

State of Rhode Island
Highway Safety Plan
Federal Fiscal Year
2007

Prepared for:

U.S. Department of Transportation
National Highway Traffic Safety Administration

Developed and Presented by:

The Rhode Island Department of Transportation
Office on Highway Safety
345 Harris Avenue, Suite 209
Providence, Rhode Island 02909

Donald L. Carcieri, Governor
State of Rhode Island

James R. Capaldi, P.E., Director
Rhode Island Department of Transportation

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Highway Safety Plan Credits

Rhode Island Department of Transportation

James R. Capaldi, P.E., Governor's Representative
Phillip Kydd, Assistant Director, Administrative Division

Office on Highway Safety Staff

Janis E. Loiselle, Administrator
James E. Barden, Jr., Highway Safety Program Coordinator
Daniel T. DiBiasio, Highway Safety Program Coordinator
Marilyn Libuca, FARS Analyst
Despina Metakos, Highway Safety Program Coordinator
Richard T. Sullivan, Law Enforcement Liaison
Sharon A. Bazor, Senior Accountant
Kathy Elaine Smith, Executive Assistant

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INTRODUCTION

The Rhode Island Highway Safety Plan (HSP) for Federal Fiscal Year 2007 (FFY 07) serves as the State's application for federal funds available to states under SAFETEA-LU ("Safe, Accountable, Flexible, Efficient Transportation Equity Act – Legacy for Users" – H.R. 3, enacted August 10, 2005). This plan meets federal requirements for presentation, contents and format.

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

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

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

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

PERFORMANCE PLAN

Highway Safety Problem Identification Strategy

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

1. Using prior experience, statistical data and highway safety research to identify problem areas;
2. Soliciting input and project proposals from local and regional organizations that have expertise in areas relevant to highway safety;
3. Analyzing trends in serious injuries and fatalities and comparing them to regional and national trends.

MAJOR SOURCES OF HIGHWAY SAFETY DATA

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

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

Demographic Trends

In assessing program potential, it is important to account for variations in scale. Rhode Island (officially “The State of Rhode Island and Providence Plantations”) is the smallest state in the nation (1,045 square miles, bisected by Narragansett Bay), with just 8 cities and 31 towns. The State contains 6,415 total miles of certified public roadway, including 71 miles of interstate highway (49.8 urban and 21.4 rural). Interstate 95, a major artery, extends just 43.3 miles from the southwestern border with Connecticut to the northernmost border with Massachusetts. In 2005, there were 1,102,207 registered motor vehicles (including 28,137 motorcycles) and 707,617 licensed drivers in Rhode Island.

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

Rhode Island remains the second most densely populated state in the nation (1,030 persons per square mile). It has a population of slightly over one million persons. (The U.S. Census estimated 1,050,742 in July, 2000, and 1,076,189 in July, 2005.) The total continues to grow, but at a slower rate than the nation as a whole (from 2001-2005, 1.7 percent vs. 5 percent).

Nearly a quarter of all inhabitants are under 18 years of age; six percent are under the age of five. About 90 percent reside in urban areas. The largest city is Providence, the State capital (population 178,126). Rhode Island has one of the fastest growing

Hispanic and Southeast Asian communities in the nation. Since 1980 the Hispanic population has more than doubled; since 1990 it has grown by more than 32 percent. Hispanics, African Americans, Asian Americans and Native Americans now comprise about 18 percent of the State's population (a 20 percent smaller proportion than in the U.S. as a whole). About half of this State's minority population resides in the Providence area.

Table 1: Rhode Island Drivers, Vehicles, and Population, 2001-2005

	2001	2002	2003	2004	2005	Change 2001-2005
Licensed Drivers*	660,435		686,491	746,465	707,617	+7.1%
Registered Vehicles**	841,250	857,398	874,168	918,865	1,102,207	+31.0%
Registered Motorcycles (including Mopeds)	24,121	23,707	27,685	24,244	28,137	+16.6%
Total Population of RI***	1,058,365	1,068,550	1,075,729	1,079,916	1,076,189	+1.6%
Vehicle Miles Traveled (Millions)****	7,991	8,142	8,365	8,473	8,473****	+6.0%

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

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

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

****Since VMTs for 2005 are not yet available and their variation is relatively small from year to year, this report uses the 2004 VMT for 2005 calculations.

Chart 1: Rhode Island Drivers,* Vehicles, and Population (K), 2001-2005

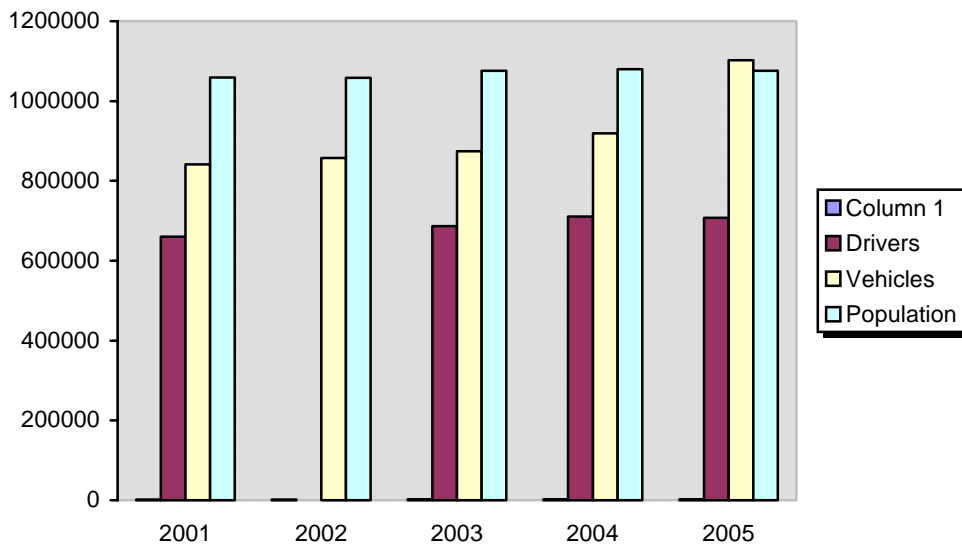


Table 2: Number of Rhode Island Drivers* by Age and Gender in 2005

Age	Male	Female	Total	Change 2004-2005
16-19	13,431	13,070	26,501	-3.0%
20-24	29,287	29,548	58,835	-1.8%
25-29	29,935	31,609	61,544	-1.4%
30-34	28,395	30,257	58,652	-7.6%
35-39	32,069	35,892	67,961	-7.7%
40-44	34,046	38,768	72,814	-10.2%
45-49	34,797	40,418	75,215	-7.4%
50-54	32,169	36,823	68,992	-5.7%
55-59	28,341	31,712	60,053	-6.1%
60-64	21,820	24,438	46,258	-0.3%
65-69	14,919	17,138	32,057	-3.3%
70-74	11,935	13,637	25,572	-5.0%
75-79	10,673	12,892	23,565	-4.9%
80-84	8,290	10,031	18,321	0.5%
85+	5,378	5,899	11,277	+7.5%
Total	355,485	372,132	707,617	-5.2%

*People holding any class of active license.

Rhode Island Policies Related to Safety

Rhode Island has several laws and policies that have a direct impact on specific highway safety initiatives, including a constitutional ban on sobriety checkpoints. The most influential of these, however, is the secondary safety belt law.

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

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

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

- As noted, sobriety checkpoints are not currently permitted under Rhode Island Constitutional law.
- A police officer may or may not indicate a suspicion of alcohol involvement in a crash report.
- Regulations to protect the confidentiality of medical data diminish State access to data on the role of alcohol in fatalities and injuries. In particular, BAC is only regularly released for persons who are killed in a crash. Even in fatal crashes, the BAC for a surviving driver may remain unknown.

Prior to June 28, 2006, refusing a breathalyzer test carried a lower penalty than Driving Under the Influence (DUI) and citations for breathalyzer refusal continued to increase. The significant number of breathalyzer refusals severely limited the availability of BAC data, impeding proper problem identification. On June 28, 2006 Governor Carcieri signed into law legislation doubling the license suspension for a first offence refusal. Additionally, second and subsequent offenses were criminalized, fines and license suspensions were increased and community service was required. It is hoped that this new law will make the choice of breathalyzer refusal less attractive and increase BAC data.

Rhode Island's young drivers are regulated through a graduated licensing law (GDL) which restricts younger drivers from operating at certain times and under certain conditions. Restrictions are reduced as experience and driving time increase. In 2005, Rhode Island added a provision limiting provisional license holders to one passenger (family members excluded). A cell phone use prohibition for drivers under the age of 18 was added in 2006.

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

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

Partnering

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

- American Automobile Association (AAA)
- Attorney General's DUI Task Force
- Colleges and Universities
- Community, Elementary, Middle and High Schools
- Community Substance Abuse Task Forces
- Federal Highway Administration (FHWA)
- Federal Motor Carrier Safety Administration (FMCSA)

- Mothers Against Drunk Driving (MADD)
- Rhode Island Automobile Dealers Association (RIADA)
- Rhode Island Department of Health (HEALTH)
- Rhode Island Department of Mental Health, Retardation and Hospitals (MHRH)
- Rhode Island Department of Transportation (RIDOT)
- Rhode Island Division of Motor Vehicles (DMV)
- Rhode Island General Assembly
- Rhode Island Governor's Office
- Rhode Island Hospitality Association
- Rhode Island Insurance Industry
- Rhode Island Motorcycle Association (RIMA)
- Rhode Island Municipal Police Academy
- Rhode Island Police Chiefs Association
- Rhode Island Safe Kids Coalition
- State and Local Police Departments
- Students Against Destructive Decisions (SADD)
- University of Rhode Island Transportation Center (URITC)

National Safety Issues and Rhode Island

Through experience, research and stakeholder meetings, eight areas have been identified as representing highway safety problems of concern to the Rhode Island Department of Transportation (RIDOT):

PROBLEM AREAS

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

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

Current State of Safety in Rhode Island

In Rhode Island both the number of fatal crashes and the number of persons killed in those crashes have been increasing. From 2004 to 2005, they rose by more than 2.6 percent (crashes from 78 to 80, up 2.6 percent; fatalities from 83 to 87, up 4.8 percent).

A total of 43.7 percent (38 of 87) of the recorded crash fatalities in 2005 were drivers. While vehicle passengers ranked second (23 percent), the total number of passenger fatalities actually decreased from 2004 to 2005 (from 22 to 20, down 10 percent). Fatalities remain concentrated among men (70 percent) while younger drivers suffer death out of proportion to their share of the population. Excessive speed and alcohol remain the two most frequent contributors to Rhode Island crashes, while failure to use occupant protection – seatbelts and motorcycle helmets, in particular – makes those crashes more deadly.

As in 2004, the largest share of fatal crashes in 2005 occurred on weekends: 22.5 percent on Saturdays; 20.0 percent on Sundays and 15 percent on Fridays. . The largest number of fatal crashes occurred in July, Fatal crashes remain more likely between 7:00 PM and 9:59 PM (22.5 percent) followed by 10:00 PM -12:59 AM (20 percent). The safest hours are between 4:00 AM to 12:59 PM (18.8 percent).

