



RSA

# **Contributory Factors and Driver Fatalities: Examining key Dangerous Behaviours**

RSA Research Department

May 2023



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# Background to coronial data

## 2015-2019

- The Health Research Board (HRB) collects Road Traffic Collision (RTC) fatalities data annually on behalf of the RSA from closed coronial files using the National Drug-Related Deaths Index (NDRDI) methodology.
- Data is collected only from closed coronial files. To allow time for inquests to be completed (which may be influenced by prosecutions), there is a lag in the time between year of death and year of data collection (typically up to 2 years). This process was delayed during the pandemic however.
- Coronial files generally contain: An Garda Síochána Investigation Report, Forensic Collision Investigation (FCI) report, witness(es) deposition/statement(s), autopsy report, toxicology report, Coroner's Certification and the Coroner's Verdict.
- The RSA has coronial data for 362 of the 431\* drivers killed on Irish roads during 2015-2019 (84% coverage).

*\*Collision data figures for 2019 are provisional and subject to change.*



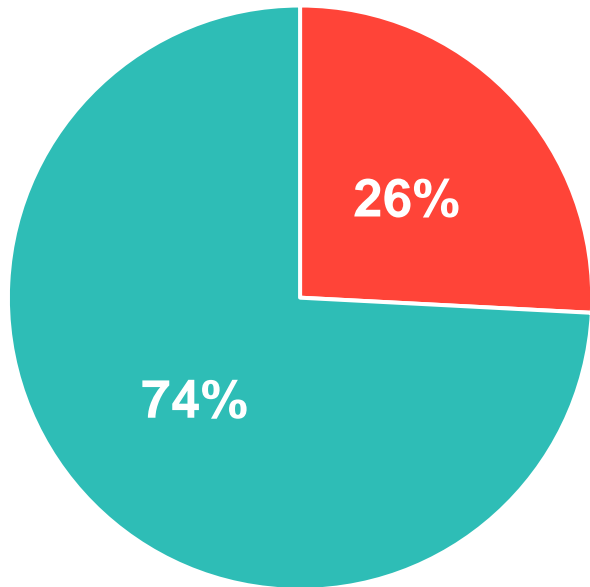
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# Speeding

# Driver fatalities who exceeded a safe speed (2015-2019)

N = 86



- Exceeding a safe speed
- Driving at a safe speed

- 333 of the 362 driver fatalities (2015-2019) had a record of their action(s) prior to the fatal collision\*.
- 26% (n = 86) of the 333 driver fatalities with a record of their action(s) were exceeding a safe speed.
- 87% of the 86 driver fatalities who exceeded a safe speed were **male**.
- 69% of the 86 driver fatalities who exceeded a safe speed aged **<35 years**.
- 76% of these 86 fatal collisions occurred during **Friday-Monday**, with 31% of them occurring on **Sunday**.
- 71% of these 86 fatal collisions occurred on **rural roads** (limits  $\geq 80\text{km/h}$ ).

*\*Up to 10 actions can be recorded per driver fatality.*



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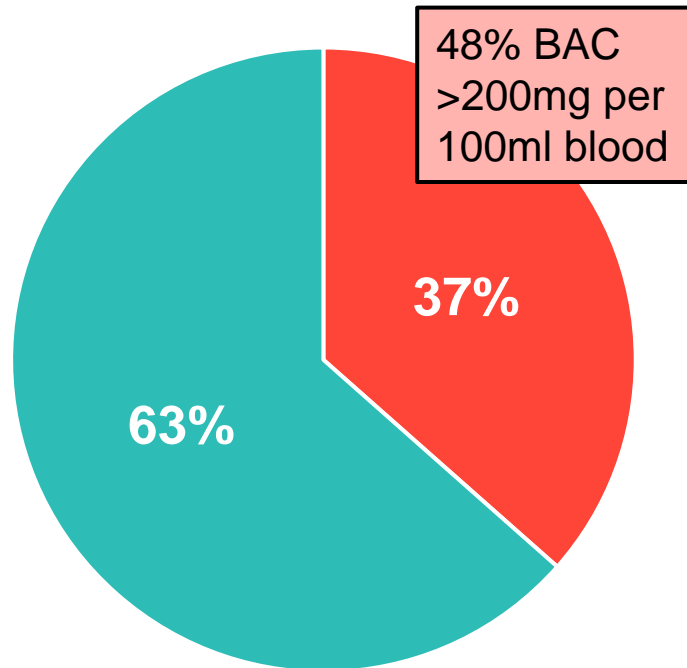
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# Intoxicated driving

