BPAC E-mail Messages and/or Letters

Enclosed is a copy of all E-mail messages covering concerns and relevant information received after circulation of the May 20, 2010 agenda packet. Staff's response to the public inquiry will be provided during the upcoming BPAC meeting and will become part of the meeting minutes.

Heba El-Guendy - Road death study

From: ralph durham <durham.ralph@gmail.com>
To: Heba El-Guendy <helguendy@ci.sunnyvale.ca.us>, Patrick Walz <patrick.walz@gmail.com>, <kjbiker@netzero.net>, <cbsbikes@me.com>, <manitakos1@netzero.net>, <rickwarner@cycle-tours.com>, Andrea <andrea@baas.org>
Date: 6/1/2010 5:13 PM
Subject: Road death study

All,
I'm going to have to look at the new European Safe System for road users. This article talks about the hazards and just how dangerous it is out there, not specifically for cyclists and pedestrians but all users of street and road facilities.
http://www.eht-forum.org/ehtj/journal/v3/pdf/ehtj10004a.pdf
Perhaps a study issue to see if Sunnyvale could work on conforming to some of the ideas when there are new developments put or major road changes.
Ralph

19

Emerging Health Threats Journal

Road manslaughter – or just the cost of progress?

Emerging Health Threats Journal 2009, **3**:e4 **doi:** 10.3134/ehtj.10.004

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Road manslaughter – or just the cost of progress?

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Abstract:
Much to the frustration of road safety researchers, practitioners and advocates, road deaths and injuries have not been widely accepted as a major public health threat. Currently, road trauma is one of the biggest killers and causes of serious and disabling injuries in the world. While there has been considerable research on the causes of road injury and ways of mitigating the problem, there is still reluctance to systematically and sufficiently do what can be done to reduce this problem globally.

This paper takes an historical review of the road trauma problem and responses to it. In examining developments in road transport and road injury, it is clear that the main impediment to reducing road deaths and injury has been a misguided preference of economic advancement over public health risk management.

It is misguided because road trauma has impeded and does still impede the capacity of economies to develop. The challenge for societies now is to look at this false dichotomy — that of road development and motorisation versus road safety — and begin to make the right choices in favour of human society advancement through the development and management of safe road-traffic systems.

A new 'Safe Systems' approach is emerging in Australia and spreading globally as a guiding principle for road safety. The evolution of this approach is traced and illustrated in this article. The need for finding ways to engender a stronger global political commitment to road safety is demonstrated.

Introduction
The first recorded automobile fatality occurred in Ireland, in 1869 (Fallon & O'Neill, 2005). The event was described as a "public scourge and a private tragedy". The coroner was moved to say, "This must never happen again." But then in 1899, Henry Bliss was killed when struck by a taxi in the United States while alighting from a streetcar. Ward and Warren (2007) point out that road deaths came to be seen as a social class issue in the early days of "horseless travel" as it was usually the poor and working classes that were killed by motor vehicles driven by wealthier people.

Nearly a century later, after World War II in 1947, JS Dean wrote a book entitled, "Murder Most Foul: a study of the road deaths problem". He concluded that "The 'reconstruction of Britain' will indeed be a dismal failure if it includes as a permanent feature of the national life the killing and maiming of a quarter of a million, or more, of persons every year on the roads...there is no reason for failure...all that is needed is the will to act." (Dean, 1947)

Road safety is a political issue — and has been for a long time. Dean believed that increases in road deaths were directly related to the rise of fascism, pointing to the fact that Nazi Germany and Mussolini's Italy had the highest per-vehicle rate of road fatalities in 1934. He explains that in these countries, the motor interests were the biggest supporters of Hitler and Mussolini. Dean illustrates how motor interests were protected in all road safety efforts by targeting the behaviour of vulnerable road users through education and punitive actions alone.
Typical Nazi government responses to the problem were to introduce fines, collectable on the spot for "careless walking"; also for "endangering traffic [while walking in the road]", and for riding a bicycle two abreast. Dean lamented the observation that Britain was also influenced strongly by motor

interests, citing many examples of media comments in the mid-1930s about the imposition of a speed limit: that restrictions on speed would "fatally damage the motor industry".

The politics of road safety have manifested in many forms. In Australia, bicycle groups organize "critical mass" demonstrations, disrupting traffic during evening peak hours in metropolitan areas, to lobby for better and safer road space. Their perception is that road authorities are entirely focused on the needs of motor vehicles.[1]

At a global level, in fast growing economies such as Vietnam and China road safety is sidelined in favour of rapid road infrastructure development. In practice, the historical trend of increasing road deaths accompanying road development and motorisation has not been simply due to greed or deliberate acts by one stakeholder group at the expense of others. Rather, it has been a corollary to general socioeconomic trends with a pervading impetus towards modernisation and mobility.

