

**In the Matter Of:**  
**IN RE: THE MATTER OF HAYMARKET**

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**REPORT OF PROCEEDINGS**

*December 09, 2020*

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1 PRESENT VIA VIDEO CONFERENCE:

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 ALSO PRESENT VIA VIDEO CONFERENCE:

9 MR. MO KHAN, Village Planner;

10 MS. SHANNON MALIK JARMUSZ, Director of  
Community Development;

11 MS. AMANDA MELONE, Recording Secretary;

12 MS. YORDANA WYSOCKI, Village Attorney;

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23

24

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Appeared via video conference on behalf of  
Itasca Fire Protection District.

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I N D E X

WITNESS	Page	Line
JAMES DOMINIK:		
Continued Cross-Examination		
By Mr. DiNolfo	11	17
Cross-Examination		
By Mr. Ellenbecker	83	16
EXHIBITS:	IDENTIFIED	
Haymarket		
Exhibit No. 48	64	
Fire District		
Exhibit No. 16	21	
Fire District		
Exhibit No. 15	46	
Fire District		
Exhibit No. 17	60	
Fire District		
Exhibit No. 18	62	
Fire District		
Exhibit No. 19	66	
Objector's		
Exhibit No. 2	133	

1 CHAIRMAN DALY: Today is Wednesday,  
2 December 9th, 2020. The case before the Plan  
3 Commission is PC 19-014 continued from last week,  
4 December 2nd. The petitioner and owner is Haymarket  
5 DuPage, LLC.

07:01

6 MR. HERVAS: Chairman Daly, Bridget dropped  
7 out again. I don't know if you want to wait for them  
8 to come back in.

9 CHAIRMAN DALY: The petitioner has dropped off  
10 the call, so we're going to give it a minute.

07:01

11 (Recess taken.)

12 MR. HERVAS: All right. I think we've got  
13 everybody on the line now, so I'm going to start.  
14 Welcome to this meeting of the December 9th, 2020,  
15 Itasca Plan Commission. I call this meeting to  
16 order. Will the secretary please call the roll.

07:05

17 RECORDING SECRETARY MELONE: Chairman Daly.

18 CHAIRMAN DALY: Here.

19 RECORDING SECRETARY MELONE: Commissioner  
20 Carello.

07:05

21 COMMISSIONER CARELLO: Here.

22 RECORDING SECRETARY MELONE: Commissioner  
23 Drummond.

24 COMMISSIONER DRUMMOND: Here.

1           RECORDING SECRETARY MELONE: Commissioner  
2 Holmes.

3           COMMISSIONER HOLMES: Here.

4           RECORDING SECRETARY MELONE: Commissioner Ray.

5           COMMISSIONER RAY: Here. 07:05

6           RECORDING SECRETARY MELONE: Commissioner  
7 Russo.

8           COMMISSIONER RUSSO: Here.

9           CHAIRMAN DALY: I declare a quorum present.

10                   The case before the Plan Commission 07:05  
11 is PC 19-014 continued from last week, December 2nd.  
12 The petitioner and owner is Haymarket DuPage, LLC.  
13 The location is 860 West Irving Park Road.

14                   The procedures for tonight and  
15 meetings moving forward are as follows: We will 07:05  
16 begin with the petitioner's testimony and the  
17 petitioner calling forward the witness, Mr. James  
18 Dominik. Number two, the Plan Commission adopted new  
19 rules of procedure for large meetings last Wednesday,  
20 which are now in effect. 07:06

21                   We are proceeding remotely due to  
22 COVID-19 and the public may watch the proceedings  
23 through the Village's YouTube channel. Anyone  
24 wishing to make public comment will be able to do so

1 after the presentation of cases. They need to sign  
2 up on the Village's website. Anyone wishing to ask  
3 questions of the petitioner, village staff, or other  
4 parties will be able to do so after presentation of  
5 the cases. The signup form is on the Village's  
6 website.

07:06

07:06

07:07

07:07

7 Remote village staff is monitoring  
8 the video streaming. If the video streaming does not  
9 work during the proceedings, we will stop and wait  
10 until the video streaming is fixed or reschedule for  
11 another day. I'd now would like to invite Mr. Chuck  
12 Hervas, our legal counsel, for his opening remarks.

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

14 Again, my name is Chuck Hervas. I'm  
15 the attorney advising the Plan Commission in this  
16 matter. I read these same opening statements or  
17 remarks each time, and so bear with me, because there  
18 are some that may not have seen the proceedings  
19 previously.

20 This is a legal proceeding with  
21 legal significance. A court reporter is swearing in  
22 witnesses and is transcribing the testimony. This is  
23 not a trial, but we are developing a record of  
24 proceedings before the Plan Commission. This is a

1 legal public hearing on a zoning petition. My job is  
2 to protect the rights of the petitioner, any  
3 objectors, and the public.

4 The Plan Commission will make  
5 findings and a recommendation to the Village Board. 07:07  
6 Please understand that the Plan Commission is a  
7 recommending body. The Village Board will make the  
8 final decision on the Haymarket zoning petition.

9 Due to the pandemic and the  
10 Governor's emergency orders, we are unable to meet in 07:07  
11 person. Please understand that a virtual hearing is  
12 not the preferred method for hearing this zoning  
13 petition. However, the business of government must  
14 move forward, and the virtual hearing process has  
15 been approved by state statute and is being used by 07:08  
16 local governments across the state. Everyone is  
17 doing the best they can under the circumstances.

18 The procedures used by the Plan  
19 Commission for large hearings during the pandemic are  
20 available on the Village's website. The website has 07:08  
21 a lot of information, including a comprehensive  
22 step-by-step guide about the hearing. The public  
23 will have an opportunity to ask questions and provide  
24 public comment at the appropriate time.

1                   Witnesses will be presented by the  
2 petitioner and possibly by other interested parties.  
3 Cross-examination will be allowed only by the  
4 attorneys or anyone that has been legally recognized  
5 as an interested party.

07:09:

6                   Finally, this is a slow and  
7 deliberate process that creates a record appropriate  
8 for a Plan Commission hearing. I ask that you please  
9 respect the legal process even if you do not agree  
10 with it.

07:09:

11                   Ready to proceed, Mr. Chairman.

12                   CHAIRMAN DALY: Thank you, Mr. Hervas. The  
13 order of business before the Commission this evening  
14 is public hearing on Case No. PC 19-014. The request  
15 is for a petition for a planned development by  
16 special use with exceptions and Class 1 site plan  
17 approval all in order to permit a mixed-use  
18 residential and healthcare facility and other  
19 accessory uses in the B-2 community business district  
20 at 860 West Irving Park Road.

07:09:

07:09:

21                   I will now entertain a motion to  
22 open this continued public hearing.

23                   COMMISSIONER HOLMES: So moved. This is  
24 Commissioner Holmes.

1 COMMISSIONER RAY: Commissioner Ray, second.

2 CHAIRMAN DALY: There being a motion and a  
3 second, will the secretary please call the vote.

4 RECORDING SECRETARY MELONE: Commissioner  
5 Carello. 07:10

6 COMMISSIONER CARELLO: Agree.

7 RECORDING SECRETARY MELONE: Commissioner  
8 Drummond.

9 COMMISSIONER DRUMMOND: For.

10 RECORDING SECRETARY MELONE: Commissioner  
11 Holmes. 07:10

12 COMMISSIONER HOLMES: For.

13 RECORDING SECRETARY MELONE: Commissioner Ray.

14 COMMISSIONER RAY: For.

15 RECORDING SECRETARY MELONE: Commissioner  
16 Russo. 07:10

17 COMMISSIONER RUSSO: For.

18 CHAIRMAN DALY: The motion carries. The  
19 public hearing is now open.

20 And before the introduction of the  
21 witnesses, I would ask does Ms. O'Keefe have any  
22 opening remarks before I introduce Mr. Dominik? 07:10

23 MS. O'KEEFE: No, we have no opening remarks,  
24 Mr. Chairman.

1 CHAIRMAN DALY: Thank you. Is Mr. Dominik  
2 your only witness this evening?

3 MS. O'KEEFE: Yes, he is.

4 CHAIRMAN DALY: Okay. Would the court  
5 reporter please swear in Mr. Dominik for his  
6 testimony.

7 (Witness sworn.)

8 CHAIRMAN DALY: Thank you. Where we last left  
9 off, I believe it was Mr. DiNolfo was cross-examining  
10 Mr. Dominik. Mr. DiNolfo, would you like to resume 07:11  
11 that cross-examination?

12 MR. DI NOLFO: Yes, I would. Thank you,  
13 Mr. Chairman.

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

17 CONTINUED CROSS-EXAMINATION

18 BY MR. DI NOLFO:

19 Q. Good evening, Mr. Dominik.

20 A. Good evening Mr. DiNolfo. 07:11

21 Q. As I recall, last week you were still  
22 kind of recovering from a illness, and if you have  
23 any lingering effects today, let us know if you need  
24 to take a break. I'm sure the chairman would be

1 happy to give you a break. Okay?

2 A. Thank you very much, sir.

3 Q. I think last week we spent some time  
4 talking about some of the CAD issues and NFIRS event  
5 coding issues. Do you recall that conversation last  
6 week?

07:11

7 A. Yes, I do, sir.

8 Q. And I guess I just wanted to clarify one  
9 quick point here hopefully. You would agree, putting  
10 aside the issues of CAD and/or NFIRS coding, that if  
11 someone calls 911, generally speaking, either fire,  
12 police, or both are going to have to respond to that  
13 call?

07:11

14 A. Correct. If someone dials 911, it would  
15 be reflected somewhere.

07:12

16 Q. Okay. And somebody would have to  
17 respond?

18 A. Yes, and the data would -- no, that's not  
19 correct. Obviously there's a lot of times someone  
20 dials 911 in error, fire alarms, things of that  
21 nature where there is no response. So the record  
22 management system or through the CAD would then  
23 reflect that there was no response or it was called  
24 in error.

07:12

1 Q. Okay. Let me ask it a little different  
2 way. In a situation where someone calls 911 and  
3 through the interaction between the tele-communicator  
4 and the person on the other line it's deemed that  
5 there is something going on, you would agree that 07:12  
6 either police, fire, or both have to respond?

7 A. That would be dependent upon the  
8 tele-communicator's opinion on the needs of the  
9 caller, and I hope you would be able to identify that  
10 in the record; that, indeed, someone did respond to 07:13  
11 that address at that time.

12 Q. All right. And one other point of  
13 clarification I needed. The NFIRS data that you  
14 talked to us about, that was given to you by the  
15 IPSDI; is that correct? 07:13

16 A. The International Public Safety Data  
17 Institute.

18 Q. So that's correct?

19 A. Yes.

20 Q. All right. So -- and you did no actual 07:13  
21 calculations on the calls to facilities? Rather you  
22 relied on the NFIRS data?

23 A. For the sites that we indicated in my  
24 report that we used NFIRS data, we asked IPSDI for

1 summary data for those sites. We asked them for, you  
2 know, fire EMS calls and if there as an ALS or BLS  
3 nature to the call. That was a summary data in which  
4 we were seeking from the International Public Safety  
5 Data Institute.

07:13

6 Q. And you relied on their analysis and  
7 calculations for purposes of your use?

8 A. Yes.

9 Q. All right. And one more point of  
10 clarification before we get on to some new topics.

07:14

11 When we were talking about the  
12 comparable facilities, you indicated that your goal  
13 was to find similar facilities that offer similar  
14 services to the proposed facility in Itasca; correct?

15 A. Correct. When I was looking for the  
16 sites, we started out with over 30 sites,  
17 Mr. DiNolfo, and we found obviously -- or I found it  
18 was challenging to find sites that offered the same  
19 level of services as recovery homes or treatment  
20 facilities that we could utilize that were the same  
21 levels through the, you know, SUPR Directory for the  
22 state of Illinois.

07:14

07:14

23 To identify that, I felt it was  
24 absolutely critical that the sites that I compared

1 were equal and provided the same service levels that  
2 Haymarket DuPage would provide. I found other sites  
3 that had other services, obviously, through my  
4 research.

5 Q. And you testified that you excluded 07:15  
6 facilities that served adolescents because  
7 adolescents generate more calls. Did I hear you  
8 accurately last week?

9 A. No -- yes. The question that I believe  
10 you're asking is did I look at sites that served 07:15  
11 adolescents. Is that the question?

12 Q. Well, my question was you excluded  
13 facilities that served --

14 A. Yes.

15 Q. -- adolescents because you believed that 07:15  
16 adolescents generate more EMS calls?

17 A. It's a different service, and through  
18 that research, I did notice sites that served  
19 adolescents. It was a different population and there  
20 was more calls due to the adolescent nature. 07:15

21 Q. And that would be facilities that serve  
22 adolescents as well as adults?

23 A. Yes, the site that I'm thinking of is --  
24 Gateway Lake Villa is the most one that I spent the

1 most time looking at.

2 Q. So -- and, I guess, what study other than  
3 this Gateway Villa -- Lake Villa I should say, what  
4 study, treatise, or data can you point me to to  
5 support your position that adolescents who are in  
6 drug rehabilitation facilities generate more calls  
7 than adults?

07:16

07:16

07:16

07:16

8 A. No, it -- I don't want to be misleading.  
9 Those sites provided other services that would be  
10 different than Haymarket DuPage, so they were not  
11 utilized because it was a different service level  
12 than what Haymarket DuPage will provide.

13 Q. And I thought that we talked about the  
14 facility in Woodridge, and you said that you excluded  
15 it for two reasons; one, because it served both  
16 adults and adolescents, and you couldn't confirm the  
17 number of beds; is that right?

18 A. Yes. I'm sorry, I think it's a little  
19 confusing. Because through the research, we also  
20 identified different service levels that we provided.  
21 It just happened to be adolescents.

22 Q. All right. So I guess just so I'm clear,  
23 there's no data or treatise or study that you can  
24 point me to that says adolescents in a rehab facility

1 generate more calls than adults?

2 A. No. It was purely my opinion based on  
3 the research and the data I saw on those sites.

4 Q. And the data you shared with me was that  
5 one facility in Lake Villa? 07:17:30

6 A. Lake Villa, that's actually how we  
7 discovered that the sites did not provide the same  
8 level of service as Haymarket DuPage, because --

9 Q. What was it -- sorry.

10 A. They provided raw CAD data, so we saw  
11 descriptions of the calls. 07:17:30

12 Q. Did that one facility in Lake Villa lead  
13 you to the conclusion that adolescents generate more  
14 calls than adults?

15 A. Not necessarily. It's just that in that  
16 particular case, the other service levels they  
17 provided seemed to generate more calls than the  
18 comparables so I don't think it's fair to say that.  
19 It was just an observation I made when we were  
20 analyzing the data for the site. 07:17:30

21 Q. Okay. So moving forward now. I want to  
22 change topics a little bit. I want to talk about  
23 your calculation methods; okay?

24 A. Okay.

1 Q. It's my understanding from looking at  
2 your report -- and I think you touched on this in  
3 your testimony -- that you did two types of  
4 calculations to reach your opinion on the number of  
5 police and fire, slash, EMS calls. The first was a 07:18  
6 ratio of calls per bed; correct?

7 A. Correct.

8 Q. And your second was average calls of each  
9 facility regardless of the number of beds?

10 A. Correct. 07:18

11 Q. All right. And from those calculations,  
12 you were able to reach your conclusion on what the  
13 call volume would be for purposes of my clients to  
14 the Itasca Fire Protection District?

15 A. Yes. We used those calculations on a 07:18  
16 per-bed basis for the Haymarket DuPage site for their  
17 bed count for both recovery and treatment beds. We  
18 generated the call data based on that for projections  
19 used in my research.

20 Q. And while you shared with us your reason 07:19  
21 why, you would agree with me that logic in your  
22 decision to exclude Haymarket Chicago from your  
23 calculation drives down your number of calls?

24 A. I'm not quite sure I understand your

1 question, Mr. DiNolfo.

2 Q. Sure. So would you agree with me, either  
3 from your knowledge of the fire service, the data you  
4 looked at, that Haymarket Chicago generates more EMS  
5 calls than any of the other comparable facilities  
6 that you looked at? 07:19:

7 A. Really, I think we would have to look at  
8 the data. There's so many discrepancies in the data  
9 for Haymarket Chicago that I'm not exactly sure you  
10 can draft an opinion on that. 07:19:

11 The data that I did have that I  
12 could trust that was reliable was the NFIRS data for  
13 fire calls, not EMS calls, not police calls, for  
14 Haymarket Chicago, and that averaged about 12 calls  
15 per year over the five-year period. 07:19:

16 Q. So if I understand you correctly, sitting  
17 here today you can't tell me one way or another if  
18 this facility in downtown Chicago run by the same  
19 people that are looking to run the facility in  
20 Itasca, which is larger than the one proposed in  
21 Itasca, generates more calls than your 11 comparables  
22 that you site in your report? You can't tell me  
23 that? 07:20:

24 A. I cannot give you a reliable, accurate

1 answer on that due to the data source provided by  
2 Chicago.

3 Q. Okay. All right. So from your analysis,  
4 putting aside Elite Ambulance, what is the number of  
5 BLS and ALS calls you believe the proposed facility  
6 in Itasca will generate for the Itasca Fire  
7 Protection District?

8 You know what, I asked a bad  
9 question. Let me rephrase that question.

10 From your analysis, putting aside  
11 any calls handled by Elite Ambulance, what is the  
12 number of ALS and BLS calls you believe the proposed  
13 facility would generate annually?

14 A. On my chart, if you go to page 33 of my  
15 report --

16 MR. HERVAS: For clarification, are we using  
17 the Bates-stamped 33? Or are you referring to your  
18 actual report page pagination?

19 THE WITNESS: I'm sorry, somebody's asking me  
20 a question.

21 MR. DI NOLFO: Mr. Hervas, why don't we do  
22 this. I'll have Mo pull up the Itasca Fire  
23 Protection District Exhibit No. 16, which is the  
24 Bates-stamped one. And I think it's up already,

1 actually, now that I look at the screen.

2 (Fire District Exhibit No. 16  
3 identified.)

4 BY MR. DI NOLFO:

5 Q. Mr. Dominik, do you have that in front of 07:22  
6 you?

7 A. Yes, page 33 and chart 33. That one  
8 right there.

9 Q. Okay. So how many total BLS and ALS  
10 calls will the proposed facility generate annually? 07:22

11 A. Okay. So what you have here in front of  
12 you is ALS calls and that's 11 to 19. The BLS calls  
13 is about 40. That is going to be handled by Elite  
14 Ambulance, so it was not used in this projection.

15 Q. And I'm curious -- and maybe I'm missing 07:22  
16 it. You can point it out to me. Sometimes I miss  
17 things. Where does the 40 for the BLS calls come  
18 from? I don't see it on there. Am I missing it?

19 A. Yeah, it's not on this chart because it  
20 wasn't relative, because Haymarket has entered into a 07:22  
21 contract with Elite for BLS services.

22 Q. But isn't it important to know your delta  
23 before we start talking percentages of what's going  
24 to be handled by ALS and what's going to be BLS?

1 Isn't it important to know the total number of calls  
2 we are talking about?

3 A. Yes, it's 40. I just told you it's  
4 approximately 40 BLS calls.

5 Q. And then 19 ALS calls? 07:23

6 A. 11 to 19.

7 Q. All right. So somewhere between 51,  
8 right, if we do 11, and 59 if we do 19?

9 A. Correct.

10 Q. So after your calculations, all BLS and 07:23  
11 all ALS, the total is somewhere between 51 and 59  
12 calls total annually that's going to be generated by  
13 this 240-bed facility with outpatient treatment as  
14 well?

15 A. Yeah, I have to clarify here. I believe 07:23  
16 these are very conservative numbers, Mr. DiNolfo. As  
17 I mentioned previously, we were very conservative in  
18 this approach. After having extensive conversations  
19 with Elite, I believe that there's a large number of  
20 ALS calls, or at least a percentage of them, in which 07:24  
21 they could provide that service as well. So I  
22 believe the total impact to Haymarket DuPage that it  
23 would impose upon the Itasca Fire Protection District  
24 would be 11 to 19. It's likely to be less.

1 Q. Okay. So less than 11?

2 A. Somewhere between 11 and 19. Likely to  
3 be less, sir.

4 Q. Okay. And I think as part of your  
5 analysis here, you looked at the capacity of the  
6 Itasca Fire Protection District to handle more calls;  
7 is that true?

07:24

07:24

07:24

07:25

8 A. Yes, I looked at the Itasca Fire  
9 Protection District. I looked at the Consolidated  
10 ACDC Dispatch Center. I looked at the surrounding  
11 fire departments. I looked at that they work  
12 obviously very closely with Wood Dale and, Wood Dale,  
13 they share the chief, so I did look at the capacity  
14 of the fire department, yes.

15 Q. All right. And I think you testified  
16 last time that you looked at the MABAS 12 department  
17 activity to assist in that analysis; true?

18 A. Yes, I used MABAS 12 as the benchmark to  
19 identify the service level calls for the surrounding  
20 departments in that area.

21 Q. Okay.

22 MR. DI NOLFO: If I could ask Mo to go to  
23 page 11 of the Bates-stamped report, and if you could  
24 just scroll down until the chart is showing.

1 BY MR. DI NOLFO:

2 Q. My first question to you, sir, that's one  
3 of the charts that you have that involves MABAS 12;  
4 correct?

5 A. Correct, that is one of the charts. 07:25

6 Q. And then I think if we go to the next  
7 page, there's some additional charts; correct?

8 A. There's charts throughout the report,  
9 yes.

10 Q. Okay. Are you aware that Bensenville is 07:25  
11 not part of MABAS 12?

12 A. I'm not -- well, I'm not quite sure why  
13 we picked that up, but we picked it up as part of  
14 MABAS 12.

15 Q. Okay. Is there a reason you excluded the 07:26  
16 Bloomingdale Fire Protection District, since they are  
17 in MABAS 12?

18 A. As I mentioned earlier, Mr. DiNolfo, any  
19 of the departments that had paid on-call staff,  
20 volunteer staff, things of that nature, we would 07:26  
21 remove from the study because the staffing model is  
22 different. And if Bensenville is, you know, not part  
23 of 12, it's just another fire department for  
24 comparison.

1 Q. It's your understanding that the  
2 Bloomingdale Fire Protection District has to use paid  
3 on-call and part-time people for their staffing? Is  
4 that your understanding?

5 A. No, sir. I'm just saying that those were 07:26  
6 the ones that were eliminated. I would have to look  
7 back to the data to tell you exactly the details on  
8 Bloomingdale.

9 Q. So for purposes of my question, if you  
10 assume that they're a full-time department that's 07:26  
11 staffed by unionized fire-fighters 24/7, should they  
12 have been one that should have been included?

13 A. The fire departments that we utilized  
14 here we believe were all staffed, from the  
15 information that we could find, not necessarily 07:27  
16 unionized, with full-time personnel.

17 Q. So if you believe that the  
18 Bloomingdale -- or assume for purposes of my question  
19 the Bloomingdale Fire Protection District has  
20 full-time personnel and they are in MABAS 12, they 07:27  
21 should have been included; true?

22 A. From my recollection, without looking at  
23 my notes, my conversation with their staff, I believe  
24 they have full-time staff, correct. But I also

1 believe -- what I was told on the phone is they have  
2 also part-time staff as well.

3 Q. Who did you speak to at Bloomingdale?

4 A. I'm sorry, sir, I don't recall.

5 Q. Okay. Because they're a client of mine. 07:27

6 I was just wondering who you talked to, but okay.

7 Roselle Fire Department, they're in  
8 MABAS 12. You didn't include them.

9 A. And like I said with the others, if there  
10 was any indication of paid on-call volunteer 07:28  
11 staffing, we would not have used them.

12 Q. Well, you've got Oakbrook Terrace on your  
13 list and that's how they staff their shifts every  
14 day, is with paid on-call people.

15 A. I talked to Ralph DeLucca about that, and 07:28  
16 he explained to me their staffing model and it did  
17 not include part-time or paid on-call personnel.

18 Q. So who did you talk to at -- I'm sorry,  
19 go ahead.

20 A. And, Mr. DiNolfo, either way, I'm not 07:28  
21 really sure it makes any difference. These are just  
22 fire departments for comparison purposes.

23 Q. Well, I mean, wouldn't it be important to  
24 compare all the fire departments in MABAS 12 that use

1 full-time people to service their communities since  
2 you're trying to decide capacity? Is that not  
3 important?

4 A. Not necessarily. They are just fire  
5 departments for comparison. Whether they're in MABAS  
6 Division 12 or not is not really that relevant. They  
7 are fire departments in the area that provide similar  
8 services. Obviously, I'm familiar with MABAS  
9 Division 3 and, those fire departments, I'm very  
10 familiar with their service levels as well. So we  
11 were just using these to benchmark the Itasca fire  
12 department.

07:28

07:29

13 Q. Yeah. And I'll keep asking about a  
14 couple others. I assume I'm going to know your  
15 answer.

16 Hanover Park Fire Department, you  
17 chose not to use them as well?

18 A. Yes.

19 Q. All right. Winfield Fire Protection  
20 District, you chose not to use them as well?

07:29

21 A. Right.

22 Q. Okay. Would you agree with me that  
23 capacity is not the sole determinative factor of  
24 impact an entity will have on a fire department or

1 fire district?

2 A. Can you explain that, sir?

3 Q. Sure. You said you looked at capacity.

4 Are there any other factors that you can consider or  
5 think of as the consultant hired by Haymarket that  
6 could have an impact on your decision of whether it's  
7 appropriate for that facility to be in a fire  
8 district or a town, rather than capacity alone?

07:29

07:30

07:30

07:30

9 A. I think you really have to narrow that  
10 question.

11 Q. All right. So, in your mind, capacity is  
12 the sole factor that determines whether an entity is  
13 having a negative, a positive, or a neutral impact on  
14 an EMS or fire department?

15 A. What we were trying to identify here is  
16 how busy they are compared to some of their neighbors  
17 and identify the -- how many calls they go on for the  
18 station and the staff and equipment that they have.  
19 And that was the purpose of this.

20 And we're talking about calls that  
21 might be generated by a site, so, therefore, it would  
22 be important to identify how many calls they go on  
23 and how many calls they could potentially handle.

24 Q. I guess, in your years as a fire-fighter

1 or deputy chief or chief, you would look at more than  
2 just capacity if somebody was proposing a facility in  
3 your town to determine its impact on you, wouldn't  
4 you?

5 A. Well, not necessarily. The main function 07:30  
6 of a fire department is to respond to the emergencies  
7 of the public, yes. To your point, we do provide  
8 other services to the public, but largely our main  
9 responsibility is to respond to emergencies.

10 Q. Well, I understand that, but my question 07:31  
11 was a little different. When you're -- as the chief  
12 of Wilmette, did you ever have an entity want to come  
13 in and build some type of office complex? Nursing  
14 home? Anything like that while you were there?

15 A. Many times, as I indicated earlier, and 07:31  
16 we did impact studies based on that. And it was  
17 largely based on call loads and services needed for  
18 that site, as I indicated. And through my  
19 accreditation work, we would evaluate fire  
20 departments, the impact, their ability to deliver 07:31  
21 service, and it's largely based on calls.

22 Q. I understand it's largely based, but  
23 there are other factors you consider besides just  
24 call volume?

1           A.     The main one would be call volume.  
2     That's a common denominator in which you can use to  
3     look at, in Itasca's case, the average 2.55 ambulance  
4     calls per day.

5           Q.     What are some of the other factors? I  
6     understand it's largely calls. What are some of the  
7     other factors, in your experience from being a chief,  
8     that you looked at besides call volume?

07:32

07:32

07:32

07:32

9           A.     If there were unique services, like  
10    inspections and things of that nature, but this is  
11    really no different in that category. The main point  
12    here that we used for this study that could be  
13    equally applied was calls.

14          Q.     Okay. So would you agree that no single  
15    resident or entity in the town or the district should  
16    constitute or monopolize the majority of a fire  
17    district's response? As a general premise, would you  
18    agree with that?

19          A.     Not necessarily, Mr. DiNolfo, because  
20    there's always going to be some entity in the village  
21    or city that's going to have more calls than others.  
22    So I think that question would have to be more  
23    refined, because there's always going to be one that  
24    has the most calls.

1 Q. So if we were to sit there and say  
2 that -- a resident or an entity was to constitute 20  
3 to 25 percent of the annual calls of a fire  
4 department or a fire district, might that be a factor  
5 you would want to know to help determine the impact  
6 that facility would have on your department?

07:33

07:33

07:33

07:34

7 A. Not necessarily. I was looking at total  
8 call volume compared to the neighbors and the calls  
9 that they went on. And, like I said, it's 2.55  
10 ambulance calls per day.

11 Q. I get that. So is there a percentage of  
12 time that -- I'll give you an example. Let's say a  
13 department does a hundred calls a year but 25  
14 calls -- 25 percent of their annual calls are to this  
15 one place over and over again, is that a factor you  
16 would consider at all about the impact this facility  
17 would have on that department?

18 A. It's all calls into the total call  
19 volume, Mr. DiNolfo.

20 Q. Okay.

21 A. And just -- are you sure about  
22 Bensenville? You claim they're not in MABAS Division  
23 12.

24 Q. Yeah, I mean -- yes, the answer is yes.

1           A.     So you're certain?

2           Q.     I have verified it with MABAS and with my  
3 chief and with the neighboring chiefs, unless they  
4 told me wrong.

5           A.     Okay. Like I said, I think we're going  
6 to disagree on some points, obviously, throughout  
7 this.

8           Q.     If that's the biggest point we disagree  
9 on, we're doing okay.

10                     All right. So from your time as a  
11 fire chief, you have an understanding that when an  
12 ambulance goes out on an ALS call, they're out of  
13 service for a period of time?

14           A.     Yes, when an ambulance would respond to  
15 an ALS call, they would be out of service. We always  
16 used roughly about an hour. The assist company would  
17 be on the call for approximately 20 minutes.

18           Q.     Right. So I think -- and you can correct  
19 me if I'm wrong -- that the generally accepted time  
20 frame for an ALS call from the time of dispatch with  
21 the transport to the time you're back in service is  
22 approximately an hour?

23           A.     That's -- you know, I would say that's a  
24 pretty good, you know, average call across the

1 country. Most of them would estimate an hour, unless  
2 there's extenuating circumstances or travel times.

3 Q. And I don't know if it's different in  
4 your mind, but is that hour any different for a BLS  
5 call with a transport? 07:35

6 A. No. We don't really -- and I'm glad you  
7 brought that up. We don't really look at the ALS and  
8 BLS calls, you know, differently. The calls, in my  
9 opinion, when we would transport to the hospital, is  
10 generally about an hour. 07:35

11 Q. Okay. And for that hour for a community  
12 like Itasca that has one ambulance, during the time  
13 that that ambulance is out of service for that hour,  
14 the neighboring department's ambulance would have to  
15 come, either through auto aid or mutual aid, to cover 07:36  
16 any ambulance transports or services?

17 A. There's more to that answer than just  
18 that, Mr. DiNolfo. With the consolidated dispatch  
19 center county-wide CAD in which they utilize the  
20 dispatcher receiving the 911 call, the 07:36  
21 tele-communicator would know who is available or not  
22 available at that point. So they would dispatch the  
23 closest resources available, I'm assuming, and the  
24 assist company would respond and start providing care

1 while waiting for the ambulance to arrive.