Alcohol and other drugs

# Driver fatalities with a positive toxicology for alcohol (2015-2019)

N = 122



- Positive toxicology for alcohol
- Negative toxicology for alcohol

- 334 of the 362 driver fatalities (2015-2019) had a toxicology result available.
- **37%** (n = 122) of the 334 driver fatalities with a toxicology result available had a positive toxicology for alcohol\*.
- **91%** of the 122 driver fatalities with a positive toxicology for alcohol were **male**. **78%** were **<45 years of age**.
- **81%** of these 122 fatal collisions occurred during **Friday-Monday**, with **39%** of them occurring on **Sunday**.
- **56%** of these 122 fatal collisions occurred between **10pm-6am**.
- **77%** of these 122 fatal collisions occurred on **rural roads** (limits  $\geq 80\text{km/h}$ ).

\*A positive toxicology for alcohol was recorded where the BAC of the deceased was  $>20\text{mg}$  alcohol per 100ml blood (or equivalent in urine/vitreous humour).

# Driver fatalities with a positive toxicology for other drugs (2015-2019)



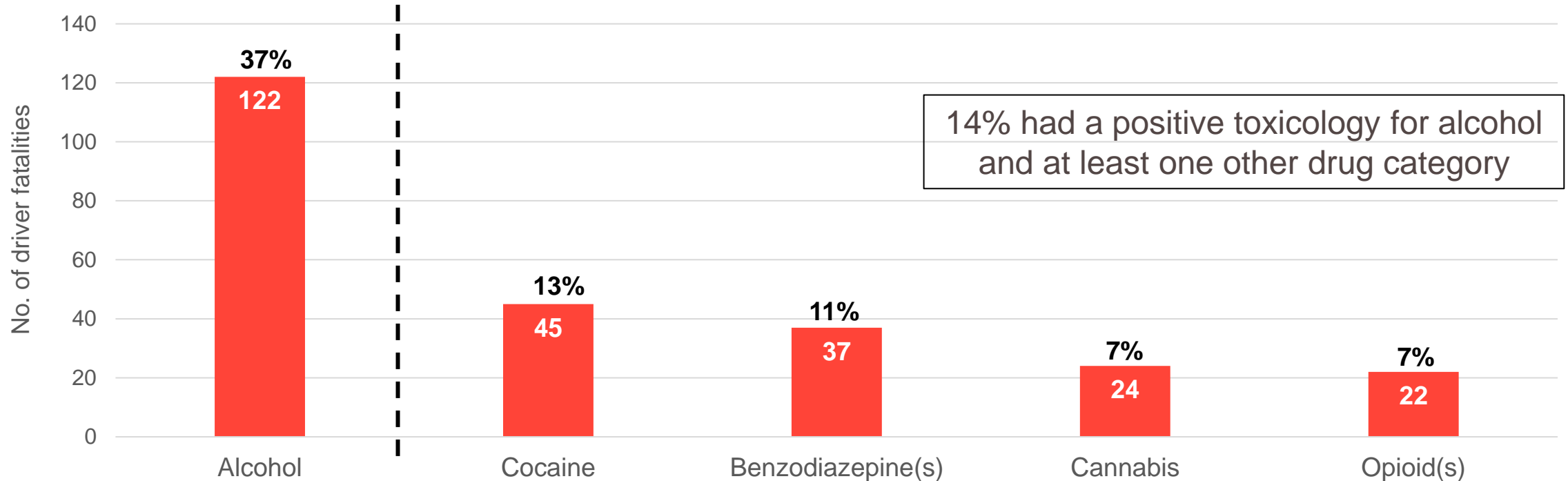
HRB Health Research Board

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Toxicology result available N = 334

Alcohol and other drugs\*



\*A positive toxicology for a drug does not imply impairment. Driver fatalities may have had a positive toxicology for more than one drug category, and more than one drug within one category. 7 drug categories were examined in total.

