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A Compendium of State and Regional Safety Target Setting Practices

Date
July 2013
# A Compendium of State and Regional Safety Target Setting Practices

## Abstract

This report documents state and regional safety targets, methods, data used, and target consistency. The document includes a fact sheet on each state and region’s target setting practices.

## Key Words

Safety, target, performance measures, goals, transportation

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1.0 Introduction

A primary objective of this Federal Highway Administration Office of Safety (FHWA) study to develop a Compendium of State and Regional Safety Target Setting Practices is to document the state of the practice in setting safety targets. The study identifies and documents the targets set, as well as the data, resources, and methods used by agencies to set safety targets. The documentation sources include a survey and review of State Strategic Highway Safety Plans (SHSP) and Highway Safety Plans (HSP). The research also provides insight about the consistency of safety targets among State agencies, the level of ambition in target setting, success in reaching safety targets, and resources needed to improve methods.

Over the years, various safety targets have been encouraged at the national level. To some extent the target a State is using may be a reflection of the year it set the target and which approach was being promoted at the time. Most recently, in 2009, Toward Zero Deaths: A National Strategy on Highway Safety was established, based on input at a national strategic highway safety planning workshop. The previous target set in May of 2007 by the American Association of State Highway Transportation Officials (AASHTO) Board of Directors was halving fatalities in two decades. This replaced the AASHTO target set in 2003 to reduce the national fatality rate to no more than 1.0 fatalities per 100 million vehicle miles traveled (MVMT). The Governors Highway Safety Association (GHSA) supports a goal of zero deaths.

Section 4.0 contains fact sheets documenting safety target setting practices by each State and region for which data were available.
2.0 Methodology

On October 1, 2012, a survey about safety target setting methods was distributed on behalf of FHWA to representatives of the State Highway Safety Offices (SHSO) and Departments of Transportation (DOT) for all 50 States, Puerto Rico, and the District of Columbia. Each State maintains a safety function within its DOT, which oversees management of the Highway Safety Improvement Program (HSIP). In addition, each State has an SHSO, which may be housed within the DOT or as a separate office, to implement programs addressing behavioral highway safety issues. In addition, the survey was distributed to 20 Metropolitan Planning Organizations (MPOs) and three counties to seek information on regional safety target setting practices. At least one response was received from either the SHSO or DOT representative from 49 states, Puerto Rico, and the District of Columbia. Sixteen MPOs responded to the survey, but in some cases the responses identified the target for the State rather than the region. Three MPOs provided MPO-specific targets and other information.

To supplement understanding of DOT and SHSO safety targets and target-setting methods, Cambridge Systematics reviewed all current State SHSPs, which are developed by DOTs, and all current Highway Safety Plans, developed by SHSOs. The information from the survey results was compared with information from the plans to determine the most current safety target for the DOTs and SHSOs. Published documentation was considered the primary data source for the existence and type of safety targets; the survey results were used in cases where they appeared more current than published documentation. The survey was the primary source of information for target setting methodologies, feasibility testing, resources used or planned, and support desired. Available MPO regional safety plans were reviewed for comparison with the survey data.
3.0 Results

3.1 Existence of a Target

The majority of states set a statewide safety target, with a larger proportion of SHSOs reporting a target than DOTs. Forty-eight of 52 DOTs (50 States plus Puerto Rico and the District of Columbia) have a statewide target, while four do not (Connecticut, Maine, New Jersey and Puerto Rico). All SHSOs except Puerto Rico set a statewide target. Only three of the MPOs surveyed indicated they set a regional target. Information on the existence of statewide targets was gathered via existing SHSPs and HSPs and supplemented with survey results when they were more current. Figure 3.1 shows the percentage of DOTs and SHSOs with defined statewide targets. These responses also are included in Table 3.1.

Figure 3.1 Existence of Statewide Safety Targets

Source: Cambridge Systematics, Inc.
3.2 **Type of Target**

States set targets in terms of the number of fatalities and/or fatality rates. Figure 3.2 displays the frequency of the target types used. Among the 48 DOTs with a stated target, 34 set only a fatality number target, four set only a fatality rate target, and 10 set both a number and rate target. Among the three MPOs, all set a number-only target. Among the 51 SHSOs with a target, 48 set a number and rate target and three set a number only target. Puerto Rico was the only SHSO with no overall target, although it sets targets by emphasis area.

![Figure 3.2 Types of State/Regional Targets](image)

Source: Cambridge Systematics, Inc.

3.3 **Methodologies for Target Development**

A variety of methodologies were used by States and regions to develop fatality targets. Methodologies from which survey respondents could choose are as follows:

- Linear reduction (Linear);
- Forecast output (Forecast);
- Mandated by policy-makers (Mandate);
- Committee, consensus, or leadership group (Committee);
- AASHTO target to halve fatalities (one-half);
- Toward Zero Deaths (TZD); and
- Other (Other).
Figure 3.3 shows survey responses by number of target setting methodologies used, for the 47 states/MPOs where a target was set and for which survey respondent(s) knew the methodology used. The survey asked respondents to choose from a number of methodologies to identify the approach they used to determine their State safety targets. Multiple responses per State or region were aggregated into a single response. Most respondents said more than one methodology was used to develop the safety target, with 18 using three or more methodologies. Figure 3.3 shows the number of methods used by the States and MPOs.

**Figure 3.3 Number of Methodologies Used in Developing State/MPO Target**

Source: Cambridge Systematics, Inc.

For the States or regions where more than one response was received, all responses were combined for that State or region. The most common methodology used by 33 of the 47 jurisdictions responding to the survey (44 states and 3 MPOs) was target setting by committee, consensus, or leadership group. The second most common approaches were setting a target based on a linear fatality reduction trend line (24) and adoption of Toward Zero Deaths (23). Six jurisdictions indicated they used other methods to determine targets, including using a share of national fatalities, stakeholder focus groups, and creating aggressive targets to reduce fatalities and serious injuries. For those where no methodology was indicated, this was due to lack of a response, lack of a target, or lack of knowledge by the survey respondent as to the approach used.

Among the three MPOs that set a regional target, two responded they set a target by committee, consensus, or leadership group and one used a linear fatality reduction trend line. The methodologies used by States or regions to create fatality targets, as indicated by survey responses, are shown in Figure 3.4.
Figure 3.4  Types of Methodologies Used to Set State/MPO Safety Target

<table>
<thead>
<tr>
<th>Methodology</th>
<th>Number of Jurisdictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target was set by a committee, consensus, or a leadership group through deliberation and discussion</td>
<td>33</td>
</tr>
<tr>
<td>Target based on a linear fatality reduction trend line over a specified time frame</td>
<td>24</td>
</tr>
<tr>
<td>Adopted the Toward Zero Deaths target</td>
<td>23</td>
</tr>
<tr>
<td>Adopted the AASHTO target to halve fatalities by 2030</td>
<td>15</td>
</tr>
<tr>
<td>Target based on the output of a forecasting or analysis tool</td>
<td>6</td>
</tr>
<tr>
<td>Target was mandated by the policy makers</td>
<td>1</td>
</tr>
</tbody>
</table>

Source: Cambridge Systematics, Inc.

Note: More than one methodology may be used per jurisdiction.

The survey asked whether the feasibility of meeting the fatality target was tested through analysis. In many cases the survey responses different among respondents in the same State; therefore, to tabulate results the most definitive answer for the jurisdiction was used. According to the survey responses, as shown in Figure 3.5, more States and MPOs did not test the feasibility of the targets (18) than did test feasibility of targets (14). Ten jurisdictions reported testing was in progress, while 13 jurisdictions either did not know, gave no response, or had no target to test.
Tables 3.1 and 3.2 display the statewide fatality reduction targets for the 52 DOTs and SHSOs and three MPOs. The tables show targets by type – number and rate – for each agency. The starting point for establishing the targets was published documentation – SHSPs, HSPs, and regional safety plans. The research team then compared the results with data from the surveys. In those cases where the survey results appear more current than in the published documents, the survey data were used instead and are indicated as such in the table.

A primary question this research sought to answer is the extent to which fatality targets are consistent among DOTs and SHSOs in the same State. However, determining target consistency is not always straightforward, as different methods, base years, and target years are often used by DOTs and SHSOs in the same State. Typically SHSO target timeframes are quite short, often one to three years, while DOT timeframes are often several to 20 or more years. The research team evaluated target consistency by considering several aspects, depending on the information available: the types of targets used (e.g., fatality number versus rate), the base measure (e.g., rolling average or single year), the base and target years, and the target annual rate of fatality reduction. Target consistency is shown in Table 3.1 as “Yes,” indicating the targets are exactly the same; “Similar” in cases where the targets are close but not the same (i.e., the same method is used and the target looks on track with the peer agency but different target years are used), or “No” when the targets are clearly different. Table 3.2 presents the MPO targets, all of which are number targets. Figure 3.6 summarizes the extent to which DOT and SHSO targets are similar. The data presented in this report are based on the targets in published reports or as reported in the survey. The research did not involve querying states about the extent to which the DOT or SHSO in a given State set targets through a collaborative process. For States with the exact same target for both agencies it may be possible to infer that there was
collaboration, or at least agreement on the target; however the extent of collaboration among agencies in setting targets is unknown.
## Table 3.1 State Safety Targets

