

In the Matter Of:
HAYMARKET DuPAGE LLC

REPORT OF PROCEEDINGS

December 02, 2020

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1 PRESENT:

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:

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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I N D E X

WITNESS	Page	Line
JAMES DOMINIK		
Direct Examination by Ms. O'Keefe	54	2
Cross-Examination by Mr. Di NOLFO	79	15
DR. DAN LUSTIG		
Direct Examination by Ms. O'Keefe	53	21
EXHIBITS:	ID ADMITTED	
Petitioner's Supplemental Exhibit No. 47	32	146
Petitioner's Supplemental Exhibit No. 48	32	146

1 CHAIRMAN DALY: Good evening, everyone.

2 Today is Wednesday, December 2, 2020.

3 The case before the Plan Commission
4 this evening is PC19-014 continued from our meeting
5 two weeks ago. The Petitioner and owner is
6 Haymarket DuPage, LLC. The location is 860 West
7 Irving Park Road.

8 The request is for petition of a
9 planned development by special use with exceptions
10 and Class I site plan approval all in order to
11 permit a mixed use residential and a healthcare
12 facility and other accessory uses in the B-2
13 community business district at 860 West Irving Park
14 Road.

15 The procedures for tonight and
16 meetings moving forward are as follows: We will
17 begin with the continuation of presentations by the
18 Petitioner.

19 We are proceeding remotely with
20 currently only four people in Village Hall. The
21 maximum capacity is 10, but we just adopted the
22 rules now for larger meetings being held remotely.

23 Number three. Anyone wishing to
24 make public comment will be able to do so after the

1 presentation of cases. They need to sign up on the
2 Village's website to do so.

3 Number four. Anyone wishing to ask
4 questions of the Petitioner, Village staff, or other
5 parties will be able to do so after the presentation
6 of cases. The sign-up form is on the Village's
7 website.

8 Number five. Remote Village staff
9 is monitoring the video streaming. If the video
10 streaming does not work during the proceedings, we
11 will stop and wait until the video streaming is
12 fixed or rescheduled for another day.

13 One other comment to the Plan
14 Commission: Because we are operating remotely now,
15 I would propose that if you are going to speak and
16 ask questions during testimony or during discussion
17 afterwards, please turn your camera on so that
18 everybody knows who is speaking and that everybody
19 gets the sense of who -- to add a little bit more
20 communication around the discussion, if you can
21 understand what I'm trying to convey there.

22 The other thing is, I will not be
23 calling any voice votes moving forward because of
24 the nature of the remoteness. In the room it's easy

1 to tell from a voice vote who is for and against,
2 but for this new way of operating, I'm going to
3 propose -- or I'm going to just ask that the
4 secretary call the role every time we vote, even if
5 it's just to adjourn.

6 So with that, I'd like to pass it
7 over to our Village counsel, Mr. Charles Hervas.

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

9 My name is Chuck Hervas, and I am
10 the attorney advising the Plan Commission in this
11 matter.

12 I would remind everyone that this
13 is a legal proceeding with legal significance. A
14 court reporter is swearing in witnesses and is
15 transcribing the testimony. This is not a trial,
16 but we are developing a record of proceedings before
17 the Plan Commission. This is a legal public hearing
18 on a zoning petition.

19 My job as the attorney is to
20 protect the rights of the Petitioner, any objectors,
21 and the public.

22 The Plan Commission will make
23 findings and a recommendation to the Village Board.
24 Please understand that the Plan Commission is a

1 recommending body. The Village Board will make the
2 final decision on the Haymarket zoning petition.

3 Due to the pandemic and the
4 Governor's emergency orders, we are unable to meet
5 in person. A virtual hearing is certainly not the
6 preferred method for hearing this zoning petition.
7 However, the business of government must move
8 forward, and the virtual hearing has been approved
9 by state statute and is being used by local
10 governments across the state. Everyone is doing the
11 best they can under these circumstances.

12 The procedures used by the Plan
13 Commission for large hearings during the pandemic
14 are available on the Village's website. In fact,
15 the website has a lot of information, including a
16 comprehensive step-by-step guide about this hearing.

17 The public will have an opportunity
18 to ask questions and provide public comment at the
19 appropriate time as mentioned by Chairman Daly.

20 Witnesses will be presented by the
21 Petitioner and possibly by other interested parties.
22 Cross-examination will be allowed only by the
23 attorneys or anyone who has been legally recognized
24 as an interested party.

1 Finally, this is a slow and
2 deliberate process that creates a record that's
3 appropriate for a plan commission hearing. I ask
4 that everyone please respect the legal process even
5 if you do not agree with it.

6 Thank you, Mr. Chairman. That's
7 all I have.

8 CHAIRMAN DALY: Thank you, Chuck. We
9 appreciate you and everything you do for us,
10 especially in these meetings.

11 I would now entertain a motion to
12 open public hearing for case PC19-014, petition for
13 a planned development by special use with exceptions
14 and Class I site plan approval all in order to
15 permit a mixed use residential and a healthcare
16 facility and other accessory uses in the B-2
17 community business district at 860 West Irving Park
18 Road.

19 This hearing is actually continued
20 from our meeting on November 19th. I misspoke
21 earlier. It was continued from the Thursday night
22 meeting, and prior to that, November 11th, if I'm
23 not mistaken.

24 May I please get a motion to open

1 the meeting?

2 COMMISSIONER HOLMES: This is Commissioner
3 Holmes. So moved.

4 COMMISSIONER RAY: I second. Commissioner
5 Ray.

6 CHAIRMAN DALY: Will the secretary please
7 call the vote.

8 RECORDING SECRETARY MELONE: Commissioner
9 Carello.

10 COMMISSIONER CARELLO: For.

11 RECORDING SECRETARY MELONE: Commissioner
12 Drummond.

13 COMMISSIONER DRUMMOND: For.

14 RECORDING SECRETARY MELONE: Commissioner
15 Holmes.

16 COMMISSIONER HOLMES: For.

17 RECORDING SECRETARY MELONE: Commissioner
18 Ray.

19 COMMISSIONER RAY: For.

20 RECORDING SECRETARY MELONE: Commissioner
21 Russo.

22 COMMISSIONER RUSSO: For.

23 CHAIRMAN DALY: Okay. Would the -- I'm
24 sorry. I believe I did not call the roll for the

1 7:00 o'clock meeting. So would the recording
2 secretary please call the roll.

3 RECORDING SECRETARY MELONE: Commissioner
4 Carello.

5 COMMISSIONER CARELLO: Here.

6 RECORDING SECRETARY MELONE: Commissioner
7 Drummond.

8 COMMISSIONER DRUMMOND: Here.

9 RECORDING SECRETARY MELONE: Commissioner
10 Holmes.

11 COMMISSIONER HOLMES: Here.

12 RECORDING SECRETARY MELONE: Commissioner Ray.

13 COMMISSIONER RAY: Here.

14 RECORDING SECRETARY MELONE: Commissioner
15 Russo.

16 COMMISSIONER RUSSO: Hear.

17 RECORDING SECRETARY MELONE: And Chairman
18 Daly.

19 CHAIRMAN DALY: Here.

20 There is a quorum present.

21 I would now like to ask
22 Ms. O'Keefe, the counsel for the Petitioner, to make
23 her opening comments and introduce our expert
24 witnesses for the evening.

1 MS. O'KEEFE: Thank you, Mr. Chairman. Good
2 evening. My name, again, is Bridget O'Keefe. I'm
3 the attorney for Haymarket DuPage. I'm accompanied
4 by my co-counsel, Mary Dickson.

5 We are here tonight to present
6 James Dominik, an independent expert with public --
7 with Polaris Public Safety Solutions to discuss what
8 we know is an issue of great importance to Itasca,
9 and that's the impact Haymarket DuPage will have on
10 the Itasca EMS services. Mr. Dominik will present
11 his EMS analysis and share his conclusions.

12 We also have with us tonight
13 Dr. Lustig who is the CEO of Haymarket. He will not
14 provide any formal testimony but will be available
15 to answer any questions that might arise.

16 I would like to take a moment to
17 introduce Mr. Dominik and explain a few points about
18 his analysis.

19 Mr. Dominik has extensive knowledge
20 and experience as a firefighter, fire chief,
21 trainer, and consultant. He spent 29 years in the
22 Wilmette Fire Department with the last 10 serving as
23 chief.

24 Equally important are the other

1 types of projects he's handled. He has trained fire
2 chiefs across the state. He has worked on national
3 and international accreditation projects. He has
4 worked with the City of Chicago's OEMC on active
5 shooting -- active shooter training as a consultant
6 to the Chicago Fire Department. And in his role as
7 a trustee to the Village of Golf, he oversees police
8 services. Mr. Dominik has considerable expertise in
9 this field.

10 Mr. Chairman, I would like to
11 present Mr. Dominik as an expert witness this
12 evening.

13 CHAIRMAN DALY: Thank you. We recognize
14 Mr. Dominik as your expert witness.

15 MS. O'KEEFE: Thank you.

16 Haymarket retained Mr. Dominik for
17 an independent analysis using objective and
18 verifiable data to determine Haymarket DuPage's
19 impact on Itasca. He will present these findings
20 this evening.

21 Mr. Dominik will also testify as to
22 why Haymarket Chicago data was not included in his
23 assessment. Mr. Dominik originally planned to use
24 this data and spent considerable time and resources

1 studying it. He found it to be unreliable for
2 various reasons which he will speak to in more
3 detail this evening.

4 We've also received questions which
5 he will address as to how we could use smaller
6 facilities as a basis for comparison.

7 Is Haymarket DuPage larger than the
8 sites studied? Yes, it is. But that doesn't mean
9 that Haymarket -- just because it's a larger
10 facility, it doesn't mean that it's going to have a
11 larger negative impact on the Village of Itasca, as
12 Mr. Dominik will explain. Because in the end, his
13 findings are that the projected total impact of
14 Haymarket DuPage on Itasca emergency responders will
15 be negligible with no adverse impact on response
16 times and without a need to add additional personnel
17 or equipment.

18 We're very appreciative of all the
19 effort that's been expended by Mr. Dominik, and we
20 are appreciative of his time tonight.

21 And I would like to turn it over to
22 him to present his analysis.

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JAMES DOMINIK

called as a witness herein, testified as follows:

WITNESS DOMINIK: Thank you, Ms. O'Keefe.

As Ms. O'Keefe mentioned, my name is Jim Dominik. I'm the managing member for Polaris Public Safety Solutions, and I was hired to do an independent and objective study on the impact of Haymarket DuPage on Itasca's fire, EMS, and police services.

A little bit more about my background: I am a third-generation firefighter. I started my career in the Village of Wilmette and spent the last 20 years as either the deputy chief or the fire chief.

As part of my job as fire chief and deputy chief, I would do impact analysis studies very similar to this. Every time we had a new use that would come to the Village, we would assess the impact. I would work with the police chief and the public works director to identify the needs of that business or whatever the change may be to the zoning or whatever would move forward at that site. We would actually prepare a report much like this to go forward.

1 A little bit more about my time in
2 Wilmette: We did a tremendous amount of things. I
3 led through accreditation, which I'm going to talk a
4 little bit more about earlier, including the ISO
5 rating, which I know is very important to
6 communities, and dispatch center consolidation. So
7 I'm very familiar with dispatch centers operations
8 and how it works in Itasca.

9 After I retired from Wilmette after
10 29 years, I went to work for the Northeastern
11 Illinois Public Safety Training Academy, and I chose
12 assigned to Chicago. So I spent two-and-a-half
13 years inside the Chicago Fire Department, eventually
14 working for the Chicago Fire Department. My main
15 job was to design and develop the active shooter
16 training for Chicago police and fire.

17 I became very familiar with police
18 operations through that. We developed the
19 first-ever training program for Chicago police and
20 fire, and it took over six months to deliver that
21 training to all personnel operating on three shifts
22 a day.

23 As you can see on my PowerPoint --
24 I'm sorry, next slide -- no, back up one. There we

1 go -- I'm also in my third term as a village trustee
2 for the Village of Golf where I oversee emergency
3 services, largely the police department. They
4 contract fire services, since we're so small, with
5 the Village of Glenview. So the police chief
6 reports directly to me. We do have our own police
7 chief. So I'm very familiar with police operations.
8 And I've been in that position for going on 10 years
9 now.

10 I'm also a Level 1 peer assessor
11 for the Center of Public Safety Excellence. This is
12 the accreditation body for fire and EMS services.
13 I've been doing that since 2001, and I have served
14 in that capacity internationally, as well.

15 And part of the job of being an
16 assessor in the accreditation world, which is very
17 important, is to evaluate the impacts of the
18 community, the service needs of the community, and
19 evaluate them against best practices.

20 I've done that throughout the
21 United States. I'm currently working on south
22 Charlotte which we're going to do the first week of
23 January, and I've also done this abroad in
24 connection with the Department of Defense.

1 So a large part of that is really
2 assessing the needs of the community. And regularly
3 we would look at growing areas, building project's
4 impacts. One of them was a housing unit development
5 that was going to be 10,000 housing units in
6 (inaudible.)

7 THE REPORTER: I'm sorry. It was going to be
8 10,00 housing units?

9 THE WITNESS: In Windsor Severance, Colorado
10 area.

11 So that was one of the things we
12 looked at with them to make sure they were planning
13 properly to adjust for the needs of that if it
14 should happen.

15 I'm also an advisor -- or was an
16 advisory board member for the St. Francis EMS
17 system, which is the St. Francis Hospital, and that
18 was our EMS system that delivered emergency medical
19 services throughout the Chicago North Shore area,
20 mostly the North Shore, north of Howard Street all
21 the way up towards Highland Park. So we were the
22 advisory board that governed and planned all the
23 operations and needs for delivering EMS services in
24 that area.

1 I'm not going to go through all my
2 degrees and certifications. Spent a tremendous
3 amount of time and money on various things getting
4 degrees and whatnot, which are all listed there.

5 We'll go to the next slide. Okay.
6 Obviously this is a transition to the issues
7 analyzed.

8 To me it was very important to
9 break this down and simplify it because I was very
10 concerned to provide independent objective analysis
11 of this issue.

12 So one of the first things I had to
13 look at and identify is what are the current service
14 and activity levels for the police, fire, and EMS in
15 Itasca. That was a foundational element that we had
16 to identify going forward.

17 And then one of the things I wanted
18 to do is -- we do it in the accreditation world, and
19 we did it in the area I worked as fire chief -- we
20 wanted to benchmark ourselves. I wanted to know how
21 the Itasca Police Department and the Itasca Fire
22 Protection District compared in activity levels to
23 comparable police and fire departments in our area.
24 And you'll see we did this through two pieces:

1 Through the Wood Dale report, which I'm going to
2 talk more about later, and through our analysis of
3 our MABAS division, which I'll explain more later.

4 Then what is the impact that
5 Haymarket DuPage will have on Itasca's public safety
6 services call volume, which is obviously the
7 question here.

8 And then lastly, do the Itasca
9 Police Department and the Fire Protection District
10 have the capacity to deliver the services required
11 for Haymarket.

12 Next slide. Capacity was the first
13 issue that we wanted to look at, so I'm going to
14 talk more about that.

15 Go to the next slide. Okay. To
16 identify the capacity --

17 BY MS. O'KEEFE:

18 Q. No, go back one slide.

19 THE REPORTER: Could we have the witness move
20 a little closer to the microphone, please?

21 BY THE WITNESS:

22 A. I think we jumped ahead maybe one slide
23 too fast. Okay.

24 So to take a look at this, it was

1 very important that we identify the sources of our
2 data, the National Fire Incident Reporting System
3 called NFIRS. You're going to hear a lot more about
4 that as I talk.

5 We hired the International Public
6 Safety Data Institute to generate this data through
7 the National Incident Reporting System, which I'll
8 explain more in a little bit.

9 The Wood Dale annual report, this
10 was a wonderful find, in reality. Wood Dale is an
11 accredited police agency through CALEA, and as part
12 of that accreditation process, they submit their
13 calls, their call volume, and their activity levels
14 compared to their neighbors.

15 The CALEA process submits -- it has
16 this report submitted, and it is independently
17 validated and verified by outside personnel as part
18 of the accreditation process.

19 So when we found this, it was
20 wonderful because Wood Dale used Itasca. So
21 Itasca's call load was in there, the personnel, how
22 busy they were. This is a wonderful source of
23 information that was already independently validated
24 and verified.

1 And then we have FOIA requests and
2 direct requests to fire departments and police
3 departments for some of the other sites and some
4 other information we needed.

5 BY MS. O'KEEFE:

6 Q. Mr. Dominik, can I just take a second.

7 With regard to the National Fire
8 Incident Reporting System, which is NFIRS, this
9 relies on data that is provided by the individual
10 fire departments, correct, and required by state law
11 and federal law?

12 A. Correct. So the process with the NFIRS
13 system in Illinois, Illinois fire departments are
14 required by the Illinois Fire Investigation Act by
15 the 15th of each month to support -- or provide
16 their data through the data system for all their
17 activities. This data then goes through the state
18 clearinghouse where it's verified, checked, looked
19 at, checked for errors, and then moved onto a
20 national database.

21 The department has to submit this
22 data. Most departments are required to have a
23 verification/validation process to make sure that
24 the data is clean, accurate, before it was

1 submitted.

2 So the NFIRS system has some checks
3 and balances in it to make sure this is good,
4 accurate data.

5 Q. But there is no national standards like
6 there is for NFIRS or fire and EMS, there's not a
7 similar system for police data; correct?

8 A. Unfortunately, on the police data, the
9 only national information you're going to find is
10 Part 1, Part 2 crimes, major crimes. But when you
11 look down at this all-level activity, there is no
12 national system like the NFIRS system for police.

13 So this really became the
14 foundational element for the data, is to look at the
15 NFIRS data.

16 Next slide. So one of the things
17 that I obviously looked at very carefully was to
18 show the total calls, you know, per day.

19 Now, the town data here, let me
20 explain. This is MABAS Division 12. MABAS is a
21 grouping, a geographical grouping of fire
22 departments for response. MABAS stand for the
23 Mutual Aid Box Alarm System. We're very fortunate
24 in the late '60s this started in Illinois and has

1 now grown to be a national model.

2 MABAS Division 12, the 12th division
3 in Illinois, is where Itasca reside. These are the
4 12 -- the departments in MABAS Division 12 that are
5 career. There is a few paid-on-call and volunteer
6 departments, which we did not use their data largely
7 because their staffing model is different. Their
8 staffing model would be, you know, people working on
9 a volunteer basis, paid-on-call, paid-per-shift. So
10 when you compare the activity level per person, it
11 would be difficult, which you're going to see
12 shortly. So what you have here are the MABAS
13 Division 12 towns.

14 And we have Itasca, you know, here.
15 And the Itasca Fire Protection District averages
16 2.55 EMS calls per day and 1.93 fire calls per day.
17 This is over a five-year average. The study period
18 was 2014 to 2018.

19 As you can see, they're down near
20 the bottom of the comparable towns. Lombard
21 actually would be the busiest.

22 In the next slide, I'm going to
23 talk a little bit more about a way that we looked at
24 this which we thought was more important. It would

1 show the activity level within the department.

2 So next slide. Okay. This chart
3 shows from MABAS Division 12 the five-year fire and
4 EMS calls per emergency response shift staff member.

5 So let me explain that. So these
6 are the individuals that are assigned the shift that
7 would respond to emergency vehicles. While I
8 realize that some chief officers will respond at
9 various times that work 8:00 to 5:00, these are the
10 individuals that are largely on shift that will work
11 and respond on the ambulances and the fire trucks
12 and fire engines on a daily basis.

13 So we identified that number for
14 each of these departments, and then we took the
15 calls, which you saw above, and divided it per shift
16 staff member, which I felt was a more accurate
17 measure of the way to look at the department and
18 their activity level.

19 So as you can see here, Itasca is
20 68 calls per shift staff member. While they're not
21 the lowest -- you have Oak Brook at 60 -- they're
22 down near the bottom. Bensenville, 130.

23 And this varies from town to town,
24 as you can imagine, based on the needs of the

1 community call level and what the community decides
2 is really the right size for the fire and EMS
3 department.

4 Some departments, obviously like
5 Chicago, a lot of people, their numbers actually
6 would look a little smaller than some of these, but
7 not near the bottom.

8 So our sources of data, NFIRS
9 obviously for the numbers. We contacted the
10 departments, department websites, to identify how
11 many people they had per shift, but largely this is
12 from websites and whatnot to identify those numbers.

13 Next slide. Okay. Obviously the
14 police, very important part of this. So we did the
15 same thing on the police side. You have the average
16 annual calls per day for police. We applied this
17 much like I just talked about the fire and EMS side.
18 So you have Itasca 23.74 annual police calls per
19 day. That would be the average, you know, 24-hour
20 period and how many calls they would respond to.

21 While this number is important,
22 really I feel the next number is more important. So
23 we'll go on to the next slide.

24 So this is the average calls per

1 day per officer. It's broken down per officer to
2 the average calls per day. So in Itasca, the
3 average officer is going to go on 1.05 calls per day
4 as a police officer.

5 The other towns, you know,
6 consistent. Itasca is second from the lowest.
7 Elk Grove is the lowest. Roselle is the highest at
8 2.19 calls per day.

9 And this data all came out of the
10 Wood Dale report that I mentioned earlier which is
11 part of the CALEA accreditation process.

12 Next slide. Okay. There's some
13 supplements to the existing capacity that Haymarket
14 is going to utilize to lessen the burden on Itasca,
15 and there's two main points to this: Private
16 ambulance service provided by Elite for BLS calls,
17 which we're going to talk about later is going to
18 take a tremendous amount of the call load for
19 Haymarket DuPage, and trained medical professional.

20 Haymarket DuPage is a medical
21 facility. There's, you know, people that are
22 trained that are LPNs, RNs, you know, staffed 24/7.
23 So you have trained medical personnel on site that
24 will obviously lessen the burden. They can

1 identify, triage, you know, the individuals that
2 are maybe in need of medical assistance.

3 Next slide.

4 MR. KHAN: If I can just pause for a second,
5 sir.

6 If you can speak a little bit
7 slowly, there have been a few members of the
8 public -- or staff watching the video that are
9 having a hard time understanding. If you can speak
10 a little bit more slowly, clearly, we would
11 appreciate that.

12 THE REPORTER: Who is speaking?

13 THE WITNESS: Is this a little bit better?

14 MR. KHAN: Yes, sir.

15 THE WITNESS: I'm not a loud speaker to begin
16 with, and the mask is making it worse.

17 BY THE WITNESS:

18 A. Okay. So, you know, here is the private
19 ambulance services that Haymarket has secured to
20 decrease the EMS calls for Itasca. Haymarket has
21 contracted with Elite Ambulance, a private ambulance
22 company, to decrease the call demand for Itasca Fire
23 Protection District.

24 While not required, when you look

1 at some of the other sites, you know, the municipal
2 ambulance would be the primary provider. Haymarket
3 was being sensitive to the concern about the EMS
4 service, so they contracted with Elite.

5 I did a tremendous amount of work
6 looking at Elite, looking at other ambulance
7 companies to identify their capabilities, the
8 services that they can provide going forward.
9 Elite, very capable, 130 ambulances, you know,
10 daily. They're the second largest in the State of
11 Illinois.

12 The service levels that Elite
13 provides is important. Elite provides ALS and BLS
14 service. ALS service stands for advanced life
15 support services. These are more critical
16 life-threatening calls, more urgent need. And basic
17 life support services, which are just that, more
18 basic, not necessarily imminently life-threatening,
19 but basis life support.

20 So Elite provides those same
21 services that you would find in Itasca. Itasca
22 provides ALS and BLS services much like the
23 surrounding communities and communities I'm familiar
24 with it.

1 One of the concerns that was
2 brought forward is what -- that I was concerned
3 about, too, is what would happen if Elite, you know,
4 was not desirable or not performing or didn't want
5 to do this anymore, you know, what would Haymarket
6 do?

7 So what they were able to work out
8 is a 45-day out clause where if Elite did not want
9 to provide services to Haymarket anymore, they would
10 be given 45 days to find another provider.

11 So that took me, obviously, to the
12 next step to where I wanted to start looking at
13 other ambulance companies and the capabilities and
14 who else can service this area should, indeed, that
15 happen.

16 I really -- really don't believe
17 that's a concern immediately. Elite has been around
18 for a long time. They provide very adequate
19 services. I talked to other communities that Elite
20 worked in, other fire departments, and I didn't find
21 any concerns. So Elite is very capable, very
22 competent at providing the services at which they
23 do.

24 But just to be safe, I did look at

1 other ambulance services. And there are many other
2 ambulance services that can be provide service to
3 Itasca. So should, for some reason, Elite not be
4 desirable, you would have other ambulance companies
5 that, indeed, could pick up and service Haymarket
6 DuPage.

7 MS. O'KEEFE: So, Mr. Chairman, we submitted
8 as a supplemental exhibit a packet of materials
9 listing the other ambulance companies and their
10 credentials to evidence that there are a number of
11 qualified ambulance companies available to either
12 step into Elite's shoes, if needed, or provide
13 supplemental service, if needed, and they are all --
14 they all provide the same services and they serve
15 Itasca currently.

16 BY MS. O'KEEFE:

17 Q. And they are of sufficient size and
18 capability to adequately serve the role; isn't that
19 correct, Mr. Dominik?

20 A. Yes, yes.

21 We looked at that very carefully.
22 We evaluated their capability, size, other locations
23 they serviced.

24 And as I had mentioned earlier, I

1 did contact other fire chiefs in other communities
2 to find out about the services that Elite provides.
3 So I did extensive research on that because I'm
4 (inaudible.)

5 MS. O'KEEFE: So, for the record, I will
6 submit this PowerPoint and the supplemental
7 ambulance materials at the end of the hearing into
8 the record formally.

9 BY MS. O'KEEFE:

10 Q. Can we take a couple more seconds on the
11 slide, Mr. Dominik?

12 A. Sure.

13 Q. Can you talk a little bit about Elite
14 and their capabilities to serve Itasca, response
15 times?

16 We know those are questions that
17 people have in Itasca, and we just want to make sure
18 we address those.

19 A. So in my investigation with Elite and my
20 conversations with them, obviously one of the main
21 things I was concerned about was response time
22 capabilities. Elite offered, you know, a 20-minute
23 response time on average. They could be as quick as
24 10 minutes.

1 Now, keep in mind my recommendation
2 is that Haymarket DuPage utilize Elite only for the
3 basis life support calls. So these are not
4 critical, not imminent life-threatening. So in the
5 hands of trained medical professionals, this is
6 really not an issue to wait the 20 minutes.

7 The response time in Itasca I'm
8 sure is shorter, faster -- you know, less than maybe
9 half of that; but Elite is very capable, and in a
10 BLS situation, this really shouldn't be a non-issue.

11 They have various staging areas,
12 you know, around the area. They provide services in
13 Elite now -- or in Itasca now. Elite provides
14 services to Forest View, which is just a
15 large assisted living facility, and they currently
16 service that in Itasca. So they're close by in the
17 area now.

18 Q. And they have worked in other
19 surrounding communities?

20 A. Yes, almost all the surrounding
21 communities use Elite in one capacity or another.

22 Due to their size, being the second
23 largest, they're very busy throughout the area. And
24 in my conversations with them, based on their

1 prearranged call loading, what they know they have
2 to do, inner-facility transports, which would be
3 transporting someone from maybe a nursing home to an
4 outlying facility for a test or something of that
5 nature, they have the ability to staff more
6 ambulances, if needed, to handle the emergency need
7 side of their business. So they're very robust and
8 very capable to provide more services if needed.

9 Q. And maybe you could just briefly discuss
10 the computerized system they have to track their
11 ambulances to quickly identify which are the closest
12 ambulances to respond?

13 A. Right. So, you know, much like a lot of
14 the fire departments, police departments, they have
15 a computer-aided dispatch system with a system
16 called AVL, automatic vehicle locator. So they know
17 where all the ambulances are at all times.

