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OF COUNSEL

IN REPLY REFER TO FILE NO.

September 10, 2015

Mr. Stanislaw Burda  
1923 N. 76<sup>th</sup> Avenue  
Elmwood Park, Illinois 60707

EP-1

**Re: Freedom of Information Act Request**

Dear Mr. Burda:

On September 2, 2015, the Village of Elmwood Park received your Illinois Freedom of Information Act (5 ILCS 140/1 *et seq.*) ("FOIA") request for "15-8234."

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 and a home or personal telephone number, 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, a birthdate and other personal information, the disclosure of which would constitute a clearly unwarranted invasion of personal

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privacy, including 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  
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

ELMWOOD PARK POLICE DEPARTMENT

OFFENSE REPORT

REPORT NUMBER  
UCR  
METHOD CODE  
PLACE CODE  
CASE STATUS

(1) OCCURRED ON OR BETWEEN Mo. 08 Date 20 Yr 15 Day THU Time 1100	(2) BEAT ZONE 3 SUB BEAT -	(3) REPORT NUMBER 15 - 8234
(4) REPORTED 08 20 15 THU 1306	(5) INCIDENT CLASSIFICATION BURGLARY (DETACHED GARAGE)	
(6) LOCATION OF INCIDENT 1923 N 76th AVE., ELMWOOD PARK, IL		(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 M RACE [REDACTED] AGE 69
(13) DOB Mo. Date Yr. [REDACTED]		(14) SOCIAL SECURITY OR PERSONAL IDENTIFICATION NUMBER [REDACTED]
(15) REPORTED BY (last, first, middle) VICTIM WITNESS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		(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 -
<b>INJURY</b> (22) NATURE AND EXTENT OF 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 DOA Mo. Date Yr. Time - - - -
(27) M.E. NAME N/A		(28) DATE & TIME NOTIFIED N/A
<b>WEAPON</b> (29) <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.		(30) DESCRIBE WEAPON N/A <input type="checkbox"/> BLUE STEEL <input type="checkbox"/> CHROME PLATED <input type="checkbox"/> NICKEL PLATED <input type="checkbox"/> OTHER
<b>(31) WAS THERE A WITNESS TO THE OFFENSE?</b> IF YES PLACE AN X IN BOX A		
W (32) ADDRESS CHECKED 1925 N 76th AVE	PERSON INTERVIEWED (last, first, middle) N/A	DOB Mo. Date Yr. - - -
W 1921 N 76th AVE	N/A	TELEPHONE NO. RES. - BUS. -
W		TELEPHONE NO. RES. - BUS. -
W		TELEPHONE NO. RES. - BUS. -
NC		TELEPHONE NO. RES. - BUS. -
W		TELEPHONE NO. RES. - BUS. -
NC		TELEPHONE NO. RES. - BUS. -
<b>(34) CAN THE SUSPECT BE DESCRIBED?</b> IF YES PLACE AN X IN BOX B		
SUSPECT NAME (ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK	RACE U SEX U AGE U HEIGHT U WEIGHT U HAIR U SCARS/MARKS U	
CLOTHING WORN BY SUSPECT U	OTHER DISTINGUISHING FEATURES U	
SUSPECT NAME (ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK	RACE U SEX U AGE U HEIGHT U WEIGHT U HAIR U SCARS/MARKS U	
CLOTHING WORN BY SUSPECT U	OTHER DISTINGUISHING FEATURES U	
<b>(35) CAN SUSPECT BE NAMED?</b> IF YES PLACE AN X IN BOX C		
<b>(36) CAN SUSPECT BE LOCATED?</b> IF YES PLACE AN X IN BOX D		
SUSPECT NAME/NICKNAME/AKA UNK	ADDRESS/FREQUENTS UNK	
<b>(37) CAN SUSPECT BE IDENTIFIED?</b> IF YES PLACE AN X IN BOX E		
NAME WITNESS/VICTIM THAT CAN IDENTIFY SUSPECT (last, first, middle) N/A		
<b>(38) HAS SUSPECT BEEN PREVIOUSLY SEEN?</b> IF YES PLACE AN X IN BOX F		
(39) REPORTING OFFICER [Signature]	STAR 9927	SUPERVISOR APPROVING ROSA 2473
REPORT REVIEW	C.A.	