<table>
<thead>
<tr>
<th>State</th>
<th>DOT Target Number</th>
<th>DOT Target Rate</th>
<th>SHSO Target Number</th>
<th>SHSO Target Rate</th>
<th>Target Consistency</th>
<th>Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>AK</td>
<td>Target Zero; Reduce fatalities 50% from the 2006-2008 three-year average by 2030 (2012 SHSP)</td>
<td>Reduce fatalities 50% from 62 in 2008 to 31 by 2030 (FY 2012 HSP)</td>
<td>Reduce fatalities /100 MVMT from 1.29 in 2008 to 0.65 by 2030 (FY 2012 HSP)</td>
<td>Y</td>
<td>Linear, One-Half Fatalities, TZD</td>
<td></td>
</tr>
<tr>
<td>AL</td>
<td>Toward Zero Deaths. Reduce fatalities 50% from 862 in 2010 to 431 in 2035 (2012 SHSP)</td>
<td>Reduce fatalities from three-year average 975 in 2011 to 901 in 2012. (FY 2012 HSP)</td>
<td>Reduce fatalities /100 MVMT from 2.0 in 2006 to 1.5 by 2013 (FY 2012 HSP)</td>
<td>N</td>
<td>Linear, TZD, Other</td>
<td></td>
</tr>
<tr>
<td>AR</td>
<td>Reduce fatalities /100 MVMT from 2.1 in 2005 to 1.8 in 2010 (2007 SHSP)</td>
<td>Reduce fatalities from 2005-2009 five-year average of 631 to 570 by 2012 (FY 2012 HSP)</td>
<td>Reduce fatalities /100 MVMT from the 2005-2009 five-year average of 1.92 to 1.67 by 2012 (FY 2012 HSP)</td>
<td>Similar</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>AZ</td>
<td>Zero fatalities by 2050, with an interim target to reduce fatalities 11.4% from 1,288 in 2006 to 1,141 by 2010 (2007 SHSP)</td>
<td>Reduce fatalities by 7% from the 2007-2009 three-year average of 939 to 873 by 2012 (FY 2012 HSP)</td>
<td>Reduce fatalities/100 MVMT from the 2007-2009 three-year average of 1.51 to 1.43 by 2012 (FY 2012 HSP)</td>
<td>N</td>
<td>Linear, Committee</td>
<td></td>
</tr>
<tr>
<td>CA</td>
<td>Reduce fatalities by 20% from 2,715 in 2010 to less than 2,172 by 2020 (2011 Survey)</td>
<td>Reduce fatalities /100 MVMT by 20% from 0.84 in 2010 to less than 0.67 by 2020 (2011 Survey)</td>
<td>Reduce fatalities by 14.35% from the 2007-2009 three-year average of 3,503 to 3,000 by 2012 (FY 2012 HSP)</td>
<td>N</td>
<td>Linear, Committee, Forecast tool, TZD</td>
<td></td>
</tr>
<tr>
<td>CO</td>
<td>Reduce fatal crash /100 MVMT to 1.0 by 2008 and maintain 1.0 through 2010 (2007 SHSP)</td>
<td>Reduce fatalities from 465 in 2009 to 435 in 2012 (FY 2012 HSP)</td>
<td>Maintain the fatalities /100 MVMT in 2012 at or below 0.95 (FY 2012 HSP)</td>
<td>N</td>
<td>Linear, Committee</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>DOT Target Number</td>
<td>DOT Target Rate</td>
<td>SHSO Target Number</td>
<td>SHSO Target Rate</td>
<td>Target Consistency</td>
<td>Methodology</td>
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<tr>
<td>CT</td>
<td>No target – currently developing a target* (2012 Survey)</td>
<td>Reduce fatalities 5% from the 2007-2009 three-year average of 274 to 260 by 2013 (FY 2012 HSP)</td>
<td>Reduce fatalities /100 MVMT by 5% from the 2007-2009 three-year average of 0.86 to 0.82 by 2013 (FY 2012 HSP)</td>
<td>N</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>DC</td>
<td>Reduce fatalities 50% from 57 in 2005 to 28 in 2025 (2007 SHSP)</td>
<td>Reduce the number of serious and fatal injuries in the District by 50% from the 2001-2005 five-year average by 2025 (FY 2012 HSP)</td>
<td></td>
<td></td>
<td>Y</td>
<td>Committee</td>
</tr>
<tr>
<td>DE</td>
<td>Reduce fatalities from 118 in 2009 to 102 by 2012 (2010 SHSP)</td>
<td>Reduce fatalities /100 MVMT to 1.0 by 2018 (2010 SHSP)</td>
<td>Reduce fatalities 6% from the 2007-2009 three-year average of 118 to 110 by 2012 (FY 2012 HSP)</td>
<td>Reduce fatalities /100 MVMT by 6% from the 2007-2009 three-year average of 1.29 to 1.20 by 2012 and 1.0 by 2018 (2012 Survey and FY 2012)</td>
<td>Similar</td>
<td>Linear, Committee</td>
</tr>
<tr>
<td>FL</td>
<td>Reduce fatalities 5% annually from 2006-2010 five-year average of 2,904 to 2,028 by 2017 (2012 SHSP)</td>
<td>Reduce fatalities /100 MVMT by 5% from the 2007-2009 three-year average of 118 to 260 by 2013 (FY 2012 HSP)</td>
<td>Reduce fatalities 6% from 2,558 in 2009 to 2,430 by 2012 (FY 2012 HSP)</td>
<td>N</td>
<td>Linear, Committee, TZD</td>
<td></td>
</tr>
<tr>
<td>GA</td>
<td>Reduce fatalities by 41 each calendar year from 1,200 in 2010 to 1,036 fatalities by 2014 (2011 SHSP)</td>
<td>Reduce fatalities from 1,284 in 2009 to 1,122 by 2012 (FY 2012 HSP)</td>
<td>Reduce fatalities /100 MVMT by 6% from 1.31 in 2009 to 1.28 by 2012 (FY 2012 HSP)</td>
<td>Similar</td>
<td>One-Half Fatalities</td>
<td></td>
</tr>
<tr>
<td>HI</td>
<td>Zero Deaths; Reduce fatalities 20% from 100 in 2011 to 80 by 2017 (2012 Survey)</td>
<td>Reduce fatalities 10% from 2005-2009 five-year average of 131 to 118 by 2012 (FY 2012 HSP)</td>
<td>Reduce fatality /VMT from the 2005-2009 five-year average of 131 to 113 by 2012 (FY 2012 HSP)</td>
<td>Similar</td>
<td>Committee, One-Half Fatalities, TZD, Other</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>DOT Target Number</td>
<td>DOT Target Rate</td>
<td>SHSO Target Number</td>
<td>SHSO Target Rate</td>
<td>Target Consistency</td>
<td>Methodology</td>
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</tr>
<tr>
<td>ID</td>
<td>Reduce the five-year average fatalities to 195 by 2015 (2012 Survey)</td>
<td>Reduce the five-year average fatalities /100 MVMT to 1.16 by 2015 (2012 Survey)</td>
<td>Reduce fatalities /100 MVMT to a five-year average of 1.38 by 2012 (FY 2012 HSP)</td>
<td>Similar</td>
<td>Linear, Committee, TZD</td>
<td></td>
</tr>
<tr>
<td>IL</td>
<td>Zero fatalities. Reduce fatalities by 5 to 10% annually (2012 Survey; Vision Zero from 2009 SHSP)</td>
<td>Reduce fatalities from 1,355 in 2004 to 643 in 2013 (FY 2012 HSP)</td>
<td>Reduce fatalities /100 MVMT from 1.24 in 2004 to 0.64 by 2013 (FY 2012 HSP)</td>
<td>Similar</td>
<td>Committee</td>
<td></td>
</tr>
<tr>
<td>IN</td>
<td>Reduce fatalities from 692 in 2009 to 496 by 2027 with 20 fewer deaths annually (2009)</td>
<td>Reduce fatalities from 754 in 2010 to 722 by 2012 and 661 by 2014 (FY 2012 HSP)</td>
<td>Reduce fatalities /100 MVMT from 0.96 in 2010 to 0.90 by 2012 and 0.78 by 2014 (FY 2012 HSP)</td>
<td>N</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>KY</td>
<td>Reduce the number of fatalities 50% by 2030 (2012 Survey)</td>
<td>Reduce fatalities by 3% from the 2008-2010 three-year average of 792 to 768 by 2012, 745 by 2013, and 724 by 2014 (FY 2012 HSP)</td>
<td>Reduce fatalities /100 MVMT by 3% from the 2008-2010 three-year average of 1.66 to 1.61 by 2012, 1.56 by 2013, and 1.51 by 2014 (FY 2012 HSP)</td>
<td>N</td>
<td>Committee, TZD</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>DOT Target Number</td>
<td>DOT Target Rate</td>
<td>SHSO Target Number</td>
<td>SHSO Target Rate</td>
<td>Target Consistency</td>
<td>Methodology</td>
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<tr>
<td>LA</td>
<td>Reduce fatalities 50% from the 2006-2009 five-year average of 965 to 482 by 2030 (2012 SHSP)</td>
<td>Reduce fatalities 2.4% annually from the 2004-2008 five-year average of 957 to 478 by 2030 (FY 2012 HSP)</td>
<td>Reduce fatalities /100 MVMT by 2.4% annually from the 2004-2008 five-year average of 2.15 to 1.07 by 2030 (FY 2012 HSP)</td>
<td>Similar</td>
<td>Linear, Committee, One-Half Fatalities, TZD</td>
<td></td>
</tr>
<tr>
<td>MA</td>
<td>Towards zero fatalities; Reduce fatalities 20% by 2016, and 50% by 2030 (2012 Survey)</td>
<td>Reduce fatalities 5% from the 2006-2010 five-year average of 374 to 355 (2007-2011 FY 2012)</td>
<td>Reduce fatalities /100 MVMT by 1.5% from 0.61 in 2009 to 0.60 by 2012 (FY 2012 HSP)</td>
<td>N</td>
<td>Committee, One-Half Fatalities, TZD</td>
<td></td>
</tr>
<tr>
<td>MD</td>
<td>Reduce fatalities 19.8% from 592 in 2008 to 475 by 2015 (2011 SHSP)</td>
<td>Reduce fatalities 50% by 2030 and to 475 by 2015 (2012 Survey)</td>
<td>Reduce fatality rate 19.6% from 1.07 in 2008 to 0.86 by 2015 (FY 2012 HSP)</td>
<td>Y</td>
<td>Linear, Committee, One-Half Fatalities, TZD</td>
<td></td>
</tr>
<tr>
<td>ME</td>
<td>No target (2012 Survey)</td>
<td>Reduce fatalities 5% from the 2006-2010 five-year average of 169.2 to 160.7 by 2015 (FY 2012 HSP)</td>
<td>Reduce fatalities /100 MVMT 5% from the 2006-2010 five-year average of 1.14 to 1.08 by 2015 (FY 2012 HSP)</td>
<td>N</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>MI</td>
<td>Reduce fatalities from 889 in 2011 to 750 by 2016 (2012 Survey)</td>
<td>Reduce fatalities from 889 in 2011 to 750 by 2016 (2012 Survey)</td>
<td>Reduce fatalities/100 MVMT to 0.87 by 2015 (2012 Survey)</td>
<td>Y</td>
<td>Linear, Committee, TZD, Other</td>
<td></td>
</tr>
<tr>
<td>MN</td>
<td>Reduce fatalities to 400 by 2010 from 494 in 2006 (2007 SHSP)</td>
<td>Zero fatalities and to reduce fatalities 28% from the 2005-2009 average of 488 to 350 by 2015 (FY 2012 HSP)</td>
<td>Reduce fatalities /100 MVMT from the 2005-2009 average of 0.85 to 0.60 by 2015 (FY 2012 HSP)</td>
<td>Similar</td>
<td>Linear, Forecast, Committee, TZD</td>
<td></td>
</tr>
<tr>
<td>MO</td>
<td>Reduce fatalities from 878 in 2009 to 700 by 2016 (2012-2016 SHSP)</td>
<td>Reduce fatalities to 850 by 2012 (FY 2012 HSP)</td>
<td></td>
<td>N</td>
<td>Committee, Other</td>
<td></td>
</tr>
<tr>
<td>MS</td>
<td>Reduce fatalities to 525 by 2017 (2012 Survey)</td>
<td>Reduce fatalities 15% from 700 in 2009 to 595 in 2012 (FY 2012 HSP)</td>
<td>Reduce fatalities/100 MVMT by 15% from 1.73 in 2009 to 1.47 in 2012 (FY 2012 HSP)</td>
<td>N</td>
<td>Committee</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>DOT Target Number</td>
<td>DOT Target Rate</td>
<td>SHSO Target Number</td>
<td>SHSO Target Rate</td>
<td>Target Consistency</td>
<td>Methodology</td>
</tr>
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<td>-----------------</td>
<td>--------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>MT</td>
<td>Reduce fatalities and incapacitating injuries 50% from 1,704 in 2007 to 852 by 2030 (2010 SHSP)</td>
<td>Reduce fatalities from the 2005-2008 three-year average of 257 to 220 by 2012 (FY 2012 HSP)</td>
<td>Reduce fatalities/100 MVMT from 2.45 in 2007 to 2.00 by 2013 (FY 2012 HSP)</td>
<td>Y</td>
<td>Linear, Committee, One-Half Fatalities</td>
<td></td>
</tr>
<tr>
<td>NC</td>
<td>Reduce fatalities to 1,541 by 2011 (2012 Survey)</td>
<td>Reduce fatalities/100 MVMT to 1.36 by 2011 (2012 Survey)</td>
<td>Reduce fatalities 20% from the 2005-2009 five-year average of 1,504 to 1,203 by 2012 (FY 2012 HSP)</td>
<td>N</td>
<td>Linear, Committee, One-Half Fatalities</td>
<td></td>
</tr>
<tr>
<td>ND</td>
<td>Toward zero deaths; Reduce fatalities to 100 by 2020 (2012 Survey, TZD in 2010 SHSP)</td>
<td>Reduce fatalities from the 2006-2010 five-year average of 114 to 99 by 2012 (FY 2012 HSP)</td>
<td>Reduce fatalities/100 MVMT from the 2006-2010 five-year average of 1.46 to 1.27 by 2012 (FY 2012 HSP)</td>
<td>N</td>
<td>TZD</td>
<td></td>
</tr>
<tr>
<td>NE</td>
<td>Reduce fatalities from 181 in 2011 to 104 in 2016 (2012-2016 SHSP)</td>
<td>Reduce fatalities/100 MVMT to 0.5 by 2016 (2012-2016 SHSP)</td>
<td>Reduce fatalities 10% from the 2006-2010 three-year average of 207 to 186 by 2012 (FY 2012 HSP)</td>
<td>N</td>
<td>Linear, Committee, TZD</td>
<td></td>
</tr>
<tr>
<td>NH</td>
<td>Zero Deaths; Reduce the five-year average of fatalities and severe injuries 50% by 2030 (2012 Survey)</td>
<td>Reduce fatalities 5% from 128 in 2010 to 122 by 2012 (FY 2012 HSP)</td>
<td>Reduce fatalities/100 MVMT from 1.06 in 2008 to 1.0 by 2012 (FY 2012 HSP)</td>
<td>N</td>
<td>Forecast, Committee, One-Half Fatalities, TZD</td>
<td></td>
</tr>
<tr>
<td>NJ</td>
<td>Continually reduce the frequency and severity of crashes statewide (2007 SHSP)</td>
<td>Reduce fatalities 1% from the 2009-2011 three-year average of 589 to 584 by 2013 (FY 2012 HSP)</td>
<td>Reduce fatalities/100 MVMT from the 2009-2011 three-year average of 0.77 to 0.76 by 2013 (2012 Survey)</td>
<td>N</td>
<td>Linear, Mandate</td>
<td></td>
</tr>
<tr>
<td>NM</td>
<td>Reduce fatalities 50% from the 2006-2008 five-year average of 455 to 227 by 2030 (2010 SHSP)</td>
<td>Reduce fatalities from 361 in 2009 to 328 by 2012 (FY 2012 HSP)</td>
<td>Reduce fatalities/100 MVMT from 1.39 in 2009 to 1.24 by 2012 (FY 2012 HSP)</td>
<td>Similar</td>
<td>Linear, One-Half Fatalities</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>DOT Target Number</td>
<td>DOT Target Rate</td>
<td>SHSO Target Number</td>
<td>SHSO Target Rate</td>
<td>Target Consistency</td>
<td>Methodology</td>
</tr>
<tr>
<td>-------</td>
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</tr>
<tr>
<td>NV</td>
<td>Reduce fatalities to zero with interim targets to reduce fatalities by 50% from the 2004-2008 five-year average of 395 to 195 by 2030 (2012 Survey)</td>
<td>Reduce fatalities from 257 in 2010 to 236 by 2012 (FY 2012 HSP)</td>
<td>Reduce fatalities to 1,127 by 2013 (2012 Survey)</td>
<td>Reduce fatalities/100 MVMT to 0.99 by 2012 (FY 2012 HSP)</td>
<td>N</td>
<td>One-Half Fatalities, TZD</td>
</tr>
<tr>
<td>NY</td>
<td>Reduce fatalities from 1,231 in 2008 to 1,169 by 2010 and 1,035 by 2014 (2010 SHSP)</td>
<td>Reduce fatal crashes/100 MVMT from 0.87 in 2008 to 0.83 by 2010 and 0.74 by 2014 (2010 SHSP)</td>
<td>Reduce fatalities to 1,127 by 2013 (2012 Survey)</td>
<td>Reduce fatalities/100 MVMT to 0.86 by 2013 (2012 Survey)</td>
<td>N</td>
<td>Linear</td>
</tr>
<tr>
<td>OH</td>
<td>Reduce fatalities from 1,286 in 2004 to 1,100 by 2008 (2006 SHSP)</td>
<td>Reduce fatalities/100 MVMT from 1.14 in 2004 to 1.0 by 2008 (2006 SHSP)</td>
<td>Reduce fatalities by 4.7% from the 2008-2010 three-year average of 1,099 to 1,047 by 2012 and 950 by 2014 (FY 2012 HSP)</td>
<td>Reduce fatalities/100 MVMT by 4.8% from the 2008-2010 three-year average of 0.99 to 0.94 by 2012 and 0.86 by 2014 (FY 2012 HSP)</td>
<td>N</td>
<td>Linear, Committee, TZD</td>
</tr>
<tr>
<td>OK</td>
<td>Reduce fatalities/100 MVMT by 20% from 1.71 in 2004 to 1.37 by 2015, resulting in a projected savings of 185 lives (2007 SHSP)</td>
<td>Reduce fatalities 1% from 738 in 2009 to 695 in 2012 (FY 2012 HSP)</td>
<td>Reduce fatalities/100 MVMT by 0.01 annually from 1.57 in 2009 to 1.54 by 2012 (FY 2012 HSP)</td>
<td>Reduce fatalities/100 MVMT by 0.01 annually from 1.57 in 2009 to 1.54 by 2012 (FY 2012 HSP)</td>
<td>N</td>
<td>Committee</td>
</tr>
<tr>
<td>OR</td>
<td>Reduce fatalities to 305 by 2030 (2011 SHSP)</td>
<td>Reduce fatalities/100 MVMT to 0.88 by 2030 (2011 SHSP)</td>
<td>Reduce fatalities from the 2008-2010 three-year average of 370 to 330 by 2015 with an interim target to reduce fatalities to 348 by 2013 (2012 Survey)</td>
<td>Reduce fatalities/100 MVMT from the 2008-2010 three-year average of 1.10 to 0.85 by 2015 with an interim target of 1.03 by 2013 (2012 Survey)</td>
<td>N</td>
<td>Linear, Committee</td>
</tr>
<tr>
<td>State</td>
<td>DOT Target Number</td>
<td>DOT Target Rate</td>
<td>SHSO Target Number</td>
<td>SHSO Target Rate</td>
<td>Target Consistency</td>
<td>Methodology</td>
</tr>
<tr>
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</tr>
<tr>
<td>PA</td>
<td>Reduce fatalities and major injuries 50% by 2030, reducing fatalities from 1,413 in 2010 to 707 by 2030 (2012 Survey)</td>
<td>Reduce fatalities from the 2006-2010 five-year average of 1,413 to 1,341 by 2012 (FY 2012 HSP)</td>
<td>N/A</td>
<td>Linear, Committee, One-Half Fatalities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PR</td>
<td>Zero deaths and to reduce fatalities 50% from 67 in 2010 to 33 by 2030 (2012 SHSP)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RI</td>
<td>Reduce fatalities 3.2% annually to meet the goal of halving fatalities by 2030 (2012 Survey)</td>
<td>Reduce fatalities/100 MVMT from 1.01 in 2009 to 1.00 by 2011 (FY 2012 HSP)</td>
<td>Y</td>
<td>One-Half Fatalities, Committee, TZD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SC</td>
<td>Reduce fatalities 15% from the 2007-2009 three-year average of 964 to 819 by 2012 (FY 2012 HSP)</td>
<td>Reduce fatalities/100 MVMT by 5% from the 2007-2009 three-year average of 1.93 to 1.83 by 2012 (FY 2012 HSP)</td>
<td>Similar</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SD</td>
<td>Reduce fatalities 10% from 140 in 2010 to 126 by 2012 (FY 2012 HSP)</td>
<td>Reduce fatalities/100 MVMT from 1.58 in 2010 to 1.35 by 2012 (FY 2012 HSP)</td>
<td>Similar</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TN</td>
<td>Reduce fatalities from 1,044 in 2008 to 900 by 2013 (2007 SHSP)</td>
<td>Reduce fatalities/100 MVMT from 2.29 in 2005 to 1.00 by 2015 (2007 SHSP)</td>
<td>Similar</td>
<td>Committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TX</td>
<td>Reduce fatalities/100 MVMT to 1.23 by 2016 (2012 Survey)</td>
<td>Reduce fatalities/100 MVMT to 1.34 (CRIS) and 1.32 (FARS) by 2012 (FY 2012 HSP)</td>
<td>Similar</td>
<td>Linear, Committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UT</td>
<td>Target Zero (2011 SHSP)</td>
<td>Zero deaths, and reduce fatalities to 235 by 2012 (2012 Survey and FY 2012 HSP)</td>
<td>Reduce fatalities/100 MVMT to 0.90 by 2012 (FY 2012 HSP)</td>
<td>Y</td>
<td>Committee</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>DOT Target Number</td>
<td>DOT Target Rate</td>
<td>SHSO Target Number</td>
<td>SHSO Target Rate</td>
<td>Target Consistency</td>
<td>Methodology</td>
</tr>
<tr>
<td>-------</td>
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</tr>
<tr>
<td>VT</td>
<td>Reduce major crashes from the 2004 level to 350 by 2010, resulting in 40 fewer fatalities and 26 fewer incapacitating injuries (2006 SHSP)</td>
<td>Zero deaths and reduce fatalities 6.9% from the 2008-2010 three-year average of 72 to 67.6 by 2012 (2012 Survey response and FY 2012)</td>
<td>Reduce fatalities/100 MVMT by 2% from 2008-2010 three-year average of 0.95 to 0.93 by 2012 (FY 2012 HSP)</td>
<td>N</td>
<td>One-Half Fatalities, TZD</td>
<td></td>
</tr>
<tr>
<td>VA</td>
<td>Reduce fatalities 50% by 2030 with an interim goal of reducing 3.2% annually from 2010 to 2016 (2012 Survey)</td>
<td>Reduce fatalities 1% from 739 in 2010 to 734 in 2012 (FY 2012 HSP)</td>
<td>Reduce fatalities/100 MVMT from 0.90 in 2010 to 0.87 by 2012 (FY 2012 HSP)</td>
<td>N</td>
<td>One-Half Fatalities, TZD</td>
<td></td>
</tr>
<tr>
<td>WA</td>
<td>Reduce fatalities and serious injuries to zero by 2030 and reduce fatalities to 496 by 2012 and 460 by 2014 (2010 SHSP)</td>
<td>Zero fatalities by 2030, with interim targets to reduce fatalities from the 2007-2009 three-year average of 528 to 496 by 2012 (2012 Survey and FY 2012)</td>
<td>Reduce fatalities/100 MVMT from 0.94 to 0.85 by 2012 (FY 2012 HSP)</td>
<td>Y</td>
<td>Committee, TZD</td>
<td></td>
</tr>
<tr>
<td>WI</td>
<td>Reduce fatalities from the 2005-2009 five-year average of 676 to 551 by 2013 (2011-2013 SHSP)</td>
<td>Reduce fatalities/100 MVMT from the 2005-2009 five-year average of 1.15 to 0.94 by 2013 (2011-2013 SHSP)</td>
<td>Reduce fatalities/100 MVMT by 5% from 2005-2009 five-year average of 1.17 to 1.11 by 2011 (FY 2012 HSP)</td>
<td>N</td>
<td>TZD</td>
<td></td>
</tr>
<tr>
<td>WV</td>
<td>Target Zero; Reduce fatalities 25% from the 2001-2005 five-year average of 400 to 300 by 2010 (2007 SHSP)</td>
<td>Reduce fatalities 7.5% from the 2006-2010 five-year average of 378 to 350 by 2012 (FY 2012 HSP)</td>
<td>Reduce fatalities/100 MVMT from the 2006-2010 five-year average of 1.87 to 1.80 by 2012 (FY 2012 HSP)</td>
<td>N</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>WY</td>
<td>Zero deaths with an interim target to reduce fatalities to 135 (2012 Survey and SHSP)</td>
<td>Reduce fatalities 10% from the 2005-2009 five-year average of 162 to 146 by 2012 (FY 2012 HSP)</td>
<td>Reduce fatalities/100 MVMT from the 2005-2009 five-year average of 1.73 to 1.56 by 2012 (FY 2012 HSP)</td>
<td>Similar</td>
<td>Committee</td>
<td></td>
</tr>
</tbody>
</table>
Table 3.2  MPO Safety Targets

<table>
<thead>
<tr>
<th>MPO</th>
<th>MPO Target</th>
<th>Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheyenne MPO</td>
<td>Reduce fatal and injury crashes by 10% from 2006 five-year average to 406 by 2020</td>
<td>Committee</td>
</tr>
<tr>
<td>Mid America Regional Council (MARC)</td>
<td>Reduce fatalities from 182 in 2010 to 91 by 2040</td>
<td>Linear</td>
</tr>
<tr>
<td>Portland Metro</td>
<td>Reduce fatalities and serious injuries by 50% from 2005 level</td>
<td>Committee</td>
</tr>
</tbody>
</table>


As shown in Figure 3.6, the majority (56 percent) of DOT and SHSO targets are different. Only 15 percent are the same, and 27 percent are similar.

Figure 3.6  Consistency between DOT and SHSO Targets

Source: Cambridge Systematics, Inc.
3.4 **SAFETY TARGETS DEGREE OF AMBITION**

To determine how aggressive States were in setting their safety targets, CS calculated the annual percent reduction in fatalities for the DOT and the SHSO targets, based on survey results, SHSPs and HSPs. As has been noted earlier, the base years and timeframes vary for targets so annual reduction rates are calculated based on timeframes of one year to more than 20 years. One critical element of this calculation is the base year used. To calculate an annual rate of fatality reduction, the base year and target year must be known. For example, if the target is to reduce fatalities by one-half by 2030, with base year of 2008, the annual rate of reduction is 3.1 percent; if the base year is 2012, the annual rate of reduction is 3.8 percent. The difference in annual rates of reduction is shown in the far right column.

Targets range from a low of 0.3 percent reduction per year (OK SHSO) to a high of 10.5 percent reduction per year (NE DOT), as shown in Table 3.3. Twenty-one DOTs and 13 SHSOs have target annual reductions between three and four percent, which is in line with halving fatalities by 2030 depending on the base year. The difference in annual rate of fatality reduction generally ranges from 0 to 5 percent per year. Among states for which both the DOT and SHSO annual rates could be calculated, 19 states have DOT and SHSO annual reduction targets within one percent per year and 16 have annual reduction targets that differ by more than one percent per year. Table 3.4 shows the MPO target annual rate of fatality reduction, which ranges from 0.9 percent to 2.3 percent.

