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2014 Annual Report of ATV-Related Deaths and Injuries

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Executive Summary

ATV-Related Fatalities

- As of December 31, 2014, CPSC staff received reports of 13,617 ATV-related fatalities occurring between 1982 and 2014. CPSC staff received reports of 385 ATV-related fatalities occurring in 2014, 547 occurring in 2013, and 574 occurring in 2012. Reporting for the years 2012 through 2014 is ongoing; these numbers are expected to increase in future reports.¹
- From 1982 through 2014, CPSC staff received reports of 3,098 ATV-related fatalities of children younger than 16 years of age. This represents 23 percent of the total number of reported ATV-related fatalities (13,617).
- Of the 3,098 reported ATV-related fatalities of children younger than 16 years of age, 1,342 (43 percent) were younger than 12 years of age.
- In 2011, the most recent year where reporting is considered complete, 81 (13 percent) of the reported 626 ATV-related fatalities were children younger than 16 years of age.
- The estimated number of ATV-related fatalities is 650 for 2013 and 665 for 2012. Reporting for 2012 and 2013 is ongoing; thus, these numbers are expected to change in future reports. For the year 2014, there are not yet sufficient data to estimate fatalities.
- In 2011, the most recent year where reporting is considered complete, the estimated number of ATV-related fatalities is 690. The estimated number of four-wheel ATV-related fatalities in 2011 is 669.

ATV-Related Emergency Department-Treated Injury Estimates

- In 2014, there were an estimated 93,700 ATV-related, emergency department-treated injuries in the United States. An estimated 26 percent of these involved children younger than 16 years of age.
- The decrease in the estimated number of ATV-related, emergency department-treated injuries from 2013 to 2014 (99,600 in 2013 to 93,700 in 2014) is not statistically significant.
- There was no statistically significant change in injuries for children younger than 16 years of age between 2013 and 2014 (25,000 in 2013 to 24,800 in 2014). Although most other age injury estimates were smaller in 2014 than in the year prior (2013), no age group encountered statistically significant decreases (or increases). The 35-45 age group injury estimate for 2014 injury was greater than its 2013 estimate, but the difference was not statistically significant.
- Of the 93,700 estimated ATV-related, emergency department-treated injuries for all ages in 2014, a majority are categorized as treated and released (87 percent).

¹ To illustrate the increase in the number of reported deaths over time, at the time of data collection cut off for the [2013 report](#) (December 31, 2013), 426 ATV-related deaths had been reported for 2013. Similarly for the [2012 report](#), 353 ATV-related deaths had been reported for 2012 at the time of data collection cutoff (December 31, 2012).

- A plurality of the 2014 estimated ATV-related, emergency department-treated injuries were diagnosed as contusions/abrasions or fractures (24 percent and 22 percent, respectively).
- The 2014 estimated ATV-related, emergency-department treated injuries primarily affected the following body parts: head or neck, arm (the shoulder down), leg, and the torso (28, 28, 23, and 20 percent, respectively).
- Prior reports have characterized statistically significant increases during the period 2001 to 2007. More recent years reflect a change in the trend direction for ATV-related injury estimates. This report focuses the injury discussion on the years 2007 through 2014, during which time the number of injuries per year has gone through a statistically significant decline.
- During the years 2007 through 2014, ATV-related injury estimates generally decreased each year. Although not every individual year-to-year decrease is statistically significant, CPSC staff did find statistically significant year-to-year decreases in the estimates between 2007 and 2008, and between 2009 and 2010. Additionally, CPSC staff found a statistically significant decrease in the estimates when comparing just the first and last years of the period (comparing 2007 against 2014). When considering the entire 8 years together (2007–2014), CPSC staff found a statistically significant decreasing linear trend.

Table of Contents

Executive Summary	2
Introduction	5
Background.....	5
ATV-Related Fatalities.....	5
Reported Deaths	5
Reported Deaths by State	7
Reported Deaths of Children.....	9
Three-Wheel Versus Four-Wheel ATVs.....	11
Estimated ATV-Related Deaths, 1985 to 2013	12
ATV-Related Injuries.....	13
ATVs with Three, Four, and Unknown Number of Wheels	13
Four-Wheel ATVs.....	18
Discussion	19
1982–1998	19
1999–2011	20
2012–2014	21
Appendix A: Estimation Methodologies.....	22
ATV-Related Deaths.....	22
In-Scope ATV-Related Fatalities	22
ICD-9 Versus ICD-10 Coding.....	22
Estimation of ATV-Related Fatalities (1999–Present)	22
Estimation of ATV-Related Fatalities (1985–1998).....	23
Estimation of Fatalities Associated with Four-Wheel ATVs	24
ATV-Related Injuries	24
Estimation of Emergency Department-Treated Injuries Associated with ATVs.....	24
Coefficients of Variation	25
Estimation of Emergency Department-Treated Injuries Associated with Four-Wheel ATVs.....	25
Appendix B: Historical Estimated Number of Emergency Department-Treated Injuries 1985–2014.....	27
References	28

List of Tables

Table 1: Reported Fatalities by Year 1982–2014.....	6
Table 2: Reported Fatalities by State 1982–2014.....	8
Table 3: Reported ATV-Related Fatalities for Children Younger than 16 and 12 Years of Age 1982–2014.....	10
Table 4: Annual Estimated ATV-Related Fatalities 1985-2013.....	12
Table 5: Annual Estimates of ATV-Related, Emergency Department-Treated Injuries 2007–2014.....	14
Table 6: Estimated Number of Emergency Department-Treated Injuries by Age Group 2007–2014.....	17
Table 7: Estimated Number of Emergency Department-Treated Injuries 2007–2014.....	18
Table 8: Historical ATV-Related Emergency Department-Treated Injuries Estimates for ATVs with 3,4, or Unknown Number of Wheels and Four-Wheel ATVs from 1985 to 2014.....	27

List of Figures

Figure 1: Number of Reported ATV-Related Fatalities by State (1982–2011).....	9
Figure 2: Reported ATV-Related Fatalities by Age Group (2001–2011).....	11
Figure 3: Annual ATV-Related Hospital Emergency Department-Treated Injury Estimates for All Ages and Less Than 16 Years (2007–2014).....	14
Figure 4: Disposition, Diagnosis, and Body Part ATV-Related Emergency Department-Treated Injuries for All Ages, 2014.....	16
Figure 5: Annual ATV-Related Hospital Emergency Department-Treated Injury Estimates by Age Group (2007–2014).....	18

Introduction

This report presents the 2014 annual update of information collected by U.S. Consumer Product Safety Commission (“CPSC”) staff on deaths and injuries related to the use of all-terrain vehicles (“ATVs”). The update includes information on ATV-related deaths, based on data available to CPSC staff as of December 31, 2014, as well as information on ATV-related injuries treated in hospital emergency departments from January 1, 2014 through December 31, 2014.

The report begins with a brief background section. This is followed by a summary of ATV-related fatality counts (reports) derived from CPSC staff data, along with a discussion of reported ATV-related deaths involving children younger than 12 and 16 years of age. Then, based on the counts of ATV-related fatalities reported to CPSC staff, annual estimates of ATV-related deaths are presented. Next, the report provides estimates of ATV-related, hospital emergency department-treated injuries. The report concludes with a short discussion of the observed patterns of ATV-related deaths and injuries over time.

Background

CPSC staff considers an ATV to be an off-road, motorized vehicle having three or four low-pressure tires, a straddle seat for the operator, and handlebars for steering control. CPSC staff does not categorize off-road motor vehicles having steering wheels and either bench or bucket seats (e.g., golf carts, dune buggies, recreational off-highway vehicles (ROVs), and certain types of utility vehicles) as ATVs. Consequently, fatalities and injuries associated with these types of vehicles are not addressed in this report.

CPSC staff first began collecting ATV-related incident data in the early 1980s to provide information on the numbers of deaths and injuries associated with three-wheel ATVs. In the late 1980s, the major ATV distributors agreed to stop distributing three-wheel ATVs (U.S. CPSC, 2006). Consequently, although some older three-wheel ATVs continue to be used by consumers, nearly all ATVs in use today are four-wheel ATVs. In 2005, the CPSC issued an advance notice of proposed rulemaking, followed by a notice of proposed rulemaking in 2006, for ATVs. Section 232 of the Consumer Product Safety Improvement Act of 2008 (“CPSIA”) included provisions that directed the CPSC to make the voluntary standard a mandatory standard. The mandatory standard was published in late 2008, and the mandatory standard became effective in April 2009. In 2012, CPSC revised the mandatory standard to reflect changes in the voluntary standard. The CPSIA imposed certain additional requirements on ATVs through ATV action plans, and the statute prohibited the importation and distribution of three-wheel ATVs.²

ATV-Related Fatalities

This section provides details on the numbers of ATV-related death reports received by CPSC staff on or before December 31, 2014, and this section discusses the estimates associated with ATV-related deaths. The reported numbers of deaths are totaled in Table 1, listed by state in Table 2, and categorized by age group in Table 3. The estimated numbers of deaths associated with ATVs having three, four, or an unknown number of wheels are reported in Table 4, along with the estimated numbers of four-wheel ATV-related fatalities.

Reported Deaths

² The provisions relating to ATVs are at 16 C.F.R. part 1420. See:

http://www.ecfr.gov/cgi-bin/text-idx?SID=dbc1bddfdc8b6fa15f91bd3bda47acd6&tpl=/ecfrbrowse/Title16/16cfr1420_main_02.tpl.

By December 31, 2014, CPSC staff had received reports of 13,617 ATV-related deaths that occurred between 1982 and 2014 (Table 1). The number of fatality reports increased by 574 since the December 31, 2013 tabulation CPSC staff prepared (U.S. CPSC, February 2015). Data collection for the years 2012 through 2014 is ongoing. As a result, the numbers of reported deaths for 2012 through 2014 are expected to increase before the next annual report is prepared.

