

# INDIANA TRAFFIC SAFETY FACTS

May 2007



## CHILDREN 2006

Ages 0 to 14

Designing and implementing effective traffic safety policies requires data-driven analysis of traffic accidents. To help in the policy-making process, the Indiana University Center for Urban Policy and the Environment is collaborating with the Indiana Criminal Justice Institute to analyze data from the Vehicle Crash Records System database, maintained by the Indiana State Police. Research findings will be summarized in a series of Fact Sheets on various aspects of traffic accidents, including alcohol-related crashes, light trucks, large trucks, speeding, children, motorcycles, occupant protection, and young drivers. Additional briefs will provide information on county and municipality data. Portions of the content in these reports are based on guidelines provided by the U.S. National Highway Traffic Safety Administration (NHTSA). These Fact Sheets, combined with an annual Indiana Crash Fact Book, serve as the analytical foundation of traffic safety program planning and design in Indiana.



Over 4,400 children<sup>1</sup> were injured or killed in Indiana motor vehicle collisions in 2006. While most of these injuries<sup>2</sup> were not life threatening, 45 were fatal and 235 were reported as incapacitating.<sup>3</sup> The number of child fatalities occurring in 2006 represents a slight increase from 2005 child traffic accident fatalities (see Table 1). This fact sheet summarizes data trends, safety legislation, and other research at the national, regional, and state level on traffic collisions involving children between 2003 and 2006. Indiana data were extracted from the Indiana State Police Vehicle Crash Records System (VCRS).

### NATIONAL OVERVIEW

According to a recent report from the National Highway Traffic Safety Administration (NHTSA), motor vehicle crashes are the leading cause of death for children between the ages of three and 14.<sup>4</sup> In 2005:

- An average of five child fatalities and 640 injuries occurred every day in motor vehicle crashes throughout the United States
- Nearly 2,000 children were killed in U.S. motor vehicle accidents, representing four percent of all 2005 U.S. traffic fatalities (43,443).

*45 children  
were killed in  
Indiana motor  
vehicle collisions  
in 2006*

### INDIANA OVERVIEW

In 2006, a total of 4,419 children were killed or injured in traffic collisions in Indiana. Table 1 shows that while the total number of child traffic injuries decreased from 2005, the number of child fatalities increased from 39 in 2005 to 45 in 2006. While fatal injuries are distributed uniformly across each of the three age groups portrayed (*0 to 4 years old*, *5 to 9 years old*, and *10 to 14 years old*), the 10 to 14 age group accounts for nearly 50 percent of incapacitating injuries and 44 percent of all child traffic injuries. The distribution of injuries by age group has remained consistent between 2003 and 2006. While recent trends in annual child fatality numbers are unclear, child traffic injuries reported as incapacitating

<sup>1</sup>Following national standards, "children" are defined as individuals between the ages of 0 and 14 years of age.

<sup>2</sup>Injuries are defined as those reported as *fatal*, *incapacitating*, *non-incapacitating*, and *possible*.

<sup>3</sup>Indiana State Police Vehicle Crash Records System (VCRS) current as of 04/09/2007.

<sup>4</sup>National Center for Statistics and Analysis, National Highway Traffic Safety Administration, *Traffic Safety Facts: Children* (2005 data).

and non-incapacitating have decreased over the same period. Figure 1 illustrates Indiana child traffic fatality trends from 1995 to 2005. While there has been some fluctuation in these numbers, fatalities in all age groups have declined over the past decade. Fatalities have declined at a slower rate in the 10 to 14 age group than in the other age groups represented.

## Child Traffic Injuries by County

When looking closer at child traffic injuries by county, research further illustrates that children in the 10 to 14 age group are at higher risk for injuries than the other age groups. Maps 1 to 3 illustrate the distribution of all child traffic accident injuries and fatalities by county and age group for 2006. The mean traffic injury rate per 1,000 county residents in the 0 to 4 age group was 2.6

