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			
Leaf River	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
WEATHER CONDITION											
Clear	3	0	0	3	5	0	0	0	0	0	5
Rain	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**4**	**0**	**0**	**4**	**7**	**0**	**0**	**0**	**0**	**0**	**7**
TYPE OF CRASH											
Animal	1	0	0	1	1	0	0	0	0	0	1
Angle	3	0	0	3	6	0	0	0	0	0	6
TOTALS	**4**	**0**	**0**	**4**	**7**	**0**	**0**	**0**	**0**	**0**	**7**
CLASS OF CITY											
0 TO 2,500	4	0	0	4	7	0	0	0	0	0	7
TOTALS	**4**	**0**	**0**	**4**	**7**	**0**	**0**	**0**	**0**	**0**	**7**
ROAD SURFACE CONDITION											
Dry	3	0	0	3	5	0	0	0	0	0	5
Unknown	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**4**	**0**	**0**	**4**	**7**	**0**	**0**	**0**	**0**	**0**	**7**
CLASS OF TRAFFICWAY											
State Numbered Rural	2	0	0	2	3	0	0	0	0	0	3
County & Local Roads Rural	2	0	0	2	4	0	0	0	0	0	4
TOTALS	**4**	**0**	**0**	**4**	**7**	**0**	**0**	**0**	**0**	**0**	**7**
DAY OF WEEK											
Sunday	1	0	0	1	2	0	0	0	0	0	2
Wednesday	1	0	0	1	2	0	0	0	0	0	2
Thursday	1	0	0	1	2	0	0	0	0	0	2
Friday	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**4**	**0**	**0**	**4**	**7**	**0**	**0**	**0**	**0**	**0**	**7**
TIME OF DAY											
4 AM	1	0	0	1	1	0	0	0	0	0	1
10 AM	1	0	0	1	2	0	0	0	0	0	2
2 PM	1	0	0	1	2	0	0	0	0	0	2
4 PM	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**4**	**0**	**0**	**4**	**7**	**0**	**0**	**0**	**0**	**0**	**7**
LIGHT CONDITION											
Darkness	1	0	0	1	1	0	0	0	0	0	1
Dawn	1	0	0	1	2	0	0	0	0	0	2
Daylight	2	0	0	2	4	0	0	0	0	0	4
TOTALS	**4**	**0**	**0**	**4**	**7**	**0**	**0**	**0**	**0**	**0**	**7**

City Summary

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

	NUMBER OF CRASHES							INJURY SEVERITY			
Leaf River	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
ROAD DEFECTS											
No Defects	2	0	0	2	4	0	0	0	0	0	4
Unknown	2	0	0	2	3	0	0	0	0	0	3
TOTALS	**4**	**0**	**0**	**4**	**7**	**0**	**0**	**0**	**0**	**0**	**7**
TRAFFIC CONTROL											
No Controls	3	0	0	3	5	0	0	0	0	0	5
Stop Sign/Flasher	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**4**	**0**	**0**	**4**	**7**	**0**	**0**	**0**	**0**	**0**	**7**
ROADWAY FEATURE											
Not Applicable	4	0	0	4	7	0	0	0	0	0	7
TOTALS	**4**	**0**	**0**	**4**	**7**	**0**	**0**	**0**	**0**	**0**	**7**

City Summary

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

	NUMBER OF CRASHES							INJURY SEVERITY			
Leaf River	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
VEHICLE DEFECTS											
No Defect	6	0	0	6	6	0	0	0	0	0	6
Unknown	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**7**	**0**	**0**	**7**	**7**	**0**	**0**	**0**	**0**	**0**	**7**
VEHICLE TYPE											
Passenger	5	0	0	5	5	0	0	0	0	0	5
Pickup	2	0	0	2	2	0	0	0	0	0	2
TOTALS	**7**	**0**	**0**	**7**	**7**	**0**	**0**	**0**	**0**	**0**	**7**

City Summary

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

		NUMBER OF CRASHES							INJURY SEVERITY			
Leaf River		TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
DRIVER CONDITION												
Normal		7	0	0	7	7	0	0	0	0	0	7
TOTALS		**7**	**0**	**0**	**7**	**7**	**0**	**0**	**0**	**0**	**0**	**7**
DRIVER AGE/GENDER												
22-24	Female	1	0	0	1	1	0	0	0	0	0	1
35-39	Male	1	0	0	1	1	0	0	0	0	0	1
40-44	Female	1	0	0	1	1	0	0	0	0	0	1
50-54	Male	1	0	0	1	1	0	0	0	0	0	1
55-59	Male	1	0	0	1	1	0	0	0	0	0	1
75-79	Male	1	0	0	1	1	0	0	0	0	0	1
85-89	Female	1	0	0	1	1	0	0	0	0	0	1
TOTALS		**7**	**0**	**0**	**7**	**7**	**0**	**0**	**0**	**0**	**0**	**7**