



VILLAGE OF ARLINGTON HEIGHTS

33 S. Arlington Heights Road
Arlington Heights, IL 60005

FREEDOM OF INFORMATION ACT, 5 ILCS 140/1 et seq., REQUEST FORM

The Dana Point Condominiums, Lise He Ray as AGENT.
Name and Business (if applicable)

1519. E. Central Rd. Arlington Heights, IL 60005
Address

Telephone Number: 847-228-5176

RECEIVED

APR - 8 2013

If you are willing to have records sent electronically when possible please provide an email address:

LRay@LMSnet.com

LEGAL DEPARTMENT

Records Requested:

All records, files, investigations, communications, notes, reports, findings, or other records relating to any violations or claims of violations by or at the Association within the past 3 years.

Check whether request to: ☐ Inspect ☒ Receive a Copy ☐ Receive Certified Copy

Commercial Purpose - Will the information requested be used, in any form, for sale, resale, or solicitation or advertisement for sales or services?

☐ Yes☒ NoDate Received: 4/8/13

OFFICE USE ONLY

Response Due: Non-Commercial 5 business days after receipt:4/15/13

Commercial 21 business days after receipt:

Employee/Department accepting request:

Legal

Routed To:	Bld Insp / Fire Insp	Eng	Fin	Fire Dept.	Health	HR	Legal	Ping	Police	Clerk	PW	Mgr	Myr	Trst
Initials														
Date Received														
Records Provided: Yes or No	NO							NO	YES					
Date of Response														

Village's Response: Date of response

4/19/13☐ Granted☐ Denied☐ Granted in Part/Denied in Part☐ No Records

Additional Time Requested:

4/22/13

VILLAGE OF ARLINGTON HEIGHTS FREEDOM OF INFORMATION ACT REQUEST FOR MORE TIME

TO: Lisette Ray
Requestor's Name

Date of Response 04/15/13

Dana Point Condominiums
Address

Lisa A. Farrington
Employee(s) Responding

1519 E Central Rd

Legal
Department(s)

Arlington Heights IL 60005

The Village received your request for information dated 04/08/13. Under the Freedom of Information Act, a public body may extend the time to respond to a FOIA request by up to 5 business days for a limited number of reasons. 5 ILCS 140/3(e). We will respond as soon as possible but in any event no later than 04/22/13 for the following reason:

☐ We store the requested records in whole or in part at another location(s).

☐ Responding to the request requires that we collect a substantial number of specified records.

☐ The request is couched in categorical terms and requires that we conduct an extensive search for the records responsive to it.

☐ In order to determine whether the requested records are exempt under Section 7 of FOIA or must be redacted in part before they are disclosed, we must have the documents reviewed by _____.

☒ We cannot comply with the request for records within the 5 business day time limit without unduly burdening or interfering with our operations.

☐ Before we can determine whether to provide the documents in response to your FOIA request, we must consult with _____ which has a substantial interest in the determination of how to respond to this request because _____.

☐ Before we can determine whether to provide the documents in response to your FOIA request, we must consult with _____ to determine how to respond to this request because _____.

Lisa A. Farrington
FOIA Officer
Legal Department
33 South Arlington Heights Road
Arlington Heights IL 60005
847-368-5700



VILLAGE OF ARLINGTON HEIGHTS
33 S. Arlington Heights Road
Arlington Heights, IL 60005

FREEDOM OF INFORMATION ACT, 5 ILCS 140/1 et seq., REQUEST FORM

12-13457

The Dana Point Condominiums, Lise He Ray as AGENT,
Name and Business (if applicable)

1519 E. Central Rd. Arlington Heights, IL 60005
Address

RECEIVED

Telephone Number: 847-228-5176

APR - 8 2013

If you are willing to have records sent electronically when possible please provide an email address:

L.Ray@LMSnet.com

LEGAL DEPARTMENT

Records Requested:

All records, files, investigations, communications, notes, reports, findings, or other records relating to any violations or claims of violations by or at the Association within the past 3 years.

Check whether request to: ☐ Inspect ☒ Receive a Copy ☐ Receive Certified Copy

Commercial Purpose - Will the information requested be used, in any form, for sale, resale, or solicitation or advertisement for sales or services?

