Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2011 to 12/31/2011

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	1	0	0	1	2	0	0	0	0	0	3
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**3**
TYPE OF CRASH											
Angle	1	0	0	1	2	0	0	0	0	0	3
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**3**

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

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

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1/1/2011 to 12/31/2011

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

Rankin	Total	Number of Crashes Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	Injury Severity A	B	C	O
CLASS OF TRAFFICWAY											
State Numbered Rural	1	0	0	1	2	0	0	0	0	0	3
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**3**
DAY OF WEEK											
Friday	1	0	0	1	2	0	0	0	0	0	3
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**3**

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1/1/2011 to 12/31/2011

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											
10 PM	1	0	0	1	2	0	0	0	0	0	3
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**3**

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1/1/2011 to 12/31/2011

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Rankin	Number Of Crashes							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
LIGHT CONDITION											
Darkness	1	0	0	1	2	0	0	0	0	0	3
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**3**
ROAD DEFECTS											
No defects	1	0	0	1	2	0	0	0	0	0	3
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**3**

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Rankin	Number Of Crashes							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
TRAFFIC CONTROL											
Stop sign/flasher	1	0	0	1	2	0	0	0	0	0	3
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**3**
ROADWAY FEATURE											
Not Applicable	1	0	0	1	2	0	0	0	0	0	3
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**3**

Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2011 to 12/31/2011

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 CONDITION											
Normal	2	0	0	2	2	0	0	0	0	0	2
TOTALS	**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**2**

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City Summary Crash Report

1/1/2011 to 12/31/2011

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												
16												
	Female	2	0	0	2	2	0	0	0	0	0	2
TOTALS		**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**2**

| Rankin | | Number Of Persons | | | | | | | Injury Severity | | | |
---	---	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
PASSENGER AGE/GENDER												
17												
	Male	1	0	0	1	1	0	0	0	0	0	1
TOTALS		**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**1**

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

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

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

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.