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IN REPLY REFER TO FILE NO.

January 2, 2015

Mr. Steve A. Sigmond  
345 N. Canal Street, Suite 1208  
Chicago, Illinois 60606

EP-1

**Re: Freedom of Information Act Request**

Dear Mr. Sigmond:

On December 23, 2014, the Village of Elmwood Park received your Illinois Freedom of Information Act (5 ILCS 140/1 *et seq.*) ("FOIA") request for the following records:

"Illinois Traffic Crash Report NO. 14-11264[.]"

Enclosed is a record responsive to your FOIA request. However, please be advised that certain information in the record being provided has been determined to be exempt from disclosure under FOIA, and that information has been redacted from the record 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, a personal license plate, and a signature, have been redacted from the record 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,

**STORINO, RAMELLO & DURKIN**

Mr. Steve A. Sigmond  
January 2, 2015  
Page 2

the disclosure of which would constitute a clearly unwarranted invasion of personal privacy, have been redacted from the record 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

Enclosure

# ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



\*P0113\*

\*U130574297\*

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANV	PPA	PPL
U1	U2	1	1	1	U1	U2	U1	U2	1	10	U1	U2

INVESTIGATING AGENCY <b>ELMWOOD PARK</b>	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 (DESK REPORT) <input type="checkbox"/> AMENDED	<input checked="" type="checkbox"/> A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due To Crash	AGENCY CRASH REPORT NO. 14 11264	TRFW 1
ADDRESS NO. 7300	HIGHWAY or STREET NAME FULLEATON	<input type="checkbox"/> City <input type="checkbox"/> Township	INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF CRASH 11/29/14 mo day yr	TIME 10:26 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
<input checked="" type="checkbox"/> 30 FT / MI N E S W <input type="checkbox"/> AT INTERSECTION WITH	(CIRCLE) <b>W</b> 73ct (NAME OF INTERSECTION OR ROAD FEATURE)	COUNTY COOK	PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N

NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUES <input type="checkbox"/> NMV <input type="checkbox"/> NOV (LAST, FIRST, MI) <b>HAWKINS, JASMINE</b>	DATE OF BIRTH [REDACTED]	MAKE CHEVY	MODEL UPLANDER	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT <b>2</b>	FRONT 8 1 2 7 9 3 6 5 4 REAR	TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	CELLPHONE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	EXCEED SPEED LIMIT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	COM VEH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N * IF YES SEE SIDEBAR	NO. LANES 1
STREET ADDRESS [REDACTED]	SEX <input checked="" type="checkbox"/> SAFT <input type="checkbox"/> AIR F 2 4	PLATE NO. 7221626	STATE IL	YEAR 2015	STATE	INJURY 0	EJECT 1	STATE IL	CLASS D	VEHICLE OWNER (LAST, FIRST M.I.) U.S. POST OFFICE	INSURANCE CO. SELF INSURED	VEHU U1 99
CITY [REDACTED]	STATE [REDACTED]	ZIP [REDACTED]	INJURY 0	EJECT 1	VEHICLE OWNER (LAST, FIRST M.I.) U.S. POST OFFICE	INSURANCE CO. SELF INSURED	VEHU U1 99					

NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUES <input type="checkbox"/> NMV <input type="checkbox"/> NOV (LAST, FIRST, MI) <b>QUESADA, SINDY</b>	DATE OF BIRTH [REDACTED]	MAKE PONT	MODEL GRAND AM	YEAR 2012	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT <b>7</b>	FRONT 8 1 2 7 9 3 6 5 4 REAR	TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	CELLPHONE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	EXCEED SPEED LIMIT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	COM VEH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N * IF YES SEE SIDEBAR	NO. LANES 2
STREET ADDRESS [REDACTED]	SEX <input checked="" type="checkbox"/> SAFT <input type="checkbox"/> AIR F 2 4	PLATE NO. [REDACTED]	STATE IL	YEAR 2015	STATE	INJURY 0	EJECT 1	STATE IL	CLASS D	VEHICLE OWNER (LAST, FIRST M.I.) [REDACTED]	INSURANCE CO. UNIQUE INSURANCE	VEHU U2 96
CITY [REDACTED]	STATE [REDACTED]	ZIP [REDACTED]	INJURY 0	EJECT 1	VEHICLE OWNER (LAST, FIRST M.I.) [REDACTED]	INSURANCE CO. UNIQUE INSURANCE	VEHU U2 96					

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
		//						NONE		
		//								
		//								
		//								
		//								

COPY

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME DOES NOT APPLY	DAMAGED PROPERTY	CONTRIBUTORY CAUSE(S) PRIMARY 18	POSTED SPEED LIMIT 25	DID CRASH OCCUR IN A WORK ZONE? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N IF YES CHECK ONE BELOW: <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> UTILITY <input type="checkbox"/> UNKNOWN WORK ZONE TYPE WORKERS PRESENT? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
	2	<input type="checkbox"/>			PROPERTY OWNER ADDRESS	CITY STATE ZIP	SECONDARY		
	3	<input type="checkbox"/>			ARREST NAME NONE	SECTION CITATION NO.			
UNIT 2	1	<input checked="" type="checkbox"/>	11	1	ARREST NAME	SECTION CITATION NO.	DATE POLICE NOTIFIED 11/29/14	TIME NOTIFIED 10:26	
	2	<input type="checkbox"/>			OFFICER ID.	SIGNATURE	COURT DATE	COURT TIME	
	3	<input type="checkbox"/>			BEAT / DIST. 2N3	SUPERVISOR ID			

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.

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