

February 17, 2016

2016-2-19

Sauk Village Police Department
21701 Torrence Avenue
Sauk Village, IL 60411

Re: Accident Date: 12/21/14
Report Number: 14-18038
Drivers: Michael J. De Gard, Laura Jo Oakley, & David Hopke

To Whom it May Concern:

Pursuant to the Illinois Freedom of Information Act, we would like to obtain a copy of the following public records regarding the above-captioned accident:

Case reports, case sheets, call sheets, 911 recordings, 911 call sheets, officer reports, investigation reports, detention reports, identification investigation, color photographs of the scene, and color photographs of the vehicles.

We understand there may be a copying fee. Please inform us of that cost, and we will be happy to pay same.

Thank you for your assistance in this matter.

Very truly yours,


Terri J. Mezo
Paralegal

/tjm



LUKE J. KELLER
lkeller@odelsonsterk.com

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EVERGREEN PARK, IL 60805
(708) 424-5678
FAX (708) 425-1898

OFFICES IN CHICAGO
DuPAGE AND WILL COUNTIES

www.odelsonsterk.com

2016-2-19

March 1, 2016

Via Electronic Mail: tmezo@rubinoruman.com

Ms. Terri Mezo
275 Joliet Street, Suite 330
Dyer, Indiana 46311

RE: Freedom of Information Act Request
Village of Sauk Village

Dear Ms. Mezo:

Our law firm represents the Village of Sauk Village (the "Village"). Thank you for writing to the Village with your request for information under the Freedom of Information Act ("FOIA"), 5 ILCS 140/1 *et seq.* Your FOIA request seeks the following information for incident report number 14-18038 that occurred on December 21, 2014.

- Case reports, case sheets, call sheets, 911 recordings, 911 call sheets, officer reports, investigation reports, detention reports, identification investigation, color photographs of the scene, and color photographs of the vehicles.

Your FOIA request is partially granted and partially denied as follows. The Village is releasing the attached records to you at no charge. All other information pertaining to your request is attached. The records contain information that is exempt from disclosure under the following exemptions in FOIA:

1. **7(1)(b)**: Personal telephone numbers and home addresses (person not arrested), driver's license information, insurance policy information, personal vehicle information (i.e. VIN and License plate numbers). Section 7(1)(b) exempts from inspection and copying "private information, unless disclosure is required by another provision of [FOIA], a State or federal law or a court order." 5 ILCS 140/7(1)(b).



2. **7(1)(c):** Dates of birth, signatures. 7(1)(c) exempts from inspection and copying “personal information contained within public records, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy, unless the disclosure is consented to by the individual subjects of the information.” 5 ILCS 140/7(1)(c). The above-referenced information is highly personal, and the subjects’ right to privacy with respect to this information outweighs any legitimate public interest in obtaining it.

You have the right to have the Village’s denial of your FOIA request reviewed by the Public Access Counselor (PAC) at the Office of the Illinois Attorney General:

Public Access Counselor
Office of the Attorney General
500 South Second Street
Springfield, Illinois 62706
Phone: (877) 299-3642

You also have the right to seek judicial review of the denial under Section 11 of the Illinois Freedom of Information Act.

Very truly yours,

ODELSON & STERK, LTD.

Luke J. Keller
for Ms. Sherry Jasinski, FOIA Officer,
Village of Sauk Village

LJK: jr

cc: Sherry Jasinski, FOIA Officer, Village of Sauk Village

Incident Report

Print Date/Time: 02/26/2016 13:52
Login ID: NW312

Sauk Village Police Department
ORI Number: IL0161A00

Incident: 2014-00018038

Incident Date/Time: 12/21/2014 11:44PM
Location: RT 30 / TRANSPORTATION
Phone Number:
Report Required: Y
Prior Hazards: N
LE Case Number:

Incident Type: Accident PI
Venue: SAUK VILLAGE
Source: Phone
Priority: High
Status: Just Occurred
Nature of Call:

Unit/Personnel

Unit	Personnel
AV133	AV133 Vaughan
SL132	SL57 Langan

Person(s)

Role	Name	Address	Phone
Driver	DE GARD, MICHAEL J	[REDACTED]	[REDACTED]
Driver	OAKLEY, LAURA JO	[REDACTED]	[REDACTED]
Driver	HUPKE, DAVID J	[REDACTED]	[REDACTED]
Caller		<UNKNOWN>	

Vehicles

Role	Type	Year	Make	Model	Color	License	State
Involved In Accident	Automobile					[REDACTED]	IL
Involved In Accident	Automobile					[REDACTED]	IN

Dispositions

Disposition	Count
Assign Complete - Report	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
------	------	------	------	-------	-------------	---------	----------

CAD Narrative

12/21/2014 23:58:51 Cindy Albamonte Narrative: DEGARD,MICHAEL J SEX/MDOB/[REDACTED] DLN/[REDACTED]
12/21/2014 23:59:02 Cindy Albamonte Narrative: OAKLEY,LAURA J SEX/F DOB/[REDACTED] INDIANA
12/22/2014 00:02:19 Cindy Albamonte Narrative: HUPKE,DAVID J DOB/[REDACTED]
12/22/2014 00:23:13 Cindy Albamonte Narrative: 1 ALS TO SMMS
12/22/2014 00:23:41 Cindy Albamonte Narrative: AV133 GIVING 1 MALE SUBJECT 59 TO POST
12/22/2014 00:24:26 Cindy Albamonte Narrative: 3M TAKING UNIT 2 SUBRUBAN TAKING UNIT 1

AV133
UNIT 1- MICHAEL DE GARD

Incident Report

Print Date/Time: 02/26/2016 13:52
Login ID: NW312

Sauk Village Police Department
ORI Number: IL0161A00

UNIT 2- LAURA OAKLEY

UNIT 3- DAVID HUPKE

ACCIDENT NUMBER- U130521541

REPORT NUMBER- 14-18038

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 2 Sheets

AGENCY CRASH REPORT NO
14 | 18039

DATE OF CRASH
12/31/14

INVESTIGATING AGENCY: SAKS VILLAGE
ADDRESS NO: 14130521541

VEHICLE INFORMATION:
 VIS: 99 U1, 99 U2
 DRIV: 3 U1, 3 U2
 TRFC: 4 U1, 4 U2
 TRFD: 3 U1, 3 U2
 REDV: 7 U1, 7 U2

TYPE OF REPORT:
 ON SCENE (DESK REPORT)
 AMENDED

INJURY AND/OR TOW DUE TO CRASH:
 A No Injury - Drive Away
 B Injury and/or Tow Due to Crash

DATE OF CRASH: 12/31/14
 TIME: 11:34 AM
 LARS CODE: 18039

NUMBER MOTOR VEHICLES INVOLVED: 3

NO LANS: 0

VEHT: U1, U2

INTERSECTION RELATED: PRIVATE PROPERTY
 COUNTY: Cook
 CITY: SAKS VILLAGE

DATE OF CRASH: 12/31/14

NO INJURY - DRIVE AWAY:

INJURY AND/OR TOW DUE TO CRASH:

VEHICLE INFORMATION:
 MAKE: MELUCY MILAN
 MODEL: MILAN
 YEAR: 08
 PLATE NO: [REDACTED]
 STATE: IL

VEHICLE INFORMATION:
 MAKE: CHARLES TELECOMM
 MODEL: [REDACTED]
 YEAR: 05
 PLATE NO: [REDACTED]
 STATE: IL

VEHICLE INFORMATION:
 MAKE: [REDACTED]
 MODEL: [REDACTED]
 YEAR: 15
 PLATE NO: [REDACTED]
 STATE: IL

VEHICLE INFORMATION:
 MAKE: [REDACTED]
 MODEL: [REDACTED]
 YEAR: [REDACTED]
 PLATE NO: [REDACTED]
 STATE: [REDACTED]

