Cooper Jones Active Transportation Safety Council (ATSC) Meeting May 21, 2025

10:30 a.m. - 12:30 p.m. Hybrid Meeting

Access ATSC meeting recordings at https://wtsc.wa.gov/safe-driving/active-transportation-safety-council/.

Quorum Present: ⊠ Yes □ No

Summary Notes

Agenda Item:	Welcome	Lead: Jessie Knudsen, WTSC Program Manager; Pat Hughes, Facilitator
Members were v	velcomed and introductions were held.	
A quorum was c	onfirmed as present.	
Follow-Up: N/A		

Agenda Item: Approval of Meeting Minutes

Lead: Shelly Baldwin, WTSC

Minutes to be approved: April 16, 2025.

The minutes were distributed for review prior to the meeting. One correction was noted: The word "gore" (page 48) wasn't an accurate way to describe a member's input. This statement will be changed to reflect the updated language the member shared in the May meeting.

Minutes will be edited and posted to the Active Transportation Safety Council website upon being revised.

Follow-Up: N/A

Approved June 2025

Agenda Item:	Presentation: E-bike and e-scooter	Lead: Dr. Xinyao de Grauw,	
	injury data	Harborview Injury Prevention &	
		Research Center, UW Medicine	

Refer to presentation: A1 – Electric Scooter-Related Injury in Seattle (E-scooter-related medical visits at UW Medicine)

For a full presentation and discussion, refer to the meeting recording.

Refer to presentation: A2 – What can we do to mitigate e-scooter injury in Seattle?

For a full presentation and discussion, refer to the meeting recording.

Q: Can TBI numbers for e-scooter be put into context as compared with other modes and causes with TBI outcome?

A: Getting a TBI diagnosis was difficult to quantify. Dr. Gaal shared there's a specific protocol better established with the pediatric population. View recording (1:23 into the meeting). A member shared this TBI Comprehensive Plan resource via chat:

https://manuals.dshs.wa.gov/sites/default/files/ALTSA/tbi/documents/TBI%20Comprehensive%20Plan%202025.pdf:

2022 WA Department of Health (DOH) Data: Special Emphasis Report: TBI (see Appendix D)

• 34,000+ injuries and deaths from TBI combined • Primary causes are firearms, suicide, falls, motor vehicle crashes and assault/homicide

Q: How much cost per patient?

A: There is "cost *charged*" and "cost *collected*." A range was provided, but the average per patient was around \$100,000.

Follow-Up: N/A

Agenda Item: Lead: Mark McKechnie, WTSC External Relations Director

Refer to presentation: A3 – WTSC Legislative Update

Submit any questions for Mark to Jessie at jknudsen@wtsc.wa.gov.

Thank you, ATSC, for determining the legislative pieces you wanted to support this year.

Follow-Up: N/A

Agenda Item: Member Learning Lead: Varies

A few ATSC members were asked about an issue they're working on or challenged by that relates to ATSC and agreed to share updates with the council.

What – learning

So what/now what – in June, they want to discuss what to do with everything that has been learned.

Member Share by Alan Adolf, Transportation Planner at Yakima Valley Conference of Governments

- Unique position they have a variety of different transportation modes that can be isolated and are sometimes in their infancy stages.
- Naches area of widespread asphalt. It has never been conducive to bicyclists and pedestrians.
- Coordinate with DOT and Yakama Nation on the Heritage Connectivity Trail. Hoping once
- Working on Safety Action Plan. Started about a year behind other jurisdictions. YVCOG
 has been working with WTSC to take charge of local Target Zero and speed safety
 efforts.

Discussion:

- We need to make sure that crossing needs and speed management are addressed.
 Should we go back to "what does it mean to have safe system speeds in a certain context"?
- What kind of community discussion is going on and what kind of response do you get about the need for that specific area to be fixed?
 - With the Naches corridor, concerns about the businesses have been expressed. The current wide shoulders allow people to easily pull off the road in these areas, albeit unsafely.
 - o Growth of the trail system is very popular.
- What do you mean by "taking charge of speed management"?
 - The area was identified as an emphasis area to address through a Comprehensive Safety Action Plan. It was a natural fit to add the speed safety program. YVCOG is currently putting together their groups for the Washington Traffic Safety Summit in Spokane

Member Share by Karen Messmer, President of Olympia Safe Streets Campaign:

- Karen has been involved with a group for 9 years, which is known as Thurston Thrives and is focused on components of health.
- Karen asked the group what kind of ideas they have for her about what they might do as a group to influence in their regions.

Notes for Karen's question: Climate resiliency, planning for emergency response, how people can evacuate if they're nondrivers, are trails built for resiliency, do bus shelters and stops have shade. https://www.transportation.gov/grants/dot-navigator/trails-resilient-infrastructure

Demographic context: https://islandpress.org/books/climate-resilience-aging-nation#desc

Approved June 2025

If you're interested in being in the queue to share what you're working on, contact Pat (patriciahughes@comcast.net) and Jessie (jknudsen@wtsc.wa.gov).

Follow-Up: N/A

Agenda Item: Announcements Lead:

Washington Traffic Safety Summit

- July 15-17, 2025
- Spokane Convention Center
- Learn more on the Summit website
- Contact Abby if you are interested in attending the Summit.
- We are working to coordinate an ATSC gathering at the Summit.

September In-Person ATSC Meeting

- Wednesday, September 10, 2025
- Spokane, Washington
- If you have connections in Spokane or know of meeting venues, please contact Jessie Knudsen (jknudsen@wtsc.wa.gov) and Abby Williams (awilliams@wtsc.wa.gov).

Follow-Up: N/A

Agenda Item: | Public Comment | Lead: Members of the Public

Doug MacDonald

Public comment submitted via chat during the meeting: "The information from Dr. Gaal is new, not contained in my Post Alley article, and absolutely devastating. Will SDOT respond? This is not going to be solved by bus ads. This SDOT -scooter program is a public health disaster. Do we not even know total fatality numbers? Never mind total TBIs?"

Doug thought the presentation contains distressing information. The presentation from Dr. Gaal contained information Doug had never seen or knew existed that was distressing. Doug shared it's impossible to understand how injuries of those kinds are emerging from a publicly sponsored program.

Follow-Up: N/A

Agenda Item:	Closing and Thank You	Lead:
See you in June	I.	
Follow-Up: N/A		

Approved June 2025

Present Council Members: Alan Adolf, Yakima Valley Conference of Governments; Shelly Baldwin, Washington Traffic Safety Commission Acting Director; Barb Chamberlain, WSDOT Active Transportation Division; Charlotte Claybrooke, WSDOT Active Transportation Division; Dr. Xinyao de Grauw, Harborview Injury Prevention & Research Center, UW Medicine; Jennifer Dieguez, WA Dept. of Health; Dr. Annemarie Dooley, Washington Physicians for Social Responsibility; Sgt. Teresa Fuller, Spokane Police Department; Tony Gomez, Seattle & King County Public Health; Will Habel, Clallam County; Cara Jockumsen, WA Dept. of Licensing; David Jones; Kitty Klitzke, City of Spokane; William Lemke, Retired Public Employees Council, Judge (Ret.); Karen Messmer, Olympia Safe Streets Campaign; Venu Nemani, Seattle Dept. of Transportation; Jon Pascal, Kirkland City Council; Dr. Amy Person, Benton-Franklin Health District; Portia Shields, Yakama Nation; Harold Taniguchi, Commission on Asian Pacific American Affairs; Carrie Wilhelme, City of Tacoma; Kerri Wilson, Intercity Transit

ATSC Program Manager: Jessie Knudsen, Washington Traffic Safety Commission

ATSC Program Support: Abby Williams, Washington Traffic Safety Commission

ATSC External Facilitator: Patricia Hughes, Trillium Leadership Consulting

WTSC Staff: Dr. Staci Hoff, Research Director; Erin Vroman, Program Specialist

Guests: Joshua Alumbaugh; Dr. Austin Gaal, University of Washington; Sara Hallstead, Seattle & King County Public Health; Doug MacDonald; Dr. John Milton, WSDOT; Sarah Rose; Genya Shimkin; Celese Toyofuku, Seattle & King County Public Health; Katie Wolff



Electric Scooter-Related Injury in Seattle (E-scooter-related medical visits at UW Medicine)

Xinyao de Grauw, MD, PhD, MPH Research Scientist/ Injury Epidemiologist (DOH)



Disclosure

The contents of this presentation were developed under the grant from the Washington State Traffic Safety Commission



Outline

- > Type of E-scooter in this study
- > Methods
- > Results
- > Limitations



E-scooter in this study: standing electric scooter







Segway - Ninebot F2 Electric Scooter W/...











