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OF COUNSEL

IN REPLY REFER TO FILE NO.

December 22, 2015

Mr. William P. Samatas  
Cortland Properties, Inc.  
7612 W. North Avenue  
Elmwood Park, Illinois 60707  
wsamatas@cortlandproperties.com

EP-1

**Re: Freedom of Information Act Request**

Dear Mr. Samatas:

On December 4, 2015, the Village of Elmwood Park received your December 2, 2015, Illinois Freedom of Information Act (5 ILCS 140/1 *et seq.*) ("FOIA") request for the following records:

"Fire Department response or incident report for incident occur[r]ing on or About Saturday November 28, 2015, between The hours of 1:00 A.M. and 8:00 A.M., for unit 714 At 7234 W. North Avenue, Elmwood Park, IL 60707."

Enclosed please find 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

**STORINO, RAMELLO & DURKIN**

Mr. William P. Samatas  
December 22, 2015  
Page 2

unique identifiers, including employee identification numbers, and a name attributable to a home address, 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 2<sup>nd</sup> Street  
Springfield, Illinois 62706  
Fax: 217-782-1396  
E-mail: [publicaccess@atg.state.il.us](mailto: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

<b>A</b> FDID * <u>CN212</u> State * <u>IL</u> Incident Date * <u>11</u> <u>28</u> <u>2015</u> Station <u>003</u> Incident Number * <u>15-0002917</u> Exposure * <u>000</u>		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	<b>NFIRS -1</b> <b>Basic</b>
<b>B Location*</b> <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract <u>109</u> - <u>    </u> Module in Section 8 "Alternative Location Specification". Use only for Wildland fires.			
<input checked="" type="checkbox"/> Street address <u>7234</u> <u>NORTH</u> <u>AVE</u> Number/Milepost Prefix Street or Highway Street Type Suffix <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions Apt./Suite/Room City State Zip Code <u>614</u> <u>ELMWOOD PARK</u> <u>IL</u> <u>60707</u> Cross street or directions, as applicable			
<b>C Incident Type *</b> <u>735</u> Alarm system sounded due to Incident Type		<b>E1 Date &amp; Times</b> Midnight is 0000 Check boxes if dates are the same as Alarm ALARM always required Date. Alarm * <u>11</u> <u>28</u> <u>2015</u> <u>03:44:32</u> ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival * <u>11</u> <u>28</u> <u>2015</u> <u>03:50:22</u> CONTROLLED Optional, except for wildland fires <input type="checkbox"/> Controlled LAST UNIT CLEARED, required except for wildland fires <input checked="" type="checkbox"/> Cleared <u>11</u> <u>28</u> <u>2015</u> <u>04:33:36</u>	
<b>D Aid Given or Received*</b> 1 <input type="checkbox"/> Mutual aid received 2 <input checked="" type="checkbox"/> Automatic aid recv. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input type="checkbox"/> None Their FDID Their State Their Incident Number		<b>E2 Shift &amp; Alarms</b> Local Option <input type="checkbox"/> R <u>01</u> <u>2</u> Shift or Alarms District Platoon	
<b>F Actions Taken *</b> <u>86</u> Investigate Primary Action Taken (1) <u>82</u> Notify other agencies. Additional Action Taken (2) <u>83</u> Provide information to Additional Action Taken (3)		<b>E3 Special Studies</b> Local Option Special Study ID# Special Study Value	
<b>G1 Resources *</b> <input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression <u>0004</u> <u>0007</u> EMS Other <input type="checkbox"/> Check box if resource counts include aid received resources.		<b>G2 Estimated Dollar Losses &amp; Values</b> LOSSES: Required for all fires if known. Optional for non fires. None Property \$ <u>    </u> , <u>000</u> , <u>000</u> <input type="checkbox"/> Contents \$ <u>    </u> , <u>000</u> , <u>000</u> <input type="checkbox"/> PRE-INCIDENT VALUE: Optional Property \$ <u>    </u> , <u>000</u> , <u>000</u> <input type="checkbox"/> Contents \$ <u>    </u> , <u>000</u> , <u>000</u> <input type="checkbox"/>	
<b>Completed Modules</b> <input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		<b>H1* Casualties</b> <input type="checkbox"/> None Deaths Injuries Fire Service <u>    </u> <u>    </u> Civilian <u>    </u> <u>    </u> <b>H2 Detector</b> Required for Confined Fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown	
<b>H3 Hazardous Materials Release</b> N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat Form		<b>I Mixed Use Property</b> NN <input type="checkbox"/> Not Mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Bus. & Residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use	
<b>J Property Use* Structures</b> 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergarten 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital 341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1-or 2-family dwelling 429 <input checked="" type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales 539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repair 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/care for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard			
Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use <u>429</u> <u>Multi-family dwelling</u> NFIRS-1 Revision 03/11/99			

