



What about distracted walking – aren't injuries just due to distracted pedestrians on their smartphones? What are you doing about that?

Pedestrians may be very young or very old, disabled or able-bodied, vision- or hearing-impaired or extremely attentive to their surroundings. Whether they are using mobile devices or mobility devices, the City's goal is to improve safety for all types of road users.

Why are some enforcement efforts targeted at driver behavior?

In San Francisco from 2007-2011, the driver was at fault over twice as often as the pedestrian when the person walking was injured in a crash (64% vs. 30%, with 6% not reported in 2007-2011).

Driving is also a serious responsibility, with motorists controlling heavy, fast-moving, potentially lethal objects. Targeting driver behavior focuses enforcement efforts on road users who have chosen to accept this responsibility, holding them accountable for their impact on themselves and others.



What about places that are (or are perceived to be) so dangerous that people are not walking and therefore not getting injured?

The Department of Public Health recently expanded the pedestrian high-injury network as part of the WalkFirst Implementation Strategy to capture locations where there may be latent demand for walking.

What about all of the new development that is underway in San Francisco – how is pedestrian safety being considered in those future conditions?



To the extent that new developments impact traffic circulation and safety in the city, developers contribute with transportation development impact fees that can be used to fund pedestrian and streetscape improvements. Projects include many streets on the high-injury network such as 16th Street and Polk Street.

The Department of Public Health is developing a tool to predict increases in pedestrian injury at intersections to direct these investments in pedestrian safety.

Why does it take so long to make pedestrian improvements on our streets?

SFMTA staff strive to balance the needs of all road users with public safety considerations and national engineering guidelines. The procedure for responding to a request, such as the installation of a STOP sign, requires field work, research, and sometimes public outreach to determine the appropriate response.

Many requested improvements require adoption from the SFMTA board, a process that follows internal review meetings, coordination with other city agencies including the Police and Fire Departments, and a public hearing. More expensive projects like concrete curb extensions also require a funding request or grant application and time for detailed design, which reflects traffic, safety, and environmental concerns raised during the project development process.

In light of the urgent need to respond to the public health crisis on our streets, the WalkFirst list of projects focuses on high-impact, low-cost solutions that we can design and build in a short amount of time. The project envisions dozens of improvements in the first two years, to address the places with the highest numbers of people killed or severely injured while walking.

