Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

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

Ohio	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	5
Snow	1	0	0	1	2	0	0	0	0	0	3
TOTALS	**5**	**0**	**0**	**5**	**8**	**0**	**0**	**0**	**0**	**0**	**8**
TYPE OF CRASH											
Angle	1	0	0	1	2	0	0	0	0	0	3
Fixed Object	2	0	0	2	2	0	0	0	0	0	2
Parked Motor Vehicle	1	0	0	1	2	0	0	0	0	0	1
Rear End	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**5**	**0**	**0**	**5**	**8**	**0**	**0**	**0**	**0**	**0**	**8**

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

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

Ohio	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	5	0	0	5	8	0	0	0	0	0	8
TOTALS	**5**	**0**	**0**	**5**	**8**	**0**	**0**	**0**	**0**	**0**	**8**
ROAD SURFACE CONDITION											
Dry	4	0	0	4	6	0	0	0	0	0	5
Snow or Slush	1	0	0	1	2	0	0	0	0	0	3
TOTALS	**5**	**0**	**0**	**5**	**8**	**0**	**0**	**0**	**0**	**0**	**8**

Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

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

Ohio	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
State Numbered Rural	1	0	0	1	1	0	0	0	0	0	1
Unmarked Highway Rural	3	0	0	3	5	0	0	0	0	0	6
TOTALS	**5**	**0**	**0**	**5**	**8**	**0**	**0**	**0**	**0**	**0**	**8**
DAY OF WEEK											
Sunday	1	0	0	1	1	0	0	0	0	0	1
Monday	1	0	0	1	1	0	0	0	0	0	1
Wednesday	2	0	0	2	4	0	0	0	0	0	4
Thursday	1	0	0	1	2	0	0	0	0	0	2
TOTALS	**5**	**0**	**0**	**5**	**8**	**0**	**0**	**0**	**0**	**0**	**8**

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	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
TIME OF DAY											
05 AM	1	0	0	1	2	0	0	0	0	0	3
08 AM	1	0	0	1	2	0	0	0	0	0	2
10 AM	1	0	0	1	2	0	0	0	0	0	1
3 PM	1	0	0	1	1	0	0	0	0	0	1
6 PM	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**5**	**0**	**0**	**5**	**8**	**0**	**0**	**0**	**0**	**0**	**8**

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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	2	0	0	0	0	0	3
Daylight	3	0	0	3	5	0	0	0	0	0	4
Dusk	1	0	0	1	1	0	0	0	0	0	1
TOTALS	**5**	**0**	**0**	**5**	**8**	**0**	**0**	**0**	**0**	**0**	**8**
ROAD DEFECTS											
No Defects	5	0	0	5	8	0	0	0	0	0	8
TOTALS	**5**	**0**	**0**	**5**	**8**	**0**	**0**	**0**	**0**	**0**	**8**

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	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	3
Stop Sign/Flasher	2	0	0	2	4	0	0	0	0	0	5
TOTALS	**5**	**0**	**0**	**5**	**8**	**0**	**0**	**0**	**0**	**0**	**8**
ROADWAY FEATURE											
Not Applicable	5	0	0	5	8	0	0	0	0	0	8
TOTALS	**5**	**0**	**0**	**5**	**8**	**0**	**0**	**0**	**0**	**0**	**8**

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1/1/2015 to 12/31/2015

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

Ohio	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	0	1	1	0	0	0	0	0	1
Normal	6	0	0	6	6	0	0	0	0	0	6
TOTALS	**7**	**0**	**0**	**7**	**7**	**0**	**0**	**0**	**0**	**0**	**7**

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1/1/2015 to 12/31/2015

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

Ohio		Number Of Persons							Injury Severity			
		Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
DRIVER AGE/GENDER												
22-24												
	Male	1	0	0	1	1	0	0	0	0	0	1
45-49												
	Female	1	0	0	1	1	0	0	0	0	0	1
	Male	1	0	0	1	1	0	0	0	0	0	1
50-54												
	Male	1	0	0	1	1	0	0	0	0	0	1
60-64												
	Male	1	0	0	1	1	0	0	0	0	0	1
70-74												
	Male	2	0	0	2	2	0	0	0	0	0	2
TOTALS		**7**	**0**	**0**	**7**	**7**	**0**	**0**	**0**	**0**	**0**	**7**

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Ohio		Number Of Persons							Injury Severity			
		Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
PASSENGER AGE/GENDER												
45-49												
	Male	1	0	0	1	1	0	0	0	0	0	1
TOTALS		**1**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**1**

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City : Ohio | *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											

	Number Of Vehicles							Injury Severity			
Ohio	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
VEHICLE DEFECTS											
None	8	0	0	8	8	0	0	0	0	0	8
TOTALS	**8**	**0**	**0**	**8**	**8**	**0**	**0**	**0**	**0**	**0**	**8**
VEHICLE TYPE											
Passenger	4	0	0	4	4	0	0	0	0	0	5
SUV	1	0	0	1	1	0	0	0	0	0	1
Tractor With Semi-Trailer	1	0	0	1	1	0	0	0	0	0	1
Truck Single Unit	2	0	0	2	2	0	0	0	0	0	1
TOTALS	**8**	**0**	**0**	**8**	**8**	**0**	**0**	**0**	**0**	**0**	**8**

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