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## Risk Factors for Overtaking, Rear-End, and Door Crashes Involving Bicycles in the United Kingdom: Revisited and Reanalysed

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<b>Short Title:</b>	Risk Factors for Overtaking, Rear-End, and Door Crashes Involving Bicycles in the United Kingdom
<b>Corresponding Author:</b>	Chih-Wei Pai Taipei Medical University Taipei, TAIWAN
<b>Keywords:</b>	Bicycle crash; Road segment; Overtaking crash; Rear-end crash; Door crash
<b>Abstract:</b>	<p>Objectives</p> <p>Relevant research has provided valuable insights into risk factors for bicycle crashes at intersections. However, few studies have focused explicitly on three common types of bicycle crashes on road segments: overtaking, rear-end, and door crashes.</p> <p>Material and methods</p> <p>The present study investigated risk factors for these three crash types on road segments. We analysed British STATS19 accident records from 1991 to 2020. Using multivariate logistic regression models, we estimated adjusted odds ratios (AORs) with 95% confidence intervals (CIs) for multiple risk factors. The analysis included 127,637 bicycle crashes, categorised into 18,350 overtaking, 44,962 rear-end, 6,363 door, and 57,962 other crashes.</p> <p>Results</p> <p>Significant risk factors for overtaking crashes included speed limits of <math>\geq 40</math> miles per hour (mph) (AOR = 2.238, 95% CI = 2.159–2.320), heavy goods vehicles (HGVs) as crash partners (AOR = 2.867, 95% CI 2.473–3.323), and elderly crash partners (AOR = 2.013, 95% CI = 1.937–2.092). For rear-end crashes, noteworthy risk factors included unlit darkness (AOR = 1.486, 95% CI = 1.404–1.573) and midnight hours (AOR = 1.269, 95% CI = 1.190–1.354). Factors associated with door crashes included speed limits of 20–30 mph (AOR = 16.185, 95% CI = 13.514–19.382) and taxi and private hire cars (AOR = 2.695, 95% CI = 2.310–3.145). Our joint-effect analysis revealed additional interesting results; for example, there were elevated risks for overtaking crashes in rural areas with elderly drivers as crash partners (AOR = 2.93, 95% CI = 2.79–3.08) and with HGVs as crash partners (AOR = 2.62, 95% CI = 2.46–2.78).</p> <p>Conclusions</p> <p>The aforementioned risk factors remained largely unchanged since 2011, when we conducted our previous study. However, the present study concluded that the detrimental effects of certain variables became more pronounced in certain situations. For example, cyclists in rural settings exhibited an elevated risk of overtaking crashes involving HGVs as crash partners.</p>
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This study utilised the British STATS19 database, which contains data on all road traffic accidents in the United Kingdom. The data that support the findings of this study are openly available at <https://www.data.gov.uk/dataset/cb7ae6f0-4be6-4935-9277-47e5ce24a11f/road-safety-data>.

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# Risk Factors for Overtaking, Rear-End, and Door Crashes Involving Bicycles in the United Kingdom: Revisited and Reanalysed

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## Abstract

### Objectives

Relevant research has provided valuable insights into risk factors for bicycle crashes at intersections. However, few studies have focused explicitly on three common types of bicycle crashes on road segments: **overtaking, rear-end, and door crashes.**

### Material and methods

The present study investigated risk factors for these three crash types on road segments. We analysed British STATS19 accident records from 1991 to 2020. Using multivariate logistic regression models, we estimated adjusted odds ratios (AORs) with 95% confidence intervals (CIs) for multiple risk factors. The analysis included 127,637 bicycle crashes, categorised into 18,350 overtaking, 44,962 rear-end, 6,363 door, and 57,962 other crashes.

## 34 **Results**

35 Significant risk factors for overtaking crashes included speed limits of  $\geq 40$  miles per hour (mph)  
36 (AOR = 2.238, 95% CI = 2.159–2.320), heavy goods vehicles (HGVs) as crash partners (AOR = 2.867,  
37 95% CI 2.473–3.323), and elderly crash partners (AOR = 2.013, 95% CI = 1.937–2.092). For rear-  
38 end crashes, noteworthy risk factors included unlit darkness (AOR = 1.486, 95% CI = 1.404–1.573)  
39 and midnight hours (AOR = 1.269, 95% CI = 1.190–1.354). Factors associated with door crashes  
40 included speed limits of 20–30 mph (AOR = 16.185, 95% CI = 13.514–19.382) and taxi and private  
41 hire cars (AOR = 2.695, 95% CI = 2.310–3.145). Our joint-effect analysis revealed additional  
42 interesting results; for example, there were elevated risks for overtaking crashes in rural areas  
43 with elderly drivers as crash partners (AOR = 2.93, 95% CI = 2.79–3.08) and with HGVs as crash  
44 partners (AOR = 2.62, 95% CI = 2.46–2.78).

45

## 46 **Conclusions**

47 The aforementioned risk factors remained largely unchanged since 2011, when we conducted  
48 our previous study. However, the present study concluded that the detrimental effects of certain  
49 variables became more pronounced in certain situations. For example, cyclists in rural settings  
50 exhibited an elevated risk of overtaking crashes involving HGVs as crash partners.

51

52 **Keywords:** Bicycle crash; Road segment; Overtaking crash; Rear-end crash; Door crash

53

## 54 **Introduction**

55 In recent years, urban bicycling has become increasingly popular in many countries, offering

56 benefits such as reduced traffic congestion, diminished parking pressure, and a reduction in  
57 greenhouse gas emissions [1, 2]. The World Health Organization has highlighted numerous health  
58 advantages of moderate-intensity physical activities such as bicycling, including improvements in  
59 life expectancy, quality of life, cognitive function, mental health, sleep quality, muscular and  
60 cardiorespiratory fitness, and bone and functional health [2].

61 However, despite such health benefits, the risk of injury remains a considerable safety  
62 concern for cyclists, who are regarded as vulnerable road users [2, 3]. Traffic crash data indicate  
63 that the risk of accidents for cyclists, measured per distance travelled, is approximately 20 times  
64 higher than that for vehicle drivers [2]. To address this problem, researchers in the United States  
65 developed a comprehensive bicycle route safety rating model with a focus on injury severity [4].  
66 This model evaluates multiple operational and physical aspects such as traffic volume, population  
67 density, highway classification, lane width, and the presence of one-way streets. In addition, it is  
68 capable of predicting the severity of injuries due to motor vehicle–related crashes at specific  
69 locations [4]. Another finding was that a route is considered adequately safe if it includes  
70 geometric factors that enhance safety [4]. This model can aid urban planners and public officials  
71 in creating infrastructure such as bike lanes and implementing strict lane policies to improve  
72 cyclist safety [4]. Implementing bike lanes has been demonstrated to reduce crash rates by up to  
73 40% among adult cyclists [5]. One study regarding roundabouts indicated that roundabouts with  
74 cycle tracks significantly reduced injury risk for cyclists compared with those lacking bicycle  
75 infrastructure [6]. Furthermore, adequate night-time lighting on rural roads has the potential to  
76 prevent over half of all cyclist injuries [7].

77 Although intersectional crashes are generally more frequent than nonintersectional ones, in

78 2020, 64% of fatal crashes involving cyclists occurred on road segments, defined as areas 20 m  
79 away from intersections, whereas only 26% of such fatalities occurred at intersections [8]. Bil et  
80 al. demonstrated that car drivers, when at fault for crashes, often cause more serious  
81 consequences for cyclists on straight road sections [9]. In crashes occurring on road segments,  
82 several factors contribute to high injury severity, including being in a rural region with an elevated  
83 speed limit, male gender, and cyclist age of >55 years [10]. Another identified risk factor is  
84 bicycling on roads against oncoming traffic [11].

