MDOT will not compromise on our commitment to continually improve the safety and security of our customers and partners in everything we do.

RESULT DRIVER:
Sarah Clifford
Maryland Transportation Authority (MDTA)
PERFORMANCE MEASURE 3.1
Number of Crimes Against Persons and Property Committed at MDOT Facilities

This measure includes all Part I offenses and select Part II offenses as defined in the FBI Uniform Crime Report (UCR). The UCR is a national standard used by law enforcement for the collection and comparison of crime data nationwide. Part I offenses include homicide, forcible rape, robbery, aggravated assault, burglary, larceny, motor vehicle theft and arson. Part II offenses are less serious and include other assaults, vandalism, disorderly conduct, and other sex offenses.

The following charts show a comparison first and second quarter calendar year 2016 versus First and Second Quarter Calendar Year 2017, for Part I and Part II crimes. The charts are listed in three categories: MTA, MAA, and the remaining TBUs.

Law enforcement reviews this data on a weekly and bi-weekly basis for resource allocation and targeted enforcement activities. The data is also used to determine areas of security concern.
PERFORMANCE MEASURE 3.1
Number of Crimes Against Persons and Property Committed at MDOT Facilities

Chart 3.1.1: Part I Crimes CY2017

Chart 3.1.2: Part II Crimes CY2017
MDOT strives to implement programs that will increase motorist safety by reducing traffic-related crashes that result in serious injuries and deaths. One key measure is tracking the number of fatalities on all roads and analyzing specific causes and related trends. Maryland’s Strategic Highway Safety Plan (SHSP) is a comprehensive set of emphasis areas and strategies designed to reduce highway fatalities and serious injuries by implementing behavioral and engineering safety countermeasures. It is based on the Toward Zero Deaths approach to reduce traffic fatalities 50 percent by 2030 from the 2008 baseline of 592 fatalities. The interim fatality reduction target is 394 in 2020.

Following a decade-long period of significant decreases in traffic-related fatalities, this trend unfortunately began to reverse. In 2014, the number of fatalities (443) was the lowest since 1948; but in 2015, the State experienced a 17.6 percent increase in highway fatalities (521), the largest single-year increase in 30 years. Although the number of highway deaths remained steady in 2016 (522), these numbers still are far greater than those in previous years, as well as greater than established reduction targets.

These increased numbers of highway deaths over the past two years also has been experienced nationally as the total number of deaths on our nation’s highways increased by 7.2 percent to 35,092 fatalities in 2015 and is projected to rise another six percent for 2016. The National Highway Traffic Safety Administration (NHTSA) attributes some of the cause of these fatality increases to relatively inexpensive gasoline, a sharp increase in vehicle miles traveled (VMT) and an improved economy.

Preliminary analysis of 2017 data through the second quarter indicates that fatalities on all roadways across the State are up slightly from the previous year. Likewise, VMT in Maryland has increased by more than two percent during this same period - an increase of almost one billion miles driven. This increased exposure, coupled with risky driving behaviors and a failure to use seat belts, is believed to be a significant reason for the increase in highway fatalities in Maryland. Drivers remain the single most important safety feature inside a vehicle.
PERFORMANCE MEASURE 3.2
Number of Traffic-Related Fatalities on All Roads

While there was a slight decrease in the number of bicycle fatalities in the first half of 2017, these numbers still represent a significant increase from what was about one percent of total fatalities only a few years ago. At the current pace, the State will likely experience a similar number of bicycle fatalities in 2017 as in the previous two years.

Pedestrian deaths typically account for approximately 20 percent of all traffic-related fatalities. Pedestrian fatalities consistently measure approximately 100 per year. During the first half of 2017, pedestrian deaths decreased slightly from the first half of 2016, but are likely to exceed 100 deaths by the end of the year.