Table 1
Reported ATV-Related Fatalities (by Year)
ATVs with 3, 4, or Unknown Number of Wheels
Reported for the Period January 1, 1982 through December 31, 2014

Year	Reported Number of Deaths	Difference Since Last Update (12/31/2013)
<i>Total</i>	<i>13,617</i>	<i>+574</i>
<i>2014</i>	<i>385</i>	<i>+385</i>
<i>2013</i>	<i>547</i>	<i>+121</i>
<i>2012</i>	<i>574</i>	<i>+61</i>
2011	626	+6
2010	654	-2
2009	721	0
2008	758	0
2007	833	+1
2006	832	0
2005	799	0
2004	753	+2
2003	650	0
2002	550	0
2001	520	0
2000	447	0
1999	397	0
1998	252	0
1997	240	0
1996	249	0
1995	200	0
1994	198	0
1993	183	0
1992	220	0
1991	230	0
1990	235	0
1989	230	0
1988	250	0
1987	264	0
1986	300	0
1985	250	0
1984	156	0
1983	85	0
1982	29	0

Source: U.S. Consumer Product Safety Commission: Directorate for Epidemiology/Division of Hazard Analysis.

Note: Italics indicate that reporting is ongoing for the years 2012–2014.

Note: The heavy line marks the change from death certificate mortality coding under the Ninth Revision of the International Classification of Diseases (“ICD-9”) to coding under the Tenth Revision (“ICD-10”).

In Table 1, the counts presented for 1999 and later (*i.e.*, the values above the heavy line) reflect a revised mortality data classification system from the system used before 1999. Specifically, the heavy line marks the change from death certificate mortality coding under the Ninth Revision of the International Classification of Diseases (“ICD-9”), to coding under the Tenth Revision (“ICD-10”), a transition that allows CPSC staff to gather more accurate mortality data for a number of consumer products, including ATVs. This change was implemented by the National Center for Health Statistics (“NCHS”) in January 1999 (NCHS, 2007). Since the implementation of ICD-10 coding, all ATV-related fatalities, including incidents involving traffic accidents on public roads, are grouped under a single set of mortality codes. Because of the use of different coding systems between the two periods (*i.e.*, before 1999, versus 1999 and later), comparisons of numbers between these periods should be undertaken with caution. The ICD-10 transition and related methodological issues are discussed more fully in Appendix A.

Reported Deaths by State

Table 2 gives the numbers of reported ATV-related deaths for each state, the District of Columbia, and Puerto Rico. States are listed in descending order of the number of ATV-related fatalities reported for the years 1982 through 2011 (*i.e.*, the years for which data collection is considered complete). Reported deaths that occurred during these years are tabulated in the second column. The following states had the highest numbers of reported ATV-related deaths occurring in this period: Texas (664), California (637), Pennsylvania (604), West Virginia (594), and Kentucky (556). Together, these five states accounted for 3,055 deaths or 25 percent of all reported ATV-related deaths in the United States for the years 1982 through 2011 ($n = 12,111$), as shown in the third column of Table 2.

When reviewing state death counts for the period 1982 through 2011, two points deserve note:

- Consistent with CPSC staff’s previous annual reports on ATV-related deaths and injuries, the counts shown in Table 2 have not been adjusted for demographic characteristics (*e.g.*, total population, age structure of population).
- Also consistent with previous CPSC staff reports, these counts reflect the state in which the death occurred, rather than the state where the ATV incident occurred. This approach allows the most accurate matching of death certificates to other types of incident reports received by CPSC staff. As medical transport capabilities (*e.g.*, helicopter transport) and trauma care have advanced in recent years, some states with major trauma centers have ATV-related fatalities included in their reported counts for incidents that did not occur within their state boundaries. Similarly, some states have reported counts that do not fully capture all of the ATV-related fatality incidents that occurred within their state boundaries.

The fourth column of Table 2 presents, by state, the number of ATV-related deaths reported to CPSC staff as of December 31, 2014, for the period 2012 through 2014. These counts should not be used for comparisons between states because data collection for this period is ongoing and because data collection for some states is more complete than for other states for these years.

Each state’s total number of reported deaths since 1982 is listed in the fifth column. These counts include information for the years that have ongoing reporting, as well as information for the years where data collection is considered complete.

Table 2
Reported ATV-Related Fatalities (by State)
ATVs with 3, 4, or Unknown Number of Wheels
Reported for the Period January 1, 1982 through December 31, 2014

State	Reported Deaths 1982–2011	Cumulative Percent of U.S. Reported Deaths 1982–2011	Reported Deaths (Ongoing Reporting) 2012-2014*	Total Reported Deaths* (Including Ongoing Reporting)
TEXAS	664	5%	89	753
CALIFORNIA	637	11%	43	680
PENNSYLVANIA	604	16%	78	682
WEST VIRGINIA	594	21%	99	693
KENTUCKY	556	25%	73	629
FLORIDA	493	29%	62	555
TENNESSEE	470	33%	76	546
NEW YORK	411	37%	55	466
NORTH CAROLINA	410	40%	38	448
MICHIGAN	392	43%	38	430
GEORGIA	385	46%	28	413
OHIO	367	49%	57	424
ARKANSAS	349	52%	35	384
MISSOURI	344	55%	54	398
MISSISSIPPI	344	58%	29	373
WISCONSIN	301	60%	46	347
MINNESOTA	286	63%	28	314
ALABAMA	282	65%	36	318
LOUISIANA	273	67%	39	312
ILLINOIS	261	70%	22	283
ARIZONA	254	72%	13	267
VIRGINIA	232	74%	27	259
INDIANA	221	75%	29	250
UTAH	211	77%	12	223
OREGON	203	79%	22	225
OKLAHOMA	201	80%	39	240
IDAHO	187	82%	33	220
COLORADO	170	83%	25	195
ALASKA	159	85%	24	183
WASHINGTON	156	86%	28	184
IOWA	150	87%	21	171
SOUTH CAROLINA	149	88%	25	174
KANSAS	145	90%	18	163
MAINE	141	91%	14	155
NEBRASKA	118	92%	15	133
NEW MEXICO	110	93%	23	133
NEVADA	104	94%	7	111
MONTANA	103	94%	18	121
MARYLAND	91	95%	8	99
NEW JERSEY	86	96%	11	97
NORTH DAKOTA	76	97%	12	88
SOUTH DAKOTA	75	97%	15	90
MASSACHUSETTS	73	98%	9	82
NEW HAMPSHIRE	65	98%	6	71
VERMONT	64	99%	11	75
WYOMING	58	99%	4	62
CONNECTICUT	44	100%	3	47
HAWAII	18	100%	2	20
DELAWARE	9	100%	1	10
RHODE ISLAND	8	100%	2	10
WASHINGTON, D.C.	5	100%	1	6
PUERTO RICO	2	100%	3	5

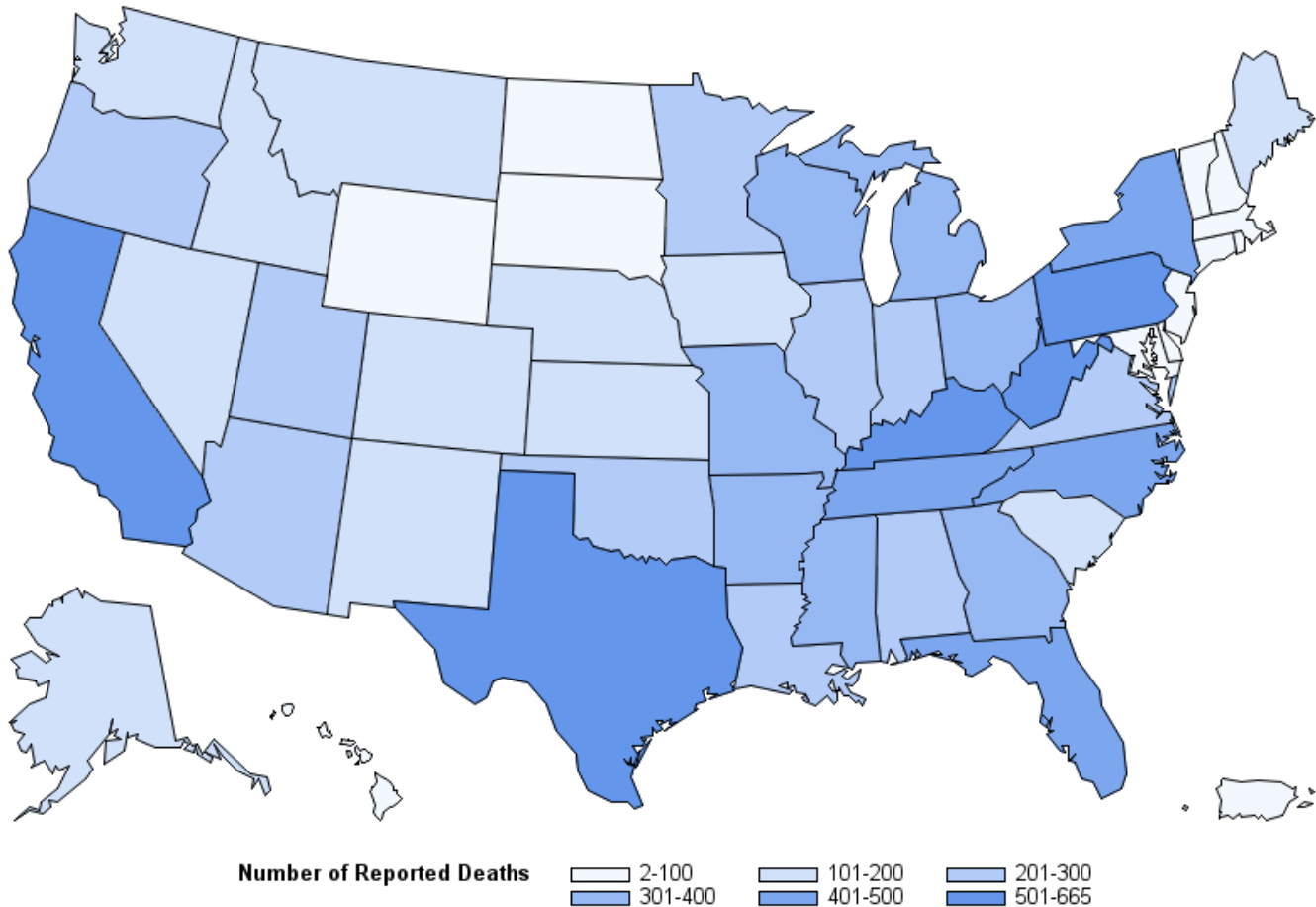
Source: U.S. Consumer Product Safety Commission: Directorate for Epidemiology/Division of Hazard Analysis.

