Traffic Safety
Basic Facts 2016

Car occupants
**General**

This fact sheet explores several characteristics of car occupant fatalities. As cars comprise a considerable share of the vehicle fleet in the EU, better understanding of the characteristics specific to this user group provides an opportunity to address a high proportion of fatalities.

‘Cars’ refer to both private vehicles as well as vehicles used for commercial purposes (like taxis). ‘Car occupants’ in this context refers to both the driver and any passengers.

In 2014, 11,733 car occupants were killed in road accidents in the EU (excluding Lithuania). This represents 45% of all road fatalities in the EU in 2014. Of these 11,733 killed car occupants, 8,188 were drivers and 3,452 were passengers. Figure 1 presents the evolution of car occupant and total road fatalities in the EU countries for the period 2005-2014. From 2005 to 2014, there was a reduction of 49% in car occupant fatalities in the EU countries, higher than the respective reduction of all road fatalities (42%).

![Figure 1: Number of car occupant fatalities and all road fatalities, EU, 2005-2014](chart)

Source: CARE database, data available in May 2016

Table 1 presents the absolute number of fatalities of car occupants since 2005 by country. From the table it can be derived that in the EU countries in 2014, no significant decrease was recorded compared to 2013. There is a significant difference in number of fatalities between countries, and also over the years.

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In 2014, 11,733 car occupants were killed in road accidents in the EU.
The highest numbers of car occupant fatalities in 2014 were recorded in France (1,664), Germany (1,579) and Italy (1,497).

Table 1: Number of car occupant fatalities by country, 2005-2014

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Source: CARE database, data available in May 2016
Totals for EU include latest available data (Lithuanian data not included in totals)

Table 2 shows the percentage of car occupant fatalities of all fatalities for 2005-2014 decade in the EU countries, Iceland, Norway and Switzerland. Over the 10 year period, the percentage of car occupant fatalities in the EU was reduced by 12%.

Finland had the highest percentage of car occupant fatalities in 2014 among the EU countries (53%), followed by Belgium (52%) and the Czech Republic (50%). On the contrary, the lowest percentage was recorded in Portugal (35%).

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Traffic Safety Basic Facts 2016–Car Occupants

Table 2: Percentage of car occupant fatalities of all road fatalities, 2005-2014

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Source: CARE database, data available in May 2016

Figure 2: Number of car occupant fatalities and percentage of all road fatalities, EU, 2005–2014

Finland had the highest percentage of car occupant fatalities in 2014 among the EU countries (53%).

Source: CARE database, data available in May 2016
The Netherlands had the lowest car occupant fatality rate per million population in 2014.

Table 3 compares fatality rates of car drivers, passengers and occupants across the EU countries in 2014, based on relative populations. The Netherlands had the lowest driver fatality rate (8) per million population, but also had the lowest occupant rate (10). Considering passengers of cars, the Netherlands (2), Sweden, the United Kingdom and Germany (4) had the lowest fatality rates per million population, whilst Slovenia had no car passenger fatalities.

Table 3: Fatality rate of car drivers, passengers and occupants per million population, by country, 2014 or latest available year

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Sources: CARE database (EUROSTAT for population data), data available in May 2016
Figure 3: Car occupant fatality rates per million population by country, 2014 or latest available year

Although an important comparison basis, fatality rates per million population do not always provide the best indication of safety. The vehicle kilometres travelled indicate the risk to which a road user is exposed while he travels on the road, and so this better indicates relative levels of safety. However, such data are currently not available in adequate quantities to enable analysis.
In the following tables and figures, the CARE data for 2014 are analysed in greater detail. It should be noted that the latest available data are used, meaning 2009 data for BG, 2010 data for MT, and 2013 data for IE, SI and SK.
Age Group and Gender

Table 4a and Figure 4a indicate that in 2014, the majority of driver fatalities in the EU countries were male (81%), and generally aged between 25-49 years. Sweden had the highest percentage of female driver fatalities (29%), while Bulgaria and Romania had the least percentages (5% and 6% respectively). When considering the age groups, the highest percentage of driver fatalities in the EU countries were found in the age of 25 to 49 years. Much of these findings are likely to be related to the percentage of drivers within each gender group and age group, as well as to kilometres travelled.

### Table 4a: Total number and distribution of car driver fatalities by country, age and gender, 2014 or latest available year

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Source: CARE database, data available in May 2016
Across the EU countries the majority of driver fatalities were male (81%).

