



Comprehensive Plans: Moving to the Next Stage

The next phase of the National Cooperative Highway Research Program's effort to assist states in developing comprehensive highway safety plans is under way.

The Project 17-18 Panel, which under the chairmanship of Thomas Bryer of Pennsylvania guides activities designed to facilitate the implementation of AASHTO's Strategic Highway Safety Plan, met in mid-July to review the program's achievements and plan for the future.

"It is essential that we periodically assess what we have been doing, how effective our efforts have been, and what more we can do to assist states in their work to develop and implement comprehensive safety plans. This is part of our stewardship responsibility," says Bryer.

As part of that, Bryer said, the panel will sponsor a national peer exchange meeting this fall. In addition, the Panel made several other decisions aimed at maximizing the effectiveness of the project:

- Asking NHTSA and FHWA to review the AASHTO Strategic Highway Safety Plan and identify gaps in strategies needed to help move the nation toward a 1.0 fatality rate on streets and highways.
- Amending the guidebook for addressing speed management on high-speed facilities (over 45 mph) now in development to incorporate strategies on low-speed facilities as well.
- Developing a white paper and review of the initial Lead State program and suggestions for improved processes.
- Constituting a subcommittee to examine the need for and utility of a guide to effective public information and education strategies on highway safety.

"It is imperative that we do everything we can identify and implement effective strategies and deploy countermeasures that can have a reasonably immediate impact on highway deaths and injuries," Bryer says.



■ Breakout group discusses speed management strategies.

Peer Exchange Set For November 16-17

To hear participants tell it, one of the most valuable elements of the NCHRP Project 17-18 program to promote implementation of comprehensive highway safety plans has been a series of national peer exchange sessions.

The periodic meetings have allowed state and federal officials to share common frustrations and lessons learned in their quest for improved highway safety.

In opting to keep Project 17-18 moving forward, the Panel guiding the program decided in mid-July to schedule a national peer exchange Nov. 16-17 in Phoenix, AZ, to facilitate knowledge sharing in five key areas:

- Improving the development and application of relevant data through available tools,
- Recognizing and overcoming institutional barriers to the development of comprehensive plans,
- Reviewing best practices,
- Maintaining highway safety program momentum against the tide of other priorities facing state officials, and
- Determining what other assistance states need most to accomplish their highway safety planning more effectively.

Participants will also be briefed on the scope and requirements of the new transportation bill, SAFETEA-LU.

Invitations will be issued to participants in each of the states once logistics have been finalized.

New 'Tools for Life'

Next Guides: Motorcyclists, Bicyclists, Younger Drivers, and Freeway Crashes

The next set of guides to implementing strategies and countermeasures that address specific emphasis areas in the AASHTO Strategic Highway Safety Plan is scheduled for release late this year.

Members of National Cooperative Highway Research Program panel who are directing the guidebooks' development, together with subject experts, met in Washington in mid-July to review drafts of four publications that address:

- Collisions Involving Younger Drivers
- Collisions Involving Bicyclists
- Collisions Involving Speed
- Head-on Collisions on Freeways

State Highway CEOs Reinforce Commitment To Comprehensive Road Safety Planning

The chief executives of state departments of transportation renewed their commitment to a comprehensive, statewide approach to highway safety at AASHTO's Safety Leadership Forum II in May.

Nearly 180 people participated, including representatives of NHTSA, FHWA, FMCSA, and other state road safety partners.



The Forum was organized as a follow-on to one held two years ago, which was the genesis of a "lead states" initiative to advance implementation of AASHTO's Strategic Highway Safety Plan.

AASHTO President Jack Lettiere underscored the national "Driving Down Fatalities" theme in setting the stage for the meeting, saying that achieving a national 1.0 highway fatality rate "will be the greatest accomplishment in transportation."

In roundtable discussions that emphasized the need to heighten awareness of the need to work in a comprehensive, inclusive manner to identify and share best practices, participants focused on safe mobility for older people, comprehensive safety plans and data sharing, speed management, and local roads safety. The top recommendations from each group were reported to the full assembly.

