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# Race and Ethnicity in Fatal Motor Vehicle Traffic Crashes 1999 - 2004



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16. Abstract Because of the growing concern in the motor vehicle traffic safety community over the high number of minority fatalities, this report was written to describe the differences among racial and ethnic groups in the frequency of occurrence of characteristics or behaviors associated with fatalities in motor vehicle traffic crashes. When measured against deaths from all causes, motor vehicle traffic crashes have accounted for disproportionately large percentages, particularly among Native Americans and Hispanics. Alcohol has played a major role in the deaths of both drivers and pedestrians. Additional factors contributing to higher numbers have been lack of valid licensing for drivers, and lower usage of safety belts, child safety seats, and motorcycle helmets by all but Asian/Pacific Islanders. Compared to all others, African American children were killed in disproportionately high numbers in both urban and rural settings.		13. Type of Report and Period Covered NHTSA Technical Report	
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## **Table of Contents**

EXECUTIVE SUMMARY	i
1 INTRODUCTION	1
2 POPULATIONS	1
3. DATA SOURCES	2
4. DEFINITIONS	3
5. LEADING CAUSES OF DEATH	3
6. DRIVERS	
6.1 Alcohol	8
6.2 Licensing	11
6.3 Prior Convictions	12
6.4 Crash Type	13
7. RESTRAINT USE IN PASSENGER VEHICLES	
7.1 Child Restraints for Age 4 and Younger	14
7.2 Other Vehicle Occupants	15
7.3 National Occupant Protection Use Survey	16
8. HELMET USE FOR MOTORCYCLE RIDERS	16
9. PEDESTRIANS AND OTHER NON-OCCUPANTS	
9.1 Fatalities	18
9.2 Alcohol	19
10. CONCLUSIONS	20



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# Race and Ethnicity in Fatal Motor Vehicle Traffic Crashes, 1999-2004

## EXECUTIVE SUMMARY

### Background

This report describes the differences among racial and ethnic populations in the frequency of occurrence of characteristics or behaviors associated with fatal motor vehicle crashes. Leading cause of death data<sup>1</sup> from 2002, the latest year available, showed that 6.8 percent of deaths from all causes were attributable to motor vehicle traffic crashes for Native Americans and more than 4.7 percent for Hispanics or Latinos. For the non-Hispanic White population, the percentage of those dying from traffic crashes was just below 1.6 percent, and for Black or African Americans and Asians and Pacific Islanders, the percentages were 1.8 percent and 2.5 percent, respectively. The Native American population is comparatively small and does not appear to be growing proportionally. However, the Hispanic-Latino portion of the United States population in the year 2050 is projected to be double that population in 2000, according to projections by the U.S. Census Bureau.

### Findings

Drunk driving continues to play a major role in the motor vehicle traffic crash experience *across race, ethnic, age and gender divides*. Data showed that the percentage of fatally injured drivers who were drinking was highest for Native Americans (57%) and Hispanics or Latinos (47%). This trend appeared to be independent of such socioeconomic influences as education levels or the proportion of female-to-male drivers in the population of drivers killed.

Fatally injured Native American and Hispanic drivers, followed by African American drivers, were less likely to hold valid licenses than White or Asian and Pacific Islander drivers. Moreover, these Native American drivers were more likely to have had prior driving while intoxicated (DWI) convictions and license suspensions, but African American drivers were the most likely to have had speeding convictions and convictions for other moving violations.

For those killed in passenger vehicles, safety belts for children and adults, and safety seats for small children were not used as frequently by those in minority groups when compared with the non-Hispanic White population. More than half of African American, Native American, and Hispanic or Latino children under 5 years of age were not in child safety seats. Asian and Pacific Islander children younger than 4 years of age were more likely to be in child safety seats or belted, and 58 percent of White children were in child safety seats and another 11 percent belted. Among these three groups, fatally injured African Americans, Native Americans, and Hispanics or Latinos had the lowest rates of safety belt use for those 5 years of age and older. The highest safety belt use rate was for Asians and Pacific Islanders at 48 percent.

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<sup>1</sup> See *Motor Vehicle Traffic Crashes as a Leading Cause of Death in the U.S., 2002 – A Demographic Perspective*.

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Fatally injured Native American and Hispanic motorcycle riders were the least likely to have been wearing helmets with a helmet use rate of 47 percent for both groups. Fatally injured White motorcycle riders were helmeted 51 percent of the time, while Black motorcycle riders wore helmets 58 percent of the time. The highest rate of helmet use by fatally injured motorcycle riders was for Asians and Pacific Islanders, at 67 percent. In the 19 States with universal helmet laws through April 2004, at least 80 percent of all fatally injured motorcycle riders wore motorcycle helmets.

Fatalities of pedestrians and other people not in vehicles as percentages of all motor vehicle traffic fatalities were highest primarily for African American children in the 4–15 age range and next for Asians and Pacific Islanders in the oldest (older than 64) age group. This situation was true for Black children, whether the crashes were urban or rural. However, a large majority of these crashes were urban.

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## 1. INTRODUCTION

As the United States becomes increasingly multicultural, the National Highway Traffic Administration (NHTSA) must seek out, through its traffic safety programs, new and more effective ways to reduce behaviors contributing to motor vehicle traffic crashes. This report presents the current available data to assist NHTSA in the development of countermeasures to reach those most at risk of death or injury in a motor vehicle crash.

Racial and ethnic minorities are disproportionately killed in traffic crashes, compared with the much larger non-Hispanic White population. Though motor vehicle traffic fatalities clearly are a major public health problem for all Americans, this subject is of considerable concern in the highway traffic safety community. Of particular interest is the large number of fatalities in the Hispanic or Latino population because this ethnic group recently has become the largest minority group in the United States.

Population projections from the U.S. Census Bureau indicate that the Hispanic population (currently constituting about 13 percent of the U.S. resident population) will experience such growth that, by the year 2050, nearly a quarter of all residents in the United States will be of Hispanic origin, and the non-Hispanic White population will drop to about a half of all Americans. This population shift could considerably affect motor vehicle fatality and injury rates in the future unless cultural differences and sensitivities are adequately addressed.

The focus of this report is not on involvement rates for the various populations but rather on detecting trends among these populations contributing to the likelihood of motor vehicle traffic crash fatalities.

Data available on race and ethnicity among motorists and others killed and injured in motor vehicle crashes in this country, however, do not answer several important questions, such as whether the subject was first generation and, if so, how long the person had resided in the United States, and how well the individual spoke English. We also have very little data on the socio-economic background of those involved in motor vehicle traffic crashes.

## 2. POPULATIONS

Census data starting in 1990 show steady yearly proportional increases for all minority groups, except Native Americans. Based on the 1990 Census, the largest rate of increase between 1990 and 2000 was for the Hispanic population at 40 percent, followed by Asians and Pacific Islanders at 35 percent. The rate of increase for African Americans was less than 8 percent, and for non-Hispanic White persons, the change was a decrease of 8 percent. These trends are expected to continue in the future. Table 1 shows population projections from the U.S. Census Bureau, based on the 2000 Census.

<b>Table 1: Percentages of Total Population by Year</b>						
<b>Year</b>	<b>2000</b>	<b>2010</b>	<b>2020</b>	<b>2030</b>	<b>2040</b>	<b>2050</b>
White, not Hispanic	69.4	65.1	61.3	57.5	53.7	50.1
African American	12.7	13.1	13.5	13.9	14.3	14.6
Asian	3.8	4.6	5.4	6.2	7.1	8.0
All Other Races *	2.5	3.0	3.5	4.1	4.7	5.3
Hispanic (any race)	12.6	15.5	17.8	20.1	22.3	24.4
Population Total (in thousands)	282,125	308,936	335,805	391,946	391,946	419,854
Source: U.S. Census Bureau 2000						

\*Includes American Indians and Alaska Natives, Native Hawaiians and Other Pacific Islanders, plus two or more races.

Percentages shown in the yearly columns sum to slightly more than 100 percent because of double counts in the Hispanic row. These overcounts occur because a small number of Hispanics are counted in the African American and even Asian populations. The Census Bureau data include no projections for Native Americans because they are included in the Other Races category.

### **3. DATA SOURCES**

The Fatality Analysis Reporting System (FARS), since 1975, has collected data from all motor vehicle traffic crashes in which a fatality occurred. To be included in FARS, the crash must occur on a public trafficway and result in a death within 30 days from the date of the crash. In 1999, for the first time, race and ethnicity were added to the list of variables collected in the FARS system. This information is available only for fatally injured individuals and derives mainly from death certificates. Because death certificates cannot always be obtained, some data will be missing.

In the initial year (1999), about 85 percent of the fatality records included race, and 78 percent included Hispanic origin. These rates gradually increased to about 92 percent for race and 91 percent for Hispanic origin in 2003. Data from the FARS 2004 Annual Report File, published in 2005, were used in this report, although some data on race and ethnicity are missing. Some of the missing data will be available upon the release of the FARS 2004 Final File later this year. The missing data should not substantially bias the results of this research.

