



City Summary Crash Report

1/1/2010 to 12/31/2010

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

Dover	Number Of Crashes							Injury Severity			
	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	2
Rain	1	0	1	0	1	0	1	0	0	1	0
TOTALS	2	0	1	1	2	0	1	0	0	1	2
TYPE OF CRASH											
Fixed object	2	0	1	1	2	0	1	0	0	1	2
TOTALS	2	0	1	1	2	0	1	0	0	1	2



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



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



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TIME OF DAY												
02 AM	1	0	1	0	1	0	1	0	0	1	0	
10 AM	1	0	0	1	1	0	0	0	0	0	2	
TOTALS	2	0	1	1	2	0	1	0	0	1	2	



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LIGHT CONDITION											
Darkness	1	0	1	0	1	0	1	0	0	1	0
Daylight	1	0	0	1	1	0	0	0	0	0	2
TOTALS	2	0	1	1	2	0	1	0	0	1	2
ROAD DEFECTS											
No defects	2	0	1	1	2	0	1	0	0	1	2
TOTALS	2	0	1	1	2	0	1	0	0	1	2



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TRAFFIC CONTROL											
Stop sign/flasher	1	0	1	0	1	0	1	0	0	1	0
unknown	1	0	0	1	1	0	0	0	0	0	2
TOTALS	2	0	1	1	2	0	1	0	0	1	2
ROADWAY FEATURE											
Not Applicable	2	0	1	1	2	0	1	0	0	1	2
TOTALS	2	0	1	1	2	0	1	0	0	1	2



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Dover	Number Of Persons				Property Damage	Total Vehicles	Total Killed	Total Injured	Injury Severity			
	Total	Fatal	Injury						A	B	C	O
DRIVER CONDITION												
Asleep/fainted	1	0	0		1	1	0	0	0	0	0	1
Had been drinking	1	0	1		0	1	0	1	0	0	1	0
TOTALS	2	0	1		1	2	0	1	0	0	1	1



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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

Dover	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	0	1	2
TOTALS	2	0	1	1	2	0	1	0	0	1	2

VEHICLE TYPE

Passenger	2	0	1	1	2	0	1	0	0	1	2
TOTALS	2	0	1	1	2	0	1	0	0	1	2

Notes

Current year and previous year data are not yet complete and are subject to change as more information becomes available. Calendar date 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.