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			
Media	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
WEATHER CONDITION											
Clear	1	0	0	1	2	0	0	0	0	0	4
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**4**
TYPE OF CRASH											
Turning	1	0	0	1	2	0	0	0	0	0	4
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**4**
CLASS OF CITY											
0 TO 2,500	1	0	0	1	2	0	0	0	0	0	4
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**4**
ROAD SURFACE CONDITION											
Unknown	1	0	0	1	2	0	0	0	0	0	4
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**4**
CLASS OF TRAFFICWAY											
State Numbered Rural	1	0	0	1	2	0	0	0	0	0	4
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**4**
DAY OF WEEK											
Wednesday	1	0	0	1	2	0	0	0	0	0	4
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**4**
TIME OF DAY											
4 PM	1	0	0	1	2	0	0	0	0	0	4
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**4**
LIGHT CONDITION											
Daylight	1	0	0	1	2	0	0	0	0	0	4
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**4**
ROAD DEFECTS											
Unknown	1	0	0	1	2	0	0	0	0	0	4
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**4**
TRAFFIC CONTROL											
Stop Sign/Flasher	1	0	0	1	2	0	0	0	0	0	4
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**4**
ROADWAY FEATURE											
Intersection of Mrked Rts & Pub Rd(Major Collector)	1	0	0	1	2	0	0	0	0	0	4
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**4**

City Summary

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	NUMBER OF CRASHES							INJURY SEVERITY			
Media	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
VEHICLE DEFECTS											
Unknown	2	0	0	2	2	0	0	0	0	0	4
TOTALS	**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**4**
VEHICLE TYPE											
SUV	1	0	0	1	1	0	0	0	0	0	3
Van/Mini-Van	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**4**

City Summary

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		NUMBER OF CRASHES							INJURY SEVERITY			
Media		TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
DRIVER CONDITION												
Other/Unknown		2	0	0	2	2	0	0	0	0	0	2
TOTALS		**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**2**
DRIVER AGE/GENDER												
40-44	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**
PASSENGER AGE/GENDER												
4	Female	1	0	0	1	1	0	0	0	0	0	1
9	Male	1	0	0	1	1	0	0	0	0	0	1
TOTALS		**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**2**