Razor Kick Scooter - Red



Metro Mobility M1 Lite...

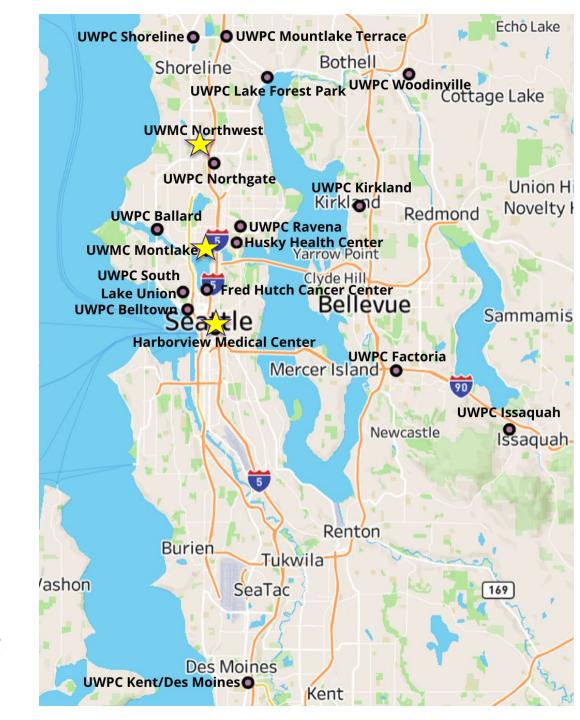






Methods

- Data: UW Medicine Electronic Health Records 2018-2023
 - **❖** Emergency departments ★
 - Harborview Medical Center
 - UWMC Montlake,
 - UWMC Northwest
 - ❖ Five urgent care centers and 25 primary (clinics as of 12/31/2024)
- > E-scooter injury-related medical encounters
 - **❖ Potential cases Using ICD-10-CM codes**
 - Confirmed cases Manually reviewed the medical charts
- **▶** Bike injury-related medical encounters -Using ICD-10-CM codes



Possible E-scooter case



	UNIVERSITY of WASHINGTON
Year start	ICD-10-CM Code
2015	Fall from scooter (motorized mobility scooter/nonmotorized) or other conveyance, initial encounter: wo5.1XXA, wo5.2XXA, vo0.141A, vo0.142A, vo0.891A,
2015	Fall due to collision with another person, initial encounter: wog.xxxx
2015	Pedestrian injured in collision with pedal cycle, motor vehicle, railway train or railway vehicle, other nonmotor vehicle in traffic/nontraffic accident, initial encounter: v02.19XA, v02.99XA, v03.19XA, v03.99XA, v04.19XA, v04.99XA, v01.09XA, v01.19XA, v01.99XA, v02.09XA, v03.09XA, v04.09XA, v05.09XA, v05.19XA, v06.09XA, v06.19XA, v06.99XA, v00.182A, v00.892A, v89.1XXA, v89.3XXA
2020	Fall from standing electric scooter, initial encounter: v00.841A
2020	Pedestrian on standing electric scooter injured in collision with stationary object, pedal cycle, motor vehicle, railway train or railway vehicle, other nonmotor vehicle in traffic/nontraffic accident, initial encounter: voo.842A, vo1.031A, vo1.131A, vo1.931A, vo2.031A, vo2.131A, vo2.931A, vo3.031A, vo3.131A, vo3.931A, vo4.031A, vo4.931A, vo5.031A, vo5.131A, vo5.931A, vo6.031A, vo6.131A, vo6.931A
2020	Pedestrian on other standing micro-mobility pedestrian conveyance injured in collision with pedal cycle, motor vehicle, railway train or railway vehicle, other nonmotor vehicle in traffic/nontraffic accident, /other accident with standing micro-mobility pedestrian conveyance, initial encounter: vo1.038A, vo1.138A, vo1.938A, vo2.038A, vo2.138A, vo2.938A, vo3.038A, vo3.138A, vo3.938A, vo4.038A, vo4.938A, vo4.938A, vo4.938A, vo5.138A, vo5.938A, vo6.038A, vo6.138A, vo6.938A, vo0.848A
	Pedestrian on foot injured in collision with other pedestrian conveyance, initial encounter: voo.o9xA
2020	Pedestrian on foot injured in collision with rider of standing electric scooter/other standing micro-mobility pedestrian conveyance, initial encounter: voo.031A, voo.038A



Chart review

- > A total of 1049 potential e-scooter medical encounters were identified in the UW Medicine EHR between 2018 and 2023 using the ICD-10-CM codes.
- Manually reviewed EMS run-sheet, triage notes, and provider notes, and recorded the helmet use, alcohol/substance use, and the ownership of the E-scooter

Keywords in E-scooter cases

Electric/electrical/electronic Scooter

Lime/line/link/lyme scooter

Standing electric scooter

E-scooter/e scooter/escooter

Electric rental stand up scooter

Electric stand-up scooter

Electric standout scooter

Motorized stand up scooter

rental scooter

Segway scooter

Stand-up electric scooter

Stand up scooter

Standing motorized scooter



> 517 E-scooter injury-related medical encounters between 2018-2023

	ICD-10-CM code	
	Standing electric scooter	434
	Nonmotorized scooter	54
	Standing micro-mobility pedestrian conveyance	11
Identified as E-	Other pedestrian conveyance	8
scooter injury by	Motorized mobility scooter	7
chart review	Pedestrian on foot	2
	Unspecified nonmotor-vehicle accident	1
		517

> 5205 bike injury-related medical encounters identified by ICD-10-CM between 2018-2023

Results – Trends



Number of E-scooter injury-related medical visits increased.

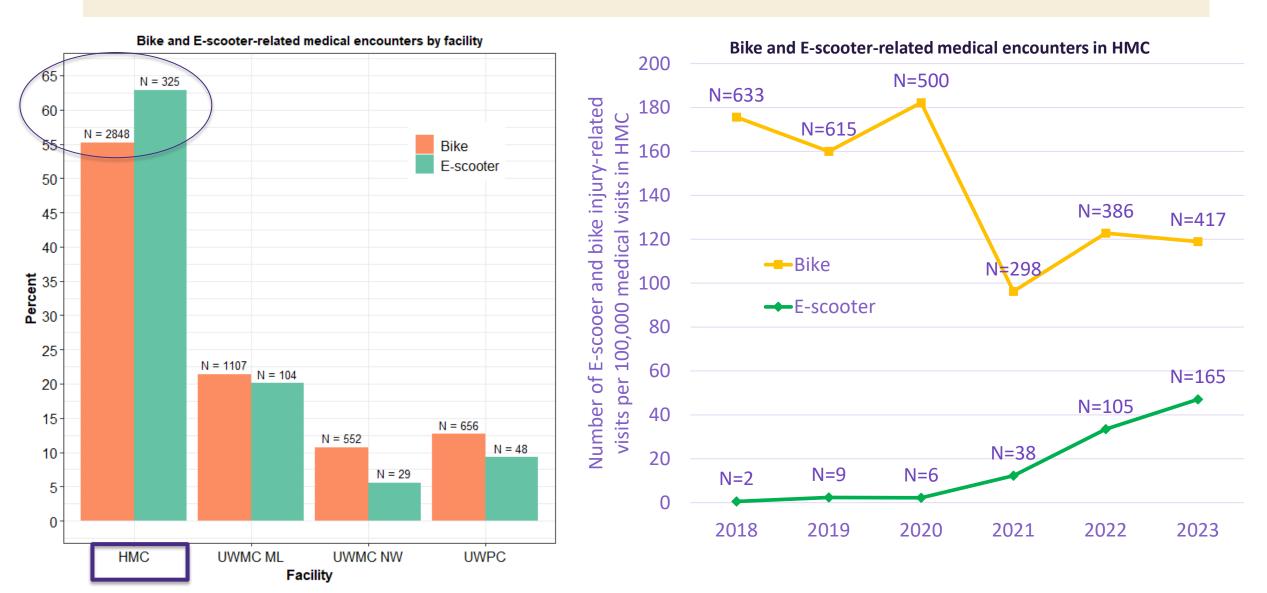
Rate of E-scooter injury-related medical visits/100,000 King County population increased.