85 Although relevant research has shed light on risk factors for bicycle crashes at intersections,  
86 few studies have explicitly investigated crashes on road segments. Studies that have examined  
87 bicycle crashes relatively broadly, without distinguishing crash types, have identified several key  
88 factors—including vehicle volume [13], traffic density [12], number of lanes [12], access points  
89 along road segments [13], shoulder and median widths [13], parking space availability [12, 13],  
90 length of continuous two-way left-turn lanes [13], and pavement type [14]—all of which  
91 contribute to crashes on road segments. Several studies have specifically explored overtaking,  
92 rear-end, and door crashes involving bicycles. A pioneering contribution in this area was made  
93 by Pai, who focused on these three types of crashes on road segments [15]. Specifically, Pai  
94 identified buses and coaches as common crash partners in overtaking crashes; poor visibility,  
95 traversing manoeuvres, and teenage cyclists as risk factors for rear-end crashes; and built-up  
96 areas as a risk factor for door crashes [15]. In addition, another study linked the speed of a passing  
97 vehicle to increased severity of cyclist injury in overtaking crashes [16].

98 The primary objective of the present study, **an extension of our previous study** [15], was to  
99 analyse police-reported crash data from additional years to determine whether the risk factors

100 for these three crash types remained unchanged. Furthermore, we aimed to untangle the joint  
101 associations of several factors—including light conditions, urban versus rural settings, vehicle  
102 types, and rider and driver characteristics—with these three crash types.

103

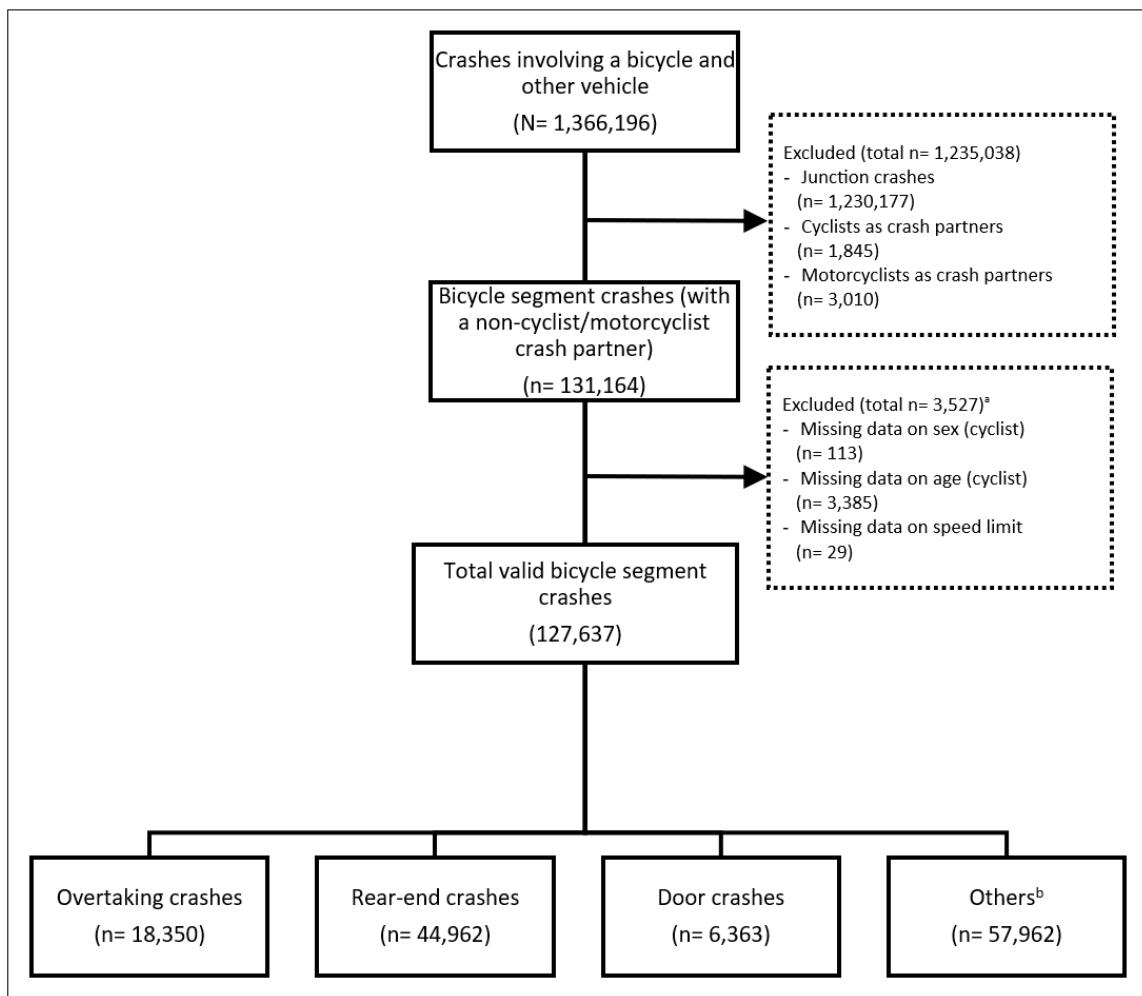
## 104 **Material and Methods**

### 105 **Crash data source**

106 The present investigation utilised data from 01/01/1991 to 31/12/2020, obtained from the  
107 United Kingdom’s official road traffic casualty database, STATS19. Police record such data either  
108 at crash scenes or within 30 days of each crash. The UK’s Department for Transport compiles the  
109 data, which the United Kingdom Data Archive then maintains and distributes. The dataset  
110 encompasses a variety of variables, including crash circumstances (e.g., time and date, weather  
111 conditions, road and light conditions, posted speed limit, road type), vehicle and driver  
112 characteristics, demographic details of the drivers, precrash manoeuvres of the vehicles, and the  
113 initial impact point of the vehicle. Additionally, the dataset contains demographic information  
114 and details regarding injury severity for each casualty. This study adhered to the STROBE  
115 (strengthening the reporting of observational studies in epidemiology) reporting guidelines.

116 Injury severity in the aforementioned dataset is divided into three categories, namely slight,  
117 serious, and fatal. Fatal injuries refer to those leading to death within 30 days of the accident.  
118 Serious injuries include conditions such as fractures, internal injuries, severe cuts and lacerations,  
119 concussions, and any injury requiring hospitalisation. Slight injuries include sprains, bruises, and  
120 minor cuts, as well as mild shock requiring roadside attention. The exclusive focus of this study  
121 was crashes leading to cyclist casualties.

122 As shown in Figure 1, this study analysed 1,366,196 crashes involving bicycles and other  
 123 vehicles. Initially, 1,235,032 junction cases were excluded. From the remaining 131,164 bicycle  
 124 segment crashes, 3,527 were further excluded because of incomplete demographic data for the  
 125 cyclist and missing speed limit information, leaving a valid cohort of 127,637 bicycle segment  
 126 crashes for analysis. Within this cohort, this study identified 18,350 overtaking crashes, 44,962  
 127 rear-end crashes, 6,363 door crashes, and 57,962 other types of crashes.



128  
 129 **Fig. 1.** Flowchart of the study sample selection process. <sup>a</sup>Listed excluded criteria are nonexclusive; thus, the sum of  
 130 the total may exceed 3,527. <sup>b</sup>Other crashes include reversing crashes and head-on crashes.

131  
 132 **Classification of crash types**

133 An overtaking crash is defined as a crash where a motorised vehicle overtakes and collides with

134 a bicycle, which may be travelling straight, overtaking another vehicle, changing lanes, or turning.  
135 A rear-end crash occurs when a following vehicle collides with the rear of a bicycle. A door crash  
136 involves a bicycle either being struck by or striking the opening door of an automobile. These  
137 three crash types were described using schematics in our previous study [15].

