Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2012 to 12/31/2012

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

Rock City	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	1
Rain	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**2**
TYPE OF CRASH											
Fixed Object	1	0	0	1	1	0	0	0	0	0	1
Parked Motor Vehicle	1	0	0	1	2	0	0	0	0	0	1
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**2**

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Rock City	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	0	2	3	0	0	0	0	0	2
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**2**
ROAD SURFACE CONDITION											
Dry	1	0	0	1	2	0	0	0	0	0	1
Wet	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**2**

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Rock City	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	1	0	0	1	2	0	0	0	0	0	1
Unmarked Highway Rural	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**2**
DAY OF WEEK											
Sunday	1	0	0	1	1	0	0	0	0	0	1
Thursday	1	0	0	1	2	0	0	0	0	0	1
TOTALS	**2**	**0**	**0**	**2**	**3**	**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
TIME OF DAY											
4 PM	1	0	0	1	2	0	0	0	0	0	1
8 PM	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**2**	**0**	**0**	**2**	**3**	**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
LIGHT CONDITION											
Darkness	1	0	0	1	1	0	0	0	0	0	1
Daylight	1	0	0	1	2	0	0	0	0	0	1
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**2**
ROAD DEFECTS											
No Defects	2	0	0	2	3	0	0	0	0	0	2
TOTALS	**2**	**0**	**0**	**2**	**3**	**0**	**0**	**0**	**0**	**0**	**2**

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

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

Rock City	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	0	1	1	0	0	0	0	0	1
Other/Unknown	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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Rock City		Number Of Persons							Injury Severity			
		Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
DRIVER AGE/GENDER												
30-34												
	Female	1	0	0	1	1	0	0	0	0	0	1
80-84												
	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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PEDALCYCLIST AGE/GENDER	Number Of Persons							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O

Rock City	Number Of Vehicles							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
VEHICLE DEFECTS											
None	3	0	0	3	3	0	0	0	0	0	2
TOTALS	**3**	**0**	**0**	**3**	**3**	**0**	**0**	**0**	**0**	**0**	**2**
VEHICLE TYPE											
Passenger	3	0	0	3	3	0	0	0	0	0	2
TOTALS	**3**	**0**	**0**	**3**	**3**	**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