Executive-Level Traffic Records Coordinating Committee (ETRCC) Meeting Minutes

Date/Time	April 12, 2023, 1 to 2 pm	
Chair	**Kerry Collins,** EOPSS Undersecretary for Forensic Science and Technology & ETRCC Chair	
Participants	**Richard Bates,** Federal Motor Carrier Safety Administration **Neil Boudreau – VM,** MassDOT/Highway Division **Brook Chipman,** OGR/Highway Safety **Kerry Collins - VM,** EOPSS and ETRCC Chair **Deinma Dikibo,** OGR/Highway Safety **Debra Eaton – VM,** Alternate, MassDOT/Merit Rating Board **John Fabiano – VM,** Alternate, OGR/Highway Safety **Cole Fitzpatrick,** UMassSafe **Bob Frey – VM,** Alternate, MassDOT/Office of Planning **Jamie Gagnon - VM,** Department of Criminal Justice Information Services **Eric Gemperline – VM,** Alternate, Central MA Planning Commission	**Jeanne Hathaway – VM,** Alternate, MDPH/Bureau of Community Health and Prevention **Susan Lewis - VM,** MDPH/Bureau of Health Care Safety and Quality/OEMS **Arielle Mullaney,** EOPSS Assistant General Counsel **Jamie Magarian,** Municipal Police Training Committee **Lt. Vincent Noe – VM,** Alternate, MA State Police **Karen Perduyn – VM,** Alternate, MassDOT/Registry of Motor Vehicles **Jake Viola - VM,** EOTSS **Deputy Superintendent Christopher Walsh,** Boston Police **Det. Lt. Richard Wolanski,** MA State Police VM = Voting Member
Location	Teams Meeting	

1. Welcome and Introductions

Kerry Collins, EOPSS Undersecretary for Forensic Science and Technology and ETRCC Chair, welcomed participants and reminded them this was a virtual meeting being held in compliance with the Massachusetts Open Meeting Law requirements.

Kerry conducted a roll call to determine how many ETRCC members were on the call and identify alternates present. Arielle Mullaney confirmed a quorum was present (12 out of 15 voting ETRCC members or alternates were on the call, more than the eight necessary).

2. Review and vote on draft of 11/14/2022 ETRCC Meeting Minutes

Kerry noted the draft minutes for the ETRCC's 11/14/22 meeting had been circulated to the membership for review before the meeting. She asked if anyone had requested edits, then provided a final opportunity for review. Given no member requested a change, Kerry indicated the minutes were unanimously adopted.

3. Office of Grants and Research on Availability of Grant Funds (AGF) for Second Round of FFY 23 405c funding process

Brook Chipman said an Availability of Grant Funds (AGF) for a Second Round of FFY 23 Section 405c funding for traffic records projects was posted on the Office of Grants and Research's (OGR) website on 1/11/23. The AGF was also distributed to the TRCC e-list and the MA Chiefs of Police e-list. $1.3 million of 405c grant funding is available through the AGF process. Responses to the AGF were due by 3/10/23.

Three AGF responses totaling $1,218,341 were received by the response deadline. These responses were then distributed for consideration to TRCC members via the TRCC e-list. Those on the TRCC e-list were also given notice of virtual project presentations by project representatives held on March 22 and 23. Presentation materials were then made available on the OGR's website.

An AGF Review Committee was comprised of an OGR employee and Brook, along with a third member who is a TRCC member from an entity that did not submit a response to this AGF and has extensive service on the Working-level TRCC and prior AGF review committees. After it held two meetings on March 16 and 27, this review committee produced an Award Recommendations Memo. On 4/3/23 this memo was circulated to members of the TRCCs and others on the TRCC e-list. The memo will assist the ETRCC to review the three projects and consider these for 405c funding at its 4/12/23 meeting.

The review committee's memo recommended that all three projects under consideration be fully funded, with the condition the project teams work with OGR to improve as possible their project benchmarks and performance measures prior to receiving their grant awards.

Brook asked if there were any questions so far regarding the AGF process. There were none.

4. Discuss and vote on AGF Review Committee's award recommendations memo, with modifications as necessary

Kerry asked Brook to review basic points about the voting process.