Before 1999, race and Hispanic origin data were obtainable only by linking FARS data with mortality data from the Centers for Disease Control's National Center for Health Statistics (NCHS). For reasons of privacy and to comply with the terms of the NHTSA's agreement with the individual states and the District of Columbia, the linked files are not in the public domain. Though these linked data are not particularly timely, they nevertheless have some usefulness in this report.

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Leading cause of death analyses are derived from the same NCHS data source, not from the linked files but from the public use data file for 2002.

Third are results from NHTSA's National Occupant Protection Use Survey (NOPUS) from years 2002 and 2004. NOPUS is a probability-based annual survey of observed safety belt use in the United States. This survey is conducted during daylight hours by observers at randomly selected roadway intersections controlled by a stop sign or a traffic light. Data are collected for the driver, right-front passenger, and up to two passengers in the rear. Age and race are the subjective descriptions by the observers who do not interview the occupants. Race is judged as White, Black, or other. No attempt is made to characterize Hispanic origin.

#### **4. DEFINITIONS**

Data from the CDC NCHS and from the FARS list race and ethnicity (Hispanic origin) as separate entities, but people of Hispanic or Latino origin may be of any race. Used together, these variables give double counts (i.e., White Hispanics would be counted in both White and Hispanic columns). To avoid this problem when the variables are used together, the following scheme has been applied: Records coded with "unknown if of Hispanic origin" have been deleted for White and Black races but retained for Asian, Pacific Islander, and Native American records. For example, individual records coded as White or Black for race and "unknown if of Hispanic origin" as to ethnicity have been deleted. In the case of Native Americans, Asians and Pacific Islanders, these records have been kept but are not counted as persons of Hispanic origin. This scheme furnishes the five categories used in the analyses with no overlapping.

- 1 White or Caucasian, non-Hispanic
- 2 Black or African American, non-Hispanic
- 3 Native Americans, including Alaska natives
- 4 Asian or Pacific Islander, including Hawaiian
- 5 Hispanic or Latino, Latina

The Native Americans, Asians, and Pacific Islanders also coded "Hispanic origin" or "unknown if of Hispanic origin" were very few.

In 1977, the Office of Management and Budget issued *Race and Ethnicity Standards for Federal Statistics and Administrative Reporting*. The four race classes in the publication were American Indian or Alaska Native, Asian or Pacific Islander, Black, and White. Although 1997 standards modified these classes by separating Pacific Islanders and Hawaiians from Asians, this report uses the earlier classification because of the small numbers in these groups. In this report, race and ethnicity terms are used interchangeably.

#### **5. LEADING CAUSE OF DEATH**

Based on mortality data from the CDC's National Center for Health Statistics, the NHTSA annually calculates the leading cause of death for all races and age groups. Data for this report are from calendar year 2002, the latest year available. Race and ethnicity are grouped as described above, and age groups are divided by NHTSA-defined "groups of interest," as follows: Infants younger than 1 year, toddlers 1–3 years, young children 4–7 years, children 8–15 years,

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youth 16–20 years, young adults 21–24 years, other adults 25–34 years, 35–44 years, 45–64 years, and the elderly 65+ years.

Overall, for Americans of all ages, races and ethnicity, motor vehicle traffic crashes were the eighth leading cause of death in 2002. However, for young children, children, youth, young adults, and other adults 25–34, motor vehicle traffic fatalities were the most frequent cause of death and the second most frequent cause of death for toddlers.

For Blacks or African Americans, homicide replaced motor vehicle traffic crashes as the leading cause for youth and young adults. Homicide was the most frequent cause of death for toddlers and for other adults 25–34, moving motor vehicle crashes into the third place for these two age groups. For all ages combined, in contrast to the other groups, motor vehicle traffic crashes did not rank in the top 10 causes for African Americans.

Ranked seventh overall for Asians and Pacific Islanders, motor vehicle crashes were the most frequent cause of death for toddlers, children, youth, and young adults. Malignant neoplasms (cancer) replaced motor vehicle traffic crashes for young children and other adults 25–34.

Motor vehicle traffic crashes had the most serious consequences for Native Americans. They were most frequent cause of death for all age groups from young children through other adults 35–44 and the second-ranked cause for toddlers (the number one cause of death for this age group is homicide). For all ages combined, motor vehicle crashes were the third leading cause of death for Native Americans.

Motor vehicle traffic crashes were the fifth leading cause of death for all persons of Hispanic or Latino origin. They were the leading cause for all age groups toddlers through other adults 25–34 and the second most frequent cause for other adults 35–44.

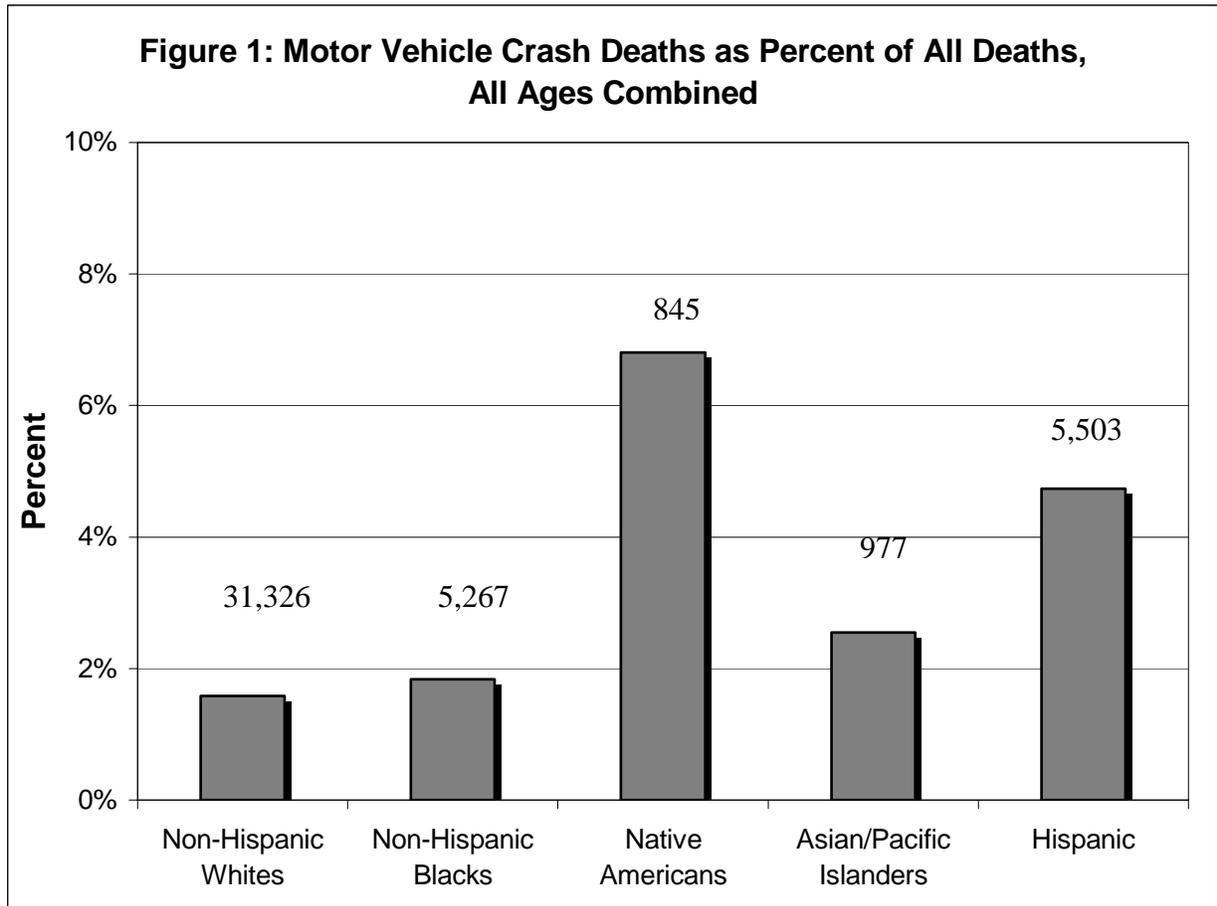
Leading Cause of Death ranks are summed up in Table 2. Blanks indicate ranks below 10th.

