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September 15, 2015

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IN REPLY REFER TO FILE NO.

Ms. Jennifer Golden
33601 Royal Oak Lane, #202
Grayslake, Illinois 60030
jdgold89@yahoo.com

EP-1

Re: Freedom of Information Act Request

Dear Ms. Golden:

On September 9, 2015, the Village of Elmwood Park received your Illinois Freedom of Information Act (5 ILCS 140/1 *et seq.*) ("FOIA") request for the following records:

"Report # - 2014-10733
'Domestic Trouble[.]'"

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. 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 a driver's license number, a home or personal telephone number, 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, including a victim's name and identifying information, the name of a suspect who was not arrested, the name of a third-party who incidentally

STORINO, RAMELLO & DURKIN

Ms. Jennifer Golden
September 15, 2015
Page 2

appears in a police report, and the race of individuals, have been redacted from the records being provided.

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.	Date	Yr.	Day	Time	(2) BEAT	(3) REPORT NUMBER		
		11	08	14	SAT	2000	SCPTA SUB BEAT 203	2014-10733		
(4) REPORTED		11	10	14	MON	2025	(5) INCIDENT CLASSIFICATION DOMESTIC BATTERY			
(6) LOCATION OF INCIDENT 2310 N. Haddon AVE							(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	RACE	AGE	(13) DOB Mo. Date Yr.	(14) SOCIAL SECURITY OR PERSONAL IDENTIFICATION NUMBER		
				F		25				
(15) REPORTED BY (last, first, middle)							(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		
				F		25				
INJURY		(22) NATURE AND EXTENT OF INJURY					(23) HOSPITALIZED / WHERE TREATED			
		HIT IN STOMACH					NO			
(24) ATTENDING/PRONOUNCING PHYSICIAN				(25) TRANSPORTED BY			(26) PRONOUNCED DOA		(27) M.E. NAME	(28) DATE & TIME NOTIFIED
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	#9	#8								
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										
(33) 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	
				M	27	600	250	BLND		
CLOTHING WORN BY SUSPECT					OTHER DISTINGUISHING FEATURES					
					Dots [redacted] D/A [redacted]					
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					
(34) CAN SUSPECT BE NAMED?								IF YES PLACE AN X IN BOX C		
(35) CAN SUSPECT BE LOCATED?								IF YES PLACE AN X IN BOX D		
SUSPECT		NAME/NICKNAME/AKA			ADDRESS/FREQUENTS					
(36) CAN SUSPECT BE IDENTIFIED?								IF YES PLACE AN X IN BOX E		
NAME WITNESS/VICTIM THAT CAN IDENTIFY SUSPECT (last, first, middle)										
#8										
(37) HAS SUSPECT BEEN PREVIOUSLY SEEN?								IF YES PLACE AN X IN BOX F		
(38) REPORTING OFFICER			STAR	SUPERVISOR APPROVING			STAR	REPORT REVIEW	C.A.	
ZELASCO M				[Signature]						

A

B

C

D

E

F

COPY

(41) 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 DVA	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 Mo. Date Yr.		INVENTORY #				
(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				
	DVA									
(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 checked="" 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	<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"/> 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 type="checkbox"/> Other				<input type="checkbox"/> Unknown <input checked="" 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		
OCCUPANCY <input type="checkbox"/> Occupied <input type="checkbox"/> Unoccupied <input checked="" type="checkbox"/> Abandoned/Vacant		If residence, where were occupants? COPY	ALARM SYSTEM <input type="checkbox"/> YES <input type="checkbox"/> NO ALARM CIRCUMVENTED <input type="checkbox"/> YES <input type="checkbox"/> NO							

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

ON 11/10/14 AT 2005 HOURS, [REDACTED] CAME TO THE Elmwood Park Police Station to report a Domestic Battery which occurred on 11/08/14 at 2,000 Hours. [REDACTED] STATED HER DAUGHTER'S FATHER [REDACTED] WAS AT HIS RESIDENCE WITH HER DAUGHTER. [REDACTED] SAID THEY HAD A VERBAL ARGUMENT OVER THE PHONE OVER [REDACTED] HAVING VISITATION. [REDACTED] SAID SHE ADVISED [REDACTED] SHE WOULD PICK UP THEIR DAUGHTER [REDACTED] SAID WHEN SHE ARRIVED AT [REDACTED]

(49) CAN OFFENSE BE RESOLVED 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			
#118	[REDACTED] SHE WENT TO CHECK ON [REDACTED] WHO WAS IN BATHROOM. AS SHE EXITED BATHROOM FOR [REDACTED] CLOTHES [REDACTED] WAS STANDING IN HALLWAY. WHEN [REDACTED] WALKED BY [REDACTED] ELBOWED [REDACTED] IN STOMACH. [REDACTED] ONLY WANTED TO REPORT INCIDENT AT THIS TIME. ([REDACTED] DAD [REDACTED])			