Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

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

Ava	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	0	4	6	0	0	0	0	0	8
Rain	1	0	1	0	2	0	1	0	0	1	1
Unknown	1	0	0	1	2	0	0	0	0	0	1
TOTALS	**6**	**0**	**1**	**5**	**10**	**0**	**1**	**0**	**0**	**1**	**10**
TYPE OF CRASH											
Angle	1	0	1	0	2	0	1	0	0	1	1
Animal	1	0	0	1	1	0	0	0	0	0	1
Fixed Object	1	0	0	1	1	0	0	0	0	0	1
Parked Motor Vehicle	2	0	0	2	4	0	0	0	0	0	3
Rear End	1	0	0	1	2	0	0	0	0	0	4
TOTALS	**6**	**0**	**1**	**5**	**10**	**0**	**1**	**0**	**0**	**1**	**10**

Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

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

Ava	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	6	0	1	5	10	0	1	0	0	1	10
TOTALS	**6**	**0**	**1**	**5**	**10**	**0**	**1**	**0**	**0**	**1**	**10**
ROAD SURFACE CONDITION											
Dry	3	0	0	3	4	0	0	0	0	0	6
Unknown	1	0	0	1	2	0	0	0	0	0	1
Wet	2	0	1	1	4	0	1	0	0	1	3
TOTALS	**6**	**0**	**1**	**5**	**10**	**0**	**1**	**0**	**0**	**1**	**10**

Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

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

Ava	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		4	0	0	4	7	0	0	0	0	0	8
State Numbered Rural		2	0	1	1	3	0	1	0	0	1	2
TOTALS		**6**	**0**	**1**	**5**	**10**	**0**	**1**	**0**	**0**	**1**	**10**
DAY OF WEEK											
Sunday		2	0	0	2	3	0	0	0	0	0	3
Monday		2	0	0	2	3	0	0	0	0	0	2
Tuesday		1	0	1	0	2	0	1	0	0	1	1
Wednesday		1	0	0	1	2	0	0	0	0	0	4
TOTALS		**6**	**0**	**1**	**5**	**10**	**0**	**1**	**0**	**0**	**1**	**10**

Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

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

Ava	Number Of Crashes							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
TIME OF DAY											
01 AM	1	0	0	1	1	0	0	0	0	0	1
07 AM	1	0	1	0	2	0	1	0	0	1	1
08 AM	1	0	0	1	1	0	0	0	0	0	1
09 AM	1	0	0	1	2	0	0	0	0	0	1
Noon	1	0	0	1	2	0	0	0	0	0	2
2 PM	1	0	0	1	2	0	0	0	0	0	4
TOTALS	**6**	**0**	**1**	**5**	**10**	**0**	**1**	**0**	**0**	**1**	**10**

Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

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

Ava	Number Of Crashes							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
LIGHT CONDITION											
Darkness, Lighted Road	1	0	0	1	1	0	0	0	0	0	1
Daylight	4	0	1	3	7	0	1	0	0	1	8
Unknown	1	0	0	1	2	0	0	0	0	0	1
TOTALS	**6**	**0**	**1**	**5**	**10**	**0**	**1**	**0**	**0**	**1**	**10**
ROAD DEFECTS											
No Defects	4	0	1	3	7	0	1	0	0	1	8
Unknown	2	0	0	2	3	0	0	0	0	0	2
TOTALS	**6**	**0**	**1**	**5**	**10**	**0**	**1**	**0**	**0**	**1**	**10**

Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

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

Ava	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	0	3	4	0	0	0	0	0	4
No Passing	1	0	0	1	2	0	0	0	0	0	4
Stop Sign/Flasher	1	0	1	0	2	0	1	0	0	1	1
Unknown	1	0	0	1	2	0	0	0	0	0	1
TOTALS	**6**	**0**	**1**	**5**	**10**	**0**	**1**	**0**	**0**	**1**	**10**
ROADWAY FEATURE											
Not Applicable	6	0	1	5	10	0	1	0	0	1	10
TOTALS	**6**	**0**	**1**	**5**	**10**	**0**	**1**	**0**	**0**	**1**	**10**

Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

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

Ava	Number Of Persons							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
DRIVER CONDITION											
Had Been Drinking	1	0	0	1	1	0	0	0	0	0	1
Normal	6	0	2	4	6	0	1	0	0	1	5
Other/Unknown	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**8**	**0**	**2**	**6**	**8**	**0**	**1**	**0**	**0**	**1**	**7**

Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

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

| Ava | | Number Of Persons | | | | | | | Injury Severity | | | |
---	---	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
DRIVER AGE/GENDER												
16												
	Female	1	0	1	0	1	0	1	0	0	1	0
20												
	Male	1	0	1	0	1	0	0	0	0	0	1
22-24												
	Male	1	0	0	1	1	0	0	0	0	0	1
25-29												
	Female	1	0	0	1	1	0	0	0	0	0	1
30-34												
	Female	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
40-44												
	Male	1	0	0	1	1	0	0	0	0	0	1
Unknown												
	Not Stated	1	0	0	1	1	0	0	0	0	0	1
TOTALS		**8**	**0**	**2**	**6**	**8**	**0**	**1**	**0**	**0**	**1**	**7**

Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

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

Ava		Number Of Persons							Injury Severity			
		Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
PASSENGER AGE/GENDER												
21												
	Male	1	0	0	1	1	0	0	0	0	0	1
22-24												
	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
TOTALS		**3**	**0**	**0**	**3**	**3**	**0**	**0**	**0**	**0**	**0**	**3**

Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

City : Ava | *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

Ava	Number Of Vehicles							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
VEHICLE DEFECTS											
None	8	0	2	6	8	0	1	0	0	1	9
Unknown	2	0	0	2	2	0	0	0	0	0	1
TOTALS	**10**	**0**	**2**	**8**	**10**	**0**	**1**	**0**	**0**	**1**	**10**
VEHICLE TYPE											
Passenger	5	0	2	3	5	0	1	0	0	1	6
Pickup	1	0	0	1	1	0	0	0	0	0	1
SUV	2	0	0	2	2	0	0	0	0	0	0
Unknown	1	0	0	1	1	0	0	0	0	0	1
Van/Mini-Van	1	0	0	1	1	0	0	0	0	0	2
TOTALS	**10**	**0**	**2**	**8**	**10**	**0**	**1**	**0**	**0**	**1**	**10**

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