The Problem

Around 3000 people each day or 1.2 million people each year are dying on the world's roads, and 50 million are injured (WHO, 2004). Road traffic injury is now the number one killer of young people aged between 10 and 24 years, of which 96% are dying in developing countries (Global Road Safety Forum, 2008). The World Health Organization (WHO) has also estimated that road fatalities and serious injuries will rise by 65% by the year 2020, that deaths resulting from road crashes will exceed deaths from HIV, malaria and tuberculosis, and that road accidents are predicted to become the third leading contributor to the global burden of disease and injury. In fact, in a report published in 2003, the WHO categorised road traffic crashes as the "hidden epidemic" and a much overlooked growing threat.

One becomes acutely aware of the magnitude and threat to communities when looking at the total number of deaths that occur in any country as a result of a traffic crash, and comparing it to the number of deaths resulting from all the wars and disasters its citizens have suffered. For example, the total of fatalities Australia has suffered in all wars to date is around 103,000 of which only 36,000 occurred since 1925.[2] Added to this number should be the number of Australians who have died as a result of natural and human caused disasters (fires, bridge collapses, bombings, etc.) — only around 1000. This total can then be compared to around 171,000 fatalities in total resulting from all road crashes since records began in 1925. This is almost double the number accumulated over a shorter period.

The figures contrast in a similar way for the USA. Around 1.8 million road fatalities[3] have been recorded to date and since only 1966, compared to around 1.4 million fatalities from all wars, including the US civil war and disasters that include heat waves, hurricanes, floods, and bombings.[4] In the year 2000, fewer than 4000 people were killed in the Twin Towers terrorist attack in New York City, but more than 40,000 Americans are killed in road crashes every year. Yet US Government attentions to anti-terrorist initiatives far outweigh the attention to road safety. Indeed, when the casualties of wars and disasters are compared to the casualties from traffic crashes for just about any developed nation, it becomes obvious that traffic crashes are a much greater risk to the public's health and well being.

Moreover, the incidence and severity of road crashes is somewhat more predictable and preventable than are other causes of injury. Much more so than natural disasters, where magnitude and location are difficult to predict, and wars, where injury is intentional, road trauma is known to be caused by certain characteristics of roads, vehicles and behaviours — all of which can be ameliorated.

[1] http://www.criticalmass.org.au/
[2] Sources: Australian War Memorial (http://www.awm.gov.au/research/infosheets/war_casualties.asp
[3] NHTSA, US Department of Transportation, Traffic Safety Facts 2004,(http://www-nrd.nhtsa.dot.gov/Pubs/TSF2004.PDF
[4] Death Tolls for the Man-made Megadeaths of the 20th Century, http://users.erols.com/mwhite28/warsusa.htm#USWar

Historical lessons also point to social and economic trends that are associated with sharp increases in road trauma. As motorised road travel exposure increases, so does road fatality risk — if nothing is done to prevent injuries from increased risk of motor vehicle use. Indeed, Australian road fatalities rose steeply during years of rapid post-war motorisation between the 1940s and the 1960s.

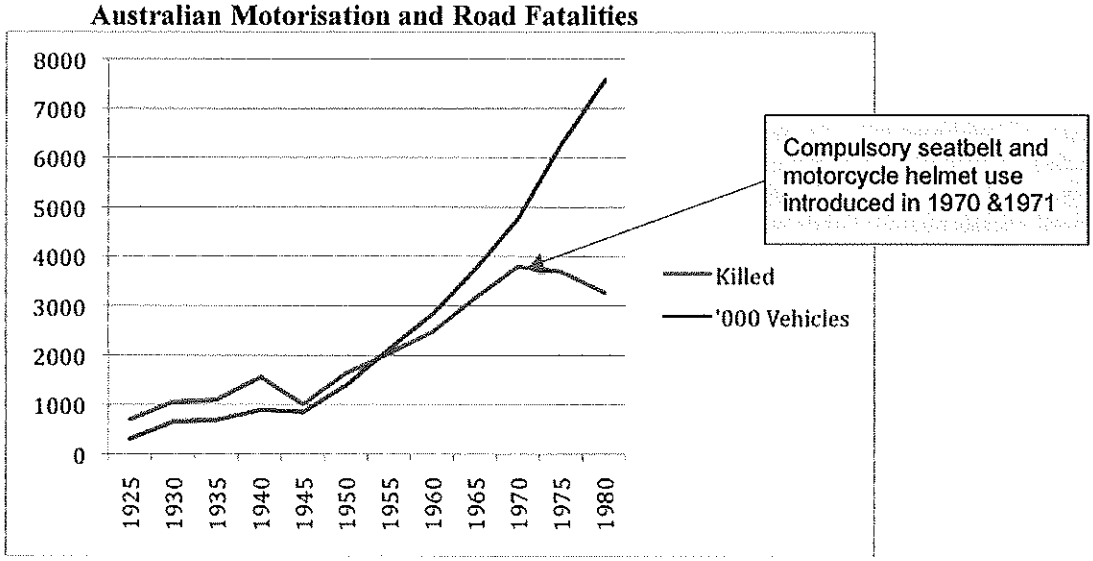


Figure 1 – Road crash casualties and rates, Australia, 1925 to 1980, adapted from data source: (Department of Transport, 1984)

However, the introduction of seatbelt and helmet laws in 1970 and 1971 began to curb this upward trend (Figure 1), showing that motorisation does not have to be accompanied by increasing death rates.