Note: State rankings are based on ATV-related fatality counts for the period 1982–2011.

*Italicized data (columns 4 and 5) denote the years for which reporting is ongoing (2012-2014).

Figure 1 represents the first two columns of Table 2. The intensity of the color in each state represents the number of reported ATV-related fatalities from 1982 through 2011.

Figure 1: Number of Reported ATV-Related Fatalities by State (1982–2011)



Source: U.S. Consumer Product Safety Commission: Directorate for Epidemiology/Division of Hazard Analysis. Graph generated using SAS®. Note: This figure corresponds to the first two columns of Table 2. Reporting for 2012–2014 is ongoing, and Figure 1 does not include data for these years.

Reported Deaths of Children

A review of the reported ATV-related fatalities indicates that 3,098 decedents (23 percent of the 13,617 total) between 1982 and 2014 were younger than 16 years of age, and 1,342 (10 percent) were younger than 12 years of age. Forty-three percent of ATV-related *child* fatalities (*i.e.*, children under 16 years of age) were children younger than 12 years of age. Table 3 gives the total number of reported fatalities, by year, of children younger than 16 years of age; the corresponding percentage of the total number of reported fatalities, by year; the total numbers of fatalities by year for children younger than 12 years of age; and the corresponding percentage relating to all ATV-related fatalities of children younger than 16 years of age. Figure 2 displays the total number of reported ATV-related fatalities, by year and age group, from 2001 to 2011.

Table 3
Reported ATV-Related Fatalities for Children Younger than 16 and 12 Years of Age
ATVs with 3, 4, or Unknown Number of Wheels
Reported for the Period January 1, 1982 through December 31, 2014

Year	Younger Than 16	Younger Than 16: Percent of Total	Younger Than 12	Younger Than 12: Percent of Children*
Total	3,098	23%	1,342	43%
<i>2014</i>	<i>61</i>	<i>16%</i>	<i>33</i>	<i>54%</i>
<i>2013</i>	<i>69</i>	<i>13%</i>	<i>28</i>	<i>41%</i>
<i>2012</i>	<i>67</i>	<i>12%</i>	<i>38</i>	<i>57%</i>
2011	81	13%	39	48%
2010	90	14%	39	43%
2009	96	13%	41	43%
2008	109	14%	53	49%
2007	136	16%	58	43%
2006	142	17%	63	44%
2005	162	20%	77	48%
2004	181	24%	70	39%
2003	153	24%	69	45%
2002	133	24%	45	34%
2001	133	26%	58	44%
2000	123	28%	50	41%
1999	90	23%	34	38%
1998	82	33%	30	37%
1997	79	33%	38	48%
1996	87	35%	40	46%
1995	64	32%	26	41%
1994	54	27%	20	37%
1993	59	32%	18	31%
1992	71	32%	32	45%
1991	68	30%	40	59%
1990	81	34%	27	33%
1982-1989	627	40%	276	44%

Source: U.S. Consumer Product Safety Commission: Directorate for Epidemiology/Division of Hazard Analysis.

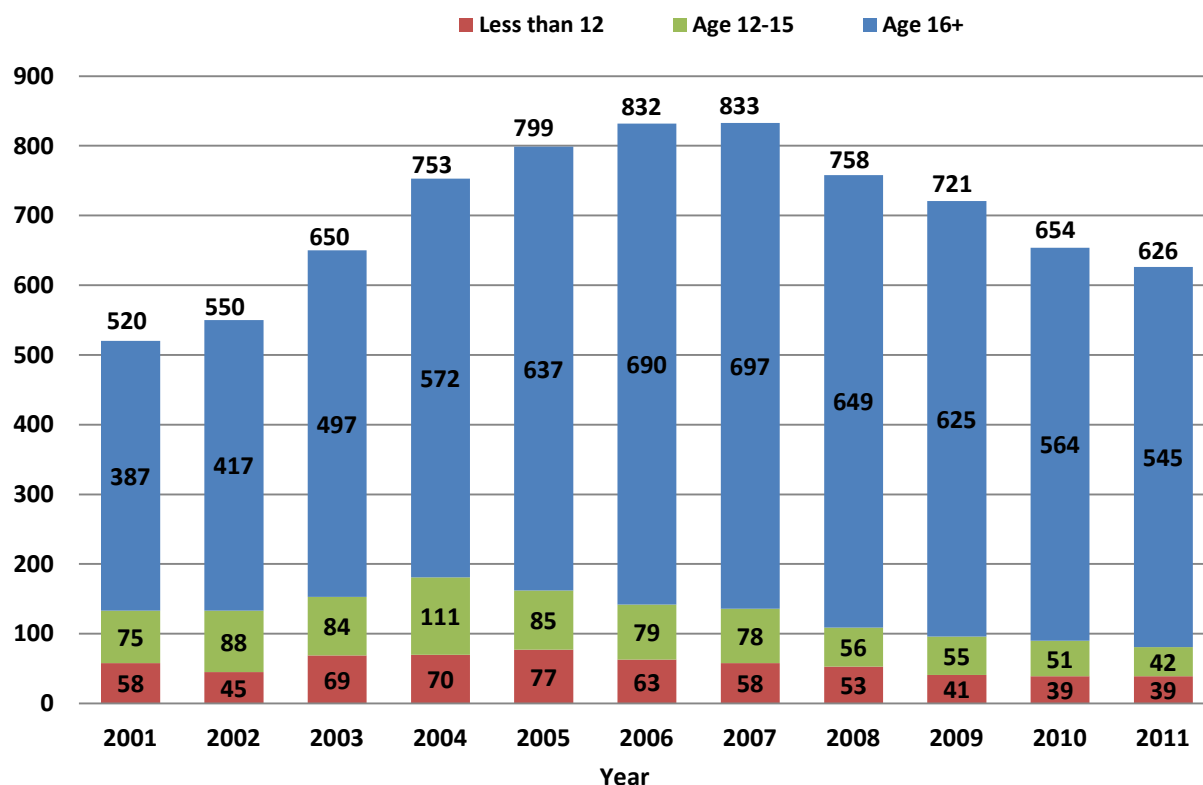
Note: Italics denote the period for which reporting is ongoing.

*Percent of total ATV-related fatalities of children younger than 16 years of age.

Note: Reporting is ongoing for 2012–2014. Percentages for these years should be interpreted with caution because the rate at which deaths are reported may not be consistent for each of the years indicated.

Although the percentage of victims younger than 16 years of age appears to have had a large decline from 1998 to 1999, it is possible that adult deaths were underreported during the period 1982 to 1998. Because of coding limitations for ATV-related fatalities under the old ICD-9 system (see Appendix A), CPSC staff generally was not able to gather reports of deaths on public roads during those years. If adults were more likely than children to have been involved in ATV-related fatality incidents on public roads; then, for the years before 1999, the calculated percentages of deaths involving children, shown in Table 3, may be higher than the true proportion of ATV-related fatalities involving children.

Figure 2: Reported ATV-Related Fatalities by Age Group (2001–2011)



Source: U.S. Consumer Product Safety Commission: Directorate for Epidemiology/Division of Hazard Analysis.

Note: This figure corresponds to the data reported in Tables 1 and 3. Reporting for 2012–2014 is ongoing; thus, Figure 2 does not display these years.

Three-Wheel Versus Four-Wheel ATVs

As noted in the Background section above, CPSC staff began collecting reports of ATV-related deaths and injuries in the early 1980s to assess incidents associated with three-wheel ATVs. However, in the late 1980s, the major distributors agreed to stop distributing three-wheel ATVs; currently, the ATVs distributed in the United States are nearly all four-wheel models (U.S. CPSC, 2006). The percentage of reported fatalities involving four-wheel ATVs increased from 7 percent or less, before 1985, to 98 percent in 2014, based on 2014 fatalities reported to CPSC staff as of December 31, 2014. Although data collection for 2014 is ongoing, this percentage is not expected to change greatly as additional reports of 2014 fatalities are received.

From the incident reports, it is not always possible to ascertain whether the ATV involved in the incident has three wheels or four wheels. In these cases, the vehicle is coded as an ATV having an unknown number of wheels. For the estimates of ATV-related deaths described below, ATVs having an unknown number of wheels were apportioned between three-wheel and four-wheel ATVs, using the methods described in Appendix A.

