

State of Wisconsin FFY 2008 Highway Safety Plan

VISION

Zero fatalities. Wisconsin does not tacitly accept deaths and injuries; its citizens and state policy makers work toward achieving zero fatalities and incapacitating injuries on our roadways. Our transportation system is essential to society's continuing prosperity; we do not accept casualties as a necessary side effect of that system. Our 'zero vision' is that any preventable death is one too many, and we work toward saving as many lives as possible using the resources available.

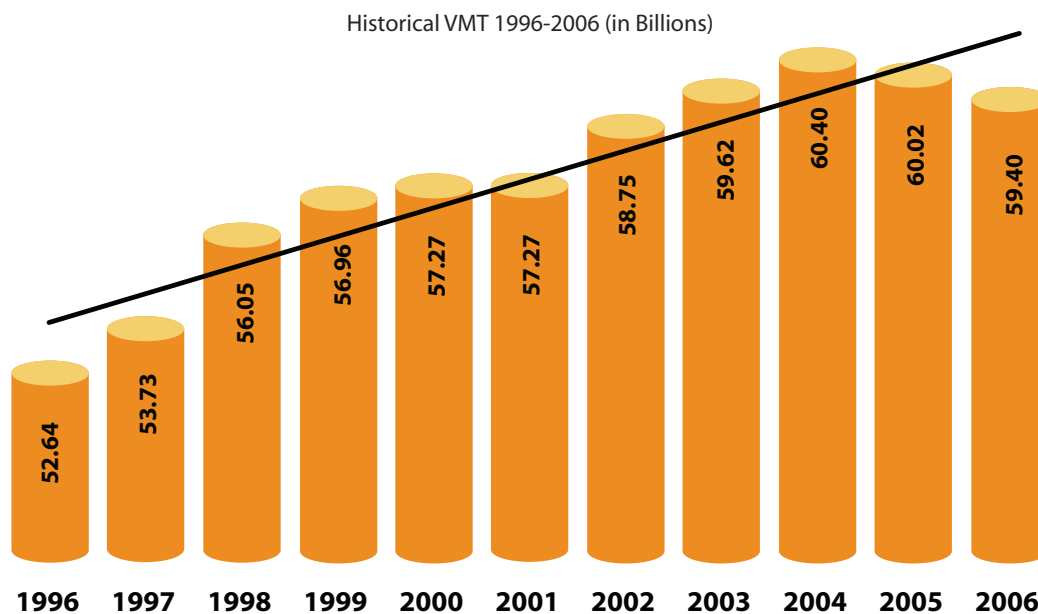
MISSION

Statewide Highway Safety Coordination: The Bureau of Transportation Safety coordinates a statewide behavioral highway safety program, making effective use of federal and state Highway Safety funds and other resources, and provides leadership, innovation and program support in partnership with traffic safety activists, professionals and organizations to save lives and reduce injuries on Wisconsin roads.

STATE GOAL

By 2009, the Wisconsin mileage fatality rate will be 1.0 per 100 million Vehicle Miles Traveled (VMT). There were 712 fatalities in Wisconsin in 2006, making the rate 1.2 per 100M VMT.

In order to achieve the goal of 1.0 fatality per 100M VMT in 2009, Wisconsin cannot exceed 599 fatalities - assuming VMT is the same in 2009 as it was in 2006. The chart below provides historical VMT in billions from 1996-2006.



Of the driver causes of crashes, decreases in speeding and impaired driving, paired with increased safety belt use, offer the greatest opportunity to attain this goal.

HIGHWAY SAFETY PLANNING PROCESS

1. Define and Articulate Problems

January -- April -- Obtain and Analyze Information and Data: Preliminary crash data for the prior calendar year are available by April. In most cases, the most recent 10 years of crash data are used to determine the magnitude of the problem posed by each crash type and to develop trend lines. In addition, conviction, medical, demographic, survey, program effectiveness and other relevant data are analyzed and used, as appropriate, to generate rates, disproportionate representation of subgroups, trends, etc., for each program area.

