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## 2015 Annual Report of ATV-Related Deaths and Injuries

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January 2017

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## Executive Summary

### ATV-Related Fatalities

- As of December 31, 2015, CPSC staff received reports of 14,129 ATV-related fatalities occurring between 1982 and 2015. CPSC staff received reports of 340 ATV-related fatalities occurring in 2015, 547 occurring in 2014, and 581 occurring in 2013. Reporting for the years 2013 through 2015 is ongoing; these numbers are expected to increase in future reports.<sup>1</sup>
- From 1982 through 2015, CPSC staff received reports of 3,163 ATV-related fatalities of children younger than 16 years of age. This represents 22 percent of the total number of reported ATV-related fatalities (14,129).
- Of the 3,163 reported ATV-related fatalities of children younger than 16 years of age, 1,380 (44 percent) were younger than 12 years of age.
- In 2012, the most recent year where reporting is considered complete, 68 (12 percent) of the reported 573 ATV-related fatalities were children younger than 16 years of age.
- The estimated number of ATV-related fatalities is 674 for 2014 and 657 for 2013. Reporting for 2013 and 2014 is ongoing; thus, these numbers are expected to change in future reports. For the year 2015, there are not yet sufficient data to estimate fatalities.
- In 2012, the most recent year where reporting is considered complete, the estimated number of ATV-related fatalities is 655. The estimated number of four-wheel ATV-related fatalities in 2012 is 638.

### ATV-Related Emergency Department-Treated Injury Estimates

- In 2015, there were an estimated 97,200 ATV-related, emergency department-treated injuries in the United States. An estimated 28 percent of these involved children younger than 16 years of age.
- The increase in the estimated number of ATV-related, emergency department-treated injuries from 2014 to 2015 (93,700 in 2014 to 97,200 in 2015) is not statistically significant.
- The only age group with statistically significantly different injuries between 2014 and 2015 is the 55+ age group (an increase from an estimated 5,300 injuries in 2014 to 7,100 in 2015). Other groups also had increased estimates (children younger than 16, 16-24 and 45-54) or decreased estimates (25-34 and 35-44), but none of these reflect statistically significant differences between 2014 and 2015.
- Of the 97,200 estimated ATV-related, emergency department-treated injuries for all ages in 2015, a majority are categorized as treated and released (85 percent).
- A plurality of the 2015 estimated ATV-related, emergency department-treated injuries were diagnosed as contusions/abrasions or fractures (23 percent and 25 percent, respectively).

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<sup>1</sup> To illustrate the increase in the number of reported deaths over time, at the time of data collection cut off for the [2014 report](#) (December 31, 2014), 385 ATV-related deaths had been reported for 2014. Similarly for the [2013 report](#), 426 ATV-related deaths had been reported for 2013 at the time of data collection cutoff (December 31, 2013).

- The 2015 estimated ATV-related, emergency-department treated injuries primarily affected the following body parts: the arm (the shoulder down), the head or neck, leg, and the torso (29, 29, 20, and 21 percent, respectively).
- Prior reports have already characterized statistically significant increases during the period 2001 to 2007. More recent years reflect a change in the trend direction for ATV-related injury estimates. This report focuses the injury discussion on the years 2007 through 2015 during which the number of injuries per year has gone through a statistically significant decline.
- During the years 2007 through 2015 ATV-related injury estimates generally decrease each year. Although not every individual year-to-year decrease is statistically significant, CPSC staff did find statistically significant year-to-year decreases in the estimates between 2007 and 2008 and between 2009 and 2010. Additionally, CPSC staff found a statistically significant decrease in the estimates when comparing just the first and last years of the period (comparing 2007 against 2015). When considering the entire nine years together (2007–2015), CPSC staff found a statistically significant decreasing linear trend.

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## Introduction

This report presents the 2015 annual update of information collected by U.S. Consumer Product Safety Commission (CPSC) staff on deaths and injuries related to the use of all-terrain vehicles (ATVs). The update includes information on ATV-related deaths, based on data available to CPSC staff as of December 31, 2015, as well as information on ATV-related injuries treated in hospital emergency departments from January 1, 2015 through December 31, 2015.

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

## Background

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

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

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

[http://www.ecfr.gov/cgi-bin/text-idx?SID=dbc1bddfdc8b6fa15f91bd3bda47acd6&tpl=/ecfrbrowse/Title16/16cfr1420\\_main\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?SID=dbc1bddfdc8b6fa15f91bd3bda47acd6&tpl=/ecfrbrowse/Title16/16cfr1420_main_02.tpl).

## **ATV-Related Fatalities**

This section provides details on the numbers of ATV-related death reports received by CPSC staff on or before December 31, 2015, and discusses the estimates associated with ATV-related deaths. The reported numbers of deaths are totaled in Table 1, listed by state in Table 2, and categorized by age group in Table 3. The estimated numbers of deaths associated with ATVs having three, four, or an unknown number of wheels are reported in Table 4, along with the estimated numbers of four-wheel ATV-related fatalities.

### **Reported Deaths**

By December 31, 2015, CPSC staff had received reports of 14,129 ATV-related deaths that occurred between 1982 and 2015 (Table 1). The number of fatality reports increased by 512 since the December 31, 2014 tabulation CPSC staff prepared (U.S. CPSC, November 2015). Data collection for the years 2013 through 2015 is ongoing. As a result, the numbers of reported deaths for 2013 through 2015 are expected to increase before the next annual report is prepared.

**Table 1**  
**Reported ATV-Related Fatalities (by Year)**  
**ATVs with 3, 4, or Unknown Number of Wheels**  
**Reported for the Period January 1, 1982 through December 31, 2015**

<b>Year</b>	<b>Reported Number of Deaths</b>	<b>Difference Since Last Update (12/31/2014*)</b>
<b><i>Total</i></b>	14,129	+512
<i>2015</i>	340	+340
<i>2014</i>	547	+162
<i>2013</i>	581	+34
2012	573	-1
2011	622	-4
2010	650	-4
2009	720	-1
2008	759	+1
2007	832	-1
2006	831	-1
2005	799	0
2004	747	-6
2003	651	+1
2002	547	-3
2001	517	-3
2000	445	-2
1999	396	-1
1998	253	+1
1997	240	0
1996	249	0
1995	200	0
1994	198	0
1993	183	0
1992	220	0
1991	230	0
1990	235	0
1989	230	0
1988	250	0
1987	264	0
1986	300	0
1985	250	0
1984	156	0
1983	85	0
1982	29	0

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

Note: Italics indicate that reporting is ongoing for the years 2013–2015.

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

\* Comparison is relative to counts of reported death in previous year's report which was based on incidents reported to CPSC by 12/31/2014. Further review of historic records revealed information supporting adjustments to date of death, vehicle classification (*i.e.*, ATVs with 4 wheels for which the number of wheels was not previously determined or out of scope vehicles such as utility vehicles), and scope. Application of alternative search schemes identified records that could be further associated as multiple reports of the same incident.

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

### Reported Deaths by State

Table 2 gives the numbers of reported ATV-related deaths for each state, the District of Columbia, and Puerto Rico. States are listed in descending order of the number of ATV-related fatalities reported for the years 1982 through 2012 (*i.e.*, the years for which data collection is considered complete). Reported deaths that occurred during these years are tabulated in the second column. The following states had the highest numbers of reported ATV-related deaths occurring in this period: Texas (698), California (654), West Virginia (641), Pennsylvania (635), and Kentucky (580). Together, these five states accounted for 3,208 deaths or 25 percent of all reported ATV-related deaths in the United States for the years 1982 through 2012 ( $n = 12,661$ ), as shown in the third column of Table 2.

When reviewing state death counts for the period 1982 through 2012, two points deserve note:

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

The fourth column of Table 2 presents, by state, the number of ATV-related deaths reported to CPSC staff as of December 31, 2015, for the period 2013 through 2015. These counts should not be used for comparisons between states because data collection for this period is ongoing and because data collection for some states is more complete than for other states for these years.

