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IN REPLY REFER TO FILE NO.

January 23, 2014
Via Electronic Mail

Ms. Jennifer Anderson
Transportation Counsel
State of Illinois
Illinois Commerce Commission
160 N. LaSalle Street, Suite C-800
Chicago, Illinois 60601
janderso@icc.illinois.gov

EP-1

Re: Freedom of Information Act Request

Dear Ms. Anderson:

The Village of Elmwood Park is in receipt of your January 17, 2014 Illinois Freedom of Information Act (5 ILCS 140/1 *et seq.*) ("FOIA") request for the following records:

I am writing to officially request a copy of any arrest report or incident reports concerning William S. Burchett's arrests by the Elmwood Park Police Department.

Enclosed please find 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, 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 social security numbers, employee identification numbers, home or

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personal telephone numbers, home addresses, and signatures, have been redacted from the records being provided.

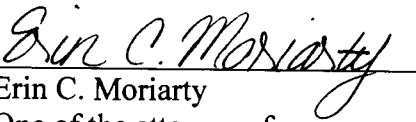
Section 7(1)(c) of FOIA provides that, “[p]ersonal information contained within public records, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy ...” is exempt from disclosure. Consequently, birthdates and other personal information, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy, have been redacted from the records being provided.

The person responsible for the decision to deny a portion of your 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 2nd Street
Springfield, Illinois 62706
Phone: 312-814-5526
Fax: 217-782-1396
E-mail: 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 FOIA.

Sincerely,


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

Enclosures

ELMWOOD PARK POLICE DEPARTMENT

OFFENSE REPORT

REPORT NUMBER

UCR

METHOD CODE

PLACE CODE

CASE STATUS

(1) OCCURRED ON OR BETWEEN		Mo.	Date	Yr.	Day	Time	(2) BEAT	(3) REPORT NUMBER
		01	26	89	MON	1212	1	09-851
(4) REPORTED		01	26	89	MON	1233	(5) INCIDENT CLASSIFICATION	
		HARASSMENT BY TELEPHONE						
(6) LOCATION OF INCIDENT		(7) FIRM NAME IF BUSINESS						
(8) VICTIM'S NAME (last, first, middle)		□ JUV.		(9) RESIDENCE OR BUSINESS ADDRESS				
(10) RESIDENCE PHONE	(11) BUSINESS PHONE	(12) SEX	RACE	AGE	(13) DOB	(14) SOCIAL SECURITY OR PERSONAL IDENTIFICATION NUMBER		
		NA	F	22				
(15) REPORTED BY (last, first, middle)		WITNESS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			(16) RESIDENCE OR BUSINESS ADDRESS			
VICTIM								
(17) RESIDENCE PHONE	(18) BUSINESS PHONE	(19) SEX	RACE	AGE	(20) DOB	(21) SOCIAL SECURITY OR PERSONAL IDENTIFICATION NUMBER		
INJURY		(22) NATURE AND EXTENT OF INJURY			(23) HOSPITALIZED / WHERE TREATED			
					<input type="checkbox"/> YES <input type="checkbox"/> NO			
(24) ATTENDING/PRONOUNCING PHYSICIAN	(25) TRANSPORTED BY	(26) PROMOUNCED DOA		(27) M.E. NAME	(28) DATE & TIME NOTIFIED			
WEAPON		(29) <input type="checkbox"/> USED <input type="checkbox"/> HANDGUN <input type="checkbox"/> KNIFE OR CUTTING INSTRU. <input type="checkbox"/> DISPLAYED <input type="checkbox"/> SHOTGUN <input type="checkbox"/> RIFLE <input type="checkbox"/> IMPLIED			(30) DESCRIBE WEAPON		<input type="checkbox"/> BLUE STEEL <input type="checkbox"/> CHROME PLATED <input type="checkbox"/> NICKEL PLATED <input type="checkbox"/> OTHER	
(31) WAS THERE A WITNESS TO THE OFFENSE?								IF YES PLACE AN X IN BOX A
W	(32) ADDRESS CHECKED	PERSON INTERVIEWED (last, first, middle)			DOB	Mo.	Date	Yr.
NC								TELEPHONE NO. RES.
W					Mo.	Date	Yr.	TELEPHONE NO. RES.
NC								BUS.
W					Mo.	Date	Yr.	TELEPHONE NO. RES.
NC								BUS.
W					Mo.	Date	Yr.	TELEPHONE NO. RES.
NC								BUS.
(34) CAN THE SUSPECT BE DESCRIBED?								IF YES PLACE AN X IN BOX B
SUSPECT NAME (ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/>		RACE	SEX	AGE	HEIGHT	WEIGHT	HAIR	SCARS/MARKS
BURCHETT, WILLIAMS, W			M	23				
CLOTHING WORN BY SUSPECT				OTHER DISTINGUISHING FEATURES				
A				D.O.B.				
SUSPECT NAME (ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/>		RACE	SEX	AGE	HEIGHT	WEIGHT	HAIR	SCARS/MARKS
A								
CLOTHING WORN BY SUSPECT				OTHER DISTINGUISHING FEATURES				
(35) CAN SUSPECT BE NAMED?								IF YES PLACE AN X IN BOX C
(36) CAN SUSPECT BE LOCATED?								IF YES PLACE AN X IN BOX D
SUSPECT		NAME/NICKNAME/AKA		ADDRESS/FREQUENTS				
#34								
(37) CAN SUSPECT BE IDENTIFIED?								IF YES PLACE AN X IN BOX E
NAME WITNESS/VICTIM THAT CAN IDENTIFY SUSPECT (last, first, middle)								
#8								
(38) HAS SUSPECT BEEN PREVIOUSLY SEEN?								IF YES PLACE AN X IN BOX F
(39) REPORTING OFFICER		STAR	SUPERVISOR APPROVING		STAR	REPORT REVIEW	C.A.	
C. DePinto								

