Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2014 to 12/31/2014

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

Brookport	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	2	2	0	0	4
Rain	2	0	1	1	3	0	1	0	1	0	3
TOTALS	**6**	**0**	**2**	**4**	**8**	**0**	**3**	**2**	**1**	**0**	**7**
TYPE OF CRASH											
Angle	1	0	0	1	2	0	0	0	0	0	3
Animal	2	0	0	2	2	0	0	0	0	0	2
Fixed Object	2	0	2	0	2	0	3	2	1	0	0
Turning	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**6**	**0**	**2**	**4**	**8**	**0**	**3**	**2**	**1**	**0**	**7**

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Brookport	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	6	0	2	4	8	0	3	2	1	0	7
TOTALS	**6**	**0**	**2**	**4**	**8**	**0**	**3**	**2**	**1**	**0**	**7**
ROAD SURFACE CONDITION											
Dry	2	0	0	2	3	0	0	0	0	0	3
Unknown	1	0	0	1	1	0	0	0	0	0	1
Wet	3	0	2	1	4	0	3	2	1	0	3
TOTALS	**6**	**0**	**2**	**4**	**8**	**0**	**3**	**2**	**1**	**0**	**7**

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1/1/2014 to 12/31/2014

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

Brookport	Total	Number of Crashes Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	Injury Severity A	B	C	O
CLASS OF TRAFFICWAY											
County & Local Roads Rural	3	0	1	2	4	0	2	2	0	0	4
State Numbered Rural	2	0	1	1	3	0	1	0	1	0	2
Unmarked Highway Rural	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**6**	**0**	**2**	**4**	**8**	**0**	**3**	**2**	**1**	**0**	**7**
DAY OF WEEK											
Tuesday	1	0	0	1	2	0	0	0	0	0	3
Friday	2	0	0	2	3	0	0	0	0	0	3
Saturday	3	0	2	1	3	0	3	2	1	0	1
TOTALS	**6**	**0**	**2**	**4**	**8**	**0**	**3**	**2**	**1**	**0**	**7**

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	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
TIME OF DAY											
06 AM	1	0	1	0	1	0	2	2	0	0	0
08 AM	1	0	0	1	1	0	0	0	0	0	1
11 AM	1	0	0	1	1	0	0	0	0	0	1
1 PM	1	0	0	1	2	0	0	0	0	0	3
3 PM	1	0	0	1	2	0	0	0	0	0	2
6 PM	1	0	1	0	1	0	1	0	1	0	0
TOTALS	**6**	**0**	**2**	**4**	**8**	**0**	**3**	**2**	**1**	**0**	**7**

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Brookport	Number Of Crashes							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
LIGHT CONDITION											
Darkness/ Lighted Road	2	0	1	1	2	0	1	0	1	0	1
Dawn	1	0	1	0	1	0	2	2	0	0	0
Daylight	3	0	0	3	5	0	0	0	0	0	6
TOTALS	**6**	**0**	**2**	**4**	**8**	**0**	**3**	**2**	**1**	**0**	**7**
ROAD DEFECTS											
No Defects	4	0	1	3	6	0	2	2	0	0	6
Unknown	2	0	1	1	2	0	1	0	1	0	1
TOTALS	**6**	**0**	**2**	**4**	**8**	**0**	**3**	**2**	**1**	**0**	**7**

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Brookport	Number Of Crashes							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
TRAFFIC CONTROL											
No Controls	5	0	2	3	6	0	3	2	1	0	5
Stop Sign/Flasher	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**6**	**0**	**2**	**4**	**8**	**0**	**3**	**2**	**1**	**0**	**7**
ROADWAY FEATURE											
Not Applicable	6	0	2	4	8	0	3	2	1	0	7
TOTALS	**6**	**0**	**2**	**4**	**8**	**0**	**3**	**2**	**1**	**0**	**7**

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City Summary Crash Report

1/1/2014 to 12/31/2014

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

Brookport	Number Of Persons							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
DRIVER CONDITION											
Normal	7	0	1	6	7	0	1	0	1	0	6
Removed By EMS	1	0	1	0	1	0	1	1	0	0	0
TOTALS	**8**	**0**	**2**	**6**	**8**	**0**	**2**	**1**	**1**	**0**	**6**

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1/1/2014 to 12/31/2014

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

Brookport		Number Of Persons							Injury Severity			
		Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
DRIVER AGE/GENDER												
20												
	Female	1	0	1	0	1	0	1	1	0	0	0
25-29												
	Male	1	0	0	1	1	0	0	0	0	0	1
30-34												
	Male	1	0	0	1	1	0	0	0	0	0	1
40-44												
	Male	1	0	1	0	1	0	1	0	1	0	0
50-54												
	Female	1	0	0	1	1	0	0	0	0	0	1
60-64												
	Male	2	0	0	2	2	0	0	0	0	0	2
65-69												
	Male	1	0	0	1	1	0	0	0	0	0	1
TOTALS		**8**	**0**	**2**	**6**	**8**	**0**	**2**	**1**	**1**	**0**	**6**

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

Brookport		Number Of Persons							Injury Severity			
		Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
PASSENGER AGE/GENDER												
30-34												
	Male	1	0	1	0	1	0	1	1	0	0	0
35-39												
	Male	1	0	0	1	1	0	0	0	0	0	1
TOTALS		**2**	**0**	**1**	**1**	**2**	**0**	**1**	**1**	**0**	**0**	**1**

Illinois Department of Transportation
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City Summary Crash Report

1/1/2014 to 12/31/2014

City : Brookport | *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 | | | |
Brookport	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
VEHICLE DEFECTS											
Brakes	1	0	0	1	1	0	0	0	0	0	1
None	4	0	0	4	4	0	0	0	0	0	5
Tires	1	0	1	0	1	0	2	2	0	0	0
Unknown	2	0	1	1	2	0	1	0	1	0	1
TOTALS	**8**	**0**	**2**	**6**	**8**	**0**	**3**	**2**	**1**	**0**	**7**
VEHICLE TYPE											
Passenger	3	0	2	1	3	0	3	2	1	0	1
Pickup	5	0	0	5	5	0	0	0	0	0	6
TOTALS	**8**	**0**	**2**	**6**	**8**	**0**	**3**	**2**	**1**	**0**	**7**

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