Sadly, it has taken Vietnam 36 years to learn and apply this lesson. A mandatory helmet law was introduced in December 2007, and achieved 95% compliance virtually overnight (Figure 2), accounting for the estimated saving of 1000 lives in 2008.[5]

Figure 2. Traffic in Hanoi (Photo courtesy of Asia Injury Prevention Foundation)

Road deaths are not an inevitable cost of economic development or motorisation. Simple measures such as introducing and enforcing compulsory helmet and seat belt laws can make a large difference in the trauma that comes with motorisation.

Moreover, reducing road injuries is not as simple as assuming that richer countries are more able to achieve better road safety outcomes. There is much variance in road safety achievements within the community of more economically advanced countries. The Netherlands, with a death rate at 4.3 per

[5] Presented by Greig Craft, President, Asia Injury Prevention Foundation at the NIOSH International Conference on Road Safety at Work, Washington, DC, USA: February, 2009

100,000 people, compares favorably to Australia at 7.6. However, the USA rate of 13.6 is three times the Dutch rate and close to double the Australian rate. It is interesting to note that the USA's traffic fatality rate per 100,000 population is ranked 28th out of 30 OECD countries with only Greece (14.1), Slovenia (14.6) and Poland (14.7) having slightly higher rates. (See Figure 3.)

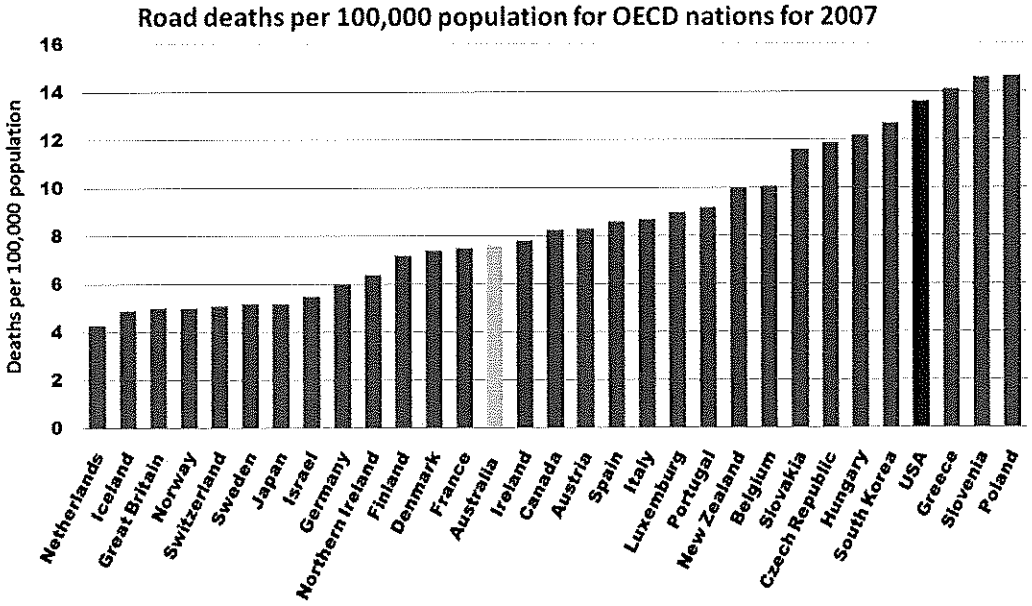


Figure 3. International benchmarking road fatality rates per 100,000 population for 2007.[6]

The road fatality rates per 100,000 population indicate an individual's chances of dying from a road crash without explaining their exposure to risk. While the nature of road injury risk might be more obvious in China and India where the fatality rate is 5.62 and 14.5 per 10,000 vehicles respectively compared to the Netherlands or Australia at 0.48 and 0.78 per 10,000 vehicles [WHO, 2009], the quantum of exposure is possibly less for China and India at 9.2 and 16.1 persons per vehicle respectively than it is in countries that have achieved a high level of motorisation at 1.4 and 1.8 persons per vehicle for Australia and the Netherlands respectively and where people are routinely exposed to high-speed traffic.

China and India, with their massive development and thirst for automotive mobility, have suffered enormous road casualties. The official road fatality numbers for China currently stands at around 81,649 annually or 223 deaths per day, and for India it is 105,725 per annum. The official figures released by China have been disputed as under-reporting the actual number of fatalities which is suggested to be closer to 250,000.[7] Figure 4 shows that when data are presented in terms of 10,000 registered vehicles, both India and China display particularly poor road safety records.

[6] Data Source: Department of Infrastructure, Transport, Regional Development and Local Government, (http://www.infrastructure.gov.au/roads/safety/publications/2009/rsr_05.aspx - access Nov 2009) and WHO, 2009, www.who.int/violence_injury_prevention/road_safety_status/2009.