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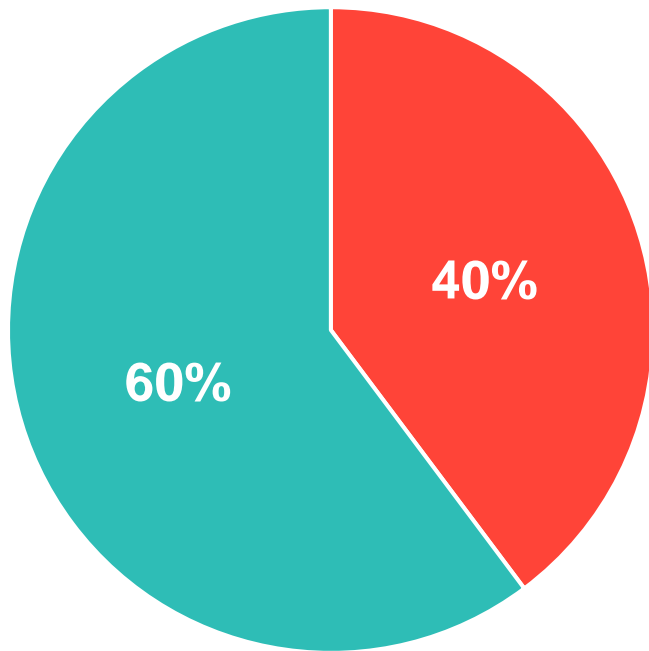
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# Non-seat belt wearing



# Driver fatalities not wearing a seat belt (2015-2019)

N = 105



- Not wearing a seat belt
- Wearing a seat belt

- 278 of the 362 driver fatalities (2015-2019) were driving a vehicle with seat belts.
- 264 of the 278 driver fatalities had a record of whether or not they wore a seat belt.
- **40%** (n = 105) of the 264 driver fatalities with a record of whether or not they wore a seat belt, were **not** wearing a seat belt.
- **86%** of the 105 driver fatalities not wearing a seat belt were **male**. **70%** were **<45 years of age**.



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# Mobile phone use

# Mobile phone use

- Capturing mobile phone use as a contributory factor in road traffic collisions is an **internationally recognised challenge**.
- According to the World Health Organisation (WHO, 2022), drivers using a mobile phone are **4 times more likely** to be involved in a collision.
- A 2022 roadside **observational study**, commissioned by the RSA, found that **5%** of drivers observed on urban roads were using a mobile device, rising to **7%** on rural roads, and **12%** on motorways\*.

