Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

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

Greenfield	Number Of Crashes							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
WEATHER CONDITION											
Clear	9	0	2	7	15	0	2	0	1	1	13
TOTALS	**9**	**0**	**2**	**7**	**15**	**0**	**2**	**0**	**1**	**1**	**13**
TYPE OF CRASH											
Angle	1	0	0	1	2	0	0	0	0	0	2
Animal	2	0	0	2	2	0	0	0	0	0	2
Fixed Object	1	0	0	1	1	0	0	0	0	0	2
Parked Motor Vehicle	2	0	0	2	5	0	0	0	0	0	2
Pedalcyclist	1	0	1	0	1	0	1	0	1	0	1
Turning	2	0	1	1	4	0	1	0	0	1	4
TOTALS	**9**	**0**	**2**	**7**	**15**	**0**	**2**	**0**	**1**	**1**	**13**

Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

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

Greenfield	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	9	0	2	7	15	0	2	0	1	1	13
TOTALS	**9**	**0**	**2**	**7**	**15**	**0**	**2**	**0**	**1**	**1**	**13**
ROAD SURFACE CONDITION											
Dry	8	0	2	6	14	0	2	0	1	1	12
Unknown	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**9**	**0**	**2**	**7**	**15**	**0**	**2**	**0**	**1**	**1**	**13**

Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

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

Greenfield	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	1	3	6	0	1	0	1	0	5
Unmarked Highway Rural	5	0	1	4	9	0	1	0	0	1	8
TOTALS	**9**	**0**	**2**	**7**	**15**	**0**	**2**	**0**	**1**	**1**	**13**
DAY OF WEEK											
Sunday	2	0	0	2	4	0	0	0	0	0	2
Monday	2	0	1	1	3	0	1	0	1	0	2
Tuesday	2	0	0	2	2	0	0	0	0	0	3
Thursday	3	0	1	2	6	0	1	0	0	1	6
TOTALS	**9**	**0**	**2**	**7**	**15**	**0**	**2**	**0**	**1**	**1**	**13**

Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

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

Greenfield	Number Of Crashes							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
TIME OF DAY											
Midnight	1	0	0	1	3	0	0	0	0	0	1
07 AM	1	0	0	1	2	0	0	0	0	0	2
08 AM	1	0	0	1	2	0	0	0	0	0	1
5 PM	1	0	1	0	1	0	1	0	1	0	1
6 PM	1	0	0	1	1	0	0	0	0	0	1
7 PM	2	0	0	2	3	0	0	0	0	0	3
8 PM	1	0	1	0	2	0	1	0	0	1	2
9 PM	1	0	0	1	1	0	0	0	0	0	2
TOTALS	**9**	**0**	**2**	**7**	**15**	**0**	**2**	**0**	**1**	**1**	**13**

Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

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

Greenfield	Number Of Crashes							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
LIGHT CONDITION											
Darkness	5	0	1	4	8	0	1	0	0	1	7
Daylight	4	0	1	3	7	0	1	0	1	0	6
TOTALS	**9**	**0**	**2**	**7**	**15**	**0**	**2**	**0**	**1**	**1**	**13**
ROAD DEFECTS											
No Defects	4	0	1	3	6	0	1	0	0	1	6
Unknown	1	0	0	1	1	0	0	0	0	0	1
Worn Surface	4	0	1	3	8	0	1	0	1	0	6
TOTALS	**9**	**0**	**2**	**7**	**15**	**0**	**2**	**0**	**1**	**1**	**13**

Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

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

Greenfield	Number Of Crashes							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
TRAFFIC CONTROL											
No Controls	7	0	1	6	11	0	1	0	1	0	9
Stop Sign/Flasher	2	0	1	1	4	0	1	0	0	1	4
TOTALS	**9**	**0**	**2**	**7**	**15**	**0**	**2**	**0**	**1**	**1**	**13**
ROADWAY FEATURE											
Not Applicable	9	0	2	7	15	0	2	0	1	1	13
TOTALS	**9**	**0**	**2**	**7**	**15**	**0**	**2**	**0**	**1**	**1**	**13**

Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

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

Greenfield	Number Of Persons							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
DRIVER CONDITION											
Medicated	1	0	0	1	1	0	0	0	0	0	1
Normal	11	0	3	8	11	0	1	0	0	1	10
TOTALS	**12**	**0**	**3**	**9**	**12**	**0**	**1**	**0**	**0**	**1**	**11**

Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

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

Greenfield		Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
			Number Of Persons						Injury Severity			
DRIVER AGE/GENDER												
17												
	Female	1	0	0	1	1	0	0	0	0	0	1
	Male	1	0	0	1	1	0	0	0	0	0	1
18												
	Female	1	0	0	1	1	0	0	0	0	0	1
19												
	Male	1	0	0	1	1	0	0	0	0	0	1
25-29												
	Male	1	0	0	1	1	0	0	0	0	0	1
30-34												
	Female	2	0	0	2	2	0	0	0	0	0	2
35-39												
	Female	1	0	0	1	1	0	0	0	0	0	1
40-44												
	Female	1	0	1	0	1	0	1	0	0	1	0
50-54												
	Female	1	0	1	0	1	0	0	0	0	0	1
65-69												
	Female	1	0	0	1	1	0	0	0	0	0	1
	Male	1	0	1	0	1	0	0	0	0	0	1
TOTALS		**12**	**0**	**3**	**9**	**12**	**0**	**1**	**0**	**0**	**1**	**11**

Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

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

Greenfield		Number Of Persons							Injury Severity			
		Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
PASSENGER AGE/GENDER												
05												
	Male	1	0	1	0	1	0	0	0	0	0	1
35-39												
	Male	1	0	0	1	1	0	0	0	0	0	1
TOTALS		**2**	**0**	**1**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**2**

Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

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

Greenfield		Number Of Persons							Injury Severity			
---	---	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
PEDALCYCLIST AGE/GENDER												
10-14												
	Male	1	0	1	0	1	0	1	0	1	0	0
TOTALS		**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**0**

Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

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

Greenfield	Number Of Persons							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
PEDALCYCLIST PRIOR ACTION AGE/GENDER											
Enter From Drive/Alley											
10-14											
Male	1	0	1	0	1	0	1	0	1	0	0
TOTALS	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**0**

Greenfield	Number Of Vehicles							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
VEHICLE DEFECTS											
None	11	0	3	8	11	0	1	0	0	1	10
Unknown	3	0	0	3	3	0	0	0	0	0	2
Windows	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**15**	**0**	**3**	**12**	**15**	**0**	**1**	**0**	**0**	**1**	**13**
VEHICLE TYPE											
Passenger	10	0	2	8	10	0	1	0	0	1	8
Pickup	5	0	1	4	5	0	0	0	0	0	5
TOTALS	**15**	**0**	**3**	**12**	**15**	**0**	**1**	**0**	**0**	**1**	**13**

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