[7] See: http://www.car-accidents.com/country-car-accidents/china-car-accidents-crash.html and http://www.wpro.who.int/china/sites/injury_prevention/ (accessed November 2009)

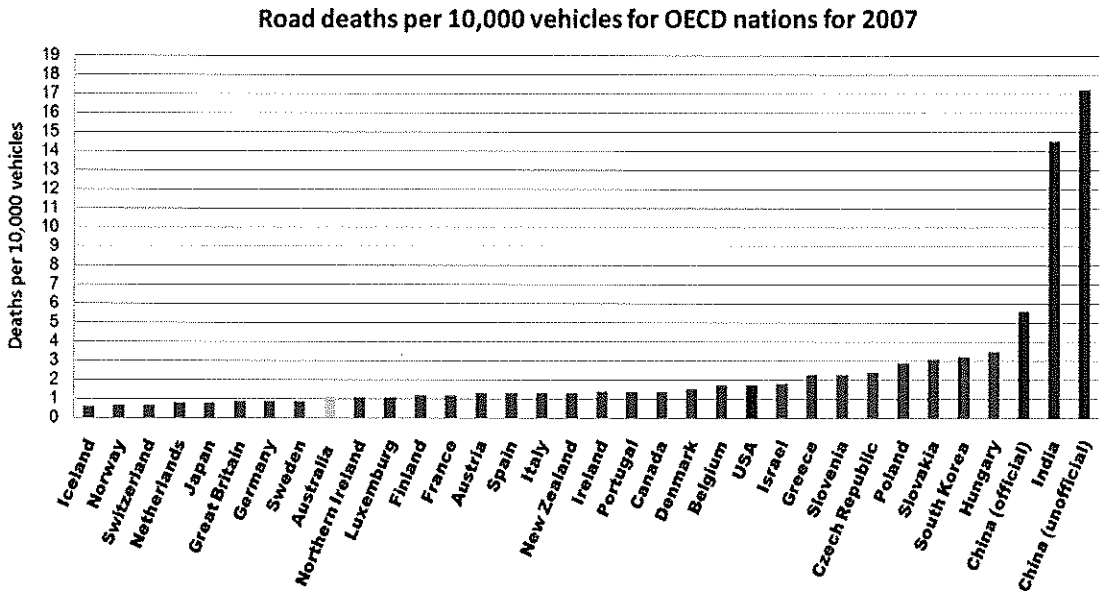


Figure 4. International benchmarking road fatality rates per 10,000 vehicles for 2007.[6,8]

However, whilst the USA has a substantially reduced rate of traffic deaths per 10,000 vehicles compared with India and China, it still ranks poorly against comparable nations. This reflects a difference in approach to that of better performing, though less wealthy nations. Northern European nations have the lowest rates of road fatalities.[9] The reasons for this may lie in cultural and historical differences.

India and China still have relatively low rates of motorisation per capita due to the unaffordability of motor vehicle ownership by much of their population. Ironically, relative impoverishment is perhaps containing road trauma levels so long as household incomes restrain the ability of most families to privately own motor vehicles. But at the same time, the road trauma problem is a massive burden on healthcare services; it also hampers the ability of these countries to advance economically. This is because road trauma — more so than other threats to public health — affects young productive males disproportionately (Mooren, 2003).

Generally, as shown in Figure 5, road fatality rates in some world regions have disproportionate shares of road fatalities compared to their levels of motorisation.

Region	Percentage of all Road Traffic Fatalities	Percentage of all Motor Vehicles
Central/East Europe	12	6
Africa	**11**	**2**
Middle East	6	2
Asia-Pacific	**44**	**16**
Latin America/ Caribbean	13	14
Highly Motorised Countries	**14**	**60**

Figure 5. Road fatalities and vehicles: regional distribution (Source: adapted from Jacobs et al, 2000)

[8] The majority of the values shown were determined from 2007 data. Where data was missing for 2007, the value from the closest year was used, i.e. for Canada only 2006 data was available and hence was used.

[9] While Japan is shown in Figure 3 as having a comparable rate to the best countries, it uses a different definition of road fatalities than the "death within 30 days of the crash" OECD standard.

Current trends suggest that highly motorised countries are reducing their road deaths, while in African and Asian countries they are increasing. Indeed, motorisation and road travel rates have continued to increase in high-income countries as well, equally or more so than in developing countries, whilst their fatality rates are dropping. It is a different story with developing countries. Road deaths are expected to increase by 80% in the Asia-Pacific and in parts of Sub-Saharan Africa between the years 2000–2020.

What causes road deaths and injury?
At the most basic level of analysis, road injury is caused by impact on the human body with forces that the body cannot sustain without damage. Further, injury epidemiology identifies a range of factors that contribute to the crash event and the resulting impact on the human body.

