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Flanders (Belgium)

Peer-reviewed author version

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Characteristics of bicycle crashes in an adolescent population in Flanders (Belgium).

In: ACCIDENT ANALYSIS AND PREVENTION, 97, p. 103-110.

DOI: 10.1016/j.aap.2016.08.018

Handle: <http://hdl.handle.net/1942/23252>

# Characteristics of bicycle crashes in an adolescent population in Flanders (Belgium)

Subtitle: Retrospective study design using a school and insurance-based data collection

## ABSTRACT

*Introduction:* In regions where transportation is mainly motorized, air pollution and traffic congestion are rife. Active transportation such as cycling might be a solution but safety is a major concern. An efficient science based safety policy is needed. The aim of this paper is to analyze in depth the bicycle crash causes and characteristics in an adolescent population (14-18 yr).

*Methods:* By using questionnaires for self-reported bicycle crashes, bicycle crash data were collected from insurance companies (January 2014 to June 2015) and from schools (November 2013 to March 2014). Six bicycle crash causes were predefined and possible differences between schools and insurance companies were analyzed.

*Results:* Eighty-six school and 78 insurance registered crashes were analyzed. "Distraction of the cyclist" and "third party crossing a bicycle path failing to see the cyclist" are the main causes of bicycle crashes (both 29%). Bad (maintained) infrastructure accounted for 21% of the crash causes. Bicycle crashes reported at insurance companies needed significantly more medical attention and led to high absenteeism (57% at least one day of absenteeism). Only 21% of the bicycle crashes reported at insurance companies were also reported in the official police database.

21 *Conclusion:* The human factor was the main cause accounting for 79% of the crashes. Bicycle crashes  
22 involving a car accounted for 42% and single bicycle crashes accounted for 31% of the total number of  
23 crashes. From the bicycle crashes registered at insurance companies 21% was also registered in official  
24 police statistics. A combination of information, education and changing the bicycle specific  
25 environment might reduce the consequences of human errors more efficiently.

26

27 Key words: bicycling; safety; crash causes; adolescents; active mobility

## 28 Introduction

29 Exposure to noise and air pollution and traffic jams are important drawbacks in regions where  
30 transportation is mainly motorized. Policy makers are seeking solutions such as a modal shift from  
31 motorized to active transportation (cycling and walking) in order to reduce congestion and  
32 environmental pollution. Additionally, when replacing car trips by bicycle trips the increased physical  
33 activity has the potential to improve public health since physical inactivity is a major cause of several  
34 health issues like obesity and cardiovascular diseases (1-3). These health benefits far outweigh the  
35 small health risk associated from increased air pollution exposure (4-7). Despite the many advantages  
36 of cycling for transportation, the limited distance that can be overcome, the weather and safety are  
37 some serious drawbacks cited for not (taking up) cycling for daily transportation. The weather and  
38 distance cannot be influenced by policy makers, but some other factors such as the crash risk  
39 (perception) can be decreased with effective policies. Safety is for many people (adults and parents  
40 who decide for their children) a reason for not (taking up) cycling (8). Therefore, policymakers should  
41 invest in increasing the safety, by decreasing the prevalence and severity of crashed cyclists. This will  
42 have a positive influence on the health of those who already cycle and those who would like to take  
43 up cycling. Devising efficient and effective safety policies requires a good collection of data and sound  
44 analysis of cycling crashes.

45 Multiple approaches are used specifically to analyze bicycle crashes. Each method focuses on different  
46 aspects of bicycle safety. Studies analyzing bicycle crashes using hospital data often focus on the risk  
47 factors for serious injury (9-14). Whatever the outcome of these studies, they are based on incomplete  
48 bicycle crash data (15, 16) since only a small fraction are registered in hospital databases. Hospital  
49 registered events and injuries are biased towards more serious, major (crashes leading to a  
50 hospitalization of more than 24h) and fatal bicycle crashes. Additionally, these studies are more  
51 focused on the consequences of the crash rather than the cause and circumstances of these crashes.  
52 By understanding the causes and circumstances of bicycle crashes, policy makers can take appropriate  
53 steps to improve bicycle safety and reduce bicycle crash prevalence.

54 Studies using officially registered bicycle crash data (data that is used for policy guidelines such as  
55 police databases) contain wide age ranges because each bicycle crash victim that is registered through  
56 this instance will be recorded no matter the age of the victim. In contrast, the available studies that  
57 use self-reported bicycle crashes in a bicycling population are mostly done in a working population (17)  
58 (e.g. asking employees whether or not they were involved in a bicycle crash), meaning adults between  
59 18 years and 65 years are overrepresented in the available studies. There are no studies focusing on  
60 self-reported bicycle crash characteristics in an adolescent population (17). However, in Belgium  
61 between 2000 and 2007, 1713 adolescents (12–17 yrs) were involved in officially registered bicycle  
62 crashes compared to 831 young adults (18-24 yrs) or 1284 adults aged 25-39 yrs (18).

63 The self-reported method gives a more accurate representation of the crashes within an bicycling  
64 population regardless of the severity of the crashes and in addition it gives access to detailed  
65 information on the crash circumstances. However, this method registers a very small number of major  
66 crashes and therefore focuses more on minor crashes (19, 20). We suggest here that a combination of  
67 self-reported bicycle crashes and officially registered bicycle crashes could contain enough data for the  
68 analysis of both, minor and major bicycle crashes.

69 Therefore, the aim of this study was to analyze in depth the bicycle crash causes and characteristics in  
70 an adolescent population. By using self-reported bicycle crashes, detailed information on crash  
71 circumstances could be collected. Also aspects of subjective safety were taken into consideration (21-  
72 24). For this study, we collected bicycle crash data from insurance companies and from schools. We  
73 hypothesize that the self-reported crashes and injuries are less severe on average than those reported  
74 by insurance companies.

75

## 76 Methods

### 77 Definitions

78 A crash (25) was defined as either a collision or single bicycle crash. A collision was a crash with a third  
79 party involved regardless of fault. A single bicycle crash was a crash with no third party involved  
80 (including a collision with a fixed or stationary object) (26).

