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			
Ohio	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	2
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**2**
TYPE OF CRASH											
Parked motor vehicle	2	0	0	2	4	0	0	0	0	0	2
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**2**
CLASS OF CITY											
0 TO 2,500	2	0	0	2	4	0	0	0	0	0	2
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**2**
ROAD SURFACE CONDITION											
Dry	1	0	0	1	2	0	0	0	0	0	1
Snow or Slush	1	0	0	1	2	0	0	0	0	0	1
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**2**
CLASS OF TRAFFICWAY											
County & Local Roads Rural	2	0	0	2	4	0	0	0	0	0	2
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**2**
DAY OF WEEK											
Monday	1	0	0	1	2	0	0	0	0	0	1
Friday	1	0	0	1	2	0	0	0	0	0	1
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**2**
TIME OF DAY											
3 PM	1	0	0	1	2	0	0	0	0	0	1
9 PM	1	0	0	1	2	0	0	0	0	0	1
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**2**
LIGHT CONDITION											
Darkness, Lighted Road	1	0	0	1	2	0	0	0	0	0	1
Daylight	1	0	0	1	2	0	0	0	0	0	1
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**2**
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	1
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**2**
TRAFFIC CONTROL											
No Controls	2	0	0	2	4	0	0	0	0	0	2
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**2**

City Summary

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

	NUMBER OF CRASHES							INJURY SEVERITY			
Ohio	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	2
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**2**

City Summary

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

	NUMBER OF CRASHES							INJURY SEVERITY			
Ohio	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	1
Unknown	3	0	0	3	3	0	0	0	0	0	1
TOTALS	**4**	**0**	**0**	**4**	**4**	**0**	**0**	**0**	**0**	**0**	**2**
VEHICLE TYPE											
Passenger	1	0	0	1	1	0	0	0	0	0	0
Pickup	1	0	0	1	1	0	0	0	0	0	1
Van/Mini-Van	1	0	0	1	1	0	0	0	0	0	0
Unknown	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**4**	**0**	**0**	**4**	**4**	**0**	**0**	**0**	**0**	**0**	**2**

City Summary

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

		NUMBER OF CRASHES							INJURY SEVERITY			
Ohio		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
Other/Unknown		1	0	0	1	1	0	0	0	0	0	1
TOTALS		**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**2**
DRIVER AGE/GENDER												
17	Female	1	0	0	1	1	0	0	0	0	0	1
Unknown	Not Stated	1	0	0	1	1	0	0	0	0	0	1
TOTALS		**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**2**