

# **Montana Comprehensive Highway Safety Plan**



**2016 Annual Transportation Safety  
Meeting Report**

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## Meeting Purpose

The tenth annual Transportation Safety Meeting was held October 12-13, 2016 in Helena, Montana at the Radisson Colonial Hotel. More than 80 attendees representing the 4Es of transportation safety—Education, Enforcement, Emergency medical services, and Engineering attended the meeting. This two-day event provided an opportunity for city, county, tribal, state and federal safety partners to network, attend a grant management workshop, report on implementation of Montana's Comprehensive Highway Safety Plan (CHSP), and review progress of statewide efforts working towards **Vision Zero – zero fatalities, zero serious injuries** on Montana's roadways.

The format of the meeting included guest speakers focusing on proactive activities specific to the emphasis areas, an overview of the CHSP and data trends, progress on the statewide crash fatalities and serious injuries, and updates on emphasis area strategies.

## The 5<sup>th</sup> E

The primary purpose of the annual Transportation Safety meeting is to bring together federal, state, county, tribal, city and other safety partners to review crash data trends and assess progress in reducing fatalities and serious injuries on all of Montana's public roadways.

Director Mike Tooley encouraged participants to consider and include the 4Es of transportation safety efforts. Tooley stressed the equal importance of the 5<sup>th</sup> E: **Everyone**. Reducing fatalities and serious injuries on Montana's roadway is not an MDT issue, but an issue for all residents – for everyone. Coordination with others provides an opportunity to improve safety awareness and education to effectively change driver behavior and ultimately change the safety culture in Montana. Collaboration among agencies and organizations will help reduce tolerance for risky driving behaviors.



Montana is moving in the right direction. During the development of the 2015 CHSP Update an Executive Leadership Team (ELT) Committee was determined necessary to provide direction and consistency across agencies from the top down. The Executive Leaders of the Governor's Cabinet met twice during 2016. They first came together in March 2016 to discuss the safety issues on our roadways and how the Executive Committee could collaborate and coordinate programs to reduce serious roadway injuries and fatalities. The response of these officials was that a primary seatbelt law is needed in Montana.

A consensus of the ELT members approved a membership charter and the CHSP work plan. The ELT members agreed that serious roadway injuries and fatalities needed to be reduced and agreed to support safety initiatives as appropriate within their respective agencies and organizations.

Members include representatives from the Attorney General's Office of the Department of Justice, Montana Highway Patrol, Office of Court Administrator-Judicial Branch, Department of Health & Human Services, Department of Revenue, Office of Public Instruction, Montana Association of County Officials (MACo), Department of Corrections, Montana League of Cities and Towns, Montana Sheriffs & Peace Officers Association (MSPOA), Governor's Office of Indian Affairs, Montana Tavern Association, and FHWA, among others.

The ELT reviewed how other states implement seatbelt laws and the messages that impactfully relayed the importance of primary seatbelt laws to their public. ELT members agreed that to break down opposition barriers to a primary seatbelt law, four key items were needed:

- Strong leadership from government and influential individuals and entities;
- Media messaging developed in collaboration with partners to ensure consistency;
- Perceptions and issues addressed directly with the appropriate facts and discussion should not deviate from those facts; and
- Personal stories of survivors and real experiences of victims' families needed to be shared to fully portray the real-life costs associated with losing a loved one.

Partner agencies will continue to work with other safety stakeholders to implement strategies focusing on the emphasis areas and the opportunities to reduce fatalities and serious injuries on Montana's public roadways.

## Montana Roadway Fatalities

Director Tooley reported the 2015 fatalities and serious injuries crash data and the correlating unbelted data to explain how significantly a primary seat belt in Montana could affect the severity outcome of crashes. Montana experienced **224 fatalities and 1,000 serious injuries**, up from the 192 fatalities and 965 serious injuries in 2014. Many of the victims of these crashes might have walked away had they been belted in their vehicles. Often the severity of a crash is determined by the occupants themselves not buckling up. Media messaging is being developed calling out five 2015 crash data facts involving the non-use of seat belt restraints:

- 224 people died on Montana roads. 118 of these deaths involved a choice. The choice to not buckle up;
- 96% of the ejected people who died were unrestrained;
- 86 of the 118-unrestrained people who died were ejected (73%);
- 111 of the 118-unrestrained people died in rural roadway crashes (94%); and
- \$1.5 million is the average cost of a motor vehicle crash.

In 2015,  
**96 percent**  
of the ejected people who  
died were unrestrained.

To determine the calculable costs of motor vehicle fatalities, the Department of Health and Human Services (DPHHS) and MDT have referenced the National Safety Council (NSC) to determine the economic impact from motor vehicle crashes to the State of Montana. The calculable costs of motor vehicle crashes include wage loss and loss of productivity, medical expenses, administrative expenses, motor vehicle damage, and employer's uninsured costs. The calculable cost for a motor vehicle fatality is approximately 1.5 million.<sup>1</sup>

\$  
**\$1.5 Million is the average  
cost per motor vehicle  
fatality.**

## CHSP Overview

Lynn Zanto, Administrator of MDT's Rail, Transit, and Planning Division provided an overview of Montana's CHSP to date and the recent requirements of the Fixing America's Surface Transportation (FAST) Act that was signed in December 2015.

The 2015 CHSP is in its third edition with an enhanced, data driven focused approach that involves a good cross representation of the 4Es – education, enforcement, emergency medical services, and engineering and considers multimodal road users. This focused approach integrates the previous emphasis areas and considers all Montana stakeholders including: older drivers, younger drivers, Native Americans, bicyclists, pedestrians and motorcyclists.



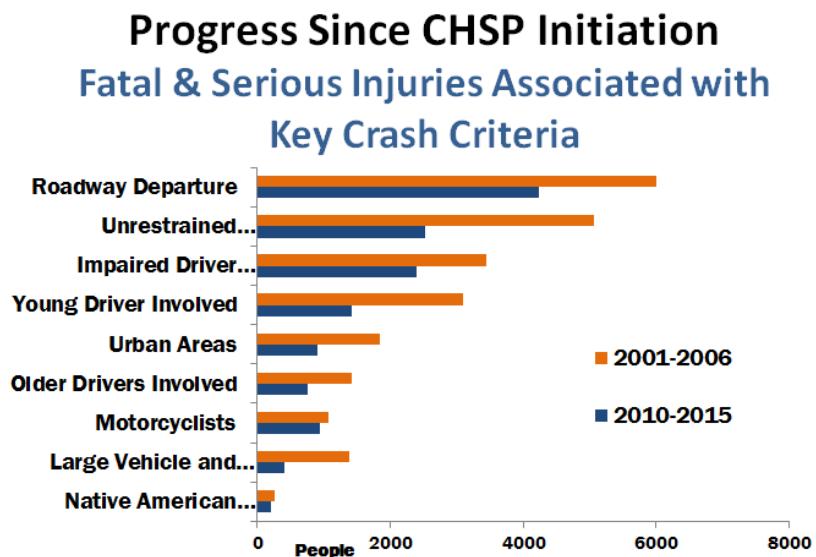
Analysis of the six year pre- CHSP data and the most recent six years of current CHSP implementation data shows the progress of the emphasis areas and where the greatest need for an increased focus is still needed.

The areas determined to have the greatest opportunity to reduce fatalities and serious injuries with increased emphasis are Roadway Departures & Intersection Crashes, Impaired Driving, and Occupant Protection.

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<sup>1</sup> *Estimating the Costs of Unintentional Injuries*, 2014, National Safety Council  
[http://www.nsc.org/NSCDocuments\\_Corporate/estimating-costs-unintentional-injuries-2016.pdf](http://www.nsc.org/NSCDocuments_Corporate/estimating-costs-unintentional-injuries-2016.pdf)

**FIGURE 1: FATAL & SERIOUS INJURIES ASSOCIATED WITH CRITERIA**

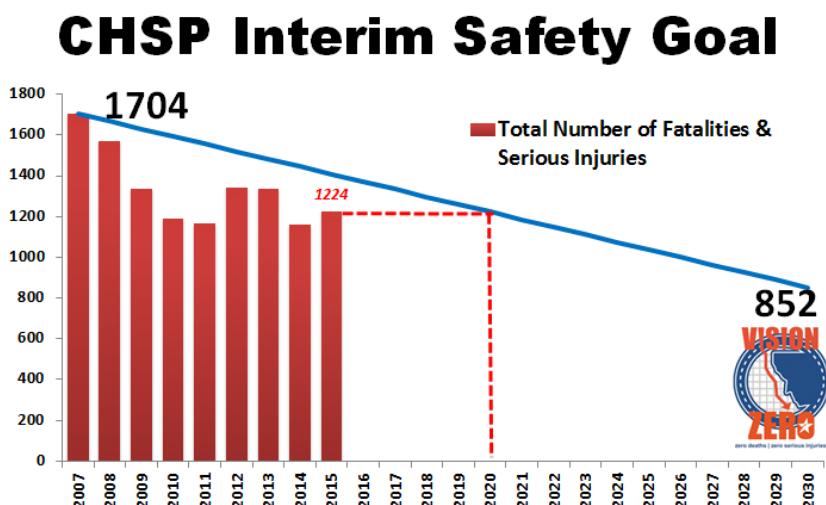


The purpose of the CHSP is to

***Implement a collaborative process to reduce fatalities and serious injuries in Montana utilizing engineering, enforcement, education, and emergency response strategies. The CHSP will seek to focus resources strategically, where opportunities for safety improvements are greatest.***

While the vision for Montana's CHSP is ***Vision Zero – zero fatalities, zero serious injuries*** on all public roadways. The CHSP uses an interim goal to track progress in reducing fatalities and serious injuries. The CHSP interim goal is to reduce fatal and serious injuries from 1,704 in 2007 to 852 by 2030. In 2015, Montana experienced 224 fatalities and 1,000 serious injuries. While there has been a slight increase Montana is still below the 5-year average.

**FIGURE 2: CHSP INTERIM SAFETY GOAL**

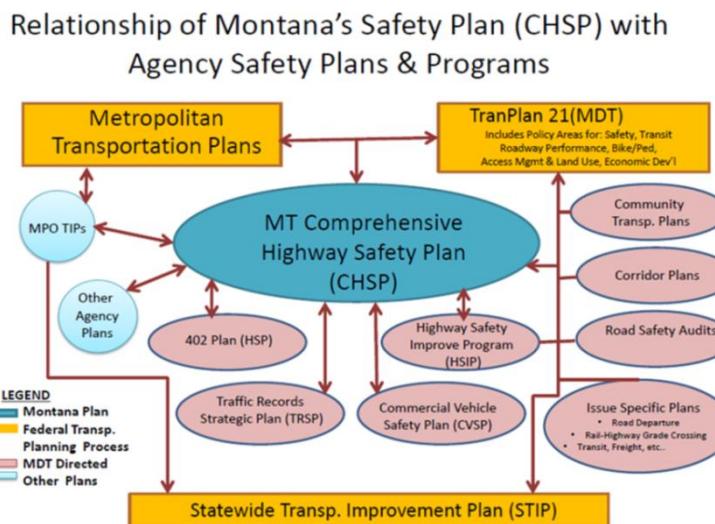


## FAST ACT

The FAST Act requires that the CHSP be data driven, involve stakeholders, develop goals and strategies, targets, and be evaluated on regular basis and update every 5 years. It also continues the overarching requirement that HSIP funds be used for safety projects that are consistent with the CHSP that correct or improve a hazardous location or feature or address a highway safety problem. It also limits the Highway Safety Improvement Plan (HSIP) eligibility to only those listed in statute – most which are infrastructure – safety related and not behavior related.