☐ Yes ☒ No

Date Received: 4/8/13

OFFICE USE ONLY

Response Due: Non-Commercial 5 business days after receipt:

4/15/13

Commercial 21 business days after receipt:

Employee/Department accepting request:

Legal MS

Routed To:	Bld Insp / Fire Insp	Eng	Fin	Fire Dept.	Health	HR	Legal	Plng	Police	Clerk	PW	Mgr	Myr	Trst
Initials									MS					
Date Received														
Records Provided: Yes or No									Yes					
Date of Response														

Village's Response: Date of response

4/19/13

☒ Granted

☐ Denied

☐ Granted in Part/Denied in Part

☐ No Records

Additional Time Requested:



Arlington Heights PD
200 E. Sigwalt St.
Arlington Heights, IL 60005
Tel: 847.368.5300 Fax: 847.368.5970

Case / Report No. **12-22874**
CAD / CDC No. **12-22874**
Occurred From Date: **10-18-2012** Time: **07:00**
Occurred To Date: **11-19-2012** Time: **12:10**
Reported Date: **11-19-2012** Time: **12:10**

INCIDENT / OFFENSE REPORT

ADMINISTRATIVE	UCR / Classification / Type Public Complaint: Abandoned Vehicle		UCR Code 7340		Attempted or Completed Completed						
	Location (Number, Street Name, Intersection) 1519 E Central Rd		Location Name		Location Code APARTMENT PARKING LOT						
	Beat 1112	Sub Beat 1220	Geo Code	Latitude 42.0663745	Longitude -87.963644						
	Response REPORT WITH NO ARREST		Shift B	Weather Conditions Cloudy		Lighting Conditions Daylight					
	Status ADMINISTRATIVELY CLOSED		<input type="checkbox"/> Arrest(s) Made <input type="checkbox"/> Evidence Collected <input type="checkbox"/> Gang Related <input type="checkbox"/> Photo(s) Taken								
	Source 911	Hate Bias NO BIAS / NOT APPLICABLE	Clearance	Clearance Date	Cleared By						
	Follow-up Assignment		Assignment Date	Related Case Nos							
	Victim (Last, First Middle - Business)		Address		Telephone	Mobile					
	Victim Type		Employer / Occupation	Address		Work	Fax				
	VICTIM	DOB / Age	Sex	Race	Height	Weight	Hair	Eyes	Ethnicity	DL# / ID#	State
<input type="checkbox"/> Injured		Description of Injuries				Treated by		Transported to			
<input type="checkbox"/> Discovered Crime <input type="checkbox"/> Can ID Suspect(s)		Circumstances		Assignment		Victim / Suspect Relationship		Resident Status			
Notes / Remarks											
LEADS Entry Date/Time/Number		NCIC Entry Date/Time/Number		LEADS Cancellation Date/Time/Number		NCIC Cancellation Date/Time/Number					
Name (Last, First Middle) COSTA, JANICE		Address 1519 E Central Rd Arlington Heights IL 60005				Telephone	Mobile				
Person Type COMPLAINANT, EMPLOYEE OR		Employer / Occupation		Address		Work	Fax				
DOB / Age			Race	Height	Weight 0	Hair	Eyes	Ethnicity		State	
<input type="checkbox"/> Injured		Description of Injuries				Treated by		Transported to			
<input checked="" type="checkbox"/> Discovered Crime <input type="checkbox"/> Can ID Suspect(s)		Notes / Remarks									
PERSON 1	LEADS Entry Date/Time/Number		NCIC Entry Date/Time/Number		LEADS Cancellation Date/Time/Number		NCIC Cancellation Date/Time/Number				
	Name (Last, First Middle)		Address				Telephone	Mobile			
	Suspect / Arrestee Type		Employer / Occupation		Address		Work	Fax			
	DOB / Age	Sex	Race	Height	Weight	Hair	Eyes	Ethnicity	DL# / ID#	State	
	Place of Birth (City, State, Country)		Alias / Nickname				Alias DOB		SSN		
	Gang Affiliation	Scars / Marks / Tattoos / Other				Clothing Description					
	Hair Style	Facial Hair	Physical		Build	Complexion		Speech	Handed		
	<input type="checkbox"/> Injured		Description of Injuries				Treated by		Transported to		
	<input type="checkbox"/> Charge(s) Filed <input type="checkbox"/> Charge(s) Pending <input type="checkbox"/> Photo(s) Taken <input type="checkbox"/> Prints Taken		Bail / Bond Information								
	Arrest Date / Time		Arrest Location (Location Name, No., Street Name, City, State, Zip)				Arrest Type		Arrest Disposition		
ARRESTEE/SUSPECT	ILCS or UCR Code		ILCS or UCR Description		Citation #		Warrant #		Warrant ORI / Name		
	Mirandized Date / Time		Mirandized Location		Court Name		Court Date	Cautions			
	Booking #	Jail ID	State ID#		FB#	Chicago IR#		ISPERNS / LEADS #			
	ADMINISTRATIVE REVIEW										
	Completed by SWANSON, MICHAEL J		Date 11-19-2012		Investigations Review			Date / Time			
	Watch Review by MACK, STEPHANIE		Date / Time 11-19-2012 14:08		Records Review			Date / Time			
	Additional Supplements: <input type="checkbox"/> Victim <input type="checkbox"/> Person <input type="checkbox"/> Arrestee <input type="checkbox"/> Vehicle <input type="checkbox"/> Property <input type="checkbox"/> Narrative										