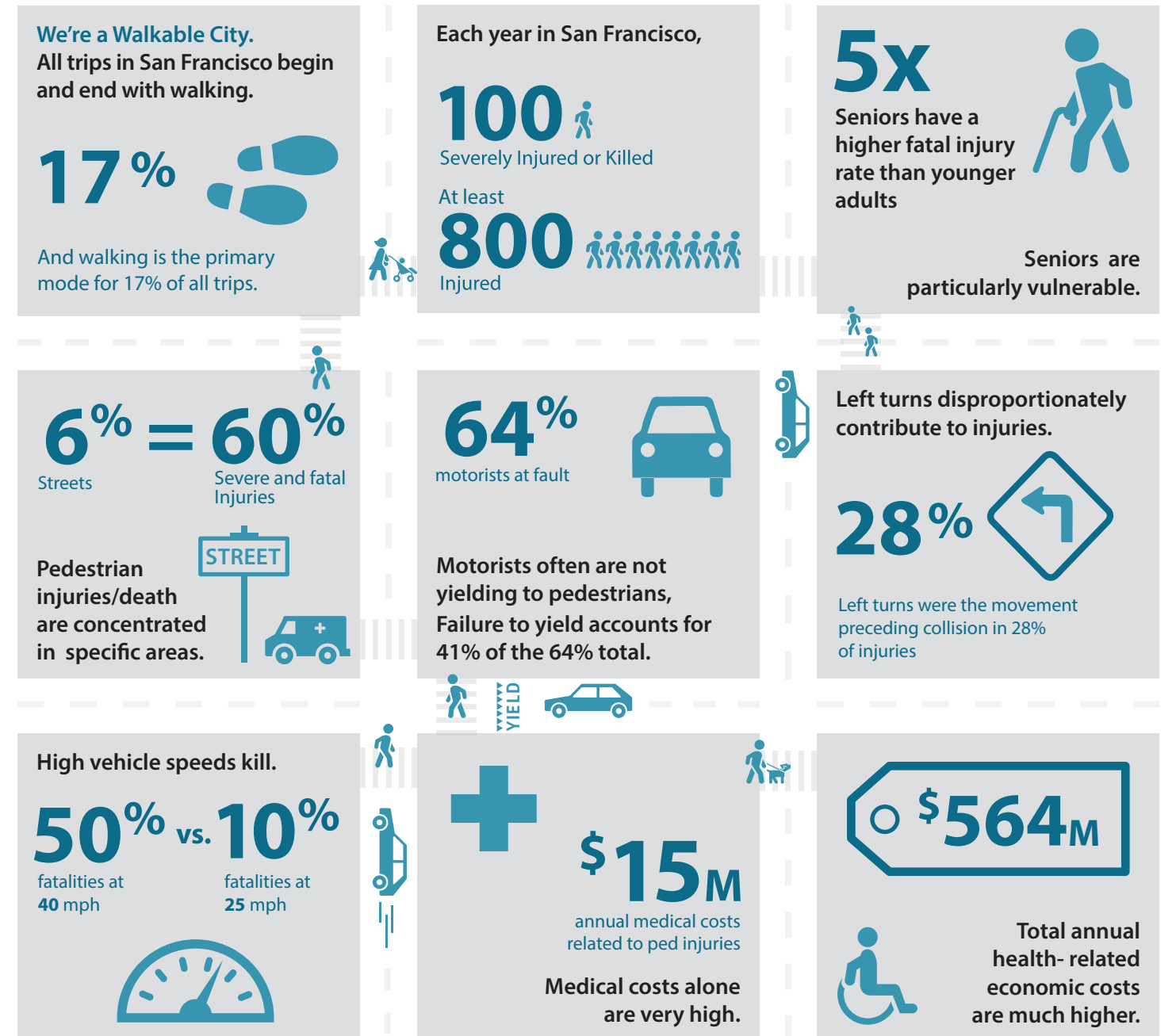


PEDESTRIAN SAFETY IN SAN FRANCISCO

San Francisco is consistently voted one of the best cities for walking in the country—and our City is working to make it safer.

The San Francisco Municipal Transportation Agency and Police Department have adopted "Vision Zero" – with a goal of zero traffic deaths by 2024, building on the Mayor's commitment to reducing severe and fatal pedestrian injuries on our streets by 50% by 2021.

For more information about these efforts and their progress, please visit: <http://walkfirst.sfplanning.org/> and <http://www.sf311.org/index.aspx?page=807>.



*Injury statistics based on analysis of California Highway Patrol SWITRS data, 2007-2011, by SFPD.

Frequently Asked Questions: Pedestrian Safety



Is pedestrian safety really a problem here in San Francisco?

Over 4,100 pedestrians were injured or killed in collisions in San Francisco between 2007 and 2011, nearly two people injured every day. Each week, approximately two people are killed or severely injured while walking on our streets. These injuries account for almost one-quarter of trauma cases seen at San Francisco General Hospital.

What are the recent trends in pedestrian injury? Is it getting better or worse or staying the same?

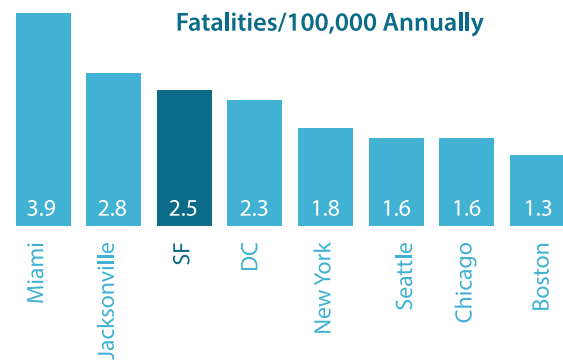
In recent years, pedestrian injuries have stayed relatively the same – with approximately 800 a year total of which approximately 100 are severe or fatal. Notably, 2013 represents a spike in deaths for people walking. Twenty one people died; the highest since 2007.

In 2014, the City will implement a system to have more timely access to crash data and to report it to the public on a more timely basis. SFDPH is also working to link police data to medical records data to capture injuries that may not be reported to police and increase the data available to understand injury costs, consequences, and risk factors.

There is always some random (unexplained) variability when looking at pedestrian injury data at a specific point in time or place. Longer-term trends address this issue and help us understand the larger patterns.

100
Severely Injured or Killed

800
Injured



How does San Francisco compare to other large U.S. cities with respect to pedestrian safety?