Results – Where



50%+ of the medical visits were in HMC; Rate of E-scooter injury-related medical visits/100,000 medical visits in HMC increased

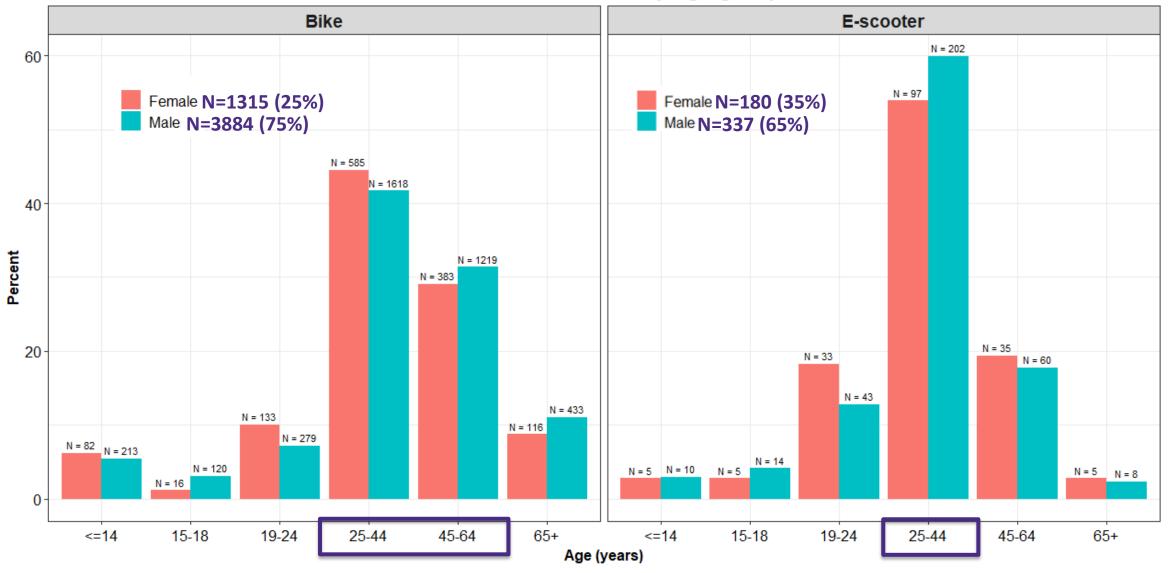


Results - Who



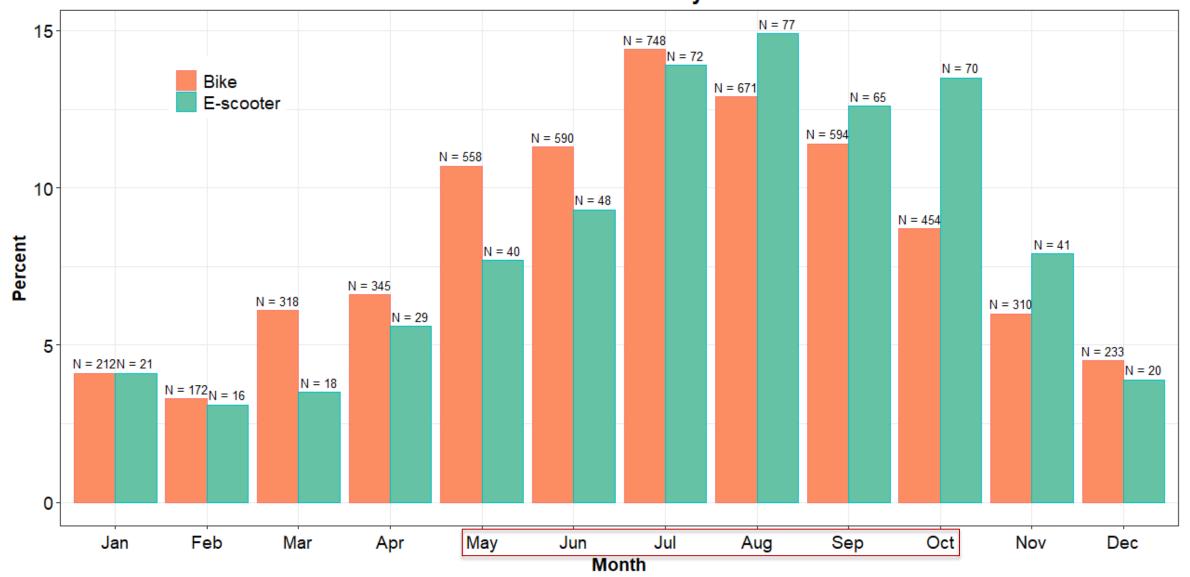
More than half of the injuries were in males and were aged 25-44 years

Bike and E-scooter-related medical encounters by age group in UW Medicine 2018-2023