**(40) CAN SUSPECT VEHICLE BE IDENTIFIED? IF YES PLACE AN X IN BOX G**

<b>(41) VEHICLE STATUS</b>		<b>VEHICLE DESCRIPTION</b>	<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>BODY</b>	<b>COLOR</b>
<input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> STOLEN <input type="checkbox"/> VICTIM VEHICLE		U	U	U	U	U	U
<b>LICENSE NUMBER</b>	<b>STATE</b>	<b>EXPIRES</b>	<b>VIN</b>	<b>DESCRIBE DAMAGE TO VEHICLE</b>			
U	U	U	U	U			
<b>LIEN HOLDER NAME AND ADDRESS</b>							
U							
<b>IDENTIFYING FEATURES</b>		<b>KEYS IN IGNITION</b>	<b>TOWED</b>	<b>LEADS MESSAGE</b>		<b>INVENTORY</b>	
U		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	# U		Mo. U	Date U
						Yr. U	# U

**(42) IS STOLEN PROPERTY TRACEABLE? IF YES PLACE AN X IN BOX H**

(43) NO.	ARTICLE	BRAND/MODEL	SERIAL NUMBER	LEADS NUMBER	DESCRIPTION	VALUE
1	TOOL CHEST	SEARS CRAFTSMAN	UNK	N/A	RED	UNK INDIVIDUAL
1	TOOL CHEST	SEARS CRAFTSMAN	UNK	N/A	RED	UNK INDIVIDUAL
MULT	TOOLS/DRILLS/WRENCHES	MULT	UNK	N/A	UNK	UNK INDIVIDUAL
<b>TOTAL APPROX VALUE:</b>						~\$1300.00

