Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2014 to 12/31/2014

City : Grand Chain | *See Notes at End of Report.

Grand Chain	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	2
TOTALS	**2**	**0**	**1**	**1**	**2**	**0**	**1**	**0**	**1**	**0**	**2**
TYPE OF CRASH											
Animal	2	0	1	1	2	0	1	0	1	0	2
TOTALS	**2**	**0**	**1**	**1**	**2**	**0**	**1**	**0**	**1**	**0**	**2**

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Grand Chain	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	2	0	1	1	2	0	1	0	1	0	2
TOTALS	**2**	**0**	**1**	**1**	**2**	**0**	**1**	**0**	**1**	**0**	**2**
ROAD SURFACE CONDITION											
Dry	2	0	1	1	2	0	1	0	1	0	2
TOTALS	**2**	**0**	**1**	**1**	**2**	**0**	**1**	**0**	**1**	**0**	**2**

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Grand Chain	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total 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	1
TOTALS	**2**	**0**	**1**	**1**	**2**	**0**	**1**	**0**	**1**	**0**	**2**
DAY OF WEEK											
Wednesday	2	0	1	1	2	0	1	0	1	0	2
TOTALS	**2**	**0**	**1**	**1**	**2**	**0**	**1**	**0**	**1**	**0**	**2**

Number of Crashes spans: Total, Fatal, Injury, Property Damage, Total Vehicles, Total Killed, Total Injured. *Injury Severity* spans: A, B, C, O.

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Grand Chain	Number Of Crashes							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
TIME OF DAY											
07 AM	1	0	0	1	1	0	0	0	0	0	1
7 PM	1	0	1	0	1	0	1	0	1	0	1
TOTALS	**2**	**0**	**1**	**1**	**2**	**0**	**1**	**0**	**1**	**0**	**2**

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	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
LIGHT CONDITION											
Daylight	1	0	0	1	1	0	0	0	0	0	1
Dusk	1	0	1	0	1	0	1	0	1	0	1
TOTALS	**2**	**0**	**1**	**1**	**2**	**0**	**1**	**0**	**1**	**0**	**2**
ROAD DEFECTS											
No Defects	2	0	1	1	2	0	1	0	1	0	2
TOTALS	**2**	**0**	**1**	**1**	**2**	**0**	**1**	**0**	**1**	**0**	**2**

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Grand Chain	Number Of Crashes							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
TRAFFIC CONTROL											
Lane Use Marking	1	0	0	1	1	0	0	0	0	0	1
No Controls	1	0	1	0	1	0	1	0	1	0	1
TOTALS	**2**	**0**	**1**	**1**	**2**	**0**	**1**	**0**	**1**	**0**	**2**
ROADWAY FEATURE											
Not Applicable	2	0	1	1	2	0	1	0	1	0	2
TOTALS	**2**	**0**	**1**	**1**	**2**	**0**	**1**	**0**	**1**	**0**	**2**

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Grand Chain	Number Of Persons							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
DRIVER CONDITION											
Normal	1	0	1	0	1	0	0	0	0	0	1
Other/Unknown	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**2**	**0**	**1**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**2**

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City : Grand Chain | *See Notes at End of Report.

Grand Chain		Number Of Persons							Injury Severity			
		Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
DRIVER AGE/GENDER												
70-74												
	Male	1	0	1	0	1	0	0	0	0	0	1
75-79												
	Male	1	0	0	1	1	0	0	0	0	0	1
TOTALS		**2**	**0**	**1**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**2**

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City : Grand Chain | *See Notes at End of Report.

Grand Chain		Number Of Persons							Injury Severity			
		Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
PASSENGER AGE/GENDER												
65-69												
	Female	1	0	1	0	1	0	1	0	1	0	0
TOTALS		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**0**

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1/1/2014 to 12/31/2014

City : Grand Chain | *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											

| Grand Chain | Number Of Vehicles | | | | | | | Injury Severity | | | |
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
VEHICLE DEFECTS											
None	2	0	1	1	2	0	1	0	1	0	2
TOTALS	**2**	**0**	**1**	**1**	**2**	**0**	**1**	**0**	**1**	**0**	**2**
VEHICLE TYPE											
Passenger	1	0	1	0	1	0	1	0	1	0	1
SUV	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**2**	**0**	**1**	**1**	**2**	**0**	**1**	**0**	**1**	**0**	**2**

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