

Dan Silver

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Suite 212
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August 2007

Ms. Elizabeth Luce, Director
Department of Licensing
Post Office Box 98507
Olympia, WA 98507

Dear Director Luce:

Enclosed is a copy of the final report of the At Risk Driver Taskforce. You convened this Taskforce in early March to provide recommendations to you and other members of the Governor's Public Safety Team to reduce fatalities and serious injury collisions from drivers determined to be "at risk."

The Taskforce met five times; formed subcommittees; reviewed significant amounts of data and analysis; and reviewed and revised its recommendations. The Taskforce now presents six recommendations for consideration by the Public Safety Team. These recommendations are presented in order of priority, with one exception: Members of the Taskforce were divided on the priority of the recommendation now listed third. The Taskforce recognizes that the Public Safety Team will need to make its own assessment on the selection and timing of when to act on the recommendations.

The members of this Taskforce were focused and dedicated, and they maintained their collegiality throughout the process. They were determined to reduce fatalities and serious injuries on Washington's roadways. At all times they were a pleasure to work with, and I commend them to you.

Best wishes as you move to implement the work of the Taskforce.

Sincerely,

Dan Silver

Report of the At Risk Driver Taskforce

Overview

In March 2007 Elizabeth Luce, Director of the Department of Licensing, convened the At Risk Driver Taskforce.¹ This action was part of a continuing effort by the State government's public safety cabinet agencies to focus on reducing death and injury on the State's roadways. The purpose of this Taskforce, as presented in its charter, was to:

Provide recommendations to the Public Safety Team members (Department of Licensing (DOL), Washington State Patrol (WSP), and Washington Traffic Safety Commission (WTSC)) to reduce fatalities and serious injury collisions for drivers determined to be 'At Risk'. This would include defining the term "At Risk".

The Taskforce met five times in the spring and summer of 2007. Its first task was to review a wealth of available data on fatalities and serious injuries from collisions. The Taskforce formed two subcommittees to assist with its work. Members discussed substantial amounts of information provided by the state agencies, and they also shared and reviewed significant information from their own reading and investigation.

In the course of its deliberations, the Taskforce defined At Risk Drivers as:

Drivers whose behavior, physical or cognitive capabilities, or other traits present substantial risk to either themselves or others.

The evidence reviewed by the Taskforce led it to focus on three problem areas:

- 1) Young and aggressive drivers
- 2) Elderly and medically impaired drivers
- 3) Drug impaired drivers

Based on its review of data and literature and its discussion of what is needed and achievable, the Taskforce makes the following six recommendations to the Public Safety Team agencies, in order of priority. The Taskforce recommends:

1. More action to deal with the problem of drug impaired drivers, including those who use and abuse over the counter (OTC), prescription, and non-prescription (illicit) drugs. DOL and the WSP should convene a separate group this fall to discuss developing standards for suspending drug impaired drivers.

¹ See Appendix A for a list of taskforce members.

2. The State require all physicians and primary care providers to report to the Department of Licensing whenever they believe a patient is an at-risk driver due to his or her medical or cognitive condition.
3. An increase in the consequences for specific reckless driving behaviors known to be associated with fatal and injury collisions.
4. The State develop an additional assessment tool to identify drivers who are at risk drivers due to cognitive or physical conditions. All drivers would be required to take a 5-10 minute pre-assessment review designed to screen for cognitive and physical limitations that could effect driving. Where limitations are indicated, there would be an additional computerized screening designed to assist the Department of Licensing identify drivers who may be at risk to themselves or others.
5. DOL research and evaluate public service campaigns that educate aging and medically at-risk drivers and their families in other states and communities. This evaluation should assess the effectiveness and results from these media campaigns and should identify how those results have been measured.
6. The State either obtain or develop information on the effectiveness of remedial training programs.

Description of the Problem

In March 2007, Governor Gregoire issued a report entitled *Washington State Strategic Highway Safety Plan: Target Zero*. This strategic plan was the culmination of years of data collection and assessment by government agencies and organizations interested in traffic safety. The Strategic Highway Safety Plan provided “a comprehensive framework of specific goals, objectives and strategies for reducing traffic fatalities and disabling injuries.”² The At Risk Drivers Taskforce did not attempt to replicate this effort. Instead, it narrowed its focus to a subset of highest risk drivers.

On average, each year between 2002 and 2006, 623 people were killed and 2,946 people suffered disabling injuries on Washington’s roadways. [See Figure 1]

Figure 1

Washington State - All Roads				
Reported Traffic Collision Fatalities and Injuries				
January 1, 2002 through December 31, 2006				
Year	Fatalities	Number of Injuries		
		Disabling Injuries	Minor Injuries	Total Injuries
2002	659	3,205	64,923	68,128
2003	601	2,803	59,078	61,881
2004	570	2,814	60,092	62,906
2005	654	2,920	63,752	66,672
2006	632	2,988	60,048	63,036

*Provided by: WSDOT – Transportation Data Office
Data Source: WSDOT*

The evidence collected by state agencies strongly suggests that these deaths and injuries are not randomly caused. Certain behaviors, attributes, and driver traits are associated with a greater incidence of fatalities and serious injuries. The Taskforce honed in on three groups of drivers: (1) young and aggressive drivers, (2) elderly and physically impaired drivers, and (3) drug impaired drivers.

