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			
Iroquois	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
TOTALS	**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**2**
TYPE OF CRASH											
Overturned	1	0	0	1	1	0	0	0	0	0	1
Fixed object	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**2**
CLASS OF CITY											
0 TO 2,500	2	0	0	2	2	0	0	0	0	0	2
TOTALS	**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**2**
ROAD SURFACE CONDITION											
Dry	2	0	0	2	2	0	0	0	0	0	2
TOTALS	**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**2**
CLASS OF TRAFFICWAY											
State Numbered Rural	2	0	0	2	2	0	0	0	0	0	2
TOTALS	**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**2**
DAY OF WEEK											
Monday	1	0	0	1	1	0	0	0	0	0	1
Saturday	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**2**
TIME OF DAY											
4 AM	1	0	0	1	1	0	0	0	0	0	1
6 AM	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**2**
LIGHT CONDITION											
Darkness	1	0	0	1	1	0	0	0	0	0	1
Daylight	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**2**
ROAD DEFECTS											
No Defects	2	0	0	2	2	0	0	0	0	0	2
TOTALS	**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**2**
TRAFFIC CONTROL											
No Controls	1	0	0	1	1	0	0	0	0	0	1
Other Regualtory Sign	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**2**

City Summary

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	NUMBER OF CRASHES							INJURY SEVERITY			
Iroquois	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
ROADWAY FEATURE											
Not Applicable	2	0	0	2	2	0	0	0	0	0	2
TOTALS	**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**2**

City Summary

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	NUMBER OF CRASHES							INJURY SEVERITY			
Iroquois	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	2
TOTALS	**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**2**
VEHICLE TYPE											
Passenger	2	0	0	2	2	0	0	0	0	0	2
TOTALS	**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**2**

City Summary

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		NUMBER OF CRASHES							INJURY SEVERITY			
Iroquois		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
Other/Unknown		1	0	0	1	1	0	0	0	0	0	1
TOTALS		**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**2**
DRIVER AGE/GENDER												
20	Female	1	0	0	1	1	0	0	0	0	0	1
Unknown	Not Stated	1	0	0	1	1	0	0	0	0	0	1
TOTALS		**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**2**