18 This is something that we're
19 starting to do quite a bit in the public safety
20 side, as well.

21 So that they know where all the
22 ambulances are and who's available, so when a call
23 would come in, it's geographically placed on that
24 map at their dispatch, at Elite's, and then they

1 dispatch the closest ambulance to that site.

2 So this is really important and
3 lessens the response time because they know where
4 all the vehicles are and who is available and the
5 capabilities of those vehicles.

6 Q. Thank you.

7 A. Okay. Next slide.

8 Okay. Trained medical
9 professionals and triage protocols. This is, you
10 know, what I mentioned earlier at Haymarket. This
11 is very important because Haymarket is going to be
12 staffed 24 hours a day, seven days a week, and the
13 medical personnel there will be trained to identify
14 ALS/BLS. This is through a process called triaging
15 so that they can identify the patient's need.

16 This would then give Haymarket
17 staff the knowledge whether or not to call Elite for
18 the BLS patient, which is the majority of the
19 patients you're going to see; or the ALS patient, I
20 recommend that they utilize Itasca.

21 Now, through my conversations with
22 Elite I did learn, you know, their capabilities are
23 great. They handle a lot of ALS calls. So my
24 projections, in the end, I do believe that some of

1 these ALS calls, while I'm being very conservative
2 in my approach, some of these ALS calls will
3 obviously be handled by Elite and will never place a
4 burden on Itasca Fire Protection District.

5 It's going to be a matter of the
6 nature of the call at the time and what the
7 Haymarket staff sees. And since they'll all be
8 trained in ALS/BLS triaging procedures, it's very
9 important.

10 Haymarket DuPage and the staff at
11 Elite have been working together to identify
12 policies and what to do. So one of the things
13 they're going to do is they're going to call Elite
14 right away and tell them, you know, what the nature
15 of the call is -- they've got this interaction
16 already -- and Elite will then tell them what the
17 response time is for that ambulance, and they would
18 know.

19 CHAIRMAN DALY: Excuse me.

20 WITNESS DOMINIK: We would recommend --

21 CHAIRMAN DALY: Excuse me.

22 Ms. O'Keefe and Mr. Dominik, we
23 just realized that we didn't swear you in prior to
24 your testimony. So I would ask at this point if the

1 court reporter would please swear you in that the
2 testimony you have given and that the testimony you
3 are about to give is factual, and I'd ask the court
4 reporter to use the appropriate language.

5 THE REPORTER: May I ask who was just
6 speaking?

7 WITNESS DOMINIK: Jim Dominik.

8 CHAIRMAN DALY: This is Chairman Daly.
9 Excuse me.

10 THE REPORTER: If I could have you all
11 identify yourselves when you speak. With the
12 PowerPoint up, it doesn't show the individual
13 speakers.

14 Mr. Dominik, would you raise your
15 right hand.

16 THE WITNESS: Yes.

17 THE REPORTER: You do solemnly swear the
18 testimony that you have given thus far in this cause
19 and the testimony that you are about to give in this
20 cause are and will be the truth, the whole truth,
21 and nothing but the truth?

22 THE WITNESS: I do.

23 CHAIRMAN DALY: This is Chairman Daly. Thank
24 you. Sorry for the inconvenience. Please proceed.

1 WITNESS DOMINIK: No problem, Mr. Chairman.

2 BY THE WITNESS:

3 A. So as just to wrap up on the trained
4 medical professionals and triage protocol, Haymarket
5 and Elite have been working together very closely to
6 identify those protocols to help them identify BLS/
7 ALS patients and when to utilize Itasca Fire
8 Protection District ambulance.

9 And this is something that I had
10 some conversations. Itasca Fire Protection District
11 might want consider getting involved in that and
12 being part of that also.

13 Next slide. Okay. Haymarket
14 DuPage impact on Itasca emergency services. This is
15 obviously, you know, all part of the reason why
16 we're here, is to talk about that impact.

17 If you go to the next slide, we're
18 going to talk about the major problem here.

19 (Indistinguishable speaking.)

20 BY THE WITNESS:

21 A. Yeah, there you go. So why Haymarket
22 Chicago data could not be used.

23 This was my goal. When I first
24 looked at this and looked at my qualifications, my

1 knowledge of Chicago, and all the experience that I
2 had, I really planned to utilize Haymarket Chicago
3 as a comparable site for, you know, Haymarket
4 DuPage.

5 The more I worked on this, the more
6 I kept running into data-driven problems to give me
7 accurate, reliable, verifiable data. And I'm going
8 to talk a lot about that, and I would be happy, you
9 know, when we're all through this to entertain any
10 questions.

11 We actually engaged International
12 Public Safety Data Institute, which I mentioned
13 earlier, to research and categorize the calls for
14 Haymarket Chicago and the other comparable sites
15 that we identified at that time. Questions arose
16 out of the Chicago numbers when they started giving
17 them back to me.

18 As you can imagine, The
19 International Public Safety Data Institute people
20 are very skilled in this. This is what they do.
21 They have advanced analytics. They can drill down
22 into every single call. So I was really hopeful
23 that we could provide good, solid, accurate data
24 that would be reliable for Haymarket Chicago.

1 The more I dug into this, the more
2 I worked on it, the more I started to identify some
3 of the problems.

4 And let me say, all the data that
5 we got back from the International Public Safety
6 Data Institute, they did give us numbers back on
7 calls, and all that information, while we had some
8 projections, really would have benefited Haymarket
9 DuPage because the numbers were so small. But I
10 knew there was no way that this was accurate data.
11 So that caused me to obviously further research, dig
12 deeper.

13 Q. Can you give an example of that?

14 A. Yes. One of the things, and the first
15 thing that I ran into, is while fire departments in
16 Illinois are required under the Fire Investigation
17 Act to provide data by the 15th of the month for the
18 previous month to the Office of the State Fire
19 Marshal on all their activities, Chicago never
20 purchased the EMS component. So the EMS data was
21 not available.

22 So this was a major problem because
23 EMS was a large concern of mine in the study, that
24 we could not identify the EMS calls at Haymarket

1 Chicago.

2 So as I looked more on that -- like
3 I said, I worked in Chicago for a couple years. So
4 through further research I was able to verify that
5 through Chicago sources that they do not report EMS
6 calls at all to the State Fire Marshal's office. So
7 all of those calls are nonexistent.

8 Q. Do they report fire calls?

9 A. They report fire calls.

10 So the fire data was fairly
11 reliable for just fire calls. So what we saw on the
12 fire data -- and we didn't put it in here because we
13 couldn't use all the data -- they averaged about --
14 Haymarket Chicago averaged about 12 fire calls over
15 the five-year study period per year for the fire
16 department. Not EMS calls, just fire-only related
17 responses. So that was really the only good number,
18 the solid number that I felt came out of the NFIRS
19 data at that point.

20 So we did extensive research, and I
21 went down many roads, every road I possibly could,
22 to analyze this and come up with a solid response.
23 But in the end, I only wanted accurate, verifiable,
24 reliable data so I could make good projections of

1 what Itasca would see from Haymarket DuPage. So --

2 Q. Could you go to the State of Illinois?

3 They might have been a source for that data?

4 A. Yes. So one of the things, as you can
5 imagine, in the EMS world, EMS reports through the
6 EMS system, much like I'm familiar with through the
7 years I spent on the advisory board of the
8 St. Francis EMS system, are reported to the Illinois
9 Department of Public Health. So each patient care
10 report is reported, you know, through the state
11 system on the EMS site. Unfortunately, there is no
12 tie to the NFIRS world for Chicago.

13 Suburban departments like I'm
14 familiar with, the ones I've evaluated through
15 accreditations, all the research I did, they utilize
16 an EMS module in the NFIRS system that gives them
17 the EMS side of that data so you can get that from
18 them. Unfortunately, Chicago not using the EMS
19 module, you don't have that data.

20 So as Ms. O'Keefe asked, one of the
21 other sources I went to was the Illinois Department
22 of Public Health. I thought through the patient
23 care reports, I was hopeful to get a redacted
24 number, because obviously there is information that

1 is patient confidential in there. So I was hoping
2 they could redact that information and give me just
3 calls and whatnot for Haymarket Chicago that I could
4 use for Haymarket DuPage.

5 Unfortunately, that is all patient
6 confidentiality protected. We did try to get it.
7 So I was unable to get it from IDPH.

8 So that took us to the next
9 potential spot to identify calls to Haymarket
10 Chicago and the other Chicago sites that we
11 identified.

12 We looked at the, I'll call it, CAD
13 data, computer-aided dispatch data, that we got
14 through OEMC. OEMC is the Office of Emergency
15 Management Communications for the City of Chicago.

16 When you dial 911 in Chicago, the
17 911 call goes to OEMC. OEMC then dispatches, you
18 know, fire or EMS personnel from them. So they have
19 a record of the 911 caller and what the nature of
20 that call was from the 911 caller's perspective.

21 So when I realized, you know, the
22 CAD data was looked at previously, you know, here,
23 so I didn't spend a tremendous amount of time
24 looking at the CAD data.

1 The problem that you keep running
2 into with the CAD data, there's some significant
3 problems there as to why it's inaccurate and
4 unreliable.

5 The CAD data is the 911 caller's
6 opinions and the opinion of the person receiving
7 that call. That data does have codes, as you'll see
8 in the CAD data that I'm sure you all reviewed and I
9 looked at. Those codes are independent
10 (inaudible) --

11 THE REPORTER: Those codes are independent?

12 BY THE WITNESS:

13 A. (Continuing.) -- to each community. So
14 each community identifies those codes based on their
15 needs for the CAD.

16 So I could not compare the CAD
17 codes from Chicago to Itasca, you know, and any of
18 the surrounding neighbors, any of the other
19 communities we were looking at, Wood Dale or some of
20 the others. So the CAD data, the CAD codes, was
21 really suspect.

22 The other problem and the main
23 problem with the CAD data, there is no verification
24 on the CAD data. What I mean by verification, your

1 NFIRS data -- excuse me. Your NFIRS data is an
2 incident report completed after the fact by the
3 emergency responders that responded to the scene.
4 Those individuals then complete that report based on
5 what they did on that call.

6 There's nothing like that in the
7 CAD system. The CAD system is the initial opinion
8 from the caller, the dispatcher.

9 And as I went through Chicago data,
10 I identified many of the same calls that were
11 categorized differently. It's often, you know, a
12 call on the street, something along those lines.
13 You have multiple people pick up their cell phones,
14 as you can imagine, and dial 911. So you saw
15 different categorization of calls from what I
16 believe was probably the same call.

17 But because there was no
18 verification after the fact, that really left us
19 with this data as unreliable. I just really found
20 no way to use this data because there's no
21 follow-up, there's no verification, and there's no
22 way you could compare it fairly to all the other
23 communities in which I wanted to utilize in this
24 study.

1 So for those reasons, the Chicago
2 data, unfortunately, was not accurate, not reliable,
3 and it could not be used for this study, as much as
4 I wanted to.

5 BY MS. O'KEEFE:

6 Q. So let me just take a second
7 (inaudible.)

8 Just to reiterate, just to make
9 sure, the plan was to use the Haymarket Chicago data
10 upfront. You intended to use the NFIRS system data
11 to provide that information to answer that question
12 of what the impact would be based on Haymarket
13 Chicago. Because Chicago doesn't use the EMS
14 module, the NFIRS data was flawed.

15 You then moved to the state to see
16 if the state would provide you that information, and
17 you couldn't because of patient confidentiality.

18 Then you moved to the CAD data,
19 which is run by an internal code used by Chicago --
20 is the CAD data in the suburbs tied more to the
21 NFIRS standards as compared to Chicago?

22 A. So in the ideal world, the CAD data and
23 the NFIRS data would be tied together. The goal of
24 most communities would be the 911 call would start

1 available?

2 A. So the International Public Safety Data
3 Institute with their advanced analytics, which we
4 spent a tremendous amount of money getting that
5 data, I was very hopeful that they could obviously
6 give us good, accurate data for Chicago.

7 That data comes from the national
8 data set, and each step of the way -- at the
9 department level, the departments are supposed to
10 quality check the data before they submit it to the
11 state level. The states then provide some quality
12 checks, as well, before it's submitted nationally,
13 and then that's done at a national level.

14 So that data set that The
15 International Public Safety Data Institute utilized
16 was from the national database. And it takes some
17 time to make sure the data is clear and accurate,
18 the departments had a chance to correct things as
19 they go forward. So, unfortunately, when we got
20 this, the only data that we could get was 2018.
21 That was as far as we could go.

22 CHAIRMAN DALY: Excuse me. This is Chairman
23 Daly. I have a question for Mr. Dominik.

24 Sir, we just heard a lot of data

1 sets, and you went down the list. And I think it
2 was very clear.

3 The one thing I didn't hear,
4 though, was did Haymarket keep their own records of
5 EMS calls? Because over the course of operating a
6 facility like this, I would imagine, you know, after
7 years in operation at some point -- whether it's a
8 manifest of who comes through the front door or if
9 it's client files or anything like that, is there
10 any records that Haymarket has, even if they're not
11 official, not part of the state database, to give
12 you some sort of direction on the magnitude of what
13 an EMS call volume would look like?

14 THE WITNESS: So, Chairman Daly, that is a
15 great question and, I'm sorry, I should have touched
16 on that.

17 That was something I did ask
18 Haymarket Chicago for. Unfortunately, what I was
19 explained -- and Dr. Lustig can maybe explain
20 further, if needed -- the only record they have is
21 contained inside each patient care report. There's
22 no centralized database for how many people came in,
23 how many people went to the hospital or needed
24 emergency transport or treatment.

1 So I did try to get that data from
2 Haymarket Chicago, as well. Unfortunately, it would
3 be contained in every single person's report, and
4 there's no centralized database or tracking for
5 that.

6 And, I don't know, if we need
7 Dr. Lustig, he's here, but that's my understanding
8 of the processes of Haymarket Chicago.

9 CHAIRMAN DALY: All right. That's it for now
10 for me. Thank you.

11 COMMISSIONER RAY: This is Commissioner Ray.
12 I just have a quick question.

13 I guess my question is, it's really
14 hard for me to understand that you wouldn't have
15 the -- those numbers just because from a staffing
16 perspective, you know, I would think that those
17 numbers impact staffing the Haymarket of Chicago;
18 correct?

19 THE WITNESS: I'm sorry. Which numbers are
20 you talking about when you're talking about
21 staffing?

22 COMMISSIONER RAY: The calls that you are --
23 the calls, the EMS calls, I would think that if
24 there is a history there, that would help -- that

1 those would be one of the tools that you would use
2 when you're staffing your facility to know -- to
3 understand like, you know, at this certain time of
4 day, because we tend to have, you know, more
5 emergency calls, we are going to need a staffing.

6 I guess I'm just having a hard time
7 understanding why that wouldn't be tracked.

8 THE WITNESS: So for Haymarket or for the
9 fire department?

10 COMMISSIONER RAY: No, for Haymarket.

11 He asked -- the question Mr. Daly
12 asked was does Haymarket track those, and you said
13 no, they don't, only in individual reports.

14 And my question is, is why wouldn't
15 they, just because from a staffing perspective from
16 Haymarket, staffing staff at Haymarket, to say that
17 things are busier at certain times of the day and we
18 need to be able to staff the facility appropriately,
19 I don't understand why they wouldn't track that, I
20 guess, is my question.

21 THE WITNESS: So that would be something I
22 would turn to Dr. Lustig to address the staffing
23 level at Haymarket Chicago.

24 You know, I was looking to get the

1 response data on how many calls, which as I pointed
2 out, is only contained in the patient care reports.
3 So that wasn't something I was able to get. But we
4 have Dr. Lustig here.

5 MS. O'KEEFE: Let me ask a question of the
6 Village attorney.

7 Mr. Hervas, would it be appropriate
8 for Dr. Lustig to address this question at this
9 point, or would you prefer that we hold it until he
10 gives testimony and can provide that at a later
11 date?

12 MR. HERVAS: I think -- this is Chuck
13 Hervas -- it is appropriate for Mr. Lustig to
14 directly answer the Commissioners' questions.

15 MS. O'KEEFE: So we would need to swear
16 Dr. Lustig in, please.

17 MR. DI NOLFO: Mr. Hervas -- this is Steve
18 DiNolfo -- I think I would prefer that Dr. Lustig
19 respond to those questions when he's testifying, I
20 think at the next meeting. I don't think this is
21 the appropriate way to do it at this point.

22 MR. HERVAS: At this point, it's just a
23 Commissioner wanting to understand the flow of
24 information. I don't think that it -- we need to

1 get into the detail of what Haymarket is doing. If
2 it's just an answer to the question that supplements
3 what Mr. Dominik is saying, that's all I think that
4 it should be. I don't want to get into a long
5 discussion with Dr. Lustig.

6 So, Mr. DiNolfo, I appreciate your
7 concern, but I think just a direct answer to the
8 question, and then let's move on.

9 MS. DICKSON: This is Mary Dickson speaking.

10 Mr. Hervas, if you could move
11 closer to your microphone. You are harder to hear.
12 Thank you.

13 MR. HERVAS: Okay. I'll do my best to speak
14 up.

15 MS. DICKSON: Thank you.

16 MS. O'KEEFE: If you could switch seats, and
17 we will swear you in.

18 CHAIRMAN DALY: This is Chairman Daly. Will
19 the Court please swear in Dr. Lustig.

20 (Witness sworn.)

21 DR. DAN LUSTIG
22 called as a witness herein, having been first duly
23 sworn, was examined and testified as follows:

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DIRECT EXAMINATION

BY MS. O'KEEFE:

Q. So, Commissioner Ray, do you think you could repeat the question; and then, Dr. Lustig, can address it, or do you need it --

A. I don't need it repeated.

Q. Okay.

A. So Haymarket staffing is not based on emergencies. Haymarket staffing is based on the patient-to-staff load. So we don't staff for emergencies, we staff for how many patients are in the building.

So that's -- I hope that provides some clarity, unless there is another question to that.

COMMISSIONER RAY: No, I get that. I guess my concern was there's always that margin of error, and I just wanted to make sure. I just -- I wasn't understanding why you wouldn't track that, I guess just from a business perspective, how many calls you get from an EMS perspective.

THE WITNESS: As Mr. Dominik testified, it's actually in each patient chart. And what we do as part of our CARF accreditation is we track the

1 outcome. So when the patient comes back, we look at
2 what the discharge report is from the hospital and
3 make sure that that patient has continuing care.

4 So we only track the outcome, not a
5 global incident. We don't have -- we don't have a
6 health record that does that.

7 COMMISSIONER RAY: Okay. Thank you.

8 THE WITNESS: You're welcome.

9 CHAIRMAN DALY: This is Chairman Daly. Would
10 the witness please continue.

11 JAMES DOMINIK
12 previously called as a witness herein, further
13 testified as follows:

14 BY THE WITNESS:

15 A. Let's go to the next slide.

16 Now we're going to kind of get into
17 the comparable sites. This was very important, and
18 we spent a tremendous amount of time.

19 There were four main areas in which
20 we looked at to identify comparable sites that
21 provided the same level of service that Haymarket
22 DuPage will provide.

23 The first one is license level of
24 service, and I'm going to talk more in depth about

1 these --

2 MS. O'KEEFE: (Inaudible.)

3 THE REPORTER: I'm sorry. I can't hear
4 Counsel's question.

5 BY MS. O'KEEFE:

6 Q. I asked if Mr. Dominik could just take a
7 step back and explain why this was the approach he
8 chose to pursue.

9 A. Okay. To me this was the foundational
10 element. From all my work in accreditation and
11 evaluating fire and EMS resources, I really felt it
12 was important that we identify the same services.

13 As I learned a lot more through
14 this research, there are many levels of service that
15 can be provided, and they all have different needs
16 in that population that they provide service to;
17 more calls, less calls. So it was very important to
18 me that we look at comparable sites that provide the
19 same levels of services that Haymarket DuPage will
20 provide, you know, not different -- not like
21 comparing it to a nursing home or something like
22 that. Nursing homes, end-of-life situations, very
23 different. But the levels of service, which I'm
24 going to talk more about, are important.

1 The adult population, it was very
2 important that I saw through the research Haymarket
3 DuPage is only going to provide services to adults.
4 I noticed as we worked on sites and, unfortunately,
5 had to eliminate some sites that provided services
6 to children and adolescents which generated more
7 call volume. So the adult population was very
8 important.

9 So comparable sites, had to provide
10 the same level of service, had to provide service to
11 adult population.

12 And then the years of operation.
13 We looked at as many years as we could. The
14 original goal was five. In most cases we were able
15 to identify three years was the average of -- that
16 they provided services, full operation, you could
17 get good, verifiable, accurate data.

18 The real foundation for this was if
19 I couldn't identify and verify that they were in
20 operation, providing the same level of service, we
21 didn't use it. So what you have in my study is
22 really sites that provide the same levels of service
23 that Haymarket DuPage provides. This gives us an
24 accurate, reliable prediction of the impact that

1 Haymarket DuPage will have on Itasca.

2 Number of beds, you may ask why
3 that's here. In my time in the St. Francis EMS
4 system, this is kind of a common denominator. This
5 is the way hospitals look at each other as to their
6 size and capabilities. And in this study, it was
7 one of the only ways I could find to identify the
8 size, is the number of beds, their capabilities.
9 so the numbers of beds we identified, and as you'll
10 see in my projections, we did it two ways, which I'm
11 going to talk more about. But the bed count became
12 very important in one of those projections.

13 So next slide. Okay. Here's the
14 levels of service which we talked about. These are
15 the levels of service that Haymarket DuPage will
16 provide. These are identified by the American
17 Society of Addiction Medicine, ASAM, and these are
18 the levels of care licensed by the Illinois
19 Department of Human Services Division of Substance
20 Use Prevention and Recovery known as the SUPR
21 Directory. And we became very familiar with the
22 SUPR Directory because it became one of the
23 foundational elements for looking at the levels of
24 service.

1 So you have Level 1, which is
2 outpatient; Level 2, which is outpatient; 3.2, 3.5,
3 3.7, which is inpatient residential treatment; and
4 then you've got recovery homes.

5 Recovery homes are a little
6 different. This is after someone's been through the
7 program. This is when they're recovering. This is
8 a place for them to live, learn good skills, make
9 good choices, and transition back into society as
10 you go forward. So that's what a recovery home
11 does.

12 Q. So a couple points.

13 Dr. Lustig testified to this ASAM
14 level of service last year in October of 2019, so
15 that's already part of the record as far as this
16 PowerPoint.

17 And just to confirm, if they didn't
18 offer the same level of service, you didn't use
19 them. If they weren't adult, you didn't use them.

20 And you mentioned SUPR. So there
21 is a SUPR Directory that lists every licensed
22 facility in the State of Illinois. It lists the
23 level of service they are licensed to provide. So
24 that is how we were able to confirm what level of

1 service they provided at these different facilities,
2 through the SUPR Directory?

3 A. Right. And we tried to obviously stay
4 as close as we could to the Itasca site as we
5 evaluated these sites.

6 Next slide. Okay. Haymarket
7 DuPage beds. As you can imagine, Haymarket DuPage,
8 treatment is roughly 40 percent. The treatment
9 beds, as we identified, could be broken out two
10 ways. They broke out the calls by treatment
11 calls -- treatment beds, facilities that provided
12 just treatment services, and recovery home beds.

13 Treatment homes generally generate
14 more calls. That's obviously when the people are in
15 inpatient treatment.

16 Recovery homes, obviously they're
17 on the other side of the treatment. Haymarket
18 DuPage is going to be roughly 60 percent recovery
19 home. Those are less calls. Those are after the
20 people have already had the treatment. So the
21 recovery home that we looked at in the study
22 typically generated less calls than the treatment
23 home.

24 Next slide. Okay. Obviously the

1 methodology is very important. So there's two ways
2 that I wanted to provide this to you.

3 One, I wanted to look at it as the
4 ratio of total call volume for each public safety
5 discipline, fire, police, EMS, for all the
6 facilities included in the study for the total
7 number of beds. Why I felt this is important is
8 these facilities are all different sizes. So by
9 doing this in a per bed approach, this gave us the
10 ability to look at small sites and utilize those in
11 the study fairly and accurately. It gave us good,
12 solid, reliable data to project what the call level
13 would be if the site was larger. So basically
14 identifying it on that per bed approach like I
15 mentioned earlier, which hospitals use often to look
16 at their size.

17 And then to give you the other side
18 of that, I did a facility average. This is just
19 counting each facility as one unit regardless of bed
20 count, and we just utilized that number as full.

21 So you'll see my numbers, which I'm
22 sure you already looked at, there's a range. And I
23 felt this is very important because this gives a
24 very true and accurate prediction on what the calls

1 could be by doing this approach two ways.

2 Q. Just a couple follow-up questions.

3 Did you study any sites out of
4 state?

5 A. No. The problem with the sites out of
6 state is, the SUPR Directory, the needs and the
7 licensing I found are different. So we couldn't
8 utilize sites in other states in this comparison
9 fairly and accurately because we wouldn't have the
10 same levels of service to compare it to.

11 Q. Thank you.

12 A. Okay. Next slide. The sources of the
13 data for the comparable sites, I already touched on
14 this a little bit. I'll go through this quickly:

15 The NFIRS system, which is the
16 foundation for a lot of fire and EMS data.

17 The Wood Dale Police Annual Report
18 for 2014 to 2018. This was wonderful, like I
19 mentioned. This is part of the Wood Dale
20 accreditation process as part of CALEA. It is
21 independently verified and validated by outside
22 assessors. So this was a great thing that saved us
23 a ton of time.

24 FOIA requests to fill gaps,

1 additional sites. As you can imagine, the original
2 sites we identified, we learned that they provide
3 different services. Maybe we couldn't verify the
4 years of operation. So at that point, we utilized
5 FOIA to fill those gaps and get the directories.

6 Primary sources for our bed counts
7 and years of operation, the SUPR Directory I
8 mentioned was helpful with that. And then the
9 facility websites outreach, that was really just
10 largely for the bed counts.

11 In the SUPR Directory, you can see
12 the years and what they were licensed for, but it
13 doesn't provide the bed count. So the bed count was
14 a little bit more difficult for us to find. So if
15 we couldn't identify the bed count, and we had a
16 couple of sites from that category, we didn't use
17 them. We wanted to verify the bed count to give us
18 an accurate number that was reliable.

19 And like I said earlier, that was
20 very important as we used those numbers to project
21 per bed analysis moving forward to the impact of
22 Haymarket DuPage.

23 Q. So your goal, just to repeat this, was
24 to provide accurate and verifiable data for as many

1 years as you could for each site?

2 A. If we could not identify the levels of
3 service, the years of operation, verify that it was
4 the same, we eliminated it.

5 And you'll see on the next slide
6 the sites that we were left. Originally I think we
7 looked at 30 sites. We had to eliminate 19 for
8 various reasons.

9 Next slide. Okay. These are the
10 sites. These are comparable treatment and recovery
11 homes.

12 As I mentioned earlier, recovery
13 beds, some facilities just have recovery service,
14 some have treatment, obviously some have both.
15 These are the ones that we found that are comparable
16 that offered the same levels of service as Haymarket
17 DuPage and which we could utilize in either the
18 recovery home or treatment home category to give us
19 a good, solid, accurate number that was reliable to
20 give us a projection for Haymarket DuPage.

21 Q. So in this case they were either
22 recovery home or residential treatment, not both?
23 One or the other?

24 A. Correct.

1 So as you can see here, there were
2 some other sites that we originally planned on
3 using. Unfortunately, we couldn't.

4 Some of them were larger sites,
5 like Gateway Lake Villa, 114 beds. We studied them.
6 We looked carefully at the data. We found that they
7 served adolescents.

8 Cornell Interventions in Woodridge
9 was another one close by. We couldn't verify the
10 bed count, and then we also found they served
11 adolescents, as well. So unfortunately those sites
12 had to be eliminated.

13 It makes it difficult, but I feel
14 strongly that by giving you this information in a
15 per bed analysis per site analysis, you're given
16 accurate, reliable data in which to project the call
17 loads for Haymarket DuPage.

