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			
Rock City	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	1
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**1**
TYPE OF CRASH											
Fixed object	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**1**
CLASS OF CITY											
0 TO 2,500	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**1**
ROAD SURFACE CONDITION											
Dry	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**1**
CLASS OF TRAFFICWAY											
State Numbered Rural	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**1**
DAY OF WEEK											
Saturday	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**1**
TIME OF DAY											
9 PM	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**1**
LIGHT CONDITION											
Darkness	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**1**
ROAD DEFECTS											
Unknown	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**1**
TRAFFIC CONTROL											
No Controls	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**1**
ROADWAY FEATURE											
Not Applicable	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**1**

City Summary

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	NUMBER OF CRASHES							INJURY SEVERITY			
Rock City	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
VEHICLE DEFECTS											
Unknown	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**1**
VEHICLE TYPE											
Passenger	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**1**

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		NUMBER OF CRASHES							INJURY SEVERITY			
Rock City		TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
DRIVER CONDITION												
Asleep/Fainted		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												
20	Male	1	0	0	1	1	0	0	0	0	0	1
TOTALS		**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**1**