

Public participation is invited. When called upon, please approach the microphone and state your name. Kindly limit your remarks to three (3) minutes.

VILLAGE OF VILLA PARK

**Village Hall, Board Room
20 S. Ardmore Avenue
Villa Park, IL 60181**

Traffic And Safety Commission

June 3, 2025

8:00 PM

Chairman 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. Presentation**
 - 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 May 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. 908 - Speeding / traffic safety issues on Madison between Villa and Riverside
- e. Item No. 909 - Reverse Parking on Wildwood from South to North-Illinois to Euclid
- f. Item No. 910 - Traffic and parking on Wildwood east of Euclid to Villa Avenue
- g. Item No. 911 - Traffic crashes on South Euclid north of Roosevelt Road
- h. Item No. 912 - Traffic Study at Union Development
- i. Item No. 913 - Traffic Patterns and Speeding Incidents at Harvard and Washington

9. New Business

- a. Item No. 914 - Electric Scooters

10. Commissioner Comments

11. Chairman 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: June 3, 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: June 3, 2025
SUBJECT: Consider approval of pending minutes from the Traffic and Safety Commission meeting held on May 6, 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

May 6, 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 MAY 6, 2025

1. Call to Order.

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

2. Roll Call.

ExOfficio Mantels called the roll.

PRESENT: Cuthbertson, DeTomaso, Little, Pienkos, Wagner.

ABSENT: Flaskamp, McMurray, C. Timmerman, K. Timmerman

Staff Present: Kevin Mantels, Assistant Village Engineer.

Board Present: None.

Others Present: None.

3. Amendments to the Agenda.

Commissioner Wagner would like an item added to the agenda that pertains to a traffic study near the Union development on Villa Ave. Commissioner De Tommaso questioned whether 8g. Item No. 910 was the same area and if adding a new item was necessary. Chairperson Pienkos clarified that item 910 does not address the traffic at the actual site. Commissioner Wagner stated that the new item number would encompass more than parking. It would include Villa Avenue and intersections around it.

Motion to add Item 912, Traffic Study at Union Development, to agenda was made by Commissioner Wagner and seconded by Commissioner Little. Voice vote passed with all ayes. Motion carried. Item added.

4. Public Comments on Agenda Items.

Donna Noxon of 1037 W. Rand spoke regarding **8c Item No. 906**. Resident noted that crosswalk at Van Buren may be dangerous because northbound and southbound traffic on Ardmore Avenue may not be able to see pedestrians because of the hill.

5. Public Comments on Non-Agenda Items.

Andrew Collinson of 206 W. Washington voiced concerns regarding the PACE bus route that runs on Harvard and Washington. He noted that the buses sometimes run stop signs and this is especially dangerous as it is near a school. He also commented on a speed issue in the area and suggested a roundabout. Commissioner Cuthbertson noted that the route is easiest as far as amount of turns and it being a convenient route for people traveling to and from Yorktown mall. Resident noted that during the Covid pandemic. The bus route was switched to St Charles Rd and that seemed to work. He requested a rider ship report from PACE but never got a response. Chairperson Pienkos noted the commission would have to look into issue with PACE.

6. Presentations.

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

Commissioner Wagner noted that the subcommittee's last meeting was held on April 24, 2025. Commissioner Wagner provided updates regarding "Project Sidewalk". There was a mapping activity on April 13, 2025 at the library. It was attended by 12 community members including President Elect Patrick and Commissioner DeTomaso. Approximately 20% has been mapped.

7. Approval of Minutes.

7a. Consider approval of pending minutes from the Traffic and Safety Commission meeting held on February 4, 2025.

Motion to approve the minutes of the Traffic and Safety Commission meeting held on February 4, 2025, was made by Commissioner DeTomaso and seconded by Commissioner Little. Voice vote passed with all ayes.

Motion carried. Minutes approved.

7b. Consider approval of pending minutes from the Traffic and Safety Commission meeting held on March 4, 2025.

Motion to approve the minutes of the Traffic and Safety Commission meeting held on March 4, 2025, was made by Commissioner DeTomaso and seconded by Commissioner Little. Voice vote passed with all ayes.

Motion carried. Minutes approved.

8. Old Business.

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

ExOfficio Mantels reported that during the March 4, 2025 meeting commissioners noted locations were incorrectly added to the crash reports. Those locations have been updated, and maps have been revised. Added to the commissions packet is a report for the traffic count studies done for both intersections (Item 902 & Item 903). The full four-way stop control warrant study and documents are not complete. They should be available for the next meeting. Commissioner DeTomaso questioned the accuracy of the 21 cars driving 75 miles an hour or over, as reported on page 28 of the Agenda Packet. ExOfficio Mantels explained it is not always accurate due to the type of equipment used and differs from the equipment on the Ardmore corridor. Commissioner Wagner noted that although the numbers may be wrong, there are a significant number of vehicles in general that are going over the speed limit.

Motion to table Item No. 902 and Item No. 903 was made by Commissioner DeTomaso and seconded by Commissioner Wagner. Voice vote passed with all ayes.

Motion carried. Items tabled.

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

See Item No. 902.

Item pending.

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

ExOfficio Mantels noted that the information collected from this study should be completed by next month with the actual reports being completed at a later date. Commissioner Little reported that she has seen online inquiries from residence asking if the current study cameras on the Ardmore corridor are recording vehicles as well as pedestrians. ExOfficio Mantels to reach out to the consultant for more information. He also noted that Lufkin study cameras *will* have all traffic, including pedestrians and cyclists. Commissioner Wagner questioned if the consultant company is Civil Tech. ExOfficio Mantels confirmed it is Civil Tech. The Phase 1 engineering study is currently being conducted. Traffic counters are required by IDOT for this phase Chairperson Pienkos inquired whether the village specifically asked them to look at the pedestrian traffic at Lufkin. ExOfficio Mantels confirmed that we did. Chairperson Pienkos observed that community members are crossing at random locations as opposed to crosswalks along Ardmore Ave from Willowbrook High School to Jackson St. He has not noticed a pattern.

Motion to table Item No 906 was made by Commissioner DeTomaso and seconded by Commissioner Wagner. Voice vote passed with all ayes. Motion carried.

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

Chairperson Pinkos announced the signs have been received. He would like most of them kept at one location, so they are easily accessible. Ex officio Mantels would like to make the signs available at various locations throughout the village. For example, public works, the VPRC and as far as any other locations he will reach out to appropriate department heads. Commissioners generally agreed that VPRC would be the best place to store most of the signs seeing as they have the longest hours of availability for pick up. Commissioner DeTomaso, speaking to Parks and Recreation, Commissioner Donna Noxon in gallery inquiring if a display can be put up at VPRC. Commissioner Noxon noted that storage shouldn't be an issue, but that would have to be confirmed with Director Greg Gola. Chairperson Pienkos reminded the commission of events coming up that should have signs available. Summerfest for example. Commissioner Cuthbertson suggested to post on social media advertising the signs. Possibly having an email address that the resident can contact to have a sign dropped off. Commissioner Cuthbert volunteered to do that and will keep a ledger of who has been received signs. Chairperson, Pienkos agreed that Commissioner Cuthbertson could volunteer to do that but cannot utilize any village employees. without any employee use. Contact will be made with Riley Pilar to create a social media post. Motion to remove item from agenda was made by Commissioner Wagner and seconded by Commissioner Little. Voice vote passed with all ayes. Motion carried.

8e. Item No. 908 – Speeding / traffic safety issues on Madison between Villa and Riverside

Chairperson Pienkos inquired whether this item was taken off the agenda at the March 4, 2025 meeting. ExOfficio Mantels did not recall taking the item off or that an all way stop control warrant study. But he has included in the packet (page 60) another traffic crash report for this corridor. Commissioner Wagner noted that the speed issues are not just in this area, but Villa Ave as well. Commissioner DeTomaso noted that crash reports are involving crashes at an intersection, not traveling speed and questioned if the intersection should be added to the study. ExOfficio Mantels advised that we do not remove or select information that is going to be included. All information gets recorded. Chairperson Pienkos suggests leaving item on agenda to give commission time to review reports and decide. He also stated that he believes the intersection is in the scope of the study. Commissioner Cuthbertson recalled a resident spoke regarding speed controls near Monterey due to vehicles speeding and passing stopped buses. Commissioner Wagner noted that in the last month there was a radar speed sign installed for a short time. Commissioner Little inquired as to whether the village can monitor issues as a whole as opposed to “spot checking”

areas that are pointed out by residents. She suggested looking into designs of streets to deter speeding. Chairperson Pienkos noted that this would be something the Engineering department would have to look into. Commissioner Cuthbertson observed that most of the crashes are due to drivers not paying attention, being distracted, etc. Chairperson Pienkos acknowledged that we investigate issues brought up by residents Police presence assists in people driving more carefully. Ardmore School representatives were in attendance 10+ years ago at a meeting to address concerns of traffic patterns. Commission recommended to educate their students to educate their parents in a program with competitions etc. General discussion between commissioners and gallery members regarding speeding, drivers not stopping at stop signs. Motion to table item was made by Commissioner DeTomaso and seconded by Commissioner Cuthbertson. Voice vote passed with all ayes. Motion carried. Item tabled.

8f. Item No. 909 - Reverse Parking on Wildwood from South to North-Illinois to Euclid.

ExOfficio Mantels noted that on page 78 of the Agenda Packet there is a map of current parking restrictions. Commissioner DeTomaso questioned if we ever found the reason parking was initially reversed. ExOfficio Mantels responded that there was a presentation that was referenced in a board meeting minutes where this was discussed but we were not able to determine the location. He also noted that the ordinance that was passed (in the packet) lists every street and its parking restrictions that was directly affected by the ordinance. Commissioner DeTomaso asked if anyone had any reasons parking should not be on the North side. Commissioner Little noted that there are fire hydrants on the north side and that was part of the reason. She believes that it is more beneficial for the parking to be on the south side due to more spaces available. Commissioner DeTomaso pointed out that the hydrants are physically on the side streets off Wildwood. Parking on the north side provides people with a sidewalk and not having to cross the street. ExOfficio confirmed that the hydrants are on the side street and will not change any parking restrictions. Commissioner Wagner highlighted that a single resident has mentioned this as an issue. He inquired regarding the number of cars utilizing this parking. Commissioner Cuthbertson noted it is safer for passengers to have a sidewalk to exit onto. Commissioner Little raised questions as to communication with residents for this issue versus the communication with residents regarding a different parking issue on Belden. Commissioner Wagner recalled that the parking may have changed due to special sales activity at More Brewing. Commissioner Cuthbertson agrees with Commissioner Little that there should be more input from residents in the area regarding this parking change. He suggested reaching out to residents to get more opinions. Chairperson Pienkos does not recall seeing vehicles parked on Wildwood. It was only prior to the VPRC being built that cars were utilizing street parking. He noted that the foliage was cleared back enough that you could enter and exit a vehicle without issue. Resident Tina Konstatos in gallery pointed out that issues may arise in the winter when the snow piles up and people cannot get out of their vehicle. Chairperson Pienkos responded that snow piles could be an issue on any street. He brought up concerns for when emergency vehicles need to get through. It is easier when parking is on the South side so that emergency vehicles are traveling closest to the homes. Commissioner Wagner recalled that this was previously an item on the agenda but was removed. Issue was brought back up by a resident. ExOfficio Mantels noted that he does not believe it was added after a commissioner brought it back up. Commissioner Wagner volunteered to go door to door speaking to residents to inquire about anyone else having issues with parking on the south side of Wildwood. He will discuss with the fire department and get their input. Commissioner DeTomaso mentioned that a resident brought this issue up at a recent Coffee with the Board event. Motion to table item was made by Commissioner Wagner and seconded by Commissioner DeTomaso. Voice vote passed with all ayes. Motion carried.

8g. Item No. 910 – Traffic and parking on Wildwood east of Euclid to Villa Avenue

Chairperson Pienkos recommends leaving item on the agenda for further discussion depending on the Union Development. Motion to table item was made by Commissioner Wagner and seconded by Commissioner Little. Voice vote passed with all ayes. Motion carried.

9. New Business.

9a. Item No. 911 – Traffic crashes on South Euclid north of Roosevelt Road

Chairperson Pienkos noted that this issue was brought up following an email (page 89) the village received from a Euclid Ave resident. Resident suggested a cul-de-sac or barriers at the end of his block. ExOfficio Mantels confirmed that the email was sent to village manager. Commissioner Wagner recalls this issue coming up in a previous meeting. Following that, speed bumps and signs were installed on the street. Speed bumps were removed due to it being an impediment for plow trucks. ExOfficio Mantels noted that the speed bumps have been removed. They have not been replaced. He also provided information regarding the crashes that have occurred. The speed bumps were in place for most of the crashes. The village only has jurisdiction over ± 10 homes. North of, is York Township Highway Department and South of that is Oakbrook Terrace. Speed bumps would ultimately be installed on the Villa Park portion of the street. Commissioner Cuthbertson recalled a resident bringing up issues regarding speeding and using the street as a cut through. Police presence was made available and most of the tickets issued were to people that live in the area. Commissioner Wagner is aware of concerns about how the traffic pattern would change if Thorton's project would affect area. Oakbrook Terrace was not interested the revenue sharing portion. The open lot to the East was going to be used for an expansion and did not receive cooperation from Oakbrook Terrace. Chairperson Pienkos confirmed this information. It was discussed that discussions were had with the Public Works Department was planning to install and remove rubber speed bumps every season. Commissioner Little noted that even though plows may have a hard time and drivers will have wear and tear on their vehicles, and as confirmed by residents, speed bumps are an effective way to control speeding. They increase safety and livability. They should be installed where residents suggest, and it is warranted. She pointed out that Vision Zero Project shares the thought that acting after the fact when a crash has occurred as opposed to addressing it proactively, it could potentially bring more harm than good to the community. She inquired about the cost of the speed tables being less, if installing them was part of a street project to which Chairperson Pienkos responded, the cost would be the same because the process to install them is the same. Commissioner Wagner noted that the resident who originally brought up the issue admitted that the speed bumps helped and even when they were removed, the signage was enough to deter people from speeding. Would like an update from resident. He pointed out that the City of Chicago has permanent speed bumps. Chairperson Pienkos informed commission that those are speed tables. They are $\pm 10'$ wide, constructed with asphalt and cost approximately \$ 20,000. And in nearby communities, they are typically found in industrial areas. Commissioner DeTomaso noted that the email in question lists three incidents. Two drunk drivers and a hit and run. His opinion is that speed bumps will not help issues if the driver is drunk. He suggested the discussion of a right turn only onto Euclid out of the Thorton's parking lot or a barricade blocking traffic that are traveling from the south; however, this is not in the village's jurisdiction. He made note that contact with Oakbrook Terrace could possibly be made regarding this. Chairperson Pienkos requested ExOfficio Mantels contact York Township Highway Department an Oakbrook Terrace to communicate and discuss what their comments are if we are going to proceed with speed bumps. Investigation as to who plows the street needs to be done as well. Commissioner Cuthbertson inquired as to whether it was one resident or a group of residents that were requesting this issue to be looked at. ExOfficio Mantels informed commission that to his knowledge, it was just the one resident. We have not reached out to solicit feedback or opinions, however. Commissioner Wagner recalls that when the resident came to a prior meeting, he had convened with other neighbors. Chairperson Pienkos stated that their issue was regarding the

Thorton's development. Chairperson Pinkos inquired about the number of crashes being three. ExOfficio Mantels confirmed that those were just the three that the resident referenced however, there were five total. Reports are in packet, pages 90 – 101. Commissioner Cuthbertson suggested possibly reconfiguring the curb to reduce speeding.

ExOfficio Mantels responded that one of the crashes involved resident's parkway and mailbox. Chairperson Pinkos reminded the commission that regardless of what decision is made we still need to talk to the other agencies that have jurisdiction on that street. Ex officio Mantels will reach out to York Township Highway Department and Oakbrook Terrace to get their feedback and will report back next meeting.

Motion to table item was made by Commissioner Wagner and seconded by Commissioner Little. Voice vote passed with all ayes. Motion carried.

New Item(s):

Item No. 912 – Traffic Study at Union Development

ExOfficio Mantels noted that the developers are hoping to submit permit documents this month, and they are hopeful that the project will start in July or August. We are still waiting for traffic impact study from developer. The most recent we have is from March 2024. They are expected to submit an updated report in the near future, and staff will review it when it comes in to determine if it addresses staff concerns.

Item No. 913 – Traffic Patterns and Speeding Incidents at Harvard and Washington

Regarding the issue of speeding on Harvard and Washington. Chairperson Pienkos noted that we can investigate the area to see if there are any police reports for crashes. As far as the bus route, Commissioner Wagner noted that in his experience, it is extremely difficult to get a route changed. This will be added to next month's agenda. Chairperson Pienkos requested any traffic incidents at this intersection. ExOfficio Mantels has already started the process of getting those reports. Chairperson Pinkos recommended that resident go directly to PACE with the issue. E-Officio Mantels wanted to note that the traffic issue on Washington is due to the Madison project of which Washington is a marked detour. The project should be done within the next month. Motion to add item to agenda made by Commissioner DeTomaso and seconded by commissioner Wagner. Voice vote passed with all ayes. Motion carried.

10. Commissioner Comments.

- 10a. Commissioner DeTomaso – None
- 10b. Commissioner Cuthbertson – None
- 10c. Commissioner Wagner - Will be attending the Illinois Bike Pedestrian summit in Springfield IL tomorrow. He also wanted to make note regarding comments and discussions with community members in the gallery. There is time for public comments on agenda and non-agenda items.
- 10d. Commissioner Little – None

11. Chairperson Comments.

- 11a. Chairperson Pienkos - acknowledged the comments that commissioner Wagner made and will restrict gallery comments and conversations.

12. Village Board Liaison Comments.

None.

13. Village Staff Comments.

- 12a. ExOfficio Mantels - wanted to make the commission aware that regarding the street closures at Chatham and Harvard. He reached out to the Village of Addison and they politely declined to reopen the conversation on closures.

14. Adjournment.

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

Meeting adjourned at 10:17 p.m.

Respectfully submitted,
Janelle Manzke
Secretary

Next Meeting is scheduled for June 6, 2025.

DRAFT

Village of Villa Park

Traffic and Safety Commission



Request to Speak

Public participation is invited prior to the commission's deliberation. If you would like to speak, please fill out your name below, indicate which item you wish to speak about, and return this form to the commission chairman. Please make your comments when called upon. Kindly limit your remarks to three (3) minutes.

Name:

Donna Woxon

Meeting Date:

5/6/25

I wish to speak regarding an agenda item.

Agenda Item No.:

8C Lufkin

I wish to speak regarding a non-agenda item.

Filling out the below information is optional, but providing it may allow Village staff or commission members to follow up with you regarding your comments.

Address:

1037 S Rand Rd

Phone:

Email:

Request to Speak

Name: ANDREW COLLINSON

Address: 206 W. WASHINGTON ST

City, State, Zip: VILLA PARK IL 60181

Phone #: [REDACTED]

Email: [REDACTED] @ [REDACTED]

Date: 5-6-25 Agenda Item #: _____ Non-Agenda

Description: • Traffic and speeding @ Harvard/Washington
• PACE Bus

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: June 3, 2025
SUBJECT: Item No. 902 - Stop Signs at Elm and Princeton

RECOMMENDED ACTION:

BACKGROUND:

DISCUSSION:

Princeton and Elm

WELM ST

N PRINCETON AV



- 1. 6/3/2024 VPP24009178
- 2. 2/3/2023 VPP23001879

1

2

Legend

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

JRW 3/5/2025

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY003



* X003442233 *

DRAC 9 11 2 4 1 4 1 1 1 1 1 1 2 1 1
U1 U2 U1 U2 U1 U2 U1 U2 U1 U2 U1 U2 U1 U2

INVESTIGATING AGENCY Villa Park PD
DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY
TYPE OF REPORT
AGENCY CRASH REPORT NO. VPP24009178
ADDRESS NO. HIGHWAY OR STREET NAME W ELM ST
COUNTY DU PAGE
DATE OF CRASH 6/3/2024
TIME 7:06

DRIVER LAZARO, JOEL
STREET ADDRESS 17 N WESTMORE AVE
CITY VILLA PARK STATE IL ZIP 60181
MAKE TOYOTA MODEL VENZA YEAR 2013
PLATE NO. STATE IL YEAR 2024
INSURANCE CO. State Farm
POLICY NO.

DRIVER MORRISON, BENJAMIN
STREET ADDRESS
CITY STATE ZIP
MAKE MODEL YEAR
PLATE NO. STATE YEAR
INSURANCE CO.
POLICY NO.