2 Q. Sure. So the ALS engine may respond but  
3 for the ambulance to get there, it would have to be  
4 coming from a community, for purposes of Itasca,  
5 other than Itasca, since they only have one  
6 ambulance? 07:36

7 A. Yes. But to your point, the ALS engine  
8 can provide all the same services as the ambulance  
9 except for the actual transport of the patient to the  
10 hospital, so there's no delay in care while they're  
11 waiting for the transport vehicle to arrive. 07:37

12 And one thing -- and I'm sure you  
13 know this, Mr. DiNolfo -- in other parts of our  
14 country, EMS is provided by hospitals, private  
15 entities, other services, other governmental  
16 services, and the fire department would just provide  
17 initial, as they call it, first responder care;  
18 respond, treat, wait for the ambulance, and then the  
19 ambulance would continue the care and transport.  
20 That's very accepted throughout other parts of this  
21 country. 07:37

22 Q. Understood. But that's not the model  
23 here, at least in the area we're talking about in our  
24 region. It's using municipal EMS and then, if your

1 local ambulance is tied up, it's either auto aid,  
2 mutual aid, or closest available sent; correct?

3 A. In this area, we predominantly provide  
4 fire-based EMS. And I think what we're offering, you  
5 know, through Haymarket DuPage is to provide kind of  
6 a blended approach to that.

07:38

07:38

07:38

07:38

7 Q. Okay. Now, your capacity -- and I think  
8 that's what you were touching on. Your capacity  
9 opinion is tied, in part, to the alleged contract  
10 that exists between Haymarket and Elite; correct?

11 A. I am -- the contract that exists between  
12 Haymarket DuPage and Elite is for the BLS calls, and,  
13 like I'd indicated earlier, I think in the end they  
14 would end up providing some of the ALS service as  
15 well, possibly reducing that number.

16 Q. But for some of your opinions, you know,  
17 you definitely considered the fact of the existence  
18 of a contract with Elite as an important factor in  
19 your analysis?

20 A. Yes. And that's why I also suggested  
21 that -- and evaluated other ambulance services that  
22 can provide service to Haymarket DuPage, and they're  
23 also -- one of the other things, there's a 45-day out  
24 clause in the contract, so there would be 45 days for

1 Haymarket to provide another vendor. And we  
2 identified -- I did a bunch of research. I called  
3 the other vendors, evaluated their ALS/BLS  
4 capabilities, and if they serviced Itasca.

5 Q. Now, did you see a fully executed  
6 contract between Elite and Haymarket?

7 A. I did not see the executed contract, sir,  
8 but I saw versions of it.

9 Q. So you saw some drafts?

10 A. Yes.

11 Q. All right. And, again, I know you're not  
12 a lawyer but you've been around a long time. And I  
13 assume you understand that to have a contract,  
14 everybody has to agree and sign it on the simplest  
15 terms? You understand that?

16 A. I would imagine that, and I hope you're  
17 not insinuating I'm old.

18 Q. No, you're not old, definitely not. I  
19 was going to say something, but I'll withhold it.

20 But, anyway, you understand that a  
21 signed contract is what is going to make all this  
22 work; correct?

23 A. Yes. But to that point, I've had  
24 multiple conversations with Elite and -- actually

1 today, and they keep asking me when can we start,  
2 when can we start, so they're eager to get to work on  
3 this.

4 Q. Sure. And I respect that, because, you  
5 know, the contract is going to make them money and I 07:40  
6 respect that. But until there's a signed contract,  
7 at this point there's really no true contractual  
8 relationship between Haymarket and Elite at this  
9 point, that you're aware of?

10 A. Well, I would have to ask Dr. Lustig or 07:40  
11 others. Just because I didn't see the actual signed  
12 contract, that doesn't mean it does not exist.

13 Q. Okay.

14 A. I believe there is one.

15 Q. Okay. But the one you saw was not 07:40  
16 signed?

17 A. I was not reviewing it as an attorney, as  
18 you indicated, even though I like to play one at  
19 times. I was purely reviewing it just for the data  
20 contained as to the emergency response aspects, 07:40  
21 that's all.

22 Q. Okay. Now, are you aware of any  
23 authority possessed by the Itasca Fire Protection  
24 District, or any fire district for that matter, that

1 gives them the power to compel an entity like  
2 Haymarket who entered into a contract with Elite or  
3 any private ambulance service?

4 A. I'm sorry, could you restate that? I'm  
5 not quite sure I understand what you're asking. 07:41

6 Q. Sure. Are you aware of any authority  
7 possessed by the Itasca Fire Protection District that  
8 gives them the power to compel or make Haymarket  
9 enter into a contract with Elite?

10 A. You know, no. And, actually, through my 07:41  
11 research, Mr. DiNolfo, with the other communities,  
12 this is the only contract of this nature. Most of  
13 the other fire departments -- all the fire  
14 departments I talked to are the primary EMS responder  
15 and care provider to any of the other sites, even 07:41  
16 some of the assisted living sites, nursing home  
17 sites.

18 Q. So you're not aware of any authority for  
19 that, but you testified it was your understanding  
20 that the contract would have a 45-day cancellation 07:42  
21 provision; correct?

22 A. Correct.

23 Q. All right. So while I know you're not a  
24 lawyer, although you say you play one once in a

1 while, you understand that, at least from what you  
2 read in the contract, that it can be canceled with  
3 notice 45 days after; right? So I can sign it today,  
4 give notice the next day, and when 45 days passed, I  
5 can cancel the contract, based on your understanding?

07:42

07:42

07:42

07:43

6 A. Based on my understanding, yes, without,  
7 you know, obviously being encumbered by a legal  
8 degree. However, to your point, that's why I called,  
9 looked at the services that are being provided by  
10 other private ambulance companies, if they service  
11 Itasca, and what kind of resources they have. And we  
12 identified other vendors that would be very willing  
13 to provide service to Haymarket DuPage as well.

14 Q. And you understand that if the contract  
15 is canceled for any reason, either by Elite or by  
16 Haymarket, the calls would go to the Itasca Fire  
17 Protection District if no new contract was entered  
18 into by Haymarket with another ambulance service?

19 A. Yes, if there was no third-party  
20 ambulance service provider, then they would have to  
21 contract with another provider or possibly another  
22 fire department, Mr. DiNolfo. I'm sure that could be  
23 done as well.

24 Q. All right. Well, you said you're not a

1 lawyer, so I'm just curious. How is it you believe  
2 that Haymarket can enter into a contract with another  
3 fire department to provide services in the Itasca  
4 Fire Protection District?

5 A. No, it would be --

07:43

6 Q. Okay, I get it.

7 A. Yeah. No, I'm just saying, based on some  
8 of my conversations with some of my peer fire chiefs,  
9 they're actually looking to get more calls at this  
10 point so they would be eager for more calls. Chief  
11 Rob Schultz from Carol Stream indicated that he would  
12 like to have more calls.

07:43

13 Q. Sure. But you don't know of any legal  
14 avenue -- and, again, I know you're not a lawyer but  
15 since you mentioned it, you don't know of the  
16 legality of being able to do that; fair?

07:44

17 A. The legalities, no, I don't.

18 Q. Okay. Now, from this draft contract that  
19 you saw, did it say anything in that contract about  
20 staging ambulances solely for responding to calls for  
21 Haymarket?

07:44

22 A. Mr. DiNolfo, I did not spend a ton of  
23 time on the contract, but I did ask Dennis Dooley  
24 from Elite today about staging areas. I've asked him

1 before, and I confirmed that with him again today,  
2 actually.

3 Q. I understand that Elite has staging areas  
4 or they call them barns sometimes or garages, but my  
5 question was did Dennis Dooley tell you that they're  
6 specifically going to stage ambulances solely for  
7 responding to Haymarket?

07:44

07:45

07:45

07:45

8 A. No. Elite, as you can imagine with the  
9 size of their organization, they utilize a CAD  
10 system, computer-aided dispatch system, and automated  
11 vehicle locators so they know where all the vehicles  
12 are. And they move ambulance around based on need  
13 and where services, you know, are going to be  
14 requested or likely to be requested. So they have  
15 kind of a fluid model.

16 And I've also seen this utilized in  
17 fire departments, not so much in the Chicago area,  
18 but I assessed a couple fire departments in Florida.  
19 This is a very common practice for them to relocate  
20 ambulances based on need for certain periods of  
21 time --

22 Q. And I --

23 A. -- so that's exactly --

24 Q. Sorry, thought you were done.

1 A. No, that's -- I'm done.

2 Q. But the simple answer is, no, they're not  
3 going to have any ambulances specifically staged just  
4 solely for Haymarket? I understand the model, but  
5 there's not going to be Ambulances 1, 2, and 3 staged  
6 for Haymarket; true? 07:46

7 A. A dedicated ambulance just for Haymarket?

8 Q. Yes, sir.

9 A. No, no.

10 Q. All right. And did you see anything in  
11 the document that you reviewed that guarantees  
12 specific response times to Haymarket? Just the  
13 documents, not any conversations? Just the document? 07:46

14 A. Yeah, I did not go into depth in the  
15 document, Mr. DiNolfo, so I think the questioning on  
16 the document, there was only a couple pieces of that  
17 document I was interested in, sir. 07:46

18 Q. Now, you testified that the average  
19 response time, as told to you -- and I assume this  
20 was told to you by Mr. Dooley -- for Elite to  
21 Haymarket would be 20 minutes, on average, but could  
22 be as quick as 10 minutes? 07:46

23 A. Correct.

24 Q. And that was told to you by Mr. Dooley?



1 make is Haymarket DuPage is going to have trained,  
2 you know, licensed medical professionals on staff,  
3 and they're going to be treating the individual while  
4 we're waiting for the ambulance.

5 Q. We're going to talk about that in a 07:48  
6 minute. But I guess getting back to my point, I  
7 guess you said that a more emergent call could take  
8 precedence, so that could actually work against  
9 Haymarket as well; right? I mean, if they have a BLS  
10 call and Elite has to go take care of an ALS call, 07:48  
11 that may delay a BLS unit getting to Haymarket, just  
12 like it could cut the other way as well; true?

13 A. Could you restate that question? I'm  
14 sorry.

15 Q. Sure. In your last answer, you said that 07:48  
16 you wouldn't agree with me that to have an average of  
17 20 minutes that some of the calls would have to take  
18 longer than 20 minutes, because you said that they  
19 may reroute calls based on the severity of the call  
20 being received by Elite. 07:48

21 And I guess my point was if it's a  
22 BLS call asked for at Haymarket and the ambulance is  
23 going to go there and suddenly gets an ALS call or  
24 gets rerouted to an ALS call, that could delay an

1 ambulance getting to Haymarket for a BLS?

2 A. It's hard to answer that question, you  
3 know, what their nature is on their service delivery.  
4 The majority -- I did ask Mr. Dooley if there's any  
5 other relationships that they have like they're going  
6 to have with Haymarket DuPage as a primary provider  
7 of BLS care or ALS care, and he's -- there are no  
8 others with Elite. And I'm not -- from my research  
9 with the other fire departments, they are not aware  
10 of any either.

07:49

07:49

07:49

07:50

11 Q. Okay. And as a general premise -- and  
12 maybe I'm not -- I don't ever profess to have been a  
13 paramedic, but can a BLS patient, through the passage  
14 of time, transition to an ALS patient?

15 A. Certainly. You know, the conditions  
16 could change. An ALS patient could present itself as  
17 an ALS patient and turn out to be a BLS patient.  
18 That's the opinion, you know, based on the people  
19 evaluating the condition.

20 Q. Okay. So Elite Ambulance --

21 MR. DI NOLFO: Mo, could you pull up Fire  
22 District Exhibit 15, 1-5, and if you could go to  
23 slide -- I believe it's page 11 -- yeah, page 11 and  
24 then scroll down to the second slide. Thank you.

1 (Fire District No. 15 identified.)

2 BY MR. DI NOLFO:

3 Q. Now, you shared with us last week that  
4 Elite has 130 ambulances, based on your conversation  
5 with Mr. Dooley and Elite's website. Did I sum that  
6 up correctly? 07:50

7 A. Yes, I believe I clarified that.  
8 Mr. Dooley said they have 130 ambulances on the  
9 street daily with the capacity to go further with  
10 more ambulances, 140, as needed based on call load. 07:50

11 Q. All right. And they staff the ambulances  
12 with two individuals?

13 A. Yes.

14 Q. Is only one required to be an EMTB or  
15 higher, depending on the nature of the ambulance? 07:51

16 A. By IDPH rules, Mr. DiNolfo, you can staff  
17 differently depending on the care level, so it  
18 depends on whether it's ALS or BLS.

19 Q. So I assume from talking with Mr. Dooley,  
20 you're aware that Elite sometimes, a lot of times,  
21 has its BLS ambulance staffed with one EMTB or maybe  
22 a paramedic and they just have a driver who drives  
23 the ambulance? 07:51

24 A. That's all that's required by state law,

1 correct.

2 Q. Okay. And the same is even true for  
3 their ALS ambulances? All they need is a paramedic  
4 and then they would have a driver driving the  
5 ambulance; true?

07:51

6 A. As you can imagine, the paramedic is the  
7 one tending to that. When there's two people on a  
8 vehicle, someone's got to drive.

07:52

9 Q. So the answer is yes? They would have a  
10 paramedic and a driver?

11 A. You have to have a paramedic tending to  
12 the patient, correct.

13 Q. Okay. And you agree with me that that  
14 model, where you have a -- just a driver and either  
15 an EMT basic or EMT paramedic differs than the model  
16 used by the Itasca Fire Protection District where all  
17 their responders are paramedics?

07:52

18 A. Yes. What we utilize in the fire service  
19 is, obviously, we train everybody we can for the  
20 paramedic level. But in our situation, Mr. DiNolfo,  
21 it's more so that we can rotate personnel and they  
22 can serve in different capacities, whether it be on  
23 an ambulance or fire truck, things of that nature.  
24 And, as I'm sure you're aware, it's often tied to

07:52

1 part of the pay structure of a lot of fire  
2 departments.

3 Q. Yeah. But it's also so that you could  
4 have a total of five people that are trained to be  
5 paramedics dealing with a patient versus one medic  
6 and one driver; right? 07:52

7 A. In my time as an advisory board member  
8 for St. Francis EMS system, which is the system that  
9 we delivered care through in our area, you really  
10 only need one paramedic, you know, to direct the 07:53  
11 services. Most of the other functions, Mr. DiNolfo,  
12 are mostly BLS level care. Sometimes, depending on  
13 the nature of the call, obviously like a cardiac  
14 arrest, you know, yes, two or three paramedics could  
15 be beneficial. 07:53

16 Q. All right. And using your example of a  
17 cardiac event, two or three paramedics sometimes  
18 actually ride in the back of the ambulance to help  
19 work that patient that's going through a cardiac  
20 event; correct? 07:53

21 A. Correct.

22 Q. All right. So you mentioned the 130  
23 ambulances that Elite has in service. You would  
24 agree with me that they're not all on the street

1 24/7?

2 A. They have a very fluid model, as I had  
3 mentioned earlier, based on their need, so their  
4 staffing is reflective. They said they average 130  
5 daily.

07:54

6 Q. Right. And you understand through your  
7 years in the fire service and your time as an  
8 evaluator that most of the private ambulance services  
9 occur during normal work hours? Because they're  
10 doing a lot of facility transports, they're doing  
11 some transports from nursing homes to other  
12 facilities, the majority of the ambulances are on the  
13 street during daytime hours? That's consistent with  
14 your understanding; true?

07:54

15 A. My understanding is most of our calls  
16 occur during business hours when people are often  
17 working. You know, at night, obviously -- and I  
18 think you would agree -- the calls generally decline.

07:54

19 Q. So the answer to my question is there's  
20 more ambulances on during the normal workday than  
21 there are at night?

07:54

22 A. I can't attest to that. Mr. Dooley told  
23 me there's 130 ambulances daily.

24 Q. Okay. Did Mr. Dooley share with you that

1 the -- of the 130 ambulances he has, that many have  
2 other obligations on a daily basis? Such as  
3 appointments to go pick people up at hospitals and  
4 take them to a rehab facility? A nursing home?  
5 Things of that nature? Did he share that with you?

07:55

6 A. That would be the primary job of a  
7 private ambulance company, but he did indicate that  
8 emergent care situations, ALS or BLS, take a  
9 priority.

10 Q. Right. And, obviously, since he doesn't  
11 have a contract like the one he's trying to enter  
12 into with Haymarket, he really hasn't tried that  
13 model because he hasn't had the need to be responding  
14 to ALS calls or BLS calls to a facility like  
15 Haymarket; true?

07:55

07:55

16 A. No.

17 Q. Okay.

18 A. He had indicated to me that they respond  
19 to many ALS calls. They handle a lot of ALS calls.  
20 And based on the information provided to them by the  
21 caller, those become emergent calls.

07:56

22 Q. Okay. Those would be ALS calls when  
23 they're transporting a patient, say, from a Level 3  
24 trauma center to a Level 1 trauma center? That would

1 be an example of what they might do?

2 A. Well, as you can imagine, Mr. DiNolfo,  
3 some people being transported to different facilities  
4 need a high level of care based on their needs.  
5 Some, as he indicated, are emergent, you know, where 07:56  
6 the call is -- the situation is dire and it's now, so  
7 they call.

8 Q. And I think I understood you correctly.  
9 Mr. Dooley shared with you that he has not -- you  
10 said he shared with you he never had a contract to 07:56  
11 offer the services like he's proposing to offer to  
12 Haymarket?

13 A. What he had indicated to me is he does  
14 not have a contract as a primary-care provider in  
15 this situation, this is the first, but it's well 07:56  
16 within the scope of what they do.

17 Q. Going back to -- we have that exhibit  
18 right in front of us about the private ambulance  
19 service.

20 MR. DI NOLFO: It's there now, Mo, we're good. 07:57

21 BY MR. DI NOLFO:

22 Q. You see it listed in there that there was  
23 a number of other facilities that Elite apparently  
24 provides some level of service to that's contained in

1 that slide; correct?

2 A. Yes, I see other sites, correct.

3 Q. And I think you shared in your report and  
4 in your testimony, you referenced 110 calls handled  
5 by Elite at Forestview as evidence that Elite can  
6 handle the call volume at Haymarket; did I get that  
7 right?

8 A. Where did you see that, sir? What page?

9 Q. I'll get that for you in your report.

10 It's on -- let's see, that's on page of your -- give  
11 me a second. I'll find it. I don't have your report  
12 memorized. I should at this point but I don't. I'll  
13 look on my computer. It will be quicker.

14 MS. O'KEEFE: Mr. DiNolfo, it's on page 33.

15 MR. DI NOLFO: There you go. Thank you.

16 BY MR. DI NOLFO:

17 Q. Page 33, you reference Forestview, 110  
18 times on average annually from 2015 to 2019.

19 A. Correct.

20 Q. You got it?

21 MR. DI NOLFO: Thank you, Bridget, I  
22 appreciate it.

23 BY MR. DI NOLFO:

24 Q. Did you discuss that with Mr. Dooley,

1 those calls?

2 A. Yes, I did. That was the information he  
3 provided to me.

4 Q. Sure. And he told you that was the  
5 number; correct?

6 A. He said his rough estimation was about  
7 110 times on average for those years.

8 Q. I think you can agree with me that  
9 Forestview is a nursing home or nursing center that  
10 offers different services than Haymarket?

11 A. Very different services, as I'm sure  
12 you're aware.

13 Q. And I think you would understand and  
14 agree that Elite is not getting 911 calls to handle  
15 calls at Forestview?

16 A. No. He had indicated, correct, that they  
17 provide ALS/BLS service to that site, much like their  
18 other contracts.

19 Q. And those are handling either  
20 appointment-based ALS or BLS to transfer people to or  
21 from as well as perhaps responding when somebody  
22 wants to go to a hospital that is not permitted for  
23 the fire district to take them to?

24 A. That would be correct. I think also,

1 according to Mr. Dooley, sometimes the staff is used  
2 to calling Elite and they would just call Elite  
3 rather than, you know, the municipal fire department.

4 Q. And that's what Mr. Dooley told you? You  
5 didn't see data to that effect; true? 08:00:

6 A. Yes. And I think I need to clarify,  
7 Mr. Sprinkle was the other -- I talked to two parties  
8 extensively at Elite, Mr. Dooley and Mr. Sprinkle.

9 Q. And they shared with you information  
10 during those conversations? 08:00:

11 A. Correct.

12 Q. All right. And they told you numbers and  
13 times and services they provided?

14 A. Yes.

15 Q. But they didn't give you anything to back  
16 that up that's written down in any ways? It's just  
17 their word? 08:00:

18 A. Through their research. Obviously, I  
19 asked them specific questions and they gave me data  
20 back. 08:00:

21 Q. Well, they gave you answers back. You  
22 didn't see any data; correct?

23 A. I did not ask them for specific research  
24 data. I asked them for just an estimation on calls.

1 This -- to go to provide service at a nursing or  
2 assisted living facility is obviously different,  
3 Mr. DiNolfo, than emergent care.

4 Q. So you shared with us as well again, and  
5 I think last week, that you spoke with some chiefs in 08:01  
6 the communities listed there on the slide about Elite  
7 Ambulance; is that correct?

8 A. Correct.

9 Q. All right. And you shared with us you  
10 spoke with Chief Schultz. Who else did you speak 08:01  
11 with?

12 A. On that list, Chief Schultz.

13 Q. Okay. So one chief?

14 A. On that particular list. I did talk to  
15 other chiefs on my comparable sites, so, you know, if 08:01  
16 you want to look at that slide, I talked to other  
17 chiefs from those sites to determine the impact of --  
18 of the treatment and recovery homes on their fire  
19 departments. On this --

20 Q. Well -- I apologize. There's a lag here 08:02  
21 and I apologize.

22 A. No, no, it's probably me.

23 The Carol Stream chief and I spoke  
24 at length about Belmont Village and Windsor Park.

1 Q. Okay. The other facilities that you said  
2 you talked to people about, are those serviced by  
3 Elite?

4 A. We did talk to them. Some of them are.  
5 Some of them aren't. Some of them are primary. Some  
6 of them are secondary. Superior -- I'm sure you're  
7 very familiar with them -- on some of them, they're  
8 the primary provider.

08:02

08:02

08:02

08:03

9 Q. Where is Elite a primary provider on your  
10 comparables?

11 A. I did not identify that. It didn't  
12 really make any difference to me.

13 Q. Okay. So you spoke with Chief Schultz,  
14 and my understanding of the conversation you had with  
15 him, you asked him if he had any problems with Elite  
16 Ambulance; correct?

17 A. I was asking about the two sites, Belmont  
18 Village and Windsor Park, and then I asked him if he  
19 was aware of Elite and if he has any issues with  
20 Elite. That was the question I asked him.

21 Q. All right. And he told you he doesn't  
22 have much interaction with Elite, so he doesn't have  
23 much problem with Elite; correct?

24 A. He said he's not aware of any issues

1     whatsoever.  He knows they do provide services to  
2     various facilities in Carol Stream.

3             Q.     Right.  And did he also say he didn't  
4     have much interaction with Elite?

5             A.     He didn't say really in any detail either  
6     way. 08:03

7             Q.     It was a short conversation, wasn't it?

8             A.     No.  Actually, we spent a fair amount of  
9     time on the phone talking about fire department  
10    issues. 08:03

11            Q.     I understand you spent some time on the  
12    phone with him, but the conversation about Elite and  
13    Windsor was a relatively short conversation of the  
14    conversation you had with him?

15            A.     For Belmont Village and Windsor, yeah, we 08:03  
16    were on the phone for, I don't know, 15, 20 minutes.

17            Q.     Yeah.  And he told you -- at least what  
18    he tells me he said to you so, I mean, I guess we  
19    could bring him in and ask him for sure -- that you  
20    asked him a couple questions about Elite and Windsor 08:04  
21    and Belmont and then you spent 10 minutes or so  
22    talking about fire department stories and war  
23    stories?

24            A.     Yeah, we probably --

1 MS. O'KEEFE: Objection. Is this relevant?

2 MR. DI NOLFO: I don't know. He brought up  
3 that he spoke to Chief Schultz and somehow it's -- he  
4 said Elite can do what it needs to do, so I'm just  
5 probing what they talked about.

6 MS. O'KEEFE: Objection to relevance. It's  
7 not relevant.

8 MR. DI NOLFO: You brought it up on your  
9 direct.

10 MR. HERVAS: Hold on. The question relates to  
11 the conversation, and the cross-examination is asking  
12 whether or not the conversation related to a  
13 particular subject matter and for a length of time.  
14 And that's fair cross-examination, so I'm going to  
15 overrule your objection.

16 MS. O'KEEFE: But, Mr. Hervas, we first became  
17 aware of Carol Stream when Mr. DiNolfo introduced his  
18 slide. When did you talk to them?

19 BY THE WITNESS:

20 A. No, this was a recent conversation,  
21 Mr. DiNolfo.

22 BY MR. DI NOLFO:

23 Q. Yeah, you testified about it last week.

24 A. Right. I mean, it was a recent

1 conversation. I did not contact him until I saw the  
2 information you provided for Belmont Village and  
3 Windsor Park.

4 Q. Right. And then when you testified you  
5 spoke to the chief, I called him the next day, and I 08:05  
6 said did you talk to Mr. Dominik, and he told me what  
7 you guys talked about. So I'm just trying to see if  
8 what he told me jives with what you're testifying to.  
9 That's all.

10 A. It sounds like it. 08:05

11 Q. Okay. He also told you that they run a  
12 lot of calls over to Belmont Village and Windsor;  
13 correct?

14 A. He also told me about the services  
15 provided at Belmont Village and Windsor Park and 08:05  
16 their nursing home/assisted living facilities. So,  
17 yes, it's a very different site than what I was  
18 inquiring about. That's why we didn't spend a lot of  
19 time talking about it. Those are nursing  
20 home/assisted living facilities, end-of-life 08:06  
21 situations, much different patient and call load.

22 Q. Sure. And you understand, at least from  
23 your research or talking with him, Belmont Village is  
24 a retirement community. They go from independent

1 living all the way up to end-of-life scenarios;  
2 correct?

3 A. Yes.

4 Q. And Windsor Park is a nursing home that  
5 starts with basic nursing and goes all the way up to  
6 end-of-life scenarios?

7 A. That's my understanding.

8 Q. And you understand that those people have  
9 medical conditions that necessitate care and  
10 treatment from time to time?

11 A. Unfortunately, it does.

12 Q. Okay.

13 MR. DI NOLFO: So could we pull up Exhibit 17?  
14 Itasca Fire Protection District Exhibit 17?

15 (Fire District Exhibit No. 17  
16 identified.)

17 BY MR. DI NOLFO:

18 Q. And I know you looked at this, because  
19 you talked to the chief about it. But does the fact  
20 that the Carol Stream Fire Protection District had to  
21 go to Belmont Village 394 times in 2018 in any way  
22 impact your belief that Elite can handle what  
23 Haymarket is going to ask of them?

24 A. Well, no, Mr. DiNolfo. This site is

1 completely irrelevant to my study.

2 Q. That's fine. I'm just going to ask you  
3 some questions. You can tell me if they're  
4 irrelevant and then it's on the record and we can  
5 move forward.

08:07:

6 Does the fact that the Carol Stream  
7 Fire Protection District had to go to Belmont Village  
8 428 times in 2019 in any way impact your opinion  
9 about their ability to handle what is going to be  
10 asked of them at Haymarket?

08:07:

11 A. When I spoke with Chief Schultz, I asked  
12 him if there were any problems with Elite providing  
13 service at either of these locations, and he had  
14 indicated no.

15 Q. My question's a little different.

08:07:

16 Does the fact that they had to go to  
17 Belmont Village 428 times in 2019 in any way impact  
18 your opinion that Elite can handle what's being asked  
19 of them at Haymarket?

20 A. Chief Schultz -- and I'm sure he told you  
21 the same thing, Mr. DiNolfo -- they're the primary  
22 EMS responder to this site. They're not seeking  
23 primary EMS care from anybody else.

08:07:

24 Q. And I'm not trying to be difficult,

1 Mr. Dominik, and I think my question can be answered  
2 yes or no. Does the fact that they had to go there  
3 428 times in 2019 in any way impact your opinion  
4 about Elite's ability to perform the services that  
5 Haymarket's going to ask of them? 08:08

6 A. It's a completely irrelevant question,  
7 and it has nothing to do this with this.

8 Q. All right. Fair enough.

9 MR. DI NOLFO: I'm going to go to Fire  
10 Protection District Exhibit 18. 08:08

11 (Fire District Exhibit No. 18  
12 identified.)

13 BY MR. DI NOLFO:

14 Q. I think I know your answer, but I have to  
15 put it on the record. 08:08

16 Does the fact that the Carol Stream  
17 Fire Protection District had to go to Windsor Park,  
18 which was serviced by Elite, 405 times in 2018 in any  
19 way impact your opinion that Elite can handle what's  
20 going to be asked of them at Haymarket? 08:08

21 A. It's the same answer, Mr. DiNolfo. They  
22 provide --

23 Q. Irrelevant?

24 A. Right. They provide a different service.

1 Q. Fair enough. I'm going to ask you one  
2 more, and then we can move on.

3 If the Carol Stream Fire Protection  
4 District went to Windsor Park in 2019 388 times, that  
5 doesn't impact your opinion that Elite is able to  
6 handle what Haymarket is going to ask of them? 08:09:

7 A. What they're calling the Itasca -- or the  
8 Carol Stream Fire Protection District for and calling  
9 Elite for are two completely different scenarios, and  
10 I think you're trying to blend them together. 08:09:

11 Q. So the answer is no, it doesn't impact  
12 your opinion; correct?

13 A. Correct.

14 Q. All right. Now, you also testified  
15 to last week, which was -- if you want to see it, I  
16 can put it up on the screen -- was your Exhibit 48,  
17 which was the list of all the other ambulance  
18 services in the area, the region. Do you remember  
19 that exhibit? 08:09:

20 A. Yes. 08:09:

21 Q. All right.

22 A. Exhibit 48, yeah.

23 MS. O'KEEFE: Can we pull that? Can you wait  
24 one second while I pull that, Mr. DiNolfo?

1 (Haymarket Exhibit No. 48  
2 identified.)

3 MR. DI NOLFO: Absolutely, no problem at all.  
4 It's Haymarket Exhibit 48. It's up on the screen,  
5 just so you know, Bridget, as well. 08:10

6 MS. O'KEEFE: Thank you. I just want to look  
7 and see what I've got here. There are too many  
8 exhibits. My book is too thick.

9 MR. DI NOLFO: I've got stuff all over the  
10 table. I feel your pain. 08:10

11 MR. O'KEEFE: You can go ahead.

12 THE WITNESS: Okay.

13 BY THE WITNESS:

14 A. Yes, sir.

15 BY MR. DI NOLFO: 08:10

16 Q. Okay. And a couple questions just about  
17 that in general. From your years in the fire service  
18 and perhaps in your time in the private sector, you  
19 are aware that private ambulance services don't have  
20 mutual aid or auto aid like fire districts or fire 08:10  
21 departments do?

22 A. In some respects they do. In a large  
23 mass casualty disaster situation they provide aid to  
24 each other, but in the average everyday service, they

1 provide service primarily on their own.

2 Q. Right. So on day to day, Elite does what  
3 Elite does, Superior does what Superior does, and  
4 Apex does what Apex does?

5 A. Yes, sir.

6 MR. DI NOLFO: Do you need a break? We've  
7 been going about an hour. Do you need a break?

8 THE WITNESS: That would probably be a good  
9 idea, yeah.

10 MR. DI NOLFO: If that's all right with the  
11 chairman, I'm good with it too.

12 CHAIRMAN DALY: This is Chairman Daly. I  
13 request we take a 10-minute recess.

14 (Recess taken.)

15 CHAIRMAN DALY: This is Chairman Daly, and I  
16 would like to ask that we reconvene the meeting.

17 Mr. DiNolfo, please continue with  
18 your cross-examination.

19 BY MR. DI NOLFO:

20 Q. All right. Mr. Dominik, you know what?  
21 On my little break I went and looked. The chief at  
22 Bensenville did move them to MABAS 12, so Ms. O'Keefe  
23 and you were correct. So apparently my sheet was  
24 from 2019, and I guess when the chief from Addison

08:11

08:21

1 went over there, he moved them. So that one was  
2 correct.

