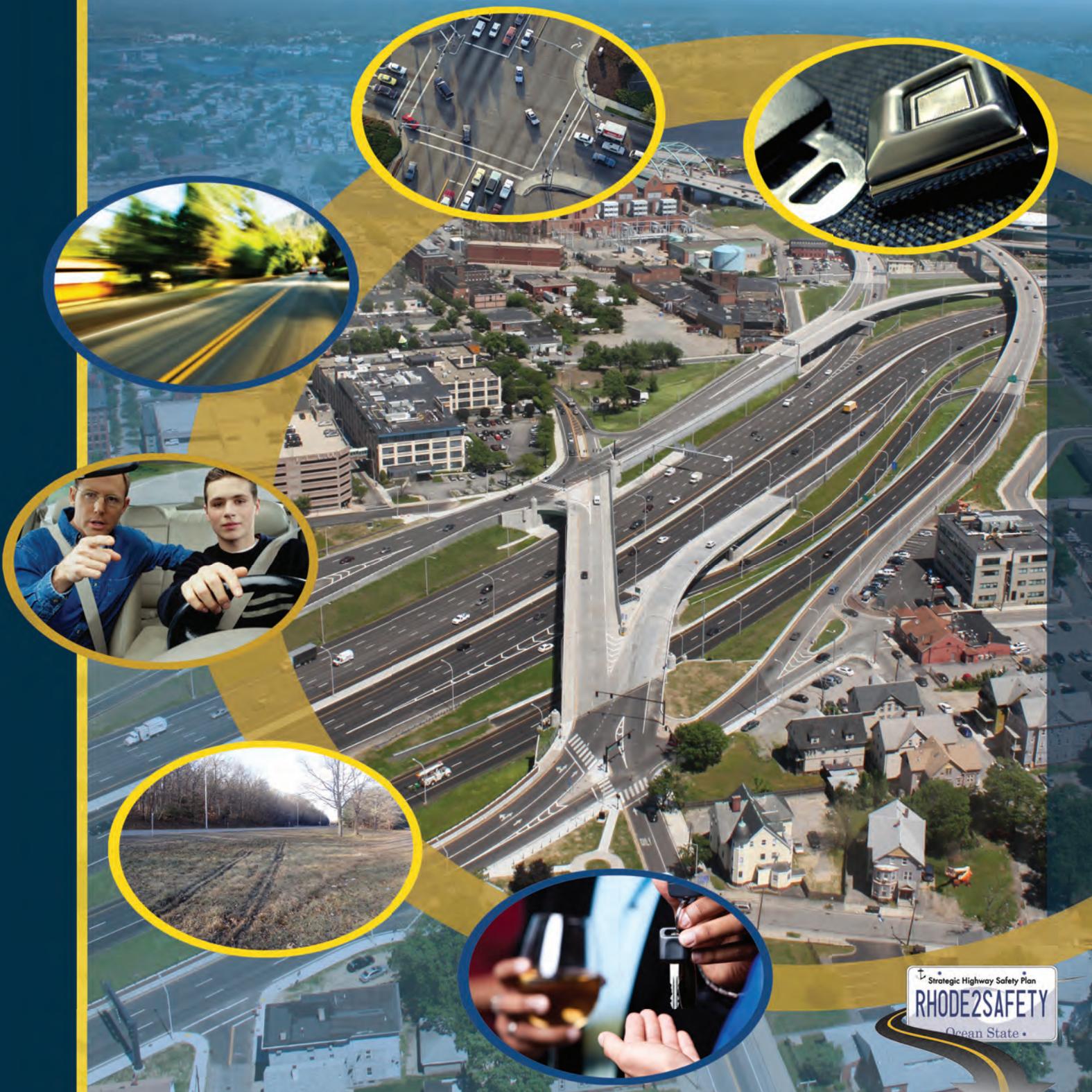


Rhode Island Strategic Highway Safety Plan



October 2012



Lead Toward Zero Deaths



Office of the Governor



It is with pleasure that we present Rhode Island’s Strategic Highway Safety Plan (SHSP) that will lead our State Toward Zero Deaths. We believe this goal is consistent with the goal of every road user – to get to their destination safely.

This SHSP updates Rhode Island’s 2007 plan, which helped the State achieve significant progress on traffic safety. Between 2006 and 2010, traffic fatalities in Rhode Island dropped 17 percent and serious or incapacitating injuries dropped by 40 percent. Going forward, we anticipate those numbers dropping further since Rhode Island also became the 33rd state in the country to enact a primary safety belt law in 2011.

Our progress is due to the hard work and dedication of safety stakeholders throughout Rhode Island, including law enforcement agencies; health care providers; courts; local, state, and Federal government agencies; advocacy groups; planning organizations; private companies; insurance concerns; and concerned citizens. Our multidisciplinary plan incorporates education, engineering, enforcement, and emergency medical services to help us achieve a higher degree of safety.

The agencies, organizations, and companies listed here pledge their support and continued participation in the implementation of the SHSP to prevent the devastation caused by traffic crashes.

We are calling on all Rhode Island residents to join our cause. Together, we can make a positive difference in the lives of our citizens and continue to make Rhode Island a vibrant, enjoyable, and safe place to live, work, and visit.

Sincerely,

Lincoln D. Chafee
Governor
State of Rhode Island

Date



Thank You

Rhode Island sincerely thanks the following safety stakeholders for their efforts to update Rhode Island's Strategic Highway Safety Plan. The hard work, dedication, and the time spent to review and comment on the plan will shape the future of highway safety in Rhode Island.

- AAA Southern New England
- AARP of Rhode Island
- Amica Mutual Insurance Company
- Bryant Associates, Inc.
- Cambridge Systematics, Inc.
- City of Providence Public Safety
- Community College of Rhode Island (CCRI)
- Federal Highway Administration (FHWA), U.S. Department of Transportation
- Federal Motor Carrier Safety Administration (FMCSA), U.S. Department of Transportation
- Mothers Against Drunk Driving (MADD)
- National Highway Traffic Safety Administration (NHTSA), U.S. Department of Transportation
- Office of State Senate President M. Teresa Paiva Weed
- Providence Department of Public Safety
- Rhode Island Association of Fire Chiefs (RIAFC)
- Rhode Island Department of the Attorney General
- Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (RIDBHDDH)
- Rhode Island Department of Education (RIDOE)
- Rhode Island Department of Health (RIDOH)
- Rhode Island Department of Public Safety
- Rhode Island Department of Transportation (RIDOT)
- Rhode Island District Court
- Rhode Island Division of Motor Vehicles (RIDMV)
- Rhode Island Division of Planning, Statewide Planning Program
- Rhode Island Emergency Management Agency (RIEMA)
- Rhode Island Police Chiefs' Association (RIPCA)
- Rhode Island Public Works Association (RIPWA)
- Rhode Island State Police
- Rhode Island T2 Center
- Rhode Island Trucking Association (RITA)
- Rhode Island Turnpike and Bridge Authority (RITBA)
- Rhode Island Traffic Tribunal
- University of Rhode Island (URI)
- Vanasse Hangen Brustlin, Inc. (VHB)

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Executive Summary

In 2007, Rhode Island adopted the first Strategic Highway Safety Plan (SHSP). Since its approval on October 1, 2007, the State has achieved significant progress in safety. In 2011, safety leaders decided to build upon these successes and update the plan. The SHSP is a data-driven, strategic approach to reduce fatalities and serious injuries on Rhode Island's roadways, and is a collaborative effort among all the safety stakeholders, including Federal, state, local, and private partners.

Rhode Island's highway safety leaders are proud of the progress made since the approval of the first SHSP. Since 2006, fatalities have dropped 17 percent. Rhode Island became the 33rd state in the country to enact a primary safety belt law in 2011. The State also developed and implemented an aggressive Road Safety Audit (RSA) program, increased the use of median guardrails to reduce the number of cross median crashes, and installed shoulder rumble strips on 75 percent of all freeways.

Safety stakeholders involved in the SHSP update process analyzed the most recent safety data and identified areas with the greatest potential for continued reductions in traffic crashes. Based on the safety data and deliberations among the safety partners, Rhode Island selected five emphasis areas:

- Impaired driving;
- Intersection and run-off-the-road crashes;
- Occupant protection;
- Speeding; and
- Young drivers.

Rhode Island adopted the overarching goal of Toward Zero Deaths, which is a national strategy on highway safety with the goal to halve traffic fatalities and serious injuries by 2030. To achieve this goal, the SHSP Steering Committee established measurable objectives for each emphasis area using 2010 as a base year since 2011 data was not finalized at that time. Strategies and action plans incorporating the 4 E's of safety (engineering, enforcement, education, and emergency response) will help achieve the objectives. The State is in a good position to continue the record of success. The plan addresses all aspects of traffic safety, including preemptive measures to effect maximum results. Rhode Island will evaluate implementation to ensure progress and effectiveness of each emphasis area are measured.



Updating Rhode Island's SHSP

Highways are the backbone of the nation's economy. Maintaining safe and operable highways is a top priority. Rhode Island is committed to improving highway safety and considers even one death too many. The State adopted "Toward Zero Deaths (TZD)," a national campaign to eliminate highway fatalities as a threat to public and personal health, as its overarching goal for the SHSP. Rhode Island joins approximately 25 other states and many national organizations, including the American Association of State Highway and Transportation Officials (AASHTO), the Governors Highway Safety Association (GHSA), and the American Association of Motor Vehicle Administrators (AAMVA), in supporting TZD.

Rhode Island's Strategic Highway Safety Plan (SHSP) is a statewide safety plan for moving "Toward Zero Deaths" utilizing the 4 E's of safety (engineering, enforcement, education, emergency response), which are critical for overall safety on Rhode Island's roadways. The SHSP encourages coordinated and cross-agency efforts and provides a structured outline to reduce fatalities and serious injuries on all public roads. Development of the plan involved input from Federal, state, local, and private sector stakeholders who identified statewide goals and emphasis areas.

