

Public comments are invited prior to the commission's discussion. When called upon, please approach the microphone and state your name and the address where you live. Kindly limit your remarks to three minutes.

VILLAGE OF VILLA PARK
Village Hall Board Room
20 South Ardmore Avenue
Villa Park, Illinois 60181

Traffic and Safety Commission

March 4, 2025

8:00 PM

Chairperson J. Pienkos

Commissioners: Jack Cuthbertson, Joey DeTomaso, Vicki Flaskamp, Tricia Little, Edward McMurray, Carl Timmerman, Karen Timmerman, and Bob Wagner

Please Note: The commission created herein shall act in an advisory capacity to the corporate authorities in all matters of traffic and safety which are referred to the commission or which are initiated or investigated by the commission on its own motion.

- 1. Call to Order**
- 2. Roll Call**
- 3. Amendments to the Agenda**
- 4. Public Comments on Agenda Items**
- 5. Public Comments on Non-Agenda Items**
- 6. Presentations**
 - a. Report of the Bike, Pedestrian, and Transit Subcommittee
- 7. Approval of Minutes**
 - a. Consider approval of pending minutes from the Traffic and Safety Commission meeting held on January 7, 2025
 - b. Consider approval of pending minutes from the Traffic and Safety Commission meeting held on February 4, 2025
- 8. Old Business**
 - a. Item No. 902 - Stop Signs at Elm and Princeton
 - b. Item No. 903 - Stop Signs at Division and Princeton
 - c. Item No. 906 - Crosswalk across Ardmore Avenue near Lufkin Park

- d. Item No. 907 - "Drive Like Your Kids Play Here" signs
- e. Item No. 908 - Speeding / traffic safety issues on Madison between Villa and Riverside

9. New Business

- a. Item No. 909 - Reverse Parking on Wildwood from South to North-Illinois to Euclid

10. Commissioner Comments

11. Chairperson Comments

12. Village Board Liaison Comments

13. Village Staff Comments

14. Adjournment

The Villa Park Village Hall is subject to the requirements of the Americans with Disabilities Act of 1990. An elevator is operational at the north side entrance to the Village Hall during normal work hours and also during evenings. Individuals with special needs are requested to contact the Village's Compliance Officer at (630) 834-8500 so that reasonable accommodations can be made for those persons.



MEMORANDUM

TO: Traffic and Safety Commission
FROM: Kevin Mantels, Assistant Village Engineer
DATE: March 4, 2025
SUBJECT: Report of the Bike, Pedestrian, and Transit Subcommittee

RECOMMENDED ACTION:

BACKGROUND:

DISCUSSION:



MEMORANDUM

TO: Traffic and Safety Commission
FROM: Kevin Mantels, Assistant Village Engineer
DATE: March 4, 2025
SUBJECT: Consider approval of pending minutes from the Traffic and Safety Commission meeting held on January 7, 2025

RECOMMENDED ACTION:

BACKGROUND:

DISCUSSION:

VILLAGE OF VILLA PARK

Village Hall Board Room
20 South Ardmore Avenue
Villa Park, Illinois 60181

Traffic and Safety Commission

January 7, 2025

8:00 PM

Chairperson J. Pienkos

Commissioners Jack Cuthbertson, Joey DeTomaso, Vicki Flaskamp, Tricia Little,
Edward McMurray, Carl Timmerman, Karen Timmerman, and Bob Wagner

MINUTES OF THE MEETING HELD IN VILLAGE HALL BY THE TRAFFIC AND SAFETY COMMISSION OF THE VILLAGE OF VILLA PARK ON JANUARY 7, 2025

1. Call to Order.

Chairperson Pienkos called the meeting to order at 8:00 p.m.

2. Roll Call.

Director of Public Works, Michael Guerra called the roll.

PRESENT: Cuthbertson, DeTomaso, Little, Pienkos, CK Timmerman, Flaskamp, Wagner.

ABSENT: McMurray, K. Timmerman.

Staff Present: Jesus Landa, Police Sergeant; Michael Guerra, Director of Public Works

Board Present: None.

Others Present: None.

3. Amendments to the Agenda.

Ex-Officio Mantels noted that he had made several mistakes on the agenda for the meeting, including: leaving Item No. 905, Pedestrian Signage and High-Visibility Crosswalks at St Charles and Ardmore, on the agenda despite the fact that the commission had voted at the previous meeting to close it; and failing to add new Item No. 907, "Drive Like Your Kids Play Here" signs, even though the commission had voted to add it at the previous meeting. He also noted that the November meeting minutes were not yet available.

Motion to remove Agenda Item 7a, Approval of Minutes, and Agenda Item 8e, Item No. 905, Pedestrian Signage and High-Visibility Crosswalks at St Charles and Ardmore, made by Commissioner Wagner and seconded by Commissioner DeTomaso. Voice vote carried with all ayes.

Motion carried.

Items 7a and 8e removed from agenda.

4. Public Comments on Agenda Items.

Donna Noxon of 1037 S. Rand Rd provided comments regarding Agenda Item 8e, Item No. 906, Crosswalk across Ardmore Avenue near Lufkin Park. Ms. Noxon's comments generally were to confirm that a foot traffic study was still expected to be done. Ms. Noxon also expressed concerns for a cross walk near the new Recreation Center on Wildwood Ave.

5. Public Comments on Non-Agenda Items.

Gail Ruiz of 608 E. Madison St spoke regarding motor vehicle speeds, on Madison St traveling East from Villa Ave also noting that there are no stop signs, but adjacent streets (Washington St, Highland Ave and Park Blvd) do have stop signs. There is a designated school bus stop at Madison St and Monterey Ave and Ms. Ruiz is concerned with vehicles not stopping for the bus pickups in the morning. She also noted that there has been a presence of police officers and is requesting a digital speed sign. She is requesting a traffic study, and a stop sign to be implemented at the intersection at Madison Ave and Monterey Ave.

Patty Plattenberger of 713 E. Madison St spoke with concerns of vehicles traveling at high speeds on Madison St turning to travel North on Riverside Dr. She noted that there have been parked cars hit, and there are police reports to corroborate. Ms. Plattenberger is requesting that a stop sign to be implemented at the intersection at Madison Ave and Monterey Ave.

6. Presentations.

6a. Report of the Bike, Pedestrian, and Transit Subcommittee.

Commissioner Wagner noted that the subcommittee's last meeting was held on 11/21/2024 and there was no meeting in December. Commissioner Wagner was able to provide updates "Project Sidewalk". There was a grant awarded to this project. This grant was awarded to a private citizen and will benefit Willowbrook High School students involved in the project. Discussion included a bike summit being held in Springfield, IL on May 8, 2025.

7. Approval of Minutes.

7a. Consider approval of pending minutes from the Traffic and Safety Commission meeting held on November 5, 2024.

Motion to approve the minutes of the Traffic and Safety Commission meeting held on November 5, 2024, was made by Commissioner DeTomaso and seconded by Commissioner Wagner. Voice vote passed with all ayes.

Motion carried. Minutes approved.

Consider approval of pending minutes from the Traffic and Safety Commission meeting held on December 3, 2024.

Motion to table the minutes of the Traffic and Safety Commission meeting held on December 3, 2024, was made by Commissioner Wagner and seconded by Commissioner DeTomaso. Voice vote passed with all ayes.

Motion carried.

8. Old Business.

8a. Item No. 900 – Parking restrictions on Princeton south of Belden.

Commissioners generally agreed that no action would be taken to recommend approval of the draft ordinance or any other ordinance at this time, and that the item would be deferred pending the staff investigation that had been discussed. Commissioner DeTomaso noted that there is a proposed ordinance to change parking on Princeton.

Motion to table Agenda Item 8a, Item No. 900, Parking restrictions on Princeton south of Belden, made by Commissioner Cuthbertson and seconded by Commissioner Little. Voice vote passed with all ayes. Motion carried. Item tabled.

8b. Item No. 902 – Stop Signs at Elm and Princeton.

Motion to table Agenda Item 8b, Item No. 902, Stop Signs at Elm and Princeton; and to table Agenda Item 8c, Item No. 903, Stop Signs at Division and Princeton; Motion made by Commissioner DeTomaso and seconded by Commissioner Little. Voice vote passed with all ayes.

Motion carried.

Item tabled.

8c. Item No. 903 – Stop Signs at Division and Princeton.

See Item No. 902.

Item tabled.

8d. Item No. 904 – Traffic and Safety Commission CY 2025 Budget.

Motion to remove agenda item made by Commissioner Wagner and seconded by Commissioner Flaskamp. Voice vote passed with all ayes.

Motion carried.

Item removed.

8e. Item No. 906 – Crosswalk across Ardmore Avenue near Lufkin Park.

Chairperson noted that a traffic study will be done when weather permits. Director Guerra confirmed that the scope of study will include pedestrian and bicycle traffic.

Commissioner Little mentioned that commissioners brought up concerns regarding accuracy of traffic study. Director Guerra advised that the equipment used has the technology to count pedestrian traffic at corner of Jackson and Ardmore as well as traffic that crosses at non crosswalk areas. Director Guerra noted that there will be multiple options to complete the Phase 1 study. He anticipated the preliminary reports from traffic study should be done by Mid June 2025. Commissioner Flaskamp questioned what the difference with the crosswalk when Lufkin Pool was operating as opposed to the new park. Chairperson Pienkos noted that he is not aware of any issues prior to the park being built. Commissioner Wagner noted that Lufkin Pool was used seasonally and the new park is used nearly year-round. Keeping item on agenda for further discussion.

Item pending.

8f. Item No. 907 – “Drive Like Your Kids Play Here” signs

Commissioner Wagner noted that they had 17 out of 200 signs left at Police

Department. He suggested to wait to order more signs until he has an accurate count.

Chairperson recommended to move pick up location to Village Hall. Commissioner DeTomaso advised that Village Manager Matt Harline made the decision to have pick up location at the police department due to more convenient hours for residents to pick up signs. Commissioner Wagner agreed. Chairperson also noted that there may be a decision to change verbiage and or color on signs. Keeping item on agenda for further discussion.

Item pending.

9. New Business.

9a. Item No. 908 – Speeding/Traffic Safety Issues on Madison between Villa Ave and Riverside Dr

Chairperson Pienkos requested to add Madison St & Monterey stop sign discussion to meeting. Commissioner DeTomaso noted that Village is prohibited from adding stop signs for speed purposes. Chairperson Pienkos acknowledged that he would like to further investigate the issue including traffic counter and any police reports from the area regarding speeding and accidents.