August-April -- Obtain Partner/Stakeholder Input: Each program expert obtains formal and informal recommendations, resources, and information from traditional and non-traditional partners and stakeholders, including public health, emergency medical services, enforcement and adjudication, not-for-profit organizations, businesses and community coalitions. This activity continues throughout the year.

2. Set Performance Goals and Objectives/Performance Measures

April -- Select Measures and Establish Degree of Change Over Time: This is a three part process: 1) evaluate the nature and magnitude of each type of state-level and program area problem and each target location or group; 2) establish the effectiveness of proposed program activities in addressing the problem; and 3) determine the availability of resources to be applied to the problem and availability of data and information to be used to determine progress toward goals.

Continuing -- Coordinate with Other Plans: The annual highway safety plan is coordinated with state and national strategic plans and related operational plans and guidelines, and especially with the WisDOT 2006-2008 Strategic Highway Safety Plan, the 2006-2009 Wisconsin Traffic Records Strategic Plan and the Wisconsin Public Health Plan for the Year 2010.

The ten items of highest priority in the Department's 2006-08 Strategic Highway Safety Plan are listed in priority order below (HSPP-related goals bolded):

1. **Increase seat belt use/air bag effectiveness**
2. Improve design/operation of intersections
3. **Improve data/decision support systems**
4. **Reduce speed-related crashes**
5. **Reduce impaired driving**
6. Minimize consequences of leaving roadway
7. Design safer work zones
8. Reduce head-on and cross-median crashes
9. Keep vehicles on the roadway
10. **Increase driver awareness.**

Continuing -- Coordinate with National Priorities and funding regulations: Priority is given to the NHTSA Administrator's February 2005 Motor Vehicle and Highway Safety Priorities, as well as overlapping FHWA and FMCSA safety priorities and goals.

HIGHWAY SAFETY PLANNING PROCESS

3. Identify, Prioritize and Select Programs and Projects

January-March -- Evaluate and Adjust Prior Year Projects: During the first quarter of each year, BOTS program experts review the prior year's data and study the effectiveness of prior year projects. They also perform literature reviews and review best practices from other states. Continuing activities that are determined to have been effective are funded at progressively decreasing federal share.

January-March -- Incorporate Assessment Recommendations: Recommendations from state program assessments such as the 2001 EMS Assessment, 2003 Impaired Driving Assessment, 2005 Traffic Records Assessment and 2003 Motorcycle Safety Assessment are integrated into program objectives and funded activities.

Continuing -- Review Literature and Best Practices: BOTS program experts perform literature reviews and also examine best practices from other states to determine whether they suit Wisconsin's unique characteristics and should be included in the HSPP.

April-May -- Group Project Priority Setting: Each program expert brings information from the processes described above to a committee of the whole Bureau of Transportation Safety. The group examines data indicating the magnitude and severity of the problem in each program area, identifies areas of overlapping results for proposed activities, and introduces partner organizations' priorities and opportunities for coordination. The group then determines which projects should be funded and the appropriate level of activity that will support the statewide goal and performance measures.

4. Articulate Objectives Relating to Goals, Set Objectives for Selected Activities

April-May -- Select Targets for Programs and Projects:

(Note 2005 data are slightly late and the 2007 calendar is set back because of the reallocation of crash data team resources to the rollout of the Badger TraCS suite.)

Process, impact and outcome objectives are developed for each program and project, depending upon the type of activity funded, and based upon historical success of that type of activity or countermeasure, the magnitude of the problem and the level of effort.