**Table 1. Children Injured or Killed in Indiana Traffic Collisions by Injury Status and Age Group**

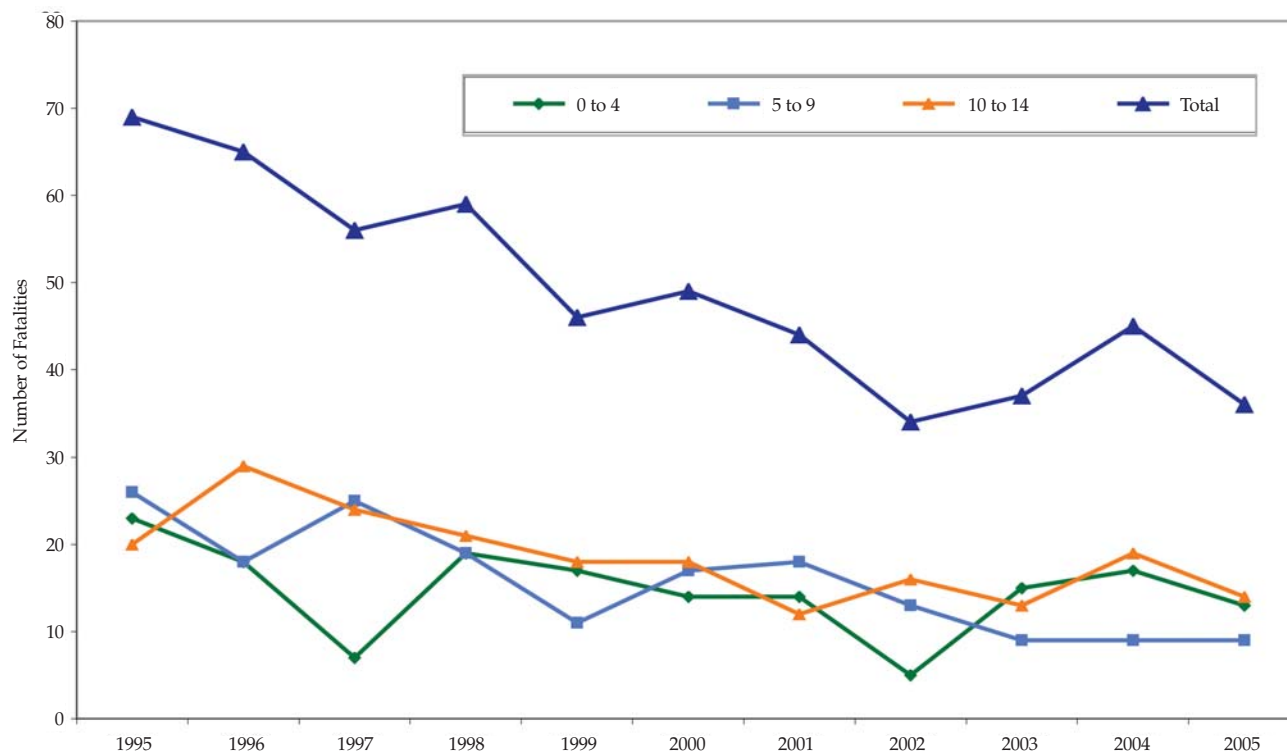
	2003	2004	2005	2006
<b>Fatalities</b>				
0 to 4 Years Old	15	19	15	16
5 to 9 Years Old	8	10	9	16
10 to 14 Years Old	13	19	15	13
<i>Total</i>	36	48	39	45
<b>Incapacitating Injuries</b>				
0 to 4 Years Old	61	49	44	47
5 to 9 Years Old	89	88	76	72
10 to 14 Years Old	126	120	119	116
<i>Total</i>	276	257	239	235
<b>Non-incapacitating Injuries</b>				
0 to 4 Years Old	1011	1088	1099	997
5 to 9 Years Old	1448	1521	1385	1342
10 to 14 Years Old	1916	1976	1902	1800
<i>Total</i>	4375	4585	4386	4139
<b>Total Injuries</b>				
0 to 4 Years Old	1087	1156	1158	1060
5 to 9 Years Old	1545	1619	1470	1430
10 to 14 Years Old	2055	2115	2036	1929
<i>Total</i>	4687	4890	4664	4419

Source: Indiana State Police VCRS data, 04/09/2007

Note: Non-incapacitating injuries include those reported as both non-incapacitating and possible.

(Map 1). Seven counties in the 0 to 4 age group had a traffic injury rate greater than five per 1,000, while 11 counties in this age group had a traffic injury rate of less than one per

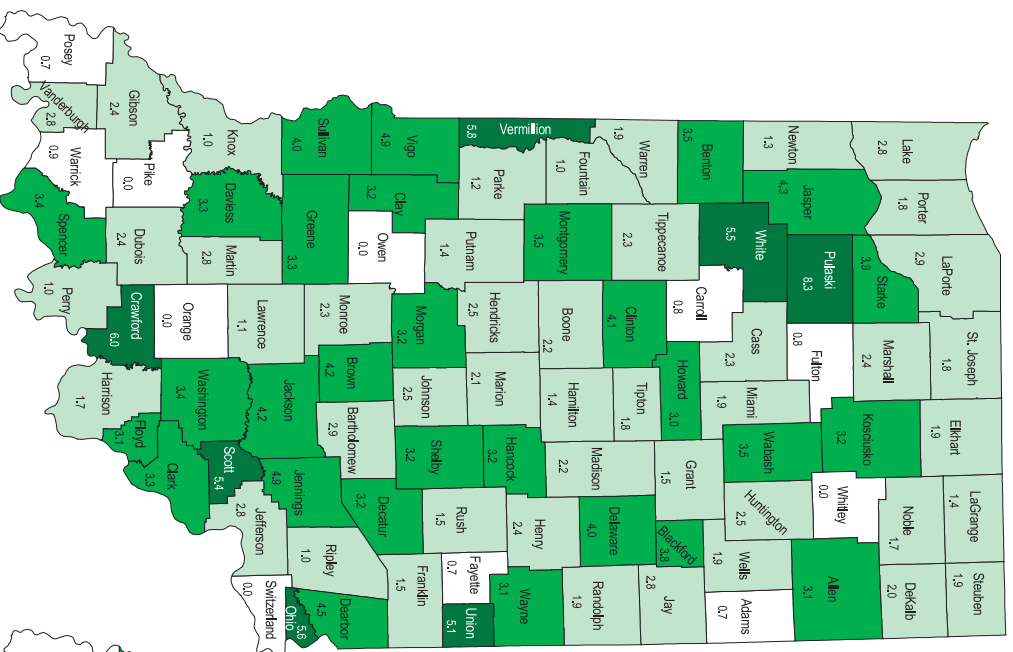
**Figure 1: Indiana Child Traffic Fatalities by Age Group (1995 to 2005)**



