

CARE IMPACT Study of Drowsy Driving (DrD)

2014-2018 Data

David B. Brown, PhD, P.E.

brown@cs.ua.edu

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Introduction

According to a NCSDR report (NCSDR): "NHTSA data indicate that in recent years there have been about 56,000 crashes reported by police annually that cited driver drowsiness/fatigue [Drowsy Driving, which we are calling DrD]. Annual averages of roughly 40,000 nonfatal injuries and 1,550 fatalities result from these crashes. It is widely recognized that these statistics underreport the extent of these types of crashes. These statistics also do not deal with crashes caused by driver inattention, which is believed to be a larger problem." These statistics were checked against those obtained in Alabama and accessed by CARE (discussed below), and our conclusion is that the NCSDR articles is still quite applicable.

To bring the above home to Alabama, over the five calendar years of 2014-2018, law enforcement crash records recorded 204 Fatal Injury crashes; 1,864 Incapacitating Injury crashes; 3,073 Non-Incapacitating Injury crashes; 1,886 Possible Injury crashes; and 10,208 Property Damage Only crashes, for a total of 17,658. This averages to 3,532 DrD crashes in Alabama per year. The table below indicates the actual number of crashes in each year of the study. This is further discussed in conjunction with attribute C003 (Crashes per Year) below.

Frequency of DrD Crashes by Year

Year	Number	% of Total
2014	3,052	17.28%
2015	3,502	19.83%
2016	3,746	21.21%
2017	3,638	20.60%
2018	3,720	21.07%
Total	17,658	100.00%

This report will continue by presenting the major findings organized by the following major groupings of the attributes: Geographical, Time and Weather, Driver Related, Severity and Vehicles. The findings from these CARE IMPACT studies are presented first after which there is a section for references. The next five sections present the displays for each IMPACT run. A final section presents an example of the hotspot outputs that can be generated for DrD hotspots over the state. These high crash locations are quite important since it has been determined (SJ) that characteristics of *the roadway itself can tend to produce an affinity toward drowsiness*.

Major Interesting Findings and Recommendations

The details for the summaries in this section are given in the sections that follow, referenced by the crash attribute numbers (Cnnn). The acronym we will use for Drowsy Driving will be DrD, to distinguish it from that commonly used for Distracted Driving (DD). References are given in the next major section.

Geographical Findings

- C010 Rural or Urban. Rural areas had over twice their expected proportion with over half of the DrD crashes being in rural areas, while the non-DrD crashes only had about 22% in the rural areas. The reason for this is fairly obvious – observations tend to get uninteresting when the roadside scenery is not changing, and rural areas tend to involve longer trips. The recommendation here would be to place some type of diversion on those highways that are exhibiting excessive DrD crashes. See C028 below. [The red background on an IMPACT item indicates that it has an Odds Ratio of at least 2; this means that the proportion of the DrD crashes is twice that of the non-DrD crashes, which is extremely statistically significant. Just notifying drivers of the fact that these roads exhibit more than expected DrD crashes would seem to go a long way to reducing DrD crashes on them.
- C011 Highway Classification. This reflects the rural/urban finding above. Interstates have been found to be particularly vulnerable to DrD-caused crashes. However, in Alabama, State and County roads are also significantly over-represented. It may be for different reasons. The boring nature of driving on Interstates is obvious; however, they may be much more forgiving than State and County roads when it comes to vehicles veering off the roadway.
- C027 At Intersection. Intersections occur much more often in urban areas, so the rural tendency of DrD crashes is supported by the finding of under-representation at intersections. It might also be reasoned that the intersection itself provides a “wake-up call” for the driver.
- C028 Mileposted Routes. This is one of the most important findings in that it differentiates the particular roadways that exhibit a proclivity toward DrD. The SJ report (referenced below) showed clearly that some roadway types are more prone to create the conditions for DrD than others. Findings from Alabama confirm this result, showing that some roadways have up to five times the relative proportion of DrD crashes than those of their non-DrD crashes. The IMPACT display C028 below shows the top 27 DrD Max Gain roadways, where the Max Gain is the number of crashes that would be reduced if the proportion of DrD crashes was reduced to the same as the proportion of non-DrD crashes. The highest of these was I-65, which had a max gain of over 500 crashes (over the five-year period of the study). Recognize that the Max Gain will be affected by the length and volume of traffic on the subject roadway. This sensitivity to ADT and segment length does not affect the Odds Ratio, which compares the proportion of DrD against non-DrD crashes on that same roadway. An example Hotspot analysis for DrD

crashes on I-65 is given in the final section of this report. This is an excerpt of the analysis that is available to all law enforcement in Alabama via CARE. Recall that the red background for lines in the table indicates that the item's DrD proportion is at least twice that of its non-DrD proportion.

- C033 Locale. As expected Open Country is the only Locale that is significantly over-represented.
- C110 Driver Residence Distance. While not as large an Odds Ratio as many of the items given above, the Greater than 25 Miles (from home) is over a third higher than what would be expected from the proportion of non-DrD crashes, which is still statistically significant at a high level.

Time and Weather Findings

- C003 Year. Examining the Subset Frequency column shows an increase of nearly 700 DrD crashes over the five years. The good news is that the rate of increase was primarily up to 2016, and it has dropped off since then. The Odds Ratios being close to 1 indicate that the proportion to DrD crashes has remained stable over the five-year period – it has neither increased nor decreased more than the overall non-DrD crash proportion, which is a good proxy for overall traffic volume.
- C004 Month. It would be expected that the months of the longer trips would be over-represented in DrD crashes. This over-representation starts in April, but the difference is not significant. It becomes significant for May, June, July and August, which are the expected vacation months. Public PI&E warnings regarding the dangers of drowsy driving should be timed appropriately. However, the average DrDs per month is 1471.5 DrD crashes, and even the lowest months have well over 1000 DrD crashes, so it is important to keep the recognition of this problem in front of the public all year round.
- C006 Day of the Week. Clearly Saturday and Sunday are the bad days for DrD crashes, which would be expected since the bulk of the traffic during the week is for commuting and delivery. Also, see C122 and C123, which show the high correlation of DrD with Impaired Driving (ID/DUI).
- C008 Time of Day. Ten PM and after, and the later hours, including late early morning until 8 AM. The chart is totally informative. DrD happens during the day, but not nearly as much as late night and early morning. This also shows the correlation with ID/DUI
- C031 Lighting Conditions. It is not just the time, but also the presence or absence of light. Note Dark-Roadway Lighted. But this must be qualified by the fact that these conditions exist mainly in the urban rather than the rural areas. These things all work together, and it is difficult to analyze each of them independently.
- C032 Weather. What is it about rain that keeps us awake? – perhaps the fear that if we doze off the consequences will be obvious. It would be good if we could move this fear into clear weather as well. For right now it appears that bad weather is a positive factor in reducing the number of DrD crashes.

Driver Related Findings

- C017 First Harmful Event. There is nothing unexpected here. When a person loses consciousness behind the wheel, the results are random. If there happens to be a vehicle in its path, hitting it may be avoided in some cases by evasive action on the part of the other driver – perhaps taking any evasion, even if resulting in a crash – to avoid the perceived worst case scenario. Thus, this attribute generally demonstrates the objects that are the first thing encountered by a vehicle that randomly departs the roadway.
- C023 Manner of Crash. The major finding here is obviously that DrD crashes are dominated by single vehicle crashes, which is consistent with many of the findings above. Even though there are some large numbers on some of the two-vehicle Manner of Crash types, most of them are under-represented, indicated by an Odds Ratio less than 0.5.
- C052 Number of Vehicles. This quantifies the dominance of single-vehicle crashes at 68.71% of all DrD crashes. Those that do involve more than one vehicle are distributed over the number of vehicles involved as would be expected for non-DrD crashes.
- C104 Causal Unit (CU) Left Scene. The proportion of DrD crashes where the causal driver left the scene is one of the lowest found for all crash types. Perhaps this is due to their not being fully cognizant of what went on prior to the crash. Also, the increased severity of DrD crashes would make many of them impossible to drive away from.
- C107 CU Driver Raw Age. The youngest drivers (aged 16-18) are either significantly under-represented (16-17) or as expected (18). After that, from aged 19 through 29, they are all over-represented. This is evidence of a correlation with alcohol and drugs, and it also indicates that the 16-18 year olds are typically not be driving on the longer trips in which DrD becomes problematic. We would also expect the very youngest drivers to have a high level of excitement from driving that would make sleep less likely.
- C109 CU Driver Gender. Very clearly, males are significantly over-represented in DrD crashes, with an Odds Ratio of about 40% higher than expected. The reason for this is not clear, but it probably is related to males being the primary drivers on longer trips and those that go late into the night (see time of day C008).
- C115 CU Driver CDL Status and C080 CMV Involved. These two attributes are considered together to give the most accurate possible picture of CMV involvement. CMV operation requires a Commercial Drivers' License (CDL), which is the subject of C115. Adding the Not Applicable with the Unknown gives about 94% that are not CMV, from which CMV involvement can be inferred to be about 6%. This is confirmed from the C080 value of 5.95% for C080 where CMV Involved is indicated. This does not appear to be a large percentage, but it must be compared to the proportion of their crashes in general (in this case their non-DrD crashes). In both cases we see that the CMV involvement in DrD crashes is significantly higher than that expected. It is slightly above 15% higher proportion as given by the C080 result. C115 indicates that this over-representation is much higher for those whose licenses are not Current/Valid. While we might expect professional drivers to have relatively fewer DrD crashes, we must recognize that they are generally involved in far more longer trips than is true of non-CDL drivers. The conclusion here is that DrD countermeasures need to be emphasized as much with CMV

drivers as with anyone else; and perhaps the laws requiring them to rest at certain intervals need to be better observed and enforced.

- C122 CU Officer Opinion Alcohol. The effect of alcohol and drugs on creating drowsy drivers cannot be disputed. Here the proportion of those who were using alcohol is close to 60% higher for DrD crashes than for crashes in general.
- C123 CU Officer Opinion Drugs. (Non-alcohol) drugs are even more over-represented than is alcohol. The proportion of DrD drivers using drugs is estimated to be over three times that of non-DrD drivers.
- C129 Vehicle Maneuvers. Falling asleep at the wheel can be described as an unforced error (in tennis terminology). After that, what happens, happens. It seems that if that event is a curve, there is an excellent chance it will result in a crash (Odds Ratio = 2.357). Even worse is if the vehicle departs the roadway (Odds Ratio 3.672). But the overwhelming proportion of DrD crashes (81.93%) are on straight and level roadways.

Findings Related to Severity

- C025 Crash Severity. All of the highest injury categories (Fatal, Incapacitation and Non-Incapacitating) are highly over-represented by over twice the proportion that occurs for non-DrD crashes. Fatal is the smallest of these, but its proportion is still 2.103 times the non DrD crashes. Some possible reasons for these higher severity will be given in the next attributes considered in this section. We also postulate that the consequences of crashes are more severe when drivers do not have awareness to take defensive actions once the inevitable crash event sequences are in process.
- C038 Adjusted EMS Arrival Delay Time. The 0 to 5-minute delay from crash time to ambulance arrival is significantly under-represented, as is the 6-10-minute delay. After that, all of the delay categories are over-represented. Items with less than 20 occurrences are not processed with a statistical test, but it seems likely that all of the delay times above 10 minutes are significantly over-represented. We expect that this is due to the rural nature of the large majority of these crashes. The times being analyzed here are from the crash report to the time that the ambulance arrives. There is no accounting for the delay between the crash itself and when it is reported. This is especially relevant in late night crashes, which characterize DrD crashes. Certainly rural roads that have relatively few vehicles late at night would be susceptible to this problem.
- C060 Number Injured Including Fatalities. Single injury crashes have the highest over-representation. However, all of the multiple injury classifications are over-represented up to and including 4 injuries.
- C224 CU Estimated Speed at Impact. This is the largest single factor that determines whether crashes result in fatalities or not. In this case the average speed at impact of the DrD crashes was 48.5 MPH, while that of the non-DrD crashes was 28.6 MPH. It has been determined in a large number of former studies within Alabama that, above 40 MPH, each increase in the impact speed of 10 MPH doubles the probability of any given crash being fatal. Since this doubling is from its next lower 10 MPH-lower speed estimate, this is an exponential increase. So, for example, if the probability of a crash being fatal at 40 MPH is 1%, the probability at 50 MPH would be 2%, the probability at 60

MPH would be 4% , and the probability at 70 MPH would be 8%, doubling from its previous value for each increase in 10 MPH (hypothetical numbers for illustration only). This reflects the laws of physics and kinetic energy. Display C025 shows that the probability of a DrD crash being fatal is 1.16%, while that same probability for a non-DrD crash is only 0.55%.

Findings Related to Vehicles

- C101 Causal Unit (CU) Type. Other than light pick-ups, there does not seem to be a vehicle that is causing or necessarily avoiding DrD crashes. If anything, it would be the drivers that are prone to use these vehicles that might be over- or under-represented, as opposed to the vehicles themselves.
- C208 CU Model Year. Vehicle years that are over-represented start at 1996 and go through 2006, with 2004 being the last of these that are statistically significant. Under-representation significance starts at 2008 and continues through 2011. Above that, nothing is statistically significant. It might be reasoned that vehicles from 2007 and after have additional safety features that could prevent crashes.

Hotspot Analysis

- Hotspot analyses can be performed using a DrD filter for any type of roadway in Alabama. Such a filter will only allow DrD crashes to be considered in the analysis.
- Since Interstates and other mileposted routes tend to have more DrD crashes, hotspot analyses on these roadway types is considered to be most fruitful.
- An example is given in the last section of this report. It is the first segment found on I-65 (starting with milepost 0.0 near Mobile) that had more than 50 DrD crashes in a ten mile span.
- It is interesting that the first such hotspot could not be found on I-65 in less than 100 miles from Mobile. This is not saying that no DrD crashes occurred; they just were not of such a concentration to qualify according to the criterion given above. Perhaps it takes 100 miles for most drivers to become drowsy, and taking a break every 100 miles would be an excellent recommendation.

