

State of Rhode Island
Highway Safety Plan
Federal Fiscal Year
2006

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EXECUTIVE SUMMARY

The Office on Highway Safety (OHS) is a division of the Rhode Island Department of Transportation (RIDOT). In cooperation with federal, state, and local partners, OHS works to improve safety on Rhode Island's roadways. In particular, OHS aims to reduce the number of crashes and the severity of their consequences.

In working toward that end, OHS has primary responsibility for developing and implementing highway safety projects currently funded under the Transportation Equity Act for the 21st Century (TEA-21). This Highway Safety Plan (HSP) serves as an application for funds in Federal Fiscal Year 2006 (FFY 06) that will be provided through the latest reauthorization of TEA-21, nicknamed SAFETEA-LU ("Safe, Accountable, Flexible, Efficient Transportation Equity Act – Legacy for Users" – H.R. 3, enacted August 10, 2005).

This Plan has four parts:

1. Performance Plan – An overview of highway safety in Rhode Island, relevant background conditions and problem areas as well as OHS procedures for identifying and addressing them.
2. Highway Safety Plan – A set of specific partners, goals, objectives (with performance measures), and strategies for each of six problem areas as well as overall planning and administration.
3. Certification Statement – Certification and assurance of State compliance with all Federal statutes, regulations, and directives that are applicable and in effect for the grant period.
4. Program Cost Summary – Budget summary.

Threats to safety on Rhode Island's roadways resemble those of the nation as a whole. Despite concerted efforts, motorists, passengers, cyclists, and pedestrians continue to suffer fatalities and injuries. Many people on U.S. roads fail to use basic precautions, even when mandated by law. They fail to wear proper protection like auto seatbelts or motorcycle helmets; they drive drunk, too fast, or recklessly. These sorts of tragedies hold promise for safety programming because they are avoidable.

By standard measures, motoring is safer in Rhode Island than in the nation as a whole. The fatality rate is lower, relative to both population and vehicle miles traveled (VMT). During the most recent calendar year for which data is available, 2004, the state's record improved even further. Its proportionate reduction in fatalities was among the largest in the nation. But recent trends remain alarming. In particular, over the past five years the relative superiority of Rhode Island's record has declined, both because the national record is in some respects improving and because the state's record – especially in regard to injuries and deaths among young drivers and motorcyclists – has worsened. And the incidence of drunk and reckless driving plays a distressingly predictable role in suffering on Rhode Island's roads. Plainly, more must be done to improve highway safety in the State.

In identifying program priorities, however, a number of distinctive features of the State warrant consideration. For example, both the population and geography of Rhode Island are small. Residents and roads are densely concentrated in and around the capital city. Hence, a very small number of incidents in a small area can have a great effect on rates

and averages for the state as a whole. A few, otherwise isolated incidents, can be mistaken for wholesale change.

Likewise, Rhode Island laws and enforcement practices set unique conditions. For example, some laws (e.g., graduated driver's licensing) provide an opportunity to instill safe driving habits among young drivers. Other practices or institutions (e.g., obstacles to primary enforcement of the seatbelt law, constitutional disallowance of checkpoints for impaired drivers/operators, and associated problems with record keeping at crash sites) inhibit progress. In order to identify problem areas and set program priorities that best meet the needs of the state, detailed data collection and analysis are required.

For Federal Fiscal Year 2006 (FFY 06), OHS has identified seven problem areas to receive priority in highway safety programming:

PROBLEM AREAS

1. **Impaired Driving** – The incidence of driving under the influence (DUI) and driving while intoxicated (DWI).
2. **Occupant Protection** – Failure to use seatbelts and appropriate child restraints.
3. **Speed** – Speed and related recklessness as a contributor to deaths and serious injuries on the road.
4. **Young Drivers** – The over-representation of young drivers among those contributing to and suffering in crashes.
5. **Other Road Users** – The safety of motorcyclists, pedestrians, pedalcyclists, and school bus passengers.
6. **Data Collection, Analysis, and Improvement** – The depth, quality, availability, and analysis of data on crashes in Rhode Island.
7. **Planning and Administration** – Planning, development, coordination, monitoring, and evaluation of highway safety projects.

An ambitious set of goals and strategies has been developed for each of these problem areas.

GOALS

- 1. Impaired Driving**
 - Reduce the number of alcohol-related fatalities.
 - Reduce the percentage of fatalities that are alcohol-related.
- 2. Occupant Protection**
 - Increase safety belt use.
 - Provide to decision makers data/education on the benefits of a primary seatbelt law.
- 3. Speed**
 - Reduce the role of speeding in highway deaths.
- 4. Young Drivers**
 - Reduce crash fatalities among young drivers.
- 5. Other Road Users**
 - Address fatalities among motorcyclists and their passengers.
 - Maintain the relatively low number of fatalities among pedestrians.
 - Maintain the low number of fatalities among pedalcyclists.
 - Maintain the low number of fatalities on school buses.
- 6. Data Collection, Analysis, and Improvement**
 - Expand and improve data bases on highway safety.
 - Improve data integration and coordination with highway safety stakeholders.
- 7. Planning and Administration**
 - Administer a fiscally responsible, effective highway safety program that addresses the state's specific safety characteristics.

These goals, in turn, are linked to specific tasks and performance measures, all working toward tangible, measurable outcomes. Among the most important initiatives are obtaining the services of a full-time Law Enforcement Liaison (LEL), a Coordinator for the Traffic Records Coordinating Committee (TRCC), and enhanced data management, analysis, planning, and assessment through the University of Rhode Island Transportation Center (URITC). Existing partnerships and programs will be sustained – e.g., grants for programs in local schools; alcohol, seatbelt, and speed enforcement; Safety Day; Drug Recognition Expert (DRE) training; Standard Field Sobriety Testing (SFST) training; SFST refresher courses; and Hospitality Association Server Training. All such activities are dedicated to reducing injuries and fatalities on Rhode Island's roads.

Although the strategies for addressing these goals are many and diverse, they converge in a three-dimensional approach:

1. Outreach – Working with existing partners and developing new cooperative relations (e.g., with schools, recreation programs, colleges and universities, businesses and media) to advance safety messages and behaviors.
2. Enforcement – Providing resources to supplement the capabilities of state and local police patrols to enforce the use of seatbelts and child restraints and to reduce speeding and drunk driving.
3. Education – Increasing public awareness of the risks of harm and citations for unsafe practices and the benefits to health and welfare in practicing safe use of Rhode Island's roads (e.g., "Click It or Ticket" and "You Drink and Drive. You Lose" campaigns).

Programs are strengthened through the coordination and integration of activities on all three dimensions. For example, media campaigns on seatbelt use and DUI are scheduled to maximize the benefit of outreach activities and enforcement mobilizations. Moreover, each of these programs has data collection and analysis components. OHS is working to assure that every intervention makes the best possible use of available resources and to maintain performance measures for best practices in the future.

INTRODUCTION

The Rhode Island Highway Safety Plan (HSP) for Federal Fiscal Year 2006 (FFY 06) serves as the State's application for federal funds available to states under the Transportation Equity Act for the 21st Century (TEA-21), recently reauthorized with the nickname SAFETEA-LU ("Safe, Accountable, Flexible, Efficient Transportation Equity Act – Legacy for Users" – H.R. 3, enacted August 10, 2005). This plan meets federal requirements for presentation, contents, and format.

Within the State of Rhode Island, the Office on Highway Safety (OHS) of the Rhode Island Department of Transportation is the agency responsible for implementing highway safety projects with these federal funds. As a fundamental component of improving the quality of life in the State, the mission of the Office on Highway Safety consists of two basic goals:

1. To reduce the number of fatalities and serious injuries on Rhode Island's roadways; and
2. To reduce the number of traffic crashes and the severity of their consequences.

The OHS provides the required resources to plan and to carry out activities to fulfill this mission. To ensure effectiveness, relationships are developed and maintained with advocacy groups, citizens, community safety groups, complementary state and federal agencies, and local and state police departments.

The OHS has established and is implementing a comprehensive program to accomplish these safety goals effectively. The following sections outline the process used to identify specific highway safety problem areas, develop countermeasures, and monitor performance. The last section presents the prioritized focus areas including proposed strategies and programming to meet the final objectives.

PERFORMANCE PLAN

Highway Safety Problem Identification Strategy

The OHS emphasizes activities that use available resources most effectively to improve highway safety. Specific goals, strategies, and performance measures are determined by:

1. Using prior experience and highway safety research to identify problem areas;
2. Soliciting project proposals from local and regional organizations that have expertise in areas relevant to highway safety;
3. Consulting the University of Rhode Island Transportation Center (URITC);
4. For each problem area, analyzing trends in serious injuries, fatalities and their context in Rhode Island in light of regional and national trends.

MAJOR SOURCES OF HIGHWAY SAFETY DATA

- Advantage Marketing Information (AMI)
- Crash Outcome Data Evaluation System (CODES)
- Fatality Analysis Reporting System (FARS)
- Institute for Traffic Safety Management and Research (ITSMR)
- National Highway Traffic Safety Administration (NHTSA)
- National Occupant Protection Use Survey (NOPUS)
- Rhode Island Department of Transportation Office on Highway Safety (OHS)
- Rhode Island Division of Motor Vehicles (DMV)
- Rhode Island Economic Development Corporation (EDC)
- Rhode Island State Police (RISP)
- Rhode Island Statewide Planning Program

Results of the first two modes of analysis are discussed in this section. Following sections discuss each targeted area of concern, including associated goals, issues of problem identification and analysis, objectives, and performance measures for planned programs.

A realistic assessment of potential outcomes is important to ensure that the OHS sets reasonable goals and allocates resources effectively. This assessment includes an understanding of demographics, policies, and partnering opportunities and limitations within the State.

Demographic Trends

In assessing program potential, it is important to account for variations in scale. Rhode Island (officially “The State of Rhode Island and Providence Plantations”) is the smallest state in the nation (1,045 square miles, bisected by Narragansett Bay), with just 8 cities and 31 towns. The State contains 6,415 total miles of certified public roadway, including 71 miles of interstate highway (49.8 urban and 21.4 rural). Interstate 95, a major artery, extends just 43.3 miles from the southwestern border with Connecticut to the northernmost border with Massachusetts. In 2004, there were 918,865 registered motor vehicles (including 24,244 motorcycles) and 746,465 licensed drivers in Rhode Island. Since these totals are so small, small changes in absolute numbers are apt to loom proportionately large.

Because crashes are often associated with population, licensed drivers, and vehicle miles traveled (VMT), a brief review of changes in these characteristics in Rhode Island over the past five years and how they compare to national trends is summarized below. This provides a context in which to examine Rhode Island’s highway safety concerns.

Rhode Island remains the second most densely populated state in the nation (1,030 persons per square mile). It has a population of slightly over one million persons. (The U.S. Census estimated 1,050,644 in July, 2000, and 1,080,632 in July, 2004.) The total

continues to grow, but at a slower rate than the nation as a whole (from 1990 to 2000, 4.5 vs. 13.1 percent; 2000-2004, 2.9 percent vs. 3.3 percent).

Nevertheless, with an increase in the number of people, drivers, vehicles, and miles that they travel, one would expect the number of crashes to grow as well. For example, if roadways in 2004 were only as safe as they were for each driver and vehicle in 2000, the number of crashes, fatalities, and injuries would have climbed by 8-15%. Fortunately, by most measures, they did not.

Nearly a quarter of all inhabitants are under 18 years of age; six percent are under the age of five. About 90 percent reside in urban areas. The largest city is Providence, the State capital (population 178,126). Rhode Island has one of the fastest growing Hispanic and Southeast Asian communities in the nation. Since 1980 the Hispanic population has more than doubled; since 1990 it has grown by more than 32 percent. Hispanics, African Americans, Asian Americans and Native Americans now comprise about 18 percent of the State's population (a 20 percent smaller proportion than in the U.S. as a whole). About half of this State minority population resides in the Providence area.

Table 1: Rhode Island Drivers, Vehicles, and Population, 2000-2004

	2000	2001	2002	2003	2004	Change 2000-2004
Licensed Drivers*	654,035	660,435		686,491	746,465	+14.1%
Registered Vehicles**	820,232	841,250	857,398	874,168	918,865	+12.0%
Registered Motorcycles (including Mopeds)	22,512	24,121	23,707	27,685	24,244	+7.7%
Total Population of RI***	1,050,644	1,058,992	1,068,326	1,076,164	1,080,632	+2.9%
Vehicle Miles Traveled (Millions)****	8,359	7,991	8,142	8,365	8,365****	0.0%

*Drivers with active licenses are counted on each July 1. July 2002 counts are unavailable. 2004 counts include all classes.

**Registered vehicle totals are as of December 31 of each year.

***Population figures are U.S. Census estimates for each July 1.

****Since VMTs for 2004 are not yet available and their variation is relatively small from year to year, this report uses the 2003 VMT for 2004 calculations.