**(44) HAS EVIDENCE TECH. WORK BEEN REQUESTED? IF YES PLACE AN X IN BOX I**

**(45) WILL VICTIM/COMPLAINANT PROSECUTE IF ARREST IS MADE? IF YES PLACE AN X IN BOX J**

**(46) IS THERE SIGNIFICANT M.O. PRESENT? IF YES PLACE AN X IN BOX K**

<b>(47) PLACE OF ATTACK</b>	<input checked="" type="checkbox"/> Structure	<b>TYPE OF STRUCTURE</b>	<input type="checkbox"/> Apartment	<b>POINT OF ENTRY</b>	<input type="checkbox"/> Front Door	<b>METHOD AND SUSPECT ACTIONS</b>	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Vehicle		<input type="checkbox"/> Apartment/Com. Area		<input type="checkbox"/> Rear Door		<input checked="" type="checkbox"/> Brute Force
<input type="checkbox"/> School	<input type="checkbox"/> Office	<input type="checkbox"/> Business	<input type="checkbox"/> Window	<input type="checkbox"/> Roof/Skylight	<input type="checkbox"/> Smash/Grab	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Sexual Battery
<input type="checkbox"/> Street	<input checked="" type="checkbox"/> Garage	<input type="checkbox"/> House	<input checked="" type="checkbox"/> Overhead Door	<input type="checkbox"/> Garage Side Door	<input type="checkbox"/> Vice Grip	<input type="checkbox"/> Sexual Battery	<input type="checkbox"/> Slim Jim
<input type="checkbox"/> Alley	<input type="checkbox"/> Storage Locker	<input type="checkbox"/> School	<input type="checkbox"/> Wall	<input type="checkbox"/> Transom	<input type="checkbox"/> Cut Lock	<input type="checkbox"/> Struck/Injured Victim	<input type="checkbox"/> Peeled Column
<input type="checkbox"/> Park	<input type="checkbox"/> Basement	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown	<input type="checkbox"/> Lock Pulled	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Ignition Pulled
<input type="checkbox"/> Yard					<input type="checkbox"/> Key	<input type="checkbox"/> Sexual Battery	<input type="checkbox"/> Punched Trunk
<input type="checkbox"/> Parking Lot					<input type="checkbox"/> Slip Lock	<input type="checkbox"/> Struck/Injured Victim	<input type="checkbox"/> Asked Directions
<input type="checkbox"/> Other					<input type="checkbox"/> Broke/Damaged Glass	<input type="checkbox"/> Sexual Battery	<input type="checkbox"/> Offered USC/Candy
<input type="checkbox"/> Unknown					<input type="checkbox"/> Unlocked/Open	<input type="checkbox"/> Sexual Battery	<input type="checkbox"/> Offered USC/Candy
<b>OCCUPANCY</b>	<b>ALARM SYSTEM</b>	<b>ALARM CIRCUMVENTED</b>			<input type="checkbox"/> Hid in Building	<input type="checkbox"/> Offered USC/Candy	<input type="checkbox"/> Offered USC/Candy
<input type="checkbox"/> Occupied	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<input type="checkbox"/> Home Invasion	<input type="checkbox"/> Offered USC/Candy	<input type="checkbox"/> Offered USC/Candy
<input checked="" type="checkbox"/> Unoccupied					<input type="checkbox"/> Purse Snatch	<input type="checkbox"/> Offered USC/Candy	<input type="checkbox"/> Offered USC/Candy
<input type="checkbox"/> Abandoned/Vacant					<input type="checkbox"/> Chain Snatch	<input type="checkbox"/> Offered USC/Candy	<input type="checkbox"/> Offered USC/Candy
					<input type="checkbox"/> Home Invasion	<input type="checkbox"/> Offered USC/Candy	<input type="checkbox"/> Offered USC/Candy
					<input type="checkbox"/> Smash/Grab Auto	<input type="checkbox"/> Offered USC/Candy	<input type="checkbox"/> Offered USC/Candy
					<input type="checkbox"/> Theft From Person	<input type="checkbox"/> Offered USC/Candy	<input type="checkbox"/> Offered USC/Candy
					<input type="checkbox"/> Ransacked/Vandalized	<input type="checkbox"/> Offered USC/Candy	<input type="checkbox"/> Offered USC/Candy
					<input type="checkbox"/> Other	<input type="checkbox"/> Offered USC/Candy	<input type="checkbox"/> Offered USC/Candy

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

On 08/20/15, at approximately 1306hrs, Ofc. LaPenna and I responded to the listed address of occurrence for a delayed report of a garage burglary.

Upon arrival, I spoke with victim and complainant [REDACTED] (M [REDACTED]) said he left for the bank at approximately 1100hrs and returned at 1200hrs to find two tool chests, containing various hand tools, missing from his garage. [REDACTED] valued the total loss at approximately \$1,300.00.

[REDACTED] said the side man door was locked and the overhead door was closed, but was most likely pulled open by the offender(s). I did not observe forced entry to the side man door and the overhead door appeared to be in working order when [REDACTED] closed and opened it via remote.

**(49) CAN OFFENSE BE SOLVED WITH REASONABLE AMOUNT OF INVESTIGATIVE EFFORT? IF YES PLACE X IN BOX L**

**(50) IS THERE A REASON TO BELIEVE THAT INVESTIGATION CANNOT BE COMPLETED AT THIS TIME? IF YES PLACE X IN BOX M**

<b>BLOCK #</b>	<b>(51) ENTER DETAILED INFORMATION RELATED TO THE BLOCK ABOVE WITH CORRESPONDING BLOCK NUMBER AT LEFT</b>
	Evidence Technician LaPenna did not locate evidence on scene and a canvass of next door neighbors yielded negative results for further information. [REDACTED] said he has not observed any suspicious activity in the area lately. I did not observe surveillance cameras in the alleyway.
	I gave [REDACTED] the report number and advised he call police if he observed anything suspicious in the area. NOTHING FURTHER.