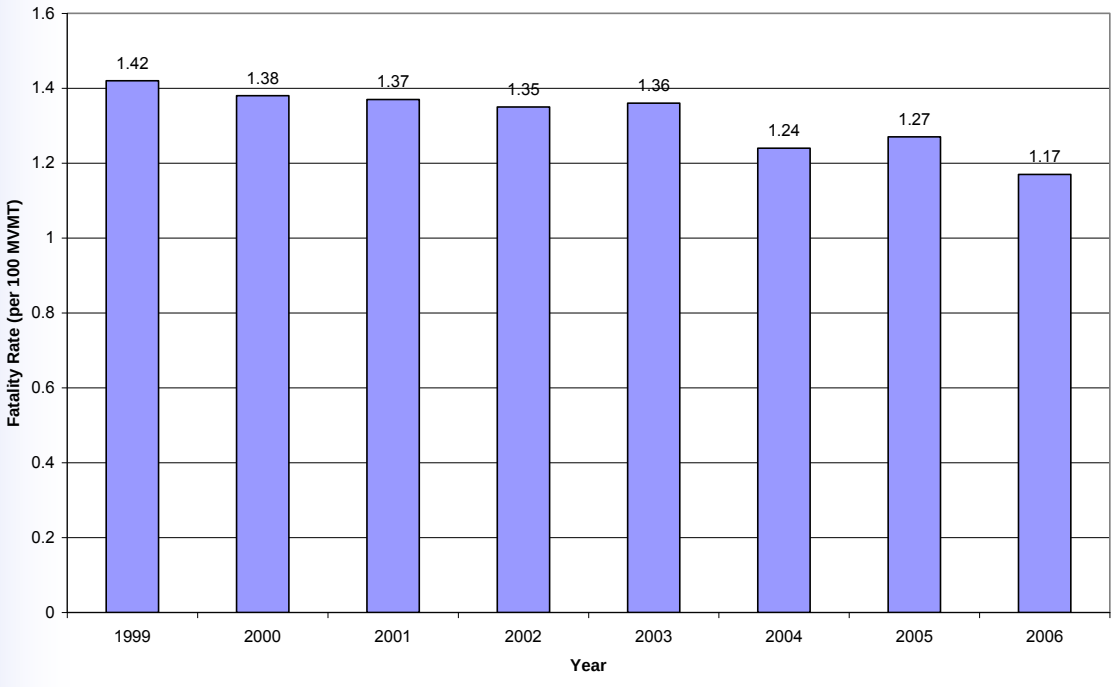
Executive Summary

Deaths and injuries resulting from traffic crashes are serious public health concerns and are not conducive to the high quality of life expected in the state of Illinois. In 2006, there were approximately 12,830,000[1] people residing in Illinois, and 1 of every 10,231[1] was killed and 1 of every 120[1] was injured in a traffic crash. Approximately 1,120[1] traffic crashes occurred each day in 2006, resulting in 3 persons killed per day. Approximately 12[1] persons were injured per hour in 2006. Furthermore, traffic crashes continue to be the leading cause of death in children and young adults. The economic loss due to traffic crashes in Illinois is estimated at $10.7 billion[1] annually. This substantial impact within local communities relative to medical costs, lost wages, insurance costs, taxes, police, fire and emergency medical services, legal and court costs, as well as property damage, is significant.

In 2006, there were 1,254[1] people killed in 1,136[1] fatal crashes for an average of 1.10[1] deaths per fatal crash. The corresponding traffic-related death rate was 1.17[1] deaths per 100 million vehicle miles traveled (VMT), while nationally the average fatality rate was 1.42[2.] From 1999-2003, there has been no significant reduction in the Illinois fatality rate; however from 2003 to 2006 the fatality rate has decreased from 14 percent from 1.36[3,4] in 2003 to 1.17[1] .

Figure 1. Illinois Traffic-Related Fatality Rate [3]



Source: Illinois Crash Data, 2002-2006

[1] *2006 Illinois Crash Facts & Statistics*

[2] *FARS website. National Statistics Fatalities and Fatality Rates by State, 1994-2006*

[3] *Illinois Crash Data, 2002-2006*

[4] *NHTSA website. Traffic Safety Facts. Illinois, 2003-2007*

MISSION:

Develop, implement, and manage an integrated multi-stakeholder process to improve the attributes of roads, users, and vehicles to reduce traffic-related deaths and life-altering injuries in Illinois.

VISION:

Highway users arrive safely at their destinations.

2005 GOAL:

Reduce the number of traffic-related deaths from 1,454 in 2003 to 1,000 or fewer by 2008, a rate of 1.0 fatality per 100 million vehicle miles traveled (VMT).

- In 2005, there were 1,363 people killed in 1,233 fatal crashes and traffic-related death rate was 1.26 deaths per 100 million VMT,
- In 2006, there were 1,254 people killed in 1,136 fatal crashes and traffic-related death rate was 1.17 deaths per 100 million VMT,
- In 2007, there were 1,248 people killed in 1,126 fatal crashes, and traffic-related death rate was 1.16 deaths per 100 million VMT.