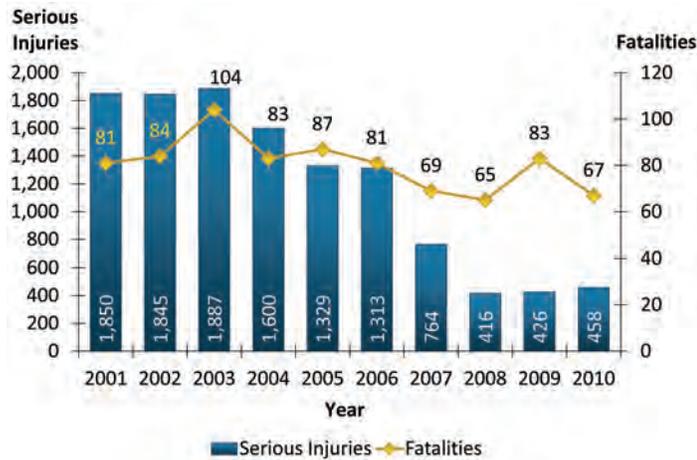
STATE OF TRAFFIC SAFETY IN RHODE ISLAND IN 2012

Rhode Island is moving progressively towards reducing traffic fatalities and serious injuries and making the roadways safer for all users. Figure 1 shows the 10-year trend of fatalities and serious injuries in Rhode Island. (The large drop between 2006 and 2008 was due, in part, to a change in the definition of a serious injury to an incapacitating injury.)



Failure to pay attention at intersections is a major safety hazard as shown by this photo of the pedestrian who is almost hit by the car.

Figure 1. Rhode Island Fatalities and Serious Injuries 2001 to 2010



THE SHSP UPDATE PROCESS

The Federal government recommends states update their SHSPs every five years. Rhode Island joined a number of other states in revisiting the issues and identifying areas for improvement. Safety stakeholders analyzed the data to quantify the problems and ensure Rhode Island investments target areas where there is the greatest potential for progress. The 2012 SHSP used a data-driven process to analyze the state of highway safety in Rhode Island using fatalities and serious injuries as key performance measures. Based on a review of the data, the Steering Committee identified the following as statewide emphasis areas in the updated plan:

- Impaired driving;
- Intersection and run-off-the-road crashes;
- Occupant protection;
- Speeding; and
- Young drivers.

The Steering Committee discussed the issue of distracted driving to determine whether it should be an emphasis area. The State does not have sufficient

data on distracted driving, mainly because it is difficult to prove a driver was distracted. However, given the importance of the issue, the Steering Committee voted to form a Distracted Driving Task Force, which will develop a definition for distracted driving acceptable to all law enforcement agencies and conduct research to identify effective countermeasures.

Data was another issue discussed by the Steering Committee. One of the major problems is the incomplete picture on traffic safety given the low number of fatalities. This necessitates more information on serious injuries. Other data issues include the following:

- Lack of data integration;
- Flawed injury data;
- Lack of serious injury data for speed-related crashes;
- Lack of roadway/roadside inventory data;
- Incomplete toxicology reports for impaired driving;
- Lack of data on contributing factors in run-off-road fatalities; and
- Low numbers for distracted driving crashes.

Staffing deficiencies hinder the ability of law enforcement agencies to conduct crash reconstructions for speed and alcohol-related serious injury crashes and the lack of Blood Alcohol Concentration (BAC) data impedes the ability to properly record and quantify these occurrences. Given the seriousness of the problem, the Steering Committee decided to work closely with the Traffic Records Coordinating Committee (TRCC) to identify and develop solutions to these data problem areas. The TRCC is the entity charged with improving road safety through the collection, integration, and analysis of traffic safety data.



VISION, MISSION, AND GOAL

As a part of the SHSP update process, the Steering Committee deliberated and adopted the following Vision, Mission, and Goal for the 2012 to 2016 plan:

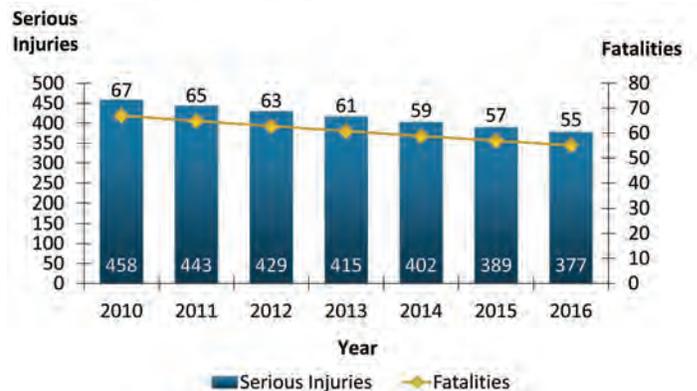
- Vision** Rhode Island will be the safest state in the nation for all surface transportation users.
- Mission** Implement a collaborative process to reduce fatalities and serious injuries and ensure the safety of all surface transportation users.
- Goal** Rhode Island adopts the goal of “Toward Zero Deaths” with an interim goal to halve fatalities and serious injuries by 2030.

STATEWIDE OBJECTIVES

The adopted statewide objectives are in line with the overall goal, which targets a reduction of fatalities and serious injuries by 3.2 percent annually (Figure 2). The 3.2 percent represents the TZD goal to halve fatalities and serious injuries by 2030. The year 2010 was selected as the baseline because complete fatality and serious injury data for 2011 were not available.

- Reduce Rhode Island traffic-related fatalities by 3.2 percent annually.
- Reduce Rhode Island traffic-related serious injuries by 3.2 percent annually.

Figure 2. Rhode Island Traffic Fatalities and Serious Injuries Statewide Objectives 2010 to 2016



2012 to 2016 SHSP

The following is a brief synopsis of each of the emphasis areas in the updated Rhode Island SHSP and includes a synopsis the extent of the problem over the last five years, the objectives or how much Rhode Island will reduce the number of fatalities and serious injuries over the next five years, and the strategies that will accomplish that objective. Traffic fatalities are rarely caused by a single factor. For instance, a fatality may result when someone speeds through an intersection or runs off the road because they were impaired. That is why the percentages in the following pages add up to more than 100. An intersection fatality that involves speeding would be counted in both emphasis areas.

A more complete description of each emphasis area can be found in the appendix. It includes an explanation of the problem, who is affected, when the crashes occur, which municipalities have the highest number of fatalities and serious injuries, and which are the most frequent collision types. Along with the strategies that appear in the body of the plan, the appendix also includes the action steps that will implement each of the strategies along with the agency/organization that will oversee implementation. These agencies and organizations also are listed in the synopsis. The emphasis area action steps for the 2012 to 2016 SHSP are multiagency and multidisciplinary and involve the 4 E's of safety (engineering, enforcement, education, emergency response). For instance, an educational strategy may be to educate young people about traffic crashes with a mock crash as shown below.



Engineering



Enforcement



Education



Emergency Response

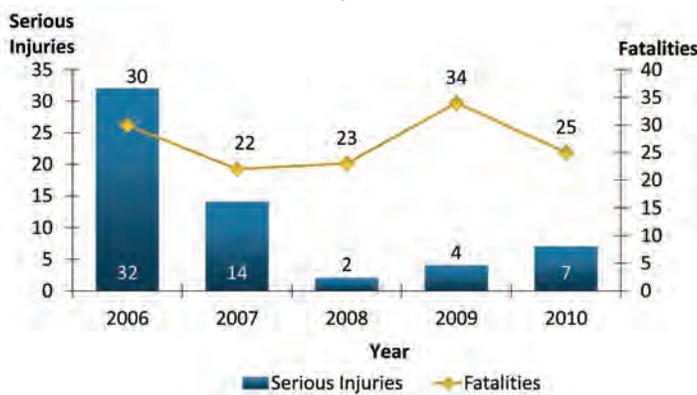




Emphasis Area 1: Alcohol-Impaired Driving

Alcohol-impaired driving crashes resulted in 94 fatalities from 2006 to 2010, which represents nearly 26 percent of all traffic fatalities in Rhode Island (Figure 3).

Figure 3. Alcohol-Impaired Driving Fatalities and Serious Injuries



Strategies

-  Identify reasons for the lack of access to and the credibility of impaired driving serious injury data, and develop solutions to data acquisition.
-  Increase public awareness of the dangers of impaired driving.
-  Strengthen laws on impaired driving.
-  Improve impaired driving enforcement.
-  Improve alcohol assessment and treatment in Rhode Island.

Objectives

The following objectives were adopted to reduce alcohol-impaired driving fatalities and serious injuries using 2010 as the baseline.

- Reduce alcohol-impaired driving fatalities by 3.2 percent annually.
- Reduce alcohol-impaired driving serious injuries by 3.2 percent annually.

ALCOHOL-IMPAIRED DRIVING ACTION STEP LEADERS

EMS

MADD

Office on Highway Safety

Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (RIDBHDDH)

Rhode Island Department of Transportation

Rhode Island Hospitality Association

Emphasis Area 2: Intersection and Run-off-the-Road (ROR)



Between 2008 and 2010, 142 fatalities and 874 serious injuries occurred at intersection involved crashes (Figure 4). The numbers account for 67 percent of the total roadway fatalities and serious injuries in the State. During the same period, 128 fatalities and 510 serious injuries involved ROR crashes, which represent 42 percent of the statewide numbers (Figure 5). This data set, especially serious injuries, was based on the Highway Safety Improvement Program report. The Rhode Island DOT could only confirm the data back to 2008.

Objectives

The following objectives were adopted to reduce intersection and ROR fatalities and serious injuries using 2010 as the baseline.

- Reduce intersection and ROR fatalities by five percent annually.
- Reduce intersection and ROR serious injuries by five percent annually.

Strategies

- 🚧 Select locations and implement countermeasures with the greatest potential for safety improvement using the predictive methods in the Highway Safety Manual (HSM).
- 🚓 Increase enforcement at locations with the most severe safety needs, e.g., red-light running cameras, automated speed enforcement in work/school zones, targeted police enforcement, educational campaigns, etc.
- 🎓 Improve safety for vulnerable users (bicyclists, pedestrians, moped users, motorcyclists).
- 🎓 Continue education and outreach to local jurisdictions to improve safety.
- 🚧 Develop and implement a safety corridor program.

