



**Cook County
Department of Transportation
and Highways**

DUI MEMORIAL MARKER APPLICATION

1. APPLICANT INFORMATION

Applicant Name: _____ Relationship to victim: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Daytime Phone: () - E-Mail: _____

2. CRASH INFORMATION

Location of Crash: _____ Date of Crash: _____
 Investigating Law Enforcement Agency: _____
 Name of driver determined to be DUI: _____

Attach a copy of the crash report and/or other official documentation showing proof of DUI.

Note: Please see item (d) of the Application Conditions.

3. VICTIM INFORMATION (Only list the victims that are related to the applicant)

Clearly write name(s) of the victim(s) the way they are to appear on the commemorative Plaque(s) of the DUI Memorial Marker. Note: Please see item (e) of the Application Conditions.

Victim's Name: _____ Victim's Name: _____
 Victim's Name: _____ Victim's Name: _____

Please initial here if you wish to have only the Sign of the DUI Memorial Marker installed without a Plaque: _____

4. CERTIFICATION

I have read and understand the information given on the Application and Conditions and certify that the answers I have provided are correct to the best of my knowledge. I also certify that I have contacted the other immediate family members of the deceased victim and, to the best of my knowledge, no relative of the deceased victim will object to the placement of the DUI Memorial Marker. I understand that, if approved, I will be billed \$150.00 for the Sign and \$50.00 for each commemorative Plaque containing the name of a victim listed in Section 3 above **(PLEASE DO NOT SEND ANY MONEY UNTIL SPECIFICALLY REQUESTED)**.

Applicant's signature: _____ Date: _____

Mail application to: Superintendent of Transportation and Highways, Cook County Department of Transportation and Highways, George W. Dunne Cook County Office Building, 69 W. Washington St., 24th Floor, Chicago, Illinois 60602-3007 Attn.: Roadside Memorial Program; **or Email application to:** HWY.roadside.memorial@cookcountyil.gov.

DO NOT WRITE BELOW THIS LINE – FOR DEPARTMENT USE ONLY

Application Number: _____ Date Received: _____

Date Approved: _____ Date Denied: _____ By: _____

Location of Marker: _____

Remarks (If denied, state reason): _____

Date Billed: _____ Amount Paid: _____ Date Payment Received: _____

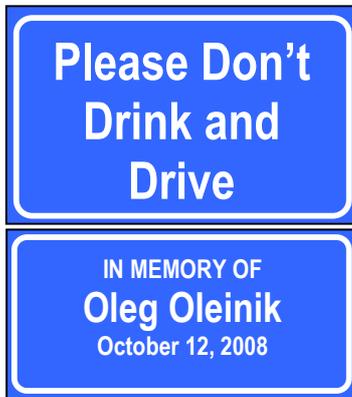
Date Sign Installed: _____ Date Sign Removed: _____

DUI MEMORIAL MARKER APPLICATION CONDITIONS

- a) This application is to be used only for fatal DUI crashes which occurred on highways under the jurisdiction and maintenance of the Cook County Department of Transportation and Highways (Department) for DUI crashes occurring on or after January 1, 1990. To confirm that the accident is within the jurisdiction and maintenance of the Department (highlighted in red), please follow the link [Cook County Highway System Map](#).
- b) The applicant must be an immediate relative of the victim(s) listed in Section 3 on this application; and be related to the deceased, by marriage, blood, or adoption such as his or her spouse, son, daughter, mother, father, sister or brother; a stepmother, stepfather, stepson, stepdaughter, stepbrother, or stepsister of the deceased; or a person with whom the deceased was in a civil union or domestic partnership as recognized by a State or local law or ordinance.
- c) The request will be denied or DUI Memorial Marker removed if any immediate relative as listed above of any decedent involved in the crash objects in writing to the placement of the DUI Memorial Marker including the Sign or commemorative Plaque being applied for with this application; or if an applicant provides false or misleading information.
- d) Documentation showing the proof that the driver was DUI at the time of the crash may include but is not limited to: police/crash reports, official eyewitness reports, newspaper articles, documents and/or letters from the state's Attorney's office, court system, or department of corrections.
- e) A DUI Memorial Marker, including the Sign and commemorative Plaque, will not be installed for a deceased driver involved in a fatal crash who is shown by toxicology reports to have been in violation of State DUI law unless the immediate relatives as listed above of any other victim(s) killed in the crash consent in writing to the erection of the DUI Memorial Marker being applied for with this application. If this is the case, please attach signed approval letters from the other immediate relatives providing their consent.
- f) A DUI Memorial Marker consists of a Sign and any commemorative Plaque(s). The DUI Memorial Marker is a 36 in. (w) x 24 in. (h) Sign with the words "Please Don't Drink and Drive". It may be supplemented by one or more 36 in. (w) x 18 in. (h) commemorative Plaques mounted underneath the Sign with the legend "IN MEMORY OF (Name)" and the date of the crash. A separate commemorative Plaque will be used for each victim unless an entire family is memorialized. The lettering on both the Sign and the Plaque(s) is in white on a blue background. If the applicant wishes to have a DUI Memorial Marker installed without a commemorative Plaque, this should be noted under Section 3 of the application.
- g) A one-time fee for each DUI Memorial Marker of \$150.00 for each Sign installed and \$50.00 for each commemorative Plaque installed will be charged to the applicant to offset the cost of this program. **The fees will be billed at the time the application is approved by the Department and are not to be submitted until specifically requested.** Once the fee is paid for the DUI Memorial Marker, and the Sign and commemorative Plaque(s) are installed, they will be maintained for at least a 2-year period without any additional cost to the applicant, at which time they will be removed by the Department, and the Plaque(s) given to the applicant(s).
- h) The Department reserves the right to install a DUI Memorial Marker at a location other than the location of the crash or to relocate it due to restricted right-of-way, property owner complaints, interference with essential traffic control devices, safety concerns, or other restrictions. In such cases, the Department will notify the Applicant of an alternate location.
- i) A DUI Memorial Marker may memorialize more than one victim who died as a result of the same DUI-related crash. If one or more additional, unrelated DUI deaths subsequently occur in close proximity to an existing DUI Memorial Marker, the Department reserves the right to use the same DUI Memorial Marker to memorialize the subsequent death or deaths, by adding the names of the additional persons on additional commemorative Plaques below the Sign.
- j) The applicant agrees not to place or encourage the placement of flowers, pictures, or other items at the crash site or modify the DUI Memorial Marker including the Sign and commemorative Plaque(s) in any way.
- k) Applications, including proper documentation, may be submitted to the Roadside Memorial Coordinator by email at HWY.roadside.memorial@cookcountyil.gov; or by mailing it to:

Mr. John Yonan, P.E.
Superintendent of Transportation and Highways
Cook County Department of Transportation and Highways
Attention: Roadside Memorial Program
George W. Dunne Cook County Office Building
69 W. Washington St., 24th Floor
Chicago, Illinois 60602-3007

DUI Memorial Marker Commemorative Plaque(s) Placement



SIGN

A top panel with white letters on a blue 36 in. (w) x 24 in. (h) background with five (5) inch letters.

PLAQUE (Optional)

A lower commemorative panel(s) with white letters on a blue 36 in. (w) x 18 in. (h) background with three (3) inch letters for "IN MEMORY OF" and the Date, and four (4) inch letters for the Name of the deceased.

Commemorative Plaque placements are shown below in gray for multiple fatalities:

