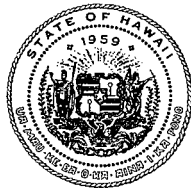


NEIL ABERCROMBIE
GOVERNOR



STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
869 PUNCHBOWL STREET
HONOLULU, HAWAII 96813-5097

GLENN M. OKIMOTO
DIRECTOR

Deputy Directors
FORD N. FUCHIGAMI
RANDY GRUNE
AUDREY HIDANI
JADINE URASAKI

IN REPLY REFER TO:

February 14, 2014

DEPT. COMM. NO. 80

The Honorable Donna Mercado Kim, President
and Members of the Senate
Twenty-Seventh State Legislature
State Capitol, Room 409
Honolulu, Hawaii 96813

The Honorable Joseph M. Souki, Speaker
and Members of the House of Representatives
Twenty-Seventh State Legislature
State Capitol, Room 431
Honolulu, Hawaii 96813

Dear President Kim, Speaker Souki, and Members of the Legislature:

For your information and consideration, I am transmitting a copy of the Hawaii Department of Transportation Statewide Impaired Driving Plan for Federal Fiscal Years 2013 – 2014, as required by Moving Ahead for Progress in the 21st Century Act, Section 405(d).

Very truly yours,

A handwritten signature in black ink, appearing to read "Glenn M. Okimoto".

GLENN M. OKIMOTO, Ph.D.
Director of Transportation

c: The Honorable Senator J. Kalani English
The Honorable Senator David Y. Ige
The Honorable Representative Sylvia Luke
The Honorable Representative Ryan I. Yamane

Attachment

14 FEB 14 63:53

DELIVERED BY
14 FEB 14 63:53

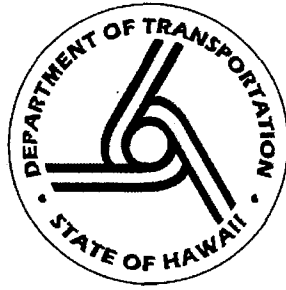
RECEIVED
THE SENATE
CLERK'S OFFICE
STATE OF HAWAII

'14 FEB 18 P3:50

RECEIVED
SENATE
OFFICE OF THE PRESIDENT

'14 FEB 14 P3:23

DEPT. COMM. NO. 80



Hawaii
Section 405(d) Statewide Impaired Driving Plan

Prepared by

State of Hawaii
Department of Transportation
Highway Safety Section
869 Punchbowl Street, Room 405
Honolulu, Hawaii 96813

Table of Contents

List of Tables	i
List of Figures	ii
Background.....	1
MAP-21.....	2
Statewide Impaired Driving Plan.....	3
Problem Identification	3
Strategies.....	19
Evaluation	20
Statewide Impaired Driving Task Force.....	21
FFY 2014 Section 405(d) Updates	25
Contact Information.....	26
Appendix A: Hawaii Impaired Driving Task Force Executive Order.....	27
Appendix B: Statewide Impaired Driving Task Force PowerPoint.....	33
Appendix C: Impaired Driving Task Force Meeting Agenda and Meeting Minutes	68
Sub-Committee Meeting Minutes	

List of Tables

Table 1 Fatality Rates: Hawaii, U.S. and Best State.....	4
Table 2 Fatalities By The Highest Blood Alcohol Concentration (BAC) in the Crash: Hawaii, U.S. and Best State (Old Definition)	5
Table 3 Alcohol-Impaired Driving Fatalities: Hawaii, U.S. and Best State (New Definition)	6
Table 4 Impaired Driving (Motor Vehicle) Driver Characteristics based on 288 Fatal Car Crashes, 2007 – 2010	11
Table 5 Impaired Driving (Motorcycle/Moped Drivers) Driver Characteristics..... based on 106 Fatally Injured Motorcycle or Moped Drivers in Crashes, 2007 – 2010	12

List of Figures

Figure 1 Fatalities per 100 Million VMT and Alcohol-Impaired Driving Fatalities per 100 Million VMT	7
Figure 2 Hawaii Fatalities 2003 - 2012 by County	8
Figure 3 Hawaii Fatalities 2003 – 2012 by Mode	9
Figure 4 Among Drivers Involved in Fatal Car Crashes in Hawaii, Substance Use Mix, 2007 – 2010	10
Figure 5 Impact of Alcohol on Fatal Crashes 2006 – 2010 Statewide	12
Figure 6 Alcohol and Drug Use (percent) Among Car Drivers Involved in Fatal Car Crashes in Hawaii By Age of Driver, 2007 – 2010	13
Figure 7 Alcohol and/or Drug Use (percent) Among Motorcycle/Moped Riders in the Hawaii Trauma Registry by Mode, 2008 – 2011	14
Figure 8 Alcohol and/or Drug Use (percent) Among Pedestrians in the Hawaii Trauma Registry by Age Group, 2008 – 2011	15
Figure 9 Prior Charges 2009 – 2012	16
Figure 10 4-Yr Comparison of Sustained vs. Reversed Cases by County	17
Figure 11 OVUII Charges and Ignition Interlock Installations	18
Figure 12 Ignition Interlock Installations and Prevented Starts	18

Hawaii Statewide Impaired Driving Plan

The Hawaii Department of Transportation (HDOT) is submitting, under MAP-21, its Section 405(d) Statewide Impaired Driving Plan for FFYs 2013 and 2014.

Background

Impaired driving continues to be a serious problem in Hawaii, which makes it a major priority for HDOT, our State Highway Safety Office. Hawaii is comprised of six major islands (stretching from northwest to southeast) in four counties: Kauai County is on Kauai; the City and County of Honolulu is on Oahu; Molokai, Lanai, and Maui make up Maui County; and Hawaii County is on the Big Island (Hawaii). The islands span over 4,405 miles of paved and unpaved streets and highways. Our State Capital, Honolulu, is located on the island of Oahu.

During calendar year 2011, there were 100 fatalities on Hawaii's roadways with 59 fatalities (or 59 percent) with a BAC of .01+ involved in alcohol-related traffic crashes. During calendar year 2010, 113 people died on Hawaii's roadways, with 52 fatalities (or 46 percent) with a BAC of .01+ involved in alcohol-related traffic crashes. Although there was an 11 percent decrease in traffic fatalities from 2010 to 2011, there was a 13 percent increase in alcohol-related traffic crashes.

Our State Highway Safety Office worked with HDOT's Traffic Branch and other stakeholders to create Hawaii's Strategic Highway Safety Plan for 2007 – 2012. The SHSP has a direct impact on the performance measures and resources allocated by our annual Highway Safety Plan (HSP). The SHSP is intended to provide overall guidance and direction to many public agencies and community organizations that are concerned with highway safety. The SHSP, which Hawaii is updating for 2013 – 2017, will include the following priority emphasis areas:

- Impaired Driving
- Speeding
- Occupant Protection
- First Responders
- Pedestrian & Bicycle
- Data & Safety Management Systems
- Lane Departure & Intersections
- Motorcycle & Moped

In Hawaii's FFY 2013 HSP, HDOT included an overtime enforcement budget of approximately \$750,000 to continue its high visibility enforcement program with its "52/12" program. As part of the "52/12" enforcement program, Hawaii's four county police departments have, at a minimum, one sobriety checkpoint every week of the year, which means 52 weeks of enforcement during the 12-month federal fiscal year. The county police departments will also implement checkpoints and/or saturation patrols on at least four nights during the national Impaired Driving campaigns. Additional sobriety checkpoints will be established during major holiday periods. In addition, HDOT budgeted \$300,000 for an impaired driving awareness media campaign to support the overtime enforcement, and is currently producing a new TV spot using the "Drive Sober or Get Pulled Over" slogan.

Regarding Hawaii's level of law enforcement agency participation, all four county police departments together serve 100 percent of the population. According to the Department of Business, Economic Development & Tourism, the population for the state of Hawaii is 1,374,810 as of July 1, 2011. The City and County of Honolulu's population is 963,607, with the Honolulu Police Department serving 70.1 percent of Hawaii's population; Hawaii County's population is 186,738, with the Hawaii Police Department serving 13.6 percent; Maui County's population is 156,764, with the Maui Police Department serving 11.4 percent; and Kauai County's population is 67,701, with the Kauai Police Department serving 4.9 percent.

Since 1971, Hawaii has passed major legislation to reduce impaired driving: Legislation established 21 as the minimum age for legal consumption of alcohol; established zero tolerance for drivers under 21; and established .08 blood alcohol content as the legal definition of impaired driving.

On January 1, 2011, Hawaii's ignition interlock law went into effect. The law permits the voluntary installation of an ignition interlock device on any vehicle that a person arrested for OVUII (Operating a Vehicle Under the Influence of an Intoxicant) drives. Furthermore, the law includes the first-time offender and provides for a discount for indigent offenders to pay for half of the expenses, provided that they are on welfare.

From January 1, 2012 through December 31, 2012, Smart Start Inc. (Hawaii's ignition interlock vendor) installed 1,692 ignition interlock devices into vehicles statewide, a 24 percent increase compared to 1,279 installed during 2011. During 2012, a total of 11,653 alcohol-positive (.025 and above) engine starts were prevented, a 62 percent increase compared to 4,420 prevented in 2011.

According to our Administrative Driver's License Revocation Office (ADLRO), there were 7,356 OVUII cases with arrest dates during 2012, compared to 6,428 OVUII cases with arrest dates in 2011, a 13 percent increase. Of the 7,356 arrests in 2012, 5,950 (or 80 percent) were first-time offenders. Of the 6,428 arrests in 2011, 5,274 (or 82 percent) were first-time offenders.

MAP-21

Under MAP-21, States that have an average impaired driving fatality rate that is higher than 0.30 and lower than 0.60 are considered mid-range States. Hawaii's average impaired driving fatality rate based on FARS data is 0.44.

As a mid-range State, HDOT is submitting a statewide impaired driving plan to meet the Section 405(d) grant requirement. On May 21, 2013, Governor Neil Abercrombie signed an Executive Order establishing a statewide Hawaii Impaired Driving Task Force that includes key stakeholders from the following agencies to fulfill the various functions and disciplines mentioned in MAP-21:

- State Highway Safety Office (HDOT), Departments of Education and Health (Communication)
- County Prosecutors (Prosecution)
- District Court Judge (Adjudication)

- Department of Public Safety (Probation)
- County Chief Examiner of Drivers (Driver Licensing)
- University of Hawaii's Department of Psychiatry (Treatment and Rehabilitation)
- Smart Start, Inc. (Ignition Interlock Program Vendor)
- Departments of Health and Transportation, County Police Departments, Motor Vehicle Crash Reduction Group (Data and Traffic Records)
- Department of Health (Public Health)

Furthermore, HDOT was asked to provide information that supports the basis of the operation of the task force, which includes any establishing documents that describe its purpose and operations. Please refer to Appendix A for a copy of the Executive Order signed by Governor Neil Abercrombie.

The statewide Hawaii Impaired Driving Task Force will address impaired driving issues, using the Hawaii's SHSP and the 2010 Impaired Driving Technical Assessment Recommendations as guides. The Task Force met on July 22, 2013 for its first meeting to discuss and vote on impaired driving strategies for inclusion in our Statewide Impaired Driving Plan. The next meeting is scheduled for September 12, 2013 to discuss any legislative needs for the upcoming 2014 session.

Statewide Impaired Driving Plan

Hawaii's Statewide Impaired Driving Plan provides strategies for preventing and reducing impaired driving behavior, which includes the following components:

- Data-driven problem identification
- Strategies for addressing identified problems and target groups
- Plans for measuring progress and outcomes
- Steps to achieve stakeholder input and participation in the plan

The Impaired Driving Task Force adopted the following Vision, Mission and Goal:

Vision: All Hawaii's road users arrive safely at their destinations.

Mission: Save lives and reduce injuries on Hawaii's roadways through strategic partnerships and implementation of the Statewide Impaired Driving Plan.

Goal: Working together, we will reduce yearly fatalities from 100, to 80 or fewer by 2017, toward the ultimate goal of zero deaths.

Problem Identification

To gain an understanding of our impaired driving problem, HDOT relies on various data sources such as FARS, HDOT Traffic Accident Reporting System (TARS), Hawaii Department of Health's Hawaii Emergency Medical Services Information System (HEMSIS), and county police departments. The following data is taken from the State Motor Vehicle Crash Statistics website based on FARS 2007 – 2010 Final and FARS 2011.

Table 1 shows the FARS fatality rates for Hawaii, U.S. and the Best State. It compares the Fatal Rate, Total Vehicle Miles Traveled (VMT), Fatality per 100 Million Vehicle Miles Traveled, Total Population, and Fatals per 100,000 Population for 2007 - 2011. Hawaii has a 113.4 average of fatals per year and 1.14 average for four years per 100 million VMT as compared to the nation's 1.19 average. This indicated that Hawaii's Fatal Rate is just below the national rate in VMT and the population rate per 100,000.

Table 1
Fatality Rates: Hawaii, U.S. and Best State

Year	Fatalities	Total Vehicle Miles Traveled (Millions)	Fatalities Per 100 Million Vehicle Miles Traveled	Total Population	Fatalities Per 100,000 Population	
2007	Hawaii	138	10,345	1.33	1,315,675	10.49
	US	41,259	3,031,124	1.36	301,231,207	13.70
	Best State*			0.79		6.53
2008	Hawaii	107	10,278	1.04	1,332,213	8.03
	US	37,423	2,976,528	1.26	304,093,966	12.31
	Best State*			0.67		5.63
2009	Hawaii	109	9,973	1.09	1,346,717	8.09
	US	33,883	2,956,764	1.15	306,771,529	11.05
	Best State*			0.62		4.90
2010	Hawaii	113	9,995	1.13	1,363,359	8.29
	US	32,999	2,966,506	1.11	309,330,219	10.67
	Best State*			0.64		3.97
2011	Hawaii	100			1,374,810	7.27
	US	32,367	2,930,654	1.10	311,591,917	10.39
	Best State*					4.37

*State (or States) With Lowest Rates: Lowest VMT and Population Rates Could Be in Different States
2011 National VMT is a Preliminary Estimate and Subject to Change
2011 State Vehicle Miles Traveled (VMT) Data is Not Yet Available

Table 2 shows the number of fatalities involving All Involved Drivers, Motorcycle Operators, Pedalcyclists and Pedestrians blood-alcohol level. Hawaii shows a 5-year average of 52.4, 11.2 percentage points above the national average of 41.2 percent of alcohol-related fatalities. For crashes involving a BAC of .08 and above, Hawaii has a 9.6 percentage point above the national average of 35.2 percent.

Table 2
Fatalities By The Highest Blood Alcohol Concentration (BAC)
in the Crash**: Hawaii , U.S. and Best State (Old Definition)

Year		Total Fatalities in all Crashes	Highest BAC level in the Crash					
			BAC = .01+			BAC = .08+		
			Number	Percent	Per 100 Million VMT	Number	Percent	Per 100 Million VMT
2007	Hawaii	138	72	52	0.70	50	36	0.48
	US	41,259	17,158	42	0.57	14,603	35	0.48
	Best State*			24	0.27		21	0.23
2008	Hawaii	107	52	49	0.51	48	45	0.47
	US	37,423	15,449	41	0.52	13,258	35	0.45
	Best State*			21	0.21		16	0.16
2009	Hawaii	109	61	56	0.61	55	50	0.55
	US	33,883	14,179	42	0.48	12,149	36	0.41
	Best State*			25	0.24		18	0.17
2010	Hawaii	113	52	46	0.52	47	42	0.47
	US	32,999	13,323	40	0.45	11,462	35	0.39
	Best State*			23	0.21		20	0.19
2011	Hawaii	100	59	59		51	51	
	US	32,367	13,155	41	0.45	11,397	35	0.39
	Best State*			28			18	

*State (or States) With Lowest Percents: Lowest Percents Could Be in Different States

**Based on the BAC of All Involved Drivers, Motorcycle Riders, Pedalcyclists and Pedestrians

2011 National VMT is a Preliminary Estimate and Subject to Change

2011 State Vehicle Miles Traveled (VMT) Data is Not Yet Available

Table 3 shows the total number of fatalities for 2007 – 2011 and the number of Drivers, Motorcycle Operators, Pedalcyclists and Pedestrians with a BAC level of .08 and above. Hawaii shows an average of 8.8 percentage points higher than the national average of 31.4 percent. It also reflects a .07 average higher in per 100 million VMT than the national average of .37.

Table 3
Alcohol-Impaired Driving Fatalities**: Hawaii , U.S. and Best State (New Definition)

Year		Total Fatalities in all Crashes	Alcohol-Impaired Driving Fatalities (BAC = .08+)		
			Number	Percent	Per 100 Million VMT
2007	Hawaii	138	44	32	0.43
	US	41,259	13,041	32	0.43
	Best State*			19	0.21
2008	Hawaii	107	42	39	0.41
	US	37,423	11,711	31	0.39
	Best State*			16	0.16
2009	Hawaii	109	52	48	0.52
	US	33,883	10,759	32	0.36
	Best State*			17	0.16
2010	Hawaii	113	43	38	0.43
	US	32,999	10,136	31	0.34
	Best State*			18	0.17
2011	Hawaii	100	44	44	
	US	32,367	9,878	31	0.34
	Best State*			17	

*State (or States) With Lowest Percents: Lowest Percents Could Be in Different States

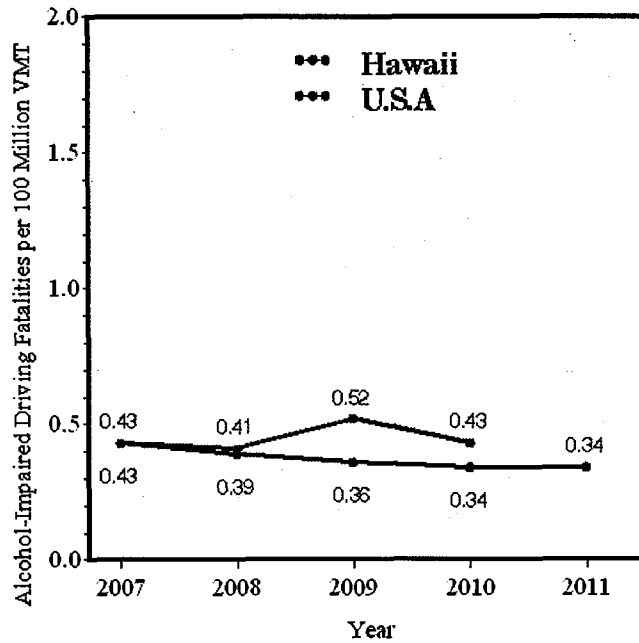
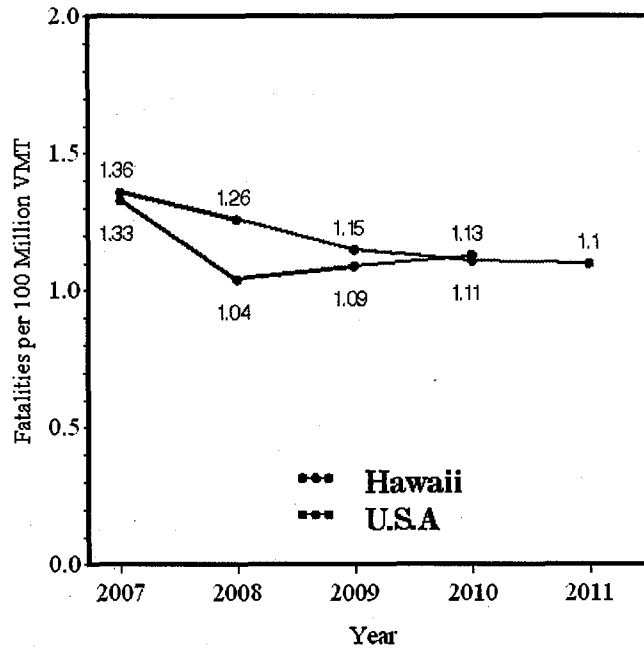
**Based on the BAC of All Involved Drivers and Motorcycle Riders Only

2011 National VMT is a Preliminary Estimate and Subject to Change

2011 State Vehicle Miles Traveled (VMT) Data is Not Yet Available

Figure 1 depicts Hawaii's fatalities per 100 million VMT and Alcohol-Impaired per 100 million VMT both for a five-year period. Although Hawaii's fatal rate is below the national average, it is above the national average in alcohol-impaired fatalities.

Figure 1
 Fatalities per 100 Million VMT and
 Alcohol-Impaired Driving Fatalities per 100 Million VMT



2011 National VMT is a Preliminary Estimate and Subject to Change
 2011 State Vehicle Miles Traveled (VMT) Data is Not Yet Available

The remaining data was taken from the PowerPoint that was presented at the July 22, 2013, statewide Impaired Driving Task Force meeting. Please refer to Appendix B for a copy of the PowerPoint presentation.

Figure 2 depicts the overall number of traffic-related fatalities for Hawaii, beginning with 133 in 2003 to 126 in 2012. Furthermore, the figure shows the number of traffic-related fatalities for each county – Oahu (City and County of Honolulu), Hawaii, Maui and Kauai. Oahu has most of the traffic-related fatalities per year since the island holds over 70 percent of the population.

Figure 2
Hawaii Fatalities 2003 – 2012 by County

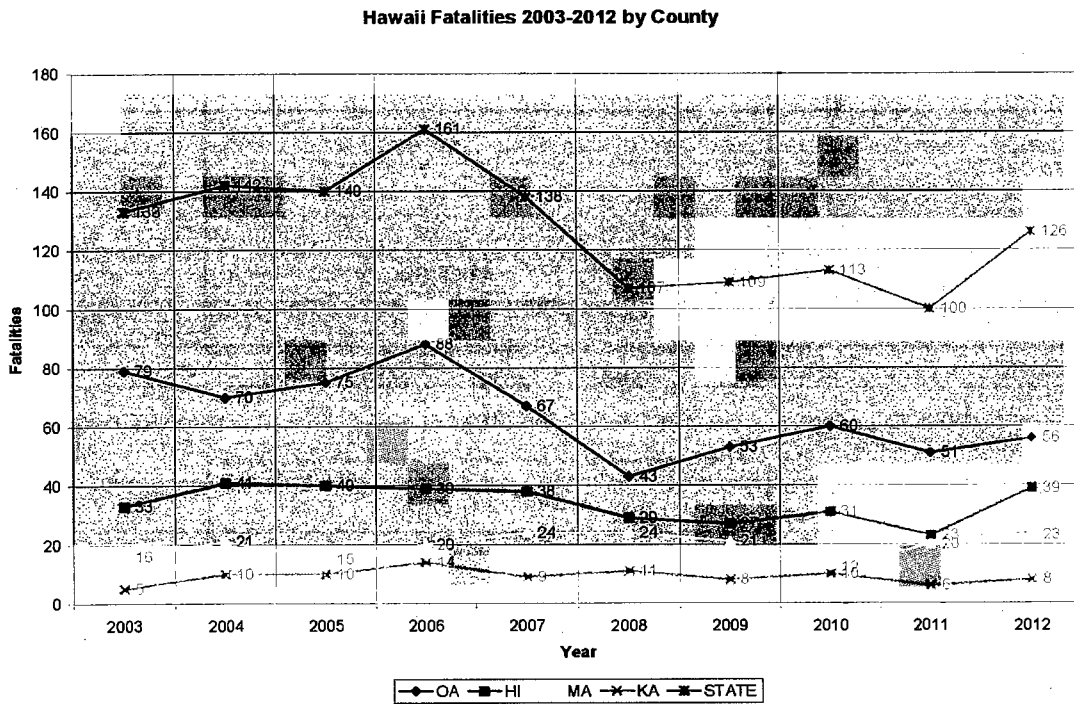


Figure 3 depicts the number of traffic-related fatalities from 2003 – 2012 by mode: Automobile, Motorcycle, Moped, Bicycle, Pedestrian and Other.

Figure 3
Hawaii Fatalities 2003 – 2012 by Mode

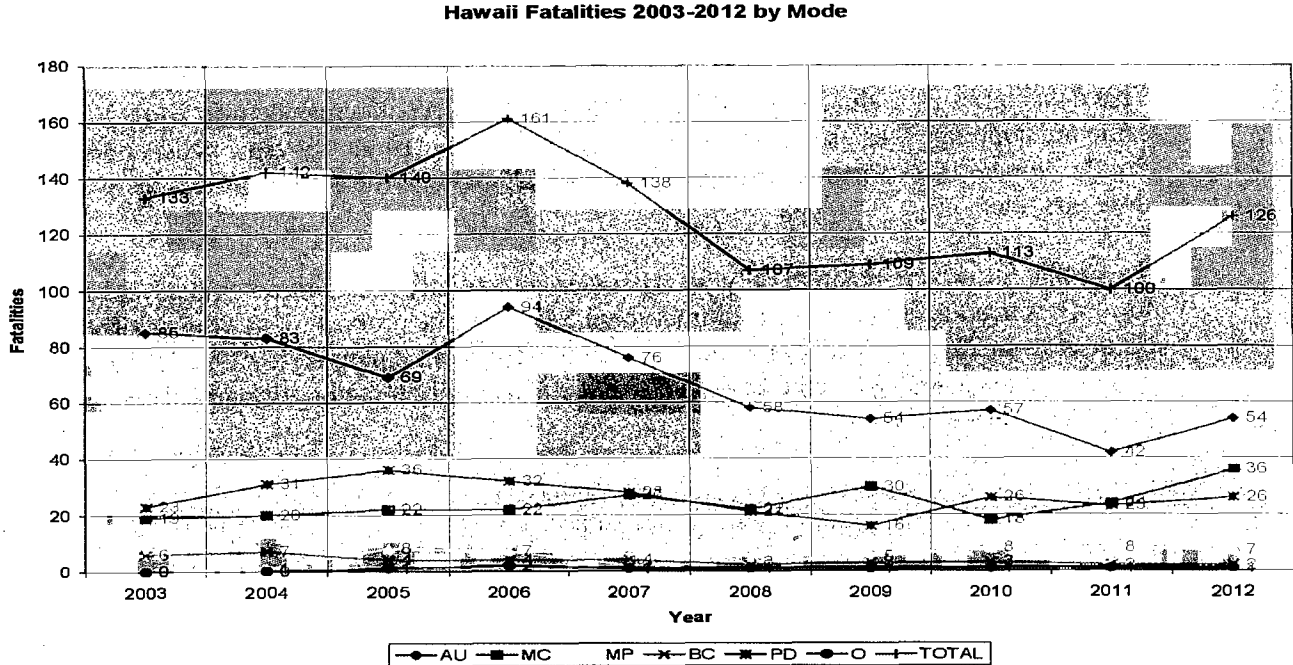


Figure 4 shows that 40 percent of the 288 drivers involved in fatal occupant car crashes from 2007 - 2010 tested positive for alcohol, and nearly one-fourth (23 percent) tested positive for drugs. Considered together, almost half (49 percent) of drivers tested positive for either alcohol or drugs. Most (89 percent, or 101 of 114) of the drivers who tested positive for alcohol had BAC levels of 0.08 percent or greater, including 66 drivers (58 percent) who had BAC levels of 0.16 percent or greater. There was no consistent trend in the annual proportion of drivers who were drinking, although this was highest in 2009 (52 percent), and lowest in 2010 (30 percent). There was no trend in the proportion of drivers who tested positive for drugs. The most commonly occurring drugs were THC (42 drivers) and stimulants (28 drivers), principally methamphetamine (12 drivers), amphetamine (6 drivers), and cocaine (13 drivers).

This data comes from the 288 drivers involved in fatal occupant crashes from 2007-2010, but the same methodology was used for other types of fatal crashes (motorcyclists, peds, and bicyclists). Per the Hawaii Department of Health's Databook, 23 percent (66) of the drivers were considered drug positive.

So, of that 66, 4 were positive only for what were potentially prescription opiates and 1 positive for only benzodiazepine. If you subtract these 5 drivers, the proportion of drug positive is reduced from 23 percent to 21 percent. Alternatively, about 8 percent (5 of 66) of the drivers considered drug positive in the Databook were positive only for substances that were potentially prescribed for medication.

Figure 4
Among Drivers Involved in Fatal Car Crashes in Hawaii
Substance Use Mix, 2007 - 2010

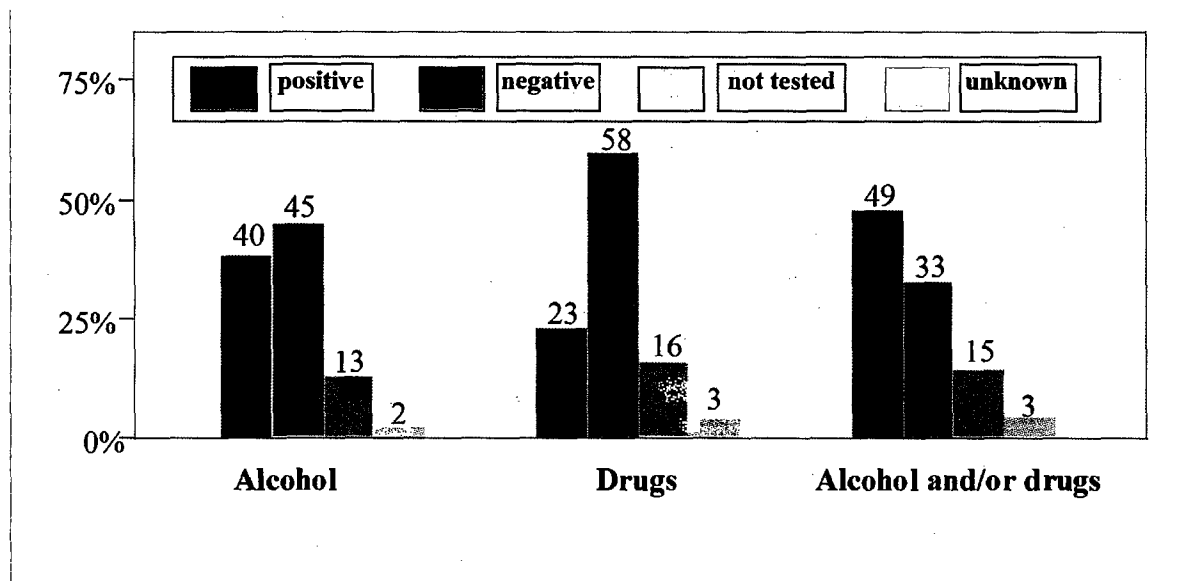


Table 4 provides some characteristics about our impaired drivers. The percentages are based on the number of drivers who tested positive for a substance, for example the 78 percent of speeding drivers is based on the 114 Alcohol Positive Drivers. (Note: Positive test means any level of alcohol or drug. Bolded percentages indicate a significant percentage of drivers. Exclusions were also made for drivers with missing or unknown values for restraint use, previous driving history. Previous Crash, Suspension of License or DUI is within 3 years of the crash.)

Table 4
Impaired Driving (Motor Vehicle) Driver Characteristics
based on 288 Fatal Car Crashes, 2007 – 2010

Driver Characteristic	Alc + % 114 Drivers	Drug + % 66 Drivers
Gender (Male)	78%	83%
No Restraint (Seat Belt)	70%	55%
Speeding	78%	78%
Previous Crashes	20%	20%
Invalid license	22%	29%
Nighttime (8p-5a)	82%	62%
Weekend	53%	50%
Fatality Rate	77%	74%
Previous DUI	5%	2%
Previous Suspension of License	11%	10%

Table 5 shows the percentages are based on the number of drivers who tested positive for a substance, for example the 84 percent of drug positive motorcycle/moped drivers were not wearing a helmet. (Note: Positive test means any level of alcohol or drug. The bolded percentages indicate a significant percentage of drivers. Exclusions were also made for drivers with missing or unknown values for restraint use, previous driving history. Previous Crash, Suspension of License or DUI is within 3 years of the crash.)

Table 5
Impaired Driving (Motorcycle/Moped Drivers) Driver Characteristics
based on 106 Fatally Injured Motorcycle or Moped Drivers in Crashes, 2007 – 2010

Driver Characteristic	Alc + % 50 drivers	Drug + % 31 drivers
Gender (Male)	95%	100%
No Helmet	74%	84%
Speeding	72%	55%
Previous DUI	24%	10%
Invalid license	58%	52%
Nighttime (8p-5a)	67%	45%
Weekend	42%	45%
Previous suspension of license	31%	16%
Single vehicle crash	68%	52%

Figure 5
Impact of Alcohol on Fatal Crashes 2006-2010 Statewide

Alcohol Impaired Driving (BAC>0.08)
(57% of crashes overall)

- 64% for Neighbor Islands,
- 75% on Kauai (18 of 24)
- 70% Weekend Crashes (vs. 48%)
- 74% Nighttime Crashes (vs. 31%)

Figure 6 shows of the 65+ category four out of 28 drivers tested positive for drugs, and three out of four were likely attributed to prescription drugs.

Figure 6
Alcohol and Drug Use (percent) Among Car Drivers Involved in
Fatal Car Crashes in Hawaii By Age of Driver, 2007 – 2010

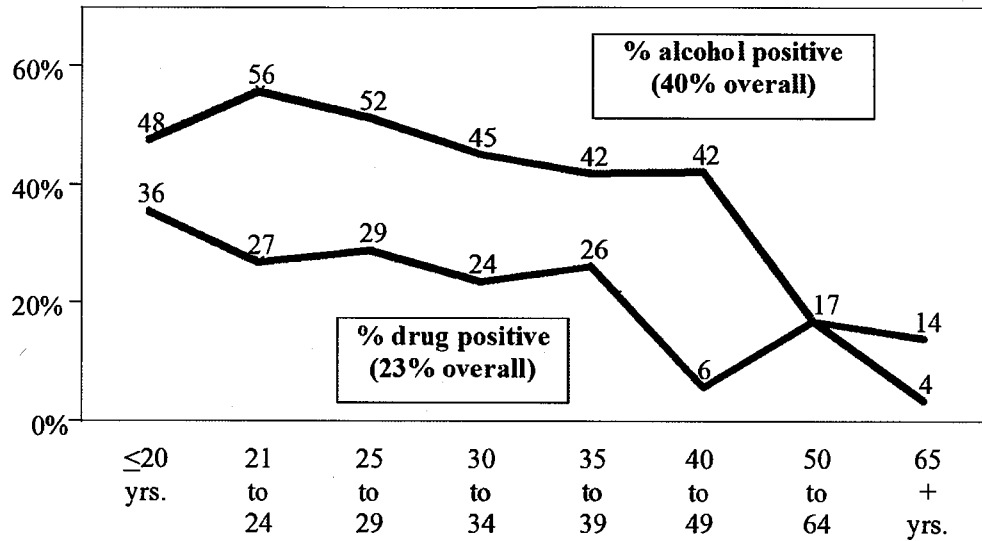


Figure 7 shows that about one-fourth (26 percent) of the injured resident motorcycle/moped riders in the Hawaii Trauma Registry tested positive for alcohol, including 21 percent (178) with BAC levels of 0.08 or greater, and 14 percent (117) with BAC levels of 0.16 percent or greater. Moped riders were significantly more likely than motorcyclists to have been drinking (31 percent vs. 24 percent, respectively). More than half (54 percent, or 464) of the riders tested positive for either alcohol or drugs, including most (78 percent) of the 285 moped riders. The most commonly occurring drugs were narcotics (21 percent of patients), THC (17 percent), and amphetamines (9 percent). Moped riders were significantly more likely to test positive for THC (24 percent, vs. 15 percent for motorcyclists).

Figure 7
Alcohol and/or Drug Use (percent) Among Motorcycle/Moped Riders
in the Hawaii Trauma Registry By Mode, 2008 – 2011

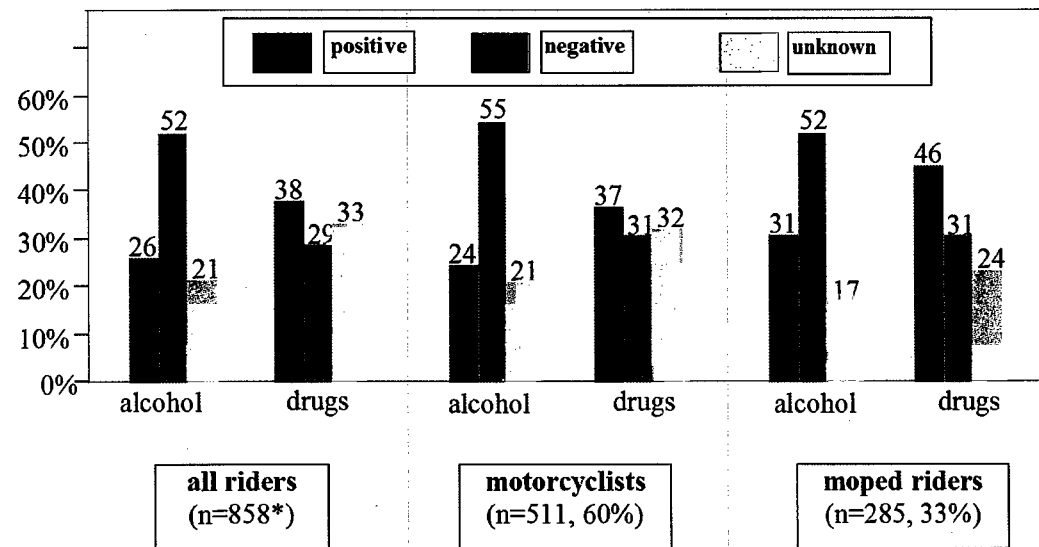
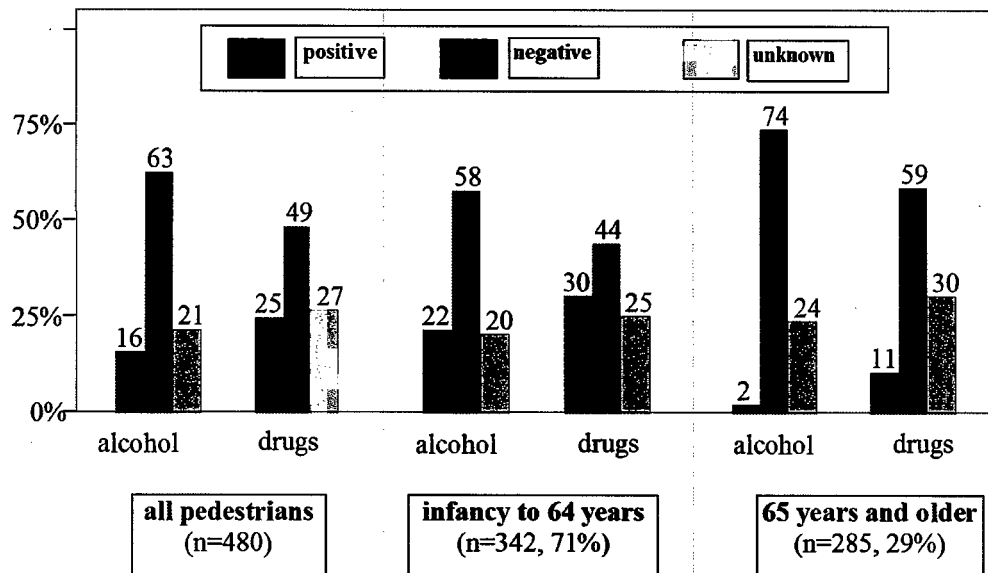


Figure 8 shows only 16 percent of the injured pedestrians in the Hawaii Trauma Registry had been drinking at the time they were hit. This percentage was significantly higher among those under 65 years of age (22 percent), as only 2 percent (3) of the 138 senior-aged pedestrians tested positive for alcohol. Illicit drug usage was documented for 25 percent of the patients, including 30 percent of those who were under 65 years of age. Considered together, about one-third (34 percent, or 164) of the patients tested positive for either alcohol or drugs, although that proportion was much lower among the senior-aged patients (12 percent), compared to younger patients (43 percent). Narcotics were the most commonly found illicit drug (16 percent of patients), followed by THC (8 percent), and amphetamines (6 percent). Most (87 percent, or 13) of the 15 senior-aged pedestrians who were positive for drugs had used narcotics; less than 2 percent were positive for THC or amphetamines.

Alcohol use was significantly more likely among the male pedestrians (23 percent) compared to females (7 percent), and among those hit on weekends (21 percent vs. 14 percent for those hit on weekdays). Alcohol use was nearly 8 times likely among pedestrians hit during night time hours (41 percent) than among those hit between 6:30 a.m. and 7:29 p.m. (5 percent). Alcohol use was not significantly associated with final disposition of patients, including the mortality rate.

Figure 8
Alcohol and/or Drug Use (percent) Among Pedestrians
in the Hawaii Trauma Registry By Age Group, 2008-2011



OVUII Arrests and Outcomes

Figure 9 shows the total number of Operating a Vehicle Under the Influence of an Intoxicant (OVUII) for the years 2009 – 2012. It separates the number of first-time violators from the repeat offenders.

Figure 9
Prior Charges 2009 – 2012

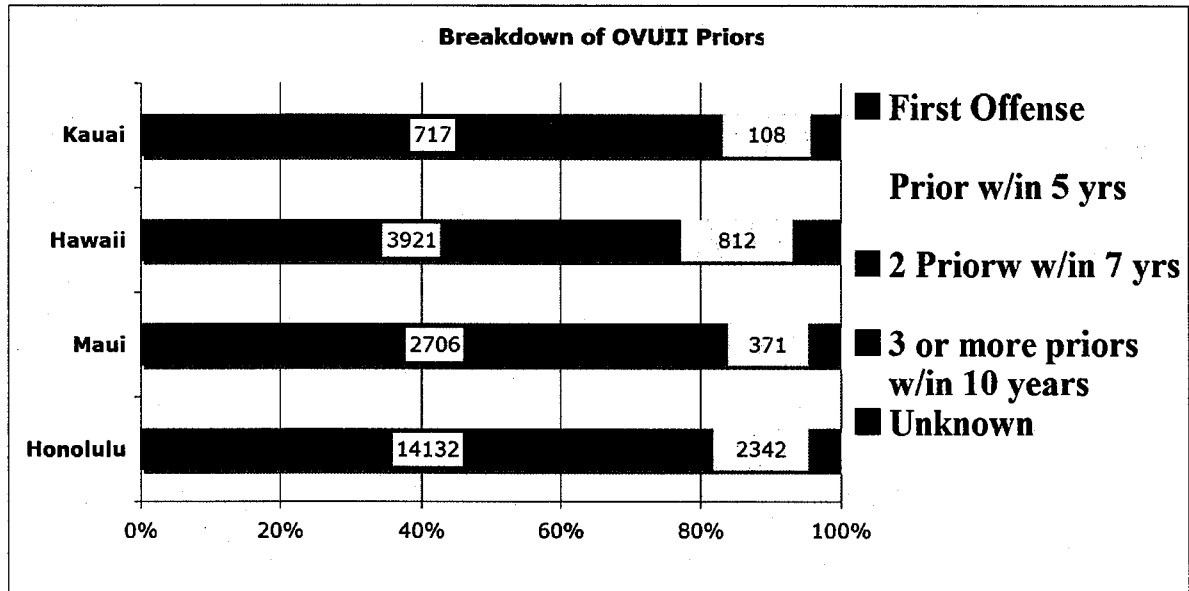
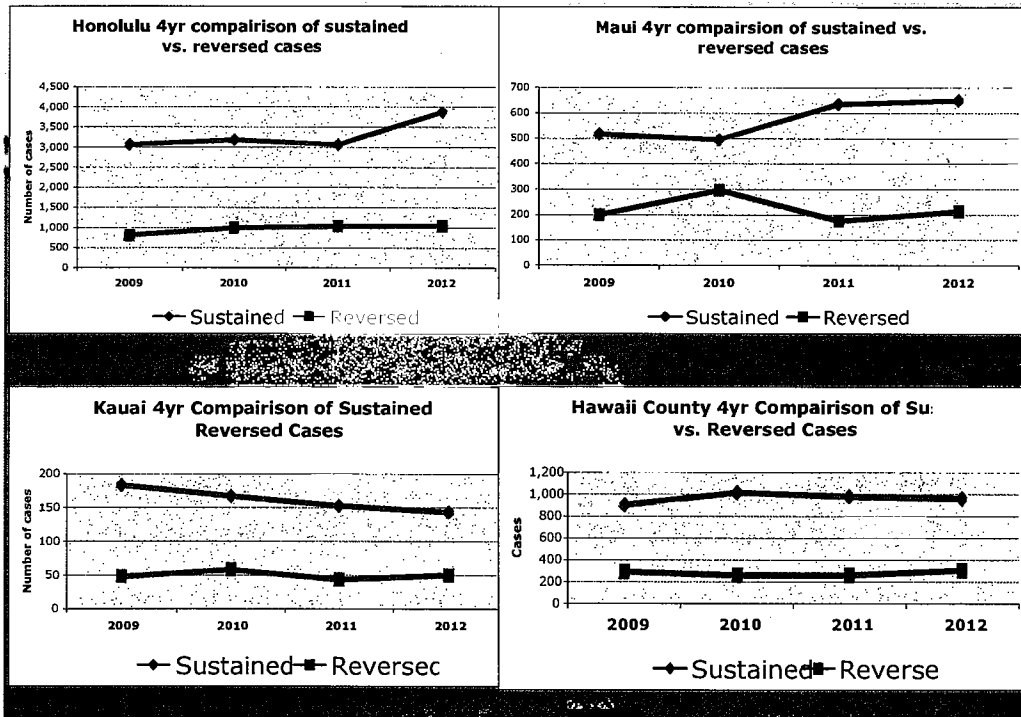


Figure 10 shows the trend of sustained and reverse cases under the Administrative License Revocation by year and counties in Hawaii.

Figure 10
4-Yr Comparison of Sustained vs. Reversed Cases by County



Ignition Interlock

Figure 11 shows the number of ignition interlocks installed since the law was implemented on January 1, 2011 in relation to the number of drivers that was convicted of OVUII.

Figure 11
OVUII Charges and Ignition Interlock Installations

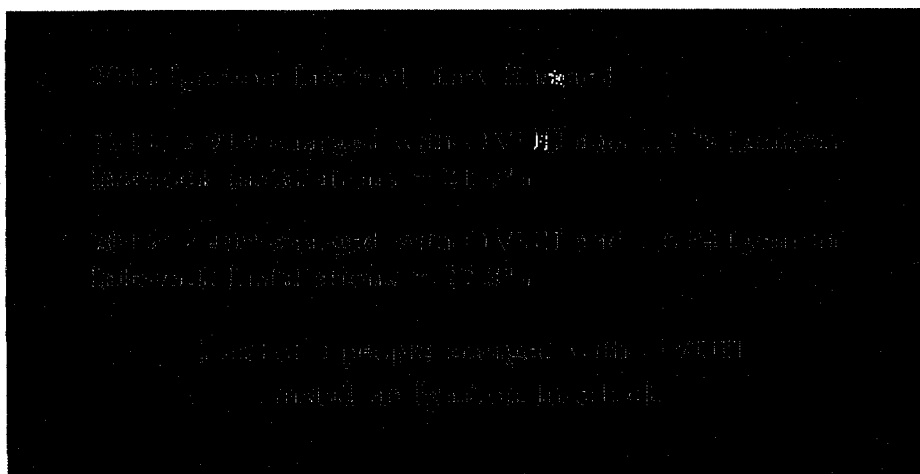
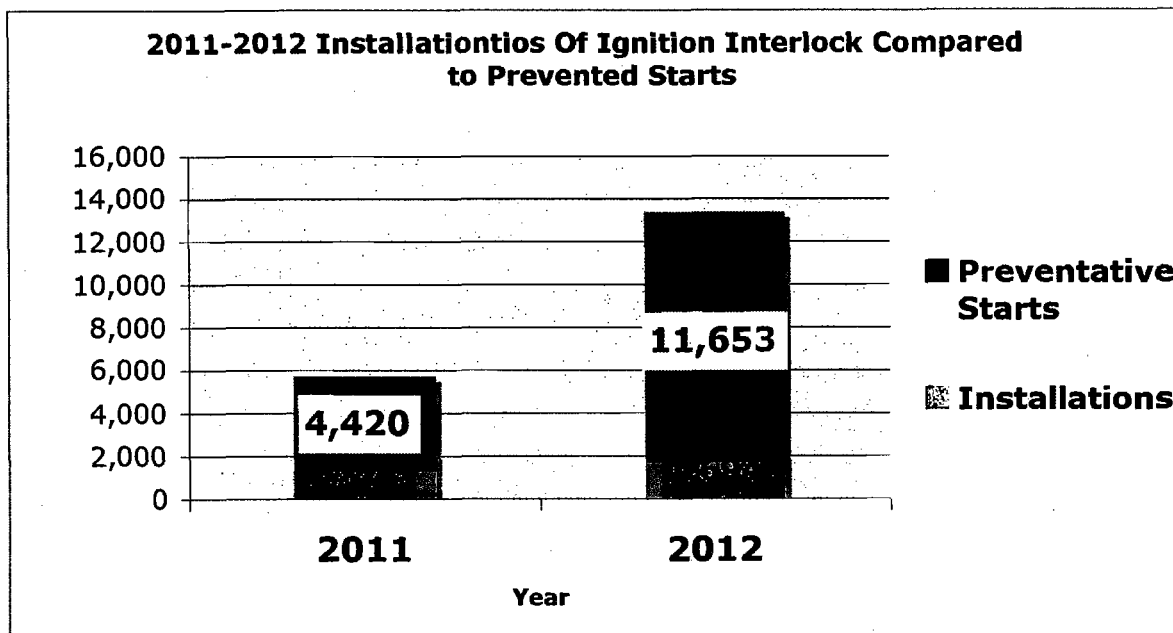


Figure 12 shows the number of ignition interlocks installed by year and the number of preventive starts recorded.

Figure 12
Ignition Interlock Installations and Prevented Starts



Strategies

HDOT referred to Hawaii's State Highways Safety Plan (SHSP) impaired driving strategies as a foundation and guide for the Statewide Impaired Driving Plan. The following is a list of strategies that were discussed and voted on by the statewide Impaired Driving Task Force:

Short Term Strategies

Legislation

- Enhance Ignition Interlock law.

Enforcement

- Continue to encourage compliance of mandatory blood draw law.
- Improve Administrative Driver License Revocation Office documentation and communication.
- Support needed improvements in order to successfully continue DWI Pilot Court Program.
- Continue high visibility checkpoints and media campaigns.
- Improve awareness and provide specialized training for police, prosecutors, and the Judiciary and encourage courtroom training to improve conviction rate.
- Support statewide court monitoring program to provide data on DUI trial results.
- Continue compliance checks to include "off premise" locations such as small liquor stores and convenience outlets.
- Expand reach and uniformity of server training program.
- Enhance compliance of interlock law by providing basic interlock training to enforcement officers so that they can detect non-compliance.

Prevention/Education/Communication

- Continue to provide training to the community, including medical staff, emergency medical services technicians, teachers and driver's education instructors to recognize alcohol and other drug impairment.
- Encourage automobile dealerships and insurance companies to distribute materials on impaired driving. In addition, encourage County Department of Motor Vehicles to run educational videos directed at customers waiting in line.

Treatment

- Support expansion of alcohol intervention programs, such as Screen Brief Intervention and Referral Treatment (SBIRT).

Engineering

- Continue to install milled rumble strips at centerline and roadway shoulders because drinking and driving can cause drowsiness, especially in rural areas where long distances are a factor.

Data Needs

To be determined.

Long Term Strategies

Enforcement

- Increase penalties for driving while license revoked/suspended due to OVUII.
- Improve procedures for obtaining convictions for Driving While (License) Revoked (DWR) due to OVUII.
- Enhancing conviction rate by improving witness attendance in OVUII cases.
- Increase conviction rate by reducing refusals.
- Explore solutions to current barriers to OVUII drug prosecution.
- Increase effectiveness of OVUII laws by including probation as an allowable sentence.
- Increase effectiveness of publicizing, provide training, and enforcing the Use & Lose Law.
- Research a process to provide funding to County law enforcement and substance abuse prevention and treatment programs.

Prevention/Education/Communication

- Identify and utilize current and new funding sources for alcohol and drug-abuse programs.
- Develop programs and continue to support best practices to support best practices to educate young drivers, families and at-risk groups that emphasize the practice of model behavior to deter drunk driving, speeding and non-seat belt use.

Data Needs

To be determined.

Evaluation

HDOT will measure the progress and outcomes of its Statewide Impaired Driving Plan's impaired driving strategies based on the results/accomplishments of our NHTSA-funded impaired driving traffic-safety projects, statewide Impaired Driving Task Force and SHSP Impaired Driving Emphasis Area progress. These strategies will be used to see if it reduces the yearly number of fatalities and the alcohol-impaired driving behavior.

The following lists some of HDOT's FFY 2013 NHTSA-funded impaired driving traffic-safety projects:

- Overtime enforcement of impaired driving laws by the county police departments (Honolulu Police Department, Maui Police Department, Hawaii Police Department and the Kauai County Police Department) The data such as the number of citations issued for the impaired driving violations will be used as one measure of progress.
- Judiciary Training for Judges
- Traffic Safety Resource Prosecutor Trainings
- DRE In-Service Recertification Trainings
- Pilot Honolulu DWI Court Program (which includes a Treatment component)
- HDOT Impaired Driving Task Force
- HDOT Impaired Driving Media Campaign

Statewide Impaired Driving Task Force

HDOT plans to achieve stakeholder input and participation in the statewide impaired driving plan through our statewide Impaired Driving Task Force.

The Statewide Impaired Driving Plan evolved from the participation of committed members of the statewide Hawaii Impaired Driving Task Force. The Task Force includes representatives from agencies that were key partners involved with our Ignition Interlock Implementation Task Force, or are instrumental in curbing impaired driving in Hawaii:

- Representatives from the Hawaii State Legislature (House & Senate)
- Judiciary: District Court Judge, Administrative Driver's License Revocation Office (ADLRO), Driver Education, Honolulu DWI Court Pilot Program
- Department of Transportation
- Department of Health (DOH): Director, Alcohol and Drug Abuse Division, Trauma Coordinator, Injury and Control Section, State Laboratories Division
- Hawaii Attorney General (AG)
- Office of the Public Defender
- County Police Departments: Honolulu Police Department, Maui Police Department, Hawaii Police Department, Kauai Police Department
- Prosecuting Attorneys: City and County of Honolulu, Maui County, Hawaii County, Kauai County
- Chief Examiner of Drivers: City and County of Honolulu, Maui County, Hawaii County, Kauai County
- MADD Hawaii
- Hawaii's Ignition Interlock Device Vendor: Smart Start, Inc.
- Hawaii Association of Criminal Defense Lawyers
- Hawaii State Bar Association
- Honolulu Liquor Commission
- Maui, Hawaii and Kauai Counties' Departments of Liquor Control
- Hawaii Insurers Council
- Clinical Laboratories of Hawaii, LLP
- University of Hawaii's (UH) Department of Psychiatry
- Department of Education: Superintendent, Driver Education
- Hawaii Partnership to Prevent Underage Drinking (HPPUD)
- Coalition for a Drug-Free Hawaii
- AAA Hawaii
- Hawaii Medical Service Association (HMSA)
- Department of Public Safety
- The Queen's Medical Center
- American College of Emergency Physicians – Hawaii Chapter
- North Hawaii Outcomes Project

We continue to reach out to other advocates that have been referred by the existing Task Force members to accomplish a comprehensive approach against impaired driving, as well as completing as many strategies listed in our statewide Impaired Driving Plan as we can.

The goal of the Task Force is to reduce drug/alcohol-impaired fatalities in the State of Hawaii. The method for achieving the goal is for state and county agencies and public safety advocacy groups to work cooperatively to develop strategies that will reduce drug/alcohol-impaired traffic fatalities.

The first statewide Impaired Driving Task Force meeting was held on July 22, 2013, for members to discuss and vote on impaired driving strategies to be included in the Statewide Impaired Driving Plan. As part of the initial Task Force meeting, the Task Force created sub-committees to utilize the members' respective expertise. The following sub-committees were created:

- Legislation
- Prevention/Education/Communication
- Enforcement
- Treatment

The chairperson of each sub-committee will maintain contact with the Department of Transportation's Highway Safety Section Coordinator and assistant to keep HDOT updated regarding the sub-committees respective meetings and minutes. The sub-committees have been meeting on their own, and will be reporting back at the next Task Force meeting scheduled for September 12, 2013. Additional meetings have been scheduled for December 12, 2013, March 4, 2014 and June 3, 2014.

Legislation Sub-Committee

The Legislation Sub-Committee includes representatives from the AG, Prosecuting Attorneys, Law Enforcement, Defense Attorney, Legislators, Judiciary, ADLRO, MADD, Public Defender, and HDOT. The Legislation Sub-Committee's responsibilities include the following:

- Prepare legislative bills for impaired driving laws from proposals that are submitted by other committees on the task force.
- Drafting of new and amended laws to be submitted in the name of the Hawaii Impaired Driving Task Force.
- Insure that such laws be in accordance with the Hawaii Legislative Drafting Manual.
- Insure that contents of bill drafts are correct as recommended by other sub-committees as to the intent and purpose of the law.
- Draft testimonies on the bills submitted in the name of the task force and also present testimony during the legislative session.
- Select a chairperson of the committee who will be responsible for scheduling and leading meetings.
- Coordinate with other sub-committees of the task force and get recommendations of new laws to be drafted.

Prevention/Education/Communication Sub-Committee

The Prevention/Education/Communication Sub-Committee includes representatives from HDOT, DOH, MADD, Driver Licensing, Judiciary's Drivers Education, Enforcement, UH

Department of Psychiatry, Liquor Administrator, HPPUD, Insurers Council, AAA Hawaii, Drug-Free Hawaii, HMSA, Department of Education, The Queen's Medical Center, The Limtiaco Company, DOT Public Affairs, AARP, and North Hawaii Outcomes Project. The Prevention/Education/ Communication Sub-Committee's responsibilities include the following:

- The focus shall be on the prevention of, and education, outreach, and communication about impaired driving.
- Identify the problems that the system is encountering and suggested amended laws to resolve these problems.
- Identify communication barriers between agencies that will make the system flow smoother and more efficiently.
- Brain-storming of projects that would be most effective in changing impaired drivers' behavior.
- Draft new or amended laws and submit to the Legislative Committee for refinement of final bill.
- Committee to select a chairperson of the committee who will be responsible for scheduling and leading meetings.
- Coordinate with other sub-committees of the task force for recommendations of new laws to be drafted.

The Enforcement Sub-Committee includes representatives from County Police Departments, Prosecutors, Judiciary, AG, ADLRO, Smart Start Inc., Legislators, Chief Examiners, Drivers Education, Liquor Administrators, Clinical Laboratories, Department of Public Safety, DOH, North Hawaii Outcomes Project, and HDOT. The Enforcement Sub-Committee's responsibilities include the following:

- Identify the problems that the system is encountering with the impaired driver.
- Recommend and draft new or amended laws to resolve these problems.
- Identify communication barriers between agencies and recommend solutions that will make the system flow smoother and more efficiently.
- Brainstorm the types of projects that would be most effective in changing the impaired drivers' behavior.
- Committee to select a chairperson of the committee who will be responsible for scheduling meetings.
- Coordinate with other sub-committees of the task force for recommendations of new laws to be drafted.

Treatment Sub-Committee

The Treatment Sub-Committee includes representatives from DOH, Drivers Education, MADD, ADLRO, Judicial, Criminal Defense Lawyer, UH Department of Psychiatry, HPPUD, Drug Free

Hawaii, HMSA, Queens Medical Center, American College of Emergency Physicians, Probation, SBIRT representative, military representative from Pearl Harbor naval treatment or Tripler, and HDOT. The Treatment Sub-Committee's responsibilities include the following:

- Identify treatment problems and find solutions to the problems.
- Recommend the types of treatment, tracking methods, and collection of outcomes of treatment of the impaired driver.
- Committee to select a chairperson of the committee who will be responsible for scheduling and leading meetings.
- Coordinate with other sub-committees of the task force for recommendations of new laws to be drafted.

Please refer to Appendix C for copies of the following:

- Statewide Hawaii Impaired Driving Task Force July 22, 2013 Meeting Agenda and Minutes
- Legislation Sub-Committee Meeting Minutes
- Prevention/Education/Communication Sub-Committee Meeting Minutes
- Enforcement Sub-Committee Meeting Minutes
- Treatment Sub-Committee Meeting Minutes

FFY 2014 Section 405(d) Updates

During calendar year 2012, there were 126 traffic-related fatalities. Out of the 138 drivers involved in fatal motor vehicle crashes, 44 percent had drugs and/or alcohol in their system.

As previously mentioned, HDOT discussed and adopted the SHSP's Impaired Driving strategies (pages 19 – 20) for its Statewide Impaired Driving Plan. Our State Highway Safety Office is working again with the HDOT's Traffic Branch and other stakeholders to update Hawaii's Strategic SHSP for the next five years. The massive undertaking involves updating all existing emphasis areas and expanding the plan. The revised plan should be completed by the end of calendar 2013. Should there be any changes with the SHSP's Impaired Driving Emphasis Area strategies or new strategies developed by the statewide Impaired Driving Task Force.

In Hawaii's proposed FFY 2014 HSP, HDOT has an overtime enforcement budget of over \$870,000 to continue its high visibility enforcement program by county police departments. Additionally, to support the overtime enforcement, HDOT has budgeted \$600,000 for Impaired Driving Awareness and \$400,000 for Drug Impaired media campaigns.

The following lists some of HDOT's FFY 2014 NHTSA-funded impaired driving traffic-safety projects that will affect the progress and outcomes of the Impaired Driving strategies:

- Overtime enforcement of impaired driving laws by the county police departments (Honolulu Police Department, Maui Police Department, Hawaii Police Department and the Kauai County Police Department) The data such as the number of citations issued for the impaired driving violations will be used as one measure of progress.
- The Limtiaco Company's Impaired Driving Awareness Program
- Hawaii County Police Department's Youth Deterrence
- Hawaii County Impaired Driving Education Program
- Kauai County Police Department's Youth Deterrence
- Judiciary Training for Judges
- Traffic Safety Resource Prosecutor Trainings
- DRE In-Service Recertification Trainings
- Pilot Honolulu DWI Court Program (which includes a Treatment component)
- HDOT Impaired Driving Task Force
- HDOT Impaired Driving Media Campaign
- HDOT Drug Impaired Media Campaign

Contact Information:

Hawaii Impaired Driving Coordinator:

Lianne Yamamoto
Hawaii Department of Transportation
Highway Safety Section
869 Punchbowl Street, Room 405
Honolulu, Hawaii 96813
Direct: (808) 587-6315
Fax: (808) 587-6303
E-mail: Lianne.Yamamoto@hawaii.gov

Highway Safety Manager:

Lee Nagano
Hawaii Department of Transportation
Highway Safety Section
869 Punchbowl Street, Room 405
Honolulu, Hawaii 96813
Direct: (808) 587-6301
Fax: (808) 587-6303
E-mail: Lee.Nagano@hawaii.gov

Appendix A
Impaired Driving Task Force
Executive Order

EXECUTIVE ORDER No. 13- 04

ESTABLISHING THE HAWAII IMPAIRED DRIVING TASK FORCE

WHEREAS, the Hawaii Department of Transportation is operating under the Moving Ahead for Progress in the 21st Century ("MAP-21") for federal fiscal years 2013 and 2014;

WHEREAS, MAP-21 is the current transportation bill that authorizes federal funding for federal surface transportation programs that target traffic safety issues, such as Impaired Driving, Distracted Driving, Occupant Protection, Motorcycle Safety, and Speeding;

WHEREAS, the new requirements enacted by Congress and the National Highway Traffic Safety Administration (NHTSA) mandate that in order to qualify for Impaired Driving Countermeasures Grant funding under MAP-21, states that have an average impaired driving fatality rate that is higher than 0.30 and lower than 0.60 are considered mid-range states. Based on the Fatality Analysis Reporting System data, Hawaii's average impaired driving fatality rate is 0.44 and Hawaii is required to establish a statewide impaired driving task force to develop and submit a statewide impaired driving plan by September 1, 2013 to avoid jeopardizing the receipt of further federal funds;

WHEREAS, a priority recommendation from NHTSA's 2010 Impaired Driving Technical Assessment urged the Hawaii Department of Transportation to establish a task force to address impaired driving issues, and provide oversight of implementation of strategies and countermeasures;

WHEREAS, Section 26-41, Hawaii Revised Statutes, authorizes the Governor of the State of Hawaii to establish temporary boards and commissions as the Governor "may deem necessary to gather information or furnish advice for the executive branch," and to prescribe their organization, functions, and authority;

WHEREAS, Section 26-41, Hawaii Revised Statutes, further states "a temporary board or commission shall not remain in existence for a term extending beyond the last day of the second regular session of the legislature

after the date of its establishment or beyond the period required to receive federal grants-in-aid, whichever occurs later, unless extended by concurrent resolution of the legislature;”

NOW, THEREFORE, I, NEIL ABERCROMBIE, Governor of Hawaii, pursuant to the provisions of section 26-41, Hawaii Revised Statutes, do hereby establish a temporary board to be known as the HAWAII IMPAIRED DRIVING TASK FORCE, and further order as follows:

- (a) The purpose of the HAWAII IMPAIRED DRIVING TASK FORCE is to develop a statewide impaired driving plan as required by MAP-21 to address impaired driving-related issues to reduce deaths.
- (b) The HAWAII IMPAIRED DRIVING TASK FORCE shall perform and conduct all activities necessary to effectuate the purposes of this Executive Order.
- (c) The HAWAII IMPAIRED DRIVING TASK FORCE shall be comprised of the following:
 - (1) Two members of the Senate appointed by the president of the senate;
 - (2) Two members of the House of Representatives appointed by the speaker of the house of representatives;
 - (3) Four members appointed by the Chief Justice of the Hawaii Supreme Court; provided that one member shall be a district court judge, one shall be a representative of the administrative driver’s license revocation office, one shall be a representative of the driver education division, and one shall be a representative from the Honolulu’s DWI Court program;
 - (4) The Director of Transportation;
 - (5) The Director of Health, Chief of the Alcohol and Drug Abuse Division, Trauma Coordinator, and representatives from the Injury and Control section and State Laboratories Division;
 - (6) The Hawaii Attorney General;
 - (7) The State Public Defender;

- (8) The Chiefs of Police of the Counties of Hawaii, Kauai, and Maui and the City and County of Honolulu;
- (9) The Prosecuting Attorneys of the Counties of Hawaii, Kauai, and Maui and the City and County of Honolulu;
- (10) The Chief Examiner of drivers of the Counties of Hawaii, Kauai, and Maui and the City and County of Honolulu;
- (11) The executive director and a member of the Council of Mothers Against Drunk Driving, Hawaii Chapter;
- (12) A representative from Hawaii's ignition interlock device vendor;
- (13) A member of the Hawaii Association of Criminal Defense Lawyers, appointed by its president;
- (14) A member of the Hawaii State Bar Association, appointed by its president;
- (15) The Administrator of the Honolulu Liquor Commission;
- (16) The Directors of the Counties of Maui, Kauai and Hawaii of the Departments of Liquor Control;
- (17) The Executive Director of the Hawaii Insurers Council;
- (18) The Director of the Clinical Laboratories of Hawaii, LLP;
- (19) A representative from the University of Hawaii's Department of Psychiatry;
- (20) The Superintendent of Education and the Driver Education Resource Teacher;
- (21) A representative from the Hawaii Partnership to Prevent Underage Drinking;
- (22) A representative from Drug Free Hawaii;
- (23) A representative from AAA Hawaii;
- (24) A representative from HMSA;
- (25) The Director and Deputy Director of the Department of Public Safety;
- (26) The coordinator of injury prevention and research of The Queen's Medical Center;

(27) A representative from the American College of Emergency Physicians Hawaii Chapter;

(28) The executive director of the North Hawaii Outcomes Project;

The members may conduct meetings in connection with the purposes of the TASK FORCE and form sub-committees with non-members as agreed by the TASK FORCE. Members of the task force may designate a representative for the purpose of attendance at TASK FORCE meetings.

(d) The Director of Transportation shall serve as Chairperson of the HAWAII IMPAIRED DRIVING TASK FORCE. The Chair shall select a Vice Chairperson to perform the functions of the chairperson in the chairperson's absence, create other offices and elect other subordinate officers, or form any subject matter committees, as the Chair deems appropriate. Non-members may be invited by members to serve on TASK FORCE committees, but shall not be entitled to any compensation or reimbursement of expenses.

(e) The HAWAII IMPAIRED DRIVING TASK FORCE shall be a joint effort among state, county, and federal governments as well as the profit and not-for-profit sectors. Additional representatives from government agencies and private sector organizations with an interest in impaired driving issues shall be invited to participate upon the invitation of the Chair of the TASK FORCE.

(f) The members of the HAWAII IMPAIRED DRIVING TASK FORCE shall serve without compensation, and shall be entitled to reimbursement from the Department of Transportation for necessary expenses while attending meetings and while in the discharge of their duties and responsibilities under this Executive Order. The Chair shall appoint replacement TASK FORCE members as necessary.

(g) The HAWAII IMPAIRED DRIVING TASK FORCE shall be convened, staffed and supported by the Department of Transportation.


(h) The HAWAII IMPAIRED DRIVING TASK FORCE meetings shall be subject to the Sunshine Law, part I of the chapter 92, Hawaii Revised

Statutes. A majority of the members to which the TASK FORCE is entitled, shall constitute a quorum to do business and to validate any decision or act of the TASK FORCE.

- (i) The HAWAII IMPAIRED DRIVING TASK FORCE shall not remain in existence for a term extending beyond the last day of the second regular session of the legislature after the date of its establishment or beyond the period required to receive federal grants-in-aid, whichever occurs later, unless extended by concurrent resolution of the legislature.


IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Hawaii.

DONE at the State Capitol, Honolulu,
State of Hawaii; this 20th
day of May 2013.



NEIL ABERCROMBIE
Governor of Hawaii

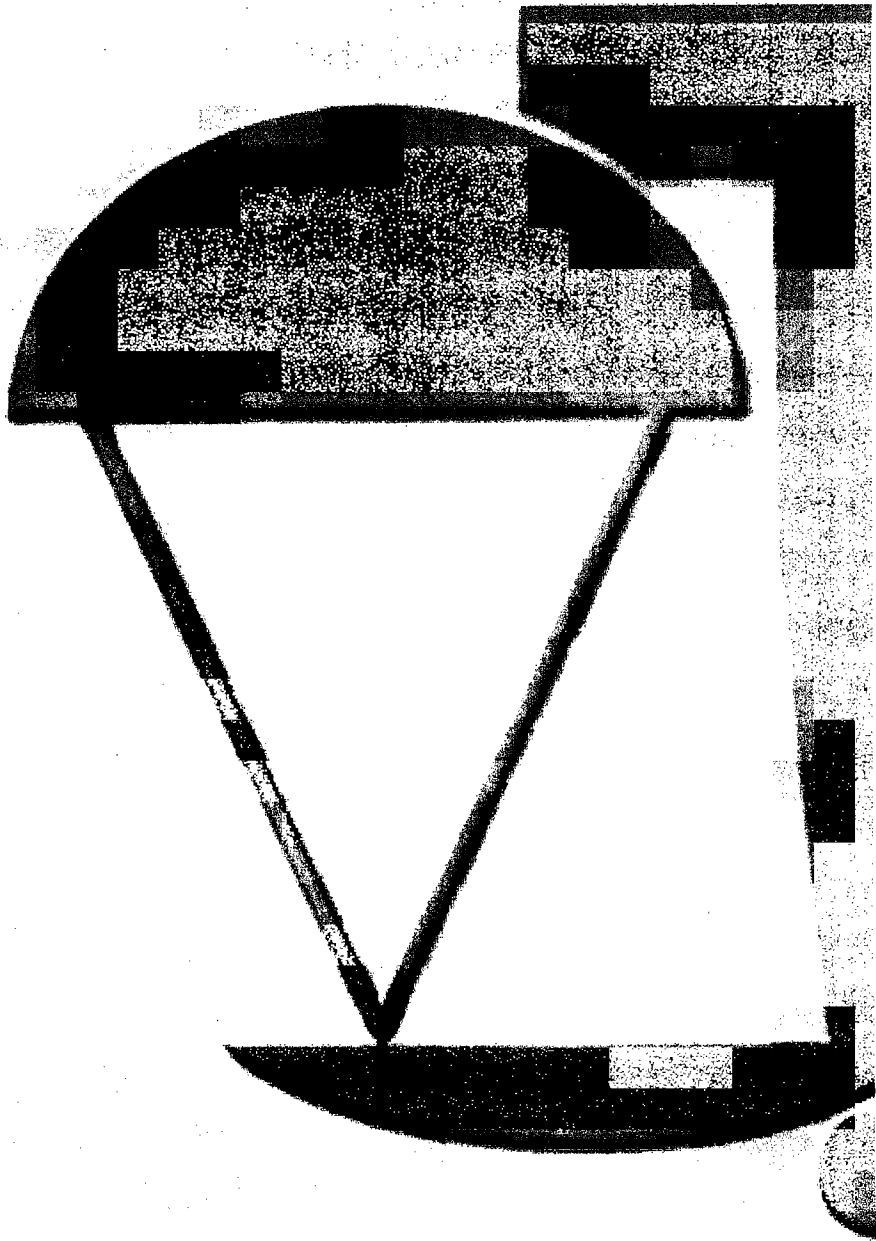
APPROVED AS TO FORM:



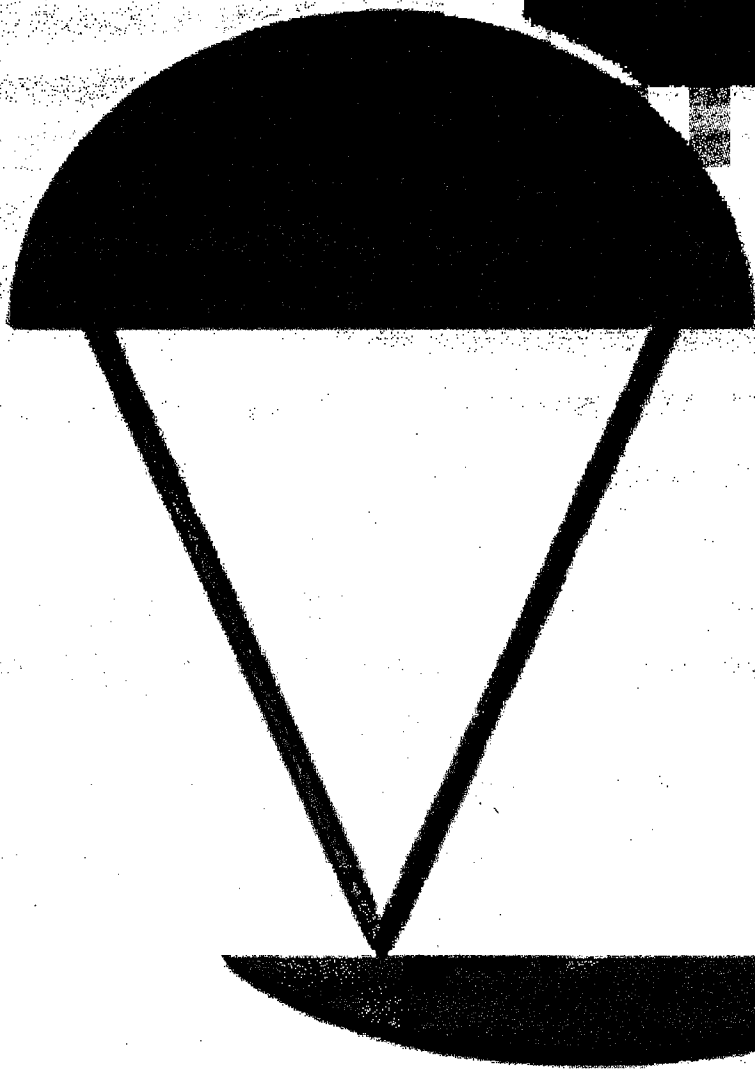
David M. Louie
Attorney General

Appendix B
Statewide Impaired Driving Task Force
PowerPoint

STATEWIDE IMPAIRED
DRIVING TASK FORCE
MONTHLY MEETING
INTERSTATE CONFERENCE
Center
July 22, 2013



Moving Ahead for
Progress in the 21st
Century
(MAP-21)



Moving Ahead for Progress in the 21st Century (MAP-21)



Federal Register, Vol. 78, No. 15 (January 23, 2013)

- **First countermeasures of grant program was under Act of 1988.**
- **Started less restrictive requirements to more specific.**
- **Under the present federal grant, MAP-21 modified the grant award criteria.**

MAP-21 Continued



- **States are classified according to the State's average impaired driving fatality rate:**
 - 1. Low-Range**
 - 2. Mid-Range**
 - 3. High-Range**

- **Based on BAC of .08 for every 100M miles traveled (VMT) from FARS reported for 3 years.**

MAP-21 Continued



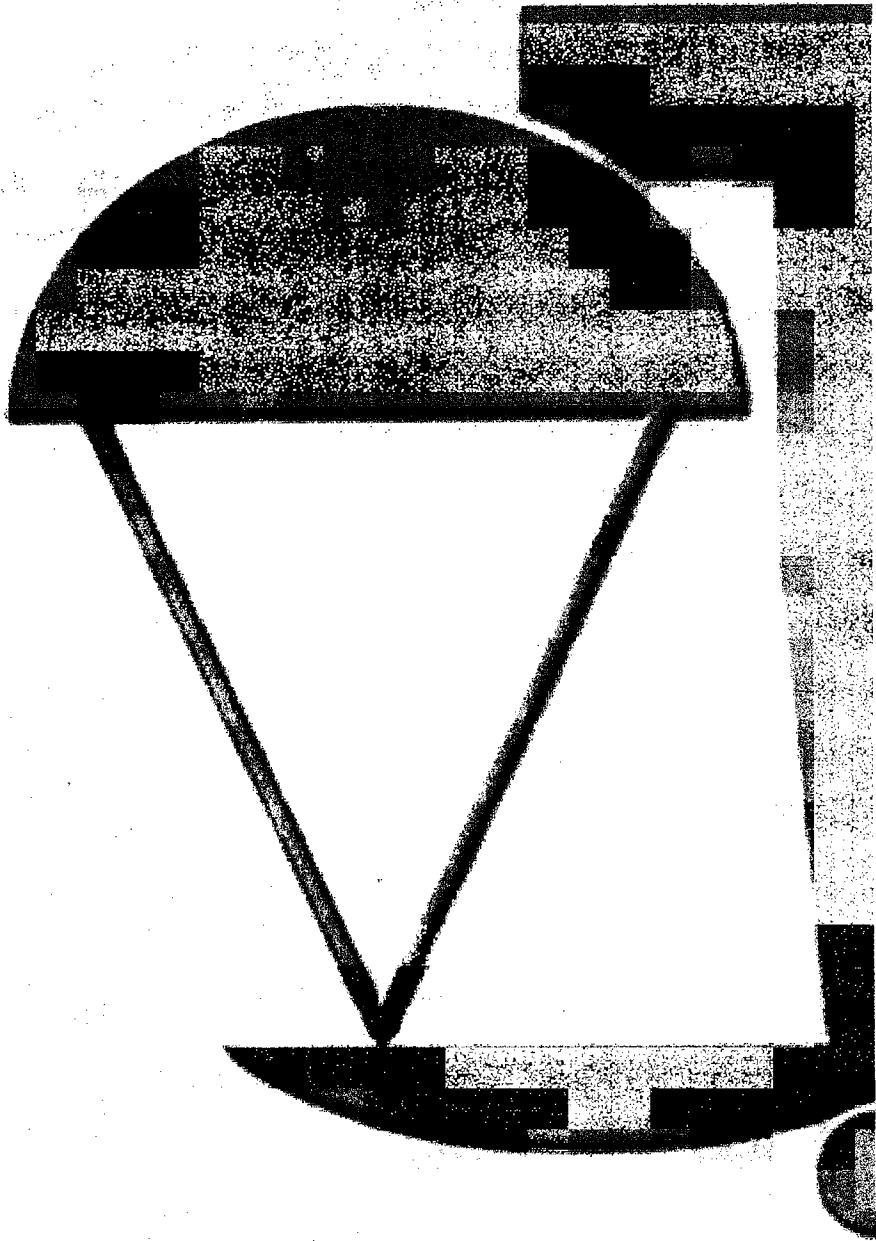
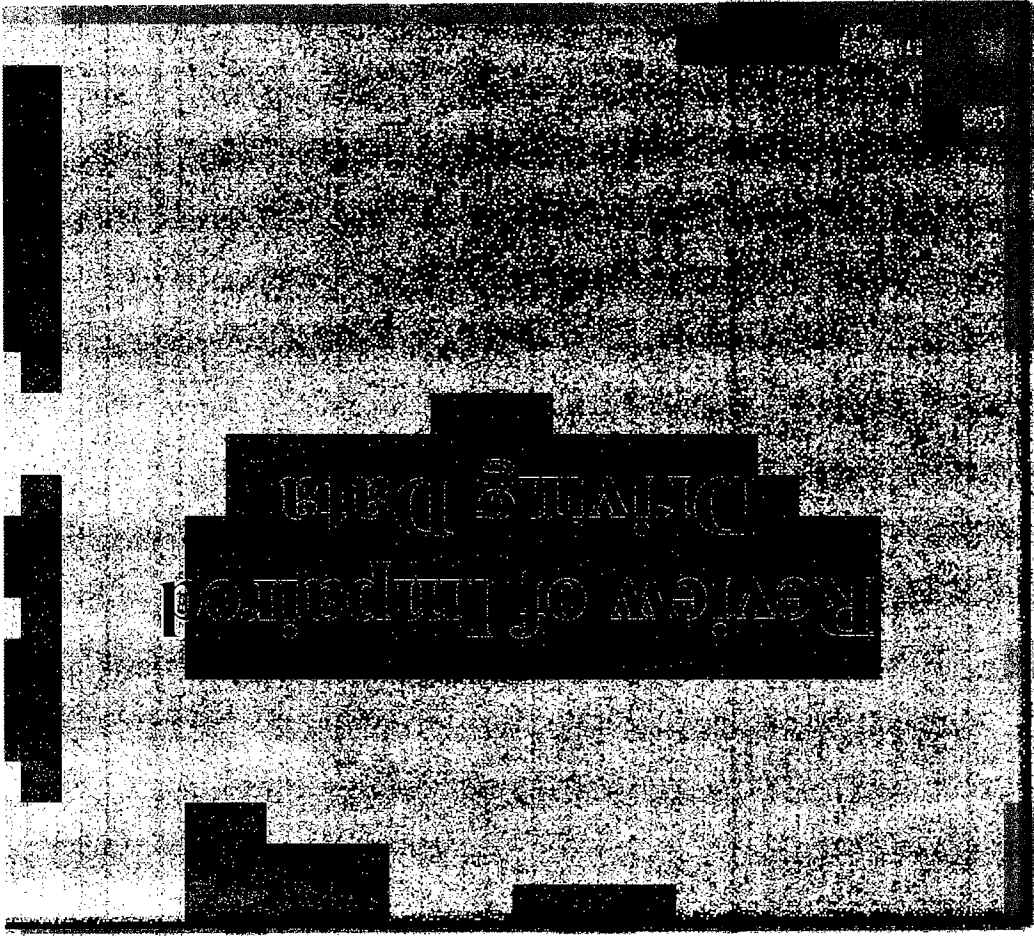
Mid-Range States:

- 1. Fatal BAC between .03 - .06**
- 2. Establish Impaired Driving Task Force**
- 3. Task Force must develop a statewide impaired driving plan. Involves comprehensive strategy for preventing and reducing impaired driving behavior.**

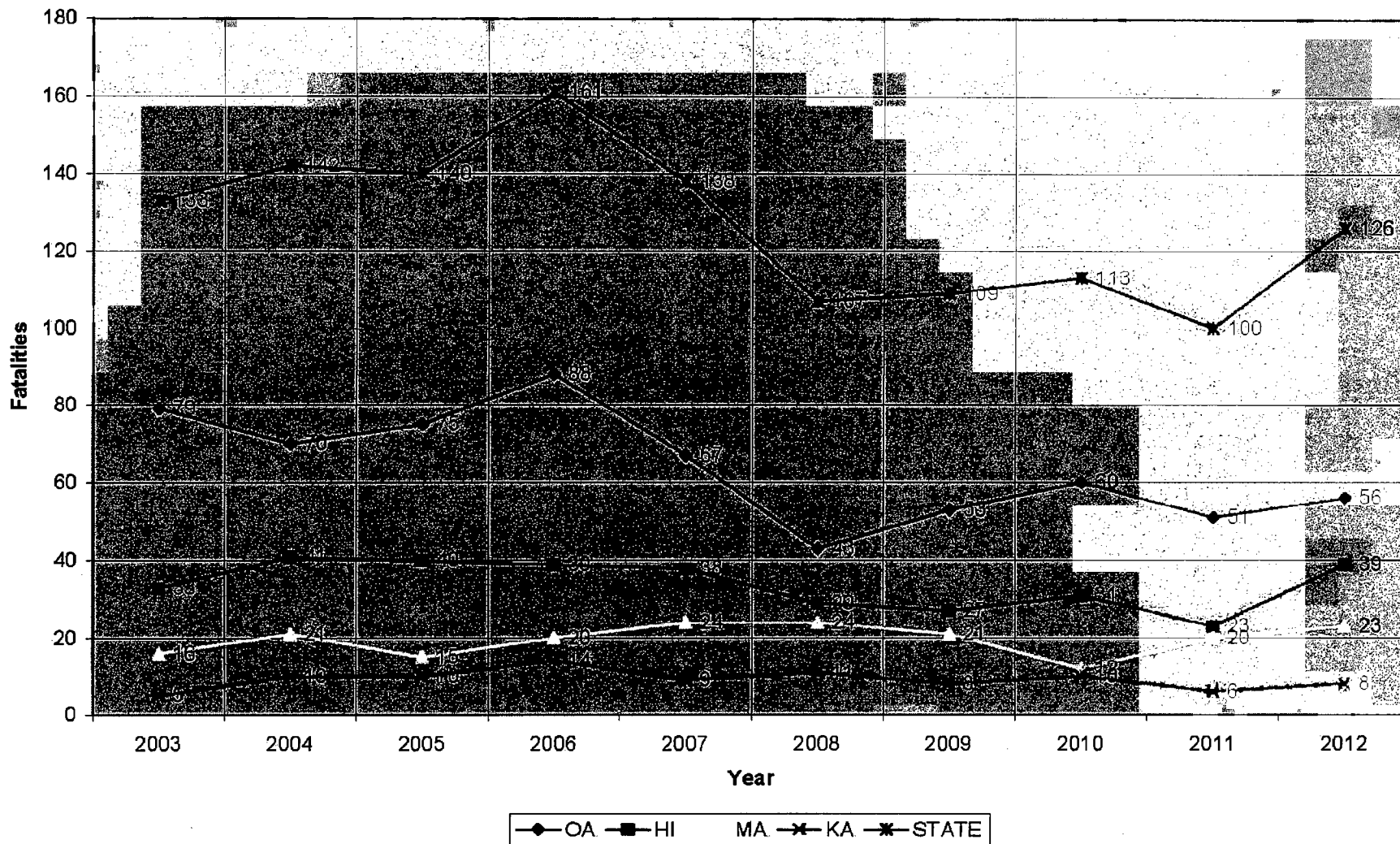
MAP-21 Continued



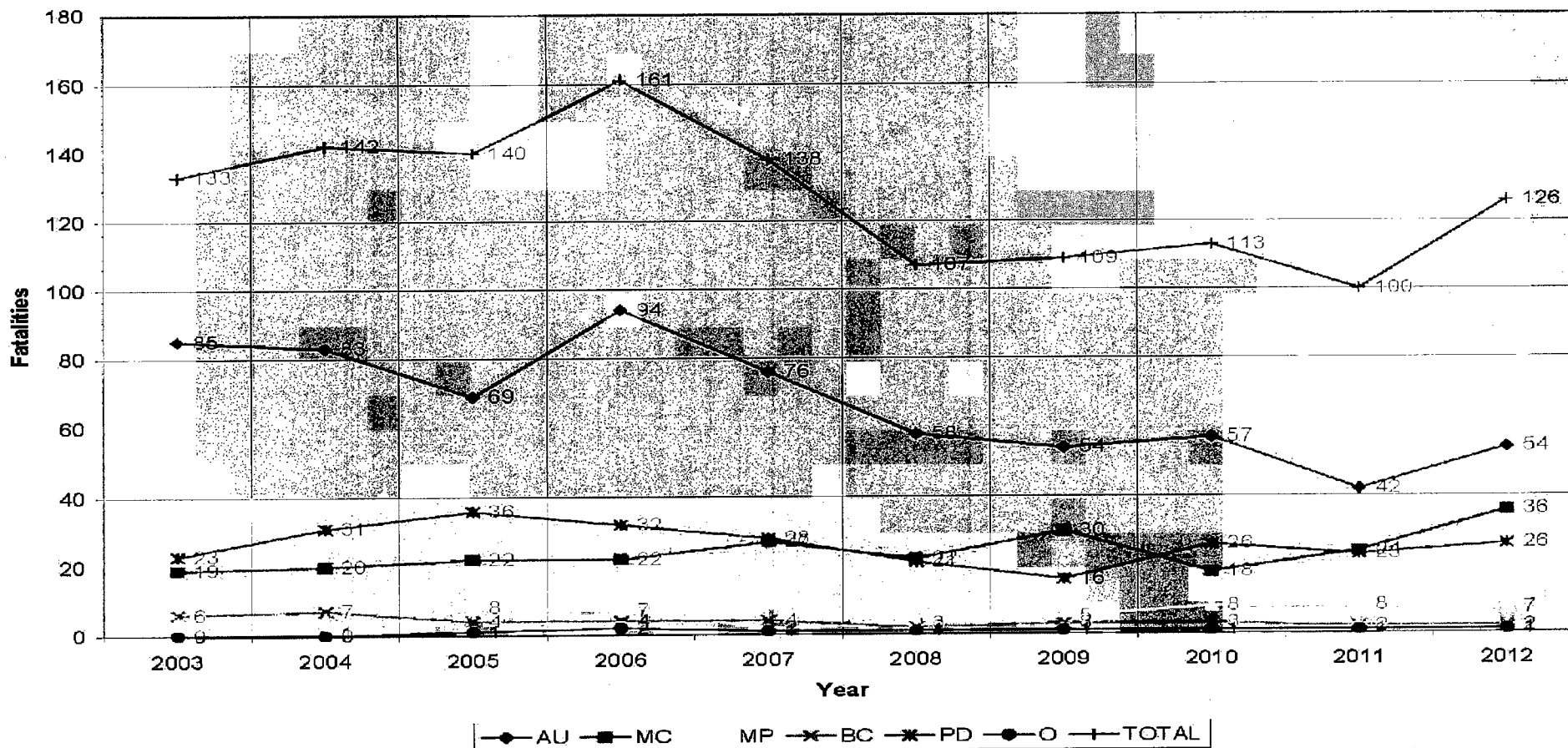
- **Provide documentation establishing task force:
Executive Order No. 13-04, signed by Governor Neil
Abercrombie on May 20, 2013**
- **Provide schedule for meetings**
- **Produce reports or documents that task force
produced (minutes)**



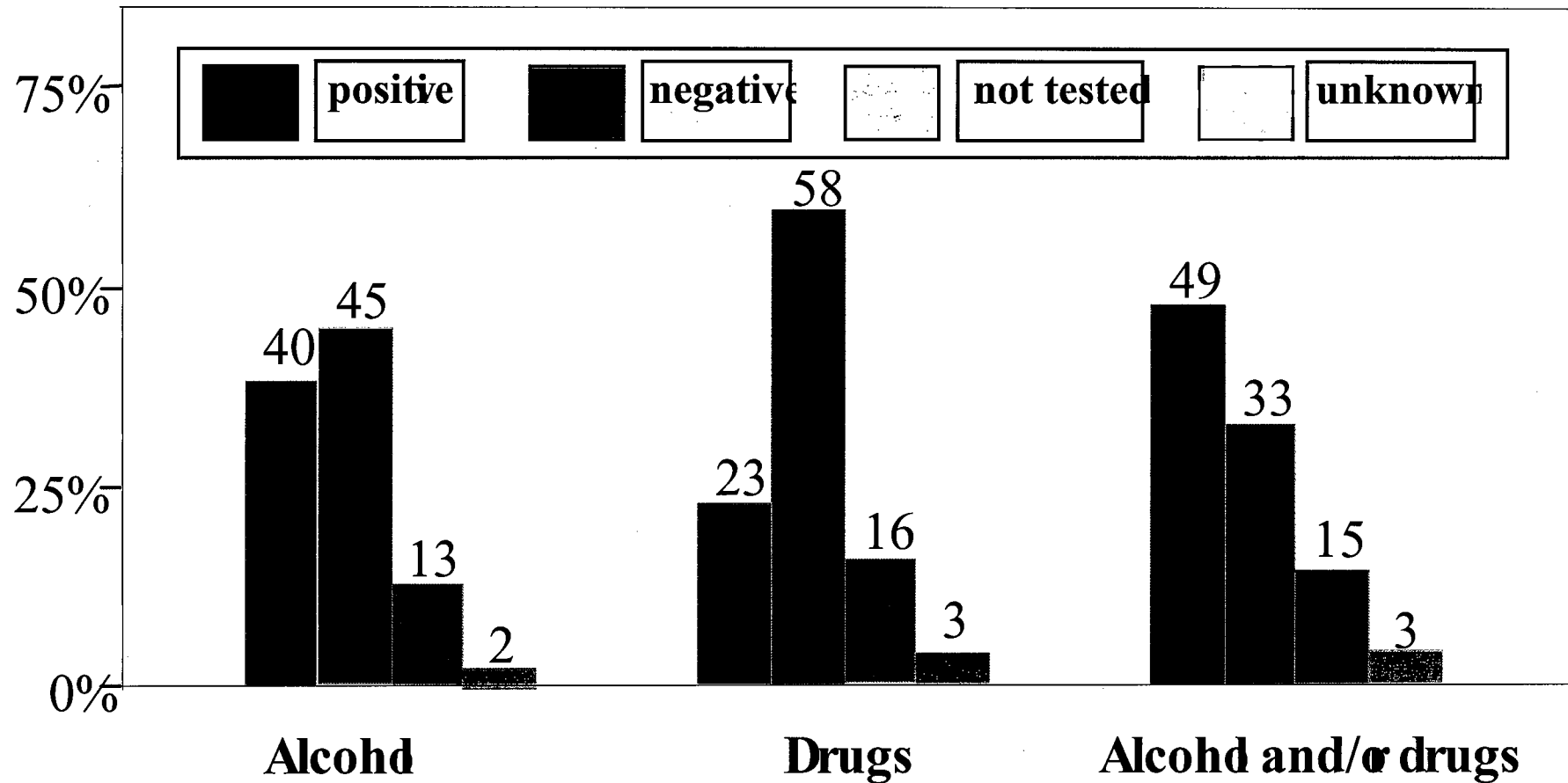
Hawaii Fatalities 2003-2012 by County



Hawaii Fatalities 2003-2012 by Mode



Among Drivers Involved in Fatal Car Crashes in Hawaii, Substance Use Mix, 2007-2010



Impaired Driving (Motor Vehicle) Driver Characteristics based on 288 Fatal Car Crashes, 2007-2010



Driver Characteristic	Alc + % 114 Drivers	Drug + % 66 Drivers
Gender (Male)	78%	83%
No Restraint (Seat Belt)	70%	55%
Speeding	78%	78%
Previous Crashes	20%	20%
Invalid license	22%	29%
Nighttime (8p-5a)	82%	62%
Weekend	53%	50%
Fatality Rate	77%	74%
Previous DUI	5%	2%
Previous Suspension of License ⁴⁴	11%	10%

**Impaired Driving (Motorcycle/Moped Drivers)
 Driver Characteristics based on 106 Fatally Injured
 Motorcycle or Moped Drivers in Crashes, 2007-2010**



Driver Characteristic	Alc + % 50 drivers	Drug + % 31 drivers
Gender (Male)	95%	100%
No Helmet	74%	84%
Speeding	72%	55%
Previous DUI	24%	10%
Invalid license	58%	52%
Nighttime (8p-5a)	67%	45%
Weekend	42%	45%
Previous suspension of license	31%	16%
Single vehicle crash	68%	52%

Impact of Alcohol on Fatal Crashes 2006-2010 Statewide



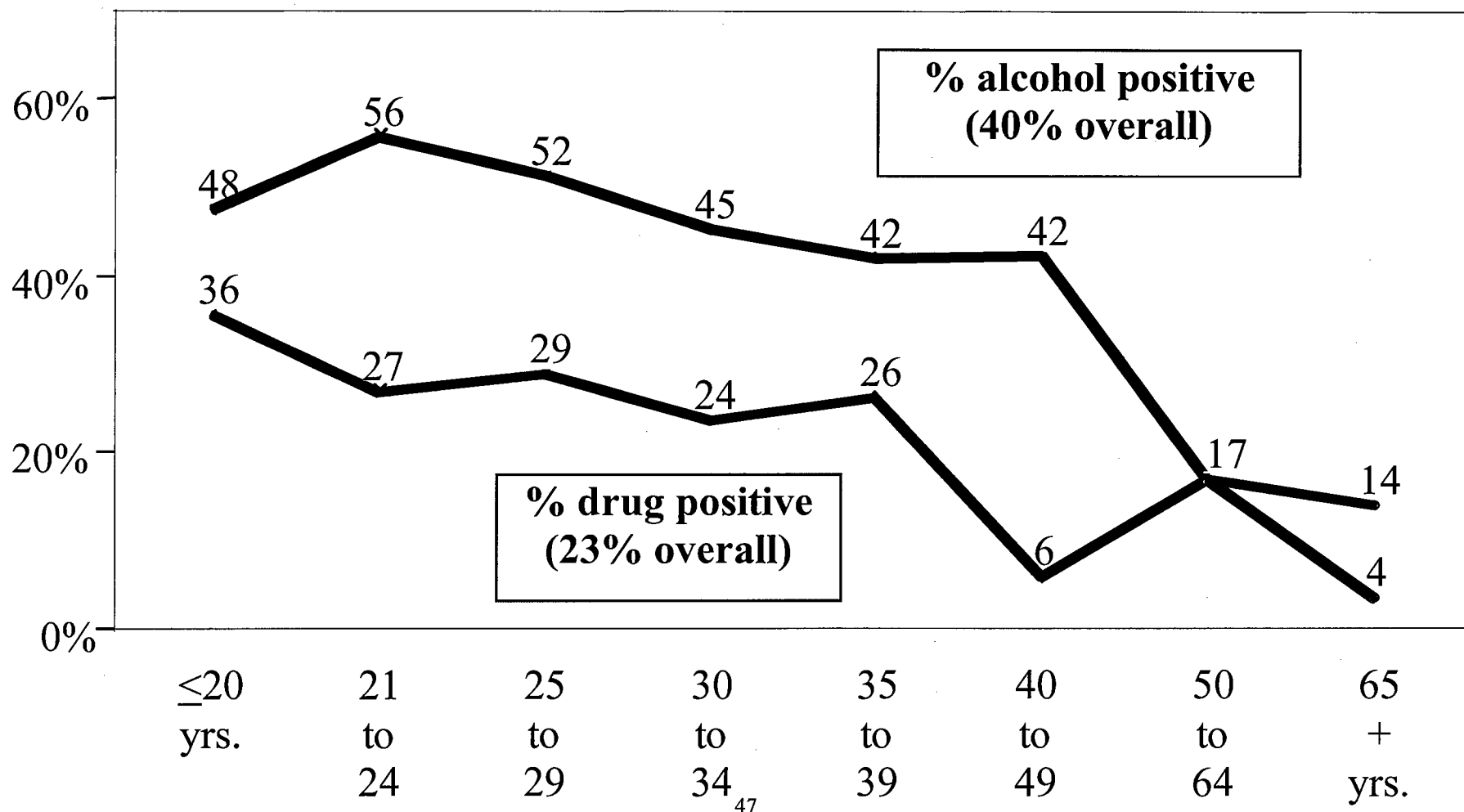
Alcohol Impaired Driving (BAC>0.08)

(57%) of crashes overall)

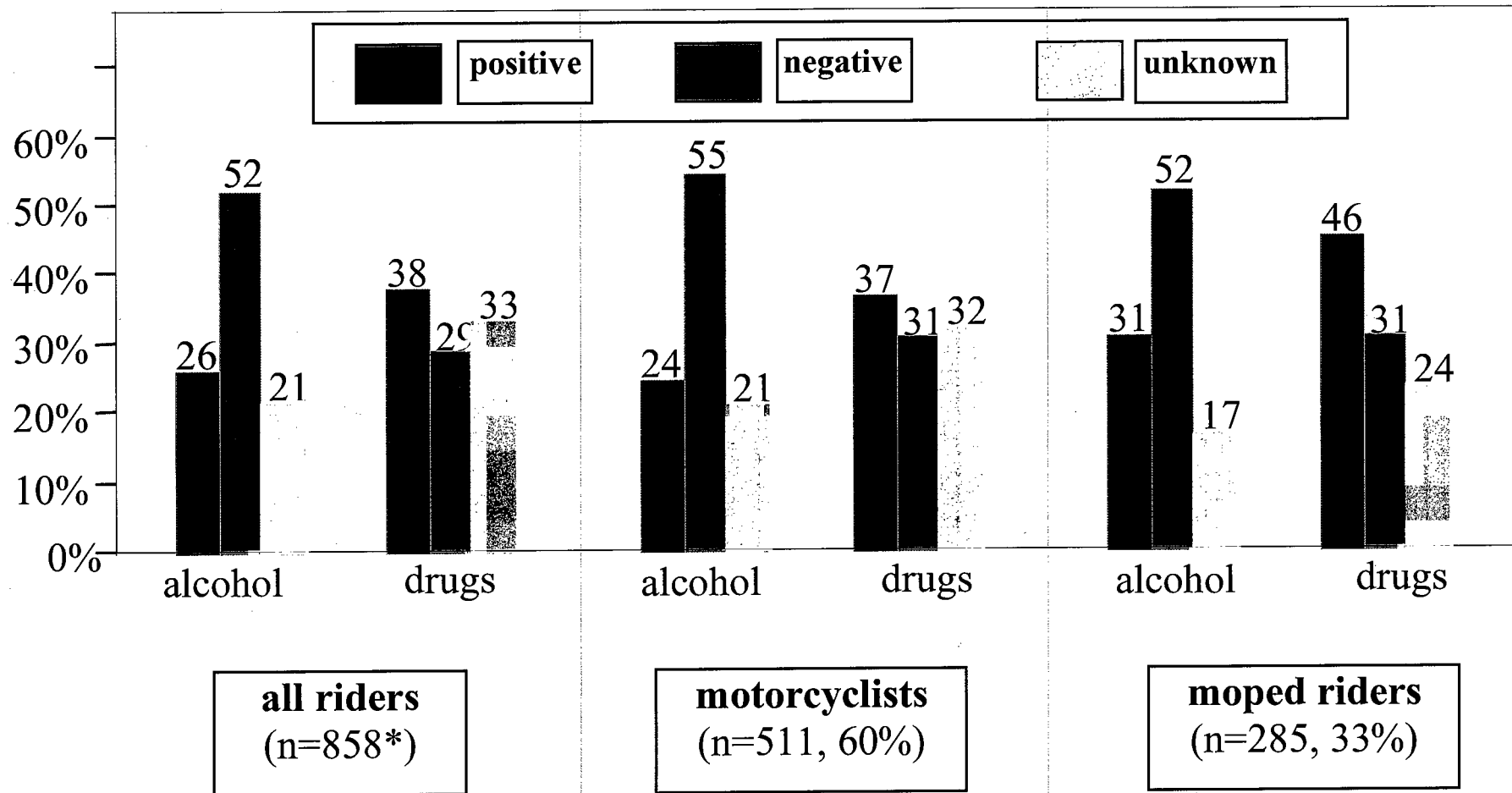
- **64%** for Neighbor Islands,
 - 75% on Kauai (18 of 24)
 - 70% Weekend Crashes (vs. 48%)
 - 74% Nighttime Crashes (vs. 31%)

(Source DOH- Dan Galanis PhD)

Alcohol and Drug Use (percent) Among Car Drivers Involved in Fatal Car Crashes in Hawaii By Age of Driver, 2007-2010

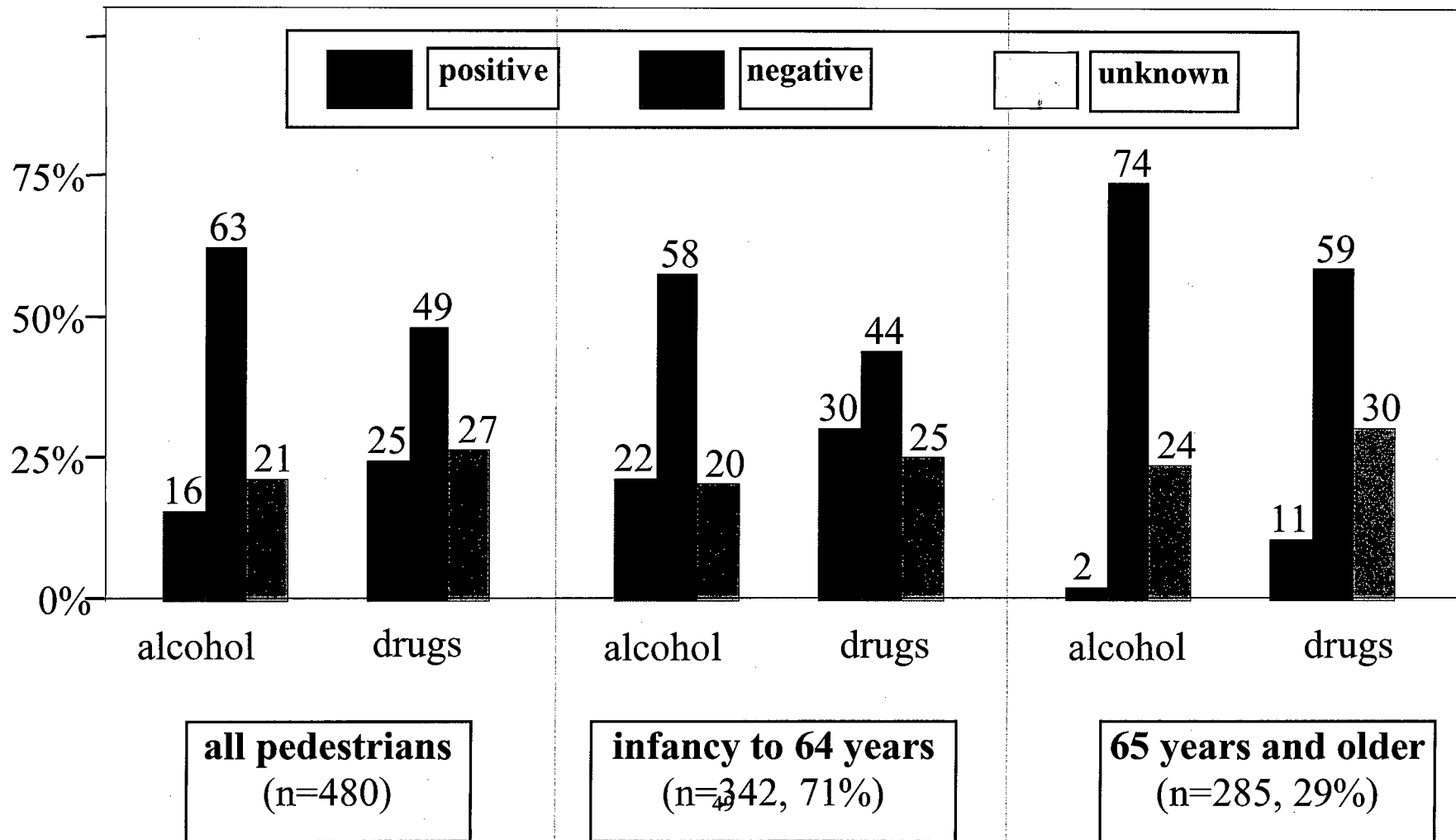


Alcohol and/or Drug Use (percent) Among Motorcycle/Moped Riders in the Hawaii Trauma Registry By Mode, 2008-2011



Alcohol and/or Drug Use (percent) Among Pedestrians in the Hawaii Trauma Registry

By Age Group, 2008-2011



Annual Number and Percentage of Alcohol Related Deaths Among All Modes in Hawaii 2011



FARS 2011 Alcohol Related (.01 or greater all modes)
59 out of 100 all fatalities (59%)

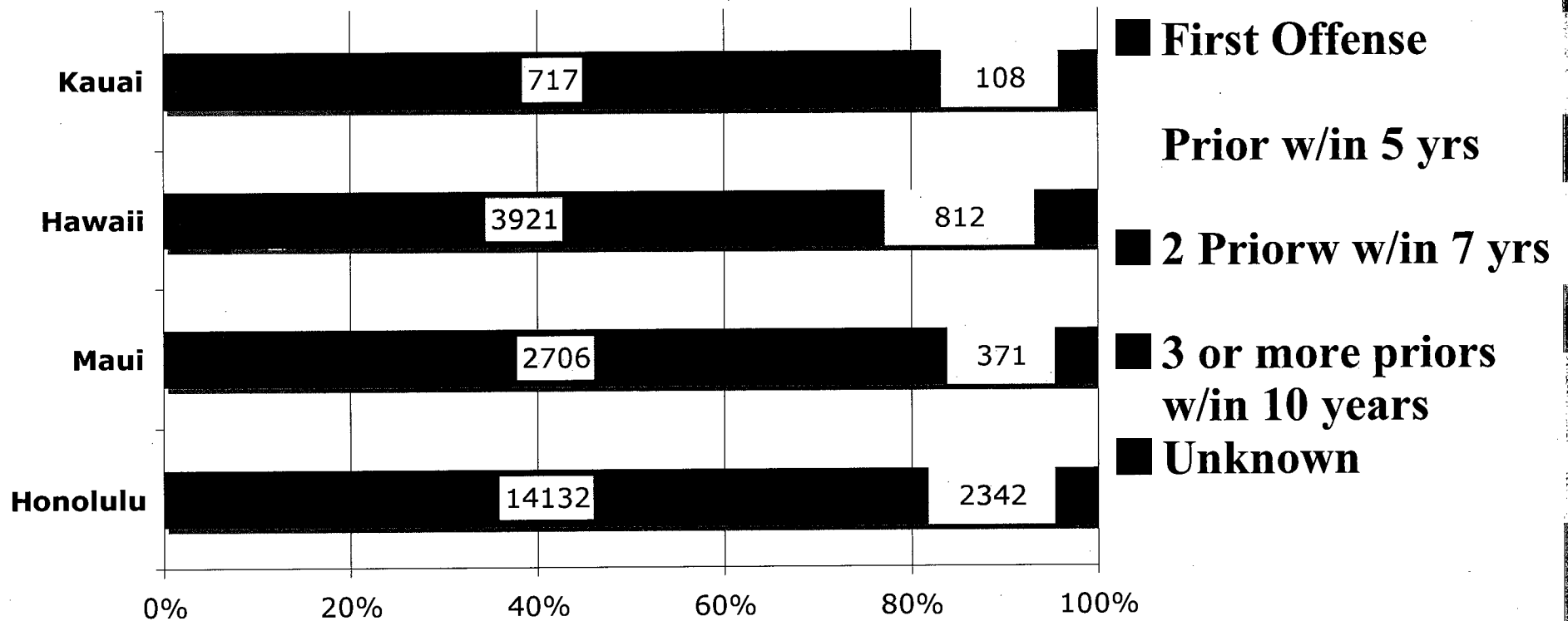


OVUII Arrests and Outcomes

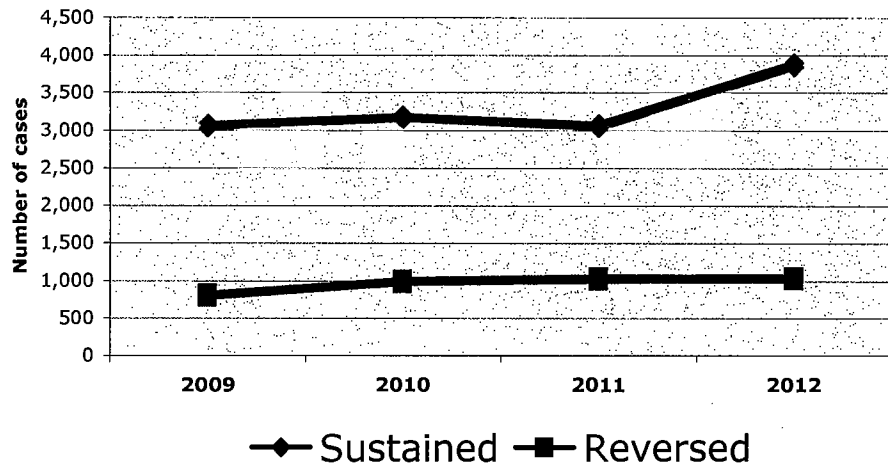
Prior Charges 2009-2012



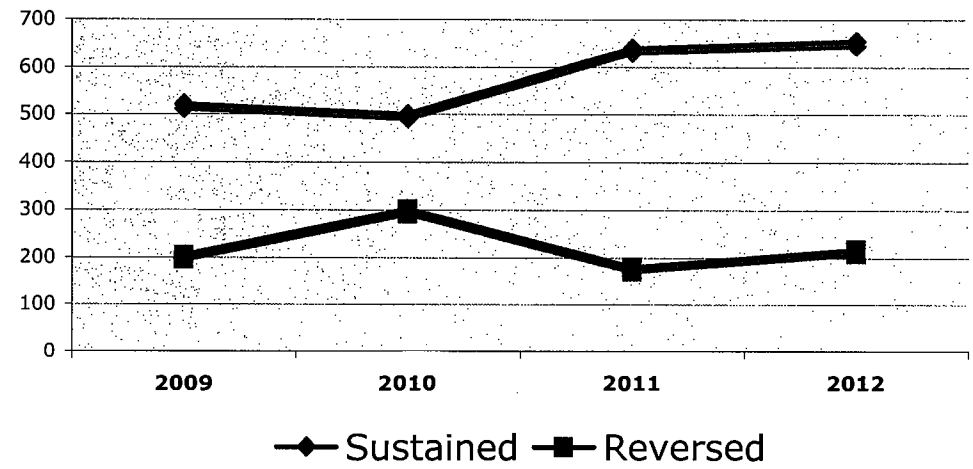
Breakdown of OVUII Priors



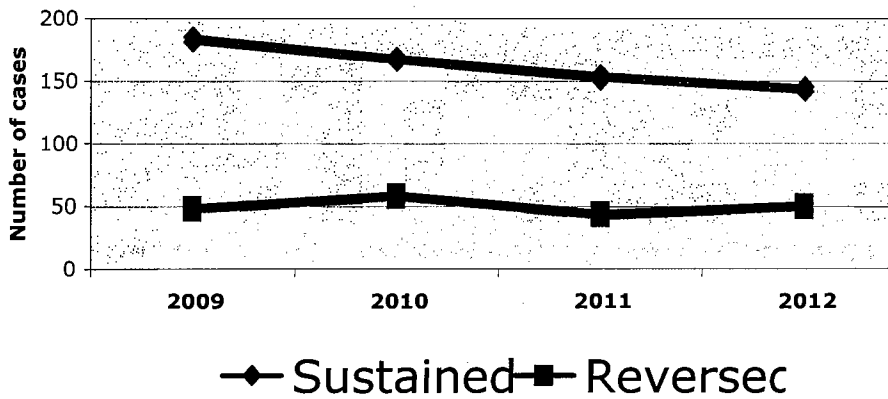
Honolulu 4yr compairson of sustained vs. reversed cases



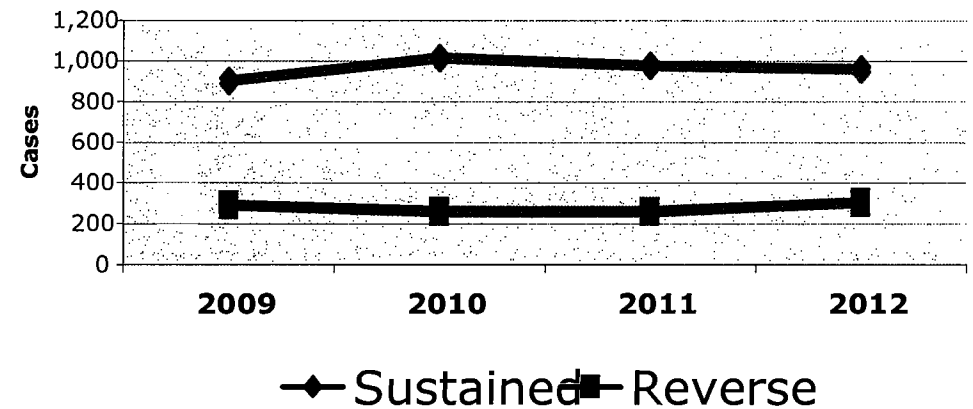
Maui 4yr compairson of sustained vs. reversed cases



