IL DEPT OF TRANSPORTATION
DIVISION OF TRAFFIC SAFETY
ACCUMULATED TOTALS

City Summary

Selection Criteria: **1/1/2006 thru 12/31/2006**

	NUMBER OF CRASHES							INJURY SEVERITY			
St Jacob	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	1
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**1**
TYPE OF CRASH											
Parked motor vehicle	1	0	0	1	2	0	0	0	0	0	1
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**1**
CLASS OF CITY											
0 TO 2,500	1	0	0	1	2	0	0	0	0	0	1
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**1**
ROAD SURFACE CONDITION											
Dry	1	0	0	1	2	0	0	0	0	0	1
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**1**
CLASS OF TRAFFICWAY											
County & Local Roads Rural	1	0	0	1	2	0	0	0	0	0	1
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**1**
DAY OF WEEK											
Monday	1	0	0	1	2	0	0	0	0	0	1
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**1**
TIME OF DAY											
10 AM	1	0	0	1	2	0	0	0	0	0	1
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**1**
LIGHT CONDITION											
Daylight	1	0	0	1	2	0	0	0	0	0	1
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**1**
ROAD DEFECTS											
No Defects	1	0	0	1	2	0	0	0	0	0	1
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**1**
TRAFFIC CONTROL											
No Controls	1	0	0	1	2	0	0	0	0	0	1
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**1**
ROADWAY FEATURE											
Not Applicable	1	0	0	1	2	0	0	0	0	0	1
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**1**

City Summary

Selection Criteria: **1/1/2006 thru 12/31/2006**

	NUMBER OF CRASHES							INJURY SEVERITY			
St Jacob	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	1
TOTALS	**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**1**
VEHICLE TYPE											
Pickup	1	0	0	1	1	0	0	0	0	0	0
Van/Mini-Van	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**1**

City Summary

Selection Criteria: **1/1/2006 thru 12/31/2006**

		NUMBER OF CRASHES							INJURY SEVERITY			
St Jacob		TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
DRIVER CONDITION												
Normal		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												
40-44	Female	1	0	0	1	1	0	0	0	0	0	1
TOTALS		**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**1**