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September 28, 2015

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IN REPLY REFER TO FILE NO.

Ms. Victoria Rivera  
7545 W. Marwood Avenue  
Elmwood Park, Illinois 60707  
victoriarivera891@yahoo.com

EP-1

**Re: Freedom of Information Act Request**

Dear Ms. Rivera:

On September 22, 2015, the Village of Elmwood Park received your Illinois Freedom of Information Act (5 ILCS 140/1 *et seq.*) ("FOIA") request for "15-8567."

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 a home address, 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. <u>UNK</u>                           | Date <u>2010</u>    | Yr. <u>UNK</u>       | Day <u>MON</u>  | Time <u>1300</u>                                       | (2) BEAT <u>2-3</u>                | (3) REPORT NUMBER <u>15-8567</u>                         |                           |  |                            |
| (4) REPORTED  |                      | Mo. <u>08</u>                            | Date <u>24</u>      | Yr. <u>15</u>        | Day <u>MON</u>  | Time <u>1300</u>                                       | SUB BEAT <u>32-N</u>               | (5) INCIDENT CLASSIFICATION <u>IDENTITY THEFT</u>        |                           |  |                            |
| (6) LOCATION OF INCIDENT <u>7545 W. MARWOOD</u>                                 |                      |  |                     |                      |   |  | (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  | (14) SOCIAL SECURITY OR PERSONAL IDENTIFICATION NUMBER |                                    |  |                           |  |                            |
|   |                      | <u>F</u>                                 |                     | <u>53</u>            |   |  |                                    |  |                           |  |                            |
| (15) REPORTED BY (last, first, middle)  |                      |  |                     |                      | WITNESS <input type="checkbox"/> YES <input type="checkbox"/> NO  |  | (16) RESIDENCE OR BUSINESS ADDRESS |  |                           |  |                            |
| <u>Box # 8</u>  |                      |  |                     |                      |   |  |                                    |  |                           |  |                            |
| (17) RESIDENCE PHONE  | (18) BUSINESS PHONE  | (19) SEX                                 | RACE                | AGE                  | (20) DOB  | (21) SOCIAL SECURITY OR PERSONAL IDENTIFICATION NUMBER |                                    |  |                           |  |                            |
|   |                      |  |                     |                      |   |  |                                    |  |                           |  |                            |
| <b>INJURY</b>   |                      |  |                     |                      | (22) NATURE AND EXTENT OF INJURY  |  |                                    | (23) HOSPITALIZED / WHERE TREATED                        |                           |  |                            |
|   |                      |  |                     |                      |   |  |                                    | <input type="checkbox"/> YES <input type="checkbox"/> NO |                           |  |                            |
| (24) ATTENDING/PRONOUNCING PHYSICIAN  |                      |  | (25) TRANSPORTED BY |                      | (26) PRONOUNCED DOA   |  | (27) M.E. NAME                     |  | (28) DATE & TIME NOTIFIED |  |                            |
|   |                      |  |                     |                      | Mo. Date Yr. Time   |  |                                    |  |                           |  |                            |
| <b>WEAPON</b>   |                      |  |                     |                      | (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 |                            |
| <b>(31) WAS THERE A WITNESS TO THE OFFENSE?</b> IF YES PLACE AN X IN BOX A      |                      |  |                     |                      |   |  |                                    |  |                           |  |                            |
| W   | (32) ADDRESS CHECKED | PERSON INTERVIEWED (last, first, middle) |                     |                      |   | DOB  | Mo. Date Yr.                       | TELEPHONE NO. RES.                                       |                           | <input type="checkbox"/> A   |                            |
| NC  |                      |  |                     |                      |   |  |                                    |  |                           |  |                            |
| W   |                      |  |                     |                      |   | Mo. Date Yr.   | TELEPHONE NO. RES.                 |  |                           |  |                            |
| NC  |                      |  |                     |                      |   |  |                                    |  |                           |  |                            |
| W   |                      |  |                     |                      |   | Mo. Date Yr.   | TELEPHONE NO. RES.                 |  |                           |  |                            |
| NC  |                      |  |                     |                      |   |  |                                    |  |                           |  |                            |
| W   |                      |  |                     |                      |   | Mo. Date Yr.   | TELEPHONE NO. RES.                 |  |                           |  |                            |
| NC  |                      |  |                     |                      |   |  |                                    |  |                           |  |                            |
| W   |                      |  |                     |                      |   | Mo. Date Yr.   | TELEPHONE NO. RES.                 |  |                           |  |                            |
| NC  |                      |  |                     |                      |   |  |                                    |  |                           |  |                            |
| <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 type="checkbox"/> |                      | RACE                                     | SEX                 | AGE                  | HEIGHT  | WEIGHT   | HAIR                               | SCARS/MARKS  |                           |  | <input type="checkbox"/> B |
|   |                      |  |                     |                      |   |  |                                    |  |                           |  |                            |
| 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   |  |                                    |  |                           |  |                            |
| <b>(35) CAN SUSPECT BE NAMED?</b> IF YES PLACE AN X IN BOX C                    |                      |  |                     |                      |   |  |                                    |  |                           | <input type="checkbox"/> C   |                            |
| <b>(36) CAN SUSPECT BE LOCATED?</b> IF YES PLACE AN X IN BOX D                  |                      |  |                     |                      |   |  |                                    |  |                           | <input type="checkbox"/> D   |                            |
| SUSPECT   |                      | NAME/NICKNAME/KA                         |                     |                      |   | ADDRESS/FREQUENTS                                      |                                    |  |                           |  |                            |
|   |                      |  |                     |                      |   |  |                                    |  |                           |  |                            |
| <b>(37) CAN SUSPECT BE IDENTIFIED?</b> IF YES PLACE AN X IN BOX E               |                      |  |                     |                      |   |  |                                    |  |                           | <input type="checkbox"/> E   |                            |
| NAME WITNESS/VICTIM THAT CAN IDENTIFY SUSPECT (last, first, middle)             |                      |  |                     |                      |   |  |                                    |  |                           |  |                            |
|   |                      |  |                     |                      |   |  |                                    |  |                           |  |                            |
| <b>(38) HAS SUSPECT BEEN PREVIOUSLY SEEN?</b> IF YES PLACE AN X IN BOX F        |                      |  |                     |                      |   |  |                                    |  |                           | <input type="checkbox"/> F   |                            |
| (39) REPORTING OFFICER  |                      |  | STAR                | SUPERVISOR APPROVING |   |  | STAR                               | REPORT REVIEW  | C.A.                      |  |                            |
| <u>RONALD MARINO 223</u>  |                      |  |                     | <u>ROSA</u>          |   |  |                                    | <u>EMTB</u>  |                           |  |                            |