References

SJ: National Article Reference:

<https://www.sleepjunkie.org/falling-asleep-wheel/>

WRBL: Local News Referencing the Article Above:

https://www.wrbl.com/news/highway-to-south-texas-rated-worst-for-sleepy-driver-deaths-holiday-travelers-warned/?utm_medium=social&utm_source=facebook_WRBL_News_3

NCSDR: National Center on Sleep Disorders Research (NCSDR) and NHTSA:

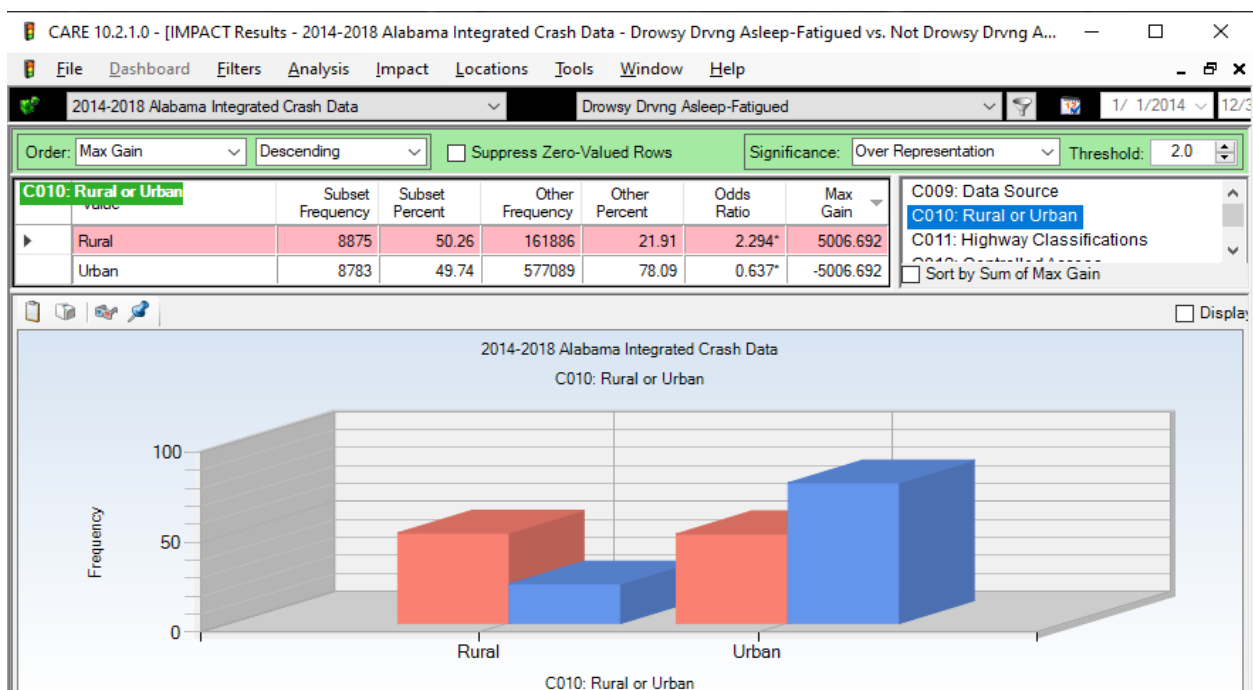
Drowsy Driving and Automobile Crashes; NCSDR/NHTSA Expert Panel on Driver Fatigue and Sleepiness; https://one.nhtsa.gov/people/injury/drowsy_driving1/drowsy.html#EXECUTIVE%20SUMMARY

NHTSA: NHTSA home page for drowsy driving (links to research):

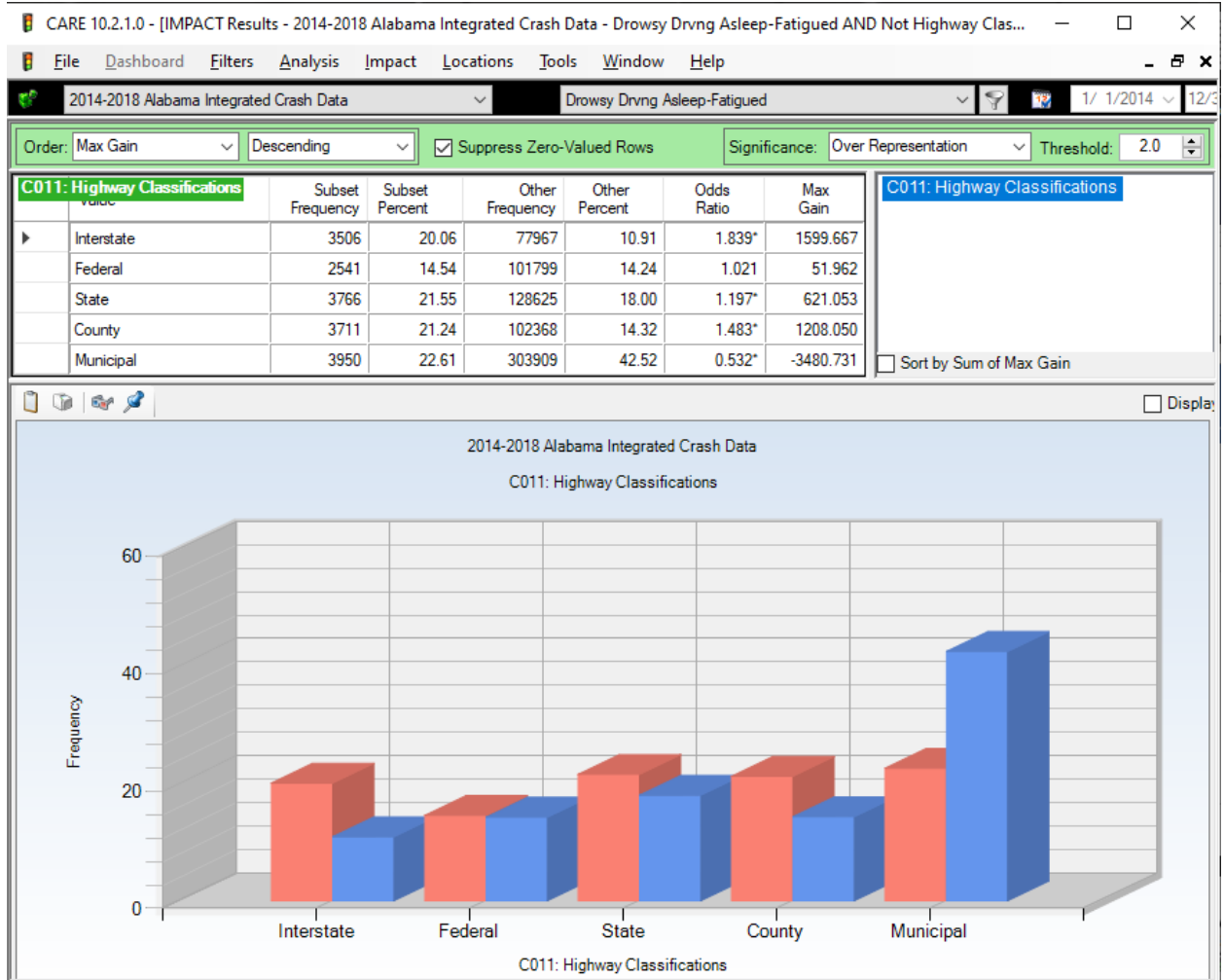
<https://one.nhtsa.gov/Driving-Safety/Drowsy-Driving/Research-on-Drowsy-Driving>