Estimated ATV-Related Deaths, 1985 to 2013

Death reports received by CPSC staff represent a minimum count of ATV-related deaths because not all ATV-related fatalities may be reported. To account for unreported deaths, CPSC staff estimated annual ATV-related fatalities for the period 1985 to 2013, using a statistical estimation method called capture-recapture (Hook and Regal, 2004). See Appendix A for details on this estimation method. Table 4 shows both the annual reported counts and the estimated number of ATV-related deaths involving ATVs having three, four, or an unknown number of wheels. Due to the low data collection completion rate (30%) as of December 31, 2014, estimates for 2014 were not calculated for this report but will be estimated in future reports.

Again, the heavy line between 1998 and 1999 in Table 4 demarcates the switch from mortality data collection under ICD-9, to collection under ICD-10. Because mortality coding under ICD-10 allows CPSC staff to gather more complete data on ATV-related deaths, some of the increase in estimated deaths observed between 1998 and 1999 is probably a result of the ICD-9 to ICD-10 transition. Although the magnitude of the effect of the coding change is unknown, it follows that the death estimates calculated for the years before 1999 may have been underestimated.

Through the 2012 ATV Annual Report, Column 5 of Table 4 gave annual estimates of the number of four-wheel ATVs in use. According to CPSC staff's *All-Terrain Vehicle 2001 Injury and Exposure Studies*, in 2001, about 5.6 million three- and four-wheel ATVs were in use, and about 86 percent of these were four-wheel ATVs (Levenson, 2003a). Since that study, CPSC staff had relied on annual ATV sales information, together with survival analysis models, to derive estimates of the number of four-wheel ATVs in use each year. However, these techniques make assumptions that the ATV market and ATV lifespans measured in the original study likely reflect the ongoing ATV market and ATVs' lifespans. Such assumptions are only reasonable for a relatively finite number of years, and CPSC does not have any evidence to support these assumptions or any data to change/update these assumptions. Staff is unable to continue producing exposure and risk estimates as provided up until the 2012 ATV Annual Report.

A discussion of the methodologies used to estimate ATV-related deaths is given in Appendix A.

Table 4
Annual Estimates of ATV-Related Fatalities
1985–2013
Based on Fatality Data Available as of December 31, 2014

Year³	Reported Deaths	Estimated Deaths Associated with ATVs with 3, 4, or Unknown Wheels	Estimated Deaths Involving 4-Wheel ATVs
2013	547	650	638
2012	574	665	648
2011	626	690	669
2010	654	734	722
2009	721	799	778
2008	758	849	829
2007	833	899	869
2006	832	900	873
2005	799	923	882
2004	753	851	812

³ Reporting is ongoing for 2012–2013. Reporting for 2014 is too preliminary to credibly estimate deaths.

Year ³	Reported Deaths	Estimated Deaths Associated with ATVs with 3, 4, or Unknown Wheels	Estimated Deaths Involving 4-Wheel ATVs
2003	650	757	721
2002	550	604	567
2001	520	595	550
2000	447	547	498
1999	397	532	483
1998	252	289	247
1997	240	290	236
1996	249	268	209
1995	200	273	210
1994	198	243	167
1993	183	210	143
1992	220	242	159
1991	230	254	151
1990	235	252	152
1989	230	257	152
1988	250	285	151
1987	264	282	126
1986	300	348	95
1985	250	293	55

Source: U.S. Consumer Product Safety Commission: Directorate for Epidemiology/Division of Hazard Analysis.
Note: Italics denote the period for which reporting is ongoing.

ATV-Related Injuries

ATVs with Three, Four, and Unknown Numbers of Wheels

Table 5 shows estimates of ATV-related injuries treated in hospital emergency departments nationwide between January 1, 2007, and December 31, 2014. These estimates were generated based on the CPSC's National Electronic Injury Surveillance System ("NEISS"), a probability sample of U.S. hospitals with 24-hour emergency departments with more than six beds. In this analysis, the current estimates were compared to the estimates from the previous year (2013), as well as to a base year. The base year chosen for comparison was 2007.⁴ The existence of a possible trend in injuries associated with ATVs with three, four, or an unknown number of wheels is also considered, based on trend analysis methods developed by CPSC staff (Schroeder, 2000). For historical estimates of the number of ATV-related, emergency department-treated injuries, see Appendix B.

Also included in Table 5 are the estimated number of ATV-related, emergency department-treated injuries for children younger than 16 years, with the corresponding percent of total injuries. Estimates for those younger than 12 years are provided; these estimates are a subset of the younger than 16 age group. That is, the estimated injuries for those younger than 12 years are also included in the younger

⁴ See the methodology section in Appendix A for a discussion of the rationale for choosing 2007 as the base year.

than 16 years age group estimates. Figure 3 displays the information for the estimated injuries for all ages and for the younger than 16 age group.

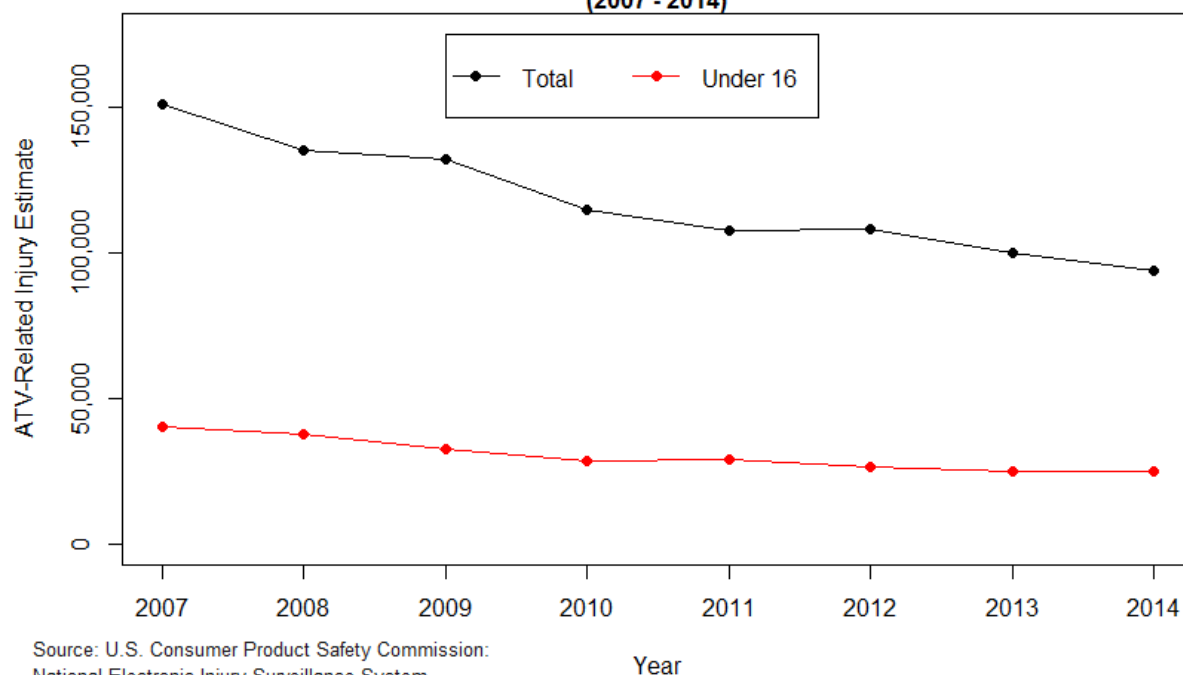
Table 5
Annual Estimates⁵ of ATV-Related, Emergency Department-Treated Injuries
ATVs with 3, 4, or Unknown Number of Wheels
January 1, 2007 through December 31, 2014

Year	Estimated Number of Injuries: All Ages	Younger than 16 Years: Estimated Number of Injuries	Younger than 16: Percent of Total (All-Ages) Injuries	Younger than 12 Years: Estimated Number of Injuries	Younger than 12 Years: Percent of Injuries to All Children Younger than 16 Years
2014	93,700	24,800	26%	11,400	46%
2013	99,600	25,000	25%	13,100	52%
2012	107,900	26,500	25%	12,200	46%
2011	107,500	29,000	27%	15,100	52%
2010	115,000	28,300	25%	14,100	50%
2009	131,900	32,400	25%	15,500	48%
2008	135,100	37,700	28%	19,800	53%
2007	150,900	40,000	27%	19,800	50%

Source: U.S. Consumer Product Safety Commission: National Electronic Injury Surveillance System.

Note: The coefficients of variation ("CVs") for the all-ages injury estimates range from 9 percent to 11 percent. During this same period, CVs for injury estimates among the younger than 16 age group and among the younger than 12 age group ranged from 9 percent to 15 percent. See Appendix A for an explanation of the use and calculation of CVs.

Figure 3
Annual ATV-Related, Hospital Emergency Department-Treated Injury Estimates for
ATVs with 3, 4 or Unknown Number of Wheels
(2007 - 2014)



Source: U.S. Consumer Product Safety Commission: National Electronic Injury Surveillance System.

⁵ Estimates have also been adjusted to account for cases that are out of scope for this report. See Appendix A for additional discussion.

The 2014 emergency department-treated injury estimate for all ages reflects a decrease of 6 percent from the 2013 estimate. However, this decrease is not statistically significant (p-value =0.40).⁶ The overall decrease of 38 percent between the estimated number of injuries in 2007 and 2014 is statistically significant (p-value < 0.0001). In addition, trend analysis indicates that for ATVs having three, four, or an unknown number of wheels, there is a statistically significant downward trend in emergency department-treated injuries for all ages, collectively, during the years 2007 through 2014 (p-value =0.013).