138

### 139 **Data collection**

140 For the present study, the three crash types of focus (overtaking, rear-end, and door crashes)  
141 were the binary-dependent variables. The collected data encompassed the following factors:  
142 lighting conditions on the roadway at the time of the crash (daylight, darkness-lit, darkness-unlit),  
143 the speed limit at the crash scene (rural:  $\geq 40$  miles per hour [mph]; urban: 20–30 mph), the time  
144 of day categorised into four periods according to traffic volume (midnight: 00:00–06:00; rush  
145 hours: 07:00–08:00 and 17:00–18:00; nonrush hours: 09:00–16:00; and evening: 19:00–23:00),  
146 and the day of the week (weekday or weekend day). The demographic details of cyclist casualties  
147 encompassed age ( $\leq 18$ , 19–40, 41–64, or  $\geq 65$  years) and sex (male or female). Finally, the  
148 demographic details of the crash partner included the type of vehicle (identified as a taxi, private  
149 hire car, car, bus, or heavy goods vehicle [HGV]), age ( $\leq 18$ , 19–40, 41–64, or  $\geq 65$  years) and sex  
150 (male or female).

151

### 152 **Statistical analysis**

153 This study employed the chi-squared test to examine the associations between crash type and  
154 other factors, including cyclist or motorist characteristics, vehicle features, roadway conditions,  
155 and temporal variables. Variables with a  $p$  value lower than 0.2 in the univariate analysis were

156 subsequently incorporated into the multivariate logistic regression analysis [17]. All statistical  
 157 analyses were conducted using SPSS Statistics version 25 for Windows (IBM Corp., Armonk, New  
 158 York, USA). A *p* value lower than 0.05 in two-tailed tests was considered statistically significant.

159

## 160 Results

### 161 Population characteristics

162 Tables 1, 2, and 3 present the distributions of overtaking, rear-end, and door crashes, respectively,  
 163 in relation to multiple independent variables. These data revealed that a significant proportion  
 164 of bicycle crashes occurred in daylight (82.31%), occurred in urban settings (78.54%), occurred  
 165 during nonrush hours (48.34%), occurred on weekdays (77.49%), involved cyclists aged under 18  
 166 years (40.11%), and involved male cyclists (81.30%). Additionally, most crashes involved cars as  
 167 crash partners (83.57%), and crash partners were predominately aged 19–40 years (38.47%) and  
 168 were male (76.35%). Table 1 highlights an overrepresentation in bicycle overtaking crashes for  
 169 certain variables, namely unlit darkness (19.50%), rural areas (24.84%), midnight hours (17.71%),  
 170 buses or HGVs as crash partners (24.72%), and elderly crash partners (21.47%) and male crash  
 171 partners (15.99%). These results were revealed to be statistically significant by the chi-squared  
 172 test ( $p < 0.01$ ).

173

174 **Table 1.** Distribution of overtaking crashes according to a set of independent variables

Variable	Total (n=127,637)	Overtaking crashes (n=18,350)	Non-overtaking crashes (n=109,287)	$\chi^2$ test <i>p</i> value
<b>Light conditions, n (%)</b>				<0.001
Daylight	105,053 (82.31%)	15,283 (14.55%)	89,770 (85.45%)	
Darkness-lit	16,543 (12.96%)	1,889 (11.42%)	14,654 (88.58%)	
Darkness-unlit	6,041 (4.73%)	1,178 (19.50%)	4,863 (80.50%)	



**Table 1.** Distribution of overtaking crashes according to a set of independent variables (*continued*)

Variable	Total (n=127,637)	Overtaking crashes (n=18,350)	Non-overtaking crashes (n=109,287)	$\chi^2$ test p value
<b>Speed limit, n (%)</b>				<0.001
Rural ( $\geq$ 40 mph)	27,395 (21.46%)	6,805 (24.84%)	20,590 (75.61%)	
Urban (20–30 mph)	100,242 (78.54%)	11,545 (11.52%)	88,697 (88.48%)	
<b>Crash time (h), n (%)</b>				<0.001
Midnight (00:00–06:00)	4,810 (3.77%)	852 (17.71%)	3,958 (82.29%)	
Rush hours (07:00–08:00/17:00–18:00)	41,619 (32.61%)	5,685 (13.66%)	35,934 (86.34%)	
Nonrush hours (09:00–16:00)	61,696 (48.34%)	9,386 (15.21%)	52,310 (84.79%)	
Evening (19:00–23:00)	19,512 (15.29%)	2,427 (12.44%)	17,085 (87.56%)	
<b>Crash day, n (%)</b>				0.094
Weekend	28,730 (22.51%)	4,218 (14.68%)	24,512 (85.21%)	
Weekday	98,907 (77.49%)	14,132 (14.29%)	84,775 (85.71%)	
<b>Cyclist's age (years), n (%)</b>				<0.001
$\leq$ 18	51,193 (40.11%)	5,220 (10.20%)	45,973 (89.80%)	
19–40	45,760 (35.85%)	7,108 (15.53%)	38,652 (84.47%)	
41–64	26,052 (20.41%)	5,012 (19.24%)	21,040 (80.76%)	
$\geq$ 65	4,632 (3.63%)	1,010 (21.80%)	3,622 (78.20%)	
<b>Cyclist's sex, n (%)</b>				<0.001
Male	103,766 (81.30%)	14,746 (14.21%)	89,020 (85.79%)	
Female	23,871 (18.70%)	3,604 (15.10%)	20,267 (84.90%)	
<b>Crash partner, n (%)</b>				<0.001
Taxi/Private hire car	2,588 (2.03%)	208 (8.04%)	2,380 (91.96%)	
Car	106,668 (83.57%)	13,599 (12.75%)	93,069 (87.25%)	
Bus/Heavy goods vehicle	18,381 (14.40%)	4,543 (24.72%)	13,838 (75.28%)	
<b>Crash partner's age (years), n (%)</b>				<0.001
$\leq$ 18	2,415 (1.89%)	281 (11.64%)	2,134 (88.36%)	
19–40	49,103 (38.47%)	5,398 (10.99%)	43,705 (89.01%)	
41–64	35,598 (27.89%)	3,973 (11.16%)	31,625 (88.84%)	
$\geq$ 65	40,521 (31.75%)	8,698 (21.47%)	31,823 (78.53%)	
<b>Crash partner's sex, n (%)</b>				<0.001
Male	97,447 (76.35)	15,584 (15.99%)	81,863 (84.01%)	
Female	30,190 (23.765%)	2,766 (9.16%)	27,424 (90.84%)	

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As reported in Table 2, several variables, for instance, **unlit darkness (50.19%), rural areas (43.03%),** in midnight hours (47.59%), taxis as crash partners (42.35%), and elderly (39.67%) or male crash partners (36.77%) appeared to be disproportionately represented in bicycle rear-end crashes. These results were also revealed to be statistically significant by the chi-squared test ( $p < 0.01$ ).