Figure 4. Intersection-Related Fatalities and Serious Injuries

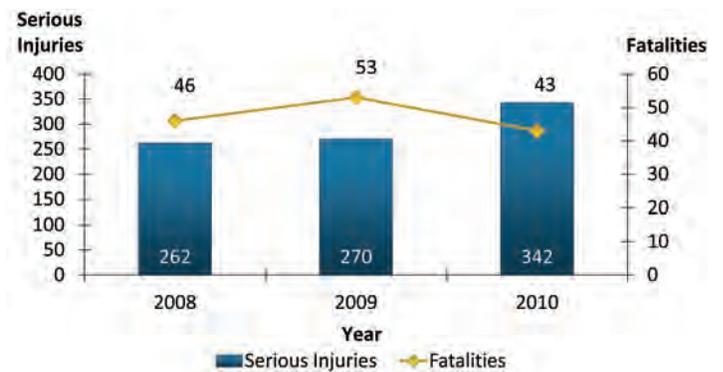
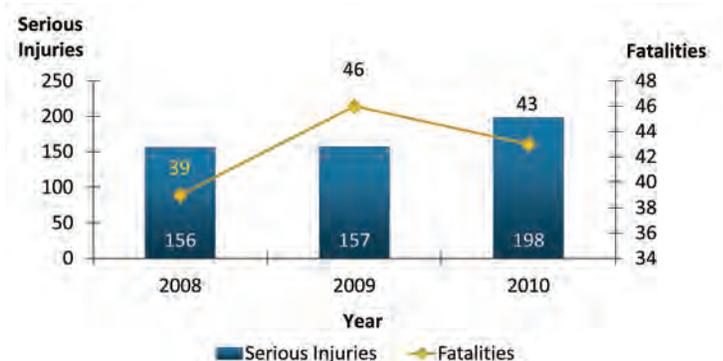


Figure 5. Run-off-the-Road-Related Fatalities and Serious Injuries



INTERSECTION AND RUN-OFF-THE-ROAD ACTION STEP LEADERS

AAA

Local Technical Assistance Program (LTAP)

Office on Highway Safety (OHS)

Office of Statewide Planning

Rhode Island Department of Transportation (RIDOT)

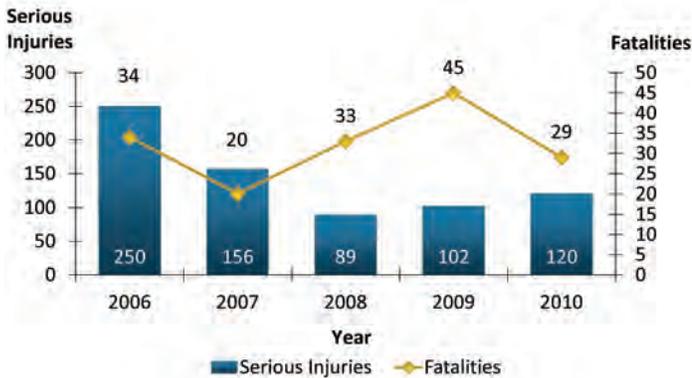
Traffic Safety Coalition (TSC)



Emphasis Area 3: Occupant Protection

In Rhode Island, there were 161 unbelted fatalities and 717 unbelted serious injuries between 2006 and 2010, which accounted for 44 percent of all the traffic fatalities and 21 percent of serious injuries throughout the State (Figure 6).

Figure 6. Unbelted Fatalities and Serious Injuries



OCCUPANT PROTECTION ACTION STEP LEADERS

AAA

Community College of Rhode Island

Injury Prevention Center

Law Enforcement Liaison

Office on Traffic Safety

Rhode Island Department of Health

Traffic Resource Prosecutor

Traffic Safety Coalition

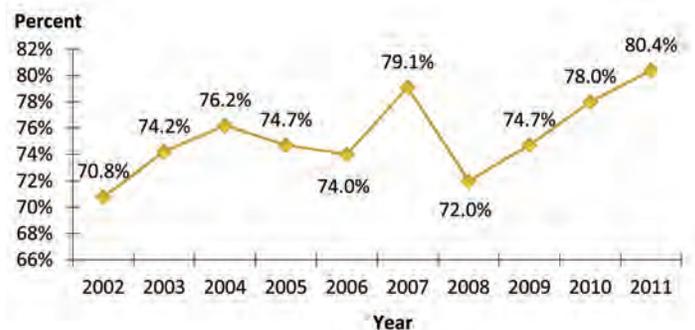
Objectives

The following objectives were adopted to reduce unbelted fatalities and serious injuries using 2010 as the baseline:

- Reduce unbelted fatalities by 3.2 percent annually.
- Reduce unbelted serious injuries by 3.2 percent annually.
- Increase safety belt use from 80.4 percent in 2011 to 90 percent by 2016.

In 2011, Rhode Island became the 33rd state to enact a primary seat belt law, which went into effect on June 30, 2011. Rhode Island has been working hard to increase safety belt use and achieved a use rate over 80 percent in 2011. Figure 7 shows Rhode Island's safety belt use rate.

**Figure 7. Rhode Island Seat Belt Use Rates
2002 to 2011**



Strategies

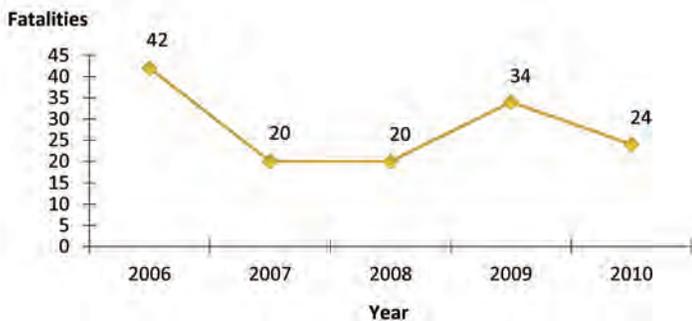
- Increase education and outreach efforts about the benefits of safety belt use.
- Increase enforcement of occupant protection laws.
- Strengthen laws on occupant protection.

Emphasis Area 4: Speeding



Between 2006 and 2010, 141 speeding-related fatalities occurred on Rhode Island's roadways, accounting for 38 percent of overall traffic fatalities in the State (Figure 8). Data is not available on speed-related serious injury crashes due, in part, to a lack of personnel resources which impedes law enforcement from conducting crash reconstructions for speed-related serious injury crashes as they do for fatal crashes.

Figure 8. Speed-Related Fatalities



Objective

The following objective was adopted to reduce speed-related fatalities, with the year 2010 as the baseline.

- Reduce speeding fatalities by 3.2 percent annually.

Strategies

- Improve the collection of speed-related fatal and serious injury crash data.
- Conduct a public education and information campaign to increase awareness of the dangers of speeding.
- Enhance enforcement of speed and aggressive driving laws.
- Identify engineering countermeasures to mitigate speeding on Rhode Island roadways.

SPEEDING ACTION STEP LEADERS

AAA
 Amica Insurance
 Attorney General
 Law Enforcement Liaison
 Office on Highway Safety

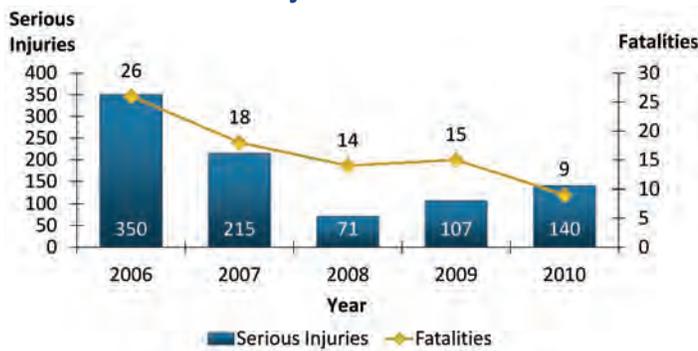
Rhode Island Department of Transportation
 Rhode Island State Police
 Traffic Safety Resource Prosecutor
 Traffic Safety Coalition



Emphasis Area 5: Young Drivers

Between 2006 and 2010, crashes involving young drivers resulted in 82 fatalities and 883 serious injuries. These events represent 26 percent of the total fatalities and serious injuries in Rhode Island (Figure 9).

Figure 9. Young Driver Involved Fatalities and Serious Injuries



Objectives

The following objectives were adopted to reduce young driver involved fatalities and serious injuries using 2010 as the baseline.

- Reduce young driver involved fatalities by 3.2 percent annually.
- Reduce young driver involved serious injuries by 3.2 percent annually.

Strategies

- Improve driver preparation.
- Increase public outreach and education on the basics of roadway safety aimed at drivers age 16-20.
- Increase enforcement and publicize initiatives being conducted in the State.
- Improve safe driving laws in Rhode Island.

YOUNG DRIVER ACTION STEP LEADERS

AAA
 Amica Insurance
 Community College of Rhode Island (CCRI)
 Department of Health (DOH)
 Department of Motor Vehicles (DMV)
 Law Enforcement Liaisons
 Mothers Against Drunk Driving (MADD)
 Office on Highway Safety (OHS)
 Traffic Safety Coalition (TSC)
 Traffic Safety Resource Prosecutor

Implementation



LEADERSHIP AND COLLABORATION

The SHSP update process improved the understanding of Rhode Island’s safety issues and focused on the steps needed to keep the State on track to reduce traffic fatalities and serious injuries. The updated plan provides a roadmap for effective implementation of the vision, mission, and goals. The Steering Committee, comprised of key safety stakeholders, evaluated the safety data, and managed the development of the objectives, strategies, and action steps for each emphasis area. As the plan is implemented, this committee, with oversight from the Executive Committee, will supervise the process by doing the following:

- Track implementation progress in each of the emphasis areas;
- Identify barriers or problems to implementation;
- Provide regular updates on SHSP-related campaigns, training, or other programs;
- Provide guidance on future programs, activities, etc.;
- Determine the need and design of future SHSP updates; and
- Work with the TRCC on data improvements.

Emphasis area teams also will meet regularly to address the following items:

- Discuss action step implementation progress and coordinate next steps;
- Identify problems or barriers and report to the Steering Committee;
- Modifications to action steps as required; and
- Continually track and report progress.