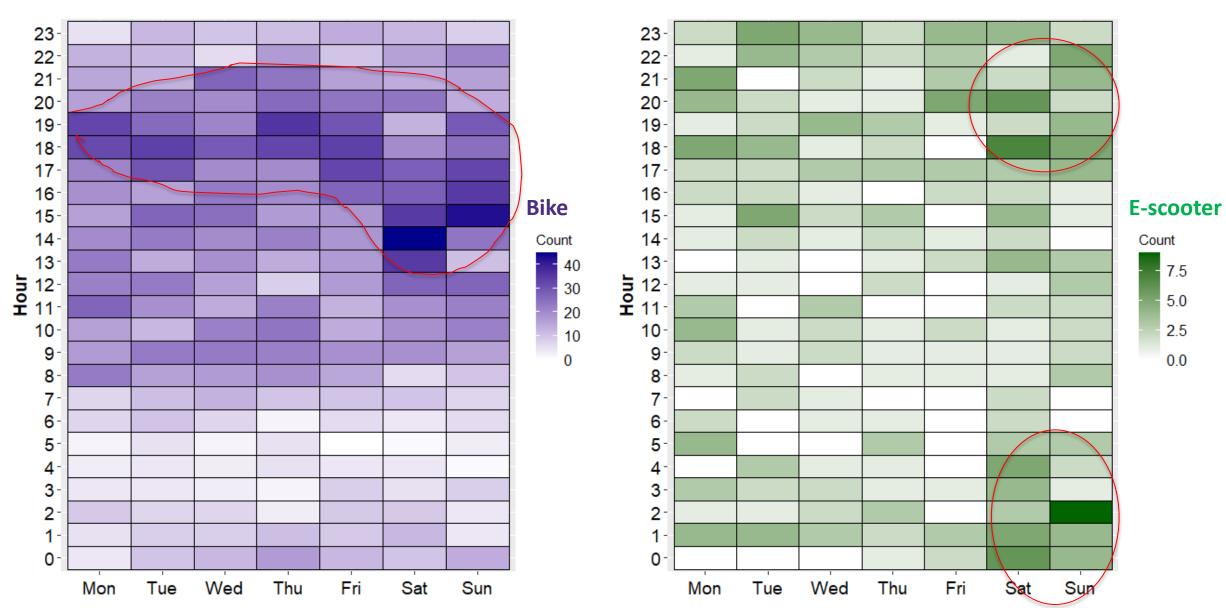


Bike and E-scooter-related medical encounters by month in UW Medicine 2018-2023



Results (Emergency visits only) – When







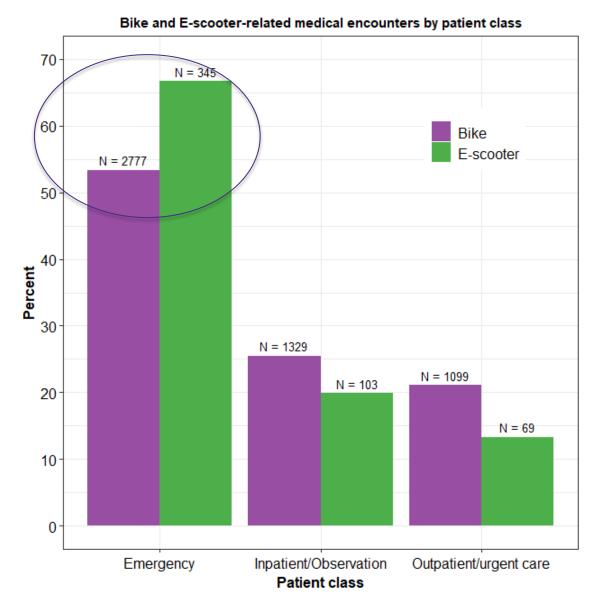
Results – How

Injury mechanism	Bike	E-scooter	
	(N=5205)	(N=517)	
Fall	0 (0%)	416 (80.5%)	
Collision with motor vehicle in traffic accident	3232 (62.1%)	58 (11.2%)	
Collision with motor vehicle/pedestrian/pedal cyclist in non-traffic accident	1973 (37.9%)	16 (3.1%)	
Collision with a stationary object/ other pedestrian conveyance	0 (0%)	15 (2.9%)	
Other accident with standing micro-mobility pedestrian conveyance	0 (0%)	11 (2.1%)	

Results – Injury



	Bike	E-scooter
	(N=5205)	(N=517)
Nature of injury		
Fracture	2439 (46.9%)	231 (44.7%)
Dislocation	236 (4.5%)	24 (4.6%)
Contusion	1511 (29.0%)	181 (35.0%)
Open wound	984 (18.9%)	126 (24.4%)
Organ	1039 (20.0%)	85 (16.4%)
Other*	2856 (54.9%)	204 (39.5%)
Body region of injury		
Extremity	3221 (61.9%)	307 (59.4%)
Head & neck &TBI	2327 (44.7%)	242 (46.8%)
Torso	1837 (35.3%)	95 (18.4%)
Spine/back	447 (8.6%)	19 (3.7%)
Other	466 (9.0%)	48 (9.3%)



^{*:} Sprain_strain, muscle_tendon, Nerves, other

Results (E-scooter only) – Injury



	Overall (N=517)	Female (N=180)	Male (N=337)	< =14 (N=15)	15-18 (N=19)	19-24 (N=76)	25-44 (N=299)	45-64 (N=95)	65+ (N=13)
Selected nature of injury									
Fracture	231 (44.7%)	71 (39.4%)	160 (47.5%)	9 (60.0%)	9 (47.4%)	33 (43.4%)	123 (41.1%)	49 (51.6%)	8 (61.5%)
Organ	85 (16.4%)	35 (19.4%)	50 (14.8%)	5 (33.3%)	6 (31.6%)	15 (19.7%)	39 (13.0%)	15 (15.8%)	5 (38.5%)
Contusion	181 (35.0%)	75 (41.7%)	106 (31.5%)	4 (26.7%)	10 (52.6%)	27 (35.5%)	104 (34.8%)	32 (33.7%)	4 (30.8%)
Selected body region of injury									
Head & neck &TBI	242 (46.8%)	94 (52.2%)	148 (43.9%)	7 (46.7%)	10 (52.6%)	44 (57.9%)	130 (43.5%)	44 (46.3%)	7 (53.8%)
Extremity	307 (59.4%)	103 (57.2%)	204 (60.5%)	8 (53.3%)	12 (63.2%)	45 (59.2%)	179 (59.9%)	54 (56.8%)	9 (69.2%)
Torso	95 (18.4%)	23 (12.8%)	72 (21.4%)	5 (33.3%)	6 (31.6%)	8 (10.5%)	47 (15.7%)	24 (25.3%)	5 (38.5%)

Results (E-scooter only) – Circumstances

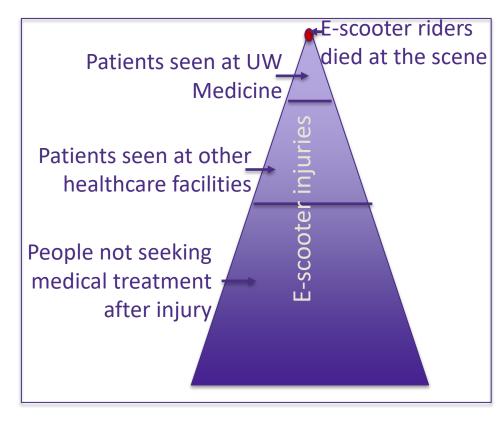


	Overall	Female	Male	<=14	15-18	19-24	25-44	45-64	65+
	(N=517)	(N=180)	(N=337)	(N=15)	(N=19)	(N=76)	(N=299)	(N=95)	(N=13)
Helmet									
Yes	44 (8.5%)	14 (7.8%)	30 (8.9%)	4 (26.7%)	3 (15.8%)	2 (2.6%)	24 (8.0%)	10 (10.5%)	1 (7.7%)
No	215 (41.6%)	77 (42.8%)	138 (40.9%)	7 (46.7%)	10 (52.6%)	38 (50.0%)	120 (40.1%)	35 (36.8%)	5 (38.5%)
Unknown	258 (49.9%)	89 (49.4%)	169 (50.1%)	4 (26.7%)	6 (31.6%)	36 (47.4%)	155 (51.8%)	50 (52.6%)	7 (53.8%)
Alcohol									
Yes	124 (24.0%)	37 (20.6%)	87 (25.8%)	0 (0%)	0 (0%)	25 (32.9%)	73 (24.4%)	25 (26.3%)	1 (7.7%)
No	42 (8.1%)	12 (6.7%)	30 (8.9%)	2 (13.3%)	1 (5.3%)	7 (9.2%)	21 (7.0%)	9 (9.5%)	2 (15.4%)
Unknown	351 (67.9%)	131 (72.8%)	220 (65.3%)	13 (86.7%)	18 (94.7%)	44 (57.9%)	205 (68.6%)	61 (64.2%)	10 (76.9%)
Substances									
Yes	24 (4.6%)	6 (3.3%)	18 (5.3%)	0 (0%)	0 (0%)	3 (3.9%)	14 (4.7%)	7 (7.4%)	0 (0%)
No	60 (11.6%)	15 (8.3%)	45 (13.4%)	1 (6.7%)	1 (5.3%)	13 (17.1%)	33 (11.0%)	10 (10.5%)	2 (15.4%)
Unknown	433 (83.8%)	159 (88.3%)	274 (81.3%)	14 (93.3%)	18 (94.7%)	60 (78.9%)	252 (84.3%)	78 (82.1%)	11 (84.6%)
Rental scooter									
Yes	121 (23.4%)	39 (21.7%)	82 (24.3%)	1 (6.7%)	6 (31.6%)	25 (32.9%)	65 (21.7%)	21 (22.1%)	3 (23.1%)
No	7 (1.4%)	1 (0.6%)	6 (1.8%)	0 (0%)	0 (0%)	1 (1.3%)	4 (1.3%)	1 (1.1%)	1 (7.7%)
Unknown	389 (75.2%)	140 (77.8%)	249 (73.9%)	14 (93.3%)	13 (68.4%)	50 (65.8%)	230 (76.9%)	73 (76.8%)	9 (69.2%)