VEHICLE INFORMATION:
 MAKE: [REDACTED]
 MODEL: [REDACTED]
 YEAR: [REDACTED]
 PLATE NO: [REDACTED]
 STATE: [REDACTED]

VEHICLE INFORMATION:
 MAKE: [REDACTED]
 MODEL: [REDACTED]
 YEAR: [REDACTED]
 PLATE NO: [REDACTED]
 STATE: [REDACTED]

VEHICLE INFORMATION:
 MAKE: [REDACTED]
 MODEL: [REDACTED]
 YEAR: [REDACTED]
 PLATE NO: [REDACTED]
 STATE: [REDACTED]

VEHICLE INFORMATION:
 MAKE: [REDACTED]
 MODEL: [REDACTED]
 YEAR: [REDACTED]
 PLATE NO: [REDACTED]
 STATE: [REDACTED]

VEHICLE INFORMATION:
 MAKE: [REDACTED]
 MODEL: [REDACTED]
 YEAR: [REDACTED]
 PLATE NO: [REDACTED]
 STATE: [REDACTED]

VEHICLE INFORMATION:
 MAKE: [REDACTED]
 MODEL: [REDACTED]
 YEAR: [REDACTED]
 PLATE NO: [REDACTED]
 STATE: [REDACTED]

VEHICLE INFORMATION:
 MAKE: [REDACTED]
 MODEL: [REDACTED]
 YEAR: [REDACTED]
 PLATE NO: [REDACTED]
 STATE: [REDACTED]

VEHICLE INFORMATION:
 MAKE: [REDACTED]
 MODEL: [REDACTED]
 YEAR: [REDACTED]
 PLATE NO: [REDACTED]
 STATE: [REDACTED]

REMEMBER TO USE BLACK INK, PRESS HARD. PRINT TIGHTLY AND COMPLETE ALL DESIGNATED AREAS

COMMERCIAL MOTOR VEHICLE (CMV)

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 designated 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 _____
ILCCD NO. _____

Source of above info: State of Truck Papers Driver Log Book
Gross Vehicle Weight Rating (GVWR) _____
Were HAZMAT placards displayed on the vehicle? Y N

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)? Y N UNK

Did HAZMAT Regulations violation contribute to the crash? Y N UNK

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? Y N UNK

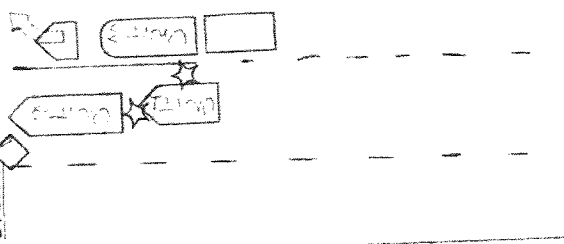
Was a Driver Vehicle Examination Report form completed?
HAZMAT Y N UNK Out of Service? Y N
MCS Y N UNK Out of Service? Y N
Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD? Y N
TRAILER WIDTH(S) 0-96 97-102 >102
TRAILER 1 TRAILER 2

TRAILER LENGTH(S) 1 ft TRAILER 2 _____ ft
TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:
VEHICLE CONFIGURATION _____
CARGO BODY TYPE _____ LOAD TYPE _____

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



INDICATE NORTH BY ARROW

NARRATIVE (Refer to vehicle by Unit No.)