The FAST Act retains the relationship of safety plans and the guidance that the CHSP shall provide strategic direction for State plans, such as the HSIP, the Highway Safety Plan (HSP), and the Commercial Vehicle Safety Plan (CVSP) (23 CFR Part 924.9(a)(3)(x)). It also shall provide direction for local and tribal safety plans. Meaning that state, local, and tribal entities should be coordinating their safety planning efforts with the CHSP and incorporate the goals, emphasis areas, and strategies of the CHSP into their plans, as appropriate.

**FIGURE 3: RELATIONSHIP OF CHSP WITH AGENCY SAFETY PLANS & PROGRAMS**



The State's HSIP must be coordinated with the CHSP. To obligate HSIP funds, a State must develop, implement, and update a CHSP that identifies and analyzes highway safety problems and opportunities (23 U.S.C. 148(c)), and highway safety improvement projects must be consistent with the State's CHSP (23 U.S.C. 148(a)(4)(A)).

Likewise, the CHSP must be consistent with the requirements of 23 U.S.C. 135(g), which pertains to the Statewide Transportation Improvement Program (STIP) (23 U.S.C. 148(a)(11)(H)).

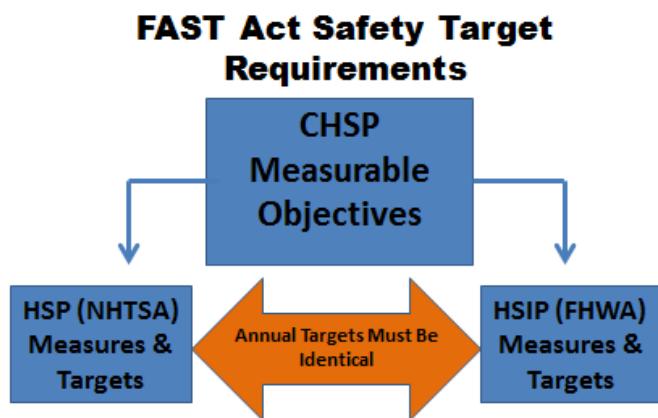
The State must coordinate its Highway Safety Plan (HSP), data collection, and information systems with the CHSP (as required under Highway Safety Programs) (23 U.S.C. 402(b)(1)(F)(v)).

The lead State commercial motor vehicle safety agency must also coordinate the plan, data collection, and information systems with the State's HSIP required under section 148(c) of title 23 (49 U.S.C. 31102(c)(2)(K)).

In addition to the four safety measures required by the previous Moving Ahead for Progress in the 21<sup>st</sup> Century (Map-21) federal legislation the FAST Act final rules published in March 2016 requires an additional safety measure focusing on non-motorized road users. The combined five required safety measures are

- Reduce the number of fatalities
- Reduce fatality rates
- Reduce number of serious injuries
- Reduce serious injury rates
- Reduce non-motorized fatalities and serious injuries

Beginning in August 2017 for reporting in 2018, States must annually show how targets have been met or significant progress has been made towards meeting at least four of five performance targets established or that the outcome is better than the base line year. Potential risks include program impacts and additional requirements of the HSIP including a required annual Implementation Plan if FHWA determines a State has not met or made significant progress toward meeting its performance targets.



Targets are to be established for the core performance measures (number of fatalities, rate of fatalities and number of serious injuries), and HSIP targets must be identical to the targets established for the NHTSA Highway Safety Grants program. To align the HSIP, the HSP, and the CHSP the Advisory Committee will meet and set performance measure targets in May 2017, in advance of the HSIP and HSP deadlines. HSP targets are due July 1, 2017 to NHTA. HSIP targets are due August 31, 2017 to FHWA.

## Crash Data

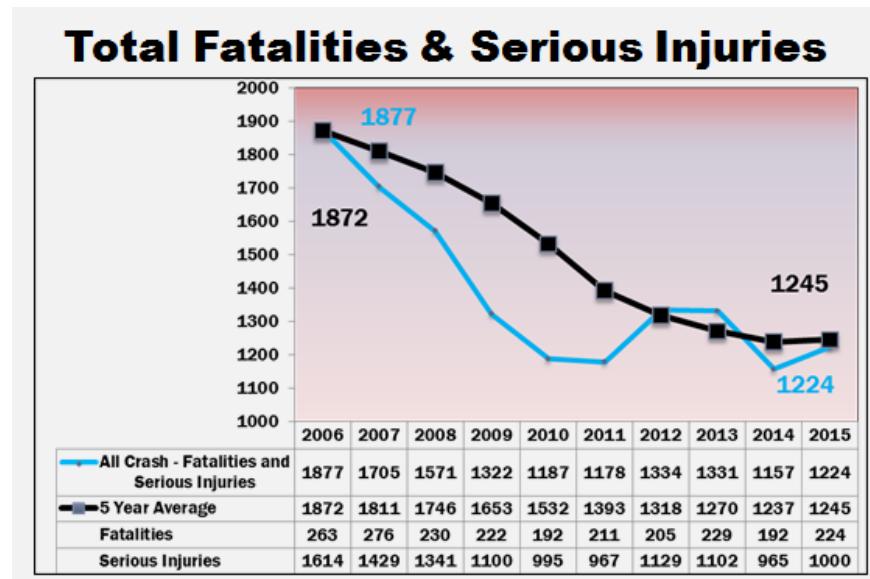
Safety Engineer Kraig McLeod, representing MDT's Traffic & Safety Bureau, provided an overview of the most recent ten years of data used to evaluate progress in reducing fatalities and serious injuries in relationship to the CHSP interim goal and the current four safety measure targets.

Fatalities and serious injuries have been decreasing in the past ten years. Montana experienced an increase in 2012-2013. There were 5 more fatalities (229) and 102 more serious injuries (1102) in 2013.

In 2012, there were 19 fewer fatalities (205) and 131 more serious injuries (1131). Data analysis typically looks at a ten-year time frame to account for the uncertainty of crashes and to evaluate trends.



**FIGURE 4: TOTAL FATALITIES & SERIOUS INJURIES, 2006-2015**



In 2015, Montana experienced 224 fatalities and 1,000 serious injuries for a combined total of 1,224 severe injuries related to motor vehicle crashes. This is below the 5-year rolling average of 1,242.

Analysis of severe injuries over the past three years shows the overlapping crash factors of roadway departures, intersection crashes, impaired driving, and unrestrained occupants. Severe injury crash factors also showed that most severe injuries occur outside of city limits and in the rural environment (80%). Almost half, 49 percent of all severe injuries occur on Friday, Saturday, and Sunday.

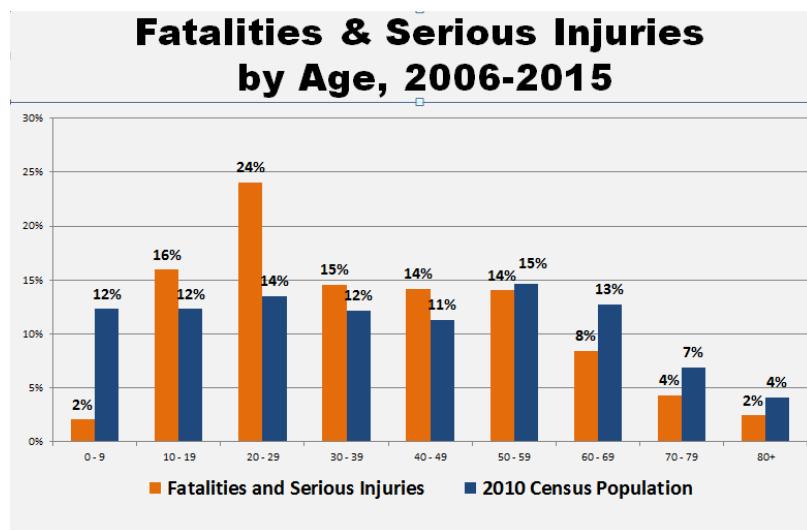
Contrary to common perceptions that severe crashes occur mainly during adverse weather and bad road conditions, 37 percent of severe injuries occur during the summer quarter of the year - June, July, and August. Summer months are when people tend to drive more and be less cautious than during winter months when road conditions are most likely to be clear and dry, which causes drivers to let their defenses down.

For comparison purposes fatalities and serious injuries shown in Figure 7 uses the same age group percentages used by the U.S. Census Bureau to report the State's population.

This figure shows that the age group of 20-29-year olds make up 14 percent of Montana's population; yet makes up 24 percent, or a nearly a quarter, of Montana's fatal and serious injuries.

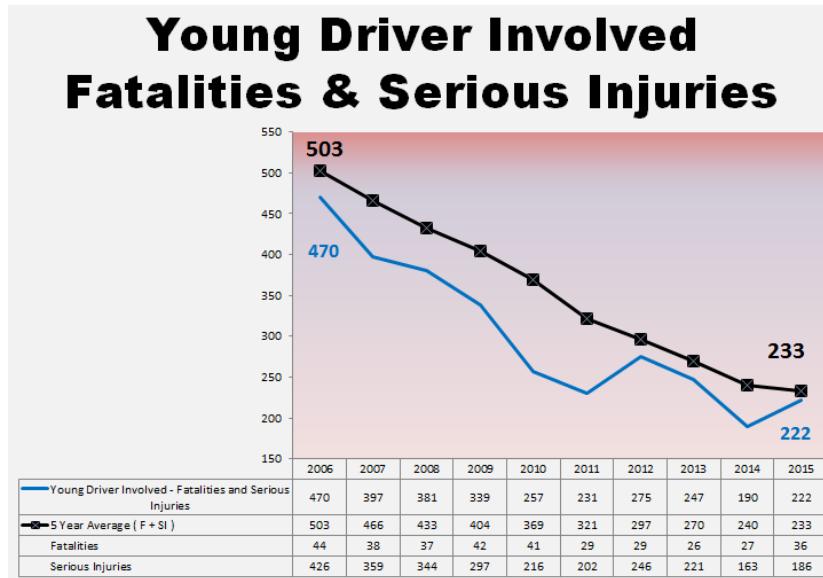
Young age groups, less than 30 years of age, specifically those in the 10-29 years of age make up 26 percent of Montana's population and experience the highest percentage of fatalities and serious injuries at 40 percent.