IMPACT Displays – Geographical/Roadway 10, 11, 13, 27, 28, 33, 110

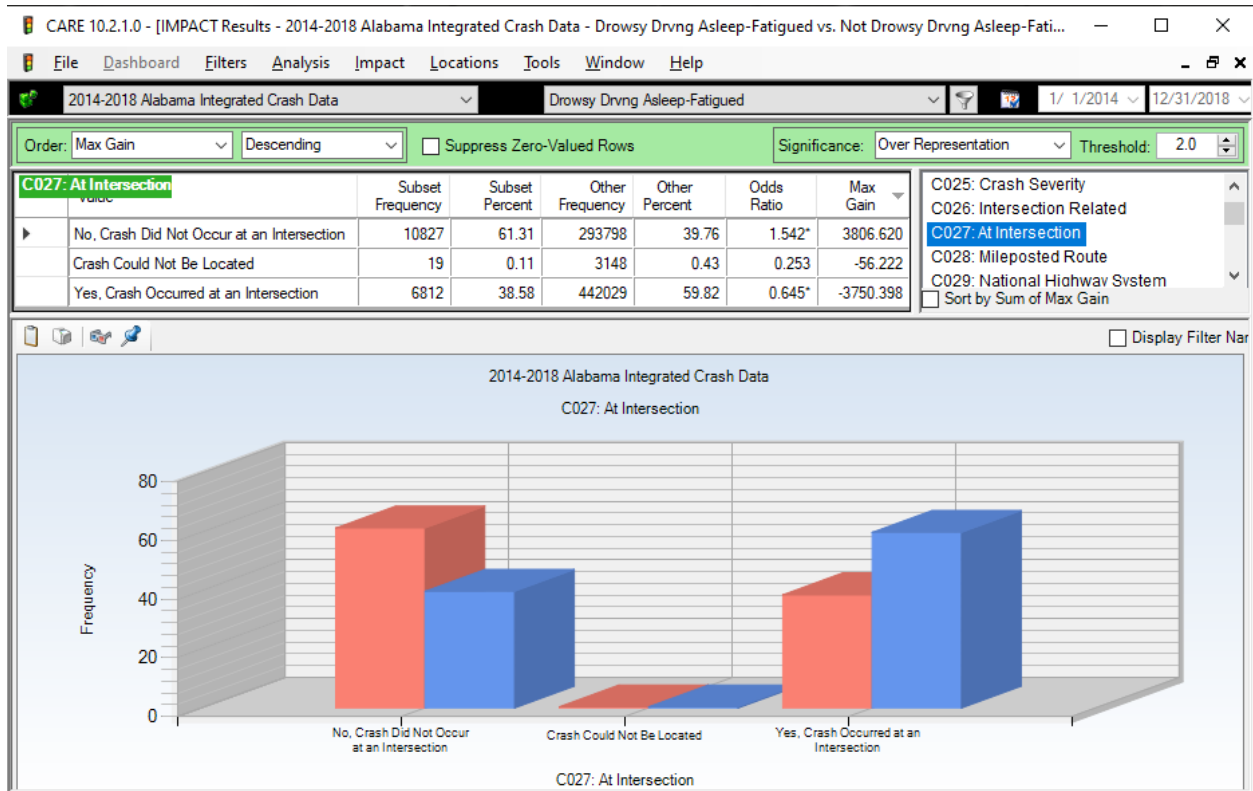
C010 Rural or Urban



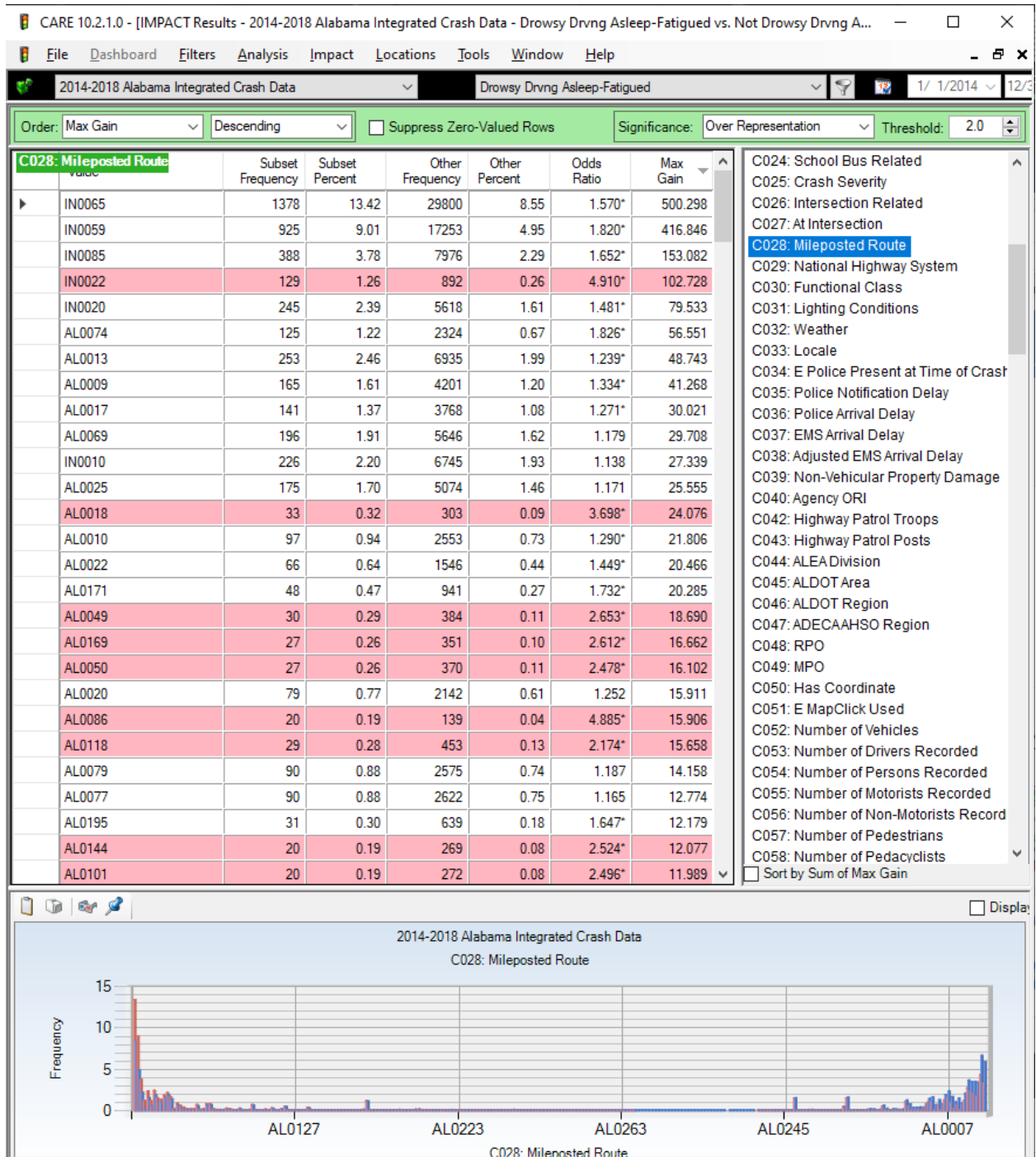
C011 Highway Classification



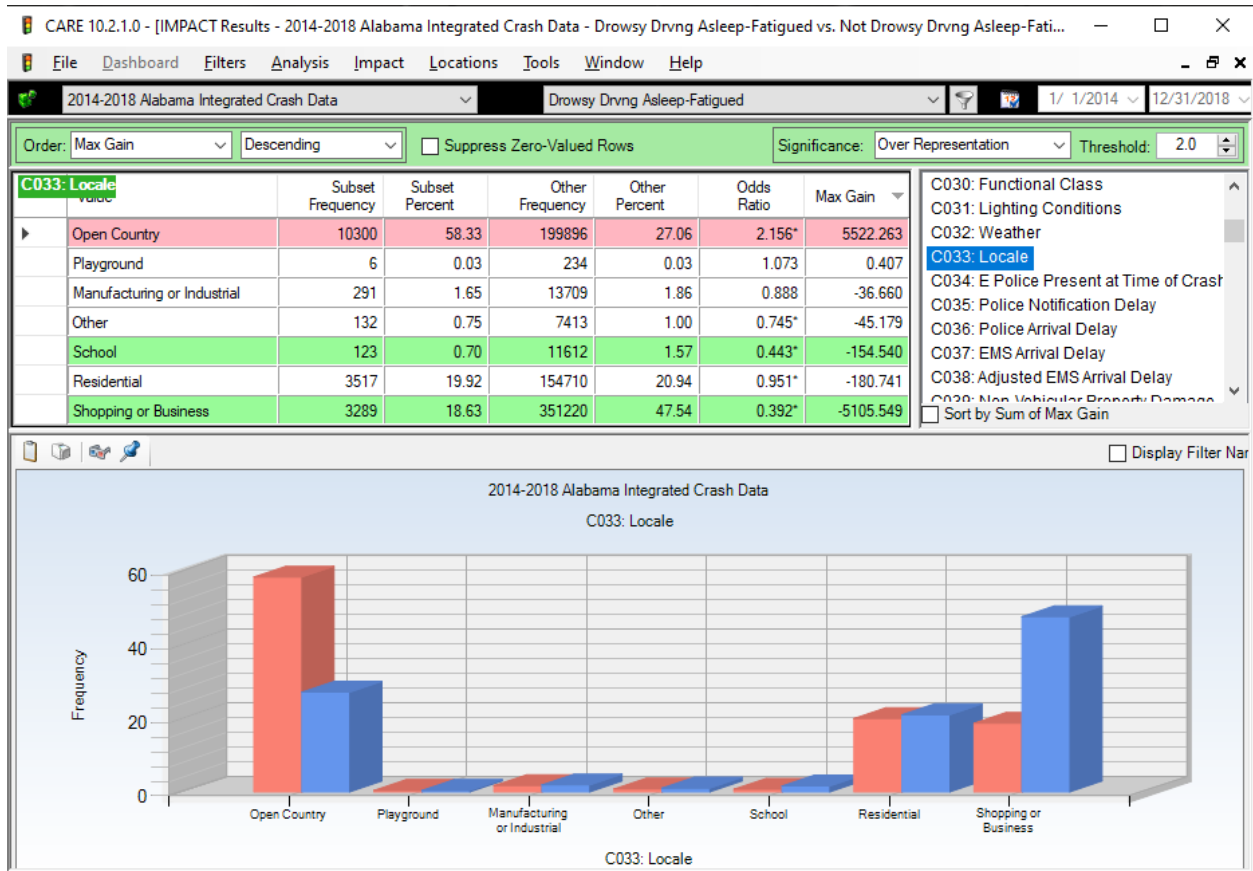
C027 At Intersection



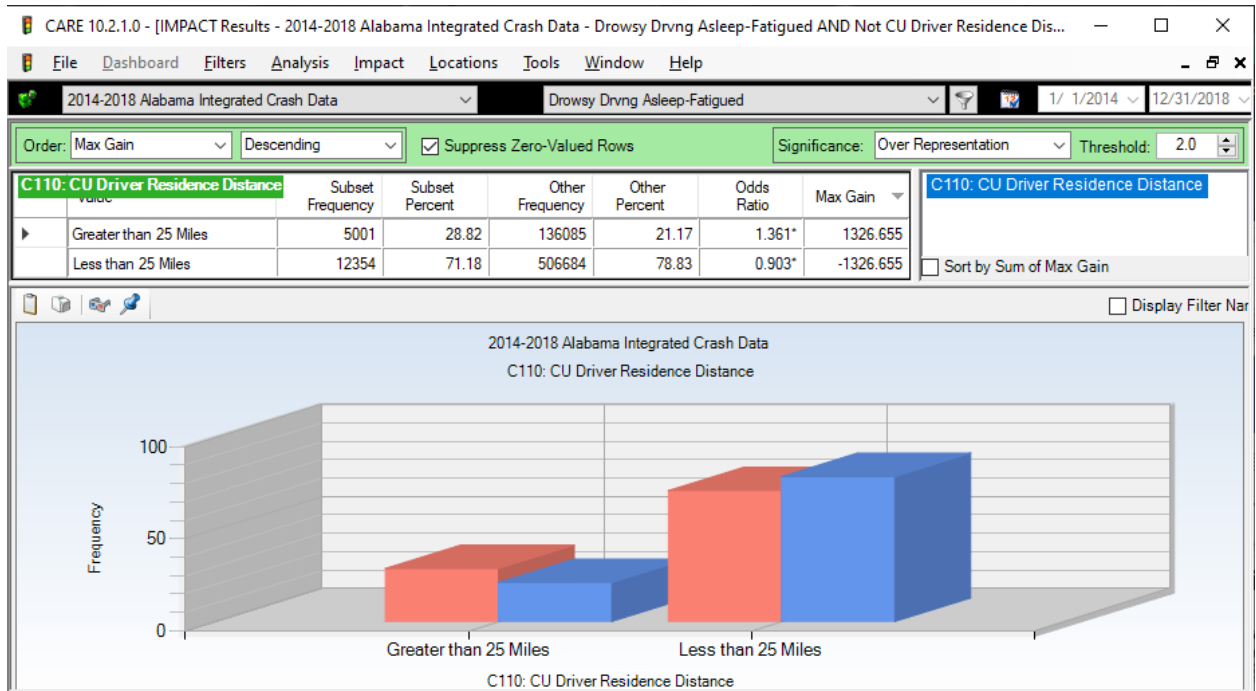
C028 Mileposted Routes



C033 Locale

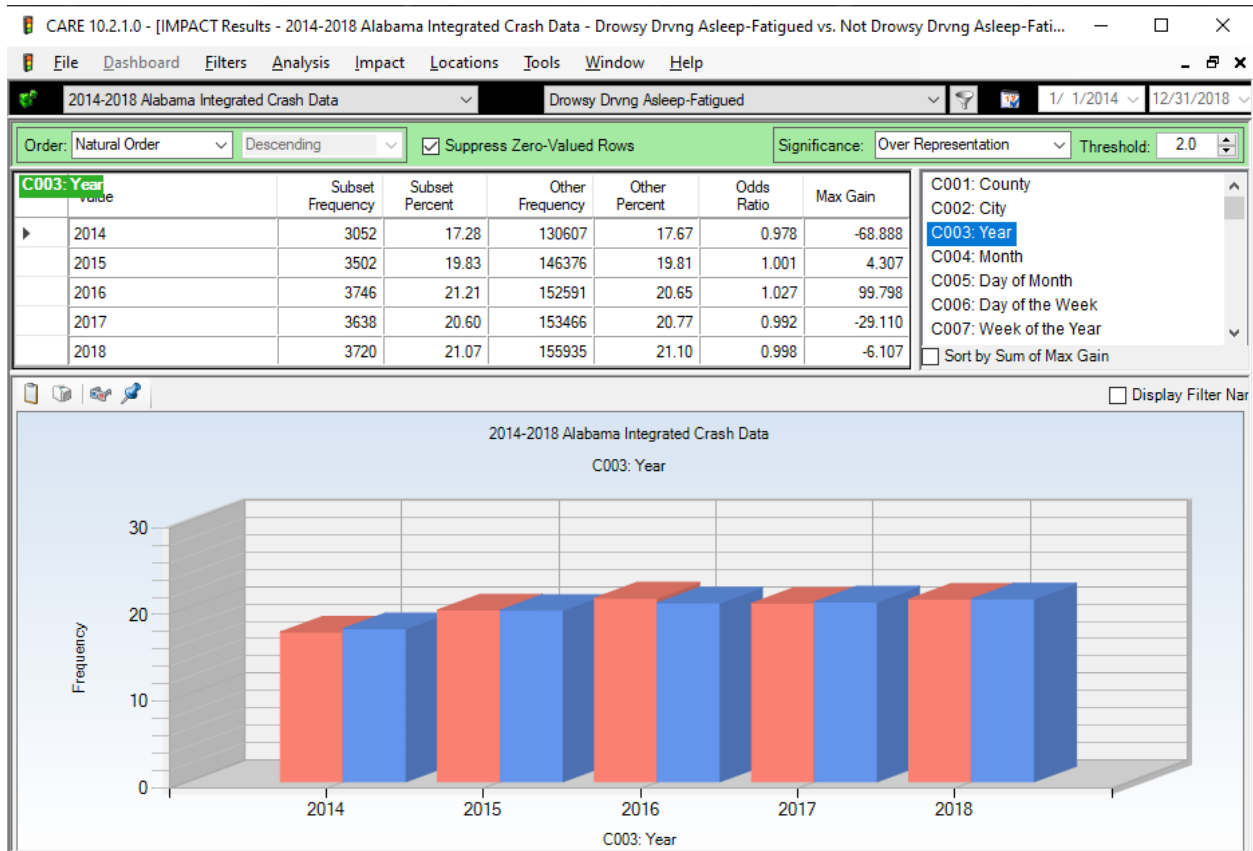


