



City Summary Crash Report

1/1/2015 to 12/31/2015

City : Leaf River | *See Notes at End of Report.

Leaf River	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	2	0	1	0	1	0	1
TOTALS	2	0	1	1	2	0	1	0	1	0	1
TYPE OF CRASH											
Fixed Object	1	0	0	1	1	0	0	0	0	0	1
Overtuned	1	0	1	0	1	0	1	0	1	0	0
TOTALS	2	0	1	1	2	0	1	0	1	0	1



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CLASS OF CITY												
0 TO 2,500	2	0	1	1	2	0	1	0	1	0	1	
TOTALS	2	0	1	1	2	0	1	0	1	0	1	
ROAD SURFACE CONDITION												
Dry	1	0	1	0	1	0	1	0	1	0	0	
Wet	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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		Fatal	Injury	Property Damage	Killed		Injured	A	B	C	O	
CLASS OF TRAFFICWAY												
County & Local Roads Rural		1	0	0	1	1	0	0	0	0	0	1
State Numbered Rural		1	0	1	0	1	0	1	0	1	0	0
TOTALS		2	0	1	1	2	0	1	0	1	0	1
DAY OF WEEK												
Monday		1	0	1	0	1	0	1	0	1	0	0
Thursday		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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	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
TIME OF DAY											
09 AM	1	0	0	1	1	0	0	0	0	0	1
4 PM	1	0	1	0	1	0	1	0	1	0	0
TOTALS	2	0	1	1	2	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											
Daylight	2	0	1	1	2	0	1	0	1	0	1
TOTALS	2	0	1	1	2	0	1	0	1	0	1
ROAD DEFECTS											
No Defects	2	0	1	1	2	0	1	0	1	0	1
TOTALS	2	0	1	1	2	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	1	0	1	0	1	0	1	0	1	0	0
No Passing	1	0	0	1	1	0	0	0	0	0	1
TOTALS	2	0	1	1	2	0	1	0	1	0	1
ROADWAY FEATURE											
Not Applicable	2	0	1	1	2	0	1	0	1	0	1
TOTALS	2	0	1	1	2	0	1	0	1	0	1



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Leaf River	Number Of Persons						Injury Severity				
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
DRIVER CONDITION											
Normal	2	0	1	1	2	0	1	0	1	0	1
TOTALS	2	0	1	1	2	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
DRIVER AGE/GENDER											
18											
	Male	1	0	1	0	1	0	1	0	1	0
65-69											
	Female	1	0	0	1	1	0	0	0	0	1
TOTALS		2	0	1	1	2	0	1	0	1	0

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

PEDALCYCLIST AGE/GENDER

Leaf River	Number Of Vehicles				Property Damage	Total Vehicles	Total Killed	Total Injured	Injury Severity			
	Total	Fatal	Injury						A	B	C	O
VEHICLE DEFECTS												
None	2	0	1	1	2	0	1	0	1	0	1	
TOTALS	2	0	1	1	2	0	1	0	1	0	1	
VEHICLE TYPE												
Motorcycle (Over 150cc)	1	0	1	0	1	0	1	0	1	0	0	
Passenger	1	0	0	1	1	0	0	0	0	0	1	
TOTALS	2	0	1	1	2	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