**FIGURE 5: FATALITIES & SERIOUS INJURIES BY AGE, 2006-2015**



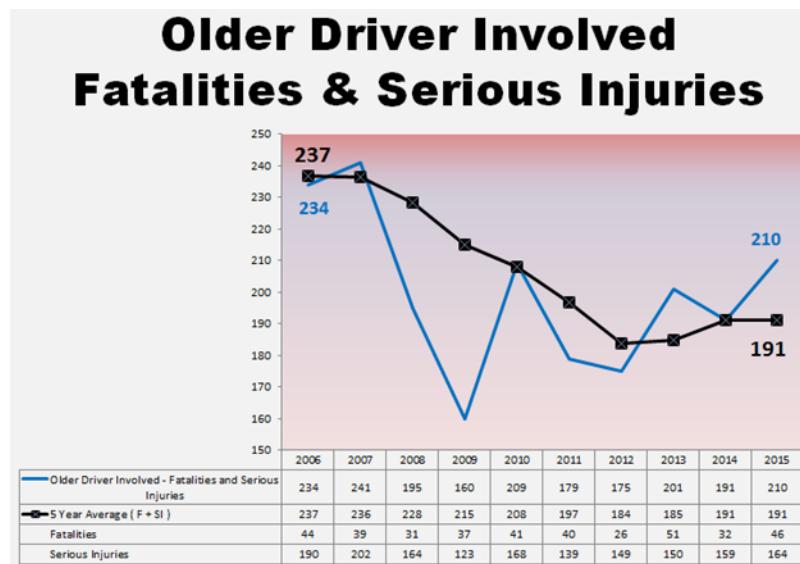
Young drivers are defined as those that are 20 years of age and younger and not of legal drinking age. Young driver fatalities and serious injuries in 2015 were 222. It is important to note that this is below the 5-year average of 233.

**FIGURE 6: YOUNG DRIVER INVOLVED FATALITIES & SERIOUS INJURIES, 2006-2015**



Older drivers, 65 years of age and older, experienced 210 severe injuries in 2015, which is above the five-year average of 191. Since 2013, there has been an increase in fatalities and serious injuries, which may be attributed to the aging population of baby boomers born following WWII. AARP and AAA continue to conduct outreach and driver training and education to this stakeholder group to help create awareness and enhance skills.

**FIGURE 7: OLDER DRIVER INVOLVED FATALITIES & SERIOUS INJURIES, 2006-2015**

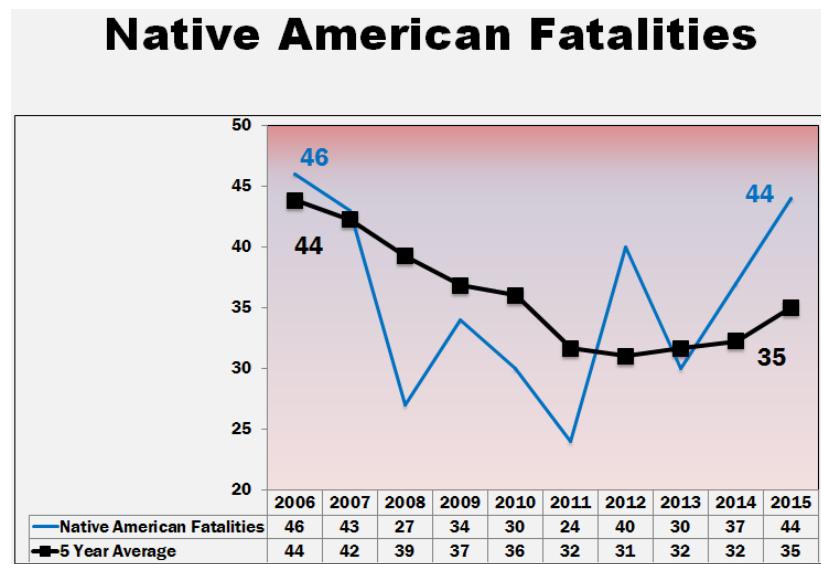


Native Americans represent 6.6 percent of Montana's population and are over represented in fatal crashes. In 2015, 20 percent of all roadway fatality victims were Native Americans.

Because it is difficult to get consistent crash data reported and entered into the MHP crash reporting system by all of Montana's Tribal Nations, only crash fatalities are shown in the 10-year crash data analysis. When a fatal crash occurs on any of Montana's seven land-based reservations the MHP Traffic Investigation Unit is called to conduct a crash investigation. In 2015 there were 44 Native American fatalities, which is above the 5-year average of 35.

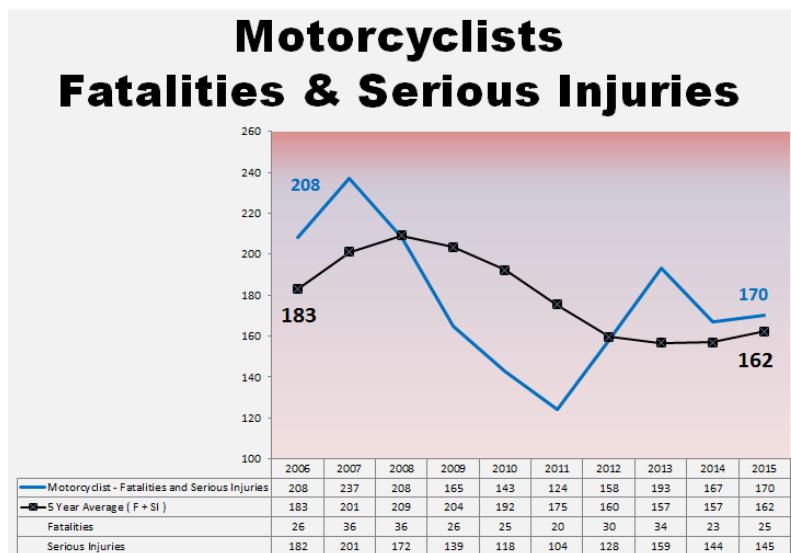
There isn't a complete picture for serious injuries for Montana's seven tribal lands. Serious injuries may or may not be reported by or to tribal law enforcement. There are several factors in not being able to get consistent crash related serious injury data. Ongoing concerns of personal identifiers, lack of traffic codes, and lack of enforcement staff continue to be hurdles in collecting crash data to determine best practices within the 4Es to reduce crashes.

**FIGURE 8: NATIVE AMERICAN FATALITIES, 2006-2015**



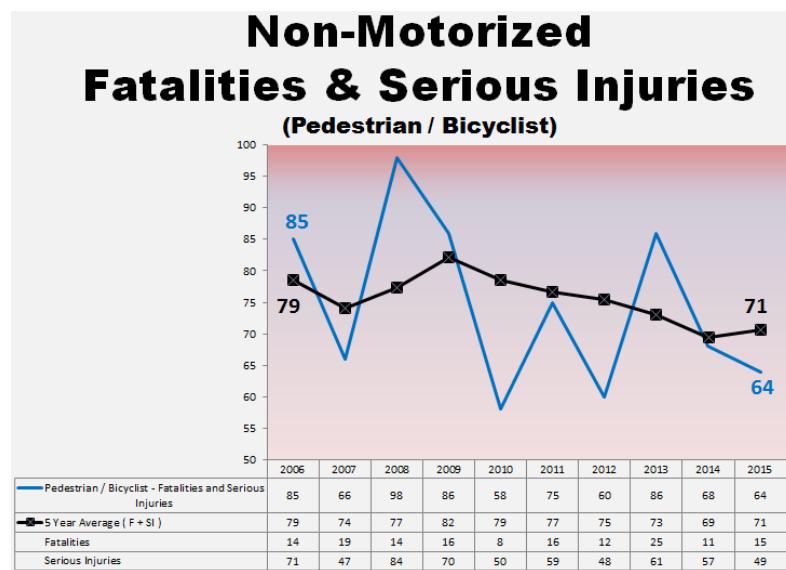
In 2015 there were 170 fatalities and serious injuries among motorcyclists of which 25 were fatalities. This is above the 5-year average of 162. Motorcyclist fatalities represented 11 percent of the roadway fatalities in 2015. Potential factors may include fair weather which provides more opportunities to ride earlier and later in the year and beyond the limited daylight hours.

**FIGURE 9: MOTORCYCLIST FATALITIES & SERIOUS INJURIES, 2006-2015**



Fatalities and serious injuries of non-motorized (pedestrians & bicyclist) in 2015 were 64. While numbers fluctuate from year to year this is a decrease from the previous year and Montana is below the 5-year average of 71.

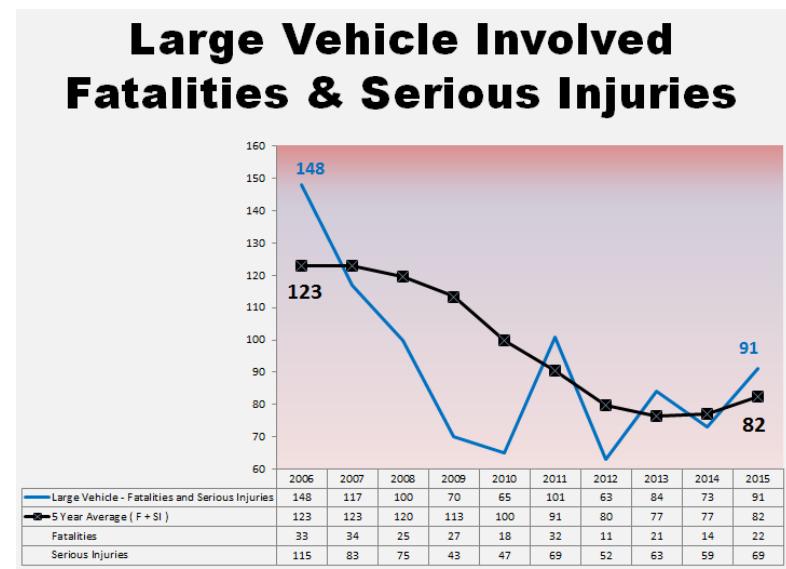
**FIGURE 10: NON-MOTORIZED FATALITIES & SERIOUS INJURIES, 2006-2015**



Again, because numbers are generally small and numbers fluctuate from year to year it is important that multiple years are analyzed to see just what the trend is. Montana is experiencing a downward trend in non-motorized fatalities and serious injuries.

There were 91 fatalities and serious injuries involving large vehicles in 2015 compared to 73 in 2014. Large vehicles include semis, busses, and heavy trucks up to 10,000 + pounds. In 2015, Montana was above the 5-year average of 82.

**FIGURE 11: LARGE VEHICLE INVOLVED FATALITIES & SERIOUS INJURIES, 2006-2015**



This is an increase from previous years but confirms the importance of analyzing ten year of crash data. In comparing the 148 fatalities and serious injuries experienced in 2006 to that of 2016, Montana has experienced a 62% reduction since 2006.

## Safety Issues

Each of the emphasis areas featured a guest speaker who provided an over view of continuing and emerging safety issues that impact the health and safety of roadway travelers. These issues impact the ability to reduce fatalities and serious injuries on Montana's roadways.

## Impacts of Marijuana Use



Washington Traffic Safety Commission Director, Darrin Grondel spoke on the impact of marijuana legislation and the importance of being proactive instead of reactive. His presentation is based on lessons learned from other states on what needs to be done to prepare for and address legalization, especially those issues around impaired driving.

