

# INDIANA 2011 TRAFFIC SAFETY FACTS

## CHILDREN, 2011

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In 2011, 3,989 children (ages 0 to 15) were injured or killed in Indiana motor vehicle collisions. Approximately 6 percent of all children involved in 2011 Indiana collisions experienced serious or life-threatening injuries; 38 of these injuries were *fatal*, and 198 were reported as *incapacitating*. The National Highway Traffic Safety Administration (NHTSA) finds that motor vehicle collisions are the leading cause of death for children from 3 to 14 years old (DOT HS 811 387). In 2009 (the most recent data available), 1,314 children (ages 14 and younger) were killed in traffic collisions, representing four percent of the 33,808 traffic fatalities in the United States.

Research has shown that child restraint use (including lap/shoulder safety belts and child safety seats) is the most effective tool for preventing serious and fatal injuries to children who are vehicle occupants in traffic collisions (DOT HS 811 387). Research findings also suggest that older children (ages 8 to 15) are at greater risk of suffering serious injuries and fatalities than the other child age groups, likely due in part to lower rates of restraint usage among child passengers in this age group. NHTSA emphasizes continued efforts in developing strong child passenger safety legislation and public awareness campaigns to educate citizens on laws and best practices, the correct use of child passenger safety restraints, the potential dangers to children associated with failure to use proper restraints, the safety risks to child pedestrians and pedalcyclists in traffic-related inci-

dents, and the dangers to child passengers when drivers are under the influence of alcohol. In spring 2011, NHTSA released new guidelines outlining the “four steps” of child occupant restraint usage from birth to adulthood (Figure 1). NHTSA also launched Parents Central (<http://www.safercar.gov/parents/index.htm>), a new website that provides parents access to tools and resources needed for keeping kids safe in and around motor vehicles.

The current Indiana child passenger restraint law requires all child occupants (ages 15 and younger) to be properly restrained in a child restraint device or seat belt in all seating positions in all vehicles (IC 9-19-11). Effective July 1, 2009, the Indiana child passenger safety law was amended to remove exemptions for antique motor vehicles (with the exception of vehicles manufactured without safety restraints) and out-of-state drivers. In addition to legislative efforts, child passenger safety experts have developed recommended safety standards and best practices.

This fact sheet summarizes data trends, safety legislation, and best practices on child passenger safety and traffic collisions involving children between 2007 and 2011. Analyses include data from several sources (see last page for a full list of references, data sources, and definitions). Indiana data come primarily from the Indiana State Police Automated Reporting Information Exchange System (ARIES), as of March 20, 2012.

Figure 1. Car Seat Recommendations for Children



### Birth — 12 months

Your child under age 1 should always ride in a rear-facing car seat. There are different types of rear-facing car seats: Infant-only seats can only be used rear-facing. Convertible and 3-in-1 car seats typically have higher height and weight limits for the rear-facing position, allowing you to keep your child rear-facing for a longer period of time.



### 1 – 3 years

Keep your child rear-facing as long as possible. It's the best way to keep him or her safe. Your child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness.



### 4 – 7 years

Keep your child in a forward-facing car seat with a harness until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat.



### 8 – 12 years

Keep your child in a booster seat until he or she is big enough to fit in a seat belt properly. For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snug across the shoulder and chest and not cross the neck or face. Remember: your child should still ride in the back seat because it's safer there.

Source: NHTSA, March 2011.

## GENERAL TRENDS

Between 2010 and 2011, the number of children killed in Indiana traffic collisions increased by 15 percent (Table 1). The number of children suffering incapacitating injuries decreased 16 percent from 235 in 2010 to 198 in 2011. Data show that the 8 to 15 year old age group again represented the largest portion of serious injuries in 2011. Fifty-eight percent of all child traffic fatalities and 71 percent of incapacitating injuries occurred in the 8 to 15 year-old age group. These numbers are disproportionately high given that the 8 to 15 year old age group represents only 51 percent of the Indiana child population (Table 2). The less than 1 year old age group, representing 6 percent of the Indiana child population, also accounted for a disproportionately high share (11 percent) of 2011 fatal injuries in traffic collisions.

Table 2. Indiana child population estimates, 2009

	Estimated IN population	Share of IN child Population
Less than 1 year old	84,277	5.9
1 to 3 years old	261,999	18.4
4 to 7 years old	352,720	24.8
8 to 15 years old	723,412	50.9
<i>Total</i>	1,422,408	

Source: U.S. Census Bureau

Note: The most recent population estimates available by age and county are for the year 2010.

Table 1. Children injured or killed in Indiana traffic collisions by injury status and age group, 2007-2011

	2007		2008		2009		2010		2011		% Change ('10-'11)
	Count	%	Count	%	Count	%	Count	%	Count	%	
<b>Fatalities</b>											
Less than 1 year old	2	4.1	4	8.5	3	8.6	3	9.1	4	10.5	33.3%
1 to 3 years old	4	8.2	5	10.6	2	5.7	4	12.1	5	13.2	25.0%
4 to 7 years old	6	12.2	10	21.3	5	14.3	6	18.2	7	18.4	16.7%
8 to 15 years old	37	75.5	28	59.6	25	71.4	20	60.6	22	57.9	10.0%
<i>Total</i>	49	100.0	47	100.0	35	100.0	33	100.0	38	100.0	15.2%
<b>Incapacitating injuries</b>											
Less than 1 year old	13	4.3	11	4.4	14	6.0	12	5.1	11	5.6	-8.3%
1 to 3 years old	36	11.8	27	10.8	28	11.9	28	11.9	17	8.6	-39.3%
4 to 7 years old	64	21.0	44	17.7	41	17.4	47	20.0	30	15.2	-36.2%
8 to 15 years old	192	63.0	167	67.1	152	64.7	148	63.0	140	70.7	-5.4%
<i>Total</i>	305	100.0	249	100.0	235	100.0	235	100.0	198	100.0	-15.7%
<b>Non-incapacitating injuries</b>											
Less than 1 year old	274	5.8	201	4.9	239	6.0	200	5.0	187	5.1	-6.5%
1 to 3 years old	560	11.9	433	10.6	496	12.4	493	12.2	447	12.1	-9.3%
4 to 7 years old	1,006	21.4	878	21.6	765	19.2	798	19.8	789	21.4	-1.1%
8 to 15 years old	2,851	60.8	2,560	62.9	2,485	62.4	2,537	63.0	2,267	61.4	-10.6%
<i>Total</i>	4,691	100.0	4,072	100.0	3,985	100.0	4,028	100.0	3,690	100.0	-8.4%
<b>Other injuries</b>											
Less than 1 year old	31	29.2	36	33.3	19	26.0	24	36.4	23	36.5	-4.2%
1 to 3 years old	5	4.7	16	14.8	12	16.4	11	16.7	15	23.8	36.4%
4 to 7 years old	23	21.7	10	9.3	10	13.7	9	13.6	2	3.2	-77.8%
8 to 15 years old	47	44.3	46	42.6	32	43.8	22	33.3	23	36.5	4.5%
<i>Total</i>	106	100.0	108	100.0	73	100.0	66	100.0	63	100.0	-4.5%
<b>Not injured</b>											
Less than 1 year old	618	40.3	659	42.2	658	42.8	592	46.8	622	51.7	5.1%
1 to 3 years old	26	1.7	35	2.2	19	1.2	26	2.1	29	2.4	11.5%
4 to 7 years old	196	12.8	128	8.2	35	2.3	28	2.2	31	2.6	10.7%
8 to 15 years old	693	45.2	738	47.3	824	53.6	620	49.0	520	43.3	-16.1%
<i>Total</i>	1,533	100.0	1,560	100.0	1,536	100.0	1,266	100.0	1,202	100.0	-5.1%

