



**City Summary Crash Report**

**1/1/2022 to 12/31/2022**

City : Lostant | \*See Notes at End of Report.

| Lostant                  | Number Of Crashes |          |          |                 |                |              |               | Injury Severity |          |          |          |
|--------------------------|-------------------|----------|----------|-----------------|----------------|--------------|---------------|-----------------|----------|----------|----------|
|                          | Total             | Fatal    | Injury   | Property Damage | Total Vehicles | Total Killed | Total Injured | A               | B        | C        | O        |
| <b>WEATHER CONDITION</b> |                   |          |          |                 |                |              |               |                 |          |          |          |
| Clear                    | 4                 | 0        | 1        | 3               | 7              | 0            | 2             | 0               | 2        | 0        | 5        |
| <b>TOTALS</b>            | <b>4</b>          | <b>0</b> | <b>1</b> | <b>3</b>        | <b>7</b>       | <b>0</b>     | <b>2</b>      | <b>0</b>        | <b>2</b> | <b>0</b> | <b>5</b> |
| <b>TYPE OF CRASH</b>     |                   |          |          |                 |                |              |               |                 |          |          |          |
| Angle                    | 1                 | 0        | 1        | 0               | 2              | 0            | 2             | 0               | 2        | 0        | 0        |
| 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        | 3        |
| Parked Motor Vehicle     | 1                 | 0        | 0        | 1               | 2              | 0            | 0             | 0               | 0        | 0        | 1        |
| <b>TOTALS</b>            | <b>4</b>          | <b>0</b> | <b>1</b> | <b>3</b>        | <b>7</b>       | <b>0</b>     | <b>2</b>      | <b>0</b>        | <b>2</b> | <b>0</b> | <b>5</b> |



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| Lostant                       | Number Of Crashes |          |          |                 |                |              |               | Injury Severity |          |          |          |  |
|-------------------------------|-------------------|----------|----------|-----------------|----------------|--------------|---------------|-----------------|----------|----------|----------|--|
|                               | Total             | Fatal    | Injury   | Property Damage | Total Vehicles | Total Killed | Total Injured | A               | B        | C        | O        |  |
| <b>CLASS OF CITY</b>          |                   |          |          |                 |                |              |               |                 |          |          |          |  |
| 0 TO 2,500                    | 4                 | 0        | 1        | 3               | 7              | 0            | 2             | 0               | 2        | 0        | 5        |  |
| <b>TOTALS</b>                 | <b>4</b>          | <b>0</b> | <b>1</b> | <b>3</b>        | <b>7</b>       | <b>0</b>     | <b>2</b>      | <b>0</b>        | <b>2</b> | <b>0</b> | <b>5</b> |  |
| <b>ROAD SURFACE CONDITION</b> |                   |          |          |                 |                |              |               |                 |          |          |          |  |
| Dry                           | 4                 | 0        | 1        | 3               | 7              | 0            | 2             | 0               | 2        | 0        | 5        |  |
| <b>TOTALS</b>                 | <b>4</b>          | <b>0</b> | <b>1</b> | <b>3</b>        | <b>7</b>       | <b>0</b>     | <b>2</b>      | <b>0</b>        | <b>2</b> | <b>0</b> | <b>5</b> |  |