Director Grondel is an active member with the Governors Highway Safety Association (GHSA) serving as Secretary on the Executive Board and the American Association of Motor Vehicle Administrators (AAMVA) where he serves as the Chair of the Law Enforcement Standing Committee and Chair of the Region IV Law Enforcement Committee.

Drugged driving is more complicated than that of drunk driving. Drunk driving is only alcohol which crash and driver data is available and impairment is well documented. Drunk driving is decreasing, the crash risk is strong and it has become socially unacceptable. Drugged driving includes hundreds of drugs, crash data is limited, impairment differs by type and there is no strong attitude or belief making it socially unacceptable.

Currently there are 5 states that allow recreational use of marijuana, 8 states allow medical marijuana of which Montana is one, and 4 states that allow both recreational and medical- Alaska, Oregon, Colorado, and Washington.

There has been significant increase with drugged driving in these 4 states. The AAA Foundation in conjunction with the Washington State Traffic Safety Commission has conducted four studies on the impact of drugs and alcohol in relation to impaired driving crashes. In addition to studying the chemical compound of drugs the durations of THC affects after smoking or ingesting noted peak effects after using to be up to one hour and residual effects to up to 24 hour following use depending on dose. Duration of impairment is because marijuana is fat soluble and binds to receptors in the brain that affect the function of the short-term memory, coordination, and unconscious muscle movement.

States need to be aware of and prepare for increased marijuana use. Medical marijuana legislation typically comes first which has general guidelines of who can be approved for medical use, but no patient or physician registry. Medical marijuana opens the door for recreational use

via voter initiative who have not considered the consequences of recreational use and impaired ability to drive safely.

Features of the legal marijuana market includes regulation and enforcement, seed to sale tracking, testing and labeling requirements, serving size limits, production restrictions and taxations. Washington States Medical Marijuana Initiative 692 was approved by voters in 1998. This provided a defense for criminal prosecution and allowed qualifying patients and primary caregivers to possess no more than a 60-day supply. Following state legislation further defined possession criteria. A 60-day supply was defined as 24 ounces or 15 plants in 2007. Physician assistants, advanced registered nurse practitioners and naturopaths were added as authorizers in 2010.

The ACLU wrote the recreational marijuana initiative for Washington State supported by a \$6 million campaign fund. This voter initiative (I-502) was approved in 2012 which allows recreational marijuana possession by adults 21 years of age and older- providing to a minor is a felony; possession up to one ounce; obtained from a state licensed system of private producers, processors, and retail stores; approved 25 percent tax with 40 percent of new revenue going to state general fund.

I-502 Established a Liquor and Cannabis Board within the Department of Health that oversees the marijuana regulatory process system and established rules for medical marijuana including the growing, processing, distribution, sales, pesticides used, and testing of marijuana. Qualifying conditions were determined as those that are supported by medical evidence which has shown that some patients with terminal or debilitating medical conditions may, under their healthcare professional's care, benefit from the medical use of marijuana. Medical Marijuana recognition cards are required if designated patients and designated providers 21 and older wanted to purchase products sales-tax free, purchase up to three times the current limit for recreational users, purchase high THC infused products, grow plants in residence, for authorization from arrest, prosecution and legal penalties. Authorized use does not protect a user from arrest and prosecution for impaired driving and resulting actions from being marijuana impaired driver.

## **Considerations**

A proactive approach that states should consider when discussing medical and recreational marijuana include:

- Creation of an Impaired Driving Task Force comprised of various disciplines and expertise.
- Develop baseline data if possible with current data available
  - Crash and arrest data, public perceptions and attitudes on driving, healthy youth surveys, etc.
- Assess current DUI laws, definitions, and gaps
- Determine criteria and differentiate between medical and recreation
  - What is supported medically and what conditions?
  - Who/How will it be regulated?
  - Who/ How will it be managed?
- Develop and conduct law enforcement, prosecutors and judicial training to include laws and corresponding appropriate sanctions for misuse and illegal use, including impaired driving.
- Develop and implement an educational campaign with materials relevant to various cultures.

- Evaluate data collection, (i.e. Traffic Crash Data, Toxicology, Poison Control, Hospital, etc.)
  - What information is collected? How is collected? Who has access for analysis?
- Creation of a Regulatory Agency –
  - Full enforcement authority
  - Track from seed to sale
  - Packaging requirements with THC level, not attractive to children
  - Rules and regulations
  - Address banking and taxation issues that contradict the use of marijuana is a violation of Federal law.
- Medical community will need to prepare for increased poison control calls and response
- Seek dedicated funding from revenues for education and enforcement
- What Driving Under the Influence of Drugs DUI laws will be considered?
  - Illegal to drive while impaired by any drug or substance
  - Zero Tolerance – Illegal to drive with any number of specified drugs in the body
  - Per se: illegal to drive with amounts of specified drugs in the body exceeding set limits (e.g. 5 ng) delta 9 THC or carboxy
- Law Enforcement – SFSTS, ARIDE, DRE should include enhanced focus on marijuana
- Electronic Search Warrants
- Chemical Evidence – Oral Swabs, Blood or Urine
- Phlebotomy for law enforcement officers is shift in traditional tasks but something rural states should consider.
- Toxicology evidence collection and analysis
  - How will it be collected and what are the screening tolerances?

## Primary Seat Belt Law and Rural Trauma Systems

St. Vincent Healthcare's Trauma Medical Director, Dr. Barry McKenzie, spoke to the importance of a primary seat belt in reducing the severity of injuries.

Dr. McKenzie grew up in the Billings area where he attended grade school and high school. Dr. McKenzie graduated from University of North Dakota School of Medicine.

Dr. McKenzie spoke about the impact and the hardship experienced by rural trauma systems due to the increased severity of unbelted crash victims. The strategy of establishing a primary law and increasing the primary seat belt fine would help maintain rural services and fund training of rural emergency medical service (EMS) providers through the state of Montana.



Several attempts to pass a primary seat belt in Montana have failed. Instead of a safety initiative to help law enforcement and reduce the severity of crashes the public perception is that a primary law is a way for the government to make money. Instead of taking the same approach Dr. McKenzie initiated the approach of asking - What does a lack of a primary seat belt law cost the taxpayer? A different approach involves changing the public's thinking that a primary seat belt law addresses a public health crisis and costs communities and tax payers.

In 2015, 224 people were killed in automobile crashes. Almost 70 percent of deaths can be attributed to not wearing a seat belt. Nationally the Center for Dieses Control (CDC) estimates that 1 in 7 drivers do not wear seat belts. Seat belt use has shown to reduce the risk of death by 45 percent and reduces the risk of serious injuries by 50 percent.<sup>2</sup>

Montana's current secondary seat belt law is difficult to enforce because 1) it only allows law enforcement to ticket an unbelted offender if the driver has been pulled over for some other traffic offense law enforcement, and 2) law enforcement is understaffed statewide and enforcement activities are not solely traffic. Crash related deaths cost Montana taxpayers each year with tax to the medical field, loss of work production and unemployment.

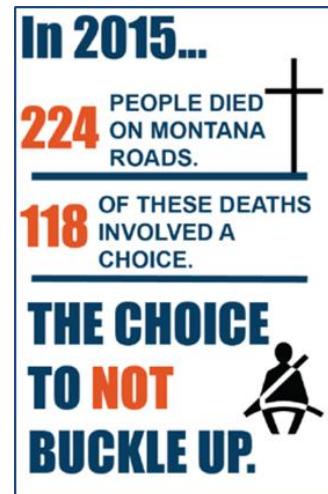
### Emerging Issues and Considerations

Due to the rural nature of Montana, Emergency Medical Services (EMS) First Responders are often the first on site of a motor vehicle crash. This is important to all travelers on Montana's roadways whether you live in a rural community or a large urban area, Montana is a recreational state and residents often travel outside the area they live. Local community volunteers are the First Responders that make up the local trauma systems. A trauma system is comprised of First Responders, local EMS, and a local trauma receiving center that transports to region trauma centers that operates with state support. The availability and response of rural EMS plays a pivotal role in injury severity outcomes.

Montana's Trauma System faces challenges in providing and maintaining critical care in rural services. The Trauma System requires many resources, including equipment, staff, and ongoing education. The annual state trauma budget is \$150,000. Montana's population as of 2015 was 1,032,919. The breakdown of trauma care spending is 15 cents per resident. The trauma system expenses that surpass that budgeted amount are passed on to the tax payer. EMS volunteers are an aging population and volunteers are becoming scarce. Issues faced in recruiting volunteers are the cost of training and recertification, work outside residential boundaries, and calls for response occurring during work hours.

Dr. McKenzie provided a scenario of what a primary seat belt fine might look like and what the benefit could be used based on the approximate 2,500 seat belt tickets that the Montana Highway Patrol wrote in 2015. If a primary seat belt fine reflected that of other states and was increased to \$50 from the current secondary fine of \$20, the \$30 fine increase could help fund the state trauma system and increase funding by 50 percent.

The fine increase would support rural trauma programs and the role of EMS providers focusing on providing local training and education; hybrid and online training courses; team courses for doctor, nurse and treatment nurse; and financial support for services. The secondary gain would be that skills developed in trauma care would improve medical care and possibly help support rural hospitals and maintain rural EMS.



<sup>2</sup> What's the Issue, Injury Prevention & Control: Motor Vehicle Safety, Centers for Disease Control, Retrieved October 2016, <https://www.cdc.gov/motorvehiclesafety/seatbeltsbrief/index.html>

## Engineering and Safety



Robert Hull, P.E. is a Senior Transportation Safety Engineer and Planning Manager with Cambridge Systematics. Mr. Hull joined CS after serving over 25 years with the Utah Department of Transportation (UDOT). He has served in leadership roles with the American Association of State Highway and Transportation Officials (AASHTO), National Cooperative Highway Research Program (NCHRP), and the Transportation Research Board (TRB).

As the UDOT Director for Traffic and Safety he was responsible for developing statewide direction, policies, and engineering standards for all traffic and safety engineering programs. He founded and directed Utah's Zero Fatalities program that led to a culture of safety, innovation, and to "Zero Fatalities" being a UDOT strategic goal. He was the panel chair of the NCHRP project to develop the framework for the Toward Zero Deaths (TZD) National Strategy on Highway Safety and continues to provide expert assistance to the TZD initiative.

His presentation focused on the national safety initiative of TZD with a singular vision for the nation's stakeholders of a highway system free of fatalities. This requires changing the nation's culture where one traffic death is unacceptable. TZD focuses on six emphasis areas that contribute to and where there is an opportunity to reduce risks. These emphasis areas are:

- Drivers and passengers
- Vulnerable users
- Vehicles
- Infrastructure
- Emergency medical services (EMS)
- Safety management and data processes

Reaching a state and national goal of zero fatalities requires a change among us of our personal attitudes and perceptions about roadway safety to improve our safety culture. Road users need to make safe driving decisions. Safe driving behavior impacts those within immediate circles and helps change attitudes of what is deemed safe and what is not. High risk individuals need to understand that unsafe actions have potential life altering consequences that impact others and work towards learning to make safe driving decisions.