C110 CU Driver Residence Distance

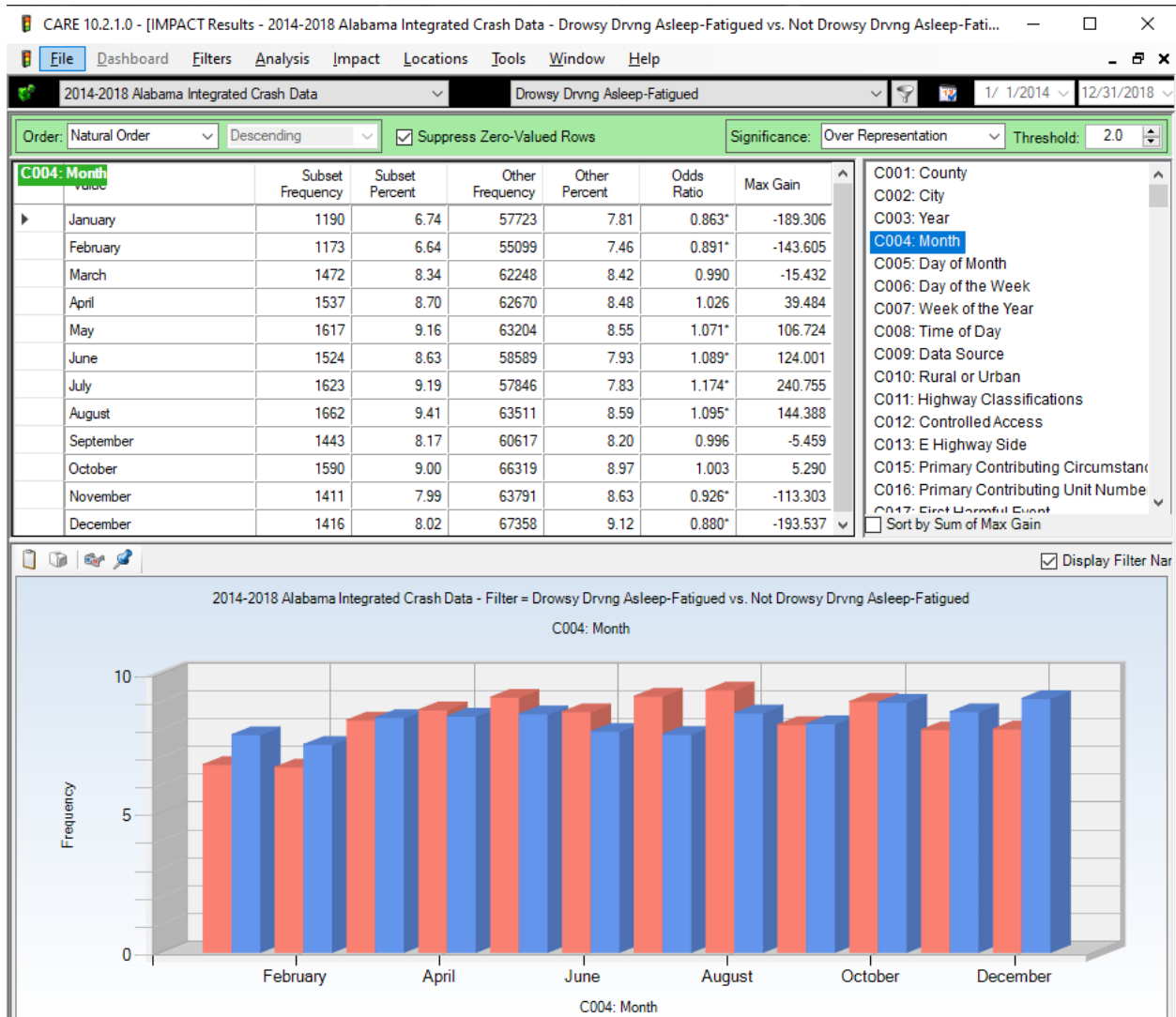


IMPACT Displays – Times, Weather and Lighting 3-8, 31-32

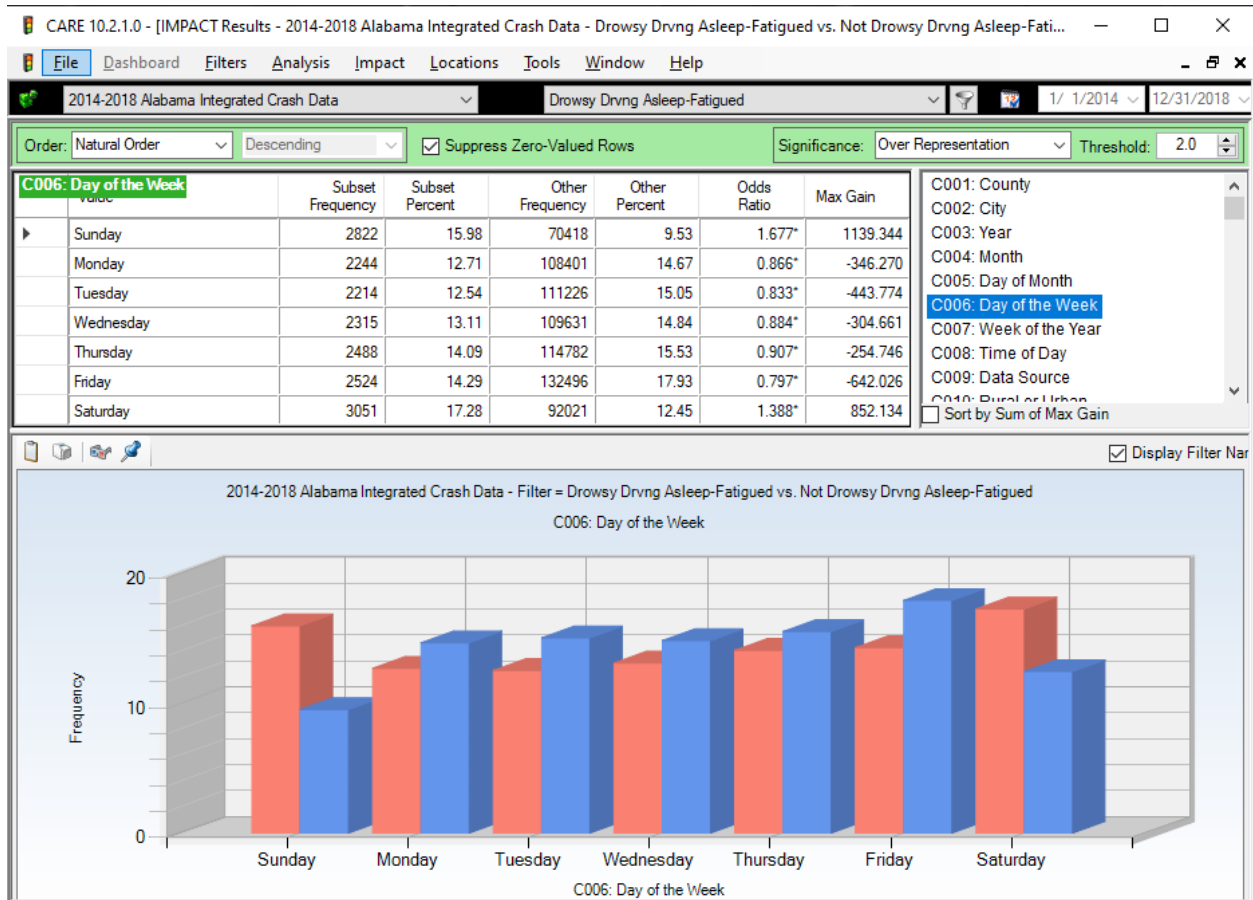
C003 Year



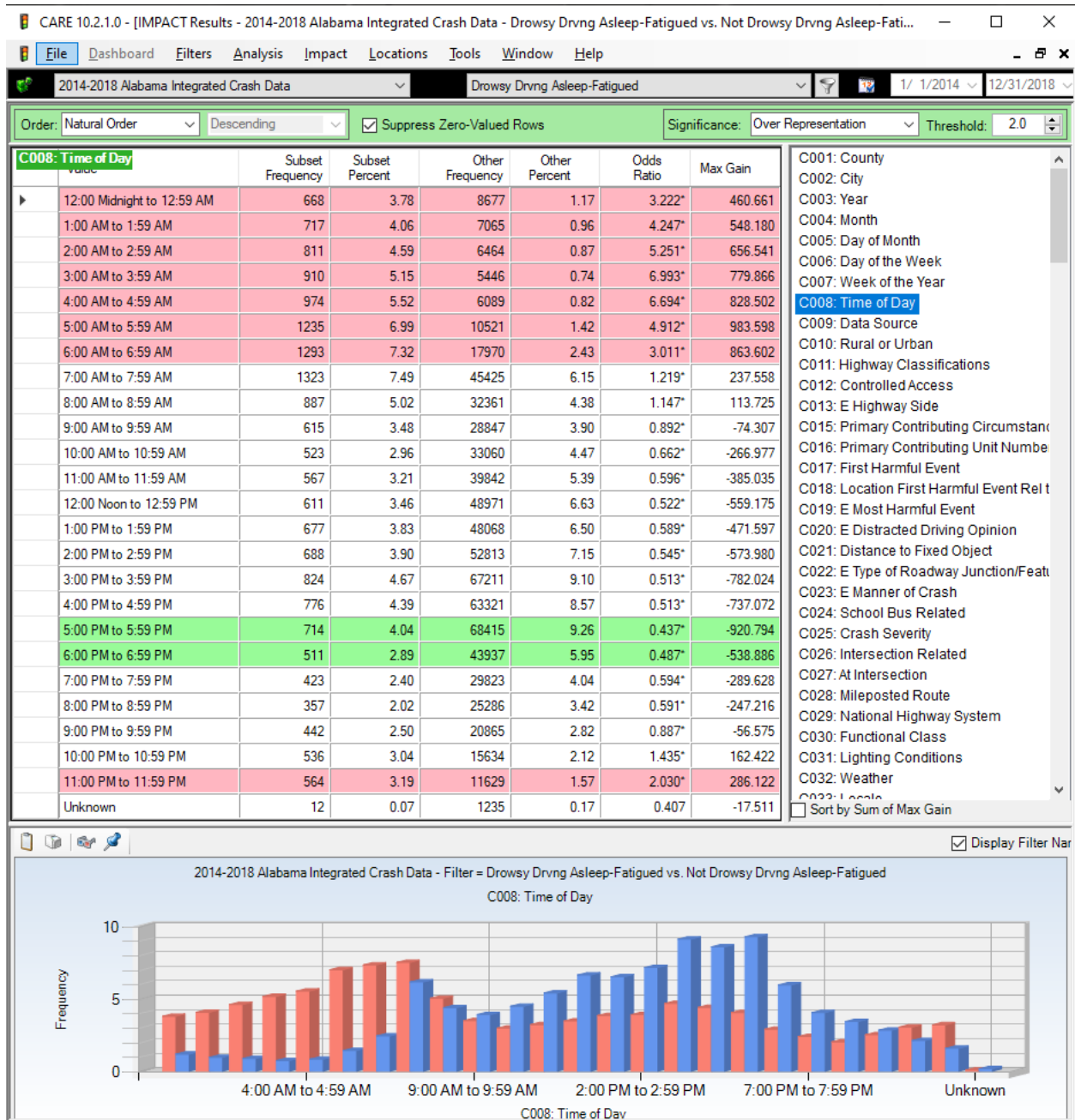
C004 Month



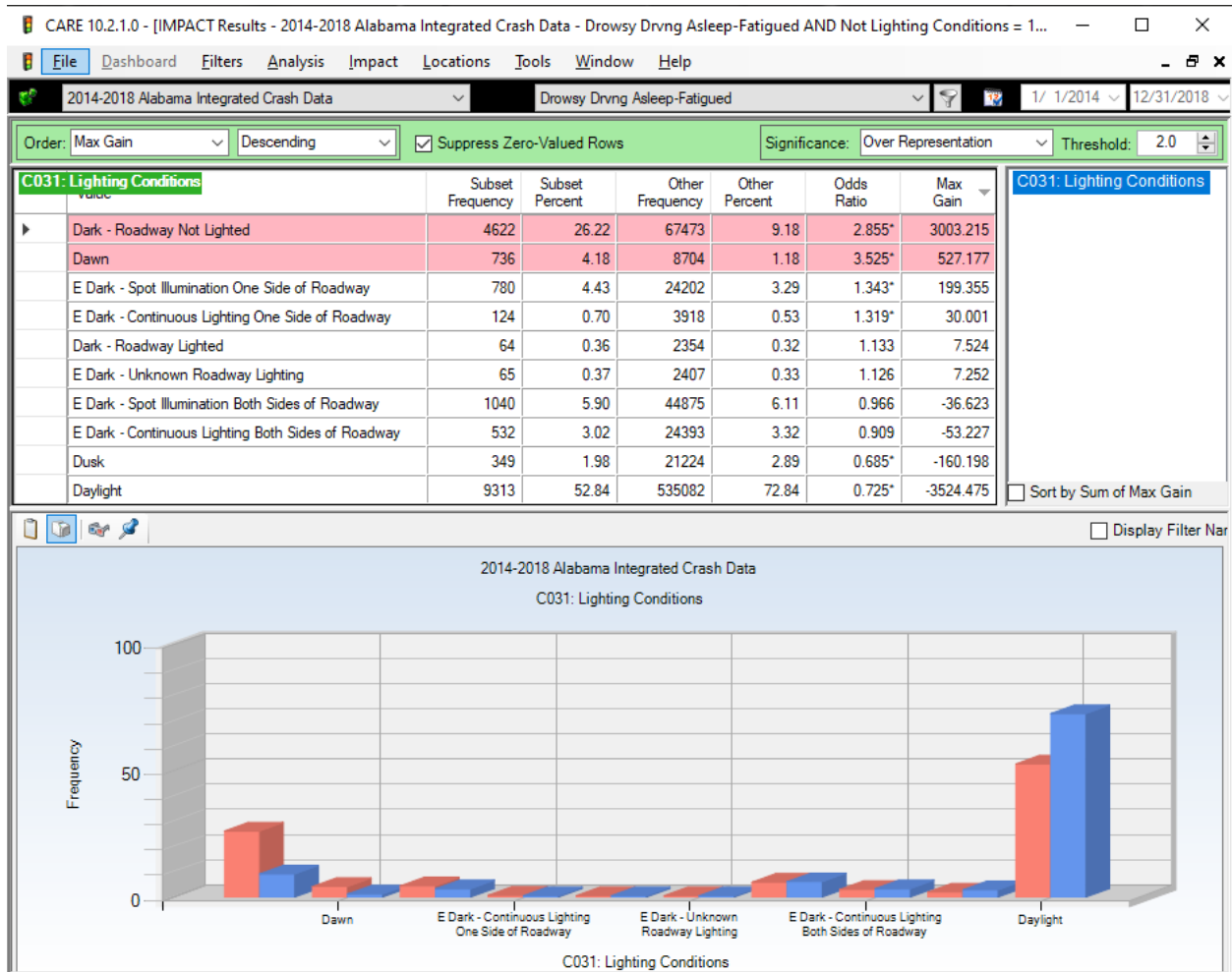
C006 Day of the Week



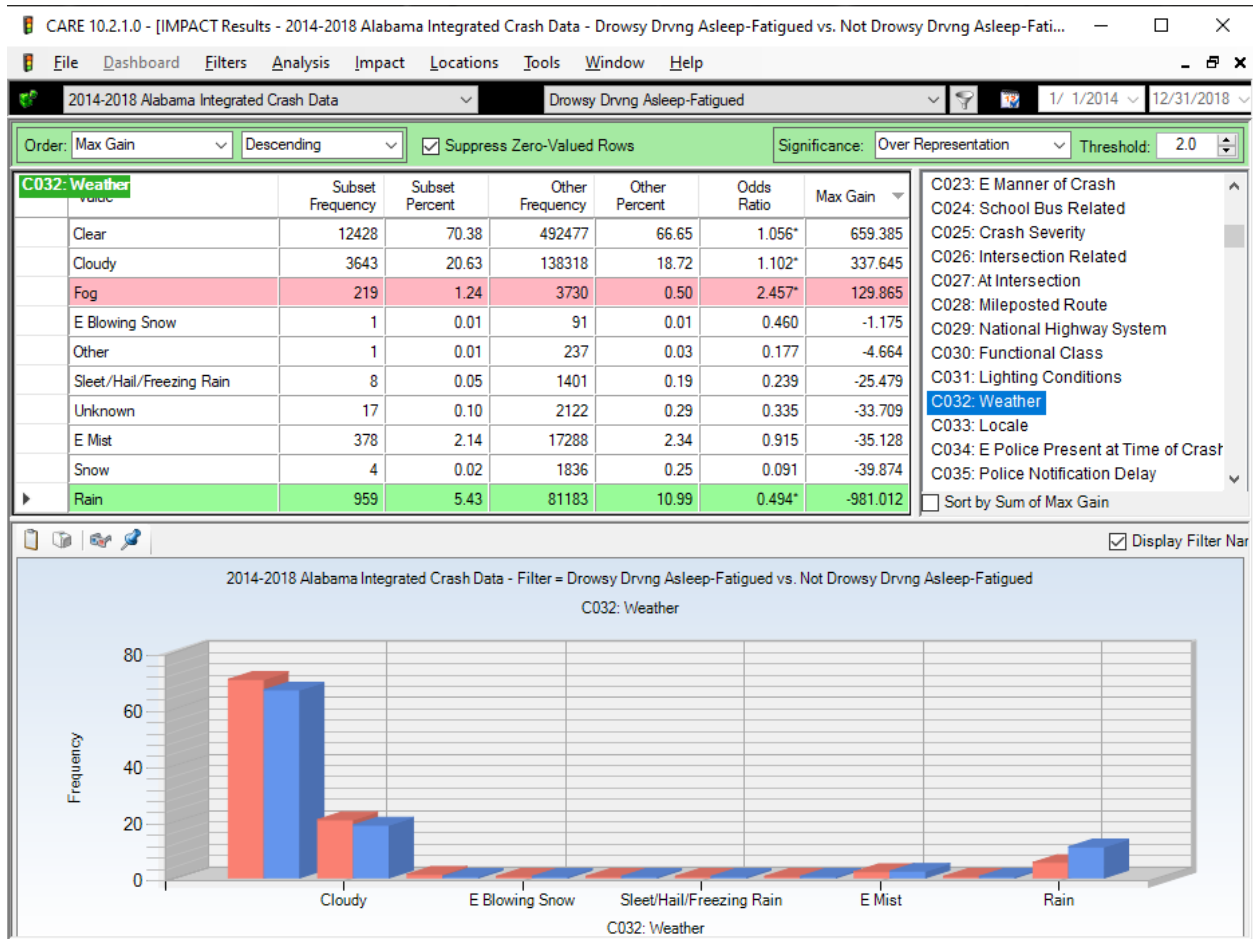
