

## Purpose

The purpose of a traffic-related fatal case review (FCR) is to examine and discuss observations made from detailed case materials of fatal crashes to identify modifiable risk and protective factors that if present or absent could prevent future fatalities.

Review and discussion of case materials are organized around modifiable risk and protective factors within the [Safe System Approach](#) and across the [Spectrum of Prevention](#) framework.

The observations reported by the Impaired Driving FCR Study Team are **not official recommendations of the Washington Traffic Safety Commission (WTSC) or the Washington Impaired Driving Advisory Council (WIDAC)**. The review team submits a summary of their observations to WIDAC and the WTSC's Impaired Driving team to consider for further action.

## Scope of Review

Meeting Date:	Thursday, June 13, 2024
Case Selection Topic for Review:	Impaired driver positive for at least fentanyl and no alcohol in their system.
Case Selection Criteria:	<p>Fatal crashes that occurred between 2021-2022, involving an impaired driver positive for at least fentanyl with no alcohol in their system. There were 47 drivers that met these criteria. We narrowed the scope to eight cases by selecting cases that involved drivers who were also unlicensed. One of the cases selected is still under investigation and no files were available. This resulted in seven cases being available for review.</p> <p>These cases <i>involve</i> an impaired driver, which does not indicate that the driver was the cause of the crash or drove the striking vehicle.</p>

## Data Summary

Data regarding impaired drivers positive for at least fentanyl and no alcohol in their system were extracted May 15, 2024, from the WTSC Coded Fatal Crash (CFC) data files. For additional details on fatal crashes, contact Dr. Max Roberts at [mroberts@wtsc.wa.gov](mailto:mroberts@wtsc.wa.gov).

The summary includes 10-year trends for the scope of review and describes driver demographics, high-risk behaviors involved, drugs in system, prevalence of motorcyclists and single vs. multi-vehicle crash status. Data for crash characteristics spanning the same 10-year period are included describing the month, day of week and time of day the crash occurred, and the road type that the crash occurred on. Additionally, maps presenting the locations throughout Washington where these fatal crashes occurred, and the locations of the crashes included in the fatal case review are included. Lastly, data describing driver demographics, high-risk behaviors involved, drugs in system, prevalence of motorcyclists and single vs. multi-vehicle crash status of the eight cases reviewed are presented.

- From 2014 to 2023, there were 1,069 drivers involved in fatal crashes impaired by drugs with no alcohol, 95 (9%) were positive for at least fentanyl and had no alcohol in their system.
- From 2021-2022, there were 255 drivers involved in fatal crashes impaired by drugs with no alcohol, 47 (18%) were positive for at least fentanyl and no alcohol in their system.

Year	Frequency	Percent
2014	1	1.05
2015	0	0
2016	0	0
2017	0	0
2018	3	3.16
2019	6	6.32
2020	13	13.68
2021	17	17.89
2022	30	31.58
2023	25	26.32

#### Fatal Crashes Involving Drivers Positive for at least Fentanyl and No Alcohol in their System 2019-2023

- One-third of these fatal crashes occurred on state routes (n=30, 37%), followed by county roads (n=26, 29%), and city streets (n=20, 22%).
- Most of these fatal crashes were multi-vehicle crashes (n=57, 63%).
- One in three (n=31, 34%) of these fatal crashes occurred between 6pm and midnight.
- Most of these fatal crashes occurred on Tuesdays (n=19, n=21%), followed by Monday (n=16, 18%), and then Friday (n=16, 18%).
- Most of these fatal crashes occurred in October (n=10, 11%), November (n=10, 11%), and December (n=10, 11%).

Time of Day	Frequency	Percent
00:00-02:59	10	10.99
03:00-05:59	8	8.79
06:00-08:59	10	10.99
09:00-11:59	8	8.79
12:00-14:59	10	10.99
15:00-17:59	14	15.38
18:00-20:59	16	17.58
21:00-23:59	15	16.48