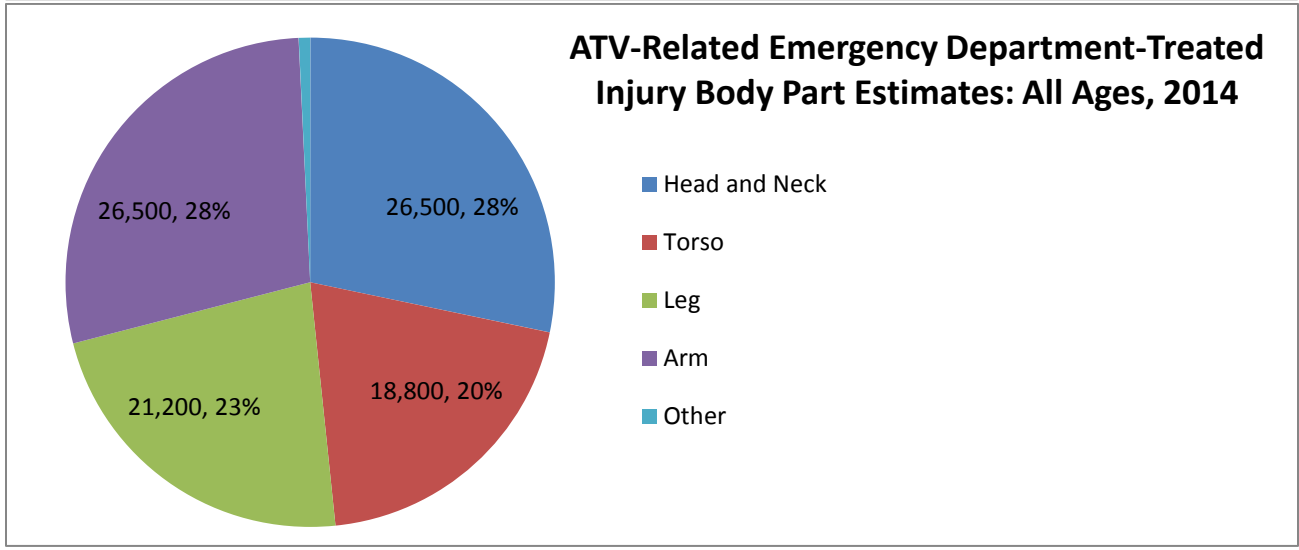
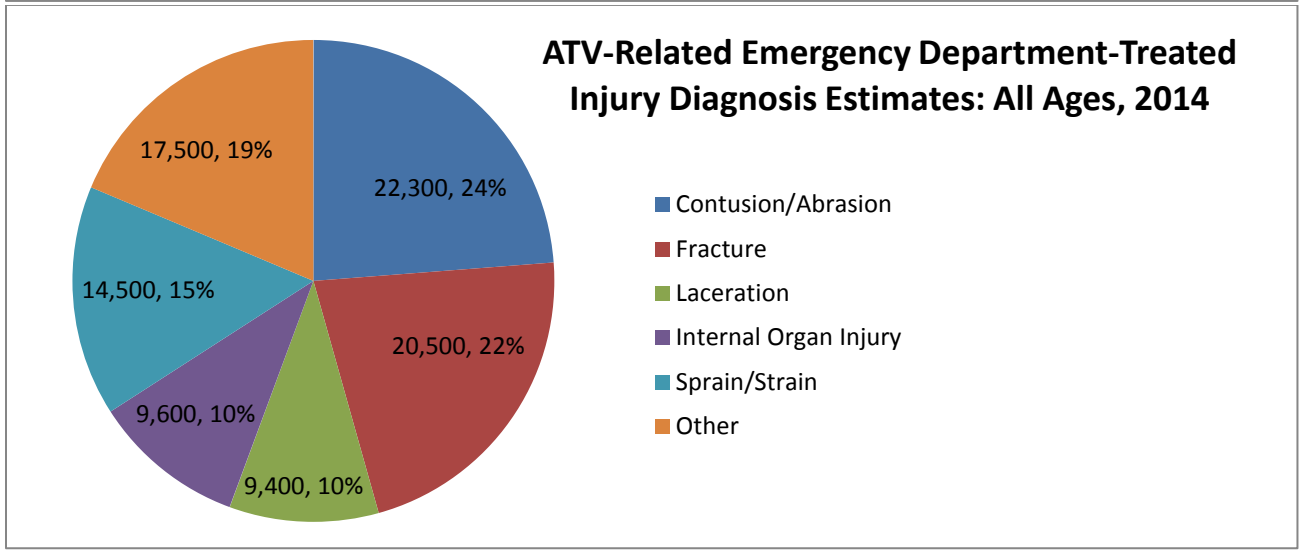
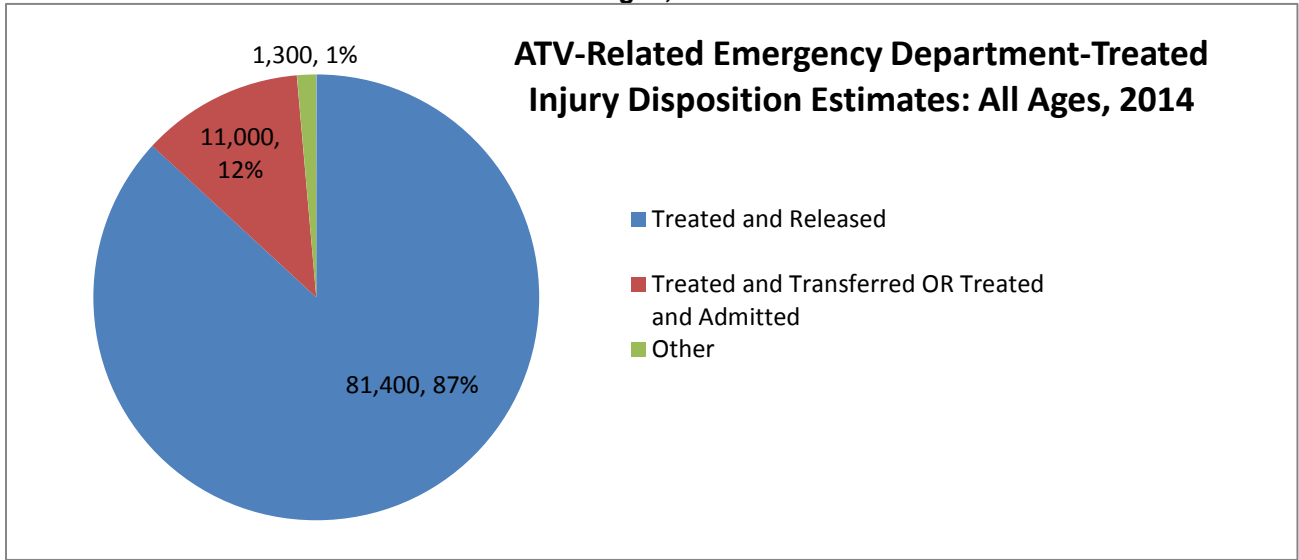
The 2014 emergency department-treated injury estimate for children younger than 16 years of age represents a 1 percent decrease over the 2013 estimate, although this is not a statistically significant decrease (p-value =0.96). The comparison of the 2007 to the 2014 estimated numbers of emergency department-treated injuries for children younger than 16 years of age shows a 38 percent decrease; these two estimates are statistically different (p-value < 0.0001).

On average over the period 2007-2014, children younger than 12 years of age represent an estimated 13 percent of emergency department-treated injuries affecting all ages; but in the year 2014, children younger than 12 represent an estimated 12 percent of the injuries (*i.e.*, 121,000/941,600 and 11,400/93,700, respectively). During the period 2007–2014, about 50 percent of estimated injuries to children under 16 involve victims under the age of 12 (121,000/243,700). In the most recent year 2014, an estimated 46 percent children injured are under age 12. The remaining 54 percent of injured children are between the ages of 12 and 15.

Figure 4 provides the 2014 estimated number of ATV-related, emergency department-treated injuries broken down by disposition, diagnosis, and body part, for all ages. Of the 93,700 estimated ATV-related, emergency department-treated injuries for all ages in 2014, a majority are categorized as treated and released (87 percent). Twelve percent of the estimated emergency department-treated injuries for all ages are categorized as either “treated and admitted” or “treated and transferred.” The remaining percentages of treatments are spread across several categories, such as “left without being seen,” “held for observation,” “fatalities,” and “unknown.” A plurality of the 2014 estimated ATV-related, emergency department-treated injuries for all ages were diagnosed as contusions/abrasions or fractures (24 percent and 22 percent, respectively). The remaining diagnoses are distributed into categories such as “lacerations,” “sprains/strains,” “internal organ injuries,” and “other” (which includes concussions). The majority of the 2014 estimated ATV-related, emergency-department treated injuries for all ages were injuries of the head or neck, or the arm (the shoulder down) (both 28 percent).

⁶ The p-value represents the probability of observing results as extreme as, or more extreme than, the results obtained if there is no difference in the two reported estimates. A small p-value (*e.g.*, p-value < 0.05) suggests that an observed difference is likely to reflect a difference between the two estimates that is associated with some factor or factors beyond the inherent variability in the estimates themselves. P-values listed in this report have not been corrected for multiple comparisons.

Figure 4: Disposition, Diagnosis, and Body Part ATV-Related Emergency Department-Treated Injuries for All Ages, 2014⁷



⁷ Totals may not sum to the 2014 annual estimate due to rounding. Percentages are based on the rounded estimates. Note: Sample size is too small in 2014 to estimate injuries associated with the "other" body part category.

For the 24,800 estimated ATV-related emergency department-treated injuries in 2014 for children younger than 16 years of age, the majority were treated and released (87 percent). Twelve percent of children younger than 16 years of age were either treated and admitted or treated and transferred. The remaining percentages of treatments were spread across several categories, such as “left without being seen,” “held for observation,” “fatalities,” and “unknown.”