Chart 1: Rhode Island Drivers, Vehicles, and Population (K), 2000-2004

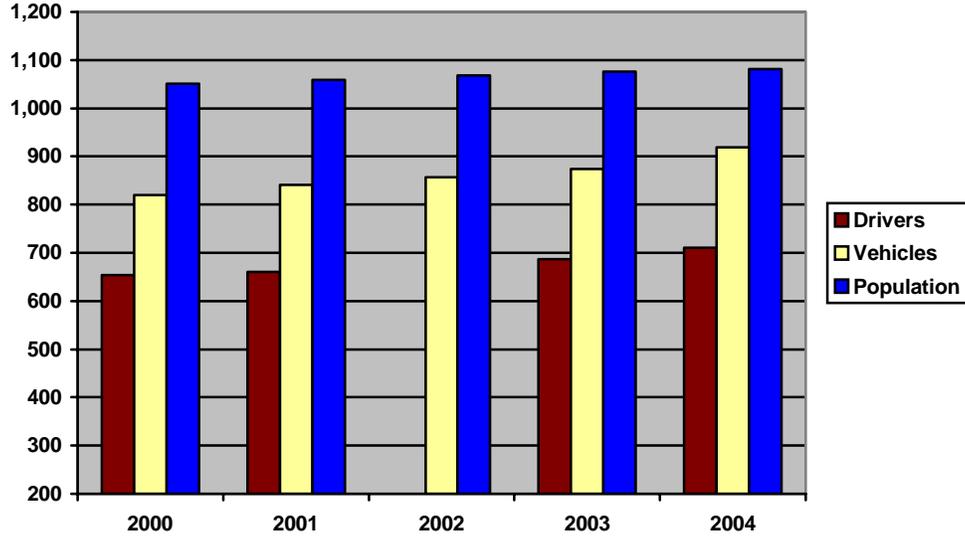
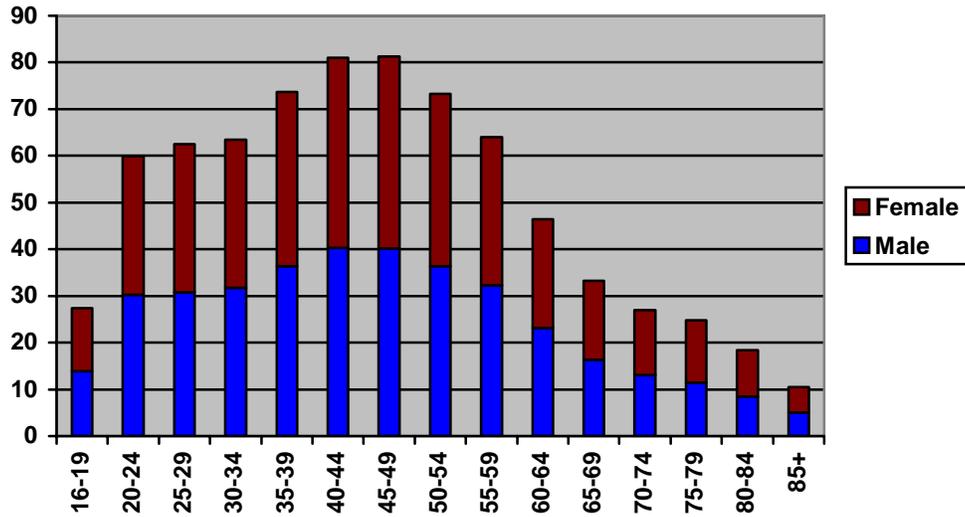


Table 2: Number of Rhode Island Drivers* by Age and Gender in 2004

Age	Male	Female	Total	Change 2003-4
16-19	13,838	13,480	27,318	+6.5%
20-24	30,207	29,730	59,937	+3.8%
25-29	30,732	31,726	62,458	+8.1%
30-34	31,716	31,794	63,510	-1.3%
35-39	36,392	37,205	73,597	+4.8%
40-44	40,295	40,768	81,063	+8.1%
45-49	40,129	41,091	81,220	+12.4%
50-54	36,388	36,826	73,214	+17.2%
55-59	32,260	31,709	63,969	+20.3%
60-64	23,146	23,256	46,402	+18.8%
65-69	16,372	16,794	33,166	+11.6%
70-74	13,046	13,880	26,926	+0.6%
75-79	11,414	13,364	24,778	-1.9%
80-84	8,454	9,960	18,414	+7.0%
85+	4,996	5,497	10,493	+13.1%
Total	369,385	377,080	746,465	+8.7%

Chart 2: Number (K) of Rhode Island Drivers* by Gender and Age in 2004



*People holding any class of active license.

Rhode Island Policies Related to Safety

Several policies in Rhode Island have a direct impact on specific highway safety initiatives. The two most influential policies are the secondary safety belt law and the *per se* alcohol law.

Since June of 1991, Rhode Island has maintained a secondary safety belt law, meaning that law enforcement officers can only issue a safety belt citation if they first stop a driver for another infraction or if the driver is operating a commercial vehicle. As of July 2005, the law for children under the age of 18 is primary, indicating that an enforcement officer may stop and cite a driver solely because the child is unrestrained. Changes in the adult safety belt law have been regularly proposed but unsuccessful to date. Primary law states routinely have higher usage rates than secondary law states and, when secondary states strengthen their laws to primary enforcement, they often see an increase in usage rates by as much as 10-15 percent.

In July of 2003, Rhode Island enacted a law making it a crime for anyone to operate a motor vehicle with a blood alcohol concentration (BAC) of 0.08 or above. For young drivers, a BAC level above 0.02 results in license suspension until the age of 21.

Convictions for impaired driving are much easier with this law in place, but limits on enforcement and data collection remain. For example:

- Sobriety checkpoints are not currently permitted under Rhode Island Constitutional law.
- A police officer may or may not indicate a suspicion of alcohol involvement in a crash report.
- Regulations to protect the confidentiality of medical data diminish State access to data on the role of alcohol in fatalities and injuries. In particular, BAC is only

regularly released for persons who are killed in a crash. Even in fatal crashes, the BAC for a surviving driver may remain unknown.

- Since refusing a breathalyzer test carries a lower penalty than Driving Under the Influence (DUI), citations for breathalyzer refusal continue to increase.

These conditions limit the available data on alcohol and highway safety in Rhode Island.

Rhode Island requires persons to be at least 21 years old to purchase or possess alcohol. Appropriate identification to establish age and penalties for possessing false licenses are regulated by law. Providing alcohol to minors is also regulated and subject to sanctions. Rhode Island liquor sellers face penalties if they provide alcoholic beverages to minors and bear liability for improperly serving those who are already intoxicated.

Additionally, Rhode Island young drivers are regulated through a graduated licensing law (GDL), which restricts younger drivers from operating at certain times and under certain conditions. Restrictions are reduced as experience and driving time increase. In 2005, Rhode Island added a provision limiting provisional license holders to one passenger (family members excluded).

Older drivers generally face less stringent regulation than young drivers. Rhode Island prohibits discrimination in license issuance based solely on age. Rhode Island does, however, have a medical fitness provision, which allows doctors and other health care personnel to inform the Registry of a medical concern, which then triggers a hearing. License renewals for drivers age 70 or above are also for a shorter term (2 rather than 5 years).

In other categories, Rhode Island law requires pedalcyclists to wear helmets only if they are under 16 years old. Motorcyclists are required to wear helmets only if they are passengers or operators who are first-year novices or under 21 years of age. School bus operators and bus companies are also subject to strict standards and safety inspections.

Partnering

It is anticipated that the following organizations and institutions in Rhode Island will continue to collaborate with OHS in highway safety programming:

- American Automobile Association (AAA)
- Attorney General's DUI Task Force
- Colleges and Universities
- Community Elementary, Middle, and High Schools
- Community Substance Abuse Task Forces
- Federal Highway Administration (FHWA)
- Federal Motor Carrier Safety Administration (FMCSA)
- Mothers Against Drunk Driving (MADD)
- Rhode Island Automobile Dealers Association (RIADA)
- Rhode Island Department of Health (HEALTH)
- Rhode Island Department of Mental Health, Retardation and Hospitals (MHRH)
- Rhode Island Department of Transportation (RIDOT)
- Rhode Island Division of Motor Vehicles (DMV)

- Rhode Island General Assembly
- Rhode Island Governor's Office
- Rhode Island Hospitality Association
- Rhode Island Insurance Industry
- Rhode Island Motorcycle Association (RIMA)
- Rhode Island Municipal Police Academy
- Rhode Island Police Chiefs Association
- Rhode Island Safe Kids Coalition
- State and Local Police Departments
- Students Against Destructive Decisions (SADD)
- University of Rhode Island Transportation Center (URITC)

National Safety Issues and Rhode Island

Through experience and research, areas have been identified as representing highway safety problems of concern to the National Highway Traffic Safety Administration (NHTSA) and the Rhode Island Department of Transportation (RIDOT):

- | PROBLEM AREAS | |
|----------------------|--|
| 1. | Impaired Driving – The incidence of driving under the influence (DUI) and driving while intoxicated (DWI). |
| 2. | Occupant Protection – Failure to use seatbelts and appropriate child passenger safety (CSP) restraints. |
| 3. | Speed – Speed and related recklessness as a contributor to deaths and serious injuries on the road. |
| 4. | Young Drivers – The over-representation of young drivers among those contributing to and suffering in crashes. |
| 5. | Other Road Users – The safety of motorcyclists, pedestrians, pedalcyclists, and school bus passengers. |
| 6. | Data Collection, Analysis, and Improvement – The depth, quality, availability, and analysis of data on crashes in Rhode Island. |
| 7. | Planning and Administration – Planning, development, coordination, monitoring, and evaluation of highway safety projects. |

Comparison of State and national highway safety statistics assist in the identification and prioritization of issues warranting further examination.

Current State of Safety in Rhode Island

In 2004, the safety of Rhode Island's roads improved substantially. During that year, the State benefited from a larger proportionate drop in fatalities than any other state in the U.S. The prior trend was more deadly, both in Rhode Island and the U.S. as a whole.

Even when national traffic injury rates fell (e.g., down 1.2 percent, 2002 to 2003), fatality rates actually rose (up 0.9 percent). They reached their highest level since 1990.

In Rhode Island, however, both the number of fatal crashes and the number of persons killed in those crashes have been declining. From 2003 to 2004, they fell by more than 20 percent (crashes from 96 to 78, down 23.1 percent; fatalities from 104 to 83, down 20.2 percent). Likewise, the number of serious crash injuries declined. The 2004 fatality rates in Rhode Island reached their lowest levels since 2001. Despite steady growth in the State's population, in the number of vehicles and drivers, and in the number of miles they travel, there were actually fewer crashes. Those crashes resulted in fewer injuries and less property damage in 2004 than in any of the prior five years.

During that period, the national fatality rate has remained about 1.50 deaths per 100 million miles traveled (VMT), but Rhode Island's VMT fatality rate has been consistently better, and it increased its lead yet more from 2003 to 2004 (from 1.27 to 1.04 vs. 1.46 for the U.S.) The fatality rate in Rhode Island was also low relative to population (7.68 per 100,000), about half that of the nation as a whole. By such standard summary measures, highway safety in Rhode Island improved greatly between 2003 and 2004. Rhode Island's roads have been and remain among the safest in the United States.

Although the proportion has been declining since 2001, passenger-vehicle drivers continue to suffer the largest share of fatalities. In Rhode Island, a total of 53.0 percent (44 of 83) of the recorded crash fatalities in 2004 were drivers. Vehicle passengers ranked second (25.3 percent). Although the total number of passenger fatalities increased substantially from 2002 to 2003 (from 15 to 22, up 46.7 percent), it leveled off in 2004 (21). Likewise, fatalities remain concentrated among men, especially drivers age 25-44, while younger drivers suffer serious injuries and deaths out of proportion to their share of the population. Excessive speed and alcohol remain the two most frequent contributors to Rhode Island crashes, while failure to use occupant protection – seatbelts and motorcycle helmets, in particular – makes those crashes more deadly.

As in 2003, the largest share of fatal crashes in 2004 occurred on weekends: 19.3 percent on Saturdays and 16.7 percent on Fridays. Sunday's share of fatalities, however, fell from the highest to the lowest (16.7 to 10.2 percent). The largest number of crashes occurred in January, but these were proportionately less dangerous to persons than in other seasons. The months with the largest number of crashes with personal injuries were August and September (865 and 867, respectively). The largest number of fatal crashes occurred in June (10), followed closely by May, July, and October (9 each). Fatal crashes remain more likely after dark (59.0 percent), with 37.2 percent concentrated in the six hours between 10:00 PM and 3:59 AM. The vast majority of all crashes occurred on a straightaway with no adverse weather. The safest hours coincided with the morning rush, 7:00 to 9:59 AM (2.6 percent).

Data from 2004 indicate the importance of the city of Providence for highway safety programs. The city was home to about 16 percent of the population, but it was also home to an even larger share (more than 20 percent) of the crashes and resulting harm to persons and property. The largest number of injuries (3,028), fatalities (15), and fatal or serious-injury crashes (1,974) occurred there. No other city rivaled such totals. In this regard, the cities of Cranston and Warwick improved their position substantially. From 2003 to 2004, their share of fatalities fell from 11.5 to 5.1 percent and from 9.4 to 7.7 percent respectively.

