



2007 georgia strategic highway safety plan



*Every
Life
Counts*

governor sonny perdue



STATE OF GEORGIA

OFFICE OF THE GOVERNOR

ATLANTA 30334-0900

Sonny Perdue
GOVERNOR

Dear Georgia Citizens:

The 2007 Georgia Strategic Highway Safety Plan (SHSP) was formed to identify strategies to reducing serious injuries and fatalities on Georgia's roadways. The progress that we have made through the implementation of this plan demonstrates the effectiveness of using existing resources to make Georgia safer.

Nothing is more disturbing than hearing or reading about young people who have died in car crashes. Together with our safety partners in education, engineering, enforcement and emergency medical services, the State of Georgia is reaching out to educate and inform our drivers. Our young driver programs are effectively targeting our youth with the goal of reducing accidents.

Due to our combined efforts, highway fatalities in Georgia have been reduced from 1,744 in 2005 to 1,703 in 2006. Georgia continues to demonstrate consistent and correct use of safety belts, and also remains the lowest in alcohol involved fatalities in the Southeast. Speed enforcement efforts have proven effective in reducing highway crashes, while "Super speeder" initiatives address highly aggressive drivers and benefit the development of a statewide trauma system.

Our future highway safety plans include an electronic crash reporting system. Once the system is online, local law enforcement agencies will be able to transmit accident reports directly into the state crash repository. By using real-time data systems to share information we can provide the highest level of protection and plan strategies to further reduce injuries and fatalities.

We must join in the SHSP vision "Every Life Counts" as we continue to improve our efforts to make our roads safer. Don't drink and drive, always wear a safety belt, and slow down for a safer Georgia.

Sincerely,

A handwritten signature in cursive script that reads "Sonny Perdue".

Sonny Perdue

Introduction

The 2007 Georgia Strategic Highway Safety Plan (SHSP) documents the comprehensive process by which multidisciplinary professionals join Georgia highway safety partners to leverage existing resources. The professional input from the four safety E's of engineering, education, enforcement, and emergency medical services produces new partnerships. New highway safety partnerships create new opportunities in combining and creating strategies to reduce highway crashes, injuries and fatalities. Georgia's aspiration is to reduce to **zero** the number of highway fatalities and injuries. The vision establishes that even one highway death is unacceptable.

Georgia's traffic fatality rate decreased from 1.54 fatalities per 100 million vehicle miles traveled (VMT) in 2005 to 1.49 in 2006. The

2006 highway fatality count was down during the same period from 1,744 to 1,703. The VMT increased about ½ percent. The reduction in fatalities is encouraging. Highway safety strategies are being evaluated to determine as much as possible the most effective life saving contributions to reducing the highway fatalities.

The table below illustrates the daily fatal crash reporting submissions from Georgia law enforcement agencies to the state repository maintained by the Georgia Department of Transportation (GDOT). While all fatality types are not listed, the fatality types listed and corresponding daily totals compare the two previous year-to-date totals with the current year submissions. The 2006 final annual fatality count was posted on May 29th, 2007.

GEORGIA TRAFFIC DEATHS: YEARLY TOTAL & COMPARISON

GDOT Office of Traffic Safety & Design

Tuesday, May 29, 2007

Type of Fatality	Total		Year-To-Date		2007 YTD Change	
	2005	2006	2006	2007	#	%
Interstates	254	238	85	93	8	9%
Other State Routes	675	689	230	242	12	5%
Local Routes	815	776	283	262	-21	-7%
* Pedestrians	156	157	55	60	5	9%
* Car-Trains	7	5	5	4	-1	-20%
* Motorcyclists	142	128	40	35	-5	-12%
* Bicyclists	23	19	2	6	4	200%
Total	1,744	1,703	598	597	-1	0%

GDOT daily documentation of law enforcement agency crash reporting May 29, 2007.

Fatality type numbers may be included in more than one type.

The Governor's Strategic Highway Safety Plan implemented in October 2006 documents the systematic review of

highway safety strategies. The review identifies combinations of existing strategies or completely new strategies to reduce

highway fatalities. The SHSP process implemented executive leadership, working groups, data evaluation team, the national organizational model of an Integrated Safety Management Process (ISMP), and key emphasis area task teams. Task teams' efforts focused on in depth problem identification. Task teams included direct involvement with participants from all four safety E's. Further data analysis generated measurable, life saving strategies.

Georgia adopted the Integrated Safety Management Process (ISMP) developed by the National Cooperative Highway Research Project and presented in its Report 501. The ISMP identifies six steps to progress from planning to action. The six steps are: 1) review highway safety information, 2) establish emphasis area goals, 3) develop strategies to address the areas, 4) determine strategy combinations for the areas, 5) **develop detailed action plans, and 6) implement the action plans and evaluate performance.** Georgia is developing detailed action plans for implementation and evaluation.

Georgia highway safety efforts show continued progress. The progress maintains and improves the life saving results in the major contributing injury and fatal highway safety factors. Georgia continues to demonstrate consistent and correct use of safety belts. Georgia remains the lowest in alcohol involved fatal crashes in the southeastern U. S. Georgia's young driver programs are effectively reaching targeted drivers to reverse the increases in young driver involved crashes. Speed enforcement efforts provide effective outcomes to reducing highway crashes. Georgia is implementing aggressive speed enforcement programs to address "super speeders." Super speeder initiatives address aggressive drivers in all vehicle

types while benefiting the trauma system development.

Georgia qualifies for U. S. DOT Section 406 grant funding due to the consecutive three year safety belt usage rate above 85%. During the years of 2005, 2006, and 2007, Georgia's safety belt usage rates are 89%, 90%, and 89% respectively. Further occupant protection countermeasures will continue to improve the safety belt usage.

Young driver programs are showing successful life saving results. However, high-risk behavior, peer pressure, inexperience, limited use or no use of occupant safety devices, lack of proper driving information and education are a few of the young driver problems. In the ongoing effort to address young driver issues, the Teenage and Adult Driver Responsibility Act (TADRA) was enacted on July 1, 1997. In the 5 ½ years since TADRA was enacted *:

- Fatal crash rate of 16-year-old drivers declined by 36.8% and 17-year-old drivers by 19.1%;
- Speed-related crashes of 16-year-old drivers fell by 49%; and
- Alcohol-related crashes of 16-year-old drivers fell by 62.1%, 30% for 17-year-old drivers and 4.4% for 18-year-old drivers.

* (Emory University study findings.)

Super speeder is a new aggressive driving highway safety initiative. "Super Speeder" legislation was introduced during the 2007 Georgia General Assembly. The state legislature considered Senate Bill 125 that addressed high speed violators and established penalties and fines to support the trauma system development. SB 125 provides "super speeder" classification, fines, or points assessments for any driver convicted of, or declared habitual violator:

- Speeding 85 mph or more on any Georgia road or highway, or, 75 mph or more on any two-lane Georgia road or highway and fined \$200 and assessed \$200 license reinstatement fee.
- “Habitual violator” fee of \$300.
- Accumulates seven to nine points fee of \$100; ten to twelve points fee of \$125; thirteen to fourteen points fee of \$200.
- All fees collected shall be deposited with the intent to fund a Georgia trauma care system.

The 2007 SHSP documents the progress and future implementation of new life saving strategies. The strategies are discussed in SHSP Task Team initial planning progress reports. The progress reports include draft recommendations to be reviewed by the SHSP Working Group. The Working Group will present the refined recommendations to the Safety Program Leadership for final adoption and implementation.

Georgia's Goal

The SHSP 2007 strategic goal is being refined to reflect the results of the ongoing SHSP evaluation. Georgia adopted a goal of 1.0 fatality per 100 million vehicle miles traveled by 2010. This fatality rate goal mirrored the American Association of State Highway Transportation Officials' goal of 1.0 fatality per 100 VMT by 2008. Achieving this goal in Georgia would reduce by 511 the annual fatalities from the 2005 total of 1,744 to 1,233 in 2010. Establishing the goal did not include measurable contributions of the safety strategies in place at that time. However, measurable contributions are being calculated to identify the most effective highway safety strategies among the four safety E's. The measurable

contributors are implemented within the 2007 SHSP.

According to American Association of State Highway Transportation Officials' Policy Resolution PR-07-01, on April 25, 2007, the AASHTO Standing Committee on Highway Safety adopted a new national highway safety goal of reducing fatalities 1,000 per year. Some states are considering the same shift from a rate to a use of a specific number of lives saved as their highway safety goal. Georgia continues to develop a measurable and attainable lifesaving goal that all safety areas may contribute.

During the 2006 - 2007 implementation of the SHSP, highway safety area strategies are more clearly defined. The strategies and desired outcomes identify measurable contributors to reducing fatalities. For example, new Occupant Protection strategies calculate as many as 101 potential lives saved annually. * The life savings can be achieved by implementing two new initiatives detailed in the Occupant Protection Action Plan recommendations: (1) encourage safety belt use in all vehicles in all positions, and (2) examine enforcement methods which will increase seat belt usage across the state. By combining the two initiatives, Georgia could realize a 3.7% increase in its overall safety belt use rating and save up to 101 lives.

The Governor's Office of Highway Safety Plan establishes goals in major contributors to Georgia's highways fatalities. The following projections can save lives in speed enforcement, alcohol programs, and pedestrian safety.

Achieving an alcohol-associated rate of 0.44 fatalities/100M VMT would result in **502** alcohol-associated fatalities in 2008 (down from 562 in 2005).

Reducing the percentage of speed-associated fatal crashes to 17% would result in **300** speed-related fatalities (down from 350 in 2005).

Reducing the percentage of pedestrian fatal crashes to 7% would result in **124** pedestrian fatalities (down from 150 in 2005).

All SHSP Task Teams contribute to newly defined strategies. Task teams identify the new strategies and strive to calculate potential lives saved and provide a basis by which a refined SHSP goal will be further developed. The Task Teams are developing the life saving calculations to be carried out within detailed action plans during the 2007 – 2008 implementation years.

*NOTE: Increasing restraint use for all occupants involved in crashes in all remaining

vehicles other than passenger vehicles from 77.6% to 81.4% (a 5% increase in restrained occupants) would lead to approximately 43 other vehicle occupant lives being saved annually. Moving from 80.3% to 84.3% in passenger cars would lead to approximately 58 lives saved. Both of these estimates are based upon 2005 data. Estimates were based using a risk approach where specific risks for fatalities were calculated by restraint use (i.e. restrained, unrestrained, unknown) and vehicle type (i.e. other vehicle and passenger car). As the restraint-use percentage increased, newly restrained occupants were moved from the unrestrained and unknown risk pools and transferred to the restrained risk pool. Differences between risks from the previous classification (unrestrained or unknown) and the new classification (restrained) were multiplied by occupants in each classification and summed across the actual and projected restraint-use numbers to save lives.

Georgia's SHSP Structure

Georgia adjusted the SHSP organizational structure by combining the existing Traffic Records Coordinating Committee Executive Committee into the SHSP Safety Program Leadership (SPL). Combining the two executive groups provides efficient oversight of both organizations' respective missions. The combined SPL membership and agencies are listed in **Appendix I**.

The Risk Analysis and Evaluation Team (RAE) is charged with reviewing Georgia's highway safety data and organizing emphasis area data summaries. The RAE Team members are experts in data analysis and represent all of the pertinent data owner agencies. The RAE Team merged its SHSP efforts with that of the Georgia Tech Data Support Team. The Georgia Tech Data Support Team provides a broad view of

Georgia's highway safety information. The Georgia Tech Data Support Team is

developing a comprehensive highway safety data analysis report. The report will provide an in depth perspective of Georgia's highway safety challenges. The research project includes a review of the current data sources and analyses that have been conducted on the safety record of the state's road network. For those safety areas where data sources are currently not available, the research will seek data and information from other non-traditional sources. These include examining state hospital records or contacting individual police departments. A technical report summarizing the state-of-road-safety in Georgia will include the findings of the data analysis as well as link the types of strategies that might be considered. Finally, the research participants shall provide advice on the development of the

SHSP. This will occur throughout the project duration and will include supporting the responsible planning agency activities for successful development of the SHSP.

The Georgia Tech Data Support Team has fielded requests for data from various SHSP task teams. In each case, the available data was collected, organized and distributed to the task team. This report briefly summarizes the data collected and distributed to the task teams.

Bicycle and Pedestrian

- Pedestrian crashes, fatalities
- Shortfalls of data
- High crash locations
- Crashes by age, time of day, and other conditions

Older Drivers

- Crash rates by county, division of public health, age groups, fatalities, surface type
- Seasonal variations in crashes
- Rural v. Urban crashes
- Alcohol/Drug related older driver crashes
- Vehicle type

Serious Crash Types

Intersection Subgroup (Serious Crash Types)

- Intersection crash rates, fatalities and injuries
- Type of collision
- Type of route
- Contributing factors
- Most common vehicle maneuvers in intersection crashes
- Intersection type

Work Zone Subgroup (Serious Crash Types)

- Work zone crashes, fatalities and injuries
- Injury type
- Functional classification
- Route type
- Light, surface, and driver conditions of work zone crashes
- Driver age

Agency specific working groups were developed to assess their respective highway safety plans. The agencies and the corresponding specialized efforts are representative of one or more of the “4E’s;” engineering, education, enforcement, and emergency medical services. Various working group representatives were organized into a single SHSP Working Group (WG) to consider the individual highway safety efforts and provide a broader perspective for further implementation and recommendations to the SPL. The Working Group members participate in the emphasis area task teams. Each emphasis area task team continues to develop detailed actions plans. The action plans incorporate new partnerships involving the “4 E’s” professionals. The action plans are developed based on extensive data review considering many sources of effective highway safety countermeasures. Action plans document timely progress toward implementing new safety strategies and evaluating the effectiveness toward achieving the life saving goals.

In addition to the six steps from planning to action, the ISMP promotes a communications plan. The communications plan includes development of a SHSP logo, slogan, public education and marketing/ media plan. Georgia has organized the SHSP marketing plan to promote the lifesaving efforts. The SHSP marketing plan identifies essential highway safety partners’ public information

activities. The highway safety partners include government and private business public information programs. Future SHSP marketing includes:

- Conducting a highway safety “message development workshop” for expert networking,
- Creating SHSP “press kits”, tying into existing media events like “Work Zone Safety”, “Click it or Ticket”, “Over the Limit Under Arrest”,
- Pursuing city/county/state/federal level focused highway safety issues in printed publications, and

- Providing collateral materials like a SHSP website and newsletter. Georgia’s logo incorporates the four safety E’s along with the SHSP slogan “Every Life Counts.” In addition to printed administrative materials, Georgia Department of Transportation produces “Every Life Counts” bumper stickers for state vehicles and safety partners’ uses. The bumper sticker is also available through the Governor’s Office of Highway Safety Online Safety Store.

Every Life Counts



Safety Leader

SHSP “Every Life Counts” Safety Leader logo



GDOT “Every Life Counts” Bumper Sticker.

Georgia's SHSP Process

The SHSP process constitutes the organizational structure as well as planning guiding principles. The process incorporates a systematic review of the key emphasis areas based upon the adopted principles that the plans are: data driven, comprehensive, integrated, stakeholder involved, substantive, proactive, inclusive of the four safety E's, systematic, and addresses local roadway system needs. As reflected in the SHSP, all of Georgia's planning includes an assessment of existing highway safety plans, updated highway safety data analysis, and consideration of the comprehensive 4E's; engineering, education, enforcement and emergency medical services. Georgia's SHSP identifies existing strategies, new initiatives and opportunities of combined strategies and new safety partners.

Georgia organized key emphasis area task teams at the Governor's Strategic Highway Safety Plan Task Team Summit in December 2006. The Summit was held at the Georgia Tech Global Learning Center. Summit attendees represented all four safety E's and many other valuable highway safety partners. Attendees received presentations in all key emphasis areas. The presentations included a current data analysis of crash data for the past three years, 2003 -2005. The Summit provided seven specific key emphasis area break-out sessions to organize the task teams.

Task teams recruited essential highway safety partner representatives among the four safety E's, all interested attendees, and at least one member of the Risk Analysis and Evaluation Team. Each team was charged with organizing a multidisciplinary task team and establishing a meeting schedule. The initial planning goal was

established to have each task team provide a planning progress report and highway safety recommendations by May 2007. Since the initial task team organizational efforts, each task team has developed progress timelines, solicited professional consulting services, or conducted highway safety workshops according to their respective plans.