18 Next slide. I'm going to go
19 through these quickly. These are just the numbers,
20 you know, as you see them.

21 This chart shows the annual average
22 police, fire, EMS calls for just the recovery home
23 sites. And the source of data are at the bottom for
24 each area so you can see that. That's just the

1 recovery homes.

2 Q. (Inaudible.)

3 THE REPORTER: I'm sorry, Counsel, I can't
4 hear you.

5 BY MS. O'KEEFE:

6 Q. This was basically just to show that
7 recovery homes generate less calls; correct?

8 A. Yes, this is what we found through our
9 study. The recovery homes really don't generate
10 much in the way of call volume, which is the larger
11 bed count for Haymarket DuPage.

12 Next page -- do I have time?

13 (Indistinguishable speaking.)

14 THE REPORTER: I'm sorry. I'm not hearing
15 what's being said.

16 BY THE WITNESS:

17 A. So Chart 9 -- actually, we should go
18 back. Can you go back one slide?

19 Okay. Maybe you can go forward.
20 Somehow we're missing a slide here.

21 BY MS. O'KEEFE:

22 Q. No, what happens is it goes 8, 9.

23 A. We'll talk about 9. Okay, we'll talk
24 about this slide.

1 This is the average number public
2 safety call volume to treatment facilities. So you
3 can see the numbers, much like the recovery home.
4 And the key here is the treatment facilities
5 generate more calls.

6 As I mentioned earlier, this is
7 roughly 40 percent of the bed count for Haymarket
8 DuPage. These are going to generate more calls.
9 These are the people in treatment, and you're going
10 to find more calls for those.

11 So we can go to the next slide.

12 (Indistinguishable speaking.)

13 MS. O'KEEFE: Can we just have one minute
14 maybe just to get a drink of water? We won't leave.
15 We just need a just second.

16 CHAIRMAN DALY: This is Chairman Daly. How
17 about we break for five minutes? That way everybody
18 gets a chance to stretch, and then you can continue
19 your testimony.

20 MS. O'KEEFE: Thank you very much. I
21 appreciate it.

22 (Recess taken.)

23 CHAIRMAN DALY: This is Chairman Daly. I'd
24 ask that we resume the public hearing.

1 MS. O'KEEFE: Mr. Chairman, we're back, and
2 we're going to pick up again on slide 22, which is
3 actually Chart 10.

4 CHAIRMAN DALY: Thank you. Please proceed.

5 MS. O'KEEFE: Mr. Dominik will take over his
6 testimony.

7 THE WITNESS: Okay. Everybody ready?

8 MS. O'KEEFE: Can you give us one second?
9 We're having a little technical difficulty.

10 Mr. Chairman, we're having a
11 little problem with the video portion of this. If
12 you could just give us one moment, please.

13 CHAIRMAN DALY: Not a problem.

14 MS. O'KEEFE: Thank you for your patience.
15 The joys of all video.

16 BY MS. O'KEEFE:

17 Q. Dr. Dominik, I'm going to turn it over
18 to you.

19 A. Okay. We're going to pick up on
20 Chart 10 --

21 THE REPORTER: May I ask, is everybody else
22 able to see the witness? I am not.

23 THE WITNESS: Hold on. We're still getting
24 it working.

1 MS. O'KEEFE: Mr. Chairman, we've been
2 advised that we have to hop out of the meeting and
3 then hop back in. It is just going to take a
4 moment. We ask you for your continued patience.

5 CHAIRMAN DALY: Go right ahead.

6 MS. O'KEEFE: Thank you, sir.

7 (Brief interruption.)

8 MS. O'KEEFE: I'd like to thank everyone for
9 their patience. We're back.

10 BY THE WITNESS:

11 A. We're back. We're going to pick up on
12 Chart 10.

13 So what you have here on Chart 10
14 is the ALS/BLS breakdown. One of the things we were
15 able to get through our data search is the ALS/BLS
16 calls for each of the facilities for the years
17 studied.

18 As you can see here, these are
19 recovery home sites. You have the ALS number and
20 the BLS number. These numbers I don't put a lot of
21 credibility into because of the few number of calls
22 that recovery homes generate. So these did not
23 really match national average.

24 I think on the treatment home

1 numbers, those fit more with the national averages,
2 state averages that we see on calls.

3 So we're going to move to the next
4 slide. This is Chart 11. So there you have the
5 percentage of EMS calls by treatment facility:
6 Amita Health, 81 percent BLS, 19 percent ALS;
7 Gateway Aurora, 82 percent BLS, 18 percent ALS;
8 Leyden Family Services, they didn't have a lot of
9 calls, 63 percent BLS.

10 This is more indicative, I think,
11 of what the reality is, what you're going to see
12 from Haymarket DuPage and reality that we see
13 nationally and across the state.

14 Next slide. Chart 12 shows Holiday
15 Inn calls. Now, I didn't deduct any of the Holiday
16 Inn calls, I just purely wanted to look at how many
17 calls the current site -- the former site generated.
18 So we were able to get that data and look at it, and
19 on average they generated 42 police calls, six fire
20 calls, six EMS calls.

21 But theoretically for that site as
22 Haymarket DuPage, you can use the numbers that we
23 projected, reduce it, if you're concerned about the
24 call load, at the end.

1 Next slide. Okay. So this is the
2 projected impact for Haymarket DuPage just on
3 recovery home beds.

4 So as I indicated earlier, we did
5 that two ways. We did that on a facility average
6 and then on a per bed calculation. So you have two
7 to five. Those are just for the recovery home beds
8 which don't generate a lot of calls.

9 Next slide. This is the same
10 approach for the treatment home beds. Facility
11 average, it was nine. Based on a per bed approach,
12 it was 14.

13 And you'll see this all together in
14 the end. I just wanted to break it out independently
15 so you can understand the numbers and impact there
16 on the ALS/BLS, which is important on the ALS/BLS
17 side because Haymarket DuPage is going to utilize
18 Elite for all the BLS calls, and they will probably
19 be utilized for some of the ALS calls.

20 Next slide. So this is the summary
21 of the overall impact based on recovery home beds.
22 This is police, fire, EMS.

23 On the police numbers, which we
24 looked at as well, is 22 to 36. This is just on the

1 recovery home data. Fire, three, two. EMS, two to
2 five.

3 Next slide. This is a summary of
4 the overall impact based on treatment home beds.
5 And like I said, this may seem somewhat redundant,
6 but since we talked about recovery homes
7 independently, we evaluated it independently, talked
8 about treatment home independently, I felt it was
9 important to represent the data as such that you
10 could see that.

11 The facility average data from the
12 police for the treatment home beds obviously
13 generates more calls, as I mentioned earlier: 33 to
14 37 for police; the fire side, four or five; nine
15 to 14 on the EMS.

16 Next slide.

17 COMMISSIONER HOLMES: Mr. Dominik?
18 Mr. Dominik, this is Commissioner Holmes. I have
19 just a simple question.

20 Do all of the facilities that are
21 in your study that provide treatment beds provide
22 the same levels of care as Haymarket proposes to
23 provide?

24 THE WITNESS: Yes. It was very important to

1 me that we identified the same levels of service.

2 And as you can see in some of the
3 previous slides, we identified those levels of
4 services, and we broke them out in treatment home
5 sites and recovery home sites to give you an
6 accurate projection. So this really is based upon
7 accurate data for the same sites that provide the
8 same levels of service.

9 So to answer your question simply,
10 yes.

11 COMMISSIONER HOLMES: Thank you.

12 BY THE WITNESS:

13 A. Okay. Chart 33, this is everything
14 together. This is the summary of overall impact.
15 This is kind of what everybody's been waiting for.
16 I'm sure you already looked at it.

17 On the police side, 55 to 73 calls,
18 that is what I believe the police impact will be.
19 The fire side was a solid seven both ways, and the
20 EMS side, 11 to 19. So this is the overall, you
21 know, impact going forward.

22 BY MS. O'KEEFE:

23 Q. So these numbers are objective numbers?
24 There are no reductions?

1 A. No.

2 Q. No -- nothing reduced for difference in
3 program or wrong addresses? These are just the
4 objective numbers?

5 A. These are objective numbers based on
6 accurate -- factual, accurate data which we were
7 able to verify for each of the recovery home and
8 treatment home sites.

9 Like I mentioned earlier, you've
10 got the Holiday Inn site in there. I did look at
11 that. We didn't reduce any of that data.

12 Now, the BLS calls are taken out of
13 this, as I mentioned earlier, largely because
14 Haymarket DuPage is going -- has contracted with
15 Elite to provide the BLS service. So all those BLS
16 calls, which are the majority of them, the
17 (inaudible) percent of them, have been removed from
18 the calculations.

19 So these are just ALS calls. These
20 are just the calls that I would anticipate Itasca
21 responding to.

22 Q. Okay. That's a great clarification.
23 Thank you.

24 A. Okay. Next slide. Okay. And the

1 reality of this is when you look at the calls, there
2 really is no adverse impact on police or the Itasca
3 Fire Protection District. They both have sufficient
4 staffing to handle these, which we identified in the
5 studies based on the comparables to their neighbors.

6 The impact is going to be minimal.
7 For the police department, it's 55 to 73 calls
8 expected out of 8,665 calls. That was their
9 five-years average.

10 Don't forget the Holiday Inn
11 generated 42 calls per year on an average. So
12 you're really just seeing a small increase from
13 there.

14 Itasca Police Department showed the
15 lowest number of police call per day for the
16 surrounding towns. So they clearly can absorb this
17 without causing it to exceed this number for calls
18 per officers in their surrounding towns.

19 For the Itasca Fire Protection
20 District, 18 to 25 calls. Those are the ALS calls
21 out of their 1,636 calls on their five-year average.
22 I did not subtract the 12 fire and EMS calls per
23 year from the Holiday Inn.

24 Itasca Fire Protection District,

1 second lowest out of 12 departments in the
2 MABAS Division 12. So they clearly have the
3 capacity. They're the fourth lowest when you look
4 at it on the emergency shift per staff member, which
5 I felt was a really accurate way to really look at
6 the workload, because now you're breaking it down to
7 a per person approach. There is always two people
8 on an ambulance. So it really breaks it down that
9 way to give you a good number.

10 So really there is no adverse
11 impact based on my finding from this study.

12 I feel that Itasca, both the police
13 and Fire Protection District, can clearly handle
14 this without any additional resources. There's
15 really not many calls going to be generated based on
16 my study, which was all done on accurate, verifiable
17 data that you can look at.

18 Q. Will there be any impact on response
19 times?

20 A. Clarify what you mean. Response times
21 for Itasca?

22 Q. For Itasca residents.

23 A. So, no. No, if you look at the Itasca
24 call load, the ambulance 2.55 calls per day, this

1 isn't even putting, you know, almost -- well, almost
2 one call a month. I'm sure they would vary -- if
3 you look at their call loads, their calls probably
4 vary more than that on an annual or monthly basis.

5 So, you know, the response time
6 piece is, you know, I'm sure of great concern to
7 people, but whether the ambulance was going to
8 Haymarket DuPage for one of these calls for
9 somewhere else -- one of the things that I looked at
10 very carefully is Itasca is part of a cooperative
11 dispatch center called ACDC. So that dispatch
12 center would know if the Itasca ambulance was
13 unavailable and a mutual aid ambulance needed to
14 come from another town. So there would be no delay
15 on the front end, you know, of that, because they
16 would know automatically if they were at Haymarket
17 DuPage or somewhere else.

18 Q. All right. Thank you.

19 A. All right. Next slide.

20 Okay. A couple things to mention
21 here that are important. Haymarket personnel, this
22 is, you know, a key element of this. Medical
23 professionals on site 24/7, 365 days a year.
24 They're going to make all the triage decisions.

1 They're going to decide when to call Itasca Fire
2 Protection District.

3 These medical professionals are
4 also trained in Narcan, which I would imagine is
5 something that would be commonly used in a treatment
6 and recovery site. Narcan is the drug for overdose
7 reversal. You hear a lot about it in the news
8 today. Police personnel are even being trained.
9 And it is commonly carried in the fire/EMS world.

10 Another big part of this is Elite.
11 Elite is going to absorb all those BLS calls and
12 probably some of those ALS calls. They're the
13 second largest ambulance company in the state, very
14 capable, very competent. They currently respond to
15 Forest View, what they shared with me, was on
16 average of 110 calls per year. So they're already
17 providing service in Itasca and capable.

18 Additional private ambulance
19 companies were evaluated and could be used if
20 needed.

21 Elite, I believe, can use -- be
22 used for some of these ALS calls. So depending on
23 the need and the medical -- trained medical
24 professionals, the staff, and when they call, they

1 can then utilize Elite for some of those calls.

2 So I really believe that my
3 projections are very conservative of what the impact
4 of Haymarket DuPage will be. So when you look at
5 that impact, those numbers, I believe it will
6 probably even be less than that in reality.

7 MS. O'KEEFE: That's it. Okay. We're ready
8 for any questions you all may have.

9 CHAIRMAN DALY: At this time -- this is
10 Chairman Daly. At this time I would open it up to
11 the interested parties' attorneys, and unless there
12 is any objection, I believe it might be appropriate
13 to start with Mr. DiNolfo.

14 MR. DI NOLFO: That is fine, Mr. Chairman.

15 CROSS-EXAMINATION

16 BY MR. DI NOLFO:

17 Q. Mr. Dominik, my name is Steve DiNolfo,
18 and I represent Itasca Fire Protection District.
19 I'm going to be asking you some questions about your
20 report as well as your testimony here today.

21 MR. DI NOLFO: Before we get started, I'm
22 going to ask if Mo will pull up Itasca Fire
23 Protection District Exhibit 16.

24

1 BY MR. DI NOLFO:

2 Q. And all that is, Mr. Dominik, is your
3 report, and what I did is number it from page 1 on
4 the cover page all the way to the very end because
5 the appendices didn't have any page numbers on it.
6 Okay?

7 A. Good.

8 Q. Now, Mr. Dominik, would you agree with
9 me that the Itasca Fire Protection District is one
10 of the smallest fire protection districts in DuPage
11 County?

12 A. They are. There is some volunteer
13 paid-on-call departments, as well, that are small;
14 but, yes, they are one of the smaller departments.

15 Q. And I assume you were made aware either
16 through your knowledge of the fire service or
17 through your communications with counsel that the
18 Itasca Fire Protection District recently had to go
19 to a referendum to secure funds to keep the
20 status quo or the level of service that the citizens
21 of Itasca and the fire district expect?

22 A. Correct. I did look carefully at the
23 referendum, and I noticed that it obviously was to
24 cover costs, things of that nature.

1 Fire protection districts, as you
2 know, are in a little bit of a different situation.
3 I did notice that they were not increasing staffing
4 or anything of that nature through the referendum,
5 it was more to maintain status quo.

6 Q. And if I heard you correctly, and I
7 think it was on one of your slides, you were tasked,
8 in part, with looking at the impact Haymarket Itasca
9 will have on the volume of public safety calls; is
10 that correct?

11 A. My primary goal here was to evaluate the
12 impact of Haymarket DuPage on Itasca's fire, EMS,
13 and police services.

14 Q. And then specifically the next one of
15 your other tasks you looked at was if the Itasca
16 Fire Protection District has capacity to provide the
17 required services based upon your calculations of
18 the impact; fair?

19 A. Correct.

20 Q. All right. And I think I understand,
21 and I think you testified to this, but I want to
22 make sure we're on the same page.

23 To answer those questions, you need
24 to look at other facilities and attempt to make an

1 apples to apples comparison as best you can?

2 A. Yes.

3 Q. All right. And you would agree with me
4 that your conclusions are only as good as the data
5 you choose to use?

6 A. Right, we looked very carefully at all
7 the data.

8 Q. Right. But it's whatever you pick is
9 going to drive your answer; correct?

10 A. Yes.

11 Q. All right. And if I understand it
12 correctly from looking at your report, the first
13 thing you chose to exclude from your analysis were
14 all public safety calls related to outpatient
15 services; is that correct?

16 A. No, I don't understand the question
17 you're asking me.

18 MR. DI NOLFO: Sure. Mo, if you could go to
19 Bates-stamped No. 3, page 3 of his report.

20 BY THE WITNESS:

21 A. I'm sorry. Can you repeat that,
22 Mr. DiNolfo?

23 MR. DI NOLFO: I was just asking -- if you
24 could scroll to the bottom, that would be great.

1 BY MR. DI NOLFO:

2 Q. If you look at footnote No. 4 it says,
3 "This study will not discuss outpatient services
4 because the historic experience at Haymarket Center
5 Chicago indicates that outpatient clients have a
6 negligible impact on calls for public safety
7 services."

8 A. Yes.

9 Q. All right. So you weren't considering
10 that; correct?

11 A. However, the -- all the research we did
12 were address driven. So all of the sites that we
13 looked at in comparison were calls coded by an
14 address. So they would not know, all the comparable
15 data, whether or not it was outpatient or inpatient.

16 Q. In your report, at least in -- unless
17 I'm reading it wrong -- correct me -- you indicated
18 that you weren't going to consider outpatient based
19 on the historical experience at Haymarket.

20 That's what it says?

21 A. Yes, but it --

22 Q. Okay. What historic --

23 A. Some of the sites --

24 Q. I'm sorry. Go ahead.

1 A. No, no, some of the sites have
2 outpatient. But the data research that we did,
3 Mr. DiNolfo, was solely driven on a search by an
4 address.

5 Q. Well, my question --

6 A. So you wouldn't know if it was
7 outpatient, inpatient, or someone that fell on the
8 street right in front of the place.

9 Q. All right. Well, you used the term
10 "historical experience at Haymarket."

11 What were you given to determine
12 historical experience? Since you don't trust the
13 CAD from the City of Chicago, you heard yourself and
14 Dr. Lustig just testify that they don't have the
15 ability to look up who is being transported for what
16 or for where, so what historical experience or what
17 are you basing that on?

18 A. Well, what I'm explaining is all of our
19 data was address driven.

20 Q. Okay.

21 A. So it was calls per address for the
22 given study period regardless of the nature.

23 Q. I know you said that a couple times, but
24 my question is a little different. If you don't

1 understand it, let me know.

2 I'm asking you where in your
3 footnote that you wrote -- you wrote that, didn't
4 you, that footnote No. 4?

5 A. Yes.

6 Q. Okay. What data did you look at to get
7 what the historical experience at Haymarket Center
8 of Chicago was? What data did you look at?

9 A. So I think to look at -- to address your
10 questions about the footnote, that was driven
11 largely by what we learned from Haymarket Chicago to
12 evaluate the outpatient services. However, in the
13 research, we could not differentiate anything any
14 different than an address. So --

15 Q. All right. So --

16 A. -- the Haymarket Chicago's experience is
17 such we could not identify that per address or per
18 service region calls.

19 Q. All right. So you said that's what you
20 learned from your conversation with Haymarket.

21 Who did you talk to at Haymarket to
22 learn that information?

23 A. This was in the initial part of my study
24 when I was talking to the Haymarket staff.

1 Q. Anybody in particular at the Haymarket
2 staff?

3 A. I spoke with Dr. Lustig, James Baldwin,
4 Karen Kissel. I don't remember who exactly the
5 conversation regarding this particular statement
6 was.

7 Q. And given what we just heard yourself
8 and Dr. Lustig testify to, that they didn't have the
9 ability to go back and look at who was transported
10 from where or how many times EMS was called, did
11 they share with you where they got that information
12 from?

13 (Indistinguishable speaking.)

14 BY THE WITNESS:

15 A. I'm sorry, sir?

16 BY MR. DI NOLFO:

17 Q. Were you talking with counsel? If you
18 need a moment to talk with counsel, go ahead.

19 A. No, I'm fine.

20 Q. Oh, okay.

21 So my question was, given that
22 Mr. -- or Dr. Lustig testified that they have no way
23 to get this data to determine who was taken by EMS,
24 did they share with you how they got the data or

1 what their historical experience is?

2 A. That would be something internal through
3 them.

4 Q. Okay.

5 A. And they would be better to address that
6 question further.

7 Q. Sounds good. All right.

8 So to conduct your analysis, then,
9 I think you need to find, as you shared with us,
10 comparable sites -- or comparable sites; correct?

11 A. Right.

12 Q. And you would agree with me that the
13 most comparable site to what's being proposed in
14 Itasca is Haymarket Chicago? I mean, that's about
15 as close as you could get?

16 A. We worked -- as I had mentioned,
17 Mr. DiNolfo, we worked very carefully, explored all
18 avenues trying to utilize Haymarket Chicago data.
19 It was my full intent to use Haymarket Chicago data.
20 I went down every possible road I could to identify
21 good, factual, credible data that was accurate and
22 reliable, and that could not be found for Haymarket
23 Chicago.

24 I was also told that through

1 additional research with Chicago personnel, is to
2 not use Chicago data.

3 Q. But my question is, I think, a little
4 simpler.

5 I appreciate why you didn't use it,
6 but my point was, you initially wanted to use it
7 because it's the closest thing to what they're
8 proposing in Itasca; agreed?

9 A. I believe it's a comparable site, yes.

10 Q. Okay. Because it's run by the same
11 people that are going to be running the Itasca
12 facility if it's approved; correct?

13 A. Correct. It's in a large city, but it's
14 run by the same people, correct.

15 Q. And it's going to provide very similar
16 services; not identical, but very similar services
17 in Itasca as the one in Chicago?

18 A. Correct.

19 Q. All right. And you shared with us that,
20 if I heard you correctly, that you chose not to
21 consider the data -- or, I'm sorry, that you chose
22 not to consider Chicago Haymarket because of the
23 data; is that correct?

24 A. The data for Haymarket Chicago through

1 NFIRS, through the CAD data provided through FOIA
2 through the OEMC, I found to be unverifiable,
3 inaccurate, and unreliable.

4 Q. So what you're saying is the CAD data
5 that you saw wasn't reliable or suitable for you to
6 do your analysis?

7 A. To do a factual, accurate analysis, I
8 was not comfortable with any of the data because it
9 could not be verified.

10 Q. Well, about a year or so ago Mr. Baldwin
11 testified under oath to the impact he thought it was
12 going to have.

13 Do you know what data he looked at
14 to come up with his calculations?

15 A. So, Mr. DiNolfo, I purposely did not
16 look at any of Mr. Baldwin's data until I was done.
17 I did not look at his report. I didn't want to see
18 any of that because I did not want it to impact my
19 study whatsoever. So I did not look at that until
20 the end.

21 And to answer your question, I did
22 look at it, and it was CAD data through OEMC, which
23 for all the reasons I pointed out earlier, is
24 inaccurate and unreliable.

1 Q. I mean, I know you shared with me you
2 didn't look at his testimony, but I think you shared
3 with us just a few questions ago you did speak with
4 him early on in this project as part of the group at
5 Haymarket that you met with to gather information --

6 A. Right.

7 Q. -- about their historical experience;
8 correct?

9 A. Right. But I did not purposely see his
10 report until I was done with my analysis.

11 Q. Now, you were provided -- you provided,
12 I think, in one of your slides and in your report a
13 chart of comparables; is that correct?

14 A. Correct.

15 Q. All right. And I believe it's on
16 Page 16.

17 MR. DI NOLFO: If we could go to that, Mo.

18 BY THE WITNESS:

19 A. Page 15, you said?

20 BY MR. DI NOLFO:

21 Q. Well, it's Bates-stamped 16,
22 Mr. Dominik. And I have an initial question for
23 you about the information.

24 A. Right.

1 Q. Included in your report is this chart on
2 Page 16. If we jump to Appendix J, as in John,
3 which is on page 84, there is a memo that you
4 attached as a -- to your report that seems to list
5 all the same facilities that you counted on or
6 relied upon to come to your opinions; is that
7 correct?

8 A. Correct.

9 Q. Now, this is a -- at least from its
10 appearance, is a memo prepared by Ms. O'Keefe and
11 made part of the file and is dated August 3rd, 2020.

12 Were you given this list of
13 comparable sites by counsel to look at, or did you
14 come up with them on your own?

15 A. No, this really was a collaborative
16 approach to identify the sites.

17 Obviously my expertise is in the
18 fire and EMS world. I feel like my expertise really
19 now is in treatment and recovery homes, but in the
20 beginning, I spoke with Haymarket -- that's some of
21 the conversations I mentioned earlier -- the law
22 clerk, the attorneys. There was a tremendous amount
23 of people working to identify the sites with
24 comparable services.

1 So the memo was really to just
2 identify those. We had 30 sites we originally
3 started with.

4 Q. And you whittled that down to the 11
5 that you chose for your report?

6 A. We could only find 11 that had
7 comparable services, Mr. DiNolfo. So those are the
8 11 out of the 30 that provided the same services as
9 Haymarket DuPage.

10 So really to provide a good,
11 accurate projection, those are the ones that had
12 those same levels of services as we talked about
13 earlier with ASAM.

14 Q. Now, when you use the phrase they have
15 the same level of services, they may have just one
16 component of the services that Itasca Haymarket will
17 have. Like, for instance, No. 1 says it has 3.5
18 adult and Level 4. It doesn't have 3.7 like the one
19 in Itasca will.

20 A. That's why we broke them down into
21 recovery homes and treatment homes.

22 Q. All right. So they aren't spot on that
23 they'll be offering the exact same services; it's
24 just if they tick one of the boxes of services that

1 are going to be provided by Haymarket Itasca, you
2 thought you could use it?

3 A. For a treatment home or recovery home.

4 But let me explain further: A lot
5 of the sites that we found also provided services to
6 adolescents, other categories that we could not use.
7 So those sites had to be eliminated.

8 So these are sites that only
9 provided those services in which are the same.

10 Q. And if I understand your -- this memo or
11 your chart, only four of the comparables that you
12 used offer some level of ASAM; correct?

13 A. No, they all offer services through the
14 ASAM site. So there would be -- if you look at all
15 these sites and you look at the information we
16 provided, they're all identified there as to what
17 they provide, 3.1, 3.5, you know, whatever that is.

18 Q. I agree. I asked a bad question there,
19 so let me ask a better question.

20 You would agree with me that of the
21 11 you have, only four offer ASAM of 3.5 or higher?

22 A. The treatment home facilities?

23 Q. The ones you have listed either in your
24 chart or on Exhibit J that's in front of us, the

1 treatment beds, those four we see, the first four,
2 are the only ones that offer level 3.5 or higher?

3 A. Yeah, give me a sec to look at it. I
4 believe you're looking at the treatment home sites.

5 Q. Sure.

6 A. Yes, those are the treatment home sites,
7 treatment beds.

8 Q. Okay. Those are the only four that
9 offer 3.5 or higher; correct?

10 A. Correct.

11 Q. The rest do not offer 3.5 or higher, so
12 the remaining seven?

13 A. Right. They were recovery homes.

14 Q. And when you say recovery homes, that
15 includes transitional homes; correct?

16 A. Right.

17 Q. And that's different from the operation
18 proposed for Itasca; true?

19 A. Well --

20 (Indistinguishable speaking.)

21 MS. O'KEEFE: Counsel, could you repeat
22 (Inaudible.)

23 THE REPORTER: I'm sorry. I couldn't hear
24 what you said, Counsel.

1 MR. DI NOLFO: Sure. I apologize.

2 BY MR. DI NOLFO:

3 Q. I said that the recovery and transitional
4 homes are different than what -- the full services
5 that are being offered at Haymarket Itasca?

6 A. So when you look at Haymarket Itasca,
7 there's 40 percent treatment home beds and 60
8 percent recovery home beds. So this is how we were
9 able to come up with an accurate projection, is to
10 utilize the recovery home sites and the treatment
11 home sites, use those numbers to calculate a
12 projection for Haymarket DuPage.

13 Q. Sure. I guess a better way or another
14 way to ask my question is, the proposal for
15 Haymarket in Itasca encompasses both the treatment
16 and the recovery home aspect?

17 A. Right.

18 Q. Okay. And from the recovery homes that
19 you looked at, did you do some personal
20 investigation into how they operate versus Itasca --
21 Haymarket at Itasca would operate or is going to
22 operate?

23 A. So what we looked at, obviously, was the
24 levels of services provided through the ASAM

1 directory and the SUPR. That's what they're
2 licensed to provide. So those would be the services
3 in which they can provide at Haymarket DuPage.