Brook began by stating no ETRCC member with a project under consideration in this AGF process may vote on any of the projects under consideration. Nor can any ETRCC member from an entity that represents or oversees an applicant with a project under consideration. So for today, the ETRCC representatives from the following entities must abstain from voting on projects:

- The Registry of Motor Vehicles, the Massachusetts State Police, and the Department of Criminal Justice Information Services will not vote because they each have an AGF response under consideration.

- EOPSS's Undersecretary Collins, who is also the ETRCC Chair, will not vote as EOPSS oversees the State Police and DCJIS that each have AGF responses under consideration.

Brook noted that ETRCC members ***not*** voting can still participate in the general discussion about proposed projects to ensure the committee does not miss critical information.

As noted on the agenda, the ETRCC will discuss and vote on the AGF Review Committee's award recommendations memo, with modifications as necessary. Brook added that 2/3 of the eligible ETRCC members present and eligible to vote must approve 405c funding for the projects.

Brook asked if there were any questions so far regarding the voting process. There were none.

Kerry said before the vote the committee would hear brief presentations on three projects.

- Detective Lt. Rick Wolanski presented on MSP's *Improving Data Accuracy from the Scene of Motor Vehicle Crashes Project.*

Jeanne Hathaway inquired if agencies that currently have access to C.A.R.S. reports could use deidentified information from these reports in data products for sharing with other traffic safety stakeholders. Detective Lt. Wolanski replied that Jeanne Hathaway and anyone else with questions about C.A.R.S. could contact him directly by e-mail and he would answer their questions outside of this meeting.

- Karen Perduyn presented on RMV's *Inclusion of Vulnerable Road Users in Crash Reporting Project.*

- Jamie Gagnon presented on DCJIS's *Motor Vehicle Automated Citation and Crash System (MACCS) Project.*

Jeanne Hathaway inquired about the number of law enforcement agencies using MACCS for crash reporting and if increasing the number of agencies using MACCS for crash reporting was part of the scope of the project. Jamie Gagnon responded that most police are successfully electronically crash reporting through their own

records management system, and in most case have been doing well before adopting MACCS. So they are just sticking with an existing process that achieves the same result. Brook Chipman added that in the Massachusetts FFY 23 Strategic Plan for Traffic Records Improvement it was noted 88% of crash reporting by state and local police is electronically received by RMV. The RMV continues to work on efforts to increase this percentage, and when Boston fully deploys its electronic crash reporting it is expected to further increase.

Kerry said it was now time to vote on the projects and associated Section 405c award amounts in the AGF Review Committee's Recommendation Memo. She proposed the motion as:

"Approve the AGF Review Committee's Award Recommendations Memo as presented to award ...

- MSP's *Improving Data Accuracy from the Scene of Motor Vehicle Crashes Project* **$81,341**,

- RMV's *Inclusion of Vulnerable Road Users in Crash Reporting Project* **$637,000**, and

- DCJIS's *MACCS Project* **$500,000** ...

of 405c funding, with the condition all work with OGR to develop as possible stronger benchmarks and performance measures for the projects prior to starting award contracts."

Kerry added that during the coming rollcall vote those ETRCC members needing to abstain could still indicate their general support for the Award Recommendations Memo before stating their abstention from the vote.

Eric Gemperline moved the motion. Neil Boudreau seconded the motion. Kerry conducted a roll-call vote that approved the motion as follows:

In Favor: OGR/Fabiano; MassDOT Highway Division/Boudreau; MassDOT Planning/Fry; MDPH/Lewis; MARPA/Gemperline; EOTSS/Viola. **Opposed:** None. **Abstain:** EOPSS/Collins; MSP/Noe; DCJIS/Gagnon; MRB/Eaton; RMV/Perduyn; MDPH/Hathaway.

5. Presentations on recent and current 405c projects

- UMassSafe's Cole Fitzpatrick: *Crash Report E-Manual: Law Enforcement Agency Targeted Resources to Improve Crash Data Quality Project.*

- MDPH's Jeanne Hathaway, *Crash-related Injury Surveillance System: Data Quality Assessment and Analysis Project.* Jeanne also presented an *Assessment of the Quality of the Injury Status Code in Crash Data Findings from the MA Crash-Related Injury Surveillance System (MA CRISS)*, a deliverable started during the FFY 22

phase of their current 405-c funded project and continued in the FFY 23 phase of the project.

