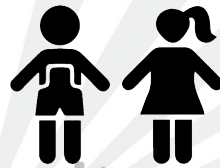


CHILDREN 2019



INDIANA UNIVERSITY
PUBLIC POLICY INSTITUTE

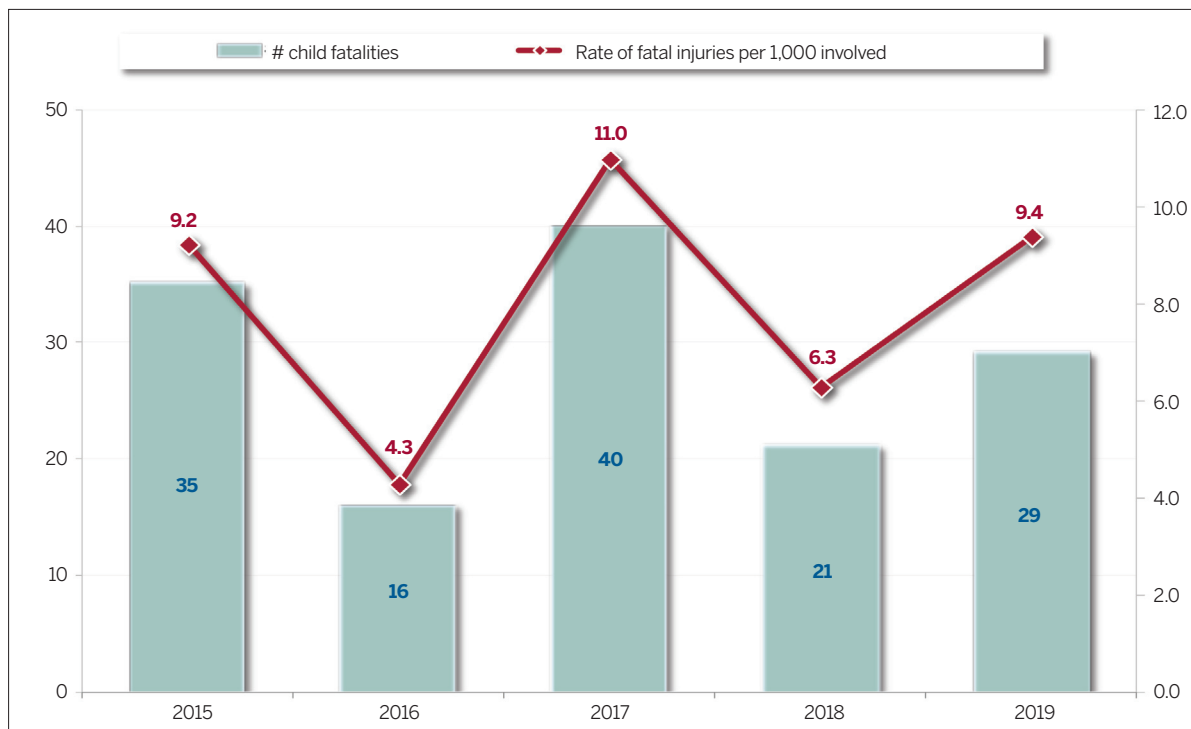
This fact sheet summarizes information on Indiana traffic collisions involving children ages 0–14 from 2015 through 2019. It examines general trends, injury status by age group, restraint use, alcohol-related crashes, and geographical analysis by county. Indiana collision data is collected by Indiana State Police officers and submitted to the Automated Reporting Information Exchange System (ARIES). ARIES data analyzed in this report were extracted March 17, 2020 and June 15, 2020 (2018 and 2019 impaired driving data).

Figure 1 shows that the total number of children killed in crashes increased by 38 percent from 21 in 2018 to 29 in 2019.¹ The rate of fatal injuries per 1,000 children involved in crashes also increased between 2018 and 2019. However, the number of child fatalities in 2019 are lower than 2015 (35) and the 5-year high in 2017 (40).

In 2019:

- 2,876 children ages 0 to 14 were killed (29) or injured (2,847) in motor vehicle collisions.
- 1 percent of children injured in crashes were killed (29 fatalities).
- Of the 800 people killed in crashes statewide, 4 percent were children.
- 174 child pedestrians were injured in collisions in Indiana in 2019; 8 were killed and 89 suffered incapacitating injuries.
- 101 pedalcyclists ages 14 and younger were injured in crashes; 1 was killed and 43 sustained incapacitating injuries.
- The overall rate of restraint use among children in crashes—as both drivers and occupants—was 88 percent.
- Only 81 percent of 13- to 14-year-olds in crashes were restrained, the lowest rate among all children.
- 74 children were involved in alcohol-impaired traffic collisions. While none were killed, 39 of these children suffered incapacitating injuries.

Figure 1. Child fatalities and fatal injury rates in Indiana collisions, per 1,000 children involved, 2015–2019



Source: Indiana State Police Automated Reporting Information Exchange System (ARIES), as of March 17, 2020

¹Due to possible ARIES reporting errors designating very young children as drivers, this fact sheet's analysis does not include children age 7 or younger who were categorized as drivers or animal-drawn vehicle operators.

In partnership with:



GENERAL TRENDS

The number of children involved in Indiana collisions decreased to a 5-year low of 3,093 in 2019, representing an annual decrease of 5 percent since 2015 (calculated from Table 1). The number of children killed in crashes rose from 21 in 2018 to 29 in 2019. Among children killed in collisions in 2019, more than one third were in the 1- to 3-year-old age group. From 2018

to 2019, the number of children experiencing incapacitating injuries decreased slightly from 1,292 to 1,270. While there was no clear trend, the average number of children sustaining incapacitating injuries over the 5-year period is roughly 1,270. The number of children sustaining non-incapacitating injuries decreased by an average of 9 percent annually since 2015 to a 5-year low of 1,577 in 2019.

