

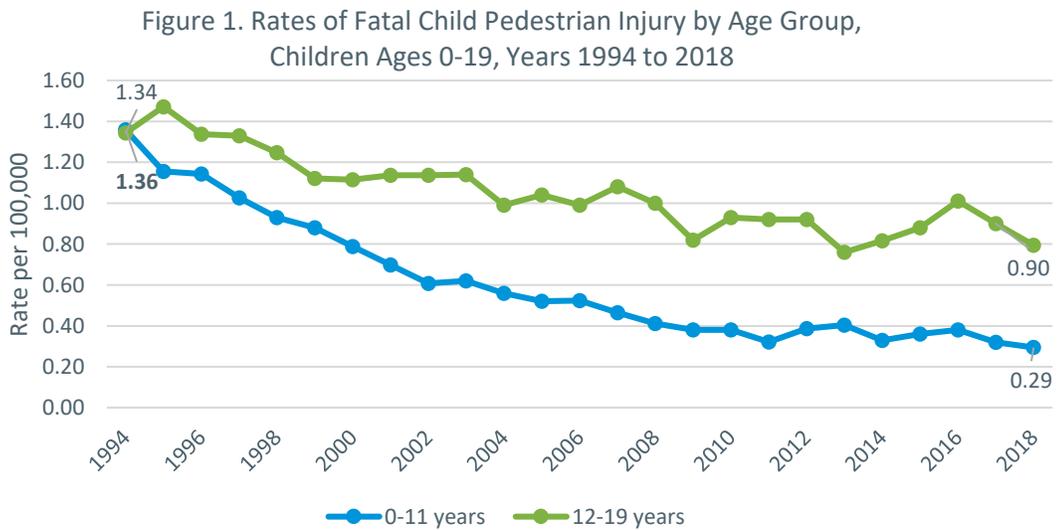
Pedestrian Safety Fact Sheet

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Nearly 4,700 children between the ages of 0-19 were killed as pedestrians* in motor vehicle crashes in the U.S. in the decade between 2009 to 2018.¹

Fatal Injuries

- There were 408 children[†] killed as pedestrians in motor vehicle crashes (MVC) in 2018, at a rate of less than 1 per 100,000 children (0.50 per 100,000) (Figure 1).^{1,2}
- The rate reduction for fatal pedestrian injury among younger children between 1994 and 2018 was a staggering 76 percent, compared to a 33 percent reduction among teens.^{1,2} The rate reduction for younger children likely reflects a combination of decreased exposure resulting from fewer children in this age group walking to school and the creation of safer walking environments.³ The fatality rate in 2018 for this age group was the lowest since 1994.^{1,2}



* Pedestrians are defined by NHTSA as any person on foot, walking, running, jogging, hiking, sitting, or lying down who is involved in a motor vehicle traffic crash or event.

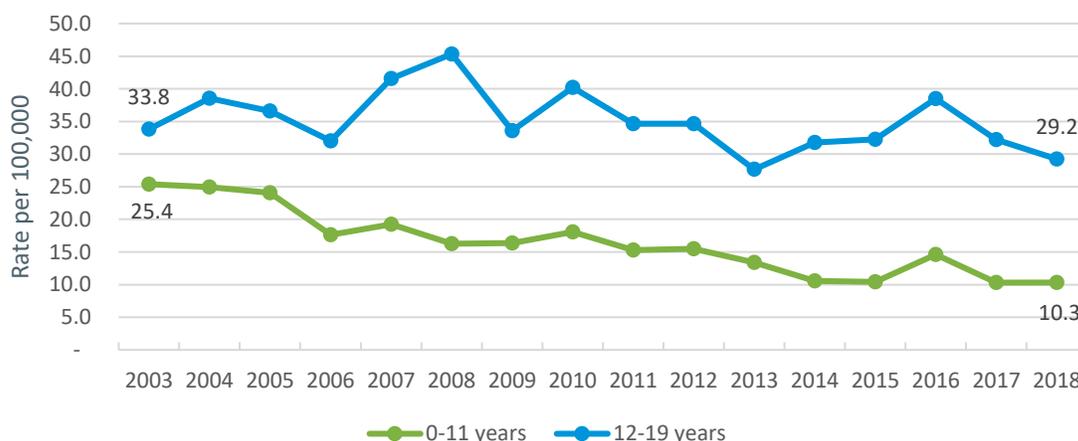
† For the purposes of this fact sheet, “children” refers to any child ages 0 to 19, “younger children” refers to children ages 0 to 11, and “teens” refers to children ages 12 to 19.