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| Lostant                        | Total | Number of Crashes |          |                 |          | Total Vehicles | Total Total |          | Injury Severity |          |          |          |
|--------------------------------|-------|-------------------|----------|-----------------|----------|----------------|-------------|----------|-----------------|----------|----------|----------|
|                                |       | Fatal             | Injury   | Property Damage | Killed   |                | Injured     | A        | B               | C        | O        |          |
| <b>CLASS OF TRAFFICWAY</b>     |       |                   |          |                 |          |                |             |          |                 |          |          |          |
| Rural Local Road or Street     |       | 1                 | 0        | 0               | 1        | 2              | 0           | 0        | 0               | 0        | 0        | 1        |
| Rural Major Collector          |       | 2                 | 0        | 0               | 2        | 3              | 0           | 0        | 0               | 0        | 0        | 4        |
| Rural Other Principal Arterial |       | 1                 | 0        | 1               | 0        | 2              | 0           | 2        | 0               | 2        | 0        | 0        |
| <b>TOTALS</b>                  |       | <b>4</b>          | <b>0</b> | <b>1</b>        | <b>3</b> | <b>7</b>       | <b>0</b>    | <b>2</b> | <b>0</b>        | <b>2</b> | <b>0</b> | <b>5</b> |
| <b>DAY OF WEEK</b>             |       |                   |          |                 |          |                |             |          |                 |          |          |          |
| Monday                         |       | 1                 | 0        | 0               | 1        | 2              | 0           | 0        | 0               | 0        | 0        | 1        |
| Wednesday                      |       | 1                 | 0        | 1               | 0        | 2              | 0           | 2        | 0               | 2        | 0        | 0        |
| Saturday                       |       | 2                 | 0        | 0               | 2        | 3              | 0           | 0        | 0               | 0        | 0        | 4        |
| <b>TOTALS</b>                  |       | <b>4</b>          | <b>0</b> | <b>1</b>        | <b>3</b> | <b>7</b>       | <b>0</b>    | <b>2</b> | <b>0</b>        | <b>2</b> | <b>0</b> | <b>5</b> |



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City : Lostant | \*See Notes at End of Report.

| Lostant            | Number Of Crashes |          |          |                 |                |              |               | Injury Severity |          |          |          |  |
|--------------------|-------------------|----------|----------|-----------------|----------------|--------------|---------------|-----------------|----------|----------|----------|--|
|                    | Total             | Fatal    | Injury   | Property Damage | Total Vehicles | Total Killed | Total Injured | A               | B        | C        | O        |  |
| <b>TIME OF DAY</b> |                   |          |          |                 |                |              |               |                 |          |          |          |  |
| 5 PM               | 1                 | 0        | 1        | 0               | 2              | 0            | 2             | 0               | 2        | 0        | 0        |  |
| 6 PM               | 1                 | 0        | 0        | 1               | 2              | 0            | 0             | 0               | 0        | 0        | 3        |  |
| 11 PM              | 2                 | 0        | 0        | 2               | 3              | 0            | 0             | 0               | 0        | 0        | 2        |  |
| <b>TOTALS</b>      | <b>4</b>          | <b>0</b> | <b>1</b> | <b>3</b>        | <b>7</b>       | <b>0</b>     | <b>2</b>      | <b>0</b>        | <b>2</b> | <b>0</b> | <b>5</b> |  |



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| Lostant                | Number Of Crashes |          |          |                 |                |              |               | Injury Severity |          |          |          |
|------------------------|-------------------|----------|----------|-----------------|----------------|--------------|---------------|-----------------|----------|----------|----------|
|                        | Total             | Fatal    | Injury   | Property Damage | Total Vehicles | Total Killed | Total Injured | A               | B        | C        | O        |
| <b>LIGHT CONDITION</b> |                   |          |          |                 |                |              |               |                 |          |          |          |
| Darkness               | 3                 | 0        | 0        | 3               | 5              | 0            | 0             | 0               | 0        | 0        | 5        |
| Daylight               | 1                 | 0        | 1        | 0               | 2              | 0            | 2             | 0               | 2        | 0        | 0        |
| <b>TOTALS</b>          | <b>4</b>          | <b>0</b> | <b>1</b> | <b>3</b>        | <b>7</b>       | <b>0</b>     | <b>2</b>      | <b>0</b>        | <b>2</b> | <b>0</b> | <b>5</b> |
| <b>ROAD DEFECTS</b>    |                   |          |          |                 |                |              |               |                 |          |          |          |
| No Defects             | 2                 | 0        | 1        | 1               | 4              | 0            | 2             | 0               | 2        | 0        | 1        |
| Unknown                | 2                 | 0        | 0        | 2               | 3              | 0            | 0             | 0               | 0        | 0        | 4        |
| <b>TOTALS</b>          | <b>4</b>          | <b>0</b> | <b>1</b> | <b>3</b>        | <b>7</b>       | <b>0</b>     | <b>2</b>      | <b>0</b>        | <b>2</b> | <b>0</b> | <b>5</b> |



