



European Commission
DIGIT - IPM

PUBLIC CONSULTATION ON AN EU STRATEGY TO REDUCE INJURIES RESULTING FROM ROAD TRAFFIC ACCIDENTS



► Useful links

Please fill in this electronic form by **22 June 2012** at the very latest.

The consultation period lasts **10 weeks**. However, stakeholders are warmly invited to submit their contribution by **early June 2012**.

Please note: The session time is limited to 1 hour 30 minutes which means that you should submit your reply within this time. If you exceed this timeframe, your replies will unfortunately be lost.

Information about participants

Please provide your name, surname and email address.

First Name
(optional)

Family Name (optional)

Organisation (optional)

Email address (optional)

Organisation type *  (compulsory)

Private individual

Health, rehabilitation and
emergency service industry

Road users or victims association

International organization

Police and other enforcement

Road safety expert, research and

	bodies	university
Public authority (policy making organization in the field of road safety)	Road transport service provider	Other
Other public authorities	Infrastructure manager	
Insurance & financial services	Vehicle manufacturing	

Geographical representation* (compulsory)		
EU wide (EU/ EEA)	Member States (country list added)	Other

Road safety: a global and an European social emergency

Each year more than 1 million people worldwide die as a consequence of road accidents. In 2011 around 30 500 people lost their lives on the EU road network, which corresponds to a medium-sized town, while around 1.5 million were injured. In the last decade (2001-2010), thanks to the third Road Safety Action Plan, fatalities decreased by 43 %, but the total number of accidents decreased by only 24 %, and the total number of injuries by 26 %. Moreover, some areas need specifically targeted action: a growing percentage of the victims are vulnerable road users (pedestrians, cyclists and motorcyclists), or young and elderly people. The number of victims of road accidents remains unacceptably high.

Road traffic accidents should be considered not only a transport issue, but also a social and public health concern and therefore a scientific and rigorous approach should be adopted. The WHO has estimated that road accidents are the third biggest cause of mortality and although injuries in general represent only 12 % of the worldwide disease burden, road traffic injuries dominate amongst the individual categories of trauma.[1] The burden for the whole of society has been roughly assessed at 130 billion euros,[2] but this cost is likely to be underestimated as it does not capture some features of road traffic accidents apart from the cost of material damage. Severe injuries or even death of road users - especially if they are young[3]-, also have an impact on the economy of the all society, in particular when considering that EU population is ageing at the fastest pace in the world.

Despite tighter public and private budgets, road safety should remain high priority in any political agenda. Still other areas are perceived as being more urgent and road safety might thus facing the risk of postponing and slashing investments. A correct estimation of the cost to society of road traffic accidents, in particular for casualties of non-fatal crashes, will highlight the high social return of investment in road safety. Additionally it will contribute to internalisation of the social costs generated by accidents with the effect of making people aware of the consequences of their behaviour. A number of studies and publications at international level have been produced on injuries from road traffic accidents to make estimations of the cost to society of such accidents.

In its '*White Paper for the future of transport* [4]' the European Commission committed itself in pursuing a 'zero-vision' in road safety and for this intends '*to develop a comprehensive strategy of action on road injuries and emergency services, including common definitions and standard classifications of injuries and fatalities, in view of adopting an injuries reduction target*'. This strategy will be reflected by and implemented through the principle of shared responsibility among public authorities - EU Member States, public and local authorities- and private stakeholders - companies, road users, and NGOs. The EU will be focusing only on the area in which its contribution can give the best added value according to the proportionality and subsidiarity principles. Tailor-made solutions and actions will be developed at national and local levels.

Once a definition of "*serious/slight injury*" generated by road accidents is agreed at EU level and reliable statics are available, deliverables might be considered. Establishing a target can be useful for monitoring progress and encouraging coordinated action at any level, as it has already been done for fatalities. Target reduction might be general or specific, to address some critical issue such as vulnerable elderly road users or young drivers. Another possible option at EU level could be setting a benchmarking value for certain kinds of practices against which each country's performance would be tested by the EU. Peer reviews between Member States on annual national road safety plans under an EU coordination framework could enhance national performance. Other areas of possible EU support are more traditional such as research funding, proposing legislative solutions and data analysis.

[1] WHO(2004), World report on road traffic injury prevention.