Table with columns: (UNIT) (SEAT) (DOB) (SEX) (SAFT) (AIR) (INJ) (EJCT) (EPH) PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL) (HOSP) (EMS)

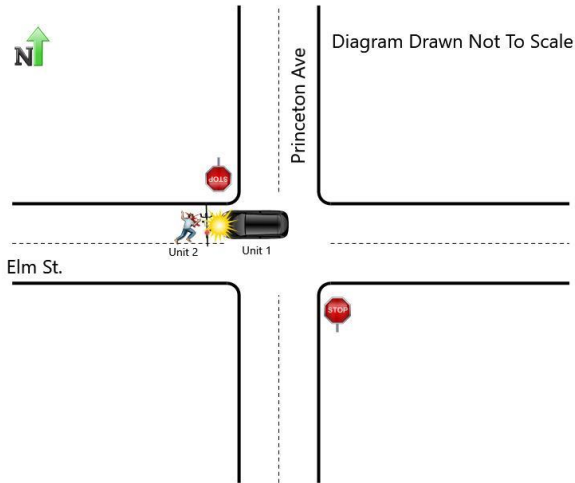
UNIT 1: DAMAGED PROPERTY OWNER NAME LAZARO, JOEL
UNIT 2: DAMAGED PROPERTY OWNER NAME LAZARO, JOEL
POLICE NOTIFIED 6/3/2024 7:07
ROAD CLEARANCE 6/3/2024 8:10
CITATIONS ISSUED LAZARO, JOEL
OFFICER ID. 306 SIGNATURE Nathan St.Clair
SUPERVISOR ID. Jim Krupiczowicz, 355

UNIT 1
UNIT 2

TRFW 14
VEHT 15
U1
U2
LNS 0
U1
U2
ALIGN 1
U1
U2
RSUR 1
VEHU 2
U1
U2
SPDR 3
U1
U2
RDEF 1
BAC 996
U1
U2
OCCS 1
U1
U2
DIRP 7
U1
U2
SLMT 25
U1
U2

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

INVESTIGATING AGENCY: **Villa Park PD**

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: \$500 OR LESS \$501 - \$1,500 OVER \$1,500

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

A No Injury / Drive Away 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** CITY: **VILLA PARK**

INTERSECTION RELATED: Y N DATE OF CRASH: **2/3/2023** TIME: **9:26** SECONDARY CRASH: YES NO

(CIRCLE) FT / MI N S E W: **E ELM ST** COUNTY: **DU PAGE**

AT INTERSECTION WITH _____ (NAME OF INTERSECTION OR ROAD FEATURE)

DOORING WITH PEDALCYCLIST?: Y N # OF MOTOR VEHICLES INVLD: **2** FLOW CONDITION: SLOW STOPPED FREE FLOW

UNIT 1

DRIVER PARKED DRIVERLESS PED PEDAL EQUUS NMV NCV DV DATE OF BIRTH: _____ MAKE: **HONDA** MODEL: **PICKUP** YEAR: **2007**

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): **12** (FRONT) **8** (REAR)

TOWED DUE TO CRASH: Y N FIRE: YES NO DISTRACTED: YES NO COM VEH: YES NO

SEX: **M** SAFT: **2** AIR: **4** AUTOMATION SYSTEM: Y NO UNK LEVEL IN VEH.: **0** LEVEL ENGAGED AT CRASH: **0**

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

INJ: **0** EJECT: **1** EPTH: **0** PLATE NO.: _____ STATE: _____ YEAR: _____

PHONE NUMBER: _____ DRIVER LICENSE NO.: _____ STATE: **IL** CLASS: **D** CDL ID: **0** VIN: _____ INSURANCE CO.: _____

EMS AGENCY: **Refused** HOSPITAL (TAKEN TO): **Refused**

INCIDENT RESPONDER: Y N IF "Y": _____ OWNER STREET, CITY, STATE, ZIP: _____ PHONE NUMBER: _____

UNIT 2

DRIVER PARKED DRIVERLESS PED PEDAL EQUUS NMV NCV DV DATE OF BIRTH: _____ MAKE: **CHEVROLET** MODEL: **SILVERADO** YEAR: **2017**

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): **8** (FRONT) **8** (REAR)

TOWED DUE TO CRASH: Y N FIRE: YES NO DISTRACTED: YES NO COM VEH: YES NO

SEX: **M** SAFT: **2** AIR: **4** AUTOMATION SYSTEM: Y NO UNK LEVEL IN VEH.: **0** LEVEL ENGAGED AT CRASH: **0**

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

INJ: **0** EJECT: **1** EPTH: **0** PLATE NO.: _____ STATE: _____ YEAR: _____

PHONE NUMBER: _____ DRIVER LICENSE NO.: _____ STATE: **WI** CLASS: **D** CDL ID: **0** VIN: _____ INSURANCE CO.: _____

EMS AGENCY: **Refused** HOSPITAL (TAKEN TO): **Refused**

INCIDENT RESPONDER: Y N IF "Y": _____ OWNER ADDRESS (STREET, CITY, STATE, ZIP): _____ PHONE NUMBER: _____

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

DAMAGED PROPERTY OWNER NAME: _____ DAMAGED PROPERTY: _____ POLICE NOTIFIED: **2/3/2023** TIME: **9:26** AM PM

PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP: _____ PRIMARY: **02** SECONDARY: **41** EMS NOTIFIED: _____ TIME: _____ AM PM

CITATIONS ISSUED PENDING SECTION: _____ CITATION NO.: _____ EMS ARRIVED: _____ TIME: _____ AM PM

ARREST NAME: _____ ARREST NAME: _____ ROAD CLEARANCE: _____ TIME: _____ AM PM

OFFICER ID: **325** SIGNATURE: **Sonia Bregman** BEAT / DIST.: _____ SUPERVISOR ID: **Jim Cihak, 352** COURT DATE: _____ TIME: _____ AM PM

Did crash occur in a Work Zone? Y N

IF YES check one below: Construction Maintenance Utility Unknown work zone type

Workers present? Y N

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

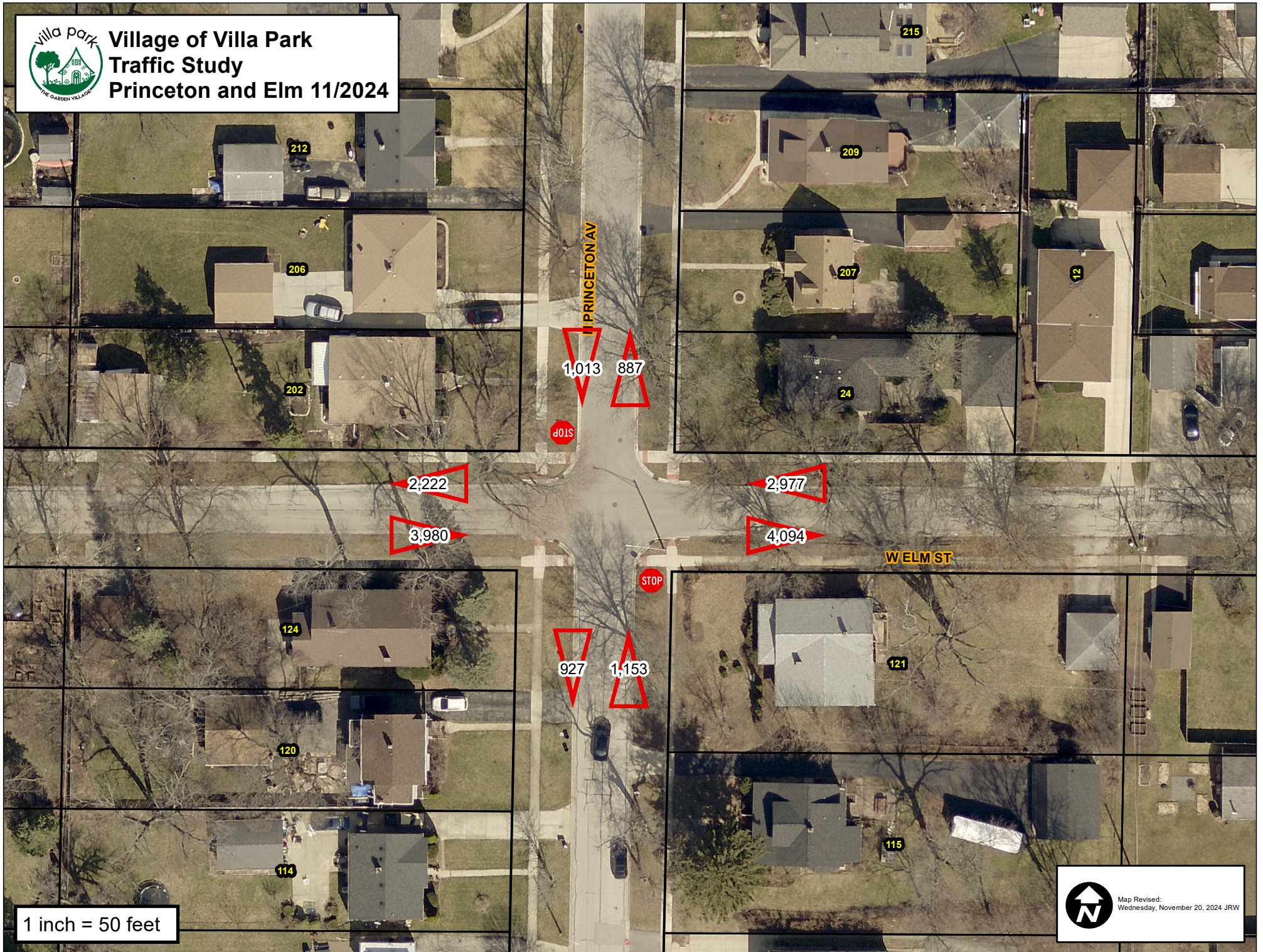
TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

SELECT CODES FROM BACK OF CRASH BOOKLET

VEHICLE CONFIG. _____ CARGO BODY TYPE _____ LOAD TYPE _____



Village of Villa Park
Traffic Study
Princeton and Elm 11/2024



1 inch = 50 feet



Map Revised:
Wednesday, November 20, 2024 JRW



INTERSECTION OF PRINCETON & ELM TRAFFIC STUDY

TUESDAY 11/12/2024 15:00 - TUESDAY 11/19/2024 15:00 CST

STREET	LOCATION	LANE	ADT	TOTAL	PEAK	MINIMUM
Elm	East of Princeton	EB	585	4,094	22	0
Elm	East of Princeton	WB	425	2,977	21	0
Elm	West of Princeton	EB	569	3,980	22	0
Elm	West of Princeton	WB	317	2,222	16	0
Princeton	North of Elm	NB	127	887	9	0
Princeton	North of Elm	SB	145	1,013	10	0
Princeton	South of Elm	NB	165	1,153	11	0
Princeton	South of Elm	SB	132	927	8	0
Elm Daily Average:					474	
Princeton Daily Average:					142	

MH Corbin Traffic Analyzer Study
Computer Generated Summary Report
City: Villa Park
Street: W Elm Street
Location: East of Princeton

A study of vehicle traffic was conducted with the device having serial number 402500. The study was done in the EB lane at W Elm Street in Villa Park, IL in DuPage county. The study began on 11/12/2024 at 03:00 PM and concluded on 11/19/2024 at 03:00 PM, lasting a total of 168.00 hours. Traffic statistics were recorded in 15 minute time periods. The total recorded volume showed 4,094 vehicles passed through the location with a peak volume of 22 on 11/13/2024 at [07:30 AM-07:45 AM] and a minimum volume of 0 on 11/12/2024 at [10:30 PM-10:45 PM]. The AADT count for this study was 585.

SPEED

Chart 1 lists the values of the speed bins and the total traffic volume for each bin. At least half the vehicles were traveling in the 25 - 30 MPH range or lower. The average speed for all classified vehicles was 29 MPH with 70.02% vehicles exceeding the posted speed of 25 MPH. 1.56% percent of the total vehicles were traveling in excess of 55 MPH. The mode speed for this traffic study was 25MPH and the 85th percentile was 34.69 MPH.

< to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to >
11	74	353	751	1331	901	335	94	33	21	17	11	8	11	15

CHART 1

CLASSIFICATION

Chart 2 lists the values of the classification bins and the total traffic volume accumulated for each bin. Most of the vehicles classified during the study were Passenger Vehicles. The number of Passenger Vehicles in the study was 1918 which represents 48 percent of the total classified vehicles. The number of Vans & Pickups in the study was 1800 which represents 45 percent of the total classified vehicles. The number of Busses & Trucks in the study was 136 which represents 3 percent of the total classified vehicles. The number of Tractor Trailers in the study was 107 which represents 3 percent of the total classified vehicles.

< to 17	18 to 20	21 to 23	24 to 27	28 to 31	32 to 37	38 to 43	44 to >							
1918	1548	252	41	61	43	38	65							

CHART 2

HEADWAY

During the peak traffic period, on 11/13/2024 at [07:30 AM-07:45 AM] the average headway between vehicles was 39.13 seconds. During the slowest traffic period, on 11/12/2024 at [10:30 PM-10:45 PM] the average headway between vehicles was 900 seconds.

WEATHER

The roadway surface temperature over the period of the study varied between 46.00 and 66.00 degrees F.

**MH Corbin Traffic Analyzer Study
 Computer Generated Summary Report
 City: Villa Park
 Street: W Elm Street
 Location: East of Princeton**

A study of vehicle traffic was conducted with the device having serial number 402164. The study was done in the WB lane at W Elm Street in Villa Park, IL in DuPage county. The study began on 11/12/2024 at 03:00 PM and concluded on 11/19/2024 at 03:00 PM, lasting a total of 168.00 hours. Traffic statistics were recorded in 15 minute time periods. The total recorded volume showed 2,977 vehicles passed through the location with a peak volume of 21 on 11/13/2024 at [12:15 PM-12:30 PM] and a minimum volume of 0 on 11/12/2024 at [10:45 PM-11:00 PM]. The AADT count for this study was 425.

SPEED

Chart 1 lists the values of the speed bins and the total traffic volume for each bin. At least half the vehicles were traveling in the 20 - 25 MPH range or lower. The average speed for all classified vehicles was 24 MPH with 41.78% vehicles exceeding the posted speed of 25 MPH. 1.38% percent of the total vehicles were traveling in excess of 55 MPH. The mode speed for this traffic study was 20MPH and the 85th percentile was 29.35 MPH.

< to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to >
16	157	468	966	848	204	34	9	10	10	9	8	4	6	11

CHART 1

CLASSIFICATION

Chart 2 lists the values of the classification bins and the total traffic volume accumulated for each bin. Most of the vehicles classified during the study were Passenger Vehicles. The number of Passenger Vehicles in the study was 1708 which represents 62 percent of the total classified vehicles. The number of Vans & Pickups in the study was 892 which represents 32 percent of the total classified vehicles. The number of Busses & Trucks in the study was 91 which represents 3 percent of the total classified vehicles. The number of Tractor Trailers in the study was 68 which represents 2 percent of the total classified vehicles.

< to 17	18 to 20	21 to 23	24 to 27	28 to 31	32 to 37	38 to 43	44 to >							
1708	779	113	23	43	37	21	36							

CHART 2

HEADWAY

During the peak traffic period, on 11/13/2024 at [12:15 PM-12:30 PM] the average headway between vehicles was 40.909 seconds. During the slowest traffic period, on 11/12/2024 at [10:45 PM-11:00 PM] the average headway between vehicles was 900 seconds.

WEATHER

The roadway surface temperature over the period of the study varied between 45.00 and 64.00 degrees F.

**MH Corbin Traffic Analyzer Study
 Computer Generated Summary Report
 City: Villa Park
 Street: W Elm Street
 Location: West of Princeton**

A study of vehicle traffic was conducted with the device having serial number 402162. The study was done in the EB lane at W Elm Street in Villa Park, IL in DuPage county. The study began on 11/12/2024 at 03:00 PM and concluded on 11/19/2024 at 03:00 PM, lasting a total of 168.00 hours. Traffic statistics were recorded in 15 minute time periods. The total recorded volume showed 3,980 vehicles passed through the location with a peak volume of 22 on 11/15/2024 at [03:30 PM-03:45 PM] and a minimum volume of 0 on 11/12/2024 at [09:15 PM-09:30 PM]. The AADT count for this study was 569.

SPEED

Chart 1 lists the values of the speed bins and the total traffic volume for each bin. At least half the vehicles were traveling in the 25 - 30 MPH range or lower. The average speed for all classified vehicles was 28 MPH with 66.62% vehicles exceeding the posted speed of 25 MPH. 1.27% percent of the total vehicles were traveling in excess of 55 MPH. The mode speed for this traffic study was 25MPH and the 85th percentile was 33.62 MPH.

< to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to >
16	52	314	909	1416	798	211	70	17	16	11	11	4	2	21

CHART 1

CLASSIFICATION

Chart 2 lists the values of the classification bins and the total traffic volume accumulated for each bin. Most of the vehicles classified during the study were Passenger Vehicles. The number of Passenger Vehicles in the study was 2126 which represents 55 percent of the total classified vehicles. The number of Vans & Pickups in the study was 1380 which represents 40 percent of the total classified vehicles. The number of Busses & Trucks in the study was 158 which represents 3 percent of the total classified vehicles. The number of Tractor Trailers in the study was 23 which represents 3 percent of the total classified vehicles.

< to 17	18 to 20	21 to 23	24 to 27	28 to 31	32 to 37	38 to 43	44 to >							
2126	1380	158	23	50	45	35	51							

CHART 2

HEADWAY

During the peak traffic period, on 11/15/2024 at [03:30 PM-03:45 PM] the average headway between vehicles was 39.13 seconds. During the slowest traffic period, on 11/12/2024 at [09:15 PM-09:30 PM] the average headway between vehicles was 900 seconds.

WEATHER

The roadway surface temperature over the period of the study varied between 43.00 and 63.00 degrees F.

MH Corbin Traffic Analyzer Study
Computer Generated Summary Report
City: Villa Park
Street: W Elm Street
Location: West of Princeton

A study of vehicle traffic was conducted with the device having serial number 402553. The study was done in the WB lane at W Elm Street in Villa Park, IL in DuPage county. The study began on 11/12/2024 at 03:00 PM and concluded on 11/19/2024 at 03:00 PM, lasting a total of 168.00 hours. Traffic statistics were recorded in 15 minute time periods. The total recorded volume showed 2,222 vehicles passed through the location with a peak volume of 16 on 11/12/2024 at [04:30 PM-04:45 PM] and a minimum volume of 0 on 11/12/2024 at [10:30 PM-10:45 PM]. The AADT count for this study was 317.

SPEED

Chart 1 lists the values of the speed bins and the total traffic volume for each bin. At least half the vehicles were traveling in the 25 - 30 MPH range or lower. The average speed for all classified vehicles was 27 MPH with 69.03% vehicles exceeding the posted speed of 25 MPH. 0.76% percent of the total vehicles were traveling in excess of 55 MPH. The mode speed for this traffic study was 25MPH and the 85th percentile was 32.91 MPH.

< to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to >
7	22	156	467	897	411	92	21	11	5	5	3	3	0	5

CHART 1

CLASSIFICATION

Chart 2 lists the values of the classification bins and the total traffic volume accumulated for each bin. Most of the vehicles classified during the study were Passenger Vehicles. The number of Passenger Vehicles in the study was 1220 which represents 58 percent of the total classified vehicles. The number of Vans & Pickups in the study was 807 which represents 38 percent of the total classified vehicles. The number of Busses & Trucks in the study was 44 which represents 2 percent of the total classified vehicles. The number of Tractor Trailers in the study was 33 which represents 2 percent of the total classified vehicles.

< to 17	18 to 20	21 to 23	24 to 27	28 to 31	32 to 37	38 to 43	44 to >							
1220	730	77	8	26	13	11	20							

CHART 2

HEADWAY

During the peak traffic period, on 11/12/2024 at [04:30 PM-04:45 PM] the average headway between vehicles was 52.941 seconds. During the slowest traffic period, on 11/12/2024 at [10:30 PM-10:45 PM] the average headway between vehicles was 900 seconds.

WEATHER

The roadway surface temperature over the period of the study varied between 45.00 and 64.00 degrees F.

**MH Corbin Traffic Analyzer Study
 Computer Generated Summary Report
 City: Villa Park
 Street: N Princeton Avenue
 Location: North of Elm**

A study of vehicle traffic was conducted with the device having serial number 402495. The study was done in the NB lane at N Princeton Avenue in Villa Park, IL in DuPage county. The study began on 11/12/2024 at 03:00 PM and concluded on 11/19/2024 at 03:00 PM, lasting a total of 168.00 hours. Traffic statistics were recorded in 15 minute time periods. The total recorded volume showed 887 vehicles passed through the location with a peak volume of 9 on 11/12/2024 at [03:45 PM-04:00 PM] and a minimum volume of 0 on 11/12/2024 at [07:15 PM-07:30 PM]. The AADT count for this study was 127.

SPEED

Chart 1 lists the values of the speed bins and the total traffic volume for each bin. At least half the vehicles were traveling in the 20 - 25 MPH range or lower. The average speed for all classified vehicles was 21 MPH with 10.62% vehicles exceeding the posted speed of 25 MPH. 1.69% percent of the total vehicles were traveling in excess of 55 MPH. The mode speed for this traffic study was 20MPH and the 85th percentile was 24.42 MPH.

< to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to >
14	77	312	338	52	14	4	0	3	1	2	3	3	1	5

CHART 1

CLASSIFICATION

Chart 2 lists the values of the classification bins and the total traffic volume accumulated for each bin. Most of the vehicles classified during the study were Passenger Vehicles. The number of Passenger Vehicles in the study was 494 which represents 60 percent of the total classified vehicles. The number of Vans & Pickups in the study was 268 which represents 32 percent of the total classified vehicles. The number of Busses & Trucks in the study was 22 which represents 3 percent of the total classified vehicles. The number of Tractor Trailers in the study was 43 which represents 5 percent of the total classified vehicles.

< to 17	18 to 20	21 to 23	24 to 27	28 to 31	32 to 37	38 to 43	44 to >							
494	236	32	3	12	14	22	16							

CHART 2

HEADWAY

During the peak traffic period, on 11/12/2024 at [03:45 PM-04:00 PM] the average headway between vehicles was 90 seconds. During the slowest traffic period, on 11/12/2024 at [07:15 PM-07:30 PM] the average headway between vehicles was 900 seconds.

WEATHER

The roadway surface temperature over the period of the study varied between 43.00 and 64.00 degrees F.

**MH Corbin Traffic Analyzer Study
Computer Generated Summary Report
City: Villa Park
Street: N Princeton Avenue
Location: North of Elm**

A study of vehicle traffic was conducted with the device having serial number 402497. The study was done in the SB lane at N Princeton Avenue in Villa Park, IL in DuPage county. The study began on 11/12/2024 at 03:00 PM and concluded on 11/19/2024 at 03:00 PM, lasting a total of 168.00 hours. Traffic statistics were recorded in 15 minute time periods. The total recorded volume showed 1,013 vehicles passed through the location with a peak volume of 10 on 11/15/2024 at [07:30 AM-07:45 AM] and a minimum volume of 0 on 11/12/2024 at [03:15 PM-03:30 PM]. The AADT count for this study was 145.

SPEED

Chart 1 lists the values of the speed bins and the total traffic volume for each bin. At least half the vehicles were traveling in the 10 - 15 MPH range or lower. The average speed for all classified vehicles was 15 MPH with 3.18% vehicles exceeding the posted speed of 25 MPH. 0.95% percent of the total vehicles were traveling in excess of 55 MPH. The mode speed for this traffic study was 10MPH and the 85th percentile was 18.26 MPH.