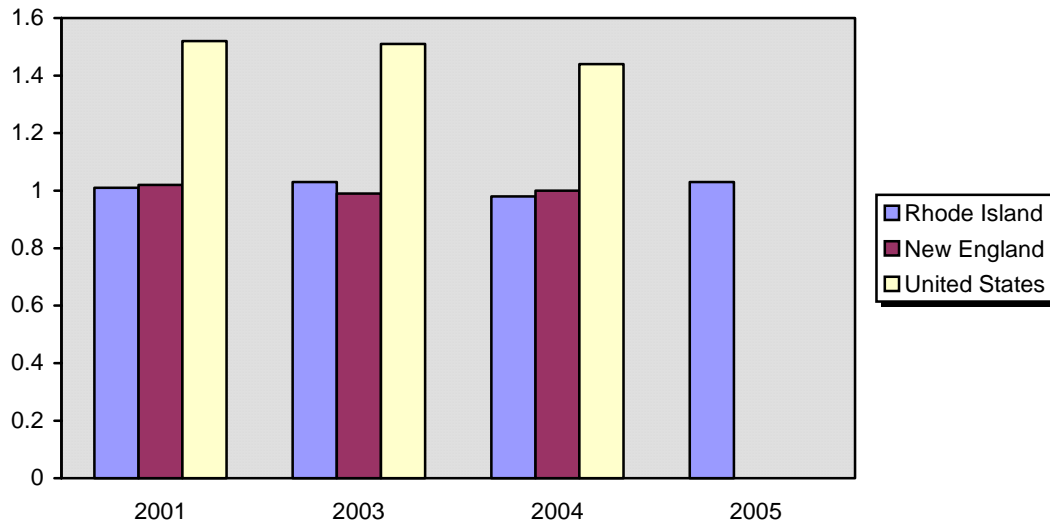
Table 3: Traffic Safety Trends in Rhode Island, 2001-2005

	2001	2002	2003	2004	2005
Crashes					
Total Crashes	51,931	49,442	49,324	45,267	46,319
Vehicles in Crashes	90,712	88,299	87,034	79,682	N/A
Motorcycles in Crashes	449	443	412	450	505
Pedestrian Accidents	679	626	596	524	550
Property Damage Crashes	41,488	39,403	39,126	35,783	36,464
Fatalities and Serious Injuries*					
Combined Count	1,931	1,929	1,991	1,683	1,416
Fatality and Serious Injury* Rates					
<i>Per 100 Thousand Population</i>					
Total Fatalities and Serious Injuries*	182.34	180.56	185.01	155.74	N/A
Serious Injuries*	174.69	172.70	175.34	122.28	N/A
Rhode Island Fatalities	7.65	7.86	9.66	7.68	8.08
U.S. Fatalities	14.86	14.79	14.66	14.50	N/A
<i>Per 100 Million Vehicle Miles Traveled (VMT)</i>					
Total Fatalities and Serious Injuries	24.16	23.69	23.80	19.86	16.71**
Serious Injuries*	23.15	22.66	22.56	18.89	N/A
Rhode Island Fatalities	1.01	1.03	1.24	.98	1.03**
U.S. Fatalities	1.53	1.51	1.48	1.46	N/A
Crash Fatalities					
Total Fatalities	81	84	104	83	87
Total Number of Fatal Crashes	78	81	96	78	80
Crash Injuries					
Personal Injury Crashes	10,340	10,039	10,102	9,406	9,146
Persons Injured in Crashes	14,832	14,492	14,515	13,272	N/A
Total Number of Serious Injuries*	1,850	1,845	1,887	1,600	N/A
Crash Conditions					
Month of Most Fatal Crashes	June	July/August	March	June	July
Day of Most Crashes	Sunday	Saturday	Sunday	Saturday	Saturday
Time of Most Crashes	1-4PM	1-4AM	10PM-1AM	10PM-4AM	7PM-10PM
Age of Driver With Most Fatal Crashes	25-34	35-44	15-19	35-44	20-24
Chemical Test Refusals	1,738	1,768	1,667	1,968	1,869
DWI Charges Filed	2,200	2,032	1,848	2,109	2,227

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

**Calculated using VMT for 2004. VMT in 2005 was not available when preparing the FFY 07 HSP.

Chart 2: Rhode Island, New England, and U.S. Fatalities Per 100 Million VMT, 2001-2005*



*New England and U.S. data are unavailable for 2005.

Chart 3: Rhode Island Traffic Deaths, 2001-2005

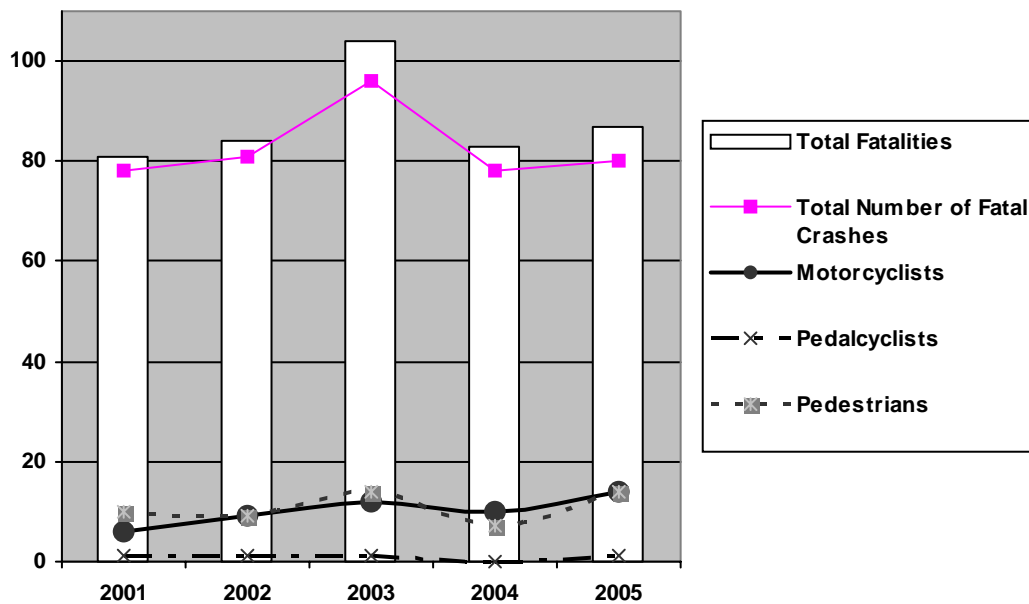
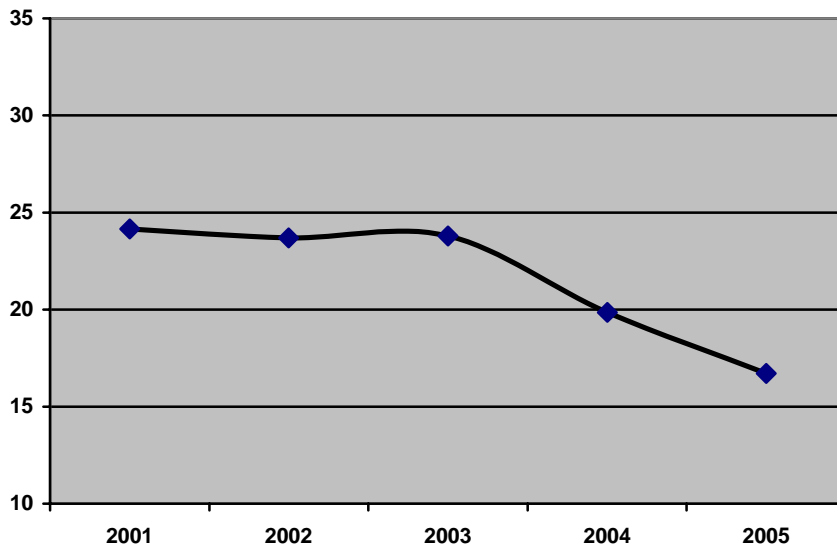


Chart 4: Total Fatalities and Serious Injuries in Rhode Island Per 100 Million VMT, 2001-2004



Comparing Rhode Island's statistics with regional and national trends provides additional data to emphasize problem areas within the state. In several important respects, the New England Region and Rhode Island in particular have lagged behind the nation.

Table 4: Rhode Island, New England Region and U.S. Crash Conditions in 2004

	Without Restraint (Percent of Total Fatalities)	Alcohol-Related (Percent of Total Fatalities)*	Speed-Related (Percent of Total Fatalities)	Motorcycle (Percent of Total Fatalities)
Rhode Island	71.7	51	53	12
New England	N/A	41	37	14
U.S.	58.7	39	32	9

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

After reviewing these statistics, Rhode Island will concentrate on eight highway safety problems, including; alcohol, safety belt usage, speed, motorcycles, young drivers, and other road users particularly pedestrians. In addition, data collection and analysis is required to provide a sound framework for problem identification and program development and appropriate planning and administration of these programs are essential to insure effective and efficient utilization of time, effort and monies.

PROBLEM AREAS

Impaired Driving

As in most states, a large share of crash fatalities and serious injuries in Rhode Island can be attributed to alcohol. In Rhode Island in 2005, 41 percent of all crash fatalities tested positive for blood alcohol concentration (BAC) with 77 percent over the .08 limit. Also, when tested, 53 percent of the drivers in fatal crashes had a BAC above the legal limit, ranking the links between drinking, driving and death on Rhode Island's roads among the strongest in the U.S.

As explained above, though, records pertaining to the role of alcohol in crashes are limited, and with such a small number of cases, determining the role of intervening variables is extremely difficult. Since, for example, BAC tests were unavailable (tests were not given or refused) for 66 of the 114 drivers involved in fatal crashes in 2005, differences associated with other factors (such as age of the driver, the time of day, use of restraints, road conditions, etc.) are unlikely to reach statistical significance. Note, too, that the number of cases is so low that a few crashes can radically alter annual percentages. Much larger or fine-tuned studies are required.

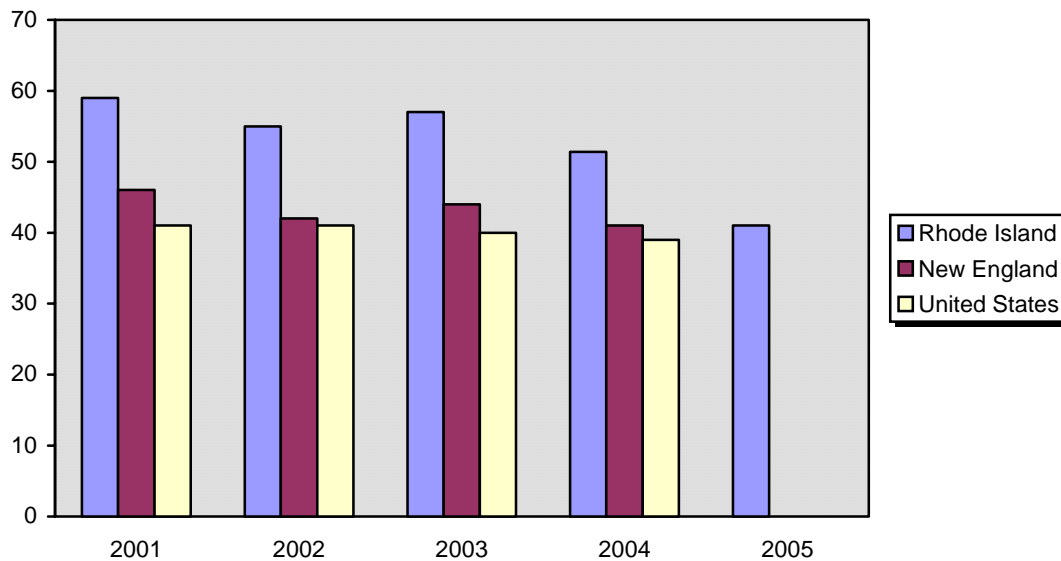
Regardless, the mixture of drinking and driving remains serious and deadly, especially in Rhode Island. While its role in fatal crashes has steadily declined in most of the U.S. over the past decade, key indicators have actually risen in Rhode Island. OHS will respond in FFY 2007 by both continuing diverse enforcement and outreach interventions to prevent drunk driving and increasing efforts to collect and analyze data that will help to better target those interventions.

Table 5: Fatalities in Alcohol-Related Crashes in Rhode Island, New England, and U.S. 2001-2005

	2001	2002	2003	2004	2005
Rhode Island	48	46	59	42	36
New England	603	541	566	533	N/A
USA	17,400	17,524	17,015	16,694	N/A

* Rhode Island data for 2005 are state-reported (vs. NHTSA imputed).

Chart 5: Fatalities (% of Total) in Alcohol-Related Crashes in Rhode Island, New England, and U.S., 2001-2005*



*All data are NHTSA-imputed, except for Rhode Island in 2005, when they are state-reported.

Table 6: Alcohol Test Results for Highway Fatalities in Rhode Island, 2005*

	Number of Fatalities	Percent of Total
BAC of .00	40	45.9
BAC of .01-.07	8	9.2
BAC of .08-.09	3	3.4
BAC of .10-.14	7	8.1
BAC of .15-.19	7	8.1
BAC of .20 +	11	12.7
BAC Unknown	1	1.1
Total	87	100

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

Chart 6: Blood Alcohol Content (BAC) of Drivers (%) in Fatal Crashes in Rhode Island, 2001-2005

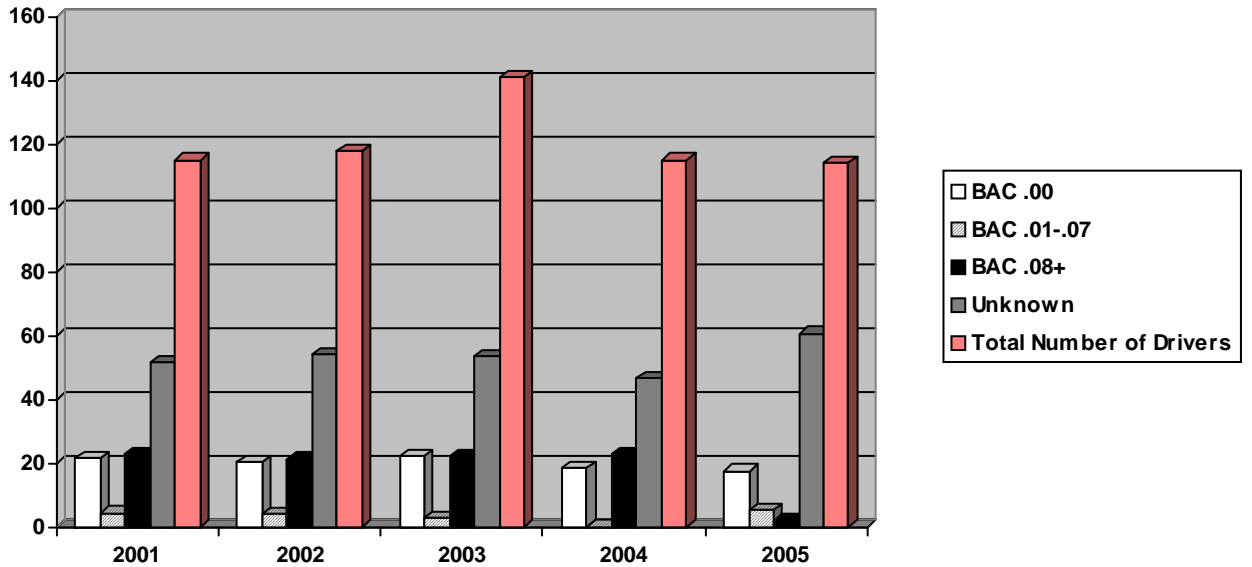
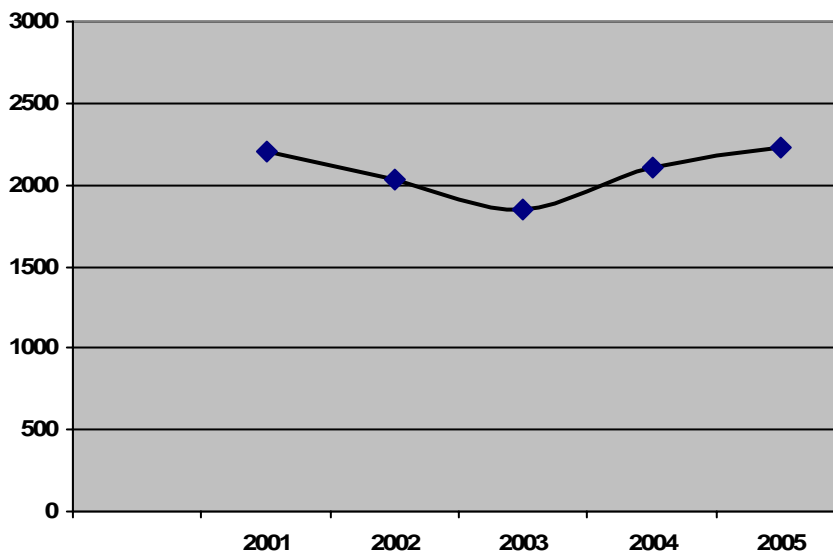


Table 7: Charges Filed for Driving Under the Influence (DUI) in Rhode Island, 2001-2005

	2001	2002	2003	2004	2005
DUI Charges (under 18 years of age)	13	22	17	26	21
DUI Charges (18 years of age & older)	2,187	2,010	1,831	2,083	2,206
Total	2,200	2,032	1,848	2,109	2,227

Chart 7: Charges Filed for Driving Under the Influence (DUI) in Rhode Island, 2001-2005



Occupant Protection

National tests have proven that proper occupant protection (belts, child restraints, and helmets) effectively reduces injuries and fatalities in a crash. Proof of the importance of occupant protection continues to accumulate at crash scenes in Rhode Island. In total, 67 percent (38 of 57) of vehicle occupants who died in 2005 crashes were not wearing seatbelts, and 22 percent of them were either totally or partially ejected. The evidence is especially clear at motorcycle, motorbike, or moped crash scenes. In Rhode Island in 2005, there were 505 motorcycle crashes resulting in 14 fatalities. In these crashes, 452 motorcyclists and 8 of the 14 motorcycle fatalities were not wearing helmets. Although it is unknown whether or not helmet use affected the severity of these crashes, a program to encourage helmet use will be incorporated into our motorcycle safety program.

Observational studies indicate that seatbelt usage in Rhode Island remains typical of secondary-law states – below the average of both primary-law states and the nation as a whole. In fact, seatbelt usage rates in Rhode Island have lagged behind the national average every year, at least since 1998. Restraint use among passenger vehicle occupants killed in crashes in Rhode Island has also been consistently below the U.S. average.

The failure of repeated attempts to pass a primary safety belt law in Rhode Island necessitates a combination of more limited interventions, such as education, media and law enforcement campaigns, partnering programs and comprehensive evaluation of conditions that affect belt usage in the State.

Table 8: Seatbelt Use (%) in Rhode Island and Nationwide, 2002-2006

	2002	2003	2004	2005	2006
Rhode Island	71	74	76	75	72
Nationwide	75	79	80	82	n/a

Chart 8: Seatbelt Use (%) in Rhode Island and Nationwide, 2002-2006

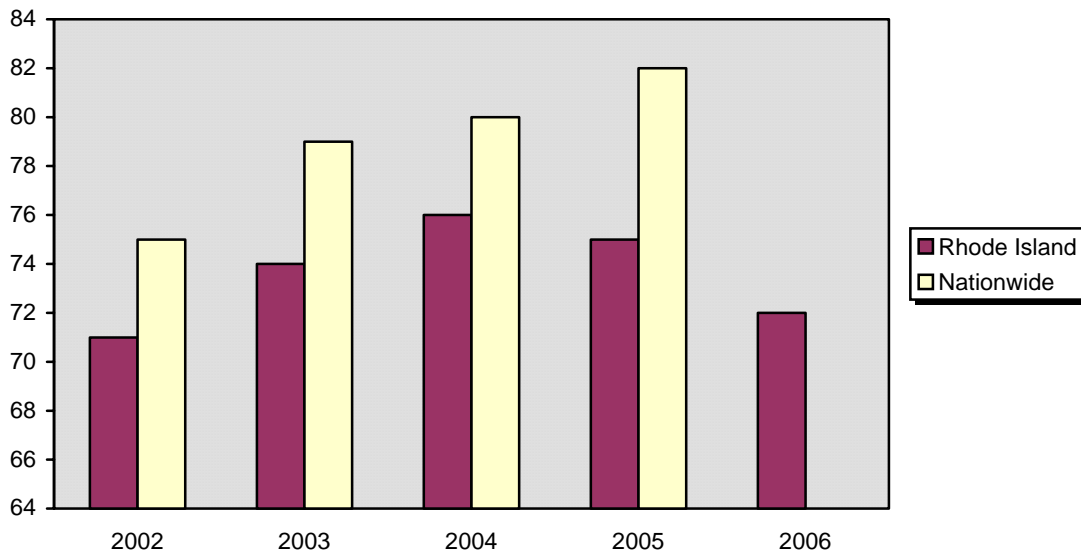


Chart 9: Percent of Crash Fatalities in Rhode Island and Nationwide Who Were Unbelted, 2001-2005

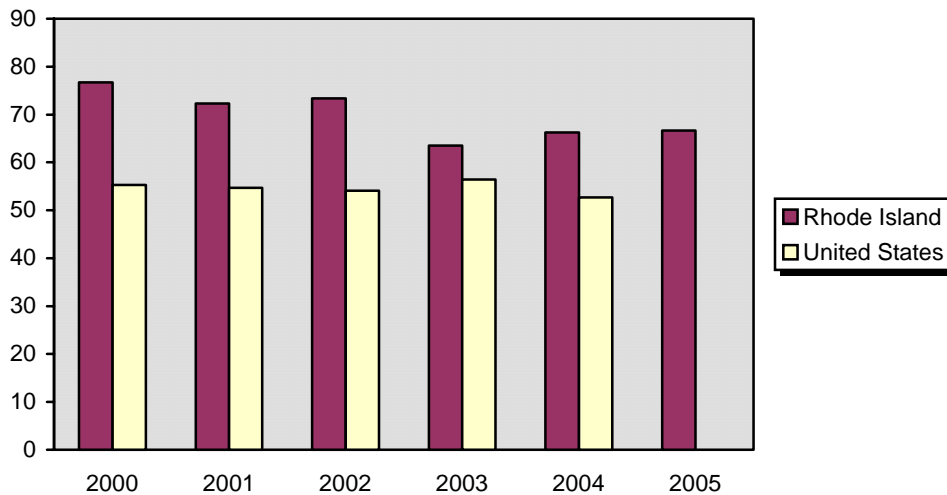
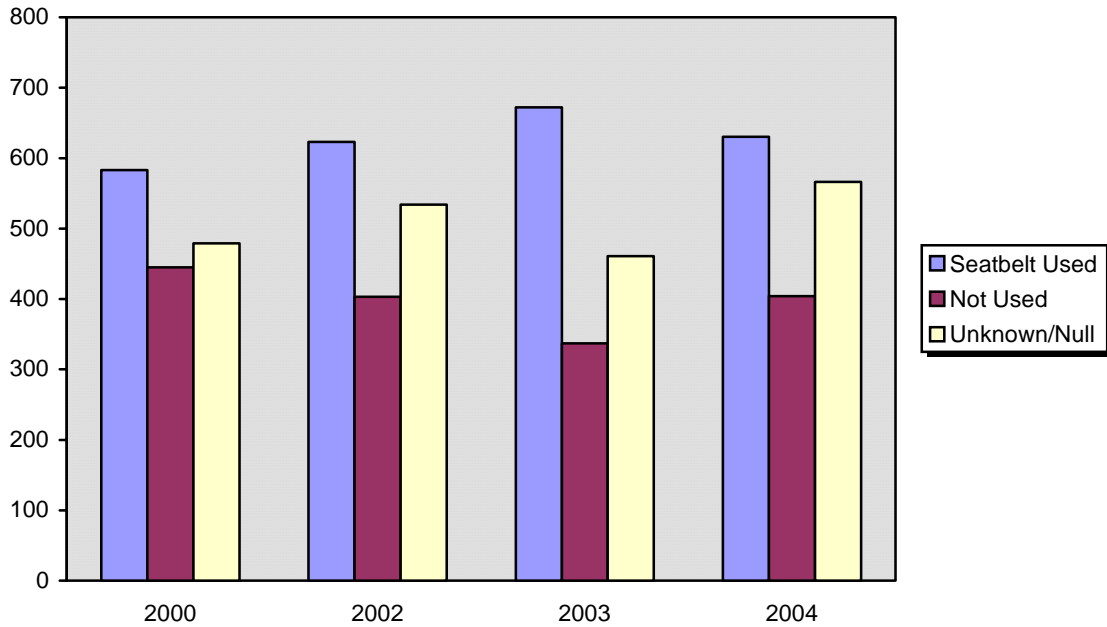


Table 9: Seatbelt Use Among Seriously Injured in Crashes in Rhode Island, 2001-2004

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

Chart 10: Seatbelt Use Among Seriously Injured in Crashes in Rhode Island, 2001-2004



Speed

As in most states, speeding is the second highest factor in crashes that entail fatal or serious injuries. In 2004, 53 percent of all fatal crashes in Rhode Island (versus 37 for New England and 32 percent for the U.S. as a whole) were speed related. In 2005, Rhode Island's share declined (40.2 percent, a 24.5 percent improvement), but excessive speed remains an all too frequent factor in crashes, injuries, and deaths.

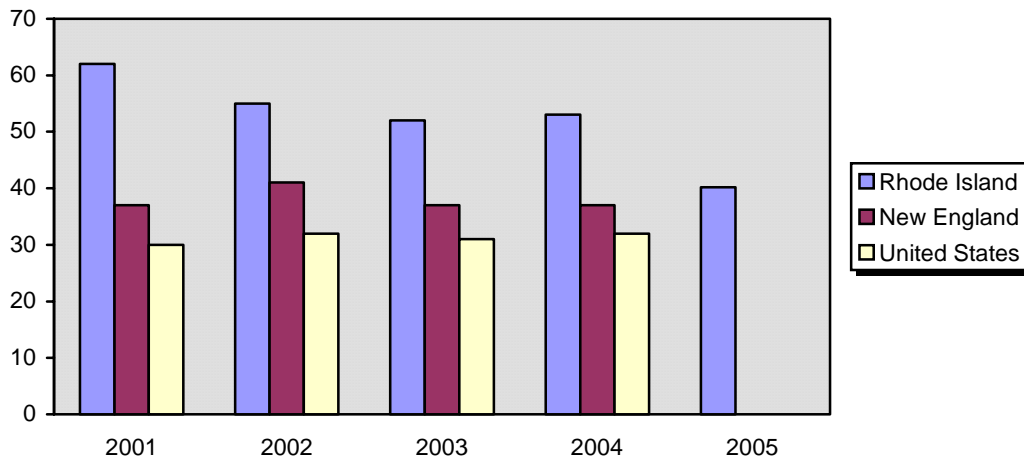
In many cases, speed and alcohol are both factors. In 2005, for example, 28 drivers (49.1 percent of the 40 out of 50 tested and reported) who died in a speed-related crash also had a BAC of .08 or higher. In 2004, nearly a quarter of the drivers in alcohol-related crashes had at least one prior conviction for speeding.

Unfortunately, again, relevant records are limited. For example, Standard Accident Reports no longer provide a box for an officer to check when he/she suspects that excessive speed played a role in a crash. And in the majority of cases, a driver's specific BAC is unknown (64 of 114 in 2005). OHS will respond in 2007 by increasing efforts to collect and analyze data while continuing diverse interventions to prevent speeding.

Table 10: Speeding-Related Fatalities in Rhode Island, New England, and U.S., 2001-2005

	2001	2002	2003	2004	2005
Rhode Island	50	47	55	44	35
New England	488	540	469	483	N/A
U.S.	12,850	14,175	13,749	13,562	N/A

Chart 11: Fatalities (% of Total) in Speeding-Related Crashes in Rhode Island, New England, and U.S., 2001-2005*

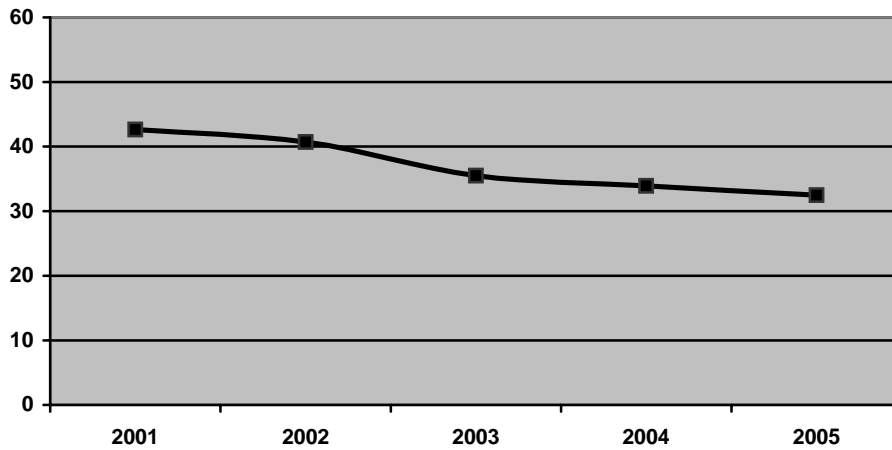


*New England and U.S. data for 2005 are unavailable.

Table 11: Speeding in Crashes with Fatalities in Rhode Island, 2001-2005

	2001	2002	2003	2004	2005
Number of Drivers in Fatal Crashes	115	118	141	115	114
Number of Drivers Speeding	49	48	51	39	35
Percent of Drivers Speeding	42.6	40.7	36.2	33.9	32.5

Chart 12: Percent of Drivers in Fatal Crashes in Rhode Island With Speed a Factor, 2001-2005



Young Drivers

Age as well as gender remain major factors in highway safety. In Rhode Island in 2005, male drivers were known to have been involved in 72.8 percent (83) of the fatal crashes, and female drivers were involved in 25.4 percent (29). That figure is especially striking since the number of female drivers is actually a bit larger than the number of male drivers. The over-representation of men among fatalities is nothing new, but the proportion has been increasing for women. This trend toward gender equality in tragedy suggests that OHS must continue to address both genders in its programs.

Age, on the other hand, consistently appears to endanger one group with disproportionate severity: the young. Drivers 16-20 years of age represent 5.3% of licensed drivers in the State. However, they represented 15.8% of driver fatalities in 2005. In 2005, drivers who were under 24 years of age suffered the largest share of fatalities; 33 percent.

According to the most recent (2003) data from the Centers for Disease Control (CDC) Youth Risk Behavior Survey, traffic crashes are the most frequent single cause of death among Rhode Islanders age 10-24. In general over the past five years, although much less than 10 percent of the total, Rhode Island drivers who are under age 20 stand out as a safety concern.

For example:

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

This data indicates that OHS must investigate characteristics of 16-20 year-old drivers in more detail and include programming to address their distinct vulnerabilities.

Table 12: Young Drivers involved in Fatal Crashes (Age 16-20) in Rhode Island, New England, and U.S., 2001-2005

	2001	2002	2003	2004	2005
Rhode Island	19	19	23	17	20
New England	243	246	228	251	N/A
U.S.	7,627	7,782	7,404	7386	N/A

Chart 13: Driving and Crash Experience by Gender (%) in Rhode Island in 2004

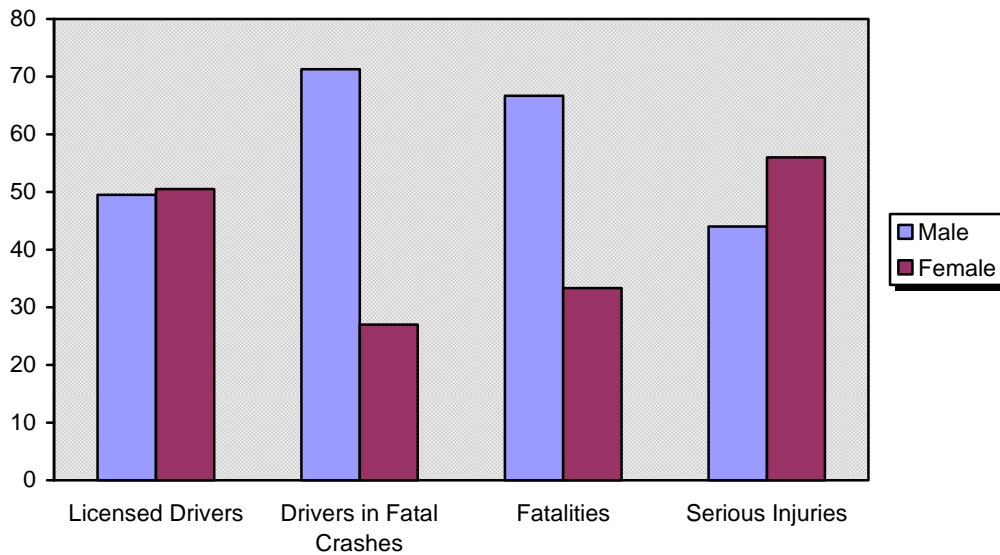


Table 13: Age of Crash Fatalities in Rhode Island in 2005

Age of Fatality	Number	Percent of Total
Under 15	2	2.2
15-19	10	11.5
20-24	18	20.7
25-29	4	4.6
30-39	15	17.3
40-49	11	12.7

50-59	8	9.2
60-64	6	6.9
Over 64	13	14.9

Chart 14: Number of Licensed Drivers (K) by Age in Rhode Island in 2005

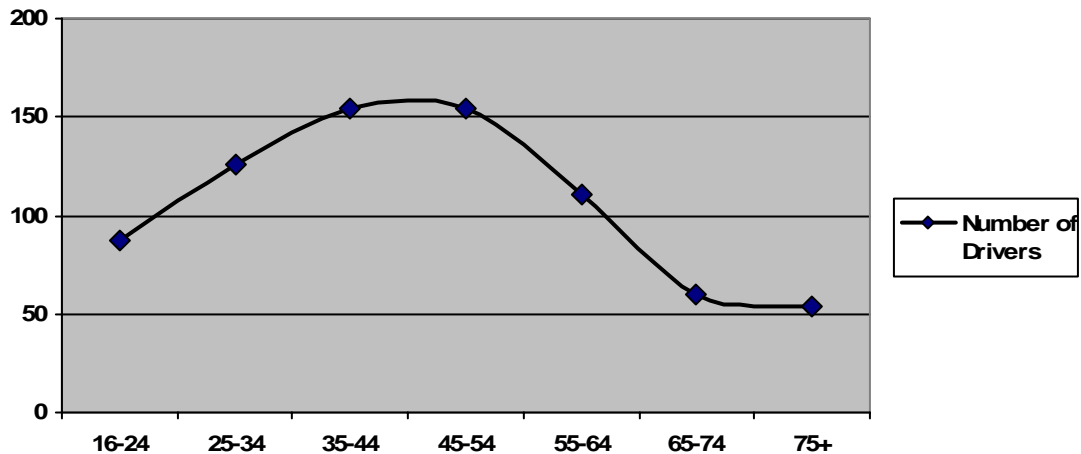
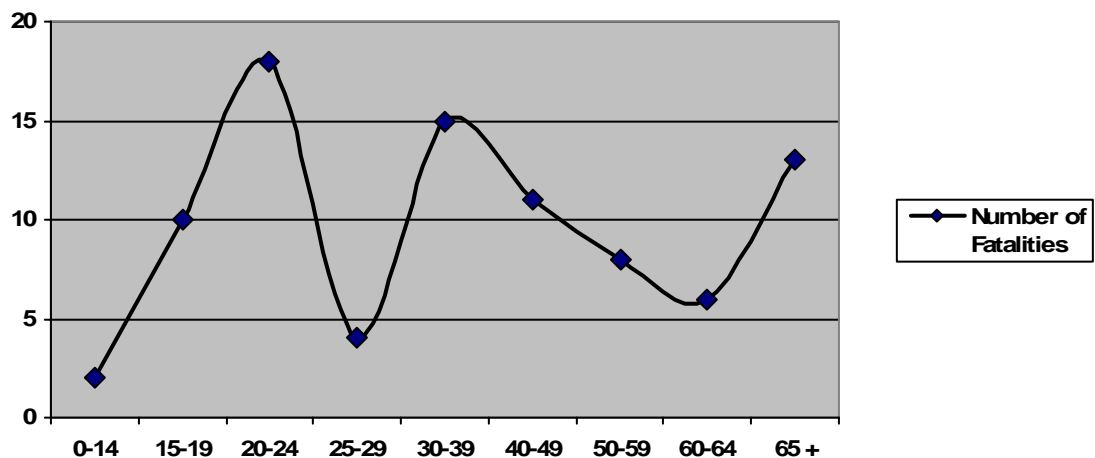


Chart 15: Number of Crash Fatalities by Age in Rhode Island in 2005



Motorcycles

Motorcycle fatalities in the U.S. have risen for the past seven years in a row. The rise in 2003 (12.9 percent) and 2004 (7.9 percent) pushed the national total over 4,000, accompanied by more than 60,000 serious injuries. From 2003 to 2004, Rhode Island's fatalities actually declined by 23.1 percent (from 13 to 10), reversing a tragic trend. However this decline did not continue in 2005. Regrettably, motorcycle fatalities increased by 4 to 14, a 40% increase from 2004-2005 and motorcycle fatalities comprised 16.1 percent of all crash fatalities in Rhode Island.

Chart 16: Motorcyclists, as a Percent of Crash Fatalities in Rhode Island, 2001-2005

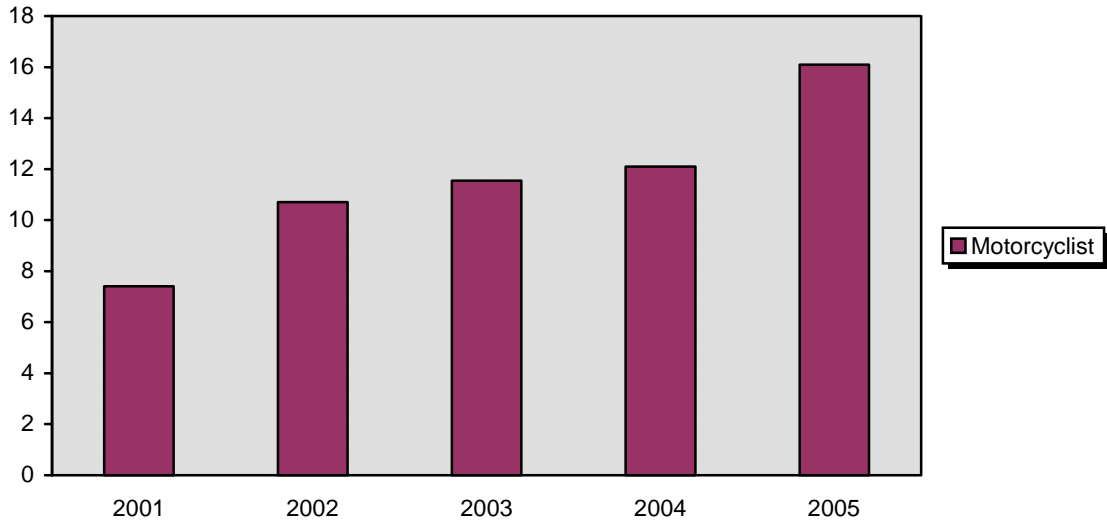
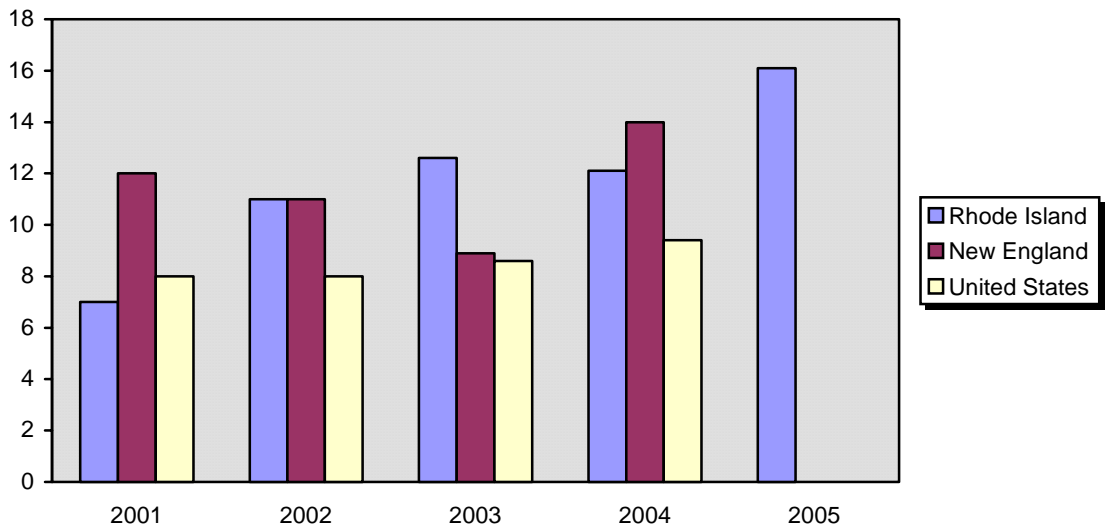


Table 14: Motorcyclist Fatalities in Rhode Island, New England, and U.S., 2001-2005

	2001	2002	2003	2004	2005	Change Since 2001*
Rhode Island	6	9	13	10	14	+133.14%
New England	152	144	108	186	N/A	N/A
U.S.	3,197	3,244	3,714	4,008	N/A	N/A

Chart 17: Motorcyclist Fatalities as a Percent of Total Fatalities in Rhode Island, New England, and U.S., 2001-2005



Other Road Users

Unfortunately, pedestrian and pedalcyclist fatalities increased dramatically from 2004 to 2005 (rising from 7 to 14 and 0 to one pedalcycle fatality respectively). However, the number of pedestrian injuries were reduced by 5 for 2005. It should be noted that the City of Providence accounted for the majority of total pedestrian injuries.

School buses may be considered among the most special of other road users of Rhode Island's roadways. Fortunately, school bus crashes are relatively rare occurrences. They have never resulted in as much as one percent of all crash fatalities and serious injuries. There were no such fatalities in 2005. Current passenger safety programming areas will continue in an effort to maintain this strong record.

Chart 18: Pedestrians, and Pedalcyclists As a Percent of Crash Fatalities in Rhode Island, 2001-2005

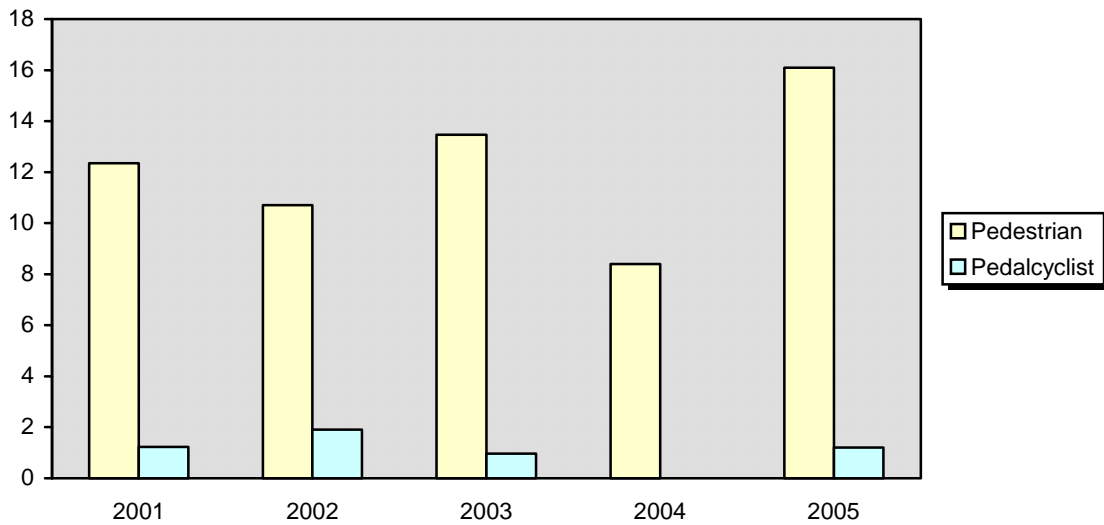


Table 15: Fatalities Among Pedalcyclists, and Pedestrians in Rhode Island, 2001-2005

	2001	2002	2003	2004	2005
Pedalcyclist	1	1	1	0	1
Pedestrian	10	9	14	7	14

Chart 19: Fatalities Among Pedalcyclists and Pedestrians in Rhode Island, 2001-2005

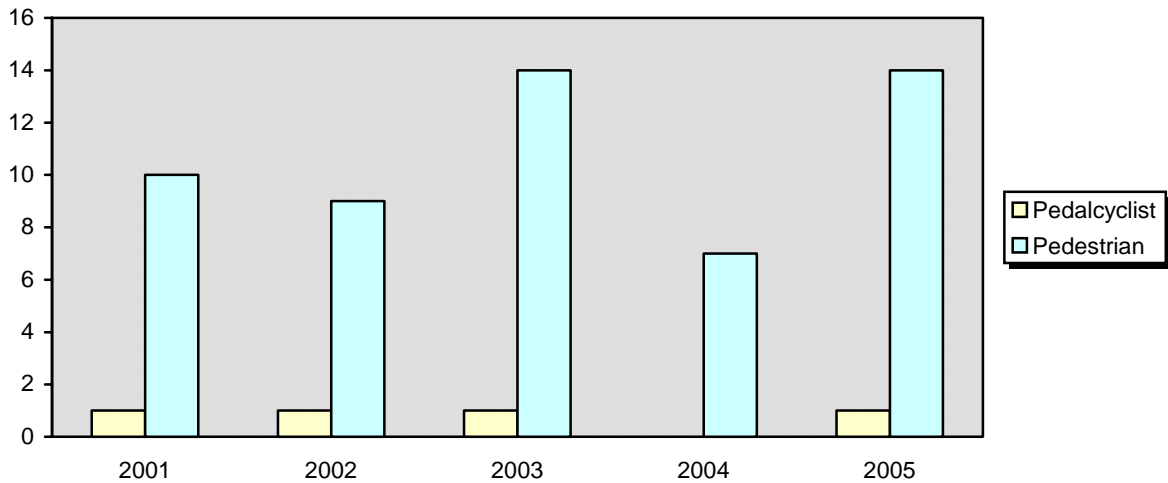


Table 16: Serious Injuries and Fatalities in School Bus Crashes in Rhode Island, 2001-2005

	2001	2002	2003	2004	2005
Serious Injuries & Fatalities	3	1	0	0	0
Percent of State Total	0.16	0.05	0.00	0.00	0.00

GOALS

In summary, the following have been identified as problem areas that will be emphasized in Rhode Island's Highway Safety Program, with related goals, in Federal Fiscal Year 2007.

1. Impaired Driving

The choice of drivers to consume alcohol and drive while impaired continues to exact a toll on Rhode Island's roadways. With an increasing trend in the number of injuries and fatalities resulting from this combination, and with the proven ability of enforcement and education to reduce this behavior, targeting impaired driving is essential to improving highway safety in Rhode Island.

Goals

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

2. Occupant Protection

Safety belts remain the single most effective protective device in motor vehicles today. Their usage reduces the risk of injury in the event of a crash by up to 50 percent. OHS estimates that about 72.3 percent of all Rhode Islanders

currently take advantage of this vehicle safety feature. The usage rate is even lower among pickup drivers (55.5 percent). Increasing the use of safety belts has the best potential to reduce fatalities and the seriousness of injuries in crashes.

Goals

- Increase safety belt use rate.

3. Speed

Reducing speed is critical to reducing crashes and the fatalities and serious injuries they entail. As the second most common contributing factor in Rhode Island's crashes, programming to manage and reduce speeds can decrease the number and severity of crashes.

Goal

- Reduce the role of speeding in highway deaths.

4. Young Drivers

Programming in 2007 will focus on understanding how and why younger drivers continue to be involved in crashes at the current, elevated level and what programs will be effective to reduce their risky behavior. As noted, younger drivers have been consistently over-represented in counts of serious injuries and fatalities. As such, continuation of programming focused on this age group is necessary and important.

Goals

- Reduce crash fatalities among young drivers.
- Reduce crash injuries among young drivers.

5. Motorcycles

Motorcycle fatalities rose dramatically in 2005. SAFETEA-LU funding will enable OHS to develop and implement an aggressive motorcycle awareness, outreach and media campaign. The recent addition of a Motorcycle Safety Coordinator will also greatly enhance these efforts.

Goal

- Reduce crashes and fatalities among motorcyclists and their passengers.

6. Other Road Users

In Rhode Island, traffic safety is mainly a function of automobiles and their occupants, and most State highway safety programming is targeted at these components. However, as the OHS evaluates safety characteristics, other road users, including pedalcycles, school bus passengers, and pedestrians, will be included in targeted programming efforts. Given the record number of fatalities and serious injuries in 2004 and 2005, pedestrians must receive particular emphasis.

Goals

- Reduce the number of fatalities among pedestrians.
- Maintain the low number of fatalities among pedalcyclists.
- Maintain the low number of fatalities on school buses.

7. Traffic Records - Data Collection, Analysis and Improvement

The RIOHS continues to implement the recommendations of the 1996 Traffic Records Assessment. Highway safety stakeholders are unable to exchange information in a timely, accurate, complete, uniform and integrated system. The traffic records system includes data elements necessary for problem identification, problem analysis, and countermeasure evaluation in all areas of traffic safety in the State.

A Highway Safety and Traffic Records Coordinating Committee (TRCC) has been revitalized with the newly hired Traffic Records Coordinator. The responsibility of the TRCC Coordinator will be to implement the multi-year Traffic Records System Improvement Plan.

Goals

- Expand and improve data bases on highway safety.
- Improve data integration and coordination with highway safety stakeholders.
- Make data readily available in secure location for highway safety stakeholders to access.
- Develop a comprehensive inventory of highway safety Information Sources in the State.
- Create a statewide Traffic Records Resource Guide.

8. Planning and Administration

Having identified the above areas for program development, it is understood that each of these programs will require staff time and expenses incurred by the OHS. Funding will be directly related to the planning, development, coordination, monitoring, auditing and evaluation of projects within program areas and for the preparation of the FFY 06 Annual Report and the FFY 08 Highway Safety Plan

Goal

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

HIGHWAY SAFETY PLAN: PROGRAM AREAS FOR FFY 07

This section presents each of the eight areas of emphasis for highway safety programming in Federal Fiscal Year 2007 for the RIDOT Office on Highway Safety.

The discussion of each problem area begins with its key components and the reasoning behind its identification, followed by a brief review of strategic partnerships that are in place or should be established, objectives and performance measures associated with related strategies, and the tasks that will be performed during Federal Fiscal Year 2007.

1. IMPAIRED DRIVING

Problem Identification and Analysis

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

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

The OHS will focus its efforts on males because they are over-represented in injury, crash, and citation statistics. Programming will be developed for colleges, focusing on 21-to-25 year olds. Strategies also will be developed to address youth in this age group who are not currently enrolled in a school program as well as the larger population of 25-44 year olds who represent the majority of crash fatalities.

Goals

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

Objectives

- Reduce by 2 percent the number of crash fatalities with a known BAC of .01 or higher, from 46 in 2005 to 45 in 2007 (four year average).
- Reduce by 1 percent the number of drivers involved in fatal crashes with a known BAC of .01 or higher, from 25 in 2005 to 24 in 2007 (four year average is 29).
- Reduce by 5.3 percent the number of drivers involved in fatal crashes who were legally intoxicated (known BAC of .08 or higher), from 19 in 2005 to 18 in 2007 (four year average is 25).

Strategic Partners

OHS will expand working relationships with those involved in the arrest, prosecution, and adjudication of impaired drivers. A well-trained police force can identify and arrest impaired drivers before they injure themselves or others. The Rhode Island Municipal Police Academy will support the OHS in expanding the number of Standardized Field Sobriety Testing (SFST) and Drug Recognition Expert (DRE) trained local law enforcement personnel and provide refresher SFST courses for seasoned personnel.

These OHS initiatives complement the activities of other partners, such as Mothers Against Drunk Driving (MADD) and Students Against Destructive Decisions (SADD), the Department of Mental Health, Retardation and Hospitals (MHRH) Division of Behavioral Health Care Services Advisory Committee, Substance Abuse Task Forces, the Department of Health and its Injury Prevention Plan and the Attorney General's Office.

Strategies

1. Expand impaired driving resources for state and local law enforcement agencies.
 - Conduct High Visibility Enforcement (HVE) Mobilizations and monthly sustained DUI enforcement programs, supported by participation in the International Association of Chiefs of Police "Chiefs' Challenge" Award Program.
 - Offer SFST training and refresher courses.
 - Establish a coalition dedicated to impaired driving issues.
 - Support LEL management of Operation Blue RIPTIDE, outreach to police chiefs, and support for traffic safety training.
2. Expand media messages, including participation in national HVE Mobilizations.
 - Conduct High Visibility Enforcement Media Campaign.
 - Implement coordinated paid and earned media plan with Summer program messaging ("100 Days of Summer").
 - Promote public awareness of new breath test refusal law and regional saturation patrols under Operation Blue RIPTIDE.
 - Promote the State Police DUI Hot line *77.
 - Develop culturally appropriate messages and expand minority outreach efforts.
3. Integrate youth programs to prevent underage drinking.
4. Improve collection and analysis of impaired driving data on highway safety in Rhode Island.
 - Increase the quantity of BAC data in the FARS and Electronic Accident Reporting System (EARS) files.
 - Improve the quality and coordination of alcohol-related databases.
 - Work with NHTSA to evaluate the impact of Rhode Island's new breath test refusal law on refusal and DUI arrest rates.
5. Work with NCADD and the hospitality industry to promote designated driver and alternative transportation programs such as discounting cap fare.
6. Fund 50 percent of the salary of a Traffic Safety Resource Prosecutor (TRSP) within the Attorney General's Office.
7. Work with the Community College of Rhode Island (CCRI) to improve the curriculum of the "DUI School," to which offenders with alcohol-related offenses are sentenced.
8. Include program management and oversight for all activities within this priority area.

Program Performance Measures

- Increase average frequency of Operation Blue RIPTIDE patrols (73 per month in FFY 2005).
- Increase Total number of DWI Charges Filed (2,227 in 2005).
- Increase Number of officers receiving refresher SFST training (121 in FFY 2006).

- Improve Recognition of HVE slogan (67.9 percent in 2006) and perception of likelihood of being stopped after drinking to excess and driving (50.6 percent responding “Very Likely” or “Somewhat Likely” in 2006).
- Include impaired driving information on RIDOT website.
- Hire TSRP.

2. OCCUPANT PROTECTION

Problem Identification and Analysis

Occupant protection refers to the use of safety belts, booster seats and child safety seats by motor vehicle drivers and passengers. These restraints dramatically decrease fatalities and serious injuries in crashes. Specifically, it is documented that seatbelts reduce fatalities by between 45 and 55 percent, depending upon seating position.

Child passenger safety is measured by the number of fatal and serious injuries to children age nine and under. In 2005, there was one such fatality. A 2004 observational study confirmed that about 9 out of 10 children in Rhode Island vehicles were properly restrained. The middle years of childhood (6-16) provide the challenge of ensuring that parents and caregivers continue to properly use the appropriate child restraint system and instill a habit of safety belt use.