3 A. It's not a big deal, Mr. DiNolfo.  
4 They're just fire departments used for comparison  
5 purposes.

6 Q. Understood. But, you know what, you  
7 asked and I wanted to double-check, so I thought you  
8 deserved to know that that one was correct.

9 A. Okay.

10 Q. All right. So I think you shared -- we  
11 were talking about these other ambulance services in  
12 the area, and I think your thought process was that  
13 if for some reason the contract with Elite didn't  
14 materialize or was cancelled, that they could perhaps  
15 contract with some of these other ambulances to  
16 provide similar services that Elite is going to  
17 purportedly provide to Elite in Itasca; I am correct?

18 A. Yes, sir.

19 Q. All right. And I think I know where  
20 you're going to go with these answers, but I want to  
21 ask it so it's just on the record.

22 MR. DI NOLFO: If I could ask Mo to go to Fire  
23 District Exhibit 19.

24 (Fire District Exhibit No. 19

1 identified.)

2 BY MR. DI NOLFO:

3 Q. And I will tell you that these are  
4 records from Hoffman Estates Fire Department, and it  
5 deals with 1650 Moon Lake Drive, which is a  
6 combination facility. They offer a variety of  
7 services, some ASAM services.

08:22

08:23

08:23

08:23

8 But my question for you is pretty  
9 simple. This is serviced by one of the entities, not  
10 Elite, that are on your list. And I know your  
11 answer, but I have to put it on the record. Does the  
12 fact that the Hoffman Estates Fire Department had to  
13 respond to the Moon Lake address 393 times in 2016 in  
14 any way call into question the other private  
15 ambulance services' ability to provide services to  
16 Haymarket if needed?

17 A. It didn't. It's a completely different,  
18 you know, response and need.

19 Q. Got it. And I'm just going to ask you  
20 two more years. In 2017, they went there 363 times.  
21 2018, 308. I assume your answer is the same, that  
22 those answers are irrelevant and have nothing to do  
23 with Elite and their relationship with Haymarket?

24 A. Mr. DiNolfo, 1650 -- I did look at this,

1 Amita, this is a hospital. This is very different  
2 than 1776 Moon Lake that I utilized in my study and  
3 provided comparable services. So this is completely  
4 different than the sites that I used to provide the  
5 same service as Haymarket DuPage. 08:24

6 Q. Understood. Do you know from your  
7 research if they offer any ASAM services?

8 A. They do. But my understanding is, when  
9 it's a hospital, it's kind of unlimited. They offer  
10 so many other services, and I did talk to the fire 08:24  
11 chief and one of the division chiefs in Hoffman  
12 Estates about this site.

13 Q. Who was that?

14 A. Pat Fortunato, who just retired, and --  
15 sorry, it escapes me right now. Nabello? Kabello -- 08:24  
16 not Kabello. The chief just left last Friday, as I'm  
17 sure you know, so one of the division chiefs called  
18 me back. We had a nice conversation, and I have it  
19 written down here somewhere.

20 Q. Okay.

21 A. But most of the conversations were with  
22 Pat earlier.

23 Q. All right. Now, your impact analysis is  
24 also, I think, contingent upon or factors in the

1 triage process that you claim is going to be  
2 instituted at Haymarket DuPage; is that correct?

3 A. We talked about the ability to identify  
4 ALS/BLS patients and the need, yes.

5 Q. Were you provided a copy of the triage  
6 plan or protocol that's going to be implemented in  
7 DuPage?

08:25

08:25

08:25

08:25

8 A. For Haymarket DuPage? So there is a plan  
9 that's in process. I saw parts of it. And that's  
10 something that Haymarket and Elite were working on,  
11 and it's something that I actually felt the Itasca  
12 Fire Protection District might want to have some  
13 interest in.

14 Q. Okay. So they don't have a finalized  
15 triage plan, at least at the time that you looked at  
16 it?

17 A. No.

18 Q. Okay. And, I mean, you understand that  
19 they're not using a triage plan at the Chicago  
20 facility as it pertains to calling EMS or fire?

21 A. No. The Chicago facility is very  
22 different, as I'm sure you're aware.

23 Q. Yeah, sure. But I understand they don't  
24 have a triage plan already in place there for calling

1 EMS? They're creating one for Haymarket DuPage?

2 A. Correct, so that they can obviously  
3 summons Elite when needed.

4 Q. And I think you also testified a couple  
5 times that there will be trained medical staff to  
6 perform that triage; is that correct?

08:26

08:26

08:26

08:26

7 A. Yes. Haymarket DuPage is going to have  
8 trained medical professionals on site 24 hours a day,  
9 seven days a week, and it was my recommendation that  
10 they're all trained in this policy to determine  
11 ALS/BLS calls and what's emergent care.

12 Q. Okay. And I'll just pick -- on a Sunday  
13 at 2 a.m. in the morning, what's your understanding  
14 of what the staffing will be at Haymarket DuPage to  
15 perform -- who will be performing this triage?

16 A. So they indicated to me they'll have  
17 licensed medical professionals there 24 hours a day,  
18 seven days a week.

19 Q. Well, a licensed medical professional  
20 could be a CNA, right, in theory?

21 A. RN, LPN. I think if you want further  
22 details on that, I'm not the one to answer the  
23 question.

24 Q. All right. So they didn't have that

1 level of detail in the document, that you saw?

2 A. No.

3 Q. All right. So as you sit here today --  
4 and this isn't a criticism. I just want to make sure  
5 I understand. As you sit here today, all you know is  
6 that Haymarket told you that there was going to be  
7 licensed medical providers on the grounds 24/7, 365?

08:27

08:27

08:27

08:27

8 A. Yes, it's a licensed medical facility. I  
9 would hope they have licensed medical personnel  
10 there.

11 Q. And also, if I heard your testimony right  
12 last week, you testified that the protocol is going  
13 to include someone from Haymarket calling Elite on  
14 every EMS call so that a collaborative decision can  
15 be made whether to call 911 or use Elite to handle  
16 the call. Did I hear you correctly?

17 A. Let me clarify. So the individual at  
18 Haymarket DuPage will make the decision on whether  
19 it's ALS or BLS and then call Elite when needed or  
20 Itasca when needed.

21 Q. All right. And maybe I heard you wrong  
22 last week, and, I apologize, or did you get a new  
23 understanding --

24 A. No, no, it's the same understanding. I'm

1 sorry. Maybe I just wasn't clear before.

2 Q. Okay. So the way you understand it's  
3 going to work is whoever the medical provider  
4 ultimately ends up being, they're going to assess the  
5 patient and decide whether to call Elite and ask for a  
6 BLS ambulance or call Itasca Fire Protection District  
7 and request an ambulance?

8 A. Correct.

9 Q. Okay. Do you know if the decision  
10 whether to use Elite versus calling Itasca is in any  
11 way impacted by the estimated response time given by  
12 Elite to the person calling from Haymarket?

13 A. So I am sure that if the time was  
14 unacceptable for any reason or felt that it was  
15 unnecessary, I'm sure that they then would call the  
16 Itasca Fire Department.

17 I feel it's important also to point  
18 out that my estimates on these numbers, Mr. DiNolfo,  
19 as I keep saying, are very conservative on the amount  
20 of calls that are going to be generated to the site.

21 Q. Understood. But I just want to circle  
22 back, though, to my question.

23 So it's your understanding, at least  
24 how the triage protocol would work, that if they call

1 Elite for a BLS call and they say it's going to be an  
2 hour response time, it's possible that Haymarket  
3 could call Itasca Fire District to handle that call?

4 A. It's possible, correct.

5 Q. Okay. And it's your understanding that 08:29  
6 the ultimate discretion of whether to call Elite for  
7 a BLS ambulance or the Itasca Fire Protection  
8 District for an ambulance is solely upon the person  
9 who is doing the triaging?

10 A. It would be the person at Haymarket 08:29  
11 DuPage, correct.

12 Q. All right. From your conversation that  
13 you had with the people at Haymarket or from the  
14 partial protocol that you saw written out, was there  
15 any type of penalty or discipline that could result 08:30  
16 if the employee decided to call Itasca versus Elite  
17 for a call?

18 A. I don't recall any kind of penalty, no.

19 Q. And you shared with us that -- at least 08:30  
20 it was your belief that Elite was going to also  
21 handle some ALS calls at Haymarket DuPage? Did I  
22 hear that correctly?

23 A. Yes. From my understanding, from talking  
24 to Elite, like I mentioned earlier, I believe that

1 there's a chance that they can provide ALS service;  
2 that they possibly could handle some of the ALS  
3 calls. You know, the ALS/BLS definition,  
4 Mr. DiNolfo, you know, some people would define an  
5 ALS call any time an IV is started. Because that's  
6 beyond the scope of a BLS provider, that doesn't  
7 necessarily mean that it's emergent care and, you  
8 know, that it's imminent danger or life-threatening.

08:30

08:31

08:31

08:31

9 Q. So it was Elite who told you that they  
10 may ultimately end up handling some ALS calls for  
11 Haymarket DuPage?

12 A. No, that was just my opinion.

13 Q. Oh, okay.

14 A. Yeah, I felt that they could provide some  
15 of the ALS calls when it isn't life-threatening.

16 Q. Are you aware that that is contrary to  
17 what Dr. Lustig and Mr. Baldwin testified to? They  
18 said it was only going to be BLS by Elite and ALS  
19 to --

20 A. Right, right. It was just my opinion.

21 Q. Okay. So it was nothing that you're  
22 aware of that Haymarket signed off on agreeing  
23 that --

24 A. No, no, no. It's just I believe, from

1 looking at their extensive capabilities,  
2 understanding the calls, the needs, the trained  
3 medical professionals, they're getting medical care  
4 right away from the Haymarket staff, that some of  
5 those calls that some people might call ALS could 08:32  
6 probably be handled by them as well. That's really  
7 up to the person making the decision at that time.

8 Q. Yeah. Because I think you would agree  
9 with me that an average 20-minute response time on an  
10 ALS call is counterintuitive and contraindicated; 08:32  
11 correct?

12 A. Pardon me?

13 Q. Do you want me to repeat that?

14 A. I thought someone else was asking a  
15 question.

16 Q. I heard that too. Let me repeat it, just  
17 so we're clear on the record.

18 MS. O'KEEFE: I think somebody has to mute.

19 MR. DI NOLFO: Okay, thank you.

20 BY MR. DI NOLFO: 08:32

21 Q. I guess from your experience as a fire  
22 chief, you would agree that a 20-minute wait time on  
23 an ALS call is contraindicated in most EMS circles?

24 A. I think you would have to further define

1 ALS, Mr. DiNolfo. Because, like I said, if an IV, an  
2 intravenous line, is started, that is deemed an ALS  
3 call. And that's a precautionary measure, you know,  
4 for most fire departments, so that doesn't  
5 necessarily mean the call is emergent or  
6 life-threatening immediately.

08:33

7 Q. Well, I mean, I guess let's use the state  
8 definition of an ALS call. If you start an IV or put  
9 a monitor on somebody, that's a ALS call; correct?

08:33

10 A. Well, yes. But if I put a monitor on  
11 them and I see a normal sinus rhythm, then there  
12 really is no need to be concerned about their care.

13 Q. Well, I think you and I addressed that a  
14 call that you have no care about can actually --

08:33

15 A. Concern about.

16 Q. Something you have concern about is the  
17 passage of time?

18 A. Like with anything, you're exactly right,  
19 sir. We could walk across the street and everything  
20 could change.

08:33

21 Q. Right. Could we agree on a general  
22 premise that if the Itasca Fire Protection District  
23 is in quarters and Elite has an ambulance available,  
24 that the Itasca Fire Protection District's response

1 time to the proposed Haymarket DuPage facility is  
2 going to be quicker than Elite?

3 A. It would depend on where the Elite  
4 Ambulance is.

5 Q. But in your general understanding from 08:34  
6 speaking with Mr. Dooley, Itasca Fire Protection  
7 District is, what, maybe an eighth of a mile from the  
8 hotel?

9 A. You're exactly right. They're not far  
10 away and they don't go on many calls, 2.5 ambulance 08:34  
11 calls per day, so chances are they would be available  
12 to respond.

13 Q. All right. And you understand that in  
14 the arena of EMS and the fire service -- probably you  
15 even yourself as chief for your department has always 08:34  
16 told people when in doubt about an emergency to call  
17 911?

18 A. Yes, sir, we would always rather respond  
19 and go home and not provide service than not.

20 Q. Right. And I think you would probably 08:34  
21 agree that that advice would apply to even the  
22 Haymarket protocol? If you have a doubt, call 911?  
23 That would be logical, wouldn't it?

24 A. Yes, but I think you're -- you're

1 referring to trained medical professionals with  
2 obviously extensive training, nurses and whatnot. So  
3 I think there -- I would trust their skill set to  
4 determine --

5 Q. When you were chief in Wilmette, did you 08:35  
6 have any urgent care facilities in Wilmette?

7 A. We did.

8 Q. Do you have doctors there that take care  
9 of patients?

10 A. Yes. 08:35

11 Q. Do you respond quite often to the urgent  
12 care facility because the doctor called 911?

13 A. The urgent care facilities, some -- the  
14 highest ones that you pointed out in some of the data  
15 that you brought forward, assisted living, nursing 08:35  
16 facilities, seem to generate the most calls.

17 Q. Okay. And, I mean, even nursing homes  
18 have trained medical professionals in them? CNAs?

19 A. Yes.

20 Q. LPNs? RNs? 08:36

21 A. Right. But the staff is -- as you know,  
22 the population -- Mr. DiNolfo, I'm sure you looked  
23 into this as well. The population and services  
24 provided is very different. There's a lot of

1 end-of-life situations, critical medical needs. You  
2 know, a treatment and recovery home is very  
3 different. These are, you know, likely normally  
4 healthy people with an addiction problem.

5 Q. And you would agree with me that if 08:36  
6 Haymarket DuPage calls 911 seeking medical  
7 assistance, the Itasca Fire Protection District has  
8 to respond? They have no choice?

9 A. I would hope so.

10 Q. Right. And I think it's my last 08:36  
11 question, depending on your answer.

12 From your review of the data that  
13 you had, what amount of additional calls would exceed  
14 the Itasca Fire Protection District's capacity?

15 A. So that's a long question. 08:36

16 Q. What's the long answer?

17 A. Short question, long answer.

18 Obviously, when you look at the  
19 Itasca Fire Protection District, Mr. DiNolfo, you  
20 have to look beyond just the Itasca Fire Protection 08:37  
21 District and their one station location. You have to  
22 look at the consolidated dispatch center. One of the  
23 things that I researched was Addison consolidated  
24 dispatch center utilizes a county-wide CAD system and

1 has the ability to dispatch fire and EMS resources  
2 throughout the county. They also know who is  
3 available, when they're available, in service, out of  
4 service, what have you.

5 So as, you know, fire 08:37:  
6 professionals -- and it was something we worked on in  
7 Wilmette as well -- we're all working together trying  
8 to share resources to be as fiscally responsible as  
9 we can. Seems to be happening very well in Itasca.  
10 So I -- when I look at the calls, I think that's a 08:37:  
11 difficult question to answer, because the resources  
12 are much deeper than just Itasca.

13 If Itasca stood alone and had no  
14 other service providers, other fire departments,  
15 available to help them, that would be a very 08:38:  
16 different question. But they're part of an auto-aid  
17 agreement, mutual-aid agreement. They participate,  
18 you know, in this consolidated dispatch. The chief  
19 is the chief for Wood Dale, two fire stations, and  
20 Itasca, which is obviously one. So your leadership 08:38:  
21 is really over the three stations, and they all seem  
22 to be working together and providing resources. So  
23 that number is different, you know, based on --

24 Q. All right.



1 A. Yeah.

2 Q. Logically, there has to be a point where  
3 they don't have capacity, but you're saying that's  
4 not the case?

5 A. Well, no, I didn't -- no, that's not 08:39  
6 correct. I'm sure there's a tipping point there, but  
7 when you look at 2.5 calls per day, that's not the  
8 tipping point in my estimation. I personally feel  
9 that the Itasca Fire Protection District could handle  
10 all the calls, ALS and BLS, generated by Haymarket 08:40  
11 DuPage.

12 Q. What number would be the tipping point  
13 for the Itasca Fire Protection District?

14 A. Oh, we would have to spend a fair amount  
15 of time working on it, but it's not 60 or 70 calls 08:40  
16 per year. That's not the tipping point. I'm sure  
17 when I looked at their historical data, Mr. DiNolfo,  
18 their calls varied more than that annually.

19 Q. So as you sit here -- sorry, go ahead.

20 A. They obviously -- by the call loads, you 08:40  
21 can see that -- you know, by the changes and over the  
22 years, they have the capacity to handle those calls.

23 Q. All right. And I guess this hopefully is  
24 the last. As you sit here today, you don't know what

1 the number would be that would constitute the tipping  
2 point; fair?

3 A. That was not part of my study, no.

4 MR. DI NOLFO: All right. That is all the  
5 questions I have for you, sir. Thank you for your  
6 time.

7 THE WITNESS: Thank you. I'll tell Carl  
8 you're a good guy.

9 MR. DI NOLFO: He won't believe you.

10 CHAIRMAN DALY: Thank you, Mr. DiNolfo.

11 I would ask at this time if  
12 Mr. Ellenbecker would like to begin his  
13 cross-examination?

14 MR. ELLENBECKER: I would. Thank you,  
15 Mr. Chairman.

16 CROSS-EXAMINATION

17 BY MR. ELLENBECKER:

18 Q. Good evening, Mr. Dominik. How are you  
19 this evening?

20 A. I'm good, Mr. DiNolfo.

21 MS. O'KEEFE: This is Mr. Ellenbecker.

22 THE WITNESS: Oh, I'm sorry.

23 BY MR. ELLENBECKER:

24 Q. But I play Mr. DiNolfo on TV.

1           A.    Yeah, I'm going to try it, too.  I'm  
2 going to see how I do next week.

3           Q.    I, of course, have some questions for you  
4 tonight.  I'm going to try not to duplicate  
5 Mr. DiNolfo's efforts.  I, inevitably, will ask some  
6 of the same questions, if for no other reason than to  
7 provide context.  Okay?

8           A.    Okay.

9           Q.    Before we get too far down the road,  
10 would you agree that you are not an expert in  
11 substance use treatment centers?

12          A.    No, I am not an expert in substance use  
13 treatment centers.

14          Q.    And, likewise, you're not an expert in  
15 substance use treatment centers and their treatment  
16 methodologies or the specific nature of their  
17 services; correct?

18          A.    No, I was not hired to do any of that,  
19 and I'm not an expert in that area.

20          Q.    Would you agree that you are not an  
21 expert in the medical needs arising out of detox and  
22 intensive substance use treatment centers?

23          A.    So I would differ with that a little bit.  
24 I believe I would qualify as an expert in assessing

1 emergency medical needs based on my position, time as  
2 a paramedic, and service on different EMS boards.

3 Q. Are you an expert in the specific nature  
4 or types of medical emergencies that arise in those  
5 undergoing substance use treatments? Not in 08:42  
6 identifying but what they actually might go through?

7 A. So one of the things that we did in my  
8 role as an EMS system board member, we evaluated  
9 procedures and policies based on different types of  
10 situations. When Narcan and the opioid crisis 08:43  
11 started to get bigger, this is something we looked at  
12 and evaluated very carefully, so I do have extensive  
13 knowledge in that area of this, which is what is  
14 utilized in opioid overdoses.

15 Q. What are the primary medical conditions 08:43  
16 prompting the need for advanced life support arising  
17 out of those undergoing intensive substance use  
18 treatments and detoxification?

19 A. Can you clarify that question? I'm not  
20 exactly sure what you're asking. 08:43

21 Q. Okay. Well, you indicated that you've  
22 studied the types of problems for those who get  
23 Narcan administered to and those having substance  
24 abuse problems. I'm asking what are the primary

1 life-threatening situations that those undergoing  
2 intensive substance use treatments for detoxification  
3 experience?

4 A. So are you asking me specifically in an  
5 overdose situation, what the impact of Narcan would  
6 be and if the patient didn't receive Narcan? 08:44

7 Q. No, I'm asking in the context of the  
8 Level 35-37 services that Haymarket DuPage is going  
9 to provide, do you know what the primary  
10 life-threatening conditions are that arise from that 08:44  
11 treatment that result in patients undergoing that  
12 treatment?

13 A. You know, I think Dr. Lustig or someone  
14 else like that would be better suited to answer that  
15 question. 08:44

16 Q. Okay. Are you an expert in the area of  
17 statistics?

18 A. No.

19 Q. Are you an expert in mathematical  
20 modeling and extrapolation of data? 08:44

21 A. No.

22 Q. Okay. You were at Wilmette Fire  
23 Department for several years, almost three decades, I  
24 think. How many trauma centers were in your service

1 area in Wilmette?

2 A. Okay. So we responded to, obviously, the  
3 calls in our area. We worked collectively with our  
4 surrounding fire departments, and our main transport  
5 areas -- we were blessed. We have two Level 1 trauma 08:45  
6 centers. They weren't in Wilmette but within a few  
7 miles of Wilmette and Evanston Hospital was our  
8 primary one. 98 percent of our calls went there, and  
9 it was a Level 1 trauma center.

10 Q. Right. And the other one, was it Skokie? 08:45

11 A. So now, yes. So St. Francis was the  
12 other one. Skokie has obviously come on line more.  
13 They weren't always a Level 1, and I believe they've  
14 changed to a Level 1 in the last few years.

15 Q. Do you know -- based on your evaluation 08:45  
16 and work in this case, were you able to identify a  
17 DuPage County trauma center that's within five  
18 minutes of Itasca's Haymarket proposed site?

19 A. So it really was not part of my study,  
20 Mr. Ellenbecker. 08:46

21 Q. Have you ever worked in a fire department  
22 or fire district as small as Itasca's?

23 A. No, I worked with the Village of  
24 Wilmette -- actually, yes, I did. I actually worked

1 in one smaller. I spent five-and-a-half years in the  
2 Village of Northfield, which is even smaller than the  
3 Village of Itasca. I started working there to  
4 supplement my income after I started in Wilmette.

5 Q. Okay. How many years did you spend in 08:46  
6 Northfield?

7 A. Five-and-a-half.

8 Q. And when was that?

9 A. 1985 to 1990-ish.

10 Q. Since 1990, have you served in any fire 08:46  
11 protection district as small as Itasca's?

12 A. No, I was fairly busy in Wilmette.  
13 However, through my work as an accreditations  
14 assessor, obviously I have evaluated a lot of fire  
15 departments. 08:47

16 Q. For your time in working this case, is  
17 Haymarket paying you for your time?

18 A. Yes, they are.

19 Q. And what is your current rate for that  
20 time? 08:47

21 MS. O'KEEFE: Objection; what is the relevance  
22 for this?

23 MR. ELLENBECKER: Well, you introduced him as  
24 an independent expert, and we all know that someone

1 who's getting paid isn't truly an independent expert.

2 MS. O'KEEFE: He testified that he's being  
3 paid, but it's irrelevant what he's being paid. I've  
4 never -- in my experience, when you're discussing  
5 expert witnesses, you don't ask them what they're  
6 being paid. It has nothing to do with the zoning  
7 standards that are the subject before the Board  
8 tonight, so I register an objection.

08:47

08:47

08:48

08:48

9 MR. ELLENBECKER: Every federal and state case  
10 I have been a part of you get to ask that question.

11 MS. O'KEEFE: Potentially, maybe. I'm not  
12 experienced with that in a zoning case. I've never  
13 seen it.

14 MR. ELLENBECKER: We'll let Mr. Hervas decide.

15 MR. HERVAS: Yeah. So let me take my  
16 headphones off. I can't speak correctly when I have  
17 them on.

18 So with respect to the objection,  
19 the objection would be overruled. While I understand  
20 that in zoning cases, that issue does not necessarily  
21 come up. But in any traditional cross-examination  
22 format, the payment of the expert is an issue that is  
23 within the purview of the cross-examiner in order to  
24 show some sort of bias or that the expert is

1 receiving monetary compensation.

2                   Since we are in a cross examination  
3 format and -- and this is following general  
4 cross-examination format, I'm going to allow the  
5 question. But it really is not something that we  
6 need to spend a lot of time on. If he's being paid  
7 at an hourly rate, that should be fine, and we should  
8 move on.

9 BY THE WITNESS:

10                   A. Yes.

11 BY MR. ELLENBECKER:

12                   Q. Okay. And with regard to the work you  
13 did in this case, were you given any time or  
14 budgetary limitations in terms of the scope of your  
15 analysis?

16                   A. Not exactly, no.

17                   Q. What does that mean, "not exactly"?

18                   A. No. I mean, obviously the scope of work,  
19 I estimated some hours based on my best guess and  
20 that was really about it.

21                   Q. What was your estimated hours you used in  
22 the analysis you presented here over the last two  
23 nights?

24                   A. I'm sorry, Mr. Ellenbecker, I don't have

1 that in front of me. I can get you --

2 Q. Well, do you have -- sorry.

3 A. I can get you the answer and give it to  
4 Ms. O'Keefe and she can give it to you. I just don't  
5 recall. We started this some time ago.

08:49:

6 Q. All right. And in terms of resources you  
7 could use, resources you could look at, data you  
8 could look at, the time spent on that data, were you  
9 given any limitations in those regards?

08:50:

10 A. No, not really. I suggested we use data  
11 from the International Public Safety Data Institute  
12 and I explained obviously why and they granted that  
13 request. That was the only thing I asked for.

14 Q. Now, you indicated last week that you  
15 have considerable expertise in the area of doing  
16 impact analyses in your time with the Village of  
17 Wilmette; is that correct?

08:50:

18 A. Yes, we would do some form of that for  
19 every new business or proposed use in the Village.

20 Q. Have you ever consulted on a project  
21 involved in determining the impact on local emergency  
22 services accounted by a drug treatment facility?

08:50:

23 A. Not particularly a drug treatment center,  
24 no.

1 Q. Have you ever consulted on a project  
2 involved in determining the impact on local emergency  
3 services of a 240-bed facility that was going to be  
4 providing intensive medical treatment?

5 A. I looked at various facilities in 08:50  
6 Wilmette that were proposed, some that got built.  
7 Assisted living nursing facilities that were quite  
8 large. One was five stories. So some of them were  
9 large. Some we looked at over the years that never  
10 came to be. And so I did look at different 08:51  
11 facilities with extensive needs.

12 Q. All right. And I think you talked with  
13 Mr. DiNolfo about the fact that assisted living or  
14 end-of-care facilities are dramatically different  
15 than the type of facility that's at issue with this 08:51  
16 special use application; correct?

17 A. Yes. Assisted living, nursing  
18 facilities, generate very high call volumes. There's  
19 a lot of emergency calls to those sites, much higher  
20 than for drug and rehabilitation treatment centers. 08:51

21 Q. Is there a facility like that proposed by  
22 Haymarket DuPage Wilmette service area that you have  
23 looked at?

24 A. No.

1 Q. Is there a facility like that proposed by  
2 Haymarket DuPage in the Village of Golf?

3 A. No, not in the Village of Golf, sir.

4 Q. You still have to go to the post office  
5 to pick up your mail, do you know? 08:52

6 A. Yeah. Obviously you've been there, yes.  
7 I still have to walk to the post office. I kind of  
8 like it.

9 Q. Have you ever done an impact study like  
10 the one you've presented here relying on comps or 08:52  
11 comparable-type facilities like you did in this case?

12 A. Yeah, I mean most of the work that I did,  
13 we always look at comparable sites. I mean, that's  
14 one of the foundational elements, so this is  
15 something that would be standard practice for me. 08:52

16 Q. And in all of your research, have you  
17 found an example of a facility of the type and size  
18 as that proposed for Haymarket DuPage imposing on a  
19 fire district and police force as small as Itasca's?

20 A. Really not -- can you restate your 08:52  
21 question? I'm not sure I'm understanding your  
22 question.

23 Q. Yeah. In all of your research, did you  
24 identify any comps or any types of facilities of the

1 type and the size as that proposed by Haymarket  
2 DuPage imposing -- or to evaluate its imposition on a  
3 fire district and police force as small as Itasca's?

4 A. So I think that's -- to answer your  
5 question, and I'm not trying to be evasive, that's  
6 why we did the per-bed approach and the facility  
7 averages and identified the calls based on a size of  
8 a facility, their uses, and then applied that to  
9 Haymarket DuPage to identify an accurate and reliable  
10 number for the impact that would be placed on Itasca  
11 Fire Protection District.

12 Q. And for the comparables that we'll get  
13 into much farther down the road, the comparables that  
14 you used in this case, would it be safe to say you  
15 couldn't find a facility of the size or magnitude of  
16 that contemplated by Haymarket DuPage?

17 A. The facilities that we identified, we  
18 found some. Obviously we started with 30. Some were  
19 large. You know, not necessarily as large as  
20 Haymarket DuPage but some were large.

21 We did try to stay, Mr. Ellenbecker,  
22 in the area. And one of the challenges that I noted  
23 was the information that we have in Illinois through  
24 the Substance Use Providers Directory to evaluate is

1 Illinois only, and I did not want to go downstate. I  
2 didn't want to go to other places. I wanted to stay  
3 somewhat close to the Chicago/Itasca area.

4 Q. Well, let me ask this: Regardless of  
5 what you ultimately excluded, were you able to find a 08:54  
6 substance use treatment facility as large as that  
7 contemplated by Haymarket DuPage other than Haymarket  
8 West Loop?

9 A. I'm sorry, what was the last -- I didn't  
10 hear the last part of that. 08:54

11 Q. Yeah. Were you able to find --  
12 regardless of whether you excluded the facility, were  
13 you able to find a facility as large as that  
14 contemplated by Haymarket DuPage to compare to, other  
15 than the facility in the West Loop? 08:55

16 A. So, no, no, we did not find one that was  
17 the exact size, exact bed count, exact services that  
18 they're going to provide at Haymarket DuPage.

19 Q. You suggested a bit ago that you might be  
20 consulting with Haymarket on its ALS/BLS or EMS 08:55  
21 protocol; is that right?

22 A. Correct.

23 Q. Okay. And is that a project that's  
24 outside the scope of the study or presentation you

1 discussed over the last two nights?

2 A. It was conversation, you know, based on  
3 recommendations. It's something that we discussed as  
4 part of this process. Because when I started this,  
5 Haymarket had a relationship with Elite and it was  
6 part of what was already decided by Haymarket  
7 leadership.

08:55

08:56

08:56

08:56

8 Q. And do you have -- and I apologize if  
9 this was covered before. Does Haymarket West Loop,  
10 to your knowledge, have an ALS, BLS, or EMS protocol  
11 in place?

12 A. No, they do not.

13 Q. Do you know why a facility as large and  
14 as comprehensive as Haymarket West Loop does not have  
15 a ALS, BLS, or EMS protocol?

16 A. Well, they do have a policy,  
17 Mr. Ellenbecker, let me clarify. But the Chicago  
18 Fire Department is the primary emergency provider,  
19 and they provide the service to there and there  
20 really is not much in the way of issues to the site.  
21 So there was no need to do anything different, it  
22 sounds like, in Haymarket Chicago.

08:56

08:56

23 Q. I didn't see any reference in your  
24 reports or in your appendices and I didn't hear any

1 testimony about it the last two nights so far, but  
2 did you consult with anybody at the Chicago Fire  
3 Department about its experience at the Haymarket  
4 Center West Loop?

5 A. So I looked at the data, we FOIA'd the 08:56  
6 data, so we did do extensive analysis trying to  
7 utilize the site. It was my original intent, as I  
8 pointed out earlier, Mr. Ellenbecker, to use that  
9 site as a comparable. That was the plan all along.  
10 And there's so many issues with the data -- which I'm 08:57  
11 sure we're going to talk about -- that precluded me  
12 from being able to do that and give you any kind of  
13 an accurate, reliable statement.

14 Q. Yeah, we'll certainly talk about the data  
15 a little bit. I'm not going to belabor it. 08:57

16 But my question is a little bit  
17 different. I mean, you testified that you talked to  
18 the Bloomingdale chief and I think you talked to  
19 someone in Hoffman and I'm probably missing a couple.