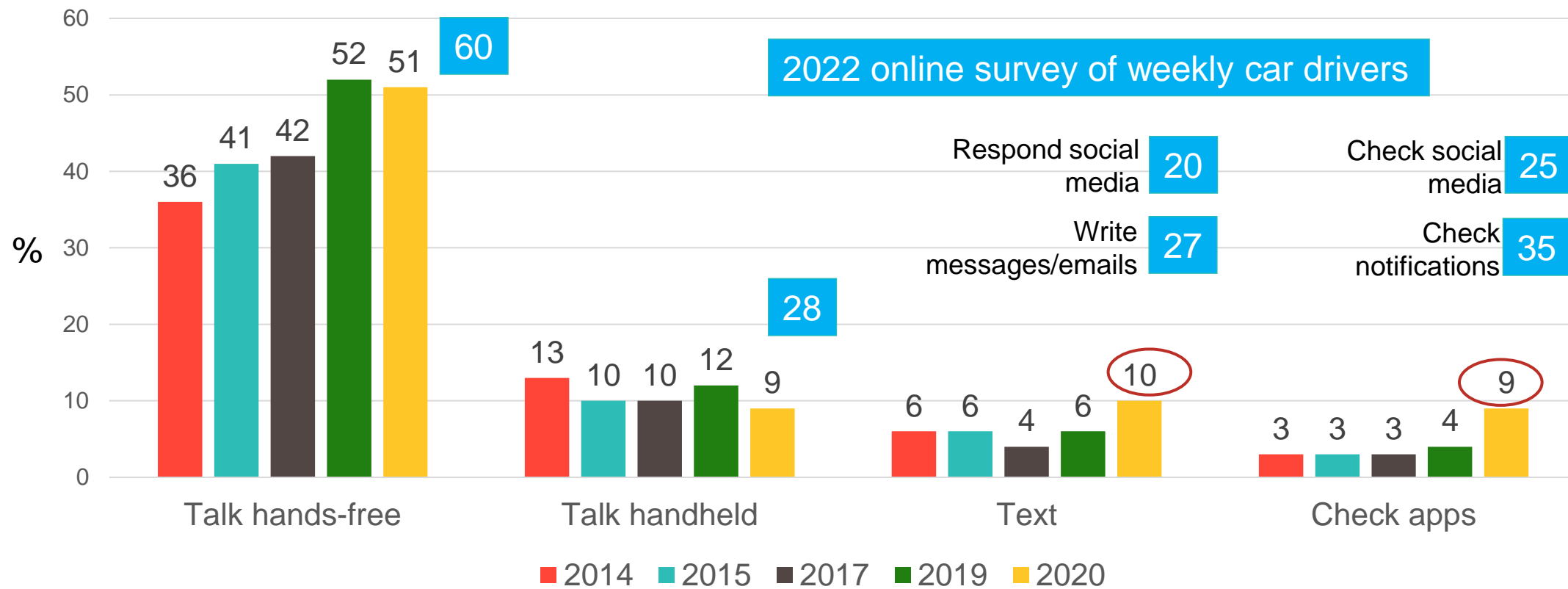
*\*Urban roads: speed limit ≤60km/h, rural roads: speed limit 80-100km/h, motorways: speed limit 120km/h.*



# Mobile phone use while driving

RSA Driver Attitudes & Behaviour Survey 2014-2020, 1,000+ motorists per year

Very Often/Often/Sometimes



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**Fatigue**

# Fatigue

- Similar to mobile phone use, capturing fatigue as a contributory factor in road traffic collisions is an **internationally recognised challenge**.
- Fatigue is estimated to play a role in up to **20%** of road traffic collisions, and is associated with increased crash risk (European Road Safety Observatory, 2018).
- A 2021 survey of motorists in Ireland, commissioned by the RSA, found that **24%** had ever 'fallen asleep or nodded off, even if only for a brief moment' when driving.