UNIT 3 (SR 1050A) STOPPED AT 11
AND BEING MOVED UNIT 3
AND BEING MOVED UNIT 3

LOCAL USE ONLY

UT Color 31116
UT Toned by 7/16 020619 121112
UT Toned by 7/16 020619 121112

3M

ILLINOIS TRAFFIC CRASH REPORT

Sheet 2 of 2 Sheets

ADDITIONAL UNITS/AMENDED

ITRAC: 03 PREVIOUS: 34 TRIC: 131 DRVA: 990 VEH: 990
 INVESTIGATING AGENCY: SHERIFF VILLAGE
 ADDRESSING: HIGHWAY or STREET NAME: Cassville Rd
 DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: \$500 OR LESS
 DAMAGE TO ANY VEHICLE / PROPERTY: OVER \$1,500
 NAME: [REDACTED] STREET ADDRESS: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]
 MAKE: [REDACTED] MODEL: [REDACTED] YEAR: [REDACTED]
 VIN: [REDACTED] VEHICLE OWNER (LAST FIRST MI): [REDACTED]
 OWNER ADDRESS (STREET CITY STATE ZIP): [REDACTED]
 NAME: [REDACTED] DRIVER LICENSE NO: [REDACTED] STATE: [REDACTED] DATE OF BIRTH: [REDACTED]
 SEX: [REDACTED] HAIR: [REDACTED] EYES: [REDACTED] INJURY: [REDACTED] EJECT: [REDACTED]
 NAME: [REDACTED] DRIVER LICENSE NO: [REDACTED] STATE: [REDACTED] DATE OF BIRTH: [REDACTED]
 SEX: [REDACTED] HAIR: [REDACTED] EYES: [REDACTED] INJURY: [REDACTED] EJECT: [REDACTED]

TYPE OF REPORT: NOT ON SCENE / DESK REPORT
 DATE OF CRASH: 10/14/14
 TIME: 1:24 PM
 CIRCLE NUMBER(S) FOR DAMAGED AREAS: 8 1 2 3 4 5 6
 CIRCLE NUMBER(S) FOR DAMAGED AREAS: 8 1 2 3 4 5 6
 MAKE: [REDACTED] MODEL: [REDACTED] YEAR: [REDACTED]
 VIN: [REDACTED] VEHICLE OWNER (LAST FIRST MI): [REDACTED]
 OWNER ADDRESS (STREET CITY STATE ZIP): [REDACTED]
 MAKE: [REDACTED] MODEL: [REDACTED] YEAR: [REDACTED]
 VIN: [REDACTED] VEHICLE OWNER (LAST FIRST MI): [REDACTED]
 OWNER ADDRESS (STREET CITY STATE ZIP): [REDACTED]

CONTRIBUTORY CAUSE(S): [REDACTED]
 POSTED SPEED LIMIT: [REDACTED]
 COURT DATE: 12/14/14
 COURT TIME: 11:29 AM
 P0109

REMEMBER TO USE BLACK INK. PRESS HARD. PRINT CLEARLY AND COMPLETE ALL DECIDED FIELDS.

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



INDICATE NORTH BY ARROW

COMMERCIAL MOTOR VEHICLE (CMV)

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 beyond 75 air miles from the driver's work reporting location (example: large van used for specific purpose); or
5. Is any vehicle used in transport any hazardous materials (HAZMAT) that requires placarding (example: placard will be displayed on the vehicle).

CARRIER NAME YRC
 ADDRESS 20000
 CITY, STATE, ZIP 60401

USDOT NO. 0213321 ILC NO. 1

Source of above info: State of Va. Papers Driver Log Book Other

Gross Vehicle Weight Rating (GVWR) _____
 Were HAZMAT placards displayed on this vehicle? Yes No

If yes, name of placard _____
 Did HAZMAT placard on vehicle do not contribute to the crash? Yes No

Did HAZMAT Regulations violation contribute to the crash? Yes No

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? Yes No

Did Driver Vehicle Examination Report (DVER) contribute to the crash? Yes No

HAZMAT placard on vehicle? Yes No

HAZMAT placard on vehicle? Yes No

HAZMAT placard on vehicle? Yes No

HAZMAT placard on vehicle? Yes No

HAZMAT placard on vehicle? Yes No

HAZMAT placard on vehicle? Yes No

HAZMAT placard on vehicle? Yes No

SELECT CODES FROM BACK COVER OF CRASH BOOKLET
 VEHICLE CONFIGURATION 7 LOAD TYPE 9
 CARGO BODY TYPE 0

Revised By: 7/15