Maryland’s SHSP (2016-2020) establishes six specific emphasis areas along with long-term goals and mid-range reduction targets to help save lives on Maryland roads. The five-year plan was developed by a diverse group of partners and stakeholders representing all 4-Es of highway safety (Engineering, Enforcement, Education and Emergency Medical Services). Emphasis Area Teams (Aggressive Driving, Distracted Driving, Impaired Driving, Occupant Protection, Highway Infrastructure Safety, and Pedestrian and Bicycle Safety) are comprised of a broad range of safety officials and stakeholders who design action plans for implementing the SHSP’s strategies. These teams meet regularly to gauge progress and determine what changes need to be made to better implement the safety strategies. The SHSP is managed by an Executive Council of high-ranking officials responsible for public and highway safety. This group meets semi-annually to review overall progress and to discuss possible amendments to the plan as necessitated by changing dynamics. The SHSP is administered by the MDOT MVA’s Maryland Highway Safety Office.
Provide a Safe and Secure Transportation Infrastructure

PERFORMANCE MEASURE 3.2
Number of Traffic-Related Fatalities on All Roads

Chart 3.2.2: Comparison of Fatalities Q2 CY2014-CY2017 (YTD)

Chart 3.2.3: Annual Comparison of All Fatalities CY2013-CY2017
PERFORMANCE MEASURE 3.3
Maryland Traffic-Related Fatality Rate (Highways)

The fatality rate is a measure of the number of persons killed in a traffic-related crash for every 100 million VMT on all roads in the State. Through the use of automated highway counters, the VMT is determined monthly by SHA and is compared annually to the number of traffic-related fatalities to determine the rate.

Maryland’s traffic-fatality rate compares favorably to the national fatality rate. While the U.S. fatality rate never has dipped below one death per 100 million VMT, Maryland’s rate has remained below one for the past seven years. Although this rate had been trending downward, it increased in 2015 to .91 fatalities per 100 million VMT.

This increase corresponds with the significant increase in traffic-related fatalities in Maryland in 2015. Preliminary analysis of 2016 data in Maryland indicates VMT increased by nearly 2 percent - an increase of more than one billion miles driven. Despite these increases, Maryland’s 2015 rate remained below the national rate of 1.12.

Historically, as the nation’s and/or state’s economy grows, people tend to drive more, increasing both the state’s VMT and a person’s risk for being in a crash. Opportunities to lower the fatality rate are best achieved by decreasing the number of traffic-related fatalities, as VMT is more difficult to influence.
PERFORMANCE MEASURE 3.3
Maryland Traffic-Related Fatality Rate (Highways)

Chart 3.3.1: Traffic-Related Fatality Rate, Maryland vs. National Benchmark CY2011-CY2016

Provide a Safe and Secure Transportation Infrastructure
PERFORMANCE MEASURE 3.4
Number of Traffic-Related Serious Injuries on all Roads

The number of traffic-related serious injuries is a count of persons sustaining an incapacitating injury in a crash. It is determined by a responding police officer investigating the crash and gathered from the injury severity code entered on the crash report. Maryland’s SHSP is based on the Toward Zero Deaths approach to reduce fatalities and serious injuries from traffic-related crashes by 50 percent by 2030 from the 2008 baseline. Serious injury goals have been set with a similar methodology, with an interim goal of 2,939 by 2020. Strategies for reducing the crashes that cause both fatal and serious injuries are contained within the six emphasis areas of the SHSP.

Following a significant 10-year decline, the number of serious injuries on Maryland roadways in 2016 increased by 16 percent. This upward trend has continued into 2017 as traffic-related serious injuries during the first six months of the year increased by 33 percent – or 385 more persons seriously injured in crashes – compared to the same period last year. While this increase aligns with increases in highway fatalities and in VMT across the State, the upward trend in serious injuries is significantly greater.

Since fatality data is only a small portion of the entire crash picture in Maryland, serious injuries, and their frequency, help to provide more robust data in determining crash trends across the State. Additionally, striving to minimize crashes that result in serious injuries serves to reduce a motorist’s risk for suffering such life-altering consequences.

