Mobility scooters pose danger on TN streets
When scooter users, motorists collide, the result can often be deadly

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By Tom Wilemon

Dr. Rick Miller cringes when he sees people on mobility devices weaving their way through traffic.

It’s a risky scenario that kills people — and experts say it’s becoming more common every day.

“These are not people who are healthy enough to be driving a car or fit enough to be on a bicycle,” said Miller, chief of trauma at Vanderbilt University Medical Center, who deals with the shattered legs, fractured skulls and shortened lives. “They are the most vulnerable people.”

As the nation ages, mobility devices are appearing more often on urban thoroughfares, residential streets and country roads. In Middle Tennessee, three deaths have occurred since July when disabled people were on roads during dark hours.

But no government data exist to analyze the causes of collisions or even determine the number of crashes involving mobility scooters and motorized wheelchairs. The National Highway Traffic Safety Administration does not regulate them, and state traffic laws regarding their use vary.
There’s not even a consensus on what to call them. Depending upon the jurisdiction, an accident with one of the devices may be recorded as a collision involving a pedestrian, a wheelchair or a mobility scooter.

The safety issues merit greater government attention, said Dr. Myron Laban, a rehabilitation physician and professor with Oakland University William Beaumont School of Medicine in Detroit.

“It is an increasing problem, and our population is aging very rapidly,” Laban said.

He became intrigued about the risky behaviors of people in mobility devices after witnessing a collision that appeared to be a suicidal act. He tried to survey police reports but wound up having to rely on newspaper articles.

After reviewing articles on 107 accidents, he determined that half occurred at dusk, dawn or night. Ninety-four percent involved an electric mobility device compared with only 6 percent for manual wheelchairs.

Sixty of the accidents resulted in fatalities. The operator of the electric mobility device was cited for causing the accident more often than the driver of the vehicle.

And in half of all accidents, the device went up against a vehicle with a heavier chassis than a typical car. These collisions, involving trucks, vans and sport utility vehicles, increased the odds for life-threatening injuries or death.

“Although many accidents do happen by chance, when an electric mobility device operator openly challenges busy traffic by attempting to traverse it in the middle of the block at an unmarked crossing, predisposing psychosocial factors must also be considered,” Laban concluded in the article he wrote for the American Journal of Physical Medicine & Rehabilitation. “Hubris or premeditated self-destructive behavior or both need to be explored as pre-eminent issues.”

‘No caution for us’

Brenda Head has not done any academic research on the subject, but she has life experience. She was knocked out of her scooter in 2009 when a car struck her while she was crossing the street.
An amputee, she lives in Chippington Towers in Madison, where dozens of people like her rely on mobility scooters and motorized wheelchairs. There are so many folks wheeling around that management issued an edict to stop social gatherings in a corner of the front parking lot because of safety concerns.

The problem in her neighborhood is that only a few sidewalks accommodate mobility devices, she said. And the sidewalk along Gallatin Pike ends before the Kroger.

But her biggest complaint is that motorists are going too fast, not paying enough attention when they make right-hand turns or texting on their smartphones while stopped at the intersections.

“If you are coming off Briley Parkway, it is nothing but a speedway from there all the way down,” she said. “There’s no caution for us.”

**Right to the road**

Motorists complain about mobility scooters being in traffic. However, a spokeswoman for Metro police said the scooters do have a right to the road.

“If there is no sidewalk and no shoulder, a pedestrian — which would include someone in a motorized wheelchair or wheelchair — is allowed to go against traffic on the roadway because that would be their only way or mode of transporting themselves,” said Kristin Mumford, the police spokeswoman.

“If there is a sidewalk, they are expected to be on the sidewalk. If there is a shoulder, they should be on the shoulder.”

Laws vary across the country, said Dr. Alice Pomidor, a geriatrician and professor at Florida State University College of Medicine who serves on the Safe Mobility for Life Coalition in her state.

“In one state, it may be perfectly legal for people to use these as if they are walking on the road,” Pomidor said. “But in other states, it would not be considered legal for them to do that.”

Under Tennessee law, the scooters aren’t considered to be motor vehicles, but people using them are required to obey motor vehicle speed limits, yield to pedestrians and have lights and reflective markings at night.

Some states consider certain types of mobility scooters to be lightweight motorized vehicles, Pomidor said. However, she stressed that not all mobility scooters are suitable for road use.

Miller, the trauma surgeon at Vanderbilt, said two patients whom he recalls being injured on mobility devices were in roadways at night.
“Drivers can’t see them,” Miller said. “That’s what gives them the greatest risk when people are
trying to travel around the city on these motorized scooters. It is obviously very concerning for
us.”

Additional Facts
About mobility scooters

**How fast?** Most travel at 3 to 5 mph but some models max out at 10 mph.
**How much?** New ones start out at $4,000 but used models can be had for as low as $350.
**Who pays?** Medicare will cover the cost for those who qualify. From 1999 to 2003, Medicare
payments for power wheelchairs increased **350 percent**, from $259 million to $1.2 billion
annually, according to a report from the Office of Inspector General. Expenditures decreased to
$658 million a year by 2007 after Medicare revised its policies, but the next year the total rose
to $779 million.