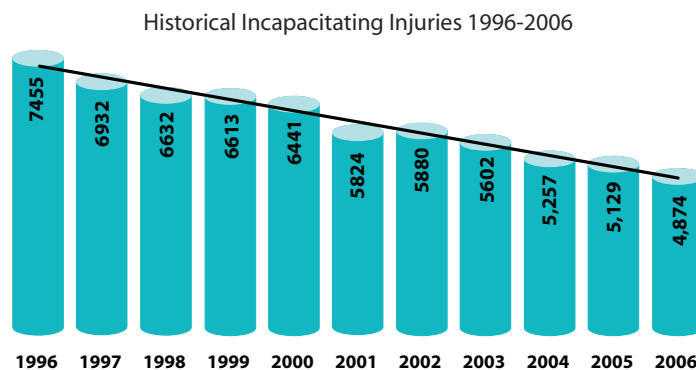
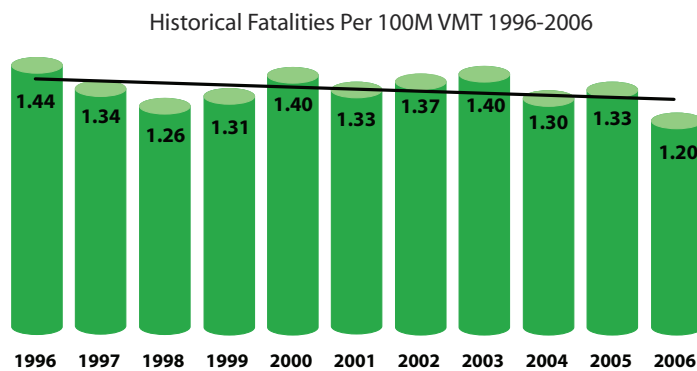
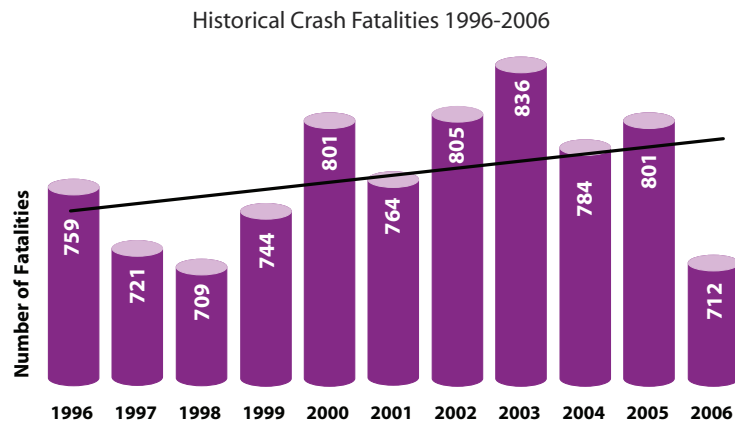
For each of these objectives and target areas, the analysts identify strategies for assessing the effectiveness of the selected projects and the availability of data at the right level of specificity collected at the right time and location.

At the project level, high risk target populations, jurisdictions and behaviors are identified as in the following example: all alcohol and speed-related crash data from the three previous years for every jurisdiction in Wisconsin are analyzed, from those involving property damage, through all ranges of injuries, and those that resulted in death. These data are scientifically weighted, following established statistical protocol. From this work, the Bureau identifies those places in Wisconsin with the largest number of crashes due to excess alcohol use or speed. Upon factoring in each location's population density, a snapshot of the state's most likely places for similar crashes per capita is established.

State-level Problem Identification

The Problem ID Process is integral to the Planning Process. Information used in Problem ID includes WisDOT state crash, conviction, vehicle, roadway, traffic and survey data, BOTS program effectiveness studies, demographic and other census data, emergency department, hospital discharge and death data from the state Department of Health, national surveys and other relevant data. These data are used, as appropriate, in trend, factor, disproportion and other analyses of each program area. Results of problem identification are described in the Program Plans below.

As the graphs below indicate, at the state level, the number of deaths trends generally upward from 1996 to 2006, although the mileage death rate trends slightly downward. However, incapacitating injuries have decreased substantially over the same period.



2008 Highway Safety Plan

By Program Area

Justifications, Goals and Measures, Activities, and Budgets