Traumatic injury from motor vehicle crashes is one of the most frequent causes of injury to patients treated by emergency physicians. A multifaceted approach involving collaborative efforts between public and private organizations is essential to improve motor vehicle safety and thereby reduce society's burden of disability, death, and costs related to motor vehicle trauma.

Emergency physicians must be knowledgeable about motor vehicle crash data, injury mechanisms, and the management of time-critical injuries. The American College of Emergency Physicians (ACEP) encourages its members to take the lead in motor vehicle safety activities at the local, state, and national levels.

ACEP encourages relevant patients be screened for misuse of alcohol and other substances and provided with referral and treatment when indicated.

In addition, public education, laws and enforcement, and engineering enhancements have all been shown to play an important part in reducing motor vehicle trauma. The following legislative and law enforcement interventions should be fully implemented.

- Adopt and enforce primary safety belt use laws and extend them to cover all seating positions in all motorized vehicles where feasible.
- Adopt and enforce state legislation to prohibit alcohol-impaired driving¹, specifically mandating that: a blood alcohol concentration (BAC) of 0.08 g/dL is per se evidence of driving while impaired; a BAC of 0.05 g/dL is presumptive evidence of impaired driving; and any measurable level of BAC while driving shall be illegal in persons younger than the legal drinking age in each state.
- Encourage research into driver alcohol detectors to help prevent vehicle’s operation by an alcohol-impaired driver.
- Educate, encourage, adopt, and enforce universal laws requiring all motorcyclists, bicyclists, in-line skaters, skateboarders, and scooter users to wear helmets.
• Enforce existing speed limits and oppose further increases in speed limits.
• Strengthen and enforce existing child safety seat laws and their use in appropriate locations within motor vehicles, consistent with current guideline recommendations (i.e., rear-facing child seats until children are 2 to 4 years old, rear seat use until children are 14 years old).

1 American College of Emergency Physicians. Addressing the public safety dangers associated with impaired or distracted driving [policy statement]. Approved October 2011.