Dr. Jeffrey Runge, NHTSA Administrator, keynoted the meeting. GHSA Chairman James Champagne, AAMVA Chairman Jerry Dyke, and Missouri DOT Director Pete Rahn also addressed the group. MADD President Wendy Hamilton was the luncheon speaker.

Runge offered an overview of current highway death and injury statistics, but devoted the bulk of his remarks to a discussion of leadership and collaboration initiatives that make up the federal-state-local endeavor to reduce highway deaths and injuries.

He encouraged states to recognize a sense of urgency in addressing the "public health crisis" on the nation's roads and to accelerate action "beyond the status quo."

Runge emphasized the value of comprehensive highway safety plans that have a strong data underpinning and are developed through a collaborative process to set safety priorities, identify problems early, establish realistic and appropriate performance goals, and apply resources appropriately.

Runge cited as one example NHTSA's work with "Strategic Evaluation States" to apply specific strategies for reducing alcohol-related fatality rates. "In the first year in 11 of the original 13 states, reductions in fatalities were even greater than the national average."

GHSA's Champagne reiterated his organization's commitment to "stopping the carnage" on the nation's roads. He reported that GHSA, which focuses on behavioral safety issues, is preparing a Highway Safety Countermeasures Guide to assist members in identifying potential actions from a policy standpoint.



■ **At left:** AASHTO President Jack Lettiere (second from left), Commissioner of the New Jersey Department of Transportation, talks with Forum participants. **Above:** Breakout group discussing state initiatives and lessons learned.

Peds Safety Conference Oct. 9-11

Urban Pedestrian Fatality, Injury Issues Addressed in Guide Nearing Completion

Between 4,000 and 5,000 pedestrians are killed each year on the nation's streets and roads—more than 10 percent of the U.S. traffic death toll—and 70,000 others are injured.

Recognizing that about three-quarters of the casualties occur in urban areas, The Federal Highway Administration's Safety Office is nearing completion of a "How to Guide for Developing and Implementing a Pedestrian Safety Plan."

FHWA's project aims to provide technical assistance to cities with highest fatalities per year (Los Angeles, Phoenix, Detroit, Chicago, and New York City) and states with pedestrian fatalities above 150 or a fatality rate above 2.5 that have committed to developing a pedestrian safety plan (Arizona, California, Florida, Georgia, Hawaii, Illinois, Michigan, New Jersey, New Mexico, New York, North Carolina, Pennsylvania, and Texas).

As part of its program FHWA, in cooperation with AASHTO and NCHRP, plans to host a national meeting for the Pedestrian Safety Focus States and Cities in conjunction with the Association of Pedestrian and Bicyclist Professionals Professional Development Seminar in Chicago, Oct. 9-11.

The FHWA "how to" document, expected to be completed this summer, will complement the Guide for Reducing Collisions Involving Pedestrians, which was released last year by NCHRP (Report 500-10), which contains recommended strategies and countermeasures for reducing pedestrian fatalities and injuries.

Highlights of Safety Provisions in SAFETEA-LU

The six-year surface transportation reauthorization signed by President Bush on July 29 provides \$286.4 billion in spending through FY 2009, 38 percent more than previous levels.

Two of the most significant parts of the law are the Section 1401 Highway Safety Improvement Program of Subtitle D-Highway Safety, and Title II-Highway Safety.

Section 1401 provides slightly more than \$5 billion over FY 2006-2009 for highway safety improvements based on a State strategic safety plan whose purpose is to achieve significant reductions in traffic fatalities and serious injuries on public roads.

A 'State strategic highway safety plan' must provide for consultation with a broad base of safety stakeholders in the development process; analyze and make effective use of crash data; address the four E's (engineering, education, enforcement, and EMS); consider the safety needs and fatality segments of public roads (inferring inclusion of those off the state highway system), and adopt strategic and performance goals.