81 The term “self-reported” indicates that a questionnaire was filled out by the victim of a bicycle crash.  
82 Bicycle crashes needed to comply with all of the following inclusion criteria: (i) crash occurred during  
83 commuter cycling (cycling for transportation); (ii) acute crash; (iii) crash with material and/or physical  
84 damage; (iv) victims aged between 14 and 18 years at the time of the crash and (v) victims were riding  
85 a bicycle at the time of the crash. An acute crash was defined as a crash with a sudden etiology (e.g.  
86 slipping on a wet surface), as opposed to gradual or progressive etiology (e.g. pain in the knee from an  
87 overuse injury).

88 Bicycle crashes were excluded when the questionnaires were not filled out by the victims themselves  
89 or when the description of the bicycle crash circumstances was lacking .

### 90 Study design

91 In order to collect data of bicycle crashes in an adolescent population, this study combined bicycle  
92 crash data collected through eight schools and bicycle crashes registered at two insurance companies.

93 In Belgium, students are insured by the school during the trips from and to school. Therefore, if a  
94 student is involved in a crash with medical and/or material consequence, the school will report it to  
95 their insurance company. For the insurance registered bicycle crashes, insurance companies were  
96 asked to participate in the study.

97 Their crash database was screened by the research team for relevant crashes from January 2014 to  
98 June 2015. Subsequently, a letter with a link to an online questionnaire was sent to the victims of all  
99 relevant cases (N=527).

100

101 For the bicycle crashes collected through schools from November 2013 to March 2014, a total of 1600  
102 adolescents were personally contacted and asked whether they were involved in a bicycle crash in the  
103 past 12 months. When they were involved in a bicycle crash, the same questionnaire used for the  
104 insurance companies was filled out. Although adolescents could report more than one crash in the  
105 past 12 months, no one reported more than one crash. Before analysis, all questionnaires were  
106 screened for duplicates between insurance and school registered crashes. One duplicate in insurance  
107 and school registered crashes was excluded. After exclusion, we looked at both data sources separately  
108 since we expected the insurance registered crashes to be more severe.

109 The Vrije Universiteit Brussel ethical committee approved the study (B.U.N. 143201318030).

110

## 111 Questionnaires

112 For this study, recent literature on adolescents (8, 27, 28) was used to adapt the questionnaire used  
113 by de Geus et al. (2012) to the specific adolescent population. The questionnaire from de Geus et al.  
114 (2012) was inspired by existing national official registration systems for traffic crashes and recent  
115 literature (29). The questionnaire was designed to collect detailed information on the (i) context and  
116 circumstances of the crash, (ii) cause of the crash, (iii) presence and cause of possible physical injuries  
117 or material damage, (iv) type of injury, (v) protective and preventive measures taken at the time of the  
118 crash, (vi) medical care, (vii) reporting by police, insurance or hospital. The first two questions were

119 open questions: “Where were you cycling, what were the circumstances?” and “How did the crash  
120 happen, what went wrong?”. Those two first questions were used to define the cause of the crash. *The*  
121 *remaining questions were multiple choice. If the victims could not answer the question (couldn’t*  
122 *remember) they were asked to choose the “unknown” option.*

123

## 124 Injury severity

125 Information about injury severity was retrieved by several questions. For the first question, a detailed  
126 dummy figure showing 23 body parts was shown. Crash victims were asked to indicate each body part  
127 that was injured. In the second question the type of injury (eg, fractures, deep cuts, abrasions,  
128 contusion, sprain, muscle injury, burns) for each body part was asked. These two questions were used  
129 to identify the International Classification of Diseases (ICD-9-CM) and its related Survival Risk Ratios  
130 (SRR). The ICD-9-CM and the related SRRs of all reported injuries (based on US databases) were used  
131 to calculate the International Classification of Injury Severity Score (ICISS) according to Osler et al. 1996  
132 (30). The ICISS score is defined as the product of all SRRs for each individual person’s injuries. Scores  
133 range from 0 (fatal) to 1 (complete recovery). **Victims without injury got an ICISS score of 1 and were**  
134 **also included in the analysis.** For more details on different types of injury scores we refer to Van  
135 Belleghem et al. 2015 (31).

136 To further evaluate the severity of the crash, the following questions were asked: “Did you get any  
137 medical attention?” where the victims had four choices: 1) Yes, an ambulance brought me to the  
138 hospital; 2) Yes, someone brought me to a doctor or/hospital; 3) I took care of the injury myself with  
139 or without the help of my parents or school staff; 4) No medical attention needed. Another question  
140 concerning the injury severity was: “Did you stay in the hospital?”, where three answers were possible:  
141 1) No; 2) Yes<24h; 3) Yes>24h. The last question concerning the severity of the crash was whether or  
142 not there was an official police report where the victims had four choices: 1) the police came to the  
143 location of the crash; 2) **the victim** made a police report or 3) the victim did not remember.

144

145

## 146 Defining crash causes

147 We predefined five crash causes based on literature (32, 33), police recommendations and policy  
148 guidelines. First, there are the crashes caused by “distraction of the cyclist”. These are typically crashes  
149 where no other cause could be identified but the victim himself. Examples of these crashes are when  
150 cyclists ride side by side and they then hit each other with the handlebar or when a cyclist is riding  
151 hands free. The second defined cause was “infrastructure in bad state”. These crashes are  
152 characterized by single bicycle crashes and infrastructure plays an important role in the cause of the  
153 crash. Typically holes, bumps, branches, snow or ice are the cause of these crashes. A third defined  
154 cause was “failed to notice”. In these crashes a third party is involved and at least one party failed to  
155 notice the other party in an early phase of the decision making (32) and therefore a collision could not  
156 be avoided. A fourth cause was “technical failure” such as a shoe lace stuck in the bracket. The last  
157 predefined cause was “traffic rule infringement”. Typically **traffic rule infringements** are characterized  
158 by a misunderstanding when one party does not respect the traffic rules. For example a bicyclist  
159 crossing a street on a pedestrian crossing or expecting to have priority at a crossing where there is  
160 none (**traffic rule infringement of the bicyclist**), or a car driver overtaking a bicyclist when there is  
161 **not enough space and thereby hitting the bicyclist (traffic rule infringement of the third party)**.