20 Did you ever talk to anybody at the 08:57  
21 Chicago Fire Department, maybe the battalion chief  
22 that services the West Loop, about their experience,  
23 i.e., CFD'S experience, in calling on Haymarket  
24 Center West Loop?

1           A.     Actually, I did.  You know, I conducted  
2     research, as you know, and, you know, one of the  
3     individuals that was assigned to Truck 2, which  
4     responded to Haymarket, I had some conversations with  
5     him about the site.  08:58

6           Q.     And what was his name?

7           A.     His name was Bill Toman.

8           Q.     Why didn't any of your conversations with  
9     Mr. Toman make its way into your report?

10          A.     I was unable to use the site, you know,  
11     as a whole because of the data, so none of this  
12     information I included in my report.  08:58

13          Q.     Did you ever sit down with the data and  
14     Mr. Toman and go through the data line by line to see  
15     if someone with CFD could make heads or tails of the  
16     data, FOIA data, for CFD?  08:58

17          A.     So one of my associates at Polaris is his  
18     wife, and we did work on the data.  She's our data  
19     analyst, so she had her hands on the data a lot.  And  
20     she also used to work for the Chicago Fire  
21     Department, so she was able to look at the data and  
22     interpret the data.  08:58

23          Q.     What's her name?

24          A.     Jody Toman.

1 Q. Is there a reason why Ms. Toman's  
2 information that you gleaned with her as either an  
3 employer, employee, or wife of an employee of  
4 Polaris -- I'm not sure -- her interpretations of the  
5 data?

08:59:

08:59:

08:59:

08:59:

6 A. She did not interpret the data,  
7 Mr. Ellenbecker. She just assisted me in trying to  
8 analyze the data, and she's an Excel spreadsheet  
9 genius, I'll call her, so that is what her role was,  
10 was really Excel spreadsheets.

11 Q. And was Ms. Toman able to analyze,  
12 assess, or make any heads or tails of the CFD FOIA or  
13 CAD data?

14 A. The data that we received from Chicago --  
15 and I did look at some of the data that you provided  
16 as well -- she, as I did, highlighted a lot of the  
17 errors and inconsistencies and why the data was  
18 unreliable.

19 Q. There's been a lot of talk about  
20 inconsistencies and unreliability, but was any  
21 information -- were you able to glean any information  
22 from the CAD or FOIA data from CFD? Such as what the  
23 nature of the call was? Whether it was ALS? Whether  
24 a truck was sent? Whether an ambulance was sent?

1 Anything of that nature?

2 A. So the challenges, you know, with the  
3 Chicago data, Mr. Ellenbecker, is the data that they  
4 gave us, I asked for summary data by the addresses,  
5 and what they gave us was all the data applicable to 09:00  
6 that site, every action, every call. Some of the  
7 incidents didn't have vehicles assigned to them.

8 It became very difficult to utilize  
9 any of the data with any reliability. And, as you  
10 can imagine, the last thing I wanted to do was start 09:00  
11 removing data based on an opinion without any actual  
12 backup data.

13 Q. Well, I appreciate the long response, but  
14 my question was were you able to glean any  
15 information from the FOIA data? 09:00

16 Let me ask this: In looking at the  
17 FOIA/CAD data for CFD, were you able to determine if  
18 dispatch identified it as ALS or BLS?

19 A. So in the City of Chicago, yes, they  
20 identify ALS and BLS based on the tele-communicator's 09:01  
21 opinion. But here's one your biggest challenges --  
22 and I'm sure you already know this -- the Chicago  
23 Fire Department does not utilize the EMS module in  
24 the National Fire Reporting System, so the EMS data

1 that's particular to each call is not something  
2 that's funneled through the state and national  
3 system, like all the suburban agencies. So I did  
4 file a FOIA with the Illinois Department of Public  
5 Health for the NEMSIS record, which is the patient 09:01:  
6 care record, to try to get that because I was trying  
7 to identify the calls to Haymarket Chicago.  
8 Unfortunately, the patient care reports are HIPAA  
9 protected, and they would not give us any of the  
10 data. 09:01:

11 Q. Okay, you mentioned that. We'll get into  
12 the CAD/FOIA data in a minute. I jumped ahead.

13 Do you know what the nearest  
14 hospital to Haymarket DuPage will be?

15 A. I'm sorry, sir, could you repeat that? 09:02:

16 Q. Do you know what the nearest hospital to  
17 Haymarket DuPage is or will be?

18 A. It really wasn't part of my study.

19 Q. You indicated on page 2 of your report,  
20 Footnote 4 specifically, you indicated that this 09:02:  
21 study will not discuss outpatient services because  
22 the historical experience at Haymarket Center Chicago  
23 indicates that outpatient clients have a negligible  
24 impact on calls for public safety services. Do you

1 remember writing that?

2 A. Yes, I do. And let me clarify that  
3 footnote, because obviously I didn't do a very good  
4 job stating that as a footnote. What I was  
5 attempting to illustrate there is that I'm not going 09:02  
6 to utilize that service independently as a separate  
7 analysis to identify the calls attached to that  
8 service. I looked at the addresses for the sites as  
9 a whole and all the calls to those addresses.

10 Q. If an outpatient person needs care a 09:03  
11 block from the facility, is that care that would be  
12 attributed to that outpatient regardless of the  
13 address at which the emergency arose?

14 A. I think that's irrelevant. If someone  
15 needs care a block away, a mile away, or has a heart 09:03  
16 attack, that's care, right?

17 Q. Right. But you're here telling the  
18 public and this commission that there will be a  
19 negligible impact on Itasca's emergency services,  
20 and, in part, you're doing it by saying you only 09:03  
21 analyzed cases that arose from 860 West Irving Park  
22 Road or that will arise at 860 West Irving Park Road;  
23 correct?

24 A. Mr. Ellenbecker, yes. But when you look

1 at that data, there would be no way to determine what  
2 happened to somebody an hour later, two hours later,  
3 a block away or a mile away. So the only reliable  
4 dataset you could get would be to that address.

5 Q. When you talked with Mr. Baldwin and 09:04  
6 Mr. Lustig about outpatient services at Haymarket  
7 Center West Loop, as you indicated last week in your  
8 testimony, did they indicate to you that Haymarket  
9 has any way of tracking the health condition of its  
10 outpatient patients? 09:04

11 A. I did not ask them that question.

12 Q. Do you know what percentage of Haymarket  
13 DuPage patients are projected to be outpatient as  
14 opposed to inpatient?

15 A. I don't recall that right now. I could 09:04  
16 get you that answer and get back to you.

17 Q. Are you aware that Haymarket indicates  
18 that it would be providing intensive outpatient  
19 substance use disorder treatment?

20 A. I am. And that is identified in the 09:05  
21 other sites as well. We identified that through the  
22 SUPR Directory, so you'll see the other sites provide  
23 that same service that we analyzed the call data for.

24 Q. And did you -- would you expect that

1 there would be considerable variability in those  
2 coming in for intensive outpatient substance use  
3 treatment?

4 A. My experience from the study was  
5 treatment centers generate more calls than recovery 09:05  
6 homes. We looked at data for as many years as we  
7 could. It averaged three years. So that's where the  
8 assumptions were made.

9 Q. Right. And if somebody is undergoing  
10 intensive treatment, outpatient or inpatient, you 09:05  
11 would agree that based on your last statement that  
12 would indicate that it would yield a higher call  
13 generation for emergency services; correct?

14 A. That's -- I can't really tell you that.  
15 I'm sorry. All I can tell you is that treatment 09:05  
16 centers generate more calls than recovery homes. I  
17 don't have the ability to drill down to each patient  
18 for the simple reason I stated earlier. We couldn't  
19 get patient care reports.

20 Q. Did you do any analysis to determine the 09:06  
21 likelihood of medical emergencies arising out of  
22 intensive outpatient treatment?

23 A. All we had the ability to do,  
24 Mr. Ellenbecker, was assess the calls to recovery

1 homes and treatment homes. That's the dataset and  
2 the call loading. I don't believe there would be a  
3 field or a way you could track that through the  
4 datasets currently available to us.

5 Q. So the amount of medical emergencies 09:06:  
6 arising out of intensive outpatient treatment is an  
7 unknown; would you agree?

8 A. No.

9 Q. You said there was no way of determining  
10 it, so is it known or is it unknown? 09:06:

11 A. No, no, there's no way of determining  
12 specifically. We looked at sites that provide the  
13 same level of service, so those calls would be in  
14 there in that dataset. You're asking if I could tell  
15 you what an individual patient in a category would 09:07:  
16 generate independently, if I'm understanding the  
17 question correctly.

18 Q. No, I'm not asking about a specific  
19 patient. I'm talking about the category of intensive  
20 outpatient substance use treatment. Are you able to 09:07:  
21 tell us what the incidence or prevalence of the need  
22 for emergency medical services is that arises out of  
23 that category of treatment?

24 A. So as I stated earlier, we looked at

1 recovery homes and treatment homes, the services that  
2 they provide, and we analyzed the calls to those  
3 sites, some of which are the calls you're referring  
4 to. But in my understanding your question, I don't  
5 believe there's any way to pull those out by service  
6 level.

09:07:

09:08:

09:08:

09:08:

7 Q. Okay. You indicated at page 19 of your  
8 report -- and if you want to go to it, I think we can  
9 pull it up. I believe it's Fire Protection District  
10 No. 16, and it's at page -- it's PDF 20 but it's  
11 page 19 of the report. There we go.

12 And I don't have many questions on  
13 this. But you indicated that you did some sort of  
14 analysis into the number of calls by Itasca emergency  
15 services to Holiday Inn as it existed as a hotel;  
16 correct?

17 A. Yeah, through the NFIRS data we were able  
18 to get, they were able to tell us if it was ALS, BLS,  
19 call nature, as you can see.

20 Q. Right. The Holiday Inn wasn't operating  
21 as treatment facility, obviously; correct?

22 A. No.

23 Q. They weren't providing similar services  
24 to those contemplated by Haymarket DuPage; correct?

1           A.    No.  The only reason I used this was to  
2 illustrate the calls to that address when it was the  
3 Holiday Inn.  It had nothing to do with drug  
4 treatment centers or recovery homes.

5           Q.    Would you agree that Haymarket DuPage  
6 operating the Holiday Inn site as a 240-bed facility  
7 would generate a higher number of gross ALS, BLS, EMS  
8 calls annually than the Holiday Inn as it existed as  
9 a hotel?

09:09

09:09

10          A.    Yes, my estimations provided that.

11          Q.    And it would be -- would you agree that  
12 the increase in calls arising out of the contemplated  
13 or projected Haymarket DuPage Center would be  
14 dramatically higher than that made by the Holiday Inn  
15 as it existed as a hotel?

09:09

16          A.    I don't know if I would use the word  
17 "dramatically."  That sounds a little bit  
18 overreaching to me.

19                        There would be more calls.  As I  
20 indicated -- and if you want, we can go to the slide  
21 and I can tell you exactly the calls that I  
22 projected.  It's on Chart 33, page -- Chart 33,  
23 page 33.

09:10

24          Q.    Okay.  We can go to that.  And you

1 indicated on this -- does this include BLS calls,  
2 because my question did --

3 A. No, we talked about that earlier,  
4 Mr. Ellenbecker. This is just the ALS calls.

5 Q. And that's why I was asking about gross  
6 calls.

7 A. Yeah.

8 Q. And did you do any sort of projection as  
9 to the total number of BLS calls --

10 A. Yes.

11 Q. -- that would arise out of Haymarket  
12 DuPage?

13 A. Yes. As I had indicated earlier, it's  
14 about 40 calls.

15 Q. Okay. When you contacted Elite or spoke  
16 with Elite about Forestview Rehab, did they indicate  
17 to you what the percentage of rides were that were  
18 prearranged as opposed to emergent in nature?

19 A. He said some of them were. I did not ask  
20 him specifically. He said they obviously provide  
21 service to the site, but, no, he did not give me an  
22 exact number for emergent care to the site. He had  
23 indicated they provide emergent care to many sites,  
24 but we did not talk about exact numbers.

1 Q. In speaking with the Elite personnel, did  
2 you get the impression or did you learn that Elite  
3 has any experience meeting the emergency medical  
4 needs of a large patient substance use treatment  
5 center?

09:11:

6 A. Yes.

7 Q. Okay. What large substance use treatment  
8 center did Elite tell you they currently provide care  
9 for?

09:11:

10 A. As I indicated earlier, I think that's a  
11 mischaracterization. They are trained in the same  
12 standards that we have in the state of Illinois; ALS,  
13 BLS, EMT paramedic. They are trained to provide the  
14 same level of care, whatever the nature of the call  
15 may be.

09:12:

16 We did not speak specifically about  
17 sites. We talked about other sites, but there was no  
18 reference specifically to drug treatment center sites  
19 that I spoke with them about. They provide services  
20 to drug and treatment center sites, and I illustrated  
21 some of those, but the detail -- I'm not answering  
22 this question well. I'm sorry. Not to the level of  
23 detail which I think you're seeking.

09:12:

24 Q. I think you projected. I'm going to

1 re-ask it. So I'm not mischaracterizing anything.  
2 I'm just asking you a question.

3 In your conversation with the Elite  
4 personnel that you talked to, Mr. Sprinkle and  
5 Mr. Dooley, did they indicate that they had any -- 09:12  
6 "they" being Elite -- had any experience in being the  
7 primary ALS emergency services provider for a large,  
8 i.e., 200 plus bed, substance use treatment center?

9 A. No.

10 Q. Speaking of -- do you remember the first 09:13  
11 name of Mr. Sprinkle?

12 A. Stephen.

13 Q. Okay. Do you know what Stephen's role is  
14 at Elite?

15 A. I would have to look. 09:13

16 Q. What about Mr. Dooley? What is his role  
17 at Elite?

18 A. They're my two points of contact. I  
19 don't know their exact titles. I have that. If  
20 you'd like me to get it, I will get it and get back 09:13  
21 to you.

22 Q. Well, does it make sense that Mr. Dooley  
23 is a salesman for Elite?

24 A. He was my point of contact. He and

1 Mr. Sprinkle provided all the data that I requested.

2 Q. Right. And I looked up Mr. Dooley quick,  
3 and he's in business development and sales. So he  
4 was your point of contact at Elite?

5 A. He and Mr. Sprinkle, both of them. 09:13

6 Q. Okay. And you had some talk with  
7 Mr. DiNolfo about where Elite might be staged, but do  
8 you know currently where Elite's stations are or  
9 where the nearest station is to the proposed  
10 Haymarket DuPage? 09:14

11 A. So the stations are irrelevant, because  
12 they're on the street and they stage ambulances as  
13 needed. And in the 355 corridor, they identified  
14 three staging areas.

15 Q. Okay. And where is the nearest staging  
16 area? 09:14

17 A. At 355 and Thorndale. Give me a minute  
18 to pull that up, and I will tell you exactly where  
19 they are. Hold on.

20 Yeah, 355 and Thorndale, Army Trail  
21 Road and Butterfield Road. Which one of those is  
22 exactly the closest, I'm not exactly sure. I did not  
23 look at them on a map. 09:14

24 Q. Did you -- in your time at Wilmette, did

1 you have any firsthand experience with Elite being  
2 offered for use as the surrogate for public emergency  
3 services?

4 A. No.

5 Q. And you indicated last time that you 09:15  
6 determined there would be a 20-minute average  
7 response time. You talked about that with  
8 Mr. DiNolfo. But based on that, you indicated that  
9 you weren't recommending that Elite be the option for  
10 ALS calls. Do still hold that opinion? 09:15

11 A. That was my recommendation, correct.

12 Q. You've indicated -- you know, we  
13 discussed ambulance and fire responses, but have you  
14 made any determination about whether there's going to  
15 be any private police-type services provided at 09:15  
16 Haymarket DuPage to alleviate any impact on the  
17 Itasca Police Department?

18 A. No, we talked about their security plan  
19 and things of that nature that they're going to have  
20 and that's -- the conversations were not very 09:15  
21 indepth.

22 Q. With regard to comparables, you indicated  
23 that for your study, the use of comparables was  
24 imperative. It was vital to the results you reached

1 in this case; right?

2 A. Yes.

3 Q. And I think you also agreed if you have  
4 bad comps, you get bad conclusions; agreed?

5 A. Yes.

6 Q. And with regard to Chart 33 of your  
7 report, would you agree that Chart 33 and the data  
8 represented on it was based exclusively on your  
9 comps?

09:16

10 A. Correct.

09:16

11 Q. And, therefore, the accuracy of Chart 33  
12 is reliant exclusively on the comparability of your  
13 comps; correct?

14 A. Correct.

15 Q. Let me see if I can get this straight,  
16 and if I can't, I'll just ask you to redefine it for  
17 me. But is your definition of a comparable facility,  
18 for purposes of this study, somebody who -- a  
19 facility that provided the same type of services with  
20 confirmed beds for a confirmed type of period of  
21 time?

09:16

09:17

22 A. Yes.

23 Q. Did you have any period of time that was  
24 your cutoff? Like did they have to be in business

1 for five years? 10 years? Four years?

2 A. Like I said, we tried to get as many  
3 years as we could. The dataset through NFIRS was  
4 only available through 2018, for NFIRS, so we  
5 utilized -- that was kind of the stopping point.

09:17

6 Q. You went back how far? I'm sorry, I  
7 didn't catch that.

8 A. The dataset that we got through IPSDI was  
9 only available through 2018.

09:17

10 Q. Okay.

11 A. So that was kind of the stopping point.

12 Q. And in terms of the years of full  
13 operation, did you have any of these comp facilities,  
14 of the 11 comp facilities, that had a long track  
15 record of service? Such as they have been servicing  
16 the communities and patients for 10, 15, 20 years?

09:18

17 A. We had three, four, five years. That's  
18 typically what we saw in the services that were  
19 provided.

20 Q. Did you make -- did you draw any  
21 inferences from the fact that the 11 comps didn't  
22 seem to have a long track record of being in  
23 business?

09:18

24 MS. O'KEEFE: I hate to interpret, but we're

1 having a problem with our video and I apologize.  
2 Could we take just a minute to -- what's going on?

3 CHAIRMAN DALY: This is Chairman Daly. I  
4 propose we take a five-minute break, and we can  
5 resolve the technical issues in that time. Thank  
6 you. 09:18

7 MS. O'KEEFE: Thank you very much.

8 (Recess taken.)

9 CHAIRMAN DALY: This is Chairman Daly. It  
10 looks like everybody's back. 09:23

11 MS. O'KEEFE: Yes.

12 CHAIRMAN DALY: So I'd ask that  
13 Mr. Ellenbecker please continue.

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

15 BY MR. ELLENBECKER: 09:24

16 Q. We talked about what you included as  
17 comps. In terms of facilities you excluded, you  
18 excluded some facilities based on an inability to  
19 confirm the number of beds; correct?

20 A. Correct. There was a number of reasons  
21 that the sites were excluded, yes. 09:24

22 Q. Yeah, without a doubt, and I'm not  
23 suggesting that's the only reason you would exclude  
24 it. But in terms of the efforts to confirm beds,

1 were you looking in the SUPR, S-U-P-R, Directory  
2 alone? Were you calling the facilities? How were  
3 you trying to determine or confirm the number of  
4 beds?

5 A. Many different ways to confirm the beds. 09:24  
6 You know, obviously, the information from the site,  
7 expertise called the facility. There was many  
8 different attempts to identify the beds in the sites.

9 Q. And in terms of confirming services of  
10 your accounts, how did you go about confirming the 09:24  
11 services offered at the 11 comps you ended up  
12 selecting?

13 A. That was the SUPR Directory.

14 Q. And I thought you indicated last week --  
15 correct me if I'm wrong -- was the level or 09:25  
16 similarity of services the number one criteria in you  
17 selecting the comp?

18 A. Yes.

19 Q. And if the facility did not offer the  
20 same level of service, you didn't use it; correct? 09:25

21 A. Correct.

22 Q. And you rejected looking at out-of-state  
23 facility data; correct?

24 A. Out-of-state facility data,

1 unfortunately, utilizes a different format, so there  
2 was no way to do an equal comparison, so we were  
3 unable to use out-of-state facilities.

4 Q. All right. And I wanted to follow up on  
5 that. When you say out-of-state facilities or  
6 out-of-state entities used a different format, what  
7 are you talking about?

09:25

09:26

09:26

09:26

8 A. The licensure for the facility. Illinois  
9 has licensure requirements, so, obviously, Indiana,  
10 Wisconsin, would not have the same licensure  
11 requirements.

12 Q. Right. But you know -- you're familiar  
13 with the ASAM ratings; right? The American Society  
14 of Addiction Medicine?

15 A. Yes.

16 Q. And you're aware that some facilities  
17 might offer 3.1, 3.5, 3.7 level services; correct?

18 A. Correct.

19 Q. And if a facility, a drug substance use  
20 facility, has an ASAM designation or has been  
21 accredited to provide services at that level, can't  
22 you use that as a comparable means to determine  
23 whether a facility out of state is offering  
24 comparable services?

1           A.     No. I also wanted to stay close to the  
2     Itasca/Chicago metropolitan area, and the SUPR  
3     Directory in Illinois is the licensed fundamental  
4     document I used.

5           Q.     Right. But I want to go back to the out  
6     of state, because you've already acknowledged that  
7     you couldn't or didn't find a facility as large as  
8     that proposed for Haymarket DuPage. What efforts did  
9     you do to identify out-of-state facilities that were  
10    of similar size as that contemplated for Itasca?

11          A.     The study was focused on information  
12    contained in the SUPR Directory for Illinois.

13          Q.     Right. But you indicated last week that  
14    you didn't include out of state because you couldn't  
15    identify the type of services provided; correct?

16          A.     Through the SUPR Directory.

17          Q.     All right. Well, did you talk to  
18    Dr. Lustig to find out if there were other avenues of  
19    determining what level of services other facilities  
20    in other states could provide or were providing?

21          A.     Through my research with Dr. Lustig,  
22    Haymarket staff, the SUPR Directory was the most  
23    reliable source.

24          Q.     Have you heard of CARF, C-A-R-F?

1 A. No.

2 Q. Did you know that Haymarket is accredited  
3 by the Commission on the Accreditation of  
4 Rehabilitation Facilities?

5 A. Yes, I do recall seeing that. They are  
6 accredited. 09:27

7 Q. And did you look to CARF to find out if  
8 there are any out of state -- or directories for  
9 out-of-state facilities?

10 A. No, we focused largely on the SUPR  
11 Directory. 09:28

12 Q. Are you aware that CARF actually has a  
13 directory that allows you to identify facilities  
14 based on location, the programming, the program  
15 focus, and the age group or special population  
16 served? 09:28

17 A. No. We focused just on the SUPR  
18 Directory, as I indicated.

19 Q. Right. So you made no effort outside of  
20 the SUPR Directory, which is -- well, the SUPR  
21 Directory is only for Illinois; correct? 09:28

22 A. Correct.

23 Q. So you made no effort to identify the  
24 existence of any substance use treatment centers

1 outside the state of Illinois for comparison purposes  
2 that are the size equal to or approximately equal to  
3 that proposed in Itasca; correct?

4 A. Correct. We focused on Illinois, like I  
5 said; Itasca area and Chicago. 09:28

6 Q. You think that folks receiving substance  
7 use treatment at a 3.5 or 3.7 level in Missouri are  
8 somehow in a different type of shape or prompt  
9 different emergency medical needs than those in  
10 Illinois? 09:29

11 A. That would really be out of the scope of  
12 my expertise, to talk about other states. I did not  
13 spend any time analyzing other states.

14 Q. Right. My question was -- it wasn't an  
15 analysis of other states. I'm asking you, based on 09:29  
16 your research into ASAM-type of criteria or level of  
17 services, do you think that those receiving 3.5 or  
18 3.7 level substance use treatment in other states are  
19 somehow giving rise to different medical needs or  
20 emergencies than those that would be experienced by 09:29  
21 Illinois substance use treatment center patients?

22 A. I think it would be unfair for me to  
23 comment on that, Mr. Ellenbecker. I focused on the  
24 SUPR Directory, my knowledge of that, and what

1 happens in Illinois.

2 Q. All right, fair. Do any of the facility  
3 comps that you have offer the same services as that  
4 proposed in Haymarket DuPage at the same magnitude as  
5 that being contemplated for Haymarket DuPage?

09:30

6 A. So we identified recovery homes and  
7 treatment centers, and, as I indicated earlier, we  
8 provided a per-bed analysis to reach that conclusion.

9 Q. We'll get to your per-bed but answer  
10 this: Do any of your comps provide the same level of  
11 services as that proposed by Haymarket DuPage at the  
12 same magnitude or size as that proposed at Haymarket  
13 Itasca?

09:30

14 A. Are you speaking specifically to the bed  
15 count?

09:30

16 Q. Sure, we'll start with bed count.

17 A. Okay. No, they were all obviously  
18 smaller.

19 Q. Right. In fact, the largest facility you  
20 had was 48 beds; correct?

09:30

21 A. Correct.

22 Q. And Haymarket DuPage, in treatment beds  
23 alone, is twice that number; correct?

24 A. Correct.

1 Q. And the largest recovery home facility  
2 you had was 16 beds; correct?

3 A. Correct.

4 Q. And Haymarket DuPage is contemplating 144  
5 recovery beds; correct?

09:31

6 A. 60 and 40 percent are the numbers that I  
7 was shared, so those are close.

8 Q. Right. But the largest recovery bed  
9 facility in your comp list had 16 beds total;  
10 correct?

09:31

11 A. Right, correct.

12 Q. Are you aware that Haymarket itself  
13 considers itself to stand alone in providing  
14 treatment?

15 A. I don't understand what you mean by  
16 "stand alone."

09:31

17 MR. ELLENBECKER: Okay. Mo, can you pull up  
18 Fire Protection District 15 at page 7, please? The  
19 second one. Thanks, Mo.

20 BY MR. ELLENBECKER:

09:32

21 Q. You see this was the Haymarket  
22 presentation in the special hearing process, and they  
23 are indicating that Haymarket stands alone in  
24 providing treatment. Do you see that?

1           A.    Yes, sir.

2           Q.    Based on that representation, can there  
3 be any satisfactory external comps other than  
4 Haymarket existing facilities?

5           A.    I don't think I'm the one to answer that  
6 question.

09:32

7           Q.    Okay. Is there any one of your comps --  
8 and I'll focus just on the treatment comps, so we're  
9 talking about Amita Health, Gateway Aurora, Heartland  
10 Banyan, and Leyden Family Services. Are there any of  
11 those facilities that offer all of the Level 1 adult  
12 through recovery home care listed on the slide in  
13 Exhibit 15?

09:32

14          A.    These were focused on recovery homes and  
15 treatment homes, so separately, because we couldn't  
16 find a comparable that offered both.

09:32

17          Q.    Okay. There was no comps that offered  
18 the range of services that Haymarket Center Itasca  
19 proposes to provide?

20          A.    That's why we broke it down into two  
21 buckets.

09:33

22          MR. ELLENBECKER: You can take that down, Mo.  
23 Thank you.

24          BY MR. ELLENBECKER:

1 Q. If you had faith in the CAD data from  
2 CFD, would you agree that Haymarket West Loop would  
3 be the best comp to the proposed Haymarket Itasca  
4 facility?

5 A. I'm sorry, Mr. Ellenbecker, I have no 09:33  
6 faith in the CAD data. There's too many  
7 inconsistencies. There's no way to really determine  
8 the calls for Haymarket Chicago with any accuracy.

9 Q. Right. That's how I started the  
10 question. If you had faith in that data, if, would 09:33  
11 you agree that based on your other criteria for  
12 comps, that Haymarket DuPage West Loop would be the  
13 best comp to the proposed Haymarket Center Itasca?

14 A. Yes.

15 Q. Okay. And that goes for -- in terms of 09:34  
16 years of service, Haymarket Center West Loop has many  
17 years of service; correct?

18 A. Correct.

19 Q. You would be able to confirm all the beds  
20 or the number of beds at Haymarket West Loop; 09:34  
21 correct?

22 A. Correct.

23 Q. You would be able to compare the level of  
24 services; correct?

1 A. Correct.

2 Q. And in terms of leadership, the  
3 leadership for Haymarket West Loop would be the same  
4 as Haymarket Center of DuPage; correct?

5 A. Correct.

09:34

6 Q. And based on the evidence-based therapies  
7 and treatment modalities that Dr. Lustig has  
8 described for us through this process, you would  
9 agree those treatment modalities and methodologies  
10 would be the same between West Loop and Itasca?

09:34

11 A. I think he would be better to ask that.  
12 I did not spend a lot of time looking at Haymarket  
13 West Loop, obviously because of the data issues that  
14 I mentioned earlier.

15 Q. You're aware that in terms of comps, that  
16 as part of the process before your involvement that  
17 Haymarket only relied on its West Loop facility;  
18 correct?

09:35

19 A. As I mentioned earlier, Mr. Ellenbecker,  
20 I looked at that report after I was done with mine.

09:35

21 Q. Right. And I wasn't adding a temporal  
22 component to my question.

23 A. Yes.

24 Q. You would agree that before your

1 involvement --

2 A. Yes, yes.

3 Q. -- Haymarket Center's presentation -- let  
4 me get my question out. The court reporter is going  
5 to get after us.

09:35

6 Based on Haymarket's presentation  
7 before your involvement, Haymarket Center's only comp  
8 was its West Loop facility; correct?

9 A. Yes.

10 Q. Let's talk about the CAD data. I told  
11 you we would get there, and we are there.

09:35

12 The CAD data is what we would get if  
13 we issued a FOIA request, properly worded, to  
14 Chicago's emergency services office; correct?

15 A. Office of Emergency Management  
16 Communications; correct.

09:36

17 Q. I knew you would know the right name.

18 Do you have any reason to believe  
19 that Chicago Fire Department somehow was altering or  
20 doctoring the information or the raw data it was  
21 producing in response to the FOIA request relating to  
22 its EMS, fire, and police calls to Haymarket's West  
23 Loop facility?

09:36

24 A. I don't believe there was any purposeful

1 altering of the data to make it inaccurate or  
2 accurate.

3 Q. Right. They had what they had and they  
4 produced it; is that your understanding?

5 A. Yes. The CAD data, as I mentioned 09:37  
6 earlier, computer-aided dispatch data, this is the  
7 initial data received by the interpretation of the  
8 911 call.

9 Q. Did you issue any FOIA request personally  
10 to the Chicago Fire Department? 09:37

11 A. I worked with a legal assistant, so, no,  
12 I did not do it myself.

13 Q. And you indicated earlier -- well, let me  
14 ask you this: Other than -- you're going to correct  
15 me on the name. What was the name of the woman you 09:37  
16 discussed CFD data with?

17 A. Jody Toman. If you look at the Polaris  
18 information, you'll find her picture and bio in  
19 there.

20 Q. Sure. Other than Jody Toman, did you 09:37  
21 talk to anyone else at Polaris about the CFD CAD  
22 data?

23 A. Yes, I did.

24 Q. And who else at Polaris did you talk to?

1 A. John McNicholas.

2 Q. And John McNicholas used to work at CFD;  
3 correct?

4 A. Correct.

5 Q. And did Mr. McNicholas give you the names  
6 or a name of someone at CFD who would have insight  
7 into the background, origins, and interpretation of  
8 the CAD data produced by CFD?

09:38

9 A. No, he just told me don't use the data,  
10 it's bad.

09:38

11 Q. Okay. And did Mr. McNicholas know the  
12 circumstances of your retention by Haymarket in this  
13 case?

14 A. Yes.

15 Q. Okay. With regard to FOIA data  
16 generally, you would agree that in the context of  
17 your analysis, you did use FOIA data for some  
18 purposes; correct?

09:38

19 A. I asked for summary FOIA data for the  
20 sites indicated.

09:38

21 Q. Right. You -- for instance, you had FOIA  
22 data, police data; correct?

23 A. Yes.

24 Q. And you found that FOIA data to be

1 reliable; correct?

