



June 2015  
Volume 3, Issue 6

# II MEF Safety Spotlight



## June Highlights

- Rip Current Safety 1
- How Much Does a First Offense DUI Cost? 3
- Distracted Driving: Stay Focused When on the Road 3
- CPR/AED Awareness 4
- Sun Safety: Sunburn 5
- Skin Cancer Facts 5
- Sun Safety for Your Kids 5

## Safety Resources

- Safety Training 6
- Around the Corps 6
- What's New on SharePoint 6
- II MEF Safety POC's 6

## Notes from the II MEF Safety Director

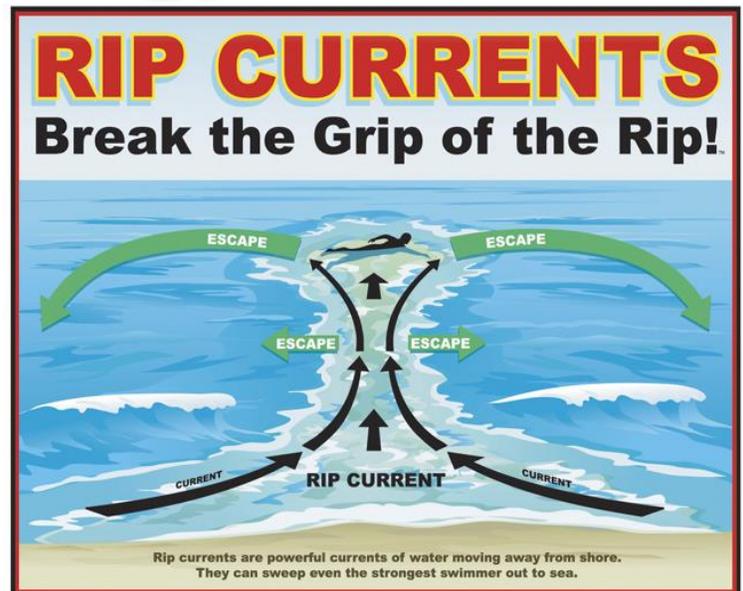
Welcome to this month's edition of the II MEF Safety Spotlight! I want everyone to think about Risk Management while you're planning all of your summer activities. Some of the simplest things we do during the summer like sunbathing have risks!!! If you truly want to enjoy your summer, then please take a few minutes to think "Safety" so you don't become one of our statistics. What do you think when you read or hear about safety rules, regulations, warnings, and cautions? Most of us think a lot of them are dumb and don't make sense because we can't picture how anybody could possibly do what they are warning us against. But, the truth is, they are what they are because somebody did do them. While you are engaged in all the activities that summer brings, take care of yourself and more importantly, one another.

# Rip Current Safety

Each year, especially during peak vacation times, many people fall victim to rip currents. *Statistics* show that rip currents can be deadly. These relatively small scale surf zone currents form under specific conditions and if these conditions are just right, a rip current can become very hazardous. In some cases, even the most experienced swimmers are in danger when they encounter a strong rip. However, the experienced swimmer knows **WHAT TO DO** to get out of danger. There are also several **Visual Clues** that may help you identify a rip current before you enter the water.

A rip current is a channel of water that flows away from the beach that has **Three Main Components**. The **FEEDER** portion is the main source of energy for the current. As waves breaks over the sandbar the water becomes trapped in the zone between the beach and the bar. The water is acted upon by gravity which seeks the path of least resistance, which is typically a break between two sandbars. The classic rip has two feeders while one feeder can also support a rip.

The **NECK** is the portion of the rip that makes up the higher velocity water that moves away from the beach. This is the most dangerous part of the rip. Speeds within the current may be fast enough to pull swimmers away from the beach very quickly. It is not unrealistic for rip currents to exceed 4 or 5 knots (faster than an Olympic swimmer) and have widths that range from 10 to 30 yards.