Initially, the response to road deaths was to try to educate the masses about how to properly use the road. The assumption was that the problem was a knowledge and skill deficit amongst drivers — to drive safely — and amongst pedestrians and pedal cyclists — to keep out of the way of motor vehicles. Gradually, training, testing and licensing processes emerged in countries where motor vehicle use was growing.

Later, some attention was directed to the motor vehicles themselves, but this was not very effective until some American legal specialists led by Ralph Nader took on the car industry with lawsuits focusing on the intrinsic, unacceptable and unsafe features of cars. In 1965 and 1966, public pressure grew in the USA to increase the safety of cars, culminating with the publication of Ralph Nader's book, Unsafe at Any Speed, (1972) and the National Academy of Sciences' Accidental Death and Disability — The Neglected Disease of Modern Society (1966).

In 1966, the US Congress held a series of highly publicized hearings regarding highway safety, and passed legislation to make installation of seat belts mandatory; it also created several agencies that would eventually become the National Highway Traffic Safety Administration (NHTSA) (Ward & Warren, 2007).

At the same time, the 'scientific method' of analyzing road injury causation was embraced in the 1960s following the work of Dr William
Haddon, an injury epidemiologist. Haddon's injury analysis method called for identification of contributing factors prior to, during, and after the crash event, grouping them into three categories: vehicle, road environment and human (as illustrated in Figure 6.)

	PRE-CRASH	**CRASH**	**POST-CRASH**
Road user	Impaired drivers	Passenger willingness to be restrained	Crash assistance provided
Road environment	Road direction clear	Objects on road side	Emergency vehicle access
Vehicles	Cars can stop	Restraint equipment	Crash is identified

Figure 6. Haddon Matrix with sample injury factors (adapted from Haddon, 1968)

This was the springboard for a more systematic analysis of road injury. Injury specialists, particularly in the Western world, began to adopt this method. Biomechanics looked at vehicle features that contributed to more and more severe injuries, civil engineers looked more closely at road environment features, and behavioural scientists looked at unsafe road behaviours contributing to crashes and injuries. A more comprehensive and strategic approach emerged, boosting the ability of injury practitioners to direct their attentions to the most important issues for road safety.

This has resulted in more favourable trends in road injury[10], especially considering that exposure to road injury risk (Figure 7), measured by road fatality rate per 100 million vehicle miles.

[10] http://www.fhwa.dot.gov/policyinformation/statistics/2007

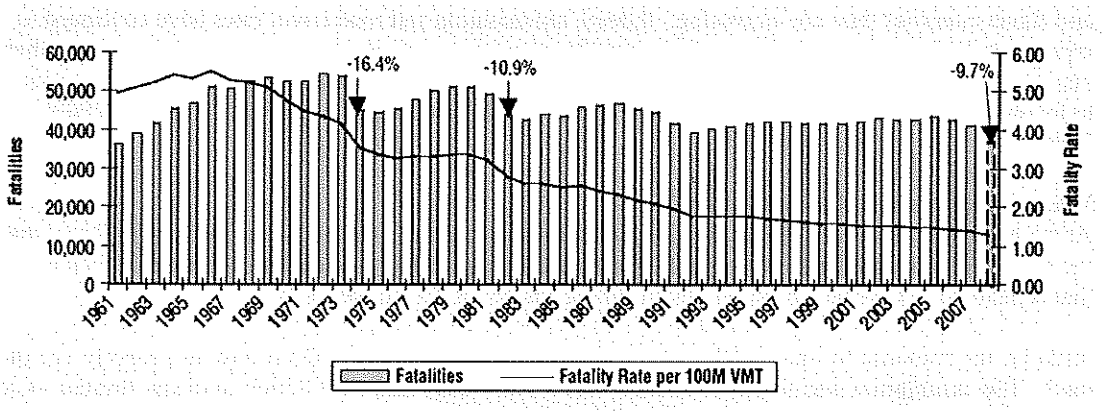
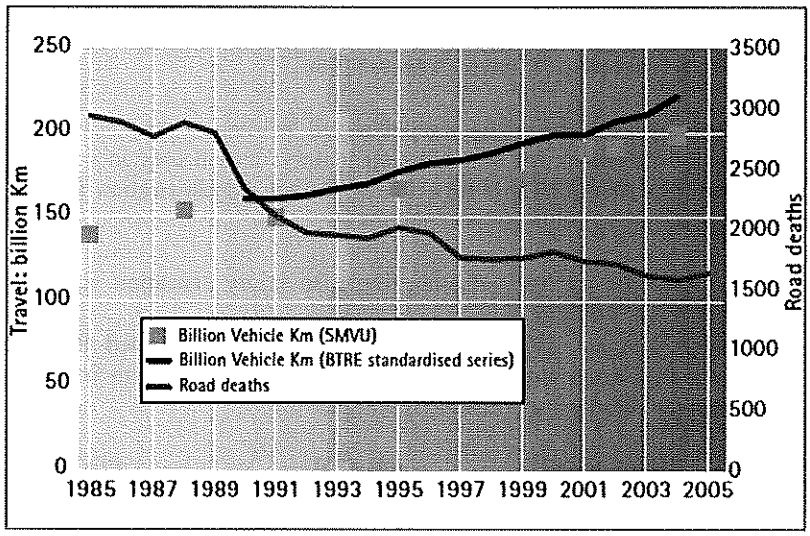


Figure 7 - US Fatalities and Fatality Rates per 100 Million VMT From 1961 - 2008, (reproduced from NHTSA, 2008)

Australian road safety successes

Australian road travel exposure has continued to increase since the post-war period, but through concerted efforts, road fatalities have been reduced substantially as shown in Figure 8.



