

## CHICAGO AVENUE – 24<sup>th</sup> to 28<sup>th</sup> Street

### Context

- 8,000 to 12,000 ADT (average daily traffic)
- Primary Transit Network
- Adjacent land uses include Abbott and Children's Hospitals plus medium density residential

### Proposed Layout -- Spacing of Signals

Intersection spacing = long blocks or 660 feet or 1/8 mile

- 24<sup>th</sup> St – signal
- **25<sup>th</sup> St – signal removed with 2-way stop** (current signal was installed and paid for by Children's hospital)
- 25 ½ mid block -- pedestrian flasher for Children's Hospital
- 26<sup>th</sup> St – signal
- **27<sup>th</sup> St – signal removed with 2-way stop** (T intersection with driveway, signal was most likely installed to service this front door/drop off to Abbott Hospital)
- 28<sup>th</sup> St -- signal

### Key Changes that influenced signal removal

- Low vehicular volume on the local residential cross-streets (25<sup>th</sup> and 27<sup>th</sup>)
- A pedestrian safety problem does not exist at these intersections and may not develop in the future.
- New Children's Hospital and the planned mid-block ped flasher
- Abbott Hospital new Heart Hospital and reorientation of their front door which reduced the drop off and pedestrian volumes at 27<sup>th</sup> Street

### Outstanding Question

Since there is not a vehicular need for additional traffic measures, what should be done to ensure continued pedestrian crossing safety at 25<sup>th</sup> and 27<sup>th</sup> Streets?

- Minimize the crossing distance ( = maximize the bump outs)
- Make traveling public aware of change in traffic control
- Make the traveling public aware that the existing pedestrian crosswalks are still important