2 A. Other than the sites we talked about, the  
3 majority of it was.

4 Q. And on page 23, you have a chart that  
5 indicates that for the projected range of impact of  
6 the Haymarket DuPage, recovery home beds on Itasca  
7 Fire Department annual fire call volume, your data  
8 source was FOIA for fire EMS data; correct?

9 A. I'm sorry, I just want to double-check.

10 Q. We can pull it up.

11 MR. ELLENBECKER: Mo, can you pull up  
12 Exhibit 16, please, at -- I believe it will be Bates  
13 24, perhaps.

14 MS. O'KEEFE: Is it Chart 16, Mr. Ellenbecker?

15 MR. ELLENBECKER: I'll get you there, hold on.

16 MS. O'KEEFE: Okay.

17 MR. ELLENBECKER: It's that one. Mo, you're  
18 on the right one, I believe.

19 MS. O'KEEFE: Which one was that? Oh, 19,  
20 okay.

21 MR. ELLENBECKER: Chart 19.

22 BY MR. ELLENBECKER:

23 Q. Are you there, Mr. Dominik?

24 A. Yes, sir.

1 Q. And you'll see that on Chart 19, your  
2 data source was -- one of your data sources was FOIA  
3 for fire EMS data, 2016 to 2018, for all except  
4 Serenity House, Naperville, and Way Back Inn;  
5 correct?

6 A. Correct.

7 MR. ELLENBECKER: Mo, do you have Objector's  
8 Exhibit No. 2?

9 MR. KHAN: I do not have that handy right now.

10 MR. ELLENBECKER: I'll keep going. Is it  
11 possible for you to find that?

12 MR. KHAN: Yeah, give me a second. I'll  
13 switch you back to video.

14 BY MR. ELLENBECKER:

15 Q. While we're waiting for that,  
16 Mr. Dominik, I'll ask you some questions here. For  
17 your comps, did you FOIA the EMS dispatch calls from  
18 those towns?

19 A. Which specific towns are you referring  
20 to, Mr. Ellenbecker?

21 Q. Well, the towns in your comps;  
22 Naperville, Addison, Melrose Park, Woodstock, Aurora,  
23 Elk Grove, Gillman, and Hoffman Estates?

24 A. So as it indicates in each slide, the

1 sites were NFIRS and FOIA data.

2 Q. Did you do any analysis between the FOIA  
3 data and the NFIRS data to see what the discrepancies  
4 might have been in terms of actual calls?

5 A. If we had NFIRS data, we relied largely 09:42  
6 on NFIRS data.

7 Q. Right. And the reason I'm asking is  
8 because you're critical of the FOIA data for the CAD  
9 data for CFD, but if you did an analysis of the  
10 differentiation between -- or the discrepancies 09:42  
11 between FOIA and NFIRS, you may have been able to  
12 extrapolate that into actual numbers out of the CFD  
13 CAD data; correct?

14 A. So we did get NFIRS data for Chicago,  
15 Mr. Ellenbecker, and it was vastly different than 09:42  
16 what you see in the data from FOIA.

17 Q. Right. But the NFIRS data for Chicago is  
18 only fire; correct?

19 A. Fire, but one fire vehicle would respond  
20 to an EMS call. 09:42

21 Q. Right. But you indicated earlier that  
22 the NFIRS data only showed that there were 12 calls  
23 to --

24 A. Fire only, for fire only, yes.

1 Q. Yes, exactly. Back almost a year ago,  
2 actually, a little more than a year ago, I went  
3 through the CAD data with James Baldwin of Haymarket,  
4 and we discussed that there were four addresses  
5 affiliated with Haymarket West Loop. Do you know  
6 what those addresses are?

09:43

7 A. Yes, sir. Yes, I do.

8 Q. Okay. Can you tell me those?

9 A. Sure. 932 West Washington; 108 North  
10 Sangamon; 120 and 124.

09:43

11 Q. And based on that data from 2018 to 2019  
12 for those four addresses, do you now have an  
13 understanding as to how many call lines were  
14 generated for those four addresses? For police,  
15 fire, EMS at those four addresses?

09:43

16 A. So you're referring to your exhibit?

17 Q. Yes, and his testimony.

18 A. The objector's exhibit. Yes, I did look  
19 through that.

20 Q. Okay. And you're aware that, based on  
21 the FOIA or CAD data for those four addresses as they  
22 relate to Haymarket Center, there were approximately  
23 1500 call lines represented in that data; correct?

09:44

24 A. It's misleading, Mr. Ellenbecker, because

1 there's a lot of discrepancies in there and there's  
2 some addresses in there that don't even apply.

3 Q. And I'll ask the question again.

4 MS. O'KEEFE: Do you --

5 MR. ELLENBECKER: Mr. Hervas, I would ask that  
6 Ms. O'Keefe not talk to the witness in-between my  
7 question and his answer.

09:44

8 MR. HERVAS: Yeah. Ms. O'Keefe, it's not  
9 appropriate to interject in the middle of a question.  
10 I know that in Plan Commission hearings, sometimes  
11 you jump in for clarification, but with a  
12 cross-examination process, you have to wait until the  
13 question is over and the answer. So please do so.

09:44

14 MR. KHAN: I have the objector's exhibit.

15 MR. ELLENBECKER: Oh, all right. Thank you,  
16 Mo. If you go to Objector's Exhibit 2 and,  
17 specifically, if you scroll -- it's eight pages in,  
18 Mo. It will start with F-M-I-S-O-E-C-E-C 602 report.  
19 There you go.

09:45

20 (Objector's Exhibit No. 2  
21 identified.)

22 BY MR. ELLENBECKER:

23 Q. Mr. Dominik, can you see page 8 of  
24 Objector's Exhibit No. 2?

1           A.    Yes, I can.

2           Q.    And you see, based on the service  
3 location or address location, one of the addresses  
4 you gave for Haymarket West Loop; correct?

5           A.    Yes. 09:46

6           Q.    And we look at -- we have entry dates on  
7 the left column, event numbers, and then we have  
8 event types; correct?

9           A.    Correct.

10          Q.    And next to event type, we have 09:46  
11 disposition. Then it goes on, location of service,  
12 address of occurrence. And then that last column,  
13 which is underneath the video portion or the tiles,  
14 are the units; correct?

15          A.    Correct. 09:46

16          Q.    All right. So from this data, let's look  
17 at even the second line, we see that the event type  
18 is a cardiovascular accident; correct?

19          A.    Correct.

20          Q.    The disposition was ALS, and we can see 09:46  
21 that a unit was sent; correct?

22          A.    Yes.

23          Q.    In fact, we know that an ambulance and a  
24 truck were sent; right?

1 A. Yes.

2 Q. And if we go to the next ALS, which is a  
3 couple lines down, we have a seizure, ALS, and we  
4 know that two units were sent for that as well;  
5 correct? An ambulance and an engine this time;  
6 right?

09:47:

7 A. Yes.

8 Q. And we could go down, the next ALS entry,  
9 patient's unconscious, ALS. We know that an  
10 ambulance, Ambulance 28, was sent; correct?

09:47:

11 A. Correct.

12 Q. And we could do that for each one of  
13 these events; correct? We could find every ALS, BLS  
14 if it's noted, we can find out what the report was,  
15 and we can find out what units were sent; correct?

09:47:

16 A. Yes, you could find it for this  
17 interpretation by the dispatcher, correct.

18 Q. Right. And what we know from this is  
19 that, regardless of what may have changed when the  
20 units arrived, we know that the units on the far  
21 right column were dispatched; correct?

09:47:

22 A. There's spaces where there is units and  
23 there's spaces where there's not.

24 Q. Right. And if we look at the ALS

1 entries -- and you could look at it, if you would  
2 like -- all the ALS entries dispatched one or two  
3 units; correct?

4 A. Yeah, some of them.

5 Q. And this one page of data, one page of 09:48  
6 CAD data out of all the pages, reveals that there  
7 were, what, 14 ALS calls just on this one page alone;  
8 correct?

9 A. That's what that data shows.

10 Q. And we can see what the event reported 09:48  
11 was and we can see how many units were dispatched;  
12 true?

13 A. That's what we believe happened through  
14 that data.

15 Q. Right. And your testimony is there's no 09:48  
16 usable data that can be gleaned from the CFD CAD  
17 data; correct?

18 A. I found a lot of inconsistencies, so,  
19 yes, I did not use this data.

20 Q. All right. 09:48

21 MR. ELLENBECKER: We can take that down.  
22 Thank you.

23 BY MR. ELLENBECKER:

24 Q. So I was at that 1500 number, and you're

1 aware -- I know you think there's some discrepancies,  
2 and I know you think there's some, you know, maybe  
3 blue-pencil stuff that has to go on with that data.

4 But just from a raw number, you  
5 would agree that the CFD, CPD, and EMS CAD data that 09:49  
6 was produced for those four addresses for that one  
7 year had 1500 lines on entries; correct?

8 A. I did not count them, but there's a lot  
9 of lines there, correct.

10 Q. Right. I'll represent to you that 09:49  
11 Mr. Baldwin said there were approximately 1500, so  
12 for my next few questions, I'm going to base my  
13 questions based on Mr. Baldwin's testimony.

14 If somehow only 10 percent of those  
15 1500 calls were determined, based on your analysis, 09:49  
16 to be viable, realistic, calls that actually  
17 happened, would those 150 calls to Itasca EMS be too  
18 burdensome for the town to handle?

19 A. So what you're asking me -- could you  
20 restate that? 09:50

21 Q. Yeah. If 10 percent of the 1500 call  
22 entries on the Chicago CAD data actually were  
23 determined to be viable, realistic, confirmed calls,  
24 would you agree that 150 calls resulting would be too

1 burdemsome on Itasca?

2 A. So the Itasca Fire Protection District,  
3 you're asking me if they could handle 12-ish calls  
4 per month more?

5 Q. Yes.

6 A. I believe they can.

7 Q. If one-fifth of that data, all right, 20  
8 percent of that data, was determined to be an actual  
9 call, could the Itasca Fire Department handle 20  
10 percent of that 1500 calls or one-fifth? Could they  
11 handle 300 calls?

12 A. 300 calls, to me, does not seem to be  
13 problematic for them based on the call numbers that I  
14 see.

15 Q. How about a third? Could Itasca Fire  
16 Protection District handle 500 additional calls?

17 A. I did not analyze this, Mr. Ellenbecker,  
18 so this is not -- wasn't part of my study, was to dig  
19 into the capacity of those numbers, because I didn't  
20 believe we were going to generate those numbers.

21 Q. Well, you indicated that you thought it  
22 could handle 300, so is there something between 300  
23 and 500 that you're not able to render an opinion?

24 A. Yeah, I just don't -- I did not spend the

1 amount of time that I would like to to analyze that  
2 data for that opinion with accuracy.

3 Q. Fair enough. Based on your assessments,  
4 I saw in one of your charts that you indicated that  
5 Haymarket Center DuPage would result in .01 calls to  
6 Itasca EMS per day. Do you recall that? 09:51

7 A. I mean, calls, as we indicated in my  
8 report, which we can pull up and we can look at.

9 Q. I'm looking at page 28 of Exhibit 16. We  
10 can pull that up. 09:52

11 MS. O'KEEFE: Page 28?

12 THE WITNESS: Page 28?

13 MS. O'KEEFE: This one?

14 MR. ELLENBECKER: Yeah, it's PDF 28, so it  
15 actually might be page 27. 09:52

16 MS. O'KEEFE: Is there an certain chart number  
17 you're looking at, Mr. Ellenbecker?

18 MR. ELLENBECKER: I knew you would ask me  
19 that, Bridget. Hold on.

20 MS. O'KEEFE: I'm sorry. 09:52

21 CHAIRMAN DALY: Excuse me for one second,  
22 Mr. Ellenbecker.

23 MR. ELLENBECKER: Sure.

24 CHAIRMAN DALY: It is eight minutes to 10:00

1 o'clock, so with a hard stop at 10:00 o'clock, if  
2 there's an appropriate time between now and then that  
3 we would potentially end tonight's cross-examination  
4 to pick it up at the next meeting, we would welcome  
5 that.

09:53

6 MR. ELLENBECKER: I think this would be a  
7 great spot, Mr. Chairman, and I will make sure I have  
8 the chart number for us to start at the next meeting.

9 CHAIRMAN DALY: Thank you, Mr. Ellenbecker. I  
10 appreciate your patience and understanding.

09:53

11 At this point, before we adjourn  
12 this evening's meeting, I would ask Ms. O'Keefe to  
13 give us a proposed list of witnesses and plan moving  
14 forward. I know that Mr. Ellenbecker still needs to  
15 finish. I know Ms. Smith has been patiently waiting  
16 for the past two meetings to be able to question the  
17 witness. I know the Plan Commission ourselves have  
18 questions as well. So with that, we know that  
19 Mr. Dominik will return.

09:53

20 So, Ms. O'Keefe, who else do you  
21 think are going to be your next witnesses?

09:53

22 MS. O'KEEFE: My next witnesses will be  
23 Dr. Lustig and Mr. Pollack. They will be on the --  
24 the next -- when Mr. Dominik finishes, those will be

1 the two next witnesses. We may present the traffic  
2 consultant and we will present Mr. Kissel (phonetic),  
3 so I have three, maybe four, witnesses left.

4 CHAIRMAN DALY: Thank you for that. And as a  
5 reminder, just looking at the calendar moving 09:54  
6 forward, next week, for those of you keeping score at  
7 home, is actually the regular Plan Commission meeting  
8 for the Village of Itasca. Next Wednesday will not  
9 be a Haymarket hearing.

10 The next meeting in regards to this 09:54  
11 case is on January 6th. Okay? So we're going to get  
12 through the holiday weeks, after next week, and we  
13 will reconvene on January 6th for Haymarket.

14 So with that, I will now entertain a  
15 motion to continue the hearing until January 6th. 09:54

16 MR. HOLMES: So moved. This is Commissioner  
17 Holmes.

18 MS. RAY: Second. Commissioner Ray.

19 CHAIRMAN DALY: Thank you. Would the  
20 secretary please call the vote. 09:55

21 RECORDING SECRETARY MELONE: Commissioner  
22 Carello.

23 COMMISSIONER CARELLO: For.

24 RECORDING SECRETARY MELONE: Commissioner

1 Drummond.

2 COMMISSIONER DRUMMOND: Agree.

3 RECORDING SECRETARY MELONE: Commissioner  
4 Holmes.

5 COMMISSIONER HOLMES: For. 09:55

6 RECORDING SECRETARY MELONE: Commissioner Ray.

7 COMMISSIONER RAY: For.

8 RECORDING SECRETARY MELONE: Commissioner

9 Russo.

10 COMMISSIONER RUSSO: For. 09:55

11 CHAIRMAN DALY: Thank you. Motion passes.

12 May I please get a motion now to adjourn this  
13 evenings's meeting?

14 MR. HOLMES: So moved. Commissioner Holmes.

15 MS. RAY: Second. Commissioner Ray. 09:55

16 CHAIRMAN DALY: Will the secretary please call  
17 the vote.

18 RECORDING SECRETARY MELONE: Commissioner  
19 Carello.

20 COMMISSIONER CARELLO: For. 09:55

21 RECORDING SECRETARY MELONE: Commissioner  
22 Drummond.

23 COMMISSIONER DRUMMOND: For.

24 RECORDING SECRETARY MELONE: Commissioner

1 Holmes .

2 COMMISSIONER HOLMES: For.

3 RECORDING SECRETARY MELONE: Commissioner Ray.

4 COMMISSIONER RAY: For.

5 RECORDING SECRETARY MELONE: Commissioner

6 Russo .

7 COMMISSIONER RUSSO: For.

8 CHAIRMAN DALY: Thank you. This meeting is

9 now adjourned. Everyone have a safe and happy

10 holiday until we see you next.

11 \* \* \* \* \*

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09:55

09:56

1 STATE OF ILLINOIS )  
 ) SS.  
2 COUNTY OF DU PAGE )

3 I, Lynette J. Neal, CSR. No. 84-004363, 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 144, 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 24th day of December, 2020.

21   
22

23 Certified Shorthand Reporter  
24

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<b>01</b> 139:5	<b>19-014</b> 5:3 6:11 9:14	<b>3,000-ish</b> 81:11	<hr/> <b>7</b> <hr/>
<hr/> <b>1</b> <hr/>	<b>1985</b> 88:9	<b>3.1</b> 117:17	<b>7</b> 122:18
<b>1</b> 9:16 42:5 50:24 87:5,9, 13,14 123:11	<b>1990</b> 88:10	<b>3.5</b> 117:17 120:7,17	<b>70</b> 82:15
<b>1-5</b> 45:22	<b>1990-ish</b> 88:9	<b>3.7</b> 117:17 120:7,18	<hr/> <b>8</b> <hr/>
<b>10</b> 42:22 43:13 57:21 114:1,16 137:14,21	<hr/> <b>2</b> <hr/>	<b>30</b> 14:16 94:18	<b>8</b> 133:23
<b>10-minute</b> 65:13	<b>2</b> 42:5 70:13 98:3 101:19 130:8 133:16,20,24	<b>300</b> 138:11,12,22	<b>860</b> 6:13 9:20 102:21,22
<b>108</b> 132:9	<b>2.5</b> 77:10 82:7	<b>308</b> 67:21	<hr/> <b>9</b> <hr/>
<b>10:00</b> 139:24 140:1	<b>2.55</b> 30:3 31:9	<b>33</b> 20:14,17 21:7 52:14, 17 107:22,23 113:6,7,11	<b>911</b> 12:11,14,20 13:2 33:20 53:14 71:15 77:17, 22 78:12 79:6 127:8
<b>11</b> 19:21 21:12 22:6,8,24 23:1,2,23 45:23 114:14, 21 116:11	<b>20</b> 31:2 32:17 42:21 43:12,15 44:17,18 57:16 106:10 114:16 138:7,9	<b>35-37</b> 86:8	<b>932</b> 132:9
<b>110</b> 52:4,17 53:7	<b>20-minute</b> 75:9,22 112:6	<b>355</b> 111:13,17,20	<b>98</b> 87:8
<b>12</b> 19:14 23:16,18 24:3, 11,14,17,23 25:20 26:8, 24 27:6 31:23 65:22 131:22	<b>200</b> 110:8	<b>363</b> 67:20	<b>9th</b> 5:2,14
<b>12-ish</b> 138:3	<b>2015</b> 52:18	<b>365</b> 71:7	<hr/> <b>A</b> <hr/>
<b>120</b> 132:10	<b>2016</b> 67:13 130:3	<b>388</b> 63:4	<b>a.m.</b> 70:13
<b>124</b> 132:10	<b>2017</b> 67:20	<b>393</b> 67:13	<b>ability</b> 29:20 61:9 62:4 67:15 69:3 80:1 104:17, 23
<b>130</b> 46:4,8 48:22 49:4,23 50:1	<b>2018</b> 60:21 62:18 67:21 114:4,9 130:3 132:11	<b>394</b> 60:21	<b>able</b> 6:24 7:4 13:9 18:12 40:16 63:5 87:16 95:5, 11,13 97:12 98:21 99:11, 21 100:14,17 105:20 106:17,18 124:19,23 131:11 138:23 140:16
<b>14</b> 136:7	<b>2019</b> 52:18 61:8,17 62:3 63:4 65:24 132:11	<hr/> <b>4</b> <hr/>	<b>about</b> 8:22 12:4 13:14 14:11 16:13 17:22 19:14 21:13 22:2 26:15 27:13 28:20 31:16,21 32:16 33:10 34:23 40:19,24 43:8 44:5 51:18 53:6 55:6,24 56:2,17 57:9,12, 20,22 58:5,23 59:7,14, 18,19 60:19 61:9 62:4 64:16 65:7 66:11 68:12 69:3 76:12,14,15,16 77:16 90:20 92:13 97:1, 3,11,14,22 98:5 99:19 103:6 105:18,19 108:3,5, 14,16,24 109:16,17,19 110:16 111:7 112:7,14,
<b>140</b> 46:10	<b>2020</b> 5:2,14	<b>4</b> 101:20	
<b>144</b> 122:4	<b>23</b> 129:4	<b>40</b> 21:13,17 22:3,4 108:14 122:6	
<b>15</b> 45:22 46:1 57:16 114:16 122:18 123:13	<b>24</b> 70:8,17 129:13	<b>405</b> 62:18	
<b>150</b> 137:17,24	<b>24/7</b> 25:11 49:1 71:7	<b>428</b> 61:8,17 62:3	
<b>1500</b> 132:23 136:24 137:7,11,15,21 138:10	<b>240-bed</b> 22:13 92:3 107:6	<b>45</b> 35:24 39:3,4	
<b>16</b> 20:23 21:2 106:10 122:2,9 129:12,14 139:9	<b>25</b> 31:3,13,14	<b>45-day</b> 35:23 38:20	
<b>1650</b> 67:5,24	<b>27</b> 139:15	<b>48</b> 63:16,22 64:1,4 121:20	
<b>17</b> 60:13,14,15	<b>28</b> 135:10 139:9,11,12,14	<hr/> <b>5</b> <hr/>	
<b>1776</b> 68:2	<b>2nd</b> 5:4 6:11	<b>500</b> 138:16,23	
<b>18</b> 62:10,11	<hr/> <b>3</b> <hr/>	<b>51</b> 22:7,11	
	<b>3</b> 27:9 42:5 50:23 81:4	<b>59</b> 22:8,11	
		<hr/> <b>6</b> <hr/>	
		<b>60</b> 82:15 122:6	
		<b>602</b> 133:18	

18 115:16 116:10 117:7 120:12 123:9 126:10 127:21 129:2 138:15	102:13 103:4 107:2 134:3,12	<b>agreement</b> 80:17	<b>ambulances</b> 40:20 41:6,20 42:3,5 46:4,8,10, 11 47:3 48:23 49:12,20, 23 50:1 66:15 81:4,6,10, 14 111:12
<b>absolutely</b> 14:24 64:3	<b>addressed</b> 76:13	<b>ahead</b> 26:19 64:11 82:19 101:12	<b>American</b> 117:13
<b>abuse</b> 85:24	<b>addresses</b> 100:4 102:8, 9 132:4,6,12,14,15,21 133:2 134:3 137:6	<b>aid</b> 33:15 35:1,2 64:20, 23	<b>Amita</b> 68:1 123:9
<b>accepted</b> 32:19 34:20	<b>adjourn</b> 140:11 142:12	<b>alarms</b> 12:20	<b>amount</b> 43:8 57:8 72:19 79:13 82:14 105:5 139:1
<b>accessory</b> 9:19	<b>adjourned</b> 143:9	<b>alleged</b> 35:9	<b>analyses</b> 91:16
<b>accident</b> 134:18	<b>administered</b> 85:23	<b>alleviate</b> 112:16	<b>analysis</b> 14:6 20:3,10 23:5,17 35:19 68:23 90:15,22 97:6 102:7 104:20 106:14 120:15 121:8 128:17 131:2,9 137:15
<b>according</b> 54:1	<b>adolescent</b> 15:20	<b>allow</b> 90:4	<b>analyst</b> 98:19
<b>accounted</b> 91:22	<b>adolescents</b> 15:6,7,11, 15,16,19,22 16:5,16,21, 24 17:13	<b>allowed</b> 9:3	<b>analyze</b> 99:8,11 138:17 139:1
<b>accounts</b> 116:10	<b>adopted</b> 6:18	<b>allows</b> 119:13	<b>analyzed</b> 102:21 103:23 106:2
<b>accreditation</b> 29:19 119:3	<b>adult</b> 123:11	<b>almost</b> 86:23 132:1	<b>analyzing</b> 17:20 120:13
<b>accreditations</b> 88:13	<b>adults</b> 15:22 16:7,16 17:1,14	<b>alone</b> 28:8 80:13 116:2 121:23 122:13,16,23 136:7	<b>and/or</b> 12:10
<b>accredited</b> 117:21 119:2,6	<b>advanced</b> 85:16	<b>along</b> 97:9	<b>annual</b> 31:3,14 129:7
<b>accuracy</b> 113:11 124:8 139:2	<b>advice</b> 77:21	<b>already</b> 20:24 69:24 96:6 100:22 118:6	<b>annually</b> 20:13 21:10 22:12 52:18 82:18 107:8
<b>accurate</b> 19:24 94:9 97:13 127:2	<b>advising</b> 7:15	<b>ALS</b> 14:2 20:5,12 21:9, 12,24 22:5,11,20 32:12, 15,20 33:7 34:2,7 35:14 44:10,23,24 45:7,14,16, 17 46:18 47:3 50:8,14, 19,22 53:20 71:19 73:21 74:1,2,5,10,15,18 75:5, 10,23 76:1,2,8,9 82:10 96:10,15 99:23 100:18, 20 106:18 107:7 108:4 109:12 110:7 112:10 134:20 135:2,3,8,9,13,24 136:2,7	<b>another</b> 7:11 19:17 24:23 36:1 39:18,21 40:2
<b>accurately</b> 15:8	<b>advisory</b> 48:7	<b>ALS/BLS</b> 36:3 53:17 69:4 70:11 74:3 95:20	<b>answering</b> 109:21
<b>ACDC</b> 23:10	<b>affiliated</b> 132:5	<b>altering</b> 126:19 127:1	<b>answers</b> 54:21 66:20 67:22
<b>acknowledged</b> 118:6	<b>after</b> 7:1,4 22:10,18 39:3 88:4 125:20 126:5 141:12	<b>ambulance</b> 20:4,11 21:14 30:3 31:10 32:12, 14 33:12,13,14,16 34:1, 3,6,8,18,19 35:1,21 38:3 39:10,18,20 41:12 42:7 43:21 44:4,22 45:1,20 46:15,21,23 47:5,23 48:18 49:8 50:7 51:18 55:7 56:16 63:17 64:19 66:11 67:15 72:6,7 73:7, 8 76:23 77:4,10 81:16,19 99:24 112:13 134:23 135:5,10	<b>answering</b> 109:21
<b>across</b> 8:16 32:24 76:19	<b>again</b> 5:7 7:14 31:15 36:11 40:14 41:1 55:4 133:3		<b>Apex</b> 65:4
<b>action</b> 100:6	<b>against</b> 44:8		<b>apologize</b> 55:20,21 71:22 96:8 115:1
<b>activity</b> 23:17	<b>age</b> 119:15		<b>apparently</b> 51:23 65:23
<b>actual</b> 13:20 20:18 34:9 37:11 100:11 131:4,12 138:8	<b>agencies</b> 101:3		<b>appendices</b> 96:24
<b>actually</b> 17:6 21:1 36:24 38:10 40:9 41:2 44:8 48:18 57:8 69:11 76:14 85:6 87:24 98:1 119:12 132:2 137:16,22 139:15 141:7	<b>ago</b> 91:5 95:19 132:1,2		<b>applicable</b> 100:5
<b>addiction</b> 79:4 117:14	<b>agree</b> 9:9 10:6 12:9 13:5 18:21 19:2 27:22 30:14, 18 36:14 43:13,17 44:16 47:13 48:24 49:18 53:8, 14 75:8,22 76:21 77:21 79:5 84:10,20 104:11 105:7 107:5,11 113:7 124:2,11 125:9,24 128:16 137:5,24 142:2		<b>application</b> 92:16
<b>adding</b> 125:21	<b>agreed</b> 113:3,4		<b>applied</b> 30:13 94:8
<b>Addison</b> 65:24 79:23 130:22	<b>agreeing</b> 74:22		<b>apply</b> 77:21 133:2
<b>additional</b> 24:7 79:13 138:16			<b>appointment-based</b> 53:20
<b>address</b> 13:11 67:13			

<b>appointments</b> 50:3	<b>assistant</b> 127:11		126:7 140:11
<b>approach</b> 22:18 35:6 94:6	<b>assisted</b> 38:16 55:2 78:15 92:7,13,17 99:7	<hr/> <b>B</b> <hr/>	<b>begin</b> 6:16 83:12
<b>appropriate</b> 8:24 9:7 28:7 133:9 140:2	<b>associates</b> 98:17	<b>B-2</b> 9:19	<b>belabor</b> 97:15
<b>approval</b> 9:17	<b>assume</b> 25:10,18 27:14 36:13 42:19 46:19 67:21	<b>back</b> 5:8 25:7 32:21 44:6 48:18 51:17 54:15,20,21 68:18 72:22 103:16 110:20 114:6 115:10 118:5 130:4,13 132:1	<b>belief</b> 60:22 73:20
<b>approved</b> 8:15	<b>assuming</b> 33:23	<b>background</b> 128:7	<b>believed</b> 15:15
<b>approximately</b> 22:4 32:17,22 120:2 132:22 137:11	<b>assumptions</b> 104:8	<b>backup</b> 100:12	<b>Belmont</b> 55:24 56:17 57:15,21 59:2,12,15,23 60:21 61:7,17
<b>area</b> 23:20 27:7 34:23 35:3 41:17 48:9 63:18 66:12 84:19 85:13 86:16 87:1,3 91:15 92:22 94:22 95:3 111:16 118:2 120:5	<b>attached</b> 102:7	<b>bad</b> 20:8 113:4 128:10	<b>benchmark</b> 23:18 27:11
<b>areas</b> 40:24 41:3 87:5 111:14	<b>attack</b> 102:16	<b>Baldwin</b> 74:17 103:5 132:3 137:11	<b>beneficial</b> 48:15
<b>arena</b> 77:14	<b>attempting</b> 102:5	<b>Baldwin's</b> 137:13	<b>Bensenville</b> 24:10,22 31:22 65:22
<b>arise</b> 85:4 86:10 102:22 108:11	<b>attempts</b> 116:8	<b>Banyan</b> 123:10	<b>bias</b> 89:24
<b>arises</b> 105:22	<b>attest</b> 49:22	<b>barns</b> 41:4	<b>big</b> 66:3
<b>arising</b> 84:21 85:16 104:21 105:6 107:12	<b>attorney</b> 7:15 37:17	<b>base</b> 137:12	<b>bigger</b> 85:11
<b>Army</b> 111:20	<b>attorneys</b> 9:4	<b>based</b> 17:2 18:18 29:16, 17,21,22 39:5,6 40:7 41:12,20 44:19 45:18 46:4,10 49:3 50:20 51:4 80:23 85:1,9 87:15 90:19 94:7 96:2 100:11,20 104:11 112:8 113:8 115:18 119:14 120:15 123:2 124:11 125:6 126:6 132:11,20 134:2 137:13,15 138:13 139:3	<b>biggest</b> 32:8 100:21
<b>arose</b> 102:13,21	<b>attributed</b> 102:12	<b>basic</b> 47:15 60:5	<b>Bill</b> 98:7
<b>arrest</b> 48:14	<b>Aurora</b> 123:9 130:22	<b>basis</b> 18:16 50:2	<b>bio</b> 127:18
<b>arrive</b> 34:1,11	<b>authority</b> 37:23 38:6,18	<b>Bates</b> 129:12	<b>bit</b> 17:22 84:23 95:19 97:15,16 107:17
<b>arrived</b> 135:20	<b>auto</b> 33:15 35:1 64:20	<b>Bates-stamped</b> 20:17, 24 23:23	<b>blend</b> 63:10
<b>ASAM</b> 67:7 68:7 117:13, 20	<b>auto-aid</b> 80:16	<b>battalion</b> 97:21	<b>blended</b> 35:6
<b>ASAM-TYPE</b> 120:16	<b>automated</b> 41:10	<b>bear</b> 7:17	<b>blessed</b> 87:5
<b>aspects</b> 37:20	<b>available</b> 8:20 33:21,22, 23 35:2 76:23 77:11 80:3,15 105:4 114:4,9	<b>bed</b> 18:6,17 95:17 110:8 121:14,16 122:8	<b>block</b> 102:11,15 103:3
<b>assess</b> 72:4 99:12 104:24	<b>avenue</b> 40:14	<b>beds</b> 16:17 18:9,17 113:20 115:19,24 116:4, 5,8 121:20,22 122:2,5,9 124:19,20 129:6	<b>Bloomingtondale</b> 24:16 25:2,8,18,19 26:3 97:18
<b>assessed</b> 41:18	<b>avenues</b> 118:18	<b>before</b> 5:2 6:10 7:24 9:13 10:20,22 14:10 21:23 41:1 72:1 84:9 89:7 96:9 125:16,24	<b>BLS</b> 14:2 20:5,12 21:9, 12,17,21,24 22:4,10 33:4,8 35:12 44:9,11,22 45:1,7,13,17 46:18,21 48:12 50:8,14 53:20 71:19 72:6 73:1,7 74:6, 18 82:10 96:10,15 100:18,20 106:18 107:7 108:1,9 109:13 135:13
<b>assessing</b> 84:24	<b>averaged</b> 19:14 104:7		<b>blue-pencil</b> 137:3
<b>assessments</b> 139:3	<b>averages</b> 94:7		<b>board</b> 8:5,7 48:7 85:8 89:7
<b>assessor</b> 88:14	<b>aware</b> 24:10 37:9,22 38:6,18 45:9 46:20 47:24 53:12 56:19,24 58:17 64:19 69:22 74:16,22 103:17 117:16 119:12 122:12 125:15 132:20 137:1		<b>boards</b> 85:2
<b>assigned</b> 98:3 100:7	<b>away</b> 75:4 77:10 102:15 103:3		<b>body</b> 8:7
<b>assist</b> 23:17 32:16 33:24			<b>book</b> 64:8
<b>assistance</b> 79:7			

