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			
Danvers	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
TOTALS	**3**	**0**	**0**	**3**	**6**	**0**	**0**	**0**	**0**	**0**	**4**
TYPE OF CRASH											
Parked motor vehicle	2	0	0	2	4	0	0	0	0	0	2
Angle	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**3**	**0**	**0**	**3**	**6**	**0**	**0**	**0**	**0**	**0**	**4**
CLASS OF CITY											
0 TO 2,500	3	0	0	3	6	0	0	0	0	0	4
TOTALS	**3**	**0**	**0**	**3**	**6**	**0**	**0**	**0**	**0**	**0**	**4**
ROAD SURFACE CONDITION											
Dry	3	0	0	3	6	0	0	0	0	0	4
TOTALS	**3**	**0**	**0**	**3**	**6**	**0**	**0**	**0**	**0**	**0**	**4**
CLASS OF TRAFFICWAY											
County & Local Roads Rural	3	0	0	3	6	0	0	0	0	0	4
TOTALS	**3**	**0**	**0**	**3**	**6**	**0**	**0**	**0**	**0**	**0**	**4**
DAY OF WEEK											
Monday	1	0	0	1	2	0	0	0	0	0	1
Tuesday	1	0	0	1	2	0	0	0	0	0	1
Friday	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**3**	**0**	**0**	**3**	**6**	**0**	**0**	**0**	**0**	**0**	**4**
TIME OF DAY											
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	2
8 PM	1	0	0	1	2	0	0	0	0	0	1
TOTALS	**3**	**0**	**0**	**3**	**6**	**0**	**0**	**0**	**0**	**0**	**4**
LIGHT CONDITION											
Daylight	2	0	0	2	4	0	0	0	0	0	3
Unknown	1	0	0	1	2	0	0	0	0	0	1
TOTALS	**3**	**0**	**0**	**3**	**6**	**0**	**0**	**0**	**0**	**0**	**4**
ROAD DEFECTS											
No Defects	3	0	0	3	6	0	0	0	0	0	4
TOTALS	**3**	**0**	**0**	**3**	**6**	**0**	**0**	**0**	**0**	**0**	**4**
TRAFFIC CONTROL											
No Controls	3	0	0	3	6	0	0	0	0	0	4
TOTALS	**3**	**0**	**0**	**3**	**6**	**0**	**0**	**0**	**0**	**0**	**4**

City Summary

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	NUMBER OF CRASHES							INJURY SEVERITY			
Danvers	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
ROADWAY FEATURE											
Not Applicable	3	0	0	3	6	0	0	0	0	0	4
TOTALS	**3**	**0**	**0**	**3**	**6**	**0**	**0**	**0**	**0**	**0**	**4**

City Summary

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	NUMBER OF CRASHES							INJURY SEVERITY			
Danvers	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
Unknown	4	0	0	4	4	0	0	0	0	0	2
TOTALS	**6**	**0**	**0**	**6**	**6**	**0**	**0**	**0**	**0**	**0**	**4**
VEHICLE TYPE											
Passenger	2	0	0	2	2	0	0	0	0	0	1
Pickup	1	0	0	1	1	0	0	0	0	0	1
SUV	1	0	0	1	1	0	0	0	0	0	1
Unknown	2	0	0	2	2	0	0	0	0	0	1
TOTALS	**6**	**0**	**0**	**6**	**6**	**0**	**0**	**0**	**0**	**0**	**4**

City Summary

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		NUMBER OF CRASHES							INJURY SEVERITY			
Danvers		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												
16	Female	1	0	0	1	1	0	0	0	0	0	1
70-74	Female	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
Unknown	Not Stated	1	0	0	1	1	0	0	0	0	0	1
TOTALS		**4**	**0**	**0**	**4**	**4**	**0**	**0**	**0**	**0**	**0**	**4**