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IN REPLY REFER TO FILE NO.
EP-1

August 12, 2019

Paul Grochowski
5050 W. Pershing
Cicero, Illinois 60804
pgrochow@wm.com

Re: Freedom of Information Act Request

Dear Mr. Grochowski:

On August 1, 2019, the Village of Elmwood Park received your Freedom of Information Act (5 ILCS 140/1 *et seq.*) ("FOIA") request for the following records:

"copy of 19-01876"

Your request has been granted in part and denied in part. Enclosed are records responsive to your FOIA request. However, please be advised that certain information in the records being provided has been determined to be exempt from disclosure under FOIA, and that 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 such as driver's license numbers, home or personal telephone numbers, and personal license plates 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

STORINO, RAMELLO & DURKIN

Paul Grochowski
August 12, 2019
Page 2

privacy ..." is exempt from disclosure. Consequently, birthdates, an individual's race, a victim's name and identifying information, the names and identifying information of suspects who were never arrested, third party's name and identifying information, a minor's name and identifying information, and other personal information, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy, 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:

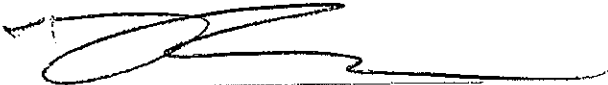
Sarah Pratt
Public Access Counselor
Office of the Attorney General
500 South 2nd Street
Springfield, Illinois 62706
Fax: 217-782-1396
E-mail: publicaccess@atg.state.il.us

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


Peter A. Pacione

Enclosures

ILLINOIS TRAFFIC CRASH REPORT

Sheet **1** of **2** Sheets

***S01**

X001629726

DRAC U1	U2	TRFD 2	TRFC 4	WEAT 1	DRVA U1	U2	VIS U1	U2	VEHD U1	U2	LGHT 1	COLL 2	MANY U1	U2
---------	----	--------	--------	--------	---------	----	--------	----	---------	----	--------	--------	---------	----

INVESTIGATING AGENCY: **ELMWOOD PARK POLICE DEPARTMENT**

DAMAGE TO ANY ONE PERSONS: \$500 OR LESS \$501 - \$1,500 OVER \$1,500

TYPE OF REPORT: ON SCENE NOT ON SCENE (DESK REPORT) AMENDED

AGENCY CRASH REPORT NO.: **2019 1901876**

ADDRESS NO.: _____ HIGHWAY OF STREET NAME: **HARLEM AVE**

CITY: **ELMWOOD PARK** TOWNSHIP: _____ INTERSECTION RELATED: Y N

DATE OF CRASH: **07/31/2019** TIME: **04:58**

AT INTERSECTION WITH: **PALMER ST**

CITY: **COOK** COUNTY: **COOK** PRIVATE PROPERTY: Y N

DOORING WITH PEDALCYCLIST: Y N

SWIATEK, NICK J
NAME (LAST, FIRST, M)

SEX: **M** SAFT: **19** AIR: **3** AUTOMATION SYSTEM: Y N UNK

LEVEL IN VEH: **0** LEVEL ENGAGED AT CRASH: **0**

PLATE NO.: _____ STATE: **IL** YEAR: _____

STREET ADDRESS: **2108 N NORDICA AVE**

CITY: **CHICAGO** STATE: **IL** ZIP: **60707**

CLASS: **D** COL ID: _____ VIN: _____

VEHICLE OWNER (LAST, FIRST, M): **SWIATEK, NICK J**

OWNER STREET, CITY, STATE, ZIP: **CHICAGO IL 60707**

ROMERO, IVAN
NAME (LAST, FIRST, M)

SEX: **M** SAFT: **2** AIR: **4** AUTOMATION SYSTEM: Y N UNK

LEVEL IN VEH: **0** LEVEL ENGAGED AT CRASH: **0**

PLATE NO.: _____ STATE: **IL** YEAR: **2020**

STREET ADDRESS: **2224 N MENARD AVE**

CITY: **CHICAGO** STATE: **IL** ZIP: **60639**

CLASS: **A** COL ID: _____ VIN: **5VCACSL9DH214946**

VEHICLE OWNER (LAST, FIRST, M): **WASTE MANAGEMENT, STICKNEY**

OWNER STREET, CITY, STATE, ZIP: **CHICAGO IL 60804**

WITNESSES:

NAME	SEX	DOB	REL	RES	PH	ST	ZIP	REMARKS
PETRAMALA, SALVATORE C	M							7001 W MERRILL AVE GN CHICAGO IL 60670

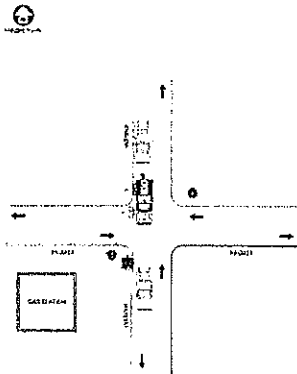
UNIT	NO	DATE	TIME	TYPE	LOCATION	REMARKS
1	1	07/31/2019	04:58	AM		
2	1	07/31/2019	04:58	PM		
3	1	07/31/2019	05:00	AM		
1	2	07/31/2019	05:14	AM		
2	3					

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

Printed by the authority of the State of Illinois. SR 1050 (JAN 2019)

IF YES TO COM VEH, COMPLETE LARGE TRUCK, BUS, OR HM VEHICLE CLEAR AREA ON BACK.

