

# TARGET AREAS – 4.5 YEARS

*Demonstration Project Promoting  
Highway Safety Program Guideline #13  
2017-2021  
State of North Carolina*

**Uniform Guidelines** for  
**State Highway Safety Programs**



DOT HS 812 007D  
April 2014

Highway Safety Program Guideline No. 13

**OLDER DRIVER SAFETY**

Each State, in cooperation with its political subdivisions, tribal governments and other stakeholders, should develop and implement a comprehensive highway safety program, reflective of State demographics, to achieve a significant reduction in traffic crashes, fatalities, and injuries on public roads. The highway safety program should include a comprehensive older driver safety program that aims to reduce older driver crashes, fatalities, and injuries. To maximize benefits, each State older driver safety program should address driver licensing and medical review of at-risk drivers, medical and law enforcement education, roadway design, and collaboration with social services and transportation services providers. This guideline recommends the key components of a State older driver safety program, and criteria that the program components should meet.

- I. Program Management
- II. Roadway Design for Older Driver Safety
- III. Driver Licensing (Medical Review Unit)
- IV. Medical Providers
- V. Law Enforcement
- VI. Social and Aging Service Providers
- VII. Communication Program
- VIII. Program Evaluation and Data

## MRU: Fitness to Drive



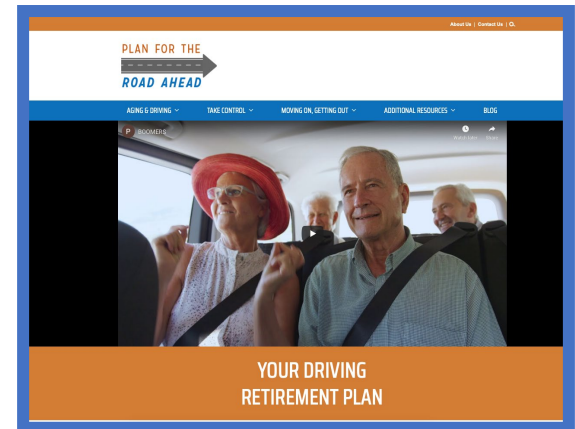
Improve access for the **Medically-at-risk Driver** to get a **fitness to drive evaluation**

- ➔ New programs in Greenville, Wilmington, expanded Duke program
- ➔ Education “package” to develop program for occupational therapists and driving school/instructors.

300 + evaluations

### Education for Social and Aging Services

- ➔ Health care professional – plan and educate
- ➔ Two professional videos developed
- ➔ Website dedicated to **Transportation Planning**



# Education about Medically-at-Risk

## Law enforcement

- ➔ State Highway Patrol – revised HP640 form
- ➔ Charlotte-Mecklenburg PD adapted similar form
- ➔ Charlotte DOT: Educational training

## Medical Providers

- ➔ Education for physicians and MRU process, especially in eastern NC
- ➔ Education to First Responders on identifying and reporting medically-at-risk drivers.

HP-640  
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North Carolina  
State Highway Patrol

Send email, fax, mail to:  
med@ncshp.com  
919.733.0369  
1123 McGee, Raleigh, NC 27607

**RECOMMENDATION FOR MEDICAL/DRIVER EXAMINATION**

<b>A DRIVER INFORMATION</b>	
Driver's Name (Last, First and Middle Initial):	Driver's License Number:
Date of Birth: (MM/DD/YYYY)	Restrictions on License:
Driver's Address:	Driver's Phone Number:
<b>B STOP/CRASH/INCIDENT INFORMATION</b>	
Date: (MM/DD/YYYY)	Time: (24 Hrs.)
Location of Stop/Crash/Incident:	What action was taken: <input type="checkbox"/> Citation Issued <input type="checkbox"/> Written Warning <input type="checkbox"/> Crash/Incident Stop <input type="checkbox"/> Hospitalization
Other:	Crash/Incident Report Number:
<b>C REPORTED AND/OR OBSERVED DRIVING BEHAVIORS</b>	
Check ALL appropriate boxes for driving problems that were reported and/or you observed:	
<input type="checkbox"/> Driving too slowly in emergency, signal, lights	<input type="checkbox"/> Tail end of traffic stop
<input type="checkbox"/> Driving or moving in and out of lanes	<input type="checkbox"/> Lane control or weaving
<input type="checkbox"/> Caused, or nearly caused a crash	<input type="checkbox"/> Struck stationary object
<input type="checkbox"/> Not yielding appropriately to other cars, pedestrians, bikes, etc	<input type="checkbox"/> Failed to clear of crossing traffic
<input type="checkbox"/> Driving on wrong side of road	<input type="checkbox"/> Driving without lights during darkness
<input type="checkbox"/> Driving on sidewalk	<input type="checkbox"/> Made two trees wrong lane
<input type="checkbox"/> Driving in wrong lane	<input type="checkbox"/> Full stop while driving
<input type="checkbox"/> Driving too slow, stopping traffic	<input type="checkbox"/> Violent or aggressive driving or behavior
<input type="checkbox"/> Failed to stop at red light/stop sign or failed to go on green light	<input type="checkbox"/> Unusually inappropriate lane change
<input type="checkbox"/> Inappropriately merged	<input type="checkbox"/> "Clear observations"
<input type="checkbox"/> No adequately controlling vehicle	
<input type="checkbox"/> Reported an indication, device, habit or ability causing loss or more chargeable credits within past twelve (12) months	
<b>D DRIVER CONDITIONS (OBSERVATIONS AFTER STOP/CRASH/INCIDENT)</b>	
Check ALL appropriate boxes for medical/physical conditions you observed:	
<input type="checkbox"/> Confused, disoriented, incoherent, or unaware of actions	<input type="checkbox"/> Confused by traffic
<input type="checkbox"/> Reported or observed medical condition*	<input type="checkbox"/> Stopped or delayed while driving near home
<input type="checkbox"/> Little or no recollection of crash, stop or incident	<input type="checkbox"/> Inadequate vision/reading/signals
<input type="checkbox"/> Reported condition medicated	<input type="checkbox"/> Unable to attend to person, time, or place
<input type="checkbox"/> Visual condition/vision impairment	<input type="checkbox"/> Inadequate appearance/posture/behavior
<input type="checkbox"/> Difficulty walking	<input type="checkbox"/> Other observations*
<input type="checkbox"/> In addition to medication, problem may be physical condition	
<input type="checkbox"/> Reported as having been a recent patient of a court or institution for Alcoholism*	
<b>E DESCRIPTIONS: ANY NOTATIONS OF (C) ABOVE DESCRIBE BELOW</b>	
Briefly describe the important/variable or in each detail as possible regarding any observations and/or conditions or statements from family, driver, etc., which let you to believe a report to the DMV for a medical/Driver examination is needed.	
<b>F OFFICER INFORMATION</b>	
Member Name:	Registry Number:
Troop District:	Member Email Address:
Street Address:	City:
	Zip Code:

PLAN FOR THE



ROAD AHEAD

# EMS Making the Call

Video is here: <https://vimeo.com/589002162>

Use the Password: **EMS81821**





**EASTERN PINES  
FIRE - RESCUE - EMS**



Thank you! [Dickersona@ecu.edu](mailto:Dickersona@ecu.edu)