**Table 2: Motor Vehicle Traffic Crashes Ranked as a Leading Cause of Death - 2002**

Age Group	Resident Population	Non-Hispanic White	Non-Hispanic Black	Asian/Pacific Islander	Native American	Hispanic or Latino
Infants < 1	8	8	9	7	7	8
Toddlers 1-3	2	3	3	3	2	1
Young Children 4-7	1	2	1	2	1	1
Children 8-15	1	1	1	2	1	1
Youth 16-20	1	1	2	1	1	1
Young Adults 21-24	1	1	2	1	1	1
Adults 25-34	1	1	3	2	1	1
Adults 35-44	3	4	5	3	1	2
Adults 45-64	8	8	10	5	5	6
Adults > 64	-	-	-	-	-	-
All Ages	8	8	-	7	3	5

Source: CDC NCHS Mortality Data 2002

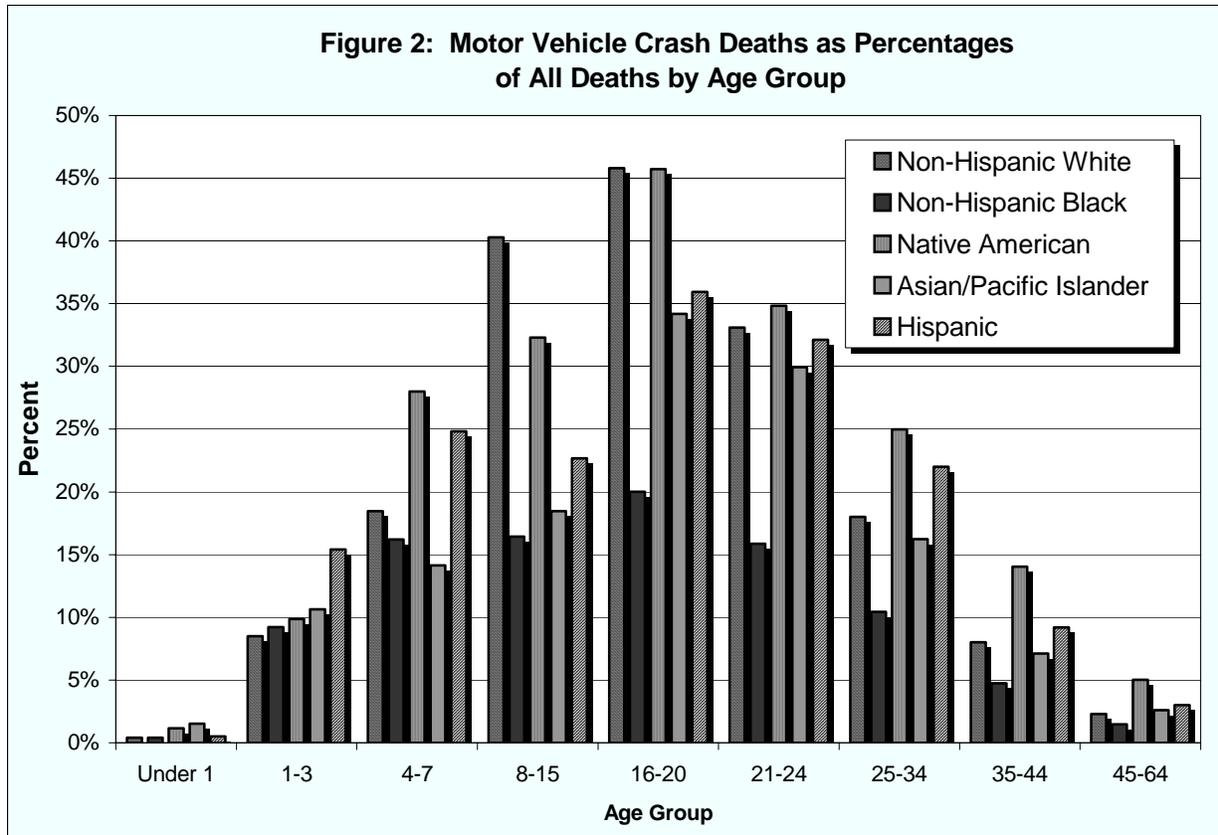
In 2002, almost 7 percent of all Native American deaths and nearly 5 percent of Hispanic-Latino deaths were attributable to motor vehicle traffic crashes. The percentages were significantly lower for non-Hispanic White and African American populations, as well as for Asians and Pacific Islanders. These percentages are listed in Figure 1.



Source: CDC NCHS Mortality Data 2002

For more information on motor vehicle crashes as a leading cause of death by race and ethnicity, see *Motor Vehicle Traffic Crashes as a Leading Cause of Death in the U.S., 2002 — A Demographic Perspective*.

Analyzing the same data into the NHTSA-designated age groups, Figure 2 shows that in almost every age group from Young Children 4–7 through Adults 45–64, motor vehicle traffic crashes claimed the lives of Native Americans in greater proportions than in any other racial/ethnic group. A striking exception was in the children 8–15 age group where non-Hispanic White fatalities were over 40 percent of all deaths. It should be noted also that White fatalities in the youth 16–20 group were as large as the proportion for Native Americans. The relatively high percentage of deaths for toddlers ages 1–3 in the Hispanic population warrants serious attention.



Source: CDC NCHS Mortality Data 2002

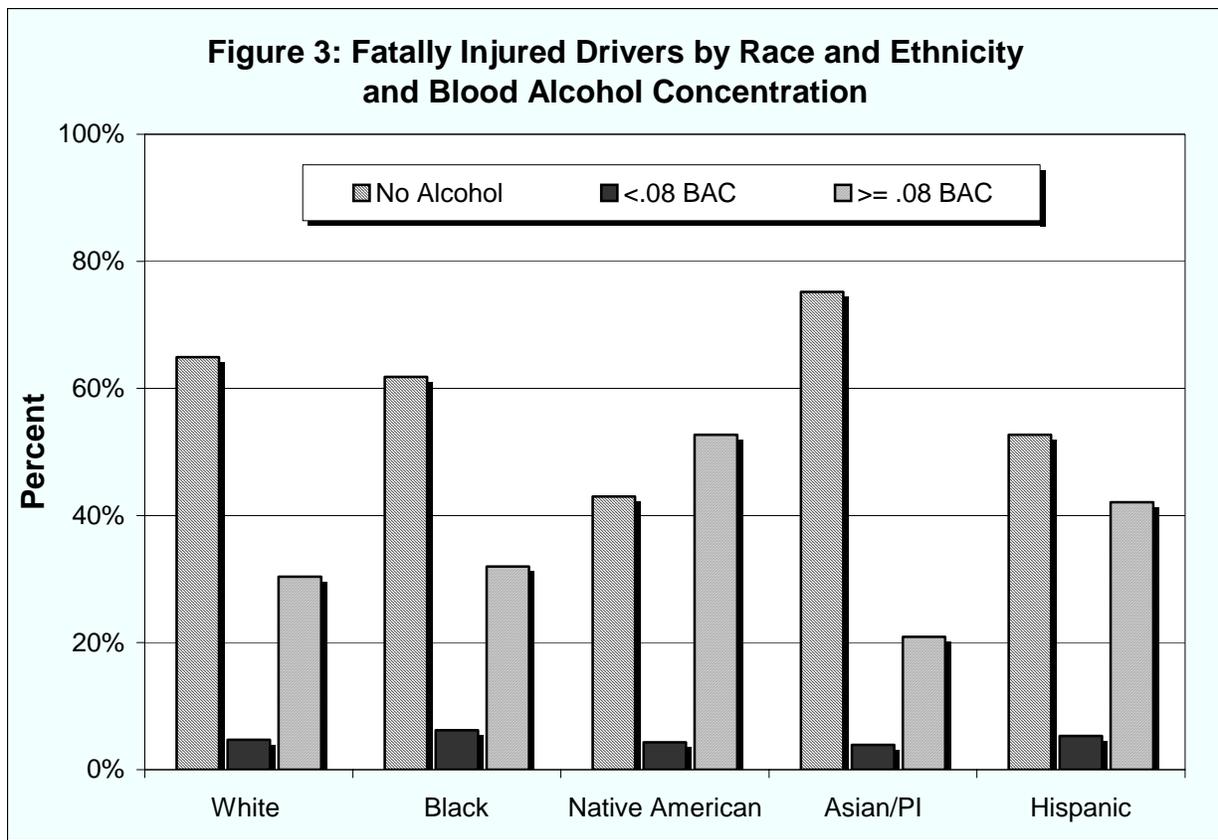
## 6. DRIVERS

### 6.1 Alcohol

Drinking drivers have always played a major role in making motor vehicle traffic crashes a serious public health problem and a leading cause of death. Figure 3 shows percentages of fatally injured drivers who were drinking or not drinking by blood alcohol concentration (BAC). The higher percentages of drinking drivers for Native Americans and Hispanics correlate with the increased likelihood of roadway deaths for these groups. Asian and Pacific Islanders exhibited the lowest percentages of driver alcohol, but non-Hispanic White and Black groups were approximately in between the other groups and nearly coequal. As a corollary to these metrics, chronic liver disease was the sixth most frequent cause of death for both Native Americans and Hispanics. Chronic liver disease was not among the top 10 causes for other groups in 2002.

A citation for driving while intoxicated may be issued for a BAC level of .08, the legal limit and an indication of significant impairment.