In 2014, children younger than 16 years of age were diagnosed with fractures 23 percent of the time for ATV-related, emergency-department treated injuries and 22 percent of the time with contusions/abrasions fractures. The remaining diagnoses are distributed into categories such as “lacerations,” “sprains/strains,” “internal organ injuries,” and “concussions.”

Table 6 breaks down the estimated numbers of ATV-related, emergency department-treated injuries from 2007 to 2014 by age group, while Figure 5 gives the corresponding graph of Table 6.

Table 6
Annual Estimates of ATV-Related, Emergency Department-Treated Injuries by Age Group
2007–2014

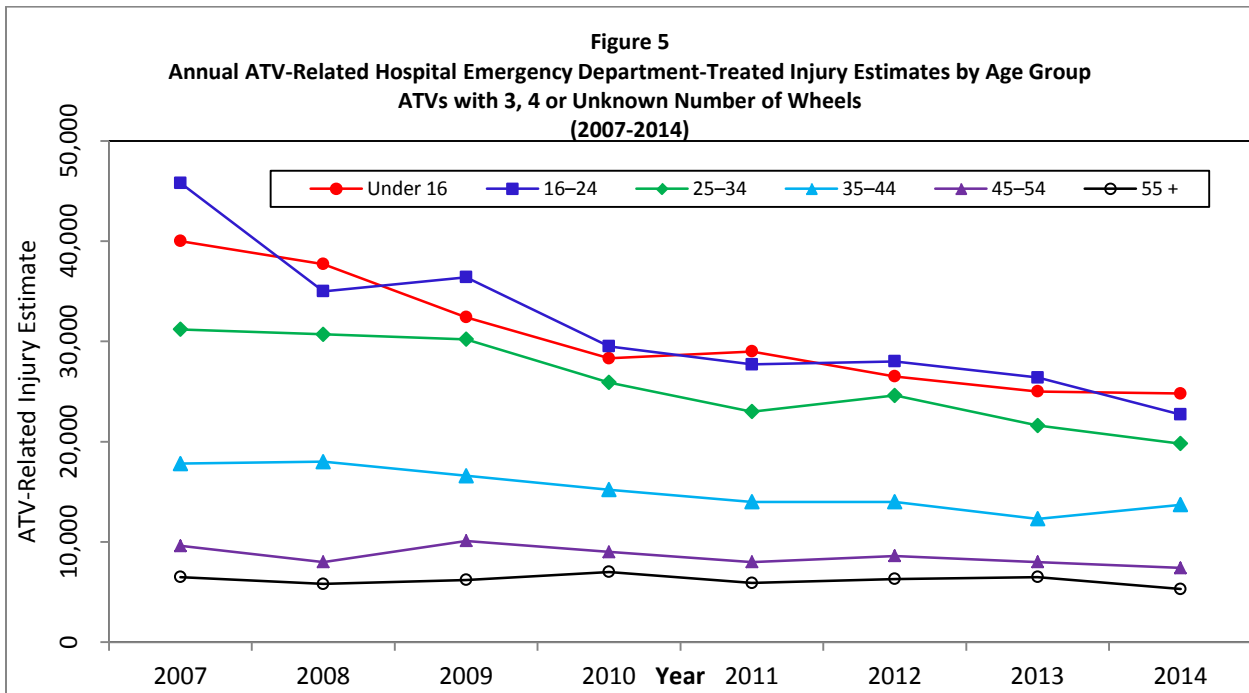
Year	Age Group						Total
	Under 16	16–24	25–34	35–44	45–54	55 +	
2014	24,800	22,700	19,800	13,700	7,400	5,300	93,700
2013	25,000	26,400	21,600	12,300	8,000	6,500	99,600
2012	26,500	28,000	24,600	14,000	8,600	6,300	107,900
2011	29,000	27,700	23,000	14,000	8,000	5,900	107,500
2010	28,300	29,500	25,900	15,200	9,000	7,000	115,000
2009	32,400	36,400	30,200	16,600	10,100	6,200	131,900
2008	37,700	35,000	30,700	18,000	8,000	5,800	135,100
2007	40,000	45,800	31,200	17,800	9,600	6,500	150,900

Source: U.S. Consumer Product Safety Commission: National Electronic Injury Surveillance System.

Note: Rows may not sum to the annual totals presented elsewhere in this report due to rounding.

Analysis of information in Table 6 (see page 17) and Figure 5 supports the following:

- Between 2013 and 2014, there were no statistically significant differences in the estimated injuries for any age group. While the 2014 injury estimate for 35-44 year olds is greater than the 2013 estimate, this is not a statistically significant increase (p-value=0.30). For the remaining age groups, the reduced estimates do not reflect statistically significant decreases (p-value = 0.96, 0.14, 0.34, 0.52, 0.25, for the younger than 16, 16-24, 25-34, 45-54, and 55+ age groups, respectively).
- When comparing 2007 and 2014 injury estimates, we see decreases for each age group. However; the decreases for the 45-54 and 55+ age groups are not statistically significant (p-value= 0.07 and 0.27, respectively). For younger age groups the 2014 estimate is significantly less than the 2007 estimate (p-value<0.0001 for the younger than 16, 16–24, and 25-34 age groups and p-value = 0.0348 for the 35-44 age group).



Four-Wheel ATVs

Table 7 shows estimates of four-wheel ATV-related, emergency department-treated injuries for the years 2007 to 2014. In 2014, four-wheel ATV injuries constituted 98 percent of the total injury estimate for ATVs having three, four, or an unknown number of wheels (*i.e.*, 92,200/93,700). The four-wheel ATV emergency department-treated injury estimate for 2014 represents a 6 percent decrease over the 2013 estimate; however, this decrease is not statistically significant (p -value = 0.43). There is a statistically significant difference between the 2007 and 2014 estimates (p -value < 0.0001). There is also a statistically significant linear trend in emergency department-treated injuries associated with four-wheel ATVs from 2007 to 2014 (p -value = 0.0030).

Table 7
Estimated Number of 4-Wheel ATV-Related Emergency Department-Treated Injuries
January 1, 2007 through December 31, 2014

Year	4-Wheel ATV-Related Injury Estimate ^{8, 9}
2014	92,200
2013	97,600
2012	105,000
2011	105,500
2010	111,900
2009	128,600
2008	131,700
2007	146,500

Sources: U.S. Consumer Product Safety Commission; National Electronic Injury Surveillance System, the Directorate for Epidemiology/Division of Hazard Analysis.

Note: The coefficients of variation ("CVs") for four-wheel ATV injury estimates (column 2) all range from 8 to about 11 percent. (See Levenson, (2005) and Garland (2011) for CVs for ATV-related injury estimates).

⁸ Estimates have also been adjusted by factors to account for cases that are out of scope for this report. Appendix A provides additional detail.

⁹ Estimates have been rounded.

Discussion

In analyzing deaths and injuries associated with ATVs, it is useful to consider three distinct periods, the boundaries of which are determined primarily by fatality data availability and by the completeness of the available data. By considering these three periods separately, we can compare years within periods, and thereby, at least in part, control for changes in fatality data availability, as well as for possible changes in the ATV marketplace (see Appendix A). Although the boundaries of the periods considered here are defined by factors involving the collection of mortality data, it is also useful to consider the injury estimates within the same periods.

The periods selected for discussion were defined as follows:

- The first period, from 1982 to 1998, begins with the first year of CPSC staff's reported ATV-related death counts (see Table 1); and the first period ends with the ICD-9 to ICD-10 transition for classification of mortality data.
- The second period, from 1999 to 2011, begins with the transition to ICD-10 coding and ends with the most recent complete year of death data collection.
- The third period, from 2012 to 2014, spans the period of ongoing mortality data collection by CPSC staff.

ATV-related deaths and injuries occurring in each of these three periods are reviewed below:

1982–1998

In the first period (1982–1998), reported deaths reached a high of 300 fatalities in 1986 (Table 1). These reported deaths were largely associated with three-wheel ATVs, which were still being manufactured and sold. During the mid-1980s, three-wheel ATVs were still heavily in use, and four-wheel ATVs were only beginning to gain in popularity.

As previously noted, CPSC staff's ability to gather death reports during the first period (1982–1998) was limited by the ICD-9 reporting codes and by ICD-9 reporting requirements, which made it difficult for CPSC staff to obtain death certificates for ATV-related fatality incidents occurring on public roads (see Appendix A). Consequently, the death estimates for this period are likely to be underestimated. However, because data collection methodologies were substantially consistent throughout the first period, general comparisons among the annual death estimates within the first period may still be made, if the degree of underestimation is similar from year to year. Other than the ICD-9 coding, CPSC staff is not aware of any factors that would have contributed to an underestimation of ATV-related fatalities in this period. CPSC staff is also not aware of any factors that would have caused differences in the degree of ICD-9-related underestimation in different years.

With these cautions in mind, a review of Table 4 suggests that, during the first period, the estimated number of deaths associated with all ATVs (*i.e.*, ATVs having three, four, or an unknown number of wheels) likely peaked around 1986. This peak was followed by a decline in estimated ATV-related fatalities until the early-to-mid-1990s. Then, a general increase in the estimated deaths appears to have occurred from the mid-1990s to the end of the 1982–1998 period. As previously mentioned, this reporting period used the ICD-9 reporting requirements; thus, the death estimates for this period are likely to be underestimated. The reader should use caution when generalizing in this period, due to the impact of this underestimation on the magnitude of the estimates.

A similar pattern can be observed in the estimated number of emergency department-treated injuries associated with ATVs having three, four, or an unknown number of wheels (see Table 8, page 29 for

injury estimates for this period). That is, the estimated number of ATV-related, emergency department-treated injuries appeared to peak during the years 1985 and 1986, when injuries were above 100,000. This was followed by a decline in injury estimates until the early-to mid-1990s, and then, by an increase in estimated injuries until the end of the period. The similarities between death and injury data suggest that the pattern seen in the estimated number of deaths is not simply an artifact of the fatality data.

