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			
Longview	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
WEATHER CONDITION											
Clear	2	0	0	2	4	0	0	0	0	0	5
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**5**
TYPE OF CRASH											
Parked motor vehicle	1	0	0	1	2	0	0	0	0	0	1
Head on	1	0	0	1	2	0	0	0	0	0	4
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**5**
CLASS OF CITY											
0 TO 2,500	2	0	0	2	4	0	0	0	0	0	5
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**5**
ROAD SURFACE CONDITION											
Dry	2	0	0	2	4	0	0	0	0	0	5
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**5**
CLASS OF TRAFFICWAY											
County & Local Roads Rural	2	0	0	2	4	0	0	0	0	0	5
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**5**
DAY OF WEEK											
Saturday	2	0	0	2	4	0	0	0	0	0	5
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**5**
TIME OF DAY											
1 AM	1	0	0	1	2	0	0	0	0	0	4
6 PM	1	0	0	1	2	0	0	0	0	0	1
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**5**
LIGHT CONDITION											
Darkness	2	0	0	2	4	0	0	0	0	0	5
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**5**
ROAD DEFECTS											
No Defects	1	0	0	1	2	0	0	0	0	0	1
Unknown	1	0	0	1	2	0	0	0	0	0	4
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**5**
TRAFFIC CONTROL											
No Controls	1	0	0	1	2	0	0	0	0	0	1
Unknown	1	0	0	1	2	0	0	0	0	0	4
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**5**

City Summary

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

	NUMBER OF CRASHES							INJURY SEVERITY			
Longview	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
ROADWAY FEATURE											
Not Applicable	2	0	0	2	4	0	0	0	0	0	5
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**5**

City Summary

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

	NUMBER OF CRASHES							INJURY SEVERITY			
Longview	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
VEHICLE DEFECTS											
No Defect	2	0	0	2	2	0	0	0	0	0	1
Unknown	2	0	0	2	2	0	0	0	0	0	4
TOTALS	**4**	**0**	**0**	**4**	**4**	**0**	**0**	**0**	**0**	**0**	**5**
VEHICLE TYPE											
Passenger	4	0	0	4	4	0	0	0	0	0	5
TOTALS	**4**	**0**	**0**	**4**	**4**	**0**	**0**	**0**	**0**	**0**	**5**

City Summary

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

		NUMBER OF CRASHES							INJURY SEVERITY			
Longview		TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
DRIVER CONDITION												
Illness		1	0	0	1	1	0	0	0	0	0	1
Normal		2	0	0	2	2	0	0	0	0	0	2
TOTALS		**3**	**0**	**0**	**3**	**3**	**0**	**0**	**0**	**0**	**0**	**3**
DRIVER AGE/GENDER												
22-24	Male	1	0	0	1	1	0	0	0	0	0	1
25-29	Male	1	0	0	1	1	0	0	0	0	0	1
75-79	Female	1	0	0	1	1	0	0	0	0	0	1
TOTALS		**3**	**0**	**0**	**3**	**3**	**0**	**0**	**0**	**0**	**0**	**3**
PASSENGER AGE/GENDER												
25-29	Female	1	0	0	1	1	0	0	0	0	0	1
	Male	1	0	0	1	1	0	0	0	0	0	1
TOTALS		**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**2**