IL DEPT OF TRANSPORTATION
DIVISION OF TRAFFIC SAFETY
ACCUMULATED TOTALS

City Summary

Selection Criteria: **1/1/2007 thru 12/31/2007**

	NUMBER OF CRASHES							INJURY SEVERITY			
Alto Pass	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	7
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**7**
TYPE OF CRASH											
Angle	1	0	0	1	2	0	0	0	0	0	7
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**7**
CLASS OF CITY											
0 TO 2,500	1	0	0	1	2	0	0	0	0	0	7
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**7**
ROAD SURFACE CONDITION											
Dry	1	0	0	1	2	0	0	0	0	0	7
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**7**
CLASS OF TRAFFICWAY											
Unmarked Highway Rural	1	0	0	1	2	0	0	0	0	0	7
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**7**
DAY OF WEEK											
Friday	1	0	0	1	2	0	0	0	0	0	7
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**7**
TIME OF DAY											
10 AM	1	0	0	1	2	0	0	0	0	0	7
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**7**
LIGHT CONDITION											
Daylight	1	0	0	1	2	0	0	0	0	0	7
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**7**
ROAD DEFECTS											
Unknown	1	0	0	1	2	0	0	0	0	0	7
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**7**
TRAFFIC CONTROL											
No Controls	1	0	0	1	2	0	0	0	0	0	7
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**7**
ROADWAY FEATURE											
Not Applicable	1	0	0	1	2	0	0	0	0	0	7
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**7**

City Summary

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	NUMBER OF CRASHES							INJURY SEVERITY			
Alto Pass	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
VEHICLE DEFECTS											
Unknown	2	0	0	2	2	0	0	0	0	0	7
TOTALS	**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**7**
VEHICLE TYPE											
Passenger	2	0	0	2	2	0	0	0	0	0	7
TOTALS	**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**7**

City Summary

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		NUMBER OF CRASHES							INJURY SEVERITY			
Alto Pass		TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
DRIVER CONDITION												
Other/Unknown		2	0	0	2	2	0	0	0	0	0	2
TOTALS		**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**2**
DRIVER AGE/GENDER												
17	Female	1	0	0	1	1	0	0	0	0	0	1
30-34	Male	1	0	0	1	1	0	0	0	0	0	1
TOTALS		**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**2**
PASSENGER AGE/GENDER												
0	Female	1	0	0	1	1	0	0	0	0	0	1
2	Female	1	0	0	1	1	0	0	0	0	0	1
5	Male	1	0	0	1	1	0	0	0	0	0	1
10-14	Female	1	0	0	1	1	0	0	0	0	0	1
15	Male	1	0	0	1	1	0	0	0	0	0	1
TOTALS		**5**	**0**	**0**	**5**	**5**	**0**	**0**	**0**	**0**	**0**	**5**