PLOS ONE

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

Manuscript Number:	PONE-D-24-17126R1
Article Type:	Research Article
Full Title:	Risk Factors for Overtaking, Rear-End, and Door Crashes Involving Bicycles in the United Kingdom: Revisited and Reanalysed
Short Title:	Risk Factors for Overtaking, Rear-End, and Door Crashes Involving Bicycles in the United Kingdom
Corresponding Author:	Chih-Wei Pai Taipei Medical University Taipei, TAIWAN
Keywords:	Bicycle crash; Road segment; Overtaking crash; Rear-end crash; Door crash
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. This study aims to identify risk factors for overtaking, rear-end, and door crashes that occur on road segment. Material and methods 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.overtaking, 44,962 rear-end, 6,363 door, and 57,962 other crashes. Results Significant risk factors for overtaking crashes included speed limits of ≥40 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 = 2.1473–3.323), and elderly crash partners (AOR = 2.013, 95% CI = 1.1937–2.092). 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 = 1.315.41–9.332) 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 risk 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 = 2.79–3.08) and with HGVs as crash partners (AOR = 2.62, 95% CI = 2.79–3.08) and with HGVs as crash partners (AOR = 2.62, 95% CI =
Order of Authors:	involving HGVs as crash partners. Chun-Chieh Chao
	Hon-Ping Ma
	Li Wei

	Yen-Nung Lin
	Chenyi Chen
	Wafaa Saleh
	Bayu Satria Wiratama
	Akhmad Fajri Widodo
	Shou-Chien Hsu
	Shih Yu Ko
	Hui-An Lin
	Cheng-Wei Chan
	Chih-Wei Pai
Response to Reviewers:	Reviewer comments: Reviewer 1: Regarding the statistical analysis, I would like to ask the authors to explain: 1. the reason(s) for ignoring any probable interaction between independent variables in the multivariate logistic regression. Author's response: We appreciate the reviewer's comment and question. By examining variables independently, we gain a clearer understanding of their individual impacts on the outcome (specifically, crash type in this study). This approach allows us to assess each variable's direct influence without the added complexity of interactions or modifications between variables. It provides insights into which variables independently affect the outcome, directly addressing our research questions. Initially, we used the chi-squared test to explore associations between a set of independent variables and the three crash types. To minimize type II errors in variable selection and ensure unbiased inferences, we included variables with a p-value less than 0.2 from the univariate analysis into the multivariate logistic regression models, a common practice in past studies of traffic injuries (e.g., a, b) and methodology (c). Subsequently, we examined interaction effects among several variables of interest, as depicted in Figure 2 of the manuscript. While acknowledging the potential for other interactions among variables, our study focused on assessing the joint effects of specific variables of interest. To take overtaking crashes as an example, these variables included rural areas, crash partners aged 65 years or older, heavy goods vehicles, weekends, and cyclists aged 65 years or older, rutur research could deve into untangling the complexities of additional interaction effects among variables, as suggested by the reviewer. References: a: Chen, P-L, Pai, C-W. Evaluation of injuries sustained by motorcyclists in approach- turn crashes in Taiwan. Accident Analysis and Prevention, 2019, 124, 33-39. b: Chien, D-K., Hwang, HF, Lin, MR. Injury severity measures for predicting

AOR helps readers identify risk factors with higher AORs among the three crash types.

3. I suggest authors provide identical indicators for figures both in the main text and in the figure's caption. Reading "Fig. 1" below a figure, one will look for the same word in the main text while it is recalled as "Figure 1".

Author's response: We appreciate this reviewer's comments, and we have revised the manuscript in the main text and figure's caption (please refer to lines 145 to 146; page 8 in the manuscript).

Reviewer 2:

1 General comments:

1.1 None of the authors was from the UK???

Author's response: We appreciate this reviewer's comments. One of our authors, Prof. Wafaa Saleh, is from Edinburgh Napier University, UK.

1.2 The authors should emphasize the significance of including these three types of crashes????

Author's response: We appreciate the reviewer's comments. We have incorporated the following statements into the introduction to underscore the significance of including the three crash types (please refer to lines 110 to 115; pages 5-6 in the manuscript): "The study addresses a critical gap in current research, focusing on crashes specifically occurring on road segments. Existing literature offers limited insights into this specific type of crash, highlighting a crucial need for targeted investigation. These crashes have the potential for severe impact, involving complex dynamics that demand a nuanced understanding for effective mitigation strategies. By exploring these factors, our research aims to significantly enhance cyclist safety within this particular context."

1.3 What novelty this study adds compared to the previous one in 2011??? Author's response:

We appreciate this reviewer's comment. One inherent problem with police-reported crash data is the variables not readily available, hereby causing unobserved heterogeneity across the observations. To overcome such a limitation, we estimated separate regression models, as suggested by Kim et al. (e.g., d), for the three crash types; such an approach provides greater explanatory power compared to single overall models. Further, we conducted joint-effect analyses of several variables of interest that capture heterogeneity. In our previous studies, we adopted the abovementioned approaches to overcome the inherent problem with a success (e.g., e, f). To clarify this, the following statements have been added to the Discussion section of the manuscript (please refer to lines 391 to 397; page 23 in the manuscript): "One inherent problem with police-reported crash data is the variables not readily available, hereby causing unobserved heterogeneity across the observations. To overcome such a limitation, we estimated separate regression models, as suggested by Kim et al. (e.g., d), for the three crash types; such an approach provides greater explanatory power compared to single overall models. Further, we conducted jointeffect analyses of several variables of interest that capture heterogeneity. In our previous studies, we adopted the above-mentioned approaches to overcome the inherent problem with a success (e.g., e, f)."

d: Kim, D., Washington, S., Oh, J., 2006. Modelling crash outcomes: new insights into the effects of covariates on crashes at rural intersections. Journal of Transportation Engineering. 132 (4), 282-292.

e: Pai CW, Jou RC, 2014. Cyclists' red-light running behaviours: An examination of risk-taking, opportunistic, and law-obeying behaviours. Accident Analysis and Prevention. 62,191-198.

f: Pai CW, Saleh W., 2008. Modelling motorcyclist injury severity by various crash types at T-junctions in the UK. Safety Science. 13, 98-98.

1.4 The rationale for conducting the current study as well as the practical implications should be emphasized??

Author's response: We appreciate this reviewer's comments. First, regarding the rationale for conducting the current study, we have added the following statements (please kindly refer to lines 91-95 on page 5 of the manuscript):

"Bicycle crashes on road segments remain a substantial issue for public health concern. Existing research primarily emphasizes intersection-related crashes. This study aims to fill a critical gap by conducting a thorough examination of the risk factors associated with three distinct bicycle crash types: overtaking, rear-end, and door

crashes that occur on road segments."

Secondly, to highlight the practical implications, we have included the following statements in the Discussion section (please refer to lines 404-412 on pages 23-24 of the manuscript):

"Recommendations

For overtaking crashes, we recommend implementing 'Share the Road' warning signs, especially in rural areas, and developing specialized cognitive training programs for elderly drivers. Regarding rear-end crashes, our suggestions include improving illumination during night time and implementing speed control measures on rural road segments. For door crashes involving parked cars, we propose enhancing driver sight triangles and increasing cyclist visibility. Moreover, implementing a two-stage door opening mechanism and an automatic detection device in vehicles to alert drivers of bicycles approaching from behind could potentially be beneficial."

1.5 For the introduction section, burden in terms of mortality, morbidity, and DALYs should be mentioned as well the economic and health care costs should be mentioned (globally and UK)

Author's response: We appreciate the reviewer's comments. Our original literature review has included several past studies that have reported the accident/injury outcomes resulting from these three crash types. For example, road segments with elevated speed limits, male cyclists, and cyclists aged over 55 years contribute significantly to high injury severity crashes. Additionally, built-up areas increase the risk of door crashes involving cyclists and parked cars.

It is important to note that there is limited research specifically examining the impact of overtaking, rear-end, and door crashes on Disability-Adjusted Life Years DALYs, economic costs, and healthcare expenses. Notable exceptions include studies by Elvik and Sundfør (e.g., d), who examined the inclusion of cyclist injuries in health impact economic assessments. Aertsens et al. (e.g., h) and Scholten et al. (e.g., i) also provided comprehensive analyses of the total and average costs associated with bicycle injuries. Although the three crash types were not explicitly examined in the above-mentioned studies, we have followed this reviewer's suggestion by incorporating these studies into the 'Introduction' section (please refer to lines 77-81; page 4 of the manuscript):

"Bicycle crashes can also impose a significant burden on healthcare expenses. Elvik and Sundfør (e.g., g) have discussed the economic implications and healthcare expenditures associated with bicycle accidents. For instance, in Belgium, the average cost of bicycle accidents per case is estimated at 841 euros (e.g., h). In the Netherlands, the total annual cost has been reported as €410.7 million (e.g., i)." References:

g: Elvik, R., & Sundfør, H. B. (2017). How can cyclist injuries be included in health impact economic assessments? Journal of Transport & Health, 6, 29-39. h: Aertsens, J., de Geus, B., Vandenbulcke, G., Degraeuwe, B., Broekx, S., De

Nocker, L., ... & Panis, L. I. (2010). Commuting by bike in Belgium, the costs of minor accidents. Accident Analysis & Prevention, 42(6), 2149-2157.

i: Scholten, A. C., Polinder, S., Panneman, M. J., Van Beeck, E. F., & Haagsma, J. A. (2015). Incidence and costs of bicycle-related traumatic brain injuries in the Netherlands. Accident Analysis & Prevention. 81, 51-60.

1.6 The number of cyclists in UK or those using bicycles for their mobility?? Author's response: We appreciate the reviewer's comment. In our study, we analyzed national police-reported crash data involving cyclists. Unfortunately, exposure data, such as the number of cyclists and miles traveled, were not available in the STATS19 dataset. While such data may be available from the UK National Travel Survey, it often reflects outdated information and may not be fully representative of the entire population.

2. Specific comments:

2.1 Instead of data collection, data used for analysis is appropriate?? Author's response: We appreciate the reviewer's comment. The dataset, UK Stats19 covering all traffic accidents in the UK, should be appropriate, as numerous studies in the field of traffic injury and medicine have analysed such data (e.g., references j, k, l). j: Haghpanahan, Houra, et al. "An evaluation of the effects of lowering blood alcohol concentration limits for drivers on the rates of road traffic accidents and alcohol consumption: a natural experiment." The Lancet 393.10169 (2019): 321-329. k: Pai, C. W., Hwang, K. P., & Saleh, W. (2009). A mixed logit analysis of motorists' right-of-way violation in motorcycle accidents at priority T-junctions. Accident Analysis & Prevention, 41(3), 565-573.

I: Fountas, G., Fonzone, A., Gharavi, N., & Rye, T. (2020). The joint effect of weather and lighting conditions on injury severities of single-vehicle accidents. Analytic methods in accident research, 27, 100124.

2.2 Of the used crashes data, how many were fatal???

Author's response: We appreciate the reviewer's comment. As reported in the table below, as many as 0.8% of those in overtaking crashes sustained fatal injuries, which was the highest compared to those in the other two crash types. SlightSeriousFatalTotal

Overtaking crashes14240(77.6%)3,964(21.6%)147(0.8%)18350 Rear-end crashes39821(89.1%)4782(10.7%)89(0.2%)44692 Door crashes5561(87.4%)770(12.1%)32(0.5%)6363

2.3 For analysis of data, use the Odds ratios and 95% confidence intervals (univariate and bivariate)

Author's response: We appreciate this reviewer's comment. We analyzed the distribution of crash types across a set of independent variables. Chi-square tests were used to explore relationships between these variables and crash types. Variables with a significance level below 0.2 were identified to minimize type II errors and were considered significantly associated with the outcome variables (p<0.05).

Subsequently, these variables were included in multiple logistic regression models. Stepwise logistic regression was then employed to estimate the odds of various variables after controlling for specific factors. This methodology has been widely used in past studies of traffic injuries (e.g., a, b) and methodology (e.g., c).

a: Chen, P-L, Pai, C-W. Evaluation of injuries sustained by motorcyclists in approachturn crashes in Taiwan. Accident Analysis and Prevention, 2019, 124, 33-39;

b: Chien, D-K., Hwang, HF, Lin, MR. Injury severity measures for predicting return-towork after a traumatic brain injury. Accident Analysis and Prevention, 2017, 98, 101-107;

c: Maldonado G, Greenland S. Simulation study of confounder-selection strategies. Am J Epidemiol 1993, 138, 11, 923-936).

2.4 Details about the multivariate logistic regression model should be mentioned??? Use the Odds ratios for interpreting and displaying the results in tables 1, 2, and 3??? Author's response: We appreciate the reviewer's comment. Firstly, if we understand this reviewer correctly, we have incorporated additional details (such as formulation and derivation) of the multivariate logistic regression model into the "Methods" section (please refer to lines 179-194 on pages 10-11 of the manuscript):

"Initially, we examined the distribution of three crash types across various variables to explore their relationships with a binary outcome. These variables included lighting conditions, speed limit, time of day, and day of the week. Demographic details concerning cyclist casualties encompassed age and sex, while information about the crash partner included vehicle type, age, and sex. We set a significance level of p < 0.2 to include risk factors in our multivariate analysis. Adjusted odds ratios (AORs) were computed using multivariate logistic regression with backward selection. The multivariate logistic regression model equation was specified as:

 $\log(P(Y=1)/(1 - P(Y=1))) = \beta_0 + \beta_1 X_1 + \beta_2 X_2$

where P(Y=1) denotes the probability of the outcome, $\beta 0, \beta 1, \beta 2, ..., \beta p$ are the coefficients to be estimated, and X1,X2,...,Xp represent the predictor variables. Before estimating the model, assumptions of logistic regression, such as linearity of the logit, absence of multicollinearity, and independence of observations, were evaluated. An odds ratio (OR) greater than 1 indicated a positive association between the independent variable and the occurrence rate, while an OR less than 1 indicated a negative association. An OR of 1 suggested no association between the variables of interest and the outcomes."

Secondly, this reviewer suggested that we should use the Odds ratios for interpreting and displaying the results in tables 1, 2, and 3. While we acknowledge this suggestion, we would like to clarify here that we adopted the commonly-used Chi-square tests to identify the distribution of three crash types across several independent variables. Instead of the univariate logistic regression, such a method has been proved as an efficient way to minimize type II errors, and has been widely employed in past studies of traffic injuries (e.g., a, b) and methodology (e.g., c).

a: Chen, P-L, Pai, C-W. Evaluation of injuries sustained by motorcyclists in approachturn crashes in Taiwan. Accident Analysis and Prevention, 2019, 124, 33-39; b: Chien, D-K., Hwang, HF, Lin, MR. Injury severity measures for predicting return-towork after a traumatic brain injury. Accident Analysis and Prevention, 2017, 98, 101-107:

c: Maldonado G, Greenland S. Simulation study of confounder-selection strategies. Am J Epidemiol 1993, 138, 11, 923-936).

2.5 Chi square is not enough test to identify the direction and which segment of the given variable is significantly different???

Author's response: We appreciate this reviewer's comment. The reviewer is correct. Chi-square tests can be used for ascertaining the association of the dependent and independent variables. However, the direction of the independent variables can be untangled in the subsequent multivariate logistic regression models.

2.6 What was the adjustment made for??? And how???

Author's response: We appreciate this reviewer's comment. Each variable was adjusted for in the multivariate analysis. For instance, in Table 4, adjustments were made for crash day after accounting for other variables such as cyclist's sex, crash partner, and crash partner's age and sex.

2.7 The joint-crash effect: how it was measured statistically??? Author's response: Thank you for your valuable comment. We do apologize for not making our analysis clear. To clarify how joint-effect analysis was structured, we drew several figures below that help us respond to this reviewer. As Figure A1 (X axis: speed limit; Y axis: percentage) and A2 report (X axis: Crash partner's age; Y axis: percentage), the joint effects of speed limit (two categories: rural (\geq 40 mph) /urban (20–30 mph)] and crash partner's age (four categories: \leq 18, 19–40, 41–64, and ≥65) on overtaking crashes were examined, yielding eight combinations of interaction effects (i.e., 1. Rural x ≤18; 2. Rural x 19-40; 3. Rural x 41-64; 4. Rural x ≥65; 5. Urban x ≤18; 6. Urban x 19-40; 7. Urban x 41-64; 8. Urban x ≥65). All percentages of overtaking crashes among these eight combinations were compared, and the combination with the highest percentages for overtaking crashes is taken as the indicator variable. In this joint-effect analysis, the indicator variable "rural areas x crash partner's ≥65 years old" has the highest percentage of overtaking crashes. These results elucidated that overtaking crashes were more likely to occur when the cyclists were in rural areas and when involving \geq 65-year-old crash partners.

Figure A1 Figure A2

In practice, such a joint-effect analysis has been widely employed in medicine or traffic injury literature. One well-known paper by Weinstein et al. (i.e., m) was published in JAMA which examined the joint effect of physical activity and body mass index on diabetes in women. In this paper, Weinstein et al. pointed out that the beneficial effect of active lifestyle on type 2 diabetes was consistent across women with three BMI levels.

Another example is our previous paper published in Accident Analysis and Prevention in 2020 titled: Evaluating the combined effect of alcohol-involved and un-helmeted riding on motorcyclist fatalities in Taiwan. In this study, we specifically analysed the joint effect of alcohol use and helmet use on motorcyclist fatalities (i.e., n).

In addition, our previous paper published in BMC Public Health in 2023 titled: Walking against traffic and pedestrian injuries in the United Kingdom: new insights (i.e., o). In this study, we specifically analysed the joint effect to examine whether the beneficial effect of walking against traffic on injury severity may apply to different situations. By doing so, we were able to compare injury outcomes in walking against-traffic crashes against those in walking with-traffic crashes.

We believe this detailed explanation clarifies our methodology.

Reference:

m: Weinstein A., Sesso, H., Lee, I., Cook, N., Manson, J., Buring, J., Gaziano, J., 2004. The relationship of physical activity vs body mass index with type 2 diabetes in women. JAMA 290: 1188-1194.

n: Wiratama, B., Chen, P., Ma, S., Chen, Y., Saleh, W., Lin, H., Pai, C., 2020. Evaluating the combined effect of alcohol-involved and un-helmeted riding on motorcyclist fatalities in Taiwan. Accident Analysis and Prevention, 143, 105594. o: Widodo, A. F., Chen, C., Chan, C. W., Saleh, W., Wiratama, B. S., & Pai, C. W. (2023). Walking against traffic and pedestrian injuries in the United Kingdom: new insights. BMC public health, 23(1), 2205.

Reviewer #3: Areas for Improvement: 3.1 Clarity and Conciseness:

Some sections of the text are verbose and could benefit from more concise language. For instance, the detailed descriptions of statistical methods and results could be streamlined without losing essential information.

Simplifying the language and structure would enhance readability and accessibility, particularly for readers who are not specialists in the field.

Author's response: We appreciate the reviewer's valuable suggestions. Concerning two reviewers who recommended extending several sections (i.e., reviewer #2 asked us to explain more on multivariate regression models and reviewer #4 requested for further discussions), we maintained a neutral stance for the time being. Nonetheless, we have revised the introduction to provide a clearer context and expanded our descriptions in the discussion section to provide broader insights into the implications of our findings. Additionally, detailed descriptions of the statistical methods have been included in the methods section, aimed at enhancing readability and accessibility for our readers.

3.2 Detailed Interpretation of Results:

While the results section provides extensive data, there is limited interpretation of what these results mean in practical terms. Adding more context about how these findings could influence policy or infrastructure design would be valuable. Discussing potential interventions based on the identified risk factors, such as specific infrastructure improvements or policy changes, would strengthen the practical implications of the study.

Author's response: We appreciate the reviewer's comment and suggestion. We have revised the discussion section of the manuscript and added one recommendation section to address findings that could potentially influence policy or infrastructure as follows (please refer to lines 404-412 on pages 23-24 of the manuscript): "Recommendations

For overtaking crashes, we recommend implementing 'Share the Road' warning signs, especially in rural areas, and developing specialized cognitive training programs for elderly drivers. Regarding rear-end crashes, our suggestions include improving illumination during night time and implementing speed control measures on rural road segments. For door crashes involving parked cars, we propose enhancing driver sight triangles and increasing cyclist visibility. Moreover, implementing a two-stage door opening mechanism and an automatic detection device in vehicles to alert drivers of bicycles approaching from behind could potentially be beneficial."

3.3 Comparative Analysis:

Including a comparative analysis with similar studies from other countries could provide a broader context for the findings and highlight whether these risk factors are unique to the UK or consistent globally.

Discussing how the UK's findings compare with those from the United States or other European countries, especially concerning the impact of infrastructure and vehicle types, could offer valuable insights:

Author's response: We appreciate the reviewer's comment. To our knowledge, no comparative analysis from other countries has been conducted for the three crash types (overtaking, rear-end, and door crashes). In addition, it is out of the scope of the current research to obtain crash data from other countries and conduct a large scale of comparative analysis. However, in our introduction sections, we have reviewed previous studies that focused on risk factors for these crash types individually or

collectively on road segments (such as vehicle volume, traffic density, and number of lanes).

In the discussion section, we have discussed our findings with those of other studies in the US or elsewhere. For instance, previous analyses of overtaking crashes highlighted risk factors such as speeds exceeding 10 mph and the presence of pick-up trucks. Rear-end crashes were associated with conditions such as darkness, unlit surroundings, midnight hours, and reduced cognitive capabilities. Door crashes were found to be influenced by factors including urban roadways and the presence of taxis.

3.4 Providing more detailed information about the methodology, particularly the criteria for excluding certain data points, would enhance transparency. For example, explaining why specific demographic data were incomplete and how this might affect the results would be useful.

A discussion on the limitations of the data and the potential biases introduced by police reporting practices could provide a more nuanced understanding of the findings. Author's response: We appreciate the reviewer's comment. To clarify the reasons for excluding junction cases and cyclists/motorcyclists as crash partners, we have added the following statements in the Methods section (please also kindly see lines 168 to 174; pages 9-10 in the manuscript):

"On a cautionary note, we removed junction cases to avoid the variability introduced when exogenous factors, such as junction geometry and control measures, are present at junctions. Furthermore, the cases involving other cyclists and motorcyclists were removed as we focused on vehicle-cycle crashes only. Missing data on sex, age, or speed limits were also excluded in the analysis. Excluding these data may impact our results in a marginal scale, as these data are likely to be single-bicycle crashes that in nature be underreported in police crash dataset [e.g., p]. "

Regarding the limitation of police reported crash data, the following statements have been added to the manuscript (please also kindly see lines 378 to 391; pages 22-23 in the manuscript):

"This study had several limitations that warrant acknowledgement. First, the substantial underreporting of nonfatal casualties to the police, particularly casualties involving cyclists not obligated to report accidents, is a critical factor to consider. Such underreporting, as highlighted by the U.K. Government's Department for Transport, likely results in the incomplete representation of nonfatal and 'slight' casualties in road casualty data. Second, the STATS19 data utilised in this study lack critical variables. including precrash speeds, specific geometric characteristics of roadways, data regarding alcohol and illicit substance use, and cyclist speed at the time of an accident. Moreover, critical exposure data—such as those related to traffic flow, rider or driver experience, and other elements of risk exposure—are absent, and the absence of such details limits our ability to fully account for potential variations resulting from unobserved factors in the analyses. Finally, this study did not explore annual trends in each type of bicycle crash over the 30-year study period; investigating such trends could provide insights regarding changing behaviours among cyclists and motor vehicle drivers as well as the effects of legislative changes for road speed limits." p. Watson, Angela, Barry Watson, and Kirsten Vallmuur. "Estimating under-reporting of road crash injuries to police using multiple linked data collections." Accident Analysis & Prevention 83 (2015): 18-25.

3.4 Visual Aids:

Adding more visual aids, such as graphs or charts, could help in visualizing the key findings and making the data more accessible to readers.

A geographic distribution map showing where different types of crashes are more prevalent could add an interesting dimension to the analysis.

Author's response: We appreciate the reviewer's suggestions. We firstly reported our sampling by using a flowchart that helps readers understand what data were excluded and included in the analyses. Although we presented our statistical analyses in a traditional way (Tables 1 to 4), we illustrated a forest plot demonstrating the joint effects of several variables on the three crash types when other variables were controlled for (please refer to lines 213 to 276; pages 12-17 in the manuscript). Regarding the geographic distribution map illustrating where these crash types were more prevalent, our research objective does not primarily emphasize the geographic effects of these three crash types. Rather, we focused on identifying risk factors for these crash types. While we appreciate this reviewer's valuable comment on this, we

have identified this as an important research area as follows (please refer to lines 398 to 402; page 23 in the manuscript):

"Future research directions could involve integrating GPS (Global Positioning System) data and weather conditions to analyse both the injury frequency and fatalities of bicycle crashes on road segments. Additionally, exploring the potential of autonomous vehicles for detecting approaching bicycles for door-crashes and implementing Al-controlled lighting systems in rural areas for cyclist detection could be promising areas for further study."

3.5 Future Directions:

Including a section on future research directions would be beneficial. Identifying gaps in the current research and suggesting areas for further investigation could guide subsequent studies.

Discussing the potential impact of emerging technologies, such as autonomous vehicles and advanced cyclist detection systems, on these crash types could provide a forward-looking perspective.

Author's response: We appreciate the reviewer's comment and suggestion. We have revised the discussion section of the manuscript and added one future research section (please refer to lines 398 to 402; page 23 in the manuscript). Furthermore, we have added one new section "Recommendation" that reports potential intervention points (please refer to lines 404-412 on pages 23-24 of the manuscript): "Recommendations

For overtaking crashes, we recommend implementing 'Share the Road' warning signs, especially in rural areas, and developing specialized cognitive training programs for elderly drivers. Regarding rear-end crashes, our suggestions include improving illumination during night time and implementing speed control measures on rural road segments. For door crashes involving parked cars, we propose enhancing driver sight triangles and increasing cyclist visibility. Moreover, implementing a two-stage door opening mechanism and an automatic detection device in vehicles to alert drivers of bicycles approaching from behind could potentially be beneficial."

"Future research directions could involve integrating GPS (Global Positioning System) data and weather conditions to analyse both the injury frequency and fatalities of bicycle crashes on road segments. Additionally, exploring the potential of autonomous vehicles for detecting approaching bicycles for door-crashes and implementing Al-controlled lighting systems in rural areas for cyclist detection could be promising areas for further study."

Reviewer #4: This Study is technically sound and has potential to add to the body of knowledge involving bicycle riding safety in the UK and everywhere across the globe. It has adhered to the research and publication ethics, however, the study still need revision on some of the key identified areas which i have pointed out, starting from abstract, background, results and discussions.

4.1 Abstract

The abstract is lacking the background section, please see the comment on the pdf This abstract is lacking the background section, which must start when presenting structured abstract. Also there is no objective put here, but rather the research problem investigated.

Author's response: We appreciate the reviewer's comment and suggestion. We have revised the abstract to add background and objects as follows (please refer to lines 23 to 27; page 2 in the manuscript):

"Background: 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.

Objective: This study aims to identify risk factors for overtaking, rear-end, and door crashes that occur on road segment."

4.1.1 Abbreviations should be defined when they are first mentioned Author's response: We appreciate the reviewer's suggestion. We have revised the abstract to include the full definitions of abbreviations upon their first appearance as follows (please refer to lines 31; page 2 in the manuscript). "Abstract: AOR (adjusted odds ratio)"

4.2 Introduction

4.2.1 The authors did not explain the context of the previous study, where this current study was based, but only cited it. For my comments also see the pdf with my comments on this section

4.2.2 See the comments above on the abstract to enhance this one

4.2.3 Highlight some key findings of this previous study here to avoid making the readers look for the findings on their own. The point of scientific writing is to make the work easy to understand

Author's response: We appreciate the reviewer's comment and suggestion. We have revised our introduction section to include the reviewer's suggestion, providing an explanation of the previous study and emphasizing our key findings accordingly as follows (please refer to lines 101 to 106; page 5 in the manuscript):

"The primary objective of this study, building on our previous research into risk factors related to overtaking, rear-end, and door crashes, is to conduct a more comprehensive investigation. Specifically, Pai identified buses and coaches as common crash partners in overtaking crashes; poor visibility, traversing manoeuvres, and teenage cyclists as risk factors for rear-end crashes; and built-up areas as a risk factor for door crashes."

4.3 Methodology

The method section was described well and is adequate, although we need to know whether normality checks were conducted.

Author's response: Thank you for your positive feedback on the method section and for your valuable suggestion regarding normality checks. We employed multivariate logistic regression models in our investigation, which do not require assuming the normality of the predictor variables. Logistic regression is resilient to deviations from normality as it estimates the likelihood of a binary outcome instead of assuming a normal distribution of the variables. Consequently, we refrained from performing formal normality assessments for the predictor variables. 4.4 Results

This area still requires more work. The way the results were presented was hasty, and we need to redo some of the highlighted sections. For example, a separate Univariate table is needed as Table 1.

4.4,1 I think you need a joint univariate table of all factors studied that combining it all in the Bivariate table. It is a lazy way of reporting that require a reader to tease out proportions on their own. address this

Author's response: We appreciate the reviewer's comment. In response to the suggestion for a joint univariate table of all studied factors, we acknowledge the importance of presenting comprehensive data that is readily interpretable. Our analysis included an examination of crash type distributions across multiple independent variables. To explore these relationships, we employed Chi-square tests. Variables with significance levels below 0.2 were identified to minimize type II errors and were considered significantly associated with the outcome variables (p<0.05). These variables were subsequently included in multiple logistic regression models. We utilized stepwise logistic regression to estimate odds ratios while controlling for specific factors, following a methodological approach well-established in traffic injury studies (e.g., references a and b) and detailed in previous research (e.g., reference c). This approach allows for a nuanced understanding of how various factors interact to influence crash types, ensuring our findings are robust and informative. This methodological approach is well-established in the study of traffic injuries (e.g., references a and b) and has been detailed in previous studies (e.g., reference c). a: Chen, P-L, Pai, C-W. Evaluation of injuries sustained by motorcyclists in approachturn crashes in Taiwan. Accident Analysis and Prevention, 2019, 124, 33-39; b: Chien, D-K., Hwang, HF, Lin, MR. Injury severity measures for predicting return-towork after a traumatic brain injury. Accident Analysis and Prevention, 2017, 98, 101-107;

c: Maldonado G, Greenland S. Simulation study of confounder-selection strategies. Am J Epidemiol 1993, 138, 11, 923-936).

4.4.2 Use one decimal place and not two

Author's response: We appreciate this reviewer's comment. We have updated our tables (Tables 1-4) to display data with one decimal place instead of two (please refer to lines 213 to 276; pages 12-17 in the manuscript).

4.4.3 After inserting a combined univariate table, please remove these percentages, as they are very misleading

Author's response: We appreciate this reviewer's comment. However, presenting percentages is crucial for demonstrating the distribution among each crash type and others. Therefore, we have decided to continue using percentages as presentation in our manuscript.

4.4.5 Tables: Here put frequencies/percenatgase and removed all the percentages from the table. the same applies to all other tables

Author's response: We appreciate this reviewer's comment. Nevertheless, it is essential to use percentages to clearly demonstrate the distribution of each crash type across a set of variables. By reporting these percentages, we are able to identify whether one certain variable was over-involved in one crash type. Therefore, we have opted to maintain the use of percentages in our presentation.

4.4.6 All most all the bivariate table has not been interpreted. but summarize using phrases like serveral variables as shown in table 2.

Author's response: We appreciate this reviewer's comment. We have revised our results section to incorporate the reviewer's suggestion and rephrase the sentence accordingly (please refer to lines 215 to 229; page 13 in the manuscript): "Several variables in Table 2 reveal significant differences between rear-end crashes and non-rear-end crashes. Specifically, a higher proportion of rear-end crashes occurred under darkness-unlit conditions (50.2%) compared to darkness-lit conditions (37.5%). Additionally, rear-end crashes were more prevalent in rural areas with speed limits of \geq 40 mph (43.0%) compared to urban areas with speed limits of 20–30 mph(33.1%). Crashes involving crash partners aged \geq 65 accounted for 39.7% of rearend crashes, which was higher compared to other age groups (age 41-64: 33.0% and ≤18: 36.0%). Furthermore, rear-end crashes were more likely to occur during midnight (47.6%) compared to rush hours (36.3%). Taxis were frequently involved in rear-end crashes (42.4%), as were male crash partners (36.8%). These findings highlight the significant influence of various factors on the likelihood of rear-end crashes. Variables such as darkness-unlit conditions, higher speed limits in rural areas, crash time, and characteristics of the crash partner all emerged as significant determinants. Specifically, rear-end crashes were notably more prevalent under darkness-unlit conditions, in rural areas with higher speed limits, during midnight hours, and involving certain characteristics of crash partners. Importantly, these associations were statistically significant, as indicated by the Chi-squared test (p < 0.001)."

4.4.7 Do inteprete the results individually for all the significant factors. Author's response: We appreciate this reviewer's comment. We have revised our discussion section to incorporate the reviewer's suggestion and rephrase the sentence accordingly (please refer to lines 232 to 248; pages 14-15 in the manuscript): "As shown in Table 3, several variables can contribute to door crashes involving bicycles. Door crashes predominantly occurred in urban areas with speed limits of 20-30 mph (6.22%), while a significantly lower proportion occurred in rural areas with speed limits \geq 40 mph (0.45%). These crashes were overrepresented during non-rush hours (5.54%) and rush hours (4.94%) compared to evening (4.26%) and midnight (2.35%). Cyclists were more frequently involved in door crashes on weekdays (5.35%) than weekends (3.73%). As many as 8.21% of all female cyclists were involved in door crashes, which is higher than the involvement rate among males (4.24%). Taxi and private hire cars were overinvolved in door crashes (10.55%) compared to cars (5.17%) and buses/heavy goods vehicles (3.13%). Crash partners aged ≤ 18 years (5.22%) and 19-40 years (5.26%) were disproportionately involved in door crashes compared to older age groups, and female crash partners were overrepresented in door crashes (7.42%) compared to males (4.23%). These results were statistically significant, as indicated by the Chi-squared test (p < 0.001). They suggest that various factors including traffic conditions (rural areas, crash time), cyclist demographics (younger age, gender), and characteristics of the crash partner (taxi/private hire cars)-significantly contribute to the likelihood of door crashes involving cyclists." 4.4.8 where are the corresponding p-values. include them for all the significant risk factors Author's response: We appreciate this reviewer's comment. We have revised our

Results section to include the reviewer's suggestion and have added the corresponding p-values accordingly (please refer to lines 253 to 272; page 16 in the manuscript):

For example: "(AOR = 2.912, 95% CI = 2.384–3.556; p<0.001)."

4.4.9 Here, present both the crude and adjusted odd ratios

Author's response: We appreciate the reviewer's comment. In response, we have

focused on presenting the adjusted odds ratios (AOR) and their corresponding 95% confidence intervals in our manuscript.

To address the analysis of crash types across various independent variables, we conducted Chi-square tests to assess the association between dependent and independent variables. The direction of the independent variables will be clarified in the subsequent multivariate logistic regression models.

Significant variables identified through stepwise selection were included in the multiple logistic regression models. The adjusted odds ratios (AOR) and their 95% confidence intervals were then calculated from these final models. This approach, widely used in traffic injury studies (e.g., a, b), ensures robust methodology by controlling for other variables (e.g., c).

a: Chen, P-L, Pai, C-W. Evaluation of injuries sustained by motorcyclists in approachturn crashes in Taiwan. Accident Analysis and Prevention, 2019, 124, 33-39;

b: Chien, D-K., Hwang, HF, Lin, MR. Injury severity measures for predicting return-towork after a traumatic brain injury. Accident Analysis and Prevention, 2017, 98, 101-107;

c: Maldonado G, Greenland S. Simulation study of confounder-selection strategies. Am J Epidemiol 1993, 138, 11, 923-936).

4.4.10 Also do interpret these results. For instance what does the odd ratio of 2.93 mean in this case?

Author's response: We appreciate the reviewer's comment and suggestion. We have revised our results section to incorporate the reviewer's suggestion and have interpreted the meaning of odds ratios in our findings accordingly (please refer to lines 279 to 286; pages17-18 in the manuscript):

"The results identified several key risk factors for both overtaking and rear-end crashes. The risk of overtaking crashes showed a significant increase of 193% in rural areas when elderly drivers were involved (AOR = 2.93, 95% CI = 2.79-3.08), and similarly when heavy goods vehicles (HGVs) were the crash partner (AOR = 2.62, 95% CI = 2.46-2.78). Elderly cyclists also faced a higher risk of overtaking crashes on weekends (AOR = 1.56, 95% CI = 1.34-1.81).

Regarding rear-end crashes, the risk increased notably with unlit darkness during midnight (AOR = 1.68, 95% CI = 1.48-1.90) and was significantly higher in rural areas (AOR = 2.15, 95% CI = 2.01-2.31)."

4.4.11 you look at risk factors and not only environment factors, what about factors like sex, age. are they from the environment too, and yet you included them.

Author's response: We appreciate the reviewer's comment. In our multivariate logistic regression results in Table 4, we analyzed and presented such factors such as cyclist's sex and age for each crash type (please refer to lines 275 to 276; page 17 in the manuscript). Moreover, in our joint-effect analysis, cyclist's age (≥65-year-old cyclist) was combined and analyzed with other variables.

4.5 Discussion

The section also needs serious work, especially on the way the findings were discussed. The authors should consider discussing their own findings rather than those of other studies. There is also a need to have a section for recommendations rather than merging it within result

4.5.1 You dont need this type of writing, just discuss the findings Author's response: We appreciate the reviewer's comment. We have revised our discussion section to delete the paragraph as the reviewer's suggestion as follows (please refer to lines 305; page 19 in the manuscript):

"Delete: These findings warrant further discussion and thus are elaborated on in this section of this paper."

You have not discussed the findings. Yes you found HGVs a risk for overtaking crash, so tell us why you think that is a risk factor. in other word explain your findings and then place it in the context of other study

Author's response: We appreciate the reviewer's comment and suggestion. We have revised our discussion section to integrate the reviewer's suggestion and provide a discussion on how heavy goods vehicles (HGVs) pose a risk for overtaking crashes accordingly as follows (please refer to lines 308 to 317; page 19 in the manuscript): "These findings align with previous research that identified elderly drivers, speeds exceeding 10 mph, and the presence of pick-up trucks as factors contributing to increased risk for overtaking crash. Specifically, HGVs possess several characteristics

	that amplify this danger. Their large blind spots make it difficult for drivers to see cyclists, increasing the likelihood of crashes during overtaking. Additionally, HGVs are less maneuverable compared to passenger cars, which reduces their ability to avoid crashes if cyclists suddenly enter their path. The speed and distance perception issues between HGVs and cyclists further complicate the judgment of safe overtaking gaps. Furthermore, HGVs require longer stopping distances due to their size and weight, which can lead to severe consequences if a sudden need to brake arises."
Additional Information:	

Yes

 Funded studies Enter a statement with the following details: Initials of the authors who received each award Grant numbers awarded to each author The full name of each funder URL of each funder website Did the sponsors or funders play any role in the study design, data collection and analysis, decision to publish, or preparation of the manuscript? 	
Did you receive funding for this work?	
Please add funding details. as follow-up to " Financial Disclosure Enter a financial disclosure statement that describes the sources of funding for the work included in this submission. Review the <u>submission guidelines</u> for detailed requirements. View published research articles from <u>PLOS ONE</u> for specific examples.	This study received financial support from the Ministry of Science and Technology, Taiwan (MOST 110–2410-H-038-016-MY2 and MOST 109–2314-B-038-066-); New Taipei City Hospital (NTPC113–002); and the National Science and Technology Council, Taiwan (NSTC 112-2410-H-038-016-MY2). The funders played no role in the design of the study, data collection and analysis, interpretation of data, or preparation of the manuscript.
This statement is required for submission and will appear in the published article if the submission is accepted. Please make sure it is accurate.	
 Funded studies Enter a statement with the following details: Initials of the authors who received each award Grant numbers awarded to each author The full name of each funder URL of each funder website Did the sponsors or funders play any role in the study design, data collection and analysis, decision to publish, or preparation of the manuscript? 	
Did you receive funding for this work?" Please select the country of your main	TAIWAN - TW
research funder (please select carefully as in some cases this is used in fee calculation).	

	T
as follow-up to "Financial Disclosure	
Enter a financial disclosure statement that describes the sources of funding for the work included in this submission. Review the <u>submission guidelines</u> for detailed requirements. View published research articles from <u>PLOS ONE</u> for specific examples.	
This statement is required for submission and will appear in the published article if the submission is accepted. Please make sure it is accurate.	
 Funded studies Enter a statement with the following details: Initials of the authors who received each award Grant numbers awarded to each author The full name of each funder URL of each funder website Did the sponsors or funders play any role in the study design, data collection and analysis, decision to publish, or preparation of the manuscript? 	
Did you receive funding for this work?"	
Competing Interests	The authors have declared that no competing interests exist.
Use the instructions below to enter a competing interest statement for this submission. On behalf of all authors, disclose any <u>competing interests</u> that could be perceived to bias this work—acknowledging all financial support and any other relevant financial or non-financial competing interests.	
This statement is required for submission and will appear in the published article if the submission is accepted. Please make sure it is accurate and that any funding sources listed in your Funding Information later in the submission form are also declared in your Financial Disclosure statement.	

View published research articles from <u>PLOS ONE</u> for specific examples.	
NO authors have competing interests	
Enter: The authors have declared that no competing interests exist.	
Authors with competing interests	
Enter competing interest details beginning with this statement:	
I have read the journal's policy and the authors of this manuscript have the following competing interests: [insert competing interests here]	
* typeset	
Ethics Statement	This study was approved by the Joint Institutional Review Board of Taipei Medical
Enter an ethics statement for this submission. This statement is required if the study involved:	University (N202011030). The Joint Institutional Review Board of Taipei Medical University has waived the requirement of informed consent. All methods were performed in accordance with the relevant guidelines and regulations of the Declaration of Helsinki.
 Human participants Human specimens or tissue Vertebrate animals or cephalopods Vertebrate embryos or tissues Field research 	
Write "N/A" if the submission does not require an ethics statement.	
General guidance is provided below. Consult the <u>submission guidelines</u> for detailed instructions. Make sure that all information entered here is included in the	
Methods section of the manuscript.	

Format for specific study types

Human Subject Research (involving human participants and/or tissue)

- Give the name of the institutional review board or ethics committee that approved the study
- Include the approval number and/or a statement indicating approval of this research
- Indicate the form of consent obtained (written/oral) or the reason that consent was not obtained (e.g. the data were analyzed anonymously)

Animal Research (involving vertebrate

animals, embryos or tissues)

- Provide the name of the Institutional Animal Care and Use Committee (IACUC) or other relevant ethics board that reviewed the study protocol, and indicate whether they approved this research or granted a formal waiver of ethical approval
- Include an approval number if one was obtained
- If the study involved *non-human primates*, add *additional details* about animal welfare and steps taken to ameliorate suffering
- If anesthesia, euthanasia, or any kind of animal sacrifice is part of the study, include briefly which substances and/or methods were applied

Field Research

Include the following details if this study involves the collection of plant, animal, or other materials from a natural setting:

- Field permit number
- Name of the institution or relevant body that granted permission

Data Availability

Authors are required to make all data underlying the findings described fully available, without restriction, and from the time of publication. PLOS allows rare exceptions to address legal and ethical concerns. See the <u>PLOS Data Policy</u> and FAQ for detailed information.

Yes - all data are fully available without restriction

A Data Availability Statement describing where the data can be found is required at submission. Your answers to this question constitute the Data Availability Statement and will be published in the article , if accepted.	
Important: Stating 'data available on request from the author' is not sufficient. If your data are only available upon request, select 'No' for the first question and explain your exceptional situation in the text box.	
Do the authors confirm that all data underlying the findings described in their manuscript are fully available without restriction?	
Describe where the data may be found in full sentences. If you are copying our sample text, replace any instances of XXX with the appropriate details.	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://figshare.com/ndownloader/files/48173452.
 If the data are held or will be held in a public repository, include URLs, accession numbers or DOIs. If this information will only be available after acceptance, indicate this by ticking the box below. For example: <i>All XXX files are available from the XXX database (accession number(s) XXX, XXX.)</i>. If the data are all contained within the manuscript and/or Supporting Information files, enter the following: <i>All relevant data are within the manuscript and its Supporting Information files.</i> If neither of these applies but you are able to provide details of access elsewhere, with or without limitations, please do so. For example: 	
of [XXX]. Data are available from the XXX Institutional Data Access / Ethics Committee (contact via XXX) for researchers who meet the criteria for access to confidential data.	
The data underlying the results presented in the study are available from (include the name of the third party	

 and contact information or URL). This text is appropriate if the data are owned by a third party and authors do not have permission to share the data. * typeset 	
typecet	
Additional data availability information:	Tick here if the URLs/accession numbers/DOIs will be available only after acceptance of the manuscript for publication so that we can ensure their inclusion before publication.

1Risk Factors for Overtaking, Rear-End, and Door Crashes Involving Bicycles in the United2Kingdom: Revisited and Reanalysed

3

Chun-Chieh Chao^{1,2,3†}, Hon-Ping Ma^{1,3,7}, Li Wei^{1,8,9}, Yen-Nung Lin^{1,10}, Chenyi Chen¹, Wafaa Saleh¹¹, Bayu Satria Wiratama¹², Akhmad Fajri Widodo¹, Shou-Chien Hsu^{6,13}, Shih Yu Ko⁷, Hui-An Lin^{1,2,3†}, Cheng-Wei Chan^{1,4,5,6†}, Chih Wei Pai^{1*}

- ⁷ ¹Graduate Institute of Injury Prevention and Control, College of Public Health, Taipei Medical University, Taipei
- 8 City, Taiwan, ² Department of Emergency Medicine, Taipei Medical University Hospital, Taipei City, Taiwan, ³
 9 Department of Emergency Medicine, School of Medicine, College of Medicine, Taipei Medical University, Taip
- 9 Department of Emergency Medicine, School of Medicine, College of Medicine, Taipei Medical University, Taipei,
 10 Taiwan, ⁴ Department of Emergency Medicine, New Taipei City Hospital, New Taipei City, Taiwan, ⁵ College of
- 11 Medicine, Chang Gung University, Taoyuan City, Taiwan, ⁶Department of Emergency Medicine, Chang Gung
- 12 Memorial Hospital, Linkou branch, Taoyuan, Taiwan, ⁷Department of Emergency Medicine, Taipei Medical
- 13 University-Shuang Ho Hospital, New Taipei City, Taiwan, ⁸ Taipei Neuroscience Institute, Taipei Medical University,
- 14 Taipei, Taiwan, ⁹ Division of Neurosurgery, Department of Surgery, Wan Fang Hospital, Taipei Medical University,
- 15 Taipei, Taiwan, ¹⁰ Department of Physical Medicine and Rehabilitation, Wan Fang Hospital, Taipei Medical
- 16 University, Taipei, Taiwan, ¹¹ Transport Research Institute, Edinburgh Napier University, Edinburgh, Scotland, ¹²
- 17 Department of Epidemiology, Biostatistics, and Population Health, Faculty of Medicine, Public Health and Nursing,
- 18 Universitas Gadjah Mada, Yogyakarta City, Indonesia, ¹³ Department of Occupational Medicine, Chang Gung
- 19 Memorial Hospital, Linkou branch, Taoyuan, Taiwan.
- 20 * Correspondence: cpai@tmu.edu.tw
- 21 + Contributed equally to this work
- 22 Abstract
- 23 Objectives
- 24 Relevant research has provided valuable insights into risk factors for bicycle crashes at
- 25 intersections. However, few studies have focused explicitly on three common types of bicycle
- 26 crashes on road segments: overtaking, rear-end, and door crashes.
- 27

28 Material and methods

- 29 The present study investigated risk factors for these three crash types on road segments. We
- 30 analysed British STATS19 accident records from 1991 to 2020. Using multivariate logistic
- 31 regression models, we estimated adjusted odds ratios (AORs) with 95% confidence intervals (CIs)
- 32 for multiple risk factors. The analysis included 127,637 bicycle crashes, categorised into 18,350
- 33 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 ≥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**

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.

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

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

2020, 64% of fatal crashes involving cyclists occurred on road segments, defined as areas 20 m away from intersections, whereas only 26% of such fatalities occurred at intersections [8]. Bil et al. demonstrated that car drivers, when at fault for crashes, often cause more serious consequences for cyclists on straight road sections [9]. In crashes occurring on road segments, several factors contribute to high injury severity, including being in a rural region with an elevated speed limit, male gender, and cyclist age of >55 years [10]. Another identified risk factor is 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 by Pai, who focused on these three types of crashes on road segments [15]. Specifically, Pai 93 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 for these three crash types remained unchanged. Furthermore, we aimed to untangle the joint
 associations of several factors—including light conditions, urban versus rural settings, vehicle
 types, and rider and driver characteristics—with these three crash types.

103

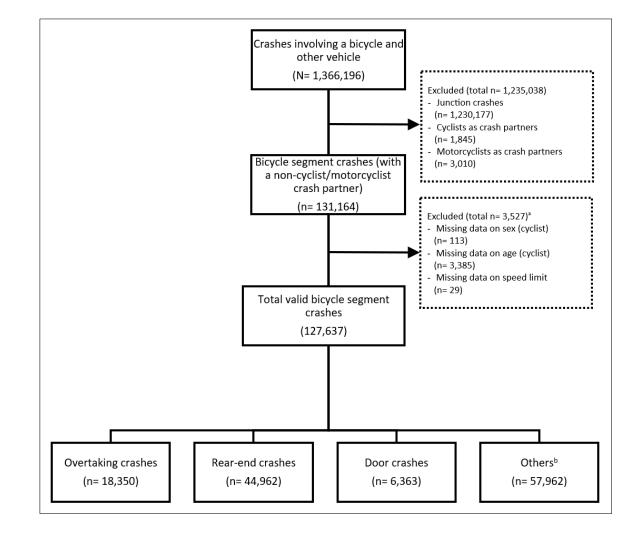
104 Material and Methods

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.

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

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



128

Fig. 1. Flowchart of the study sample selection process. ^aListed excluded criteria are nonexclusive; thus, the sum of
 the total may exceed 3,527. ^bOther 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

a bicycle, which may be travelling straight, overtaking another vehicle, changing lanes, or turning.
A rear-end crash occurs when a following vehicle collides with the rear of a bicycle. A door crash
involves a bicycle either being struck by or striking the opening door of an automobile. These
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 encompassed age (≤18, 19-40, 41-64, or ≥65 years) and sex (male or female). Finally, the 147 148 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 (≤18, 19–40, 41–64, or ≥65 years) and sex (male or female). 150

151

152 Statistical analysis

This study employed the chi-squared test to examine the associations between crash type and other factors, including cyclist or motorist characteristics, vehicle features, roadway conditions, and temporal variables. Variables with a *p* value lower than 0.2 in the univariate analysis were subsequently incorporated into the multivariate logistic regression analysis [17]. All statistical
analyses were conducted using SPSS Statistics version 25 for Windows (IBM Corp., Armonk, New
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)	χ2 test p value
Light conditions, n (%)				< 0.001
Daylight	105,053 (82.31%)	15,283 (14.55 <mark>%</mark>)	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%)	

Variable	Total (n=127,637)	Overtaking crashes (n=18,350)	Non-overtaking crashes (n=109,287)	χ2 test p value
Speed limit, n (%)				<0.001
Rural (≥ 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%)	
Crash time (h), n (%)				<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%)	
Crash day, n (%)				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%)	
Cyclist's age (years), n (%)				<0.001
≤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%)	
≥65	4,632 (3.63%)	1,010 (21.80%)	3,622 (78.20%)	
Cyclist's sex , n (%)				<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%)	
Crash partner, n (%)				<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%)	
Crash partner's age (years) , n (%)				<0.001
≤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%)	
≥65	40,521 (31.75%)	8,698 (21.47%)	31,823 (78.53%)	
Crash partner's sex, n (%)				<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%)	

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

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).

182 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)	χ2 test p value
Light conditions, n (%)				< 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%)	

¹⁷⁵

¹⁸¹

Variable	Total (n=127,637)	Rear-end crashes (n=44,962)	Non-rear-end crashes (n=82,675)	χ2 test p value
Speed limit, n (%)				<0.001
Rural (≥ 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%)	
Crash time (h), n (%)				<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%)	
Crash day, n (%)		,	,	<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%)	
Cyclist's age (years) , n (%)		, , ,	, , ,	<0.001
≤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%)	
≥65	4,632 (3.63%)	1,795 (38.75%)	2,837 (61.25%)	
Cyclist's sex , n (%)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,,	_,,	<0.002
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%)	
Crash partner, n (%)	20,07 2 (2017 070)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20,001 (07.0070)	<0.002
Taxi/Private hire car	2,588 (2.03%)	1,096 (42.35%)	1,492 (57.65%)	\$0.001
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%)	
Crash partner's age (years), n (%)	10,001 (1110/0)	0,001 (0012070)	5)612 (5515176)	<0.002
≤18	2,415 (1.89%)	870 (36.02%)	1,545 (63.98%)	.0.001
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%)	
≥65	40,521 (31.75%)	16,074 (39.67%)	24,447 (60.33%)	
Crash partner's sex, n (%)	40,321 (31.7370)	10,074 (00.0770)	24,447 (00.0070)	<0.002
Male	97,447 (76.35%)	35,828 (36.77%)	61,619 (63.23%)	<0.001
Female	30,190 (23.65%)	9,134 (30.26%)	21,056 (69.74%)	
Table 3 demonstrates that cycli	ists in several cond	ditions, such as ir	n unlit darkness (6	
urban areas (6.22%), when they w partners (10.55%), and when crash				
crashes. These results were reveale	ed to be statistica	lly significant by	the chi-squared	test (p
0.01).				

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

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)	χ2 test p value	
Light conditions, n (%)				<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%)		
Speed limit, n (%)				<0.001	
Rural (≥ 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%)		
Crash time (h), n (%)				<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%)		
Crash day, n (%)				<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%)		
Cyclist's age (years), n (%)				<0.001	
≤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%)		
≥65	4,632 (3.63%)	314 (6.78%)	4,318 (93.22%)		
Cyclist's sex, n (%)	, , ,	, ,	, , , ,	<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%)		
Crash partner, n (%)		,		<0.001	
	0.500 (0.000)		2,315 (89.45%)		
Taxi/Private hire car	2,588 (2.03%)	273 (10.55%)	101,154		
Car	106,668 (83.57%)	5,514 (5.17%)	(94.83%)		
Bus/Heavy goods vehicle	18,381 (14.40%)	576 (3.13%)	17,805 (96.87%)		
Crash partner's age (years), n (%)				<0.001	
≤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%)		
≥65	40,521 (31.75%)	1,729 (4.27%)	38,792 (95.73%)		
Crash partner's sex, n (%)	/	,	, , , , , ,	<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 ≥40 mph (AOR = 2.238, 95% CI = 2.159–
199	2.320), nonrush hours (AOR = 1.091, 95% Cl 1.031−1.154), cyclists aged ≥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 ≥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 =
207 208	Regarding door crashes, significant risk factors included lit darkness (AOR = 1.373, 95% CI = 1.141–1.651), speed limits of 20–30 mph (AOR = 16.185, 95% CI = 13.514–19.382), weekdays
208	1.141–1.651), speed limits of 20–30 mph (AOR = 16.185, 95% CI = 13.514–19.382), weekdays
208 209	1.141–1.651), speed limits of 20–30 mph (AOR = 16.185, 95% CI = 13.514–19.382), weekdays (AOR = 1.246, 95% CI = 1.162–1.336), and nonrush hours (AOR = 2.912, 95% CI = 2.384–3.556).
208 209 210	1.141–1.651), speed limits of 20–30 mph (AOR = 16.185, 95% CI = 13.514–19.382), weekdays (AOR = 1.246, 95% CI = 1.162–1.336), and nonrush hours (AOR = 2.912, 95% CI = 2.384–3.556). Additionally, female cyclists (AOR = 1.675, 95% CI = 1.582–1.774), taxis or private hire cars as

214

215 Table 4. Multivariate logistic regression results

Variable	Overtaking crashes		Rear-end crashes		Door crashes	
	AOR (95% CI)	p value	AOR (95% CI)	<i>p</i> value	AOR (95% CI)	<i>p</i> value
Light condition						
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	
Speed limit						
Rural (≥40 mph) Urban (20–30 mph)	2.238 (2.159, 2.320) Ref	<0.001	1.315 (1.277, 1.354) Ref	<0.001	Ref 16.185 (13.514, 19.382)	<0.001
Crash time					,	
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

	Overtaking crashes		Rear-end crashes		Door crashes	
Variable	AOR (95% CI)	p value	AOR (95% CI)	<i>p</i> value	AOR (95% CI)	p value
Crash day						
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)	<0.00
Cyclist's age (years)						
≤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 <i>,</i> 6.435)	<0.00
41–64	1.509 (1.444, 1.578)	<0.001	1.731 (1.676, 1.789)	< 0.001	6.129 (5.621, 6.684)	<0.00
≥65	1.785 (1.649, 1.931)	<0.001	1.671 (1.568, 1.780)	<0.001	5.988 (5.217, 6.874)	<0.00
Cyclist's sex	. , ,		,		,	
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)	<0.00
Crash partner					, , , ,	
Taxi/Private hire car	P (0 00 i		
Car	Ref	0.007	1.286 (1.186, 1.394)	<0.001	2.695 (2.310, 3.145)	<0.00
Bus/Heavy goods	1.571 (1.359, 1.816)	<0.001	Ref		2.089 (1.908, 2.286)	<0.00
vehicle	2.867 (2.473, 3.323)	<0.001	1.099 (1.061, 1.139)	<0.001	Ref	
Crash partner's age						
(years)						
≤18	1.097 (0.963, 1.249)	0.162	1.225 (1.188, 1.263)	<0.001	1.507 (1.313, 1.731)	<0.00
19–40	Ref		1.038 (1.008, 1.069)	0.013	1.855 (1.625, 2.117)	<0.00
41–64	0.950 (0.909, 0.994)	0.025	Ref		1.801 (1.574, 2.060)	<0.00
≥65	2.013 (1.937, 2.092)	<0.001	1.241 (1.137, 1.355)	< 0.001	Ref	
Crash partner's sex			· · · · · · · · · · · · · · · · · · ·			
Male	1.353 (1.292, 1.416)	<0.001	1.150 (1.117, 1.185)	< 0.001	1.373 (1.296, 1.455)	<0.00
Female	Ref		Ref		Ref	
5						
	presents a forest plo	t domon	strating the joint off	octo of a	overal variables on	tho
rigure Z	presents a lorest plu	it demons	strating the joint en			ule
8 three crash types	s when other variabl	es were c	ontrolled for. An ele	vated ris	sk of overtaking cras	hes
9 was evident in ru	ural areas with elder	v drivers	as crash partners (A	OR = 2.9	3. 95% CI = 2.79–3.0	08).
		,			2,22,000 2	

Table 4. Multivariate logistic regression results (continued)

220

224

during weekends (AOR = 1.56, 95% CI = 1.34-1.81). The risk of rear-end crashes was increased by
the synergistic interaction of unlit darkness with midnight (AOR = 1.68, 95% CI = 1.48–1.90) and

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

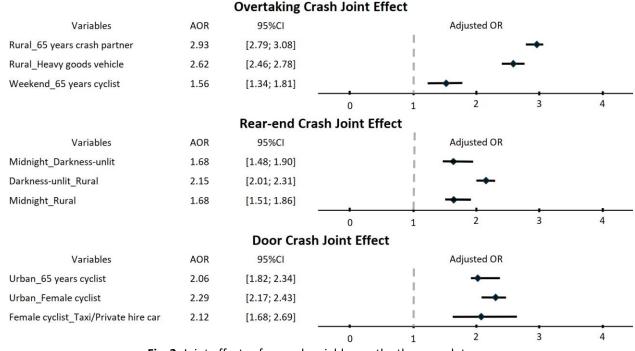
by rural areas (AOR = 2.15, 95% CI = 2.01–2.31). Furthermore, bicycling at midnight in rural areas

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

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% Cl = 228 1.68-2.69).