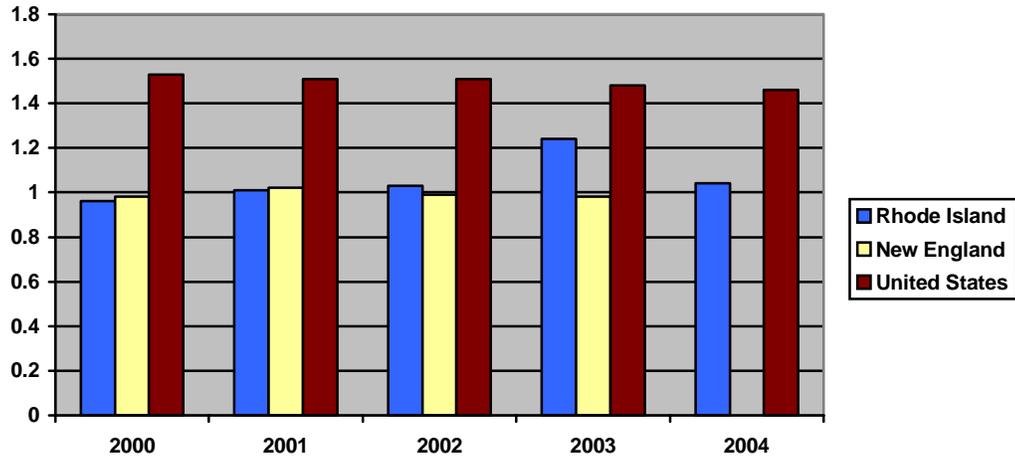
Table 3: Traffic Safety Trends in Rhode Island, 2000-2004

	2000	2001	2002	2003	2004
Crashes					
Total Crashes	42,293	51,931	49,442	49,324	45,267
Vehicles in Crashes	71,750	90,712	88,299	87,034	79,682
Motorcycles in Crashes	333	449	443	412	450
Pedestrian Accidents	547	679	626	596	524
Property Damage Crashes	32,083	41,488	39,403	39,126	35,783
Fatalities and Serious Injuries*					
Combined Count	1,842	1,931	1,929	1,991	1,683
Fatality and Serious Injury* Rates					
<i>Per 100 Thousand Population</i>					
Total Fatalities and Serious Injuries*	175.32	182.34	180.56	185.01	155.74
Serious Injuries*	167.71	174.69	172.70	175.34	122.28
Rhode Island Fatalities	7.61	7.65	7.86	9.66	7.68
U.S. Fatalities	15.30	14.86	14.79	14.66	14.50
<i>Per 100 Million Vehicle Miles Traveled (VMT)</i>					
Total Fatalities and Serious Injuries	22.04	24.16	23.69	23.80	20.12**
Serious Injuries*	21.08	23.15	22.66	22.56	19.13**
Rhode Island Fatalities	0.96	1.01	1.03	1.24	1.04**
U.S. Fatalities	1.55	1.53	1.51	1.48	1.46
Crash Fatalities					
Total Fatalities	80	81	84	104	83
Total Number of Fatal Crashes	73	78	81	96	78
Crash Injuries					
Personal Injury Crashes	10,102	10,340	10,039	10,102	9,406
Persons Injured in Crashes	14,695	14,832	14,492	14,515	13,272
Total Number of Serious Injuries*	1,762	1,850	1,845	1,887	1,600
Crash Conditions					
Month of Most Fatal Crashes	April	June	July/August	March	June
Day of Most Crashes	Saturday	Sunday	Saturday	Sunday	Saturday
Time of Most Crashes	1-4PM	1-4PM	1-4AM	10PM-1AM	10PM-4AM
Age of Driver With Most Fatal Crashes	35-44	25-34	35-44	15-19	35-44
Breathalyzer Refusals	1,695	1,633	1,768	2,038	2,444
DUI Arrests	1,758	1,951	2,007	2,026	2,334

***"Serious Injuries" here as elsewhere in the HSP are defined as "Bleeding / Broken Bones," excluding "Bruises and Abrasions" and "No Visible Injury/Complaint." Note that serious injury criteria were insufficiently standardized and digitized before 2000 to merit consideration in OHS program planning. Note, too, that totals were filtered to include only those that occurred on public roadways (excluding parking lots or private property).

**Calculated using VMT for 2003. VMT in 2004 was not available when preparing the FFY 06 HSP.

Chart 3: Rhode Island, New England, and U.S. Fatalities Per 100 Million VMT, 2000-2004*



*New England data are unavailable for 2004.

Chart 4: Rhode Island Traffic Deaths, 200-2004

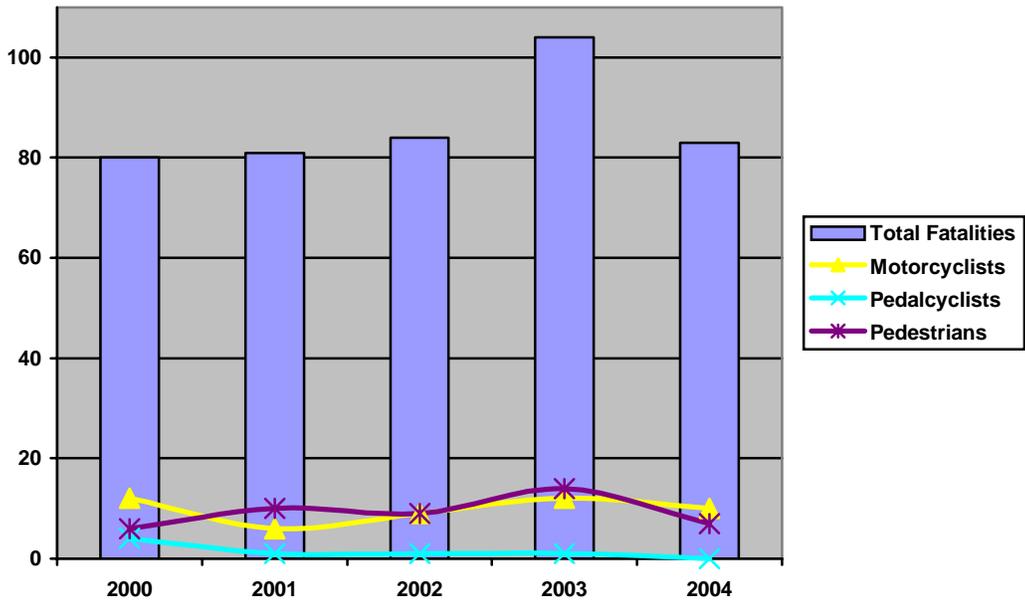
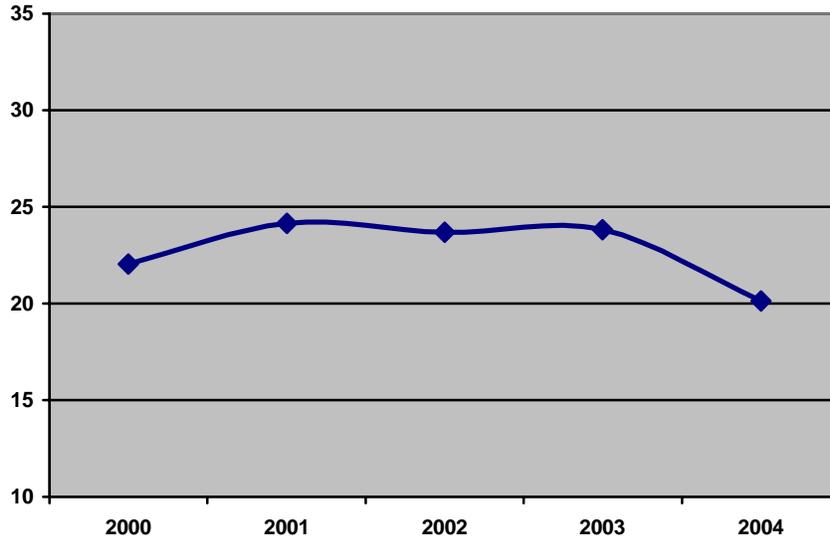


Chart 5: Total Fatalities and Serious Injuries in Rhode Island Per 100 Million VMT, 2000-2004



Despite recent improvements and the overall safety of Rhode Island’s roads, in several important respects, the New England Region and Rhode Island in particular have lagged behind the nation.

Table 4: Conditions of Rhode Island Crash Fatalities in 2003 That Lagged Behind Regional and National Averages*

	Without Occupant Protection (Percent of Total Fatalities)	Alcohol-Related (Percent of Total Fatalities)	Speed-Related (Percent of Total Fatalities)	Motorcycle (Percent of Total Fatalities)
Rhode Island	69	57	52	12.6
New England	67	43	37	8.9
U.S.	60	40	31	8.6

*NHTSA imputed numbers (vs. state-reported).

Furthermore, judging these specific conditions of fatalities, highway safety in Rhode Island not only failed to improve but even deteriorated slightly, 2003 to 2004. These measures indicate a need to continue to improve highway safety programming.

To assure best practices – to achieve the greatest highway safety improvements with limited resources – the OHS evaluated and then prioritized key areas of concern for programming in FY 2006. Each of these areas is discussed in more detail in the following sections.

PROBLEM AREAS

Impaired Driving

As in most states, a large share of crash fatalities and serious injuries in Rhode Island can be attributed to alcohol. In Rhode Island in 2004, about half of all crash fatalities (51.4 percent) tested positive for blood alcohol concentration (BAC). Nearly all of them (all but one, 97 percent) were over the .08 limit. Also when tested, 55.3 percent of the drivers in fatal crashes had a BAC above the legal limit, ranking the links between drinking, driving, and death on Rhode Island's roads among the strongest in the U.S.

As explained above, though, records pertaining to the role of alcohol in crashes are limited, and with such a small number of cases, determining the role of intervening variables is extremely difficult. Since, for example, BAC tests were unavailable (tests were not given or refused) for 68 of the 115 drivers involved, differences associated with other factors (such as age of the driver, the time of day, use of restraints, road conditions, etc.) are unlikely to reach statistical significance. Note, too, that the number of cases is so low, that a few crashes can radically alter annual percentages. Much larger or fine-tuned studies are required.

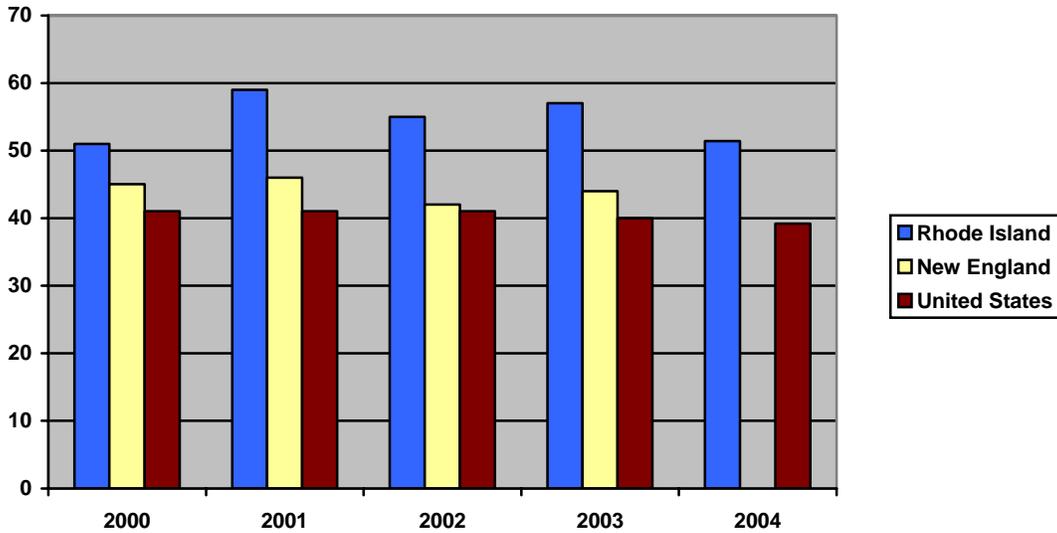
Regardless, the mixture of drinking and driving remains serious and deadly, especially in Rhode Island. While its role in fatal accidents has steadily declined in most of the U.S. over the past decade, key indicators have actually risen in Rhode Island. OHS will respond in 2006 by both continuing diverse interventions to prevent drunk driving and increasing efforts to collect and analyze data that will help in better targeting those interventions.

Table 5: Fatalities in Alcohol-Related Crashes in Rhode Island, New England, and U.S., 2000-2004*

	2000	2001	2002	2003	2004
Rhode Island	41	48	46	57	36
New England	550	603	541	551	NA
USA	17,380	17,400	17,524	17,013	16,694

* Rhode Island data for 2004 are state-reported (vs. NHTSA imputed).

Chart 6: Fatalities (% of Total) in Alcohol-Related Crashes in Rhode Island, New England, and U.S., 2000-2004*



*All data are NHTSA-imputed, except for Rhode Island in 2004, when they are state-reported.

Table 6: Alcohol Test Results for Highway Fatalities in Rhode Island, 2004*

	Number of Fatalities	Percent of Total
BAC of .00	34	41.0
BAC of .01-.07	1	1.2
BAC of .08-.09	4	4.8
BAC of .10-.14	8	9.6
BAC of .15-.19	14	16.9
BAC of .20 +	9	10.8
BAC Unknown	13	15.7
Total	83	100

*2004 data are state-reported (vs. NHTSA imputed).

Chart 7: Blood Alcohol Content (BAC) of Drivers (%) in Fatal Crashes in Rhode Island, 200-2004

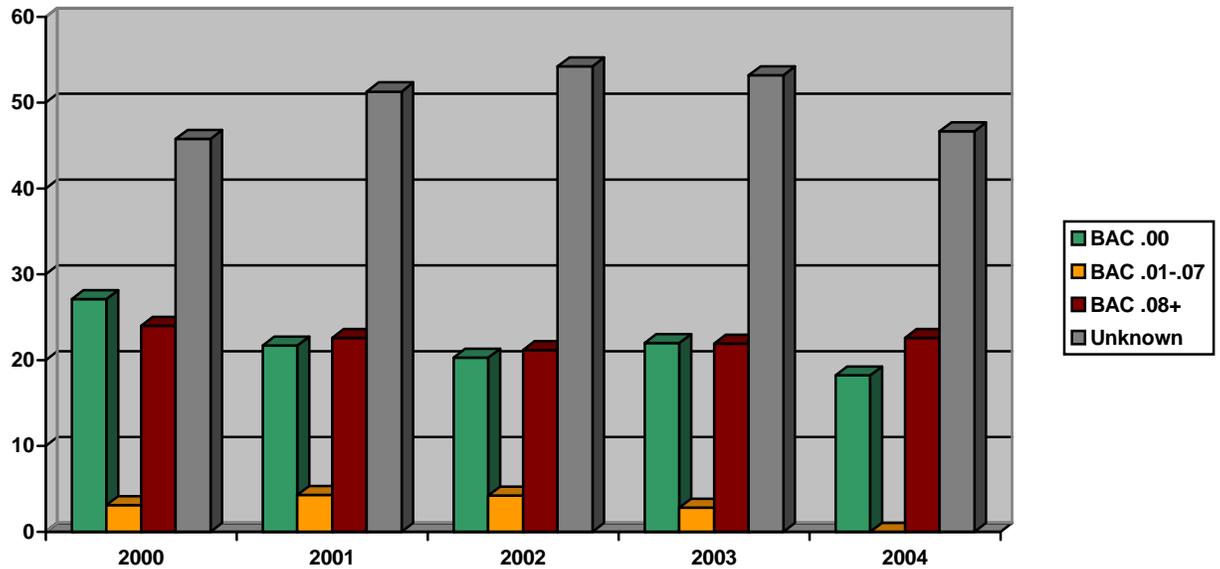
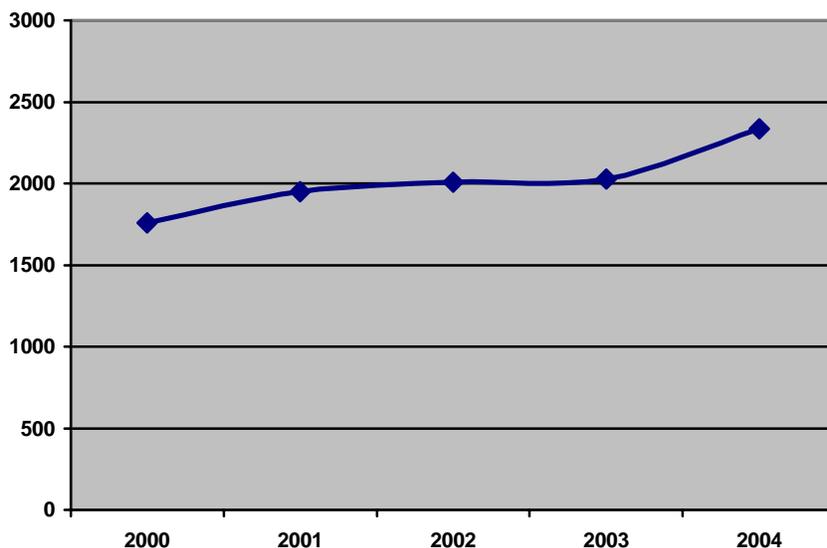


