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			
Deland	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
WEATHER CONDITION											
Clear	2	0	0	2	4	0	0	0	0	0	4
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**4**
TYPE OF CRASH											
Parked motor vehicle	1	0	0	1	2	0	0	0	0	0	2
Turning	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**4**
CLASS OF CITY											
0 TO 2,500	2	0	0	2	4	0	0	0	0	0	4
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**4**
ROAD SURFACE CONDITION											
Dry	2	0	0	2	4	0	0	0	0	0	4
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**4**
CLASS OF TRAFFICWAY											
State Numbered Rural	1	0	0	1	2	0	0	0	0	0	2
County & Local Roads Rural	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**4**
DAY OF WEEK											
Thursday	1	0	0	1	2	0	0	0	0	0	2
Saturday	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**4**
TIME OF DAY											
7 AM	1	0	0	1	2	0	0	0	0	0	2
5 PM	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**4**
LIGHT CONDITION											
Daylight	2	0	0	2	4	0	0	0	0	0	4
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**4**
ROAD DEFECTS											
No Defects	2	0	0	2	4	0	0	0	0	0	4
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**4**
TRAFFIC CONTROL											
No Controls	1	0	0	1	2	0	0	0	0	0	2
Stop Sign/Flasher	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**4**

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ROADWAY FEATURE											
Intersection of Mrked Rts & Pub Rd(Major Collector)	1	0	0	1	2	0	0	0	0	0	2
Not Applicable	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**2**	**0**	**0**	**2**	**4**	**0**	**0**	**0**	**0**	**0**	**4**

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Deland	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	4
TOTALS	**4**	**0**	**0**	**4**	**4**	**0**	**0**	**0**	**0**	**0**	**4**
VEHICLE TYPE											
Passenger	3	0	0	3	3	0	0	0	0	0	3
Truck Single Unit	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**4**	**0**	**0**	**4**	**4**	**0**	**0**	**0**	**0**	**0**	**4**

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		NUMBER OF CRASHES							INJURY SEVERITY			
Deland		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												
50-54	Male	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
70-74	Female	1	0	0	1	1	0	0	0	0	0	1
TOTALS		**3**	**0**	**0**	**3**	**3**	**0**	**0**	**0**	**0**	**0**	**3**
PASSENGER AGE/GENDER												
Unknown	Not Stated	1	0	0	1	1	0	0	0	0	0	1
TOTALS		**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**1**