TZD involves a national network of people and organizations that are committed to zero deaths. Commitment involves action in addition to support. TZD is not a one fit for all, it is adaptable to local conditions and can be implemented to fit needs, priorities, values and customs. Montana is ahead of the game because

- Montana has a zero-based goal of zero deaths, zero serious injuries on our roadways.
- Montana has a multiagency collaboration of state, federal, county, tribal, city agencies or organization safety partners.
- Montana has safety strategies that address specific issues.

The CHSP is reflective of many of the TZD safety infrastructure strategies of:

- Upgrade infrastructure to mitigate crashes and reduce injury severity,

- Adopt advanced cross-cutting technologies,
- Improve design practices to maximize safety benefits, and
- Ensure agency policies and procedures incorporate safety considerations throughout the highway project development process.

Hull focused on two of the national TZD emphasis areas of Vulnerable Users and Improved Safety Management. Strategies to improve the safety of vulnerable users predominately have a strong focus on education and upgrade infrastructure to mitigate crash fatalities and serious injuries. Vulnerable users are pedestrians, bicyclists, motorcyclists, and work zone individuals (construction and maintenance, EMS and traffic incident responders, and law enforcement).

Improving safety management involves developing data analysis methods and tools for use at the state and local levels across different stakeholders, including cost-benefit analysis for behavioral programs. It involves using analysis tools that support data-driven decisions, includes the AASHTO Highway Safety Manual (HSM), an interactive highway safety design model, a road safety assessment programs, and mapping tools. Long range transportation planning uses the HSM to determine long-range future safety impacts and helps in determining short- and mid-term project prioritization. The key to improving safety management is to develop a skilled highway safety workforce that develops core competencies within the various positions that work in traffic safety.

### **Emerging Safety Practices**

Moving forward into the next century infrastructure safety will begin to see technology emerging in the auto manufactory industry. Moving forward Towards Zero Deaths involves investigating potential innovative safety ideas and following through in implementing best practices. Emerging safety ideas include the research and development of self-directed cars that include vehicle to vehicle (V2V) communication and vehicle to infrastructure (V2I) communication that utilize cell towers and satellites. Infrastructure communication includes roadside equipment and signage communication and sensory equipment built into the infrastructure that reacts to changing weather conditions. Similar research continues nationally in addressing safety in rural America. Informational webinars and training provide safety management professionals the latest in best practices. Collaboration of safety partners to identify ways to build upon current activities and expand efforts in new areas has a significant impact on traffic fatalities and serious injuries

Zero is not an impossible goal. To support proactive efforts to reduce fatalities and serious injuries we must all work towards a unified and active engagement of zero deaths. Implementation of safety initiatives includes expanding our traditional circle of transportation safety partners.

The next step for these transportation safety partners is to decide how they fit and what they can do to support safety efforts to achieve zero deaths.

### **Emphasis Areas**

Although there are many agencies working on safety issues, there is more work than one group or agency can accomplish at one time. The CHSP brings together emphasis area team members that work together towards the common goal of *Vision Zero*. The emphasis area teams are comprised of multidisciplinary expert representing the 4E of safety that can contribute in implementing strategies either in a leadership or supporting role. Implementation steps includes

responsibility to work with other groups, leveraging resources, communicating with partners, putting steps into action to change safety culture in Montana.

Team members meet for regularly scheduled emphasis area meetings to report on upcoming activities and implementation of activities. Team members work both during normal work day activities and in strategy work groups in collaboration and participation of stakeholder safety plans; and through coordination and communication of outreach activities. An overview of strategy activities performed during 2016 was provided by each of the emphasis area groups.

## Roadway Departures & Intersection Crashes

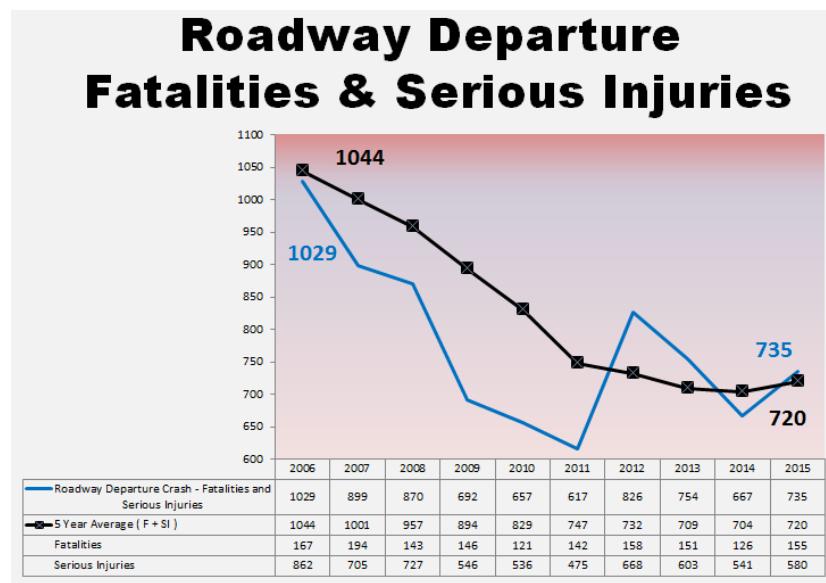
This emphasis area focuses on Roadway Departures and Intersection Crashes and is comprised of agencies and organizations with expertise working together to define the most critical strategies to bring the crash numbers down in this area.

The objective measures of the Roadway Departure and Intersection Crashes Emphasis Area are to

- Reduce roadway departure fatalities
- Reduce roadway departure serious injuries
- Reduce intersection crash fatalities
- Reduce intersection crash serious injuries

MDT Multimodal Bureau Chief, Kraig McLeod noted that in 2015, roadway departure crashes accounted for 69 percent of all of Montana's roadway fatalities. The actual fatalities and serious injuries resulting from roadway departure crashes in 2015 were 735. This is above the 5-year average of 720.

**FIGURE 12: ROADWAY DEPARTURE FATALITIES & SERIOUS INJURIES, 2006-2015**

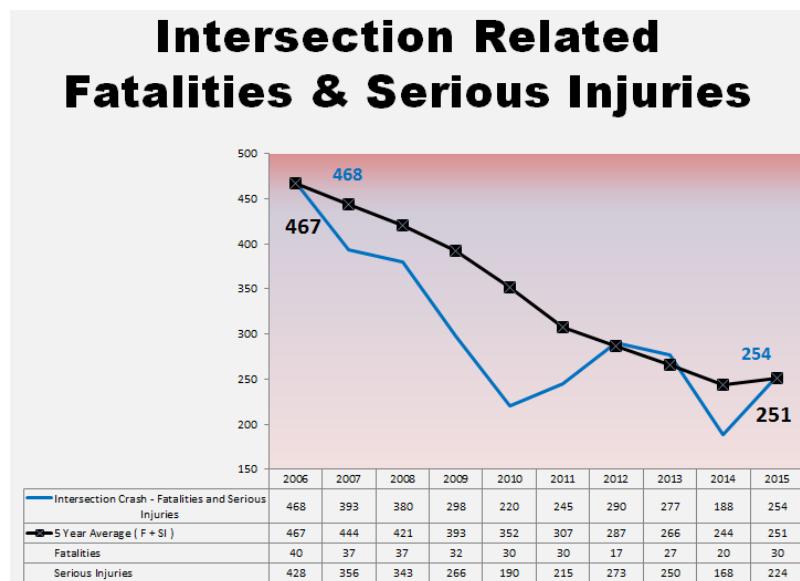


A roadway departure crash can include a side swipe opposite direction, head on, a fixed object collision, or a roll over. Often crash factors overlap. The overlapping crash trend factors in the past three years of roadway departure severe injuries involve impaired drivers (47 percent), unrestrained occupants (45 percent), and male drivers (73 percent).

Roadway departure crash fatalities and serious injuries occur in rural areas 92 percent of the time. 52 percent occur during Friday, Saturday, and Sunday. 38 percent of these crashes occur during a quarter of the year -June, July, and August and a third (33%) occurs at night.

Intersection crashes are defined as a crash occurring in, near, or related to an intersection. Intersection fatalities and serious injuries in 2015 were 254. This is slightly above the 5-year average of 251, but it is important to note that it is lower than the 10-year average of 301.

**FIGURE 13: INTERSECTION RELATED FATALITIES & SERIOUS INJURIES, 2006-2015**



Intersection crashes typically occur at lower speeds resulting in less severe crashes. Crash factors involved in intersection related fatalities and serious injuries involve impaired drivers (26%, unrestrained occupants (18%), and non-motorized (11%).

Intersection crashes are evenly split between rural and urban areas. Slightly more than one third (36%) occur during the summer hours and on weekends (37%). Young people are out of school during the summer months of June, July, and August. Montana is a recreation state and people drive greater distances to get to their summer destinations. Longer daylight hours allow people to drive for a longer amount of time. Like roadway departures, male drivers' involvement continues to be a high crash trend factor at 82 percent.

## **Implementation Steps**

Implementation steps and activities to reduce roadway departure and intersection crashes are as follows:

*Strategy 1: Reduce and mitigate roadway departure crashes through data driven problem identification and the use of best practices includes four implementation steps.*

- Implement MDTs Roadway Departure Plan including systemic and hot spot treatments on rural state routes.
  - Implementation of centerline rumble strip projects began in the Butte District in the fall of 2015. Statewide project continued with the May 2016 letting in the Billings District and the October 2016 letting in the Great Falls District. Completion is anticipated in spring of 2017.
  - Implementation of the horizontal curve signing project is nearing completion on the Missoula and Butte Districts and Great Falls is underway. The Billings and Glendive Districts are planned to be completed by 2018.
- Construct infrastructure improvements to mitigate road departure crashes, both on and off the state system.
  - Utilizing SIMS / Roadway Departure Study to program HSIP projects. HSIP includes Section 164 Funds, FFY 2015 and \$22.4 million in construction and construction engineering. HSIP & Section 164 funding obligated \$27.2 million in construction and construction engineering by September 2016.
- Evaluate new roadway prevention technologies on an ongoing basis for applicability to Montana's roadways.
  - A feasibility study was developed with a concept framework and initial concepts and cost estimate for MDT to follow if and when a variable speed limit (VSL) implementation is pursued at this location. Total cost for field infrastructure such as speed sensors, electronic signs, communication, cameras, etc. would be ~\$13 million. The study concluded that it would also cost about \$2.6 million on a yearly basis to maintain and operate this system.
- Conduct Roadway Safety Audits on corridors or locations identified as having safety issues.
  - Corridor studies will continue as needed.

*Strategy 2: Reduce and mitigate speed-related roadway departure/ intersection crashes*

- Complete the Safety Impact of Differential Speed Limit on Rural Two-Lane Highways in Montana" research study.
  - The "Safety Impact of Differential Speed Limits on Rural Two-Lane Highways in Montana" research study has been completed in August 2016. The goal of this research is to evaluate whether the current differential speed limit (different speed limits for cars and trucks) has a positive or negative safety impact. MDT evaluated the results for potential recommendations for changes. Analysis shows an ADT threshold of 3000 and 10% trucks as a criterion to establish a uniform speed limit on those roadways. Implementation of this research was conducted by the MDT Traffic Operation's Section.

- Support targeted enforcement based on demonstrated crash patterns and high-risk drivers.
  - MDT Motor Carrier Services conducts Operation Safe Driver traffic specials designed to educate drivers about safe driving around commercial motor vehicles. This traffic operation uses a MDT transport with a MDT driver and an MHP officer as a passenger. The MHP transport officer transmits traffic violations and vehicle descriptions to patrolling MHP officers. At the discretion of the patrolling officer the traffic violator is stopped and educated on proper driving behavior and given a citation or is ticketed. The MHP transport officer reports any illegal or aggressive driving activity observed near the MDT transport. The MHP and MDT have coordinated over 20 of these events in high CMV crash corridors throughout Montana in the past five years.

*Strategy 3: Reduce roadway departure and intersection crashes through education.*

- Conduct public awareness and education about roadway conditions, operations and management strategies, such as yellow flashing signals, roundabouts, bicycle lanes, pedestrian signals, operations around EMS responders, and right-of-way rules at stop-controlled and uncontrolled intersections.
  - An inventory of roadway user skills training and public education and awareness is being developed as a resource for improving driver behavior.
  - MDT has updated and developed multi-lane roundabout and flashing yellow left turn arrows informational cards for public stakeholders, including distribution to safety partners for use in skills training classes.
  - In addition to the informational cards MDT has added the same information in addition to pedestrian hybrid beacon information to the MDT website.
- Promote and support evidence-based teen peer-to-peer education and programs to address risky driving behavior, including the consequences of distracted driving, impaired driving, and not using seat belts, among others.
  - MDT developed a road departure media campaign that includes road trip reminders focusing on safe passing, distracted driving, fatigued driving, and seat belt use every trip every time no matter how short or long a trip may be.



*Strategy 4: Reduce and mitigate intersection crashes through data-driven problem identification and the use of best practices.*

- Develop and implement Intersection Safety Plan
  - MDTs Intersection Safety Plan uses analytical techniques to identify intersection types where specific crash patterns exist or where severe crashes are more likely to occur based on infrastructure characteristics and define potential solutions to address intersection safety in a proactive manner. Additionally, on an ongoing basis, all roadway jurisdictions will identify specific locations where improvements may be needed, conduct analysis, and define and implement solutions.
  - A workshop is scheduled for November 2016 to demonstrate and to train traffic engineering staff on the intersection safety study and for future Highway Safety Improvement Program (HSIP) project process.

- Construct infrastructure improvements to mitigate intersection-related crashes.
  - HSIP program continues to construct infrastructure improvements to mitigate intersection-related crashes. Examples include but are not limited to: turn lanes; signal phasing/timing; flashing yellow arrows; retroreflective back plates on signals; sight distance improvements; roundabouts or other intersection control improvements; pedestrian improvements, including improvements at midblock crossings; bicycle improvements; signal coordination and timing improvements; enhanced/improved lighting; or enhanced/improved signing.

*Strategy 5: Support and increase enforcement of proper road use behaviors by all users in high-crash corridors and high-crash locations.*

- Implement technologies and equipment to aid law enforcement in conducting enforcement
  - During 2016 approximately \$86,000 in Selective Traffic Enforcement Program (STEP) equipment grants were provided to law enforcement agencies across the state to assist enforcement of traffic laws. Equipment grants were used for body cameras, in-car video systems, and speed trailers.
- Implement and support targeted enforcement efforts to prevent intersection and roadway departure crashes.
  - Completed speed investigation studies on the seven interstate sections that were not raised to 80 mph to determine if increasing speed on these sections was appropriate. Recommendations will be provided to the Transportation Commission by end of year 2016.

*Strategy 6: Explore and implement best practices for reducing road departure, such as distracted driving and fatigued driving, in addition to other behavioral factors.*

- Implementation steps to be determined as best practices are identified.
  - Statewide centerline rumble strip project is being implemented to reduce roadway departure crashes to alert distracted or fatigued drivers from leaving the travel lane. Billings District was let to contract in May 2016. Butte and Great Falls Districts projects were let in September 2016. Missoula and Glendive District projects are scheduled to be let in 2017. Project is scheduled to be completed by 2018.

## **Next Steps**

The implementation steps to be completed and put into practice in the next 1- 3 years are

- Complete the installation of the statewide centerline rumble strip project.
- Continue to use the Roadway Departure Study for basis of HSIP projects.
- Complete Intersection Study and begin implementation within the HSIP process.

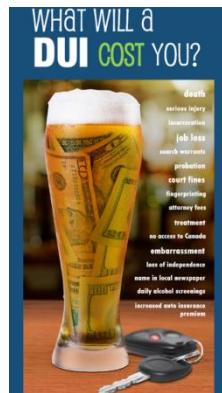
## Impaired Driving

This emphasis area focuses on reducing impaired driving crashes and is comprised of agencies and organizations with expertise working together to define the most critical strategies to bring the crash numbers down in this area.

The objective measures for the Impaired Driving Emphasis Area is to

- Reduce impaired driving fatalities
- Reduce impaired driving serious injuries

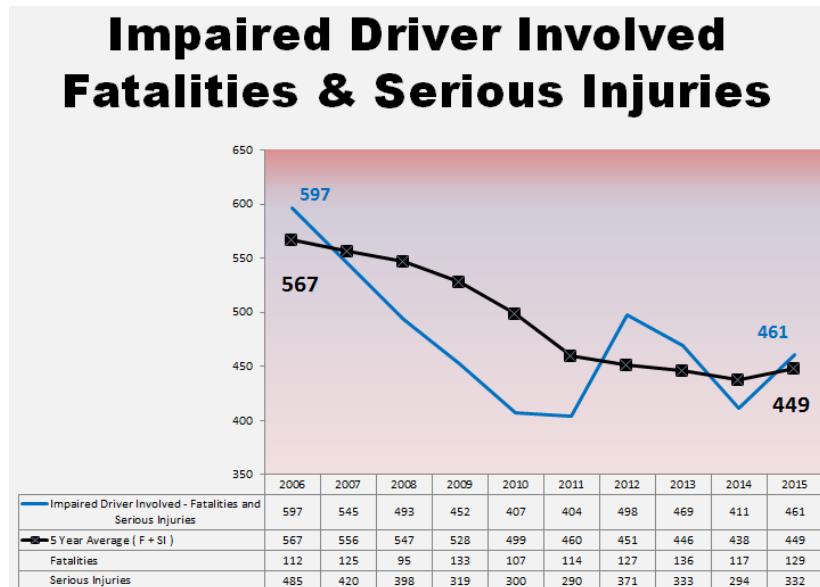
In 2015 there were a total of 461 fatalities and serious injuries involving impaired drivers. This is above the 5-year average of 449. There have been 1,195 impaired driving related fatalities over the past ten years (2006-2015). Overall there has been a 25 percent decrease in the past ten years. In 2015 the overlapping crash factors resulting in severe injuries involving impaired drivers included the occurrence of road departure in 75 percent, unrestrained occupants in 54 percent, and male drivers in 76 percent of these types of crashes.



57 percent of impaired driving crashes occur during the weekend and almost half (47%) occur during night time hours. 85 percent of impaired driving crashes occur in the rural environment.

It is important to note that rural roads tend not to have narrow shoulders which limit the recovery of a vehicle resulting in a road departure.

**FIGURE 14: IMPAIRED DRIVER INVOLVED FATALITIES & SERIOUS INJURIES, 2006-2015**



## Implementation Steps

Implementation steps and activities to reduce impaired driving are as follows:

MDT Highway Traffic Safety Section Safety Planner Kevin Dusko provided an over view of the impaired driving emphasis strategy updates.

*Strategy 1: Reduce impaired driving through improved processes and regulations.*

- Support efforts to reduce the over-service of alcohol by expanding the awareness and support of continued mandatory alcohol sales and service training.
  - Liquor Control Division- Department of Revenue (LCD) provided training to and Montana Highway Patrol and local law enforcement.
  - LCD developed an educational booklet for special event servers.
  - LCD is developing over service guidelines for the Gambling Control Division-DOJ.



*Strategy 2: Reduce impaired driving through enforcement.*

- Special Traffic Enforcement Program (STEP) is a NHTSA funded program focusing on high visibility enforcement conducted at the state, county and municipal level.
- Law Enforcement Liaison program is a NHTSA program that funds three liaisons in Montana. MDT has divided Montana's existing city, county, tribal, and state law enforcement agencies into four regions. MDT has three liaisons, with one of those coordinating two regions. The LEL is responsible for increasing productivity of the STEP program and work to develop a "One Team" approach aimed at increasing seat belt usage and eliminating impaired driving. The liaisons work to involve STEP participants and non-participants in local high visibility events.

*Strategy 3: Reduce impaired road users through prevention education.*

- A public education campaign addressing impaired driving topics has been developed. This educational campaign includes resource materials describing what a DUI would cost an impaired driver. Materials were distributed by local DUI Task Forces throughout the state. Other activities included development of a dedicated website and plan2live impaired driving campaign, billboards, media outlets, social media, geo-fencing, resource pamphlets and posters, and outreach and awareness of teen peer-to-peer educational program.



*Strategy 4: Continue to support and build collaborative partnerships to reduce impaired driving.*

- Increase proven effective training for law enforcement, judges and prosecutors to ensure consistent adjudication of all traffic offenses, including impaired driving violations.
  - Addicted and Mental Disorders Division Bureau Chief, Bobbie Perkins with Department of Health and Humans Services (DPHHS) spoke about impaired driving as an indicator of a larger problem of alcohol abuse issues, possible

dependence, and treatment aspect to reducing impaired driving. More recovery programs are needed to address dependency issues. Treatment and funding is being discussed and will be a 2017 Legislative topic. Screening, Brief, Intervention, and Referral to Treatment (SBIRT) is moving forward on integration to be included in insurance coverage.

- Support development of statewide DUI Task Forces
  - The Northern Tribes DUI/Drug Task Force formed and developed a strategic plan in 2016 to address impaired driving. This task force is represented by the Blackfeet Nation, Fort Belknap, Fort Peck, & Rocky Boys-Chippewa Cree. Sheila Cozzie, MDT-State Highway Traffic Safety Section's cultural liaison and SOAR program manager, works with task force members to implement strategies.



In line with the overarching strategy to improve the accuracy, completeness, integration, timeliness, uniformity, and accessibility of data used in traffic safety analysis; Kevin Dusko provided an overview of traffic data available through other state departments. This overview provided an opportunity to share other available data and to consider the overarching data strategy when discussing data software upgrades and integration.

## Next Steps

The emphasis area strategies moving forward include

- Impaired driving discussion with State Epidemiological Committee on substance abuse with Department of Public Health & Human Services.
- Data discussions on alcohol convictions, arrests, toxicology, and felony convictions are examples that may be reviewed in the next year to determine better methods to report a complete picture of impaired driving offenders.

## Occupant Protection

This emphasis area focuses on increasing the use of occupant protection devices in relation to motor vehicle use. The Occupant Protection Emphasis Area Team is comprised of agencies, organizations, and public stakeholders with an expertise and interest in working to promote the use of occupant protection including child passenger seats and seat belts and working together to implement strategies to bring the severe injury numbers down in this area.

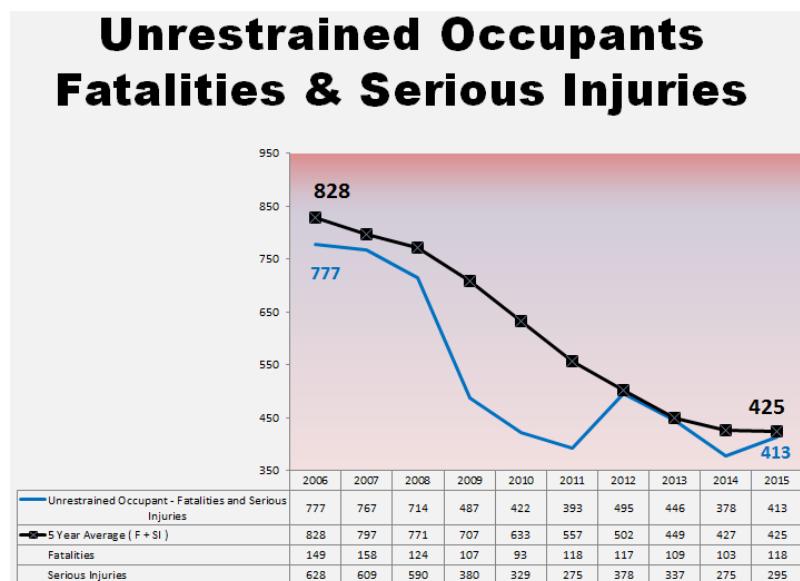
The objective measures for the Occupant Protection Emphasis Area Team is to

- Reduce unrestrained occupant fatalities
- Reduce unrestrained occupant serious injuries

In 2015, there were 413 fatalities and serious injuries were due to the lack of or improper use of safety restraints. This is lower than the 5-year rolling average of 425. While the severe injuries are up from the previous year, overall there has been a 53 percent decrease in the past 10 years since the implementation of the CHSP in 2006.

Potential factors may be due to newer, safer vehicles equipped with seat belts, safer child passenger seats legislation, and increased awareness and education on the importance of using seat belts.

**FIGURE 15: UNSTRAINED OCCUPANT PROTECTION FATALITIES & SERIOUS INJURIES, 2006-2015**



MDT State Highway Traffic Safety Supervisor Janet Kenny reported that in 2015 there were 413 severe injuries, including 118 fatalities that involved unrestrained or improperly restrained occupants. Unrestrained occupant severe injuries involve roadway departures 80 percent of the time, impaired driver's 61 percent of the time, and 72 percent involved male drivers.

Montana is a rural state with long distances between destinations. Rural roadway departure crashes often involve male drivers and highways speeds resulting in severe injuries. Risky driving behavior is reflected in the overlapping crash factors of roadway departure due to speeding, not using seat belts, and impaired driving. Speed was a factor in 115 of the 118 unrestrained severe injuries.



Like the other emphasis areas, 91 percent of unrestrained occupant severe injuries occurred in rural crashes. A third (32%) occurred during the three consecutive summer months of June, July, and August. 51 percent occurred on the weekend days of Friday, Saturday, and Sunday and 43 percent occurred during nighttime hours.

The overlapping crash factors of unrestrained fatalities and serious injuries include roadway departures and impaired driving and often involve male drivers.

## Implementation Steps

Implementation steps and activities to enhance occupant protection use are as follows:

*Strategy 1: Support policies, education, training, programs, and activities that promote and increase seat belt and child safety seat use.*

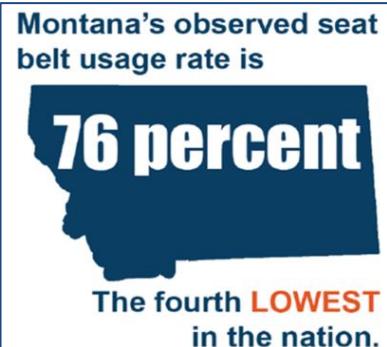
- Encourage state agencies to coordinate and implement workplace traffic safety policies to include seat belt use and other traffic safety measures.
  - OPI and MDT- Maintenance worked together to include the state vehicle safety Administrative Rules of Montana (ARM) to the state Motor Pool trip ticket. The trip ticket now reflects the policy and rule regarding the use of seat belts, alcohol/drugs, and cell phone that was done in 2001.
  - OPI updated department policy in April 2016 that expanded ARM 2.6.210(2) to include: to include “The OPI employees are prohibited from using handheld cell phones or other handheld electronic communication devices or objects while operating state vehicles, rental cars, or personal vehicles on state business.”
- Research underlying beliefs and behaviors of high-risk groups to better understand them; develop and implement strategies by using the appropriate proven and innovative educational materials and outreach communication channels.
  - OPI completed the 2016 Adaptive Illustrated Montana Drivers Manual – this is geared toward those that have not taken driver’s education. The guide will provide the information necessary to learn the Montana traffic rules and laws to obtain a driver’s license.
- Child Passenger Safety Certification Training Program with increased focus on high-risk populations.
  - Buckle Up Montana participated in one of the largest efforts for child passenger safety in 2016 during Child Passenger Safety week – 2016. There were 24 inspection stations serving 30 of 56 counties - 89 percent of Montana’s population. Fifteen clinics were supported with local media, Facebook poste, on site radio remotes, and public car seat distribution. Clinic sites included Great Falls, Miles City, Kalispell, Laurel, Havre, Butte, Missoula Rural Fire, Hamilton, Anaconda, Helena, Libby, Crow Agency, St. Ignatius, Browning and Missoula and Granite counties. Counties.
  - Fort Peck child passenger seat certified training included multi-agency collaboration with representatives from MDT, MHP and tribal health, transportation, and courts as an outreach opportunity of the community Safe On All Roads (SOAR) program.
- Support enhancement and implementation of mandatory minor (under 18 years of age) occupant protection laws per best practices and GDL requirements.



- Graduated Driver's Licensing (GDL) enforcement is continuing. The GDL law has a positive impact on young drivers ensuring that young drivers be belted when driving.
  - Office of Public Instruction (OPI) continues to support Drivers Education program.
- Support efforts from safety partners and stakeholders to implement a primary seat belt law.
  - Multi agency coordination developed seat belt fact resources that include data of unrestrained and ejected motor vehicle fatalities and economic impact to the residents of the State of Montana.
  - An employer's seatbelt tool kit has been developed and piloted by local businesses in the Kalispell area. The content of the kit includes crash data, economic impact to businesses and community, example seat belt policies, and educational resources. Timeline for completion is spring 2017.

*Strategy 2: Support enforcement of existing seat belt and child passenger safety laws.*

- Increase education & training for law enforcement, prosecutors, and the judiciary to ensure consistent citing & adjudication of occupant protection offenses & consideration of alternative sentencing (i.e., safety education)
  - A law enforcement briefing for officers was developed focusing on seat belts and child safety seats in advance of child passenger week.
- Support targeted enforcement based on demonstrated crash patterns and/or high-risk drivers
  - A traffic data fatalities map was developed to provide a visual of the past ten years of unrestrained vehicle occupant fatalities from across the state. This data map is used as a resource by MHP and county law enforcement when speaking with local partners and stakeholder groups on the importance of using seat belts.



*Strategy 3: Continue to support and build collaborative partnerships to increase seat belt use.*

- The Montana Highway Patrol offers the Alive at 25 program statewide. This 4- hour National Safety Council course is traditionally offered to young offender's and addresses the number one cause of death for drivers ages 15-24 – motor vehicle crashes. MHP has been approved to expand and offer this course to the public.
- The Teen Peer-to-Peer program allows student groups to develop a message campaign that focuses on traffic safety topics. Monthly messaging was the outreach method chosen by the 2016 grant recipient. Topics included seat belt use, winter driving, and the risky driving behaviors of impairment, drowsy, distracted, and speeding. The end of the year final project was an interactive school assembly with a ghost out event which student illustrated the percentage of high school students lost due to preventable roadway fatalities.
- The SOAR program continues with tribal coordinators on each of Montana's seven land based tribes. Local coordinators provide educational outreach and awareness on the importance of seat belt use, impaired driving and other risky driving behaviors.

*Strategy 4: Evaluate the effectiveness of ongoing messages, campaigns, and programs in promoting and/or increasing occupant protection use.*

- MDT worked with media consultant to develop and share the results of the media messaging/behavioral surveys taken at the Department of Motor Vehicles (DMV) post-May mobilization – “Click it or Ticket” High Visibility Enforcement Campaign.
- Focus groups continue to be used to determine what type of message and delivery is working with our target age groups (social media, traditional TV and radio, outdoor advertising, and mobile device direct messaging)
- DMV post campaign surveys reflect that recognition is gaining for the Life Shattered, Life Saved campaign in the conducted at the. Feedback is that the campaign does capture the attention of drivers.

## **Next Steps**

A key in moving forward towards zero fatalities and zero deaths is continued involvement, strong leadership & active engagement to share data and economic facts across all agencies and organizations, encourage use of restraints for all passengers, promote the benefit of using seat belts and support passage of primary seat belt law.

The EA Team will be working on in the coming year:

- Complete Toolkit Guide for Employers
- Work with multi-agencies to develop targeted media messaging
- Expand outreach and connection of plan2live.... <http://plan2live.mt.gov/buckle-up.shtml>

## **Continued Momentum**

Lynn Zanto spoke to the importance of data driven decisions and a continued commitment to cultural change to reduce fatalities and serious injuries. Attendance of safety partner groups and organizations; tribal, county, city; and federal and state representatives at the annual safety meeting is an indication of ongoing support and efforts being done within local communities. Zanto reiterated the importance of outreach, the impact of not wearing a seat belt, and the emerging issues and challenges of Montana's volunteer EMS work force. Another important issue to address is the challenges and work gaps to limit drugged driving, including the need for more research and development of programs and policies. Work committees for these challenges need to be formed to address proactively instead of reactively. In addition to regularly scheduled emphasis area team meetings, strategy implementation in the coming year will include meetings of the Advisory Committee and the Executive Leaders Team.

In closing Director Tooley noted the momentum that transportation safety has gained over time and the examples of collaborative efforts made to change DUI laws and making child protective seating a primary law. While much has been done we safety partners need to assess what else needs to be accomplished ahead of the 2030 interim goal. We need to access how to handle old problems in new ways. Approaching the need for a primary seat belt law as a health crisis from the public heath perspective really drives home the impact of lives unnecessarily lost due to not buckling up.

Four safety issues Director Tooley noted that need extra attention in the coming year are:

- Education of families to change driver behavior
- Develop a Recreational Marijuana Review Task Force
- Support safety partners and educate stakeholders about the essential role of emergency medical service providers.
- Continue to support and work on primary seatbelt efforts.

Director Tooley shared that community outreach is working and momentum is building as we have seen with an Interim Committee voting to draft a primary seat belt law. The Director asked attendees to recognize our strengths and to continue supporting each other and our 4Es partners in keeping our foot on the gas in moving towards 2017.



**ATTACHMENT 1: AGENDA**

## **2016 Annual Transportation Safety Meeting agenda**

**Radisson Colonial Hotel  
2301 Colonial Drive  
Helena, Montana**

**October 13, 2016  
8:00 – 4:30 p.m.**

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### **Day 2**

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#### **Welcome**

**8:00 - 8:30 a.m.**      *Cultural Commitment and Change - Moving Towards Vision Zero*  
Mike Tooley, Director, Montana Department of Transportation & Governor's  
Representative for Highway Safety

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#### **Introductions & CHSP Overview/FAST Act**

**8:30 - 9:15 a.m.**      Lynn Zanto, Administrator, Rail, Transit & Planning Division – MDT

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#### **Statewide Crash Data Summary/Progress Evaluation**

Kraig McLeod, MDT Multimodal Bureau

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#### **Break**

**10:15 - 10:30 a.m.**

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#### **Impact of Marijuana Legislation on Roadway Crashes**

**10:30 - 12:00 p.m.**      Guest Speaker- Darrin Grondel, Director Washington Traffic Safety Commission  
& GHSA Secretary  
• Open Discussion

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#### **Lunch**

**12:00 - 12:45 p.m.**

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(Provided)



# 2016 Annual Transportation Safety Meeting agenda

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12:45 - 1:15 p.m.	<i>Emphasis Area: Impaired Driving</i> Kevin Dusko, MDT-State Highway Traffic Safety • Strategy Overview/Update
1:15 – 2:00 p.m.	<i>Emphasis Area: Occupant Protection</i> Janet Kenny, Emphasis Area Chair & MDT-State Highway Traffic Safety Supervisor • Strategy Overview/Update
2:00 - 2:30 p.m.	<i>Outreach and Education Regarding the Seat Belt Use</i> Guest Speaker: Dr. Barry McKenzie, Trauma Surgeon, St. Vincent Hospital- Billings
2:30 - 2:45 p.m.	<b>Break</b>
2:45 - 3:15 p.m.	<i>Emphasis Area: Roadway Departure &amp; Intersection Crashes</i> Kraig McLeod, Kraig McLeod, MDT Multimodal Bureau • Strategy Overview/Update
3:15 - 4:00 p.m.	<b>Engineering and Safety</b> Guest Speaker: Robert Hull, Senior Transportation Safety Manager, Cambridge Systematics, Inc.
4:00 – 4:15 p.m.	<b>Moving Forward</b> Lynn Zanto, Administrator, Rail, Transit & Planning Division – MDT
4:15 – 4:30 p.m.	<b>Closing Remarks- Continued Momentum</b> Mike Tooley, Director, Montana Department of Transportation
4:30 p.m.	<b>Adjournment</b>

## **ATTACHMENT 2: ATTENDEES**

Steve Albert	Director-Western Transportation Institute
Marcee Allen	Traffic & Safety Engineer-Federal Highway Administration (FHWA)
John Althof	Rail Highway Safety-Montana Department of Transportation
Hannah Amestoy	Transit Section-Montana Department of Transportation
Sgt. Greg Amundsen	Missoula Police Department
Cory Bailey	Helena Police Department
Melinda Barnes	Bike Walk Montana
Barbara Bessette	Gateway Community Services
Charlene Big Knife	Chippewa Cree Transportation
Karin Billings	Office of Public Instruction
Keith Bithell	Traffic Engineer-Montana Department of Transportation
Danielle Bolan	Traffic Operations Engineer-Montana Department of Transportation
Natalia Bowser	Montana Highway Patrol
Jeremy Brokaw	Injury Prevention- Department of Public Health & Human Services
Tricia Burke	Traffic Safety Engineer-Montana Department of Transportation
Mary Kay Burns	Buckle Up MT Cascade County Coordinator
Leslie Cay	Tribal Health-Confederated Salish & Kootenai Tribes
Chief E. J. Clark Jr.	Belgrade Police Department
Eli Clarkson	Legal Services-Montana Department of Transportation
Captain Art Collins	Montana Highway Patrol
James Combs	Highways Design Engineer- Montana Department of Transportation
Megan Coy	Social Community Service Manager-Department of Correction

Sheila Cozzie	Cultural Liaison-Department of Transportation
Jim De Tienne	EMS & Trauma Systems -Department of Public Health & Human Services
Kevin Dusko	Impaired Driving Safety Planner-Montana Department of Transportation
Ed Eretz	Data & Statistics Bureau -Montana Department of Transportation
Christina Escamilla	Yellowstone County Impaired Driving Court
Sgt. Philip Freed	Montana Highway Patrol
Shari Graham	EMS & Trauma Systems
Darrin Grondel	Director-Washington Traffic Safety Commission
Asst. Chief Steve Hagen	Helena Police Department
Howard Haines	Operation Lifesaver
John Healy	Transportation Director-Fort Belknap Indian Community
Jason HeavyRunner	Tribal Health-Confederated Salish & Kootenai Tribes
Bruce Holmes	Administrator- Federal Motor Carrier Safety Administration (FMCSA) /USDOT
Robert Hull	Cambridge Systematics
Dennis Hult	Motor Carriers Division-Montana Department of Transportation
Alyssa Johnson	Trauma System Manager - Department of Public Health & Human Services
Gabe Johnson	Roads Program Manager-Confederated Salish & Kootenai Tribes
Mark Keeffe	Data Analyst-Montana Department of Transportation
Janet Kenny	State Highway Traffic Safety Section-Montana Department of Transportation
Tracie Kiesel	Tri-County Buckle Up MT Coordinator
Reginald Killingsnight Jr	Northern Cheyenne Department of Transportation
Captain James G. Kitchin	Montana Highway Patrol

Pam Langve-Davis	CHSP Coordinator -Montana Department of Transportation
Gary Macdonald	Roosevelt County Commissioner/ DUI Task Force
Laurence Mahseelah	SOAR Coordinator-Confederated Salish & Kootenai Tribes
Lora Mattox	Transportation Planner- Billings MPO
Patrick McJannet	Audit & CDL Section-Department of Justice- Motor Vehicle Division
Dr. Barry McKenzie	St. Vincent Health Care Trauma Surgeon
Sgt. Patrick McLaughlin	Alive at 25, Eastern Coordinator- Montana Highway Patrol
Kevin McLaury	Administrator -Federal Highways Administration (FHWA)
Kraig McLeod	Multimodal Bureau-Montana Department of Transportation
Jim Morrow	Director-Montana Motorcycle Rider Safety
Diane Myers	Rail, Air Quality & Special Studies-Montana Department of Transportation
Chad Newman	Law Enforcement Liaison-Montana Department of Transportation
Sarah Nicolai	DOWL Inc.
Paul Nugent	Hill County DUI Task Force
Anna O'Donnell	AAA MountainWest
Wendy Olson Hansen	Flathead Co. Public Health Department/Buckle Up MT Coordinator
Charmell Owens	City of Missoula
Carl S. Peil	Driving Instructor-AARP
Fran Penner-Ray	Traffic Education- Office of Public Instruction
Bobbi Perkins	Addictive & Mental Disorders Division- Department of Public Health & Humans Services
Dave Prescott	Planner, Missoula MPO Planning
Barb Reiter	Jefferson County DUI Task Force

John Robinson	FARS Analyst - Montana Department of Transportation
Donnell Rosenthal	Pupil Transportation-Office of Public Instruction
Sgt. Kurt Sager	Montana Highway Patrol
Lisa Scates	Liquor Control Division-Department of Revenue
Cal Schock	IT Trainer, Montana Highway Patrol
Don Smies	DUI Task Force Coordinator/Injury Prevention Specialist, Richland County Health Department
Craig Smith	Vice-President of Institutional Development-Fort Peck Community College
Sgt. John Spencer	Montana Highway Patrol
Carol Strizich	Statewide & Urban Planning-Montana Department of Transportation
Chief Jim Summers	Fort Peck Law & Justice Department
Connie Thompson	Transportation Planning /SOAR -Fort Peck Tribes
Mike Tooley	Director-Montana Department of Transportation
Bill Tuck	Fiscal Officer-Montana Department of Transportation
Vicki Turner	Prevention Resource Center- Department of Public Health & Human Services
Clark Wheeler	State Coordinator-Montana Operation Lifesaver
Brianna Whitaker	Transportation Planner-Montana Department of Transportation
Sgt. Lacie Wickum	Montana Highway Patrol
Lynn Zanto	Rail, Transit and Planning Division Administrator-Montana Department of Transportation
Lance Zanto	Health Care Benefits Division/Workman's Comp- Department of Administration

### **ATTACHMENT 3: RESOURCES**

2016 Montana Transportation Safety Meeting presentations,  
<http://www.mdt.mt.gov/visionzero/plans/chsp-meetings.shtml>

2016 Data presentation,  
[http://www.mdt.mt.gov/visionzero/docs/chsp/2016-2-3\\_DATA.pdf](http://www.mdt.mt.gov/visionzero/docs/chsp/2016-2-3_DATA.pdf)

2016 Adaptive Illustrated Montana Drivers Manual,  
[http://www.opi.mt.gov/pdf/DriverEd/16MT\\_AdaptedIllustratedDriverManual.pdf](http://www.opi.mt.gov/pdf/DriverEd/16MT_AdaptedIllustratedDriverManual.pdf)

Estimating the Costs of Unintentional Injuries, 2014, National Safety Council  
[http://www.nsc.org/NSCDocuments\\_Corporate/estimating-costs-unintentional-injuries-2016.pdf](http://www.nsc.org/NSCDocuments_Corporate/estimating-costs-unintentional-injuries-2016.pdf)

Foundation for Advancing Alcohol Responsibility, <http://responsibility.org/>

Drug Impaired Driving: A Guide For What States Can Do,  
<http://ghsa.org/html/publications/2015drugged.html>

Driver Toxicology Testing and the Involvement of Marijuana in Fatal Crashes, 2010-2014,  
Washington Traffic Safety Commission [http://wtsc.wa.gov/wp-content/uploads/dlm\\_uploads/2015/10/Driver-Toxicology-Testing-and-the-Involvement-of-Marijuana-in-Fatal-Crashes\\_REVFeb2016-1.pdf](http://wtsc.wa.gov/wp-content/uploads/dlm_uploads/2015/10/Driver-Toxicology-Testing-and-the-Involvement-of-Marijuana-in-Fatal-Crashes_REVFeb2016-1.pdf)

Medical Marijuana, Washington State Department of Health,  
<http://www.doh.wa.gov/YouandYourFamily/Marijuana/MedicalMarijuana>