Among the EU countries, Greece had the highest proportion of female car passenger fatalities in 2014 (62%, see Table 4b). The lowest proportion of female car passenger fatalities was in Ireland (29%). As with driver proportions, passenger fatalities were highest in the 25-49 age group (29%).
The lowest percentage of female car passenger fatalities was found in Ireland (29%).

Figure 4b shows that 49% of car passenger fatalities in the EU-countries were female, whilst for the car drivers the female fatality rate was 19%, as shown in Figure 4a.
Figure 4b: Distribution of car passenger fatalities by country and gender, 2014 or latest available year

Source: CARE database, data available in May 2016

**Area and Road type**

Table 5 shows the number of car occupant fatalities by road and area type. Most of the car occupant fatalities in the EU countries occur outside urban areas, on non-motorways (69%). In Estonia even 88% of the car occupant fatalities occurred outside urban areas, followed by Finland (83%) and Denmark (81%), whilst in Croatia only 38%. Around one-fifth of the car occupant fatalities in the EU countries occurred inside urban areas. In Denmark and Sweden, only 7% and 8% of car occupant fatalities occurred inside urban areas.
In 2014, 69% of car occupant fatalities in the EU countries occurred outside urban areas on non-motorways.

**Table 5: Total number and distribution of car occupant fatalities by country and road type, 2014 or latest available year**

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Source: CARE database, data available in May 2016

**Figure 5: Distribution of car occupant fatalities by country and road type, 2014 or latest available year**

Source: CARE database, data available in May 2016
In 2014, only 11% of the car occupant fatalities in the EU countries occurred at junctions.

The majority of car occupant fatalities occurred away from a junction, with only around 11% of the fatalities occurring at junctions in the EU countries (Table 6). The data indicate that among the larger countries, the United Kingdom had the greatest share of fatalities at junctions (24%).
Day of the week and time of the day
Table 7 presents the percentage of car occupant fatalities over a 24 hour period. A notable difference for the EU is evident between the lowest percentage of fatalities (from 00:00 to 04:00 - 11%) and the highest percentage of fatalities (from 16:00 to 20:00 - 22%). In eleven countries the highest percentage of fatalities occurred between 12:00 and 16:00 hours.

Table 7: Total number and distribution of car occupant fatalities by country and time of the day, 2014 or latest available year

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Source: CARE database, data available in May 2016

Figure 6 presents the proportion of fatalities of car drivers and passengers for the EU countries by time of the day in 2014. The share of car passenger fatalities is highest (37%) between 00:00 and 04:00, but there is little variation during the day.

In the EU, the highest percentage of car occupant fatalities was recorded between 16:00 and 20:00.
Traffic Safety Basic Facts 2016–Car Occupants

34% of car occupant fatalities occurred either on a Saturday or a Sunday.

Table 8: Total number and distribution of car occupant fatalities by country and day of the week, 2014 or latest available year

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</table>

Source: CARE database, data available in May 2016

Figure 6: Distribution of car driver and car passenger fatalities by time of the day, EU, 2014 or latest available year

Source: CARE database, data available in May 2016
Table 8 presents the percentages of car occupant fatalities across the days of the week. These data indicate that for the EU, 34% of car occupant fatalities occurred either on a Saturday or a Sunday, while the lowest percentage occurred between Tuesday and Thursday (12%).

Figure 7 presents the distribution of fatalities of car drivers and passengers in the EU by day of the week for the year 2014. The percentage of passenger fatalities is higher in weekends compared to the percentage of passenger fatalities on weekdays.

Figure 7: Distribution of car driver and car passenger fatalities by day of the week, EU, 2014 or latest available year

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<tr>
<td>Sun</td>
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</table>

Source: CARE database, data available in May 2016

Seasonality

Table 9 presents the distribution of car occupant fatalities by pair of months for the EU countries, as well as Iceland, Norway and Switzerland in 2014. The percentages varied between 14% in January/February and 18% in July/August.

Figure 8 presents the distribution of car driver and passenger fatalities in the European Union per month for the year 2014. In general, the distribution is relatively stable over the year and around 30% of the car occupant fatalities are passengers. During the summer, however, the percentage of car passenger fatalities is relatively high (34%-35%).
In summer the share of car occupant fatalities is relatively higher.

