



City Summary Crash Report

1/1/2014 to 12/31/2014

City : Orient | *See Notes at End of Report.

Orient	Number Of Crashes							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
WEATHER CONDITION											
Clear	2	0	1	1	3	0	1	0	1	0	1
TOTALS	2	0	1	1	3	0	1	0	1	0	1
TYPE OF CRASH											
Fixed Object	1	0	1	0	1	0	1	0	1	0	0
Parked Motor Vehicle	1	0	0	1	2	0	0	0	0	0	1
TOTALS	2	0	1	1	3	0	1	0	1	0	1



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CLASS OF CITY											
0 TO 2,500	2	0	1	1	3	0	1	0	1	0	1
TOTALS	2	0	1	1	3	0	1	0	1	0	1
ROAD SURFACE CONDITION											
Dry	2	0	1	1	3	0	1	0	1	0	1
TOTALS	2	0	1	1	3	0	1	0	1	0	1



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		Fatal	Injury	Property Damage	Killed		Injured	A	B	C	O	
CLASS OF TRAFFICWAY												
County & Local Roads Rural		2	0	1	1	3	0	1	0	1	0	1
TOTALS		2	0	1	1	3	0	1	0	1	0	1
DAY OF WEEK												
Thursday		1	0	1	0	1	0	1	0	1	0	0
Saturday		1	0	0	1	2	0	0	0	0	0	1
TOTALS		2	0	1	1	3	0	1	0	1	0	1



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	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
TIME OF DAY											
10 PM	1	0	0	1	2	0	0	0	0	0	1
11 PM	1	0	1	0	1	0	1	0	1	0	0
TOTALS	2	0	1	1	3	0	1	0	1	0	1



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	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
LIGHT CONDITION											
Darkness	2	0	1	1	3	0	1	0	1	0	1
TOTALS	2	0	1	1	3	0	1	0	1	0	1
ROAD DEFECTS											
No Defects	2	0	1	1	3	0	1	0	1	0	1
TOTALS	2	0	1	1	3	0	1	0	1	0	1



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	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
TRAFFIC CONTROL											
No Controls	2	0	1	1	3	0	1	0	1	0	1
TOTALS	2	0	1	1	3	0	1	0	1	0	1
ROADWAY FEATURE											
Not Applicable	2	0	1	1	3	0	1	0	1	0	1
TOTALS	2	0	1	1	3	0	1	0	1	0	1



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Orient	Number Of Persons				Property Damage	Total Vehicles	Total Killed	Total Injured	Injury Severity			
	Total	Fatal	Injury						A	B	C	O
DRIVER CONDITION												
Had Been Drinking	1	0	1	0	1	0	1	0	1	0	0	
Other/Unknown	1	0	0	1	1	0	0	0	0	0	1	
TOTALS	2	0	1	1	2	0	1	0	1	0	1	



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Orient	Number Of Persons							Injury Severity				
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O	
DRIVER AGE/GENDER												
45-49												
	Male	1	0	1	0	1	0	1	0	1	0	0
Unknown												
	Not Stated	1	0	0	1	1	0	0	0	0	0	1
TOTALS		2	0	1	1	2	0	1	0	1	0	1



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	Number Of Persons					Total Vehicles	Total Killed	Total Injured	Injury Severity			
	Total	Fatal	Injury	Property Damage					A	B	C	O
PEDALCYCLIST AGE/GENDER												

Orient	Number Of Vehicles					Total Vehicles	Total Killed	Total Injured	Injury Severity			
	Total	Fatal	Injury	Property Damage					A	B	C	O
VEHICLE DEFECTS												
None	2	0	1	1	2	0	1	0	1	0	0	
Unknown	1	0	0	1	1	0	0	0	0	0	1	
TOTALS	3	0	1	2	3	0	1	0	1	0	1	
VEHICLE TYPE												
Passenger	1	0	0	1	1	0	0	0	0	0	0	
Pickup	1	0	1	0	1	0	1	0	1	0	0	
Unknown	1	0	0	1	1	0	0	0	0	0	1	
TOTALS	3	0	1	2	3	0	1	0	1	0	1	

Notes

Calendar data selections include data based on the date of the crash. Year selections include data based on the Statistical year in which the crash was processed