Illinois Department of Transportation

City Summary Crash Report

1/1/2020 to 12/31/2020

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

Franklin	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	2	2	6	0	2	1	1	0	5
TOTALS	**4**	**0**	**2**	**2**	**6**	**0**	**2**	**1**	**1**	**0**	**5**
TYPE OF CRASH											
Angle	1	0	1	0	2	0	1	0	1	0	1
Fixed Object	1	0	0	1	1	0	0	0	0	0	1
Front to Rear	1	0	0	1	2	0	0	0	0	0	2
Pedestrian	1	0	1	0	1	0	1	1	0	0	1
TOTALS	**4**	**0**	**2**	**2**	**6**	**0**	**2**	**1**	**1**	**0**	**5**

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Franklin	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	4	0	2	2	6	0	2	1	1	0	5
TOTALS	**4**	**0**	**2**	**2**	**6**	**0**	**2**	**1**	**1**	**0**	**5**
ROAD SURFACE CONDITION											
Dry	4	0	2	2	6	0	2	1	1	0	5
TOTALS	**4**	**0**	**2**	**2**	**6**	**0**	**2**	**1**	**1**	**0**	**5**

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Franklin	Total	Number of Crashes Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	Injury Severity A	B	C	O
CLASS OF TRAFFICWAY											
Rural Local Road or Street	1	0	1	0	1	0	1	1	0	0	1
Rural Major Collector	1	0	0	1	1	0	0	0	0	0	1
Rural Minor Arterial	2	0	1	1	4	0	1	0	1	0	3
TOTALS	**4**	**0**	**2**	**2**	**6**	**0**	**2**	**1**	**1**	**0**	**5**
DAY OF WEEK											
Sunday	2	0	1	1	2	0	1	1	0	0	2
Wednesday	2	0	1	1	4	0	1	0	1	0	3
TOTALS	**4**	**0**	**2**	**2**	**6**	**0**	**2**	**1**	**1**	**0**	**5**

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	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
TIME OF DAY											
Midnight	2	0	1	1	2	0	1	1	0	0	2
Noon	1	0	1	0	2	0	1	0	1	0	1
5 PM	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**4**	**0**	**2**	**2**	**6**	**0**	**2**	**1**	**1**	**0**	**5**

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	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	1	0	0	2
Daylight	2	0	1	1	4	0	1	0	1	0	3
TOTALS	**4**	**0**	**2**	**2**	**6**	**0**	**2**	**1**	**1**	**0**	**5**
ROAD DEFECTS											
No Defects	4	0	2	2	6	0	2	1	1	0	5
TOTALS	**4**	**0**	**2**	**2**	**6**	**0**	**2**	**1**	**1**	**0**	**5**

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	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
TRAFFIC CONTROL											
No Controls	3	0	1	2	4	0	1	1	0	0	4
Stop Sign	1	0	1	0	2	0	1	0	1	0	1
TOTALS	**4**	**0**	**2**	**2**	**6**	**0**	**2**	**1**	**1**	**0**	**5**
ROADWAY FEATURE											
Not Applicable	4	0	2	2	6	0	2	1	1	0	5
TOTALS	**4**	**0**	**2**	**2**	**6**	**0**	**2**	**1**	**1**	**0**	**5**

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Franklin	Number Of Persons							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
DRIVER CONDITION											
Alcohol Impaired	1	0	0	1	1	0	0	0	0	0	1
Normal	4	0	2	2	4	0	1	0	1	0	3
Other/Unknown	1	0	1	0	1	0	0	0	0	0	1
TOTALS	**6**	**0**	**3**	**3**	**6**	**0**	**1**	**0**	**1**	**0**	**5**

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		Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
DRIVER AGE/GENDER												
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	0	1	1	0	0	0	0	0	1
45-49												
	Female	1	0	1	0	1	0	0	0	0	0	1
55-59												
	Female	1	0	1	0	1	0	1	0	1	0	0
75-79												
	Male	1	0	1	0	1	0	0	0	0	0	1
TOTALS		**6**	**0**	**3**	**3**	**6**	**0**	**1**	**0**	**1**	**0**	**5**

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		Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
PEDEDSTRIAN AGE/GENDER												
40-44												
	Male	1	0	1	0	1	0	1	1	0	0	0
TOTALS		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**1**	**0**	**0**	**0**

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		Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
PEDESTRIAN PRIOR ACTION AGE/GENDER												
Walking/Riding Against Traffic												
40-44												
	Male	1	0	1	0	1	0	1	1	0	0	0
TOTALS		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**1**	**0**	**0**	**0**

Franklin	Number Of Vehicles							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
VEHICLE DEFECTS											
None	6	0	3	3	6	0	1	0	1	0	5
TOTALS	**6**	**0**	**3**	**3**	**6**	**0**	**1**	**0**	**1**	**0**	**5**
VEHICLE TYPE											
Passenger	3	0	1	2	3	0	1	0	1	0	2
Pickup	3	0	2	1	3	0	0	0	0	0	3
TOTALS	**6**	**0**	**3**	**3**	**6**	**0**	**1**	**0**	**1**	**0**	**5**