229



230 231

232

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

Discussion 233

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, HGVs tended to maintain a narrower clearance zone when overtaking bicycles [19]. Pai et al. [15] 249 250 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 overtaking manoeuvres safely. Accordingly, developing specialised cognitive training
 programmes as interventions to enhance road safety for elderly drivers is evidently necessary
 [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 focusing on door crashes on road segments is limited, similar findings were documented by Pai, 279 280 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].

In addition, cyclists should be advised to maintain at least a door's width distance from all parked
cars to improve the sight triangles of drivers and increase the visibility of cyclists [29].
Implementing a two-stage door opening mechanism for vehicles, which would enable drivers to
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**

This study identified several significant risk factors for the three predominate types of crashes
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	
321	Acknowledgments
322	This manuscript was edited by Wallace Academic Editing.
323	
324	Author contributions
325	Literature review: Chun-Chieh Chao.
326	Methodology: Chun-Chieh Chao, Chih-Wei Pai.
327	Data merging and analysis: Akhmad Fajri Widodo , Wafaa Saleh, Bayu Satria Wiratama.
328	Writing - original draft: Chun-Chieh Chao.
329	Writing – review and editing: Hui-An Lin, Chenyi Chen, Hon-Ping Ma, Akhmad Fajri Widodo.

- 330 Validation: Chun-Chieh Chao, Hui-An Lin, Chenyi Chen, Hon-Ping Ma, Shih Yu Ko.
- 331 Supervision: Li Wei, Yen-Nung Lin, Shou-Chien Hsu, Chih-Wei Pai.
- 332 Funding: Cheng-Wei Chan, Chih-Wei Pai.
- 333

334 Funding

- This study received financial support from the Ministry of Science and Technology, Taiwan (MOST
- 336 110–2410-H-038-016-MY2 and MOST 109–2314-B-038-066-); New Taipei City Hospital
- 337 (NTPC113–002); and the National Science and Technology Council, Taiwan (NSTC 112-2410-H-
- 338 038-016-MY2). The funders played no role in the design of the study, data collection and analysis,
- 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
- 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).

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

360 Author information

361 ¹Graduate Institute of Injury Prevention and Control, College of Public Health, Taipei Medical 362 University, Taipei City, Taiwan. ²Department of Emergency Medicine, Taipei Medical University 363 Hospital, Taipei City, Taiwan. ³Department of Emergency Medicine, School of Medicine, College 364 of Medicine, Taipei Medical University, Taipei City, Taiwan. ⁴Department of Emergency Medicine, New Taipei City Hospital, New Taipei City, Taiwan. ⁵College of Medicine, Chang Gung University, 365 366 Taoyuan City, Taiwan. ⁶Department of Emergency Medicine, Chang Gung Memorial Hospital, Linkou branch, Taoyuan, Taiwan.⁷ Department of Emergency Medicine, Taipei Medical 367 University-Shuang Ho Hospital, New Taipei City, Taiwan. ⁸Taipei Neuroscience Institute, Taipei 368 369 Medical University, Taipei City, Taiwan. ⁹Division of Neurosurgery, Department of Surgery, Wan 370 Fang Hospital, Taipei Medical University, Taipei City, Taiwan. ¹⁰Department of Physical Medicine 371 and Rehabilitation, Wan Fang Hospital, Taipei Medical University, Taipei City, Taiwan. ¹¹Transport 372 Research Institute, Edinburgh Napier University, Edinburgh, Scotland. ¹²Department of 373 Epidemiology, Biostatistics, and Population Health, Faculty of Medicine, Public Health and
374 Nursing, Universitas Gadjah Mada, Yogyakarta City, Indonesia, ¹³Department of Occupational
375 Medicine, Chang Gung Memorial Hospital, Linkou branch, Taoyuan, Taiwan.

376 **References:**

- 377
- Kjeldgard L, Ohlin M, Elrud R, Stigson H, Alexanderson K, Friberg E: Bicycle crashes and
 sickness absence a population-based Swedish register study of all individuals of working
 ages. *BMC Public Health* 2019, *19*(1):943.
- World Health Organization. Regional Office for E: Walking and cycling: latest evidence to
 support policy-making and practice. Copenhagen: World Health Organization. Regional
 Office for Europe; 2022,1.
- Venkatraman V, Richard CM, Magee K, Johnson K: Countermeasures That Work: A
 Highway Safety Countermeasure Guide for State Highway Safety Offices, 10th Edition,
 2020. 2021(DOT HS 813 097).
- Allen-Munley C, Daniel J, Dhar S: Logistic Model for Rating Urban Bicycle Route Safety.
 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.
- Wanvik PO: Effects of road lighting: an analysis based on Dutch accident statistics 19872006. Accid Anal Prev 2009, 41,1,:123-128.
- Bicyclists and other cyclists: 2020 data (Traffic Safety Facts. Report No. DOT HS 813 322).
 In. https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/813322: National
 Highway Traffic Safety Administration; 2022.
- Bil M, Bilova M, Muller I: Critical factors in fatal collisions of adult cyclists with automobiles.
 Accid Anal Prev 2010, 42,6,:1632-1636.
- Moore DN, Schneider WHt, Savolainen PT, Farzaneh M: Mixed logit analysis of bicyclist
 injury severity resulting from motor vehicle crashes at intersection and non-intersection
 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.
- 41315.Pai CW: Overtaking, rear-end, and door crashes involving bicycles: an empirical414investigation. 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,:229421 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*:92426 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, DiGuiseppi 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.
- 43424.Cicchino JB, Wells JK, McCartt AT: Survey about pedestrian safety and attitudes toward435automated traffic enforcement in Washington, D.C. *Traffic Inj Prev* 2014, 15(4):414-423.
- 43625.Kostyniuk LP, Molnar LJ: Self-regulatory driving practices among older adults: health, age437and sex effects. Accid Anal Prev 2008, 40,4,:1576-1580.
- Zhang J, Lindsay J, Clarke K, Robbins G, Mao Y: Factors affecting the severity of motor
 vehicle traffic crashes involving elderly drivers in Ontario. *Accid Anal Prev* 2000, 32,1,:117125.
- 44127.Edwards JD, Ross LA, Wadley VG, Clay OJ, Crowe M, Roenker DL, Ball KK: The useful field442of view test: normative data for older adults. Arch Clin Neuropsychol 2006, 21,4,:275-286.
- Wood JM, Lacherez PF, Marszalek RP, King MJ: Drivers' and cyclists' experiences of sharing
 the road: incidents, attitudes and perceptions of visibility. *Accid Anal Prev* 2009,
 41,4,:772-776.
- 446 29. W.~Hunter W, Stewart JR: An Evaluation of Bike Lanes Adjacent to Motor Vehicle Parking.447 1999.
- 44830.Huang C-Y: Observations of Drivers' Behavior when Opening Car Doors. Procedia449Manufacturing 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.

1 Risk Factors for Overtaking, Rear-End, and Door Crashes Involving Bicycles in the United 2 **Kingdom: Revisited and Reanalysed**

3

4 Chun-Chieh Chao^{1,2,3†}, Hon-Ping Ma^{1,3,7}, Li Wei^{1,8,9}, Yen-Nung Lin^{1,10}, Chenyi Chen¹, Wafaa Saleh¹¹, Bayu Satria 5 Wiratama¹², Akhmad Fajri Widodo¹, Shou-Chien Hsu^{6,13}, Shih Yu Ko⁷, Hui-An Lin^{1,2,3†}, Cheng-Wei Chan^{1,4,5,6†}, Chih-

6 Wei Pai^{1*}

7 ¹Graduate Institute of Injury Prevention and Control, College of Public Health, Taipei Medical University, Taipei

8 City, Taiwan, ² Department of Emergency Medicine, Taipei Medical University Hospital, Taipei City, Taiwan, ³

9 Department of Emergency Medicine, School of Medicine, College of Medicine, Taipei Medical University, Taipei,

10 Taiwan, ⁴ Department of Emergency Medicine, New Taipei City Hospital, New Taipei City, Taiwan, ⁵ College of

11 Medicine, Chang Gung University, Taoyuan City, Taiwan, ⁶ Department of Emergency Medicine, Chang Gung

12 Memorial Hospital, Linkou branch, Taoyuan, Taiwan, ⁷ Department of Emergency Medicine, Taipei Medical

13 University-Shuang Ho Hospital, New Taipei City, Taiwan, ⁸ Taipei Neuroscience Institute, Taipei Medical University, 14

Taipei, Taiwan, ⁹ Division of Neurosurgery, Department of Surgery, Wan Fang Hospital, Taipei Medical University, 15 Taipei, Taiwan, ¹⁰ Department of Physical Medicine and Rehabilitation, Wan Fang Hospital, Taipei Medical

16 University, Taipei, Taiwan, ¹¹Transport Research Institute, Edinburgh Napier University, Edinburgh, Scotland, ¹²

17 Department of Epidemiology, Biostatistics, and Population Health, Faculty of Medicine, Public Health and Nursing,

18 Universitas Gadjah Mada, Yogyakarta City, Indonesia, ¹³ Department of Occupational Medicine, Chang Gung

19 Memorial Hospital, Linkou branch, Taoyuan, Taiwan.

20 * Correspondence: cpai@tmu.edu.tw

21 + Contributed equally to this work

22 Abstract

Background: 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.
Objective: This study aims to identify risk factors for overtaking, rear-end, and door crashes that
occur on road segment.
Material and methods
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.

33 Results

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

44

45 Conclusions

46 The aforementioned risk factors remained largely unchanged since 2011, when we conducted 47 our previous study. However, the present study concluded that the detrimental effects of certain 48 variables became more pronounced in certain situations. For example, cyclists in rural settings 49 exhibited an elevated risk of overtaking crashes involving HGVs as crash partners. 50 51 Keywords: Bicycle crash; Road segment; Overtaking crash; Rear-end crash; Door crash 52 53 Introduction 54 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

61 However, despite such health benefits, the fisk of highly 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]. Bicycle crashes can also impose a significant burden on 77 healthcare expenses. Elvik and Sundfør [8] have discussed the economic implications and 78 healthcare expenditures associated with bicycle accidents. For instance, in Belgium, the average 79 cost of bicycle accidents per case is estimated at 841 euros [9]. In the Netherlands, the total 80 annual cost has been reported as €410.7 million [10].

Although intersectional crashes are generally more frequent than nonintersectional ones, in 2020, 64% of fatal crashes involving cyclists occurred on road segments, defined as areas 20 m away from intersections, whereas only 26% of such fatalities occurred at intersections [11]. Bil et al. demonstrated that car drivers, when at fault for crashes, often cause more serious consequences for cyclists on straight road sections [12]. In crashes occurring on road segments, several factors contribute to high injury severity, including being in a rural region with an elevated speed limit, male gender, and cyclist age of >55 years [13]. Another identified risk factor is

88 bicycling on roads against oncoming traffic [14].

89 Although relevant research has shed light on risk factors for bicycle crashes at intersections, few studies have explicitly investigated crashes on road segments. Bicycle crashes on road 90 91 segments remain a substantial issue for public health concern. This study aims to fill a critical gap 92 by conducting a thorough examination of the risk factors associated with three distinct bicycle 93 crash types: overtaking, rear-end, and door crashes that occur on road segments. Studies that 94 have examined bicycle crashes relatively broadly, without distinguishing crash types, have 95 identified several key factors—including vehicle volume [15], traffic density [16], number of lanes 96 [16], access points along road segments [15], shoulder and median widths [15], parking space availability [15, 16], length of continuous two-way left-turn lanes [15], and pavement type [17]-97 98 all of which contribute to bicycle crashes on road segments. Two exceptional work have 99 examined risk factors for overtaking, rear-end, and door crashes [18, 19]. Specifically, Pai 100 identified buses and coaches as common crash partners in overtaking crashes, poor visibility, 101 traversing manoeuvres, and teenage cyclists as risk factors for rear-end crashes, and built-up 102 areas as a risk factor for door crashes [18]. In addition, another study linked the speed of a passing 103 vehicle to increased severity of cyclist injury in overtaking crashes [19].

The primary objective of the present study, an extension of our previous study [18], was to analyse police-reported crash data from additional years to determine whether the risk factors for these three crash types remained unchanged. The study addresses a critical gap in current research, focusing on crashes specifically occurring on road segments. Existing literature offers limited insights into these crash types, highlighting a crucial need for targeted investigations. These crashes have the potential for severe impacts, involving complex dynamics that demand a

nuanced understanding for effective mitigation strategies. By exploring these factors, our
research aims to significantly enhance cyclist safety within this particular context. Furthermore,
we aimed to untangle the joint associations of several factors—including light conditions, urban
versus rural settings, vehicle types, and rider and driver characteristics—with these three crash
types.

- 115
- 116 Material and Methods

117 Crash data source

118 The present investigation utilised data from 01/01/1991 to 31/12/2020, obtained from the 119 United Kingdom's official road traffic casualty database, STATS19. Police record such data either 120 at crash scenes or within 30 days of each crash. The UK's Department for Transport compiles the 121 data, which the United Kingdom Data Archive then maintains and distributes. The dataset 122 encompasses a variety of variables, including crash circumstances (e.g., time and date, weather conditions, road and light conditions, posted speed limit, road type), vehicle and driver 123 124 characteristics, demographic details of the drivers, precrash manoeuvres of the vehicles, and the 125 initial impact point of the vehicle. Additionally, the dataset contains demographic information 126 and details regarding injury severity for each casualty. This study adhered to the STROBE 127 (strengthening the reporting of observational studies in epidemiology) reporting guidelines.[20] 128 Injury severity in the aforementioned dataset is divided into three categories, namely slight, 129 serious, and fatal. Fatal injuries refer to those leading to death within 30 days of the accident. 130 Serious injuries include conditions such as fractures, internal injuries, severe cuts and lacerations, 131 concussions, and any injury requiring hospitalisation. Slight injuries include sprains, bruises, and

minor cuts, as well as mild shock requiring roadside attention. The exclusive focus of this studywas crashes leading to cyclist casualties.

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

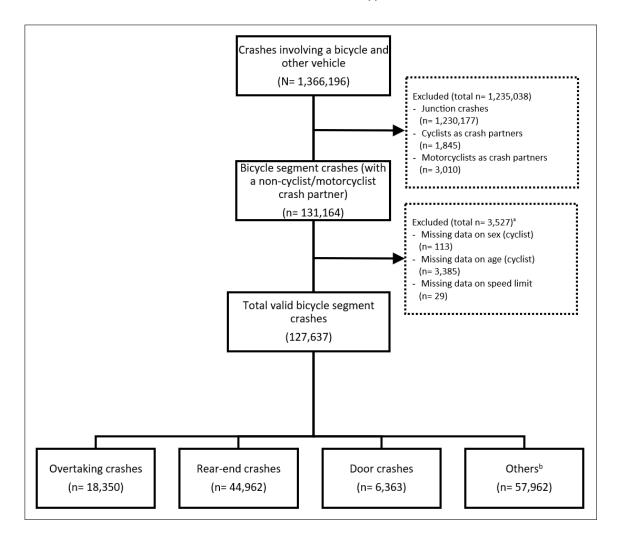
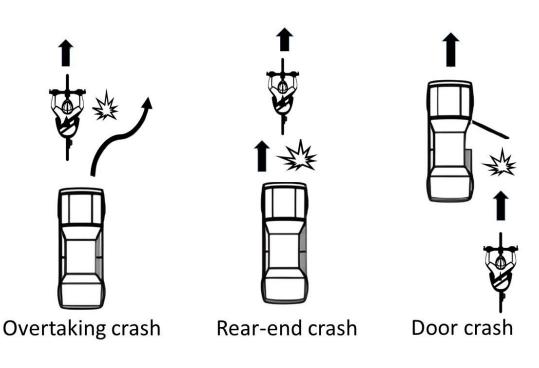


Figure. 1. Flowchart of the study sample selection process. ^aListed excluded criteria are nonexclusive; thus, the
 sum of the total may exceed 3,527. ^bOther crashes include reversing crashes and head-on crashes.

143

144 Classification of crash types

As shown in Figure 2, an overtaking crash is defined as a crash where a motorised vehicle overtakes and impacts with a bicycle, which may be travelling straight, overtaking another vehicle, changing lanes, or turning. A rear-end crash occurs when a following vehicle impacts with the rear of a bicycle. A door crash involves a bicycle either being struck by or striking the opening door of an automobile. These three crash types were described using schematics in our previous study [18].



- 151
- 152

Figure 2. Illustrative diagram of the three crash types

153 Data collection

For the present study, the three crash types of focus (overtaking, rear-end, and door crashes) were the binary-dependent variables. The collected data encompassed the following factors: lighting conditions on the roadway at the time of the crash (daylight, darkness-lit, darkness-unlit),

the speed limit at the crash scene (rural: ≥40 miles per hour [mph]; urban: 20–30 mph), the time 157 158 of day categorised into four periods according to traffic volume (midnight: 00:00-06:00; rush 159 hours: 07:00-08:00 and 17:00-18:00; nonrush hours: 09:00-16:00; and evening: 19:00-23:00), 160 and the day of the week (weekday or weekend day). The demographic details of cyclist casualties 161 encompassed age (≤18, 19–40, 41–64, or ≥65 years) and sex (male or female). Finally, the 162 demographic details of the crash partner included the type of vehicle (identified as a taxi, private 163 hire car, car, bus, or heavy goods vehicle [HGV]), age (\leq 18, 19–40, 41–64, or \geq 65 years) and sex 164 (male or female). On a cautionary note, we removed junction cases to avoid the variability 165 introduced when exogenous factors, such as junction geometry and control measures, are 166 present at junctions. Furthermore, the cases involving other cyclists and motorcyclists were 167 removed as we focused on vehicle-cycle crashes only. Missing data on sex, age, or speed limits 168 were also excluded in the analysis. Excluding these data may impact our results in a marginal 169 scale, as these data are likely to be single-bicycle crashes that in nature be underreported in 170 police crash dataset [21].

171

172 Statistical analysis

This study employed the chi-squared test to examine the associations between crash type and other factors, including cyclist or motorist characteristics, vehicle features, roadway conditions, and temporal variables. Initially, we examined the distribution of three crash types across various variables to explore their relationships with a binary outcome. These variables included lighting conditions, speed limit, time of day, and day of the week. Demographic details concerning cyclist casualties encompassed age and sex, while information about the crash partner included vehicle type, age, and sex. We set a significance level of *p* < 0.2 to include risk factors in our multivariate
analysis [23]. Adjusted odds ratios (AORs) were computed using multivariate logistic regression
with backward selection.[22, 23]

182 The multivariate logistic regression model equation was specified as:

183
$$log\left(\frac{P(Y=1)}{1 - P(Y=1)}\right) = \beta_0 + \beta_1 X_1 + \beta_2 X_2$$

184 where P(Y = 1) denotes the probability of the outcome, $\beta_0, \beta_1, \beta_2, ..., \beta_p$ are the coefficients to be 185 estimated, and $X_1, X_2, ..., X_p$ represent the predictor variables.

Before estimating the model, assumptions of logistic regression, such as linearity of the logit, absence of multicollinearity, and independence of observations, were evaluated. An odds ratio (OR) greater than 1 indicated a positive association between the independent variable and the occurrence rate, while an OR less than 1 indicated a negative association. An OR of 1 suggested no association between the variables of interest and the outcomes. All statistical analyses were conducted using SPSS Statistics version 25 for Windows (IBM Corp., Armonk, New York, USA). A *p* value lower than 0.05 in two-tailed tests was considered statistically significant.

193

194 **Results**

Population characteristics

Tables 1, 2, and 3 present the distributions of overtaking, rear-end, and door crashes, respectively,
in relation to multiple independent variables. These data revealed that a significant proportion

198	of bicycle crashes occurred in daylight (82.3%), occurred in urban settings (78.5%), occurred
199	during nonrush hours (48.3%), occurred on weekdays (77.5%), involved cyclists aged under 18
200	years (40.1%), and involved male cyclists (81.3%). Additionally, most crashes involved cars as
201	crash partners (83.6%), and crash partners were predominately aged 19–40 years (38.5%) and
202	were male (76.4%). Table 1 highlights an overrepresentation in bicycle overtaking crashes for
203	certain variables, namely unlit darkness (19.5%), rural areas (24.8%), midnight hours (17.7%),
204	buses or HGVs as crash partners (24.7%), and elderly crash partners (21.5%) and male crash
205	partners (16.0%). These results were revealed to be statistically significant by the chi-squared
206	test (<i>p</i> < 0.01).

2	08	•
~	00	

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)	χ2 test p value
Light conditions, n (%)				< 0.001
Daylight	105,053 (82.3%)	15,283 (14.55 <mark>%</mark>)	89,770 (85.5%)	
Darkness-lit	16,543 (13.0%)	1,889 (11,42%)	14,654 (88.6%)	
Darkness-unlit	6,041 (4.7%)	1,178 (19.50%)	4,863 (80.5%)	
Speed limit, n (%)				<0.001
Rural (≥ 40 mph)	27,395 (21.5%)	6,805 (24.8%)	20,590 (75.6%)	
Urban (20–30 mph)	100,242 (78.5%)	11,545 (11.5%)	88,697 (88.5%)	
Crash time (h), n (%)				<0.001
Midnight (00:00–06:00)	4,810 (3.8%)	852 (17.7%)	3,958 (82.3%)	
Rush hours (07:00–08:00/17:00–18:00)	41,619 (32.6%)	5,685 (13.7%)	35,934 (86.3%)	
Nonrush hours (09:00–16:00)	61,696 (48.3%)	9,386 (15.2%)	52,310 (84.8%)	
Evening (19:00–23:00)	19,512 (15.3%)	2,427 (12.4%)	17,085 (87.6%)	
Crash day, n (%)				0.094
Weekend	28,730 (22.5%)	4,218 (14.7%)	24,512 (85.2%)	
Weekday	98,907 (77.5%)	14,132 (14.3%)	84,775 (85.7%)	
Cyclist's age (years), n (%)				<0.001
≤18	51,193 (40.1%)	5,220 (10.2%)	45,973 (89.8%)	
19–40	45,760 (35.9%)	7,108 (15.5%)	38,652 (84.5%)	
41–64	26,052 (20.4%)	5,012 (19.2%)	21,040 (80.8%)	
≥65	4,632 (3.6%)	1,010 (21.8%)	3,622 (78.2%)	
Cyclist's sex, n (%)				<0.001
Male	103,766 (81.3%)	14,746 (14.2%)	89,020 (85.8%)	
Female	23,871 (18.7%)	3,604 (15.1%)	20,267 (84.9%)	
Crash partner, n (%)				<0.001

Taxi/Private hire car	2,588 (2.0%)	208 (8.0%)	2,380 (92.0%)	
Car	106,668 (83.6%)	13,599 (12.8%)	93,069 (87.3%)	
Bus/Heavy goods vehicle	18,381 (14.4%)	4,543 (24.7%)	13,838 (75.3%)	
Crash partner's age (years), n (%)				<0.001
≤18	2,415 (1.9%)	281 (11.6%)	2,134 (88.4%)	
19–40	49,103 (38.5%)	5,398 (11.0%)	43,705 (89.0%)	
41–64	35,598 (27.9%)	3,973 (11.2%)	31,625 (88.8%)	
≥65	40,521 (31.8%)	8,698 (21.5%)	31,823 (78.5%)	
Crash partner's sex, n (%)				<0.001
Male	97,447 (76.4%)	15,584 (16.0%)	81,863 (84.0%)	
Female	30,190 (23.8%)	2,766 (9.2%)	27,424 (90.8%)	

209

210 Several variables in Table 2 reveal significant differences between rear-end crashes and non-211 rear-end crashes. Specifically, a higher proportion of rear-end crashes occurred under darkness-212 unlit conditions (50.2%) compared to darkness-lit conditions (37.5%). Additionally, rear-end 213 crashes were more prevalent in rural areas with speed limits of \geq 40 mph (43.0%) compared to 214 urban areas with speed limits of 20–30 mph (33.1%). Crashes involving crash partners aged \geq 65 215 accounted for 39.7% of rear-end crashes, which was higher compared to other age groups (age 216 41–64: 33.0% and ≤18: 36.0%). Furthermore, rear-end crashes were more likely to occur during 217 midnight (47.6%) compared to rush hours (36.3%). Taxis were frequently involved in rear-end 218 crashes (42.4%), as were male crash partners (36.8%). These findings highlight the significant 219 influence of various factors on the likelihood of rear-end crashes. Variables such as darkness-unlit 220 conditions, higher speed limits in rural areas, crash time, and characteristics of the crash partner all emerged as significant determinants. Specifically, rear-end crashes were notably more 221 222 prevalent under darkness-unlit conditions, in rural areas with higher speed limits, during 223 midnight hours, and involving certain characteristics of crash partners. Importantly, these 224 associations were statistically significant, as indicated by the Chi-squared test (p < 0.001).

225

226 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)	χ2 test p value
Light conditions, n (%)				< 0.001
Daylight	105,053 (82.3%)	35,726 (34.1%)	69,333 (66.0%)	
Darkness-lit	16,543 (13.0%)	6,204 (37.5%)	10,339 (63.5%)	
Darkness-unlit	6,041 (4.73%)	3,032 (50.19%)	3,003 (49.71%)	
Speed limit, n (%)				<0.001
Rural (≥ 40 mph)	27,395 (21.5%)	11,788 (43.0%)	15,607 (57.0%)	
Urban (20–30 mph)	100,242 (78.5%)	33,174 (33.1%)	67,068 (66.9%)	
Crash time (h), n (%)				<0.001
Midnight (00:00–06:00)	4,810 (3.8%)	2,289 (47.6%)	2,521 (52.4%)	
Rush hours (07:00–08:00/17:00–18:00)	41,619 (32.6%)	15,089 (36.3%)	26,530 (63.7%)	
Nonrush hours (09:00–16:00)	61,696 (48.3%)	20,723 (33.6%)	40,973 (66.4%)	
Evening (19:00-23:00)	19,512 (15.3%)	6,861 (36.2%)	12,651 (64.9%)	
Crash day, n (%)				<0.001
Weekend	28,730 (22.5%)	9,485 (33.0%)	19,245 (67.0%)	

Weekday	98,907 (77.5%)	35,477 (35.9%)	63,430 (64.1%)	
Cyclist's age (years), n (%)				<0.001
≤18	51,193 (40.1%)	13,446 (26.3%)	37,747 (73.7%)	
19–40	45,760 (35.9%)	19,102 (41.7%)	26,658 (58.3%)	
41–64	26,052 (20.4%)	10,619 (40.8%)	15,433 (59.2%)	
≥65	4,632 (3.6%)	1,795 (38.8%)	2,837 (61.3%)	
Cyclist's sex, n (%)				< 0.001
Male	103,766 (81.3%)	37,175 (35.8%)	66,591 (64.2%)	
Female	23,871 (18.7%)	7,787 (32.6%)	16,084 (67.4%)	
Crash partner, n (%)				<0.001
Taxi/Private hire car	2,588 (2.0%)	1,096 (42.4%)	1,492 (57.7%)	
Car	106,668 (83.6%)	37,202 (34.9%)	71,342 (66.9%)	
Bus/Heavy goods vehicle	18,381 (14.4%)	6,664 (36.3%)	9,841 (53.5%)	
Crash partner's age (years), n (%)				< 0.001
≤18	2,415 (1.9%)	870 (36.0%)	1,545 (64.0%)	
19–40	49,103 (38.5%)	16,282 (33.2%)	32,821 (66.8%)	
41–64	35,598 (27.9%)	11,736 (33.0%)	23,862 (67.0%)	
≥65	40,521 (31.8%)	16,074 (40.0%)	24,447 (60.3%)	
Crash partner's sex, n (%)				< 0.001
Male	97,447 (76.6%)	35,828 (36.8%)	61,619 (63.2%)	
Female	30,190 (23.7%)	9,134 (30.3%)	21,056 (69.7%)	

²²⁷

228 As shown in Table 3, several variables can contribute to door crashes involving bicycles. Door 229 crashes predominantly occurred in urban areas with speed limits of 20-30 mph (6.2%), while a 230 significantly lower proportion occurred in rural areas with speed limits \geq 40 mph (0.5%). These 231 crashes were overrepresented during non-rush hours (5.5%) and rush hours (4.9%) compared to 232 evening (4.3%) and midnight (2.4%). Cyclists were more frequently involved in door crashes on 233 weekdays (5.4%) than weekends (3.7%). As many as 8.2% of all female cyclists were involved in 234 door crashes, which is higher than the involvement rate among males (4.2%). Taxi and private 235 hire cars were overinvolved in door crashes (10.6%) compared to cars (5.2%) and buses/heavy 236 goods vehicles (3.1%). Crash partners aged ≤ 18 years (5.2%) and 19-40 years (5.3%) were 237 disproportionately involved in door crashes compared to older age groups, and female crash 238 partners were overrepresented in door crashes (7.4%) compared to males (4.2%). These results 239 were statistically significant, as indicated by the Chi-squared test (p < 0.001). They suggest that 240 various factors—including traffic conditions (rural areas, crash time), cyclist demographics

- 241 (younger age, gender), and characteristics of the crash partner (taxi/private hire cars)-
- significantly contribute to the likelihood of door crashes involving cyclists.

|--|

Variable	Total (n=127,637)	Door crashes (n=6,363)	Non-door crashes (n=121,274)	χ2 test p value
Light conditions, n (%)				<0.001
Daylight	105,053 (82.3%)	5,192 (4.9%)	99,861 (95.1%)	
Darkness-lit	16,543 (13.0%)	1,031 (6.2%)	15,512 (93.8%)	
Darkness-unlit	6,041 (4.7%)	140 (2.3%)	5,901 (97.7%)	
Speed limit, n (%)				<0.001
Rural (≥ 40 mph)	27,395 (21.5%)	123 (0.5%)	27,272 (99.6%)	
Urban (20–30 mph)	100,242 (78.5%)	6,240 (6.2%)	94,002 (93.8%)	
Crash time (h) , n (%)				<0.001
Midnight (00:00–06:00)	4,810 (3.8%)	113 (2.4%)	4,697 (97.7%)	
Rush hours (07:00–08:00/17:00–18:00)	41,619 (32.6%)	2,056 (4.9%)	39,563 (95.1%)	
Nonrush hours (09:00–16:00)	61,696 (48.3%)	3,363 (5.5%)	58,333 (94.6%)	
Evening (19:00–23:00)	19,512 (15.3%)	831 (4.3%)	18,681 (95.7%)	
Crash day, n (%)				<0.001
Weekend	28,730 (22.5%)	1,072 (3.7%)	27,658 (96.3%)	
Weekday	98,907 (77.5%)	5,291 (5.4%)	93,616 (94.7%)	
Cyclist's age (years), n (%)				<0.001
≤18	51,193 (40.1%)	802 (1.6%)	50,391 (98.4%)	
19–40	45,760 (35.9%)	3,474 (7.6%)	42,286 (93.4%)	
41–64	26,052 (20.4%)	1,773 (6.8%)	24,279 (93.2%)	
≥65	4,632 (3.6%)	314 (6.8%)	4,318 (93.2%)	
Cyclist's sex , n (%)				<0.001
Male	103,766 (81.3%)	4,404 (4.2%)	99,362 (95.8%)	
Female	23,871 (18.7%)	1,959 (8.2%)	21,912 (91.8%)	
Crash partner, n (%)				<0.001
Taxi/Private hire car	2,588 (2.0%)	273 (10.6%)	2,315 (89.5%)	
Car	106,668 (83.6%)	5,514 (5.2%)	101,154 (94.8%)	
Bus/Heavy goods vehicle	18,381 (14.4%)	576 (3.1%)	17,805 (96.9%)	
Crash partner's age (years), n (%)				<0.001
≤18	2,415 (1.9%)	1,62 (5.2%)	2,253 (93.3%)	
19–40	49,103 (38.5%)	2,585 (5.3%)	46,518 (94.7%)	
41–64	35,598 (27.9%)	1,887 (5.3%)	33,711 (94.7%)	
≥65	40,521 (31.8%)	1,729 (4.3%)	38,792 (95.7%)	
Crash partner's sex, n (%)				<0.001
Male	97,447 (76.6%)	4,123 (4.2%)	93,324 (95.8%)	
Female	30,190 (23.7%)	2,240 (7.4%)	27,950 (92.6%)	

²⁴⁴

246 Risk factors for the three crash types

Table 4 presents the logistic regression model results. Regarding overtaking crashes, the identified risk factors included daylight conditions (adjusted odds ratio [AOR] = 1.233, 95%

²⁴⁵

249 confidence interval [CI] = 1.162-1.309; *p*<0.001), speed limits of ≥40 mph (AOR = 2.238, 95% CI = 250 2.159-2.320; *p*<0.001), nonrush hours (AOR = 1.091, 95% CI 1.031-1.154; *p*=0.003), cyclists aged 251 ≥65 years (AOR = 1.785, 95% CI = 1.649-1.931; *p*<0.001), female cyclists (AOR = 1.106, 95% CI = 252 1.062-1.153), HGVs as crash partners (AOR = 2.867, 95% CI = 2.473-3.323; *p*<0.001), elderly crash 253 partners (AOR = 2.013, 95% CI = 1.937-2.092; *p*<0.001), and male crash partners (AOR = 1.353, 254 95% CI = 1.292-1.416; *p*<0.001).