10. Commissioner Comments.

- 10a. Commissioner DeTomaso mentioned Princeton and Belden Ave, he spoke with Director Gola and updated him on the parking issues. Director Gola will potentially be adding parking on East side of park to alleviate parking issues.
- 10b. Commissioner Flaskamp mentioned a discussion to modify dates for July 1, 2025 and November 4, 2025 meetings. She also wanted to acknowledge Alex Carson in Boy Scout Troop 199. He is currently a Star Scout and will receive a Community Badge for attending the meeting.
- 10c. Commissioner Wagner wished to note the new crosswalk beacon at Villa and the Prarie Path.
- 10d. Commissioner Cuthbertson wished everyone a Happy New Year.
- 10e. Commissioner Little wished everyone a Happy New Year.
- 10f. Commissioner C. Timmerman wished everyone a Happy New Year.

11. Chairperson Comments.

Chairperson Pienkos wished everyone a Happy New Year.

12. Village Board Liaison Comments.

12a. Director Michael Guerra wanted to point out that at the next board meeting they are recommending for award construction of the "Jackson Area Improvement Project". Noted that there will be engineering agreement for Harvard Ave study. In this study, they will review traffic signals, both traffic and pedestrian St Charles and Ardmore.

13. Village Staff Comments.

Jesus Landa, Police Sergeant confirmed there are 18 "Drive Like Your Kids Play Here" signs remaining.

14. Adjournment.

Motion to adjourn was made by Commissioner Wagner and seconded by Commissioner Flaskamp. Voice vote passed with all ayes.

Motion carried.

Meeting adjourned at 9:05 p.m.

Respectfully submitted,

Janelle Manzke

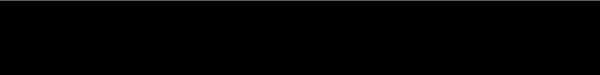
Next Meeting is scheduled for February 4, 2025.

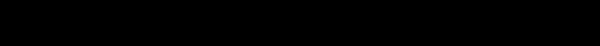
Request to Speak

Name: Patty Plattenberger

Address: 713 E Madison Street

City, State, Zip: Villa Park, IL 60181

Phone #: 

Email:  @ _____

Date: 1/7/25 Agenda Item #: _____ Non-Agenda

Description: RE: High Speed Vehicular traffic on Madison Street.

Follow-up Requested: No Yes Mail Email Phone

*It is the practice of the Traffic and Safety Commission to provide a place on the agenda for comments/concerns from the public; however, the commission does not engage in dialogue at the time any comments/concerns are brought forth. If you wish to speak regarding a particular agenda or a non-agenda item, please complete a "Request to Speak" card. When called upon, please state your name and address where you live, and kindly limit your remarks to 2 minutes.

PLEASE HAND TO COMMISSION CHAIR BEFORE THE START OF THE MEETING

Commission Use Only:

Result: _____

Number Assigned: _____ Taken Under Advisement: Yes No

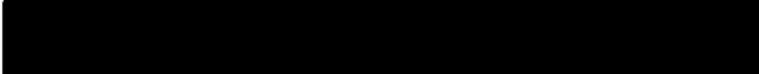
Village Board Police Department Public Works Other: _____

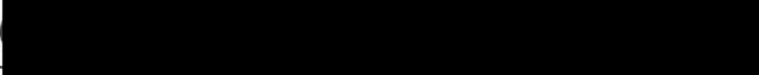
Request to Speak

Name: Gail Ruiz

Address: 608 E Madison St.

City, State, Zip: Villa Park IL 60181

Phone: 

Email:  @ _____

Date: 1/7/25 Agenda Item #: _____ Non-Agenda

Description: Requesting stop sign on
maddison st @ Monterey

Follow-up Requested: No Yes Mail Email Phone

*It is the practice of the Traffic and Safety Commission to provide a place on the agenda for comments/concerns from the public; however, the commission does not engage in dialogue at the time any comments/concerns are brought forth. If you wish to speak regarding a particular agenda or a non-agenda item, please complete a "Request to Speak" card. When called upon, please state your name and address where you live, and kindly limit your remarks to 2 minutes.

PLEASE HAND TO COMMISSION CHAIR BEFORE THE START OF THE MEETING

Commission Use Only:

Result: _____

Number Assigned: _____ Taken Under Advisement: Yes No

Village Board Police Department Public Works Other: _____



MEMORANDUM

TO: Traffic and Safety Commission
FROM: Kevin Mantels, Assistant Village Engineer
DATE: March 4, 2025
SUBJECT: Consider approval of pending minutes from the Traffic and Safety Commission meeting held on February 4, 2025

RECOMMENDED ACTION:

BACKGROUND:

DISCUSSION:



MEMORANDUM

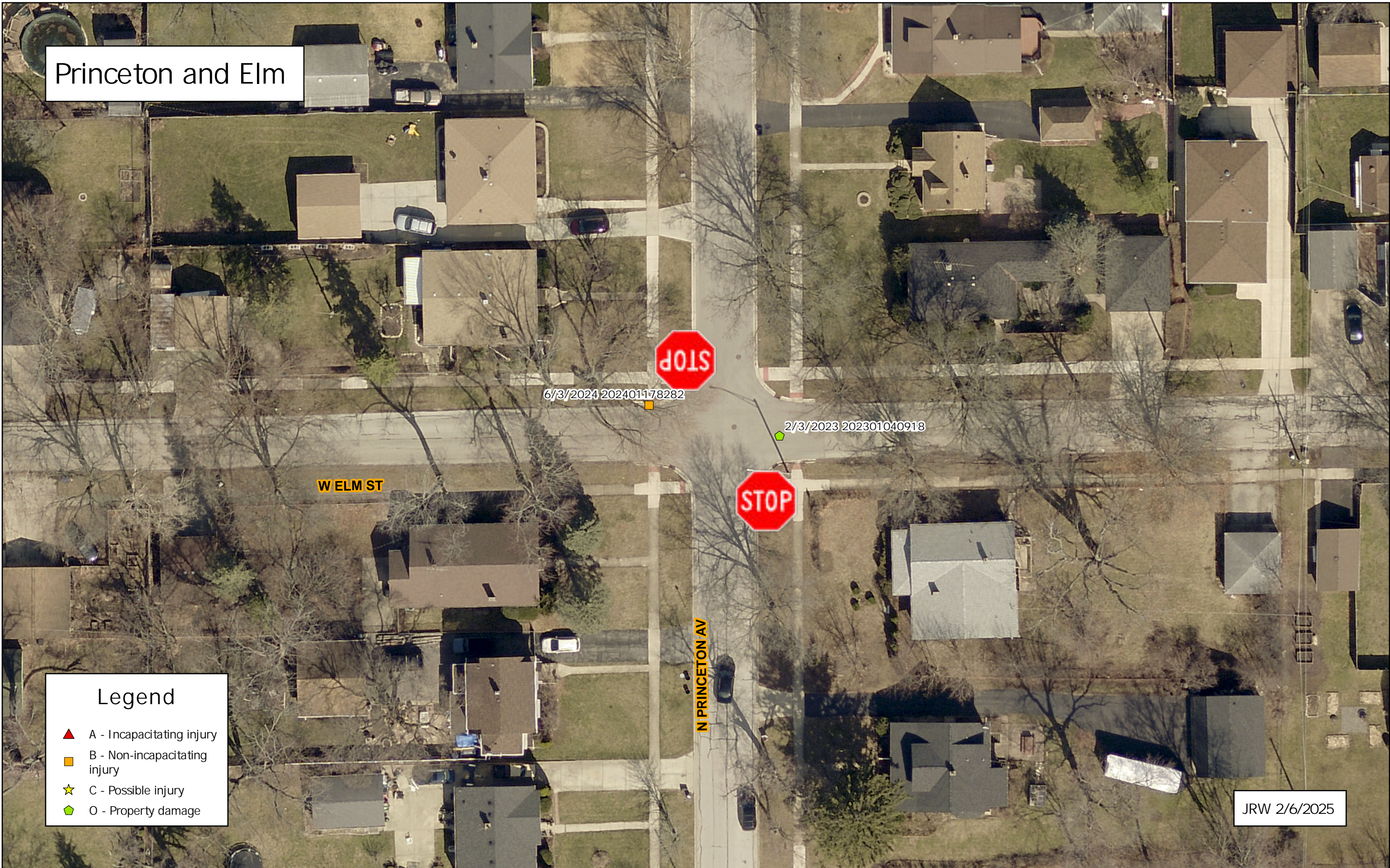
TO: Traffic and Safety Commission
FROM: Kevin Mantels, Assistant Village Engineer
DATE: March 4, 2025
SUBJECT: Item No. 902 - Stop Signs at Elm and Princeton

RECOMMENDED ACTION:

BACKGROUND:

DISCUSSION:

Princeton and Elm



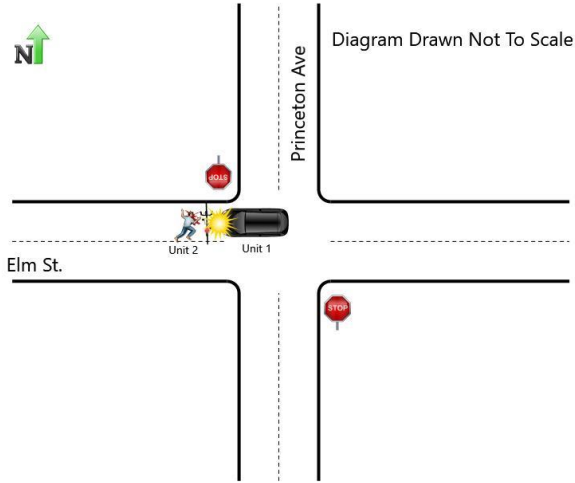
Legend

- ▲ A - Incapacitating injury
- B - Non-incapacitating injury
- ★ C - Possible injury
- ◓ O - Property damage

JRW 2/6/2025

X003442233

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



NARRATIVE (refer to vehicle by unit #)

Unit 1 was travelling W/B on Elm St. approaching Princeton Ave. Unit 2 was riding his bicycle N/B on Princeton Ave. and began crossing Elm St. at which time Unit 1 struck him before leaving the scene. Unit 2 was not wearing a bicycle helmet. See police report VPPC2401017 for further.

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).

