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			
Gulfport	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
WEATHER CONDITION											
Clear	1	0	0	1	1	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**2**
TYPE OF CRASH											
Fixed object	1	0	0	1	1	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**2**
CLASS OF CITY											
0 TO 2,500	1	0	0	1	1	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**2**
ROAD SURFACE CONDITION											
Dry	1	0	0	1	1	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**2**
CLASS OF TRAFFICWAY											
County & Local Roads Rural	1	0	0	1	1	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**2**
DAY OF WEEK											
Saturday	1	0	0	1	1	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**2**
TIME OF DAY											
11 PM	1	0	0	1	1	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**2**
LIGHT CONDITION											
Darkness	1	0	0	1	1	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**2**
ROAD DEFECTS											
No Defects	1	0	0	1	1	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**2**
TRAFFIC CONTROL											
Other Warning Sign	1	0	0	1	1	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**2**
ROADWAY FEATURE											
Not Applicable	1	0	0	1	1	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**2**

City Summary

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	NUMBER OF CRASHES							INJURY SEVERITY			
Gulfport	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
VEHICLE DEFECTS											
No Defect	1	0	0	1	1	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**2**
VEHICLE TYPE											
Pickup	1	0	0	1	1	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**2**

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		NUMBER OF CRASHES							INJURY SEVERITY			
Gulfport		TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
DRIVER CONDITION												
Alcohol Impaired		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												
22-24	Male	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												
35-39	Male	1	0	0	1	1	0	0	0	0	0	1
TOTALS		**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**1**