162 These predefined causes were used in the analysis of the open question “How did the crash happen  
163 and what went wrong?”. nVIVO 10 (34) was used to perform thematic analysis of these open questions.  
164 Before analysis, possible variables were thought of based on bicycle crash literature. This included  
165 variables concerning involvement of a third party, crash type and crash cause. After an initial analysis  
166 we split up “traffic rule infringement” into “traffic rule infringement of the cyclist” and “traffic rule  
167 infringement of the third party”. We also redefined “failed to notice” in “third party crosses bicycle  
168 path” as this definition suited more the descriptions given by the crash victims. The causes “distraction



169 of the cyclist”, “traffic rule infringement”, “traffic rule infringement of the cyclist” and “third party  
170 crosses bicycle paths” were defined as ‘human error’. The final crash causes are shown in Table 5.

171 To avoid discussion on what the actual cause of the crash was, a secondary crash cause was defined in  
172 chronological order of the crash event. For example, when a victim described he was talking to a friend  
173 and failed to see the bump in the road, the first defined cause was “distraction” and the secondary  
174 cause was “bad infrastructure”. Primary and secondary cause were identical if no different secondary  
175 cause could be identified.

## 176 Statistical analysis

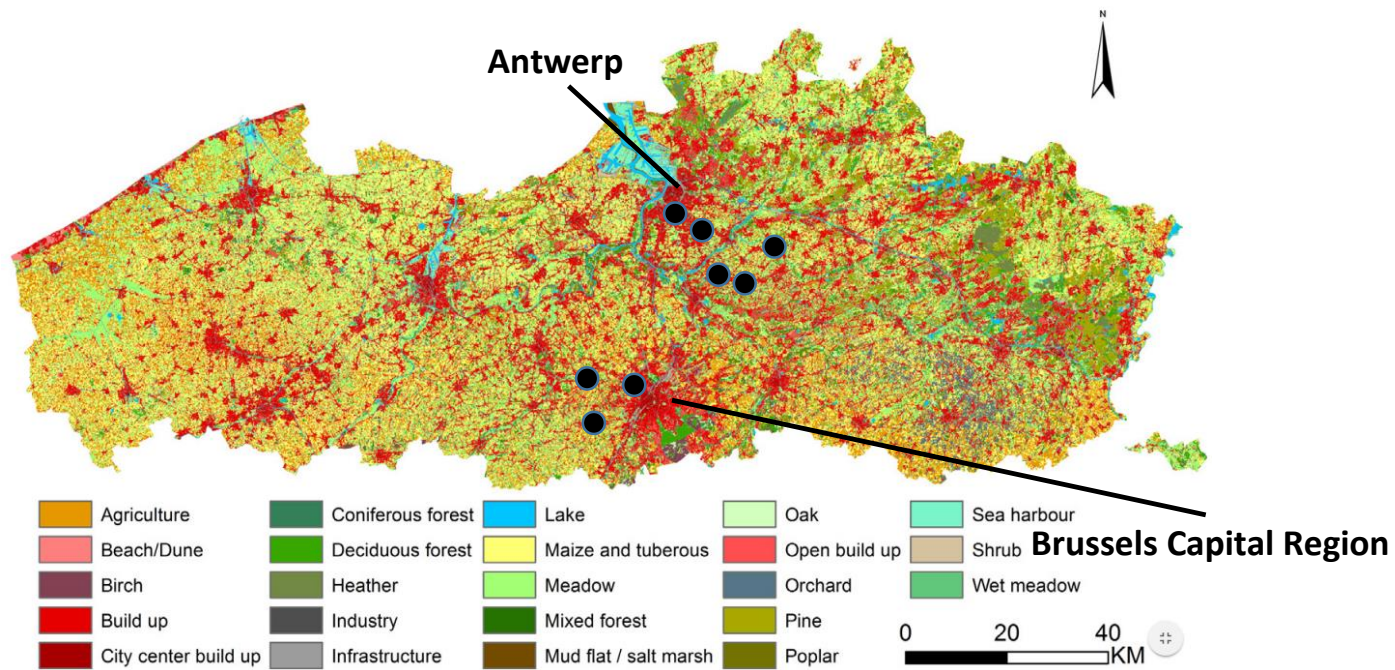
177 SPSS version 23 was used for statistical analysis. A chi-square test of independence was performed to  
178 examine the independence between data source (insurance vs school) and crash characteristics. Data  
179 with less than 6 cases were excluded for the post-hoc analysis due to a lack of power. Statistical  
180 significance was set at  $p < 0.05$  and corrected for alpha inflation due to multiple testing.

## 181 Study area

182 Data collected through the insurance companies covered the northern part (Flanders and Brussels  
183 Capital Region) of Belgium. Flanders is a small industrialized European region of 13.682 km<sup>2</sup> with  
184 approximately 7,500,000 inhabitants. The largest city next to Brussels is Antwerp with approximately  
185 500,000 inhabitants on 204 km<sup>2</sup>. Cities between Antwerp and Brussels tend to sprawl into their  
186 peripheries leading to dense road networks and favoring car use for commuting trips. In the Flanders  
187 region there is a road network of 70,604 km which comprises 4.3% of the surface (35). Fifty percent of  
188 the trips shorter than 5 km are done by car, 22.7% by bicycle and 19.1% are pedestrians. The modal  
189 share for trips more than 5 km is 61.8% for car trips, 14.6% for cyclists and 11% are pedestrians (36).

190 Figure 1. shows the major land-use categories in the Flemish and Brussels Capital region. The black  
191 dots indicate the location of the participating schools in urban and suburban areas.

192



193

194 *Figure 1. Study area and location of participating schools (37)*

195

196

## 197 Results

### 198 Participants

199 All participants were aged between 14-18 yrs. Hundred and two adolescents out of 1600 adolescents  
 200 that were contacted through the eight schools reported to have been involved in a bicycle crash in the  
 201 past twelve months. Eighty-six of them could be included for further analysis. The other crashes  
 202 occurred during leisure cycling or were bicycle crashes where the adolescent was not the cyclist but a  
 203 witness of a bicycle crash.