**Table 3.3  State Target Annual Percentage Reduction in Fatalities**

<table>
<thead>
<tr>
<th>DOT</th>
<th>SHSO</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>AK</td>
<td>3.1%</td>
<td>3.1%</td>
</tr>
<tr>
<td>AL</td>
<td>2.7%</td>
<td>7.6%</td>
</tr>
<tr>
<td>AR</td>
<td>N/A</td>
<td>3.3%</td>
</tr>
<tr>
<td>AZ</td>
<td>3.0%</td>
<td>2.4%</td>
</tr>
<tr>
<td>CA</td>
<td>2.2%</td>
<td>5.0%</td>
</tr>
<tr>
<td>CO</td>
<td>N/A</td>
<td>2.2%</td>
</tr>
<tr>
<td>CT</td>
<td>N/A</td>
<td>1.3%</td>
</tr>
<tr>
<td>DC</td>
<td>3.4%</td>
<td>3.4%</td>
</tr>
<tr>
<td>DE</td>
<td>4.7%</td>
<td>2.0%</td>
</tr>
<tr>
<td>FL</td>
<td>5.0%</td>
<td>1.7%</td>
</tr>
<tr>
<td>GA</td>
<td>3.6%</td>
<td>4.4%</td>
</tr>
<tr>
<td>HI</td>
<td>3.7%</td>
<td>3.4%</td>
</tr>
<tr>
<td>IA</td>
<td>1.2%</td>
<td>5.5%</td>
</tr>
<tr>
<td>ID</td>
<td>N/A</td>
<td>4.3%</td>
</tr>
<tr>
<td>IL</td>
<td>5%-10%</td>
<td>7.9%</td>
</tr>
<tr>
<td>IN</td>
<td>1.8%</td>
<td>3.2%</td>
</tr>
<tr>
<td>KS</td>
<td>3.4%</td>
<td>2.0%</td>
</tr>
<tr>
<td>State</td>
<td>DOT</td>
<td>SHSO</td>
</tr>
<tr>
<td>-------</td>
<td>-----</td>
<td>------</td>
</tr>
<tr>
<td>KY</td>
<td>3.8%</td>
<td>2.2%</td>
</tr>
<tr>
<td>LA</td>
<td>3.2%</td>
<td>2.4%</td>
</tr>
<tr>
<td>ME</td>
<td>3.8%</td>
<td>5.0%</td>
</tr>
<tr>
<td>MA</td>
<td>3.1%</td>
<td>3.8%</td>
</tr>
<tr>
<td>MD</td>
<td>N/A</td>
<td>1.0%</td>
</tr>
<tr>
<td>MI</td>
<td>3.3%</td>
<td>3.3%</td>
</tr>
<tr>
<td>MN</td>
<td>5.1%</td>
<td>5.3%</td>
</tr>
<tr>
<td>MS</td>
<td>3.2%</td>
<td>N/A</td>
</tr>
<tr>
<td>MO</td>
<td>3.0%</td>
<td>5.3%</td>
</tr>
<tr>
<td>MT</td>
<td>3.0%</td>
<td>3.8%</td>
</tr>
<tr>
<td>NC</td>
<td>N/A</td>
<td>7.2%</td>
</tr>
<tr>
<td>NE</td>
<td>10.5%</td>
<td>5.1%</td>
</tr>
<tr>
<td>ND</td>
<td>N/A</td>
<td>6.8%</td>
</tr>
<tr>
<td>NH</td>
<td>3.8%</td>
<td>2.5%</td>
</tr>
<tr>
<td>NJ</td>
<td>N/A</td>
<td>1.0%</td>
</tr>
<tr>
<td>NM</td>
<td>3.1%</td>
<td>3.1%</td>
</tr>
<tr>
<td>NV</td>
<td>3.1%</td>
<td>4.2%</td>
</tr>
<tr>
<td>NY</td>
<td>4.2%</td>
<td>N/A</td>
</tr>
<tr>
<td>OH</td>
<td>3.8%</td>
<td>1.2%</td>
</tr>
<tr>
<td>OK</td>
<td>N/A</td>
<td>0.3%</td>
</tr>
<tr>
<td>OR</td>
<td>0.4%</td>
<td>2.3%</td>
</tr>
<tr>
<td>PA</td>
<td>3.4%</td>
<td>2.6%</td>
</tr>
<tr>
<td>PR</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>RI</td>
<td>3.4%</td>
<td>3.2%</td>
</tr>
<tr>
<td>SC</td>
<td>4.7%</td>
<td>5.3%</td>
</tr>
<tr>
<td>SD</td>
<td>6.2%</td>
<td>5.1%</td>
</tr>
<tr>
<td>TN</td>
<td>2.9%</td>
<td>6.6%</td>
</tr>
<tr>
<td>TX</td>
<td>N/A</td>
<td>0.8%</td>
</tr>
<tr>
<td>UT</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>VA</td>
<td>3.8%</td>
<td>0.5%</td>
</tr>
<tr>
<td>VT</td>
<td>N/A</td>
<td>3.5%</td>
</tr>
<tr>
<td>WA</td>
<td>3.7%</td>
<td>2.1%</td>
</tr>
<tr>
<td>WI</td>
<td>5.0%</td>
<td>2.5%</td>
</tr>
<tr>
<td>WV</td>
<td>5.6%</td>
<td>3.8%</td>
</tr>
<tr>
<td>WY</td>
<td>N/A</td>
<td>3.5%</td>
</tr>
</tbody>
</table>

Source: Cambridge Systematics, Inc.

Note: Data were not available for States without calculations shown in the table.
Table 3.4 Regional Target Annual Percentage Reduction in Fatalities

<table>
<thead>
<tr>
<th>MPO</th>
<th>Annual Percent Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheyenne</td>
<td>0.9%</td>
</tr>
<tr>
<td>MARC</td>
<td>2.3%</td>
</tr>
<tr>
<td>Metro Portland</td>
<td>2.3%</td>
</tr>
</tbody>
</table>

Source: Cambridge Systematics, Inc.

3.5 ACHIEVEMENT OF SAFETY TARGETS

Given the range of measurement approaches (i.e., three- or five-year average, single-year count), base years, and target years for the safety targets, it is challenging to generalize about trends in safety target achievement by States. There are at least two ways to measure a State’s progress towards achievement of its fatality target: by comparing actual and target fatalities in years for which fatality data is available, and by comparing projected fatalities with target fatalities in a future year. Table 3.5 shows details on rates of target achievement using both methods, including the years and fatality numbers used to calculate the rate using the actual fatality data comparison method.

One way to measure a State agency’s progress toward achievement of its target can be calculated by comparing the target number of fatalities to the actual number of fatalities in a given set of years using a ratio. If the ratio meets or exceeds one, the State can be considered to be meeting or exceeding its target in that set of years, and if the ratio is less than one the State can be considered to not be meeting its target in that set of years.

Figure 3.7 shows the extent to which States are achieving their targets, using the actual fatality data comparison method. The actual number of fatalities in a State was compared to the target number of fatalities, calculated using a linear trend reduction. If a State experienced a number of fatalities less than or equal to the target (totaled for years in which fatality data were available) the agency was considered to meet or exceed its target. About 41% of reporting State agencies met or exceeded their targets, 19 percent did not meet their targets, and for 41 percent of agencies it was not possible to calculate a ratio due to data availability.

---

1 Percentages may add up to greater than one due to rounding.
Figure 3.7  Target Achievement as Compared to Actual Fatality Data from 2011 and Prior Years

Source: Cambridge Systematics, Inc.

Another way to measure a State’s progress towards achievement of its fatality target is calculated by projecting future fatality reductions and comparing this to the State agency’s target. In essence, this comparison allows for an understanding on whether the State will reach its stated target if current trends continue in the future. This allows FHWA and States to understand, among other things, whether additional interventions might be needed to reach a given safety target.

For each State, annual fatality reductions were projected using a linear trend from 2011 through the year of the fatality target, which is shown graphically in the fact sheets. The target is then compared with the number of projected fatalities in the target year. If the projected number of fatalities is less than the target, the State can be considered on track to meet or exceed the agency’s target. If the projected number of fatalities is greater than the target, the State is not on track to meet the agency’s target.

Figure 3.8 shows the extent to which States are on track to achieve their fatality target, based on the projected fatalities method. For just under 63 percent of State agency targets the State is on track to meet or exceed the target, 25 percent are not on track to meet their targets, and for 12 percent of responding agencies no target was set.
Figure 3.8  Projected Target Achievement Using Fatality Projections in the Target Year

- Will Meet or Exceed Target (Projected Fatalities < Target), 63%
- Will Not Meet or Exceed Target (Projected Fatalities > Target), 25%
- Did Not Set Target, 12%

Source: Cambridge Systematics, Inc.
### Table 3.5 Rates of Fatality Target Achievement Using the Actual Fatality Comparison and Projected Fatalities Method

<table>
<thead>
<tr>
<th>State</th>
<th>Baseline Measure Type</th>
<th>Actual Fatality Comparison Method: Target Year</th>
<th>Actual Fatality Comparison Method: Comparison Range Start Year</th>
<th>Actual Fatality Comparison Method: Comparison Range End Year</th>
<th>Actual Fatality Comparison Method: Actual Fatalities During Comparison Range</th>
<th>Actual Fatality Comparison Method: Ratio (Target/Actual)</th>
<th>Actual Fatality Comparison Method: Met or Exceeded Target?</th>
<th>Projected Target Method: Target End Year</th>
<th>Projected Target Method: On Track to Meet or Exceed Target?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AK – DOT</td>
<td>3-year Average</td>
<td>2008</td>
<td>2011</td>
<td>267</td>
<td>281</td>
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A Compendium of State and Regional Safety Target Setting Practices

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<th>Actual Fatality Comparison Method: Comparison Range End Year</th>
<th>Actual Fatality Comparison Method: Target Fatalities During Comparison Range</th>
<th>Actual Fatality Comparison Method: Ratio (Target/Actual)</th>
<th>Actual Fatality Comparison Method: Met or Exceeded Target?</th>
<th>Projected Target Method: Target End Year</th>
<th>Projected Target Method: On Track to Meet or Exceed Target?</th>
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### A Compendium of State and Regional Safety Target Setting Practices

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</table>

Source: Cambridge Systematics, Inc.

Note: Actual fatalities during a range of years were compared to the target fatalities for that year(s), projected using a linear reduction trend between the initial year and end year of the target. The ratio of target to actual fatalities and whether the State has met or exceeded the fatality target can only be calculated when at least two years of FARS data is available between the initial and end year of the target, or the target was set as a point estimate in a single year prior to 2011.

A target fatality reduction range was set for Illinois. Illinois trends show that it is on track to meet or exceed at least the minimum fatality reduction target by 2015.
3.6 **U.S. DOT Resources Used or Planned for Setting Targets**

Respondents were able to provide multiple responses to the survey question about the types of national resources they used or plan to use in setting a safety target. Of the 11 options shown in Figure 3.9, the Fatality Analysis Reporting System (FARS) was the most frequently used resource (58 percent). The Highway Safety Manual (HSM), Safety Analyst, and GIS Safety Analyst were used by 25, 19, and 16 percent of respondents, respectively. Forty-four percent of State agency representatives used other resources such as State crash databases.

![Figure 3.9 U.S. DOT Safety Resources Used or Planned](chart)

Source: Cambridge Systematics, Inc.

Note: Multiple responses permitted.

3.7 **Support Desired for Safety Target Setting**

Agencies were asked what type of support was desired to help them set targets. Among State and MPO agency representatives 31 percent expressed interest in a FHWA-supported peer exchange for safety target setting practices. Twenty percent of the survey respondents requested support through guidance materials, while 13 percent would like technical assistance, and 10 percent seek training, as shown in Figure 3.10. The survey was structured to allow only one selection per respondent, but many respondents noted in the comments section they would benefit from all types of support.
Figure 3.10  FHWA Support Desired

Source: Cambridge Systematics, Inc.
Note: One response permitted.
4.0 Compendium Fact Sheets

This section contains fact sheets on safety targets for the 55 State agencies with valid survey responses. Information for 49 States, Puerto Rico, and the District of Columbia is included. For four states that provided both DOT and SHSO survey responses and have different targets, the research team prepared two fact sheets. There are three MPO fact sheets. The fact sheets document the safety targets, the methodology for setting safety targets, the resources used in setting targets, and the desire for future support. Each fact sheet contains a graph displaying 11 years of fatality trends from the Fatality Analysis Reporting System, a forecast of that trend, and the State target to show progress in achieving the target.

4.1 FACT SHEET ORGANIZATION AND METHODOLOGY

The fact sheets are divided into six sections, preceded by a target summary. The target summary notes the State’s target from the agency or agencies responding to the survey (DOT and/or SHSO), which also is presented in Table 3.1. The source of the target, whether survey response, SHSP, or HSP, also is included in the target summary section. The remainder of the sections are described below.

Fatality Target

The fatality target section reports the types of targets from survey responses, SHSPs, and/or HSPs. As noted earlier, the primary source for the targets was published reports. In cases where a survey response appeared to be more current, that information was used. In general, States set targets in terms of fatality reduction and/or fatality rate reduction. Survey respondents also reported the type of target used: “toward zero deaths (TZD)”, another type of target, and interim targets for any of the above. The target for any of these options also is included in this section.

Methodology

The Methodology section describes the methodologies used by the agencies to create fatality targets, as indicated by survey responses. Methodologies from which survey respondents could choose include linear reduction, forecast output, policy mandate, committee, AASHTO target to halve fatalities, or toward zero deaths (TZD). Respondents also could indicate they used a methodology not included in this list. All responses received in the survey are included in the fact sheet. Survey responses regarding whether a target was subject to feasibility testing, along with any details provided about the testing, are also reported in this section.
Data Used
The Data Used section indicates the types of data used to set the State targets, as indicated by the survey respondents. Types of data include fatalities, fatality rates, serious injuries, or other.

Resources Used or Planned
The Resources Used or Planned section indicates the national resources used (or planned to be used) to set the State targets, as indicated by the survey respondents. Respondents were able to choose from a list of 10 options, including FARS and HPMS, or describe another type of resource (generally State-specific) that was used.

Capacity Building Strategies Desired
The Capacity Building Strategies Desired section indicates the type of FHWA support desired by the survey respondents to help them set targets. The options presented by the survey were guidance materials, a peer exchange, technical assistance, training, or other. Initially the survey asked respondents to choose only one option; however many respondents indicated in the comments that they would desire additional strategies. All strategies chosen or mentioned by the respondents are included in this section.

Fatality Trend versus Target
FHWA is interested in understanding a State’s progress towards meeting its fatality target. The Fatality Trend versus Target section displays a figure documenting the fatality target and trends within the State. Given the range of measurement approaches (i.e., three-year averages or single-year counts), base years, and target years in the targets defined by State agencies, it is challenging to generalize about trends in safety target achievement by States. This figure was created for each fact sheet to aid in this comparison, as well as to show how a State’s target relates to the fatality trend and future trend forecast. Example Figures 4.1 and 4.2 are provided below to aid in understanding the figure components.
Figure 4.1 Example Fatality Trend Figure
Single Year Fatality Trend; 2013 Target Year

Source: Cambridge Systematics, Inc.

Figure 4.2 Example Fatality Trend Figure 2
Five-Year Average Fatality Trend; 2030 Target Year

Source: Cambridge Systematics, Inc.
Each figure displays three types of data: Actual fatalities, projected fatalities, and the fatality target. Actual fatalities from 2001-2011 FARS data are shown as dark blue bars. Projected fatalities from 2012 through the target year are shown in light green bars. The target itself is shown by a red line or dot. For most States, the dots indicate the base and final target values, and the line indicates a linear reduction from the base year number of fatalities to the target year fatalities. The x-axis indicates years, and the y-axis indicates number of fatalities. The legend indicates whether single-year or multiple-year average data is used, the agency setting the target (DOT or SHSO), and the year of the plan (SHSP or HSP) in which the target was reported. Only the fatality reduction target for a responding agency noted at the top of the first page of the fact sheet is shown in the figure.

Projected fatality trends are a key component of understanding whether a State is reaching its fatality target. In essence, a projected trend shows what will happen in the future if the State continues on the same path as it currently is experiencing. In order to compare fatality targets with fatality trends within a State, a linear regression methodology was used to project future fatality rates. A linear regression equation (also known as a “line of best fit”) was developed for each State based on FARS fatality data from 2001-2011. Fatalities for years 2012 and beyond were projected using the regression. For States that report data based on single year fatality values, the blue bars represent the fatalities from FARS and green bars or the represent projected fatalities. For States which use a three or five-year average in reporting a target, the blue and green bars in the figure represent the three- or five-year average calculated from the FARS and projected fatality data. For example, in Figure 4.2, the 2005 bar represents an average of fatalities from 2001-2005.

Agencies set fatality reduction targets ranging from one year to several decades. For States with targets for 2015 or earlier, the figure shows annual fatality and projected fatality data from a base year through 2015. For States with targets for years after 2015, the figure shows annual fatality and projected fatality data from a base year through 2015, and then shows data in five-year increments until the target year. For example, as in Figure 4.2, when a State sets a target for 2030, annual data is shown through 2015, and then data is shown in five-year increments (i.e., 2020, 2025, 2030) until the target year. A blue dashed line is included in figures indicating the break between annual and five-year data.

The fatality target is shown as a red line in the figure with the base year and target year values labeled and indicated by red dots. A linear regression (or “line of best fit”) approach was used to determine the annual target values between the base and target years. Figures 4.1 and 4.2 both illustrate this approach. For States with stated interim targets, these targets are also labeled and included as red dots. For States with a single target value without a base year (i.e., “500 fatalities in 2020”), the target is shown as a single dot.

To determine a State’s level of achievement towards reaching its fatality target, the target can be compared with actual and forecasted fatality data. To
determine a State’s progress towards reaching its fatality target using actual fatalities in past years, the target (red line/dots) can be compared to the actual (blue bars) fatalities to show a State’s progress towards reaching its target. When the actual fatalities are at or below the target level for a particular year, the State can be considered to be meeting or exceeding its fatality target. When the actual fatalities are at or above the target level for a particular year, the State can be considered to be not meeting its target in that year. For example, in Figure 4.1, the State would be considered to achieve its target in 2009 and 2011, but not in 2010.² This is the approach shown in Figure 3.7.

A State’s progress towards achievement of its fatality target also can be calculated using projected future fatalities based on current fatality trends. This approach involves comparing the target (red line/dots) to the projected (green bars) fatalities. In essence, this comparison allows for an understanding of whether the State will reach its stated target if current trends continue in the future. In Figure 4.1, the State would not be considered on track to achieve its fatality target in 2013, while in Figure 4.2 the State would be considered on track using this approach. This is the approach shown in Figure 3.8. Both of these approaches allow FHWA and States to understand whether a State is on track to reach its safety target.

² Due to year-to-year variation, this type of comparison is best done using multiple years of data. When possible, for Table 3.5 and Figure 3.7 multiple years of data were used to determine a State’s fatality target achievement.
The target is to reduce fatalities by 50 percent from 862 in 2010 to 431 by 2035. The methodologies are Linear Trend and Toward Zero Deaths (2012 SHSP).

### Fatality Target

- **Toward Zero Deaths**
- **Fatality Reduction** – Reduce fatalities by 50 percent from 862 in 2010 to 431 by 2035.
- **Fatality Rate Reduction**
- **Other**
- **Interim Target**

### Methodology

- **Linear Fatality Reduction Trend**
- **Forecasting or Analysis Tool**
- **Mandated by Policy-Makers**
- **Set by Committee through Deliberation and Discussion**
- **AASHTO Target to Halve Fatalities by 2030**
- **Toward Zero Deaths Target**
- **Other**

Feasibility testing of the target is in progress, but details are not available.