EVALUATION

The SHSP includes a comprehensive evaluation plan to track progress and evaluate effectiveness. The plan has an overall goal to reduce fatalities and serious injuries by 3.2 percent per year through 2016. In addition to the overall goal for the SHSP, each emphasis area team established similar measurable goals that will be tracked annually. Other performance measures may include results from direct observations (e.g., safety belt usage and vehicle speeds); survey data measuring awareness, driver attitudes and behaviors; and activity measures, such as number of citations issued during a high-visibility enforcement campaign or the installation of proven engineering countermeasures, such as median cable barriers or rumble strips.

To capture this information, emphasis area teams will meet periodically to determine what progress has been made on implementation of the strategies. The teams will identify problems or barriers and request assistance from the agency responsible for the action step and/or the Executive and Steering Committees. An annual report will provide information about the extent to which each team is implementing the

action steps and meeting the proposed measurable objectives. This report will be delivered to the heads of the participating agencies and to the Governor.

Throughout the implementation process, the SHSP will be a dynamic document that stakeholders continuously review and improve. This ongoing evaluation will enable Rhode Island to keep up-to-date with the latest research and tools making appropriate adjustments as necessary.

MARKETING AND COMMUNICATIONS

As part of the marketing and communications effort, Rhode Island will create a separate web site for the plan where safety stakeholders and others can obtain information on upcoming activities, review the status of emphasis area action plans, and obtain other information, such as materials developed for a particular emphasis area or meeting minutes. In addition, an E-newsletter will be developed and disseminated regularly to update safety stakeholders on SHSP activities. It will include synopses of recent traffic safety research.



Appendix A: Executive and Steering Committee Members

EXECUTIVE COMMITTEE MEMBERS

Gabrielle	Abbate	Mothers Against Drunk Driving
Lloyd	Albert	AAA of Southern New England
Daniel	Berman	Federal Highway Administration, Rhode Island Division Office
Kevin	Carter	Federal Motor Carrier Safety Administration, Rhode Island Division Office
Jeff	Cathcart	Rhode Island T2 Center
Emilio	Colantonio	Community College of Rhode Island
Buddy	Croft	Rhode Island Turnpike and Bridge Authority
Carole	Dwyer	Rhode Island Division of Motor Vehicles
Kazem	Farhoumand	Rhode Island Department of Transportation
Michael	Fine	Rhode Island Department of Health
Kevin	Flynn	Rhode Island Office of Statewide Planning
Michael	Geraci	National Highway Traffic Safety Administration, New England Region Office
Jeanne	LaFazia	Rhode Island District Court
Thomas	Laliberte	Rhode Island Traffic Tribunal
Michael	Lewis	Rhode Island Department of Transportation
Christopher	Maxwell	Rhode Island Trucking Association
Kevin	McBride	Rhode Island Emergency Management Agency
Steven	O'Donnell	Rhode Island State Police
Steven	Paré	Providence Department of Public Safety
Anthony	Pesare	Rhode Island Police Chiefs' Association
Gregory	Smolan	Amica Mutual Insurance Company
Craig	Stenning	Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals
Jay	Sullivan	Rhode Island Department of the Attorney General
Richard	Sullivan	Rhode Island Department of Public Safety
Richard	Susi	Rhode Island Association of Fire Chiefs
Robert	Weygand	University of Rhode Island

STEERING COMMITTEE MEMBERS

Gabrielle	Abbate	Mothers Against Drunk Driving
William	Ashworth	Vanasse Hangen Brustlin, Inc.
Ann	Assumpico	Rhode Island State Police
James	Barden	Rhode Island Department of Transportation
Sharon	Bazor	Rhode Island Department of Transportation
Pam	Beer	Cambridge Systematics, Inc.
Todd	Brayton	Bryant Associates, Inc.
Thomas	Bushell	Rhode Island Department of Transportation
Linsey	Callaghan	Rhode Island Office of Statewide Planning
Gabriel	Cano	National Highway Traffic Safety Administration, New England Region Office
Michael	Casey	Rhode Island State Police
Jeffrey	Cathcart	Rhode Island T2 Center
Emilio	Colantonio	Community College of Rhode Island
Buddy	Croft	Rhode Island Turnpike and Bridge Authority
Michael	Desmond	Bryant Associates, Inc.
Daniel	DiBiasio	Rhode Island Department of Transportation
Robert	Drapeau	University of Rhode Island
Jamie	Hainsworth	Mothers Against Drunk Driving
Wellington	Hall	Rhode Island Department of Transportation
Andy	Koziol	National Highway Traffic Safety Administration, New England Region Office
Chris	Maxwell	Rhode Island Trucking Association, Inc.
Despina	Metakos	Rhode Island Department of Transportation
Deborah	Miller	AARP
Peter	Pavao	Vanasse Hangen Brustlin, Inc.
Beatriz	Perez	Rhode Island Department of Health
Steven	Pristawa	Rhode Island Department of Transportation
David	Raposa	AAA Southern New England
Sean	Raymond	Rhode Island Department of Transportation
Anthony	Ricci	Community College of Rhode Island
Robert	Rocchio	Rhode Island Department of Transportation
Jacinda	Russell	Federal Highway Administration, Rhode Island Division Office
Richard	Silva	West Warwick Police Department
Virginia	Smith-Reeder	Cambridge Systematics, Inc.
Gregory	Smolan	Amica Mutual Insurance Company
Colonel Richard	Sullivan	Rhode Island Department of Public Safety
John	Sullivan	Rhode Island Department of the Attorney General
Richard	Susi	Rhode Island Association of Fire Chiefs
Michael	Varadian	Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals
Sergeant Paul	Zienowicz	Providence Police Department



Appendix B: Glossary of Terms

Blood Alcohol Content (BAC)

BAC is usually expressed as a percentage of alcohol (generally in the sense of ethanol) in the blood as measured by blood, breath, or urine.

Click It or Ticket (CIOT)

CIOT is the nation's high-visibility enforcement campaign aimed at making sure people wear their safety belts.

Data Driven Approaches to Crime and Traffic Safety (DDACTS)

DDACTS integrates location-based crime and traffic data to establish effective and efficient methods for deploying law enforcement and other resources.

Highway Safety Manual (HSM)

The HSM synthesizes highway safety research and provides tools for states to predict the impact of decisions on safety as well as measure safety performance.

Law Enforcement Liaison (LEL)

An LEL is a current or retired law enforcement officer who provides training, education, and technical assistance to law enforcement in his or her state.

Local Technical Assistance Program (LTAP)

LTAP is a national technology transfer initiative sponsored by FHWA. The program focuses primarily on meeting the technology transfer and training needs of small cities and towns nationally.

Manual on Uniform Traffic Control Devices (MUTCD)

The MUTCD is a document issued by the Federal Highway Administration (FHWA) of the United States Department of Transportation (U.S. DOT) to specify the standards by which traffic signs, road surface markings, and signals are designed, installed, and used.

Office on Highway Safety (OHS)

OHS is part of the Rhode Island DOT and is charged with implementing behavioral safety programs.

Road Safety Audit (RSA)

An RSA is a formal safety performance examination of an existing or a future road/intersection by an independent multidisciplinary team.

Safe, Accountable, Flexible, Efficient Transportation Equity Act-A Legacy for Users (SAFETEA-LU)

This is the most recent highway safety act passed by the Congress in 2005. The law required states to develop an SHSP by October 1, 2007 or lose flexibility in funding from the Highway Safety Improvement Program (HSIP).

Serious Injury

Rhode Island uses the KABCO injury scale that includes the following categories: K=fatal injury, A=incapacitating injury, B=nonincapacitating injury, and C=possible injury, and O=no injury. For the data in this report, only "A" (incapacitating crash) is considered a serious crash.

Strategic Highway Safety Plan (SHSP)

An SHSP is a statewide safety plan, which encourages coordinated and cross-agency efforts and provides a structured outline to reduce fatalities and serious injuries on all public roads.

Toward Zero Deaths (TZD)

A national effort to eliminate highway fatalities as a threat to public and personal health

Traffic Records Coordinating Committee (TRCC)

The TRCC is the entity charged with improving road safety through the collection, integration, and analysis of traffic safety data.

Traffic Resource Prosecutor (TSRP)

A TSRP is a current or retired prosecutor who provides training, education, and technical assistance to prosecutors and law enforcement in his or her state.



Appendix C: More SHSP Update Information

Background

Highways are the backbone of the nation's economy. Maintaining safe and operable highways is a top priority. Rhode Island is committed to improving highway safety and considers even one death too many. The State adopted "Towards Zero Deaths (TZD)," a national campaign to eliminate highway fatalities as a threat to public and personal health, as its overarching goal for the Strategic Highway Safety Plan (SHSP).

Rhode Island's SHSP is a statewide safety plan for moving "Towards Zero Deaths" utilizing the 4 E's of safety (engineering, enforcement, education, and emergency response), which are critical for overall safety on Rhode Island's roadways. The SHSP encourages coordinated and cross-agency efforts and provides a structured outline to reduce fatalities and serious injuries on all public roads.

In 2007, Rhode Island developed its first SHSP in accordance with Federal requirements in the Safe, Accountable, Flexible, Efficient Transportation Equity Act-A Legacy for Users (SAFETEA-LU). The following are the 2007 plan's five emphasis areas:

- Impaired driving;
- Speed and aggressive driving;
- Intersections and run-off-the-road;
- Occupant protection; and
- Young drivers.

Rhode Island has achieved the following accomplishments since approval of the first SHSP:

- Traffic fatalities in Rhode Island dropped 17 percent from 2006 to 2010.
- Since 2007, serious incapacitating injuries dropped 40 percent. In June 2007, Rhode Island changed the definition of serious injuries to incapacitating injuries which did impact the percentage decrease.
- Rhode Island became the 33rd state in the country to enact a primary safety belt law in 2011. Under the new primary law, violators face an \$85 fine.