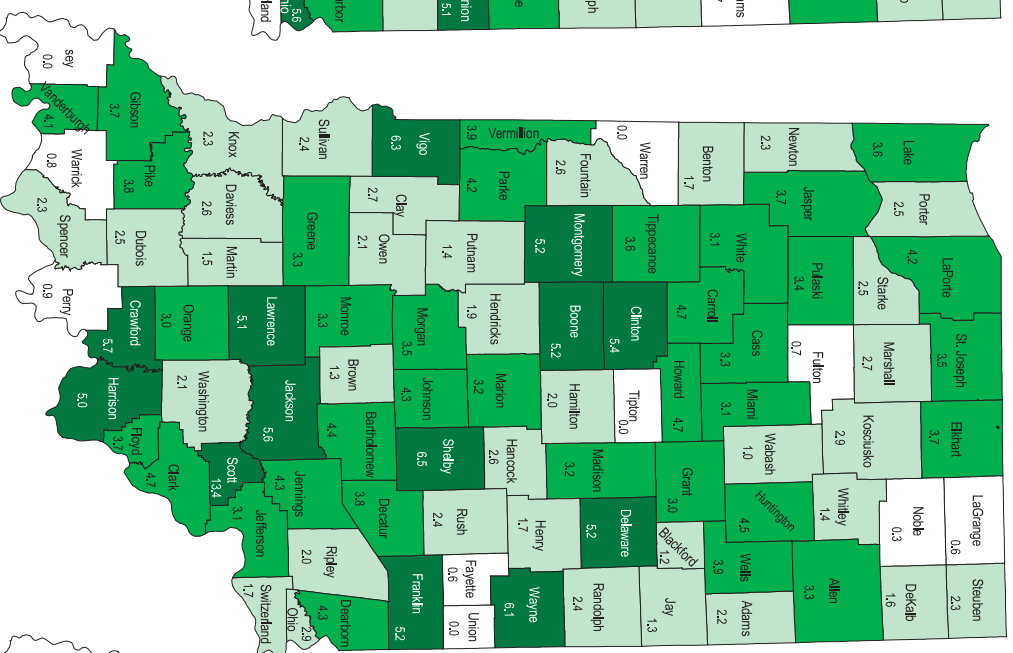
Source: National Highway Traffic Safety Administration, Fatality Analysis Reporting System (FARS)  
Note: 2006 FARS data not available as of the date of this publication.

# Child Injury/Fatality Rates in Indiana Traffic Collisions by County (2006)

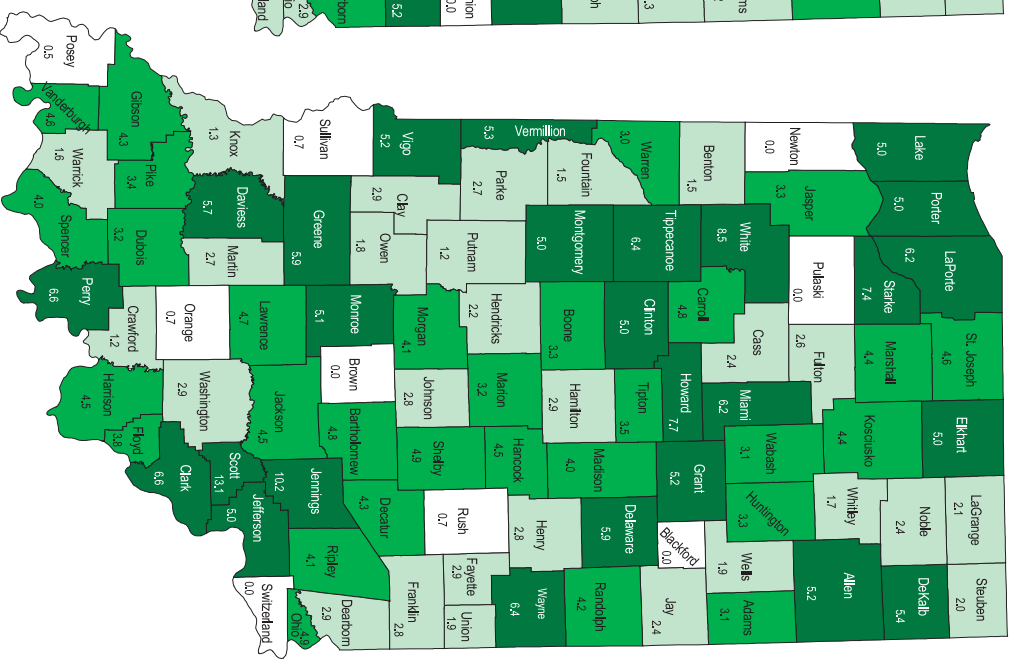
Map 1: Ages 0 to 4 Years Old  
Mean = 2.6



Map 2: Ages 5 to 9 Years Old  
Mean = 3.1



Map 3: Ages 10 to 14 Years Old  
Mean = 3.8



Injury/Fatality Rate Per 1,000 Population

☐ Less than 1

1.0 to 2.9

3.0 to 4.9

5.0 or Greater

Source: Indiana State Police VCRS data, 04/09/2007

Rates per 1,000 were calculated using Geolytics 2006 population estimates

Note: Due to the lack of available address-level data on motor vehicle accident victims, it is assumed that children involved in motor vehicle accidents live in the county in which they were injured.

1,000. Map 2 shows 13 counties in the 5 to 9 age group had a traffic injury rate greater than five per 1,000, and 10 counties had a traffic injury rate of less than one per 1,000. The mean injury rate in the 5 to 9 age group was 3.1 per 1,000 of the population. Map 3 illustrates the mean traffic injury rate in the 10 to 14 age group was 3.8, a rate higher than both the 0 to 4 and the 5 to 9 age groups. Twenty-six counties in the 10 to 14 age group had traffic injury rates greater than five per 1,000, and nine counties had a traffic injury rate of less than one.

In contrast, restraint usage amongst 10 to 14 year-olds is lower than in other age groups. Among those individuals where restraint use was known, over 56 percent of children in the 10 to 14 age group injured in Indiana traffic collisions in 2006 used safety restraints. Restraint use by age group is examined in more detail in the next section under *Restraint Usage*.