Since serious injuries are defined differently from state to state, there is no national or common benchmark.
PERFORMANCE MEASURE 3.4
Number of Traffic-Related Serious Injuries on all Roads

Chart 3.4.1: Annual Comparison of All Serious Injuries CY2013-CY2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Traffic</th>
<th>Ped</th>
<th>Bike</th>
<th>Workzone</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>2,565</td>
<td>344</td>
<td>52</td>
<td>43</td>
</tr>
<tr>
<td>2014</td>
<td>2,621</td>
<td>361</td>
<td>71</td>
<td>64</td>
</tr>
<tr>
<td>2015</td>
<td>2,233</td>
<td>322</td>
<td>50</td>
<td>49</td>
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<tr>
<td>2016</td>
<td>2,546</td>
<td>408</td>
<td>63</td>
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<tr>
<td>2017</td>
<td>1,300</td>
<td>213</td>
<td>35</td>
<td>30</td>
</tr>
</tbody>
</table>
PERFORMANCE MEASURE 3.4
Number of Traffic-Related Serious Injuries on all Roads

Chart 3.4.2: Q2 Comparison of Serious Injuries CY2013-CY2017

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workzone</td>
<td>30</td>
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<tr>
<td>Bike</td>
<td>25</td>
<td>19</td>
<td>9</td>
<td>24</td>
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<tr>
<td>Ped</td>
<td>90</td>
<td>90</td>
<td>76</td>
<td>105</td>
</tr>
<tr>
<td>Traffic</td>
<td>694</td>
<td>649</td>
<td>619</td>
<td>796</td>
</tr>
<tr>
<td>VMT (in Millions)</td>
<td>14,580</td>
<td>14,580</td>
<td>15,098</td>
<td>15,407</td>
</tr>
</tbody>
</table>

Vehicle Miles Traveled (in Millions)

0 100 200 300 400 500 600 700 800 900 1,000

0 14,000 14,200 14,400 14,600 14,800 15,000 15,200 15,400 15,600

Provide a Safe and Secure Transportation Infrastructure
PERFORMANCE MEASURE 3.4
Number of Traffic-Related Serious Injuries on all Roads

Chart 3.4.3: Q2 Comparison of Serious Injuries CY2013-CY2017

Provide a Safe and Secure Transportation Infrastructure
Provide a Safe and Secure Transportation Infrastructure

PERFORMANCE MEASURE 3.5
Maryland Traffic-Related Serious Injury Rate (Highways)

Maryland’s serious injury rate is based on a measure similar to the fatality rate (number of persons seriously injured in a traffic-related crash per 100 million VMT). Over the past eight years, both the number of serious injuries and the corresponding rate have dropped dramatically by more than 33 percent. The SHSP is based on the Toward Zero Deaths approach, and serious injury rate targets have been set using a similar methodology.

The SHSP contains strategies intended to reduce risky driving behaviors that result in the types of crashes leading to death or serious injury. By addressing and ultimately eliminating these severe crashes, all motorists can enjoy traveling Maryland’s roadways without the fear of being killed or seriously injured. Death or serious injury is not an acceptable consequence of driving.

As engineering advances have resulted in safer vehicles and highways, and as emergency medical services continue to provide immediate critical care, the numbers of traffic-related serious injuries (and their corresponding rates) have declined significantly in the last several years. Even in 2015, when traffic-related fatalities increased significantly, the number of traffic-related serious injuries and its corresponding rate continued to decline.

Chart 3.5.1: Maryland Traffic-Related Serious Injury Rate CY2011-CY2016

NATIONAL BENCHMARK:
N/A
PERFORMANCE MEASURE 3.6
Maryland Seat Belt Usage Rate

The use of seat belts by Maryland drivers greatly reduces the severity of personal injury and occupant fatalities in crashes. States such as Maryland with primary and secondary seat belt enforcement laws exhibit higher seat belt usage rates.

Maryland’s seat belt usage rate is collected by an observational survey methodology approved by the NHTSA. The MHSO goal for seat belt usage for 2017 is 94.1 percent.