Table 7: Arrests for Driving Under the Influence (DUI) in Rhode Island, 2000-2004

	2000	2001	2002	2003	2004
DUI Arrests (under 18 years of age)	15	18	28	23	36
DUI Arrests (18 years of age & older)	1,743	1,933	1,979	2,003	2,298
Total	1,758	1,951	2,007	2,026	2,334

Chart 8: Arrests for Driving Under the Influence (DUI) in Rhode Island, 2000-2004



Occupant Protection

National tests have proven that proper occupant protection (belts, child restraints, and helmets) effectively reduces injuries and fatalities in a crash. NHTSA estimated that in 2003 alone, 25 Rhode Island lives were saved and 15 deaths could have been prevented with proper protection.

Proof of the importance of occupant protection continues to accumulate at crash scenes in Rhode Island. In total, 75.3 percent (55 of 73) of vehicle occupants who died in 2004 crashes were not wearing seatbelts, and a quarter of them were either totally or partially ejected. The evidence is especially clear at motorcycle, motorbike, or moped crash scenes. In Rhode Island in 2004, 361 (78.4 percent) of the total 460 motorcycle crashes resulted in personal injuries, including 10 fatalities. Helmets clearly affected the severity of the consequence. In motorcycle crashes, people failing to wear a helmet suffered 64.1 percent of the serious injuries and 80.0 percent of the deaths.

Observational studies indicate that seatbelt usage in Rhode Island remains typical of secondary-law states – below the average of both primary-law states and the nation as a whole. In fact, seatbelt usage rates in Rhode Island have lagged behind the national average every year, at least since 1998. Restraint use among passenger vehicle occupants killed in crashes in Rhode Island has been consistently below the U.S. average. However, Rhode Island has experienced three years of steady improvement. From 2001 to 2004, the use of occupant protection increased in Rhode Island at more than double the national pace. (The U.S. rate rose slightly less than 10 percent, from 73 to 80 percent of occupants using restraints, while the Rhode Island rate rose more than 20 percent, from 63 to 76).

The failure of repeated attempts to pass a primary safety belt law in Rhode Island necessitates a combination of more limited interventions, such as education, media and

law enforcement campaigns, and partnering programs as well as a comprehensive evaluation of conditions that affect belt usage in the State.

Table 8: Seatbelt Use (%) in Rhode Island and Nationwide, 2000-2004

	2000	2001	2002	2003	2004
Rhode Island	64	63	71	74	76
Nationwide	71	73	75	79	80

Chart 9: Seatbelt Use (%) in Rhode Island and Nationwide, 2000-2004

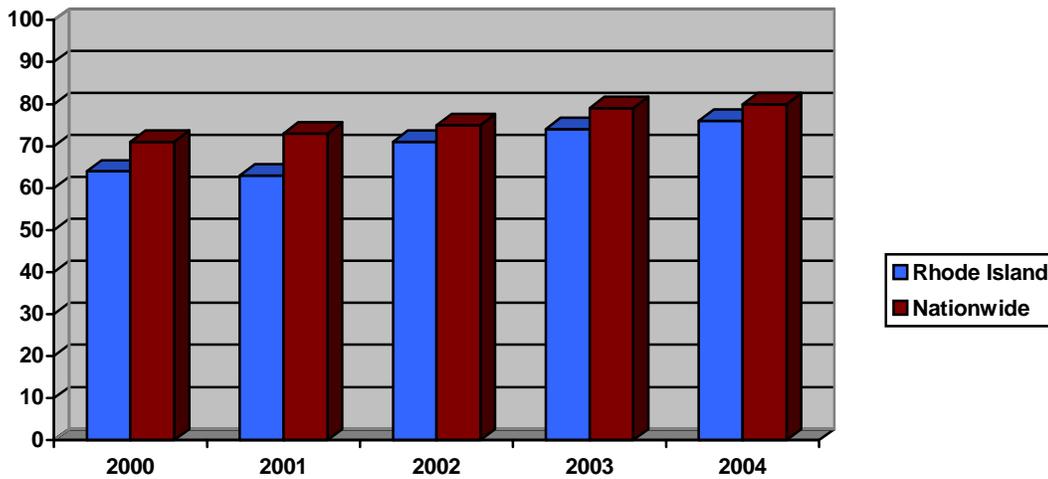


Table 9: Restraint Use (%) Among Crash Fatalities in Rhode Island, 2000-2004

	2000	2001	2002	2003	2004
Safety Belt Used	18.6	27.7	25.0	31.1	25.3
Not Used	76.7	72.3	77.4	63.5	66.2
Unknown/Other	4.7	0.0	1.6	5.4	8.4

Chart 10: Percent of Crash Fatalities in Rhode Island and Nationwide Who Were Unbelted, 2000-2004

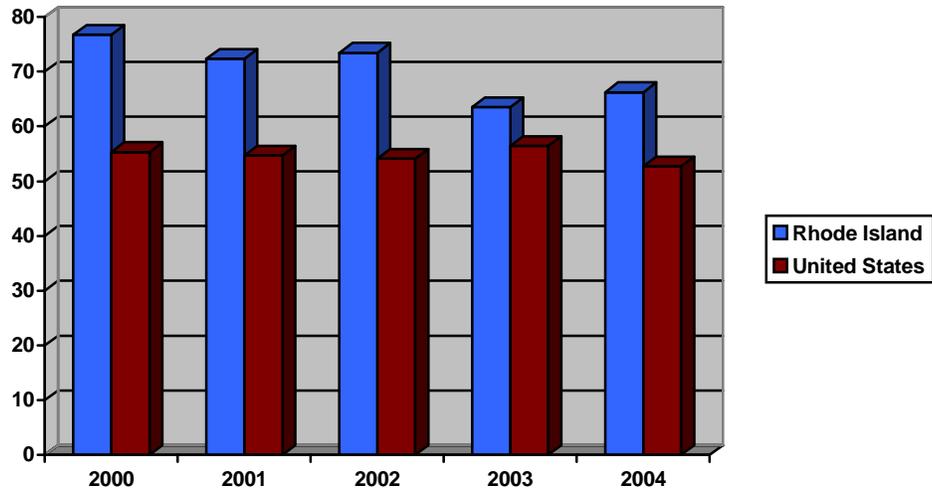
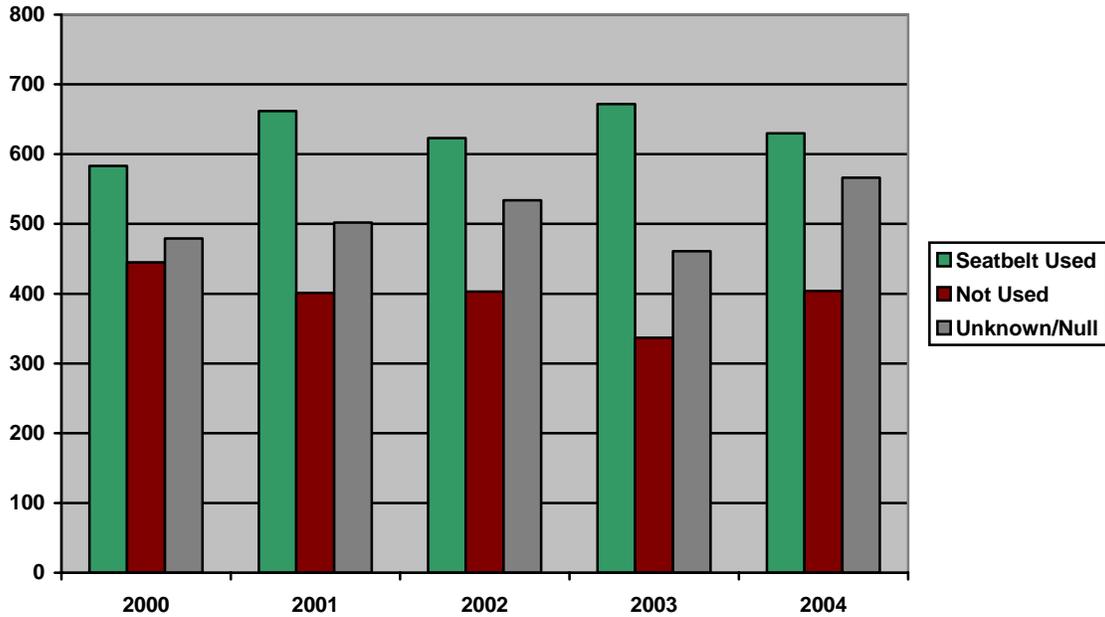


Table 10: Seatbelt Use Among Seriously Injured in Crashes in Rhode Island, 2000-2004

	2000	2001	2002	2003	2004
Seatbelt Used	583	662	623	672	630
Not Used	445	401	403	337	404
Unknown	479	476	508	443	421
Null	21	26	26	18	145
Total	1528	1565	1560	1470	1600

Chart 11: Seatbelt Use Among Seriously Injured in Crashes in Rhode Island, 2000-2004



Speed

As in most states, speeding is the second highest factor in crashes that entail fatal or serious injuries. In 2003, 51.9 percent of all fatal crashes in Rhode Island (versus 36.7 for New England and 31.4 percent for the U.S. as a whole) were speed related. In 2004, Rhode Island's share declined substantially (33.9 percent, a 34.7 percent improvement), but excessive speed remains an all too frequent factor in crashes, injuries, and deaths.

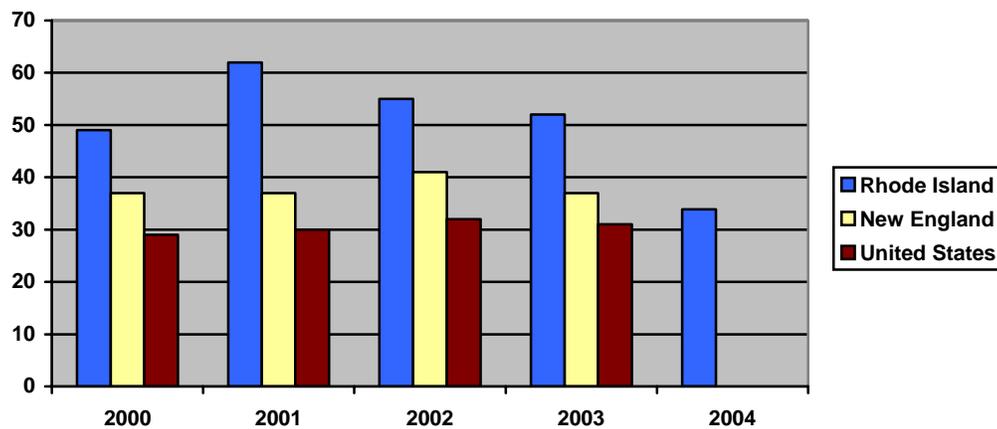
In many cases, speed and alcohol are both factors. In 2003, for example, 24 drivers (48 percent of the 40 out of 50 tested and reported) who died in a speed-related crash also had a BAC of .10 or higher. In 2004, nearly a quarter of the drivers in alcohol-related crashes had at least one prior conviction for speeding.

Unfortunately, again, relevant records are limited. For example, Standard Accident Reports no longer provide a box for an officer to check when he/she expects that excessive speed played a role in a crash. And in the majority of cases, a driver's specific BAC is unknown (67 of 115 in 2004). OHS will respond in 2006 by increasing efforts to collect and analyze data while continuing diverse interventions to prevent speeding.

Table 11: Speeding-Related Fatalities in Rhode Island, New England, and U.S., 2000-2004

	2000	2001	2002	2003	2004
Rhode Island	39	50	46	54	39
New England	448	488	533	464	NA
U.S.	12,350	12,850	13,713	13,380	NA

Chart 12: Fatalities (% of Total) in Speeding-Related Crashes in Rhode Island, New England, and U.S., 2000-2004*

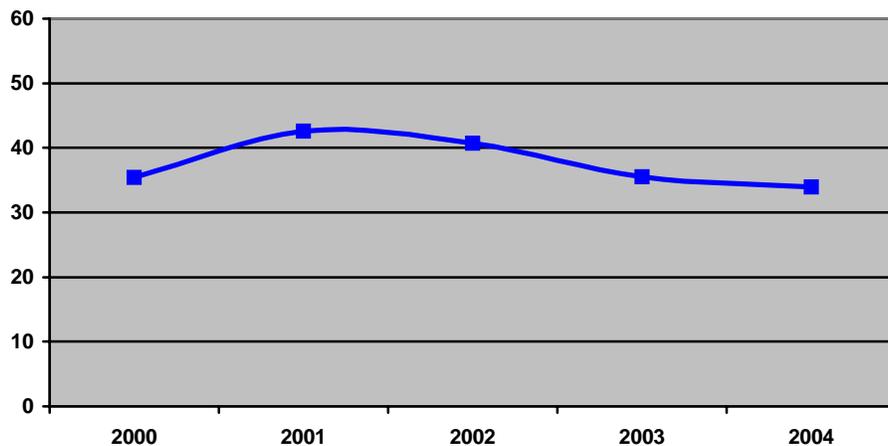


*New England and U.S. data for 2004 are unavailable.