Source: Indiana State Police

Notes:

1) Includes individuals identified as drivers, injured occupants, pedestrians, and pedalcyclists.

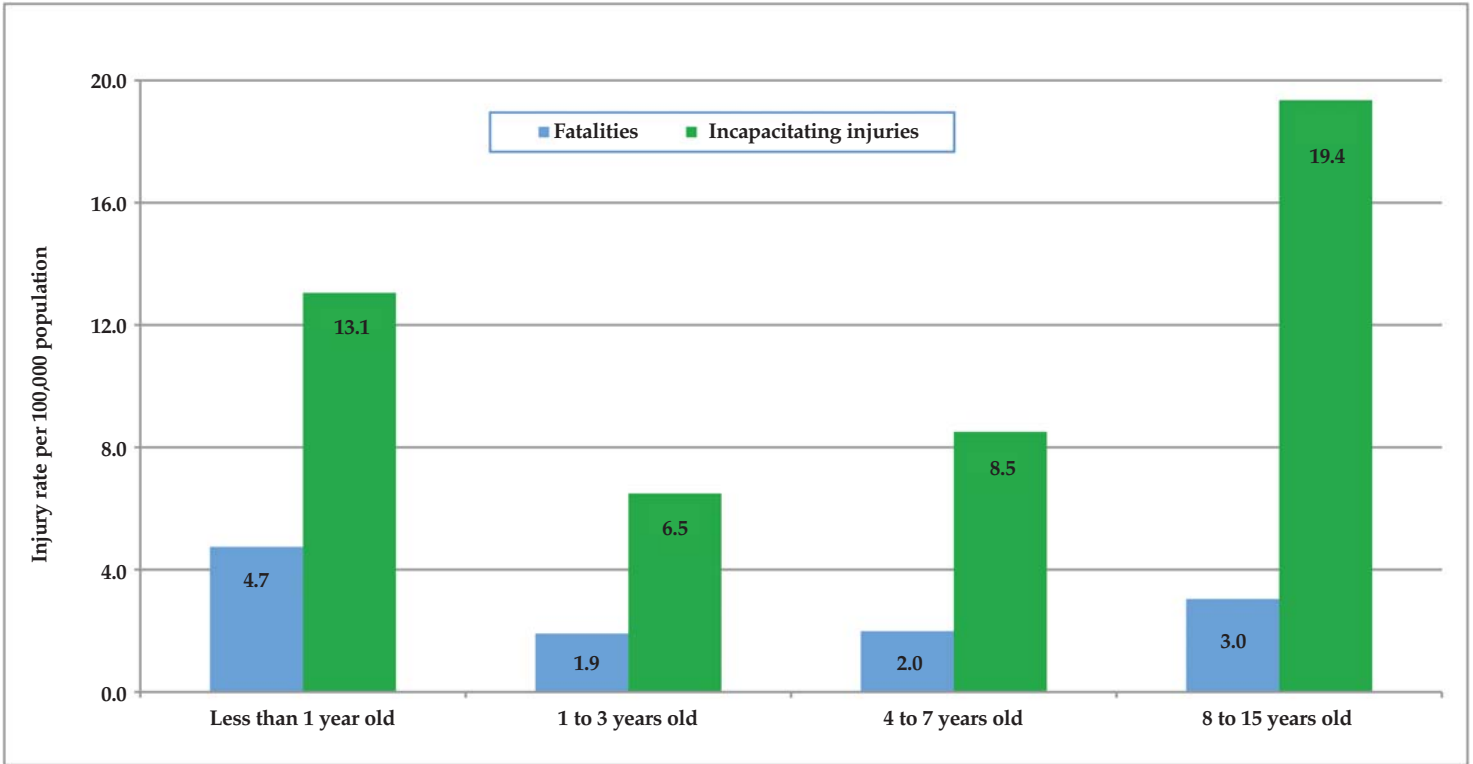
2) The less than 1 year old age group may be overrepresented due to unavailable or invalid age reporting, often given a value of "zero years" by officers into the ARIES database.

Child rates of serious injury in collisions (per 100,000 population) were also higher in the *less than 1 year old* and *8 to 15 year old* age groups (Figure 2). In 2011, the rate of fatal injury in *less than 1 year old* age group was 4.7 per 100,000, and the rate of incapacitating injury in the *8 to 15 year old* age group was 19.4 per 100,000.

Table 3 shows the number of children seriously injured in traffic incidents by person type (including those classified as drivers, vehicle occupants,

pedestrians, and pedalcyclists) in Indiana. About one-half of injured children classified as *drivers* were categorized in the *less than 1 year old* age group, suggesting possible misclassifications of driver age or person type (e.g., injured occupant). The 8 child pedestrian fatalities accounted for 21 percent of all Indiana child traffic fatalities in 2011, and the 3 pedalcyclist fatalities accounted for 8 percent of all child traffic fatalities.

**Figure 2. Rates of children seriously injured in Indiana collisions, per 100,000 population, 2011**



Sources: Injuries - Indiana State Police, Population - U.S. Census Bureau

Note: Census 2010 population data were used to calculate rates. 2011 estimates were not yet available.