C008 Time of Day



C031 Lighting Conditions



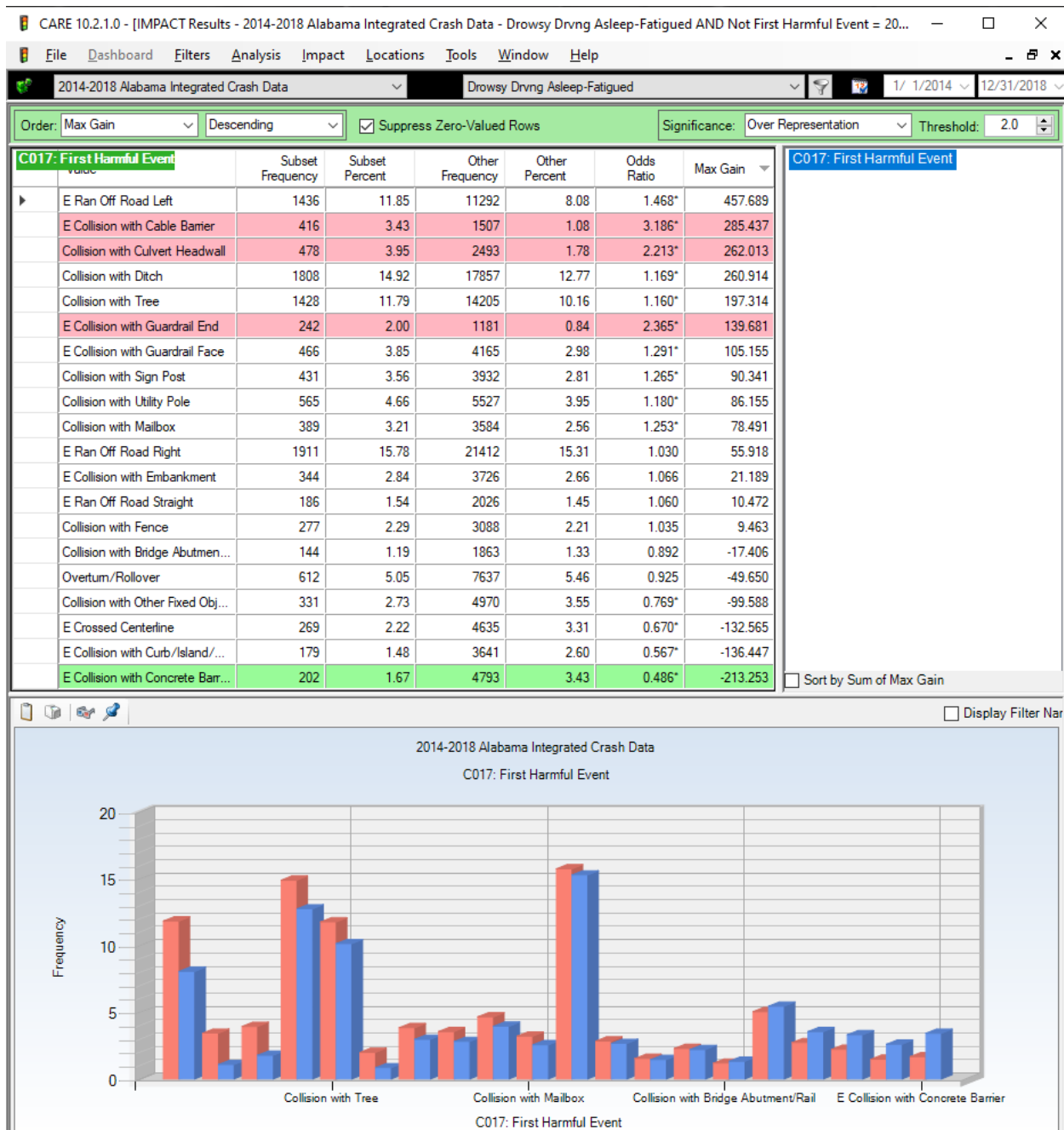
C032 Weather



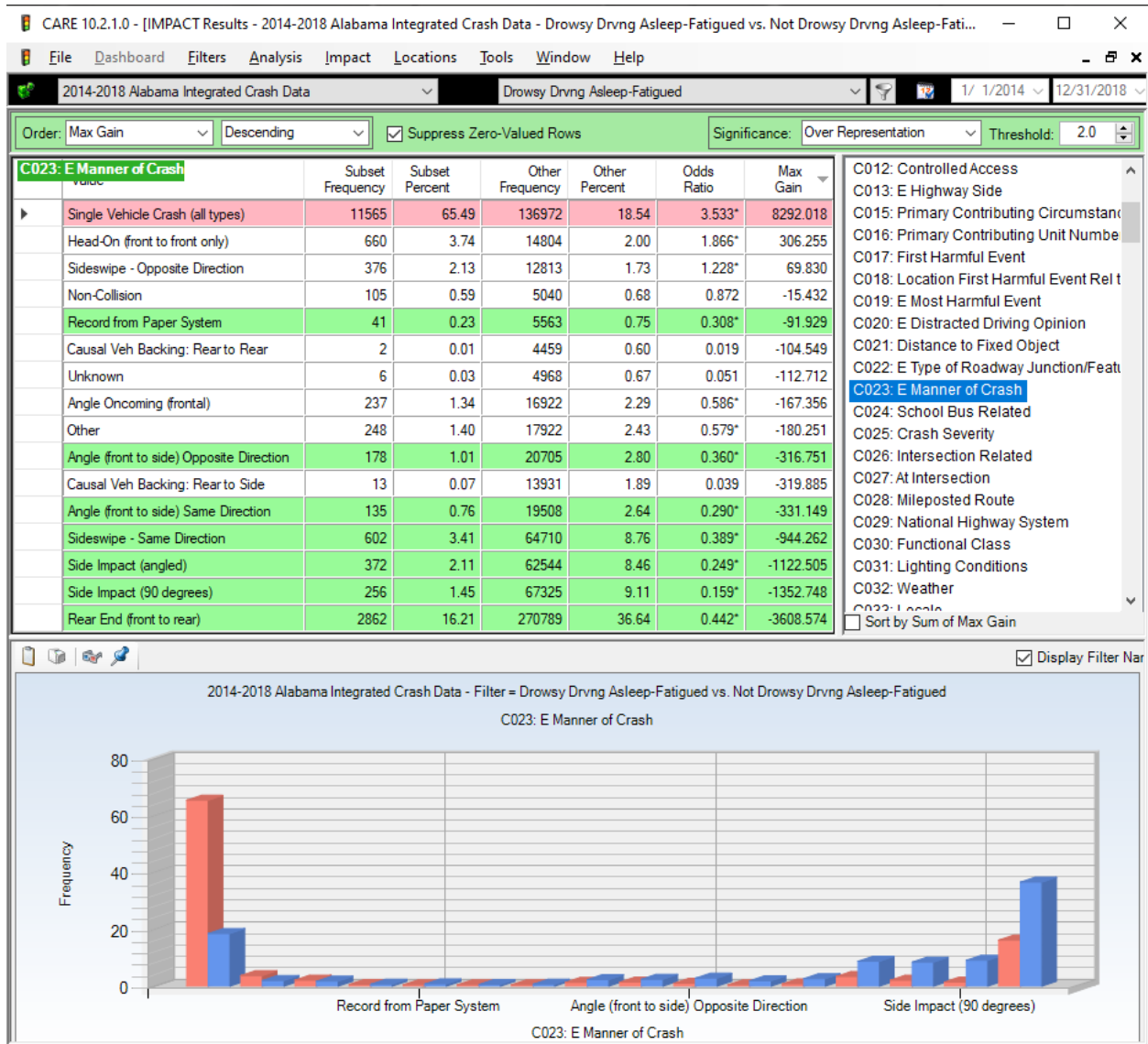
IMPACT Displays – Driver 17, 23, 52, 104, 107, 109, 115, 122-123, 204

C017 First Harmful Event

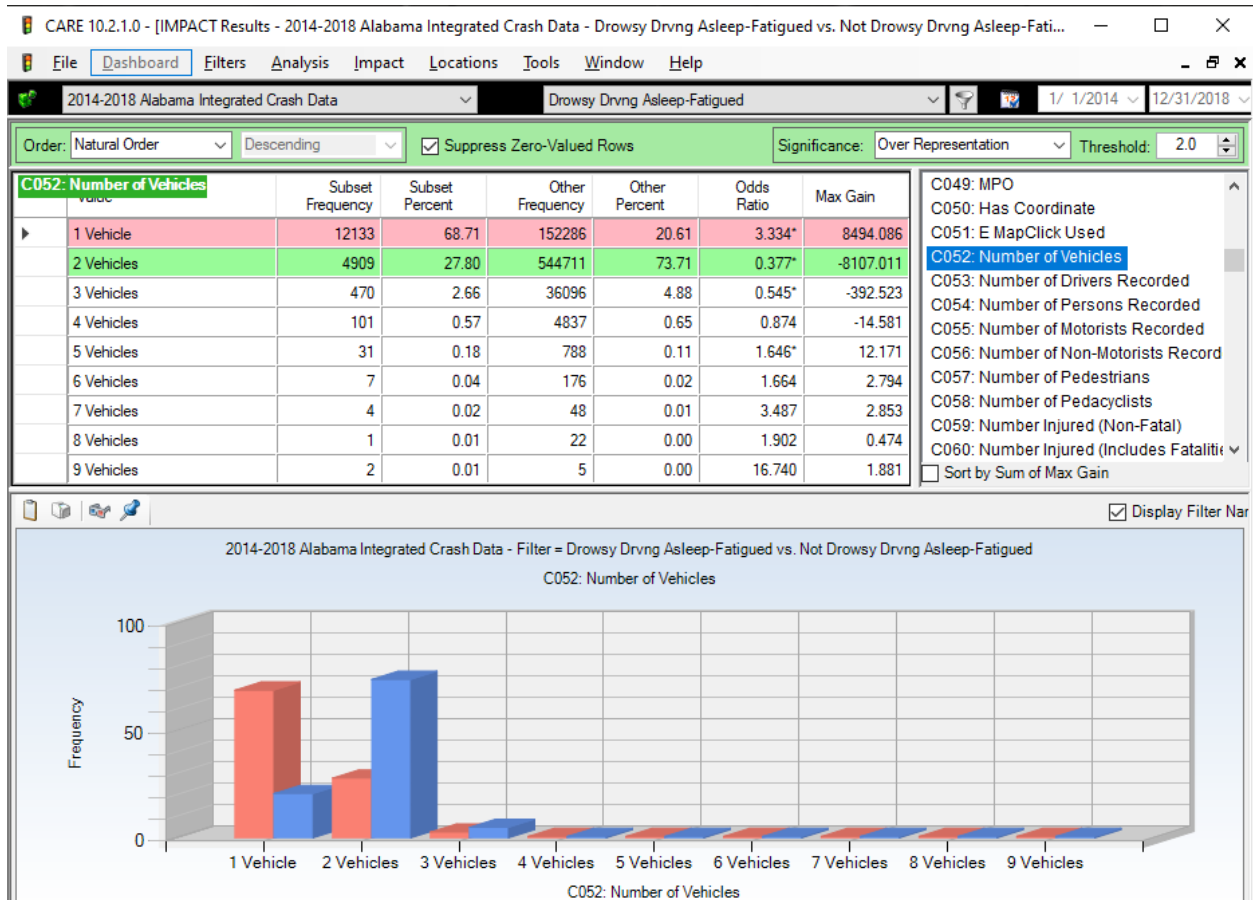
Removed: all items with less than 100 crashes in subset; also MV in traffic and parked MV.



