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			
Time	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	4
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**4**
TYPE OF CRASH											
Animal	1	0	0	1	1	0	0	0	0	0	4
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**4**
CLASS OF CITY											
0 TO 2,500	1	0	0	1	1	0	0	0	0	0	4
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**4**
ROAD SURFACE CONDITION											
Dry	1	0	0	1	1	0	0	0	0	0	4
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**4**
CLASS OF TRAFFICWAY											
County & Local Roads Rural	1	0	0	1	1	0	0	0	0	0	4
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**4**
DAY OF WEEK											
Friday	1	0	0	1	1	0	0	0	0	0	4
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**4**
TIME OF DAY											
6 PM	1	0	0	1	1	0	0	0	0	0	4
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**4**
LIGHT CONDITION											
Dusk	1	0	0	1	1	0	0	0	0	0	4
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**4**
ROAD DEFECTS											
Unknown	1	0	0	1	1	0	0	0	0	0	4
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**4**
TRAFFIC CONTROL											
No Controls	1	0	0	1	1	0	0	0	0	0	4
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**4**
ROADWAY FEATURE											
Not Applicable	1	0	0	1	1	0	0	0	0	0	4
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**4**

City Summary

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	NUMBER OF CRASHES							INJURY SEVERITY			
Time	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	4
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**4**
VEHICLE TYPE											
Pickup	1	0	0	1	1	0	0	0	0	0	4
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**4**

City Summary

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		NUMBER OF CRASHES							INJURY SEVERITY			
Time		TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
DRIVER CONDITION												
Other/Unknown		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												
30-34	Female	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												
2	Male	1	0	0	1	1	0	0	0	0	0	1
5	Male	1	0	0	1	1	0	0	0	0	0	1
10-14	Female	1	0	0	1	1	0	0	0	0	0	1
TOTALS		**3**	**0**	**0**	**3**	**3**	**0**	**0**	**0**	**0**	**0**	**3**