IL DEPT OF TRANSPORTATION
DIVISION OF TRAFFIC SAFETY
ACCUMULATED TOTALS

City Summary

Selection Criteria: **1/1/2008 thru 12/31/2008**

	NUMBER OF CRASHES							INJURY SEVERITY			
Apple River	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
WEATHER CONDITION											
Clear	1	0	0	1	1	0	0	0	0	0	1
Snow	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**3**
TYPE OF CRASH											
Overturned	1	0	0	1	1	0	0	0	0	0	1
Turning	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**3**
CLASS OF CITY											
0 TO 2,500	2	0	0	2	3	0	0	0	0	0	3
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**3**
ROAD SURFACE CONDITION											
Ice	1	0	0	1	2	0	0	0	0	0	2
Unknown	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**3**
CLASS OF TRAFFICWAY											
County & Local Roads Rural	2	0	0	2	3	0	0	0	0	0	3
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**3**
DAY OF WEEK											
Tuesday	1	0	0	1	2	0	0	0	0	0	2
Friday	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**3**
TIME OF DAY											
7 AM	1	0	0	1	1	0	0	0	0	0	1
Noon	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**3**
LIGHT CONDITION											
Daylight	2	0	0	2	3	0	0	0	0	0	3
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**3**
ROAD DEFECTS											
No Defects	1	0	0	1	2	0	0	0	0	0	2
Unknown	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**3**
TRAFFIC CONTROL											
No Controls	2	0	0	2	3	0	0	0	0	0	3
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**3**

City Summary

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	NUMBER OF CRASHES							INJURY SEVERITY			
Apple River	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
ROADWAY FEATURE											
Not Applicable	2	0	0	2	3	0	0	0	0	0	3
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**3**

City Summary

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	NUMBER OF CRASHES							INJURY SEVERITY			
Apple 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
TOTALS	**3**	**0**	**0**	**3**	**3**	**0**	**0**	**0**	**0**	**0**	**3**
VEHICLE TYPE											
Passenger	2	0	0	2	2	0	0	0	0	0	2
Pickup	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**3**	**0**	**0**	**3**	**3**	**0**	**0**	**0**	**0**	**0**	**3**

City Summary

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		NUMBER OF CRASHES							INJURY SEVERITY			
Apple 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
TOTALS		**3**	**0**	**0**	**3**	**3**	**0**	**0**	**0**	**0**	**0**	**3**
DRIVER AGE/GENDER												
35-39	Male	1	0	0	1	1	0	0	0	0	0	1
45-49	Male	1	0	0	1	1	0	0	0	0	0	1
50-54	Male	1	0	0	1	1	0	0	0	0	0	1
TOTALS		**3**	**0**	**0**	**3**	**3**	**0**	**0**	**0**	**0**	**0**	**3**