Limitations



- Tip of the iceberg: UW Medicine only
- UW Medicine EHR: not a finalized database--different from hospital or ED discharge data.
- Lack of appropriate denominator:
 - Total number of E-scooter trips per year
 - Total E-scooter miles per year
- Coding practices: limit comparability between scooters and bikes
- Lack of detailed cause of injury or injury locations



Improving the E-scooter injury documentation in medical records

Next steps

- Developing a syndromic case definition in RHINO data for E-scooter injury surveillance
- Conducting E-scooter rider surveys/interviews
- Examining E-scooter-related injuries using Trauma Registry data



Team

Dr. Kushang Patel, Professor, Anesthesiology and Pain Medicine Department, Harborview Injury Prevention and Research Center, School of Medicine, University of Washington.

Dr. Steve Mooney, Associate professor, Epidemiology department, School of Public Health, University of Washington.

MinJu Kim, Research Assistant

Qian Qiu, Research Consultant

Jing Wang, Research Consultant

Weipeng Zhou, Postdoctoral Associate, School of Medicine, Yale University

The project is funded by the Washington State Traffic Safety Commission.





What can we do to mitigate e-scooter injury in Seattle?

Austin Gaal, DDS, FACS (he/him)

Masters of Public Health Candidate, University of Washington School of Public Health
Clinical Assistant Professor, UW
Cleft Lip and Palate Surgeon
Team Leader, Central Washington Cleft Palate Program
Diplomate, American Board of Oral and Maxillofacial Surgeons



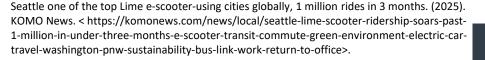


Background



- Traumatic Brain Injury (TBI) has become silent epidemic
- Seattle has become one of top e-scooter utilizers in the WORLD
- HMC providers have noticed more patients related to escooters







Purpose



- Given e-scooters are a new Seattle norm, it is paramount the health of this growing patient population is addressed
 - Diagnosis and treatment of TBI
 - Appropriate follow up care









 How is HMC doing with triage and follow up care for patients experiencing e-scooter injuries in Seattle, especially in respect to TBI?





Methods



- Retrospective review, 01/2022- 10/2024
- Data: HMC Trauma Registry data—only severe enough injuries (met trauma registry criteria) Definition of E-scooter: ICD-10-CM, and chart review
- Any patient sustaining injury in King County was included
 - This includes visitors
 - This includes kids





Methods



- Exclusion criteria
 - Any injury sustained outside of King County
 - Several other mechanisms:
 - One-wheeled scooter
 - Pedestrians hit by e-scooter
 - MVC, motorcycle, bikes, e-bikes
 - Nonmotorized scooters
 - Knee scooters, unicyles...







- n= 229 cases, mean age 35.5 years
- 70% were male
- 76% were White
- 13% were Hispanic
- 83% did not use helmets
- 11% were not Washingtonians
- 42% had Medicaid health insurance
- 6 cases (3 patients) were repeat injuries
- 3 patients died
- Total charges \$16.5 million with an average of \$96,000/ patient.





- 80% (180 cases) were tested for alcohol
 - 40% (72 out of 180 cases) were alcohol positive
 - 56 cases had an alcohol level >= 80 mg/dL
- 38% (88 cases) were tested for substance use
 - 53% (47 out of 88 cases) had positive toxicology results

Cocaine	10 (21.3%)
Meth	15 (31.9%)
Marijuana	29 (61.7%)
Opiates	6 (12.8%)
multi-drug	10 (21.3%)





Detailed Cause of injury	
Accelerated quickly/ swerving/ lost balance	(18.8%)
Fall from standing escooter	(0.9%)
Riding into curb/ pothole/ stationary object/ streetcar railing	(34.9%)
Struck by MVC	(19.2%)
Struck MVC or another scooter	(10.0%)
Unclear in medical notes	(16.1%)



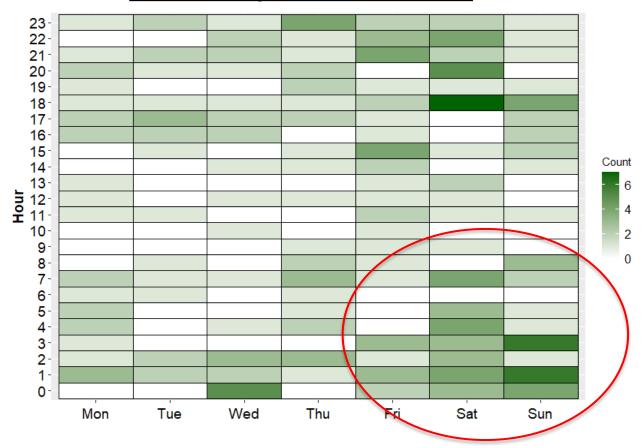


	Detailed Cause of injury	
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\rightarrow	Struck by MVC	(19.2%)
	Struck MVC or another scooter	(10.0%)
	Unclear in medical notes	(16.1%)



Injury Times: A Heat Map of patients with e-scooter injuries presenting to HMC ED by hour over the week.



