

IL DEPT OF TRANSPORTATION  
 DIVISION OF TRAFFIC SAFETY  
 ACCUMULATED TOTALS

City Summary

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

Leaf River	NUMBER OF CRASHES							INJURY SEVERITY			
	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
<b>WEATHER CONDITION</b>											
Clear	2	0	1	1	2	0	1	0	1	0	2
<b>TOTALS</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>2</b>
<b>TYPE OF CRASH</b>											
Overturned	1	0	1	0	1	0	1	0	1	0	1
Animal	1	0	0	1	1	0	0	0	0	0	1
<b>TOTALS</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>2</b>
<b>CLASS OF CITY</b>											
0 TO 2,500	2	0	1	1	2	0	1	0	1	0	2
<b>TOTALS</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>2</b>
<b>ROAD SURFACE CONDITION</b>											
Dry	2	0	1	1	2	0	1	0	1	0	2
<b>TOTALS</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>2</b>
<b>CLASS OF TRAFFICWAY</b>											
State Numbered Rural	1	0	0	1	1	0	0	0	0	0	1
County & Local Roads Rural	1	0	1	0	1	0	1	0	1	0	1
<b>TOTALS</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>2</b>
<b>DAY OF WEEK</b>											
Sunday	1	0	1	0	1	0	1	0	1	0	1
Monday	1	0	0	1	1	0	0	0	0	0	1
<b>TOTALS</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>2</b>
<b>TIME OF DAY</b>											
Midnight	1	0	1	0	1	0	1	0	1	0	1
5 AM	1	0	0	1	1	0	0	0	0	0	1
<b>TOTALS</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>2</b>
<b>LIGHT CONDITION</b>											
Darkness	2	0	1	1	2	0	1	0	1	0	2
<b>TOTALS</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>2</b>
<b>ROAD DEFECTS</b>											
No Defects	1	0	1	0	1	0	1	0	1	0	1
Unknown	1	0	0	1	1	0	0	0	0	0	1
<b>TOTALS</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>2</b>
<b>TRAFFIC CONTROL</b>											
No Controls	2	0	1	1	2	0	1	0	1	0	2
<b>TOTALS</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>2</b>

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Page 2 of 4

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<b>Leaf River</b>											
<b>ROADWAY FEATURE</b>											
Not Applicable	2	0	1	1	2	0	1	0	1	0	2
<b>TOTALS</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>2</b>

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Page 3 of 4

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<b>Leaf River</b>											
<b>VEHICLE DEFECTS</b>											
No Defect	1	0	1	0	1	0	1	0	1	0	1
Unknown	1	0	0	1	1	0	0	0	0	0	1
<b>TOTALS</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>2</b>
<b>VEHICLE TYPE</b>											
Pickup	2	0	1	1	2	0	1	0	1	0	2
<b>TOTALS</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>2</b>

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Page 4 of 4

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<b>Leaf River</b>											
<b>DRIVER CONDITION</b>											
Alcohol Impaired	1	0	1	0	1	0	0	0	0	0	1
Other/Unknown	1	0	0	1	1	0	0	0	0	0	1
<b>TOTALS</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
<b>DRIVER AGE/GENDER</b>											
30-34											
Male	1	0	1	0	1	0	0	0	0	0	1
40-44											
Male	1	0	0	1	1	0	0	0	0	0	1
<b>TOTALS</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
<b>PASSENGER AGE/GENDER</b>											
10-14											
Male	1	0	1	0	1	0	1	0	1	0	0
<b>TOTALS</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>