**K1 Person/Entity Involved**

Local Option

Business name (if applicable)

Area Code

Phone Number

 Check This Box if same address as incident location. Then skip the three duplicate address lines.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number	Prefix	Street or Highway	Street Type	Suffix					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Post Office Box	Apt./Suite/Room	City							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
State	Zip Code								

 More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary
**K2 Owner**
 Same as person involved?

Then check this box and skip the rest of this section.

Local Option

Business name (if Applicable)

Area Code

Phone Number

 Check this box if same address as incident location. Then skip the three duplicate address lines.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number	Prefix	Street or Highway	Street Type	Suffix					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Post Office Box	Apt./Suite/Room	City							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
State	Zip Code								

**L Remarks**

Local Option

water from 714 overflow from bath tub [11/28/15 04:32:46 Unit:C949] alarm 614 will be out of service until further notice [11/28/15 04:29:18 WS9942] Refusal obtained from Resident. [11/28/15 04:27:19 Unit:A944] MSG LEFT FOR TONY THE 2 NUMBERS FOR [REDACTED] NEITHER TX IS WRKING [11/28/15 04:10:45 WS9906] {C949} POSS COMING FROM UNIT 614 NO SMOKE OR FIRE [11/28/15 03:55:04 WS9971] RGFED AND NPFED NOTIFIED VIA TX [11/28/15 03:47:51 WS9971] sprinklers going off on the 6th floor [11/28/15 03:46:51 WS9942] DIRECT TO BOARD [11/28/15 03:44:04 WS9966]

Se EMS report for Pt. at 714

**L Authorization**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
BLAS01	BLASKEY, FRED	LT	949	11	28	2015			
Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year			

Check Box if same as Officer Member making report ID in charge.	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		BLAS01	BLASKEY, FRED	LT	949	11	28	2015
		Officer Member making report ID in charge.	Signature	Position or rank	Assignment	Month	Day	Year

CN212

PDJD \*

IL

State \*

MM DD YYYY

11

28

2015

Incident Date \*

003

Station

15-0002917

Incident Number \*

000

Exposure \*

Complete Narrative

Narrative:

water from 714 overflow from bath tub [11/28/15 04:32:46 Unit:C949] alarm 614 will be out of service until further notice [11/28/15 04:29:18 WS9942] Refusal obtained from Resident. [11/28/15 04:27:19 Unit:A944] MSG LEFT FOR TONY THE 2 NUMBERS FOR [REDACTED] NEITHER TX IS WRKING [11/28/15 04:10:45 WS9906] {C949} POSS COMING FROM UNIT 614 NO SMOKE OR FIRE [11/28/15 03:55:04 WS9971] RGF D AND NPF D NOTIFIED VIA TX [11/28/15 03:47:51 WS9971] sprinklers going off on the 6th floor [11/28/15 03:46:51 WS9942] DIRECT TO BOARD [11/28/15 03:44:04 WS9966]

Se EMS report for Pt. at 714

**A** FDID \* CN212 State \* IL Incident Date \* MM 11 DD 28 YYYY 2015 Station 003 Incident Number \* 15-0002917 Exposure \* 000  Delete  Change NFIRS - 9 Apparatus or Resources