Each task team's respective plan includes submission of the emphasis area recommendations to the SHSP Working Group for further considerations. The recommendations focus on the most effective highway safety strategies that should be implemented to leverage existing resources. The SHSP Working Group represents the SHSP leadership agencies and will further develop the recommendation into a report to the Safety Program Leadership. Once the SPL considers and adopts the recommendations, each task team will develop detailed action plans.

The SPL has received initial recommendation reports from the Older Driver Safety Task Team and Young Adult Driver Task Team. The SHSP Working Group will further examine the initial recommendations for further prioritization, cost benefit, and most effective lifesaving countermeasures. The most effective countermeasures will be identified for further submission to the SPL. Many task teams are discovering some of the same recommendations provide effective lifesaving results. Most common task team recommendations include; improving safety data, developing professional training and cross training among the four safety E's, using safety belts for all occupants in all vehicles, enforcing aggressive and impaired driving, and legislative changes to achieve the common recommendations.

Improved safety data is addressed in the “Strategic Plan for Traffic Records Improvement” (SPTRI). There are three main priority measures within the SPTRI. The priorities are:

1. Crash/Consequence Reporting (3 basic priority points)
2. Crash Prevention/Mitigation (2 basic priority points)
3. Support Database (1 basic priority point included in crash, injury, citation, and driver's records)

The rationale for the first priority is that without quality data describing crashes and their consequences, the other record sets serve no useful purpose. Secondly, preventing crashes and mitigating their consequences are obviously of higher priority than support databases.

The SHSP supports combinations of current highway safety professional training as well as new training programs. Georgia is facilitating cross training, “Traffic Engineering for Police”, to provide professional development across multidisciplinary boundaries. Many highway safety partners already conduct informal, multidisciplinary programs. Another training program to formalize current programs includes the Federal Highway Administration's “Road Safety Audits” (RSA's). RSA's are already utilized among traffic engineering groups. Georgia will combine multidisciplinary groups like police, urban planners, EMS, and highway safety education professionals to institute RSA's as formal safety performance examinations of an existing or future road or intersection.

Quite often, the task teams quickly recognize and adopt recommendations focused within other specific highway safety areas. For example, the task teams addressing aggressive driving, impaired driving, young or old drivers, and vehicle type continue to discover the live saving benefits of increasing safety belt use. The recommendations from all task teams include promoting and enforcing safety belt use in all vehicles for all occupants.

Addressing aggressive driving is among the highest priorities of many highway safety programs and task team considerations. The Aggressive Driving/Super Speeder Task Team adopts a state focus much like the national attention to reducing aggressive driving. The focus is to aggressively identify and implement speed enforcement programs much like the DUI and occupant protection programs.

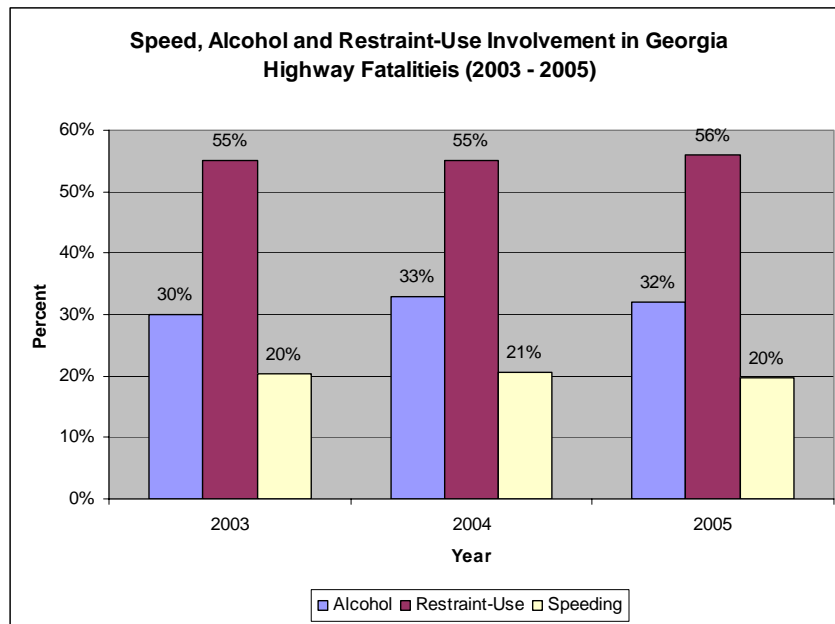
The task teams conducted further data analysis that includes statutory reviews. The statutory reviews and any task team legislative recommendations appear in the following updated planning reports. Highway safety statutory provisions can contribute to the most effective life saving efforts. However, it can be a very difficult process that can take years to amend highway safety statutes. Amending highway safety statutes into favorable lifesaving laws is time consuming and unpredictable.

Existing Georgia Highway Safety Plans

The following is a summary update of the existing Georgia highway safety plans.

The Governor's Office of Highway Safety's Highway Safety Plan (HSP) provides the significant mission to educate the public on traffic safety and facilitate the implementation of programs that reduce crashes, injuries and fatalities on Georgia roadways. The Highway Safety Plan was based on the latest statistics available for highway safety problem solving. The document contains Education and Enforcement countermeasures for reducing crashes, injuries and fatalities on Georgia roads. It also documents strategic, comprehensive, and collaborative efforts with the Engineering and Emergency Medical Services components to roadway safety in the State. This "4-E" approach will result in a balanced and effective strategy to

saving lives on Georgia's roadways. Tragically, 1,729 people died on Georgia roadways during 2005 according to the National Center for Statistics and Analysis. Motor vehicle crashes cost the state over \$7.85 billion annually. Georgia will work to analyze the causal factors of these deaths to help mitigate their causes. As more current data becomes available, GOHS will use such in refining its HSP. GOHS plans to develop, promote, implement and evaluate projects designed to address those identified major contributing injury and fatal highway safety factors within 2005 data. The following charts represent the three major contributors to Georgia's highways fatalities, fatalities by county, and fatality trends.



**The Department of Public Safety's
Motor Carrier Compliance Division**

(MCCD) produces the annual Commercial Vehicle Safety Plan with regular interaction

with the Federal Motor Carrier Safety Administration (FMCSA) as well as other federal, state and local agencies. The Georgia Department of Public Safety's Motor Carrier Compliance Division (MCCD) is the lead agency for the Federal Motor Carrier Safety Assistance program. The Department of Public Safety's Motor Carrier Compliance Division is responsible for the implementation of, and compliance with, the MCSAP guidelines in the state of Georgia. Each year, the Motor Carrier Compliance Division prepares a Commercial Vehicle Safety Plan (CVSP) based on priorities and program directions established by the Federal Motor Carrier Safety Administration. Upon review and approval of the CVSP, the objectives and strategies outlined in the plan are implemented by the MCCD and its partner agencies throughout the State.

In order to mirror FMCSA's goal of reducing fatal crashes involving commercial motor vehicles to 0.16 per 100 hundred million miles traveled by 2011, we must reduce our current rate by 0.05. To achieve this goal, the MCCD must identify problem areas that contribute to crash causation and place increased emphasis of those problems identified. The CVSP addresses the crash causes in traffic enforcement, data quality, crash reduction, passenger carrier safety and hazardous materials.

The Georgia Department of Transportation's Safety Action Plan (SAP) will no longer be updated within the GDOT. The SAP strategies are represented in the various SHSP emphasis area task team action plans.

The Highway Safety Improvement Program (HSIP) is another highway safety program developed by GDOT. GDOT is currently updating the HSIP to consider needed changes in the HSIP's analysis,

prioritization and implementation. The SHSP is a core requirement within the HSIP. The SHSP must be aligned and implemented consistently within the HSIP.

The Metropolitan Planning Organizations (MPO's) within Georgia produce Transportation Improvement Programs (TIP's) pursuant to 49 U.S.C. § 5304. Based on 2000 Census data, the 15 MPO's represent 73% of Georgia's population and 19% of Georgia's total land area. The Atlanta Regional Commission (ARC) is one of Georgia's 15 MPO's. The ARC is comprised of all or parts of 18 counties and over 80 municipalities. The ARC produces a Transportation Improvement Program or TIP on an annual basis.

The current FY 2006-2011 TIP was adopted in February 2006 and was derived from the region's long-range Mobility 2030 Regional Transportation Plan (RTP). Mobility 2030 and its associated TIP's are developed with four goals in mind.

- **Goal 1** - Improve Accessibility and Mobility Options for all People and Goods.
- **Goal 2** - Maintain and Improve System Performance and Preservation.
- **Goal 3** - Protect and Improve the Environment and the Quality of Life.
- **Goal 4** - Increase the Safety and Security of the Transportation System.

The TIP contains safety program lump sum amounts for programs administered by the Georgia Department of Transportation (GDOT). Specific projects for implementation are identified by GDOT. Aside from this, projects are not categorized or grouped explicitly as "safety" projects in the TIP. Rather, each project fact sheet contains a detailed description of the need

and purpose of the project. ARC encourages sponsors to include information in this summary related to any safety issues addressed by the project. The quality of this information will continue to be improved in future TIP's.

Safety is a consideration used for analyzing and selecting projects for STP Urban funds, the federal funds designated for programming by MPO's with a population over 200,000. Prior to ARC receiving CARE crash data in early 2006, the safety component of the project scoring process was evaluated primarily on anecdotal evidence or data supplied by a sponsoring agency. Plans for future TIP's include an overhaul of the project prioritization process to require actual crash data derived from CARE.

Georgia's MPO's are reconstituting its professional association. The newly formed association will further coordinate and support the planning issues within all MPO's. The MPO's are incorporating the safety data software program from the University of Alabama's CARE. The Department of Transportation Office of Planning has created a Safety Planner Coordinator position to aid in the implementation of the new Safety Planning factor in the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) transportation bill.

One of the first initiatives to incorporate safety in the MPO and Statewide planning process was to introduce the CARE software crash database to GDOT Planners, MPO's, Regional Development Centers

(RDC) and other transportation planning agencies.

A workshop introducing CARE was held on May 16, 2007. Future workshops are already scheduled to provide participant instruction to:

- Access the crash data
- Extract useful information from collected data
- Obtain crash data for a county and/or a city
- Analyze crashes for a specified system, i.e. state routes in one or more counties
- Compare crashes between state routes in one county with multiple counties
- Cross-tabulate two variables to analyze state routes
- Export data to GIS for graphic view of crashes on a map

The CARE crash database will aid significantly in problem identification and counter measures development. It will also satisfy over 95 percent of the safety information request that exists within the safety database to which it is applied thereby providing individual decision makers direct access to accident and incident information in a few seconds.

Summary

The plans outlined above provide safety goals and performance objectives which must be considered. The SHSP incorporates these goals and objectives. Conversely, the SHSP will identify and consider the affect of the SHSP on these plans.

Georgia Crash Data Update

A summary of Georgia's fatal crashes and fatalities was compiled for each of the emphasis areas (see **Table 1** below). A KEA is not pursued at this time as indicated by "-NA-."

Unless otherwise stated, the Problem ID is based on the total of three years of GDOT data including 2004, 2005, and 2006. Some of the data categories track the number of crashes while other data categories track the number of fatalities.

Table 1
Summary of Georgia Fatal Crashes by Emphasis Areas

	Emphasis Areas	Georgia Crash Fatality Totals Over Three Years	Pct
Part 1: Drivers	1. Instituting Graduated Licensing for Young Drivers.	962 fatalities involved a driver aged 16 through 20.	19%
	2. Ensuring Drivers are Licensed and Fully Competent.	-- NA --	
	3. Sustaining Proficiency in Older Drivers.	810 fatalities involved a driver over the age of 64.	16%
	4. Curbing Aggressive Driving.	954 fatalities involved excessive speed or too fast for conditions as a contributing factor.	19%
	5. Reducing Impaired Driving.	1,691 fatalities were alcohol related. (NHTSA FARS data)	33%
	6. Keeping Drivers Alert.	About 10% of all crashes are run off the road. There were 2,646 crashes listed inattentive as a contributing factor.	3%
	7. Increasing Driver Safety Awareness.	-- NA --	
	8. Increasing Seat Belt Usage and Improving Airbag Effectiveness.	1,854 passenger car and pickup truck occupant fatalities (out of 3,035 vehicle occupant fatalities) were not using restraint devices.	61%
Part 2: Special Users	9. Making Walking and Street Crossing Easier.	463 pedestrian fatalities.	9%
	10. Ensuring Safer Bicycle Travel.	56 bicyclist fatalities.	1%
Part 3: Vehicles	11. Improving Motorcycle Safety and Increasing Motorcycle Awareness.	403 motorcyclist fatalities.	8%
	12. Making Truck Travel Safer.	533 fatalities involving heavy trucks.	10%
	13. Increasing Safety Enhancements in Vehicles.	-- NA --	
Part 4: Highways	14. Reducing Vehicle-Train Crashes.	23 fatalities involving a collision with a train 04-06.	<1%
	15. Keeping Vehicles on the Roadway.	101,138 run-offs the road crashes.	9%
	16. Minimizing the Consequences of Leaving the Road.	Top 5 fatal run off the road collisions:	

Georgia's SHSP Every Life Counts – Strive for Zero Deaths and Injuries on Georgia Roads.

		Tree: 412
		Rollover: 206
		Ditch: 144
		Embankment: 127
		Culvert: 118
Part 5: EMS	17. Improving the Design and Operation of Highway Intersections.	472,594 crashes at an intersection. 46%
	18. Reducing Head-On and Across-Median Crashes.	684 fatal head-on and across-median crashes. 15%
	19. Designing Safer Work Zones.	223 fatal crashes in work zones. 1%
	20. Enhancing Emergency Medical Capabilities to Increase Survivability.	<u>Death rates in Georgia from trauma are significantly higher than the national average.</u> In Georgia, 62 of every 100,000 people are likely to die of traumatic injury. Nationally, the death rate is lower – 54 people per 100,000. If we did nothing more than improve our system to the level of the national average, we would save approximately 428 additional lives every year. (Source: DHR/Office of EMS/Trauma)
Part 6: Management	21. Improving Information and Decision Support Systems.	-- NA --
	22. Creating More Effective Processes and Safety Management Systems.	-- NA --

* Source: GDOT Crash Database (2004 – 2006)

NOTE: During 2004 thru 2006, there were 1,033,130 crashes, 4,623 fatal crashes, and 5,088 traffic fatalities.

SHSP Task Teams

Seven new SHSP Task Teams were formally organized during the Governor’s Strategic Highway Safety Plan Task Team Summit in December 2006. A current list of Task Team Leaders is attached in **Appendix II**. The seven Task Teams are listed in no particular order along with three previously formed highway safety programs that the SHSP adopted as key emphasis areas. The three existing programs are: Trauma System/Increasing EMS Capabilities, Traffic/Crash Records and Data Analysis, and Traffic Incident Management.

The Trauma/EMS effort actually represents one of the “4 E’s.” The Georgia Traffic/Crash Records Data Analysis effort is progressing through the implementation of Georgia’s “Strategic Plan for Traffic Records Improvement.” The Traffic Incident Management Enhancement program provides traffic congestion mitigation in metro Atlanta. The program can be developed for other jurisdictions as well.

Task Teams reviewed respective current strategies with future opportunity strategies. Each Task Team further

examined the similar characteristics of all of the other emphasis areas. The planning reviews compared the emphasis area and all other Task Team areas. Task Teams conducted in depth data analysis to clearly define the problem identification. The planning reviews and data analysis include the strategy's focus relating to the SHSP guiding principle. The strategies must consider, and as much as possible, contribute to the priority efforts represented within the guiding principles that include:

- Data Driven
- Comprehensive
- Integrated
- Stakeholder Involved
- Substantive
- Proactive
- Inclusive of the Four Safety "E's"
- Systematic
- Addresses Local Roadway System Needs

By applying the comprehensive "4 E's" to each of the existing highway safety plan strategies, Georgia's SHSP identifies new initiatives and opportunities supported by the latest data analysis. However, the individual plans lack the "systematic" principle to be all inclusive of the "4 E's," "usually identifying only one or a part of another "E." The new SHSP systematic approach applies the question: "How does each plan incorporate the "4 E's" and address all of the guiding principles?" Quite often, the "4 E's" do not exist uniformly and consistently in the highway safety plans. An "E" may be engaged only on an as needed basis to address a specific issue. For example, the Georgia commercial vehicle enforcement unit conducts aggressive high crash corridor enforcement efforts. When it was discovered that the highest incident of injury and fatal crashes involved a newly engineered highway city bypass, the unit engaged the state

transportation engineering "E" to address intersection signaling, signage and the complete assessment to improve the safety characteristics of the specific location.