255 For rear-end crashes, noteworthy risk factors included unlit darkness (AOR = 1.486, 95% CI 256 = 1.404–1.573; p<0.001), speed limits of ≥40 mph (AOR = 1.315, 95% CI = 1.277–1.354; p<0.001), 257 weekdays (AOR = 1.090, 95% CI = 1.059–1.122; p<0.001), midnight hours (AOR = 1.269, 95% CI = 258 1.190-1.354; p<0.001), and taxis as crash partners (AOR = 1.286, 95% CI = 1.186-1.394; p<0.001). 259 Regarding door crashes, significant risk factors included lit darkness (AOR = 1.373, 95% CI = 260 1.141–1.651; p<0.001), speed limits of 20–30 mph (AOR = 16.185, 95% Cl = 13.514–19.382; 261 p<0.001), weekdays (AOR = 1.246, 95% CI = 1.162–1.336; p<0.001), and nonrush hours (AOR = 262 2.912, 95% CI = 2.384–3.556; p<0.001). Additionally, female cyclists (AOR = 1.675, 95% CI = 1.582– 263 1.774; *p*<0.001), taxis or private hire cars as crash partners (AOR = 2.695, 95% CI = 2.310–3.145; 264 *p*<0.001), male crash partners (AOR = 1.373, 95% CI = 1.296–1.455; *p*<0.001), and crash partners 265 aged 41–64 years (AOR = 1.855, 95% CI = 1.625–2.117; p<0.001) were associated with door 266 crashes. 267 268 269 270

- 271
- 272
- 273

274 Table 4. Multivariate logistic regression results

	Overtaking crashes		Rear-end crashes		Door crashes	
Variable	AOR (95% CI)	p value	AOR (95% CI)	<i>p</i> value	AOR (95% CI)	p value
Light condition						
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 <i>,</i> 1.253)	0.001	1.486 (1.404, 1.573)	< 0.001	Ref	
Speed limit						
Rural (≥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)	<0.00
Crash time						
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)	<0.00
Nonrush hours	1.091 (1.031, 1.154)	0.003	Ref		2.912 (2.384, 3.556)	<0.00
Evening	Ref		0.992 (0.953, 1.032)	0.686	2.014 (1.646, 2.465)	<0.00
Table 4. Multivariate log						
	Overtaking cras	hes	Rear-end crashe	es	Door crashes	-
Variable	AOR (95% CI)	<i>p</i> value	AOR (95% CI)	<i>p</i> value	AOR (95% CI)	<i>p</i> valu
Crash day						
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)	<0.00
Cyclist's age (years)						
≤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 <i>,</i> 6.435)	<0.00
	1.509 (1.444, 1.578)	<0.001	1.731 (1.676, 1.789)	< 0.001	6.129 (5.621, 6.684)	<0.00
41–64	1.303 (1.444, 1.378)			<0.001	5.988 (5.217, 6.874)	<0.00
41–64 ≥65	1.785 (1.649, 1.931)	<0.001	1.671 (1.568 <i>,</i> 1.780)	V0.001	J.JOO (J.ZI), 0.0/4/	
	,	<0.001	1.671 (1.568, 1.780)	\0.001	5.568 (5.217, 6.674)	
≥65	,	<0.001		< 0.001	Ref	
≥65 Cyclist's sex	1.785 (1.649, 1.931)	<0.001	1.671 (1.568, 1.780) 1.172 (1.137, 1.208) Ref			<0.00
≥65 Cyclist's sex Male	1.785 (1.649, 1.931) Ref		1.172 (1.137, 1.208)		Ref	<0.00
≥65 Cyclist's sex Male Female	1.785 (1.649, 1.931) Ref 1.106 (1.062, 1.153)		1.172 (1.137, 1.208) Ref	<0.001	Ref 1.675 (1.582, 1.774)	
≥65 Cyclist's sex Male Female Crash partner	1.785 (1.649, 1.931) Ref 1.106 (1.062, 1.153) Ref	<0.001	1.172 (1.137, 1.208) Ref 1.286 (1.186, 1.394)		Ref 1.675 (1.582, 1.774) 2.695 (2.310, 3.145)	<0.00
≥65 Cyclist's sex Male Female Crash partner Taxi/Private hire car Car	1.785 (1.649, 1.931) Ref 1.106 (1.062, 1.153) Ref 1.571 (1.359, 1.816)	<0.001	1.172 (1.137, 1.208) Ref 1.286 (1.186, 1.394) Ref	<0.001	Ref 1.675 (1.582, 1.774) 2.695 (2.310, 3.145) 2.089 (1.908, 2.286)	<0.00
≥65 Cyclist's sex Male Female Crash partner Taxi/Private hire car	1.785 (1.649, 1.931) Ref 1.106 (1.062, 1.153) Ref	<0.001	1.172 (1.137, 1.208) Ref 1.286 (1.186, 1.394)	<0.001	Ref 1.675 (1.582, 1.774) 2.695 (2.310, 3.145)	<0.00
≥65 Cyclist's sex Male Female Crash partner Taxi/Private hire car Car Bus/Heavy goods	1.785 (1.649, 1.931) Ref 1.106 (1.062, 1.153) Ref 1.571 (1.359, 1.816)	<0.001	1.172 (1.137, 1.208) Ref 1.286 (1.186, 1.394) Ref	<0.001	Ref 1.675 (1.582, 1.774) 2.695 (2.310, 3.145) 2.089 (1.908, 2.286)	<0.00
≥65 Cyclist's sex Male Female Crash partner Taxi/Private hire car Car Bus/Heavy goods vehicle	1.785 (1.649, 1.931) Ref 1.106 (1.062, 1.153) Ref 1.571 (1.359, 1.816)	<0.001	1.172 (1.137, 1.208) Ref 1.286 (1.186, 1.394) Ref	<0.001	Ref 1.675 (1.582, 1.774) 2.695 (2.310, 3.145) 2.089 (1.908, 2.286)	<0.00
≥65 Cyclist's sex Male Female Crash partner Taxi/Private hire car Car Bus/Heavy goods vehicle Crash partner's age	1.785 (1.649, 1.931) Ref 1.106 (1.062, 1.153) Ref 1.571 (1.359, 1.816)	<0.001	1.172 (1.137, 1.208) Ref 1.286 (1.186, 1.394) Ref	<0.001	Ref 1.675 (1.582, 1.774) 2.695 (2.310, 3.145) 2.089 (1.908, 2.286)	<0.00 <0.00 <0.00
≥65 Cyclist's sex Male Female Crash partner Taxi/Private hire car Car Bus/Heavy goods vehicle Crash partner's age (years)	1.785 (1.649, 1.931) Ref 1.106 (1.062, 1.153) Ref 1.571 (1.359, 1.816) 2.867 (2.473, 3.323)	<0.001 <0.001 <0.001	1.172 (1.137, 1.208) Ref 1.286 (1.186, 1.394) Ref 1.099 (1.061, 1.139)	<0.001 <0.001 <0.001	Ref 1.675 (1.582, 1.774) 2.695 (2.310, 3.145) 2.089 (1.908, 2.286) Ref	<0.00 <0.00
≥65 Cyclist's sex Male Female Crash partner Taxi/Private hire car Car Bus/Heavy goods vehicle Crash partner's age (years) ≤18	1.785 (1.649, 1.931) Ref 1.106 (1.062, 1.153) Ref 1.571 (1.359, 1.816) 2.867 (2.473, 3.323) 1.097 (0.963, 1.249)	<0.001 <0.001 <0.001	1.172 (1.137, 1.208) Ref 1.286 (1.186, 1.394) Ref 1.099 (1.061, 1.139) 1.225 (1.188, 1.263)	<0.001 <0.001 <0.001 <0.001	Ref 1.675 (1.582, 1.774) 2.695 (2.310, 3.145) 2.089 (1.908, 2.286) Ref 1.507 (1.313, 1.731) 1.855 (1.625, 2.117)	<0.00 <0.00 <0.00 <0.00
≥65 Cyclist's sex Male Female Crash partner Taxi/Private hire car Car Bus/Heavy goods vehicle Crash partner's age (years) ≤18 19–40	1.785 (1.649, 1.931) Ref 1.106 (1.062, 1.153) Ref 1.571 (1.359, 1.816) 2.867 (2.473, 3.323) 1.097 (0.963, 1.249) Ref	<0.001 <0.001 <0.001 0.162	1.172 (1.137, 1.208) Ref 1.286 (1.186, 1.394) Ref 1.099 (1.061, 1.139) 1.225 (1.188, 1.263) 1.038 (1.008, 1.069)	<0.001 <0.001 <0.001 <0.001	Ref 1.675 (1.582, 1.774) 2.695 (2.310, 3.145) 2.089 (1.908, 2.286) Ref 1.507 (1.313, 1.731)	<0.00 <0.00 <0.00 <0.00
≥65 Cyclist's sex Male Female Crash partner Taxi/Private hire car Car Bus/Heavy goods vehicle Crash partner's age (years) ≤18 19–40 41–64	1.785 (1.649, 1.931) Ref 1.106 (1.062, 1.153) Ref 1.571 (1.359, 1.816) 2.867 (2.473, 3.323) 1.097 (0.963, 1.249) Ref 0.950 (0.909, 0.994)	<0.001 <0.001 <0.001 0.162 0.025	1.172 (1.137, 1.208) Ref 1.286 (1.186, 1.394) Ref 1.099 (1.061, 1.139) 1.225 (1.188, 1.263) 1.038 (1.008, 1.069) Ref	<0.001 <0.001 <0.001 <0.001 0.013	Ref 1.675 (1.582, 1.774) 2.695 (2.310, 3.145) 2.089 (1.908, 2.286) Ref 1.507 (1.313, 1.731) 1.855 (1.625, 2.117) 1.801 (1.574, 2.060)	<0.00 <0.00 <0.00 <0.00
≥65 Cyclist's sex Male Female Crash partner Taxi/Private hire car Car Bus/Heavy goods vehicle Crash partner's age (years) ≤18 19–40 41–64 ≥65	1.785 (1.649, 1.931) Ref 1.106 (1.062, 1.153) Ref 1.571 (1.359, 1.816) 2.867 (2.473, 3.323) 1.097 (0.963, 1.249) Ref 0.950 (0.909, 0.994)	<0.001 <0.001 <0.001 0.162 0.025	1.172 (1.137, 1.208) Ref 1.286 (1.186, 1.394) Ref 1.099 (1.061, 1.139) 1.225 (1.188, 1.263) 1.038 (1.008, 1.069) Ref	<0.001 <0.001 <0.001 <0.001 0.013	Ref 1.675 (1.582, 1.774) 2.695 (2.310, 3.145) 2.089 (1.908, 2.286) Ref 1.507 (1.313, 1.731) 1.855 (1.625, 2.117) 1.801 (1.574, 2.060)	<0.00 <0.00

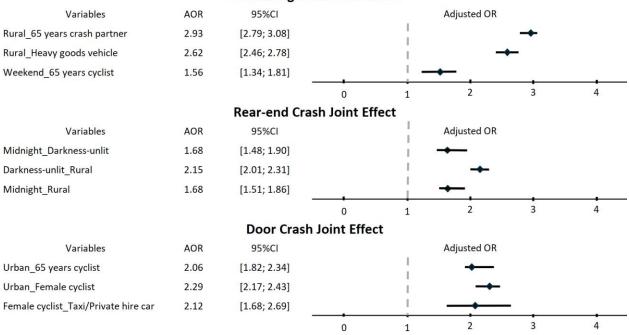
277 three crash types when other variables were controlled for. The results identified several key risk factors for both overtaking and rear-end crashes. The risk of overtaking crashes showed a significant increase of 193% in rural areas when elderly drivers were involved (AOR = 2.93, 95% CI = 2.79–3.08), and similarly when heavy goods vehicles (HGVs) were the crash partner (AOR = 2.62, 95% CI = 2.46–2.78). Elderly cyclists also faced a higher risk of overtaking crashes on weekends (AOR = 1.56, 95% CI = 1.34–1.81).

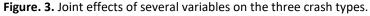
Regarding rear-end crashes, the risk increased notably with unlit darkness during midnight (AOR = 1.68, 95% CI = 1.48–1.90) and was significantly higher in rural areas (AOR = 2.15, 95% CI = 2.01–2.31). Furthermore, bicycling at midnight in rural areas was associated with an increased risk of rear-end crashes (AOR = 1.68; 95% CI = 1.51–1.86). In urban settings, the risk of door crashes was higher for female cyclists (AOR = 2.29; 95% CI = 2.17–2.43) and for elderly cyclists (AOR = 2.06; 95% CI = 1.82–2.34). Finally, female cyclists exhibited a 112% higher likelihood of door crashes when the crash partner was a taxi (AOR = 2.12; 95% CI = 1.68–2.69).



291 292

Overtaking Crash Joint Effect





293

294 295

295

297 **Discussion**

298 This study explored the relationships among individual and environmental factors in relation to 299 three common bicycle crash types (overtaking, rear-end, and door crashes) on roads in the United 300 Kingdom from 1991 to 2020. The findings revealed several significant factors. First, for overtaking 301 crashes, HGVs as crash partners, rural areas, and the involvement of elderly crash partners 302 emerged as key contributing factors. Second, unlit darkness, midnight hours, and rural areas 303 were the factors most closely associated with rear-end crashes. Third, urban areas and taxis as 304 crash partners significantly increased the likelihood of door crashes. Moreover, male crash 305 partners were found to be a consistent risk factor across all three crash types.

306 Our research findings identified specific risk factors for overtaking crashes, namely rural 307 areas, HGVs as crash partners, and elderly crash partners. These findings align with previous 308 research that identified elderly drivers [24], speeds exceeding 10 mph, and the presence of pick-309 up trucks as factors contributing to increased risk for overtaking crash. Specifically, HGVs possess 310 several characteristics that amplify this danger. Their large blind spots make it difficult for drivers 311 to see cyclists, increasing the likelihood of crashes during overtaking. Additionally, HGVs are less 312 manoeuvrable compared to passenger cars, which reduces their ability to avoid crashes if cyclists 313 suddenly enter their path. The speed and distance perception issues between HGVs and cyclists 314 further complicate the judgment of safe overtaking gaps. Furthermore, HGVs require longer 315 stopping distances due to their size and weight, which can lead to severe consequences if a 316 sudden need to brake arises. A behavioural study suggested that compared with cars, HGVs

317 tended to maintain a narrower clearance zone when overtaking bicycles [25]. Regarding the 318 association with buses or HGVs, Pai et al. [18] suggested that time pressures on HGV drivers for 319 timely loading and unloading might lead to more reckless driving. Specifically, our results align 320 with the observations made by Pai et al., who also mentioned higher crash rates involving buses 321 or HGVs, supporting the idea that these time pressures contribute to increased crash risks. Our 322 findings underscore the necessity of implementing measures such as 'Share the Road' warning 323 signs [26], particularly in rural settings, where HGVs are likely to execute overtaking manoeuvres 324 at high speed. Such measures could prompt motor vehicles to maintain safer distances from the 325 edges of travel lanes, especially in areas with a notable presence of both HGVs and bicycles.

326 We also identified elderly drivers as a factor contributing to overtaking crashes—a finding 327 consistent with relevant research [24]. We found that as individuals age, their risk of being 328 involved in road accidents increases, primarily due to declines in cognitive capabilities. Our study 329 corroborates these findings by showing that older cyclists are more susceptible to accidents 330 during overtaking manoeuvres, which can be attributed to diminished reaction times and 331 impaired decision-making abilities [27], their health [28], and their driving performance [29]. 332 Notably, crashes involving elderly individuals often occur in scenarios with challenging conditions, 333 including at intersections without traffic control measures, on high-speed roads, during adverse 334 weather conditions, in poorly lit areas, and in head-on accidents [30-32]. The heightened level of 335 risk under such conditions may be attributed to cognitive and perceptual decline in older drivers, 336 which could affect their capacity to execute actions such as overtaking manoeuvres safely. 337 Accordingly, developing specialised cognitive training programmes as interventions to enhance 338 road safety for elderly drivers is evidently necessary [33]. Based on our study's findings, we

recommend the development of specialised interventions to improve road safety for elderly cyclists. Our analysis reveals that older cyclists are at a higher risk of being involved in overtaking crashes, with this increased risk being strongly linked to declines in cognitive capabilities associated with aging. To address this issue, we advocate for the implementation of targeted cognitive training programs specifically designed for elderly cyclists. These programs should focus on enhancing critical skills such as reaction time, situational awareness, and decision-making abilities, which are crucial for reducing crash risk and improving overall road safety.

346 In the present study, several factors were found to increase the risk of rear-end crashes on 347 road segments, including darkness with unlit surroundings, midnight hours, and rural settings (speed limit > 40 mph). Although few studies have specifically addressed rear-end crashes 348 349 involving bicycles on road segments, available data suggest that the low conspicuity of bicycles, 350 especially at night, is a recurrent factor in rear-end crashes [18, 34]. Moreover, a lack of adequate 351 street lighting, which is common in rural settings, predisposes cyclists to rear-end crashes [18]. 352 Our joint-effects analysis further indicated that the detrimental effect of unlit darkness is more 353 pronounced in rural areas and during midnight hours. Potential intervention strategies to 354 mitigate rear-end crashes include enhancing illumination and executing speed control 355 management on rural road segments with heavy bicycle traffic.

Next, our analysis successfully identified associations of urban areas and taxis and private hire cars as crash partners with door crashes on road segments. Although research specifically focusing on door crashes on road segments is limited, similar findings were documented by Pai, indicating that urban roadways and taxis contributed to door crashes [18]. However, determining the factors influencing this trend poses a challenge. One possible explanation could be the

361 increased presence of taxis or private hire cars in such areas, where passengers often disembark. 362 Additionally, our analysis further revealed an elevated risk of door crashes involving crashes with 363 taxis in urban areas. To reduce door crashes on road segments, educating taxi drivers, as well as 364 passengers, about the importance of vigilance when opening doors near traffic is essential [18]. 365 In addition, cyclists should be advised to maintain at least a door's width distance from all parked 366 cars to improve the sight triangles of drivers and increase the visibility of cyclists [35]. 367 Implementing a two-stage door opening mechanism for vehicles, which would enable drivers to 368 verify the presence of bicycles to the rear, could also be beneficial [36].

369 The strengths of this study include the use of STATS19 datasets spanning from 1991 to 2020, 370 which provides a robust statistical foundation and a broad perspective on trends in bicycle 371 crashes. By focusing specifically on three crash types on road segments—overtaking, rear-end, 372 and door crashes—the study provides a comprehensive and focused analysis, which can yield 373 more actionable insights and more effective recommendations. The UK-based dataset ensures 374 that the findings are particularly relevant for local policy and safety interventions. Additionally, 375 the application of statistical techniques and the consideration of various factors, such as crash 376 partner and time of day, enhance the validity and depth of the analysis.

This study had several limitations that warrant acknowledgement. First, the substantial underreporting of nonfatal casualties to the police, particularly casualties involving cyclists not obligated to report accidents, is a critical factor to consider. Such underreporting, as highlighted by the U.K. Government's Department for Transport [11], likely results in the incomplete representation of nonfatal and 'slight' casualties in road casualty data. Second, the STATS19 data utilised in this study lack critical variables, including precrash speeds, specific geometric

383 characteristics of roadways, data regarding alcohol and illicit substance use, and cyclist speed at 384 the time of an accident. Moreover, critical exposure data—such as those related to traffic flow, 385 rider or driver experience, and other elements of risk exposure—are absent, and the absence of 386 such details limits our ability to fully account for potential variations resulting from unobserved 387 factors in the analyses. Finally, this study did not explore annual trends in each type of bicycle 388 crash over the 30-year study period; investigating such trends could provide insights regarding 389 changing behaviours among cyclists and motor vehicle drivers as well as the effects of legislative 390 changes for road speed limits.

One inherent problem with police-reported crash data is the variables not readily available, hereby causing unobserved heterogeneity across the observations. To overcome such a limitation, we estimated separate regression models, as suggested by Kim et al.[37], for the three crash types; such an approach provides greater explanatory power compared to single overall models. Further, we conducted joint-effect analyses of several variables of interest that capture heterogeneity. In our previous studies, we adopted the above-mentioned approaches to overcome the inherent problem with a success [38, 39].

Future research directions could involve integrating GPS (Global Positioning System) data and weather conditions to analyse both injury frequency and fatalities of bicycle crashes on road segments. Additionally, exploring the potential of autonomous vehicles for detecting approaching bicycles for door-crashes and implementing AI-controlled lighting systems in rural areas for cyclist detection could be promising areas for further study.

403

404 **Recommendations**

405 For overtaking crashes, we recommend implementing 'Share the Road' warning signs, 406 especially in rural areas, and developing specialized cognitive training programs for elderly 407 drivers. Regarding rear-end crashes, our suggestions include improving illumination during night 408 time and implementing speed control measures on rural road segments. For door crashes 409 involving parked cars, we propose enhancing driver sight triangles and increasing cyclist visibility. 410 Moreover, implementing a two-stage door opening mechanism and an automatic detection 411 device in vehicles to alert drivers of bicycles approaching from behind could potentially be 412 beneficial.

413

414 **Conclusions**

415 This study identified several significant risk factors for the three predominate types of crashes 416 involving cyclists on road segments: HGVs as crash partners, elderly crash partners, and rural 417 areas for overtaking crashes; unlit darkness, midnight hours, and rural areas for rear-end crashes; 418 and urban areas and taxis as crash partners for door crashes. These risk factors remained 419 unchanged since our previous study conducted in 2011 [15]. The present research enhances the 420 field of bicycle safety research by concluding that the detrimental effects of certain variables 421 become more pronounced under certain conditions. For example, first, cyclists in rural settings 422 exhibited an elevated risk of overtaking crashes involving HGVs. Second, the rear-end crash risk 423 increases in the combined presence of unlit darkness, midnight hours, and rural areas. Finally, in 424 urban settings, the likelihood of door crashes increases when a taxi is the crash partner.

425

426 Abbreviations

- 427 WHO: World Health Organization; HGVs: heavy goods vehicles; AOR: adjusted odds ratio; CI:
- 428 confidence interval.
- 429

430 Acknowledgments

- 431 This manuscript was edited by Wallace Academic Editing.
- 432

433 Author contributions

- 434 Literature review: Chun-Chieh Chao.
- 435 **Methodology:** Chun-Chieh Chao, Chih-Wei Pai.
- 436 **Data merging and analysis:** Akhmad Fajri Widodo, Wafaa Saleh, Bayu Satria Wiratama.
- 437 Writing original draft: Chun-Chieh Chao.
- 438 Writing review and editing: Hui-An Lin, Chenyi Chen, Hon-Ping Ma, Akhmad Fajri Widodo.
- 439 Validation: Chun-Chieh Chao, Hui-An Lin, Chenyi Chen, Hon-Ping Ma, Shih Yu Ko.
- 440 **Supervision:** Li Wei, Yen-Nung Lin, Shou-Chien Hsu, Chih-Wei Pai.
- 441 **Funding:** Cheng-Wei Chan, Chih-Wei Pai.
- 442

443 **Funding**

This study received financial support from the Ministry of Science and Technology, Taiwan (MOST
110–2410-H-038-016-MY2 and MOST 109–2314-B-038-066-); New Taipei City Hospital
(NTPC113–002); and the National Science and Technology Council, Taiwan (NSTC 112-2410-H-

447	038-016-MY2).	The funders played	l no role in the design	of the study, data co	llection and analysis,
-----	---------------	--------------------	-------------------------	-----------------------	------------------------

448 interpretation of data, or preparation of the manuscript.

449

450 Availability of data and materials

- 451 This study utilised the British STATS19 database, which contains data on all road traffic accidents
- 452 in the United Kingdom. The data that support the findings of this study are openly available at

453 https://figshare.com/ndownloader/files/48173452.

454

455 **Declarations**

456 Ethical approval and consent to participate

- 457 This study was conducted in accordance with the Declaration of Helsinki and approved by the
- 458 Joint Institutional Review Board of Taipei Medical University (N202011030).
- 459

460 **Consent for publication**

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

465

466 **Competing interests**

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

469 Author information

470 ¹Graduate Institute of Injury Prevention and Control, College of Public Health, Taipei Medical 471 University, Taipei City, Taiwan. ²Department of Emergency Medicine, Taipei Medical University Hospital, Taipei City, Taiwan. ³Department of Emergency Medicine, School of Medicine, College 472 473 of Medicine, Taipei Medical University, Taipei City, Taiwan. ⁴Department of Emergency Medicine, New Taipei City Hospital, New Taipei City, Taiwan. ⁵College of Medicine, Chang Gung University, 474 Taoyuan City, Taiwan. ⁶Department of Emergency Medicine, Chang Gung Memorial Hospital, 475 476 Linkou branch, Taoyuan, Taiwan.⁷ Department of Emergency Medicine, Taipei Medical 477 University-Shuang Ho Hospital, New Taipei City, Taiwan. ⁸Taipei Neuroscience Institute, Taipei 478 Medical University, Taipei City, Taiwan. ⁹Division of Neurosurgery, Department of Surgery, Wan Fang Hospital, Taipei Medical University, Taipei City, Taiwan. ¹⁰Department of Physical Medicine 479 480 and Rehabilitation, Wan Fang Hospital, Taipei Medical University, Taipei City, Taiwan. ¹¹Transport Research Institute, Edinburgh Napier University, Edinburgh, Scotland. ¹²Department of 481 482 Epidemiology, Biostatistics, and Population Health, Faculty of Medicine, Public Health and 483 Nursing, Universitas Gadjah Mada, Yogyakarta City, Indonesia, ¹³Department of Occupational 484 Medicine, Chang Gung Memorial Hospital, Linkou branch, Taoyuan, Taiwan.