12-22874

Occurred From: 10-18-2012		Time: 0700		Case / Report No. 12-22874	
Occurred To: 11-19-2012		Time: 1210		Reported: 11-19-2012 Time: 1210	
Victim:				Offense: Public Complaint: Abandoned Vehicle	
<div style="display: flex; justify-content: space-between;"> <div> Vehicle Year: [REDACTED] Make: [REDACTED] Model: [REDACTED] Vehicle - Person Link: [REDACTED] </div> <div> PC Owner (Last, First Middle - Business): [REDACTED] Telephone: [REDACTED] Mobile: [REDACTED] </div> </div>					
Towed by: [REDACTED]				Tow Reason: [REDACTED]	
Recovered Date: [REDACTED] Time: [REDACTED] Recovered Location: [REDACTED]				Released Date: [REDACTED] Time: [REDACTED] Released by: [REDACTED]	
Insurance Company: [REDACTED] Address: [REDACTED]				Telephone: [REDACTED]	
<input type="checkbox"/> Damage to Vehicle <input type="checkbox"/> Theft from Vehicle <input type="checkbox"/> Registration Current <input type="checkbox"/> Doors Locked <input type="checkbox"/> Keys in Vehicle <input type="checkbox"/> Hold Vehicle <input type="checkbox"/> Release Contents					
Notes / Remarks					
LEADS Entry Date/Time/Number		NCIC Entry Date/Time/Number		LEADS Cancellation Date/Time/Number	
NCIC Cancellation Date/Time/Number					
Quantity	Description	Make / Brand Name	Model	Color	Serial Number / OAN
Value	Drug Quantity	Drug Measurement	Drug Type Suspected	Victim Link	Suspect(s) / Arrestee(s) Link
Owner Name (Last, First Middle)		Address			Telephone Mobile
Recovered Date	Time	Recovered by	Recovered Location	Stored at	
Released Date	Time	Released by	Released Location		
Loss Type		Property Type			
Notes / Remarks					
LEADS Entry Date/Time/Number		NCIC Entry Date/Time/Number		LEADS Cancellation Date/Time/Number	
NCIC Cancellation Date/Time/Number					
** 11-19-2012 13:34 - SWANSON, MICHAEL J ** Janice Costa (complainant) is the property manager at Dana Point Condominiums called to report that a silver 2003 Toyota Corolla with IL Reg. [REDACTED] has been sitting in the parking lot north of the 1415 building for over a month and believes it was left abandon on the condominiums property. Costa stated she does not know who the vehicle belongs to and would like to know who it is registered to so she can start the procedure to have the vehicle removed from the property. I ran the registration through LEADS and found the vehicle is registered to Elizabeth L Many [REDACTED] [REDACTED] advised Costa of who the vehicle is registered to and she recognized the name as being one of the unit owners. Costa stated she would contact this person and ask if the vehicle belongs to him. I advised Costa that if she wanted the vehicle removed she would have to call a tow company and have it removed at the associations expense. Costa stated they are contracted with Northwest Recovery Towing and she would take care of the matter.					

