



MEMORANDUM

LEGISLATIVE REFERENCE BUREAU

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To: Ald. Michael J. Murphy
From: Tea Norfolk, Legislative Fiscal Analyst – Lead
Date: June 4, 2019
Subject: City-County Carjacking and Reckless Driving Task Force Education and Prevention Subcommittee – National Best Practices

This memo is in response to your request for information regarding national best practices for education and prevention of reckless driving and carjacking.

RECKLESS DRIVING

In 2007, the National Institutes of Health (NIH) funded a report released by the National Center for Biotechnology Information, U.S. National Library of Medicine and authored by the National Research Council, Institute of Medicine, and Transportation Research Board Program Committee for a Workshop on Contributions from the Behavioral and Social Sciences in Reducing and Preventing Teen Motor Crashes.

The NIH report provided strategies for improving road safety, placing particular focus on teenage drivers as those who cause the greatest proportion of reckless driving-related crashes. The strategies were placed in two categories: driver education and the legal structure of testing and licensure.

Recommendations for improving driver education programs include addressing safety skills in new ways, by addressing teens' tendency toward risk-taking and overconfidence and by increasing parental involvement. Programs could make a distinction between developing the manual skills that are necessary to operate complex vehicles and acquiring the expertise and judgment to recognize hazards and to exercise caution when driving under risky conditions. The National Highway Traffic Safety Administration (NHTSA) is reviewing opportunities for improvement and is considering new curriculum guidelines as well as standards for teachers. Additionally, NHTSA is developing a national and international review to identify instructional tools, training methods, and curricula that are consistent with best practices in selected states and other countries.

Many states have adopted some form of graduated driver licensing, which is a means of slowing down the process of obtaining a license, controlling the circumstances under which teens drive while they are learning, and increasing their exposure to higher risk conditions, such as nighttime driving and driving with teen passengers, in a controlled way. The process has three phases: (1) extended supervised practice for teens possessing learners' permits, (2) a provisional licensure stage during which restrictions are imposed, and (3) full licensure. The most effective legislation has at least five of the following seven elements:

- A minimum age of 16 for the learner's permit.
- A restriction requiring a young driver to have a learner's permit for at least 6 months.
- A requirement for 50 to 100 hours of supervised driving.
- A minimum age of 17 for an intermediate stage license.
- Restrictions on driving at night.
- A limit on the number of teenage passengers allowed in the car.
- A minimum age of 18 for a full-privilege license.

No state has adopted all of the features of graduated licensing that are viewed as constituting best practice. One study has shown an 11% decrease in fatal crashes among 16-year-olds in states that have some form of graduated driver licensing, with larger decreases occurring in states that have the most comprehensive programs. In Wisconsin, there was a 14% reduction in fatal crashes after adoption of graduated driver licensing. However, these programs would be more effective if enforcement by parents and law enforcement were more stringent. Graduated driver licensing depends on parents to enforce many of its provisions, both in the form of supervising the required number of driving hours and in monitoring adherence to passenger and night-driving restrictions.

A program called Checkpoints was developed by researchers at the National Institute of Child Health and Human Development. The program provides a structure in which parents can work with their teens to reduce risk conditions during the first 12 months of driving. The program uses a combination of tools, including persuasive communications (videos and newsletters), written agreements between parents and children, and limits on high-risk driving privileges. The written agreement establishes a "checkpoint" at one month. At that point, parents and teens assess the new drivers' comfort level with driving on local roads in different situations. In the first checkpoint, these include situations in daylight, when roads are dry, and with no other passenger in the car. After each additional checkpoint, the parents agree to remove restrictions as long as the

teens demonstrate good driving judgment. In addition, the parents commit to providing the teens rides as needed until all of the checkpoints are achieved.

The program is based on the goals of changing parents' and teens' perception of their risk as well as their expectations regarding reasonable limitations in order to decrease risky driving, traffic violations, and crashes. Research shows that in families where parents impose stricter limits, teens are less likely to exhibit risky driving behavior.

The role of public health agencies in addressing the risks of teen driving, as well as opportunities to promote responsible driving practices were also identified in the NIH report as deserving further attention. Driving is a public health issue, and it should also be addressed in the healthcare setting. Driving safety is not a prominent topic during medical students' training in pediatrics. However, healthcare providers should be prepared to provide counseling about alcohol, drugs, and automobiles in their examinations of adolescent patients. In particular, specific threats to adolescent health include the risk of having passengers in the car and night driving, and healthcare professionals should familiarize themselves with their states' graduated driver licensing laws. Additionally, providers should be prepared to discuss whether patients have conditions that may increase driving risk, such as attention deficit hyperactivity disorder, type 1 diabetes, epilepsy, or substance abuse. Teens with these conditions should be counseled about how their diagnosis may affect driving.

The U.S. Department of Health and Human Services National Institutes of Health, Eunice Kennedy Shriver National Institute of Child Health and Human Development provides the following information regarding road safety. Some strategies are designed specifically for young drivers to limit exposure to risk while they are developing good judgment and safe driving habits.

Road Safety Strategies Specific for Teenage Drivers:

- Graduated licensing laws
- Checkpoints program

Road Safety Strategies for All Drivers:

- Preventing distracted driving
- Countering speeding and risky driving
- Use of safety belts
- Preventing drinking and driving

Inattention is a leading cause of crashes. Anything that takes a driver's attention from the road, including dialing, texting, and adjusting a cell phone and any other electronic device, increases the risk of a car crash. In addition to laws regulating the use of cell phones and other electronic devices, improvements to the driving environment can reduce crash rates. Public information campaigns on enforcement are effective as well.

Public information campaigns may include safety tips for lawful drivers to follow that can help them avoid collisions with reckless drivers. Some of those tips include the following:

- Always steer clear of any cars that look dangerous. Upon seeing a car weaving in and out of traffic, tailgating too closely, or speeding excessively, move over and get out of the way.
- Report dangerous drivers. Call local police upon seeing a driver operating his or her vehicle recklessly. If the vehicle has an employer's phone number on it, call that number to report the vehicle.
- Always wear seat belts and encourage passengers to do the same.
- Plan ahead, leave early, and allow plenty of time to reach the destination.
- Never drive distracted. Do not talk, text, or eat while driving, and put passengers in charge of the radio and navigation.
- Stay alert and aware, and never drive tired or under the influence of a drug or alcohol.

Another strategy is to stage a mock car crash with first responders for high school students. In some municipalities, the Fire Department used high school students as actors in a demonstration showing a deadly car crash caused by reckless driving. The Fire Department's messaging includes the concept that no text message or phone call is so important that it cannot wait for the driver to come to a complete stop.

A 2018 research paper in the Journal of Social Marketing by Linda Lemarie, et. al., titled "Reckless Driving Promotion and Prevention: Priming Effects" discusses the ways reckless driving in action movies affects young male drivers' perception of reckless drivers and proposes a targeting social marketing strategy to counteract this effect. Social marketers working in the field of road safety can improve the efficacy of their social marketing programs by taking into consideration the positive image of reckless drivers promoted by the media. Accordingly, practitioners should develop interventions and targeted messages that help young drivers cultivate a less idealized and masculine social image of reckless drivers.

A 2008 Harvard Medical School, Mental Health Letter titled “Preventing Driving Accidents Involving Teenagers” discusses behavioral strategies that parents can use to reduce their children’s risk of injury or death. The paper discusses the fact that the prefrontal cortex, which contains the neural mechanisms of self-control, is one of the last parts of the brain to mature. As a result, teenagers are prone to risk-taking, impulsive behavior, and sensation-seeking – all of which can lead to reckless driving behaviors. The Institute of Medicine convened a panel of experts to identify behavioral and cognitive strategies to prevent motor vehicle accidents involving teenagers. The experts’ findings included the following:

- Specialized driver education classes that emphasize practice in skid control and other emergency maneuvers may actually increase risk of crashes, especially for young men, possibly because of excess confidence or a desire to “show off” skills for friends.
- Parents who provide supervised driving may restrict practice time to relatively safe conditions, such as driving during the day on a side road, rather than exposing novice drivers to more complicated situations, such as driving at night or in snow. Parents may also inadvertently act as co-drivers, by helping to watch for other cars and checking “blind spots.” As a result, teenagers may not acquire the skills they need to drive by themselves.
- Research shows that only by driving alone do teenagers develop the complex skills they need to be safe on the road.
- Research suggests it may be better for parents to impose strict limits on risk conditions because teenagers are less likely to become risky drivers or get involved in motor vehicle crashes in the first year after earning their licenses.
- Teenagers under 18 years of age should not drive past 9 p.m., regardless of what state law says.
- Even one teenage passenger increases risk of a crash, but the risk increases with each additional passenger. Teenagers should drive alone until age 18.
- Teenagers are less likely than people of other age groups to use seat belts while driving, which increases fatality in crashes.
- Sleep deprivation in teenage drivers contributes to lack of attention, impaired judgment, greater risk-taking, more susceptibility to alcohol intoxication, and increased aggression and impulsivity.
- Teenagers and parents should review the rules of road together. It helps clarify rules, expectations, and conditions for earning increased driving privileges by writing them down.

A 2018 Centers for Disease Control and Prevention paper, “Teen Drivers: Get the Facts” emphasizes the importance of making young drivers aware of the leading causes of teen crashes, which are as follows:

- Driver inexperience
- Driving with teen passengers
- Nighttime driving
- Not using seat belts
- Distracted driving
- Drowsy driving
- Reckless driving
- Impaired driving

CARJACKING

Several articles discussed strategies for education and prevention of carjacking. Those strategies are summarized below.

License Plate Readers

A January 8, 2019, article by Matt Masterson, “Chicago Police Adding 200 Plate Reader Vehicles to Help Combat Carjackings,” stated that the Chicago Police Department announced an expanded rollout of license plate reader-equipped squad vehicles in an effort to prevent carjackings and recover stolen vehicles. The department’s goal is to bring the total of plate readers to 244. At full deployment, each of the city’s 25 police districts will have at least 6 license plate reader vehicles. The readers can match license plates against a list of stolen vehicles and vehicles involved in crimes. The lists are updated daily by the City’s Office Emergency Management and Communications. If the system identifies a stolen vehicle, police officers are automatically alerted so they can investigate.

Public Service Announcements

Teenagers with Running Rebels in Milwaukee created a public service announcement (PSA), which they published on social media, addressing carjacking. They filmed the PSA near 13th and Fond du Lac Avenue. People taking part in the project say it is about sending a message for teens to think about future consequences for their actions.

Information Campaigns

Public information campaigns are useful in creating awareness and educating the public. Campaigns can include information on the following topics included in the U.S. Department of Transportation National Highway Traffic Safety Administration Report: Vehicle Theft Prevention.

Top 10 stolen vehicles in 2017:

- Honda Civic
- Honda Accord
- Chevrolet Silverado
- Toyota Camry
- Ford F150
- Nissan Altima
- Toyota Corolla
- Ford F250
- Ford Ecoline
- Honda CR-V

NHTSA makes the following recommendations to residents:

- Take your vehicle's key; do not leave it in your vehicle.
- Close and lock all windows and doors when you park.
- Park in well-lit areas, if possible.
- Never leave valuables in your vehicle, especially if they can be seen from outside the vehicle.

Some of the most popular vehicle parts or valuable items stolen from vehicles include:

- Doors
- Engines
- Transmissions
- Air bags
- Radios
- GPS units
- Cell phones
- iPads
- Laptops
- Purses

Technology can deter thieves or assist in locating vehicles. Audible and visible devices, such as a horn alarm, deter theft by bringing attention to an unauthorized attempt to seal or enter a vehicle. A visible device, such as a steering-wheel lock also serves as a

deterrent. Immobilizing devices prevent thieves from bypassing vehicles' ignition systems and hot-wiring the vehicles. Some incorporate computer chips in ignition keys, which disable the flow of electricity or fuel to the engine. Vehicle recovery systems use electronic transmission technology that helps law enforcement reveal the location of stolen vehicles.

NHTSA recommends that victims of a vehicle theft follow these steps:

- Contact police immediately and file a stolen vehicle report.
- Contact the insurance company to file a claim within 24 hours of the vehicle being stolen.
- If one finds his or her vehicle before authorities do, contact the police and insurance company immediately.

LRB174450