

## Victoria's Road Toll Parliamentary Submission

I am writing this submission as an individual who works in road rescue and not on behalf of my organisation (MFB).

We deal with road accidents in Melbourne on a daily basis and routinely attend road trauma and fatalities. I work professionally to assist these victims and I realise the broader impact these accidents and fatalities have on the broader community. It would be great for the community to experience less of this trauma.

My key areas of focus are:

Dealing with distracted drivers,

Investigating and recognising suicide by road accident, and

Road accident response and standards.

### **DISTRACTED DRIVERS:**

The impact of distracted drivers has become an enormous problem and in my view has become the problem drink driving was 30 years ago. Watching vehicles drift slowly from their lanes while people attend to their phones is a spine chilling experience. Vehicles missing traffic signals, pedestrians dodging vehicles as they move obliviously through crossings or not noticing stopping vehicles in front of them are all common to today's road users.

**ACTION:**

- TAC needs to run a distracted drivers campaign again, with real people talking about what happened to them.
- Further investigate SAFE CARS technology that blocks phones. Perhaps PHONE LOCKS (similar to alcohol interlocks for repeat offenders).

### **SUICIDE BY ROAD ACCIDENT**

The sad reality is many people take their lives while driving. The even unfortunate element is that they often do so by driving into other vehicles, particularly trucks. The recent suicide of Danny Frawley in this way has illuminated this unspoken part of the road toll. You cannot have a Towards Zero approach and not deal with the suicide factor.

**ACTION:**

- Consider an education strategy as part of the licence renewal process.
- Educate at a school level about managing mental health and reduce stigma around seeking help.

## **ROAD ACCIDENT RESPONSE and STANDARDS**

The simple reality is that our road accident response is not designed to give members of the community the best chance of survival when they find themselves in a serious road accident. It is people in the country who are most vulnerable to this design flaw.

It is widely accepted internationally that if a patient can have emergency hospital care within an hour of their accident (Golden Hour) their chances of survival are significantly increased. (University of Maryland Medical Center, R Adams Cowley Shock Trauma Center).

### **ACTION:**

- Establish a funded career training officer network of experienced road rescue technicians who can oversee a state-wide standard for road rescue (rather than one who assesses their organisation only). The aim is to improve training standards across the state in an organised and strategic manner.
- Establish a committee that regularly reviews and improves road rescue response, by evaluating response tables and response times with the community in mind (and not “turf protection”). The review is to include a broader utilisation of Fire Service Rescue Support capability that currently exists with CFA integrated stations.
- Establish a trial of rapid rescue response to vulnerable parts of the state using an air rescue response (helicopter).
- Manage, support and, if necessary, re-allocate rescue responsibilities in areas that have long term inabilities to adequately respond to rescues in a timely manner with necessary qualified staffing.