204 Five hundred and twenty-seven crashes were considered relevant in the insurance companies  
 205 databases. With a response rate of 16% and after filtering for the inclusion criteria, 77 completed  
 206 questionnaires remained (14.6%).

207 The average time between filling out the questionnaire and the date of the crash was shorter for the  
208 crashes registered at the insurance companies than for the crashes collected through schools,  $94 \pm 26$   
209 days and  $150 \pm 116$  days respectively ( $p=0.002$ ). Differences between genders could not be analyzed  
210 due to missing data. There were no differences according to age.

211

## 212 Road characteristics

213 Sixty seven percent of the crashes occurred on straight tracks and 12% of the crashes occurred in a  
214 curve. Nine percent of the crashes happened at an intersection with no traffic lights and 8% happened  
215 at intersections with traffic lights. The remaining crashes happened at a roundabout or at a pedestrian  
216 crossing.

217 In 47% of the crashes cyclists cycled on a road without any markings for cyclists. In another 16% of the  
218 crashes, cyclists were cycling on a bicycle path at road level separated with markings only. Twenty-two  
219 percent of the crashes occurred on a separated bicycle path and 9% of the crashes occurred on roads  
220 or tracks where no motorized vehicles were allowed. The remaining 5% of the crashes were on  
221 pedestrian paths.

222 In Table 1, road characteristics (**Infrastructural characteristics and bicycle path characteristics**) are  
223 split up for both sources, data collected through schools and data collected through insurance  
224 companies. A Chi square test was performed and no relationship was found between data sources and  
225 **infrastructural** characteristics  $X^2$  ( $df=5$ ,  $N=163$ )= $10.7$   $p=0.058$  **nor** between data sources and bicycle  
226 path characteristics  $X^2$  ( $df=4$ ,  $N=163$ )= $4.43$  and  $p=0.489$ .

227

228 *Table 1. Infrastructure characteristics and bicycle path characteristics*

<b>Infrastructural characteristics</b>	<b>Schools (N=86)</b>	<b>Insurance companies (N=77)</b>	<b>TOTAL (N=163)</b>
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Unknown #	9% (N=8)	3% (N=2)	7% (N=10)
Straight tracks	53% (N=46)	79% (N=61)	67% (N=107)
Curve #	12% (N=10)	7% (N=5)	12% (N=15)
Intersection without traffic-lights #	11% (N=9)	5% (N=4)	9% (N=13)
Intersection with traffic-lights #	13% (N=11)	5% (N=4)	8% (N=15)
Other #	3% (N=2)	2% (N=1)	4% (N=3)
<b>Bicycle path characteristics</b>	<b>Schools</b>	<b>Insurance companies</b>	<b>TOTAL</b>
No bicycle markings	49% (N=42)	44% (N=34)	47% (N=76)
Cycling on road level with markings	13% (N=11)	22% (N=17)	16% (N=28)
Cycling on separated bicycle path #	24% (N=21)	19% (N=15)	22% (N=36)
No motorized vehicles allowed #	7% (N=6)	15% (N=11)	10% (N=17)
Pedestrian paths #	7% (N=6)	0% (N=0)	5% (N=6)

229 # 6 cases or less for at least one of the data sources

230

231 [Time of day and weather conditions](#)

232 Forty-four percent of the victims couldn't remember the weather at the time of the crash and forty-

233 two percent of the victims couldn't remember the road condition in respect to the weather. From the

234 available questionnaires, 40% of the crashes occurred in dry weather but only 33% had also dry road

235 surfaces. Nine percent of the crashes occurred in the rain and 12% of the crashes happened on a wet  
 236 surface. Four percent of the crashes happened in snow or glazed frost and 11% of the crashes  
 237 happened on snowy, icy or frozen surface.

238 In Table 2 and Table 3, weather and road conditions are split up for both sources, data collected  
 239 through schools and data collected through insurance companies. A chi-square test was performed  
 240 and a relation was found between data source and road condition,  $X^2$  (df=4, N=163)=20.97 ( $p<0.000$ )  
 241 and between data source and weather,  $X^2$  (df=5, N=163)=18.57 ( $p<0.005$ ). Bicycle crash characteristics  
 242 collected through schools had less information on weather and road condition (more victims reported  
 243 they couldn't remember).

244 *Table 2. Weather conditions*

Weather	Schools (N=86)	Insurance companies (N=77)	TOTAL (N=163)
Unknown	57%* (N=49)	30%* (N=23)	44% (N=72)
Dry	26%* (N=22)	55%* (N=43)	40% (N=65)
Rain	8% (N=7)	10% (N=8)	9% (N=15)
Snow or glazed frost #	7% (N=6)	1% (N=1)	4% (N=7)
Foggy #	1% (N=1)	1% (N=1)	1% (N=2)
Strong winds #	1% (N=1)	1% (N=1)	1% (N=2)

245 # 6 cases or less for at least one of the data sources

246 \*post-hoc  $p<0.01$

247 *Table 3. Road conditions at the time of the crash*

Road condition	Schools (N=86)	Insurance companies (N=77)	TOTAL (N=163)
Unknown	57%* (N=49)	25%* (N=19)	42% (N=68)
Dry	20%* (N=17)	47%* (N=37)	33% (N=54)

Wet	10% (N=9)	15% (N=11)	12% (N=20)
Glazed frost, snow	12% (N=10)	11% (N=8)	11% (N=18)
Dirt, leaves, branches, etc. #	1% (N=1)	3% (N=2)	2% (N=3)

248 # 6 cases or less for at least one of the data sources

249 \*post hoc  $p < 0.01$

250 **Involvement of third party**

251 Thirty one percent of all registered bicycle crashes were single bicycle crashes. The other crashes  
 252 involved cars (42%), other cyclists (22%), pedestrians (4%) or a motorcycle (1%) (Table 4, second last  
 253 column). All crashes were subdivided based on the data source: schools and insurance (Table 4,  
 254 'TOTAL' columns). A chi-square test was performed and no **statistically significant relationship** was  
 255 found between data source and third party involvement,  $X^2$  (df=4, N=163)=6.71 ( $p=0.15$ ).