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



**Table 2**  
**Reported ATV-Related Fatalities (by State)**  
**ATVs with 3, 4, or Unknown Number of Wheels**  
**Reported for the Period January 1, 1982 through December 31, 2015**

<b>State</b>	<b>Reported Deaths 1982–2012</b>	<b>Cumulative Percent of U.S. Reported Deaths 1982–2012</b>	<b>Reported Deaths (Ongoing Reporting) 2013-2015*</b>	<b>Total Reported Deaths* (Including Ongoing Reporting)</b>
TEXAS	698	6%	82	780
CALIFORNIA	654	11%	49	703
WEST VIRGINIA	641	16%	84	725
PENNSYLVANIA	635	21%	62	697
KENTUCKY	580	25%	72	652
FLORIDA	512	29%	64	576
TENNESSEE	492	33%	64	556
NEW YORK	433	37%	51	484
NORTH CAROLINA	428	40%	32	460
MICHIGAN	405	43%	35	440
GEORGIA	400	46%	17	417
OHIO	389	49%	53	442
ARKANSAS	369	52%	18	387
MISSOURI	358	55%	61	419
MISSISSIPPI	357	58%	41	398
WISCONSIN	316	61%	56	372
MINNESOTA	300	63%	26	326
ALABAMA	297	65%	39	336
LOUISIANA	287	68%	34	321
ILLINOIS	271	70%	18	289
ARIZONA	257	72%	14	271
VIRGINIA	239	74%	29	268
INDIANA	235	75%	28	263
UTAH	215	77%	17	232
OKLAHOMA	213	79%	41	254
OREGON	211	80%	20	231
IDAHO	197	82%	37	234
COLORADO	179	83%	30	209
ALASKA	164	85%	29	193
WASHINGTON	161	86%	27	188
SOUTH CAROLINA	158	87%	23	181
IOWA	157	89%	23	180
KANSAS	149	90%	16	165
MAINE	143	91%	15	158
NEBRASKA	123	92%	14	137
NEW MEXICO	114	93%	26	140
MONTANA	108	94%	28	136
NEVADA	106	94%	10	116
MARYLAND	96	95%	14	110
NEW JERSEY	91	96%	10	101
NORTH DAKOTA	84	97%	5	89
SOUTH DAKOTA	80	97%	13	93
MASSACHUSETTS	75	98%	10	85
NEW HAMPSHIRE	65	98%	8	73
VERMONT	65	99%	13	78
WYOMING	62	99%	2	64
CONNECTICUT	46	100%	2	48
HAWAII	19	100%	2	21
DELAWARE	9	100%	1	10
RHODE ISLAND	9	100%	1	10
WASHINGTON, D.C.	5	100%	1	6
PUERTO RICO	4	100%	1	5

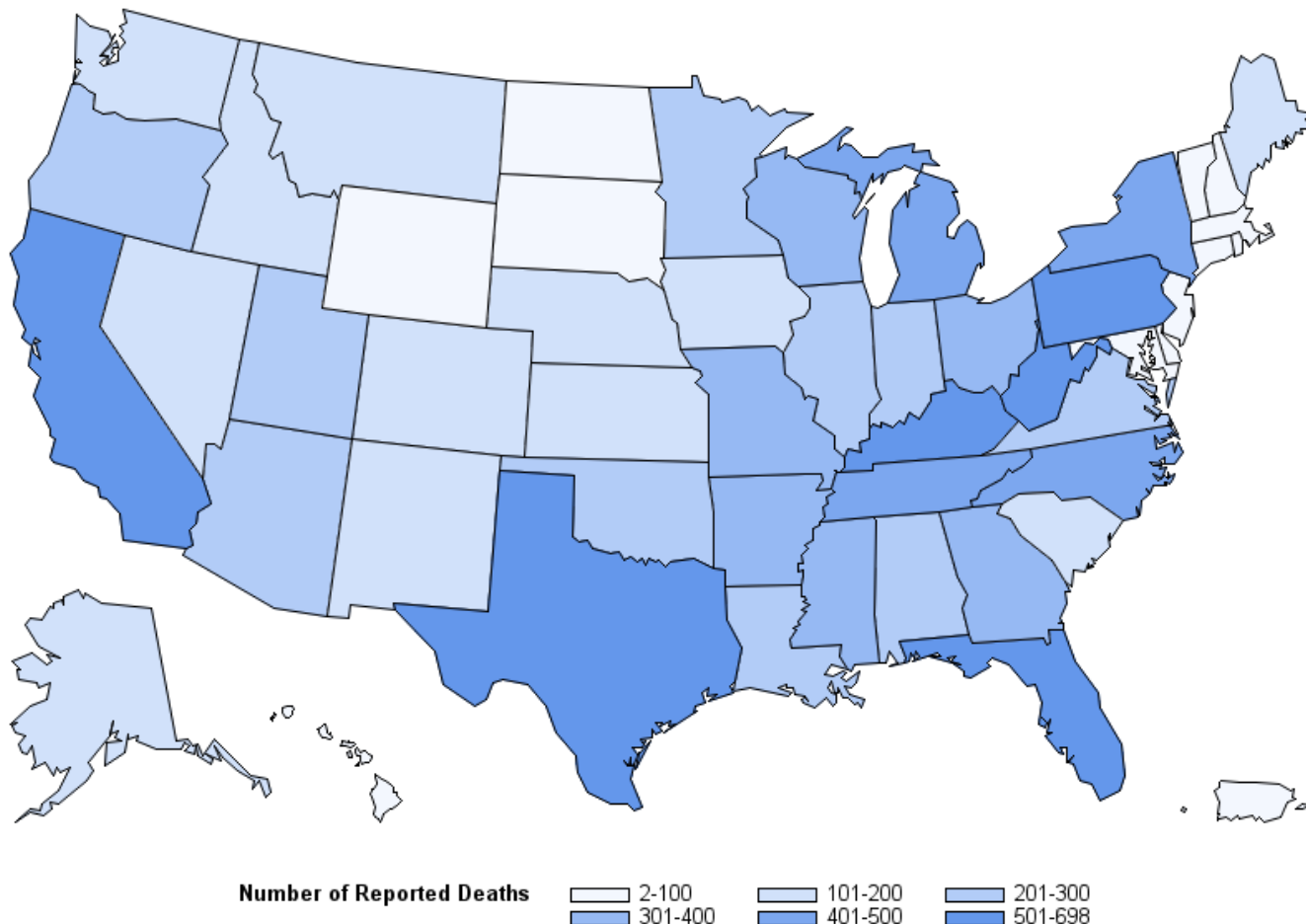
Source: U.S. Consumer Product Safety Commission: Directorate for Epidemiology/Division of Hazard Analysis.

Note: State rankings are based on ATV-related fatality counts for the period 1982–2012.

\*Italicized data (columns 4 and 5) denote the years for which reporting is ongoing (2013-2015).

Figure 1 represents the first two columns of Table 2. The intensity of the color in each state represents the number of reported ATV-related fatalities from 1982 through 2012.

**Figure 1: Number of Reported ATV-Related Fatalities by State (1982–2012)**



Source: U.S. Consumer Product Safety Commission: Directorate for Epidemiology/Division of Hazard Analysis. Graph generated using SAS®. Note: This figure corresponds to the first two columns of Table 2. Reporting for 2013–2015 is ongoing, and Figure 1 does not include data for these years.