A goal of the SHSP is to evaluate data prior to increased incidents of crashes. Once the systematic "4 E's" assessments are applied to all high crash corridors, proactive measures can prevent future crashes, injuries and fatalities.

An additional task team remains separate from the KEA's. A Legislative Task Team will be activated in anticipation of needed statutory changes to implement highway safety initiatives and strategies. Legislative tasks will be listed within the LEGISLATIVE TASK TEAM roster of needed initiatives. Legislative issues will be considered by the Safety Program Leadership. The SPL will further develop legislative issues in cooperation with the Governor. The appropriate legislative action will be further developed through respective state agency initiatives. Agency members will be selected to provide a legislative action plan and monitor all progress toward achieving the legislative initiatives.

All of the SHSP Task Teams have organized the respective safety areas to create detailed action plans. The SHSP progress is represented in the following Task Team reports. The reports remain in the original format including executive summary or problem identification, data analysis, and initial recommendations. Some Task Team reports continue to be refined in preparation of submission to the SHSP Working Group. The Working Group will further analyze the effectiveness of the recommendations. Further analysis includes prioritization based on any recognized cost benefit.

Georgia's Key Emphasis Area Task Teams are:

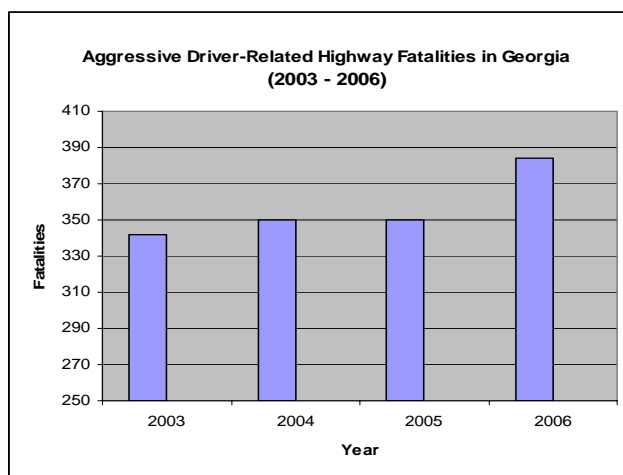
- **Aggressive Driving/Super Speeder**
- **Occupant Protection**
 - Seatbelts and Air Bags
- **Serious Crash Type**
 - Intersection Safety
 - Roadway Departure
 - Work Zone
- **Impaired Driver**
- **Age related issues**
 - Graduated Driver's Licensing
 - Younger Adult Drivers
 - Older Drivers
- **Non-motorized User**
 - Pedestrians
 - Bicyclists
- **Vehicle Type**
 - Heavy Trucks
 - Motorcycles
- **Trauma System/Increasing EMS Capabilities**
- **Traffic/Crash Records and Data Analysis**
- **Traffic Incident Management**

Aggressive Driving/Super Speeder

(Exceeding speed limit or too fast for conditions.)

Problem ID

During the years 2004 through 2006, there were **57,644** aggressive driving related crashes which resulted in **36,490** injuries and **1,084** fatalities. The table below shows speed related fatalities increased from 342 in 2003 to 384 in 2006.



The Aggressive Driving/Super Speeder Task Team (AD/SS) along with the Trauma/EMS Task Team was among the first two task teams adopted by the SPL. The AD/SS Task Team adopts a state focus much like the national attention to reducing aggressive driving. The national focus is to identify and implement speed enforcement programs much like the DUI and occupant protection programs. The AD/SS Task Team is among the top priorities to address highway safety factors most common in fatal crashes. The AD/SS task Team convened a multidisciplinary membership team to derive the following initial recommendations. Super speeder legislation was introduced in the 2007 session of the Georgia General Assembly.

Senate Bill 125 passed the Senate and remains in a House committee for further consideration during the 2008 session. The legislation was introduced by Senator Ronnie Chance and others on behalf of Governor Sonny Perdue. Senate Bill 125 proposed to specify that instruments charging violations of speed regulations shall state whether the violation occurred on a two-lane road or highway, provide for additional penalties and fees to be administered by the Department of Driver Services for certain traffic offenses. All fees collected under the provisions of this Code section shall be deposited in the general fund of this state with the intent that these moneys be used to fund a trauma care system in Georgia.

Strategies

- Current strategies are limited due to current law
- Consider utilizing two officers occupying two different units
- Use of air support could also be utilized with marked ground units close by to affect a traffic stop as is utilized in motor cycle safety enforcement programs.

Data

- Numbers associated with Aggressive driving/Super Speeder were obtained based loosely on speed related factors in the crash.
 - A more defined method should be determined in order to more accurately track crashes/injuries/fatalities as a result of aggressive driving or speeding. This could be based on the current or any new statute that would include specific, multiple contributing factors in a crash; i.e. following too close + speeding + improper lane change would constitute a crash as a result of aggressive driving.

Super Speeder

“Super speeder” is the classification, fines, or points assessments for any driver convicted of, or declared habitual violator as follows:

- Speeding 85 mph or more on any Georgia road or highway, or, 75 mph or more on any two-lane Georgia road or highway and fined \$200 and assessed \$200 license reinstatement fee.
- “Habitual violator” fee of \$300.
- Accumulates seven to nine points fee of \$100; ten to twelve points fee of \$125; thirteen to fourteen points fee of \$200.

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- All fees collected shall be deposited with the intent to fund a Georgia trauma care system.

EDUCATION

- Information and statistics can be added to numerous programs already in place.
 - This information should include what constitutes aggressive driving and the penalties associated with the statute.
 - Information should include what triggers aggressive driving, such as improperly timed traffic lights, following too closely, etc.
 - Information should include the possibly deadly outcomes of aggressive driving whether it is a crash itself or possibly resulting in road rage and the violence associated with that type incident.
- Current programs such as PRIDE or various driver education programs can carry this information without a large imposition on current curriculum.
- Law enforcement officers should be educated as to causes of aggressive driving that are related to poor engineering or malfunctions of various technologies such as traffic lights.
- Judges and prosecutors should be educated as to the impact that aggressive driving and speeding has on crashes, injuries and costs to society.

ENFORCEMENT

- Current statute of aggressive driving requires a victim in order to successfully prosecute the crime. The current violation establishes that a person intends to commit the offences against another person/victim.
- Consider allowing law enforcement to make a case based on their own or witnessed (not necessarily a victim) observations
- A person commits the offense of aggressive driving when he or she operates any motor vehicle with the intent to annoy, harass, molest, intimidate, injure, or obstruct another person, including without limitation violating Code Section 40-6-42, 40-6-48, 40-6-49, 40-6-123, 40-6-184, 40-6-312, or 40-6-390 with such intent, or
- No person shall drive any vehicle in an aggressive manner. Aggressive Driving is defined as a course of conduct which violates three or more of the following rules-of-the-road:
 - Failing to obey a traffic-control device
 - 40-6-43/45/126 Improper passing
 - Failing to drive within a marked lane for traffic
 - Following too closely
 - Failing to yield the right-of-way to approaching traffic when turning left
 - Failing to yield to approaching traffic when entering or crossing a roadway
 - Failing to signal when turning, changing lanes, or stopping
 - Failing to stop at stop signs or yield at yield signs
 - Overtaking and passing a stopped school bus with flashing lights
 - Failing to obey the basic speed rule
 - Failing to obey a posted speed limit
 - Impeding the flow of traffic

Georgia's SHSP Every Life Counts – Strive for Zero Deaths and Injuries on Georgia Roads.

- Conviction for an aggressive driving violation should involve a significant number of points and/or a minimum license suspension.
- Enhanced penalties should accompany repeat violations or those that cause serious injury or death.
- Current statutes restrict law enforcement in their ability to enforce various laws relating to aggressive driving or super speeder.
 - 40-8-91 requires that a law enforcement vehicle making traffic stops be marked in a specific fashion.
 - Georgia is the only state in the southeast that has this requirement.
 - Obviously the sight of a marked patrol vehicle makes people pay attention to their driving. The unknown possibility of a patrol car close by would make many more people less likely to commit a violation if the fear of being issued a citation is realized without the presence of a marked patrol unit.
 - 40-14-7 requires that vehicles utilizing speed control devices are visible for a distance of 500 feet.
 - This is not a requirement for Georgia State Patrol.
 - 40-14-8 requires that in order for a case to be made utilizing speed control devices the violator must be traveling at least 10 miles per hour over the posted speed limit.
 - Again, this is not a requirement for Georgia State patrol.
 - There are some exceptions to this law depending on weather/road conditions, work zones, school zones, and historic zones.
 - This law basically equates to any speed zone having a speed limit of 10 miles per hour over whatever the posted speed limit is. Violators have also brought this up during traffic stops for speeding.
 - Allow MCCD to utilize speed control devices to effectively combat speed issues.
- Code sections that help protect the citizen
 - 40-14-11 requires that a department is not allowed to make over 40% of their agency's revenue on violations of speed that are less than 17 miles per hour over the speed limit.
 - 16-10-23 addresses impersonation of a police officer – this could be updated to include higher penalties for the use of a vehicle in this crime.
 - 40-8-91 includes language allowing a driver being stopped for a violation to continue to drive to an area where they feel safer without suffering any penalties by simply indicating their intent to stop by activating their emergency flashers or turn signals.
 - There are many other methods of suspension/revocation of the license that allow departments to use speed control devices through DOT based on misuse of the devices.

ENGINEERING

- Various studies show that improperly timed traffic lights are a contributing factor to aggressive driving.

- Educate law enforcement to recognize problems with traffic lights as a contributing factor of aggressive driving. Provide them with information on how to get these problems corrected. Georgia should provide and develop a “cross training” program of traffic engineering for police. The cross training will effectively link two essential highway safety partner efforts. The effective linkage will educate traffic engineers in police responsibilities and conversely educate police officers in traffic engineering business.

EMERGENCY MEDICAL SERVICES

- Thousands of crashes occur annually as a result of aggressive driving/speeding. Injuries as a result of speed, by itself or included with other violations as a factor, often result in injuries. Those caught driving in this manner should be held accountable for crashes relating to their driving habits. Therefore, a special fine system should be levied against those drivers that are then directed toward the response or treatment of persons involved in crashes.

Occupant Protection Safety Belts and Air Bags

Problem ID

Nationally, the consistent and correct use of safety belts continues to be a factor in thousands of fatalities. The National Highway Traffic Safety Administration estimates that safety belts, when used correctly, are forty-three percent (43.5%) effective in preventing deaths in potentially fatal crashes and fifty percent (50%) effective in preventing serious injuries. Research on the effectiveness of child safety seats has found them to reduce fatal injury by seventy-one percent (71%) for infants and by fifty-four percent (54%) for toddlers in passenger vehicles

Current Georgia data indicates that non-restraint use is a factor in fifty-six percent (56%) of all fatality crashes. Hundreds of lives could be saved every year if all vehicle occupants buckled up every trip. The following are Georgia's recorded observational survey results related to

occupant protection from 2006. This survey is conducted statewide on a yearly basis to establish trend data for Georgia.

Safety Belt Usage in 2006:

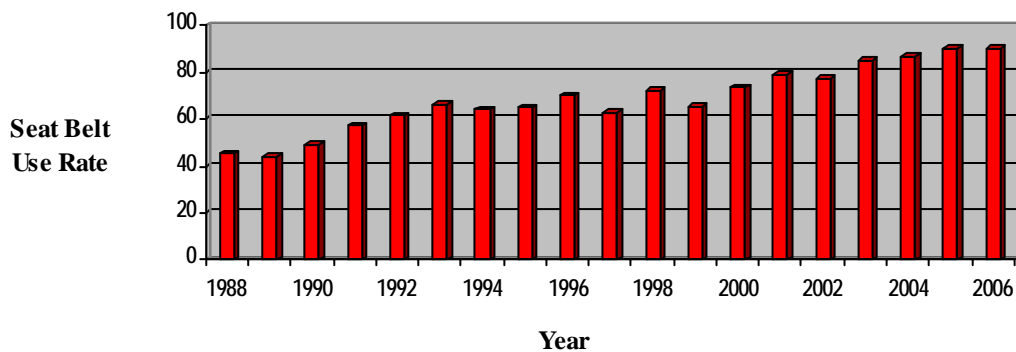
- Statewide safety belt usage in 2006 for drivers and passengers of passenger cars, trucks, and vans was 90.0%, an increase of 0.1% from 2005, and the highest usage rate ever recorded in Georgia. The 2007 usage is 89%.
- Women front seat occupants use safety belts (95.8%) more than men front seat occupants (84.0%).
- Non-white front seat occupants' use of safety belts in 2006 was slightly higher than that of white front seat occupants (90.4% non-white versus 89.2% white).

Georgia's SHSP Every Life Counts – Strive for Zero Deaths and Injuries on Georgia Roads.

- Observed safety belt use for front seat occupants was highest in the Atlanta Metropolitan Statistical area in 2006 (94.0%), followed other Metropolitan Statistical Areas (88.9%), and non-MSA areas (84.7%).
- Observed child safety seat usage in Georgia was 93.4% in 2006.

A disproportionate number of the state's unrestrained fatally injured occupants are attributable to vehicle types other than passenger vehicles. The different vehicle types are a serious concern and are the focus to encourage the use safety belt restraint in all vehicles and all vehicle positions. The 2006 statewide observation survey note disparity among vehicle types from as low as 69% to as high as 96%

**Observed Safety Belt Use Rates in Georgia
1988-2006**



During FFY 2006, the Occupant Protection Task Team was formulated to begin addressing issues related to occupant protection in Georgia. The team is comprised of representatives from education, enforcement, engineering and EMS. The team met monthly for six months to identify research, discuss current issues, and propose solutions in an effort to develop a final action plan for Georgia.

The Occupant Protection Task Team has decided on two priority goals. The goals are (1) to increase overall safety belt usage by 5% in 5 years and (2) to decrease unrestrained fatalities by 5% in 5 years. The Team has developed an action plan inclusive of six primary actions that would work towards these goals and benefit the state of Georgia. Activities, necessary

partners, resource requirements, and priority/feasibility for each action have been included. Following, are the six suggested actions:

- Develop a comprehensive occupant restraint usage law
- Promote safe transportation for children and teens through regulation
- Provide training on crash reporting for public safety
- Develop an award system for students who come up with a program to increase safety belt use/highway safety.
- Marketing campaigns for traffic safety
- Research environmental commonalities in crashes

Serious Crash Type

Intersection Safety Work Zone Roadway Departure

Serious Crash Type Emphasis Area - Intersection Subgroup

During the December 12, 2006 Safety Summit meeting, a team was formed to address the "Serious Crash Type" emphasis area. During the "Serious Crash Type" breakout session, it was decided that the emphasis area should be broken out into three subgroups; Intersection Safety, Work Zone Safety and Roadway Departure. A Chair and Co-Chair were selected for each subgroup. Subsequently, members of the "Serious Crash Type" emphasis area chose the subgroup they were interested in. The attendees who selected Intersection Safety as their interest formed the Intersection Subgroup. The team began meeting in March, 2007. The charge of the Intersection Subgroup was to:

- Recruit new members to address all the E's;
- Review intersection safety information;
- Establish an Intersection Safety Goal;
- Develop objectives, strategies, and preliminary action plans to address intersection safety;
- Determine the appropriate combination of strategies for the Intersection Subgroup;
- Develop detailed action plans; and
- Implement the action plans and evaluate performance.

The team reviewed intersection safety data provided by Georgia Tech. The team

decided to break the intersection safety action plan into two parts; system-wide countermeasures and location-specific countermeasures.

System-wide Countermeasures: The team decided that instead of brainstorming system-wide countermeasures, we would begin with the countermeasures in NHCRP Report 500. The team selected and prioritized countermeasures from this report.