**Table 2.** Distribution of rear-end crashes according to a set of independent variables

Variable	Total (n=127,637)	Rear-end crashes (n=44,962)	Non-rear-end crashes (n=82,675)	$\chi^2$ test p value
<b>Light conditions, n (%)</b>				<0.001
Daylight	105,053 (82.31%)	35,726 (34.10%)	69,333 (66.00%)	
Darkness-lit	16,543 (12.96%)	6,204 (37.50%)	10,339 (63.50%)	
Darkness-unlit	6,041 (4.73%)	3,032 (50.19%)	3,003 (49.71%)	

**Table 2.** Distribution of rear-end crashes according to a set of independent variables (*continued*)

Variable	Total (n=127,637)	Rear-end crashes (n=44,962)	Non-rear-end crashes (n=82,675)	$\chi^2$ test <i>p</i> value
<b>Speed limit, n (%)</b>				<0.001
Rural ( $\geq$ 40 mph)	27,395 (21.46%)	11,788 (43.03%)	15,607 (56.97%)	
Urban (20–30 mph)	100,242 (78.54%)	33,174 (33.09%)	67,068 (66.91%)	
<b>Crash time (h), n (%)</b>				<0.001
Midnight (00:00–06:00)	4,810 (3.77%)	2,289 (47.59%)	2,521 (52.41%)	
Rush hours (07:00–08:00/17:00–18:00)	41,619 (32.61%)	15,089 (36.26%)	26,530 (63.74%)	
Nonrush hours (09:00–16:00)	61,696 (48.34%)	20,723 (33.59%)	40,973 (66.41%)	
Evening (19:00–23:00)	19,512 (15.29%)	6,861 (36.16%)	12,651 (64.85%)	
<b>Crash day, n (%)</b>				<0.001
Weekend	28,730 (22.51%)	9,485 (33.01%)	19,245 (66.99%)	
Weekday	98,907 (77.49%)	35,477 (35.87%)	63,430 (64.13%)	
<b>Cyclist's age (years), n (%)</b>				<0.001
$\leq$ 18	51,193 (40.11%)	13,446 (26.27%)	37,747 (73.73%)	
19–40	45,760 (35.85%)	19,102 (41.74%)	26,658 (58.26%)	
41–64	26,052 (20.41%)	10,619 (40.76%)	15,433 (59.24%)	
$\geq$ 65	4,632 (3.63%)	1,795 (38.75%)	2,837 (61.25%)	
<b>Cyclist's sex, n (%)</b>				<0.001
Male	103,766 (81.30%)	37,175 (35.83%)	66,591 (64.17%)	
Female	23,871 (18.70%)	7,787 (32.62%)	16,084 (67.38%)	
<b>Crash partner, n (%)</b>				<0.001
Taxi/Private hire car	2,588 (2.03%)	1,096 (42.35%)	1,492 (57.65%)	
Car	106,668 (83.57%)	37,202 (34.88%)	71,342 (66.88%)	
Bus/Heavy goods vehicle	18,381 (14.40%)	6,664 (36.25%)	9,841 (53.54%)	
<b>Crash partner's age (years), n (%)</b>				<0.001
$\leq$ 18	2,415 (1.89%)	870 (36.02%)	1,545 (63.98%)	
19–40	49,103 (38.47%)	16,282 (33.16%)	32,821 (66.84%)	
41–64	35,598 (27.89%)	11,736 (32.97%)	23,862 (67.03%)	
$\geq$ 65	40,521 (31.75%)	16,074 (39.67%)	24,447 (60.33%)	
<b>Crash partner's sex, n (%)</b>				<0.001
Male	97,447 (76.35%)	35,828 (36.77%)	61,619 (63.23%)	
Female	30,190 (23.65%)	9,134 (30.26%)	21,056 (69.74%)	

183

184 Table 3 demonstrates that cyclists in several conditions, such as in unlit darkness (6.23%), in

185 urban areas (6.22%), when they were female (8.21%), when taxi/private hire car were crash

186 partners (10.55%), and when crash partners were female (7.42%), exhibited a higher risk of door

187 crashes. These results were revealed to be statistically significant by the chi-squared test ( $p <$ 

188 0.01).

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192

193 **Table 3.** Distribution of door crashes according to a set of independent variables

Variable	Total (n=127,637)	Door crashes (n=6,363)	Non-door crashes (n=121,274)	$\chi^2$ test p value
<b>Light conditions, n (%)</b>				<0.001
Daylight	105,053 (82.31%)	5,192 (4.94%)	99,861 (95.06%)	
Darkness-lit	16,543 (12.96%)	1,031 (6.23%)	15,512 (93.77%)	
Darkness-unlit	6,041 (4.73%)	140 (2.32%)	5,901 (97.68%)	
<b>Speed limit, n (%)</b>				<0.001
Rural ( $\geq$ 40 mph)	27,395 (21.46%)	123 (0.45%)	27,272 (99.55%)	
Urban (20–30 mph)	100,242 (78.54%)	6,240 (6.22%)	94,002 (93.78%)	
<b>Crash time (h), n (%)</b>				<0.001
Midnight (00:00–06:00)	4,810 (3.77%)	113 (2.35%)	4,697 (97.65%)	
Rush hours (07:00–08:00/17:00–18:00)	41,619 (32.61%)	2,056 (4.94%)	39,563 (95.06%)	
Nonrush hours (09:00–16:00)	61,696 (48.34%)	3,363 (5.54%)	58,333 (94.55%)	
Evening (19:00–23:00)	19,512 (15.29%)	831 (4.26%)	18,681 (95.74%)	
<b>Crash day, n (%)</b>				<0.001
Weekend	28,730 (22.51%)	1,072 (3.73%)	27,658 (96.27%)	
Weekday	98,907 (77.49%)	5,291 (5.35%)	93,616 (94.65%)	
<b>Cyclist's age (years), n (%)</b>				<0.001
$\leq$ 18	51,193 (40.11%)	802 (1.57%)	50,391 (98.43%)	
19–40	45,760 (35.85%)	3,474 (7.59%)	42,286 (93.41%)	
41–64	26,052 (20.41%)	1,773 (6.81%)	24,279 (93.19%)	
$\geq$ 65	4,632 (3.63%)	314 (6.78%)	4,318 (93.22%)	
<b>Cyclist's sex, n (%)</b>				<0.001
Male	103,766 (81.30%)	4,404 (4.24%)	99,362 (95.76%)	
Female	23,871 (18.70%)	1,959 (8.21%)	21,912 (91.79%)	
<b>Crash partner, n (%)</b>				<0.001
Taxi/Private hire car	2,588 (2.03%)	273 (10.55%)	2,315 (89.45%)	
Car	106,668 (83.57%)	5,514 (5.17%)	101,154 (94.83%)	
Bus/Heavy goods vehicle	18,381 (14.40%)	576 (3.13%)	17,805 (96.87%)	
<b>Crash partner's age (years), n (%)</b>				<0.001
$\leq$ 18	2,415 (1.89%)	1,62 (5.22%)	2,253 (93.29%)	
19–40	49,103 (38.47%)	2,585 (5.26%)	46,518 (94.74%)	
41–64	35,598 (27.89%)	1,887 (5.30%)	33,711 (94.70%)	
$\geq$ 65	40,521 (31.75%)	1,729 (4.27%)	38,792 (95.73%)	
<b>Crash partner's sex, n (%)</b>				<0.001
Male	97,447 (76.35%)	4,123 (4.23%)	93,324 (95.77%)	
Female	30,190 (23.65%)	2,240 (7.42%)	27,950 (92.58%)	

194

195 **Risk factors for the three crash types**

196 Table 4 presents the logistic regression model results. Regarding overtaking crashes, the  
 197 identified risk factors included daylight conditions (adjusted odds ratio [AOR] = 1.233, 95%  
 198 confidence interval [CI] = 1.162–1.309), speed limits of  $\geq$ 40 mph (AOR = 2.238, 95% CI = 2.159–  
 199 2.320), nonrush hours (AOR = 1.091, 95% CI 1.031–1.154), cyclists aged  $\geq$ 65 years (AOR = 1.785,

200 95% CI = 1.649–1.931), female cyclists (AOR = 1.106, 95% CI = 1.062–1.153), HGVs as crash  
 201 partners (AOR = 2.867, 95% CI = 2.473–3.323), elderly crash partners (AOR = 2.013, 95% CI =  
 202 1.937–2.092), and male crash partners (AOR = 1.353, 95% CI = 1.292–1.416).