A Diagram and Narrative are required on all Type B crashes, even if units have been moved prior to the officer's arrival.



UNIT #

NARRATIVE (refer to vehicle by unit #)

UNIT #1 PEDALCYCLIST WAS IN THE STREET ON HIS BICYCLE SOUTH BOUND LANE 2200 BLOCK HARLEM AVE WHEN HE STRUCK UNIT #2 IL REG [REDACTED] WHICH WAS TRAVELING SOUTH BOUND 2200 BLOCK HARLEM AVE. UNIT #2 CONTINUES SOUTH BOUND HARLEM AVE

WITNESS TOLD ME, UNIT #1 WAS IN THE STREET SOUTH BOUND 2200 BLOCK HARLEM AVE WHEN HE SWERVED INTO THE PATH OF THE GARBAGE TRUCK WHICH WAS TRAVELING SOUTH BOUND 2200 BLOCK HARLEM AVE. THE RIGHT REAR TIRE STRUCK THE PEDALCYCLIST.

THE GARBAGE TRUCK WAS GREEN AND WHITE, WASTE MANAGEMENT.

WASTE MANAGEMENT INSURANCE COMPANY: GALLAGHER BASSETT

UNIT #1 TOLD ME, HE WAS RIDING HIS BICYCLE SOUTH BOUND 2200 BLOCK HARLEM AVE. A GARBAGE TRUCK WAS PASSING HIM ON HIS LEFT. THE NEXT THING HE KNEW HE WAS HIT BY THE TIRE AND ON THE GROUND.

LOCAL USE ONLY

U1 COLOR	GRN /GRN	U2 COLOR	GRN /WHI	DAMAGE EXTENT:	3	TOWED BY/TO:
TOWED DUE TO	<input type="checkbox"/> DISABLING DAMAGE	<input checked="" type="checkbox"/> NOT DISABLING DAMAGE				
U2 TOWED DUE TO	<input type="checkbox"/> DISABLING DAMAGE	<input checked="" type="checkbox"/> NOT DISABLING DAMAGE		DAMAGE EXTENT:	0	TOWED BY/TO:

LARGE TRUCK, BUS, OR HM VEHICLE

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.
 A CMV is defined as any motor vehicle used to transport passengers or property and:
 1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
 2. Is used or designed to transport more than 15 passengers including the driver (example: shuttle or charter bus); or
 3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van type vehicle or passenger car); or
 4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
 5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME _____
 ADDRESS _____

CITY/STATE/ZIP _____
 MOTOR CARR. ID Interstate Intrastate
 Not In Comm/Govt. Not in Comm/Other

USDOT NO. _____ ILCC NO. _____
 Source of above
 Side of Truck Papers Driver Log book

GWR / GCWR
 < 10,000 10,000 - 26,000 > 26,000

Were HAZMAT placards on the vehicle? Yes No
 If yes, name on placard _____
 4-digit UN NO. _____ 1-digit Hazard Class No. _____

Did HAZMAT spill from the vehicle (do NOT consider FUEL from the vehicle's own tank)? Yes No Unknown
 Did HAZMAT Regulations violation contribute to the crash?
 Yes No Unknown

Did Carrier Safety Regulations (MCS) violations contribute to the crash?
 Yes No Unknown

Was a driver/vehicle Examination Report Form completed?
 HAZMAT Yes No Unknown Out of Service? Yes No
 MCS Yes No Unknown Out of Service? Yes No
 Form Number _____

IDOT PERMIT NO. _____ WIDE LOAD? Yes No
 TRAILER VIN 1 _____
 TRAILER VIN 2 _____

TRAILER WIDTH(S)
 TRAILER 1 0-96" 97-102" > 102"
 TRAILER 2
 TRAILER LENGTH(S): 1 _____ ft 2 _____ ft
 TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

SELECT CODES FROM BACK COVER OF CRASH BOOKLET
 VEHICLE CONFIG. _____ CARGO BODY TYPE _____ LOAD TYPE _____

ANY TRUCK OR BUS OPERATING AS CMV, GOVERNMENT ENTITY, OR RENTAL MAY QUALIFY UNDER THESE DEFINITIONS

ILLINOIS TRAFFIC CRASH REPORT

Sheet 2 of 2 Sheets

*S01

X001629726

DRAC US U4 TRFD 2 TRFC 4 WEAT 1 DRVA US U4 VIS U3 U4 VEHID U3 U4 LGHT 1 COLL 2 MAIN U4

INVESTIGATING AGENCY: ELMWOOD PARK POLICE DEPARTMENT. TYPE OF REPORT: ON SCENE. AGENCY CRASH REPORT NO.: 1901876. TRPV: 2.