### Reported Deaths of Children

A review of the reported ATV-related fatalities indicates that 3,163 decedents (22 percent of the 14,129 total) between 1982 and 2015 were younger than 16 years of age, and 1,380 (10 percent) were younger than 12 years of age. Forty-four percent of ATV-related *child* fatalities (*i.e.*, children under 16 years of age) were children younger than 12 years of age. Table 3 gives the total number of reported fatalities, by year, of children younger than 16 years of age; the corresponding percentage of the total number of reported fatalities, by year; the total numbers of fatalities by year for children younger than 12 years of age; and the corresponding percentage relating to all ATV-related fatalities of children younger than 16 years of age. Figure 2 displays the total number of reported ATV-related fatalities, by year and age group, from 2001 to 2012.

**Table 3**  
**Reported ATV-Related Fatalities for Children Younger than 16 and 12 Years of Age**  
**ATVs with 3, 4, or Unknown Number of Wheels**  
**Reported for the Period January 1, 1982 through December 31, 2015**

<b>Year</b>	<b>Younger Than 16</b>	<b>Younger Than 16: Percent of Total</b>	<b>Younger Than 12</b>	<b>Younger Than 12: Percent of Children*</b>
<b>Total</b>	3,163	22%	1,380	44%
<i>2015</i>	58	17%	32	55%
<i>2014</i>	71	13%	40	56%
<i>2013</i>	70	12%	28	40%
2012	68	12%	39	57%
2011	80	13%	38	48%
2010	89	14%	39	44%
2009	96	13%	41	43%
2008	109	14%	53	49%
2007	136	16%	58	43%
2006	142	17%	63	44%
2005	162	20%	77	48%
2004	179	24%	69	39%
2003	153	24%	69	45%
2002	133	24%	45	34%
2001	133	26%	58	44%
2000	122	27%	50	41%
1999	90	23%	34	38%
1998	82	32%	30	37%
1997	79	33%	38	48%
1996	87	35%	40	46%
1995	64	32%	26	41%
1994	54	27%	20	37%
1993	59	32%	18	31%
1992	71	32%	32	45%
1991	68	30%	40	59%
1990	81	34%	27	33%
1982-1989	627	40%	276	44%

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

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

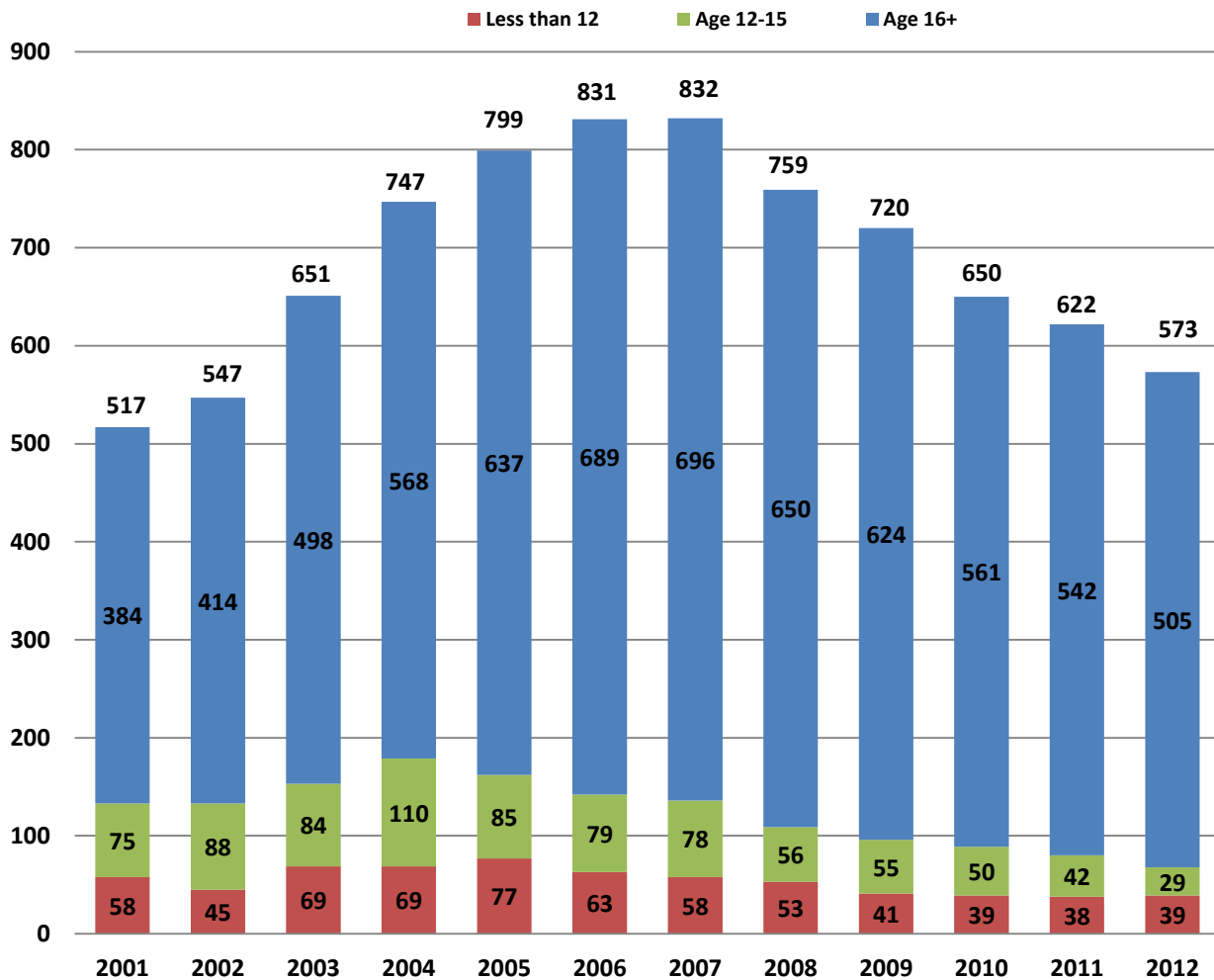
\*Percent of total ATV-related fatalities of children younger than 16 years of age.

Note: Reporting is ongoing for 2013–2015. Percentages for these years should be interpreted with caution because the rate at which deaths are reported may not be consistent for each of the years indicated.

The percentage of victims younger than 16 years of age appears to have generally declined over time, but it is possible that adult deaths are underreported during the period 1982 to 1998 as well as in the most recent years for which reporting is not complete (2013, 2014, and especially 2015). Because of coding limitations for ATV-related fatalities under the old ICD-9 system (see Appendix A), CPSC staff generally was not able to gather reports of deaths on public roads during the years 1982 to 1998. If adults were more likely than children to have been involved in ATV-related fatality incidents on public

roads, then, for the years before 1999, the calculated percentages of deaths involving children, shown in Table 3, may be higher than the true proportion of ATV-related fatalities involving children. The most recent year, 2015, is especially dependent upon investigations or incidents that were reported from public news sources, and child ATV fatalities may be more likely to be reported in the news than adult fatalities. In future reports the proportion of child and adult deaths for the most recent year (2015) may be especially likely to exhibit a higher proportion of adult deaths as reports of ATV deaths from states and other non-news related sources are provided to CPSC.<sup>3</sup>

**Figure 2: Reported ATV-Related Fatalities by Age Group (2001–2012)**



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

Note: This figure corresponds to the data reported in Tables 1 and 3. Reporting for 2013–2015 is ongoing; thus, Figure 2 does not display these years.

<sup>3</sup> From past reports the percentage of child fatalities for a given year tends to be highest when it is the most recent year with incomplete reporting and declines after reporting for that year is complete. For example, the 2012 report indicated 15% of reported fatalities for the year 2012 to involve children, but now that reporting for 2012 is completed the percentage of child fatalities for the year 2012 is only 12%. Although reporting is still ongoing for the years 2013 and 2014, the percentage of children for those years was also higher in previous reports. Children represented 15% of year 2013 fatalities in the [2013 report](#) and 16% of year 2014 fatalities in the [2014 report](#) (compared with 12% for 2013 and 13% for 2014 in this year's report).

