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			
Aroma Park	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
WEATHER CONDITION											
Clear	1	0	0	1	1	0	0	0	0	0	1
Rain	2	0	0	2	3	0	0	0	0	0	5
TOTALS	**3**	**0**	**0**	**3**	**4**	**0**	**0**	**0**	**0**	**0**	**6**
TYPE OF CRASH											
Fixed object	2	0	0	2	2	0	0	0	0	0	3
Turning	1	0	0	1	2	0	0	0	0	0	3
TOTALS	**3**	**0**	**0**	**3**	**4**	**0**	**0**	**0**	**0**	**0**	**6**
CLASS OF CITY											
0 TO 2,500	3	0	0	3	4	0	0	0	0	0	6
TOTALS	**3**	**0**	**0**	**3**	**4**	**0**	**0**	**0**	**0**	**0**	**6**
ROAD SURFACE CONDITION											
Dry	1	0	0	1	1	0	0	0	0	0	1
Wet	2	0	0	2	3	0	0	0	0	0	5
TOTALS	**3**	**0**	**0**	**3**	**4**	**0**	**0**	**0**	**0**	**0**	**6**
CLASS OF TRAFFICWAY											
County & Local Roads Rural	3	0	0	3	4	0	0	0	0	0	6
TOTALS	**3**	**0**	**0**	**3**	**4**	**0**	**0**	**0**	**0**	**0**	**6**
DAY OF WEEK											
Monday	1	0	0	1	2	0	0	0	0	0	3
Tuesday	2	0	0	2	2	0	0	0	0	0	3
TOTALS	**3**	**0**	**0**	**3**	**4**	**0**	**0**	**0**	**0**	**0**	**6**
TIME OF DAY											
7 AM	1	0	0	1	2	0	0	0	0	0	3
Noon	1	0	0	1	1	0	0	0	0	0	2
1 PM	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**3**	**0**	**0**	**3**	**4**	**0**	**0**	**0**	**0**	**0**	**6**
LIGHT CONDITION											
Daylight	3	0	0	3	4	0	0	0	0	0	6
TOTALS	**3**	**0**	**0**	**3**	**4**	**0**	**0**	**0**	**0**	**0**	**6**
ROAD DEFECTS											
No Defects	3	0	0	3	4	0	0	0	0	0	6
TOTALS	**3**	**0**	**0**	**3**	**4**	**0**	**0**	**0**	**0**	**0**	**6**
TRAFFIC CONTROL											
No Controls	2	0	0	2	2	0	0	0	0	0	3
Stop Sign/Flasher	1	0	0	1	2	0	0	0	0	0	3
TOTALS	**3**	**0**	**0**	**3**	**4**	**0**	**0**	**0**	**0**	**0**	**6**

City Summary

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	NUMBER OF CRASHES							INJURY SEVERITY			
Aroma Park	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
ROADWAY FEATURE											
Not Applicable	3	0	0	3	4	0	0	0	0	0	6
TOTALS	**3**	**0**	**0**	**3**	**4**	**0**	**0**	**0**	**0**	**0**	**6**

City Summary

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	NUMBER OF CRASHES							INJURY SEVERITY			
Aroma Park	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
VEHICLE DEFECTS											
No Defect	4	0	0	4	4	0	0	0	0	0	6
TOTALS	**4**	**0**	**0**	**4**	**4**	**0**	**0**	**0**	**0**	**0**	**6**
VEHICLE TYPE											
Passenger	3	0	0	3	3	0	0	0	0	0	5
Van/Mini-Van	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**4**	**0**	**0**	**4**	**4**	**0**	**0**	**0**	**0**	**0**	**6**

City Summary

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		NUMBER OF CRASHES							INJURY SEVERITY			
Aroma Park		TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
DRIVER CONDITION												
Alcohol Impaired		1	0	0	1	1	0	0	0	0	0	1
Normal		3	0	0	3	3	0	0	0	0	0	3
TOTALS		**4**	**0**	**0**	**4**	**4**	**0**	**0**	**0**	**0**	**0**	**4**
DRIVER AGE/GENDER												
18	Male	1	0	0	1	1	0	0	0	0	0	1
25-29	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
35-39	Female	1	0	0	1	1	0	0	0	0	0	1
TOTALS		**4**	**0**	**0**	**4**	**4**	**0**	**0**	**0**	**0**	**0**	**4**
PASSENGER AGE/GENDER												
19	Female	1	0	0	1	1	0	0	0	0	0	1
50-54	Female	1	0	0	1	1	0	0	0	0	0	1
TOTALS		**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**2**