[2] Based on the cost of a statistical life calculated by the HEATCO study (Sixth Framework Programme for Research and Technological Development).

[3] In 2011, 2 500 young car drivers lost their lives, which corresponds to 25 % of all drivers killed on EU roads.

[4] COM(2011) 144: Roadmap to a Single European Transport Area - Towards a competitive and resource efficient transport system.

Rank threats to the society

Q1 - How do you rank the following threats to society? (1=most important and 9=least important)

	1	2	3	4	5	6	7	8	9
Terrorism* (compulsory)									
Unemployment* (compulsory)									
Transport accidents* (compulsory)									
Organised crime* (compulsory)									
Pandemic diseases* (compulsory)									
Demographic changes* (compulsory)									
Corruption* (compulsory)									
Nuclear risks* (compulsory)									
Natural disasters* (compulsory)									

Comments (optional)

Q2 - Should road safety in your opinion be a top priority at all political levels (EU, national, local authorities)?* (compulsory)

Yes	No	Don't know
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Comments (optional)


Q3 - Do you see EU added value in setting up a strategy to reduce injuries from road accidents?*(compulsory)


Yes

No

Don't know + reasons

Comments (optional)

 Q4 - How do you rank the following in terms of appropriateness of action at EU level?

 Please rank the following terms in order of importance, where 1=most important and 9=least important

1234567

Target-setting
*(compulsory)

Benchmarking*(compulsory)

Best practices exchange
*(compulsory)

Research / project funding
*(compulsory)

Legislation
*(compulsory)

Analysis of data
*(compulsory)

Providing for peer review
*(compulsory)

Other, please specify (optional)

Q5 - With a view to reducing the number of injuries resulting from road traffic accidents, what is the most effective option?*(compulsory)

General target

Specific target

Target not necessary

Q6 - If a target is needed, at which level, in your opinion, is it most suitable to set it?* (compulsory)

Global

EU

National

Local

Q7 - Do you think the social cost of injuries should be internalised as much as possible, notably by increasing significantly the insurance premium after an accident, to make road users aware of the consequences of their behaviour?* (compulsory)

Yes

No

Don't know

Reason (optional)

Towards a strategy to reduce injuries resulting from road traffic accidents: statistical definition

Unlike fatalities, injuries caused by a road traffic accident are not recorded in an equal way across the European Union because of different definitions adopted at national level. An injury considered slight in one Member State might be regarded as a serious injury in another Member State. Therefore, on the one hand data on traffic-related injuries are not directly comparable among Member States. On the other hand the internationally adopted statistical definition of serious injury caused by road traffic accidents, namely '*any injury that requires at least 24 hours of hospitalisation*' is not the most suitable to fully capture the real impact of the seriousness of the injury. Indeed, Member States' treatment practices differ in terms of length of time spent in hospital. Furthermore, some forms of trauma might entail a permanent reduction in work capability, while others might have only short-term consequences.

Current statics are also not accurate because of ***misreporting*** – overestimation or underestimation of the seriousness of an injury – and ***underreporting*** – not all the injuries resulting from road traffic accidents are recorded by the police, as pointed out in several EU-funded projects[1] and by the OECD. [2]

Misreporting is linked to the fact that accident data are often recorded by the police, who initially assess the severity of casualties, typically distinguishing between 'serious' and 'slight' injuries. Police forces cannot evaluate from a medical viewpoint the severity of a traffic-related injury. Injuries are assessed by the emergency services, hospitals or health services which, based on scientific scales (such as the MAIS – Maximum Abbreviated Injury Scale), draw more accurate conclusions on degree of severity than the initial assessment made by the police.

Underreporting: not all road traffic casualties are reported on the accident database. This is not limited only to slight accidents that are not always notified to the police (and in which police are not bound to intervene), but also happens because admissions to hospital as a consequence of road traffic accidents are not reported properly. Indeed, data recorded by hospitals are based on medical criteria and in many cases do not provide information about their origin or the accident details. Moreover, data collected by hospitals are often based on local practices and not standardised, thus not comparable.

To address this issue therefore, the most urgent step to be taken involves establishing a common definition of '*serious/slight injury*', also to tackle both misreporting and underreporting with a view to having better knowledge of the link between accidents and injuries and the magnitude of the phenomena.