### Three-Wheel Versus Four-Wheel ATVs

As noted in the Background section above, CPSC staff began collecting reports of ATV-related deaths and injuries in the early 1980s to assess incidents associated with three-wheel ATVs. However, in the late 1980s, the major distributors agreed to stop distributing three-wheel ATVs. Currently, the ATVs distributed in the United States are nearly all four-wheel models (U.S. CPSC, 2006).<sup>4</sup> The percentage of reported fatalities involving four-wheel ATVs increased from 7 percent or less, before 1985, to 99 percent in 2015, based on 2015 fatalities reported to CPSC staff as of December 31, 2015. Although data collection for 2015 is ongoing, this percentage is not expected to change greatly as additional reports of 2015 fatalities are received.

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

### Estimated ATV-Related Deaths, 1985 to 2014

Death reports received by CPSC staff represent a minimum count of ATV-related deaths because not all ATV-related fatalities may be reported. To account for unreported deaths, CPSC staff estimated annual ATV-related fatalities for the period 1985 to 2014, using a statistical estimation method called capture-recapture (Hook and Regal, 2004). See Appendix A for details on this estimation method. Table 4 shows both the annual reported counts and the estimated number of ATV-related deaths involving ATVs having three, four, or an unknown number of wheels. Due to the low data collection completion rate (35%) as of December 31, 2015, estimates for 2015 were not calculated for this report but will be estimated in future reports.

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

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

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

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<sup>4</sup> There are some six-wheel models in distribution, but such are not counted in the scope of this report.

**Table 4**  
**Annual Estimates of ATV-Related Fatalities**  
**1985–2014**  
**Based on Fatality Data Available as of December 31, 2015**

<b>Year<sup>5</sup></b>	<b>*Reported Deaths</b>	<b>Estimated Deaths Associated with ATVs with 3, 4, or Unknown Wheels</b>	<b>Estimated Deaths Involving 4-Wheel ATVs</b>
<i>2014</i>	<i>547</i>	<i>674</i>	<i>663</i>
<i>2013</i>	<i>581</i>	<i>657</i>	<i>642</i>
<i>2012</i>	<i>573</i>	<i>655</i>	<i>638</i>
<i>2011</i>	<i>622</i>	<i>684</i>	<i>663</i>
<i>2010</i>	<i>650</i>	<i>724</i>	<i>712</i>
<i>2009</i>	<i>720</i>	<i>793</i>	<i>772</i>
<i>2008</i>	<i>759</i>	<i>845</i>	<i>826</i>
<i>2007</i>	<i>832</i>	<i>895</i>	<i>865</i>
<i>2006</i>	<i>831</i>	<i>898</i>	<i>871</i>
<i>2005</i>	<i>799</i>	<i>922</i>	<i>882</i>
<i>2004</i>	<i>747</i>	<i>836</i>	<i>798</i>
<i>2003</i>	<i>651</i>	<i>752</i>	<i>717</i>
<i>2002</i>	<i>547</i>	<i>597</i>	<i>560</i>
<i>2001</i>	<i>517</i>	<i>586</i>	<i>542</i>
<i>2000</i>	<i>445</i>	<i>540</i>	<i>491</i>
<i>1999</i>	<i>396</i>	<i>521</i>	<i>473</i>
<i>1998</i>	<i>253</i>	<i>291</i>	<i>248</i>
<i>1997</i>	<i>240</i>	<i>289</i>	<i>235</i>
<i>1996</i>	<i>249</i>	<i>268</i>	<i>209</i>
<i>1995</i>	<i>200</i>	<i>276</i>	<i>213</i>
<i>1994</i>	<i>198</i>	<i>243</i>	<i>167</i>
<i>1993</i>	<i>183</i>	<i>210</i>	<i>143</i>
<i>1992</i>	<i>220</i>	<i>242</i>	<i>159</i>
<i>1991</i>	<i>230</i>	<i>251</i>	<i>150</i>
<i>1990</i>	<i>235</i>	<i>252</i>	<i>152</i>
<i>1989</i>	<i>230</i>	<i>257</i>	<i>152</i>
<i>1988</i>	<i>250</i>	<i>285</i>	<i>151</i>
<i>1987</i>	<i>264</i>	<i>282</i>	<i>126</i>
<i>1986</i>	<i>300</i>	<i>348</i>	<i>95</i>
<i>1985</i>	<i>250</i>	<i>293</i>	<i>55</i>

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

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

\*Due to adjustments noted under Table 1, fatality estimates may differ from the estimates from last year's report even for some years in which the number of reported deaths is the same.

<sup>5</sup> Reporting is ongoing for 2013–2014. Reporting for 2015 is too preliminary to credibly estimate deaths.

## ATV-Related Injuries

### ATVs with Three, Four, and Unknown Numbers of Wheels

Table 5 shows estimates of ATV-related injuries treated in hospital emergency departments nationwide between January 1, 2007, and December 31, 2015. These estimates were generated based on the CPSC's National Electronic Injury Surveillance System (NEISS), a probability sample of U.S. hospitals with 24-hour emergency departments with more than six beds. In this analysis, the current estimates were compared to the estimates from the previous year (2014), as well as to a base year. The base year chosen for comparison was 2007.<sup>6</sup> The existence of a possible trend in injuries associated with ATVs with three, four, or an unknown number of wheels is also considered, based on trend analysis methods developed by CPSC staff (Schroeder, 2000). For historical estimates of the number of ATV-related, emergency department-treated injuries, see Appendix B.

Also included in Table 5 are the estimated number of ATV-related, emergency department-treated injuries for children younger than 16 years, with the corresponding percent of total injuries. Estimates for those younger than 12 years are provided; these estimates are a subset of the younger than 16 age group. That is, the estimated injuries for those younger than 12 years are also included in the younger than 16 years age group estimates. Figure 3 displays the information for the estimated injuries for all ages and for the younger than 16 age group.

**Table 5**  
**Annual Estimates<sup>7</sup> of ATV-Related, Emergency Department-Treated Injuries**  
**ATVs with 3, 4, or Unknown Number of Wheels**  
**January 1, 2007 through December 31, 2015**

Year	Estimated Number of Injuries: All Ages	Younger than 16 Years: Estimated Number of Injuries	Younger than 16: Percent of Total (All-Ages) Injuries	Younger than 12 Years: Estimated Number of Injuries	Younger than 12 Years: Percent of Injuries to All Children Younger than 16 Years
2015	97,200	26,700	28%	13,400	50%
2014	93,700	24,800	26%	11,400	46%
2013	99,600	25,000	25%	13,100	52%
2012	107,900	26,500	25%	12,200	46%
2011	107,500	29,000	27%	15,100	52%
2010	115,000	28,300	25%	14,100	50%
2009	131,900	32,400	25%	15,500	48%
2008	135,100	37,700	28%	19,800	53%
2007	150,900	40,000	27%	19,800	50%