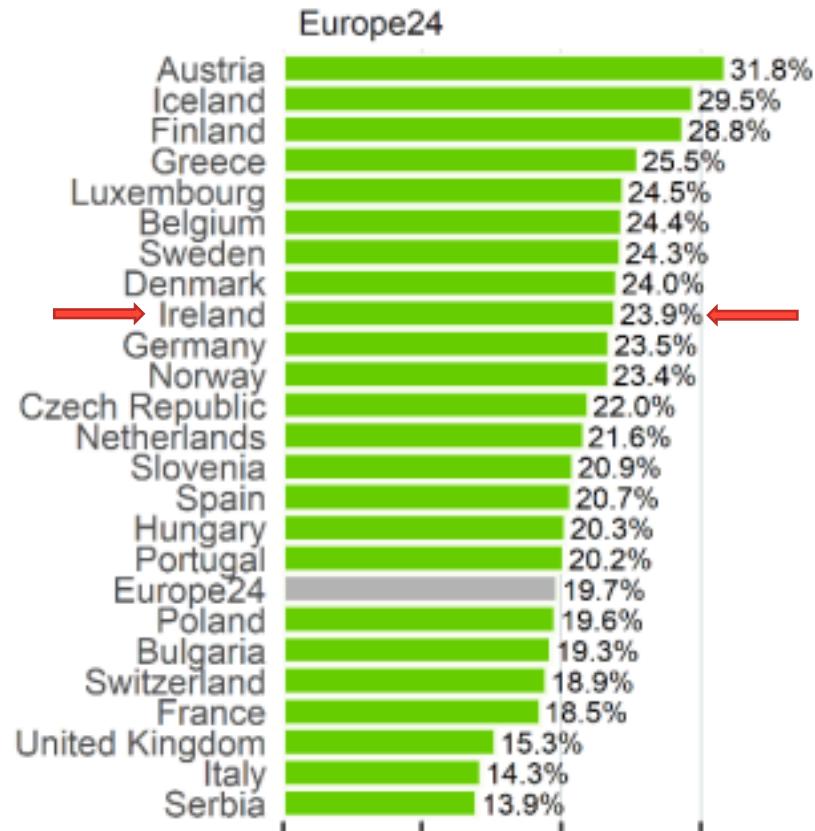


# Fatigue

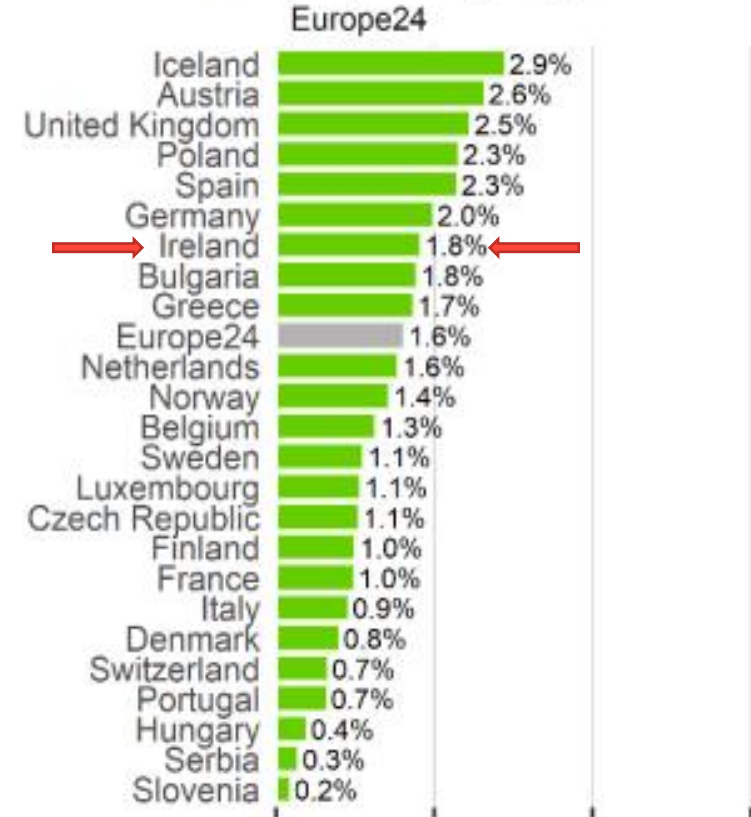
## E-Survey of Road Users' Attitudes ('ESRA', 2022 report)

- ❑ ESRA is a joint initiative of road safety institutes, research centres, public services, and private sponsors from all over the world.
- ❑ The aim is to collect and analyse comparable data on road safety performance, in particular road safety culture and behaviour of road users.

**SELF-DECLARED BEHAVIOUR AS A CAR DRIVER**  
Drive when you were so sleepy that you had trouble keeping your eyes open



**PERSONAL ACCEPTABILITY**  
Drive when they are so sleepy that they have trouble keeping their eyes open



# Conclusions

- Addressing the key dangerous behaviours is critical for Ireland to meet our [Government Road Safety Strategy and Vision Zero targets](#).
- The data presented here are used, in conjunction with other national and international statistics and research, to inform evidence-based road safety policy and practice.
- They will also be used to inform the evaluation of the Strategy's [Phase 1 Action Plan \(2021-2024\)](#) and the development of the Phase 2 Action Plan (2025-2027).







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