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Coroner Chris Davenport National Cycling Fatalities Inquest

Cambridge Terrace Courtrooms, Cambridge 1, Christchurch 11 June 2013



Submission from Spokes Canterbury

www.spokes.org.nz

About Spokes

Spokes Canterbury is a local cycling advocacy group with approximately 1,200 members, affiliated with the national Cycling Advocates Network (CAN). Spokes is dedicated to including cycling as an everyday form of transport in the greater Christchurch area. We advocate for safe cycling for all ages and abilities.

We have a legacy of active involvement in Christchurch transport issues for over 20 years. We are an unfunded group of volunteer advocates with a Core Group of about a dozen people who do the work. Our Core Group consists of people with expertise in the areas of traffic planning and engineering, transport research, social research, community development, policy analysis, cycling history, submission writing, and community health. We base our work on credible scientific research worldwide.

We endeavour to work with local authorities, government departments, academic researchers, and allied groups interested in the same outcome: road safety for all users, particularly those who cycle.

We fully and strongly endorse the submissions already made by the Cycling Advocacy Network.

Our submission focuses on two major areas of concern: road user behaviour, and cycling infrastructure.

1. Road User Behaviour

The behaviour of all road users is relevant when discussing cycling fatalities.

a) Riders

Amongst cycling fatalities in Canterbury, where fault was clearly found to be the riders', two vulnerable populations were significantly over-represented: children, and older adults (65 years and over).

Children, we know, are embarking on skill development, as well as understanding and interpreting what is happening on urban roads.

Many older adult riders have given up driving for one reason or another. The reasons they have given up driving may transfer to their cycling behaviour: inadequate riding skills, diminished senses and reactions to their travelling environment. Moreover, fatalities are likely due to their decreased resilience after a crash, suggesting recovery less likely and fatality more likely than those represented in younger populations.

b) Drivers

Of the other road users, those driving commercial vehicles seem overrepresented in fatality statistics. This includes drivers of commercial and utility vehicles such as vans, taxis, buses, and trucks. Trucks are especially significant in fatalities because of their size and mass, causing more of a risk to vulnerable road users than a lighter-weight vehicle.

In addition, all motorised vehicles that travel at speeds threatening to more vulnerable road users are over-represented in fatalities involving cyclists. Spokes urges the continued support and further development of both rider training for children and older adults (especially those for whom driving is no longer an option), as well as training targeted at commercial vehicles, particularly buses and trucks.

Both driver and rider education is imperative, and we urge that the message of 'Share the Road' be stepped up nationwide.

2. Cycling infrastructure

In the post-earthquake development of Canterbury, Spokes is heartened at the recent commitment by the Christchurch City Council to invest in better cycling infrastructure. However, whilst to many minds the idea of separated cycle paths springs to mind, this is not panacea to solve all traffic issues amongst road users. One design does not adequately address all situations. Rather, a hierarchical model of user vulnerability should guide infrastructure design, starting with the most vulnerable of users, pedestrians, people with mobility problems, and cyclists.

Conclusion

We would all agree that one fatality on the roads is one too many; poor user behaviour and poor road infrastructure design are two significant factors that contribute to ending the life of a human being.

Traffic and transport planners, elected representatives, law enforcers, and financial managers cannot afford to be ignorant, complacent, nor timid. They must not continue to work in isolation from each other, or to put the financial, social and emotional costs of fatalities above investment in the health and safety of road users.

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