256 Because in Belgium, official statistics are based on statistic from police reports, we were interested to  
 257 know which accidents were reported to the police (Table 4, 'Reported to police'). In 12% of the crashes  
 258 the police came to the place of the crash and made an official police report. A chi-square test was  
 259 performed and a **statistically significant relationship** was found between data source and police  
 260 registration ,  $X^2$  (df=1, N=163)=9.03 ( $p=0.003$ ).

261 *Table 4 Portion of bicycle crashes categorized per involvement of a third party, with and without an official report of the*  
 262 *police*

Third party	Bicycle crashes collected through schools		Bicycle crashes collected through insurance companies		SUM of bicycle crashes collected through schools and insurance companies	
	TOTAL	Reported to police	TOTAL	Reported to police	GRAND TOTAL	Reported at police
Single bicycle crashes	N=30	N=1 (3%)	N=20	N=3 (16%)	N=50 (31%)	N=4 (8%)

Cyclist	N=15	N=0 (0%)	N=21	N=1 (5%)	N=36 (22%)	N=1 (3%)
Car	N=40	N=2 (5%)*	N=29	N=9 (35%)*	N=69 (42%)	N=11 (17%)
Pedestrian	N=2	N=1 (50%)	N=4	N=1 (25%)	N=6 (4%)	N=2 (33%)
Motor cycle	/		N=2	N=1 (50%)	N=2 (1%)	N=1 (50%)
Total	N=87	N=4 (5%)	N=76	N=16 (21%)	N=163	N=20 (12%)

263 / = no bicycle crashes registered in this category

264 \*post hoc  $p < 0.05$

265

## 266 Cause of the crashes (circumstances)

267 The frequency of **the primary** 6 predefined crash causes are shown in table 5. Infrastructure in bad  
268 condition accounted for 21% of the crash causes. This cause could be split up into “bad road condition”  
269 accounting for 6% of the crash causes and into “ice, snow, branches or other debris on the surface”  
270 accounting for 15% of the causes. 79% of the crashes were due to human error. A Chi square test was  
271 performed and no relationship was found between data sources and crash causes,  $\chi^2(df=5,$   
272  $N=163)=11.1$  ( $p=0.087$ ). Primary and secondary cause were identical in 87% of the cases.

273

274 *Table 5 Primary bicycle crash causes*

Cause	Schools (N=86)	Insurance companies (N=77)	TOTAL (N=163)
Distracted cyclist \$	34% (N=29)	23% (N=18)	29% (N=47)

Infrastructure in bad condition	26% (N=22)	15% (N=12)	21% (N=34)
Traffic rule infringement # \$	6% (N=5)	6% (N=5)	6% (N=10)
Traffic rule infringement of third party \$	12% (N=10)	19% (N=15)	15% (N=25)
Third party crosses bicycle path and failed to notice cyclist \$	23% (N=20)	35% (N=27)	29% (N=47)
Technical failure #	0% (N=0)	1% (N=1)	0% (N=1)

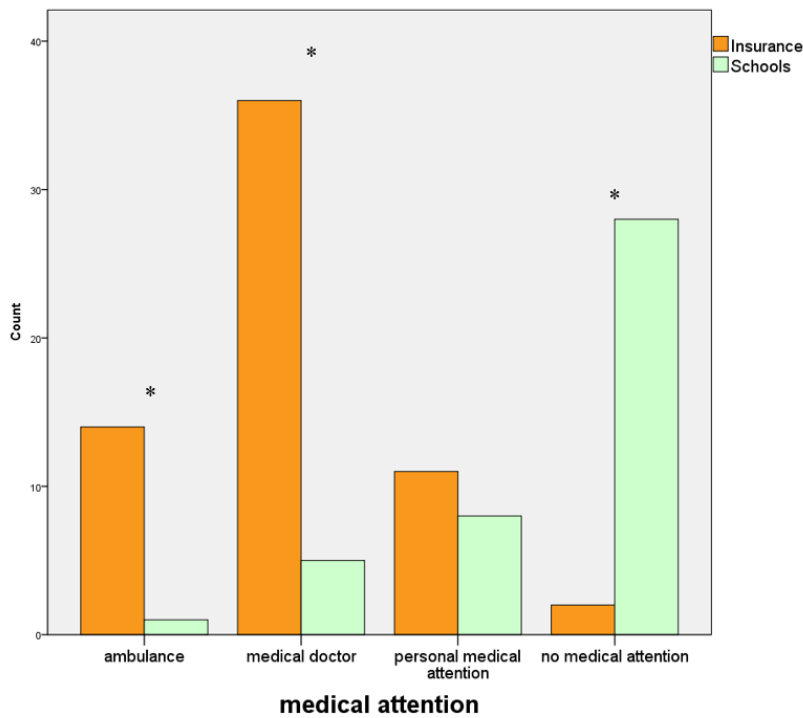
275 # 6 cases or less for at least one of the data sources

276 \$ human error

277 **Injury severity**

278 Hundred forty-five victims out of 163 included crashes reported whether or not they had a physical  
279 injury. The average ICISS score was  $0.9921 \pm 0.0277$ . There was no statistically significant difference in  
280 ICISS score between the schools and the insurance companies (ICISS scores:  $0.9938 \pm 0.0308$  and  
281  $0.9902 \pm 0.0237$  respectively). A Chi square test was performed and a relationship was found between  
282 data sources and medical attention,  $\chi^2(3, N=105)=55.7$  ( $p<0.001$ ) (figure 2). For the insurance  
283 companies, 43% of the victims had no absenteeism due to the bicycle crash whereas for the schools  
284 this was 98% ( $p<0.001$ ). Two percent of the victims were wearing a helmet at the time of the crash and  
285 11% was wearing high visibility clothing.





287

288 *Figure 2. Medical attention needed due to the bicycle crash; \* significant difference between insurance and schools data*  
 289 *( $p < 0.005$ )*

290

291 **Discussion**

292 The aim of the study was to analyze bicycle crash causes and characteristics in an adolescent  
 293 population in Flanders. **Hundred sixty-three** crashes were identified and analyzed in detail. Distraction  
 294 by the cyclist and bicycle path crossing by a third party were the most frequent causes of bicycle  
 295 crashes (both 29%). Traffic rule infringement accounted for 21% of the crashes. Together with  
 296 distraction and third party crossing a bicycle path, 79% of the crash causes in this study are due to a  
 297 ‘human factor’.

298 The importance of the ‘human factor’ in traffic crashes has been shown and studied before (33, 38-  
 299 40). It has been shown before that the use of mobile phones lead to lower cycling speeds, reduced  
 300 peripheral vision and had a negative impact on cycling performance (41). Using information and

301 publicity or changing traffic legislation on their own was shown to be unsuccessful in reducing road  
302 traffic crashes (42, 43). Nevertheless, active participation and education in traffic at younger age might  
303 improve the skills on public roads. However, reducing the human error to 0 is impossible. Therefore,  
304 rather than focusing solely on the 'human behavior', changing the immediate environment might  
305 reduce the consequences of human errors, made by all road users (44).

306 The crash cause "third party crossing a bicycle path" is often due to the "looked but failed to see"  
307 phenomenon (45). A cyclist is hard to perceive as a potential danger for a car driver, especially when  
308 there is a large number of dangers that might be expected for example at an intersection (45). By  
309 reducing other potential dangers and by concentrating the bicycle traffic on large lanes with bicycle  
310 specific infrastructure, a (group of) cyclist(s) might be recognized as potentially dangerous in an earlier  
311 phase in the decision making when exiting a driveway or making a turn.

312 Another important cause for bicycle crashes was the poorly maintained infrastructure (21%). These  
313 findings are in line with the results of de Geus et al. (19) where "distraction" and "third party crossing  
314 bicycle path" were not defined but poorly maintained road surface was found to be a major cause for  
315 bicycle crashes in an adult population. Often bicycle paths are not sprayed with brine or otherwise de-  
316 iced in the winter in contrast to the main road or they are not cleaned after a storm, leaving branches  
317 and other debris on the surface. Therefore, separated bicycle paths should be designed in such a way  
318 that frequent maintenance can be performed without restraint. Also the weather seems to have  
319 played an important role since 8% of the crashes occurred in the rain whereas in Belgium, it rains only  
320 6% of the time. The same goes for snow and glazed frost.

321 Bicycle crashes involving a car account for 42% of the reported crashes. Crossing bicycle paths and  
322 turning right are the most frequent causes (28%). These crashes are typically "failed to notice"  
323 incidents (45, 46). When a cyclist is on a straight track, the speed will be relatively high and when taken  
324 by surprise (e.g. opening doors or car exiting a driveway) crash consequences can be severe due to the  
325 higher speed and shorter reaction time. In order to reduce this type of crashes, car drivers (and

326 passengers) need to be more aware of the presence of cyclists or cyclists should cycle at a lower speed.  
327 Decreasing the number of “failed to notice” accidents can be achieved by increasing the visibility and  
328 the traffic situations should be made understandable and legible, so that (young) cyclists can focus on  
329 oncoming traffic (8). Urban planners should take into account that (young) children cycle at a lower  
330 height and are less visible for other road users and have a more limited view of the traffic situation  
331 compared with adults. Hedges, walls or other obstacles that obstruct the view of all road users should  
332 be avoided, cars should not be allowed to park in the direct surrounding of intersections and mirrors  
333 could be placed so road users can see what comes around the corner.

334 Single bicycle crashes accounted for 31% of the total number of crashes. They were caused by  
335 “distraction of the bicyclist” or “infrastructure in bad condition”. It has been shown that in countries  
336 where the modal share of bicyclists is high, single-bicycle crashes are common (47). Schepers et al. (28)  
337 found that about 50% of the single-bicycle crashes are related to infrastructure: the cyclist collides  
338 with an obstacle (12%), veered off the road (21%), the bicycle skidded due to a slippery road surface  
339 (18%), or the rider was unable to stabilize the bicycle or stay on the bike because of an uneven road  
340 surface (7%). The first two categories happen due to the cyclist inadvertently taking a dangerous riding  
341 line, while the last two happen under more direct influence of the road surface conditions.

342 Only 12% of all the bicycle crashes were reported by the police. The under-reporting of bicycle crashes  
343 is well known (19, 48, 49). In the study of de Geus et al., involving mostly minor bicycle crashes, 11%  
344 of the crashes had a police intervention but only 7% were also officially recorded. Despite this under-  
345 reporting, police databases are still the major source of information used to inform transportation and  
346 traffic safety policy. Our data shows that insurance companies register 5 times more bicycle crashes  
347 compared to the police databases. Therefore, by using data from insurance companies, a more  
348 complete and diverse dataset of bicycle crashes can be addressed and better science based decisions  
349 can be made when setting up transportation policy.

350 According to the ICISS scores there is no difference in Injury severity between the data collected  
351 through schools and data collected through insurance companies. Therefore our hypothesis that the  
352 datasets would be different in terms of severity needs to be rejected. However, when looking at figure  
353 2, the number of short hospitalizations and medical attention needed due to the bicycle crash was  
354 higher for crashes registered at insurance companies. **This suggest that they are associated with more  
355 severe injuries or that crashes with severe injuries are more likely to be reported to the insurance  
356 companies.** Therefore we can hypothesize that crashes registered at insurance companies may have a  
357 more important economic impact than self-reported bicycle crashes (50).

358 Some limitations must be considered when interpreting our results. **The answers at the end of the  
359 questionnaire were missing in many cases. This was probably due to the length of the questionnaire  
360 and the inherent loss of motivation to fill out the questionnaire. Therefore the relationship between  
361 gender and accident risk could not be analyzed.** *A weakness of a retrospective study design is the  
362 recall bias, resulting in the fact that especially the most serious crashes will be remembered or  
363 registered. There might be a difference in recall bias between schools and insurance companies since  
364 the average time between filling out the questionnaire and the date of the crash was shorter for the  
365 crashes registered at the insurance companies ( $94 \pm 26$  days) than for the crashes collected through  
366 schools ( $150 \pm 116$  days). Additionally, the response rate to the questionnaire from the insurance  
367 companies was very low (15%). Therefore, this data may not be representative for the whole insurance  
368 database. Also here, we could expect that victims of serious crashes were more likely to respond to the  
369 questionnaire. No measure of exposure (e.g. distance, time, trips) could be included. Therefore we  
370 cannot make any statement on what would be the safest or most risky type of bicycle infrastructure  
371 (17).*

## 372 Conclusion

373 **We found that the human factor was the main cause in 79% of the crashes in our study.** These crashes  
374 occurred at places where a third party crossed the bicycle path (and failed to see the cyclist) or because  
375 there was a lack of attention of the cyclist. Safety can be improved by: building adapted infrastructure

376 (to improve mutual visibility and avoid conflicts), interventions to keep road users focused on the road  
377 and each other and avoid traffic rule infringements.

378 All bicycle crashes reported at insurance companies are relevant crashes for the society since they have  
379 medical and/or financial consequences. However, only 21% of the bicycle crashes registered at  
380 insurance companies were registered in police databases and thus 79% of the crashes are excluded in  
381 official statistics used for policy makers. Incorporating data from insurance companies in national  
382 statistics might lead to a better decision **and policies on cycling**.

### 383 [Acknowledgements](#)

384 Support for this study was provided by the grant of an FWO-Levenslijn project (GOC7113N). The  
385 Authors want to thank the Ethias and KBC insurance companies for their cooperation. Also special  
386 thanks to the eight participating schools: GITHO, KLA, Pulhof, St.- Aloysiuscollege Ninove, SUI,  
387 Hagelstein, St.-Jozefinstituut Ternat and Maria Boodschaplyceum.

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### 389 [References](#)

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- 391 1. Dill J. Bicycling for transportation and health: the role of infrastructure. J Public Health Policy.  
392 2009;30 Suppl 1:S95-110.
- 393 2. Gordon-Larsen P, Boone-Heinonen J, Sidney S, Sternfeld B, Jacobs DR, Lewis CE. Active  
394 Commuting and Cardiovascular Disease Risk The CARDIA Study. Arch Intern Med. 2009;169(13):1216-  
395 23.
- 396 3. Oja P, Titze S, Bauman A, de Geus B, Krenn P, Reger-Nash B, et al. Health benefits of cycling: a  
397 systematic review. Scandinavian journal of medicine & science in sports. 2011;21(4):496-509.
- 398 4. Buekers J, Dons E, Eelen B, Int Panis L. Health impact model for modal shift from car use to  
399 cycling or walking in Flanders: application to two bicycle highways. Journal of Transport & Health.  
400 2015;2(4):13.
- 401 5. Rabl A, de Nazelle A. Benefits of shift from car to active transport. Transport Policy.  
402 2012;19(1):121-31.
- 403 6. de Hartog JJ, Boogaard H, Nijland H, Hoek G. Do the Health Benefits of Cycling Outweigh the  
404 Risks? Environ Health Persp. 2010;118(8):1109-16.
- 405 7. Rojas-Rueda D. Health economic assessment tool (HEAT) for cycling and walking: Review  
406 meeting WHO; Copenhagen, Denmark 2012.
- 407 8. Ghekiere A, Van Cauwenberg J, de Geus B, Clarys P, Cardon G, Salmon J, et al. Critical  
408 environmental factors for transportation cycling in children: a qualitative study using bike-along  
409 interviews. Plos One. 2014;9(9):e106696.

- 410 9. Thomas S, Acton C, Nixon J, Battistutta D, Pitt WR, Clark R. Effectiveness of Bicycle Helmets in  
411 Preventing Head-Injury in Children - Case-Control Study. *Brit Med J.* 1994;308(6922):173-6.
- 412 10. Macpherson AK, To TM, Macarthur C, Chipman ML, Wright JG, Parkin PC. Impact of  
413 mandatory helmet legislation on bicycle-related head injuries in children: A population-based study.  
414 *Pediatrics.* 2002;110(5).
- 415 11. Depreitere B, Van Lierde C, Maene S, Plets C, Sloten JV, Van Audekercke R, et al. Bicycle-  
416 related head injury: a study of 86 cases. *Accident Anal Prev.* 2004;36(4):561-7.
- 417 12. Rivara FP, Thompson DC, Thompson RS. Epidemiology of bicycle injuries and risk factors for  
418 serious injury. *Injury Prevention.* 2015;21(1):47-51.
- 419 13. Nyberg P, Bjornstig U, Bygren LO. Road characteristics and bicycle accidents. *Scandinavian  
420 journal of social medicine.* 1996;24(4):293-301.
- 421 14. Mehan TJ, Gardner R, Smith GA, McKenzie LB. Bicycle-Related Injuries Among Children and  
422 Adolescents in the United States. *Clin Pediatr.* 2009;48(2):166-73.
- 423 15. Elvik R, Mysen, A.B. Incomplete Accident Reporting Meta-analysis of studies made in 13  
424 countries. *Transp Res Record.* 1999;1665(99-0047):8.
- 425 16. Juhra C, Wieskotter B, Chu K, Trost L, Weiss U, Messerschmidt M, et al. Bicycle accidents - Do  
426 we only see the tip of the iceberg? A prospective multi-centre study in a large German city combining  
427 medical and police data. *Injury.* 2012;43(12):2026-34.
- 428 17. Vanparijs J, Int Panis L, Meeusen R, de Geus B. Exposure measurement in bicycle safety  
429 analysis: A review of the literature. *Accid Anal Prev.* 2015;84:9-19.
- 430 18. Martens H, Nuyttens N. Themarapport fietsers\_verkeersongevallen met fietsers. Belgisch  
431 Instituut Voor Verkeersveiligheid, 2009.
- 432 19. de Geus B, Vandenbulcke G, Int Panis L, Thomas I, Degraeuwe B, Cumps E, et al. A  
433 prospective cohort study on minor accidents involving commuter cyclists in Belgium. *Accid Anal Prev.*  
434 2012;45:683-93.
- 435 20. Poulos RG, Hatfield J, Rissel C, Flack LK, Murphy S, Grzebieta R, et al. An exposure based  
436 study of crash and injury rates in a cohort of transport and recreational cyclists in New South Wales,  
437 Australia. *Accid Anal Prev.* 2015;78:29-38.
- 438 21. Cho G, Rodriguez DA, Khattak AJ. The role of the built environment in explaining relationships  
439 between perceived and actual pedestrian and bicyclist safety. *Accid Anal Prev.* 2009;41(4):692-702.
- 440 22. Carver A, Timperio A, Hesketh K, Crawford D. Are children and adolescents less active if  
441 parents restrict their physical activity and active transport due to perceived risk? *Soc Sci Med.*  
442 2010;70(11):1799-805.
- 443 23. Chaurand N, Delhomme P. Cyclists and drivers in road interactions: A comparison of  
444 perceived crash risk. *Accident Anal Prev.* 2013;50:1176-84.
- 445 24. Noland RB. Perceived Risk and Modal Choice - Risk Compensation in Transportation System.  
446 *Accident Anal Prev.* 1995;27(4):503-21.
- 447 25. Davis RM, Pless B. BMJ bans "accidents" - Accidents are not unpredictable. *Brit Med J.*  
448 2001;322(7298):1320-1.
- 449 26. Schepers P, Agerholm N, Amoros E, Benington R, Bjornskau T, Dhondt S, et al. An  
450 international review of the frequency of single-bicycle crashes (SBCs) and their relation to bicycle  
451 modal share. *Inj Prev.* 2015;21(e1):e138-43.
- 452 27. Schoeppe S, Oliver M, Badland HM, Burke M, Duncan MJ. Recruitment and Retention of  
453 Children in Behavioral Health Risk Factor Studies: REACH Strategies. *Int J Behav Med.* 2014;21(5):794-  
454 803.
- 455 28. Schepers P, Wolt KK. Single-bicycle crash types and characteristics. *Cycling Research  
456 International.* 2012;2:16.
- 457 29. Kim JK, Kim S, Ulfarsson GF, Porrello LA. Bicyclist injury severities in bicycle-motor vehicle  
458 accidents. *Accident Anal Prev.* 2007;39(2):238-51.
- 459 30. Osler T, Rutledge R, Deis J, Bedrick E. ICISS: An International Classification of Disease-9 based  
460 Injury Severity Score. *J Trauma.* 1996;41(3):380-7.

- 461 31. Van Belleghem G, Devos S, De Wit L, Hubloue I, Lauwaert D, Pien K, et al. Predicting in-  
462 hospital mortality of traffic victims: A comparison between AIS-and ICD-9-CM-related injury severity  
463 scales when only ICD-9-CM is reported. *Injury*. 2015.
- 464 32. Otte D, Pund B, Jansch M. a new approach of accident causation analysis by seven steps.  
465 ESV-conference; Stuttgart2009.
- 466 33. Ballham A, Absoud EM, Kotecha MB, Bodiwala GG. A Study of Bicycle Accidents. *Injury*.  
467 1985;16(6):405-8.
- 468 34. Wiltshier F. Researching With NVivo. 2011. 2011;12(1).
- 469 35. De Geest C. Ruimtegebruik door transportnetwerk, MIRA Vlaanderen. 2011.
- 470 36. Zwerts E, Nuyts E. Onderzoek verplaatsingsgedrag Vlaanderen (januari 2000-januari 2001)  
471 Deel 3A: Analyse personenvragenlijst. Diepenbeek, Belgium: Regional University College of Limburg,  
472 2002.
- 473 37. Poelmans L, Engelen G, Van Daele T. Land-Use Map. NARA-T 2014. VITO, by order of INBO;  
474 2014.
- 475 38. Otte D, Jansch M, Haasper C. Injury protection and accident causation parameters for  
476 vulnerable road users based on German In-Depth Accident Study GIDAS. *Accid Anal Prev*.  
477 2012;44(1):149-53.
- 478 39. Rasanen M, Summala H. Attention and expectation problems in bicycle-car collisions: an in-  
479 depth study. *Accid Anal Prev*. 1998;30(5):657-66.
- 480 40. Lund J, Aaro LE. Accident prevention. Presentation of a model placing emphasis on human,  
481 structural and cultural factors. *Safety Sci*. 2004;42(4):271-324.
- 482 41. de Waard D, Schepers P, Ormel W, Brookhuis K. Mobile phone use while cycling: incidence  
483 and effects on behaviour and safety. *Ergonomics*. 2010;53(1):30-42.
- 484 42. Mackay G. Sharing responsibilities for road safety. European Transport Safety Council2001.
- 485 43. Roberts I, Mohan D, Abbasi K. War on the roads. *Bmj*. 2002;324(7346):1107-8.
- 486 44. Reason J. Human error: models and management. *Western J Med*. 2000;172(6):393-6.
- 487 45. Koustanai A, Boloix E, Van Elslande P, Bastien C. Statistical analysis of "looked-but-failed-to-  
488 see" accidents: Highlighting the involvement of two distinct mechanisms. *Accident Anal Prev*.  
489 2008;40(2):461-9.
- 490 46. Herslund MB, Jorgensen NO. Looked-but-failed-to-see-errors in traffic. *Accident Anal Prev*.  
491 2003;35(6):885-91.
- 492 47. Heesch KC, Garrard J, Sahlqvist S. Incidence, severity and correlates of bicycling injuries in a  
493 sample of cyclists in Queensland, Australia. *Accid Anal Prev*. 2011;43(6):2085-92.
- 494 48. Veisten K, Saelensminde K, Alvaer K, Bjornskau T, Elvik R, Schistad T, et al. Total costs of  
495 bicycle injuries in Norway: Correcting injury figures and indicating data needs. *Accident Analysis &*  
496 *Prevention*. 2007;39(6):pp 1162-9.
- 497 49. Doom R, Derweduwen P. Optimisation of road accident statistics and use in urban safety  
498 management. Center for Sustainable Development (CSD) and the elgian Science Policy (BSP), 2005.
- 499 50. Aertsens J, de Geus B, Vandenbulcke G, Degraeuwe B, Broekx S, De Nocker L, et al.  
500 Commuting by bike in Belgium, the costs of minor accidents. *Accid Anal Prev*. 2010;42(6):2149-57.

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