Table 12: Speeding in Crashes with Fatalities in Rhode Island, 2000-2004

	2000	2001	2002	2003	2004
Number of Drivers in Fatal Crashes	96	115	118	141	115
Number of Drivers Speeding	34	49	48	51	39
Percent of Drivers Speeding	35.4	42.6	40.7	36.2	33.9

Chart 13: Percent of Drivers in Fatal Crashes in Rhode Island With Speed a Factor, 2000-2004



Young Drivers

Age as well as gender remain major factors in highway safety. In Rhode Island in 2004, male drivers were known to have been involved in 71.3 percent (82) of the fatal crashes, and female drivers in 27.0 percent (35). That figure is especially striking since the number of female drivers is actually a bit larger than the number of male drivers. The over-representation of men among fatalities is nothing new, but the proportion has been increasing for women. This trend toward gender equality in tragedy suggests that OHS must continue to address both genders in its programs.

Age, on the other hand, consistently appears to endanger one group with disproportionate severity: the young. In 2004, drivers who were under 24 years of age suffered the largest share of fatalities (26.1 percent). According to the most recent (2003) data from the Centers for Disease Control (CDC) Youth Risk Behavior Survey, traffic crashes are the most frequent single cause of death among Rhode Islanders age 10-24. In general over the past five years, although much less than 10 percent of the total, Rhode Island drivers who are under age 20 stand out as a safety concern. For example:

- More than half of those who were involved in a fatal crash did not have a valid license.
- Driver-related factors (e.g., reckless driving, inexperience, prior violations) figured in nearly 80 percent of their fatal crashes, with speed or racing a factor about twice as frequently as for other age groups.
- In fatal crashes, only a minority were wearing a seatbelt, and the frequency of restraint use seems to decline with age.

OHS aims to investigate characteristics of 16-20 year-old drivers in more detail and to include programming to address their distinct vulnerabilities.

Table 13: Fatal Crashes Involving Young Drivers (Age 16-20) in Rhode Island, New England, and U.S., 2000-2004

	2000	2001	2002	2003	2004
Rhode Island	18	19	19	23	17
New England	223	243	246	225	NA
U.S.	7,761	7,627	7,782	7,353	NA

Chart 14: Fatal Crashes (%) Involving Young Drivers (Age 16-20) in Rhode Island, New England, and U.S., 2000-2004

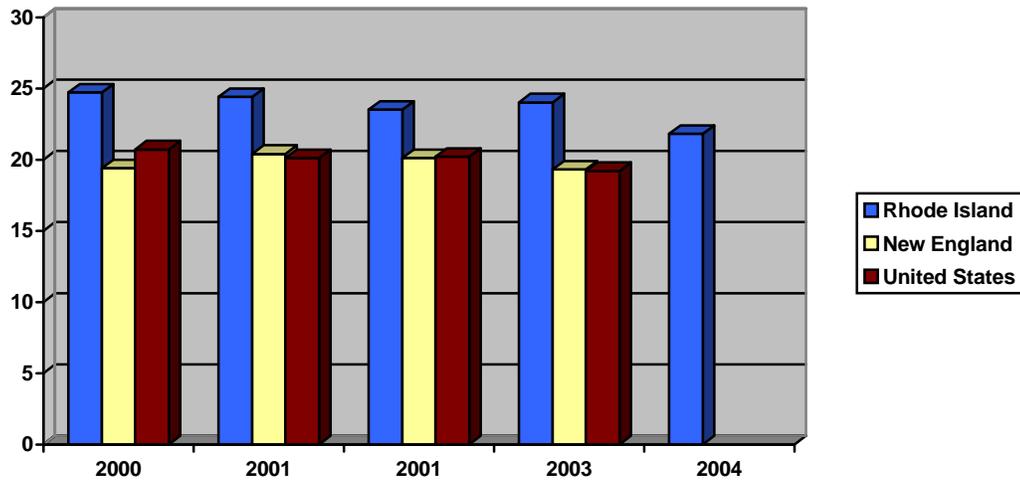


Chart 15: Driving and Crash Experience by Gender (%) in Rhode Island in 2004

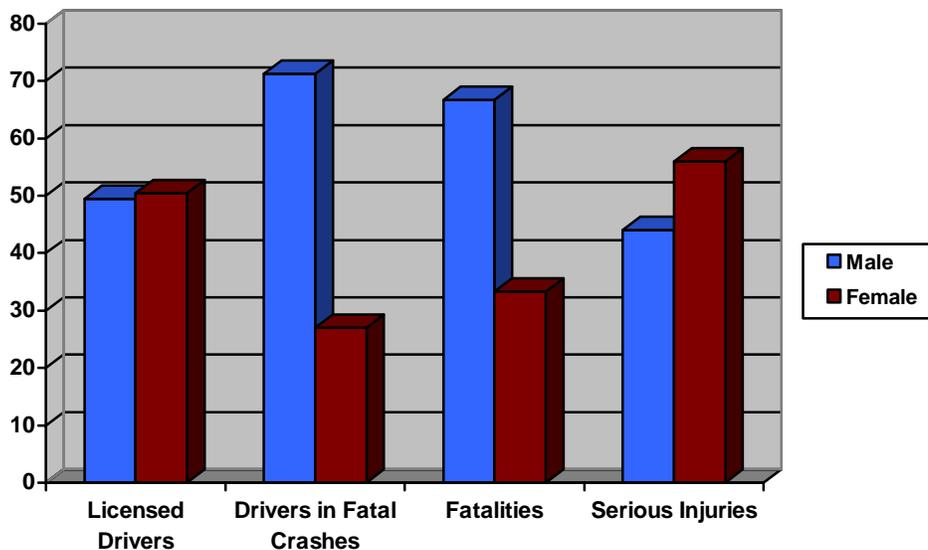


Table 14: Serious Injuries to Drivers Under Age 20 in Rhode Island, 2000-2004

	2000	2001	2002	2003	2004
Serious Injuries	204	189	189	171	193
Percent of State Total	11.6	10.2	10.2	11.8	12.1

Chart 16: Serious Injuries to Drivers Under Age 20 in Rhode Island, 2000-2004

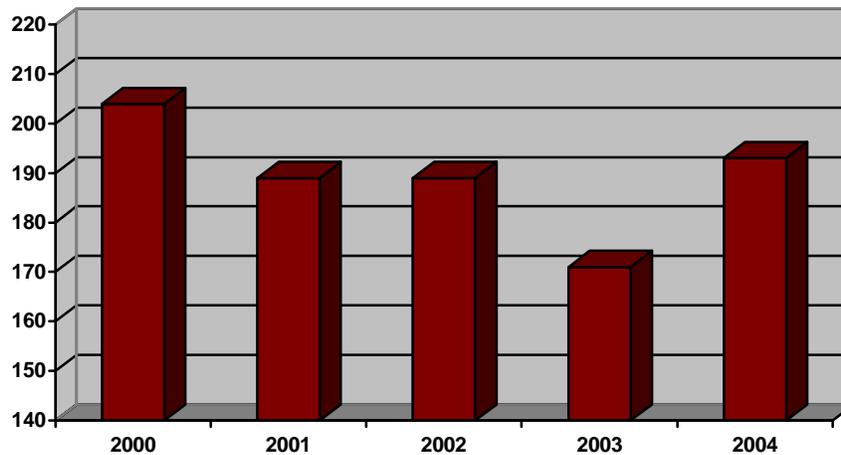


Table 15: Age of Crash Fatalities in Rhode Island in 2004

Age of Fatality	Number	Percent of Total
Under 15	0	0.0
15-19	14	16.9
20-24	15	18.1
25-29	9	10.8
30-39	10	12.0
40-49	11	13.3
50-59	10	12.0
60-64	1	1.2
Over 64	13	15.7

Chart 17: Number of Licensed Drivers (K) by Age in Rhode Island in 2004

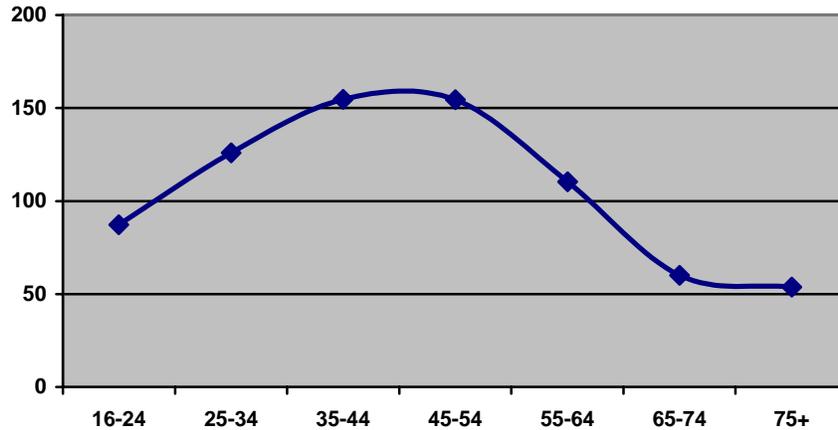
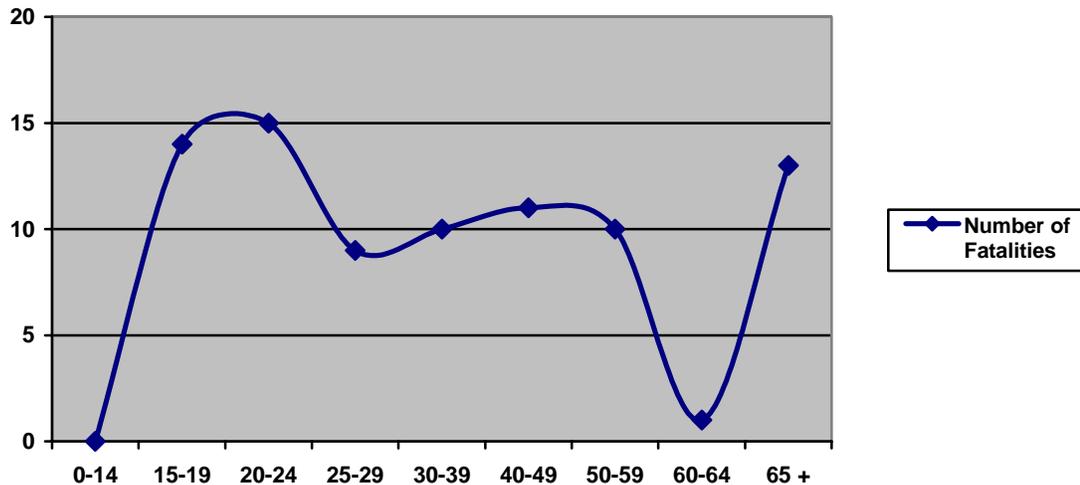


Chart 18: Number of Crash Fatalities by Age in Rhode Island in 2004



Other Road Users

The safety of other road users of Rhode Island's roadways – pedestrians, pedalcyclists, motorcyclists, and school bus passengers – improved in most absolute and relative terms, from 2003 to 2004.

Pedestrian fatalities continued their long-term decline nationally but still account for more than 10 percent of all motor vehicle deaths in the U.S. Nationwide in 2003, FARS reported 4,749 pedestrian fatalities (down from 4,808 in 2002, a 2.4 percent decrease) and 68,000 serious pedestrian injuries (down from 71,000 in 2002, a 4.2 percent decrease). In Rhode Island in 2004, the number of pedestrian fatalities declined 50.0 percent from 2003 to 2004 (from 14 to 7). The reported number of serious injuries to pedestrians, however, actually rose 9.7 percent (from 93 to 102).

Motorcyclists have not fared as well. Motorcycle fatalities in the U.S. have risen for the past seven years in a row. The rise in 2003 (12.9 percents) and 2004 (7.9 percent) pushed the national total over 4,000, accompanied by more than 60,000 serious injuries. From 2003 to 2004, the number of motorcycle fatalities in Rhode Island actually declined by 23.1 percent (from 13 to 10), reversing a tragic trend. But the number had increased by 50.0 percent in 2002 (from 6 to 9) and by 44.4 percent in 2003 (from 9 to 13). Unfortunately, motorcyclists' share of crash fatalities in Rhode Island (12.6 percent in 2003; 12.1 percent in 2004) remains near the top in the U.S. (8.6 percent) and far above any other state in the New England region (total, 8.9 percent).

Since, however, the state count is so small, percentages are misleadingly volatile. Just one crash can result in a double-digit change in proportions. For example, the number of motorcycle fatalities more than doubled from 2001 to 2003, but it also dropped by 16.7 percent from 2000-2004. It is probably most reasonable to interpret the number of motorcycle fatalities in 2004 (10) as a return to the near-term (5-year) average, which – given increases in the number of motorcycles, operators, and VMT – represents a drop in the risk of a fatality among Rhode Island motorcyclists. On the other hand, four motorcycle crashes in just one 10-day period in the summer of 2005 included enough fatalities to raise the state's mid-year total above the whole of 2004. The percentage change from 2004 to 2005 is certain to be as tragic as the change from 2003 to 2004 was fortunate.

It is also possible to consider school buses among the most "special" of other road users of Rhode Island's roadways. Fortunately, school bus crashes are relatively rare occurrences. They have never resulted in as much as one percent of all crash fatal and serious injuries. In 2004, there were a total of 235 school bus crashes in Rhode Island, but only 18 entailed a personal injury. There were no serious injuries or fatalities. Current passenger safety programming areas will continue in an effort to maintain this strong record.