Table 1. Children involved in Indiana traffic collisions, by injury status and age group, 2015–2019

Injury status by age group	2015		2016		2017		2018		2019		Annual rate of change	
	Count	% Total	Count	% Total	Count	% Total	Count	% Total	Count	% Total	2018–19	2015–19
Fatal	35	100%	16	100%	40	100%	21	100%	29	100%	38.1%	-4.6%
<1	2	15.0%	1	5.7%	6	6.7%	0	0.0%	1	3.4%	100%	-15.9%
1–3	6	5.0%	8	17.1%	6	46.7%	2	9.5%	10	34.5%	400.0%	13.6%
4–7	7	20.0%	1	20.0%	13	6.7%	7	33.3%	6	20.7%	-14.3%	-3.8%
8–12	15	35.0%	4	42.9%	7	26.7%	6	28.6%	9	31.0%	50.0%	-12.0%
13–14	5	25.0%	2	14.3%	8	13.3%	6	28.6%	3	10.3%	-50.0%	-12.0%
Incapacitating	1,207	100%	1,349	100%	1,236	100%	1,292	100%	1,270	100%	-1.7%	1.3%
<1	52	4.8%	59	5.0%	71	4.3%	55	4.3%	61	4.8%	10.9%	4.1%
1–3	202	13.7%	200	14.7%	209	14.4%	203	15.7%	191	15.0%	-5.9%	-1.4%
4–7	284	25.2%	307	24.7%	292	24.3%	275	21.3%	318	25.0%	15.6%	2.9%
8–12	439	35.1%	514	37.0%	437	39.0%	519	40.2%	471	37.1%	-9.2%	1.8%
13–14	230	21.1%	269	18.6%	227	18.0%	240	18.6%	229	18.0%	-4.6%	-0.1%
Non-incapacitating	2,249	100%	2,161	100%	2,134	100%	1,823	100%	1,577	100%	-13.5%	-8.5%
<1	127	5.6%	104	4.8%	116	5.4%	86	4.7%	71	4.5%	-17.4%	-13.5%
1–3	304	13.5%	301	13.9%	254	11.9%	276	15.1%	227	14.4%	-17.8%	-7.0%
4–7	568	25.3%	543	25.1%	551	25.8%	465	25.5%	415	26.3%	-10.8%	-7.5%
8–12	838	37.3%	850	39.3%	832	39.0%	686	37.6%	598	37.9%	-12.8%	-8.1%
13–14	412	18.3%	363	16.8%	381	17.9%	310	17.0%	266	16.9%	-14.2%	-10.4%
Not injured	309	100%	232	100%	232	100%	220	100%	217	100%	-1.4%	-8.5%
<1	6	1.4%	13	1.6%	14	5.6%	6	2.7%	5	2.3%	-16.7%	-4.5%
1–3	9	1.9%	20	2.9%	14	8.7%	14	6.4%	14	6.5%	0.0%	11.7%
4–7	31	5.0%	26	10.1%	25	11.3%	32	14.5%	23	10.6%	-28.1%	-7.2%
8–12	94	16.0%	78	30.5%	79	33.8%	76	34.5%	74	34.1%	-2.6%	-5.8%
13–14	169	75.8%	95	54.9%	100	40.7%	92	41.8%	101	46.5%	9.8%	-12.1%

Source: Indiana State Police Automated Reporting Information Exchange System (ARIES), as of March 17, 2020

Notes:

- 1) Includes individuals identified as drivers, injured occupants, pedestrians, and pedalcyclists and in the 8 to 14 year old age group, animal-drawn vehicle operators.
- 2) The < 1, 1–3, and 4–7-year-old age groups exclude data records coded as driver or animal-drawn vehicle operator, due to unavailable or invalid age reporting. Unknown age or birth-date often result in age assignment in the ARIES database that is not an accurate value of driver age.
- 3) Non-incapacitating injuries include those injuries reported as non-incapacitating, possible, not reported, unknown, and refused (treatment) injury status codes.
- 4) Not injured definition included at end of report.

Table 2 shows that in 2019, the 8- to 12-year-old and 13- to 14-year-old age groups were over-represented among crash-related child injuries. The 8- to 14-year-old group experienced 55 percent of child injuries in 2019, but represented only 48 percent of the child population.² Overall, the injury rate increased with age. The 13- to 14-year old age group experienced the highest injury rate (278 per 100,000 population) among the five child age groups. The lowest injury rate (165 per 100,000 population) was among the less than 1-year-old age group.

Table 2. Indiana child population estimates (2018) and traffic injuries (2019)

Age group	Estimated IN population	Share of IN child population	2018 total injuries	Share of IN child injuries	2018 injury rate per 100K
<1	80,539	6.2%	133	4.6%	165.1
1-3	252,563	19.5%	428	14.9%	169.5
4-7	342,566	26.4%	739	25.7%	215.7
8-12	442,094	34.1%	1,078	37.5%	243.8
13-14	179,478	13.8%	498	17.3%	277.5
Total	1,297,240	100%	2,876	100%	221.7

Sources: Indiana State Police Automated Reporting Information Exchange System (ARIES), as of March 17, 2020; U.S. Census Bureau

Notes:

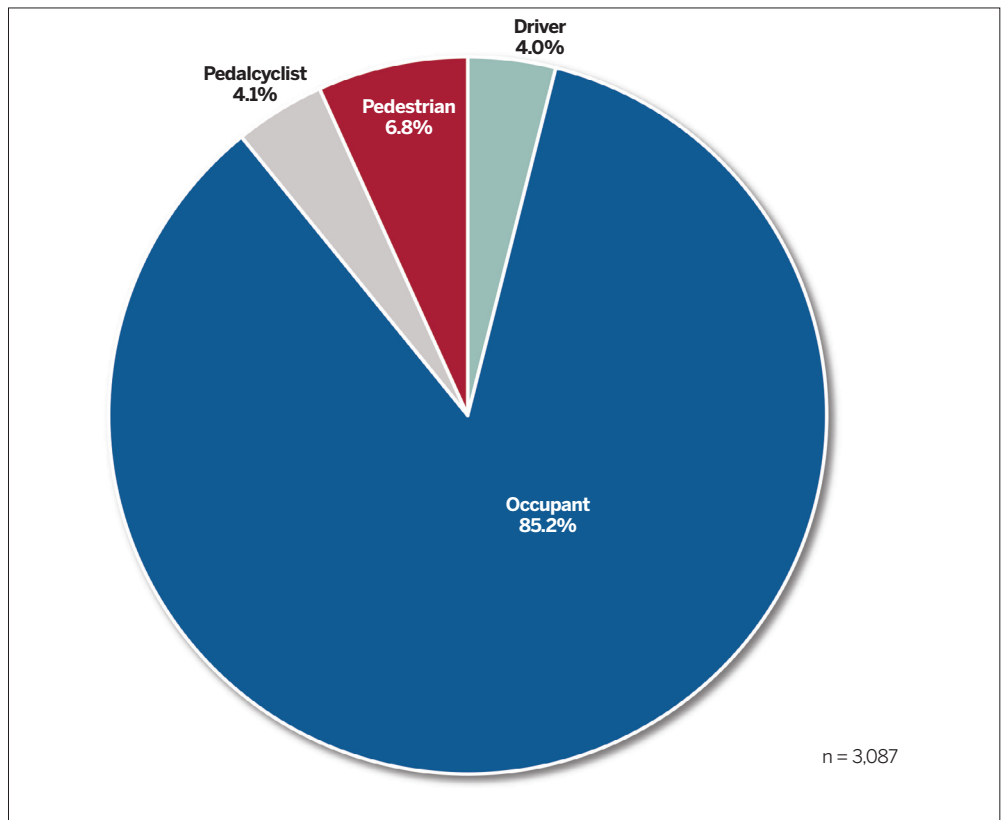
- 1) The most recent population estimates available by age are for 2018.
- 2) Total injuries are the sum of children with fatal, incapacitating, non-incapacitating, possible and other injuries. Excludes individuals classified as not injured.
- 3) Total injuries for <1, 1-3, and 4-7-year-old age group exclude individuals classified as driver or animal-drawn vehicle operator.

PERSON TYPE AND INJURY STATUS

Figure 2 illustrates the proportion of children involved in crashes by person type: drivers, vehicle occupants (passengers), pedestrians, and pedalcyclists. Among children involved in traffic collisions, 85 percent were vehicle occupants. Seven percent were pedestrians, 4 percent were pedalcyclists, and 4 percent were drivers.

Among children involved in traffic collisions, 85 percent were vehicle occupants.

Figure 2. Children involved in Indiana traffic collisions by person type, 2019



Source: Indiana State Police Automated Reporting Information Exchange System (ARIES), as of March 17, 2020

Note: Excludes animal-drawn vehicle operators.

²Based on 2018 Indiana child population estimates—the most recent year available.

Table 3 shows the number of children killed or injured in traffic collisions by person type. In 2019, the number of fatalities among child occupants increased by 46 percent (13 to 19) from the previous year. Eight child pedestrians were killed in 2019, the same number killed in 2018. One child driver and one child pedalcyclist were killed in 2019.

The number of child occupants (1,124) and child pedestrians (89) experiencing incapacitating injuries declined slightly from 2018, while the number of child drivers (13) and child pedalcyclists (43) experiencing

incapacitating injuries increased from the previous year. The number of non-incapacitating injuries among child occupants (1,425), pedalcyclists (57), and pedestrians (77) reached 5-year lows in 2019.

Among child pedestrians that were injured in Indiana traffic collisions, 5 percent were killed, representing a higher likelihood of death than among child occupants, pedalcyclists, or drivers.

Table 3. Children killed or injured in Indiana traffic collisions by injury status and person type, 2015–2019

Injury status by person type	2015		2016		2017		2018		2019		Annual rate of change	
	Count	% Total	Count	% Total	Count	% Total	Count	% Total	Count	% Total	2018–2019	2015–19
Fatal	35	100%	16	100%	40	100%	21	100%	29	100%	38.1%	-4.6%
Driver	0	0.0%	0	0.0%	1	2.5%	0	0.0%	1	3.4%	100%	100%
Occupant	25	71.4%	12	75.0%	30	75.0%	13	61.9%	19	65.5%	46.2%	-6.6%
Pedalcyclist	1	2.9%	1	6.3%	2	5.0%	0	0.0%	1	3.4%	100%	0.0%
Pedestrian	9	25.7%	3	18.8%	7	17.5%	8	38.1%	8	27.6%	0.0%	-2.9%
Incapacitating	1,206	100%	1,347	100%	1,235	100%	1,291	100%	1,269	100%	-1.7%	1.3%
Driver	19	1.6%	20	1.5%	26	2.1%	12	0.9%	13	1.0%	8.3%	-9.1%
Occupant	1,025	85.0%	1,157	85.9%	1,059	85.7%	1,153	89.3%	1,124	88.6%	-2.5%	2.3%
Pedalcyclist	68	5.6%	50	3.7%	54	4.4%	35	2.7%	43	3.4%	22.9%	-10.8%
Pedestrian	94	7.8%	120	8.9%	96	7.8%	91	7.0%	89	7.0%	-2.2%	-1.4%
Non-incapacitating	2,247	100%	2,160	100%	2,133	100%	1,822	100%	1,577	100%	-13.4%	-8.5%
Driver	21	0.9%	20	0.9%	22	1.0%	13	0.7%	18	1.1%	38.5%	-3.8%
Occupant	1,985	88.3%	1,929	89.3%	1,938	90.9%	1,660	91.1%	1,425	90.4%	-14.2%	-8.0%
Pedalcyclist	111	4.9%	85	3.9%	72	3.4%	68	3.7%	57	3.6%	-16.2%	-15.3%
Pedestrian	130	5.8%	126	5.8%	101	4.7%	81	4.4%	77	4.9%	-4.9%	-12.3%

Source: Indiana State Police Automated Reporting Information Exchange System (ARIES), as of March 17, 2020

Notes:

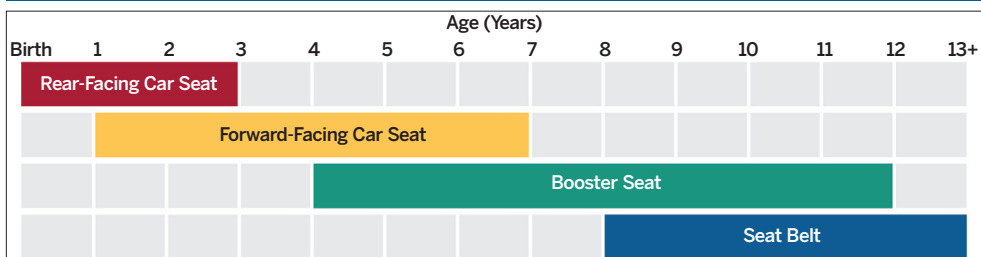
- 1) Excludes animal-drawn vehicle operators.
- 2) Injuries for <1, 1–3, and 4–7-year-old age group exclude individuals classified as drivers.
- 3) Non-incapacitating injuries include those injuries reported as non-incapacitating, possible, not reported, unknown, and refused (treatment) injury status codes.

Among child pedestrians that were injured in Indiana traffic collisions, 5 percent were killed.

RESTRAINT USE

Research shows that proper use of child restraints, including child safety seats and lap/shoulder belts, reduces the risk of fatal and serious injuries to children. The National Highway Traffic Safety Administration (NHTSA) strongly recommends that children progress through four stages of restraints from birth to adulthood (Figure 3). Indiana child restraint laws require all occupants ages 15 and younger to be properly restrained in a child restraint device or seat belt in all seating positions in all vehicles.

Figure 3. Car Seat Recommendations for Children



Select a car seat based on your child's age and size, choose a seat that fits in your vehicle, and use it every time.

- Always refer to your specific car seat manufacturer's instructions (check height and weight limits) and read the vehicle owner's manual on how to install the car seat using the seat belt or lower anchors and a tether, if available.
- To maximize safety, keep your child in the car seat for as long as possible, as long as the child fits within the manufacturer's height and weight requirements.
- Keep your child in the back seat at least through age 12.

Rear-Facing Car Seat

Birth – 12 Months

Your child under age 1 should always ride in a rear-facing car seat. There are different types of rear-facing car seats:

- Infant-only seats can only be used rear-facing.
- Convertible and All-in-One car seats typically have higher height and weight limits for the rear-facing position, allowing you to keep your child rear-facing for a longer period of time.



1 – 3 Years

Keep your child rear-facing as long as possible. It's the best way to keep him or her safe. Your child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness and tether.



Forward-Facing Car Seat

1 - 3 Years

Keep your child rear-facing as long as possible. It's the best way to keep him or her safe. Your child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness and tether.



4 - 7 Years

Keep your child in a forward-facing car seat with a harness and tether until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat.



Booster Seat

4 - 7 Years

Keep your child in a forward-facing car seat with a harness and tether until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat.



8 - 12 Years

Keep your child in a booster seat until he or she is big enough to fit in a seat belt properly. For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snug across the shoulder and chest and not cross the neck or face. Remember: your child should still ride in the back seat because it's safer there.



Seat Belt

8 - 12 Years

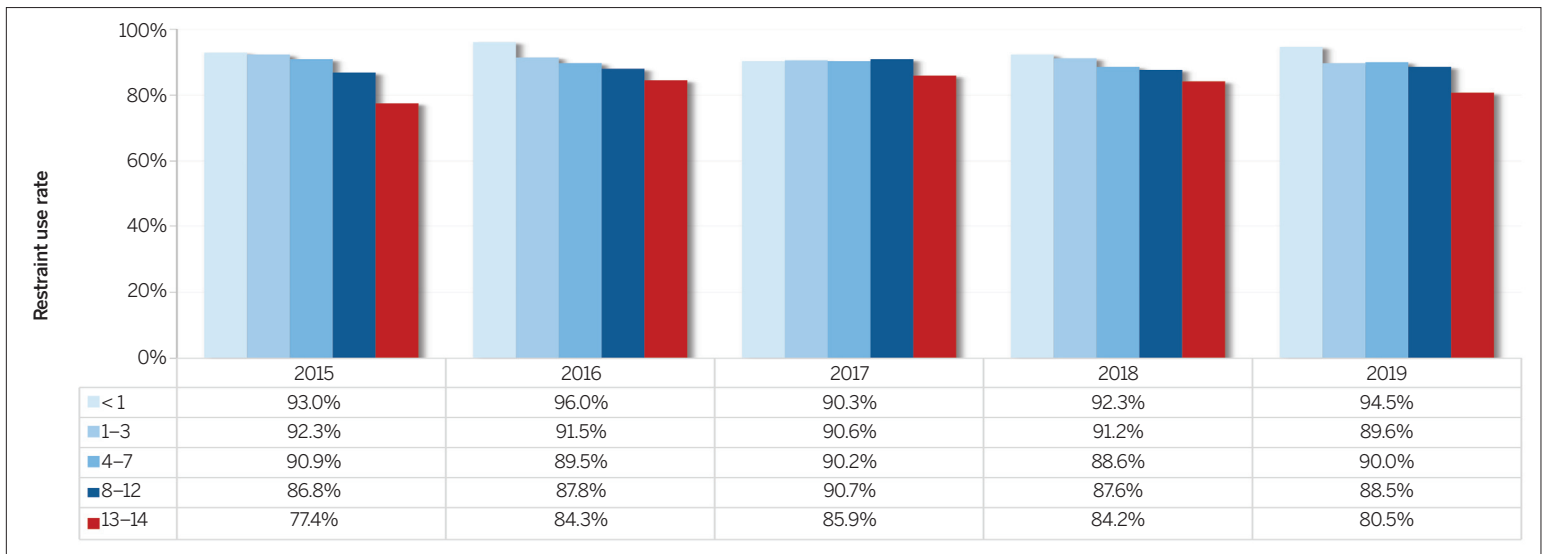
Keep your child in a booster seat until he or she is big enough to fit in a seat belt properly. For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snug across the shoulder and chest and not cross the neck or face. Remember: your child should still ride in the back seat because it's safer there.



