

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

July 1, 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 June 3, 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
- j. Item No. 914 - Electric Scooters

9. New Business

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: July 1, 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: July 1, 2025
SUBJECT: Consider approval of pending minutes from the Traffic and Safety Commission meeting held on June 3, 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

June 3 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 JUNE 3, 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, Flaskamp, Little, McMurray, C. Timmerman, K. Timmerman,
Pienkos, Wagner.

ABSENT: DeTomaso

Staff Present: Kevin Mantels, Assistant Village Engineer.

Board Present: None.

Others Present: None.

3. Amendments to the Agenda.

None

4. Public Comments on Agenda Items.

Charley Williams of 1445 S. Euclid spoke regarding **8g Item No. 911**. Resident wanted to note that multiple residents are having an issue with the speeding on S Euclid. Crash reports (agenda packet pages 92 & 93) are incidents that happened in front of his home. He suggested painting lines for parking to make the street appear narrower. Commissioner Cuthbertson inquired as to whether the crashes are happening at a specific time of day or random times.

Jon Devens of 1505 S. Euclid noted that traffic studies were done when Rich Keehner was Village Manager. An email sent by resident mentioned that three different vehicles have been hit by vehicles leaving Thornton's gas station. Two of his vehicles have been totaled (2023 & 2025). He suggested a cul-de-sac or jersey barriers.

Roseann Devens of 1505 S. Euclid responded first to Commissioner Cuthbertson. She noted that incidents have happened in the morning and evening. This has been an issue since 2016. She is

concerned about the incoming therapy center nearby. This will increase traffic and is a dangerous area for children utilizing the therapy center. At the exit of 220 Roosevelt Rd there used to be a 'No Right Turn' sign. It was damaged and never replaced. Traffic has also increased on Euclid since the traffic light was installed at Villa Ave.

Kathleen Gargano stated she was not aware of discussions at meetings until Commissioner Wagner visited residents in person. She is the resident that facilitated the speed bumps that were previously installed. She noted that the streets being wider encourage people to speed. She appreciated Commissioner Little for speaking about Vision Zero project, it has a lot of good information. She suggested a roundabout and referenced areas in Chicago that have similar width streets. The city also has a pedestrian plan for safer streets.

Chairman Pienkos noted that this issue will be discussed later in the meeting.

5. Public Comments on Non-Agenda Items.

Joe Amore of 309 E Maple informed the commission that as of May 19, 2025, he is also a York Township Trustee. He gave information on how to contact the new York Township Highway Commissioner. Additionally, he wanted to suggest that when the Villa Ave project is taking place, that bike lanes can be added along N Villa Ave, between Thomas & Second near the Salt Creek Greenway Trail. He added that he met with Metra Safety Police and volunteers at the Hanover Park Metra Safety Blitz. This event promotes safety around trains. He is coordinating with them and first responders to have them visit the Villa Park train station. He also wanted to note that there have been blue and white signs posted at every train crossing that are marked with unique identifiers and information that gives you direct access to a dispatcher who will then contact the engineer in case of an emergency or other issues. Mr. Amore also provided a list of sites near train tracks that need to be addressed. They currently do not have access restrictions.

6. Presentations.

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

Commissioner Wagner noted that the subcommittee's last meeting was held on May 22, 2025. Commissioner Wagner provided updates regarding recent activities; May 10 Smart Cycling class which had low attendance, May 21 Ride of Silence including a police escort, May 24 Bike Registration event. There were 27 bikes, and 2 e-scooters registered and on May 8-9 he attended the Bike Summit in Springfield, IL. He wanted to bring attention to communication a commissioner had with the District 88 board. They have concerns regarding safety for Willowbrook students that must utilize Riordon from Ardmore to Monterey and on Ardmore from Roosevelt to Canterbury due to the absence of sidewalks. There was also discussion about the Ardmore Ave Improvement Project and the traffic study being done.

7. Approval of Minutes.

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

Motion to approve the minutes of the Traffic and Safety Commission meeting held on May 4, 2025, was made by Commissioner Wagner and seconded by Commissioner McMurray. 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 informed the commission that the traffic study outcomes are included separate from the packet. Motion to table Item No. 902 and Item No. 903 were made by Commissioner Little and seconded by Commissioner C. Timmerman. Voice vote passed with all eyes. Motion carried. Items tabled.

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

ExOfficio Mantels noted that one of the criteria for all way stop control warrant is sight distance. There are multiple sight obstructions due to private landscaping. The Community & Economic Development is addressing those issues. Item pending. See Item No. 902

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

ExOfficio Mantels noted that the traffic study has occurred, but the view was blocked on one camera due to a fallen tree branch. Cameras will be re-installed to re-collect additional data. Commissioner Little asked for a timeline, ExOfficio Mantels stated it is scheduled to be done next week. Commissioner Flaskamp asked for clarification regarding boundaries of study. ExOfficio Mantels responded that there will be some overlap and increased scope to capture additional information in the Lufkin corridor. The study includes all modes of transportation. Motion to table Item No 906 was made by Commissioner Wagner and seconded by Commissioner Little. Voice vote passed with all eyes. Motion carried.

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

ExOfficio Mantels researched whether the radar camera light boards he mentioned at last month's meeting. They do not record any data. Commissioner Wagner questioned if a traffic study could be requested. ExOfficio Mantels was waiting for this meeting's outcome before performing the study. Commissioner Little inquired as to what the village could do to alleviate speeding. She is looking for ideas for what can be done sooner than later and suggested paint striping. ExOfficio Mantels explained that there is a lot that goes into making physical changes to a street. He stated that he would discuss paint striping with his superiors. Commissioner Wagner brought to attention the topic of enforcement and education. Chairperson Pienkos and Commissioner Cuthbertson asked police officer in gallery if a request can be submitted for additional enforcement. Police Officer stated he would talk to his superiors. Commissioner Wagner requests that we collect data with traffic speed and volume for this area. Commissioner Flaskamp questioned if traffic issues just change locations once one area has been remedied. She would like to see historical traffic data to compare. Commissioner Wagner stated that the DuPage Mayors and Managers Conference (DMMC) has a lot of information regarding traffic calming solutions. Chairperson Pienkos noted that in October 2024 a representative from Chicago Metropolitan Agency for Planning (CMAP) suggested solutions. The speed issues are not just in this area, but Villa Ave as well. Commissioner Cuthbertson asked for the amount of traffic counters the village has. He also requested the results from the Euclid traffic study. ExOfficio Mantels confirmed the village has eight magnetic counters and an additional counter that collects all data was acquired. He also informed the commission that the Ardmore corridor study will be available to the public. Motion to table item was made by Commissioner Wagner and seconded by Commissioner McMurray. Voice vote passed with all eyes.

Motion carried. Item tabled.

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

Commissioner Wagner noted that he walked the area of concern on Wildwood from Illinois to Euclid. He spoke with five residents for opinions. The majority did not have an opinion either way. One resident that has a driveway on Wildwood raised concerns of accidentally backing into a vehicle when she is leaving her home. Commissioner C. Timmerman mentioned that an issue was the vegetation on the South side of the street. Commissioners Wagner and C. Timmerman stated that

the area is being well maintained. Chairperson Flaskamp inquired if the ordinance to change sides lists a reason. ExOfficio Mantels noted that the ordinance was passed in Oct 2018, but there is no presentation on file. Chairperson Pienkos recommends that the item stays on the agenda until the Union development has started. Motion to table item was made by Commissioner Flaskamp and seconded by Commissioner K. Timmerman. Voice vote passed with all ayes. Motion carried. Item tabled.

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

Chairperson Pienkos requested an update on the progress of the development. ExOfficio Mantels confirmed that the planning stage has been completed, but no permits have been applied for. He is waiting on the revised impact study for the development. It has been received and is currently under review. Results will be provided as soon as the review process is complete. Motion to table item was made by Commissioner Flaskamp and seconded by Commissioner K. Timmerman. Voice vote passed with all ayes. Motion carried. Item tabled.

9. New Business.

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

Commissioner Little noted that some residents mentioned a roundabout and whether that is something the village can do. She would like more action taken to rectify this issue. Chairperson Pienkos stated that the paint striping would be a temporary fix. ExOfficio Mantels stated that the village is open to having discussions regarding a solution. He believes more than just striping should be done. Speed table, narrower street, round about etc. A resident that spoke earlier mentioned she had a 2016 traffic study; it was requested that a copy be provided to the commission. Resident also provided a drawing of what a roundabout would look like in the area. Commissioner Cuthbertson agrees that striping will make the street look narrower and hopefully reduce speed. Commissioner McMurray informed the commission that Downers Grove had a center median installed for a wide street in their village. Commissioner Wagner is requesting a cost breakdown of different solutions. Chairperson Pienkos reminded the commission that there are two other jurisdictions (Oak Brook Terrace and York Township), Villa Park only has jurisdiction over ± 650' of roadway. ExOfficio Mantels has reached out to Joe Amore for the contact information of the York Township Highway Commissioner, James Kehring. Chairperson Pienkos requests information on the progress of the ABA Therapy Center located in the former Gordon Food Service building. Commissioner McMurray inquired as to whether the area will become a 'School Zone' after the center opens. ExOfficio Mantels will reach out to the Community & Economic Development department. Motion to table item was made by Commissioner Little and seconded by Commissioner Wagner. Voice vote passed with all ayes. Motion carried. Item tabled.

New Item(s):

Item No. 912 – Traffic Study at Union Development

Motion to table item was made by Commissioner Little and seconded by Commissioner C. Timmerman. Voice vote passed with all ayes. Motion carried. Item tabled.

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

Commissioner Flaskamp asked if there was a traffic study done. ExOfficio Mantels directed her to the diagram in the agenda packet. It displays crashes within the last five years but does not include

traffic counts. Chairperson Pienkos noted that nearby road project might be affecting traffic. The subject should be revisited when the project is complete. Motion to table item was made by Commissioner Flaskamp and seconded by Commissioner C. Timmerman. Voice vote passed with all ayes. Motion carried. Item tabled.

Item No. 914 – Electric Scooters

Commissioner Wagner provided a pamphlet from the City of Chicago with safety information. According to the State of Illinois, if there is no ordinance, electric scooters are not permitted. He suggested mandating that electric scooters be registered. Chairperson Pienkos pointed out that included in the agenda packet is the ordinance draft (pages 113-116). ExOfficio Mantels explained that the draft was drafted by the village attorney. It was presented and discussed at the May 19, 2025 board meeting. The village board is requesting this commission review and making comments on the draft. Chairperson Pienkos requests that the commission review the ordinance draft. He recently spoke with a Village of Lombard police officer to inquire about what solutions they came up with. There should be age requirements. Commissioner Wagner is researching the different types of electric scooters. He suggests that the electric scooter having at least a head lamp and rear reflector should be mandatory as it is for bicycles. included in the agenda packet is the ordinance draft (pages 113-116). He noted that those requirements are written into the state statute and by extension, the village is required to incorporate this into the ordinance. Commissioner Little pointed out that is the in ordinance draft. Commissioner Cuthbertson noted that the City of Elmhurst has implemented electric scooter and bike regulations. He will investigate the specifics and report back to the commission. Commissioner Flaskamp questioned what the issues would be if a rider travels through a municipality that doesn't allow electric scooters. Police officer in gallery noted that that would be up to the individual municipalities. Chairperson Pienkos inquired as to whether the village has any jurisdiction of the Prairie Path or Great Western Trail. ExOfficio Mantels is uncertain. Police officer in gallery stated that the municipality responsible for enforcement of the path or trail is dependent on the individual town. Chairperson Pienkos requests that a copy of the state law be sent to commission. Motion to table item was made by Commissioner K. Timmerman and seconded by Commissioner McMurray. Voice vote passed with all ayes. Motion carried. Item tabled.

10. Commissioner Comments.

- 10a. Commissioner McMurray – None
- 10b. Commissioner C. Timmerman – He will not be at the July 1, 2025 meeting. He is requesting a change of date. He also suggested possibly changing the day of the week to avoid the day after holiday issues. ExOfficio Mantels explained that to move a meeting date, it has to be on the agenda of the previous months meeting. Chairperson Pienkos suggests that by October 2025, the 2026 meeting schedule be confirmed.
- 10c. Commissioner K. Timmerman - None
- 10d. Commissioner Cuthbertson – None
- 10e. Commissioner Wagner – He would like to thank the ExOfficio Mantels and the public works department for assisting in the distribution of signs. He brought up concerns regarding the entrance of K5 Construction (DuPage Materials) created directly next to the Greenway Trail at Villa Ave and Second St. This is in unincorporated DuPage County. ExOfficio Mantels noted that he already reached out to York Township Highway Commission and DuPage County. It was DuPage County that issued the permit. He agrees it is not safe and is waiting for more information.
- 10f. Commissioner Little – None
- 10g. Commissioner Flaskamp - Requested clarification regarding changing a meeting date. ExOfficio Mantels explained that it must receive a formal action. And for that to happen, it must be on the agenda at a prior meeting.

11. Chairperson Comments.

11a. Chairperson Pienkos - Would like to recognize the police department and all their hard work. Specifically on a night where they were searching for someone. They do a lot that the residents don't see, so thank you! He addressed Trustee Kumar in the gallery and offered time for her to say a few words. She stated is glad she came to the meeting and heard some things she will bring to the board. Specifically, regarding electric scooters/bikes and safety.

12. Village Board Liaison Comments.

None.

13. Village Staff Comments.

13a. ExOfficio Mantels - Will not be at July 1, 2025 meeting.

14. Adjournment.

Motion to adjourn was made by Commissioner Flaskamp and seconded by Commissioner K. Timmerman. Voice vote passed with all eyes. Motion carried.

Meeting adjourned at 10:07 p.m.

Respectfully submitted,
Janelle Manzke
Secretary

Next Meeting is scheduled for July 1, 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: Don Devens

Meeting Date: 6/3/25

I wish to speak regarding an agenda item.

Agenda Item No.: 911

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: 1505 S Euclid

Phone: [Redacted]

Email: [Redacted]

Village of Villa Park

Traffic and Safety Commission

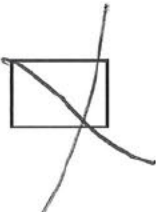


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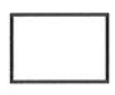
Name: Kathleen Gargano

Meeting Date: 6/3/2025



I wish to speak regarding an agenda item.

Agenda Item No.: 911



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: _____

Phone: ████ _____

Email: _____

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: Roseann Owens

Meeting Date: 6-3-25

I wish to speak regarding an agenda item.

Agenda Item No.: _____

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: 1505 S. Euclid.

Phone: (630) [REDACTED]

Email: _____

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: Joe Amore

Meeting Date: 6/3/25

I wish to speak regarding an agenda item.

Agenda Item No.: _____



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: 309 E. Maple

Phone: _____

Email: _____

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: Charley Williams

Meeting Date: 6/3/2025

I wish to speak regarding an agenda item.

Agenda Item No.: 911

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: 1445 S. Euclid Ave.

Phone: [REDACTED]

Email: [REDACTED]



MEMORANDUM

TO: Traffic and Safety Commission
FROM: Kevin Mantels, Assistant Village Engineer
DATE: July 1, 2025
SUBJECT: Item No. 902 - Stop Signs at Elm and Princeton

RECOMMENDED ACTION:

BACKGROUND:

DISCUSSION:

Memo



To: J. Pienkos, Traffic and Safety Commission Chairperson

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

Date: June 3, 2025

Re: Traffic and Safety Item No. 902 – Stop Signs at Elm and Princeton

The Village of Villa Park Traffic and Safety Commission has received a request for all-way stop control at the intersection of West Elm Street and North Princeton Avenue. Pursuant to discussion by the commission, the Village of Villa Park Engineering Division has conducted an engineering study, including an all-way stop control warrant study, to determine if all-way stop control is appropriate at this location.

Guidance for the recommended engineering study to determine all-way stop control at an intersection, and for the warrants to be considered as a part of that study, is prescribed in the Manual on Uniform Traffic Control Devices for Streets and Highways, or “MUTCD”. The MUTCD is prepared and published by the U.S. Department of Transportation Federal Highway Administration. In the current 11th edition of the MUTCD, effective December 2023, this is covered in Section 2B.12, All-Way Stop Control. The all-way stop control warrants prescribed in the MUTCD are repeated here for reference, along with a discussion of the engineering study investigation that was conducted for each of them.

Section 2B.13 All-Way Stop Control Warrant A: Crash Experience

Option:

- 01 All-way stop control may be installed at an intersection where an engineering study indicates that:
- A. For a four-leg intersection, there are five or more reported crashes in a 12-month period or six or more reported crashes in a 36-month period that were of a type susceptible to correction by the installation of all-way stop control.

Investigation

Crash reports document two (2) traffic crashes reported at or near the intersection of Elm and Princeton from 01/01/2020 to date. While the two reported crashes are potentially of a type susceptible to correction by the installation of all-way stop control, there are not five or more reported crashes in a 12-month period, nor six or more reported crashes in a 36-month period. Warrant A is therefore not met.

Documentation of crash experience is attached in Exhibit A.

Warrant A Met: No

Section 2B.14 All-Way Stop Control Warrant B: Sight Distance

Option:

- 01 All way stop control may be installed at an intersection where an engineering study indicates that sight distance on the minor-road approaches controlled by a STOP sign is not adequate for a vehicle to turn onto or cross the major (uncontrolled) road

Support:

- 02 At such a location, a road user, after stopping, cannot see conflicting traffic and is not able to negotiate the intersection unless conflicting cross traffic is also required to stop.

Investigation

The minor-road approaches on Princeton Avenue are not subject to any geometric conditions that impact the sight distance of road users, nor to the presence of any homes or other permanent structures that impact the sight distance of road users. The only potential impact to the sight distance of road users are the presence of a number of mature parkway trees; however, despite such parkway trees being present along all four lines of sight, road users, after stopping, are still able to see conflicting traffic without issue and are able to negotiate the intersection. Warrant B is therefore not met.

Documentation of sight distance is attached in Exhibit B.

Warrant B Met: No

Section 2B.15 All-Way Stop Control Warrant C: Transition to Signal Control or Transition to Yield Control at a Circular Intersection

Option:

- 01 All-way stop control may be installed at locations where all-way stop control is an interim measure that can be installed to control traffic while arrangements are being made for the installation of a traffic control signal (see Chapter 4C) at the intersection or for the installation of yield control at a circular intersection.

Investigation

There are no arrangements being made for the installation of a traffic control signal at the intersection of Elm and Princeton, and the intersection is not a circular intersection. Warrant C is therefore not met.

Warrant C Met: No

Section 2B.16 All-Way Stop Control Warrant D: 8-Hour Volume (Vehicles, Pedestrians, Bicycles)

Option:

- 01 All-way stop control may be installed at an intersection where an engineering study indicates:
- A. The combined motor vehicle, bicycle, and pedestrian volume entering the intersection from the major-street approaches is at least 300 units per hour for each of any 8 hours of a typical day; and
 - B. The combined motor vehicle, bicycle, and pedestrian volume entering the intersection from the minor-street approaches is at least 200 units per hour for each of any of the same 8 hours.
- 02 If the 85th-percentile approach speed of the major-street traffic exceeds 40 mph, the minimum vehicular volume warrants may be reduced to 70 percent of the values given in Items A and B in Paragraph 1 of this Section.

Investigation

Traffic counts were conducted at the intersection of Elm and Princeton between 11/12/2024 and 11/29/2024. The traffic counts that were conducted captured data in 15-minute increments.

It should be noted that Warrant D mentions consideration of the combined volume of all road users—including motor vehicles, pedestrians, and bicycles. However, the traffic counters used for the volume study are magnetic counters, which collect data by capturing the magnetic field of passing vehicles. Magnetic counters are not intended to capture data for pedestrians and bicycles; therefore the traffic count data that was collected pertains only to motor vehicle traffic. As a supplement to the quantitative analysis of motor vehicle traffic volume that was conducted, a qualitative analysis of the pedestrian and bicycle volumes follows below.

The peak motor vehicle volume entering the intersection from the major-street approaches on Elm Street for any 15-minute period was 43 motor vehicles. It can therefore be concluded that the peak hourly motor vehicle volume for any single hour is no more than 172 motor vehicles. While there was almost certainly pedestrian and bicycle volume, it is unlikely that it would be sufficient to push the combined volume above the threshold of 300 vehicles per hour. Further, given that the threshold is at least 300 vehicles per hour for each of any 8 hours, it is highly unlikely that there would be sufficient pedestrian and bicycle volume to push the combined volume above the threshold of 300 vehicles per hour for the required 8 hours. Thus, even though a quantitative analysis of pedestrian and bicycle volume was not conducted, it is reasonable to conclude that the combined volume entering the intersection from the major-street approaches on Elm Street does not meet the threshold.

The peak motor vehicle volume entering the intersection from the minor-street approaches on Princeton Avenue for any 15-minute period was 21 motor vehicles. It can therefore be concluded that the peak hourly volume for any single hour is no more than 84 vehicles. While there was almost certainly pedestrian and bicycle volume, it is unlikely that it would be sufficient to push the combined volume above the threshold of 200 vehicles per hour. Further, given that the threshold is at least 200 vehicles per hour for each of any of the same 8 hours, it is highly unlikely that there would be sufficient pedestrian and bicycle volume to push the combined volume above the threshold of 200 vehicles per hour for the required 8 hours. Thus, even though a quantitative analysis of pedestrian and bicycle volume was not conducted, it is reasonable to conclude that the combined volume entering the intersection from the minor-street approaches on Princeton Avenue does not meet the threshold.

The 85th-percentile approach speed of the eastbound major-street traffic on Elm Street was 34 mph. The 85th-percentile approach speed of the westbound major-street traffic on Elm Street was 30 mph. Given that neither exceeds the threshold of 40 mph, there is no justification for a reduction of the minimum vehicular volume warrants.

None of the above considerations for traffic volume meet the stated thresholds. Warrant D is therefore not met.

Documentation of volume is attached in Exhibit D.

Warrant D Met: No

Section 2B.17 All-Way Stop Control Warrant E: Other Factors

Option:

- 01 All-way stop control may be installed at an intersection where an engineering study indicates that all-way stop control is needed due to other factors not addressed in the other all-way stop control warrants. Such other factors may include, but are not limited to, the following:

- A. The need to control left-turn conflicts,
- B. An intersection of two residential neighborhood collector (through) streets of similar design and operating characteristics where all-way stop control would improve traffic operational characteristics of the intersection, or
- C. Where pedestrian and / or bicyclist movements support the installation of all-way stop control.

Investigation

There is no evidence and no existing conditions that would suggest that left-turn conflicts exist.

Neither Elm Street nor Princeton Avenue are classified as neighborhood collector streets, and there is no reason to suggest that all-way stop control would improve traffic operational characteristics of the intersection.

As discussed previously as a part of Warrant D, the traffic count data that was collected pertains only to motor vehicle traffic. That said, there is no evidence and no existing conditions that would suggest that pedestrian and / or bicyclist movements support the installation of all-way stop control.

In addition to the above considerations, there is no other evidence and no existing conditions known at this time that would merit further consideration under this Warrant E. Warrant E is therefore not met.

Warrant E Met: **No**

Summary

Warrant A Met: No
 Warrant B Met: No
 Warrant C Met: No
 Warrant D Met: No
 Warrant E Met: No

Conclusion

Given that the engineering study conducted indicates that none of all-way stop control warrants prescribed by the MUTCD are met, and further, that in my professional engineering judgment there is no evidence and no existing conditions to suggest that all-way stop control would be appropriate at this location, it is my professional opinion that all-way stop control not be installed at the intersection of Elm and Princeton.

Prepared by:

Kevin L. Mantels, P.E.

this 3rd day of June, 2025

Illinois License No. 062-072037



**LICENSED PROFESSIONAL ENGINEER
 LICENSE EXPIRES 11-30-2025**

Exhibit A

All-Way Stop Control Warrant A: Crash Experience

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 U1	TRFD 11 U2	TRFC 2 U1	WEAT 4 U2	DRVA 1 U1	DRVA 4 U2	VIS 1 U1	VIS 1 U2	VEHD 1 U1	VEHD 1 U2	LGHT 1 U1	LGHT 1 U2	COLL 2 U1	COLL 1 U2	MANV 1 U1	MANV 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 24	AGENCY CRASH REPORT NO. VPP24009178	TRFW 14
ADDRESS NO.	HIGHWAY OR STREET NAME W ELM ST	<input checked="" type="checkbox"/> City VILLA PARK	INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DATE OF CRASH 6/3/2024	TIME 7:06	VEHT 15
(CIRCLE) FT / MI N S E W <input checked="" type="checkbox"/> AT INTERSECTION WITH	(CIRCLE) N PRINCETON 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 1	U1 16

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 TOYOTA	MODEL VENZA	YEAR 2013	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	FRONT 12 TOP 16 REAR	TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	U1 0
NAME (LAST, FIRST, M) LAZARO, JOEL	SEX M	SAFT 9	AIR 4	AUTOMATION SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	LEVEL IN VEH. <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	LEVEL ENGAGED AT CRASH	FIRE <input type="checkbox"/> Y <input type="checkbox"/> N	U2 0
STREET ADDRESS 17 N WESTMORE AVE	CITY VILLA PARK	STATE IL	ZIP 60181	INJ O	EJCT 1	EPHT 0	DISTRACTED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	ALIGN 1
PHONE NUMBER	DRIVER LICENSE NO.	STATE IL	CLASS D	CDL ID 0	VIN 4T3ZA3BB5DU080224	INSURANCE CO. State Farm	COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U1 1
EMS AGENCY Refused	PEDV 1	PPA 49	PPL 2	VEHICLE OWNER (LAST, FIRST, M.I.) LAZARO, JOEL			EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U2 1
HOSPITAL (TAKEN TO) Refused	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF "Y"	OWNER STREET, CITY, STATE, ZIP 17 N WESTMORE AVE VILLA PARK, IL 60181			PHONE NUMBER		VEHU 2

UNIT 2

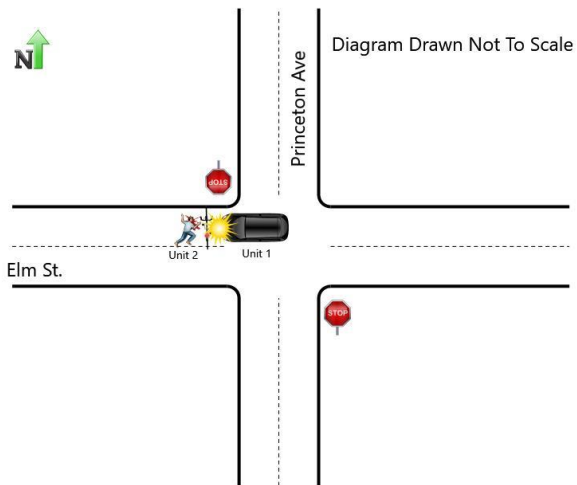
<input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input checked="" type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV	DATE OF BIRTH mo / day / yr	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	FRONT 12 TOP 16 REAR	TOWED DUE TO CRASH <input type="checkbox"/> Y <input type="checkbox"/> N	U1 2
NAME (LAST, FIRST, M) MORRISON, BENJAMIN	SEX M	SAFT 19	AIR 3	AUTOMATION SYSTEM <input type="checkbox"/> Y <input type="checkbox"/> NO <input type="checkbox"/> UNK	LEVEL IN VEH. <input type="checkbox"/> Y <input type="checkbox"/> NO <input type="checkbox"/> UNK	LEVEL ENGAGED AT CRASH	FIRE <input type="checkbox"/> Y <input type="checkbox"/> N	U2 2
STREET ADDRESS	CITY	STATE	ZIP	INJ B	EJCT 1	EPHT 0	DISTRACTED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	SPDR 3
PHONE NUMBER	DRIVER LICENSE NO.	STATE IL	CLASS 1	CDL ID 0	VIN	INSURANCE CO.	COM VEH <input type="checkbox"/> Y <input type="checkbox"/> N	U1 0
EMS AGENCY Villa Park Fire Department	PEDV 1	PPA 49	PPL 2	VEHICLE OWNER (LAST, FIRST, M.I.)			EXPIRED <input type="checkbox"/> Y <input type="checkbox"/> N	U2 1
HOSPITAL (TAKEN TO) Elmhurst Memorial Hospital	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)	BAC
													996
													996
													1
													1

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 6/3/2024	TIME 7:07	<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"/>	13	4							DIRP
	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	U1 1
UNIT 2					<input checked="" type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING LAZARO, JOEL ARREST NAME	SECTION 5/11-401(B)	CITATION NO. OW202400005828	EMS ARRIVED	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM		U2 25
	1	<input type="checkbox"/>			<input checked="" type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING LAZARO, JOEL ARREST NAME	SECTION 5/11-401(A)	CITATION NO. OW202400005828	ROAD CLEARANCE 6/3/2024	TIME <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		SLMT
	2	<input type="checkbox"/>			OFFICER ID. 306	SIGNATURE Nathan St.Clair	BEAT / DIST.	SUPERVISOR ID. Jim Krupiczowicz, 355	COURT DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	U1 25
	3	<input type="checkbox"/>								Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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 U1	1 U2	TRFD 2	TRFC 4	WEAT 1	DRVA 2	1 U2	VIS 1 U1	1 U2	VEHD 1 U1	1 U2	LGHT 1	COLL 15	MANV 1 U1	1 U2
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INVESTIGATING AGENCY Villa Park PD	DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input checked="" type="checkbox"/> OVER \$1,500	TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED	<input checked="" type="checkbox"/> A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due to Crash	YR 23	AGENCY CRASH REPORT NO. VPP23001879	TRFW 1
ADDRESS NO.	HIGHWAY OR STREET NAME S PRINCETON AVE	<input checked="" type="checkbox"/> City VILLA PARK	INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DATE OF CRASH 2/3/2023	TIME 9:26	VEHT 1 U1

(CIRCLE) FT / MI N S E W <input checked="" type="checkbox"/> AT INTERSECTION WITH	(CIRCLE) E ELM ST (NAME OF INTERSECTION OR ROAD FEATURE)	COUNTY DU PAGE	PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	# OF MOTOR VEHICLES INVLD 2	SECONDARY CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	FLOW CONDITION <input type="checkbox"/> SLOW <input type="checkbox"/> STOPPED <input checked="" type="checkbox"/> FREE FLOW	U2 2 U1 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	MAKE HONDA	MODEL PICKUP	YEAR 2007	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	FRONT VIEW DIAGRAM 11 12 1 10 2 9 16 3 8 4 7 6 5 REAR	TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DISTRACTED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N * Distraction Value 5	COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N * IF YES SEE SIDEBAR	U1 2 U2 1 ALIGN 1 U1 1 U2 1 RSUR 1
STREET ADDRESS	SEX M	SAFT 2	AIR 4	AUTOMATION SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	LEVEL IN VEH. 0	LEVEL ENGAGED AT CRASH 0	PLATE NO.	STATE	YEAR	INSURANCE CO.	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
CITY	STATE	ZIP	INJ 0	EJCT 1	EPHT 0	STATE CLASS CDL ID	VIN	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	HOSPITAL (TAKEN TO) Refused	VEHU 2 U1 2 U2 0 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	MAKE CHEVROLET	MODEL SILVERADO	YEAR 2017	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	FRONT VIEW DIAGRAM 11 12 1 10 2 9 16 3 8 4 7 6 5 REAR	TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DISTRACTED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N * Distraction Value	COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N * IF YES SEE SIDEBAR	U1 2 U2 0 SPDR 0 U1 0 U2 0 RDEF 1
STREET ADDRESS	SEX M	SAFT 2	AIR 4	AUTOMATION SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	LEVEL IN VEH. 0	LEVEL ENGAGED AT CRASH 0	PLATE NO.	STATE	YEAR	INSURANCE CO.	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
CITY	STATE	ZIP	INJ 0	EJCT 1	EPHT 0	STATE CLASS CDL ID	VIN	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	HOSPITAL (TAKEN TO) Refused	BAC 996 U1 996 U2 2 # OCCS 2 U1 2

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	(EPHT)	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	2	

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 2/3/2023	TIME 9:26	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Did crash occur in a Work Zone? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U2 5 DIRP 5 U1 3
	1	<input checked="" type="checkbox"/>	11	4	PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP	PRIMARY 02	SECONDARY 41	EMS NOTIFIED	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	IF YES check one below: <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Utility <input type="checkbox"/> Unknown work zone type	U2 25 SLMT 25 U1 25
	2	<input type="checkbox"/>			<input type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING	SECTION	CITATION NO.	EMS ARRIVED	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U2 25
UNIT 2	1	<input checked="" type="checkbox"/>	11	1	ARREST NAME	SECTION	CITATION NO.	ROAD CLEARANCE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM		
	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. 325	SIGNATURE Sonia Bregman	BEAT / DIST.	SUPERVISOR ID. Jim Cihak, 352	COURT DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	

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 [] 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 _____

Exhibit B

All-Way Stop Control Warrant B: Sight Distance



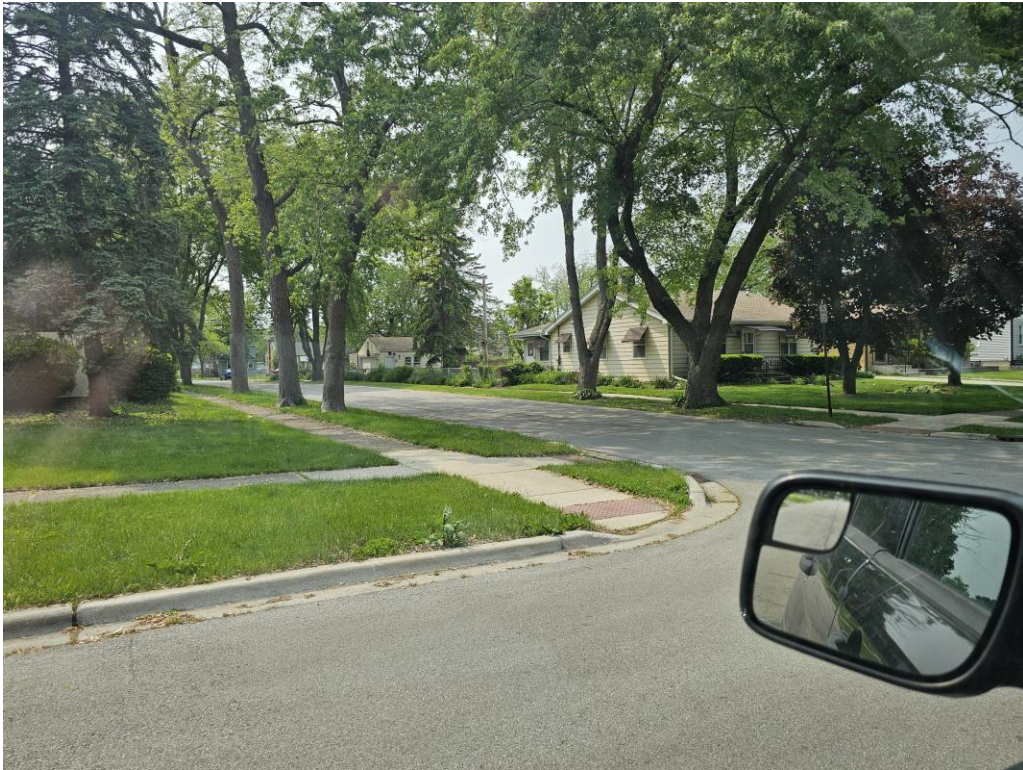
North Princeton Avenue, southbound, on north side of Elm Street, looking east



North Princeton Avenue, southbound, on north side of Elm Street, looking west

Exhibit B

All-Way Stop Control Warrant B: Sight Distance



North Princeton Avenue, northbound, on south side of Elm Street, looking west



North Princeton Avenue, northbound, on south side of Elm Street, looking east

Exhibit C

All Way Stop Control Warrant C: Transition to Signal Control or Transition to Yield Control at a Circular Intersection

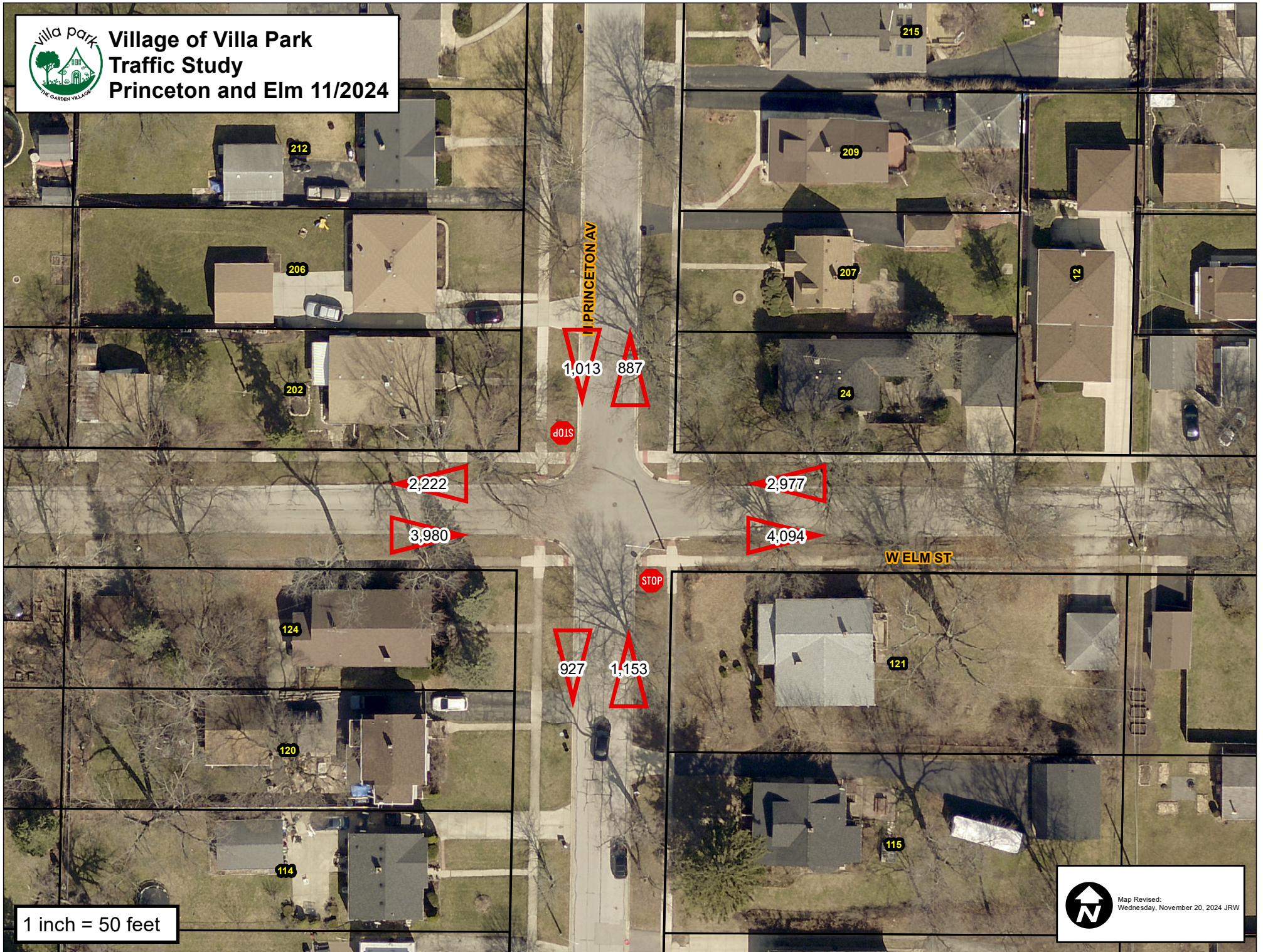
No documentation applicable for this warrant.

Exhibit D

All-Way Stop Control Warrant D: 8-Hour Volume (Vehicles, Pedestrians, Bicycles)



**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.

Exhibit E

All Way Stop Control Warrant E: Other Factors

No documentation applicable for this warrant.



MEMORANDUM

TO: Traffic and Safety Commission
FROM: Kevin Mantels, Assistant Village Engineer
DATE: July 1, 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
COUNTY DU PAGE
DATE OF CRASH 11/10/2023 TIME 8:13

UNIT 1 DRIVER INFORMATION: ACURA UTILITY 2017
MAKE MODEL YEAR
CIRCLE NUMBER(S) FOR DAMAGED AREA(S)
TOWED DUE TO CRASH

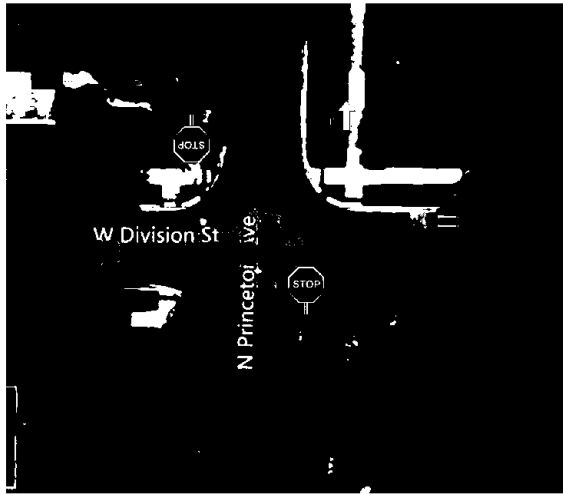
UNIT 2 DRIVER INFORMATION: HYUNDAI UTILITY 2014
MAKE MODEL YEAR
CIRCLE NUMBER(S) FOR DAMAGED AREA(S)
TOWED DUE TO CRASH

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

UNIT 1 & 2: DAMAGED PROPERTY OWNER NAME, ADDRESS, CITATIONS ISSUED, OFFICER ID, SIGNATURE, BEAT / DIST., SUPERVISOR ID, COURT DATE, TIME

X003218372

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



NARRATIVE (refer to vehicle by unit #)

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

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

LOCAL USE ONLY

N 41.8946
W -87.9806

U1 Race: W

U2 Race: H

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

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

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

LARGE TRUCK, BUS, OR HM VEHICLE

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

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

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

UNIT
CARRIER NAME
ADDRESS
CITY/STATE/ZIP

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

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

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

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

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

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

Was a Driver/Vehicle Examination Report form completed?
HAZMAT
MCS
Out of Service

Form Number
HAZMAT
MCS
Out of Service

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
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) <input checked="" type="checkbox"/> 15 (CIRCLE) <input type="checkbox"/> AT INTERSECTION WITH	(CIRCLE) FT / MI N S E W 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 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 SAFT AIR 9 3	AUTOMATION SYSTEM <input type="checkbox"/> Y <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK	LEVEL IN VEH.	LEVEL ENGAGED AT CRASH	POINT OF FIRST CONTACT 99							U2
STREET ADDRESS	CITY STATE ZIP	INJ EJECT EPTH	PLATE NO. STATE YEAR	VEHICLE OWNER (LAST, FIRST, M.I.) UNKNOWN	POLICY NO.							U1

UNIT 2

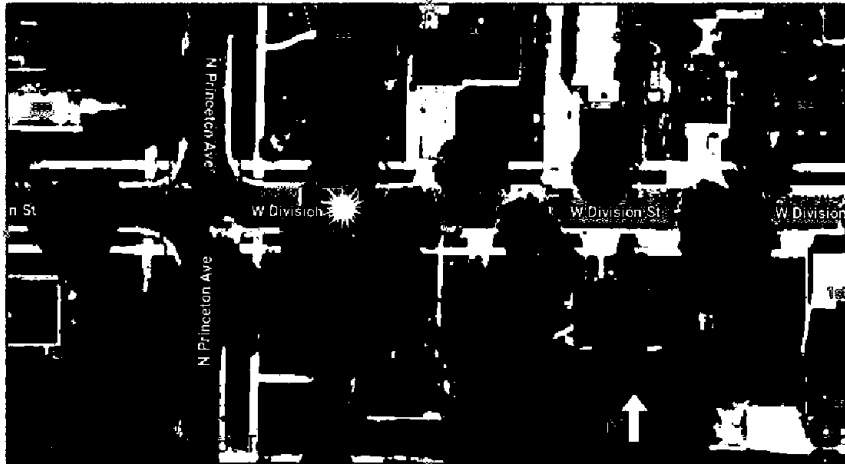
<input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV	DATE OF BIRTH 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 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 EJECT EPTH	PLATE NO. STATE YEAR	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.							U1

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	(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.

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

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

UNIT CARRIER NAME ADDRESS CITY/STATE/ZIP

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

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

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

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

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

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

Was a Driver/Vehicle Examination Report form completed?

HAZMAT [] Yes [] No [] Unknown Out of Service [] Yes [] No MCS [] Yes [] No [] Unknown Out of Service [] Yes [] No

Form Number IDOT PERMIT NO. WIDELOAD? [] Y [] N

TRAILER VIN 1 TRAILER VIN 2

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

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

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

ILLINOIS TRAFFIC CRASH REPORT

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



IY003



X003190619

DRAC 1 U1	TRFD 10 U2	TRFC 1	WEAT 1	DRVA 8	VIS 1 U2	VEHD 13 U1	LGHT 16 U2	COLL 1	MANV 9 U1	U2 21
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INVESTIGATING AGENCY Villa Park PD	DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input checked="" type="checkbox"/> OVER \$1,500	TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED	<input type="checkbox"/> A No Injury / Drive Away <input checked="" type="checkbox"/> B Injury and / or Tow Due to Crash	YR 23	AGENCY CRASH REPORT NO. VPP23015779	TRFW 1
ADDRESS NO. 306	HIGHWAY OR STREET NAME N PRINCETON AVE	<input checked="" type="checkbox"/> City VILLA PARK	INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF CRASH 10/2/2023	TIME 4:00	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 type="checkbox"/> SLOW <input type="checkbox"/> STOPPED <input checked="" type="checkbox"/> FREE FLOW

UNIT 1

UNIT 2

UNIT 2

<input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV	DATE OF BIRTH	MAKE 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 VIEW DIAGRAM 11 12 1 10 2 9 16 3 8 4 7 6 5 REAR	TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N FIRE <input type="checkbox"/> DISTRACTED <input type="checkbox"/> COM VEH <input checked="" type="checkbox"/>
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	POINT OF FIRST CONTACT 12	* Distraction Value * IF YES SEE SIDEBAR	
CITY	INJ O EJECT 1 EPTH	PLATE NO.	STATE	YEAR	EXP. Y <input type="checkbox"/> N <input type="checkbox"/>		
PHONE NUMBER	DRIVER LICENSE NO.	STATE IL CLASS D	COL ID	VIN	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	
EMS AGENCY Refused	PEDV	PPA	PPL	POLICY NO.		HOSPITAL (TAKEN TO)	
INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		IF "Y"		OWNER STREET, CITY, STATE, ZIP		PHONE NUMBER	

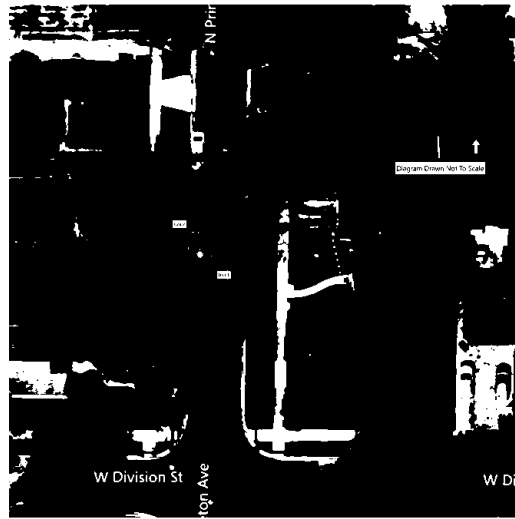
<input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV	DATE OF BIRTH	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 VIEW DIAGRAM 11 12 1 10 2 9 16 3 8 4 7 6 5 REAR	TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N FIRE <input type="checkbox"/> DISTRACTED <input type="checkbox"/> COM VEH <input checked="" type="checkbox"/>
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	POINT OF FIRST CONTACT 12	* Distraction Value * IF YES SEE SIDEBAR	
STREET ADDRESS	INJ O EJECT 1 EPTH	PLATE NO.	STATE	YEAR	EXP. Y <input type="checkbox"/> N <input type="checkbox"/>		
CITY	PHONE NUMBER	DRIVER LICENSE NO.	STATE IL CLASS D	COL ID	VIN	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)
EMS AGENCY	PEDV	PPA	PPL	POLICY NO.		HOSPITAL (TAKEN TO)	
INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		IF "Y"		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		PHONE NUMBER	

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

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 10/2/2023	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	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 5/6-303A	CITATION NO. 4735000307	EMS ARRIVED	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				ROAD CLEARANCE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	
	2	<input type="checkbox"/>			ARREST NAME OFFICER ID. 351	SIGNATURE Rich Boryk	BEAT / DIST.	SUPERVISOR ID. Jose Pagan, 344	COURT DATE 11/17/2023	TIME <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
3	<input type="checkbox"/>									

X003190619

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



NARRATIVE (refer to vehicle by unit #)

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

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

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

LOCAL USE ONLY

N 41.8949
W -87.9809

U1 Race: H

U2 Race:

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

U1 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE

DAMAGE EXTENT: 2

U1 TOWED BY / (T): Veterans Towing

U2 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE

DAMAGE EXTENT: 3

U2 TOWED BY / (T): Veterans Towing

LARGE TRUCK, BUS, OR HM VEHICLE

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

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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
MCS
Out of Service

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
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
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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 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
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	PLATE NO.	STATE	YEAR	POINT OF FIRST CONTACT 5	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
CITY	INJ 0	EJCT 1	EPHT 0	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	HOSPITAL (TAKEN TO)	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF "Y"	OWNER STREET, CITY, STATE, ZIP	PHONE NUMBER

UNIT 2

<input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV	DATE OF BIRTH	MAKE 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
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	PLATE NO.	STATE	YEAR	POINT OF FIRST CONTACT 2	EXPIRED <input type="checkbox"/> Y <input type="checkbox"/> N
CITY	INJ 0	EJCT 1	EPHT 0	INSURANCE CO. UNKNOWN	VEHICLE OWNER (LAST, FIRST, M.I.) UNKNOWN, UNKNOWN	POLICY NO. UNKNOWN	HOSPITAL (TAKEN TO)	INCIDENT RESPONDER <input type="checkbox"/> Y <input type="checkbox"/> N	IF "Y"	OWNER ADDRESS (STREET, CITY, STATE, ZIP) UNKNOWN UNKNOWN,	PHONE NUMBER UNK-NOWN

(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 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
	1	<input checked="" type="checkbox"/>	11	1						
	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
UNIT 2	ARREST NAME	<input type="checkbox"/> CITATIONS ISSUED	<input type="checkbox"/> PENDING	SECTION	CITATION NO.	EMS ARRIVED	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	ROAD CLEARANCE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	1	<input checked="" type="checkbox"/>	11	1						
	2	<input type="checkbox"/>			ARREST NAME	OFFICER ID. 350	SIGNATURE Mateusz Rol vel Rul	BEAT / DIST.	SUPERVISOR ID. Jim Cihak, 352	COURT DATE

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

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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

X002916074

DRAC 1 U1	1 U2	TRFD 2	TRFC 4	WEAT 1	DRVA 2	1 U2	VIS 1 U1	1 U2	VEHD 1 U1	1 U2	LGHT 1	COLL 15	MANV 1 U1	1 U2
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INVESTIGATING AGENCY Villa Park PD	DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input checked="" type="checkbox"/> OVER \$1,500	TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED	<input type="checkbox"/> A No Injury / Drive Away <input checked="" type="checkbox"/> B Injury and / or Tow Due to Crash	YR 23	AGENCY CRASH REPORT NO. VPP23001904	TRFW 1
ADDRESS NO.	HIGHWAY OR STREET NAME S PRINCETON AVE	<input checked="" type="checkbox"/> City VILLA PARK	INTERSECTION RELATED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DATE OF CRASH 2/3/2023	TIME 4:34	VEHT 1 U1

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

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

UNIT 2

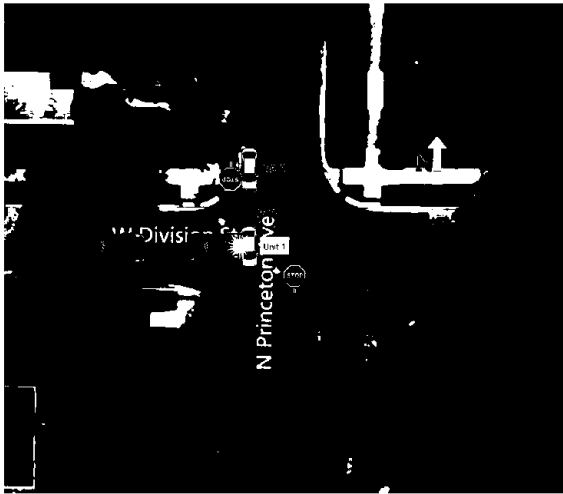
<input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV	DATE OF BIRTH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

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

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 2/3/2023	TIME 4:34	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Did crash occur in a Work Zone? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U2 5
	1	<input checked="" type="checkbox"/>	11	4							DIRP
	2	<input type="checkbox"/>			PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP	PRIMARY 02	SECONDARY 99	EMS NOTIFIED	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	IF YES check one below: <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Utility <input type="checkbox"/> Unknown work zone type	U1 3
UNIT 2	1	<input checked="" type="checkbox"/>	11	4	<input checked="" type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING	SECTION 5/11-904(B)	CITATION NO. 4544000005	EMS ARRIVED	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM		U2 25
	2	<input type="checkbox"/>			<input checked="" type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING	SECTION 5/6-303(A)	CITATION NO. 4544000006	ROAD CLEARANCE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM		SLMT 25
	3	<input type="checkbox"/>			OFFICER ID. 325	SIGNATURE Sonia Bregman	BEAT / DIST.	SUPERVISOR ID. Jesus Landa, 322	COURT DATE 3/10/2023	TIME <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N U2 25

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

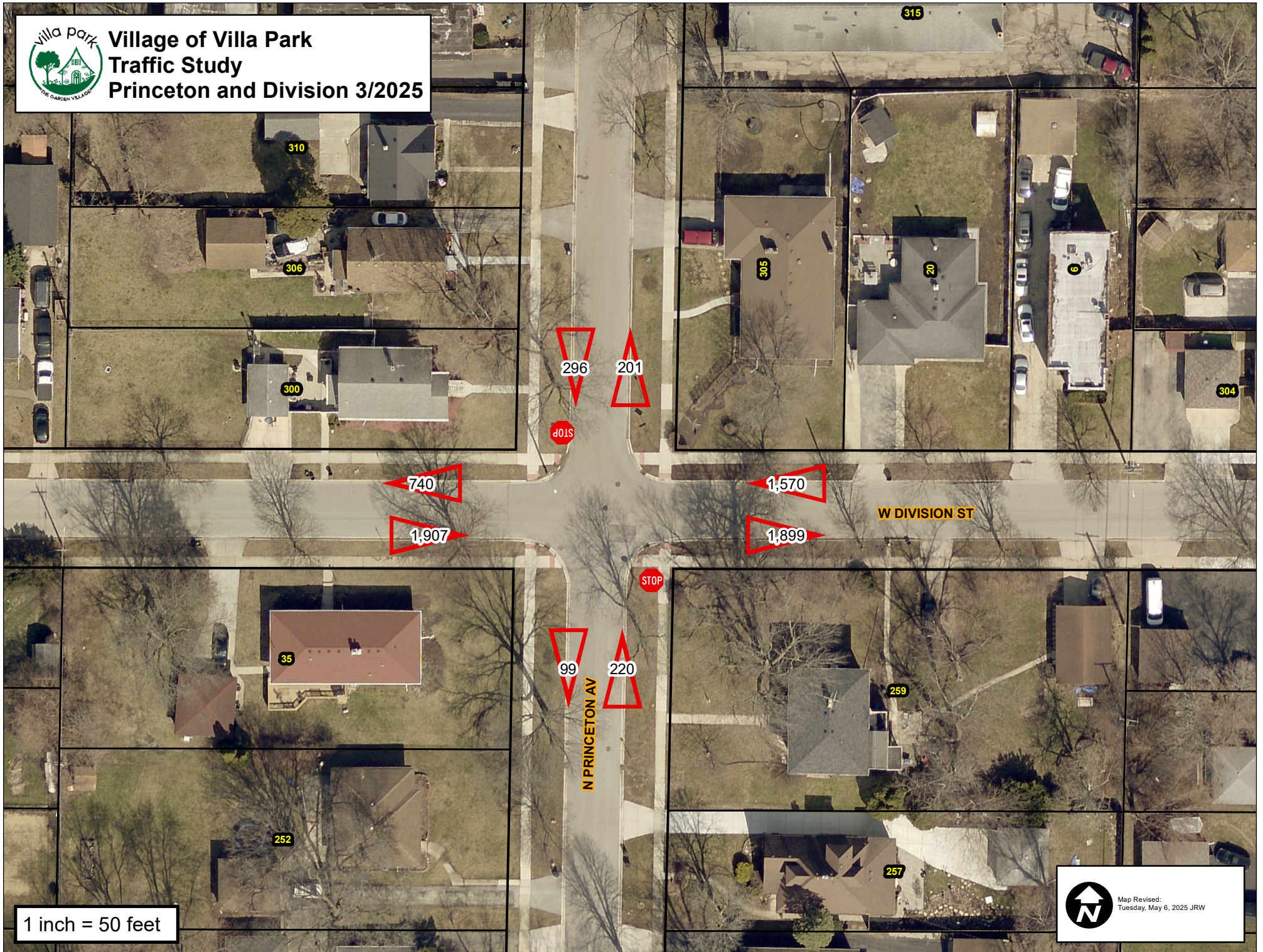
TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

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: July 1, 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: July 1, 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 U1	9 U2	TRFD 1	TRFC 1	WEAT 1	DRVA 16	1 U2	VIS 1 U1	1 U2	VEHD 1 U1	1 U2	LGHT 5	COLL 9	MANV 1 U1	21 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 type="checkbox"/> A No Injury / Drive Away <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED	<input checked="" type="checkbox"/> B Injury and / or Tow Due to Crash	YR 23	AGENCY CRASH REPORT NO. VPP23014512	TRFW 1	
ADDRESS NO.	HIGHWAY OR STREET NAME S VILLA AVE	<input checked="" type="checkbox"/> City VILLA PARK	Township	INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF CRASH 9/8/2023	TIME 8:42	SECONDARY CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

(CIRCLE) 500 (CIRCLE) FT / MI (CIRCLE) N S E W E MADISON ST	COUNTY DU PAGE	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
---	--------------------------	--	---------------------------------------	--	------------------------

<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 BMW	MODEL 2 SERIES	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 TOP 9 16 7 6 5 REAR	TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	VEHT 2 U1
STREET ADDRESS	SEX M SAFT 2 AIR 5	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	VEHT 2 U2
CITY	STATE	ZIP	INJ 0 EJCT 1 EPTH 0	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	VEHT 1 U1
PHONE NUMBER	DRIVER LICENSE NO.	STATE IL CLASS D COL ID 0	VIN	INSURANCE CO.	OWNER STREET, CITY, STATE, ZIP	PHONE NUMBER	VEHT 1 U2	
EMS AGENCY Villa Park Fire Department	HOSPITAL (TAKEN TO) Refused	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF "Y"	VEHT 1 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 FORD	MODEL F150	YEAR 2014	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 7 6 5 REAR	TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	VEHT 2 U1
NAME (LAST, FIRST, M)	SEX M SAFT 2 AIR 5	AUTOMATION SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	LEVEL IN VEH.	LEVEL ENGAGED AT CRASH	PLATE NO.	STATE	YEAR	VEHT 1 U2
STREET ADDRESS	STATE	ZIP	INJ 0 EJCT 1 EPTH 0	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	VEHT 0 U1
PHONE NUMBER	DRIVER LICENSE NO.	STATE IL CLASS D COL ID 0	VIN	INSURANCE CO.	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER	VEHT 0 U2	
EMS AGENCY	HOSPITAL (TAKEN TO)	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF "Y"	VEHT 1 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 9/8/2023	TIME 8:42	<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 15	SECONDARY 18	EMS NOTIFIED 9/8/2023	TIME 8:45	<input type="checkbox"/> AM <input checked="" 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 625ILCS 5/11-601(A)	CITATION NO. 5481000230	EMS ARRIVED 9/8/2023	TIME 8:48	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
	1	<input checked="" type="checkbox"/>	11	3				ROAD CLEARANCE 9/8/2023	TIME 9:21	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
	2	<input type="checkbox"/>			ARREST NAME OFFICER ID. 314	SIGNATURE Joseph Jarzembowski	BEAT / DIST.	SUPERVISOR ID. Jesus Landa, 322	COURT DATE 9/29/2023	TIME 8:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
3	<input type="checkbox"/>										25

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: \$500 OR LESS, \$501 - \$1,500, OVER \$1,500

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

AGENCY CRASH REPORT NO.: **VPP23012831**

TRFW: **14**

VEHT: **1**

ADDRESS NO.: **S VILLA AVE**

HIGHWAY OR STREET NAME: **VILLA PARK**

INTERSECTION RELATED: Y, N

DATE OF CRASH: **8/8/2023**

TIME: **5:57**

SECONDARY CRASH: YES, NO

COUNTY: **DU PAGE**

DOORING WITH PEDALCYCLIST?: Y, N

OF MOTOR VEHICLES INVLD: **2**

FLOW CONDITION: SLOW, STOPPED, FREE FLOW

U1: **2**

U2: **2**

LNS: **2**

DRIVER: DRIVER, PARKED, DRIVERLESS, PED, PEDAL, EQUUS, NMV, NCV, DV

MAKE: **CHEVROLET**, MODEL: **EQUINOX**, YEAR: **2012**

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

TOWED DUE TO CRASH: Y, N

SEX: **M**, SAFT: **2**, AIR: **4**

INJ: **0**, EJECT: **1**, EPTH: **0**

LEVEL IN VEH.: **9**, LEVEL ENGAGED AT CRASH: **9**

STREET ADDRESS: [REDACTED]

CITY: [REDACTED], STATE: [REDACTED], ZIP: [REDACTED]

PLATE NO.: [REDACTED], STATE: [REDACTED], YEAR: [REDACTED]

INSURANCE CO.: [REDACTED]

EXPIRED: Y, N

EMS AGENCY: **Refused**

HOSPITAL (TAKEN TO): [REDACTED]

INCIDENT RESPONDER: Y, N

OWNER STREET CITY STATE ZIP: [REDACTED]

PHONE NUMBER: [REDACTED]

U1: **2**

U2: **2**

ALIGN: **1**

U1: **1**

U2: **1**

RSUR: **1**

VEHU: **2**

DRIVER: DRIVER, PARKED, DRIVERLESS, PED, PEDAL, EQUUS, NMV, NCV, DV

MAKE: **CHEVROLET**, MODEL: **K1500**, YEAR: **2018**

CIRCLE NUMBER(S) FOR DAMAGED AREA(S): **4**

TOWED DUE TO CRASH: Y, N

SEX: **F**, SAFT: **2**, AIR: **4**

INJ: **0**, EJECT: **1**, EPTH: **0**

LEVEL IN VEH.: **9**, LEVEL ENGAGED AT CRASH: **9**

STREET ADDRESS: [REDACTED]

CITY: [REDACTED], STATE: [REDACTED], ZIP: [REDACTED]

PLATE NO.: [REDACTED], STATE: [REDACTED], YEAR: [REDACTED]

INSURANCE CO.: [REDACTED]

EXPIRED: Y, N

EMS AGENCY: **Refused**

HOSPITAL (TAKEN TO): [REDACTED]

INCIDENT RESPONDER: Y, N

OWNER ADDRESS (STREET CITY STATE ZIP): [REDACTED]

PHONE NUMBER: [REDACTED]

U1: **2**

U2: **2**

SPDR: **0**

U1: **0**

U2: **0**

RDEF: **1**

BAC: **996**

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	(EPTH)	PASSENGERS & WITNESSES ONLY (NAME)/(ADDR)/(TEL)	(HOSP)	(EMS)
1	2	[REDACTED]	M	2	4	0	1	0	[REDACTED]	Refused	Refused

DAMAGED PROPERTY OWNER NAME: [REDACTED]

DAMAGED PROPERTY: [REDACTED]

POLICE NOTIFIED: **8/8/2023**, TIME: **5:57**

Did crash occur in a Work Zone?: Y, N

PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP: [REDACTED]

PRIMARY: **02**, SECONDARY: **28**

EMS NOTIFIED: [REDACTED], TIME: [REDACTED]

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

U1: **7**

U2: **1**

U1: **1**

U2: **25**

U1: **25**

U2: **25**

OFFICER ID: **617**, SIGNATURE: **Elsa Franco**

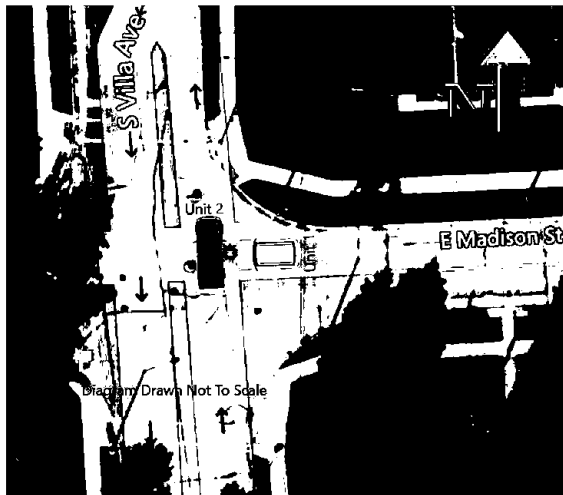
BEAT / DIST.: [REDACTED], SUPERVISOR ID: **Jose Pagan, 344**

COURT DATE: **9/15/2023**, TIME: **8:30**

Workers present?: Y, 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 BY / TO: Veterans Towing

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

X003079043

DRAC 1	TRFD 1	TRFC 3	WEAT 4	DRVA 2	DRVA 7	DRVA 1	VIS 1	VIS 1	VEHD 1	VEHD 1	LGHT 1	COLL 9	MANV 7	MANV 22	
U1	U2				U2	U1	U2	U1	U2	U1	U2	U1	U2	U1	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	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) COUNTY E MADISON ST (NAME OF INTERSECTION OR ROAD FEATURE)	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 type="checkbox"/> SLOW <input type="checkbox"/> STOPPED <input checked="" 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 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	FIRE <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DISTRACTED <input type="checkbox"/> Y <input type="checkbox"/> N * Distraction Value 7	COM VEH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N * IF YES SEE SIDEBAR	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					U2
CITY	STATE	ZIP	INJ 0	EJCT 1	EPHT 0	PLATE NO.	STATE	YEAR			ALIGN 1
PHONE NUMBER	DRIVER LICENSE NO.	STATE	CLASS IL	COL ID D	VIN	INSURANCE CO.	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				U1
EMS AGENCY Refused	PEDV 9	PPA 99	PPL 9	VEHICLE OWNER (LAST, FIRST, M.I.)		POLICY NO.					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						RSUR 2

UNIT 2

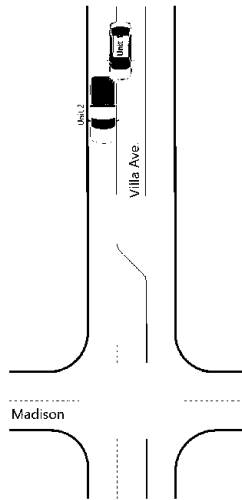
<input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV	DATE OF BIRTH	MAKE 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 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	DISTRACTED <input type="checkbox"/> Y <input type="checkbox"/> N * Distraction Value	COM VEH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N * IF YES SEE SIDEBAR	U1
NAME (LAST, FIRST, M)	SEX mo / day / yr	SAFT	AIR	AUTOMATION SYSTEM <input type="checkbox"/> Y <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK	LEVEL IN VEH. 9	LEVEL ENGAGED AT CRASH 9					U2
STREET ADDRESS	INJ 0	EJCT	EPHT	PLATE NO.	STATE	YEAR					SPDR 0
PHONE NUMBER	DRIVER LICENSE NO.	STATE	CLASS	COL ID	VIN	INSURANCE CO.	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				U1
EMS AGENCY	PEDV 9	PPA 99	PPL 9	VEHICLE OWNER (LAST, FIRST, M.I.)		POLICY NO.					U2
HOSPITAL (TAKEN TO)	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF "Y"	OWNER ADDRESS (STREET, CITY, STATE, ZIP)		PHONE NUMBER						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 7/9/2023	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 DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT: 3 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



X002689800

DRAC 1	TRFD 10	TRFC 1	WEAT 8	DRVA 16	VIS 1	VEHD 1	LGHT 1	COLL 9	MANV 1	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 22	AGENCY CRASH REPORT NO. VPP22011475	TRFW 1
ADDRESS NO. 621	HIGHWAY OR STREET NAME E MADISON ST	CITY VILLA PARK	DATE OF CRASH 7/6/2022	TIME 9:39	SECONDARY CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VEHT 1
(CIRCLE) FT / MI N S E W <input type="checkbox"/> AT INTERSECTION WITH		COUNTY DU PAGE	INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF CRASH	TIME <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	U1 1
(NAME OF INTERSECTION OR ROAD FEATURE)		HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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	U2 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		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	U1 2

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	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 11 - FRONT 12 - TOP 10 - TOP 9 - TOP 16 - TOP 3 - TOP 8 - REAR 7 - 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	U2 1
CITY	STATE	ZIP	INJ C	EJCT 1	EPHT 0	PLATE NO.	STATE	YEAR	POINT OF FIRST CONTACT 1	* IF YES SEE SIDEBAR		U1 1
PHONE NUMBER	DRIVER LICENSE NO.	STATE	CLASS IL	COL ID D	VIN	INSURANCE CO.	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	VEHU 2	RSUR 1	HOSPITAL (TAKEN TO) Elmhurst Memorial Hospital		U1 2

NAME (LAST, FIRST, M)	SEX M	SAFT 9	AIR 0	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 - TOP 16 - TOP 3 - TOP 8 - REAR 7 - 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	U2 0
CITY	STATE	ZIP	INJ C	EJCT 1	EPHT 0	PLATE NO.	STATE	YEAR	POINT OF FIRST CONTACT 7	* IF YES SEE SIDEBAR		U1 0
PHONE NUMBER	DRIVER LICENSE NO.	STATE	CLASS IL	COL ID D	VIN	INSURANCE CO.	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	VEHU 2	RDEF 1	HOSPITAL (TAKEN TO) Elmhurst Memorial Hospital		U1 0

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	(EPHT)	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 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	U2 3
	1	<input checked="" type="checkbox"/>	18	1							DIRP 3
	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	U1 3
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 25
	1	<input checked="" type="checkbox"/>	11	1							SLMT 25
	2	<input type="checkbox"/>			ARREST NAME	OFFICER ID. 349	SIGNATURE Tony Perkins	BEAT / DIST.	SUPERVISOR ID. Jim Krupiczowicz, 355	COURT DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM

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.
Source of above
GVWR/GCWR

Were HAZMAT placards on vehicle?
If yes, name on placard
4 digit UN 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

LOCAL USE ONLY

N 41.8752
W -87.9636

U1 Race: W

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: 3

U1 TOWED BY / TO: West And Sons Towing

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

U2 TOWED BY / TO:

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

ILLINOIS TRAFFIC CRASH REPORT

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



IY003

X002671688

DRAC 2	TRFD 2	TRFC 4	WEAT 1	DRVA 4	VIS 99	VEHD 99	LGHT 1	COLL 5	MANV 9	1	21
U1	U2		U2	U1	U2	U1	U2	U1	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 22	AGENCY CRASH REPORT NO. VPP22010151	TRFW 1
ADDRESS NO. 537	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 6/16/2022	TIME 12:01	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	U1
(NAME OF INTERSECTION OR ROAD FEATURE)		HIT & RUN <input checked="" type="checkbox"/> Y <input type="checkbox"/> N			SECONDARY CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	U2
					FLOW CONDITION <input type="checkbox"/> SLOW <input type="checkbox"/> STOPPED <input checked="" type="checkbox"/> FREE FLOW	# 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 CADILLAC	MODEL ESCALADE	YEAR 2005	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 checked="" 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 3	AIR 4	AUTOMATION SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	LEVEL IN VEH.	LEVEL ENGAGED AT CRASH						
CITY	INJ C	EJCT 1	EPHT 0	PLATE NO.	STATE	YEAR	POINT OF FIRST CONTACT 1					
PHONE NUMBER	STATE IL	CLASS	COL ID	VIN	INSURANCE CO							
EMS AGENCY Refused	PEDV	PPA	PPL	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO							
HOSPITAL (TAKEN TO) Refused	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF "Y"	OWNER STREET CITY STATE ZIP	PHONE NUMBER								

UNIT 2

<input 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 CHEROKEE	YEAR 2014	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 type="checkbox"/> Y <input checked="" type="checkbox"/> N	FIRE <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DISTRACTED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	COM VEH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
NAME (LAST, FIRST, M)	SEX M	SAFT 3	AIR 4	AUTOMATION SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	LEVEL IN VEH.	LEVEL ENGAGED AT CRASH						
STREET ADDRESS	INJ C	EJCT 1	EPHT 0	PLATE NO.	STATE	YEAR	POINT OF FIRST CONTACT 10					
PHONE NUMBER	STATE IL	CLASS	COL ID	VIN	INSURANCE CO							
EMS AGENCY	PEDV	PPA	PPL	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO							
HOSPITAL (TAKEN TO)	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF "Y"	OWNER ADDRESS (STREET CITY STATE ZIP)	PHONE NUMBER								

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

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED	TIME	Did crash occur in a Work Zone?	
	1	<input checked="" type="checkbox"/>	1	5		HOUSE	6/16/2022	12:01	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	2	<input type="checkbox"/>	18	3	PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP					
UNIT 2					<input type="checkbox"/> CITATIONS ISSUED <input checked="" type="checkbox"/> PENDING	SECTION	CITATION NO.	EMS NOTIFIED	TIME	IF YES check one below:
	1	<input checked="" type="checkbox"/>	11	3		5/11-204.1(A)(1)	OW202200004154			<input type="checkbox"/> Construction
	2	<input type="checkbox"/>			<input type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING					<input type="checkbox"/> Maintenance
					ARREST NAME	BEAT / DIST.	SUPERVISOR ID.	ROAD CLEARANCE	TIME	<input type="checkbox"/> Utility
	3	<input type="checkbox"/>			304	Kevin Pollack	Louis Easton, 341			<input type="checkbox"/> Unknown work zone type
					COURT DATE					Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N

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

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	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 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	FLOW CONDITION <input type="checkbox"/> SLOW <input type="checkbox"/> STOPPED <input checked="" 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 HYUNDAI	MODEL SONATA	YEAR 2006	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
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					
CITY	INJ 0	EJCT 1	EPH 0	PLATE NO.	STATE	YEAR					
PHONE NUMBER	DRIVER LICENSE NO.	STATE IL	CLASS D	CDL ID 0	VIN	INSURANCE CO.					
EMS AGENCY Refused	PEDV	PPA	PPL	VEHICLE OWNER (LAST, FIRST, M.I.)		POLICY NO.					
HOSPITAL (TAKEN TO) Refused	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF "Y"	OWNER STREET, CITY, STATE, ZIP		PHONE NUMBER						

UNIT 2

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

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

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
	1	<input checked="" type="checkbox"/>	11	4						
	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
UNIT 2	3	<input type="checkbox"/>			<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	
	1	<input checked="" type="checkbox"/>	11	4	<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	
	2	<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
	3	<input type="checkbox"/>								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.



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

N 0.0000
W 0.0000

U1 Race: W

U2 Race: W

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

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

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



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 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	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 * Distraction Value	COM VEH <input type="checkbox"/> Y <input type="checkbox"/> N * IF YES SEE SIDEBAR	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	EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	U RSUR 1
CITY	INJ 0	EJCT 1	EPHT 0	PLATE NO.	STATE	YEAR	OWNER STREET, CITY, STATE, ZIP	PHONE NUMBER	HOSPITAL (TAKEN TO) Refused	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U VEHU 2

UNIT 1

<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 * Distraction Value	COM VEH <input type="checkbox"/> Y <input type="checkbox"/> N * IF YES SEE SIDEBAR	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	EXPIRED <input type="checkbox"/> Y <input type="checkbox"/> N	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	U RDEF 1
CITY	INJ 0	EJCT 1	EPHT 0	PLATE NO.	STATE	YEAR	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER	HOSPITAL (TAKEN TO) Refused	INCIDENT RESPONDER <input type="checkbox"/> Y <input type="checkbox"/> N	U BAC 996

(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 <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 <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 11:44 <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 1:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	3	<input type="checkbox"/>									U DIRP 7
											U SLMT 25

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 [] [] []

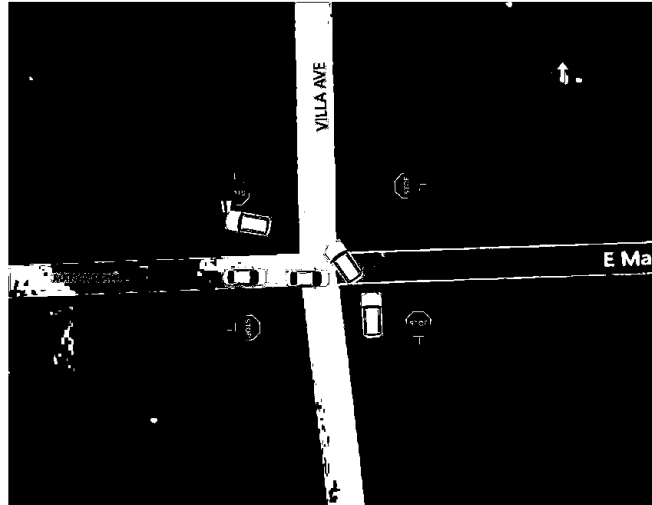
TRAILER LENGTH(S) 1 ft 2 ft TOTAL VEHICLE LENGTH ft NO. OF AXLES

SELECT CODES FROM BACK OF CRASH BOOKLET

VEHICLE CONFIG. CARGO BODY TYPE LOAD TYPE

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: July 1, 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: July 1, 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: July 1, 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.

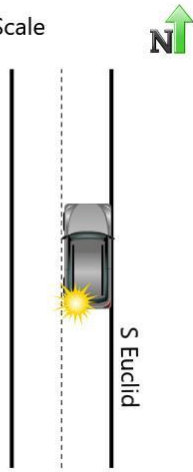
I WILL NOT tolerate this any more and will take ACTION INTO MY OWN HANDS if the Village does not do something about it.

I look forward to your call on MONDAY.
Jonathan Devens

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



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 <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
 TRAILER 2

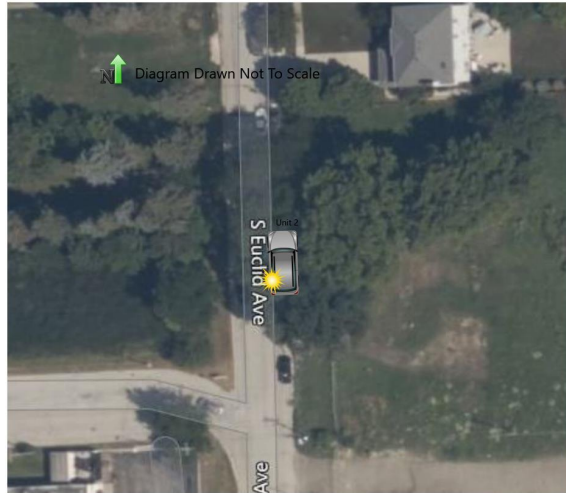
TRAILER LENGTH(S) 1 _____ft 2 _____ft

TOTAL VEHICLE LENGTH _____ft NO. OF AXLES _____

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

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 *

DRAC 2 10 1 1 WEAT 1 DRVA 16 VIS 1 VEH 13 1 1 LGHT 4 COLL 9 MANV 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 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. VPP23004036 TRFW 1

ADDRESS NO. S EUCLID AVE HIGHWAY OR STREET NAME VILLA PARK CITY DU PAGE COUNTY INTERSECTION RELATED DATE OF CRASH 3/11/2023 TIME 2:19 SECONDARY CRASH FLOW CONDITION

UNIT 1

DRIVER PARKED DRIVERLESS PED PEDAL EQUUS NMV NCV DV DATE OF BIRTH MAKE SUBARU MODEL FORESTER YEAR 2017 CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 12 TOWED DUE TO CRASH Y N

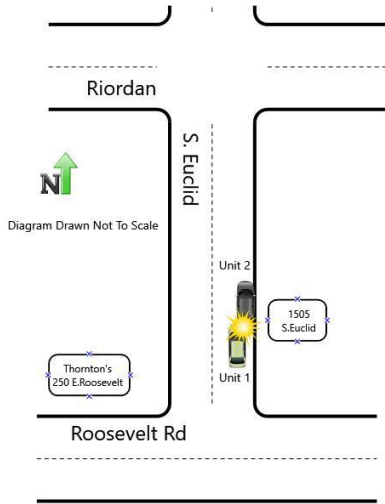
UNIT 2

DRIVER PARKED DRIVERLESS PED PEDAL EQUUS NMV NCV DV DATE OF BIRTH MAKE GMC MODEL ACADIA YEAR 2017 CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 6 TOWED DUE TO CRASH Y N

(UNIT) (SEAT) (DOB) (SEX) (SAFT) (AIR) (INJ) (EJCT) (EPHT) PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL) (HOSP) (EMS) DAMAGED PROPERTY OWNER NAME DAMAGED PROPERTY POLICE NOTIFIED TIME 3/11/2023 2:19

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

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



* 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 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 XX ZIP 090 MAKE UNKNOWN MODEL UNKNOWN YEAR UNKNOWN

DRIVER PARKED DRIVERLESS PED PEDAL EQUUS NMV NCV DV DATE OF BIRTH 0903 MAKE TOYOTA MODEL RAV4 YEAR 2014

Table with columns: (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 1 18 1 UNIT 2 (EVNO) (MOST) (EVNT) (LOC) DAMAGED PROPERTY OWNER NAME 1 11 1

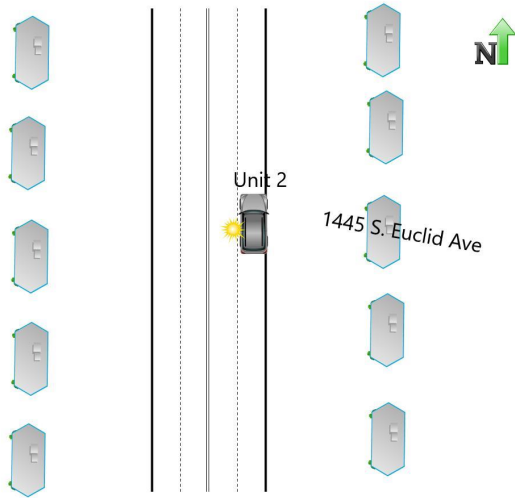
UNIT 1

UNIT 2

TRFW 1 VEHT 99 # LNS 2 U1 2 U2 1 U1 1 U2 1 U2 1 U1 99 U1 2 U2 9 U1 0 U2 1 U1 996 U1 996 U2 1 U1 0 U2 1 U1 1 U2 25 U1 25 U2

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

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 #)

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 U1	TRFD 10 U2	TRFC 1	WEAT 1	DRVA 16 U2	VIS 1 U1	99 8 U2	VEHD 99 U1	1 U2	LGHT 4	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 checked="" type="checkbox"/> A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due to Crash	YR 25	AGENCY CRASH REPORT NO. VPP25003998	TRFW 2
ADDRESS NO. 1500	HIGHWAY OR STREET NAME S EUCLID AVE	<input checked="" type="checkbox"/> City VILLA PARK	INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF CRASH 3/8/2025	TIME 7:05	VEHT 1
(CIRCLE) FT / MI N S E W <input type="checkbox"/> AT INTERSECTION WITH		COUNTY DU PAGE	PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	# OF MOTOR VEHICLES INVLD 2	U1 1
(NAME OF INTERSECTION OR ROAD FEATURE)		HIT & RUN <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	SECONDARY CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	FLOW CONDITION <input type="checkbox"/> SLOW <input type="checkbox"/> STOPPED <input checked="" type="checkbox"/> FREE FLOW		U2 2

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 16 2 9 16 3 8 6 4 7 6 5 REAR	TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U1 2
STREET ADDRESS UNKNOWN	SEX SAFT AIR 9 3	AUTOMATION SYSTEM <input type="checkbox"/> Y <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK	LEVEL IN VEH. 6	LEVEL ENGAGED AT CRASH 9			FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U2 2
CITY UNKNOWN	INJ EJCT EPTH 0 9 0	PLATE NO. UNKNOWN	STATE	YEAR	POINT OF FIRST CONTACT 12		DISTRACTED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	ALIGN 1
PHONE NUMBER UNK-NOWN	DRIVER LICENSE NO. UNKNOWN	STATE CLASS CDL ID	VIN UNKNOWN	INSURANCE CO. UNKNOWN			COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U1 1
EMS AGENCY	PEDV PPA PPL	VEHICLE OWNER (LAST, FIRST, M.I.) UNKNOWN, UNKNOWN	POLICY NO. UNKNOWN				EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U2 1
HOSPITAL (TAKEN TO)	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF "Y" UNKNOWN UNKNOWN,	PHONE NUMBER UNK-NOWN					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 mo / day / yr	MAKE MAZDA	MODEL CX-30	YEAR 2023	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	FRONT VIEW DIAGRAM 11 12 1 10 16 2 9 16 3 8 6 4 7 6 5 REAR	TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U1 2
NAME (LAST, FIRST, M) UNKNOWN	SEX SAFT AIR 9 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 type="checkbox"/> Y <input checked="" type="checkbox"/> N	U2 2
STREET ADDRESS	INJ EJCT EPTH 0 9 0	PLATE NO. UNKNOWN	STATE IL	YEAR 2025	POINT OF FIRST CONTACT 6		DISTRACTED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	SPDR 0
CITY	STATE	ZIP	VIN UNKNOWN	INSURANCE CO. UNKNOWN			COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U1 0
PHONE NUMBER	DRIVER LICENSE NO.	STATE CLASS CDL ID	VIN UNKNOWN	INSURANCE CO. UNKNOWN			EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U2 0
EMS AGENCY	PEDV PPA PPL	VEHICLE OWNER (LAST, FIRST, M.I.) UNKNOWN	POLICY NO. UNKNOWN					RDEF 1
HOSPITAL (TAKEN TO)	INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF "Y" UNKNOWN UNKNOWN,	PHONE NUMBER UNK-NOWN					VEHU 2

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

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 3/8/2025	TIME 7:05	<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"/>	18	1							DIRP 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	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 1
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		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. 319	SIGNATURE Elsa Franco	BEAT / DIST.	SUPERVISOR ID. Bryan Hruby, 359	COURT DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N

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: July 1, 2025
SUBJECT: Item No. 912 - Traffic Study at Union Development

RECOMMENDED ACTION:

BACKGROUND:

DISCUSSION:



MEMORANDUM

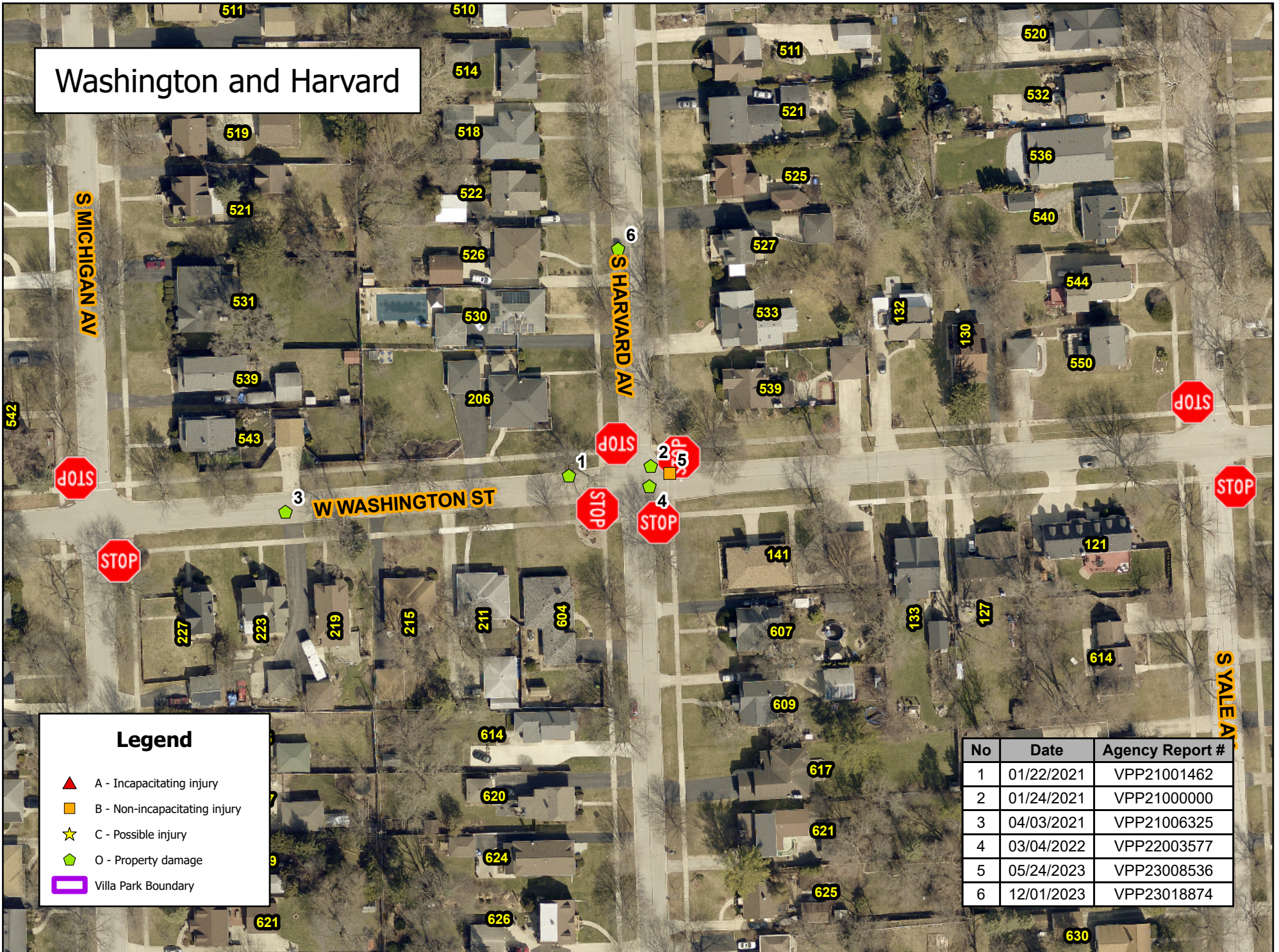
TO: Traffic and Safety Commission
FROM:
DATE: July 1, 2025
SUBJECT: Item No. 913 - Traffic Patterns and Speeding Incidents at Harvard and Washington

RECOMMENDED ACTION:

BACKGROUND:

DISCUSSION:

Washington and Harvard



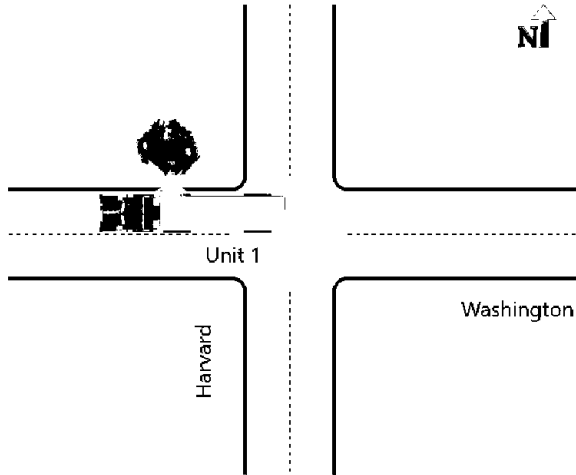
Legend

- ▲ 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
---	--	--------------------------	--	---	--	---------------------------------------	--	--	----------------	----------------	-------------------

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.	EMERGENCY CONTACT	EMERGENCY PHONE NO.	EMERGENCY RELATIONSHIP	HOSPITAL (TAKEN TO) Refused	INCIDENT RESPONDER <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	IF "Y" 3	OWNER STREET, CITY, STATE, ZIP	PHONE NUMBER

UNIT 2

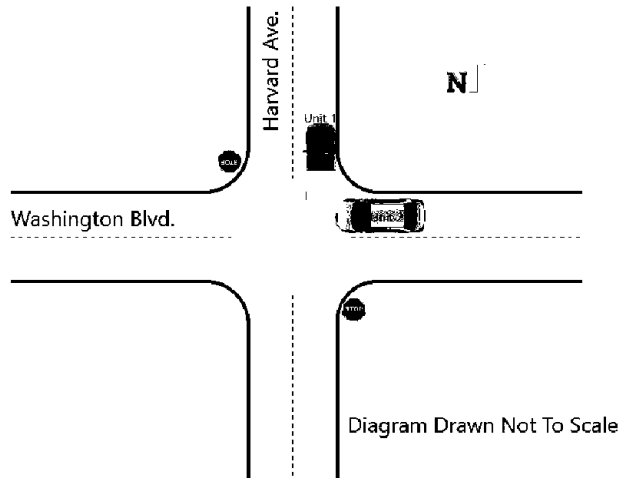
<input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV	DATE OF BIRTH 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.	EMERGENCY CONTACT	EMERGENCY PHONE NO.	EMERGENCY RELATIONSHIP	HOSPITAL (TAKEN TO) Refused	INCIDENT RESPONDER <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	IF "Y" 3	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER

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

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	ROAD CLEARANCE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	SLMT 25
	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	U1 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	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	U2 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.

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

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
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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 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 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) [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

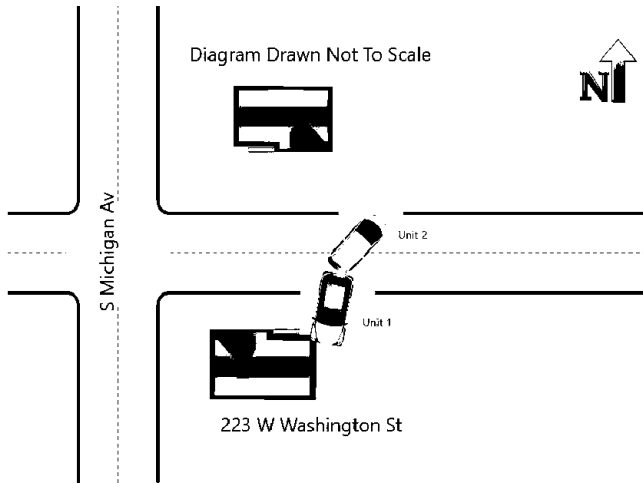
<input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV	DATE OF BIRTH 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 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) [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"/>			<input type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING	SECTION	CITATION NO.	ROAD CLEARANCE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM		SLMT 25
	3	<input type="checkbox"/>			ARREST NAME OFFICER ID. 333	SIGNATURE Bart Banaszewski	BEAT / DIST.	SUPERVISOR ID. Jim Cihak, 352	COURT DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	

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
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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. VPP22003577	TRFW 14
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 3/4/2022	TIME 7:23	SECONDARY CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

(CIRCLE) <input checked="" type="checkbox"/> 10 (F) / MI N (S) E W <input type="checkbox"/> AT INTERSECTION WITH	(CIRCLE) S HARVARD AVE (NAME OF INTERSECTION OR ROAD FEATURE)	COUNTY DU PAGE	DATE OF CRASH 3/4/2022	TIME 7:23	SECONDARY CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VEHT 1 U1
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<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 7/11/1979 mo / day / yr	MAKE AUDI	MODEL Q7	YEAR 2009	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	FRONT 11 12 1 10 2 9 16 3 8 4 7 6 5 REAR	TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	FIRE <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DISTRACTED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N * Distraction Value	COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N * IF YES SEE SIDEBAR	U1 2	U2 2	ALIGN 1	U1 1	U2 1	RSUR 1
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	PLATE NO.	STATE	YEAR	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	OWNER STREET, CITY, STATE, ZIP	PHONE NUMBER		

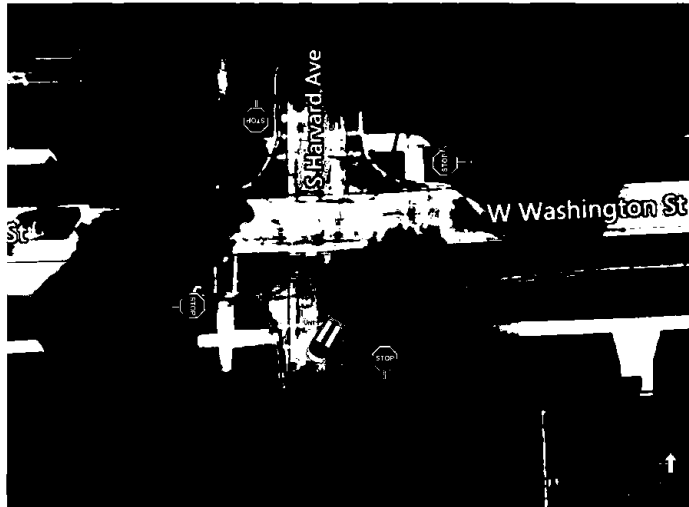
<input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV	DATE OF BIRTH 2/1/1971 mo / day / yr	MAKE HONDA	MODEL CIVIC	YEAR 2009	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN	FRONT 11 12 1 10 2 9 16 3 8 4 7 6 5 REAR	TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	FIRE <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	DISTRACTED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N * Distraction Value	COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N * IF YES SEE SIDEBAR	U1 2	U2 2	SPDR 0	U1 0	U2 0	RDEF 1
NAME (LAST, FIRST, M)	SEX M	SAFT 2	AIR 4	AUTOMATION SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	LEVEL IN VEH.	LEVEL ENGAGED AT CRASH	PLATE NO.	STATE	YEAR	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER		

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

UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 3/4/2022	TIME 7:23	<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 6
	1	<input checked="" type="checkbox"/>	11	4							DIRP
	2	<input type="checkbox"/>			PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP		EMS NOTIFIED	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	IF YES check one below:	U1 1
UNIT 2	1	<input checked="" type="checkbox"/>	11	4	ARREST NAME		EMS ARRIVED	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Utility	U2 25
	2	<input type="checkbox"/>			ARREST NAME		ROAD CLEARANCE 3/4/2022	TIME 7:40	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Unknown work zone type	U1 25
	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	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N

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.

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 41.8784
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:

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
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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	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
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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"/> EQUES <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	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	U2 2
STREET ADDRESS	CITY	STATE	ZIP	PLATE NO.	STATE	YEAR	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	U1 1	

UNIT 2

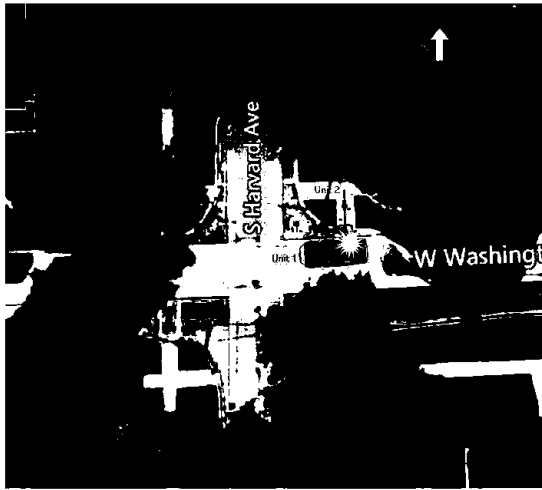
<input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input checked="" type="checkbox"/> EQUES <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV	DATE OF BIRTH 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 type="checkbox"/> N	FIRE <input type="checkbox"/> Y <input type="checkbox"/> N	DISTRACTED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N * Distraction Value	COM VEH <input type="checkbox"/> Y <input 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	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	U2 0
STREET ADDRESS	CITY	STATE	ZIP	PLATE NO.	STATE	YEAR	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	U1 0	

(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 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							U1 5
	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	U2 25
UNIT 2	1	<input type="checkbox"/>			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		U1 25
	2	<input type="checkbox"/>			ARREST NAME OFFICER ID. 358	SIGNATURE Dennis Campos	BEAT / DIST.	SUPERVISOR ID. Jim Svava, 340	COURT DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	3	<input type="checkbox"/>									U2 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.

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

UNIT _____

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

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

USDOT NO. _____ ILLCC NO. _____

Source of above Side of Truck Papers Driver Log Book

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

Were HAZMAT placards on vehicle? Yes No

If yes, name on placard _____

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

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

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

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

Was a Driver/Vehicle Examination Report form completed?

HAZMAT Yes No Unknown Out of Service Yes No

MCS Yes No Unknown Out of Service Yes No

Form Number _____

IDOT PERMIT NO. _____ WIDELOAD? Y N

TRAILER VIN 1 _____

TRAILER VIN 2 _____

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

TRAILER 1

TRAILER 2

TRAILER LENGTH(S) 1 _____ ft 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

SELECT CODES FROM BACK OF CRASH BOOKLET

VEHICLE CONFIG. _____ CARGO BODY TYPE _____ LOAD TYPE _____

ILLINOIS TRAFFIC CRASH REPORT

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



IY003



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
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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	1 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 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	* IF YES SEE SIDEBAR	1 U1
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	PLATE NO. 6 STATE							2 U2
STREET ADDRESS	CITY STATE ZIP	INJ O EJCT 1 EPTH	PLATE NO. STATE YEAR									1 U1
PHONE NUMBER	DRIVER LICENSE NO.	STATE IL CLASS D COL ID	VIN	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	EXPIRED <input type="checkbox"/> Y <input type="checkbox"/> N					1 U2
EMS AGENCY		PEDV PPA PPL	VEHICLE OWNER (LAST, FIRST, M.I.)									2 RSUR
HOSPITAL (TAKEN TO)		INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF "Y"	OWNER STREET, CITY, STATE, ZIP		PHONE NUMBER						2 VEHU

UNIT 2

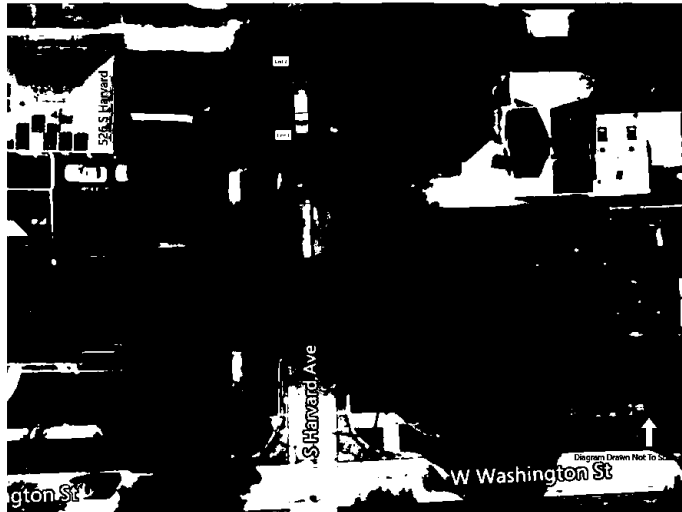
<input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV <input type="checkbox"/> DV	DATE OF BIRTH 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	* IF YES SEE SIDEBAR	2 U1
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	PLATE NO. 12 STATE							2 U2
STREET ADDRESS	CITY STATE ZIP	INJ O EJCT 1 EPTH	PLATE NO. STATE YEAR									0 U1
PHONE NUMBER	DRIVER LICENSE NO.	STATE IL CLASS D COL ID	VIN	INSURANCE CO.	VEHICLE OWNER (LAST, FIRST, M.I.)	POLICY NO.	EXPIRED <input type="checkbox"/> Y <input type="checkbox"/> N					0 U2
EMS AGENCY		PEDV PPA PPL	VEHICLE OWNER (LAST, FIRST, M.I.)									1 RDEF
HOSPITAL (TAKEN TO)		INCIDENT RESPONDER <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	IF "Y"	OWNER ADDRESS (STREET, CITY, STATE, ZIP)		PHONE NUMBER						996 U1

(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	(EPTH)	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 U2
	1	<input checked="" type="checkbox"/>	11	1							1 DIRP
	2	<input type="checkbox"/>			PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, ZIP	PRIMARY 30	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	5 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		25 U2
	2	<input type="checkbox"/>			<input type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING			ROAD CLEARANCE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM		25 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	25 U1

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
USDOT NO.
Source of above
GVWR/GCWR

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

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

Did HAZMAT Regulations violation contribute to the crash?

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

Was a Driver/Vehicle Examination Report form completed?

HAZMAT
MCS
Form Number

IDOT PERMIT NO.
WIDELOAD?

TRAILER VIN 1
TRAILER VIN 2

TRAILER WIDTH(S)
TRAILER 1
TRAILER 2

TRAILER LENGTH(S) 1
TOTAL VEHICLE LENGTH

NO. OF AXLES

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



MEMORANDUM

TO: Traffic and Safety Commission
FROM:
DATE: July 1, 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