Kauai 4yr Comparison of Sustained Reversed Cases



Hawaii County 4yr Comparison of Su vs. Reversed Cases





Ignition Interlock

OVUII Charges and Ignition Interlock Installations



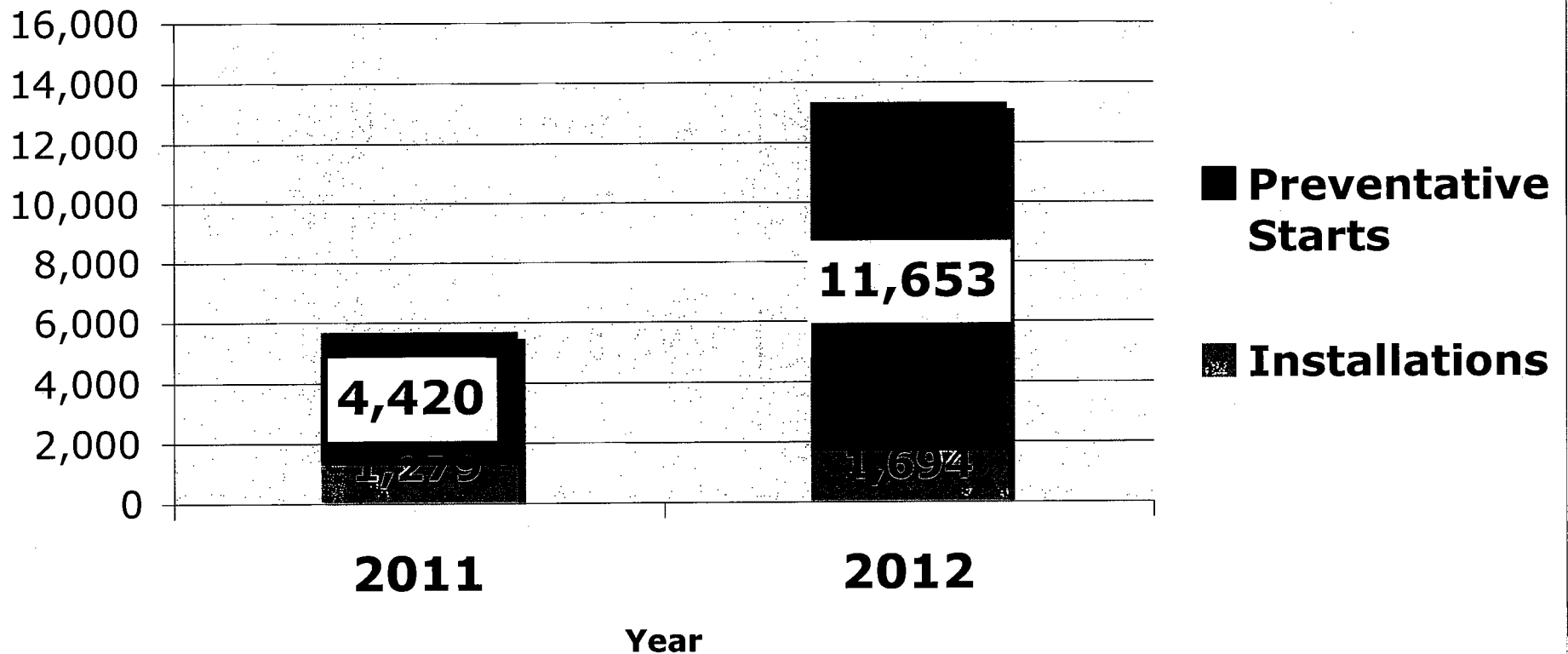
- 2011 Ignition Interlock Law Enacted
- 2011: 5,919 charged with OVUII and 1,279 Ignition Interlock Installations = 21.6%
- 2012: 7,409 charged with OVUII and 1,694 Ignition Interlock Installations = 22.8%

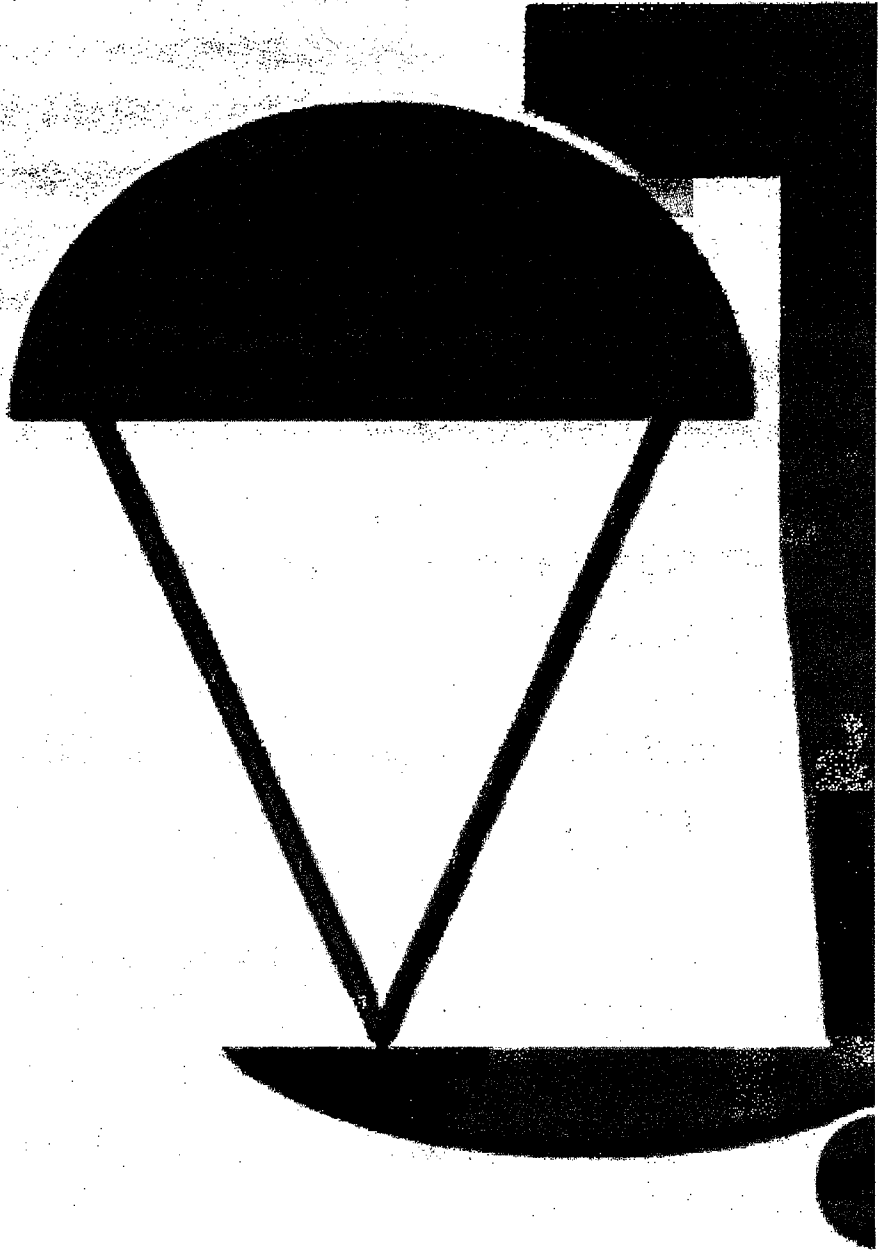
1 out of 5 people charged with OVUII
install an Ignition Interlock

Ignition Interlock Installations and Prevented Starts



2011-2012 Installation of Ignition Interlock Compared to Prevented Starts





Vision, Mission and Goal of the Statewide Impaired Driving Plan



-
- **Vision**: All Hawaii's road users arrive safely at their destinations.
 - **Mission**: Save lives and reduce injuries on Hawaii's roadways through strategic partnerships and implementation of the Statewide Impaired Driving Plan.
 - **Goal**: Working together, we will reduce yearly fatalities from 100, to 80 or fewer by 2017, toward the ultimate goal of zero deaths.

Purpose of Statewide Impaired Driving Plan Update



- **Review Impaired Driving Plan Strategies**
- **Review Data relative to progress of the Strategies**

Statewide Impaired Driving Plan Strategies



1	Enhance Ignition Interlock law. Mandate Ignition Interlock Devices (IIDs) for all Operating a Vehicle Under the Influence of an Intoxicant (OVUII) offenders and establish Administrative Rules for operation of IIDs. Pass law giving authority under Chapter 91 for Administrative Rules.
2	Support expansion of alcohol intervention programs, such as Screen Brief Intervention and Referral Treatment (SBIRT).
3	Increase penalties for driving while license revoked/suspended due to OVUII.
4	Improve conviction rate by adding transparency to records of witness attendance in OVUII cases.
5	Continue to encourage compliance of mandatory blood draw law.
6	Increase conviction rate by reducing refusals.

Statewide Impaired Driving Plan Strategies Continued



7	Support needed improvements in order to successfully continue DWI Pilot Court Program.
8	Improve Administrative Driver License Revocation Office documentation and communication.
9	Identify and utilize current and new funding sources for alcohol and drug-abuse programs.
10	Continue to install milled rumble strips at centerline and roadway shoulders because drinking and driving can cause drowsiness, especially in rural areas where long distances are a factor.
11	Develop programs and continue support best practices to educate young drivers, families and at-risk groups, that emphasize the practice of model behavior to deter drunk driving, speeding, and non-seat belt use.
12	Continue high visibility sobriety checkpoints and media campaigns.

Statewide Impaired Driving Plan Strategies

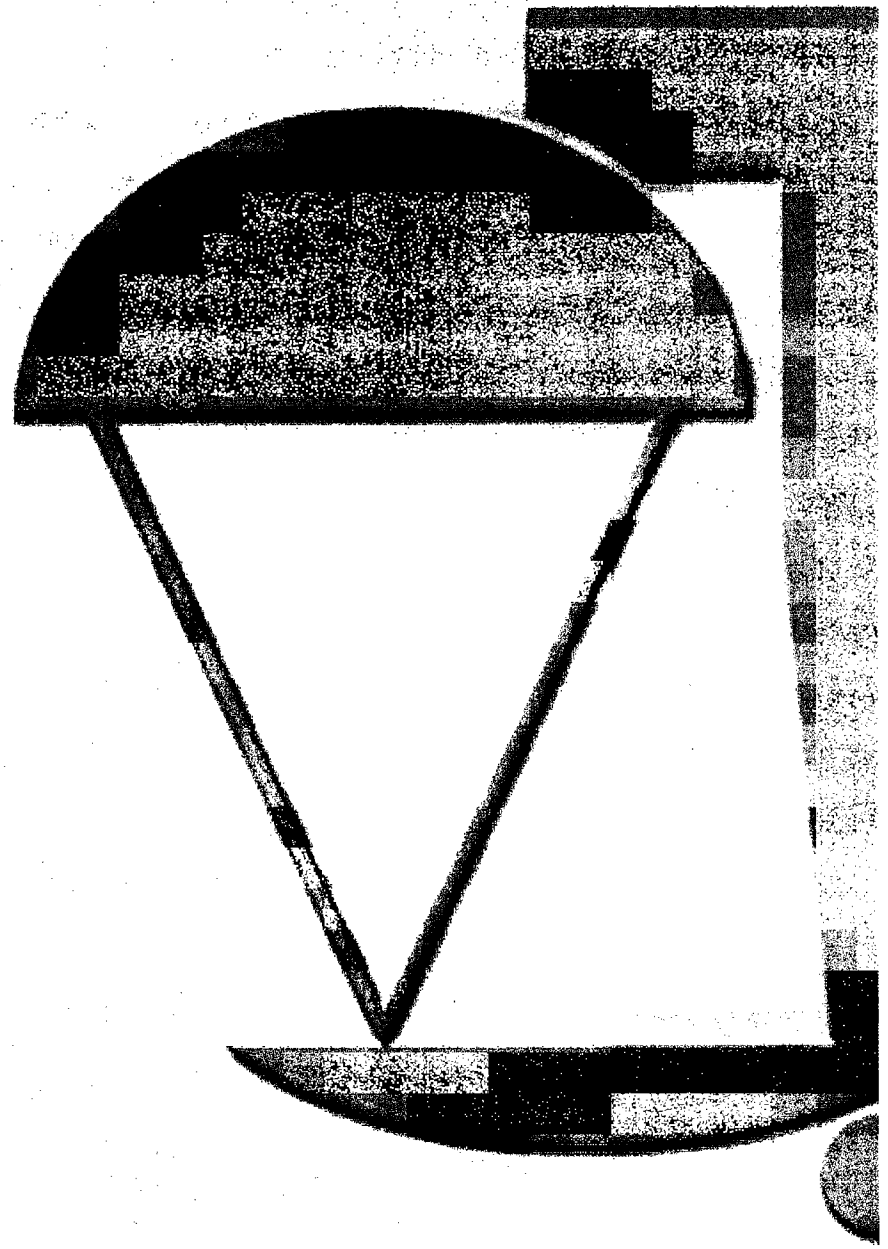
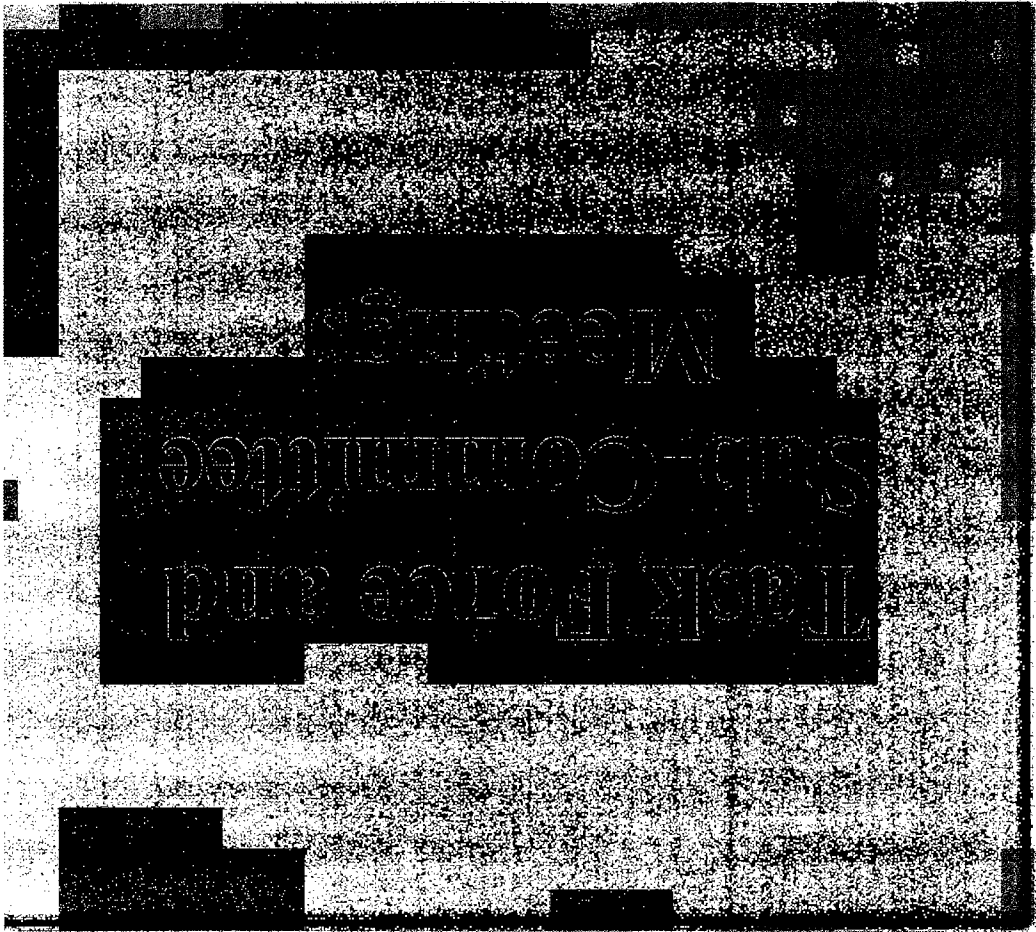


13	Improve awareness and provide specialized training for police, prosecutors, and the Judiciary and encourage courtroom training to improve conviction rate.
14	Continue to provide training to help medical staff, emergency medical services technicians, teachers, and driver's education instructors recognize impairment.
15	Support statewide court monitoring program to provide data on DUI trial results.
16	Continue compliance checks to include "off premise" locations such as small liquor stores and convenience outlets.
17	Expand reach and uniformity of server training program.
18	Increase effectiveness by publicizing, providing training, and enforcing the Use & Lose Law.

Statewide Impaired Driving Plan Strategies Continued



19	Share revenues with County law enforcement.
20	Encourage automobile dealerships and insurance companies to distribute materials on impaired driving. In addition, encourage County Department of Motor Vehicles to run educational videos directed at customers waiting in line.
21	Enhance compliance of interlock law by providing basic interlock training to enforcement officers so that they can detect non-compliance.
22	Explore solutions to current barriers to OVUII drug prosecution.
23	Increase effectiveness of OVUII laws by including probation as an allowable sentence.





Future Impaired
Driving Task Force
Meetings

Proposed Task Force Meeting Dates



2013:

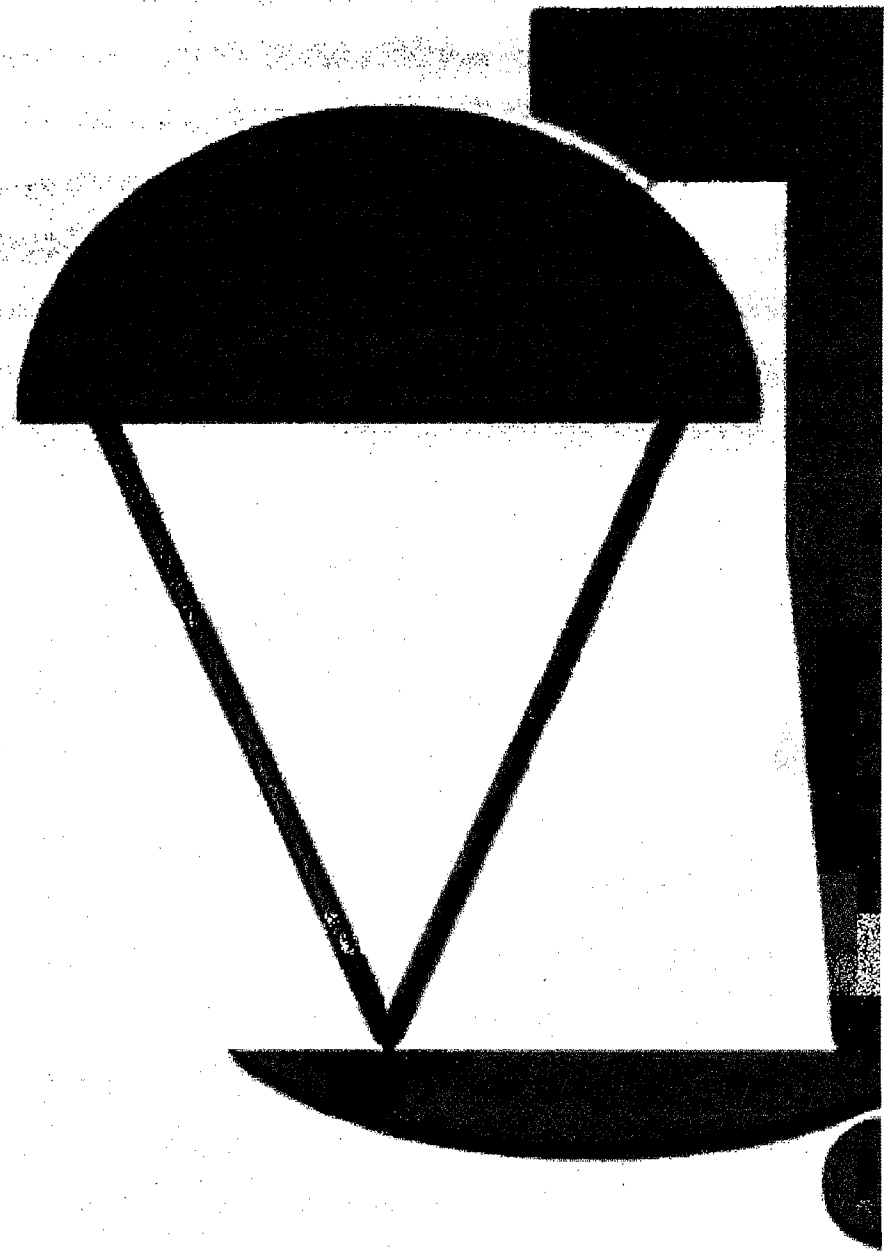
September 9 or 12

December 9 or 12

2014:

March 4 or 11

June 3 or 10



Appendix C
Impaired Driving Task Force
Agenda and Meeting Minutes

Sub-Committees Meeting Minutes

HAWAII IMPAIRED DRIVING TASK FORCE MEETING

July 22, 2013

Honolulu International Interisland Conference Center

Room 1

8:30 a.m. to 12:00 p.m.

Agenda

- | | | |
|-------|---|---------------------|
| I. | Welcome, Introductions and Announcements | 8:30 – 8:35 AM |
| II. | Rules for Meeting | 8:35 – 8:45 AM |
| III. | Moving Ahead for Progress in the 21st Century
(MAP-21) Requirements | 8:45 – 9:00 AM |
| IV. | Impaired Driving Data Presentation | 9:00 – 9:20 AM |
| V. | Statewide Impaired Driving Plan | 9:30 – 9:50 AM |
| VI. | Task Force and Sub-Committee Meetings <ul style="list-style-type: none">• Duties• Creation of Sub-Committees | 9:50 – 10:10 AM |
| VII. | Breakout: Sub-Committee Meetings | 10:10 – 10:30 AM |
| VIII. | Finalization & Approval of
Statewide Impaired Driving Plan | 10:40 – 11:20 AM |
| IX. | Future Task Force Meetings | 11:30 – 11:40 AM |
| X. | Questions and Answers | 11:40 AM – 12:00 PM |
| XI. | Adjournment | 12:00 PM |

The Honolulu International Interisland Conference Center is located on the 7th floor of the interisland parking structure. To enter the conference center, use the doors on the mountain side of the building. We will provide validation, so please bring your parking ticket with you.