- MRB's Debra Eaton, *Accessible Citation Data Project - Phase II.*
- Boston PD's Deputy Superintendent Christopher Walsh, e-Citation Transition Project.

  Deputy Walsh added to his project presentation by providing an update on Boston Police efforts to fully implement their past 405c funded project to enable e-crash reporting via an application associated with their records management system. He said the vendor for the application, Mark43, recently reported a challenge on their end that was preventing e-reporting, but that this challenge would be corrected in about a month.

6. ***Unforeseen business/upcoming event announcements/next meeting: June 6, 2023***

Kerry offered an opportunity for public comment or to raise an unforeseen business matter. Nothing was offered.

She said the ETRCC's next meeting would be on June 6 and a Teams invite would be issued for this soon. Kerry said the current plans for the meeting involved addressing the following agenda items:

- review and vote on the FFY 24 update to the Massachusetts Strategic Plan for Traffic Records Improvements;

- review plans for the next AGF process as well as new developments with the next cycle of 405c funding starting in FFY 24;

- hear presentations from recently concluded and current 405c projects;

- discuss an OGR proposal to update our Massachusetts Traffic Records Self-Assessment, last done in 2019.

Kerry asked if members had any questions or suggestions regarding these or other possible agenda items for the June meeting. None heard.

7. Adjournment

Kerry asked the group if they supported adjourning the meeting. As no objections were raised, Kerry said the meeting was adjourned.

Massachusetts
Executive-level Traffic Records Coordinating Committee (ETRCC)
Virtual Meeting

1 to 2 pm – April 12, 2023

Microsoft Teams meeting
Click here to join the meeting
Meeting ID: 247 327 701 874, Passcode: w7xi9q
Download Teams | Join on the web
Or call in (audio only)
+1 857-327-9245, 669961669#
Phone Conference ID: 669 961 669#
Find a local number | Reset PIN

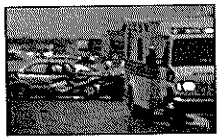
AGENDA

1. Introductions (Kerry Collins)
2. Review and vote on draft November 14, 2022 ETRCC meeting minutes (Kerry)
3. Office of Grants and Research on Availability of Grant Funds (AGF) for Second Round of FFY 23 405c funding process (Brook Chipman)
4. Discussion and vote on AGF Review Committee's award recommendations memo, with modifications as necessary (Kerry and Brook)
5. Presentations on recent and current 405c projects (Brook and presenters)
6. Unforeseen business/upcoming event announcements/next meeting: June 6, 2023 (Kerry)
7. Adjourn (Kerry)

To obtain auxiliary aids, services, or accessibility information for this meeting, contact Mr. Brook Chipman at 781-535-0060 or brook.chipman@mass.gov.

Assessment of the Quality of the Injury Status Code in Crash Data

Findings from the MA Crash-Related Injury Surveillance System (MA CRISS)


Executive-Level Traffic Records Coordinating Committee
April 12th, 2023

Analysis by the Injury Surveillance Program, Office of Statistics and Evaluation,
Bureau of Community Health and Prevention, MA Department of Public Health

Acknowledgements: This work was supported by National Highway Transportation Safety Administration (NHTSA) FFY 2022 – FFY 2023 State Traffic Safety Information System Improvements 405c funds.

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Overview

- Background
- Injury Status Code values
- Methods
- Results of Injury Status Code assessment
  - Completeness
  - Uniformity
  - Accuracy
- Key findings
- Limitations
- Recommendations

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Background

- Police document the severity of crash injuries to motorists and non-motorists in the **Injury Status Code** in the crash reports. This is the only field in the crash report that documents information on the injuries people sustain in a crash.
- Injury Status Code is a standard field in NHTSA's Model Minimum Uniform Crash Criteria (MMUCC)[1] for crash reporting.
- Injury Status Code data on fatal and serious crash injuries are used as benchmarks for reducing such injuries in the MA Strategic Highway Safety Plan and other documents.

1. National Highway Transportation Safety Administration (2017) Model Minimum Uniform Crash Criteria, Fifth Edition.

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Background (cont.)