### Data Used

- **Fatalities**
- **Serious Injuries**
- **Fatality Rate**
- **Other**
Resources Used or Planned

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS – GES
- Other – Critical Analysis Reporting Environment (CARE)

Capacity Building Strategies Desired

- Guidance Materials
- Peer Exchange
- Technical Assistance
- Training
- Other

Fatality Trend versus Target

Fatality Trend

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

DOT Target: Reduce fatalities by 50 percent from 862 in 2010 to 431 by 2035.
The fatality target is to reduce fatalities from the three-year average of 975 in 2011 to 901 in 2012. The fatality rate target is to reduce fatalities per 100 MVMT from 2.0 in 2006 to 1.5 by 2013. The methodology used is Other (FY 2012 HSP).

**Fatality Target**

- **Toward Zero Deaths**
- **Fatality Reduction** – Reduce fatalities from three-year average of 975 in 2011 to 901 in 2012.
- **Fatality Rate Reduction** – Reduce fatality rate from 2.0 per 100 MVMT in 2006 to 1.5 in 2013.
- **Other**
- **Interim Target**

**Methodology**

- **Linear Fatality Reduction Trend**
- **Forecasting or Analysis Tool**
- **Mandated by Policy-Makers**
- **Set by Committee through Deliberation and Discussion**
- **AASHTO Target to Halve Fatalities by 2030**
- **Toward Zero Deaths Target**
- **Other** – Set by agency staff using FARS trends and State data.

Feasibility of the target was not tested.

**Data Used**

- **Fatalities**
- **Fatality Rate**
- **Serious Injuries**
- **Other**
Resources Used or Planned

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS - GES
- Other

Capacity Building Strategies Desired

- Guidance Materials
- Peer Exchange
- Technical Assistance
- Training
- Other

Fatality Trend versus Target

Fatality Trend

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

SHSO Target: Reduce fatalities from the three-year average of 975 in 2011 to 901 in 2012.
Alaska

Survey Respondent: Alaska Department of Transportation (DOT)*

The fatality target is Toward Zero Deaths with a target to reduce fatalities by 50 percent from the 2008 three-year average of 73 to 36 by 2030. The methodologies are Linear Trend, Halving Fatalities by 2030, and Toward Zero Deaths (2012 SHSP).

Survey Respondent: Alaska Highway Safety Office (SHSO)†

The fatality target is Towards Zero Deaths with an interim target to reduce fatalities by 50 percent from 62 in 2008 to 31 by 2030. The fatality rate target is to reduce fatalities per 100 MVMT from 1.29 in 2008 to 0.65 by 2030 (FY 2012 HSP).

**Fatality Target**

- **Toward Zero Deaths** *
- **Fatality Reduction** - Reduce fatalities 50 percent from the 2008 three-year average of 73 to 36 by 2030.* Reduce fatalities 50 percent from 62 in 2008 to 31 by 2030.†
- **Fatality Rate Reduction** - Reduce fatalities per 100 MVMT from 1.29 in 2008 to 0.65 by 2030.†
- **Other**
- **Interim Target**

**Methodology**

- **Linear Fatality Reduction Trend** *
- **AASHTO Target to Halve Fatalities by 2030** *
- **Forecasting or Analysis Tool**
- **Toward Zero Deaths Target** *
- **Mandated by Policy-Makers**
- **Other**
- **Set by Committee through Deliberation and Discussion**

The DOT target was not tested. The HSO target requires an average annual reduction is about two fatalities per year, which seemed achievable to the office.

**Data Used**

- **Fatalities** *
- **Serious Injuries** *
- **Fatality Rate**
- **Other** - Fatal crashes

* indicates Alaska Department of Transportation response.

† indicates Alaska Highway Safety Office response.
Resources Used or Planned

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS*
- FARS*†
- FastFARS
- NASS - GES
- Other - State Crash Data* and HSIP†

Capacity Building Strategies Desired

- Guidance Materials*
- Peer Exchange*†
- Technical Assistance
- Training†
- Other

Fatality Trend versus Target

![Fatality Trend Graph]

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

DOT Target: Reduce fatalities by 50 percent from the 2008 three-year average of 73 to 36 by 2030.

SHSO Target: (not shown) Reduce fatalities by 50 percent from 62 in 2008 to 31 by 2030.
The target is zero fatalities by 2050, with an interim goal to reduce fatalities by 11.4 percent from 1,288 in 2007 to 1,141 by 2010. The methodologies are Committee and Toward Zero Deaths (2007 SHSP).

**Fatality Target**
- **Toward Zero Deaths** – Zero fatalities by 2050.
- **Fatality Reduction**
- **Other**
- **Interim Target** – Reduce fatalities by 11.4 percent from 1,288 in 2007 to 1,141 by 2010.¹

**Methodology**
- **Linear Fatality Reduction Trend**
- **Forecasting or Analysis Tool**
- **Mandated by Policy-Makers**
- **Set by Committee through Deliberation and Discussion**
- **AASHTO Target to Halve Fatalities by 2030**
- **Toward Zero Deaths Target**
- **Other**

Feasibility of the target was tested through scenario analysis. Five scenarios, including a status quo (increasing) trend, 5 or 10 percent reductions, and reducing fatalities to zero by 2050 were considered. The most aggressive target of zero deaths was chosen. The adoption of an absolute number was preferred over the use of a rate as it would be more effective as an outreach and communications tool and would allow for subgoals of 15 percent reduction in fatalities to be assigned to each emphasis area, acknowledging overlaps in the emphasis areas will lead to a total statewide reduction in fatalities of less than 15 percent.²

**Data Used**
- **Fatalities**
- **Fatality Rate**
- **Serious Injuries**
- **Other**

¹ Arizona Strategic Highway Safety Plan 2007. Interim target was based on projections using last year of available data at the time. The SHSP also includes fatality reductions based on projected future fatalities (not included here). The interim fatality reduction targets have been exceeded but are included here for comparison purposes.

² Arizona SHSP 2007.
Resources Used or Planned

- HSM
- IHSDM
- Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS - GES
- Other
- HERS
- PBCAT
- GIS Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst

Capacity Building Strategies Desired

- Guidance Materials
- Peer Exchange
- Technical Assistance
- Training
- Other

Fatality Trend versus Target

Fatality Trend

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

DOT Target: Reduce fatalities to zero by 2050 and by 11.4 percent from 1,288 in 2006 to 1,141 by 2010.
Arkansas

Survey Respondent: Arkansas State Highway and Transportation Department (DOT)

The target is to reduce the 2005 fatality rate of 2.1 per 100 MVMT to 1.8 by 2010. The methodology is not specified (2007 SHSP).

**Fatality Target**

- **Toward Zero Deaths**
- **Fatality Reduction**
- **Fatality Rate Reduction** – Reduce the 2005 fatality rate of 2.1 fatalities per 100 MVMT to 1.8 by the year 2010.
- **Other**
- **Interim Target**

**Methodology**

- **Linear Fatality Reduction Trend**
- **Forecasting or Analysis Tool**
- **Mandated by Policy-Makers**
- **Set by Committee through Deliberation and Discussion**
- **AASHTO Target to Halve Fatalities by 2030**
- **Toward Zero Deaths Target**
- **Other**

**Data Used**

- **Fatalities**
- **Fatality Rate**
- **Serious Injuries**
- **Other**
**Resources Used or Planned**

- [ ] HSM
- [ ] IHSDM
- [ ] Safety Analyst
- [ ] HERS
- [ ] PBCAT
- [ ] GIS Safety Analyst
- [ ] HPMS
- [ ] FARS
- [ ] FastFARS
- [ ] NASS - GES
- [ ] Other

**Capacity Building Strategies Desired**

- [ ] Guidance Materials
- [ ] Peer Exchange
- [ ] Technical Assistance
- [ ] Training
- [ ] Other

**Fatality Trend versus Target**

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

DOT Target: Target not shown in figure because only a fatality rate target was set.
The fatality target is zero, with the goal to reduce fatalities 20 percent to 2,172 by 2020. The rate target is to reduce the fatality rate 20 percent from 0.84 per 100 MVMT in 2010 to 0.67 in 2020. The methodologies are Analysis Tool, Committee, and Toward Zero Deaths (2011 Survey response).

**Fatality Target**

- **Toward Zero Deaths**
- **Fatality Reduction** – Reduce fatalities 20 percent from 2,720 in 2010 to 2,176 by 2020.
- **Fatality Rate Reduction** – Reduce fatalities per 100 MVMT by 20 percent from 0.84 in 2010 to 0.67 by 2020.
- Other
- Interim Target

**Methodology**

- Linear Fatality Reduction Trend
- Forecasting or Analysis Tool
- Mandated by Policy-Makers
- Set by Committee through Deliberation and Discussion
- AASHTO Target to Halve Fatalities by 2030
- Toward Zero Deaths Target
- Other

Historically, California’s fatality reduction per decade has ranged from one percent to 35.7 percent. Therefore, the 20 percent reduction was deemed feasible by the Steering Committee.

**Data Used**

- Fatalities
- Fatality Rate
- Serious Injuries
- Other

Note: The State is in the process of revising its goals to include serious injuries.

---

3 Interview with Jesse Bhullar, California Department of Transportation (November 2011).

4 Ibid.
**Resources Used or Planned**

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS – GES
- **Other** – Statewide Integrated Traffic Records System

**Capacity Building Strategies Desired**

- Guidance Materials
- Peer Exchange
- Technical Assistance
- Training
- Other

**Fatality Trend versus Target**

**Fatality Trend**

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

**DOT Target:** Reduce fatalities 20 percent to 2,176 by 2020.
The target is to reduce fatalities 14.35 percent from the 2009 three-year average of 3,503 to 3,000 by 2012. The rate target is to reduce the fatality rate from the 2009 three-year average of 1.18 per 100 MVMT to 1.03 by 2012. The methodology used is Linear Trend (FY 2012 HSP).

### Fatality Target

- **Toward Zero Deaths**
- **Fatality Reduction** - Reduce fatalities by 14.35 percent from the 2009 three-year average of 3,503 to 3,000 by 2012.
- **Fatality Rate Reduction** - Reduce the fatality rate from the 2009 three-year average of 1.18 per 100 MVMT to 1.03 by 2012.
- Other
- Interim Target

### Methodology

- Linear Fatality Reduction Trend
- Forecasting or Analysis Tool
- Mandated by Policy-Makers
- Set by Committee through Deliberation and Discussion
- AASHTO Target to Halve Fatalities by 2030
- Toward Zero Deaths Target
- Other

Feasibility of the target was tested by using the 10-year historical fatality trend and setting a target based on a 3-year base average.

### Data Used

- Fatalities
- Fatality Rate
- Serious Injuries
- Other
Resources Used or Planned

☐ HSM
☐ IHSDM
☐ Safety Analyst
☐ HERS
☐ PBCAT
☐ GIS Safety Analyst
☐ HPMS
☐ FARS
☐ FastFARS
☐ NASS - GES
☐ Other

Capacity Building Strategies Desired

☐ Guidance Materials
☐ Peer Exchange
☐ Technical Assistance
☐ Training
☐ Other

Fatality Trend versus Target

Fatality Trend

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

SHSO Target: Reduce traffic deaths by 14.35 percent from the 2009 three-year average of 3,503 to 3,000 by 2012.
The target is to reduce fatalities from 465 in 2009 to 435 in 2012. The fatality rate target is to maintain at or below 0.95 fatalities per 100 MVMT. The methodologies are Linear Trend and Committee (FY 2012 HSP).

**Fatality Target**

- **Toward Zero Deaths**
- **Fatality Reduction** – Reduce fatalities from 465 in 2009 to 435 in 2012.
- **Fatality Rate Reduction** – Maintain fatality rate under 0.95 per 100 MVMT.
- **Interim Target**
- **Other**

**Methodology**

- **Linear Fatality Reduction Trend**
- **Forecasting or Analysis Tool**
- **Mandated by Policy-Makers**
- **Set by Committee through Deliberation and Discussion**
- **AASHTO Target to Halve Fatalities by 2030**
- **Toward Zero Deaths Target**
- **Other**

Feasibility testing is in progress, but details are not available.

**Data Used**

- **Fatalities**
- **Fatality Rate**
- **Serious Injuries**
- **Other**
Resources Used or Planned

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS - GES
- Other

Capacity Building Strategies Desired

- Guidance Materials
- Peer Exchange
- Technical Assistance
- Training
- Other

Fatality Trend versus Target

Fatality Trend

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

SHSO Target: Reduce fatalities from 465 in 2009 to 435 in 2012.
Survey Respondent: Connecticut Department of Transportation (DOT)

There is no current DOT target.

**Fatality Target**

- Toward Zero Deaths
- Fatality Reduction
- Fatality Rate Reduction
- Other
- Interim Target

Note: There currently is no DOT target. The State is discussing plans to set a fatality target and developing a methodology.

**Methodology**

- Linear Fatality Reduction Trend
- Forecasting or Analysis Tool
- Mandated by Policy-Makers
- Set by Committee through Deliberation and Discussion
- AASHTO Target to Halve Fatalities by 2030
- Toward Zero Deaths Target
- Other

**Data Used**

- Fatalities
- Fatality Rate
- Serious Injuries
- Other
**Resources Used or Planned**

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS – GES
- Other

**Capacity Building Strategies Desired**

- Guidance Materials
- Peer Exchange
- Technical Assistance
- Training
- Other

**Fatality Trend versus Target**

![Fatality Trend Graph]

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

DOT Target: Not shown in figure because no target has been set.
The target is to reduce fatalities six percent from the 2009 three-year average of 118 to 110 by 2012. The rate target is to reduce fatalities per 100 MVMT six percent from the 2009 three-year average of 1.29 to 1.20 by 2012, and to 1.0 by 2018. The methodologies are Linear Fatality Reduction Trend and Committee (FY 2012 HSP and 2012 Survey response).

**Fatality Target**

- Toward Zero Deaths
- **Fatality Reduction** – Reduce fatality rate by six percent to a three-year average of 110 in 2012.
- **Fatality Rate Reduction** – Reduce fatality rate to 1.20 per 100 MVMT by 2012 and 1.0 by 2018.
- Other
- Interim Target

**Methodology**

- **Linear Fatality Reduction Trend**
- Forecasting or Analysis Tool
- Mandated by Policy-Makers
- **Set by Committee through Deliberation and Discussion**
- AASHTO Target to Halve Fatalities by 2030
- Toward Zero Deaths Target
- Other

Feasibility of the target was tested through trend analysis as well as analysis of the capability of partners to implement countermeasures toward achieving the goal.

**Data Used**

- **Fatalities**
- **Fatality Rate**
- Serious Injuries
- Other
**Resources Used or Planned**

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS - GES
- Other

**Capacity Building Strategies Desired**

- Guidance Materials
- Peer Exchange
- Technical Assistance
- Training
- Other

**Fatality Trend versus Target**

![Fatality Trend Graph]

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

**SHSO Target:** Reduce fatalities from the three-year average of 118 in 2009 to 110 by 2012.
The target is to reduce fatalities 50 percent from 57 in 2005 to 28 by 2025. The methodology is Committee (2007 SHSP).

Fatality Target

- Toward Zero Deaths
- **Fatality Reduction** – Reduce fatalities by 50 percent from 57 in 2005 to 28 by 2025.\(^5\)
- Fatality Rate Reduction
- Other – Reduce serious injuries by 50 percent from five-year average of 1,670 to 835 by 2025.
- Interim Target

Methodology

- Linear Fatality Reduction Trend
- Forecasting or Analysis Tool
- Mandated by Policy-Makers
- Set by Committee through Deliberation and Discussion
- AASHTO Target to Halve Fatalities by 2030
- Toward Zero Deaths Target
- Other

Feasibility testing is in progress, but details are not available.

Data Used

- **Fatalities**
- **Fatality Rate**
- **Serious Injuries**
- Other

---

\(^5\) District of Columbia Strategic Highway Safety Plan, 2007. The 2007 fatality goal has been exceeded but is included here for comparison purposes.
**Resources Used or Planned**

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS – GES
- Other

**Capacity Building Strategies Desired**

- Guidance Materials
- Peer Exchange
- Technical Assistance
- Training
- Other

**Fatality Trend versus Target**

![Fatality Trend Graph]

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance. Due to the magnitude of the decrease in fatalities in the years for which data was examined (2001-2011), the projected linear trend indicates that fatalities will be reduced to zero by 2017.

DOT Target: Reduce fatalities 50 percent from 57 in 2005 to 28 by 2025.
Florida

Survey Respondent: Florida Department of Transportation (DOT)

The target is to reduce fatalities five percent annually from the 2010 five-year average of 2,904 to 2,028 by 2017. The methodologies are Linear Reduction Trend, Committee, and Toward Zero Deaths (2012 SHSP).

**Fatality Target**

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<tr>
<td>✔</td>
<td>Toward Zero Deaths</td>
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<tr>
<td>✔</td>
<td>Fatality Reduction – Reduce fatalities from a 2010 five-year average of 2,904 to 2,028 in 2017.</td>
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<td>Fatality Rate Reduction</td>
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<td>Other</td>
</tr>
<tr>
<td>✔</td>
<td>Interim Target – Reduce fatalities five percent per year (2012 Survey response).</td>
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</tbody>
</table>

**Methodology**

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<thead>
<tr>
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<th>Linear Fatality Reduction Trend</th>
<th>AASHTO Target to Halve Fatalities by 2030</th>
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<td>Forecasting or Analysis Tool</td>
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<td>Set by Committee through Deliberation and Discussion</td>
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**Data Used**

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<th></th>
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<th>Serious Injuries</th>
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<td>Fatality Rate</td>
<td>Other</td>
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</tbody>
</table>
Resources Used or Planned

- HSM
- IHSDM
- Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS – GES
- Other
- HERS
- PBCAT
- GIS Safety Analyst
- Other

Capacity Building Strategies Desired

- Guidance Materials
- Peer Exchange
- Technical Assistance
- Training
- Other

Fatality Trend versus Target

Fatality Trend

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

DOT Target: Reduce fatalities from the 2010 five-year average of 2,904 to 2,028 by 2017.
The target is to reduce fatalities by 41 annually from an estimated 1,200 in 2010 to 1,036 by 2014. The methodology is Halve Fatalities by 2030 (2011 SHSP).

**Fatality Target**

- **Toward Zero Deaths**
- **Fatality Reduction** - Reduce fatalities by 41 annually from 1,200 in 2010 to 1,036 by 2014.
- **Fatality Rate Reduction**
- **Other**
- **Interim Target**

**Methodology**

- **Linear Fatality Reduction Trend**
- **Forecasting or Analysis Tool**
- **Mandated by Policy-Makers**
- **Set by Committee through Deliberation and Discussion**

Feasibility was tested using a consensus building method. The current target to reduce fatalities by 41 annually was set based on the previous AASHTO goal of annually reducing fatalities by 1,000 nationally; Georgia’s target represents four percent of the national total.

**Data Used**

- **Fatalities**
- **Fatality Rate**
- **Serious Injuries**
- **Other**
### Resources Used or Planned

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS – GES
- Other – Fatalities tracked daily as high-level subtotals.

### Capacity Building Strategies Desired

- Guidance Materials
- Peer Exchange
- Technical Assistance
- Training
- Other

### Fatality Trend versus Target

**Fatality Trend**

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

DOT Target: Reduce fatalities by 41 annually from an estimated 1,200 in 2010 to 1,036 by 2014.
Hawaii

Survey Respondent: Hawaii Department of Transportation (DOT)

The target is zero deaths and to reduce fatalities 20 percent from 100 in 2011 to 80 by 2017. The methodologies are Committee, Halve Fatalities by 2030, and Toward Zero Deaths (2012 Survey response).