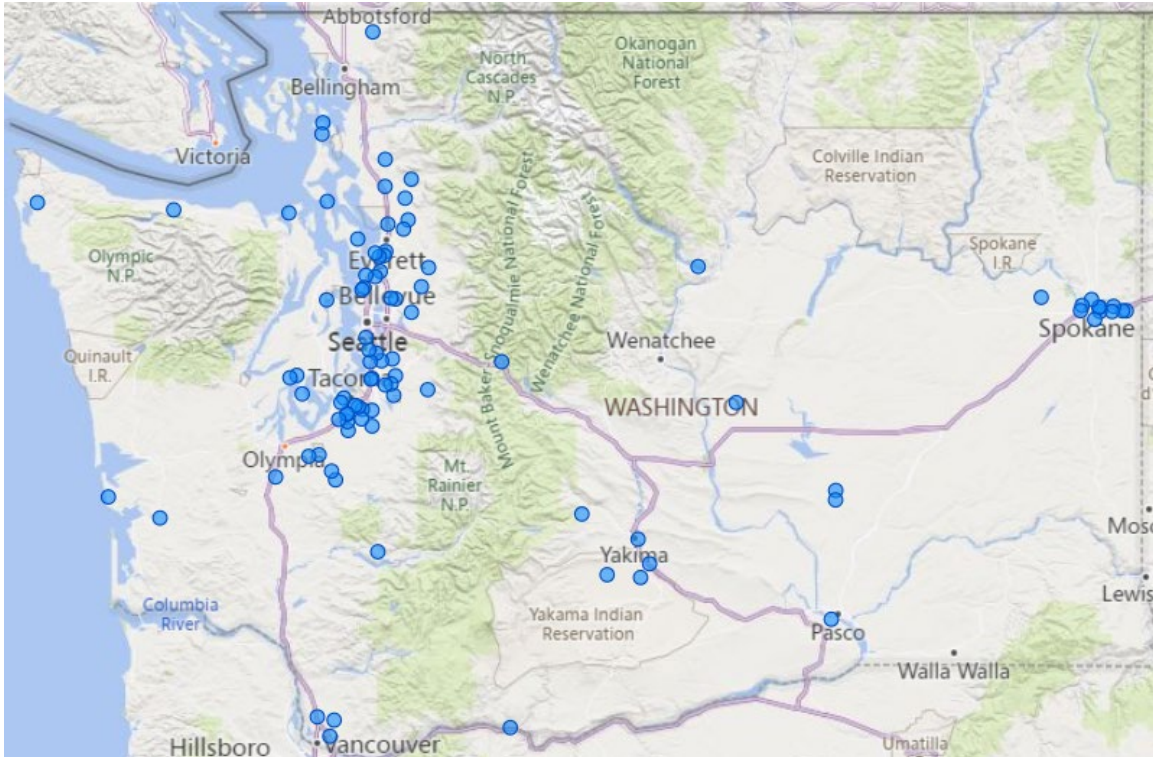
#### Drivers Positive for at least Fentanyl and No Alcohol in their System Involved in Fatal Crashes from 2019-2023

- 41 (45%) of these drivers were speeding.
- 13 (14%) of these drivers were distracted.
- 53 (58%) of these drivers were unrestrained.
- Three out of four of these drivers (74%) were male.
- One in three (n=33, 36%) of these drivers were 25 to 35 years of age.
- One in four (n=23, 25%) of these drivers had a passenger in their vehicle.
- One in five (n=20, 22%) of these drivers were motorcyclists.
- Most of these drivers (n=80, 88%) had two or more drugs in their system.
- Fentanyl & methamphetamine was the most prevalent drug combination among these drivers (n=28, 31%) followed by fentanyl alone (n=11, 12%) and then delta-9 THC & fentanyl (n=11, 12%).