- The number of citations for failure to use proper restraints issued during the national Click It or Ticket (CIOT) enforcement mobilization increased from 2,267 in 2010 to 4,109 in 2011.
- The State collaborated with the Federal Highway Administration (FHWA) and the National Highway Traffic Safety Administration (NHTSA) to host "Mission: Safety 2010 Conference" bringing together engineering and behavioral specialists from across the country to discuss effective ways to reduce traffic fatalities and serious injuries.
- Rhode Island developed design policies to consider roundabouts at high-crash locations. To date, 4 roundabouts and 3 retrofits of rotaries have been constructed in Rhode Island with 14 more roundabouts and another rotary retrofit currently in design.
- The State incorporated road diets on roadway improvements. Rhode Island has performed road diets on 13 roadways since 2007. A study showed after the road diet installation speeds dropped by 5 to 10 mph, crashes went down 27 percent, and injury crashes decreased by 70 percent.
- The State developed and implemented an aggressive Road Safety Audit (RSA) program. To date, 13 RSA's have been conducted, which resulted in 7 completed RSA reports. The State has held 6 RSA training classes and certified over 100 people.
- The State increased the use of median guardrails to reduce the number of cross median crashes. Currently, the State has installed median guardrails on 75 percent of freeways and expressways (35.6 miles); and will install median guardrail on the remaining 25 percent (9.2 miles) by 2013.
- Rhode Island installed shoulder rumble strips on 75 percent of all freeways.
- The Rhode Island Traffic Safety Coalition was reorganized and led the successful passage of a primary safety belt law.

EMPHASIS AREA 1: ALCOHOL-IMPAIRED DRIVING

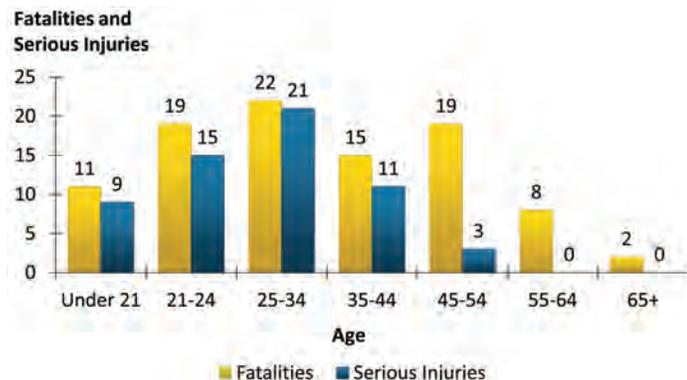
Overview

One third of all motor vehicle fatalities involve alcohol-impaired driving. An increase in blood alcohol concentration (BAC) results in deteriorated reaction times, reduced muscle control, and a lack of judgment. In Rhode Island, it is a crime to drive with a BAC at or above .08. Rhode Island law also provides for enhanced penalties for those who operate a motor vehicle with a BAC in excess of .15, including a mandatory \$500 fine and a 3- to 18-month license suspension.

Who

The highest percentage of alcohol-impaired driving fatalities and serious injuries involve drivers between the ages of 25 and 34 followed by drivers between the ages 21 to 24 (Figure 10).

Figure 10. Alcohol-Impaired Driving Fatalities and Serious Injuries
By Age, 2006 to 2010



Where

Providence, Smithfield, Warwick, North Kingstown, and Pawtucket are the municipalities with the highest number of alcohol-impaired driving fatalities and serious injuries (Table 1). They account for 39 percent of all alcohol-impaired driving fatalities and serious injuries in Rhode Island.

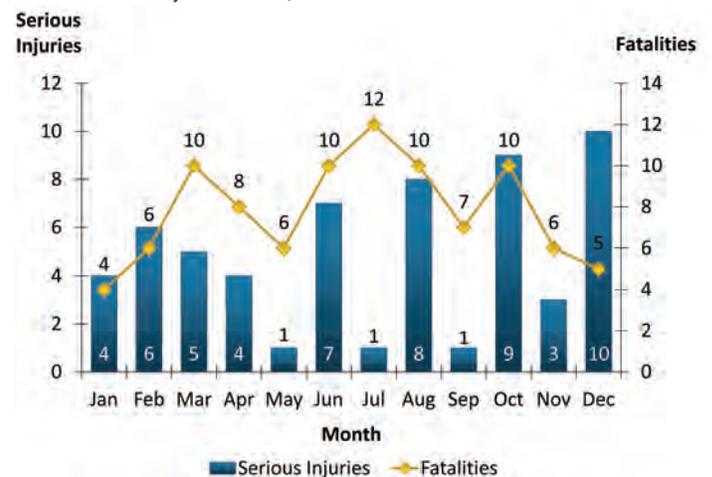
Table 1. Alcohol-Impaired Driving Fatalities and Serious Injuries
2006 to 2010

Municipality	Number of Fatalities and Serious Injuries
Providence	19
Smithfield	13
Warwick	10
North Kingstown	9
Pawtucket	9

When

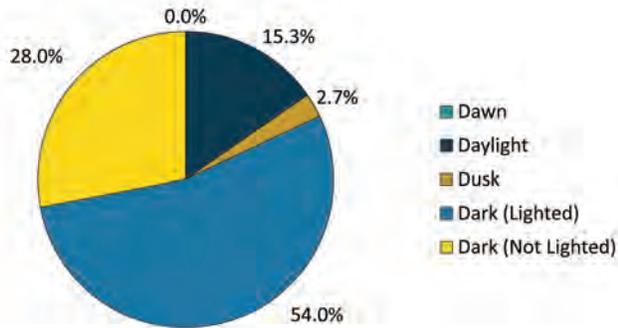
The month with the highest number of alcohol-impaired driving fatalities and serious injuries is October, followed by August (Figure 11).

Figure 11. Alcohol-Impaired Driving Fatalities and Serious Injuries
By Month, 2006 to 2010



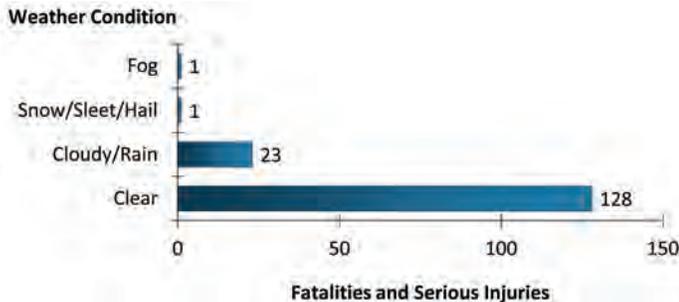
Eighty-two percent of the alcohol-impaired driving fatalities and serious injuries happen when it is dark (Figure 12).

Figure 12. Alcohol-Impaired Driving Fatalities and Serious Injuries
By Lighting Condition, 2006 to 2010



The majority of the alcohol-impaired driving fatalities and serious injuries occur when the weather is clear (Figure 13).

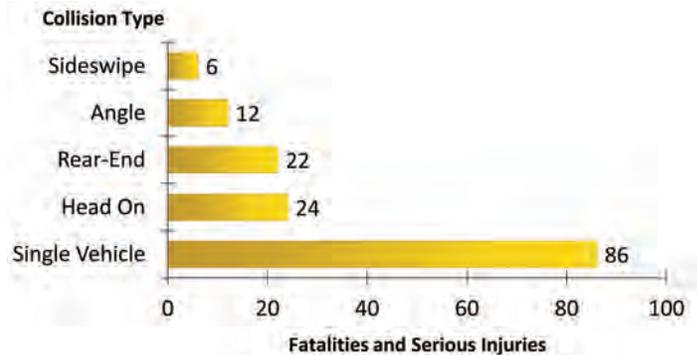
Figure 13. Alcohol-Impaired Driving Fatalities and Serious Injuries
By Weather Condition, 2006 to 2010



How

The highest percentage of alcohol-impaired driving fatalities and serious injuries occur in single-vehicle crashes followed by head on crashes. Figure 14 shows the breakdown of fatalities and serious injuries by collision types.

Figure 14. Alcohol-Impaired Driving Fatalities and Serious Injuries
By Collision Type, 2006 to 2010



Strategies and Action Steps

Strategy 1: Identify reasons for the lack of access to and the credibility of impaired driving serious injury data, and develop solutions to data acquisition.

Action Steps:

- Obtain data on BAC levels for serious injuries, i.e., a supplemental report. (RIDOT)
- Determine the feasibility of a supplemental report. (RIDOT)
- Improve crash reporting by conducting a focus group with state and local street-level officers; identify issues and solutions. (RIDOT)
- Develop and conduct a training program to improve crash reporting by law enforcement officers. (RIDOT)
- Gather supplemental trauma reports or hospital data. (RIDOT)
- Promote greater electronic reporting by EMS. (RIDOH, EMS)

Strategy 2: Increase public awareness of the dangers of impaired driving.

Action Steps:

- Develop and conduct a court monitoring program and inform the courts of the results. (MADD)
- Continue and enhance high-visibility enforcement campaigns, i.e., Drive Sober or Get Pulled Over. (OHS)
- Conduct outreach and education programs with the hospitality industry, e.g., responsible server, overserving programs. (Rhode Island Hospitality Association/OHS)
- Use social media as a communications tool. (RIDOT, Office of Communications)

Strategy 3: Strengthen laws on impaired driving.

Action Steps:

- Support passage of an administrative license revocation law. (MADD)
- Support passage of a mandatory ignition interlock law for first-time offenders. (MADD)
- Support passage of a law that requires mandatory blood testing for all fatal and serious injury crashes. (MADD)

Strategy 4: Improve impaired driving enforcement.

Action Steps:

- Continue and enhance high-visibility enforcement campaigns, i.e., Drive Sober or Get Pulled Over. (OHS)
- Continue and enhance saturation patrols. (OHS)
- Revisit legislative approval for sobriety checkpoints. (MADD)

Strategy 5: Improve alcohol assessment and treatment in Rhode Island.

Action Steps:

- Evaluate the effectiveness of the current alcohol assessment and treatment program for offenders and recommend improvements, if necessary. (RIDBHDDH)

EMPHASIS AREA 2: INTERSECTION AND RUN-OFF-THE-ROAD

Overview

Intersections, where two or more roads cross, provide potential conflict points for vehicles and pedestrians, especially during left turns, right turns, or crossover maneuvers. Nationwide, 40 percent of all crashes and 20 percent of all fatal crashes are intersection related. Improved geometric design, traffic control, access management, and safe driving practices are keys to intersection safety.