Current snapshot of 2008 (as of December 4, 2008) shows that there were 939 fatalities in 2008, which are 214 less than the same time in 2007. The goal of reducing fatalities to 1000 or fewer in 2008 (with fatality rate of 1.0 per 100 million VMT) is expected to be fulfilled for the year 2008.

NEW GOAL: " Zero Fatalities"

Although the past three years have been the safest in 80 years, far too many people are still being killed on Illinois roadways. With that in mind, the highway safety program is targeting an aggressive new goal of "Zero Fatalities", which envisions reducing fatalities on Illinois roads to zero in the long term.

Immediate and aggressive actions must be taken to significantly reduce the number of traffic-related deaths and life-altering injuries in Illinois. Illinois defines a traffic-related death as a highway user dying within 30 days of a crash and a life-altering injury as a highway user left physically or mentally diminished, also defined as a Type A injury, after a crash. The State of Illinois Strategic Highway Safety Plan (SHSP) is a tool to assist in achieving the goal. The Illinois Department of Transportation (IDOT) has an existing Highway Safety Plan (alcohol safety, occupant protection, data improvement, and other behavior programs), Hazard Elimination Safety Program (roadway infrastructure safety), and a Motor Carrier Safety Assistance Program (commercial driver and vehicle safety). SHSP includes, builds upon, and integrates these programs in reducing fatalities and life-altering injuries on Illinois roadways and contains performance-driven strategies that focus the limited highway safety resources toward this common goal.

The first Safety Summit was held in March 2005. Stakeholders from throughout Illinois were invited to be safety partners in the challenge of reducing highway-related fatalities and life-altering injuries. These stakeholders included those involved in planning, designing, constructing, operating, and maintaining the roadway infrastructure (Engineering), modifying road user behavior and preventing injury (Education and Enforcement), and also controlling injury (Emergency Medical Service); otherwise known as the "4 E's". Challenges and strategies were solicited from all participants. Ten data-driven emphasis areas were identified to focus immediate efforts. Refer to Figure 3. All-encompassing themes, including the importance of multi-stakeholder involvement, the effects of vehicle speed on crash severity, and the conflicting

attributes between rural and urban roadways, play fundamental roles in all emphasis areas. Rural roadways are the location of 44.2 percent of Illinois traffic-related fatalities. Of these, 22 percent are on the local system and 16 percent on state highways. Of the 55.8 percent urban roadway fatalities, 22 percent are on the local system and 17 percent on state highways. These numbers are significant and further consideration of these has been made for each identified emphasis area. Refer to Figure 3.

Through integrating the work of stakeholders, this SHSP defines a system, organization, and process for managing the attributes of the road, driver, and vehicle to achieve the highest level of highway safety. To reduce the number of fatalities and life-altering injuries in Illinois, the stakeholders committed resources (manpower, staff, time, dollars, etc.) to develop, implement, and maintain the SHSP.

Comprehensive, coordinated, and communicative safety strategies of Engineering, Education, Enforcement, and Emergency Medical Service (4 E's) have been developed collectively with the safety partners. Implementation plans with measurable objectives are the products of these efforts. To that end, priority is given to funding safety initiatives and projects supporting the SHSP goal.

Figure 2. 2006 Fatal Crashes by Type of Roadway

TYPE OF ROADWAY	*Illinois*	
	Fatal Crashes	***% of Total Fatal Crashes***
Rural		
State Highways	171	15.1%
Interstate Type Roads	46	4.0%
City Streets and Roads	258	22.7%
Unmarked State Routes	20	1.8%
Rural Total	495	43.6%
Urban		
State Highways	187	16.4%
Interstate Type Roads	96	8.5%
City Streets and Roads	247	21.7%
Unmarked State Routes	111	9.8%
Urban Total	641	56.4%
Total Fatal Crashes	1,136	

Source: IDOT Division of Traffic Safety

Figure 3. Illinois Crash Data

	2002	*2003*	*2004*	*2005*	*2006*	*% Change (2002-2006)*
Crashes[3]	438,990	437,289	433,032	421,522	408,670	-6.9%
Fatal Crashes[5]	1,273	1,308	1,224	1,233	1,136	-10.8%
People Killed[3]	1,420	1,454	1,355	1,363	1,254	-11.7%
People Injured[3]****	127,719	131,279	121,670	112,343	106,918	-16.3%
Fatal Crash Rate (per 100 million)[5]	1.35	1.36	1.24	1.27	1.17	-13.3%
Population (million)[6]	12.58	12.63	12.68	12.72	12.83	1.6%
Registered Drivers (million)[3]	8.53	8.52	8.56	8.57	8.62	1.1%
Registered Vehicles (million)[3]	10.03	9.41	9.70	9.85	10.08	0.5%
VMT (billion)[3]	106	106	109	106	107	0.6%

* No data available for Chicago area.

** Includes type A, B, and C injuries.

"A" Injury (incapacitating injury)
Any injury, other than a fatal injury, which prevents the injured person from walking, driving, or normally continuing the activities he/she was capable of performing before the injury occurred. Includes severe lacerations, broken limbs, skull or chest injuries, and abdominal injuries.