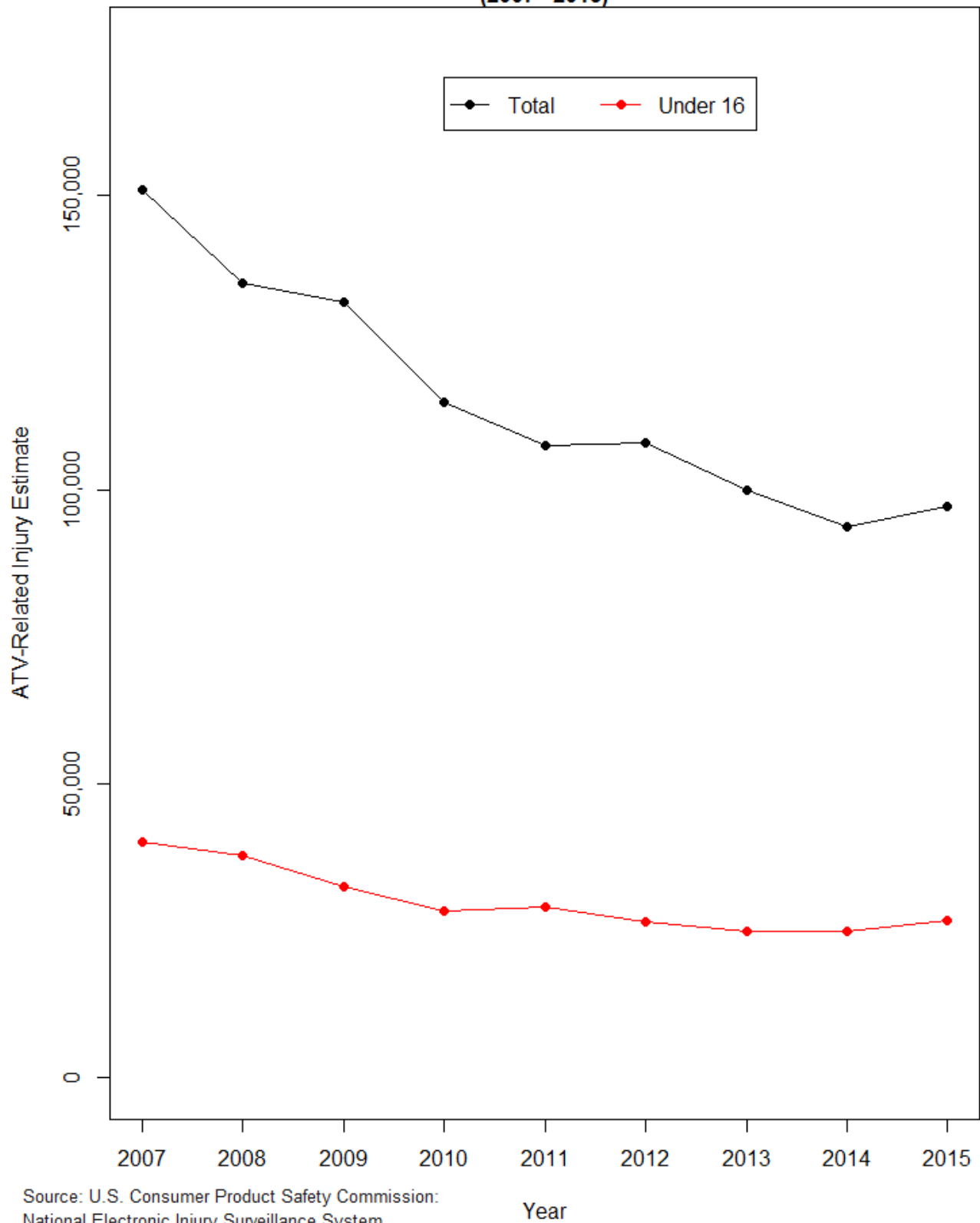
Source: U.S. Consumer Product Safety Commission: National Electronic Injury Surveillance System.

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

<sup>6</sup> See the methodology section in Appendix A for a discussion of the rationale for choosing 2007 as the base year.

<sup>7</sup> Estimates have also been adjusted to account for cases that are out of scope for this report. See Appendix A for additional discussion.

**Figure 3**  
**Annual ATV-Related, Hospital Emergency Department-Treated Injury Estimates for**  
**ATVs with 3, 4 or Unknown Number of Wheels**  
**(2007 - 2015)**





The 2015 emergency department-treated injury estimate for all ages reflects an increase of 4 percent from the 2014 estimate. However, this increase is not statistically significant (p-value =0.44).<sup>8</sup> The overall decrease of 36 percent between the estimated number of injuries in 2007 and 2015 is statistically significant (p-value < 0.0001). In addition, trend analysis indicates that for ATVs having three, four, or an unknown number of wheels, there is a statistically significant downward trend in emergency department-treated injuries for all ages, collectively, during the years 2007 through 2015 (p-value =0.0108).

The 2015 emergency department-treated injury estimate for children younger than 16 years of age represents a 8 percent increase over the 2014 estimate, although this is not a statistically significant increase (p-value =0.28). The comparison of the 2007 to the 2015 estimated numbers of emergency department-treated injuries for children younger than 16 years of age shows a 33 percent decrease; these two estimates are statistically different (p-value < 0.0001).