Run-off-the-road (ROR) crashes occur when a vehicle leaves the travel lane and enters a shoulder or roadside environment or even goes into the opposite lane. The vehicle may overturn, go into a ditch, hit fixed roadside objects, or run into on-coming traffic. A multitude of factors, including driver error, road surface conditions, and speeding contribute to ROR crashes. Flattening of curves, installation of edge lines, centerline and edgeline rumble strips, guardrails, and increased speed enforcement may prevent such crashes or reduce injury severity in the event of a crash.

Where

Providence, Warwick, Cranston, Pawtucket, and Cumberland are the municipalities with the highest number of fatalities and serious injuries in both intersection and ROR crashes (Table 2). Together, they account for 48 and 35 percent of fatalities and serious injuries in intersection and ROR crashes respectively.

Table 2. Intersection and ROR Fatalities and Serious Injuries
2008 to 2010

Municipality	Number of Fatalities and Serious Injuries
Intersection	
Providence	176
Warwick	101
Cranston	94
Pawtucket	65
Cumberland	51
Run-off-the-Road	
Providence	65
Warwick	49
Cranston	43
Cumberland	33
Pawtucket	31

When

The highest number of fatalities and serious injuries sustained in intersection and ROR crashes occur during the months of July through September. Intersection and ROR crashes average more than one fatality or serious injury every day in Rhode Island (Figures 15 and 16).

Figure 15. Intersection-Related Fatalities and Serious Injuries
By Month, 2008 to 2010



Figure 16. Run-off-the-Road Fatalities and Serious Injuries

By Month, 2008 to 2010



Most intersection-related fatalities and serious injuries occur during the day (Figure 17), while the majority of the fatalities and serious injuries in ROR crashes occur when it is dark (Figure 18).

Figure 17. Intersection-Related Fatalities and Serious Injuries

By Lighting Condition, 2008 to 2010

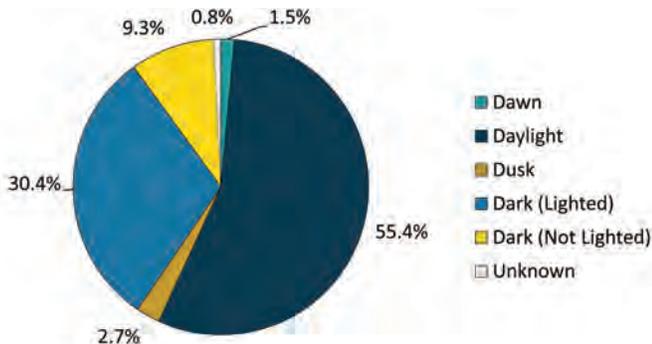
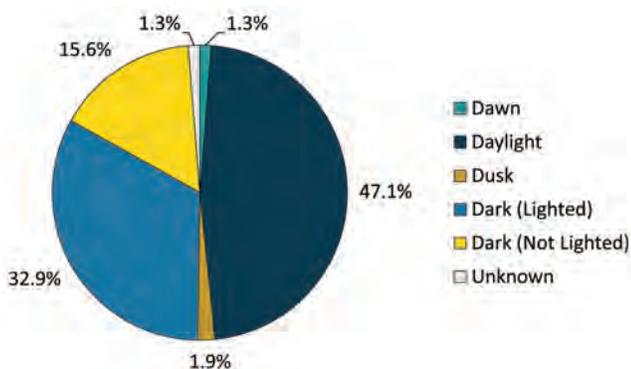


Figure 18. Run-off-the-Road Fatalities and Serious Injuries

By Lighting Condition, 2008 to 2010



The majority of the intersection and ROR fatalities and serious injuries occur when the weather is clear. (Figures 19 and 20).

Figure 19. Intersection-Related Fatalities and Serious Injuries

By Weather Condition, 2008 to 2010

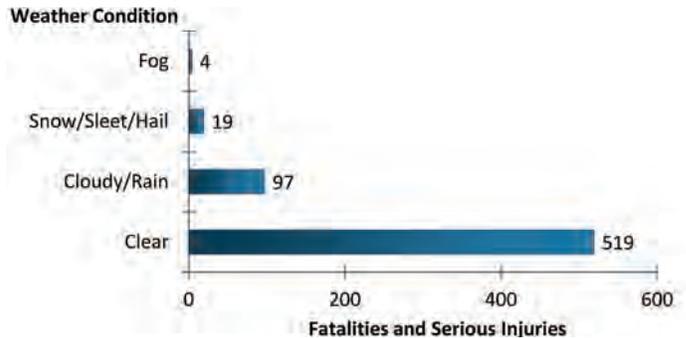
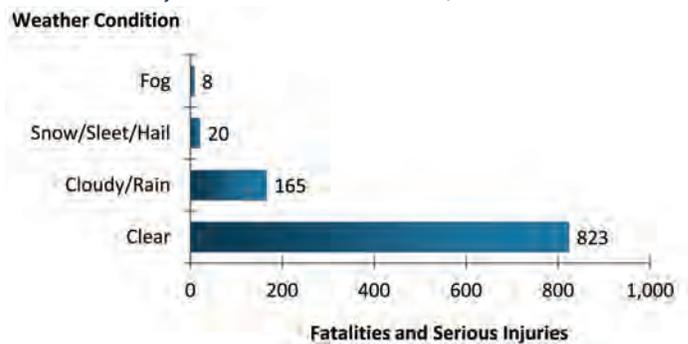


Figure 20. Run-off-the-Road Fatalities and Serious Injuries

By Weather Condition, 2008 to 2010

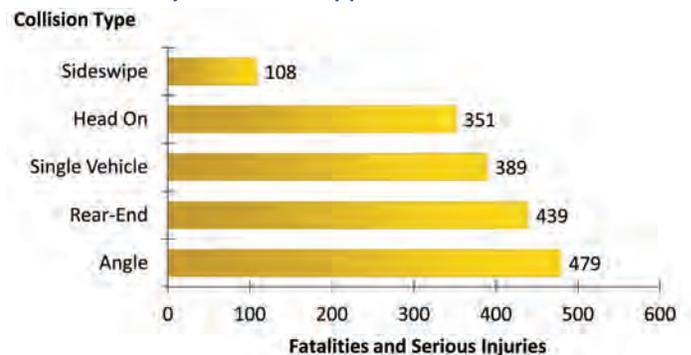


How

Angle crashes are the most prevalent crash type at intersections in Rhode Island (Figure 21).

Figure 21. Intersection-Related Fatalities and Serious Injuries

By Collision Type, 2008 to 2010





Strategies and Action Steps

Strategy 1: Select locations and implement countermeasures with the greatest potential for safety improvement using the predictive methods in the Highway Safety Manual (HSM).

Action Steps:

- Target locations exhibiting the greatest potential for improvement through enhanced data collection and analysis. (RIDOT, Traffic Engineering)
- Implement proven countermeasures such as roundabouts, safety edge, rumble strips, median barriers, road safety audits, access management, and determine opportunities for additional implementation as new countermeasures are identified. (RIDOT, Traffic Engineering)
- Evaluate implemented countermeasures. (RIDOT, Traffic Engineering)

Strategy 2: Increase enforcement at locations with the most severe safety needs, e.g., red-light running cameras, automated speed enforcement in work zones and school zones, targeted police enforcement, educational campaigns, etc.

Action Steps:

- Obtain legislative approval for automated enforcement (red-light running cameras and speed enforcement). (TSC)
- Obtain citation and other information to determine the effectiveness of automated enforcement efforts. (Providence Police Department/ RIDOT, Traffic Engineering)
- Provide funding to support targeted enforcement efforts at areas with severe safety needs. (OHS)
- Determine the feasibility of forming a group of high-performing police officers with the authority to conduct cross-jurisdictional enforcement. (OHS)

Strategy 3: Improve safety for vulnerable users (bicyclists, pedestrians, moped users, motorcyclists).

Action Steps:

- Review the data and determine the target populations, high-crash locations, and contributing causes for vulnerable road user crashes. (OHS)
- Conduct a public education campaign on pedestrian safety. (OHS/AAA)
- Conduct enforcement “stings” at high-pedestrian crash locations. (OHS)
- Identify infrastructure improvements that improve safety for vulnerable road users at high-crash locations. (RIDOT, Traffic Engineering)
- Promote concepts of complete streets in municipal comprehensive plans and development regulations. (Office of Statewide Planning)
- Review access management policies that promote better connectivity and safety. (Office of Statewide Planning)

Strategy 4: Continue education and outreach to local jurisdictions to improve safety.

Action Steps:

- Coordinate with local jurisdictions on efforts to improve intersection and roadway safety. (LTAP)
- Conduct workshops to teach local jurisdictions about proven countermeasures, low-cost safety improvements, MUTCD, etc. (LTAP)

Strategy 5: Develop and implement a safety corridor program.

Action Steps:

- Review data to identify potential safety corridor locations. (RIDOT, Traffic Engineering)
- Conduct multidisciplinary road safety audits to determine the causes and potential solutions to crashes. (RIDOT, Traffic Engineering)
- Implement the identified multidisciplinary countermeasures. (RIDOT, Traffic Engineering)
- Conduct a before and after study to evaluate the effectiveness of the program. (RIDOT, Traffic Engineering)
- Explore the possibility of legislatively mandating double fines for infractions in safety corridors. (RIDOT, Traffic Engineering)



EMPHASIS AREA 3: OCCUPANT PROTECTION

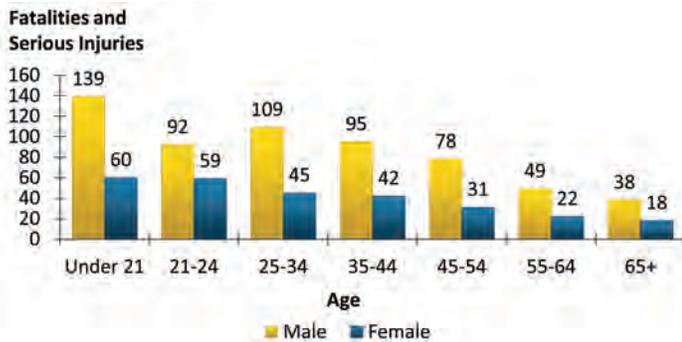
Overview

A properly used safety belt or child restraint system keeps the body in position, minimizes injuries from secondary collisions inside the vehicle, and greatly reduces the chance of ejection. According to NHTSA, the use of safety belts reduces the risk of fatal injury by 45 percent while nonuse of a safety belt increases the likelihood of death by 20 times. A review of the data showed drivers under the influence of alcohol or other drugs are likely to be unbelted and nearly two-thirds of motorists killed in nighttime crashes are unbelted. High-visibility enforcement campaigns, higher fines for safety belt violations, and primary safety belt laws have all contributed to the increase in safety belt use in the U.S.

