Bicycling is increasingly popular. Know how to be safe while riding.

While the most frequently cited reasons for bicycling are recreation and exercise, the number of people commuting to work by bicycle has significantly increased over the last decade in Montana. It is important for motorists and bicyclists to be aware of each other while sharing the road in order to avoid injuries and causing damage.

Many bicycle crashes leading to an injury are never reported. Only those injuries that were severe enough to lead to a hospitalization or death are described in this report.

- 78 people were hospitalized in 2011 for a bicycle crash and 24 people died between 2002 and 2010.
- 75% of deaths involved a collision with a motor vehicle on a public road while 12% of hospitalizations involved a collision with a motor vehicle on a public road.
- The most common primary injuries for people hospitalized for a bicycle crash were a fracture of a lower-limb (21%) or of their spine or torso (ribs, pelvis, etc) (21%). Fifteen percent of those hospitalized had a primary injury of a skull fracture.
- 71% of deaths and 81% of hospitalizations for a bicycle crash were among people aged 15 years or older.
- In 2011, the total hospital charges for injuries related to a bicycle crash were $1.7 million, with the average charge costing $22,000.

Data sources
Mortality data for this report are from the Vital Statistics Analysis Unit of the Montana Department of Public Health and Human Services (DPHHS) for 2001-2010 using ICD-10. Hospitalization data are from the Montana Hospital Discharge Data System (MHDDS) for 2011 using ICD-9-CM, external cause of injury coding. The hospitalization data are made available through a Memorandum of Agreement with the Montana Hospital Association (MHA) and are the property of the MHA. Injuries leading to deaths or hospitalization were classified by intent and mechanism according to the CDC Injury Matrices and the Safe States Alliance criteria. The authors of this document are responsible for all analyses and conclusions reported.

References
2. Pedestrian and Bicycle Information Center.