485 **References:**

Kjeldgard L, Ohlin M, Elrud R, Stigson H, Alexanderson K, Friberg E. Bicycle crashes and
 sickness absence - a population-based Swedish register study of all individuals of working ages.
 BMC Public Health. 2019;19(1):943.

489 2. World Health Organization. Regional Office for E. Walking and cycling: latest evidence to
490 support policy-making and practice. Copenhagen: World Health Organization. Regional Office for
491 Europe; 2022.

492 3. Venkatraman V, Richard CM, Magee K, Johnson K. Countermeasures that work: A highway
493 safety countermeasure guide for state highway safety offices, 10th Edition, 2020. (DOT HS 813
494 097).

495 4. Allen-Munley C, Daniel J, Dhar S. Logistic model for rating urban bicycle route safety. 496 Transportation Research Record. 2004;1878(1):107-15.

497 5. Kaplan JA. Characteristics of the Regular Adult Bicycle User. Final Report 1975.

498 6. Rivara FP, Thompson DC, Thompson RS. Epidemiology of bicycle injuries and risk factors 499 for serious injury. Inj Prev. 1997;3(2):110-4.

500 7. Wanvik PO. Effects of road lighting: an analysis based on Dutch accident statistics 1987-501 2006. Accid Anal Prev. 2009;41(1):123-8.

5028.Elvik R, Sundfør HB. How can cyclist injuries be included in health impact economic503assessments? Journal of Transport & Health. 2017;6:29-39.

Aertsens J, de Geus B, Vandenbulcke G, Degraeuwe B, Broekx S, De Nocker L, et al.
 Commuting by bike in Belgium, the costs of minor accidents. Accident Analysis & Prevention.
 2010;42(6):2149-57.

507 10. Scholten AC, Polinder S, Panneman MJ, Van Beeck EF, Haagsma JA. Incidence and costs of
508 bicycle-related traumatic brain injuries in the Netherlands. Accident Analysis & Prevention.
509 2015;81:51-60.

510 11. Traffic Safety Facts - Bicyclists and Other Cyclists.
 511 <u>https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/813322</u>: National Highway Traffic
 512 Safety Administration; 2020.

513 12. Bil M, Bilova M, Muller I. Critical factors in fatal collisions of adult cyclists with automobiles.
514 Accid Anal Prev. 2010;42(6):1632-6.

515 13. Moore DN, Schneider WHt, Savolainen PT, Farzaneh M. Mixed logit analysis of bicyclist
516 injury severity resulting from motor vehicle crashes at intersection and non-intersection locations.
517 Accid Anal Prev. 2011;43(3):621-30.

518 14. Wachtel A, Lewiston D. Risk factors for bicycle-motor vehicle collisions at intersections.
519 ITE journal. 1994;64(9):30-5.

520 15. Ugan J, Abdel-Aty M, Cai Q, Mahmoud N, Al-Omari Me. Effect of various speed
521 management strategies on bicycle crashes for urban roads in Central Florida. Transportation
522 Research Record: Journal of the Transportation Research Board. 2021;2676:036119812110366.

Meuleners LB, Fraser M, Johnson M, Stevenson M, Rose G, Oxley J. Characteristics of the
road infrastructure and injurious cyclist crashes resulting in a hospitalisation. Accident Analysis &
Prevention. 2020;136:105407.

526 17. Robartes E, Chen T-D. The effect of crash characteristics on cyclist injuries: An analysis of
527 Virginia automobile-bicycle crash data. Accid Anal Prev. 2017;104:165-73.

528 18. Pai C-W. Overtaking, rear-end, and door crashes involving bicycles: an empirical 529 investigation. Accid Anal Prev. 2011;43(3):1228-35.

530 19. Debnath AK, Haworth N, Schramm A, Heesch KC, Somoray K. Factors influencing 531 noncompliance with bicycle passing distance laws. Accid Anal Prev. 2018;115:137-42.

532 20. Vandenbrouckel JP, von Elm E, Altman DG, Gotzsche PC, Mulrow CD, Pocock SJ, et al.
533 Strengthening the Reporting of Observational Studies in Epidemiology (STROBE): explanation and
534 elaboration. PLoS Medicine. 2007;4(10):1628-55.

535 21. Watson A, Watson B, Vallmuur K. Estimating under-reporting of road crash injuries to 536 police using multiple linked data collections. Accident Analysis & Prevention. 2015;83:18-25.

537 22. Maldonado G, Greenland S. Simulation study of confounder-selection strategies.
538 American Journal of Epidemiology. 1993;138(11):923-36.

539 23. Chen P-L, Pai C-W. Evaluation of injuries sustained by motorcyclists in approach-turn 540 crashes in Taiwan. Accident Analysis & Prevention. 2019;124:33-9.

541 24. Liu J, Jones S, Adanu EK, Li X. Behavioral pathways in bicycle-motor vehicle crashes: From
542 contributing factors, pre-crash actions, to injury severities. J Safety Res. 2021;77:229-40.

543 25. Walker I. Signals are informative but slow down responses when drivers meet bicyclists544 at road junctions. Accid Anal Prev. 2005;37(6):1074-85.

545 26. Kay JJ, Savolainen PT, Gates TJ, Datta TK. Driver behavior during bicycle passing 546 maneuvers in response to a Share the Road sign treatment. Accid Anal Prev. 2014;70:92-9.

547 27. Anstey KJ, Horswill MS, Wood JM, Hatherly C. The role of cognitive and visual abilities as
548 predictors in the Multifactorial Model of Driving Safety. Accid Anal Prev. 2012;45:766-74.

549 28. Kandasamy D, Betz ME, DiGuiseppi C, Mielenz TJ, Eby DW, Molnar LJ, et al. Self-reported
550 health conditions and related driving reduction in older drivers. Occup Ther Health Care.
551 2018;32(4):363-79.

Laosee O, Rattanapan C, Somrongthong R. Physical and cognitive functions affecting road
traffic injuries among senior drivers. Arch Gerontol Geriatr. 2018;78:160-4.

554 30. Cicchino JB, Wells JK, McCartt AT. Survey about pedestrian safety and attitudes toward 555 automated traffic enforcement in Washington, D.C. Traffic Inj Prev. 2014;15(4):414-23.

556 31. Kostyniuk LP, Molnar LJ. Self-regulatory driving practices among older adults: health, age 557 and sex effects. Accid Anal Prev. 2008;40(4):1576-80.

55832.Zhang J, Lindsay J, Clarke K, Robbins G, Mao Y. Factors affecting the severity of motor559vehicle traffic crashes involving elderly drivers in Ontario. Accid Anal Prev. 2000;32(1):117-25.

560 33. Edwards JD, Ross LA, Wadley VG, Clay OJ, Crowe M, Roenker DL, et al. The useful field of 561 view test: normative data for older adults. Arch Clin Neuropsychol. 2006;21(4):275-86.

56234.Wood JM, Lacherez PF, Marszalek RP, King MJ. Drivers' and cyclists' experiences of sharing563the road: incidents, attitudes and perceptions of visibility. Accid Anal Prev. 2009;41(4):772-6.

35. Hunter W, Stewart JR. An evaluation of bike lanes adjacent to motor vehicle parking. 1999.
36. Huang C-Y. Observations of drivers' behavior when opening car doors. Procedia
Manufacturing. 2015;3:2753-60.

567 37. Kim D-G, Washington S, Oh J. Modeling crash types: New insights into the effects of 568 covariates on crashes at rural intersections. Journal of Transportation Engineering. 569 2006;132(4):282-92.

570 38. Pai C-W, Saleh W. Modelling motorcyclist injury severity by various crash types at T-571 junctions in the UK. Safety Science. 2008; 13:89-98.

- 572 39. Pai C-W, Jou R-C. Cyclists' red-light running behaviours: An examination of risk-taking,
- 573 opportunistic, and law-obeying behaviours. Accident Analysis & Prevention. 2014;62:191-8.

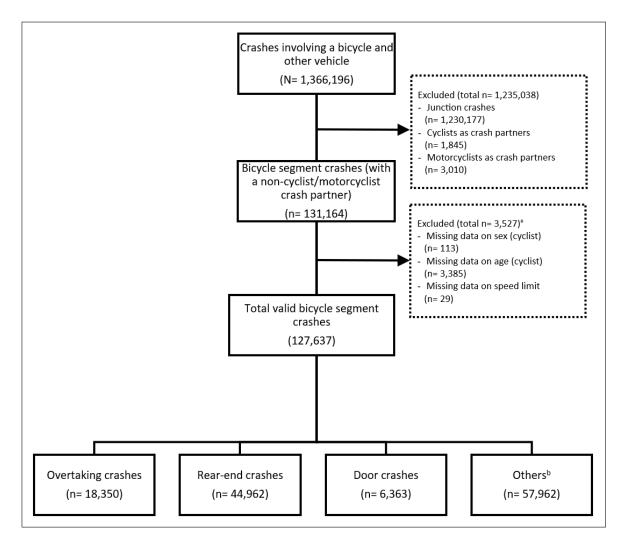


Fig. 1. Flowchart of the study sample selection process. ^aListed excluded criteria are nonexclusive; thus, the sum of the total may exceed 3,527. ^bOther crashes include reversing crashes and head-on crashes.

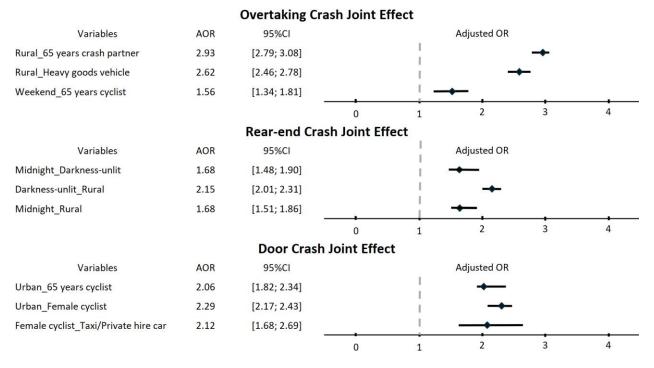


Fig. 2. Joint effects of several variables on the three crash types.



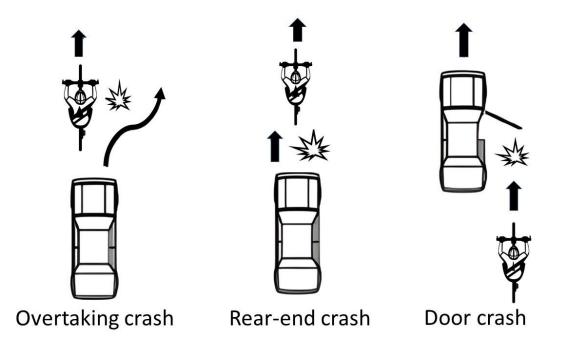


Figure 2. Illustrative diagram of the three crash types

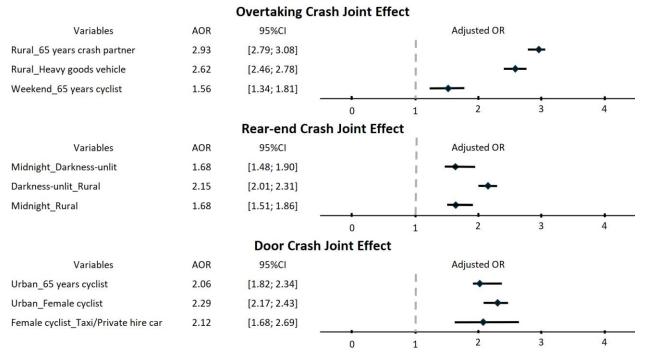


Fig. 3. Joint effects of several variables on the three crash types.

 Chun-Chieh Chao^{1,2,3†}, Hon-Ping Ma^{1,3,7}, Li Wei^{1,8,9}, Yen-Nung Lin^{1,10}, Chenyi Chen¹, Wafaa Saleh¹¹, Bayu Satria Wiratama¹², Akhmad Fajri Widodo¹, Shou-Chien Hsu^{6,13}, Shih Yu Ko⁷, Hui-An Lin^{1,2,3†}, Cheng-Wei Chan^{1,4,5,6†}, Chih- Wei Pai^{3*} ¹ Graduate Institute of Injury Prevention and Control, College of Public Health, Taipei Medical University, Taipei City, Taiwan, ² Department of Emergency Medicine, Taipei Medical University Hospital, Taipei City, Taiwan, ³ Department of Emergency Medicine, School of Medicine, College of Medicine, Taipei Medical University, Taipei, Taiwan, ⁴ Department of Emergency Medicine, New Taipei City Hospital, New Taipei City, Taiwan, ⁵ College of Medicine, Chang Gung University, Taoyuan City, Taiwan, ⁶ Department of Emergency Medicine, Chang Gung Memorial Hospital, Linkou branch, Taoyuan, Taiwan, ⁷ Department of Emergency Medical University, Taipei, Taiwan, ⁹ Division of Neurosurgery, Department of Surgery, Wan Fang Hospital, Taipei Medical University, Taipei, Taiwan, ¹¹ Transport Research Institute, Edinburgh Napier University, Edinburgh, Scotland, ¹² Department of Epidemiology, Biostatistics, and Population Health, Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, Yogyakarta City, Indonesia, ¹³ Department of Occupational Medicine, Chang Gung Memorial Hospital, Linkou branch, Taoyuan, Taiwan. * Correspondence: cpai@tmu.edu.tw 	1 2 3	Risk Factors for Overtaking, Rear-End, and Door Crashes Involving Bicycles in the United Kingdom: Revisited and Reanalysed
21 Contributed equality to this work	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	Wiratama ¹² , Akhmad Fajri Widodo ¹ , Shou-Chien Hsu ^{6,13} , Shih Yu Ko ⁷ , Hui-An Lin ^{1,2,3+} , Cheng-Wei Chan ^{1,4,5,6+} , Chih- Wei Pai ^{1*} ¹ Graduate Institute of Injury Prevention and Control, College of Public Health, Taipei Medical University, Taipei City, Taiwan, ² Department of Emergency Medicine, Taipei Medical University Hospital, Taipei City, Taiwan, ³ Department of Emergency Medicine, School of Medicine, College of Medicine, Taipei Medical University, Taipei, Taiwan, ⁴ Department of Emergency Medicine, New Taipei City Hospital, New Taipei City, Taiwan, ⁵ College of Medicine, Chang Gung University, Taoyuan City, Taiwan, ⁶ Department of Emergency Medicine, Chang Gung Memorial Hospital, Linkou branch, Taoyuan, Taiwan, ⁷ Department of Emergency Medicine, Taipei Medical University-Shuang Ho Hospital, New Taipei City, Taiwan, ⁸ Taipei Neuroscience Institute, Taipei Medical University, Taipei, Taiwan, ⁹ Division of Neurosurgery, Department of Surgery, Wan Fang Hospital, Taipei Medical University, Taipei, Taiwan, ¹¹ Transport Research Institute, Edinburgh Napier University, Edinburgh, Scotland, ¹² Department of Epidemiology, Biostatistics, and Population Health, Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, Yogyakarta City, Indonesia, ¹³ Department of Occupational Medicine, Chang Gung Memorial Hospital, Linkou branch, Taoyuan, Taiwan.

Formatted: Right: 0.25"

22 Abstract

23	Background: Relevant research has provided valuable insights into risk factors for bicycle crashes	Forma
24	at intersections. However, few studies have focused explicitly on three common types of bicycle	
25	crashes on road segments: overtaking, rear-end, and door crashes.	
26	Objective: This study aims to identify risk factors for overtaking, rear-end, and door crashes that	
27	occur on road segment.	
28	Material and methods	
29	The current study examined the risk factors associated with these three types of crashes	
30	occurring on road segments. We analysed British STATS19 accident records from 1991 to 2020.	
31	Using multivariate logistic regression models, we estimated adjusted odds ratios (AORs) with 95%	Forma
32	confidence intervals (CIs) for multiple risk factors. The analysis included 127,637 bicycle crashes,	
33	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 ≥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	

Formatted: Font color: Text 1

Formatted: Font color: Text 1

Formatted: Right: 0.25"

44 partners (AOR = 2.62, 95% CI = 2.46–2.78).

45

46 Conclusions

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.

51

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

- 53
- 54

55 Introduction

In recent years, urban bicycling has become increasingly popular in many countries, offering benefits such as reduced traffic congestion, diminished parking pressure, and a reduction in greenhouse gas emissions [1, 2]. The World Health Organization has highlighted numerous health advantages of moderate-intensity physical activities such as bicycling, including improvements in life expectancy, quality of life, cognitive function, mental health, sleep quality, muscular and cardiorespiratory fitness, and bone and functional health [2].

However, despite such health benefits, the risk of injury remains a considerable safety concern for cyclists, who are regarded as vulnerable road users [2, 3]. Traffic crash data indicate that the risk of accidents for cyclists, measured per distance travelled, is approximately 20 times higher than that for vehicle drivers[2]. To address this problem, researchers in the United States

Formatted: Right: 0.25"

66 developed a comprehensive bicycle route safety rating model with a focus on injury severity [4]. 67 This model evaluates multiple operational and physical aspects such as traffic volume, population 68 density, highway classification, lane width, and the presence of one-way streets. In addition, it is 69 capable of predicting the severity of injuries due to motor vehicle-related crashes at specific locations [4]. Another finding was that a route is considered adequately safe if it includes 70 71 geometric factors that enhance safety [4]. This model can aid urban planners and public officials 72 in creating infrastructure such as bike lanes and implementing strict lane policies to improve 73 cyclist safety [4]. Implementing bike lanes has been demonstrated to reduce crash rates by up to 74 40% among adult cyclists [5]. One study regarding roundabouts indicated that roundabouts with 75 cycle tracks significantly reduced injury risk for cyclists compared with those lacking bicycle 76 infrastructure [6]. Furthermore, adequate night-time lighting on rural roads has the potential to 77 prevent over half of all cyclist injuries [7], Bicycle crashes can also impose a significant burden on 78 healthcare expenses. Elvik and Sundfør [8] have discussed the economic implications and 79 healthcare expenditures associated with bicycle accidents. For instance, in Belgium, the average 80 cost of bicycle accidents per case is estimated at 841 euros [9]. In the Netherlands, the total 81 annual cost has been reported as €410.7 million [10]. 82 Although intersectional crashes are generally more frequent than nonintersectional ones, in

2020, 64% of fatal crashes involving cyclists occurred on road segments, defined as areas 20 m away from intersections, whereas only 26% of such fatalities occurred at intersections [11]. Bil et al. demonstrated that car drivers, when at fault for crashes, often cause more serious consequences for cyclists on straight road sections [12]. In crashes occurring on road segments, several factors contribute to high injury severity, including being in a rural region with an elevated

-	Formatted: Font color: Text 1
-	Formatted: Font color: Text 1
-	Formatted: Font color: Text 1

-	Formatted: Font color: Text 1
1	Formatted: Font color: Text 1
-1	Formatted: Font color: Text 1
4	Formatted: Font color: Text 1

Formatted: Right: 0.25"

speed limit, male gender, and cyclist age of >55 years [13]. Another identified risk factor is
bicycling on roads against oncoming traffic [14].

90 Although relevant research has shed light on risk factors for bicycle crashes at intersections, 91 few studies have explicitly investigated crashes on road segments. Bicycle crashes on road 92 segments remain a substantial issue for public health concern. Existing research primarily 93 emphasizes intersection related crashes. This study aims to fill a critical gap by conducting a 94 thorough examination of the risk factors associated with three distinct bicycle crash types: 95 overtaking, rear-end, and door crashes that occur on road segments. Studies that have examined 96 bicycle crashes relatively broadly, without distinguishing crash types, have identified several key 97 factors—including vehicle volume [15], traffic density [16], number of lanes [16], access points 98 along road segments [15], shoulder and median widths [15], parking space availability [15, 16], 99 length of continuous two-way left-turn lanes [15], and pavement type [17]-all of which 100 contribute to bicycle_crashes on road segments. Several studies have specifically explored 101 overtaking, rear end, and door crashes involving bicycles. The primary objective of this study, 102 building on our previous research Two exceptional work have examined into-risk factors related 103 tofor, overtaking, rear-end, and door crashes, is to conduct a more comprehensive investigation. 104 [18, 19]. Specifically, Pai identified buses and coaches as common crash partners in overtaking 105 crashes; poor visibility, traversing manoeuvres, and teenage cyclists as risk factors for rear-end 106 crashes; $_{r_2}$ and built-up areas as a risk factor for door crashes [18]. In addition, another study linked 107 the speed of a passing vehicle to increased severity of cyclist injury in overtaking crashes [19]. 108 The primary objective of the present study, an extension of our previous study [18], was to 109 analyse police-reported crash data from additional years to determine whether the risk factors

Formatted: Font color: Text 1

Formatted: Font color: Text 1
Formatted: Font color: Text 1
Formatted: Font color: Text 1
Formatted: Font color: Text 1
Formatted: Font color: Text 1

Formatted: Font color: Text 1

Formatted: Right: 0.25"

Formatted: Font color: Text 1

110 for these three crash types remained unchanged. The study addresses a critical gap in current 111 research, focusing on crashes specifically occurring on road segments. Existing literature offers 112 limited insights into this specific type of crashthese crash types, highlighting a crucial need for 113 targeted investigations. These crashes have the potential for severe impacts, involving complex dynamics that demand a nuanced understanding for effective mitigation strategies. By exploring 114 115 these factors, our research aims to significantly enhance cyclist safety within this particular 116 context. Furthermore, we aimed to untangle the joint associations of several factors—including 117 light conditions, urban versus rural settings, vehicle types, and rider and driver characteristics — 118 with these three crash types.

119

120 Material and Methods

121 Crash data source

122 The present investigation utilised data from 01/01/1991 to 31/12/2020, obtained from the 123 United Kingdom's official road traffic casualty database, STATS19. Police record such data either at crash scenes or within 30 days of each crash. The UK's Department for Transport compiles the 124 data, which the United Kingdom Data Archive then maintains and distributes. The dataset 125 126 encompasses a variety of variables, including crash circumstances (e.g., time and date, weather 127 conditions, road and light conditions, posted speed limit, road type), vehicle and driver 128 characteristics, demographic details of the drivers, precrash manoeuvres of the vehicles, and the 129 initial impact point of the vehicle. Additionally, the dataset contains demographic information 130 and details regarding injury severity for each casualty. This study adhered to the STROBE 131 (strengthening the reporting of observational studies in epidemiology) reporting guidelines. [20]

Formatted: Right: 0.25"

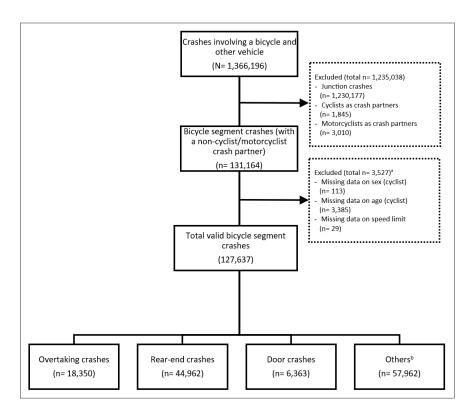
132	Injury severity in the aforementioned dataset is divided into three categories, namely slight,
133	serious, and fatal. Fatal injuries refer to those leading to death within 30 days of the accident.
134	Serious injuries include conditions such as fractures, internal injuries, severe cuts and lacerations,
135	concussions, and any injury requiring hospitalisation. Slight injuries include sprains, bruises, and
136	minor cuts, as well as mild shock requiring roadside attention. The exclusive focus of this study
137	was crashes leading to cyclist casualties.
138	As shown in Figure 1, this study analysed 1,366,196 crashes involving bicycles and other
139	vehicles. Initially, 1,235,032 junction cases were excluded. From the remaining 131,164 bicycle
140	segment crashes, 3,527 were further excluded because of incomplete demographic data for the

141 cyclist and missing speed limit information, leaving a valid cohort of 127,637 bicycle segment

142 crashes for analysis. Within this cohort, this study identified 18,350 overtaking crashes, 44,962

rear-end crashes, 6,363 door crashes, and 57,962 other types of crashes.

Formatted: Right: 0.25"



144

145 146

147

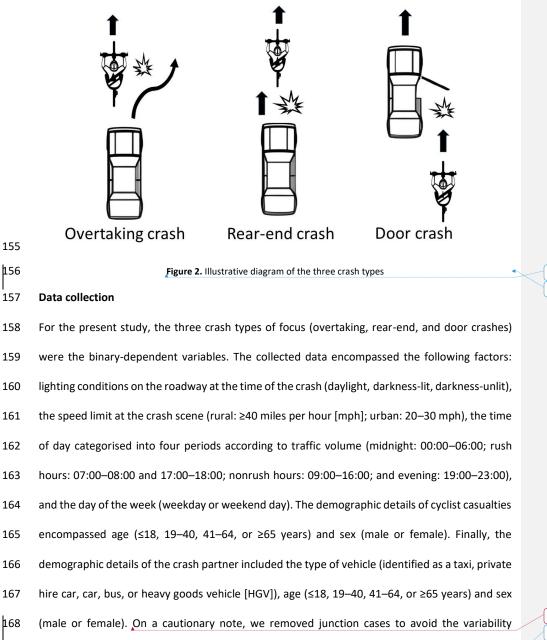
Figure. 1. Flowchart of the study sample selection process. ^aListed excluded criteria are nonexclusive; thus, the sum of the total may exceed 3,527. ^bOther crashes include reversing crashes and head-on crashes.

148 Classification of crash types

As shown in figure 2, an overtaking crash is defined as a crash where a motorised vehicle overtakes and impacts with a bicycle, which may be travelling straight, overtaking another vehicle, changing lanes, or turning. A rear-end crash occurs when a following vehicle impacts with the rear of a bicycle. A door crash involves a bicycle either being struck by or striking the opening door of an automobile. These three crash types were described using schematics in our previous study [18].

Formatted: Right: 0.25"

/



Formatted: Font: (Default) +Headings (Calibri), 10 pt Formatted: Centered

Formatted: Font color: Text 1
Formatted: Right: 0.25"

169 introduced when exogenous factors, such as junction geometry and control measures, are 170 present at junctions. Furthermore, the cases involving other cyclists and motorcyclists were 171 removed as we focused on vehicle-cycle crashes only. Missing data on sex, age, or speed limits 172 were also excluded in the analysis. Excluding these data may impact our results in a marginal 173 scale, as these data are likely to be single-bicycle crashes that in nature be underreported in 174 police crash dataset [21].

Formatted: Font color: Text 1 Formatted: Font color: Text 1

Formatted: Font color: Text 1 Formatted: Font color: Text 1

Formatted: Right: 0.25"

This study employed the chi-squared test to examine the associations between crash type and	Formatted: Justified
This study employed the chr-squared test to examine the associations between clash type and	Formatted: Font color: Text 1
other factors, including cyclist or motorist characteristics, vehicle features, roadway conditions,	Formatted: Font color: Text 1
	Formatted: Font color: Text 1
and temporal variables. Initially, we examined the distribution of three crash types across various	Formatted: Font color: Text 1
	Formatted: Font color: Text 1
variables to explore their relationships with a binary outcome. These variables included lighting	Formatted: Font color: Text 1
conditions, speed limit, time of day, and day of the week. Demographic details concerning syslict	Formatted: Font color: Text 1
conditions, speed limit, time of day, and day of the week. Demographic details concerning cyclist	Formatted: Font color: Text 1
casualties encompassed age and sex, while information about the crash partner included vehicle	Formatted: Font color: Text 1
	Formatted: Font color: Text 1
type, age, and sex. We set a significance level of $p < 0.2$ to include risk factors in our multivariate	Formatted: Font color: Text 1
	Formatted: Font color: Text 1
analysis [23]. Adjusted odds ratios (AORs) were computed using multivariate logistic regression	Formatted: Font color: Text 1
	Formatted: Font color: Text 1
with backward selection. [22, 23]	Formatted: Font color: Text 1
	Formatted: Font color: Text 1
The multivariate logistic regression model equation was specified as:	Formatted: Font color: Text 1
	Formatted: Font color: Text 1
	Formatted: Font color: Text 1
$log\left(\frac{P(Y=1)}{1 - P(Y=1)}\right) = \beta_0 + \beta_1 X_1 + \beta_2 X_2$	Formatted: Font color: Text 1
(1 - P(Y = 1))	Formatted: Font color: Text 1

Statistical analysis

186 The multivariate logistic regression model equation was

187

175

176

177

178

179

180

181

182

183

184

$$log\left(\frac{P(Y=1)}{1 - P(Y=1)}\right) = \beta_0 + \beta_1 X_1 + \beta_2 X_2$$

where P(Y = 1) denotes the probability of the outcome, $\beta_0, \beta_1, \beta_2, ..., \beta_p$ are the coefficients to be 188

10-

189 estimated, and $X_1, X_2, ..., X_p$ represent the predictor variables.

Before estimating the model, assumptions of logistic regression, such as linearity of the logit, absence of multicollinearity, and independence of observations, were evaluated. An odds ratio (OR) greater than 1 indicated a positive association between the independent variable and the occurrence rate, while an OR less than 1 indicated a negative association. An OR of 1 suggested no association between the variables of interest and the outcomes. All statistical analyses were conducted using SPSS Statistics version 25 for Windows (IBM Corp., Armonk, New York, USA). A *p* value lower than 0.05 in two-tailed tests was considered statistically significant.

197

198 Results

199 Population characteristics

200 Tables 1, 2, and 3 present the distributions of overtaking, rear-end, and door crashes, respectively, 201 in relation to multiple independent variables. These data revealed that a significant proportion 202 of bicycle crashes occurred in daylight (82.3%), occurred in urban settings (78.5%), occurred 203 during nonrush hours (48.3%), occurred on weekdays (77.5%), involved cyclists aged under 18 204 years (40.1%), and involved male cyclists (81.3%). Additionally, most crashes involved cars as 205 crash partners (83.6%), and crash partners were predominately aged 19-40 years (38.5%) and 206 were male (76.4%). Table 1 highlights an overrepresentation in bicycle overtaking crashes for 207 certain variables, namely unlit darkness (19.5%), rural areas (24.8%), midnight hours (17.7%), 208 buses or HGVs as crash partners (24.7%), and elderly crash partners (21.5%) and male crash partners (16.0%). These results were revealed to be statistically significant by the chi-squared 209

Formatted: Right: 0.25"

210 test (p < 0.01).