Who

The highest percentage of the unbelted fatalities and serious injuries involve male drivers under the age of 21 followed by male drivers between the ages of 25 and 34 (Figure 22).

Figure 22. Unbelted Fatalities and Serious Injuries By Driver Gender and Age, 2006 to 2010



Where

Cranston, Providence, Warwick, Pawtucket, and Burrillville are the municipalities with the highest number of unbelted fatalities and serious injuries (Table 3). They account for 41 percent of all unbelted fatalities and serious injuries in Rhode Island.

Table 3. Unbelted Fatalities and Serious Injuries 2006 to 2010

Municipality	Number of Fatalities and Serious Injuries
Cranston	117
Providence	85
Warwick	85
Pawtucket	39
Burrillville	37

When

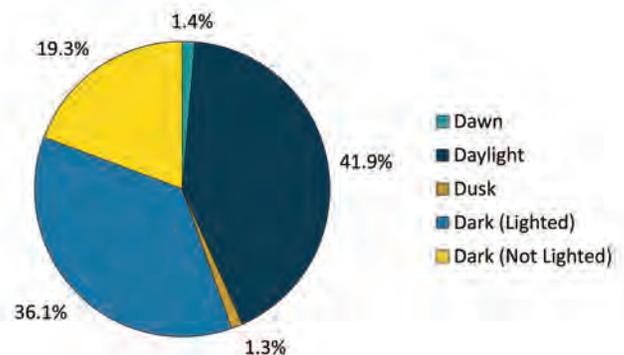
The highest number of the unbelted fatalities and serious injuries occur during the months of April and May (Figure 23). This translates into more than two people being killed or seriously injured in an unbelted crash every day in Rhode Island.

Figure 23. Unbelted Fatalities and Serious Injuries By Month, 2006 to 2010



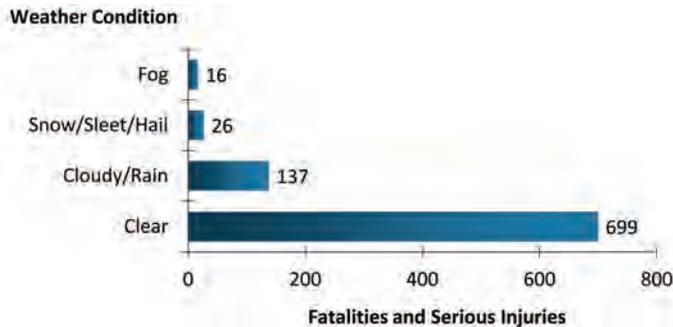
More than half of unbelted fatalities occur at night (Figure 24).

Figure 24. Unbelted Fatalities and Serious Injuries By Lighting Condition, 2006 to 2010



The majority of the unbelted fatalities and serious injuries occur during clear weather conditions followed by cloudy/rainy conditions (Figure 25).

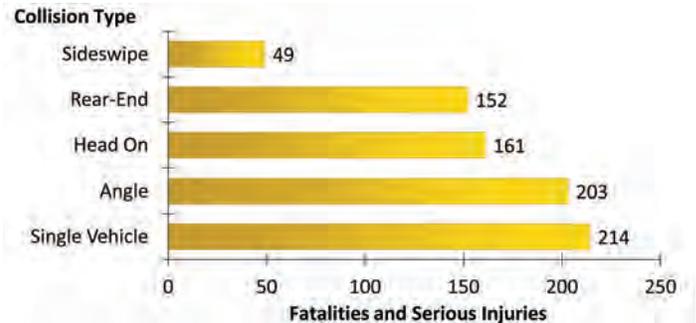
Figure 25. Unbelted Fatalities and Serious Injuries
By Weather Condition, 2006 to 2010



How

The highest number of the unbelted fatalities and serious injuries occur in single-vehicle crashes followed closely by angle crashes. Figure 26 shows the breakdown of fatalities and serious injuries by collision types.

Figure 26. Unbelted Fatalities and Serious Injuries
By Collision Type, 2006 to 2010



Strategies and Action Steps

Strategy 1: Increase education and outreach efforts about the benefits of safety belt use.

Action Steps:

- Develop safety belt educational partnerships with faith-based groups and other local organizations, e.g., immigrant support, nonprofits, etc. (OHS)
- Implement programs at high schools and on college campuses that target high-risk behavior. (OHS/TRSP/AAA)
- Use media and social media to target the demographic of male drivers ages 18 to 24. (OHS)
- Revitalize the partnership with the Brain Injury Foundation to help promote the benefits of safety belt use. (RIDOH)
- Emphasize safety belt use in the driver's education curriculum. (CCRI)
- Promote child passenger safety through child safety seat checks, information distribution, outreach to underserved populations, etc. (Injury Prevention Center)

Strategy 2: Increase enforcement of occupant protection laws.

Action Steps:

- Conduct occupant programs 24 hours a day, including Click It or Ticket and other high-visibility programs. (LEL)
- Increase the number of citations collected on safety belt violations; use e-citation where possible. (OHS)

Strategy 3: Strengthen laws on occupant protection.

Action Steps:

- Make permanent the primary safety belt law. (TSC)

EMPHASIS AREA 4: SPEEDING

Overview

A speed-related crash occurs when a driver is driving too fast for road or weather conditions or exceeding the posted speed limit. According to NHTSA, speed is a factor in nearly one-third of all fatal crashes nationwide. Speeding reduces a driver’s ability to steer safely around other vehicles, curves, or objects in the roadway; extends the distance necessary to stop a vehicle; increases the distance a vehicle travels while a driver reacts to a dangerous situation; and exponentially increases the impact energy and risk of death in the event of a crash. The effectiveness of restraint devices like air bags and safety belts also decline as the impact speed increases. Opinion surveys conducted by NHTSA, however, indicate few drivers consider speeding as an immediate threat to their personal safety or the safety of others.

Where

Providence, Warwick, Smithfield, Cranston, and Johnston are the municipalities with the highest number of speeding fatalities (Table 4) and account for 35 percent of all speed-related fatalities in Rhode Island.

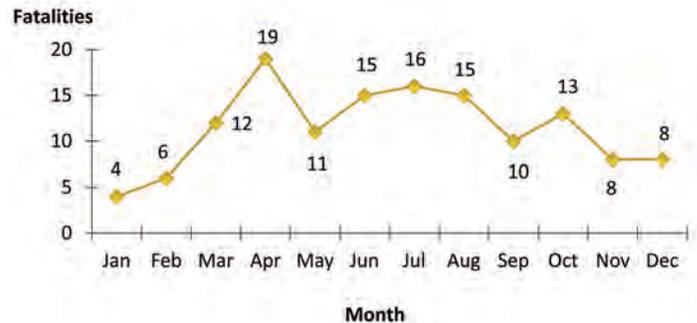
Table 4. Speeding Fatalities
2006 to 2010

Municipality	Number of Fatalities
Providence	18
Warwick	13
Smithfield	9
Cranston	6
Johnston	6

When

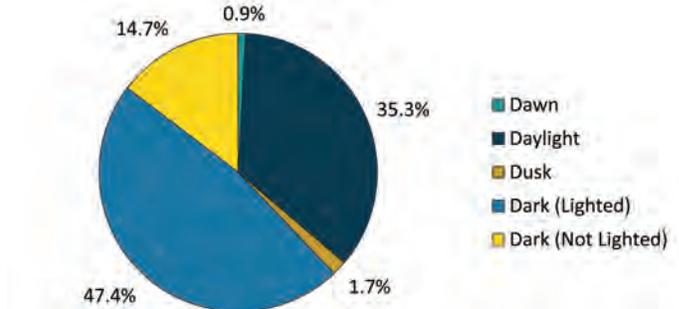
The highest number of speed-related fatal crashes occur during April and the summer months (June, July, and August) (Figure 27).

Figure 27. Speeding Fatal Crashes
By Month, 2006 to 2010



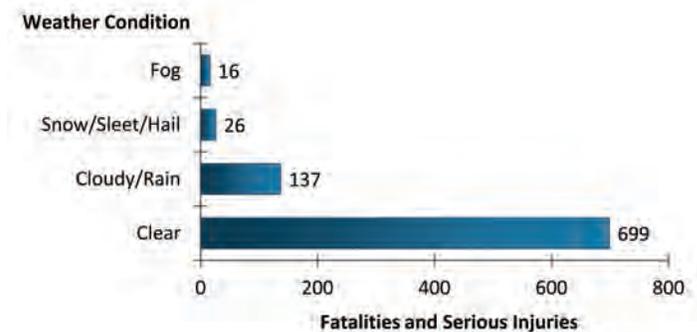
Approximately 62 percent of the speed-related fatal crashes occur when it is dark (Figure 28).

Figure 28. Speeding Fatal Crashes
By Lighting Condition, 2006 to 2010



The majority of the speed-related fatal crashes happen when the weather is clear (Figure 29).

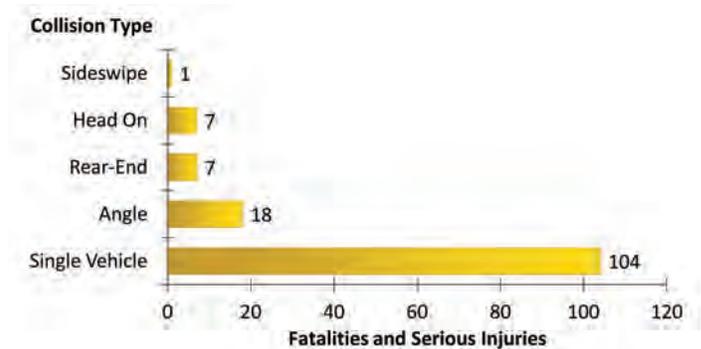
Figure 29. Speeding Fatal Crashes
By Weather Condition, 2006 to 2010



How

A large majority of the speed-related fatal crashes occur in single-vehicle crashes followed by angle crashes. Figure 30 shows the breakdown of speed-related fatal crashes by collision types.