*Older children (ages 10 to 14) are less likely to wear safety restraints and at greater risk of being injured in motor vehicle collisions.*

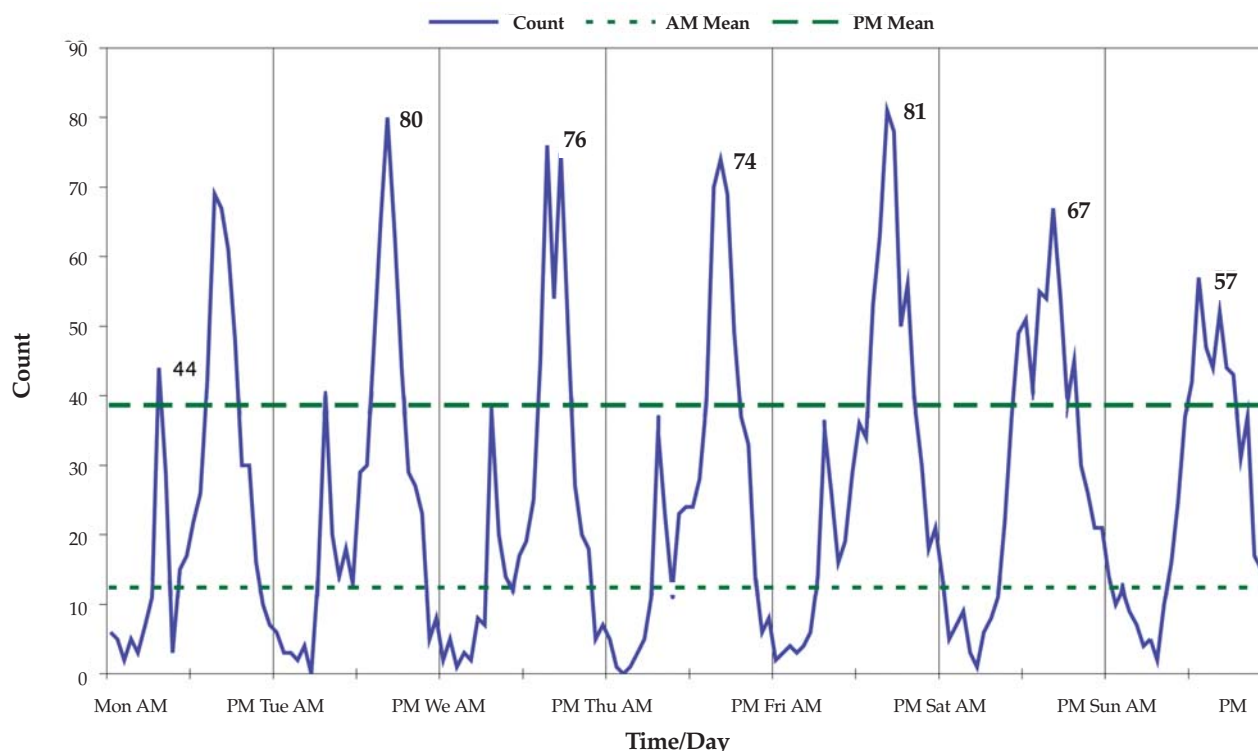
## **Collisions Involving Children by Time of Day and Day of the Week**

Figure 2 depicts the frequency of collisions involving children by hour of the day and day of the week. Each data point represents the total collisions for that hour of the day in 2006. The collisions appear to follow expected traffic intensity patterns. Most collisions occur during the morning and afternoon rush hour time periods; the average number of collisions after 12pm (38.4) is approximately three times that of morning hours (12.3). Additionally, the highest numbers of morning collisions occur on Monday (44); in general, afternoon collisions increase through the work week (Monday to Friday) to a maximum of 81 on Friday afternoon. Late night collisions are highest on the weekend.





Figure 2: Indiana Collisions Involving a Child by Time of Day and Day of Week, 2006



Source: Indiana State Police VCRS data, 04/09/2007

## RESTRAINT USAGE

### National Context

Research has shown that child restraint use (including lap/shoulder safety belts and child safety seats) is one of the most effective tools in preventing serious and fatal injuries to children who are vehicle occupants in traffic accidents. NHTSA reports that the use of lap/shoulder safety belts by children age five and older reduces the risk of fatal injury to front seat passengers by 45 percent.<sup>5</sup> Likewise, child safety seats, when used properly, can reduce the risk of fatal injury by 71 percent for children less than one year old and 54 percent for children between the ages of one and four years old. Nationally, in 2005, 53 percent of children (0 to 14 years old) who were fatally injured in a traffic accident were unrestrained.<sup>6</sup>

### Child Restraint Usage in Indiana

Table 2 depicts the number and percentage of children injured or killed in Indiana motor vehicle accidents in 2006 by injury status and restraint usage. Among those who were wearing restraints, only about 0.5 percent of injuries were fatal, and nearly three percent of injuries were incapacitating. Among those individuals who were not wearing restraints, about 1.86 percent of injuries were fatal, and nearly 8.4 percent of injuries

Table 2: Children Injured or Killed in Indiana Traffic Collisions by Restraint Use (2006)\*

Injury status	Restraint used?				Non-restraint risk factor
	Count	% Yes	Count	% No	
Fatalities	15	0.51%	14	1.86%	3.68
Incapacitating Injuries	87	2.94%	63	8.39%	2.85
Non-incapacitating Injuries**	2,856	96.55%	674	89.75%	0.93
Total	2,958		751		

\*Includes only individuals where restraint and injury status identified

\*\* Non-incapacitating injuries include those reported as both non-incapacitating and possible.