IL CFS SUMMARY

PAGE 1 OF 1

Arlington Heights PD

CDC#		11-09406		RECEIVED DATE / TIME		05-19-2011 09:46		CD Call Type		SUSPICIOUS VEHICLE		
DESCRIPTIVES	UCR Code				Primary Officer							
	7330 - Suspicious Auto				197 - REGAS, THOMAS J							
	Place				Beat							
	096 - APARTMENT PARKING LOT				1112 - 1112							
	Officer Response				Sub Beat							
03 - SITUATION RESOLVED NO REPORT				1220 - 1220								
Reviewed By				Shift		Source						
				B		9 - 911						
UCR 2				Status								
				9 - ADMINISTRATELY CLOSED								
LOCATION	Name											
	DANA POINT CONDOS											
	Address											
1605 E CENTRAL RD, ARLINGTON HEIGHTS, IL 60005												
Location												
1605 E CENTRAL RD ,AH (DANA POINT CONDOS)												
CALLER	Name								Call Back		Phone	
	COSTA, JANICE								847-228-5176		847-228-5176	
	Address											
CLUBHOUSE, , No State,												
OFFICER COMMENTS	THE CAR REGISTRATED TO A WILLIAM MCCALL. COMP. PROPERTY MGR JANICE COSTA SAID SHE RECOGNIZED THE VEHICLE OWNER NAME. NFA											
	<p>05/19/2011 09:46:36 WHI SATURN, [REDACTED] BEEN THERE FOR A WEEK, NO DANA POINT STICKER, EXPIRED PLATE, FLAT TIRES. UNK WHO IT BELONGS TO, OR IF POSS ABAN.</p> <p>DETAILS TO FOLLOW</p> <p>1125B (P O/1197 REGAS, THOMAS) \$AHP11009406</p> <p>1125B</p> <p>M/0719476303 .LZV5.LIC/Y144972.LIS/IL.LIT/PG.</p> <p>Remote Message: #41204090</p> <p>Remote Message: #41204091</p> <p>Remote Message: #41204092</p> <p>Remote Message: #41204093</p> <p>Remote Message: #41204094</p> <p>1125B,STA/EXPIRED VAL/05012009 TTL/T1136665274/Y144972 042010 ORIG PLT LIC STX/0D7520109/MCCALL</p> <p>WILLIAM [REDACTED]</p> <p>SATURN 4 DOOR STATUS UNAVAILABLE REF PLT/Y144972 EXP/042009 (command: M)</p> <p>1125B, TIMER CLEARED</p> <p>1125B,IUCR:7330 PLACE:096 RESPONSE:03 STATUS:09 COMMENT:THE CAR REGISTRATED TO A WILLIAM MCCALL. COMP. PROPERTY MGR JANICE COSTA SAID SHE RECOGNIZED THE VEHICLE OWNER NAME. NFA (command: M)</p> <p>1125B</p> <p>ContactMethod:SEE</p>											
DISPATCHED UNITS	AGENCY	UNIT	OFFICER	DISP.	ENROUTE	ARRIVE	CLEAR	TOTAL MINS				
	IL0160200	197	REGAS, THOMAS J	09:47		09:53	10:04	17				



Arlington Heights PD
200 E. Sigwalt St.
Arlington Heights, IL 60005
Tel: 847.368.5300 Fax: 847.368.5970

Case / Report No. **12-24520**
CAD / CDC No. **12-24520**
Occurred From Date: **12-15-2012** Time: **08:00**
Occurred To Date: **12-16-2012** Time: **12:00**
Reported Date: **12-17-2012** Time: **11:33**

