

LAW OFFICES

STORINO, RAMELLO & DURKIN

9501 WEST DEVON AVENUE
ROSEMONT, ILLINOIS 60018

(847) 318-9500

FACSIMILE (847) 318-9509

DONALD J. STORINO
MICHAEL K. DURKIN
RICHARD J. RAMELLO
NICHOLAS S. PEPPERS
THOMAS M. BASTIAN
ANGELO F. DEL MARTO
JAMES E. MACHOLL
BRIAN W. BAUGH
ANTHONY J. CASALE
ANDREW Y. ACKER
PETER A. PACIONE
MELISSA A. MIROBALLI
MATTHEW G. HOLMES
MICHAEL R. DURKIN

THOMAS J. HALLERAN
ERIN C. MORIARTY
ADAM R. DURKIN

JOSEPH G. KUSPER
MARK R. STEPHENS
BRYAN J. BERRY
ANN M. WILLIAMS
LEONARD P. DIORIO
RICHARD F. PELLEGRINO
DONALD J. STORINO II

OF COUNSEL

IN REPLY REFER TO FILE NO.

July 18, 2014
Via Regular Mail

Ms. Lucy Bochnak
205 W. Randolph Street
Suite 610
Chicago, Illinois 60606

EP-1

Re: Freedom of Information Act Request

Dear Ms. Bochnak:

The Village of Elmwood Park is in receipt of your July 7, 2014 Illinois Freedom of Information Act (5 ILCS 140/1 *et seq.*) ("FOIA") request for the following records:

IL traffic crash report. DOA 06/21/2014, Report # 14-5459.

Enclosed are records 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 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 driver's license numbers, employee identification numbers, home or personal telephone numbers, home addresses, personal license plates, 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

STORINO, RAMELLO & DURKIN

Ms. Lucy Bochnak
July 18, 2014
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privacy ..." is exempt from disclosure. Consequently, birthdates have been redacted from the records being provided.

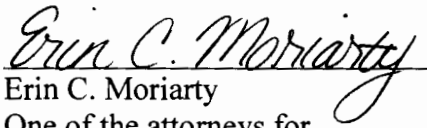
The person responsible for the decision to deny a portion of your request is the Village of Elmwood Park Freedom of Information Officer, Gina Pesko. In accordance with Section 9(a) of FOIA, you are hereby notified that you have the right to file a Request for Review regarding the decision made by the 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.

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

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



EMD	PEM	TRFD	TRFD	WEAT	DWA	VS	VS2	LEAD	COLL	ISSY	PKA	PKL																																			
U1	U2	U1	U2	U1	U2	U1	U2	U1	U2	U1	U2	U1																																			
11	12	14	11					115	11	199	9																																				
POL13																																															
INVESTIGATING AGENCY EMWOOD PARK						DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input checked="" type="checkbox"/> OVER \$1,500		TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DISK REPORT) <input type="checkbox"/> AMENDED		ADJURY CRASH REPORT NO. 1415459		10																																			
ADDRESS NO. 2500						HIGHWAY OR STREET NAME N 73RD AVE		COUNTY EMWOOD COOK		DATE OF CRASH 2/24/14		TIME 3:55	LAW CODE 7730073A																																		
<input type="checkbox"/> AT INTERSECTION WITH (CIRCLE) W WRIGHTWOOD (NAME OF INTERSECTION OR ROAD FEATURE)						CITY COOK		INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		DOORING WITH PEDALCYCLIST <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		LAW CODE 82600																																			
NAME (DRIVER) NASH, GREGORY S						SEX (SAF) M HT (IN) 5 WT (LB) 214		VEHICLE MAKE Vaux		MODEL TS		YEAR 2001																																			
STREET ADDRESS						CITY IL		STATE IL		YEAR 2013		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 01 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 03 - UNKNOWN POINT OF FIRST CONTACT 2																																			
TAKEN TO						INSURANCE CO. American Family		POLICY NO. 107003480148		TOWED OR TOWED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N																																			
NAME (DRIVER) EMRKO, TINA M						SEX (SAF) F HT (IN) 5 WT (LB) 124		VEHICLE MAKE CHRYSLER		MODEL 200		YEAR 2011																																			
STREET ADDRESS						CITY IL		STATE IL		YEAR 2014		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 01 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 03 - UNKNOWN POINT OF FIRST CONTACT 8																																			
TAKEN TO						INSURANCE CO. STATE FARM		POLICY NO. 9964074E0715A		TOWED OR TOWED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N																																			
PASSENGERS & WITNESSES ONLY																																															
<table border="1"> <thead> <tr> <th>UNIT</th> <th>SEAT</th> <th>DOB</th> <th>SEX</th> <th>SAF</th> <th>HT</th> <th>WT</th> <th>ICR</th> <th>REMARKS</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>11</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>1</td> <td>11</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>1</td> <td>11</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>												UNIT	SEAT	DOB	SEX	SAF	HT	WT	ICR	REMARKS	1	1	11	1						2	1	11	1						3	1	11	1					
UNIT	SEAT	DOB	SEX	SAF	HT	WT	ICR	REMARKS																																							
1	1	11	1																																												
2	1	11	1																																												
3	1	11	1																																												
DAMAGED PROPERTY OWNER NAME						DAMAGED PROPERTY			CONTRIBUTORY CAUSE(S)		POSTED SPEED LIMIT		DID CRASH OCCUR IN A WORK ZONE? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N																																		
PROPERTY OWNER ADDRESS						CITY STATE ZIP			PRIMARY 2		SECONDARY 2B		IF YES CHECK ONE BELOW: <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> UTILITY <input type="checkbox"/> UNKNOWN WORK ZONE TYPE																																		
ARREST NAME						SECTION CITATION NO.			DATE POLICE NOTIFIED		TIME NOTIFIED		WORKERS PRESENT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N																																		
ARREST NAME						SECTION CITATION NO.			DATE POLICE NOTIFIED		TIME NOTIFIED																																				
SIGNATURE						BEAT / CONT			DATE POLICE NOTIFIED		TIME NOTIFIED																																				

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

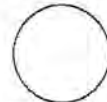
IF YES TO COM VEH, COMPLETE COMMERCIAL MOTOR VEHICLE AREA ON BACK.

Printed by authority of the State of Illinois

SPR 1000 JANUARY 2013

U130574177

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.)

UNIT 1 STATED HE WAS SOUTHBOUND 73RD AVE AND STRUCK UNIT 2 BECAUSE HE DIDNT SEE HER
UNIT 2 STATED UNIT 1 DISOBEYED HIS STOP SIGN AND STRUCK HER
-END-

LOCAL USE ONLY

U1 Color SILVER U2 Color BLACK

U1 Towed by / to

U2 Towed by / to

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 designated to transport between 9 and 15 passengers, including the driver, for direct compensation (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) violation 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 _____