    |    |    |    |  |    |    |    |
| EMERGENCY AGENCY ZIP<br>NIA                                 |      |      |      |      |      |    |    |    |    |    |    |  |    |    |    |
| EMERGENCY AGENCY PHONE<br>NIA                               |      |      |      |      |      |    |    |    |    |    |    |  |    |    |    |
| EMERGENCY AGENCY FAX<br>NIA                                 |      |      |      |      |      |    |    |    |    |    |    |  |    |    |    |

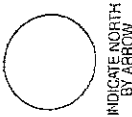
|                                    |    |    |    |    |    |    |    |    |    |    |    |                                     |    |    |    |
|------------------------------------|----|----|----|----|----|----|----|----|----|----|----|-------------------------------------|----|----|----|
| U1                                 | U2 | U1 | U2 | U1 | U2 | U1 | U2 | U1 | U2 | U1 | U2 | U1                                  | U2 | U1 | U2 |
| 1                                  |    | 1  |    | 1  |    | 1  |    | 1  |    | 1  |    | 1                                   |    | 1  |    |
| DAMAGED PROPERTY OWNER NAME<br>NIA |    |    |    |    |    |    |    |    |    |    |    | POSTED SPEED LIMIT<br>20            |    |    |    |
| PROPERTY OWNER ADDRESS<br>NIA      |    |    |    |    |    |    |    |    |    |    |    | CONTRIBUTORY CAUSE(S)<br>PRIMARY 28 |    |    |    |
| ARREST NAME<br>NIA                 |    |    |    |    |    |    |    |    |    |    |    | SECONDARY                           |    |    |    |
| ARREST NAME<br>NIA                 |    |    |    |    |    |    |    |    |    |    |    | DATE POLICE NOTIFIED<br>10/30/12    |    |    |    |
| OFFICER ID<br>NIA                  |    |    |    |    |    |    |    |    |    |    |    | COURT DATE<br>10/30/12              |    |    |    |
| SIGNATURE<br>W. Fullerton Ave      |    |    |    |    |    |    |    |    |    |    |    | TIME NOTIFIED<br>3:09 PM            |    |    |    |
| BEAT/DIST<br>Zone 3                |    |    |    |    |    |    |    |    |    |    |    | COURT TIME<br>AM PM                 |    |    |    |
| SUPERVISOR ID<br>W. Fullerton Ave  |    |    |    |    |    |    |    |    |    |    |    | COURT TIME<br>AM PM                 |    |    |    |

\*POL10\*

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

U110300274

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

NO DIAGRAM

NARRATIVE (Refer to vehicle by Unit No.)

DRIVER OF UNIT 1 SAID SHE WAS DRIVING E/B AT THE  
100 BLOCK OF V. FURNERON WHEN SHE REAR-ENDED UNIT 2  
AS UNIT 2 CAME TO A STOP AT THE INTERSECTION.  
DRIVER OF UNIT 2 SAID HE WAS DRIVING E/B WHEN HE  
WAS STOPPING AT THE INTERSECTION AND WAS REAR-ENDED BY  
UNIT 1. NO MORE TO REPORT.

LOCAL USE ONLY

UT Color B/M  
UT Towed by / to N/A

UT Towed by / to N/A

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. \_\_\_\_\_ 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?  Yes  No  
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)?  Yes  No  Unknown

Did HAZMAT Regulations violation contribute to the crash?  Yes  No  Unknown

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash?  Yes  No  Unknown

Was a Driver/Vehicle Examination Report form completed?  
HAZMAT  Yes  No  Unk Out of Service?  Yes  No  
MCS  Yes  No  Unk Out of Service?  Yes  No  
Ferry No. \_\_\_\_\_

IDOT PERMIT NO. \_\_\_\_\_ WIDE LOAD?  Yes  No  
TRAILER WIDTH(S): 0-95" \_\_\_\_\_ 97-102" \_\_\_\_\_ >102" \_\_\_\_\_  
TRAILER 1  TRAILER 2

TRAILER LENGTH(S): 1 \_\_\_\_\_ ft TRAILER 2 \_\_\_\_\_ ft  
TOTAL VEHICLE LENGTH \_\_\_\_\_ ft NO. OF AXLES \_\_\_\_\_

CRASH LOCATION:  CITY OF \_\_\_\_\_ OR  NEAREST CITY \_\_\_\_\_  
MILES N E S W OR \_\_\_\_\_  
CIRCLE ONE CITY NAME \_\_\_\_\_

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:  
VEHICLE CONFIGURATION \_\_\_\_\_  
CARGO BODY TYPE \_\_\_\_\_ LOAD TYPE \_\_\_\_\_