Table 9: Total number and distribution of car occupant fatalities by country and month, 2014 or latest available year

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Source: CARE database, data available in May 2016

Figure 8: Distribution of car driver and car passenger fatalities by month, EU, 2014 or latest available year

Source: CARE database, data available in May 2016
Accident Causation

Between 2005 and 2008 in Germany, Italy, the Netherlands, Finland, Sweden and the UK, data of 1,006 accidents (covering all injury severities) was collected. Most accidents (82%) in the accident causation database involve a car. Of the car drivers, 65% were male and the mean age of drivers involved was 41 years. Figure 9 gives the distribution of specific critical events for car drivers.

Figure 9: Distribution of specific critical events – car drivers

Specific critical events under the general category of ‘timing’, ‘no action’, ‘premature action’ and ‘late action’ are recorded most often for car drivers. ‘No action’ describes those drivers who have not reacted at all (or at least in an effective time frame) to avoid a collision, for example, to avoid an oncoming vehicle. A ‘premature action’ is one undertaken before a signal has been given or the required conditions are established, for example entering a junction before it is clear of other traffic.

Following these ‘timing’ events, surplus speed and incorrect direction are recorded in equal measure. Surplus speed describes speed that is too high for the conditions or manoeuvre being carried out, travelling above the speed limit and also if the driver is travelling at speed unexpected by other road users. Incorrect direction refers to a manoeuvre being carried out in the wrong direction (for example, turning left instead of right) or leaving the road (not following the intended direction of the road). ‘Loss of control’ type accidents can fall into either critical event depending on the specific situation.
Table 10 gives the most frequent links between causes for injury crashes with car drivers involved, as recorded in the SafetyNet dataset. For this group there are 1,303 links in total.

Table 10: Ten most frequent links between causes – car drivers

<table>
<thead>
<tr>
<th>Links between causes</th>
<th>Frequency</th>
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<tr>
<td>Faulty diagnosis - Information failure (driver/environment or driver/vehicle)</td>
<td>209</td>
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<tr>
<td>Observation missed - Distraction</td>
<td>86</td>
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<tr>
<td>Observation missed - Temporary obstruction to view</td>
<td>83</td>
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<tr>
<td>Observation missed - Faulty diagnosis</td>
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<tr>
<td>Faulty diagnosis - Communication failure</td>
<td>66</td>
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<tr>
<td>Inadequate plan - Insufficient knowledge</td>
<td>62</td>
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<tr>
<td>Observation missed - Permanent obstruction to view</td>
<td>60</td>
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<tr>
<td>Observation missed - Inadequate plan</td>
<td>52</td>
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<tr>
<td>Observation missed - Inattention</td>
<td>47</td>
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<tr>
<td>Inadequate plan – Under the influence of substances</td>
<td>45</td>
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<tr>
<td>Others</td>
<td>516</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>1,303</strong></td>
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</table>

Source: SafetyNet Accident Causation Database 2005 to 2008 / EC
Date of query: 2010

Table 10 gives an indication of the most frequently recorded causes and the most frequently recorded links between these causes. ‘Faulty diagnosis’ and ‘observation missed’ are two dominant causes for car drivers. ‘Faulty diagnosis’ is an incorrect or incomplete understanding of road conditions or another road user’s actions. It is linked to both ‘information failure’ (for example, a driver thinking another vehicle was moving when it was in fact stopped and colliding with it) and ‘communication failure’ (for example, pulling out in the continuing path of a driver who has indicated for a turn too early).

The causes leading to ‘observation missed’ can be seen to fall into two groups: ‘physical obstruction to view’ type causes (for example, parked cars at a junction) and ‘human factors’ (for example, not observing a red light due to distraction or inattention).

‘Inadequate plan’ can also be seen to be frequently recorded and describes a lack of all the required details or that the driver’s ideas do not correspond to reality. It is most often linked to ‘insufficient knowledge’ (for example, not understanding a complex junction layout) but it is also linked with ‘under the influence of substances’ (alcohol, drugs or medication).
Road accident health indicators

Injury data can be obtained from a wide range of sources, such as police and ambulance reports, national insurance schemes, and hospital records, each of which provides a specific but yet incomplete picture of the injuries suffered in road accidents. In order to obtain a comprehensive view of these injuries, the EU Council issued a Recommendation that urges member states to use synergies between existing data sources and to develop national injury surveillance systems rooted in the health sector. At present, thirteen member states are routinely collecting injury data in a sample of hospitals and delivering these data to the Commission. This system is called the EU Injury Database (EU IDB).