**Table 3. Children seriously injured or killed in Indiana traffic collisions by injury status and person type, 2007-2011**

	2007		2008		2009		2010		2011		% Change ('10-'11)
	Count	%	Count	%	Count	%	Count	%	Count	%	
<b>Fatalities</b>											
Driver	5	10.2	5	10.6	3	8.6	3	9.1	2	5.3	-33.3%
Injured occupant	35	71.4	29	61.7	22	62.9	20	60.6	25	65.8	25.0%
Pedalcyclist	3	6.1	4	8.5	0	0.0	1	3.0	3	7.9	100.0%
Pedestrian	6	12.2	9	19.1	10	28.6	9	27.3	8	21.1	-11.1%
<i>Total</i>	49	100.0	47	100.0	35	100.0	33	100.0	38	100.0	15.2%
<b>Incapacitating injuries</b>											
Driver	25	8.2	17	6.8	24	10.2	16	6.8	20	10.1	25.0%
Injured occupant	195	63.9	163	65.5	148	63.0	153	65.1	123	62.1	-19.6%
Pedalcyclist	27	8.9	22	8.8	19	8.1	20	8.5	18	9.1	-10.0%
Pedestrian	58	19.0	47	18.9	44	18.7	46	19.6	37	18.7	-19.6%
<i>Total</i>	305	100.0	249	100.0	235	100.0	235	100.0	198	100.0	-15.7%

Source: Indiana State Police

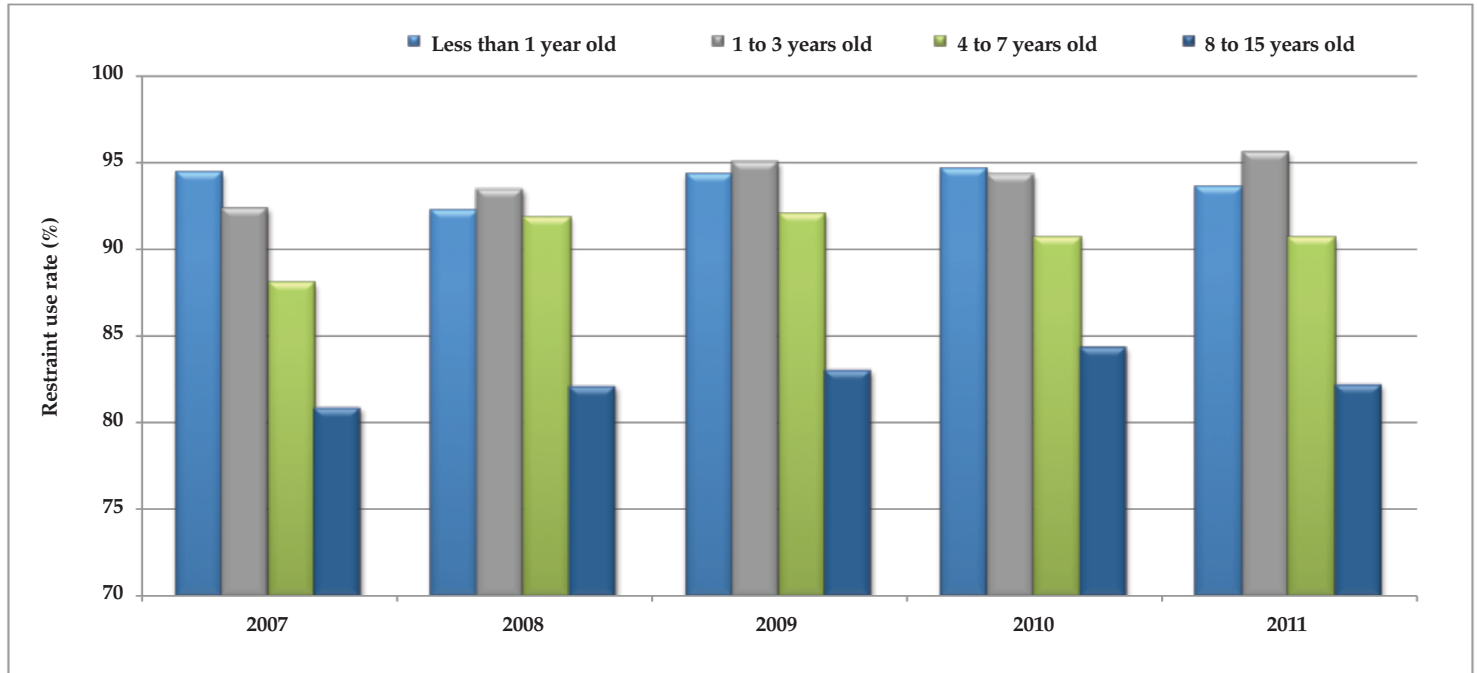
## CHILD RESTRAINT USAGE

Restraint use rates among children in collisions generally decline as children get older (Figure 3). The 8 to 15 year old age group had the lowest rate of restraint use in 2011 (82 percent), and was the only child age group with a rate of restraint use consistently below 90 percent between 2007 and 2011.

Table 4 shows the relative risk of serious injury increases when child vehicle occupants are unrestrained. Among all children involved in traffic

collisions who were properly restrained, only 3 percent were seriously injured, while 12 percent of unrestrained child occupants were seriously injured, indicating that a child is 3.5 times more likely to be seriously injured when unrestrained. The risk is greater among younger unrestrained child occupants. Unrestrained child occupants in the less than 1 year old age group were 12.5 times more likely to be seriously injured than children in the same age group who were properly restrained.

Figure 3. Restraint use among children involved in Indiana traffic collisions, by age group, 2007-2011



Source: Indiana State Police

Note: Restraint use percentages were calculated based on individuals identified as driver or injured occupant where restraint use was known.

Table 4. Risk of serious injury to child vehicle occupants involved in Indiana collisions, by restraint use, 2011

Age group	Restrained?	Serious injuries	Non-serious injuries	Total	% Serious injury	Risk
Less than 1 year old	No	6	19	25	24.0%	12.5
	Yes	7	358	365	1.9%	
1 to 3 years old	No	2	18	20	10.0%	4.3
	Yes	10	422	432	2.3%	
4 to 7 years old	No	8	61	69	11.6%	4.4
	Yes	17	622	639	2.7%	
8 to 15 years old	No	44	364	408	10.8%	2.6
	Yes	74	1,734	1,808	4.1%	
Total	No	60	462	522	11.5%	3.5
	Yes	108	3,136	3,244	3.3%	

Source: Indiana State Police

Notes:

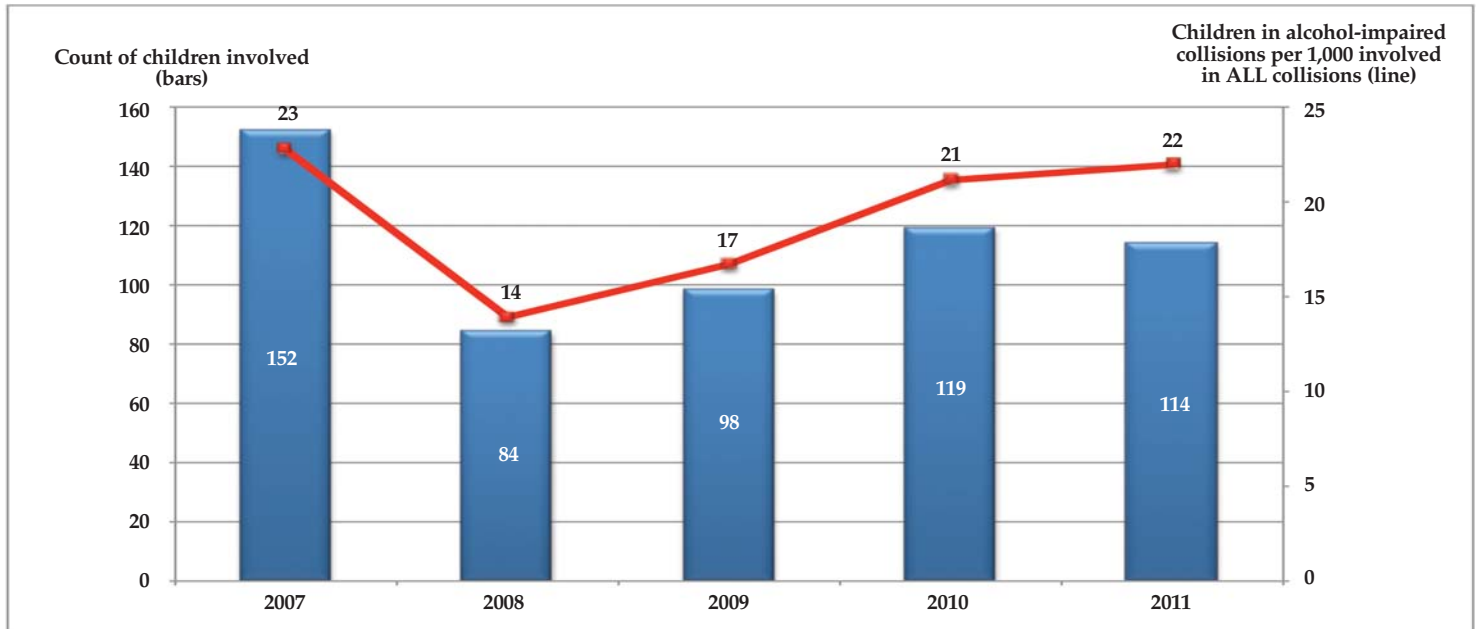
- Limited to children, ages 0 to 15 years old, identified as drivers or injured occupants where restraint use was known.
- Serious injuries include those reported as fatal and incapacitating.
- Non-serious injuries include those records identified as non-incapacitating, possible, refused, unknown, and NULL values in the injury status field of the crash report.
- Risk of serious injury is the ratio of the percent of children in each age group seriously injured who were restrained compared to the percent seriously injured who were unrestrained. Ratios greater than 1 show a higher risk of serious injury for individuals who were unrestrained.
- All relative risk estimates for all child age groups are significantly different from 1.0 (where a relative risk of 1.0 signifies no difference in risk).

# CHILDREN IN ALCOHOL-RELATED COLLISIONS

In 2011, 114 children were involved (2 fatal injuries, 9 incapacitating injuries) in Indiana alcohol-impaired motor vehicle collisions (i.e., collisions involving a driver with a blood alcohol content (BAC) test result at

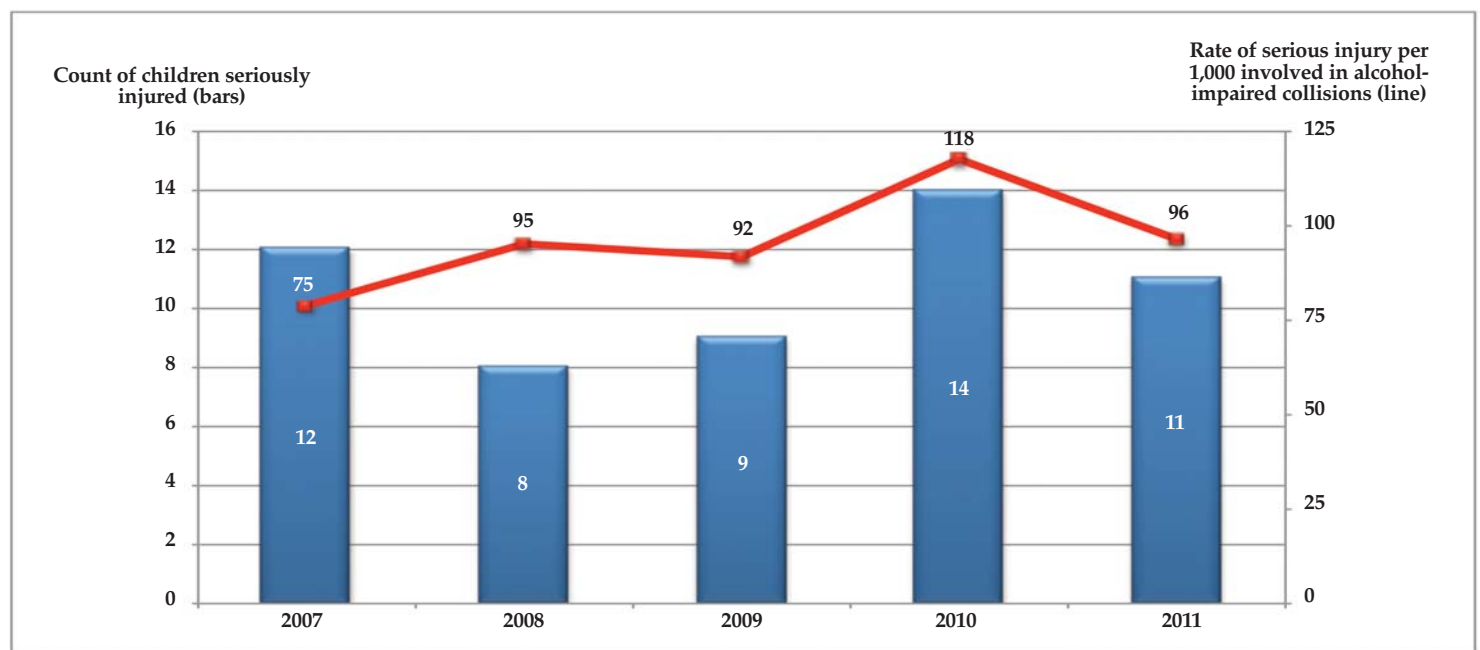
or above 0.08 g/dL). While the count of children involved in alcohol-impaired collisions decreased between 2010 and 2011, rates of child involvement in alcohol-impaired collisions have been steadily increasing since 2008 (Figure 4). The rate of serious injury per 1,000 children involved in alcohol-impaired collisions decreased from 118 in 2010 to 96 in 2011 (Figure 5).