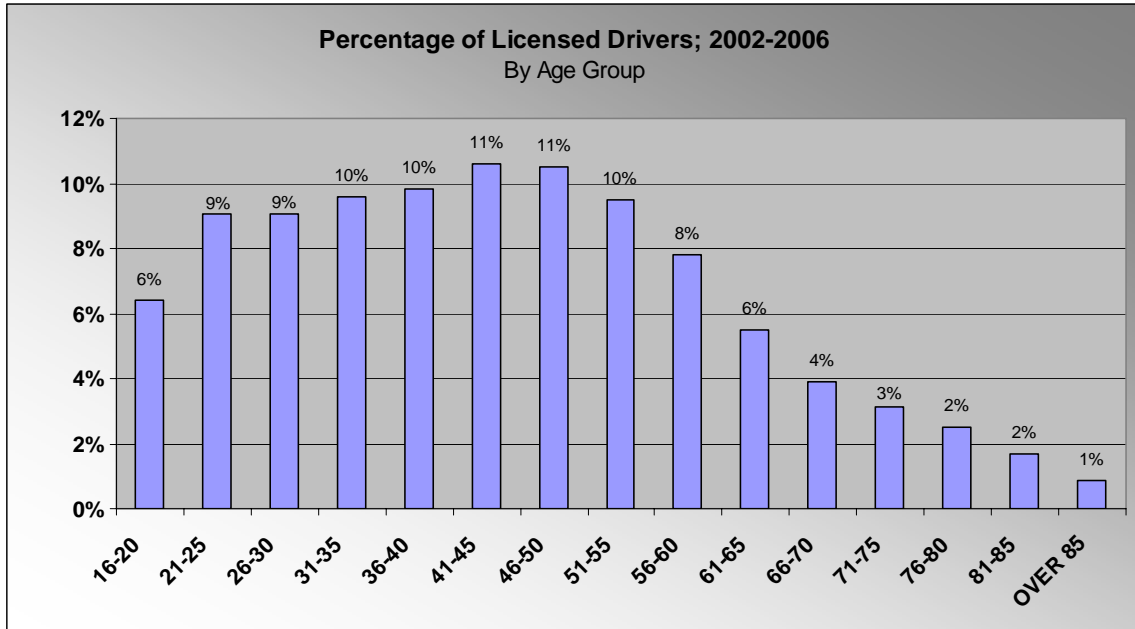
Focus on young drivers:

Fatalities do not occur in equal proportions across different age groups or gender. As depicted in Figure 2, about 15% of the State’s drivers are under the age of 25. Yet these young drivers are involved in the greatest number of fatal and serious injury collisions

² *Washington State’s Strategic Highway Safety Plan: Target Zero*, February 28, 2007, p. iii.

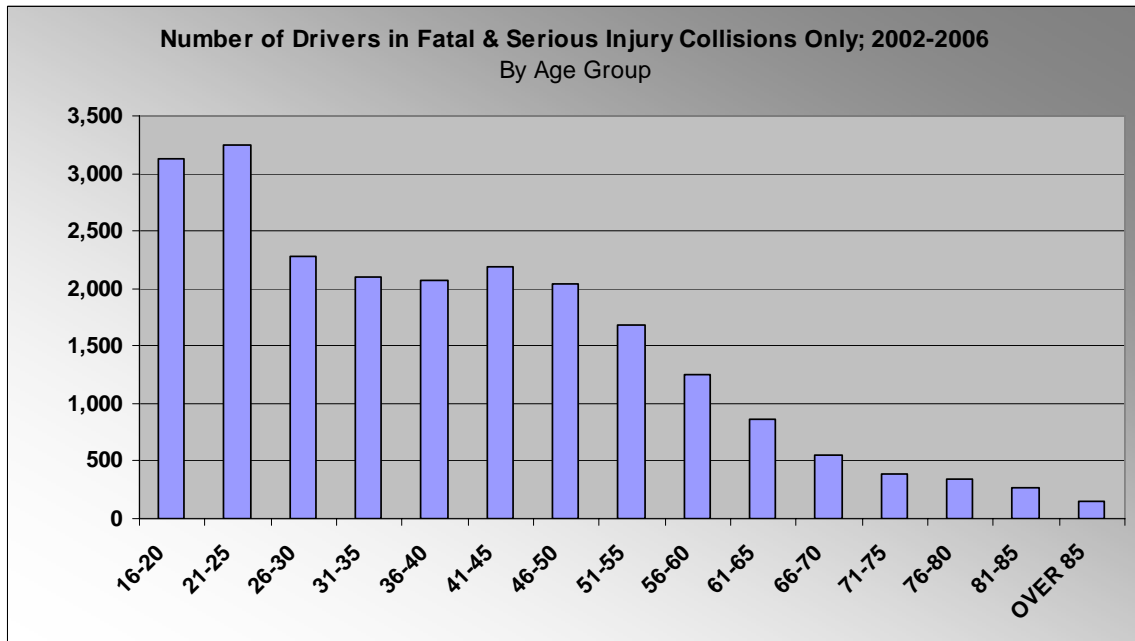
[Figure 3]; their rate of collisions is far disproportionate to their numbers [Figure 4]; and their driving behaviors tend to be worse than any other group.

Figure 2



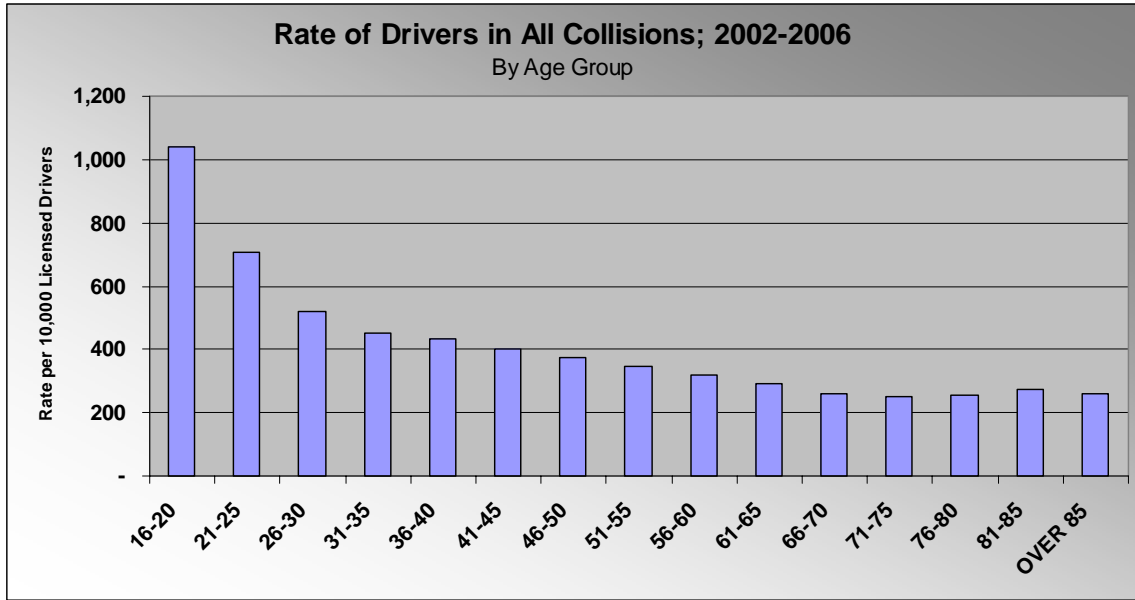
Provided by: WSDOT – Transportation Data Office
Data Source: WSDOL