211

212 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)	χ2 test p value
Light conditions, n (%)				< 0.001
Daylight	105,053 (82.3%)	15,283 (14.55%)	89,770 (85.5%)	
Darkness-lit	16,543 (13.0%)	1,889 (11,42%)	14,654 (88.6%)	
Darkness-unlit	6,041 (4.7%)	1,178 (19.50%)	4,863 (80.5%)	
Speed limit, n (%)				<0.001
Rural (≥ 40 mph)	27,395 (21.5%)	6,805 (24.8%)	20,590 (75.6%)	
Urban (20–30 mph)	100,242 (78.5%)	11,545 (11.5%)	88,697 (88.5%)	
Crash time (h), n (%)				<0.001
Midnight (00:00-06:00)	4,810 (3.8%)	852 (17.7%)	3,958 (82.3%)	
Rush hours (07:00-08:00/17:00-18:00)	41,619 (32.6%)	5,685 (13.7%)	35,934 (86.3%)	
Nonrush hours (09:00–16:00)	61,696 (48.3%)	9,386 (15.2%)	52,310 (84.8%)	
Evening (19:00-23:00)	19,512 (15.3%)	2,427 (12.4%)	17,085 (87.6%)	
Crash day, n (%)				0.094
Weekend	28,730 (22.5%)	4,218 (14.7%)	24,512 (85.2%)	
Weekday	98,907 (77.5%)	14,132 (14.3%)	84,775 (85.7%)	
Cyclist's age (years), n (%)				<0.001
≤18	51,193 (40.1%)	5,220 (10.2%)	45,973 (89.8%)	
19–40	45,760 (35.9%)	7,108 (15.5%)	38,652 (84.5%)	
41–64	26,052 (20.4%)	5,012 (19.2%)	21,040 (80.8%)	
≥65	4,632 (3.6%)	1,010 (21.8%)	3,622 (78.2%)	
Cyclist's sex, n (%)				<0.001
Male	103,766 (81.3%)	14,746 (14.2%)	89,020 (85.8%)	
Female	23,871 (18.7%)	3,604 (15.1%)	20,267 (84.9%)	
Crash partner, n (%)				<0.001
Taxi/Private hire car	2,588 (2.0%)	208 (8.0%)	2,380 (92.0%)	
Car	106,668 (83.6%)	13,599 (12.8%)	93,069 (87.3%)	
Bus/Heavy goods vehicle	18,381 (14.4%)	4,543 (24.7%)	13,838 (75.3%)	
Crash partner's age (years), n (%)				<0.001
≤18	2,415 (1.9%)	281 (11.6%)	2,134 (88.4%)	
19–40	49,103 (38.5%)	5,398 (11.0%)	43,705 (89.0%)	
41–64	35,598 (27.9%)	3,973 (11.2%)	31,625 (88.8%)	
≥65	40,521 (31.8%)	8,698 (21.5%)	31,823 (78.5%)	
Crash partner's sex, n (%)				<0.001
Male	97,447 (76.4%)	15,584 (16.0%)	81,863 (84.0%)	
Female	30,190 (23.8%)	2,766 (9.2%)	27,424 (90.8%)	

213

214 215 216 217 Several variables in Table 2 reveal significant differences between rear-end crashes and nonrear-end crashes. Specifically, a higher proportion of rear-end crashes occurred under darknessunlit conditions (50.2%) compared to darkness-lit conditions (37.5%). Additionally, rear-end crashes were more prevalent in rural areas with speed limits of \geq 40 mph (43.0%) compared to

Formatted: Font color: Text 1

Formatted: Right: 0.25"

218 urban areas with speed limits of 20–30 mph (33.1%). Crashes involving crash partners aged \geq 65 219 accounted for 39.7% of rear-end crashes, which was higher compared to other age groups (age 220 41–64: 33.0% and ≤18: 36.0%). Furthermore, rear-end crashes were more likely to occur during 221 midnight (47.6%) compared to rush hours (36.3%). Taxis were frequently involved in rear-end 222 crashes (42.4%), as were male crash partners (36.8%). These findings highlight the significant 223 influence of various factors on the likelihood of rear-end crashes. Variables such as darkness-unlit 224 conditions, higher speed limits in rural areas, crash time, and characteristics of the crash partner 225 all emerged as significant determinants. Specifically, rear-end crashes were notably more 226 prevalent under darkness-unlit conditions, in rural areas with higher speed limits, during 227 midnight hours, and involving certain characteristics of crash partners. Importantly, these 228 associations were statistically significant, as indicated by the Chi-squared test (p < 0.001).

229

230	Table 2. Distribution of rear-end crashes according to a set of independent variables
230	Table 2. Distribution of real chapters 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)	χ2 test p value
Light conditions, n (%)		• • •	• • •	< 0.001
Daylight	105,053 (82.3%)	35,726 (34.1%)	69,333 (66.0%)	
Darkness-lit	16,543 (13.0%)	6,204 (37.5%)	10,339 (63.5%)	
Darkness-unlit	6,041 (4.73%)	3,032 (50.19%)	3,003 (49.71%)	
Speed limit, n (%)				< 0.001
Rural (≥ 40 mph)	27,395 (21.5%)	11,788 (43.0%)	15,607 (57.0%)	
Urban (20–30 mph)	100,242 (78.5%)	33,174 (33.1%)	67,068 (66.9%)	
Crash time (h), n (%)				< 0.001
Midnight (00:00-06:00)	4,810 (3.8%)	2,289 (47.6%)	2,521 (52.4%)	
Rush hours (07:00-08:00/17:00-18:00)	41,619 (32.6%)	15,089 (36.3%)	26,530 (63.7%)	
Nonrush hours (09:00–16:00)	61,696 (48.3%)	20,723 (33.6%)	40,973 (66.4%)	
Evening (19:00-23:00)	19,512 (15.3%)	6,861 (36.2%)	12,651 (64.9%)	
Crash day, n (%)				< 0.001
Weekend	28,730 (22.5%)	9,485 (33.0%)	19,245 (67.0%)	
Weekday	98,907 (77.5%)	35,477 (35.9%)	63,430 (64.1%)	
Cyclist's age (years), n (%)				< 0.001
≤18	51,193 (40.1%)	13,446 (26.3%)	37,747 (73.7%)	
19–40	45,760 (35.9%)	19,102 (41.7%)	26,658 (58.3%)	
41–64	26,052 (20.4%)	10,619 (40.8%)	15,433 (59.2%)	
≥65	4,632 (3.6%)	1,795 (38.8%)	2,837 (61.3%)	
Cyclist's sex, n (%)				< 0.001
Male	103,766 (81.3%)	37,175 (35.8%)	66,591 (64.2%)	
Female	23,871 (18.7%)	7,787 (32.6%)	16,084 (67.4%)	
Crash partner, n (%)				< 0.001
Taxi/Private hire car	2,588 (2.0%)	1,096 (42.4%)	1,492 (57.7%)	
Car	106,668 (83.6%)	37,202 (34.9%)	71,342 (66.9%)	
Bus/Heavy goods vehicle	18,381 (14.4%)	6,664 (36.3%)	9,841 (53.5%)	
Crash partner's age (years), n (%)				< 0.001
≤18	2,415 (1.9%)	870 (36.0%)	1,545 (64.0%)	
19–40	49,103 (38.5%)	16,282 (33.2%)	32,821 (66.8%)	
41–64	35,598 (27.9%)	11,736 (33.0%)	23,862 (67.0%)	
≥65	40,521 (31.8%)	16,074 (40.0%)	24,447 (60.3%)	
Crash partner's sex, n (%)				< 0.001

Formatted: Right: 0.25"

	Male	97,447 (76.6%)	35,828 (36.8%)	61,619 (63.2%)
	Female	30,190 (23.7%)	9,134 (30.3%)	21,056 (69.7%)
231				

232 As shown in Table 3, several variables can contribute to door crashes involving bicycles. Door 233 crashes predominantly occurred in urban areas with speed limits of 20-30 mph (6.2%), while a 234 significantly lower proportion occurred in rural areas with speed limits \geq 40 mph (0.5%). These 235 crashes were overrepresented during non-rush hours (5.5%) and rush hours (4.9%) compared to 236 evening (4.3%) and midnight (2.4%). Cyclists were more frequently involved in door crashes on 237 weekdays (5.4%) than weekends (3.7%). As many as 8.2% of all female cyclists were involved in door crashes, which is higher than the involvement rate among males (4.2%). Taxi and private 238 239 hire cars were overinvolved in door crashes (10.6%) compared to cars (5.2%) and buses/heavy 240 goods vehicles (3.1%). Crash partners aged ≤18 years (5.2%) and 19-40 years (5.3%) were 241 disproportionately involved in door crashes compared to older age groups, and female crash 242 partners were overrepresented in door crashes (7.4%) compared to males (4.2%). These results 243 were statistically significant, as indicated by the Chi-squared test (p < 0.001). They suggest that various factors-including traffic conditions (rural areas, crash time), cyclist demographics 244 245 (younger age, gender), and characteristics of the crash partner (taxi/private hire cars)-246 significantly contribute to the likelihood of door crashes involving cyclists.

247 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)	χ2 test p value
Light conditions, n (%)				< 0.001
Daylight	105,053 (82.3%)	5,192 (4.9%)	99,861 (95.1%)	
Darkness-lit	16,543 (13.0%)	1,031 (6.2%)	15,512 (93.8%)	
Darkness-unlit	6,041 (4.7%)	140 (2.3%)	5,901 (97.7%)	
Speed limit, n (%)				< 0.001
Rural (≥ 40 mph)	27,395 (21.5%)	123 (0.5%)	27,272 (99.6%)	
Urban (20–30 mph)	100,242 (78.5%)	6,240 (6.2%)	94,002 (93.8%)	
Crash time (h), n (%)				< 0.001
Midnight (00:00-06:00)	4,810 (3.8%)	113 (2.4%)	4,697 (97.7%)	

Formatted: Right: 0.25"

Rush hours (07:00–08:00/17:00–18:00)	41,619 (32.6%)	2,056 (4.9%)	39,563 (95.1%)	
Nonrush hours (09:00–16:00)	61,696 (48.3%)	3,363 (5.5%)	58,333 (94.6%)	
Evening (19:00–23:00)	19,512 (15.3%)	831 (4.3%)	18,681 (95.7%)	
Crash day, n (%)				< 0.001
Weekend	28,730 (22.5%)	1,072 (3.7%)	27,658 (96.3%)	
Weekday	98,907 (77.5%)	5,291 (5.4%)	93,616 (94.7%)	
Cyclist's age (years), n (%)				< 0.001
≤18	51,193 (40.1%)	802 (1.6%)	50,391 (98.4%)	
19–40	45,760 (35.9%)	3,474 (7.6%)	42,286 (93.4%)	
41–64	26,052 (20.4%)	1,773 (6.8%)	24,279 (93.2%)	
≥65	4,632 (3.6%)	314 (6.8%)	4,318 (93.2%)	
Cyclist's sex, n (%)				< 0.001
Male	103,766 (81.3%)	4,404 (4.2%)	99,362 (95.8%)	
Female	23,871 (18.7%)	1,959 (8.2%)	21,912 (91.8%)	
Crash partner, n (%)				< 0.001
Taxi/Private hire car	2,588 (2.0%)	273 (10.6%)	2,315 (89.5%)	
Car	106,668 (83.6%)	5,514 (5.2%)	101,154 (94.8%)	
Bus/Heavy goods vehicle	18,381 (14.4%)	576 (3.1%)	17,805 (96.9%)	
Crash partner's age (years), n (%)				< 0.001
≤18	2,415 (1.9%)	1,62 (5.2%)	2,253 (93.3%)	
19–40	49,103 (38.5%)	2,585 (5.3%)	46,518 (94.7%)	
41–64	35,598 (27.9%)	1,887 (5.3%)	33,711 (94.7%)	
≥65	40,521 (31.8%)	1,729 (4.3%)	38,792 (95.7%)	
Crash partner's sex, n (%)				< 0.001
Male	97,447 (76.6%)	4,123 (4.2%)	93,324 (95.8%)	
Female	30,190 (23.7%)	2,240 (7.4%)	27,950 (92.6%)	

Risk factors for the three crash types

251	Table 4 presents the logistic regression model results. Regarding overtaking crashes, the	
252	identified risk factors included daylight conditions (adjusted odds ratio [AOR] = 1.233, 95%	
253	confidence interval [CI] = $1.162 - 1.309$ -; p<0.001), speed limits of ≥ 40 mph (AOR = 2.238, 95% CI	
254	= 2.159–2.320; p<0.001), nonrush hours (AOR = 1.091, 95% CI 1.031–1.154; p=0.003), cyclists	
255	aged ≥65 years (AOR = 1.785, 95% CI = 1.649–1.931; <i>p</i> <0.001), female cyclists (AOR = 1.106, 95%	
256	CI = 1.062–1.153), HGVs as crash partners (AOR = 2.867, 95% CI = 2.473–3.323; p<0.001), elderly	
257	crash partners (AOR = 2.013, 95% CI = 1.937–2.092; p <0.001), and male crash partners (AOR =	
258	1.353, 95% CI = 1.292–1.416; <i>p</i> <0.001).	
l 259	For rear-end crashes, noteworthy risk factors included unlit darkness (AOR = 1.486, 95% CI	

Formatted: Font color: Text 1

Formatted: Right: 0.25"

260	= 1.404–1.573; p <0.001), speed limits of ≥40 mph (AOR = 1.315, 95% CI = 1.277–1.354; p <0.001),	(
261	weekdays (AOR = 1.090, 95% CI = 1.059–1.122; <i>p</i> <0.001), midnight hours (AOR = 1.269, 95% CI =	
262	1.190–1.354; <i>p</i> <0.001), and taxis as crash partners (AOR = 1.286, 95% CI = 1.186–1.394; <i>p</i> <0.001).	
263	Regarding door crashes, significant risk factors included lit darkness (AOR = 1.373, 95% CI =←	(
264	1.141–1.651; <i>p</i> <0.001), speed limits of 20–30 mph (AOR = 16.185, 95% CI = 13.514–19.382;	
265	p<0.001), weekdays (AOR = 1.246, 95% CI = 1.162–1.336; p<0.001), and nonrush hours (AOR =	
266	2.912, 95% CI = 2.384–3.556; <i>p</i> <0.001). Additionally, female cyclists (AOR = 1.675, 95% CI = 1.582–	
267	1.774; <i>p</i> <0.001), taxis or private hire cars as crash partners (AOR = 2.695, 95% CI = 2.310–3.145;	
268	<i>p</i> <0.001), male crash partners (AOR = 1.373, 95% CI = 1.296–1.455; <i>p</i> <0.001), and crash partners	
269	aged 41–64 years (AOR = 1.855, 95% CI = 1.625–2.117; p<0.001) were associated with door	
270	crashes.	
271		

Formatted: Font color: Text 1

Formatted: Justified

- 272 273 274 275 276

277
278 Table 4. Multivariate logistic regression results

	Overtaking crashes		Rear-end crashes		Door crashes	
Variable	AOR (95% CI)	p value	AOR (95% CI)	p value	AOR (95% CI)	p value
Light condition						
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	
Speed limit						
Rural (≥40 mph) Urban (20–30 mph)	2.238 (2.159, 2.320) Ref	<0.001	1.315 (1.277, 1.354) Ref	<0.001	Ref 16.185 (13.514, 19.382)	<0.001
Crash time					/	
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
-						

Formatted: Right: 0.25"

Variable	Overtaking crashes		Rear-end crashes		Door crashes	
Variable	AOR (95% CI)	p value	AOR (95% CI)	<i>p</i> value	AOR (95% CI)	p value
Crash day						
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)	<0.00
Cyclist's age (years)						
≤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)	<0.00
41–64	1.509 (1.444, 1.578)	<0.001	1.731 (1.676, 1.789)	<0.001	6.129 (5.621, 6.684)	<0.00
≥65	1.785 (1.649, 1.931)	<0.001	1.671 (1.568, 1.780)	< 0.001	5.988 (5.217, 6.874)	<0.00
Cyclist's sex						
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)	<0.00
Crash partner						
Taxi/Private hire car	Ref		1 296 (1 196 1 204)	<0.001	2 605 (2 210 2 145)	<0.00
Car	1.571 (1.359, 1.816)	<0.001	1.286 (1.186, 1.394) Ref	<0.001	2.695 (2.310, 3.145) 2.089 (1.908, 2.286)	<0.00
Bus/Heavy goods vehicle	2.867 (2.473, 3.323)	<0.001	1.099 (1.061, 1.139)	<0.001	Ref	<0.00
Crash partner's age						
(years)						
≤18	1.097 (0.963, 1.249)	0.162	1.225 (1.188, 1.263)	<0.001	1.507 (1.313, 1.731)	<0.00
19–40	Ref		1.038 (1.008, 1.069)	0.013	1.855 (1.625, 2.117)	<0.00
41–64	0.950 (0.909, 0.994)	0.025	Ref		1.801 (1.574, 2.060)	<0.00
≥65	2.013 (1.937, 2.092)	<0.001	1.241 (1.137, 1.355)	<0.001	Ref	
Crash partner's sex						
Male	1.353 (1.292, 1.416)	<0.001	1.150 (1.117, 1.185)	< 0.001	1.373 (1.296, 1.455)	<0.00
Female	Ref		Ref		Ref	

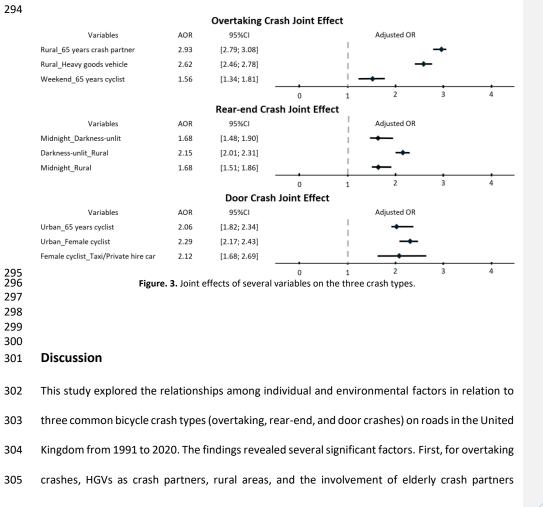
281	three crash types when other variables were controlled for. The results identified several key risk	
282	factors for both overtaking and rear-end crashes. The risk of overtaking crashes showed a	_
283	significant increase of 193% in rural areas when elderly drivers were involved (AOR = 2.93, 95%	
284	CI = 2.79–3.08), and similarly when heavy goods vehicles (HGVs) were the crash partner (AOR =	
285	2.62, 95% CI = 2.46–2.78). Elderly cyclists also faced a higher risk of overtaking crashes on	
286	weekends (AOR = 1.56, 95% CI = 1.34–1.81).	
287	Regarding rear-end crashes, the risk increased notably with unlit darkness during	

midnight (AOR = 1.68, 95% CI = 1.48–1.90) and was significantly higher in rural areas (AOR = 2.15,

Formatted: Font color: Text 1

Formatted: Right: 0.25"

95% CI = 2.01–2.31). Furthermore, bicycling at midnight in rural areas was associated with an
increased risk of rear-end crashes (AOR = 1.68; 95% CI = 1.51–1.86). In urban settings, the risk of
door crashes was higher for female cyclists (AOR = 2.29; 95% CI = 2.17–2.43) and for elderly
cyclists (AOR = 2.06; 95% CI = 1.82–2.34). Finally, female cyclists exhibited a 112% higher
likelihood of door crashes when the crash partner was a taxi (AOR = 2.12; 95% CI = 1.68–2.69).



Formatted: Right: 0.25"

emerged as key contributing factors. Second, unlit darkness, midnight hours, and rural areas
were the factors most closely associated with rear-end crashes. Third, urban areas and taxis as
crash partners significantly increased the likelihood of door crashes. Moreover, male crash
partners were found to be a consistent risk factor across all three crash types.

310 Our research findings identified specific risk factors for overtaking crashes, namely rural B11 areas, HGVs as crash partners, and elderly crash partners. These findings align with previous 812 research that identified elderly drivers [24], speeds exceeding 10 mph, and the presence of pick-813 up trucks as factors contributing to increased risk for overtaking crash. Specifically, HGVs possess B14 several characteristics that amplify this danger. Their large blind spots make it difficult for drivers 815 to see cyclists, increasing the likelihood of crashes during overtaking. Additionally, HGVs are less 816 maneuverablemanoeuvrable compared to passenger cars, which reduces their ability to avoid B17 crashes if cyclists suddenly enter their path. The speed and distance perception issues between 818 HGVs and cyclists further complicate the judgment of safe overtaking gaps. Furthermore, HGVs 819 require longer stopping distances due to their size and weight, which can lead to severe B20 consequences if a sudden need to brake arises. A behavioural study suggested that compared 321 with cars, HGVs tended to maintain a narrower clearance zone when overtaking bicycles [25]. 822 Regarding the association with buses or HGVs, Pai et al. [18] suggests suggested that time 323 pressures on HGV drivers for timely loading and unloading might lead to more reckless driving. 824 Specifically, our results align with the observations made by Pai et al., who also mentioned higher B25 crash rates involving buses or HGVs, supporting the idea that these time pressures contribute to 326 increased crash risks. Our findings underscore the necessity of implementing measures such as 327 'Share the Road' warning signs [26], particularly in rural settings, where HGVs are likely to execute

Formatted: Font color: Text 1

Formatted: Font color: Text 1
Formatted: Font color: Text 1

Formatted: Font color: Text 1
Formatted: Font color: Text 1
Formatted: Font color: Text 1

Formatted: Right: 0.25"

overtaking manoeuvres at high speed. Such measures could prompt motor vehicles to maintain
 safer distances from the edges of travel lanes, especially in areas with a notable presence of both
 HGVs and bicycles.

331 We also identified elderly drivers as a factor contributing to overtaking crashes—a finding 832 consistent with relevant research [24]. We found that as individuals age, their risk of being 833 involved in road accidents increases, primarily due to declines in cognitive capabilities. Our study 834 corroborates these findings by showing that older cyclists are more susceptible to accidents B35 during overtaking maneuversmanoeuvres, which can be attributed to diminished reaction times 836 and impaired decision-making abilities [27], their health [28], and their driving performance [29]. 337 Notably, crashes involving elderly individuals often occur in scenarios with challenging conditions, 338 including at intersections without traffic control measures, on high-speed roads, during adverse 339 weather conditions, in poorly lit areas, and in head-on accidents [30-32]. The heightened level of 340 risk under such conditions may be attributed to cognitive and perceptual decline in older drivers, 341 which could affect their capacity to execute actions such as overtaking manoeuvres safely. 342 Accordingly, developing specialised cognitive training programmes as interventions to enhance 843 road safety for elderly drivers is evidently necessary [33]. Based on our study's findings, we B44 recommend the development of specialized specialised interventions to improve road safety for 845 elderly cyclists. Our analysis reveals that older cyclists are at a higher risk of being involved in 846 overtaking crashes, with this increased risk being strongly linked to declines in cognitive 847 capabilities associated with aging. To address this issue, we advocate for the implementation of 348 targeted cognitive training programs specifically designed for elderly cyclists. These programs 849 should focus on enhancing critical skills such as reaction time, situational awareness, and

Formatted: Font color: Text 1

Formatted: Font color: Text 1 Formatted: Font color: Text 1

Formatted: Font color: Text 1

Formatted: Right: 0.25"

decision-making abilities, which are crucial for reducing crash risk and improving overall road safety.

352 In the present study, several factors were found to increase the risk of rear-end crashes on 353 road segments, including darkness with unlit surroundings, midnight hours, and rural settings (speed limit > 40 mph). Although few studies have specifically addressed rear-end crashes 354 355 involving bicycles on road segments, available data suggest that the low conspicuity of bicycles, 356 especially at night, is a recurrent factor in rear-end crashes [18, 34]. Moreover, a lack of adequate 357 street lighting, which is common in rural settings, predisposes cyclists to rear-end crashes [18]. 358 Our joint-effects analysis further indicated that the detrimental effect of unlit darkness is more 359 pronounced in rural areas and during midnight hours. Potential intervention strategies to 360 mitigate rear-end crashes include enhancing illumination and executing speed control 361 management on rural road segments with heavy bicycle traffic.

362 Next, our analysis successfully identified associations of urban areas and taxis and private 363 hire cars as crash partners with door crashes on road segments. Although research specifically 364 focusing on door crashes on road segments is limited, similar findings were documented by Pai, 365 indicating that urban roadways and taxis contributed to door crashes [18]. However, determining 366 the factors influencing this trend poses a challenge. One possible explanation could be the 367 increased presence of taxis or private hire cars in such areas, where passengers often disembark. 368 Additionally, our analysis further revealed an elevated risk of door crashes involving crashes with 369 taxis in urban areas. To reduce door crashes on road segments, educating taxi drivers, as well as 370 passengers, about the importance of vigilance when opening doors near traffic is essential [18]. 371 In addition, cyclists should be advised to maintain at least a door's width distance from all parked

Formatted: Right: 0.25"

372 cars to improve the sight triangles of drivers and increase the visibility of cyclists [35].
373 Implementing a two-stage door opening mechanism for vehicles, which would enable drivers to
374 verify the presence of bicycles to the rear, could also be beneficial [36].

B75 The strengths of this study include the use of STATS19 datasets spanning from 1991 to 2020, B76 which provides a robust statistical foundation and a broad perspective on trends in bicycle B77 crashes. By focusing specifically on three crash types on road segments—overtaking, rear-end, 878 and door crashes—the study provides a comprehensive and focused analysis, which can yield 879 more actionable insights and more effective recommendations. The UK-based dataset ensures 880 that the findings are particularly relevant for local policy and safety interventions. Additionally, 881 the application of statistical techniques and the consideration of various factors, such as crash 882 partner and time of day, enhance the validity and depth of the analysis.

383 This study had several limitations that warrant acknowledgement. First, the substantial 384 underreporting of nonfatal casualties to the police, particularly casualties involving cyclists not 385 obligated to report accidents, is a critical factor to consider. Such underreporting, as highlighted 386 by the U.K. Government's Department for Transport [11], likely results in the incomplete 387 representation of nonfatal and 'slight' casualties in road casualty data. Second, the STATS19 data 388 utilised in this study lack critical variables, including precrash speeds, specific geometric 389 characteristics of roadways, data regarding alcohol and illicit substance use, and cyclist speed at 390 the time of an accident. Moreover, critical exposure data—such as those related to traffic flow, 391 rider or driver experience, and other elements of risk exposure—are absent, and the absence of 392 such details limits our ability to fully account for potential variations resulting from unobserved 393 factors in the analyses. Finally, this study did not explore annual trends in each type of bicycle

Formatted: Font color: Text 1

Formatted: Right: 0.25"

crash over the 30-year study period; investigating such trends could provide insights regarding
changing behaviours among cyclists and motor vehicle drivers as well as the effects of legislative
changes for road speed limits.

297 One inherent problem with police-reported crash data is the variables not readily available, 298 hereby causing unobserved heterogeneity across the observations. To overcome such a 299 limitation, we estimated separate regression models, as suggested by Kim et al. [37], for the three 200 crash types; such an approach provides greater explanatory power compared to single overall 201 models. Further, we conducted joint-effect analyses of several variables of interest that capture 202 heterogeneity. In our previous studies, we adopted the above-mentioned approaches to 203 overcome the inherent problem with a success [38, 39].

Future research directions could involve integrating GPS (Global Positioning System) data and weather conditions to analyse both the injury frequency and fatalities of bicycle crashes on road segments. Additionally, exploring the potential of autonomous vehicles for detecting approaching bicycles for door-crashes and implementing AI-controlled lighting systems in rural areas for cyclist detection could be promising areas for further study.

. . .

409

410 Recommendations

For overtaking crashes, we recommend implementing 'Share the Road' warning signs, especially in rural areas, and developing specialized cognitive training programs for elderly drivers. Regarding rear-end crashes, our suggestions include improving illumination during night time and implementing speed control measures on rural road segments. For door crashes involving parked cars, we propose enhancing driver sight triangles and increasing cyclist visibility. Formatted: Font color: Text 1

Formatted: Font color: Text 1
Formatted: Font color: Text 1

Formatted: Font color: Text 1
Formatted: Font color: Text 1

Formatted: Font color: Text 1

Formatted: Right: 0.25"

Moreover, implementing a two-stage door opening mechanism and an automatic detection device in vehicles to alert drivers of bicycles approaching from behind could potentially be beneficial.

419

420 Conclusions

421 This study identified several significant risk factors for the three predominate types of crashes 422 involving cyclists on road segments: HGVs as crash partners, elderly crash partners, and rural 423 areas for overtaking crashes; unlit darkness, midnight hours, and rural areas for rear-end crashes; 424 and urban areas and taxis as crash partners for door crashes. These risk factors remained 425 unchanged since our previous study conducted in 2011 [15]. The present research enhances the 426 field of bicycle safety research by concluding that the detrimental effects of certain variables 427 become more pronounced under certain conditions. For example, first, cyclists in rural settings 428 exhibited an elevated risk of overtaking crashes involving HGVs. Second, the rear-end crash risk 429 increases in the combined presence of unlit darkness, midnight hours, and rural areas. Finally, in 430 urban settings, the likelihood of door crashes increases when a taxi is the crash partner.

