Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

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

Kincaid	Number Of Crashes							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
WEATHER CONDITION											
Clear	8	0	5	3	11	0	5	1	1	3	10
Fog/Smoke/Haze	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**9**	**0**	**5**	**4**	**13**	**0**	**5**	**1**	**1**	**3**	**12**
TYPE OF CRASH											
Animal	1	0	1	0	1	0	1	0	0	1	3
Fixed Object	3	0	2	1	3	0	2	1	0	1	1
Parked Motor Vehicle	2	0	0	2	4	0	0	0	0	0	2
Pedestrian	1	0	1	0	1	0	1	0	1	0	1
Rear End	1	0	0	1	2	0	0	0	0	0	2
Turning	1	0	1	0	2	0	1	0	0	1	3
TOTALS	**9**	**0**	**5**	**4**	**13**	**0**	**5**	**1**	**1**	**3**	**12**

Illinois Department of Transportation
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1/1/2015 to 12/31/2015

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

Kincaid	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	5	4	13	0	5	1	1	3	12
TOTALS	**9**	**0**	**5**	**4**	**13**	**0**	**5**	**1**	**1**	**3**	**12**
ROAD SURFACE CONDITION											
Dry	8	0	4	4	12	0	4	0	1	3	12
Ice	1	0	1	0	1	0	1	1	0	0	0
TOTALS	**9**	**0**	**5**	**4**	**13**	**0**	**5**	**1**	**1**	**3**	**12**

Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

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

Kincaid	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	6	0	3	3	8	0	3	1	1	1	4
State Numbered Rural	1	0	1	0	1	0	1	0	0	1	3
Unmarked Highway Rural	2	0	1	1	4	0	1	0	0	1	5
TOTALS	**9**	**0**	**5**	**4**	**13**	**0**	**5**	**1**	**1**	**3**	**12**
DAY OF WEEK											
Sunday	1	0	0	1	2	0	0	0	0	0	1
Monday	2	0	1	1	3	0	1	0	1	0	3
Thursday	1	0	1	0	1	0	1	0	0	1	0
Friday	2	0	0	2	3	0	0	0	0	0	2
Saturday	3	0	3	0	4	0	3	1	0	2	6
TOTALS	**9**	**0**	**5**	**4**	**13**	**0**	**5**	**1**	**1**	**3**	**12**

Illinois Department of Transportation
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1/1/2015 to 12/31/2015

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

Kincaid	Number Of Crashes							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
TIME OF DAY											
08 AM	1	0	1	0	2	0	1	0	0	1	3
10 AM	1	0	1	0	1	0	1	0	1	0	1
Noon	1	0	0	1	2	0	0	0	0	0	1
1 PM	1	0	0	1	2	0	0	0	0	0	1
5 PM	1	0	0	1	2	0	0	0	0	0	2
9 PM	1	0	1	0	1	0	1	1	0	0	0
10 PM	2	0	2	0	2	0	2	0	0	2	3
11 PM	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**9**	**0**	**5**	**4**	**13**	**0**	**5**	**1**	**1**	**3**	**12**

Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

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

Kincaid	Number Of Crashes							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
LIGHT CONDITION											
Darkness	3	0	2	1	3	0	2	0	0	2	4
Darkness, Lighted Road	1	0	1	0	1	0	1	1	0	0	0
Daylight	5	0	2	3	9	0	2	0	1	1	8
TOTALS	**9**	**0**	**5**	**4**	**13**	**0**	**5**	**1**	**1**	**3**	**12**
ROAD DEFECTS											
No Defects	8	0	4	4	12	0	4	0	1	3	12
Worn Surface	1	0	1	0	1	0	1	1	0	0	0
TOTALS	**9**	**0**	**5**	**4**	**13**	**0**	**5**	**1**	**1**	**3**	**12**

Illinois Department of Transportation
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City Summary Crash Report