UNIT _____

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

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

USDOT NO. _____ ILLCC NO. _____

Source of above
 Side of Truck Papers Driver Log Book
 GVWR/GCWR
 <10,000 10,000 - 26,000 >26,000

Were HAZMAT placards on vehicle? Yes No

If yes, name on placard _____

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

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

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

Did Motor Carrier Safety Regulations (MCS) violation 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. _____ WIDELOAD? Y N

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 OF CRASH BOOKLET
 VEHICLE CONFIG. _____ CARGO BODY TYPE _____ LOAD TYPE _____

LOCAL USE ONLY

N 41.8924
W -87.9806

U1 Race: H

U2 Race: W

U1 COLOR **Black** U2 COLOR **Blue** U1 Drug 1 **000** U1 Drug 2 U2 Drug 1 **000** U2 Drug 2

U1 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: U1 TOWED BY / TO:

U2 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: U2 TOWED BY / TO:

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY003



X002915824

DRAC 1 U1	1 U2	TRFD 2	TRFC 4	WEAT 1	DRVA 2	1 U2	VIS 1 U1	1 U2	VEHD 1 U1	1 U2	LGHT 1	COLL 15	MANV 1 U1	1 U2
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INVESTIGATING AGENCY Villa Park PD	DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input checked="" type="checkbox"/> OVER \$1,500	TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED	<input checked="" type="checkbox"/> A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due to Crash	YR 23	AGENCY CRASH REPORT NO. VPP23001879	TRFW 1
ADDRESS NO.	HIGHWAY OR STREET NAME S PRINCETON AVE	<input checked="" type="checkbox"/> City VILLA PARK	INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DATE OF CRASH 2/3/2023	TIME 9:26	VEHT 1 U1

(CIRCLE) FT / MI N S E W <input checked="" type="checkbox"/> AT INTERSECTION WITH	(CIRCLE) E ELM ST (NAME OF INTERSECTION OR ROAD FEATURE)	COUNTY DU PAGE	PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	# OF MOTOR VEHICLES INVLD 2	SECONDARY CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	FLOW CONDITION <input type="checkbox"/> SLOW <input type="checkbox"/> STOPPED <input checked="" type="checkbox"/> FREE FLOW	U2 2 U1	# LNS 2
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UNIT 1

<input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV	DATE OF BIRTH	MAKE HONDA	MODEL PICKUP	YEAR 2007	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	FRONT VIEW DIAGRAM 11 12 1 10 2 9 16 3 8 4 7 6 5 REAR	TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DISTRACTED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N * Distraction Value 5	COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N * IF YES SEE SIDEBAR	U1 2 U2 1 ALIGN 1 U1 1 U2 1 RSUR 1
STREET ADDRESS	SEX M	SAFT 2	AIR 4	AUTOMATION SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	LEVEL IN VEH.	LEVEL ENGAGED AT CRASH	PLATE NO.	STATE	YEAR	INSURANCE CO.	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
CITY	STATE	ZIP	INJ 0	EJCT 1	EPHT 0	STATE CLASS CDL ID	VIN	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	HOSPITAL (TAKEN TO) Refused	HOSPITAL (TAKEN TO) Refused

UNIT 2

<input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV	DATE OF BIRTH	MAKE CHEVROLET	MODEL SILVERADO	YEAR 2017	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	FRONT VIEW DIAGRAM 11 12 1 10 2 9 16 3 8 4 7 6 5 REAR	TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DISTRACTED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N * Distraction Value	COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N * IF YES SEE SIDEBAR	U1 2 U2 0 SPDR 0 U1 0 U2 0 RDEF 1
STREET ADDRESS	SEX M	SAFT 2	AIR 4	AUTOMATION SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	LEVEL IN VEH. 0	LEVEL ENGAGED AT CRASH 0	PLATE NO.	STATE	YEAR	INSURANCE CO.	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
CITY	STATE	ZIP	INJ 0	EJCT 1	EPHT 0	STATE CLASS CDL ID	VIN	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	HOSPITAL (TAKEN TO) Refused	HOSPITAL (TAKEN TO) Refused

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	(EPHT)	PASSENGERS & WITNESSES ONLY (NAME)/(ADDR)/(TEL)	(HOSP)	(EMS)	BAC
1	3		M	2	4	0	1	0	Refused	Refused	Refused	996
2	3		F	2	4	0	1	0	Refused	Refused	Refused	996

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 2/3/2023	TIME 9:26	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Did crash occur in a Work Zone? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	1	<input checked="" type="checkbox"/>	11	4						
	2	<input type="checkbox"/>			PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP	PRIMARY 02	SECONDARY 41	EMS NOTIFIED	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	IF YES check one below: <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Utility <input type="checkbox"/> Unknown work zone type
UNIT 2	ARREST NAME	<input type="checkbox"/> CITATIONS ISSUED	<input type="checkbox"/> PENDING	SECTION	CITATION NO.	EMS ARRIVED	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	ROAD CLEARANCE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	1	<input checked="" type="checkbox"/>	11	1						
	2	<input type="checkbox"/>			ARREST NAME	OFFICER ID. 325	SIGNATURE Sonia Bregman	BEAT / DIST.	SUPERVISOR ID. Jim Cihak, 352	COURT DATE

X002915824

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



NARRATIVE (refer to vehicle by unit #)

On 2/03/23 at 0926, I was dispatched to the intersection of Elm and Princeton. When I arrived, I met with Unit 1 driver, [REDACTED] who refused the medics. I asked him what happened and he asked the passenger to explain. His passenger was [REDACTED] and he stated that they were traveling southbound on Princeton. [REDACTED] stopped at the stop sign located at the intersection of Elm and Princeton. He proceeded into the intersection where he struck Unit 2.

I met with Unit 2 driver, [REDACTED] who stated in summary; he was traveling eastbound on Princeton. He believed that Unit 1 did not make a complete stop at the stop sign and entered the intersection causing him to strike Unit 2's rear driver side wheel.

Watchguard was turned on and both parties statements were recorded. Nothing further

LOCAL USE ONLY

N 41.8925
W -87.9806

U1 Race: W

U2 Race: H

U1 COLOR	White	U2 COLOR	White	U1 Drug 1	000	U1 Drug 2		U2 Drug 1	000	U2 Drug 2	
U1 TOWED DUE TO	<input type="checkbox"/> DISABLING DAMAGE <input type="checkbox"/> NOT DISABLING DAMAGE	DAMAGE EXTENT:		U1 TOWED BY / TO:							
U2 TOWED DUE TO	<input type="checkbox"/> DISABLING DAMAGE <input type="checkbox"/> NOT DISABLING DAMAGE	DAMAGE EXTENT:		U2 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).

UNIT _____

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

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

USDOT NO. _____ ILLCC NO. _____

Source of above
 Side of Truck Papers Driver Log Book
GVWR/GCWR
 <10,000 10,000 - 26,000 >26,000

Were HAZMAT placards on vehicle? Yes No

If yes, name on placard _____

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

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

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

Did Motor Carrier Safety Regulations (MCS) violation 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. _____ WIDELOAD? Y N

TRAILER VIN 1 _____

TRAILER VIN 2 _____

TRAILER WIDTH(S)	0 - 96"	97 - 102"	> 102"
TRAILER 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRAILER 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRAILER LENGTH(S) 1 _____ ft 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

SELECT CODES FROM BACK OF CRASH BOOKLET

VEHICLE CONFIG. _____ CARGO BODY TYPE _____ LOAD TYPE _____



MEMORANDUM

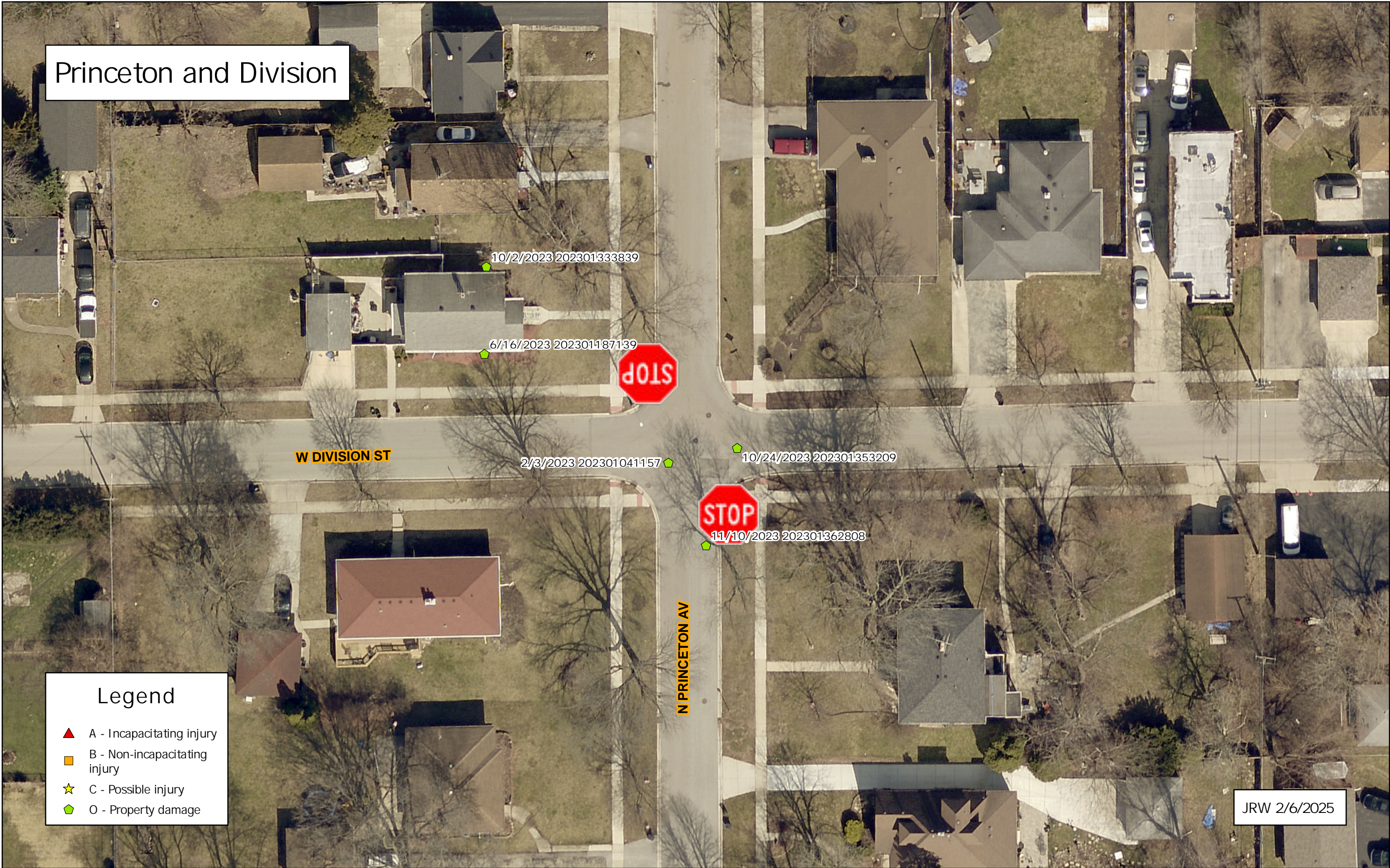
TO: Traffic and Safety Commission
FROM: Kevin Mantels, Assistant Village Engineer
DATE: March 4, 2025
SUBJECT: Item No. 903 - Stop Signs at Division and Princeton

RECOMMENDED ACTION:

BACKGROUND:

DISCUSSION:

Princeton and Division



10/2/2023 202301333839

6/16/2023 202301187139

2/3/2023 202301041157

10/24/2023 202301353209

11/10/2023 202301362808

Legend

- ▲ A - Incapacitating injury
- B - Non-incapacitating injury
- ★ C - Possible injury
- ◇ O - Property damage

JRW 2/6/2025

ILLINOIS TRAFFIC CRASH REPORT

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



IY003



X003218372

DRAC 1 U1	1 U2	TRFD 2	TRFC 4	WEAT 1	DRVA 2	1 U2	VIS 1 U1	1 U2	VEHD 1 U1	1 U2	LGHT 1	COLL 15	MANV 1 U1	1 U2
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INVESTIGATING AGENCY Villa Park PD	DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input checked="" type="checkbox"/> OVER \$1,500	TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED	<input type="checkbox"/> A No Injury / Drive Away <input checked="" type="checkbox"/> B Injury and / or Tow Due to Crash	YR 23	AGENCY CRASH REPORT NO. VPP23017797	TRFW 1
ADDRESS NO.	HIGHWAY OR STREET NAME N PRINCETON AVE	<input checked="" type="checkbox"/> City VILLA PARK	INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DATE OF CRASH 11/10/2023	TIME 8:13	VEHT 15 U1

(CIRCLE) FT / MI N S E W <input checked="" type="checkbox"/> AT INTERSECTION WITH	(CIRCLE) E DIVISION ST (NAME OF INTERSECTION OR ROAD FEATURE)	COUNTY DU PAGE	PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	# OF MOTOR VEHICLES INVLD 2	SECONDARY CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	FLOW CONDITION <input type="checkbox"/> SLOW <input type="checkbox"/> STOPPED <input checked="" type="checkbox"/> FREE FLOW	# LNS 2
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UNIT 1

<input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV	DATE OF BIRTH	MAKE ACURA	MODEL UTILITY	YEAR 2017	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	FRONT 11 12 1 10 2 9 16 3 8 6 4 7 5 REAR	TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	FIRE <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DISTRACTED <input type="checkbox"/> Y <input type="checkbox"/> N	COM VEH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U1
STREET ADDRESS	SEX M	SAFT 2	AIR 5	AUTOMATION SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	LEVEL IN VEH. 0	LEVEL ENGAGED AT CRASH 0	PLATE NO.	STATE	YEAR	POINT OF FIRST CONTACT 8	* IF YES SEE SIDEBAR	U2
CITY	STATE	ZIP	INJ 0	EJCT 1	EPHT 0	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	OWNER STREET, CITY, STATE, ZIP	PHONE NUMBER	U1	
PHONE NUMBER	DRIVER LICENSE NO.	STATE	CLASS D	COL ID 0	INSURANCE CO.	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	OWNER STREET, CITY, STATE, ZIP	PHONE NUMBER	U2	
EMS AGENCY Refused	PEDV	PPA	PPL	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	OWNER STREET, CITY, STATE, ZIP	PHONE NUMBER	U1		
HOSPITAL (TAKEN TO) Refused	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF "Y"	OWNER STREET, CITY, STATE, ZIP	PHONE NUMBER	U2							

UNIT 2

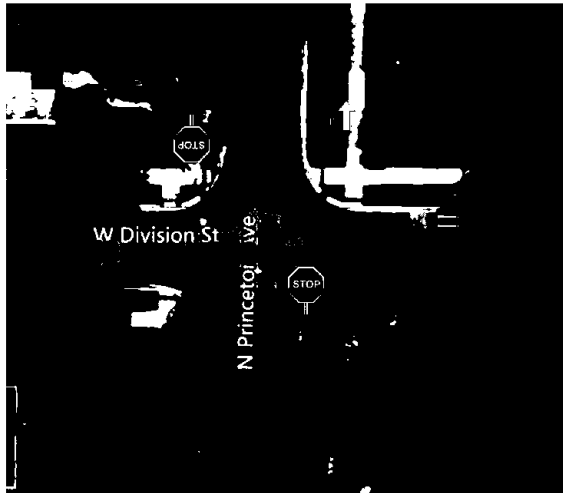
<input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV	DATE OF BIRTH	MAKE HYUNDAI	MODEL UTILITY	YEAR 2014	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	FRONT 11 12 1 10 2 9 16 3 8 6 4 7 5 REAR	TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	FIRE <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DISTRACTED <input type="checkbox"/> Y <input type="checkbox"/> N	COM VEH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U1
STREET ADDRESS	SEX M	SAFT 2	AIR 5	AUTOMATION SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	LEVEL IN VEH. 0	LEVEL ENGAGED AT CRASH 0	PLATE NO.	STATE	YEAR	POINT OF FIRST CONTACT 12	* IF YES SEE SIDEBAR	U2
CITY	STATE	ZIP	INJ 0	EJCT 1	EPHT 0	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER	U1	
PHONE NUMBER	DRIVER LICENSE NO.	STATE	CLASS XX	COL ID	INSURANCE CO.	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER	U2	
EMS AGENCY Refused	PEDV	PPA	PPL	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER	U1		
HOSPITAL (TAKEN TO) Elmhurst Memorial Hospital	INCIDENT RESPONDER <input type="checkbox"/> Y <input type="checkbox"/> N	IF "Y"	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER	U2							

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	(EPHT)	PASSENGERS & WITNESSES ONLY	(NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	BAC
2	3		M	2	5	0	1	0		Refused		Refused	996
													996
													1
													2

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 11/10/2023	TIME 8:13	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Did crash occur in a Work Zone? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	1	<input checked="" type="checkbox"/>	11	4						
	2	<input type="checkbox"/>			PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP	PRIMARY 02	SECONDARY 99	EMS NOTIFIED	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	IF YES check one below: <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Utility <input type="checkbox"/> Unknown work zone type
UNIT 2	1	<input checked="" type="checkbox"/>	11	4	<input checked="" type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING	SECTION 11-703B	CITATION NO. 4544000043	EMS ARRIVED	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	
	2	<input type="checkbox"/>			<input checked="" type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING	SECTION 6-101	CITATION NO. 4544000044	ROAD CLEARANCE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	
	3	<input type="checkbox"/>			OFFICER ID. 325	SIGNATURE Sonia Bregman	BEAT / DIST.	SUPERVISOR ID. Jim Cihak, 352	COURT DATE 12/8/2023	TIME <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

X003218372

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



NARRATIVE (refer to vehicle by unit #)

On 11/10/23 at 8:13am, I was dispatched to the area of Princeton and Division for a two-car crash. When I arrived, both parties involved in the accident refused the medics. I met with Unit 1 driver, [REDACTED] who stated in summary; he was traveling north on Princeton and stopped at the stop sign located at Division and Princeton. He looked to the right and saw a vehicle coming in the far and felt that he could proceed into the intersection. Thomas failed to look to the left where there was Unit 2 traveling east. Thomas entered the intersection and Unit 2 struck the rear driver side tire area of Unit 1's vehicle.

I met with Unit 2's driver, [REDACTED] who stated in summary; he was traveling eastbound on Division St. He observed Unit 1 enter the intersection in front of him and he did not have enough time to stop. Unit 2 struck Unit 1 with its front bumper.

LOCAL USE ONLY

N 41.8946
W -87.9806

U1 Race: W

U2 Race: H

U1 COLOR **Black** U2 COLOR **Black** U1 Drug 1 **000** U1 Drug 2 U2 Drug 1 **000** U2 Drug 2

U1 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: U1 TOWED BY / TO:

U2 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: **3** U2 TOWED BY/ TO: **Veterans Towing**

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).

UNIT _____

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

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

USDOT NO. _____ ILLCC NO. _____

Source of above Side of Truck Papers Driver Log Book

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

Were HAZMAT placards on vehicle? Yes No

If yes, name on placard _____

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

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

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

Did Motor Carrier Safety Regulations (MCS) violation 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. _____ WIDELOAD? Y N

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 OF CRASH BOOKLET

VEHICLE CONFIG. _____ CARGO BODY TYPE _____ LOAD TYPE _____

ILLINOIS TRAFFIC CRASH REPORT

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



IY003

X003208845

DRAC 9 U1	1 U2	TRFD 1	TRFC 1	WEAT 1	DRVA 99	1 U2	VIS 99 U1	1 U2	VEHD 99 U1	1 U2	LGHT 1	COLL 9	MANV 99 U1	21 U2
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INVESTIGATING AGENCY Villa Park PD	DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input checked="" type="checkbox"/> OVER \$1,500	TYPE OF REPORT <input type="checkbox"/> ON SCENE <input checked="" type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED	<input checked="" type="checkbox"/> A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due to Crash	YR 23	AGENCY CRASH REPORT NO. VPP23016899	TRFW 1
ADDRESS NO.	HIGHWAY OR STREET NAME DIVISION ST	<input checked="" type="checkbox"/> City VILLA PARK	INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF CRASH 10/24/2023	TIME 4:45	SECONDARY CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

(CIRCLE) 15 (CIRCLE) FT / MI N S E W Princeton Ave <input type="checkbox"/> AT INTERSECTION WITH _____ (NAME OF INTERSECTION OR ROAD FEATURE)	COUNTY DU PAGE	PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	HIT & RUN <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	# OF MOTOR VEHICLES INVLD 2	FLOW CONDITION <input type="checkbox"/> SLOW <input type="checkbox"/> STOPPED <input checked="" type="checkbox"/> FREE FLOW	VEHT 99 U1
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UNIT 1

<input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV NAME (LAST, FIRST, M) UNKNOWN, UNKNOWN	DATE OF BIRTH mo / day / yr	MAKE UNKNOWN	MODEL UNKNOWN	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	FRONT VIEW DIAGRAM 11 12 1 10 2 9 16 3 8 4 7 6 5 REAR	TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DISTRACTED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	* IF YES SEE SIDEBAR	U1 2
STREET ADDRESS	SEX SAFT AIR 9 3	AUTOMATION SYSTEM <input type="checkbox"/> Y <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK	LEVEL IN VEH.	LEVEL ENGAGED AT CRASH	POINT OF FIRST CONTACT 99							U2 1
CITY STATE ZIP	INJ EJECT EPTH 0 9	PLATE NO. STATE YEAR	VEHICLE OWNER (LAST, FIRST, M.I.) UNKNOWN		POLICY NO.		INSURANCE CO.		EXPIRED <input type="checkbox"/> Y <input type="checkbox"/> N		RSUR 1	
PHONE NUMBER	DRIVER LICENSE NO.	STATE CLASS CDL ID	HOSPITAL (TAKEN TO)		INCIDENT RESPONDER <input type="checkbox"/> Y <input type="checkbox"/> N		IF "Y" OWNER STREET, CITY, STATE, ZIP		PHONE NUMBER		VEHU 99 U1	