Figure 3



Provided by: WSDOT-Transportation Data Office
Source: WSDOT / WSDOL

Figure 4



Provided by: WSDOT – Transportation Data Office
 Data Source: WSDOT/WSDOL

Law enforcement officers prepare extensive reports on each collision that results in death or serious injury. These collision reports identify what, in the officers’ judgments, are the three contributing circumstances for each collision. From 2002 through 2006, the data from these collision reports indicate that three factors contributed to more than half of the fatal and serious injury collisions: (1) speed, (2) alcohol, and (3) failure to grant right-of-way to other vehicles. [Figure 5]

Figure 5

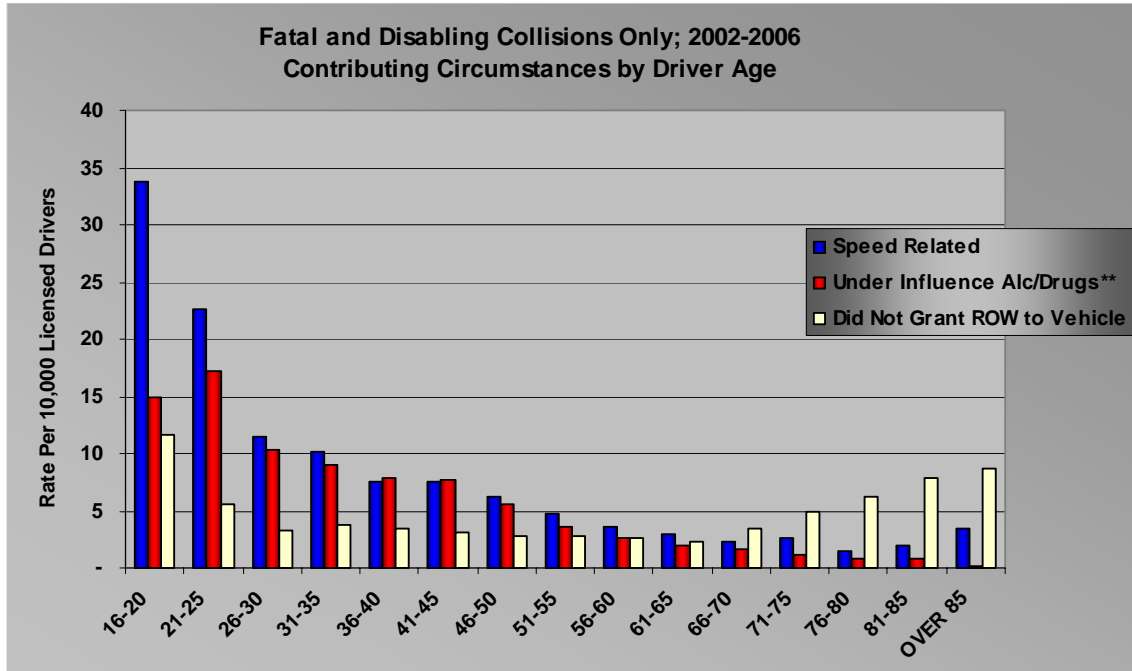
Contributing Circumstances	2002	2003	2004	2005	2006	Total
Fatal and Serious Injury Collisions						
Speed Related	1,104	893	820	926	935	4,678
Under Influence Alcohol/Drugs	743	611	666	717	729	3,466
Did Not Grant RW to Vehicle	478	401	382	379	388	2,028
Other	111	205	343	375	351	1,385

Source: WSDOT – Transportation Data Office

The Taskforce examined the collision data in detail. It became very clear that youthful drivers were involved in the greatest number of fatal and disabling injury collisions. While drivers under the age of 25 account for only 15% of all drivers, they were involved in 43% of the speed-related fatal and disabling collisions; a third of the collisions where

alcohol or drugs were a factor; and a fifth of collisions involved in failure to grant right-of-way. [See Figure 6]

