



Mortality after Motor Vehicle Accidents; A Forensic and Pathological Analysis from a Regional Collaboration.

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Road traffic injuries are the eighth leading cause of death globally, and the leading cause of death for young people aged 15-29¹. Major progress in road safety, including legal and technical advances has come from the understanding of risk factors and mechanisms in fatal incidents. While national and international mechanisms exist for recording events surrounding these deaths they are often based on the work of a single agency².

We have formed a collaborative approach to data collection between Merseyside major trauma collaboration, Merseyside police force, and the regional coroner's offices with the aim of identifying areas within the Haddon matrix for targeted local intervention.

Materials and Methods

We began by establishing a working partnership and data transfer agreements between Merseyside and Cheshire Major Trauma Network, Merseyside Police, the H.M. Coroners of Liverpool, Sefton, St Helens & Knowsley, and Cheshire.

Data were collected prospectively for 31 deaths from 1st January 2013 to 31st July 2014.

A surgeon from the trauma centre reviewed police data forms and formal forensic traffic investigation reports with members of the investigating police team.

Human, vehicle, and environmental factors were all recorded. An evaluation of which of the contributing factors of an incident were significant was recorded as standard (image 1).

Post mortem reports were reviewed by members of the medical team and details of significant injuries collected by anatomical region. There is an annual timetable for repeating this process in order to produce an ongoing but extensive database on local mechanisms of road traffic death.

Ethical approval was granted by the research and service evaluation service at the lead investigating hospital (Aintree Hospitals NHS Foundation Trust).

Results

The mean age of death was 53 years (Range 10-92 years). There was no significant trend found for the days of the week or hours of the day when fatal incidents occurred.

All deaths occurred either during daylight or in hours of darkness on roads with working street lighting. Road surface conditions were not a causative factor in any incident and no carriageway hazards or special road conditions applied to road deaths in this time period. The mean speed limit for roads on which fatal road incidents occurred was 45 miles per hour.

Drivers and pedestrians 'failing to look properly' or 'failing to judge other persons path/speed' made up a significant number (30%) of all contributing factors to fatal incidents far outweighing the causation of alcohol impairment (6%) or excessive speed (8%) (P<0.002).

In 73% of road traffic deaths there were no other seriously injured casualties.

56% of pedestrian fatality incidents occurred from attempts at crossing the carriageway elsewhere. Of these deaths 44% of pedestrians killed were crossing from the drivers nearside and so should have been most visible to them.

Only 6 full post mortem reports were available as the majority of cases did not undergo such examination and so only passing comment can be made at present.

Post mortem examination often revealed significant head injury. These injuries including decapitation, brain extrusion, and brainstem avulsions were likely instant causes of death.

Sternal fractures were relatively frequently observed & associated with multiple other injuries but not always coupled with major vessel disruption. Intra abdominal injury appeared relatively infrequently and was allied to massive levels of head and chest trauma.

Conclusions

We have established a working multiagency partnership to create a detailed database of epidemiology and mechanisms of injury in fatal road traffic incidents.

Ongoing work aims to nurture collaboration and develop sustainable cooperation between the agencies involved and enable research that will reduce numbers of deaths. Particularly, this database will allow the search for trends in injuries contributing to early deaths that may guide the creation of pre hospital medical teams in this region.

Early results from this programme suggest health care professionals should be aware of the large proportion of deaths which occur in what appear to be benign road conditions as a consequence of driver or pedestrian lack of full situational awareness. Trauma networks should support other agencies in promoting the use of marked pedestrian crossings and supporting training to improve situational awareness, targeting the pre-event phase of a fatal accident.

Although we have not clearly identified any trends in potentially survivable causes of death, as the database grows and number of post mortem records expands we hope to comment further on physiology of fatal road traffic injuries further and target event and post event attributes of fatal accident.

References

- 1) *Global status report on road safety 2013: supporting a decade of action.* World Health Organisation, Switzerland. 2013.
- 2) *Linking Police and Hospital data on Road Accidents in England: 1999 to 2009 results.* Department for Transport, UK. February 2012.
- 3) Number of fatalities resulting from road accidents in Great Britain, by road user group: 2000 to 2013. Making roads safer. Department for Transport, UK. September 2014.

STATS 19 tool for forensic traffic data collection

1. Select up to six factors from the grid, relevant to the accident.
 2. Factors may be shown in any order, but an indication must be given of whether each factor is very likely (A) or possible (B).
 3. Only include factors that you consider contributed to the accident. (i.e. do NOT include 'Poor road surface' unless relevant).
 4. More than one factor may, if appropriate, be related to the same road user.
 5. The same factor may be related to more than one road user.
 6. The participant should be identified by the relevant vehicle or casualty or, if not, (e.g. V01, C01, etc.), provided by 'N' if the factor applies to a vehicle, driver/ped or the road environment (e.g. V01), or 'C' if the factor relates to a pedestrian or passenger casualty (e.g. C01).
 7. Review L1000 if the factor relates to an unregistered pedestrian.