Hawaii Impaired Driving Task Force Meeting

July 22, 2013

Honolulu International Interisland Conference Center, Room 1

Present Members:

Mr. Ricky Akase	Motor Vehicles, Licensing and Permits Division, City & County of Honolulu
Rep. Henry Aquino	State Legislature
Ms. Kari Benes	Department of Health – Injury and Control Section
Mr. Vlad Devens	Hawaii State Bar Association
Sen. Will Espero	State Legislature
Mr. Byron Fujieda	Maui County – Office of the Prosecuting Attorney
Judge David Lo	Hawaii State Judiciary
Ms. Lisa Lum	Hawaii State Judiciary – Honolulu DWI Court Program
Ms. Sharon Lum Ho	State Legislature – Office of Sen. Kalani English
Rep. Ryan Yamane	State Legislature
Ms. Nancy Haag	Department of Health – Alcohol and Drug Abuse Division
Dr. William Haning	University of Hawaii Department of Psychiatry
Mr. Danny Hayes	Smart Start, Inc.
Mr. Timothy Ho	State Public Defender
Capt. Darren Izumo	Honolulu Police Department
Mr. Justin Kollar	Kauai County – Office of the Prosecuting Attorney
Ms. Jeen Kwak	Office of the Prosecuting Attorney, City & County of Honolulu
Mr. Preston Ko	Motor Vehicles, Licensing and Permits Division, City & County of Honolulu
Ms. Valerie Mariano	Hawaii Partnership to Prevent Underage Drinking
Ms. Carol McNamee	MADD – Hawaii
Mr. Pat McPherson	Hawaii Association of Criminal Defense Lawyers
Ms. Jan Meeker	Department of Education
Mr. Steve Morifuji	Department of Liquor Control, Hawaii County
Ms. Jackie Murai	State Judiciary – Driver Education
Ms. Abigail Nickell	MADD – Hawaii
Mr. Tam Nguyen	Department of Health – State Laboratories Division
Ms. Naomi O’Dell	Department of Finance – Vehicle Registration & Licensing, Hawaii County
Mr. Glenn Okimoto	Department of Transportation
Mr. Mark Oto	HMSA
Mr. Vaughn Parongao	Department of Finance – Driver License Division, Kauai County
Sgt. Robert Pauole	Hawaii Police Department
Asst. Chief Victor Ramos	Maui Police Department
Mr. Gerald Rapozo	Department of Liquor Control, Kauai County
Mr. Mitch Roth	Hawaii County – Office of the Prosecuting Attorney
Mr. David Sakamoto	Department of Health
Mr. Alan Shinn	Coalition for a Drug-Free Hawaii
Ms. Cora Speck	The Queen’s Medical Center

Hawaii Impaired Driving Task Force Meeting
July 22, 2013

Ms. Liane Sumida	AAA Hawaii
Lt. Jon Takamura	Kauai Police Department
Mr. Ken Takemoto	Honolulu Liquor Commission
Mr. Shawn H. Tsuha	Department of Public Safety
Lt. Ricky Uedoi	Maui Police Department
Mr. Lito Vila	Department of Finance – Motor Vehicle & Licensing, Maui County
Ms. Traci Fujita Villarosa	Department of Liquor Control, Maui County
Ms. Sharon Vitousek	North Hawaii Outcomes Project
Ms. Susan Won	Department of the Attorney General
Dr. Clifford Wong	Clinical Laboratories of Hawaii, LLP
Mr. Clayton Zane	Administrative Driver License Revocation Office

Present Non-Members:

Ms. Maria Carvalho	Hawaii Insurers Council
Ms. Janjeera Hail	The Limtiaco Company
Mr. Sean Hiraoka	Department of Transportation – Traffic Safety Section
Ms. Karen Kahikina	Department of Transportation – Highway Safety Staff
Mr. Arkie Koehl	MADD – Hawaii
Mr. Bob Lung	Department of Transportation – Highway Safety Staff
Sgt. Ben Moszkowicz	Honolulu Police Department
Ms. Lee Nagano	Department of Transportation – Highway Safety Staff
Mr. Lance Rae	The Limtiaco Company
Ms. Lianne Yamamoto	Department of Transportation – Highway Safety Staff

Note: The meeting minutes have been supplemented with information to provide additional background.

Welcome, Introductions and Announcements

The meeting was called to order by Department of Transportation (DOT) Director Glenn Okimoto at 8:40 a.m. Director Okimoto welcomed Impaired Driving Task Force meeting attendees and asked everyone to introduce themselves.

Director Okimoto then introduced Carol McNamee as the Task Force Vice Chair, and announced that she would be conducting the Task Force meetings in his absence.

Rules for Meeting

Carol McNamee welcomed the Task Force members and discussed the rules and procedures... of how the meeting will be conducted in accordance with Roberts Rules.

Moving Ahead for Progress in the 21st Century (MAP-21) Requirements

Bob Lung began his PowerPoint presentation discussing MAP-21, which is Federal Register Volume 78, No. 15, dated January 23, 2013. The impaired driving countermeasures grant

Hawaii Impaired Driving Task Force Meeting
July 22, 2013

program was created under the (Drunk Driving Prevention) Act of 1988. Under the previous program authorization, grant criteria was less restrictive. Hawaii qualified for funding by meeting a number of programmatic criteria such as high visibility impaired driving enforcement program; BAC testing program; administrative license and suspension and revocation program; etc.

Under the present MAP-21, grant requirements became more specific. States qualify for a grant based on the State's average impaired driving fatality rate using the most recent available final data from the National Highway Traffic Safety Administration's (NHTSA) Fatality Analysis Reporting System (FARS). States are then classified either as a low-range, mid-range or high-range State and are required to meet certain statutory requirements. According to NHTSA, the average impaired driving fatality rate is based on the number of fatalities in motor vehicle crashes in a State that involves a driver with a blood alcohol concentration of at least 0.08 percent for every 100 million vehicle miles traveled.

Hawaii is considered a mid-range state, which is a state that has as an average impaired driving fatality rate that is higher than 0.30 and lower than 0.60. Per NHTSA, Hawaii's average impaired driving fatality rate based on FARS data is 0.44.

As a mid-range State, HDOT is submitting a statewide impaired driving plan that addresses the problem of impaired driving. On May 21, 2013 Governor Neil Abercrombie signed an Executive Order establishing a statewide Hawaii Impaired Driving Task Force that includes key stakeholders from the following agencies to fulfill different functions and disciplines as mentioned in MAP-21. Additionally as a mid-range state, a schedule of meetings and any reports or documents that the Task Force produces (i.e., meeting minutes) need to be submitted.

Impaired Driving Data Presentation

Bob Lung continued with the Power Point presentation by making a distinction defined by FARS regarding alcohol crashes. An alcohol-related crash is any crash involving a driver having any alcohol BAC level of .02 or above. An alcohol-impaired crash is any crash involving a driver having an alcohol BAC level of .08 and above.

The PowerPoint slide for **Hawaii Fatalities 2003-2012 by County** shows the overall number of traffic-related fatalities for Hawaii, beginning with 133 in 2003 to 126 in 2012. Furthermore, the figure shows the number of traffic-related fatalities for each county – Oahu (City and County of Honolulu), Hawaii, Maui and Kauai. Oahu has most of the traffic-related fatalities per year since the island holds over 70% of the population.

The PowerPoint slide for **Hawaii Fatalities 2003 – 2012 by Mode** depicts the number of traffic-related fatalities shown above from 2003 – 2012 by mode: Automobile, Motorcycle, Moped, Bicycle, Pedestrian and Other.

Hawaii Impaired Driving Task Force Meeting
July 22, 2013

The PowerPoint slide for **Among Drivers Involved in Fatal Car Crashes in Hawaii, Substance Use Mix, 2007 – 2010** shows that 40% of the 288 drivers involved in fatal car crashes tested positive for alcohol, and nearly one-fourth (23%) tested positive for drugs. Considered together, almost half (49%) of drivers tested positive for either alcohol or drugs. Most (89%, or 101 of 114) of the drivers who tested positive for alcohol had BAC levels of 0.08% or greater, including 66 drivers (58%) who had BAC levels of 0.16% or greater. There was no consistent trend in the annual proportion of drivers who were drinking, although this was highest in 2009 (52%), and lowest in 2010 (30%). There was no trend in the proportion of drivers who tested positive for drugs. The most commonly occurring drugs were THC (42 drivers) and stimulants (28 drivers), principally methamphetamine (12 drivers), amphetamine (6 drivers), and cocaine (13 drivers).

This data comes from the 288 drivers involved in fatal occupant crashes from 2007-2010, but the same methodology was used for other types of fatal crashes (motorcyclists, peds, and bicyclists). Per the Hawaii Department of Health's Databook, 23% (66) of the drivers were considered drug positive. This was defined as positive for any of the following:

- Narcotics: 5 drivers, 3 positive for hydrocodone, 1 hydromorphone and 1 for oxycodone. 1 of these drivers also positive for meth
- Depressants: 4 drivers, 1 for benzodiazepines, 1 diazepam, 2 nordiazepam. 1 also pos for meth, and 2 others thc
- Stimulants: 28 drivers, 12 pos for meth, 14 for cocaine, 2 for benzoylecgonine a metabolite of cocaine
- THC: 42 drivers
- PCP: (0)
- Hallucinogens: 2 drivers (MDA and MDMA)
- Inhalants (0)

So of that 66, 4 were positive only for what were potentially prescription opiates and 1 positive for only a benzodiazepine. If you subtract these 5 drivers, the proportion drug positive is reduced from 23% to 21%. Alternatively, about 8% (5 of 66) of the drivers considered drug positive in the Databook were positive only for substances that were potentially prescribed for medication.

The PowerPoint slide for **Impaired Driving (Motor Vehicle) Driver Characteristics based on 288 Fatal Car Crashes, 2007 – 2010** provides some characteristics about our impaired drivers. The percentages are based on the number of drivers who tested positive for a substance, for example the 78 % of speeding drivers is based on the 114 Alcohol Positive Drivers. (Note: Positive test means any level of alcohol or drug. The bolded percentages indicate a significant percentage of drivers. Exclusions were also made for drivers with missing or unknown values for restraint use, previous driving history. Previous Crash, Suspension of License or DUI is within 3 years of the crash.)

Hawaii Impaired Driving Task Force Meeting
July 22, 2013

The PowerPoint slide for **Impaired Driving (Motorcycle/Moped Drivers) Driver Characteristics based on 106 Fatally Injured Motorcycle or Moped Drivers in Crashes, 2007 – 2010** show the percentages are based on the number of drivers who tested positive for a substance, for example the 84 percent of drug positive motorcycle/ moped drivers were not wearing a helmet. (Note: Positive test means any level of alcohol or drug. The bolded percentages indicate a significant percentage of drivers. Exclusions were also made for drivers with missing or unknown values for restraint use, previous driving history. Previous Crash, Suspension of License or DUI is within 3 years of the crash.)

The PowerPoint slide for **Impact of Alcohol on Fatal Crashes 2006-2010 Statewide Alcohol** showed:

Impaired Driving (BAC>0.08)
(57% of crashes overall)

- 64% for Neighbor Islands,
- 75% on Kauai (18 of 24)
- 70% Weekend Crashes (vs. 48%)
- 74% Nighttime Crashes (vs. 31%)

The PowerPoint slide for **Alcohol and Drug Use (percent) Among Car Drivers Involved in Fatal Car Crashes in Hawaii By Age of Driver, 2007-2010** shows of the 65+ category four out of 28 drivers tested positive for drugs, and three out of four were likely attributed to prescription drugs.

The PowerPoint slide for **Alcohol and/or Drug Use (percent) Among Motorcycle/Moped Riders in the Hawaii Trauma Registry By Mode, 2008-2011** shows that about one-fourth (26%) of the injured resident motorcycle/moped riders in the Hawaii Trauma Registry tested positive for alcohol, including 21% (178) with BAC levels of 0.08 or greater, and 14% (117) with BAC levels of 0.16% or greater. Moped riders were significantly more likely than motorcyclists to have been drinking (31% vs. 24%, respectively). More than half (54%, or 464) of the riders tested positive for either alcohol or drugs, including most (78%) of the 285 moped riders. The most commonly occurring drugs were narcotics (21% of patients), THC (17%), and amphetamines (9%). Moped riders were significantly more likely to test positive for THC (24%, vs. 15% for motorcyclists).

The PowerPoint slide for **Alcohol and/or Drug Use (percent) Among Pedestrians in the Hawaii Trauma Registry By Age Group, 2008-2011** shows only 16% of the injured pedestrians in the Hawaii Trauma Registry had been drinking at the time they were hit. This percentage was significantly higher among those under 65 years of age (22%), as only 2% (3) of the 138 senior-aged pedestrians tested positive for alcohol. Illicit drug usage was documented for 25% of the patients, including 30% of those who were under 65 years of age. Considered together, about one-third (34%, or 164) of the patients tested positive for either alcohol or drugs,

Hawaii Impaired Driving Task Force Meeting
July 22, 2013

although that proportion was much lower among the senior-aged patients (12%), compared to younger patients (43%). Narcotics were the most commonly found illicit drug (16% of patients), followed by THC (8%), and amphetamines (6%). Most (87%, or 13) of the 15 senior-aged pedestrians who were positive for drugs had used narcotics; less than 2% were positive for THC or amphetamines.

Alcohol use was significantly more likely among the male pedestrians (23%) compared to females (7%), and among those hit on weekends (21% vs. 14% for those hit on weekdays). Alcohol use was nearly 8 times likely among pedestrians hit during night time hours (41%) than among those hit between 6:30 a.m. and 7:29 p.m. (5%). Alcohol use was not significantly associated with final disposition of patients, including the mortality rate.

The PowerPoint slide for **Prior Charges 2009-2012** shows the total number of Operating a Vehicle Under the Influence of an Intoxicant (OVUII) for the years 2009 – 2012. It separates the number of first time violators from the repeat offenders.

Discussion included that the prior charges referred to law enforcement contact. In 2012, there were approximately 7,500 arrests for OVUII. The first timer was defined as a driver who has no prior arrest within the five years of a previous arrest.

The PowerPoint slide for **4 yr Comparison of Sustained vs. Reversed Cases by County** shows the trend of sustained and reverse cases under the Administrative License Revocation by year and counties in Hawaii.

The PowerPoint slide for **OVUII Charges and Ignition Interlock Installations** shows the number of ignition interlocks installed since the law was implemented on January 1, 2011 in relation to the number of drivers that was convicted of OVUII.

It was mentioned that the OVUII term is used in Hawaii only as defined by Chapter 291E, Hawaii Revised Statutes and that the term DUI or DWI is used everywhere else.

The PowerPoint slide for **Ignition Interlock Installations and Prevented Starts** shows the number of ignition interlocks installed by year and the number of preventive starts recorded. It was mentioned that Dick Roth, an expert on OVUII statistics in New Mexico, relates that when their interlock law was first introduced, they were lucky to get 10 percent of their ignition interlocks installed. Hawaii's percentage was 15 percent for the first year and 25 percent for the second year. Presently, the percentage is at 28 percent.

Statewide Impaired Driving Plan

Bob Lung continued with the Vision, Mission and Goal of the statewide Impaired Driving Plan. The Vision for the plan is for "All Hawaii's road users arrive safely at their destinations." The Mission is to "Save lives and reduce injuries on Hawaii's roadways through strategic partnerships and implementation of the Statewide Impaired Driving Plan." The Goal is "Working together, we will reduce yearly fatalities from 100, to 80 or fewer by 2017, toward the

Hawaii Impaired Driving Task Force Meeting
July 22, 2013

ultimate goal of zero deaths.” Additionally, the purpose of the statewide Impaired Driving Plan update was to review the Impaired Driving Plan strategies, and review data relative to the progress of the strategies.

The following statewide Impaired Driving Plan strategies were proposed:

1. Enhance Ignition Interlock law. Mandate Ignition Interlock Devices (IIDs) for all Operating a Vehicle Under the Influence of an Intoxicant (OVUII) offenders and establish Administrative Rules for operation of IIDs. Pass law giving authority under Chapter 91 for Administrative Rules.

Discussion included that Hawaii’s ignition interlock law requires a camera. Hawaii at one time penalized drivers with high BACs (0.15 or higher), but that was taken out with the Ignition Interlock law.

2. Support expansion of alcohol intervention programs, such as Screen Brief Intervention and Referral Treatment (SBIRT).

MADD mentioned that people drive impaired at least 87 times before getting caught.

3. Increase penalties for driving while license revoked/suspended due to OVUII.

A comment was made that a good percentage of drivers are still driving while their license is revoked or suspended. It was suggested that an immobilization law be introduced to prevent these drivers caught from driving.

4. Improve conviction rate by adding transparency to records of witness attendance in OVUII cases.

It was mentioned that cases have been thrown out or dismissed because witnesses were not showing up.

5. Continue to encourage compliance of mandatory blood draw law.

This involved the testing of all drivers involved in a serious crash. It was noted that probable cause is needed to draw blood from the other driver under the present law.

6. Increase conviction rate by reducing refusals.

This relates to drivers who refuse to take a test and the possibility of obtaining a search warrant for the extracting of their blood. It was mentioned that the current refusal rate is about 15 percent.

7. Support needed improvements in order to successfully continue DWI Pilot Court Program.

It was mentioned that the problem with the DWI Court is that there is no incentive for people to come into the program so they can get into treatment. It was recommended that probation be introduced to give an incentive.

8. Improve Administrative Driver License Revocation Office documentation and communication.

Some of ADLRO’s issues include ADLRO running out of fax paper while receiving faxes, and it was recommended that police scan and e-mail documents to ADLRO. However, there are no scanners at some police departments. It was also noted that police had security issues when emailing these reports over to ADLRO.

Hawaii Impaired Driving Task Force Meeting
July 22, 2013

9. Identify and utilize current and new funding sources for alcohol and drug-abuse programs.
10. Continue to install milled rumble strips at centerline and roadway shoulders because drinking and driving can cause drowsiness, especially in rural areas where long distances are a factor.
11. Develop programs and continue support best practices to educate young drivers, families and at-risk groups, that emphasize the practice of model behavior to deter drunk driving, speeding, and non-seat belt use.
12. Continue high visibility sobriety checkpoints and media campaigns.

DOT currently has grants with the county police departments for overtime enforcement to conduct sobriety checkpoints and high visibility saturation patrols.

13. Improve awareness and provide specialized training for police, prosecutors, and the Judiciary and encourage courtroom training to improve conviction rate.

Regarding testimonies, a suggestion was made that police and prosecutors be educated and sends judges to the Judicial College for OVUII training.

14. Continue to provide training to help medical staff, emergency medical services technicians, teachers, and driver's education instructors recognize impairment.

15. Support statewide court monitoring program to provide data on DUI trial results.

It was suggested that a court monitoring program should start up again.

16. Continue compliance checks to include "off premise" locations such as small liquor stores and convenience outlets.

Currently the Honolulu Liquor Commission and the Departments of Liquor Control on each county conduct compliance checks.

17. Expand reach and uniformity of server training program.

It was suggested that servers be able to identify and cut off drinkers.

18. Increase effectiveness by publicizing, providing training, and enforcing the Use & Lose Law.

This law needs to be publicized since not everyone is aware of the law.

19. Share revenues with County law enforcement.

It was suggested to assess additional fines on those convicted and to give these revenues to police for the enhancement of OVUII enforcement.

20. Encourage automobile dealerships and insurance companies to distribute materials on impaired driving. In addition, encourage County Department of Motor Vehicles to run educational videos directed at customers waiting in line.

21. Enhance compliance of interlock law by providing basic interlock training to enforcement officers so that they can detect non-compliance.

22. Explore solutions to current barriers to OVUII drug prosecution.

Suggestions for current barriers included the cost for lab testing; introduce law to permit teleconferencing for testimony since the cost to fly in every person that touches the specimen adds up.

23. Increase effectiveness of OVUII laws by including probation as an allowable sentence.

Hawaii Impaired Driving Task Force Meeting
July 22, 2013

It was suggested to have probation without probation officers such as in home testing, which doesn't cost taxpayers a lot of money.

Task Force and Sub-Committee Meetings

The Legislation, Prevention/Education/Communication, Enforcement and Treatment Sub-Committees were created as part of the Task Force to utilize members' respective expertise. The chairperson of each sub-committee will maintain contact to keep DOT updated regarding the sub-committees respective meetings and minutes. Bob Lung reviewed a handout that was distributed explaining the following:

Legislation Sub-Committee

The Legislation Sub-Committee includes representatives from the Department of the Attorney General, Prosecutors, Law Enforcement, Defense Attorney, Legislators, Judiciary, ADLRO, MADD, Public Defender, and HDOT.

The Legislation Sub-Committee's responsibilities are:

- Prepare legislative bills for impaired driving laws from proposals that are submitted by other committees on the task force.
- Drafting of new and amended laws to be submitted in the name of the Hawaii Impaired Driving Task Force.
- Insure that such laws be in accordance with the Hawaii Legislative Drafting Manual.
- Insure that contents of bill drafts are correct as recommended by other sub-committees as to the intent and purpose of the law.
- Draft testimonies on the bills submitted in the name of the task force and also present testimony during the legislative session.
- Select a chairperson of the committee who will be responsible for scheduling and leading meetings.
- Coordinate with other sub-committees of the task force and get recommendations of new laws to be drafted.
- Maintain minutes of all meetings and furnish copy to DOT. The committee should select a secretary to take notes at each meeting and record the minutes.

Prevention/Education/Communication Sub-Committee

The Prevention/Education/Communication Sub-Committee includes representatives from HDOT, DOH, MADD, Driver Licensing, Judiciary's Drivers Education, Enforcement, UH Department of Psychiatry, Liquor Administrator, HPPUD, Insurers Council, AAA Hawaii, Drug-

Hawaii Impaired Driving Task Force Meeting
July 22, 2013

Free Hawaii, HMSA, Department of Education, The Queen's Medical Center, The Limtiaco Company, DOT Public Affairs, AARP, and North Hawaii Outcomes.

The following are the responsibilities of the Prevention/Education/Communication Sub-Committee:

- The focus shall be on the prevention of, and education, outreach, and communication about impaired driving.
- Identify the problems that the system is encountering and suggested amended laws to resolve these problems.
- Identify communication barriers between agencies that will make the system flow smoother and more efficiently.
- Brain-storming of projects that would be most effective in changing impaired drivers' behavior.
- Draft new or amended laws and submit to the Legislative Committee for refinement of final bill.
- Committee to select a chairperson of the committee who will be responsible for scheduling and leading meetings.
- Coordinate with other sub-committees of the task force for recommendations of new laws to be drafted.
- Maintain minutes of all meetings and furnish copy to DOT. The committee should select a secretary to take notes at each meeting and type the minutes.

The Enforcement Sub-Committee includes representatives from County Police Departments, Prosecutors, Judiciary, AG, ADLRO, Smart Start Inc., legislators, DMV, Drivers Education, Liquor Administrators, Clinical Laboratories, Department of Public Safety, DOH, North Hawaii Outcomes Project, and DOT.

The following are the responsibilities of the Enforcement Sub-Committee:

- Identify the problems that the system is encountering with the impaired driver.
- Recommend and draft new or amended laws to resolve these problems.
- Identify communication barriers between agencies and recommend solutions that will make the system flow smoother and more efficiently.
- Brainstorm the types of projects that would be most effective in changing the impaired drivers' behavior.

Hawaii Impaired Driving Task Force Meeting
July 22, 2013

- Committee to select a chairperson of the committee who will be responsible for scheduling meetings.
- Coordinate with other sub-committees of the task force for recommendations of new laws to be drafted.
- Maintain minutes of all meetings and furnish copy to DOT. The committee should select a secretary to take notes at each meeting and type the minutes.

Treatment Sub-Committee

The Treatment Sub-Committee includes representatives from DOH, Drivers Education, MADD, ADLRO, Judicial, Criminal Defense Lawyer, UH Department of Psychiatry, HPPUD, Drug Free Hawaii, HMSA, Queens Medical Center, American College of Emergency Physicians, Probation, SBIRT representative, military representative from Pearl Harbor naval treatment or Tripler, and DOT.

The following are the responsibilities of the Treatment Sub-Committee:

- Identify treatment problems and find solutions to the problems.
- Recommend the types of treatment, tracking methods, and collection of outcomes of treatment of the impaired driver.
- Committee to select a chairperson of the committee who will be responsible for scheduling and leading meetings.
- Coordinate with other sub-committees of the task force for recommendations of new laws to be drafted.
- Maintain minutes of all meetings and furnish copy to DOT. The committee should select a secretary to take notes at each meeting and type the minutes.

Breakout: Sub-Committee Meetings

The Legislation, Prevention/Education/Communication, Enforcement and Treatment Sub-Committees met on their own to discuss their respective strategies that would be voted on.

Finalization & Approval of Statewide Impaired Driving Plan

The strategies that were proposed earlier in the Task Force meeting were discussed and the members voted to include the following strategies in the statewide Impaired Driving Plan for submission to NHTSA:

1. Enhance Ignition Interlock law.

The strategy was amended to the version above, which was voted on and passed unanimously.

