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			
Smithfield	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	4
Rain	1	0	0	1	2	0	0	0	0	0	1
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**5**
TYPE OF CRASH											
Parked motor vehicle	1	0	0	1	2	0	0	0	0	0	1
Rear end	1	0	0	1	2	0	0	0	0	0	4
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**5**
CLASS OF CITY											
0 TO 2,500	2	0	0	2	4	0	0	0	0	0	5
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**5**
ROAD SURFACE CONDITION											
Dry	1	0	0	1	2	0	0	0	0	0	4
Wet	1	0	0	1	2	0	0	0	0	0	1
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**5**
CLASS OF TRAFFICWAY											
Unmarked Highway Rural	2	0	0	2	4	0	0	0	0	0	5
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**5**
DAY OF WEEK											
Monday	1	0	0	1	2	0	0	0	0	0	1
Saturday	1	0	0	1	2	0	0	0	0	0	4
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**5**
TIME OF DAY											
9 AM	1	0	0	1	2	0	0	0	0	0	4
3 PM	1	0	0	1	2	0	0	0	0	0	1
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**5**
LIGHT CONDITION											
Daylight	2	0	0	2	4	0	0	0	0	0	5
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**5**
ROAD DEFECTS											
No Defects	1	0	0	1	2	0	0	0	0	0	4
Unknown	1	0	0	1	2	0	0	0	0	0	1
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**5**
TRAFFIC CONTROL											
No Controls	1	0	0	1	2	0	0	0	0	0	1
Stop Sign/Flasher	1	0	0	1	2	0	0	0	0	0	4
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**5**

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ROADWAY FEATURE											
Not Applicable	2	0	0	2	4	0	0	0	0	0	5
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**5**

City Summary

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	NUMBER OF CRASHES							INJURY SEVERITY			
Smithfield	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
VEHICLE DEFECTS											
No Defect	2	0	0	2	2	0	0	0	0	0	4
Unknown	2	0	0	2	2	0	0	0	0	0	1
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	1	0	0	1	1	0	0	0	0	0	2
Unknown	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**4**	**0**	**0**	**4**	**4**	**0**	**0**	**0**	**0**	**0**	**5**

City Summary

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		NUMBER OF CRASHES							INJURY SEVERITY			
Smithfield		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												
40-44	Male	1	0	0	1	1	0	0	0	0	0	1
75-79	Male	2	0	0	2	2	0	0	0	0	0	2
TOTALS		**3**	**0**	**0**	**3**	**3**	**0**	**0**	**0**	**0**	**0**	**3**
PASSENGER AGE/GENDER												
8	Not Stated	1	0	0	1	1	0	0	0	0	0	1
75-79	Female	1	0	0	1	1	0	0	0	0	0	1
TOTALS		**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**2**