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			
Bryant	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	2
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**2**
TYPE OF CRASH											
Animal	1	0	0	1	1	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**2**
CLASS OF CITY											
0 TO 2,500	1	0	0	1	1	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**2**
ROAD SURFACE CONDITION											
Dry	1	0	0	1	1	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**2**
CLASS OF TRAFFICWAY											
State Numbered Rural	1	0	0	1	1	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**2**
DAY OF WEEK											
Thursday	1	0	0	1	1	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**2**
TIME OF DAY											
Midnight	1	0	0	1	1	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**2**
LIGHT CONDITION											
Darkness	1	0	0	1	1	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**2**
ROAD DEFECTS											
Debris on Roadway	1	0	0	1	1	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**2**
TRAFFIC CONTROL											
Unknown	1	0	0	1	1	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**2**
ROADWAY FEATURE											
Not Applicable	1	0	0	1	1	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**2**

City Summary

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	NUMBER OF CRASHES							INJURY SEVERITY			
Bryant	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	2
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**2**
VEHICLE TYPE											
Passenger	1	0	0	1	1	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**2**

City Summary

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		NUMBER OF CRASHES							INJURY SEVERITY			
Bryant		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												
70-74	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												
Unknown	Not Stated	1	0	0	1	1	0	0	0	0	0	1
TOTALS		**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**1**