### Fatality Target

- **Toward Zero Deaths**
- **Fatality Reduction** – Reduce fatalities 20 percent from 100 in 2011 to 80 or fewer by 2017.
- **Fatality Rate Reduction**
- **Other**
- **Interim Target**

### Methodology

- Linear Fatality Reduction Trend
- Forecasting or Analysis Tool
- Mandated by Policy-Makers
- Set by Committee through Deliberation and Discussion
- AASHTO Target to Halve Fatalities by 2030
- Toward Zero Deaths Target
- Other – No scientific analysis conducted – just a desire to set an aggressive goal.

Feasibility of the target was not tested. The survey respondent noted the target was not set scientifically; it was the result of a strong desire to set an aggressive goal. The benefit of an aggressive fatality goal is that it sustains stakeholder motivation. However, motor vehicle fatalities are significantly influenced by factors beyond the control of transportation safety and should not be used to compel accountability.

### Data Used

- **Fatalities**
- **Fatality Rate**
- **Serious Injuries**
- **Other**
**Resources Used or Planned**

- ☐ HSM
- ☐ IHSDM
- ☐ Safety Analyst
- ☐ HERS
- ☐ PBCAT
- ☐ GIS Safety Analyst
- ☑ HPMS
- ☑ FARS
- ☐ FastFARS
- ☐ NASS - GES
- ☐ Other

**Capacity Building Strategies Desired**

- ☐ Guidance Materials
- ☐ Peer Exchange
- ☐ Technical Assistance
- ☐ Training
- ☐ Other

**Fatality Trend versus Target**

![Fatality Trend Graph]

Fatality Trend

<table>
<thead>
<tr>
<th>Year</th>
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<tbody>
<tr>
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<td>2017</td>
<td>61</td>
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</table>

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

DOT Target: Reduce fatalities 20 percent from 100 in 2011 to 80 by 2017.
The fatality target is to reduce the five-year average fatalities to 195 by 2015. The fatality rate target is to reduce the five-year average fatalities per 100 MVMT to 1.16 by 2015. The methodology was not specified (2012 Survey response).

**Fatality Target**

- **Toward Zero Deaths**
- **Fatality Reduction** – Reduce five-year average fatalities to 195 by 2015 (primary goal).
- **Fatality Rate Reduction** – Reduce five-year average fatality rate to 1.16 per 100 MVMT by 2015 (secondary goal).
- **Interim Target** – Reduce five-year average fatality rate to 1.38 per MVMT by 2012.

**Methodology**

- Linear Fatality Reduction Trend
- Forecasting or Analysis Tool
- Mandated by Policy-Makers
- Set by Committee through Deliberation and Discussion
- AASHTO Target to Halve Fatalities by 2030
- Toward Zero Deaths Target
- Other
- Other

Feasibility of the target was not tested.

**Data Used**

- Fatalities
- Fatality Rate
- Serious Injuries
- Other
**Resources Used or Planned**

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS - GES
- Other

**Capacity Building Strategies Desired**

- Guidance Materials
- Peer Exchange
- Technical Assistance
- Training
- Other

**Fatality Trend versus Target**

![Fatality Trend Graph]

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

**DOT Target:** Reduce five-year average fatalities to 195 by 2015.
The target is to reduce the five-year average of fatalities from 250 in 2009 to 192 by 2015. The methodologies are Linear Fatality Reduction Trend, Committee, and Toward Zero Deaths (2012 Survey response).

The fatality rate target is to reduce fatalities per 100 MVMT to a five-year average of 1.38 by 2012 (FY 2012 HSP).

### Fatality Target

- **Toward Zero Deaths**
- **Fatality Reduction** – Reduce five-year average fatalities to 192 by 2015 (2012 Survey response).
- **Fatality Rate Reduction** – Reduce five-year average fatalities per 100 MVMT to 1.38 by 2012 (FY 2012 SHSO).
- **Other**

### Methodology

- **Linear Fatality Reduction Trend**
- **Forecasting or Analysis Tool**
- **Mandated by Policy-Makers**
- **Set by Committee through Deliberation and Discussion**
- **AASHTO Target to Halve Fatalities by 2030**
- **Toward Zero Deaths Target**
- **Other**

Feasibility of the target was not tested.

### Data Used

- **Fatalities**
- **Fatality Rate**
- **Serious Injuries**
Resources Used or Planned

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS – GES

Guidance Materials

- Peer Exchange
- Technical Assistance

Capacity Building Strategies Desired

- Training
- Other – Transportation Safety Institute’s course on Data Analysis and Evaluation, which includes methods to set goals.

Fatality Trend versus Target

Fatality Trend

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

SHSO Target: Reduce five-year average fatalities to 192 by 2015 with interim goals.
Illinois

Survey Respondent: Illinois Department of Transportation (DOT)

The target is to reduce fatalities to zero, with targeted reductions of 5 to 10 percent annually. The methodology is Committee (2012 Survey response).

Fatality Target

- **Toward Zero Deaths**
- **Fatality Reduction** – Reduce fatalities by 5 to 10 percent annually.
- **Fatality Rate Reduction**
- **Other**
- **Interim Target**

Methodology

- Linear Fatality Reduction Trend
- Forecasting or Analysis Tool
- Mandated by Policy-Makers
- **Set by Committee through Deliberation and Discussion**
- **AASHTO Target to Halve Fatalities by 2030**
- **Toward Zero Deaths Target**
- **Other**

Feasibility test is in progress; the State is conducting a review of performance by emphasis area.

Data Used

- **Fatalities**
- **Fatality Rate**
- **Serious Injuries**
- **Other**
**Resources Used or Planned**

- ✓ HSM
- ✓ IHSDM
- ✓ Safety Analyst
- ✓ HERS
- ✓ PBCAT
- ✓ GIS Safety Analyst
- □ HPMS
- □ FastFARS
- □ NASS - GES
- ✓ Other – State supported systems and tools

**Capacity Building Strategies Desired**

- ✓ Guidance Materials
- □ Peer Exchange
- □ Technical Assistance
- □ Training
- □ Other

**Fatality Trend versus Target**

![Fatality Trend Graph]

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

**DOT Target:** Reduce fatalities by five to 10 percent annually.
Survey Respondent: Governor’s Traffic Safety Bureau (SHSO)

The target is to reduce fatalities to 348 by 2017, with interim goals of 390 by 2013 and 360 by 2015. (2012 Survey response) The methodologies are Linear Trend and Towards Zero Deaths.

The fatality rate target is to reduce fatalities per 100 MVMT by two percent from the 2009 five-year average of 1.36 to 1.33 by 2012 (FY 2012 HSP).

Fatality Target

- **Toward Zero Deaths**
- **Fatality Reduction** – Reduce fatalities to 348 by 2017 (2012 Survey response).
- **Fatality Rate Reduction** – Reduce fatalities per 100 MVMT by two percent to a five-year average of 1.33 by 2012 (FY 2012 SHSO).
- **Other**

Methodology

- **Linear Fatality Reduction Trend**
- **Forecasting or Analysis Tool**
- **Mandated by Policy-Makers**
- **Set by Committee through Deliberation and Discussion**
- **AASHTO Target to Halve Fatalities by 2030**
- **Toward Zero Deaths Target**
- **Other**

Historical data is utilized in analyzing trends and for setting goals and strategies. Feasibility of the target was not tested.

Data Used

- **Fatalities**
- **Fatality Rate**
- **Serious Injuries**
- **Other**

---

7 State of Iowa Highway Safety Plan, FY 2012.
Resources Used or Planned

- [ ] HSM
- [x] IHSDM
- [x] Safety Analyst
- [ ] HERS
- [ ] PBCAT
- [ ] GIS Safety Analyst
- [x] HPMS
- [x] FARS
- [ ] FastFARS
- [ ] NASS – GES
- [x] Other – NHTSA’s Countermeasures That Work

Capacity Building Strategies Desired

- [x] Guidance Materials
- [ ] Peer Exchange
- [ ] Technical Assistance
- [ ] Training
- [ ] Other

Fatality Trend versus Target

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

SHSO Target: Reduce fatalities to 348 by 2017 with interim goals of 390 by 2013 and 360 by 2015.
Kansas

Survey Respondent: Kansas Department of Transportation (DOT)

The target is to reduce fatalities by 50 percent from a five-year average of 417 in 2009 to a five-year average of 208 by 2029. The methodologies are Linear Trend, Halve Fatalities by 2030, and Committee (2012 Survey response).

**Fatality Target**

- **Toward Zero Deaths**
- **Fatality Reduction** - Reduce fatalities by 50 percent from a five-year average of 417 in 2009 to a five-year average of 208 by 2029.
- **Fatality Rate Reduction**
- **Other**
- **Interim Target**

**Methodology**

- **Linear Fatality Reduction Trend**
- **AASHTO Target to Halve Fatalities by 2030**
- **Forecasting or Analysis Tool**
- **Toward Zero Deaths Target**
- **Mandated by Policy-Makers**
- **Other**
- **Set by Committee through Deliberation and Discussion**
- **Other**

Feasibility of the target was not tested.

**Data Used**

- **Fatalities**
- **Serious Injuries**
- **Fatality Rate**
- **Other**
Resources Used or Planned

- HSM
- IHSDM
- Safety Analyst
- FastFARS
- HERS
- PBCAT
- GIS Safety Analyst
- FARS
- NASS - GES
- Other

Note: Not all resources indicated were necessarily used for fatality target setting.

Capacity Building Strategies Desired

- Guidance Materials
- Peer Exchange
- Technical Assistance
- Training
- Other

Fatality Trend versus Target

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

DOT Target: Reduce fatalities by 50 percent from a five-year average of 417 in 2009 to a five-year average of 208 by 2029.
Kentucky

Survey Respondent: Kentucky Transportation Cabinet Office of Highway Safety (SHSO)

The target is to reduce fatalities three percent from the 2010 three-year average of 792 to 724 by 2014. The rate target is to reduce fatalities per 100 MVMT by three percent from the 2010 three-year average of 1.66 to 1.51 by 2014. The methodologies are Committee and Toward Zero Deaths (FY 2012 HSP).

**Fatality Target**

- **Toward Zero Deaths**
- **Fatality Reduction** – Reduce fatalities three percent from the 2010 three-year average of 792 to 724 by 2014.
- **Fatality Rate Reduction** – Reduce fatalities per 100 MVMT by three percent from the 2010 three-year average of 1.66 to 1.51 by 2014.
- **Other** – In the process of setting a long-term target for 2030.
- **Interim Target** – Reduce fatalities to a three-year average of 768 by 2012 and 745 by 2013.

**Methodology**

- Linear Fatality Reduction Trend
- Forecasting or Analysis Tool
- Mandated by Policy-Makers
- Set by Committee through Deliberation and Discussion
- AASHTO Target to Halve Fatalities by 2030
- Toward Zero Deaths Target
- Other

Feasibility testing is in progress, but details are not available.

**Data Used**

- Fatalities
- Fatality Rate
- Serious Injuries
- Other
### Resources Used or Planned

- **HSM**
- **IHSDM**
- **Safety Analyst**
- **FARS**
- **GIS Safety Analyst**
- **HPMS**
- **FastFARS**
- **NASS - GES**
- **Other**

### Capacity Building Strategies Desired

- **Guidance Materials**
- **Peer Exchange**
- **Technical Assistance**
- **Training**
- **Other**

### Fatality Trend versus Target

#### Fatality Trend

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

**SHSO Target**: Reduce fatalities by three percent from the 2010 three-year average of 792 to 724 by 2014.
The target is to reduce fatalities by 50 percent from the 2008 five-year average of 965 to 482 by 2030. The methodologies are Linear Trend, Halve Fatalities by 2030, Committee, and Toward Zero Deaths (2011 SHSP).

**Fatality Target**

- **Toward Zero Deaths**
- **Fatality Reduction** – Reduce fatalities by 50 percent to 482 by 2030.
- **Interim Target** – Five-year benchmarks that correspond to the 50 percent reduction

**Methodology**

- **Linear Fatality Reduction Trend**
- **Forecasting or Analysis Tool**
- **Mandated by Policy-Makers**
- **Set by Committee through Deliberation and Discussion**
- **AASHTO Target to Halve Fatalities by 2030**
- **Toward Zero Deaths Target**
- **Other**

Feasibility of the target was not tested.

**Data Used**

- **Fatalities**
- **Serious Injuries**
- **Fatality Rate**
- **Other**
Resources Used or Planned

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS - GES
- Other

Capacity Building Strategies Desired

- Guidance Materials
- Peer Exchange
- Training
- Other

Fatality Trend versus Target

Fatality Trend

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

DOT Target: Reduce fatalities by 50 percent from the 2008 three-year average of 965 to 482 by 2030.
Survey Respondent: Louisiana Highway Safety Commission (SHSO)

The target is to reduce fatalities 2.4 percent per year, from the 2008 five-year average of 957 to 478 by 2030. The rate target is to reduce fatalities per 100 MVMT by 2.4 percent annually from the 2008 five-year average of 2.15 to 1.07 by 2030. The methodology is Halve Fatalities (FY 2012 HSP).

**Fatality Target**

- **Toward Zero Deaths**
- **Fatality Reduction** – Reduce fatalities by 2.4 percent per year, from a five-year average of 957 in 2008 to 848 by 2013.
- **Fatality Rate Reduction** – Reduce fatalities per 100 MVMT by 2.4 percent annually from a five-year average of 2.15 in 2008 to 1.07 by 2030.
- **Other**
- **Interim Target** – Reduce five-year average fatalities to 848 by 2013.

**Methodology**

- **Linear Fatality Reduction Trend**
- **Forecasting or Analysis Tool**
- **Mandated by Policy-Makers**
- **Set by Committee through Deliberation and Discussion**
- **AASHTO Target to Halve Fatalities by 2030**
- **Toward Zero Deaths Target**
- **Other**

Feasibility of the target was not tested.

**Data Used**

- **Fatalities**
- **Fatality Rate**
- **Serious Injuries**
- **Other**
Resources Used or Planned

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS - GES
- Other

Capacity Building Strategies Desired

- Guidance Materials
- Peer Exchange
- Technical Assistance

Fatality Trend versus Target

Fatality Trend

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

SHSO Target: Reduce fatalities 2.4 percent per year from the 2008 five-year average of 957 to 478 by 2030.
Maine

Survey Respondent: Maine Department of Transportation (DOT)

There is no DOT target.

**Fatality Target**

- [ ] Toward Zero Deaths
- [ ] Fatality Reduction
- [ ] Fatality Rate Reduction
- [X] Other – The State is not considering development of a fatality target.
- [ ] Interim Target

**Methodology**

- [ ] Linear Fatality Reduction Trend
- [ ] Forecasting or Analysis Tool
- [ ] Mandated by Policy-Makers
- [ ] Set by Committee through Deliberation and Discussion
- [ ] AASHTO Target to Halve Fatalities by 2030
- [ ] Toward Zero Deaths Target
- [ ] Other

**Data Used**

- [ ] Fatalities
- [ ] Fatality Rate
- [ ] Serious Injuries
- [ ] Other
Resources Used or Planned

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS - GES
- Other

Capacity Building Strategies Desired

- Guidance Materials
- Peer Exchange
- Technical Assistance
- Training
- Other

Fatality Trend versus Target

Fatality Trend

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

DOT Target: No fatality target has been set.
Maryland

Survey Respondent: Maryland Highway Safety Office (SHSO)

The target is to reduce fatalities by 50 percent by 2030, and to 475 in 2015. The methodologies are Linear Trend, Committee, Have Fatalities by 2030, and Toward Zero Deaths (2012 Survey response).

The rate target is to reduce fatalities per 100 MVMT by 19.6 percent from 1.07 in 2008 to 0.86 by 2015 (FY 2012 SHSO).

**Fatality Target**

- Toward Zero Deaths
- **Fatality Reduction** – Reduce fatalities 50 percent by 2030 and to 475 by 2015.
- **Fatality Rate Reduction** – Reduce fatalities per 100 MVMT by 19.6 percent from 1.07 in 2008 to 0.86 by 2015.
- **Interim Target** – Reduce fatalities to 522 in 2012, 506 in 2013, and 490 by 2014.

**Methodology**

- **Linear Fatality Reduction Trend**
- **AASHTO Target to Halve Fatalities by 2030**
- Forecasting or Analysis Tool
- Toward Zero Deaths Target
- Mandated by Policy-Makers
- **Other**
- Set by Committee through Deliberation and Discussion
- **Other**

Targets were based on reducing fatalities by one-half by 2030, which was determined to be a realistic goal.

**Data Used**

- **Fatalities**
- **Serious Injuries**
- Fatality Rate
- **Other**
Resources Used or Planned

[✓]  HSM
[✓]  IHSDM
[✓]  Safety Analyst
[✓]  HERS
[✓]  PBCAT
[✓]  GIS Safety Analyst

[☐]  HPMS
[☐]  FARS
[☐]  FastFARS
[☑]  NASS - GES
[☐]  Other

Capacity Building Strategies Desired

[☐]  Guidance Materials
[☑]  Peer Exchange
[☐]  Training
[☐]  Technical Assistance
[☐]  Other

Fatality Trend versus Target

Source: FARS, 2013.

Fatality trend calculated by Cambridge Systematics based on past performance.

SHSO Target: Reduce fatalities from 592 in 2008 to fewer than 475 in 2015.
The target is to reduce fatalities by 50 percent by 2030. The methodologies are Committee, Halve Fatalities by 2030, and Toward Zero Deaths (2012 Survey response).

### Fatality Target

- **Toward Zero Deaths**
- **Fatality Reduction** – Reduce fatalities by 50 percent by 2030.
- **Fatality Rate Reduction**
- **Other**
- **Interim Target** – Reduce fatalities by 20 percent by 2016.

### Methodology

- Linear Fatality Reduction Trend
- Forecasting or Analysis Tool
- Mandated by Policy-Makers
- Set by Committee through Deliberation and Discussion
- AASHTO Target to Halve Fatalities by 2030
- Toward Zero Deaths Target
- Other

Feasibility of the target was not tested.

### Data Used

- Fatalities
- Fatality Rate
- Serial Injuries
- Other
Resources Used or Planned

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS – GES
- Other

Capacity Building Strategies Desired

- Guidance Materials
- Peer Exchange
- Technical Assistance
- Training
- Other – Information on how states overcome data deficiencies.

Fatality Trend versus Target

![Fatality Trend Graph]

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

DOT Target: Reduce fatalities 20 percent by 2016 and 50 percent by 2030.
Survey Respondent: Michigan Department of Transportation (DOT)*

The target is to reduce fatalities from 889 in 2011 to 750 by 2016. The methodologies are linear trend, committee, Toward Zero Deaths, and other (2012 Survey response).

Survey Respondent: Michigan Office of Highway Safety Planning (SHSO) †

The target is to reduce fatalities from 889 in 2011 to 750 by 2016. The rate target is to reduce fatalities per 100 MVMT to 0.87 by 2015. The methodologies are Linear Trend, Committee, and Toward Zero Deaths (2012 Survey response).

