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			
Brookport	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
WEATHER CONDITION											
Clear	2	0	0	2	2	0	0	0	0	0	2
Rain	3	0	0	3	5	0	0	0	0	0	6
TOTALS	**5**	**0**	**0**	**5**	**7**	**0**	**0**	**0**	**0**	**0**	**8**
TYPE OF CRASH											
Animal	2	0	0	2	2	0	0	0	0	0	2
Other object	1	0	0	1	1	0	0	0	0	0	1
Sideswipe opposite direction	2	0	0	2	4	0	0	0	0	0	5
TOTALS	**5**	**0**	**0**	**5**	**7**	**0**	**0**	**0**	**0**	**0**	**8**
CLASS OF CITY											
0 TO 2,500	5	0	0	5	7	0	0	0	0	0	8
TOTALS	**5**	**0**	**0**	**5**	**7**	**0**	**0**	**0**	**0**	**0**	**8**
ROAD SURFACE CONDITION											
Dry	1	0	0	1	1	0	0	0	0	0	1
Wet	4	0	0	4	6	0	0	0	0	0	7
TOTALS	**5**	**0**	**0**	**5**	**7**	**0**	**0**	**0**	**0**	**0**	**8**
CLASS OF TRAFFICWAY											
State Numbered Rural	1	0	0	1	1	0	0	0	0	0	1
County & Local Roads Rural	4	0	0	4	6	0	0	0	0	0	7
TOTALS	**5**	**0**	**0**	**5**	**7**	**0**	**0**	**0**	**0**	**0**	**8**
DAY OF WEEK											
Tuesday	1	0	0	1	2	0	0	0	0	0	2
Wednesday	1	0	0	1	2	0	0	0	0	0	3
Thursday	1	0	0	1	1	0	0	0	0	0	1
Friday	1	0	0	1	1	0	0	0	0	0	1
Saturday	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**5**	**0**	**0**	**5**	**7**	**0**	**0**	**0**	**0**	**0**	**8**
TIME OF DAY											
4 PM	1	0	0	1	2	0	0	0	0	0	2
6 PM	1	0	0	1	1	0	0	0	0	0	1
8 PM	1	0	0	1	1	0	0	0	0	0	1
9 PM	1	0	0	1	1	0	0	0	0	0	1
10 PM	1	0	0	1	2	0	0	0	0	0	3
TOTALS	**5**	**0**	**0**	**5**	**7**	**0**	**0**	**0**	**0**	**0**	**8**

City Summary

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

	NUMBER OF CRASHES							INJURY SEVERITY			
Brookport	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
LIGHT CONDITION											
Darkness	3	0	0	3	3	0	0	0	0	0	3
Darkness, Lighted Road	1	0	0	1	2	0	0	0	0	0	3
Daylight	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**5**	**0**	**0**	**5**	**7**	**0**	**0**	**0**	**0**	**0**	**8**
ROAD DEFECTS											
No Defects	5	0	0	5	7	0	0	0	0	0	8
TOTALS	**5**	**0**	**0**	**5**	**7**	**0**	**0**	**0**	**0**	**0**	**8**
TRAFFIC CONTROL											
No Controls	5	0	0	5	7	0	0	0	0	0	8
TOTALS	**5**	**0**	**0**	**5**	**7**	**0**	**0**	**0**	**0**	**0**	**8**
ROADWAY FEATURE											
Not Applicable	5	0	0	5	7	0	0	0	0	0	8
TOTALS	**5**	**0**	**0**	**5**	**7**	**0**	**0**	**0**	**0**	**0**	**8**

City Summary

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

	NUMBER OF CRASHES							INJURY SEVERITY			
Brookport	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
VEHICLE DEFECTS											
No Defect	7	0	0	7	7	0	0	0	0	0	8
TOTALS	**7**	**0**	**0**	**7**	**7**	**0**	**0**	**0**	**0**	**0**	**8**
VEHICLE TYPE											
Passenger	4	0	0	4	4	0	0	0	0	0	5
Pickup	2	0	0	2	2	0	0	0	0	0	2
Tractor with Semi-Trailer	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**7**	**0**	**0**	**7**	**7**	**0**	**0**	**0**	**0**	**0**	**8**

City Summary

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

		NUMBER OF CRASHES							INJURY SEVERITY			
Brookport		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		5	0	0	5	5	0	0	0	0	0	5
Other/Unknown		1	0	0	1	1	0	0	0	0	0	1
TOTALS		**7**	**0**	**0**	**7**	**7**	**0**	**0**	**0**	**0**	**0**	**7**
DRIVER AGE/GENDER												
18	Male	1	0	0	1	1	0	0	0	0	0	1
35-39	Male	2	0	0	2	2	0	0	0	0	0	2
50-54	Female	1	0	0	1	1	0	0	0	0	0	1
55-59	Male	2	0	0	2	2	0	0	0	0	0	2
70-74	Female	1	0	0	1	1	0	0	0	0	0	1
TOTALS		**7**	**0**	**0**	**7**	**7**	**0**	**0**	**0**	**0**	**0**	**7**
PASSENGER AGE/GENDER												
22-24	Male	1	0	0	1	1	0	0	0	0	0	1
TOTALS		**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**1**