431

432 Abbreviations

433 WHO: World Health Organization; HGVs: heavy goods vehicles; AOR: adjusted odds ratio; CI:

- 434 confidence interval.
- 435

436 Acknowledgments

437 This manuscript was edited by Wallace Academic Editing.

Formatted: Right: 0.25"

438

439	Author contributions
440	Literature review: Chun-Chieh Chao.
441	Methodology: Chun-Chieh Chao, Chih-Wei Pai.
442	Data merging and analysis: Akhmad Fajri Widodo-, Wafaa Saleh, Bayu Satria Wiratama.
443	Writing - original draft: Chun-Chieh Chao.
444	Writing – review and editing: Hui-An Lin, Chenyi Chen, Hon-Ping Ma, Akhmad Fajri Widodo.
445	Validation: Chun-Chieh Chao, Hui-An Lin, Chenyi Chen, Hon-Ping Ma, Shih Yu Ko.
446	Supervision: Li Wei, Yen-Nung Lin, Shou-Chien Hsu, Chih-Wei Pai.
447	Funding: Cheng-Wei Chan, Chih-Wei Pai.
448	
449	Funding
450	This study received financial support from the Ministry of Science and Technology, Taiwan (MOST
451	110–2410-H-038-016-MY2 and MOST 109–2314-B-038-066-); New Taipei City Hospital
452	(NTPC113–002); and the National Science and Technology Council, Taiwan (NSTC 112-2410-H-
453	038-016-MY2). The funders played no role in the design of the study, data collection and analysis,
454	interpretation of data, or preparation of the manuscript.

455

Availability of data and materials 456

- 457 This study utilised the British STATS19 database, which contains data on all road traffic accidents
- 458 in the United Kingdom. The data that support the findings of this study are openly available at

Formatted: Right: 0.25"

24

459	https://figshare.com/ndownloader/files/48173452https://www.data.gov.uk/dataset/cb7ae6f0-	
460	4be6 4935 9277 47e5ce24a11f/road safety data.	
461		
462	Declarations	
463	Ethical approval and consent to participate	
464	This study was conducted in accordance with the Declaration of Helsinki and approved by the	
465	Joint Institutional Review Board of Taipei Medical University (N202011030).	
466		
467	Consent for publication	
468	This study was approved by the Joint Institutional Review Board of Taipei Medical	
469	University (N202011030). The Joint Institutional Review Board of Taipei Medical University has	
470	waived the requirement of informed consent. All methods were performed in accordance with	
471	the relevant guidelines and regulations of the Declaration of Helsinki.	
472		
473	Competing interests	
474	The authors declare that they have no competing interests in relation to this work.	
475		
476	Author information	
477	¹ Graduate Institute of Injury Prevention and Control, College of Public Health, Taipei Medical	
478	University, Taipei City, Taiwan. ² Department of Emergency Medicine, Taipei Medical University	
479	Hospital, Taipei City, Taiwan. ³ Department of Emergency Medicine, School of Medicine, College	
480	of Medicine, Taipei Medical University, Taipei City, Taiwan. ⁴ Department of Emergency Medicine,	

Formatted: Right: 0.25"

New Taipei City Hospital, New Taipei City, Taiwan. ⁵College of Medicine, Chang Gung University, 481 482 Taoyuan City, Taiwan. ⁶Department of Emergency Medicine, Chang Gung Memorial Hospital, Linkou branch, Taoyuan, Taiwan.⁷ Department of Emergency Medicine, Taipei Medical 483 University-Shuang Ho Hospital, New Taipei City, Taiwan. ⁸Taipei Neuroscience Institute, Taipei 484 Medical University, Taipei City, Taiwan. ⁹Division of Neurosurgery, Department of Surgery, Wan 485 486 Fang Hospital, Taipei Medical University, Taipei City, Taiwan. ¹⁰Department of Physical Medicine and Rehabilitation, Wan Fang Hospital, Taipei Medical University, Taipei City, Taiwan.¹¹Transport 487 Research Institute, Edinburgh Napier University, Edinburgh, Scotland. ¹²Department of 488 489 Epidemiology, Biostatistics, and Population Health, Faculty of Medicine, Public Health and 490 Nursing, Universitas Gadjah Mada, Yogyakarta City, Indonesia, ¹³Department of Occupational 491 Medicine, Chang Gung Memorial Hospital, Linkou branch, Taoyuan, Taiwan.

Formatted: Right: 0.25"

492 References:

Kjeldgard L, Ohlin M, Elrud R, Stigson H, Alexanderson K, Friberg E. Bicycle crashes and
 sickness absence - a population-based Swedish register study of all individuals of working ages.
 BMC Public Health. 2019;19(1):943.

496 2. World Health Organization. Regional Office for E. Walking and cycling: latest evidence to
497 support policy-making and practice. Copenhagen: World Health Organization. Regional Office for
498 Europe: 2022.

499 3. Venkatraman V, Richard CM, Magee K, Johnson K. Countermeasures that work: A highway
500 safety countermeasure guide for state highway safety offices, 10th Edition, 2020. (DOT HS 813
501 097).

Allen-Munley C, Daniel J, Dhar S. Logistic model for rating urban bicycle route safety.
 Transportation Research Record. 2004;1878(1):107-15.

504 5. Kaplan JA. Characteristics of the Regular Adult Bicycle User. Final Report 1975.

Rivara FP, Thompson DC, Thompson RS. Epidemiology of bicycle injuries and risk factors
 for serious injury. Inj Prev. 1997;3(2):110-4.

507 7. Wanvik PO. Effects of road lighting: an analysis based on Dutch accident statistics 1987508 2006. Accid Anal Prev. 2009;41(1):123-8.

509 8. Elvik R, Sundfør HB. How can cyclist injuries be included in health impact economic
510 assessments? Journal of Transport & Health. 2017;6:29-39.

Aertsens J, de Geus B, Vandenbulcke G, Degraeuwe B, Broekx S, De Nocker L, et al.
 Commuting by bike in Belgium, the costs of minor accidents. Accident Analysis & Prevention.

513 2010;42(6):2149-57.
514 10. Scholten AC, Polinder S, Panneman MJ, Van Beeck EF, Haagsma JA. Incidence and costs of
515 bicycle-related traumatic brain injuries in the Netherlands. Accident Analysis & Prevention.

516 2015;81:51-60.
517 11. Traffic Safety Facts - Bicyclists and Other Cyclists.
518 <u>https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/813322</u>: National Highway Traffic

519 Safety Administration; 2020.

520 12. Bil M, Bilova M, Muller I. Critical factors in fatal collisions of adult cyclists with automobiles.
521 Accid Anal Prev. 2010;42(6):1632-6.

Moore DN, Schneider WHt, Savolainen PT, Farzaneh M. Mixed logit analysis of bicyclist
injury severity resulting from motor vehicle crashes at intersection and non-intersection locations.
Accid Anal Prev. 2011;43(3):621-30.

525 14. Wachtel A, Lewiston D. Risk factors for bicycle-motor vehicle collisions at intersections.
526 ITE journal. 1994;64(9):30-5.

527 15. Ugan J, Abdel-Aty M, Cai Q, Mahmoud N, Al-Omari Me. Effect of various speed
528 management strategies on bicycle crashes for urban roads in Central Florida. Transportation
529 Research Record: Journal of the Transportation Research Board. 2021;2676:036119812110366.

Meuleners LB, Fraser M, Johnson M, Stevenson M, Rose G, Oxley J. Characteristics of the
road infrastructure and injurious cyclist crashes resulting in a hospitalisation. Accident Analysis &
Prevention. 2020;136:105407.

For the second se

Formatted: Right: 0.25'

18. Pai C-W. Overtaking, rear-end, and door crashes involving bicycles: an empirical
investigation. Accid Anal Prev. 2011;43(3):1228-35.

537 19. Debnath AK, Haworth N, Schramm A, Heesch KC, Somoray K. Factors influencing
 538 noncompliance with bicycle passing distance laws. Accid Anal Prev. 2018;115:137-42.

539 20. Vandenbrouckel JP, von Elm E, Altman DG, Gotzsche PC, Mulrow CD, Pocock SJ, et al.
540 Strengthening the Reporting of Observational Studies in Epidemiology (STROBE): explanation and
541 elaboration. PLoS Medicine. 2007;4(10):1628-55.

542 21. Watson A, Watson B, Vallmuur K. Estimating under-reporting of road crash injuries to 543 police using multiple linked data collections. Accident Analysis & Prevention. 2015;83:18-25.

544 22. Maldonado G, Greenland S. Simulation study of confounder-selection strategies. 545 American journal Journal of epidemiologyEpidemiology. 1993;138(11):923-36.

546 23. Chen P-L, Pai C-W. Evaluation of injuries sustained by motorcyclists in approach-turn 547 crashes in Taiwan. Accident Analysis & Prevention. 2019;124:33-9.

Liu J, Jones S, Adanu EK, Li X. Behavioral pathways in bicycle-motor vehicle crashes: From
contributing factors, pre-crash actions, to injury severities. J Safety Res. 2021;77:229-40.

550 25. Walker I. Signals are informative but slow down responses when drivers meet bicyclists
551 at road junctions. Accid Anal Prev. 2005;37(6):1074-85.

552 26. Kay JJ, Savolainen PT, Gates TJ, Datta TK. Driver behavior during bicycle passing 553 maneuvers in response to a Share the Road sign treatment. Accid Anal Prev. 2014;70:92-9.

Anstey KJ, Horswill MS, Wood JM, Hatherly C. The role of cognitive and visual abilities as
 predictors in the Multifactorial Model of Driving Safety. Accid Anal Prev. 2012;45:766-74.

Kandasamy D, Betz ME, DiGuiseppi C, Mielenz TJ, Eby DW, Molnar LJ, et al. Self-reported
health conditions and related driving reduction in older drivers. Occup Ther Health Care.
2018;32(4):363-79.

Laosee O, Rattanapan C, Somrongthong R. Physical and cognitive functions affecting road
traffic injuries among senior drivers. Arch Gerontol Geriatr. 2018;78:160-4.

So. Cicchino JB, Wells JK, McCartt AT. Survey about pedestrian safety and attitudes toward
automated traffic enforcement in Washington, D.C. Traffic Inj Prev. 2014;15(4):414-23.

563 31. Kostyniuk LP, Molnar LJ. Self-regulatory driving practices among older adults: health, age
564 and sex effects. Accid Anal Prev. 2008;40(4):1576-80.

56532.Zhang J, Lindsay J, Clarke K, Robbins G, Mao Y. Factors affecting the severity of motor566vehicle traffic crashes involving elderly drivers in Ontario. Accid Anal Prev. 2000;32(1):117-25.

567 33. Edwards JD, Ross LA, Wadley VG, Clay OJ, Crowe M, Roenker DL, et al. The useful field of
view test: normative data for older adults. Arch Clin Neuropsychol. 2006;21(4):275-86.

34. Wood JM, Lacherez PF, Marszalek RP, King MJ. Drivers' and cyclists' experiences of sharing
the road: incidents, attitudes and perceptions of visibility. Accid Anal Prev. 2009;41(4):772-6.

571 35. Hunter W, Stewart JR. An evaluation of bike lanes adjacent to motor vehicle parking. 1999.
572 36. Huang C-Y. Observations of drivers' behavior when opening car doors. Procedia
573 Manufacturing. 2015;3:2753-60.

574 37. Kim D-G, Washington S, Oh J. Modeling crash types: New insights into the effects of 575 covariates on crashes at rural intersections. Journal of Transportation Engineering. 576 2006;132(4):282-92.

577 38. Pai C-W, Saleh W. Modelling motorcyclist injury severity by various crash types at T-578 junctions in the UK. <u>Safety Science.</u> 2008; 13:89-98.

Formatted: Right: 0.25'

57939.Pai C-W, Jou R-C. Cyclists' red-light running behaviours: An examination of risk-taking,580opportunistic, and law-obeying behaviours. Accident Analysis & Prevention. 2014;62:191-8.

581

Formatted: Right: 0.25"

Dear Editors and Reviewers,

We greatly appreciate the valuable comments and suggestions raised by reviewers. Please very kindly see our responses below, as well as the revised manuscript. We would be glad if you could have our manuscript reviewed again.

Best regards,

Chih-Wei Pai (Prof)

Graduate Institute of Injury Prevention and Control College of Public Health

Taipei Medical University

Reviewer comments:

Reviewer 1: Regarding the statistical analysis, I would like to ask the authors to explain: 1. the reason(s) for ignoring any probable interaction between independent variables in the multivariate logistic regression.

Author's response: We appreciate the reviewer's comment and question. By examining variables independently, we gain a clearer understanding of their individual impacts on the outcome (specifically, crash type in this study). This approach allows us to assess each variable's direct influence without the added complexity of interactions or modifications between variables. It provides insights into which variables independently affect the outcome, directly addressing our research questions. Initially, we used the chi-squared test to explore associations between a set of independent variables and the three crash types. To minimize type II errors in variable selection and ensure unbiased inferences, we included variables with a p-value less than 0.2 from the univariate analysis into the multivariate logistic regression models, a common practice in past studies of traffic injuries (e.g., a, b) and methodology (c). Subsequently, we examined interaction effects among several variables of interest, as depicted in Figure 2 of the manuscript. While acknowledging the potential for other interactions among variables, our study focused on assessing the joint effects of specific variables of interest. To take overtaking crashes as an example, these variables included rural areas, crash partners aged 65 years or older, heavy goods vehicles, weekends, and cyclists aged 65 years or older. Future research could delve into untangling the complexities of additional interaction effects among variables, as suggested by the reviewer.

References:

a: Chen, P-L, Pai, C-W. Evaluation of injuries sustained by motorcyclists in approachturn crashes in Taiwan. Accident Analysis and Prevention, 2019, 124, 33-39.

b: Chien, D-K., Hwang, HF, Lin, MR. Injury severity measures for predicting return-towork after a traumatic brain injury. Accident Analysis and Prevention, 2017, 98, 101-107.

c: Maldonado G, Greenland S. Simulation study of confounder-selection strategies. Am J Epidemiol 1993, 138, 11, 923-936.

2. Why did they consider different reference categories for the same individual variables among different outcomes in logistic regression modeling? This will make it difficult to interpret the comparison of the effect of an independent variable on different types of crashes. for example, in table 4, the ref category for Light condition is

Darkness-lit, Daylight and Darkness-unlit for Overtaking, Rear-end and Door crashes respectively.

Author's response: We appreciate the reviewer's comment and question. In our analysis, we chose various reference categories for variables based on the lowest Adjusted Odds Ratios (AORs) observed. This approach allowed us to highlight different risk factors associated with higher AORs for specific types of crashes. For example, urban roads with speed limits of 20-30 mph were identified as protective factors for overtaking and rear-end crashes. However, for door crashes, these urban roads appeared to pose a higher risk compared to rural roads, as indicated by their higher AOR. It is important to note that selecting a reference category does not change the estimation results of our models. Instead, assigning reference case with the lowest AOR helps readers identify risk factors with higher AORs among the three crash types.

3. I suggest authors provide identical indicators for figures both in the main text and in the figure's caption. Reading "Fig. 1" below a figure, one will look for the same word in the main text while it is recalled as "Figure 1".

<u>Author's response:</u> We appreciate this reviewer's comments, and we have revised the manuscript in the main text and figure's caption (please refer to lines 145 to 146; page 8 in the manuscript).

Reviewer 2:

- 1 General comments:
- 1.1 None of the authors was from the UK???

<u>Author's response:</u> We appreciate this reviewer's comments. One of our authors, Prof. Wafaa Saleh, is from Edinburgh Napier University, UK.

1.2 The authors should emphasize the significance of including these three types of crashes????

Author's response: We appreciate the reviewer's comments. We have incorporated the following statements into the introduction to underscore the significance of including the three crash types (please refer to lines 110 to 115; pages 5-6 in the manuscript):

"The study addresses a critical gap in current research, focusing on crashes specifically occurring on road segments. Existing literature offers limited insights into this specific type of crash, highlighting a crucial need for targeted investigation. These crashes have the potential for severe impact, involving complex dynamics that demand a nuanced understanding for effective mitigation strategies. By exploring these factors, our research aims to significantly enhance cyclist safety within this particular context."

1.3 What novelty this study adds compared to the previous one in 2011???

Author's response:

We appreciate this reviewer's comment. One inherent problem with police-reported crash data is the variables not readily available, hereby causing unobserved heterogeneity across the observations. To overcome such a limitation, we estimated separate regression models, as suggested by Kim et al. (e.g., d), for the three crash types; such an approach provides greater explanatory power compared to single overall models. Further, we conducted joint-effect analyses of several variables of interest that capture heterogeneity. In our previous studies, we adopted the above-mentioned approaches to overcome the inherent problem with a success (e.g., e, f).

To clarify this, the following statements have been added to the Discussion section of the manuscript (please refer to lines 391 to 397; page 23 in the manuscript):

"One inherent problem with police-reported crash data is the variables not readily available, hereby causing unobserved heterogeneity across the observations. To overcome such a limitation, we estimated separate regression models, as suggested by Kim et al. (e.g., d), for the three crash types; such an approach provides greater explanatory power compared to single overall models. Further, we conducted joint-effect analyses of several variables of interest that capture heterogeneity. In our previous studies, we adopted the above-mentioned approaches to overcome the inherent problem with a success (e.g., e, f)."

d: Kim, D., Washington, S., Oh, J., 2006. Modelling crash outcomes: new insights into the effects of covariates on crashes at rural intersections. Journal of Transportation Engineering. 132 (4), 282-292.

e: Pai CW, Jou RC, 2014. Cyclists' red-light running behaviours: An examination of risktaking, opportunistic, and law-obeying behaviours. Accident Analysis and Prevention. 62,191-198.

f: Pai CW, Saleh W., 2008. Modelling motorcyclist injury severity by various crash types at T-junctions in the UK. Safety Science. 13, 98-98.

1.4 The rationale for conducting the current study as well as the practical implications should be emphasized??

<u>Author's response:</u> We appreciate this reviewer's comments. First, regarding the rationale for conducting the current study, we have added the following statements (please kindly refer to lines 91-95 on page 5 of the manuscript):

"Bicycle crashes on road segments remain a substantial issue for public health concern. Existing research primarily emphasizes intersection-related crashes. This study aims to fill a critical gap by conducting a thorough examination of the risk factors associated with three distinct bicycle crash types: overtaking, rearend, and door crashes that occur on road segments."

Secondly, to highlight the practical implications, we have included the following statements in the Discussion section (please refer to lines 404-412 on pages 23-24 of the manuscript):

"Recommendations

For overtaking crashes, we recommend implementing 'Share the Road' warning signs, especially in rural areas, and developing specialized cognitive training programs for elderly drivers. Regarding rear-end crashes, our suggestions include improving illumination during night time and implementing speed control measures on rural road segments. For door crashes involving parked cars, we propose enhancing driver sight triangles and increasing cyclist visibility. Moreover, implementing a two-stage door opening mechanism and an automatic

detection device in vehicles to alert drivers of bicycles approaching from behind could potentially be beneficial."

1.5 For the introduction section, burden in terms of mortality, morbidity, and DALYs should be mentioned as well the economic and health care costs should be mentioned (globally and UK)

<u>Author's response:</u> We appreciate the reviewer's comments. Our original literature review has included several past studies that have reported the accident/injury outcomes resulting from these three crash types. For example, road segments with elevated speed limits, male cyclists, and cyclists aged over 55 years contribute significantly to high injury severity crashes. Additionally, built-up areas increase the risk of door crashes involving cyclists and parked cars.

It is important to note that there is limited research specifically examining the impact of overtaking, rear-end, and door crashes on Disability-Adjusted Life Years DALYs, economic costs, and healthcare expenses. Notable exceptions include studies by Elvik and Sundfør (e.g., d), who examined the inclusion of cyclist injuries in health impact economic assessments. Aertsens et al. (e.g., h) and Scholten et al. (e.g., i) also provided comprehensive analyses of the total and average costs associated with bicycle injuries. Although the three crash types were not explicitly examined in the above-mentioned studies, we have followed this reviewer's suggestion by incorporating these studies into the 'Introduction' section (please refer to lines 77-81; page 4 of the manuscript):

"Bicycle crashes can also impose a significant burden on healthcare expenses. Elvik and Sundfør (e.g., g) have discussed the economic implications and healthcare expenditures associated with bicycle accidents. For instance, in Belgium, the average cost of bicycle accidents per case is estimated at 841 euros (e.g., h). In the Netherlands, the total annual cost has been reported as \in 410.7 million (e.g., i)."

References:

g: Elvik, R., & Sundfør, H. B. (2017). How can cyclist injuries be included in health impact economic assessments? Journal of Transport & Health, 6, 29-39.
h: Aertsens, J., de Geus, B., Vandenbulcke, G., Degraeuwe, B., Broekx, S., De Nocker, L., ... & Panis, L. I. (2010). Commuting by bike in Belgium, the costs of minor accidents. Accident Analysis & Prevention, 42(6), 2149-2157.

i: Scholten, A. C., Polinder, S., Panneman, M. J., Van Beeck, E. F., & Haagsma, J. A. (2015). Incidence and costs of bicycle-related traumatic brain injuries in the Netherlands. Accident Analysis & Prevention, 81, 51-60.

1.6 The number of cyclists in UK or those using bicycles for their mobility??

<u>Author's response:</u> We appreciate the reviewer's comment. In our study, we analyzed national police-reported crash data involving cyclists. Unfortunately, exposure data, such as the number of cyclists and miles traveled, were not available in the STATS19 dataset. While such data may be available from the UK National Travel Survey, it often reflects outdated information and may not be fully representative of the entire population.

- 2. Specific comments:
- 2.1 Instead of data collection, data used for analysis is appropriate??

<u>Author's response</u>: We appreciate the reviewer's comment. The dataset, UK Stats19 covering all traffic accidents in the UK, should be appropriate, as numerous studies in the field of traffic injury and medicine have analysed such data (e.g., references j, k, l).

j: Haghpanahan, Houra, et al. "An evaluation of the effects of lowering blood alcohol concentration limits for drivers on the rates of road traffic accidents and alcohol consumption: a natural experiment." *The Lancet* 393.10169 (2019): 321-329.

k: Pai, C. W., Hwang, K. P., & Saleh, W. (2009). A mixed logit analysis of motorists' right-of-way violation in motorcycle accidents at priority T-junctions. Accident Analysis & Prevention, 41(3), 565-573.

I: Fountas, G., Fonzone, A., Gharavi, N., & Rye, T. (2020). The joint effect of weather and lighting conditions on injury severities of single-vehicle accidents. *Analytic methods in accident research*, 27, 100124.

2.2 Of the used crashes data, how many were fatal???

<u>Author's response:</u> We appreciate the reviewer's comment. As reported in the table below, as many as 0.8% of those in overtaking crashes sustained fatal injuries, which was the highest compared to those in the other two crash types.

	Slight	Serious	Fatal	Total
Overtaking crashes	14240(77.6%)	3,964(21.6%)	147(0.8%)	18350

Rear-end crashes	39821(89.1%)	4782(10.7%)	89(0.2%)	44692
Door crashes	5561(87.4%)	770(12.1%)	32(0.5%)	6363

2.3 For analysis of data, use the Odds ratios and 95% confidence intervals (univariate and bivariate)

<u>Author's response:</u> We appreciate this reviewer's comment. We analyzed the distribution of crash types across a set of independent variables. Chi-square tests were used to explore relationships between these variables and crash types. Variables with a significance level below 0.2 were identified to minimize type II errors and were considered significantly associated with the outcome variables (p < 0.05). Subsequently, these variables were included in multiple logistic regression models. Stepwise logistic regression was then employed to estimate the odds of various variables after controlling for specific factors. This methodology has been widely used in past studies of traffic injuries (e.g., a, b) and methodology (e.g., c).

a: Chen, P-L, Pai, C-W. Evaluation of injuries sustained by motorcyclists in approachturn crashes in Taiwan. Accident Analysis and Prevention, 2019, 124, 33-39;

b: Chien, D-K., Hwang, HF, Lin, MR. Injury severity measures for predicting return-towork after a traumatic brain injury. Accident Analysis and Prevention, 2017, 98, 101-107;

c: Maldonado G, Greenland S. Simulation study of confounder-selection strategies. Am J Epidemiol 1993, 138, 11, 923-936).

2.4 Details about the multivariate logistic regression model should be mentioned??? Use the Odds ratios for interpreting and displaying the results in tables 1, 2, and 3???

<u>Author's response:</u> We appreciate the reviewer's comment. Firstly, if we understand this reviewer correctly, we have incorporated additional details (such as formulation and derivation) of the multivariate logistic regression model into the "Methods" section (please refer to lines 179-194 on pages 10-11 of the manuscript):

"Initially, we examined the distribution of three crash types across various variables to explore their relationships with a binary outcome. These variables included lighting conditions, speed limit, time of day, and day of the week. Demographic details concerning cyclist casualties encompassed age and sex, while information about the crash partner included vehicle type, age, and sex. We set a significance level of p <

0.2 to include risk factors in our multivariate analysis. Adjusted odds ratios (AORs) were computed using multivariate logistic regression with backward selection.

The multivariate logistic regression model equation was specified as:

$$log\left(\frac{P(Y=1)}{1 - P(Y=1)}\right) = \beta_0 + \beta_1 X_1 + \beta_2 X_2$$

where P(Y = 1) denotes the probability of the outcome, $\beta_{0}, \beta_{1}, \beta_{2}, ..., \beta_{p}$ are the coefficients to be estimated, and $X_{1}, X_{2}, ..., X_{p}$ represent the predictor variables.

Before estimating the model, assumptions of logistic regression, such as linearity of the logit, absence of multicollinearity, and independence of observations, were evaluated.

An odds ratio (OR) greater than 1 indicated a positive association between the independent variable and the occurrence rate, while an OR less than 1 indicated a negative association. An OR of 1 suggested no association between the variables of interest and the outcomes."

Secondly, this reviewer suggested that we should use the Odds ratios for interpreting and displaying the results in tables 1, 2, and 3. While we acknowledge this suggestion, we would like to clarify here that we adopted the commonly-used Chi-square tests to identify the distribution of three crash types across several independent variables. Instead of the univariate logistic regression, such a method has been proved as an efficient way to minimize type II errors, and has been widely employed in past studies of traffic injuries (e.g., a, b) and methodology (e.g., c).

a: Chen, P-L, Pai, C-W. Evaluation of injuries sustained by motorcyclists in approachturn crashes in Taiwan. Accident Analysis and Prevention, 2019, 124, 33-39;

b: Chien, D-K., Hwang, HF, Lin, MR. Injury severity measures for predicting return-towork after a traumatic brain injury. Accident Analysis and Prevention, 2017, 98, 101-107;

c: Maldonado G, Greenland S. Simulation study of confounder-selection strategies. Am J Epidemiol 1993, 138, 11, 923-936).

2.5 Chi square is not enough test to identify the direction and which segment of the given variable is significantly different???

<u>Author's response:</u> We appreciate this reviewer's comment. The reviewer is correct. Chi-square tests can be used for ascertaining the association of the dependent and independent variables. However, the direction of the independent variables can be untangled in the subsequent multivariate logistic regression models.

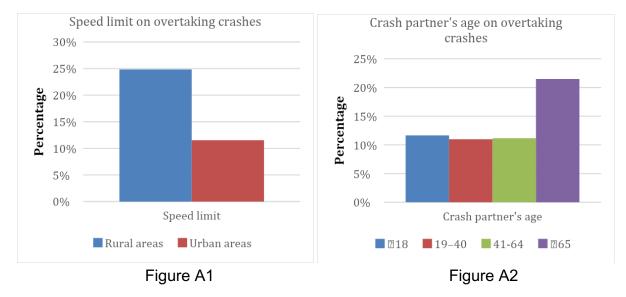
2.6 What was the adjustment made for ??? And how ???

<u>Author's response:</u> We appreciate this reviewer's comment. Each variable was adjusted for in the multivariate analysis. For instance, in Table 4, adjustments were made for crash day after accounting for other variables such as cyclist's sex, crash partner, and crash partner's age and sex.

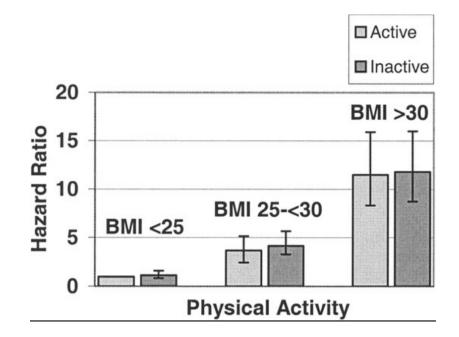
2.7 The joint-crash effect: how it was measured statistically???

<u>Author's response</u>: Thank you for your valuable comment. We do apologize for not making our analysis clear. To clarify how joint-effect analysis was structured, we drew several figures below that help us respond to this reviewer.

As Figure A1 (X axis: speed limit; Y axis: percentage) and A2 report (X axis: Crash partner's age; Y axis: percentage), the joint effects of speed limit (two categories: rural (\geq 40 mph) /urban (20–30 mph)] and crash partner's age (four categories: \leq 18, 19–40, 41–64, and \geq 65) on overtaking crashes were examined, yielding eight combinations of interaction effects (i.e., 1. Rural x \leq 18; 2. Rural x 19-40; 3. Rural x 41-64; 4. Rural x \geq 65; 5. Urban x \leq 18; 6. Urban x 19-40; 7. Urban x 41-64; 8. Urban x \geq 65). All percentages of overtaking crashes among these eight combinations were compared, and the combination with the highest percentages for overtaking crashes is taken as the indicator variable. In this joint-effect analysis, the indicator variable "rural areas x crash partner's \geq 65 years old" has the highest percentage of overtaking crashes. These results elucidated that overtaking crashes were more likely to occur when the cyclists were in rural areas and when involving \geq 65-year-old crash partners.



In practice, such a joint-effect analysis has been widely employed in medicine or traffic injury literature. One well-known paper by Weinstein et al. (i.e., m) was published in JAMA which examined the joint effect of physical activity and body mass index on diabetes in women. In this paper, Weinstein et al. pointed out that the beneficial effect of active lifestyle on type 2 diabetes was consistent across women with three BMI levels.



