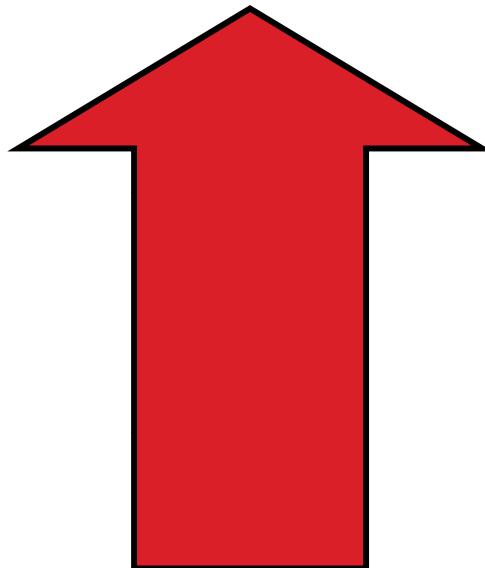


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Crash data and segmentation

Michigan analyzes
motorcycle crash data

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QUESTIONS
WHAT
WHERE
WHO
WHEN
HOW
WHY
ANSWERS

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STATE OF MICHIGAN TRAFFIC CRASH REPORT

Authority: THAI PI 2000, Rev. 207-002 Compliance Required MIP-UU-10 Priority: 911 and/or 98 days (Rev 1/04)		On Next Line		Page _____ of _____ Incident # _____ File Class _____	
OHI: MI- Do Not Write or Mark On This Side of The Line		Department Name _____		Incident Disposition _____ Reviewed _____ Open _____ Closed _____	
Crash Date: MM DD YYYY Crash Time: HH MM County: _____ Traffic Control: _____ Relation to Roadway: <input type="checkbox"/> Head On <input type="checkbox"/> Single Motor Vehicle <input type="checkbox"/> Head On-Lft Turn <input type="checkbox"/> School Bus <input type="checkbox"/> Deer <input type="checkbox"/> Head On-Rgt Turn <input type="checkbox"/> Hit and Run <input type="checkbox"/> Pleading Police <input type="checkbox"/> Angle <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Rear End <input type="checkbox"/> Severe Wind <input type="checkbox"/> Rear End-Lft Turn <input type="checkbox"/> Fog/Smoke <input type="checkbox"/> Snow/Blowing Snow <input type="checkbox"/> Rear End-Rgt Turn <input type="checkbox"/> Other Unknown <input type="checkbox"/> Steep/Hill <input type="checkbox"/> SideSwipe-Same <input type="checkbox"/> Rain <input type="checkbox"/> Other/Unknown <input type="checkbox"/> SideSwipe-Cross <input type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input type="checkbox"/> Other/Unknown <input type="checkbox"/> Dusk <input type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Other/Unknown <input type="checkbox"/> Other/Unknown <input type="checkbox"/> Other/Unknown		Crash Type: <input type="checkbox"/> None of These <input type="checkbox"/> Non-Occupant <input type="checkbox"/> Signal <input type="checkbox"/> Head On <input type="checkbox"/> Stop Sign <input type="checkbox"/> Head On-Lft Turn <input type="checkbox"/> Yield Sign <input type="checkbox"/> Head On-Rgt Turn <input type="checkbox"/> Construction Zone (if applicable) <small>(Mark One From Each Group)</small> <input type="checkbox"/> Corr/Maint <input type="checkbox"/> Lane Closed <input type="checkbox"/> Activity <input type="checkbox"/> Utility <input type="checkbox"/> Yes <input type="checkbox"/> On Road <input type="checkbox"/> No <input type="checkbox"/> Off-Road <input type="checkbox"/> None		Special Circumstances: <input type="checkbox"/> None <input type="checkbox"/> Deer <input type="checkbox"/> School Bus <input type="checkbox"/> Hit and Run <input type="checkbox"/> Pleading Police <input type="checkbox"/> Head On <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Head On-Lft Turn <input type="checkbox"/> Special Study <input type="checkbox"/> Severe Wind <input type="checkbox"/> Head On-Rgt Turn <input type="checkbox"/> Fog/Smoke <input type="checkbox"/> Snow/Blowing