Multiple-imputation methodology has been used for this chart.<sup>2</sup>

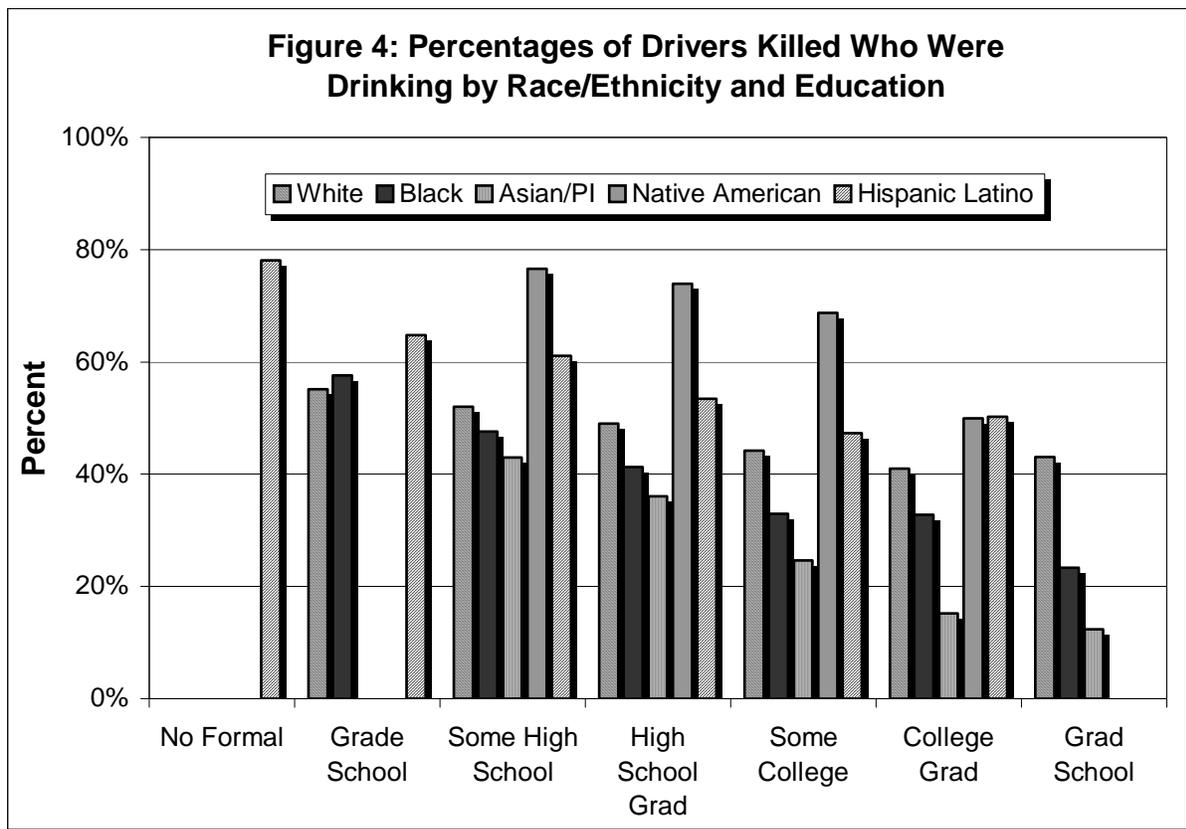


Source: FARS 1999-2004

<sup>2</sup> See *Multiple Imputation of Missing Blood Alcohol Concentration (BAC) Values in FARS*.

Other factors, such as level of education, may enter into the equation and confound the results. For Figure 4, FARS/NCHS Multiple Cause of Death linked data have been used for calendar years 1990–1998.

Figure 4 shows that though the percentage of drinking drivers decreased with increasing education, the stratification by race and ethnicity remained. Many States do not include education level on the death certificate, so we have only a small sample when we include this variable. With fewer than 20 observations for a combination of race, ethnicity, drinking, and education, the bar on the chart is missing. Some skewing will be unavoidable; however, we have enough data to illustrate the point. Police-reported driver drinking was the determining factor for alcohol.

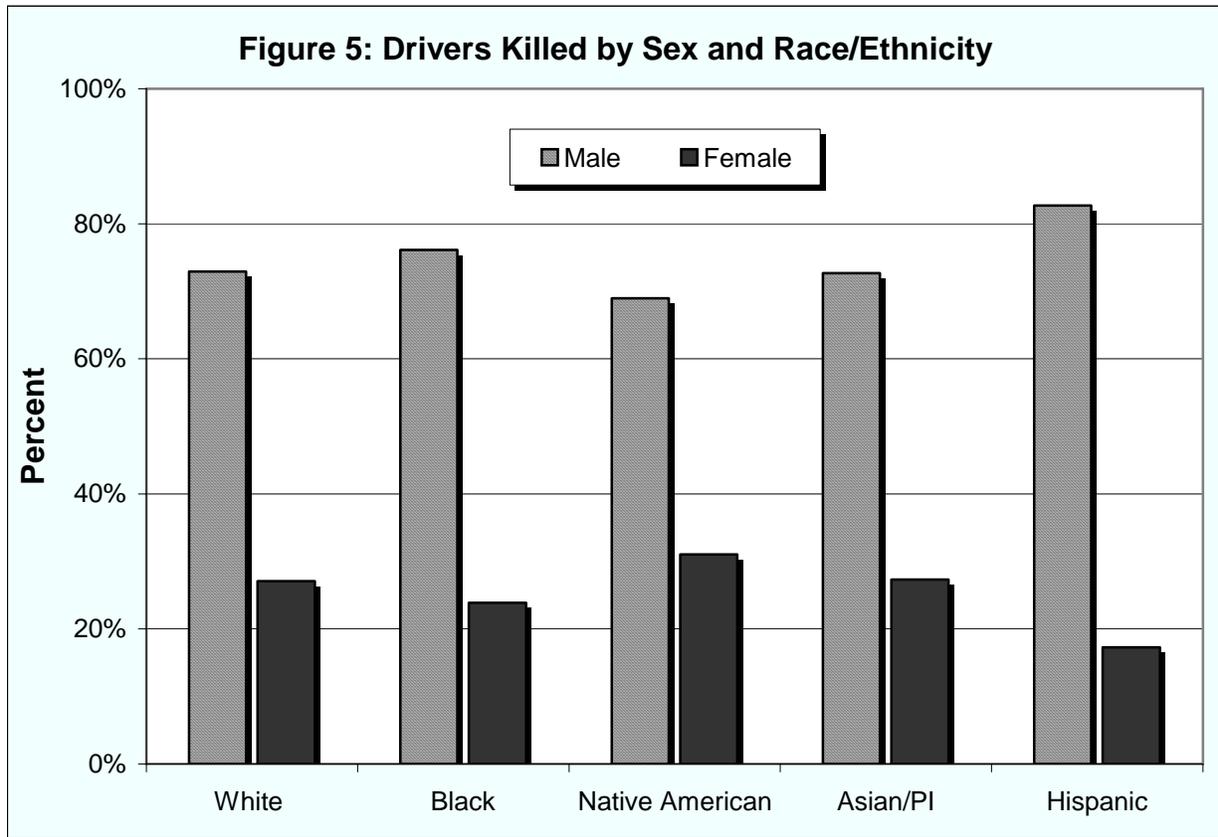


Source: FARS/NCHS linked data 1990-1998

Another possible influencing factor would be the proportion of male-to-female drivers because females traditionally have lower rates for alcohol use and other risky behaviors. Hispanics had a much higher proportion of males to females in the population of fatally injured drivers than any other ethnic group, and this proportion would tend to raise the rate.

Only about 17 percent of the Hispanic drivers killed were female, compared to about 24 percent for African Americans, about 27 percent for non-Hispanic Whites and Asians and Pacific Islanders, and more than 31 percent for Native Americans.