UNIT 2

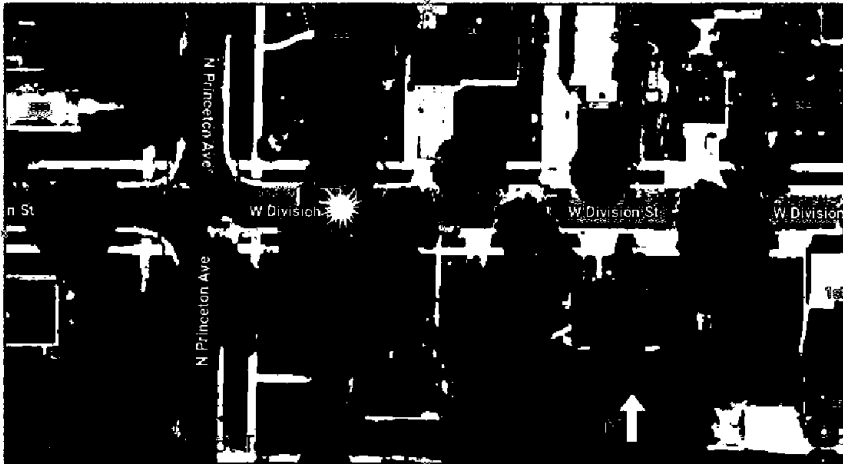
<input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV NAME (LAST, FIRST, M)	DATE OF BIRTH mo / day / yr	MAKE NISSAN	MODEL KICKS	YEAR 2021	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	FRONT VIEW DIAGRAM 11 12 1 10 2 9 16 3 8 4 7 6 5 REAR	TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DISTRACTED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	* IF YES SEE SIDEBAR	U1 2
STREET ADDRESS	SEX SAFT AIR	AUTOMATION SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	LEVEL IN VEH.	LEVEL ENGAGED AT CRASH	POINT OF FIRST CONTACT 7							U2 9
CITY STATE ZIP	INJ EJECT EPTH	PLATE NO. STATE YEAR	VEHICLE OWNER (LAST, FIRST, M.I.)		POLICY NO.		INSURANCE CO.		EXPIRED <input type="checkbox"/> Y <input type="checkbox"/> N		RDEF 1	
PHONE NUMBER	DRIVER LICENSE NO.	STATE CLASS CDL ID	HOSPITAL (TAKEN TO)		INCIDENT RESPONDER <input type="checkbox"/> Y <input type="checkbox"/> N		IF "Y" OWNER ADDRESS (STREET, CITY, STATE, ZIP)		PHONE NUMBER		BAC 996 U1	

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	(EPTH)	PASSENGERS & WITNESSES ONLY	(NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 10/24/2023	TIME 7:34	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Did crash occur in a Work Zone? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U2 9
	1	<input checked="" type="checkbox"/>	18	1							DIRP 9 U1
	2	<input type="checkbox"/>			PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP	PRIMARY 99	SECONDARY 99	EMS NOTIFIED	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	IF YES check one below: <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Utility <input type="checkbox"/> Unknown work zone type	U1 7
UNIT 2	1	<input checked="" type="checkbox"/>	11	1	ARREST NAME	SECTION	CITATION NO.	EMS ARRIVED	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U2 25
	2	<input type="checkbox"/>			<input type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING	SECTION	CITATION NO.	ROAD CLEARANCE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM		SLMT 25 U1
	3	<input type="checkbox"/>			ARREST NAME OFFICER ID. 615	SIGNATURE James Kubish	BEAT / DIST.	SUPERVISOR ID. Jesus Landa, 322	COURT DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	

X003208845

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



NARRATIVE (refer to vehicle by unit #)

On the above date and time, I was dispatched to the PD, reference a hit and run. Once at the PD, I met with the C/V [REDACTED].

[REDACTED] stated in summary that she was at her friends house at 259 N Princeton from about 16:45-18:20 hours today, 10/24/2023. Her vehicle [REDACTED] REG [REDACTED] was parked in the street on the north side of Division St, in front of 305 W Division St. When she returned to her vehicle, she noticed that her mirror was folded in and also light scratches/scuffs on the drivers side of her vehicle. She then asked neighbors nearby that her friend knows if they have cameras. There was no cameras that captured the incident and she had no information about who she believed may have hit the vehicle.

LOCAL USE ONLY

U1 Race:

U2 Race:

U1 COLOR U2 COLOR U1 Drug 1 000 U1 Drug 2 U2 Drug 1 000 U2 Drug 2

U1 TOWED DUE TO [] DISABLING DAMAGE [] NOT DISABLING DAMAGE DAMAGE EXTENT: U1 TOWED BY / TO:

U2 TOWED DUE TO [] DISABLING DAMAGE [] NOT DISABLING DAMAGE DAMAGE EXTENT: U2 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).

UNIT CARRIER NAME ADDRESS CITY/STATE/ZIP

MOTOR CARR. ID [] Interstate [] Intrastate [] Not In Comm./Govt. [] Not In Comm./Other

USDOT NO. ILLCC NO. Source of above [] Side of Truck [] Papers [] Driver [] Log Book GVWR/GCWR [] <10,000 [] 10,000 - 26,000 [] >26,000

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

Did HAZMAT Spill from vehicle (do NOT consider FUEL from vehicle's own tank)? [] Yes [] No [] Unknown

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

Did Motor Carrier Safety Regulations (MCS) violation 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. WIDELOAD? [] Y [] N

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 OF CRASH BOOKLET VEHICLE CONFIG. CARGO BODY TYPE LOAD TYPE

ILLINOIS TRAFFIC CRASH REPORT

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



IY003



X003190619

DRAC 1 U1	TRFD 10 U2	TRFC 1	WEAT 1	DRVA 8	VIS 1 U2	VEHD 13 U1	LGHT 16 U2	COLL 1	MANV 9 U1	U2 21
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INVESTIGATING AGENCY Villa Park PD	DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input checked="" type="checkbox"/> OVER \$1,500	TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED	<input type="checkbox"/> A No Injury / Drive Away <input checked="" type="checkbox"/> B Injury and / or Tow Due to Crash	YR 23	AGENCY CRASH REPORT NO. VPP23015779	TRFW 1
ADDRESS NO. 306	HIGHWAY OR STREET NAME N PRINCETON AVE	<input checked="" type="checkbox"/> City VILLA PARK	INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF CRASH 10/2/2023	TIME 4:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	VEHT 15 U1
(CIRCLE) FT / MI N S E W <input type="checkbox"/> AT INTERSECTION WITH _____		COUNTY DU PAGE	PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	# OF MOTOR VEHICLES INVLD 2	SECONDARY CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
			HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		FLOW CONDITION <input type="checkbox"/> SLOW <input type="checkbox"/> STOPPED <input checked="" type="checkbox"/> FREE FLOW	15 U2
						# LNS 2 U1

UNIT 1

<input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV	DATE OF BIRTH	MAKE JEEP	MODEL LIBERTY	YEAR 2003	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	FRONT 11 12 10 9 8 7 6 5 4 3 2 1 REAR	TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	FIRE <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DISTRACTED <input type="checkbox"/> Y <input type="checkbox"/> N * Distraction Value	COM VEH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N * IF YES SEE SIDEBAR	VEH1 2 U1
STREET ADDRESS	SEX M	SAFT 9	AIR 4	AUTOMATION SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	LEVEL IN VEH.	LEVEL ENGAGED AT CRASH					U2 2
CITY	INJ 0	EJCT 1	EPHT	PLATE NO.	STATE	YEAR					ALIGN 1 U1
PHONE NUMBER	STATE IL	CLASS D	COL ID	VIN	INSURANCE CO.						U2 1
EMS AGENCY Refused	PEDV	PPA	PPL	VEHICLE OWNER (LAST, FIRST, M.I.)		POLICY NO.					RSUR 1 U2
HOSPITAL (TAKEN TO)	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF "Y"	OWNER STREET, CITY, STATE, ZIP		PHONE NUMBER						VEH2 2 U1

UNIT 2

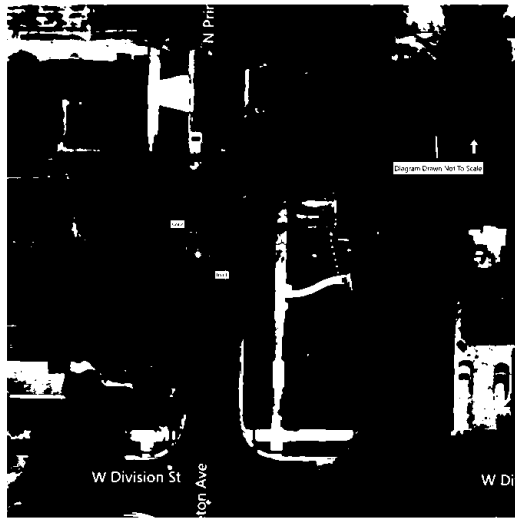
<input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV	DATE OF BIRTH	MAKE GMC	MODEL TERRAIN	YEAR 2015	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	FRONT 11 12 10 9 8 7 6 5 4 3 2 1 REAR	TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	FIRE <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DISTRACTED <input type="checkbox"/> Y <input type="checkbox"/> N * Distraction Value	COM VEH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N * IF YES SEE SIDEBAR	VEH1 2 U1
NAME (LAST, FIRST, M)	SEX M	SAFT 9	AIR 4	AUTOMATION SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	LEVEL IN VEH.	LEVEL ENGAGED AT CRASH					U2 2
STREET ADDRESS	INJ 0	EJCT 1	EPHT	PLATE NO.	STATE	YEAR					SPDR 0 U1
PHONE NUMBER	STATE IL	CLASS D	COL ID	VIN	INSURANCE CO.						U2 0
EMS AGENCY	PEDV	PPA	PPL	VEHICLE OWNER (LAST, FIRST, M.I.)		POLICY NO.					RDEF 1 U2
HOSPITAL (TAKEN TO)	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF "Y"	OWNER ADDRESS (STREET, CITY, STATE, ZIP)		PHONE NUMBER						BAC 996 U1

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	(EPHT)	PASSENGERS & WITNESSES ONLY	(NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 10/2/2023	TIME 4:21 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Did crash occur in a Work Zone? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	1	<input checked="" type="checkbox"/>	18	1					
	2	<input type="checkbox"/>			PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP	PRIMARY 20	SECONDARY 28	EMS NOTIFIED	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
UNIT 2					<input checked="" type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING	SECTION 5/6-303A	CITATION NO. 4735000307	EMS ARRIVED	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
	1	<input checked="" type="checkbox"/>	11	1				ROAD CLEARANCE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
	2	<input type="checkbox"/>			ARREST NAME OFFICER ID. 351	SIGNATURE Rich Boryk	BEAT / DIST.	SUPERVISOR ID. Jose Pagan, 344	COURT DATE 11/17/2023
	3	<input type="checkbox"/>						TIME <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N

X003190619

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



NARRATIVE (refer to vehicle by unit #)

The driver of unit 1 stated that 20 min prior he was N/B Princeton and had to avoid a S/B vehicle causing him to hit a parked unit 2.