4 So, you know, our analysis was
5 utilized by those fundamental documents by state
6 licensure.

7 Q. I guess, for instance, did you look at
8 the Serenity House in Naperville and Addison and see
9 that they required a minimum of 90 days' sobriety
10 before they'll admit you? Did you look into that?

11 A. No, that was not data we looked at.

12 Q. All right. And that's -- from your
13 understanding, that's different than what's proposed
14 for the Haymarket facility in Itasca? They don't
15 have a 90-day wait period; correct?

16 A. Not that I'm aware of.

17 Q. Okay. And you understand that the three
18 Hope for Tomorrow facilities that you list admit you
19 only after you've completed your inpatient treatment
20 somewhere else? Were you familiar with that?

21 A. I think it's really irrelevant because
22 the --

23 Q. I'm just asking if you're familiar with
24 it, sir.

1 A. I'm sorry. Restate your question.

2 Q. I just asked if you were familiar with
3 the fact that the three Hope for Tomorrow facilities
4 admit you only after you've done your inpatient
5 treatment somewhere? I wondered if you knew that or
6 not?

7 A. Yes, but I think it's a misleading
8 question, because recovery homes, as identified
9 earlier, provide different services than treatment
10 homes. So people that are going to recovery homes
11 have already been through a treatment facility
12 program. So I feel that the question is misleading.

13 Q. It's not misleading if then you're going
14 to base the EMS projection off the people who have
15 already gone through inpatient treatment and somehow
16 facilitate that or factor that into the impact, is
17 it?

18 A. But all the people that have been --
19 that are in a recovery home have been through a
20 treatment home facility.

21 Q. Understood. But you're saying it's an
22 unfair question, but isn't it important to know
23 that, for instance, when you look at the number of
24 calls at the Hope For Tomorrow houses, you're not

1 going to have as many as you would with somebody who
2 is doing inpatient treatment? That would be a
3 logical conclusion; would it not?

4 A. Well -- and it's proven in the data that
5 we provided. The treatment homes were looked at
6 separately than the recovery homes. So you have
7 data for treatment homes which is higher, and you
8 have data for recovery homes which is less.

9 The people in the recovery home
10 situation don't generate many calls.

11 Q. Okay. And you would agree with me that
12 seven of the sites that you used don't even have
13 treatment beds let alone 96 like the proposed size
14 for Haymarket Itasca?

15 A. Yes, those would be the recovery home
16 sites, correct.

17 Q. And you would agree with me that the
18 four other of your sites that don't have recovery
19 beds don't have 144 as proposed by Itasca in
20 Haymarket?

21 A. Yes, I would agree with you.

22 But that's why we did the per bed
23 analysis, is to give you an accurate and reliable
24 projection based on a per bed projection. So it

1 really didn't make a difference if it was five beds,
2 10 beds or 200 beds.

3 Q. I mean, if we add up every bed that you
4 cite, that's still less than the 240 beds proposed
5 by the facility in Itasca; correct?

6 A. It's -- yes.

7 But it's really irrelevant. That's
8 why we did the per bed approach, because we studied
9 over multiple years and did a per bed analysis so
10 that you could get a fair, accurate representation.

11 Q. Now, you discussed with us that you
12 chose not to include Haymarket Chicago, but you
13 also, for instance, indicated you didn't consider
14 Interventions in Woodridge that we've heard so much
15 about because you couldn't confirm the number of
16 beds; is that right?

17 A. No, they also provide services to
18 adolescents.

19 Q. Okay. So let's talk a little bit about
20 your decision not to consider Haymarket Chicago.

21 If I understood you correctly, your
22 position is that CAD data that you observed or
23 looked at was not useful because no standard exists
24 for how CAD data is to be entered; is that fair?

1 A. That's correct.

2 Q. All right. And just so we understand,
3 there's no standard for how CAD data is entered
4 across all of 911, not just the City of Chicago?

5 A. Unfortunately, CAD systems from the city
6 to any suburb are likely to be different.

7 That is the beauty of the NFIRS
8 data. It's a standard coding system used
9 nationally.

10 Q. Understood. And because this is
11 nationwide, and you said that there is no standard,
12 then you don't believe that the CAD data is
13 something that you could base your opinions on;
14 correct?

15 A. For Haymarket Chicago.

16 Q. Okay. And I think you said this, and if
17 not, I assume you'll agree with me: You understand
18 that CAD is used on both the fire/EMS side as well
19 as police?

20 A. Like I had mentioned earlier in my
21 presentation, ideally every NFIRS report would start
22 in a CAD file at the dispatch center, and then after
23 the incident the emergency responders would complete
24 it on their findings, and that would be the

1 finalized report.

2 The problem that I identified
3 largely in Chicago is the CAD data was very -- even
4 for the same incident at the same time, two
5 different dispatchers receiving two different calls
6 identified calls that are coded completely
7 different.

8 Q. And I appreciate that, but I think my
9 question was a little different.

10 Computer-aided dispatch is used for
11 both police and fire?

12 A. Yes.

13 Q. Okay. And if I understood what you just
14 said is that you believe a contributing factor to
15 the CAD data not being accurate across the nation is
16 that the telecommunicator who gets that information
17 may key it in differently than the telecommunicator
18 sitting next to him?

19 A. Correct. And I think you have to make a
20 distinction here. In the suburban agencies, I would
21 trust that data more just by the sheer volume of the
22 calls.

23 Chicago, due to the size and nature
24 and the size of OEMC with the dispatchers, that CAD

1 data I spent a tremendous amount of time looking at,
2 Mr. DiNolfo, and I'm sure you did, as well, there's
3 a lot of problems in there, and it's just very
4 unreliable for Chicago.

5 I would not feel that way about
6 some of the suburban data.

7 Q. Well, if there's no national standard
8 statewide or nationwide, wouldn't the problems and
9 the concerns you have with the City of Chicago run
10 across all facilities?

11 A. For some of the CAD data.

12 But as you'll see through some of
13 the FOIAs we requested, we actually received NFIRS
14 code numbers on some of those FOIAs. In the
15 information which we requested through FOIA, we
16 actually got back NFIRS data.

17 Q. I mean, you would agree with me that you
18 relied on CAD data to come up with some of your
19 opinions in your report; correct?

20 A. I don't believe that's purely CAD data.
21 So, no, I don't agree.

22 MR. DI NOLFO: Okay. If we could go, Mo, to
23 page 75 of his report.

24 MR. KHAN: Do you want the top half or the

1 second?

2 MR. DI NOLFO: The Aurora Police Department
3 one would be great. Just scroll down -- that's
4 fine, right where it is.

5 BY MR. DI NOLFO:

6 Q. If we look at that title, it says
7 "Aurora Police Department CAD Search," does it not?

8 A. Correct, it does.

9 Q. All right. And that's CAD data that you
10 used to come up with your opinions; correct?

11 A. Well, no. For 400 Mercy for Aurora, we
12 actually received NFIRS data for that.

13 Q. Well, NFIRS only applies to fire?

14 A. Right.

15 Q. I'm asking if you used CAD data in any
16 of your opinions.

17 You used CAD data to come up with
18 your opinion as it pertained to police; correct?

19 A. I'm sorry, I'm not trying to be evasive.
20 For the police calls we did. For the fire calls, we
21 had NFIRS data for 400 Mercy.

22 Q. Okay. So on page 75 you used CAD data.

23 If we go to page 82 --

24 A. For police. For police, sir.

1 Q. I heard you. I even said the word
2 police. I did.

3 A. I heard you say we used CAD data.
4 We used CAD data only for the
5 police.

6 Q. Okay. And on page 82 you did it again.
7 You used CAD data for police; correct?

8 A. Let me look at page 82. Give me a
9 minute.

10 Q. Sure, and look at 83 while you're at it,
11 too. I believe there's CAD data on that one, as
12 well.

13 A. Yes.

14 And one of the challenges that
15 you'll see here is that there's no national system
16 for police, no national data system like I mentioned
17 earlier, no national data system for the CAD
18 tracking. That is one of the challenges you run in
19 here.

20 However, Aurora did a nice job.
21 They actually tell you the type of the call. The
22 thing that would be concerning is there would be no
23 verification.

24 The CAD data, I think, is going to

1 always lead you to a larger number than what you're
2 going to find in NFIRS. The NFIRS number is going
3 to be more conservative because it's quality
4 checked, verified, and validated.

5 Q. Okay. So your concerns that you shared
6 with us about the lack of a national standard only
7 applies to the City of Chicago for the purposes of
8 your analysis; is that correct?

9 A. For Chicago we were -- I felt it would
10 give -- there were too many errors, and it was
11 just -- like I had mentioned earlier, Mr. DiNolfo,
12 it was too unreliable.

13 Q. So the integrity of your data would be
14 something that's important to you for reaching your
15 opinion?

16 A. Right.

17 MR. DI NOLFO: All right. Mo, if we could go
18 to page 71 of his report, the top entry for -- or
19 the whole page. I don't care which one. Either
20 one.

21 BY MR. DI NOLFO:

22 Q. So let's look at that one we got there.
23 It says "Gilman"; is that correct?

24 A. Yes.

1 Q. Do you see that?

2 All right. I don't know, it's like
3 a chart. Somebody just put it in an e-mail;
4 correct?

5 A. You know, there's one point I want to
6 make, because I understand your line of questioning
7 here.

8 For the police calls for the
9 comparable suburban police agencies, we used the
10 Wood Dale data. So when you look at the police
11 data, that data for the comparable sites to look at
12 capacity was generated as part of the CALEA process
13 for accreditation for Wood Dale.

14 Q. So all these exhibits I'm going to go
15 through really have no purpose of being in your
16 report? You didn't use it at all?

17 A. I'm sorry, Mr. DiNolfo?

18 Q. Sure. So am I understanding you
19 correctly that, for instance, page 71, the data on
20 there is irrelevant to your opinions?

21 A. On page 71 --

22 Q. Or did you consider it?

23 A. So the data here on page 71, you're
24 asking if I feel its irrelevant?

1 Q. Yeah.

2 A. The numbers are so small, Mr. DiNolfo,
3 we chose to use these numbers.

4 Q. Okay. And then if we go to page --

5 MR. DI NOLFO: Wait. Before we go to that,
6 Mo, can you scroll to the top a little bit on this
7 same one.

8 BY MR. DI NOLFO:

9 Q. Do you know where that data is from from
10 Naperville Public Safety? Is that CAD? Is that
11 something else? Do you know?

12 A. This would probably be CAD data, it
13 looks like.

14 MR. DI NOLFO: Okay. If we go to page 72,
15 Mo.

16 BY MR. DI NOLFO:

17 Q. Now, I understand numbers are important
18 to you, but this what we have are some handwritten
19 numbers; right?

20 A. Well, when we requested the FOIA
21 information, we asked them for the calls that they
22 went on, yes.

23 Q. I mean, you don't even have anything to
24 back that up? That's just somebody writing in a

1 number.

2 Did you rely on this at all for
3 your --

4 A. Yes.

5 Q. -- determination of the impact?

6 A. Yeah, it's a government agency. We
7 asked them for the information. They're supposed to
8 provide true and correct information.

9 The numbers are small. It's not
10 like the City of Chicago where we're talking about
11 literally millions of entries.

12 Chicago we did ask for a refined
13 number. Chicago would not provide a refined number
14 based on call data.

15 Q. But my question was a little different.

16 Did you rely on these numbers for
17 purposes of your evaluation?

18 A. Yes, I felt these were reliable.

19 Q. Okay. And if we go to page 73 through
20 75, you can look at them.

21 MR. DI NOLFO: You don't have to put them all
22 up. 73 is fine, Mo, to put up.

23 BY MR. DI NOLFO:

24 Q. Is that CAD data? What is that for 400

1 Mercy?

2 A. So this -- well, 400 Mercy, like I had
3 mentioned earlier, we had the NFIRS data. So we
4 utilized the NFIRS data for the fire and EMS calls.

5 There is no national tracking for
6 police data, so we had to rely on the CAD data
7 supplied by the agency for the police information.
8 There is no national database to extract numbers
9 from.

10 Q. All right. So at least for purposes of
11 your analysis for police, putting aside your
12 concerns about the lack of a national standard on
13 how to enter CAD data, you felt comfortable using
14 the CAD data, the handwritten numbers, and the chart
15 produced by whoever it was in Gilman for the purpose
16 of police?

17 A. For police.

18 The information which we got back
19 from the CAD for the suburban agencies, we asked for
20 refined data for a number of years based on certain
21 types, you know, of calls. They gave us that
22 information back, police calls, fire calls, EMS
23 calls. We asked for police obviously.

24 Chicago just give you one large

1 data dump with everything in it for the period of
2 time.

3 Q. Okay. And just so I'm clear, I think
4 one of your other concerns about the accuracy of CAD
5 information -- and I assume this is across the board
6 regardless of the City of Chicago -- is that the
7 caller who is calling 911 may overstate what's going
8 on or could understate what's going on? Is that one
9 of your other criticisms about the accuracy of CAD?

10 A. That is correct.

11 Q. All right. And you would agree with me
12 that it is what is told to the 911 operator that
13 dictates the response by the public agency, be it
14 police or fire?

15 A. Dependent on what they're told,
16 follow-up information. You know, the conversation,
17 as you know, there's a priority series of questions
18 which they ask, and then the dispatcher will
19 dispatch resources based on that.

20 Q. I'm glad you mentioned that, because
21 that was my next question.

22 You know from your time in the fire
23 service that 911 operators or telecommunicators, as
24 they prefer to be called, have a script that they

1 follow in an effort to refine and make the data more
2 accurate for those who are responding; true?

3 A. That is true. You find a process, and
4 unfortunately there's no standardized approach to
5 that process. So that's left up to every individual
6 community or dispatch center to develop their own
7 process and utilize their own call-taker information
8 to identify call types.

9 Q. The bottom line is you agree what the
10 telecommunicator learns from the caller dictates
11 what units are sent?

12 A. Largely, yes.

13 Q. Okay. Now, this is specific to the
14 Itasca Fire Protection District: Did you use any
15 CAD or non-NFIRS data for purposes of calculating
16 the impact on the Itasca Fire Protection District?

17 A. So the only non-NFIRS data we used for
18 Itasca was the data that we utilized from the
19 Wood Dale report and the data through FOIA.

20 (Simultaneous speaking.)

21 Q. But Wood Dale -- I'm sorry. I
22 apologize. That lag is tough. I thought you were
23 done. My apologies.

24 A. Yes.

1 Q. The Wood Dale report deals with police;
2 correct?

3 A. Correct.

4 Q. All right. So I'm specifically about
5 the Fire Protection District.

6 Did you use the Wood Dale report to
7 see the impact on the Itasca Fire Protection
8 District?

9 A. No. It only addresses police. It's a
10 CALEA-generated report, CALEA report as part of the
11 accreditation process.

12 So all the data in which we used
13 for Itasca was generated through the NFIRS system
14 that was provided to us by The International Public
15 Safety Data Institute.

16 Q. I just want to be clear. For the fire
17 district impact, you used only NFIRS data, no
18 non-NFIRS and no CAD?

19 A. For Itasca.

20 Q. To determine -- I'm sorry. Get some
21 water. I'll ask you the next question.

22 MS. O'KEEFE: Could we have a five-minute
23 break?

24 CHAIRMAN DALY: This is Chairman Daly.

1 Yes, I propose we take a
2 five-minute break. Let's reconvene at 9:16.

3 (Recess taken.)

4 CHAIRMAN DALY: This is Chairman Daly. I
5 propose we restart.

6 Mr. DiNolfo.

7 MR. DI NOLFO: Thank you. If I could just
8 ask the court report to read back the last answer, I
9 would appreciate it.

10 MS. O'KEEFE: Can we do the last question and
11 answer, Mr. DiNolfo?

12 MR. DI NOLFO: Sure. That's perfectly fine
13 with me.

14 MS. O'KEEFE: Thank you.

15 (Record read as requested.)

16 BY MR. DI NOLFO:

17 Q. So my question, I think, was you did
18 not; correct? You only used NFIRS for determining
19 the impact on the Itasca Fire Protection District if
20 the Haymarket Itasca facility is approved; is that
21 correct?

22 A. No, Mr. DiNolfo, let me clarify. I
23 think I was misunderstanding your question.

24 And, first, I'd like to thank the

1 Chairman. I've been sick, and I've been recovering.
2 My voice runs out of steam. As you can tell, I've
3 been drinking water and coughing a lot. So I do
4 appreciate the breaks, and I'm hopeful to obviously
5 get through this tonight.

6 The data that we use -- let me
7 clarify, because I think I'm not understanding the
8 question, Mr. DiNolfo.

9 My response, my answer, was for the
10 activity of Itasca. The impact study obviously
11 incorporated data from other sources, FOIA, NFIRS,
12 for the other sites. I thought you were asking
13 specifically about Itasca, the data I acquired for
14 Itasca.

15 Q. So let me ask a better question.

16 In order for you to make your -- or
17 reach your conclusions as to the impact Haymarket
18 will have on the Itasca Fire Protection District
19 only, did you consider data other than NFIRS?

20 A. Yes. We had FOIA data, which you see
21 which we discussed. That data was requested through
22 FOIAs.

23 I trusted that data from,
24 obviously, public agencies that are supposed to

1 provide accurate data. A lot of the data, as you
2 can see, is NFIRS data by the coding.

3 So some of the data came from
4 FOIAs, to answer your question.

5 Q. Okay. And if I understand, when you use
6 the word FOIA data, that would be CAD data?

7 A. The FOIA data from the fire departments
8 and police departments.

9 So from the fire departments in the
10 suburbs, my experience is FOIA data that you would
11 get back from suburban fire departments would be
12 NFIRS data.

13 The data in which you would get
14 back from police would be CAD data.

15 You may see a blending of both,
16 like I talked about earlier, in the suburban
17 setting. Those systems start out in a CAD, end up
18 in a NFIRS system. So you may see a blending. But
19 some of the data came with NFIRS codes to the calls,
20 so obviously we knew it was NFIRS data.

21 Due to the small number of calls, I
22 felt that this data was accurate as we went forward.

23 Q. And I think I might have gotten a little
24 confused by your answer. Let me see if I can

1 understand it.

2 If the data you received was CAD
3 data but had NFIRS codes in it, you felt that you
4 were -- you were comfortable using that since it was
5 a small number of calls?

6 A. The suburban data, Mr. DiNolfo. I was
7 comfortable with the suburban data as a whole.

8 Where I really had a challenge was
9 the Chicago data for all the reasons we discussed
10 earlier.

11 So the data in which we got back
12 from suburban agencies I was comfortable with due to
13 the small number of calls and what they had.

14 Q. And that small -- that would include, as
15 we pointed out, for fire some CAD data which may
16 have had NFIRS numbers in it?

17 A. Right.

18 Q. Okay. Now, let's talk a little bit
19 about NFIRS.

20 NFIRS is data driven, if I
21 understood it correctly, by the incident type or
22 event type entered by the fire department after the
23 call?

24 A. Correct. It's -- the NFIRS data is

1 completed after the incident by the emergency
2 responders.

3 Q. And it's an after-call report, not a
4 call that dictates what the dispatch will be, what
5 units we dispatch; fair?

6 A. Right. The -- the concept is that if
7 there was an error, the fire department that
8 responded would correct that in the NFIRS report.

9 Q. And it's your understanding, I assume,
10 from years in the fire service you know that there
11 are over 170 codes to choose from when filling out a
12 NFIRS report?

13 A. Yes, there is a list, I believe, that
14 was attached. I don't recall right now.

15 But they're broken down in
16 categories, you know; fire calls, EMS calls, things
17 of that nature. So, yes, there's a lot of numbers,
18 but you go to the category in which you're looking.

19 Like EMS is 300. Ambulance
20 transport code is 321. So you would go to, you
21 know, 300 if it was an EMS call and enter code 321
22 if, indeed, that was the service that you provided.

23 Q. Okay. So the person who fills out the
24 NFIRS report after the call had some leeway to

1 select the category that they believed best
2 identifies the call they were just on?

3 A. Yes, it's their interpretation of the
4 call.

5 However, the department is supposed
6 to have the quality assurance program to validate
7 and verify that data. So there should be some
8 quality checks going on the data before it is
9 submitted to the state system.

10 Q. And would you agree with me that the
11 NFIRS reports are to be submitted by every fire
12 department, fire protection district in the state
13 after every call?

14 A. So it's required by the State Fire
15 Investigation Act that the fire chief is the one
16 obviously responsible to submit the data each month.

17 Q. And you're familiar enough with the fire
18 service in Illinois to know that a number of
19 departments are small in size?

20 A. Right.

21 Q. And you're familiar enough with the fire
22 service in Illinois to know that while we would hope
23 that there's quality control and peer review going
24 on within the department, that's not always the

1 case; true?

2 A. I would hope by this time frame that
3 that is happening because, you know, the data-driven
4 stuff is obviously very important. If you're not
5 NFIRS compliant, you can't receive a Fire Act grant.
6 So there's a lot on it.

7 That data, I utilize it extensively
8 in the accreditation process in evaluating fire
9 departments. So the data is critical that it is
10 accurate.

11 Q. But if we go -- and just so we're clear,
12 when you say NFIRS compliant, that just means you
13 had to submit the reports as required by the state,
14 it has nothing to do with the accuracy?

15 A. And I think as part of the quality
16 process, if somebody didn't take the time to at
17 least attempt to fill it out correctly, the quality
18 assurance process would probably catch it.

19 Like if you inputted data for a 300
20 category call, an EMS call, and completed the HAZMAT
21 section, it would get tossed out, or if you didn't
22 put any coding in for the call.

23 Q. And when you say quality assurance,
24 you're talking about internal at the respective

1 departments; correct?

2 A. Each department is supposed to do that,
3 and obviously it's also done on a state and national
4 level.

5 And the NFIRS data in which we got,
6 that was one of the reasons The International Public
7 Safety Data Institute was hired.

8 Q. Okay. Now, getting back to the --
9 the codes that the firefighters can select, it is
10 possible, is it not, for two firefighters on the
11 same call to enter different codes based on their
12 interpretation of the events?

13 Understanding that two reports
14 won't be prepared, but if firefighter A says it's a
15 321 call and firefighter 2 says it's a 322, that's
16 possible to occur?

17 A. You know, I don't find it likely in the
18 fire service because doing the incident report is
19 usually the supervisor's responsibility. That's not
20 usually done by multiple people. And in most
21 agencies, each day the battalion chief, commanding
22 officer, captain, whatever he has, the agencies that
23 I'm familiar with, they have to validate and verify
24 the data to make sure it's accurate before they

1 leave their shift. So there is a quality assurance
2 process in most fire departments that I've
3 experienced where that shift commander looks at the
4 data, makes sure it's true and correct before they
5 file -- or leave their shift for the day.

6 Q. Most departments but not all departments
7 have that quality assurance; correct?

8 A. Everybody probably does it -- you know,
9 there -- I shouldn't say everybody.

10 That's the most common process I'm
11 familiar with, Mr. DiNolfo. I'm sure there's other
12 departments that might do something differently.

13 Q. Now, are you familiar with the National
14 Fire Protection Association?

15 A. NFPA?

16 Q. Yes, sir.

17 A. Yes.

18 Q. It's a respected organizations within
19 the fire service?

20 A. Yes.

21 Q. And I'm assuming, given your years of
22 experience, that it's one you've used in your career
23 for either guidance or information?

24 A. So the National Fire Protection

1 Association really generates codes and standards for
2 fire department use. That's their main function.

3 Q. So it's something that you've used in
4 your fire career before?

5 A. For codes and standards, yes.

6 Q. All right. Are you aware of a 2016
7 study by NFPA concerning the lack of accuracy of
8 incident codes on NFIRS reports?

9 MS. O'KEEFE: Objection. Objection. You
10 have to lay the foundation, and you've not submitted
11 those reports, as agreed to, five days prior.

12 MR. DI NOLFO: I'm not using it as an
13 exhibit, counsel. I'm asking if he's familiar with
14 it, that's it.

15 MS. O'KEEFE: It's -- so the --

16 MR. HERVAS: Go ahead, Ms. O'Keefe.

17 MS. O'KEEFE: I continue. This is an
18 objection.

19 If you're referring to a report, if
20 he's familiar with it, then it was supposed to be
21 disclosed prior to the hearing. That was the
22 agreement ahead of time.

23 MR. DI NOLFO: I have a right to probe his
24 knowledge, so.

1 MS. O'KEEFE: (Inaudible.)

2 MR. HERVAS: This -- the inquiry relates to
3 something within the fire service that the only
4 question is whether he was familiar with that
5 particular report.

6 This is not the same thing as
7 generating reports that have to be disclosed for
8 purposes of testimony that's going to happen here.
9 This is -- in cross-examination, this is asking
10 whether he's familiar with a criticism that's within
11 the industry.

12 So I'm going to overrule the
13 objection.

14 BY THE WITNESS:

15 A. Could you restate your question,
16 Mr. DiNolfo?

17 BY MR. DI NOLFO:

18 Q. Sure. Are you aware of a 2016 study by
19 the NFPA concerning the lack of accuracy of incident
20 codes in NFIRS reports?

21 A. So as you can imagine, I have heard of
22 the study. It's something that really to respond
23 fairly and accurately I would like to review.

24 But I need to point out a couple of

1 things that I feel are important here: NFIRS is a
2 national system. It's not required in every state.
3 A lot of it is voluntary.

4 In Illinois it's mandatory. We
5 work very hard in Illinois to maintain a higher
6 quality of data to ensure that it accurately
7 represents the calls that go on in our state.

8 Q. Okay. Would you agree with me that the
9 NFIRS system is really designed to deal with fire,
10 accident, HAZMAT situations, and that EMS is kind of
11 a secondary use for the NFIRS since you have EMS
12 reports to cover that?

13 A. No, I would not agree with that.

14 I'm looking at the coding right
15 now, and, you know, all the 300 codes are all, you
16 know, rescue and EMS related.

17 Q. Well, I mean, if we're looking at the
18 codes -- you say you got them in front of you, which
19 I didn't see given as an exhibit, but let's talk
20 about them.

21 The EMS medical service incident,
22 there's only four sections for that, right, 321,
23 322, 333, 324?

24 A. Correct, those are your standards EMS

1 calls. Most EMS calls where there was a transport
2 was a 321.

3 Q. Okay. But the other ones deal with like
4 a lost person, extrication, ice-related rescue,
5 electrical rescue, or standby, EMS standby; right?

6 A. Correct, yes.

7 Q. Okay. But really the four codes that
8 would deal with putting somebody in the ambulance
9 and going somewhere are 321, 322, 323, 324, the
10 majority of which would apply; correct?

11 A. For an EMS call.

12 But really to be fair, Mr. DiNolfo,
13 you should look at some of the other codes for some
14 of the other services that are provided by a fire
15 service. They're fairly limited, as well.

16 Q. Well, I mean, of the roughly 170 that we
17 have, I didn't count them, but there's just one
18 section that deals with the different types of EMS
19 responses when there's ones that say fire,
20 explosion, hazardous, no fire, service call, good
21 intent, false alarms, property; right? Those are
22 all different -- that has nothing to do with EMS?

23 A. But I would direct you to look at, you
24 know, 111, structure fire. That's the only code for

1 a building fire, one.

2 Q. That's my point. It's really not
3 designed to truly capture what's going on on the
4 scene. It's just -- it's just a data collection.
5 It's not really telling you what's happening on a
6 call.

7 That's why we have like EMS reports
8 you fill out; correct?

9 A. And that was unavailable, as we
10 mentioned earlier.

11 Q. You requested EMS reports from these
12 agencies --

13 A. From the Illinois --

14 Q. -- and didn't get them?

15 A. From the Illinois Department of Public
16 Health.

17 Q. What about each of these entities that
18 you cite in your report? Did you send a FOIA for
19 EMS reports?

20 A. We sent a FOIA for the Chicago
21 information through the Illinois Department of
22 Public Health for their EMS call activities.

23 Q. My question was a little bit different.

24 Did you -- the other -- let's leave

1 the City of Chicago out of it.