Location-Specific Countermeasures: FHWA provided technical assistance to Georgia to assist in development of an intersection safety action plan. The FHWA contractor performed data analysis to determine the 300 intersections with the most potential for safety improvement. Typically, these top 300 locations account for about 30% of the total intersection fatalities. GDOT provided raw crash data to the contractor. The intersections were grouped based on the type of crashes most prevalent and the type of countermeasure most appropriate. The contractor conducted a workshop in Atlanta to develop cost-effective countermeasures for each location. We used crash reduction factors for each countermeasure employed (pavement markings, lighting, signal upgrades, etc.) to estimate the impact of our countermeasures. We then estimated the number of lives saved by the improvements to the selected intersections. We also developed an expected cost of the projects. The second day of the workshop, we reviewed several of the specific locations to verify that the countermeasures were appropriate. At the end of the workshop, we roughed out a draft intersection safety action plan.

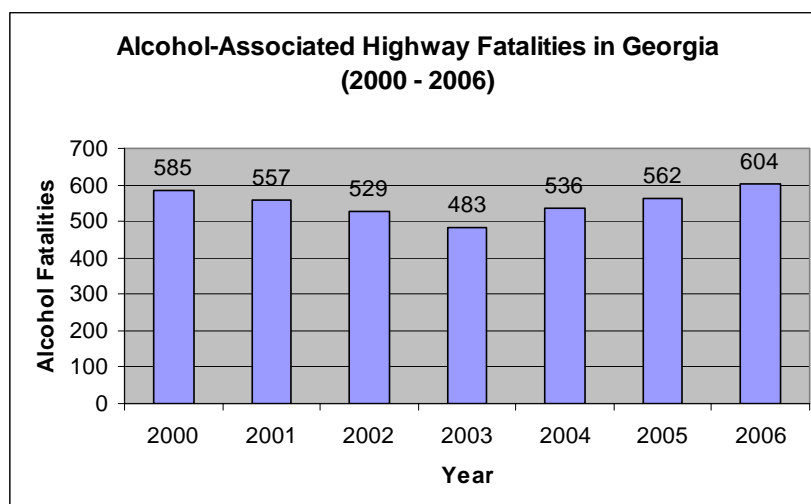
Intersection Safety Goal: The team decided to align our goal with the state goal of 1.0 fatalities per 100 million vehicle miles. However, during the location-specific workshop, it was decided that the intersection subgroup will revisit this goal and possibly select a more specific goal.

The next step is to write the draft intersection safety action plan. Once the draft action plan is complete, the team will present it to the Safety Program Leadership for their consideration.

Impaired Driver

Problem ID

During the years 2004 through 2006 there were **32,038** impaired drivers involved in **31,878** crashes. During the same time, there were **547** alcohol involved fatalities. There were **1,691** alcohol related fatalities which accounts for **31.5%** of all fatalities. (NHTSA FARS data)



Planning Review:

The Impaired Driver Task Team organized a planning process in January 2007. Representatives of all four safety E's along with a RAE Team member participate in monthly meetings to create a detailed action plan. The systematic planning process conducted in depth data analysis. The process compared current SHSP strategies

and future strategy opportunities. A planning review regularly considered the SHSP guiding principles and common characteristics of other Task Team areas. Other Task Teams met jointly with the Impaired Driver Task Team to consider the common issues within multiple Task Teams. For example, the Young Adult Driver Task Team quickly addressed the issues of disproportionately high

involvement of young drivers in alcohol related crashes and fatalities. The two Task Teams recognize the common issues and strive to eliminate duplicative efforts across defined emphasis areas. Occupant protection is another key area that crosses into several other areas like impaired driving, vehicle type, aggressive driving, and young or old drivers.

The Impaired Driver Task Team recognized the need and benefit of Georgia having an impaired driver program assessment conducted. The Governor's Office of Highway Safety requested NHTSA's assistance in assessing Georgia's alcohol and drug impaired driving program countermeasures.

The Georgia Impaired Driving Assessment was conducted at the Georgia Tech Hotel and Conference Center, Atlanta, GA, from July 29 - August 3, 2007. A copy of the Assessment report is available through the GOHS. Under the leadership of Robert Dallas, the Georgia Governor's Representative, arrangements were made for program experts (see Agenda) to deliver briefings and provide support materials to the team on a wide range of topics over a three-day period. The team interviewed

numerous presenters, with several being contacted following their presentations to provide additional information and clarification. National Highway Transportation Safety Administration was NHTSA continues its program of providing Technical Assistance Teams to the States upon request. This approach allows the States to use highway safety funds to support the team's evaluation of existing and proposed alcohol and other drug - impaired driving control efforts. Program expertise among team members includes criminal justice, enforcement, engineering, evaluation, prevention, program management, traffic records and substance abuse treatment/rehabilitation. The comprehensive impaired driver program assessment recognizes what Georgia is doing well as well as program challenges. The resulting report provides detailed information to address the challenges and strengthen future impaired driver program efforts. In addition to current strategies, the Impaired Driver Task Team adopts the following "**priority recommendations**" as immediate future opportunities to include in the detailed action plan.

PRIORITY RECOMMENDATIONS

➤ Expand the Strategic Highway Safety Plan (SHSP) impaired driver task team to include additional agencies and organizations which represent a broader spectrum of interest and involvement in impaired driving programs including, for example, youth programs (SADD), underage prevention and enforcement (Children and Youth Coordinating

Council, Georgia Network for Substance Abuse Prevention in Higher Education, Department of Revenue), highway enforcement (Department of Public Safety), diversity (minority population liaisons), Prosecuting Attorneys Council, Administrative Office of the Courts, and the Probation Advisory Council.

➤ Designate an impaired driving coordinator who would assist with

communication and coordination of all impaired driving program elements as a focal point for the State. This person and his/her position should be well-communicated to all traffic safety partners.

- Explore, adapt and adopt methods to achieve a level of self-sufficiency for impaired driving programs which have proven successful in other states, such as the New York's "STOP DWI" program and New Mexico's fine system.
- Design and implement a centralized statewide citation tracking system containing information about a citation from "cradle to grave".
- Coordinate and integrate the efforts and resources of local traffic safety prevention programs with Drug Free Communities and other local substance abuse prevention coalitions.
- Sponsor and participate in meaningful awards and recognition programs to provide positive reinforcement for DUI enforcement.
- Ensure that enforcement of impaired driving is an agency priority that is part of the annual strategic plan.

- Encourage Chiefs and Sheriffs' Associations to work with the appropriate entities to address ongoing issues related to administrative license hearings.
- Ascertain an accurate count and understanding of the caseload of the adjudication of impaired driving cases.
- Collect and analyze Department of Revenue data to develop programs to address DUI occurrence and crashes of habitual violators.
- Conduct a thorough management audit of the ALS process to determine what the issues are, and what needs to be addressed to improve the adjudication process.
- Develop, fund, and implement a comprehensive, data-based marketing plan in support of impaired driving prevention.
- Develop procedures to use appropriate safety data (crashes, citations, driver suspension, mapping of crashes to citation and enforcement activities) to conduct impact evaluations.
- Link and integrate driver files with vehicle files.

Age Related Issues

Graduated Driver's Licensing

Younger Adult Drivers

Older Drivers

Graduated Driver's Licensing

Younger Adult Drivers

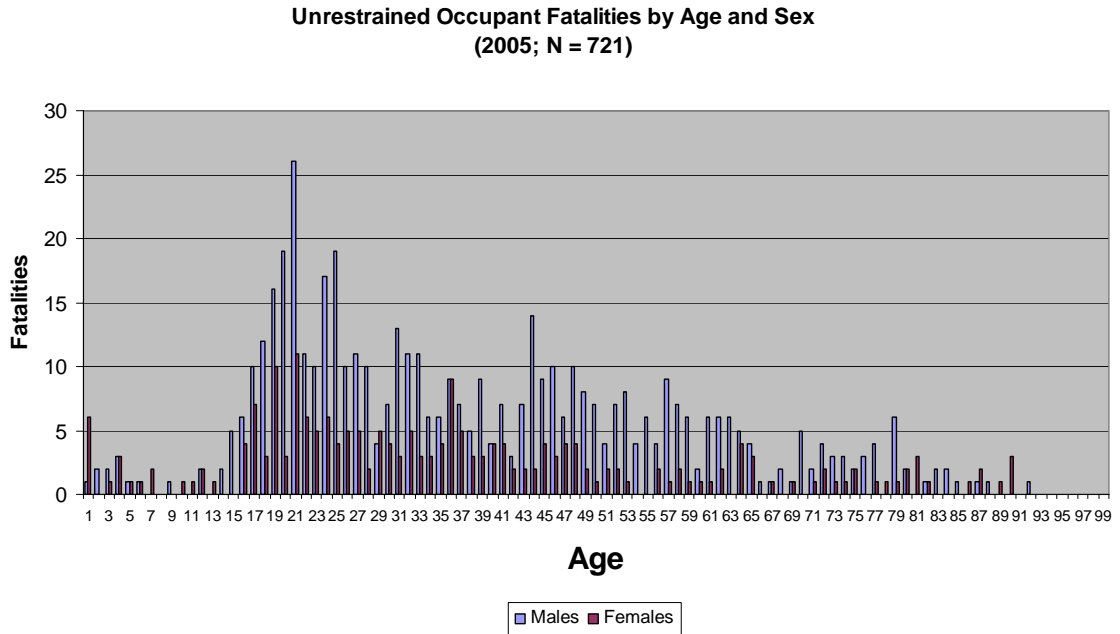
Problem Identification

Young drivers have a higher rate of crashes, injuries and fatalities than older drivers. In 2005, 229 young people ages 16 to 20 were

killed in motor vehicle crashes in the state of Georgia. Although young people (ages 16-20) account for only 7% of Georgia's population, they comprised 13% of the total crash fatalities for 2005. According to the most recent data from FARS (2005), 64% of the 16-20 year-old passenger vehicles occupants killed or seriously injured were unrestrained. The following chart

illustrates that Georgia experiences the highest number of unrestrained occupant fatalities from the late teens through the

mid-twenties. This chart also shows that more unrestrained males die in highway crashes than females.



Teen Drivers

High-risk behavior, peer pressure, inexperience, limited use or no use of occupant safety devices, lack of proper driving information and education are a few of the problems that our youth face while driving on Georgia's roadways. In an effort to address these issues, the Teenage and Adult Driver Responsibility Act (TADRA) was enacted on July 1, 1997. The TADRA goal is to reduce the number of lives lost in crashes involving young drivers. An evaluation of TADRA by an Emory University study team found that in the 5 ½ years since TADRA was enacted:

- Fatal crash rate of 16-year-old drivers declined by 36.8% and 17-year-old drivers by 19.1%;
- Speed-related crashes of 16-year-old drivers fell by 49%;

and

- Alcohol-related crashes of 16-year-old drivers fell by 62.1%, 30% for 17-year-old drivers and 4.4% for 18-year-old drivers.

On January 1, 2002, the TADRA law was strengthened by adding minimum requirements for supervised driving, passenger limitations, and a stricter curfew.

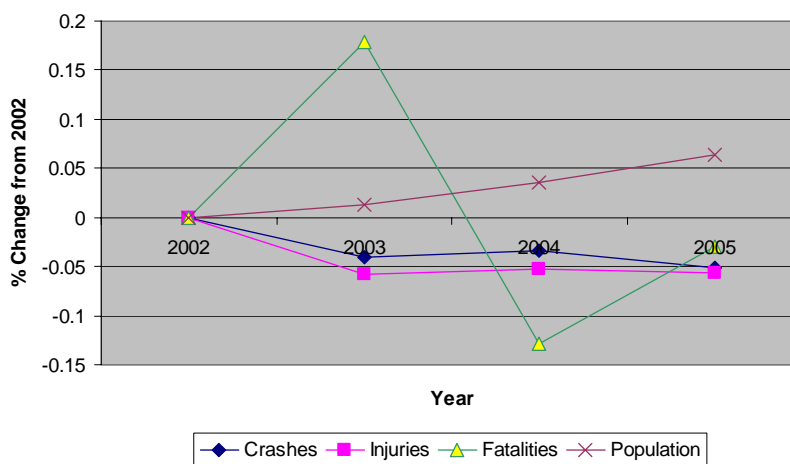
Graduated driver licensing policies serve to delay licensure and then limit exposure to the highest risk conditions after licensure, allowing young drivers to gain experience under less risky driving conditions. A similar strategy may be needed to guide parents. Researchers from the National Institute of Child Health and Human Development report that parents do not appear to appreciate just how risky

driving is for novice drivers and tend to exert less control over their teenage children driving than might be expected. Additionally, a research study by Allstate Foundation indicates that although every state has enacted Graduated Driver Licensing laws, 60% of parents don't know what they are (Allstate Foundation, 2007, p. 17). Recent research has demonstrated that simple motivational strategies can persuade parents to adopt driving

agreements and impose greater restrictions on teen driving. Several studies have shown that greater parent involvement is associated with less teen risky driving behavior.

Finally, the following table illustrates strides that Georgia has made with drivers aged 15 through 17. While the population of drivers in this category has increased, crashes, injuries and fatalities have all decreased.

Trends in Teen Driver Crashes (15 - 17 yrs.; 2002 - 2005)

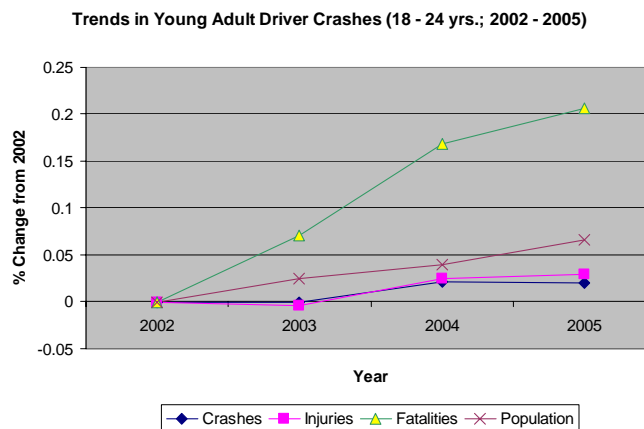


Gains in improved outcomes for drivers aged 15 through 17 may be contrasted with the continual increases in negative outcomes for those aged 18 through 24.

Young Adult Drivers

The number one cause of death in the U.S. for those 18 to 24 years of age results from motor vehicle crashes. The number of crashes and injuries in Georgia also reflects what is occurring among the young adult drivers aged 18

to 24. However, the number of fatalities has increased at a higher rate in recent years compared to the state trends. The figure below depicts the steady increase of crashes and injuries and the substantial increase of fatalities in young adult drivers.



There is also a problem with young adult drivers and occupant protection. In 2005, 67 % of the 243 fatalities of

occupants aged 18 - 24 were unrestrained.

Critical Findings

The Georgia YADTT identified three critical findings in the following areas: data, safety belt use and alcohol. These critical findings are recommendations by the task team that are necessary for the implementation of other priority recommendations, which are detailed in the full recommendations section following the Executive Summary.

Data

In order to assess and identify the status of young adult driver issues, as well as to determine and establish the efficacy of existing and future efforts, a Crash Reduction Goal should be tied to the national standard of Vehicle Miles Traveled (VMT). VMT cannot currently be determined with a high degree of accuracy in Georgia because the driver data (specifically, the number of licensed Class CP and Class D drivers) used for establishing the statistical

denominator in VMT is not readily available. Obtaining data is limited both by process and technology. At present, data is available only via an "official request" (e.g. by a state-level elected official) or for a technology and service fee to agencies making a data request. The impact of inaccessible and limited data has historical significance in Georgia. The lack of supporting data was the primary reason the efficacy of Driver Education nationwide could not be established during the "DeKalb Study" mandated by the U.S. Congress and conducted in Georgia from 1977 - 1981.

The lack of credible data was also noted as a present-day obstacle in the study assessing the impact of TADRA published in April of 2006 by Emory University:

In the past, highway safety researchers used counts of licensed drivers as the denominator for calculating fatal crash

rates. Unfortunately, it is no longer possible to obtain consistent state-specific data about licensed drivers in the youngest age groups. The only national source of information on licensed drivers is the Federal Highway Administration's Highway Statistics Series Table DL-22. In 1989 a Federal Highway Administration committee decided that the enumeration of licensed drivers should not include class P (i.e., instructional permit) holders or drivers with limited-use or restricted licenses. As a result of this rule change, Federal Highway Administration statistics significantly undercount drivers in the youngest age groups, in which issuance of class P and class D restricted licenses is common, especially in states with graduated driver's licensing laws (Rios, et al., p. 365-366).