2. Support expansion of alcohol intervention programs, such as Screen Brief Intervention and Referral Treatment (SBIRT). (Passed:
3. Increase penalties for driving while license revoked/suspended due to OVUII.

Hawaii Impaired Driving Task Force Meeting
July 22, 2013

4. Improve procedures for obtaining convictions for Driving While (License) Revoked (DWR) due to OVUII.

The Enforcement Sub-Committee recommended that above strategy be added. The amendment passed with 39 Yeas and 1 Nay by Pat McPherson.

5. Enhancing conviction rate by improving witness attendance in OVUII cases.

This strategy's goal is to improve communication within the police departments because cases are being thrown out due to lack of officers showing up. This strategy would ensure more compliance. The amended strategy above was voted on and passed unanimously.

6. Continue to encourage compliance of mandatory blood draw law.

Pat McPherson commented that mandatory blood draw might be unconstitutional because of the McNeely case and we may need a search warrant. Mitch Roth commented that this case may not apply to us.

7. Increase conviction rate by reducing refusals.
8. Support needed improvements in order to successfully continue DWI Pilot Court Program.
9. Improve Administrative Driver License Revocation Office documentation and communication.
10. Identify and utilize current and new funding sources for alcohol and drug-abuse programs
11. Continue to install milled rumble strips at centerline and roadway shoulders because drinking and driving can cause drowsiness, especially in rural areas where long distances are a factor.
12. Develop programs and continue to support best practices to support best practices to educate young drivers, families and at-risk groups that emphasize the practice of model behavior to deter drunk driving, speeding and non-seat belt use.
13. Continue high visibility checkpoints and media campaigns.
14. Improve awareness and provide specialized training for police, prosecutors, and the Judiciary and encourage courtroom training to improve conviction rate.
15. Continue to provide training to the community, including medical staff, emergency medical services technicians, teachers and driver's education instructors to recognize alcohol and other drug impairment.

The Prevention/Education/Communication Sub-Committee amended this strategy to include service providers (including after school care) and law enforcement. Carol McNamee suggested the amending the strategy to the above version, which was voted on and passed unanimously.

16. Support statewide court monitoring program to provide data on DUI trial results.
17. Continue compliance checks to include "off premise" locations such as small liquor stores and convenience outlets.
18. Expand reach and uniformity of server training program.
19. Increase effectiveness of publicizing, provide training, and enforcing the Use & Lose Law.
20. Research a process to provide funding to County law enforcement and substance abuse prevention and treatment programs.

Hawaii Impaired Driving Task Force Meeting
July 22, 2013

The Treatment Sub-Committee suggested amending this strategy to share revenues with county law enforcement, prevention and treatment. Rep. Ryan Yamane commented that even if you share revenue with a county, there is no guarantee it would go to law enforcement. Assistant Chief Victor Ramos recommended checking with the police departments to get their buy in. Carol McNamee suggested researching the possibility since there are a lot of issues involved. Rep. Yamane suggested passing county ordinances to develop a process for funds to be diverted to the police departments. The strategy was amended to the version above, and was voted on and passed unanimously.

21. Encourage automobile dealerships and insurance companies to distribute materials on impaired driving. In addition, encourage County Department of Motor Vehicles to run educational videos directed at customers waiting in line.
22. Enhance compliance of interlock law by providing basic interlock training to enforcement officers so that they can detect non-compliance.
23. Explore solutions to current barriers to OVUII drug prosecution.
24. Increase effectiveness of OVUII laws by including probation as an allowable sentence.

The members voted unanimously to accept the plan and adopt the amended strategies listed above.

Future Task Force Meetings

The Task Force members were presented with proposed meeting dates for 2013, which were September 9 or 12, and December 9 or 12. For 2014, the meeting dates included March 4 or 11, and June 3 or 10. The following meeting dates were chosen for upcoming Task Force meetings:

- September 12, 2013
- December 12, 2013
- March 4, 2014
- June 3, 2014

Adjournment

The meeting was adjourned at 11:50 a.m.

HAWAII IMPAIRED DRIVING
SUB-COMMITTEE 1 TASKFORCE

July 22, 2013

Honolulu International Interisland Conference Center Room 1

MINUTES

Members Present:

Rep. Henry Aquino	Vlad Devens
Sen. Will Espero	Timothy Ho
Arkie Koehl	Judge David W. Lo
Sharon Lum Ho for Sen. J. Kalani English	Carol McNamee
Patrick McPherson	Rep. Brian Yamane
Susan Won	

1. New Business

Carol McNamee was nominated at the facilitator of the sub-committee on legislation and Arkie Koehl volunteered to assist Carol as co-facilitator. Sharon Lum Ho volunteered to take notes at the meeting. Arkie will maintain a database and coordinate the use of Skype for neighbor island members.

2. Sub-committee duties

The committee members will review the Task force strategies and address those that are relevant to drafting legislation and may also incorporate ideas from other committees.

3. Goal of the sub-committee

- The immediate goal of the sub-committee is to strengthen the mandate for total interlock use by any eligible person arrested for OVUII (operating a vehicle under the influence of an intoxicant).
- Sen. Espero will contact the State Legislative Reference Bureau for clarification of the scope of the mandate in the State of Hawai'i Interlock law.

4. Next meeting

Rep. Yamane volunteered to secure a conference room at the State Capitol for our next meeting. The committee agreed to meet on **Monday, August 5, 2013 at 11:30 a.m.** **The room secured is: Conference Room 312 at the Hawai'i State Capitol.**

Hawaii Impaired Driving Task Force (IDTF)
Subcommittee on Legislation
Minutes of Meeting — August 5, 2013, State Capitol, Room 312

Meeting came to order at 11:30.

Present:

Carol McNamee, Vice Chair, IDTF
Dennis Chu
Sharon Lum-Ho
Vlad Devens
Arkie Koehl
Pat McPherson
Susan Won
Tim Ho
Lianne Yamamoto
Bob Lung
Representative Henry Aquino
Representative Ryan Yamane

Minutes of previous meeting (7/22/13) were approved.

Absence of representation by prosecutors, ADLRO and police was noted as a limiting factor in comprehensive discussions . Efforts will be made to encourage representation from these agencies at the subcommittee. [it was subsequently learned that Tricia Nakamatsu of the Honolulu Prosecutor's Office will attend the next meeting]

Extensive discussion took place of current state of interlock (IID) and need for increasing:

1. the percent of eligible offenders installing IID. # of installations as of 8/5/13 is 1,561. It is estimated that approximately 25% of all arrestees are currently installing IIDs. Lung and Koehl will work with ADLRO to obtain more accurate current data.
2. methods of dealing with offenders who cannot or will not install interlock, such as:
 - a. "Unsupervised probation," where abstinence from alcohol can be imposed as a condition of probation, and can be electronically monitored with minimal human oversight.
 - b. the possibility of substantially increased jail terms, and/or vehicle sanctions, for violators of 291 E62 (driving without a license revoked/suspended for OVUII).

Additional information is needed from prosecutors, ADLRO and law enforcement on the pros and cons of these and other measures brought up during the meeting.

Vice Chair McNamee reported that MADD's national public policy office is making every effort to obtain a solid, usable definition of what is meant by "mandatory" ignition interlock for all offenders. This is vitally important as Hawaii compliance with this requirement may affect highway funding.

Senate staff cautioned that the Legislature is unlikely to entertain the introduction of "interlock improvement bills," given the considerable amount of time and effort expended since 2007 on interlock, and the fact that the system is now working effectively. It was pointed out that (1) probation, vehicle sanctions, and 291 E62 sentencing are independent of interlock and require no changes in the design of the current interlock system; and (2) some of the "tweaks" to improve the interlock system in the future may be able to be implemented through administrative rulemaking.

Another major subject of discussion was the current ambiguity regarding the criminalization of refusal, following a recent Supreme Court decision on the law's constitutionality. McPherson will explore this issue for the subcommittee, as will Susan Won for the A.G.'s office. McPherson to send a copy of the McNeely case to Vice Chair McNamee who will forward to other committee members.

There was considerable discussion of the desirability and legality of a "compliance-based" system - varying the terms of mandatory interlock use; for instance, extension of term for start "failures" recorded during final months of usage, and shortened terms for no-failure "good behavior."

Also discussed was the need for more comprehensive training on interlock for traffic officers, many of whom have received no formal introduction to the system. The subcommittee will explore, among other things, the eventual substitution of durable, easily identifiable interlock permits (or licenses), e.g., plastic in place of paper permits.

Postponed for the next subcommittee meeting was discussion of the need to allow more time for prosecutors to receive results from mainland labs of drug tests, since testing cannot be done locally.

Rep. Yamane confirmed that the LRB would be able to draft bills reflecting the subcommittee's detailed directions if submitted through his office in a timely fashion.

The next subcommittee meeting was tentatively set for Aug. 26th, same place, subject to confirmation by DOT. Vice Chair McNamee will reach out to county

prosecutors, law enforcement and ADLRO to strongly urge representation at this meeting.

Meeting was adjourned at 1pm.

submitted by Arkie Koehl

Minutes
Legislative Subcommittee of the Impaired Driving Task Force
State Capitol, Aug. 26th, 2013

Present:

Carol McNamee
Susan Won
Tricia Nakamatsu
Darren Izumo
Ben Moszkowicz
Kurt Kendro
Lisa Lum
Pat McPherson
Karen Kahikina
Lianne Yamamoto
Vlad Devens
Sharon Lum Ho
Arkie Koehl
Justin Kollar (*Kauai, via FaceTime*)
Mitch Roth (*Hilo, via speakerphone*)

Meeting called to order at 11:35 a.m.

Members were directed to the minutes of the 8/5/13 meeting, which were also used as an informal agenda for this meeting.

Major discussions and decisions:

1. **Strengthening penalties for violations of 291 E-62** (driving while license revoked or suspended for OVUII). An agreement was reached to explore making the violation a probational offense, with mandatory minimum jail time increased from 3 to 10 days for first offenders (corresponding increases for repeat offenders); abstention from alcohol as a term of probation; home monitoring of abstention. Mitch Roth agreed to prepare a first rough draft of appropriate language, which upon subcommittee approval could then be submitted to the LRB for formal bill drafting.
2. **Improved Ignition Interlock Permits (IIPs)**. There was strong agreement that ways must be found to involve county DMVs in creating license-like, durable IIPs for interlock users upon notification by ADLRO and/or courts. The current paper IIPs have caused repeated difficulties in law enforcement. Justin Kollar agreed to look into this initiative, with assistance from Pat McPherson.
3. **Laboratory Drug Test Reporting Delays**. This was deemed by the subcommittee to be more appropriate for the Enforcement Subcommittee, who will be urged to include it in its 9/5 meeting.

Next meeting tentatively set for 9/9/13, 11:30am - 1pm at State Capitol (Room to be confirmed).

Impaired Driving Task Force
Prevention/Education/Communication (PEC) Subcommittee
MEETING MINUTES

GROUP NAME: PEC Subcommittee		DATE: July 22, 2013 TIME: 10:10 a.m. – 10:30 a.m. PLACE: HNL Airport
FACILITATOR: Chair		
PRESENT: Kari Benes (DOH) - Chair, Sean Hiraoka (DOT) - Secretary, Naomi O'Dell (VRLD-Hawaii) – backup Chair, Valerie Mariano (AG) – backup Secretary,		
TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/ FOLLOW-UP
CHAIR & SECRETARY ASSIGNMENTS	<p>Discussion:</p> <ul style="list-style-type: none"> • Nominated and confirmed Kari Benes as Chair and Naomi O'Dell as backup • Nominated and confirmed Sean Hiraoka as Secretary and Valerie Mariano as backup 	
FUTURE MEETING LOGISTICS	<p>Discussion:</p> <ul style="list-style-type: none"> • Future meetings scheduled through Doodle Meetings • Need to obtain contact list from IDTF staff • Neighbor Island participation by teleconference • Sub-Subcommittees may be established as needed 	Sean will request contact list from IDTF staff.
PEC STRATEGY SELECTION AND DISCUSSION	<p>Strategy Selection:</p> <ul style="list-style-type: none"> • #9-#14, #16-#18, and #20-#21 <p>Discussion:</p> <ul style="list-style-type: none"> • Strategy #18 <ul style="list-style-type: none"> ▪ Promotion of Use & Use Law is underway through Federal grants administered by DOH. PSAs will be airing Fall through December 2013. ▪ OK for other agencies to use advertisements developed by grantees (ie, HPUDD, etc.). ▪ Supports implementation of Strategy #20. ▪ Alcohol tax can support prevention programs ▪ Funding for compliance checks will expire in April 2014. • Mandatory blood draw question addressed by IDTF staff. • Strategy #14 <ul style="list-style-type: none"> ▪ Add law enforcement and service providers to list of individuals needing training. 	Motion to amend #14 passed by Committee
NEXT MEETING(S):	<ul style="list-style-type: none"> • TBD 	Kari will schedule next meeting
ADJOURN	THANK YOU FOR SAVING LIVES!!!	

Meeting Minutes
Committee #3: Committee on Enforcement
07/22/13: 1030-1100hrs.

Nominated Chair: Mitchell D. Roth

Recorder: Shawn H. Tsuha

Attendance Sheet Completed

1) Discussion on Strategies: The members of the committee selected the following Statewide Impaired Driving Plan Strategies numbered 1; 3; 4; 5; parts of 6; parts of 8; parts of 12; 13; 16; parts of 18; 21 and 22 as relevant for discussion by the Committee on Enforcement.

2) Discussion on ideas to enhance selected strategies listed above: The members of the committee discussed several ideas on trying to enhance selected strategies.

Strategy #1: Discussion on possibly creating one law covering Drugs, and another law covering Alcohol, so that any substance that causes impairment, or amount of that substance, would allow for obtaining a conviction.

Strategy #3: Discussion on improving procedures to obtain convictions of defendants charged for driving while their license was revoked/suspended due to OVUII.

Strategy #6: Discussion on "No Refusal" Weekends Initiative.

Strategy #8: Discussion on the recent change that sworn statements must be taken in regards to this initiative.

3) It was determined that a representative from the Probation Office should be a member of the Committee on Enforcement.

4) The next meeting is tentatively scheduled for September 9, 2013, which is the regularly scheduled Traffic Commanders Meeting at the Ala Moana Hotel.

AGENDA

- Welcome
- Introduction
- Recap of Strategies-Responsibilities
- Discussion of Strategies

SBTJ Court
 Kahle Helmer (CJC Counselor)
 Respect to ER: b1mpt-24h

Aug 22-11:05 AM

Protocols being developed
 Barriers = time in SD courts by Staff

Assessing effectiveness:

- f/u call
- 5 yr re-entry for ER/arrest/crime
- 1 yr ER Reentry on [off date]

Challenges

- Dosing of intervention length of interval
- Local data mixed for 1 year
- Need to improve data

Aug 22-12:05 PM

#8 Support arguments to continue pilot court

2nd attempt more successful
 court 3 by innovation

Focus: Spacing, amount with judge to do Rx
 (Lyle, Robinson)

Goal: 20-30 people

Target group: ~ 2% offenders who are not in court
 (Less CPT attorney have public defender)

Challenge: create program
 Dist courts struggle with wide
 Need PROBATION @ court

Aug 22-12:05 PM

#12 add language on drug testing

Need data on size of drug testing
 (Do we need to do alcohol tests/probation?)

→ Data source:
 monitor data (main panel)

Challenges: CPTK willingness to test

Solution: monthly case review of charges
 find the problem solve

Aug 22-12:21 PM

General Discussion

IDEAS Problems

Aug 22-11:08 AM

#20 research funding to address abuse
 prevention and Rx

3 series
 by court

- CSC's 10/100 courts Rx
- State requires CSC
- HSA Rx find how access?
- Need to cover statewide HSA

Aug 22-12:30 PM

#21 Education
 many sources to distribute info.
 Do we have a common message?
 Jackie Henci - District
 Who is primary Rx?
 What is safety monitor?
 also client to check for [can process be changed?]
 • Could HMO monitor? trying to get capacity to analyze
 • create an outreach

Aug 22-12:35 PM

• CSAC coordinated by IDTF
 • Is there an opportunity to improve credentialing & recertification through IDTF?
 • Could change process so take next CSAC in line
 • Conferences help judges & lawyers of ADLRO process
 • High variability in CSAC practice patterns
 • Not ADTF thing - how improve?

Aug 22-12:46 PM

What % get recommendation for treatment?
 What % do not get recommendation to Rx?
 ~ 60-70%
 For those who receive recommendation to Rx
 large variation in Judge Sentence
 How key specific
 • Challenges Self Referral by CSAC
 Question of incentive for attorney to not recommend treatment.

Aug 22-12:58 PM

What tracking is done after completing treatment?
 What % of those who get recommendation for Rx get a Rx Stop Program recommendation?
 • Repeat offender (3 years) do they start over?
 • Not evidence based
 • Could instead use ASAM standard?

Aug 22-1:06 PM

Challenges is a silos judicial? medical
 • Funding Treatment:
 Fined for life classes = \$1000
 What is the Longway Fruit
 What are the other sources of funding?
 How do we improve collaboration & medical providers

Aug 22-1:12 PM

• SSAC (or other) counsel for force on judicial
 • then does pay MD for treatment.
 (Could we work a car insurance to develop incentives for treatment leading to a premium?)
 • could help to write letters to this meeting

Aug 22-1:22 PM

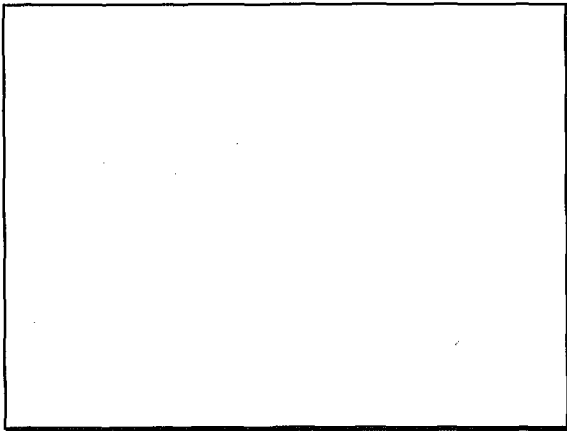
Presentation: Jacke Murai

- OVI Assessment
- Drivers Education

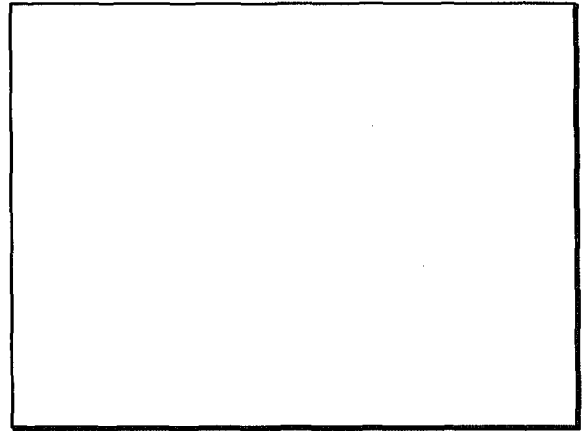
Aug 22-11:05 AM

7th ACA
 700k and 3 sessions/year
 - for prevention
 potential to work = HMA/DOCS
 Check some of NHISA funds be used
 - for projects covered by these discussions?

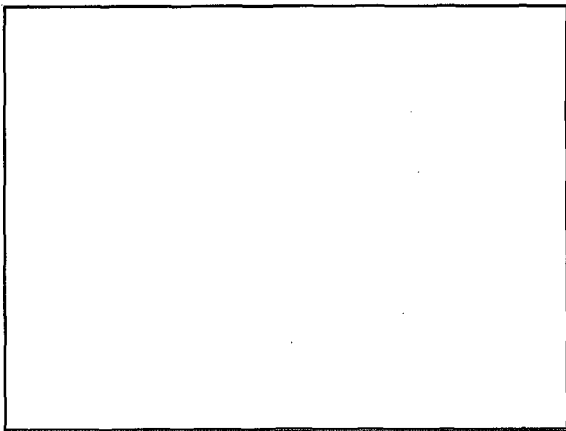
Aug 22-11:05 AM



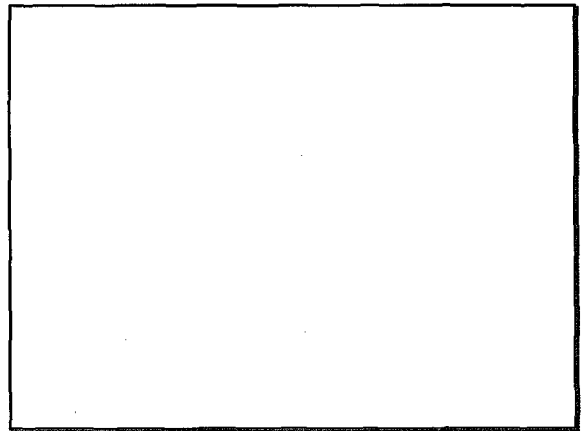
Aug 22-11:05 AM



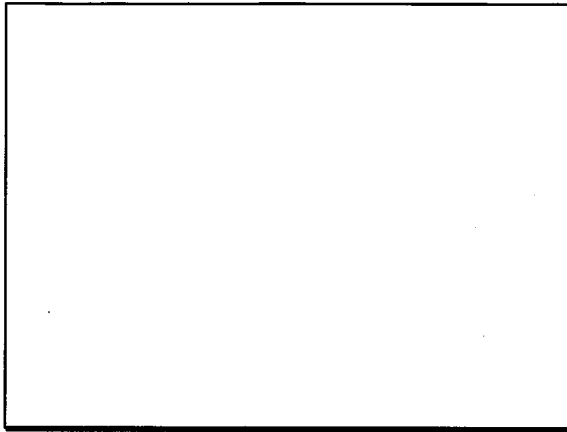
Aug 22-11:05 AM



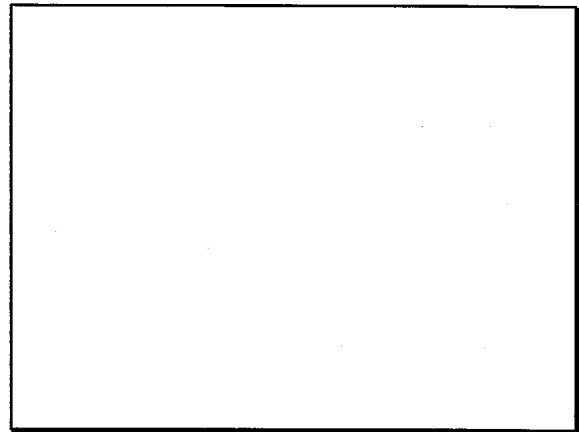
Aug 22-11:05 AM



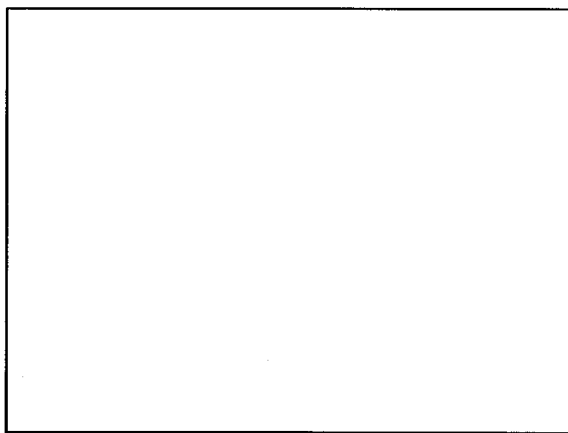
Aug 22-11:05 AM



Aug 22-11:05 AM



Aug 22-11:05 AM



Aug 22-11:05 AM