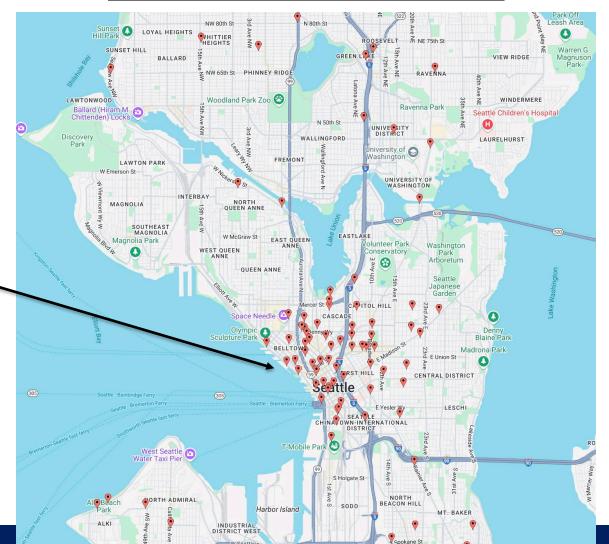






Locations of E-scooter Injuries in Seattle





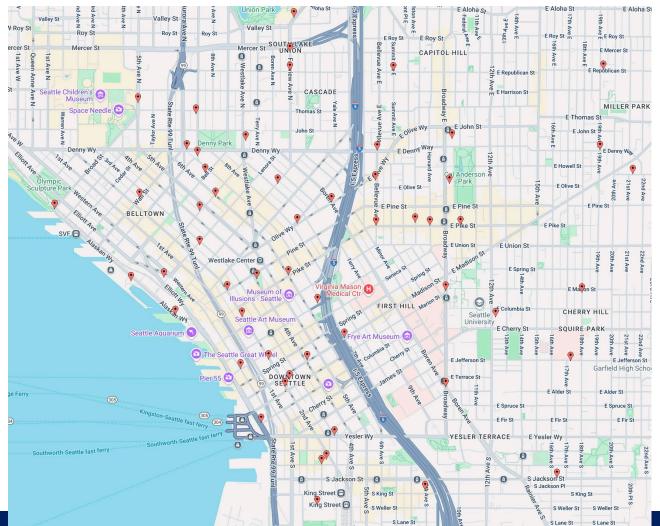


Downtown

and SLU

HARBORVIEW MEDICAL CENTER

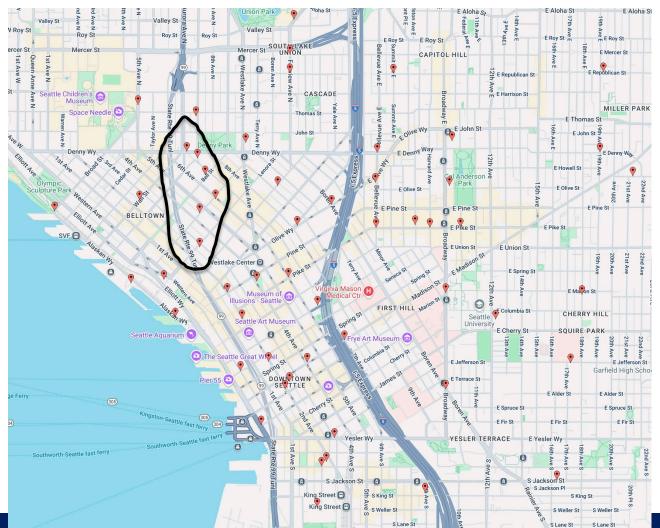






HARBORVIEW MEDICAL CENTER



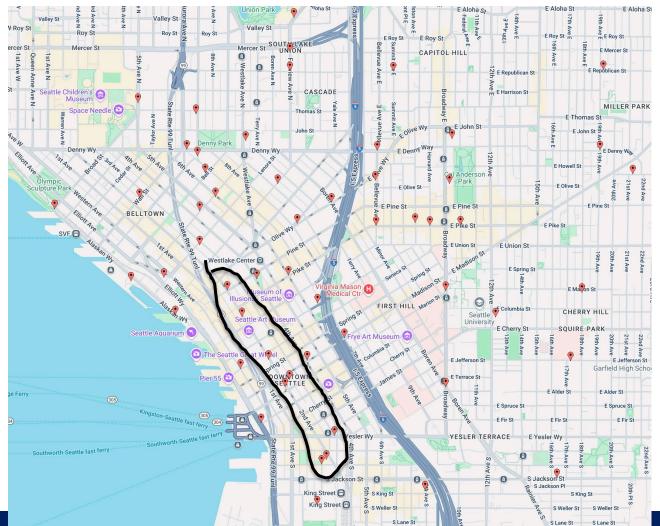




HARBORVIEW

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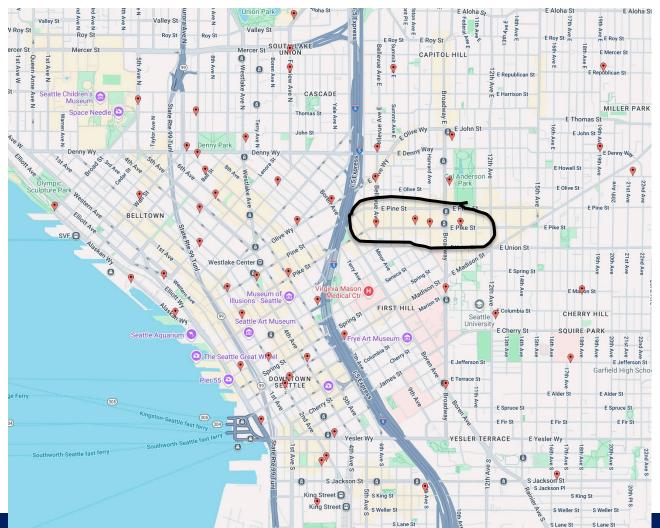










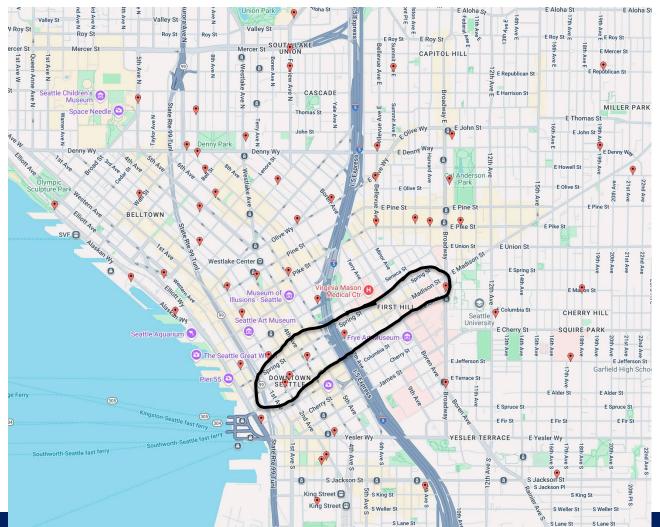




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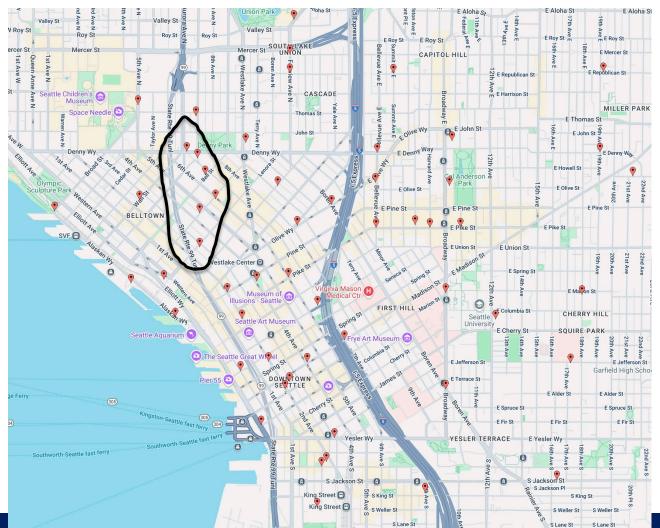






HARBORVIEW MEDICAL CENTER







HARBORVIEW

S Lane St







Southworth-Seattle fast ferry

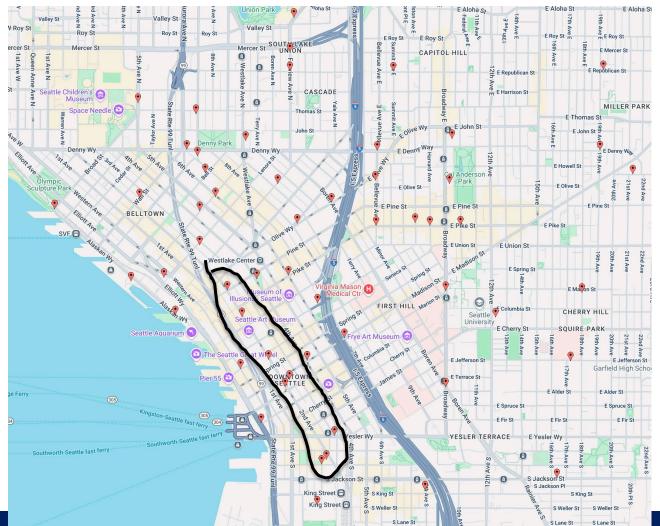
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SCHOOL OF PUBLIC HEALTH
UNIVERSITY of WASHINGTON