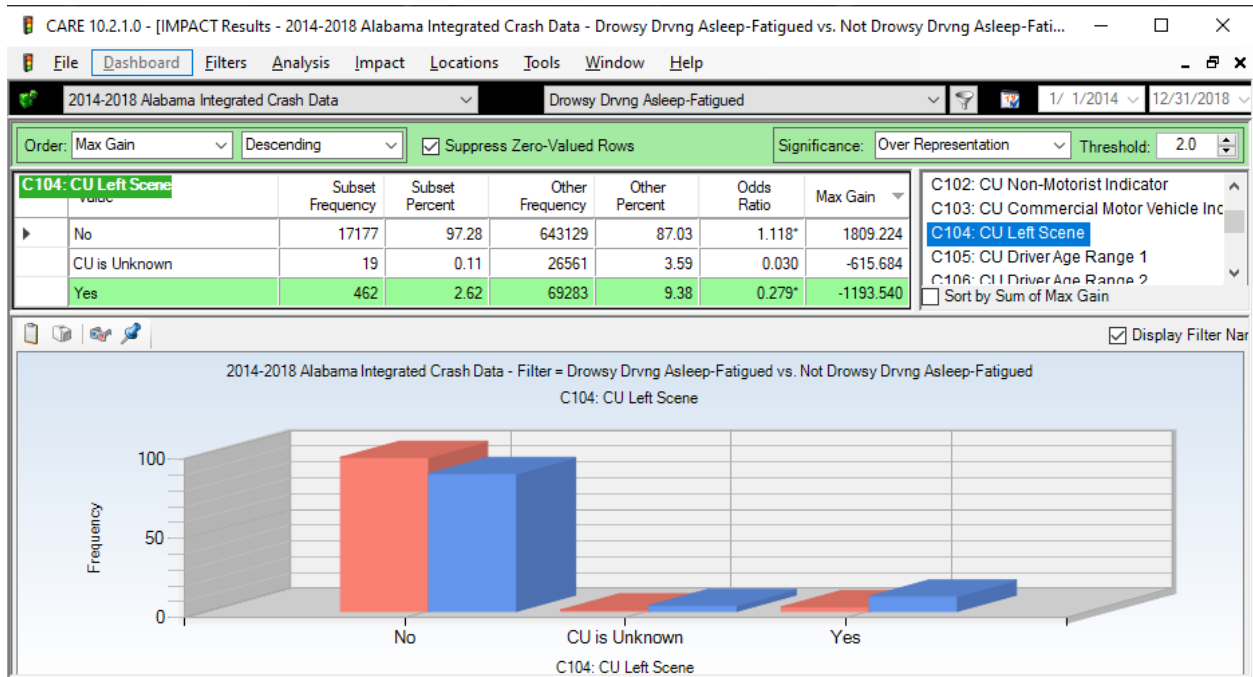
C023 E Manner of Crash



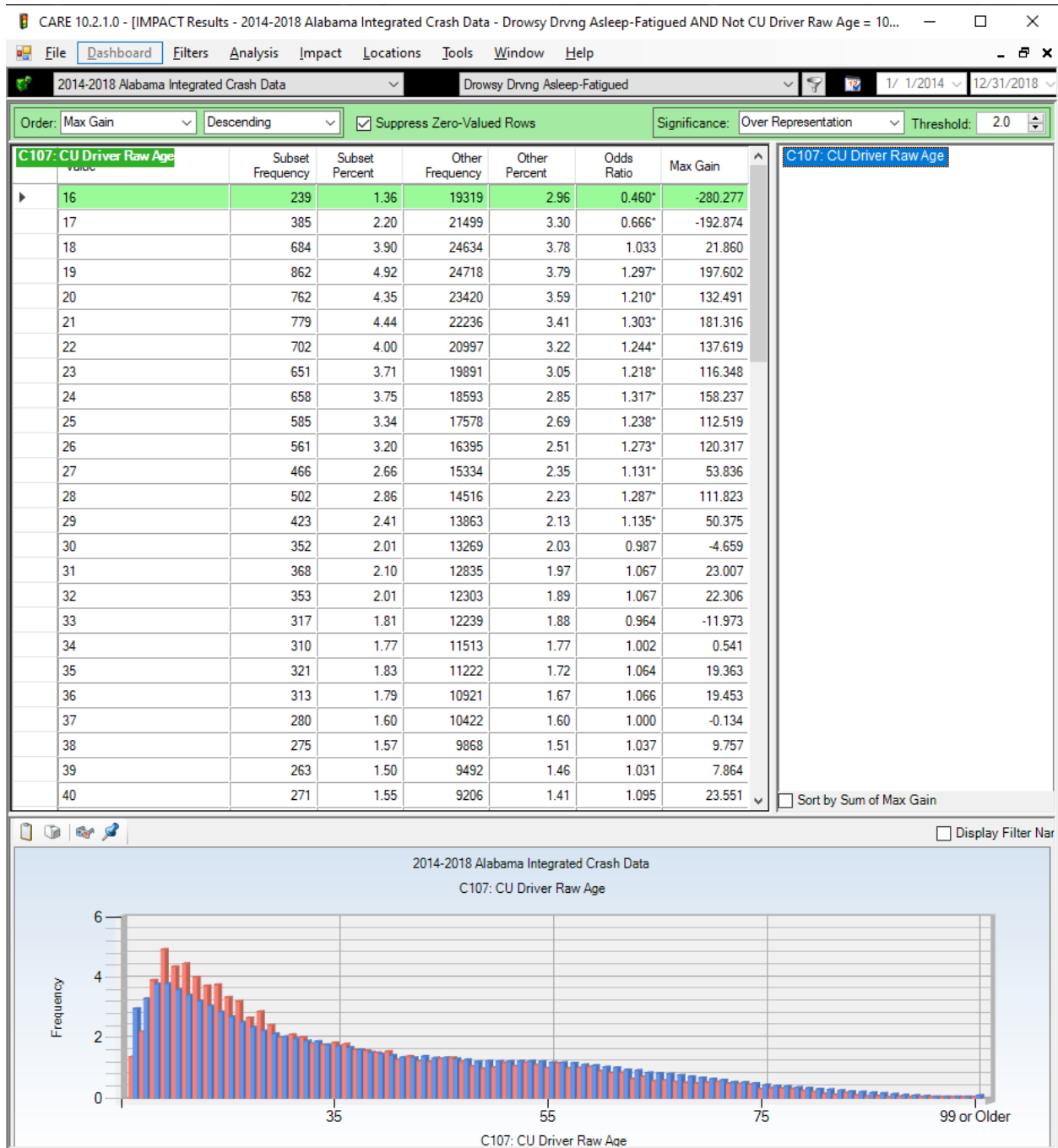
C052 Number of Vehicles



C104 CU Left Scene

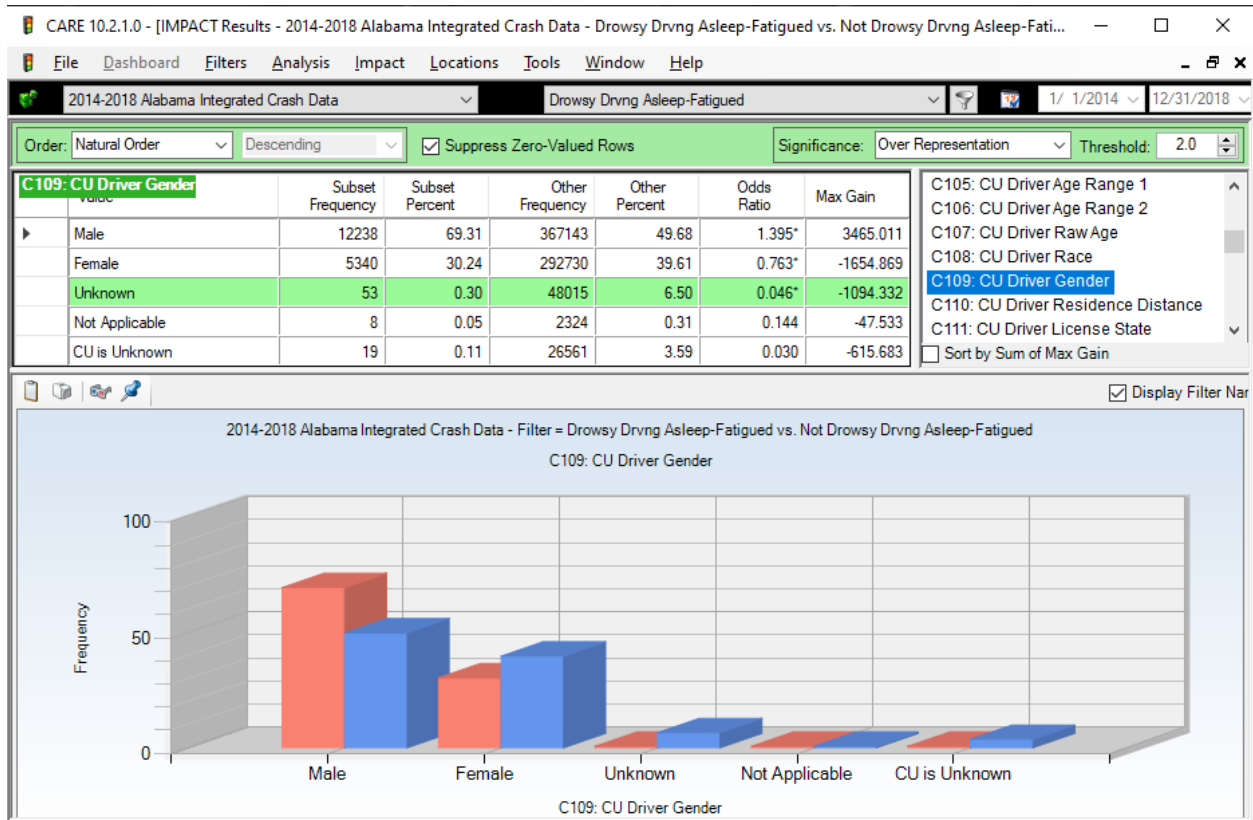


C107 CU Driver Raw Age

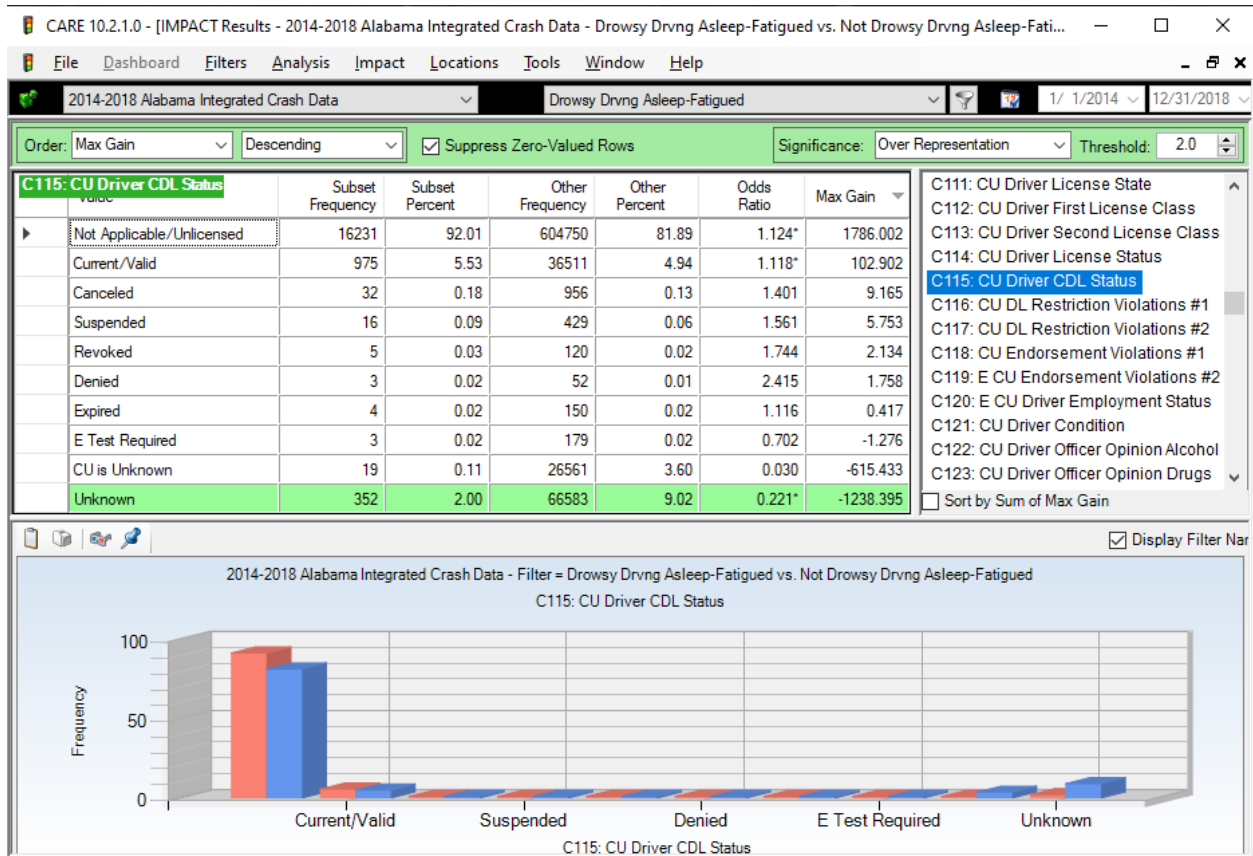


Over-representations 19 and above are significant up to and including age 29.