Snow <input type="checkbox"/> Angle <input type="checkbox"/> Other Unknown <input type="checkbox"/> Other/Unknown <input type="checkbox"/> Rear End <input type="checkbox"/> Rain <input type="checkbox"/> Other/Unknown <input type="checkbox"/> Rear End-Lft Turn <input type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input type="checkbox"/> Rear End-Rgt Turn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark-Unlighted <input type="checkbox"/> SideSwipe-Same <input type="checkbox"/> Other/Unknown <input type="checkbox"/> Other/Unknown <input type="checkbox"/> SideSwipe-Cross <input type="checkbox"/> Other/Unknown <input type="checkbox"/> Other/Unknown <input type="checkbox"/> Other/Unknown <input type="checkbox"/> Other/Unknown <input type="checkbox"/> Other/Unknown	
Special Checks: <input type="checkbox"/> Fatal (Report All) <input type="checkbox"/> Corrected Copy <input type="checkbox"/> Replace (Entire Report) <input type="checkbox"/> Delete (Entire Report) <input type="checkbox"/> Non-Traffic Area <input type="checkbox"/> ORV/Snowmobile					
Do Not Write or Mark On This Side of The Line		Road Condition: <input type="checkbox"/> Dry <input type="checkbox"/> Brown <input type="checkbox"/> Wet <input type="checkbox"/> Tan <input type="checkbox"/> Muddy <input type="checkbox"/> Other <input type="checkbox"/> Other <input type="checkbox"/> Unknown		Speed Limit: _____ Posted: _____	
Prefix: _____ Road Name: _____ Officer Ready: <input type="checkbox"/> Yes <input type="checkbox"/> No		Road Type: _____ Suffix: _____			
Direction: <input type="checkbox"/> PT <input type="checkbox"/> North <input type="checkbox"/> Pool <input type="checkbox"/> Hinging of Ramp <input type="checkbox"/> MI <input type="checkbox"/> South <input type="checkbox"/> West <input type="checkbox"/> End of Ramp		Trafficway: <input type="checkbox"/> Divided <input type="checkbox"/> Undivided <input type="checkbox"/> Access Control: <input type="checkbox"/> Left <input type="checkbox"/> Right			
Prefix: _____ Intersecting Road: _____		Divided Roadway: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other		Road Type: _____ Suffix: _____	
Unit Number: _____ State: _____ Driver License Number: _____ Date of Birth: MM DD YYYY		Licence Type: <input type="checkbox"/> C <input type="checkbox"/> GY <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> I		Sex: <input type="checkbox"/> M <input type="checkbox"/> F Total Length: _____ Hazard Rating: _____	
Unit Type: <input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> Street Address: _____ <input type="checkbox"/> E (Area) City: _____ State: _____ Zip: _____ Phone Number: _____		Injury: <input type="checkbox"/> K Position: _____ Restraint: _____ <input type="checkbox"/> Ejected <input type="checkbox"/> Yes <input type="checkbox"/> Trapped <input type="checkbox"/> Yes <input type="checkbox"/> Airbag <input type="checkbox"/> Yes <input type="checkbox"/> Dislodged <input type="checkbox"/> Not Equipped		Hospital: _____ Ambulance: _____	
Do Not Write or Mark On This Side of The Line					

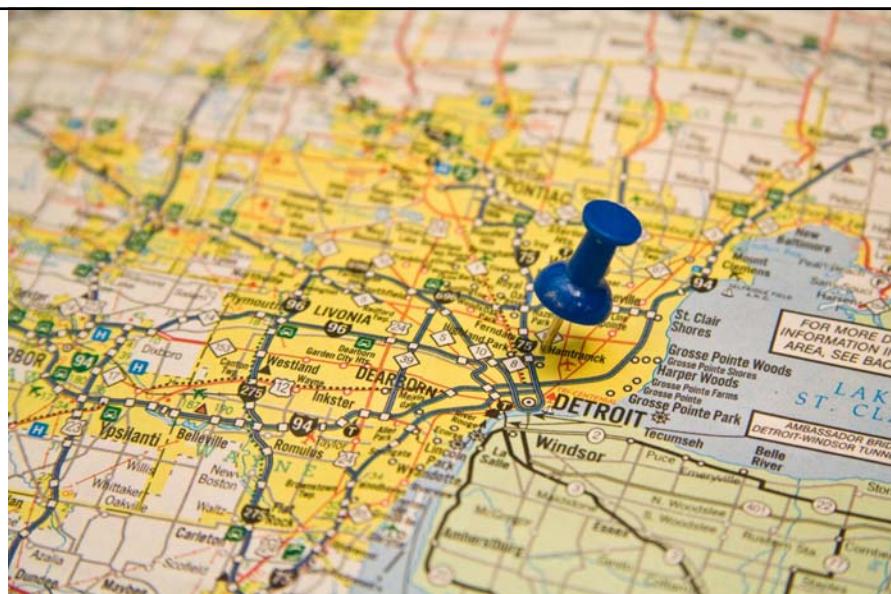
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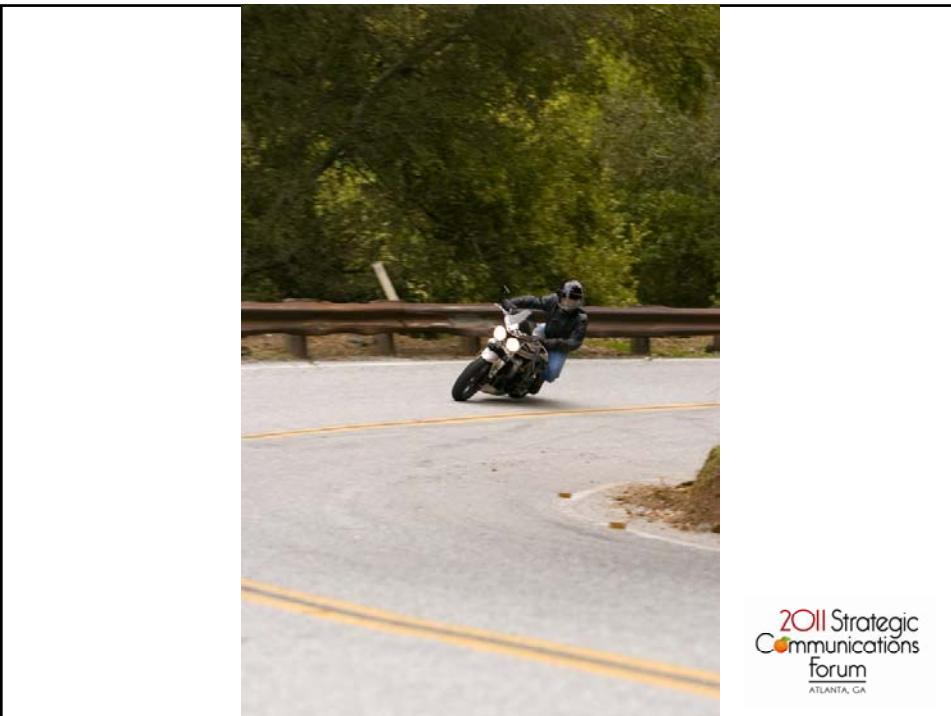
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Who looks out for you when you ride?

Safety Tips **Remind a Buddy**

Ride safe so you can ride again.

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Safety Tips: Handling Curves

How to hug a curve.

One common myth about handling curves – especially among new riders – is that they are best navigated by coasting all the way through the turn. But what you really want to do is slow before the curve, look where you want to go, press the handlebar in the same direction as the curve and roll on the throttle during the turn.

Move your eyes, Turn your head.

Turning is like connecting the dots with your mind. Look to the end of the turn and the motorcycle will follow. Look elsewhere and you might end up there instead.

The front brake is your friend.

There is a lot of paranoia about the front brakes on motorcycles. Everybody claims to know a guy who doesn't use the front brake. But a lot of what you hear about the front brake is just outdated hype. As long as you squeeze the front brake and press down the rear brake smoothly, the front brake is your friend.

REMEMBER – YOU HAVE NO FAIRY GODMOTHER.
The best person to look out for you is you.
Ride safe so you can ride again.

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