203 For rear-end crashes, noteworthy risk factors included unlit darkness (AOR = 1.486, 95% CI  
 204 = 1.404–1.573), speed limits of  $\geq 40$  mph (AOR = 1.315, 95% CI = 1.277–1.354), weekdays (AOR =  
 205 1.090, 95% CI = 1.059–1.122), midnight hours (AOR = 1.269, 95% CI = 1.190–1.354), and taxis as  
 206 crash partners (AOR = 1.286, 95% CI = 1.186–1.394).

207 Regarding door crashes, significant risk factors included lit darkness (AOR = 1.373, 95% CI =  
 208 1.141–1.651), speed limits of 20–30 mph (AOR = 16.185, 95% CI = 13.514–19.382), weekdays  
 209 (AOR = 1.246, 95% CI = 1.162–1.336), and nonrush hours (AOR = 2.912, 95% CI = 2.384–3.556).

210 Additionally, female cyclists (AOR = 1.675, 95% CI = 1.582–1.774), taxis or private hire cars as  
 211 crash partners (AOR = 2.695, 95% CI = 2.310–3.145), male crash partners (AOR = 1.373, 95% CI =  
 212 1.296–1.455), and crash partners aged 41–64 years (AOR = 1.855, 95% CI = 1.625–2.117) were  
 213 associated with door crashes.

214

215 **Table 4.** Multivariate logistic regression results

Variable	Overtaking crashes		Rear-end crashes		Door crashes	
	AOR (95% CI)	<i>p</i> value	AOR (95% CI)	<i>P</i> value	AOR (95% CI)	<i>P</i> value
<b>Light condition</b>						
Daylight	1.233 (1.162, 1.309)	<0.001	Ref		1.146 (0.958, 1.370)	0.137
Darkness-lit	Ref		1.042 (1.002, 1.085)	0.041	1.373 (1.141, 1.651)	0.001
Darkness-unlit	1.152 (1.059, 1.253)	0.001	1.486 (1.404, 1.573)	<0.001	Ref	
<b>Speed limit</b>						
Rural ( $\geq 40$ mph)	2.238 (2.159, 2.320)	<0.001	1.315 (1.277, 1.354)	<0.001	Ref	
Urban (20–30 mph)	Ref		Ref		16.185 (13.514, 19.382)	<0.001
<b>Crash time</b>						
Midnight	1.073 (0.982, 1.173)	0.119	1.269 (1.190, 1.354)	<0.001	Ref	
Rush hours	1.059 (1.002, 1.120)	0.043	1.108 (1.078, 1.139)	<0.001	2.502 (2.051, 3.052)	<0.001
Nonrush hours	1.091 (1.031, 1.154)	0.003	Ref		2.912 (2.384, 3.556)	<0.001
Evening	Ref		0.992 (0.953, 1.032)	0.686	2.014 (1.646, 2.465)	<0.001

**Table 4.** Multivariate logistic regression results (*continued*)

Variable	Overtaking crashes		Rear-end crashes		Door crashes	
	AOR (95% CI)	<i>p</i> value	AOR (95% CI)	<i>p</i> value	AOR (95% CI)	<i>p</i> value
<b>Crash day</b>						
Weekend	1.031 (0.991, 1.072)	0.132	Ref		Ref	
Weekday	Ref		1.090 (1.059, 1.122)	<0.001	1.246 (1.162, 1.336)	<0.001
<b>Cyclist's age (years)</b>						
≤18	Ref		Ref		Ref	
19–40	1.292 (1.242, 1.345)	<0.001	1.839 (1.788, 1.891)	<0.001	5.943 (5.489, 6.435)	<0.001
41–64	1.509 (1.444, 1.578)	<0.001	1.731 (1.676, 1.789)	<0.001	6.129 (5.621, 6.684)	<0.001
≥65	1.785 (1.649, 1.931)	<0.001	1.671 (1.568, 1.780)	<0.001	5.988 (5.217, 6.874)	<0.001
<b>Cyclist's sex</b>						
Male	Ref		1.172 (1.137, 1.208)	<0.001	Ref	
Female	1.106 (1.062, 1.153)	<0.001	Ref		1.675 (1.582, 1.774)	<0.001
<b>Crash partner</b>						
Taxi/Private hire car	Ref		1.286 (1.186, 1.394)	<0.001	2.695 (2.310, 3.145)	<0.001
Car	1.571 (1.359, 1.816)	<0.001	Ref		2.089 (1.908, 2.286)	<0.001
Bus/Heavy goods vehicle	2.867 (2.473, 3.323)	<0.001	1.099 (1.061, 1.139)	<0.001	Ref	
<b>Crash partner's age (years)</b>						
≤18	1.097 (0.963, 1.249)	0.162	1.225 (1.188, 1.263)	<0.001	1.507 (1.313, 1.731)	<0.001
19–40	Ref		1.038 (1.008, 1.069)	0.013	1.855 (1.625, 2.117)	<0.001
41–64	0.950 (0.909, 0.994)	0.025	Ref		1.801 (1.574, 2.060)	<0.001
≥65	2.013 (1.937, 2.092)	<0.001	1.241 (1.137, 1.355)	<0.001	Ref	
<b>Crash partner's sex</b>						
Male	1.353 (1.292, 1.416)	<0.001	1.150 (1.117, 1.185)	<0.001	1.373 (1.296, 1.455)	<0.001
Female	Ref		Ref		Ref	

216

217 Figure 2 presents a forest plot demonstrating the joint effects of several variables on the

218 three crash types when other variables were controlled for. An elevated risk of overtaking crashes

219 was evident in rural areas with elderly drivers as crash partners (AOR = 2.93, 95% CI = 2.79–3.08),

220 HGVs as crash partners (AOR = 2.62, 95% CI = 2.46–2.78), and elderly cyclists involved in accidents

221 during weekends (AOR = 1.56, 95% CI = 1.34–1.81). The risk of rear-end crashes was increased by

222 the synergistic interaction of unlit darkness with midnight (AOR = 1.68, 95% CI = 1.48–1.90) and

223 by rural areas (AOR = 2.15, 95% CI = 2.01–2.31). Furthermore, bicycling at midnight in rural areas

224 was associated with an increased risk of rear-end crashes (AOR = 1.68; 95% CI = 1.51–1.86). In

225 urban settings, the risk of door crashes was higher for female cyclists (AOR = 2.29; 95% CI = 2.17–

226 2.43) and for elderly cyclists (AOR = 2.06; 95% CI = 1.82–2.34). Finally, female cyclists exhibited a  
 227 112% higher likelihood of door crashes when the crash partner was a taxi (AOR = 2.12; 95% CI =  
 228 1.68–2.69).