Source: Based on Australian Bureau of Statistics Survey of Motor Vehicle Usage (SMVU) and Bureau of Transport and Regional Economics (BTRE) data.

Figure 8. Comparison of road death numbers with road travel growth (reproduced from ATC, 2007)

The scientific method, together with a political commitment to invest in road safety, provided a solid and more effective base of knowledge upon which to build comprehensive road safety programs in Australia. Moreover, a key feature of Australian road safety that emerged was that institutional arrangements and collaborations between government agencies are vital to road safety effectiveness.

Studies using the Haddon Matrix began to show that human factors were more prevalent among causes of motor vehicle crashes than other types of factors. (See Figure 9.) Indeed, some studies found that in 95% of fatal road crashes human factors were involved.

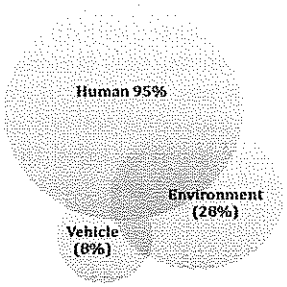


Figure 9. Road Injury Factors - Source: adapted from Morgan, Ogden and Barnes (1999)

While studies show that in 28% of fatal crashes road environment factors are involved, and in 8% vehicle factors are involved, in practice there are usually a number of factors that contribute to road crash outcomes. As knowledge has accumulated about specific risk factors, and how to address them, effective road, vehicle and behavioural 'countermeasures' have been developed and implemented — with a great deal more success than had been achieved before this systematic and strategic approach had been developed.

In Australia, national and state government road safety authorities develop and implement programs to address the road safety issues. Road authorities, police, and sometimes health and education sectors or other interested bodies became involved in strategies with increasingly coordinated actions. For example, road authorities and other bodies were conducting public education campaigns that complemented police traffic enforcement operations. The most notable of these types of campaigns is perhaps the Random Breath Testing (RBT) anti-drink drive programs conducted in Australia from the early 1980s. These campaigns achieved some of the most dramatic reductions in road fatalities ever seen. And the holistic *strategic* approach to road safety is believed to be effective as illustrated by the general downward trend in road trauma.

At the same time, road environment safety improvements as well as vehicle and equipment safety improvements were being pursued. A 'blackspots program', targeting road locations with high crash involvements, and road safety audit programs were systematically addressing road environment risks. Vehicle and equipment (e.g. helmets) safety improvements were being more rigorously pursued too. Funding was being invested in road safety on the basis of "balancing safety and mobility".

But in the mid-1990s, Sweden and the Netherlands were beginning to question the notion of "balancing" safety and mobility objectives. In these jurisdictions, governments took the view that if human lives and limbs can be saved, they should be, regardless of other private and public interests. Thus, a new *political* position in road safety was born – the *ethical approach.* The Swedish *Vision Zero* and Dutch *Sustainable Safety* policies tipped the balance toward safety over mobility.

Australia has adopted a 'Safe Systems' approach in an attempt to further reduce road fatalities. It is based on European models, where the central road design and management criteria are focused on human injury tolerance to impact force; the models were adapted from Sweden's "Vision Zero" strategy (Tingvall, 1998). This approach is preferred over the more traditional US cost-benefit-based templates, which are designed to focus on traffic efficiency, are car-centric, and are based on open and expansive road systems that readily lend themselves to abuse by facilitating excessive speeding and poor crash outcomes.

Safe Systems is based on the acknowledgement that humans make errors, but that the road traffic system should be designed to compensate for that error so that road users will survive the consequences of their mistakes (OECD, 2008). Inherent in the Safe Systems approach is the commitment by the system owner or manager to do all that is possible to provide and manage a product that will not harm its users.

In a Safe System if a road user travels, in accordance with all traffic laws, on a safe road in a safe vehicle, but finds through no fault of their own that they become involved in a crash, the crash must be survivable and not result in long-term health loss. Similarly, if a driver makes an error, e.g. falls asleep at the wheel and speeds, the system should react either actively or passively to alert and change the driver's behaviour to minimise the consequences of the error. In other words, a driving error is corrected through systemic controls or, in the event of a crash, the forces harmful to human health are minimised.

Similarly, the regulatory system should function with appropriate responsive enforcement feedback. Any high-risk error such as speeding and drink driving should be strongly discouraged, be portrayed as socially unacceptable; and, the system should allow for rehabilitation. Thus all road user training and behaviour management, vehicle development and regulation, road design and traffic management systems should be governed and filtered according to this paradigm.

