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IN REPLY REFER TO FILE NO.

Ms. Yuliya Lyutyk
2925 N. 75th Avenue, #2
Elmwood Park, Illinois 60707

EP-1

Re: Freedom of Information Act Request

Dear Ms. Lyutyk:

On August 5, 2015, the Village of Elmwood Park received your Illinois Freedom of Information Act (5 ILCS 140/1 *et seq.*) ("FOIA") request for "15-7165[.]"

Enclosed are the records responsive to your FOIA request. 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, 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 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,

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such as a victim's name and identifying information, 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
Acting 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

15-7165

UCR

0880

METHOD CODE

PLACE CODE

CASE STATUS

(1) OCCURRED ON OR BETWEEN		Mo. 07	Date 21	Yr 15	Day Tues	Time 2045	(2) BEAT Zone 1	(9) REPORT NUMBER
		07	21	15	Tues	2100	SUB BEAT	15-7165
(4) REPORTED		07	22	15	Wed	1840	(5) INCIDENT CLASSIFICATION Purse Snatching	
(8) LOCATION OF INCIDENT 7200 Block of Wellington						(7) FIRM NAME IF BUSINESS N/A		
(8) VICTIM'S NAME (last, first, middle)						(9) RESIDENCE OR BUSINESS ADDRESS		
(10) RESIDENCE PHONE		(11) BUSINESS PHONE		(12) SEX F	RACE	AGE 24	(13) DOB Mo. Date Yr.	(14) SOCIAL SECURITY OR PERSONAL IDENTIFICATION NUMBER
Cell		-----						
(15) REPORTED BY (last, first, middle)				WITNESS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		(16) RESIDENCE OR BUSINESS ADDRESS		
(17) RESIDENCE PHONE		(18) BUSINESS PHONE		(19) SEX F	RACE	AGE 24	(20) DOB Mo. Date Yr.	(21) SOCIAL SECURITY OR PERSONAL IDENTIFICATION NUMBER
Cell		-----						
INJURY		(22) NATURE AND EXTENT OF INJURY None				(23) HOSPITALIZED / WHERE TREATED <input type="checkbox"/> YES <input type="checkbox"/> NO N/A		
(24) ATTENDING/PRONOUNCING PHYSICIAN		(25) TRANSPORTED BY		(26) PRONOUNCED DOA		(27) M.E. NAME		(28) DATE & TIME NOTIFIED
N/A		N/A		N / A		N/A		N/A
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.	TELEPHONE NO. RES. BUS.	
NC	-----	-----					-----	
W	-----	-----				Mo. Date Yr.	TELEPHONE NO. RES. BUS.	
NC	-----	-----					-----	
W	-----	-----				Mo. Date Yr.	TELEPHONE NO. RES. BUS.	
NC	-----	-----					-----	
W	-----	-----				Mo. Date Yr.	TELEPHONE NO. RES. BUS.	
NC	-----	-----					-----	
(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
Unknown								
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			
None		-----			-----			
(37) CAN SUSPECT BE IDENTIFIED?								IF YES PLACE AN X IN BOX E
NAME WITNESS/VICTIM THAT CAN IDENTIFY SUSPECT (last, first, middle)								
None								
(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.	
<i>[Signature]</i> #233			Brown			9026		

(46) CAN SUSPECT VEHICLE BE IDENTIFIED?							IF YES PLACE AN X IN BOX G		<input type="checkbox"/>
(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 # _____			INVENTORY Mo. Date Yr. # _____	

(42) IS STOLEN PROPERTY TRACEABLE?							IF YES PLACE AN X IN BOX H		<input type="checkbox"/>
(43) NO.	ARTICLE	BRAND/MODEL	SERIAL NUMBER	LEADS NUMBER	DESCRIPTION	VALUE			
1	Ukrainian Passport					Unknown			
2	USC	\$50.00			Several Denominations	\$50.00			
3	Baby Bottle					Unknown			
4	Keys					Unknown			

(44) HAS EVIDENCE TECH. WORK BEEN REQUESTED?	IF YES PLACE AN X IN BOX I	<input type="checkbox"/>
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(45) WILL VICTIM/COMPLAINANT PROSECUTE IF ARREST IS MADE?	IF YES PLACE AN X IN BOX J	<input type="checkbox"/>
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(46) IS THERE SIGNIFICANT M.O. PRESENT?	IF YES PLACE AN X IN BOX K	<input checked="" type="checkbox"/>
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(47) PLACE OF ATTACK <input type="checkbox"/> Structure <input type="checkbox"/> Vehicle <input type="checkbox"/> School <input checked="" 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"/> 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 checked="" 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 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"/> Slit 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 checked="" type="checkbox"/> NO ALARM CIRCUMVENTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

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

On 07-22-2015 at 1840 hrs. I responded to the Elmwood Park Police Station 7420 W. Fullerton Avenue for a report of a Purse Snatching which happened on 07-21-2015 between 2045 hrs. - 2100 hrs.

Upon my arrival at the Station I was met by the caller [REDACTED] who was on crutches from a previous incident of falling down a flight of stairs. [REDACTED] told me between 2045 hrs. and 2100 hrs. on 07-21-2015 she parked her car on the south side of Wellington Avenue west of the 2900 block of Harlem Avenue alleyway. She exited her vehicle and began to walk eastbound Wellington to the alleyway in an effort to visit her sister who lives at [REDACTED]. She was using her crutches due to her ankle injury and had her purse over her left shoulder. As she walked, a male unknown came past her on a bicycle at a high rate of speed and snatched her purse off her shoulder. [REDACTED] said she never got a look at the male's face, because of his speed and the darkness of the area. She said she would not be able to identify anyone. The male fled North on Harlem Avenue from Wellington.

(49) CAN OFFENSE BE SOLVED WITH REASONABLE AMOUNT OF INVESTIGATIVE EFFORT?	IF YES PLACE X IN BOX L	<input checked="" type="checkbox"/>
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(50) IS THERE A REASON TO BELIEVE THAT INVESTIGATION CANNOT BE COMPLETED AT THIS TIME?	IF YES PLACE X IN BOX M	<input type="checkbox"/>
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BLOCK #	(51) ENTER DETAILED INFORMATION RELATED TO THE BLOCK ABOVE WITH CORRESPONDING BLOCK NUMBER AT LEFT
	[REDACTED] sustained no injuries in the offence and lost the above items which were inside her purse.
	Upon completion of this report I returned to my regular patrol duties.