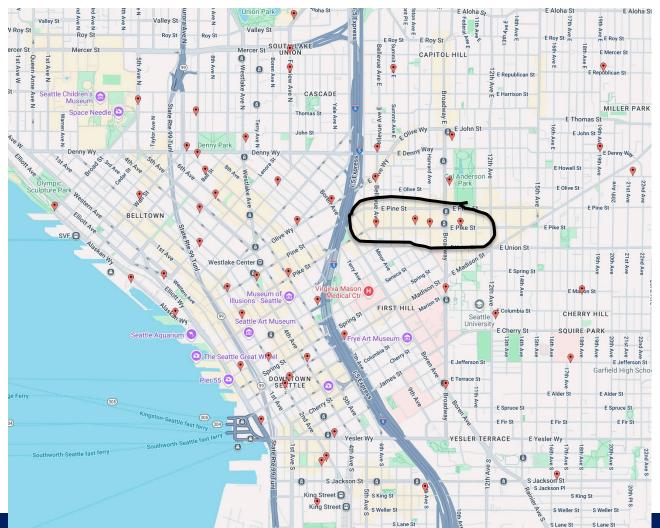
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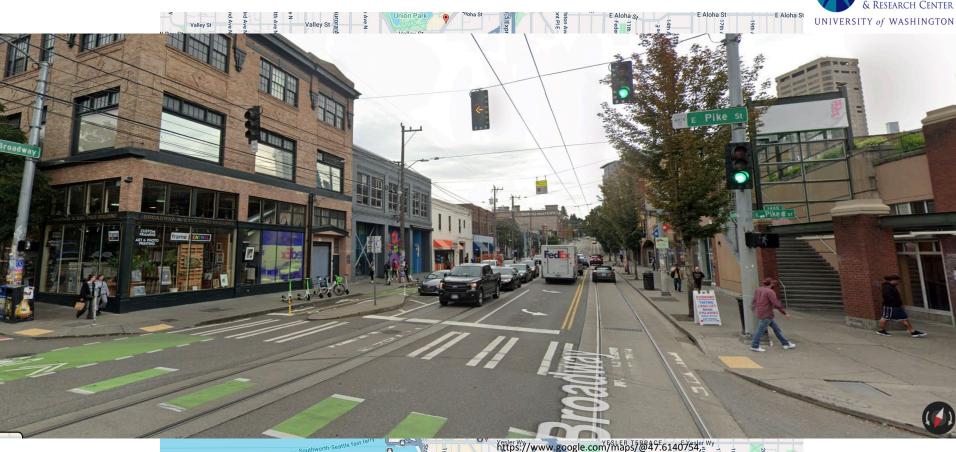




HARBORVIEW

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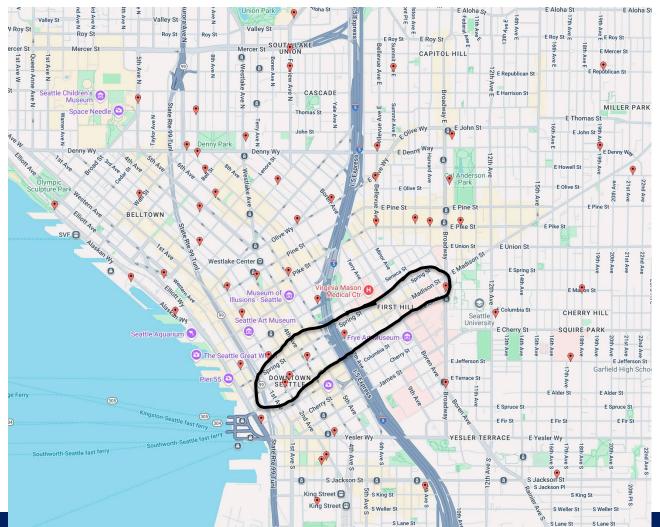
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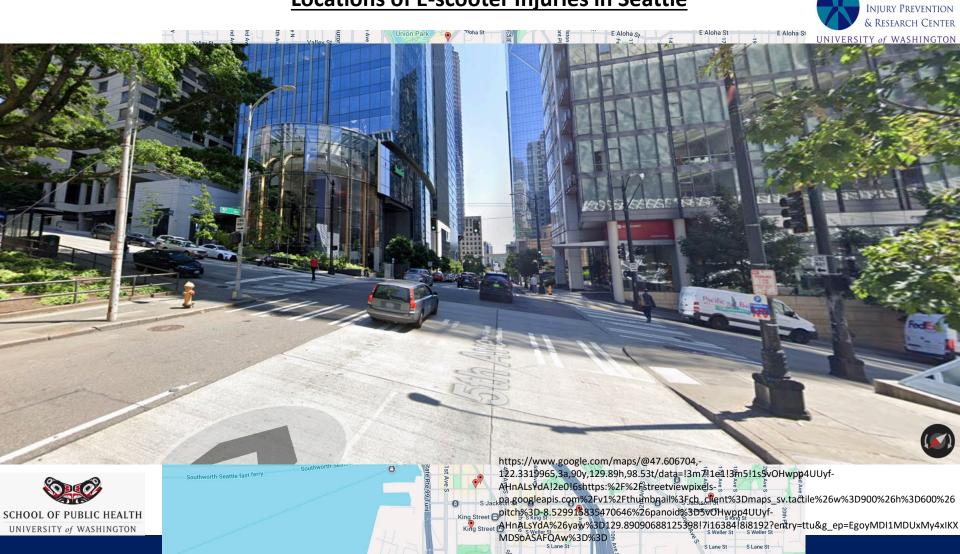






HARBORVIEW MEDICAL CENTER

HARBORVIEW





- 84% had fracture(s)
- 76% had head/neck injury, including TBI
- The ISS quantifies severity of injury
 - ISS Ranges from 0-75
 - >15 is severe or very severe
 - Our study ranged 1-45
 - 19% severe or very severe





Specialty Service Consultations	
Neurosurgery	26.6%
Speech/ Language Pathology	22.7%
Craniomaxillofacial (OMS/ ENT/ Plastics)	21.4%
Orthopedics	42.4%
Pediatrics	6.6%





ED Disposition	
Left Against Medical Advice (AMA)	1.3%
ICU	16.6%
Floor	47.2%
Home	18.8%
Crash to the OR	16.2%





Other Procedures	
CT/CTA	57.2%
Intubation	16.2%
Invasive Neurosurgical intervention (craniotomy)	11.4%
Chest tube	5.7%
Pelvic Sheeting	7.0%
Thoracotomy	2.2%
ECMO	0.4%
CPR/ defibrillation	0.9%





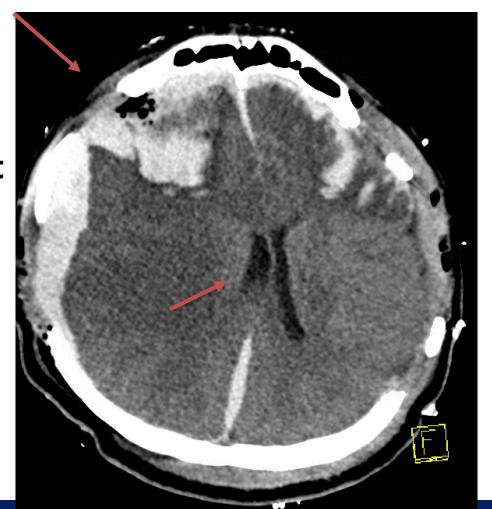
- Impossible to confirm if every patient actually followed up with their PCP upon discharge
- 70.3% had ATTEMPTED PCP coordination upon discharge
- Documented PCP f/u RARELY discussed TBI assessment
 - Focused diagnoses as per AVS
 - Fractures
- 29.7% had no listed PCP on AVS and we have no idea what happened to them