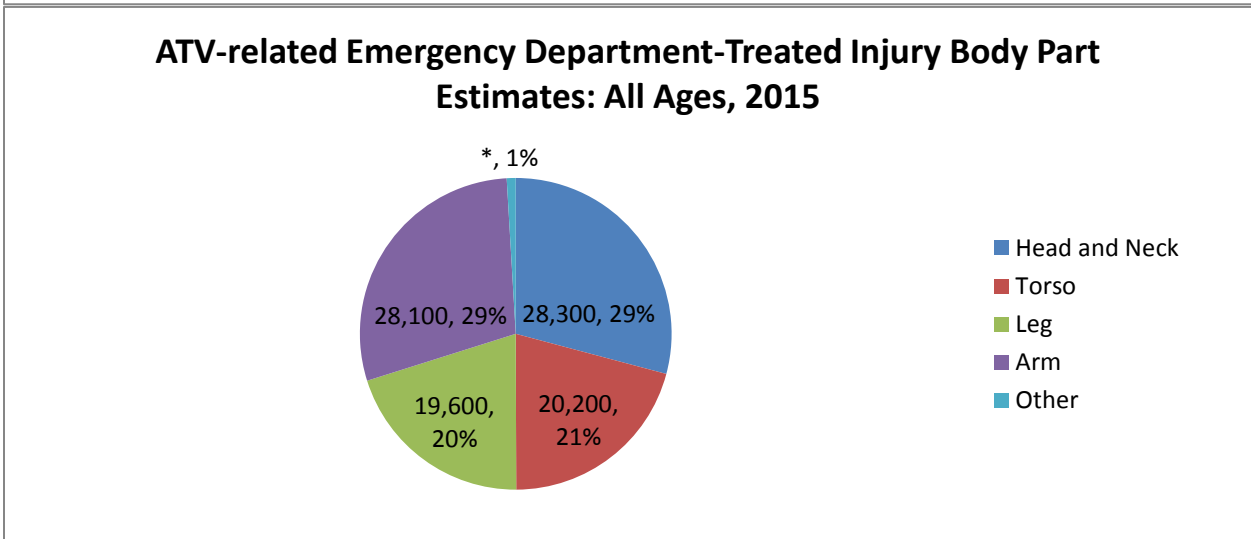
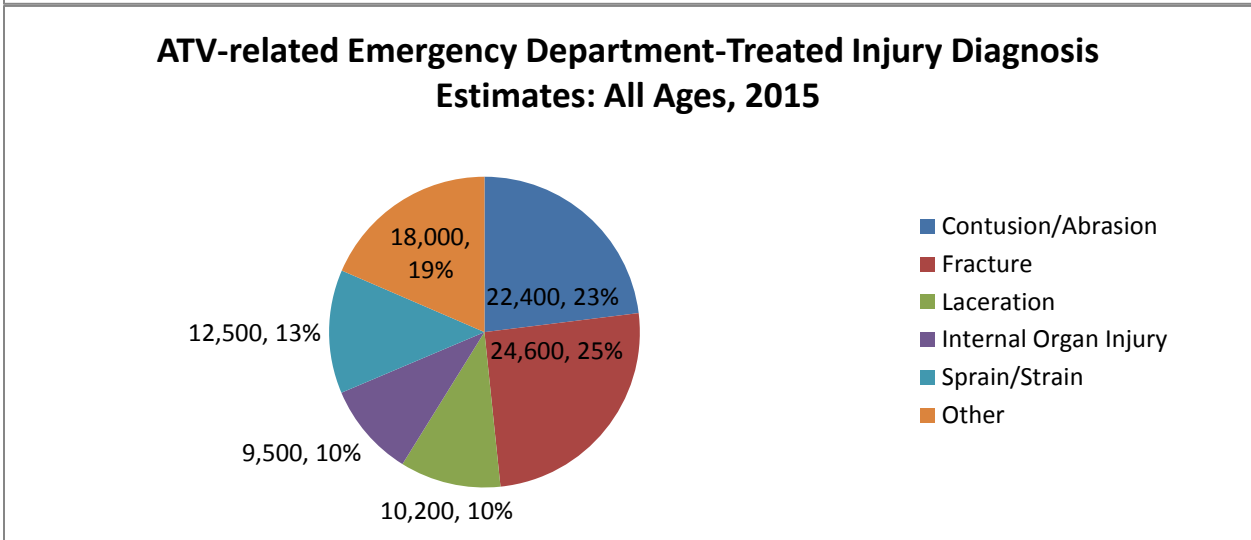
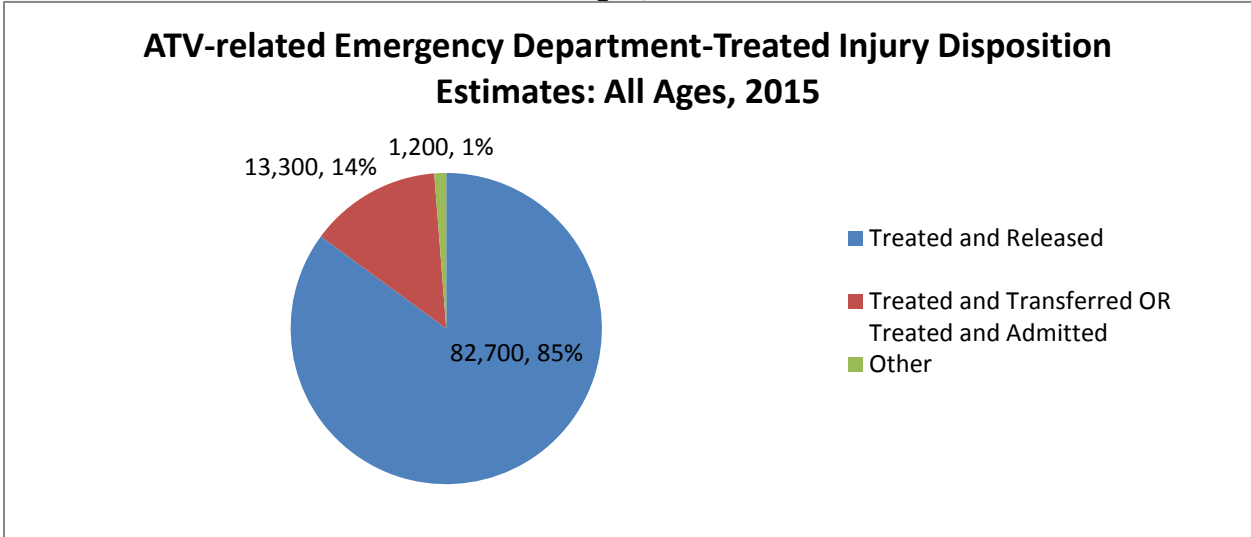
On average over the period 2007-2015, children younger than 12 years of age represent an estimated 13 percent of emergency department-treated injuries affecting all ages, but in the year 2015 children younger than 12 represent an estimated 14 percent of the injuries (*i.e.*, 134,400/1,038,800 and 13,400/97,200, respectively). About 50 percent of estimated injuries to children under 16 involve victims under the age of 12 for the year 2015 and for the overall period 2007-2015 (134,400/270,400).

Figure 4 provides the 2015 estimated number of ATV-related, emergency department-treated injuries broken down by disposition, diagnosis, and body part for all ages. Of the 97,200 estimated ATV-related, emergency department-treated injuries for all ages in 2015, a majority are categorized as treated and released (85 percent). Fourteen percent of the estimated emergency department-treated injuries for all ages are categorized as either treated and admitted or treated and transferred. The remaining percentages of treatments are spread across several categories, such as left without being seen, held for observation, fatalities, and unknown. A plurality of the 2015 estimated ATV-related, emergency department-treated injuries for all ages were diagnosed as contusions/abrasions or fractures (23 percent and 25 percent, respectively). The remaining diagnoses are distributed into categories like lacerations, sprains/strains, internal organ injuries, and other (which includes concussions). The majority of the 2015 estimated ATV-related, emergency-department treated injuries were located on the arm (the shoulder down) or the head or neck, or (29 percent and 29 percent, respectively).

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<sup>8</sup> The p-value represents the probability of observing results as extreme as, or more extreme than, the results obtained if there is no difference in the two reported estimates. A small p-value (*e.g.*, p-value < 0.05) suggests that an observed difference is likely to reflect a difference between the two estimates that is associated with some factor or factors beyond the inherent variability in the estimates themselves. P-values listed in this report have not been corrected for multiple comparisons.

**Figure 4: Disposition, Diagnosis, and Body Part ATV-Related Emergency Department-Treated Injuries for All Ages, 2015<sup>9</sup>**



<sup>9</sup> Totals may not sum to the 2015 annual estimate due to rounding. Percentages are based on the rounded estimates. Note: Sample size is too small in 2015 to estimate injuries associated with the "other" body part category.

For the 26,700 estimated ATV-related emergency department-treated injuries in 2015 for children younger than 16 years of age, the majority were treated and released (88 percent). Eleven percent of children younger than 16 years of age were either treated and admitted or treated and transferred. The remaining treatments were spread across several categories, such as left without being seen, held for observation, fatalities, and unknown.

In 2015, children younger than 16 years of age were diagnosed with contusions/abrasions 29 percent of the time for ATV-related, emergency-department treated injuries and 25 percent of the time with fractures. The remaining diagnoses are distributed into categories such as lacerations, sprains/strains, internal organ injuries, and concussions.

Table 6 breaks down the estimated numbers of ATV-related, emergency department-treated injuries from 2007 to 2015 by age group, while Figure 5 gives the corresponding graph of Table 6.

**Table 6**  
**Annual Estimates of ATV-Related, Emergency Department-Treated Injuries by Age Group**  
**2007–2015**

Year	Age Group						Total
	Under 16	16–24	25–34	35–44	45–54	55 +	
2015	26,700	24,200	19,600	11,700	7,700	7,100	97,200
2014	24,800	22,700	19,800	13,700	7,400	5,300	93,700
2013	25,000	26,400	21,600	12,300	8,000	6,500	99,600
2012	26,500	28,000	24,600	14,000	8,600	6,300	107,900
2011	29,000	27,700	23,000	14,000	8,000	5,900	107,500
2010	28,300	29,500	25,900	15,200	9,000	7,000	115,000
2009	32,400	36,400	30,200	16,600	10,100	6,200	131,900
2008	37,700	35,000	30,700	18,000	8,000	5,800	135,100
2007	40,000	45,800	31,200	17,800	9,600	6,500	150,900