**Fatality Target**

- **Toward Zero Deaths**
- **Fatality Reduction** - Reduce fatalities from 889 in 2011 to 750 by 2016.* †
- **Fatality Rate Reduction** – Reduce the fatality rate to 0.87 by 2015.†
- **Interim Target** – MDOT interim goals will be set using a linear trend.* Reduce fatalities to 792 and 0.91 per 100 MVMT by 2013, and to 763 and 0.87 per 100 MVMT by 2014. †

**Methodology**

- **Linear Fatality Reduction Trend*** †
- **Forecasting or Analysis Tool**
- **Mandated by Policy-Makers**
- **Set by Committee through Deliberation and Discussion*** †
- **AASHTO Target to Halve Fatalities by 2030**
- **Toward Zero Deaths Target*** †
- **Other – Use of Focus Groups**

Feasibility of the DOT target was not tested.* Feasibility testing of the SHSO target is in progress by monitoring daily fatalities and utilizing the assistance of a research university. †

**Data Used**

- **Fatalities*** †
- **Fatality Rate**†
- **Serious Injuries**
- **Other – VMT and State trend data.** †

* indicates Michigan Department of Transportation response.
† indicates Michigan Office of Highway Safety Planning response.
Resources Used or Planned

- □ HSM
- □ IHSDM
- □ Safety Analyst
- □ HERS
- □ PBCAT
- ✓ GIS Safety Analyst*
- □ HPMS
- □ FARS†
- □ FastFARS
- □ NASS – GES
- ✓ Other – State crash database*†

Capacity Building Strategies Desired

- ✓ Guidance Materials*
- ✓ Peer Exchange*†
- ✓ Technical Assistance*
- ✓ Training*
- □ Other

Fatality Trend versus Target

Fatality Trend

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

DOT Target: Reduce fatalities from 889 in 2011 to 750 by 2016.

SHSO Target: (not shown) Reduce fatalities from 889 in 2011 to 750 by 2016.
The target is zero fatalities and to reduce fatalities by 28 percent from the 2009 five-year average of 488 to 350 by 2015. The methodologies are Linear Trend, Forecasting Tool, Committee, and Toward Zero Deaths (FY 2012 HSP).

### Fatality Target

- **Toward Zero Deaths**
- **Fatality Reduction** – Reduce fatalities 28 percent from the 2009 five-year average of 488 to 350 by 2015.
- **Fatality Rate Reduction** – Reduce the fatality rate from the 2009 five-year average of 0.85 to 0.60 by 2015.
- **Other**
- **Interim Target** – Reduce fatalities to 390 by 2011 and 360 by 2013. Reduce the fatality rate to 0.69 per 100 MVMT by 2011 and 0.64 by 2013.

### Methodology

- **Linear Fatality Reduction Trend**
- **Forecasting or Analysis Tool** – SAS, Excel.
- **Mandated by Policy-Makers**
- **Set by Committee through Deliberation and Discussion**
- **AASHTO Target to Halve Fatalities by 2030**
- **Toward Zero Deaths Target**
- **Other**

Feasibility testing is in progress, but details are not available.

### Data Used

- **Fatalities**
- **Fatality Rate**
- **Serious Injuries**
- **Other** – Regional and National Trends.
**Resources Used or Planned**

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS - GES
- Other

**Capacity Building Strategies Desired**

- Guidance Materials
- Peer Exchange
- Technical Assistance
- Training
- Other

**Fatality Trend versus Target**

![Fatality Trend Chart]

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

**SHSO Target:** Reduce fatalities by 28 percent, from the 2009 five-year average of 488 to 350 by 2015.
Mississippi

Survey Respondent: Mississippi Department of Transportation (DOT)

The target is to reduce fatalities to 525 by 2017. The methodology is Committee (2012 Survey response).

### Fatality Target

- [x] Toward Zero Deaths
- [ ] Fatality Reduction – Reduce fatalities to 525 by 2017.
- [ ] Fatality Rate Reduction
- [ ] Other
- [ ] Interim Target

### Methodology

- [ ] Linear Fatality Reduction Trend
- [ ] Forecasting or Analysis Tool
- [ ] Mandated by Policy-Makers
- [x] Set by Committee through Deliberation and Discussion

Feasibility of the target was not tested.

### Data Used

- [x] Fatalities
- [ ] Fatality Rate
- [ ] Serious Injuries
- [ ] Other

AASHTO Target to Halve Fatalities by 2030
Toward Zero Deaths Target
Other
Resources Used or Planned

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS – GES
- Other

Capacity Building Strategies Desired

- Guidance Materials
- Peer Exchange
- Technical Assistance
- Training
- Other

Fatality Trend versus Target

Fatality Trend

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

DOT Target: Reduce fatalities to 525 by 2017.
Missouri

Survey Respondent: Missouri Department of Transportation (DOT)

The target is to reduce fatalities from 878 in 2009 to 700 by 2016. The methodologies are Committee and Other (2012-2016 SHSP).

**Fatality Target**

- **Toward Zero Deaths**
- **Fatality Reduction** – Reduce fatalities from 878 in 2009 to 700 by 2016.
- **Fatality Rate Reduction**
- **Other**
- **Interim Target**

**Methodology**

- **Linear Fatality Reduction Trend**
- **Forecasting or Analysis Tool**
- **Mandated by Policy-Makers**
- **Set by Committee through Deliberation and Discussion**
- **AASHTO Target to Halve Fatalities by 2030**
- **Toward Zero Deaths Target**
- **Other** – Reviewed national targets to determine Missouri’s “share” and set goal accordingly.

**Data Used**

- **Fatalities**
- **Fatality Rate**
- **Serious Injuries**
- **Other**
Resources Used or Planned

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS - GES
- Other – Transportation Management System (TMS) data.

Capacity Building Strategies Desired

- Guidance Materials
- Peer Exchange
- Training
- Other
- Technical Assistance

Fatality Trend versus Target

Fatality Trend

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

DOT Target: Reduce fatalities from 878 in 2009 to 700 by 2016.
Montana

Survey Respondent: Montana Department of Transportation (DOT)

The target is to reduce fatalities and incapacitating injuries by 50 percent from 1,704 in 2007 to 852 by 2030. The methodologies are Linear Trend, Committee, and Halve Fatalities by 2030 (2010 SHSP).

**Fatality Target**

- **Toward Zero Deaths**
- **Fatality Reduction** - Reduce fatalities and incapacitating injuries by 50 percent from 1,704 in 2007 to 852 by 2030.
- **Fatality Rate Reduction**
- **Other**
- **Interim Target** - Reduce the number of fatalities and incapacitating injuries based on a five-year average.

**Methodology**

- **Linear Fatality Reduction Trend**
- **AASHTO Target to Halve Fatalities by 2030**
- **Forecasting or Analysis Tool**
- **Toward Zero Deaths Target**
- **Mandated by Policy-Makers**
- **Other**
- **Set by Committee through Deliberation and Discussion**

Feasibility of the target was not tested.

**Data Used**

- **Fatalities**
- **Serious Injuries**
- **Fatality Rate**
- **Other**
### Resources Used or Planned

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS – GES
- Other – Statewide trend analysis based on internal safety management system.

### Capacity Building Strategies Desired

- Guidance Materials
- Peer Exchange
- Training
- Other
- Technical Assistance

### Fatality Trend versus Target

![Fatality Trend](image)

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

**DOT Target:** Reduce fatalities and incapacitating injuries by 50 percent from 1,704 in 2007 to 852 by 2030. Trend graphic includes only fatalities.
Survey Respondent: Nebraska Office of Highway Safety (SHSO)

The target is to reduce fatalities 10 percent from the 2010 three-year average of 207 to 186 by 2012 (FY 2012 HSP).

The rate target is to reduce fatalities per 100 MVMT to 0.5 by 2015. The methodologies are Linear Trend, Committee, and Toward Zero Deaths (2012 Survey response).

**Fatality Target**

- **Toward Zero Deaths**
- **Fatality Reduction** – Reduce fatalities 10 percent from the 2010 three-year average of 207 to 186 by 2012.
- **Fatality Rate Reduction** – Reduce fatality rate to 0.5 per 100 MVMT by 2015.
- Other
- **Interim Target** – Reduce fatality rate to 0.84 per 100 MVMT by 2012 and 0.80 per 100 MVMT 2013.

**Methodology**

- **Linear Fatality Reduction Trend**
- **Forecasting or Analysis Tool**
- **Mandated by Policy-Makers**
- **Set by Committee through Deliberation and Discussion**
- **AASHTO Target to Halve Fatalities by 2030**
- **Toward Zero Deaths Target**
- **Other**

Feasibility of the target was not tested.

**Data Used**

- **Fatalities**
- **Fatality Rate**
- **Serious Injuries**
- Other
**Resources Used or Planned**

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS – GES
- Other

**Capacity Building Strategies Desired**

- Guidance Materials
- Peer Exchange
- Technical Assistance
- Training
- Other

**Fatality Trend versus Target**

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

**SHSO Target:** Reduce fatalities from the 2010 three-year average of 207 to 186 by 2012.
The target is zero deaths and to reduce the five-year average of fatalities and serious injuries 50 percent by 2030. The methodologies are Forecasting Tool, Committee, Halve Fatalities by 2030, and Toward Zero Deaths (2012 Survey response).

### Fatality Target

- **Toward Zero Deaths**
- **Fatality Reduction** – Reduce five-year average fatalities and serious injuries by 50 percent by 2030.
- **Interim Target** – Reduce five-year average fatalities and serious injuries by 3.4 percent annually.

### Methodology

- **Linear Fatality Reduction Trend**
- **Forecasting or Analysis Tool**
- **Mandated by Policy-Makers**
- **Set by Committee through Deliberation and Discussion**
- **AASHTO Target to Halve Fatalities by 2030**
- **Toward Zero Deaths Target**
- **Other**

Feasibility of the target was tested with trend analysis using five years of data.

### Data Used

- **Fatalties**
- **Other**
- **Fatality Rate**
- **Serious Injuries**
- **Other**
**Resources Used or Planned**

- ✓ HSM
- ✓ IHSDM
- ✓ Safety Analyst
- ✓ FARS
- ✓ FastFARS
- ✓ NASS – GES
- ✓ Other – Intersection Safety Implementation Plan

**Capacity Building Strategies Desired**

- ✓ Guidance Materials
- ✓ Peer Exchange
- ✓ Training
- ✓ Technical Assistance
- ✓ Other

**Fatality Trend versus Target**

*Source: FARS, 2013.*

*Note: Fatality trend calculated by Cambridge Systematics based on past performance.*

**DOT Target:** Reduce the five-year average of fatalities and serious injuries 50 percent by 2030.
The target is to reduce fatalities one percent from the 2011 three-year average of 589 to 584 by 2013. The rate target is to reduce fatalities per 100 MVMT from the 2011 three-year average of 0.77 to 0.76 by 2013. The methodologies are Linear Trend and Mandate (2012 Survey response).

**Fatality Target**

- **Toward Zero Deaths**
- **Fatality Reduction** – Reduce fatalities one percent from the 2011 three-year average of 589 to 584 by 2013.
- **Fatality Rate Reduction** – Reduce the fatality rate per 100 MVMT from the 2011 three-year average of 0.77 to 0.76 by 2013.
- Other
- Interim Target

**Methodology**

- **Linear Fatality Reduction Trend**
- **Forecasting or Analysis Tool**
- **Mandated by Policy-Makers**
- **Set by Committee through Deliberation and Discussion**
- **AASHTO Target to Halve Fatalities by 2030**
- **Toward Zero Deaths Target**
- **Other**

Feasibility testing in progress, but details are not available.

**Data Used**

- **Fatalities**
- **Fatality Rate**
- **Serious Injuries**
- Other
**Resources Used or Planned**

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS – GES
- Other

**Capacity Building Strategies Desired**

- ☑ Guidance Materials
- ☑ Training
- ☑ Peer Exchange
- ☑ Other
- ☑ Technical Assistance
- ☑ Other

**Fatality Trend versus Target**

**Fatality Trend**

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

**SHSO Target:** Reduce fatalities from the 2011 three-year average of 589 to 584 by 2013.
The target is to reduce fatalities 50 percent from the 2008 five-year average of 455 to 227 by 2030. The methodologies are Linear Trend and Halve Fatalities by 2030 (2010 SHSP).

**Fatality Target**

- **Toward Zero Deaths**
- **Fatality Reduction** – Reduce fatalities 50 percent from the 2008 five-year average of 455 to 227 by 2030.
- **Fatality Rate Reduction**
- **Other**
- **Interim Target** – Reduce fatalities to 382 by 2015, 331 by 2020, and 279 by 2025.

**Methodology**

- **Linear Fatality Reduction Trend**
- **Forecasting or Analysis Tool**
- **Mandated by Policy-Makers**
- **Set by Committee through Deliberation and Discussion**
- ***AASHTO Target to Halve Fatalities by 2030***
- **Toward Zero Deaths Target**
- **Other**

Feasibility of the target was tested by observing that the 2009 fatality number achieved corresponded to the 2017 fatality target.

**Data Used**

- **Fatalities**
- **Fatality Rate**
- **Serious Injuries**
- **Other**
Resources Used or Planned

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS – GES
- Other
- GIS Safety Analyst

Capacity Building Strategies Desired

- Guidance Materials
- Peer Exchange
- Training
- Other
- Technical Assistance

Fatality Trend versus Target

Fatality Trend

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

DOT Target: Reduce five-year average fatalities by 50 percent from 455 in 2008 to 227 by 2030.
The target is to reduce fatalities to 1,127 by 2013 and reduce the fatality rate to 0.86 per 100 MVMT by 2013. The methodology is Linear Trend (2012 Survey response).

### Fatality Target

- **Toward Zero Deaths**
- **Fatality Reduction** – Reduce fatalities to 1,127 by 2013.
- **Fatality Rate Reduction** – Reduce fatality rate to 0.86 per 100 MVMT by 2013.
- **Other**
- **Interim Target**

### Methodology

- **Linear Fatality Reduction Trend**
- **Forecasting or Analysis Tool**
- **Mandated by Policy-Makers**
- **Set by Committee through Deliberation and Discussion**
- **AASHTO Target to Halve Fatalities by 2030**
- **Toward Zero Deaths Target**
- **Other**

Feasibility of the target was tested by using fatality trend analysis.

### Data Used

- **Fatalities**
- **Fatality Rate**
- **Serious Injuries**
- **Other**
**Resources Used or Planned**

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS – GES
- Other

**Capacity Building Strategies Desired**

- Guidance Materials
- Peer Exchange
- Technical Assistance
- Training
- Other – At this point the agency feels it can conduct its own analysis.

**Fatality Trends versus Targets**

**Fatality Trend**

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

**SHSO Target:** Reduce fatalities to 1,127 by 2013.
The target is to reduce fatalities to zero with interim targets to reduce fatalities by 50 percent from the 2008 five-year average of 395 to 195 by 2030. The methodologies are Halve Fatalities by 2030 and Toward Zero Deaths (2012 Survey response).

**Fatality Target**

- **Toward Zero Deaths**
- **Fatality Reduction** – Zero fatalities.
- **Fatality Rate Reduction**
- **Other**
- **Interim Target** – Reduce five-year average fatalities by 50 percent from 395 in 2008 to 195 by 2030.

**Methodology**

- Linear Fatality Reduction Trend
- Forecasting or Analysis Tool
- Mandated by Policy-Makers
- Set by Committee through Deliberation and Discussion
- AASHTO Target to Halve Fatalities by 2030
- Toward Zero Deaths Target
- Other

Feasibility of the target was not tested.

**Data Used**

- **Fatalities**
- **Fatality Rate**
- **Serious Injuries**
- **Other**
**Resources Used or Planned**

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS – GES
- Other

**Capacity Building Strategies Desired**

- Guidance Materials
- Peer Exchange
- Training
- Other
- Technical Assistance

**Fatality Trend versus Target**

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

**DOT Target:** Reduce fatalities to zero, and by 50 percent from the 2008 five-year average of 395 to 195 by 2030.
The target is to reduce fatalities to 1,541 by 2011. The rate target is to reduce fatalities to 1.0 per 100 MVMT by 2008. The methodologies are Linear Trend, Committee, and Halve Fatalities by 2030 (2012 Survey response, adapted from 2007 SHSP).

**Fatality Target**

- **Toward Zero Deaths**
- **Fatality Reduction** – Reduce fatalities to 1,541 by 2011.
- **Fatality Rate Reduction** – Reduce fatality rate to 1.0 per 100 MVMT by 2008.\(^8\)
- **Other** – Reduce fatal crash rate annually by 2.5 percent over a 20-year period.
- **Interim Target**

**Methodology**

- **Linear Fatality Reduction Trend**
- **Forecasting or Analysis Tool**
- **Mandated by Policy-Makers**
- **Set by Committee through Deliberation and Discussion**

Feasibility of the target was tested. The fatality target was determined by using VMT projections and the target fatality rate.

**Data Used**

- **Fatalities**
- **Fatality Rate**
- **Serious Injuries**
- **Other** – VMT and population trends.

---

**Resources Used or Planned**

- [ ] HSM
- [ ] IHSDM
- [ ] Safety Analyst
- [ ] HERS
- [ ] PBCAT
- [ ] GIS Safety Analyst
- [ ] HPMS
- [ ] FARS
- [ ] FastFARS
- [ ] NASS - GES
- [ ] Other – North Carolina’s crash database and safety traffic analysis system.

**Capacity Building Strategies Desired**

- [ ] Guidance Materials
- [x] Peer Exchange
- [ ] Technical Assistance
- [ ] Training
- [ ] Other

**Fatality Trend versus Target**

![Fatality Trend Graph]

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

**DOT Target:** Reduce fatalities to 1,541 by 2011.
The target is zero fatalities with an interim target to reduce fatalities to 100 by 2020. The methodology is Toward Zero Deaths (2012 Survey response).

## Fatality Target

- **Toward Zero Deaths**
- **Fatality Reduction**
- **Fatality Rate Reduction**
- **Other**
- **Interim Target** – Reduce fatalities to 100 by 2020.

## Methodology

- **Linear Fatality Reduction Trend**
- **Forecasting or Analysis Tool**
- **Mandated by Policy-Makers**
- **Set by Committee through Deliberation and Discussion**

Feasibility of the target was not tested.

## Data Used

- **Fatalities**
- **Fatality Rate**
- **Serious Injuries**
- **Other**
Resources Used or Planned

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS - GES
- Other

Capacity Building Strategies Desired

- Guidance Materials
- Peer Exchange
- Technical Assistance
- Training
- Other

Fatality Trend versus Target

<table>
<thead>
<tr>
<th>Year</th>
<th>Fatalities (FARS)</th>
<th>Fatality Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>105</td>
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<td>2002</td>
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<tr>
<td>2019</td>
<td>172</td>
<td></td>
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<tr>
<td>2020</td>
<td>175</td>
<td></td>
</tr>
</tbody>
</table>

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

DOT Target: Reduce fatalities to 100 by 2020.
The target is to reduce fatalities 4.7 percent from the 2010 three-year average of 1,099 to 950 by 2014. The fatality rate target is to reduce fatalities by 4.8 percent from the 2010 three-year average of 0.99 to 0.86 by 2014. The methodologies are Linear Trend, Committee, and Toward Zero Deaths (FY 2012 HSP).