< to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to >
58	576	258	22	8	4	3	0	4	2	2	1	1	2	3

CHART 1

CLASSIFICATION

Chart 2 lists the values of the classification bins and the total traffic volume accumulated for each bin. Most of the vehicles classified during the study were Passenger Vehicles. The number of Passenger Vehicles in the study was 537 which represents 57 percent of the total classified vehicles. The number of Vans & Pickups in the study was 340 which represents 36 percent of the total classified vehicles. The number of Busses & Trucks in the study was 36 which represents 4 percent of the total classified vehicles. The number of Tractor Trailers in the study was 31 which represents 3 percent of the total classified vehicles.

< to 17	18 to 20	21 to 23	24 to 27	28 to 31	32 to 37	38 to 43	44 to >							
537	305	35	8	16	18	7	18							

CHART 2

HEADWAY

During the peak traffic period, on 11/15/2024 at [07:30 AM-07:45 AM] the average headway between vehicles was 81.818 seconds. During the slowest traffic period, on 11/12/2024 at [03:15 PM-03:30 PM] the average headway between vehicles was 900 seconds.

WEATHER

The roadway surface temperature over the period of the study varied between 32.00 and 61.00 degrees F.

**MH Corbin Traffic Analyzer Study
Computer Generated Summary Report
City: Villa Park
Street: N Princeton Avenue
Location: South of Elm**

A study of vehicle traffic was conducted with the device having serial number 402499. The study was done in the NB lane at N Princeton Avenue in Villa Park, IL in DuPage county. The study began on 11/12/2024 at 03:00 PM and concluded on 11/19/2024 at 03:00 PM, lasting a total of 168.00 hours. Traffic statistics were recorded in 15 minute time periods. The total recorded volume showed 1,153 vehicles passed through the location with a peak volume of 11 on 11/17/2024 at [12:15 PM-12:30 PM] and a minimum volume of 0 on 11/12/2024 at [05:15 PM-05:30 PM]. The AADT count for this study was 165.

SPEED

Chart 1 lists the values of the speed bins and the total traffic volume for each bin. At least half the vehicles were traveling in the 15 - 20 MPH range or lower. The average speed for all classified vehicles was 17 MPH with 3.23% vehicles exceeding the posted speed of 25 MPH. 0.72% percent of the total vehicles were traveling in excess of 55 MPH. The mode speed for this traffic study was 15MPH and the 85th percentile was 19.75 MPH.

< to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to >
18	347	610	103	12	5	3	3	3	2	1	3	2	0	2

CHART 1

CLASSIFICATION

Chart 2 lists the values of the classification bins and the total traffic volume accumulated for each bin. Most of the vehicles classified during the study were Vans & Pickups. The number of Passenger Vehicles in the study was 481 which represents 43 percent of the total classified vehicles. The number of Vans & Pickups in the study was 561 which represents 50 percent of the total classified vehicles. The number of Busses & Trucks in the study was 45 which represents 4 percent of the total classified vehicles. The number of Tractor Trailers in the study was 25 which represents 2 percent of the total classified vehicles.

< to 17	18 to 20	21 to 23	24 to 27	28 to 31	32 to 37	38 to 43	44 to >							
481	502	59	14	20	13	5	20							

CHART 2

HEADWAY

During the peak traffic period, on 11/17/2024 at [12:15 PM-12:30 PM] the average headway between vehicles was 75 seconds. During the slowest traffic period, on 11/12/2024 at [05:15 PM-05:30 PM] the average headway between vehicles was 900 seconds.

WEATHER

The roadway surface temperature over the period of the study varied between 45.00 and 70.00 degrees F.

MH Corbin Traffic Analyzer Study
Computer Generated Summary Report
City: Villa Park
Street: N Princeton Avenue
Location: South of Elm

A study of vehicle traffic was conducted with the device having serial number 402498. The study was done in the SB lane at N Princeton Avenue in Villa Park, IL in DuPage county. The study began on 11/12/2024 at 03:00 PM and concluded on 11/19/2024 at 03:00 PM, lasting a total of 168.00 hours. Traffic statistics were recorded in 15 minute time periods. The total recorded volume showed 927 vehicles passed through the location with a peak volume of 8 on 11/15/2024 at [03:00 PM-03:15 PM] and a minimum volume of 0 on 11/12/2024 at [07:30 PM-07:45 PM]. The AADT count for this study was 132.

SPEED

Chart 1 lists the values of the speed bins and the total traffic volume for each bin. At least half the vehicles were traveling in the 20 - 25 MPH range or lower. The average speed for all classified vehicles was 21 MPH with 12.90% vehicles exceeding the posted speed of 25 MPH. 0.70% percent of the total vehicles were traveling in excess of 55 MPH. The mode speed for this traffic study was 20MPH and the 85th percentile was 24.71 MPH.

< to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to >
17	54	331	341	82	16	1	2	1	2	1	0	1	2	2

CHART 1

CLASSIFICATION

Chart 2 lists the values of the classification bins and the total traffic volume accumulated for each bin. Most of the vehicles classified during the study were Passenger Vehicles. The number of Passenger Vehicles in the study was 504 which represents 59 percent of the total classified vehicles. The number of Vans & Pickups in the study was 318 which represents 37 percent of the total classified vehicles. The number of Busses & Trucks in the study was 18 which represents 2 percent of the total classified vehicles. The number of Tractor Trailers in the study was 11 which represents 1 percent of the total classified vehicles.

< to 17	18 to 20	21 to 23	24 to 27	28 to 31	32 to 37	38 to 43	44 to >							
504	287	31	8	7	4	3	9							

CHART 2

HEADWAY

During the peak traffic period, on 11/15/2024 at [03:00 PM-03:15 PM] the average headway between vehicles was 100 seconds. During the slowest traffic period, on 11/12/2024 at [07:30 PM-07:45 PM] the average headway between vehicles was 900 seconds.

WEATHER

The roadway surface temperature over the period of the study varied between 32.00 and 68.00 degrees F.



MEMORANDUM

TO: Traffic and Safety Commission
FROM: Kevin Mantels, Assistant Village Engineer
DATE: June 3, 2025
SUBJECT: Item No. 903 - Stop Signs at Division and Princeton

RECOMMENDED ACTION:

BACKGROUND:

DISCUSSION:

From: Mantels, Kevin <kmantels@invillapark.com>
Sent: Thursday, February 6, 2025 11:59 AM
To: Mantels, Kevin <kmantels@invillapark.com>
Cc: J Pienkos <jpienkos@plote.com>; Guerra, Michael <mguerra@invillapark.com>; Manzke, Janelle <jmanzke@invillapark.com>
Subject: Traffic and Safety Commission - Division and Princeton Traffic Crash Response

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

Traffic and Safety Commissioners,

The following information was provided by the Villa Park Police Department in response to my inquiry about the traffic crash at the intersection of Division and Princeton that was mentioned during public comments at this week's meeting:

We did respond to a crash at that intersection on Tuesday 01/28/2025 @ 12:49 pm, however it was determined there was no damage to either vehicle & neither driver wanted to make a report.

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



Princeton and Division

- 1. 6/16/2023 VPP23009871
- 2. 10/2/2023 VPP23015779
- 3. 10/24/2023 VPP23016899
- 4. 2/3/2023 VPP23001904
- 5. 11/10/2023 VPP23017797

W DIVISION ST

N PRINCETON AV

Legend

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

JRW 3/5/2025

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY003



X003218372

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

INVESTIGATING AGENCY Villa Park PD
DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY
TYPE OF REPORT
AGENCY CRASH REPORT NO. VPP23017797
ADDRESS NO. HIGHWAY OR STREET NAME N PRINCETON AVE
VILLA PARK

INTERSECTION RELATED Y
DATE OF CRASH 11/10/2023
TIME 8:13
COUNTY DU PAGE
OF MOTOR VEHICLES INVLD 2

UNIT 1 DRIVER PARKED DRIVERLESS PED PEDAL EQUUS NMV NCV DV
ACURA UTILITY 2017
STREET ADDRESS
CITY STATE ZIP
INSURANCE CO.
EMERGENCY CONTACT Refused

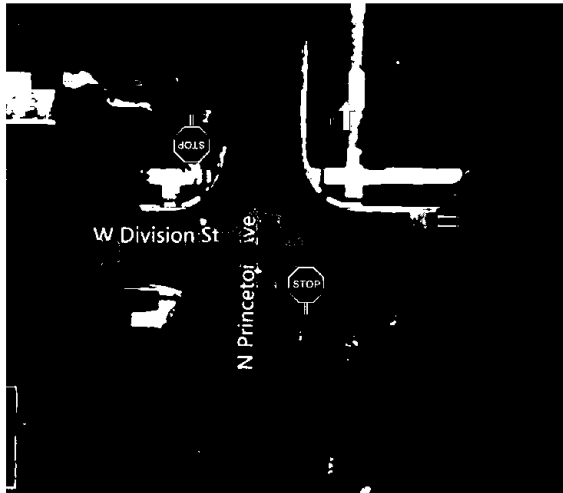
UNIT 2 DRIVER PARKED DRIVERLESS PED PEDAL EQUUS NMV NCV DV
HYUNDAI UTILITY 2014
STREET ADDRESS
CITY STATE ZIP
INSURANCE CO.
EMERGENCY CONTACT Refused

Table with columns: (UNIT) (SEAT) (DOB) (SEX) (SAFT) (AIR) (INJ) (EJCT) (EPH) PASSENGERS & WITNESSES ONLY

UNIT 1 DAMAGED PROPERTY OWNER NAME
UNIT 2 DAMAGED PROPERTY OWNER NAME
POLICE NOTIFIED 11/10/2023 8:13
CITATION NO. 4544000043
OFFICER ID. 325 SIGNATURE Sonia Bregman
SUPERVISOR ID. Jim Cihak, 352

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	<input type="checkbox"/> DISABLING DAMAGE <input type="checkbox"/> NOT DISABLING DAMAGE	DAMAGE EXTENT:		U1 TOWED BY / TO:							
U2 TOWED DUE TO	<input checked="" type="checkbox"/> DISABLING DAMAGE <input type="checkbox"/> 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 <input type="checkbox"/> AT INTERSECTION WITH	Princeton Ave (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
--	--	--------------------------	--	---	--	---------------------------------------	--	-------------------------

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 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
NAME (LAST, FIRST, M) UNKNOWN, UNKNOWN	SEX 9 SAFT 3 AIR	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
STREET ADDRESS	CITY STATE ZIP	INJ 0 EJCT 9 EPTH	PLATE NO.	STATE	YEAR							U1

UNIT 2

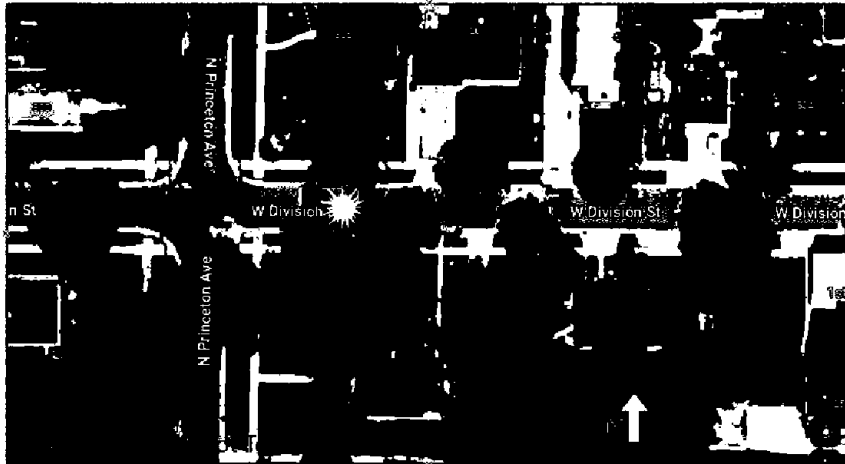
<input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV	DATE OF BIRTH 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
NAME (LAST, FIRST, M)	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
STREET ADDRESS	CITY STATE ZIP	INJ EJCT EPTH	PLATE NO.	STATE	YEAR							U1

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	(EPTH)	PASSENGERS & WITNESSES ONLY	(NAME)/(ADDR)/(TEL)	(HOSP)	(EMS)	BAC
													996
													996
													1
													0

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
	1	<input checked="" type="checkbox"/>	18	1							DIRP
	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
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	U2	
	1	<input checked="" type="checkbox"/>	11	1						SLMT	
	2	<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
3	<input type="checkbox"/>										U2

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.

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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
------------------------	-------------------------	------------------	------------------	------------------	-----------------------	-------------------------	-------------------------	------------------	------------------------	-----------------

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
(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	U1 15

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	U1 2
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	FIRE <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	U2 2
CITY	INJ O	EJCT 1	EPHT	PLATE NO.	STATE	YEAR	DISTRACTED <input type="checkbox"/> Y <input type="checkbox"/> N * Distraction Value	ALIGN 1
PHONE NUMBER	STATE IL	CLASS D	COL ID	VIN	INSURANCE CO.	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	COM VEH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N * IF YES SEE SIDEBAR	U1 1
EMS AGENCY Refused	PEDV	PPA	PPL	VEHICLE OWNER (LAST, FIRST, M.I.)		POLICY NO.		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

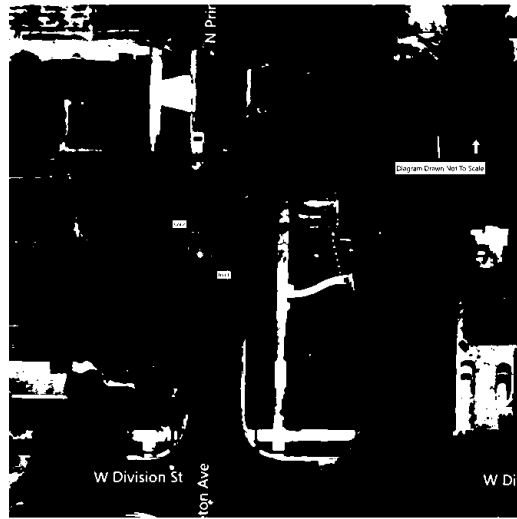
<input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV	DATE OF BIRTH	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	U1 2
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	FIRE <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	U2 2
STREET ADDRESS	INJ O	EJCT 1	EPHT	PLATE NO.	STATE	YEAR	DISTRACTED <input type="checkbox"/> Y <input type="checkbox"/> N * Distraction Value	SPDR 0
PHONE NUMBER	STATE IL	CLASS D	COL ID	VIN	INSURANCE CO.	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	COM VEH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N * IF YES SEE SIDEBAR	U1 0
EMS AGENCY	PEDV	PPA	PPL	VEHICLE OWNER (LAST, FIRST, M.I.)		POLICY NO.		U2 1
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

(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					
	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"/>						ROAD CLEARANCE	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

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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
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) 0 - 96" 97 - 102" > 102"

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 U1	9 U2	TRFD 1	TRFC 1	WEAT 1	DRVA 9	1 U2	VIS 8 U1	1 U2	VEHD 1 U1	99 U2	LGHT 1	COLL 16	MANV 23 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 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
(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

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 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
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	POINT OF FIRST CONTACT 5	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	U2	
CITY	INJ 0	EJCT 1	EPHT 0	PLATE NO.	STATE	YEAR	INSURANCE CO.	OWNER STREET, CITY, STATE, ZIP	PHONE NUMBER	U1		
PHONE NUMBER	STATE IL	CLASS D	COL ID 0	VIN	INSURANCE CO.	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	PHONE NUMBER	U2		
EMS AGENCY Refused	PEDV	PPA	PPL	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	U1						
HOSPITAL (TAKEN TO)	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 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
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	POINT OF FIRST CONTACT 2	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	U2	
CITY	INJ 0	EJCT 1	EPHT 0	PLATE NO.	STATE	YEAR	INSURANCE CO.	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER	U1		
PHONE NUMBER	STATE UNK-NOWN	CLASS UNK-NOWN	COL ID UNK-NOWN	VIN	INSURANCE CO.	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	PHONE NUMBER	U2		
EMS AGENCY	PEDV	PPA	PPL	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	U1						
HOSPITAL (TAKEN TO)	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" 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
													996
													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	
	1	<input checked="" type="checkbox"/>	11	1							DIRP	
	2	<input type="checkbox"/>			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	
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	ROAD CLEARANCE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	U2
	2	<input type="checkbox"/>			ARREST NAME	SECTION	CITATION NO.	ROAD CLEARANCE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	COURT DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	SLMT
	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	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U1

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.

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

X002916074

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

INVESTIGATING AGENCY Villa Park PD
DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY
TYPE OF REPORT ON SCENE
AGENCY CRASH REPORT NO. VPP23001904

ADDRESS NO. S PRINCETON AVE
HIGHWAY OR STREET NAME
COUNTY DU PAGE

DRIVER INFORMATION: HYUNDAI ELANTRA 2013
SEX M SAFT 2 AIR 4
STREET ADDRESS
CITY STATE ZIP
INSURANCE CO.

DRIVER INFORMATION: HONDA ELEMENT 2004
SEX M SAFT 2 AIR 4
STREET ADDRESS
CITY STATE ZIP
INSURANCE CO.

Table with columns: (UNIT), (SEAT), (DOB), (SEX), (SAFT), (AIR), (INJ), (EJCT), (EPHT), PASSENGERS & WITNESSES ONLY

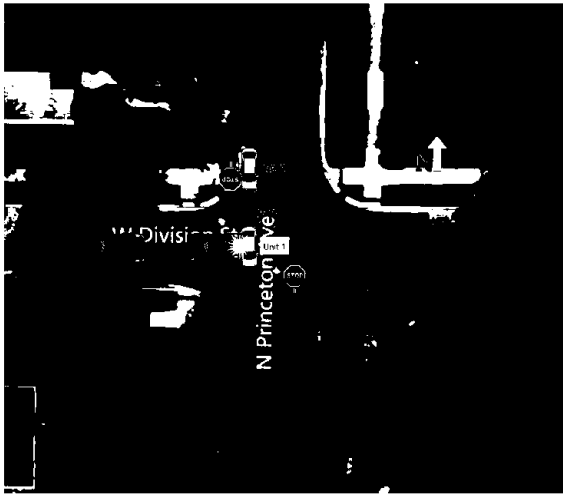
DAMAGED PROPERTY OWNER NAME
DAMAGED PROPERTY
POLICE NOTIFIED 2/3/2023 4:34
CITATIONS ISSUED
OFFICER ID. 325 SIGNATURE Sonia Bregman
SUPERVISOR ID. Jesus Landa, 322

UNIT 1

UNIT 2

X002916074

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 2/3/23 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	<input type="checkbox"/> DISABLING DAMAGE <input type="checkbox"/> NOT DISABLING DAMAGE	DAMAGE EXTENT:		U1 TOWED BY / TO:							
U2 TOWED DUE TO	<input checked="" type="checkbox"/> DISABLING DAMAGE <input type="checkbox"/> 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 _____

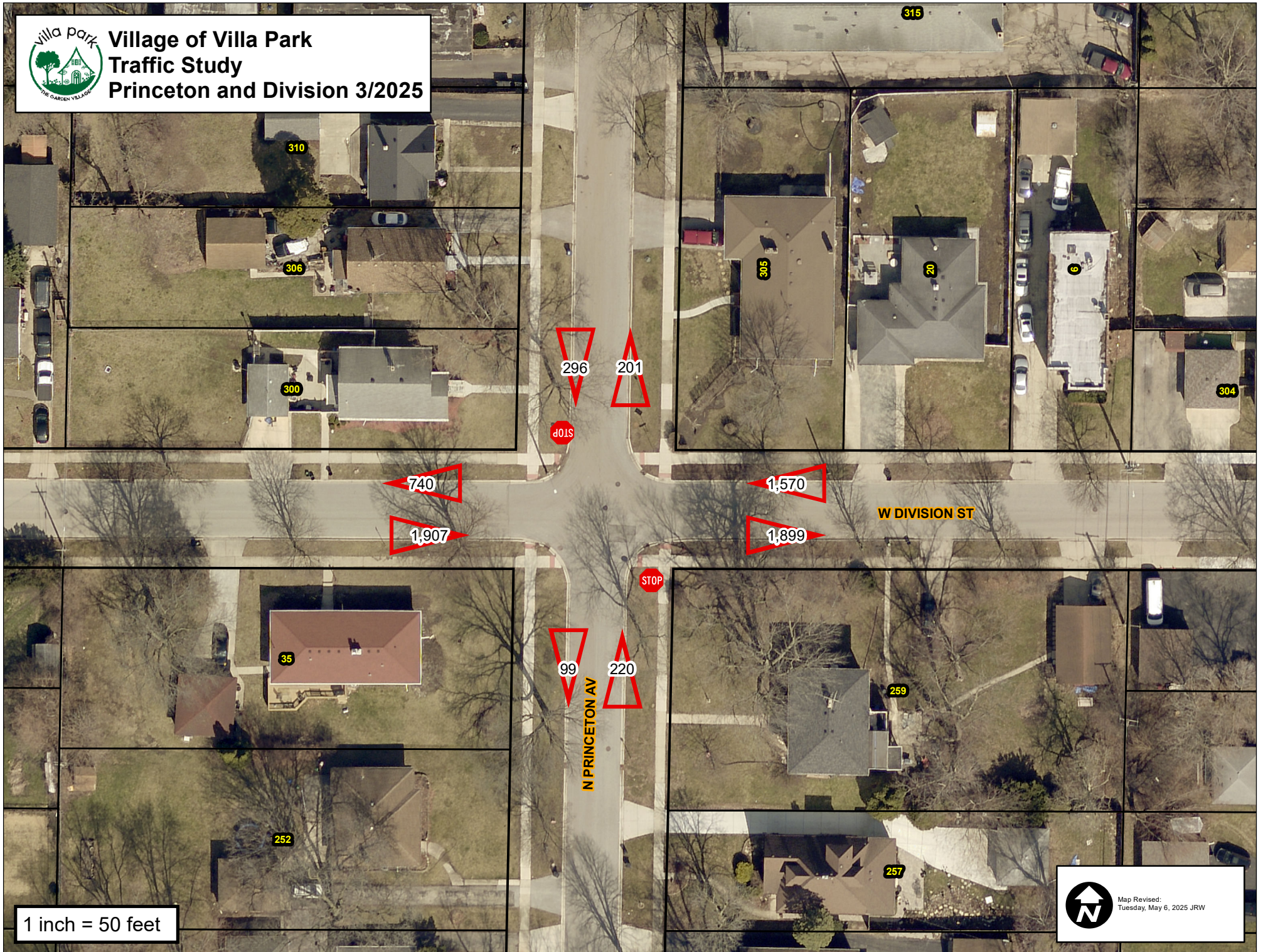
TRAILER WIDTH(S) 0 - 96" 97 - 102" > 102"
 TRAILER 1
 TRAILER 2

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 _____



**Village of Villa Park
Traffic Study
Princeton and Division 3/2025**



1 inch = 50 feet



Map Revised:
Tuesday, May 6, 2025 JRW



INTERSECTION OF PRINCETON & DIVISION TRAFFIC STUDY

TUESDAY 3/11/2025 00:00 - THURSDAY 3/14/2025 00:00 CST

STREET	LOCATION	LANE	ADT	TOTAL	PEAK	MINIMUM
Division	East of Princeton	EB	633	1,899	20	0
Division	East of Princeton	WB	523	1,570	23	0
Division	West of Princeton	EB	636	1,907	21	0
Division	West of Princeton	WB	247	740	17	0
Princeton	North of Division	NB	201	604	12	0
Princeton	North of Division	SB	296	887	11	0
Princeton	South of Division	NB	220	659	14	0
Princeton	South of Division	SB	99	298	9	0
Division Daily Average:						510
Princeton Daily Average:						204

**MH Corbin Traffic Analyzer Study
 Computer Generated Summary Report
 City: Villa Park
 Street: Division
 Location: East of Intersection**

A study of vehicle traffic was conducted with the device having serial number 402162. The study was done in the EB lane at Division in Villa Park, IL in DuPage county. The study began on 03/11/2025 at 12:00 AM and concluded on 03/14/2025 at 12:00 AM, lasting a total of 72.00 hours. Traffic statistics were recorded in 15 minute time periods. The total recorded volume showed 1,899 vehicles passed through the location with a peak volume of 20 on 03/11/2025 at [05:00 PM-05:15 PM] and a minimum volume of 0 on 03/11/2025 at [11:30 PM-11:45 PM]. The AADT count for this study was 633.

SPEED

Chart 1 lists the values of the speed bins and the total traffic volume for each bin. At least half the vehicles were traveling in the 25 - 30 MPH range or lower. The average speed for all classified vehicles was 27 MPH with 57.65% vehicles exceeding the posted speed of 25 MPH. 1.19% percent of the total vehicles were traveling in excess of 55 MPH. The mode speed for this traffic study was 25MPH and the 85th percentile was 33.79 MPH.

< to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to >
8	63	253	426	483	356	101	36	15	9	3	2	5	4	7

CHART 1

CLASSIFICATION

Chart 2 lists the values of the classification bins and the total traffic volume accumulated for each bin. Most of the vehicles classified during the study were Passenger Vehicles. The number of Passenger Vehicles in the study was 1084 which represents 61 percent of the total classified vehicles. The number of Vans & Pickups in the study was 586 which represents 33 percent of the total classified vehicles. The number of Busses & Trucks in the study was 57 which represents 3 percent of the total classified vehicles. The number of Tractor Trailers in the study was 42 which represents 2 percent of the total classified vehicles.

< to 17	18 to 20	21 to 23	24 to 27	28 to 31	32 to 37	38 to 43	44 to >							
1084	518	68	15	24	28	21	13							

CHART 2

HEADWAY

During the peak traffic period, on 03/11/2025 at [05:00 PM-05:15 PM] the average headway between vehicles was 42.857 seconds. During the slowest traffic period, on 03/11/2025 at [11:30 PM-11:45 PM] the average headway between vehicles was 900 seconds.

WEATHER

The roadway surface temperature over the period of the study varied between 36.00 and 68.00 degrees F.

MH Corbin Traffic Analyzer Study
Computer Generated Summary Report
City: Villa Park
Street: Division
Location: East of Intersection

A study of vehicle traffic was conducted with the device having serial number 402495. The study was done in the WB lane at Division in Villa Park, IL in DuPage county. The study began on 03/11/2025 at 12:00 AM and concluded on 03/14/2025 at 12:00 AM, lasting a total of 72.00 hours. Traffic statistics were recorded in 15 minute time periods. The total recorded volume showed 1,570 vehicles passed through the location with a peak volume of 23 on 03/11/2025 at [03:15 PM-03:30 PM] and a minimum volume of 0 on 03/13/2025 at [11:45 PM-12:00 AM]. The AADT count for this study was 523.

SPEED

Chart 1 lists the values of the speed bins and the total traffic volume for each bin. At least half the vehicles were traveling in the 20 - 25 MPH range or lower. The average speed for all classified vehicles was 24 MPH with 38.62% vehicles exceeding the posted speed of 25 MPH. 1.34% percent of the total vehicles were traveling in excess of 55 MPH. The mode speed for this traffic study was 20MPH and the 85th percentile was 31.36 MPH.

< to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to >
28	133	369	387	308	151	51	24	12	11	4	4	0	4	8

CHART 1

CLASSIFICATION

Chart 2 lists the values of the classification bins and the total traffic volume accumulated for each bin. Most of the vehicles classified during the study were Passenger Vehicles. The number of Passenger Vehicles in the study was 897 which represents 60 percent of the total classified vehicles. The number of Vans & Pickups in the study was 457 which represents 31 percent of the total classified vehicles. The number of Busses & Trucks in the study was 62 which represents 4 percent of the total classified vehicles. The number of Tractor Trailers in the study was 74 which represents 5 percent of the total classified vehicles.

< to 17	18 to 20	21 to 23	24 to 27	28 to 31	32 to 37	38 to 43	44 to >							
897	384	73	11	33	29	19	48							

CHART 2

HEADWAY

During the peak traffic period, on 03/11/2025 at [03:15 PM-03:30 PM] the average headway between vehicles was 37.5 seconds. During the slowest traffic period, on 03/13/2025 at [11:45 PM-12:00 AM] the average headway between vehicles was 900 seconds.

WEATHER

The roadway surface temperature over the period of the study varied between 37.00 and 72.00 degrees F.

MH Corbin Traffic Analyzer Study
Computer Generated Summary Report
City: Villa Park
Street: Division
Location: West of Intersection

A study of vehicle traffic was conducted with the device having serial number 402500. The study was done in the EB lane at Division in Villa Park, IL in DuPage county. The study began on 03/11/2025 at 12:00 AM and concluded on 03/14/2025 at 12:00 AM, lasting a total of 72.00 hours. Traffic statistics were recorded in 15 minute time periods. The total recorded volume showed 1,907 vehicles passed through the location with a peak volume of 21 on 03/12/2025 at [06:15 PM-06:30 PM] and a minimum volume of 0 on 03/11/2025 at [11:30 PM-11:45 PM]. The AADT count for this study was 636.

SPEED

Chart 1 lists the values of the speed bins and the total traffic volume for each bin. At least half the vehicles were traveling in the 25 - 30 MPH range or lower. The average speed for all classified vehicles was 30 MPH with 72.75% vehicles exceeding the posted speed of 25 MPH. 2.90% percent of the total vehicles were traveling in excess of 55 MPH. The mode speed for this traffic study was 25MPH and the 85th percentile was 36.61 MPH.

< to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to >
21	54	107	306	545	432	168	67	25	14	10	4	6	9	23

CHART 1

CLASSIFICATION

Chart 2 lists the values of the classification bins and the total traffic volume accumulated for each bin. Most of the vehicles classified during the study were Passenger Vehicles. The number of Passenger Vehicles in the study was 908 which represents 51 percent of the total classified vehicles. The number of Vans & Pickups in the study was 695 which represents 39 percent of the total classified vehicles. The number of Busses & Trucks in the study was 98 which represents 5 percent of the total classified vehicles. The number of Tractor Trailers in the study was 87 which represents 5 percent of the total classified vehicles.

< to 17	18 to 20	21 to 23	24 to 27	28 to 31	32 to 37	38 to 43	44 to >							
908	578	117	28	45	32	32	51							

CHART 2

HEADWAY

During the peak traffic period, on 03/12/2025 at [06:15 PM-06:30 PM] the average headway between vehicles was 40.909 seconds. During the slowest traffic period, on 03/11/2025 at [11:30 PM-11:45 PM] the average headway between vehicles was 900 seconds.

WEATHER

The roadway surface temperature over the period of the study varied between 37.00 and 77.00 degrees F.

MH Corbin Traffic Analyzer Study
Computer Generated Summary Report
City: Villa Park
Street: Division
Location: West of Intersection

A study of vehicle traffic was conducted with the device having serial number 402553. The study was done in the WB lane at Division in Villa Park, IL in DuPage county. The study began on 03/11/2025 at 12:00 AM and concluded on 03/14/2025 at 12:00 AM, lasting a total of 72.00 hours. Traffic statistics were recorded in 15 minute time periods. The total recorded volume showed 740 vehicles passed through the location with a peak volume of 17 on 03/11/2025 at [03:15 PM-03:30 PM] and a minimum volume of 0 on 03/11/2025 at [02:15 PM-02:30 PM]. The AADT count for this study was 247.

SPEED

Chart 1 lists the values of the speed bins and the total traffic volume for each bin. At least half the vehicles were traveling in the 25 - 30 MPH range or lower. The average speed for all classified vehicles was 30 MPH with 72.55% vehicles exceeding the posted speed of 25 MPH. 3.92% percent of the total vehicles were traveling in excess of 55 MPH. The mode speed for this traffic study was 25MPH and the 85th percentile was 36.97 MPH.

<	10	15	20	25	30	35	40	45	50	55	60	65	70	75
to	to	to	to	to	to	to	to	to	to	to	to	to	to	to
9	14	19	24	29	34	39	44	49	54	59	64	69	74	>
10	36	61	75	195	160	61	24	8	7	7	3	2	3	11

CHART 1

CLASSIFICATION

Chart 2 lists the values of the classification bins and the total traffic volume accumulated for each bin. Most of the vehicles classified during the study were Passenger Vehicles. The number of Passenger Vehicles in the study was 339 which represents 51 percent of the total classified vehicles. The number of Vans & Pickups in the study was 266 which represents 40 percent of the total classified vehicles. The number of Busses & Trucks in the study was 31 which represents 5 percent of the total classified vehicles. The number of Tractor Trailers in the study was 25 which represents 4 percent of the total classified vehicles.

<	18	21	24	28	32	38	44							
to	to	to	to	to	to	to	to							
17	20	23	27	31	37	43	>							
339	217	49	12	13	10	8	15							

CHART 2

HEADWAY

During the peak traffic period, on 03/11/2025 at [03:15 PM-03:30 PM] the average headway between vehicles was 50 seconds. During the slowest traffic period, on 03/11/2025 at [02:15 PM-02:30 PM] the average headway between vehicles was 900 seconds.

WEATHER

The roadway surface temperature over the period of the study varied between 37.00 and 75.00 degrees F.

**MH Corbin Traffic Analyzer Study
 Computer Generated Summary Report
 City: Villa Park
 Street: Princeton
 Location: North of Intersection**

A study of vehicle traffic was conducted with the device having serial number 402498. The study was done in the NB lane at Princeton in Villa Park, IL in DuPage county. The study began on 03/11/2025 at 12:00 AM and concluded on 03/14/2025 at 12:00 AM, lasting a total of 72.00 hours. Traffic statistics were recorded in 15 minute time periods. The total recorded volume showed 604 vehicles passed through the location with a peak volume of 12 on 03/12/2025 at [03:00 PM-03:15 PM] and a minimum volume of 0 on 03/11/2025 at [08:45 PM-09:00 PM]. The AADT count for this study was 201.

SPEED

Chart 1 lists the values of the speed bins and the total traffic volume for each bin. At least half the vehicles were traveling in the 15 - 20 MPH range or lower. The average speed for all classified vehicles was 19 MPH with 9.14% vehicles exceeding the posted speed of 25 MPH. 3.05% percent of the total vehicles were traveling in excess of 55 MPH. The mode speed for this traffic study was 15MPH and the 85th percentile was 22.70 MPH.

< to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to >
15	171	215	76	16	8	2	3	3	0	3	2	2	1	8

CHART 1

CLASSIFICATION

Chart 2 lists the values of the classification bins and the total traffic volume accumulated for each bin. Most of the vehicles classified during the study were Passenger Vehicles. The number of Passenger Vehicles in the study was 332 which represents 64 percent of the total classified vehicles. The number of Vans & Pickups in the study was 135 which represents 26 percent of the total classified vehicles. The number of Busses & Trucks in the study was 30 which represents 6 percent of the total classified vehicles. The number of Tractor Trailers in the study was 24 which represents 5 percent of the total classified vehicles.

< to 17	18 to 20	21 to 23	24 to 27	28 to 31	32 to 37	38 to 43	44 to >							
332	118	17	7	17	7	9	18							

CHART 2

HEADWAY

During the peak traffic period, on 03/12/2025 at [03:00 PM-03:15 PM] the average headway between vehicles was 69.231 seconds. During the slowest traffic period, on 03/11/2025 at [08:45 PM-09:00 PM] the average headway between vehicles was 900 seconds.

WEATHER

The roadway surface temperature over the period of the study varied between 39.00 and 91.00 degrees F.

**MH Corbin Traffic Analyzer Study
 Computer Generated Summary Report
 City: Villa Park
 Street: Princeton
 Location: North of Intersection**

A study of vehicle traffic was conducted with the device having serial number 402499. The study was done in the SB lane at Princeton in Villa Park, IL in DuPage county. The study began on 03/11/2025 at 12:00 AM and concluded on 03/14/2025 at 12:00 AM, lasting a total of 72.00 hours. Traffic statistics were recorded in 15 minute time periods. The total recorded volume showed 887 vehicles passed through the location with a peak volume of 11 on 03/11/2025 at [08:00 PM-08:15 PM] and a minimum volume of 0 on 03/11/2025 at [12:30 PM-12:45 PM]. The AADT count for this study was 296.

SPEED

Chart 1 lists the values of the speed bins and the total traffic volume for each bin. At least half the vehicles were traveling in the 9 MPH range or lower. The average speed for all classified vehicles was 12 MPH with 8.59% vehicles exceeding the posted speed of 25 MPH. 2.46% percent of the total vehicles were traveling in excess of 55 MPH. The mode speed for this traffic study was 9MPH and the 85th percentile was 15.57 MPH.

< to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to >
346	264	44	16	14	11	7	7	3	3	3	3	4	1	7

CHART 1

CLASSIFICATION

Chart 2 lists the values of the classification bins and the total traffic volume accumulated for each bin. Most of the vehicles classified during the study were Passenger Vehicles. The number of Passenger Vehicles in the study was 328 which represents 45 percent of the total classified vehicles. The number of Vans & Pickups in the study was 289 which represents 40 percent of the total classified vehicles. The number of Busses & Trucks in the study was 63 which represents 9 percent of the total classified vehicles. The number of Tractor Trailers in the study was 44 which represents 6 percent of the total classified vehicles.

< to 17	18 to 20	21 to 23	24 to 27	28 to 31	32 to 37	38 to 43	44 to >							
328	220	69	18	35	14	10	39							

CHART 2

HEADWAY

During the peak traffic period, on 03/11/2025 at [08:00 PM-08:15 PM] the average headway between vehicles was 75 seconds. During the slowest traffic period, on 03/11/2025 at [12:30 PM-12:45 PM] the average headway between vehicles was 900 seconds.

WEATHER

The roadway surface temperature over the period of the study varied between 39.00 and 91.00 degrees F.

**MH Corbin Traffic Analyzer Study
 Computer Generated Summary Report
 City: Villa Park
 Street: Princeton
 Location: South of Intersection**

A study of vehicle traffic was conducted with the device having serial number 402164. The study was done in the NB lane at Princeton in Villa Park, IL in DuPage county. The study began on 03/11/2025 at 12:00 AM and concluded on 03/14/2025 at 12:00 AM, lasting a total of 72.00 hours. Traffic statistics were recorded in 15 minute time periods. The total recorded volume showed 659 vehicles passed through the location with a peak volume of 14 on 03/12/2025 at [02:45 PM-03:00 PM] and a minimum volume of 0 on 03/11/2025 at [12:00 PM-12:15 PM]. The AADT count for this study was 220.

SPEED

Chart 1 lists the values of the speed bins and the total traffic volume for each bin. At least half the vehicles were traveling in the 9 MPH range or lower. The average speed for all classified vehicles was 11 MPH with 10.84% vehicles exceeding the posted speed of 25 MPH. 2.25% percent of the total vehicles were traveling in excess of 55 MPH. The mode speed for this traffic study was 9MPH and the 85th percentile was 16.00 MPH.

< to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to >
318	90	20	8	9	10	12	4	3	4	0	1	2	2	6

CHART 1

CLASSIFICATION

Chart 2 lists the values of the classification bins and the total traffic volume accumulated for each bin. Most of the vehicles classified during the study were Passenger Vehicles. The number of Passenger Vehicles in the study was 290 which represents 60 percent of the total classified vehicles. The number of Vans & Pickups in the study was 118 which represents 24 percent of the total classified vehicles. The number of Busses & Trucks in the study was 31 which represents 6 percent of the total classified vehicles. The number of Tractor Trailers in the study was 46 which represents 9 percent of the total classified vehicles.

< to 17	18 to 20	21 to 23	24 to 27	28 to 31	32 to 37	38 to 43	44 to >							
290	94	24	9	14	21	9	28							

CHART 2

HEADWAY

During the peak traffic period, on 03/12/2025 at [02:45 PM-03:00 PM] the average headway between vehicles was 60 seconds. During the slowest traffic period, on 03/11/2025 at [12:00 PM-12:15 PM] the average headway between vehicles was 900 seconds.

WEATHER

The roadway surface temperature over the period of the study varied between 37.00 and 75.00 degrees F.

**MH Corbin Traffic Analyzer Study
 Computer Generated Summary Report
 City: Villa Park
 Street: Princeton
 Location: South of Intersection**

A study of vehicle traffic was conducted with the device having serial number 402497. The study was done in the SB lane at Princeton in Villa Park, IL in DuPage county. The study began on 03/11/2025 at 12:00 AM and concluded on 03/14/2025 at 12:00 AM, lasting a total of 72.00 hours. Traffic statistics were recorded in 15 minute time periods. The total recorded volume showed 298 vehicles passed through the location with a peak volume of 9 on 03/11/2025 at [08:45 AM-09:00 AM] and a minimum volume of 0 on 03/11/2025 at [04:45 PM-05:00 PM]. The AADT count for this study was 99.

SPEED

Chart 1 lists the values of the speed bins and the total traffic volume for each bin. At least half the vehicles were traveling in the 15 - 20 MPH range or lower. The average speed for all classified vehicles was 19 MPH with 7.27% vehicles exceeding the posted speed of 25 MPH. 1.09% percent of the total vehicles were traveling in excess of 55 MPH. The mode speed for this traffic study was 15MPH and the 85th percentile was 22.79 MPH.

< to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to >
6	60	137	52	9	1	5	1	0	1	0	1	1	0	1

CHART 1

CLASSIFICATION

Chart 2 lists the values of the classification bins and the total traffic volume accumulated for each bin. Most of the vehicles classified during the study were Passenger Vehicles. The number of Passenger Vehicles in the study was 177 which represents 65 percent of the total classified vehicles. The number of Vans & Pickups in the study was 66 which represents 24 percent of the total classified vehicles. The number of Busses & Trucks in the study was 18 which represents 7 percent of the total classified vehicles. The number of Tractor Trailers in the study was 13 which represents 5 percent of the total classified vehicles.

< to 17	18 to 20	21 to 23	24 to 27	28 to 31	32 to 37	38 to 43	44 to >							
177	55	11	7	8	4	4	9							

CHART 2

HEADWAY

During the peak traffic period, on 03/11/2025 at [08:45 AM-09:00 AM] the average headway between vehicles was 90 seconds. During the slowest traffic period, on 03/11/2025 at [04:45 PM-05:00 PM] the average headway between vehicles was 900 seconds.

WEATHER

The roadway surface temperature over the period of the study varied between 36.00 and 79.00 degrees F.



MEMORANDUM

TO: Traffic and Safety Commission
FROM:
DATE: June 3, 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: June 3, 2025
SUBJECT: Item No. 908 - Speeding / traffic safety issues on Madison between Villa and Riverside

RECOMMENDED ACTION:

BACKGROUND:



DISCUSSION:

East Madison Street (Villa to Riverside)

- 1. 9/8/2023 VPP23014512
- 2. 7/9/2023 VPP23011180
- 3. 1/12/2019 190112000928
- 4. 12/20/2021 VPP21023498
- 5. 8/8/2023 VPP23012831
- 6. 12/30/2021 VPP21023926

- 7. 7/6/2022 VPP22011475
- 8. 6/16/2022 VPP22010151

Legend

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

JRW 3/5/2025

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY003

X003153789

DRAC 1 9 1 1 WEAT 1 DRVA 16 VIS 1 1 VEHD 1 1 LGHT 5 COLL 9 MANV 1 21

INVESTIGATING AGENCY Villa Park PD ADDRESS NO. HIGHWAY OR STREET NAME S VILLA AVE VILLA PARK

TYPE OF REPORT ON SCENE NOT ON SCENE AMENDED INTERSECTION RELATED DATE OF CRASH 9/8/2023 TIME 8:42

COUNTY DU PAGE MAKE BMW MODEL 2 SERIES YEAR 2015

DRIVER INFORMATION SEX M SAFT 2 AIR 5 DATE OF BIRTH

STREET ADDRESS CITY STATE ZIP PHONE NUMBER DRIVER LICENSE NO.

EMS AGENCY Villa Park Fire Department HOSPITAL (TAKEN TO) Refused

UNIT 2 DRIVER INFORMATION MAKE FORD MODEL F150 YEAR 2014

UNIT 2 STREET ADDRESS CITY STATE ZIP PHONE NUMBER DRIVER LICENSE NO.

UNIT 2 EMS AGENCY HOSPITAL (TAKEN TO)

UNIT 2 PASSENGERS & WITNESSES ONLY

UNIT 2 PASSENGERS & WITNESSES ONLY

UNIT 2 PASSENGERS & WITNESSES ONLY

UNIT 2 PASSENGERS & WITNESSES ONLY

UNIT 1 DAMAGED PROPERTY OWNER NAME 1 18 1

UNIT 1 PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP

UNIT 1 CITATIONS ISSUED SECTION 625ILCS 5/11-601(A) CITATION NO. 5481000230

UNIT 2 ARREST NAME OFFICER ID. 314 SIGNATURE Joseph Jarzembowski BEAT / DIST. SUPERVISOR ID. Jesus Landa, 322

X003153789

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 #)

In summary

On 09/08/2023 at 2042 hours, VPPD units responded to 722 S. Villa For a vehicle collision. Upon arrival, all parties were out of their vehicle. I spoke with the driver of Unit one, he advised the following: He was driving southbound Villa, then he collided with unit two, which we now know was unoccupied and parked.

I then spoke with the family of unit two. He advised the following: His son owns the vehicle; he is on his way. The vehicle was parked on the on the west side of street.

I re-spoke with the driver of unit one and asked him the following: Were you texting, he advised no. What speeds were you going, he advised the speed limit. He showed no signs

LOCAL USE ONLY

N 41.8753
W -87.9690

U1 Race:

U2 Race:

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

U1 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: **3**

U1 TOWED BY / TO: **Veterans Towing**

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

X003120148

DRAC 1 U1	1 U2	TRFD 2	TRFC 4	WEAT 1	DRVA 2	99 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. VPP23012831	TRFW 14
ADDRESS NO.	HIGHWAY OR STREET NAME S VILLA AVE	<input checked="" type="checkbox"/> City VILLA PARK	INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DATE OF CRASH 8/8/2023	TIME 5:57	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 MADISON 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	2 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 CHEVROLET	MODEL EQUINOX	YEAR 2012	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	REAR 1 2 3 4 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	COM VEH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
STREET ADDRESS	SEX M	SAFT 2	AIR 4	AUTOMATION SYSTEM <input type="checkbox"/> Y <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK	LEVEL IN VEH. 9	LEVEL ENGAGED AT CRASH 9	PLATE NO.	STATE	YEAR	POINT OF FIRST CONTACT 12	* IF YES SEE SIDEBAR	VEHU 2 U1
CITY	INJ O	EJCT 1	EPHT 0	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	OWNER STREET CITY STATE ZIP	PHONE NUMBER	EMS AGENCY Refused	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	HOSPITAL (TAKEN TO)	RSUR 1 U2

UNIT 2

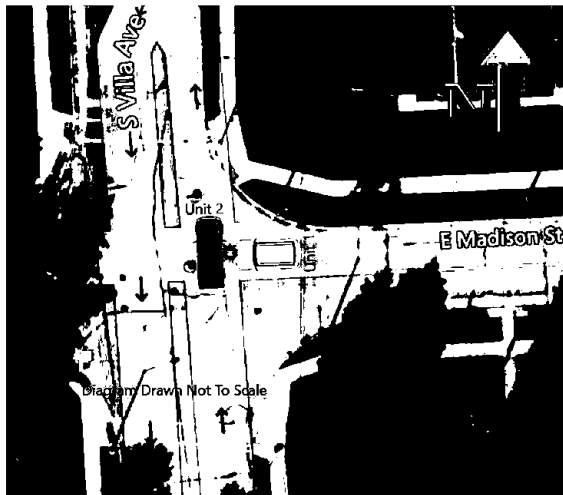
<input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV	DATE OF BIRTH	MAKE CHEVROLET	MODEL K1500	YEAR 2018	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	REAR 1 2 3 4 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	COM VEH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
STREET ADDRESS	SEX F	SAFT 2	AIR 4	AUTOMATION SYSTEM <input type="checkbox"/> Y <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK	LEVEL IN VEH. 9	LEVEL ENGAGED AT CRASH 9	PLATE NO.	STATE	YEAR	POINT OF FIRST CONTACT 4	* IF YES SEE SIDEBAR	VEHU 2 U1
CITY	INJ O	EJCT 1	EPHT 0	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	OWNER ADDRESS (STREET CITY STATE ZIP)	PHONE NUMBER	EMS AGENCY Refused	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	HOSPITAL (TAKEN TO)	RDEF 1 U2

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	(EPHT)	PASSENGERS & WITNESSES ONLY	(NAME)/(ADDR)/(TEL)	(HOSP)	(EMS)	BAC 996 U1
1	2		M	2	4	O	1	0		Refused		Refused	996 U2
													# OCCS 2 U1

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 8/8/2023	TIME 5:57	<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 28	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	3	<input type="checkbox"/>			<input checked="" type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING	SECTION 6-101	CITATION NO. 5641000005	EMS ARRIVED	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	
	1	<input checked="" type="checkbox"/>	11	4	<input checked="" type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING	SECTION 11-901.01	CITATION NO. 5641000006	ROAD CLEARANCE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	
	2	<input type="checkbox"/>			OFFICER ID. 617	SIGNATURE Elsa Franco	BEAT / DIST.	SUPERVISOR ID. Jose Pagan, 344	COURT DATE 9/15/2023	TIME <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
	3	<input type="checkbox"/>								Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N

X003120148

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 1 stated he was driving W/B on Madison Ave, he came to a stop and proceeded through the intersection when the driver of Unit 2 hit him coming N/B on Villa Ave. I observed damage to the front of unit 1's vehicle.

Driver of Unit 2 stated she was driving N/B on Villa Ave, made a complete stop at Madison and proceeded N/B Villa when driver of Unit 1 blew the stop sign on Madison st. and hit her vehicle. I observed damage to the rear passenger side panel of the vehicle consistent with the damage from Unit 1.

See incident report #VPPC2301450

Unit 1 was given a citation for driving with no valid driver license (5641000005), and a

LOCAL USE ONLY

N 41.8753
W -87.9690

U1 Race: H

U2 Race: W

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

U1 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: **3**

U1 TOWED / TO: **Veterans Towing**

U2 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: **2**

U2 TOWED / 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

X003079043

DRAC 1 U1	1 U2	TRFD 3	TRFC 4	WEAT 2	DRVA 7	1 U2	VIS 1 U1	1 U2	VEHD 1 U1	1 U2	LGHT 1	COLL 9	MANV 7 U1	22 U2
------------------------	----------------	------------------	------------------	------------------	------------------	----------------	-----------------------	----------------	------------------------	----------------	------------------	------------------	------------------------	-----------------

INVESTIGATING AGENCY Villa Park PD	DAMAGE TO ANY 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. VPP2301180	TRFW 3
ADDRESS NO.	HIGHWAY OR STREET NAME S VILLA AVE	<input checked="" type="checkbox"/> City VILLA PARK	INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF CRASH 7/9/2023	TIME 10:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	VEHT 1 U1
(CIRCLE) FT / MI N S E W <input checked="" 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
(CIRCLE) (CIRCLE) E MADISON ST (NAME OF INTERSECTION OR ROAD FEATURE)		MAKE NISSAN	MODEL ALTIMA	YEAR 2015	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	FLOW CONDITION <input type="checkbox"/> SLOW <input type="checkbox"/> STOPPED <input checked="" type="checkbox"/> FREE FLOW

<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 NISSAN	MODEL ALTIMA	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 2 9 16 3 8 4 7 6 5 REAR	TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	U1
STREET ADDRESS	SEX M	SAFT 9	AIR 3	AUTOMATION SYSTEM <input type="checkbox"/> Y <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK	LEVEL IN VEH. 9	LEVEL ENGAGED AT CRASH 9	FIRE <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	U2
CITY STATE ZIP	INJ 0	EJCT 1	EPHT 0	PLATE NO. STATE YEAR	POINT OF FIRST CONTACT 1	* Distraction Value 7	DISTRACTED <input type="checkbox"/> Y <input type="checkbox"/> N	ALIGN 1 U1
PHONE NUMBER DRIVER LICENSE NO.	STATE CLASS COL ID VIN	INSURANCE CO.	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	* IF YES SEE SIDEBAR	U2
EMS AGENCY Refused	PEDV 9	PPA 99	PPL 9	OWNER STREET CITY STATE ZIP	PHONE NUMBER			RSUR 2 U2
HOSPITAL (TAKEN TO) Refused	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF "Y"						VEHU 2 U1

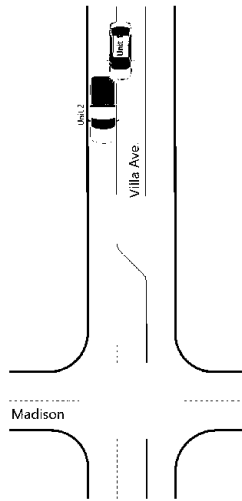
<input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV	DATE OF BIRTH	MAKE 3568106B	MODEL FORD	YEAR 2002	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	FRONT 11 12 10 1 9 16 3 8 4 7 6 5 REAR	TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U1
NAME (LAST, FIRST, M)	SEX M	SAFT 9	AIR 9	AUTOMATION SYSTEM <input type="checkbox"/> Y <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK	LEVEL IN VEH. 9	LEVEL ENGAGED AT CRASH 9	FIRE <input type="checkbox"/> Y <input type="checkbox"/> N	U2
STREET ADDRESS	INJ 0	EJCT 1	EPHT 0	PLATE NO. STATE YEAR	POINT OF FIRST CONTACT 7	* Distraction Value 0	DISTRACTED <input type="checkbox"/> Y <input type="checkbox"/> N	SPDR 0 U1
PHONE NUMBER DRIVER LICENSE NO.	STATE CLASS COL ID VIN	INSURANCE CO.	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	* IF YES SEE SIDEBAR	U2
EMS AGENCY	PEDV 9	PPA 99	PPL 9	OWNER ADDRESS (STREET CITY STATE ZIP)	PHONE NUMBER			RDEF 1 U2
HOSPITAL (TAKEN TO)	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF "Y"						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 7/9/2023	TIME 10:01 <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"/>	18	1					
	2	<input type="checkbox"/>			PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP	PRIMARY 03	SECONDARY 15	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					<input checked="" type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING	SECTION 5/11-601A	CITATION NO. 4251000048	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. 332	SIGNATURE Kordel Kitching	BEAT / DIST.	SUPERVISOR ID. Jose Pagan, 344	COURT DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
	3	<input type="checkbox"/>							Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N

X003079043

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 traveling s/b Villa Ave., when they struck Unit #2 that was parked on Villa unoccupied on the left rear taillight causing minimal damage. Unit #1 stated that his breaks locked up and couldn't steer away from striking Unit #2. No injuries to report. Unit #1 was towed by Veterans Towing. Nothing 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 41.8753
W -87.9690

U1 Race: W

U2 Race:

U1 COLOR Silver, Aluminum	U2 COLOR White	U1 Drug 1 000	U1 Drug 2	U2 Drug 1 000	U2 Drug 2
U1 TOWED DUE TO <input checked="" type="checkbox"/> DISABLING DAMAGE <input type="checkbox"/> NOT DISABLING DAMAGE	DAMAGE EXTENT: 3	U1 TOWED BY / TO:			
U2 TOWED DUE TO <input type="checkbox"/> DISABLING DAMAGE <input checked="" type="checkbox"/> NOT DISABLING DAMAGE	DAMAGE EXTENT:	U2 TOWED BY / TO:			

ILLINOIS TRAFFIC CRASH REPORT

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



IY003

X002689800

DRAC 1 U1	TRFD 10 U2	TRFC 1	WEAT 8	DRVA 16	VIS 1 U2	VEHD 1 U1	LGHT 1 U2	COLL 9	MANV 1 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 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 22	AGENCY CRASH REPORT NO. VPP22011475	TRFW 1
ADDRESS NO. 621	HIGHWAY OR STREET NAME E MADISON ST	<input checked="" type="checkbox"/> City VILLA PARK	INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF CRASH 7/6/2022	TIME 9:39	SECONDARY CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
(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

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 SUBARU	MODEL FORESTER	YEAR 2020	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	FRONT VIEW DIAGRAM 11 12 10 2 9 16 3 8 4 7 6 5 REAR	TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	U1
STREET ADDRESS	SEX F	SAFT 9	AIR 8	AUTOMATION SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	LEVEL IN VEH. 0	LEVEL ENGAGED AT CRASH 0	FIRE <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	U2
CITY STATE ZIP	INJ C	EJCT 1	EPHT 0	PLATE NO. STATE YEAR	POINT OF FIRST CONTACT 1		DISTRACTED <input type="checkbox"/> Y <input type="checkbox"/> N * Distraction Value	ALIGN 1
PHONE NUMBER DRIVER LICENSE NO.	STATE CLASS COL ID VIN	INSURANCE CO.	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.		COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N * IF YES SEE SIDEBAR	U1
EMS AGENCY Villa Park Fire Department	PEDV 1	PPA 99	PPL 9	OWNER STREET, CITY, STATE, ZIP	PHONE NUMBER			U2
HOSPITAL (TAKEN TO) Elmhurst Memorial Hospital	INCIDENT RESPONDER <input type="checkbox"/> Y <input type="checkbox"/> N	IF "Y"						RSUR 1

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 JEEP	MODEL WRANGLER	YEAR 2002	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	FRONT VIEW DIAGRAM 11 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
NAME (LAST, FIRST, M)	SEX m	SAFT day	AIR yr	AUTOMATION SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	LEVEL IN VEH. 0	LEVEL ENGAGED AT CRASH 0	FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U2
STREET ADDRESS	INJ m	EJCT day	EPHT yr	PLATE NO. STATE YEAR	POINT OF FIRST CONTACT 7		DISTRACTED <input type="checkbox"/> Y <input type="checkbox"/> N * Distraction Value	SPDR 0
PHONE NUMBER DRIVER LICENSE NO.	STATE CLASS COL ID VIN	INSURANCE CO.	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.		COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N * IF YES SEE SIDEBAR	U1
EMS AGENCY	PEDV 1	PPA 99	PPL 9	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER			U2
HOSPITAL (TAKEN TO)	INCIDENT RESPONDER <input type="checkbox"/> Y <input type="checkbox"/> N	IF "Y"						RDEF 1

(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 7/6/2022	TIME 9:39	<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"/>	18	1						
	2	<input type="checkbox"/>			PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP	PRIMARY 28	SECONDARY 18	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	BEAT / DIST.	SUPERVISOR ID. Jim Krupiczowicz, 355	COURT DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	
3	<input type="checkbox"/>			OFFICER ID. 349	SIGNATURE Tony Perkins					

X002689800

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 traveling E/B Madison St. Unit 2 was parked on the street facing E/B between 621 and 625 E Madison St. Unit 1 struck Unit 2 and rolled over. Unit 1 was transported to Elmhurst Hospital.

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
USDOT NO. ILLCC NO.

Source of above
GVWR/GCWR

Were HAZMAT placards on vehicle?
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 LENGTH(S) TOTAL VEHICLE LENGTH NO. OF AXLES

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

LOCAL USE ONLY

N 41.8752
W -87.9636

U1 Race: W

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: 3 U1 TOWED BY TO: West And Sons Towing

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

X002671688

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 06/16/2022 at approximately 0001hrs, Ofc. Lay and myself attempted to stop unit 1 for traffic violations. Unit 1 fled at a high rate of speed southbound Monterrey Ave disobeying numerous traffic control devices and driving off the road way. Unit 1 continued southbound where he drove over the lawn of 537 E Madison and struck the houses at 597 E Madison and 537 E Madison Ave causing damage to both structures as well as unit 2 which was parked in the garage at 537 E Madison.

Criminal charges to follow, ref VPPC2201236

LOCAL USE ONLY

N 41.8751
W -87.9651

U1 Race: H

U2 Race:

U1 COLOR **White** 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: **3** U1 TOWED BY / TO: **Veterans Towing**

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

X002495842

DRAC 1 U1	1 U2	TRFD 2	TRFC 4	WEAT 1	DRVA 4	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 22	AGENCY CRASH REPORT NO. VPP21023926	TRFW 1
ADDRESS NO.	HIGHWAY OR STREET NAME MADISON ST	<input checked="" type="checkbox"/> City VILLA PARK	INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DATE OF CRASH 12/30/2021	TIME 3:30	VEHT 1 U1
(CIRCLE) FT / MI N S E W <input checked="" type="checkbox"/> AT INTERSECTION WITH	(CIRCLE) VILLA AVE (NAME OF INTERSECTION OR ROAD FEATURE)	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
<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 SONATA	YEAR 2006	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	FLOW CONDITION <input type="checkbox"/> SLOW <input type="checkbox"/> STOPPED <input checked="" type="checkbox"/> FREE FLOW

UNIT 1

UNIT 2

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	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 11 - FRONT 12 - TOP 10 - TOP 9 - 16 8 - 4 7 - 5 6 - 3 5 - 2	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	U1 2
CITY	STATE	ZIP	INJ 0	EJCT 1	EPHT 0	PLATE NO.	STATE	YEAR	POINT OF FIRST CONTACT 2	* IF YES SEE SIDEBAR		U2 1
PHONE NUMBER	DRIVER LICENSE NO.	STATE	CLASS IL	CDL ID D	VIN	INSURANCE CO.	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	VEH 2	ALIGN 1	U1 1	U2 1	RSUR 1
EMS AGENCY Refused	HOSPITAL (TAKEN TO) Refused	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF "Y"	OWNER STREET, CITY, STATE, ZIP	PHONE NUMBER							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. 0	LEVEL ENGAGED AT CRASH 0	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 11 - FRONT 12 - TOP 10 - TOP 9 - 16 8 - 4 7 - 5 6 - 3 5 - 2	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	U1 2
CITY	STATE	ZIP	INJ 0	EJCT 1	EPHT 0	PLATE NO.	STATE	YEAR	POINT OF FIRST CONTACT 2	* IF YES SEE SIDEBAR		U2 0
PHONE NUMBER	DRIVER LICENSE NO.	STATE	CLASS IL	CDL ID D	VIN	INSURANCE CO.	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	VEH 2	SPDR 0	U1 0	U2 0	RDEF 1
EMS AGENCY Refused	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							U1 996

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

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 12/30/2021	TIME 3:30	<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 1
	1	<input checked="" type="checkbox"/>	11	4							DIRP 1
	2	<input type="checkbox"/>			PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP	PRIMARY 28	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 3
UNIT 2	1	<input checked="" type="checkbox"/>	11	4	<input checked="" type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING	SECTION 11-601A	CITATION NO. 077000638	EMS ARRIVED	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM		U2 25
	2	<input type="checkbox"/>			<input checked="" type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING	SECTION 11-402A	CITATION NO. 077000636	ROAD CLEARANCE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM		SLMT 25
	3	<input type="checkbox"/>			OFFICER ID. 325	SIGNATURE Sonia Bregman	BEAT / DIST.	SUPERVISOR ID. Jim Cihak, 352	COURT DATE 2/18/2022	TIME <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N

X002495842

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



LARGE TRUCK, BUS, OR HM VEHICLE

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

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

- 1. Has a weight rating of more than 10,000 pounds... 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 [] 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 _____

NARRATIVE (refer to vehicle by unit #) Unit 2 stated she was traveling eastbound on Madison Rd. Unit 2 stopped at the stop sign located at Madison and Villa Ave. Unit 2 entered the intersection and observed a blue Hyundai with a male driver go through the stop sign and strike her vehicle. Unit 1 was traveling northbound on Villa Ave and she did not believe the vehicle made a complete stop at Madison and Villa Ave. After unit 1 struck her vehicle it took off leaving the scene heading westbound on Madison Rd.

Ofc. Banaszewski and Ofc. Priest spotted a vehicle that matched the description. They activated their emergency overhead lights and stopped the vehicle at 801 S Westmore in Lombard. The driver, [REDACTED] denied getting into an accident. Ofc. Banaszewski took a picture of the vehicle and the damage and via text the photo to me. I showed the photo to Unit 2 driver, [REDACTED] where she positively identified the

LOCAL USE ONLY U1 COLOR Blue U2 COLOR Black U1 Race: W U2 Race: W 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



X002489214

DRAC 1 U1	TRFD 1 U	TRFC 1	WEAT 1	DRVA 5 U	VIS 2 U1	VEHD 1 U	LGHT 5	COLL 6	MANV 4 U
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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 21	AGENCY CRASH REPORT NO. VPP21023498	TRFW 1
ADDRESS NO.	HIGHWAY OR STREET NAME E MADISON ST	<input checked="" type="checkbox"/> City VILLA PARK	INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF CRASH 12/20/2021	TIME 11:27	SECONDARY CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

(CIRCLE) 50 (CIRCLE) W AT INTERSECTION WITH	(CIRCLE) W S VILLA AVE (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 1	FLOW CONDITION <input type="checkbox"/> SLOW <input type="checkbox"/> STOPPED <input checked="" type="checkbox"/> FREE FLOW	U # LNS 2
--	---	--------------------------	--	---	--	---------------------------------------	--	------------------------

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 11 12 10 TOP 9 16 8 7 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 type="checkbox"/> Y <input type="checkbox"/> N	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U ALIGN 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	POINT OF FIRST CONTACT 1	* Distraction Value		* IF YES SEE SIDEBAR		U # LNS 2
CITY	INJ 0	EJCT 1	EPHT 0	PLATE NO.	STATE	YEAR	POLICY NO.		PHONE NUMBER		U RSUR 1	
PHONE NUMBER	DRIVER LICENSE NO.	STATE IL	CLASS D	COL ID	VIN	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)		HOSPITAL (TAKEN TO) Refused		U VEHU 2	

<input 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	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	FRONT 11 12 10 TOP 9 16 8 7 REAR	TOWED DUE TO CRASH <input type="checkbox"/> Y <input type="checkbox"/> N	FIRE <input type="checkbox"/> Y <input type="checkbox"/> N	DISTRACTED <input type="checkbox"/> Y <input type="checkbox"/> N	COM VEH <input type="checkbox"/> Y <input type="checkbox"/> N	EXPIRED <input type="checkbox"/> Y <input type="checkbox"/> N	U SPDR 0
NAME (LAST, FIRST, M)	SEX M	SAFT 2	AIR 4	AUTOMATION SYSTEM <input type="checkbox"/> Y <input type="checkbox"/> NO <input type="checkbox"/> UNK	LEVEL IN VEH.	LEVEL ENGAGED AT CRASH	POINT OF FIRST CONTACT	* Distraction Value		* IF YES SEE SIDEBAR		U RDEF 1
CITY	INJ 0	EJCT	EPHT	PLATE NO.	STATE	YEAR	POLICY NO.		PHONE NUMBER		U BAC 996	
PHONE NUMBER	DRIVER LICENSE NO.	STATE	CLASS	COL ID	VIN	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)		HOSPITAL (TAKEN TO) Refused		U # OCCS 1	

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	(EPHT)	PASSENGERS & WITNESSES ONLY	(NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
W										OFFICER, BEKTESHI, 40 S ARDMORE VILLA PARK, IL		

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 12/20/2021	TIME 11:27	<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 type="checkbox"/>	36	1						
	2	<input checked="" type="checkbox"/>	30	3	PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP	PRIMARY 14	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
	3	<input type="checkbox"/>			<input checked="" type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING	SECTION 12-503D	CITATION NO. 078000244	EMS ARRIVED	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	
	1	<input type="checkbox"/>			<input checked="" type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING	SECTION 3-413F	CITATION NO. 078000246	ROAD CLEARANCE 12/20/2021	TIME <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
	2	<input type="checkbox"/>			OFFICER ID. 316	SIGNATURE Jalan Walker	BEAT / DIST.	SUPERVISOR ID. Louis Easton, 341	COURT DATE 2/4/2022	TIME <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
	3	<input type="checkbox"/>								Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N

X002489214

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



Diagram Drawn Not To Scale

NARRATIVE (refer to vehicle by unit #)

On 12/20/2021 at 23:27 HRS, Officer Bekteshi #309 observed a silver Hyundai Elantra that had struck a light pole. Officer Bekteshi then made contact with the driver of Unit #1, its sole occupant.

Driver of Unit #1 stated to Officer Bekteshi that his front windshield was iced due to the weather which caused him to not be able to see clearly out of his front windshield. Driver of Unit #1 stated he was traveling southbound Villa and he attempted to make a right hand turn to travel westbound Madison St from Villa Ave. After completing the turn, the driver ran up the curb and struck the light pole on the North side of the street just west of the intersection. Driver of Unit #1 showed no signs of impairment. Driver was issued citations for 12-503 (d), drivers view obstructed by rain, snow, ice, etc., and 3-413 (f), driving with expired license plates, ticket no: 078000244 and 078000246, respectively. Driver was

LOCAL USE ONLY

N 41.8752
W -87.9687

U1 Race: W

U Race:

U1 COLOR Silver, Aluminum U COLOR U1 Drug 1 000 U1 Drug 2 U Drug 1 U Drug 2

U1 TOWED DUE TO [X] DISABLING DAMAGE [] NOT DISABLING DAMAGE DAMAGE EXTENT: 3 U1 TOWED BY / TO: Jims Towing

U TOWED DUE TO [] DISABLING DAMAGE [] NOT DISABLING DAMAGE DAMAGE EXTENT: U 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

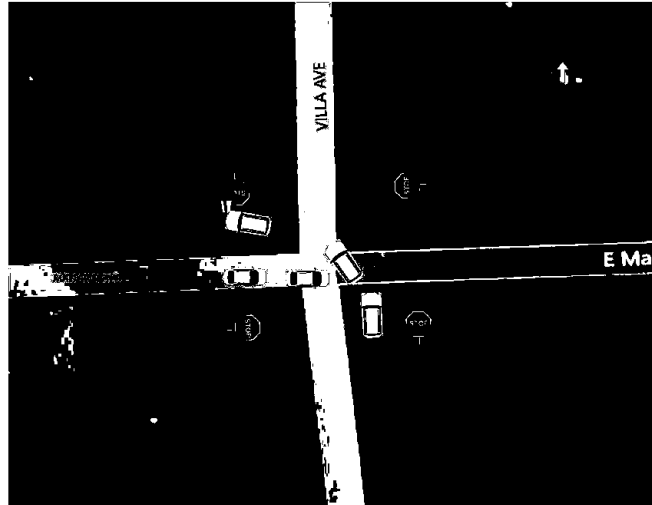


X001418994

DRAC 1 U1	PEDV U	TRFD 2	TRFC 4	WEAT 3	DRVA 16 U1	VIS 1 U	VEHD 1 U	LGHT 1	COLL 6	MANV 3 U1	PPA U	PPL U											
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			AGENCY CRASH REPORT NO. 190112000928			TRFW 2										
ADDRESS NO.		HIGHWAY OR STREET NAME N VILLA AVE			<input checked="" type="checkbox"/> City		Township <input type="checkbox"/>		INTERSECTION RELATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF CRASH 1/12/2019		TIME 3:34 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	LARS CODE	VEHT 1 U1								
(CIRCLE) FT / MI N S E W <input type="checkbox"/> MADISON ST <input checked="" type="checkbox"/> AT INTERSECTION WITH					(CIRCLE) COUNTY DU PAGE		PRIVATE PROPERTY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HIT & RUN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CIRCLE DAY OF WEEK SU MO TU WE TH FR SA		NUMBER MOTOR VEHICLES INVLD 1		LARS CODE	U							
UNIT 1	NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED-NO DRIVER <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV			DATE OF BIRTH			MAKE JEOP			MODEL 4 WHEEL			YEAR 2015			CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN		FRONT 8 1 2 7 9 3 6 5 4 REAR		TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		NO.LANES 2	
	STREET ADDRESS			SEX M	SAFT 2	AIR 4	PLATE NO.			STATE IL			YEAR			FIRE <input type="checkbox"/>		HAZMAT SPILL <input type="checkbox"/>		COM VEH <input type="checkbox"/>		ALIGN 1	
	CITY			STATE			ZIP			INJURY			EJECT			VIN			POINT OF FIRST CONTACT 1		* IF YES SEE SIDEBAR		RSUR 3
	TELEPHONE			DRIVER LICENSE NO.			STATE IL			CLASS D			VEHICLE OWNER (LAST, FIRST, M.I.)			INSURANCE CO.					VEHU 2 U1		
TAKEN TO Refused			EMS AGENCY Refused			OWNER ADDRESS (STREET, CITY, STATE, ZIP)			TELEPHONE			POLICY NO.									U		
UNIT 1	NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED-NO DRIVER <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV			DATE OF BIRTH			MAKE			MODEL			YEAR			CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN		FRONT 8 1 2 7 9 3 6 5 4 REAR		TOWED DUE TO CRASH <input type="checkbox"/> Y <input type="checkbox"/> N		U RDEF 1	
	STREET ADDRESS			SEX	SAFT	AIR	PLATE NO.			STATE			YEAR			FIRE <input type="checkbox"/>		HAZMAT SPILL <input type="checkbox"/>		COM VEH <input type="checkbox"/>		BAC 96 U1	
	CITY			STATE			ZIP			INJURY			EJECT			VIN			POINT OF FIRST CONTACT		* IF YES SEE SIDEBAR		U
	TELEPHONE			DRIVER LICENSE NO.			STATE			CLASS			VEHICLE OWNER (LAST, FIRST, M.I.)			INSURANCE CO.					U NO.OCCS 1 U1		
TAKEN TO			EMS AGENCY			OWNER ADDRESS (STREET, CITY, STATE, ZIP)			TELEPHONE			POLICY NO.									U		
(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY (NAME)/(ADDR)/(TEL)				(HOSP)		(EMS)						U1			
																				U DIRP 1 U1			
UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME VILLAGE OF VILLA PARK			DAMAGED PROPERTY LIGHT POLE			CONTRIBUTORY CAUSE(S)		POSTED SPEED LIMIT 25		IY002								
	1	<input type="checkbox"/>	1	3	PROPERTY OWNER ADDRESS 20 S ARDMORE			CITY VILLA PARK	STATE IL	ZIP 60181	PRIMARY 11												
	2	<input checked="" type="checkbox"/>	30	3	ARREST NAME			SECTION	CITATION NO.		SECONDARY 99												
	3	<input type="checkbox"/>			ARREST NAME			SECTION	CITATION NO.														
					OFFICER ID. 325			SIGNATURE Sonia Bregman		BEAT / DIST.	SUPERVISOR ID. Tim Walsh, 339	DATE POLICE NOTIFIED 1/12/2019	TIME NOTIFIED 3:34 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	COURT DATE	COURT TIME <input type="checkbox"/> AM <input type="checkbox"/> PM								

X001418994

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 No.)

UNIT 1 stated he was stopped n/b on Villa Ave at Madison. It was his turn to make the turn so he proceeded to enter the intersection. He observed a white vehicle to the left of him in the east bound lane on Madison Rd approaching the intersection. Unit 1 pressed on the gas a little bit more to avoid being struck by the white vehicle and slid into a light pole.

Nothing further

LOCAL USE ONLY

Motorist 1 Report No: **N 41.8753**
Motorist Report No: **W -87.9690**

U1 Color: **Cream, Ivory** U Color: U1 Race: **W** U Race:
U1 Towed by / to: U Towed by / to:

COMMERCIAL MOTOR VEHICLE (CMV)

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

A CMV is defined as any motor vehicle used to transport passengers or property and:
1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation beyond 75 air miles from the driver's work reporting location (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

UNIT _____
CARRIER NAME _____
ADDRESS _____
CITY/STATE/ZIP _____

USDOT NO. _____ ILLCC NO. _____
Source of above info. Side of Truck Papers Driver Log Book

Gross Vehicle Weight Rating (GVWR). _____
Were HAZMAT placards displayed on the vehicle? Yes No
If yes, name on placard _____
4-Digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own tank)? Yes No Unknown

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

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

Was a Driver/Vehicle Examination Report form completed?
HAZMAT Yes No Unk Out of Service? Yes No
MCS Yes No Unk Out of Service? Yes No
Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD? Yes No
TRAILER WIDTH(S): 0-96" 97-102" >102"
TRAILER 1
TRAILER 2
TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft
TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

CRASH LOCATION: CITY OF OR NEAREST CITY
_____ MILES N E S W OR _____
CIRCLE ONE CITY NAME

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



MEMORANDUM

TO: Traffic and Safety Commission
FROM:
DATE: June 3, 2025
SUBJECT: Item No. 909 - Reverse Parking on Wildwood from South to North-Illinois to Euclid

RECOMMENDED ACTION:

BACKGROUND:

DISCUSSION:



East Wildwood Ave Parking Restrictions

Village of Villa Park Municipal Code of Ordinances

Section 14-207. - No parking zones.

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.

Wildwood Avenue, south side, from Myrtle Avenue to Route 83.

Legend

 No Parking Anytime



Last Revised
03/05/2025

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;

Ordinance Number: 4020

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:

Ordinance Number: 4020

“(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

Ordinance Number: 4020

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



MEMORANDUM

TO: Traffic and Safety Commission
FROM:
DATE: June 3, 2025
SUBJECT: Item No. 910 - Traffic and parking on Wildwood east of Euclid to Villa Avenue

RECOMMENDED ACTION:

BACKGROUND:

DISCUSSION:



MEMORANDUM

TO: Traffic and Safety Commission
FROM:
DATE: June 3, 2025
SUBJECT: Item No. 911 - Traffic crashes on South Euclid north of Roosevelt Road

RECOMMENDED ACTION:

BACKGROUND:

DISCUSSION:

From: Jonathan Devens
Date: March 8, 2025 at 7:56:46 PM CST
To: "Harline, Matt" <mharline@invillapark.com>, "Cuzzone Sr., Nick" <presidentcuzzone@invillapark.com>
Cc: "Cordova, Jorge" <trusteecordova@invillapark.com>, "Alfano, Cari" <trusteealfano@invillapark.com>, "Patrick, Kevin" <trusteepatrick@invillapark.com>, "Corkery, Jack" <trusteecorkery@invillapark.com>, "Kumar, Deepasriya" <trusteekumar@invillapark.com>, "Kozar, Jack" <trusteekozar@invillapark.com>
Subject: Devens: 1505 S Euclid Avenue

Mr. Harline and Mr. Cuzzone,

I would like to set up a meeting with you this week to discuss the EXTREME DANGER posed to my family, property and neighborhood.

Tonight, Saturday, March 8th, 2025 for the THIRD TIME....yes, you're reading that correctly, the THIRD TIME, a car coming out of THORNTONS, CRASHED INTO MY SON'S FRIEND'S CAR.

2017: Drunk driver crashed into my mailbox, flipped onto my lawn

2023: Drunk drive crashed into MY CAR, TOTALLED THE CAR and had to be taken by ambulance.

2025: Driver crashed into car in front of my house, TOTALLED THE CAR and TOOK OFF

ENOUGH IS ENOUGH.

I WANT A CUL DE SAC OR BARRIERS AT THE END OF MY BLOCK BY THE END OF MARCH!!!!

It is YOUR duty as Village Manager to MEET WITH ME and SPEARHEAD IMMEDIATE ACTION!!!!

I expect a call on Monday, March 10th to MEET WITH YOU and resolve this.

This is DANGEROUS, LIFE THREATENING and ABSOLUTE EMBARRASSMENT for the Village.

I WILL NOT tolerate this any more and will take ACTION INTO MY OWN HANDS if the Village does not do something about it.

I look forward to your call on MONDAY.
Jonathan Devens



South Euclid

Uninc

Uninc

Villa Park

Villa Park

Villa Park

Oakbrook Terrace

Oakbrook Terrace

1. 05/28/2023 - VPP23008806
2. 12/16/2019 - VPP19029878
3. 03/11/2023 - VPP23004036
4. 03/08/2025 - VPP25003998
5. 03/14/2021 - VPP21005023

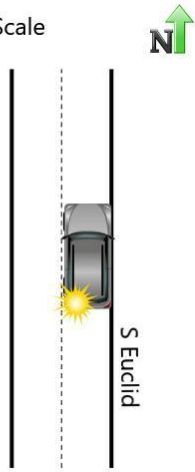
Legend

- ▲ A - Incapacitating injury
- B - Non-incapacitating injury
- ★ C - Possible injury
- ◆ O - Property damage
- Addresses
- ▭ Villa Park Boundary

X001794962

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

Diagram Drawn Not To Scale



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 _____

NARRATIVE (refer to vehicle by unit #)

Unit 2 was parked on roadway on S Euclid. Unit 2 noticed that the vehicle was damaged when unknown third party noticed damage and pieces of car in roadway. Unit 2 had damage in the rear on the driver side.

Unkown Info for Unit 1.

LOCAL USE ONLY

N 41.8619
W -87.9705

U1 Race:

U2 Race:

U1 COLOR _____ U2 COLOR _____ U1 Drug 1 _____ U1 Drug 2 _____ U2 Drug 1 _____ 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



* X002181613 *

DRAC 9 1 1 1 WEAT 1 DRVA 99 1 VIS 99 1 VEHD 99 1 LGHT 9 COLL 9 MANV 99 21

INVESTIGATING AGENCY Villa Park PD DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY \$500 OR LESS \$501 - \$1,500 OVER \$1,500 TYPE OF REPORT A No Injury / Drive Away B Injury and / or Tow Due to Crash

DRIVER UNKNOWN, UNKNOWN NAME (LAST, FIRST, M) STREET ADDRESS UNKNOWN CITY UNKNOWN STATE ZIP INJ 0 EJECT 1 EPTH 3 MAKE UNK MODEL UNK YEAR 2014

DRIVER UNKNOWN, UNKNOWN NAME (LAST, FIRST, M) STREET ADDRESS UNKNOWN CITY UNKNOWN STATE ZIP INJ 0 EJECT 1 EPTH 3 MAKE CADILLAC MODEL SRX YEAR 2004

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

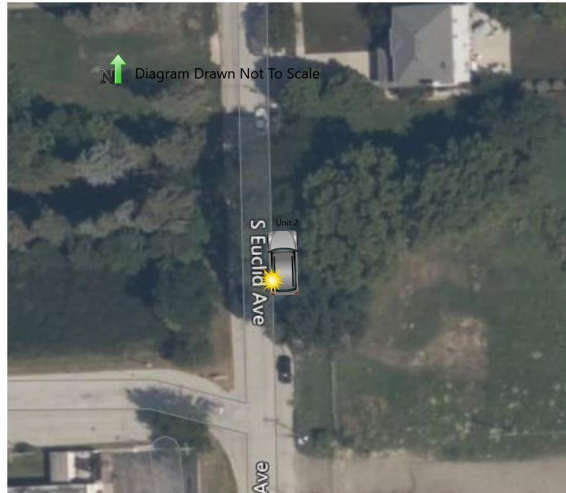
UNIT 1 (EVNO) (MOST) (EVNT) (LOC) DAMAGED PROPERTY OWNER NAME 1 18 1 UNIT 2 (EVNO) (MOST) (EVNT) (LOC) DAMAGED PROPERTY OWNER NAME 1 11 1

UNIT 1

UNIT 2

X002181613

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 #)

Upon arrival, I met with owner of the vehicle [REDACTED]. [REDACTED] stated that on the night of 3/13/21 he parked his vehicle in this spot and left with friends. [REDACTED] did not return to his vehicle on that night, later noticing the damage on 3/14/21 at 5:30pm when he returned to the car. The vehicle recieved damage to the drivers side doors and rear fender. The windows above the body damage were also pierced through. Unknown exact time of hit and run with no offender information.

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 41.8619
W -87.9702

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: _____

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY003



* X002951119 *

Table with columns: DRAC, TRFD, TRFC, WEAT, DRVA, VIS, VEHD, LGHT, COLL, MANV. Values: 2, 10, 1, 1, 1, 16, 1, 1, 13, 1, 1, 4, 9, 1, 21.

Investigating Agency: Villa Park PD. Address: S EUCLID AVE, VILLA PARK. Date of Crash: 3/11/2023, 2:19 AM. Type of Report: ON SCENE. Agency Crash Report No: VPP23004036.

UNIT 1

Driver 1: [REDACTED], SUBARU FORESTER, 2017, IL, 2023. Vehicle Owner: [REDACTED].

UNIT 2

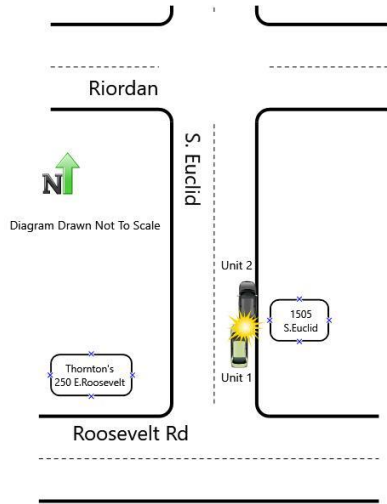
Driver 2: [REDACTED], GMC ACADIA, 2017, IL, 2023. Vehicle Owner: [REDACTED].

Table with columns: (UNIT), (SEAT), (DOB), (SEX), (SAFT), (AIR), (INJ), (EJCT), (EPH). Rows for passengers and witnesses.

Damaged Property Owner Name, Address, Citations Issued, Arrest Name, Officer ID: 328, Signature: Giovanni Garofalo, Supervisor ID: Jim Svava, 340.

X002951119

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 #)

In summary:

I spoke with the driver of unit 1 who stated the following, in summary: She was coming from Thorntons (gas station located at 250 East Roosevelt Road) and hit unit 2 that came out of no where from the driveway.

I then spoke with the owner of unit 2 who confirmed his vehicle was parked unoccupied.

See Officer Jarzembowski's arrets report #VPPC2300427 for further information.

LOCAL USE ONLY

N 41.8606
W -87.9705

U1 Race: **W**

U2 Race:

U1 COLOR **Light Green** U2 COLOR **Gray** U1 Drug 1 **000** U1 Drug 2 **000** U2 Drug 1 **000** U2 Drug 2 **000**

U1 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: **3**

U1 TOWED BY / TO: **Veterans Towing**

U2 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: **3**

U2 TOWED BY / TO: **Veterans Towing**

LARGE TRUCK, BUS, OR HM VEHICLE

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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? Yes No Unknown

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



* X003074287 *

DRAC 9 1 1 1 WEAT 1 DRVA 99 1 VIS 99 1 VEHD 99 1 LGHT 1 COLL 9 MANV 99 21

INVESTIGATING AGENCY Villa Park PD DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY \$500 OR LESS \$501 - \$1,500 OVER \$1,500 TYPE OF REPORT ON SCENE NOT ON SCENE (DESK REPORT) AMENDED A No Injury / Drive Away B Injury and / or Tow Due to Crash YR 23 AGENCY CRASH REPORT NO. VPP23008806 TRFW 1

ADDRESS NO. 1445 HIGHWAY OR STREET NAME S EUCLID AVE CITY VILLA PARK COUNTY DU PAGE INTERSECTION RELATED PRIVATE PROPERTY HIT & RUN DATE OF CRASH 5/28/2023 TIME 7:14 SECONDARY CRASH FLOW CONDITION TOWED DUE TO CRASH FIRE DISTRACTED COM VEH

UNIT 1

DRIVER UNKNOWN, UNKNOWN NAME (LAST, FIRST, M) UNKNOWN STREET ADDRESS UNKNOWN CITY UNKNOWN STATE XX ZIP INJ 0 EJECT 9 EPTH 0 MAKE UNKNOWN MODEL UNKNOWN YEAR 9 LEVEL IN VEH. 9 LEVEL ENGAGED AT CRASH 9 CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 1

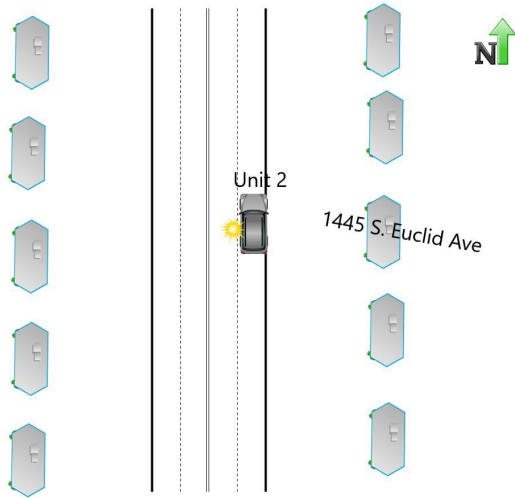
UNIT 2

DRIVER UNKNOWN, UNKNOWN NAME (LAST, FIRST, M) UNKNOWN STREET ADDRESS UNKNOWN CITY UNKNOWN STATE WI ZIP INJ 0 EJECT 0 EPTH 0 MAKE TOYOTA MODEL RAV4 YEAR 2014 LEVEL IN VEH. 0 LEVEL ENGAGED AT CRASH 0 CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 7

PASSENGERS & WITNESSES ONLY (UNIT) (SEAT) (DOB) (SEX) (SAFT) (AIR) (INJ) (EJECT) (EPTH) (NAME) / (ADDR) / (TEL) (HOSP) (EMS) DAMAGED PROPERTY OWNER NAME 1 18 1 DAMAGED PROPERTY 5/28/2023 7:14 PM Did crash occur in a Work Zone? 1

X003074287

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

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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 _____

NARRATIVE (refer to vehicle by unit #)

On the above date and time, I was dispatched to a delayed hit and run accident at 1445 S. Euclid Ave. I arrived on scene and located damage on the driver's side of unit 2, include a cracked mirror.

Unit 2 advised the vehicle was parked on the street for a few hours and must have occurred between 1700-1900Hrs.

I provided the owner of Unit 2 the crash report number.

I checked the area for cameras, but I was unable to make contact with any neighbors who have cameras. I checked the area for any vehicle with damage with negative results.

LOCAL USE ONLY

N 41.8628
W -87.9702

U1 Race: **U**

U2 Race:

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

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



* X003752927 *

DRAC 9 10 1 1 WEAT 1 DRVA 16 1 VIS 99 8 99 1 4 COLL 9 1 21

INVESTIGATING AGENCY Villa Park PD DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY \$500 OR LESS \$501 - \$1,500 OVER \$1,500 TYPE OF REPORT A No Injury / Drive Away B Injury and / or Tow Due to Crash

DRIVER UNKNOWN, UNKNOWN MAKE UNKNOWN MODEL UNKNOWN YEAR UNKNOWN DATE OF BIRTH 09/03/2023

DRIVER MAZDA CX-30 MAKE MAZDA MODEL CX-30 YEAR 2023 DATE OF BIRTH 09/09/2025

Table with columns: (UNIT) (SEAT) (DOB) (SEX) (SAFT) (AIR) (INJ) (EJCT) (EPH) PASSENGERS & WITNESSES ONLY

UNIT 1 UNIT 2 (EVNO) (MOST) (EVNT) (LOC) DAMAGED PROPERTY OWNER NAME POLICE NOTIFIED 3/8/2025 7:05 PM

UNIT 1

UNIT 2

X003752927

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 #)

In summary: the witness advised that he was outside of his residence when he saw a light tan colored Toyota rear end Unit 2, which was parked (unoccupied) N/B on S. Euclid and took off.

The driver of Unit 2 was notified of the hit and run. Unit 2 was provided a crash report number.

LOCAL USE ONLY

N 41.8623
W -87.9710

U1 Race: **U**

U2 Race:

U1 COLOR **Tan** U2 COLOR **Red** 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 _____



MEMORANDUM

TO: Traffic and Safety Commission
FROM:
DATE: June 3, 2025
SUBJECT: Item No. 912 - Traffic Study at Union Development

RECOMMENDED ACTION:

BACKGROUND:

DISCUSSION:



MEMORANDUM

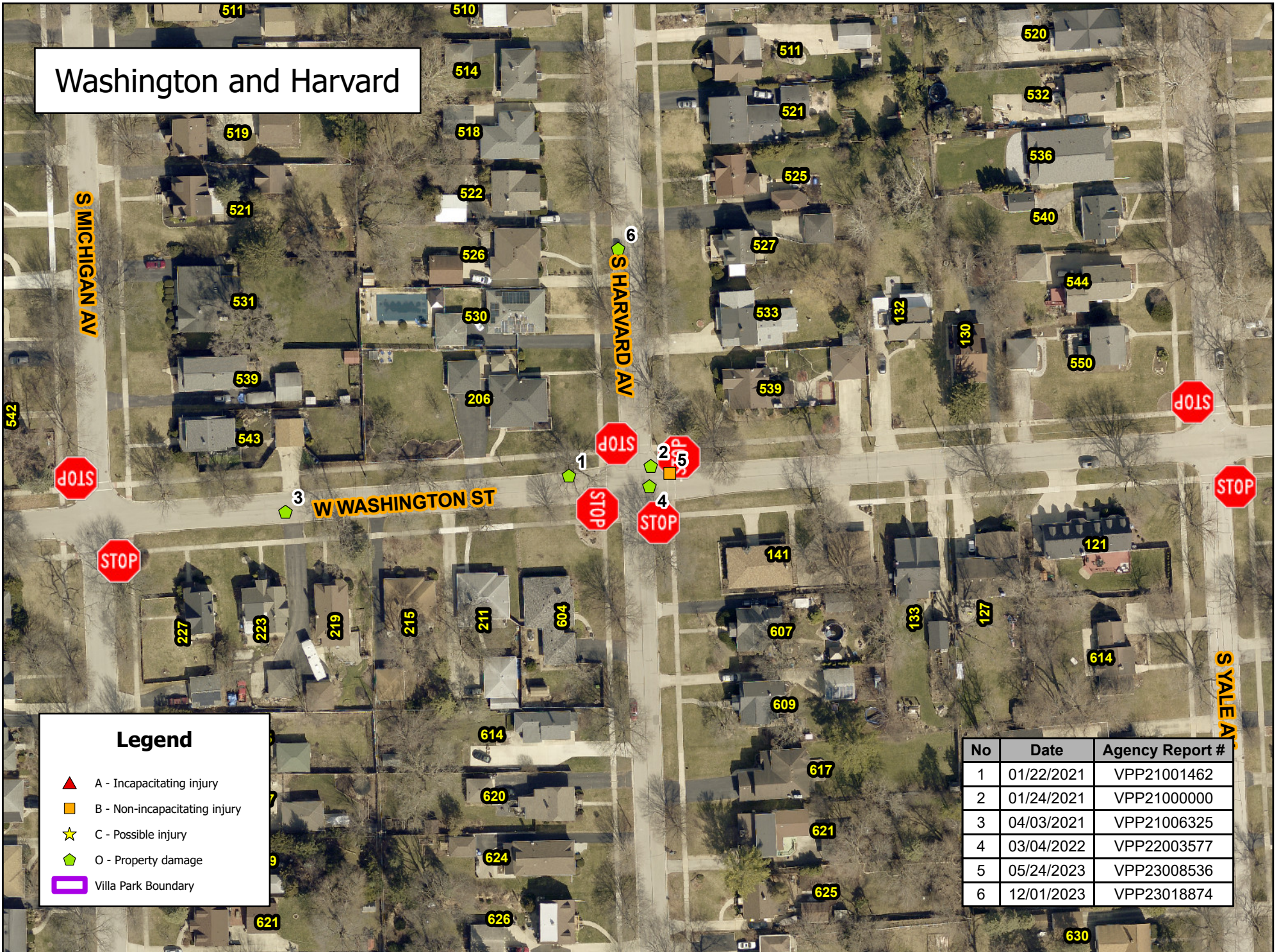
TO: Traffic and Safety Commission
FROM:
DATE: June 3, 2025
SUBJECT: Item No. 913 - Traffic Patterns and Speeding Incidents at Harvard and Washington

RECOMMENDED ACTION:

BACKGROUND:

DISCUSSION:

Washington and Harvard



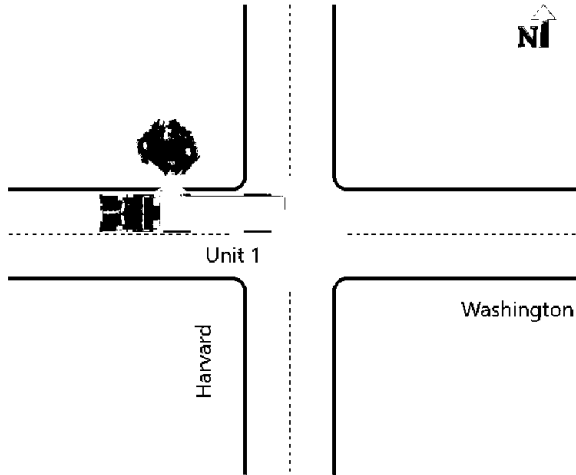
Legend

- ▲ A - Incapacitating injury
- B - Non-incapacitating injury
- ★ C - Possible injury
- ◆ O - Property damage
- Villa Park Boundary

No	Date	Agency Report #
1	01/22/2021	VPP21001462
2	01/24/2021	VPP21000000
3	04/03/2021	VPP21006325
4	03/04/2022	VPP22003577
5	05/24/2023	VPP23008536
6	12/01/2023	VPP23018874

X002134314

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 made a delivery in the area, and turned west on Washington from Harvard, striking a low hanging tree branch. The branch was approximately 30' long and 2' in diameter causing damage to the trailer. Damage to village property form completed.

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 1
 CARRIER NAME BRAUNS EXPRESS
 ADDRESS 10 TANDEM WAY

CITY/STATE/ZIP HOPEDALE, MA 01747

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

USDOT NO. 058192 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 53 ft 2 _____ ft
 TOTAL VEHICLE LENGTH 70 ft NO. OF AXLES 5

SELECT CODES FROM BACK OF CRASH BOOKLET
 VEHICLE CONFIG. 6 CARGO BODY TYPE 13 LOAD TYPE 3

LOCAL USE ONLY

N 41.8784
W -87.9837

U1 Race: **W**

U Race:

U1 COLOR **White** U COLOR _____ U1 Drug 1 **000** U1 Drug 2 _____ U Drug 1 _____ U Drug 2 _____

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

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

ILLINOIS TRAFFIC CRASH REPORT

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



IY003

X002134309

DRAC 1 U1	1 U2	TRFD 2	TRFC 4	WEAT 1	DRVA 2	4 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 21	AGENCY CRASH REPORT NO. VPP2100	TRFW 1
ADDRESS NO.	HIGHWAY OR STREET NAME WASHINGTON	<input checked="" type="checkbox"/> City VILLA PARK	INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DATE OF CRASH 1/24/2021	TIME 9:08	VEHT 2 U1

(CIRCLE) FT / MI N S E W <input type="checkbox"/> FT / MI N S E W HARVARD <input checked="" type="checkbox"/> AT INTERSECTION WITH	(CIRCLE) HARVARD (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 checked="" type="checkbox"/> STOPPED <input type="checkbox"/> FREE FLOW	U2 1	U1 2	# 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 10/16/1961 mo / day / yr	MAKE FORD	MODEL F350	YEAR 2002	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	FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DISTRACTED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N * Distraction Value 9	COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N * IF YES SEE SIDEBAR	U1 2	U2 2	ALIGN 1	U1 1	U2 1	RSUR 2
NAME (LAST, FIRST, M)	SEX M SAFT 2 AIR 3	AUTOMATION SYSTEM <input type="checkbox"/> Y <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK	LEVEL IN VEH. 9	LEVEL ENGAGED AT CRASH 9	PLATE NO.	STATE	YEAR	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	U1 2	U2 2	SPDR 0	U1 0	U2 0	RDEF 1

UNIT 2

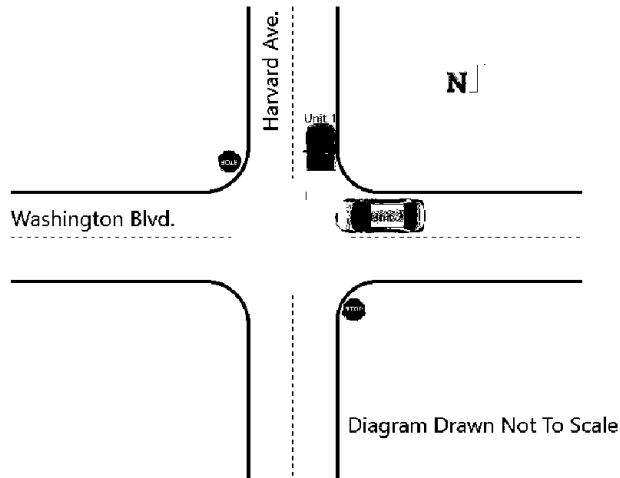
<input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV	DATE OF BIRTH 5/5/2001 mo / day / yr	MAKE SATURN	MODEL ION	YEAR 2004	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	FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DISTRACTED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N * Distraction Value 9	COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N * IF YES SEE SIDEBAR	U1 2	U2 2	SPDR 0	U1 0	U2 0	RDEF 1
NAME (LAST, FIRST, M)	SEX M SAFT 2 AIR 3	AUTOMATION SYSTEM <input type="checkbox"/> Y <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK	LEVEL IN VEH. 9	LEVEL ENGAGED AT CRASH 9	PLATE NO.	STATE	YEAR	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	U1 2	U2 2	SPDR 0	U1 0	U2 0	RDEF 1

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

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 1/24/2021	TIME 9:08	<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	U2 1
	1	<input checked="" type="checkbox"/>	11	1							DIRP 1
	2	<input type="checkbox"/>			PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP	PRIMARY 02	SECONDARY 15	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"/>			ARREST NAME	SECTION	CITATION NO.	ROAD CLEARANCE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM		SLMT 25
	3	<input type="checkbox"/>			OFFICER ID. 332	SIGNATURE Kordel Kitching	BEAT / DIST.	SUPERVISOR ID. Todd Kubish, 114	COURT DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	U1 25

X002134309

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 #2 was traveling w/b Washington when Unit#1 was on Harvard, crossing over Washington n/b. Unit #2 struck Unit #1 on the rear bumper causing no damage to Unit #1's vehicle. Unit #2 front bumper had significant damage but was able to drive the vehicle home which was several houses down the street. Unit #1 stated that Unit #2 was driving at a high rate of speed. Unit #2 stated that Unit #1 drove out in front of him and he couldn't stop and slid into the back of Unit#1's vehicle. Both refused medical attention and no towing service needed. Nothing further.

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 _____

LOCAL USE ONLY

U1 Race: **W** U2 Race: **W**

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: _____

ILLINOIS TRAFFIC CRASH REPORT

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



IY003

X002200540

DRAC 1 U1	1 U2	TRFD 1	TRFC 1	WEAT 1	DRVA 9	1 U2	VIS 1 U1	1 U2	VEHD 1 U1	1 U2	LGHT 1	COLL 17	MANV 23 U1	23 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 21	AGENCY CRASH REPORT NO. VPP21006325	TRFW 1
ADDRESS NO. 223	HIGHWAY OR STREET NAME W WASHINGTON ST	<input checked="" type="checkbox"/> City VILLA PARK	INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF CRASH 4/3/2021	TIME 4:44	VEHT 15 U1

(CIRCLE) FT / MI N S E W <input type="checkbox"/> AT INTERSECTION WITH	(CIRCLE) 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 checked="" type="checkbox"/> SLOW <input type="checkbox"/> STOPPED <input type="checkbox"/> FREE FLOW	# 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 6/11/1974 mo / day / yr	MAKE GMC	MODEL YUKON	YEAR 2016	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 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
NAME (LAST, FIRST, M) [REDACTED]	SEX F	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	POINT OF FIRST CONTACT 6	EXP. Y <input type="checkbox"/> N	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	U2
STREET ADDRESS [REDACTED]	CITY [REDACTED]	STATE IL	CLASS D	CDL ID 0	VIN	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	OWNER STREET, CITY, STATE, ZIP	PHONE NUMBER	U1	
CITY [REDACTED]	STATE [REDACTED]	ZIP [REDACTED]	INJ 0	EJCT 1	EPHT 0	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	OWNER STREET, CITY, STATE, ZIP	PHONE NUMBER	U2	
PHONE NUMBER [REDACTED]	DRIVER LICENSE NO. [REDACTED]	STATE IL	CLASS D	CDL ID 0	VIN	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	OWNER STREET, CITY, STATE, ZIP	PHONE NUMBER	U1	
EMS AGENCY Refused	PEDV 9	PPA 99	PPL 9	VIN	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	OWNER STREET, CITY, STATE, ZIP	PHONE NUMBER	HOSPITAL (TAKEN TO) Refused	U2	
HOSPITAL (TAKEN TO) Refused	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF "Y"	OWNER STREET, CITY, STATE, ZIP	PHONE NUMBER	U1							

UNIT 2

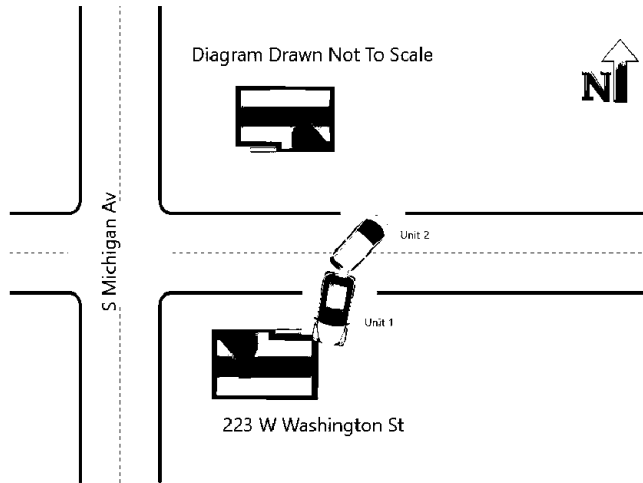
<input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV	DATE OF BIRTH 1/13/1989 mo / day / yr	MAKE HONDA	MODEL CRV	YEAR 2015	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 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
NAME (LAST, FIRST, M) [REDACTED]	SEX F	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	POINT OF FIRST CONTACT 5	EXP. Y <input type="checkbox"/> N	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	U2
STREET ADDRESS [REDACTED]	CITY [REDACTED]	STATE IL	CLASS D	CDL ID 0	VIN	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER	U1	
CITY [REDACTED]	STATE [REDACTED]	ZIP [REDACTED]	INJ 0	EJCT 1	EPHT 0	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER	U2	
PHONE NUMBER [REDACTED]	DRIVER LICENSE NO. [REDACTED]	STATE IL	CLASS D	CDL ID 0	VIN	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER	U1	
EMS AGENCY Refused	PEDV 9	PPA 99	PPL 9	VIN	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER	HOSPITAL (TAKEN TO) Refused	U2	
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	U1							

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	(EPHT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)	
1	3	10/3/1972	M	2	4	0	1	0	[REDACTED]	Refused	Refused	996
2	6	11/6/2016	F	12	4	0	1	0	[REDACTED]	Refused	Refused	996

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 4/3/2021	TIME 4:44	<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
	1	<input checked="" type="checkbox"/>	11	1							DIRP 2
	2	<input type="checkbox"/>			PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP	PRIMARY 30	SECONDARY 18	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
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
	2	<input type="checkbox"/>			ARREST NAME	SECTION	CITATION NO.	ROAD CLEARANCE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM		SLMT 25
	3	<input type="checkbox"/>			OFFICER ID. 333	SIGNATURE Bart Banaszewski	BEAT / DIST.	SUPERVISOR ID. Jim Cihak, 352	COURT DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	25

X002200540

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 2 advised that she reversed out her driveway onto E/B Washington St.

Driver of Unit 1 was attempting to reverse out of her driveway onto W/B Washington St and struck Unit 2 who was already completing her maneuver.

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 41.8782
W - 87.9848

U1 Race: H

U2 Race: W

U1 COLOR Black	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 checked="" type="checkbox"/> NOT DISABLING DAMAGE	DAMAGE EXTENT: 2	U1 TOWED BY / TO:			
U2 TOWED DUE TO <input type="checkbox"/> DISABLING DAMAGE <input checked="" type="checkbox"/> NOT DISABLING DAMAGE	DAMAGE EXTENT: 2	U2 TOWED BY / TO:			

ILLINOIS TRAFFIC CRASH REPORT

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



IY003

X002558992

DRAC 1 U1	1 U2	TRFD 2	TRFC 4	WEAT 1	DRVA 5	1 U2	VIS 1 U1	1 U2	VEHD 1 U1	1 U2	LGHT 5	COLL 10	MANV 3 U1	11 U2
------------------------	----------------	------------------	------------------	------------------	------------------	----------------	-----------------------	----------------	------------------------	----------------	------------------	-------------------	------------------------	-----------------

INVESTIGATING AGENCY: **Villa Park PD**

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: \$500 OR LESS, \$501 - \$1,500, OVER \$1,500

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

AGENCY CRASH REPORT NO.: **VPP22003577**

TRFW: **14**

VEHT: **1**

ADDRESS NO.: _____ HIGHWAY OR STREET NAME: **W WASHINGTON ST** CITY: **VILLA PARK**

INTERSECTION RELATED: Y N DATE OF CRASH: **3/4/2022** TIME: **7:23**

PRIVATE PROPERTY: Y N DOORING WITH PEDALCYCLIST?: Y N # OF MOTOR VEHICLES INVLD: **2**

SECONDARY CRASH: YES NO FLOW CONDITION: SLOW, STOPPED, FREE FLOW

(CIRCLE) **10** (CIRCLE) _____ COUNTY: **DU PAGE**

AT INTERSECTION WITH: **S HARVARD AVE** (NAME OF INTERSECTION OR ROAD FEATURE)

UNIT 1

DRIVER PARKED DRIVERLESS PED PEDAL EQUUS NMV NCV DV

DATE OF BIRTH: **7/11/1979** MAKE: **AUDI** MODEL: **Q7** YEAR: **2009**

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): **10**

TOWED DUE TO CRASH: Y N

FIRE: DISTRACTED: COM VEH:

NAME (LAST, FIRST, M): _____ SEX: **F** SAFT: **2** AIR: **4**

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

INJ: **0** EJCT: **1** EPTH: _____

PLATE NO.: _____ STATE: _____ YEAR: _____

INSURANCE CO.: _____

VEHICLE OWNER (LAST, FIRST, M.I.): _____

POLICY NO.: _____

OWNER STREET, CITY, STATE, ZIP: _____ PHONE NUMBER: _____

UNIT 2

DRIVER PARKED DRIVERLESS PED PEDAL EQUUS NMV NCV DV

DATE OF BIRTH: **2/1/1971** MAKE: **HONDA** MODEL: **CIVIC** YEAR: **2009**

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): **12**

TOWED DUE TO CRASH: Y N

FIRE: DISTRACTED: COM VEH:

NAME (LAST, FIRST, M): _____ SEX: **M** SAFT: **2** AIR: **4**

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

INJ: **0** EJCT: **1** EPTH: _____

PLATE NO.: _____ STATE: _____ YEAR: _____

INSURANCE CO.: _____

VEHICLE OWNER (LAST, FIRST, M.I.): _____

POLICY NO.: _____

OWNER ADDRESS (STREET, CITY, STATE, ZIP): _____ PHONE NUMBER: _____

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

DAMAGED PROPERTY OWNER NAME: _____ DAMAGED PROPERTY: _____

POLICE NOTIFIED: **3/4/2022** TIME: **7:23**

Did crash occur in a Work Zone? Y N

PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP: _____

PRIMARY: **06** SECONDARY: **28**

EMS NOTIFIED: _____ TIME: _____

IF YES check one below:

Construction Maintenance Utility Unknown work zone type

ARREST NAME: _____ ARREST DATE: **3/4/2022** TIME: **7:40**

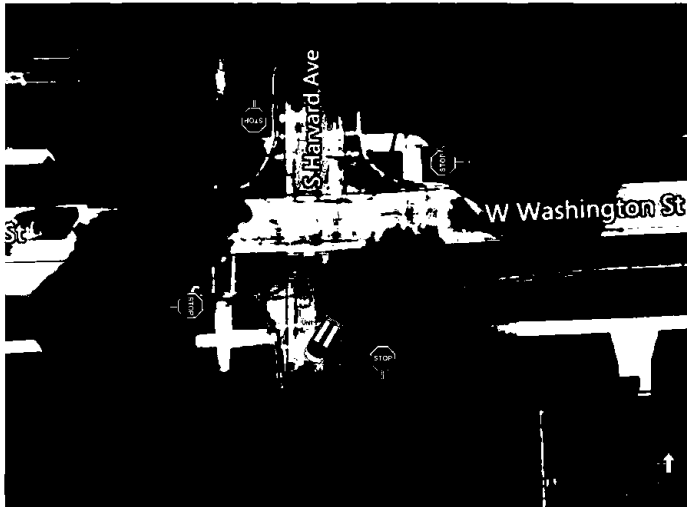
ROAD CLEARANCE: _____ TIME: _____

WORKERS PRESENT? Y N

OFFICER ID: **351** SIGNATURE: **Rich Boryk** BEAT / DIST.: _____ SUPERVISOR ID: **Jim Cihak, 352** COURT DATE: _____ TIME: _____

X002558992

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 1 stated that she was W/B Washington and had just attempted a left turn to S/B Harvard, after stopping for the stop sign, when she made contact with unit 2.

Driver of unit 2 stated that he was N/B Harvard and stopped for the stop sign, at Washington, when unit 1 took a left turn to short, striking his vehicle.

LOCAL USE ONLY

N 41.8784
W -87.9837

U1 Race:

U2 Race:

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 DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: **2** U1 TOWED BY / TO:

U2 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: **2** 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

X003032343

DRAC 1 U1	1 U2	TRFD 2	TRFC 4	WEAT 1	DRVA 1	2 U2	VIS 1 U1	1 U2	VEHD 1 U1	1 U2	LGHT 1	COLL 7	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 checked="" type="checkbox"/> \$501 - \$1,500 <input 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. VPP23008536	TRFW 1
ADDRESS NO.	HIGHWAY OR STREET NAME W WASHINGTON ST	<input checked="" type="checkbox"/> City VILLA PARK	INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DATE OF CRASH 5/24/2023	TIME 2:45	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) S HARVARD AVE (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 1	FLOW CONDITION <input checked="" type="checkbox"/> SLOW <input type="checkbox"/> STOPPED <input type="checkbox"/> FREE FLOW	VEHT 1 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 3/29/1959 mo / day / yr	MAKE ACURA	MODEL 4DR	YEAR 2012	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
NAME (LAST, FIRST, M)	SEX M	SAFT 2	AIR 9	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 4	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	VEHU 2 U1		
STREET ADDRESS	CITY	STATE	ZIP	PLATE NO.	STATE	YEAR	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	U2 1	

UNIT 2

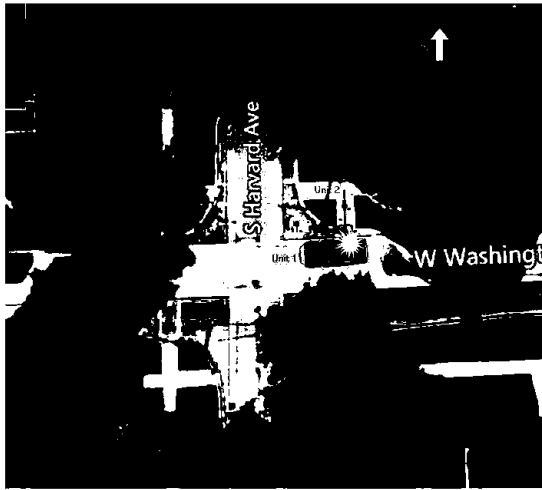
<input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input checked="" type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV	DATE OF BIRTH 7/1/2013 mo / day / yr	MAKE	MODEL	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 * Distraction Value	COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N * IF YES SEE SIDEBAR	U1 2
NAME (LAST, FIRST, M)	SEX F	SAFT 19	AIR 3	AUTOMATION SYSTEM <input type="checkbox"/> Y <input type="checkbox"/> NO <input type="checkbox"/> UNK	LEVEL IN VEH.	LEVEL ENGAGED AT CRASH	POINT OF FIRST CONTACT	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	SPDR 0 U1		
STREET ADDRESS	CITY	STATE	ZIP	PLATE NO.	STATE	YEAR	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	U2 0	

EMS AGENCY Villa Park Fire Department	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	RDEF 1
(UNIT) (SEAT) (DOB) (SEX) (SAFT) (AIR) (INJ) (EJCT) (EPHT)	PASSENGERS & WITNESSES ONLY			(NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
						996
						996
						1

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 5/24/2023	TIME 2:45	<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 7
	1	<input checked="" type="checkbox"/>	20	1							DIRP
	2	<input type="checkbox"/>			PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP	PRIMARY 14	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
UNIT 2	1	<input type="checkbox"/>			ARREST NAME	SECTION	CITATION NO.	EMS ARRIVED	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM		U2 25
	2	<input type="checkbox"/>			<input type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING			ROAD CLEARANCE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM		SLMT
	3	<input type="checkbox"/>			ARREST NAME	SECTION	CITATION NO.	COURT DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U1 25

X003032343

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 stated he approached the intersection going west on Washington. He came to a stop at the Harvard stop sign, and proceeded through the intersection. He then heard a loud smack to the rear passengers side of his vehicle. When he pulled over he observed the bicyclist on the ground.

There is video of the intersection from a home that is located at the northwest corner of Harvard and Washington.

From the video I could see Unit 1 stop at the stop sign, then proceed. I observed the bicyclist on the eastern sidewalk of Harvard traveling south. The bicyclist does not stop at the intersection, and strikes the side of Unit 1. I logged the video into the BEAST if needed.

LOCAL USE ONLY

N 41.8784
W -87.9837

U1 Race: W

U2 Race: W

U1 COLOR **Gray** 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:

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



X003242186

DRAC 1 U1	1 U2	TRFD 1	TRFC 4	WEAT 2	DRVA 9	1 U2	VIS 1 U1	1 U2	VEHD 1 U1	1 U2	LGHT 1	COLL 18	MANV 23 U1	11 U2
------------------------	----------------	------------------	------------------	------------------	------------------	----------------	-----------------------	----------------	------------------------	----------------	------------------	-------------------	-------------------------	-----------------

INVESTIGATING AGENCY Villa Park PD	DAMAGE TO ANY 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. VPP23018874	TRFW 1
ADDRESS NO. 527	HIGHWAY OR STREET NAME S HARVARD AV	<input checked="" type="checkbox"/> City VILLA PARK	INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF CRASH 12/1/2023	TIME 8:44	VEHT 2 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
(NAME OF INTERSECTION OR ROAD FEATURE)		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			U2 1 # LNS 1 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 1/10/1978 mo / day / yr	MAKE TOYOTA	MODEL TUNDRA	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 2 9 16 3 8 4 7 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	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U1 2 U2 1 ALIGN 1 U1 1 U2 1 RSUR 2 U1 2 U2 2 SPDR 0 U1 0 U2 0 RDEF 1 U1 996 U2 996 # OCCS 1 U1 2 U2 1 U1 5 U2 25 U1 25 U2
NAME (LAST, FIRST, M)	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	POINT OF FIRST CONTACT 6	OWNER STREET, CITY, STATE, ZIP		PHONE NUMBER	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.
STREET ADDRESS	INJ O	EJCT 1	EPHT	PLATE NO.	STATE	YEAR	OWNER ADDRESS (STREET, CITY, STATE, ZIP)		PHONE NUMBER	HOSPITAL (TAKEN TO)		
CITY	STATE	ZIP	STATE	CLASS	COL ID	VIN	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)		POLICY NO.		
PHONE NUMBER	DRIVER LICENSE NO.	STATE	CLASS	COL ID	VIN	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)		POLICY NO.		HOSPITAL (TAKEN TO)	
EMS AGENCY	PEDV	PPA	PPL	VEHICLE OWNER (LAST, FIRST, M.I.)		POLICY NO.		HOSPITAL (TAKEN TO)		HOSPITAL (TAKEN TO)		
HOSPITAL (TAKEN TO)		INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF "Y"	OWNER STREET, CITY, STATE, ZIP		PHONE NUMBER		HOSPITAL (TAKEN TO)		HOSPITAL (TAKEN TO)		

UNIT 2

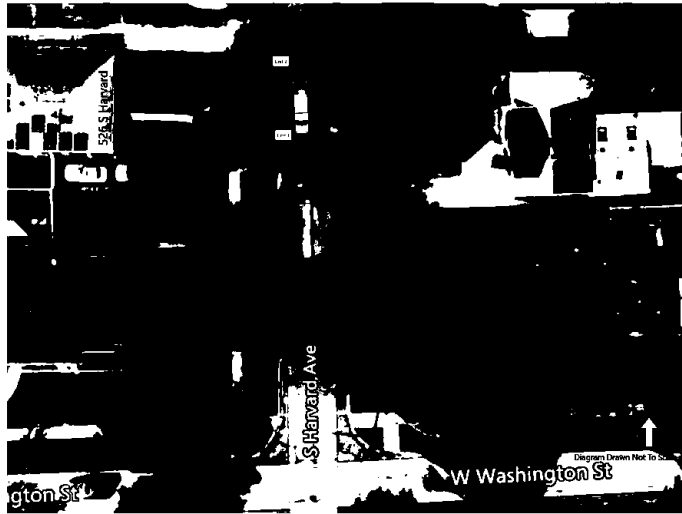
<input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV	DATE OF BIRTH 8/27/2005 mo / day / yr	MAKE CHEVROLET	MODEL IMPALA	YEAR 2011	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 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	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U1 2 U2 2 U1 0 U2 0 RDEF 1 U1 996 U2 996 # OCCS 1 U1 2 U2 1 U1 5 U2 25 U1 25 U2
NAME (LAST, FIRST, M)	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	POINT OF FIRST CONTACT 12	OWNER STREET, CITY, STATE, ZIP		PHONE NUMBER	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.
STREET ADDRESS	INJ O	EJCT 1	EPHT	PLATE NO.	STATE	YEAR	OWNER ADDRESS (STREET, CITY, STATE, ZIP)		PHONE NUMBER	HOSPITAL (TAKEN TO)		
CITY	STATE	ZIP	STATE	CLASS	COL ID	VIN	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)		POLICY NO.		
PHONE NUMBER	DRIVER LICENSE NO.	STATE	CLASS	COL ID	VIN	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)		POLICY NO.		HOSPITAL (TAKEN TO)	
EMS AGENCY	PEDV	PPA	PPL	VEHICLE OWNER (LAST, FIRST, M.I.)		POLICY NO.		HOSPITAL (TAKEN TO)		HOSPITAL (TAKEN TO)		
HOSPITAL (TAKEN TO)		INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF "Y"	OWNER ADDRESS (STREET, CITY, STATE, ZIP)		PHONE NUMBER		HOSPITAL (TAKEN TO)		HOSPITAL (TAKEN TO)		

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	(EPHT)	PASSENGERS & WITNESSES ONLY	(NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
2	3	9/20/2004		2	4	O	1					

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 12/1/2023	TIME 9:00	<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	1			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	
	2	<input type="checkbox"/>			PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP	PRIMARY 30	SECONDARY 28	EMS ARRIVED	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	
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
	2	<input type="checkbox"/>			ARREST NAME	SECTION	CITATION NO.	COURT DATE	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	
	3	<input type="checkbox"/>			OFFICER ID. 351	SIGNATURE Rich Boryk	BEAT / DIST.	SUPERVISOR ID. Jim Cihak, 352	COURT DATE	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM

X003242186

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 2 stated that she was S/B Harvard and stopped for unit 1 that was stopped in the roadway in front of 526 S Harvard. Unit 1 suddenly began to back up and made contact with her vehicle even with an attempt to avoid the crash.

Driver of unit 1 stated that she was in the area of 526 S Harvard heading S/B and realized that she past where she needed to go. She then began to back up nly to make contact with unit 2.

LOCAL USE ONLY

U1 Race: **A**

U2 Race: **H**

U1 COLOR **Tan** 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: **0**

U1 TOWED BY / TO:

U2 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE

DAMAGE EXTENT: **2**

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



MEMORANDUM

TO: Traffic and Safety Commission
FROM:
DATE: June 3, 2025
SUBJECT: Item No. 914 - Electric Scooters

RECOMMENDED ACTION:

BACKGROUND:

DISCUSSION:

**AN ORDINANCE AMENDING THE VILLA PARK MUNICIPAL CODE
IN ORDER TO AUTHORIZE AND REGULATE THE USE OF LOW-SPEED ELECTRIC
SCOOTERS WITHIN THE VILLAGE OF VILLA PARK, ILLINOIS**

WHEREAS, the Illinois Municipal Code, 65 ILCS 5/1-2-1, provides that the corporate authorities of each municipality may pass all ordinances and make all rules and regulations proper or necessary, to carry into effect the powers granted to municipalities, with such fines or penalties as may be deemed proper; and

WHEREAS, the Village of Villa Park (“Village”) is a duly organized and validly existing non-home rule Illinois municipality created in accordance with the Constitution of the State of Illinois of 1970, as amended, and the laws of the State; and

WHEREAS, Section 11-80-2 of the Illinois Municipal Code (65 ILCS 5/11-80-2) grants to the corporate authorities of each municipality the power to regulate the use of streets or other municipal property; and

WHEREAS, Section 11-1518(a) of the Illinois Vehicle Code (625 ILCS 5/11-1518(a)) empowers the Village to authorize and regulate the operation of low-speed electric scooters within the unit of local government on any or all highways, sidewalks, trails or other public right-of-way where the operation of bicycles is permitted, subject to the restrictions of Section 11-1518; and

WHEREAS, if no action is taken by the Village to expressly authorize the use of low-speed electric scooters within the Village, use of these electric scooters is not allowed and would result in a violation of Section 11-1518 of the Illinois Vehicle Code; and

WHEREAS, the corporate authorities of the Village of Villa Park have determined that it is in the best interests of the Village to permit and regulate the operation of low-speed electric scooters within the corporate limits of the Village, consistent with Section 11-1518 of the Illinois Vehicle Code.

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

Section 1: The foregoing recitals shall be and are hereby incorporated herein as the findings of the Corporate Authorities.

Section 2: The purpose of this Ordinance is to permit and regulate the use of low-speed electric scooters within the Village of Villa Park to enhance urban mobility, promote environmental sustainability and ensure public safety.

Section 3: Chapter _____, of the Villa Park Municipal Code, shall be and is hereby amended to add a new Section _____, entitled “Low-Speed Electric Scooters”, as follows:

Sec _____ – Low-Speed Electric Scooters

- (a) *Low-Speed Electric Scooters Permitted and Regulated.* The operation of low-speed electric scooters within the Village of Villa Park is hereby permitted on any or all highways, sidewalks, trails or other public right-of-way within the Village where the operation of bicycles is permitted, and are further regulated pursuant to the provisions of this section.
- (b) *Definition of Low-Speed Electric Scooter.* A “low-speed electric scooter” shall mean “a device weighing less than 100 pounds, with 2 or 3 wheels, handlebars, and a floorboard that can be stood upon while riding, that is solely powered by an electric motor and human power, and whose maximum speed, with or without human propulsion, is no more than 10 miles per hour.” A “low-speed electric scooter” does not include a moped or motor driven cycle.
- (c) *Permitted Use and Designated Areas.*
- (1) Low-speed electric scooters may be operated on public roads, sidewalks, trails, bicycles paths and designated paths within the Village of Villa Park, except where prohibited by signage.
 - (2) Low-speed electric scooters may not be operated on State highways.
 - (3) Any use of a low-speed electric scooter in violation of this section is not an intended nor permitted use of a public right-of-way, as those terms are used in Section 3–102 of the Local Governmental and Governmental Employees Tort Immunity Act (745 ILCS 10/3–102).
- (d) *Rules and Regulations.* Low-speed electric scooters may only be operated in accordance with the following rules and regulations.
- (1) A person may not operate a low-speed electric scooter on any street or highway within the Village with a posted speed limit in excess of 35 mph.
 - (2) A person operating a low-speed electric scooter must be at least 18 years of age.
 - (3) A low-speed electric scooter may be parked in the same manner and at the same locations as a bicycle may be parked.

- (4) A low-speed electric scooter, when in use at nighttime, must have a lamp on the front that emits a white light visible from a distance of at least 500 feet to the front and with a red reflector on the rear that is visible from all distances from 100 feet to 600 feet to the rear when directly in front of lawful lower beams of headlamps on a motor vehicle, except that a lamp emitting a steady or flashing red light visible from a distance of 500 feet to the rear may be used in addition to or instead of the red reflector.
 - (5) A low-speed electric scooter must not be equipped with, nor should any low-speed electric scooter operator use, any siren. This paragraph does not apply to a low-speed electric scooter that is a police vehicle or fire department vehicle.
 - (6) Every low-speed electric scooter must be equipped with a brake that will adequately control movement of and stop and hold the low-speed electric scooter.
 - (7) A person may not operate a low-speed electric scooter while carrying any package, bundle or article that prevents the operator from keeping at least one hand upon the handlebars.
 - (8) A person may not use or operate a low-speed electric scooter to carry more than one person at a time.
 - (9) A person operating a low-speed electric scooter may not attach himself or herself or the scooter to any other vehicle being operated on the public right-of-way.
 - (10) A person operating a low-speed electric scooter must adhere to all applicable traffic laws, including yielding to pedestrians and obeying traffic signals and signs.
 - (11) A person may not operate a low-speed electric scooter while under the influence of alcohol or any drug.
 - (12) Every low-speed electric scooter must be well-maintained and in good operating condition.
- (e) *Violations – Penalty.* Any person who violates any of the provisions of this section shall be subject to a fine of not less than \$50.00 for the first offense, \$100.00 for the second offense and \$500.00 for the third offense. Any offenses after the third offense shall be subject to a fine of not less than \$750.00. The police shall have the authority to impound the low-speed electric scooter, subject to the code hearing unit adjudication provisions of _____ the Villa Park Municipal Code. An offense committed by a minor under the direct control or with the consent of a parent or guardian may subject the parent or guardian to the penalties provided in this section.

Section 4: All ordinances, resolutions and policies or parts thereof, in conflict with the provisions of this Ordinance are, to the extent of the conflict, expressly repealed on the effective date of this Ordinance.

Section 5: If any provision of this Ordinance or application thereof to any person or circumstances is ruled unconstitutional or otherwise invalid, such invalidity shall not affect other provisions or applications of this Ordinance that can be given effect without the invalid application or provision, and each invalid provision or invalid application of this Ordinance is severable.

Section 6: The headings/captions identifying the various sections and subsections of this Ordinance are for reference only and do not define, modify, expand or limit any of the terms or provisions of the Ordinance.

Section 7: The clerk is directed by the corporate authorities to publish this Ordinance in pamphlet form. This Ordinance shall be in full force and effect 10 days after its passage and publication in accordance with Section 1-2-4 of the Illinois Municipal Code (65 ILCS 5/1-2-4).

PASSED this _____ day of _____ 2025, by the corporate authorities of the Village of Villa Park pursuant to a roll call vote as follows:

AYES: _____
NAYS: _____
ABSENT: _____
ABSTENTION: _____

APPROVED by me this ____ day of _____ 2025.

Kevin Patrick, President of the
Village of Villa Park, DuPage County, Illinois

ATTESTED and filed in my office,
this ____ day of _____ 2025.

Rolf Laukant, Clerk of the Village
of Villa Park, DuPage County, Illinois

PUBLISHED this _____ day of _____, 2025.

Rolf Laukant, Clerk of the Village
of Villa Park, DuPage County, Illinois