1/1/2015 to 12/31/2015

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

Kincaid	Number Of Crashes							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
TRAFFIC CONTROL											
No Controls	9	0	5	4	13	0	5	1	1	3	12
TOTALS	**9**	**0**	**5**	**4**	**13**	**0**	**5**	**1**	**1**	**3**	**12**
ROADWAY FEATURE											
Bridge	1	0	1	0	1	0	1	0	0	1	3
Not Applicable	8	0	4	4	12	0	4	1	1	2	9
TOTALS	**9**	**0**	**5**	**4**	**13**	**0**	**5**	**1**	**1**	**3**	**12**

Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

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

Kincaid	Number Of Persons							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
DRIVER CONDITION											
Alcohol Impaired	2	0	2	0	2	0	2	1	0	1	0
Had Been Drinking	1	0	0	1	1	0	0	0	0	0	1
Normal	7	0	4	3	7	0	1	0	1	0	6
Other/Unknown	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**11**	**0**	**6**	**5**	**11**	**0**	**3**	**1**	**1**	**1**	**8**

Illinois Department of Transportation
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City Summary Crash Report

1/1/2015 to 12/31/2015

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

Kincaid		Number Of Persons							Injury Severity			
		Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
DRIVER AGE/GENDER												
19												
	Female	1	0	1	0	1	0	0	0	0	0	1
22-24												
	Female	2	0	1	1	2	0	1	0	0	1	1
25-29												
	Male	1	0	0	1	1	0	0	0	0	0	1
35-39												
	Male	1	0	1	0	1	0	0	0	0	0	1
55-59												
	Male	1	0	1	0	1	0	0	0	0	0	1
60-64												
	Female	1	0	1	0	1	0	1	0	1	0	0
65-69												
	Female	1	0	0	1	1	0	0	0	0	0	1
75-79												
	Male	1	0	1	0	1	0	1	1	0	0	0
85-89												
	Female	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		**11**	**0**	**6**	**5**	**11**	**0**	**3**	**1**	**1**	**1**	**8**

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City Summary Crash Report

1/1/2015 to 12/31/2015

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

Kincaid		Number Of Persons							Injury Severity			
		Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
PASSENGER AGE/GENDER												
09												
	Female	1	0	1	0	1	0	0	0	0	0	1
10-14												
	Female	2	0	2	0	2	0	1	0	0	1	1
45-49												
	Male	1	0	1	0	1	0	1	0	0	1	0
60-64												
	Male	1	0	1	0	1	0	0	0	0	0	1
TOTALS		**5**	**0**	**5**	**0**	**5**	**0**	**2**	**0**	**0**	**2**	**3**

Illinois Department of Transportation
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City Summary Crash Report

1/1/2015 to 12/31/2015

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

Kincaid		Number Of Persons							Injury Severity			
		Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
PEDEDSTRIAN AGE/GENDER												
50-54												
	Female	1	0	1	0	1	0	0	0	0	0	1
TOTALS		**1**	**0**	**1**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**1**

Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

City : Kincaid | *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											

Illinois Department of Transportation
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1/1/2015 to 12/31/2015

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

Kincaid	Number Of Persons							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
PEDESTRIAN PRIOR ACTION AGE/GENDER											
Walking/Riding With Traffic											
50-54											
Female	1	0	1	0	1	0	0	0	0	0	1
TOTALS	**1**	**0**	**1**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**1**

Kincaid	Number Of Vehicles							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
VEHICLE DEFECTS											
None	12	0	6	6	12	0	5	1	1	3	10
Unknown	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**13**	**0**	**6**	**7**	**13**	**0**	**5**	**1**	**1**	**3**	**11**
VEHICLE TYPE											
Passenger	9	0	5	4	9	0	4	0	1	3	8
Pickup	2	0	1	1	2	0	1	1	0	0	1
SUV	1	0	0	1	1	0	0	0	0	0	1
Unknown	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**13**	**0**	**6**	**7**	**13**	**0**	**5**	**1**	**1**	**3**	**11**

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

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Division of Traffic Safety

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1/1/2015 to 12/31/2015

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