- There are concerns, however, about the accuracy of the Injury Status Code.
- In an analysis of linked crash and hospital injury[1] data in 2012 – 2015 MA CRISS data, ~10,000 people who were treated at a hospital following a crash were documented as having "no apparent injuries" in their crash records (5% of records).[2]

1. Included hospital discharge, observation stay, and emergency department discharge data.
2. 2012-2015 Massachusetts Crash Related Injury Surveillance (MA CRISS) Data. Deliverable for the CDC Core State Violence and Injury Prevention Grant # NU17CE924835

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Background (cont.)

- Barriers to police assessing injury severity at a crash scene:
  - The severity of injuries may not be evident at the time of the crash
  - Police are mainly trained as first responders
  - Police have other competing responsibilities at a crash scene
- **Purpose of analysis:** Assess the completeness, uniformity, and accuracy of the Injury Status Code and make recommendations for improvements.

1. 2012-2015 Massachusetts Crash Related Injury Surveillance (MA CRISS) Data. Deliverable for the CDC Core State Violence and Injury Prevention Grant # NU17CE924835

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Injury Status Code Values

2012-2018 Values	2019-present Values[1]	Field Name
1	1	Fatal
2	7	Incapacitating / Suspected serious[1] injury
3	8	Non-incapacitating / Suspected minor[1] injury
4	9	Possible injury
5	10	No apparent injury
99	99	Unknown
6 - Applied within Crash Data System		Deceased not caused by crash
96 - Applied within Crash Data System		Reported but invalid
98 - Applied within Crash Data System		Not reported

1. In 2019, MA updated the Injury Status Code to comply with MMUCC standards, resulting in changes to some field values and field names. Definitions for what types of injuries to include in each of these fields did not change, however.

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Methods

Analysis of Injury Status Code completeness and uniformity:

- Used 2018 – 2020[1] unlinked crash data (N = 878,381 persons)
- Data analyzed separately by year
- Included all person-types involved in a crash except witnesses

Analysis of Injury Status Code accuracy:

- Used linked 2018 – 2019 MA CRISS data[2,3] (N = 77,509)
- Included crash records that linked with an emergency department (ED) discharge, observation stay, or hospital discharge record
- Excluded records with invalid, unknown, or missing Injury Status Codes

1. 2020 data was not final at that time, but was included to provide information about more recent data
2. Data sources: Crash Data System, MA Registry of Motor Vehicles; Inpatient Hospital Discharge, Outpatient Observation Stay, and Emergency Department Discharge data, Center for Health Information and Analysis
3. Does not include all crashes involving injuries. Crash records may not link to a hospital record because police were not involved in the crash, the crash occurred out-of-state, the person was transported to an out-of-state hospital, or missing or inaccurate data prevented data linkage.

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Results

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Injury Status Code Completeness, by Year

Invalid, unknown, and missing responses to the Injury Status Code were considered incomplete.[1]

Year	Injury Status Code Values		Total Person-Level Crash Records
	Valid (row %)	Invalid, unknown, or missing (row %)	
2018	89.6%	10.4%	329,945
2019	90.2%	9.8%	325,067
2020[2]	89.1%	10.9%	223,369

- **10-11% of people involved in a crash had an invalid, unknown, or missing Injury Status Code in all 3 years assessed**

1. This included values of 96, 98, 99, and blanks.
2. 2020 data were not final but were included to help assess Injury Status field in recent data.

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Injury Status Code Uniformity, by Year

To assess Injury Status Code uniformity, we defined values as valid[1], invalid/missing[2], or non-uniform[3]. Note that code values changed in 2019.

Year	Injury Status Code Values[4]			Total Person-Level Crash Records
	Valid[1] (row %)	Invalid/Missing[2] (row %)	Non-uniform[3] (row %)	
2018	91.5%	8.5%	<0.1%	329,945
2019	61.8%	7.8%	30.5%	325,067
2020[5]	83.9%	8.8%	7.4%	223,369

- **31% of Injury Status Code values were non-uniform in 2019, but this improved to 7% in 2020.**

1. Valid values included 99, unknown injury status, as this was a valid response.
2. Invalid and missing values included 96, 98, and blanks.
3. Non-uniform values in 2018 were 7-10. Non-uniform values in 2019-2020 were 2-5.
4. Percentages in a row may sum to greater than 100% due to rounding.
5. 2020 data were not final but were included to help assess the Injury Status Code in recent data.