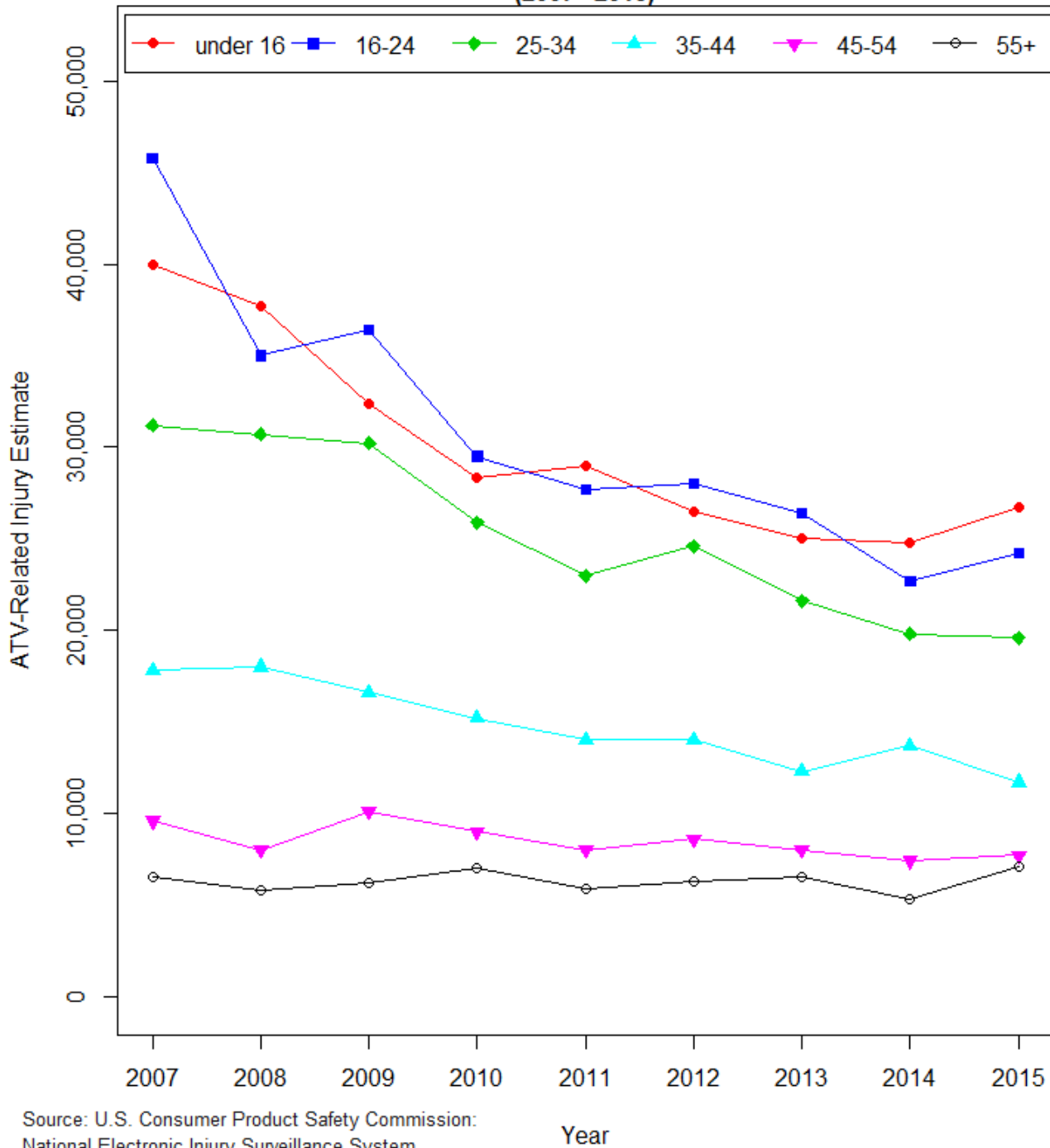
Source: U.S. Consumer Product Safety Commission: National Electronic Injury Surveillance System.  
Note: Rows may not sum to the annual totals presented elsewhere in this report due to rounding.

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

- Between 2014 and 2015 the only age group with a statistically significant difference in injuries was the 55+ age group, with a significant increase (p-value= 0.0252). However, none of the previous years 2007 through 2013 have estimates for 55+ that are significantly different from the 2015 estimates and so this may just reflect random variation for the year 2014. The younger than 16, 16-24, and 45-54 age groups' injury estimates also increased from 2014 to 2015, but with no statistical significance (p-value = 0.28, 0.44, and 0.74, respectively). The remaining age groups 25-34 and 35-44 have injury estimates that decreased from 2014 to 2015, but with no statistical significance (p-value = 0.16 and 0.50, respectively).
- When comparing the base year 2007 against the 2015 injury estimates, we find statistically significant decreases in injuries for all except the eldest two age groups. While the 45-54 age group's injury estimate is less in 2015 than in 2007, this is not a statistically significant decrease (p-value=0.16). The 55+ age group is the only age group for which the injury estimate is greater

in 2015 than in 2007; however this is not statistically significant increase (p-value = 0.50). For each of the youngest four age groups (younger than 16, 16-24, 25-34, and 35-44) the 2015 estimate is significantly less than the 2007 estimate (p-value <0.0001 for the younger than 16, 16-24, and 25-34 age groups and p-value = 0.0018 for the 35-44 age group).

**Figure 5**  
**Annual ATV-Related Hospital Emergency Department-Treated Injury Estimates by Age Group**  
**ATVs with 3, 4 or Unknown Number of Wheels**  
**(2007 - 2015)**



## Four-Wheel ATVs

Table 7 shows estimates of four-wheel ATV-related, emergency department-treated injuries for the years 2007 to 2015. In 2015, four-wheel ATV injuries constituted 98 percent of the total injury estimate for ATVs having three, four, or an unknown number of wheels (*i.e.*, 95,500/97,200). The four-wheel ATV emergency department-treated injury estimate for 2015 represents a 4 percent increase over the 2014 estimate; however, this decrease is not statistically significant ( $p$ -value =0.55). There is a statistically significant difference between the 2007 and 2015 estimates ( $p$ -value < 0.0001). There is also a statistically significant linear trend in emergency department-treated injuries associated with four-wheel ATVs from 2007 to 2015 ( $p$ -value =0.0120).

**Table 7**  
**Estimated Number of 4-Wheel ATV-Related Emergency Department-Treated Injuries**  
**January 1, 2007 through December 31, 2015**

<b>Year</b>	<b>4-Wheel ATV-Related Injury Estimate<sup>10, 11</sup></b>
2015	95,500
2014	92,200
2013	97,600
2012	105,000
2011	105,500
2010	111,900
2009	128,600
2008	131,700
2007	146,500

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

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

<sup>10</sup> Estimates have also been adjusted by factors to account for cases that are out of scope for this report. Appendix A provides additional detail.

<sup>11</sup> Estimates have been rounded.

## Discussion

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

The periods selected for discussion were defined as follows:

- The first period, from 1982 to 1998, begins with the first year of CPSC staff's reported ATV-related death counts (see Table 1); and the first period ends with the ICD-9 to ICD-10 transition for classification of mortality data.
- The second period, from 1999 to 2012, begins with the transition to ICD-10 coding and ends with the most recent complete year of death data collection.
- The third period, from 2013 to 2015, spans the period of ongoing mortality data collection by CPSC staff.

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

### 1982–1998

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

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

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

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

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

### 1999–2012

Because of the transition to ICD-10 mortality coding, the second period (1999–2012) reflects several years during which CPSC staff had a greater opportunity to collect comprehensive data on ATV-related fatalities than had been possible prior to 1999. ATV-related regulatory activity began in this reporting period. Consequently, any effect of heightened media exposure on data collection began to be a factor in this period. This effect could have started in 2002, with a petition submitted to the CPSC that requested the Commission to issue a rule banning the sale of adult-size four-wheel ATVs sold for the use of children under the age of 16 years. This effect could have continued throughout this time period due to the exposure resulting from CPSC issuing an advance notice of proposed rulemaking in 2005, and a notice of proposed rulemaking in 2006. Comparing the estimated numbers of deaths associated with ATVs having three, four, or an unknown number of wheels, there is an increase of about 77 percent between 1999 to 2005, followed by a decrease of about 29 percent between 2005 to 2012 (Table 4). While this reflects an increase followed by a decrease within the 1999 to 2012 period, there is an overall 26 percent increase between 1999 and 2012 in estimated deaths associated with ATVs having three, four, or an unknown number of wheels. The estimated numbers of emergency department-treated injuries associated with ATVs having three, four, or an unknown number of wheels increased 40 percent from the 1999 estimate of 82,000 to the 2007 estimate of 150,900 before declining each year thereafter down to an the 2011 estimate of 107,500 (Table 8 in Appendix B, page 29). The 2012 estimate of 107,900 emergency department-treated injuries is slightly higher than the corresponding 2011 estimate, but this does not reflect a statistically significant increase.