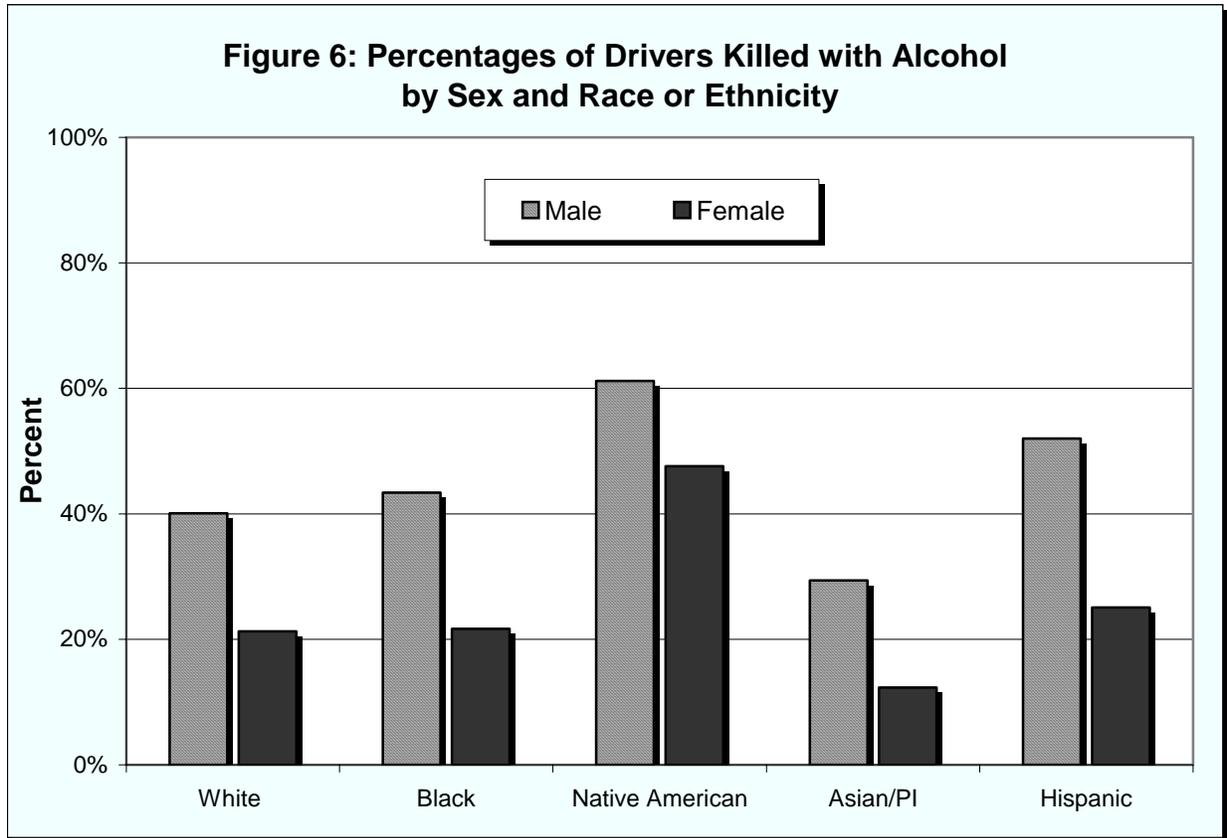
Figure 5 shows the proportions of male and female driver fatalities for each racial and ethnic group.



Source: FARS 1999-2004

Not only did a large proportion of the Native American population include female drivers when compared to the other racial and ethnic groups, but the percentage of female drinking drivers was considerably higher than in the other groups. This factor also tends to increase the overall rate for alcohol for Native Americans.

Figure 6 shows alcohol estimates for fatally injured male and female drivers separately. Multiple-imputation methodology was used for this chart.

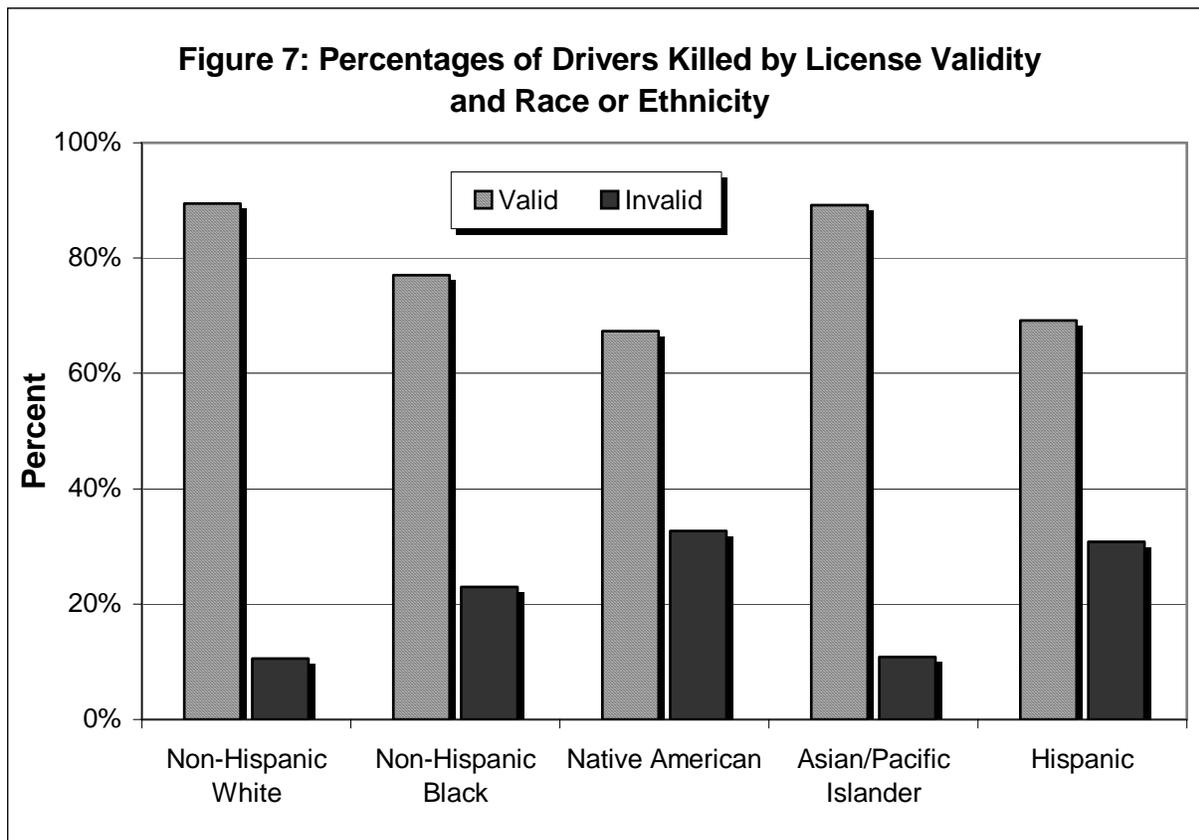


Source: FARS 1999-2004

## **6.2 Licensing**

Native American and Hispanic or Latino drivers killed were less likely to have had valid licenses than other racial or ethnic groups. Valid licenses include learners' permits and temporary licenses. Invalid licenses include suspended, revoked, expired, canceled or denied, and no license (never had one).

Asian and Pacific Islander drivers, followed by non-Hispanic White drivers, had the highest rate of valid licenses (more than 89% in each category). The lowest rate was for Native American drivers at about 67 percent, followed by Hispanic drivers at 69 percent. The percentage of valid licenses for Black or African American drivers (77%) ranked in the middle. Figure 7 shows these percentages.

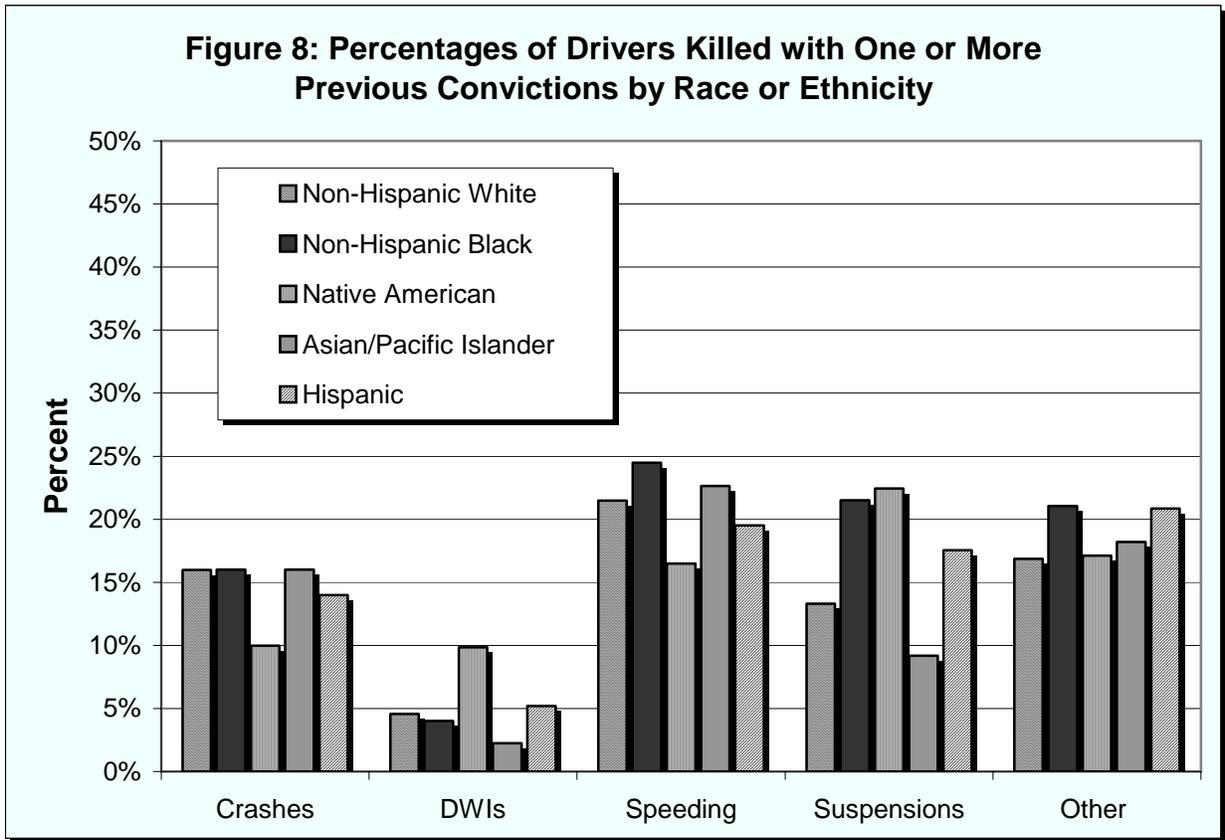


Source: FARS 1999-2004

### **6.3 Prior Convictions**

FARS data files include five counters for previous convictions: 1) earlier crashes; 2) driving while intoxicated (DWI); 3) speeding; 4) license suspensions; and 5) other moving violations. These convictions must have occurred no more than three years before the crash date and do not include the current crash. Connecticut, Georgia, and Wisconsin do not record prior convictions; hence, data from these States have been omitted from the calculations.