2 The other fire entities that you
3 discussed, did you send FOIA requests to them for
4 their EMS reports?

5 A. No, we utilized the NFIRS data because
6 it is a category and typing per call. We were only
7 interested in EMS calls.

8 MS. O'KEEFE: You did FOIAs, too?

9 THE WITNESS: Yes, FOIAs, correct.

10 MR. DI NOLFO: I don't know what -- counsel,
11 I don't know what you're saying to your witness, but
12 I don't think it's appropriate if you're coaching
13 him.

14 MS. O'KEEFE: I'm sorry.

15 MR. DI NOLFO: So --

16 MS. O'KEEFE: I don't believe I was coaching
17 him.

18 MR. DI NOLFO: Well, I don't know. You
19 shouldn't be talking to him anyway, I don't believe,
20 while he's under cross-examination. But maybe I'm
21 wrong. I'll have Mr. Hervas speak to that.

22 MR. HERVAS: Just please continue.

23 BY MR. DI NOLFO:

24 Q. So the EMS reports -- well, strike that.

1 You did not get actual copies of
2 the NFIRS reports from the surrounding fire
3 departments near Itasca; is that correct?

4 A. So we hired The International Public
5 Safety Data Institute, and through their advanced
6 analytics, they provided us the NFIRS data for the
7 sites we indicated in which we used NFIRS data on.
8 They were able to identify ALS/BLS calls for those
9 sites based on the information.

10 Q. So the answer to my question is no, you
11 didn't ask for the actual NFIRS reports from the
12 fire departments surrounding the Itasca Fire
13 District?

14 A. Well, no, I did, but we did it through
15 The International Public Safety Data Institute.

16 Q. No, you got a summary of their analysis;
17 is that correct?

18 A. Got a summary of their analysis based
19 upon the calls, EMS calls, fire codes, and ALS/BLS.

20 Q. Mr. Dominik, if could I ask you, what
21 are you looking at on Ms. O'Keefe's legal pad there?

22 A. I'm not.

23 Q. Oh, okay.

24 The data you got from the IPSDI is

1 just their summary of what they derived from the
2 reports that they received; is that correct?

3 A. So the data in which we got from the
4 International Public Safety Data Institute was very
5 exhaustive to their advanced analytics.

6 We asked for the calls, the type of
7 call, and whether it was ALS, BLS. So they actually
8 dove into each report, like you mentioned, and
9 provided us a summary based on that.

10 Q. And the summary is what you used to rely
11 upon for your analytics?

12 A. Correct.

13 Q. And if I kind of understand how this
14 works, then, you get a report that's after the event
15 prepared by a firefighter or an officer at the fire
16 department who through his own observation puts down
17 what he thinks the event code was and what happened
18 that then goes to another agency that does another
19 set of analysis, and then they somehow distill that
20 down into numbers that you can use for your
21 analytics; correct?

22 A. The goal is to provide good, accurate,
23 solid data nationwide so fire departments can
24 utilize it for planning response procedures across

1 the country.

2 Q. All right. And I think in your report
3 you also spent some time talking about call
4 classification, did you not?

5 A. Yes, which if you would point me to
6 where, I'm happy to talk about it.

7 Q. If I could just -- before I get to
8 that -- and I'll tell you that in just one second.
9 I'll be happy to answer that -- but can you explain
10 to me how the I -- let me try to get this right for
11 the record -- how the IPSDI can tell you whether
12 something is ALS versus BLS if they only have the
13 NFIRS data?

14 A. I'm sorry, Mr. DiNolfo, I was noticing
15 you playing with your phone.

16 Q. My phone?

17 A. Could you repeat the question?

18 Q. I was just turning it off so you
19 wouldn't hear a buzzing.

20 Can you tell me how the IPSDI data
21 tells you whether a call is ALS or BLS?

22 A. So through their advanced analytics, the
23 narratives, I would assume, and the other
24 information, they were able to put an ALS/BLS call

1 typing on every call.

2 They actually did provide us on the
3 information that we had for Chicago, which I could
4 have used, but it showed a .3 -- or 3 percent ALS
5 calls, and as I mentioned before, that's why we knew
6 the data for Chicago was flawed.

7 Q. And are any of your exhibits that you
8 have, I think it's Exhibits A through -- or
9 Appendices, I should say, A through O, are any of
10 those the data or pages from the data that you
11 received from the IPSDI that shows the calls that
12 were ALS versus BLS?

13 A. I'm sorry. Which pages, sir?

14 Q. No, I don't know. I'm asking you, do
15 any of your Appendices A through O show --

16 A. I understand your questioning, but I
17 think, you know, when you want to break down the
18 ALS/BLS, while we did attempt to do that for all the
19 sites on the data that was provided, it is also very
20 consistent for national averages, state averages,
21 which we do have information to support.

22 So I think, you know, the questions
23 you're asking are somewhat irrelevant because it
24 tracks with, you know, our national, our state, the

1 surrounding states with the percentages you
2 typically see there.

3 Q. Well, you say it's irrelevant, but you
4 spent a lot of time in your report and on your
5 charts showing ALS versus BLS and that Elite is
6 going to handle BLS calls and maybe a few ALS calls.

7 So what I'm trying to get at is, if
8 I want to look in your report at one of your
9 appendices, do any of those show data that you
10 received from the IPSDI that allows me to see the
11 breakdown for Addison of what was BLS versus ALS?

12 A. I do have that data, and if it's not in
13 here, obviously I'd like to look for it. But we do
14 have the breakdown for all the communities we had
15 data from from the Illinois -- International Public
16 Safety Data Institute.

17 Q. So at least as far as what you can tell
18 from knowing what's in your report now, it's not in
19 there?

20 A. I'm sorry, sir, I'd have to look.

21 Q. Okay.

22 A. Do you have a page?

23 Q. If I could find -- it's your appendices.
24 It starts on page 36 and it goes to 100 and, I don't

1 know, 18 or 19.

2 A. So page 87 you've got a summary of the
3 ALS/BLS, you know, calls, other calls. So, you
4 know, that is a representation from some of that.
5 That is a summary from the data that we were
6 provided.

7 We were able to get all the data
8 electronically so that we could analyze it.

9 Q. So is that a chart you made on page 87?

10 A. Yes.

11 Q. Okay.

12 A. I'm sorry, Mr. DiNolfo. It's hard not
13 to look at you. I should be looking at the camera.

14 Q. I have that kind of personality. I
15 can't help it.

16 And, you know, if you need to take
17 a break because of your illness or your cough, let
18 me know. This is not meant to be a marathon. Okay?

19 A. I appreciate it. Let's keep going.

20 Q. All right. So if I understood you
21 correctly, in order to come up with whether
22 something is ALS or BLS, somebody has to look at the
23 narrative that is contained on the NFIRS report to
24 determine that?

1 A. I would -- I guess -- what I'd like to
2 do is if you want a definitive answer on that, I
3 would like to go back to The International Public
4 Safety Data Institute and probe that a little bit
5 further with them, identify exactly how they did
6 that.

7 When I got the data back from them,
8 it tracked very close to what my experiences are
9 from state/national studies on the ALS/BLS numbers.
10 So I didn't really spend a whole lot of time
11 questioning it because it was very consistent with
12 what we see in the country.

13 Q. Okay. So -- well, I'll move on. That's
14 fine.

15 So you said it's something you see
16 consistent with what's in the country. Well, I
17 assume, as you mentioned before, you wanted to focus
18 on in-state because there are different approaches
19 nationwide, and some states don't even require you
20 to fill out the NFIRS; is that correct?

21 A. As you can imagine, EMS is provided
22 differently across the country, and some states it's
23 not even provided by the fire department. So coding
24 and whatnot, while it is reported in the national

1 system, may not be accurate.

2 I did ask for data on Illinois on
3 ALS/BLS breakdown as well as across the country, and
4 we also asked for data for each of the sites that we
5 got NFIRS data for, meaning the communities. So I
6 do have an ALS/BLS breakdown for those communities,
7 as well.

8 Q. Now, you testified about a slide, and
9 it's in your report. And if you want to look at it,
10 it's on page 8 of your report.

11 MR. DI NOLFO: And, Mo, if you want to go
12 there, that's fine, too. You don't have to, but --
13 BY THE WITNESS:

14 A. Page 8 of my report --

15 MR. KHAN: What page is that, again,
16 Mr. DiNolfo?

17 MR. DI NOLFO: Bates-stamped page 8.

18 BY THE WITNESS:

19 A. I have it in front of me.

20 BY MR. DI NOLFO:

21 Q. I think the last sentence -- full
22 sentence on the page you say, "The study of
23 Comparable Sites provided an ALS response of 25
24 percent for treatment beds and 40 percent for

1 recovery beds"; is that correct?

2 A. That is, indeed, what we got through our
3 study.

4 And what I point out above is that
5 is really much higher than the averages in which you
6 see from obviously a data search of what I could
7 find of what's going on in the United States by
8 JEMS. JEMS reported that, you know, somewhere
9 between 2 and 20 percent of EMS calls were ALS.

10 New York had a wonderful breakdown
11 as a statewide system, and they identified that 3.25
12 percent of their EMS calls are ALS.

13 So while these numbers are 25
14 percent and 40 percent, like I had said earlier, my
15 approach was very conservative. I believe those
16 numbers are high. I believe in reality you're
17 probably going to see more BLS calls than ALS calls.

18 Q. So my question then is, you would agree
19 with me that NFIRS in the reports don't contain a
20 place, a slot, where you can put that they went to a
21 call to treat somebody in a treatment bed?

22 A. Could you restate that, sir?

23 Q. Sure. I mean, I think you shared with
24 us that you used NFIRS, and perhaps in some of the

1 suburban areas for fire you used some CAD
2 information.

3 None of that information says who
4 they went to treat, whether they were in a treatment
5 bed or recovery bed; true?

6 A. No, we utilized it by site by address.
7 So we got the total calls for the address.

8 And as I identified earlier, we had
9 recovery homes and we had treatment homes. So that
10 gave us a good, accurate number to project going
11 forward based on Haymarket DuPage being the
12 percentage breakdown on recovery home beds and
13 treatment home beds for that site.

14 Q. Sure. But some of those people that
15 attend those sites, recovery homes, or even some of
16 the treatment beds are outpatient people; correct?

17 A. It's going to be anybody that goes to a
18 call -- or requires an emergency response at that
19 address. So it could be somebody just walking in
20 the door.

21 Q. Right. So the fact that you're claiming
22 there was 25 percent for treatment beds, there is no
23 way for you to know that because there is no data
24 that says why they were there, whether it was

1 someone in a treatment bed, recovery bed, or
2 somebody walked in the front door and fell down?

3 A. No. No, I don't agree with that.

4 Q. Where do you find in NFIRS where they're
5 going to put treatment bed or recovery bed?

6 A. So we utilized it by site, and the sites
7 provided treatment sites and recovery sites.

8 So really to define this further,
9 the numbers that I represented here are probably
10 higher than reality following your line of
11 questioning because you're trying to identify per
12 bed the actual person that's in the bed. This is by
13 address. Those are the calls that were generated by
14 that address, and that address happens to be a
15 recovery home or a treatment home. So some of those
16 calls may be for things that have nothing to do --
17 it might be for an employee.

18 Q. Right. So how do you know that 40
19 percent of the calls were for recovery home beds?

20 You don't know that. It wouldn't
21 be for a patient in a bed, it would be for anyone;
22 right?

23 A. Are you talking about the ALS/BLS?

24 Q. I'm talking about the last sentence

1 where you said, "The study of Comparable Sites
2 provided an ALS response" --

3 A. Right.

4 Q. -- "of 25 percent for treatment beds."

5 Let's stop there.

6 A. Right.

7 Q. There -- what data could you possibly
8 have looked at to figure out that 25 percent of the
9 calls for the places that had treatment beds were
10 for people that were in the treatment beds? It
11 could be for anybody; correct?

12 A. Correct. And that's why I said these
13 numbers are very conservative. They're probably, in
14 reality, not as high as what you see here.

15 Q. Okay. So if I understood what you're
16 trying to say there, then, is that of all the calls
17 to all the treatment -- or all the facilities that
18 have treatment beds, 25 percent of them were ALS?
19 Is that what you're really saying?

20 A. The data that we have for the sites, the
21 treatment home sites, provided to us by The
22 International Public Safety Data Institute provided
23 25 percent ALS for those sites. It was irrespective
24 of who the person was at the site.

1 Q. Okay. And from that you then made the
2 leap to sit there and say that Haymarket DuPage will
3 generate only a negligible call volume based on that
4 analysis; is that correct?

5 A. Well, this analysis is actually more
6 generous, would generate more calls. If you look at
7 the state and national averages on ALS/BLS, the
8 numbers are probably less. This is the best we
9 could do with the data we were able to get.

10 Q. Right. And you would agree with me --
11 that's a good point.

12 The numbers are data driven,
13 correct, and date sensitive; correct?

14 A. Yes, they're data driven, correct.

15 Q. And you picked a selected range of
16 dates, I think you said, because there was no other
17 data available past 2018?

18 A. So to answer your question, when I was
19 planning this process in how to do this, the
20 research that you have here on state and national
21 averages, the literature that's cited, I considered
22 applying that, but I felt if we could get data
23 that's more specific to the addresses of the
24 treatment and recovery homes, that would be better

1 data. However, it is limited, to your point. So
2 it's probably indicative of more calls than reality
3 that are ALS.

4 Q. Okay. So -- and I guess what I'm
5 getting at is -- give me one second so I can find an
6 exhibit that I want to tell Mo to pull up here.

7 MR. DI NOLFO: Mo, could you pull up
8 Exhibit 20, and go to the second one down that
9 starts with 400. I think it's the next -- I'm
10 sorry, it's the third page.

11 All right. Let me stop right
12 there.

13 BY THE WITNESS:

14 A. This is your Exhibit 20, Mr. DiNolfo?

15 BY MR. DI NOLFO:

16 Q. Yes, sir.

17 A. Okay.

18 Q. Now, on the bottom of -- I should say
19 the last 10 or so entries --

20 MR. DI NOLFO: Could you scroll down toward
21 the bottom, Mo? Perfect. Thank you.

22 BY MR. DI NOLFO:

23 Q. These are all calls for 400 Mercy, which
24 is a FOIA you did to Aurora to get information, and

1 400 Mercy is the Gateway facility you used as a
2 comparable; is that correct?

3 A. We used 400 Mercy, correct. However,
4 the data we used for 400 Mercy was through the NFIRS
5 system.

6 Q. Okay. And would this be data that you
7 would not feel comfortable using to determine, for
8 instance, the number of calls in 2019 to 400 Mercy?

9 A. Well, 2019, unfortunately, was
10 unavailable when I did the study. The data was only
11 available through 2018. So I was not able to use
12 the 2019 data for any of the sites.

13 Q. Well, I understand that NFIRS wasn't,
14 but I think you had said you or somebody on your
15 behalf sent FOIAs out to -- and I think Aurora was
16 one of the entities.

17 But looking at this data now just
18 for purposes of my question, would this be something
19 that you could use that you believe would be
20 accurate to help determine the number of calls being
21 generated by Gateway Home at 400 Mercy Lane?

22 A. So, yes.

23 And to your point, I'm not a -- I
24 don't know if this is your exhibit. When I got it,

1 I went through it. And the interesting thing is for
2 2018, when you look at the numbers, there's some
3 numbers here for '18 that have no incident type at
4 all. So you don't know what that is, if it's a
5 mistake or what have you. So my guess is that
6 wasn't submitted through the NFIRS system.

7 But when you look at your data for
8 2018 and my data for '18, the numbers are actually
9 the same as what's reported in my report.

10 Q. What about '19? They do have all the
11 incident data listed -- or incident types there;
12 correct?

13 A. '19 I can't speak to -- I'm sorry --
14 because that wasn't something I analyzed.

15 Q. You know, and -- fair enough.

16 MR. DI NOLFO: So I'll make -- Mr. Hervas, I
17 am kind of going to be getting into a new section
18 that is going to take some time, and I know we are
19 seven minutes before 10:00 o'clock. So I'm happy to
20 continue my cross next week.

21 CHAIRMAN DALY: This is Chairman Daly.
22 Mr. DiNolfo, thank you for that timely segue.

23 Yes, I'd appreciate it if we were
24 to continue your cross-examination for the next

1 meeting, which would be December 9th, next
2 Wednesday, at 7:00 o'clock.

3 And also I appreciate the patience
4 of the other attorneys, Mr. Ellenbecker and
5 Ms. Smith.

6 I would ask at this point, does
7 Ms. O'Keefe have any information for us about how
8 she plans to proceed -- how your team plans to
9 proceed next week if we were to finish with
10 Mr. Dominik's testimony and cross-examination next
11 week?

12 MS. O'KEEFE: So, Mr. Chairman, can I ask a
13 question?

14 Can Mr. Ellenbecker and Ms. Smith
15 give us an idea of how long they think they will
16 take next week, because that would help me figure
17 out what my options would be for presenting if we
18 finish.

19 MR. ELLENBECKER: This is Steve Ellenbecker.
20 I mean, I'm ticking things off as Steve DiNolfo goes
21 through things, but I would say I probably have
22 30 -- at least 30 minutes.

23 MS. O'KEEFE: Okay.

24 MR. ELLENBECKER: Maybe 40, which usually

1 means an hour.

2 MS. O'KEEFE: And Steve DiNolfo, how much
3 longer do you have, do you think?

4 MR. DI NOLFO: Probably about another hour.
5 It depends on some of the answers.

6 MS. O'KEEFE: And then Ms. Smith?

7 THE REPORTER: You're muted, Ms. Smith.

8 MR. DI NOLFO: We can't hear you, Jennifer.

9 MS. SMITH: Can you hear me now?

10 CHAIRMAN DALY: Yes.

11 MR. DI NOLFO: Yes.

12 MS. SMITH: Sorry about that.

13 I will also try not to duplicate.
14 So we're looking at an hour and a half to two hours
15 of testimony before I cross, but I'm going to take a
16 shot of around a half an hour.

17 CHAIRMAN DALY: I would also offer that the
18 Plan Commission has yet to really begin discussion
19 regarding this evening's testimony, as well.

20 So Ms. O'Keefe, I would imagine
21 based on this response that I think we've got
22 Mr. Dominik for the entire next meeting.

23 MS. O'KEEFE: Okay. That sounds good. We've
24 got a plan.

1 Can I also -- Mr. Chairman, can I
2 just do one administrative thing? Can I introduce
3 Mr. Dominik's PowerPoint and the information on the
4 supplemental ambulance companies into the record as
5 a supplemental exhibit -- bear with me a second.
6 There's too many files here. No. 47 is the
7 PowerPoint presentation, and Supplemental Exhibit 48
8 is the list of ambulance providers. I would like to
9 introduce those into the record.

10 CHAIRMAN DALY: That's fine. Thank you.

11 (Petitioner's Supplemental Exhibit
12 No. 47 admitted.)

13 (Petitioner's Supplemental Exhibit
14 No. 48 admitted.)

15 CHAIRMAN DALY: With that, I would ask for a
16 motion to adjourn this evening's meeting.

17 COMMISSIONER RAY: This is Commissioner Ray.
18 I motion to adjourn this meeting.

19 CHAIRMAN DALY: Oh, excuse me, and continue.
20 I'm sorry.

21 COMMISSIONER RAY: And continue to December 9th.

22 COMMISSIONER CARELLO: Commissioner Carello.
23 I second.

24 CHAIRMAN DALY: Will the secretary please

1 call the vote.

2 RECORDING SECRETARY MELONE: Commissioner
3 Carello.

4 COMMISSIONER CARELLO: For.

5 RECORDING SECRETARY MELONE: Commissioner
6 Drummond.

7 COMMISSIONER DRUMMOND: For.

8 RECORDING SECRETARY MELONE: Commissioner
9 Holmes.

10 COMMISSIONER HOLMES: For.

11 RECORDING SECRETARY MELONE: Commissioner
12 Ray.

13 COMMISSIONER RAY: For.

14 RECORDING SECRETARY MELONE: Commissioner
15 Russo.

16 COMMISSIONER RUSSO: For.

17 CHAIRMAN DALY: Thank you. This meeting is
18 now adjourned. We will reconvene next Wednesday,
19 December 9th, at 7:00 p.m.

20 Everyone have a good night. Thank
21 you.

22 (Proceedings continued to December 9,
23 2020, at 7:00 p.m.)

24 * * * * *

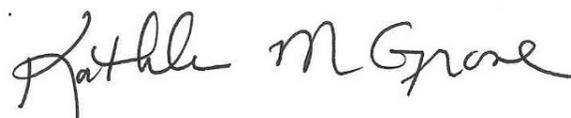
1 STATE OF ILLINOIS)
) SS.
2 COUNTY OF DU PAGE)

3 I, Kathleen M. Grove, CSR. No. 84-002197,
4 RPR, do hereby certify that I reported in shorthand
5 the proceedings had at the public hearing of the
6 above-entitled cause and that the foregoing Report
7 of Proceedings, Pages 1 through 148, inclusive, is a
8 true, correct, and complete transcript of my
9 shorthand notes taken at the time and place
10 aforesaid.

11 I further certify that I am not counsel for
12 nor in any way related to any of the parties to this
13 suit, nor am I in any way, directly or indirectly
14 interested in the outcome thereof.

15 This certification applies only to those
16 transcripts, original and copies, produced under my
17 direction and control; and I assume no
18 responsibility for the accuracy of any copies which
19 are not so produced.

20 IN WITNESS WHEREOF I have hereunto set my
21 hand this 7th day of December, 2020.

22
23 

24 Certified Shorthand Reporter

<u>1</u>	2.19 27:8	323 125:9	7:00 11:1 144:2 147:19, 23
	2.55 24:16 76:24	324 124:23 125:9	<u>8</u>
1 17:10 23:10 59:1 80:3 92:17	20 15:13 33:6 136:9 141:8,14	33 72:13 73:13	8 66:22 135:10,14,17
1,636 75:21	20-minute 32:22	333 124:23	8,665 75:8
1.05 27:3	200 99:2	36 71:24 132:24	81 70:6
1.93 24:16	2001 17:13	365 77:23	82 70:7 103:23 104:6,8
10 5:21 12:22 17:8 32:24 68:3,20 69:12,13 99:2 141:19	2014 24:18 47:21 62:18	37 72:14	83 104:10
10,00 18:8	2016 122:6 123:18	3rd 91:11	84 91:3
10,000 18:5	2018 24:18 47:21 48:20 62:18 140:17 142:11 143:2,8	<u>4</u>	860 5:6,13 9:17
100 132:24	2019 47:24 59:14 142:8, 9,12	4 83:2 85:4 92:18	87 133:2,9
10:00 143:19	2020 5:2 91:11 147:23	40 60:8 67:7 95:7 135:24 136:14 138:18 144:24	8:00 25:9
11 70:4 73:20 92:4,6,8 93:21	22 68:2 71:24	400 103:11,21 108:24 109:2 141:9,23 142:1,3, 4,8,21	<u>9</u>
110 78:16	23.74 26:18	42 70:19 75:11	9 66:17,22,23 147:22
111 125:24	24 35:12	45 30:10	90 96:9
114 65:5	24-hour 26:19	45-day 30:8	90-day 96:15
11th 9:22	24/7 27:22 77:23	47 146:6,12	911 43:16,17,19,20 44:5 45:14 46:24 100:4 110:7, 12,23
12 23:20 24:2,4,13 25:3 41:14 47:19,21 70:14 75:22 76:1,2	240 99:4	48 146:7,14	96 98:13
12th 24:2	25 75:20 135:23 136:13 137:22 139:4,8,18,23	<u>5</u>	9:16 113:2
130 25:22 29:9	29 12:21 16:10	55 73:17 75:7	9th 144:1 146:21 147:19
14 71:12 72:15	<u>3</u>	5:00 25:9	<u>A</u>
144 98:19	3 82:19 131:4	<u>6</u>	ability 34:5 61:10 84:15 86:9
15 90:19	3.1 93:17	60 25:21 60:18 95:7	able 5:24 6:5 30:7 41:4 51:18 52:3 57:14 59:24 68:22 69:15 70:18 74:7 95:9 128:8 130:24 133:7 140:9 142:11
15th 22:15 40:17	3.2 59:2	60s 23:24	about 8:16 12:17 15:10 16:1,4 20:2,14 21:3 24:23 26:17 27:17 29:3 30:3 32:2,13,21 37:3,19 38:16,18 39:8 41:13,14 50:20 55:24 56:24 58:11, 14 66:23,24 67:17 70:23 72:6,8 78:7 79:19 85:10 87:14 89:10 90:7,23
16 79:23 90:16,21 91:2	3.25 136:11	63 70:9	
170 117:11 125:16	3.5 59:2 92:17 93:17,21 94:2,9,11	68 25:20	
18 70:7 75:20 133:1 143:3,8	3.7 59:3 92:18	<u>7</u>	
19 64:7 70:6 73:20 133:1 143:10,13	30 64:7 92:2,8 144:22	71 105:18 106:19,21,23	
19th 9:20	300 117:19,21 119:19 124:15	72 107:14	
<u>2</u>	321 117:20,21 120:15 124:22 125:2,9	73 73:17 75:7 108:19,22	
2 5:2 23:10 59:2 120:15 136:9	322 120:15 124:23 125:9	75 102:23 103:22 108:20	

92:12 99:15,19 102:5 105:6 108:10 109:12 110:4,9 112:4 114:13 115:16 116:19 119:24 124:20 126:17 130:3,6 135:8 138:23,24 143:10 144:7 145:4,12	activity 19:14,22 21:13 23:11 24:10 25:1,18 114:10	advisory 18:16,22 42:7	17 139:2,18,23 141:3
above 25:15 136:4	actual 128:1,11 138:12	after 5:24 6:5 16:9 45:2, 18 47:3 49:6 59:6 60:19 96:19 97:4 100:22 116:22 117:1,24 118:13 129:14	ALS/BLS 35:14 36:8 69:14,15 71:16 128:8,19 130:24 131:18 133:3 134:9 135:3,6 138:23 140:7
abroad 17:23	actually 9:19 15:23 24:21 26:5 39:11 54:23 66:17 68:3 102:13,16 103:12 104:21 129:7 131:2 140:5 143:8	after-call 117:3	ambulance 27:16 28:19,21 29:2,6 30:13 31:1,2,4,9,11 32:7 35:1 36:17 38:8 76:8,24 77:7, 12,13 78:13,18 117:19 125:8 146:4,8
absorb 75:16 78:11	add 6:19 14:16 99:3	afterwards 6:17	ambulances 25:11 29:9 34:6,11,12,17,22
Academy 16:11	Addiction 58:17	again 12:2 68:2 104:6 135:15	American 58:16
accessory 5:12 9:16	Addison 96:8 132:11	against 7:1 17:19	Amita 70:6
accident 124:10	additional 14:16 63:1 76:14 78:18 88:1	agencies 101:20 106:9 109:19 114:24 116:12 120:21,22 126:12	amount 16:2 19:3 27:18 29:5 43:23 48:4 55:18 91:22 102:1
accompanied 12:3	address 14:5 32:18 51:22 52:8 54:5 83:12,14 84:4,19,21 85:9,14,17 87:5 137:6,7,19 138:13, 14	agency 21:11 108:6 109:7 110:13 129:18	analysis 12:11,18 13:17 14:22 15:16 19:10 20:2 63:21 65:15 82:13 87:8 89:6,7 90:10 96:4 98:23 99:9 105:8 109:11 128:16,18 129:19 140:4, 5
accreditation 13:3 16:3 17:12,16 19:18 21:12,18 27:11 54:24 56:10 62:20 106:13 112:11 119:8	addresses 74:3 112:9 140:23	ago 5:5 89:10 90:3	analytical 39:21 48:3 128:6 129:5,11,21 130:22
accreditations 42:15	adequate 30:18	agree 9:5 80:8 82:3 87:12 93:18,20 98:11,17, 21 100:17 102:17,21 110:11 111:9 118:10 124:8,13 136:18 138:3 140:10	analyze 41:22 133:8
accredited 21:11	adequately 31:18	agreed 88:8 122:11	analyzed 19:7 143:14
accuracy 110:4,9 119:14 122:7 123:19	adjourn 7:5 146:16,18	agreement 122:22	annual 21:9 26:16,18 62:17 65:21 77:4
accurate 22:24 23:4 25:16 39:7,23 40:10 41:23 46:2 48:6,17 57:17,24 61:24 63:18,24 64:19 65:16 73:6,7 74:6 76:5,16 87:21 89:7 92:11 95:9 98:23 99:10 101:15 111:2 115:1,22 119:10 120:24 129:22 135:1 137:10 142:20	adjoined 147:18	ahead 20:22 69:5 83:24 86:18 122:16,22	another 6:12 30:10 33:21 54:14 65:9 77:14 78:10 95:13 129:18 145:4
accurately 61:11 62:9 123:23 124:6	adjust 18:13	aid 23:23 77:13	answers 145:5
ACDC 77:11	administrative 146:2	Alarm 23:23	anticipate 74:20
acquired 114:13	admit 96:10,18 97:4	alarms 125:21	anymore 30:5,9
across 8:10 13:2 70:13 100:4 101:15 102:10 110:5 129:24 134:22 135:3	admitted 146:12,14	all-level 23:11	apologies 111:23
Act 22:14 40:17 118:15 119:5	adolescents 57:6 65:7, 11 93:6 99:18	allowed 8:22	apologize 95:1 111:22
active 13:4,5 16:15	adopted 5:21	allows 132:10	appearance 91:10
activities 22:17 40:19 126:22	adult 57:1,7,11 59:19 92:18	almost 33:20 77:1	appendices 80:5 131:9, 15 132:9,23
	adults 57:3	along 45:12	
	advanced 29:14 39:21 48:3 128:5 129:5 130:22	already 21:23 36:16 59:15 60:20 61:22 62:13 73:16 78:16 97:11,15	
	adverse 14:15 75:2 76:10	ALS 29:13,14,22 35:19, 23 36:1,2 38:7 69:19 70:6,7 71:19 74:19 75:20 78:12,22 129:7 130:12, 21 131:4,12 132:5,6,11 133:22 135:23 136:9,12,	
	advised 69:2		
	advising 7:10		
	advisor 18:15		