<b>break</b> 11:24 12:1 65:6,7, 21 115:4	73:1,3,6,16,17 74:5 75:5, 10,23 76:3,5,8,9,14 77:16,22 82:20 92:18 99:9,23 100:6 101:1 103:23 104:12 105:2 106:19 109:14 127:8 129:7 131:20 132:13,23 137:21 138:9,13 141:20 142:16	46:9 79:14 81:23,24 82:3,22 138:19	<b>CFD</b> 98:15,16 99:12,22 100:17 124:2 127:16,21 128:2,6,8 131:9,12 136:16 137:5
<b>Bridget</b> 5:6 52:21 64:5 139:19		<b>cardiac</b> 48:13,17,19	<b>CFD'S</b> 97:23
<b>bring</b> 57:19		<b>cardiovascular</b> 134:18	<b>chairman</b> 5:1,6,9,17,18 6:9 7:13 9:11,12 10:2,18, 24 11:1,4,8,13,24 65:11, 12,15 83:10,15 115:3,9, 12,14 139:21,24 140:7,9 141:4,19 142:11,16 143:8
<b>broke</b> 123:20		<b>care</b> 33:24 34:10,17,19 38:15 43:20 44:10 45:7 46:17 48:9,12 50:8 51:4 55:3 60:9 61:23 70:11 74:7 75:3 76:12,14 78:6, 8,12,13 101:6,8 102:10, 11,15,16 104:19 108:22, 23 109:8,14 123:12	<b>challenges</b> 94:22 100:2, 21
<b>brought</b> 33:7 58:2,8 78:15	<b>called</b> 11:15 12:23 36:2 39:8 59:5 68:17 78:12 116:7	<b>carefully</b> 85:12	<b>challenging</b> 14:18
<b>buckets</b> 123:21	<b>caller</b> 13:9 50:21	<b>Carello</b> 5:20,21 10:5,6 141:22,23 142:19,20	<b>chance</b> 74:1
<b>budgetary</b> 90:14	<b>calling</b> 6:17 54:2 63:7,8 69:20,24 71:13 72:10,12 97:23 116:2	<b>CARF</b> 118:24 119:7,12	<b>chances</b> 77:11
<b>build</b> 29:13	<b>calls</b> 12:11 13:2,21 14:2 15:7,16,20 16:6 17:1,11, 14,17 18:5,6,8,23 19:5, 13,14,21 20:5,11,12 21:10,12,17 22:1,4,5,12, 20 23:6,19 28:17,20,22, 23 29:21 30:4,6,13,21,24 31:3,8,10,13,14,18 33:8 35:12 39:16 40:9,10,12, 20 43:22 44:17,19 49:15, 18 50:14,19,21,22 52:4 53:1,14,15 54:24 59:12 70:11 72:20 73:21 74:3, 10,15 75:2,5 77:10,11 78:16 79:6,13 80:10 81:5,11 82:7,10,15,18,22 87:3,8 92:19 94:7 101:7, 24 102:7,9 104:5,16,24 105:13 106:2,3,14 107:2, 8,12,19,21 108:1,4,6,9, 14 112:10 124:8 126:22 130:17 131:4,22 136:7 137:15,16,17,23,24 138:3,10,11,12,16 139:5, 7	<b>Carl</b> 83:7	<b>change</b> 17:22 45:16 76:20
<b>built</b> 92:6		<b>Carol</b> 40:11 55:23 57:2 58:17 60:20 61:6 62:16 63:3,8	<b>changed</b> 87:14 135:19
<b>bunch</b> 36:2		<b>carries</b> 10:18	<b>changes</b> 82:21
<b>burdensome</b> 137:18 138:1		<b>case</b> 5:2 6:10 9:14 17:16 30:3 82:4 87:16 88:16 89:9,12 90:13 93:11 94:14 113:1 128:13 141:11	<b>channel</b> 6:23
<b>busier</b> 81:14		<b>cases</b> 7:1,5 89:20 102:21	<b>chart</b> 20:14 21:7,19 23:24 107:22 113:6,7,11 129:4,14,21 130:1 139:16 140:8
<b>business</b> 8:13 9:13,19 49:16 91:19 111:3 113:24 114:23		<b>casualty</b> 64:23	<b>charts</b> 24:3,5,7,8 139:4
<b>busy</b> 28:16 88:12		<b>catch</b> 114:7	<b>Chicago</b> 18:22 19:4,9, 14,18 20:2 41:17 69:19, 21 81:13,18 96:17,22 97:2,21 98:20 99:14 100:3,19,22 101:7,22 120:5 124:8 126:19 127:10 131:14,17 137:22
<b>Butterfield</b> 111:21		<b>category</b> 30:11 105:15, 19,23	<b>Chicago's</b> 126:14
	<b>C</b>	<b>center</b> 23:10 33:19 50:24 53:9 79:22,24 87:9,17 91:23 97:4,24 101:22 103:7 107:13 109:5,8,18,20 110:8 120:21 123:18 124:13,16 125:4 132:22 139:5	<b>Chicago/itasca</b> 95:3
		<b>Center's</b> 126:3,7	<b>chief</b> 23:13 29:1,11 30:7 32:3,11 40:10 55:10,12, 13,23 56:13 58:3 59:5 60:19 61:11,20 65:21,24 68:11,16 75:22 77:15 78:5 80:18,19 97:18,21
<b>C-A-R-F</b> 118:24	<b>cancel</b> 39:5	<b>centers</b> 84:11,13,15,22 86:24 87:6 92:20 104:5, 16 107:4 119:24 121:7	<b>chiefs</b> 32:3 40:8 55:5,15, 17 68:11,17
<b>CAD</b> 12:4,10,22 17:10 33:19 41:9 79:24 99:13, 22 124:1,6 126:10,12 127:5,21 128:8 131:8,13 132:3,21 136:6,16 137:5, 22	<b>canceled</b> 39:2,15	<b>certain</b> 32:1 41:20 139:16	<b>choice</b> 79:8
<b>CAD/FOIA</b> 101:12	<b>cancellation</b> 38:20	<b>certainly</b> 45:15 97:14	<b>chose</b> 27:17,20
<b>calculation</b> 17:23 18:23	<b>cancelled</b> 66:14		
<b>calculations</b> 13:21 14:7 18:4,11,15 22:10	<b>capabilities</b> 36:4 75:1 81:2		
<b>calendar</b> 141:5	<b>capacities</b> 47:22		
<b>call</b> 5:10,15,16 10:3 12:13 14:3 18:13,18 29:17,24 30:1,8 31:8,18 32:12,15,17,20,24 33:5, 20 34:17 41:4 43:21 44:7,10,19,22,23,24 46:10 48:13 51:6,7 52:6 54:2 59:21 67:14 71:14, 15,16,19 72:6,15,24	<b>capacity</b> 23:5,13 27:2, 23 28:3,8,11 29:2 35:7,8		

<b>Chuck</b> 7:11,14	<b>common</b> 30:2 41:19	<b>concern</b> 76:15,16	<b>contingent</b> 68:24
<b>circle</b> 72:21	<b>Communications</b> 126:16	<b>concerned</b> 76:12	<b>continue</b> 34:19 65:17 115:13 141:15
<b>circles</b> 75:23	<b>communities</b> 27:1 38:11 55:6 114:16	<b>conclusion</b> 17:13 18:12 121:8	<b>continued</b> 5:3 6:11 9:22 11:17
<b>circumstances</b> 8:17 33:2 128:12	<b>community</b> 9:19 33:11 34:4 59:24	<b>conclusions</b> 113:4	<b>contract</b> 21:21 35:9,11, 18,24 36:6,7,13,21 37:5, 6,12 38:2,9,12,20 39:2,5, 14,17,21 40:2,18,19,23 50:11 51:10,14 66:13,15
<b>city</b> 30:21 81:13,18 100:19	<b>comp</b> 114:13,14 116:17 122:9 124:3,13 126:7	<b>condition</b> 45:19 103:9	<b>contracts</b> 53:18
<b>claim</b> 31:22 69:1	<b>companies</b> 39:10	<b>conditions</b> 45:15 60:9 85:15 86:10	<b>contractual</b> 37:7
<b>clarification</b> 13:13 14:10 20:16 133:11	<b>company</b> 32:16 33:24 50:7	<b>conducted</b> 98:1	<b>contraindicated</b> 75:10, 23
<b>clarified</b> 46:7	<b>comparability</b> 113:12	<b>confirm</b> 16:16 43:3 115:19,24 116:3,5 124:19	<b>contrary</b> 74:16
<b>clarify</b> 12:8 22:15 54:6 71:17 85:19 96:17 102:2	<b>comparable</b> 14:12 19:5 55:15 68:3 93:13 97:9 113:17 117:22,24 123:16	<b>confirmed</b> 41:1 113:20 137:23	<b>conversation</b> 12:5 25:23 46:4 56:14 57:7, 12,13,14 58:11,12,20 59:1 68:18 73:12 96:2 110:3
<b>Class</b> 9:16	<b>comparable-type</b> 93:11	<b>confirming</b> 116:9,10	<b>conversations</b> 22:18 36:24 40:8 42:13 54:10 68:21 98:4,8 112:20
<b>clause</b> 35:24	<b>comparables</b> 17:18 19:21 56:10 94:12,13 112:22,23	<b>confusing</b> 16:19	<b>copy</b> 69:5
<b>clear</b> 16:22 72:1 75:17	<b>compare</b> 26:24 95:14 124:23	<b>conservative</b> 22:16,17 72:19	<b>correct</b> 12:14,19 13:15, 18 14:14,15 18:6,7,10 22:9 24:4,5,7 25:24 32:18 35:2,10 36:22 38:21,22 42:23 47:1,12 48:20,21 52:1,2,19 53:5, 16,24 54:11,22 55:7,8 56:16,23 59:13 60:2 63:12,13 65:23 66:2,8,17 69:2 70:2,6 72:8 73:4,11 75:11 76:9 82:6 84:17 91:17 92:16 95:22 102:23 104:13 106:16, 21,24 112:11 113:10,13, 14 115:19,20 116:15,20, 21,23 117:17,18 118:15 119:21,22 120:3,4 121:20,21,23,24 122:2,3, 5,10,11 124:17,18,21,22, 24 125:1,4,5,18 126:8, 14,16 127:14 128:3,4,18, 22 129:1,8 130:5,6 131:13,18 132:23 134:4, 8,9,14,15,18,19,21 135:5,10,11,13,15,17,21 136:3,8,17 137:7,9
<b>client</b> 26:5	<b>comparison</b> 24:24 26:22 27:5 66:4 117:2 120:1	<b>considerable</b> 91:15 104:1	
<b>clients</b> 18:13 101:23	<b>compared</b> 14:24 28:16 31:8	<b>considered</b> 35:17	
<b>close</b> 95:3 118:1 122:7	<b>compel</b> 38:1,8	<b>considers</b> 122:13	
<b>closely</b> 23:12	<b>compensation</b> 90:1	<b>consistent</b> 49:13	
<b>closest</b> 33:23 35:2 111:22	<b>completely</b> 61:1 62:6 63:9 67:17 68:3	<b>consolidated</b> 23:9 33:18 79:22,23 80:18	
<b>CNA</b> 70:20	<b>complex</b> 29:13	<b>constitute</b> 30:16 31:2 83:1	
<b>CNAS</b> 78:18	<b>component</b> 125:22	<b>consult</b> 97:2	
<b>coding</b> 12:5,10	<b>comprehensive</b> 8:21 96:14	<b>consultant</b> 28:5 141:2	
<b>collaborative</b> 71:14	<b>comps</b> 93:10,24 113:4, 9,13 114:21 115:17 116:11 121:3,10 123:3,7, 8,17 124:12 125:15 130:17,21	<b>consulted</b> 91:20 92:1	
<b>collectively</b> 87:3	<b>computer</b> 52:13	<b>consulting</b> 95:20	
<b>column</b> 134:7,12 135:21	<b>computer-aided</b> 41:10 127:6	<b>contact</b> 59:1 110:18,24 111:4	
<b>combination</b> 67:6		<b>contacted</b> 108:15	
<b>comment</b> 6:24 8:24 120:23		<b>contained</b> 37:20 51:24 118:12	
<b>commission</b> 5:3,15 6:10,18 7:15,24 8:4,6,19 9:8,13 102:18 119:3 133:10 140:17 141:7		<b>contemplated</b> 94:16 95:7,14 106:24 107:12 118:10 121:5	
<b>Commissioner</b> 5:19, 21,22,24 6:1,3,4,5,6,8 9:23,24 10:1,4,6,7,9,10, 12,13,14,15,17 141:16, 18,21,23,24 142:2,3,5,6, 7,8,10,14,15,18,20,21, 23,24 143:2,3,4,5,7		<b>contemplating</b> 122:4	
		<b>context</b> 84:7 86:7 128:16	

<b>correctly</b> 19:16 46:6 51:8 71:16 73:22 89:16 105:17	<b>D</b>	<b>December</b> 5:2,4,14 6:11	<b>depend</b> 77:3
<b>corridor</b> 111:13	<b>daily</b> 46:9 49:5,23 50:2	<b>decide</b> 27:2 72:5 89:14	<b>dependent</b> 13:7
<b>counsel</b> 7:12	<b>Dale</b> 23:12 80:19	<b>decided</b> 73:16 96:6	<b>depending</b> 46:15,17 48:12 79:11
<b>count</b> 18:17 95:17 121:15,16 137:8	<b>Daly</b> 5:1,6,9,17,18 6:9 9:12 10:2,18 11:1,4,8 65:12,15 83:10 115:3,9, 12 139:21,24 140:9 141:4,19 142:11,16 143:8	<b>decision</b> 8:8 18:22 28:6 71:14,18 72:9 75:7	<b>depends</b> 46:18
<b>counterintuitive</b> 75:10	<b>danger</b> 74:8	<b>declare</b> 6:9	<b>depth</b> 42:14
<b>country</b> 33:1 34:14,21	<b>data</b> 12:18 13:13,16,22, 24 14:1,3,5 16:4,23 17:3, 4,10,20 18:18 19:3,8,11, 12 20:1 25:7 37:19 43:3, 11 54:5,19,22,24 78:14 79:12 82:17 86:20 91:7, 8,10,11 97:5,6,10,14 98:11,13,14,16,18,19,21, 22 99:5,6,8,13,14,15,17, 22 100:3,4,5,9,11,12,15, 17,24 101:10,12 103:1, 23 104:6 106:17 111:1 113:7 116:23,24 124:1,6, 10 125:13 126:10,12,20 127:1,5,6,7,16,22 128:8, 9,15,17,19,22,24 129:7,8 130:2,3 131:1,3,5,6,8,9, 13,14,16,17,22 132:3,11, 21,23 134:16 136:5,6,9, 14,16,17,19 137:3,5,22 138:7,8 139:2	<b>decline</b> 49:18	<b>deputy</b> 29:1
<b>county</b> 80:2 87:17	<b>dataset</b> 103:4 105:1,14 114:3,8	<b>dedicated</b> 42:7	<b>descriptions</b> 17:11
<b>county-wide</b> 33:19 79:24	<b>datasets</b> 105:4	<b>deemed</b> 13:4 76:2	<b>deserved</b> 66:8
<b>couple</b> 27:14 41:18 42:16 57:20 64:16 70:4 97:19 135:3	<b>dates</b> 134:6	<b>deeper</b> 80:12	<b>designation</b> 117:20
<b>court</b> 7:21 11:4 126:4	<b>day</b> 7:11 26:14 30:4 31:10 39:4 59:5 65:2 70:8,17 77:11 82:7 139:6	<b>define</b> 74:4 75:24	<b>detail</b> 57:5 71:1 109:21, 23
<b>cover</b> 33:15	<b>days</b> 35:24 39:3,4 70:9, 18	<b>definitely</b> 35:17 36:18	<b>details</b> 25:7 70:22
<b>covered</b> 96:9	<b>daytime</b> 49:13	<b>definition</b> 74:3 76:8 113:17	<b>determination</b> 112:14
<b>COVID-19</b> 6:22	<b>deal</b> 66:3	<b>definitive</b> 81:3	<b>determinative</b> 27:23
<b>CPD</b> 137:5	<b>dealing</b> 48:5	<b>degree</b> 39:8	<b>determine</b> 29:3 31:5 55:17 70:10 78:4 100:17 103:1 104:20 116:3 117:22 124:7
<b>creates</b> 9:7	<b>deals</b> 67:5	<b>delay</b> 34:10 44:11,24	<b>determined</b> 112:6 137:15,23 138:8
<b>creating</b> 70:1	<b>decades</b> 86:23	<b>deliberate</b> 9:7	<b>determines</b> 28:12
<b>crisis</b> 85:10		<b>deliver</b> 29:20	<b>determining</b> 91:21 92:2 105:9,11 118:19
<b>criteria</b> 116:16 120:16 124:11		<b>delivered</b> 48:9	<b>detox</b> 84:21
<b>critical</b> 14:24 79:1 131:8		<b>delivery</b> 45:3	<b>detoxification</b> 85:18 86:2
<b>criticism</b> 71:4		<b>delta</b> 21:22	<b>developing</b> 7:23
<b>cross</b> 90:2		<b>Delucca</b> 26:15	<b>development</b> 9:15 111:3
<b>cross-examination</b> 9:3 11:11,17 58:11,14 65:18 83:13,16 89:21 90:4 133:12 140:3		<b>Dennis</b> 40:23 41:5	<b>DI</b> 11:12,18 20:21 21:4 23:22 24:1 45:21 46:2 51:20,21 52:15,16,21,23 58:2,8,22 60:13,17 62:9, 13 64:3,9,15 65:6,10,19 66:22 67:2 75:19,20 83:4,9
<b>cross-examiner</b> 89:23		<b>denominator</b> 30:2	<b>dials</b> 12:14,20
<b>cross-examining</b> 11:9		<b>department</b> 23:14,16 24:23 25:10 26:7 27:12, 16,24 28:14 29:6 31:4,6, 13,17 34:16 39:22 40:3 54:3 57:9,22 67:4,12 72:16 77:15 86:23 87:21 96:18 97:3,21 98:21 100:23 101:4 112:17 126:19 127:10 129:7 138:9	<b>differ</b> 84:23
<b>curious</b> 21:15 40:1		<b>department's</b> 33:14	<b>difference</b> 26:21 56:12
<b>current</b> 88:19		<b>departments</b> 23:11,20 24:19 25:13 26:22,24 27:5,7,9 29:20 38:13,14 41:17,18 45:9 48:2 55:19 64:21 66:4 76:4 80:14 87:4 88:15	<b>differentiation</b> 131:10
<b>cut</b> 44:12			<b>differently</b> 33:8 46:17
<b>cutoff</b> 113:24			

<b>differs</b> 47:15	<b>district</b> 9:19 18:14 20:7, 23 21:2 22:23 23:6,9 24:16 25:2,19 27:20 28:1,8 30:15 31:4 37:24 38:7 39:17 40:4 45:22 46:1 47:16 53:23 60:14, 15,20 61:7 62:10,11,17 63:4,8 66:23,24 69:12 72:6 73:3,8 76:22 77:7 79:7,19,21 82:9,13 87:22 88:11 93:19 94:3,11 106:9 122:18 138:2,16	107:14,17	<b>eighth</b> 77:7
<b>difficult</b> 43:22 61:24 80:11 100:8	<b>district's</b> 30:17 76:24 79:14	<b>draw</b> 114:20	<b>elements</b> 93:14
<b>dig</b> 138:18	<b>districts</b> 64:20	<b>drill</b> 104:17	<b>eliminated</b> 25:6
<b>Dinolfo</b> 11:9,10,20 14:17 19:1 22:16 24:18 26:20 30:19 31:19 33:18 34:13 38:11 39:22 40:22 42:15 46:16 47:20 48:11 51:2 52:14 55:3 58:17,21 60:24 61:21 62:21 63:24 65:17 66:3 67:24 72:18 74:4 76:1 78:22 79:19 81:13 82:17 83:10,20,24 92:13 111:7 112:8	<b>division</b> 27:6,9 31:22 68:11,17 81:3,8,10	<b>drive</b> 47:8 67:5	<b>Elite</b> 20:4,11 21:13,21 22:19 35:10,12,18 36:6, 24 37:8 38:2,9 39:15 40:24 41:3,8 42:20 44:10,20 45:8,20 46:4,20 48:23 51:23 52:5 53:14 54:2,8 55:6 56:3,9,15,19, 20,22,23 57:4,12,20 58:4 60:22 61:12,18 62:18,19 63:5,9 65:2,3 66:13,16, 17 67:10,23 69:10 70:3 71:13,15,19 72:5,10,12 73:1,6,16,20,24 74:9,18 76:23 77:2,3 96:5 108:15,16 109:1,2,8 110:3,6,14,17,23 111:4,7 112:1,9
<b>Dinolfo's</b> 84:5	<b>division-wide</b> 81:9	<b>driver</b> 46:22 47:4,10,14 48:6	<b>Elite's</b> 46:5 62:4 111:8
<b>dire</b> 51:6	<b>doctor</b> 78:12	<b>drives</b> 18:23 46:22	<b>Elk</b> 130:23
<b>direct</b> 48:10 58:9	<b>doctoring</b> 126:20	<b>driving</b> 47:4	<b>Ellenbecker</b> 83:12,14, 17,21,23 87:20 88:23 89:9,14 90:11,24 94:21 96:17 97:8 99:7 100:3 102:24 104:24 108:4 115:13,14,15 120:23 122:17,20 123:22,24 124:5 125:19 129:11,14, 15,17,21,22 130:7,10,14, 20 131:15 132:24 133:5, 15,22 136:21,23 138:17 139:14,17,18,22,23 140:6,9,14
<b>directories</b> 119:8	<b>document</b> 42:11,13,15, 16,17 71:1 118:4	<b>dropped</b> 5:6,9	<b>emergencies</b> 29:6,9 85:4 104:21 105:5 120:20
<b>directory</b> 14:21 94:24 103:22 116:1,13 118:3, 12,16,22 119:11,13,18, 20,21 120:24	<b>documents</b> 42:13	<b>drug</b> 16:6 91:22,23 92:20 107:3 109:18,20 117:19	<b>emergency</b> 8:10 37:20 77:16 85:1 91:21 92:2,19 96:18 102:13,19 104:13 105:22 106:14 109:3 110:7 112:2 120:9 126:14,15
<b>disagree</b> 32:6,8	<b>Dominik</b> 6:18 10:22 11:1,5,10,14,19 21:5 59:6 62:1 65:20 83:18 129:23 130:16 133:23 140:19,24	<b>Drummond</b> 5:23,24 10:8,9 142:1,2,22,23	<b>emergent</b> 43:19 44:7 50:8,21 51:5 55:3 70:11 74:7 76:5 108:18,22,23
<b>disaster</b> 64:23	<b>Dooley</b> 40:23 41:5 42:20,24 45:4 46:5,8,19 49:22,24 51:9 52:24 54:1,4,8 77:6 110:5,16, 22 111:2	<b>due</b> 6:21 8:9 15:20 20:1	<b>employee</b> 73:16 99:3
<b>discipline</b> 73:15	<b>double-check</b> 66:7 129:9	<b>duly</b> 11:15	<b>employer</b> 99:3
<b>discovered</b> 17:7	<b>doubt</b> 77:16,22 115:22	<b>Dupage</b> 5:5 6:12 15:2 16:10,12 17:8 18:16 22:22 35:5,12,22 39:13 44:1 45:6 68:5 69:2,7,8 70:1,7,14 71:18 73:11,21 74:11 77:1 79:6 82:11 86:8 87:17 92:22 93:2,18 94:2,9,16,20 95:7,14,18 101:14,17 103:13 106:24 107:5,13 108:12 111:10 112:16 118:8 121:4,5,11, 22 122:4 124:12 125:4 129:6 139:5	
<b>discrepancies</b> 19:8 131:3,10 133:1 137:1	<b>down</b> 18:23 23:24 45:24 54:16 68:19 84:9 94:13 98:13 104:17 123:20,22 135:3,8 136:21	<b>duplicate</b> 84:4	
<b>discretion</b> 73:6	<b>downstate</b> 95:1	<b>E</b>	
<b>discuss</b> 52:24 101:21	<b>downtown</b> 19:18	<b>eager</b> 37:2 40:10	
<b>discussed</b> 96:1,3 112:13 127:16 132:4	<b>draft</b> 19:10 40:18	<b>earlier</b> 24:18 29:15 35:13 49:3 68:22 73:24 97:8 104:18 105:24 108:3,13 109:10 121:7 125:14,19 127:6,13 131:21	
<b>discussing</b> 89:4	<b>drafts</b> 36:9	<b>effect</b> 6:20 54:5	
<b>disorder</b> 103:19	<b>dramatically</b> 92:14	<b>effects</b> 11:23	
<b>dispatch</b> 23:10 32:20 33:18,22 41:10 43:19 79:22,24 80:1,18 100:18 127:6 130:17		<b>effort</b> 119:19,23	
<b>dispatched</b> 135:21 136:2,11		<b>efforts</b> 84:5 115:24 118:8	
<b>dispatcher</b> 33:20 135:17			
<b>disposition</b> 134:11,20			

<b>EMS</b> 14:2 15:16 18:5 19:4,13 28:14 34:14,24 35:4 38:14 48:8 61:22,23 69:20 70:1 71:14 75:23 77:14 80:1 85:2,8 95:20 96:10,15 100:23,24 107:7 126:22 129:8 130:3,17 131:20 132:15 137:5,17 139:6	<b>estimates</b> 72:18	24:15 95:5,12 115:17,18, 21	133:18
<b>EMT</b> 47:15 109:13	<b>estimation</b> 53:6 54:24 82:8	<b>exclusively</b> 113:8,12	<b>facilities</b> 13:21 14:12, 13,20 15:6,13,21 16:6 19:5 49:12 51:3,23 56:1 57:2 59:16,20 78:6,13,16 92:5,7,11,14,18 93:11,24 94:17 114:13,14 115:17, 18 116:2 117:3,5,16 118:9,19 119:4,9,13 123:4,11
<b>EMTB</b> 46:14,21	<b>estimations</b> 107:10	<b>Excuse</b> 139:21	<b>facility</b> 9:18 14:14 16:14, 24 17:5,12 18:9 19:18,19 20:5,13 21:10 22:13 28:7 29:2 31:6,16 49:10 50:4, 14 55:2 67:6 69:20,21 71:8 77:1 78:12 91:22 92:3,15,21 93:1,17 94:6, 8,15 95:6,12,13,15 96:13 102:11 106:21 107:6 113:17,19 116:7,19,23, 24 117:8,19,20,23 118:7 121:2,19 122:1,9 124:4 125:17 126:8,23
<b>encumbered</b> 39:7	<b>evaluate</b> 29:19 94:2,24	<b>executed</b> 36:5,7	<b>fact</b> 35:17 60:19 61:6,16 62:2,16 67:12 92:13 114:21 121:19 134:23
<b>end</b> 35:13,14 74:10 140:3	<b>evaluated</b> 35:21 36:3 85:8,12 88:14	<b>exhibit</b> 20:23 21:2 45:22 51:17 60:13,14,15 62:10, 11 63:16,19,22 64:1,4 66:23,24 123:13 129:12 130:8 132:16,18 133:14, 16,20,24 139:9	<b>factor</b> 27:23 28:12 31:4, 15 35:18
<b>end-of-care</b> 92:14	<b>evaluating</b> 45:19	<b>exhibits</b> 64:8	<b>factors</b> 28:4 29:23 30:5, 7 68:24
<b>end-of-life</b> 59:20 60:1,6 79:1	<b>evaluation</b> 87:15	<b>exist</b> 37:12	<b>fair</b> 17:18 40:16 43:7 57:8 58:14 62:8 63:1 82:14 83:2 121:2 139:3
<b>ended</b> 116:11	<b>evaluator</b> 49:8	<b>existed</b> 106:15 107:8,15	<b>fairly</b> 88:12
<b>ends</b> 72:4	<b>Evanston</b> 87:7	<b>existence</b> 35:17 119:24	<b>faith</b> 124:1,6,10
<b>engine</b> 34:2,7 135:5	<b>evasive</b> 94:5	<b>existing</b> 123:4	<b>familiar</b> 27:8,10 56:7 81:12 117:12
<b>enough</b> 62:8 63:1 139:3	<b>evening</b> 9:13 11:2,19,20 83:18,19	<b>exists</b> 35:10,11	<b>Family</b> 123:10
<b>enter</b> 38:9 40:2 50:11	<b>evening's</b> 140:12	<b>expect</b> 103:24	<b>farther</b> 94:13
<b>entered</b> 21:20 38:2 39:17	<b>evenings's</b> 142:13	<b>experience</b> 30:7 75:21 86:3 89:4 97:3,22,23 101:22 104:4 109:3 110:6 112:1	<b>federal</b> 89:9
<b>entertain</b> 9:21 141:14	<b>event</b> 12:4 48:17,20 134:7,8,10,17 136:10	<b>expert</b> 84:10,12,14,19, 21,24 85:3 86:16,19 88:24 89:1,5,22,24	<b>feel</b> 64:10 72:17 82:8
<b>entities</b> 34:15 67:9 117:6	<b>events</b> 135:13	<b>expertise</b> 91:15 116:7 120:12	<b>felt</b> 14:23 69:11 72:14 74:14
<b>entity</b> 27:24 28:12 29:12 30:15,20 31:2 38:1	<b>everybody's</b> 115:10	<b>experienced</b> 89:12 120:20	<b>field</b> 105:3
<b>entries</b> 136:1,2 137:7,22	<b>everyday</b> 64:24	<b>explain</b> 28:2	<b>file</b> 101:4
<b>entry</b> 134:6 135:8	<b>evidence</b> 52:5	<b>explained</b> 26:16 91:12	<b>final</b> 8:8
<b>equal</b> 15:1 117:2 120:2	<b>evidence-based</b> 125:6	<b>extensive</b> 22:18 43:23 75:1 78:2 85:12 92:11 97:6	
<b>equally</b> 30:13	<b>exact</b> 95:17 108:22,24 110:19	<b>externally</b> 54:8	
<b>equipment</b> 28:18	<b>exactly</b> 19:9 25:7 41:23 76:18 77:9 85:20 90:16, 17 107:21 111:18,22 132:1	<b>extenuating</b> 33:2	
<b>error</b> 12:20,24	<b>examination</b> 90:2	<b>external</b> 123:3	
<b>errors</b> 99:17	<b>examined</b> 11:16	<b>extrapolate</b> 131:12	
<b>escapes</b> 68:15	<b>example</b> 31:12 48:16 51:1 93:17	<b>extrapolation</b> 86:20	
<b>Estates</b> 67:4,12 68:12 130:23	<b>exceed</b> 79:13		
<b>estimate</b> 33:1	<b>Excel</b> 99:8,10		
<b>estimated</b> 72:11 90:19, 21	<b>except</b> 34:9 130:3		
	<b>exceptions</b> 9:16		
	<b>excess</b> 43:15		
	<b>exclude</b> 18:22 115:23		
	<b>excluded</b> 15:5,12 16:14		
		<hr/> <b>F</b> <hr/>	
		<b>F-M-I-S-O-E-C-E-C</b>	