Safety Belt Use

In 2005, there were 479 Young Adult Driver fatalities in Georgia; of these, 64% were not properly restrained by a safety belt. The highest magnitude of unrestrained occupant fatalities in Georgia is within the Young Adult Driver age group (from the late teens through the mid-twenties).

As identified in the Critical Findings, approximately 300 Georgia young adult driver lives could have potentially been saved if they were properly wearing safety belts. No other single issue has the potential to save a greater number of lives than an intense focus on safety belt use. Concurrent with these findings, YADTT recommends an examination of enforcement methods such as increased penalties for seat belt usage in young drivers. In addition to enforcement methods, the examination of educational programs such as occupant

protection education and enforcement programs should be utilized to increase seat belt usage in young drivers. Additionally, YADTT supports the usage of safety belts in all vehicles in all vehicle positions. YADTT also recommends the development and implementation of progressive fines for repeat violators. YADTT supports increased safety belt enforcement, combined with distribution of public education and information materials at every traffic stop. YADTT also supports pro-active education initiatives that involve law enforcement, EMS, engineering and education partners to deliver information first-hand to young adult drivers and parents at the community level.

Alcohol

In 2004, alcohol-related traffic deaths increased for the first time in 5 years to 16,653 - the largest percentage increase on record. Roughly 1/3 of all Young Adult traffic fatalities in Georgia involve alcohol use (15-20 year olds). During the last 30 days, 28.5% of high school students nationwide had ridden one or more times in a car or other vehicle driven by someone who had been drinking alcohol. The average age youth begin to drink is 12.8 years.

YADTT supports the establishment of a Felony DUI, Hospital BAC Reporting, Vehicle Impound, Vehicle Sanctions While Suspended, and the Elimination of Youth Exceptions as recommended by MADD. These changes would change Georgia's current ranking of "B+" to "A." Much like the move of government and non-profits partnering with the tobacco industry to support education about use of the drug, YADTT also supports the creation of an

independent foundation financed by the alcohol industry to campaign against, and educate about the effects of, underage drinking. YADTT recommends that any increase in alcohol taxes require proceeds be dedicated to prevention and treatment, with particular emphasis to young adults.

- Assure that all designated driver and safe ride programs avoid unintentionally enabling over consumption among those relying on the designated driver.
- Expand partnerships between the courts and Georgia transit agencies so that urban and rural transit agencies provide transportation to those convicted of DUI and prohibited from driving.
- Driver license penalties for persons under age 21 for any violation of law involving the use or possession of alcohol or illicit drugs.
- There are few enforcement programs that target the underage drinker. Most underage drinking enforcement is conducted by the Department of Revenue. Increased public awareness is needed to compliment the positive efforts of underage alcohol possession, purchase, or consumption violations.

Priority Recommendations

Data

Georgia needs to establish a plan for access and sharing of driver data. The

first step in this process is for “Periodic Data Sampling” of driver data (Monthly and Annual) to be taken and made available. Next, an “inter-agency agreement” or other memorandum of understanding (MOU) should be drafted as a means for agencies working with young adult driver issues to access and share anonymous driver data. This should be coupled with the development of a protocol for privacy, storage and use of this driver data by those agencies involved. Finally, to establish a baseline for 4E efforts, the licensed driver data from 2000-2005, for ages 15-17 and ages 18-24, is needed. To study the effectiveness of all young adult driver efforts, at present and in the future, YADTT recommends that codes be established in the driver’s license database to track and measure existing 4E programmatic and enforcement impact. This data effort will position Georgia to be a national leader in documenting and developing those areas which demonstrate the greatest potential to save lives over time.

Additional Recommendations

A brief summary of additional priority recommendations in this report:

- Engage culture-specific media efforts
- Require media to air/print minimum hours/numbers of PSA's
- Establish traffic safety in K-12 curriculum
- Increase parental involvement
- A ‘model policy and procedures’ handbook for all faculty/staff at schools throughout the state as it relates to driver education requirements

- Address GDL drivers distractions
- Professional standards for driver education instructors
- Consider two-tier driver's education: level one at 15 years of age, begin level two at 17-18 years of age
- Extend passenger restrictions and curfew through GDL
- As an incentive, mandate insurance companies offer discounts for successful completion of driver's education
- Count-down timers for traffic lights
- Bicycle lanes for regular bike routes
- Exceed DOT distance standards for signage on interstates
- Encourage media to engage the public as an educator (education vs. sensationalism of teen traffic incidents)
- Support implementation of the youth and young adult highway safety conference

The expanded details of these recommendations may be found in the full Young Driver Safety Task Team report.

Older Drivers

Problem Statement

Older Americans, age 65 and older, represent one of the fastest growing segments of the US population. By 2030, census projections estimate that there will be approximately 72 million older adults living in the US. At this time, experts predict that one out of every four licensed drivers will be a senior driver over the age of 64. This shifting demographic has serious implications for highway safety. The Older Driver Task Force (ODTF) defined an older driver as a driver age 65 and older.

Today's older adults are living longer, driving longer distances, and driving well into their eighties. Yet, the gradual deterioration of visual, motor, and cognitive skills associated with aging makes it difficult for older drivers to navigate the roadway safely, and more

significantly, increases their susceptibility to injury and death in the event of a crash. This has raised serious public health concerns about the risks older drivers pose to themselves and to other road users.

When considering exposure (vehicle miles traveled (VMT)), older drivers have a disproportionately high rate of motor vehicle fatalities compared to other adult drivers. Research indicates that this disproportion is governed by two overriding factors; 1) older drivers have an increased fatal crash rate per VMT and 2) an increased risk of fatality in the event of a crash. Most traffic crashes involving elderly drivers occur during the daytime, on weekdays, at intersections, and involve another vehicle. About half of the drivers 80 years and older involved in fatal crashes in 2003 were involved in multiple-vehicle intersection crashes.

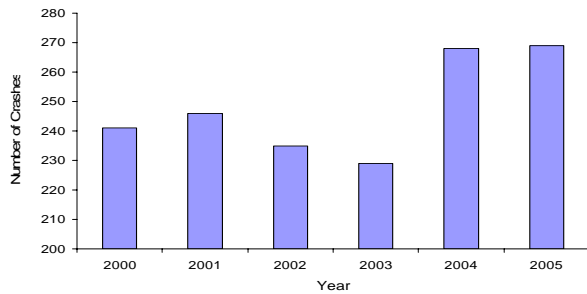
Georgia Older Driver Injury Severity Trends

In Georgia, motor vehicle crashes account for the leading cause of unintentional injury deaths and the second leading cause of such deaths among older adults, age 65 and older. In 2005, Georgia spent approximately 45 million dollars in hospital charges to treat older adults, over the age of 64, hospitalized for motor vehicle-related injuries. With the rapid expansion of its older adult population, Georgia faces tremendous highway safety and healthcare costs if older driver crashes and fatality rates go unaddressed. Analysis of older driver crash data for Georgia revealed crash

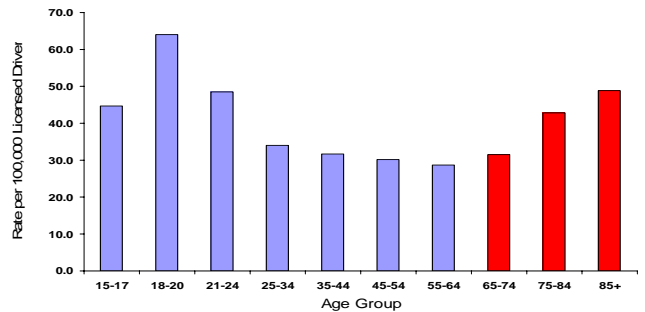
and injury severity patterns similar to national older driver trends. According to a review of Georgia's crash data from 2000-2005:

- *The number of older driver crashes has steadily increased since 2000*
- *Older drivers in Georgia have the second highest rate of crashes involving at least one fatality*
- *Older drivers have the highest rate of driver hospitalizations due to motor-vehicle related crashes*

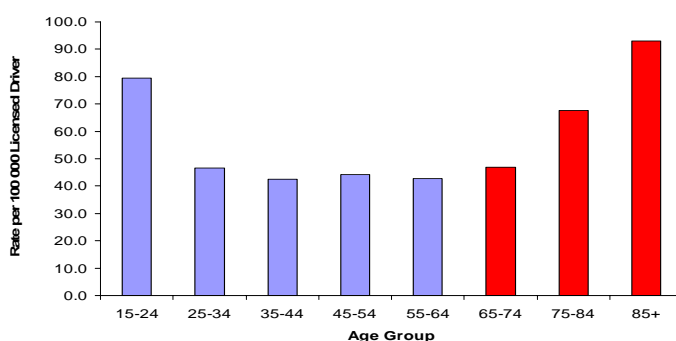
Older Driver Fatality Crashes per Year: 2000-2005



Georgia Driver Crash Rates Involving at Least One Fatality by Age Group: 2000-2005



Georgia Motor Vehicle Driver Hospitalization Rate
by Age Group: 2000-2005



Focus Areas, Recommendations, and Action Plans

The Georgia Older Driver Task Force (ODTF) used an organizational approach to identify focus areas and critical older driver areas of need. The three major focus areas targeted were **engineering, education, and alternative transportation**. Within these three areas, the ODTF worked to identify and develop comprehensive strategies and action plans relevant to the needs of older drivers and their communities.

Brainstorming sessions, moderated by a facilitator, were used by the ODTF to define intervention strategies. Identified strategies were measured against criteria designed to assess their “fit” with Strategic Highway Safety Plan (SHSP) objectives. The criteria were

determined using SHSP development guidelines and underscored strengths, weaknesses, and feasibility of strategies. The strategies that best met the criteria were selected from each focus area and corresponding action plans were developed for each selected strategy. **An ODTF final report highlighting the selected recommendations and their corresponding action plans was developed and submitted to the SHSP Operations Manager in August.**

Current Activities

Capitalizing on the social will, cooperative energy, and momentum created by the collaborative effort, the ODTF reached a consensus to strategically move forward on a few of the recommendations identified in the submitted report.

Non-motorized User

Pedestrians

Bicyclists

Planning Process

The Georgia Department of Transportation (GDOT) formed a Bicycle and Pedestrian Task Team in December 2006 and began the development of the Georgia Bicycle and Pedestrian Safety Action Plan (GBPSAP).

The task team consists of members from 25 local and state agencies and non-profit organizations involved in public safety, transportation, public health, planning/urban design, environment, education, and biking and walking. The task team has met three times and has developed draft vision, goals, objectives, recommendations and countermeasures. They will continue to be an integral part in finalizing and implementing the plan.

Problem I.D:

Bicycle Crashes:

As indicated in the table below, bicycles comprise less than one-quarter of 1% of all crashes, but make up over 1% of the traffic related fatalities.

Year	All Traffic Crashes	All Bicycle Crashes	% of All Traffic Crashes that are Bicycles	All Traffic Fatalities	All Bicycle Fatalities	% of all Traffic Fatalities that are Bicycles
2003	332,321	948	0.29%	1,469	16	1.09%
2004	342,932	943	0.27%	1,466	18	1.23%
2005	348,040	928	0.27%	1,595	21	1.32%
2006	342,158	926	0.27%	1,562	17	1.21%

The majority of the *crashes* occur in just 14 counties, mostly urban areas on local roads. However, most of the *fatalities* occur on higher speed arterials, both urban and rural. Half (50%) of the bicycle collisions were at an angle, indicating that turning movements at intersections are a key factor in bicycle crashes.

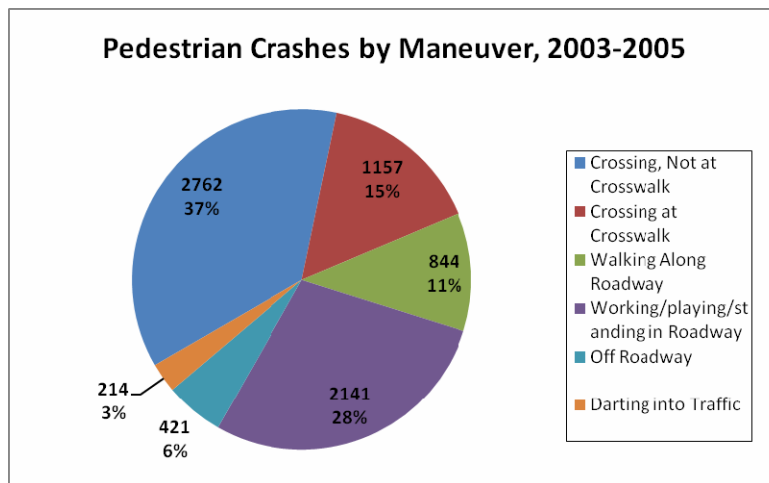
Pedestrian Crashes:

Like bicycle crashes, pedestrians are over-represented in traffic fatalities, comprising less than 1% of crashes, but more than 10% of fatalities. This indicates the relative vulnerability of pedestrians compared with other roadway users.

Year	All Traffic Crashes	All Pedestrian Crashes	% of All Traffic Crashes that involve Pedestrians	All Traffic Fatalities	All Pedestrian Fatalities	% of all Traffic Fatalities that are Pedestrians
2003	332,321	2,423	0.73%	1,610	161	10.0%
2004	342,932	2,324	0.68%	1,641	156	9.51%
2005	348,040	2,446	0.70%	1,744	150	8.60%
2006	342,158	2,422	0.71%	1,703	157	9.22%

Georgia's SHSP Every Life Counts – Strive for Zero Deaths and Injuries on Georgia Roads.

Most pedestrian crashes occur on local or minor arterial streets (generally having a speed limit of 35 mph or less), but most fatalities happened on high speed, wider roadways. The majority of all crashes (70%) occur in just 10 counties (Fulton, Dekalb, Cobb, Chatham, Gwinnett, Clayton, Richmond, Bibb, Muscogee, Clarke, Hall, Dougherty and Glynn), with 36% of those crashes happening in Atlanta (i.e. Fulton and Dekalb Counties). As the graph below indicates, the majority of crashes (37 percent) happen while a pedestrian is attempting to cross the road as opposed to walking alongside roadways and off roadways, which are responsible for 17 percent of crashes involving pedestrians. The combined crossing or entering the roadway fatalities is most prevalent among pedestrian maneuver crashes.



Existing Funding & Implementation:

System wide engineering recommendations include additional efforts to existing statewide practices. For example, GDOT installs sidewalks in state route improvements that include curb and gutter structures. Systematic sidewalk improvements contribute to pedestrian safety improvements.

Georgia's fatalities resulting from bicycle and pedestrian crashes are too high. According to GDOT infrastructure data, less than 10% of Georgia's roads have sidewalks and less than 5% have bike lanes or shoulders. One primary obstacle has been the inability of state and local governments to deliver new projects once authorized for funding. Historically, federal and state transportation funding sources combined spent about \$60 Million annually on bike/ped construction projects. And Georgia's allocation of traditional federal funding sources for bicycle and pedestrian facilities – such as CMAQ and Q23/LU230 funds – will soon begin to dwindle unless the Federal Highway Trust Fund is given an infusion of new revenues.

Vision Statement

A safe, accessible and convenient bicycling and walking environment that supports and encourages increased levels of bicycling and walking.

All state, local and regional transportation agencies shall provide a transportation system where walking is a viable transportation choice and residents and visitors are able to walk safely and conveniently to accomplish their daily activities while maintaining active and healthy lifestyles.