However, despite the acknowledgement that "the effective strategies for preventing or reducing crashes and injuries are well known" (WHO, 2004), a global paradigm shift requires efforts to shift political priorities. Indeed the World Report on Road Traffic Injury Prevention (WHO, 2004) specifically identifies actions to build up political will as a key requirement in global and local road safety efforts.

At a meeting in March 2008, the United Nations General Assembly passed a resolution [11] calling for the first global Ministerial Conference on road safety, in an effort to reduce the rapidly growing death toll on the world's roads. The conference will be hosted by the Russian Federation in 2009, and will be facilitated by the Commission for Global Road Safety with participation from ministers in the transport, health and financing areas of governments. The initiators are calling for a decade of road safety action[12].

However, as King (2000), Mohan (2002) and others have indicated, improving road safety in developing countries is not a simple matter of transplanting western practices. They argue that to be successful, transfer of a road safety intervention must take into account the institutional, economic and social/cultural environment of the target jurisdiction. Moreover, an intervention is more likely to be successful if there is an active local response within a country, with stakeholders working in partnership to develop and carry out the intervention.

Discussion and Conclusions

At this point in history, human societies have the scientific knowledge and the technology to effectively eliminate road injury. The challenge is to fully embrace the opportunity. What is needed is a concerted effort to develop a global culture of road safety — one that embraces the Safe System principle no matter the stage of economic and road infrastructure development in a particular country.

The experience, especially in Australia, northern Europe and the United States, demonstrates that effective solutions to road injury risk can be implemented. The problem is that we do not fully understand the reasons for the apparent complacency of governments that fail to embrace the road safety problem.

In 1999, in initiating the formation of the Global Road Safety Partnership, James Wolfensohn, President of the World Bank, said that "road safety is an issue of immense human proportions. It is also an issue of equity. Road safety very much affects poor people." And yet in the year 2000, no mention of road safety was included in the much-celebrated United Nations Millennium Development

[11] See: http://www.un.org/News/Press/docs/2008/ga10694.doc.htm

[12] See: http://www.makeroadssafe.org/news/2008/first_un_ministerial_summit_on_global_road_safety_approved.html

Goals[13].

So, while the efforts to share scientific knowledge and road safety management capacity is important for improving global road safety outcomes, more social science research is needed to develop effective strategies for developing community and political commitment to road safety action.

Declaration
The materials presented in this manuscript have not included any studies that required any institutional or national ethical committee approval on behalf of the authors. The authors have no conflict of interest with any of the authors or associated institutions cited in the manuscript.

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[13] See: www.un.org/millenniumgoals/

Heba El-Guendy - Web Contact - Request ID: 11964 Reply: Yes, Subject: Crosswalk and Pedestrian Crossing Sign

From: emailer <emailer@ci.sunnyvale.ca.us>
To: "Contact - helguendy@ci.sunnyvale.ca.us" <helguendy@ci.sunnyvale.ca.us>
Date: 6/4/2010 11:14 AM
Subject: Web Contact - Request ID: 11964 Reply: Yes, Subject: Crosswalk and Pedestrian Crossing Sign

Dear **BPAC**,
Please respond to web request **11964** by clicking one of the three buttons below:

☒ Reply ☒ Reassign ☒ Close with no reply

From [redacted]

Reply Needed Yes

Re: Loc. Description: Corner of Mathilda and Sunnyvale Saratoga

Subject Crosswalk and Pedestrian Crossing Sign

Message I suggest that there should be a crosswalk and pedestrian crossing sign where Sunnyvale Saratoga Road splits into Mathilda. There is a bike sign and you can can see cars coming, however, I would feel much safer pushing my stroller if there was one.

BPAC Active Items List Update

The Commission's active items list is attached for your reference. Concerns regarding operational matters such as signal operations and bicycle detection are not individually listed, but will be regularly addressed during the BPAC meetings.