The rate of seatbelt usage appears to vary only slightly among groups in Rhode Island. For example, research indicates that African-Americans use seatbelts just as regularly as Caucasians (71.1 percent vs. 70.8 percent). On the other hand, drivers on Interstates are much more likely to be buckled up than are drivers on urban and collector roads. Drivers of pickup trucks (an increasing share of passenger vehicles), who are also predominately male, have distinctly low rates of seatbelt use. This analysis suggests that programming should include a focus on pickup truck drivers in the next “Click It or Ticket” campaign. Older drivers appear to use their safety belts more than the general population, but their increased frailty as a result of aging continues to make this population a focus for specialized programming. Obviously, a change to primary enforcement for seatbelts would have a major impact on the Rhode Island usage rate. Increasing both the actual and perceived enforcement of safety belt use also has been shown to raise rates among all populations.

Goal

- Increase safety belt use rate.

Objectives

- Increase by 2.4 points the percent of front seat vehicle occupants who are observed to be using seat belts, from 72.3 percent in 2006 to 74.7 percent in 2007 (2005 level).
- Reduce by 2 points the percent of crash fatalities who were known to be not wearing a restraint, from 66.6 percent in 2005 to 64.6 percent in 2007 (four year average is 71 percent).

Strategic Partners

Currently, the OHS works primarily with 38 state and local law enforcement agencies that are partners for national traffic safety initiatives to increase safety belt use. OHS will be expanding this network to include:

- A school-based network to promote safety belt use, with a focus on teens.
- A community-based network to promote safety belt use by establishing connections with local organizations, senior centers, and religious leaders.

Strategies

1. Increase awareness among drivers that Rhode Island law requires all drivers and passengers to wear safety belts, and increase the perception of Rhode Island drivers that an adult who is not wearing a safety belt will be cited by police.
 - Conduct two "Click It or Ticket" Media Campaigns.
 - Conduct two "Click It or Ticket" Enforcement Campaigns, (total three weeks) (11/19/06 – 11/26/06 and 5/21/07 - 6/3/07), supported by the "Chiefs' Challenge" Award Program.
 - Cosponsor the Second Annual "Buckle Up Teens" Television/Radio Commercial Contest (partnership with RI Interscholastic League, RI State Police, AAA, and media partners.
 - Maintain aggressive sports-marketing campaign.
2. In media and education programs, address at-risk communities (males, pickup drivers, crash-prone jurisdictions and low belt use rate communities).
 - Conduct "Click It or Ticket" Media Campaign, including a special component for pickup truck drivers and passengers.
 - Expand "Click It or Ticket" Enforcement Campaign to include a one week enforcement mobilization from November 19 to 26, 2006.
 - Continue "Click It or Ticket" Media Campaign.
 - Purchase and deploy a Rollover Simulator to demonstrate the value of seatbelt use. (NHTSA approved as part of FFY 2006 HSP)
 - Initiate community-based outreach to at-risk populations.
3. Encourage the use of appropriate child passenger safety (CPS) restraint rates among children under 9 years of age.
 - Conduct CPS clinics throughout the State.
 - Conduct at least one nationally certified CPS Technician training on the use of child restraint devices.
 - Increase public awareness of the booster seat law that requires use of child restraints up to age 7.
4. Conduct professional traffic stop training for police officers.
5. Provide decision makers in the legislature and in the minority communities information on the value of primary seatbelt laws.
6. Collect and analyze Rhode Island occupant protection data.
 - Conduct the annual observation and telephone surveys of occupant protection use.

7. Pilot one nighttime seatbelt enforcement event.
8. Include program management and oversight for all activities within this priority area.

Program Performance Measures

Increase:

- Seatbelt use among pickup drivers, as measured by observational study (55.5 percent in 2006).
- Awareness of the “Click It or Ticket” slogan, as measured by a telephone survey (92.7 percent in 2006).
- Perception that persons are likely to be ticketed for not wearing seatbelts, as measured by a telephone survey (54.2 percent in 2006).
- Enforcement of seatbelt law, as measured by the number of citations for failure to use proper restraints during the national “Click It or Ticket” enforcement mobilization (2,024 in 2006).

3. SPEED

Problem Identification and Analysis

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

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

There is no place on the Rhode Island Standard Accident Report where a speed violation is recorded. However, speeding citation data provide essential information on speed as a factor in crashes.

Existing data do suggest that speed-related injuries and fatalities in Rhode Island, as in the rest of the U.S., account for a large share of the whole. Speed was a likely factor in over half of all fatalities in 2005.

Over the five-year period, about 26 percent of the drivers who were involved in fatal crashes in Rhode Island and who had a prior record of speeding convictions were 21-24 years of age. Drivers in the youngest age group (16-20 years of age) accounted for 22.2 percent of those in fatal crashes with a prior speeding conviction in Rhode Island, compared to 19 percent in the region and 15 percent in the nation. Drivers aged 25-34 ranked a close third (21.5 percent) in this

category. By comparison, 25-34 year old drivers with prior speeding violations before involvement in a fatal crash comprised the largest percentage in the region (26 percent) and nationwide (26 percent.) As it was in the region and the nation as a whole, the drivers within this category were predominantly male (80 percent.)

Based on these data, the OHS has again selected speeding as a focus area in FFY 2007. Programming will continue to focus on males between the ages of 16 and 34. Operators with prior speeding citations or involvement in reported crashes will also be emphasized. In addition, speeding will be examined in conjunction with Driving While Intoxicated (DWI) and Driving Under the Influence (DUI) programs.

Goal

- Reduce the role of speeding in highway deaths.

Objectives

- Increase speeding citations issued by 3 percent (from 12,439 in FFY 2005 to 12,812 in FFY 2007.)
- Reduce by 2 points the percent of speed related fatalities on roadways with a posted speed limit of 35 mph or less (5 year average was 57.7 percent.)
- Reduce by 2 points the percent of all fatalities that occur in speed-related crashes, from 45 percent in 2005 to 43 percent in 2007 (54 percent was 5 year average.)

Strategic Partners

Expanding or developing working relationships with those involved in the arrest, prosecution and adjudication of speeding drivers is a priority. A well-trained police force can identify and arrest drivers who speed before they injure themselves or others. In addition, the Rhode Island court system is moving towards implementation of electronic ticketing which will expedite the ticketing process and improve accuracy of data.

Strategies

1. Implement a statewide speeding/aggressive driving campaign targeted to males 16-34 years old.
2. Integrate speed enforcement and outreach into the "100 Days of Summer" program to highlight speed issues.
3. Conduct one "Zero Tolerance" speed activity.
4. Target speed enforcement patrols on non-interstate roadways with speed limits of 35 mph or less.
5. Continue year round overtime speed patrols with the State Police and Operation Blue RIPTIDE.
6. Include program management and oversight for all activities within this priority area.

Program Performance Measures

- Decrease the percentage of fatalities that occur in speed-related crashes (45 percent in 2005).
- Increase enforcement, as measured by the number of citations for speeding during Operation Blue RIPTIDE/State Police speed monthly enforcement mobilizations (12,439 in FFY 2005.)

4. YOUNG DRIVERS

Problem Identification and Analysis

Highway safety programming will focus on drivers between the ages of 16 and 20 years of age. Members of this age group are generally inexperienced and are often influenced by other factors such as passenger distraction, difficulty with judgment and difficulty with rapid decision-making. In addition, the low rate of safety belt use and high rate of serious injuries among male teens indicates that they require special attention. Drivers 16-20 years of age represented 5.3% of licensed drivers in the State. However, they represented 15.8% of driver fatalities in 2005.

Goals

- Reduce crash fatalities among young drivers.
- Reduce crash injuries among young drivers.

Objectives

- Reduce by 10 percent the number of drivers 20 years old and younger who are involved in fatal crashes, from 20 in 2005 to 18 in 2007 (four year average is 21.)
- Reduce by 2 points the percentage of drivers 20 years of age and younger in fatal crashes who had prior speeding convictions, from 22.2 percent (four year average) to 20.2 percent in 2007.

Strategic Partners

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

Strategies

1. Improve and expand educational outreach to high schools, colleges and community partners.
 - Emphasize young drivers in alcohol and "Click It or Ticket" media campaigns.
 - Create and distribute an alcohol-related brochure for high-school and/or college students.
 - Develop "Welcome Back to School" college packets for distribution at beginning of 2007-2008 school year.
 - Work with community and business partners to educate parents/care givers about the role of alcohol in crashes among 16-20 year old drivers.
 - Educate young drivers and their parents/care givers about primary seatbelt enforcement for persons under 18 years of age.

- In conjunction with the Division of Motor Vehicles (DMV), publicize the relatively new passenger restriction for drivers with provisional licenses and the new cell phone restriction for drivers under 18 years old.
 - Work with the Community College of Rhode Island (CCRI) to identify and implement potential improvements to the drivers' training program.
 - Provide training to develop an Underage Drinking Rapid Response Team.
 - Work with AAA/local colleges to implement a pilot program utilizing the "Teen Black Box" technology.
 - Implement URI High School based safety belt use program.
 - Implement the young driver component of the "100 Days of Summer" program.
2. Collect and analyze data on highway safety as a function of age in Rhode Island.
 3. Include program management and oversight for all activities within this priority area.

Program Performance Measures

- Decrease number of young drivers who are involved in fatal crashes, as measured by the number of drivers in fatal crashes who are 16-20 years of age (20 in 2005).
- Monitor the number of charges filed for drivers under 18 years of age for DUI (21 in 2005.) to determine effectiveness of programming.
- Implement a minimum of four (4) contacts with parents/care givers to provide information on the role of alcohol and/or primary seat belt use for young drivers.
- Distribute literature on new cell phone use law and reminder of passenger restriction to new young drivers.

5. MOTORCYCLES

Problem Identification and Analysis

Motorcycle fatalities in the U.S. have risen for the past seven years in a row. The rise in 2003 (12.9 percent) and 2004 (7.9 percent) pushed the national total over 4,000, accompanied by more than 60,000 serious injuries. From 2003 to 2004, Rhode Island's fatalities actually declined by 23.1 percent (from 13 to 10), reversing a tragic trend. However this decline did not continue in 2005. Regrettably, motorcycle fatalities increased by 4 to 14, a 40% increase from 2004-2005 and motorcycle fatalities comprised 16.1 percent of all crash fatalities in Rhode Island.

The Rhode Island Department of Transportation Office on Highway Safety has hired a Motorcycle Safety Coordinator and will be embarking on a very aggressive Motorcycle Safety and Awareness campaign. The campaign will include the development of a Motorcycle Safety and Awareness Coalition comprised of strategic partners in the community.

Partners will include the Departments of Transportation, Motor Vehicles and Health, as well as the State Police, the Community College of Rhode Island, AAA, the Rhode Island Association of Independent Insurers, Rhode Island Hospitality Association, representatives from they motorcycle retail and repair shops in the state as well as representatives from organized motorcycle clubs.

The group will meet quarterly to discuss motorcycle safety issues and will develop a strategic Motorcycle Awareness Program, targeted to riders and drivers of motor vehicles alike, that will improve motorcycle awareness and safety.

Goal

- Reduce crashes and fatalities among motorcyclists and their passengers.

Objectives

- Reduce the number of crash fatalities among motorcyclists from its increase in 2005 back down to its four year average(10 from 2001-2005) in 2007.
- Reduce by 2 points the percent of all motorcycle operator crash fatalities with a known BAC of .01 or higher, from 57 percent (2000-2004 average) to 55 percent in 2007.