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| Lostant                | Number Of Crashes |          |          |                 |                |              |               | Injury Severity |          |          |          |
|------------------------|-------------------|----------|----------|-----------------|----------------|--------------|---------------|-----------------|----------|----------|----------|
|                        | Total             | Fatal    | Injury   | Property Damage | Total Vehicles | Total Killed | Total Injured | A               | B        | C        | O        |
| <b>TRAFFIC CONTROL</b> |                   |          |          |                 |                |              |               |                 |          |          |          |
| No Controls            | 3                 | 0        | 0        | 3               | 5              | 0            | 0             | 0               | 0        | 0        | 5        |
| Stop Sign              | 1                 | 0        | 1        | 0               | 2              | 0            | 2             | 0               | 2        | 0        | 0        |
| <b>TOTALS</b>          | <b>4</b>          | <b>0</b> | <b>1</b> | <b>3</b>        | <b>7</b>       | <b>0</b>     | <b>2</b>      | <b>0</b>        | <b>2</b> | <b>0</b> | <b>5</b> |
| <b>ROADWAY FEATURE</b> |                   |          |          |                 |                |              |               |                 |          |          |          |
| Not Applicable         | 4                 | 0        | 1        | 3               | 7              | 0            | 2             | 0               | 2        | 0        | 5        |
| <b>TOTALS</b>          | <b>4</b>          | <b>0</b> | <b>1</b> | <b>3</b>        | <b>7</b>       | <b>0</b>     | <b>2</b>      | <b>0</b>        | <b>2</b> | <b>0</b> | <b>5</b> |



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**1/1/2022 to 12/31/2022**

City : Lostant | \*See Notes at End of Report.

| Lostant                 | Number Of Persons |          |          |  | Property<br>Damage | Total<br>Vehicles | Total<br>Killed | Total<br>Injured | Injury Severity |          |          | O        |
|-------------------------|-------------------|----------|----------|--|--------------------|-------------------|-----------------|------------------|-----------------|----------|----------|----------|
|                         | Total             | Fatal    | Injury   |  |                    |                   |                 |                  | A               | B        | C        |          |
| <b>DRIVER CONDITION</b> |                   |          |          |  |                    |                   |                 |                  |                 |          |          |          |
| Normal                  | 5                 | 0        | 2        |  | 3                  | 5                 | 0               | 2                | 0               | 2        | 0        | 3        |
| Other/Unknown           | 1                 | 0        | 0        |  | 1                  | 1                 | 0               | 0                | 0               | 0        | 0        | 1        |
| <b>TOTALS</b>           | <b>6</b>          | <b>0</b> | <b>2</b> |  | <b>4</b>           | <b>6</b>          | <b>0</b>        | <b>2</b>         | <b>0</b>        | <b>2</b> | <b>0</b> | <b>4</b> |



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| Lostant                  |        | Number Of Persons |          |          |                 |                |              | Injury Severity |          |          |          |          |
|--------------------------|--------|-------------------|----------|----------|-----------------|----------------|--------------|-----------------|----------|----------|----------|----------|
|                          |        | Total             | Fatal    | Injury   | Property Damage | Total Vehicles | Total Killed | Total Injured   | A        | B        | C        | O        |
| <b>DRIVER AGE/GENDER</b> |        |                   |          |          |                 |                |              |                 |          |          |          |          |
| 25-29                    |        |                   |          |          |                 |                |              |                 |          |          |          |          |
|                          | Male   | 1                 | 0        | 0        | 1               | 1              | 0            | 0               | 0        | 0        | 0        | 1        |
| 35-39                    |        |                   |          |          |                 |                |              |                 |          |          |          |          |
|                          | Male   | 1                 | 0        | 0        | 1               | 1              | 0            | 0               | 0        | 0        | 0        | 1        |
| 45-49                    |        |                   |          |          |                 |                |              |                 |          |          |          |          |
|                          | Female | 1                 | 0        | 1        | 0               | 1              | 0            | 1               | 0        | 1        | 0        | 0        |
|                          | Male   | 1                 | 0        | 0        | 1               | 1              | 0            | 0               | 0        | 0        | 0        | 1        |
| 60-64                    |        |                   |          |          |                 |                |              |                 |          |          |          |          |
|                          | Male   | 1                 | 0        | 0        | 1               | 1              | 0            | 0               | 0        | 0        | 0        | 1        |
| 70-74                    |        |                   |          |          |                 |                |              |                 |          |          |          |          |
|                          | Female | 1                 | 0        | 1        | 0               | 1              | 0            | 1               | 0        | 1        | 0        | 0        |
| <b>TOTALS</b>            |        | <b>6</b>          | <b>0</b> | <b>2</b> | <b>4</b>        | <b>6</b>       | <b>0</b>     | <b>2</b>        | <b>0</b> | <b>2</b> | <b>0</b> | <b>4</b> |