<b>finalized</b> 69:14	<b>fluid</b> 41:15 49:2	<b>fundamental</b> 118:3	<b>granted</b> 91:12
<b>Finally</b> 9:6	<b>focus</b> 119:15 123:8	<b>funneled</b> 101:2	<b>great</b> 140:7
<b>find</b> 14:13,18 25:15 52:11 94:15 95:5,11,13, 16 118:7,18 119:7 123:16 127:18 130:11 135:13,14,15,16	<b>focused</b> 118:11 119:10, 17 120:4,23 123:14	<hr/> <b>G</b> <hr/>	<b>gross</b> 107:7 108:5
<b>findings</b> 8:5	<b>FOIA</b> 98:16 99:12,22 100:15 101:4 126:13,21 127:9 128:15,17,19,21, 24 129:8 130:2,17 131:1, 2,8,11,16 132:21	<b>garages</b> 41:4	<b>grounds</b> 71:7
<b>fine</b> 61:2 90:7	<b>FOIA'D</b> 97:5	<b>Gateway</b> 15:24 16:3 123:9	<b>group</b> 119:15
<b>finish</b> 140:15	<b>FOIA/CAD</b> 100:17	<b>Gave</b> 54:19,21 100:4,5 134:4	<b>Grove</b> 130:23
<b>finishes</b> 140:24	<b>folks</b> 120:6	<b>general</b> 30:17 45:11 64:17 76:21 77:5 90:3	<b>guarantees</b> 42:11
<b>fire</b> 12:11,20 13:6 14:2 18:5,14 19:3,13 20:6,22 21:2 22:23 23:6,8,11,14 24:16,23 25:2,13,19 26:7,22,24 27:4,7,9,11, 16,19,24 28:1,7,14 29:6, 19 30:16 31:3,4 32:11 34:16 37:23,24 38:7,13 39:16,22 40:3,4,8 41:17, 18 45:9,21 46:1 47:16, 18,23 48:1 49:7 53:23 54:3 55:18 57:9,22 60:14,15,20 61:7 62:9, 11,17 63:3,8 64:17,20 66:4,22,24 67:4,12 68:10 69:12,20 72:6,16 73:3,7 75:21 76:4,22,24 77:6,14 79:7,14,19,20 80:1,5,14, 19 82:9,13 86:22 87:4, 21,22 88:10,14 93:19 94:3,11 96:18 97:2,21 98:20 100:23,24 106:9 112:13 122:18 126:19,22 127:10 129:7,8 130:3 131:18,19,24 132:15 138:2,9,15	<b>follow</b> 117:4	<b>generally</b> 12:11 32:19 33:10 49:18 128:16	<b>guess</b> 12:8 16:2,22 28:24 43:11 44:6,7,21 57:18 65:24 75:21 76:7 81:21 82:23 90:19
<b>fire-based</b> 35:4	<b>follow-up</b> 81:21	<b>generate</b> 15:7,16 16:6 17:1,13,17 20:6,13 21:10 78:16 92:18 104:5,16 105:16 107:7 138:20	<b>guide</b> 8:22
<b>fire-fighter</b> 28:24	<b>following</b> 90:3	<b>generated</b> 18:18 22:12 28:21 72:20 82:10 132:14	<b>guy</b> 83:8
<b>fire-fighters</b> 25:11	<b>follows</b> 6:15 11:16	<b>generates</b> 19:4,21	<b>guys</b> 59:7
<b>firsthand</b> 112:1	<b>footnote</b> 101:20 102:3,4	<b>generation</b> 104:13	<hr/> <b>H</b> <hr/>
<b>fiscally</b> 80:8	<b>force</b> 93:19 94:3	<b>genius</b> 99:9	<b>handle</b> 23:6 28:23 50:19 52:6 53:14 60:22 61:9,18 62:19 63:6 71:15 73:3,21 74:2 82:9,22 137:18 138:3,9,11,16,22
<b>five-and-a-half</b> 88:1,7	<b>Forestview</b> 52:5,17 53:9,15 108:16	<b>Gillman</b> 130:23	<b>handled</b> 20:11 21:13,24 52:4 75:6
<b>five-minute</b> 115:4	<b>form</b> 7:5 91:18	<b>give</b> 5:10 12:1 19:24 31:12 39:4 43:3 52:10 54:15 81:3 91:3,4 97:12 101:9 108:21 111:17 128:5 130:12 140:13	<b>handling</b> 53:19 74:10
<b>five-year</b> 19:15	<b>format</b> 89:22 90:3,4 117:1,6	<b>giving</b> 120:19	<b>hands</b> 98:19
<b>fixed</b> 7:10	<b>Fortunato</b> 68:14	<b>glad</b> 33:6	<b>handy</b> 130:9
<b>Florida</b> 41:18	<b>forward</b> 6:15,17 8:14 17:21 61:5 78:15 140:14 141:6	<b>glean</b> 99:21 100:14	<b>Hanover</b> 27:16
	<b>found</b> 14:17 15:2 93:17 94:18 128:24 136:18	<b>gleaned</b> 99:2 136:16	<b>happened</b> 16:21 103:2 136:13 137:17
	<b>foundational</b> 93:14	<b>goal</b> 14:12	<b>happening</b> 80:9
	<b>frame</b> 32:20	<b>Golf</b> 93:2,3	<b>happy</b> 12:1 143:9
	<b>Francis</b> 48:8 87:11	<b>good</b> 11:19,20 32:24 51:20 65:8,11 83:8,18,20 102:3	<b>hard</b> 45:2 140:1
	<b>Friday</b> 68:16	<b>government</b> 8:13	<b>hate</b> 114:24
	<b>front</b> 21:5,11 51:18 91:1	<b>governmental</b> 34:15	<b>haymarket</b> 5:4 6:12 8:8 15:2 16:10,12 17:8 18:16,22 19:4,9,14 21:20 22:22 28:5 35:5,10,12,22 36:1,6 37:8 38:2,8 39:13, 16,18 40:2,21 41:7 42:4, 6,7,12,21 44:1,9,11,22 45:1,6 50:12,15 51:12 52:6 53:10 60:23 61:10, 19 62:20 63:6 64:1,4
	<b>full</b> 114:12	<b>governments</b> 8:16	
	<b>full-time</b> 25:10,16,20,24 27:1	<b>Governor's</b> 8:10	
	<b>fully</b> 36:5		
	<b>function</b> 29:5		
	<b>functions</b> 48:11		

67:16,23 68:5 69:2,8,10 70:1,7,14 71:6,13,18 72:12 73:2,10,13,21 74:11,22 75:4 77:1,22 79:6 82:10 86:8 87:18 88:17 92:22 93:2,18 94:1,9,16,20 95:7,14,18, 20 96:5,6,9,14,22 97:3, 23 98:4 101:7,14,17,22 103:6,8,12,17 106:24 107:5,13 108:11 111:10 112:16 118:8,22 119:2 121:4,5,11,12,22 122:4, 12,21,23 123:4,18 124:2, 3,8,12,13,16,20 125:3,4, 12,17 126:3,7 128:12 129:6 132:3,5,22 134:4 139:5 141:9,13	<b>historical</b> 82:17 101:22 <b>Hoffman</b> 67:4,12 68:11 97:19 130:23 <b>hold</b> 58:10 111:19 112:10 129:15 139:19 <b>holiday</b> 106:15,20 107:3,6,8,14 141:12 143:10 <b>Holmes</b> 6:2,3 9:23,24 10:11,12 141:16,17 142:4,5,14 143:1,2 <b>home</b> 29:14 38:16 50:4 53:9 60:4 77:19 79:2 122:1 123:12 129:6 141:7 <b>home/assisted</b> 59:16, 20 <b>homes</b> 14:19 49:11 55:18 78:17 104:6,16 105:1 106:1 107:4 121:6 123:14,15 <b>hope</b> 13:9 36:16 71:9 79:9 <b>hospital</b> 33:9 34:10 53:22 68:1,9 87:7 101:14,16 <b>hospitals</b> 34:14 50:3 <b>hotel</b> 77:8 106:15 107:9, 15 <b>hour</b> 32:16,22 33:1,4,10, 11,13 65:7 73:2 103:2 <b>hourly</b> 90:7 <b>hours</b> 49:9,13,16 70:8, 17 90:19,21 103:2 <b>House</b> 130:4 <b>hundred</b> 31:13	<b>identify</b> 13:9 14:23 23:19 28:15,17,22 56:11 69:3 87:16 93:24 94:9 100:20 101:7 102:7 116:8 118:9,15 119:13, 23 <b>identifying</b> 85:6 <b>IDPH</b> 46:16 <b>Illinois</b> 14:22 94:23 95:1 101:4 109:12 117:8 118:3,12 119:21 120:1,4, 10,21 121:1 <b>illness</b> 11:22 <b>illustrate</b> 102:5 107:2 <b>illustrated</b> 109:20 <b>imagine</b> 36:16 41:8 47:6 51:2 100:10 <b>immediately</b> 76:6 <b>imminent</b> 74:8 <b>impact</b> 22:22 27:24 28:6,13 29:3,16,20 31:5, 16 55:17 60:22 61:8,17 62:3,19 63:5,11 68:23 86:5 91:16,21 92:2 93:9 94:10 101:24 102:19 112:16 129:5 <b>impacted</b> 72:11 <b>imperative</b> 112:24 <b>implemented</b> 69:6 <b>important</b> 21:22 22:1 26:23 27:3 28:22 35:18 72:17 81:15 <b>impose</b> 22:23 <b>imposing</b> 93:18 94:2 <b>imposition</b> 94:2 <b>impression</b> 109:2 <b>in-between</b> 133:6 <b>inability</b> 115:18 <b>inaccurate</b> 127:1 <b>incidence</b> 105:21 <b>incidents</b> 100:7 <b>include</b> 26:8,17 71:13 108:1 118:14	<b>included</b> 25:12,21 98:12 115:16 <b>including</b> 8:21 <b>income</b> 88:4 <b>inconsistencies</b> 99:17, 20 124:7 136:18 <b>increase</b> 107:12 <b>independent</b> 59:24 88:24 89:1 <b>independently</b> 102:6 105:16 <b>indepth</b> 112:21 <b>Indiana</b> 117:9 <b>indicating</b> 122:23 <b>indication</b> 26:10 <b>individual</b> 44:3 71:17 105:15 <b>individuals</b> 46:12 98:3 <b>inevitably</b> 84:5 <b>inferences</b> 114:21 <b>information</b> 8:21 25:15 50:20 53:2 54:9 59:2 94:23 98:12 99:2,21 100:15 116:6 118:11 126:20 127:18 <b>initial</b> 34:17 127:7 <b>Inn</b> 106:15,20 107:3,6,8, 14 130:4 <b>inpatient</b> 103:14 104:10 <b>inquiring</b> 59:18 <b>insight</b> 128:6 <b>insinuating</b> 36:17 <b>inspections</b> 30:10 <b>instance</b> 128:21 <b>Institute</b> 13:17 14:5 91:11 <b>instituted</b> 69:2 <b>intensive</b> 84:22 85:17 86:2 92:4 103:18 104:2, 10,22 105:6,19 <b>intent</b> 97:7
<b>Haymarket's</b> 62:5 126:6,22 <b>headphones</b> 89:16 <b>heads</b> 98:15 99:12 <b>health</b> 101:5 103:9 123:9 <b>healthcare</b> 9:18 <b>healthy</b> 79:4 <b>hear</b> 15:7 71:16 73:22 95:10 96:24 <b>heard</b> 71:11,21 75:16 118:24 <b>hearing</b> 8:1,11,12,14,22 9:8,14,22 10:19 122:22 141:9,15 <b>hearings</b> 8:19 133:10 <b>heart</b> 102:15 <b>Heartland</b> 123:9 <b>Hervas</b> 5:6,12 7:12,13, 14 9:12 20:16,21 58:10, 16 89:14,15 133:5,8 <b>high</b> 51:4 92:18 <b>higher</b> 46:15 92:19 104:12 107:7,14 <b>highest</b> 78:14 <b>highlighted</b> 99:16 <b>HIPAA</b> 101:8 <b>hired</b> 28:5 84:18	<b>I</b>		
	<b>i.e.</b> 97:23 110:8 <b>idea</b> 65:9 <b>identified</b> 16:20 21:3 36:2 39:12 46:1 60:16 62:12 64:2 67:1 94:7,17 100:18 103:20,21 111:13 121:6 133:21		

<b>interaction</b> 13:3 56:22 57:4	94:10 106:14 112:17 118:10 120:3,5 121:13 123:18 124:3,13 125:10 129:6 137:17 138:1,2,9, 15 139:6 141:8	<b>largely</b> 29:8,17,21,22 30:6 119:10 131:5	<b>list</b> 26:13 55:12,14 63:17 67:10 122:9 140:13
<b>interest</b> 69:13		<b>larger</b> 19:20	<b>listed</b> 51:22 55:6 123:12
<b>interested</b> 9:2,5 42:17		<b>largest</b> 121:19 122:1,8	<b>living</b> 38:16 55:2 59:16, 20 60:1 78:15 92:7,13,17
<b>interject</b> 133:9	<b>Itasca's</b> 30:3 87:18,22 88:11 93:19 94:3 102:19	<b>law</b> 46:24	<b>LLC</b> 5:5 6:12
<b>International</b> 13:16 14:4 91:11	<b>Itasca/chicago</b> 118:2	<b>lawyer</b> 36:12 38:24 40:1, 14	<b>load</b> 46:10 59:21
<b>interpret</b> 98:22 99:6 114:24	<b>IV</b> 74:5 76:1,8	<b>lead</b> 17:12	<b>loading</b> 105:2
<b>interpretation</b> 127:7 128:7 135:17	<hr/> <b>J</b> <hr/>	<b>leadership</b> 80:20 96:7 125:2,3	<b>loads</b> 29:17 82:20
<b>interpretations</b> 99:4	<b>James</b> 6:17 11:14 132:3	<b>learn</b> 109:2	<b>local</b> 8:16 35:1 91:21 92:2
<b>intravenous</b> 76:2	<b>January</b> 141:11,13,15	<b>left</b> 11:8 68:16 134:7 141:3	<b>location</b> 6:13 79:21 119:14 134:3,11
<b>introduce</b> 10:22	<b>jives</b> 59:8	<b>legal</b> 7:12,20,21 8:1 9:9 39:7 40:13 127:11	<b>locations</b> 61:13
<b>introduced</b> 58:17 88:23	<b>job</b> 8:1 50:6 102:4	<b>legalities</b> 40:17	<b>locators</b> 41:11
<b>introduction</b> 10:20	<b>Jody</b> 98:24 127:17,20	<b>legality</b> 40:16	<b>logic</b> 18:21
<b>invite</b> 7:11	<b>John</b> 128:1,2	<b>legally</b> 9:4	<b>logical</b> 77:23
<b>involved</b> 91:21 92:2	<b>jump</b> 133:11	<b>length</b> 55:24 58:13	<b>logically</b> 43:11 82:2
<b>involvement</b> 125:16 126:1,7	<b>jumped</b> 101:12	<b>level</b> 14:19 16:11 17:8 23:19 46:17 47:20 48:12 50:23,24 51:4,24 71:1 81:19 86:8 87:5,9,13,14 105:13 106:6 109:14,22 116:15,20 117:17,21 118:19 120:7,16,18 121:10 123:11 124:23	<b>long</b> 36:12 79:15,16,17 100:13 114:14,22
<b>involves</b> 24:3	<hr/> <b>K</b> <hr/>	<b>levels</b> 14:21 15:1 16:20 17:16 27:10	<b>longer</b> 44:18
<b>IPSDI</b> 13:15,24 114:8	<b>Kabello</b> 68:15,16	<b>Leyden</b> 123:10	<b>looked</b> 19:4,6 23:5,8,9, 10,11,16 28:3 30:8 39:9 60:18 65:21 69:15 78:22 81:9 82:17 85:11 92:5,9, 23 97:5 102:8 104:6 105:12,24 111:2 125:20
<b>irrelevant</b> 61:1,4 62:6, 23 67:22 89:3 102:14 111:11	<b>keeping</b> 141:6	<b>licensed</b> 44:2 70:17,19 71:7,8,9 118:3	<b>Loop</b> 95:8,15 96:9,14 97:4,22,24 103:7 124:2, 12,16,20 125:3,10,13,17 126:8,23 132:5 134:4
<b>irrespective</b> 81:17	<b>KHAN</b> 130:9,12 133:14	<b>licensure</b> 117:8,9,10	<b>lot</b> 8:21 12:19 46:20 48:1 49:10 50:19 59:12,18 78:24 88:14 90:6 92:19 98:19 99:16,19 125:12 133:1 136:18 137:8
<b>Irving</b> 6:13 9:20 102:21, 22	<b>kind</b> 11:22 35:5 39:11 41:15 68:9 73:18 93:7 97:12 114:5,11	<b>life</b> 85:16	<b>LPN</b> 70:21
<b>issue</b> 89:20,22 92:15 127:9	<b>Kissel</b> 141:2	<b>life-threatening</b> 74:8, 15 76:6 86:1,10	<b>LPNS</b> 78:20
<b>issued</b> 126:13	<b>knew</b> 126:17 139:18	<b>likelihood</b> 104:21	<b>Lustig</b> 37:10 74:17 86:13 103:6 118:18,21 125:7 140:23
<b>issues</b> 12:4,5,10 56:19, 24 57:10 96:20 97:10 115:5 125:13	<b>knowledge</b> 19:3 85:13 96:10 120:24	<b>likewise</b> 84:14	
<b>Itasca</b> 5:15 14:14 18:14 19:20,21 20:6,22 22:23 23:6,8 27:11 33:12 34:4, 5 36:4 37:23 38:7 39:11, 16 40:3 43:9 47:16 60:14 63:7 66:17 69:11 71:20 72:6,10,16 73:3,7,16 76:22,24 77:6 79:7,14, 19,20 80:9,12,13,20 81:18,23 82:9,13 88:3	<hr/> <b>L</b> <hr/>	<b>limitations</b> 90:14 91:9	
	<b>lag</b> 55:20	<b>lines</b> 132:13,23 135:3 137:7,9	
	<b>Lake</b> 15:24 16:3 17:5,6, 12 67:5,13 68:2	<b>lingering</b> 11:23	
	<b>large</b> 6:19 8:19 22:19 64:22 92:8,9 94:19,20 95:6,13 96:13 109:4,7 110:7 118:7		

<b>M</b>	
<b>MABAS</b> 23:16,18 24:3, 11,14,17 25:20 26:8,24 27:5,8 31:22 32:2 65:22 81:3	<b>meeting</b> 5:14,15 65:16 109:3 140:4,8,12 141:7, 10 142:13 143:8
<b>made</b> 17:19 71:15 104:8 107:14 112:14 119:19,23	<b>meetings</b> 6:15,19 140:16
<b>magnitude</b> 94:15 121:4, 12	<b>MELONE</b> 5:17,19,22 6:1,4,6 10:4,7,10,13,15 141:21,24 142:3,6,8,18, 21,24 143:3,5
<b>mail</b> 93:5	<b>Melrose</b> 130:22
<b>main</b> 29:5,8 30:1,11 87:4	<b>member</b> 48:7 85:8
<b>majority</b> 30:16 45:4 49:12 129:3	<b>memorized</b> 52:12
<b>make</b> 6:24 8:4,7 36:21 37:5 38:8 44:1 56:12 71:4,18 98:9,15 99:12 110:22 114:20 127:1 140:7	<b>mentioned</b> 22:17 24:18 40:15 48:22 49:3 73:24 101:11 125:14,19 127:5
<b>makes</b> 26:21	<b>method</b> 8:12
<b>making</b> 75:7	<b>methodologies</b> 84:16 125:9
<b>management</b> 12:22 126:15	<b>methods</b> 17:23
<b>map</b> 111:23	<b>metropolitan</b> 118:2
<b>mass</b> 64:23	<b>middle</b> 133:9
<b>materialize</b> 66:14	<b>mile</b> 77:7 102:15 103:3
<b>mathematical</b> 86:19	<b>miles</b> 87:7
<b>mathematician</b> 43:12	<b>mind</b> 28:11 33:4
<b>matter</b> 7:16 37:24 58:13	<b>mine</b> 26:5 125:20
<b>McNicholas</b> 128:1,2,5, 11	<b>minute</b> 5:10 44:6 101:12 111:17 115:2
<b>means</b> 117:22	<b>minutes</b> 32:17 42:21,22 43:12,13,15,16 44:17,18 57:16,21 87:18 139:24
<b>measure</b> 76:3	<b>mischaracterization</b> 109:11
<b>medic</b> 48:5	<b>mischaracterizing</b> 110:1
<b>medical</b> 44:2 60:9 70:5, 8,17,19 71:7,8,9 72:3 75:3 78:1,18 79:1,6 84:21 85:1,4,15 92:4 104:21 105:5,22 109:3 120:9,19	<b>misleading</b> 16:8 132:24
<b>Medicine</b> 117:14	<b>miss</b> 21:16
<b>meet</b> 8:10	<b>missing</b> 21:15,18 97:19
	<b>Missouri</b> 120:7
	<b>mixed-use</b> 9:17
	<b>Mo</b> 20:22 23:22 45:21 51:20 66:22 122:17,19 123:22 129:11,17 130:7 133:16,18
	<b>modalities</b> 125:7,9
	<b>model</b> 24:21 26:16 34:22 41:15 42:4 47:14, 15 49:2 50:13
	<b>modeling</b> 86:20
	<b>module</b> 100:23
	<b>monetary</b> 90:1
	<b>money</b> 37:5
	<b>monitor</b> 76:9,10
	<b>monitoring</b> 7:7
	<b>monopolize</b> 30:16
	<b>month</b> 138:4
	<b>Moon</b> 67:5,13 68:2
	<b>morning</b> 70:13
	<b>motion</b> 9:21 10:2,18 141:15 142:11,12
	<b>move</b> 8:14 41:12 61:5 63:2 65:22 90:8
	<b>moved</b> 9:23 66:1 141:16 142:14
	<b>moving</b> 6:15 17:21 140:13 141:5
	<b>multiple</b> 36:24
	<b>municipal</b> 34:24 54:3
	<b>mute</b> 75:18
	<b>mutual</b> 33:15 35:2 64:20
	<b>mutual-aid</b> 80:17
	<b>N</b>
	<b>Nabello</b> 68:15
	<b>names</b> 128:5
	<b>Naperville</b> 130:4,22
	<b>Narcan</b> 85:10,23 86:5,6
	<b>narrow</b> 28:9
	<b>national</b> 100:24 101:2
	<b>nature</b> 12:21 14:3 15:20 24:20 30:10 38:12 43:18, 19,23 45:3 46:15 47:23 48:13 50:5 84:16 85:3 99:23 100:1 106:19 108:18 109:14 112:19
	<b>nearest</b> 101:13,16 111:9,15
	<b>necessarily</b> 17:15 25:15 27:4 29:5 30:19 31:7 74:7 76:5 89:20 94:19
	<b>necessitate</b> 60:9
	<b>needed</b> 13:13 29:17 43:21 46:10 67:16 70:3 71:19,20 111:13
	<b>negative</b> 28:13
	<b>negligible</b> 101:23 102:19
	<b>neighboring</b> 32:3 33:14
	<b>neighbors</b> 28:16 31:8
	<b>NEMSIS</b> 101:5
	<b>neutral</b> 28:13
	<b>NFIRS</b> 12:4,10 13:13,22, 24 19:12 106:17 114:3,4 131:1,3,5,6,11,14,17,22
	<b>nice</b> 68:18
	<b>night</b> 49:17,21
	<b>nights</b> 90:23 96:1 97:1
	<b>NOLFO</b> 11:12,18 20:21 21:4 23:22 24:1 45:21 46:2 51:20,21 52:15,16, 21,23 58:2,8,22 60:13,17 62:9,13 64:3,9,15 65:6, 10,19 66:22 67:2 75:19, 20 83:4,9
	<b>normal</b> 49:9,20 76:11
	<b>normally</b> 79:3
	<b>North</b> 132:9
	<b>Northfield</b> 88:2,6
	<b>note</b> 81:15
	<b>noted</b> 94:22 135:14
	<b>notes</b> 25:23
	<b>notice</b> 15:18 39:3,4
	<b>number</b> 6:18 16:17 18:4, 9,23 20:4,12 22:1,19 35:15 51:23 53:5 80:23 81:1,12,20 82:12 83:1 94:10 106:14 107:7 108:9,22 115:19,20

116:3,16 121:23 124:20 136:24 137:4 139:16 140:8	<b>opening</b> 7:12,16 10:22, 23	85:2 109:13	<b>PDF</b> 106:10 139:14
<b>numbers</b> 22:16 54:12 72:18 108:24 122:6 131:12 134:7 138:13,19, 20	<b>operating</b> 106:20 107:6	<b>paramedics</b> 47:17 48:5, 14,17	<b>peer</b> 40:8
<b>nurses</b> 78:2	<b>operation</b> 114:13	<b>Pardon</b> 75:12	<b>penalty</b> 73:15,18
<b>nursing</b> 29:13 38:16 49:11 50:4 53:9 55:1 59:16,19 60:4,5 78:15,17 92:7,17	<b>opinion</b> 13:8 17:2 18:4 19:10 33:9 35:9 45:18 61:8,18 62:3,19 63:5,12 74:12,20 100:11,21 112:10 138:23 139:2	<b>Park</b> 6:13 9:20 27:16 55:24 56:18 59:3,15 60:4 62:17 63:4 102:21,22 130:22	<b>people</b> 19:19 25:3 26:14 27:1 45:18 47:7 48:4 49:16 50:3 51:3 53:20 56:2 60:8 73:13 74:4 75:5 77:16 79:4 81:17,20
<hr/> <b>O</b> <hr/>	<b>opinions</b> 35:16	<b>part</b> 23:4 24:11,13,22 35:9 48:1 80:16 83:3 87:19 89:10 95:10 96:4,6 101:18 102:20 125:16 138:18	<b>per-bed</b> 18:16 94:6 121:8,9
<b>O'KEEFE</b> 10:21,23 11:3 52:14 58:1,6,16 63:23 64:6,11 65:22 75:18 83:21 88:21 89:2,11 91:4 114:24 115:7,11 129:14, 16,19 133:4,6,8 139:11, 13,16,20 140:12,20,22	<b>opportunity</b> 8:23	<b>part-time</b> 25:3 26:2,17	<b>percent</b> 31:3,14 87:8 122:6 137:14,21 138:8, 10
<b>Oakbrook</b> 26:12	<b>opposed</b> 103:14 108:18	<b>partial</b> 73:14	<b>percentage</b> 22:20 31:11 103:12 108:17
<b>objection</b> 58:1,6,15 88:21 89:8,18,19	<b>option</b> 112:9	<b>participate</b> 80:17	<b>percentages</b> 21:23
<b>objector's</b> 130:7 132:18 133:14,16,20,24	<b>order</b> 5:16 9:13,17 89:23	<b>particular</b> 17:16 55:14 58:13 101:1	<b>perform</b> 62:4 70:6,15
<b>objectors</b> 8:3	<b>orders</b> 8:10	<b>particularly</b> 91:23	<b>performing</b> 70:15
<b>obligations</b> 50:2	<b>organization</b> 41:9	<b>parties</b> 7:4 9:2 54:7	<b>period</b> 19:15 32:13 113:20,23
<b>observation</b> 17:19	<b>original</b> 97:7	<b>parts</b> 34:13,20 69:9	<b>periods</b> 41:20
<b>occur</b> 49:9,16	<b>origins</b> 128:7	<b>party</b> 9:5	<b>permit</b> 9:17
<b>occurrence</b> 134:12	<b>out-of-state</b> 116:22,24 117:3,5,6 118:9 119:9	<b>passage</b> 45:13 76:17	<b>permitted</b> 53:22
<b>offer</b> 14:13 51:11 67:6 68:7,9 116:19 117:17 121:3 123:11	<b>outpatient</b> 22:13 101:21,23 102:10,12 103:6,10,13,18 104:2,10, 22 105:6,20	<b>passed</b> 39:4	<b>person</b> 8:11 13:4 72:12 73:8,10 75:7 102:10
<b>offered</b> 14:18 112:2 116:11 123:16,17	<b>overdose</b> 86:5	<b>passes</b> 142:11	<b>personally</b> 82:8 127:9
<b>offering</b> 35:4 117:23	<b>overdoses</b> 85:14	<b>past</b> 140:16	<b>personnel</b> 25:16,20 26:17 47:21 71:9 109:1 110:4
<b>offers</b> 53:10	<b>overreaching</b> 107:18	<b>Pat</b> 68:14,22	<b>pertains</b> 69:20
<b>office</b> 29:13 93:4,7 126:14,15	<b>overrule</b> 58:15	<b>patience</b> 140:10	<b>petition</b> 8:1,8,13 9:15
<b>on-call</b> 24:19 25:3 26:10,14,17	<b>overruled</b> 89:19	<b>patient</b> 34:9 45:13,14, 16,17 47:12 48:5,19 50:23 59:21 72:5 86:6 101:5,8 104:17,19 105:15,19 109:4	<b>petitioner</b> 5:4,9 6:12,17 7:3 8:2 9:2
<b>one-fifth</b> 138:7,10	<b>owner</b> 5:4 6:12	<b>patient's</b> 135:9	<b>petitioner's</b> 6:16
<b>open</b> 9:22 10:19	<hr/> <b>P</b> <hr/>	<b>patiently</b> 140:15	<b>phone</b> 26:1 57:9,12,16
	<b>pages</b> 133:17 136:6	<b>patients</b> 69:4 78:9 86:11 103:10,13 114:16 120:21	<b>phonetic</b> 141:2
	<b>pagination</b> 20:18	<b>pay</b> 48:1	<b>pick</b> 50:3 70:12 93:5 140:4
	<b>paid</b> 24:19 25:2 26:10, 14,17 89:1,3,6 90:6	<b>paying</b> 88:17	<b>picked</b> 24:13
	<b>pain</b> 64:10	<b>payment</b> 89:22	<b>picture</b> 127:18
	<b>pandemic</b> 8:9,19	<b>PC</b> 5:3 6:11 9:14	<b>pieces</b> 42:16
	<b>paramedic</b> 45:13 46:22 47:3,6,10,11,15,20 48:10		