INCIDENT / OFFENSE REPORT

ADMINISTRATIVE	UCR / Classification / Type Criminal Damage & Trespass to Property: Criminal Damage to Property				UCR Code 1310		Attempted or Completed Completed		
	Location (Number, Street Name, Intersection) 1519 E Central Rd				Location Name		Location Code PARKING LOT-BUSINESS		
	Beat 1112		Sub Beat 1220		Geo Code		Latitude 42.0663745		
	Response REPORT WITH NO ARREST		Shift B		Weather Conditions		Longitude -87.963644		
	Status ADMINISTRATIVELY CLOSED				<input type="checkbox"/> Arrest(s) Made <input type="checkbox"/> Evidence Collected <input type="checkbox"/> Gang Related <input type="checkbox"/> Photo(s) Taken				
	Source 911		Hate Bias NO BIAS / NOT APPLICABLE		Clearance		Clearance Date		
	Follow-up Assignment		Assignment Date		Cleared By				
	Follow-up Assignment		Assignment Date		Related Case No.				
	Victim (Last, First Middle - Business)				Address		Telephone		
	Victim Type				Employer / Occupation		Address		
VICTIM	DOB / Age		Sex		Race		Height		
	Weight		Hair		Eyes		Ethnicity		
	DL# / ID#		State		Description of Injuries		Treated by		
	<input type="checkbox"/> Injured		Description of Injuries		Treated by		Transported to		
	<input type="checkbox"/> Discovered Crime <input type="checkbox"/> Can ID Suspect(s)		Circumstances		Assignment		Victim / Suspect Relationship		
	Resident Status		Notes / Remarks						
	LEADS Entry Date/Time/Number		NCIC Entry Date/Time/Number		LEADS Cancellation Date/Time/Number		NCIC Cancellation Date/Time/Number		
	Name (Last, First Middle) COSTA, JANICE				Address 1519 E Central Rd Arlington Heights IL 60005		Telephone		
	Person Type COMPLAINANT, EMPLOYEE OR				Employer / Occupation		Address		
	DOB				Sex F		Race W		
PERSON 1	Height		Weight		Hair		Eyes		
	Ethnicity		DL# / ID#		State		Description of Injuries		
	<input type="checkbox"/> Injured		Description of Injuries		Treated by		Transported to		
	<input type="checkbox"/> Discovered Crime <input type="checkbox"/> Can ID Suspect(s)		Notes / Remarks						
	LEADS Entry Date/Time/Number		NCIC Entry Date/Time/Number		LEADS Cancellation Date/Time/Number		NCIC Cancellation Date/Time/Number		
	Name (Last, First Middle)				Address		Telephone		
	Suspect / Arrestee Type				Employer / Occupation		Address		
	DOB / Age		Sex		Race		Height		
	Weight		Hair		Eyes		Ethnicity		
	DL# / ID#		State		Place of Birth (City, State, Country)		Alias / Nickname		
ARRESTEE/SUSPECT	Alias DOB		SSN		Gang Affiliation		Scars / Marks / Tattoos / Other		
	Clothing Description		Hair Style		Facial Hair		Physical		
	Build		Complexion		Speech		Handed		
	<input type="checkbox"/> Injured		Description of Injuries		Treated by		Transported to		
	<input type="checkbox"/> Charge(s) Filed <input type="checkbox"/> Charge(s) Pending <input type="checkbox"/> Photo(s) Taken <input type="checkbox"/> Prints Taken		Bail / Bond Information						
	Arrest Date / Time		Arrest Location (Location Name, No., Street Name, City, State, Zip)		Arrest Type		Arrest Disposition		
	ILCS or UCR Code		ILCS or UCR Description		Citation #		Warrant #		
	Warrant ORI / Name		Mirandized Date / Time		Mirandized Location		Court Name		
	Court Date		Cautions		Booking #		Jail ID		
	State ID#		FBI#		Chicago IIR#		ISPERNS / LEADS #		
ADMINISTRATIVE REVIEW									
Completed by CONIGLIO, ROBERT J				Date 12-17-2012		Investigations Review HAYES, NATHAN		Date / Time 12-17-2012 18:40	
Watch Review by MACK, STEPHANIE				Date / Time 12-17-2012 13:47		Records Review		Date / Time	
Additional Supplements: <input type="checkbox"/> Victim <input type="checkbox"/> Person <input type="checkbox"/> Arrestee <input type="checkbox"/> Vehicle <input checked="" type="checkbox"/> Property <input type="checkbox"/> Narrative									

12-24520

[illegible]



Arlington Heights PD
200 E. Sigwalt St.
Arlington Heights, IL 60005
Tel: 847.368.5300 Fax: 847.368.5970

Case / Report No. **12-24520**
CAD / CDC No. **12-24520**
Occurred From Date: **12-15-2012** Time: **08:00**
Occurred To Date: **12-16-2012** Time: **12:00**
Reported Date: **12-17-2012** Time: **11:33**