Figure 4. Children involved in Indiana alcohol-impaired collisions, 2007-2011



Source: Indiana State Police

Figure 5. Children seriously injured in Indiana alcohol-impaired collisions, 2007-2011



Source: Indiana State Police

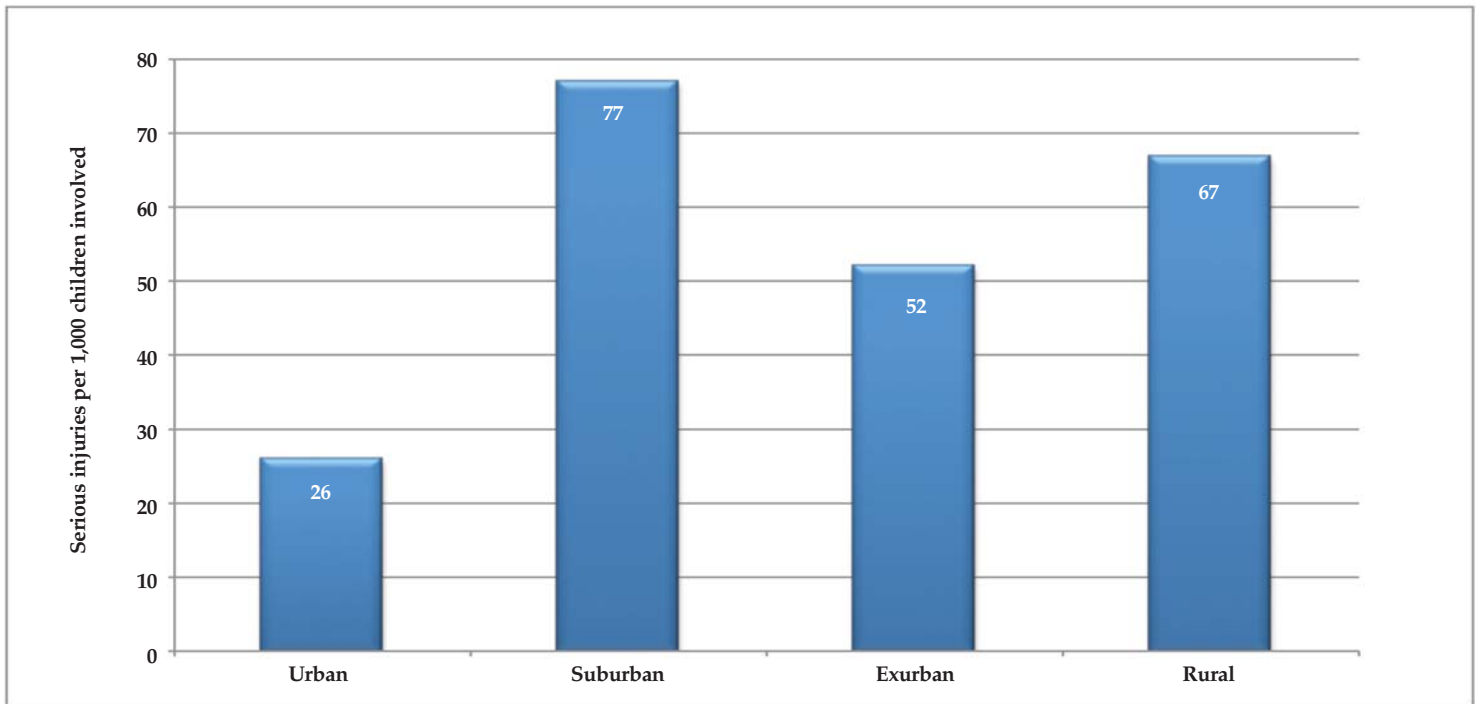
Note: Serious injuries are defined as children suffering fatal or incapacitating injuries.

## GEOGRAPHY OF INDIANA CHILD RESTRAINT USE AND TRAFFIC INJURIES

The serious injury rate per 1,000 children involved was lower in Indiana *urban* (26 per 1,000) and *exurban* (52) locales than in *suburban* (77) and *rural* (67) areas in 2011 (Figure 6). The distribution of child traffic injuries by county further illustrates the increased incidence of injuries in children

ages 8 to 15 years old. Maps 1 to 4 illustrate the rates of child traffic injuries and fatalities by county and age group for 2011. The mean traffic injury rate per 1,000 county residents in the *less than 1 year old* age group was 2.2 (Map 1), and the mean traffic injury rate in the *8 to 15 year-old* age group was 3.1, a rate higher than that of all other child age groups (Map 4).

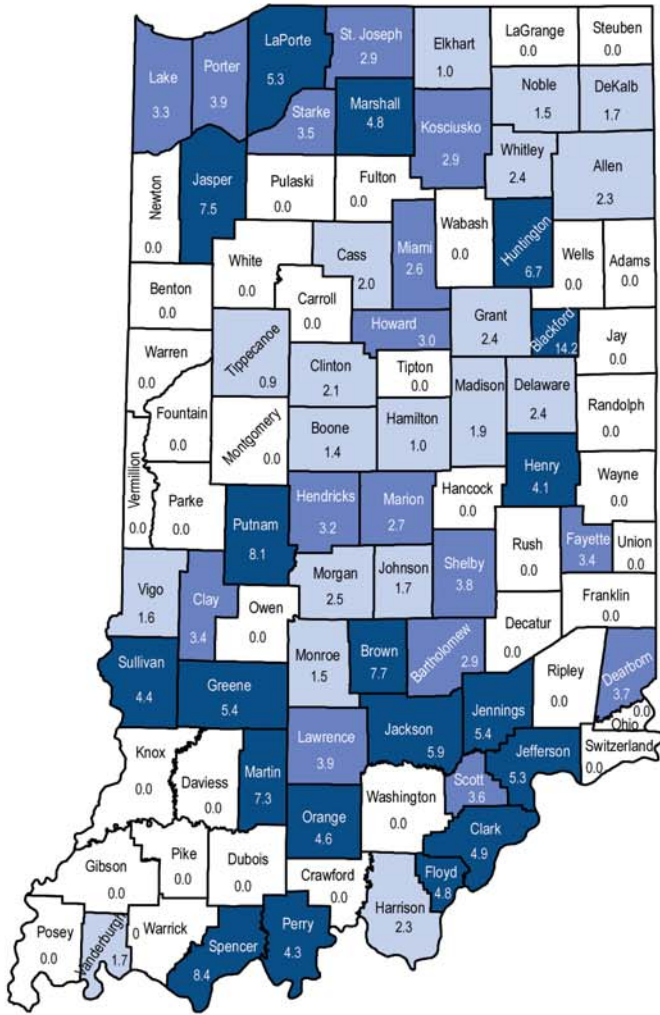
Figure 6. Children seriously injured in Indiana traffic collisions, by locale, 2011