Source: NHTSA,

<https://www.nhtsa.gov/sites/nhtsa.dot.gov/files/documents/carseat-recommendations-for-children-by-age-size.pdf>

Figure 4. Restraint use among children involved in Indiana traffic collisions, by age group, 2015–2019



Source: Indiana State Police Automated Reporting Information Exchange System (ARIES), as of March 17, 2020

Notes:

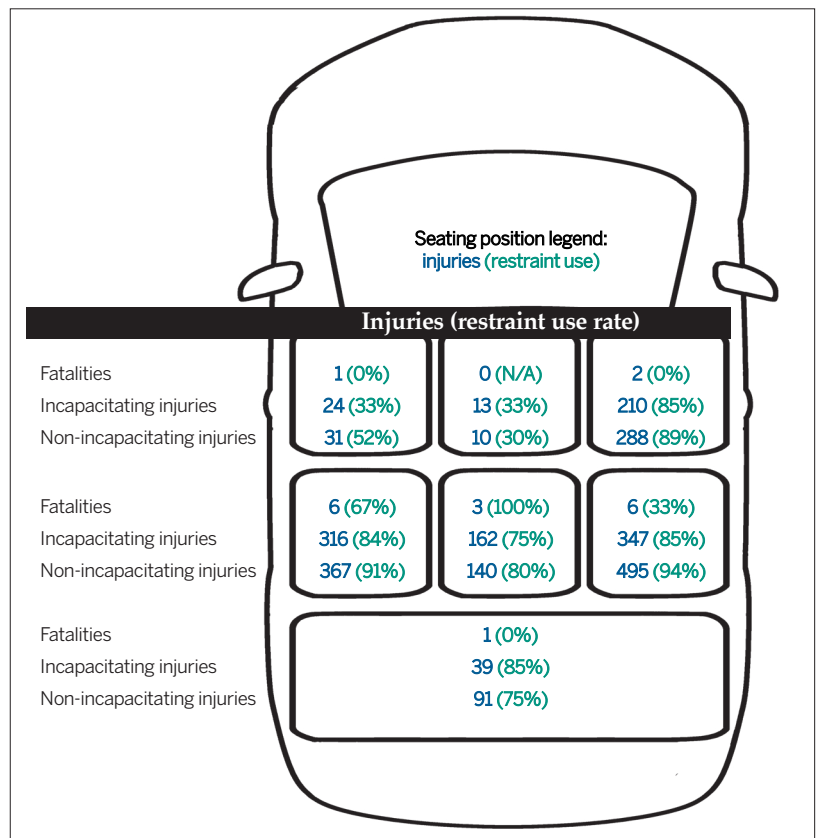
- 1) Restraint use rates are calculated based on individuals identified as occupant or driver where restraint use was known.
- 2) Unrestrained and unknown restraint use codes are included in totals for restraint use rate calculations.
- 3) Restraint use rates are limited to those occurring in passenger vehicles (defined as passenger cars, pickup trucks, sport utility vehicles, and vans).

Restraint use rates among children in traffic collisions generally decline as children get older (Figure 4). In 2019, the 13- and 14-year-old age group had the lowest rate of restraint use (81 percent). Between 2015 and 2019, this age group exhibited consistently lower rates of restraint use than the other age groups. The highest rate of proper restraint use in 2019 was 95 percent among children less than 1-year-old.

The number and restraint use rates for children by injury type and seating position are shown in Figure 5. In 2019, the largest number of child fatalities occurred in the rear-left and rear-right passenger seating positions. Fifty percent of these 12 fatalities were properly restrained. The greatest number of incapacitating injuries was experienced by child passengers in the rear-right seating position (347)—of those, 85 percent were properly restrained.'

Analysis of crash data from 2015 through 2019 demonstrates a consistent relationship between driver restraint status and that of child passengers (Figure 6). Based on known restraint use, during the five-year period, 98 to 99 percent of children were restrained when their drivers were restrained. However, when drivers were unrestrained, only 11 to 16 percent of child occupants were restrained.

Figure 5. Children in Indiana collisions by injury status, seating position, and restraint use, 2019



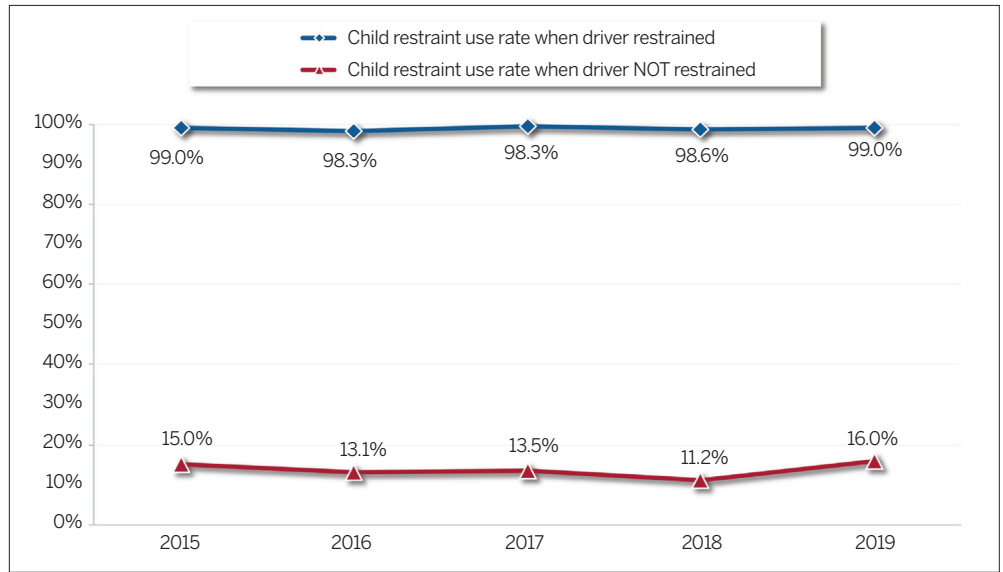
Source: Indiana State Police Automated Reporting Information Exchange System, as of March 17, 2020

- 1) Injuries include those children (ages 0 - 14) sustaining fatal, incapacitating, non-incapacitating, and possible injuries where valid seating position was reported.
- 2) Percentages shown represent the percentage of individuals reported as properly restrained by injury type in each reported seating position.
- 3) Unrestrained and unknown restraint use codes are included in totals for restraint use rate calculations.