PROPERTY SUPPLEMENT

PROPERTY 2	Quantity	Description		Make / Brand Name		Model	Color	Serial Number / OAN	
	2	WHITE LIGHTED REINDEER DECO		Reindeer			WHITE		
	Value	Drug Quantity	Drug Measurement	Drug Type Suspected		Victim Link		Suspect(s) / Arrestee(s) Link	
	\$100.00								
	Owner Name (Last, First Middle)			Address			Telephone	Mobile	
	Recovered Date	Time	Recovered by	Recovered Location		Stored at			
	Released Date	Time	Released by	Released Location					
Loss Type			Property Type						
DESTROYED/DAMAGED/VANDALIZED			OTHER						
Notes / Remarks									
LEADS Entry Date/Time/Number									
NCIC Entry Date/Time/Number									
LEADS Cancellation Date/Time/Number									
NCIC Cancellation Date/Time/Number									
PROPERTY 3	Quantity	Description		Make / Brand Name		Model	Color	Serial Number / OAN	
	3	MULTI COLORED LIGHTED PRES		PRESENTS		MULTI COLORED			
	Value	Drug Quantity	Drug Measurement	Drug Type Suspected		Victim Link		Suspect(s) / Arrestee(s) Link	
	\$150.00								
	Owner Name (Last, First Middle)			Address			Telephone	Mobile	
	Recovered Date	Time	Recovered by	Recovered Location		Stored at			
	Released Date	Time	Released by	Released Location					
Loss Type			Property Type						
DESTROYED/DAMAGED/VANDALIZED			OTHER						
Notes / Remarks									
LEADS Entry Date/Time/Number									
NCIC Entry Date/Time/Number									
LEADS Cancellation Date/Time/Number									
NCIC Cancellation Date/Time/Number									
PROPERTY 4	Quantity	Description		Make / Brand Name		Model	Color	Serial Number / OAN	
	Value	Drug Quantity	Drug Measurement	Drug Type Suspected		Victim Link		Suspect(s) / Arrestee(s) Link	
	Owner Name (Last, First Middle)			Address			Telephone	Mobile	
	Recovered Date	Time	Recovered by	Recovered Location		Stored at			
	Released Date	Time	Released by	Released Location					
Loss Type			Property Type						
Notes / Remarks									
LEADS Entry Date/Time/Number									
NCIC Entry Date/Time/Number									
LEADS Cancellation Date/Time/Number									
NCIC Cancellation Date/Time/Number									
PROPERTY 5	Quantity	Description		Make / Brand Name		Model	Color	Serial Number / OAN	
	Value	Drug Quantity	Drug Measurement	Drug Type Suspected		Victim Link		Suspect(s) / Arrestee(s) Link	
	Owner Name (Last, First Middle)			Address			Telephone	Mobile	
	Recovered Date	Time	Recovered by	Recovered Location		Stored at			
	Released Date	Time	Released by	Released Location					
Loss Type			Property Type						
Notes / Remarks									
LEADS Entry Date/Time/Number									
NCIC Entry Date/Time/Number									
LEADS Cancellation Date/Time/Number									
NCIC Cancellation Date/Time/Number									



Arlington Heights PD
200 E. Sigwalt St.
Arlington Heights, IL 60005
Tel: 847.368.5300 Fax: 847.368.5970

Case / Report No. **12-00310**

CAD / CDC No.

