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			
Loraine	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	3
Snow	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**5**
TYPE OF CRASH											
Animal	1	0	0	1	1	0	0	0	0	0	3
Angle	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**5**
CLASS OF CITY											
0 TO 2,500	2	0	0	2	3	0	0	0	0	0	5
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**5**
ROAD SURFACE CONDITION											
Dry	1	0	0	1	1	0	0	0	0	0	3
Wet	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**5**
CLASS OF TRAFFICWAY											
State Numbered Rural	1	0	0	1	1	0	0	0	0	0	3
County & Local Roads Rural	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**5**
DAY OF WEEK											
Wednesday	1	0	0	1	1	0	0	0	0	0	3
Thursday	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**5**
TIME OF DAY											
2 AM	1	0	0	1	1	0	0	0	0	0	3
8 AM	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**5**
LIGHT CONDITION											
Darkness	1	0	0	1	1	0	0	0	0	0	3
Daylight	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**5**
ROAD DEFECTS											
No Defects	2	0	0	2	3	0	0	0	0	0	5
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**5**

City Summary

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	NUMBER OF CRASHES							INJURY SEVERITY			
Loraine	TOTAL	FATAL	INJURY	PROPERTY DAMAGE	TOTAL VEHICLES	TOTAL KILLED	TOTAL INJURED	A	B	C	O
TRAFFIC CONTROL											
No Controls	1	0	0	1	1	0	0	0	0	0	3
Stop Sign/Flasher	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**5**
ROADWAY FEATURE											
Not Applicable	2	0	0	2	3	0	0	0	0	0	5
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**5**

City Summary

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	NUMBER OF CRASHES							INJURY SEVERITY			
Loraine	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	5
TOTALS	**3**	**0**	**0**	**3**	**3**	**0**	**0**	**0**	**0**	**0**	**5**
VEHICLE TYPE											
Passenger	1	0	0	1	1	0	0	0	0	0	1
Van/Mini-Van	1	0	0	1	1	0	0	0	0	0	3
Unknown	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**3**	**0**	**0**	**3**	**3**	**0**	**0**	**0**	**0**	**0**	**5**

City Summary

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		NUMBER OF CRASHES							INJURY SEVERITY			
Loraine		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	Female	1	0	0	1	1	0	0	0	0	0	1
40-44	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**
PASSENGER AGE/GENDER												
22-24	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		**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**2**