## IF CAUGHT IN A RIP CURRENT

- ◆ Don't fight the current
- ◆ Swim out of the current, then to shore
- ◆ If you can't escape, float or tread water
- ◆ If you need help, call or wave for assistance

## SAFETY

- ◆ Know how to swim
- ◆ Never swim alone
- ◆ If in doubt, don't go out

More information about rip currents can be found at the following web sites:

www.ripcurrents.noaa.gov  
www.usla.org



## Rip Statistics

- Over 80% of all surf related rescues are attributed to rip currents
- According to the USLA\*, in 1999 there were over 23,000 rip related rescues along United States beaches
- It is estimated that each year nearly 100 people drown from rip currents

Rip Currents continued from page 1



The final segment of the rip current, or where the neck ends is called the **HEAD**. In the head area, a rip current becomes less focused and begins to spread outward. This occurs since the break between sand bars or length of a structure is limited seaward. As a result, the net seaward motion of the rip diminishes considerably the farther away from the break in sand bars or from a structure. People who get out in this area of the rip find they have a long way to swim back to shore.

There are several types of rip currents. In fact, each type of rip current can be found along the Carolinas. The type-1 rip or **Fixed** rip occurs along beaches where there are no man-made structures. Typically, there is an area where the water is deeper than the surrounding water. They are found in one general location most times and are strongly influenced by surf conditions, as well as the shape of the coast and sandbar structure. A good place to find this type of rip is along an intermediate point of a cut(cusp) between two points along the beach.

The Type-2 rip or **FLASH** rip is a short duration current, which is enhanced by heavy surf. This is especially true when large swells from distant hurricanes increase the amount of wave energy and wave volume dispersed onto the beaches. Flash rip currents are extremely unpredictable, because of the temporary conditions they produce, as well as variable locations they set up.

The Type-3 rip or **Permanent** rip is defined as a stationary seaward current that is focused on structures, thus persist almost year round. Structures such as jetties, groins, or large drainage outflows will aid the formation of permanent rip currents. An example of a permanent rip current can be seen at the Fort Fisher revetment. This type of rip current can change in magnitude given surf/swell conditions. Fishing piers are additional structures which focus rip currents. In this case, the rip is found aligned along and under the pier.

The final rip current variation, the Type-4 rip or **Traveling** rip can appear to move down the beach aided by the prevailing wave direction. It has been documented that a strong and persistent swell begins the traveling rip process. Swells impacting one portion of the beach will temporarily enhance the rips there; however, once the swells become focused on another area the initial rips weaken while new rips strengthen in the new area. This type of rip current is strongest when the swell periods are very defined, allowing for an apparent propagation down the beach as additional sets interact with the coast.

Several statistical studies imply that there is a direct correlation between tides and frequency of occurrence, particularly for the more life threatening rip currents. WFO Miami has found that there is a critical 6 hour period focused around low tide. This period ranges from 2 hours prior to low tide to 4 hours following low tide. Statistics from WFO Miami's beaches reveal that this time period has nearly four times as many rip current related fatalities than other tidal periods.

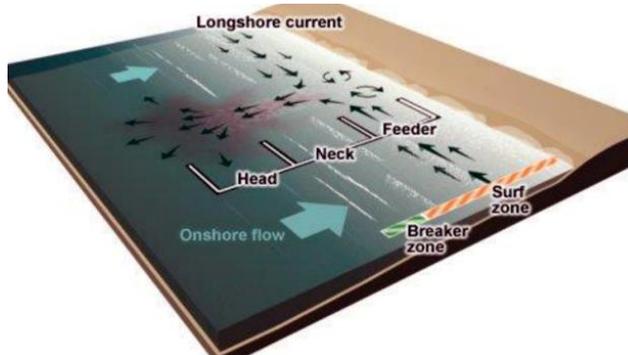
The higher drowning frequency during that time frame is likely due to "tuning" of the surf zone, where factors such as wave height and water level become enhancing factors. During low tide the volume of water passing by the sandbars becomes restricted due to decreasing water levels. Thus, the water will accelerate faster through breaks in the bars. This enhances the rips seaward velocity, making it increasingly dangerous to swimmers. This process will occur until a couple hours before high tide when the water level finally increases enough to compensate the seaward flow, thus weakening or disrupting the rip.

So the next time you go swimming pay attention for specific clues that may help you determine if a rip current is present. If you are not sure, then ask a lifeguard for surf conditions before you enter the water. Remember, if you get caught in a rip current **DON'T PANIC**. By remaining calm you can think clearly, and easily recall the steps you must take to make it back to the beach. And finally... **Remain Aware, Swim with Care**

<http://www.erh.noaa.gov/ilm/beach/rip/index.shtml>



If you are caught in a rip current, **DO NOT PANIC** or swim against the current. Swim parallel to shore until you are out of the rip. If you can't break out of the current, float calmly until its effects diminish, usually just beyond the breakers. Then swim diagonally to shore. If you do not swim well, stay close to the beach. Also, try to stay in areas where lifeguards are watching the beach.