**Fatality Target**

- **Toward Zero Deaths**
- **Fatality Reduction** – Reduce fatalities from the 2010 three-year average of 1,099 to 950 by 2014.
- **Fatality Rate Reduction** – Reduce fatalities 4.8 percent from the 2010 three-year average of 0.99 to 0.86 by 2014.
- **Other**
- **Interim Target** – Reduce fatalities to a three-year average of 1,047 and reduce the fatality rate to 0.94 per 100 MVMT by 2012.

**Methodology**

- **Linear Fatality Reduction Trend**
- **Forecasting or Analysis Tool**
- **Mandated by Policy-Makers**
- **Set by Committee through Deliberation and Discussion**
- **AASHTO Target to Halve Fatalities by 2030**
- **Toward Zero Deaths Target**
- **Other**

Feasibility of the target was tested by analyzing historical crash trends. Historically Ohio crash data, VMT, and population have been used to establish goals for priority emphasis areas. The office analyzes the previous five years of data to set goals for the upcoming fiscal year. The amount of reduction/increase for each goal is set based on past trends.⁹

**Data Used**

- **Fatalities**
- **Fatality Rate**
- **Serious Injuries**
- **Other** – Fatality categories, e.g., alcohol-related.

---

⁹ Ohio Highway Safety Plan, FY 2012.
Resources Used or Planned

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS – GES
- Other

Capacity Building Strategies Desired

- Guidance Materials
- Peer Exchange
- Technical Assistance
- Training
- Other

Fatality Trend versus Target

Fatality Trend

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

SHSO Target: Reduce fatalities from the 2010 three-year average of 1,099 to 950 by 2014.
Oklahoma

Survey Respondent: Oklahoma Department of Transportation (DOT)

The target is to reduce the fatality rate 20 percent from 1.71 per 100 MVMT in 2004 to 1.37 by 2015. The methodology is Committee (2007 SHSP).

**Fatality Target**

- **Toward Zero Deaths**
- **Fatality Reduction**
- **Fatality Rate Reduction** – Reduce fatality rate 20 percent from 1.71 per 100 MVMT in 2004 to 1.37 by 2015; an estimated 185 lives will be saved.
- **Other**
- **Interim Target**

**Methodology**

- **Linear Fatality Reduction Trend**
- **Forecasting or Analysis Tool**
- **Mandated by Policy-Makers**
- **Set by Committee through Deliberation and Discussion**
- **AASHTO Target to Halve Fatalities by 2030**
- **Toward Zero Deaths Target**
- **Other**

Feasibility testing is in progress, but details were not available.

**Data Used**

- **Fatalities**
- **Fatality Rate**
- **Serious Injuries**
- **Other**
**Resources Used or Planned**

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS - GES
- Other

**Capacity Building Strategies Desired**

- Guidance Materials
- Peer Exchange
- Technical Assistance
- Training
- Other - Funding

**Fatality Trend versus Target**

![Fatality Trend Graph]

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

DOT Target: No fatality target shown in figure; DOT has set rate target only.
The target is to reduce fatalities to 305 by 2030. The rate target is to reduce fatalities per 100 MVMT to 0.88 by 2030. The methodologies are Linear Trend and Committee (2011 SHSP).

**Fatality Target**

- **Toward Zero Deaths**
- **Fatality Reduction** – Reduce fatalities to 305 by 2030.
- **Fatality Rate Reduction** – Reduce fatalities per 100 MVMT to 0.88 by 2030.
- **Interim Target** – Target set every two years to meet 2020 goal.

**Methodology**

- **Linear Fatality Reduction Trend**
- **Forecasting or Analysis Tool**
- **Mandated by Policy-Makers**
- **Set by Committee through Deliberation and Discussion**
- **AASHTO Target to Halve Fatalities by 2030**
- **Toward Zero Deaths Target**
- **Other**

Feasibility of the target was not tested.

**Data Used**

- **Fatalities**
- **Fatality Rate**
- **Serious Injuries**
- **Other**
**Resources Used or Planned**

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS – GES
- Other – State crash database

**Capacity Building Strategies Desired**

- Guidance Materials
- Peer Exchange
- Technical Assistance
- Training
- Other

**Fatality Trends versus Targets**

![Fatality Trend Chart]

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

DOT Target: Reduce fatalities to 305 by 2030.
The target is to reduce fatalities from the 2010 three-year average of 370 to 330 by 2015. The rate target is to reduce fatalities per 100 MVMT from the 2010 three-year average of 1.10 to 0.85 by 2015. The methodologies are Linear Trend and Committee (2012 Survey response).

**Fatality Target**

- **Toward Zero Deaths**
- **Fatality Reduction** – Reduce three-year average fatalities to 330 by 2015.
- **Fatality Rate Reduction** – Reduce the three-year average fatality rate to 0.85 per 100 MVMT by 2015.
- **Interim Target** – Reduce the three-year average fatalities to 348 by 2013; Reduce the three-year average fatality rate from the 2010 average of 1.10 per 100 MVMT to 1.03 by 2013.

**Methodology**

- **Linear Fatality Reduction Trend**
- **Forecasting or Analysis Tool**
- **Mandated by Policy-Makers**
- **Set by Committee through Deliberation and Discussion**
- **AASHTO Target to Halve Fatalities by 2030**
- **Toward Zero Deaths Target**
- **Other**

Feasibility of the target was not tested.

**Data Used**

- **Fatalities**
- **Fatality Rate**
- **Serious Injuries**
- **Other** – Data from 25 topical areas are reviewed to impact State targets/goals.
Resources Used or Planned

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS – GES
- Other

Capacity Building Strategies Desired

- Guidance Materials
- Peer Exchange
- Technical Assistance
- Training
- Other – None required.

Fatality Trends versus Targets

Fatality Trend

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

SHSO Target: Reduce fatalities to 330 by 2015.
The target is to reduce the five-year average fatalities by 50 percent by 2030, from 1,413 in 2010 to 707 by 2030. The methodologies are Linear Trend, Halve Fatalities by 2030, Committee, and Other (2012 Survey response).

**Fatality Target**

- **Toward Zero Deaths**
- **Fatality Reduction** – Reduce five-year average fatalities by 50 percent by 2030, from 1,413 in 2010 to 707 by 2030.
- **Fatality Rate Reduction**
- **Other**
- **Interim Target** – Reduce fatalities by 35 annually.

**Methodology**

- **Linear Fatality Reduction Trend**
- **Forecasting or Analysis Tool**
- **Mandated by Policy-Makers**
- **Set by Committee through Deliberation and Discussion**
- **AASHTO Target to Halve Fatalities by 2030**
- **Toward Zero Deaths Target**
- **Other** – Decided by over 50 stakeholders and safety partners at a safety summit.

Feasibility of the target is in progress using the following methodology: Based on overall goal, goals for each specific safety focus area were established. To meet the goal in each safety focus area, specific strategies (action items) were established. This was established based on past-performance measurements and benefit/cost analysis. Future funding potential was considered to balance the activities that would help meet the goals.

**Data Used**

- **Fatalities**
- **Fatality Rate**
- **Serious Injuries**
- **Other**
Resources Used or Planned

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS - GES
- Other - Crash Data Analysis and Retrieval Tool (CDART)

Capacity Building Strategies Desired

- Guidance Materials
- Peer Exchange
- Technical Assistance
- Training
- Other - Roadway Departure and Intersection Safety Implementation Plans

Fatality Trends versus Targets

Fatality Trend

<table>
<thead>
<tr>
<th>Year</th>
<th>Fatalities (5-Yr Avg, FARS)</th>
<th>Fatality Trend (5-Yr Avg)</th>
<th>2012 DOT Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>1,566</td>
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</tr>
<tr>
<td>2006</td>
<td>1,564</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>1,500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>1,578</td>
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<td>2009</td>
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<td>2030</td>
<td>927</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

DOT Target: Reduce five-year average fatalities by 50 percent by 2030, from 1,413 in 2010 to 707 by 2030.
Puerto Rico


The Commonwealth has not set a fatality target.

**Fatality Target**

- Toward Zero Deaths
- Fatality Reduction
- Fatality Rate Reduction
- Other
- Interim Target

Note: The Commonwealth has other performance-based targets for highway safety in place, including for the 10 performance measures required by GHSA and NHTSA. The Commonwealth of Puerto Rico has considered developing a fatality target.

**Methodology**

- Linear Fatality Reduction Trend
- Forecasting or Analysis Tool
- Mandated by Policy-Makers
- Set by Committee through Deliberation and Discussion

**Data Used**

- Fatalities
- Fatality Rate

- AASHTO Target to Halve Fatalities by 2030
- Toward Zero Deaths Target
- Other

---

Resources Used or Planned

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS - GES
- Other

Capacity Building Strategies Desired

- Guidance Materials
- Peer Exchange
- Technical Assistance
- Training
- Other

Fatality Trends versus Targets

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

SHSO Target: No fatality target has been set.
Rhode Island

Survey Respondent: Rhode Island Department of Transportation (DOT)*

The target is to reduce fatalities to zero, with interim targets of reducing fatalities 50 percent from 67 fatalities in 2010 to 33 fatalities by 2030. The methodologies are Committee, Halve Fatalities by 2030, and Toward Zero Deaths (2012 SHSP).

Survey Respondent: Rhode Island Office of Highway Safety (SHSO)†

The target is to reduce fatalities by 50 percent by 2030. The methodology is Toward Zero Deaths (2012 Survey response). The rate target is to reduce fatalities per 100 MVMT from 1.01 in 2009 to 1.0 by 2011 (FY 2012 HSP).

Fatality Target

- **Toward Zero Deaths***
- **Fatality Reduction** – Reduce fatalities 50 percent from 67 fatalities in 2010 to 33 fatalities by 2030.* †
- **Fatality Rate Reduction** – Reduce fatalities per 100 MVMT from 1.01 in 2009 to 1.00 by 2011.†
- **Other**
- **Interim Target** – Reduce fatalities to 55 by 2016.* Reduce fatalities by 3.2 percent annually.†

Methodology

- **Linear Fatality Reduction Trend**
- **Forecasting or Analysis Tool**
- **Mandated by Policy-Makers**
- **Set by Committee through Deliberation and Discussion***
- **AASHTO Target to Halve Fatalities by 2030***
- **Toward Zero Deaths Target*** †
- **Other**

Feasibility of the DOT target was not tested.* Feasibility of the target was tested using Countermeasures That Work and CRFs.†

Data Used

- **Fatalities*** †
- **Fatality Rate**
- **Serious Injuries*** †
- **Other**

* indicates Rhode Island Department of Transportation response.
† indicates Rhode Island Office of Highway Safety response.
**Resources Used or Planned**

- HSM*
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS*†
- FastFARS
- NASS – GES
- Other

**Capacity Building Strategies Desired**

- Guidance Materials
- Peer Exchange*†
- Technical Assistance
- Training
- Other

**Fatality Trends versus Targets**

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

**DOT Target:** Reduce fatalities 50 percent from 67 in 2010 to 33 by 2030.

**SHSO Target:** (not shown) Reduce fatalities 50 percent by 2030.
Survey Respondent: South Carolina Department of Transportation (DOT)

The target is to reduce fatalities 25 percent, from 1,046 in 2004 to 784 in 2010. The methodology was not specified (2007 SHSP).

### Fatality Target

- **Toward Zero Deaths**
- **Fatality Reduction** – Reduce fatalities by 25 percent, from 1,046 in 2004 to 784 in 2010.
- **Fatality Rate Reduction**
- **Other**
- **Interim Target**

Note: The State also has other performance-based targets for highway safety.

### Methodology

- **Linear Fatality Reduction Trend**
- **Forecasting or Analysis Tool**
- **Mandated by Policy-Makers**
- **Set by Committee through Deliberation and Discussion**

- **AASHTO Target to Halve Fatalities by 2030**
- **Toward Zero Deaths Target**
- **Other**

### Data Used

- **Fatalities**
- **Fatality Rate**
- **Serious Injuries**
- **Other**
**Resources Used or Planned**

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS – GES
- Other

**Capacity Building Strategies Desired**

- Guidance Materials
- Peer Exchange
- Technical Assistance
- Training
- Other

**Fatality Trends versus Targets**

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

**DOT Target:** Reduce fatalities by 25 percent, from 1,046 in 2004 to 784 in 2010.
The target is to reduce fatalities 47 percent from 186 in 2005 to 99 by 2015. The rate target is to reduce the fatalities per 100 MVMT from 2.29 in 2005 to 1.00 by 2015. The methodology is unknown (2007 SHSP).

**Fatality Target**

- **Toward Zero Deaths**
- **Fatality Reduction** – Reduce fatalities 47 percent from 186 in 2005 to 99 by 2015.
- **Fatality Rate Reduction** – Reduce fatality rate from 2.29 fatalities per 100 MVMT in 2005 to 1.00 in 2015.
- **Interim Targets** – Reduce fatalities by five percent annually to 144 by 2010. Reduce the fatality rate per 100 MVMT to 1.55 by 2010. The 2005 rate of 2.29 fatalities per 100 million VMT to 1.55 by 2010.

**Note:** No fatality target was indicated in the 2012 survey. The respondent indicated that the State had other safety performance targets in place.

**Methodology**

- Linear Fatality Reduction Trend
- Forecasting or Analysis Tool
- Mandated by Policy-Makers
- Set by Committee through Deliberation and Discussion
- AASHTO Target to Halve Fatalities by 2030
- Toward Zero Deaths Target
- Other

**Data Used**

- Fatalities
- Fatality Rate
- Serious Injuries
- Other
Resources Used or Planned

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS – GES
- Other

Capacity Building Strategies Desired

- Guidance Materials
- Peer Exchange
- Technical Assistance
- Training
- Other

Fatality Trend versus Target

Fatality Trend

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

DOT Target: Reduce fatalities from 186 in 2005 to 99 by 2015.
The survey respondent did not know if the feasibility of the target had been tested.
**Resources Used or Planned**

- ✔️ HSM
- ✔️ IHSDM
- ✔️ Safety Analyst
- ✔️ HERS
- ✔️ PBCAT
- ✔️ GIS Safety Analyst
- ☐ HPMS
- ☐ FARS
- ☐ FastFARS
- ☐ NASS – GES
- ☐ Other

**Capacity Building Strategies Desired**

- ☐ Guidance Materials
- ☐ Peer Exchange
- ✔️ Training
- ☐ Other
- ☐ Technical Assistance

**Fatality Trends versus Targets**

Fatality Trend

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

DOT Target: Reduce fatalities from 1,044 in 2008 to 900 by 2013.
The target is to reduce the fatality rate to 1.23 fatalities per 100 MVMT by 2016. The methodologies are Linear Trend and Committee (2012 Survey response).

### Fatality Target

- **Toward Zero Deaths**
- **Fatality Reduction**
- **Fatality Rate Reduction** – Reduce fatality rate to 1.23 fatalities per 100 MVMT by 2016.
- **Other**
- **Interim Targets** – Reduce the fatality rate per 100 MVMT to 1.27 by 2012, 1.26 by 2013, 1.25 by 2014, and 1.24 by 2015.

### Methodology

- **Linear Fatality Reduction Trend**
- **Forecasting or Analysis Tool**
- **Mandated by Policy-Makers**
- **Set by Committee through Deliberation and Discussion**

Feasibility of the target was not tested.

### Data Used

- **Fatalities**
- **Fatality Rate**
- **Serious Injuries**
- **Other**
**Resources Used or Planned**

- [ ] HSM
- [ ] IHSDM
- [ ] Safety Analyst
- [ ] HERS
- [ ] PBCAT
- [ ] GIS Safety Analyst
- [ ] HPMS
- [ ] FARS
- [ ] FastFARS
- [ ] NASS – GES
- [ ] Other – Did not use any of the above

**Capacity Building Strategies Desired**

- [✓] Guidance Materials
- [✓] Peer Exchange
- [ ] Technical Assistance
- [ ] Training
- [ ] Other

**Fatality Trends versus Targets**

![Fatality Trend Chart](chart.png)

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

DOT Target: Not shown, as the State only set a fatality rate target.
Utah

Survey Respondent: Utah Department of Public Safety – Highway Safety Office (SHSO)

The target is zero deaths. The methodology is Committee (2012 Survey response).

The Highway Safety Plan fatality target is to reduce fatalities to 235 by 2012, and to reduce the fatality rate to 0.90 per 100 MVMT by 2012 (FY 2012 HSP).

**Fatality Target**

- **Toward Zero Deaths**
- **Fatality Reduction** – Zero deaths; Reduce fatalities to 235 by 2012.
- **Fatality Rate Reduction** – Reduce fatalities per 100 MVMT to 0.90 by 2012.
- **Other**
- **Interim Target**

**Methodology**

- **Linear Fatality Reduction Trend**
- **Forecasting or Analysis Tool**
- **Mandated by Policy-Makers**
- **Set by Committee through Deliberation and Discussion**

Feasibility of the target was not tested. Stakeholders decided that no target other than zero is acceptable. The goal is not based on an analytical or forecasting tool.

**Data Used**

- **Fatalities**
- **Fatality Rate**
- **Serious Injuries**
- **Other** - No data needed to support zero fatalities.
Resources Used or Planned

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS – GES
- Other

Capacity Building Strategies Desired

- [ ] Guidance Materials
- [ ] Peer Exchange
- [ ] Technical Assistance
- [ ] Training
- [ ] Other

Fatality Trend versus Target

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

SHSO Target: Reduce fatalities to zero and to 235 by 2012.
Survey Respondent: Vermont Governor’s Highway Safety Program (SHSO)

The target is zero deaths. The methodology is Toward Zero Deaths (2012 Survey response).

The Highway Safety Plan target is to reduce fatalities from the 2010 three-year average of 72 to 67.6 by 2012. The rate target is to reduce fatalities per 100 MVMT by two percent from the 2010 three-year average of 0.95 to 0.93 by 2012 (FY 2012 HSP).

Fatality Target

- Toward Zero Deaths
- Fatality Reduction – Reduce fatalities from the 2010 three-year average of 72 to 68 by 2012.
- Fatality Rate Reduction – Reduce fatalities per 100 MVMT by two percent from the 2010 three-year average of 0.95 to 0.93 by 2012.
- Other
- Interim Target

Methodology

- Linear Fatality Reduction Trend
- Forecasting or Analysis Tool
- Mandated by Policy-Makers
- Set by Committee through Deliberation and Discussion
- AASHTO Target to Halve Fatalities by 2030
- Toward Zero Deaths Target
- Other

The survey respondent did not know if the feasibility of the target was tested.

Data Used

- Fatalities
- Fatality Rate
- Serious Injuries
- Other
Resources Used or Planned

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS – GES
- Other

Capacity Building Strategies Desired

- Guidance Materials
- Peer Exchange
- Technical Assistance
- Training
- Other

Fatality Trends versus Targets

![Fatality Trend Graph]

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

SHSO Target: Reduce fatalities to zero and from the 2010 three-year average of 72 to 67.6 by 2012.
The target is to reduce fatalities 50 percent by 2030 with an interim goal of reducing fatalities 3.2 percent annually from 742 in 2010 to 603 in 2016. The methodologies are Halve Fatalities by 2030 and Toward Zero Deaths (2012 Survey response).