Occurred From Date: **11-24-2011** Time: **12:00**

Occurred To Date: **01-06-2012** Time: **12:38**

Reported Date: **01-07-2012** Time: **06:59**

INCIDENT / OFFENSE REPORT

ADMINISTRATIVE	UCR / Classification / Type Disorderly Conduct: Disorderly Conduct - Other (Not Drunkenness)				UCR Code 2890		Attempted or Completed Completed							
	Location (Number, Street Name, Intersection) 1519 E. Central Rd.				Location Name DANA POINT CONDOMINIUMS		Location Code APARTMENT-COMMON AREA							
	Beat 1112	Sub Beat 1220	Geo Code		Latitude		Longitude							
	Response REPORT WITH NO ARREST		Shift B		Weather Conditions		Lighting Conditions							
VICTIM	Status ADMINISTRATIVELY CLOSED		<input type="checkbox"/> Arrest(s) Made		<input type="checkbox"/> Evidence Collected		<input type="checkbox"/> Gang Related		<input type="checkbox"/> Photo(s) Taken					
	Source 911		Hate Bias NO BIAS / NOT APPLICABLE		Clearance		Clearance Date		Cleared By					
	Follow-up Assignment				Assignment Date		Related Case Nos							
	Victim (Last, First Middle - Business)				Address				Telephone		Mobile			
PERSON	Victim Type		Employer / Occupation		Address				Work		Fax			
	DOB / Age	Sex	Race	Height	Weight	Hair	Eyes	Ethnicity	DL# / ID#	State				
	<input type="checkbox"/> Injured		Description of Injuries				Treated by		Transported to					
	<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Can ID Suspect(s)		Circumstances		Assignment		Victim / Suspect Relationship		Resident Status			
ARRESTEE/SUSPECT	Notes / Remarks													
	LEADS Entry Date/Time/Number			NCIC Entry Date/Time/Number			LEADS Cancellation Date/Time/Number			NCIC Cancellation Date/Time/Number				
	Name (Last, First Middle) COSTA, JANICE L.			Address 1519 E. Central Rd. Arlington Heights IL 60005						Telephone		Mobile		
	Person Type COMPLAINANT, EMPLOYEE OR		Employer / Occupation DANA POINT CONDOMINIUMS		Address 1519 E. Central Rd. Arlington Heights IL 60005				Work (847) 228-5176		State			
ARRESTEE/SUSPECT	DOB / Age		Sex	Race	Height	Weight	Hair	Eyes	Ethnicity	DL# / ID#	State			
	<input type="checkbox"/> Injured		Description of Injuries				Treated by		Transported to					
	<input checked="" type="checkbox"/> Discovered Crime		<input type="checkbox"/> Can ID Suspect(s)		Notes / Remarks									
	LEADS Entry Date/Time/Number			NCIC Entry Date/Time/Number			LEADS Cancellation Date/Time/Number			NCIC Cancellation Date/Time/Number				
ARRESTEE/SUSPECT	Name (Last, First Middle)			Address						Telephone		Mobile		
	Suspect / Arrestee Type		Employer / Occupation		Address				Work		Fax			
	DOB / Age	Sex	Race	Height	Weight	Hair	Eyes	Ethnicity	DL# / ID#	State				
	Place of Birth (City, State, Country)			Alias / Nickname						Alias DOB		SSN		
ARRESTEE/SUSPECT	Gang Affiliation		Scars / Marks / Tattoos / Other				Clothing Description							
	Hair Style		Facial Hair		Physical		Build		Complexion		Speech		Handed	
	<input type="checkbox"/> Injured		Description of Injuries				Treated by		Transported to					
	<input type="checkbox"/> Charge(s) Filed		<input type="checkbox"/> Charge(s) Pending		<input type="checkbox"/> Photo(s) Taken		<input type="checkbox"/> Prints Taken		Bail / Bond Information					
ARRESTEE/SUSPECT	Arrest Date / Time		Arrest Location (Location Name, No., Street Name, City, State, Zip)				Arrest Type		Arrest Disposition					
	ILCS or UCR Code		ILCS or UCR Description				Citation #		Warrant #		Warrant ORI / Name			
	Mirandized Date / Time		Mirandized Location				Court Name		Court Date		Cautions			
	Booking #		Jail ID		State ID#		FBI#		Chicago IR#		ISPERNS / LEADS #			
ADMINISTRATIVE REVIEW														
Completed by KALTER, TIMOTHY J.				Date 01-07-2012				Investigations Review SELESKI, THOMAS H				Date / Time 01-09-2012 08:50		
Watch Review by KEARNEY, MICHAEL F.				Date / Time 01-07-2012 09:02				Records Review ALICEA, MARLEEN				Date / Time 01-28-2013 15:22		
Additional Supplements: <input type="checkbox"/> Victim <input type="checkbox"/> Person <input type="checkbox"/> Arrestee <input type="checkbox"/> Vehicle <input type="checkbox"/> Property <input type="checkbox"/> Narrative														

12-00310

[illegible]