Figure 6

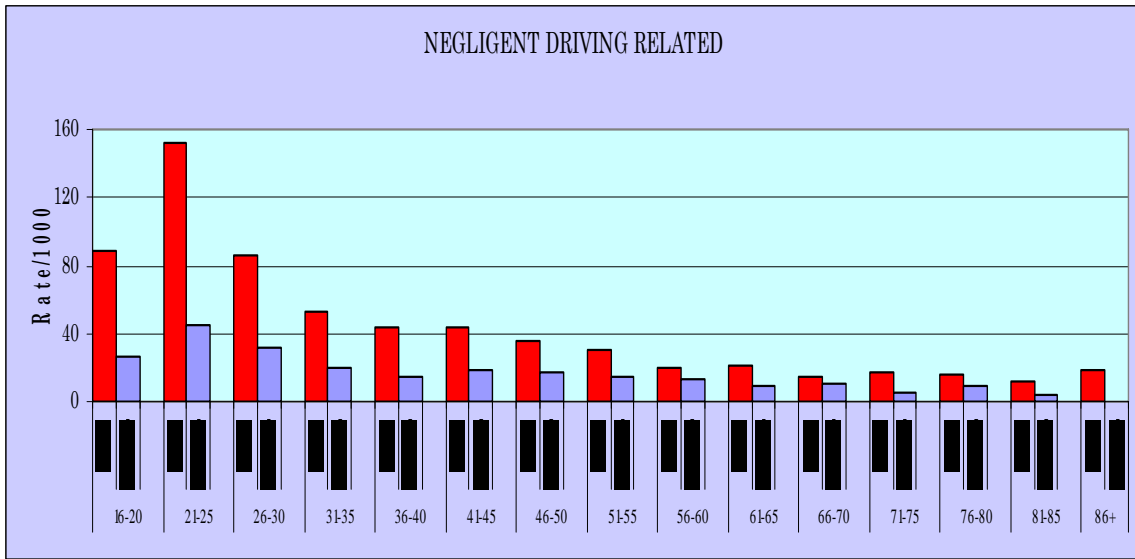


Provided by: WSDOT – Transportation Data Office
 Data Source: WSDOT/WSDOL

Young drivers were significantly more likely to be engaged in one or more of these contributing factors. For example, as illustrated by Figure 6, more than a third of speed-related fatal and disabling injury collisions involved drivers under the age of 20 and another 23% involved drivers under the age of 25 (whereas this population cohort makes up only 15% of all drivers). One-third of alcohol-related fatalities and serious injuries involved drivers under the age of 25.

Data on citations issued by law enforcement officers reinforces our understanding that youthful drivers are disproportionately involved in high risk driving behavior. Drivers under the age of 25, especially male drivers, receive significantly more citations than other age groups for aggressive traffic behaviors such as reckless driving, negligent driving, and speeding. For example, male drivers between the age 21 and 25 were nearly twice as likely to be cited for negligent driving as any other age cohort, and four times as likely to be cited as middle-age drivers, even though they make up a smaller percentage of the driving population. [See Figure 7]

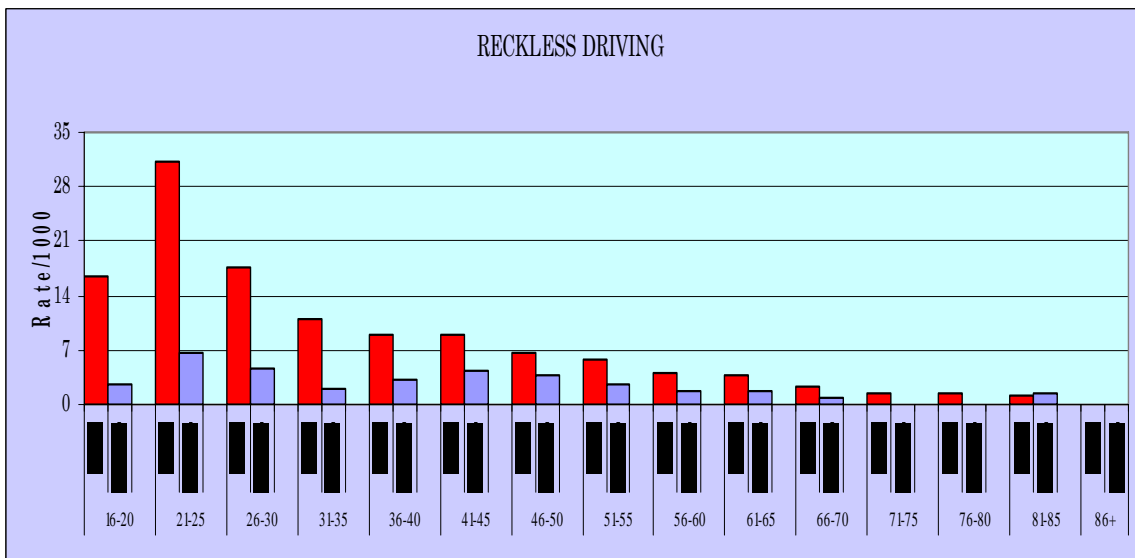
Figure 7



Source: DOT 2005 Collision File and DOL Violation File

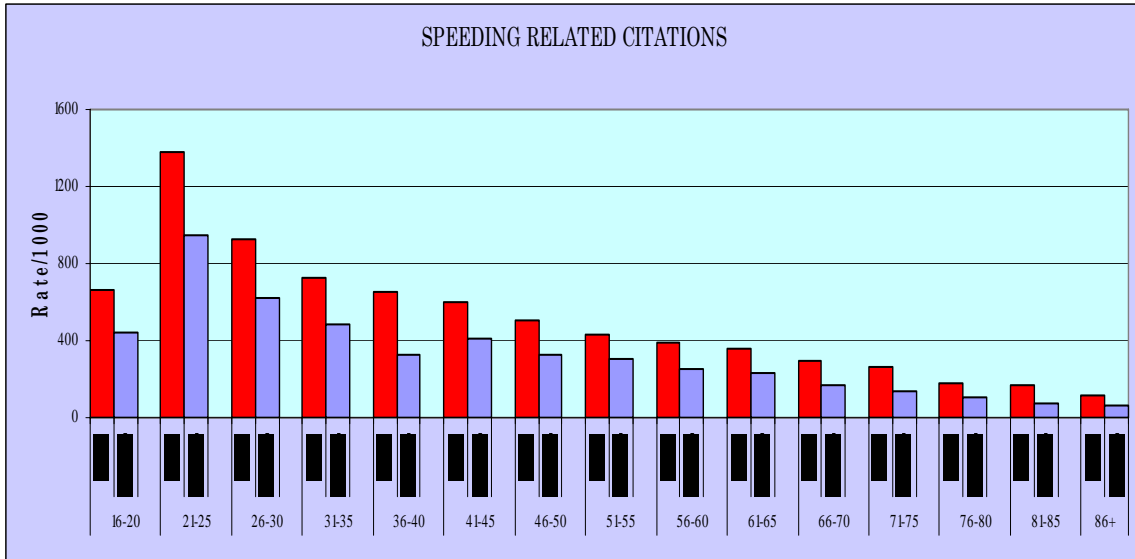
Similar trends are evident in the data for reckless driving and speeding. [See Figures 8 and 9]

Figure 8



Source: DOT 2005 Collision File and DOL Violation File

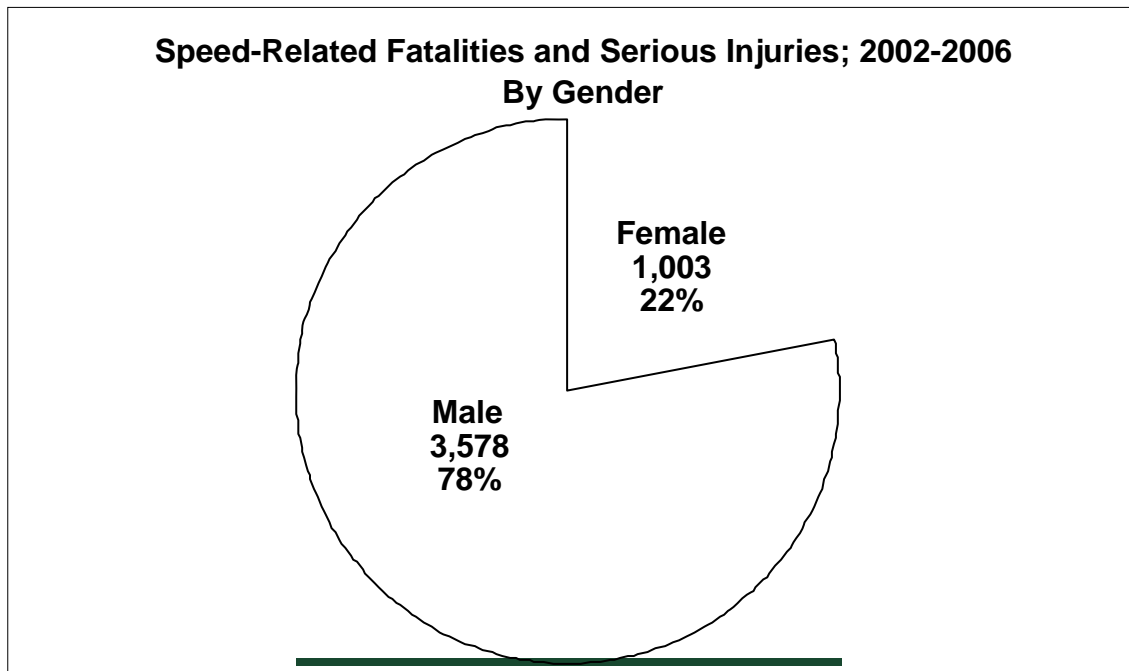
Figure 9



Source: DOT 2005 Collision File and DOL Collision File

Not surprisingly, aggressive traffic behavior by young men is reflected in the fatal collision and serious injury data: more than three-quarters of fatalities and serious injuries from 2002 to 2006 were male. [Figure 10]

Figure 10



Provided by: WSDOT – Transportation Data Office
Data Source: WSDOT

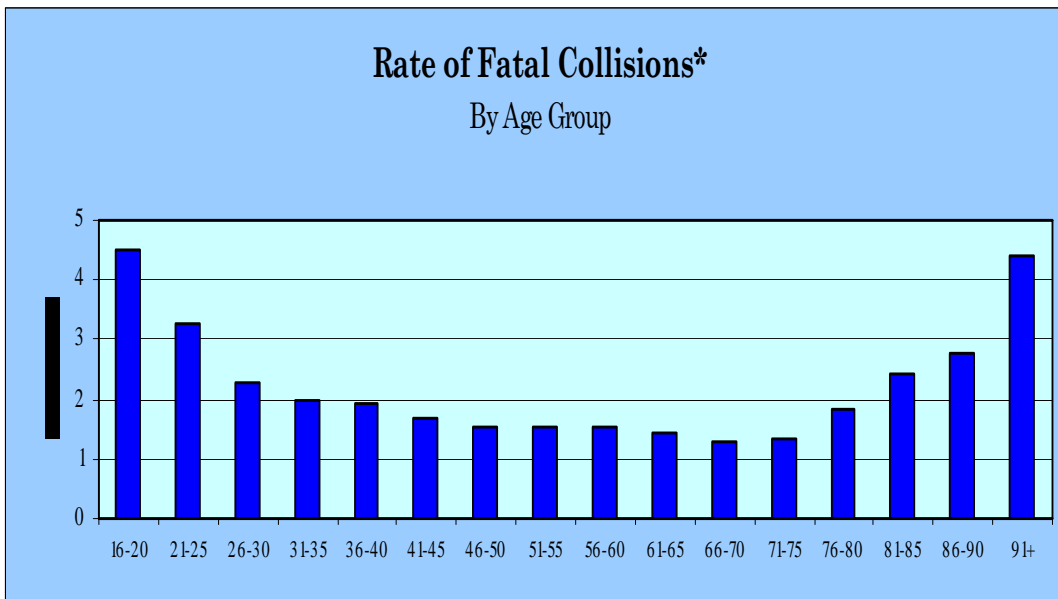
Focus on elderly and medically at risk drivers.

The data are clear that young drivers are far more likely to be engaged in risky driving behaviors than other drivers, and that this risky behavior results in disproportional death and injury for young people. However, other data suggest that elderly drivers also pose a disproportionate risk on Washington’s roadways.

“The actual number of traffic fatalities for older drivers is low – an average of 22 deaths a year in the 70-74 age range, compared to an average of 118 deaths each year for the 15-20 year old group”).³ Older drivers tend to drive fewer miles on average, and by various accounts, they have changed their driving behavior to adapt to declining physical, visual, and cognitive skills. There currently is little professional oversight to this process. “[Physicians] are constricted by federal regulations and liability issues from reporting patients we feel could pose a safety risk to the appropriate authorities due to privacy issues.”⁴

As indicated in Figure 11, older drivers are involved at a higher rate in fatal collisions than nearly every other age group. Figure 11 illustrates that both older and younger drivers are involved in a much higher rate of collisions, in terms of their percentage of the driving public, than drivers between the age of 25 and 75.⁵ The effect of degenerative conditions increases with age; however, not all elderly are functionally impaired, nor are all functionally impaired people elderly. The overall impact of medical impairment as a contributing condition to collisions is not known because, for various reasons, data is not obtainable.

Figure 11



Source: FARS

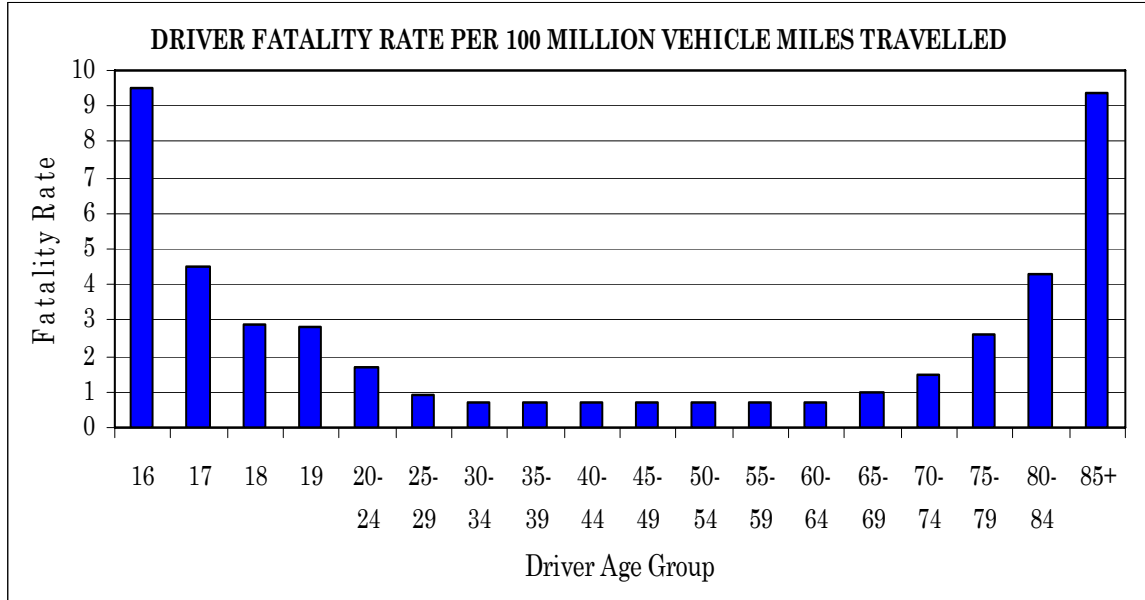
³ Washington State’s Strategic Highway Safety Plan, page 18.

⁴ Dr. Richard Ryan, President of Optometric Physicians of Washington, correspondence, June 13, 2007

⁵ As shown previously in Figure 2, drivers over 65 make up 14% of all drivers.

Another way to depict fatality rates is to show them as fatalities per miles driven. Figure 12 shows that drivers under the age of 25 and over 65 are involved in more fatal collisions per miles traveled than any other age cohort.

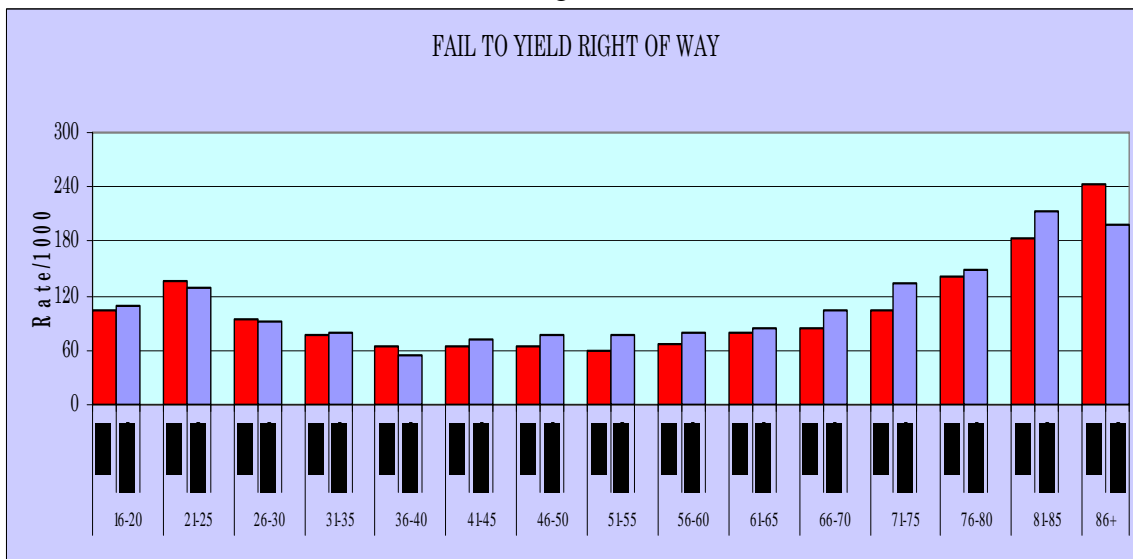
Figure 12



Source: 2001 FARS and NHTSA

The collision data collected by law enforcement agencies identifies a significant problem for older drivers in handling right-of-way situations (particularly left hand turns). The rate of citations for failure to yield right-of-way is higher for drivers 71 and older than nearly any other age group. [Figure 13]⁶