229

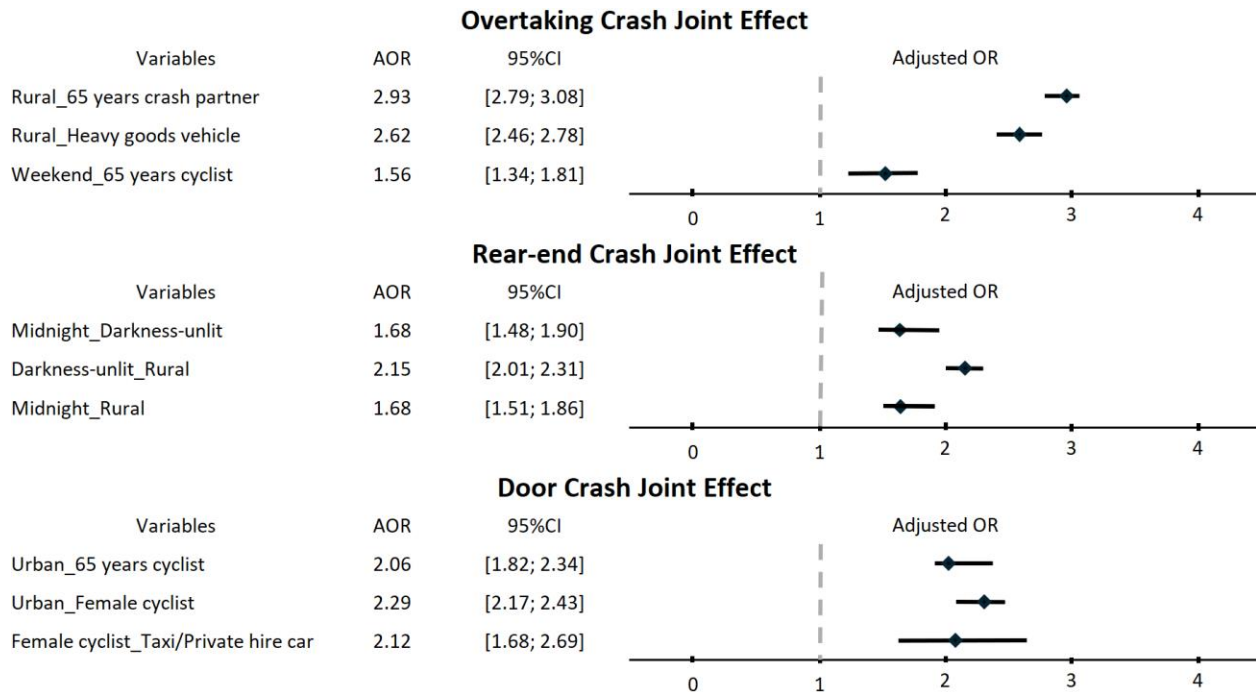


Fig. 2. Joint effects of several variables on the three crash types.

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 231  
 232

## 233 Discussion

234 This study explored the relationships among individual and environmental factors in relation to  
 235 three common bicycle crash types (overtaking, rear-end, and door crashes) on roads in the United  
 236 Kingdom from 1991 to 2020. The findings revealed several significant factors. First, for overtaking  
 237 crashes, HGVs as crash partners, rural areas, and the involvement of elderly crash partners  
 238 emerged as key contributing factors. Second, unlit darkness, midnight hours, and rural areas  
 239 were the factors most closely associated with rear-end crashes. Third, urban areas and taxis as  
 240 crash partners significantly increased the likelihood of door crashes. Moreover, male crash  
 241 partners were found to be a consistent risk factor across all three crash types. These findings

242 warrant further discussion and thus are elaborated on in this section of this paper.

243 Our research findings identified specific risk factors for overtaking crashes, namely rural  
244 areas, HGVs as crash partners, and elderly crash partners. These findings align with those of a  
245 previous study [18], which similarly observed that elderly drivers, driving speeds surpassing 10  
246 mph, and the presence of pick-up trucks increased the overtaking crash risk. We further found  
247 that the detrimental effect of HGVs on overtaking crashes was more pronounced in rural areas  
248 and when the crash partner was elderly. A behavioural study suggested that compared with cars,  
249 HGVs tended to maintain a narrower clearance zone when overtaking bicycles [19]. Pai et al. [15]  
250 speculated that the time pressures on HGV drivers for timely loading and unloading might lead  
251 to reckless driving. Our findings underscore the necessity of implementing measures such as  
252 'Share the Road' warning signs [20], particularly in rural settings, where HGVs are likely to execute  
253 overtaking manoeuvres at high speed. Such measures could prompt motor vehicles to maintain  
254 safer distances from the edges of travel lanes, especially in areas with a notable presence of both  
255 HGVs and bicycles.

256 We also identified elderly drivers as a factor contributing to overtaking crashes—a finding  
257 consistent with relevant research [18]. As individuals age, their risk of being involved in road  
258 accidents is influenced by declines in their cognitive capabilities [21], their health [22], and their  
259 driving performance [23]. Notably, crashes involving elderly individuals often occur in scenarios  
260 with challenging conditions, including at intersections without traffic control measures, on high-  
261 speed roads, during adverse weather conditions, in poorly lit areas, and in head-on accidents  
262 [24–26]. The heightened level of risk under such conditions may be attributed to cognitive and  
263 perceptual decline in older drivers, which could affect their capacity to execute actions such as

264 overtaking manoeuvres safely. Accordingly, developing specialised cognitive training  
265 programmes as interventions to enhance road safety for elderly drivers is evidently necessary  
266 [27].

267 In the present study, several factors were found to increase the risk of rear-end crashes on  
268 road segments, including darkness with unlit surroundings, midnight hours, and rural settings  
269 (speed limit > 40 mph). Although few studies have specifically addressed rear-end crashes  
270 involving bicycles on road segments, available data suggest that the low conspicuity of bicycles,  
271 especially at night, is a recurrent factor in rear-end crashes [15, 28]. Moreover, a lack of adequate  
272 street lighting, which is common in rural settings, predisposes cyclists to rear-end crashes [15].  
273 Our joint-effects analysis further indicated that the detrimental effect of unlit darkness is more  
274 pronounced in rural areas and during midnight hours. Potential intervention strategies to  
275 mitigate rear-end crashes include enhancing illumination and executing speed control  
276 management on rural road segments with heavy bicycle traffic.

277 Next, our analysis successfully identified associations of urban areas and taxis and private  
278 hire cars as crash partners with door crashes on road segments. Although research specifically  
279 focusing on door crashes on road segments is limited, similar findings were documented by Pai,  
280 indicating that urban roadways and taxis contributed to door crashes [15]. However, determining  
281 the factors influencing this trend poses a challenge. One possible explanation could be the  
282 increased presence of taxis or private hire cars in such areas, where passengers often disembark.  
283 Additionally, our analysis further revealed an elevated risk of door crashes involving crashes with  
284 taxis in urban areas. To reduce door crashes on road segments, educating taxi drivers, as well as  
285 passengers, about the importance of vigilance when opening doors near traffic is essential [15].



286 In addition, cyclists should be advised to maintain at least a door's width distance from all parked  
287 cars to improve the sight triangles of drivers and increase the visibility of cyclists [29].  
288 Implementing a two-stage door opening mechanism for vehicles, which would enable drivers to  
289 verify the presence of bicycles to the rear, could also be beneficial [30].

290 This study had several limitations that warrant acknowledgement. First, the substantial  
291 underreporting of nonfatal casualties to the police, particularly casualties involving cyclists not  
292 obligated to report accidents, is a critical factor to consider. Such underreporting, as highlighted  
293 by the U.K. Government's Department for Transport [31], likely results in the incomplete  
294 representation of nonfatal and 'slight' casualties in road casualty data. Second, the STATS19 data  
295 utilised in this study lack critical variables, including precrash speeds, specific geometric  
296 characteristics of roadways, data regarding alcohol and illicit substance use, and cyclist speed at  
297 the time of an accident. Moreover, critical exposure data—such as those related to traffic flow,  
298 rider or driver experience, and other elements of risk exposure—are absent, and the absence of  
299 such details limits our ability to fully account for potential variations resulting from unobserved  
300 factors in the analyses. Finally, this study did not explore annual trends in each type of bicycle  
301 crash over the 30-year study period; investigating such trends could provide insights regarding  
302 changing behaviours among cyclists and motor vehicle drivers as well as the effects of legislative  
303 changes for road speed limits.

304

## 305 **Conclusions**

306 This study identified several significant risk factors for the three predominate types of crashes  
307 involving cyclists on road segments: HGVs as crash partners, elderly crash partners, and rural

308 areas for overtaking crashes; unlit darkness, midnight hours, and rural areas for rear-end crashes;  
309 and urban areas and taxis as crash partners for door crashes. These risk factors remained  
310 unchanged since our previous study conducted in 2011 [15]. The present research enhances the  
311 field of bicycle safety research by concluding that the detrimental effects of certain variables  
312 become more pronounced under certain conditions. For example, first, cyclists in rural settings  
313 exhibited an elevated risk of overtaking crashes involving HGVs. Second, the rear-end crash risk  
314 increases in the combined presence of unlit darkness, midnight hours, and rural areas. Finally, in  
315 urban settings, the likelihood of door crashes increases when a taxi is the crash partner.

