IL DEPT OF TRANSPORTATION
DIVISION OF TRAFFIC SAFETY
ACCUMULATED TOTALS

City Summary

Selection Criteria: **1/1/2005 thru 12/31/2005**

	NUMBER OF CRASHES							INJURY SEVERITY			
Apple River	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
WEATHER CONDITION											
Clear	3	0	0	3	4	0	0	0	0	0	5
TOTALS	**3**	**0**	**0**	**3**	**4**	**0**	**0**	**0**	**0**	**0**	**5**
TYPE OF CRASH											
Fixed object	2	0	0	2	2	0	0	0	0	0	3
Rear end	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**3**	**0**	**0**	**3**	**4**	**0**	**0**	**0**	**0**	**0**	**5**
CLASS OF CITY											
0 TO 2,500	3	0	0	3	4	0	0	0	0	0	5
TOTALS	**3**	**0**	**0**	**3**	**4**	**0**	**0**	**0**	**0**	**0**	**5**
ROAD SURFACE CONDITION											
Dry	1	0	0	1	2	0	0	0	0	0	2
Wet	2	0	0	2	2	0	0	0	0	0	3
TOTALS	**3**	**0**	**0**	**3**	**4**	**0**	**0**	**0**	**0**	**0**	**5**
CLASS OF TRAFFICWAY											
County & Local Roads Rural	3	0	0	3	4	0	0	0	0	0	5
TOTALS	**3**	**0**	**0**	**3**	**4**	**0**	**0**	**0**	**0**	**0**	**5**
DAY OF WEEK											
Sunday	2	0	0	2	2	0	0	0	0	0	3
Wednesday	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**3**	**0**	**0**	**3**	**4**	**0**	**0**	**0**	**0**	**0**	**5**
TIME OF DAY											
3 PM	1	0	0	1	2	0	0	0	0	0	2
6 PM	2	0	0	2	2	0	0	0	0	0	3
TOTALS	**3**	**0**	**0**	**3**	**4**	**0**	**0**	**0**	**0**	**0**	**5**
LIGHT CONDITION											
Darkness	2	0	0	2	2	0	0	0	0	0	3
Daylight	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**3**	**0**	**0**	**3**	**4**	**0**	**0**	**0**	**0**	**0**	**5**
ROAD DEFECTS											
Unknown	3	0	0	3	4	0	0	0	0	0	5
TOTALS	**3**	**0**	**0**	**3**	**4**	**0**	**0**	**0**	**0**	**0**	**5**
TRAFFIC CONTROL											
No Controls	2	0	0	2	2	0	0	0	0	0	3
No Passing	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**3**	**0**	**0**	**3**	**4**	**0**	**0**	**0**	**0**	**0**	**5**

City Summary

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	NUMBER OF CRASHES							INJURY SEVERITY			
Apple River	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
ROADWAY FEATURE											
Not Applicable	3	0	0	3	4	0	0	0	0	0	5
TOTALS	**3**	**0**	**0**	**3**	**4**	**0**	**0**	**0**	**0**	**0**	**5**

City Summary

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	NUMBER OF CRASHES							INJURY SEVERITY			
Apple River	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
VEHICLE DEFECTS											
Unknown	4	0	0	4	4	0	0	0	0	0	5
TOTALS	**4**	**0**	**0**	**4**	**4**	**0**	**0**	**0**	**0**	**0**	**5**
VEHICLE TYPE											
Passenger	2	0	0	2	2	0	0	0	0	0	2
Pickup	2	0	0	2	2	0	0	0	0	0	3
TOTALS	**4**	**0**	**0**	**4**	**4**	**0**	**0**	**0**	**0**	**0**	**5**

City Summary

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		NUMBER OF CRASHES							INJURY SEVERITY			
Apple River		TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
DRIVER CONDITION												
Alcohol Impaired		1	0	0	1	1	0	0	0	0	0	1
Normal		3	0	0	3	3	0	0	0	0	0	3
TOTALS		**4**	**0**	**0**	**4**	**4**	**0**	**0**	**0**	**0**	**0**	**4**
DRIVER AGE/GENDER												
20	Male	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
65-69	Male	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		**4**	**0**	**0**	**4**	**4**	**0**	**0**	**0**	**0**	**0**	**4**
PASSENGER AGE/GENDER												
75-79	Male	1	0	0	1	1	0	0	0	0	0	1
TOTALS		**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**1**