B Apparatus or * Resource	Date and Times					Sent <input checked="" type="checkbox"/>	Number of * People	Use Check ONE box for each apparatus to indicate its main use at the incident.	Actions Taken	
	Check if same as alarm date									
	Month	Day	Year	Hour	Min					
1 ID <u>944</u> Type <u>76</u>	Dispatch <input checked="" type="checkbox"/>	<u>11</u>	<u>28</u>	<u>2015</u>	<u>03:44</u>	<input checked="" type="checkbox"/>	<u>2</u>	<input checked="" type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	<u>11</u>	<u>28</u>	<u>2015</u>	<u>03:52</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	<u>11</u>	<u>28</u>	<u>2015</u>	<u>04:30</u>				<input type="checkbox"/>	<input type="checkbox"/>
2 ID <u>946</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>11</u>	<u>28</u>	<u>2015</u>	<u>03:44</u>	<input checked="" type="checkbox"/>	<u>2</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	<u>11</u>	<u>28</u>	<u>2015</u>	<u>03:50</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	<u>11</u>	<u>28</u>	<u>2015</u>	<u>04:22</u>				<input type="checkbox"/>	<input type="checkbox"/>
3 ID <u>947</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>11</u>	<u>28</u>	<u>2015</u>	<u>03:44</u>	<input checked="" type="checkbox"/>	<u>2</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	<u>11</u>	<u>28</u>	<u>2015</u>	<u>04:22</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	<u>11</u>	<u>28</u>	<u>2015</u>	<u>04:23</u>				<input type="checkbox"/>	<input type="checkbox"/>
4 ID <u>949</u> Type <u>91</u>	Dispatch <input checked="" type="checkbox"/>	<u>11</u>	<u>28</u>	<u>2015</u>	<u>03:44</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	<u>11</u>	<u>28</u>	<u>2015</u>	<u>03:50</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	<u>11</u>	<u>28</u>	<u>2015</u>	<u>04:33</u>				<input type="checkbox"/>	<input type="checkbox"/>
5 ID <u>    </u> Type <u>    </u>	Dispatch <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/>	<u>    </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>				<input type="checkbox"/>	<input type="checkbox"/>
6 ID <u>    </u> Type <u>    </u>	Dispatch <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/>	<u>    </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>				<input type="checkbox"/>	<input type="checkbox"/>
7 ID <u>    </u> Type <u>    </u>	Dispatch <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/>	<u>    </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>				<input type="checkbox"/>	<input type="checkbox"/>
8 ID <u>    </u> Type <u>    </u>	Dispatch <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/>	<u>    </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>				<input type="checkbox"/>	<input type="checkbox"/>
9 ID <u>    </u> Type <u>    </u>	Dispatch <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/>	<u>    </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>				<input type="checkbox"/>	<input type="checkbox"/>

**Type of Apparatus or Resources**

<p>Ground Fire Suppression</p> <ul style="list-style-type: none"> <li>11 Engine</li> <li>12 Truck or aerial</li> <li>13 Quint</li> <li>14 Tanker &amp; pumper combination</li> <li>16 Brush truck</li> <li>17 ARF (Aircraft Rescue and Firefighting)</li> <li>10 Ground fire suppression, other</li> </ul> <p>Heavy Ground Equipment</p> <ul style="list-style-type: none"> <li>21 Dozer or plow</li> <li>22 Tractor</li> <li>24 Tanker or tender</li> <li>20 Heavy equipment, other</li> </ul> <p>Aircraft</p> <ul style="list-style-type: none"> <li>41 Aircraft: fixed wing tanker</li> <li>42 Helitanker</li> <li>43 Helicopter</li> <li>40 Aircraft, other</li> </ul>	<p>Marine Equipment</p> <ul style="list-style-type: none"> <li>51 Fire boat with pump</li> <li>52 Boat, no pump</li> <li>50 Marine apparatus, other</li> </ul> <p>Support Equipment</p> <ul style="list-style-type: none"> <li>61 Breathing apparatus support</li> <li>62 Light and air unit</li> <li>60 Support apparatus, other</li> </ul> <p>Medical &amp; Rescue</p> <ul style="list-style-type: none"> <li>71 Rescue unit</li> <li>72 Urban Search &amp; rescue unit</li> <li>73 High angle rescue unit</li> <li>75 BLS unit</li> <li>76 ALS unit</li> <li>70 Medical and rescue unit, other</li> </ul>	<p>More Apparatus? Use Additional Sheets</p>	<p>Other</p> <ul style="list-style-type: none"> <li>91 Mobile command post</li> <li>92 Chief officer car</li> <li>93 HazMat unit</li> <li>94 Type 1 hand crew</li> <li>95 Type 2 hand crew</li> <li>99 Privately owned vehicle</li> <li>00 Other apparatus/resource</li> </ul> <p>NN None UU Undetermined</p>
--	--	--	---

**A** FDID \* CN212 State \* IL Incident Date \* 11 28 2015 Station 003 Incident Number \* 15-0002917 Exposure \* 000  Delete  Change **NFIRS - 10 Personnel**

**B Apparatus or Resource** \* Use codes listed below

Date and Times Check if same as alarm date

Month Day Year Hours/mins

Sent  Number of \* People 2

Use Check ONE box for each apparatus to indicate its main use at the incident.

Suppression  EMS  Other

Actions Taken List up to 4 actions for each apparatus and each personnel.