Source: Indiana State Police

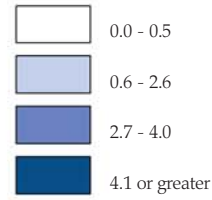
Child injury/fatality rates in Indiana traffic collisions by county (2011)

Map 1: Less than 1 year old  
Mean county injury/fatality rate = 2.2

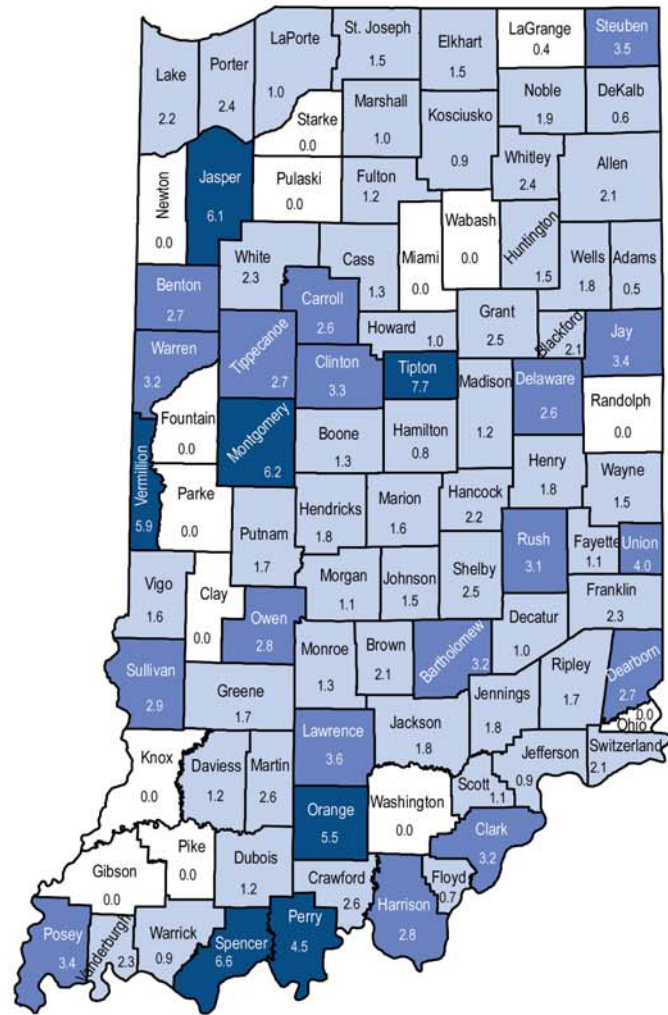


Mean county injury rate for children in ALL age groups = 2.6

Injury/fatality rate per 1,000 population



Map 2: Ages 1 to 3 years old  
Mean county injury/fatality rate = 2.0

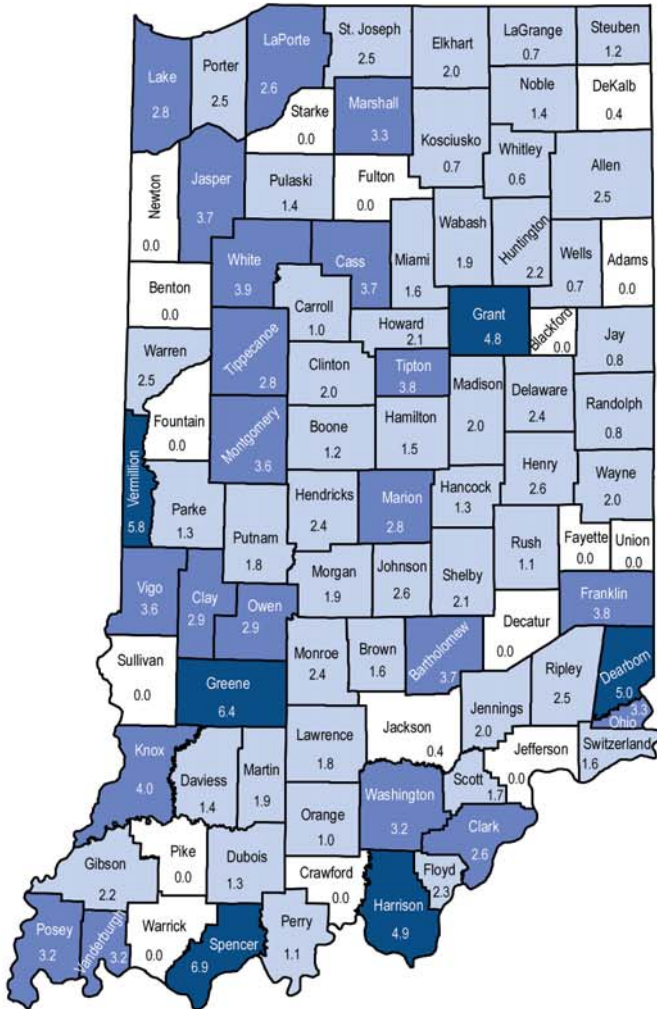


Sources:  
Injuries - Indiana State Police, Population - U.S. Census Bureau

- Notes:
- 1) Due to the lack of available address-level data on traffic collision victims, it is assumed that children injured in collisions live in the county in which they were injured.
  - 2) Injuries depicted include only those reported as *fatal*, *incapacitating*, *non-incapacitating*, and *possible*.
  - 3) 2010 population data were used to calculate rates. 2011 estimates were not yet available.

