**Meeting #12 Summary**

**April 8, 2019, 11 AM – 3 PM**

**Spokane Regional Health District**, 1101 W College Ave, Spokane, WA 99201

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| **Attending:** | Jenny Arnold, Barb Chamberlain, Charlotte Claybrooke, Aimee D’Avignon, Doug Dahl, Josh Diekmann, Dick Doane, Steve Durrant, Geneva Hawkins, David Jones, Liz Kaster, Nancy Lillquist, Katherine Miller, Amy Person, Eveline Roy, Seth Schromen-Wawrin, Paul Taylor, Scott Waller, Kerri Wilson. Heidi Keller, Facilitator. |

1. **Announcements – Scott Waller**

* The National Transportation Safety Administration assessment team will attend the joint June meeting of the bicycle and pedestrian safety councils.
* Update on passage of the Active Transportation Safety Advisory Council.

1. **Endorsing Bicycle Safety Products**

An outside group submitted a bicycle safety quiz that they developed and wondered if the Council wanted to endorse and share this resource. The Council concluded that it does not want to become an “endorsement” body, but is comfortable reviewing products and providing nonbinding feedback. Individual members can review and comment.

1. **2018 Annual Report, Plans for 2019**

Impressions of 2018 report

* Well laid out
* Provided a good orientation for new members to learn what the Council is about
* Process felt rushed at the end, not enough time to process conclusions and decisions
* Still a lot of work to be done to come up with discreet, actionable items
* It will be helpful to have the schedule mapped out for the year so Council can work more methodically toward key deadlines
* Some suggestions:
  + Identify fewer things that the Council can “really dig into”
  + Look at the things that have the biggest numbers/most common occurrences

Looking ahead, Council members requested for future meetings:

* Look at progress: Review 2018 recommendations and any progress that has been made. Identify those that need more work.
* Get a better understanding of the legislative process and what the Council can do to assure that recommendations are vetted so that policy makers can more easily select those that are priorities and actionable.

The Council offered the following guidance on how they want to spend their time at future meetings

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| **Prioritize** | **Use data** | **Address speed** | **Foster culture of safety** | **Change perception of mobility** | **Bicycle facility network** |
| Focus on 1 – 2 recommendations | Use updated data | Expand automated speed enforcement | Reduce psychological barriers | Universal mobility |
| Prioritize 2018 follow through | Bicycle crashes not involving vehicles | Target speed policy | Statewide AT safety culture survey | Changing culture through education |
| Implementation options for legislature | Bicycle entering/exiting road |

1. Case Reviews

Overarching: vehicle design, ignition interlock for previous offenders

DREs underutilized?

Dr. report medical conditions that impair driving

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| **Factors** | **Case 1** | **Case 2** | **Case 3** | **Case 4** |
| **Street design** | Street design could cue driver to slow down (striping, grooves in pavement, designate gradually as a ped street that cars can sometimes use) | Street design – bicyclist trapped between sidewalk & traffic – no escape route | Extra visibility of other road uses/users | Street design: square up turn, bulb out so bicyclist is protected in road before entering traffic |
| Width of street |  | Clearly mark shared lane | Shorten crossing distance with median island |
| Emphasize fair gate to alert drivers to stop |  |  | Alert drivers to trail crossing |
| **Driver factors, potential policy changes**  Overarching:   * Ignition interlock for repeat offenders * Doctor report for medical conditions that impair driving * DREs underutilized? | Driver impaired (habitual user) | Standards for finding someone guilty when causing someone’s death | License specific to the vehicle you drive. Example: dual wheels “duality,” RVs, trailers | Mandatory re-testing at key ages. What does data tell us about age as a factor in all crashes   * Vulnerable user crashes * All crashes involving older drivers compared to all drivers |
|  | Seizure – unable to take blood sample at scene |  |  |
| **Traffic control and maintenance** | Visual clutter |  |  | Signalization   * No right on red * Bike/ped phase signal, user activated * Bike/ped leading interval |
| **Safety planning** | Problematic intersection – lots of conflicts |  | Worksite does not properly address safe passage by bicycle. This avenue is designated bike friendly. |  |