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			
Greenview	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
WEATHER CONDITION											
Clear	1	0	0	1	2	0	0	0	0	0	3
Snow	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**4**
TYPE OF CRASH											
Fixed object	1	0	0	1	1	0	0	0	0	0	1
Turning	1	0	0	1	2	0	0	0	0	0	3
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**4**
CLASS OF CITY											
0 TO 2,500	2	0	0	2	3	0	0	0	0	0	4
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**4**
ROAD SURFACE CONDITION											
Dry	1	0	0	1	2	0	0	0	0	0	3
Snow or Slush	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**4**
CLASS OF TRAFFICWAY											
State Numbered Rural	2	0	0	2	3	0	0	0	0	0	4
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**4**
DAY OF WEEK											
Monday	1	0	0	1	2	0	0	0	0	0	3
Tuesday	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**4**
TIME OF DAY											
3 PM	1	0	0	1	2	0	0	0	0	0	3
7 PM	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**4**
LIGHT CONDITION											
Darkness	1	0	0	1	1	0	0	0	0	0	1
Daylight	1	0	0	1	2	0	0	0	0	0	3
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**4**
ROAD DEFECTS											
No Defects	2	0	0	2	3	0	0	0	0	0	4
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**4**
TRAFFIC CONTROL											
No Controls	2	0	0	2	3	0	0	0	0	0	4
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**4**

City Summary

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	NUMBER OF CRASHES							INJURY SEVERITY			
Greenview	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
ROADWAY FEATURE											
Not Applicable	2	0	0	2	3	0	0	0	0	0	4
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**4**

City Summary

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	NUMBER OF CRASHES							INJURY SEVERITY			
Greenview	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
VEHICLE DEFECTS											
No Defect	3	0	0	3	3	0	0	0	0	0	4
TOTALS	**3**	**0**	**0**	**3**	**3**	**0**	**0**	**0**	**0**	**0**	**4**
VEHICLE TYPE											
Passenger	1	0	0	1	1	0	0	0	0	0	1
Van/Mini-Van	1	0	0	1	1	0	0	0	0	0	1
Unknown	1	0	0	1	1	0	0	0	0	0	2
TOTALS	**3**	**0**	**0**	**3**	**3**	**0**	**0**	**0**	**0**	**0**	**4**

City Summary

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		NUMBER OF CRASHES							INJURY SEVERITY			
Greenview		TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
DRIVER CONDITION												
Normal		3	0	0	3	3	0	0	0	0	0	3
TOTALS		**3**	**0**	**0**	**3**	**3**	**0**	**0**	**0**	**0**	**0**	**3**
DRIVER AGE/GENDER												
30-34	Male	1	0	0	1	1	0	0	0	0	0	1
45-49	Female	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
TOTALS		**3**	**0**	**0**	**3**	**3**	**0**	**0**	**0**	**0**	**0**	**3**
PASSENGER AGE/GENDER												
50-54	Male	1	0	0	1	1	0	0	0	0	0	1
TOTALS		**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**1**