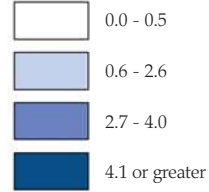
## Child injury/fatality rates in Indiana traffic collisions by county (2011)

**Map 3: Ages 4 to 7 years old**  
Mean county injury/fatality rate = 2.0

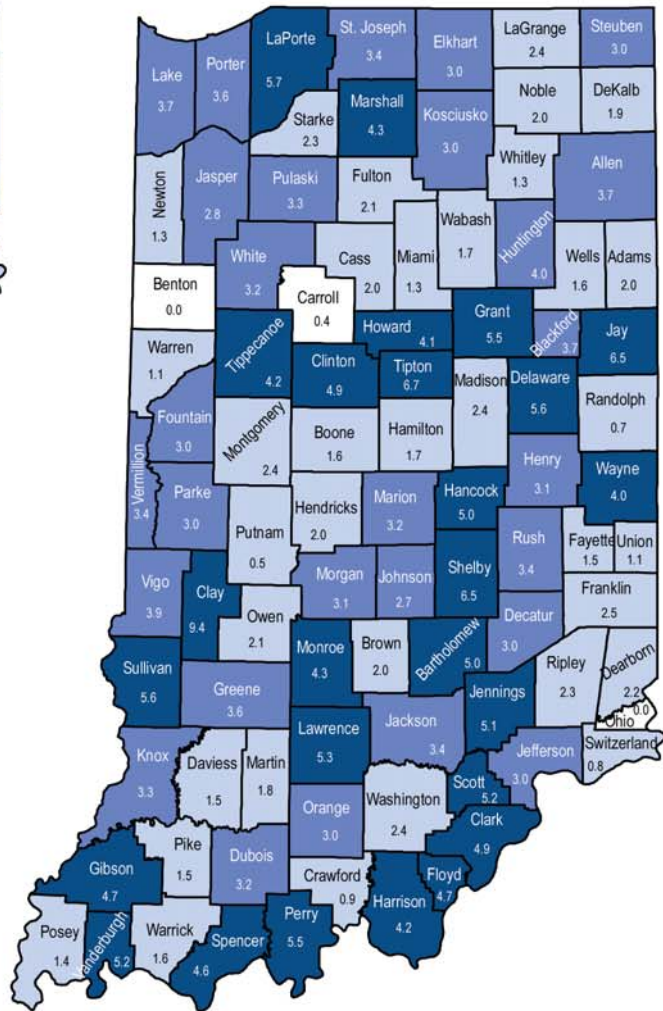


Mean county injury rate for children  
in ALL age groups = 2.6

Injury/fatality rate per 1,000 population



**Map 4: Ages 8 to 15 years old**  
Mean county injury/fatality rate = 3.1



Sources:  
Injuries - Indiana State Police, Population - U.S. Census Bureau

- Notes:
- 1) Due to the lack of available address-level data on traffic collision victims, it is assumed that children injured in collisions live in the county in which they were injured.
  - 2) Injuries depicted include only those reported as *fatal*, *incapacitating*, *non-incapacitating*, and *possible*.
  - 3) 2010 population data were used to calculate rates. 2011 estimates were not yet available.

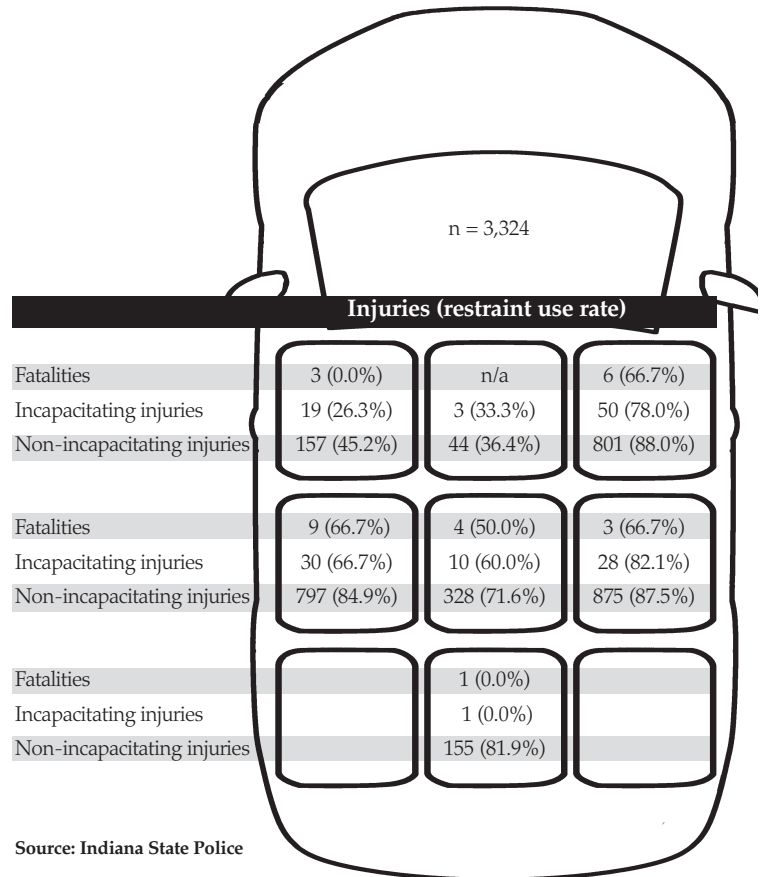


# CHILD RESTRAINT USE AND SEATING POSITION

Figure 7 shows the number and restraint usage rates for 2011 child injuries by injury type and vehicle seating position. The greatest number of child fatalities occurred in the *rear-left* passenger seating position (9), among which 67 percent were properly restrained.

This risk of serious injury was greater for unrestrained child occupants across all seating positions than for child occupants that are properly restrained, with the exception of the *far back/sleeper* position (Table 6). Approximately 18 percent of all children injured were classified as being in the driver's seating position. Child occupants seated in the *driver's* position who were unrestrained were 11.4 times more likely to suffer serious injuries than those wearing the proper restraints. Unrestrained child occupants seated in the *rear-center* position were 3.1 times more likely to suffer serious injuries than child occupants who were properly restrained.

Figure 7. Children in Indiana collisions by injury status, seating position, and restraint use, 2011



Source: Indiana State Police

Notes:

- 1) Injuries include only children (ages 0-15) sustaining *fatal*, *incapacitating*, *non-incapacitating*, and *possible* injuries where valid seating position was identified.
- 2) Percentages depicted are the percentage of individuals reported as properly restrained by injury type in each seating position.

Table 6. Risk of serious injury to children involved in Indiana collisions, by seating position, 2011

Seating position	Restrained?	Serious injuries	Non-serious injuries	Total	% Serious injury	Risk
Front left (driver)	No	14	115	129	10.9%	11.4
	Yes	5	519	524	1.0%	
Front center	No	2	25	27	7.4%	1.5
	Yes	1	19	20	5.0%	
Front right	No	8	63	71	11.3%	2.0
	Yes	43	725	768	5.6%	
Rear left	No	8	91	99	8.1%	2.2
	Yes	26	691	717	3.6%	
Rear center	No	6	56	62	9.7%	3.1
	Yes	8	248	256	3.1%	
Rear right	No	3	75	78	3.8%	1.2
	Yes	25	781	806	3.1%	
Far back/sleeper	No	-	20	20	0.0%	--
	Yes	-	131	131	0.0%	
Total	No	41	445	486	8.4%	2.5
	Yes	108	3,114	3,222	3.4%	

Source: Indiana State Police

Notes:

- 1) Limited to children identified as *drivers* or *injured occupants* where valid seating position was reported and restraint use was known.
- 2) Serious injuries include those reported as *fatal* and *incapacitating*.
- 3) Non-serious injuries include those records identified as *non-incapacitating*, *possible*, *refused*, *unknown*, and NULL values in the injury status field of the crash report.
- 4) Risk of serious injury is the ratio of the percent of children in each seating position seriously injured who were restrained compared to the percent seriously injured who were unrestrained. Ratios greater than 1 show a higher risk of serious injury for individuals who were unrestrained.
- 5) All relative risk estimates for all seating positions are significantly different from 1.0 (where a relative risk of 1.0 signifies no difference in risk), with the exceptions of the front center and rear right seating positions.