# How Much Does a First Offense DUI Cost?

It's more than you might think ...



Most people pay less than \$20 for a 12 pack of beer. That's more than sufficient, if the beer is drunk over a few hours, to fuel you with 1600 calories (assuming it's Lite Beer) and to raise your blood alcohol way, way above .08% -- the borderline for committing a [DUI in all fifty states](#). In other words, the cost to get arrested for a DUI is less than \$20. But what's the cost of dealing with a DUI arrest?

## The Cost of a DUI

**First offense, no injury, no damage.** For our purposes we'll consider a first offense only and we'll presume you're lucky enough *not* to have hit anyone or caused property damage. Our conclusion is that if you're arrested, you should expect to pay somewhere between \$5,000 and \$12,000 with the largest cost typically being the jump in your insurance rates. (BTW, subsequent offenses may double or triple the costs.) Here's a breakdown:

- **Court Costs.** Fines differ from state to state and county to county. Typically first offense fines range between \$250 and \$1500.
- **Legal Fees.** Using a lawyer to navigate the system will probably help but (assuming you don't go to trial) will cost approximately \$2,000. Of course, there's no expense if you go pro se. Cost: \$0 (no lawyer) to \$2,000. (Going to trial will likely cost at least \$5,000. )
- **License Reinstatement.** The administrative costs for getting your license back after suspensions vary by state. Expect to pay between \$250 and \$500.
- **Substance Abuse/Counseling/Rehabilitation Classes** – If these are required in your case, the costs may range from \$100 to \$500.
- **Ignition Interlock System.** If required, you'll pay an installation fee (\$100) and monthly rental fee of approximately \$50 to \$100 per month. Average time for first offense is 3 months though many states require longer periods. Figure this cost between \$0 and \$325
- **Increased Insurance costs.** After a DUI, you'll be categorized by your insurance company as a high-risk driver. Most insurance companies will raise rates at least \$1,000 - \$1500 or more annually. This high-risk requirement typically [continues for three years](#), after which the rates drop back down. Expect to pay between \$3,000 - \$4500 over three years.
- **Loss of Income.** Sitting in jail, doing community service, court appearances and remedial services may take you away from your job for anywhere from one to four weeks. The median US income in 2014 was about \$52,000 a year. So we're estimating the cost at \$1,000 to \$4,000.

**Conclusion: We estimate that the average cost for a non-injury, non-property damage DUI is between \$5,000 and \$12,000.** Keep in mind that our numbers are on the conservative side. If, for example, your income is higher than average or you live in a state where fines or insurance may be more expensive, costs can quickly head north.

<http://dui.drivinglaws.org/resources/how-much-does-a-first-offense-dui-cost.htm>

## Distracted Driving: Stay Focused When on the Road

It's 8 a.m., and you jump in your car to drive to work. You have every intention of driving safely, but within minutes of merging onto the highway you've already checked your makeup in the mirror, fiddled with your car's radio, programmed your GPS for a meeting location, made two calls on your cellphone and sent a text message to your sister.

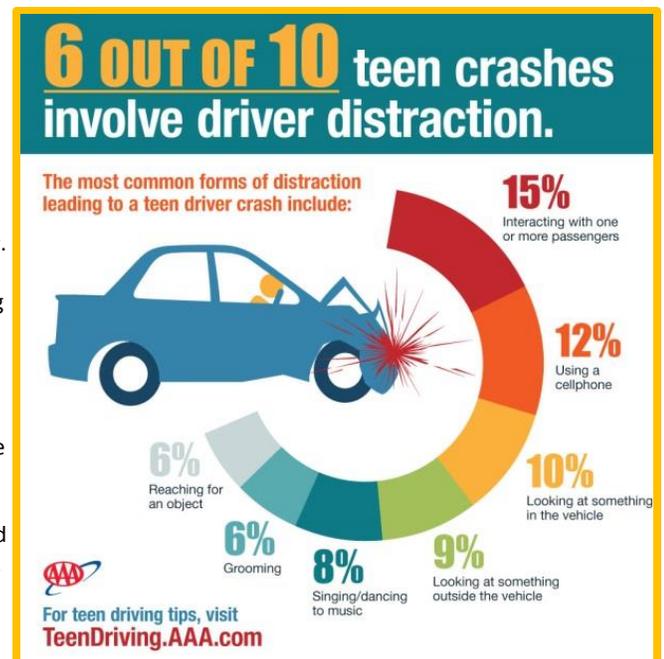
**You might not realize it, but you're a distracted driver.**