Chart 19: Motorcyclists, Pedestrians, and Pedalcyclists As a Percent of Crash Fatalities in Rhode Island, 2000-2004

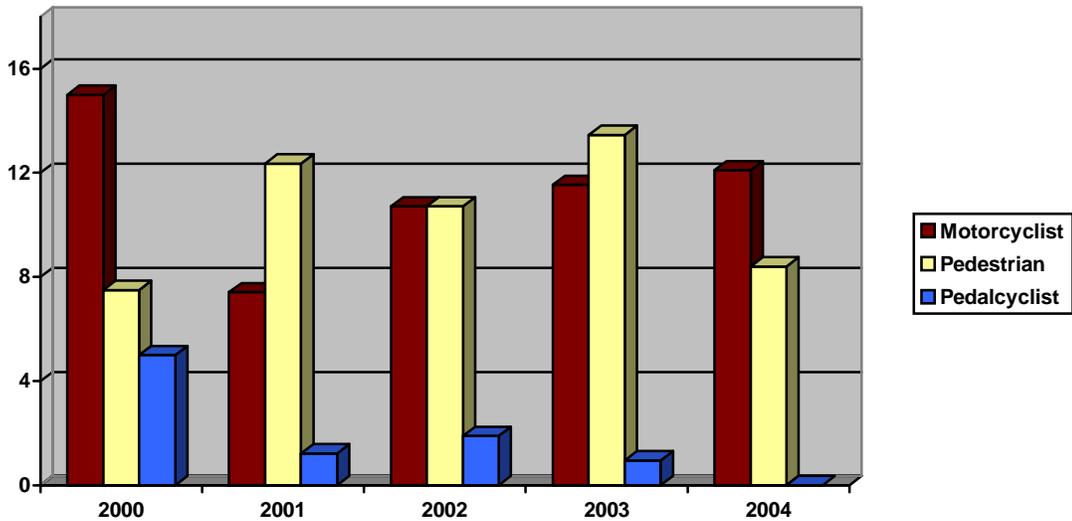


Table 16: Serious Injuries for Motorcyclists, Pedestrians, and Pedalcyclists in Rhode Island, 2000-2004

	2000	2001	2002	2003	2004
Motorcyclists*					
Serious Injuries	109	171	153	148	151
Percent of State Total	6.2	9.2	8.2	8.5	9.3
Pedestrians					
Serious Injuries	106	122	129	105	117
Percent of State Total	6.0	6.6	7.0	6.0	7.2
Pedalcyclists					
Serious Injuries	50	42	46	46	44
Percent of State Total	2.8	2.3	2.5	2.7	2.7

*"Motorcyclists" includes operators and passengers.

Chart 20: Number of Serious Injuries Among Motorcyclists, Pedalcyclists, and Pedestrians in Rhode Island, 2000-2004

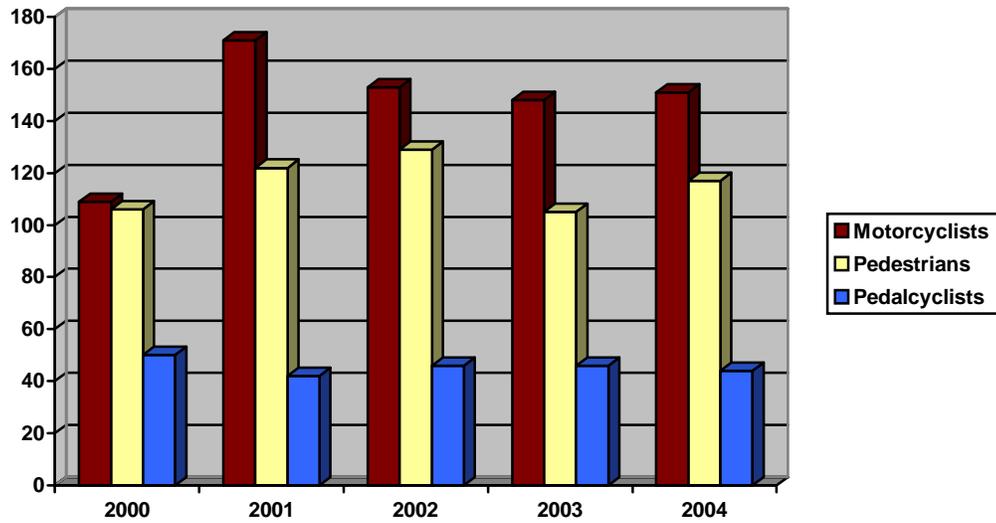


Table 17: Motorcyclist Fatalities in Rhode Island, New England, and U.S., 2000-2004

	2000	2001	2002	2003	2004	Change Since 2000*
Rhode Island	12	6	9	13	10	-16.7%
New England	146	152	144	108	NA	-26.0%
U.S.	2,897	3,197	3,244	3,714	4,008	+38.4%

*Since New England data for 2004 are not yet available, change for the region is measured 2000-2003; for Rhode Island and the U.S., 2000-2004.

Chart 21: Motorcyclist Fatalities as a Percent of Total Fatalities in Rhode Island, New England, and U.S., 2000-2004

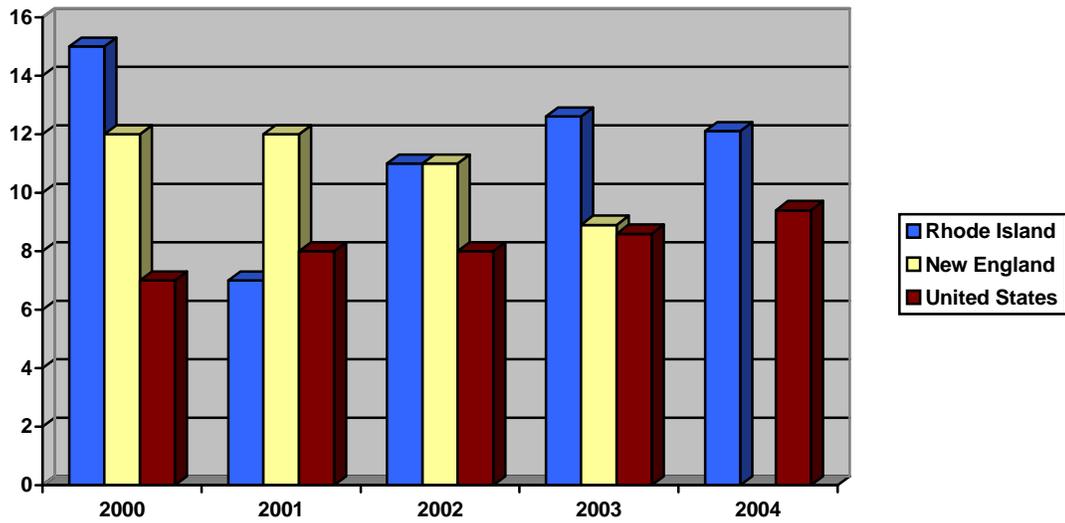


Table 18: Fatalities Among Pedalcyclists, and Pedestrians in Rhode Island, 2000-2004

	2000	2001	2002	2003	2004
Pedalcyclist	4	1	1	1	0
Pedestrian	6	10	9	14	7

Chart 22: Fatalities Among Pedalcyclists and Pedestrians in Rhode Island, 2000-2004

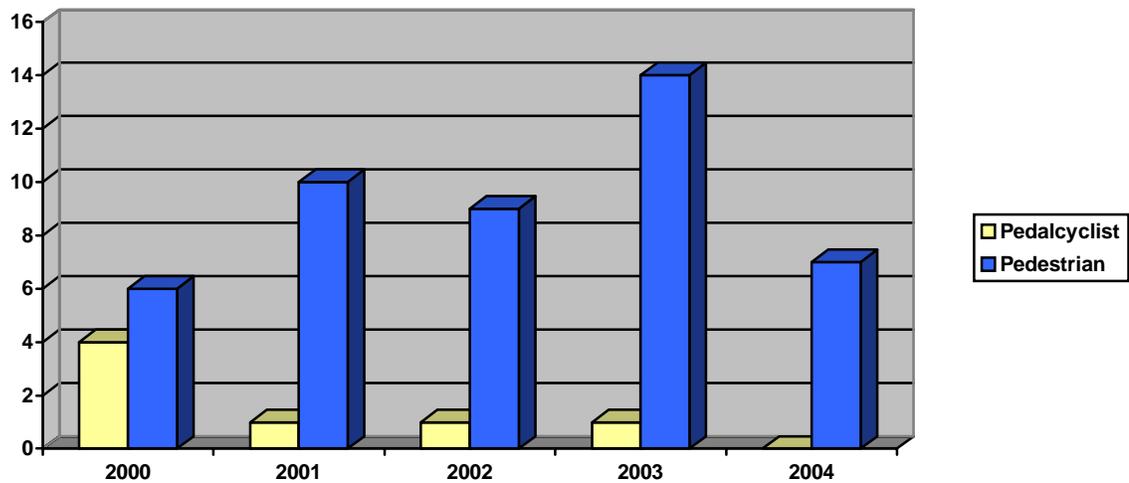


Table 19: Serious Injuries and Fatalities in School Bus Crashes in Rhode Island, 2000-2004

	2000	2001	2002	2003	2004
Serious Injuries & Fatalities	1	3	1	0	0
Percent of State Total	0.06	0.16	0.05	0.00	0.00

Problem Identification

Based on the foregoing information, the following have been identified as problem areas that will be emphasized in Rhode Island’s Highway Safety Program in Federal Fiscal Year 2006. In order of priority:

1. **Impaired Driving**
The choice of drivers to consume alcohol and drive while impaired continues to exact a toll on Rhode Island’s roadways. With an increasing trend in the number of injuries and fatalities resulting from this combination, and with the proven ability of enforcement and education to reduce this behavior, targeting impaired driving is important in improving highway safety in Rhode Island.
2. **Occupant Protection**
Safety belts remain the single most effective protective device in motor vehicles today. Their usage reduces the risk of injury in the event of a crash by up to 50 percent. OHS estimates that about 74.7 percent of all Rhode Islanders currently take advantage of this vehicle safety feature on the road. The usage rate is even lower among pickup drivers (62.9 percent). Increasing the use of safety belts has the best potential to reduce fatalities and the seriousness of injuries in crashes.
3. **Speed**
Reducing speed is critical to reducing crashes and the fatalities and serious injuries they entail. As the second most common contributing factor in Rhode Island’s crashes, programming to manage and reduce speeds can decrease the number and severity of crashes.
4. **Young Drivers**
Programming in 2006 will focus on understanding how and why younger drivers continue to be involved in crashes at the current, elevated level and what programs will be effective to reduce their risky behavior. As noted, younger drivers have been consistently over-represented in counts of serious injuries and fatalities. As such, continuation of programming focused on this age group is necessary and important.
5. **Other Road Users**
In Rhode Island, traffic safety is mainly a function of automobiles and their occupants, and most State highway safety programming is targeted at these components. However, as the OHS evaluates safety characteristics, other road uses, including pedalcycles, motorcycles, school bus passengers, and pedestrians, will be included in targeted programming efforts. Given the record number of fatalities and serious injuries among them in 2003 and 2004, motorcyclists and their passengers must receive particular emphasis.
6. **Data Collection, Analysis, and Improvement**
Without a thorough compilation and analysis of crash data, highway safety

programming is apt to be unfocused, ineffective, or unproven. By increasing Rhode Island's ability to organize and access its crash data, analysis can be more comprehensive and reliable. This analysis, in turn, helps programmers better identify ways to reduce crash injuries and fatalities. Evaluating the effectiveness of programs in reaching at-risk populations can be used to better focus programming. Assessment of the effectiveness of each program is necessary for correction or elimination of unsuccessful programs and for identification of successful efforts. For these reasons, this category serves as the starting place for all highway safety programming and is a critical mission for the OHS.

7. Planning and Administration

Having identified the above areas for program development, it is understood that each of these programs will require staff time and expenses incurred by the OHS. Funding will be directly related to the planning, development, coordination, monitoring, auditing, and evaluation of projects within program areas and for the preparation of the FFY 06 Annual Report and the FFY 07 Highway Safety Plan

Goals

1. Impaired Driving

- Reduce the number of alcohol-related fatalities, as measured by:
 - The number of crash fatalities with a known BAC of .01 or higher.
 - The number of drivers involved in fatal crashes with a known BAC of .01 or higher.
 - The number of drivers involved in fatal crashes who were legally intoxicated (known BAC of .08 or higher).
- Reduce the percentage of fatalities that are alcohol-related, as measured by:
 - The percent of all crash fatalities with a BAC of .01 or higher.

2. Occupant Protection

- Increase safety belt use, as measured by:
 - The percent of all vehicle occupants who are observed to be using seat belts.
 - The percent of crash fatalities who were known to be not wearing a restraint.
- Provide to decision makers data/education on the benefits of a primary seatbelt law.

3. Speed

- Reduce the role of speeding in highway deaths, as measured by:
 - The number of drivers in fatal crashes that are speed related.
 - The percent of fatal crashes that are speed-related.

4. Young Drivers

- Reduce crash fatalities among young drivers, as measured by:
 - The number of drivers under 20 years old who are involved in fatal crashes.
 - The percent of young drivers in fatal crashes who had prior speeding convictions.

5. Other Road Users

- Address fatalities among motorcyclists and their passengers, as measured by:
 - The number of crash fatalities among motorcycle operators and passengers.

- The percent of all motorcycle operator crash fatalities with a known BAC of .01 or higher.
 - Maintain the relatively low number of fatalities among pedestrians, as measured by:
 - The number of crash fatalities among pedestrians.
 - Maintain the low number of fatalities among pedalcyclists, as measured by:
 - The number of crash fatalities among pedalcyclists.
 - Maintain the low number of fatalities on school buses, as measured by:
 - The number of crash fatalities among school bus occupants.
- 6. Data Collection, Analysis, and Improvement**
- Expand and improve data bases on highway safety.
 - Improve data integration and coordination with highway safety stakeholders.
- 7. Planning and Administration**
- Administer a fiscally responsible, effective highway safety program that addresses the state's specific safety characteristics.