ALCOHOL-IMPAIRED COLLISIONS

In 2019, 74 children were involved in traffic collisions which involved a driver with a blood alcohol content (BAC) test result at or above 0.08 grams per deciliter (g/dL) (Figure 7). This number represents a 5-year low. The number of child fatalities and incapacitating injuries in alcohol-impaired collisions declined from 48 in 2018 to 39 in 2019. The rate of child involvement in collisions with a legally impaired driver decreased from 14.3 per 1,000 involved in 2018 to 12.6 per 1,000 involved in 2019, although this rate was higher than the annual rates between 2015 and 2017.

Figure 6. Restraint use among child occupants involved in Indiana collisions, by driver restraint use, 2015–2019

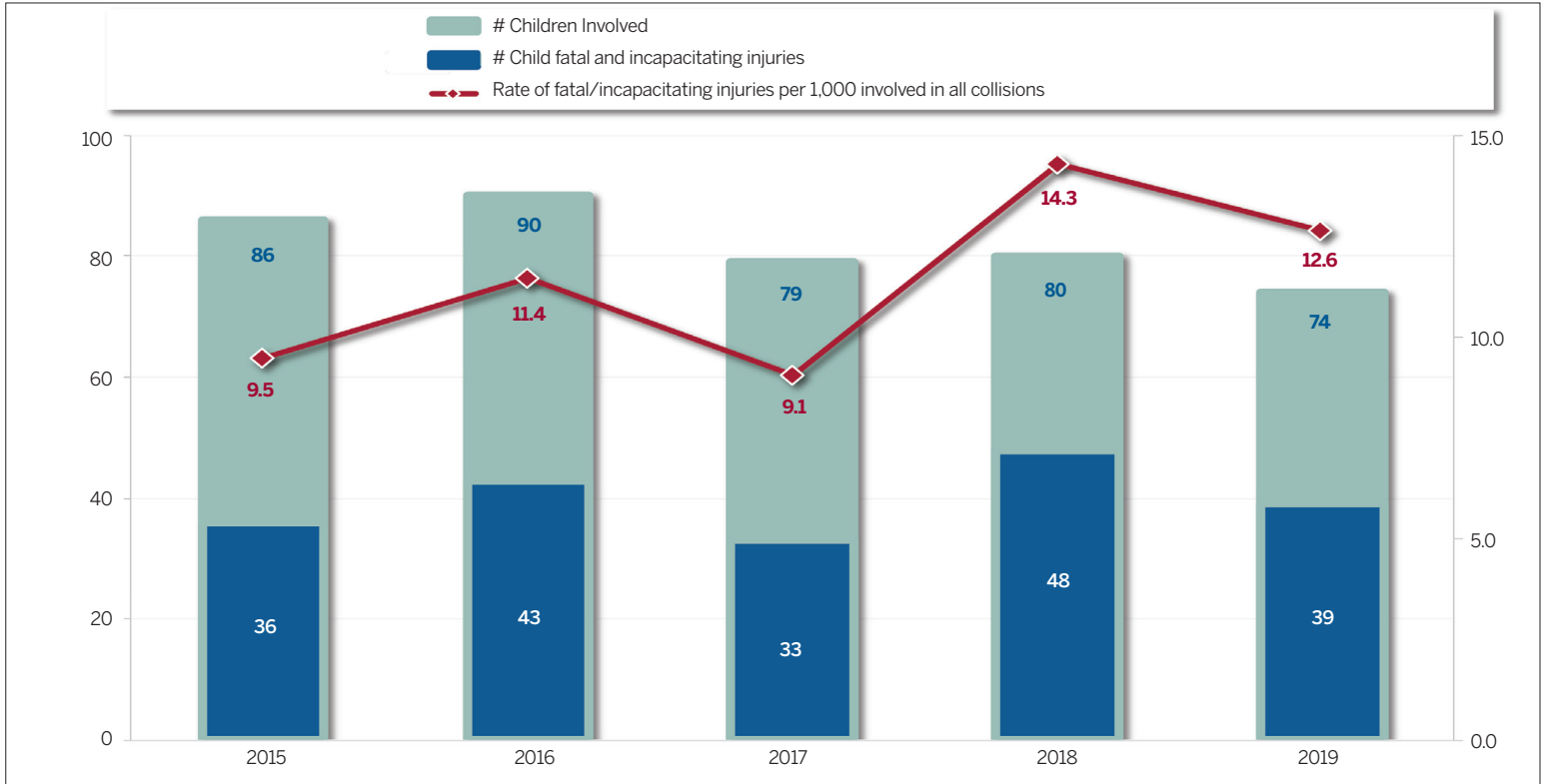


Source: Indiana State Police Automated Reporting Information Exchange System (ARIES), as of March 17, 2020

Notes:

- 1) Restraint use rates are limited to those occurring in passenger vehicles (defined as passenger cars, pickup trucks, sport utility vehicles, and vans).
- 2) Includes individuals identified as drivers and injured occupants.