Each time you take your focus off the road, even if just for a split second, you're putting your life and the lives of others in danger. An emerging and deadly epidemic on the nation's roads, distracted driving-related crashes caused at least 5,500 deaths and nearly 450,000 injuries in 2009, according to the U.S. Department of Transportation. However, since many local law enforcement agencies don't routinely document distraction factors in crash reports, federal safety officials believe the numbers are actually much higher. The Governors Highway Safety Association, estimates that distractions are associated with 15 percent to 25 percent of crashes at all levels.

Spend your time at the wheel focused on the road, not on distractions like phones, food or friends. Distracted driving is any activity that takes your attention away from the road. In everyday driving, however, distractions are common. From talking with passengers, to eating, to turning around to check on fidgety toddlers, distracted driving endangers you, your passengers, pedestrians and others. The Centers for Disease Control and Prevention describes three main types of distractions while driving. Visual distractions cause you to take your eyes off the road, manual distractions cause you to take your hands off the wheel and cognitive distractions, such as listening to a talk radio show, cause you to take your mind off what you are doing. Driving is a great privilege, but with that privilege also comes responsibility.

### Manage your distractions

The good news is that distracted driving crashes can be prevented. The first thing is to put your electronic device away. All it takes is a glance that's longer than two seconds for you to get into a crash. Some distractions can't be eliminated, but most can be managed. For example, turn your cellphone off or silence it before you start the engine. Secure your pets properly before you begin to drive. Don't eat or drink on the road. Set your GPS before starting the engine. In a national survey from the National Highway Traffic Safety Administration, most respondents said there are few driving situations when they would not use the phone or text, yet they reported feeling unsafe when in vehicles in which the driver is texting. They also said they support bans on texting and cellphone use while driving.





## CPR/AED Awareness

2 minutes and 59 seconds sounds like plenty of time... you could pop a bag of popcorn, unload a dishwasher, watch a TV commercial or even cook Ramen. Did you know that you have 3 minutes to 'drop to shock' once someone collapses from **Sudden Cardiac Arrest (SCA)**? Defibrillation within 3 minutes increases the chance of survival to over 70%. The rule of thumb is 1 ½ minutes to get to the **AED**, and 1 minute to return to the victim. **The clock is ticking and there are only 2:59 minutes to act!** Remember, the clock is ticking...

**SCA** is a leading cause of death in the United States, claiming more than 350,000 lives per year. This is more than the number of people who die from AIDS, Alzheimer's Disease, breast, prostate and colon cancer, fires and motor vehicle accidents combined. **SCA** is a sudden or unexpected cessation of heart function. When this occurs, the heart's electrical impulses suddenly become chaotic and ineffective. Blood flow to the brain abruptly stops and the victim collapses and quickly loses consciousness. Death usually follows unless a normal heart rhythm is restored within minutes.<sup>5</sup> A heart attack is not the same as **SCA**. In simple terms, a heart attack is a 'plumbing' problem caused when a vessel becomes clogged. **SCA** is an 'electrical' problem.

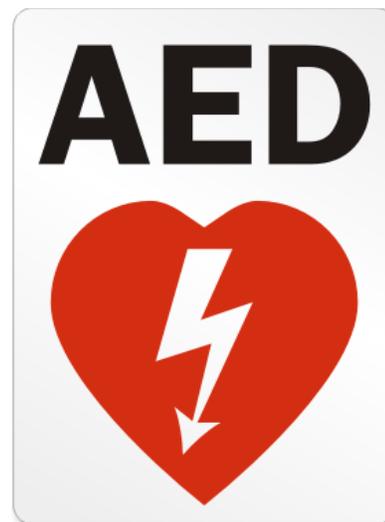
Here is a list of **warning signs and symptoms of SCA**. Consult a physician promptly if you or someone you know has one or more of these signs and/or symptoms :