Figure 30. Speeding Fatal Crashes
By Collision Type, 2006 to 2010



Strategies and Action Steps

Strategy 1: Improve the collection of speed-related fatal and serious injury crash data.

Action Steps:

- Develop a method to collect speed-related data from crash reconstruction reports on fatal and serious injury crashes and forward data to RIDOT. (RIDOT/OHS/State Police)
- Conduct a speed data workshop and obtain information from surrounding states on their policies regarding the collection of speed-related serious injury data; document the proceedings and develop items for future action. (OHS)
- Develop policies on the collection of speed-related serious injury data, including a review of current state policies, laws, and regulations with assistance from the Rhode Island Police Chiefs' Association's Traffic Safety Committee. (TSRP/Attorney General)

Strategy 2: Conduct a public education and information campaign to increase awareness of the dangers of speeding.

Action Steps:

- Expand existing and planned high-visibility enforcement programs and speed enforcement patrols. (OHS)
- Use highway message boards to communicate a speed prevention message during the periods of the speed campaign. (OHS)
- Encourage insurance companies to offer incentives for policyholders who participate in a program that tracks an individual's speed and other driver behaviors; obtain data on the number that participate and maintain their good driving behavior. (AAA/Amica)



Strategy 3: Enhance enforcement of speed laws.

Action Steps:

- Conduct a Speed Management Workshop for law enforcement officers. (OHS)
- Utilize DDACTS (Data Driven Approaches to Crime and Traffic Safety) to conduct regular coordinated enforcement efforts with state and local law enforcement in known trouble spots for speed violations. (LEL/OHS)
- Implement speed cameras in work and school zones initially, and expand statewide to areas known for speeding (legislative approval required). (TSC)

Strategy 4: Identify engineering countermeasures to mitigate speeding on Rhode Island roadways.

Action Steps:

- Review appropriateness of speed limits statewide. (RIDOT)
- Review the placement and use of speed limit signs statewide. (RIDOT)
- Use variable speed limits on limited access highways in Rhode Island. (RIDOT)



EMPHASIS AREA 5: YOUNG DRIVERS

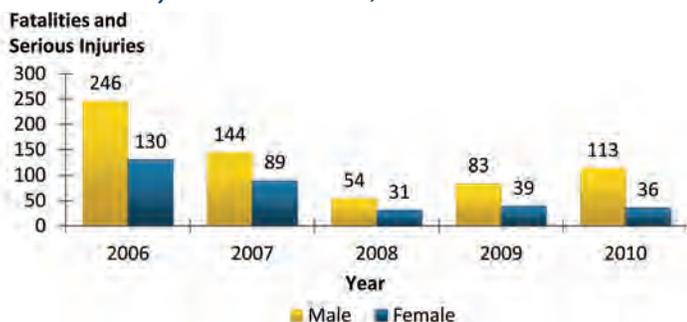
Overview

Motor vehicle crashes remain a leading cause of death for young drivers between the ages of 16 and 20, according to the National Center for Health Statistics. Young drivers lack driving experience, the consequences of which are poor decision-making skills and risky driving behaviors such as speeding, which directly result in motor vehicle crashes. Stronger enforcement of graduated driver licensing laws and well-publicized enforcement programs and primary safety belt laws have increased belt usage for all drivers, including teen drivers. However, safety belt usage is still lower among young drivers than adult drivers. Because teenage drivers have a substantially higher crash risk than adult drivers, failure to wear safety belts makes them especially vulnerable to injury or death.

Who

In Rhode Island, young male drivers account for 66 percent of the young driver involved fatalities and serious injuries (Figure 31).

Figure 31. Young Driver Involved Fatalities and Serious Injuries
By Driver Gender, 2006 to 2010



Where

Cranston, Warwick, Providence, Pawtucket, and Lincoln are the municipalities with the highest number of young driver involved fatalities and serious injuries (Table 5). They account for 42 percent of all young driver involved fatalities and serious injuries in Rhode Island.

Table 5. Young Driver Involved Fatalities and Serious Injuries
2006 to 2010

Municipality	Number of Fatalities and Serious Injuries
Cranston	108
Warwick	104
Providence	99
Pawtucket	49
Lincoln	41

When

The highest number of young driver involved fatalities and serious injuries occur in July, followed by August (Figure 32).

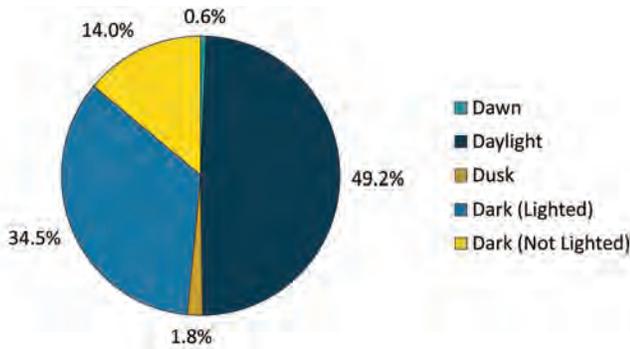
Figure 32. Young Driver Involved Fatalities and Serious Injuries
By Month, 2006 to 2010



Nearly the same percentage of young driver involved fatalities and serious injuries occur during the day as when it is dark (Figure 33).

Figure 33. Young Driver Involved Fatalities and Serious Injuries

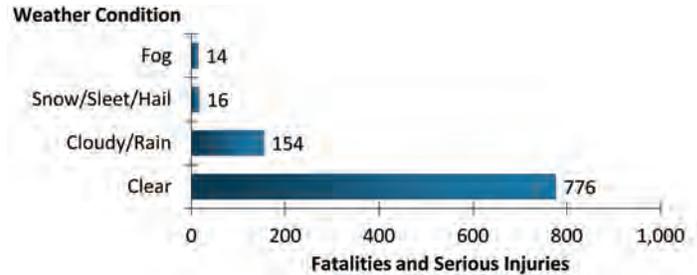
By Lighting Condition, 2006 to 2010



The majority of young driver involved fatalities and serious injuries happen in clear weather (Figure 34).

Figure 34. Young Driver Involved Fatalities and Serious Injuries

By Weather Condition, 2006 to 2010

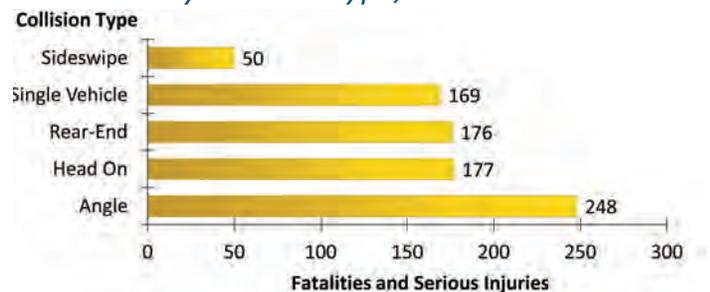


How

Young drivers are involved in angle crashes more than any other type of crash. The figure below shows the breakdown of fatalities and serious injuries by collision type (Figure 35).

Figure 35. Young Driver Involved Fatalities and Serious Injuries

By Collision Type, 2006 to 2010



Strategies and Action Steps

Strategy 1: Improve driver preparation.

Action Steps:

- Collect and analyze data to determine the number of young people who take driver’s education classes, the number who do not, and the number who take behind the wheel training. Consider making this a question on the driver’s license application or driver’s test. (CCRI/DMV)
- Require parent or guardian to take up to two hours of driver’s education. (TSC)
- Promote driver education programs based on what the research indicates is effective, and what has been shown to be effective in other states. (CCRI)
- Review information in current K-12 health curriculums and recommend incorporation of traffic safety materials where appropriate, e.g., the New Jersey program. (AAA)
- Develop and update information, and distribute the parent’s guide to safe driving. (DMV)

Strategy 2: Increase public outreach and education on the basics of roadway safety aimed at drivers age 16 to 20.

Action Steps:

- Develop a media campaign that reinforces safe driving practices among young drivers; focusing on safety belts, impaired driving, speed and distracted driving. Utilize media outlets to target population, e.g., social media. (OHS)
- Identify and recommend effective programs aimed at changing young drivers' behaviors and attitudes toward safe driving. (TSRP/MADD)
- Conduct an outreach program to employers, unions, and trade schools and request their assistance in educating their employees/members/students age 16 to 20 on traffic safety issues. (TSC)
- Encourage physicians to talk with their adolescent patients about traffic safety issues and the dangers of unsafe driving. (DOH)
- Promote the use of technology to monitor younger drivers, potentially through a discount insurance program, which monitors speed, location, etc. (Amica)
- Develop partnerships with youth organizations (SADD, Boy/Girl Scouts, faith-based, community) and recruit them to assist with promoting the safe driving message. Recruit youth organizations to develop mechanisms, or tools, young drivers use to obtain information. (OHS)
- Identify what information on traffic safety would convince them of the importance of safe driving and encourage safe behaviors. (TSC)

Strategy 3: Increase enforcement and publicize initiatives being conducted in the State.

Action Steps:

- Increase enforcement of the Graduated Driver's License law and educate the public on the law's provisions. (LEL/OHS)
- Target enforcement efforts during the periods when the number of fatal and serious injury crashes involving 16- to 20-year-old drivers are highest at the locations where the most crashes occur. (LEL/OHS)
- Educate and train management and street-level officers on the importance of targeting this age group through meetings, roll call presentations, videos, etc. (MADD/OHS)
- Educate the judiciary on young driver enforcement programs. (MADD/OHS)

Strategy 4: Improve safe driving laws in Rhode Island.

Action Steps:

- Review and recommend changes in Rhode Island's Graduated Driver's Licensing law to bring it more in line with the national model e.g., passenger restrictions. (TSC)

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Lead Toward Zero Deaths