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			
Leaf River	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
WEATHER CONDITION											
Clear	3	0	0	3	6	0	0	0	0	0	4
Snow	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**4**	**0**	**0**	**4**	**7**	**0**	**0**	**0**	**0**	**0**	**5**
TYPE OF CRASH											
Fixed object	1	0	0	1	1	0	0	0	0	0	1
Parked motor vehicle	2	0	0	2	4	0	0	0	0	0	2
Rear end	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**4**	**0**	**0**	**4**	**7**	**0**	**0**	**0**	**0**	**0**	**5**
CLASS OF CITY											
0 TO 2,500	4	0	0	4	7	0	0	0	0	0	5
TOTALS	**4**	**0**	**0**	**4**	**7**	**0**	**0**	**0**	**0**	**0**	**5**
ROAD SURFACE CONDITION											
Dry	3	0	0	3	6	0	0	0	0	0	4
Snow or Slush	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**4**	**0**	**0**	**4**	**7**	**0**	**0**	**0**	**0**	**0**	**5**
CLASS OF TRAFFICWAY											
State Numbered Rural	2	0	0	2	3	0	0	0	0	0	3
County & Local Roads Rural	2	0	0	2	4	0	0	0	0	0	2
TOTALS	**4**	**0**	**0**	**4**	**7**	**0**	**0**	**0**	**0**	**0**	**5**
DAY OF WEEK											
Sunday	1	0	0	1	2	0	0	0	0	0	2
Tuesday	3	0	0	3	5	0	0	0	0	0	3
TOTALS	**4**	**0**	**0**	**4**	**7**	**0**	**0**	**0**	**0**	**0**	**5**
TIME OF DAY											
2 AM	2	0	0	2	4	0	0	0	0	0	2
10 AM	1	0	0	1	2	0	0	0	0	0	2
1 PM	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**4**	**0**	**0**	**4**	**7**	**0**	**0**	**0**	**0**	**0**	**5**
LIGHT CONDITION											
Darkness	2	0	0	2	4	0	0	0	0	0	2
Daylight	2	0	0	2	3	0	0	0	0	0	3
TOTALS	**4**	**0**	**0**	**4**	**7**	**0**	**0**	**0**	**0**	**0**	**5**
ROAD DEFECTS											
No Defects	4	0	0	4	7	0	0	0	0	0	5
TOTALS	**4**	**0**	**0**	**4**	**7**	**0**	**0**	**0**	**0**	**0**	**5**

City Summary

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	NUMBER OF CRASHES							INJURY SEVERITY			
Leaf River	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
TRAFFIC CONTROL											
No Controls	4	0	0	4	7	0	0	0	0	0	5
TOTALS	**4**	**0**	**0**	**4**	**7**	**0**	**0**	**0**	**0**	**0**	**5**
ROADWAY FEATURE											
Not Applicable	4	0	0	4	7	0	0	0	0	0	5
TOTALS	**4**	**0**	**0**	**4**	**7**	**0**	**0**	**0**	**0**	**0**	**5**

City Summary

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

	NUMBER OF CRASHES							INJURY SEVERITY			
Leaf River	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
VEHICLE DEFECTS											
No Defect	3	0	0	3	3	0	0	0	0	0	3
Unknown	4	0	0	4	4	0	0	0	0	0	2
TOTALS	**7**	**0**	**0**	**7**	**7**	**0**	**0**	**0**	**0**	**0**	**5**
VEHICLE TYPE											
Passenger	2	0	0	2	2	0	0	0	0	0	2
SUV	2	0	0	2	2	0	0	0	0	0	1
Van/Mini-Van	1	0	0	1	1	0	0	0	0	0	0
Unknown	2	0	0	2	2	0	0	0	0	0	2
TOTALS	**7**	**0**	**0**	**7**	**7**	**0**	**0**	**0**	**0**	**0**	**5**

City Summary

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

		NUMBER OF CRASHES							INJURY SEVERITY			
Leaf River		TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
DRIVER CONDITION												
Normal		3	0	0	3	3	0	0	0	0	0	3
Other/Unknown		2	0	0	2	2	0	0	0	0	0	2
TOTALS		**5**	**0**	**0**	**5**	**5**	**0**	**0**	**0**	**0**	**0**	**5**
DRIVER AGE/GENDER												
16	Female	1	0	0	1	1	0	0	0	0	0	1
17	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
Unknown	Not Stated	2	0	0	2	2	0	0	0	0	0	2
TOTALS		**5**	**0**	**0**	**5**	**5**	**0**	**0**	**0**	**0**	**0**	**5**