
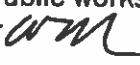




Memorandum

TO: Kevin J. Jackson, Village Manager 

FROM: John Wielebnicki, Director of Public works
Bill McKenna, Village Engineer 

FOR: Village President and Board of Trustees

DATE: May 11, 2022

SUBJECT: Traffic Meeting with Residents 1150 Block South Lyman

The purpose of this memo is to update the Village Board regarding traffic concerns from the 1150 block of South Lyman and an upcoming meeting with the residents of this block to provide an update on the status of their traffic calming petition and to hear their concerns regarding traffic.

Background

Based on requests from residents on the 1150 block of South Lyman due to a recent crash on Sunday April 24th involving a 9-year old child the Engineering Division will be hosting a virtual meeting with the residents on this block on Tuesday, May 17th at 7:00pm to discuss their traffic concerns and to provide an update on the status of their traffic calming petition. The meeting invite that was mailed to the residents is attached for reference along with a copy of the crash report. Staff also provided the invite via email to the residents that have been in direct communication with staff.

The 1150 block of S. Lyman is currently second on the list of traffic calming petitions. Staff will be moving forward with this petition with the Transportation Commission. Staff has already schedule traffic data collection and the item is anticipated to be reviewed by the commission in late June or July depending on other commission agenda items.

Next Steps

Staff will be prepare a Village Board agenda item for any traffic calming recommendations requiring Board approval following the Transportation Commission meeting regarding this block.

If you have any questions, please contact Bill McKenna, Village Engineer at 708.358.5722.

Attachments

cc: Lisa Shelly, Deputy Village Manager

Ahmad Zayyad, Deputy Village Manager
Rob Sproule, Assistant Public Works Director
Jill Juliano, Civil Engineer II and Transportation Commission Staff Liaison
All Department Heads
Christina M. Waters, Village Clerk



The Village of Oak Park
Village Hall
123 Madison Street
Oak Park, Illinois 60302-4272

708.383.6400
Fax 708.383.9584
TTY 708.383.0048
vilage@vil.oak-park.il.us

May 9, 2022

TO: RESIDENTS OF THE 1150 BLOCK OF LYMAN AVENUE

RE: MAY 17, 2022 VIRTUAL COMMUNITY MEETING TO DISCUSS ISSUES & CONCERNS
REGARDING TRAFFIC SAFETY ON THE BLOCK

Dear Resident:

Based on requests from residents on your block due to the recent crash that occurred on the block and the traffic calming petition that was submitted to the Village in July 2019, the Village of Oak Park will be hosting a Zoom community meeting with the residents of the 1150 block of Lyman Avenue. It will be held on Tuesday, May 17, 2022 at 7:00pm.

Here is the link to the Zoom meeting: <https://us06web.zoom.us/j/84153896197>

Representatives from the Engineering Division and Police Department will be in attendance.

You are invited to attend this virtual meeting to express your concerns regarding traffic, ask questions of staff, and provide details about your experience living on the block. Staff will also be providing an update on the status and scheduling of the current traffic calming petition at this meeting.

Sincerely,
THE VILLAGE OF OAK PARK

Jill Juliano

Jill Juliano, P.E.
Transportation Engineer

Village of Oak Park
Public Works Center
201 South Boulevard
Oak Park, IL 60302

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 3 Sheets



DRAC U1 1 U2 1 TPFD 1 TRFC 1 WEAT 2 U1 4 U2 VIS U1 1 U2 VEH U1 1 U2 LIGHT 1 COLL 1 MARY U1 1 U2

S0119

X002607061

INVESTIGATING AGENCY OAK PARK POLICE DEPARTMENT DAMAGE TO ANY ONE PERSONS 5500 OR LESS 5501 - \$1,500 VEHICLE / PROPERTY 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

ADDRESS NO 1158 HIGHWAY OR STREET NAME LYMAN AVE CITY OAK PARK TOWNSHIP COOK COUNTY DATE OF CRASH 04/24/2022 TIME 12:10

AT INTERSECTION WITH NAME OF INTERSECTION OR ROAD FEATURE DOORING WITH PEDALCYCLIST 1

VEHICLE 1: DRIVER, MAKE, MODEL, YEAR, DATE OF BIRTH, SEX, HAIR, EYES, PLATE NO, STATE, YEAR, INSURANCE CO, POINT OF CONTACT, DAMAGE TO VEHICLE

VEHICLE 2: DRIVER, MAKE, MODEL, YEAR, DATE OF BIRTH, SEX, HAIR, EYES, PLATE NO, STATE, YEAR, INSURANCE CO, POINT OF CONTACT, DAMAGE TO VEHICLE

PROPERTY DAMAGE: EV, MOST, EVNT, I, DC, DAMAGE PROPERTY OWNER NAME, PROPERTY OWNERS ADDRESS, STREET CITY STATE ZIP, PRIMARY CAUSE, SECONDARY CAUSE

CITATIONS: CITATIONS ISSUED, CITATION NO, SECTION, CITATION NO, OFFICER ID, SIGNATURE, BEAT / DIST, SUPERVISOR ID, COURT DATE, TIME

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

Printed by the authority of the State of Illinois

SP 1050 (JAN 2018)

IF YES TO COM VEH, COMPLETE LARGE TRUCK, BUS, OR HM VEHICLE AREA ON BACK.

X002607061

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



INDICATE NORTH BY ARROW

NARRATIVE (refer to vehicle by unit #)

In summary: The driver of unit #1 (Taxi) related he was traveling S/B Lyman Ave from Fillmore when a M/W juvenile (unit #2) ran out into the street in such a manner that didn't give him enough time to stop (in conjunction with the slick road conditions), subsequently causing him to make contact with the M/W juvenile resulting in suspected minor injuries at the time of this report. OPFD ambulance #612 transported the M/W juvenile, accompanied by his mother, [redacted] for treatment.

R/O spoke with the unit #1 passenger, [redacted] who related she didn't witness the events as she was looking down at her phone and the impact caused her to look up, observing the vehicle had made contact with the M/W juvenile.

With the permission of [redacted], I was allowed to speak with his [redacted] who'd

LOCAL USE ONLY

U1 COLOR GRN / GRN U2 COLOR

U1 TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT 2 TOWED BY/TO

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

LARGE TRUCK, BUS, OR HM VEHICLE

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1030A ADDITIONAL UNIT'S 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)

CARRIER NAME ADDRESS

CITY/STATE/ZIP MOTOR CARR. ID Interstate Intrastate

Not in Comm/Govt. Not in Comm/Other USDOT NO. ILCC 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 the vehicle? Yes No

If yes, name on placard 4-dgt UN NO 1-dgt 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 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 WIDE LOAD? Yes No 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 NO OF AXLES TOTAL VEHICLE LENGTH ft

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

ANY TRUCK OR BUS OPERATING AS CMV, GOVERNMENT ENTITY, OR RENTAL MAY QUALIFY UNDER THESE DEFINITIONS

ILLINOIS TRAFFIC CRASH REPORT

Sheet **2** of **3** Sheets



DRAC	TRFD	TRFC	WEAT	DRVA	VIS	VEND	LGHT	COLL	MANN
UK	1	1	2	UJ	UJ	UJ	1	1	UJ

SD119

X002607061

INVESTIGATING AGENCY OAK PARK POLICE DEPARTMENT	DAMAGE TO ANY ONE PERSONS VEHICLE / PROPERTY	<input type="checkbox"/> \$500 OR LESS <input 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	AGENCY CRASH REPORT NO 2022 2202237	TRFW 1
ADDRESS NO 1158	HIGHWAY or STREET NAME LYMAN AVE	CITY OAK PARK	TOWNSHIP	INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF CRASH 04/24/2022 mo / day / yr	TIME 12:10 AM
<input type="checkbox"/> FT / MI N E S W <input type="checkbox"/> AT INTERSECTION WITH	NAME OF INTERSECTION OR ROAD FEATURE	COUNTY COOK	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 INVOLVED 1

NAME (LAST FIRST M) STREET ADDRESS CITY STATE ZIP TELEPHONE DRIVER LICENSE NO STATE CLASS CDL ID VIN INSURANCE CO EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF BIRTH mo day yr	SEX SAFT AIR	AUTOMATION SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	LEVEL IN VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	LEVEL ENGAGED AT CRASH	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT	FRONT 12 1 13 2 14 3 15 4 9 5 - TOP 8 6 - REAR	TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	FIRE DISTRACTED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
--	----------------------------	--------------------	--	---	------------------------	--	--	---	--	---

NAME (LAST, FIRST, M) STREET ADDRESS CITY STATE ZIP TELEPHONE DRIVER LICENSE NO STATE CLASS CDL ID VIN INSURANCE CO EXPIRED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF BIRTH mo day yr	SEX SAFT AIR	AUTOMATION SYSTEM <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	LEVEL IN VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	LEVEL ENGAGED AT CRASH	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT	FRONT 12 1 13 2 14 3 15 4 9 5 - TOP 8 6 - REAR	TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	FIRE DISTRACTED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
--	----------------------------	--------------------	--	---	------------------------	--	--	---	--	---

PLATE	CLASS	CDL	CLASS	CDL	CLASS	CDL	CLASS	CDL	CLASS	CDL	CLASS	CDL	CLASS	CDL	CLASS	CDL	CLASS	CDL	CLASS	CDL	

EV	1	2	3	4	DAMAGE PROPERTY OWNER NAME	DAMAGED PROPERTY	POLICE NOTIFIED 04/24/2022	TIME 12:10	AM PM	Did crash occur in a work zone? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PROPERTY OWNERS ADDRESS STREET, CITY, STATE, ZIP	PRIMARY CAUSE 28	SECONDARY CAUSE 99	EMS NOTIFIED	TIME	AM PM
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CITATIONS ISSUED <input type="checkbox"/> PENDING	SECTION	CITATION NO	EMS ARRIVED	TIME	AM PM
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ARREST NAME	SECTION	CITATION NO	ROAD CLEARANCE	TIME	AM PM
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ARREST NAME	SECTION	CITATION NO	ROAD CLEARANCE	TIME	AM PM
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OFFICER ID 20645	SIGNATURE PO REDDINS, ALLAN	BEAT / DIST 090/016	SUPERVISOR ID 99396	COURT DATE 06/01/2022	TIME 01:30

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

Printed by the authority of the State of Illinois

IF YES TO COM VEH, COMPLETE LARGE TRUCK, BUS, OR HM VEHICLE AREA ON BACK.

X002607061

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



INDICATE NORTH BY ARROW

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 purposes) or

5 Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle)

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

MOTOR CARR ID Interstate Intrastate

Not in Comm/Govt Not in Comm/Other

USDOT NO. _____ ILCC 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 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 Carrier Safety Regulations (MCS) violations 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 _____ WIDE LOAD? Yes No

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 COVER OF CRASH BOOKLET

VEHICLE CONFIG _____ CARGO BODY TYPE _____ LOAD TYPE _____

NARRATIVE (refer to vehicle by unit #)

previously related to him he observed the accident. [redacted] related, not verbatim, "The little boy looked like he was trying to get to his friend across the street, looked before he went in the street, then ran into the street while the car was coming. The car tried to stop, but it started sliding and hit him." There were no other residents on the block that witnessed the incident.

R/O responded to Loyola Medical Center, at which time the juvenile was receiving a CT scan. At that time R/O learned the juvenile was suffering from lacerations on his right elbow and left knee, as well as, abdominal pain (stable condition). The driver of unit #1 was issued a citation for failure to reduce speed/too fast for conditions with a court date of 01JUN22 at the Maybrook courthouse (Rm #110, at 1330 hours) regarding the matter.

LOCAL USE ONLY

U COLOR _____ U COLOR _____

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

J TOWED DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE DAMAGE EXTENT _____ TOWED BY/TO _____

ANY TRUCK OR BUS OPERATING AS CMV, GOVERNMENT ENTITY, OR RENTAL MAY QUALIFY UNDER THESE DEFINITIONS

ILLINOIS TRAFFIC CRASH REPORT

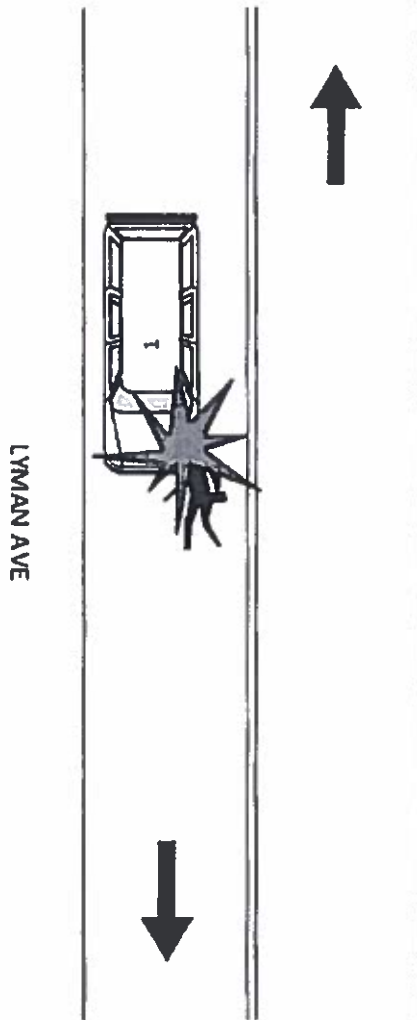
Sheet 3 of 3 Sheets

DIAGRAM

X002607061



Indicate North



Drawing Not To Scale