**Fatality Target**

- **Toward Zero Deaths**
- **Fatality Reduction** – Reduce fatalities by 50 percent from 740 in 2010 to 370 in 2030.
- **Fatality Rate Reduction**
- **Other**
- **Interim Target** – Reduce fatalities 3.2 percent annually to 603 in 2016.

**Methodology**

- **Linear Fatality Reduction Trend**
- **Forecasting or Analysis Tool**
- **Mandated by Policy-Makers**
- **Set by Committee through Deliberation and Discussion**
- **AASHTO Target to Halve Fatalities by 2030**
- **Toward Zero Deaths Target**
- **Other**

Feasibility of the target was tested through trend analysis of fatalities and serious injuries between 2001 and 2010.

**Data Used**

- **Fatalities**
- **Fatality Rate**
- **Serious Injuries**
- **Other**
Resources Used or Planned

- [✓] HSM
- [✓] IHSDM
- [✓] Safety Analyst
- [✓] HERS
- [✓] PBCAT
- [✓] GIS Safety Analyst
- [ ] HPMS
- [ ] FARS
- [ ] FastFARS
- [ ] NASS - GES
- [ ] Other

Capacity Building Strategies Desired

- [✓] Guidance Materials
- [ ] Peer Exchange
- [ ] Technical Assistance
- [ ] Training
- [ ] Other

Fatality Trend versus Target

Source: FARS, 2013.

Note: Future trend calculated by Cambridge Systematics based on past performance.

DOT Target: Reduce fatalities from 742 in 2010 to 603 by 2016 and 371 by 2030.
Washington

Survey Respondent: Washington Department of Transportation (DOT)*

The target is zero fatalities and serious crashes by 2030 with an interim goal to reduce fatalities to 496 by 2012 and 460 by 2014. The methodology is not indicated (2010 SHSP).


The target is zero fatalities by 2030 with an interim target to reduce fatalities from the 2009 three-year average of 528 to 496 by 2012. The rate target is to reduce fatalities per 100 MVMT from the 2009 three-year average of 0.94 to 0.85 by 2012. The methodologies are Committee and Toward Zero Deaths (2012 Survey response and FY 2012 HSP).

**Fatality Target**

- **Toward Zero Deaths***
- **Fatality Reduction** – Zero fatalities by 2030.*†
- **Fatality Rate Reduction** – Reduce fatalities per 100 MVMT from the 2009 three-year average of 0.94 to 0.85 by 2012.†
- **Other** – Zero fatal and serious injury crashes by 2030.* Reduce annual fatal crashes by 26.†
- **Interim Target** – Reduce fatalities to 496 by 2012 and 460 by 2014*† Reduce fatalities to 532 in 2010, with similar goals in 2012 and 2014 (2012 SHSP and FY 2012 HSP).†

**Methodology**

- Linear Fatality Reduction Trend
- Forecasting or Analysis Tool
- Mandated by Policy-Makers
- Set by Committee through Deliberation and Discussion†
- AASHTO Target to Halve Fatalities by 2030
- Toward Zero Deaths Target †
- Other

Feasibility of the DOT target was tested but the survey respondent did not know the details. Washington has set interim goals halfway between the projected and aspirational rate of reductions (2012 SHSP).*

**Data Used**

- Fatalities†
- Fatality Rate†
- Serious Injuries†
- Other

* indicates Washington Department of Transportation response.
Resources Used or Planned

- HSM†
- IHSDM†
- Safety Analyst
- HERS
- PBCAT†
- GIS Safety Analyst†
- HPMS
- FARS†
- FastFARS
- NASS – GES
- Other – FHWA’s economic model for estimating crash costs†

Capacity Building Strategies Desired

- Guidance Materials†
- Peer Exchange
- Technical Assistance
- Training
- Other

Fatality Trends versus Targets

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

DOT Target: Reduce fatalities to 496 by 2012 and 460 by 2014. (2010 SHSP)

SHSO Target: (not shown) Reduce fatalities from the 2009 three-year average of 528 to 496 in 2012.
Survey Respondent: West Virginia Governor’s Highway Safety Program (SHSO)

The target is to reduce fatalities 7.5 percent from the 2010 five-year average of 378 to 350 by 2012. The rate target is to reduce fatalities per 100 MVMT from the 2010 five-year average of 1.87 to 1.80 by 2012. The methodology is unknown (FY 2012 HSP).

**Fatality Target**

- **Toward Zero Deaths**
- **Fatality Reduction** – Reduce fatalities 7.5 percent from the 2010 five-year average of 378 to 350 by 2012.
- **Fatality Rate Reduction** – Reduce fatalities per 100 MVMT from the 2010 five-year average of 1.87 to 1.80 by 2012.
- **Other**
- **Interim Target**

**Methodology**

- **Linear Fatality Reduction Trend**
- **Forecasting or Analysis Tool**
- **Mandated by Policy-Makers**
- **Set by Committee through Deliberation and Discussion**
- **AASHTO Target to Halve Fatalities by 2030**
- **Toward Zero Deaths Target**
- **Other**

**Data Used**

- **Fatalities**
- **Fatality Rate**
- **Serious Injuries**
- **Other**
**Resources Used or Planned**

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS – GES
- Other

**Capacity Building Strategies Desired**

- Guidance Materials
- Peer Exchange
- Technical Assistance
- Training
- Other

**Fatality Trends versus Targets**

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

**SHSO Target:** Reduce fatalities from the 2010 five-year average of 378 to 350 by 2012.
Wisconsin

Survey Respondent: Wisconsin Department of Transportation (DOT)

The target is zero deaths and a five percent annual reduction in fatalities from the 2009 five-year average of 676 to 551 by 2013. The fatality rate target is to reduce fatalities per 100 MVMT from the 2009 five-year average of 1.15 to 0.94 by 2013. The methodology is Toward Zero Deaths (2011 SHSP).

**Fatality Target**

- **Toward Zero Deaths**
- **Fatality Reduction** – Reduce fatalities five percent annually, from a 2009 average of 676 fatalities to 551 by 2013.
- **Fatality Rate Reduction** – Reduce fatalities per 100 MVMT from the 2009 five-year average of 1.15 to 0.94 by 2013.
- Other
- Interim Target

**Methodology**

- Linear Fatality Reduction Trend
- Forecasting or Analysis Tool
- Mandated by Policy-Makers
- Set by Committee through Deliberation and Discussion
- AASHTO Target to Halve Fatalities by 2030
- Toward Zero Deaths Target
- Other

Feasibility of the target was tested, but details are not available.

**Data Used**

- Fatalities
- Fatality Rate
- Serious Injuries
- Other
Resources Used or Planned

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS – GES
- Other

Capacity Building Strategies Desired

- Guidance Materials
- Peer Exchange
- Technical Assistance
- Training
- Other

Fatality Trend versus Target

Source: FARS, 2013.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

DOT Target: Reduce fatalities from the 2009 five-year average of 676 to 551 by 2013.
### Fatality Target

- **Toward Zero Deaths**
- **Fatality Reduction** – Reduce fatalities to 135.
- **Fatality Rate Reduction**
- **Other** – Reduce fatal crashes to 120.
- **Interim Target**

### Methodology

- Linear Fatality Reduction Trend
- Forecasting or Analysis Tool
- Mandated by Policy-Makers
- Set by Committee through Deliberation and Discussion
- AASHTO Target to Halve Fatalities by 2030
- Toward Zero Deaths Target
- Other

Feasibility of the target was tested primarily through consensus of what is achievable.

### Data Used

- **Fatalities**
- **Fatality Rate**
- **Serious Injuries**
- **Other** – Fatal crashes, PDO crashes
**Resources Used or Planned**

- [x] HSM
- [ ] IHSDM
- [ ] Safety Analyst
- [ ] HERS
- [ ] PBCAT
- [ ] GIS Safety Analyst
- [x] HPMS
- [ ] FARS
- [ ] FastFARS
- [ ] NASS – GES
- [x] Other – MIRE data housed in the HPMS system

**Capacity Building Strategies Desired**

- [ ] Guidance Materials
- [x] Peer Exchange
- [ ] Technical Assistance
- [ ] Training
- [x] Other (need continued support of CMF research to support fatality reduction estimates).

**Fatality Trends versus Targets**

- **Fatality Trend**

  Source: FARS, 2013.

  Note: Fatality trend calculated by Cambridge Systematics based on past performance.

  **DOT Target:** Reduce fatalities to 135.
Cheyenne MPO

Survey Respondent: Cheyenne Metropolitan Planning Organization (MPO)

The target is to reduce fatal and injury crashes 10 percent from the 2006 five-year average of 451 to 406 by 2020. The methodology is Committee (2012 Survey response and Cheyenne Transportation Safety Management Plan).

**Fatality Target**

- **Toward Zero Deaths**
- **Fatality Reduction** – Reduce fatal and injury crashes by 10 percent from the 2006 five-year average of to 406 by 2020.
- **Fatality Rate Reduction**
- **Other** – Target includes both fatal and injury crashes.
- **Interim Target**

Note: The Wyoming target is less than 135 fatalities, less than 120 fatal crashes.

**Methodology**

- **Linear Fatality Reduction Trend**
- **Forecasting or Analysis Tool**
- **Mandated by Policy-Makers**
- **Set by Committee through Deliberation and Discussion**
- **AASHTO Target to Halve Fatalities by 2030**
- **Toward Zero Deaths Target**
- **Other**

As the number of fatal crashes in the MPO region is so small (an average of six fatal crashes per year from 2007 to 2011) the target includes fatal and injury crashes. Crashes were chosen as a measure because there is no way to control the number of passengers in each vehicle involved in a crash. Feasibility of the target was not formally tested.

**Data Used**

- **Fatalities**
- **Serious Injuries**
- **Fatality Rate**
- **Other** – All injury crashes.
**Resources Used or Planned**

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS – GES
- Other – State crash database

**Capacity Building Strategies Desired**

- Guidance Materials
- Peer Exchange
- Technical Assistance
- Training
- Other

**Fatality Trend versus Target**

**Fatal and Injury Crash Trend**

Source: Cheyenne, 2012.

Note: Future trend calculated by Cambridge Systematics based on past performance.

**MPO Target:** Reduce fatal and injury crashes 10 percent from the 2006 five-year average of 451 to 406 by 2020.
Survey Respondent: Mid-America Regional Council (MPO)

The target is to reduce fatalities 50 percent from 182 in 2010 to 91 by 2040. The methodology is Linear Fatality Reduction Trend (2012 Survey response).

**Fatality Target**

- **Toward Zero Deaths**
- **Fatality Reduction** – Reduce fatalities by 50 percent from 210 in 2010 to 105 by 2040.
- **Fatality Rate Reduction**
- **Other**
- **Interim Target** – Monitor annual fatality totals for benchmark reduction.

Note: The Kansas target is to halve the fatalities from a five-year average of 417 at the end of 2009 to a five-year average of 208 by the end of 2029; the Missouri target is to reduce fatalities from 878 in 2009 to 700 by 2016.

**Methodology**

- **Linear Fatality Reduction Trend**
- **Forecasting or Analysis Tool**
- **Mandated by Policy-Makers**
- **Set by Committee through Deliberation and Discussion**
- **AASHTO Target to Halve Fatalities by 2030**
- **Toward Zero Deaths Target**
- **Other** – Used the four-year State SHSP goal to create a linear trend line.

Feasibility of the target was not tested.

**Data Used**

- **Fatalities**
- **Fatality Rate**
- **Serious Injuries**
- **Other** – Reduce total crashes.
Resources Used or Planned

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS - GES
- Other - Missouri and Kansas States Databases

Capacity Building Strategies Desired

- Guidance Materials
- Peer Exchange
- Technical Assistance
- Training
- Other

Fatality Trend versus Target

Fatality Trend

Source: MARC, 2011.

Note: Fatality trend calculated by Cambridge Systematics based on past performance.

MPO Target: Reduce fatalities by 50 percent from 182 in 2010 to 91 by 2040.
The target is to reduce fatalities by 50 percent from 2005 levels, across all modes, by 2035. The methodology is Committee (2012 Survey response).

### Fatality Target

- **Toward Zero Deaths**
- **Fatality Reduction** – Reduce fatalities from 2005 level by 50 percent, across all modes, by 2035.
- **Fatality Rate Reduction**
- **Other** – Reduce serious injuries from 2005 level by 50 percent, across all modes, by 2035.
- **Interim Target**

Note: The Oregon target is to reduce fatalities to 330 by 2015.

### Methodology

- **Linear Fatality Reduction Trend**
- **Forecasting or Analysis Tool**
- **Mandated by Policy-Makers**
- **Set by Committee through Deliberation and Discussion**

Feasibility of the target was not tested.

### Data Used

- **Fatalities**
- **Serious Injuries**
- **Fatality Rate**
- **Others**
Resources Used or Planned

- HSM
- IHSDM
- Safety Analyst
- HERS
- PBCAT
- GIS Safety Analyst
- HPMS
- FARS
- FastFARS
- NASS – GES
- Other

Capacity Building Strategies Desired

- Guidance Materials
- Peer Exchange
- Technical Assistance
- Training
- Other – Would like to see one tool that can address measures at multiple levels: long-range plans, TIPs, and projects.

Fatality Trend versus Target

Data are not available.
A. Survey

Introduction to Survey

Over the last several years, Transportation Performance Management – a strategic approach that uses system information to make investment and policy decisions to achieve performance goals – has emerged as a best practice within the transportation industry. The Federal Highway Administration (FHWA) recognizes the need to prepare for and transition to the administration of a consistent performance management framework for State and local highway safety programs. This need is also recognized and further supported by the U.S. DOT, the American Association of State Highway and Transportation Officials (AASHTO), the Governor’s Highway Safety Association (GHSA) and many other highway safety stakeholders.

In order to prepare for this transition, FHWA is seeking feedback from its customers on additional FHWA services needed – or how they can be improved – to assist agencies in target setting and information on how States, Metropolitan Planning Organizations (MPOs) and local agencies currently set targets. To develop strategies for improvement and to collect this feedback on current experiences, FHWA, through its contractor, Cambridge Systematics, is conducting a survey to solicit information from its customers to understand and improve methods to assist in fatality target-setting practices. Information collected from the survey will be used internally as background and supporting information for an overall research project on target setting methodologies and is not intended for publication.

To assist FHWA in improving its safety program, please answer the following questions related to the FHWA tools and services used to support target setting, how FHWA can improve its services in support of the fatality targets adopted by your State and the methodologies used to select the fatality target in your State. We appreciate your support of this effort. FHWA remains committed to working with our State, regional, and local partners to understand and build on noteworthy practices.
Background Information
1. Agency
2. Name of person/s completing survey instrument
3. Title
4. Department/Division
5. Business Telephone Number
6. Business E-mail Address

Survey Questions
1. Does your State set a fatality target?
   a. Yes
   b. No
   c. I do not know

   If the participant answers “Yes” to Question #1 the questionnaire will continue to Question #2. If the participant answers “No” or “I do not know” to Question #1, the questionnaire will continue to question 1A.

   Question 1A: Select all statements that apply to your State’s activities related to performance management targets.
   a. The State has considered developing a fatality target
   b. There have been discussions about plans to develop a fatality target
   c. The State is developing a methodology to set a target
   d. The State has other performance-based targets for highway safety in place
   e. The State is not considering development of a fatality target

   If the participant selects response “a” “b” “c” or “d” to Question 1A, the questionnaire will continue to Question 5.

2. What is the State fatality target? (Please include the target date and target value description, i.e., number per 100 VMT)

3. Did your State set interim targets?
   a. Yes
   b. No
   c. I do not know

   If the participant answers “Yes” to Question #3 the questionnaire will continue to Question #3A. If the participant answers “No” or “I do not know” to Question #3, the questionnaire will skip to the Question #4.
Question 3A: What are the interim targets?

4. What methodology did your agency use to set the overall and/or interim targets? Please select all that apply.
   a. Target based on a linear fatality reduction trend line over a specified time frame
   b. Target based on the output of a forecasting or analysis tool. Please describe the tool and/or analysis method
   c. Target was mandated by the policy makers
   d. Target was set by a committee, consensus, or a leadership group through deliberation and discussion
   e. Adopted the AASHTO target to halve fatalities by 2030
   f. Adopted the Towards Zero Deaths target
   g. Other – please specify the prescribed methodology for setting the target

5. Which of the following FHWA supported tools or services did you use or do you intend to use to develop fatality targets?
   a. Highway Safety Manual (HSM)
   b. GIS Safety Analysis Tool
   c. Interactive Highway Safety Design Model (IHSDM)
   d. Highway Performance Monitoring System (HPMS)
   e. SafetyAnalyst
   f. FARS
   g. Highway Economic Requirements System (HERS)
   h. FastFARS
   i. Pedestrian and Bicycle Crash Analysis Tool (PBCAT)
   j. National Automotive Sampling System – General Estimates System (NASS-GES)
   k. Other – please specify

6. Do these tools meet your needs for setting and evaluating performance targets?
   a. Yes
   b. No

   If participants answer “no” to Question 6, the questionnaire will go to Question 6A. If Question 6 is “yes,” the questionnaire will skip to Question 7.
Question 6A: What improvements to these products or services would better assist your State/jurisdiction in developing, setting and evaluating the target?

End of questionnaire for those answering “No” or “I do not know” to Question 1.

7. What data were used to support the selection of the fatality reduction target?
   a. Fatalities
   b. Fatality rate
   c. Serious injuries
   d. Other – Please specify.

8. Did your agency consider using a different methodology to select the fatality target?
   a. Yes
   b. No
   c. I do not know

9. Was the feasibility of meeting the fatality target tested through analysis?
   a. Yes
   b. No
   c. In Progress
   d. I do not know

If the respondent answers “Yes” or “In Progress” (a or c) to Question #10, the questionnaire will continue to Question #10A. If the participant answers “No” or “I do not know” (b or d) to Question #10, the questionnaire will skip to Question #11.

Question 10A: How was the feasibility of meeting the target tested?

10. Which of the following capacity building strategies that FHWA offers would assist your State in developing, setting and achieving highway safety performance measures and targets?
   a. Guidance materials
   b. Peer exchange
   c. Technical assistance
   d. Training
   e. Other
11. Would your State be interested in hosting or attending an FHWA sponsored Peer Exchange to assist FHWA in sharing information to improve FHWA products and services for target setting methods and practices?
   a. Yes
   b. No
   c. I do not know

12. Do other agencies in the State also set fatality targets and, if so, are they consistent with the target identified in Question #2?
   a. Yes, and they are consistent
   b. Yes, but they are not consistent
   c. No
   d. I do not know

If the participant answers “Yes” to Question #12 (a or b) the questionnaire will continue to Question #12A. If the participant answers “No” or “I do not know” to Question #12, the questionnaire ends.

Question 12A: If yes (a or b), please provide the other agency’s name and a contact for follow up.
   a. Agency Name
   b. Title
   c. Department/Division
   d. Business Telephone Number
   e. Business E-mail Address
   f. I do not know the contact information