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Injury Status Code Accuracy

Using linked crash-hospital data in MA CRISS, we assessed accuracy by comparing: **injury severity level** - based on the Injury Status Code[1] with **treatment level**[2] - based on the hospital record.

Crash Record Injury Severity Level	Hospital Treatment Level
Fatal[3]	Fatal[4]
Serious injury	Nonfatal Hospital Stay[5]
Minor/Possible injury	Nonfatal ED Visit
No apparent Injury	Not Applicable

The Injury Status Code was "accurate" if injury severity aligned with treatment level. Otherwise, it was "more severe" or "less severe" than the treatment level.

1. Records with an invalid, unknown, or missing Injury Status Code were excluded.
2. Treatment level was used as a proxy for injury severity. Treatment for medical conditions may have resulted in a higher level of treatment than would be expected based on injury severity.
3. Includes values of 1 (fatal) or 6 (deceased not caused by injury).
4. Includes discharge dispositions in hospital records of dead on arrival or expired in hospital.
5. Includes nonfatal hospital discharges, observation stays, or ED visits that resulted in a transfer to another hospital.

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Injury Severity by Treatment Level, MA CRISS, 2019[1] (N = 37,992)

Crash Record Injury Severity Level	Hospital Treatment Level[2]		
	Fatal (row %)	Nonfatal Hospital Stay (row %)	Nonfatal ED Visit (row %)
Fatal	**83.4%**	**14.7%**	**2.9%**
Serious injury	**0.2%**	**49.2%**	**50.6%**
Minor/Possible injury	**<0.1%**	**8.3%**	**91.7%**
No apparent injury[3]	**<0.1%**	**2.0%**	**98.0%**

- **Overall, 62.5% of crash victims had a police-reported Injury Status Code that aligned with their treatment level (n = 23,742; green cells)**

1. Results of the accuracy analysis for 2018 were similar to those for 2019, so only the more recent data are shown.
2. Percentages in a row may sum to greater than 100% due to rounding.
3. Cases reported to have "no apparent injury" who were NOT treated at a hospital would be considered "aligned". These cases were not included here, however, because they did not have a hospital record in MA CRISS.

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Injury Severity by Treatment Level, MA CRISS, 2019 (N = 37,992)

Crash Record Injury Severity Level	Hospital Treatment Level[1]		
	Fatal (row %)	Nonfatal Hospital Stay (row %)	Nonfatal ED Visit (row %)
Fatal	83.4%	14.7%	2.9%
Serious injury	0.2%	49.2%	50.6%
Minor/Possible injury	<0.1%	8.3%	91.7%
No apparent injury	<0.1%	2.0%	98.0%

- A small number of people identified as deceased in hospital data were not documented as a fatality in crash records (n = 11)
- 3 of these people died of MV injuries within 30 days of the crash[2]

1. Percentages in a row may sum to greater than 100% due to rounding.
2. Based on analysis of Vital Statistics (death data). This analysis also found that 1 person died of MV injuries more than 30 days after the crash, 1 person died of non-MV injuries, and 4 people died from medical conditions, often cardiac (heart) conditions. Two people were not found in death data.

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Injury Severity by Treatment Level, MA CRISS, 2019 (N = 37,992)

Crash Record Injury Severity Level	Hospital Treatment Level[1]		
	Fatal (row %)	Nonfatal Hospital Stay (row %)	Nonfatal ED Visit (row %)
Fatal	83.4%	14.7%	2.9%
Serious injury	0.2%	49.2%	50.6%
Minor/Possible injury	<0.1%	8.3%	91.7%
No apparent injury	<0.1%	2.0%	98.0%

- Half of crash victims (50.6%) reported to have a "suspected serious injury" were treated and released from an ED (n = 922)
- This may partly be due to MMUCC standards, which include lacerations and broken extremities in the definition of suspected serious injuries. Such injuries are commonly treated in the ED.