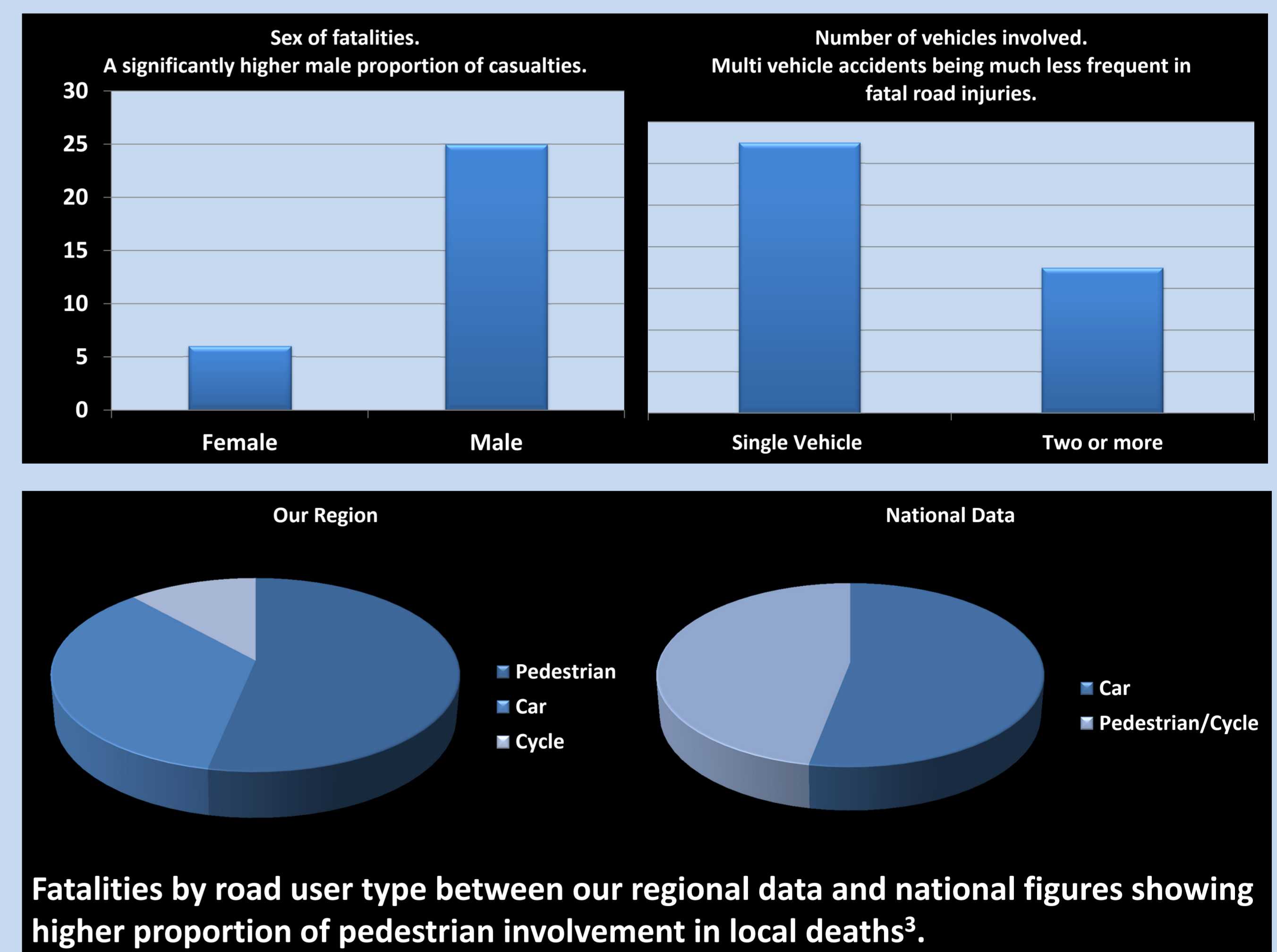
	101	102	103	104	105	106	107	108	109
Road Environment Contributed	101	102	103	104	105	106	107	108	109
Vehicle Defects	201	202	203	204	205	206	207	208	209
Indications of Driver Error or Distraction	301	302	303	304	305	306	307	308	309
Driver Error or Distraction	401	402	403	404	405	406	407	408	409
Impairment or Distraction	501	502	503	504	505	506	507	508	509
Behaviour of Impairment	601	602	603	604	605	606	607	608	609
Victim Affected by	701	702	703	704	705	706	707	708	709
Pedestrian Only (Casualty or Uninvolved)	801	802	803	804	805	806	807	808	809
Special Codes	901	902	903	904	905	906	907	908	909

Factor in the accident: 1st, 2nd, 3rd, 4th, 5th, 6th

Which participant? (e.g. V001, C001, L000)

Very Likely (A) or Possible (B)

* If 999 Other, give brief details (Note: Only use if another factor contributed to the accident and include it in the text description of how the accident occurred).



The Construction of an Inter-Agency Collaboration