**1** ID 944 Dispatch  11 28 2015 03:44 Sent  2  Suppression  EMS  Other

Type 76 Arrival  11 28 2015 03:52 Clear  11 28 2015 04:30

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
DUDE01	DUDEK, RYAN	PM	X				
FLEM01	FLEMING, DANIEL	PM	X				

**2** ID 946 Dispatch  11 28 2015 03:44 Sent  2  Suppression  EMS  Other

Type 11 Arrival  11 28 2015 03:50 Clear  11 28 2015 04:22

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
HENE01	HENECHAN, TIMOTHY	FFE	X				
WITZ01	WITZ, JOSEPH	PR	X				

**3** ID 947 Dispatch  11 28 2015 03:44 Sent  2  Suppression  EMS  Other

Type 11 Arrival  11 28 2015 04:22 Clear  11 28 2015 04:23

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
	CASCELLA, JOSEPH	FFE	X				
	MOURNING, NICHOLAS	FFE	X				

**A**          Delete  Change **NFIRS - 10 Personnel**

FDID \* State \* Incident Date \* Station Incident Number \* Exposure \*

**B Apparatus or Resource** \* **Date and Times** **Sent** **Number of People** **Use** **Actions Taken**

Use codes listed below Check if same as alarm date Month Day Year Hours/mins

1 ID 949 Dispatch  11 28 2015 03:44 Sent  1  Suppression  EMS  Other

Type 91 Arrival  11 28 2015 03:50 Clear  11 28 2015 04:33

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
BLAS01	BLASKEY, FRED	LT	X				

2 ID  Dispatch       Sent    Suppression  EMS  Other

Type  Arrival       Clear

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

3 ID  Dispatch       Sent    Suppression  EMS  Other

Type  Arrival       Clear

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				



CN212 FDID	IL State	11   28 Incident Date	2015 Year	003 Station	15-0002917 Incident Number	000 Exposure	Responding Units/Personnel
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Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
944 ALS Ambulance	03:44:32	03:47:01	03:52:25	04:30:14

Staff ID\Staff Name	Activity	Rank	Position	Role
[REDACTED] DUDEK, RYAN	On Duty	Paramedic	Paramedic	Paramedic
[REDACTED] FLEMING, DANIEL	On Duty	Paramedic	Paramedic	Paramedic

946 Engine	03:44:32	03:47:53	03:50:57	04:22:42
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Staff ID\Staff Name	Activity	Rank	Position	Role
[REDACTED] HENEGHAN, TIMOTHY	On Duty	Firefighter	Firefighter	Acting Lieut
[REDACTED] WITZ, JOSEPH J	On Duty	Probationar	Firefighter	

947 Engine	03:44:32	03:47:54	04:22:51	04:23:06
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Staff ID\Staff Name	Activity	Rank	Position	Role
[REDACTED] CASCELLA, JOSEPH	On Duty	Firefighter	Firefighter	Firefighter
[REDACTED] MOURNING, NICHOLAS	On Duty	Firefighter	Firefighter	Firefighter

949 Command Vehicle	03:44:32	03:46:07	03:50:22	04:33:36
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Staff ID\Staff Name	Activity	Rank	Position	Role
[REDACTED] BLASKY, FRED	On Duty	Lieutenant	Lieutenant	Acting Capta

CN212 FDID *	IL State *	MM' DD 11 28 Incident Date *	YYYY 2015	003 Station	15-0002917 Incident Number *	000 Exposure *	Responding Personnel
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Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
[REDACTED] DUDEK, RYAN	944	OD On Duty	PM	PM		24.0	0.76	0.00
[REDACTED] FLEMING, DANIEL	944	OD On Duty	PM	PM		24.0	0.76	0.00
[REDACTED] HENEGHAN, TIMOTHY	946	OD On Duty	FF	FFE		24.0	0.64	0.00
[REDACTED] WITZ, JOSEPH J	946	OD On Duty	FF	PR		24.0	0.64	0.00
[REDACTED] CASCELLA, JOSEPH	947	OD On Duty	FF	FFE		24.0	0.64	0.00
[REDACTED] MOURNING, NICHOLAS	947	OD On Duty	FF	FFE		24.0	0.64	0.00
[REDACTED] BLASKEY, FRED	949	OD On Duty	LT	LT		24.0	0.82	0.00

Total Participants: 7

Total Personnel Hours: 168.00

An 'X' next to the unit denotes driver.  
ELMWOODPARK