Bicycle and Pedestrian Advisory Commission

Active Items List

Item #	Item	OPR	Due Date (Approx)	Status	Last Updated
1	Bernardo Caltrain Under-crossing	Witthaus	Preliminary engineering by 2005	Feasibility Study accepted by the City Council. Funds for 20% local matching funds must be identified before further project initiation. BEP Tier 1 update submitted. VTA will program 80% funds out to 2016 to allow for time to secure matching funds. Project update submitted for Valley Transportation Plan (VTP) 2035 consideration.	4/9/2009
2	Code of Ethics and Conduct	El-Guendy	Annual	Reviewed by BPAC and was part of the agenda packet of the BPAC meeting held on January 21, 2010	2/12/2010
3	Utility Bill Stuffer	El-Guendy	Annual	Discussed during the BPAC meeting held on March 18 and May 20. The UB Stuffer was finalized for circulation in July.	6/11/2010
4	Bike to Work Day	El-Guendy	Annual	The event took place on Thursday, May 13, 2010 and BPAC members volunteered at the energizer stations located at the NASA light rail station, the Borregas Avenue ped/bike bridge, and the intersection of Wolfe Road/El Camino Real.	5/14/2010
5	Earth Day	El-Guendy	Annual	The event took place on April 24, 2010 and BPAC members participated/volunteered at the event.	5/14/2010
6	Health and Safety Fair	El-Guendy	Annual	Event took place at the Columbia Middle School on May 22, 2010. The BPAC members participated in the event.	6/11/2010
7	Overlay, Reconstruction, Slurry & Chip Schedule	T. Pineda	Annual	Information only item shared with the BPAC members during the meeting held on March 18, 2010.	4/9/2010
8	Signage request - Entrance of Baylands Park	El-Guendy	6/30/2010	A site meeting took place with staff of the City's Department of Parks and Recreation who are planning to install improved signage and pavement markings.	2/12/2010
9	Spare the Air Fair	El-Guendy	Annual	The event took place on May 18, 2010. The BPAC Chair participated in the event.	6/11/2010
10	State of the City	El-Guendy	Annual	Event took place on September 26, 2009 at the Heritage Park Museum. There was a BPAC booth and bicycle parking.	2/12/2010
11	VTA Bicycle Expenditure Program (BEP)	Witthaus	Annual	Application was submitted for conducting the design study associated with the establishment of bike lanes on Mary Avenue south of Maude Avenue.	3/12/2010
12	Bicycle Capital Improvement Program	El-Guendy	Ongoing		7/12/2007

Item #	Item	OPR	Due Date (Approx)	Status	Last Updated
13	TFCA grants	El-Guendy	Annual	Application to establish bicycle facility between the two Borregas bridges was submitted on January 16, 2009. Application for the BFP funds was submitted on September 14, 2009 for completing the design and constructing the East Channel Trail.	9/11/2009
14	Bike Parking Incentive Program	El-Guendy	Ongoing		5/11/2007
15	Construction Zone Safety Complaints received	El-Guendy	Ongoing	Responses are provided via phone or e-mail communications. In some cases, the responses are provided verbally during the BPAC meetings and documented as part of the meetings minutes.	2/19/2008
16	Policy on Street Space Allocation	Witthaus	Ongoing	Request to coordinate between the approved policy on street space allocation and relevant roadway resurfacing/construction projects. CEQA clearance and General Plan amendment have been carried out.	9/11/2009
17	Bicycle Detection Complaints received	El-Guendy	Ongoing	Responses are provided via phone or e-mail communications. In some cases, the responses are provided verbally during the BPAC meetings and documented as part of the meetings minutes.	9/11/2008
18	2009/2010 Bicycle Transportation Account (BTA)	El-Guendy	Annual	The East Channel Trail Project is eligible for this fund, and a grant application was submitted to complete the design and implement the pedestrian/bike trail.	1/8/2009
19	2009 Community Design and Transportation (CDT) - Planning Grant Program	El-Guendy	Annual	Applications were submitted in January 2009 to develop the El Camino Real Multi-Modal Design Guidelines with City request to consider providing bike lanes, and to redevelop the Lawrence Station Area with improvements to bicycle and pedestrian connections within one half mile radius of the Station - Both applications succeeded for funding.	9/11/2009
20	2010/11 Caltrans Planning Grants	Witthaus	Annual	A grant application was submitted by April 1, 2010 to conduct the feasibility study of the Stevens Creek Trail Extension.	4/9/2010
21	2009 State Safe Routes to Schools	El-Guendy	Annual	A grant application was submitted by April 15, 2009 to add safety and operational improvements in school areas Citywide. The City's application for $720k succeeded for Cycle 8, FY 2009/10.	8/14/2009
22	State Transportation Enhancements (TE) funds	Witthaus	Ongoing	Application submitted for establishment of the Murphy Avenue streetscape project.	4/9/2009
23	Stimulus Package	Witthaus	Ongoing	Application for the Green Infrastructure Funding Grant was submitted to complete the design and implement the East Channel Trail.	4/9/2009

Item #	Item	OPR	Due Date (Approx)	Status	Last Updated
24	2010 Community Design and Transportation (CDT) - Capital Grant Program	El-Guendy	Annual	A grant application was submitted for streetscaping improvements and provision of bike lanes on Hendy Avenue.	6/11/2010
25	Establishment of Bike Lanes on Mary Avenue	Witthaus	Ongoing	The City recently reconfigured the segment of Mary Avenue between Cascade Drive and Fremont Avenue to provide Class II bike lanes as part of a pavement maintenance project. The BPAC requested adding this item on the list for the establishment of bike lanes on Mary Avenue between Fremont and Maude Avenues following the required review in accordance with the street space allocation policy.	3/12/2010
26	Santa Clara Valley Water District - Trail and Open Space Grant Programs	El-Guendy	Annual	Applications were submitted for design and construction of the East Channel Trail, and for conducting the Stevens Creek Trail Feasibility Study	4/9/2010