1999–2011

Because of the transition to ICD-10 mortality coding, the second period (1999–2011) reflects several years during which CPSC staff had a greater opportunity to collect comprehensive data on ATV-related fatalities than had been possible before 1999. ATV-related regulatory activity began in this reporting period. Consequently, any effect of heightened media exposure on data collection began to be a factor in this period. This effect could have started in 2002, with a petition submitted to the CPSC, which requested the Commission to issue a rule banning the sale of adult-size four-wheel ATVs sold for the use of children under the age of 16 years. This effect could have continued throughout this time period due to the exposure resulting from the issuance by the CPSC of an advance notice of proposed rulemaking in 2005, and a notice of proposed rulemaking in 2006. Comparing the estimated numbers of deaths associated with ATVs having three, four, or an unknown number of wheels from 1999 through 2011, there is an increase of 30 percent (Table 4). The estimated numbers of emergency department-treated injuries associated with ATVs having three, four, or an unknown number of wheels increased 40 percent from the 1999 estimate of 82,000 to the 2007 estimate of 150,900, before declining each year thereafter to an the 2011 estimate of 107,500 (Table 8 in Appendix B, page 29).

During the latter half of this period, the CPSC issued an advance notice of proposed rulemaking (2005) and a notice of proposed rulemaking (2006) for ATVs. In 2008, the Consumer Product Safety Improvement Act (“CPSIA”) became law. Section 232 of the CPSIA included provisions directing the CPSC to make the voluntary standard, the *American National Standard for Four Wheel All-Terrain Vehicles*, developed by the Specialty Vehicle Institute of America (American National Standard ANSI/SVIA 1 – 2007), a mandatory standard. The mandatory standard was published in late 2008, and became effective in April 2009. In addition, all companies importing and distributing ATVs in the United States were required by the CPSIA to have action plans approved by, and on file with, the Commission. The CPSIA also banned the importation and distribution of three-wheel ATVs. One likely result of the recent regulatory focus on ATVs may have been an increase in media attention on ATV-related fatalities; and this, in turn, may have resulted in the collection of more complete and timely death reports during these periods.

Additionally, during the latter half of this period, and continuing into the next period, the CPSC launched a campaign to increase awareness of ATV safety via television and radio public service announcements (“PSAs”), created www.ATVSafety.gov, and partnered with organizations and officials dedicated to promoting ATV safety. In 2006, the CPSC’s website, www.ATVSafety.gov, was launched and includes information on ATV safety, state laws and regulations for ATVs, and fatality and injury data. The CPSC’s Office of Information and Public Affairs (“OIPA”), now the Office of Communications (“OCM”), initiated a Rapid Response program in April 2007, to respond to ATV-related deaths and injuries. The Rapid Response program is triggered when there is a report of an ATV death or injury. Working with media in the affected area, the CPSC’s OCM publishes information on ATV safety via radio and television PSAs, or through news stories. By raising awareness of ATV safety, this campaign was designed to reduce the number of deaths and serious injuries associated with ATVs (U.S. CPSC OIPA, 2006).

2012–2014

The third period (2012–2014) contains 3 years of incomplete death data. As of December 31, 2014, death certificate completion was 97 percent for 2012, 76 percent for 2013, and 30 percent for 2014. (This is not a percentage of death certificates versus actual deaths; rather, it is the percentage of the combination of states and months where CPSC staff has received at least one death certificate.) The number of reported deaths for these years will increase as CPSC staff receives additional reports. For this reason, the 2012 through 2014 estimated numbers of deaths will require revision for these years in future CPSC staff reports.

During the third period, emergency department-treated injury estimates for all ages generally decreased each year, both for ATVs having three, four, or an unknown number of wheels (Table 5), and for four-wheel ATVs alone (Table 7). Although the reader may observe that the estimate for ATVs having three, four, or an unknown number of wheels in 2012 is slightly greater than the estimate from 2011, that increase was not statistically significant (p -value = 0.97). For ATVs having three, four, or an unknown number of wheels, the overall decrease from 2012 to 2014 is statistically significant (107,900 and 93,700, respectively; p -value < 0.0001). Similarly, the decrease, when comparing the estimated number of injuries associated with four-wheel ATVs from 2012 to 2014, is also statistically significant (105,000 and 92,200, respectively; p -value < 0.0001). Notably, the data-collection process supporting the derivation of the injury estimates is complete for all reported years, including this period (2012–2014). Thus, the injury estimates for 2012 through 2014 are not expected to require revision in future CPSC staff reports.

In the period 2012–2014, the CPSC continued maintenance of the ATVSafety.gov website and deployment of the Rapid Response media awareness program. CPSC also continued to promote ATV safety awareness with annual news releases aimed to coincide with the Memorial Day holiday weekend, which has high rates of ATV-related deaths and injuries and marks the beginning of the recreational riding season. In 2012, CPSC produced and posted online video of the proceedings of the ATV Safety Summit. In 2013, the ATVSafety.gov website was redirected into CPSC's main website as the "[ATV Safety Information Center](#)." Additionally, CPSC published new ATV safety educational products, including a Web-based image and a print-ready poster presenting injury and fatality statistics with graphic illustrations.

Appendix A: Estimation Methodologies

This appendix describes the methodologies used to estimate ATV-related deaths and injuries and other information to develop the report analyses.

ATV-Related Deaths

In-Scope ATV-Related Fatalities

ATV-related fatalities considered in scope in this report include any unintentional incident involving an ATV, whether or not the ATV was in operation at the time of the incident. Because of the difficulties inherent in distinguishing between occupational and nonoccupational use, occupational fatalities are included in both the death counts and the death estimates. For example, it may be difficult to classify a fatality that occurs when a victim is riding next to a fence on a ranch to examine the fence, and subsequently is involved in an ATV-related fatality incident while deviating from his work to take a recreational ride up a nearby hill.

ICD-9 Versus ICD-10 Coding

In 1999, CPSC staff began collecting death certificates for all fatalities in which an external cause of death listed on the death certificate was reported to involve an ATV, as coded under ICD-10. ICD-10 marks the first revision in which all ATV-related fatalities are grouped under a single code (V86.X), thereby facilitating more complete collection of these incidents by CPSC staff than was accomplished before 1999.

It should be noted that the ICD-10 codes (V86.X) characterizing the external cause of death as “ATV-related,” include fatalities resulting from all specialty motor vehicles intended primarily for off-road use (World Health Organization, 2007). Thus, other types of off-road vehicles are captured in this set of codes, such as dune buggies, ROVs, UTVs, and dirt bikes. By conducting in-depth investigations (“IDIs”), CPSC staff attempts to verify that the vehicles involved in these incidents were “ATVs,” as defined by CPSC staff (*i.e.*, an ATV is a motorized vehicle intended for off-road use and having three or four low pressure tires, a straddle seat for the operator, and handlebars for steering control). In cases where the specific type of off-road vehicle cannot be ascertained, CPSC staff counts the death report as an ATV-related fatality. This assumption may result in an overestimation of ATV-related deaths.

Estimation of ATV-Related Fatalities (1999–Present)

CPSC staff estimates the number of deaths associated with ATVs by use of a capture-recapture approach. This approach involves examining the numbers of reports of ATV-related fatalities gathered via two different avenues:

- The first avenue is the collection of death certificates obtained by CPSC staff,¹⁰ where the death is deemed by the medical examiner to be ATV related. These incidents are entered into CPSC staff’s death certificate database (“DTHS”).
- The second avenue involves the collection of reports of fatal ATV-related incidents by any other means available to CPSC staff (denoted non-DTHS). Sources of these types of reports include news clips; reports from the Medical Examiners and Coroners Alert Project (“MECAP”); reports from consumers or their representatives via telephone or the Internet (www.SaferProducts.gov);

¹⁰ CPSC staff purchases death certificates from the 50 states, the District of Columbia, Puerto Rico, and New York City for fatalities involving selected consumer products, including ATVs. Determination of the association between a fatality and a consumer product is based on the external cause of death code(s) reported on the death certificate. Since 1999, the external causes of death reported on death certificates have been coded in accordance with ICD-10 (National Center for Health Statistics, 2007).

and hospital reports from the National Electronic Injury Surveillance System (“NEISS”). It should be noted that the NEISS database primarily includes product-related injuries rather than fatalities. However, all ATV-related NEISS cases are reviewed to identify incidents where an emergency department-treated, ATV-related injury was reported to result in death; and these deaths are included in the ATV-related fatality reports available to CPSC staff.

In many cases, CPSC staff receives fatality reports for the same incident from multiple sources. The reports are either about deaths counted in a previous annual report, or deaths reported for the first time in this annual report. For example, CPSC staff may receive a MECAP report for a fatality that previously was reported to CPSC staff via a news clip. Reports from non-DTHS sources are reviewed carefully to match multiple source reports about the same incident for both the current reporting year and for previous years. Incidents that have been reported in multiple sources are counted only once in Table 1.

The calculation of the capture-recapture estimate entails the matching of fatality reports from DTHS and non-DTHS sources. Then, for each year of interest, CPSC staff determines the total number of fatalities included in DTHS, the total number of fatalities included in non-DTHS sources, and the total number of deaths included in both sources (*i.e.*, DTHS and non-DTHS). Thereafter, the estimate is calculated using the following equation (Hook and Regal, 1992; Morrison and Stone, 2000; Hook and Regal, 2004):

$$estimate = \frac{(M + 1)(N + 1)}{n + 1} - 1 \quad \text{Equation 1}$$

where

M is the number of incidents captured by purchase of death certificates from the states (DTHS);

N is the number of incidents collected by other means (non-DTHS);

and

n is the number of incidents captured by both death certificate purchase and at least one other source.