Appendix 91:2	134:17	background 15:11	believed 118:1
apples 82:1	assuming 121:21	bad 93:18	benchmark 19:20
applied 26:16	assurance 118:6 119:18,23 121:1,7	balances 23:3	benefited 40:8
applies 103:13 105:7	attached 91:4 117:14	Baldwin 86:3 89:10	Bensenville 25:22
apply 125:10	attempt 81:24 119:17 131:18	Baldwin's 89:16	big 78:10
applying 140:22	attend 137:15	base 97:14 100:13	bit 6:19 15:10 16:1,4 21:8 24:23 28:6,10,13 32:13 34:19 62:14 63:14 81:2 99:19 107:6 116:18 126:23 134:4
appreciative 14:18,20	attorney 7:10,19 12:3 52:6	based 25:24 33:24 44:14 45:4 46:12 54:8,9 71:11, 21 72:4 73:6 74:5 75:5 76:11,15 81:17 83:18 98:24 108:14 109:20 110:19 120:11 128:9,18 129:9 137:11 140:3 145:21	blending 115:15,18
approach 36:2 56:7 61:9,14 62:1 71:10,11 76:7 91:16 99:8 111:4 136:15	attorneys 8:23 79:11 91:22 144:4	basic 29:16,18	BLS 27:16 29:13,22 33:10 35:18 38:6 69:20 70:6,7,9 71:18 74:12,15 78:11 129:7 130:12,21 131:12 132:5,6,11 133:22 136:17
approaches 134:18	August 91:11	basically 61:13 66:6	board 7:23 8:1 18:16,22 42:7 110:5
appropriate 8:19 9:3 37:4 52:7,13,21 79:12 127:12	Aurora 70:7 103:2,7,11 104:20 141:24 142:15	basing 84:17	body 8:1 17:12
appropriately 51:18	automatic 34:16	basis 14:6 24:9 25:12 29:19 33:3 77:4	bottom 24:20 25:22 26:7 65:23 82:24 111:9 141:18,21
approval 5:10 9:14	automatically 77:16	Bates-stamped 82:19 90:21 135:17	Box 23:23
approved 8:8 88:12 113:20	available 8:14 12:14 31:11 34:22 35:4 40:21 48:1 140:17 142:11	battalion 120:21	boxes 92:24
area 18:10,19,24 19:19, 23 30:14 33:12,17,23 65:24	avenues 87:18	bear 146:5	break 19:9 67:17 71:14 112:23 113:2 131:17 133:17
areas 18:3 33:11 55:19 137:1	average 24:17 26:15,19, 24 27:2,3 32:23 47:20 57:15 61:18 65:21 67:1 69:23 70:19 71:5,11 72:11 75:9,11,21 78:16	beauty 100:7	breakdown 69:14 132:11,14 135:3,6 136:10 137:12
arise 12:15	averaged 41:13,14 47:21	bed 58:11 61:9,14,19 63:6,10,13,15,17,21 65:10,15 66:11 67:7 71:6,11 98:22,24 99:3,8, 9 136:21 137:5 138:1,5, 12,21	breaking 76:6
arose 39:15	averages 24:15 70:1,2 131:20 136:5 140:7,21	beds 58:2,8,9 60:7,9,11, 12 61:7 64:13 65:5 71:3, 7,10,21 72:4,12,21 94:1, 7 95:7,8 98:13,19 99:1,2, 4,16 135:24 136:1 137:12,13,16,22 138:19 139:4,9,10,18	breaks 76:8 114:4
ASAM 58:17 59:13 92:13 93:12,14,21 95:24	AVL 34:16	before 5:3 7:16 22:24 48:10,12 79:21 96:10 107:5 118:8 120:24 121:4 122:4 130:7 131:5 134:17 143:19 145:15	Bridget 12:2
aspect 95:16	aware 80:15 96:16 122:6 123:18	begin 5:17 28:15 145:18	briefly 34:9
assess 15:18	away 36:14	beginning 91:20	broke 60:10 73:4 92:20
assessing 18:2		behalf 142:15	broken 27:1 60:9 117:15
assessment 13:23	B		Brook 25:21
assessor 17:10,16	B-2 5:12 9:16		brought 30:2
assessors 62:22	back 16:24 20:18 39:17 40:5,6 47:3 55:1 56:7 59:9 66:18 68:1 69:3,9, 11 86:9 102:16 107:24 109:18,22 113:8 115:11, 14 116:11 120:8 134:3,7		building 18:3 54:12 126:1
assigned 16:12 25:6			burden 27:14,24 36:4
assistance 28:2			
assisted 33:15			
Association 121:14 122:1			
assume 80:15 100:17 110:5 117:9 130:23			

busier 51:17	86:10 110:24	87:17	change 15:21	
busiest 24:21	caller 43:19 45:8 110:7 111:10	Carello 10:9,10 11:4,5 146:22 147:3,4	Charles 7:7	
business 5:13 8:7 9:17 15:21 34:7 54:20	caller's 43:20 44:5	CARF 54:24	Charlotte 17:22	
busy 21:22 33:23	calling 6:23 110:7	carried 78:9	chart 25:2 54:23 65:21 66:17 68:3,20 69:12,13 70:4,14 73:13 90:13 91:1 93:11,24 106:3 109:14 133:9	
buzzing 130:19	calls 21:13 23:18 24:16 25:4,15,20 26:16,18,20, 24 27:2,3,8,16 28:20 29:16 33:3 35:23 36:1,2 39:13 40:7,24 41:6,7,8,9, 11,14,16 43:3,9 45:10,15 47:19,22 49:5 50:22,23 51:5 52:1 54:20 56:17 60:10,11,14,19,22 61:24 65:22 66:7 67:5,8,10 69:16,21 70:2,5,9,15,16, 17,19,20 71:8,18,19 72:13 73:17 74:12,16,19, 20 75:1,7,8,11,17,20,21, 22 76:15,24 77:3,8 78:11,12,16,22 79:1 81:9 82:14 83:6,13 84:21 85:18 97:24 98:10 101:5, 6,22 103:20 106:8 107:21 109:4,21,22,23 115:19,21 116:5,13 117:16 124:7 125:1 127:7 128:8,19 129:6 131:5,11 132:6 133:3 136:9,12,17 137:7 138:13,16,19 139:9,16 140:6 141:2,23 142:8,20	case 5:3 9:12 64:21 119:1	cases 6:1,6 57:14	charts 132:5
C	camera 6:17 133:13	catch 119:18	check 48:10	
CAD 43:12,22,24 44:2,5, 8,15,16,20,23,24 45:7 46:18,20,22 84:13 89:1, 4,22 99:22,24 100:3,5, 12,18,22 101:3,15,24 102:11,18,20 103:7,9,15, 17,22 104:3,4,7,11,17,24 107:10,12 108:24 109:6, 13,14,19 110:4,9 111:15 112:18 115:6,14,17 116:2,15 137:1	capabilities 29:7 30:13 32:14,22 35:5,22 58:6,8	categories 93:6 117:16	checked 22:18,19 105:4	
calculate 95:11	capability 31:18,22	categorization 45:15	checks 23:2 48:12 118:8	
calculating 111:15	capable 29:9 30:21 33:9 34:8 78:14,17	categorize 39:13	Chicago 13:6,22 16:12, 13,14,16,19 18:19 26:5 38:22 39:1,2,14,16,24 40:19 41:1,3,5,14 42:12, 18 43:3,10,15,16 44:17 45:9 46:1,9,13,19,21 47:10,17 48:6 49:18 50:2,8,17 51:23 83:5 84:13 85:8,11 87:14,18, 19,23 88:1,2,17,22,24 99:12,20 100:4,15 101:3, 23 102:4,9 105:7,9 108:10,12,13 109:24 110:6 116:9 126:20 127:1 131:3,6	
calculation 71:6	capacity 5:21 17:14 20:10,12,16 27:13 33:21 76:3 81:16 106:12	categorized 45:11	Chicago's 13:4 85:16	
calculations 74:18 81:17 89:14	captain 120:22	category 63:16 64:18 117:18 118:1 119:20 127:6	chief 12:20,23 15:13,14, 15,16,19 17:5,7 19:19 25:8 118:15 120:21	
CALEA 21:11,15 27:11 62:20 106:12 112:10	capture 126:3	caused 40:11	chiefs 13:2 32:1	
CALEA-GENERATED 112:10	care 42:9,23 49:21 52:2 55:3 58:18 72:22 105:19	causing 75:17	children 57:6	
call 7:4 10:7,24 11:2 20:6 21:13,21 26:1 27:18 28:22 34:1,22 35:17 36:6,13,15 39:22 43:12, 17,20 44:7 45:5,12,16 46:24 47:3,4,6 49:13 57:7 61:4,12 65:16 66:10 67:2 70:24 75:15 76:24 77:2,3 78:1,24 104:21 108:14 111:8 116:23 117:4,21,24 118:2,4,13 119:20,22 120:11,15 125:11,20 126:6,22 127:6 129:7 130:3,21,24 131:1 136:21 137:18 140:3 147:1	career 15:12 24:5 121:22 122:4	cell 45:13	choices 59:9	
call-taker 111:7	carefully 23:17 31:21 65:6 77:10 80:22 82:6	center 16:6 17:11 77:11, 12 83:4 85:7 100:22 111:6	choose 82:5 117:11	
called 15:2 21:3 34:16 35:14 53:22 55:12 77:11		centers 16:7	chose 16:11 56:8 82:13 88:20,21 92:5 99:12 107:3	
		centralized 49:22 50:4	Chuck 7:9 9:8 52:12	
		CEO 12:13	circumstances 8:11	
		certain 51:3,17 109:20	cite 99:4 126:18	
		certainly 8:5	cited 140:21	
		certifications 19:2	citizens 80:20	
		Chairman 5:1 7:8 8:19 9:6,8 10:6,23 11:17,19 12:1 13:10,13 31:7 36:19,21 37:8,23 38:1 48:22 49:14 50:9 53:18 55:9 67:16,23 68:1,4,10, 13 69:1,5 79:9,10,14 112:24 113:4 114:1 143:21 144:12 145:10,17 146:1,10,15,19,24 147:17	city 13:4 43:15 84:13 88:13 100:4,5 102:9	
		challenge 116:8		
		challenges 104:14,18		
		chance 48:18 67:18		

105:7 108:10 110:6 127:1	commander 121:3	comparison 14:6 62:8 82:1 83:13	contact 32:1
claiming 137:21	commanding 120:21	competent 30:22 78:14	contacted 26:9
clarification 74:22	comment 5:24 6:13 8:18	complete 45:4 47:5,6 100:23	contained 49:21 50:3 52:2 133:23
clarify 76:20 113:22 114:7	comments 11:23	completed 45:2 96:19 117:1 119:20	continuation 5:17
clarity 54:14	commission 5:3 6:14 7:10,17,22,24 8:13 9:3 145:18	completely 101:6	continue 55:10 67:18 122:17 127:22 143:20,24 146:19,21
Class 5:10 9:14	Commissioner 10:2,4, 8,10,11,13,14,16,17,19, 20,22 11:3,5,6,8,9,11,12, 13,14,16 50:11,22 51:10 52:23 54:3,16 55:7 72:17,18 73:11 146:17, 21,22 147:2,4,5,7,8,10, 11,13,14,16	compliant 119:5,12	continued 5:4 9:19,21 69:4 147:22
classification 130:4	Commissioners' 52:14	component 40:20 92:16	continuing 44:13 55:3
clause 30:8	common 58:4 121:10	comprehensive 8:16	contract 17:4
clean 22:24	commonly 78:5,9	computer 47:2	contracted 28:21 29:4 74:14
clear 48:17 49:2 110:3 112:16 119:11	communication 6:20	computer-aided 34:15 43:13 101:10	contributing 101:14
clearinghouse 22:18	communications 43:15 80:17	computerized 34:10	control 118:23
clearly 28:10 75:16 76:2, 13	communities 16:6 29:23 30:19 32:1 33:19, 21 44:19 45:23 46:24 132:14 135:5,6	concept 117:6	conversation 85:20 86:5 110:16
clerk 91:22	community 5:13 9:17 17:18 18:2 26:1 44:13,14 111:6	concern 29:3 30:17 40:23 53:7 54:17 77:6	conversations 32:20 33:24 35:21 38:10 91:21
client 49:9	companies 29:7 30:13 31:4,9,11 78:19 146:4	concerned 19:10 30:2 32:21 70:23	convey 6:21
clients 83:5	company 28:22 78:13	concerns 30:1,21 102:9 105:5 109:12 110:4	cooperative 77:10
close 33:16 60:4 65:9 87:15 134:8	comparable 19:23 24:20 39:3,14 55:17,20 56:18 57:9 62:13 64:10, 15 83:14 87:10,13 88:9 91:13,24 92:7 106:9,11 135:23 139:1 142:2	conclusion 98:3	copies 128:1
closely 38:5	comparables 75:5 90:13 93:11	conclusions 12:11 82:4 114:17	Cornell 65:8
closer 20:20 53:11	compare 24:10 44:16 45:22 62:10	conduct 87:8	correct 22:10,12 23:7 31:19 47:4 48:18 50:18 64:24 66:7 80:22 81:10, 19 82:9,15 83:10,17 87:10 88:12,13,14,18,23 90:8,13,14 91:7,8 93:12 94:9,10,15 96:15 98:16 99:5 100:1,14 101:19 102:19 103:8,10,18 104:7 105:8,23 106:4 108:8 110:10 112:2,3 113:18,21 116:24 117:8 120:1 121:4,7 124:24 125:6,10 126:8 127:9 128:3,17 129:2,12,21 134:20 136:1 137:16 139:11,12 140:4,13,14 142:2,3 143:12
closest 34:11 35:1 88:7	compared 19:22 21:14 46:21	confidential 43:1	correctly 81:6 82:12 88:20 99:21 106:19 116:21 119:17 133:21
co-counsel 12:4	comparing 56:21	confidentiality 43:6 46:17	costs 80:24
coaching 127:12,16		confirm 59:17,24 99:15	
code 46:19 102:14 117:20,21 125:24 129:17		confused 115:24	
coded 83:13 101:6		connection 17:24	
codes 44:7,9,11,14,17, 20 115:19 116:3 117:11 120:9,11 122:1,5,8 123:20 124:15,18 125:7, 13 128:19		conservative 36:1 79:3 105:3 136:15 139:13	
coding 100:8 115:2 119:22 124:14 134:23		considerable 13:8,24	
collaborative 91:15		considered 140:21	
collection 126:4		consistent 27:6 131:20 134:11,16	
Colorado 18:9		consolidation 16:6	
comfortable 89:8 109:13 116:4,7,12 142:7		consultant 12:21 13:5	

cough 133:17	Daly 5:1 8:19 9:8 10:6,23 11:18,19 13:13 36:19,21 37:8,23 48:22,23 49:14 50:9 51:11 53:18 55:9 67:16,23 68:4,13 69:5 79:9,10 112:24 113:4 143:21 145:10,17 146:10,15,19,24 147:17	date 22:16 52:11 140:13	22:2,3,10,13,22 23:22 24:4,6 25:14 26:4,10 30:20 34:14 40:15 42:13 48:9,18 76:1 80:13,14 115:7,8,9,11 118:19 119:9 120:1 121:2,6,12 128:3,12 129:23
coughing 114:3	DAN 53:21	dated 91:11	Dependent 110:15
counsel 7:7 11:22 66:3 80:17 86:17,18 91:13 94:21,24 122:13 127:10	data 13:18,22,24 21:2,6 22:9,16,17,22,24 23:4,7, 8,14,15,19 24:6 26:8 27:9 38:22 39:7,12,19,23 40:4,6,10,17,20 41:10, 12,13,19,24 42:3,17,19 43:13,22,24 44:2,5,7,8, 20,23,24 45:1,9,19,20 46:2,9,10,14,18,20,22,23 47:24 48:2,5,6,7,8,10,14, 15,17,20,24 50:1 52:1 57:17 61:12 62:13,16 63:24 65:6,16,23 69:15 70:18 72:1,9,11 73:7 74:6,11 76:17 82:4,7 83:15 84:2,19 85:6,8 86:23,24 87:18,19,21 88:2,21,23,24 89:1,4,8, 13,16,22 96:11 98:4,7,8 99:22,24 100:3,8,12 101:3,15,21 102:1,6,11, 16,18,20 103:9,12,15,17, 21,22 104:3,4,7,11,16, 17,24 105:13 106:10,11, 19,23 107:9,12 108:14, 24 109:3,4,6,13,14,20 110:1 111:1,15,17,18,19 112:12,15,17 114:6,11, 13,19,20,21,23 115:1,2, 3,6,7,10,12,13,14,19,20, 22 116:2,3,6,7,9,11,15, 20,24 118:7,8,16 119:7, 9,19 120:5,7,24 121:4 124:6 126:4 127:5 128:5, 6,7,15,24 129:3,4,23 130:13,20 131:6,10,19 132:9,12,15,16 133:5,7 134:4,7 135:2,4,5 136:6 137:23 139:7,20,22 140:9,12,14,17,22 141:1 142:4,6,10,12,17 143:7, 8,11	dates 140:16	depending 78:22
Counsel's 56:4		day 6:12 16:22 23:18 24:16 26:16,19 27:1,2,3, 8 35:12 51:4,17 75:15 76:24 120:21 121:5	depends 145:5
count 58:11 61:20 63:13,15,17 65:10 66:11 67:7 125:17		days 30:10 35:12 77:23 122:11	depth 55:24
counted 91:5		days' 96:9	deputy 15:13,16
counting 61:19		deal 124:9 125:3,8	derived 129:1
country 130:1 134:12, 16,22 135:3		deals 112:1 125:18	design 16:15
counts 63:6,10		December 5:2 144:1 146:21 147:19,22	designed 124:9 126:3
County 80:11		decide 78:1	desirable 30:4 31:4
couple 32:10 41:3 59:12 62:2 63:16 77:20 84:23 123:24		decides 26:1	detail 14:3 53:1
court 7:14 37:1,3 53:19 113:8		decision 8:2 99:20	determination 108:5
cover 80:4,24 124:12		decisions 77:24	determine 13:18 84:11 86:23 112:20 133:24 142:7,20
creates 9:2		decrease 28:20,22	determining 113:18
credentials 31:10		deduct 70:15	develop 16:15 111:6
credibility 69:21		deeper 40:12	developed 16:18
credible 87:21		Defense 17:24	developing 7:16
crimes 23:10		define 138:8	development 5:9 9:13 18:4
critical 29:15 33:4 119:9		definitive 134:2	DI 52:17 79:14,16,21 80:1 82:18,23 83:1 86:16 90:17,20 95:1,2 102:22 103:2,5 105:17,21 107:5, 8,14,16 108:21,23 113:7, 12,16 122:12,23 123:17 127:10,15,18,23 135:11, 17,20 141:7,15,20,22 143:16 145:4,8,11
criticism 123:10		degrees 19:2,4	dial 43:16 45:14
criticisms 110:9		delay 77:14	Dickson 12:4 53:9,15
cross 143:20 145:15		deliberate 9:2	dictates 110:13 111:10 117:4
cross-examination 8:22 79:15 123:9 127:20 143:24 144:10		deliver 16:20 20:10	difference 74:2 99:1
current 19:13 70:17		delivered 18:18	differentiate 85:13
<hr/> D <hr/>		delivering 18:23	differently 45:11 101:17
daily 25:12 29:10		demand 28:22	
Dale 20:1 21:9,10,20 27:10 44:19 62:17,19 106:10,13 111:19,21 112:1,6		denominator 58:4	
	data-driven 39:6 119:3	department 12:22 13:6 16:13,14 17:3,24 19:21 20:9 22:21 25:1,17 26:3, 10 41:16 42:9,21 48:9 51:9 58:19 75:7,14 103:2,7 116:22 117:7 118:5,12,24 120:2 122:2 126:15,21 129:16 134:23	
	database 22:20 48:16 49:11,22 50:4 109:8	departments 19:23	

121:12 134:22	81:16 111:14,16 112:5,8, 17 113:19 114:18 118:12 128:13	58:1,15 60:7,18 63:22 64:17,20 65:17 66:11 67:8 70:12,22 71:2,17 74:14 77:8,17 79:4 80:10 81:12 92:9 95:12 96:3 137:11 140:2	49:24 51:5 76:4 100:23 117:1 137:18
difficult 24:11 63:14 65:13	districts 80:10 81:1	Dupage's 13:18	employee 138:17
difficulty 68:9	divided 25:15	duplicate 145:13	EMS 12:10,11 15:8 17:12 18:16,18,23 19:14 23:6 24:16 25:4 26:2,17 28:20 29:3 40:20,23,24 41:5,16 42:5,6,8,11,16,17,18 43:18 46:13 47:13 49:5, 13 50:23 54:21 56:11 58:3 61:5 62:16 65:22 70:5,20 71:22 72:1,15 73:20 75:22 81:12 86:10, 23 91:18 97:14 109:4,22 117:16,19,21 119:20 124:10,11,16,21,24 125:1,5,11,18,22 126:7, 11,19,22 127:4,7,24 128:19 134:21 136:9,12
dig 40:11	division 20:3 23:20 24:2,4,13 25:3 58:19 76:2	<hr/> E <hr/>	end 14:12 32:7 35:24 41:23 70:24 71:14 77:15 80:4 89:20 115:17
Dinolfo 52:18 53:6 79:13,17 82:22 84:3 87:17 89:15 92:7 102:2 105:11 106:17 107:2 113:6,11,22 114:8 116:6 121:11 123:16 125:12 130:14 133:12 135:16 141:14 143:22 144:20 145:2	documents 96:5	e-mail 106:3	end-of-life 56:22
direct 22:2 53:7 54:1 125:23	Dominik 12:6,10,17,19 13:8,11,14,16,21,23 14:12,19 15:1,3,5 22:6 31:19 32:11 36:20,22 37:7,14 38:1 48:23 53:3 54:22 55:11 56:6 68:5,17 72:17,18 79:17 80:2,8 90:22 128:20 145:22	earlier 9:21 16:4 27:10 31:24 35:10 39:13 61:15 63:19 64:12 67:6 71:4 72:13 74:9,13 89:23 91:21 92:13 97:9 100:20 104:17 105:11 109:3 115:16 116:10 126:10 136:14 137:8	engaged 39:11
direction 49:12	Dominik's 144:10 146:3	early 90:4	engines 25:12
directly 17:6 52:14	door 49:8 137:20 138:2	easy 6:24	enough 118:17,21 143:15
director 15:20	dove 129:8	effort 14:19 111:1	ensure 124:6
directories 63:5	down 19:9 23:11 24:19 25:22 27:1 39:21 41:21 49:1 76:6,8 87:20 92:4, 20 103:3 117:15 129:16, 20 131:17 138:2 141:8, 20	electrical 125:5	enter 109:13 117:21 120:11
directory 58:21,22 59:21 60:2 62:6 63:7,11 96:1	drill 39:21	electronically 133:8	entered 99:24 100:3 116:22
discharge 55:2	drink 67:14	element 19:15 23:14 56:10 77:22	entertain 9:11 39:9
discipline 61:5	drinking 114:3	elements 58:23	entire 145:22
disclosed 122:21 123:7	drive 82:9	eliminate 57:5 64:7	entities 126:17 127:2 142:16
discuss 12:7 34:9 83:3	driven 83:12 84:3,19 85:10 116:20 140:12,14	eliminated 64:4 65:12 93:7	entries 108:11 141:19
discussed 99:11 114:21 116:9 127:3	drug 78:6	Elite 27:16 28:21 29:4,6, 9,12,13,20 30:3,8,17,19, 21 31:3 32:2,13,19,22 33:2,9,13,21 35:17,22 36:3,11,13,16 38:5 71:18 74:15 78:10,11,21 79:1 132:5	entry 105:18
discussion 6:16,20 53:5 145:18	Drummond 10:12,13 11:7,8 147:6,7	Elite's 31:12 34:24	Equally 12:24
dispatch 16:6,7 34:15, 24 35:1 43:13 77:11 100:22 101:10 110:19 111:6 117:4,5	due 8:3 33:22 101:23 115:21 116:12	Elk 27:7	equipment 14:17
dispatcher 45:8 110:18	dug 40:1	Ellenbecker 144:4,14, 19,24	error 54:17 117:7
dispatchers 101:5,24	duly 53:22	emergencies 54:9,11	errors 22:19 105:10
dispatches 43:17	dump 110:1	emergency 8:4 14:14 17:2 18:18 25:4,7 34:6 38:14 43:14 45:3 47:2	especially 9:10
distill 129:19	Dupage 5:6 12:3,9 14:7, 14 15:8 20:5 27:19,20 31:6 33:2 36:10 38:14 39:4 40:9 42:1 43:4 55:22 56:19 57:3,23		
distinction 101:20			
district 5:13 9:17 19:22 20:9 24:15 28:23 36:4 38:8,10 75:3,20,24 76:13 78:2 79:18,23 80:9,18,21			

evaluate 17:17,19 81:11 85:12	121:22	familiar 16:7,17 17:7 29:23 42:6,14 58:21 96:20,23 97:2 118:17,21 120:23 121:11,13 122:13,20 123:4,10	14,15 16:13,14,16,20 17:4,12 19:14,19,21,23 20:9 21:2 22:2,7,10,13, 14 23:6,21 24:15,16 25:3,11,12 26:2,17 28:22 30:20 32:1 34:14 36:4 38:7,10 40:15,16,18 41:6,8,9,10,11,12,14,15 43:18 47:7,14,16 51:9 56:11 61:5 62:16 65:22 70:19 71:22 72:1,14 73:19 75:3,19,22,24 76:13 78:1 79:18,22 80:9,10,16,18,21 81:1, 12,16 91:18 101:11 103:13,20 109:4,22 110:14,22 111:14,16 112:5,7,16 113:19 114:18 115:7,9,11 116:15,22 117:7,10,16 118:11,12,14,15,17,21 119:5,8 120:18 121:2,14, 19,24 122:2,4 123:3 124:9 125:14,19,20,24 126:1 127:2 128:2,12,19 129:15,23 134:23 137:1
evaluated 31:22 42:14 60:5 72:7 78:19	experienced 121:3	Family 70:8	fire-only 41:16
evaluating 56:11 119:8	experiences 134:8	fast 20:23	fire/ems 78:9 100:18
evaluation 108:17	expert 11:23 12:6 13:11, 14	faster 33:8	firefighter 12:20 15:11 120:14,15 129:15
evasive 103:19	expertise 13:8 91:17,18	federal 22:11	firefighters 120:9,10
evening 5:1,4 11:24 12:2 13:12,20 14:3	explain 12:17 14:12 20:3 21:8 23:20 25:5 49:19 56:7 93:4 130:9	feel 26:22 65:13 76:12 91:18 97:12 102:5 106:24 124:1 142:7	first-ever 16:19
evening's 145:19 146:16	explained 49:19	fell 84:7 138:2	fit 70:1
event 116:22 129:14,17	explaining 84:18	felt 25:16 41:18 56:11 61:7,23 72:8 76:5 105:9 108:18 109:13 115:22 116:3 140:22	five-minute 112:22 113:2
events 120:12	explored 87:17	field 13:9	five-year 24:17 25:3 41:15 47:20 75:21
eventually 16:13	explosion 125:20	fields 47:5	five-years 75:9
everybody's 73:15	extensive 12:19 32:3 41:20	figure 139:8 144:16	fixed 6:12
evidence 31:10	extensively 119:7	file 47:2 91:11 100:22 121:5	flawed 46:14 131:6
exact 92:23	extract 109:8	files 49:9 146:6	flow 52:23
exactly 86:4 134:5	extrication 125:4	fill 62:24 63:5 119:17 126:8 134:20	focus 134:17
EXAMINATION 54:1	<hr/> F <hr/>	filling 117:11	FOIA 22:1 62:24 63:5 89:1 102:15 107:20 111:19 114:11,20 115:6, 7,10 126:18,20 127:3 141:24
examined 53:23	facilitate 97:16	fills 117:23	FOIAS 102:13,14 114:22
example 40:13	facilities 14:6 60:1,11 61:6,8 64:13 67:2,4 69:16 72:20 81:24 91:5 93:22 96:18 97:3 102:10 139:17	final 8:2	
exceed 75:17	facility 5:12 9:16 14:10 27:21 33:15 34:4 49:6 51:2,18 59:22 61:18,19 63:9 70:5 71:5,10 72:11 88:12 96:14 97:11,20 99:5 113:20 142:1	finalized 101:1	
Excellence 17:11	fact 8:14 45:2,18 97:3 137:21	Finally 9:1	
exceptions 5:9 9:13	factor 97:16 101:14	find 21:10 23:9 29:21 30:10,20 32:2 58:7 63:14 67:10 87:9 92:6 105:2 111:3 120:17 132:23 136:7 138:4 141:5	
exclude 82:13	factual 37:3 74:6 87:21 89:7	finding 76:11	
excuse 36:19,21 37:9 45:1 48:22 146:19	fair 81:18 99:10,24 117:5 125:12 143:15	findings 7:23 13:19 14:13 100:24	
exhaustive 129:5	fairly 41:10 45:22 61:11 62:9 123:23 125:15	fine 79:14 86:19 103:4 108:22 113:12 134:14 135:12 146:10	
exhibit 31:8 79:23 93:24 122:13 124:19 141:6,8, 14 142:24 146:5,7,11,13	false 125:21	finish 144:9,18	
exhibits 106:14 131:7,8		fire 12:20,22 13:1,6 15:8,	
existing 27:13			
exists 99:23			
expect 80:21			
expected 75:8			
expended 14:19			
experience 12:20 39:1 83:4,19 84:10,12,16 85:7,16 87:1 90:7 115:10			