A definition of 'seriously injured' can be based on different criteria such as the time spent in hospital. This method is the simplest to be put in place (the police can follow up the patient post-hospitalisation) but it does not capture the permanent consequences of the accident. Another method could be proposed taking into account the severity and the permanent loss of quality of life or work capability. In this case the interruption of usual activities can become the indicator of the consequence of the injury. Alternatively, the application of a medical score on severity of injury can be used to estimate the disability generated by a road accident. Data will be obtained linking the police file with the health care file (and even the hospitalisation data) either case by case or applying a coefficient on a sample. Finally, a *caveat* should be explicitly mentioned: any common definition of '*serious/slight injury*' should be realistic and not

increase, more than is necessary, the administrative burden for the competent entities (e.g. health staff and police).

Data on injuries will then be made available at aggregate level to the stakeholders, such as vehicle manufacturers, public authorities, infrastructure managers, automotive industry and the health industry, to further boost technological research with a view to developing devices and managerial solutions to mitigate or lower the consequences of road traffic accidents.

[1] http://ec.europa.eu/transport/road_safety/specialist/knowledge/postimpact/index.htm.

[2] OECD (2011) Reporting on Serious Road Traffic Casualties-Combining and using different data sources to improve understanding of non-fatal road traffic crashes.

Q8 - Nowadays in several Member States accident data are collected by the police or other enforcement bodies in on-site intervention. However, this can lead to misreporting (a serious injury cannot always be correctly detected) and underreporting (police do not record all accidents). In your opinion who would be the competent authority to collect the data? * (compulsory)

Police or equivalent enforcement authorities

Emergency – First aid staff

Other

Q9 - A common definition of 'serious/slight injury' does not exist at European level. Therefore, current statistics do not reflect uniformly the situation, because the aggregated data are not collected on a homogeneous way. In your opinion, is there a need for a common EU statistic definition? * (compulsory)

Yes

No

Don't know

Please give reasons (optional)

Q10 - If a common EU statistic definition is to be developed, please rank the following criteria on which the common European definition of 'serious/slight injury' should be based.

1 most suitable - 4 least suitable

1

2

3

4

Time-related criteria - Health: days in hospital (optional)

Time-related criteria: interruption of normal activities (working / school days etc.) (optional)

Degree of permanent reduction of ability (optional)

Medical score on the severity of an injury (Maximum Abbreviated Injury Scale or other medical score) (optional)

Comments (optional)

Q11 - In the case of time-related criteria, in your opinion, which is the best time span to define a ‘serious injury’? ^{*} (compulsory)

- More than 1 day
- More than 15 days
- More than 7 days
- More than 30 days


Q12 - An accurate and reliable analysis of serious injuries caused by road traffic accidents could be ensured by linking police and hospital data files, which requires a different administrative effort. What do you think is the most appropriate? ^{*} (compulsory)


- Complete link following each individual accident
- Partial link (representative sample + coefficient)
- No link between hospital and police data

Q13 - Do you agree that information on injuries and trauma caused by accidents should be used by a number of stakeholders (such as insurers, vehicle manufacturers, etc.) to lower the consequences of a road accident? ^{*} (compulsory)

- Yes
- No
- Don't know

Please give reasons (optional)

 Q14 - Which of the following stakeholders could benefit the most from use of the aggregate data files on frequent trauma caused by road traffic injuries?

 1 most suitable - 4 least suitable

1234

Vehicle manufacturer
(optional)

Infrastructure manager
(optional)

Automotive industry
(optional)

Health and rehabilitation industry
(optional)

 Other, please indicate (optional)

Other questions

Q15 - Please list references to any studies or documents of relevance to this consultation on injuries resulting from road accidents, with links for online download where possible. (optional)

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Q16 - If there is any additional issue you wish to raise in this context, please provide us with a general case assessment (optional)

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Q17 - Received contributions, together with the identity of the contributor, will be published on the Internet, unless the contributor objects to publication of personal data on the grounds that such publication would harm his or her legitimate interests. In this case the contribution may be published in anonymous form. Do you consent to the publication of your response by the European Commission?

* (compulsory)

Yes

Yes, but anonymously

No

SUBMIT

[Clear existing answers](#)

