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IN REPLY REFER TO FILE NO.

August 28, 2015

Ms. Lisa Vitacco
2526 N. West Brook Road
Elmwood Park, Illinois 60707

EP-1

Re: Freedom of Information Act Request

Dear Ms. Vitacco:

On August 21, 2015, the Village of Elmwood Park received your Illinois Freedom of Information Act (5 ILCS 140/1 *et seq.*) ("FOIA") request for Elmwood Park Police Department Report Number 15-7615.

Enclosed are 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. Accordingly, such 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, home or personal telephone numbers, and home addresses, 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, such as a victim's name and identifying information, the name of a suspect who has not been arrested, and the race of individuals, have been redacted from the records being provided.

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Section 7(1)(d)(iv) of FOIA provides that, “[r]ecords in the possession of any public body created in the course of administrative enforcement proceedings, and any law enforcement or correctional agency for law enforcement purposes ...” are exempt from disclosure, “but only to the extent that disclosure would: ... unavoidably disclose the identity of a confidential source, confidential information furnished only by the confidential source, or persons who file complaints with or provide information to administrative, investigative, law enforcement, or penal agencies” Consequently, information that would reveal the identity of persons who have filed complaints with or who have provided information to the Village of Elmwood Park Police Department has 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

METHOD CODE

PLACE CODE

CASE STATUS

(1) OCCURRED ON OR BETWEEN	Mo. 04	Date 21	Yr 15	Day TUE	Time UNK	(2) BEAT ZONE 3	(3) REPORT NUMBER 15 - 7615	
(4) REPORTED	08	03	15	MON	1344	(5) INCIDENT CLASSIFICATION THEFT OVER \$500 / EDLER ABUSE (FINANCIAL)		
(6) LOCATION OF INCIDENT 2526 N WESTBROOK AVE						(7) FIRM NAME IF BUSINESS N/A		
(8) VICTIM'S NAME (last, first, middle) [REDACTED] <input type="checkbox"/> JUV.						(9) RESIDENCE OR BUSINESS ADDRESS [REDACTED]		
(10) RESIDENCE PHONE [REDACTED]	(11) BUSINESS PHONE -	(12) SEX F	RACE [REDACTED]	AGE 97		(13) DOB Mo. Date Yr. [REDACTED]	(14) SOCIAL SECURITY OR PERSONAL IDENTIFICATION NUMBER [REDACTED]	
(15) REPORTED BY (last, first, middle) [REDACTED] WITNESS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						(16) RESIDENCE OR BUSINESS ADDRESS [REDACTED]		
(17) RESIDENCE PHONE [REDACTED]	(18) BUSINESS PHONE -	(19) SEX F	RACE [REDACTED]	AGE 37		(20) DOB Mo. Date Yr. [REDACTED]	(21) SOCIAL SECURITY OR PERSONAL IDENTIFICATION NUMBER [REDACTED]	
(22) NATURE AND EXTENT OF INJURY INJURY N/A						(23) HOSPITALIZED / WHERE TREATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO N/A		
(24) ATTENDING/PRONOUNCING PHYSICIAN N/A			(25) TRANSPORTED BY N/A			(26) PRONOUNCED ODA Mo. Date Yr. Time - - - -	(27) M.E. NAME N/A	
(28) DATE & TIME NOTIFIED N/A								
(29) WEAPON <input type="checkbox"/> USED <input type="checkbox"/> DISPLAYED <input type="checkbox"/> IMPLIED <input type="checkbox"/> HANDGUN <input type="checkbox"/> SHOTGUN <input type="checkbox"/> RIFLE <input type="checkbox"/> KNIFE OR CUTTING INSTRU. <input type="checkbox"/> N/A						(30) DESCRIBE WEAPON N/A		
						<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? <input checked="" type="checkbox"/> A								
W	(32) ADDRESS CHECKED -	PERSON INTERVIEWED (last, first, middle) REPORTER				DOB Mo. Date Yr. - - -	TELEPHONE NO. RES. -	
NC		VICTIM				Mo. Date Yr. - - -	TELEPHONE NO. RES. -	
W						Mo. Date Yr. - - -	TELEPHONE NO. RES. -	
NC						Mo. Date Yr. - - -	TELEPHONE NO. RES. -	
W						Mo. Date Yr. - - -	TELEPHONE NO. RES. -	
NC						Mo. Date Yr. - - -	TELEPHONE NO. RES. -	
W						Mo. Date Yr. - - -	TELEPHONE NO. RES. -	
NC						Mo. Date Yr. - - -	TELEPHONE NO. RES. -	
(34) CAN THE SUSPECT BE DESCRIBED? <input checked="" type="checkbox"/> B								
SUSPECT NAME (ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		RACE W	SEX F	AGE 39	HEIGHT 500	WEIGHT 110	HAIR BLND	SCARS/MARKS N/A
CLOTHING WORN BY SUSPECT UNK				OTHER DISTINGUISHING FEATURES [REDACTED]				
SUSPECT NAME (ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		RACE -	SEX -	AGE -	HEIGHT -	WEIGHT -	HAIR -	SCARS/MARKS -
CLOTHING WORN BY SUSPECT				OTHER DISTINGUISHING FEATURES				
(35) CAN SUSPECT BE NAMED? <input checked="" type="checkbox"/> C								
(36) CAN SUSPECT BE LOCATED? <input checked="" type="checkbox"/> D								
SUSPECT [REDACTED]		NAME/NICKNAME/AKA [REDACTED]			ADDRESS/FREQUENTS [REDACTED]			
(37) CAN SUSPECT BE IDENTIFIED? <input checked="" type="checkbox"/> E								
NAME WITNESS/VICTIM THAT CAN IDENTIFY SUSPECT (last, first, middle) WITNESS, REPORTER								
(38) HAS SUSPECT BEEN PREVIOUSLY SEEN? <input checked="" type="checkbox"/> F								
(39) REPORTING OFFICER [Signature]		STAR 9924	SUPERVISOR APPROVING ROSA		STAR 2173	REPORT REVIEW	C.A.	