The owner of unit 2 stated that he parked facing S/B in front of 306 S Princeton and later discovered his vehicle damaged. He also observed the Driver of unit 1 inspecting the damage to unit 2.

The front registration to unit 1 was found, lying in the roadway, near the damaged front driver's side of unit 2.

LOCAL USE ONLY

N 41.8949
W -87.9809

U1 Race: H

U2 Race:

U1 COLOR Red U2 COLOR Black U1 Drug 1 000 U1 Drug 2 U2 Drug 1 000 U2 Drug 2

U1 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: 2 U1 TOWED BY / (T): Veterans Towing

U2 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: 3 U2 TOWED BY / (T): Veterans Towing

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).

UNIT
CARRIER NAME
ADDRESS
CITY/STATE/ZIP

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

USDOT NO. ILLCC NO.
Source of above
Side of Truck
Papers
Driver
Log Book
GVWR/GCWR
<10,000
10,000 - 26,000
>26,000

Were HAZMAT placards on vehicle?
If yes, name on placard
4 digit UN NO.
1 digit Hazard Class NO.

Did HAZMAT Spill from vehicle (do NOT consider FUEL from vehicle's own tank)?

Did HAZMAT Regulations violation contribute to the crash?

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

Was a Driver/Vehicle Examination Report form completed?

HAZMAT
MCS
Form Number

IDOT PERMIT NO.
WIDELOAD?

TRAILER VIN 1
TRAILER VIN 2

TRAILER WIDTH(S)
TRAILER 1
TRAILER 2

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

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

ILLINOIS TRAFFIC CRASH REPORT

Sheet **1** of **1** Sheets**IY003****X003054066**

DRAC	1	TRFD	1	TRFC	1	WEAT	1	DRVA	9	VIS	1	VEHD	1	LGHT	99	COLL	1	MANV	16	23	1
U1	U2									U1	U2	U1	U2			U1	U2				

INVESTIGATING AGENCY Villa Park PD	DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input checked="" type="checkbox"/> OVER \$1,500	TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input checked="" type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED	<input checked="" type="checkbox"/> A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due to Crash	YR 23	AGENCY CRASH REPORT NO. VPP23009871	TRFW 1	
ADDRESS NO. 300	HIGHWAY OR STREET NAME BLOCK OF N. PRINCETON AVE	<input checked="" type="checkbox"/> City VILLA PARK	INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF CRASH 6/16/2023	TIME 2:00	SECONDARY CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VEHT 1
(CIRCLE) FT / MI N S E W <input type="checkbox"/> AT INTERSECTION WITH		COUNTY DU PAGE	PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	# OF MOTOR VEHICLES INVLD 2	FLOW CONDITION <input checked="" type="checkbox"/> SLOW <input type="checkbox"/> STOPPED <input type="checkbox"/> FREE FLOW	U1 1

UNIT 1

<input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV	DATE OF BIRTH	MAKE HONDA	MODEL ACCORD	YEAR 2009	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	FRONT 11 12 1 10 2 9 16 3 8 4 7 6 5 REAR	TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U1 2
STREET ADDRESS	SEX F	SAFT 2	AIR 4	AUTOMATION SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	LEVEL IN VEH.	LEVEL ENGAGED AT CRASH	FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U2 2
CITY	STATE	ZIP	INJ 0	EJCT 1	EPHT 0	PLATE NO.	DISTRACTED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	ALIGN 1
PHONE NUMBER	DRIVER LICENSE NO.	STATE IL	CLASS D	COL ID 0	VIN	INSURANCE CO.	COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U1 1
EMS AGENCY Refused	PEDV	PPA	PPL	VEHICLE OWNER (LAST, FIRST, M.I.)		POLICY NO.	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U2 1
HOSPITAL (TAKEN TO)	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF "Y"	OWNER STREET, CITY, STATE, ZIP		PHONE NUMBER			VEHU 2

UNIT 2

<input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV	DATE OF BIRTH	MAKE UNKNOWN	MODEL UNKNOWN	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	FRONT 11 12 1 10 2 9 16 3 8 4 7 6 5 REAR	TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U1 99
STREET ADDRESS UNKNOWN	SEX 9	SAFT 9	AIR 9	AUTOMATION SYSTEM <input type="checkbox"/> Y <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK	LEVEL IN VEH.	LEVEL ENGAGED AT CRASH	FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U2 0
CITY	STATE	ZIP	INJ 0	EJCT 1	EPHT 0	PLATE NO.	DISTRACTED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	SPDR 0
PHONE NUMBER UNK-NOWN	DRIVER LICENSE NO. UNKNOWN	STATE	CLASS	COL ID	VIN	INSURANCE CO. UNKNOWN	COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U1 0
EMS AGENCY	PEDV	PPA	PPL	VEHICLE OWNER (LAST, FIRST, M.I.) UNKNOWN, UNKNOWN		POLICY NO. UNKNOWN	EXPIRED <input type="checkbox"/> Y <input type="checkbox"/> N	U2 1
HOSPITAL (TAKEN TO)	INCIDENT RESPONDER <input type="checkbox"/> Y <input type="checkbox"/> N	IF "Y"	OWNER ADDRESS (STREET, CITY, STATE, ZIP) UNKNOWN UNKNOWN,		PHONE NUMBER UNK-NOWN			BAC 996

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	(EPHT)	PASSENGERS & WITNESSES ONLY	(NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	U1
													996
													1
													1

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 6/16/2023	TIME 4:54	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Did crash occur in a Work Zone? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U2 3
	1	<input checked="" type="checkbox"/>	11	1	PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP	PRIMARY 30	SECONDARY 02	EMS NOTIFIED	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	IF YES check one below: <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Utility <input type="checkbox"/> Unknown work zone type	U1 5
	2	<input type="checkbox"/>			<input type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING	SECTION	CITATION NO.	EMS ARRIVED	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM		U2 25
UNIT 2	1	<input checked="" type="checkbox"/>	11	1	ARREST NAME	SECTION	CITATION NO.	ROAD CLEARANCE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U1 25
	2	<input type="checkbox"/>			ARREST NAME	SECTION	CITATION NO.	COURT DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM		U2
	3	<input type="checkbox"/>			OFFICER ID. 350	SIGNATURE Mateusz Rol vel Rul	BEAT / DIST.	SUPERVISOR ID. Jim Cihak, 352	COURT DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	

X003054066

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



NARRATIVE (refer to vehicle by unit #)

Driver of unit was backing out of a driveway in the 300 block of N. Princeton. She did not see unit 2 traveling S/B on Princeton approaching Division, and backed into him. The driver of unit 2 stopped looked at his vehicle and without saying anything to the driver of unit 1, got back in his vehicle and drove away. Driver of unit 1 wanted to document the crash.

Nothing further.

LOCAL USE ONLY

N 41.8948
W -87.9809

U1 Race: **W**

U2 Race: **U**

U1 COLOR **Gray** U2 COLOR **Amethyst** U1 Drug 1 **000** U1 Drug 2 U2 Drug 1 **000** U2 Drug 2

U1 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: **1** U1 TOWED BY / TO:

U2 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: **1** U2 TOWED BY / TO:

LARGE TRUCK, BUS, OR HM VEHICLE

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

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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).

UNIT _____

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

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

USDOT NO. _____ ILLCC NO. _____

Source of above
 Side of Truck Papers Driver Log Book
GVWR/GCWR

<10,000 10,000 - 26,000 >26,000

Were HAZMAT placards on vehicle? Yes No

If yes, name on placard _____

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

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

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

Did Motor Carrier Safety Regulations (MCS) violation 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. _____ WIDELOAD? Y N

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 OF CRASH BOOKLET

VEHICLE CONFIG. _____ CARGO BODY TYPE _____ LOAD TYPE _____

ILLINOIS TRAFFIC CRASH REPORT

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



IY003

X002916074

DRAC 1 U1	1 U2	TRFD 2	TRFC 4	WEAT 1	DRVA 2	1 U2	VIS 1 U1	1 U2	VEHD 1 U1	1 U2	LGHT 1	COLL 15	MANV 1 U1	1 U2
------------------------	----------------	------------------	------------------	------------------	------------------	----------------	-----------------------	----------------	------------------------	----------------	------------------	-------------------	------------------------	----------------

INVESTIGATING AGENCY Villa Park PD	DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input checked="" type="checkbox"/> OVER \$1,500	TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED	<input type="checkbox"/> A No Injury / Drive Away <input checked="" type="checkbox"/> B Injury and / or Tow Due to Crash	YR 23	AGENCY CRASH REPORT NO. VPP23001904	TRFW 1
ADDRESS NO.	HIGHWAY OR STREET NAME S PRINCETON AVE	<input checked="" type="checkbox"/> City VILLA PARK	INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DATE OF CRASH 2/3/2023	TIME 4:34	SECONDARY CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

(CIRCLE) FT / MI N S E W <input checked="" type="checkbox"/> AT INTERSECTION WITH	(CIRCLE) E DIVISION ST (NAME OF INTERSECTION OR ROAD FEATURE)	COUNTY DU PAGE	PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	# OF MOTOR VEHICLES INVLD 2	FLOW CONDITION <input type="checkbox"/> SLOW <input type="checkbox"/> STOPPED <input checked="" type="checkbox"/> FREE FLOW	VEHT 1 U1	# LNS 2 U2
--	--	--------------------------	--	---	--	---------------------------------------	--	------------------------	-------------------------

UNIT 1

<input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV	DATE OF BIRTH	MAKE HYUNDAI	MODEL ELANTRA	YEAR 2013	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	FRONT VIEW DIAGRAM 11 12 1 10 16 2 9 16 3 8 6 4 7 5	TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	FIRE <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DISTRACTED <input type="checkbox"/> Y <input type="checkbox"/> N * Distraction Value	COM VEH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N * IF YES SEE SIDEBAR	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	VEHU 2 U1	ALIGN 1 U2
STREET ADDRESS	SEX M	SAFT 2	AIR 4	AUTOMATION SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	LEVEL IN VEH. 0	LEVEL ENGAGED AT CRASH 0	PLATE NO.	STATE	YEAR	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	RSUR 1 U2
CITY	STATE	ZIP	INJ 0	EJCT 1	EPHT 0	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	HOSPITAL (TAKEN TO) Refused	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF "Y"	OWNER STREET, CITY, STATE, ZIP	PHONE NUMBER