Figure 7. Children involved in Indiana alcohol-impaired collisions, 2015–2019

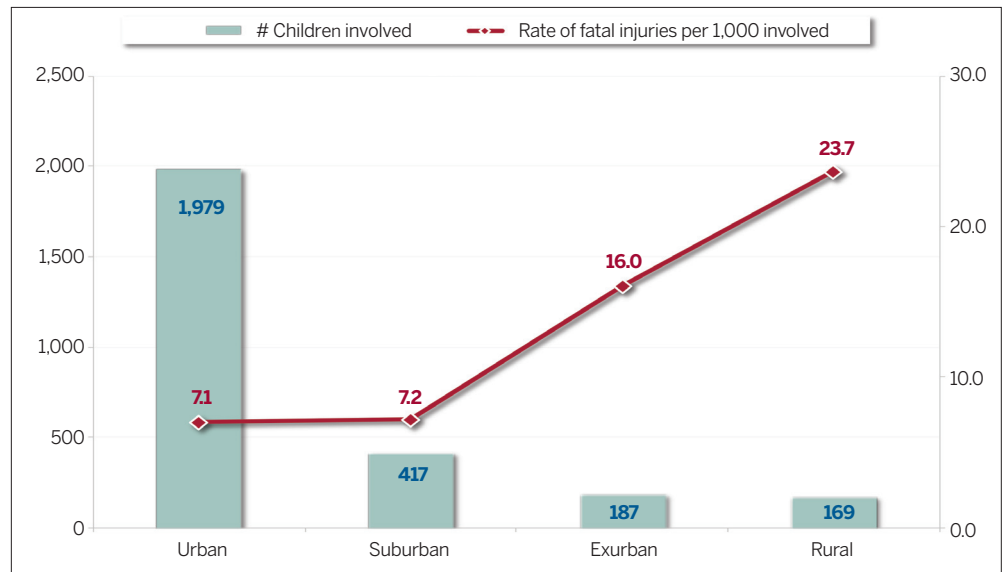


Source: Indiana State Police Automated Reporting Information Exchange System (ARIES), as of March 17, 2020 and June 15, 2020 (for 2018 and 2019 impaired driving data).

GEOGRAPHY OF TRAFFIC INJURIES

While more children were involved in crashes in urban areas in Indiana, those areas had the lowest rates of child fatal injuries (Figure 8). In 2019, the fatal injury rate per 1,000 children involved was similar in urban and suburban areas (7 per 1,000) but higher in exurban (16 per 1,000) and rural (24 per 1,000) areas. The map on page 9 illustrates county-level injury rates per 1,000 children involved in traffic collisions. The median traffic injury rate per 1,000 for children 14 and younger was 2.0, the same as the previous year. The five counties with the highest injury rates in 2019 were Parke (4.3), Cass (4.3), Martin (4.2), Tipton (4.0), and Sullivan (3.7). There were six counties that had a traffic injury rate per 1,000 children of zero: Newton, Benton, and Warren counties in ICJI Traffic Safety Division Service Region 1; Blackford (Region 2), Switzerland (Region 6), and Spencer (Region 5).

Figure 8. Children involved in Indiana collisions by census locale, 2019



Source: Indiana State Police Automated Reporting Information Exchange System (ARIES), as of March 17, 2020

DEFINITIONS

- **Alcohol-impaired collision:** A collision is considered alcohol-impaired when any vehicle driver involved has a BAC test result at or above 0.08 g/dL.
- **Annual rate of change (ARC):** is the rate that a beginning value must increase/decrease each period (e.g., month, quarter, year) in a time series to arrive at the ending value in the time series. ARC is a smoothed rate of change because it measures change in a variable as if the change occurred at a steady rate each period with compounding. For example, to measure change in a variable from 2015 to 2019, it is calculated as $(\text{Value in 2019} / \text{Value in 2015})^{1/4} - 1$.
- **Census locale:** urban is defined as Census 2000 Urban Areas (2007–2009) or Census 2010 Urban Areas (2010–2011). Suburban is defined as areas within 2.5 miles of urban boundaries, exurban as areas within 2.5 miles of suburban boundaries, and rural as areas beyond exurban boundaries (i.e., everything else).
- **Non-fatal:** includes incapacitating, non-incapacitating, possible, not reported, refused (treatment), and unknown injury categories.
- **Not injured:** includes individuals involved in collisions reported as null values in the injury status code field. While reporting officers are instructed to enter all drivers in ARIES, passengers are only to be entered in the crash report if an injury occurs; therefore, counts of those listed as not injured should be interpreted with caution.
- **Restraint use:** vehicle occupants injured in Indiana collisions are counted as having been restrained when the investigating officer selects any one of the following passenger vehicle safety equipment categories on the Indiana Crash Report: (1) lap belt only; (2) harness; (3) airbag deployed and harness; (4) child restraint; (5) lap and harness; or (6) shoulder belts.

REFERENCE

National Highway Traffic Safety Administration. (2019, July). Car Seat Recommendations for Children.

<https://www.nhtsa.gov/sites/nhtsa.dot.gov/files/documents/carseat-recommendations-for-children-by-age-size.pdf>