Source: Indiana State Police VCRS data, 04/09/2007

<sup>5</sup>National Center for Statistics and Analysis, National Highway Traffic Safety Administration, *Traffic Safety Facts: Children* (2005 data).

<sup>6</sup>National Center for Statistics and Analysis, National Highway Traffic Safety Administration (February 2007), *Traffic Safety Facts: Strengthening Child Passenger Safety Laws*.

were incapacitating. These values imply that children are nearly 3.7 times more likely to be killed in a motor vehicle accident and nearly 3 times more likely to suffer incapacitating injuries if they are not wearing the proper safety restraint.

Restraint use among children appears to decline with age. Table 3 shows that children in the 10 to 14 age group are less likely to wear safety restraints than those in other age groups. In 2006, approximately 56 percent of 10 to 14 year-olds injured in Indiana traffic collisions used safety restraints, while nearly 73 percent of children in the 0 to 4 age group used safety restraints. Approximately 61 percent of all children injured in Indiana motor vehicle accidents used some form of safety restraint.

## Child Restraint Use Laws

NHTSA supports strengthening child passenger safety laws that cover "every child, in every seating position and in every vehicle."<sup>7</sup> In 2005, NHTSA led an effort to develop a model child passenger safety law that has since been adopted and published by the National Committee on Uniform Traffic Laws and Ordinances. The essential components of a strong child passenger safety law are presented in Table 4. In addition to requiring primary enforcement, these components address perceived gaps in many of the existing laws. Specifically, NHTSA recommends that all children, 16 and under, are covered in all seating positions, and that typical exemptions are eliminated. NHTSA also recommends that all children under 13 be required to sit in rear seats.

### Great Lakes Regional Comparison

When comparing Indiana's occupant protection law to the other five states in the Great

**Table 3: Children Injured in Indiana Traffic Collisions by Restraint Use and Age Group (2006)**

Age Group	Yes		No		Other/Unknown	
0 to 4	1190	72.9%	125	7.7%	318	19.5%
5 to 9	1016	61.3%	261	15.7%	381	23.0%
10 to 14	1220	56.5%	491	22.7%	450	20.8%
Total	3426	62.8%	877	16.1%	1149	21.1%

**Note:** These numbers represent restraint use among individuals, ages 0 to 14, injured in Indiana traffic collisions.

**Source:** Indiana State Police VCRS data, 04/09/2007

Lakes region, Indiana is one of three states (including Illinois and Michigan) in the region that provides primary enforcement for all vehicle occupants regardless of age (Table 5). The Indiana law is one of the strongest in the region as it requires children under eight years old to be in a child restraint, and it requires all children 16 and under in all seats to be restrained. However, Indiana does provide an exception to the child restraint requirement for children weighing more than 40 pounds that allows such children to be restrained using adult safety belts. Additionally, the current Indiana law exempts some vehicle types from restraint use requirements including pickup trucks, SUVs (if registered as pickup trucks), taxis, buses, and antique cars. Other states in the region appear to provide greater flexibility in age and seat location for required restraint use.

**Table 4: NHTSA's Essential Components of a Strong Child Passenger Safety Law**

Cover all occupants up to age 16 in all seating positions
Primary enforcement - allows law enforcement officer to stop a vehicle and issue a citation when the officer observes an unrestrained occupant
Require child occupants to be properly restrained
Require child occupants younger than 13 to be seated in a rear seat
Include all vehicles equipped with seat belts
Make the driver responsible for restraint use by all children under age 16
Allow passengers to ride only in seating areas equipped with seat belts
Prohibit all passengers from riding in the cargo areas of pickup trucks
Children with special needs are provided proper restraints for safe transportation
Eliminate exemptions

**Source:** National Highway Traffic Safety Administration, (February 2007), *Strengthening Child Passenger Safety Laws*. Washington D.C.

<sup>7</sup>National Center for Statistics and Analysis, National Highway Traffic Safety Administration (February 2007), *Traffic Safety Facts: Strengthening Child Passenger Safety Laws*.

**Table 5: State Occupant Protection Laws - Great Lakes Region**

State	Must Be In Child Restraint*	Additional Seat Belt Coverage	Who is Covered & Where	Primary or Secondary
Illinois**	Under 8 yrs.*	8 until 16 yrs.	16+ yrs. in all seats; under 19 yrs. in all seats if driver is under 18	P
Indiana***	Under 8 yrs. in a child seat or a booster seat*		8-16 yrs. in all seats; 16+ yrs. in front seat	P
Michigan	Under 4 yrs.*		4+ yrs. in front seat; 4-16 yrs. in all seats	P
Minnesota	Under 4 yrs.*		3-11 yrs. in all seats; 11+ yrs. in front seat	S
Ohio	Under 4 yrs. or under 40 lbs.*		4+ yrs. in front seat	S
Wisconsin	Under 8 yrs., 40 – 80 lbs. and under 57 inches*		8+ yrs. in front seat; 4+ in rear seat with shoulder belt	S

Source: AAA Public Affairs, [national.aaa.com](http://national.aaa.com), January 11, 2007

\* All of these laws indicate that a child must be properly secured/restrained, which means that the seat must be used in accordance with manufacturer's instructions.

\*\*In Illinois, a child weighing more than 40 lbs. may be transported in the back seat of a motor vehicle while wearing only a lap belt if the back seat of the motor vehicle is not equipped with a combination lap and shoulder belt.