Estimates of fatalities that occurred on or after January 1, 1999, and that are associated with ATVs having three, four, or an unknown number of wheels are calculated using equation 1.

Estimation of ATV-Related Fatalities (1985–1998)

Before 1999, CPSC staff received death certificates for only two types of ATV-related fatality incidents: (1) ATV-related fatalities occurring in places other than public roads, and (2) ATV-related fatalities occurring on public roads that were erroneously reported as nonpublic roads. Because of this, the capture-recapture procedure for estimating pre-1999 ATV-related deaths had two parts:

- For public road fatalities, the estimates were based solely on the number of fatalities reported to CPSC staff. Reports of these fatalities were largely contained in CPSC staff’s Injury or Potential Injury Incident file (IPII). As noted, death certificates generally were not received for these fatalities.
- For incidents occurring in other places, the capture-recapture approach was applied.

Using equation 2, these two parts (*i.e.*, incidents occurring on public roads and incidents occurring in other places) were combined to derive the pre-1999 annual estimates of ATV-related deaths for ATVs having three, four, or an unknown number of wheels.

$$estimate = \frac{(M_{NP} + 1)(N_{NP} + 1)}{n_{NP} + 1} - 1 + C_P \quad \text{Equation 2}$$

where

M_{NP} is the number of reports of nonpublic-road fatalities captured by purchase of death certificates from the states;

N_{NP} is the number of reports of nonpublic-road fatalities collected by other means;

n_{NP} is the number of reports of nonpublic-road fatalities captured by both death certificate purchase and at least one other source;

and

C_P is the count of reports of ATV-related fatalities occurring on public roads from any source.

CPSC staff believes that the ATV-related fatality estimates for the years before 1999 were likely to be underestimated because the pre-1999 estimates used only the available counts of public road fatalities and did not account for missing reports in these types of incidents. As noted previously, CPSC staff now receives death certificates for ATV-related incidents occurring on public roads. Consequently, since 1999, the capture-recapture approach has been applied fully to both components (*i.e.*, incidents occurring on public roads and incidents occurring in other locations) of the annual estimates of ATV-related deaths. For this reason, CPSC staff expects that the annual death estimates for 1999 and later represent better estimates of ATV-related fatalities than were possible in the years before 1999.

Estimation of Fatalities Associated with Four-Wheel ATVs

A number of incidents reported to CPSC staff involve ATVs for which the number of wheels is unknown. Because some of these likely involve four-wheel ATVs, the unknowns are apportioned in the calculation of the estimated number of deaths associated with four-wheel ATVs. This estimate is calculated by first dividing the reported number of deaths for four-wheel ATVs by the combined reported number of deaths for three- and four-wheel ATVs, and then multiplying this quotient by the estimated number of deaths for all ATVs (three, four, or unknown number of wheels). Thus, the estimate of deaths associated with four-wheel ATVs is given by equation 3.

$$estimate_{4W} = \frac{rep_{4W}}{rep_{3W+4W}} est_{3W+4W+UW} \quad \text{Equation 3}$$

where

$estimate_{4W}$ is the estimated number of fatalities associated with four-wheel ATVs;

rep_{4W} is the reported number of fatalities associated with four-wheel ATVs;

rep_{3W+4W} is the reported number of fatalities associated with three- and four-wheel ATVs;

and

$est_{3W+4W+UW}$ is the estimated number of fatalities associated with ATVs having three, four, or an unknown number of wheels. [Note: this is the “estimate” derived in equations 1 and 2].

ATV-Related Injuries

Estimation of Emergency Department-Treated Injuries Associated with ATVs

All injury estimates in this report have been derived from data collected through the CPSC’s NEISS, a probability sample of U.S. hospitals with 24-hour emergency departments with more than six beds (Schroeder and Ault, 2001a and 2001b). Thus, ATV-related injury estimates in this report represent hospital emergency department-treated injuries only. ATV-related injuries that were not treated in hospital emergency departments are not included in these estimates.

Injury estimates have been adjusted to reflect revisions in the NEISS Coding Manual in 1985, as well as to account for NEISS sampling frame updates (Marker *et. al.*, 1988; Marker and Lo, 1996). Estimates for 1982 through 1985 also were adjusted, based on a review of NEISS comments, to exclude dune buggies and include ATVs that had been misclassified as mini or trail bikes.

Injury estimates for 1985, 1989, 1997, and 2001 are based on injury surveys using NEISS cases. Injury estimates for 2010 are based on a partial-year study of surveys of NEISS cases. Injury estimates for other years have been adjusted by factors to account for out-of-scope (occupational, intentional, and/or non-ATV) cases, based on injury studies in these years (Garland, 2011; Levenson, 2003b; Levenson 2005). An “in-scope injury case” is defined to be any nonoccupational, unintentional case involving an ATV, whether or not the victim was operating the ATV at the time of the incident, *i.e.*, the victim could have been a passenger or a bystander. Note that NEISS does not collect occupational injuries; and, thus, the definition of “in-scope, ATV-related injuries,” differs slightly from the definition of “in-scope, ATV-related fatalities.” The applied adjustment factors were as follows: 0.93 for 1986 through 1988, 0.95 for 1990 through 1996, 0.903 for 1998 through 2000 (amended from 0.935), 0.922 for 2001 through 2009, and 0.899 for 2010 through present.

As the market and ridership changes for off-road vehicles, including the substantial increase of ROVs in use, the adjustment factors may not reflect the changes in injuries due to different types of vehicles as time progresses. Each adjustment factor is calculated based on a special study performed in the NEISS (Levenson, M. (2003b), Garland, S. (2011)). Each adjustment factor reflects the year in which the special study was performed, and each is applied in subsequent years until another special study is performed. Thus, if there have been substantial changes to the records that would be considered out of scope, this cannot be reflected on a year-to-year basis, nor can it be determined if this is occurring. For example, if the increase in the number of ROVs in use is impacting the injury estimates, specifically if records coded in the NEISS as ATVs are increasingly actually related to ROVs, then ATV-related injuries are being overestimated. Again, it is unknown if this is occurring in the data; however, this is a possibility with using an adjustment factor that cannot be updated yearly, but only periodically.

Coefficients of Variation

A coefficient of variation (or “CV”) is an expression of the standard deviation relative to the estimate itself. In this report, CVs for injury estimates are given as percentages. The adjustment factors discussed above are also estimated and have associated variability. This variability (along with the variability of the injury estimates) affects significance tests and tests for trends. Calculation of NEISS estimates and their variances is discussed in Schroeder and Ault (2001a) and Schroeder and Ault (2001b). Adjustment factors and other concepts specific to variability associated with ATV estimates are discussed more fully in Levenson (2003b, 2005) and Garland (2011). An alternative ante-dependence model for the variance-covariance matrix was used in modelling the trend for ATVs having three, four, or an unknown number of wheels for all ages, collectively during the years 2007 through 2014. The unstructured variance-covariance matrix was used in modelling the trend for ATVs having four wheels for all ages, collectively during the years 2007 through 2014.

Estimation of Emergency Department-Treated Injuries Associated with Four-Wheel ATVs

NEISS includes injuries that are associated with ATVs for which the number of wheels is unknown. Because of this, the estimated injuries associated with ATVs having an unknown number of wheels are apportioned in the calculation of the estimated injuries associated with four-wheel ATVs, using equation 4.

$$total\ estimate_{4W} = \frac{est_{4W}}{est_{3W} + est_{4W}} (est_{3W} + est_{4W} + est_{UW}) \quad \text{Equation 4}$$

where

$total\ estimate_{4W}$ is the total estimated injuries associated with four-wheel ATVs with unknowns apportioned;

est_{4W} is the injury estimate associated with four-wheel ATVs (excluding unknowns);

est_{3W} is the injury estimate associated with three-wheel ATVs (excluding unknowns);

and

est_{UW} is the injury estimate associated with ATVs with an unknown number of wheels.

Appendix B

Table 8
Historical ATV-Related Emergency Department Treated Injury Estimates for ATVs with 3, 4, or Unknown Number of Wheels and for 4-wheel ATVs from 1985 to 2014

Year	Estimated Number of Injuries: All Ages (3, 4, and unknown number of wheels)	Estimated number of Injuries: Under 16 years (3, 4, and unknown number of wheels)	Estimated Number of Injuries: All Ages (4-wheel ATVs)
2014	93,700	24,800	92,200
2013	99,600	25,000	97,600
2012	107,900	26,500	105,000
2011	107,500	29,000	105,500
2010	115,000	28,300	111,900
2009	131,900	32,400	128,600
2008	135,100	37,700	131,700
2007	150,900	40,000	146,500
2006	146,600	39,300	140,900
2005	136,700	40,400	130,000
2004	136,100	44,700	129,500
2003	125,500	38,600	116,600
2002	113,900	37,100	104,800
2001	110,100	34,300	98,200
2000	92,200	32,000	82,300
1999	82,000	27,700	68,900
1998	67,800	25,100	57,100
1997	52,800	20,600	39,700
1996	53,600	20,200	40,700
1995	52,200	19,300	36,200
1994	50,800	21,400	33,300
1993	49,800	17,900	32,000
1992	58,200	22,000	33,000
1991	58,100	22,500	34,400
1990	59,500	22,400	30,800
1989	70,300	25,700	35,700
1988	74,600	28,500	39,400
1987	93,600	38,600	33,900
1986	106,000	47,600	23,400
1985	105,700	42,700	14,700

Sources: U.S. Consumer Product Safety Commission: National Electronic Injury Surveillance System, the Directorate for Epidemiology/Division of Hazard Analysis.

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