Draft Recommendations

The Bicycle and Pedestrian Task Team developed draft recommendations and countermeasures. Below is a summary of the preliminary recommendations, which will be further expanded and refined with additional data analysis and task team meetings:

POLICY & NON-ENGINEERING RECOMMENDATIONS:

The Bicycle and Pedestrian Task Team developed draft recommendations and countermeasures. Below is a summary of the preliminary recommendations, which will be further expanded and refined with additional data analysis and task team meetings:

POLICY & NON-ENGINEERING RECOMMENDATIONS:

Education

- Implement a public awareness campaign aimed at bike/ped safety (similar to GOHS' click it or ticket, zero tolerance, etc)
- Educate bicyclists, pedestrians and drivers on the rules of the road.
- Educate Elected and Appointed Officials on the safety benefits and importance of providing bike/ped infrastructure
- Educate Transportation Professionals on safe bike/ped design practices

Encouragement

- Partner with other organizations and state agencies to expand GDOT's Safe Routes to School Program
- Install secure, covered bicycle parking at transit stations and park & ride lots

Enforcement

- Speed and crosswalk enforcement at pedestrian safety "hot spots"
- Provide training to law enforcement officers on legal rights and responsibilities of bicycles and pedestrians
- Enhance GOHS's "Traffic Engineering for Law Enforcement" course material to include bike/ped info

Legislation/Laws: Proposed changes and additions to Georgia Code in the following areas:

- Definitions of bicycle, path, and crosswalk
- Speeding/Safety Related laws

Georgia's SHSP Every Life Counts – Strive for Zero Deaths and Injuries on Georgia Roads.

Policy:

- Routinely consider bike/pedestrian facilities in all planning, design, construction and maintenance activities of state and local governments, and MPO's.
- Create policies for the use of the following in state projects:
 - Pedestrian countdown signals
 - Leading Pedestrian Intervals and signals
 - Florida DOT's right turn "slip lane" design
- Where appropriate, consider narrowing travel lanes as part of resurfacing projects to accommodate a shoulder that is safely navigable for bicycles.
- Evaluate GDOT access management policy for possible improvements to pedestrian safety

Funding/Project Development:

- Expand the staff of state pedestrian and bicycle program
- Identify high bicycle and pedestrian crash locations and develop and implement countermeasures
- Planning:
 - Develop a "safety audit" process for all road improvement projects in the State Transportation Improvement Program and prioritize projects based on outcomes
 - Require access management plans as part of GDOT and local projects
 - Encourage land use policies that promote bikable/walkable streets, community design that promotes walking, biking and transit use, driveway consolidation/access management, and lower speeds
 - Provide incentives for developers, employers, and medical and academic institutions to provide shower facilities and secure bike parking for employees, students and visitors
 - Develop a program to review urban streets for opportunities for road diets

Next Steps/Status

Currently data is being validated and additional data is being analyzed to identify pedestrian and bicycle crash "hot spots". The draft Safety Action Plan will be complete and distributed to the Bike/Ped Task Team for review in September 2007. The task team will reconvene in September/October to finalize the plan. The plan is scheduled to be completed and turned into the Governor's Office of Highway Safety by end of the year 2007.

Once the plan is complete (expected October 2007), the plan will be adopted by the Strategic Highway Safety Plan Leadership Committee and the Governor. The Leadership Committee will use this plan to prioritize the expenditure of federal safety funds. The Task Team will also seek to have the plan adopted by the State Transportation Board and thereby guiding future GDOT transportation decisions.

Vehicle Type
Heavy Trucks
Motorcycles

Heavy Trucks

Introduction

The Georgia Department of Public Safety's Motor Carrier Compliance Division (MCCD) is the lead agency for the Federal Motor Carrier Safety Assistance program. The Department of Public Safety's Motor Carrier Compliance Division is responsible for the implementation of, and compliance with, the MCSAP guidelines in the state of Georgia. Each year, the Motor Carrier Compliance Division prepares a Commercial Vehicle Safety Plan (CVSP) based on priorities and program directions established by the Federal Motor Carrier Safety Administration. Upon review and approval of the CVSP, the objectives and strategies outlined in the plan are implemented by the MCCD and its partner agencies throughout the State.

Current CMV Safety Problems

In order to mirror FMCSA's goal of reducing fatal crashes involving commercial motor vehicles to 0.16 per 100 hundred million miles traveled by 2011, we must reduce our current rate by 0.05. To achieve this goal, the MCCD must identify problem areas that contribute to crash causation and place increased emphasis of those problems identified. Areas that are currently being addressed are traffic enforcement, data quality, crash reduction, passenger carrier safety and hazardous materials.

FY 2008 Emphasis Areas

CRASH REDUCTION

In an effort to reduce Georgia's commercial vehicle crash rate, the MCCD has placed into action several measures which we feel can provide a positive rate reduction over the next several years. Currently, crash data is disseminated to the regional level on a quarterly basis. This data is taken from FMCSA's A & I website and provides the Regional Commanders with a basis for evaluation in their respected areas of crash details including crash causation factors such as time of day, day of week, etc. The Regional Commanders can then place mobile officers in strategic locations in their region to screen and patrol those designated high crash corridors areas. Future plans include adding a mapping system such as GIS, to be updated quarterly, to further identify crash locations on interstates and other roadways throughout the State.

Georgia has partnered with FMCSA to implement Georgia Targeting Aggressive Cars and Trucks (GTACT). The independent program compliments the CVSP with a comprehensive approach to public awareness, evaluation, and aggressive enforcement. The GTACT will be launched in 2007 to provide pre-program evaluation. Two highway corridors are identified to contain the highest frequency of CMV and passenger vehicle involved crashes and aggressive driving. Interstate I-75 north of Atlanta and Interstate I-95 near

Savannah are the focus areas of CMV related crashes. "Super speeders" and aggressive drivers are the "targeted" motorists. Concentrated speed enforcement detection and aggressive vehicle violations work toward reducing the excessively high average speeds to safe roadway design and traffic volume speeds.

DATA QUALITY

The MCCD unit has made great strides over the past several years to improve the quality of data provided to FMCSA. Georgia has maintained a "green" level since 2004 with regard to timeliness and accuracy of uploads within the current timeframe. Crash accuracy has continued to show only a "fair" rating and extra measures have been established to correct that rating. An audit is currently underway of the driver/vehicle inspections submitted by mobile and fixed location officers. Results of that audit will be addressed as to any specific needs such as remedial training. Periodic audits will be performed in the future to assure data quality.

HAZARDOUS MATERIALS

The hazardous materials program will strive to remain on the cutting edge of hazardous materials enforcement. The Department has adopted the necessary sections of Part 385 to be able to enforce the hazardous materials safety permit. The hazardous materials program has a very broad base of action and will remain active in policy changes and stay current on new trends within the hazardous materials arena. MCCD will continue to participate in the COHMED program. This level of interaction will enable the MCCD to remain up to date

and proactive with any new Hazardous Materials policy changes or shifts in enforcement focus.

PASSENGER CARRIER INSPECTIONS

Since stopping motor coaches on the side of the road presents a safety concern for the passengers being transported and the officers conducting the inspection, the MCCD typically schedules one motor coach inspection per quarter. Sites such as Six Flags over Georgia in Atlanta, the Southeastern Agriculture Expo in Moultrie, and a site in Helen, Georgia are common for these types of activities. Due to the high concentration of motor coaches frequently these areas, officers are able to inspect a larger number of motor coaches in a matter of days. To further increase passenger carrier inspections, the MCCD has added measures for FFY 2008 to identify motor coach terminals throughout the state to perform terminal inspections and to add more venue locations. The compliance review division will place special attention on conditionally-rated motor carriers and motor coach carriers with safety ratings over 5 years old. Passenger carriers will take priority for new entrant safety audits.

TRAFFIC ENFORCEMENT

The MCCD routinely conducts traffic enforcement in identified high crash corridor areas. In addition to roving patrols, MCCD officers participate in concentrated, joint agency and alcohol/drug activities. These activities target commercial vehicle drivers engaging in unsafe driver behavior practices. The MCCD does not intend to implement a non-CMV enforcement

program for FY 2008. The Department of Public Safety has received a high priority grant to perform a TACT (Targeting Aggressive Cars and Trucks) program for FFY 2008. The MCCD will analyze the results of that program as a basis to consider implementation in the future.

SEAT BELT ENFORCEMENT

The MCCD routinely participates in State and Regional enforcement efforts, such as "Click it or Ticket", "Be Ready Be Buckled", and "100 Days of Summer Heat", which emphasize the use of seat belts. Mobile officers enforce seat belt laws when violations are noted during routine traffic or inspection stops. In addition, concentrated seat belt activities are performed monthly at roadside and fixed locations.

ELECTRONIC VERIFICATION OF CDL STATUS

The MCCD is currently utilizing both the Commercial Drivers License Information System (CDLIS) and the National Law Enforcement Telecommunications System (NLETS) to check the CDL status of commercial drivers during the inspection process. MCCD continues to evaluate the level of compliance with regard to CDL license checks and all necessary action is taken to ensure a high level of compliance at the officer level. In addition, the MCCD will continue to monitor and update all relevant procedures with regard to CDL license checks.

PUBLIC INFORMATION EDUCATION AND AWARENESS (P.I.E.)

The MCCD has participated in a number of important outreach projects during the fiscal year to inform truck drivers, as well as the general public, of safety issues and how to share the roads with other vehicles. Public information officers regularly work with the Governor's Office of Highway Safety, National Highway Transportation Safety Administration (NHTSA), and the Georgia Motor Trucking Association (GMTA). Officers routinely visit elementary, primary, high, and technical schools to present programs on safety or attend career days.

DATA COLLECTION AND REPORTING

All mobile MCCD officers have laptop computers and can upload their inspections electronically on a daily basis using ASPEN software; likewise, officers assigned to inspection stations utilize desktop units to upload inspections completed as part of their routine duties. Paper reports continue to be used for training purposes or when an officer is experiencing technical problems with his/her computer. In order to reduce the inspection upload time, the MCCD will continue to promote computerization among all partner agencies and requires that all new local agencies agree to become fully computerized and upload inspections to the SafetyNet Unit on a daily basis.

ALCOHOL/DRUG INTERDICTION ACTIVITIES [as addressed in 350.201(q)]

In addition to the five national program elements, the MCCD will continue to implement procedures that focus on removing impaired CMV drivers from highways through adequate enforcement of restrictions on the use of

alcohol and controlled substances. Officers routinely perform special DUI activities throughout the State, either alone or in conjunction with another major activity, such as a port check in the Savannah area or an air brake check in north Georgia. Frequently these activities are conducted in conjunction with other Federal, State or local enforcement agencies, such as the FMCSA, county police, or the Georgia State Patrol.

In addition to enforcing DUI laws, the MCCD will continue to conduct controlled substance interdiction activities throughout the State and ensures its entire force is adequately trained to identify suspicious cargo.

These courses are taught by the El Paso Intelligence Center (EPIC) and the Drug Interdiction Assistance Program (DIAP) and are offered to new officers four to five times each year.

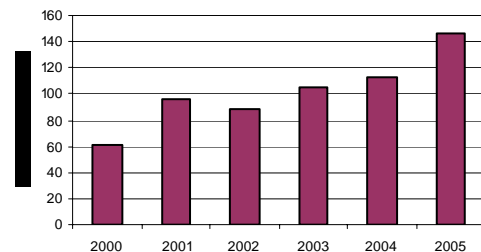
The MCCD has two K-9 units and has certified two officers as K-9 handlers. Although funding for the dogs and the training was appropriated by the State legislature, these teams frequently participate in MCSAP-sponsored operations, such as port checks and DUI activities. The teams also provide interdiction/inspection assistance to local agencies throughout the State. As both officers are NAS certified, they also perform CMV inspections on a regular basis.

Motorcycles

Problem ID

Motorcycle riders face more risks of crashing and being injured than passengers in four-wheeled vehicles. Two-wheeled motorcycles are more difficult to operate and more unstable than four-wheeled cars and trucks. Road design and lack of road maintenance also pose risk for motorcyclists. Drivers in passenger vehicles are a threat as well. Drivers may not be aware of the motorcyclist's presence on the road; therefore drivers may not correctly accommodate for them. When a motorcycle is involved in a crash, there is almost no protection for the rider. Crash data confirms these risks. NHTSA estimates that 80% of motorcycle crashes injure or kill the rider, while only 20% of passenger car crashes injure or kill the occupant.

Motorcycle Fatalities



Current Strategies

- Provide funding for motorcycle safety education and preventive countermeasures.
- Provide financial incentives to communities or organizations to promote safe motorcycle operations to include proper motorcycle helmet use.
- Implement Riders Helping Riders impaired motorcycle rider program.
- Retain Georgia's mandatory motorcycle helmet law.

Future Opportunities

- Provide more instructors and training facilities to meet demand and geographical accessibility.
- To encourage that all motorcycle operators riding on public roads are properly licensed.
- To develop and promulgate a Public Service Announcement (PSA) designed to educate motorists and motorcyclists about motorcycle safety using the “Share the Road” message.
- To create and disseminate effective educational and awareness communications to riders on how alcohol and other drugs affect motorcycle operator skills.
- To participate in motorcycle rallies, motorcycle shows and charity rides to promote the Georgia Motor Safety Program (GMSP) throughout the state. The DDS and

GOHS web site will also be used to promote the program.

- To conduct motorcycle forums in communities with high motorcycle crash rates.
- To enhance awareness through the purchase of a show motorcycle to be featured at bike shows to gain social acceptance of the Riders Helping Riders initiative, and
- promote the Share the Road campaign

Trauma System/Increasing EMS

Increasing EMS capabilities

Problem ID

Death rates in Georgia from trauma are significantly higher than the national average. In Georgia, **62** of every **100,000** people are likely to die of traumatic injury. Nationally, the death rate is lower – **54** people per **100,000**. If we did nothing more than improve our system to the level of the national average, we would save approximately 712 additional lives every year.

The number of individuals in Georgia affected by trauma can still only be estimated and sized in relative terms. Based upon an

analysis of Georgia's 2003 and 2004 NTRACS® data, relative to the total number of acute care hospitals in Georgia, it is probable that the volume and impact of trauma in Georgia has been significantly underestimated. In 2003, the data presented by the 15 participating trauma centers provided representative data on 9,612 patients, which met the Georgia Trauma Registry criteria. In 2004, the data presented by the 14 participating trauma centers provided representative data on 10,661 patients that met the Georgia Trauma Registry criteria. Based upon an examination of other available data, it is estimated that the total annual volume of patients that meet the strict criteria of the Georgia Trauma Registry

is in the vicinity of 43,879 to 52,300 persons. This number could easily be doubled if a less medically specific criterion were applied to all blunt and penetrating injuries that required acute care attention.

Current Strategies

The following strategic planning discussion considers the operation and administration of an effective, state wide trauma system and increasing emergency medical services.

Super speeder legislation discussed earlier in the SHSP identified the financial support to Georgia's trauma system. Under current traffic violator sentencing trends, Georgia's super speeder provisions could generate additional funding to contribute to the statewide trauma system.

The mission of the Office of Emergency Medical Services/Trauma (OEMS/T) is to save lives and provide the best possible outcomes through improved pre-hospital care regulation. The Office of Emergency Medical Services/Trauma provides statewide coordination and leadership for the planning, development, and implementation of Georgia's pre-hospital care and trauma care systems. OEMS/T's responsibilities include the development and review of statewide standards for pre-hospital care services, trauma care systems, and trauma centers; the provision of technical assistance to local agencies developing, implementing, or evaluating components of a trauma care system; the establishment of regulatory policies and procedures; and the approval, designation, and re-designation of trauma centers to ensure compliance with the minimum standards set by the American College of Surgeons' Committee on Trauma and the State EMS Medical Director. The OEMS/T also secures and administers the ongoing funding needed to collect and aggregate Georgia's trauma system data.

In support of this mission and vision, the Georgia Office of Emergency Medical

Services/Trauma has implemented the Digital Innovations Incorporated National Trauma Registry American College of Surgeons (NTRACS) at 15 designated trauma centers in Georgia. This implementation began in 2002 and has enabled the State of Georgia to submit data to the National Trauma Data Bank (NTDB) for two consecutive years (2003 and 2004). Data for 2005 was aggregated and processed in May and June 2006.

The Georgia Trauma Registry needs to "scale up" so that all acute care health facilities that receive injured patients that meet trauma criteria can participate in an optimal system of patient care and provide data. Funding is needed to accomplish this objective.

The years 2006 through 2010 represent a major window of opportunity for the development and utilization of EMS and Trauma data to drive system-wide improvements in State traffic safety systems. For Georgia, the *GEMSIS* plan was the start of that statewide journey – the overall goal is improved public health, prevention, pre-hospital care, and increasing control over shaping the future of EMS in Georgia.