COPY

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

(41) VEHICLE STATUS <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> STOLEN <input type="checkbox"/> VICTIM VEHICLE		VEHICLE DESCRIPTION	YEAR	MAKE	MODEL	BODY	COLOR
				FORD	250 TRUCK		RED
LICENSE NUMBER	STATE	EXPIRES	VIN	DESCRIBE DAMAGE TO VEHICLE			
LIEN HOLDER NAME AND ADDRESS							
IDENTIFYING FEATURES		KEYS IN IGNITION <input type="checkbox"/> YES <input type="checkbox"/> NO	TOWED <input type="checkbox"/> YES <input type="checkbox"/> NO	LEADS MESSAGE # _____		INVENTORY 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
		N/A				

(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 checked="" type="checkbox"/> Structure <input type="checkbox"/> Vehicle <input type="checkbox"/> School <input type="checkbox"/> Street <input type="checkbox"/> Alley <input type="checkbox"/> Park <input type="checkbox"/> Yard <input type="checkbox"/> Parking Lot <input type="checkbox"/> Other <input type="checkbox"/> Unknown		TYPE OF STRUCTURE <input type="checkbox"/> Apartment <input type="checkbox"/> Apartment/Com. Area <input type="checkbox"/> Office <input type="checkbox"/> Business <input type="checkbox"/> Garage <input checked="" type="checkbox"/> House <input type="checkbox"/> School <input type="checkbox"/> Storage Locker <input type="checkbox"/> Basement <input type="checkbox"/> Other	POINT OF ENTRY <input type="checkbox"/> Front Door <input type="checkbox"/> Rear Door <input 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	METHOD AND SUSPECT ACTIONS <input type="checkbox"/> Jimmy <input type="checkbox"/> Brute Force <input 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 checked="" type="checkbox"/> Other	<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 <input type="checkbox"/> Occupied <input type="checkbox"/> Unoccupied <input type="checkbox"/> Abandoned/Vacant	If residence, where were occupants? N/A		ALARM SYSTEM <input type="checkbox"/> YES <input type="checkbox"/> NO ALARM CIRCUMVENTED <input type="checkbox"/> YES <input type="checkbox"/> NO		

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

(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

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ELMWOOD PARK POLICE DEPARTMENT
PATROL DIVISION

Case Report: 09-851
Title : Harassment By Telephone
Officer : C. DePillo
Date : 26 Jan. 2009

Action Taken

On 01/26/09, at 1235 hours, I spoke with [REDACTED] at her residence. [REDACTED] said on 01/26/09, 1212 hours, she received a phone call on her cellular phone from name unknown, number [REDACTED]. [REDACTED] said she did not answer the call because she recognized that phone number as belonging to her ex-boyfriend William Burchett. [REDACTED] said she has made several reports against Burchett for harassment by telephone. (See 09-383, 09-599, 09-712). I personally took the report #09-599 on 01/20/09. On that date, Commander Hock dialed the phone number [REDACTED] and spoke with William Burchett. Burchett said that this phone number was in fact his cellular phone number. Commander Hock verbally advised Burchett that he was not to have any contact, (no verbal contact, text messages, or by any means) with [REDACTED], or he would be arrested. Burchett said he understood and said he would not. Commander Hock also told Burchett that if there was a matter involving their daughter, he should go through his attorney. Again Burchett said he understood and would not contact her.

On 01/26/09, I took [REDACTED] cellular phone to our station and handed it to Commander Hock. Commander Hock was going to photograph the phone call, which he did. While Commander Hock had possession of [REDACTED] phone, a text message appeared on her phone at 1251 hours, 01/26/09. The text message was from phone number [REDACTED], and it said, "Why do u keep calling me [REDACTED] can u plz tell me".

On 01/26/09, @ 1350 hours, Commander Hock called the [REDACTED] number and Burchett answered.

Commander Hock typed a complaint for Harassment By Telephone against Burchett. [REDACTED] signed the complaint and was advised she would be notified as to the court date. [REDACTED] phone was also returned to her.

COPY

C. DePillo # [REDACTED]

Reporting Officer:

[REDACTED]
Supervisor's Signature