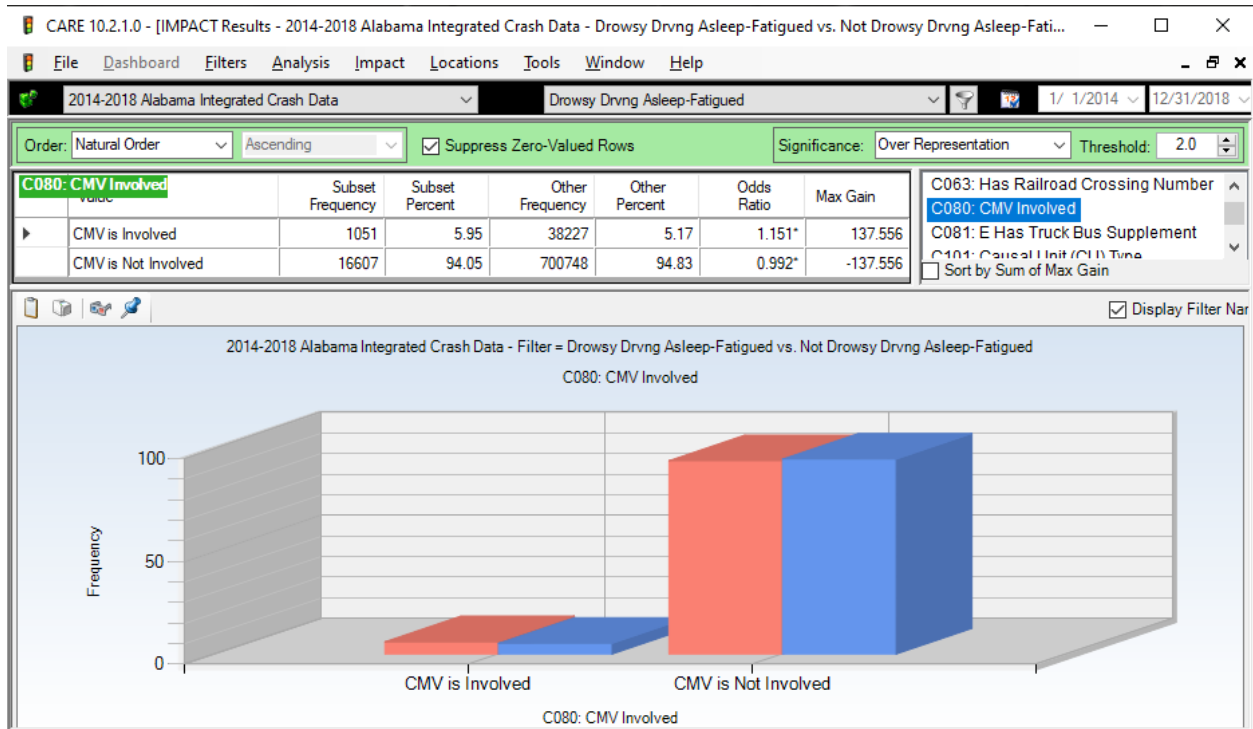
C109 CU Driver Gender



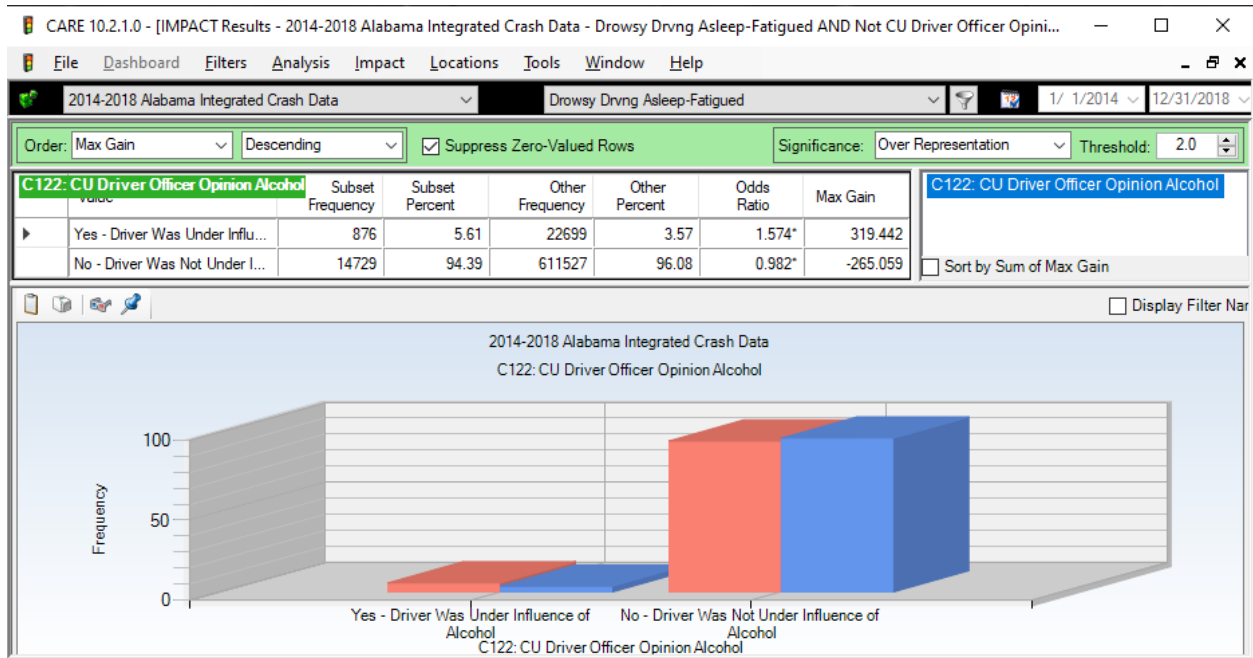
C115 CU Driver CDL Status



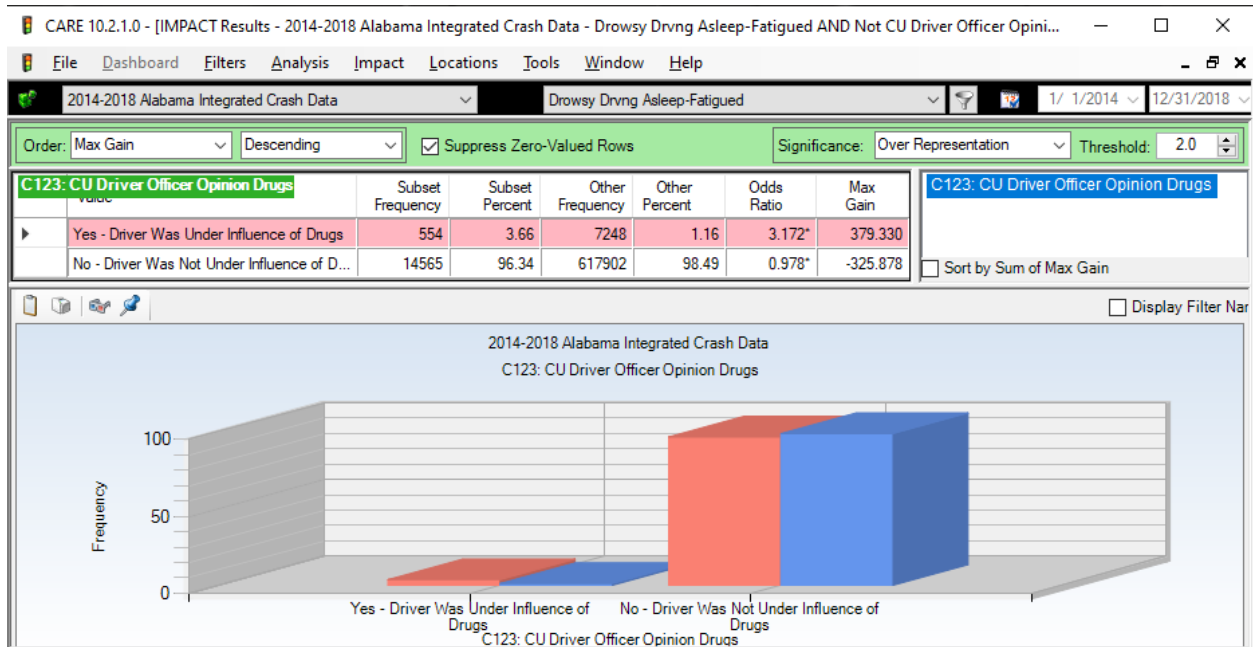
C080 CMV Involved



C122 CU Driver Officer Opinion Alcohol

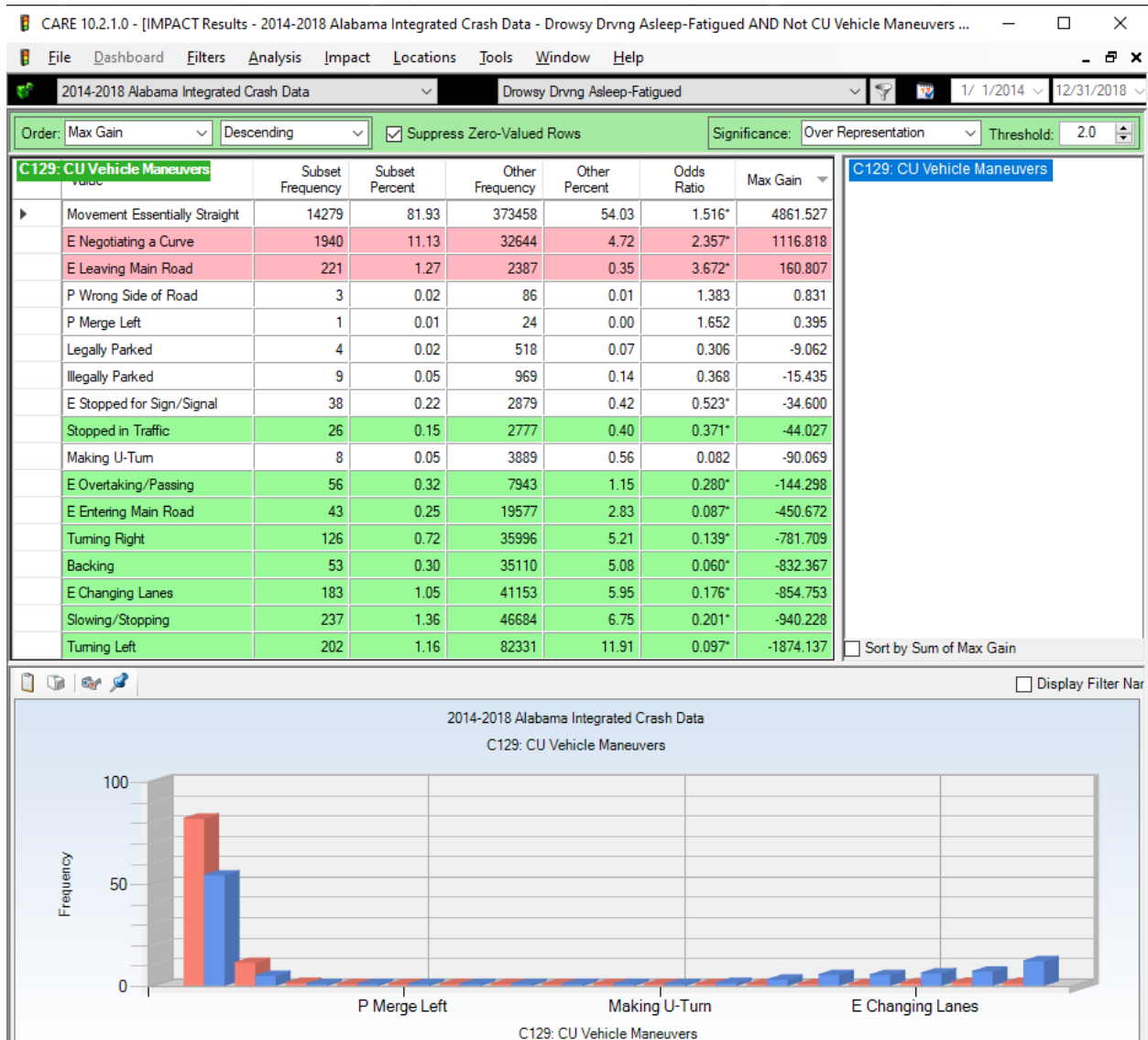


C123 CU Officer Opinion Drugs



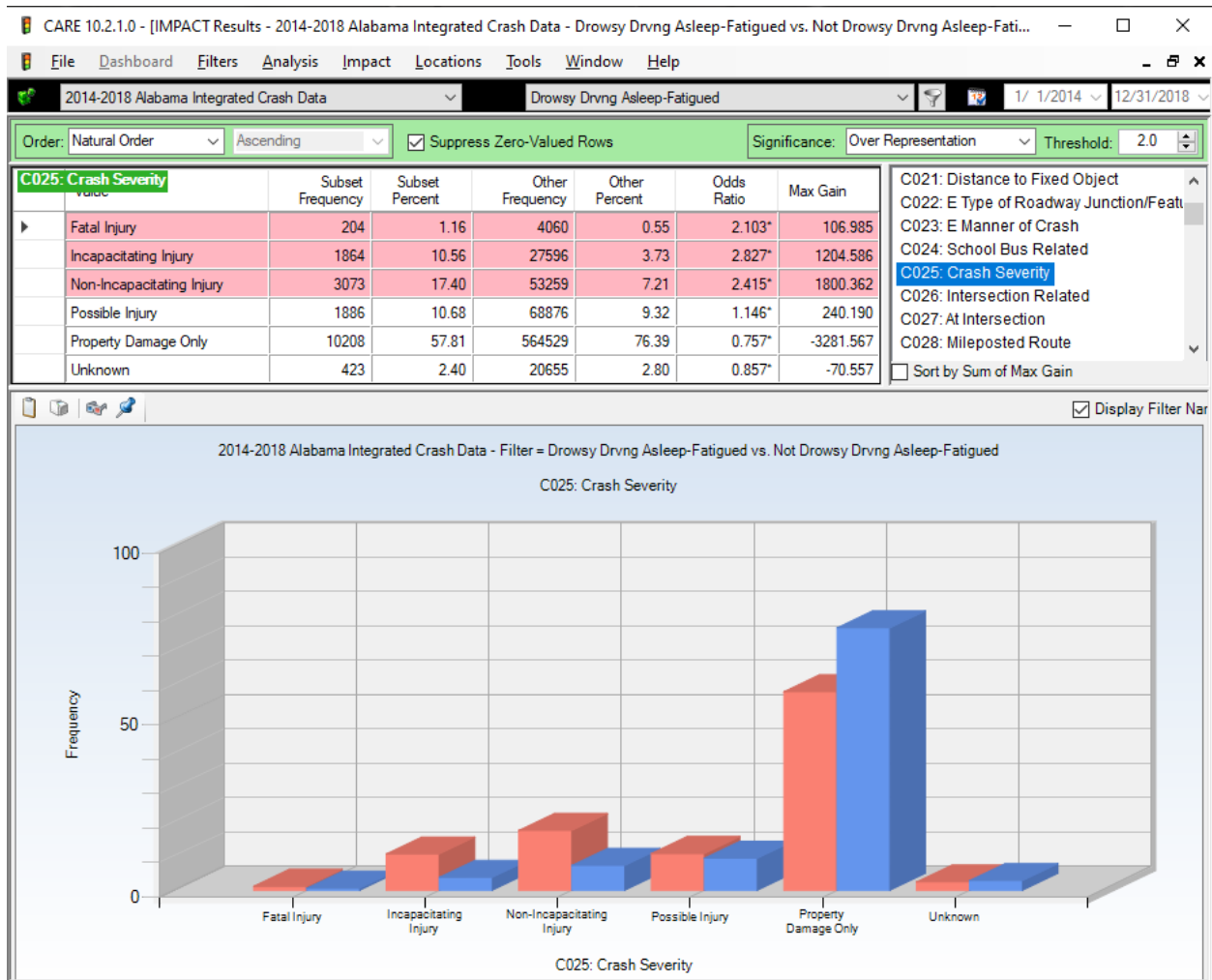
C129 CU Vehicle Maneuvers

The following was reduced by removing all of the cases in which there were zero DrD crashes recorded.