\*\*\*In Indiana, a child weighing more than 40 lbs. may be transported in the back seat of a motor vehicle while wearing only a lap belt if the back seat of the motor vehicle is not equipped with a combination lap and shoulder belt.

\*\*\*\*Primary enforcement of a safety belt law allows a law enforcement officer to stop a vehicle and issue a citation when the officer observes an unbelted driver or passenger. Secondary enforcement means that a citation for not wearing a safety belt can only be written after the officer stops the vehicle or cites the offender for another infraction.

## PEDESTRIANS

### National Context

NHTSA reports that, in 2005, 339 child pedestrian fatalities occurred in the United States. This number represents seven percent of all U.S. pedestrian fatalities and nearly one-fifth (17 percent) of all child traffic-related fatalities. Between 1995 and 2005, the number of child pedestrian fatalities decreased by 51 percent.<sup>8</sup> Other studies caution, however, that these numbers may be undercounted. The Centers for Disease Control and Prevention reported that nearly 7,500 children were treated in emergency rooms between 2001 and 2003 for nonfatal, vehicle "backover-related" injuries.<sup>9</sup> NHTSA also estimates that approximately 120 people per year, most under the age of 5 or over the age of 60, are killed from motor vehicle backovers. The stated reason for the undercounting is that most of these incidents occur in private driveways and are, therefore, not typically reported in traffic-crash fatality data.



### Child Pedestrians in Indiana

Table 6 shows the number of children injured or killed in traffic incidents by injury status and person type (including vehicle occupants, pedestrians, and pedalcyclists). Child pedestrian fatalities accounted for nearly one-quarter (22 percent) of all Indiana child traffic fatalities in 2006. Nearly 20

<sup>8</sup>National Center for Statistics and Analysis, National Highway Traffic Safety Administration, *Traffic Safety Facts: Children (2005 data)*.

<sup>9</sup>AAA (March 2007), *Preventing Backovers in America's Driveways*, [www.AAAExchange.com](http://www.AAAExchange.com).



## CHILD PEDESTRIAN SAFETY RULES

Presented by Safe Kids Worldwide – Safe Kids Walk This Way

1. Cross the street at the corner or at a crosswalk if there is one, and obey all traffic signals.
2. Walk on a sidewalk; if there is no sidewalk, walk on the left side of the street, facing oncoming traffic.
3. Walk with an adult until you are at least 10 years old.
4. Only cross in front of a school bus when the driver says it is safe. Do not cross behind the bus or where the driver cannot see you.
5. Hold an adult's hand when you cross the street. Look left, right and left again before you cross, and keep looking both ways until you reach the other side.
6. If you walk when it is dark, wear light-colored clothing or clothing with reflective material so drivers can see you. A flash-light is also a good idea.
7. If a toy or pet goes out into the street, ask an adult for help getting it back.
8. When you are outside playing, play in a backyard or play-ground away from the street or parking lots.

Source: Safe Kids Worldwide, [www.safekids.org](http://www.safekids.org), March 2007.

**Table 6: Children Injured or Killed in Indiana Traffic Collisions by Injury Status and Person Type**

	2003	2004	2005	2006
<b>Fatality</b>				
Vehicle Occupant	28	37	26	32
Pedalcyclist	0	0	3	3
Pedestrian	8	11	10	10
<i>Total</i>	36	48	39	45
<b>Incapacitating Injuries</b>				
Vehicle Occupant	194	189	167	156
Pedalcyclist	34	29	25	33
Pedestrian	48	39	47	46
<i>Total</i>	276	257	239	235
<b>Non-incapacitating Injuries*</b>				
Vehicle Occupant	3697	3930	3849	3602
Pedalcyclist	358	350	273	271
Pedestrian	320	305	264	266
<i>Total</i>	4375	4585	4386	4139
<b>Total</b>				
Vehicle Occupant	3919	4156	4042	3790
Pedalcyclist	392	379	301	307
Pedestrian	376	355	321	322
<i>Total</i>	4687	4890	4664	4419

\*Non-incapacitating injuries include those reported as both non-incapacitating and possible.  
Source: Indiana State Police VCRS data, 04/09/2007

percent of all child incapacitating injuries were pedestrians. Child pedestrian injuries represented a little over seven percent of all child traffic-related injuries in 2006. The number of pedestrian injuries has remained relatively constant in all injury categories over time, with the exception of non-incapacitating injuries which have declined. Text Box 1 provides a list of recommended child pedestrian safety rules identified by Safe Kids Worldwide.<sup>10</sup>

## PEDALCYCLISTS

### National Context

NHTSA reports that, in 2005, 126 child pedalcyclist fatalities occurred in the United States. This number represented 16 percent of all U.S. pedalcyclist fatalities (784).<sup>11</sup> Among the estimated 45,000 pedalcyclist injuries in 2005, over 30 percent (an estimated 14,000) of these were children. According to Safe Kids Worldwide, about 90 percent of all bicycle-related deaths result from collisions with motor vehicles, asserting that the "single most effective safety device available to reduce head injury and death from bicycle crashes is a helmet."<sup>12</sup>

Map 4 illustrates the states that have enacted state bicycle helmet use laws, according to a 2006 listing published by the Insurance Institute for Highway Safety. No states in the Great Lakes region, (including the states of Indiana, Illinois, Michigan, Minnesota, Ohio, and Wisconsin), currently have laws requiring pedalcyclists to wear

<sup>10</sup>Safe Kids Worldwide is an international nonprofit organization, with local chapters throughout the United States, dedicated solely to preventing unintentional childhood injury.

<sup>11</sup>National Center for Statistics and Analysis, National Highway Traffic Safety Administration, *Traffic Safety Facts: Children* (2005 data).