Maryland will continue to be a strong supporter of the Click-It or Ticket campaign with incorporation of dynamic public awareness programs. In addition, law enforcement agencies will continue to be educated on the importance of seat belt enforcement.

Chart 3.6.1: Maryland Seatbelt Usage Rate vs. National Benchmark Rate CY2013-CY2016
PERFORMANCE MEASURE 3.7
Disabled Motorists Assisted by MDOT

The Coordinated Highways Action Response Team (CHART) is a joint effort of MDOT, MSP, and numerous other federal, state and local agencies. CHART provides assistance to disabled motorists and responds to traffic incidents throughout Maryland. In the Baltimore and Washington metropolitan areas, patrols are operated 24 hours per day, seven days per week. In addition to services on highways, the MPA and MAA provide assistance to their customers who experience vehicle issues. These services provide an added value to MDOT customers who might otherwise need to rely on paid service providers. Customers can access this service by dialing *77 or through the normal 911 emergency dispatch.

For the 2017 calendar year, MDOT has helped 36,657 disabled motorists. Additionally, CHART provides real-time traffic conditions through its website: http://www.chart.state.md.us/.

Efforts are underway to advertise and award the next phase of Closed Circuit Television Cameras (CCTV) and Dynamic Message Boards (DMS) to further assist with traffic monitoring, incident detection, and providing motorists with information to avoid delays and congestion.

Chart 3.7.1: Number of Assists and Responses CY2016-CY2017
PERFORMANCE MEASURE 3.7
Disabled Motorists Assisted by MDOT

3.7.2: MAA Customer Assists by Type
Q2 CY2017

Chart 3.7.4: MDOT Travelers Assisted Compared to VMT CY2014-CY2017 (YTD)
PERFORMANCE MEASURE 3.8
Number of Employee Injuries Reported (First Report of Injury)

This measure is used for analysis and the development and implementation of risk mitigation strategies. This is the starting point data source for maintaining a safe work environment.

This measure includes all First Reports of Injury (FROI) to the Injured Workers Insurance Fund (Chesapeake Employers’ Insurance is for private companies). This is an annual comparison of FY 2016 versus FY 2017. Data indicates a decrease during FY 2017 in the number of employee injuries reported.

Strategies for reducing employee injuries include the creation of a MDOT TBU Process Improvement Team, the formulation of MDOT-wide recommendations on processes/practices to improve documenting and coding work injury leave; creation of a list of risk mitigation strategies based on types of injuries; identification of strategies for mitigating potential work injury leave abuse and creation of a strategy to capture value of lost work days. TBU Risk Managers meet quarterly to review data, evaluate progress, and develop strategies for emerging risks.
PERFORMANCE MEASURE 3.8
Number of Employee Injuries Reported (First Report of Injury)

Chart 3.8.1: Number of Injuries (FROI) Reported Q3 FY2016 & FY2017

<table>
<thead>
<tr>
<th>Agency</th>
<th>FY2016 (4th QTR)</th>
<th>FY2017 (4th QTR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TSO</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>MPA</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>MAA</td>
<td>21</td>
<td>16</td>
</tr>
<tr>
<td>MVA</td>
<td>21</td>
<td>25</td>
</tr>
<tr>
<td>MDTA</td>
<td>54</td>
<td>51</td>
</tr>
<tr>
<td>SHA</td>
<td>83</td>
<td>71</td>
</tr>
<tr>
<td>MTA</td>
<td>186</td>
<td>183</td>
</tr>
</tbody>
</table>

Number of Injuries

Q4 FY2016  Q4 FY2017
PERFORMANCE MEASURE 3.8
Number of Employee Injuries Reported (First Report of Injury)

Chart 3.8.2: Reporting Speed April-June FY2017
Employee safety is a top priority to MDOT. Injuries do occur on the job and work days are sometimes lost as a result. Lost work days reduce the effectiveness of TBUs and are an indirect measure of employee health and welfare.

