IL DEPT OF TRANSPORTATION
DIVISION OF TRAFFIC SAFETY
ACCUMULATED TOTALS

City Summary

Selection Criteria: **1/1/2004 thru 12/31/2004**

	NUMBER OF CRASHES							INJURY SEVERITY			
Green Valley	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
WEATHER CONDITION											
Clear	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**2**
TYPE OF CRASH											
Parked motor vehicle	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**2**
CLASS OF CITY											
0 TO 2,500	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**2**
ROAD SURFACE CONDITION											
Unknown	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**2**
CLASS OF TRAFFICWAY											
County & Local Roads Rural	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**2**
DAY OF WEEK											
Thursday	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**2**
TIME OF DAY											
Midnight	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**2**
LIGHT CONDITION											
Unknown	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**2**
ROAD DEFECTS											
Unknown	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**2**
TRAFFIC CONTROL											
No Controls	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**2**
ROADWAY FEATURE											
Not Applicable	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**2**

City Summary

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	NUMBER OF CRASHES							INJURY SEVERITY			
Green Valley	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
VEHICLE DEFECTS											
Unknown	2	0	0	2	2	0	0	0	0	0	2
TOTALS	**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**2**
VEHICLE TYPE											
Passenger	2	0	0	2	2	0	0	0	0	0	2
TOTALS	**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**2**

City Summary

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		NUMBER OF CRASHES							INJURY SEVERITY			
Green Valley		TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
DRIVER CONDITION												
Normal		1	0	0	1	1	0	0	0	0	0	1
TOTALS		**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**1**
DRIVER AGE/GENDER												
30-34	Female	1	0	0	1	1	0	0	0	0	0	1
TOTALS		**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**1**
PASSENGER AGE/GENDER												
45-49	Male	1	0	0	1	1	0	0	0	0	0	1
TOTALS		**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**1**