316

### 317 **Abbreviations**

318 WHO: World Health Organization; HGVs: heavy goods vehicles; AOR: adjusted odds ratio; CI:  
319 confidence interval.

320

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323

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339 interpretation of data, or preparation of the manuscript.

340

### 341 **Availability of data and materials**

342 This study utilised the British STATS19 database, which contains data on all road traffic accidents  
343 in the United Kingdom. The data that support the findings of this study are openly available at  
344 <https://www.data.gov.uk/dataset/cb7ae6f0-4be6-4935-9277-47e5ce24a11f/road-safety-data>.

345

### 346 **Declarations**

#### 347 **Ethical approval and consent to participate**

348 This study was conducted in accordance with the Declaration of Helsinki and approved by the  
349 Joint Institutional Review Board of Taipei Medical University (N202011030).

350

351 **Consent for publication**

352 This study was approved by the Joint Institutional Review Board of Taipei Medical  
353 University (N202011030). The Joint Institutional Review Board of Taipei Medical University has  
354 waived the requirement of informed consent. All methods were performed in accordance with  
355 the relevant guidelines and regulations of the Declaration of Helsinki.

356

357 **Competing interests**

358 The authors declare that they have no competing interests in relation to this work.

359

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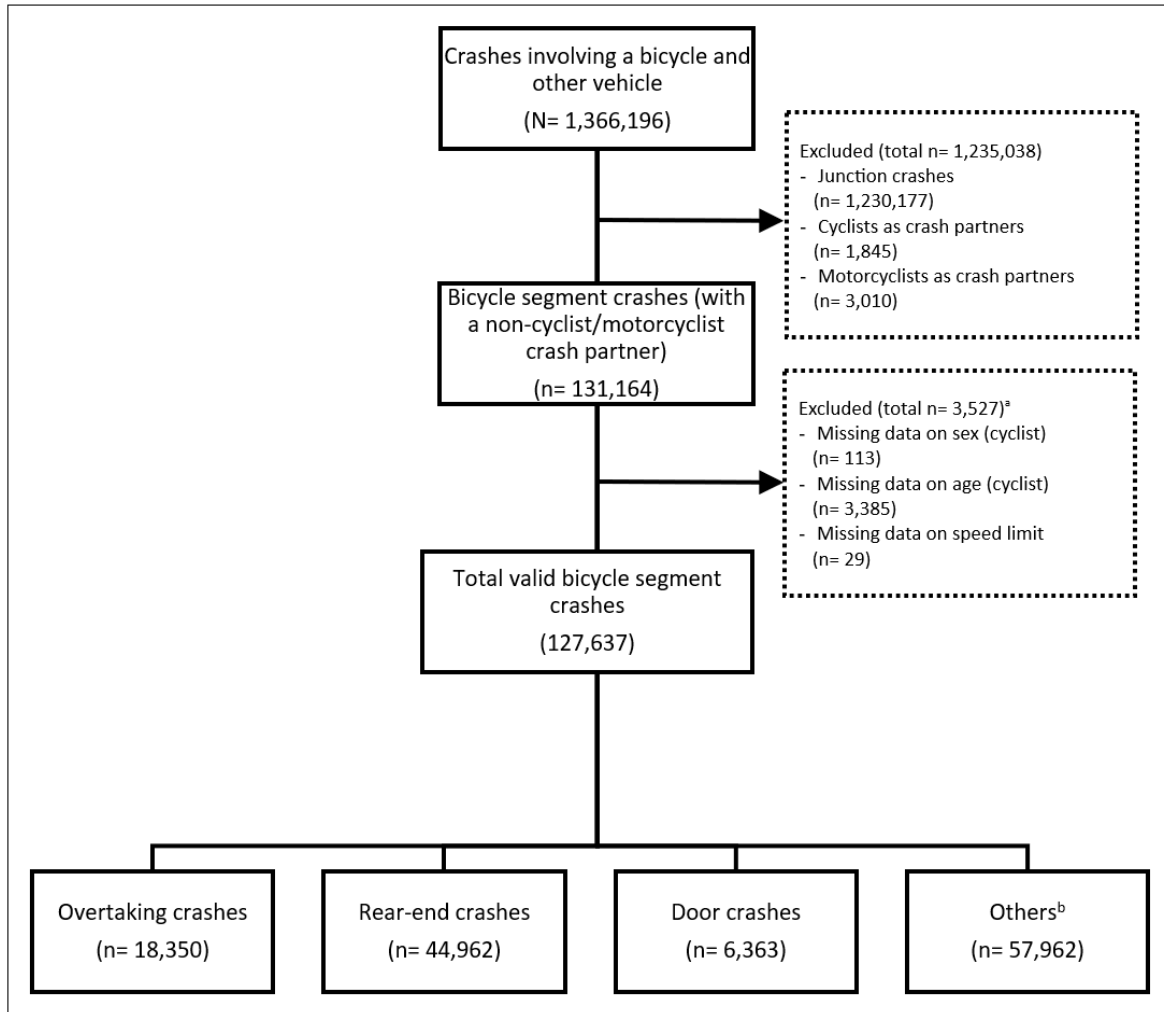
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376 **References:**