115:4 127:8,9 142:15 follow 111:1 follow-up 45:21 62:2 110:16 following 138:10 follows 5:16 15:2 53:23 55:13 footnote 83:2 85:3,4,10 Forest 33:14 78:15 forget 75:10 form 6:6 formal 12:14 formally 32:8 former 70:17 fortunate 23:23 forward 5:16 6:23 8:8 15:22,24 19:16 29:8 30:2 48:19 59:10 63:21 66:19 73:21 115:22 137:11 found 14:1 21:19 45:19 62:7 64:15 65:6,10 66:8 87:22 89:2 93:5 foundation 57:18 62:16 122:10 foundational 19:15 23:14 56:9 58:23 fourth 76:3 frame 119:2 Francis 18:16,17 42:8 58:3 front 49:8 77:15 84:8 93:24 124:18 135:19 138:2 full 57:16 61:20 87:19 95:4 135:21 function 122:2 fundamental 96:5 funds 80:19	Gateway 65:5 70:7 142:1,21 gather 90:5 gave 61:9,11 109:21 137:10 generally 60:13 generate 21:6 60:13 66:7,9 67:5,8 69:22 71:8 98:10 140:3,6 generated 57:6 60:22 70:17,19 75:11 76:15 106:12 112:13 138:13 142:21 generates 72:13 122:1 generating 123:7 generous 140:6 geographical 23:21 geographically 34:23 get all 133:7 Gilman 105:23 109:15 give 35:16 37:3,19 39:6 40:6,13 43:2 48:6 49:11 61:17 63:17 64:18,20 68:8,12 73:5 76:9 94:3 98:23 104:8 105:10 109:24 141:5 144:15 giving 39:16 65:14 glad 110:20 Glenview 17:5 global 55:5 goal 38:23 46:23 57:14 63:23 81:11 129:22 Golf 13:7 17:2 good 5:1 12:1 23:3 39:23 41:17,24 48:6 57:17 59:8,9 61:11 64:19 76:9 80:7 82:4 87:7,21 92:10 125:20 129:22 137:10 140:11 145:23 147:20 governed 18:22 government 8:7 108:6 governments 8:10	Governor's 8:4 grant 119:5 great 12:8 35:23 49:15 62:22 74:22 77:6 82:24 103:3 group 90:4 grouping 23:21 Grove 27:7 growing 18:3 grown 24:1 guess 50:13 51:6,20 54:16,19 95:13 96:7 134:1 141:4 143:5 guidance 121:23 guide 8:16	39:2,3,14,24 40:8,24 41:14 42:1 43:3,4,9 46:9, 12 47:16 49:4,10,18 50:2,8,17 51:8,10,12,16, 23 53:1 54:8,9 55:21 56:19 57:2,23 58:1,15 60:6,7,17 63:22 64:16,20 65:17 66:11 67:7 70:12, 22 71:2,17 72:22 74:14 77:8,16,21 79:4 81:8,12 83:4,19 84:10 85:7,11, 16,20,21,24 86:1 87:14, 18,19,22 88:22,24 90:5 91:20 92:9,16 93:1 95:5, 6,12,15,21 96:3,14 98:14,20 99:12,20 100:15 113:20 114:17 137:11 140:2 hazardous 125:20 HAZMAT 119:20 124:10 health 42:9,22 55:6 70:6 126:16,22 healthcare 5:11 9:15 hear 11:16 21:3 49:3 53:11 56:3 66:4 78:7 94:23 130:19 145:8,9 heard 48:24 81:6 84:13 86:7 88:20 99:14 104:1,3 123:21 hearing 7:17 8:5,6,8,16 9:3,12,19 32:7 66:14 67:24 122:21 hearings 8:13 held 5:22 helpful 63:8 Hervas 7:7,8,9 52:7,12, 13,17,22 53:10,13 122:16 123:2 127:21,22 143:16 high 136:16 139:14 higher 93:21 94:2,9,11 98:7 124:5 136:5 138:10 highest 27:7 Highland 18:21 hired 15:6 21:5 120:7 128:4 historic 83:4,22
<hr/> G <hr/>		<hr/> H <hr/>	
gaps 62:24 63:5		half 33:9 102:24 145:14, 16 Hall 5:20 hand 37:15 handle 34:6 35:23 75:4 76:13 132:6 handled 13:1 36:3 hands 33:5 handwritten 107:18 109:14 happen 18:14 30:3,15 123:8 happened 129:17 happening 119:3 126:5 happy 39:8 130:6,9 143:19 hard 28:9 50:14 51:6 124:5 133:12 harder 53:11 Haymarket 5:6 8:2 12:3, 9,13 13:16,18,22 14:7,9, 14 15:8 20:5,11 27:13, 19,20 28:19,20 29:2 30:5,9 31:5 33:2 35:10, 11,16 36:7,10 38:4,13,21	

historical 83:19 84:10, 12,16 85:7 87:1 90:7	idea 144:15	important 12:24 16:5 17:17 19:8 21:1 24:24 26:14,21,22 29:13 35:2, 11 36:9 55:17 56:12,17, 24 57:2,8 58:12 61:1,7, 23 63:20 71:16 72:9,24 77:21 97:22 105:14 107:17 119:4 124:1	22 110:5,16 111:7 121:23 126:21 128:9 130:24 131:3,21 137:2,3 141:24 144:7 146:3
history 50:24	ideal 46:22 47:8	in-state 134:18	initial 45:7 85:23 90:22
hold 52:9 68:23	ideally 100:21	inaccurate 44:3 89:3,24	initially 88:6
Holiday 70:14,15 74:10 75:10,23	identical 88:16	inaudible 18:6 32:4 44:10 46:7 56:2 66:2 74:17 94:22 123:1	Inn 70:15,16 74:10 75:10,23
Holmes 10:2,3,15,16 11:10,11 72:17,18 73:11 147:9,10	identified 25:13 39:15 43:11 45:10 58:9,16 60:9 63:2 73:1,3 75:4 93:16 97:8 101:2,6 136:11 137:8	incident 21:2,7 22:8 45:2 47:1 55:5 100:23 101:4 116:21 117:1 120:18 122:8 123:19 124:21 143:3,11	inner-facility 34:2
home 34:3 56:21 59:10 60:12,19,21,23 64:18,22 65:22 67:3 69:19,24 71:3,7,10,21 72:1,4,8,12 73:4,5 74:7,8 93:3,22 94:4,6 95:7,8,10,11,16 97:19,20 98:9,15 137:12, 13 138:15,19 139:21 142:21	identifies 44:14 118:2	include 99:12 116:14	inpatient 59:3 60:15 83:15 84:7 96:19 97:4,15 98:2
homes 56:22 59:4,5 60:13,16 64:11 66:1,7,9 69:22 72:6 91:19 92:21 94:13,14,15 95:4,18 97:8,10 98:5,6,7,8 137:9, 15 140:24	identify 15:20 19:13,16 20:16 21:1 26:10,12 28:1 29:7 34:11 35:13,15 36:11 37:11 38:6 40:2,24 43:9 55:20 56:12 57:15, 19 58:7 63:15 64:2 85:17 87:20 91:16,23 92:2 111:8 128:8 134:5 138:11	included 13:22 61:6 91:1	inquired 119:19
hop 69:2,3	identifying 61:14	includes 94:15	inquiry 123:2
hope 54:13 96:18 97:3, 24 118:22 119:2	IDPH 43:7	including 8:15 16:4	inside 16:13 49:21
hopeful 39:22 42:23 48:5 114:4	Illinois 16:11 22:13,14 23:24 24:3 29:11 40:16 42:2,8,21 58:18 59:22 118:18,22 124:4,5 126:13,15,21 132:15 135:2	inconvenience 37:24	instance 92:17 96:7 97:23 99:13 106:19 142:8
hoping 43:1	illness 133:17	incorporated 114:11	Institute 21:6 39:12,19 40:6 48:3,15 112:15 120:7 128:5,15 129:4 132:16 134:4 139:22
hospital 18:17 47:7 49:23 55:2	imagine 25:24 39:18 42:5 45:14 49:6 60:7 63:1 78:4 123:21 134:21 145:20	increase 75:12	integrity 105:13
hospitals 58:5 61:15	immediately 30:17	increasing 81:3	intended 46:10
hour 145:1,4,14,16	imminent 33:4	independent 12:6 13:17 15:7 19:10 44:9,11	intent 87:19 125:21
hours 35:12 145:14	imminently 29:18	independently 21:16, 23 62:21 71:14 72:7,8	interaction 36:15
House 96:8	impact 12:9 13:19 14:11,13,15 15:7,16,19 20:4 38:14,16 46:12 50:17 57:24 63:21 71:2, 15,21 72:4 73:14,18,21 75:2,6 76:11,18 79:3,5 81:8,12,18 83:6 89:11,18 97:16 108:5 111:16 112:7,17 113:19 114:10, 17	indicative 70:10 141:2	interested 8:21,24 79:11 127:7
houses 97:24	impacts 17:17 18:4	indistinguishable 38:19 66:13 67:12 86:13 94:20	interesting 143:1
housing 18:4,5,8	importance 12:8	individual 22:9 37:12 51:13 111:5	internal 46:19 87:2 119:24
Howard 18:20		individuals 25:6,10 28:1 45:4	international 13:3 21:5 39:11,19 40:5 48:2,15 112:14 120:6 128:4,15 129:4 132:15 134:3 139:22
Human 58:19		industry 123:11	internationally 17:14
<hr/> I <hr/>		information 8:15 21:23 22:4 23:9 40:7 42:24 43:2 46:11,16 52:24 65:14 85:22 86:11 90:5, 23 93:15 101:16 102:15 107:21 108:7,8 109:7,18,	interpretation 118:3 120:12
ice-related 125:4			interruption 69:7
			Interventions 65:8 99:14
			introduce 11:23 12:17 146:2,9

investigation 22:14 32:19 40:16 95:20 118:15	joys 68:15	leap 140:2	lists 59:21,22
involved 38:11	jump 91:2	learn 35:22 59:8 85:22	literally 108:11
IPSDI 128:24 130:11,20 131:11 132:10	jumped 20:22	learned 56:13 63:2 85:11,20	literature 140:21
irrelevant 96:21 99:7 106:20,24 131:23 132:3	<hr/> K <hr/>	learns 111:10	live 59:8
irrespective 139:23	Karen 86:4	leave 67:14 121:1,5 126:24	living 33:15
Irving 5:7,13 9:17	key 67:4 77:22 101:17	led 16:3	LLC 5:6
ISO 16:4	KHAN 28:4,14 102:24 135:15	leeway 117:24	load 21:21 27:18 54:10 70:24 76:24
issue 12:8 19:11 20:13 33:6	kind 55:16 58:4 73:15 124:10 129:13 133:14 143:17	left 45:18 64:6 111:5	loading 34:1
issues 19:6	Kissel 86:4	legal 7:13,17 9:4 128:21	loads 65:17 77:3
Itasca 12:8,10 13:19 14:11,14 16:8 19:15,21 20:8 21:20 24:3,14,15 25:19 26:18 27:2,6,14 28:20,22 29:21 31:3,15 32:14,17 33:7,13,16 35:20 36:4 38:7,10,14 42:1 44:17 58:1 60:4 74:20 75:2,14,19,24 76:12,21,22,23 77:10,12 78:1,17 79:18,22 80:9, 18,21 81:8,15 87:14 88:8,11,17 92:16,19 93:1 94:18 95:5,6,15,20,21 96:14 98:14,19 99:5 111:14,16,18 112:7,13, 19 113:19,20 114:10,13, 14,18 128:3,12	knowing 132:18	legally 8:23	local 8:9
Itasca's 15:8 20:5 21:21 81:12	knowledge 12:19 35:17 39:1 80:16 122:24	lessen 27:14,24	location 5:6
<hr/> J <hr/>	<hr/> L <hr/>	lessens 35:3	locations 31:22
James 12:6 15:1 55:11 86:3	lack 105:6 109:12 122:7 123:19	let alone 98:13	locator 34:16
January 17:23	lag 111:22	level 17:10 24:10 25:1, 18 26:1 48:9,11,13 51:23 55:21,23 57:10,20 59:1, 2,14,18,23,24 61:12 80:20 92:15,18 93:12 94:2 120:4	logical 98:3
JEMS 136:8	Lake 65:5	levels 19:14,22 21:13 29:12 56:14,19,23 57:22 58:14,15,18,23 62:10 64:2,16 72:22 73:1,3,8 92:12 95:24	Lombard 24:20
Jennifer 145:8	Lane 142:21	Leyden 70:8	long 30:18 53:4 144:15
Jim 15:5 37:7	language 37:4	license 55:23	longer 145:3
job 7:19 15:15 16:15 17:15 104:20	large 8:13 18:1 33:15 40:23 88:13 109:24	licensed 58:18 59:21,23 63:12 96:2	looked 18:12 22:18 23:17 24:23 31:21 38:24 41:2 43:12,22 44:9 55:20 57:13 60:21 61:22 64:7 65:6 71:24 73:16 77:9 81:15 82:6 83:13 89:13 95:19,23 96:11 98:5 99:23 139:8
John 91:2	largely 17:3 24:6 25:10 26:11 63:10 74:13 85:11 101:3 111:12	licensing 62:7	lost 125:4
	larger 5:22 14:7,9,11 61:13 65:4 66:10 105:1	licensure 96:6	lot 8:15 21:3 26:5 34:13 35:23 39:8 48:24 56:13 62:16 69:20 70:8 71:8 78:7 93:4 102:3 114:3 115:1 117:17 119:6 124:3 132:4 134:10
	largest 29:10 33:23 78:13	life 29:14,17,19 33:3	loud 28:15
	lastly 20:8	life-threatening 29:16, 18 33:4	lowest 25:21 27:6,7 75:15 76:1,3
	late 23:24	limited 125:15 141:1	LPNS 27:22
	law 22:10,11 91:21	lines 45:12	Lustig 12:13 49:19 50:7 51:22 52:4,8,13,16,18 53:5,19,21 54:4 59:13 84:14 86:3,8,22
	lay 122:10	list 49:1 91:4,12 96:18 117:13 146:8	
	lead 105:1	listed 19:4 93:23 143:11	
		listing 31:9	

M	
MABAS 20:3 23:20,22 24:2,4,12 25:3 76:2	measure 25:17
made 80:15 91:11 133:9 140:1	medical 18:18 27:19,20, 23 28:2 33:5 35:8,13 38:4 77:22 78:3,23 124:21
magnitude 49:12	Medicine 58:17
main 16:14 27:15 32:20 44:22 55:19 122:2	meet 8:4
maintain 81:5 124:5	meeting 5:4 9:20,22 10:1 11:1 52:20 69:2 144:1 145:22 146:16,18 147:17
major 23:10 38:18 40:22	meetings 5:16,22 9:10
majority 35:18 74:16 125:10	MELONE 10:8,11,14,17, 20 11:3,6,9,12,14,17 147:2,5,8,11,14
make 5:24 7:22 8:1 11:22 18:12 22:23 23:3 32:17 41:24 46:8 48:17 54:18 55:3 59:8 77:24 81:22,24 99:1 101:19 106:6 111:1 114:16 120:24 143:16	member 15:5 18:16 25:4,16,20 76:4
makes 65:13 121:4	members 28:7
making 28:16	memo 91:3,10 92:1 93:10
Management 43:15	mention 77:20
managing 15:5	mentioned 8:19 15:4 27:10 31:24 35:10 39:12 59:20 61:15 62:19 63:8 64:12 67:6 72:13 74:9,13 87:16 91:21 100:20 104:16 105:11 109:3 110:20 126:10 129:8 131:5 134:17
mandatory 124:4	Mercy 103:11,21 109:1,2 141:23 142:1,3,4,8,21
manifest 49:8	met 90:5
map 34:24	method 8:6
marathon 133:18	methodology 61:1
margin 54:17	microphone 20:20 53:11
Marshal 40:19	millions 108:11
Marshal's 41:6	mind 33:1
Mary 12:4 53:9	mine 40:23
mask 28:16	minimal 75:6
match 69:23	minimum 96:9
materials 31:8 32:7	minute 67:13 104:9
matter 7:11 36:5	minutes 32:24 33:6 67:17 143:19 144:22
maximum 5:21	
meaning 135:5	
means 119:12 145:1	
meant 133:18	
	misleading 97:7,12,13
	missing 66:20
	misspoke 9:20
	mistake 143:5
	mistaken 9:23
	misunderstanding 113:23
	mixed 5:11 9:15
	Mo 79:22 82:18 90:17 102:22 105:17 107:6,15 108:22 135:11 141:6,7, 21
	model 24:1,7,8
	module 42:16,19 46:14 47:13,14
	moment 12:16 68:12 69:4 86:18
	money 19:3 48:4
	monitoring 6:9
	month 22:15 40:17,18 77:2 118:16
	monthly 77:4
	months 16:20
	motion 9:11,24 146:16, 18
	move 8:7 15:22 20:19 53:8,10 70:3 134:13
	moved 10:3 22:19 46:15,18
	moving 5:16 6:23 63:21
	multiple 45:13 99:9 120:20
	municipal 29:1
	muted 145:7
	mutual 23:23 77:13
	N
	Naperville 96:8 107:10
	Narcan 78:4,6
	narrative 133:23
	narratives 130:23
	nation 101:15
	national 13:2 21:2,7 22:7,20 23:5,9,12 24:1 48:7,13,16 69:23 70:1 102:7 104:15,16,17 105:6 109:5,8,12 120:3 121:13,24 124:2 131:20, 24 134:24 140:7,20
	nationally 48:12 70:13 100:9
	nationwide 100:11 102:8 129:23 134:19
	nature 6:24 34:5 36:6,14 43:19 47:4,6 80:24 81:4 84:22 101:23 117:17
	necessarily 29:18
	needed 22:4 31:12,13 34:6,8 49:20,23 77:13 78:20
	negative 14:11
	negligible 14:15 83:6 140:3
	neighbors 21:14 44:18 75:5
	news 78:7
	NFIRS 21:3 22:8,12 23:2,6,12,15 26:8 41:18 42:12,16 45:1 46:10,14, 21,23 47:24 62:15 89:1 100:7,21 102:13,16 103:12,13,21 105:2 109:3,4 112:13,17 113:18 114:11,19 115:2, 12,18,19,20 116:3,16,19, 20,24 117:8,12,24 118:11 119:5,12 120:5 122:8 123:20 124:1,9,11 127:5 128:2,6,7,11 130:13 133:23 134:20 135:5 136:19,24 138:4 142:4,13 143:6
	NFPA 121:15 122:7 123:19
	nice 104:20
	night 9:21 147:20
	NOLFO 52:17 79:14,16, 21 80:1 82:18,23 83:1

86:16 90:17,20 95:1,2 102:22 103:2,5 105:17, 21 107:5,8,14,16 108:21, 23 113:7,12,16 122:12, 23 123:17 127:10,15,18, 23 135:11,17,20 141:7, 15,20,22 143:16 145:4,8, 11	54:2 56:2,5 66:5,21 67:13,20 68:1,5,8,14,16 69:1,6,8 73:22 79:7 91:10 94:21 112:22 113:10,14 122:9,15,16, 17 123:1 127:8,14,16 144:7,12,23 145:2,6,20, 23	opinion 44:6 45:7 103:18 105:15	77:10 78:10 81:8 85:23 90:4 91:11 106:12 112:10 119:15
non-issue 33:10	O'Keefe's 128:21	opinions 44:6 91:6 100:13 102:19 103:10,16 106:20	particular 86:1,5 123:5
non-nfirs 111:15,17 112:18	Oak 25:21	opportunity 8:17	parties 6:5 8:21
nonexistent 41:7	oath 89:11	options 144:17	parties' 79:11
normally 47:5	objection 79:12 122:9, 18 123:13	order 5:10 9:14 114:16 133:21	party 8:24
north 18:19,20	objective 13:17 15:7 19:10 73:23 74:4,5	orders 8:4	pass 7:6
Northeastern 16:10	objectors 7:20	organizations 121:18	past 140:17
notice 81:3	observation 129:16	original 57:14 63:1	patience 68:14 69:4,9 144:3
noticed 57:4 80:23	observed 99:22	originally 13:23 64:6 65:2 92:2	patient 35:18,19 42:9,22 43:1,5 46:17 49:21 52:2 54:23 55:1,3 138:21
noticing 130:14	occur 120:16	outcome 55:1,4	patient's 35:15
November 9:20,22	October 59:14	outlying 34:4	patient-to-staff 54:10
number 5:23 6:3,8 25:13 26:21,22 31:10 41:17,18 42:24 58:2,8 61:7,20 63:18 64:19 67:1 69:19, 20,21 75:15,17 76:9 80:3 97:23 99:15 105:1,2 108:1,13 109:20 115:21 116:5,13 118:18 137:10 142:8,20	OEEMC 13:4 43:14,17 89:2,22 101:24	outpatient 59:2 82:14 83:3,5,15,18 84:2,7 85:12 137:16	patients 35:19 38:7 54:11
numbers 26:5,9,12 39:16 40:6,9 47:16 50:15,17,19 58:9 61:21 63:20 65:19 67:3 69:20 70:1,22 71:15,23 73:23 74:4,5 79:5 80:5 95:11 102:14 107:2,3,17,19 108:9,16 109:8,14 116:16 117:17 129:20 134:9 136:13,16 138:9 139:13 140:8,12 143:2,3, 8	offer 59:18 93:12,13,21 94:2,9,11 145:17	overdose 78:6	pause 28:4
nursing 34:3 56:21,22	offered 32:22 64:16 95:5	outrule 123:12	PC19-014 5:4 9:12
<hr/> O <hr/>	offering 92:23	oversee 17:2	peer 17:10 118:23
O'KEEFE 11:22 12:1,2 13:15 15:3,4 20:17 22:5 31:7,16 32:5,9 36:22 42:20 46:5 52:5,15 53:16	office 40:18 41:6 43:14	oversees 13:7	people 5:20 24:8 26:5, 11 27:21 32:17 39:19 45:13 49:22,23 60:14,20 67:9 76:7 77:7 88:11,14 91:23 97:10,14,18 98:9 120:20 137:14,16 139:10
	officer 27:1,3,4 120:22 129:15	overstate 110:7	percent 60:8,18 67:7 70:6,7,9 74:17 95:7,8 131:4 135:24 136:9,12, 14 137:22 138:19 139:4, 8,18,23
	officers 25:8 75:18	owner 5:5	percentage 70:5 137:12
	official 49:11	<hr/> P <hr/>	percentages 132:1
	open 9:12,24 79:10	p.m. 147:19,23	Perfect 141:21
	opening 11:23	packet 31:8	perfectly 113:12
	operate 95:20,21,22	pad 128:21	performing 30:4
	operating 6:14 7:2 16:21 49:5	pages 131:10,13	period 24:17 26:20 41:15 84:22 96:15 110:1
	operation 49:7 57:12, 16,20 63:4,7 64:3 94:17	paid-on-call 24:5,9 80:13	permit 5:11 9:15
	operations 16:7,18 17:7 18:23	paid-per-shift 24:9	person 8:5 24:10 44:6 47:7 76:7 117:23 125:4 138:12 139:24
	operator 110:12	pandemic 8:3,13	
	operators 110:23	Park 5:7,13 9:17 18:21 18:23	
		part 15:15 17:15 18:1 21:11,17 23:10 26:14 27:11 38:12,15 49:11 54:24 59:15 62:19,20	

person's 50:3	Polaris 12:7 15:5	primary 29:2 63:6 81:11	property 125:21
personal 95:19	police 13:7 15:8,19 16:16,17,19 17:3,5,6,7 19:14,21,23 20:9 21:11 22:2 23:7,8,12 26:14,15, 16,18 27:4 34:14 61:5 62:17 65:22 70:19 71:22, 23 72:12,14 73:17,18 75:2,7,14,15 76:12 78:8 81:13 100:19 101:11 103:2,7,18,20,24 104:2, 5,7,16 106:8,9,10 109:6, 7,11,16,17,22,23 110:14 112:1,9 115:8,14	prior 9:22 36:23 122:11, 21	proposal 95:14
personality 133:14	policies 36:12	priority 110:17	propose 6:15 7:3 113:1, 5
personnel 14:16 16:21 21:17,21 27:23 35:13 43:18 77:21 78:8 88:1	population 56:16 57:1, 7,11	private 27:15 28:18,21 78:18	proposed 87:13 94:18 96:13 98:13,19 99:4
perspective 43:20 50:16 51:15 54:20,21	portion 68:11	probe 122:23 134:4	proposes 72:22
pertained 103:18	position 17:8 99:22	problem 38:1,18 40:22 44:1,22,23 62:5 68:11,13 101:2	proposing 88:8
petition 5:8 7:18 8:2,6 9:12	possibly 8:21 41:21 139:7	problems 39:6 40:3 44:3 102:3,8	protect 7:20
Petitioner 5:5,18 6:4 7:20 8:21 11:22	pre-2018 47:23	proceed 37:24 68:4 144:8,9	protected 43:6
petitioner's 146:11,13	prearranged 34:1	proceeding 5:19 7:13	protection 19:22 20:9 24:15 28:23 36:4 38:8,10 75:3,19,24 76:13 78:2 79:18,23 80:9,10,18 81:1,16 111:14,16 112:5, 7 113:19 114:18 118:12 121:14,24
phone 130:15,16	prediction 57:24 61:24	proceedings 6:10 7:16 147:22	protocol 38:4
phones 45:13	prefer 52:9,18 110:24	process 9:2,4 21:12,15, 18 22:12,23 27:11 35:14 62:20 106:12 111:3,5,7 112:11 119:8,16,18 121:2,10 140:19	protocols 35:9 38:6
phrase 92:14	preferred 8:6	processes 50:8	proven 98:4
pick 31:5 45:13 68:2,19 69:11 82:8	prepare 15:23	produced 109:15	provide 8:18 12:14 19:10 22:15 29:8 30:9,18 31:2,12,14 33:12 34:8 39:23 40:17 46:11,16 48:11 52:10 55:22 56:16, 18,20 57:3,9,10,22 58:16 59:23 61:2 63:2,13,24 72:21,23 73:7 74:15 81:16 88:15 92:10 93:17 96:2,3 97:9 99:17 108:8, 13 115:1 129:22 131:2
picked 140:15	prepared 91:10 120:14 129:15	professional 27:19	provided 22:9 27:16 47:6 55:21 56:15 57:5,16 60:1,11 89:1 90:11 92:8 93:1,5,9,16 95:24 98:5 112:14 117:22 125:14 128:6 129:9 131:19 133:6 134:21,23 135:23 138:7 139:2,21,22
piece 77:6	present 11:20 12:5,10 13:11,19 14:22	professionals 33:5 35:9 38:4 77:23 78:3,24	providers 146:8
pieces 19:24	presentation 6:1,5 100:21 146:7	program 16:19 59:7 74:3 97:12 118:6	providing 30:22 57:20 78:17
place 36:3 59:8 84:8 136:20	presentations 5:17	project 61:12 63:20 65:16 90:4 137:10	public 5:24 7:17,21 8:17,18 9:12 12:6,7 15:6, 20 16:11 17:11 20:5 21:5 28:8 34:19 39:12,19 40:5
places 139:9	presented 8:20	projected 14:13 70:23 71:2	
plan 5:3,10 6:13 7:10,17, 22,24 8:12 9:3,14 46:9 145:18,24	presenting 144:17	projection 64:20 73:6 92:11 95:9,12 97:14 98:24	
planned 5:9 9:13 13:23 18:22 39:2 65:2	Prevention 58:20	projections 35:24 40:8 41:24 58:10,12 79:3	
planning 18:12 129:24 140:19	previous 40:18 73:3	projects 13:1,3	
plans 144:8	previously 43:22 55:12	properly 18:13	
playing 130:15			
point 36:24 41:19 49:7 52:9,21,22 63:4 88:6 106:5 123:24 126:2 130:5 136:4 140:11 141:1 142:23 144:6			
pointed 52:1 89:23 116:15			
points 12:17 27:15 59:12			

