Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2012 to 12/31/2012

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

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

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Oneida	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	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**2**
ROAD SURFACE CONDITION											
Dry	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**2**

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1/1/2012 to 12/31/2012

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

Oneida	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	2
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**2**
DAY OF WEEK											
Tuesday	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**2**

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Oneida	Number Of Crashes							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
TIME OF DAY											
Noon	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**2**

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

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	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	2
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**2**
ROADWAY FEATURE											
Not Applicable	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**2**

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

Oneida	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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Oneida		Number Of Persons							Injury Severity			
		Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
DRIVER AGE/GENDER												
50-54												
	Male	1	0	0	1	1	0	0	0	0	0	1
75-79												
	Male	1	0	0	1	1	0	0	0	0	0	1
TOTALS		**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**2**

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City : Oneida | *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											

Oneida	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	0	2	2	0	0	0	0	0	2
TOTALS	**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**2**
VEHICLE TYPE											
Passenger	1	0	0	1	1	0	0	0	0	0	1
SUV	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**2**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**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