ADDRESS NO.: HARLEM AVE. CITY: ELMWOOD PARK. COUNTY: COOK. DATE OF CRASH: 07/31/2019. TIME: 04:58. FLOW CONDITION: STOPPED.

DRIVER INFORMATION: NAME (LAST, FIRST, M), STREET ADDRESS, CITY, STATE, ZIP, SEX, SAFT, AIR, DATE OF BIRTH, MAKE, MODEL, YEAR, PLATE NO., STATE, YEAR.

VEHICLE INFORMATION: MAKE, MODEL, YEAR, PLATE NO., STATE, YEAR, CIRCLE NUMBER(S) FOR DAMAGED AREA(S), POINT OF FIRST CONTACT.

Table with columns: (LAST), (FIRST), (DOB), (SEX), (SAFT), (AIR), (CLASS), (EJECT), (EPTN), (PLATE), (ADDRESS), (PHONE), (HOSPITAL).

Table with columns: EV, MOST, EVENT, LOC, DAMAGE, PROPERTY, OWNER NAME, DAMAGED PROPERTY, POLICE NOTIFIED, TIME, AM/PM, Did crash occur in a work zone?, YES/NO, YES Check one below, Construction, Maintenance, Utility, Unknown work zone type, Workers present?, YES/NO.

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

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SR 1050 (JAN 2018)

IF YES TO COM VEH, COMPLETE LARGE TRUCK, BUS, OR NM VEHICLE AREA ON BACK.

A Diagram and Narrative are required on all Type B crashes, even if units have been moved prior to the officer's arrival.



LARGE TRUCK, BUS, OR HM VEHICLE

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van type vehicle or passenger car); or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

MOTOR CARR. ID Interstate Intrastate
 Not in Comm/Govt. Not in Comm/Other

USDOT NO. _____ ILCC NO. _____

Source of above
 Side of Truck Papers Driver Log book

GWR / GCWR
 < 10,000 10,000 - 26,000 > 26,000

Were HAZMAT placards on the vehicle? Yes No

If yes, name on placard _____

4-digit UN NO. _____ 1-digit Hazard Class No. _____

Did HAZMAT spill from the vehicle (do NOT consider FUEL from the vehicle's own tank)? Yes No Unknown

Did HAZMAT Regulations violation contribute to the crash? Yes No Unknown

Did Carrier Safety Regulations (MCS) violations contribute to the crash? Yes No Unknown

Was a driver/vehicle Examination Report Form completed? Yes No

HAZMAT Yes No Unknown Out of Service? Yes No

MCS Yes No Unknown Out of Service? Yes No

Form Number _____

IDOT PERMIT NO. _____ WIDE LOAD? Yes No

TRAILER VIN 1 _____

TRAILER VIN 2 _____

TRAILER WIDTH(S) 0-96" 97-102" > 102"

TRAILER 1

TRAILER 2

TRAILER LENGTH(S): 1 _____ ft 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

SELECT CODES FROM BACK COVER OF CRASH BOOKLET

VEHICLE CONFIG. _____ CARGO BODY TYPE _____ LOAD TYPE _____

NARRATIVE (refer to vehicle by unit #)

UNIT #2 DRIVER TOLD ME, HE WAS TRAVELING SOUTH BOUND 2200 BLOCK HARLEM AVE. HE DID NOT SEE ANY PEDALCYCLIST IN THE STREET. HE WAS STOPPED BY AN UNKNOWN MOTORIST AT HARLEM AND RANDOLPH. THE MOTORIST WANTED TO REMAIN ANONYMOUS. THE MOTORIST TOLD UNIT #2 DRIVER, A PEDALCYCLIST FELL DOWN AND THE GARBAGE TRUCK MAY HAVE STRUCK HIS BICYCLE. UNIT #2 DRIVER CONTACTED HIS BOSS AND HE WAS TOLD TO COME TO THE YARD.

UNIT #1 DID NOT HAVE ANY TYPE OF HELMET ON.

END.

LOCAL USE ONLY

U__ COLOR _____ IJ__ COLOR _____

U__ TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: _____ TOWED BY/TO: _____

U__ TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: _____ TOWED BY/TO: _____

ANY TRUCK OR BUS OPERATING AS CMV, GOVERNMENT ENTITY, OR RENTAL MAY QUALIFY UNDER THESE DEFINITIONS.