In 2008, the CPSIA became law. Section 232 of the CPSIA included provisions directing the CPSC to make the voluntary standard, the *American National Standard for Four Wheel All-Terrain Vehicles*, developed by the Specialty Vehicle Institute of America (American National Standard ANSI/SVIA 1 – 2007), a mandatory standard. The mandatory standard was published in late 2008, and became effective in April 2009. In addition, all companies importing and distributing ATVs in the United States were required by the CPSIA to have action plans<sup>12</sup> approved by, and on file with, the Commission. The CPSIA also banned the importation and distribution of three-wheel ATVs. One likely result of the regulatory focus on ATVs may have been an increase in media attention on ATV-related fatalities; and this, in turn, may have resulted in the collection of more complete and timely death reports during these periods.

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

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<sup>12</sup> The term "ATV action plan" means a written plan or letter of undertaking that describes actions the manufacturer or distributor agrees to take to promote ATV safety, including rider training, dissemination of safety information, age recommendations, other policies governing marketing and sale of the ATVs, the monitoring of such sales, and other safety-related measures, and that is substantially similar to the plans described under the heading, "The Undertakings of the Companies in the Commission Notice" published in the *Federal Register* on September 9, 1998 (63 FR 48199–48204).'

radio and television PSAs, or through news stories. By raising awareness of ATV safety, this campaign was designed to reduce the number of deaths and serious injuries associated with ATVs (U.S. CPSC OIPA, 2006).

CPSC staff does not have the data to ascertain the causes of any trend in injuries. Thus, no conclusions can be made to the causes of any trends for any period of time.

### 2013-2015

The third period (2013–2015) contains 3 years of incomplete death data. As of December 31, 2015, death certificate completion was 95 percent for 2013, 71 percent for 2014, and 35% for 2015. (This is not a percentage of death certificates versus actual deaths; rather, it is the percentage of the combination of states and months where CPSC staff has received at least one death certificate.) The number of reported deaths for these years will increase as CPSC staff receives additional reports. For this reason, the 2013 through 2014 estimated numbers of deaths will require revision for these years in future CPSC staff reports. Initial estimates of deaths for 2015 will be provided in next year's report.

During the third period, emergency department-treated injury estimates for all ages do not exhibit significant change, both for ATVs having three, four, or an unknown number of wheels (Table 5), and for four-wheel ATVs alone (Table 7). For ATVs having three, four, or an unknown number of wheels, the overall decrease from 2013 to 2015 is not statistically significant (99,600 and 97,200, respectively; p-value = 0.77). Similarly, the decrease, when comparing the estimated number of injuries associated with four-wheel ATVs from 2013 to 2015, is also not statistically significant (97,600 and 95,500, respectively; p-value = 0.79). However, the data-collection process supporting the derivation of the injury estimates is complete for all reported years, including this period (2013–2015). Thus, the injury estimates for 2013 through 2015 are not expected to require revision in future CPSC staff reports.

In the period 2013–2015, the CPSC continued maintenance of the ATVSafety.gov website and deployment of the Rapid Response media awareness program. CPSC also continued to promote ATV safety awareness with annual news releases aimed to coincide with the Memorial Day holiday weekend, which has high rates of ATV-related deaths and injuries and marks the beginning of the recreational riding season. In 2013, the ATVSafety.gov website was redirected into CPSC's main website as the "[ATV Safety Information Center](#)." Additionally, CPSC published new ATV safety educational products, including a Web-based image and a print-ready poster presenting injury and fatality statistics with graphic illustrations.



## Appendix A: Estimation Methodologies

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

### ATV-Related Deaths

#### *In-Scope ATV-Related Fatalities*

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

#### *ICD-9 Versus ICD-10 Coding*

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

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

#### *Estimation of ATV-Related Fatalities (1999–Present)*

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

- The first avenue is the collection of death certificates obtained by CPSC staff,<sup>13</sup> where the death is deemed by the medical examiner to be ATV related. These incidents are entered into CPSC staff’s death certificate database (DTHS).
- The second avenue involves the collection of reports of fatal ATV-related incidents by any other means available to CPSC staff (denoted non-DTHS). Sources of these types of reports include news clips; reports from the Medical Examiners and Coroners Alert Project (MECAP); reports

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<sup>13</sup> CPSC staff purchases death certificates from the 50 states, the District of Columbia, Puerto Rico, and New York City for fatalities involving selected consumer products, including ATVs. Determination of the association between a fatality and a consumer product is based on the external cause of death code(s) reported on the death certificate. Since 1999, the external causes of death reported on death certificates have been coded in accordance with ICD-10 (National Center for Health Statistics, 2007).

from consumers or their representatives via telephone or the Internet ([www.SaferProducts.gov](http://www.SaferProducts.gov)); and hospital reports from the National Electronic Injury Surveillance System (NEISS). It should be noted that the NEISS database primarily includes product-related injuries rather than fatalities. However, all ATV-related NEISS cases are reviewed to identify incidents where an emergency department-treated, ATV-related injury was reported to result in death; and these deaths are included in the ATV-related fatality reports available to CPSC staff.

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

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

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

where

*M* is the number of incidents captured by purchase of death certificates from the states (DTHS);  
*N* is the number of incidents collected by other means (non-DTHS);

and

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

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

#### *Estimation of ATV-Related Fatalities (1985–1998)*

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

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

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

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

where

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

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

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

and

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

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

#### *Estimation of Fatalities Associated with Four-Wheel ATVs*

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

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

where

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

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

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

and

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

## ATV-Related Injuries

### *Estimation of Emergency Department-Treated Injuries Associated with ATVs*

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

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

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

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

### *Coefficients of Variation*

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

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

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

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

where

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

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

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

and

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

## Appendix B

**Table 8**  
**Historical ATV-Related Emergency Department Treated Injury Estimates for ATVs with 3, 4, or Unknown Number of Wheels and for 4-wheel ATVs from 1985 to 2015**

<b>Year</b>	<b>Estimated Number of Injuries: All Ages (3, 4, and unknown number of wheels)</b>	<b>Estimated number of Injuries: Under 16 years (3, 4, and unknown number of wheels)</b>	<b>Estimated Number of Injuries: All Ages (4-wheel ATVs)</b>
2015	97,200	26,700	95,500
2014	93,700	24,800	92,200
2013	99,600	25,000	97,600
2012	107,900	26,500	105,000
2011	107,500	29,000	105,500
2010	115,000	28,300	111,900
2009	131,900	32,400	128,600
2008	135,100	37,700	131,700
2007	150,900	40,000	146,500
2006	146,600	39,300	140,900
2005	136,700	40,400	130,000
2004	136,100	44,700	129,500
2003	125,500	38,600	116,600
2002	113,900	37,100	104,800
2001	110,100	34,300	98,200
2000	92,200	32,000	82,300
1999	82,000	27,700	68,900
1998	67,800	25,100	57,100
1997	52,800	20,600	39,700
1996	53,600	20,200	40,700
1995	52,200	19,300	36,200
1994	50,800	21,400	33,300
1993	49,800	17,900	32,000
1992	58,200	22,000	33,000
1991	58,100	22,500	34,400
1990	59,500	22,400	30,800
1989	70,300	25,700	35,700
1988	74,600	28,500	39,400
1987	93,600	38,600	33,900
1986	106,000	47,600	23,400
1985	105,700	42,700	14,700

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

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