Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

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

Sigel	Number Of Crashes							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
WEATHER CONDITION											
Clear	2	0	1	1	4	0	1	0	1	0	6
TOTALS	**2**	**0**	**1**	**1**	**4**	**0**	**1**	**0**	**1**	**0**	**6**
TYPE OF CRASH											
Rear End	1	0	1	0	2	0	1	0	1	0	1
Turning	1	0	0	1	2	0	0	0	0	0	5
TOTALS	**2**	**0**	**1**	**1**	**4**	**0**	**1**	**0**	**1**	**0**	**6**

Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

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

Sigel	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	1	1	4	0	1	0	1	0	6
TOTALS	**2**	**0**	**1**	**1**	**4**	**0**	**1**	**0**	**1**	**0**	**6**
ROAD SURFACE CONDITION											
Dry	2	0	1	1	4	0	1	0	1	0	6
TOTALS	**2**	**0**	**1**	**1**	**4**	**0**	**1**	**0**	**1**	**0**	**6**

Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

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

Sigel	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	5
State Numbered Rural	1	0	1	0	2	0	1	0	1	0	1
TOTALS	**2**	**0**	**1**	**1**	**4**	**0**	**1**	**0**	**1**	**0**	**6**
DAY OF WEEK											
Sunday	1	0	0	1	2	0	0	0	0	0	5
Friday	1	0	1	0	2	0	1	0	1	0	1
TOTALS	**2**	**0**	**1**	**1**	**4**	**0**	**1**	**0**	**1**	**0**	**6**

Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

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

Sigel	Number Of Crashes							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
TIME OF DAY											
Noon	1	0	1	0	2	0	1	0	1	0	1
5 PM	1	0	0	1	2	0	0	0	0	0	5
TOTALS	**2**	**0**	**1**	**1**	**4**	**0**	**1**	**0**	**1**	**0**	**6**

Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

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

Sigel	Number Of Crashes							Injury Severity			
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
LIGHT CONDITION											
Daylight	2	0	1	1	4	0	1	0	1	0	6
TOTALS	**2**	**0**	**1**	**1**	**4**	**0**	**1**	**0**	**1**	**0**	**6**
ROAD DEFECTS											
No Defects	2	0	1	1	4	0	1	0	1	0	6
TOTALS	**2**	**0**	**1**	**1**	**4**	**0**	**1**	**0**	**1**	**0**	**6**

Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

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

Sigel	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	1	0	2	0	1	0	1	0	1
Stop Sign/Flasher	1	0	0	1	2	0	0	0	0	0	5
TOTALS	**2**	**0**	**1**	**1**	**4**	**0**	**1**	**0**	**1**	**0**	**6**
ROADWAY FEATURE											
Bridge	1	0	1	0	2	0	1	0	1	0	1
Not Applicable	1	0	0	1	2	0	0	0	0	0	5
TOTALS	**2**	**0**	**1**	**1**	**4**	**0**	**1**	**0**	**1**	**0**	**6**

Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

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

| Sigel | Number Of Persons | | | | | | | Injury Severity | | | |
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
DRIVER CONDITION											
Normal	4	0	2	2	4	0	1	0	1	0	3
TOTALS	**4**	**0**	**2**	**2**	**4**	**0**	**1**	**0**	**1**	**0**	**3**

Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

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

Sigel		Number Of Persons Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	Injury Severity A	B	C	O
DRIVER AGE/GENDER												
30-34												
	Male	1	0	1	0	1	0	0	0	0	0	1
55-59												
	Male	2	0	0	2	2	0	0	0	0	0	2
60-64												
	Female	1	0	1	0	1	0	1	0	1	0	0
TOTALS		**4**	**0**	**2**	**2**	**4**	**0**	**1**	**0**	**1**	**0**	**3**

Illinois Department of Transportation
Division of Traffic Safety

City Summary Crash Report

1/1/2015 to 12/31/2015

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

Sigel		Number Of Persons							Injury Severity			
		Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
PASSENGER AGE/GENDER												
50-54												
	Female	1	0	0	1	1	0	0	0	0	0	1
75-79												
	Female	1	0	0	1	1	0	0	0	0	0	1
85-89												
	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 : Sigel | *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			
Sigel	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
VEHICLE DEFECTS											
None	4	0	2	2	4	0	1	0	1	0	6
TOTALS	**4**	**0**	**2**	**2**	**4**	**0**	**1**	**0**	**1**	**0**	**6**
VEHICLE TYPE											
Passenger	2	0	1	1	2	0	1	0	1	0	4
Pickup	1	0	0	1	1	0	0	0	0	0	1
Van/Mini-Van	1	0	1	0	1	0	0	0	0	0	1
TOTALS	**4**	**0**	**2**	**2**	**4**	**0**	**1**	**0**	**1**	**0**	**6**

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