HIGHWAY SAFETY PLAN: PROGRAM AREAS FOR FFY 06

This section presents each of the seven areas for emphasis in highway safety programming in Federal Fiscal Year 2006. Within each emphasis area, specific problems have been identified for further consideration through analysis of the traffic environment in Rhode Island.

The discussion of each problem area begins with its key components and the reasoning behind its identification, followed by a brief review of strategic partnerships that are in place or should be established, objectives and performance measures associated with related strategies, and the tasks that will be performed during Federal Fiscal Year 2006.

1. IMPAIRED DRIVING

Problem Identification and Analysis

In June 2003, a NHTSA Technical Assistance Team conducted an Impaired Driving Assessment in Rhode Island. Per the priority recommendations of this Assessment, the OHS:

- Applied for and received Section 410 impaired driving incentive monies;
- Testified in support of stricter penalties for breathalyzer refusals;
- Planned a judicial summit highlighting the effectiveness of standardized field sobriety tests (SFST) and horizontal gaze nystagmus (HGN) technology; and
- Implemented public information and education programs on the risks of being caught and punished for DUI.

OHS has also included in this Plan implementation of many of the other recommendations of the Assessment, including initiating a data improvement program through a liaison with URI and developing RFPs for a full-time Law Enforcement Liaison (LEL) and for a Coordinator to rejuvenate the Traffic Records Coordinating Committee (TRCC).

Nearly all studies support previous knowledge that alcohol-related crashes are most often associated with young males, driving on weekend nights.

Preliminary studies also indicate that, although young adults understand the risks associated with drinking and driving and are aware of efforts to prevent underage drinking, they continue to drink – especially binge drink – despite the possible negative consequences.

The OHS will focus its efforts on 16-34 year old males, because they are over-represented in injury, crash, and citation statistics. Programming will be developed for high schools and colleges, focusing on 16-to-25 year olds. Strategies also will be developed to address youth in this age group who are not currently enrolled in a school program as well as the larger population of 25-44 year olds who represent the majority of crash fatalities.

Goals

- Reduce the number of alcohol-related fatalities.
- Reduce the percentage of fatalities that are alcohol-related.

Objectives

- Reduce by 3 percent the number of crash fatalities with a known BAC of .01 or higher, from 36 in 2004 to 35 in 2006.
- Reduce by 4 percent the number of drivers involved in fatal crashes with a known BAC of .01 or higher, from 26 in 2004 to 25 in 2006.
- Reduce by 3 percent the number of drivers involved in fatal crashes who were legally intoxicated (known BAC of .08 or higher), from 35 in 2004 to 34 in 2006.
- Reduce by 4 points the percentage of all crash fatalities with a BAC of .01 or higher, from 43.4 percent in 2004 to 39.4 percent in 2006.

Strategic Partners

Developing and expanding working relationships with those involved in the arrest, prosecution, and adjudication of impaired drivers are a priority. A well-trained police force can identify and arrest impaired drivers before they injure themselves or others. The Rhode Island Municipal Police Academy will support the OHS in expanding the number of SFST- and DRE-trained local law enforcement personnel and provide refresher SFST courses for seasoned personnel.

These OHS initiatives complement the activities of other partners, such as Mothers Against Drunk Driving (MADD) and Students Against Destructive Decisions (SADD), the Department of Mental Health, Retardation and Hospitals (MHRH) Division of Behavioral Health Care Services Advisory Committee, Substance Abuse Task Forces, and the Attorney General's Traffic Safety Resource Prosecutor (TSRP) and DUI Task Force.

Strategies

1. Expand resources on impaired driving available to state and local enforcement agencies.

- “You Drink and Drive. You Lose” (YDYDYL) Enforcement Mobilizations, supported by the Chiefs’ Challenge Award Program.
 - Officer training.
 - SFST retraining.
 - Explore the feasibility of hosting an Alcohol Forum
2. Expand media messages by participating in national YDYDYL Mobilizations.
 - “You Drink and Drive. You Lose” Media Campaign.
 - Develop paid and earned media plan.
 3. Develop youth Programs to Prevent Underage Drinking.
 4. Collect and analyze data on highway safety as a function of impaired driving in Rhode Island.
 - Increase the quantity of BAC data in the FARS file.
 - Improve the quality and coordination of alcohol-related databases.
 5. Consider a feasibility study of a dedicated DUI court.
 6. Fund a portion of the salaries for three Program Coordinators who will manage programs.

Program Performance Measures

- Average frequency of patrols (13 per month in 2004).
- Total number of DUI arrests (2,334 in 2004).
- Number of officers receiving refresher SFST training (0 in 2004).
- Recognition of YDYDYL slogan (40.2 percent in 2004) and perception of likelihood of being ticketed for impaired driving (63.5 percent responding “Very Likely” or “Somewhat Likely” in 2004).

2. OCCUPANT PROTECTION

Problem Identification and Analysis

Occupant protection refers to the use of safety belts, booster seats and child safety seats by motor vehicle drivers and passengers. These restraints dramatically decrease fatalities and serious injuries in crashes.

Child passenger safety is measured by the number of fatal and serious injuries to children age nine and under. In 2004, there were no such fatalities. A 2004 observational study confirmed that about 9 out of 10 children in Rhode Island vehicles were properly restrained. The middle years of childhood (6-16) provide the challenge of ensuring that parents and caregivers properly use the appropriate child restraint system and instill a habit of safety belt use.

The rate of seatbelt usage appears to vary only slightly among groups in Rhode Island. For example, research indicates that people who were African-American used seatbelts just as regularly as people who were not (74.7 percent). On the other hand, drivers on Interstates were much more likely to be buckled up than were drivers on urban and collector roads. Drivers of pickup trucks (an increasing share of passenger vehicles), who are also predominately male, had distinctly low rates of seatbelt use. This analysis suggests that programming

should include a focus on pickup truck drivers in the next “Click It or Ticket” campaign. Older drivers appear to use their safety belts more than the general population, but their increased frailty as a result of aging continues to make this population a focus for specialized programming. Obviously, a change to primary enforcement for seatbelts would have a major impact on the Rhode Island usage rate.

Increasing both the actual and perceived enforcement of safety belt use has been shown to raise rates among all populations.

Goals

- Increase safety belt use.
- Provide to decision makers data/education on the benefits of a primary seatbelt law.

Objectives

- Increase by 1.5 points the percent of all vehicle occupants who are observed to be using seat belts, from 74.7 percent in 2005 to 76.2 percent in 2006.
- Reduce by 2 points the percent of crash fatalities who were known to be not wearing a restraint, from 72.4 percent in 2004 to 70.4 percent in 2006.

Strategic Partners

Currently, the OHS works primarily with law enforcement on programs targeting safety belt use. Expanding partnerships to form a broad-based network of support can assist in promoting safety belt use policies. This expansion includes:

- Developing a school-based network to promote safety belt use, with a focus on teens.
- Developing a community-based network to promote safety belt use by establishing connections with local governments, senior centers, and emergency medical services.
- Maintaining and expanding working relationships with the 39 state and local law enforcement agencies that are current partners for national traffic safety initiatives.

Strategies

1. Increase awareness among drivers that Rhode Island law requires all drivers and passengers to wear safety belts, and increase the perception of Rhode Island drivers that an adult who is not wearing a safety belt will be cited by police.
 - “Click It or Ticket” Media Campaign.
 - “Click It or Ticket” Enforcement Campaign, supported by the Chiefs’ Challenge Award Program.
 - Community Education Program.
2. In media and education programs, address at-risk communities (males, pickup drivers, and crash-prone jurisdictions).
 - “Click It or Ticket” Media Campaign.
 - “Click It or Ticket” Enforcement Campaign.
 - Community Education Program.
 - Purchase and deploy a Rollover Simulator to demonstrate the value of seatbelt use. (Pre-approval by NHTSA required.)

- University and community-based outreach to at-risk populations.
3. Encourage the use of appropriate child passenger safety (CPS) restraint rates among children under 9 years of age.
 - Conduct CPS clinics throughout the State.
 - Conduct at least one nationally certified CPS Technician training on the use of child restraint devices.
 - Increase public awareness of the booster seat law amendment that raises the age for use of CPS restraints from under 4 years to under 7 years of age.
 4. Support professional stop training for police officers.
 5. Provide decision makers information on the value of primary seatbelt laws.
 6. Collect and analyze data on highway safety as a function of occupant protection in Rhode Island.
 - Conduct the annual observation and telephone surveys of occupant protection.
 7. Fund a portion of the salaries for three Program Coordinators who will manage programs.

Program Performance Measures

- Restraint use for children, as measured by observational study (93.5 percent in 2004).
- Child restraint use in vehicles that are transporting more than one child, as measured by observational study (81.0 percent in 2004).
- Seatbelt use among pickup drivers, as measured by observational study (65.9 percent in 2004).
- Awareness of the “Click It or Ticket” slogan, as measured by a telephone survey (97.6 percent in 2004).
- Perception that persons are likely to be ticketed for not wearing seatbelts, as measured by a telephone survey (65.4 percent in 2004).
- Enforcement of seatbelt law, as measured by the number of citations for failure to use proper restraints during the “Click It or Ticket” enforcement mobilization (2,611 in 2004).

3. SPEED

Problem Identification and Analysis

Traffic operating characteristics include the speed that drivers travel and whether or not drivers follow traffic control devices including signals, signs, and markings.

A fatality is defined as speed-related if one of the driver-related factors includes driving over the speed limit, excessive speed, or racing. A speed-related serious injury crash is defined as occurring when a citation is issued to a driver involved in the crash for exceeding the lawful speed limit.

Unfortunately, there is no place on the current Rhode Island Standard Accident Report where a speed violation is recorded. Occasionally, the officer may record

speed as a crash factor in the narrative, but this information is not easily accessible and is incomplete.

Nevertheless, existing data do suggest that speed-related injuries and fatalities in Rhode Island, as in the rest of the U.S., account for a large share of the whole. Speed was likely a factor in over half of all fatalities in 2004.

Over the five-year period, about half of the drivers who were involved in fatal crashes in Rhode Island and who had a prior record of speeding convictions were male and relatively young – 21-24 or 25-34 years of age (49 percent). Both in the New England region and nationwide, 1999-2003, 25-34 year-old drivers in fatal crashes comprised a disproportionately large share (27 and 26 percent, respectively) of those who had been convicted of speeding convictions before they were involved in a fatal crash. Drivers in the youngest age group (16-20 years of age) accounted for 20 percent of those in fatal crashes with a prior speeding conviction in Rhode Island, compared to 18 percent in the region and 16 percent in the nation.

Based on these data, the OHS has selected speeding as a focus area in FFY 2006. Programming will focus on males between the ages of 16 and 34. Operators with prior speeding citations or involvement in reported crashes will also be emphasized. In addition, speeding will be examined in conjunction with Driving While Intoxicated (DWI) and Driving Under the Influence (DUI) programs.

Goal

- Reduce the role of speeding in highway deaths.

Objectives

- Reduce by 3 percent the number of drivers in fatal crashes that are speed related, from 39 in 2004 to 38 in 2006.
- Reduce by 2 points the percent of fatal crashes that are speed-related, from 33.9 percent in 2004 to 31.9 percent in 2006.
- Reduce by 2 points the percent of all fatalities that occur in speed-related crashes, from 52 percent in 2003 to 50 percent in 2006.

Strategic Partners

Expanding or developing working relationships with those involved in the arrest, prosecution, and adjudication of speeding drivers is a priority. A well-trained police force can identify and arrest drivers who speed before they injure themselves or others. The Rhode Island Municipal Police Academy and the Rhode Island Police Chiefs Association will support the OHS in expanding the involvement of local law enforcement agencies.

Strategies

1. Expand local and state police speed-related enforcement patrols.
2. Consider NHTSA management support for speed programming.
3. Increase public education and outreach on speeding.
 - Coordinate media and education campaign with enforcement mobilizations.

4. Collect and analyze data on highway safety as a function of speed in Rhode Island.
 - Closely monitor local development of red-light-running enforcement projects.

Program Performance Measures

- The percentage of fatalities that occur in speed-related crashes (52 percent in 2003).
- Enforcement, as measured by the number of citations for speeding during Operation Blue RIPTIDE/speed monthly enforcement mobilizations (program started in October, 2004).

4. YOUNG DRIVERS

Problem Identification and Analysis

Highway safety programming will focus on drivers between the ages of 16 and 20 years of age. Members of this age group are generally inexperienced and are often influenced by other factors such as passenger distraction, difficulty with judgment, and difficulty with rapid decision-making. In addition, the low rate of safety belt use and high rate of serious injuries among male teens indicates that they require special attention. Since 2000, most of the fatalities – including minors – had a known BAC of .08 or above. Young drivers – especially young males – are over-represented in both serious injury and fatal crash statistics.

Strategic Partners

The Rhode Island Division of Motor Vehicles is charged with licensing drivers in the State of Rhode Island. Currently, applicants between the ages of 16 and 18 are subject to Graduated Licensing requirements. These rules are a key avenue for addressing the needs of younger drivers, including training and restrictions on use. Ensuring the uniform and rigorous application of these laws, as well as evaluating their effectiveness and strengthening them, where necessary, is pivotal. Driver training and outreach programs also play a critical role for the new driver. Forming partnerships to address training needs and to increase training effectiveness also aid in strengthening the skills of new drivers.

Goal

- Reduce crash fatalities among young drivers.

Objectives

- Reduce by 6 percent the number of drivers under 20 years old who are involved in fatal crashes, from 17 in 2004 to 16 in 2006.
- Reduce by 2 points the percentage of drivers under 20 years of age in fatal crashes who had prior speeding convictions, from 33.7 percent, 1999-2003, to 31.7 percent in 2006.

Strategies

1. Improve and expand educational outreach to high schools, colleges, and community partners.

- Emphasize young drivers in alcohol and “Click It or Ticket” media campaigns.
 - Create and distribute an alcohol-related brochure for high-school or college students.
 - Work with community partners to educate parents/care givers about the role of alcohol in crashes among 16-20 year old drivers.
 - Educate young drivers and their parents/care givers about the primary seatbelt enforcement for people under 18 years of age.
 - In conjunction with the Division of Motor Vehicles (DMV), publicize the new passenger restriction for drivers with provisional licenses.
 - Work with the Community College of Rhode Island (CCRI) to identify and implement potential improvements to the drivers’ training program.
2. Collect and analyze data on highway safety as a function of age in Rhode Island.