Figure 13



⁶ See as well Figure 6 which shows the contribution of failure to yield right-of-way to fatal and serious injury collisions. Most of those who exhibit this behavior in fatal collisions are senior drivers

Focus on drug impairment

Washington State's Strategic Highway Safety Plan identified impaired driving as the number one traffic safety priority.⁷ Most of the data on impairment is related to alcohol. The At Risk Drivers Taskforce focused additional attention on drivers who are impaired due to the influence of over-the-counter drugs, prescription drugs, or illicit drugs. One problem the Taskforce encountered is that the data on drug impaired driving is spotty compared to the data on alcohol impairment. The collision reports filed by law enforcement agencies for every fatal or serious injury crash list two categories for drug effect: "Under the Influence of Drugs" and "Had Taken Medication." In 2006, about five percent of fatal crashes listed one of these two categories as a contributing factor.

However, the Taskforce reviewed several studies that suggested that drugs were more prevalent than the collision report data suggested. For example, state toxicologist Dr. Barry Logan has reported that "about 65% of drivers in vehicular homicides and assaults with blood alcohol 0.01-0.08g/100ml have impairing drugs on board."⁸

This spring the State Patrol convened a group of information and traffic safety experts to examine the State's practices and protocols for collecting and reporting evidence of drug impairment in fatal collisions. The group identified several areas where data collection on drug impairment could be significantly improved. Much effort goes into changing the data collision report and training law enforcement officers to use the new report. At this point, no decision has been made on when to adjust the collision report to include better drug impairment information.

⁷ Page 14.

⁸ Dr. Barry Logan, State Toxicologist, Impaired Drivers Conference, December 2005

Recommendations

Historical data collected by the public safety agencies shows that when the State takes definitive actions, the number and rate of fatalities and serious injuries decline. The Washington Traffic Safety Commission, for example, reports that the death rate in 1971 on Washington roadways was 4.10 deaths per 100 million miles of travel. By 2004 the rate had fallen to 1.02 deaths per 100 million miles of travel.⁹ Much of this improvement was due to a combination of actions such as new legal requirements, traffic safety campaigns, and increased law enforcement. A key focus for the Taskforce was to assess what ideas might lead to further positive trends in traffic safety.

The Taskforce considered 24 ideas for possible action to reduce fatalities and serious injuries. From these 24, they recommended the following six actions, in order of priority:

Priority #1: Per Se Conviction for Drugs Evident in a Driver

- The Taskforce believes that more action is required to deal with the problem of drug impaired drivers, including those who use and abuse over the counter (OTC), prescription, and non-prescription (illicit) drugs. “Impairment is impairment,” no matter what the source. However, there is no consensus within the taskforce on which specific actions should be taken.
- The Taskforce recommends that DOL and the WSP convene a separate group to discuss developing standards for suspending licenses of drug impaired drivers. Based on this discussion, the Public Safety Agencies should consider whether legislation should be proposed in 2008 or in subsequent years. Among other things, the group should consider:
 - What other states are doing regarding the *per se* conviction for drugs.
 - How to develop standards for impairment from prescription drugs.
 - Whether an impairment standard could be devised for illicit drugs.
 - Whether there should be zero tolerance for the presence of illicit drugs in drivers.
 - Request for funding to train more Drug Recognition Experts to be deployed to fatal and serious injury crash investigations.
 - Whether the report of Drug Recognition Experts is sufficient to serve as an “action standard” for DOL to suspend a driver license.
- In addition, the Taskforce is aware of the discussion and assessment that recently occurred in a DRE committee convened by the State Patrol. The Taskforce believes that it is a high priority to change the collision report used

⁹ WTSC Traffic Records and Data Center, March 2007

in fatalities and serious injuries to better reflect information on drug impaired driving, per the terms of the DRE committee's discussion.

Priority #2: The Taskforce recommends that the State require all physicians and primary care providers to report to the Department of Licensing whenever they believe a patient is an at-risk driver due to his or her medical or cognitive condition.

- DOL should review other states' practices for medical review or medical advisory boards to help determine when a driver should be taken off the road. States that have mandatory physician reporting requirements include Oregon, California, Delaware, New Jersey, and Pennsylvania.
- Reporting physicians and primary care providers should be granted legal immunity for good faith reports made to DOL.
- It is essential that the physical and medical conditions at issue be defined in specific terms so that they can be readily determined and applied by physicians and primary care providers.
- There should be clear requirements for DOL to act on the information provided by the primary care providers within an established timeframe (e.g. suspend or revoke a license, require a driving test, or require additional cognitive and physical assessments).
- This effort should emphasize the need for the development and use of alternative public transportation services for drivers whose licenses are conditioned or denied based on the medical review and subsequent testing.

Priority #3: The Taskforce recommends an increase in the consequences of specific reckless driving behaviors known to be associated with fatal and injury collisions.

- The State should substantially ratchet up the license restrictions and suspension penalties for certain behaviors (e.g., speeding, following too closely, driving too fast for conditions) with increasingly severe penalties for repeat offenses. Penalties would also be increased if aggravating factors occur (e.g., driving without liability insurance, no seatbelt for anyone in the vehicle).¹⁰
- This new system will be an incremental change from the current system rather than a wholesale change to a point system.
- The increase in consequences needs to be clearly communicated to the general public in order to optimize the deterrent effect of the increased penalties.

¹⁰ One method of increasing suspension of penalties is illustrated in Appendix B.

Priority #4: The Taskforce recommends that the State develop an additional assessment tool to identify those who are at risk drivers from cognitive or physical deficits.