1. Percentages in a row may sum to greater than 100% due to rounding.

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Injury Severity by Treatment Level, MA CRISS, 2019 (N = 37,992)

Crash Record Injury Severity Level	Hospital Treatment Level[1]		
	Fatal (row %)	Nonfatal Hospital Stay (row %)	Nonfatal ED Visit (row %)
Fatal	**83.4%**	**14.7%**	**2.9%**
Serious injury	**0.2%**	**49.2%**	**50.6%**
Minor/Possible injury	**<0.1%**	**8.3%**	**91.7%**
No apparent injury[2]	**<0.1%**	**2.0%**	**98.0%**

- **Nearly 11,000 people documented as having "no apparent injury" were treated and released from an emergency department (ED).**
- **Most of these people had a principal diagnosis for an injury (71.8%) or musculoskeletal disorder (16.6%).**

1 Percentages in a row may sum to greater than 100% due to rounding
2. Cases reported to have "no apparent injury" who were NOT treated at a hospital would be considered "aligned". These cases were not included here, however, because they did not have a hospital record in MA CRISS.

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Key Findings

- Completeness: Approximately 10% of people involved in crashes had an invalid, unknown, or missing Injury Status Code
- Uniformity: The percentage of non-uniform Injury Status Code values was high in 2019 due to the transition to MMUCC standards (31%), but improved to 7% in 2020
- Accuracy:
  - Approximately 3 out of 5 people involved in crashes had a police-reported Injury Status Code that aligned with their treatment level

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Key Findings (cont.)

- Accuracy (cont.):
  - Crash data missed a small number of MV injury fatalities that occurred within 30 days of the crash
  - Half of crash victims reported to have a "suspected serious injury" were treated and released from an ED
  - Nearly 11,000 people involved in crashes reported to have "no apparent injury" were treated and released from an ED

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Limitations

- More recent crash data were not available and 2020 crash data was not final at the time of the analysis.
- We do not know the process by which the Crash Data System adjusts Injury Status Code values to reflect "deceased, not due to crash", and invalid and missing values.
- MA CRISS data does not include all crashes that result in injuries. It is limited to crash records that link to a MA hospitalization, ED visit, or observation stay record.

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Limitations (cont.)

- Treatment level was used as a proxy for injury severity. Some people may have required a higher level of treatment for medical conditions rather than injuries.
- Deaths in hospital data were defined differently than fatalities in crash data.[1]
- Discharge dispositions were based on records from the first hospital a patient was treated at after a crash. Deaths that occurred after being transferred to another hospital would have been missed.

1. Deaths in hospital data were based on the patient's discharge disposition. A "fatal" Injury Status Code is given when a person dies from crash-related injuries within 30 days of the crash.

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Recommendation #1 - Completeness

To better understand potential barriers to police collecting and reporting the Injury Status Code:

Consider conducting a review of the crash narratives for crashes in which one or more people (other than a hit-and-run driver) have an invalid, unknown, or missing Injury Status Code.

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Recommendation #2 - Accuracy

To improve identification of crash fatalities:

Consider closer collaboration between Registry of Motor Vehicle (RMV) staff compiling the Fatality Analysis Reporting System (FARS) data and DPH Injury Surveillance Program staff to make sure that FARS includes all crash-related fatalities identified in MA death data that occur within 30 days of the crash.

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Recommendation #3 - Accuracy

To improve identification of serious crash-related injuries:

Consider using injury surveillance data, such as MA hospital stay or Trauma Registry data, to monitor the frequency of serious crash-related injuries.

Consider supporting analysis of Abbreviated Injury Severity (AIS) scores in injury surveillance data to distinguish injury severity from treatment that may be needed for other medical conditions.[1]

1. AIS scores are included in Trauma Registry data and can be calculated from hospital stay data.

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Recommendation #4 - Accuracy

To improve identification of less serious crash-related injuries:

Consider using injury surveillance data, such as emergency department (ED) visit data, to monitor the frequency of less serious crash-related injuries. Principal diagnosis codes in ED visit data can be used to distinguish whether treatment was primarily for an injury or medical condition.

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Recommendation #5 - Accuracy

Medical conditions may complicate the assessment of injury severity and in some cases may have precipitated the crash. To better assess medical conditions and identify potential interventions by healthcare providers to prevent crashes:

Consider using MA CRISS data to further investigate medical conditions that may contribute to a crash, as well as the circumstances and outcomes of such crashes.

Consider linking MA death data into MA CRISS to enable additional investigation into crashes resulting from drivers who experience fatal medical events.

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