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1/1/2022 to 12/31/2022

City : Lostant | \*See Notes at End of Report.

| Lostant                     |        | Number Of Persons |          |          |                 | Total Vehicles | Total Killed | Total Injured | Injury Severity |          |          |          |
|-----------------------------|--------|-------------------|----------|----------|-----------------|----------------|--------------|---------------|-----------------|----------|----------|----------|
|                             |        | Total             | Fatal    | Injury   | Property Damage |                |              |               | A               | B        | C        | O        |
| <b>PASSENGER AGE/GENDER</b> |        |                   |          |          |                 |                |              |               |                 |          |          |          |
| 30-34                       |        |                   |          |          |                 |                |              |               |                 |          |          |          |
|                             | Female | 1                 | 0        | 0        | 1               | 1              | 0            | 0             | 0               | 0        | 0        | 1        |
| <b>TOTALS</b>               |        | <b>1</b>          | <b>0</b> | <b>0</b> | <b>1</b>        | <b>1</b>       | <b>0</b>     | <b>0</b>      | <b>0</b>        | <b>0</b> | <b>0</b> | <b>1</b> |

| Lostant                |           | Number Of Vehicles |          |          |                 | Total Vehicles | Total Killed | Total Injured | Injury Severity |          |          |          |
|------------------------|-----------|--------------------|----------|----------|-----------------|----------------|--------------|---------------|-----------------|----------|----------|----------|
|                        |           | Total              | Fatal    | Injury   | Property Damage |                |              |               | A               | B        | C        | O        |
| <b>VEHICLE DEFECTS</b> |           |                    |          |          |                 |                |              |               |                 |          |          |          |
|                        | None      | 3                  | 0        | 2        | 1               | 3              | 0            | 2             | 0               | 2        | 0        | 1        |
|                        | Unknown   | 4                  | 0        | 0        | 4               | 4              | 0            | 0             | 0               | 0        | 0        | 4        |
| <b>TOTALS</b>          |           | <b>7</b>           | <b>0</b> | <b>2</b> | <b>5</b>        | <b>7</b>       | <b>0</b>     | <b>2</b>      | <b>0</b>        | <b>2</b> | <b>0</b> | <b>5</b> |
| <b>VEHICLE TYPE</b>    |           |                    |          |          |                 |                |              |               |                 |          |          |          |
|                        | Passenger | 5                  | 0        | 1        | 4               | 5              | 0            | 1             | 0               | 1        | 0        | 4        |
|                        | Pickup    | 1                  | 0        | 0        | 1               | 1              | 0            | 0             | 0               | 0        | 0        | 1        |
|                        | SUV       | 1                  | 0        | 1        | 0               | 1              | 0            | 1             | 0               | 1        | 0        | 0        |
| <b>TOTALS</b>          |           | <b>7</b>           | <b>0</b> | <b>2</b> | <b>5</b>        | <b>7</b>       | <b>0</b>     | <b>2</b>      | <b>0</b>        | <b>2</b> | <b>0</b> | <b>5</b> |

**Notes**

Report No : SDM-ERC117

Sorted by : City



**Illinois Department of Transportation**

Report Produced : 9/28/2023 9:57 AM

By: ILLINOIS\Sarah.Jastrzebski

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**1/1/2022 to 12/31/2022**

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**DISCLAIMER:** The motor vehicle crash data referenced herein was provided by the Illinois Department of Transportation. Any conclusions drawn from analysis of the aforementioned data are the sole responsibility of the data recipient(s). Additionally, for coding years 2015 to present, the Bureau of Data Collection uses the exact latitude/longitude supplied by the investigating law enforcement agency to locate crashes. Therefore, location data may vary in previous years since data prior to 2015 was physically located by bureau personnel.