1. INTRODUCTION

Road traffic fatalities as a leading cause of non-natural deaths, pose an enormous threat to the public health care sector globally (Harruff, 1998; Forjuoh, 2003; Hawabibi Laher, 2003; Santamaria-Ruiz, Perez, Ricart, Arroyo, Castella, & Borelli, 2007). Worldwide an estimated 1.28 million people died as a result of traffic related injuries in 2002 (WHO, 2003). The Road Traffic Management Corporation (RTMC) estimated costs of up to R625 million (6.12%) from R10.33 billion in 2005 to R10.96 billion in 2006. Contributory factors leading to fatal crashes include, excessive speeding, drifting and driving, failure to wear seatbelts and adherence to traffic signs (UBSP, 2004). Global burden of disease data estimates that, road traffic accidents will ranked as the third leading cause of disease ahead of other diseases such as tuberculosis and HIV/AIDS by the year 2020 (WHO, 2003). The current study has proven that pedestrians are at the highest risk, these incidents over the weekend (Alcohol not involved)

3. MATERIAL AND METHODS

Using the National Injury Mortality Surveillance System (NIMSS) - Road traffic injury data from the 4 cities namely Pretoria, Cape Town, Johannesburg and Durban between 2001 and 2004 were analysed

5. CONCLUSION

The current study has proven that pedestrians are at the highest risk, these incidents over the weekend (Alcohol not involved)

4. RESULTS

4.1. Results - Pedestrians

Category 1: Cyclists involved in daylight collisions over the weekend (Alcohol not involved)

Category 3: Female victims (coloured and white) with high blood alcohol concentrations involved in night time incidents (between 6pm to 6am)

Category 4: Adolescents and young adults involved in alcohol related fatalities with recorded blood alcohol concentrations.