42:9,22 48:2,15 61:4 67:1,24 81:9 82:14 83:6 107:10 110:13 112:14 114:24 120:6 126:15,22 128:4,15 129:4 132:15 134:3 139:22	81:23 85:10 90:3 110:17 131:22	recognize 13:13	region 85:18
pull 79:22 141:6,7	quick 32:23 50:12	recognized 8:23	regularly 18:2
purchased 40:20	quickly 34:11 62:14 65:19	recommend 35:20 36:20	reiterate 46:8
purely 70:16 102:20	quo 80:20 81:5	recommendation 7:23 33:1	related 41:16 82:14 124:16
purpose 106:15 109:15	quorum 11:20	recommending 8:1	relates 123:2
purposely 89:15 90:9	<hr/> R <hr/>	reconvene 113:2 147:18	reliable 39:7,24 41:11, 24 46:2 57:24 61:12 63:18 64:19 65:16 87:22 89:5 98:23 108:18
purposes 105:7 108:17 109:10 111:15 123:8 142:18	raise 37:14	record 7:16 9:2 32:5,8 43:19 47:9 49:20 55:6 59:15 113:15 130:11 146:4,9	relied 91:6 102:18
pursue 56:8	ran 40:15	recording 10:8,11,14, 17,20 11:1,3,6,9,12,14, 17 147:2,5,8,11,14	relies 22:9
put 41:12 47:7 69:20 106:3 108:21,22 119:22 130:24 136:20 138:5	range 61:22 140:15	records 49:4,10	rely 108:2,16 109:6 129:10
puts 129:16	rating 16:5	recovering 59:7 114:1	remaining 94:12
putting 77:1 109:11 125:8	ratio 61:4	recovery 58:20 59:4,5, 10 60:12,16,18,21 64:10, 12,13,18,22 65:22 66:1, 7,9 67:3 69:19,22 71:3,7, 21 72:1,6 73:5 74:7 78:6 91:19 92:21 93:3 94:13, 14 95:3,8,10,16,18 97:8, 10,19 98:6,8,9,15,18 136:1 137:5,9,12,15 138:1,5,7,15,19 140:24	remember 86:4
<hr/> Q <hr/>	Ray 10:4,5,18,19 11:12, 13 50:11,22 51:10 54:3, 16 55:7 146:17,21 147:12,13	recreating 58:20 59:4,5, 10 60:12,16,18,21 64:10, 12,13,18,22 65:22 66:1, 7,9 67:3 69:19,22 71:3,7, 21 72:1,6 73:5 74:7 78:6 91:19 92:21 93:3 94:13, 14 95:3,8,10,16,18 97:8, 10,19 98:6,8,9,15,18 136:1 137:5,9,12,15 138:1,5,7,15,19 140:24	remind 7:12
qualifications 38:24	reach 114:17	redact 43:2	Remote 6:8
qualified 31:11	reaching 105:14	redacted 42:23	remotely 5:19,22 6:14
quality 48:10,11 105:3 118:6,8,23 119:15,17,23 121:1,7 124:6	read 113:8,15	reduce 70:23 74:11	remoteness 6:24
question 20:7 46:11 48:23 49:15 50:12,13 51:11,14,20 52:5,8 53:2, 8 54:4,14 56:4 72:19 73:9 82:16 84:5,24 86:21 87:6 88:3 89:21 90:22 93:18,19 95:14 97:1,8, 12,22 101:9 108:15 110:21 112:21 113:10, 17,23 114:8,15 115:4 123:4,15 126:23 128:10 130:17 136:18 140:18 142:18 144:13	reading 83:17	reduced 74:2	removed 74:17
questioning 106:6 131:16 134:11 138:11	ready 68:7 79:7	reductions 73:24	repeat 54:4 63:23 82:21 94:21 130:17
questions 6:4,16 8:18 12:15 14:4 32:16 39:10, 15 52:14,19 62:2 79:8,19	real 57:18	redundant 72:5	repeated 54:6
	reality 21:10 70:11,12 75:1 79:6 136:16 138:10 139:14 141:2	referendum 80:19,23 81:4	report 15:23 20:1 21:9, 16 27:10 41:5,8,9 42:10 45:2,4 47:1 49:21 50:3 55:2 62:17 79:20 80:3 82:12,19 83:16 89:17 90:10,12 91:1,4 92:5 100:21 101:1 102:19,23 105:18 106:16 111:19 112:1,6,10 113:8 117:3, 8,12,24 120:18 122:19 123:5 126:18 129:8,14 130:2 132:4,8,18 133:23 135:9,10,14 143:9
	realize 25:8	referring 122:19	reported 42:8,10 134:24 136:8 143:9
	realized 36:23 43:21	refine 111:1	reporter 7:14 18:7 20:19 28:12 37:1,4,5,10,17 44:11 56:3 66:3,14 68:21 94:23 145:7
	reason 31:3 38:15	refined 108:12,13 109:20	Reporting 21:2,7 22:8
	reasons 14:2 46:1 64:8 89:23 116:9 120:6	regard 22:7	
	recall 117:14	regarding 86:5 145:19	
	receive 119:5	regardless 61:19 84:22 110:6	
	received 14:4 102:13 103:12 116:2 129:2 131:11 132:10		
	receiving 44:6 101:5		
	recently 80:18		
	recess 67:22 113:3		

reports 17:6 42:5,23 51:13 52:2 118:11 119:13 120:13 122:8,11 123:7,20 124:12 126:7, 11,19 127:4,24 128:2,11 129:2 136:19	responders 14:14 45:3 47:3 100:23 117:2	Russo 10:21,22 11:15, 16 147:15,16	separately 98:6
represent 72:9 79:18	responding 74:21 111:2	<hr/> S <hr/>	Serenity 96:8
representation 99:10 133:4	response 14:15 23:22 25:4 32:14,21,23 33:7 35:3 36:17 41:22 52:1 76:18,20 77:5 110:13 114:9 129:24 135:23 137:18 139:2 145:21	safe 30:24	series 110:17
represented 138:9	responses 41:17 125:19	safety 12:7 15:6 16:11 17:11 20:5 21:6 34:19 39:12,19 40:5 48:2,15 61:4 67:2 81:9 82:14 83:6 107:10 112:15 120:7 128:5,15 129:4 132:16 134:4 139:22	serve 31:14,18 32:14
represents 124:7	responsibility 120:19	saved 62:22	served 17:13 65:7,10
request 5:8	responsible 118:16	scene 45:3 126:4	service 17:18 19:13 27:16 29:4,12,14 30:14 31:2,5,13 33:16 55:21,24 56:14,16,23 57:10,20,22 58:14,15,24 59:14,18,23 60:1 62:10 64:3,13,16 73:1,8 74:15 78:17 80:16,20 85:18 110:23 117:10,22 118:18,22 120:18 121:19 123:3 124:21 125:15,20
requested 102:13,15 107:20 113:15 114:21 126:11	restart 113:5	script 110:24	serviced 31:23
requests 22:1,2 62:24 127:3	restate 97:1 123:15 136:22	scroll 82:24 103:3 107:6 141:20	services 12:10 13:8 15:9 17:3,4,12 18:19,23 20:6,10 28:19 29:8,15, 17,21,22 30:9,19,22 31:1,2,14 32:2 33:12,14 34:8 38:14 47:6 56:12,19 57:3,5,16 58:19 60:12 63:3 70:8 73:4 81:13,17 82:15 83:3,7 85:12 88:16 91:24 92:7,8,12,15,16, 23,24 93:5,9,13 95:4,24 96:2 97:9 99:17 125:14
require 134:19	resume 67:24	seamless 47:9	servicing 12:22
required 20:10 22:10, 14,22 28:24 40:16 81:17 96:9 118:14 119:13 124:2	retained 13:16	search 69:15 84:3 103:7 136:6	set 48:8,14 129:19
requires 137:18	retired 16:9	seats 53:16	sets 49:1
rescheduled 6:12	reversal 78:7	sec 94:3	setting 115:17
rescue 124:16 125:4,5	review 118:23 123:23	secondary 124:11	Severance 18:9
research 32:3 39:13 40:11 41:4,20 42:15 56:14 57:2 83:11 84:2 85:13 88:1 140:20	reviewed 44:8	seconds 32:10	share 12:11 86:11,24
reside 24:3	rights 7:20	secretary 7:4 10:6,8,11, 14,17,20 11:2,3,6,9,12, 14,17 146:24 147:2,5,8, 11,14	shared 78:15 87:9 88:19 90:1,2 105:5 136:23
resident 47:1	RNS 27:22	section 119:21 125:18 143:17	sheer 101:21
residential 5:11 9:15 59:3 64:22	road 5:7,14 9:18 41:21 87:20	sections 124:22	shift 25:4,6,10,15,20 26:11 76:4 121:1,3,5
residents 76:22	roads 41:21	secure 80:19	shifts 16:21
resources 13:24 56:11 76:14 110:19	robust 34:7	secured 28:19	shoes 31:12
respect 9:4	role 7:4 13:6 31:18	sees 36:7	shooter 13:5 16:15
respected 121:18	roll 10:24 11:2	segue 143:22	shooting 13:5
respective 119:24	room 6:24	select 118:1 120:9	Shore 18:19,20
respond 25:7,8,11 26:20 34:12 52:19 78:14 123:22	Roselle 27:7	selected 140:15	
responded 45:3 117:8	roughly 47:19 60:8,18 67:7 125:16	send 126:18 127:3	
	rules 5:22	sense 6:19	
	run 46:19 88:10,14 102:9 104:18	sensitive 29:3 140:13	
	running 39:6 44:1 88:11	sentence 135:21,22 138:24	
	runs 114:2		

shorter 33:8	91:13,16,23 92:2 93:5,7, 8,15 94:4,6 95:10,11 98:12,16,18 106:11	Solutions 12:7 15:6	122:1,5 124:24
shortly 24:12	114:12 128:7,9 131:19 135:4,23 137:15 138:6,7 139:1,20,21,23 142:12	someone's 59:6	standby 125:5
shot 145:16		sort 49:12	stands 29:14
show 23:18 25:1 37:12 66:6 131:15 132:9	sitting 101:18	sounds 87:7 145:23	start 30:12 46:24 79:13 100:21 115:17
showed 75:14 131:4	situation 33:10 81:2 98:10	source 21:22 42:3 65:23	started 15:12 23:24 39:16 40:2 79:21 92:3
showing 132:5	situations 56:22 124:10	sources 21:1 26:8 41:5 42:21 62:12 63:6 114:11	starting 34:19
shows 25:3 65:21 70:14 131:11	size 26:2 31:17,22 33:22 58:6,8 61:16 98:13 101:23,24 118:19	south 17:21	starts 132:24 141:9
sick 114:1	sizes 61:8	speak 6:15 14:2 28:6,9 37:11 53:13 90:3 127:21 143:13	state 8:9,10 13:2 22:10, 17 29:10 40:18 41:6 42:2,10 46:15,16 48:11 49:11 59:22 62:4,6 70:2, 13 78:13 96:5 118:9,12, 14 119:13 120:3 124:2,7 131:20,24 140:7,20
side 26:15,17 34:7,20 42:17 60:17 61:17 71:17 72:14 73:17,19,20 100:18	skilled 39:20	speaker 28:15	state/national 134:9
sign 6:1	skills 59:8	speakers 37:13	statement 86:5
sign-up 6:6	slide 16:24 19:5 20:12, 15,18,22 23:16 24:22 25:2 26:13,23 27:12 28:3 32:11 35:7 38:13,17 55:15 58:13 60:6,24 62:12 64:5,9 65:18 66:18,20,24 67:11 68:2 70:4,14 71:1,9,20 72:3, 16 74:24 77:19 135:8	speaking 6:18 28:12 37:6 38:19 53:9 66:13 67:12 86:13 94:20 111:20	states 17:21 48:11 62:8 132:1 134:19,22 136:7
significance 7:13		special 5:9 9:13	statewide 102:8 136:11
significant 44:2		specific 111:13 140:23	status 80:20 81:5
similar 15:17 23:7 88:15,16		specifically 81:14 112:4 114:13	statute 8:9
simple 72:19		spend 43:23 134:10	stay 60:3
simpler 88:4		spent 12:21 13:24 15:13 16:12 19:2 42:7 48:4 55:18 102:1 130:3 132:4	steam 114:2
simplify 19:9	slides 73:3 81:7 90:12	spoke 86:3 91:20	step 30:12 31:12 48:8 56:7
simply 73:9	slot 136:20	spot 43:9 92:22	step-by-step 8:16
simultaneous 111:20	slow 9:1	St 18:16,17 42:8 58:3	Steve 52:17 79:17 144:19,20 145:2
single 39:22 50:3	slowly 28:7,10	staff 6:4,8 25:4,16,20 28:8 34:5 35:17 36:7,10 51:16,18 54:10,11 76:4 78:24 85:24 86:2	stop 6:11 139:5 141:11
sir 28:5,14 48:24 69:6 86:15 96:24 103:24 121:16 131:13 132:20 136:22 141:16	small 17:4 40:9 61:10 75:12 80:13 107:2 108:9 115:21 116:5,13,14 118:19	staffed 27:22 35:12	stopped 47:11
sit 140:2	smaller 14:5 26:6 80:14	staffing 24:7,8 50:15,17, 21 51:2,5,15,16,22 54:8, 9 75:4 81:3	streaming 6:9,10,11
site 5:10 9:14 15:22 27:23 35:1 39:3 42:11 60:4 61:13 64:1 65:15 70:17,21 74:10 77:23 78:6 87:13 88:9 93:14 137:6,13 138:6 139:24	smallest 80:10	staging 33:11	street 45:12 84:8
sites 14:8 22:3 29:1 39:14 43:10 55:17,20 56:18 57:4,5,9,22 60:5 61:10 62:3,5,8,13 63:1,2, 16 64:6,7,10 65:2,4,11, 23 69:19 73:5,7 74:8 83:12,23 84:1 87:10	Smith 144:5,14 145:6,7, 9,12	stand 23:22	Street all 18:20
	sobriety 96:9	standard 99:23 100:3,8, 11 102:7 105:6 109:12	stretch 67:18
	society 58:17 59:9	standardized 111:4	strike 127:24
	solely 84:3	standards 23:5 46:21	strongly 65:14
	solemnly 37:17		structure 125:24
	solid 39:23 41:18,22 61:12 64:19 73:19 129:23		studied 14:8 65:5 69:17 99:8

studies 15:16 75:5 134:9	surrounding 29:23 33:19,20 44:18 75:16,18 128:2,12 132:1	term 17:1 84:9	times 14:16 25:9 32:15 34:17 51:17 76:19,20 84:23 86:10
study 15:7 24:17 40:23 41:15 45:24 46:3 47:24 57:21 58:6 60:21 61:6,11 62:3 66:9 72:21 76:11,16 83:3 84:22 85:23 89:19 114:10 122:7 123:18,22 135:22 136:3 139:1 142:10	suspect 44:21	test 34:4	title 103:6
studying 14:1	swear 36:23 37:1,17 52:15 53:17,19	testified 15:2 53:23 54:22 55:13 59:13 81:21 86:22 89:11 135:8	today 5:2 78:8 79:20
stuff 119:4	swearing 7:14	testify 13:21 84:14 86:8	told 87:24 110:12,15
submit 21:12 22:21 32:6 48:10 118:16 119:13	switch 53:16	testifying 52:19	Tomorrow 96:18 97:3, 24
submits 21:15	sworn 53:20,23	testimony 6:16 7:15 12:14 36:24 37:2,18,19 52:10 67:19 68:6 79:20 90:2 123:8 144:10 145:15,19	ton 62:23
submitted 21:16 23:1 31:7 48:12 118:9,11 122:10 143:6	system 18:17,18 21:2,7 22:8,13,16 23:2,7,12,23 34:10,15 42:6,8,11,16 45:7 46:10 58:4 62:15 100:8 104:15,16,17 112:13 115:18 118:9 124:2,9 135:1 136:11 142:5 143:6	theoretically 70:21	tonight 5:15 12:5,12 14:20 114:5
Substance 58:19	systems 100:5 115:17	thing 6:22 26:15 40:15 49:3 62:22 82:13 88:7 104:22 123:6 143:1 146:2	tools 51:1
subtract 75:22	T	things 16:2 18:11 19:3, 12,17 23:16 32:21 36:12 40:14 42:4 48:18 51:17 69:14 77:9,20 80:24 117:16 124:1 138:16 144:20,21	top 102:24 105:18 107:6
suburb 100:6	takes 48:16	thinks 129:17	tossed 119:21
suburban 42:13 101:20 102:6 106:9 109:19 115:11,16 116:6,7,12 137:1	talk 16:3 20:2,14 21:4 24:23 27:17 32:13 38:16, 18 39:8 55:24 56:24 58:11 66:23 85:21 86:18 99:19 116:18 124:19 130:6	third-generation 15:11	total 14:13 23:18 61:4,6 137:7
suburbs 46:20 115:10	talked 26:17 30:19 58:14 72:6,7 92:12 115:16	thought 24:24 42:22 89:11 93:2 111:22 114:12	touched 49:15 62:13
sufficient 31:17 75:3	talking 50:20 85:24 86:17 108:10 119:24 127:19 130:3 138:23,24	throughout 17:20 18:19 33:23	tough 111:22
suitable 89:5	tasked 81:7	Thursday 9:21	toward 141:20
summary 71:20 72:3 73:14 128:16,18 129:1,9, 10 133:2,5	tasks 81:15	tick 92:24	towards 18:21
supervisor's 120:19	team 144:8	ticking 144:20	town 23:19 25:23 77:14
supplemental 31:8,13 32:6 146:4,5,7,11,13	technical 68:9	tie 42:12	towns 24:13,20 27:5 75:16,18
supplements 27:13 53:2	telecommunicator 101:16,17 111:10	tied 46:20,23	track 34:10 51:12,19 54:19,24 55:4
supplied 109:7	telecommunicators 110:23	time 7:4 8:19 13:24 14:20 15:17 16:1 19:3 28:9 30:18 32:21,23 33:7 35:3 36:6,17 39:15 43:23 47:24 48:17 51:3,6 55:18 58:3 62:23 66:12 77:5 79:9,10 101:4 102:1 110:2,22 119:2,16 122:22 130:3 132:4 134:10 143:18	tracked 51:7 134:8
support 22:15 29:15,17, 19 33:3 131:21	telling 126:5	timely 143:22	tracking 50:4 104:18 109:5
supposed 48:9 108:7 114:24 118:5 120:2 122:20	tells 130:21		tracks 131:24
SUPR 58:20,22 59:20,21 60:2 62:6 63:7,11 96:1	tend 51:4		trained 13:1 27:19,22,23 33:5 35:8,13 36:8 38:3 78:4,8,23

transporting 34:3		validated 21:17,23 62:21 105:4	waiting 73:15
transports 34:2	<hr/> U <hr/>	varies 25:23	walked 138:2
treat 136:21 137:4	unable 8:4 43:7	various 14:2 19:3 25:9 33:11 64:8	walking 137:19
treatment 49:24 59:3 60:8,10,11,12,13,15,17, 20,22 64:10,14,18,22 67:2,4,9 69:24 70:5 71:10 72:4,8,12,21 73:4 74:8 78:5 91:19 92:21 93:3,22 94:1,4,6,7 95:7, 10,15 96:19 97:5,9,11, 15,20 98:2,5,7,13 135:24 136:21 137:4,9,13,16,22 138:1,5,7,15 139:4,9,10, 17,18,21 140:24	unavailable 77:13 126:9 142:10	vary 77:2,4	wanted 19:17,20 20:13 30:12 41:23 45:23 46:4 54:18 61:2,3 63:17 70:16 71:14 88:6 134:17
tremendous 16:2 19:2 27:18 29:5 43:23 48:4 55:18 91:22 102:1	understand 6:21 7:24 50:14 51:3,19 52:23 71:15 81:20 82:11,16 85:1 93:10 96:17 100:2, 17 106:6 107:17 115:5 116:1 129:13 131:16 142:13	vehicle 34:16	wanting 52:23
triage 28:1 35:9 38:4 77:24	understanding 28:9 50:7 51:7 54:19 96:13 106:18 114:7 117:9 120:13	vehicles 25:7 35:4,5	watching 28:8
triaging 35:14 36:8	understate 110:8	verification 44:23,24 45:18,21 104:23	water 67:14 112:21 114:3
trial 7:15	understood 97:21 99:21 100:10 101:13 116:21 133:20 139:15	verification/validation 22:23	ways 58:7,10 60:10 61:1 62:1 71:5 73:19
tried 60:3	unfair 97:22	verified 21:17,24 22:18 62:21 89:9 105:4	website 6:2,7 8:14,15
trucks 25:11	unit 18:4 61:19	verify 41:4 57:19 63:3,17 64:3 65:9 74:7 118:7 120:23	websites 26:10,12 63:9
true 61:24 94:18 108:8 111:2,3 119:1 121:4 137:5	United 17:21 136:7	versus 95:20 130:12 131:12 132:5,11	Wednesday 5:2 144:2 147:18
trust 84:12 101:21	units 18:5,8 111:11 117:5	video 6:9,11 28:8 68:11, 15	week 17:22 35:12 143:20 144:9,11,16
trusted 114:23	unreliable 14:1 44:4 45:19 89:3,24 102:4 105:12	View 33:14 78:15	weeks 5:5
trustee 13:7 17:1	unverifiable 89:2	Villa 65:5	welcome 55:8
truth 37:20,21	upfront 46:10	village 5:20 6:4,8 7:7,23 8:1 13:7 14:11 15:12,18 17:1,2,5 52:6	West 5:6,13 9:17
turn 6:17 14:21 51:22 68:17	urgent 29:16	Village's 6:2,6 8:14	whatnot 19:4 26:12 43:3 134:24
turning 130:18	usually 120:19,20 144:24	virtual 8:5,8	whatsoever 89:19
two-and-a-half 16:12	utilize 27:14 33:2 35:20 38:7 39:2 42:15 45:23 61:10 62:8 64:17 71:17 79:1 87:18 95:10 111:7 119:7 129:24	voice 6:23 7:1 114:2	whittled 92:4
type 104:21 116:21,22 129:6 143:3	utilized 48:15 61:20 63:4 71:19 96:5 109:4 111:18 127:5 137:6 138:6	volume 20:6 21:13 49:13 57:7 61:4 66:10 67:2 81:9 101:21 140:3	Wilmette 12:22 15:12 16:2,9
types 13:1 109:21 111:8 125:18 143:11	typically 60:22 132:2	voluntary 124:3	Windsor 18:9
typing 127:6 131:1	typicaly 60:22 132:2	volunteer 24:5,9 80:12	wishing 5:23 6:3
	<hr/> V <hr/>	vote 7:1,4 10:7 147:1	witness 13:11,14 15:2,3 18:9 20:19,21 28:13,15, 17 36:20 37:7,16,22 38:1,2,20 44:12 49:14 50:19 51:8,21 53:20,22 54:22 55:8,10,12,14 66:16 68:7,22,23 69:10 72:24 73:12 82:20 86:14 90:18 123:14 127:9,11 135:13,18 141:13
		votes 6:23	witnesses 7:14 8:20 11:24
	<hr/> W <hr/>	wait 6:11 33:6 96:15 107:5	wondered 97:5
	validate 118:6 120:23		

wonderful 21:10,20,22
62:18 136:10

Wood 20:1 21:9,10,20
27:10 44:19 62:17,19
106:10,13 111:19,21
112:1,6

Woodridge 65:8 99:14

word 104:1 115:6

work 6:10 15:19 16:10
25:9,10 29:5 30:7 56:10
124:5

worked 13:2,4 19:19
30:20 33:18 39:5 40:2
41:3 57:4 87:16,17

working 16:14 17:21
24:8 36:11 38:5 68:24
91:23

workload 76:6

works 15:20 16:8 129:14

world 17:16 19:18 42:5,
12 46:22 47:8 78:9 91:18

worse 28:16

wrap 38:3

writing 107:24

wrong 74:3 83:17
127:21

wrote 85:3

Y

year 41:15 47:19,22
59:14 75:11,23 77:23
78:16 89:10

years 12:21 15:13 16:10,
13 17:8 41:3 42:7 49:7
57:12,13,15 63:4,7,12
64:1,3 69:16 99:9 109:20
117:10 121:21

York 136:10

Z

zoning 7:18 8:2,6 15:21