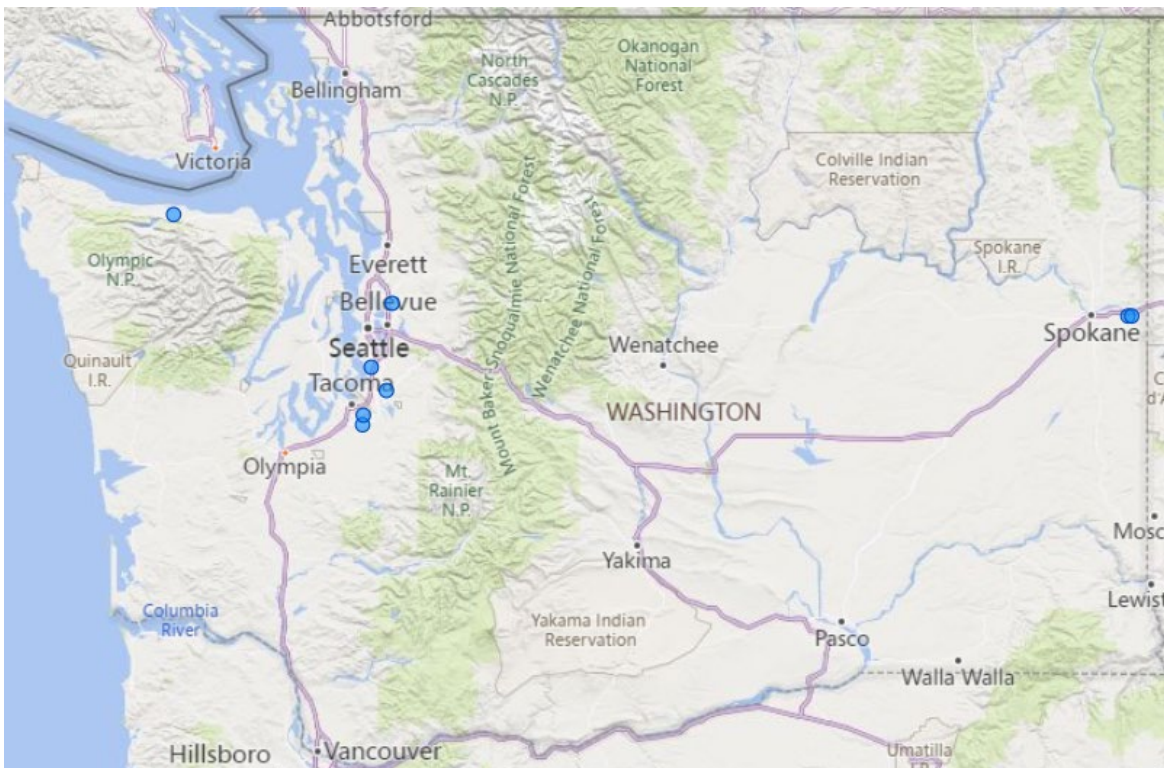
Age	Frequency	Percent
18-20	4	4.40
21-24	11	12.09
25-30	16	17.58
31-35	17	18.68
36-40	12	13.19
41-45	5	5.49
46-50	4	4.40
51-55	5	5.49
56-60	7	7.69
61-65	3	3.30
66-70	2	2.20
71-75	3	3.30
81+	2	2.20

Number of Drugs	Frequency	Percent
1	11	12.09
2	38	41.76
3	22	24.18
4	9	9.89
5	6	6.59
6	3	3.3
7	2	2.2

Map visualizing location of all fatal crashes from 2014 to 2023 involving an impaired driver under the influence of drugs, positive for at least fentanyl, and with no alcohol in their system.



Map visualizing the locations of the eight crashes selected for this fatal case review.



## Observations

The following are observations, factors, and considerations discussed by the study team based on the individual cases selected for this review.

### Safe Road Users

1. Substance use continues to impact safety on roadways. Washington state has per se laws for alcohol and THC, but not for other impairing drugs (methamphetamine, fentanyl, etc.). Consider researching feasibility and utility of a per se law for drugs that focuses on getting people that violate the per se laws into treatment. A concern about this suggestion is such laws suggest a legally acceptable level a person can drive under the influence of drugs.
2. Toxicology reports in multiple cases showed deceased drivers tested positive for fentanyl and methamphetamines at very high levels. For example, some cases involved drivers that had over 60ng of fentanyl in their system (studies show that a person can lose consciousness at 35ng). It is unclear whether people are consuming methamphetamine and fentanyl separately or if methamphetamine is being intentionally contaminated with fentanyl and vice versa. If these drugs are being intentionally contaminated with each other, do people know that when consuming them? Crash data shows drivers testing positive for both these drugs is a trend that is increasing year-over-year. Consider the following:
  - a. Connect with public health and substance use prevention professionals to learn more about this phenomenon and what prevention programs already exist.
  - b. Continue to monitor this trend and research possible countermeasures.
3. Rural areas have less resources available for persons with substance use disorder and current programs may not reach underserved populations. Consider how to best support and increase intervention services and programs in rural areas and for underserved populations.
4. Some people may choose to drive impaired even after going through various intervention points currently available. In some cases, DUIs were adjudicated, ignition interlock periods completed, and fines paid. Multiple cases involved drivers with a history of citations for high-risk behaviors (DUIs, reckless driving, speeding, etc.) and people driving with no license. This demonstrates a need for countermeasures that create barriers to impaired driving. Consider the following:
  - a. Research feasibility and development of an ignition interlock system for drugs such as methamphetamine and fentanyl.
  - b. Support the continued development of self-driving vehicles.
  - c. Partner with ride share and taxi services to create a system where patrons can “donate a ride” and promote this service for people to choose over driving impaired.
  - d. Reduce the “need” to drive by supporting investments in robust public transportation systems that provide frequent and widely available (including in rural areas) services and develop campaigns to reduce stigmas and encourage people to choose public transportation options.
5. Outreach and education about overserving alcohol and options to prevent impaired driving (ride shares, etc.) may not be reaching private membership-based clubs (i.e., Eagles, Elks, VFWs, etc.) that serve alcohol. Consider the following:



- a. Coordinate with LCB enforcement for establishments reported as serving alcohol to a person right before they were involved in a crash.
  - b. Support and fund efforts to reach and engage with these establishments. Focus on developing partnerships (vs. punitive actions) and improving server education and outreach, especially about the availability of safe ride programs.
6. All seven cases involved a driver that had no license or lost their license. This demonstrated that punitive countermeasures such as suspending or revoking a driver's license do not keep high-risk drivers off the roads. Consider the following:
- a. Research the possibility of an ignition interlock system that reads a driver's license and is paired with facial recognition to confirm the driver has a valid license to drive.
  - b. Develop countermeasures that are not punitive and determine feasibility of pivoting away from fines and license suspension to a required driver's education course and treatment options.
7. As a reeducation option, drivers involved in a fatal crash can be required to retest to keep their license or face losing it. However, to trigger this, law enforcement must request this and report it to DOL within 120 days of the crash. Consider the following:
- a. Educate law enforcement about the Cooper Jones retest process that is available for ANY driver they assess may benefit from a retesting process.
    - i. Law enforcement know that DOL has a form "Driver Evaluation Request", which is available in SECTOR, but may now know the term "Cooper Jones."
  - b. Research the number of Driver Evaluation Requests submitted by law enforcement to DOL and the outcomes.
  - c. Research the efficacy of requiring retesting as a countermeasure specifically for drivers identified as high-risk (history of dangerous driving behaviors and moving violations) and adjust law as needed based on findings.

### **Safe Vehicles**

1. Multiple cases included older vehicles with defective equipment (i.e., worn tires, bad break drums, etc.). Consider the following:
  - a. Require forensic mechanical inspections for fatal crashes.
  - b. Research best practices and how often vehicle inspections should occur for optimal safety and develop a law that requires vehicle inspections to register a vehicle.

### **Safe Roads**

1. The crashes reviewed indicate that some impaired drivers were falling asleep or dozing in and out of consciousness while driving. When they went over a rumble strip, it may have startled them awake and they responded by overcorrecting and going off the road and striking objects or into oncoming traffic and striking oncoming cars. Consider increasing infrastructure that creates barriers (roadside concrete barriers, guard rails, etc.) that prevent impaired and dozing drivers from going off road or driving into oncoming traffic.

### **Post-Crash Care**

1. When law enforcement suspects a driver involved in a fatal crash is impaired, the process to get a blood draw for toxicology testing can be delayed when they must rely on EMS or hospitals to

conduct the draw. Consider advocating, supporting, and funding police agencies to provide phlebotomy training to law enforcement responding to fatal crashes.

2. Out of seven cases reviewed, six included incorrect abstract driving records, primarily related to listing deceased people as still alive and listing crashes as involving an injury versus a fatality. The latter may be in part due to lack of supplemental reports being submitted by the investigating law enforcement agency. DOL is aware of this issue and is working to identify and resolve the gaps in processes and data systems. Consider how best to increase the submission of supplemental reports from law enforcement, especially when impairment is a factor.

### **Future FCR Considerations**

1. Fatal case review files do not include EMS or hospital records which are helpful to better understand toxicology reports and impairment factors involved in fatal crashes. For example, was fentanyl administered as part of post-crash care? Consider the following:
  - a. Reach out to EMS to clarify IF fentanyl is administered by EMS and hospital trauma units as part of care.
  - b. Invite EMS representative to serve on fatal case review study team.
  - c. Research if it's possible to request and include EMS & hospital records (relative to the crash) in fatal case reviews – at a minimum, confirm what drugs were administered as part of post-crash care.
2. The review team lacks traffic engineer representation to contextualize fatal crashes and possible countermeasures that address road design. Consider identifying engineers to invite to participate in fatal case reviews.
3. Research how best to include in fatal case review materials any records that show whether a driver involved in a fatal crash graduated from a drivers' education course.
4. The review team would like future fatal case reviews focused on fatal crashes involving drivers impaired by alcohol and THC; geographically focused on Yakima, South King County, or Pierce County; and cases involving drivers required to have an ignition interlock, but it's not installed.

### **Referring for Consideration**

The Impaired Driving FCR Study Team is referring the following to the WTSC and the WIDAC for discussion by all members and consideration for further research, applicability, and evidence base to develop study teams, white papers, training, policy, and recommendations to prevent death and serious injury on Washington's roadways.

1. Work with DOL and other partners to address traffic record gaps and improve data collection systems tracking fatal crash information.
2. Educate law enforcement about the Cooper Jones retest process.
3. Research how best to collaborate with other states and improve the transfer of licensing information to DOL when a person wants to move to Washington from another state and wants a Washington driver's license.
4. Review data about drivers with an ignition interlock device who are involved in a fatal crash while driving under the influence of drugs.