This measure only includes lost work days due to on the job, work-related injuries. Note that lost work days are associated with the number of injuries reported in Performance Measure 3.8. Factors affecting this measure include varying work conditions and environments, and differing risk profiles among employees across TBUs, as well as inconsistent leave coding policies and practices across MDOT’s payroll systems.

This is an annual comparison of FY2016 versus FY2017. Data indicates a FY2017 decrease in the number of lost work days due to injuries.

Strategies for reducing employee injuries are the same as PM 3.8 and include creation of MDOT TBU Process Improvement Team, formulation of MDOT-wide recommendations on processes/practices to improve documenting and coding work injury leave; creation of a list of risk mitigation strategies based on types of injuries; identification of strategies for mitigating potential work injury leave abuse and creation of strategy to capture value of lost work days. TBU Risk Managers meet quarterly to review data, evaluate progress, and develop strategies for emerging risks.
PERFORMANCE MEASURE 3.9
Number of Employee Lost Work Days Due to Injuries

Chart 3.9.1: Number of Employees Coding LY (Work Injury Leave) Q4 FY2017

Chart 3.9.2: Number of Work Injury Leave (LY) Days Used Q4 FY2017
PERFORMANCE MEASURE 3.9
Number of Employee Lost Work Days Due to Injuries

Chart 3.9.3: MTA Union Lost Work Days Due to Injuries FY2013-FY2017 July-June

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Lost Work Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2013</td>
<td>27,586</td>
</tr>
<tr>
<td>FY2014</td>
<td>26,471</td>
</tr>
<tr>
<td>FY2015</td>
<td>23,276</td>
</tr>
<tr>
<td>FY2016</td>
<td>23,629</td>
</tr>
<tr>
<td>FY2017</td>
<td>19,375</td>
</tr>
</tbody>
</table>

Chart 3.9.4: Number of Work Injury Days Used (TSHRS and MTA Union) FY2016-FY2017 July-June

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Work Injury Leave Days Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2016</td>
<td>6,657</td>
</tr>
<tr>
<td>FY2017</td>
<td>5,797.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Work Injury Leave Days Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2016</td>
<td>TSHRS: 6,657 MTA Union: 23,629</td>
</tr>
<tr>
<td>FY2017</td>
<td>TSHRS: 5,797.0 MTA Union: 19,375</td>
</tr>
</tbody>
</table>
PERFORMANCE MEASURE 3.9
Number of Employee Lost Work Days Due to Injuries

Chart 3.9.5: Incident Rate for CY2017 (January-June)

PM 3.9.6: Medical Cost on Injuries Reported in FY2017
PERFORMANCE MEASURE 3.9
Number of Employee Lost Work Days Due to Injuries

PM 3.9.7: MDOT Top Five Injuries by Type FY2017

<table>
<thead>
<tr>
<th>Injury Type</th>
<th>Medical Cost</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact with Object or Equipment</td>
<td>$505,044.89</td>
<td>403</td>
</tr>
<tr>
<td>Transportation Incidents</td>
<td>$495,476.64</td>
<td>264</td>
</tr>
<tr>
<td>Slips, Trips and Falls</td>
<td>$262,641.77</td>
<td>148</td>
</tr>
<tr>
<td>Violence or other injuries by persons or animals</td>
<td>$48,617.52</td>
<td>105</td>
</tr>
<tr>
<td>Exposure to harmful substance or environments</td>
<td>$60,116.75</td>
<td>121</td>
</tr>
</tbody>
</table>
TANGIBLE RESULT DRIVER:
Sarah Clifford
Maryland Transportation Authority (MDTA)

PERFORMANCE MEASURE DRIVER:
Phil Thomas
Maryland Transit Administration (MTA)

PURPOSE OF MEASURE:
To track customer incidents within MDOT facilities where customers are rendered a service to ensure our customers that MDOT facilities are safe.

FREQUENCY:
Quarterly

DATA COLLECTION METHODOLOGY:
TBUs track using their existing processes and report to the driver via phone or email.