Expanding the trauma data collection system in Georgia offers a tremendous opportunity for protecting the health of every Georgia resident and visitor in our State. Trauma is the number one killer of Americans between the ages of one and 44, and the number three cause of death across all age groups. Trauma survivors, regardless of age, often face intensive rehabilitation, lifelong disabilities, and increasingly expensive long-term care.

Implementation Responsibility

The Department of Human Resources, Division of Public Health Office of Emergency Medical Services/Trauma will retain the overall administration of the *GEMSIS* implementation process and the statewide stakeholders group will provide oversight of the project.

OEMS/T will also retain coordination of the funding for the strategic plan implementation that has been awarded by the Health and Human Services Administration, Maternal Child Health-Emergency Medical Services for Children Program which is now Assistant Secretary of Preparedness and Response (ASPR).

Cost/Benefit is Essential

Within Georgia State government, pressures to reduce or eliminate costs are real and require the utmost in careful planning; cost/benefit is an essential consideration. New or innovative ways of providing EMS related governmental services or overcoming organizational limitations must be continuously examined. Greater efficiency, the evolution of services and an expanded role in education and research along with the introduction of better technology to drive the elimination of cost should be seen as the necessary investments for taking a more strategic view of the programs and services the OEMS/T provides to State citizens. These considerations are the heart of the GEMSIS strategic goals. Accurate and timely EMS/EMSC information – especially when linked with other public health data sources will be of substantial benefit to the State of Georgia.

Timetable & Risks

GEMSIS is an ambitious plan with clear priorities for infrastructure improvement. Some elements of the GEMSIS plan will become tangible in 2004. This includes the publication of baseline data, the ability to share information over the State of Georgia “backbone” computer network and a foundation for web-based information dissemination. The provisions for web-based content, information, applications, and other services will become increasingly visible over a several year time frame. Most elements of

the GEMSIS plan can be completed within a three-year period.¹ Continuity of senior management support, organizational stability, funding, and the ability of resources to provide focused attention are all identified potential risk factors potentially limiting the implementation of the GEMSIS plan.

Greater Accuracy with Reduced Costs

A movement away from paper-based data collection methods is needed. It is believed that web-based and other electronic data collection methods will provide greater accuracy and operational efficiency. When employees or the public are able to access services or resolve relatively simple and common problems on their own, using only a standard web browser, a governmental agency can expect to reduce or eliminate transaction costs. The elimination of postage alone often offers an acceptable ROI (return on investment).

By implementing web-based self-service oriented solutions, the OEMS/T can free their limited technical and subject matter resources to focus on higher-value, more strategic issues. With web self-service supported through a portal, Regional EMS personnel can obtain this information from virtually any location in the State—including a provider's place of business. Rural providers could enter PCR data or transmit aggregated PCR data files. Certain types of information and reports could be made available for general distribution.

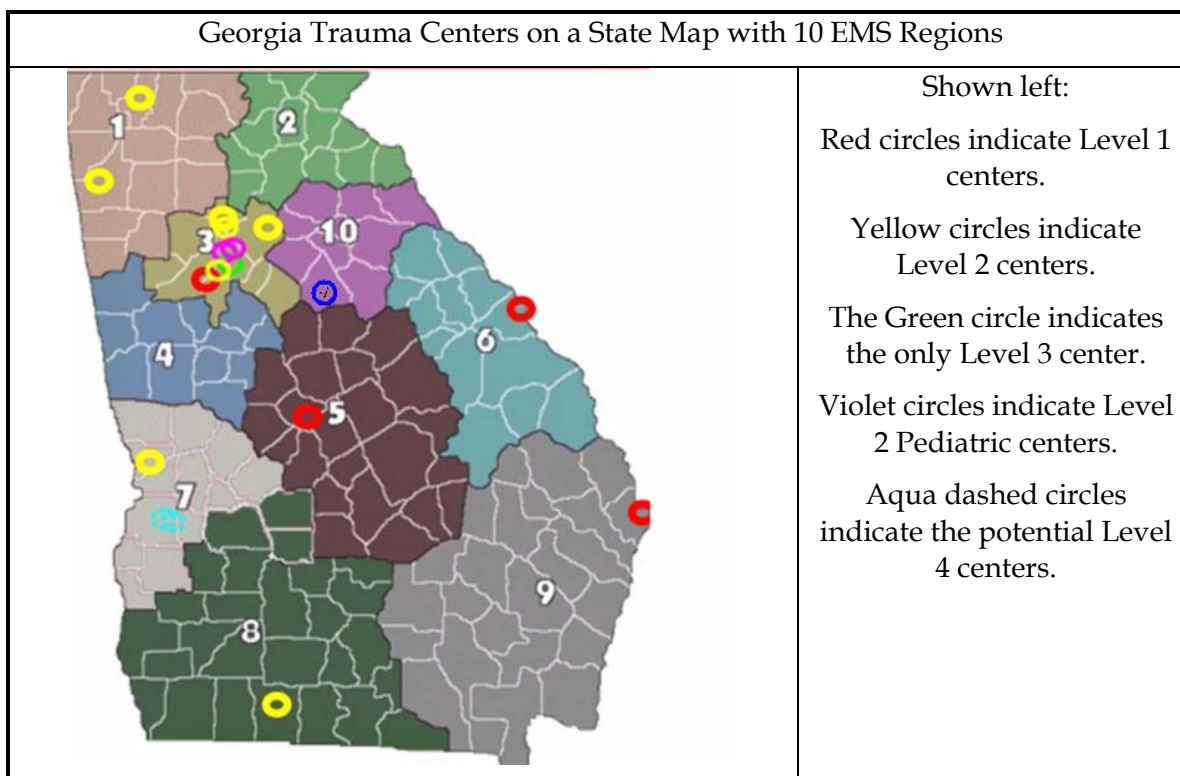
Future Opportunities

The OEMS/T believes that there are five interrelated opportunities for improvement:

¹ Note a separate MS Project document containing the GEMSIS Implementation Timetable sets forth the specific timeframes and the milestone guideposts for attaining GEMSIS objectives.

Georgia's SHSP Every Life Counts – Strive for Zero Deaths and Injuries on Georgia Roads.

1. Continued system development of the State trauma system.
2. Expansion of the systematic trauma system data linkages to provide objective information.
3. Implementation of the NEMSIS (National EMS Information System).
4. Systematic study, analysis, characterization, and improvement of EMS system responses based upon regional needs.
5. Systematic development and analysis of trauma system outcome data.



Future Opportunity 1: Continued systematic development of the State trauma system.

According to the Georgia Hospital Association, there were 152 acute care hospitals in Georgia in 2002. As shown on the table above, there were only 14 designated trauma centers in Georgia in 2004. There are currently 15 designated trauma centers ranging in Level I, II and Level IV. (See APPENDIX III – Georgia Trauma Center List/Map.) Many additional trauma centers are

needed to insure optimal health care for all seriously injured patients.

A truly "inclusive" trauma system for Georgia would involve all acute care hospitals in some manner. Informed discussions among trauma system stakeholders have suggested that Georgia should have approximately 30 designated trauma centers in strategic locations in order to address Georgia's trauma care and emergency preparedness needs.

Georgia's total of fifteen designated trauma centers is impressive to be sure, but still alarmingly inadequate for a State the size of Georgia. Of the roughly 32,000-40,000 cases of major trauma occurring each year in Georgia – serious and life-threatening car accidents, burn injuries, household and construction accidents, etc. Only about 10,000 are treated in designated trauma centers.

Data from the Georgia Hospital Association indicates that approximately two-thirds of Georgia's hospitals are operating "in the red." The economic downturn that followed the attacks of 9/11 accentuated a host of already pressing problems for hospitals.

In Georgia, as in other States, some hospitals have closed, while others have made significant reductions in services. It is not surprising that hospitals find it difficult to make the expensive commitment of becoming, or remaining, a designated trauma center. Nor is it difficult to understand why many physicians choose not to work in trauma centers.

Currently, trauma results in \$250 - 280 million in uncompensated hospital care annually in our State. This uncompensated care is being provided by a healthcare system that is fiscally very fragile, perhaps even in danger of outright collapse. When the pre-hospital and physician components of uncompensated care are added, it is estimated that approximately \$250,000,000 of uncompensated trauma care is being contributed by the provider community annually. The cost of "shoring up" our statewide trauma system is high, but the potential yield is worth the expenditure – both in dollars and in productive, meaningful lives saved. In fact, improving our

trauma care network is one tried-and-true tactic for improving both fiscal and public health. Consider: In some States, well-designed, integrated statewide trauma systems have shown as much as a 500% return on investment.

Future Opportunity 2: Expansion of the systematic trauma system data linkages to provide objective information.

The OEMS/T seeks to more effectively link EMS pre-hospital care reports (PCR's) to trauma data. Information regarding the pre-hospital care of patients along with trauma registry data can provide important insights into improving patient care. The inclusion of certain information will allow research linkages to be made between the pre-hospital procedures, in-hospital procedures, patient outcomes, prevention, and emergency preparedness. In the future, the Georgia trauma registry will be linked to State crash records, public health syndromic surveillance data, ER admissions, and death records, to enable a more comprehensive understanding of effective public health responses. Data linkage has another important advantage--costs are greatly reduced by limiting the amount of redundant data entry that is associated with EMS and trauma registry data abstraction and analysis.

Each trauma center uses this data to monitor outcomes and constantly improve the quality of care being delivered to trauma patients. March of 2004, marked the first year of aggregate trauma registry data ever compiled by the State. Formal publication of this data was released in 2004, with a second publication due in the summer of 2006. This work should continue and the data

should be tied to NEMSIS (National EMS Information System), CODES (Crash Outcomes), and other data sets to provide objective measures for the identification of specific EMS, public health, prevention, and enforcement opportunities for response.

While the existing trauma systems goals encompass such things as improving the collection, analysis and publication of statewide trauma data, personnel resources are needed to provide the linkage of EMS data with other highway safety and public health data sources. Appropriately summarized EMS and trauma system data can be an important adjunct in the characterization and accomplishment of State traffic safety improvements.

Future Opportunity 3: Adoption and implementation of the NEMSIS (National EMS Information System) Data Standard.

The Georgia Office of Emergency Medical Services/Trauma is currently in the process of implementing the National EMS Information System data standard. This data standard will enable the collection, analysis and utilization of EMS data. Greater consistency, completeness, accuracy, accessibility, and data integration are needed in order to promote optimization of traffic safety information. While the existing *GEMSIS* systems goals encompass such things as the collection, analysis and publication of Statewide EMS/EMSC baseline data, the linkage of EMS data with other public health data sources, using data to drive CQI (Continuous Quality Improvement), EMS/EMSC research, the uniform administration of EMS rules and regulations, and support traffic safety traffic needs are incomplete.

Future Opportunity 4:

Characterization, study, and improvement of EMS system response times

As trauma care specialists recognize, the “injury clock” begins ticking the moment a traumatic event occurs – whether that event is a car crash, a household fall, a gunshot wound, or a construction accident. Response to most traumatic events is usually by emergency medical technicians or first responders. Depending on where the incident occurs in the State, this response may take anywhere from 3 to 45 minutes. An additional 10-60 minutes may elapse before the patient reaches a medical facility – and this destination may not necessarily be the appropriate facility. Contrary to public opinion, not every hospital with an emergency room is capable of rendering optimal care to a seriously injured patient.

Future Opportunity 5: Systematic development and analysis of EMS and trauma system outcome data.

At the current time the systematic study of EMS response and trauma system outcome data is limited. Standardization on the NTRAC system and participation in the NTDB represent major milestones for Georgia. However, there is much work remaining to be accomplished. The trauma data that has been collected to date is largely descriptive as oppose to analytical. If improvements and expansions could be made to Georgia's system of trauma data collection, Georgia would begin to possess an ability to identify risk factors, foster interventions to prevent injuries, improve the capabilities of EMS to respond in a timely and relevant fashion, and understand how the

integrated delivery of optimal resources could benefit patient outcomes.

Greater timeliness, consistency, completeness, accuracy, accessibility, and data integration are needed not only to optimize trauma care but also to support meaningful linkages with other data sets to improve traffic safety

information. The data collected to date is primarily descriptive. The data needs to be expanded and linked to other data sets in order to make them more meaningful. An agenda for strategic research needs to be developed which can provide improvements to trauma system data utilization.

Traffic/Crash Records Data Analysis

Problem ID

Georgia's crash report database is statutorily assigned to the GDOT. The system consists of: paper creation in the law enforcement field, submission to the GDOT, microfilm storage and labeled identification, and manual data entry. Companion traffic records systems are maintained within the; DDS/driver's, DOR/vehicle, DHR/medical/CODES, and Administrative Office of the Courts (AOC)/citations.

The combined data systems automation and linkages is addressed in Georgia's efforts documented in the "Strategic Plan for Traffic Records Improvement" included within the "State Traffic Safety Information System Improvement Grant." The plan identified over \$7 million of needed system improvements. Georgia received \$1,067,897 in 2006-2007 NHTSA Section 408 grant funds and has received \$730,530 for the 2007-2008 grant year. The traffic/crash records system is using these funds to launch the strategies spelled out in the plan.

Current Strategies

- Implement the "Strategic Plan for Traffic Records Improvement" included within the "State Traffic Safety Information System Improvement Grant."
- Georgia Traffic Records Coordinating Committee continues to develop synchronization and cooperation among various governmental and law enforcement entities.
- A full time Georgia Traffic Records Coordinator is providing guidance and leadership in the implementation of the Traffic Records Coordinating Committee Strategic Plan.
- Promote and support research initiatives related to highway safety in Georgia.
- Support the Crash Outcome Data Evaluation System (CODES).

Future Opportunities

- Implement the TRCC Strategic Plan.
- Develop and implement linkages among the traffic records systems that provide the capacity to analyze crash data and identify crash prevention strategies.

Traffic Incident Management

The Traffic Incident Management Enhancement Task Force Team was lead by Daniel L. Fodera, Federal Highway Administration through June 2007. Beginning July 2007, Lokesh Hebanni with FHWA, Georgia Division is the lead representative of the TIME Task Force representative to the SHSP.

The TIME task force continues to work to improve the safety of motorist and emergency responders while reducing congestion caused by traffic incidents. A major ongoing initiative includes the Towing and Recovery Incentive Program (TRIP). On February 20, the Metro Atlanta Traffic Incident Management Enhancement (TIME) Task Force hosted a TRIP Kickoff meeting to provide a forum for stakeholders to learn more about the program and how it may affect their operating procedures. quickly in Metro Atlanta. Attendees included first responders, government agencies, and industry representatives from towing and recovery, motor trucking, HAZMAT clean-up, and insurance. The project boundaries include the I-285 perimeter around Atlanta, all freeways inside the perimeter, the GA-400 freeway, all interchange ramps, and selected high congestion sections outside the perimeter on I-85, I-75, and I-20. The TRIP will help improve safety by reducing the opportunity for secondary crashes; reduce the exposure of emergency responders, and reducing the duration of congestion caused by major traffic incidents. TRIP recommends that, in the event of a highway collision involving a tractor-trailer, only pre-qualified heavy-duty recovery companies would be called to

the scene to clear the roadway. This pre-qualification requirement will ensure that collisions are cleared expediently because the tow companies would have specially trained personnel and the correct recovery equipment. Another recommendation is to provide monetary compensation as further incentive for clearing commercial vehicle wrecks

TIME Task force goals for 2007 include developing traffic control training for police, fire, and towing responders; establishing three new local traffic incident management teams in metro Atlanta; revising the Atlanta Regional Commission's Incident Management Handbook to be used for TIM Training Activities; increase first responder attendance at the 2007 annual meeting; increase Fire Department participation in TIME; increase participation by upper management and council members at quarterly meetings; and finalize the press-kit for recruitment purposes.

The TIME Task Force has adopted National Traffic Incident Management Coalition key measures for traffic incident management: Roadway Clearance Time and Incident Clearance Time.

“Roadway Clearance Time - All Lanes Open” is the primary performance measure for traffic incident management in Georgia. Roadway clearance time is the “time, in minutes, between first the recordable awareness (detection/notification/verification) of an incident by a responsible agency and first confirmation that all lanes are available for traffic flow”.

“Roadway Clearance Time - All Lanes Open” tells us how well we are achieving the primary goal of incident management. Simply put, it tells us how long it’s taking to get the roads open again.