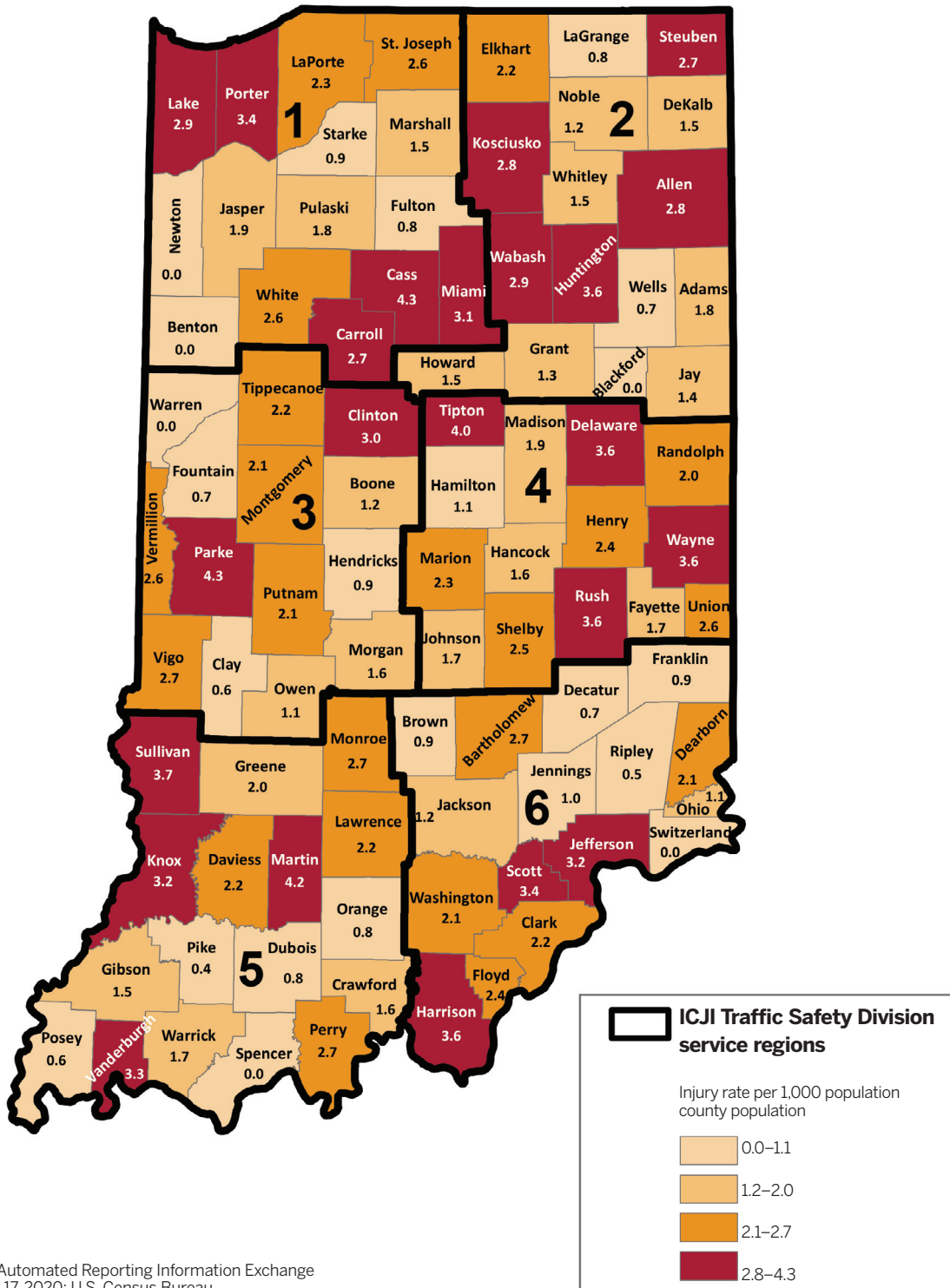
DATA SOURCES

Indiana State Police Automated Reporting Information Exchange System (ARIES), as of March 17, 2020 and June 15, 2020 (2018 and 2019 impaired driving data)

U.S. Census Bureau, Annual Estimates of the Resident Population by Single-Year of Age and Sex for the United States and States (2018), provided by the Indiana Business Research Center, Indiana University.

Map 1. Children 0 to 14 years injured in collisions, by county and ICJI Traffic Safety Division service region, 2019

Median county injury rate = 2.0
 Mean county injury rate = 2.0
 n = 3,093 children involved



Source: Indiana State Police Automated Reporting Information Exchange System (ARIES), as of March 17, 2020; U.S. Census Bureau

Note: Injured includes fatal, incapacitating, and non-incapacitating categories.

This publication was prepared on behalf of the Indiana Criminal Justice Institute (ICJI) by the Indiana University Public Policy Institute (PPI). Please direct any questions concerning data in this document to ICJI at 317-232-1233.

This publication is one of a series of publications that form the analytical foundation of traffic safety program planning and design in the state of Indiana. Funding for these publications is provided by ICJI and the National Highway Traffic Safety Administration.

An electronic copy of this document can be accessed via the PPI traffic safety research project site (<http://trafficsafety.iupui.edu>), the ICJI website (www.in.gov/cji/), or you may contact the PPI at 317-278-1305.

Traffic Safety Project

Designing and implementing effective traffic safety policies requires data-driven analysis of traffic collisions. To help in the policy-making process, the Indiana University Public Policy Institute collaborates each year with the Indiana Criminal Justice Institute to analyze vehicle crash data from the Automated Reporting Information Exchange System (ARIES), maintained by the Indiana State Police. This marks the thirteenth year of this partnership. Research findings are summarized in a series of publications on various aspects of traffic collisions, including alcohol-related crashes, commercial vehicles, dangerous driving, child passenger safety, motorcycles, occupant protection, and drivers. An additional publication provides detailed information on county and municipality data. These publications serve as the analytical foundation of traffic safety program planning and design in Indiana.

Indiana collision data are obtained from Indiana Crash Reports, as completed by law enforcement officers. Crash reports for all Indiana collisions are entered electronically through ARIES. Collisions trends as reported in these publications incorporate the effects of changes to data elements on the Crash Report, agency-specific enforcement policy changes, re-engineered roadways, driver safety education programs, and other unspecified effects. A collision produces three levels of data: collision, unit (vehicles), and individual. For this reason, readers should pay particular attention to the wording of statements about the data to avoid misinterpretations. If you have questions regarding trends or unexpected results, please contact the Indiana Criminal Justice Institute, Traffic Safety Division for more information.

Indiana University Public Policy Institute

The Indiana University Public Policy Institute produces unbiased, high-quality research, analyses and policy guidance to promote positive change and improve the quality of life in communities across Indiana and the nation. Our clients use our research to enhance their programs and services, to develop strategies and policies, to evaluate the impact of their decisions—and ultimately to help the people they serve. Established in 1992, PPI is part of the IU O'Neill School of Public and Environmental Affairs.

The Indiana Criminal Justice Institute

Guided by a Board of Trustees representing all components of Indiana's criminal and juvenile justice systems, the Indiana Criminal Justice Institute serves as the state's planning agency for criminal justice, juvenile justice, traffic safety, and victim services. ICJI develops long-range strategies for the effective administration of Indiana's criminal and juvenile justice systems and administers federal and state funds to carry out these strategies.

The National Highway Traffic Safety Administration (NHTSA)

NHTSA provides leadership to the motor vehicle and highway safety community through the development of innovative approaches to reducing motor vehicle crashes and injuries. The mission of NHTSA is to save lives, prevent injuries and reduce economic costs due to road traffic crashes, through education, research, safety standards and enforcement activity.



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