



City Summary Crash Report

1/1/2015 to 12/31/2015

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

Rankin	Number Of Crashes							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
WEATHER CONDITION											
Clear	4	0	1	3	5	0	1	0	1	0	4
Rain	1	0	1	0	2	0	1	0	1	0	1
TOTALS	5	0	2	3	7	0	2	0	2	0	5
TYPE OF CRASH											
Angle	1	0	1	0	2	0	1	0	1	0	1
Fixed Object	3	0	0	3	3	0	0	0	0	0	3
Rear End	1	0	1	0	2	0	1	0	1	0	1
TOTALS	5	0	2	3	7	0	2	0	2	0	5



City Summary Crash Report

1/1/2015 to 12/31/2015

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

Rankin	Number Of Crashes							Injury Severity				
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O	
CLASS OF CITY												
0 TO 2,500	5	0	2	3	7	0	2	0	2	0	5	
TOTALS	5	0	2	3	7	0	2	0	2	0	5	
ROAD SURFACE CONDITION												
Dry	4	0	1	3	5	0	1	0	1	0	4	
Wet	1	0	1	0	2	0	1	0	1	0	1	
TOTALS	5	0	2	3	7	0	2	0	2	0	5	



City Summary Crash Report

1/1/2015 to 12/31/2015

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

Rankin	Total	Number of Crashes				Total Vehicles	Total Total		Injury Severity			
		Fatal	Injury	Property Damage	Killed		Injured	A	B	C	O	
CLASS OF TRAFFICWAY												
County & Local Roads Rural		2	0	0	2	2	0	0	0	0	0	2
State Numbered Rural		2	0	1	1	3	0	1	0	1	0	2
Unmarked Highway Rural		1	0	1	0	2	0	1	0	1	0	1
TOTALS		5	0	2	3	7	0	2	0	2	0	5
DAY OF WEEK												
Wednesday		1	0	1	0	2	0	1	0	1	0	1
Friday		2	0	1	1	3	0	1	0	1	0	2
Saturday		2	0	0	2	2	0	0	0	0	0	2
TOTALS		5	0	2	3	7	0	2	0	2	0	5



City Summary Crash Report

1/1/2015 to 12/31/2015

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

Rankin	Number Of Crashes							Injury Severity				
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O	
TIME OF DAY												
Midnight	1	0	0	1	1	0	0	0	0	0	0	1
05 AM	1	0	0	1	1	0	0	0	0	0	0	1
06 AM	1	0	0	1	1	0	0	0	0	0	0	1
Noon	1	0	1	0	2	0	1	0	1	0	0	1
3 PM	1	0	1	0	2	0	1	0	1	0	0	1
TOTALS	5	0	2	3	7	0	2	0	2	0	0	5



City Summary Crash Report

1/1/2015 to 12/31/2015

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

Rankin	Number Of Crashes							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
LIGHT CONDITION											
Darkness	3	0	0	3	3	0	0	0	0	0	3
Darkness, Lighted Road	1	0	1	0	2	0	1	0	1	0	1
Daylight	1	0	1	0	2	0	1	0	1	0	1
TOTALS	5	0	2	3	7	0	2	0	2	0	5
ROAD DEFECTS											
No Defects	3	0	2	1	5	0	2	0	2	0	3
Unknown	2	0	0	2	2	0	0	0	0	0	2
TOTALS	5	0	2	3	7	0	2	0	2	0	5



City Summary Crash Report

1/1/2015 to 12/31/2015

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

Rankin	Number Of Crashes							Injury Severity			
	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	1
Stop Sign/Flasher	3	0	2	1	5	0	2	0	2	0	3
Unknown	1	0	0	1	1	0	0	0	0	0	1
TOTALS	5	0	2	3	7	0	2	0	2	0	5
ROADWAY FEATURE											
Bridge	2	0	1	1	3	0	1	0	1	0	2
Not Applicable	3	0	1	2	4	0	1	0	1	0	3
TOTALS	5	0	2	3	7	0	2	0	2	0	5



City Summary Crash Report

1/1/2015 to 12/31/2015

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

Rankin	Number Of Persons				Property Damage	Total Vehicles	Total Killed	Total Injured	Injury Severity			O
	Total	Fatal	Injury						A	B	C	
DRIVER CONDITION												
Normal	4	0	4	0	4	0	2	0	2	0	2	
Other	1	0	0	1	1	0	0	0	0	0	1	
Other/Unknown	2	0	0	2	2	0	0	0	0	0	2	
TOTALS	7	0	4	3	7	0	2	0	2	0	5	



City Summary Crash Report

1/1/2015 to 12/31/2015

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

Rankin		Number Of Persons						Injury Severity				
		Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
DRIVER AGE/GENDER												
21												
	Male	1	0	0	1	1	0	0	0	0	0	1
22-24												
	Male	2	0	2	0	2	0	0	0	0	0	2
35-39												
	Male	1	0	1	0	1	0	1	0	1	0	0
55-59												
	Female	1	0	1	0	1	0	1	0	1	0	0
Unknown												
	Not Stated	2	0	0	2	2	0	0	0	0	0	2
TOTALS		7	0	4	3	7	0	2	0	2	0	5

City Summary Crash Report

1/1/2015 to 12/31/2015

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

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

Rankin	Number Of Vehicles				Property Damage	Total Vehicles	Total Killed	Total Injured	Injury Severity			
	Total	Fatal	Injury						A	B	C	O
VEHICLE DEFECTS												
None	5	0	4	1	5	0	2	0	2	0	3	
Unknown	2	0	0	2	2	0	0	0	0	0	2	
TOTALS	7	0	4	3	7	0	2	0	2	0	5	
VEHICLE TYPE												
Passenger	4	0	2	2	4	0	1	0	1	0	3	
Pickup	2	0	1	1	2	0	0	0	0	0	2	
SUV	1	0	1	0	1	0	1	0	1	0	0	
TOTALS	7	0	4	3	7	0	2	0	2	0	5	

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