Fatally injured African Americans had the highest percentage with prior convictions for speeding and other moving violations. Fatally injured Native Americans had the highest percentage for DWI convictions and license suspensions but the lowest percentage with prior recorded crashes and speeding convictions. Figure 8 shows the percentages of fatally injured drivers who had prior convictions in any of the five categories.



Source: FARS 1999-2004

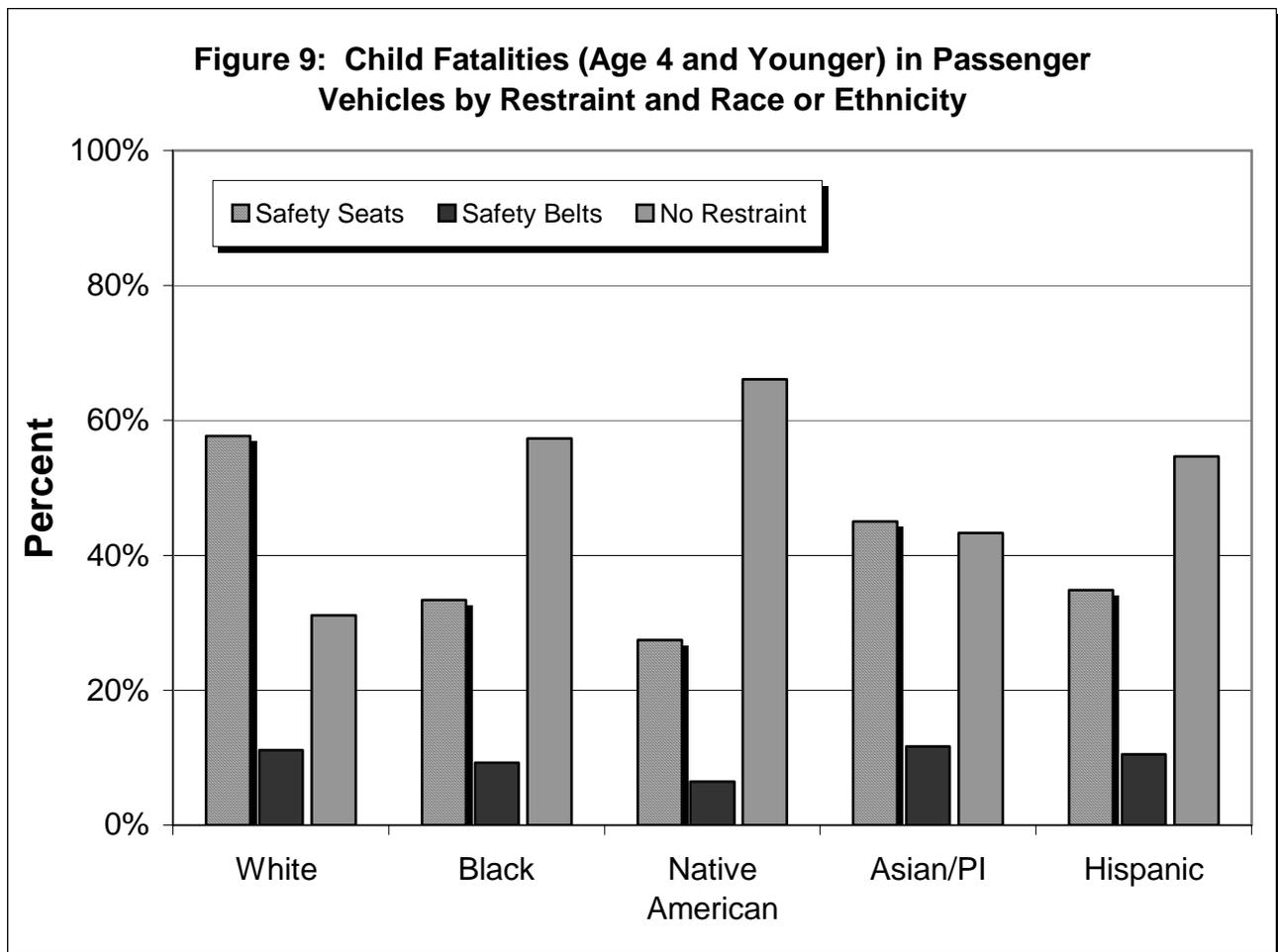
**6.4 Crash Type**

White, Black, and Hispanic drivers were killed in approximately equal numbers in single-vehicle and multi-vehicle crashes. Asian and Pacific Island drivers, however, were less often fatally injured in single-vehicle crashes (45%), and Native American drivers were involved more often in single-vehicle crashes (58%). The national average for drivers killed is 49 percent in single-vehicle crashes and 51 percent in multi-vehicle crashes.

## 7. RESTRAINT USE IN PASSENGER VEHICLES <sup>3</sup>

### 7.1 Restraints for Age 4 and Younger

Fatally injured Native American children were the least likely to have used child safety seats (only about 27%) and also the least likely to have been wearing safety belts (less than 7%). Black and Hispanic children were less likely than White or Asian and Pacific Islander children to have used child safety seats (roughly 33% and 35% respectively). White children killed were the most likely to have used child safety seats at 58 percent. However, almost a third of White children were totally unrestrained. More than half of the unrestrained children would have survived had they been in child safety seats.<sup>4</sup> Figure 9 illustrates the variations in restraint use by racial and ethnic categories for infants and small children.



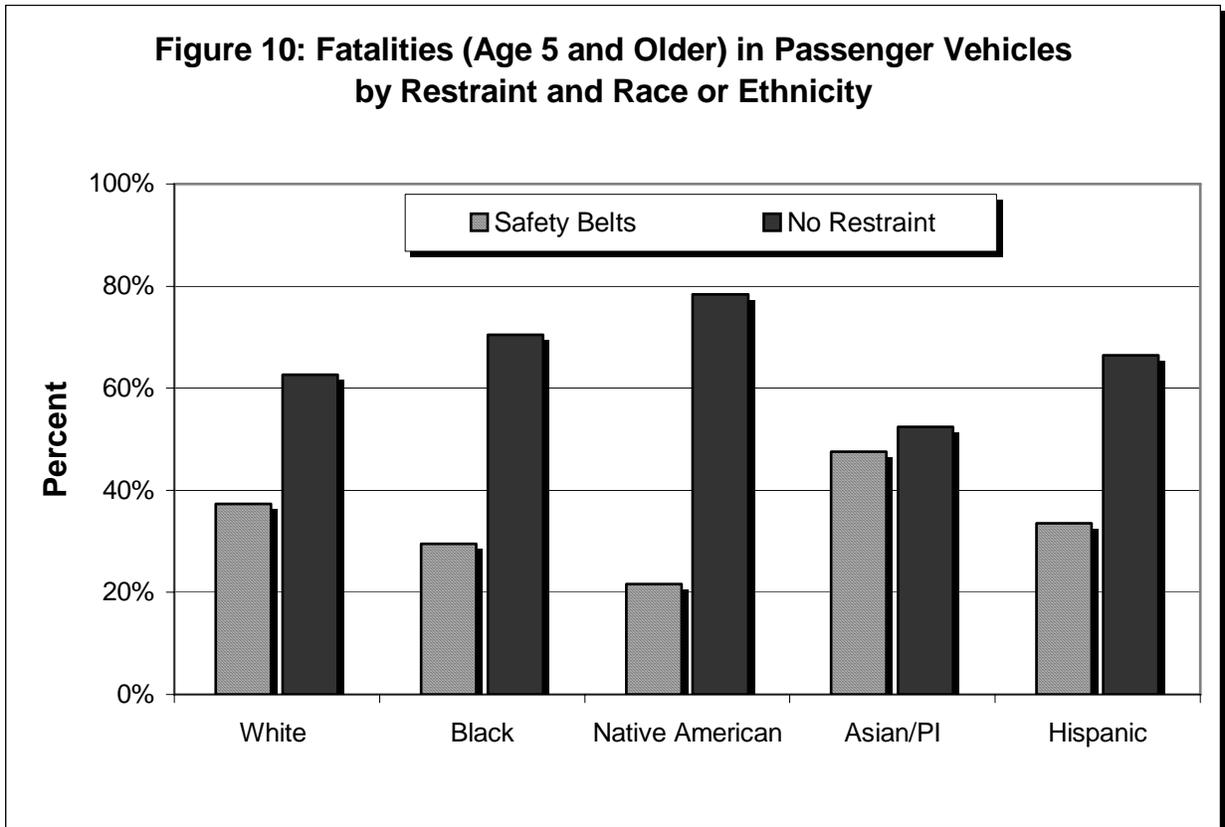
Source: FARS 1999-2004

<sup>3</sup> Passenger vehicles are defined as passenger cars, light trucks, and vans.