UNIT 2

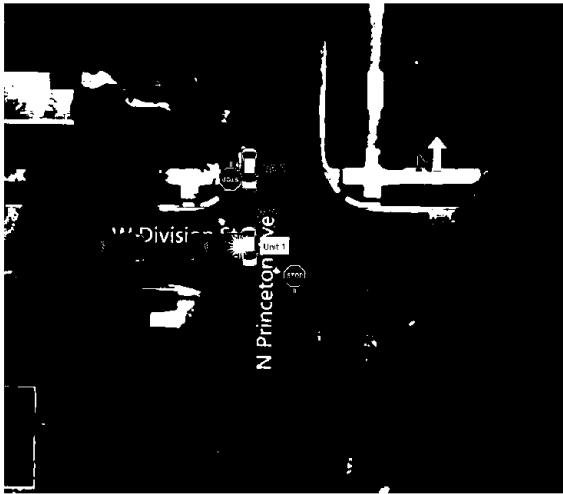
<input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV	DATE OF BIRTH	MAKE HONDA	MODEL ELEMENT	YEAR 2004	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	FRONT VIEW DIAGRAM 11 12 1 10 16 2 9 16 3 8 6 4 7 5	TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	FIRE <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DISTRACTED <input type="checkbox"/> Y <input type="checkbox"/> N * Distraction Value	COM VEH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N * IF YES SEE SIDEBAR	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	VEHU 2 U1	SPDR 0 U2
STREET ADDRESS	SEX M	SAFT 2	AIR 4	AUTOMATION SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	LEVEL IN VEH. 0	LEVEL ENGAGED AT CRASH 0	PLATE NO.	STATE	YEAR	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	RDEF 1 U2
CITY	STATE	ZIP	INJ 0	EJCT 1	EPHT 0	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	HOSPITAL (TAKEN TO) Refused	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF "Y"	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	(EPHT)	PASSENGERS & WITNESSES ONLY	(NAME)/(ADDR)/(TEL)	(HOSP)	(EMS)	BAC
W													996 U1
													996 U2
													1 # OCCS U1
													1 U1

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 2/3/2023	TIME 4:34	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Did crash occur in a Work Zone? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	1	<input checked="" type="checkbox"/>	11	4						
	2	<input type="checkbox"/>			PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP	PRIMARY 02	SECONDARY 99	EMS NOTIFIED	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	IF YES check one below: <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Utility <input type="checkbox"/> Unknown work zone type
UNIT 2	1	<input checked="" type="checkbox"/>	11	4	<input checked="" type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING	SECTION 5/11-904(B)	CITATION NO. 4544000005	EMS ARRIVED	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	2	<input type="checkbox"/>			<input checked="" type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING	SECTION 5/6-303(A)	CITATION NO. 4544000006	ROAD CLEARANCE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	
	3	<input type="checkbox"/>			OFFICER ID. 325	SIGNATURE Sonia Bregman	BEAT / DIST.	SUPERVISOR ID. Jesus Landa, 322	COURT DATE 3/10/2023	TIME <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

X002916074

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.

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- 1. Has a weight rating of more than 10,000 pounds...
2. Is used or designed to transport more than 15 passengers...
3. Is designed to carry 15 or fewer passengers...
4. Is used or designed to transport between 9 and 15 passengers...
5. Is any vehicle used to transport any hazardous material (HAZMAT)...

UNIT
CARRIER NAME
ADDRESS

CITY/STATE/ZIP
MOTOR CARR. ID
USDOT NO. ILLCC NO.

Source of above
GVWR/GCWR
Were HAZMAT placards on vehicle?

If yes, name on placard
4 digit UN NO. 1 digit Hazard Class NO.

Did HAZMAT Spill from vehicle (do NOT consider FUEL from vehicle's own tank)?

Did HAZMAT Regulations violation contribute to the crash?

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

Was a Driver/Vehicle Examination Report form completed?

HAZMAT MCS Form Number

IDOT PERMIT NO. WIDELOAD?

TRAILER VIN 1
TRAILER VIN 2

TRAILER WIDTH(S)
TRAILER 1
TRAILER 2

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

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

NARRATIVE (refer to vehicle by unit #)

On 2/3/23 at 1634hrs, I was dispatched to Princeton and Division for an accident. When I arrived, I met with both units who refused medical attention.

I met with Unit 2 driver, [redacted] who stated in summary; he was traveling east bound on division st about to pass Princeton Ave. He saw Unit 1 make a stop at the stop sign. Unit 1 entered the intersection and Unit 2 tried to avoid striking Unit 1 but was unsuccessful and struck Unit 1 on the passenger side doors.

I met with Unit 1 driver, [redacted] who stated in summary; he was traveling south bound on Princeton Ave and stopped at the stop sign located at Division and Princeton. He did not see Unit 2 and proceeded to enter the intersection where he was struck by Unit 2's front bumper.

LOCAL USE ONLY

N 41.8925
W -87.9806

U1 Race: H

U2 Race: W

U1 COLOR Silver, Aluminum U2 COLOR Maroon U1 Drug 1 000 U1 Drug 2 U2 Drug 1 000 U2 Drug 2

U1 TOWED DUE TO DAMAGE EXTENT: U1 TOWED BY / TO:

U2 TOWED DUE TO DAMAGE EXTENT: 3 U2 TOWED BY/ TO: Veterans Towing



MEMORANDUM

TO: Traffic and Safety Commission
FROM:
DATE: March 4, 2025
SUBJECT: Item No. 906 - Crosswalk across Ardmore Avenue near Lufkin Park

RECOMMENDED ACTION:

BACKGROUND:

DISCUSSION:



MEMORANDUM

TO: Traffic and Safety Commission
FROM: Kevin Mantels, Assistant Village Engineer
DATE: March 4, 2025
SUBJECT: Item No. 907 - "Drive Like Your Kids Play Here" signs

RECOMMENDED ACTION:

BACKGROUND:

DISCUSSION:

From: Mantels, Kevin
Sent: Monday, May 13, 2024 10:59 AM
To: Mantels, Kevin <kmantels@invillapark.com>
Cc: J Pienkos <jpienkos@plote.com>; Guerra, Michael <mguerra@invillapark.com>
Subject: Traffic and Safety Commission "Drive Like Your Kids Live Here" Yard Signs

Village of Villa Park Traffic and Safety Commissioners are bcc'd on this email.

Good morning Traffic and Safety Commissioners,

Please see below for some cost information for potential "Drive Like Your Kids Live Here" yard signs.

Also, per conversations with the Village Manager regarding the commission's \$500 budget—the \$500 dollar amount has been confirmed, but we have been advised that when the commission agrees on what it would like to do (signs, stickers, etc), that the commission make a request to the Village Manager with the actual cost (whether above \$500 or not) and an official response will be provided.

Thanks,

Kevin L. Mantels, P.E.
Assistant Village Engineer

Village of Villa Park
Public Works Department
Engineering Division
P 630.834.8505 | F 630.834.8509
kmantels@invillapark.com



From: Joey
Sent: Thursday, May 9, 2024 02:33 PM
To: Mantels, Kevin <kmantels@invillapark.com>
Subject: Yard Signs

I looked around for some costs --- 200 Yard Signs + wire stakes a bit over \$700

[Cheap Political Campaign Yard Signs | Cheap Election Signs](#)



Cheap Political Campaign Yard Signs | Cheap Election Signs

Enhance your political campaign with our cheap, high-quality yard signs. These budget-friendly election signs ar...

Campaign Yard Signs | Best Price

Cheap Political Campaign Yard Signs | Cheap Election Signs



Description for Campaign Yard Signs | Best Price

Regardless of your campaign signage needs, we have a solution. These cheap custom-printed political campaign yard signs, also known as bandit signs or snipe signs, can be silk screen printed with OEM brand National UV's premium POP+ UV-cured glossy inks for long life and rich opacity. Each size has a quantity minimum for silk screen printing and is restricted to 1 and 2-color designs. Otherwise, your candidate's political campaign yard signs will be digitally printed with OEM brand M&R UV-cured inks with a matte finish.

We have political lawn sign materials that include traditional 4mm, opaque 4mm, and extra thick 8mm. These cheap election yard signs are turned quickly, and in your volunteers' hands fast. Match your cheap custom political campaign yard signs with one of our banners, and you will rule

Upload & Go
Upload print-ready artwork

NEW Online Designer
Create your own masterpiece

Free Professional Design
Let us do all the work

* Size: 18" W x 24" H

Quantity: 200 \$2.86 each

Material: 4mm White Corrugated Plastic

Printed Sides: Double Sided

Number of Colors: 1 Color:

Full Bleed: No - Standard 1/2" Blank Border

Stakes: Half 10" x 15" Stakes Qty: 200

Rush:

Options:

Color:

Finish:

All Costs	
Printing Costs:	\$572.00
Rush Charge:	\$0.00
Addons:	\$150.00
Tax:	\$0.00
Shipping:	\$0.00
Total Cost:	\$722.00

Subtotal **\$722.00** [See All Costs](#)

[Get Started](#)

Estimated Arrival **Monday, May 20** To Zip Code

Need it sooner? **Pick up**

Your order qualifies for **FREE GROUND SHIPPING**



From: Petulia Pugliares <info@drivelikeyourkidslivehere.com>
To: Robert wagne
Date: 10/06/2021 11:36 AM CDT
Subject: Re: Drive Like Your Kids Live Here

Hello Robert,

It is good to hear from you again, thank you for your order and your support. All of our yard/lawn signs include wire stands for posting, and all bulk orders include shipping cost.

See below for your order total:

100 Quantity / 18"x24" Drive Like Your Kids Live Here yard sign including wire stand
\$7 each x 100 = \$700.00 Total

To proceed with your order, please provide a shipping address. An electronic invoice with your order details will be sent for payment processing. Shipping and handling at this time is approximately 10-14 business days. Feel free to contact me if you have any questions.

Thank you,

Petulia Pugliares
Drive Like Your Kids Live Here
PO Box 290149
Wethersfield, CT 06129
www.drivelikeyourkidslivehere.com



On Wed, Oct 6, 2021 at 12:00 PM Robert wagne wrote:

Contact Name: Robert wagner

Email Address: XXXXXXXXXXXXXXX

We are getting ready to order 100 DLYKLH signs for the Village of Villa Park (IL). In a previous e-mail you indicated the cost would be \$7 per sign for an order of 100 or more. I assume that includes the "wire" that goes inside the corrugated plastic sign. Your web site states shipping is included. Can you provide the total cost for 100 signs. Do you have a phone number in case we have additional questions?

For Immediate Release...

In an effort to remind drivers to be vigilant and obey traffic laws and to slow down and obey posted speeds, the Villa Park Traffic and Safety Commission has initiated a pilot program to distribute a limited number of special yard signs. The 18" x 24" yard signs are red and white and read "Drive Like Your Kids Live Here."