EPPD-014 (205)

(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 type="checkbox"/> VICTIM VEHICLE		VEHICLE DESCRIPTION	YEAR	MAKE	MODEL	BODY	COLOR			
			N/A	-	-	-	-			
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				
1	MONIES	-	-	-	-	~ \$5000.00				
(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		TYPE OF STRUCTURE	POINT OF ENTRY	METHOD AND SUSPECT ACTIONS						
<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		<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	<input checked="" 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	<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"/> Look 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 checked="" type="checkbox"/> Theft From Person <input type="checkbox"/> Ransacked/Vandalized <input checked="" type="checkbox"/> Other						
OCCUPANCY <input checked="" type="checkbox"/> Occupied <input type="checkbox"/> Unoccupied <input type="checkbox"/> Abandoned/Vacant		If residence, where were occupants?	ALARM SYSTEM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<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 Concealables <input type="checkbox"/> Vehicle Needed						
(48) CASE SUMMARY: PROVIDE BRIEF SUMMARY OF THE EVENTS AS THEY OCCURRED										
<p>On 08/03/15, at approximately 1344 hrs, I responded to the above listed address of occurrence for a report of a theft. Upon arrival, I spoke with caller [REDACTED] (F [REDACTED]) said for the past several months, caretaker [REDACTED] (F [REDACTED]) has been using [REDACTED] (F [REDACTED]) credit card without authorization.</p> <p>[REDACTED] said [REDACTED] was currently inside the residence and asked me to remove her. I escorted [REDACTED] out of the residence and spoke with her about the allegations. [REDACTED] said she has been [REDACTED] caretaker for approximately six months, previously working with "Lutheran Care" (tx: 847-390-1436), before working privately for the family. [REDACTED] said she has not taken any monies from [REDACTED] and only helps her with mobility, care, and making authorized purchases. I advised [REDACTED] she was no longer welcome at the residence and not to make any phone calls to [REDACTED] or [REDACTED]. She said she understood and left the area. -CONTINUED-</p>										
(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									



ELMWOOD PARK POLICE DEPARTMENT
CONTINUATION REPORT
15-7615



Title: THEFT OVER \$500 / ELDER ABUSE (FINANCIAL)
Officer: Alequin #9921
Date: 03 AUG 2015

█████ said █████ has been her caretaker for the past several months, and assists her in physical caretaking and making authorized purchases.

█████ advised me the following unauthorized withdrawals and expenditures were made by █████ using her credit cards, which she would take and return:

April 21, 2015: Com Ed Payment - \$1258.03
May 04, 2015: Target Store - \$87.57
May 11, 2015: Car Payment - \$653.95
May 21, 2015: Cash Withdrawal - \$800.00
June 23, 2015: Sprint Bill Payment - \$162.94
Unknown Date: \$653.95
Unknown Date: \$653.95
Total: \$4,270.39

█████ said there may be additional expenditures.

█████ said she would like █████ prosecuted.

I advised █████ and █████ that █████ was warned not to return to their residence or make phone calls to them.

I advised them to call police if she returned or called, and gave them their report number.

END REPORT.

Alequin #9921
Ofc. Alequin #9921

E. Rosa #15173
Supervisor