<sup>4</sup> Author's lives-saved calculations.

## 7.2 Other Vehicle Occupants

Other occupants are drivers and passengers older than 4 years. More than half of all persons killed, in all racial and ethnic groups, age 5 and older, were unrestrained. The percentages for persons unbelted by race and ethnicity range from a low of 52 percent for Asians and Pacific Islanders to highs of 70 percent and 78 percent for African Americans and Native Americans, respectively. About two-thirds of White and Hispanic fatally injured individuals were also unbelted. Figure 10 shows differences in safety belt use by race and ethnicity.



Source: FARS 1999-2004

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### **7.3 National Occupant Protection Use Survey**

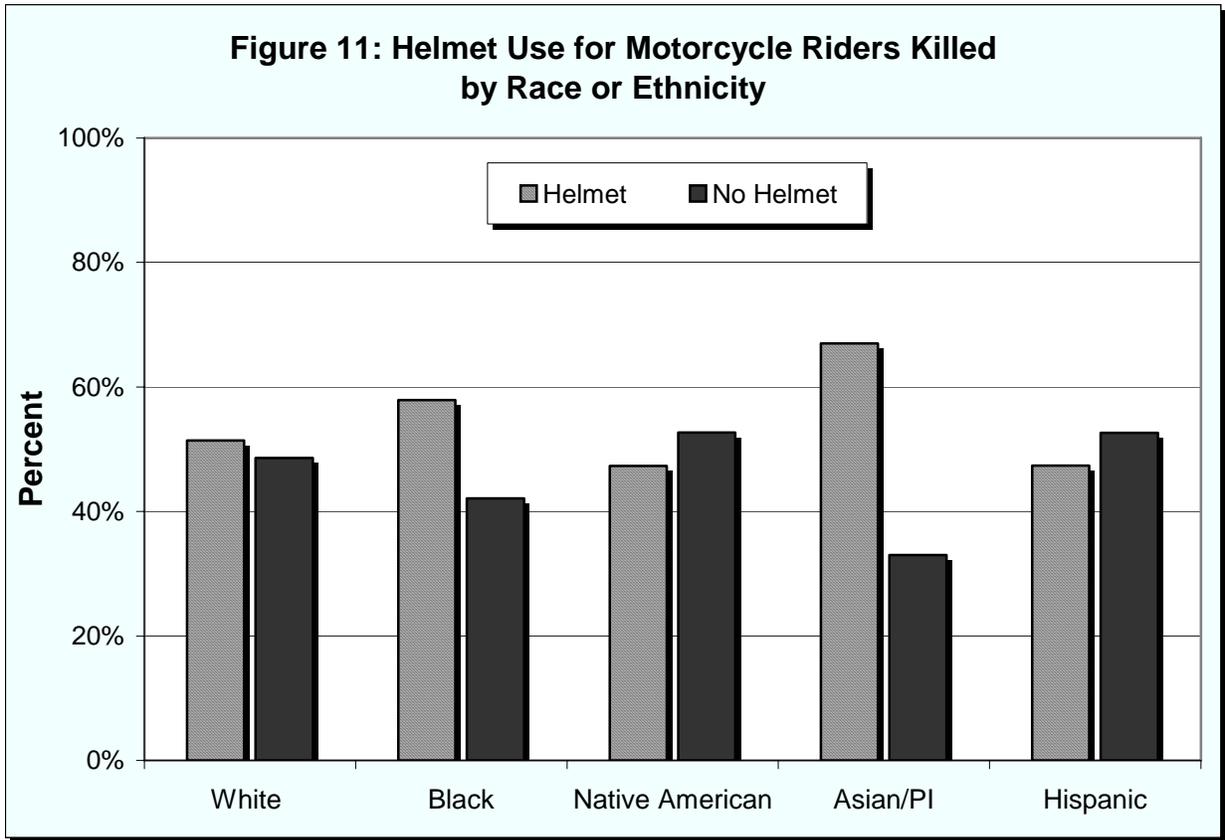
The results of the 2004 National Occupant Protection Use Survey indicated that no significant difference among these three racial groups. Belt use in 2004 by both Black and White motorists was estimated at 80 percent, and 79 percent for the “Other” category.

These numbers represent an increase from 2002 of 4 percentage points for the White group, 3 percentage points for the Black group, and 1 percentage point for members of other races. Even larger percentage increases in safety belt use occurred between 2000 and 2002 for African Americans, 8 percentage points, and for members of other races, 9 percentage points. A much smaller increase (2 percentage points) was estimated for Whites between 2000 and 2002. The higher percentages for safety belt use in this sample of persons who were not killed, compared with the fatally injured population illustrate the advantages of buckling up.

### **8. MOTORCYCLE HELMET USE**

Forty-seven percent of fatally injured Native American and Hispanic motorcycle riders wore motorcycle helmets. Asian and Pacific Islander fatally injured motorcycle riders had the highest rate of helmet use at 67 percent. For fatally injured African Americans riders, the percentage wearing helmets was 58 percent and for White fatalities, the percentage wearing helmets was 51 percent. Helmet use laws vary considerably in the United States and change from year to year. These changes have not been tracked in this report. However, in the 19 States that still had universal motorcycle helmet laws as of April 2004 (States that had not repealed helmet laws), helmet use for fatally injured motorcycle riders was at least 80 percent for all racial or ethnic groups. Within these States there was little difference among groups.

Figure 11 shows the percentages with and without motorcycle helmets.

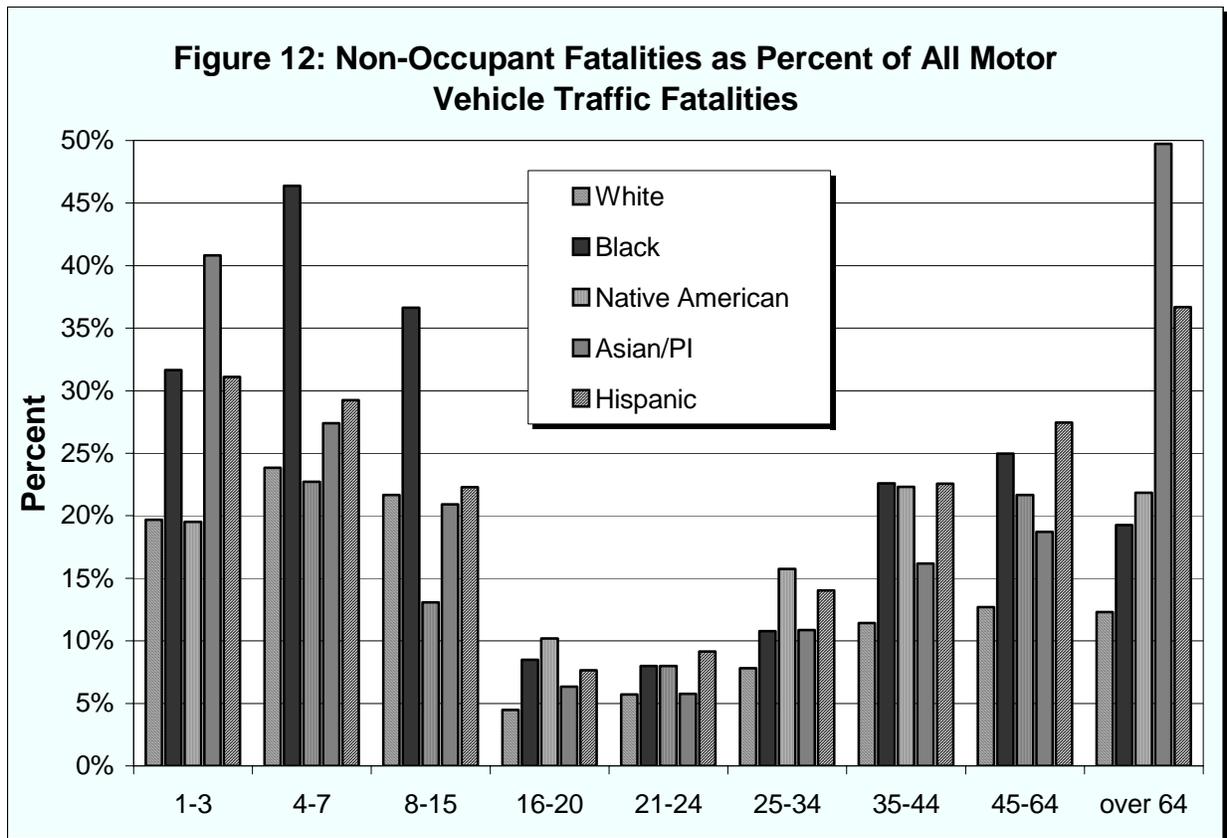


Source: FARS 1999-2004

## 9. PEDESTRIANS AND OTHER NON-OCCUPANTS

### 9.1 Fatalities

In the FARS system, non-occupants are mainly pedestrians, and secondarily cyclists. Included also are occupants of parked cars, non-motorized transport devices (e.g., horse-drawn vehicles), and road maintenance equipment, as well as skateboard riders, people in wheelchairs, on skates, sleds, etc. Figure 12 shows the non-occupant percentages of all motor vehicle traffic fatalities by age group.



