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			
Leland	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
WEATHER CONDITION											
Clear	4	0	0	4	7	0	0	0	0	0	6
TOTALS	**4**	**0**	**0**	**4**	**7**	**0**	**0**	**0**	**0**	**0**	**6**
TYPE OF CRASH											
Fixed object	1	0	0	1	1	0	0	0	0	0	2
Parked motor vehicle	3	0	0	3	6	0	0	0	0	0	4
TOTALS	**4**	**0**	**0**	**4**	**7**	**0**	**0**	**0**	**0**	**0**	**6**
CLASS OF CITY											
0 TO 2,500	4	0	0	4	7	0	0	0	0	0	6
TOTALS	**4**	**0**	**0**	**4**	**7**	**0**	**0**	**0**	**0**	**0**	**6**
ROAD SURFACE CONDITION											
Dry	3	0	0	3	6	0	0	0	0	0	4
Ice	1	0	0	1	1	0	0	0	0	0	2
TOTALS	**4**	**0**	**0**	**4**	**7**	**0**	**0**	**0**	**0**	**0**	**6**
CLASS OF TRAFFICWAY											
County & Local Roads Rural	4	0	0	4	7	0	0	0	0	0	6
TOTALS	**4**	**0**	**0**	**4**	**7**	**0**	**0**	**0**	**0**	**0**	**6**
DAY OF WEEK											
Sunday	1	0	0	1	2	0	0	0	0	0	1
Monday	1	0	0	1	1	0	0	0	0	0	2
Saturday	2	0	0	2	4	0	0	0	0	0	3
TOTALS	**4**	**0**	**0**	**4**	**7**	**0**	**0**	**0**	**0**	**0**	**6**
TIME OF DAY											
8 AM	1	0	0	1	1	0	0	0	0	0	2
10 AM	1	0	0	1	2	0	0	0	0	0	1
3 PM	1	0	0	1	2	0	0	0	0	0	1
8 PM	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**4**	**0**	**0**	**4**	**7**	**0**	**0**	**0**	**0**	**0**	**6**
LIGHT CONDITION											
Darkness	1	0	0	1	1	0	0	0	0	0	2
Daylight	2	0	0	2	4	0	0	0	0	0	2
Dusk	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**4**	**0**	**0**	**4**	**7**	**0**	**0**	**0**	**0**	**0**	**6**
ROAD DEFECTS											
No Defects	4	0	0	4	7	0	0	0	0	0	6
TOTALS	**4**	**0**	**0**	**4**	**7**	**0**	**0**	**0**	**0**	**0**	**6**

City Summary

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	NUMBER OF CRASHES							INJURY SEVERITY			
Leland	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	6
TOTALS	**4**	**0**	**0**	**4**	**7**	**0**	**0**	**0**	**0**	**0**	**6**
ROADWAY FEATURE											
Not Applicable	4	0	0	4	7	0	0	0	0	0	6
TOTALS	**4**	**0**	**0**	**4**	**7**	**0**	**0**	**0**	**0**	**0**	**6**

City Summary

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	NUMBER OF CRASHES							INJURY SEVERITY			
Leland	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	3
Unknown	3	0	0	3	3	0	0	0	0	0	3
TOTALS	**7**	**0**	**0**	**7**	**7**	**0**	**0**	**0**	**0**	**0**	**6**
VEHICLE TYPE											
Passenger	2	0	0	2	2	0	0	0	0	0	0
Pickup	5	0	0	5	5	0	0	0	0	0	6
TOTALS	**7**	**0**	**0**	**7**	**7**	**0**	**0**	**0**	**0**	**0**	**6**

City Summary

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		NUMBER OF CRASHES							INJURY SEVERITY			
Leland		TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
DRIVER CONDITION												
Normal		2	0	0	2	2	0	0	0	0	0	2
Other/Unknown		2	0	0	2	2	0	0	0	0	0	2
TOTALS		**4**	**0**	**0**	**4**	**4**	**0**	**0**	**0**	**0**	**0**	**4**
DRIVER AGE/GENDER												
22-24	Male	1	0	0	1	1	0	0	0	0	0	1
30-34	Female	1	0	0	1	1	0	0	0	0	0	1
55-59	Male	1	0	0	1	1	0	0	0	0	0	1
80-84	Male	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												
22-24	Female	1	0	0	1	1	0	0	0	0	0	1
40-44	Female	1	0	0	1	1	0	0	0	0	0	1
TOTALS		**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**2**