Program Performance Measures

- Young drivers who are involved in fatal crashes, as measured by the number of drivers in fatal crashes who are 16-20 years of age (17 in 2004).
- Impaired drivers who are underage, as measured by the number of arrests of drivers under 18 years of age for DUI (36 in 2004).

5. OTHER ROAD USERS

Problem Identification and Analysis

Other transportation modes consist of everything except personal automobiles and are generally classified as motorized (school buses, and motorcycles) and non-motorized (bicycle and pedestrian) modes. Although crashes in Rhode Island are dominated by personal automobiles, other modes of transportation require consideration. For example, the rate of fatal and serious injury crashes for motorcycles and pedestrians has been on the rise while fatalities and serious injuries for bicycles remain low. Although serious injuries to pedestrians are rare, the large fluctuation in the number of pedestrian fatalities over the past five years requires attention.

Goals

- Address fatalities among motorcyclists and their passengers.
- Maintain the relatively low number of fatalities among pedestrians.
- Maintain the low number of fatalities among pedalcyclists.
- Maintain the low number of fatalities on school buses.

Objectives

- Reduce the number of crash fatalities among motorcyclists from its increase in 2005 back down to its near-term average, 10 from 2000-2004, in 2006.
- Reduce by 2 points the percent of all motorcycle operator crash fatalities with a known BAC of .01 or higher, from 50.0 percent 1999-2003 to 48 percent in 2006.
- Keep the number of crash fatalities among pedestrians at its average since 2002, 10 in 2006.

- Keep the number of crash fatalities among pedalcyclists at 0 in 2006.
- Keep the number of crash fatalities among school bus occupants at 0 in 2006.

Strategic Partners

OHS has partnerships with summer camps, the Rhode Island Safe Kids Coalition, the Rhode Island Department of Health, state and local law enforcement agencies, and the American Automobile Association. In cooperation with the Rhode Island Department of Transportation, these groups promote transportation safety and the incorporation of bike or pedestrian-friendly policies in transportation planning.

Strategies

1. Increase program initiatives that emphasize motorcycle safety.
 - Meet with motorcycle groups and other partners to develop education and outreach resources.
 - Emphasize the role of alcohol in motorcycle fatalities.
 - Increase automobile drivers' awareness of the characteristics of motorcyclists.
2. Increase public awareness of the diversity of road users.
 - Increase automobile drivers' readiness to share the road with motorcyclists, pedalcyclists, and pedestrians.
3. Continue non-motorized transportation programming.
 - Safety Days and other summer activities focusing on safe interactions among pedestrians, bicyclists, and motorists.
4. Collect and analyze data on safety of other road users in Rhode Island.

Program Performance Measures

- Percent of fatal motorcycle crashes that are alcohol-related (60 percent, excluding one ATV fatality, in 2004).
- Percent of motorcycle fatalities who were legally intoxicated (70 percent in 2004).

6. DATA COLLECTION, ANALYSIS, AND IMPROVEMENT

Problem Identification and Analysis

Timely, accurate, complete, uniform, integrated, and accessible safety data are important to identify priorities for traffic safety programs in the State.

Goals

- Expand and improve data bases on highway safety.
- Improve data integration and coordination with highway safety stakeholders.

Strategic Partners

The OHS and the University of Rhode Island Transportation Center (URITC) have begun working together to compile, structure, and deliver more complete, accurate, and useful information about traffic safety in Rhode Island.

Strategies

1. Improve the maintenance, coordination and analysis of current and accurate transportation safety data.
 - Recruit a Coordinator for the Traffic Records Coordinating Committee (TRCC) and begin a regular meeting schedule.
 - Finalize a Request for Proposal (RFP) with URITC for OHS data coordination, management, and analysis.
2. Increase the availability of safety data and traffic records to highway safety stakeholders.
 - Revise Critical Analysis Reporting Environment (CARE) software and begin sharing community-wide data analysis with highway safety stakeholders.
 - Provide community-wide analysis to all Operation Blue RIPTIDE partners.
3. Provide information on highway safety problem identification, process, program planning, and evaluation to potential grantees.
 - Hold meetings with potential grantees.
 - Expand total number of potential program partners.
 - Work with the Rhode Island Department of Transportation to update its strategic plan.

Program Performance Measures

- Total number of TRCC meetings (1 in 2004).
- Total number of program partners (15 agencies or associations, plus colleges and universities and local schools and police departments in 2004).
- Expand sharing of problem identification data among shareholders, partners, and traffic safety advocates.

7. PLANNING AND ADMINISTRATION

Problem Identification and Analysis

The RIDOT Office on Highway Safety will serve as the primary agency responsible for insuring that highway safety concerns for Rhode Island are identified and addressed through the development and implementation of appropriate countermeasures.

Goal

- Administer a fiscally responsible, effective highway safety program that addresses the state's specific safety characteristics.

Strategic Partners

Partner with NHTSA to implement appropriate recommendations from the NHTSA 2005 Management Review.

Strategies

1. Administer the statewide traffic safety program.
 - Implement the HSP and develop future initiatives.
 - Provide sound fiscal management for traffic safety programs.
 - Coordinate state plans with other federal, state, and local agencies.
 - Assess program outcomes.
2. Provide data required for federal and state reports.
3. Provide program staff, professional development, travel funds, space, equipment, materials and fiscal support.
4. Provide data and information to policy and decision makers on the benefits of various traffic safety laws.
5. Identify and prioritize highway safety problems for future OHS attention, programming and activities.

Program Performance Measures

- Integration of recommendations from the NHTSA 2005 Management Review and implementation of a mutually acceptable Corrective Action Plan (CAP).
- Delivery of the Federal Fiscal Year 2005 Annual Program Evaluation by December 31, 2005.
- Delivery of the Federal Fiscal Year 2007 Highway Safety Plan by September 1, 2006.

APPENDIX: STATE CERTIFICATIONS AND ASSURANCES

Failure to comply with applicable Federal statutes, regulations and directives may subject State officials to civil or criminal penalties and/or place the State in a high risk grantee status in accordance with 49 CFR §18.12.

Each fiscal year the State will sign these Certifications and Assurances that the State complies with all applicable Federal statutes, regulations, and directives in effect with respect to the periods for which it receives grant funding. Applicable provisions include, but not limited to, the following:

- 23 U.S.C. Chapter 4 - Highway Safety Act of 1966, as amended;
- 49 CFR Part 18 - Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments
- 49 CFR Part 19 - Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Nonprofit Organizations
- 23 CFR Chapter II \\" (§§1200, 1205, 1206, 1250, 1251, & 1252) Regulations governing highway safety programs
- NHTSA Order 462-6C - Matching Rates for State and Community Highway Safety Programs
- Highway Safety Grant Funding Policy for Field-Administered Grants

Certifications and Assurances

The Governor is responsible for the administration of the State highway safety program through a State highway safety agency which has adequate powers and is suitably equipped and organized (as evidenced by appropriate oversight procedures governing such areas as procurement, financial administration, and the use, management, and disposition of equipment) to carry out the program (23 USC 402(b) (1) (A));

The political subdivisions of this State are authorized, as part of the State highway safety program, to carry out within their jurisdictions local highway safety programs which have been approved by the Governor and are in accordance with the uniform guidelines promulgated by the Secretary of Transportation (23 USC 402(b) (1) (B));

At least 40 per cent of all Federal funds apportioned to this State under 23 USC 462 for this fiscal year will be expended by or for the benefit of the political subdivision of the State in carrying out local highway safety programs (23 USC 402(b) (1) (C)), unless this requirement is waived in writing;

The State will implement activities in support of national highway safety goals to reduce motor vehicle related fatalities that also reflect the primary data-related crash factors within the State as identified by the State highway safety planning process, including:

- National law enforcement mobilizations,
- Sustained enforcement of statutes addressing impaired driving, occupant protection, and driving in excess of posted speed limits,

- An annual statewide safety belt use survey in accordance with criteria established by the Secretary for the measurement of State safety belt use rates to ensure that the measurements are accurate and representative,
- Development of statewide data systems to provide timely and effective data analysis to support allocation of highway safety resources.

The State shall actively encourage all relevant law enforcement agencies in the State to follow the guidelines established for vehicular pursuits issued by the International Association of Chiefs of Police that are currently in effect.

This State's highway safety program provides adequate and reasonable access for the safe and convenient movement of physically handicapped persons, including those in wheelchairs, across curbs constructed or replaced on or after July 1, 1976, at all pedestrian crosswalks (23 USC 402(b) (1) (0));

Cash drawdowns will be initiated only when actually needed for disbursement, cash disbursements and balances will be reported in a timely manner as required by NHTSA, and the same standards of timing and amount, including the reporting of cash disbursement and balances, will be imposed upon any secondary recipient organizations (49 CFR 18.20, 18.21, and 18.41). Failure to adhere to these provisions may result in the termination of drawdown privileges;

The State has submitted appropriate documentation for review to the single point of contact designated by the Governor to review Federal programs, as required by Executive Order 12372 (Intergovernmental Review of Federal Programs);

Equipment acquired under this agreement for use in highway safety program areas shall be used and kept in operation for highway safety purposes by the State; or the State, by formal agreement with appropriate officials of a political subdivision or State agency, shall cause such equipment to be used and kept in operation for highway safety purposes (23 CFR 1200.21);

The State will comply with all applicable State procurement procedures and will maintain a financial management system that complies with the minimum requirements of 49 CFR 18.20;

The State highway safety agency will comply with all Federal statutes and implementing regulations relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin (and 49 CFR Part 21); (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps (and 49 CFR Part 27); (d) the Age Discrimination Act of 1975, as amended (42U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§ 523 and 527 of the Public Health Service Act of 1912 (42.U.S.C. §§ 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§ 3601 et seq.), as

amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

The Drug-free Workplace Act of 1988(49 CFR Part 29 Sub-part F):

The State will provide a drug-free workplace by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing a drug-free awareness program to inform employees about:
 - 1) The dangers of drug abuse in the workplace.
 - 2) The grantee's policy of maintaining a drug-free workplace.
 - 3) Any available drug counseling, rehabilitation, and employee assistance programs.
 - 4) The penalties that may be imposed upon employees for drug violations occurring in the workplace.
- c. Making it a requirement that each employee engaged in the performance of the grant be given a copy of the statement required by paragraph (a).
- d. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
 - 1) Abide by the terms of the statement.
 - 2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction.
- e. Notifying the agency within ten days after receiving notice under subparagraph (d) (2) from an employee or otherwise receiving actual notice of such conviction.
- f. Taking one of the following actions, within 30 days of receiving notice under subparagraph (d) (2), with respect to any employee who is so convicted
 - 1) Taking appropriate personnel action against such an employee, up to and including termination.
 - 2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency.
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f) above.

Buy America Act

The State will comply with the provisions of the Buy America Act (23 USC 101 Note) which contains the following requirements:

Only steel, iron and manufactured products produced in the United States may be purchased with Federal funds unless the Secretary of Transportation determines that such domestic purchases would be inconsistent with the public interest; that such materials are not reasonably available and of a satisfactory quality; or that inclusion of domestic materials will increase the cost of the overall project contract by more than 25 percent. Clear justification for the purchase of non-domestic items must be in the form of a waiver request submitted to and approved by the Secretary of Transportation.

Political Activity (Hatch Act).

The State will comply with the provisions of 5 U.S.C. §§ 1501-1508 and implementing regulations of 5 CFR Part 151, concerning "Political Activity of State or Local Offices, or Employees".

Certification Regarding Federal Lobbying:

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- 1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- 2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- 3) The undersigned shall require that the language of this certification be included in the award documents for all sub-award at all tiers (including subcontracts, subgrants, and contracts under grant, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Restriction on State Lobbying:

None of the funds under this program will be used for any activity specifically designed to urge or influence a State or local legislator to favor or oppose the adoption of any specific legislative proposal pending before any State or local legislative body. Such activities include both direct and indirect (e.g., "grassroots") lobbying activities, with one exception. This does not preclude a State official whose salary is supported with NHTSA funds from engaging in direct communications with State or local legislative officials, in accordance with customary State practice, even if such communications urge legislative officials to favor or oppose the adoption of a specific pending legislative proposal.

Certification Regarding Debarment and Suspension: Instructions for Primary Certification

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set

out in the Definitions and coverage sections of 49 CFR Part 29. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.

6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR Part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR Part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the list of Parties Excluded from Federal Procurement and Non-procurement Programs.
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR Part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

Certification Regarding Debarment, Suspension, and Other Responsibility Matters-Primary Covered Transactions

1. The prospective primary participant certifies to the best of its knowledge and belief, that its principals:
 - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;

- b. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of record, making false statements, or receiving stolen property;
 - c. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - d. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.
2. Where the prospective primary participant is unable to certify to any of the Statements in this certification, such prospective participant shall attach an explanation to this proposal.

Instructions for Lower Tier Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms *covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded*, as used in this clause, have the meanings set out in the Definition and Coverage sections of 49 CFR Part 29. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR Part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions. (See below)
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR Part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR Part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions:

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participants shall attach an explanation to this proposal.

Environmental Impact

The Governor's Representative for Highway Safety has reviewed the State's Fiscal Year 2006 highway safety planning document and hereby declares that no significant environmental impact will result from implementing this Highway Safety Plan. If, under a future revision, this Plan will be modified in such a manner that a project would be instituted that could affect environmental quality to the extent that a review and statement would be necessary, this office is prepared to take the action necessary to comply with the National Environmental Policy Act of 1969 (42 USC 4321 et seq.) and the implementing regulations of the Council on Environmental Quality (40 CFR Parts 1500-1517).

Governor's Representative for Highway Safety
James R. Capaldi, P.E.

Date

PROGRAM COST SUMMARY (HS-217)