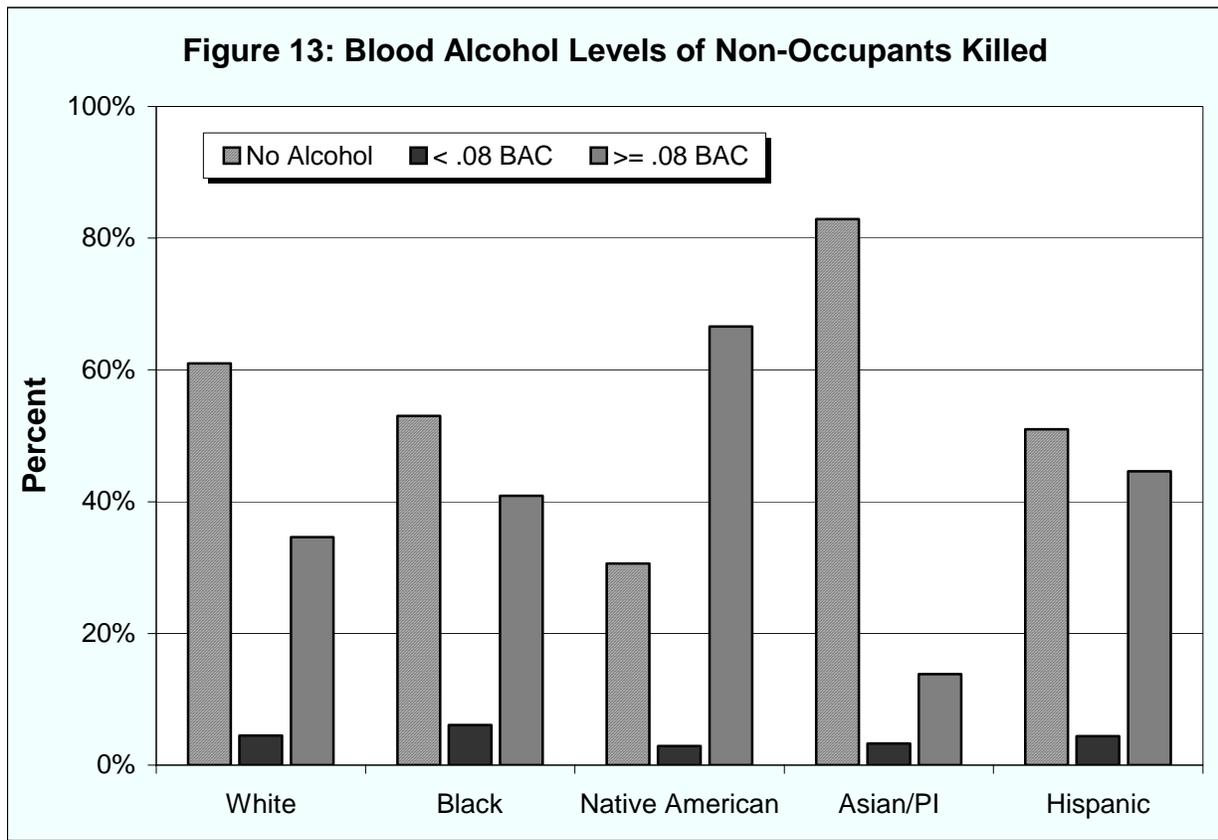
Source: FARS 1999-2004

In every age group from 16–20 and older, the percentage of non-Hispanic White motor vehicle traffic fatalities, including non-occupants, was lower than the percentages for minority non-occupants. And in the earlier years of life, only the percentage of Native American non-occupant fatalities was lower than that for Whites, but not by much.

Non-occupant, fatally injured Black children in the 4–7 age group accounted for nearly 47 percent of traffic fatalities and close to 37 percent in the 8–15 age group. In both urban and rural settings Black children were killed in disproportionate numbers in these two age groups. Other salient statistics are the percentages for Asian and Pacific Islander children in the 1–3 age group (about 41 percent, although the number of non-occupant fatalities may be too small to be meaningful), and especially Asian and Pacific Island elderly persons at 50 percent. In all age groups, fatally injured Asian and Pacific Islander non-occupants were more likely than their counterparts to be in crosswalks. Fatalities among African Americans occurred most often in the roadway, as did fatalities in White and Hispanic racial and ethnic groups. The data did not seem to indicate any significant difference among the racial and ethnic groups for the time of day of the crash.

## 9.2 Alcohol

Almost 70 percent of fatally injured Native American non-occupants (age 16 and older) had been drinking at the time of the crash. Percentages were just below half for Black and Hispanic non-occupants (47% and 49%, respectively). For Asians and Pacific Islanders, the percentage with alcohol was only 17 percent but close to 40 percent for non-Hispanic Whites.



Source: FARS 1999-2004

When contrasted with data for drinking drivers, Table 3 shows that the percentages for drinking non-occupants (except for Asians and Pacific Islanders) were even higher than for drivers.

<b>Table 3: Percentages of Fatally Injured Persons Who Were Drinking (16 and over)</b>		
	<b>Percent for Drivers</b>	<b>Percent for Non-Occupants</b>
Non-Hispanic White	35.2%	39.0%
Non-Hispanic Black	38.4%	47.0%
Native American	57.5%	69.4%
Asian and Pacific Islander	24.8%	17.1%
Hispanic or Latino	47.5%	49.0%
Source: FARS 1999-2004		

The statistics obtained from this study using five years of FARS/NCHS data, 1999–2004, substantially agree with an earlier study based on five years of FARS data, *Ethnicity and Alcohol-Related Fatalities, FARS Combined with NCHS Files for 1990–1994*.

## 10. CONCLUSIONS

From the descriptive statistics in this report, the concerns of the motor vehicle traffic safety community, that minority populations apparently are overrepresented in the number of traffic fatalities, may be well founded. Race and ethnicity data from FARS indicated that for people killed in motor vehicle traffic crashes, those who can be classified as in minority populations, (except Asians and Pacific Islanders) were more often driving while intoxicated, less often validly licensed, and less likely to be wearing safety belts than the general population.

All minorities, however, including Asians and Pacific Islanders, were less likely to secure their infants and toddlers in child safety seats than non-Hispanic Whites.

That Native Americans are more likely to drink and drive has been well documented in the past. Moreover, Native Americans not driving are more likely to drink and be killed in the roadway by motor vehicles. Note that fatally injured Native American women were driving while intoxicated twice as often as women in the other racial and ethnic groups and nearly as often as Native American men. Native American passenger vehicle occupants were also the least likely to wear safety belts.

Second only to Native Americans, fatally injured Hispanic or Latino drivers had the highest rates of driver and non-occupant alcohol levels. However, in contrast to Native Americans, only about a third of alcohol-impaired drivers were female. This factor is significant because fatally injured female Hispanic drivers comprised less than 20 percent of all Hispanic drivers killed. Together with Native Americans, fatally injured Hispanic drivers had the highest rates of invalid licensure.

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Alcohol use for fatally injured African American drivers was roughly comparable to that of the non-Hispanic white majority for both males and females. The difference is about 3 percentage points higher for black drivers but 8 percentage points higher for black non-occupants. Black drivers killed had the highest percentage with one or more prior speeding convictions. The percentage of valid licenses was somewhat lower than for the general population.

Not using safety belts and child safety seats was also a problem in the black community, but the most salient observation for African Americans is the disproportionately large number of children killed who were not vehicle occupants. The reasons for these high numbers must be investigated and appropriate remedies recommended.

The fatally injured Asians and Pacific Island group exhibited a substantially lower rate for driver alcohol and an even lower rate for non-occupant alcohol. This racial or ethnic group was the least likely to have had DWI charges or license suspensions and was the most likely to wear safety belts or motorcycle helmets. It appears, however, that, in too many cases, young children (younger than age 5) were only belted when they should have been in child safety seats.

For all racial or ethnic groups, including the non-Hispanic White group, albeit in varying degrees, the incidences of alcohol use, lack of proper restraints and licensing, and other risky behaviors are obstacles to overcome to reduce the death rates on our highways.

This report suggests that more detailed research on the relationships among socioeconomic status, race and ethnicity, and the risk of death or injury in a motor vehicle traffic crash is warranted.

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