377

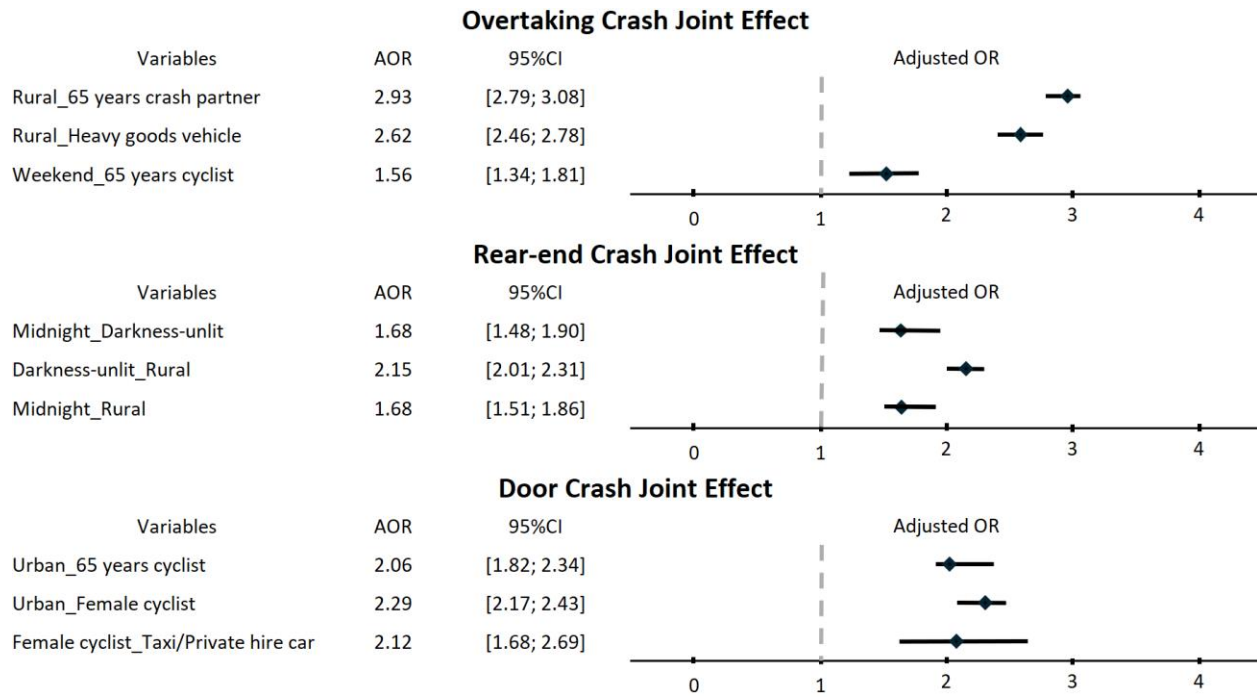
- 378 1. Kjeldgard L, Ohlin M, Elrud R, Stigson H, Alexanderson K, Friberg E: Bicycle crashes and  
379 sickness absence - a population-based Swedish register study of all individuals of working  
380 ages. *BMC Public Health* 2019, *19*(1):943.
- 381 2. World Health Organization. Regional Office for E: Walking and cycling: latest evidence to  
382 support policy-making and practice. Copenhagen: World Health Organization. Regional  
383 Office for Europe; 2022,*1*.
- 384 3. Venkatraman V, Richard CM, Magee K, Johnson K: Countermeasures That Work: A  
385 Highway Safety Countermeasure Guide for State Highway Safety Offices, 10th Edition,  
386 2020. 2021(DOT HS 813 097).
- 387 4. Allen-Munley C, Daniel J, Dhar S: Logistic Model for Rating Urban Bicycle Route Safety.  
388 *Transportation Research Record* 2004, *1878*,*1*,:107-115.
- 389 5. Kaplan JA: Characteristics of the Regular Adult Bicycle User. Final Report; 1975.
- 390 6. Rivara FP, Thompson DC, Thompson RS: Epidemiology of bicycle injuries and risk factors  
391 for serious injury. *Inj Prev* 1997, *3*,*2*,:110-114.
- 392 7. Wanvik PO: Effects of road lighting: an analysis based on Dutch accident statistics 1987-  
393 2006. *Accid Anal Prev* 2009, *41*,*1*,:123-128.
- 394 8. Bicyclists and other cyclists: 2020 data (Traffic Safety Facts. Report No. DOT HS 813 322).  
395 In. <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/813322>: National  
396 Highway Traffic Safety Administration; 2022.
- 397 9. Bil M, Bilova M, Muller I: Critical factors in fatal collisions of adult cyclists with automobiles.  
398 *Accid Anal Prev* 2010, *42*,*6*,:1632-1636.
- 399 10. Moore DN, Schneider WHT, Savolainen PT, Farzaneh M: Mixed logit analysis of bicyclist  
400 injury severity resulting from motor vehicle crashes at intersection and non-intersection  
401 locations. *Accid Anal Prev* 2011, *43*,*3*,:621-630.
- 402 11. Wachtel A, Lewiston D: Risk factors for bicycle-motor vehicle collisions at intersections.  
403 *ITE journal* 1994, *64*,*9*,:30-35.
- 404 12. Meuleners LB, Fraser M, Johnson M, Stevenson M, Rose G, Oxley J. Characteristics of the  
405 road infrastructure and injurious cyclist crashes resulting in a hospitalisation. *Accid Anal*  
406 *Prev*. 2020;*136*:105407.
- 407 13. Ugan J, Abdel-Aty M, Cai Q, Mahmoud N, Al-Omari Me: Effect of Various Speed  
408 Management Strategies on Bicycle Crashes for Urban Roads in Central Florida.  
409 *Transportation Research Record: Journal of the Transportation Research Board* 2021,  
410 *2676*:036119812110366.
- 411 14. Robartes E, Chen TD: The effect of crash characteristics on cyclist injuries: An analysis of  
412 Virginia automobile-bicycle crash data. *Accid Anal Prev* 2017, *104*,*1*,:165-173.
- 413 15. Pai CW: Overtaking, rear-end, and door crashes involving bicycles: an empirical  
414 investigation. *Accid Anal Prev* 2011, *43*,*1*,:1228-1235.
- 415 16. Debnath AK, Haworth N, Schramm A, Heesch KC, Somoray K: Factors influencing  
416 noncompliance with bicycle passing distance laws. *Accid Anal Prev* 2018, *115*,*1*,:137-142.
- 417 17. Maldonado G, Greenland S: Simulation study of confounder-selection strategies. *Am J*  
418 *Epidemiol* 1993, *138*,*11*,:923-936.
- 419 18. Liu J, Jones S, Adanu EK, Li X: Behavioral pathways in bicycle-motor vehicle crashes: From

- 420 contributing factors, pre-crash actions, to injury severities. *J Safety Res* 2021, 77,1,:229-  
421 240.
- 422 19. Walker I: Signals are informative but slow down responses when drivers meet bicyclists  
423 at road junctions. *Accid Anal Prev* 2005, 37,6,:1074-1085.
- 424 20. Kay JJ, Savolainen PT, Gates TJ, Datta TK: Driver behavior during bicycle passing  
425 maneuvers in response to a Share the Road sign treatment. *Accid Anal Prev* 2014, 70:92-  
426 99.
- 427 21. Anstey KJ, Horswill MS, Wood JM, Hatherly C: The role of cognitive and visual abilities as  
428 predictors in the Multifactorial Model of Driving Safety. *Accid Anal Prev* 2012, 45:766-774.
- 429 22. Kandasamy D, Betz ME, DiGuseppi C, Mielenz TJ, Eby DW, Molnar LJ, Hill L, Strogatz D, Li  
430 G: Self-reported health conditions and related driving reduction in older drivers. *Occup  
431 Ther Health Care* 2018, 32,4,:363-379.
- 432 23. Laosee O, Rattanapan C, Somrongthong R: Physical and cognitive functions affecting road  
433 traffic injuries among senior drivers. *Arch Gerontol Geriatr* 2018, 78:160-164.
- 434 24. Cicchino JB, Wells JK, McCartt AT: Survey about pedestrian safety and attitudes toward  
435 automated traffic enforcement in Washington, D.C. *Traffic Inj Prev* 2014, 15(4):414-423.
- 436 25. Kostyniuk LP, Molnar LJ: Self-regulatory driving practices among older adults: health, age  
437 and sex effects. *Accid Anal Prev* 2008, 40,4,:1576-1580.
- 438 26. Zhang J, Lindsay J, Clarke K, Robbins G, Mao Y: Factors affecting the severity of motor  
439 vehicle traffic crashes involving elderly drivers in Ontario. *Accid Anal Prev* 2000, 32,1,:117-  
440 125.
- 441 27. Edwards JD, Ross LA, Wadley VG, Clay OJ, Crowe M, Roenker DL, Ball KK: The useful field  
442 of view test: normative data for older adults. *Arch Clin Neuropsychol* 2006, 21,4,:275-286.
- 443 28. Wood JM, Lacherez PF, Marszalek RP, King MJ: Drivers' and cyclists' experiences of sharing  
444 the road: incidents, attitudes and perceptions of visibility. *Accid Anal Prev* 2009,  
445 41,4,:772-776.
- 446 29. W.~Hunter W, Stewart JR: An Evaluation of Bike Lanes Adjacent to Motor Vehicle Parking.  
447 1999.
- 448 30. Huang C-Y: Observations of Drivers' Behavior when Opening Car Doors. *Procedia  
449 Manufacturing* 2015, 3:2753-2760.
- 450 31. Traffic Safety Facts - Bicyclists and Other Cyclists. In.  
451 <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/813322>: National Highway  
452 Traffic Safety Administration; 2020.



**Fig. 1.** Flowchart of the study sample selection process. <sup>a</sup>Listed excluded criteria are nonexclusive; thus, the sum of the total may exceed 3,527. <sup>b</sup>Other crashes include reversing crashes and head-on crashes.





**Fig. 2.** Joint effects of several variables on the three crash types.