Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2012 to 12/31/2012

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

Orient	Number Of Crashes							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
WEATHER CONDITION											
Clear	3	0	2	1	4	0	4	1	3	0	1
TOTALS	**3**	**0**	**2**	**1**	**4**	**0**	**4**	**1**	**3**	**0**	**1**
TYPE OF CRASH											
Fixed Object	2	0	1	1	2	0	2	0	2	0	1
Head On	1	0	1	0	2	0	2	1	1	0	0
TOTALS	**3**	**0**	**2**	**1**	**4**	**0**	**4**	**1**	**3**	**0**	**1**

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Orient	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	3	0	2	1	4	0	4	1	3	0	1
TOTALS	**3**	**0**	**2**	**1**	**4**	**0**	**4**	**1**	**3**	**0**	**1**
ROAD SURFACE CONDITION											
Dry	3	0	2	1	4	0	4	1	3	0	1
TOTALS	**3**	**0**	**2**	**1**	**4**	**0**	**4**	**1**	**3**	**0**	**1**

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Orient	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	2	1	4	0	4	1	3	0	1
TOTALS	**3**	**0**	**2**	**1**	**4**	**0**	**4**	**1**	**3**	**0**	**1**
DAY OF WEEK											
Monday	1	0	0	1	1	0	0	0	0	0	1
Wednesday	2	0	2	0	3	0	4	1	3	0	0
TOTALS	**3**	**0**	**2**	**1**	**4**	**0**	**4**	**1**	**3**	**0**	**1**

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1/1/2012 to 12/31/2012

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Orient	Number Of Crashes							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
TIME OF DAY											
02 AM	1	0	1	0	1	0	2	0	2	0	0
06 AM	1	0	0	1	1	0	0	0	0	0	1
09 AM	1	0	1	0	2	0	2	1	1	0	0
TOTALS	**3**	**0**	**2**	**1**	**4**	**0**	**4**	**1**	**3**	**0**	**1**

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Orient	Number Of Crashes							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
LIGHT CONDITION											
Dawn	1	0	0	1	1	0	0	0	0	0	1
Daylight	2	0	2	0	3	0	4	1	3	0	0
TOTALS	**3**	**0**	**2**	**1**	**4**	**0**	**4**	**1**	**3**	**0**	**1**
ROAD DEFECTS											
No Defects	3	0	2	1	4	0	4	1	3	0	1
TOTALS	**3**	**0**	**2**	**1**	**4**	**0**	**4**	**1**	**3**	**0**	**1**

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Orient	Number Of Crashes							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
TRAFFIC CONTROL											
No Controls	3	0	2	1	4	0	4	1	3	0	1
TOTALS	**3**	**0**	**2**	**1**	**4**	**0**	**4**	**1**	**3**	**0**	**1**
ROADWAY FEATURE											
Not Applicable	3	0	2	1	4	0	4	1	3	0	1
TOTALS	**3**	**0**	**2**	**1**	**4**	**0**	**4**	**1**	**3**	**0**	**1**

Illinois Department of Transportation
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City Summary Crash Report

1/1/2012 to 12/31/2012

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

Orient	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	1	0	1	0	1	0	1	0	0
Normal	3	0	2	1	3	0	2	1	1	0	1
TOTALS	**4**	**0**	**3**	**1**	**4**	**0**	**3**	**1**	**2**	**0**	**1**

Report No : SDM-ERC117

Sorted by : City

Illinois Department of Transportation
Division of Traffic Safety

Report Produced : 11/19/2015 8:39 AM

By: CENTRAL\KELLUSGM

Page : 8 of 10

City Summary Crash Report

1/1/2012 to 12/31/2012

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

Orient		Number Of Persons							Injury Severity			
		Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
DRIVER AGE/GENDER												
19												
	Male	1	0	1	0	1	0	1	1	0	0	0
30-34												
	Male	1	0	1	0	1	0	1	0	1	0	0
50-54												
	Male	1	0	0	1	1	0	0	0	0	0	1
85-89												
	Male	1	0	1	0	1	0	1	0	1	0	0
TOTALS		**4**	**0**	**3**	**1**	**4**	**0**	**3**	**1**	**2**	**0**	**1**

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

Orient		Number Of Persons Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	Injury Severity A	B	C	O
PASSENGER AGE/GENDER												
25-29												
	Male	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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	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			
Orient	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
VEHICLE DEFECTS											
None	4	0	3	1	4	0	4	1	3	0	1
TOTALS	**4**	**0**	**3**	**1**	**4**	**0**	**4**	**1**	**3**	**0**	**1**
VEHICLE TYPE											
Passenger	1	0	1	0	1	0	1	0	1	0	0
Pickup	3	0	2	1	3	0	3	1	2	0	1
TOTALS	**4**	**0**	**3**	**1**	**4**	**0**	**4**	**1**	**3**	**0**	**1**

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