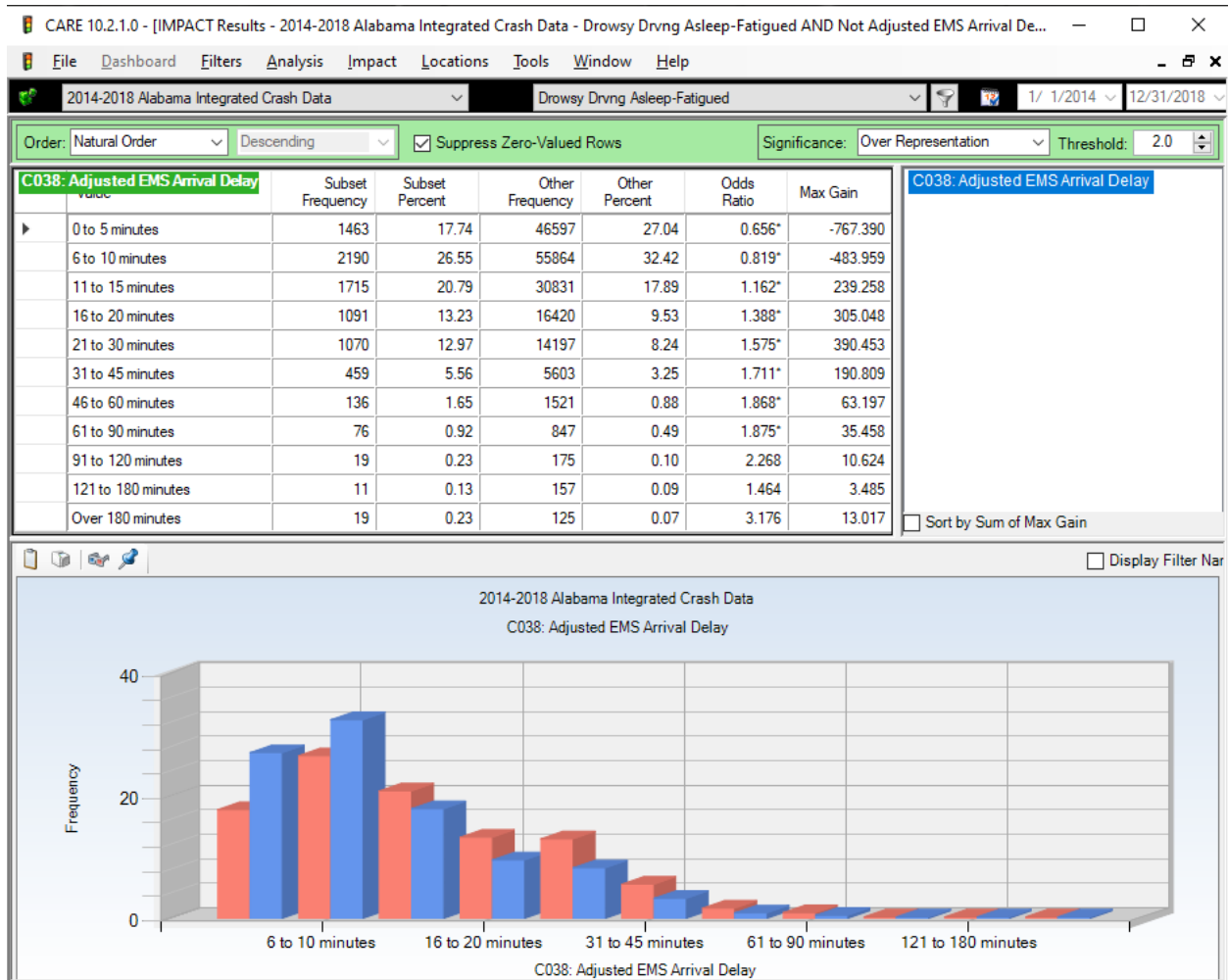


IMPACT Displays – Severity 25, 38, 60, 224

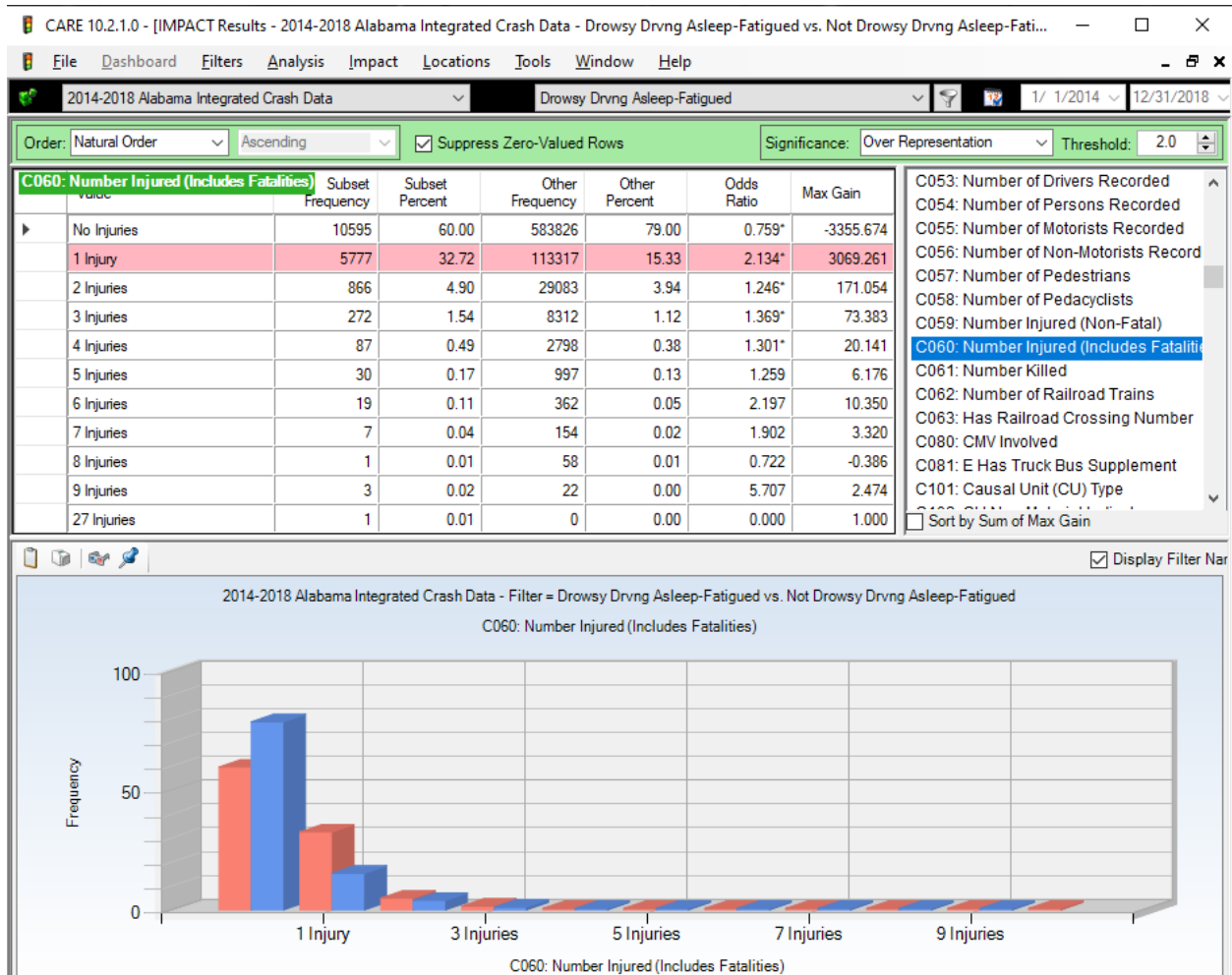
C025 Crash Severity



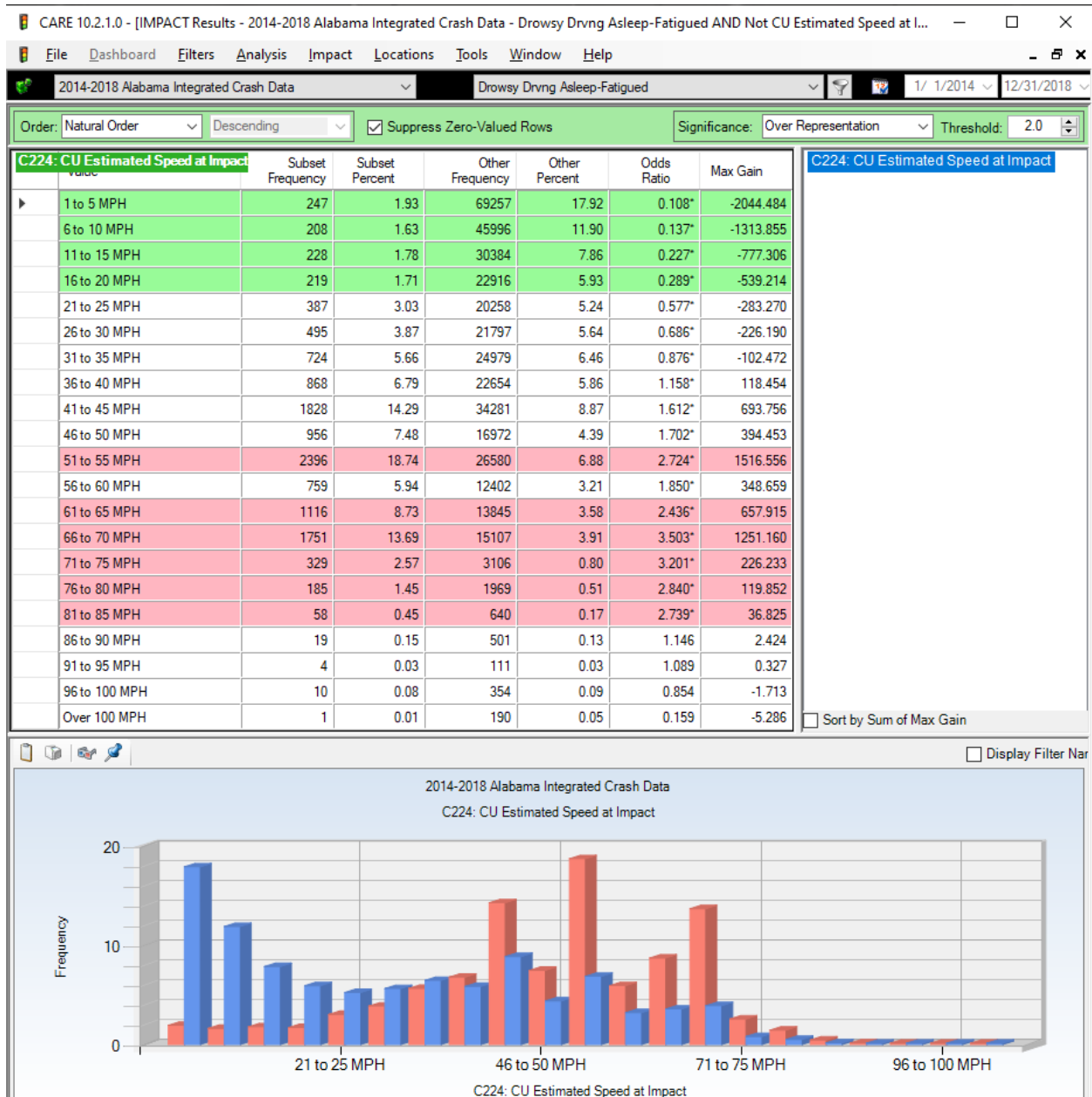
C038 Adjusted EMS Arrival Delay



C060 Number Injured (Including Fatalities)



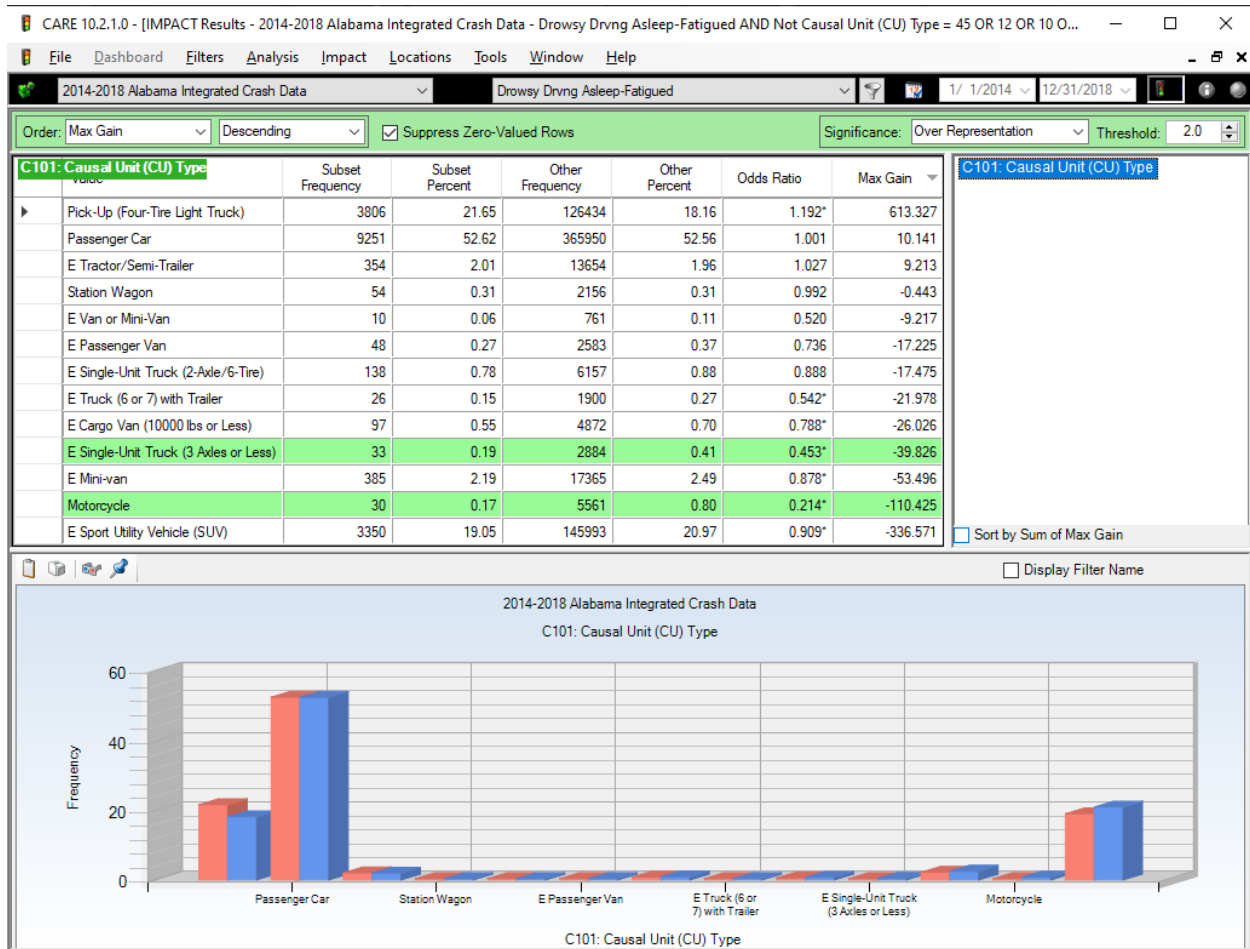
C224 CU Estimated Speed at Impact



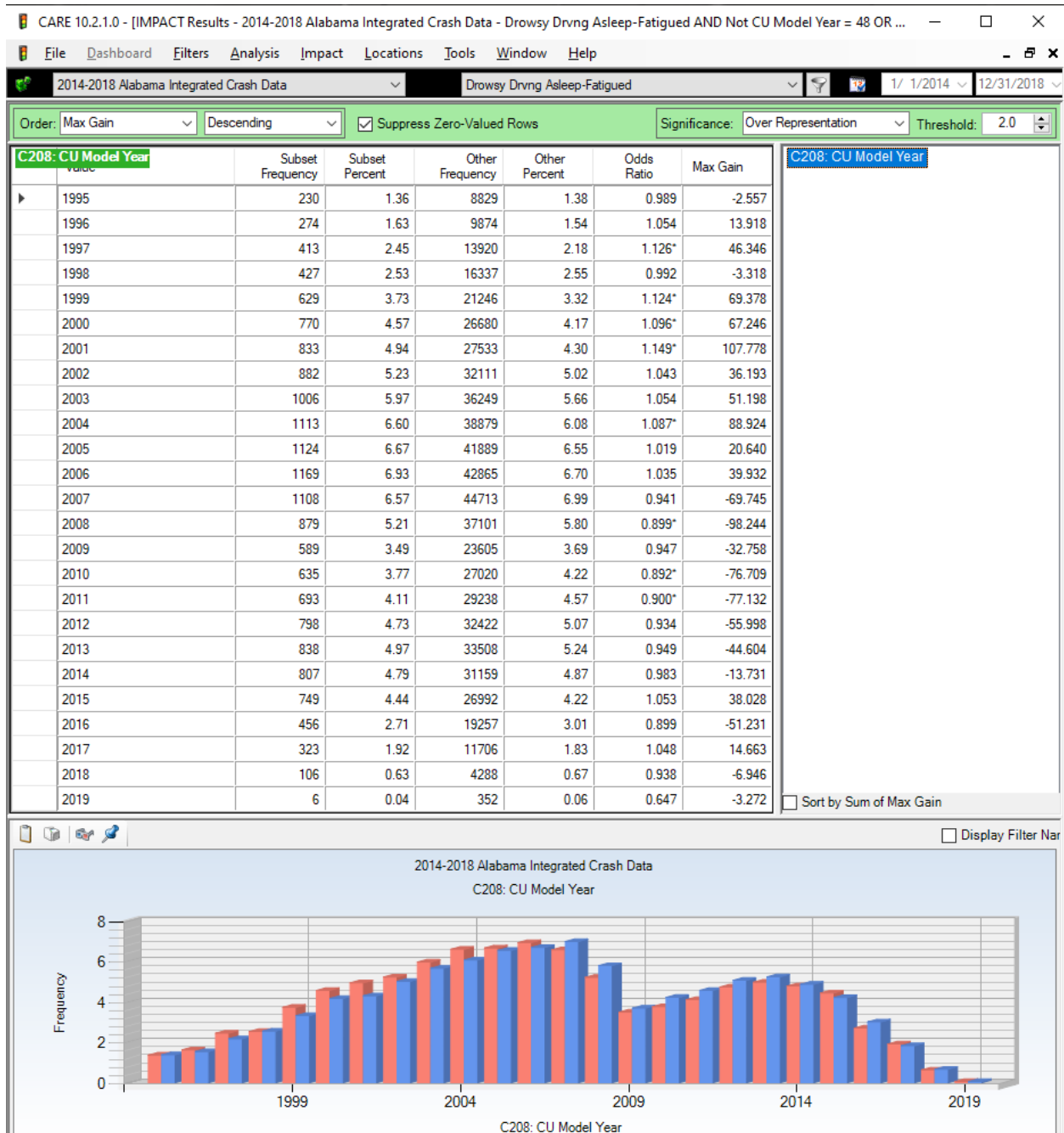
IMPACT Displays – Vehicle 80, 101, 129, 208

C101 Causal Unit (CU) Type

All items with less than 10 crashes in the subset were removed.

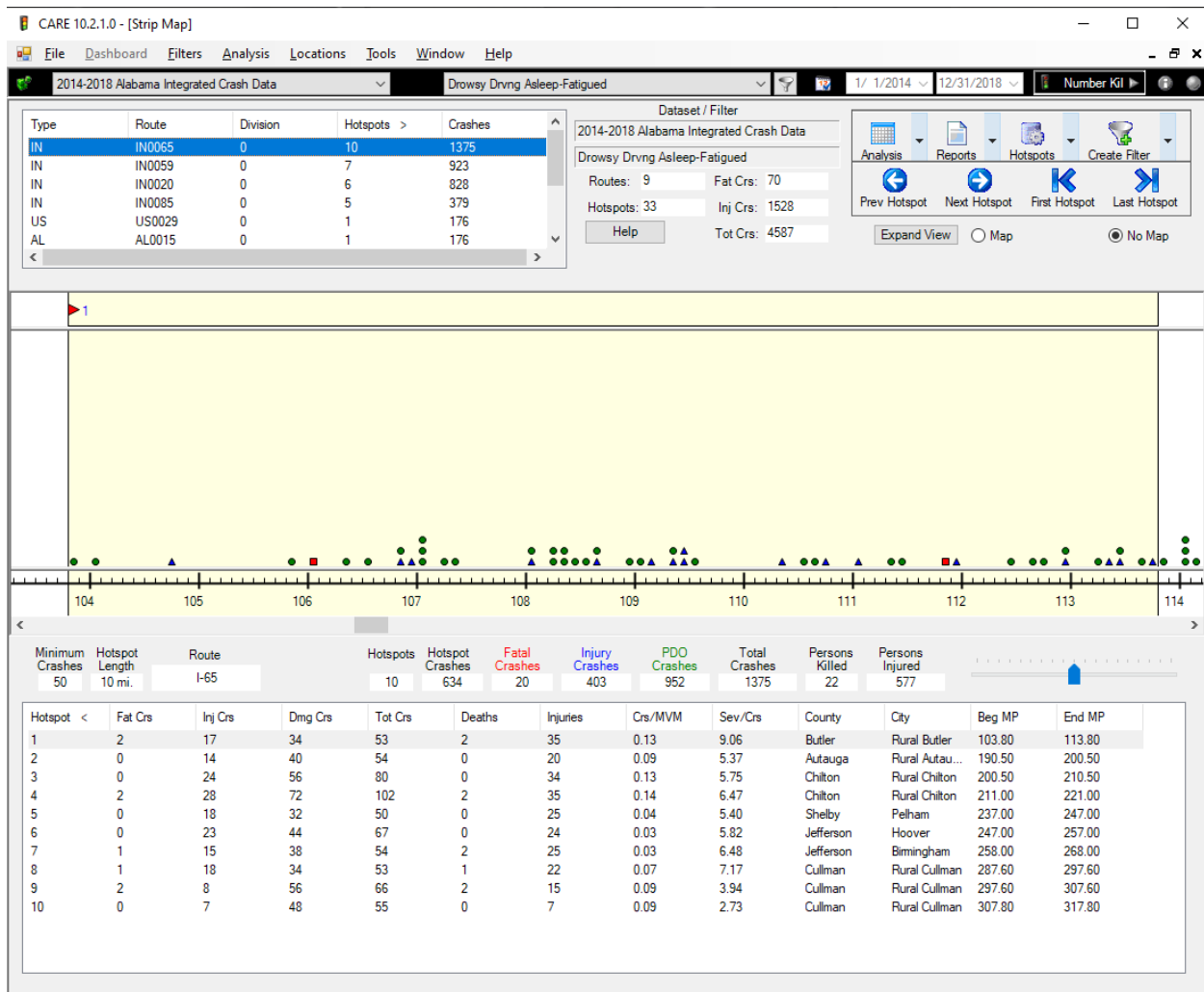


C208 CU Model Year



DrD Hotspot Analysis Example Excerpt from I-65

The criteria for this example is 50 DrD crashes in any 10 mile segment. There were 33 such hotspots found on 9 routes, for a totally of 4,587 DrD crashes found on the mileposted routes under consideration. Of these 70 were fatal and 1,528 were non-fatal injury crashes.



Interesting that the first hotspot, which is shown on the strip map is not in the dense traffic in Mobile (which is typical of most hotspot filters for I-65), but is shown at Milepost 103.80, over 100 miles north, giving drivers adequate time to become drowsy.