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

|   |       |  |   |                            |              |             |       |
|---|-------|--|---|----------------------------|--------------|-------------|-------|
| (41) VEHICLE STATUS<br><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<br><input type="checkbox"/> YES <input type="checkbox"/> NO | TOWED<br><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

| (43) NO. | ARTICLE | BRAND/MODEL | SERIAL NUMBER | LEADS NUMBER | DESCRIPTION | VALUE |
|----------|---------|-------------|---------------|--------------|-------------|-------|
|          |         |             |               |              |             |       |
|          |         |             |               |              |             |       |
|          |         |             |               |              |             |       |
|          |         |             |               |              |             |       |
|          |         |             |               |              |             |       |
|          |         |             |               |              |             |       |
|          |         |             |               |              |             |       |
|          |         |             |               |              |             |       |
|          |         |             |               |              |             |       |

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

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

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

ON 08-29-15 AT 1300 HOURS, [REDACTED] CAME INTO THE POLICE STATION TO MAKE A REPORT. [REDACTED] RELATED FOR THE LAST 5 YEARS UNKNOWN OFFENDER/S HAVE BEEN USING HER SOCIAL SECURITY NUMBER TO FILE TAX RETURNS. BOTH THE INTERNAL REVENUE SERVICE AND THE SOCIAL SECURITY ADMINISTRATION ARE INVESTIGATING THE MATTER AND REQUESTED [REDACTED] MAKE A POLICE REPORT.

(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

|         |  |
|---------|--|
| BLOCK # | (51) ENTER DETAILED INFORMATION RELATED TO THE BLOCK ABOVE WITH CORRESPONDING BLOCK NUMBER AT LEFT |
|         | ATTACHED TO REPORT ON 3 PAGES FROM INTERNAL REVENUE SERVICES.                                      |
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |