

In the Matter Of:
HAYMARKET DuPAGE LLC

REPORT OF PROCEEDINGS

March 10, 2021

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1 PRESENT VIA REMOTE VIDEOCONFERENCE:

2 MR. BRENDAN DALY, Chairman;

3 MR. FRANK CARELLO, Commissioner;

4 MS. LORI DRUMMOND, Commissioner;

5 MR. JEFFREY HOLMES, Commissioner;

6 MS. KRISTA RAY, Commissioner;

7 MR. ANTHONY RUSSO, Commissioner.

8
9 ALSO PRESENT VIA VIDEOCONFERENCE:

10 MS. SHANNON MALIK JARMUSZ, Director of
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12 MS. YORDANA WYSOCKI, Village Attorney;

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1 CHAIRMAN DALY: All right. We will get
2 started. Welcome to the March 10th meeting of the
3 Itasca Planning Commission. I call this meeting to
4 order.

5 Mo, would you please take the role.

6 MR. KHAN: Commissioner Carello.

7 COMMISSIONER CARELLO: Here.

8 MR. KHAN: Commissioner Drummond.

9 COMMISSIONER DRUMMOND: Here.

10 MR. KHAN: Commissioner Holmes.

11 COMMISSIONER HOLMES: Here.

12 MR. KHAN: Commissioner Ray.

13 COMMISSIONER RAY: Here.

14 MR. KHAN: Commissioner Russo.

15 COMMISSIONER RUSSO: Here.

16 MR. KHAN: Chairman Daly.

17 CHAIRMAN DALY: Here.

18 I declare a quorum present.

19 Good evening, everybody. Today is
20 Wednesday, March 10, 2021. The case before the
21 Planning Commission is PC 19-014 continued from last
22 Wednesday, March 3rd.

23 The petitioner and owner is
24 Haymarket DuPage, LLC. The location is 860 West

1 Irving Park Road.

2 The procedures for tonight's meeting
3 are as follows: Tonight we will begin with
4 Mr. DiNolfo calling Mr. Bruce Moeller as his witness.

5 The Plan Commission has adopted new
6 rules for procedure which are now in effect. We are
7 proceeding remotely due to COVID-19, and the public
8 may watch the proceeding through the, Village's
9 YouTube channel.

10 Anyone wishing to make public
11 comment will be able to do so after the presentation
12 of cases. They need to sign up on the Village's
13 website. Anyone wishing to ask questions of the
14 petitioner, Village staff, or other parties will be
15 able to do so after the presentation of cases. The
16 signup form is on the Village's website.

17 Remote Village staff is monitoring
18 the video streaming. If the video streaming does not
19 work for any reason during the proceedings, we will
20 stop and wait until the problem is solved or
21 rescheduled for a later date.

22 With that, I would now like to
23 invite the Village counsel, Mr. Chuck Hervas, to make
24 his introductory comments. Chuck?

1 MR. HERVAS: Thank you, Mr. Chairman.

2 Again, my name is Chuck Hervas, and
3 I am the attorney advising the Plan Commission in
4 this matter.

5 This is a legal proceeding with
6 legal significance. A court reporter is swearing in
7 witnesses and is transcribing the testimony. This is
8 not a trial, but we are developing a record of
9 proceedings before the Plan Commission. This is a
10 legal public hearing on a zoning petition. My job is
11 to protect the rights of the petitioner, any
12 objectors, and the public.

13 The Plan Commission will make
14 findings and a recommendation to the Village Board.
15 Please understand that the Plan Commission is a
16 recommending body. The Village Board will make the
17 final decision on the Haymarket zoning petition.

18 Due to the pandemic and the
19 Governor's emergency orders, we are unable to meet in
20 person. A virtual hearing is not the preferred
21 method for hearing this zoning petition. However,
22 the business of government must move forward and the
23 virtual hearing has been approved by state statute
24 and is used by local governments across the state.

1 Everyone is doing the best they can under the
2 circumstances.

3 The procedures used by the Plan
4 Commission for large hearings during the pandemic are
5 available on the Village's website. The website has
6 a lot of information including a comprehensive
7 step-by-step guide about this hearing.

8 The public will have an opportunity
9 to ask questions and provide public comment at the
10 appropriate time.

11 Witnesses will be presented by the
12 petitioner and possibly by other interested parties.
13 Cross-examination will be allowed only by the
14 attorneys or anyone who has been legally recognized
15 as an interested party.

16 Finally, this is a slow and
17 deliberate process that creates a record appropriate
18 for a Plan Commission hearing. Please respect this
19 legal process even if you do not agree with it.

20 Thank you, Mr. Chairman. That's all
21 I have.

22 CHAIRMAN DALY: Thank you, Mr. Hervas.

23 And, with that, the order of
24 business this evening before the Commission is the

1 public hearing on case PC 19-014. The request is for
2 a petition for planned development by special use
3 with exceptions and Class I Site Plan approval all in
4 order to permit a mixed-use residential and
5 healthcare facility and other accessory uses in the
6 B-2 Community Business District at 860 W. Irving Park
7 Road.

8 I will now entertain a motion to
9 open this continued public hearing.

10 COMMISSIONER RAY: I motion to open the public
11 hearing. Commissioner Ray.

12 COMMISSIONER HOLMES: Second.

13 CHAIRMAN DALY: There being a motion and
14 second, I would like to call the vote.

15 MR. KHAN: Commissioner Carello.

16 COMMISSIONER CARELLO: For.

17 MR. KHAN: Commissioner Drummond.

18 COMMISSIONER DRUMMOND: For.

19 MR. KHAN: Commissioner Holmes.

20 COMMISSIONER HOLMES: For.

21 MR. KHAN: Commissioner Ray.

22 COMMISSIONER RAY: For.

23 MR. KHAN: Commissioner Russo.

24 COMMISSIONER RUSSO: For.

1 MR. KHAN: Chairman Daly.

2 CHAIRMAN DALY: For.

3 The motion carries. This public
4 hearing is now open.

5 At this time I would like to invite
6 Mr. DiNolfo to introduce your witness, and then let's
7 get him sworn in, please.

8 MR. DI NOLFO: Thank you, Chairman Daly.

9 I'll be calling Bruce Moeller as our
10 witness tonight from Fitch & Associates.

11 (Witness sworn.)

12 CHAIRMAN DALY: Please proceed.

13 MR. DI NOLFO: Thank you.

14 BRUCE MOELLER
15 called as a witness herein, having been first duly
16 sworn, was examined and testified as follows:

17 DIRECT EXAMINATION

18 BY MR. DI NOLFO:

19 Q. Good evening, Bruce. For purposes of the
20 record, could you introduce yourself to the
21 Commission spelling your last name?

22 A. Sure. So my name is Bruce Moeller. I am
23 serving as a senior consultant for the firm of
24 Fitch & Associates. My name is Bruce, and the last

1 name is Moeller. That is M-o-e-l-l-e-r.

2 (Itasca Fire Protection District
3 Exhibit No. 21 identified.)

4 BY MR. DI NOLFO:

5 Q. Bruce, I want to talk a little bit about
6 your background here, and I did provide as an exhibit
7 for the Commission your CV which has been marked as
8 Exhibit 21. I'm not going to go through the whole
9 thing with you, but I'd like to touch on a few -- a
10 few topics.

11 First, would you please tell the
12 Commission about your educational background?

13 A. Yes. Well, I have a Bachelor's degree
14 actually from Western Illinois University,
15 specialization in fire administration.

16 I earned my Master's degree in
17 public administration from Northern Illinois
18 University there in Illinois.

19 And then when I relocated to
20 Florida, I continued my education subsequently at
21 Florida Atlantic University, which is one of the
22 state -- Florida State University System
23 universities, and I earned my Ph.D. or doctorate in
24 public administration.

1 coursework was in criminal justice. I originally was
2 a police officer in Lake Forest, Illinois.

3 Subsequent to that I decided to
4 switch from law to fire, became a firefighter/
5 paramedic in Wilmette, Illinois, served there for a
6 number of years before going to Naperville, Illinois.

7 In Naperville I again was a
8 firefighter/paramedic there, went up through the
9 ranks, became part of the command staff as the city
10 was growing rapidly.

11 Finished my master's degree at that
12 time. Relocated to south Florida for an opportunity
13 in Broward County, Florida. Broward County is in the
14 Ft. Lauderdale area, county. Today about right
15 around 2 million. Became -- ultimately became the
16 chief/director of Broward County Fire Rescue.

17 After, I think, seven or eight years
18 with the county, I went to one of the municipalities
19 in Broward County called City of Sunrise, a community
20 of about 100,000 there. I served as fire chief for
21 10 years.

22 And then the city commission decided
23 to make a change in city management, in the city
24 manager position. During that time they asked me to

1 self as interim, which I did. At six months I tried
2 to get them to go out and hire a permanent city
3 manager, but the commission was quite clear that they
4 wanted me to remain on. So I took the position
5 permanently, served as city manager for five years.
6 City of Sunrise, like I said, 100,000, half billion
7 dollar budget, 5, 600 personnel operation.

8 I did that for five years, retired
9 from there, and relocated to the Tampa Bay area where
10 I went to Pinellas County, Florida, which is a county
11 of about a million.

12 Originally was brought in as the
13 Director for Public Safety Services, and at the end
14 of my tenure, I served both as Chief of Staff for the
15 county and Assistant County Administrator.

16 Q. So through your experience as a Village
17 manager, chief of staff, fire chief, have you come to
18 understand how fire departments operate and
19 specifically how EMS works?

20 A. Yes. Yes, I do.

21 Q. And through your experience -- now, this
22 is while you were employed in the public sector --
23 have you had -- have you had the opportunity to
24 examine potential growth and the impact it will have

1 on public services?

2 A. Oh, yeah, most definitely, both as fire
3 chief of a large metro department, you know, 500
4 personnel, 36 stations, in the Ft. Lauderdale region,
5 and then also the City of Sunrise had a very robust
6 corporate park. We have a huge mall similar to
7 Gurnee Mills, but it's called Sawgrass Mills. And
8 they -- a new arena was built while I was fire chief
9 there. Every one of those sort of projects, new
10 office buildings, commercial properties, retail, and
11 even the arena we had to make analyses that I drove
12 or oversaw directly or did myself to look at that
13 impact that the additional demand to the community
14 would have.

15 Q. And where did your career take you in
16 2015?

17 A. In 2015 I retired from public service,
18 had an opportunity -- I started a small consulting
19 firm but ended up really aligning myself with several
20 large -- or national firms.

21 I do work on public safety
22 communications related to a program the Federal
23 government did called FirstNet. I worked with
24 telecommunication manufacturers.

1 But probably the majority of my work
2 I do with Fitch & Associates consulting.
3 Fitch & Associates is a 35-year firm that only does
4 public safety. Its origins were initially in EMS.
5 In the past five years they really got much more
6 involved in fire protection, fire services, and EMS.
7 911 communications is an area. I'm doing a lot of
8 work in that area now.

9 Q. So if I take your time with Fitch and
10 combine it with your time doing public service or
11 public safety work, how many times do you think
12 you've analyzed and examined a public safety matter
13 similar to what I'm -- you were asked to do for me in
14 this case?

15 A. If you're talking about both my public
16 service and with Fitch, probably, you know, pushing a
17 thousand times overall and -- yeah, about a thousand
18 times, probably, in one form or the other.

19 Q. And being more specific, in those -- in
20 some of those tasks, if not all of them, have you had
21 to determine the potential EMS calls generated by a
22 proposed project?

23 A. Yeah, specifically I've probably done
24 that 50 to 100 times.

1 MR. DI NOLFO: I would ask that the Commission
2 find Mr. Moeller to be an expert in the area of
3 public safety based on his background.

4 CHAIRMAN DALY: The Commission finds
5 Mr. Moeller to be an expert in public safety based on
6 his background and experience.

7 MR. DI NOLFO: Thank you, Chairman.

8 BY MR. DI NOLFO:

9 Q. Now, Bruce, can you explain to the
10 Commission the task that you were asked to perform on
11 behalf of the Itasca Fire Protection District as it
12 pertains to the Haymarket DuPage proposal?

13 A. Yeah, so we were asked to review a report
14 done by a firm called Polaris that evaluated the
15 impact -- the anticipated impact the Haymarket DuPage
16 project would have on public safety in the Village.
17 And so we were asked to review that report and then
18 render our opinion on that report; and, also, if
19 needed, do our own analysis of what the demand might
20 be.

21 Q. And as part of your review, did you
22 prepare a report?

23 A. Yes, I did.

24 MR. DI NOLFO: And, for the record, that is

1 Exhibit No. 22 is the report prepared by Mr. Moeller
2 through Fitch & Associates.

3 (Itasca Fire Protection District
4 Exhibit No. 22 identified.)

5 BY MR. DI NOLFO:

6 Q. As part of your analysis, did you review
7 the report prepared by Polaris?

8 A. Yes, I did.

9 Q. All right. And we're going to go into
10 great detail concerning your thoughts and criticisms
11 of the Polaris report, but can you provide the
12 Commission with the three major issues that you saw
13 when you reviewed the Polaris report?

14 A. Yeah, so there really were three major
15 issues that jumped out.

16 One was, after analyzing their work
17 and then also conducting our own, it was clear in my
18 opinion that they significantly underestimated the
19 impact the project would have on public safety within
20 the Village.

21 Part of that reason -- part of it
22 was related to an assumption that they made related
23 to medical calls. They made an assumption that only
24 the more serious medical calls would be responded to

1 by public safety services, particularly Itasca Fire
2 District, at the Haymarket project, and they
3 assumed -- they eliminated 60 percent of the medical
4 calls with an assumption that a private ambulance
5 company would handle those.

6 Those two, and particularly the
7 significant underestimation of the demand the project
8 potentially would have, kind of fails to recognize
9 additional problems that come from that.

10 The first is what we call
11 concurrency. So any time that you have multiple
12 calls occur at the exact same time, you're going to
13 impact services elsewhere. So in our work that we
14 do, we always look at concurrency; that increased
15 probability of having a subsequent call. In this
16 scenario, in the context we're talking, we're talking
17 about the department, fire department, being tied up
18 at Haymarket, and there would be a subsequent call
19 coming in. So it's going to impact current service.

20 And, additionally, at some future
21 point, depending on how you want to analyze that,
22 there would be a need for the community -- for the
23 department through the community to reinvest to
24 provide services because of that increased demand.

1 Q. Now, I know you spent some time looking
2 at the Polaris report.

3 Did it appear to you that Polaris
4 was trying, at least attempting in some way, to
5 answer four questions about the impact of the
6 proposed project?

7 A. Yes, yeah. They actually outlined four
8 questions.

9 Q. And, you know, if it's easier, I can have
10 Mo pull up Exhibit 22, which is your report, and go
11 to page 2.

12 A. I'll jump over there. I'm trying to work
13 multiple screens here, so forgive me.

14 Yes, so I have that, yeah, my
15 introduction. So there really were four questions
16 that they indicated from their perspective they were
17 looking to answer. And it's right on the first -- I
18 guess page 2, right under the title of
19 "Introduction."

20 Those four questions really were
21 they wanted to assess the current service and
22 activity levels for police, fire, and EMS within the
23 Village; they wanted to understand the impact the
24 proposed facility would have on those public safety

1 services' call volume; and then also whether or not
2 Itasca police and fire have an existing capacity to
3 serve the demands from the proposed Haymarket Itasca.

4 And those three, first three
5 questions, really are tightly related, so the
6 analysis of that kind of all leads to the answers
7 to those questions.

8 The fourth one, they also spent some
9 time in their report looking at how current activity
10 levels for Itasca compares to other comparable fire
11 and police agencies. And certainly while for some,
12 you know, village administrators and others that
13 might be interesting, it really doesn't help inform
14 the fundamental question, so.

15 But that's what their stated
16 objectives were.

17 Q. And the fundamental question is the
18 impact that this proposed project is going to have on
19 the Itasca Fire Protection District and the police
20 department?

21 A. Yes.

22 Both as a fire chief and as former
23 city -- village manager/city manager, in my case,
24 understanding that helps inform the policy decisions

1 that you're going to make regarding the project.

2 Q. All right. So can you explain to the
3 Commission what your analysis, I should say, will
4 focus on?

5 A. Well, our report -- my report that I
6 wrote really did two things: The first is that it
7 assessed the Polaris report itself and kind of walks
8 through, explains their methodology, the assumptions
9 that they used, and the conclusions that they drew
10 from that.

11 And then we transitioned and then
12 applied our own methodology using the available data
13 that was provided to us to see how well that aligned
14 with the conclusions reached by Polaris.

15 Q. All right. So when you looked at the
16 Polaris report, what was the primary data relied upon
17 by Polaris for their analysis as it pertains to the
18 EMS impact of the proposed project?

19 A. It's a little difficult to answer because
20 Polaris used a number of different sources. So it's
21 hard to say if they had a primary data source.

22 I would say they probably most
23 heavily leaned on fire reports. So in the fire
24 service, we have a reporting system. It's a national

1 system. It's call NFIRS or the National Fire
2 Incident Reporting System. They relied on that.

3 They used that actually through an
4 intermediary. You can get the data directly from the
5 U.S. Fire Administration, but they went through a
6 policy research facility up in the DC area.

7 But then in addition to that, as you
8 carefully read the report, particularly the
9 appendices that they provided, they made a number of
10 FOIA requests to other agencies. Some of those FOIA
11 requests actually used CAD data, even though within
12 the Polaris report they reject CAD data for a number
13 of reasons that I guess we can talk about a little
14 bit more.

15 Q. Sure.

16 A. They looked at records data.

17 And then, finally, they did pull
18 one, it might have been Wood Dale, if I remember
19 correctly, the police department, an annual report
20 from a single police agency; and then they used that
21 police agency's comparable comparisons among other
22 villages and towns and cities in the area and used
23 that for some of that.

24 So overall there wasn't really one

1 single data source they used. They kind of did that.

2 But, finally, what they did do
3 probably most substantive to the question they were
4 attempting to answer, is they chose 11, what they
5 called, comparable facilities, and took those
6 comparable facilities and did some analysis on that
7 based on surveys they did with those facilities; and
8 looking at those -- that survey information reported
9 by those facilities, came up with an analysis on what
10 the impact would be in Itasca from Haymarket DuPage.

11 Q. So let's talk about NFIRS. Mr. Dominik
12 talked about it, but how would you explain to the
13 Commission what a NFIRS report is?

14 A. Well, for anybody that appreciates
15 government, you know we like to write reports.

16 So NFIRS is a fire reporting system.
17 It was established in the '70s, an initiative of the
18 Federal government based on some reports -- probably
19 not important -- but what NFIRS is, it's a standard
20 report format.

21 The State of Illinois requires it,
22 the State of Florida, most states require it. And
23 after fire service goes out and responds to a call
24 and after they return to the station, they will fill

1 out a report. If it's a medical call, they'll fill
2 out a medical report. If it's a fire call, they'll
3 file out a fire report.

4 Ultimately, depending on the systems
5 used by the individual agencies, that feeds up and
6 that data is summarized and sent to the State of
7 Illinois, the State Fire Marshal's office and
8 ultimately the Federal government.

9 So what it does is it's a
10 backward-looking analysis of what happened after you
11 got there and after you found it.

12 The challenge with NFIRS and the
13 real fundamental issue I think that maybe drove some
14 of the underestimation that I made reference to, is
15 that it is backward looking. For example, the
16 easiest example I can give is an activated fire
17 alarm. Say, for example, you have a five- or
18 six-story hotel or other type of institutional
19 facility and you get an activated fire alarm. The
20 fire alarm goes off, it has to be monitored, and the
21 call is made to the fire department to respond.

22 Now, with no other additional
23 information, the fire department is going to respond
24 as if that building is on fire. They're going to

1 send multiple engine companies, a ladder company, a
2 command officer, ambulance. They're going to send
3 all of that.

4 Here's the challenge: In the
5 United States and almost every community I'm aware
6 of, activated fire alarms 95-plus percent of the time
7 are a false alarm. It was because of a lightning
8 strike; it was because of an accident that somebody
9 hit a sprinkler head; somebody burnt a piece of
10 toast.

11 The NFIRS report is going to show
12 that as a false alarm, but that isn't the way the
13 agency had to respond. The agency had to respond as
14 if there was an actual fire there.

15 And so it depends on what kind of
16 question you want answered. If you want an answer of
17 how many fires there were, you may look at NFIRS
18 reports. But if you're analyzing the potential
19 impact a project is going to have on a community, you
20 have to look at the data that they use to respond to
21 those calls, and that data is reflected in the
22 computer-aided dispatch system, or is commonly known,
23 as we call it, the CAD system. It is the system from
24 the 911 center.

1 Q. So you indicated that NFIRS is backwards
2 looking.

3 So, in essence, is it hindsight
4 data?

5 A. Oh, yeah, no, it's definitely hindsight
6 data. It reflects what was found after you got
7 there.

8 But, again, both for fire, for EMS,
9 and for law, you don't have that information until
10 somebody gets on the scene, so you have to -- it's a
11 risk mitigation strategy. So public safety agencies
12 have to design their response based on what they're
13 told, based on what they believe they're responding
14 to based on the 911 call and the data that, you know,
15 shows up in the CAD system.

16 Q. Would you as a chief set a response model
17 based on hindsight data like NFIRS?

18 A. No, I haven't, historically. I've looked
19 at, as I've said, the -- you know, the dozens of
20 times that I've looked at specific projects, I've
21 gone and looked at what was reported to the 911
22 center and what the agency had to respond to.

23 Q. Is using NFIRS for determining the impact
24 of a potential project the best practice, in your

1 experience?

2 A. No, no, absolutely not. No.

3 In fact, our firm, we almost
4 exclusively, and I'm going to say 95-plus percent of
5 the time, only use CAD data. We want the original
6 data from the primary system that's used to dispatch
7 resources, and we analyze that. We don't want it --
8 what somebody's impression was subsequent or anything
9 else. So we look at that.

10 Obviously Polaris did use some CAD
11 data for their report, because, I mean, if you go
12 back into their -- I forgot if they called it
13 appendices or annexes, the FOIA request, the public
14 information request they made to various agencies, on
15 a number of those you can see where the agency
16 printed out something from their CAD system -- it
17 says CAD -- and provided that back.

18 So, no, I believe that the
19 appropriate practice, our firm believes the
20 appropriate practice is to use CAD data whenever it's
21 available. We find it available 95, 98 percent of
22 the time.

23 Q. So if Mr. Dominik testified that he
24 believed NFIRS is better than CAD in determining

1 impact, you would disagree with that?

2 A. For analyzing a project's impact on a
3 community, yes, I would disagree with that. I would
4 disagree that -- for much of our analysis, we use CAD
5 data. There are some times where I might be using
6 NFIRS data in combination, but for this type of
7 project, this type of analysis, I would rely on the
8 CAD data.

9 Q. Now -- and from your review of the
10 Polaris report and documents I may have sent to you,
11 does CAD data exist for EMS calls generated by
12 Haymarket Chicago?

13 A. Yes.

14 Q. All right. And at least from looking at
15 the Polaris report, were they aware that CAD data
16 exists for Haymarket Chicago?

17 A. Oh, yes, no, they -- the Polaris report
18 indicated that they had the CAD data, but as they
19 subsequently described later in the report -- they
20 make reference to it in the beginning under data
21 sources, but subsequently they identified I believe
22 it's four reason why they don't -- didn't want to use
23 the CAD data.

24 Q. So from your review of the report -- and

1 I think Mr. Dominik testified to this -- he in no way
2 relied upon the CAD data generated by Haymarket
3 Chicago?

4 A. So he did not use CAD data that was -- I
5 don't know who supplied it, but CAD data from the
6 Chicago Office of Emergency -- or Office of Emergency
7 Management Communications, the data that I had
8 available to me and it was my understanding was
9 available to Polaris, they did not use that.

10 They did use CAD data from other
11 places, but they didn't use the Chicago CAD data.

12 Q. And Mo actually has it up here, I think,
13 on the screen.

14 Polaris didn't use the CAD data from
15 Chicago -- from the City of Chicago, and Mr. Dominik
16 provided some reasons in his report.

17 A. Yes.

18 Q. Can you share those reasons and your
19 responses to those thoughts of Mr. Dominik?

20 A. Sure. Let me just pull it on my copy
21 here on my screen. It's a little easier for me to
22 read here.

23 So there were several issues that
24 they made. I quote them within our -- my report. I

1 guess it's on page 3 of my report.

2 One was OEMC, which is the Office of
3 Emergency Management Communications -- that's
4 Chicago's 911 system. It says, "OEMC dispatches
5 resources based on the information provided by the
6 caller."

7 Yes, every single public safety
8 agency in the nation dispatches their public safety
9 personnel based on what a caller tells them. That
10 would largely be the only information they have.

11 The second element was it's not
12 uncommon for a caller to mischaracterize the
13 incident, reporting either more or less severe
14 conditions.

15 Again, yes, that is part and parcel
16 of what every public safety agency has to deal with.

17 But, actually, those first two
18 really tie into the fundamental point I'm making. If
19 somebody calls you and tells you there's a vehicle
20 crash and there's people trapped and seriously
21 injured, you have to respond to that vehicle accident
22 assuming you're going to have to cut people out. You
23 may get there and find nobody there that was injured.
24 I've found that many times myself. That's the way

1 the system works.

2 The third element was different
3 call-takers may characterize the same call
4 differently based on their interpretation.

5 He is correct that call-takers can
6 hear the same information and maybe come up to
7 something different. That's the reason the industry
8 has several different programs, software programs,
9 card programs. It's a structured call interrogation
10 that let's you statistically keep providing the same
11 call type based on the information. I'm aware that
12 Chicago happens to use one of those systems.

13 And, finally, his last point was
14 that CAD data reflects all calls received by the call
15 center and does not eliminate duplicate calls.

16 A best example of that and the way
17 to explain it is a vehicle crash on a public street,
18 busy intersection, in today's cell phone technology,
19 multiple people will call. The fact is, the CAD may
20 show that, but there's ways to address that. I mean,
21 it's very simple to address. CAD systems are
22 designed to avoid and to identify potentially
23 duplicate calls, so.

24 I didn't find any one of those

1 problematic. They're things that we see all the
2 time. And I was comfortable when I looked at the
3 data that the data would work well for the analysis.

4 Q. So there's been extensive testimony in
5 this case about the trained medical professionals at
6 Haymarket Chicago and what they're going to have at
7 the project in DuPage if it gets approved.

8 Does having a trained medical
9 professional making a 911 call impact issues 1 and 2
10 that Mr. Dominik raised?

11 A. Well, if a facility -- and, again, an
12 institutional facility that has trained medical
13 personnel, if they have an emergency, you normally
14 aren't going to get multiple calls from that
15 facility, A.

16 But, secondly, trained medical
17 personnel hopefully will do a better job assessing
18 the patient and feel better on understanding what
19 resources are needed.

20 So it will be better than the
21 general public. It still won't be perfect, but it
22 will be better.

23 Q. And 911 systems, if I heard you
24 correctly, dealing with the multiple caller issue

1 raised by Mr. Dominik, they're systems in place to
2 address that, to alert other call-takers of the same
3 or similar call being made by John Q. Public who sees
4 an accident?

5 A. Yeah, there's -- there's actually a
6 national standard from the American Public
7 Communication Officials, this group called APCO.
8 They produced a document I think about ten years ago
9 that deals with the functional requirements of the
10 computer-aided dispatch system. And that document
11 has specific language in there about how CAD systems,
12 all manufacturers, should have a method for that.

13 Every major system I've seen, you
14 know, Motorola, TriTech, any of the other major ones,
15 Intergraph, they all have a process by which it
16 identifies potentially duplicate calls and makes it
17 easy for the call-taker -- it alerts the dispatcher
18 or the call-taker. It says this may be a duplicate,
19 and then they make a determination whether it is a
20 duplicate or maybe something just nearby.

21 But every CAD that I've seen,
22 certainly all the major ones, have a method by that
23 based on the national standard.

24 Q. Now, when you reviewed the Polaris

1 report, I think you touched on this briefly, but did
2 you see any assumptions that struck you as odd?

3 A. Well, the most significant one is the
4 fact that they reduced the number of medical calls
5 significantly based on the fact that they believed a
6 private ambulance would handle that. That's an
7 assumption that caused me concern, I should say, in
8 the analysis.

9 The assumption is that when a lower
10 priority medical call -- so in the industry we call
11 it basic life support, BLS and ALS. The way to think
12 of it is if -- generally this is very simplistic, and
13 the industry changes, but if the paramedic has to
14 start an IV, hook you up to a heart monitor or give
15 you medication, it's the more serious call.

16 And what they did is they're
17 assuming that for those lower priority calls, the
18 fire department wouldn't need to respond, they'll
19 have a private ambulance handle that. And that's an
20 assumption that is problematic for a number of
21 reasons.

22 Q. Now, from your days as a fire chief,
23 chief of staff, city manager, would you rely on an
24 assumption that a private ambulance is going to

1 handle some of the potential calls generated by a
2 proposed project?

3 A. So my understanding is there's been
4 discussion between either Haymarket or whoever, their
5 representative, and an ambulance company that has a
6 contract which a lot of skilled nursing facilities,
7 medical facilities, institutional have for their
8 company to provide the transportation.

9 So in EMS we call -- we have 911
10 work, which is generally the calls that need to go to
11 911 when it's unexpected, and then you have
12 inner-facility work, somebody moving from a nursing
13 home to get kidney dialysis or the hospital back to a
14 nursing home.

15 Private ambulance companies are
16 profit-driven enterprises, and there is nothing wrong
17 with that. The problem is, though, from a business
18 perspective, private ambulance companies, especially
19 the higher performing ones, seek to have their
20 vehicles busy between 45 percent and 50 percent of
21 the time. Some may drop down to 43, 42, but 45 to 50
22 percent of the time.

23 When you're relying on somebody to
24 have an ambulance available to you, the problem --

1 the challenge is in using a private ambulance
2 company, as I understand it was -- as I understand it
3 from the Polaris report, is there's almost a 50
4 percent chance that ambulance isn't going to be
5 available when you need them.

6 I would never make that assumption
7 as a fire chief. I -- I just simply would not.
8 There is -- there are some communities that integrate
9 private ambulances into their system. Those are
10 completely different arrangements. They're dedicated
11 resources. There's a lot of dollars being invoked.
12 There's specific performance requirements. None of
13 those elements were evident in the Polaris report or
14 talked about or addressed in the Polaris report. It
15 would be very risky, in my estimation.

16 Q. And from reviewing the Polaris report, it
17 was clear that the ambulance that -- or that the
18 private ambulance service was not going to dedicate a
19 specific ambulance to Haymarket; it was going to be
20 called, and some available ambulance would respond?

21 A. There was no evidence in the Polaris
22 report that it was going to be a dedicated ambulance.
23 I don't know of a single private a ambulance
24 provider -- and I know a number of them -- that would

1 ever dedicate one for the potentiality of a, you
2 know, call at one institution like that.

3 Q. All right. Now, Mr. Dominik testified
4 during his, I think, cross-examination that his
5 methodology had never been used before to determine
6 call volume on a proposed project like Haymarket
7 DuPage.

8 In your years of either doing it as
9 a chief or city manager or at your time at
10 Fitch & Associates, had you ever seen the type of
11 methodology used by Mr. Dominik used anywhere else?

12 A. So I can only assume what he was talking
13 about is doing a proportional, you know, utilization
14 rate. And that's what he did, is he looked at how
15 many calls were reported and then did a per bed
16 piece. No, I don't think it's unique; it's done all
17 the time.

18 ICMA used to publish what we called
19 green books talking about -- I'm sorry, the
20 International City Manager's Association used to
21 publish a green book showing all sorts of per
22 thousand population rates. Police crime statistics
23 do it. Even hospitals do it for beds, right?
24 They'll talk about the average number of nights per

1 bed and stuff.

2 A proportional analysis like that is
3 fairly common. It's a way to take two similar --
4 very similar projects or programs and understand that
5 sizing might be different between communities and a
6 statistically valid way to sit there and understand
7 what the project may impact one community versus
8 another.

9 So if that's what he was referring
10 to, I don't think that's unique or uncommon at all.

11 Q. Does it become unique when you add in an
12 assumption like a private ambulance taking over a
13 percentage of calls?

14 A. Okay. So I kind of have to separate
15 that. So every report kind of has some underlying
16 assumptions. The methodology is not unique. That's
17 why it's important to understand the assumptions.
18 That's why it's important to read the report in
19 detail, as I'm somewhat used to doing, and
20 understanding the methodology employed.

21 Q. All right. I'm going to take you -- Mo,
22 if we can go to the next page on the report.

23 So I'm going to take you to page 5
24 of your report and direct your attention to

1 Table 1 --

2 A. Table 1.

3 Q. I'm sorry, Table -- yeah, Table 1, yes.

4 A. Okay. Yep.

5 Q. All right. Can you explain to the
6 Commission what that table shows?

7 A. Sure. So what this did -- what I wanted
8 to do was try to understand how -- and just to make
9 sure I understood the math that was done by Polaris
10 in calculating the demand on Haymarket DuPage.

11 And what they did is they, from
12 their survey, you know, going out and asking these
13 other facilities, these 11 comparable facilities, how
14 much, you know, calls were occurring and asking the
15 various fire departments or police departments how
16 many calls, they came up with a per bed ratio.

17 So, in other words, I'm going to
18 look at -- if you're looking at Table 1, for the
19 members of the Commission, and we'll stay in the far
20 left column, "EMS," go down two levels, you see
21 "Treatment beds." What this says is EMS calls to
22 treatment beds, those beds designated for treatment,
23 generate .56 calls per year, so a little over half a
24 call a year.

1 When you apply that to Haymarket
2 DuPage -- that's 96, right? The number of beds that
3 they have, I'm sorry, is 96 beds. So you would end
4 up having 14 -- well, you'd have 14 calls according
5 to Polaris, right?

6 But what they did is they eliminated
7 60 percent of the activity. They got rid of all of
8 the BLS calls, the fourth column there. Polaris
9 reported demand with their adjustments for ALS only.
10 So when you -- when you look at that top gray line
11 where it says "EMS," for Haymarket DuPage they said
12 there would be 19 medical calls, EMS calls there that
13 Itasca Fire would have to respond to.

14 Again, that assumption is one that
15 I'm not comfortable with. I don't think it's valid.
16 And so I recalculated that in the last column and
17 said I'm going to assume all medical calls based on
18 their projected rates. So I just accepted
19 carte blanche what their bed ratio was and calculated
20 it, and it's not 19 calls. Using their methodology
21 but not assuming their assumption, they say it would
22 generate 65.3 calls. And the same is done for fire
23 calls and then police calls, the same methodology.

24 So what it does is it backs out, for

1 lack of a better term, their assumption that 60
2 percent of the medical calls would not need the fire
3 department response.

4 Q. And understanding you're not comfortable
5 with that assumption of their 60 percent back-out,
6 and I know we're going to get in later that you don't
7 agree with the 65.3 either, were you aware that
8 actually Polaris provided a supplemental report?

9 A. Yes, yes, that was provided to me, yeah.

10 Q. And were you aware that in that report,
11 Haymarket did some digging and came up with 303 calls
12 generated by the facility in the City of Chicago?

13 A. Yeah. Actually, there's another table in
14 this report -- yes, I am aware. It -- that
15 supplemental report actually, in my opinion,
16 validated the analysis that we did because it
17 reflects a number much closer to what our calculation
18 was that Haymarket DuPage would do.

19 I did a similar look at the Chicago
20 facility and what actually was demanded at Haymarket
21 Chicago based on 911 calls to Chicago Fire.

22 Q. And we're going to get to that.

23 I guess kind of just following up on
24 this, the fact that -- well, first off, the 303

1 calls, if we use that number, doesn't that call into
2 question Polaris's conclusion as it pertains to the
3 numbers that this proposed facility is going to
4 generate just and of themselves? They seem to be
5 inconsistent; don't you agree?

6 A. Well, their -- their decision to use --
7 this is the interesting piece in my analysis.

8 So they elected not to use Haymarket
9 Chicago because they said the CAD data they didn't
10 feel comfortable with. I've done literally hundreds
11 of these, and I'm very comfortable with the CAD data.
12 They used 11 other different agencies.

13 But with Haymarket Chicago,
14 Haymarket Chicago, which is run by the same
15 institution, providing the same type of services,
16 doesn't use a private ambulance at Haymarket Chicago.
17 I mean, the CAD data reflects that. They -- they
18 actually sit there and call Chicago Fire for all the
19 medical calls.

20 So, therefore, to back it out at a
21 new facility, again, that was just another problem
22 for me, that I don't see evidence of it being done at
23 the 11 comparables. I know it's not done at
24 Haymarket Chicago. I don't know why you would make

1 that assumption for Haymarket DuPage.

2 Q. So let me kind of just go to this
3 question: In your opinion, does the Polaris report
4 accurately project the potential impact on EMS for
5 the proposed Haymarket DuPage facility?

6 A. No.

7 Q. And --

8 A. I think they significantly underestimate
9 the impact on EMS activity that would occur at
10 Haymarket DuPage.

11 Q. And based on that, based on your belief
12 that they -- your opinion that they underestimated
13 the impact, did you perform your own analysis to
14 determine the projected call volume for Haymarket
15 DuPage?

16 A. Yes. So because of the challenges that
17 they cited with the CAD data, their concerns with BLS
18 calls and eliminating those, those assumptions, we
19 then undertook our own analysis and looked at that
20 and to see how that lined up with what Polaris had.

21 Q. And I think you shared with us you
22 yourself, and Fitch as a company itself, has done
23 this in many places in many countries?

24 A. Yeah, well, the firm has actually done

1 work, not me, but the firm has done work in all 50
2 states and 12 different countries. So, yeah, we're
3 fairly comfortable with being able to do the work.

4 Q. And your methodology of using the CAD
5 data used in this matter, is that recognized and used
6 by your competitors in the industry?

7 A. Yes, yeah, many of them use CAD data as
8 well.

9 Q. And just to make it clear, why is CAD, in
10 your mind, more accurate or more preferable than the
11 NFIRS?

12 A. So I don't want to sound like I'm beating
13 a drum, but the only thing that you have when
14 somebody calls 911 -- when Mrs. Smith has an
15 emergency, she picks up the phone and dials 911.
16 That's what we do as a nation. And there's two
17 pieces of information that have to be provided for
18 them to send you help: What is happening, and where
19 is it happening at.

20 And with those two pieces of
21 information, you -- every public safety agency, every
22 fire department, EMS, and police department responds
23 to it based on whatever their own internal response
24 protocols are.

1 The reason we use CAD data is if
2 you're looking for the potential impact of a project,
3 you need to understand what those calls are going to
4 require of the local fire department, in this case.
5 So we use CAD data because it is forward looking.
6 It's how they have to respond. The Itasca Fire
7 Department, no fire department has the luxury of
8 knowing what they're going to find when they get
9 there. You have to go there before you can do it.

10 So CAD data is forward looking.
11 NFIRS data is backwards looking.

12 Q. And if I understood you earlier, you talk
13 about fire departments are trying to mitigate risk.
14 And is one of the ways they do that by planning for
15 operations using CAD data so that they can have
16 enough resources to deal with whatever they may
17 encounter on a call?

18 A. Well, so -- so, yes. So every community
19 should be conducting -- you know, the best practice
20 in the industry is what we call a risk assessment.

21 So you look at your community, the
22 type of properties that you have -- so this is the
23 Planning Commission, they'll certainly appreciate
24 this -- business versus commercial versus industrial

1 versus single family versus multi-family. Each of
2 those will have a demand within the community based
3 on other factors, and so understanding what these
4 calls are and how they're generated helps you
5 appropriately plan for the impact on the community
6 and ensure that the community can sit there and
7 provide the services that the project's going to
8 need.

9 Q. Now, as part of your project, you were
10 provided with FOIA responses from the City of Chicago
11 concerning EMS and police calls at Haymarket
12 Chicago's multiple addresses; is that correct?

13 A. Yes.

14 (Itasca Fire Protection District
15 Exhibit Nos. 23-38 identified.)

16 BY MR. DI NOLFO:

17 Q. All right. And, for the record, those
18 are Exhibits 23 through 38, Itasca Fire Protection
19 District Exhibits 23 through 38. I'm not going to
20 pull them up, but just if you need them for any
21 reason, that's where they're located.

22 So with the CAD data provided, were
23 you able to determine the demand on Chicago Fire
24 Department EMS created by Haymarket Chicago?

1 A. Yes.

2 Q. All right. And what CAD data did you
3 specifically use? What year, what data did you look
4 at, and why?

5 A. Yeah, so in our work we'll normally look
6 at, if we have access to multiple years -- so the
7 data that was provided did have multiple years, as I
8 recall. It had 2017, 2018, 2019 appeared to be full
9 years based on the data, reflected 12 months in each
10 of those years -- we always use the most recent year
11 because -- particularly with regard to EMS. EMS is
12 growing, and so we'll look at the most recent year
13 for analysis, but we will look at trends, too.

14 So we used the 2019 data. And in
15 the CAD data that was provided, there were 1,098
16 records or lines in an Excel file.

17 But, again, you do have to worry
18 about -- often ways it's put out is the CAD will show
19 you a line showing you the address and what was
20 happening and the date and time for the engine, it
21 will show you the next line for maybe the ambulance,
22 whatever.

23 So we filter that. We process that
24 data. It's relatively straightforward. And we

1 looked at the incident number, the event number for
2 that, and filtered on only unique incidents. And
3 that took us from the 1,098 down to 636 unique
4 incidents of dates, times, and locations -- the
5 location was Haymarket Chicago -- and incidents that
6 the Chicago Fire Department, there's a record in the
7 CAD system showing there was an event.

8 However, of those, a few of those
9 did not have a unit that apparently was dispatched.
10 That can happen, again, for a number of reasons.
11 Maybe the caller changed their mind or additional
12 information came in.

13 So what we were left with was 558
14 EMS incidents where the fire department CAD shows
15 that the call came in and units were dispatched and
16 responded to that event. And that 558 is what we
17 used for our analysis.

18 Q. All right. And just so -- just to flesh
19 a few things out with you here.

20 The data that I sent over to you
21 from the City of Chicago, would that be in a raw form
22 when you get it?

23 A. Yeah, it was -- I'm assuming it was
24 output as what we call a delimited -- CVS delimited

1 file, but it was in Excel, which works with that. So
2 what was sent over to us was an Excel file.

3 Q. And you talked about 1,098 lines. That's
4 just lines of data?

5 A. Yes.

6 Q. All right. And when you reviewed it and
7 started looking at it, is it uncommon for there to be
8 multiple lines for a single call?

9 A. No, it's typical. You -- you have what
10 we call -- I don't want to get into CAD design, but
11 you have master records and unit records. So what
12 you'll have is the date, the incident location, and
13 what's going on; it's a heart attack. Then you'll
14 have a line for the ambulance that was dispatched,
15 you'll have a line for the engine that was
16 dispatched. You know, you'll have a line, if it's a
17 structure fire, for the ladder that was dispatched.
18 So you'll have multiple lines related to the single
19 incident.

20 Q. So your first step was to make sure that
21 there weren't duplicate lines, meaning you didn't
22 count it three times if three pieces of apparatus
23 were sent? You counted it as one?

24 A. Yeah. So, again, not to get in the

1 weeds, in our work we will often look at how many
2 times a unit responds, you know, how many units you
3 send to a single event. But in this case, my first
4 question was how many incidents, how many events
5 happened at Haymarket Chicago.

6 And so the filtering on a unique
7 incident and then further limiting it only to records
8 reflecting a unit being assigned, it was that 558.

9 Q. Okay. And that 558 number is the total
10 times that the City of Chicago had -- EMS had to
11 respond to one of the Chicago Haymarket addresses
12 based on a 911 call?

13 A. Yes.

14 THE REPORTER: Counsel, Mr. DiNolfo, could you
15 move closer to your computer when you're speaking?

16 MR. DI NOLFO: Absolutely.

17 THE REPORTER: Thank you.

18 MR. DI NOLFO: Is that better?

19 THE REPORTER: Much.

20 MR. DI NOLFO: Sorry about that.

21 BY MR. DI NOLFO:

22 Q. All right. So just a couple points I
23 want to clarify with you.

24 So does CAD data tell you who needed

1 to be helped?

2 A. You know, it's possible there might be
3 something in notes or something.

4 No, there's two pieces of
5 information you need: What and where. So CAD will
6 always have to tell you where the emergency is and
7 what the emergency is.

8 It's possible the caller may say my
9 husband fell or my wife fell and that may be buried
10 in a note; but, no, CAD has to tell you two things,
11 and that's what you focus on.

12 Q. All right. So the raw data that you
13 received didn't tell you if the person that needed
14 help was a visitor to Haymarket, an employee of
15 Haymarket, a treatment bed patient, a detox patient
16 or an outpatient? It didn't give you that
17 information?

18 A. No, no, none of that information would be
19 in the CAD.

20 Q. But the raw -- but the data you got in
21 the CAD did tell you that there was a call to 911
22 where somebody was asking for help and that the
23 address provided for where the help was needed was
24 one of the Haymarket Chicago addresses?

1 A. Yes, that's correct.

2 Q. Now, Mr. Dominik mentioned a couple times
3 in -- during his testimony that one of his faults
4 with CAD is it doesn't tell you if there was even a
5 patient when you got there, so it's not accurate.

6 What's your response to that?

7 A. I can't even begin to count the number of
8 times I was sent to a vehicle accident with injuries,
9 and when I got there, there was no patient.

10 It's immaterial whether CAD says
11 that or not. If the -- somebody calls and reports an
12 emergency and somebody's injured or may be injured,
13 you respond.

14 Again, that's the difference between
15 forward looking; the CAD data sending you, and then
16 once you get there, there may not be a patient. But
17 you still have to respond. It's still a demand on
18 the -- on the department and on the community.

19 Q. And this is going to be an obvious
20 question, but I need to get it into the record: When
21 an ambulance or engine are out on a call, are they
22 available to handle other calls?

23 A. No, no. I mean, no. They're -- the way
24 even CADs works and the way it works, you've got to

1 go assess that first event you were sent to,
2 determine what's needed, and if you can clear, you
3 can clear yourself for the next call. But you have
4 to go handle the first one first.

5 Q. And while you're handling that first call
6 first, what happens if another call comes in?

7 A. Well, again, this is the planning that
8 the chief has to do or the agency has to do, chief,
9 police, fire, EMS.

10 You generally will send a unit from
11 a further -- from a more distant location to try to
12 handle the call. You'll have mutual aid agreements
13 with other communities, perhaps, and you'll have to
14 call them and see if their unit is available and if
15 it's available. And if it is, they'll send it. If
16 not, you'll maybe go to the third. But you'll have
17 to send -- you'll have to request somebody else to
18 respond.

19 Q. You have to rely on your neighbors and
20 their resources?

21 A. If -- if you don't have multiple
22 resources yourself, yes, you would have to.

23 Q. And you understand in Itasca they have
24 one ambulance and one engine on the street each day?

1 A. Yes. Yeah, I'm aware of that, yeah.

2 So they would have to go outside of
3 their organization to get that.

4 Q. Now, circling back to the CAD data, were
5 you able to breakdown ALS versus BLS from looking at
6 the CAD data?

7 A. Yeah, actually -- so when you have an
8 event and the incident is all over, the radio
9 operator will close the event out and they'll show
10 what we call a disposition code.

11 In Chicago, it's apparently their
12 practice if it's an advanced life support patient,
13 they'll report that. If it's a basic life support
14 patient, they'll report that. So there was actually
15 a disposition code in the CAD data we were provided,
16 and it showed, you know, the count -- I looked at the
17 count of, I think it was, a -- what was it, 40, 39
18 percent -- I think it was 39 percent ALS and 61
19 percent BLS was the distribution between ALS and BLS
20 calls.

21 Q. So my first question off of that is, the
22 determination whether something is ALS or BLS, is
23 that after you make contact with the patient and
24 perform an exam and find out what going on?

1 A. Oh, yeah. Yes, yes. You have to -- you
2 have to have the patient in front of you. That's
3 something that you can't really do on the phone. I
4 mean, you may have a good idea if they're saying
5 they're not breathing and turning blue, but you have
6 to sit there and make patient contact to do that.

7 Q. So for purposes of determining impact and
8 a need to respond, does it make a difference whether
9 the call turns out to be ALS or BLS?

10 A. Not in the case of Itasca that I'm aware
11 of. Not in the case, apparently, of Chicago.

12 I mean, you send the resources.
13 Itasca, their -- their response protocol is they send
14 both the engine and ambulance to all calls. So, no,
15 for them there's no difference.

16 Q. Bottom line is if somebody calls 911 in
17 Itasca, they're going to get the engine and the
18 ambulance responding?

19 A. Yes.

20 Q. All right.

21 A. That's -- that's my understanding from
22 the chief, yes.

23 Q. Now, is EMS call volume constant or
24 consistent throughout the day?

1 A. Oh, no. All call types pretty much --
2 it's what we call a temporal distribution. So you
3 will see a pattern of calls that fluctuate by hour of
4 day. And we usually break that down in our reports.

5 Q. And what does the national average or
6 national data show as it pertains to the call
7 fluctuation over a 24-hour period?

8 A. Yeah, so usually the way I say it, and
9 I'm almost always just within an hour or two, if you
10 look at 4:00 o'clock in the morning and then you look
11 at 4:00 o'clock in the afternoon, the call volume is
12 going to be four times greater.

13 At 4:00 a.m., middle of the night,
14 it drops off, bottoms out, 2:00, 3:00, 4:00 in the
15 morning. About 6:00, 7:00, 8:00 as people get up,
16 start going to work, call volume goes up. It peaks
17 generally somewhere between 1:00 o'clock, 4:00
18 o'clock, 5:00 o'clock in the afternoon, kind of hangs
19 there. 9:00, 10:00, 11:00 at night, drops back off
20 again, and the pattern repeats.

21 So the call volume is fourfold
22 difference during the daytime than at nighttime.

23 Q. And with increase in calls during
24 daytime's hours, what's the risk associated with that

1 as it pertains to the services available?

2 A. Well, that's one of the challenges for
3 fire and EMS services, in particular, because that
4 temporal demand fluctuates. So what happens is when
5 you have more calls, assuming you have the same
6 resources, then you have more calls competing for
7 that resource or for those limited resources.

8 So the likelihood of having
9 concurrent calls -- and I mentioned this at the
10 beginning; one of my challenges in the analysis is
11 they didn't address concurrency -- your concurrency
12 will go up. You'll have -- you'll be at one
13 location, and then Mrs. Smith will call with an
14 emergency for her husband or something. And, you
15 know, the probability of being tied up on another
16 call will be higher during those peak hours.

17 Q. So when you shared with us that the call
18 volume kind of has this temporal approach where it
19 seems to spike during the day, from the CAD data that
20 you received for EMS calls at Chicago Haymarket, were
21 you able to determine if that trend holds true for
22 Chicago Haymarket?

23 A. Yes --

24 Q. And, I'm going have Mo -- wait, wait.

1 I'm going to interrupt. I'm to have Mo go to page 7
2 of the report.

3 A. I was just going to say, I just found
4 that.

5 MR. DI NOLFO: And it's actually going to be
6 page 8 of the PDF, Mo.

7 (Document displayed via Zoom.)

8 MR. DI NOLFO: There you go. Right there.
9 Perfect. Thank you.

10 THE WITNESS: That's it, yeah.

11 BY MR. DI NOLFO:

12 Q. I'm going to direct you to Chart 7 -- I'm
13 sorry, page 7, Figure 1, which is the "Calls by Hour
14 of Day."

15 Do you see that?

16 A. Yes.

17 Q. All right. And, first off, what data did
18 you use to generate that?

19 A. So I'm looking at the figure -- excuse
20 me. These were EMS calls by hour of the day for the
21 Haymarket Chicago facility.

22 Q. Okay. And from looking at your chart,
23 what do you take away from analyzing the CAD data
24 for EMS for Haymarket Chicago?

1 A. It follows the pattern I've seen hundreds
2 of times.

3 Again, as I said, and I alluded to
4 this, if you look at 4:00 o'clock -- and so this is a
5 24-hour clock. It's military time.

6 If you look at the 4 going along the
7 bottom, the horizontal line, you look at 4:00 a.m.,
8 I'm just going to -- it looks like that's about eight
9 calls. And if you go to 4:00 o'clock in the
10 afternoon, which is the 16, the vertical bar that's
11 under 16, 1600 hours, it's about eight in the
12 after -- I mean in the morning, and there it's 44, it
13 looks like. So maybe even a little greater than four
14 times the volume. Just...

15 Q. And --

16 A. It's a typical pattern.

17 Q. I got you.

18 And during your time in the fire
19 service, as a city manager, it's your understanding
20 that populations in -- in towns increase during the
21 day and decrease at night as people go to and from
22 work?

23 A. Yeah, it depends on a whether it's what
24 we refer to as a bedroom community.

1 So certain communities have
2 commercial districts, they'll have office parks or
3 office complexes, they'll have institutional,
4 manufacturing facilities, things of that nature. So
5 they generally will have people inflow, and the
6 bedroom communities will kind of empty out as people
7 go to work. And then the pattern reverses itself at
8 nighttime.

9 Q. And do you have any reason to doubt that
10 given the setup out at Itasca that their population
11 increases during the day given their industry and
12 office parks and the like that you're aware of?

13 A. Yeah, I mean the ones that I'm aware
14 of -- and it's been a few years, but, no, I know
15 Itasca's got the interstates, the toll roads, the
16 commercial parks, the manufacturing, the commercial
17 business environment. Yeah, it's -- I would expect
18 there'd be a net inflow during the daytime.

19 Q. And just as kind of a -- Mo, could you
20 just scroll down a little bit.

21 As a little bit of a side question
22 here, Mr. Moeller, did the Chicago CAD data indicate
23 the number of units assigned for a call?

24 A. Yes, it did. Table 2 reflects that.

1 Again, not every record had clear
2 enough data, so -- but there was over half the calls
3 at Haymarket Chicago, they assigned two or more units
4 to go to that call.

5 Q. And I think we touched on this. You're
6 understanding of the response model for Itasca Fire
7 Protection District is a two-unit response?

8 A. Yes, that's what the chief indicated to
9 me, yes.

10 MR. DI NOLFO: Mo, could you go to the next
11 page for me, please.

12 We've been going about an hour,
13 Mr. Chairman. Is it a good time for a break, or -- I
14 can keep going, if you want.

15 CHAIRMAN DALY: I mean, I'm good with 8:00
16 o'clock or 8:30, whatever you choose.

17 MR. DI NOLFO: Yep.

18 CHAIRMAN DALY: It's your witness.

19 MR. DI NOLFO: I'll be done before 8:30, so --

20 CHAIRMAN DALY: Yeah, keep going, then.

21 MR. DI NOLFO: -- I'll keep going, then.

22 BY MR. DI NOLFO:

23 Q. If we go to page 8 of your report and we
24 look at the Table 3, can you explain to the

1 Commission your figures there?

2 A. Sure. So this was to look at the
3 veracity of the Polaris analysis and compare it to
4 what actually happened in Haymarket Chicago.

5 So as I indicated before earlier up
6 in Table 1, Polaris had gone through and calculated
7 the rate at which calls were needed per bed based on
8 their analysis. And so using their analysis, using
9 their numbers, which is the Polaris bed ratio, for
10 example, treatment beds, .56, Chicago Haymarket,
11 Chicago has 184, so I would expect 103 calls. And
12 then recovery beds, detox beds.

13 Based on the Polaris methodology, if
14 I took exactly what they did and we weren't talking
15 about -- we weren't talking the Itasca -- the
16 proposed Itasca project, Haymarket DuPage, but we
17 apply it to Haymarket Chicago, their methodology says
18 there will be 132 calls there. Actually, they would
19 have backed out all the BLS, so their number would be
20 much less, But I just -- that's their base analysis.

21 When you look at the records of what
22 actually happened, it was 558. So that to me is a
23 gut check that the methodology they applied
24 significantly underestimated the impact.

1 And the model to use for that is the
2 Haymarket Chicago. Applying their methodology to
3 Haymarket Chicago, they significantly underestimated,
4 fourfold, the demand, the Haymarket Chicago demands.

5 Q. So in your opinion is the Haymarket
6 Chicago CAD data the best indicator or the best data
7 source to use to help you compute the potential call
8 volume for the Haymarket DuPage facility?

9 A. In this particular case, Haymarket
10 Chicago is the same organization, the same
11 institution that is proposing the project in Itasca.
12 It would be foolish, in my mind, to ignore a similar
13 project providing similar services run by the same
14 entity and not consider that data as the most
15 reliable.

16 Q. So taking the most reliable data, that
17 is, the CAD data from Haymarket Chicago, and applying
18 it to Polaris's methodology, which I know you take
19 issue with, they underestimated -- they came up with
20 roughly 132.

21 That is almost five times less than
22 the actual call volume; right?

23 A. Yes. And I'm being -- just to be clear,
24 I'm being a little generous here, because actually

1 the full Polaris methodology would have backed out
2 all the BLS calls. That 132 number would be smaller.

3 I rejected that assumption, so I
4 left it in. And even -- even though I did that, gave
5 them the benefit of the doubt on that assumption,
6 it's still at least -- I think it's about fourfold
7 less than what actually occurred.

8 Q. All right. So using the 588 number --
9 and if you can just scroll down a little bit, Mo, I'd
10 appreciate it -- did you do some calculations to try
11 to determine what the actual demand would be for the
12 proposed project here in Itasca?

13 A. Yeah. So the Itasca project has a
14 slightly different mix, and it's got a smaller number
15 of beds. So where the Chicago project has 353 beds,
16 Haymarket DuPage is proposed at 240 beds.

17 So where the Polaris report said
18 there would be 19 calls at Haymarket DuPage, again,
19 we applied that methodology, but we assumed all
20 medical calls, ALS and BLS. And so the calculated
21 rate that would happen at Haymarket DuPage would be
22 379 calls, is our calculation.

23 Q. So about 360 more calls than Mr. Dominik
24 testified to?

1 A. Exactly 360 more calls than that outlined
2 in the Polaris report, yes.

3 Q. You know, one of the questions I want to
4 ask you before we delve a little farther into this --
5 this number that you have there is, you saw in his
6 report that Mr. Dominik used some comparable
7 facilities?

8 A. Yes.

9 Q. Did you use any of those?

10 A. I -- I did not. I -- the Polaris report
11 indicated they didn't want to use the Chicago CAD
12 data because of the problems that we've discussed. I
13 don't see those as problems. I find it a better,
14 stronger methodology. I didn't have the challenges
15 with the data that I think they were alluding to so
16 used that.

17 In addition to that, I did not have
18 access to original raw data from those other
19 institutions that Mr. Dominik used.

20 Q. All right. Now, you came up with the 379
21 based on your analysis of the CAD data and applying
22 the ratio.

23 Did you do anything to kind of check
24 or do a gut check or validate to see if your -- your

1 number kind of passed muster?

2 A. Yeah, so we always like to do that kind
3 of a -- and I think gut check is a good term to use.
4 We often ask our clients to look at that.

5 There were three other facilities
6 that we looked at. One was the AMITA facility in
7 Hoffman Estates and then two facilities in
8 Carol Stream. When I look an AMITA facility that
9 also provides, you know, mental health and
10 addiction/behavioral disorder services, there that
11 project requires just over 300 EMS-related calls for
12 their 141-bed facility.

13 In Carol Stream there's two skilled
14 or assisted -- you know, skilled medical facilities,
15 Belmont Village and Windsor Park. They respectively
16 required 428 calls and 269 calls from their fire
17 facility.

18 When I take that in the context of
19 Haymarket Chicago, all of those are showing
20 significantly greater utilization rates than what
21 was reported by Polaris.

22 Q. And is it your understanding that Elite
23 services the two Carol Stream facilities?

24 A. It's my understanding, yeah, that they've

1 got contracts with those two facilities. That's why
2 I said -- but, yeah, so they've got contracts with
3 them, but they still generate -- those were the
4 reported calls from those respective -- from the
5 Carol Stream fire.

6 Q. So the numbers generated by Carol Stream,
7 the numbers generated by Hoffman Estates, even though
8 Hoffman Estates is about 100 beds less, kind of fall
9 in the range of your actual calculations; correct?

10 A. It -- on that gut check you talked about,
11 I'm comfortable with that gut check. That gut check
12 generally aligns with our conclusion and does not
13 align with the Polaris reported demand the way they
14 did their work, so.

15 Q. And as -- what would be the percent
16 increase in call volume of 379 calls for the Itasca
17 Fire Protection District?

18 A. Oh, you mean, on Itasca Fire?

19 Q. Yes, sir.

20 A. Yeah, so that's just about a 23 percent
21 increase over their current demand, their current
22 workload.

23 Q. As a former fire chief and city manager,
24 how would you describe a 23-percent increase in a

1 year for -- from a single entity?

2 A. It's significant. I mean, you're going
3 to have to figure out how to handle that.

4 There's a number of factors, but
5 that's -- 23 percent all in one year is -- you know,
6 I mean, opening of a new project, that's a
7 significant project that you're going to have to
8 carefully study and figure out how to -- how to
9 handle that.

10 Q. I mean it's not a little ripple of an
11 increase, is it?

12 A. No, if -- actually, if you look at --
13 and, again, our calculation is based on 2019 numbers.
14 So EMS activity in the nation is going up about five
15 to seven percent per year, right? So we're already,
16 you know, '20 and then '22 as this marches on. So
17 five to seven percent is a number that I --
18 wouldn't scare me too much, but 23 all at once would.

19 Q. So it would be 23 plus the average five
20 or seven percent. So we'd be getting closer to 30
21 percent, wouldn't we, in a year?

22 A. Yeah, I mean -- well, by the time --
23 depending on -- I mean, I guess it's an existing
24 facility, so they have to renovate. But by the time

1 the project opened, the full impact was felt, yeah,
2 it would probably be closer to 30 percent based on
3 this data. It's hard to know exactly, But, yeah,
4 it'd be greater than.

5 Q. All right. And, on average, how long is
6 an ambulance out of service from start to finish on a
7 call that involves a patient transport?

8 A. So, you know, just as a rough number in
9 suburban and urban areas, I normally say if you're
10 transporting somebody to the hospital, you've to take
11 somebody to the hospital, you know, you assume an
12 hour.

13 Q. So if we roughly take an hour time
14 frame -- and did you use the hour in your report, or
15 did you use a different number for your --

16 A. No, no, actually Chief Burke was able to
17 provide for their agency what they do, their
18 time-on-task -- we call it time-on-task -- from the
19 time they're dispatched until the time they're
20 available to take another call, it takes them 56
21 minutes to handle a call when they take somebody to
22 the hospital.

23 Q. And that's on average of all calls, BLS
24 and ALS, an average?

1 A. Yeah, I think it was -- I believe it was
2 over a year, a several month period of time.

3 So it aligns with what my experience
4 has been elsewhere, my own experience as a chief.

5 Q. So if we take that 56-minute average and
6 apply it to the 379 calls, can you equate that to
7 hours, days, whatever is easiest for you, that Itasca
8 would have to be servicing calls at the proposed
9 facility?

10 A. Well, it's just, you know, straight math.
11 So 56 minutes and that increased number of calls and
12 stuff, the agency would sit there and spend about 354
13 hours total or about 15 days that they would be
14 handling the additional calls at Haymarket -- by
15 Haymarket DuPage.

16 Q. So based on your calculations, in
17 essence, the only ambulance of the Itasca Fire
18 Protection District will spend 15 days a year solely
19 dealing with calls from the proposed Haymarket DuPage
20 facility?

21 A. Over the period of a year, yeah, they
22 would consume about 15 days doing -- just at that one
23 location.

24 Q. And during those 15 days over a year when

1 the ambulance is being monopolized by Haymarket
2 DuPage, who is going to have to deal with the other
3 calls generated in the Itasca Fire Protection
4 District?

5 A. I don't have a clear answer for that.
6 That was a little beyond our scope.

7 I know Chief Burke is aware of it.
8 You're going to have to -- the agency would have to
9 sit there and -- I mean, there's two ways you handle
10 it: You either sit there and use mutual aid -- but
11 I'm going to be clear on this, mutual aid is
12 intended the word -- the keyword is mutual. It's
13 intended that occasionally I get busy and you help me
14 and I help you, and it's kind of an equal back and
15 forth.

16 He would have to use a resource from
17 another, you know, adjoining jurisdiction, which
18 would arguably be more remote and further away; or
19 the agency subsequently -- and this is the second
20 piece of the concurrency piece. The agency at some
21 point is going to have to reinvest in additional
22 resources, and because of the project, they would
23 have to do that sooner rather than later.

24 Q. When you say reinvest, that would be

1 either add resources, being another ambulance, more
2 people, or changing response models? There's --

3 A. Something --

4 Q. It would have an impact?

5 A. Yeah, there are options, but it's going
6 to have an impact, and they're going to have to make
7 that adjustment.

8 Q. And when you talked about the word -- the
9 keyword is mutual, in your experience, if you take
10 advantage of the mutual aspect, are there potential
11 repercussions?

12 A. Oh, well, that -- I mean, I haven't had
13 to deal with it personally. The -- the agencies that
14 I work with, colleagues of mine across the country,
15 when one participant in a mutual aid agreement starts
16 using too many resources, the other ones will begin
17 generally to have a polite discussion, and then
18 they'll eventually just cut them off.

19 Generally, it's the elected body,
20 the legislative body, is not going to -- it is not
21 reasonable to have one community fund a resource that
22 is disproportionately providing service in an
23 adjoining municipality or community. It just -- it's
24 not good public policy.

1 Q. Now, I'm going to switch gears here for
2 you just a second from going from EMS. I want to
3 talk to you briefly about police.

4 A. Yeah, okay.

5 Q. You did a brief little section in your
6 report about the police?

7 A. Yes.

8 Q. And can you tell the Commission kind of
9 your takeaway from looking at the CAD data and the
10 impact, at least from your perspective as it relates
11 to EMS, it will have on the police?

12 A. Yeah. So Haymarket Chicago had --
13 actually, they, you know, had calls that went to
14 Haymarket Chicago, as well, Chicago police did, but
15 they didn't respond to every medical call. That's
16 not in -- I'm just aware of this because I'm aware of
17 Chicago since I went through their academy a long
18 time ago. They don't respond to all medical calls.
19 So they do go to calls.

20 In the case of Itasca, Itasca police
21 respond to all calls of the fire department. So the
22 assumption was that they assumed that the police
23 would only have 70 -- what was it, the Polaris
24 demand -- that police calls would only be 73 calls

1 would be generated. Again, this is the assumption
2 you wouldn't go on BLS calls. I rejected that
3 assumption. So 120 calls. Then if I -- if I used
4 their methodology, it'd would be 120.

5 But, again, the Itasca Police
6 Department today, their protocol is they respond to
7 all calls for the fire department. So minimally
8 they're going to go on all 379 calls the fire
9 department goes on.

10 They could change that policy, but
11 that's not the impact based on what's known today.

12 Q. So it's the 379 calls, plus if there's
13 other calls made for police services, that would be
14 added on top?

15 A. Yeah, so you have other calls for police
16 services.

17 You'll also -- what you would do a
18 little bit here is you'll also distract them from
19 what we would call, you know, a preventative control,
20 right? So officers, when they're not on an active
21 call, are actually out in the community, you know,
22 patrolling, looking for issues and stuff. So it
23 would distract them from that, as well, from the
24 proactive policing.

1 MR. DI NOLFO: Mo, can you go forward a page
2 or two for me, please, to page -- it's going to be
3 page 11 of his report. One more after that would be
4 great. Thank you, sir. Right there would be great.

5 BY MR. DI NOLFO:

6 Q. Now, Bruce, I want to jump to page 11 of
7 your report and just kind of finish this up by going
8 over some of your conclusions and opinions.

9 In your opinion does the Polaris
10 report accurately portray the impact the proposed
11 facility will have on police and EMS?

12 A. No, the Polaris report significantly
13 underestimates the impact the proposed project would
14 have on public safety.

15 Q. And in your opinion was the use and
16 reliance by you of the CAD data from Chicago as it
17 pertains to the Haymarket Chicago the best data to
18 use when analyzing and determining the potential call
19 volume for the proposed facility?

20 A. That is my opinion, yes.

21 Q. And is reliance on a private ambulance
22 service appropriate when you're trying to determine
23 impact?

24 A. Under the terms that it's been

1 articulated as I understood from the Polaris report,
2 no. There is no commitment. It's not a dedicated
3 unit. There's no performance requirements. No, it's
4 not appropriate.

5 Q. And from your years of experience and in
6 preparing your report in this case, are you aware of
7 any authority possessed by the Itasca Fire Protection
8 District to mandate a medical facility to contract
9 with a private ambulance service?

10 A. No, I'm not aware of any.

11 Q. Are you aware of any authority possessed
12 by the Itasca Fire Protection District to mandate a
13 medical facility keep a contracted private ambulance
14 service?

15 A. No, I am not aware of any.

16 Q. And this is going to sound like a strange
17 question to you, but are you aware of any authority
18 possessed by the Itasca Fire Protection District that
19 would allow it to say I'm not going to respond to 911
20 calls when they're given to me?

21 A. I'm not aware of any of that. I'm not
22 aware of any such authority.

23 Q. If they get a call, they got to go?

24 A. If they get a call they're going to go,

1 or they're going to have to find somebody else to do
2 it for them.

3 Q. All right. And now we talked briefly
4 about the impact, and I think in your report on
5 page 11 you have a little conversation about
6 capacity.

7 A. Yes.

8 Q. It's your belief that capacity exists,
9 but does the mere fact that capacity exists end the
10 analysis of the impact of the proposed Haymarket
11 DuPage facility?

12 A. Well, no, public policy is a little more
13 complicated than that.

14 So based on the 2019 data -- and,
15 again, we did not do full what we call unit hour
16 utilization rates for this -- but based on the volume
17 that the department currently responds to and the
18 volume of the project, they likely, my estimate is,
19 likely have the capacity based on those numbers.

20 But that ignores two concurrent --
21 two related issues: The first is, from a policy
22 perspective, it's going to increase the risk of what
23 we call concurrent calls. They're at Haymarket
24 DuPage, and another call comes in within the

1 community. So this is really largely a risk
2 mitigation process. There's always that likelihood.
3 There's always that possibility. But this project,
4 23 percent increase is -- is fairly significant, and
5 so, you know, they're going to have that concurrent.

6 The second component of that is what
7 I talked about before, is the department -- well, the
8 agency will have to reinvest. They'll have to deal
9 with resources sooner rather than later. So whatever
10 the path was with increased call volume, five to
11 seven percent a year, with this project they're going
12 to have to make that reinvestment sooner than they
13 otherwise would.

14 It is a district, but the district
15 includes the Village. The Village is going to be
16 impacted by it. The residents of the Village will be
17 impacted by that.

18 Q. And when you talk about concurrent calls,
19 the obvious risk associated with that is that the
20 time it takes for a neighboring agency, assuming that
21 they're willing to provide the service, is going to
22 be longer than it would be for the Itasca Fire
23 District to respond?

24 A. Yeah, based on where their current

1 station is and the proposed project, yes, it would,
2 in almost all cases, be elongated, yeah.

3 Q. And in EMS time is not your ally, time is
4 of the essence; is that fair?

5 A. Particularly for the ALS calls. I mean,
6 there's a percentage. Some medical calls aren't, but
7 there are medical calls where time is extremely
8 important.

9 It's the most considered, the most
10 evaluated metric, performance measure, that
11 communities look at on their fire and EMS's response
12 time. So, yeah, it's going to be impacted.

13 Q. And then when we -- when you talk about
14 it's going to speed up the need to reinvest, when we
15 start talking about reinvesting, that usually
16 involves money, in your experience; fair?

17 A. Yes, it does.

18 As a city manager I know it always
19 did. Somebody was always coming to me asking for
20 more money for the need.

21 Q. Exactly. And obviously if you don't have
22 the money to reinvest, that can create problems, as
23 well?

24 A. Oh, correct, yeah. No, if the

1 community's constrained -- again, the risk of what
2 happens is you end up absorbing more risk. The
3 community ends up having more risk.

4 As the agency gets busier and their
5 ability to meet everybody's needs immediately get
6 diminished, you either reinvest to maintain that
7 capacity, or you absorb more risk in the community.

8 Q. And not only does the fire district
9 absorb risk because they're not getting there as
10 quickly, the citizens that they're sworn to serve
11 absorb that risk as well?

12 A. Well, yeah, ultimately -- I mean, I'm
13 looking at it from the lens of the community, right,
14 so the citizens within that community.

15 Q. And then based on your review, in your
16 opinion would the addition of Haymarket DuPage's call
17 volume on Itasca Fire Protection District impact
18 services to the community currently provided by the
19 Itasca Fire Protection District?

20 A. It -- it will have an impact. It will
21 have an impact. And I'm not saying it's too much,
22 too little. That's a policy question. That's a
23 policy question the Village has to answer. But it
24 will have a measurable impact. I mean, we've

1 measured and projected what that impact will be.

2 MR. DI NOLFO: If I could have just one
3 minute, I think I'm just about done.

4 I am -- I am done, Mr. Chairman,
5 with my questioning of Bruce. And I don't know if
6 you want to take a break now. I'll defer to you.

7 CHAIRMAN DALY: All right. Thank you for the
8 testimony.

9 I would propose we do take a
10 10-minute break. So let's reconvene at 8:32. Thank
11 you.

12 (Recess taken.)

13 CHAIRMAN DALY: This is Commissioner Daly.
14 How about we restart.

15 At this point I would invite
16 Mr. Ellenbecker to begin your cross-examination of
17 the witness, please.

18 MR. ELLENBECKER: Thank you, Mr. Chairman.

19 CROSS-EXAMINATION

20 BY MR. ELLENBECKER:

21 Q. Mr. Moeller, can you hear me all right?

22 A. Yes, I can. Thank you.

23 Q. Okay. I'll be brief, but I've got to
24 jump around a little bit. So if at any time you

1 don't quite know where I went, let me know, and I'll
2 try to put up a street sign. Okay?

3 A. Okay. I will. Thank you.

4 Q. As I understand it or understood your
5 testimony earlier, CAD data such as that that's been
6 acquired and discussed about in relation to the
7 Chicago Fire Department reflects calls that actually
8 required a response from the responding agency; is
9 that right?

10 A. Well, not exactly. CAD data will
11 reflect -- it will include that, and that will be the
12 largest component of it.

13 It will also reflect, perhaps,
14 multiple calls on a single incident or a call that
15 was began in the system and then for some reason
16 abandoned.

17 Q. Right. When refined, CAD data can be
18 used to determine responses by responding agencies;
19 right?

20 A. Yes, both --

21 Q. Okay.

22 A. -- the number of incidents and the number
23 of unit responses.

24 Q. Right. And the same would be true for

1 the CAD data generated by and for the Chicago Fire
2 Department; is that right?

3 A. That's correct.

4 Q. Okay. And in your experience is CAD data
5 used daily for making determinations of EMS impact
6 analyses?

7 A. Can you rephrase that? I'm not sure I
8 understood.

9 Q. Yeah. With regard to this refined data,
10 you understand that here today with regard to Itasca
11 Haymarket -- Haymarket Itasca, we're trying to
12 determine what the potential impact on Itasca's
13 Fire/EMS would be; right?

14 A. Correct.

15 Q. And similar -- similar analyses, maybe
16 not for the same type of facility, but EMS impact
17 analyses are done at agencies and fire departments
18 across the United States; right?

19 A. Yes, that's correct.

20 Q. And is CAD data, refined as you and I
21 just discussed, is it used daily to make those
22 analyses?

23 A. I'm not sure if it's used data in one
24 form or the other. It's used frequently.

1 Q. Okay. Okay. Is it generally accepted
2 when determining EMS impact to use NFIRS data alone
3 to the exclusion of CAD data?

4 A. So it depends on the question you're
5 trying to answer.

6 If -- if you're trying to understand
7 what the demand will be from a new project, you would
8 need to look at the CAD data to understand what that
9 demand would be, because that is what's going to
10 drive how you respond.

11 Q. And so to ask it a little bit
12 differently, if we're trying to determine the demand
13 on Itasca EMS by the proposed Haymarket Itasca, would
14 you agree that using NFIRS data is not generally
15 acceptable?

16 A. Well, it -- it is not -- I'm not sure if
17 I'd say acceptable.

18 It's not what I would use. It's not
19 what is preferred.

20 Q. Okay. You were asked some questions
21 about Mr. Dominik's proportional analysis, and I
22 think in a vacuum you said proportional analyses are
23 done; right? They're used by people?

24 A. Oh, certainly, yeah, for -- for various

1 sort of analyses, yeah, the calculate as a proportion
2 of population, et cetera, crime statistics, hospital
3 utilization rates, et cetera.

4 Q. But when determining demand like we're
5 assessing here, like you've assessed here, is a
6 proportional analysis coupled with Mr. Dominik's use
7 of NFIRS data to the exclusion of CAD data and the
8 exclusion of Haymarket Center West Loop, which is the
9 most similar or comparable, would you agree that
10 that's flawed?

11 A. The methodology was flawed, in my
12 opinion.

13 Q. Okay. You indicated, I think, you
14 were -- I might get the terminology a little bit
15 mixed up, but you were talking about time on a call,
16 and you applied that, basically through
17 multiplication, to the number of projected calls
18 stemming from the proposed Haymarket facility in
19 Itasca; correct?

20 A. Correct.

21 Q. And I think you had said it would be 15
22 days worth of calls; is that right?

23 A. Yeah, approximately equivalent to 15 days
24 based on the department's reported time for an EMS

1 call with a transport of 56 minutes, yes.

2 Q. Right. And when you're talking about 15
3 days, you're talking about 24 hours of those 15 days;
4 right?

5 A. Well, yeah, so we're clear, so it's the
6 number of calls times that 56. It's -- I forget what
7 the hours was, 400-something. So the sum, the
8 cumulative effect, over one year would be
9 approximately that 15 days.

10 Q. Right. And that cumulative sum of 15
11 days, would that be akin to Itasca EMS basically
12 being unavailable or on vacation for the rest of
13 Itasca?

14 A. Yes, Yeah. That unit would be, yes, or
15 those units.

16 Q. And, lastly, I don't know that you
17 touched on this, but you talked about the data you
18 looked at, and you talked about trending and how the
19 trend of EMS impacts is going up; right?

20 A. Yes.

21 Q. Mr. Dominik -- my recollection of
22 Mr. Dominik is that he only looked at data for 2018.

23 Is that what you saw when you looked
24 at his materials?

1 A. Yeah. Yes, what they did is in their
2 request -- and apparently when they made their
3 request in 2020, so their -- if you look at their
4 original report, they made a request in 2020, and
5 they made a request for data that would -- for
6 concluding or ending December 31st, 2018, which
7 just --

8 (Simultaneous speaking.)

9 BY MR. ELLENBECKER:

10 Q. Was his reliance-- well, and I -- to that
11 point, was his reliance solely on 2018 data, did that
12 contribute to his flawed methodology?

13 A. Using one year's worth of data, the most
14 recent year that you have, is by itself not flawed.

15 What struck me is that in 2020
16 you're going back a year and a half and stopping the
17 data collection. That would be unusual. I don't
18 know why if you're making the request in 2020 you
19 just wouldn't ask for the 2019 data.

20 Similar, in the supplemental or the
21 addendum report, they used 2018 data, and I don't
22 know why they didn't use 2019 since they -- if they
23 were going to go through the effort to do that, but.

24 Q. Or 2020 if you're already in 2021; right?

1 A. Yeah, depending on when they actually did
2 it.

3 So I can't explain it, but it's not
4 what I would have done. I don't think that's the
5 prudent approach.

6 MR. ELLENBECKER: Okay. Thank you. That's
7 all I have.

8 THE WITNESS: Thank you.

9 CHAIRMAN DALY: Thank you, Mr. Ellenbecker.

10 At this time I'd invite Ms. Smith to
11 begin her cross-examination of the witness.

12 MS. SMITH: No questions. Thank you.

13 CHAIRMAN DALY: Thank you. At this time I'd
14 invite Ms. O'Keefe to begin your cross-examination of
15 the witness.

16 MS. O'KEEFE: Thank you, Mr. Chairman. I
17 appreciate it.

18 CROSS-EXAMINATION

19 BY MS. O'KEEFE:

20 Q. Hello, Mr. Moeller. It's nice to meet
21 you.

22 A. Nice to meet you as well.

23 Q. So I'm here on behalf of Haymarket, and
24 we have just a few questions to ask.

1 And it's really interesting to hear
2 your perspective. I have to say I've learned more
3 about EMS and fire over the past year. I'm nowhere
4 close to an expert, but -- so bear with me as I ask
5 my questions.

6 A. I will.

7 Q. So just -- in all agreement, did we -- we
8 swore you in tonight; right?

9 A. That's correct, you did.

10 Q. All right. So --

11 A. The court reporter did at the beginning.

12 Q. Okay. So being under oath, you
13 understand that you're sworn to tell the truth, and
14 that we -- we'll rely on the truth of your testimony?

15 A. That's correct.

16 Q. And other people who provided testimony
17 to date, they've been sworn in, and we can rely on
18 their testimony also; correct?

19 A. Yes.

20 Q. Okay. So who contacted you first about
21 the assignment that brought you here tonight?

22 A. Originally one of the partners in the
23 firm, Dr. Steven Knight, had a conversation with me,
24 and that's my recollection of the first time I heard

1 of this project, what ended up being a project.

2 Q. Do you know who reached out to
3 Dr. Knight?

4 A. I don't.

5 Q. Do you know if it was someone from the
6 Itasca Fire Protection District?

7 A. I don't know. Yeah, I'm not sure.

8 Q. You're not sure if it was Steve DiNolfo
9 or someone else?

10 A. Correct, I'm not -- yeah, I --

11 Q. Okay.

12 A. My first contact was with Dr. Knight.

13 Q. So the contract is with Fitch?

14 A. The contract is with Fitch & Associates,
15 correct. (Inaudible.)

16 Q. And did they subcontract -- did they
17 subcontract with you?

18 A. I'm an independent contractor. So I have
19 a formal relationship with Fitch & Associates. I'm
20 classified as a senior consultant, and the
21 engagements that I do, I do on behalf of Fitch as an
22 independent contractor to them.

23 Q. Okay. So who's your client?

24 A. So who is my client?

1 Q. Uh-huh. Who hired you?

2 A. I don't --

3 (Simultaneous speaking.)

4 BY MR. DI NOLFO:

5 Q. Or who hired Fitch? Who hired Fitch?

6 A. Again, I'm not necessarily sure whether
7 it was the Fire Protection District or Mr. DiNolfo on
8 their behalf. I -- I don't know.

9 Q. Okay. So you haven't seen the contract?

10 A. For Fitch's services, no.

11 Q. Yes.

12 A. Normally I don't. I mean, I do on some
13 project, but many of them I don't.

14 Q. So you don't know if it was approved by
15 the Fire Protection District Board of Commissioners
16 or anything like that? You would not know the
17 approval process it went through?

18 A. Correct, yeah, I wouldn't have any
19 knowledge of that.

20 Q. So did you see -- did they give you the
21 scope -- how did you find out what the scope of work
22 was that you were retained to do?

23 A. In the discussion with Dr. Knight and the
24 discussion with Mr. DiNolfo, and I've had

1 conversations with the Chief. And so we were
2 provided a copy of the Polaris report, some raw CAD
3 data from -- I think the exhibits Mr. DiNolfo make
4 reference to, and that's the scope that I did.

5 And as I explained, reviewed the
6 Polaris report, assess its methodology, its
7 conclusions, and then, you know, do our own analysis.

8 Q. Okay. So have you ever worked with
9 Mr. DiNolfo or Mr. Ellenbecker or Ms. Smith in the
10 past?

11 A. No. At least not that I'm aware of.

12 I mean, I left Illinois in 1990, so
13 if I did, it was a long time ago.

14 Q. I get that.

15 A. I have no recollection of it.

16 Q. Okay. So as part of this because of
17 COVID, you didn't get to go to Itasca and see -- and
18 see the site; correct?

19 A. No. So as part of this engagement, I did
20 not go to Itasca. I mean, I'm from the area, I'm
21 familiar with Itasca; but, no, not as part of this
22 engagement.

23 Q. So have you ever visited Haymarket
24 Chicago?

1 A. No, I've not physically been to Haymarket
2 Chicago.

3 Q. Okay. So you just mentioned this, but I
4 just want to confirm.

5 You were given the documentation
6 which was the Polaris report with -- the full Polaris
7 report and then the data from Carol Stream and
8 Hoffman Estates?

9 A. Yeah, there was a number of files,
10 Carol Stream, Hoffman Estates, a couple facilities,
11 their addresses, the full Polaris report, and the --
12 and the way just Chicago output it from Chicago Fire
13 the various raw data for the addresses associated
14 with Haymarket Chicago.

15 Q. Okay. So -- so you didn't -- so that was
16 the sole documentation upon which you based your
17 report?

18 A. Yeah, I believe so. Yeah, that's...

19 Q. Okay. Did you -- were you provided the
20 transcripts from the prior hearings?

21 A. No.

22 Q. Did you watch the prior hearings?

23 A. I watched probably one and a half, I'm
24 going to say one and a half, when Mr. Dominik

1 testified, I think. And my recollection is I watched
2 the first full time Mr. Dominik testified, and I
3 watched -- not the entire thing, but I think I
4 watched a substantive portion of another time. And
5 my recollection is they were, you know, close
6 together, so I don't know how many --

7 Q. So you know he testified over
8 three-and-a-half days. So you think you saw about
9 an hour and a half of -- or a day and a half of that?
10 Excuse me.

11 A. Yeah, day and a half. I know the first
12 night I think it was the full three hours that the
13 Commission and Mr. Dominik was testifying.

14 Q. Okay. As -- did you do -- so you didn't
15 do any other independent research other than the data
16 that you were provided and your experience that you
17 have over the years you've been in service?

18 A. I mean, there's some other sources that I
19 used. I made reference to an APCO document that
20 talks about how to handle duplicate calls. That's
21 something that I have -- I have a library of resource
22 materials that I've used for research in projects
23 over the years, the National Fire Protection
24 Association references, et cetera. So some of those

1 I also accessed. But those are documents that I have
2 in my library for all sorts of public safety-related
3 consultancies that I perform.

4 Q. But those weren't referenced in your
5 report or provided as part of this?

6 A. Um, yeah, not that I -- well, I don't
7 know what was formally submitted as exhibits for
8 this.

9 But, no, I don't think I
10 referenced -- I might have referenced -- I don't
11 recall exactly. I'd have to review my entire report.
12 I don't recall if I referenced the APCO standard --

13 Q. You did.

14 A. I did. Okay. So that --

15 Q. You did.

16 A. Oh, yeah, I didn't provide a copy with
17 it, but I think I -- I footnoted and made references
18 to some of those.

19 Q. That's what you did, so.

20 A. Okay.

21 Q. As part of your due diligence, did you
22 have any conversations with any fire chiefs or police
23 chiefs in Illinois at this point?

24 A. The only conversations I've had has been

1 occasionally with Chief Burke to clarify --

2 Q. Did you also talk with the chief of the
3 police department?

4 A. I did not.

5 Q. Okay. Was -- is there any research that
6 you wanted to conduct that the client felt wasn't
7 necessary or felt that it would be outside the scope
8 of what you were requested to do?

9 A. The scope was fairly well-defined,
10 focused, and did that. And so -- and I don't recall
11 at all and have no recollection now; I don't believe
12 I even recommended doing any additional work.

13 Q. Okay. Great. So during as you prepared
14 this report, did you have any communications with
15 Mr. Ellenbecker or Ms. Smith?

16 A. No.

17 Q. Okay. And you mentioned that you talked
18 with the fire chief, Chief Burke.

19 A. Yes.

20 Q. You didn't talk with the police chief.

21 Did you speak with anybody else at
22 the Village?

23 A. No.

24 Q. Okay. Great. Okay. So let's dig in.

1 A. Okay.

2 Q. Okay. So let's start out with your
3 report. Your focus, as you testified to tonight, was
4 the CAD data from Chicago. You said -- your report
5 states you did a quick review of the CAD data.

6 So can you describe to me what that
7 entailed?

8 A. Sure. Let me just go to that section, if
9 you don't mind.

10 Q. Sure.

11 A. So that's the Polaris. Okay. Our
12 methodology.

13 So what you do when you normally get
14 CAD data -- in fact, I received some actually just
15 yesterday -- originally open the file that's
16 provided, look at the data, look at the specific data
17 elements, if it appears consistent.

18 You look for a temporal logic to it
19 so that, you know, calls, if it has unit information,
20 a call comes in first, then the unit gets dispatched,
21 then it goes en route, then it arrives, et cetera,
22 things of that nature.

23 Did it have -- what fields were
24 there? In this case it had the date and time that

1 the called occurred, it had the location of the
2 address associated with it, it had an incident type
3 associated with it, had a disposition code, units
4 responding. Those are the main ones that I recall.

5 And then what I look at is that
6 the incident numbers or event numbers, I think as I
7 referred to them as they were labeled, the column
8 heading, looked at that to see if there were
9 duplicates and identified the number of individual
10 records arose within the file that had duplicate
11 numbers. I know that they had the same address, the
12 same date and time, the same incident type, and so
13 that reflects to me that it was multiple lines
14 related to multiple units that were being assigned.

15 There is a simple technique that be
16 can be used to limit those. So you would take the
17 file, in this case the 1,098 records, and apply a
18 filter so that I'm only interested in a unique
19 incident number or a unique event number. That
20 reduced me down to the 636 records.

21 I continued evaluating the data,
22 noted that some of those records did not reflect a
23 unit actually being assigned to that call. So to be
24 conservative, I eliminated those, as well, and

1 limited the analysis to 2019 unique event numbers at
2 one of the addresses associated with Haymarket
3 Chicago where units were assigned.

4 Q. Okay. You did all this work yourself?
5 You didn't rely on anybody else?

6 A. Yeah, it depends on the complexity of the
7 project. So some of the advanced quantitative
8 modeling we have several Ph.D. statistical analysts
9 that all have doctorates, doctorate degrees.

10 I've obviously done a lot of this
11 myself historically. This analysis was not of such a
12 degree that I was not comfortable doing it. It's not
13 the kind of work I've done commonly both as a fire
14 chief and et cetera, so.

15 Q. Okay. So in your report you state that
16 the CAD records are most -- it's page 4 -- most often
17 used to design and assess fire and EMS systems?

18 A. Uh-huh.

19 Q. Is NFIRS also -- NFIRS, I'm not
20 pronouncing that right.

21 Is NFIRS also used to design and
22 assess fire and EMS systems?

23 A. It depends on the question that you're
24 asking. So, for example, to -- so let's get to

1 nomenclature.

2 If I want to understand the workload
3 that's going to be required by a fire or EMS agency,
4 I need to understand really what the calls are coming
5 into 911 and what they're being assigned to.

6 If the question is something
7 different, if the question is what is the historical
8 incidents of structure fires, at that point I would
9 rely more on NFIRS data.

10 Q. Right, because you mentioned it's a
11 backward look as compared to CAD, which is more in
12 the moment?

13 A. Right. So CAD -- well, CAD is what the
14 initial information is provided by the 911 caller.

15 If I wanted to know the actual
16 incidents looking back, so I may respond multiple
17 times to an activated fire alarm, multiple engines, a
18 ladder company, a battalion chief, an ambulance, but
19 there's no structure fire, there was no property
20 loss, there wasn't -- didn't have to squirt water or
21 anything, I'd use NFIRS if I want to look back and
22 see how many fires I actually had. And sometimes you
23 do that as part of the evaluation.

24 But for demand of a project, as I've

1 done for malls, arenas, corporate office parks, I've
2 always used CAD data.

3 Q. So a couple more questions about CAD
4 data, and then we're going to go back to that
5 approach you just discussed about when you would use
6 one versus the other.

7 A. Okay.

8 Q. So you identified, you went through the
9 data, you eliminated multiple events, you isolated
10 the numbers, right?

11 And you, in your report, you discuss
12 the fact that Chicago has special software that
13 eliminates -- should eliminate duplicates and should
14 simplify the data?

15 A. No. What I -- I think the reference
16 you're referring to -- you can correct me if I'm
17 misunderstanding your question -- there was a comment
18 I believe I made in the report Chicago does use call
19 prioritization software. So what that does is
20 minimize and blunt the impact. It provides a higher
21 reliability that if -- let's assume you had a caller
22 giving the exact same information. Every dispatcher,
23 if they use that system and use that software or use
24 that approach, will come to the same incident type,

1 what's happening. And so Chicago uses a system like
2 that. Many 911 centers do. So I'm --

3 Q. But even with -- even with that you had
4 to reduce the call volume by approximately 50 percent
5 to get to the unique events? So you had 1,058 calls,
6 and you ultimately reduced those by about 50 percent?

7 A. Ultimately --

8 Q. To 558?

9 A. Yeah, so a little over 50 percent.

10 And again -- for example, we were
11 talking about with Mr. DiNolfo, for example, the
12 Itasca Fire Department responds with an engine and
13 ambulance to all their calls. If I was to pull 500
14 incidents, events, I would see 1,000 lines under that
15 scenario, correct? There would always be an engine,
16 there would always be an ambulance going. That would
17 give me 1,000 lines.

18 If I'm looking at number of unit
19 responses, I would see two unit responding to every
20 unit. I could do assessment on that.

21 If I'm looking at events, what's the
22 demand a particular property generates, I would look
23 at the number of unique incidents, and I would be
24 left with the 500, so.

1 Q. So in this case you reduced them because
2 there were duplicates or you reduced them because the
3 unit wasn't dispatch.

4 Did you -- did you make any
5 reductions from the fact you testified that with a
6 CAD data you -- I think the language you used is
7 there was two incidences that it shows you, where and
8 when, or what was it? Where --

9 A. No, there -- so minimally what you need
10 to dispatch a resource is -- to respond to an
11 emergency is you need the 911 caller, in the case of
12 a call, to tell you where --

13 Q. Where.

14 A. -- the event is occurring, and what is
15 occurring. So those are the two --

16 Q. Okay.

17 A. -- the incident type and the location.

18 Q. So you haven't been to Haymarket in
19 Chicago, but it is right --

20 A. Not that I recall. I mean, I've been to
21 Chicago, but.

22 Q. So I don't know if you've been in Fulton
23 Market. It's changed a lot since the '90s. It's
24 really become kind of a hot neighborhood --

1 A. I know.

2 Q. -- and actually Haymarket has a city --
3 two city frontages; right? It's a very large
4 building. So it runs down -- all the way down
5 Washington and down Sangamon with multiple -- with
6 multiple addresses.

7 So if an event happens on the
8 street, if it happens anywhere on the street, it's
9 likely that it could be named to an address at 932
10 Washington or 120 Sangamon or 108 Sangamon; correct?

11 A. Yes, it could.

12 Q. Right?

13 A. If the caller identified that as the
14 location, yeah.

15 Q. Right. So the CAD data, so this 558
16 calls, there's not a way for you to say that all of
17 those resulted from Haymarket; correct?

18 A. From within the structure, no.

19 Q. Right.

20 A. Arguably you couldn't do that with NFIRS
21 data, either.

22 Q. Right.

23 A. NFIRS data will do the same thing, right?
24 It's going to give you an address. Whether it's on

1 the street, on the sidewalk, or in the structure,
2 arguably, or on the property somewhere else, you
3 wouldn't know either from NFIRS nor CAD data.

4 Q. Well, sometimes, like you said, you have
5 to find what you're looking for to find the right
6 approach, CAD or NFIRS?

7 A. Yeah.

8 Q. So, you now, in here, you know, there's a
9 lot going on in Fulton Market. There's hotels,
10 there's condos, there's schools all within next-door
11 to this use. There's a lot going on. So I think it
12 was important for us to understand, you know, how --
13 how you got to the 558.

14 Now, did you -- did you have a
15 document that you produced that showed you how you
16 got to unique calls? Was there an Excel sheet or
17 something that -- did you mark up the CAD data to
18 show the unique calls, to show where you got to
19 the 558?

20 A. No, I mean, I reported it -- what I do is
21 I -- in this particular case I used Excel, used some
22 of the advanced functionality, unique calls and pivot
23 tables, et cetera. And so I just used that. As each
24 interim step, I use a different worksheet, and then I

1 can go back and reconstruct, here's the original data
2 as I received it, here is the number of calls that
3 exist after I apply a filter for unique numbers,
4 here's the date range that I may be using, here is
5 the -- whatever the criteria is. Each one of those
6 is a separate worksheet within the Excel file. So I
7 can go back and reconstruct, as I did in this report,
8 starting out with 1,098, reducing it down, reducing
9 it down.

10 Q. So did you -- did you provide that Excel
11 sheet to the Fire Protection District?

12 A. No.

13 Q. Have you presented it for review as part
14 of your report as backup to your report?

15 A. No.

16 Q. Okay. So I want to just briefly talk
17 about CAD data with regards to ALS/BLS.

18 And if we could -- Mo, if we could
19 just pull up Fire Protection District Exhibit 28, and
20 this is just --

21 A. I may not have that.

22 Is that something I created?

23 Q. No, it's the CAD data. It's the CAD
24 data. And basically --

1 A. Oh.

2 Q. I mean, I can talk you through it. I
3 don't know that it's that important. It's page 1 of
4 the CAD data for 120 North Sangamon.

5 A. Okay.

6 Q. Which is one of the four addresses.

7 A. All right. Maybe if Mo can pull it up,
8 that would be helpful for me.

9 MR. KHAN: Ms. O'Keefe, you said Fire District
10 Exhibit 28?

11 MS. O'KEEFE: Yes, please.

12 THE WITNESS: Otherwise I'll be digging
13 through my files a little longer than probably Mo
14 can do.

15 MR. KHAN: Mr. DiNolfo, was that formally
16 submitted, Fire District Exhibit 28?

17 MR. DI NOLFO: Yeah, I turned it over to -- as
18 required to Mr. Hervas and his office and all
19 counsel. I don't know if it made it to you, sir, but
20 I turned it over.

21 MR. KHAN: All right. Thank you.

22 BY MS. O'KEEFE:

23 Q. You know, it's a pretty general question.

24 I --

1 A. Okay.

2 Q. We could try it --

3 A. Sure.

4 Q. -- and if you don't feel comfortable.

5 So basically what I'm looking at is
6 CAD data. It's just the first sheet of a response
7 for 120 North Sangamon, and it -- it's what you
8 looked at to come to your analysis.

9 A. Okay.

10 Q. And under the "Disposition," it will --
11 it will identify, you know, "ALS, BLS, ALS1, ALS2."

12 So when you came up with your
13 findings that on page 6 of your report you concluded
14 that for the EMS calls to Haymarket Chicago, they
15 reflected 39 percent as being ALS and 61 percent as
16 being BLS, was it just based on counting up the ALS
17 and BLS identifications that you found in the CAD
18 data?

19 A. Well, so the disposition codes, there
20 were some blanks in there and stuff, but there was
21 AL -- so, actually, there's some nomenclature within
22 the Centers For Medicare & Medicaid Services for
23 billing called ALS1 and ALS2, their levels. ALS2 are
24 much more acute calls, the most acute people. So I

1 combined ALS1 and ALS2 together for the ALS number
2 and then the BLS number is the --

3 Q. Okay. So on this page that I was talking
4 from --

5 A. Oh page, I'm sorry?

6 Q. It was the page exhibit -- it was
7 Exhibit -- the exhibit that I was referencing --

8 A. Oh, the original CAD records. Okay.

9 Q. Yeah.

10 A. I've got one here -- example here. I'll
11 try to see if I can get it to cooperate with me,
12 and -- maybe not.

13 Q. Okay. Well, I mean, the point was it
14 lists an event type. So, for example, on this first
15 page, there's five unique events that are identified
16 as "sick."

17 A. Okay.

18 Q. Okay?

19 A. Yeah, very common.

20 Q. And so of that -- it's a common thing.

21 So of those, three percent are BLS,
22 one is an ALS1 and one is an ALS2?

23 A. Okay.

24 Q. Okay. So they identify the event type

1 right when they take the call in?

2 A. Ah, there we go. There's something.

3 Is this the report you're talking
4 about, Ms. O'Keefe?

5 Q. What's the date?

6 MR. KHAN: Ms. O'Keefe, I believe we have --

7 MS. O'KEEFE: Yes, this is it, uh-huh.

8 BY MS. O'KEEFE:

9 Q. Okay. So as you can see, there's five
10 different references to "sick." As you said, it's
11 a common -- a common classification.

12 And so when a call comes in to OEMC,
13 they identify at that point ALS, BLS and then --

14 A. No, no, they don't.

15 Q. When do they identify ALS, BLS?

16 A. So if you notice the column heading, so
17 one, two, three, four -- so when you look at the line
18 data, right, so -- and you see a column listed as
19 "Disposition" --

20 Q. Uh-huh.

21 A. -- and then underneath ALS, BLS, some
22 other ones, the disposition code is typically when
23 the call is over, when the call is done, to close out
24 the event, you normally give it a disposition code.

1 Sometimes you ask the unit in the field, or if
2 there's a practice, the unit in the field will advise
3 you of the disposition code.

4 A simple one I used from my days
5 when I was there is unfounded, right? You get a call
6 of a vehicle accident, you show up, you don't see an
7 accident, there's nobody around, you say the call was
8 unfounded. That's the disposition code.

9 So that code is provided generally
10 by the field unit back to the radio operator to tell
11 them this incident is complete and this is my
12 disposition of that. So it's not an intake function
13 as much as it is how the call was processed and
14 disposed of, disposition code in the CAD.

15 Does that make sense the way I'm
16 explaining that?

17 Q. It does. It does.

18 There was prior testimony provided
19 that in Chicago, as compared to most other
20 jurisdictions -- in most other jurisdictions it's
21 exactly what you describe, after -- after the fact
22 they come back and they identify what the disposition
23 is with regards to ALS, BLS.

24 There was previous testimony

1 provided that in Chicago they -- their software that
2 they have doesn't do that so that the call is
3 identified when it's -- when it's sent out.

4 That's one of the reasons was cited
5 by Polaris as not relying on the CAD data, was
6 because it was missing that fact which was used -- as
7 you said, this is the way it's commonly done,
8 particularly in the suburbs of Chicago.

9 A. I'm not sure I'm following that. I'm
10 sorry.

11 So I think what Polaris said is
12 they made reference to the fact that the software
13 Chicago Fire uses for their medical calls, they use a
14 different what we call EPCR system, Electronic
15 Patient Care Record. And that record does not
16 interface with the NFIRS software that they use for
17 fire-related reports. Therefore, there's two
18 different databases.

19 Most of the municipal departments
20 use software, whether it's a single suite, single
21 manufacturer, that can sit there and take both the
22 NFIRS data and the patient, you know, EMS-related
23 data and kind of combine it together in the record
24 system.

1 So this is still different from
2 that. This is what's told to the dispatcher when
3 they close the record. The units would not have
4 access to that, typically.

5 But there is the patient care record
6 that's filled out afterwards, and also in that
7 report, in a patient care record, both in Chicago and
8 out in the suburbs, they would say what kind of
9 patient they had, whether it was an advanced life
10 support patient, not advanced life support.

11 ALS1, ALS2 specifically are related
12 to billing, right? So if you bill for services,
13 there's different levels that are authorized for that
14 under Medicare.

15 Q. Well, sometimes experts disagree. So
16 this might just be an example of it.

17 So why don't we move on. I want to
18 talk to you a little bit about Elite.

19 A. About?

20 Q. I'd like to talk to you about --

21 A. About whom?

22 Q. About Elite Ambulance.

23 A. Oh, Elite.

24 Q. Which is the secondary ambulance company

1 that Haymarket proposed to use to help mitigate any
2 impact they might have on Itasca.

3 So in your report, you did not
4 factor into any of your analysis any contribution in
5 terms of handling calls by Elite --

6 A. That is correct.

7 Q. -- correct?

8 A. That's correct.

9 Q. And why didn't you -- you raised a number
10 of concerns which -- which I'd like to go into a
11 little bit with you to better understand.

12 But why didn't your report, you
13 know, analyze, you know, if Elite could be used
14 successfully, this impact would be?

15 Or, you know, at least, given this
16 is such a fundamental part of how we're proposing to
17 handle the EMS call load, how was it something that
18 you felt you could just ignore?

19 A. Well, I didn't ignore it. What I did is
20 I reviewed the report prepared by Polaris which talks
21 about the use of a private ambulance and their
22 assumption that it would be used for the basic life
23 support, the lower priority calls.

24 There was no contract. There was no

1 performance measures. There was no discussion of
2 whether the unit would be dedicated or not. None of
3 those factors that I would expect to see in -- by
4 using a private ambulance company existed according
5 to the Polaris report.

6 So our engagement was to analyze the
7 Polaris report. They didn't address it.

8 I mean, it's a -- I would agree it's
9 a substantive issue; but, again, that was beyond the
10 scope of what we were asked to do.

11 Q. Okay.

12 A. I would assume that Polaris would have
13 addressed those issues sufficiently to do it. There
14 was no evidence of that.

15 I did ask a follow-up question. I
16 believe it was -- well, I don't recall. It was
17 probably Chief Burke, about have you seen a contract;
18 do we have anything I could look at; is there
19 something that was missing out of the Polaris report?

20 And I believe it was the chief, but
21 whoever it was said, no, we don't have anything. We
22 don't have -- we haven't been provided anything.

23 Q. Did you -- did you ask for it?

24 A. Well, yeah, no, I mean I had that

1 conversation --

2 (Simultaneous speaking.)

3 BY MS. O'KEEFE:

4 Q. No, but you asked -- you asked the Fire
5 Protection District, but did you ask them to forward
6 any questions you had about Elite to Haymarket? Did
7 you make any attempt to more fully analyze what was
8 proposed?

9 A. I did not follow up on that. I looked at
10 the information that Polaris provided in their report
11 and their assessment that they thought that was
12 adequate. I found that -- their assessment in their
13 report lacking.

14 I did ask one question if there was
15 additional information that the district may have
16 had -- I believe it was the district -- they didn't
17 have anything additional, and I left it there.

18 Q. Okay.

19 A. Again, if they were representing that's
20 how it was going to work, I was going to go on that.
21 I wasn't going to go pursue it on my own or try to
22 call Mr. Dominik, Chief Dominik, and tell him, hey,
23 you know, this is a gap; what are you doing?

24 That's beyond what I believe my

1 scope was. I don't believe that would be appropriate
2 under these circumstances where the applicant or the
3 Polaris report on behalf of the applicant makes that,
4 you know, assessment. I was assessing their report.

5 Q. So that was one of the points you made
6 that you felt the Village needed to consider, that
7 there was no detail on the operational/contractual
8 aspects.

9 A. Yes.

10 Q. So it's not uncommon for private
11 ambulances to be used around the country to help meet
12 EMS call loads; correct?

13 A. Well, we're going to have to narrow that
14 down a little bit.

15 Q. Too broad a question?

16 A. Yeah. So --

17 Q. So you worked -- well, you've worked in
18 jurisdiction likes Pinellas County. They use a
19 private ambulance; correct?

20 A. Oh, absolutely, yeah, we use a private
21 ambulance. They are actually -- it's a separate
22 authority that's created by the county. I was
23 actually over that. That was my responsibility.

24 There was a request for proposals;

1 there was an extensive selection process; there is an
2 elongated contract; there is an assignment of
3 financial responsibilities; of dispatch
4 responsibilities; there's strict performance
5 measures; and there are monthly meetings between
6 county staff, my staff, and the provider to evaluate
7 their performance, in addition to that, working with
8 the various fire departments.

9 It is a completely different animal,
10 completely different than what I understood was being
11 proposed for Haymarket DuPage.

12 Q. Okay. Well, you must have missed the
13 testimony that was provided on other nights, because
14 there was a lot of discussion of Elite and the level
15 of detail that was provided regarding what kind of
16 due diligence had been done with Elite.

17 I mean, Haymarket understands that
18 this relationship has to work and that it's really
19 important that Elite is effectively able to lessen
20 the load on -- on Itasca.

21 So -- and it's not because -- as
22 your capacity numbers point out, they have adequate
23 capacity, but they want to be a good neighbor, which
24 is why they voluntarily offered to enter into this

1 relationship.

2 So in prior testimony were you aware
3 that, you know, Haymarket has testified that there is
4 a signed contract with Elite? You're aware of that?

5 A. I wasn't, but --

6 Q. Oh, okay.

7 A. -- that would --

8 Q. Well, they did.

9 A. Yeah, I wasn't monitoring or haven't
10 reviewed any of those transcripts or (inaudible) --

11 Q. Okay. And then they've also committed,
12 if necessary, to always have a signed contract with a
13 secondary ambulance company.

14 MR. DI NOLFO: Well, I'm just going to object.
15 I think that mischaracterizes testimony, Mr. Hervas,
16 so --

17 MS. O'KEEFE: That was testimony that
18 Dr. Lustig provided on multiple occasions -- multiple
19 occasions that he committed unequivocally to have a
20 secondary ambulance company.

21 MR. DI NOLFO: In addition, Mr. Hervas, I
22 think that we're supposed to be in the
23 question-answer period, and we're getting to point
24 where I believe Ms. O'Keefe is testifying versus

1 asking questions. So I also would object to that.

2 So those are my two objections.

3 I'll stand by them. I'll stand by your ruling, of
4 course.

5 MS. O'KEEFE: You know --

6 MR. HERVAS: Go ahead --

7 MS. O'KEEFE: Mr. Hervas, can I respond for a
8 moment? What I'm --

9 MR. HERVAS: Yes.

10 MS. O'KEEFE: What I'm testing here is, you
11 know, one of the fundamental issues that we're
12 discussing here with regards to Haymarket's impact on
13 Itasca EMS services is can they mitigate any impact
14 with the use of Elite.

15 Now, Mr. Moeller did not -- did not
16 factor into his analysis at all what impact Elite
17 would have. So I'm testing his knowledge of what he
18 knows will be the relationship between Haymarket and
19 Elite and what services Elite can provide and the due
20 diligence that has been done to confirm that they can
21 provide effective EMS service.

22 MR. DI NOLFO: Mr. Hervas, there's been no
23 contract. There's no evidence of a contract.

24 There's no way to know what the matrixes are or the

1 measures are. So I think the question is
2 inappropriate. But I have made my objection. I'll
3 stand by it.

4 MS. O'KEEFE: Yeah, but, Mr. DiNolfo, are you
5 suggesting that Dr. Lustig, who testified under oath,
6 was not telling the truth when he said there was a
7 signed contract?

8 MR. DI NOLFO: No, what I'm telling you is, as
9 we've repeated many times, nobody's seen a signed
10 contract. So that was my point.

11 MS. O'KEEFE: But --

12 MR. HERVAS: The -- let's move on, because
13 we're just arguing here.

14 At this point the specific question
15 was a description by Ms. O'Keefe as to whether or not
16 Mr. Moeller was aware that a contract had existed.
17 That was what prompted the initial objection, from
18 the best of my recollection. And so the question was
19 premised on a lot of information.

20 So let's go back to the question,
21 Ms. O'Keefe. I'm going to overrule the objection,
22 but I'm going to ask you to reask the question so
23 that we can get back on track, please.

24

1 BY MS. O'KEEFE:

2 Q. Okay. So I think to be -- to be clear,
3 Mr. Moeller, I'd like to ask you several questions
4 regarding testimony that's already been introduced
5 into the record to see if you were aware of it, and
6 if you weren't, if it might have changed your opinion
7 on considering Elite as an effective provider of EMS
8 services.

9 So as I testified -- as I -- not
10 testified. That's what Mr. DiNolfo said I did.
11 Freudian slip, Mr. DiNolfo.

12 MR. DI NOLFO: Freudian slip, Freudian slip.

13 BY MS. O'KEEFE:

14 Q. So Dr. Lustig testified that there was a
15 signed contract with Elite. Dr. Lustig testified --
16 were you aware that he testified that they would
17 commit to always have a signed contract and that that
18 contract would have a 45-day out clause so that
19 neither party could cancel that contract without
20 notice to the Village? Were you aware of that,
21 Mr. Moeller?

22 A. I was not.

23 Q. Okay. Polaris testified extensively
24 about the due diligence they conducted with Elite to

1 make sure that they could provide effective services.
2 So Mr. Dominik spent quite a bit of time explaining
3 the independent analysis he studied of Elite and
4 their capabilities.

5 So are you aware that he looked at
6 their ALS/BLS capabilities?

7 A. No, I'm not aware of any testimony on
8 that subject.

9 Q. Are you aware of the number of ambulances
10 that Elite has?

11 A. No, not directly.

12 Q. Are you aware he conducted due diligence
13 on its dispatch system and its GIS/AVL systems? Are
14 you aware of that?

15 A. I am not.

16 Q. Are you aware that he looked at the
17 staging areas and where they would be staging so that
18 they could respond to any calls as quickly as
19 possible? Are you aware that he studied those?

20 A. I am not.

21 Q. Okay. Are you -- are you aware that
22 Elite informed us that they -- their ambulances are
23 located based on need and that they -- so that they
24 can have effective, quick service when called?

1 A. I'm not aware of any representations
2 Elite made, no.

3 Q. Are you aware of Elite's staffing and its
4 credentials, and it's the second largest ambulance
5 service in Illinois?

6 A. I am not directly aware.

7 I would assume that they had to be
8 licensed by the Illinois Department of Public Health,
9 but -- like every other provider. But any specifics,
10 no.

11 Q. Are you aware of the medical capabilities
12 of the Haymarket staff?

13 A. I am not.

14 Q. In the testimony that was provided?

15 A. No, I am not.

16 Q. And are you aware that Haymarket and
17 Elite have already begun to develop protocols for
18 identifying ALS/BLS incidents and putting together a
19 plan so that this relationship can be effective and a
20 way of making sure that timely service is provided as
21 needed for the BLS calls that are proposed to be
22 handled by Elite?

23 A. No, I am not.

24 Q. Okay. So none of this information was

1 provided to you?

2 A. That is correct.

3 Q. So you had some -- so let's go back to a
4 couple more basic questions about --

5 A. Just want to ask you --

6 Q. Yes.

7 A. Did you want to ask me if that was going
8 to -- I thought you said you were going to ask me if
9 that would change my opinion.

10 Q. I was going to talk to you a little bit
11 more about it.

12 A. Okay.

13 Q. But if -- you know, I think the point is
14 this: Is that it's not -- you said this is a unique
15 approach, but what they're doing is they are having
16 medical staff identify -- and you mentioned in your
17 testimony that what's important is that a medical
18 staff can make an assessment and can identify the
19 appropriate response. You testified to that earlier.

20 A. I don't believe that's how I phrased it.

21 I believe I stated in response to a
22 question from Mr. DiNolfo that medical staff would be
23 generally more -- or would be more accurate and would
24 be better to assess than the general public.

1 Q. Okay. Well --

2 A. I -- because I don't know the level of
3 training that the personnel, the medical staff, would
4 have, nor do I know any protocols that they would be
5 following.

6 Q. But you understand it's a licensed
7 substance use facility with trained staff there 24/7;
8 they have RNs, LPNs; they are under the direction of
9 a medical director? You understand it has a full
10 medical contingent as part of its licensing?

11 A. Yes. No -- no, I understand that --

12 Q. Oh, okay.

13 A. -- and, respectfully, there's a
14 difference between people providing services in that
15 kind of a setting and somebody trying to provide
16 prehospital care under emergent circumstances. They
17 may or may not be qualified. I couldn't speak to
18 that. But I'm just saying there's differences.
19 That's why we -- we want people to have
20 specializations and experience in certain areas,
21 so --

22 Q. So, you know, in this case, you know, RNs
23 will be making the decision. They'll be making the
24 assessment and identifying whether or not it's an ALS

1 or BLS call.

2 Were you aware of that? Because
3 they will be able to accurately assess how urgent it
4 is that they call 911 or if they can wait for Elite.

5 MR. DI NOLFO: Mr. Hervas, I'm just going to
6 object. I think that misstates the testimony, but --
7 and Ms. O'Keefe seems to be testifying again. But
8 that's my objection.

9 MS. O'KEEFE: Well, no, I'm just trying to
10 test his knowledge of what -- what he was informed
11 about. Because he felt that there were legitimate
12 policy concerns raised by Elite that led him not to
13 factor their participation in the call -- in the
14 consideration of the call volumes, and so I'm testing
15 that knowledge, because a lot of thought and effort
16 has gone into trying to make this a very solid
17 proposal to handle BLS services.

18 MR. DI NOLFO: I understand that that's what
19 you think he testified to. What he has testified to
20 is that the assumption that an ambulance -- private
21 ambulance service that's not dedicated to the
22 facility is appropriate to consider in the
23 methodology, he said it is not, and he stated his
24 reason why.

1 It has nothing to do with knowledge.
2 It has to do with the fact that the assumption,
3 regardless of who it is, is faulty. So that's why I
4 stated --

5 MS. O'KEEFE: So --

6 MR. DI NOLFO: -- it misstated his testimony.

7 MS. O'KEEFE: Well, but he --

8 MR. HERVAS: Let me jump in here, because I
9 can solve this quickly.

10 The objection really relates to the
11 form of the question. And in court we have strict
12 rules about forms of question, and we're not going to
13 have super strict rules here. But the point is, and
14 I will say this, Ms. O'Keefe, your predicate to your
15 questions involves a lot of explanation, and it
16 doesn't go directly to the question. So it does seem
17 like you're asserting facts as a way of explaining
18 things, which normally in a court proceeding would
19 not be allowed.

20 I'm going to give you a lot of
21 leeway here, but you should -- I'm going to ask that
22 you please get to your question specifically without
23 a lot of background or explanation because it?
24 Really isn't appropriate for a cross-examination

1 format.

2 But, like I said, I'm going to give
3 you a lot of latitude on this. So I'm going to
4 overrule the objection and ask that you move forward
5 with more precision in your questions, please.

6 MS. O'KEEFE: Okay. And I appreciate your
7 suggestion, and I'll attempt to do so.

8 I think the challenge I'm facing is
9 that I assumed that this basic information regarding
10 Elite had been provided. And so that was something
11 that I need to clarify.

12 BY MS. O'KEEFE:

13 Q. So, Mr. Moeller, do you understand that
14 Elite is suggesting -- or Haymarket is suggesting
15 that Elite handle BLS calls?

16 A. Yes, that's what was represented in the
17 Polaris report, yes.

18 Q. Okay. And do you understand that when
19 Polaris did their assessment of the comparable sites
20 in the suburbs, they specifically called out a
21 request for ALS/BLS calls?

22 A. Um --

23 Q. And how many -- so they asked -- let me
24 clarify that. I'm so sorry. Because it's in the

1 report. It's in the Polaris report.

2 Do you understand that they
3 identified 11 comparable sites in the suburbs that
4 provide substance abuse services?

5 A. I'm aware, yeah, they -- they had 11
6 sites they used as comparables.

7 I don't recall exactly the format
8 or the -- how the data was reported from them, but I
9 know they did use 11 sites and solicit some
10 indication of calls to those facilities.

11 MS. O'KEEFE: Mo, would you mind pulling down
12 the report so I can see Mr. Moeller?

13 BY MS. O'KEEFE:

14 Q. Okay. Thank you, sir. I couldn't see
15 you. It's hard to talk to somebody when you can't
16 see them.

17 So these 11 sites, they went in and
18 he asked -- they were either -- four of them were
19 residential treatment sites, and seven of them were
20 recovery home sites; correct?

21 A. I -- those numbers sound approximately
22 correct. I'd have to go back and look at his report
23 to refresh my memory on that, but --

24 Q. Okay. And --

1 A. -- yeah, I know they were delineated as
2 one or the other.

3 Q. And in the Polaris report, the report
4 itself identified the name of the entity, their
5 address, the years of operation, and whether or not
6 they had recovery homes or treatment beds, and then
7 the total beds?

8 A. Yes, I believe --

9 Q. Correct?

10 A. I believe that's correct, yes.

11 Q. Okay. So as you can see -- I don't know,
12 but in the chart they had the years of operation?

13 A. Uh-huh.

14 Q. So it showed -- and those were the years
15 studied. So in one case they studied one year of
16 data, and then they studied up to five years of data
17 for each site; correct?

18 A. That sounds correct. Again, I'd have to
19 go back and look at the report to be clear; but, yes,
20 it sounds correct.

21 Q. And they collected their data through
22 either one of two sources, NFIRS or through CAD
23 requests to the municipality; correct?

24 A. Yeah, they either got the data from the

1 International, you know, Public Safety Data
2 Institute, which is using NFIRS data --

3 Q. I keep pronouncing it wrong. I'm sorry.

4 A. That's all right. No, it's NFIRS,
5 NFIRS --

6 Q. This is where I'm showing my lack of
7 expertise, right?

8 A. We're going to get you there. We'll get
9 you --

10 Q. Oh, keep trying, keep trying.

11 A. Yeah, so they did that, and they had
12 recovery beds and treatment beds.

13 I don't remember a distinction
14 between ALS and BLS, though? In the data they
15 reported out on those, but I --

16 Q. So attached to the report was the raw
17 data that he relied upon, and in those exhibits for
18 each site, it did break down, you know ALS/BLS.

19 A. Okay.

20 Q. And so the reason this was important to
21 Polaris -- I want to make sure you understand why he
22 approached this way.

23 Just like you said, you were
24 looking --

1 MR. DI NOLFO: Mr. Hervas, we're going down
2 the road again where she's testify. If she has a
3 question about the report, she should the question.
4 So I object to form.

5 MS. O'KEEFE: Okay. I will -- thank you,
6 Mr. DiNolfo.

7 BY MS. O'KEEFE:

8 Q. Are you -- are you aware why Mr. Polaris
9 selected NFIRS as a data source for his analysis?

10 A. Only -- only as he reported it in his
11 report.

12 Q. And that was?

13 A. And that was that was the data that was
14 available to him. He --

15 Q. But it wasn't -- was he trying -- was his
16 point of using NFIRS that looking-back approach of
17 being able to go back and look and see what the
18 ALS/BLS breakdown was when it was reconciled in the
19 records management systems?

20 A. Ms. O'Keefe, honestly I -- I am unclear
21 on his approach to the ALS/BLS.

22 He cited data from New York, a
23 report out of the -- you know, a trade publication
24 called JEMS. He reported something else in

1 something -- he eventually, I believe, on one of the
2 pages said he was using the 60/40 split, which I
3 don't have a problem with the 60/40 splint. It
4 aligns with what we saw in the Chicago data. It
5 aligns with my experience elsewhere.

6 But, honestly, there was CAD data,
7 there was NFIRS data, there was handwritten responses
8 to FOIAs --

9 Q. Well, let's --

10 A. I -- I'm not having a clear
11 understanding --

12 Q. Okay.

13 A. -- of his approach, to be blunt.

14 Q. Okay. Well, then let's -- maybe we
15 should talk about that, because I think it's really
16 important we understand that.

17 So he looked at 11 sites?

18 A. Yes.

19 Q. And he used a combination of NFIRS and
20 CAD data, and it broke down the information by number
21 of calls and ALS/BLS. Is that your understanding?

22 A. Yes, for some of the sites, yes.

23 Q. And with -- for all of the 11 sites he
24 did that?

1 A. Okay.

2 Q. Okay. Is that your understanding?

3 Because the data is attached to the report.

4 A. I'd have to go back and look at it. I'm
5 not -- I don't have a clear recollection, but I
6 have -- I'm looking at the report now, and I have
7 seen some of the ALS and BLS, so.

8 Q. So he wanted to go back and understand --
9 you understood the 11 sites were chosen because they
10 offer the same level of service, the same services
11 that Haymarket DuPage will provide; correct?

12 A. Yes, yes.

13 Q. And you understand that that was based on
14 the ASAM levels?

15 A. Right.

16 Q. Are you knowledgeable about the ASAM
17 process?

18 A. No, I'm not knowledgeable except for what
19 I read in the Polaris report.

20 I understand the methodology. I
21 recognize that there are licensures and types of
22 services being provided, and he attempted to match
23 that.

24 Q. And did you understand, also, he tried to

1 address the type of population being served so that
2 he was trying to deal with adults versus services
3 that were provided to children --

4 A. I don't recall --

5 Q. -- or to teens?

6 A. I don't recall that specifically, but.

7 Q. So did Mr. -- did Mr. Dominik testify
8 that his whole goal was an apples-to-apples approach
9 where he was trying to look at comps that came --
10 that had the uses that were the same as proposed as
11 Haymarket DuPage?

12 A. I believe that was his intent. I don't
13 recall any specific testimony, but from reading his
14 report and of the testimony I did see, I believe that
15 was what he was attempting to achieve, yes.

16 Q. And he was trying to identify the call
17 loads of the comps so that he could ascertain what
18 would be the call loads at Haymarket DuPage?

19 Wasn't that the purpose of him doing
20 this comparable review?

21 A. Of the four items he identified for the
22 scope of his work, yes, that was -- it was to look at
23 the number of calls that would be anticipated at
24 Haymarket DuPage.

1 Q. And so with regards to the ALS/BLS
2 question, it was important in this case because
3 Haymarket was proposing to utilize BLS services
4 with -- through Elite?

5 A. Understood.

6 Q. So he was trying to identify what the
7 ALS/BLS call volume was at these 11 comparable sites.
8 That was his analysis. Is that your understanding?

9 A. That's what his report represents, yes.

10 Q. Okay. Did you look at any of the 11
11 comps?

12 A. I mean, I looked at just the data that
13 was provided in his report. I just reviewed his
14 report.

15 Q. Did you -- did you factor in -- as you
16 made your analysis based on the CAD data in Chicago,
17 did you factor in the 11 sites which were -- offer
18 the same services to the same population?

19 A. No. My assessment was, Ms. O'Keefe,
20 that -- that Haymarket Chicago run by the same
21 provider opening a second facility providing the same
22 type of services at a different location, new
23 location, was the best comparable.

24 And for the ALS/BLS distribution, I

1 used the CAD data that was provided and was available
2 to me, arguably also -- I mean, I know it was
3 available to Mr. Dominik or Polaris. So that's the
4 data I used.

5 Q. Are you aware that in Haymarket Chicago
6 testimony was provide that in excess of 70 percent of
7 the patients are -- are homeless or have been
8 homeless?

9 A. No.

10 Q. Are you aware that extensive testimony
11 has been provided that the population in Chicago
12 suffers from preexisting comorbidities which make
13 them, you know, have significant health issues?

14 A. No, no (inaudible) --

15 Q. Are you aware that there's programs
16 offered in Haymarket Chicago dealing with people
17 suffering from severe mental illness, in addition to
18 substance abuse disorder, that are not going to be
19 offered in Haymarket DuPage?

20 A. No.

21 Q. Do you understand that the population at
22 Haymarket DuPage is estimated to not be -- not -- not
23 suffer from homelessness to the extent, to overall be
24 healthier, and they are not going to offer -- let me

1 break that down.

2 Do you understand that there won't
3 be as high a percentage of homeless at Haymarket
4 DuPage?

5 A. No, I am not aware of any testimony or
6 that assessment or that, you know, analysis.

7 Q. Are you aware that the testimony was
8 provided that it's anticipated the population at
9 Haymarket DuPage will be less sick?

10 A. No, I don't know of that testimony.

11 Q. Are you aware of testimony that's been
12 provided that there are programs for the severely
13 mentally -- severe mental ill -- for people who
14 suffer from severe mental illness that are offered in
15 Chicago that will not be offered at Haymarket DuPage?

16 A. No, I'm not aware of that testimony.

17 Q. So are you aware that one of the reasons
18 Haymarket Chicago has to be -- the effectiveness of
19 being it a comp has to be questioned is because of
20 the different population type and programs that are
21 going to be offered?

22 A. I did not see that framework of analysis
23 articulated in the Polaris report.

24 Q. But it was articulated in the testimony

1 provided.

2 Would that change your opinion about
3 whether or not you should have considered the 11
4 comps which were based on more similar services and
5 population type?

6 A. Generally, my answer would be no. I
7 don't think -- there's not enough information to
8 reflect that.

9 When I look at applying the
10 methodology that Polaris did based on the 11 comps to
11 Haymarket Chicago, dramatic difference,
12 one-twentieth, five percent of what we estimated.

13 When I look at other facilities out
14 in the suburbs and compare that as kind of a gut
15 check on our analysis, also reflected significant
16 difference.

17 Q. Okay.

18 A. The addendum to the report where it was
19 reported there were 303 calls -- and I'm not sure the
20 reason for that addendum, but it reflected 303 -- I
21 believe more closely aligns with our analysis than
22 the original analysis done by Polaris. So --

23 Q. Let's talk about the other comps, because
24 we do have some other comps that you relied on.

1 So you testified -- have you -- have
2 you worked on projects involving substance use
3 disorders facilities in the past?

4 A. Not specifically for -- for -- with
5 Fitch, no.

6 Q. Okay. Or have you worked with anybody on
7 that kind of topic?

8 A. In -- in my role either as a fire chief
9 and city manager, just projects coming into
10 communities and stuff, but not the specifics of the
11 treatment programs. But having those facilities in
12 our community, yes.

13 Q. So you're not -- you're not an expert in
14 substance use disorder?

15 A. No, I have -- No, I'm not.

16 Q. So when you were talking earlier -- and I
17 want to make sure I understood your testimony
18 correctly.

19 You talked about when you assess
20 comps, you try to find similar uses; correct? You
21 said you -- so that you can deal with the size issue,
22 you deal with -- did I understand that correctly, per
23 bed, the proportionality test?

24 A. Yeah, the proportionality. So you would

1 use a proportional analysis based on a comparable
2 facility.

3 Q. Okay. So you used three comps. You
4 didn't look at the 11 substance abuse facilities.

5 You looked at AMITA Health, which is
6 in Hoffman Estates, Belmont Village, and
7 Windsor Park; correct?

8 A. That's correct, yes.

9 Q. And those are in Carol Stream?

10 A. The last two are, yes.

11 Q. All right. And none of those are
12 facilities dedicated solely to substance abuse
13 treatment; correct?

14 A. That's correct, to my understanding, yes.

15 Q. Who provided you with these comps?

16 A. The data was provided to me. I don't
17 recall exactly whether the chief provided that to me.
18 I don't recall exactly who did or whether Mr. DiNolfo
19 provided that as something he got from the chief or
20 the Fire Protection District --

21 Q. It wasn't -- you didn't identify these
22 comps yourself independently?

23 A. I did not go out and specifically look
24 for additional comps.

1 Q. Okay.

2 A. Other than Haymarket Chicago.

3 Q. Do you know of any ASAM -- so if they
4 don't -- if they're not solely substance abuse
5 facilities, do you know if there's any ASAM level of
6 residential treatment provided at any of the three
7 comps?

8 A. I am not aware.

9 Q. And are you aware that the 11 comps
10 studied by Mr. Dominik all contained -- provided
11 services that had the same ASAM level of treatment
12 for the residential treatment beds?

13 A. I am aware that's the methodology he
14 explained for selecting those.

15 Q. Do any of the three comps have any
16 recovery home beds?

17 A. I don't recall.

18 Q. So let's talk about AMITA. This is a
19 behavioral health hospital --

20 A. Uh-huh.

21 Q. -- in Hoffman Estates. It's 1650
22 Moonlight Boulevard?

23 A. That sounds correct.

24 Q. Did you -- did you look at the website as

1 part of your due diligence on the use?

2 A. I reviewed the website, yes.

3 Q. So what is it your understanding of what
4 they do?

5 A. Provide mental health, addiction, and
6 behavioral disorder services.

7 Q. Do you need a diagnosis of substance --
8 substance use disorder to be admitted?

9 A. Oh, I would not be qualified to answer
10 that question. I don't know what the criteria is for
11 admission to that facility.

12 Q. Their -- the website listed various
13 services it provides. I don't know if you looked at
14 it, but did you see that it serves OCD and anxiety
15 and postpartum and bipolar and schizophrenia and
16 numerous other mental illnesses that people
17 experience?

18 A. I don't recall specifically. I did
19 review their website, but I don't recall the specific
20 services.

21 Q. Okay. So the primary services provided
22 are not substance abuse. It's a behavioral health
23 hospital; correct?

24 A. I -- I'm not qualified to answer that.

1 I'm not that intimately familiar with their licensure
2 and the exact services they provide, so.

3 Q. Do you -- do you know that they don't
4 provide -- their website states they don't provide
5 residential treatment?

6 A. I don't recall that.

7 Q. Do you -- do you know that they don't
8 offer recovery homes?

9 A. I don't recall seeing that on their
10 website, so.

11 Q. Do you know that they provide services to
12 youth?

13 A. I'm sorry. To?

14 Q. Do you know that they provide services to
15 youth?

16 A. No, I don't know that.

17 Q. Okay. So there was one of Mr. Dominik's
18 comps that's located at 1776 Moonlight Boulevard
19 right next-door.

20 A. Okay.

21 Q. Do you know -- were you informed that
22 this is a substance use disorder facility?

23 A. I am not.

24 Q. Are you aware it provides the same level

1 of service -- ASAM level of service as proposed at
2 Haymarket DuPage?

3 A. I am not.

4 Q. That it serves an adult population?

5 A. No.

6 Q. Are you aware of that?

7 A. No.

8 Q. So wouldn't have this been a good
9 comparable site to review since it's right next-door
10 and it's dedicated solely to the treatment of
11 substance use disorder?

12 Is there a reason that you wouldn't
13 have studied this one?

14 A. I wasn't asked to independently study
15 various sites and draw conclusions on the demand that
16 those sites reflect.

17 I was asked to look at the Polaris
18 report to assess its methodology. So that was the
19 focus of our analysis.

20 Q. So, you know, when you look at AMITA,
21 they have -- how many beds does AMITA have?

22 A. I thought it was -- it's in my report,
23 but I thought it was 140.

24 Q. And they had about 300 calls. So that

1 works out to about 2.2 calls per bed?

2 A. Sounds approximately correct, yes.

3 Q. Assuming my calculator worked.

4 And then with Leyden Family
5 Services, which is right next-door, they have 40
6 beds, and they had 35 calls. So maybe you'll trust
7 me on the math, that's .88 calls per bed.

8 A. Okay. I'm sorry. Was I -- were you
9 asking me a question there? I apologize.

10 Q. Yes. Am I correct in my assessment that
11 if you have 40 calls -- 40 beds and 35 calls, it
12 works out to .88 calls per bed?

13 A. That sounds approximately correct. I
14 haven't calculated it, but sounds close.

15 Q. So then the two other comps that were
16 provided to you are Windsor Park and Belmont Village?

17 A. I'm sorry?

18 Q. Windsor Park and Belmont --

19 A. In Carol Stream, yes.

20 Q. Belmont Village. I think they're both in
21 Carol Springs.

22 And do you know what -- what
23 services they provide?

24 A. I do -- they're -- No, I don't know

1 directly exactly all the services they provide.

2 Q. Are they a senior facility?

3 A. They're -- they're skilled care, so I
4 assume a significant percentage of their population
5 is senior; but I don't know the population makeup of
6 those facilities.

7 Q. So are you asking the Plan Commission to
8 consider a comp for a senior facility when you're not
9 willing to consider comps for the same services that
10 are provided at Haymarket DuPage, which are substance
11 use treatment?

12 A. No, I'm not asking the Planning
13 Commission to make any -- to make that assessment.

14 What I did in the report was look at
15 what Polaris reported. Polaris did not reject -- my
16 reading of their report did not reject Haymarket
17 Chicago because it was somehow substantively
18 different than what was proposed elsewhere.

19 Mr. Dominik --

20 Q. But you're asking --

21 MR. DI NOLFO: Let him be allowed to answer.

22 MS. O'KEEFE: I'm sorry. I apologize for
23 that.

24

1 BY THE WITNESS:

2 A. Yeah, I'm -- what I'm saying is what was
3 stated by Polaris was that they didn't use the CAD
4 data. They didn't do it for Chicago. They didn't do
5 it for any other sites in Chicago because they found
6 that the data that was there, that the data they were
7 provided from the City of Chicago for Haymarket
8 Chicago -- I'm assuming they elected not to look at
9 other comparable sites because they believed the data
10 was confusing, inaccurate, and lacked consistency.
11 That -- that was an underlying assumption of --
12 that's what they wrote in their report.

13 I don't accept that assessment. I
14 believe the data can be used. The data does show --
15 the CAD data does show ALS/BLS distributions,
16 and because they didn't only ignore Haymarket
17 Chicago, they ignored all facilities in the City of
18 Chicago because of what they perceived as a problem
19 with the CAD data.

20 BY MS. O'KEEFE:

21 Q. Well, first of all, you understand, don't
22 you, that they studied a number of facilities in
23 Chicago. So it wasn't that they ignored it. They
24 conducted due diligence on both suburban data and

1 city data. You --

2 A. Okay.

3 Q. Testimony was provided on that.

4 It just that they decided and they
5 felt for their opinion that the suburban data was
6 more appropriate to consider in this case. You
7 understand that; correct?

8 A. That isn't how I read the report.

9 Q. Oh.

10 A. The report says the data were confusing,
11 inaccurate, lacked consistency, not only for
12 Haymarket Chicago, but also for other comparable
13 sites. As a result, Polaris determined that
14 Haymarket Center Chicago and comparable Chicago
15 treatment and recovery home sites could not be used
16 in the analysis. So --

17 Q. Well, let's go back and --

18 A. -- my reading was not that it had to do
19 with services provided or anything else. It had to
20 do with the available data. And, at least my reading
21 of that statement, which is on -- it's the footer on
22 this page 6 of the Polaris report, that's why they
23 didn't use it.

24 Q. But also was the testimony provided that

1 it was also the difference in programming and
2 difference in population at Haymarket Chicago that
3 also was a criterion.

4 A. Yeah, but --

5 Q. So that just --

6 MR. DI NOLFO: (Indiscernible.)

7 BY THE WITNESS:

8 A. -- that was the question. I mean, I just
9 didn't have that available --

10 THE REPORTER: I'm sorry. Hang on.

11 MR. DI NOLFO: Mr. Hervas, I know we're
12 getting late in the evening, and I appreciate
13 cross-examination as much as anyone, but
14 Ms. O'Keefe -- it wasn't even a question. She
15 testified.

16 Again, I would just ask that we
17 stick to questions and answers, and we'll be good to
18 go.

19 MS. O'KEEFE: Okay. Let's do -- it is getting
20 late, Mr. DiNolfo. I only have a few more questions,
21 and then maybe we can break for tonight if you don't
22 mind, because I don't think I'm going to finish
23 tonight. But I think maybe we just finish this line
24 of questioning.

1 MR. DI NOLFO: Sure.

2 BY MS. O'KEEFE:

3 Q. So at Windsor and at Belmont Village,
4 these are senior -- senior facilities; correct?

5 A. That's my understanding, yes.

6 Q. And at Windsor they have 80 beds, and
7 they had 269 calls. So that worked out to about 3.36
8 calls per bed?

9 A. Sounds approximately correct.

10 Q. Okay. And at Belmont Village they had
11 158 beds. So they had about 428 calls. It worked
12 out to 2.7 calls per bed, if you trust my math?

13 A. I'm not going to confirm or refute your
14 math.

15 Q. Okay.

16 A. Your math is your math.

17 It sounds about right.

18 Q. Okay. So are you familiar with a
19 facility that's located in Itasca that's called
20 Forest View Rehabilitation and Nursing Center?

21 A. I am not.

22 Q. Okay. It's 144-bed nursing home. So
23 it's larger than Windsor, and it's smaller than --
24 just a little bit smaller, comparable to

1 Belmont Village.

2 Are you -- so then if you're not
3 aware of them, you're not aware they have a contract
4 with Elite?

5 A. That's correct, yeah, I'm not aware of
6 them nor any contracts they may have in place.

7 Q. So in the Polaris report they pointed out
8 that Forest View, which is in Itasca, had -- the data
9 showed it had 145 calls which were 110 that were
10 handled by Elite and 35 calls that went to the IFPD.
11 It's a similar relationship as proposed here. So
12 that's more like a factor of a one-per-one call.

13 So you were not made aware of that
14 facility, which is an Itasca facility?

15 A. Yes, I'm unclear between --

16 MR. DI NOLFO: I'm just going to object --
17 really quick, Bruce. I'm sorry.

18 I'm just going to object to that
19 question. I don't believe that accurately reflects
20 the testimony. But that was my objection.

21 MS. O'KEEFE: Well, it's -- should we just
22 pull up --

23 MR. DI NOLFO: I'm just stating it for the
24 record, Bridget. That's fine.

1 MS. O'KEEFE: Well, for the record, I'd like
2 to point out that the actual facts are contained in
3 the Polaris report, and I can actually point out the
4 page to you just to make sure we have the record
5 clear, Mr. DiNolfo.

6 MR. DI NOLFO: Sure.

7 MS. O'KEEFE: They discuss -- page 32 of the
8 Polaris report, they discuss that.

9 MR. DI NOLFO: I'm (inaudible.)

10 MS. O'KEEFE: And then Mr. Dominik testified
11 to the total number of calls.

12 BY MS. O'KEEFE:

13 Q. So I think the last point is, would you
14 find it interesting, Mr. Moeller, that AMITA has 2.2
15 calls per bed, Windsor has 3.6 calls per bed, and
16 Belmont has 2.7 calls per bed -- and each of those
17 comps was provided to you by the Fire Protection
18 District; correct?

19 A. The comps were provided?

20 Q. Yes.

21 A. No, those were provided in the Polaris
22 report.

23 Q. No, AMITA, Windsor, and Belmont were
24 not --

1 A. Oh, those. Yes, I'm sorry. I --

2 Q. Those were not.

3 A. -- misunderstood your question. Yes.

4 Q. And that Forest View has a one call per
5 bed, which lowers to a .25 call if you factor in the
6 EMS demand, and then the Leyden Family services has
7 a .88 calls per bed.

8 Don't you think it would have been
9 appropriate for you to study those sites also and
10 factor that into your opinion?

11 A. Into my opinion? To which opinion?

12 Q. Don't you think it would have been
13 appropriate to study the 11 comps that contain --
14 that provide the same level of service to the same
15 population or the other -- the nursing home located
16 in Itasca, to study those comps instead of the three
17 comps that were provided by the Fire Protection
18 District for unrelated services?

19 A. So specifically to the question on
20 Forest View, the facility there -- and I just looked
21 at it because you cited it -- where Elite was
22 consulting and confirmed it was able to provide both
23 ALS and BLS and had already provided 110 times to
24 Forest View Rehab, what's not clear to that to me is

1 whether those are all 911 calls, if Forest View is
2 calling them for 911, or if those are inter-facility
3 calls to that location. And that would make a
4 significant difference.

5 Were these nursing home to hospital,
6 rehab facility to hospital, dialysis? I just don't
7 know what that 110 represents.

8 Q. I think the Polaris report states -- or
9 the testimony provide was that the 110 calls were
10 handled by Elite.

11 A. Yes, handled by Elite, but as I'm saying,
12 were they -- I don't know whether they were 911 calls
13 or non -- what we call nonemergency calls --

14 Q. But --

15 A. -- and they were inter-facility
16 transfers. I don't know that. I'm not familiar with
17 the testimony. I'm only familiar with what I saw in
18 the report.

19 Q. You can agree that it gives you an
20 indication of the load that went to the Fire
21 Protection District, which was 35 calls which were
22 911 calls?

23 A. I'm assuming, yeah, those were 911 calls.
24 What is unclear to me is -- all I'm saying is I don't

1 know what the 110 calls represents.

2 Elite does -- a lot of their work,
3 the majority of their work, is inter-facility
4 nonemergency room. So I don't know if that's what
5 the 110 represents either in full part, majority, or
6 substantive part. I just -- I don't know.

7 I do know it is in the report, in
8 the Polaris report. I'm not familiar with the
9 testimony.

10 Q. With AMITA and Windsor and Belmont, they
11 have -- I think you testified they have contracts
12 with Elite?

13 A. That's my understanding, yes.

14 Q. Have you seen those contracts?

15 A. No, ma'am.

16 Q. Do you know what the services -- the
17 scope of services that Elite is contracted to
18 provide?

19 A. I do not.

20 Q. Do you know if they're contracted to
21 provide ALS, BLS, or just inter -- inter transports?
22 I think that's the term you used.

23 A. Yeah, inter-facility or nonemergency
24 work. Same thing, yeah.

1 So at a minimum I know they're ALS
2 or BLS because that's what an ambulance is. I don't
3 know whether they're doing any 911 work or whether
4 that's all inter-facility work.

5 MS. O'KEEFE: I have no further questions
6 tonight. I think this might be a good place to wrap
7 up, Mr. Daly, if -- if it would work out.

8 CHAIRMAN DALY: At this time I'd ask for a
9 motion to continue this meeting until March 31st, at
10 which time we would resume.

11 COMMISSIONER CARELLO: So moved, Chairman.

12 MS. O'KEEFE: Well, you'll bring Mr. Moeller
13 back, right, on the 31st, just to clarify?

14 MR. DI NOLFO: I will not, because I'm not
15 available on the 31st as I let everything know this
16 afternoon.

17 MS. O'KEEFE: Okay. So -- but Mr. Moeller
18 will be back -- brought back at a later date to
19 complete his testimony?

20 MR. DI NOLFO: Absolutely, yes. Absolutely.

21 MS. O'KEEFE: Okay. Thank you.

22 CHAIRMAN DALY: Okay. Then just to be clear,
23 when we resume on the 31st of March, who will be
24 either testifying or what is the plan, Mr. DiNolfo,

1 or Mr. Ellenbecker, or Ms. Smith?

2 MR. DI NOLFO: Well, Steve DiNolfo here.

3 We were informed today that the 24th
4 was canceled, which was a date that Mr. Moeller and
5 the chief were available. I'm not available the
6 following week.

7 I need to check with Mr. Moeller for
8 his availability in April, and I did not have a
9 chance to do that before we started tonight.

10 So I don't know what the plan is
11 going to be for the 31st, but it wouldn't be any
12 testimony from the Fire District based on
13 availability.

14 CHAIRMAN DALY: Okay. I'd ask Mr. Hervas,
15 then, at this -- or, Mr. Ellenbecker, do you have
16 anything to offer?

17 MR. ELLENBECKER: Yeah, the only thing I would
18 add, Mr. Chairman, is that I was in deposition all
19 day so I just learned of the scheduling issues this
20 evening, and I wouldn't be -- I haven't been able to
21 check my schedule or my potential witnesses'
22 schedule. So I can't commit to being able to put
23 anybody on on the 31st at this point.

24 CHAIRMAN DALY: Ms. Smith, do you have anyone

1 to offer on the 31st for testimony?

2 MS. SMITH: I'm still working -- so that is
3 Itasca School District's spring break. Obviously
4 vacations are being canceled, so I'm trying to figure
5 out whether or not we'll be available or not. But
6 there were vacations planned for that week.

7 I had a vacation planned for that
8 week, let me put it that way. I will no longer be
9 going to Disney World; however, I'm hoping for an
10 alternative, and I'm trying to decide whether to
11 completely forgo my spring break and make myself
12 available. But I had a vacation planned that week,
13 and so I may not be available.

14 CHAIRMAN DALY: Mr. Hervas, at this time,
15 then, would it be prudent to continue to the 31st,
16 and if no witnesses can be tendered at that time,
17 that we just delay that hearing until the following
18 week?

19 MR. HERVAS: I'm going to suggest the
20 following: Since the Plan Commission meets for its
21 regular business on the 17th, let's continue this as
22 a placeholder date for the 17th, and we'll have a
23 week to work this out. And then at the 17th, you can
24 then continue it to the next available date.

1 CHAIRMAN DALY: Okay. Thank you very much.

2 So at this time, I would like to
3 request a motion to continue this case for next
4 Wednesday, March 17th.

5 Can I please get a motion?

6 COMMISSIONER HOLMES: So moved. Commissioner
7 Holmes.

8 COMMISSIONER RAY: Second. Ray.

9 CHAIRMAN DALY: Mo, be would you please call
10 the vote.

11 MR. KHAN: Commissioner Carello.

12 COMMISSIONER CARELLO: For.

13 MR. KHAN: Commissioner Drummond.

14 COMMISSIONER DRUMMOND: For.

15 MR. KHAN: Commissioner Holmes.

16 COMMISSIONER HOLMES: For.

17 MR. KHAN: Commissioner Ray.

18 COMMISSIONER RAY: For.

19 MR. KHAN: Commissioner Russo.

20 COMMISSIONER RUSSO: For.

21 MR. KHAN: Chairman Daly.

22 CHAIRMAN DALY: For.

23 Okay. Motion passes. This hearing
24 will be continued to next Wednesday.

1 STATE OF ILLINOIS)
) SS.
2 COUNTY OF DU PAGE)

3 I, Kathleen M. Grove, CSR. No. 84-002197, RPR,
4 do hereby certify that I reported in shorthand the
5 proceedings had at the hearing of the above-entitled
6 cause and that the foregoing Report of Proceedings,
7 Pages 1 through 164, inclusive, is a true, correct,
8 and complete transcript of my shorthand notes taken
9 at the time and place aforesaid.

10 I further certify that I am not counsel for
11 nor in any way related to any of the parties to this
12 suit, nor am I in any way, directly or indirectly
13 interested in the outcome thereof.

14 This certification applies only to those
15 transcripts, original and copies, produced under my
16 direction and control; and I assume no responsibility
17 for the accuracy of any copies which are not so
18 produced.

19 IN WITNESS WHEREOF I have hereunto set my hand
20 this 25th day of March, 2021.

21 

22
23 Certified Shorthand Reporter
24

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