## DEFINITIONS

**Alcohol-impaired collision** – a motor vehicle collision where at least one driver involved had a blood alcohol content (BAC) result that qualified as *impaired driving*, defined as 0.08 grams per deciliter (g/dL).

**Urban** is defined as Census 2000 Urban Areas (2007-2009) or Census 2010 Urban Areas (2010-2011), *suburban* as areas within 2.5 miles of urban boundaries, *exurban* as areas within 2.5 miles of suburban boundaries, and *rural* as areas beyond exurban boundaries (i.e., everything else).

**Non-incapacitating** injuries include those injuries reported as *non-incapacitating* or *possible*.

**Non-serious** injuries include those records identified as *non-incapacitating*, *possible*, *refused*, *unknown*, and NULL values in the injury status field of the crash report.

**Not injured** status includes individuals involved in collisions reported as NULL values in the injury status code field.

**Other injury** status includes *not reported*, *unknown*, *refused* (treatment), and invalid injury status codes.

## REFERENCES

National Center for Statistics and Analysis, National Highway Traffic Safety Administration, *Traffic Safety Facts: Children (2009 data)*, DOT HS 811 387.

*New Car Seat Recommendations for Children*, <http://www.nhtsa.gov/Safety/CPS>, March 2011.

## DATA SOURCES

Indiana State Police Automated Reporting Information Exchange System (ARIES), as of March 20, 2012

Indiana Bureau of Motor Vehicles, current as of March 20, 2012

U.S. Census Bureau, Annual Estimates of the Resident Population by Single-Year of Age and Sex for the United States and States: April 1, 2000 to July 1, 2010. <http://www.census.gov/popest/states/asrh/>

This publication was prepared on behalf of the Indiana Criminal Justice Institute (ICJI) by the Indiana University Center for Criminal Justice Research (CCJR). Please direct any questions concerning data in this document to ICJI at 317-232-1233.

This publication is one of a series of fact sheets that, along with the annual Indiana Crash Fact Book, form the analytical foundation of traffic safety program planning and design in the state of Indiana. Funding for these publications is provided by the ICJI and the National Highway Traffic Safety Administration.

An electronic copy of this document can be accessed via the CCJR website ([www.ccjr.iupui.edu](http://www.ccjr.iupui.edu)), the ICJI website ([www.in.gov/cji/](http://www.in.gov/cji/)), or you may contact the Center for Criminal Justice Research at 317-261-3000.



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## Traffic Safety Project

A collision produces three levels of data: collision, unit (vehicles), and individual. For this reason, readers should pay particular attention to the wording of statements about the data to avoid misinterpretations.

Designing and implementing effective traffic safety policies requires data-driven analysis of traffic collisions. To help in the policy-making process, the Indiana University Center for Criminal Justice Research is collaborating with the Indiana Criminal Justice Institute to analyze 2011 vehicle crash data from the Automated Reporting Information Exchange System (ARIES), maintained by the Indiana State Police. This marks the sixth year of this partnership. Research findings will be summarized in a series of fact sheets on various aspects of traffic collisions, including alcohol-related crashes, light and large trucks, dangerous driving, children, motorcycles, occupant protection, and drivers. An additional publication will provide information on county and municipality data and the final publication will be the annual Indiana Crash Fact Book. These publications serve as the analytical foundation of traffic safety program planning and design in Indiana.

Indiana collision data are obtained from Indiana Crash Reports, as completed by law enforcement officers. As of December 31, 2011, approximately 99 percent of all collisions are entered electronically through ARIES. Trends in collisions incidence as reported in these publications could incorporate the effects of changes to data elements on the Crash Report, agency-specific enforcement policy changes, re-engineered roadways, driver safety education programs, and other unspecified effects. If you have questions regarding trends or unexpected results, please contact the Indiana Criminal Justice Institute, Traffic Safety Division for more information.

## The Indiana Criminal Justice Institute

Guided by a Board of Trustees representing all components of Indiana's criminal and juvenile justice systems, the Indiana Criminal Justice Institute serves as the state's planning agency for criminal justice, juvenile justice, traffic safety, and victim services. ICJI develops long-range strategies for the effective administration of Indiana's criminal and juvenile justice systems and administers federal and state funds to carry out these strategies.

## The Governor's Council on Impaired & Dangerous Driving

The Governor's Council on Impaired & Dangerous Driving, a division of the Indiana Criminal Justice Institute, serves as the public opinion catalyst and the implementing body for statewide action to reduce death and injury on Indiana roadways. The Council provides grant funding, training, coordination, and ongoing support to state and local traffic safety advocates.

## Indiana University Public Policy Institute

The Indiana University (IU) Public Policy Institute is a collaborative, multidisciplinary research institute within the Indiana University School of Public and Environmental Affairs (SPEA), Indianapolis. The Institute serves as an umbrella organization for research centers affiliated with SPEA, including the Center for Urban Policy and the Environment and the Center for Criminal Justice Research. The Institute also supports the Indiana Advisory Commission on Intergovernmental Relations (IACIR).

## The Center for Criminal Justice Research

The Center for Criminal Justice Research, one of two applied research centers currently affiliated with the Indiana University Public Policy Institute, works with public safety agencies and social services organizations to provide impartial applied research on criminal justice and public safety issues. CCJR provides analysis, evaluation, and assistance to criminal justice agencies; and community information and education on public safety questions. CCJR research topics include traffic safety, crime prevention, criminal justice systems, drugs and alcohol, policing, violence and victimization, and youth.

## The National Highway Traffic Safety Administration (NHTSA)

NHTSA provides leadership to the motor vehicle and highway safety community through the development of innovative approaches to reducing motor vehicle crashes and injuries. The mission of NHTSA is to save lives, prevent injuries and reduce economic costs due to road traffic crashes, through education, research, safety standards and enforcement activity.

**Author:** Dona Sapp, Senior Policy Analyst