Signs can be picked up in the lobby of the Villa Park Police Station at 40 S. Ardmore Monday through Friday between 7 AM and 7 PM. Residents are asked to display the signs in keeping with village code and to limit their requests to one sign per household. Signs may go quickly so please call the Villa Park Police Department non-emergency number at 630-834-7447 to confirm availability.



MEMORANDUM

TO: Traffic and Safety Commission
FROM: Kevin Mantels, Assistant Village Engineer
DATE: March 4, 2025
SUBJECT: Item No. 908 - Speeding / traffic safety issues on Madison between Villa and Riverside

RECOMMENDED ACTION:

BACKGROUND:

DISCUSSION:



MEMORANDUM

TO: Traffic and Safety Commission
FROM:
DATE: March 4, 2025
SUBJECT: Item No. 909 - Reverse Parking on Wildwood from South to North-Illinois to Euclid

RECOMMENDED ACTION:

BACKGROUND:

DISCUSSION:

PUBLISHED IN PAMPHLET FORM THE FOLLOWING:

ORDINANCE NO. 4020

TITLED:

An Ordinance Amending Section 14-204 (a), Loading Zones; Section 14-207 (c), No Parking Zones; Section 14-208, Restricted Parking Hours; Section 14-209, Thirty-Minute Parking; Section 14-212, Central Boulevard Parking Lot; and Section 14-223, Designated Parking Spaces for the Handicapped, Removing Section 14-213, Cortesi Street Municipal Parking Lot and Section 14-214, Park Boulevard Parking Lot and Adding Section 14-208.5, Three-Hour Parking of the Villa Park Municipal Code

**HOSANNA KORYNECKY
VILLAGE CLERK
VILLAGE OF VILLA PARK**

ORDINANCE NO. 4020

AN ORDINANCE AMENDING SECTION 14-204 (a), LOADING ZONES; SECTION 14-207 (c), NO PARKING ZONES; SECTION 14-208, RESTRICTED PARKING HOURS; SECTION 14-209, THIRTY-MINUTE PARKING; SECTION 14-212, CENTRAL BOULEVARD PARKING LOT; AND SECTION 14-223, DESIGNATED PARKING SPACES FOR THE HANDICAPPED, REMOVING SECTION 14-213, CORTESI STREET MUNICIPAL PARKING LOT AND SECTION 14-214, PARK BOULEVARD PARKING LOT AND ADDING SECTION 14-208.5, THREE-HOUR PARKING OF THE VILLA PARK MUNICIPAL CODE

WHEREAS, the Village of Villa Park is a municipal corporation duly organized and existing under the laws of the State of Illinois; and

WHEREAS, Village Staff has recommended to the President and Board of Trustees an amendment of Section 14-204 (a), Loading Zones; Section 14-207 (c), No parking zones; Section 14-208, Restricted parking hours; Section 14-209, Thirty-minute parking; Section 14-212, Central Boulevard parking lot; and Section 14-223, Designated parking spaces for the handicapped, of Chapter 14, Motor Vehicles and Traffic, of the Villa Park Municipal Code, to amend parking restrictions in the Villa Business District; and

WHEREAS, Village Staff has recommended to the President and Board of Trustees the removal of Section 14-213, Cortesi Street municipal parking lot and Section 14-214, Park Boulevard parking lot, of Chapter 14, Motor Vehicles and Traffic, of the Villa Park Municipal Code, to remove parking restrictions in the Villa Business District; and

WHEREAS, Village Staff has recommended to the President and Board of Trustees the addition of Section 14-208.5, Three-hour parking, of Chapter 14, Motor Vehicles and Traffic, of the Villa Park Municipal Code, to amend parking restrictions in the Villa Business District; and

WHEREAS, the President and Board of Trustees of the Village of Villa Park have duly considered the recommendations of Village Staff and concur with said recommendations; and

WHEREAS, the President and Board of Trustees of the Village of Villa Park have

determined that it is in the best interests of the citizens of the Village of Villa Park to amend Section 14-204, Section 14-207, Section 14-208, Section 14-209, Section 14-212, and Section 14-223; remove Section 14-213 and section 14-214; and add section 14-208.5 as more particularly set forth hereinafter;

NOW THEREFORE, BE IT ORDAINED by the President and Board of Trustees of the Village of Villa Park, DuPage County, State of Illinois as follows:

SECTION 1: That subsection (a) of Section 14-204, Loading zones, of Chapter 14 of the Villa Park Municipal Code, as previously adopted and subsequently amended, is hereby further amended to delete the following:

“Kenilworth Avenue, between Myrtle Avenue and Villa Avenue.”

“Myrtle Avenue, west side, from the north line of Kenilworth Avenue northerly for a distance of one hundred twenty (120) feet.”

SECTION 2: That subsection (c) of Section 14-207, No parking zones, of Chapter 14 of the Villa Park Municipal Code, as previously adopted and subsequently amended, is hereby further amended to delete the following:

“Central Boulevard, south side, from Myrtle Avenue to Villa Avenue.”

“Cortesi Avenue (formerly known as New Street), both sides from Kenilworth Avenue to Central Boulevard.”

“Cortesi Avenue (formerly known as New Street), east side, from Kenilworth Avenue to the right-of-way of the former Chicago & Great Western Railroad.”

“Kenilworth Avenue, north side, from Villa Avenue to Cornell Avenue.”

“Kenilworth Avenue, south side, from Myrtle Avenue to Euclid Avenue.”

“Villa Avenue, west side, from Central Boulevard to Van Buren Street Extended.”

“Wildwood Avenue, south side, from Illinois Avenue to the west side of Myrtle Avenue.”

Ordinance Number: 4020

SECTION 3: That subsection (c) of Section 14-207, No parking zones, of Chapter 14 of the Villa Park Municipal Code, as previously adopted and subsequently amended, is hereby further amended to add thereto the following:

“Cortesi Avenue, east side, from Central Boulevard to a point one hundred forty six (146) feet north of the north right-of-way line of Kenilworth Avenue.”

“Cortesi Avenue, north side, from Myrtle Avenue to a point one hundred seventy six (176) feet east of the east right-of-way line of Myrtle Avenue.”

Cortesi Avenue, south side, from the east right-of-way line of Myrtle Avenue to a point twenty five (25) feet east.”

Cortesi Avenue, south side, from the west right-of-way line of Cortesi Avenue to a point thirty six (36) feet west.”

“Kenilworth Avenue, north side, from Euclid Avenue to Cornell Avenue.”

“Kenilworth Avenue, north side, from Cortesi Avenue to a point one hundred twenty one (121) feet west of the west right-of-way line of Myrtle Avenue.”

“Kenilworth Avenue, both sides, from Villa Avenue to Cortesi Avenue.”

“Myrtle Avenue, west side, from Cortesi Avenue to Kenilworth Avenue.”

“Ovaltine Court, south side, from Villa Avenue east to the alley.”

“Wildwood Avenue, north side, from Illinois Avenue to a point one hundred ninety (190) feet east of the east right-of-way line of Euclid Avenue.”

SECTION 4: That of Section 14-208, Restricted parking hours, of Chapter 14 of the Villa Park Municipal Code, as previously adopted and subsequently amended, is hereby further amended to delete the following:

“Kenilworth Avenue, south side, from Myrtle Avenue to Cortesi Avenue;

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except vehicles may park for not more than fifteen (15) minutes along the south side of Kenilworth Avenue from Myrtle Avenue to Cortesi Avenue.”

“Myrtle Avenue, east side, from Kenilworth Avenue to the former Chicago & Great Western right-of-way.”

“Myrtle Avenue, west side, from Kenilworth Avenue to Central Boulevard.”

“Ovaltine Court, north side, from Villa Avenue to the alley.”

“Villa Avenue, east side, from Wildwood Avenue to a point one hundred fifty (150) feet north of Wildwood Avenue.”

“Villa Avenue, west side, from Central Boulevard to Wildwood Avenue.”

“Villa Avenue, east side from a point forty-four feet south of the centerline of Central Boulevard to Wildwood Avenue.”

SECTION 5: That of Section 14-209, Thirty-minute parking, of Chapter 14 of the Villa Park Municipal Code, as previously adopted and subsequently amended, is hereby further amended to add thereto the following:

“Villa Avenue, west side, from Wildwood Avenue to Central Boulevard from 9:00 a.m. to 8:00 p.m.”

SECTION 6: That of Section 14-212, Central Boulevard parking lot, of Chapter 14 of the Villa Park Municipal Code, as previously adopted and subsequently amended, is hereby further amended to delete the following:

“(b) Parking is hereby prohibited in the westerly most parking places twenty (20) on the north and twenty (20) on the south and from the west end of the lot to the west edge of the driveway entering into the lot.”

SECTION 7: That of Section 14-212, Central Boulevard parking lot, of Chapter 14 of the Villa Park Municipal Code, as previously adopted and subsequently amended, is hereby further amended to add thereto the following:

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“(b) There shall be no parking on the south side of the municipal parking lot west of Villa Avenue.”

SECTION 8: That of Section 14-213, Cortesi Street municipal parking lot, of Chapter 14 of the Villa Park Municipal Code, be deleted in its entirety and reserved.

SECTION 9: That of Section 14-214, Park Boulevard parking lot, of Chapter 14 of the Villa Park Municipal Code, be deleted in its entirety and reserved.

SECTION 10: That Section 14-223, Designated parking spaces for the handicapped, of Chapter 14 of the Villa Park Municipal Code, as previously adopted and subsequently amended, is hereby further amended to add thereto the following:

“Kenilworth Avenue, south side, from Myrtle Avenue to Cortesi Avenue.”

SECTION 11: The following section shall be added to Chapter 14 of the Villa Park Municipal Code:

“Sec. 14-208.5. – Three-hour parking.

It shall be unlawful for any person to park a motor vehicle for in excess of three (3) hours at any of the following locations:

Villa Avenue, east side, from a point one hundred fifty (150) feet north of Wildwood Avenue to the centerline of Central Boulevard extended from 9:00 a.m. to 8:00 p.m.

Ovaltine Court, north side, from Villa Avenue east to the alley from 9:00 a.m. to 8:00 p.m.”

SECTION 12: That the Village Manager is hereby directed to instruct the Public Works Department to install the appropriate signage as required by the provisions of

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this ordinance.

SECTION 13: All ordinances or parts of ordinances in conflict with this ordinance are hereby repealed to the extent of such conflict.

SECTION 14: This ordinance shall be in full force and effect from and after its passage and approval according to law.

PASSED AND APPROVED THIS 26th DAY OF March, 2018.

VILLAGE OF VILLA PARK



President, Village of Villa Park

ATTEST:



Clerk, Village of Villa Park



ADOPTED this 26th day of March, 2018, pursuant to a roll call vote as follows:

AYES: 6
NAYS: 0
ABSENT: 1
ABSTAINING: 0