With an average of 2.5 pedestrian fatalities per 100,000 population annually, San Francisco ranks behind large cities such as New York (1.8), Seattle (1.6), Boston (1.3), and Chicago (1.6), but is similar to Washington D.C. (2.3), and ranks above cities like Jacksonville (2.8) and Miami (3.9). Approximately half of traffic fatalities in San Francisco are pedestrian deaths, similar to New York (54%), Honolulu (46%) and Seattle (41%) – compared to an average of 27% of total traffic deaths among large US cities.

Aren't injury patterns just explained by more people walking?

To a certain extent, yes. To take this into account, our network of focus streets and intersections captures places with high crash rates as well as high overall numbers. Improving pedestrian safety conditions in the communities where there are more people walking is a key strategy to reducing serious injuries on our streets.

However, two other factors are stronger indicators of pedestrian crashes: high traffic volumes and speeds. High traffic speeds are the strongest predictor of whether people are seriously injured or killed when hit by a car; seniors are also more vulnerable to more serious injury. On average, if hit by a vehicle travelling at 40 mph, 50% of people will die compared to only 10% at 25 mph.

50% vs. **10%**
fatalities at 40 mph vs. fatalities at 25 mph



What about collisions between pedestrians and bicyclists?

According to data from the California Highway Patrol from 2007 to 2011, collisions with bicycles accounted for less than three percent of pedestrian injuries.

What about collisions with transit vehicles?

Though collisions between pedestrians and transit vehicles account for a small percentage of overall pedestrian injuries, SFMTA takes these injuries seriously. The TransitSafe program tracks collisions and injuries that involve transit vehicles, requires detailed reports for each incident, and provides documentation of training and other countermeasures to address collisions.



What about drunk driving – isn't that the problem?

Driving drunk is cited as the primary factor in less than 1% of vehicle-pedestrian injury collisions, and 3% of severe or fatal collisions.

I see there are a lot of collisions in the Tenderloin – is this explained by more people on the street drinking or using drugs?

The Tenderloin has the highest resident population density in the City, with high concentrations of low-income residents, youth, seniors, and people with disabilities. The Tenderloin also has the City's highest concentration of supportive housing programs that help stabilize homeless individuals by providing permanent housing and helping them maintain it through support including case management, mental health, substance addiction, and employment counseling services.

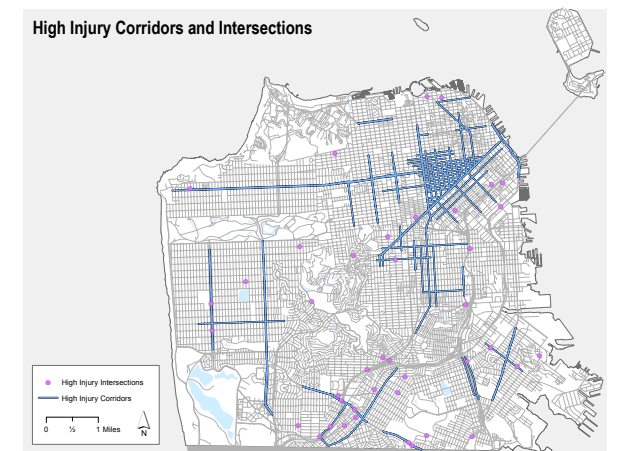
These populations are less likely to own cars, are highly dependent on walking for transportation, and due to physical (e.g., seniors, people with disabilities) or developmental (e.g., children) factors, are more vulnerable to being injured while walking. Due to a number of factors and vulnerabilities, pedestrian behavior will at times be unpredictable. The City's goal is to create safer street conditions that anticipate those behaviors and ensure that the consequence is not death or serious injury.

The high injury corridors that are the focus of safety efforts are more concentrated in the Northeast quadrant of San Francisco, Districts 3 and 6. What about my neighborhood?

San Francisco currently has geographic inequities in the distribution of pedestrian injuries, with Districts 3 and 6 having per mile rates of severe and fatal injuries over twice the citywide rate. These districts are also home to many residents who are dependent on walking and transit.

Investments in pedestrian safety improve conditions for all residents, visitors, and employees. Districts 3 and 6 have the highest employment density in the City of San Francisco, and many residents of other districts work there. Furthermore, residents citywide suffer the societal costs of pedestrian injuries, regardless of the specific locations where they occur.

Meeting the goal of reducing severe and fatal pedestrian injuries by 50 percent by 2021 with financial constraints will require prioritizing efficiency and cost-effectiveness, and investing resources where the problem injuries are most concentrated.



San Francisco's high pedestrian injury corridors account for 6% of streets and 60% of severe and fatal injuries.