<b>place</b> 31:15 69:24 96:11	<b>precedence</b> 44:8	<b>producing</b> 126:21	74:1,14 77:19 84:7 86:9
<b>places</b> 95:2	<b>precluded</b> 97:11	<b>profess</b> 45:12	95:18 96:19 103:22
<b>plan</b> 5:2,15 6:10,18 7:15, 24 8:4,6,18 9:8,16 69:6, 8,15,19,24 97:9 112:18 133:10 140:13,17 141:7	<b>predominantly</b> 35:3	<b>professional</b> 70:19	105:12 106:2 108:20,23 109:8,13,19 117:21 118:20 121:10 123:19
<b>planned</b> 9:15	<b>preferred</b> 8:12	<b>professionals</b> 44:2 70:8,17 75:3 78:1,18 80:6	<b>provided</b> 15:1 16:9,20 17:10,17 20:1 34:14 39:9 50:20 53:3 54:13 59:2,15 68:3 69:5 78:24 99:15 107:10 111:1 112:15 113:19 114:19 118:15 121:8
<b>play</b> 37:18 38:24 83:24	<b>premise</b> 30:17 45:11 76:22	<b>program</b> 119:14	<b>provider</b> 38:15 39:20,21 45:6 51:14 56:8,9 72:3 74:6 96:18 110:7
<b>point</b> 12:9 13:12 14:9 16:4,24 21:16 29:7 30:11 32:8 33:22 34:7 36:23 37:7,9 39:8 40:10 43:24 44:6,21 52:12 72:17 82:2,6,8,12,16 83:2 110:24 111:4 114:5,11 140:11	<b>present</b> 6:9 45:16 141:1, 2	<b>programming</b> 119:14	<b>providers</b> 71:7 80:14 94:24
<b>pointed</b> 78:14 97:8	<b>presentation</b> 7:1,4 95:24 122:22 126:3,6	<b>project</b> 91:20 92:1 95:23	<b>providing</b> 33:24 35:14 61:12 80:22 92:4 103:18 106:23 118:20 122:13,24
<b>points</b> 32:6 110:18	<b>presented</b> 9:1 90:22 93:10	<b>projected</b> 103:13 107:13,22 109:24 129:5	<b>provision</b> 38:21
<b>Polaris</b> 98:17 99:4 127:17,21,24	<b>pretty</b> 32:24 67:8	<b>projection</b> 21:14 108:8	<b>public</b> 6:22,24 8:1,3,22, 24 9:14,22 10:19 13:16 14:4 29:7,8 91:11 101:4, 24 102:18 112:2
<b>police</b> 12:12 13:6 18:5 19:13 93:19 94:3 112:17 126:22 128:22 132:14	<b>prevalence</b> 105:21	<b>projections</b> 18:18	<b>pull</b> 20:22 45:21 60:13 63:23,24 106:5,9 111:18 122:17 129:10,11 139:8, 10
<b>police-type</b> 112:15	<b>previously</b> 7:19 22:17	<b>prompt</b> 120:8	<b>purely</b> 17:2 37:19
<b>policies</b> 85:9	<b>primarily</b> 65:1	<b>prompting</b> 85:16	<b>purportedly</b> 66:17
<b>policy</b> 70:10 96:16	<b>primary</b> 38:14 45:6 50:6 56:5,8,9 61:21,23 85:15, 24 86:9 87:8 96:18 110:7	<b>properly</b> 126:13	<b>purpose</b> 28:19
<b>Pollack</b> 140:23	<b>primary-care</b> 51:14	<b>propose</b> 115:4	<b>purposeful</b> 126:24
<b>population</b> 15:19 78:22, 23 119:15	<b>priority</b> 43:20 50:9	<b>proposed</b> 14:14 19:20 20:5,12 21:10 77:1 87:18 91:19 92:6,21 93:1,18 94:1 111:9 118:8 120:3 121:4,11,12 124:3,13 140:13	<b>purposes</b> 14:7 18:13 25:9,18 26:22 34:4 66:5 113:18 120:1 128:18
<b>portion</b> 134:13	<b>private</b> 34:14 38:3 39:10 49:8 50:7 51:18 64:18,19 67:14 112:15	<b>proposes</b> 123:19	<b>purview</b> 89:23
<b>position</b> 16:5 85:1	<b>probing</b> 58:5	<b>proposing</b> 29:2 51:11	<b>put</b> 62:15 63:16 67:11 76:8,10
<b>positive</b> 28:13	<b>problem</b> 56:23 64:3 79:4 115:1	<b>protect</b> 8:2	<b>putting</b> 12:9 20:4,10
<b>possessed</b> 37:23 38:7	<b>problematic</b> 138:13	<b>protected</b> 101:9	
<b>possibly</b> 9:2 35:15 39:21 74:2	<b>problems</b> 56:15 61:12 85:22,24	<b>protection</b> 18:14 20:7, 23 22:23 23:6,9 24:16 25:2,19 27:19 37:23 38:7 39:17 40:4 47:16 60:14, 20 61:7 62:10,17 63:3,8 69:12 72:6 73:7 76:22,24 77:6 79:7,14,19,20 82:9, 13 88:11 94:11 106:9 122:18 138:2,16	<hr/> <b>Q</b> <hr/>
<b>post</b> 93:4,7	<b>procedure</b> 6:19	<b>provide</b> 8:23 15:2 16:12 17:7 22:21 27:7 29:7 34:8,16 35:3,5,22 36:1 39:13 40:3 53:17 55:1 57:1 62:22,24 64:23 65:1 66:16,17 67:15 68:4	<b>qualify</b> 84:24
<b>potentially</b> 28:23 89:11 140:3	<b>procedures</b> 6:14 8:18 85:9		<b>quarters</b> 76:23
<b>power</b> 38:1,8	<b>proceed</b> 9:11		<b>question</b> 15:9,11,12
<b>practice</b> 41:19 93:15	<b>proceeding</b> 6:21 7:20		
<b>prearranged</b> 108:18	<b>proceedings</b> 6:22 7:9, 18,24		
<b>precautionary</b> 76:3	<b>process</b> 8:14 9:7,9 66:12 69:1,9 96:4 122:22 125:8,16 133:12		
	<b>produced</b> 127:4 128:8 137:6		

19:1 20:9,20 24:2 25:9, 18 28:10 29:10 30:22 41:5 44:13 45:2 49:19 56:20 58:10 62:1,6 67:8, 14 70:23 72:22 75:15 79:11,15,17 80:11,16 81:21 85:19 86:15 89:10 90:5 93:21,22 94:5 97:16 100:14 103:11 105:17 106:4 108:2 109:22 110:2 120:14 123:6 124:10 125:22 126:4 133:3,7,9,13 140:16	<b>reasons</b> 16:15 115:20 <b>recall</b> 11:21 12:5 26:4 73:18 91:5 103:15 119:5 139:6 <b>receive</b> 86:6 <b>received</b> 44:20 99:14 127:7 <b>receiving</b> 33:20 90:1 120:6,17 <b>recent</b> 58:20,24 <b>recess</b> 5:11 65:13,14 115:8 <b>recognized</b> 9:4 <b>recollection</b> 25:22 <b>recommendation</b> 8:5 70:9 112:11 <b>recommendations</b> 96:3 <b>recommending</b> 8:7 112:9 <b>reconvene</b> 65:16 141:13 <b>record</b> 7:23 9:7 12:21 13:10 61:4 62:15 66:21 67:11 75:17 101:5,6 114:15,22 <b>RECORDING</b> 5:17,19, 22 6:1,4,6 10:4,7,10,13, 15 141:21,24 142:3,6,8, 18,21,24 143:3,5 <b>records</b> 67:4 <b>recovering</b> 11:22 <b>recovery</b> 14:19 18:17 55:18 79:2 104:5,16,24 106:1 107:4 121:6 122:1, 5,8 123:12,14 129:6 <b>redefine</b> 113:16 <b>reducing</b> 35:15 <b>reference</b> 52:17 96:23 109:18 <b>referenced</b> 52:4 <b>referring</b> 20:17 78:1 106:3 130:19 132:16	<b>refined</b> 30:23 <b>reflect</b> 12:23 <b>reflected</b> 12:15 <b>reflective</b> 49:4 <b>regard</b> 90:12 112:22 113:6 128:15 <b>regardless</b> 18:9 95:4,12 102:12 135:19 <b>region</b> 34:24 63:18 <b>register</b> 89:8 <b>regular</b> 141:7 <b>rehab</b> 16:24 50:4 108:16 <b>rehabilitation</b> 16:6 92:20 119:4 <b>rejected</b> 116:22 <b>relate</b> 132:22 <b>related</b> 58:12 <b>relates</b> 58:10 <b>relating</b> 126:21 <b>relationship</b> 37:8 67:23 96:5 <b>relationships</b> 45:5 <b>relative</b> 21:20 <b>relevance</b> 58:6 88:21 <b>relevant</b> 27:6 58:1,7 <b>reliability</b> 100:9 <b>reliable</b> 19:12,24 94:9 97:13 103:3 118:23 129:1 <b>reliant</b> 113:12 <b>relied</b> 13:22 14:6 125:17 131:5 <b>relocate</b> 41:19 <b>relying</b> 93:10 <b>remarks</b> 7:12,17 10:22, 23 <b>remember</b> 63:18 102:1 110:10 <b>reminder</b> 141:5 <b>Remote</b> 7:7	<b>remotely</b> 6:21 <b>remove</b> 24:21 <b>removing</b> 100:11 <b>render</b> 138:23 <b>repeat</b> 75:13,16 101:15 <b>rephrase</b> 20:9 <b>report</b> 13:24 18:2 19:22 20:15,18 23:23 24:8 52:3,9,11 98:9,12 101:19 106:8,11 113:7 125:20 133:18 135:14 139:8 <b>reported</b> 136:10 <b>reporter</b> 7:21 11:5 126:4 <b>Reporting</b> 100:24 <b>reports</b> 96:24 101:8 104:19 <b>represent</b> 137:10 <b>representation</b> 123:2 <b>represented</b> 113:8 132:23 <b>request</b> 9:14 65:13 72:7 91:13 126:13,21 127:9 <b>requested</b> 41:14 111:1 <b>required</b> 46:14,24 <b>requirements</b> 117:9,11 <b>reroute</b> 43:20 44:19 <b>rerouted</b> 44:24 <b>reschedule</b> 7:10 <b>research</b> 15:4,18 16:19 17:3 18:19 36:2 38:11 45:8 54:18,23 59:23 68:7 93:16,23 98:2 118:21 120:16 <b>researched</b> 79:23 <b>resident</b> 30:15 31:2 <b>residential</b> 9:18 <b>resolve</b> 115:5 <b>resources</b> 33:23 39:11 80:1,8,11,22 91:6,7 <b>respect</b> 9:9 37:4,6 89:18 <b>respects</b> 64:22
---	---	---	--

---

**R**

---

**Ralph** 26:15  
**range** 123:18 129:5  
**rate** 88:19 90:7  
**ratings** 117:13  
**ratio** 18:6  
**raw** 17:10 126:20 137:4  
**Ray** 6:4,5 10:1,13,14  
141:18 142:6,7,15 143:3,  
4  
**re-ask** 110:1  
**reach** 18:4,12 121:8  
**reached** 112:24  
**read** 7:16 39:2  
**Ready** 9:11  
**realistic** 137:16,23  
**reason** 18:20 24:15  
39:15 66:13 72:14 84:6  
99:1 104:18 107:1  
115:23 126:18 131:7

<b>respond</b> 12:12,17 13:6, 10 29:6,9 32:14 33:24 34:2,18 50:18 67:13 77:12,18 78:11 79:8 131:19	<b>road</b> 6:13 9:20 84:9 94:13 102:22 111:21	109:23	<b>severity</b> 44:19
<b>responded</b> 87:2 98:4	<b>Rob</b> 40:11	<b>seizure</b> 135:3	<b>shape</b> 120:8
<b>responder</b> 34:17 38:14 61:22	<b>role</b> 85:8 99:9 110:13,16	<b>selecting</b> 116:12,17	<b>share</b> 23:13 49:24 50:5 80:8
<b>responders</b> 47:17	<b>roll</b> 5:16	<b>sense</b> 110:22	<b>shared</b> 17:4 18:20 46:3 51:9,10 52:3 54:9 55:4,9 66:10 73:19 122:7
<b>responding</b> 40:20 41:7 50:13 53:21	<b>Roselle</b> 26:7	<b>separate</b> 102:6	<b>sheet</b> 65:23
<b>response</b> 12:21,23 30:17 37:20 42:12,19 43:13 67:18 72:11 73:2 75:9 76:24 100:13 112:7 126:21	<b>rotate</b> 47:21	<b>separately</b> 123:15	<b>shifts</b> 26:13
<b>responses</b> 43:14 112:13	<b>rough</b> 53:6	<b>Serenity</b> 130:4	<b>short</b> 57:7,13 79:17
<b>responsibility</b> 29:9	<b>roughly</b> 32:16	<b>serve</b> 15:21 47:22	<b>show</b> 89:24
<b>responsible</b> 80:8	<b>rules</b> 6:19 46:16	<b>served</b> 15:6,10,13,18 16:15 88:10 119:16	<b>showed</b> 131:22
<b>restate</b> 38:4 44:13 93:20 137:20	<b>run</b> 19:18,19 59:11	<b>service</b> 15:1,17 16:11, 20 17:8,16 19:3 22:21 23:19 27:1,10 29:21 32:13,15,21 33:13 35:14, 22 38:3 39:10,13,18,20 45:3 47:18 48:23 49:7 51:19,24 53:17 55:1 61:13 62:24 64:17,24 65:1 68:5 74:1 77:14,19 80:3,4,14 81:19 85:2 86:24 92:22 96:19 102:6, 8 103:23 105:13 106:5 108:21 114:15 116:20 124:16,17 134:2,11	<b>showing</b> 23:24
<b>result</b> 73:15 86:11 139:5	<b>Russo</b> 6:7,8 10:16,17 142:9,10 143:6,7	<b>serviced</b> 36:4 56:2 62:18 67:9	<b>shows</b> 136:9
<b>resulting</b> 137:24	<hr/> <b>S</b> <hr/>	<b>services</b> 14:14,19 15:3 16:9 21:21 27:8 29:8,17 30:9 33:16 34:8,15,16 35:21 39:9 40:3 41:13 48:11 49:8 51:11 53:10, 11 54:13 57:1 59:14 62:4 63:18 64:19 66:11,16 67:7,15 68:3,7,10 78:23 84:17 86:8 91:22 92:3 95:17 97:22 101:21,24 102:19 103:6 104:13 105:22 106:1,15,23 109:19 110:7 112:3,15 113:19 114:18 116:9,11, 16 117:17,21,24 118:15, 19 120:17 121:3,11 123:10,18 124:24 126:14	<b>signed</b> 36:21 37:6,11,16 74:22
<b>results</b> 112:24	<b>S-U-P-R</b> 116:1	<b>services'</b> 67:15	<b>sign</b> 7:1 36:14 39:3
<b>resume</b> 11:10	<b>safe</b> 94:14 143:9	<b>servicing</b> 114:15	<b>significance</b> 7:21
<b>retention</b> 128:12	<b>safety</b> 13:16 14:4 91:11 101:24	<b>sessions</b> 81:23	<b>signup</b> 7:5
<b>retired</b> 68:14	<b>safety</b> 13:16 14:4 91:11 101:24	<b>set</b> 78:3	<b>similar</b> 14:13 27:7 66:16 81:19 106:23 118:10
<b>retirement</b> 59:24	<b>sales</b> 111:3		<b>similarity</b> 116:16
<b>return</b> 140:19	<b>salesman</b> 110:23		<b>simple</b> 42:2 67:9 104:18
<b>reveals</b> 136:6	<b>Sangamon</b> 132:10		<b>simplest</b> 36:14
<b>review</b> 79:12	<b>satisfactory</b> 123:3		<b>single</b> 30:14
<b>reviewed</b> 42:11	<b>scenarios</b> 60:1,6 63:9		<b>sinus</b> 76:11
<b>reviewing</b> 37:17,19	<b>Schultz</b> 40:11 55:10,12 56:13 58:3 61:11,20		<b>sir</b> 12:2,7 23:3 24:2 25:5 26:4 28:2 36:7 42:8,17 52:8 64:14 65:5 66:18 76:19 77:18 83:5 93:3 101:15 123:1 129:24 132:7
<b>rhythm</b> 76:11	<b>scope</b> 51:16 74:6 90:14, 18 95:24 120:11		<b>sit</b> 31:1 71:3,5 82:19,24 98:13
<b>ride</b> 48:18	<b>score</b> 141:6		<b>site</b> 9:16 15:23 17:20 18:16 19:22 28:21 29:18 53:17 59:17 60:24 61:22 68:12 70:8 72:20 87:18 96:20 97:7,9 98:5,10 100:6 107:6 108:21,22 116:6
<b>rides</b> 108:17	<b>screen</b> 21:1 63:16 64:4		<b>sites</b> 13:23 14:1,16,18, 24 15:2,10,18 16:9 17:3,
<b>rights</b> 8:2	<b>scroll</b> 23:24 45:24 133:17		
<b>rise</b> 120:19	<b>secondary</b> 56:6		
<b>RN</b> 70:21	<b>secretary</b> 5:16,17,19,22 6:1,4,6 10:3,4,7,10,13,15 141:20,21,24 142:3,6,8, 16,18,21,24 143:3,5		
<b>RNS</b> 78:20	<b>sector</b> 64:18		
	<b>security</b> 112:18		
	<b>seeking</b> 14:4 61:22 79:6		

7 38:15,16,17 43:9 52:2 55:15,17 56:17 68:4 92:19 93:13 102:8 103:21,22 105:12 106:3 108:23 109:17,18,20 115:21 116:8 128:20 129:2 131:1	<b>special</b> 9:16 92:16 119:15 122:22	96:4 124:9	<b>stuff</b> 64:9 137:3
<b>sitting</b> 19:16	<b>specific</b> 42:12 54:19,23 84:16 85:3 105:18 130:19	<b>starts</b> 60:5	<b>subject</b> 58:13 89:7
<b>situation</b> 13:2 43:20 47:20 51:6,15 64:23 86:5	<b>specifically</b> 41:6 42:3 86:4 101:20 105:12 108:20 109:16,18 121:14 133:17	<b>state</b> 8:15,16 14:22 46:24 76:7 89:9 101:2 109:12 117:23 118:6,14 119:8 120:1	<b>substance</b> 84:11,12,15, 22 85:5,17,23 86:2 94:24 95:6 103:19 104:2 105:20 109:4,7 110:8 117:19 119:24 120:6,18, 21
<b>situations</b> 50:8 59:21 79:1 85:10 86:1	<b>spend</b> 40:22 43:18 59:18 82:14 88:5 90:6 120:13 125:12 138:24	<b>stated</b> 104:18 105:24 104:11	<b>suburban</b> 101:3
<b>size</b> 41:9 93:17 94:1,7,15 95:17 118:10 120:2 121:12	<b>spent</b> 12:3 15:24 43:7 57:8,11,21 88:1 91:8	<b>statement</b> 43:4 97:13 104:11	<b>suddenly</b> 44:23
<b>skill</b> 78:3	<b>spoke</b> 55:5,10,23 56:13 58:3 59:5 61:11 108:15 109:19	<b>statements</b> 7:16	<b>suggested</b> 35:20 91:10 95:19
<b>Skokie</b> 87:10,12	<b>spot</b> 140:7	<b>states</b> 118:20 120:12,13, 15,18	<b>suggesting</b> 115:23
<b>slash</b> 18:5	<b>spreadsheet</b> 99:8	<b>stating</b> 102:4	<b>suited</b> 86:14
<b>slide</b> 45:23,24 52:1 55:6, 16 58:18 107:20 123:12 130:24	<b>spreadsheets</b> 99:10	<b>station</b> 28:18 79:21 111:9	<b>sum</b> 46:5
<b>slow</b> 9:6	<b>Sprinkle</b> 54:7,8 110:4, 11 111:1,5	<b>stations</b> 80:19,21 111:8, 11	<b>summary</b> 14:1,3 100:4 128:19
<b>small</b> 87:22 88:11 93:19 94:3	<b>St</b> 48:8 87:11	<b>statistics</b> 81:9 86:17	<b>summons</b> 70:3
<b>smaller</b> 88:1,2 121:18	<b>staff</b> 7:3,7 24:19,20 25:23,24 26:2,13 28:18 44:2 46:11,16 54:1 70:5 75:4 78:21 118:22	<b>statute</b> 8:15	<b>Sunday</b> 70:12
<b>Smith</b> 140:15	<b>staffed</b> 25:11,14 46:21 81:16	<b>stay</b> 94:21 95:2 118:1	<b>Superior</b> 56:6 65:3
<b>Society</b> 117:13	<b>staffing</b> 24:21 25:3 26:11,16 49:4 70:14	<b>step-by-step</b> 8:22	<b>supplement</b> 88:4
<b>sole</b> 27:23 28:12	<b>stage</b> 41:6 111:12	<b>Stephen</b> 110:12	<b>support</b> 16:5 85:16
<b>solely</b> 40:20 41:6 42:4 73:8	<b>staged</b> 42:3,5 111:7	<b>Stephen's</b> 110:13	<b>SUPR</b> 14:21 103:22 116:1,13 118:2,12,16,22 119:10,17,20 120:24
<b>somebody's</b> 20:19	<b>staging</b> 40:20,24 41:3 111:14,15	<b>stood</b> 80:13	<b>surrogate</b> 112:2
<b>someone's</b> 47:8	<b>stand</b> 122:13,16	<b>stop</b> 7:9 140:1	<b>surrounding</b> 23:10,19 87:4
<b>sort</b> 89:24 106:13 108:8	<b>standard</b> 93:15	<b>stopping</b> 114:5,11	<b>swear</b> 11:5
<b>sounds</b> 59:10 96:22 107:17	<b>standards</b> 89:7 109:12	<b>stories</b> 57:22,23 92:8	<b>swearing</b> 7:21
<b>source</b> 20:1 118:23 129:8 130:2	<b>stands</b> 122:23	<b>straight</b> 113:15	<b>switch</b> 130:13
<b>sources</b> 130:2	<b>start</b> 5:13 21:23 33:24 37:1,2 76:8 100:10 121:16 133:18 140:8	<b>Stream</b> 40:11 55:23 57:2 58:17 60:20 61:6 62:16 63:3,8	<b>sworn</b> 11:7,16
<b>spaces</b> 135:22,23	<b>started</b> 14:16 74:5 76:2 85:11 88:3,4 91:5 94:18	<b>streaming</b> 7:8,10	<b>system</b> 12:22 41:10 43:19 48:8 79:24 85:8 100:24 101:3
<b>speak</b> 26:3 55:10 89:16 109:16		<b>street</b> 46:9 48:24 49:13 76:19 111:12	
<b>speaking</b> 12:11 77:6 109:1 110:10 121:14		<b>structure</b> 48:1	
		<b>studied</b> 85:22	
		<b>studies</b> 29:16	
		<b>study</b> 16:2,4,23 24:21 30:12 61:1 68:2 83:3 87:19 93:9 95:24 101:18, 21 104:4 112:23 113:18 118:11 138:18	
			<hr/> <b>T</b> <hr/>
			<b>table</b> 64:10
			<b>tails</b> 98:15 99:12
			<b>takes</b> 43:20
			<b>talk</b> 17:22 26:18 44:5

55:14 56:4 58:18 59:6 68:10 97:11,14,20 99:19 108:24 111:6 118:17 120:12 126:10 127:21,24 133:6	<b>thinking</b> 15:23	<b>topics</b> 14:10 17:22 123:8,15 125:7,9
<b>talked</b> 13:14 16:13 26:6, 15 38:14 54:7 55:16 56:2 58:5 59:7 60:19 69:3 92:12 97:17,18 103:5 108:3 109:17 110:4 112:7,18 115:16 129:2	<b>third-party</b> 39:19	<b>treatments</b> 85:5,18 86:2
<b>talking</b> 12:4 14:11 21:23 22:2 28:20 34:23 43:8,18 46:19 57:9,22 59:19,23 66:11 73:23 105:19 117:7 123:9	<b>Thorndale</b> 111:17,20	<b>tremendous</b> 43:7
<b>technical</b> 115:5	<b>thought</b> 16:13 41:24 66:7,12 75:14 116:14 138:21	<b>triage</b> 69:1,5,15,19,24 70:6,15 72:24
<b>tele-communicator</b> 13:3 33:21	<b>throughout</b> 24:8 32:6 34:20 80:2	<b>triaging</b> 73:9
<b>tele-communicator's</b> 13:8 100:20	<b>tied</b> 35:1,9 47:24	<b>trial</b> 7:23
<b>telling</b> 102:17	<b>ties</b> 134:13	<b>tried</b> 50:12 114:2
<b>tells</b> 57:18	<b>time</b> 7:17 8:24 12:3 13:11 16:1 23:16 31:12 32:10,13,19,20,21 33:12 36:12 40:23 41:21 42:19 43:8,12,18,23 45:14 48:7 49:7 57:9,11 58:13 59:19 60:10 64:18 69:15 72:11, 13 73:2 74:5 75:7,9,22 76:17 77:1 82:15 83:6,11 85:1 88:16,17,20 90:6,13 91:5,8,16 111:24 112:5,7 113:21,23 115:5 120:13 125:12 135:5 139:1 140:2	<b>truck</b> 47:23 98:3 99:24 134:24
<b>temporal</b> 125:21	<b>times</b> 12:19 29:15 33:2 37:19 42:12 46:20 52:18 53:7 54:13 60:21 61:8,17 62:3,18 63:4 67:13,20 70:5	<b>true</b> 23:7,17 25:21 37:7 42:6 44:12 47:2,5 49:14 50:15 54:5 136:12
<b>tending</b> 47:7,11	<b>tips</b> 82:6,8,12,16 83:1	<b>trust</b> 19:12 78:3
<b>terms</b> 36:15 90:14 91:6 114:12 115:17,24 116:9 124:15 125:2,15 131:4	<b>titles</b> 110:19	<b>turn</b> 45:17
<b>Terrace</b> 26:12	<b>today</b> 5:1 11:23 19:17 37:1 39:3 40:24 41:1 71:3,5 82:24	<b>TV</b> 83:24
<b>testified</b> 11:16 15:5 23:15 38:19 42:18 58:23 59:4 63:14 70:4 71:12 74:17 89:2 97:17	<b>told</b> 22:3 26:1 32:4 42:19,20,24 43:2 49:22 53:4 54:4,12 56:21 57:17 59:6,8,11,14 61:20 71:6 74:9 77:16 126:10 128:9	<b>type</b> 29:13 73:15 92:15 93:17 94:1 113:19,20 118:15 120:8 134:10,17
<b>testifying</b> 59:8 81:22	<b>Toman</b> 98:7,9,14,24 99:11 127:17,20	<b>types</b> 18:3 85:4,9,22 93:24 134:8
<b>testimony</b> 6:16 7:22 11:6 18:3 52:4 71:11 97:1 103:8 132:17 136:15 137:13	<b>Toman's</b> 99:1	<b>typically</b> 81:16 114:18
<b>theory</b> 70:20	<b>ton</b> 40:22	<hr/> <b>U</b> <hr/>
<b>therapies</b> 125:6	<b>tonight</b> 6:14 84:4 89:8	<b>ultimate</b> 73:6
<b>thick</b> 64:8	<b>tonight's</b> 140:3	<b>ultimately</b> 72:4 74:10 95:5
<b>thing</b> 34:12 61:21 91:13 100:10		<b>unable</b> 8:10 98:10 117:3
<b>things</b> 12:20 21:17 24:20 30:10 35:23 47:23 50:5 79:23 85:7 112:19		<b>unacceptable</b> 72:14
		<b>unconscious</b> 135:9
		<b>undergoing</b> 85:5,17 86:1,11 104:9
		<b>underneath</b> 134:13
		<b>understand</b> 8:6,11 18:24 19:16 29:10,22 30:6 36:13,15,20 38:5 39:1,14 41:3 42:4 43:2 49:6 53:13 57:11 59:22 60:8 69:18,23 71:5 72:2 77:13 89:19 122:15
		<b>understanding</b> 18:1 25:1,4 32:11 38:19 39:5, 6 49:14,15 56:14 60:7

68:8 70:13 71:23,24  
72:23 73:5,23 75:2 77:5  
93:21 105:16 106:4  
127:4 132:13 140:10

**understood** 34:22 51:8  
66:6 68:6 72:21

**unfair** 120:22

**unionized** 25:11,16

**unique** 30:9

**unit** 44:11 134:21

**units** 134:14 135:4,15,  
20,22 136:3,11

**unknown** 105:7,10

**unlimited** 68:9

**unnecessary** 72:15

**unreliability** 99:20

**unreliable** 99:18

**urgent** 78:6,11,13

**usable** 136:16

**utilize** 14:20 33:19 41:9  
47:18 97:7 100:8,23  
102:6

**utilized** 16:11 25:13  
41:16 68:2 85:14 114:5

**utilizes** 79:24 117:1

---

**V**

---

**variability** 104:1

**varied** 82:18

**variety** 67:6

**various** 57:2 92:5

**vastly** 131:15

**vehicle** 34:11 41:11 47:8  
131:19

**vehicles** 41:11 100:7

**vendor** 36:1

**vendors** 36:3 39:12

**verified** 32:2

**versions** 36:8

**versus** 48:5 72:10 73:16

**viable** 137:16,23

**video** 7:8,10 115:1  
130:13 134:13

**Villa** 15:24 16:3 17:5,6,  
12

**village** 7:3,7 8:5,7 30:20  
55:24 56:18 57:15 59:2,  
12,15,23 60:21 61:7,17  
87:23 88:2,3 91:16,19  
93:2,3 141:8

**Village's** 6:23 7:2,5 8:20

**virtual** 8:11,14

**vital** 112:24

**volume** 18:13 29:24  
30:1,8 31:8,19 52:6  
129:7

**volumes** 92:18

**volunteer** 24:20 26:10

**vote** 10:3 141:20 142:17

---

**W**

---

**wait** 5:7 7:9 34:18 63:23  
75:22 133:12

**waiting** 34:1,11 44:4  
130:15 140:15

**walk** 76:19 93:7

**wanted** 12:8 66:7 95:2  
100:10 117:4 118:1

**war** 57:22

**Washington** 132:9

**watch** 6:22

**ways** 54:16 116:5

**website** 7:2,6 8:20 46:5

**Wednesday** 5:1 6:19  
141:8

**week** 5:3 6:11 11:21  
12:3,6 15:8 46:3 55:5  
58:23 63:15 70:9,18  
71:12,22 84:2 91:14  
103:7 116:14 118:13  
141:6,12

**weeks** 141:12

**welcome** 5:14 140:4

**West** 6:13 9:20 95:8,15  
96:9,14 97:4,22,24  
102:21,22 103:7 124:2,  
12,16,20 125:3,10,13,17  
126:8,22 132:5,9 134:4

**whatnot** 78:2

**whatsoever** 57:1

**wife** 98:18 99:3

**willing** 39:12

**Wilmette** 29:12 78:5,6  
80:7 81:7,18 86:22 87:1,  
6,7,24 88:4,12 91:17  
92:6,22 111:24

**Windsor** 55:24 56:18  
57:13,15,20 59:3,12,15  
60:4 62:17 63:4

**Winfield** 27:19

**Wisconsin** 117:10

**wishing** 6:24 7:2

**withhold** 36:19

**witness** 6:17 11:2,7,15  
20:19 58:19 64:12,13  
65:8 83:7,22 90:9 133:6  
139:12 140:17

**witnesses** 7:22 9:1  
10:21 89:5 140:13,21,22  
141:1,3

**woman** 127:15

**wondering** 26:6

**Wood** 23:12 80:19

**Woodridge** 16:14

**Woodstock** 130:22

**word** 54:17 107:16

**worded** 126:13

**work** 7:9 23:11 29:19  
36:22 37:2 44:8 48:19  
49:9 72:3,24 81:4 87:16  
88:13 90:12,18 93:12  
98:18,20 128:2

**workday** 49:20

**worked** 80:6 87:3,21,23,  
24 127:11

**working** 49:17 69:10  
80:7,22 82:15 88:3,16

**writing** 102:1

**written** 54:16 68:19  
73:14

**wrong** 32:4,19 71:21  
116:15

---

**Y**

---

**year** 19:15 31:13 81:5,11  
82:16 132:1,2 137:7

**years** 28:24 49:7 53:7  
64:17 67:20 82:22 86:23  
87:14 88:1,5 92:9 104:6,  
7 114:1,3,12,16,17  
124:16,17

**yield** 104:12

**Youtube** 6:23

---

**Z**

---

**zoning** 8:1,8,12 89:6,12,  
20