- All drivers would be required to take a 5-10 minute pre-assessment review designed to screen for cognitive and physical limitations that could affect driving. Where limitations are indicated, there would be an additional computerized screening designed to assist the DOL staff to identify drivers who may be at risk to themselves or others. To improve program performance, data on medically impaired drivers should be collected and assessed. Relevant state agencies would develop criteria defining cognitive and/or physical impairment that would make it unsafe for a driver to be licensed.
- A preferred approach is all drivers would undergo such pre-assessment prior to issuing or re-issuing a driver license. The pre-assessment would not target elderly drivers. However, DOL should develop a fiscal note with cost information for testing all drivers versus just testing older drivers. A final decision on the extent of testing should take into account the cost differential.
- DOL should affirm the pre-assessment and additional computerized screening of the Maryland older driver project and the mini-mental state exam.
- Drivers would pay for the pre-assessment and additional screening.
- DOL should identify mechanisms for off-setting the costs for low income drivers.

Priority # 5: Public Service/Awareness Campaign for Aging or Medically At-Risk Drivers: Know When It's Time

- DOL should research and evaluate public service campaigns that educate aging and medically at-risk drivers and their families in other states and communities. This evaluation should assess the effectiveness and results from these media campaigns and should identify how those results have been measured.
- Based on the results of its assessment of campaigns in other states, if DOL believes a public service campaign in Washington State would justify the cost, it should work in concert with the WTSC to develop a public service campaign targeting aging drivers and their families to promote awareness of and attention to driving problems confronting aging and medically at-risk drivers.
 - The campaign should be based on significant partnerships with other parties interested in public safety such as AAA and AARP.

- The campaign should emphasize the need for the development and use of alternative public transportation services for seniors and medically at-risk drivers, so that they remain mobile for as long as possible.
- A public service campaign would cost between \$750,000 and \$1.5 million. It is unlikely that this amount of money could be raised from the federal sources, so it would require the public safety agencies to make a request of the State Legislature.
- Whether or not it decides to undertake a large-scale media campaign, DOL should make literature available at its driver license offices statewide that promotes caring conversations between family members and older drivers about their continued driving. The Hartford Company, for example, has developed an excellent brochure and is willing to provide copies to the State.

Priority #6: The Taskforce recommends that the State either obtain or develop information on the results of remedial training programs.

- DOL should investigate remedial training efforts in Texas, Florida, Pennsylvania, Connecticut, Illinois, Indiana, and elsewhere, where states require completion of a driver remedial education course for motorists who have been convicted of the type of violations of greatest concern in Washington State: speeding, reckless driving, failure to yield right-of-way, and impaired driving. DOL should obtain data on the effectiveness of these programs.
- DOL should develop a pilot program, if it finds that remedial training is an effective or promising deterrent that can be adapted to or adopted in Washington State.
- DOL should identify what resources (funding and staff) would be required to provide a statewide remedial training effort.

Appendix A

Members of the At Risk Drivers Taskforce

- Alan Abe, King County Emergency Medical Services
- Chris Carlson, Office of the Insurance Commissioner
- Lori Casey and Terrance Casey, Citizens
- Bruce Chunn, Department of Licensing
- Dan Davis, Department of Transportation, Traffic Data Office
- Brian Jones/Lynn Drake, Washington Traffic Safety Commission
- Dr. Kathleen Ellsbury, Citizen
- Rene Ewing, Traffic Safety Consultant
- Barbara Gooding, Senior Advocate
- Karl Herzog, Office of the Governor
- Aylin Llona, Citizen
- Liz Luce, Director, Department of Licensing
- Dave Overstreet, AAA
- Mike Southards, Washington Trucking Association
- Lt. Michael Turcott, Washington State Patrol
- Stan Walter, Traffic Safety Consultant, AARP/55 Alive
- Kathy Williams, Department of Health

Appendix B

Increase of Consequences Conviction Grid

The following Conviction Grid deals with these offenses. It is triggered by the first offense and lasts for **three consecutive years** (Conviction Horizon). Conviction of more than one offense in a single event is considered one offense. A person’s Conviction Grid “resets” three years after the initial offense unless someone has reached the restricted driver’s license penalty (C4* or C5). If an offender is in this penalty phase, they must complete a one year “good behavior” (no violations) after the end of the penalty in order to reset their Conviction Grid. However, **any** offender must complete a requirement of a conviction if the three year period resets during a penalty requirement. For example, if someone is required to file an SR-22 in the 32nd month of their conviction horizon, they must complete the SR-22 filing period in order for their Conviction Grid to be reset.

Conviction Offense (C)

Speed-related
Following too close
Too fast for conditions

Aggravating Factors (*)

Driving without liability insurance
No seatbelt (anyone in vehicle)

Conviction Grid

Conviction	Collision Impact Panel	File SR-22 (1 year from offense)	Restricted Driver License (3 months) ^a	Restricted Driver License (6 months) ^a
1	C-1*			
2	C-2*			
3	C-3 or C-3*	C-3*		
4	C-4 or C-4*	C-4 or C-4*	C-4*	
5	C-5 or C-5*	C-5 or C-5*	C-5	C-5*
6	C-6 or C-6*	C-6 or C-6*	C-6	C-6*

Conviction Horizon- Three years triggered by first offense.

Collision Impact Panel- Similar to the Victim Impact Panel required for impaired offenders. This is a 2-hour class required of the offender that focuses on collision losses in Washington with testimonials regarding tragic collisions caused by the offenses and aggravating circumstances

^a Must have no convictions for one year after restricted driver license penalty to reset Conviction Grid

^a Must have no convictions for one year after restricted driver license penalty to reset Conviction Grid

above. Each offender would be required to pay for each class so the program could be self-supporting.

SR-22- A form that shows a driver has liability protection. It's the State's way of making sure that you maintain liability insurance.

Restricted Driver License- Restrict the operator's driving privilege to work hours, doctor appointments, etc.