Nonfatal Injuries

- In 2018, an estimated 14,708 children suffered a nonfatal pedestrian injury as a result of a MVC, at a rate of 17.9 per 100,000 children.^{2,4}
- There has been a substantial decrease (59 percent) in the rate of nonfatal pedestrian injury among younger children since 2003 (Figure 2).^{2,4}
- For teens, the rate of nonfatal pedestrian injury in 2018 represents a 14 percent decrease since 2003, a 36 percent decrease since 2008 (the year with the highest rate in recent years) and a 9 percent decrease in rate from 2017.^{2,4}

Figure 2. Rates of Nonfatal Child Pedestrian Injury by Age Group, Children Ages 0-19, Years 2003-2018



Risk Factors

- **Age:** The rate of fatal pedestrian injury among teens is more than three times greater than for younger children (0.90 per 100,000 versus 0.29 per 100,000, respectively).^{1,2} In 2018, teens ages 12-19 accounted for 38 percent of all children ages 0-19, but 65 percent of fatal child pedestrian injuries and 66 percent of nonfatal child pedestrian injuries. When older teens ages 15-19 years are considered, the discrepancy is even larger, with that age group accounting for only 26 percent of 0-19-year-olds yet 56 percent of pedestrian deaths and 43 percent of nonfatal pedestrian injuries.^{1,2,4}
- **Gender:** Risk differs by gender. In 2018, more than 6 out of 10 child pedestrian deaths were among males.¹ The rate of nonfatal pedestrian injuries among males 0-19 years decreased



by 47 percent from 2003 to 2018, while the rate among females decreased by only 21 percent.^{2,4}

- **Race:** Black or African American children had the highest risk for fatal child pedestrian injury in 2018, with a fatal injury rate more than twice that of White and American Indian children (0.47 per 100,000 vs. 0.20 and 0.19 per 100,000, respectively).^{5,6}
- **Geographic location:** The rate of fatal child pedestrian injury varied between states with the highest rates in Louisiana, Alabama, South Carolina and Florida and the lowest rates in Idaho, Maine and Kansas and Iowa (based on a three-year combined rate) (Table 1).

Table 1. Fatal Pedestrian Injury Numbers and Rates per 100,000 by State, U.S., Children Ages 0 to 19, Combined Years 2016 – 2018^{7,8}

State	#	Rate*	State	#	Rate*	State	#	Rate*	State	#	Rate*
AK	<5	0.33	ID	<5	0.14	MT	<5	0.53	RI	<5	0.56
AL	32	0.88	IL	34	0.35	NC	62	0.82	SC	33	0.90
AR	9	0.38	IN	43	0.81	ND	<5	0.34	SD	6	0.85
AZ	37	0.68	KS	7	0.29	NE	9	0.57	TN	17	0.35
CA	158	0.52	KY	24	0.71	NH	<5	0.45	TX	139	0.57
CO	26	0.64	LA	38	1.03	NJ	27	0.41	UT	26	0.86
CT	8	0.31	MA	27	0.59	NM	11	0.67	VA	23	0.37
DC	<5	0.50	MD	24	0.54	NY	55	0.39	VT	--	--
DE	5	0.76	ME	<5	0.23	NV	19	0.84	WA	17	0.31
FL	124	0.88	MI	43	0.60	OH	51	0.58	WI	15	0.34
GA	63	0.76	MN	13	0.30	OK	20	0.63	WV	6	0.47
HI	6	0.60	MO	32	0.69	OR	11	0.38	WY	<5	0.43
IA	7	0.29	MS	20	0.83	PA	36	0.40			

*Rates based on small numbers (<20 fatal injuries) may be unstable and should be interpreted with caution.

- **Time of Day:** In 2018, nonfatal pedestrian injuries were most likely to occur between the hours of 6 PM to 8:59 PM for both younger children and teens (28 percent and 30 percent of fatal injuries, respectively). One in 4 pedestrian deaths among younger children occurred during what are typically after-school hours (3 PM to 6 PM), whereas teens were more likely to be killed at night.^{2,9}
- **Pedestrian Distraction:** Walking while distracted by technology, like cell phones and headphones, increases the risk of pedestrian injury.^{10,11} A typical teenager sends or receives 30-50 text messages a day, and older teen girls send the most.¹² A Safe Kids Worldwide study on pedestrian distraction in 2016 indicated that roughly 17 percent of middle school



and 27 percent of high school students cross the street while distracted by a technological device.¹³

Cost of Fatal and Nonfatal Injuries[‡]

- It is estimated that medical care and work loss costs combined for fatal and nonfatal child pedestrian injuries in the U.S. totaled at least \$2.2 billion in 2017.¹⁴
- More than half of the combined costs of child pedestrian injuries in 2017 were incurred from nonfatal injuries that resulted in hospitalization (\$1.1 billion). Nonfatal injuries resulting in emergency department (ED) treatment and release cost an estimated \$177 million in combined costs and fatal injuries cost an estimated \$953 million.¹⁴

For more information or questions about the information in this factsheet, please contact the SKW Research Department via email at: mchandler@safekids.org

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[‡] Cost of injury data calculated using most recent year of data available within the CDC's Web-based Injury Statistics Query and Reporting System (WISQARS) Cost of Injury Reports application, which includes both traffic-related and non-traffic-related pedestrian incidents that were serious enough to require an ED visit. Total combined medical and work loss costs are likely underestimated, as WISQARS cost estimates do not include ED treatment costs for injured children who were hospitalized.



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