<sup>12</sup>Safe Kids Worldwide (March 2007), [www.safekids.org](http://www.safekids.org), *Facts About Injuries to Children Riding Bicycles*.



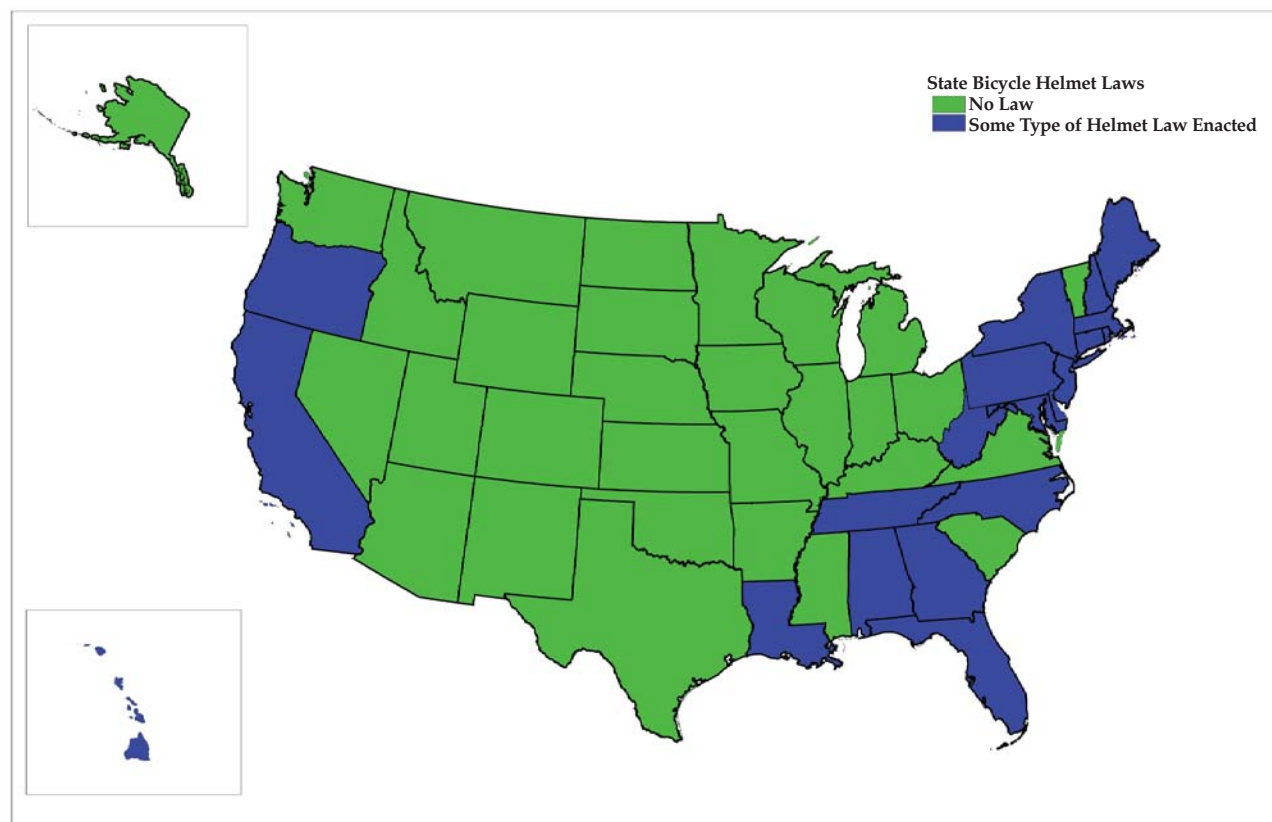
helmets. Twenty states and the District of Columbia have enacted laws requiring pedalcyclists within specific age groups to wear helmets. Most of these states are located in the eastern and western portions of the United States. Fourteen of the bicycle helmet laws enacted require riders younger than 16 years old to wear a helmet. California requires riders younger than 18 to wear a helmet, whereas both Louisiana and Pennsylvania require pedalcyclists younger than 12 years old to wear a helmet.

### Pedalcyclists in Indiana

Child pedalcyclist fatalities accounted for nearly seven percent of all Indiana child traffic fatalities in 2006 (Table 6). About 14 percent of all child injuries reported as incapacitating were pedalcyclists. Similar to the numbers for pedestrian injuries, the number of pedalcyclist injuries fluctuated only minimally between 2003 and 2006 in all injury categories, with the exception of non-incapacitating injuries which have declined.



Map 4: Bicycle Helmet Use Laws by State (2006)



Source: Insurance Institute for Highway Safety-Highway Loss Data Institute, Helmet Use Laws  
[ftp://www.iihs.org/laws/state\\_laws/helmet\\_current.html](http://www.iihs.org/laws/state_laws/helmet_current.html) as of October 10, 2006

## ALCOHOL

### National Context

NHTSA reports that, in 2005, 414 children were killed in the United States in motor vehicle collisions involving alcohol.<sup>13</sup> 224 of those children were passengers in vehicles with drivers who had been drinking, and 96 were passengers in vehicles with drivers who had not been drinking but were struck by a vehicle with an impaired driver. Forty-eight of the 414 child fatalities were pedestrians or pedalcyclists struck by drunk drivers.

