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IN REPLY REFER TO FILE NO.

August 20, 2015

Mr. Jose A. Berrios
2321 N. 75th Avenue
Elmwood Park, Illinois 60707

EP-1

Re: Freedom of Information Act Request

Dear Mr. Berrios:

On August 10, 2015, the Village of Elmwood Park received your Illinois Freedom of Information Act (5 ILCS 140/1 *et seq.*) ("FOIA") request for "15-7751."

Enclosed please find the records responsive to your FOIA request. However, please be advised that certain information in the records responsive to your FOIA request has been determined to be exempt from disclosure under FOIA. Therefore, information that has been determined to be exempt from disclosure under FOIA 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 a driver's license number, a home or personal telephone number, and a home address, 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, a birthdate and other personal information, the disclosure of which would constitute a clearly unwarranted invasion of personal

STORINO, RAMELLO & DURKIN

Mr. Jose A. Berrios
August 20, 2015
Page 2

privacy, including a victim's name and the race of an individual, have 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


Erin C. Tinaglia

Enclosures

ELMWOOD PARK POLICE DEPARTMENT

OFFENSE REPORT

REPORT NUMBER

UCR 150

METHOD CODE

PLACE CODE

CASE STATUS

(1) OCCURRED ON OR BETWEEN	Mo. 07	Date 11	Yr 2015	Day	Time 1416	(2) BEAT ZN3	(3) REPORT NUMBER 15-7751	
	08	01	2015		1411	SUB BEAT 3320		
(4) REPORTED	08	06	2015	THU	1906	(5) INCIDENT CLASSIFICATION CREDIT CARD FRAUD		
(6) LOCATION OF INCIDENT VARIOUS						(7) FIRM NAME IF BUSINESS		
(8) VICTIM'S NAME (last, first, middle)						(9) RESIDENCE OR BUSINESS ADDRESS		
(10) RESIDENCE PHONE	(11) BUSINESS PHONE	(12) SEX M	RACE	AGE 66	(13) DOB Mo. Date Yr.	(14) SOCIAL SECURITY OR PERSONAL IDENTIFICATION NUMBER		
(15) REPORTED BY (last, first, middle) VICTIM						(16) RESIDENCE OR BUSINESS ADDRESS		
(17) RESIDENCE PHONE	(18) BUSINESS PHONE	(19) SEX	RACE	AGE	(20) DOB Mo. Date Yr.	(21) SOCIAL SECURITY OR PERSONAL IDENTIFICATION NUMBER		
(22) NATURE AND EXTENT OF INJURY INJURY						(23) HOSPITALIZED / WHERE TREATED		
(24) ATTENDING/PRONOUNCING PHYSICIAN						(25) TRANSPORTED BY	(26) PRONOUNCED DOA Mo. Date Yr. Time	
(27) M.E. NAME						(28) DATE & TIME NOTIFIED		
(29) WEAPON						(30) DESCRIBE WEAPON		
<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"/> IMPLIED <input type="checkbox"/> RIFLE						<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.	TELEPHONE NO. RES.	
NO							BUS.	
W						Mo. Date Yr.	TELEPHONE NO. RES.	
							BUS.	
NC						Mo. Date Yr.	TELEPHONE NO. RES.	
W							BUS.	
						Mo. Date Yr.	TELEPHONE NO. RES.	
NC							BUS.	
W						Mo. Date Yr.	TELEPHONE NO. RES.	
							BUS.	
NC						Mo. Date Yr.	TELEPHONE NO. RES.	
							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
CLOTHING WORN BY SUSPECT				OTHER DISTINGUISHING FEATURES				
SUSPECT NAME (ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/>		RACE	SEX	AGE	HEIGHT	WEIGHT	HAIR	SCARS/MARKS
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			
(37) CAN SUSPECT BE IDENTIFIED? IF YES PLACE AN X IN BOX E								
NAME WITNESS/VICTIM THAT CAN IDENTIFY SUSPECT (last, first, middle)								
(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.	
MARION 2465			C. Gulew #233					

55

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

(41) VEHICLE STATUS <input type="checkbox"/> SUSPECT <input type="checkbox"/> STOLEN <input type="checkbox"/> VICTIM VEHICLE		VEHICLE DESCRIPTION	YEAR	MAKE	MODEL	BODY	COLOR
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 K _____	Mo. _____	Date _____	Yr. _____

G
H

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

(43) NO.	ARTICLE	BRAND/MODEL	SERIAL NUMBER	LEADS NUMBER	DESCRIPTION	VALUE

H

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

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

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

(47) PLACE OF ATTACK <input 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 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"/> Vics 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"/> Stun 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 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?	ALARM SYSTEM <input type="checkbox"/> YES <input type="checkbox"/> NO ALARM CIRCUMVENTED <input type="checkbox"/> YES <input type="checkbox"/> NO	FRAUDULENT USE OF CREDIT CARD

I
J
K

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

On 08/06/2015 at 1906 hours I responded to the Police Station for a report of credit card fraud. Upon arrival I spoke with [redacted] (m [redacted]) who told me the following in summary:

[redacted] was hospitalized for an extended period of time and during that time an unknown subject or subjects used his Master card account held at his Credit Union in Puerto Rico, Coop. De A/C Las Piedras, to make fraudulent purchases. The purchases began on 07/11/2015 at 1416 hours and the last one was completed on 08/01/2015 at 1411 hours. Upon learning of the fraudulent purchases, [redacted] canceled his card on 08/06/2015. [redacted] needed a police report for his credit union to begin an investigation.

[redacted] provided me with a copy of his card statement with the fraudulent purchased highlighted. I completed my report and returned to duty.

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

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

BLOCK #	(51) ENTER DETAILED INFORMATION RELATED TO THE BLOCK ABOVE WITH CORRESPONDING BLOCK NUMBER AT LEFT

L
M