“Incident Clearance – Last Responder Clear” is the “time, in minutes, between first recordable awareness and time at which the last responder has left the incident scene.”

The “Incident Clearance – Last Responder Clear” measure is important because even though all lanes are open, traffic will not recover to free flow while responders are on the scene. It tells us how long we are taking to get all our initial on-scene work done.

Knowing and working to move this number can help us make systematic improvements. It helps keep in mind that every minute on scene is hazardous for emergency responders and can help drive responder safety improvements by reducing exposure. An example might be the responder who completes a report in an emergency vehicle on scene after all lanes are open. Is it critical that that work be done on scene or could it be done somewhere else more safely and allow the traffic flow to begin full recovery? Changing processes to affect the “Incident Clearance – Last Responder Clear” performance measure can help get traffic back to free flow more quickly.

Other important measures to consider –

Incident response time is the time between the first recordable awareness of an incident and the first arrival by a responder on scene.

Secondary Incident – a true/false assessment that an incident occurred as

a result of, within the footprint, or within the queue of an existing incident.

Number of Incidents – a simple count of the number of individual traffic incidents

Incident Levels - Traffic incidents are divided into classes of severity. (Note: The TIME Task Force endorses the Georgia DOT NaviGator classification system in use since 1996. These levels differ slightly from the system described in the 2003 MUTCD.) The incident levels are:

Level 1 - No injuries, no lanes blocked.

Example: A disabled vehicle on shoulder, minor fender benders.

Description: An incident involving a minor motor vehicle accident with no personal injury, or a disabled vehicle on the shoulder.

Level 2 - Minor injuries and/or one lane blocked. Example: a stall in center lane, rear-end collision with minor injuries.

Description: Any incident involving personal injury. Non-injury incidents requiring a brief single lane closure (e.g. 30 minutes to an hour) with some traffic control. Traffic is light, and the incident is expected to be cleared before there will be a heavy traffic demand on the roadway.

Level 3 - Serious injuries or 2 or more lanes blocked. Example: A multi-vehicle accident, overturned truck (no-hazmat).

Description: An incident requiring a closure of two or more lanes for extended periods of time (e.g. greater than one hour). There is a sufficient volume of traffic and some congestion has already occurred. Suggest use of alternate routes to avoid congested area.

Level 4 - Multiple agencies needed, hazmat spill, threat to life and property extends beyond immediate scene of

incident, or all lanes blocked. Example: An overturned fuel truck, fallen power line on roadway. Description: All lanes closed for any period of time. There is a sufficient volume of traffic and some congestion has already occurred. Use of alternate routes to avoid congested area is strongly recommended. Multiple response agencies required.

In Metro Atlanta in 2002, the baseline year, response time for tractor-trailer incidents was 17 minutes and for automobiles 10 minutes. The roadway clearance time for a typical tractor-trailer incident was more than twice (82 minutes) the 40 minute duration of an automobile incident. The difference in time is influenced by a number of factors, including degree of seriousness, HAZMAT concerns, number of lanes affected, and availability of equipment necessary to accommodate tractor-trailer size and weight. The target is to reduce roadway clearance time to 60 minutes for incidents involving tractor-trailers and 30 minutes for automobiles.

By applying the comprehensive "4 E's" to each of the existing highway safety plan strategies, Georgia's SHSP identifies new initiatives and opportunities supported by the latest data analysis. However, the individual plans lack the "systematic" principle to be all inclusive of the "4 E's," usually identifying only one or a part of another "E." The new SHSP systematic approach applies the question: "How does each plan incorporate the "4 E's" and address all of the guiding principles?" Quite often, the "4 E's" do not exist uniformly and consistently in the highway safety plans. An "E" may be engaged only on an as needed basis to address a specific issue. For example, the Georgia commercial vehicle

enforcement unit conducts aggressive high crash corridor enforcement efforts. When it was discovered that the highest incident of injury and fatal crashes involved a newly engineered highway city bypass, the unit engaged the state transportation engineering "E" to address intersection signaling, signage and the complete assessment to improve the safety characteristics of the specific location.

A goal of the SHSP is to evaluate data prior to increased incidents of crashes. Once the systematic "4 E's" assessments are applied to all high crash corridors, proactive measures can prevent future crashes, injuries and fatalities.

Three Key Emphasis Areas were selected for their vital input into Georgia's SHSP. The Trauma System/Increasing EMS Capabilities, Traffic/Crash Records and Data Analysis, and the Traffic Incident Management are existing highway safety programs. The Trauma/EMS effort actually represents one of the "4 E's." The Georgia Traffic/Crash Records Data Analysis effort is progressing through the implementation of Georgia's "Strategic Plan for Traffic Records Improvement." The Traffic Incident Management Enhancement program already provides traffic congestion mitigation in metro Atlanta. The program can be developed for other jurisdictions as well.

An additional task team remains separate from the KEA's. A Legislative Task Team will be activated in anticipation of needed statutory changes to implement highway safety initiatives and strategies. Legislative tasks will be listed within the LEGISLATIVE TASK TEAM roster of needed initiatives.

Legislative issues will be considered by the Safety Program Leadership. The SPL will further develop legislative issues in cooperation with the Governor. The appropriate legislative action will be further developed through respective

state agency initiatives. Agency members will be selected to provide a legislative action plan and monitor all progress toward achieving the legislative initiatives.

Implementation of the SHSP

The next steps are outlined within the implementation process. Georgia continues to progress with the SHSP process as approved by the Federal Highway Administration. Implementation progresses toward developing and implementing detailed Task Team action plans, and evaluate the performance. Performance evaluation includes calculating the emphasis area strategies' contributions to reducing fatal crashes. During the next year's implementation, Task Teams will implement action plans based upon the Safety Program Leadership direction to identify the necessary resources. Securing the necessary resources and implementing the detailed action plans will greatly contribute to driving down highway fatalities.

an emphasis on enforcement as related to the SHSP strategies, work zone safety, roadway safety, traffic records, occupant protection, impaired driving, increasing safety belt use, reduce crashes among young drivers, crash and analysis map development, speed zone and management guidelines development, local traffic engineering safety analysis pilot program, older and medically impaired driver safety education materials.

Georgia's three year SHSP planning process first seeks to save lives by leveraging existing resources. Effective new highway safety strategies will determine the best direction by which the Safety Program Leadership can identify those existing resources or seek new funding sources to implement new lifesaving strategies.

Proposed Funding

Existing highway safety strategies depend on continued funding. As of August 2007, four states have certified meeting safety infrastructure needs. The four states are Alabama, Colorado, Nebraska, and Wisconsin. The certification allows the states to "flex" 10% eligible highway safety funds into non-traditional safety programs. The four states flexed funding to support education, EMS, and enforcement with

Evaluation

Georgia's SHSP will be evaluated annually through both process and impact evaluations. The SHSP direction is to identify the methodology for doing impact evaluations. Impact evaluation methodologies may vary from one emphasis area to another. Identifying and adopting specific methodologies would require additional

resources. During the next year's SHSP planning, a formal evaluation plan will consider the:

- Areas to evaluate, the
- Methods to employ, the
- Measures to use, the
- Plan for analysis, and
- Future action to address the results

The performance measure will be the reduction in the number of fatal and serious injuries as well as reaching the 2010 statewide fatality rate of 1.0 fatality per 100 million vehicle miles traveled.

Additionally, the process issues to be monitored and measured include the:

- Increase in safety belt use in all vehicle types and vehicle positions.
- Increase in the number of sobriety checkpoints.
- Increase in the number of law enforcement officers and/or agencies participating in enhanced enforcement efforts.
- Increase of enforcement of high-risk driving behaviors.
- Decrease in the amount of time it takes to make and process a DUI

arrest and complete the required paperwork.

- Improvement in the DUI conviction rate.
- Implementation of new motorcycle safety program availability.
- Decrease in the number of fatalities and serious injuries to individuals under the age of 21.
- Congestion delay and rear-end crash improvement.
- Changes in law enforcement agencies traffic enforcement.
- The evaluation will determine the effectiveness of existing countermeasures and allow refinement of the SHSP to address program gaps and deficiencies.
- Other measures to be included in

Conclusions

Georgia's highway safety goals are more clearly defined. Measurable lifesaving strategies contribute to specific highway safety areas to achieve the desired, lifesaving outcomes. Georgia's 2006 highway fatality decrease sets the direction to save over 500 lives a year by 2010.

Appendix I: Safety Program Leadership (*new member 2007)

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Federal Motor Carrier Safety Administration
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Appendix II: Task Team Leaders 2007

Occupant Protection Safety Belts/Air Bags	Linda Bradford Amy Edwards	lbradfor@gohs.ga.gov aedwards@gohs.ga.gov
Serious Crash Type	Vernon Ryle Yancy Bachmann	vryle@co.bibb.ga.us yancy.bachmann@dot.state.ga.us
Intersections	Dana Robbins	dana.robbins@dot.gov
Keeping Vehicles on the Road-lane departure	Ken Smith	myonname@netzero.net
Head-on/Cross Median Crashes		
Minimizing Consequences of Leaving Road		
Work Zones	Don Wishon	don.wishon@dot.state.ga.us
Aggressive Driver/Super Speeder	Lt. Harry McCann Loraine Piro	harrym@conyersga.com lpiro@dds.ga.gov
Impaired Driver	Randy Clayton Scarlett Woods	rclayton@gohs.ga.gov swoods@gohs.ga.gov
Address Age Related Issues		
Graduated Driver's Licensing Younger Adult Drivers	Andrew Turnage Bob Wilson Brook Nash	turnage@uga.edu wilsonr@nsc.org absnoddy@gohs.ga.gov
Older Drivers	Henrietta Kuoh	hrkuoh@dhr.state.ga.us
Non-motorized User		
Pedestrians/Bicyclists	Amy Goodwin Barbara Jones	amy.goodwin@dot.state.ga.us bjones@gohs.ga.gov
Vehicle Type		
Heavy Trucks Motorcycles	Capt. Bruce Bugg Chad Burns Frederick Huff	obbugg@gsp.net cburns@dds.ga.gov fhuff@gohs.ga.gov
Trauma System/Increasing EMS Capabilities	Marty Billings Renee Morgan	wmbillings@dhr.state.ga.us rwmorgan@dhr.state.ga.us
Traffic/Crash Records and Data Analysis	Mike Smith	msmith@gohs.ga.gov
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Risk, Analysis and Evaluation (Data Team)	Norm Cressman	norm.cressman@dot.state.ga.us

Appendix III: Georgia Trauma Centers List/Map

GEORGIA TRAUMA CENTERS

<u>FACILITY</u>	<u>CITY</u>	<u>COUNTY</u>	<u>NUMBER</u>
<u>LEVEL I</u>			
Medical Center of Central Ga. Inc. *	Macon	BIBB	478-633-1584
Memorial Health Univ. Medical Center *	Savannah	CHATHAM	912-350-8861
Medical College of Georgia *	Augusta	RICHMOND	706-721-3153
Grady Memorial Hospital *	Atlanta	FULTON	404-616-6200

LEVEL II

Floyd Medical Center	Rome	FLOYD	706-509-5000
North Fulton Regional Hospital	Roswell	FULTON	770-751-2559
Medical Center-Columbus	Columbus	MUSCOGEE	706-571-1081
Atlanta Medical Center	Atlanta	FULTON	404-265-6577
Hamilton Medical Center	Dalton	WHITFIELD	706-272-6150
Gwinnett Medical Center	Lawrenceville	GWINNETT	678-442-4321
John D. Archbold Memorial Hospital	Thomasville	THOMAS	229-228-2834

LEVEL III

None

LEVEL IV

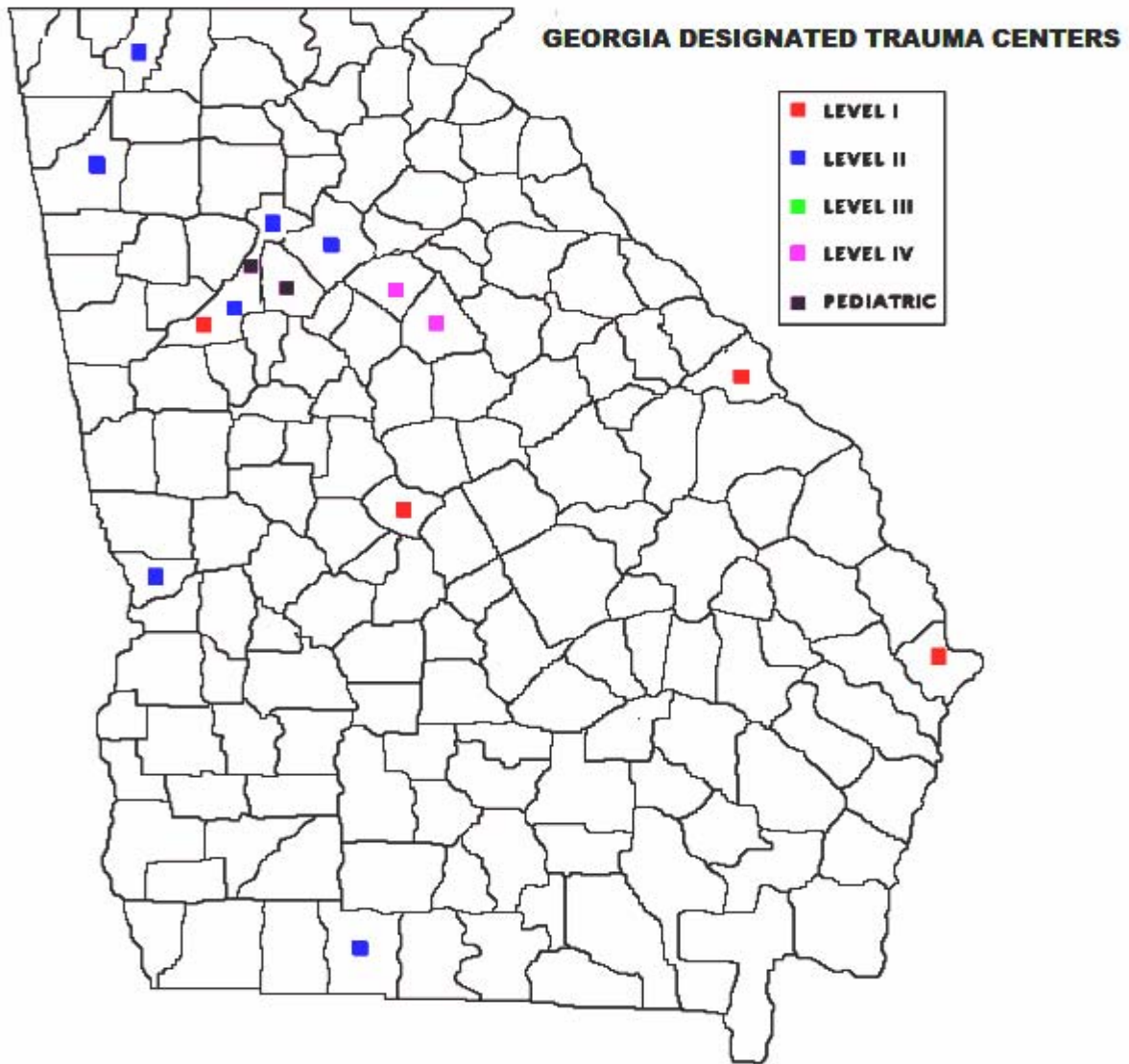
Morgan Memorial Hospital	Madison	MORGAN	706-342-1667
Walton Regional Medical Center	Monroe	WALTON	770-267-1781

Pediatric Trauma Centers (Designated Under Level II Criteria)

Childrens Healthcare of Atlanta@ Egleston	Atlanta	DEKALB	404-325-6400
Childrens Healthcare of Atlanta @ Scottish Rite	Atlanta	FULTON	404-250-2273

* Designated Adult Level 1 Trauma Centers with Pediatric Commitment

Georgia Department of Human Resources ▪ Division Of Public Health ▪ Office of Preparedness/Trauma ▪ 40 Pryor Street, 4th Floor ▪ Atlanta, GA 30303 ▪ 404-463-5395
(Revised 07/01/07)



*** All Level 1 Trauma Centers have Pediatric Commitment**

■ No Level III centers

revised 07/01/07