Another example is our previous paper published in Accident Analysis and Prevention in 2020 titled: Evaluating the combined effect of alcohol-involved and un-helmeted riding on motorcyclist fatalities in Taiwan. In this study, we specifically analysed the joint effect of alcohol use and helmet use on motorcyclist fatalities (i.e., n).

Interaction term	Odds ratio	p value	95 % CI
Blood alcohol level with helmet use ^a			
1 Blood alcohol positive and not using helmet	18.1	< 0.001	15.9 – 20.4
2 Blood alcohol positive and using helmet	10.1	< 0.001	9.3 – 11.1
3 Blood alcohol negative and not using helmet	2.3	< 0.001	2.1 – 2.5
4 Blood alcohol negative and using helmet	1	_	1

Interaction results for motorcyclist's alcohol use with motorcyclist's helmet use.

In addition, our previous paper published in BMC Public Health in 2023 titled: Walking against traffic and pedestrian injuries in the United Kingdom: new insights (i.e., o). In this study, we specifically analysed the joint effect to examine whether the beneficial effect of walking against traffic on injury severity may apply to different situations. By doing so, we were able to compare injury outcomes in walking against-traffic crashes against those in walking with-traffic crashes.

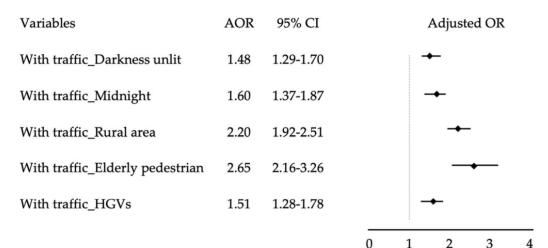


Fig. 2 Joint effects of walking with traffic and other variables on pedestrian fatalities

We believe this detailed explanation clarifies our methodology.

Reference:

m: Weinstein A., Sesso, H., Lee, I., Cook, N., Manson, J., Buring, J., Gaziano, J., 2004. The relationship of physical activity vs body mass index with type 2 diabetes in women. JAMA 290: 1188-1194.

n: Wiratama, B., Chen, P., Ma, S., Chen, Y., Saleh, W., Lin, H., Pai, C., 2020. Evaluating the combined effect of alcohol-involved and un-helmeted riding on motorcyclist fatalities in Taiwan. Accident Analysis and Prevention, 143, 105594.

o: Widodo, A. F., Chen, C., Chan, C. W., Saleh, W., Wiratama, B. S., & Pai, C. W. (2023). Walking against traffic and pedestrian injuries in the United Kingdom: new insights. BMC public health, 23(1), 2205.

Reviewer #3: Areas for Improvement: 3.1 Clarity and Conciseness:

Some sections of the text are verbose and could benefit from more concise language. For instance, the detailed descriptions of statistical methods and results could be streamlined without losing essential information.

Simplifying the language and structure would enhance readability and accessibility, particularly for readers who are not specialists in the field.

<u>Author's response:</u> We appreciate the reviewer's valuable suggestions. Concerning two reviewers who recommended extending several sections (i.e., reviewer #2 asked us to explain more on multivariate regression models and reviewer #4 requested for further discussions), we maintained a neutral stance for the time being. Nonetheless, we have revised the introduction to provide a clearer context and expanded our descriptions in the discussion section to provide broader insights into the implications of our findings. Additionally, detailed descriptions of the statistical methods have been included in the methods section, aimed at enhancing readability and accessibility for our readers.

3.2 Detailed Interpretation of Results:

While the results section provides extensive data, there is limited interpretation of what these results mean in practical terms. Adding more context about how these findings could influence policy or infrastructure design would be valuable. Discussing potential interventions based on the identified risk factors, such as specific infrastructure improvements or policy changes, would strengthen the practical implications of the study.

<u>Author's response:</u> We appreciate the reviewer's comment and suggestion. We have revised the discussion section of the manuscript and added one recommendation section to address findings that could potentially influence policy or infrastructure as follows (please refer to lines 404-412 on pages 23-24 of the manuscript):

"Recommendations

For overtaking crashes, we recommend implementing 'Share the Road' warning signs, especially in rural areas, and developing specialized cognitive training programs for elderly drivers. Regarding rear-end crashes, our suggestions include improving illumination during night time and implementing speed control measures on rural road segments. For door crashes involving parked cars, we propose enhancing driver sight triangles and increasing cyclist visibility. Moreover, implementing a two-stage door opening mechanism and an automatic

detection device in vehicles to alert drivers of bicycles approaching from behind could potentially be beneficial."

3.3 Comparative Analysis:

Including a comparative analysis with similar studies from other countries could provide a broader context for the findings and highlight whether these risk factors are unique to the UK or consistent globally.

Discussing how the UK's findings compare with those from the United States or other European countries, especially concerning the impact of infrastructure and vehicle types, could offer valuable insights:

<u>Author's response:</u> We appreciate the reviewer's comment. To our knowledge, no comparative analysis from other countries has been conducted for the three crash types (overtaking, rear-end, and door crashes). In addition, it is out of the scope of the current research to obtain crash data from other countries and conduct a large scale of comparative analysis. However, in our introduction sections, we have reviewed previous studies that focused on risk factors for these crash types individually or collectively on road segments (such as vehicle volume, traffic density, and number of lanes).

In the discussion section, we have discussed our findings with those of other studies in the US or elsewhere. For instance, previous analyses of overtaking crashes highlighted risk factors such as speeds exceeding 10 mph and the presence of pick-up trucks. Rear-end crashes were associated with conditions such as darkness, unlit surroundings, midnight hours, and reduced cognitive capabilities. Door crashes were found to be influenced by factors including urban roadways and the presence of taxis.

3.4 Providing more detailed information about the methodology, particularly the criteria for excluding certain data points, would enhance transparency. For example, explaining why specific demographic data were incomplete and how this might affect the results would be useful.

A discussion on the limitations of the data and the potential biases introduced by police reporting practices could provide a more nuanced understanding of the findings.

<u>Author's response:</u> We appreciate the reviewer's comment. To clarify the reasons for excluding junction cases and cyclists/motorcyclists as crash partners, we have added the following statements in the Methods section (please also kindly see lines 168 to 174; pages 9-10 in the manuscript):

"On a cautionary note, we removed junction cases to avoid the variability introduced when exogenous factors, such as junction geometry and control measures, are present at junctions. Furthermore, the cases involving other cyclists and motorcyclists were removed as we focused on vehicle-cycle crashes only. Missing data on sex, age, or speed limits were also excluded in the analysis. Excluding these data may impact our results in a marginal scale, as these data are likely to be single-bicycle crashes that in nature be underreported in police crash dataset [e.g., p]. "

Regarding the limitation of police reported crash data, the following statements have been added to the manuscript (please also kindly see lines 378 to 391; pages 22-23 in the manuscript):

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

p. Watson, Angela, Barry Watson, and Kirsten Vallmuur. "Estimating under-reporting of road crash injuries to police using multiple linked data collections." *Accident Analysis & Prevention* 83 (2015): 18-25.

3.4 Visual Aids:

Adding more visual aids, such as graphs or charts, could help in visualizing the key findings and making the data more accessible to readers.

A geographic distribution map showing where different types of crashes are more prevalent could add an interesting dimension to the analysis.

<u>Author's response:</u> We appreciate the reviewer's suggestions. We firstly reported our sampling by using a flowchart that helps readers understand what data were excluded and included in the analyses. Although we presented our statistical analyses in a traditional way (Tables 1 to 4), we illustrated a forest plot demonstrating the joint effects of several variables on the three crash types when other variables were controlled for (please refer to lines 213 to 276; pages 12-17 in the manuscript).

Regarding the geographic distribution map illustrating where these crash types were more prevalent, our research objective does not primarily emphasize the geographic effects of these three crash types. Rather, we focused on identifying risk factors for these crash types. While we appreciate this reviewer's valuable comment on this, we have identified this as an important research area as follows (please refer to lines 398 to 402; page 23 in the manuscript):

"Future research directions could involve integrating GPS (Global Positioning System) data and weather conditions to analyse both the injury frequency and fatalities of bicycle crashes on road segments. Additionally, exploring the potential of autonomous vehicles for detecting approaching bicycles for doorcrashes and implementing Al-controlled lighting systems in rural areas for cyclist detection could be promising areas for further study."

3.5 Future Directions:

Including a section on future research directions would be beneficial. Identifying gaps in the current research and suggesting areas for further investigation could guide subsequent studies.

Discussing the potential impact of emerging technologies, such as autonomous vehicles and advanced cyclist detection systems, on these crash types could provide a forwardlooking perspective.

<u>Author's response:</u> We appreciate the reviewer's comment and suggestion. We have revised the discussion section of the manuscript and added one future research section (please refer to lines 398 to 402; page 23 in the manuscript). Furthermore, we have added one new section "Recommendation" that reports potential intervention points (please refer to lines 404-412 on pages 23-24 of the manuscript):

"Recommendations

For overtaking crashes, we recommend implementing 'Share the Road' warning signs, especially in rural areas, and developing specialized cognitive training programs for elderly drivers. Regarding rear-end crashes, our suggestions include improving illumination during night time and implementing speed control

measures on rural road segments. For door crashes involving parked cars, we propose enhancing driver sight triangles and increasing cyclist visibility. Moreover, implementing a two-stage door opening mechanism and an automatic detection device in vehicles to alert drivers of bicycles approaching from behind could potentially be beneficial."

Future research directions:

"Future research directions could involve integrating GPS (Global Positioning System) data and weather conditions to analyse both the injury frequency and fatalities of bicycle crashes on road segments. Additionally, exploring the potential of autonomous vehicles for detecting approaching bicycles for doorcrashes and implementing Al-controlled lighting systems in rural areas for cyclist detection could be promising areas for further study." Reviewer #4: This Study is technically sound and has potential to add to the body of knowledge involving bicycle riding safety in the UK and everywhere across the globe. It has adhered to the research and publication ethics, however, the study still need revision on some of the key identified areas which i have pointed out, starting from abstract, background, results and discussions.

4.1 Abstract

The abstract is lacking the background section, please see the comment on the pdf

This abstract is lacking the background section, which must start when presenting structured abstract. Also there is no objective put here, but rather the research problem investigated.

<u>Author's response:</u> We appreciate the reviewer's comment and suggestion. We have revised the abstract to add background and objects as follows (please refer to lines 23 to 27; page 2 in the manuscript):

"Background: 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, rearend, and door crashes.

Objective: This study aims to identify risk factors for overtaking, rear-end, and door crashes that occur on road segment."

4.1.1 Abbreviations should be defined when they are first mentioned

<u>Author's response:</u> We appreciate the reviewer's suggestion. We have revised the abstract to include the full definitions of abbreviations upon their first appearance as follows (please refer to lines 31; page 2 in the manuscript).

"Abstract: AOR (adjusted odds ratio)"

4.2 Introduction

4.2.1 The authors did not explain the context of the previous study, where this current study was based, but only cited it. For my comments also see the pdf with my comments on this section

4.2.2 See the comments above on the abstract to enhance this one

4.2.3 Highlight some key findings of this previous study here to avoid making the readers look for the findings on their own. The point of scientific writing is to make the work easy to understand

<u>Author's response:</u> We appreciate the reviewer's comment and suggestion. We have revised our introduction section to include the reviewer's suggestion, providing an explanation of the previous study and emphasizing our key findings accordingly as follows (please refer to lines 101 to 106; page 5 in the manuscript):

"The primary objective of this study, building on our previous research into risk factors related to overtaking, rear-end, and door crashes, is to conduct a more comprehensive investigation. Specifically, Pai identified buses and coaches as common crash partners in overtaking crashes; poor visibility, traversing manoeuvres, and teenage cyclists as risk factors for rear-end crashes; and built-up areas as a risk factor for door crashes."

4.3 Methodology

The method section was described well and is adequate, although we need to know whether normality checks were conducted.

Author's response: Thank you for your positive feedback on the method section and for your valuable suggestion regarding normality checks. We employed multivariate logistic regression models in our investigation, which do not require assuming the normality of the predictor variables. Logistic regression is resilient to deviations from normality as it estimates the likelihood of a binary outcome instead of assuming a normal distribution of the variables. Consequently, we refrained from performing formal normality assessments for the predictor variables.

4.4 Results

This area still requires more work. The way the results were presented was hasty, and we need to redo some of the highlighted sections. For example, a separate Univariate table is needed as Table 1.

<u>4.4,1 I think you need a joint univariate table of all factors studied that combining it all in</u> the Bivariate table. It is a lazy way of reporting that require a reader to tease out proportions on their own. address this

<u>Author's response:</u> We appreciate the reviewer's comment. In response to the suggestion for a joint univariate table of all studied factors, we acknowledge the importance of presenting comprehensive data that is readily interpretable. Our analysis

included an examination of crash type distributions across multiple independent variables. To explore these relationships, we employed Chi-square tests. Variables with significance levels below 0.2 were identified to minimize type II errors and were considered significantly associated with the outcome variables (p < 0.05). These variables were subsequently included in multiple logistic regression models.

We utilized stepwise logistic regression to estimate odds ratios while controlling for specific factors, following a methodological approach well-established in traffic injury studies (e.g., references a and b) and detailed in previous research (e.g., reference c). This approach allows for a nuanced understanding of how various factors interact to influence crash types, ensuring our findings are robust and informative. This methodological approach is well-established in the study of traffic injuries (e.g., reference a and b) and has been detailed in previous studies (e.g., reference c).

a: Chen, P-L, Pai, C-W. Evaluation of injuries sustained by motorcyclists in approachturn crashes in Taiwan. Accident Analysis and Prevention, 2019, 124, 33-39;

b: Chien, D-K., Hwang, HF, Lin, MR. Injury severity measures for predicting return-towork after a traumatic brain injury. Accident Analysis and Prevention, 2017, 98, 101-107;

c: Maldonado G, Greenland S. Simulation study of confounder-selection strategies. Am J Epidemiol 1993, 138, 11, 923-936).

4.4.2 Use one decimal place and not two

<u>Author's response:</u> We appreciate this reviewer's comment. We have updated our tables (Tables 1-4) to display data with one decimal place instead of two (please refer to lines 213 to 276; pages 12-17 in the manuscript).

4.4.3 After inserting a combined univariate table, please remove these percentages, as they are very misleading

<u>Author's response:</u> We appreciate this reviewer's comment. However, presenting percentages is crucial for demonstrating the distribution among each crash type and others. Therefore, we have decided to continue using percentages as presentation in our manuscript.

<u>4.4.5 Tables: Here put frequencies/percenatgase and removed all the percentages from the table. the same applies to all other tables</u>

<u>Author's response:</u> We appreciate this reviewer's comment. Nevertheless, it is essential to use percentages to clearly demonstrate the distribution of each crash type across a set of variables. By reporting these percentages, we are able to identify whether one certain variable was over-involved in one crash type. Therefore, we have opted to maintain the use of percentages in our presentation.

4.4.6 All most all the bivariate table has not been interpreted. but summarize using phrases like serveral variables as shown in table 2.

<u>Author's response:</u> We appreciate this reviewer's comment. We have revised our results section to incorporate the reviewer's suggestion and rephrase the sentence accordingly (please refer to lines 215 to 229; page 13 in the manuscript):

"Several variables in Table 2 reveal significant differences between rear-end crashes and non-rear-end crashes. Specifically, a higher proportion of rear-end crashes occurred under darkness-unlit conditions (50.2%) compared to darknesslit conditions (37.5%). Additionally, rear-end crashes were more prevalent in rural areas with speed limits of \geq 40 mph (43.0%) compared to urban areas with speed limits of 20–30 mph(33.1%). Crashes involving crash partners aged ≥ 65 accounted for 39.7% of rear-end crashes, which was higher compared to other age groups (age 41–64: 33.0% and ≤18: 36.0%). Furthermore, rear-end crashes were more likely to occur during midnight (47.6%) compared to rush hours (36.3%). Taxis were frequently involved in rear-end crashes (42.4%), as were male crash partners (36.8%). These findings highlight the significant influence of various factors on the likelihood of rear-end crashes. Variables such as darknessunlit conditions, higher speed limits in rural areas, crash time, and characteristics of the crash partner all emerged as significant determinants. Specifically, rear-end crashes were notably more prevalent under darkness-unlit conditions. in rural areas with higher speed limits, during midnight hours, and involving certain characteristics of crash partners. Importantly, these associations were statistically significant, as indicated by the Chi-squared test (p < 0.001)."

4,4,7 Do inteprete the results individually for all the significant factors.

<u>Author's response:</u> We appreciate this reviewer's comment. We have revised our discussion section to incorporate the reviewer's suggestion and rephrase the sentence accordingly (please refer to lines 232 to 248; pages 14-15 in the manuscript):

"As shown in Table 3, several variables can contribute to door crashes involving bicycles. Door crashes predominantly occurred in urban areas with speed limits of 20-30 mph (6.22%), while a significantly lower proportion occurred in rural

areas with speed limits \geq 40 mph (0.45%). These crashes were overrepresented during non-rush hours (5.54%) and rush hours (4.94%) compared to evening (4.26%) and midnight (2.35%). Cyclists were more frequently involved in door crashes on weekdays (5.35%) than weekends (3.73%). As many as 8.21% of all female cyclists were involved in door crashes, which is higher than the involvement rate among males (4.24%). Taxi and private hire cars were overinvolved in door crashes (10.55%) compared to cars (5.17%) and buses/heavy goods vehicles (3.13%). Crash partners aged ≤18 years (5.22%) and 19-40 years (5.26%) were disproportionately involved in door crashes compared to older age groups, and female crash partners were overrepresented in door crashes (7.42%) compared to males (4.23%). These results were statistically significant, as indicated by the Chi-squared test (p < 0.001). They suggest that various factors including traffic conditions (rural areas, crash time), cyclist demographics (younger age, gender), and characteristics of the crash partner (taxi/private hire cars)—significantly contribute to the likelihood of door crashes involving cyclists."

4.4.8 where are the corresponding p-values. include them for all the significant risk factors

<u>Author's response:</u> We appreciate this reviewer's comment. We have revised our Results section to include the reviewer's suggestion and have added the corresponding p-values accordingly (please refer to lines 253 to 272; page 16 in the manuscript):

For example: "(AOR = 2.912, 95% CI = 2.384–3.556; *p*<0.001)."

4.4.9 Here, present both the crude and adjusted odd ratios

<u>Author's response:</u> We appreciate the reviewer's comment. In response, we have focused on presenting the adjusted odds ratios (AOR) and their corresponding 95% confidence intervals in our manuscript.

To address the analysis of crash types across various independent variables, we conducted Chi-square tests to assess the association between dependent and independent variables. The direction of the independent variables will be clarified in the subsequent multivariate logistic regression models.

Significant variables identified through stepwise selection were included in the multiple logistic regression models. The adjusted odds ratios (AOR) and their 95% confidence intervals were then calculated from these final models. This approach, widely used in traffic injury studies (e.g., a, b), ensures robust methodology by controlling for other variables (e.g., c).

a: Chen, P-L, Pai, C-W. Evaluation of injuries sustained by motorcyclists in approachturn crashes in Taiwan. Accident Analysis and Prevention, 2019, 124, 33-39;

b: Chien, D-K., Hwang, HF, Lin, MR. Injury severity measures for predicting return-towork after a traumatic brain injury. Accident Analysis and Prevention, 2017, 98, 101-107;

c: Maldonado G, Greenland S. Simulation study of confounder-selection strategies. Am J Epidemiol 1993, 138, 11, 923-936).

<u>4.4.10 Also do interpret these results</u>. For instance what does the odd ratio of 2.93 mean in this case?

<u>Author's response:</u> We appreciate the reviewer's comment and suggestion. We have revised our results section to incorporate the reviewer's suggestion and have interpreted the meaning of odds ratios in our findings accordingly (please refer to lines 279 to 286; pages17-18 in the manuscript):

"The results identified several key risk factors for both overtaking and rear-end crashes. The risk of overtaking crashes showed a significant increase of 193% in rural areas when elderly drivers were involved (AOR = 2.93, 95% CI = 2.79–3.08), and similarly when heavy goods vehicles (HGVs) were the crash partner (AOR = 2.62, 95% CI = 2.46–2.78). Elderly cyclists also faced a higher risk of overtaking crashes on weekends (AOR = 1.56, 95% CI = 1.34–1.81).

Regarding rear-end crashes, the risk increased notably with unlit darkness during midnight (AOR = 1.68, 95% CI = 1.48-1.90) and was significantly higher in rural areas (AOR = 2.15, 95% CI = 2.01-2.31)."

4.4.11 you look at risk factors and not only environment factors, what about factors like sex, age. are they from the environment too, and yet you included them.

Author's response: We appreciate the reviewer's comment. In our multivariate logistic regression results in Table 4, we analyzed and presented such factors such as cyclist's sex and age for each crash type (please refer to lines 275 to 276; page 17 in the manuscript). Moreover, in our joint-effect analysis, cyclist's age (≥65-year-old cyclist) was combined and analyzed with other variables.

4.5 Discussion

The section also needs serious work, especially on the way the findings were discussed. The authors should consider discussing their own findings rather than those of other studies. There is also a need to have a section for recommendations rather than merging it within result

4.5.1 You dont need this type of writing, just discuss the findings

<u>Author's response:</u> We appreciate the reviewer's comment. We have revised our discussion section to delete the paragraph as the reviewer's suggestion as follows (please refer to lines 305; page 19 in the manuscript):

"Delete: These findings warrant further discussion and thus are elaborated on in this section of this paper."

You have not discussed the findings. Yes you found HGVs a risk for overtaking crash, so tell us why you think that is a risk factor. in other word explain your findings and then place it in the context of other study

<u>Author's response:</u> We appreciate the reviewer's comment and suggestion. We have revised our discussion section to integrate the reviewer's suggestion and provide a discussion on how heavy goods vehicles (HGVs) pose a risk for overtaking crashes accordingly as follows (please refer to lines 308 to 317; page 19 in the manuscript):

"These findings align with previous research that identified elderly drivers, speeds exceeding 10 mph, and the presence of pick-up trucks as factors contributing to increased risk for overtaking crash. Specifically, HGVs possess several characteristics that amplify this danger. Their large blind spots make it difficult for drivers to see cyclists, increasing the likelihood of crashes during overtaking. Additionally, HGVs are less maneuverable compared to passenger cars, which reduces their ability to avoid crashes if cyclists suddenly enter their path. The speed and distance perception issues between HGVs and cyclists further complicate the judgment of safe overtaking gaps. Furthermore, HGVs require longer stopping distances due to their size and weight, which can lead to severe consequences if a sudden need to brake arises."

4.5.3 Do not discuss other people's findings, just discuss your findings and only state whether it agrees of disagrees with what Pai et al found for example

<u>Author's response:</u> We appreciate the reviewer's comment and suggestion. We have revised our Discussion section to incorporate the reviewer's suggestion and provide a

discussion on our findings, comparing them with previous studies accordingly (please refer to lines 318 to 322; pages 19-20 in the manuscript):

"Regarding the association with buses or HGVs, our findings are consistent with existing research suggesting that time pressures on HGV drivers for timely loading and unloading might lead to more reckless driving. Specifically, our results align with the observations made by Pai et al., who also mentioned higher crash rates involving buses or HGVs, supporting the idea that these time pressures contribute to increased crash risks."

4.5.4 Take this to the recommendation section

<u>Author's response:</u> We appreciate the reviewer's comment and suggestion. We have added a recommendations section (please refer to lines 404-412; pages 23-24 of the manuscript):

"Recommendations

For overtaking crashes, we recommend implementing 'Share the Road' warning signs, especially in rural areas, and developing specialized cognitive training programs for elderly drivers. Regarding rear-end crashes, our suggestions include improving illumination during night time and implementing speed control measures on rural road segments. For door crashes involving parked cars, we propose enhancing driver sight triangles and increasing cyclist visibility. Moreover, implementing a two-stage door opening mechanism and an automatic detection device in vehicles to alert drivers of bicycles approaching from behind could potentially be beneficial."

4.5.5 Good use of references but first tells why you found what you found. And again your study was looking at comparing the risk factors for overtaking crashes with what was previously found in your study and the findings of that study needed to be described well in this study too

<u>Author's response:</u> We appreciate the reviewer's comment and suggestion. We have revised our Discussion section to incorporate the reviewer's suggestion and provide a discussion on our findings, comparing them with previous studies accordingly (please refer to lines 328 to 332; page 20 in the manuscript):

"We found that as individuals age, their risk of being involved in road accidents increases, primarily due to declines in cognitive capabilities. Our study corroborates these findings by showing that older cyclists are more susceptible to accidents during overtaking maneuvers, which can be attributed to diminished reaction times and impaired decision-making abilities, their health, and their driving performance."

4.5.6 I think you need to also link this to delays in reacting as compared to the younger cyclist or driver.

<u>Author's response:</u> We appreciate this reviewer's comment. We have revised our Discussion section to integrate the reviewer's suggestion and provide a discussion on delays in reaction among elderly cyclists or drivers accordingly (please refer to lines 328 to 332; page 20 in the manuscript):

"We found that as individuals age, their risk of being involved in road accidents increases, primarily due to declines in cognitive capabilities. Our study corroborates these findings by showing that older cyclists are more susceptible to accidents during overtaking maneuvers, which can be attributed to diminished reaction times and impaired decision-making abilities, their health, and their driving performance."

4.5.7 This is supposed to be a recommendation but first of all it is not right. it is not what you found but what you think is making more elder drivers to get into overspreading crashes. So recommend only based on what you found and not based on what you think.

Author's response: We appreciate the reviewer's comment and suggestion. We have revised our discussion section to integrate the reviewer's suggestion as follows (please refer to lines 339 to 346; pages 20-21 in the manuscript):

"Based on our study's findings, we recommend the development of specialized interventions to improve road safety for elderly cyclists. Our analysis reveals that older cyclists are at a higher risk of being involved in overtaking crashes, with this increased risk being strongly linked to declines in cognitive capabilities associated with aging. To address this issue, we advocate for the implementation of targeted cognitive training programs specifically designed for elderly cyclists. These programs should focus on enhancing critical skills such as reaction time, situational awareness, and decision-making abilities, which are crucial for reducing crash risk and improving overall road safety. "

4.5.7 Now this is a good statement that should have followed your first sentence, starting from the full stop after segments. then you can now show us how similar it is with what Pai and others found.

<u>Author's response:</u> We appreciate this reviewer's comment. If we understand this reviewer correctly, this reviewer makes a valid argument that Advanced Stop Lines (ASLs), also called bike boxes that had been implemented in the UK for decades, would be beneficial in reducing conflicts between cars and cyclists. However, our study focuses on cyclist crashes that occurred on road segments only (i.e., 20 metres away from junctions); as a result, we remain reserved with discussing this finding with this engineering measure (i.e., ASLs).

In addition to this, we routinely discussed our current findings with those of Pai; for instance, HGVs, unlit streets and midnight hours, and taxis have been similarly identified as a risk factor for overtaking crashes, rear-end crashes, and door crashes, respectively.

4.6 discussions.

4.6.1 They need to tell us how they tried to minimize the biases that could have been introduced by the many study limitations identified for this study.

Author's response: We appreciate this reviewer's comment. One inherent problem with police-reported crash data is the variables not readily available, hereby causing unobserved heterogeneity across the observations. To overcome such a limitation, we estimated separate regression models, as suggested by Kim et al. (2006), for the three crash types; such an approach provides greater explanatory power compared to single overall models. Further, we conducted joint-effect analyses of several variables of interest that capture heterogeneity. In our previous studies, we adopted the above-mentioned approaches to overcome the inherent problem with a success (see, for example, Pai and Saleh, 2008; Pai and Jou, 2014).

To clarify this, the following statements have been added to the Discussion section of the manuscript (please refer to lines 391 to 397; page 23 in the manuscript):

"One inherent problem with police-reported crash data is the variables not readily available, hereby causing unobserved heterogeneity across the observations. To overcome such a limitation, we estimated separate regression models, as suggested by Kim et al. (e.g., d), for the three crash types; such an approach provides greater explanatory power compared to single overall models. Further, we conducted joint-effect analyses of several variables of interest that capture heterogeneity. In our previous studies, we adopted the above-mentioned approaches to overcome the inherent problem with a success (e.g., e, f)." d: Kim, D., Washington, S., Oh, J., 2006. Modelling crash outcomes: new insights into the effects of covariates on crashes at rural intersections. Journal of Transportation Engineering. 132 (4), 282-292.

e: Pai CW, Jou RC, 2014. Cyclists' red-light running behaviours: An examination of risktaking, opportunistic, and law-obeying behaviours. Accident Analysis and Prevention. 62,191-198.

f: Pai CW, Saleh W., 2008. Modelling motorcyclist injury severity by various crash types at T-junctions in the UK. Safety Science. 13, 98-98.

4.6.2 Present both the strength and limitations of the study. And you have really brought the limitation well, but my question would be, despite knowing all these why did you decided to carry on to utilised this dataset as opposed to others. Please tell us how you catered for these limitations as away of reducing bias that might have been introduced by them

<u>Author's response:</u> We appreciate this reviewer's comment. We have added a section discussing the strengths of our study before addressing its limitations as follows (please refer to lines 370 to 377; page 22 in the manuscript):

"The strengths of this study include the use of STATS19 datasets spanning from 1991 to 2020, which provides a robust statistical foundation and a broad perspective on trends in bicycle crashes. By focusing specifically on three crash types on road segments—overtaking, rear-end, and door crashes—the study provides a comprehensive and focused analysis, which can yield more actionable insights and more effective recommendations. The UK-based dataset ensures that the findings are particularly relevant for local policy and safety interventions. Additionally, the application of statistical techniques and the consideration of various factors, such as crash partner and time of day, enhance the validity and depth of the analysis."