- Fainting or seizure during or after physical activity
- Fainting or seizure resulting from emotional excitement, distress or startle
- Chest pain or discomfort/ racing heartbeat
- Unexplained fainting or seizures
- Family history of heart disease
- Unusual shortness of breath
- Unusual fatigue/tiredness
- Dizziness/ lightheadedness during or after physical activity
- Family history of unexpected sudden death during physical activity or during a seizure, or any other unexplained sudden death of an otherwise healthy family member under age 50

**SCA** is more common than you think, and it can happen to anyone at any time. Cardiopulmonary resuscitation (CPR) is a combination of mouth-to-mouth resuscitation and chest compressions that delivers oxygen and artificial circulation to a person whose heart has stopped. Anyone can learn CPR - and everyone should! Sadly, 70% of Americans may feel helpless to act during a cardiac emergency. This alarming statistic could hit close to home, because home is exactly where 88% of sudden cardiac arrests occur. Put very simply: The life you save with CPR is mostly likely to be someone you love.

For every minute that defibrillation is delayed, survival decreases by 10%. An Automated External Defibrillator (**AED**) administers an electric shock through the chest wall to the heart. Built-in computers assess the patient's heart rhythm. Built-in computers assess the patient's heart rhythm, judge whether defibrillation is needed, and then administer an appropriate level of shock. Audible and/or visual prompts guide the user through the process. Defibrillation stops ventricular fibrillation using an electrical shock and allows the return of a normal heart rhythm. It is the only known treatment for ventricular fibrillation. They do not require the user to make decisions or interpret symptoms. Anyone can learn how to respond to life-threatening emergency and use an AED.

1. [www.aedlocator.org](http://www.aedlocator.org)
2. [www.schoolhealth.com](http://www.schoolhealth.com)
3. [www.hrsonline.org](http://www.hrsonline.org)
4. [www.aed.com](http://www.aed.com)
5. "Working Against Time" published by the American Heart Association
6. [www.parentheartwatch.org](http://www.parentheartwatch.org)
7. [www.heart.org](http://www.heart.org)
8. [www.emergencycareforyou.org](http://www.emergencycareforyou.org)



Distracted Driving Continued from page 3

### Distractions and teens

Traffic crashes are the leading cause of death for U.S. teens. Teens are especially vulnerable to distractions while driving and are more likely than other age groups to be involved in a fatal crash where distraction is reported. Teen drivers are far more likely to send and receive text messages while driving than adults. Also, a teen's crash risk goes up when there are teen passengers in the car. Parents need to take a strong stand with their teens. Prohibit teens from using electronic devices while driving and restrict them from carrying teenage passengers. Teenagers get into the most crashes the first six months after they have gotten their license, so it's important that they focus on driving and not get distracted by electronic devices.

### A new distraction: Texting while driving

While driver distractions come in many forms, texting while driving is especially dangerous. According to research from the Virginia Tech Transportation Institute, texting while driving is associated with the highest risk of all cellphone-related tasks. The research found that text messaging causes drivers to take their eyes off the road for 4.6 seconds over a six-second interval. That means at 55 miles per hour, a texting driver would travel the length of a football field without looking at the road.

<http://thenationshealth.aphapublications.org>

# Sun Safety for your kids

**Did you know?**  
The sun projects harmful UVA and UVB rays that can lead to future health issues for you and your children

**UVA:** higher risks of cancer and premature skin aging.  
**UVB:** causes sun burns and increases further risk of skin cancer.

**Did you know?**  
Despite what most people believe harmful UVA rays can penetrate clouds so you and your children are still at risk on cool cloudy days during the summer!

**Did you know?**  
Sunglasses not only protect your eyes from the bright light but also from harmful UVA rays that can lead to: cataracts, age-related macular degeneration (AMD) as well as protect the skin around the eyes from premature ageing.

**Did you know?**  
Not all Sunglasses protect from UVA rays and darker doesn't mean more protection!

**Did you know?**  
Sun cream comes with a SPF protection rating ranging from 5 (low) to 50 (full protection) Sun cream can take up to 30 min to sink into the skin and should be applied every 2-3 hours for maximum all day protection.

**Did you know?**  
Although it is recommended to use a minimum of factor 30 if a child has fair skin and hair or has lots of exposed moles it's a good idea to use factor 50 for extra protection.

**Did you know?**  
Babies under the age of 6 months should not use sun cream! So it's important to keep them in shade.



## Skin Cancer Facts

### What is the skin?

The skin is the largest organ of the body. It has many functions, such as:

- Covering the internal organs and protecting them from injury
- Serving as a barrier to germs such as bacteria
- Preventing the loss of too much water and other fluids
- Helping control body temperature
- Protecting the rest of the body from ultraviolet (UV) rays
- Helping the body make vitamin D

### How many people get skin cancer?

Skin cancer is the most common of all cancers. About 3.5 million cases of basal and squamous cell skin cancer are diagnosed in this country each year. Melanoma, a more dangerous type of skin cancer, will account for more than 73,000 cases of skin cancer in 2015.

### What are basal and squamous cell skin cancers?

These types of skin cancer start in the basal cells or squamous cells of the skin, which is how they get their names. These cells are found in the outer layer of the skin.

Most basal and squamous cell cancers develop on sun-exposed areas of the skin, like the face, ears, neck, lips, and the backs of the hands.

Basal cell cancers tend to grow slowly and rarely spread to other parts of the body. Squamous cell cancers are more likely to grow into deeper layers of skin and to spread, although this is still not common.

Both basal cell and squamous cell skin cancers can be cured if found and treated early – when they are small and have not spread. But either type can cause problems if it is left untreated.

### What is melanoma skin cancer?

Melanoma is a cancer that begins in the melanocytes – the cells that make the brown skin pigment known as *melanin*, which gives the skin its color. Melanin helps protect the deeper layers of the skin from the harmful effects of the sun.

Melanoma can start on nearly any part of the skin, even in places that are not normally exposed to the sun, such as the genital or anal areas. Though melanoma most often affects the skin (including under the nails), it can also start in other parts of the body, such as in the eyes or mouth.

Melanoma is almost always curable when it's found in its very early stages. Although melanoma accounts for only a small percentage of skin cancers, it's much more likely to grow and spread to other parts of the body, where it can be hard to treat. Because of this, melanoma causes most skin cancer deaths, accounting for nearly 10,000 of the more than 13,000 skin cancer deaths each year.

### Other types of skin cancer

There are many other types of skin cancer, such as Merkel cell carcinoma, skin lymphoma, Kaposi sarcoma, skin adnexal tumors, and sarcomas. These are all much less common than basal or squamous cell cancers or melanomas.

### Sunburn

Sunburn can happen within 15 minutes of being in the sun, but the redness and discomfort may not be noticed for a few hours. Repeated sunburns can lead to skin cancer. Unprotected sun exposure is even more dangerous for kids who have many moles or freckles, very fair skin and hair, or a family history of skin cancer.

### Signs and Symptoms

- Mild**
- skin redness and warmth
  - pain
  - itching
- Severe:**
- skin redness and blistering
  - nausea
  - pain and tingling
  - fever and chills
  - swelling
  - dizziness
  - headache

### What to Do:

- Remove the child from the sun right away.
- Place the child in a cool (not cold) shower or bath – or apply cool compresses as often as needed.
- Give extra fluids for the next 2 to 3 days.
- Give the child ibuprofen or acetaminophen as directed, if needed, to relieve pain.
- Use moisturizing creams or aloe gel to provide comfort.
- When going outside, all sunburned areas should be fully covered to protect the child from the sun until healed.

### Seek Emergency Medical Care if:

- a sunburn forms blisters or is extremely painful
- a child has facial swelling from a sunburn
- a sunburn covers a large area
- a child has fever or chills after getting sunburned
- a child has headache, confusion, or a feeling of faintness
- you see signs of dehydration (increased thirst or dry eyes and mouth)

### Think Prevention!

- Minimize kids' summer sun exposure between 10 AM and 4 PM.
- Have kids wear protective clothing, sunglasses, and a hat.
- Apply sunscreen that provides UVB and UVA protection with a sun protection factor (SPF) of at least 15.
- Apply sunscreen 15 to 30 minutes **before sun exposure** and 30 minutes after exposure begins, then reapply after kids have been swimming or sweating.

**Wrap!**  
Make sure you are wrapped up in a T-shirt, and wear shorts and sunglasses.

**Splat!**  
Splat on sun cream to all parts of the body and face before going outside and remember to reapply frequently and generously.

**Hat!**  
Wear a wide brimmed hat that keeps your face and neck shaded.

Around the Corps....

An O-2 was driving around in the dark in her pickup. She crossed over the double yellow solid lines decorating the middle of the road and crashed head on into an oncoming car.