"B" Injury (non-incapacitating injury)
Any injury, other than a fatal or incapacitating injury, which is evident to observers at the scene of the crash. Includes lump on head, abrasions, bruises, minor lacerations.

"C" Injury (possible injury)
An injury reported or claimed which is not either of the above injuries, includes momentary unconsciousness, claims of injuries not evident, limping, complaint of pain, nausea, hysteria.

*** Data available for state maintained routes only.

[5] *Fatality Analysis Reporting System (FARS), Internet. Fatalities & Fatality Rates by State, 1994 - 2007*
[6] *US Census Bureau. National and State Population Estimates. Annual Population Estimates 2000 to 2007*

Figure 4. 2006 Fatal Crash Statistics by Emphasis Area

EMPHASIS AREA	Nation		Illinois	
	Fatalities	***% of Total Fatalities***	***Fatalities***	***% of Total Fatalities***
Alcohol-Related				
At least one driver tested (BAC ≥ .01)	17,602[7,10]	37.4%	549[8]	43.8%
Driver Behavior and Awareness				
Unlicensed Drivers (involved)	7,739	18.1%	208	16.6%
Highway-Railroad Grade Crossing				
Information Systems				
Intersections	25,589[7]	60.0%	267	24.1%
Large Trucks	4,995[7]	11.7%[7]	159[16]	12.7%
Roadway Departure				
Safety Belts/Occupant Protection				
No Restraint Used (known usage only)	15,523[9]	36.4%[9]	392	31.3%
Vulnerable Users				
Pedestrian	4,784[10]	11.2%	137[1]	11%
Motorcyclist	4,810[10]	11.3%	132[1]	10.5%
Pedalcyclist	773[10]	1.8%	25[1]	2.0%
Work Zones	1,005[11]	2.4%	29[1,11]	2.3%

Total Fatalities	42,642[3,7]	1,254[1]
Fatality Rate (Per 100 Million VMT)	1.41[2]	1.17[1]

[7] *FARS 2006 Data Summary*

[8] *FARS website. States/Alcohol. Persons Killed by State & Highest Driver BAC in Crash (2006)*

[9] *NHTSA. Traffic Safety Facts, 2006 Data, Occupant Protection*

[10] *NHTSA. 2006 Traffic Safety Annual Assessment*

[11] *Fatalities in Motor Vehicle Traffic Crashes by State and Construction/Maintenance Zones (2006). www.workzonesafety.org/crash_data/workzone_fatalities/2006*

[16] *FARS website. Persons Killed in Crashes Involving Large Trucks. www-fars.nhtsa.dot.gov/trends/trendslargetruckrel.aspx*

Stakeholder Teams:

To collectively develop safety strategies, stakeholder teams were identified. Each team unit consisted of two to three safety partner designees that were responsible for coordinating each phase for their agency/group. It is critical that each member of the team be committed to the success of the SHSP to save lives in Illinois.

Leadership Unit – Decision-Making Representatives

Detail: Agency/Group Executive Management or their designee that can commit resources (time, staff, dollars, ideas) to the development, implementation and auditing of the plan.

Development Unit – SHSP Creation

Detail: Agency/Group Representative to work on the detailed development of the SHSP. This will include identifying emphasis areas, challenges and recommending strategies.

Implementation Unit – Action Plan

Detail: Agency/Group Representative to work on the detailed action plan, including specific processes to implement recommended strategies. This unit's members may also consist of related standing committee members that are already established.

Result Assessment Unit – Measures of Effectiveness

Detail: Agency/Group Representative to work on measuring the effectiveness of implemented strategies and report progress and/or make adjustment recommendations.

General Strategies

Safety partners have incorporated broad overall strategies that heighten safety awareness and assist in reaching the SHSP Goal. IDOT started with a focused approach to safety by creating the Bureau of Safety Engineering to assist in the development and implementation of the SHSP and the coordination of various safety initiatives throughout the department. Other agencies and organizations also have key point positions for safety activities that are captured as overall strategies.

A SHSP website (www.dot.il.gov/illinoisSHSP/default.html) was launched to reach out to stakeholders for the development of the SHSP document. The website is a tool used to keep safety partners connected, monitor implementation status, and identify additional challenges and strategies as they arise. The website is also used to allow the motoring public an opportunity to view the stakeholders' efforts. This includes periodic SHSP document revisions, team contacts, meeting minutes, information on future safety summits, and other various safety related links. An e-mail address has been created to allow for electronic communication specific to the SHSP. illinoisshsp@dot.il.gov

A subscription service has been designed for easy electronic Notification to subscribers of any updates and/or changes to the website information.To subscribe, please visit http://www.dot.il.gov/illinoisSHSP/pdf/SHSP_Subserver.pdf. Information regarding Illinois' safety programs and the Strategic Highway Safety Plan can be directed to:

Priscilla Tobias
IDOT's Safety Engineer
(217) 782-3568
illinoisshsp@dot.il.gov