State strategic highway safety plans have to be developed by Oct. 1 of 2007 for states to avoid financial penalties.

Other highlights:

Section 402 State and Community Highway Safety. The bill provides \$897 million over FY 2006-2009.

Section 405 Occupant Protection. Incentive grant program funded at \$119.8 million for FY 2005-2009. For states that don't qualify for 406 funds.

Section 406 Safety Belt Performance. Provides \$498 million for FY 2006-2009. Includes one-time grant of 4.75 times FY 2003 Section 402 apportionment to states enacting primary seat belt law after Dec. 31, 2002, and to states with a secondary law that achieve 85% belt use for two years immediately preceding grant year. States with older primary laws receive twice their 2003 apportionment.

Section 408 State Traffic Safety Information. Data improvement incentive grants. Eligible states receive at least \$300,000 first year, \$500,000 in subsequent years. Funded at \$34.5 million for FY 2006-2009.

Section 410 Alcohol Impaired Driving. Revised incentive grant program with escalating eligibility criteria. Provides \$415.8 million in FY 2006-2009.

Section 2010 Motorcycle Safety. New safety and education grants. \$25 million in funds for FY 2006-2009.

Section 2011 Child Safety and Booster Seats. \$25 million for FY 2006-2009. Authorizes new booster seat program for states with laws requiring children 50-65 pounds to be in appropriate restraints.

Section 1404 Safe Routes to School. States receive at least \$1 million to improve safety of children within two miles of primary and middle schools. Funded at \$612 million for FY2005-2009.

Tools For Life

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Five guides previously approved will be available in early fall. They address:

- Work Zone Collisions
- Drowsy and Distracted Drivers
- Enhancing Rural EMS
- Crashes Involving Alcohol
- Collisions Involving Motorcycles

14 Guidebooks Already Available

Currently available to state and local officials who have a responsibility for highway safety—be they engineers, law enforcement, licensing, education officials, or others with a stake in saving lives—are these guides:

- Aggressive Driving
- Head-on Collisions
- Run off the Road
- Trees
- Unlicensed/Suspended/Revoked Drivers
- Unsignalized Intersections
- Horizontal Curves
- Utility Poles
- Older Drivers
- Pedestrians
- Seat Belt Use
- Signalized Intersections
- Heavy Trucks
- Integrated Safety Management Process

Copies are available in hard copy or on the World Wide Web. See the box on page 4 for access information.

News Video Recognizes State DOT Initiatives to Address R-O-R Issues

A grant from NCHRP funded the development of a video news release (VNR) promoting initiatives by states to address run-off-road crashes and fatalities.

The VNR was individualized for each of the 16 Lead States that are developing comprehensive plans to address their run-off-road crash problems. A generic version was provided to the remaining states.

AASHTO's communications department in late June distributed to state DOT public affairs officers master copies of the VNRs in a format suitable for duplication and use by TV stations.

"The videos were developed in a manner that would allow the state DOTs and/or TV stations to adapt them to their own content and length requirements," says Jennifer Gavin, director of AASHTO's communications department.

The videos included national and individual state statistics on R-O-R crashes, injuries and deaths; they incorporated comments attributed to state DOT executives; and they included sound bites from Barbara Harsha, executive director of the Governors Highway Safety Association, and Tony Kane, AASHTO Director of Engineering and Technical Services.

Fatalities Dramatically Reduced

Utah Demonstrates That Cable Barriers Virtually Eliminate Cross-Over Crashes

By Carlos Braceras
Deputy Director
Utah Department of Transportation

In an effort to decrease the number of serious injuries and fatalities that result from crossover crashes, the Utah Department of Transportation has begun installing cable median barriers along the state's highway system.

Initial data show the cable barrier has been tremendously successful not only in preventing crossover crashes, but also in preventing serious injuries and even deaths. Throughout the state, more than 120 vehicles have impacted the barriers since they were first installed in late 2003, only two of those vehicles crossed into on-coming traffic.