The cops showed up and an officer questioned her. He quickly perceived that she was either wearing too much eau de distillery or that she had been drinking. Her speech was muddled, and her answers to basic questions were incoherent. On the plus side, the report said, she "was able to walk on her own" and didn't seem to be hurt.

She soon failed every event on the standardized field sobriety test (I wonder how many they give you before they decide you've flunked enough?). The cops arrested her and hauled her over to the precinct so that she could blow a 0.166 on the BAC machine. She passed this test with flying colors, if you define "passed" as verification of the previously administered aroma, mush-mouth and stagger tests.

For everyone who combines driving with bars, clubs, parties and drinking, the term "able to walk on own" should never be mistaken for "able to drive."

This mishap begins with a lance corporal in Japan who injured her ankle while "collapsing tent during storm." The tent was being buffeted by high winds, and she tripped over a tent pole.

Lesson learned: When you have a tent and a storm, and you have a choice between the prepositions "before" and "during" when it comes to messing with it, pick the former. Granted, some storms pop up suddenly, but most of them don't.

Navy Safety Center Summary of Mishaps 3-9-15



**What's new on SharePoint**

- \* Spring & Summer Resource Training Material
- \* Safety Training Opportunities
- \* Upcoming Training

II MEF Safety SharePoint Address:  
<https://intranet1.iimef.usmc.mil/Safety/default.aspx>

**Safety Training**

The below safety courses are available for all II MEF personnel. Detailed information for each course is located at <https://intranet1.iimef.usmc.mil/Safety/default.aspx> under the Safety, Motorcycle, and Radiation Training Announcements. Contact your Safety Manager for all your safety related concerns & registration. To enroll in Alive at 25 (DIC), sign up through ESAMS [www.navymotorcyclerider.com](http://www.navymotorcyclerider.com). The location is Lejeune Learning Center, Bldg 825, Stone Street (Education Center) Room 220. Uniform of the day. Walk-ins are accepted; registration is preferred.

DATE(S)	COURSE TITLE	LOCATION
9-13 Jun 2015	OSHA 30 Hour (Construction)	CamLej (Bldg 1003)
13-24 Jul 2015	Ground Safety for Marines (GSM) (0730-1630)	CamLej (Bldg 1003)
12 Aug 2015	Respiratory Protection, Lock Out/Tag Out, Hearing Conservation, Sight Conservation, Blood Borne Pathogens, Non-Supervisor Safety (0800-1600)	CamLej (Bldg 524)
13 Aug 2015	Supervisor Safety, Permit Required Confined Space Refresher (PRCS), Radiation Safety, Ergonomics, Hazard Communication, Lead Safety (0800-1600) 2 hours each	CamLej (Bldg 524)
27-28 Aug 2015	OSHA 10 Hour Course General Industry	CamLej (Bldg 1003)
14-18 Sep 2015	Mishap Investigation Course (0730-1630)	CamLej (Bldg 524)
14-25 Sep 2015	Ground Safety for Marines (GSM) (0730-1630)	CamLej (Bldg 1003)
18-25 Sep 2015	Mishap Investigation Course (0730-1630)	CamLej (Bldg 524)
24-25 Sep 2015	OSHA 10 Hour Course (Construction) (0800-1600) & (0800-1200)	CamLej (Bldg 1003)
18 Nov 2015	Respiratory Protection, Lock Out/Tag Out, Hearing Conservation, Sight Conservation, Blood Borne Pathogens, Non-Supervisor Safety (0800-1600)	CamLej (Bldg 524)
19 Nov 2015	Supervisor Safety, Permit Required Confined Space Refresher (PRCS), Radiation Safety, Ergonomics, Hazard Communication, Lead Safety (0800-1600) 2 hours each	CamLej (Bldg 524)
19-20 Nov 2015	OSHA 10 Hour Course General Industry	CamLej (Bldg 1003)
7-18 Dec 2015	Ground Safety for Marines (GSM) (0730-1630)	CamLej (Bldg 1003)

**Distracted Driving**

421K people injured in motor vehicle accidents involving a distracted driver  
 9% increase from 2011

25% of teens respond to a text message

EVERY TIME THEY DRIVE

660,000 number of DRIVERS using a cell phone or electronic device at any given daylight moment

5 seconds average time with eyes off the road while using a cell phone or electronic device  
 (at highway speeds, that's like going the length of nearly 2 football fields BLINDFOLDED)

William G. Mathews, Attorney At Law