Strategic Partners

Partners will include the Departments of Transportation, Motor Vehicles and Health, as well as the State Police, the Community College of Rhode Island, AAA, the Rhode Island Association of Independent Insurers, Rhode Island Hospitality Association, representatives from all of the motorcycle retail and repair shops in the state as well as representatives from organized motorcycle clubs.

Strategies

1. Develop a Motorcycle Awareness Campaign.
 - Emphasize the negative effects of riding under the influence of alcohol and correlate motorcycle fatalities to alcohol.
 - Increase automobile drivers' awareness of the characteristics of motorcyclists.
 - Have Motorcycle Safety Coordinator obtain a motorcycle license to increase credibility with riders.
 - Work with law enforcement to enforce the current motorcycle laws.
2. Develop a Motorcycle Safety and Awareness Coalition with Strategic Partners.
 - Meet with motorcycle groups, retailers, repair shop owners and other partners to develop education and outreach resources.
 - Develop a Motorcycle Safety & Awareness Campaign that will kick off with a ride and "Motorcycle Safety Day" on April, 2007, preceding the national "Motorcycle Awareness Month" in May.
 - Encourage the use of motorcycle helmets.
3. Develop a motorcycle database with the assistance of the RIDMV

- Periodically mail safety and awareness information to all licensed riders in the state.
 - Work with CCRI to expand the number of rider training classes offered.
 - Work with the RI Independent Insurers Association and AAA to determine feasibility of offering discounted insurance rates to riders that continue their education and take the intermediate and advanced rider training courses offered by CCRI.
4. Develop Motorcycle Awareness Website, including links to CCRI, MSF, special Motorcycle Safety Events, pothole and traffic signal reporting area,
 5. Develop a Motorcycle Map of the state with preferred riding routes.
 6. Include program management and oversight for all activities within this priority area.

Program Performance Measures

- Reduce the number of motorcycle fatalities from 14 in 2005 to 10 in 2007.
- Maintain the low number of motorcycle fatalities relating to alcohol in 2005.
- Hold Motorcycle Safety Day.
- Hold quarterly Motorcycle Safety and Awareness Coalition meetings.
- Develop Motorcycle Riding Map of the State.

6. OTHER ROAD USERS

Problem Identification and Analysis

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

Goals

- Reduce the number of fatalities among pedestrians.
- Maintain the low number of fatalities among pedalcyclists.
- Maintain the low number of fatalities on school buses.

Objectives

- Keep the number of crash fatalities among pedestrians at its average since 2002 (10), in 2007 (down from 14 in 2005).
- Maintain the low number of crash fatalities among pedalcyclists at 1 in 2007.
- Maintain the number of crash fatalities among school bus occupants at 0 in 2007.

Strategic Partners

OHS has partnerships with summer camps, the Rhode Island Safe Kids Coalition, the Rhode Island Department of Health, state and local law

enforcement agencies and the American Automobile Association to demonstrate safety habits and distribute information for pedestrians, pedalcyclists and school bus riders. In cooperation with the Rhode Island Department of Transportation, OHS promotes transportation safety and the incorporation of pedalcycle and/or pedestrian-friendly policies in transportation planning.

Strategies

1. Increase public awareness of the diversity of road users.
2. Increase automobile drivers' readiness to share the road with pedalcyclists and pedestrians.
3. Continue non-motorized transportation programming.
4. Conduct Safety Days and other summer and school break activities focusing on safe interactions among pedestrians, pedalcyclists, and motorists.
5. Collect and analyze data on safety of other road users in Rhode Island.
6. Include program management and oversight for all activities within this priority area.

Program Performance Measures

- Conduct 5 regional Safety Days throughout the calendar year.
- Supplement summer and school break camp activities focusing on safe interactions among pedestrians, bicyclists, and motorists.
- Partner with local schools/agencies to participate in their safety programs.

7. TRAFFIC RECORDS - DATA COLLECTION, ANALYSIS AND IMPROVEMENT

Problem Identification and Analysis

The RIOHS continues to implement the recommendations of the 1996 Traffic Records Assessment. Highway safety stakeholders are unable to exchange information in a timely, accurate, complete, uniform and integrated system. The traffic records system includes data elements necessary for problem identification, problem analysis and countermeasure evaluation in all areas of traffic safety in the State.

A Highway Safety and Traffic Records Coordinating Committee (TRCC) has been revitalized with the newly hired Traffic Records Coordinator. The responsibility of the TRCC Coordinator will be to implement the multi-year Highway Safety Data and Traffic Records System Improvement Plan.

Goals

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

Strategic Partners

The OHS will continue to work with members of the TRCC including: RIDOT, FMCSA, FHWA, DMV, RIDOH, Local / State Police and public/ private organizations.

Strategies

1. Improve the maintenance, coordination, accuracy and analysis of current transportation safety data.
 - Conduct regularly scheduled meetings of the Traffic Records Coordinating Committee (TRCC).
 - Utilize NHTSA 408 Grant Funding, to partner with other state agencies in data coordination, management, and analysis.
 - Seek contractor for data coordination, management and analysis.
2. Increase the availability of safety data and traffic records to highway safety stakeholders.
 - Use Critical Analysis Reporting Environment (CARE) software to generate community-wide data analysis. This analysis will be made available to highway safety stakeholders through improved web site access.
 - Provide community-wide analysis to all Operation Blue RIPTIDE partners through website connections.
3. Provide information on highway safety problem identification, process, program planning and evaluation to potential grantees.
 - Hold meetings with potential grantees (4 in 2007).
 - Expand total number of potential program partners.
 - Work with the Rhode Island Department of Transportation to develop its Highway Safety Strategic Plan.
4. Expand the OHS web page to include a secured traffic records information section that highway safety stakeholders can access. Create a public side to this page for public access to static information.
5. Revisit Emergency Medical Services (EMS) data collection pilot program.
6. Identify, adjust, track and document system-wide and project level performance measures for inclusion in second year Section 408 application.
7. Develop a comprehensive inventory of highway safety information sources in the state and create a statewide Traffic Records System Resource Guide.
8. Include program management and oversight for all activities within this priority area.

NHTSA 408 Grant Management Tasks

1. **State Crash Form Revision: Model Minimum Uniform Crash Criteria (MMUCC) Compliance** - This project will continue to improve the quality of the crash data by streamlining the Statewide Uniform Crash Report paper/electronic forms.
(Lead Agency: RIDOT)
2. **Emergency Medical Services: National EMS Information Systems (NEMSIS) Compliance** – This funding is the first step in efforts to create a statewide electronic reporting system. This will revise the RI EMS Ambulance Run Report (Parts 1 & 2) to comply with NEMSIS Dataset Version 2.2.1.
(Lead Agency: RIDOH – Division of Emergency Medical Services)
3. **DMV Technical Upgrade And Automation OF Motor Vehicle Crash Report** – This project will determine the cost and requirements to implement upgrades to the license and registration system to allow for improved data integrity and greater data accessibility for all users and agencies that utilize DMV information.
(Lead Agency: RIDMV)

4. **Local Law Enforcement Agencies Hardware Upgrade**
Funding will enable local law enforcement agencies to upgrade mobile data computer terminals to enhance electronic data capturing and submission in a timely manner. This will increase accuracy and completion of E-Citation, Crash Report and Criminal Court Complaint data.
(Lead Agency: Portsmouth Police Department)
5. **Local Law Enforcement Agencies E-Citation Mobile Data Printer**
This will enable the execution of the E-Citation Project to allow local police departments to print crash reports in the mobile environment.
(Lead Agency: Portsmouth Police Department)
6. **Law Enforcement/ E-Citation/ Interface And Wide Area Network (WAN) Monitoring** – This funding is for development of a software interface to electronically generate a traffic citation and transmit the data elements of the Universal Summons from police departments, state agencies and/or municipal courts to the RI Judiciary using the department’s mobile data terminals.
(Lead Agency: Rhode Island Judiciary)
7. **Law Enforcement/ E-Citation / Judiciary Infrastructure -**
This funding is to perform infrastructure upgrades necessary for the Judiciary to support the continued interface with law enforcement agencies.
(Lead Agency: Rhode Island Judiciary)
8. **State Police Hardware Upgrade –**
This funding will provide for upgrade of mobile data computer terminals to enhance electronic data capturing and submission in a timely manner. This upgrade will increase accuracy and completion of E-Citation, Crash Report and Criminal Court Complaint data.
(Lead Agency: State Police)

Program Performance Measures

- Conduct 5 TRCC meetings in 2007.
- Increase total number of program partners in 2007 from 15 agencies or associations, plus colleges/ universities/local schools and police departments in 2005.
- Expand sharing of problem identification data among shareholders, partners, and traffic safety advocates.
- Redesign OHS Web page to include static FARS information along with OHS reports.
- Develop a Traffic Records System Resource Guide and a comprehensive inventory of Highway Safety information sources in the state.
- Monitor NHTSA 408 Grant Management Projects. Amount of funding received will determine the measurable goals set for 2007.

8. PLANNING AND ADMINISTRATION

Problem Identification and Analysis

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

Goal

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

Strategic Partners

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

Strategies

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

Program Performance Measures

- Integrate recommendations from the NHTSA 2005 Management Review within specified time frames.
- Deliver the Federal Fiscal Year 2006 Annual Program Evaluation by December 31, 2006.
- Deliver the Federal Fiscal Year 2008 Highway Safety Plan by September 1, 2007.

APPENDIX: STATE CERTIFICATIONS AND ASSURANCES

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

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

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

Certifications and Assurances

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

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

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

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

- National law enforcement mobilizations,
- Sustained enforcement of statutes addressing impaired driving, occupant protection, and driving in excess of posted speed limits,
- An annual statewide safety belt use survey in accordance with criteria established by the Secretary for the measurement of State safety belt use rates to ensure that the measurements are accurate and representative,

- Development of statewide data systems to provide timely and effective data analysis to support allocation of highway safety resources.

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

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

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

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

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

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

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

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

The State will provide a drug-free workplace by:

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

Buy America Act

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

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

Political Activity (Hatch Act).

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

Certification Regarding Federal Lobbying:

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

Restriction on State Lobbying:

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

Certification Regarding Debarment and Suspension: Instructions for Primary Certification

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and coverage sections of 49 CFR Part 29. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR Part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction,

unless authorized by the department or agency entering into this transaction.

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

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

1. The prospective primary participant certifies to the best of its knowledge and belief, that its principals:
 - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
 - b. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of record, making false statements, or receiving stolen property;
 - c. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

- d. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.
2. Where the prospective primary participant is unable to certify to any of the Statements in this certification, such prospective participant shall attach an explanation to this proposal.

Instructions for Lower Tier Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms *covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded*, as used in this clause, have the meanings set out in the Definition and Coverage sections of 49 CFR Part 29. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR Part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions. (See below)
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR Part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant

may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR Part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

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

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

Environmental Impact

The Governor's Representative for Highway Safety has reviewed the State's Fiscal Year 2007 highway safety planning document and hereby declares that no significant environmental impact will result from implementing this Highway Safety Plan. If, under a future revision, this Plan will be modified in such a manner that a project would be instituted that could affect environmental quality to the extent that a review and statement would be necessary, this office is prepared to take the action necessary to comply with the National Environmental Policy Act of 1969 (42 USC 4321 et seq.) and the implementing regulations of the Council on Environmental Quality (40 CFR Parts 1500-1517).

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

Date

PROGRAM COST SUMMARY (HS-217)