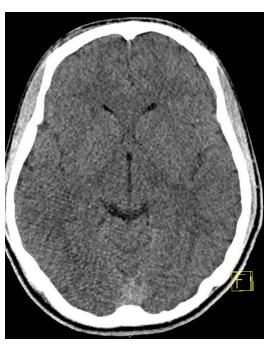


Case 1

HARBORVIEW
INJURY PREVENTION
& RESEARCH CENTER
UNIVERSITY of WASHINGTON

- ~20YO M
- +ETOH
- No helmet





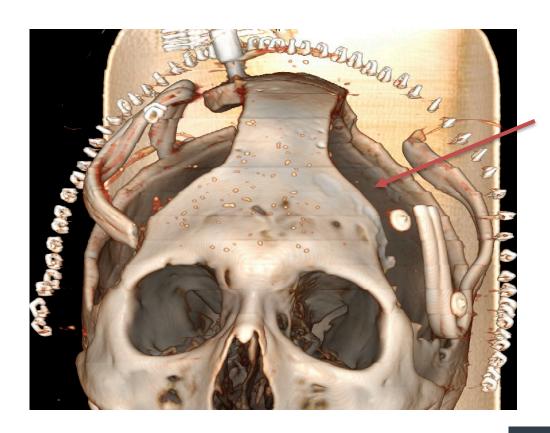




Case 1



- Severe TBI
- Midline shift
- Aggressive surgical and medical measures were taken
- Patient died
- Patient's family had to fly in from out of country to discuss goals of care, organ donation, etc





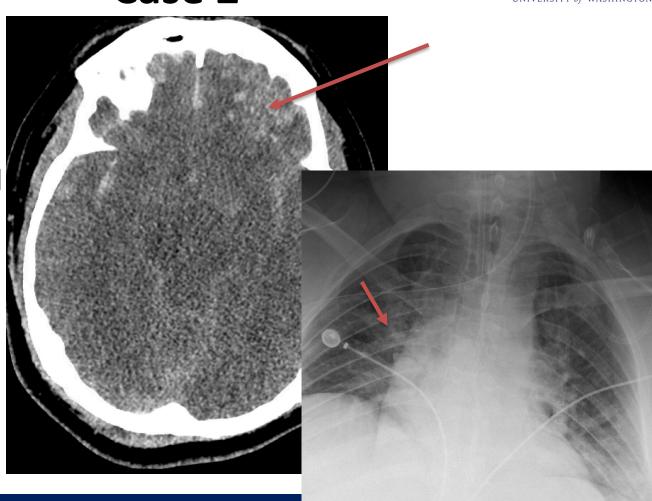


Case 2

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INJURY PREVENTION
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- ~30YO M
- Struck by truck at 30MPH
- Course complicated from pneumonia, extensive hospital stay, required tracheostomy
- He eventually died too





Summary



- E-scooters continue to increase in popularity in Seattle
- Seattle is uniquely positioned in tourism with hazardous weather and steep hills downtown
- Regarding our research question:
 - It is hard to track if patients adequately follow up care, especially visitors
 - TBIs should be higher on healthcare providers' differential. PCP f/u does not routinely administer TBI questionnaires









- Focus on mitigating injury risk in high-density areas
 - Helmet awareness and availability
 - Signs in SLU/Downtown
 - Bus ad campaign
 - Seattle Times could offer a sign design contest
- Collect stakeholder input on risk mitigation strategies
 - Decrease the allowable speed limit on e-scooters
 - Decrease the allowable speed limit around high-density escooter areas

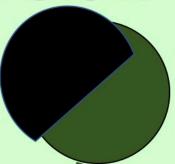




Please Slow Down!

HARBORVIEW
INJURY PREVENTION
& RESEARCH CENTER
UNIVERSITY of WASHINGTON

¡Por favor, más despacio!



请减速慢行 Qǐng jiǎnsù màn xíng!

Zona de scooters de alta densidad

高密度滑板车 区域 Gāo mìdù huábǎn chē qūyù

High Density E-scooter Area







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Diplomate, American Board of Oral and Maxillofacial Surgeons





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WTSC LEGISLATIVE UPDATE

COOPER JONES ACTIVE TRANSPORTATION SAFETY COUNCIL MEETING

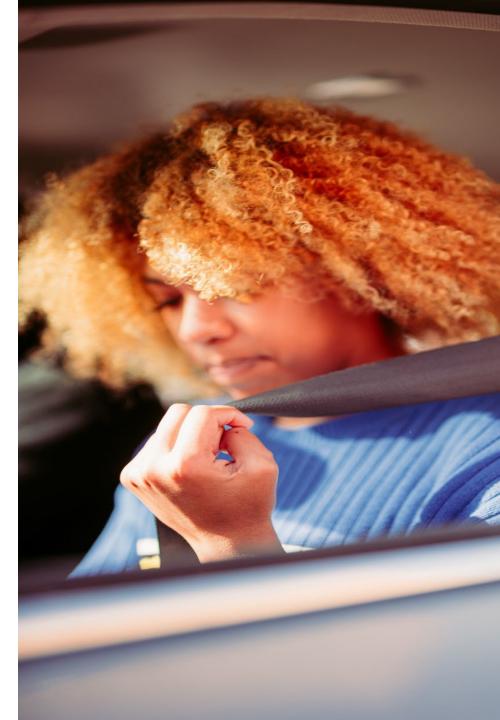
MAY 2025

HB 1878: YOUNG DRIVERS

- Requires DOL to establish a program to provide vouchers to cover up to the average costs of driver training education courses for low-income drivers.
- Adds mandatory driver training education for new drivers who are 18 years old beginning January 1, 2027. Extends requirement through age 21 by January 2030. (Bottom line: Drivers born in 2009 and later will be subject to this requirement.)
- Requires new driver's license applicants under the age of 25, beginning May 1, 2026, and until January 1, 2031, to pass an online work zone and first responder safety course.
- Requires the Department of Licensing (DOL) to establish a program to expand education opportunities for driver training school instructors and a program to partner with tribal governments to provide young driver training education in tribal communities.
- Increases certain driver licensing and vehicle registration fees to fund the new programs.



Governor Signed



HB 1596: INTELLIGENT SPEED ASSISTANCE DEVICES

- Requires the use of an intelligent speed assistance device, as a condition to a temporary restricted or occupational driver's license, under certain circumstances.
- Requires installation of speed limiter when the person has:
 - Reckless driving conviction (required for 150 days after license suspension ends)
 - 3 traffic infractions within 1 year, or 4 infractions within 2 years
 - And when one infraction includes 10+ mph over posted speed 40 mph or less or 20+ mph over posted speeds greater than 40 mph (During the first 120 days of the period of probation following 60-day license suspension)



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SB 5595 SHARED STREETS

- Authorizes local authorities to designate a non-arterial highway a "shared street."
- Permits local authorities to establish maximum speed limits of 10 miles per hour on shared streets.
- Requires vehicular traffic traveling along a shared street to yield the right-of-way to a pedestrian, bicyclist, or operator of a micromobility device.
- Requires a bicyclist or micro-mobility device operator traveling along a shared street to yield the right-of-way to a pedestrian.





HB 1244: EDUCATION IN LIEU OF LICENSE SUSPENSION (DOL REQUEST)

- For a driver who has received three moving violation citations within one year or four citations within two years:
 - The person may complete a safe driving course
 - Upon completion of the course, DOL will terminate 60-day license suspension
 - This option is available to a driver one time in a five-year period
 - Does not prevent suspension for subsequent offenses during one-year probation period

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BILLS THAT PASSED ONE CHAMBER BUT DID NOT PASS THE APRIL 16TH SECOND CHAMBER CUTOFF

These bills and others that did not pass will be reintroduced in 2026.

- SB 5374: Tribal Traffic Safety
- SB 5238: Adding speeding > 30 mph to Reckless Driving
- SB 5581: Safe System/Complete Streets: Shared Paths and Roundabouts
- HB 1423: Noise/Racing Enforcement Cameras Pilot Project

BILLS THAT DID NOT PASS FIRST CHAMBER CUTOFF

- SB 5067: Reducing the per se BAC limit to 0.05 percent
- SB 5705: Increasing fines for repeat traffic infractions
- HB 1512: Limiting traffic stops (equipment/registration)
- HB 1110: Vacating convictions for DUI
- HB 1113: Authorizing courts to dismiss misdemeanor charges upon defendant's substantial compliance with court-ordered conditions