Within the EU IDB “transport module” injuries suffered in road accidents are recorded by “mode of transport”, “role of injured person” and “counterpart”. These variables can complement information from police records, in particular for injury patterns and the improved assessment of injury severity. The indicators used include the percentage of casualties attending hospital who are admitted to hospital, the mean length of stay of hospital admissions, the nature and type of body part injured, and potentially also long term consequences of injuries.

Figure 10: Distribution of non-fatal road accident casualties attending hospital by mode of transport

EU Injury Database (EU IDB AI) - hospital treated patients. IDB AI Transport module and place of occurrence (code 6.n [public road]); n-all = 73,600; n-admitted = 23,568 (DE, DK, LV, MT, AT, NL, SE, SI, CY, years 2005-2008).
Traffic Safety Basic Facts 2016–Car Occupants

Figure 10 is based on IDB data from nine countries for accidents that occurred between 2005 and 2008. Vulnerable road users (pedestrians, cyclists, motorcycles and mopeds) accounted for almost two thirds (63%) of road accident casualties attending hospital and for over half of casualties admitted to the hospital (56%). Figure 11 shows that overall 32% of road accident casualties recorded in the IDB were admitted to hospital, compared with 39% of car occupants. Figure 12 shows that the overall average length of stay was eight days, but six days for car occupants.

**Figure 11: Percentage of non-fatal road accident casualties who were admitted to hospital by mode of transport**

![Bar chart showing percentage of non-fatal road accident casualties admitted to hospital by mode of transport.]

EU Injury Database (EU IDB AI) - hospital treated patients. IDB AI Transport module and place of occurrence (code 6n [public road]); n-all = 73,600: n-admitted = 23,568 (DE, DK, LV, MT, AT, NL, SE, SI, CY, years 2005–2008).

**Figure 12: Average length of stay (hospital bed days) of non-fatal road accident casualties by mode of transport**

![Bar chart showing average hospital bed days by mode of transport.]

EU Injury Database (EU IDB AI) - hospital treated patients. IDB AI Transport module and place of occurrence (code 6n [public road]); n-all = 73,600: n-admitted = 23,568 (DE, DK, LV, MT, AT, NL, SE, SI, CY, years 2005–2008).
Naturally, hospital data can provide information on the injury patterns sustained by the accident victims. Figure 13 illustrates the distribution of body parts injured of the various road user types. Car occupants, for example, show the greatest proportion of neck and throat injuries among all types of road, presumably linked to the incidence of whip-lash.

Table 11 shows the types of injuries most frequently recorded in the EU IDB. It compares the distribution of injuries among car occupants and all types of road users.

**Table 11: Ten most frequently recorded types of injury by road user type**

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<th>Car occupants</th>
<th>All road users</th>
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<td>Contusion, bruise</td>
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<td>Fracture</td>
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<td>Open wound</td>
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<td>Distortion, sprain</td>
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<td>Concussion</td>
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<tr>
<td>Other specified brain injury</td>
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<tr>
<td>Luxation, dislocation</td>
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<tr>
<td>Injury to muscle and tendon</td>
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<tr>
<td>Abrasion</td>
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<tr>
<td>Injury to internal organs</td>
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</tr>
<tr>
<td>Other specified types of injury</td>
<td>12%</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
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EU Injury Database (EU IDB AI) - hospital treated patients. IDB AI Transport module and place of occurrence (code 6.n [public road]); n-all = 73,600; n-admitted = 23,568 (DE, DK, LV, MT, AT, NL, SE, SI, CY, years 2005-2008).
Notes

1. Country abbreviations

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3. Data available in May 2016.

4. Data refer to 2014 and when not available the latest available data are used (2009 data for BG, 2010 data for MT and 2013 data for IE, SI and SK). Totals and related average percentages for EU also include latest available data.

5. Lithuanian data are not included in the totals of data comparing the years 2005-2014.

6. At the commenting of the tables and figures, countries with small figures are omitted.

7. This 2016 edition of Traffic Safety Basic Facts updates the previous versions produced within the EU co-funded research projects SafetyNet and DaCoTA.

8. Disclaimer

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9. Please refer to this Report as follows:
