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1 **Cyclist crash rates and risk factors in a prospective cohort in seven European cities**

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#### 4 **Abstract**

5 Increased cycling uptake can improve population health, but barriers include real and perceived  
6 risks. Crash risk factors are important to understand in order to improve safety and increase  
7 cycling uptake. Many studies of cycling crash risk are based on combining diverse sources of  
8 crash and exposure data, such as police databases (crashes) and travel surveys (exposure),  
9 based on shared geography and time. When conflating crash and exposure data from different  
10 sources, the risk factors that can be quantified are only those variables common to both  
11 datasets, which tend to be limited to geography (e.g. countries, provinces, municipalities) and a  
12 few general road user characteristics (e.g. gender and age strata). The Physical Activity through  
13 Sustainable Transport Approaches (PASTA) project was a prospective cohort study that  
14 collected both crash and exposure data from seven European cities (Antwerp, Barcelona,  
15 London, Örebro, Rome, Vienna and Zürich). The goal of this research was to use data from the  
16 PASTA project to quantify exposure-adjusted crash rates and model adjusted crash risk factors,  
17 including detailed sociodemographic characteristics, attitudes about transportation,  
18 neighbourhood built environment features and location by city. We used negative binomial  
19 regression to model the influence of risk factors independent of exposure. Of the 4,180 cyclists,  
20 10.2% reported 535 crashes. We found that overall crash rates were 6.7 times higher in London,  
21 the city with the highest crash rate, relative to Örebro, the city with the lowest rate. Differences  
22 in overall crash rates between cities are driven largely by crashes that did not require medical  
23 treatment and that involved motor-vehicles. In a parsimonious crash risk model, we found  
24 higher crash risks for less frequent cyclists, men, those who perceive cycling to not be well

25 regarded in their neighbourhood, and those who live in areas of very high building density.

26 Longitudinal collection of crash and exposure data can provide important insights into

27 individual differences in crash risk. Substantial differences in crash risks between cities,

28 neighbourhoods and population groups suggest there is great potential for improvement in

29 cycling safety.

30 *Keywords:* cycling safety, crash rates, risk factors, Europe, cohort

31

32 **1.0 Introduction**

33 Cycling for transport has many potential societal benefits. Increased cycling can improve  
34 population health outcomes through increased physical activity (de Hartog et al., 2010; Götschi  
35 et al., 2016; Mueller et al., 2015; Rojas-Rueda et al., 2016). Cycling also has potential harms,  
36 both real and perceived, that prevent concerned individuals from cycling. Negative safety  
37 perceptions are a main barrier to cycling (Heinen et al., 2010; Willis et al., 2015). Cyclists have  
38 higher risks of injury and/or fatality than other road users in highly motorized countries (Beck et  
39 al., 2007; Mindell et al., 2012; Reynolds et al., 2017; Scholes et al., 2018; Wegman et al., 2012).

40 It is critical to understand risk factors for cycling crashes to identify potential strategies  
41 for interventions. Studies of crash incidence require both crash and exposure data (e.g., cycling  
42 distance or duration) for a specified area and time (Götschi et al., 2016; Vanparijs et al., 2015).  
43 Exposure-based studies of cycling risk are typically conducted by compiling crash and exposure  
44 data from different sources, generally police databases (crashes) and travel surveys (exposure)  
45 (Castro et al., 2018; Hautzinger et al., 2007). Comparative studies of crash risk require attributes  
46 that are common to both the crash and exposure datasets. When combining crash and  
47 exposure data from different sources, common attributes tend to be limited to geography (e.g.  
48 countries, provinces, municipalities) and a few general road user characteristics (age and  
49 gender strata) (Beck et al., 2007; Blaizot et al., 2013; Mindell et al., 2012; Reynolds et al., 2017;  
50 Santamarina-Rubio et al., 2014; Scholes et al., 2018; Teschke et al., 2013). As a result, most  
51 exposure-based risk studies that combine disparate exposure and crash data are not able to  
52 provide detailed explorations of crash risk factors, such as individual user characteristics

53 including cycling frequency, perception of their social environment, and neighbourhood  
54 features. Furthermore, different sources of data also make comparisons across different cities  
55 problematic.

56 Most exposure-based studies of cycling risk typically use crashes reported to police  
57 and/or hospital databases which under report less-serious injuries and crashes without injury  
58 (Amoros et al., 2006; de Geus et al., 2012; Elvik and Mysen, 1999; Juhra et al., 2012; Langley et  
59 al., 2003; Vanparijs et al., 2016; Veisten et al., 2007; Watson et al., 2015; Winters and Branion-  
60 Calles, 2017) and can make comparisons across different regions problematic due to potential  
61 differences in reporting practices (Yannis et al., 2014). Less severe crashes and crashes without  
62 injury are important to capture as they comprise the vast majority of crashes that occur and are  
63 a substantial economic cost to society (Aertsens et al., 2010; Veisten et al., 2007), considering  
64 treatment costs, productivity loss or leisure time loss (Aertsens et al., 2010). Furthermore,  
65 minor crashes and crashes without injury can negatively affect how individuals perceive cycling  
66 safety (Sanders, 2015), which may reduce cycling uptake and therefore minimize the net  
67 potential health and other benefits from cycling.

68 Prospective cohort studies offer an opportunity to address these limitations by  
69 collecting data on a range of crash types, including single bicycle crashes or crashes without  
70 injury (de Geus et al., 2012; Poulos et al., 2012). Furthermore, participant-specific travel  
71 behaviour can also be collected concurrently (Vanparijs et al., 2015), while also permitting the  
72 identification of individual sociodemographic, behavioural, social environment and built  
73 environment factors associated with crash risk. As a result, this design can allow for collection

74 of less-severe crash types, more accurate calculation of crash rates and identification of  
75 individual level crash risk factors.

76 The Physical Activity through Sustainable Transport Approaches (PASTA) project was a  
77 prospective cohort study that used a longitudinal web survey of over 10,000 individuals residing  
78 in seven cities across Europe that collected crash and exposure data simultaneously (Gerike et  
79 al., 2016). The goal of this study was to use data from the PASTA project to quantify exposure-  
80 adjusted crash rates and model crash risk factors, including sociodemographic characteristics,  
81 social environment (including attitudes and social norms), and neighbourhood-built  
82 environment features.

## 83 **2.0 Materials and Methods**

### 84 **2.1 Study Area**

85 Our study area includes the cities in which participants were recruited for the PASTA project  
86 (Antwerp/Belgium, Barcelona/Spain, London/UK, Örebro/Sweden, Rome/Italy, Vienna/Austria  
87 and Zürich/Switzerland) (Gerike et al., 2016). These cities represent a range of environments in  
88 terms of size, population characteristics, mode shares, built environment, and culture (Table 1).  
89 Örebro and Antwerp have the highest levels of cycling, with 25% and 23% of trips being made  
90 by bicycle, respectively (Mueller et al., 2018). Örebro is also the least dense of the cities but is  
91 supported by a well maintained hierarchical network of cycling infrastructure, consisting of high  
92 speed regional cycling corridors that feed into local networks (PASTA Consortium, 2018a).  
93 Antwerp is a much more dense city than Örebro and is supported by a vast network of cycle  
94 paths and an extensive bike share program (PASTA Consortium, 2018b). Vienna has the next  
95 highest mode share at 6% (Mueller et al., 2018). This city is characterised by particularly high



96 dynamics in cycling promotion. Having started with the active promotion of cycling not as long  
97 ago as some of the other cities in this study such as Antwerp or Örebro, it has today one of the  
98 largest cycling networks amongst the PASTA cities (PASTA Consortium, 2018c). Zürich has a  
99 modest 4% of trips made by bike (Mueller et al., 2018). Historically, other modes of  
100 transportation have been prioritized over cycling in Zürich resulting in an excellent public  
101 transportation system along with a high mode share of walking, but a fragmented cycling  
102 network (PASTA Consortium, 2018d). London has seen an increase in both investment in the  
103 cycling network and growth in cycling trips (Aldred and Dales, 2017) but still has a cycling mode  
104 share of only 3% (Mueller et al., 2018). Similar to London, Barcelona has expanded their cycling  
105 network significantly in recent years and is considered to be an emerging city for cycling (PASTA  
106 Consortium, 2018e) but currently only has a mode share of 2% (Mueller et al., 2018). Finally,  
107 Rome has the lowest cycling mode share at 1% (Mueller et al., 2018), a very limited cycling  
108 network and is considered to be a challenging place to get around by bicycle (PASTA  
109 Consortium, 2018f).

110

<b>City</b>	<b>Antwerp</b>	<b>Barcelona</b>	<b>London</b>	<b>Örebro</b>	<b>Rome</b>	<b>Vienna</b>	<b>Zürich</b>
<b>Country</b>	<b>Belgium</b>	<b>Spain</b>	<b>United Kingdom</b>	<b>Sweden</b>	<b>Italy</b>	<b>Austria</b>	<b>Switzerland</b>
Population <sup>a</sup>	502,604	1,620,943	8,538,689	138,952	2,683,842	1,741,246	398,575
Area (Km <sup>2</sup> ) <sup>a</sup>	204	102	1,572	1,373	1,285	415	92
Population Density (pop/km <sup>2</sup> ) <sup>a</sup>	2,464	15,892	5,432	101	2,089	4,196	4,332
Cycling Mode Share (%) <sup>b</sup>	23	2	3	25	1	6	4
Cyclists/day <sup>c</sup>	113,509	26,532	235,288	26,538	18,846	75,685	16,416
Mean distance (km) <sup>c</sup>	3.84	3.5	3	3.3	7.7	3.3	2.77
Mean time (mins) <sup>c</sup>	14.4	16.2	22.8	16.2	24	18.6	14.4
Cycling network km (OSM) <sup>d</sup>	469.17	159.54	969.17	361.35	120.64	715.63	118.36
Street network km (OSM) <sup>d</sup>	1,651.74	1,554.56	16,439.74	3,045.27	8,281.36	3,946.11	1,193.59
Cycling network / street network <sup>d</sup>	0.28	0.10	0.06	0.12	0.01	0.18	0.10
Fatalities/year <sup>e</sup>	4	3	13	1	4	3	1
Cycling km/ year <sup>e</sup>	313,625,445	89,663,002	463,174,636	59,361,390	98,362,110	219,430,669	45,048,048
Fatalities/ billion km <sup>e</sup>	13	33	28	17	41	14	22

112 <sup>a</sup> Data compiled in Gerike et al. (2016) and refer to the year 2012.

113 <sup>b</sup> Data compiled in Mueller et al (2018). Antwerp, Barcelona, London, Örebro, Rome, Vienna and Zürich based on data from 2011, 2012, 2012, 2011, 2014,  
114 2012, 2010, respectively.

115 <sup>c</sup> Data compiled in Mueller et al (2018). Antwerp, Barcelona, London, Örebro, Rome, Vienna and Zürich based on data from 2013, 2006/2015, 2013, 2011, 2014,  
116 2013, 2010, respectively.

117 <sup>d</sup> Data compiled in Mueller et al (2018) from OpenStreetMap as of October 2017.

118 <sup>e</sup> Data compiled in Mueller et al (2018). Antwerp, Barcelona, London, Örebro, Rome, Vienna and Zürich based on traffic fatality data from 2011-2014, 2011-  
119 2015, 2014, 2012, 2015, 2010-2015, 2006-2010, respectively.

120

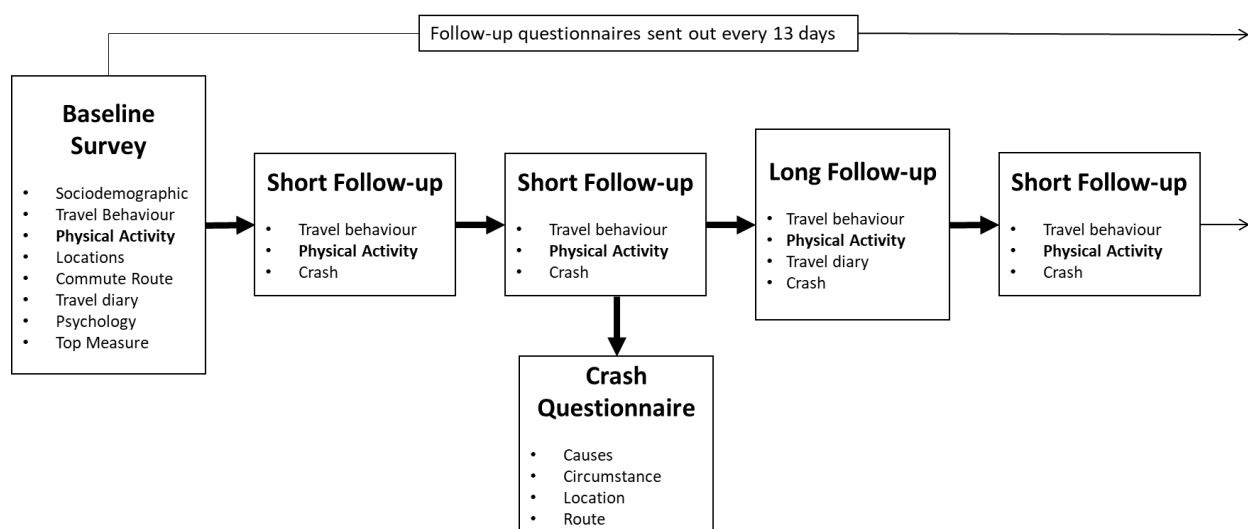
## 121 **2.2 Study Design**

122 Cycling crash and exposure data were collected as a part of the larger PASTA project (Gerike et  
123 al., 2016). The project used a longitudinal web-based survey (Dons et al., 2015). Data were  
124 collected between November 2014 (April 2015 in Örebro) and December 2016, primarily  
125 through an opportunistic sampling approach, though some participants in Örebro were  
126 recruited through random sampling. Participants were recruited with the same methods across  
127 all cities, which included press releases/editorials, consistent design of promotional materials,  
128 translation of promotional materials to local languages, close collaboration with local  
129 stakeholders networks to distribute information, promotion of the study through social media  
130 and participation incentivization through a prize lottery (except for Örebro where lotteries were  
131 not permitted) (Gaupp-Berghausen et al., 2019). A participant could enter (and leave) the study  
132 at any point within the data collection period. Participants were required to be at least 18 years  
133 of age, except for Zürich, where the minimum age was 16 years. The survey oversampled  
134 cyclists to ensure sufficient statistical power for analysis in cities with a low cycling mode share  
135 (Raser et al., 2018).

136         The PASTA project consisted of a comprehensive baseline questionnaire followed by  
137 follow-up surveys (Figure 1). The baseline questionnaire collected data on sociodemographic  
138 characteristics, travel behaviour, physical activity, information regarding locations of their  
139 home, work and school, as well as data on attitudes toward transportation. Follow-up survey  
140 invitations were sent every 13 days after completion of a questionnaire to collect prospective

141 repeated measurements of travel, physical activity behavior, and safety incidents. Each follow-  
 142 up survey included a modified version of the Global Physical Activity Questionnaire (GPAQ)  
 143 aimed at estimating the duration and frequency of cycling in the previous week (World Health  
 144 Organization, 2019). Every third follow-up included a 1-day travel diary. A custom designed  
 145 web-survey platform automatically sent reminder emails for participants to complete  
 146 questionnaires.

147



148

149 *Figure 1: Longitudinal Survey Design for PASTA participants*

### 150 **2.3 Cycling Exposure and Crash Data**

151 We estimated cycling duration from the modified version of the GPAQ administered in  
 152 every follow-up survey. The questionnaire consisted of the following two questions: 1) “In the  
 153 previous 7-days on how many days do you cycle for at least 10 minutes continuously to get to  
 154 and from places?” and 2) “Typically, how much time do you spend cycling on such a day?”.

155 To obtain an estimate of weekly duration of cycling at each follow-up, we multiplied the  
156 number of days cycled by the typical time spent cycling. To estimate the total cycling exposure  
157 for the study, we multiplied the average of a participants weekly cycling over all follow-ups by  
158 the number of weeks between the date they entered the study and the date of the last follow-  
159 up survey they completed.

160 For capturing safety incidents, each follow-up survey asked, “Since the last time you  
161 filled out a questionnaire..., have you experienced any safety relevant incidents (i.e. a collision,  
162 fall or near miss as a pedestrian, cyclists, in public transport or driving)?” If participants had  
163 experienced a collision or fall, they were asked to complete a crash questionnaire for each case.  
164 This crash questionnaire collected details of circumstances including the crash type (fall, crash  
165 with motor vehicle, crash with cyclist or crash with pedestrian), injury (injury or non-injury) and  
166 medical treatment (none, treated without doctor, treated by doctor, brought to hospital,  
167 hospitalized). We only include collisions and falls while cycling in our analysis (e.g., we removed  
168 falls or crashes while using other modes of transport) referred to collectively as crashes in this  
169 paper.

## 170 **2.4 Covariates**

171 The PASTA study followed a comprehensive framework to understanding active travel  
172 behaviour, and aimed to not only measure sociodemographic characteristics, but also the  
173 characteristics of their social and built environments (Götschi et al., 2017). For this analysis, we  
174 selected the sociodemographic, social and built environment characteristics from the baseline  
175 survey that were either previously identified as risk factors in other cyclist cohorts (Degraeuwe

176 et al., 2015; Poulos et al., 2015; Tin Tin et al., 2013; Vanparijs et al., 2015), or had a plausible  
177 association with crash risk, such as perceptions of traffic safety. Sociodemographic  
178 characteristics included age, gender, education, body mass index (BMI), and whether the cyclist  
179 had a driver's license. Perceptions of built and social environments were included as well,  
180 where participants rated their level of agreement with whether cycling for travel was  
181 comfortable, whether cycling for travel was safe with regards to traffic, whether cycling was  
182 well regarded in their neighborhood, and whether cycling was common in their neighbourhood.  
183 For each participant we also generated objective measures of the built environment around a  
184 participant's home (300m) including cycling infrastructure density, building density and a  
185 measure of "greenness" the Normalized Difference Vegetation Index (NDVI). These were  
186 derived by mapping the participants' residential locations to geospatial data from local  
187 partners, and/or open data infrastructure including from the European Environment Agency  
188 and OpenStreetMap.

## 189 **2.5 Data cleaning and dealing with missing values**

190 From the over 10,000 participants who completed the baseline questionnaire, we included  
191 those who completed at least one follow-up survey in which they were asked about cycling  
192 crashes (n=6,817). We removed participants who reported zero minutes of cycling (n=2,448),  
193 those who reported over 8 hours of daily cycling in 1 or more follow-ups (n=190), those that  
194 were in the study for less than 13 days (n=12), and those who provided incomplete data on  
195 crash type and injury (n=62). There were 4,180 participants who fulfilled the inclusion criteria.

196           Across the relevant baseline sociodemographic, social and built environment variables,  
197 the percentage of missing data amongst eligible participants ranged from 0 to 16.9%. The  
198 specific variables with missing data included age (n=1, <0.1%), BMI (n = 19, 0.5%), education  
199 level (n = 8, 0.2%), having young children (n=153, 3.7%), building density within 300 m of  
200 residence (n = 65, 1.6%), bike lane density within 300 m of residence (n = 707, 16.9%), street  
201 density within 300m of residence (n = 60, 1.4%), and NDVI within 300 m of residence (n = 65,  
202 1.6%). In total 886 out of 4,180 eligible participants (21.2%) had incomplete sociodemographic,  
203 social or built environment data.

204           To address the missing values in sociodemographic, social and built environment  
205 variables we took a multiple imputation approach. Specifically, we used the multivariate  
206 imputation by chained equations (MICE) technique using fully conditional specification and the  
207 default settings of the mice 3.6 package in R (van Buuren and Groothuis-Oudshoorn, 2011).  
208 Multiple imputation creates multiple plausible versions of a complete dataset by filling in the  
209 missing values with reasonable estimates (Azur et al., 2011). We used the MICE algorithm to  
210 create 20 imputed datasets based on the rule of thumb that the number of imputations should  
211 approximate the proportion of incomplete cases (van Buuren, 2018). We converted building  
212 density, bike lane density, and NDVI to a categorical variable based on quintiles for each  
213 imputed dataset after imputation. We then calculated crash rates using the non-imputed data  
214 and statistically modelled crash risks using the imputed datasets.

215 **2.6 Statistical Analysis**

216 *2.6.1 Crash rates*

217 Using the non-imputed data, we calculated overall crash rate (number of crashes per 100,000

218 hours of cycling) by combining recorded crashes with exposure data. We also calculated crash

219 rates by city and a range of sociodemographic, attitudinal, and built environment

220 characteristics without data imputation. We used bootstrapping with 5,000 replications to

221 generate 95% confidence intervals around crash rates.

222 To further understand differences in crash rates by city, we also examined crash rates for

223 specific types of crashes based on which road users were involved and the injury severity.

224 Crashes were defined as either involving a motor-vehicle, another cyclist, a pedestrian or a fall.

225 There were 9 crashes that involved multiple other road users. These crashes were assigned to a

226 category based on the most dangerous road user involved, where we ranked road users from

227 most to least dangerous as follows: motor-vehicles, another cyclist, pedestrian, and finally no

228 other road user (i.e. a fall). We also used medical treatment as a proxy for injury severity and

229 assigned a crash as requiring medical treatment if the participant sought any kind of medical

230 treatment, or else not requiring medical treatment.

231 *2.6.2 Crash risk factors*

232 To explore crash risk factors, we analysed the relationship between crash risks, exposure and

233 other individual level factors. We applied this in each of the multiply imputed datasets and

234 combined the results into a pooled model as per Rubin's rules (Azur et al., 2011). We used

235 Generalized Linear Models with negative binomial error structures, and logarithmic links to

236 quantify the relationship between the number of crashes a participant reported as a function of



237 exposure, individual level factors, and city (Hilbe, 2014). We defined a base crash risk model as  
238 the following (Elvik, 2009):

$$239 \hat{E}(Y) = e^{\alpha_0} \times EXP^{\alpha_1} \times T^{\alpha_2} \times e^{(b_1city_1 + \dots + b_6city_6)} \quad (1)$$

240 where  $\hat{E}(Y)$  is the predicted crashes for a participant,  $EXP$  is the average cycling  
241 exposure per month,  $T$  is the total months in the study and  $city$  is an indicator variable for the  
242 city a participant resides in. We used city as an indicator variable to adjust for between city  
243 differences in individual crash risk (Cerin, 2011). Since participants spent differing amounts of  
244 time in the study there is potential for attrition bias. Here, attrition bias refers to the notion  
245 that there may be differences in crash risk between participants who participate for different  
246 lengths of time (Nunan et al., 2018). Therefore, we separated total exposure into two sub-  
247 components: average monthly exposure (EXP) and total number of observed months (T). The  
248 coefficients  $\alpha_0$ ,  $\alpha_1$ ,  $\alpha_2$  and  $b_i$  are estimated using maximum likelihood methods. If  $\alpha_1$  or  $\alpha_2$   
249 are  $< 1$  it means that the number of expected crashes increases less than proportionally to  
250 increases in average exposure or time in the study, respectively. We would expect  $\alpha_2$  to be  $\sim 1$   
251 if attrition was non-differential with regards to crash risk.

252 Each of the specified sociodemographic, social, and built environment characteristics  
253 was then initially examined separately by adding each to the base model:

$$254 \hat{E}(Y) = e^{\alpha_0} \times EXP^{\alpha_1} \times T^{\alpha_2} \times e^{(b_1city_1 + \dots + b_6city_6)} \times e^{(b_7x_1 + \dots + b_{(7+k)}x_k)} \quad (2)$$

255 Where  $x$  represented the one additional indicator variable of interest with  $k$  levels. We  
256 then estimated the incident rate ratio (IRR) for each level of  $x$  by exponentiating its coefficient,  
257  $b$ . The IRR here represents the change in crash risk from the reference category in a specified

258 sociodemographic, social, or built environment characteristic holding exposure and city-level  
259 differences constant. We will refer to these IRR's as "crude".

260 Finally, we developed a parsimonious crash risk model in a forward stepwise procedure.  
261 We added additional variables to the base model one at a time, based on the multivariate Wald  
262 statistic, from highest to lowest (van Buuren, 2018). A variable was kept in the model if the  
263 Wald statistic had a p-value under 0.2. The final parsimonious model is given by:

$$264 \hat{E}(Y) = e^{\alpha_0} \times EXP^{\alpha_1} \times T^{\alpha_2} \times e^{(b_1city_1 + \dots + b_6city_6)} \times e^{(b_7x_1 + \dots + b_nx_n)} \quad (3)$$

265 Where there are  $n$  number of sociodemographic, social or built environment variables  
266 that have a p-value under 0.2. We use a high p-value to avoid excluding potentially important  
267 variables. We will refer to the IRRs based on this parsimonious model as "adjusted".

### 268 **3.0 Results**

269 Out of the 10,691 participants in the PASTA study, 4,180 participants provided cycling exposure  
270 data in at least one follow-up and did not provide outlier values or unreliable crash data (Table  
271 2). We will refer to these participants as cyclists. The cyclists completed a median of seven  
272 follow-up surveys over a median of 7.3 months. At baseline, most reported being daily or  
273 almost daily cyclists (60.3%) and reported cycling for a median daily average of 16.3 minutes  
274 over follow-ups. Relative to other cities, London had the fewest cyclists ( $n=355$ ), while Antwerp  
275 had the most ( $n=891$ ). Cyclists were nearly evenly split between men and women and tended to  
276 be young and highly educated. Most cyclists agreed that cycling for transport was comfortable  
277 (72.9%) but only a minority agreed that it was safe from traffic (28.0%). Most participants  
278 agreed that cycling in their neighbourhood was well regarded (49.5%) and common (41.9%).

279 About one in ten cyclists experienced one or more crashes (10.2%) during their time in the  
 280 study.

281 *Table 2: Baseline characteristics of the cyclists the PASTA study*

<b>Variable</b>	
<b>No. Participants</b>	4180
<b>Months Observed (median [IQR])</b>	7.3 [2.2, 16.6]
<b>Follow-ups Completed (median [IQR])</b>	7.0 [3.0, 17.0]
<b>Total Exposure in Hours (median [IQR])</b>	36.0 [10.5, 114.7]
<b>Average Exposure in Minutes Per Day (median [IQR])</b>	16.3 [6.4, 31.1]
<b>Crashes per person (%)</b>	
0	3752 (89.8)
>=1	428 (10.2)
<b>City (%)</b>	
Antwerp	891 (21.3)
Barcelona	523 (12.5)
London	355 ( 8.5)
Örebro	590 (14.1)
Roma	594 (14.2)
Vienna	637 (15.2)
Zürich	590 (14.1)
<b>Cycling Frequency at baseline (%)</b>	
Never	138 ( 3.3)
Less than once per month	247 ( 5.9)
on 1-3 days per month	370 ( 8.9)
on 1-3 days per week	893 (21.4)
Daily or almost daily	2522 (60.3)
Missing	10 ( 0.2)
<b>Age (%)</b>	
16-25 years	483 (11.6)
26-35 years	1313 (31.4)
36-45 years	1049 (25.1)
46-55 years	840 (20.1)
56-65 years	401 ( 9.6)
65+ years	93 ( 2.2)
Missing	1 (<0.1)
<b>Gender (%)</b>	
Women	2066 (49.4)
Men	2114 (50.6)

<b>BMI (%)</b>	
<25	2994 (71.6)
25-30	951 (22.8)
30+	216 ( 5.2)
Missing	19 ( 0.5)
<hr/>	
<b>Education (%)</b>	
No degree/primary education	49 ( 1.2)
Secondary/further education	930 (22.2)
Higher/university education	3193 (76.4)
Missing	8 ( 0.2)
<hr/>	
<b>Income (%)</b>	
< € 10,000	314 ( 7.5)
€ 10,000 - € 24,999	628 (15.0)
€ 25,000 - € 49,999	1232 (29.5)
€ 50,000 - € 74,999	799 (19.1)
€ 75,000 - € 99,999	309 ( 7.4)
€ 100,000 - € 150,000	171 ( 4.1)
€ >150,000	64 ( 1.5)
Missing	663 (15.9)
<hr/>	
<b>Drivers License (%)</b>	
Yes	3812 (91.2)
No	368 ( 8.8)
<hr/>	
<b>Have Children (%)</b>	
Yes	1460 (34.9)
No	2567 (61.4)
Missing	153 ( 3.7)
<hr/>	
<b>Cycling for transport is comfortable* (%)</b>	
Agree	3047 (72.9)
Neutral	729 (17.4)
Disagree	404 ( 9.7)
<hr/>	
<b>Cycling for transport is safe from traffic* (%)</b>	
Agree	1172 (28.0)
Neutral	1100 (26.3)
Disagree	1908 (45.6)
<hr/>	
<b>In my neighbourhood cycling is well regarded* (%)</b>	
Agree	2070 (49.5)
Neutral	1306 (31.2)
Disagree	804 (19.2)
<hr/>	
<b>In my neighbourhood cycling is common* (%)</b>	
Agree	1750 (41.9)
Neutral	1194 (28.6)
Disagree	1236 (29.6)

<b>Building density of residence (m<sup>2</sup>/km<sup>2</sup>), 300 m buffer (%)</b>	
Quintile 1: [0 – 111,080]	823 (19.7)
Quintile 2: (111,080 – 195,283]	823 (19.7)
Quintile 3: (195,283 – 285,409]	823 (19.7)
Quintile 4: (285,409 – 418,375]	823 (19.7)
Quintile 5: (418,375 – 659,249]	823 (19.7)
Missing	65 ( 1.6)
<b>Bike lane density of residence (m/km<sup>2</sup>), 300 m buffer (%)</b>	
Quintile 1: [0]	988 (23.6)
Quintile 2: [0.031 – 1,530]	622 (14.9)
Quintile 3: ( 1,530 – 3,240 ]	621 (14.9)
Quintile 4: (3,240 – 5,700]	621 (14.9)
Quintile 5: (5,700– 20,400]	621 (14.9)
Missing	707 (16.9)
<b>Street density of residence (m/km<sup>2</sup>), 300 m buffer (%)</b>	
Quintile 1: [570 – 11,600]	824 (19.7)
Quintile 2: (11,600 – 15,700]	824 (19.7)
Quintile 3: (15,700 – 19,300]	824 (19.7)
Quintile 4: (19,300 – 23,300]	824 (19.7)
Quintile 5: (23,300 – 49,000]	824 (19.7)
Missing	60 (1.4)
<b>NDVI of residence, 300 m buffer (%)</b>	
Quintile 1: [0.122 – 0.271]	828 (19.8)
Quintile 2: (0.271 – 0.360]	826 (19.8)
Quintile 3: (0.360 – 0.474]	815 (19.5)
Quintile 4: (0.474 – 0.595]	828 (19.8)
Quintile 5: (0.595 – 0.874]	818 (19.6)
Missing	65 ( 1.6)

282 \*Collapsed from 5 category Likert scale, IQR: Interquartile range

### 283 **3.1 Crash characteristics**

284 Of the 4,180 cyclists in our study, 428 reported a total of 535 crashes (Table 3). Of these, two in  
285 five (40.4%) were falls (single bicycle crashes). The remaining crashes involved another road  
286 user, either a motor vehicle (35.3%), another cyclist (17.4%) or a pedestrian (6.9%). Just over  
287 half of all crashes resulted in an injury (considered to be a bruise or cramp at minimum)  
288 (55.3%). Just over a quarter of crashes required any medical treatment (26.5%), and there were

289 just four hospitalizations (0.7%) . Most crashes went unreported in official sources: only 3.9%  
 290 were reported as recorded by police and 9.3% were reported to an insurance company.

291 *Table 3: Crash characteristics including involvement, injury, and medical treatment*

	<b>N Crashes (%)</b>
<b>Totals</b>	535 (100)
<b>Cycling Crash Types</b>	
Fall	216 (40.4)
Crash with motor vehicle	189 (35.3)
Crash with other cyclist	93 (17.4)
Crash with pedestrian	37 (6.9)
<b>Injury<sup>a</sup></b>	
Yes	296 (55.3)
No	239 (44.7)
<b>Medical Treatment</b>	
No	393 (73.5)
Yes, I treated it myself or by another person (no doctor).	80 (15.0)
Yes, I went to a doctor or hospital myself.	47 (8.8)
Yes, from an ambulance at the location of the crash.	0 (0.0)
Yes, I was brought to the hospital for medical treatment but could go home the same day.	11 (2.1)
Yes, I was hospitalized $\geq 1$ night.	4 (0.7)
<b>Official police report</b>	
Yes, the police showed up and they officially reported the crash	16 (3.0)
Yes, I reported the crash later to the police (in the station, by phone or online).	5 (0.9)
No, the police showed up but they didn't officially report the crash.	7 (1.3)
No, the police didn't show up and the crash was not officially reported	493 (92.1)
Don't know	14 (2.6)
<b>Reported to insurance company</b>	
Yes	50 (9.3)
No	466 (87.1)
Don't know	19 (3.8)

292 <sup>a</sup>Defined as physical injury resulting from the crash including bruises or cramps

293

### 294 **3.2 Crash Rates**

295 Across the seven cities the crash rate was 137.9 crashes per 100,000 hours of cycling (95% CI,

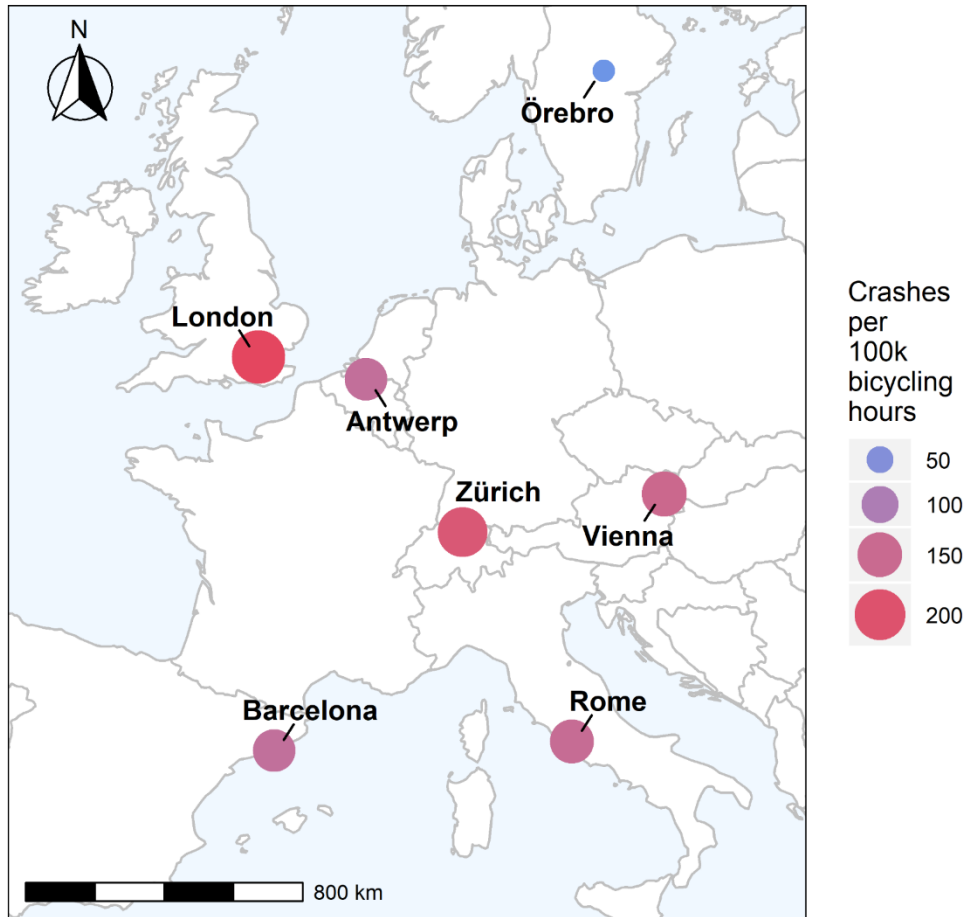
296 125.2 - 152.1) or 1 crash every 725 hours. London had the highest crash rate with 220.8 crashes

297 per 100,000 hours, while Örebro had the lowest crash rate of 32.8 crashes per 100,000 hours

298 (Table 4, Figure 2). Zürich had the second highest crash rate of 188.6 per 100,000 hours

299 followed by Vienna, Rome, Antwerp and Barcelona with rates of 154.3,144.9, 136.1 and 134.1,  
300 respectively (Table 4, Figure 2). The high crash rate in London was largely driven by its greater  
301 number of crashes which involved a motor-vehicle relative to the other PASTA cities, while falls  
302 appeared to be a greater issue in Rome compared to other crash types (Figure 3B). When  
303 stratifying by whether medical treatment was required or not, there was relatively little  
304 difference in the crash rates between cities with the exception of Örebro which had a  
305 substantially lower rate requiring treatment (Figure 3C). The overall differences in crash rates  
306 between cities appear to be largely driven by crashes that did not require any medical  
307 treatment (Figure 3C).

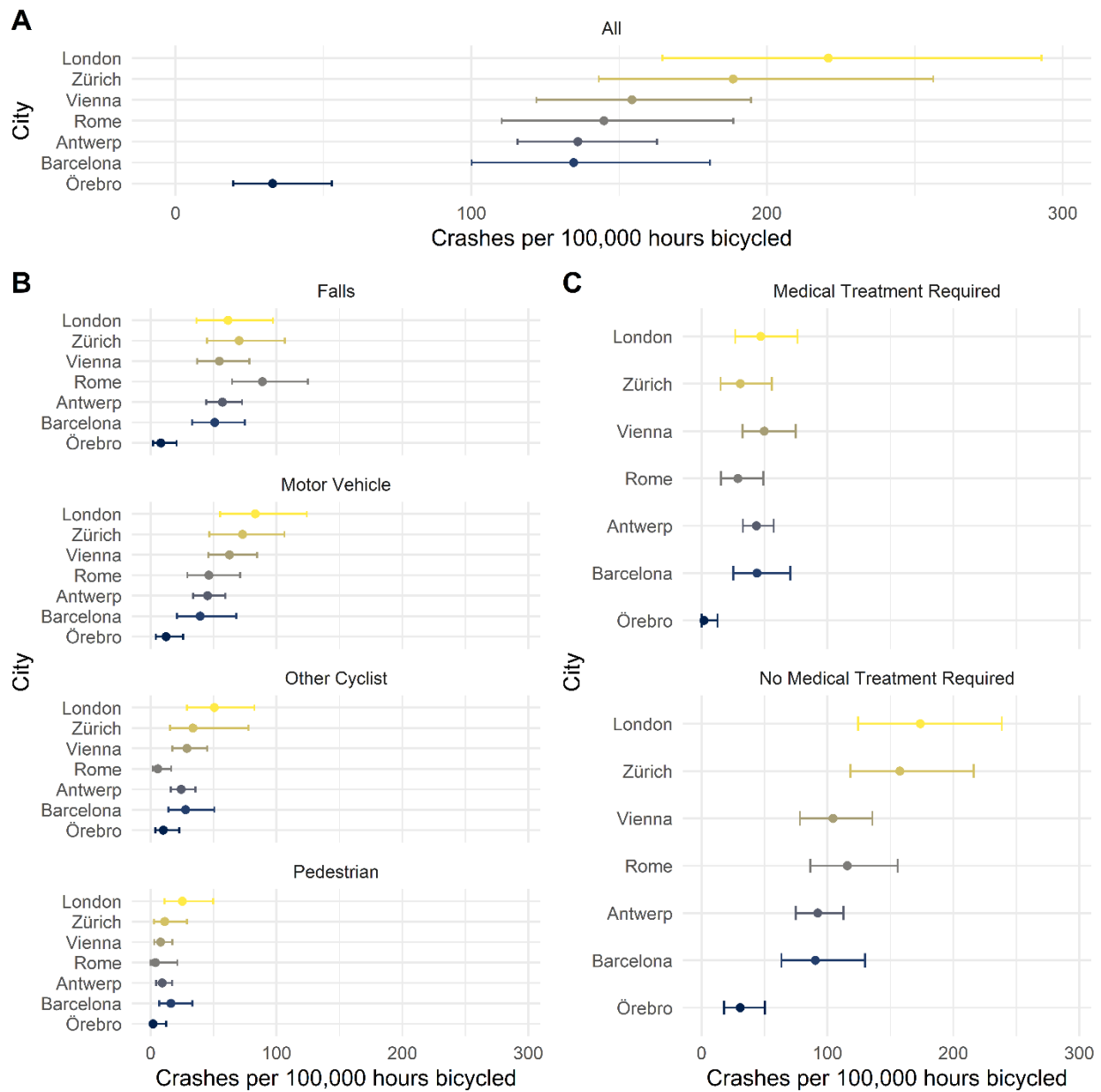
308 We also examined total crash rates by sociodemographic, social and built environment  
309 characteristics of cyclists. Crash rates decreased with increasing age category, increased with  
310 higher BMI category and were higher for men compared to women (Table 4). Crash rates  
311 tended to be highest for participants who disagreed that cycling for travel was comfortable,  
312 well regarded in their neighbourhood or common (Table 4). Participants who lived in  
313 neighbourhoods with a higher density of bike lanes, higher NDVI or lower building density  
314 tended to have lower crash rates (Table 4).



315

316 *Figure 2: Map of crash rates by city*





1  
2 *Figure 3: Crash rates by city for A) all crashes B) stratified by other road user involved in the crash and C) by injury severity*

3 *Table 4: Crash risk factors by city, sociodemographic, attitudinal, and neighbourhood characteristics.*

Variable	Level	% of total n (4,180)	Total Exposure Hours	Total number of crashes	Crash Rate per 100,000 hours (95% CI) <sup>a</sup>	Crude Incident Rate Ratio (95% CI) <sup>b</sup>
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<b>Total</b>		100.0	387,968	535	137.9 (125.2, 152.1)	
City	Antwerp	21.3	119,041	162	136.1 (115.6, 162.9)	Reference <sup>c</sup>
	Barcelona	12.5	43,084	58	134.6 (100.2, 180.7)	0.87 (0.63, 1.22)
	London	8.5	27,630	61	220.8 (164.6, 292.8)	<b>1.54 (1.09, 2.17)</b>
	Örebro	14.1	48,721	16	32.8 (19.5, 52.8)	<b>0.21 (0.13, 0.36)</b>
	Roma	14.2	51,767	75	144.9 (110.3, 188.6)	1.06 (0.78, 1.45)
	Vienna	15.2	62,198	96	154.3 (122.0, 194.6)	1.03 (0.77, 1.37)
	Zürich	14.1	35,529	67	188.6 (143.1, 256.2)	1.11 (0.80, 1.53)
Age (years)	16-25	11.6	32,140	56	174.2 (124.9, 238.0)	Reference
	26-35	31.4	115,659	167	144.4 (121.2, 172.3)	0.83 (0.59, 1.15)
	36-45	25.1	101,433	146	143.9 (118.4, 175.1)	0.87 (0.62, 1.23)
	46-55	20.1	89,817	117	130.3 (105.3, 157.2)	0.81 (0.57, 1.16)
	56-65	9.6	44,317	45	101.5 (73.8, 138.2)	0.73 (0.47, 1.13)
	65+	2.2	4,497	4	89.0 (20.8, 249.6)	0.53 (0.18, 1.56)
	Missing	0	105	0		
BMI	<25	71.6	277,398	369	133.0 (118.4, 149.9)	Reference
	25-30	22.8	90,476	130	143.7 (114.9, 177.1)	1.19 (0.95, 1.49)
	30+	5.2	18,466	34	184.1 (126.3, 266.9)	1.39 (0.93, 2.09)
	Missing	0.5	1,628	2	122.8 (0.0, 267.6)	
Gender	Women	49.4	166,862	187	112.1 (95.0, 132.5)	Reference
	Men	50.6	221,107	348	157.4 (140.1, 178.5)	<b>1.42 (1.16, 1.73)</b>
Education	No degree/Primary	1.2	5,547	6	108.2 (35.7, 216.5)	Reference
	Secondary/further	22.2	79,233	116	146.4 (118.0, 184.5)	1.06 (0.41, 2.76)
	Higher/university	76.4	302,491	410	135.5 (121.7, 151.2)	0.96 (0.38, 2.43)
	Missing	0.2	697	3	430.2 (0.0, 2110.6)	
Drivers License	Yes	91.2	356,032	483	135.7 (122.5, 150.3)	Reference
	No	8.8	31,936	52	162.8 (117.0, 222.7)	1.16 (0.84, 1.60)
Have Children under 18	Yes	34.9	143,338	176	122.8 (104.3, 145.3)	Reference
	No	61.4	67,299	335	143.2 (126.0, 162.1)	1.09 (0.89, 1.34)
	Missing	3.7	10,664	24	225 (133.8, 360.2)	
Cycling 'for travel' is comfortable	Agree	72.9	316,507	420	132.7 (119.0, 148.5)	Reference
	Neutral	17.4	53,633	79	147.3 (114.4, 191.9)	0.97 (0.74, 1.27)
	Disagree	9.7	17,828	36	201.9 (136.1, 293.6)	1.17 (0.80, 1.72)
Cycling 'for travel' is safe (with regards to traffic)	Agree	28	130,021	144	110.8 (91.7, 133.0)	Reference
	Neutral	26.3	109,699	160	145.9 (120.8, 175.5)	1.16 (0.90, 1.49)
	Disagree	45.6	148,248	231	155.8 (134.3, 178.6)	1.10 (0.87, 1.39)
In my neighbourhood is cycling is well regarded	Agree	49.5	202,584	248	122.4 (106.4, 141.0)	Reference
	Neutral	31.2	108,480	149	137.4 (113.8, 165.8)	1.16 (0.92, 1.46)
	Disagree	19.2	76,904	138	179.4 (146.9, 219.0)	<b>1.33 (1.03, 1.73)</b>
In my neighbourhood	Agree	41.9	159,337	201	126.1 (107.6, 145.9)	Reference
	Neutral	28.6	108,046	137	126.8 (105.7, 151.3)	1.03 (0.81, 1.32)

is cycling is common	Disagree	29.6	120,585	197	163.4 (135.9, 194.2)	1.26 (0.99, 1.62)
Building density (m <sup>2</sup> /km <sup>2</sup> ) within 300 m of residential location	[0 – 111,080] (111,080 – 195,283] (195,283 – 285,409] (285,409 – 418,375] (418,375 – 659,249]	19.7 19.7 19.7 19.7 19.7	82,398 83,056 70,103 71,501 75,708	86 103 92 122 124	104.4 (83.6, 128.0) 124.0 (99.6, 154.2) 131.2 (101.3, 169.9) 170.6 (138.8, 207.8) 163.8 (132.6, 201.3)	Reference 0.88 (0.63, 1.22) 0.76 (0.54, 1.07) 1.09 (0.79, 1.52) 1.20 (0.84, 1.73)
Bike lane density (m/km <sup>2</sup> ) within 300 m of residential location	[0] [0.031 – 1,530] (1,530 – 3,240] (3,240 – 5,700] (5,700 – 20,400]	23.6 14.9 14.9 14.9 14.9	91,284 59,303 55,515 52,456 58,913	141 96 80 67 57	154.5 (127.2, 186.3) 161.9 (124.1, 210.5) 144.1 (113.0, 180.3) 127.7 (96.6, 171.0) 96.8 (70.8, 129.1)	Reference 1.03 (0.75, 1.42) 0.95 (0.68, 1.32) 0.97 (0.67, 1.41) 0.84 (0.58, 1.21)
Street density (m/km <sup>2</sup> ) within 300 m of residential location	[570 – 11,600] (11,600 – 15,700] (15,700 – 19,300] (19,300 – 23,300] (23,300 – 49,000]	19.7 19.7 19.7 19.7 19.7	92,273 79,924 71,207 79,924 71,207	98 99 97 129 105	106.2 (84.2, 132.4) 123.9 (99.0, 153.0) 136.2 (108.5, 168.2) 178.3 (144.5, 219.8) 155.8 (124.9, 196.9)	Reference 0.98 (0.71, 1.34) 0.98 (0.72, 1.37) 1.26 (0.92, 1.72) 1.19 (0.84, 1.70)
NDVI within 300 m of home location	[0.122 – 0.271] (0.271 – 0.360] (0.360 – 0.474] (0.474 – 0.595] (0.595 – 0.874]	19.8 19.8 19.5 19.8 19.6	72,482 72,674 70,742 77,777 89,194	115 122 108 83 100	158.7 (126.1, 197.4) 167.9 (137.0, 201.5) 152.7 (121.6, 194.1) 106.7 (83.8, 134.1) 112.1 (89.8, 136.5)	Reference 0.90 (0.66, 1.22) 0.82 (0.59, 1.15) <b>0.65 (0.45, 0.94)</b> 0.75 (0.51, 1.09)
	Missing	1.6	5,099	7	137.3 (50.0, 323.8)	

1 <sup>a</sup> Confidence intervals calculated using a bias corrected and accelerated bootstrap method (BCa) with 5,000  
2 replications

3 <sup>b</sup> Adjusted for average cycling exposure per month, number of months participated in the study and city

4 <sup>c</sup> Adjusted for average cycling exposure per month, number of months participated in the study

5 **Bold** indicates significance at 95% confidence,

6 NDVI = Normalized Difference Vegetation Index.

7

### 8 **3.3 Crash Risk Factors**

9 In our parsimonious model, we identified average exposure per month, months of

10 participation, city, gender, perceiving that cycling is well regarded in their neighbourhood, and

11 building density as important factors affecting crash risk. The final pooled parsimonious model

12 suggests a non-linear relationship between individual cycling exposure and number of crashes:

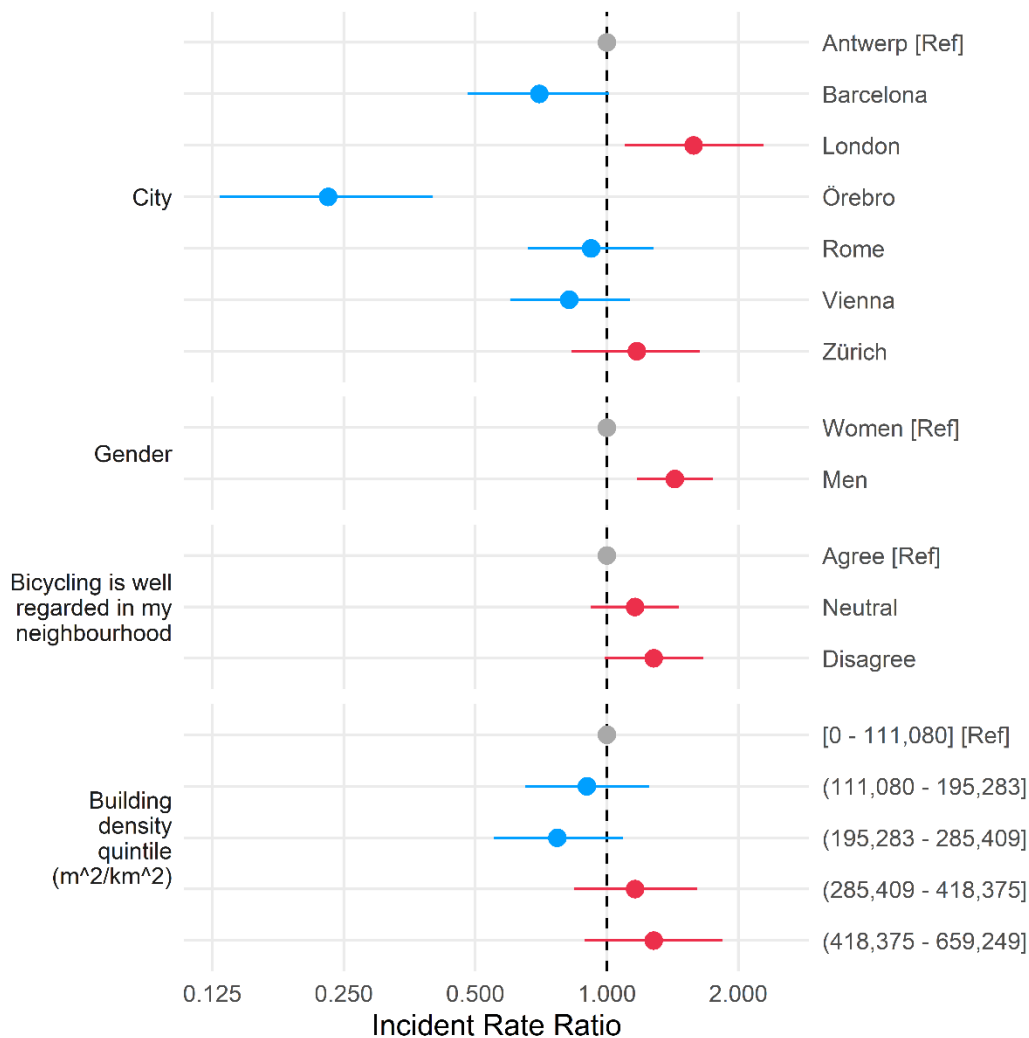
13

$$14 \hat{E}(Y) = 0.0005 \times EXP_{MonthlyAvg}^{0.58} \times T_{Months}^{0.80} \quad (4)$$

1

2 The exponents for *EXP* and *T* are less than 1, thus while the number of expected crashes for a  
3 participant increase with both increased cycling per month and number of months participated,  
4 the risk of a crash (expected crashes per unit of exposure) decreases. In other words crash risk  
5 is lower for participants who cycle more frequently as well as those who spend more time  
6 participating in the study. The effects are of differing strength, with attrition bias being weaker  
7 than the effect of exposure per month.

8 In the parsimonious model, additional risk factors for a crash included: being a man,  
9 living in a neighbourhood of very high building density, and perceiving that cycling was not well  
10 regarded in one's neighbourhood (Figure 4). London and Örebro stood out as the most and  
11 least risky cities, respectively. Relative to Antwerp, and holding exposure and other individual  
12 factors constant, the crash risk for a participant in London was 1.58 times higher, while in  
13 Örebro it was less than a quarter as risky (Figure 4). When we ran a sensitivity analysis with only  
14 observations with complete data for all variables, we found very similar results.



1  
 2 *Figure 4: Adjusted Incident Rate Ratio (IRR) for the variables included in the stepwise model building. The IRR's represent the*  
 3 *ratio of expected crashes for a given participant relative to the reference category, adjusting for average exposure per month,*  
 4 *number of months participated in addition to the selected variables in the plot (City, Gender, Cycling well regarded in*  
 5 *neighbourhood, and Building density quintile). Holding average exposure and time constant, participants with the highest*  
 6 *number of expected crashes are those that live in London, are men, perceive that cycling in their neighbourhood is not well*  
 7 *regarded, and live in a neighbourhood within the highest quintile of building density.*

8  
 9 **4.0 Discussion**

10 This study analysed prospectively collected crash data in a cohort of cyclists across seven  
 11 geographically diverse European cities, one of the largest studies of its kind. Of the seven PASTA  
 12 cities, we found considerable variation in crash risk. Within cities, risk of a crash was highest for

1 less frequent cyclists, men, those who perceive cycling to not be well regarded in their  
2 neighbourhood, and those who live in areas of very high building density. We show that crash  
3 risks differ by city, neighbourhood and individual level factors.

4 Our findings, like those in the literature, indicate that crash rates vary substantially  
5 across cities. Overall, the average crash rate was 137.9 crashes per 100,000 hours, from a low  
6 of 32.8 crashes per 100,000 hours in Örebro to nearly 7 times higher in London. There are only  
7 two other studies which collected crash and duration-based exposure data simultaneously; one  
8 in New South Wales, Australia (Poulos et al., 2015) and one in Belgium (de Geus et al., 2012).  
9 The Australian cohort had an incidence rate of 606.0 crashes per 100,000 hours (Poulos et al.,  
10 2015), while the Belgian cohort had an rate of 89.6 per 100,000 hours (de Geus et al., 2012).  
11 Difference in rates between these studies may be due to differences in the samples of cyclists,  
12 inclusion criteria for inclusion of crashes, methods in calculating and/or collecting exposure, as  
13 well as actual differences in the objective risk of a cycling crash between these areas. To  
14 illustrate, the Australian study included non-injury crashes and a substantial proportion of the  
15 cohort (40.1%) were “mainly recreational” cyclists (Poulos et al., 2015). The Belgian cohort did  
16 not include any recreational cycling and excluded non-injury crashes (de Geus et al., 2012). The  
17 discrepancy between the crash rate we estimated in Antwerp (136.1 per 100,000 hours) and  
18 the crash rate of 75.2 per 100,000 hours for Flanders (a larger region of Belgium in which  
19 Antwerp is located) may be partly explained by the crash inclusion criteria. In our study the  
20 crash rate for Antwerp drops to 74.8 crashes per 100,000 hours for crashes that resulted in  
21 injury and to 43.7 crashes per 100,000 for crashes that required any medical treatment.

1           When interpreting the differences we found in crash rates and/or adjusted crash risk  
2 between PASTA cities, the role of self selection should be considered (Castro et al., 2018). Here,  
3 self-selection refers to the idea that due to unsafe cycling conditions, many people may choose  
4 not to bicycle at all. Thus, the participants who choose to bicycle in these unsafe conditions  
5 may be overly brave and/or exceptionally skillful, the latter possibly having a moderating effect  
6 on crash risk (Castro et al., 2018). As such, cycling mode share provides important contextual  
7 information when interpreting differences between large geographic units. PASTA cities were  
8 selected in part to introduce variability in the samples in terms of culture, density, built  
9 environments, policies, and climates, and thereby cover a wide range of conditions related to  
10 cyclist safety (Dons et al., 2015). Our parsimonious model (which adjusted for other factors  
11 including exposure, time spent in the study, gender, social environment and neighbourhood  
12 building density) indicated that Örebro was the safest city for cycling, London the riskiest, and  
13 the remaining cities similar in terms of safety. Notably, Örebro was the least risky city and has  
14 the highest cycling mode share of our seven cities (25%). Antwerp was riskier than Barcelona,  
15 and was similar in risk to Rome, Vienna, and Zürich. Antwerp's population bicycles between 3.8  
16 to 23 times more than Barcelona, Rome, Vienna or Zürich, which suggests that self-selection  
17 may play a role in risk differences. For example, Rome is known for highly challenging traffic  
18 conditions, reflected in the least extensive cycling network amongst the seven cities, and the  
19 lowest bicycle mode share (1%) (Mueller et al., 2018). Despite this, our model suggests a similar  
20 level of overall crash risk between participants in Antwerp and Rome. These results should be  
21 interpreted with some caution, as they reflected a definition of crashes that include those that

1 resulted in no medical treatment. When we excluded crashes that did not result in an injury  
2 that required medical treatment, the differences between cities were much smaller, with the  
3 exception that Orebro was still far safer.

4 Individual level cyclist crash risk is a complex phenomenon comprised of interactions  
5 between individuals and their road environment in both space and time (Schepers et al., 2014).  
6 At the individual level, we found that crash risks varied based on frequency of cycling. Those  
7 that reported higher cycling were at a lower risk, compared to those that reported lower rates  
8 of cycling. The non-linear relationship between average cycling per month and number of  
9 expected crashes suggest a “safety in exposure” effect, such as safety from being a more  
10 experienced cyclist. This is consistent with the “safety in numbers” effect observed at  
11 aggregated spatial units (Elvik and Bjørnskau, 2015; Jacobsen, 2003), suggesting an individual  
12 level component to this phenomenon. The “safety in numbers” effect has been attributed to  
13 behavioural aspects, such as drivers being more used to cyclists in high cycling environments, as  
14 well as structural aspects, such as safer cycling infrastructure attracting higher numbers of  
15 cyclists (Götschi et al., 2016). Our findings suggest that one contributing factor to “safety in  
16 numbers” might be a lower number of inexperienced or infrequent cyclists and/or the  
17 improvement of safety-relevant cycling skills with increasing experience/frequency (Elvik and  
18 Bjørnskau, 2015; Fyhri et al., 2017).

19 Previous research has also found differences in crash risks between different  
20 sociodemographic groups, such as between men and women or older and younger adults  
21 (Vanparijs et al., 2015). In prospective studies, the relationship between gender and crash risk



1 has been mixed, with women having higher crash rates in Belgian (Degraeuwe et al., 2015) and  
2 Australian cohorts (Poulos et al., 2015), but lower crash rates in a New Zealand cohort  
3 (although not statistically significant) (Tin Tin et al., 2013). Women have also been found to be  
4 at higher risk for serious or fatal injuries while cycling using the bike share scheme of London  
5 (Woodcock et al., 2014), but have similar risks across the UK (Aldred and Dales, 2017). In our  
6 study, our parsimonious model suggests that men had a crash risk 1.43 times higher than  
7 women. These same cohorts also had mixed results concerning the relationship between age  
8 and crash risk, with one study finding that the risk of a minor crash decreases with age  
9 (Degraeuwe et al., 2015), another that it is lower for the youngest and oldest age groups  
10 (Poulos et al., 2015), and another that the directionality depends on whether the collision  
11 occurred on-street (risk increases with age) or with a motor vehicle (risk decreases with age)  
12 (Tin Tin et al., 2013). In this study we observed that crash risk was lower amongst older cyclists,  
13 but the trend was not statistically significant. The overall sample of PASTA participants  
14 (including non-cyclists) were broadly representative of gender distribution, but tended to be  
15 relatively younger compared to city census data (Gaupp-Berghausen et al., 2019).

16 We can only speculate on the reasons behind why certain sociodemographic groups are  
17 lower risk than others, but we suggest lower risk is an association between belonging to a given  
18 sociodemographic group and a tendency to cycle at lower speeds, and/or engage in fewer risky  
19 behaviours (e.g. cycle in safer areas and/or cycle more cautiously). For example, our finding  
20 that women and older adults were at lower risk for a crash relative to men and younger adults,  
21 may reflect the fact women have been found to cycle at lower speeds than men (Aldred and

1    Croweller, 2015) and have a stronger preference towards using safer infrastructure than men  
2    (Aldred et al., 2016). Similarly older adults may be more cautious when bicycling compared to  
3    younger adults (Bernhoft and Carstensen, 2008).

4           A new contribution of this research is an inquiry on the association between differences  
5    in social environment and crash risk. We found that individual perceptions of social norms  
6    around cycling were associated with crash risk, where those who agreed that cycling was a well-  
7    regarded mode of transport in their neighborhood were at lower risk for a crash than those  
8    that were neutral (1.16 times higher) or disagreed (1.28 times higher risk). The perception  
9    question was asked at baseline, so preceded any reported crashes. We suggest this variable  
10   may be in part capturing different built environment conditions, where those participants who  
11   think cycling is well regarded may live and travel in safer areas for cyclists, within their  
12   respective cities. A part of this may also be the safety in numbers effect, where a higher level  
13   agreement corresponds to an area with more cyclists due to the presumably more supportive  
14   social environment for cycling.

15           Prospective studies such as this one indicate that cyclist crashes (including non-injury  
16   crashes) are more common than would be suggested by more conventional analyses of police  
17   or insurance data and travel surveys (Amoros et al., 2006; de Geus et al., 2012; Elvik and Mysen,  
18   1999; Juhra et al., 2012; Langley et al., 2003; Veisten et al., 2007; Watson et al., 2015; Winters  
19   and Branion-Calles, 2017). In this study, we found that on average across the cities, one crash  
20   occurs for every 725 hours bicycled. In contrast, a study in France that combined police  
21   recorded crashes and travel survey data found 1 crash per 93,023 hours of cycling (Blaizot et al.,

1 2013). Only 3.9% of crashes reported to PASTA were recorded by police, at a rate of 1 per  
2 18,475 hours of cycling. Of course, police, insurance and hospital data capture more severe  
3 (less frequent) events, resulting in lower rates of crashes (Amoros et al., 2006; Blaizot et al.,  
4 2013; Elvik and Mysen, 1999; Juhra et al., 2012; Veisten et al., 2007; Winters and Branion-  
5 Calles, 2017). While less severe crashes are under-reported in police records, it is likely more  
6 severe events are under-reported in the PASTA dataset as it is not possible to self-report a  
7 fatality and we cannot ascertain if a participant has dropped out due to severe injury. However,  
8 non-injury events may not result in direct healthcare costs, but have important implications for  
9 cycling in terms of perceived safety, and potentially future uptake (Aldred et al., 2016; Aldred  
10 and Crossweller, 2015; Sanders, 2015), which consequently may have costs from non-  
11 materialized health benefits from prevented cycling.

12 Our study has several strengths and limitations. The prospective design enabled the  
13 collection of detailed exposure data, as well as data on a range of different crash types  
14 including falls and non-injury events, for a large number of individuals. The data collection was  
15 consistent across cities, enabling more valid comparisons. Furthermore, the study design  
16 allowed for multivariable analysis to assess impacts of individual factors on crash risks, a  
17 refinement over what can be done with aggregate data. The relationships we found between  
18 the selected explanatory variables and crash risk should not be interpreted as causal. The  
19 extent to which our sample of cyclists are representative of the broader cycling population is  
20 not known, and results should be interpreted with some caution. PASTA participants are more  
21 educated and younger than the general population (Gaupp-Berghausen et al., 2019), although

1 recruitment specifically oversampled cyclists, so there may be better representation of the  
2 cycling populations. The fact that our results show a lower risk of a crash with increasing time in  
3 the study may indicate some bias from loss to follow-up. There may be some reporting bias in  
4 crashes, although the repeated surveys (as little as 2 weeks apart) was designed to limit recall  
5 issues. This study primarily collected non-injury crashes and did not observe many serious  
6 injuries and is not able to record fatalities. We did not have traffic condition data to further  
7 explain neighbourhood level risks, and limitations to statistical power did not warrant further  
8 investigations of crash location attributes. The objective GIS measures of built environment  
9 (bike lane density, street density, building density, NDVI) only represent conditions within 300m  
10 of a participant's residence and may not reflect the route conditions in which participants  
11 typically ride, especially for longer trips. Spatially resolved exposure data would allow for  
12 further important analyses, such as risks associated with specific route characteristics, but at  
13 the beginning of PASTA large scale collection of spatially resolved route data from participants  
14 was not feasible due to limitations of available tracking apps at the time. Passive detection of  
15 cycling routes through mobile tracking apps (Geurs et al., 2015) could enable the widespread  
16 collection of spatially resolved exposure data and more detailed investigation of policy relevant  
17 risk factors in future studies.

## 18 **5 Conclusions**

19 The PASTA design provides comparable crash risks for cyclists, adjusted for differences in age  
20 and gender and other variables, across the diverse set of seven European cities. The large  
21 variations in crash risks indicate that cyclists' safety can still be improved considerably.

1 Longitudinal study designs can provide important insights into crash risk factors within cities,  
2 neighbourhoods, and population groups, in particular for minor crashes. Future research should  
3 focus on representative datasets that can integrate the most policy relevant crash risk factors  
4 such as route infrastructure and exposure to motorized modes, with individual characteristics  
5 and perceptions, benefitting from rapid progress in the collection of spatially resolved exposure  
6 data.

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8 None.

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