### Indiana Crashes Involving Alcohol and Children

In 2006, a total of 276 children were injured in motor vehicle collisions involving alcohol. Table 8 shows that, among these injuries, eight were fatal and 25 were incapacitating. While the number of child traffic injuries occurring in alcohol-related collisions has declined since 2003, the number of fatalities and incapacitating injuries has remained static during this same period. Nearly 18 percent of all child traffic fatalities and over 10 percent of all child incapacitating injuries occurred in alcohol-related collisions in 2006. Approximately 75 percent (6) of child fatalities and over 50 percent (13) of child incapacitating injuries occurring in alcohol-related collisions were passengers in vehicles with drivers who had been drinking.

**Table 7: Child Injuries and Fatalities Occurring in Indiana Alcohol-Related Traffic Accidents\***

	2003			2004			2005			2006		
	Alcohol-Related	Total	Alcohol-Related as Percent of Total	Alcohol-Related	Total	Alcohol-Related as Percent of Total	Alcohol-Related	Total	Alcohol-Related as Percent of Total	Alcohol-Related	Total	Alcohol-Related as Percent of Total
Fatality	6	36	16.7%	6	48	12.5%	7	39	17.9%	8	45	17.8%
Incapacitating Injuries	30	276	10.9%	28	257	10.9%	20	239	8.4%	25	235	10.6%
Non-incapacitating Injuries**	305	4375	7.0%	280	4585	6.1%	284	4386	6.5%	243	4139	5.9%
Total	341	4687	7.3%	314	4890	6.4%	311	4664	6.7%	276	4419	6.2%

\*A collision is identified as alcohol related if any vehicle driver or non-motorist (pedestrian, bicycles) involved the collision has a measurable blood-alcohol content (BAC) result or appears to have been drinking, if alcoholic beverages are listed as contributing or primary factors in the collision, or if an Operating While Intoxicated (OWI) citation is issued to a driver.

\*\*Non-incapacitating injuries include those reported as both non-incapacitating and possible.

Source: Indiana State Police VCRS data, 04/09/2007

<sup>13</sup>National Center for Statistics and Analysis, National Highway Traffic Safety Administration, *Traffic Safety Facts: Children* (2005 data).

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*Public awareness campaigns, combined with the enactment and enforcement of strong laws, are the most effective way to increase occupant restraint usage rates.*

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## CONCLUSION

Research findings suggest that children in the 10 to 14 age group are at greater risk of suffering serious injuries and fatalities than the other age groups. This higher vulnerability is likely due in part to lower rates of restraint usage amongst 10 to 14 year-olds.

In addition to strong legislation, NHTSA emphasizes the implementation of publicity campaigns to educate the public on the correct use of child restraints, the potential danger to children associated with failure to use proper restraints, and the key elements of child passenger protection laws and the enforcement of those laws. Research shows that such public awareness campaigns, combined with the enactment and enforcement of strong laws, are the most effective way to increase occupant restraint usage rates.<sup>14</sup> In Indiana, the Indiana Criminal Justice Institute, the Governor's Council on Impaired and Dangerous Driving, the Automotive Safety Program at Riley Hospital for Children, Safe Kids Indiana, the Indiana State Police, and other partnering organizations contribute to public awareness, education, and training programs to improve child safety efforts related to traffic collisions.



<sup>14</sup>National Center for Statistics and Analysis, National Highway Traffic Safety Administration (February 2007), *Traffic Safety Facts: Strengthening Child Passenger Safety Laws*.

# INDIANA TRAFFIC SAFETY FACTS



This publication was prepared on behalf of the Indiana Criminal Justice Institute by the Center for Urban Policy and the Environment. Please direct any questions concerning data in this document to ICJI at 317-232-1233.

This publication is one of a series of Fact Sheets that, along with the annual Indiana Crash Fact Book, form the analytical foundation of traffic safety program planning and design in the state of Indiana. Funding for these publications is provided by the Indiana Criminal Justice Institute and the National Highway Traffic Safety Administration.

An electronic copy of this document can be accessed via the Center website ([www.urbancenter.iupui.edu/trafficsafety](http://www.urbancenter.iupui.edu/trafficsafety)), the ICJI traffic safety website ([www.in.gov/cji/traffic/](http://www.in.gov/cji/traffic/)), or you may contact the Center for Urban Policy and the Environment at 317-261-3000.

## The Indiana Criminal Justice Institute (ICJI)

Guided by a Board of Trustees representing all components of Indiana's criminal and juvenile justice systems, the Indiana Criminal Justice Institute serves as the state's planning agency for criminal justice, juvenile justice, traffic safety, and victim services. ICJI develops long-range strategies for the effective administration of Indiana's criminal and juvenile justice systems and administers federal and state funds to carry out these strategies.

## The Governor's Council on Impaired & Dangerous Driving

The Governor's Council on Impaired & Dangerous Driving, a division of the Indiana Criminal Justice Institute, serves as the public opinion catalyst and the implementing body for statewide action to reduce death and injury on Indiana roadways. The Council provides grant funding, training, coordination and ongoing support to state and local traffic safety advocates.

## The Center for Urban Policy and the Environment

The Indiana University Center for Urban Policy and the Environment is devoted to supporting economic success for Indiana and a high quality of life for all Hoosiers. An applied research organization, the Center was created by the Indiana University School of Public and Environmental Affairs in 1992. The Center works in partnership with community leaders, business and civic organizations, nonprofits, and government. The Center's work is focused on urban and community development, health policy, and criminal justice research essential to developing strategies to strengthen Indiana's economy and quality of life.

## The National Highway Traffic Safety Administration (NHTSA)

NHTSA provides leadership to the motor vehicle and highway safety community through the development of innovative approaches to reducing motor vehicle crashes and injuries. The mission of NHTSA is to save lives, prevent injuries and reduce economic costs due to road traffic crashes, through education, research, safety standards and enforcement activity.

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AND THE ENVIRONMENT

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