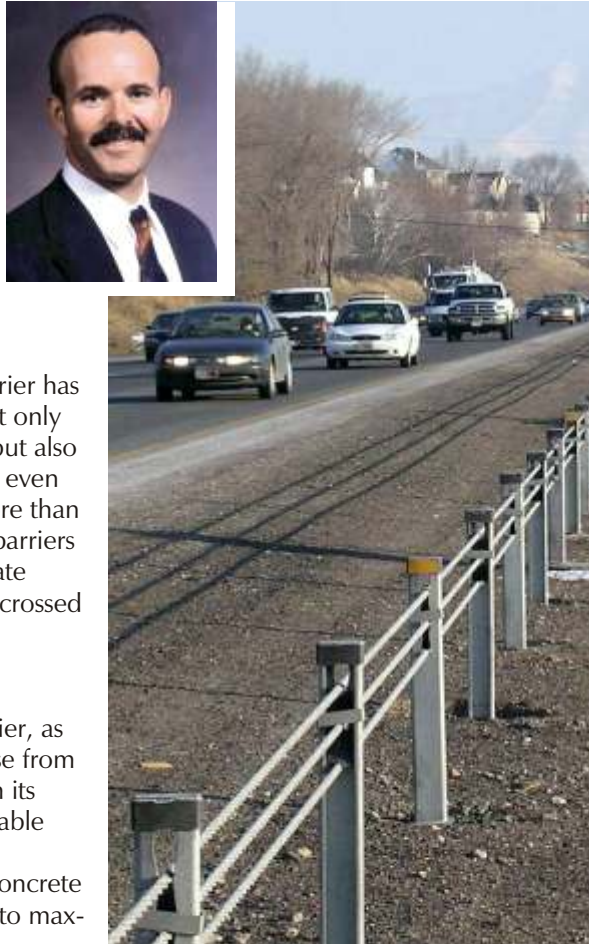
Stretching Budgets

The decision to use cable barrier, as opposed to concrete barrier, arose from the department's desire to stretch its safety dollars as far as possible. Cable barrier can be installed for about one-third the cost of traditional concrete barrier, allowing the department to maximize its investment.

UDOT has focused its efforts on corridors throughout the state with a significant history of crossover crashes. The department has installed the new barrier in six locations: Interstate 215 in Salt Lake County, four locations on Interstate 15 in Utah County, and one location on I-15 in Southern Utah.

A recent analysis of the barrier's performance in the Utah County locations demonstrates the effectiveness of the barrier. In the years prior to the barrier being installed, an average of five fatalities and 22 serious injuries occurred. In the years since the installation, only one serious injury has been reported and there have been no fatalities.

A typical installation is made up of three tensioned cables that are designed to prevent crossover crashes by absorbing the impact from a vehicle. The ca-



bles are strung in posts spaced within 12 feet of each other and are designed to give away during a crash. The tension is controlled from anchors that can be placed several thousand feet apart on opposite ends of the cable.

Easy to Repair

Repairs to the barrier are simple. When the barrier is hit, crews test the tension of the cable and re-tension it if necessary. Damaged posts are then removed, new posts are slid into the anchors and the cable is slipped back into place. If re-tensioning is not necessary, the repair can be made entirely by hand.

Clearly, there are motorists alive today whose lives were saved by the decision to install these barriers. Safety should be the top priority for any state DOT. Our state's experience should serve as a reminder of the impact our decisions can play in the day-to-day lives and safety of our customers.

■ Cable barrier on Utah highway lowers serious injury and fatality counts.

Want More Information?

Detailed information about the AASHTO Strategic Highway Safety Plan and the 'Tools for Life' that have been created to facilitate its implementation is available via the Internet and in printed form at through the Transportation Research Board's bookroom.

For copies of the Plan, the implementation guides (NCHRP Report 500) and the Integrated Safety Management Plan (NCHRP Report 501), go to

<http://safety.transportation.org>

For printed copies of the NCHRP Reports, make your request to:

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