NATIONAL BENCHMARK:
N/A

PERFORMANCE MEASURE 3.10
Number of Customer Incidents at MDOT Facilities

MDOT has programs in place to ensure the safety and security of its facilities and its customers. TBUs provide many services to the public. MDOT is committed to providing a safe and secure environment to customers which is why measuring unplanned events that may or may not result in injury within enclosed buildings that provide a service to customers (i.e. MVA centers, Stop in Centers) is important.

This is still a new measure and MDOT is working with each TBU to ensure that customer incidents are tracked. This measure has allowed for some TBUs to implement new programs and processes to ensure customer incident tracking is occurring. An example is identifying and tracking the number of incidents at MDOT facilities. Identifying and tracking incidents and associated trends offers data for the basis of implementing corrective actions; thereby reducing hazards and minimizing risk for MDOT employees and customers.
PERFORMANCE MEASURE 3.10
Number of Customer Incidents at MDOT Facilities

Chart 3.10.1: Number of Customer Incidents at MDOT Buildings CY2017

Chart 3.10.2: Number of Customer Incidents per 100,000 Customers Visited Q4 CY2016
PERFORMANCE MEASURE 3.11  
Number of Employees Trained Under National Incident Management System (NIMS)

In 2003, Homeland Security Presidential Directive #5 (HSPD-5) was issued that discussed the management of domestic incidents. Part of Directive #5 was the issuance of the National Incident Management System (NIMS) and the Tasking of training individuals in the use of the Incident Command System (ICS). This was the creation of a single comprehensive approach to domestic incident management; crisis management and consequence management became a single-integrated approach. NIMS is a consistent nationwide approach for government agencies from all levels, along with non-government agencies, to work effectively and efficiently in all incidents (All-Hazards approach). In HSPD-5 all states were required to adopt and implement the NIMS/ICS protocol.

The Maryland NIMS/ICS Strategic Plan was developed in 2004 and identified the need for MD State agencies to adopt the National Incident Management System, and train identified employees in the Incident Command System. This plan determined that NIMS/ICS was the best tool to use for coordination and control of domestic (MD) incident management activities regardless of the cause, size, or complexity of the incident. It uses a “common operation platform” for all agencies, organizations, or entities – public or private, to operate on.

The Transportation Business Units of MDOT have historically trained their personnel in NIMS/ICS, mainly because most TBUs are operationally oriented and incidents occur in their respective areas of responsibility. Many times they must work with other emergency responders (fire/police/ems) and private stakeholders or partners that operate on their property or as part of their business model. For many years, the training of MDOT personnel in NIMS/ICS was a reportable item to FEMA on an annual basis. Several years ago, this required annual reporting was discontinued by FEMA, and thus no longer tracked by MDOT.
PERFORMANCE MEASURE 3.11
Number of Employees Trained Under National Incident Management System (NIMS)

To determine which employees are required to have NIMS/ICS training, each TBU identifies which employment positions would most likely need to use this in the course of their duties and responsibilities. Secondly, each TBU determines what Level of training should be required for each of those positions. Due to the changing workforce of MDOT in recent years (e.g. retirements), identified positions needing NIMS/ICS have been filled by individuals who have not completed some or all the training. When this information was identified to be tracked once again, a discrepancy was noted. The required training of ICS-800 came after 2008, when the National Response Framework was created. Many of the current employees deficient with Level I, and some of those deficient with Level 2, need only complete that on-line course to be compliant. We anticipate this deficiency to be resolved over the short term, as this is an on-line course that can be completed while working.

Chart 3.11.1: NIMS/ICS Training Completed, Level 1 and Level 2 FY2017

<table>
<thead>
<tr>
<th>TBU</th>
<th>Level 1</th>
<th>Level 2</th>
</tr>
</thead>
<tbody>
<tr>
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<td>84</td>
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<tr>
<td>MDTA</td>
<td>87</td>
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<tr>
<td>TSO</td>
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<td>86</td>
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