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ABSTRACT
The study was conducted to measure variables related to safe driving and to aesignate factois predictive of success in driving safety of educabie mentally retarded (EMR) students as compared to normal students. Subjects were 349 EMR and 443 intellectually normal students (ages 16-20). who were evaluated in the following areas: visual acuity, visual organization, field of vision. depth perception, eye-hand coordination, class in school. residence, father's occupation, reaction time, and emotional maturity. Driving records (accidents and violations) were compared to test results. Findings showed the following factors related to accident and violation rate: age (for normals), weight (for normals and female EMRS). class in school (for both groups). city or suburban residence (for both groups), and higher skill level of father (for female EMRs and normals). Wearing of glasses for female EMRs was related to not having accidents; handedness was unrelated for both groups. Also reported were the relationship of the scores of the various tests administered to driving records. Scores related to having accidents were high visual acuity, low distance judgment (for EMRs; high field of vision, not having had Driver Education (for EMRS), and having had Driver Education (for female normals). (KW)

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THE MEASUREMENT AND COMPARISON OF VARIABLES RELATED TO
DRIVER AND HIGHWAY SAFETY BETWEEN EDUCABLE MENTALLY RETARDED AND NORMAL HIGH SCHOOL AGE STUDENTS IN PENNSYLVANIA

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DEPARTMENT OF SPECIAL EDUCATION MILLERSVILLE STATE COLLEGE MILLERSVILLE, PENNSYLVANIA February 1, 1971

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The purpose of this study was to measure and compare the variables related to driving safely and to designate factors which would be used to predict the success of educable mentally retarded students, in contrast to students with normal intelligence when operating motor vehicles.

A quota sample was used in conducting the study to select approximately seven-hundred and ninety-two high school students throughout Pennsylvania.

Three-hundred and forty-nine educable mentally retarded and four-hundred and forty-three intellectually normal students were tested and included in the sample. The students were in the sixteen to twenty chronological age range. The test results were analyzed based on the objectives of the study which included the following factors: visual acuity, visual organization, field of vision, depth perception, eye-hand coordination, class in school, residence, father's occupation, reaction time, emotional maturity.

The driving records of all students were checked at the Bureau of Traffic Safety in Harrisburg and their records compared to their performance on the tests administered by the research team. The results of the student's performance on the tests and their accident and violation records were then analyzed by computer.

A brief summary of the findings relative to the variables considered in this study follows.

Age. Accidents appeared to be distributed in equal proportion at all age levels, for the EMR group. Age ior this group was not related with any of the accident violation variables. Age for the normal students was related to having accidents and violations. The older the normal students were, the more accidents and violations were reported.

Height and Weight. The height of the EMR students did not make any difference in the number of accidents or violations reported. The EMRs weighed an average of seven pounds more than the Normals. For the Female group, the heavier the girls were the more accidents they reported. The height and weight of the Normal students were related to self and state reporting of violations. The taller and
heavier Normal subjects were, the more likely they were to report acc dents and violations.

Wearing of Glasses and Hendedness. More of the Normal (10\%) students wore glasses than the EMRs. The wearing of glasses for the female EMRs was related to not having accidents or violations. The wearing of glasses was not related to any of the criterion variables for the normal students. Handedness of the student was not related to the criterion variables for either the Normal or EMR students.

Class in School. Class in school was related to the criterion variables for the Normal and EMR students. The higher the class in school, the more likely the involvement in accidents and violations for both the normals and EMR students.

Residence. There was a relationship between residence and accident and violation involvement for the EMR and Normal students. EMRs who lived in cities or suburbs had more accidents than those who lived in towns or the country. The majority of EMRs in this study came from rural areas while the Normals were primarily from the cities and suburbs. Male Normals who lived in the cities had less accidents than those living in all other areas.

Father's Occupation. Father's occupation, as a measure of socio-economic status, was related to the accident criterion variables for the female EMRs and Normals. EMR Females who came from homes where the father had a more skilled occupation, had more accidents than those who came from homes where the father was unskilled. Normal girls who came from homes where the father was skilled, reported significantly more violations.

## DRIVER EVALUATOR-TESTS SCORES

Visual Acuity. Acuity scores were negatively related to the criterion variables for the EMRs and Normal students. The higher the acuity scores, the more likely the students were to be involved in accidents and violations. Female EMRs had poorer vision scores in the acuity tests than any other group of students in this study.

Distance Judgement. Distance judgement scores were related to the criterion variables for the EMR students. The more accurate these students were in perceiving situations that were close to them, the less likely the chances of being involved in accidents or violations. There was no significant relationship on distance judgement scores with the criterion variables for the Normal students.

Color Vision. There were no significant relationships of color vision scores with the accident violation criterion variables for the EMR and Normal students.

Field of Vision. Field of Vision scores were related to the criterion variables for the EMRs and Normal students. High Field of Vision scores were related to involvement in ac fents and violations. On this test, the female EMRs had lower scores than any other group.

Wilson Test of Driver Selection. The Normals had significantly more correct, more complete and a greater percentage correct on the Wilson tests, indicating that the test revealed a difference due to the nature of the tasks, motor skill development, coordination of fine muscles, perceptual speed and the ability to judge spacial relationships. However, there were some surprising findings in this correlation matrix. All correlatins for the Normal students were in the expected direction. High cores on the Wilson Tests, for the Normal students were in the espected direction. High scores on the Wilson Tests for the Nc mal students, were associated with not having accident or violations. In contrast, a number of the Wilson Test scores were correlated in a direction that normally would not be expected for the EMRs. These tests included Visual Attention, Depth Visualization, Recognition of Complex Detail, the total number of tests passed and the Percent correct variables. Only Test 3 (Recognition of Simple Detail) and Test 5 (Eye-Hand Coordination) correlated in the expected direction with statereported accidents. This indicates that EMRs who had good recognition of detail and good eye-hand coordination were less likely to have accidents.

The Sixteen Personality Factor Questionnaire. The factors on the Sixteen Personality Factor Questionnaire were not significantly related to any of the accident violation criter:on variables for either the EMRs or Normals. This test only revealed differences in personalities between EMRs and Normal students in this study.

Pennsylvania Manual Test and Siebrecht Attitude Scale. There were no significant relationships with the exception of the Female EMR group, between either of these test scores and the criterion variables for the EMR and Normal groups. The Normal students did score significantly higher than the EMR students on both of these tests.

Driver Education. A smaller percentage of EMRs than Normals had Driver Education in this study. There were significant relationships between Driver Education and the criterion variables

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for the EMRs. This indicates that those EMR students who had Driver Education were less likely to have accidents or violations. There was no relationship between Driver Education and the criterion variables, for the male Normal. However, there was a significant relationship for the female Normals. Surprisingly, female Normals with Driver Education were more likely to report accidents and violations.

Miles Driven Per Year and Driving Experience in Months. The EMRS in this study had been driving approximately one year longer than the normals. There were no significant relationships between miles driven a year and the criterion variables for the EARs. Miles driven a year and driving experience in months was significantly related to the criterion variables for the normal students.

Total Error Count for Braking, Steering, Signals and Speed. There were no significant differences in the mean scores for the EMRs and Normals, on the checks on the driving simulator, speed, steering, signals and braking.

Reaction Time-Braking and Steering. The EMRs reacted slower than the Normals to the majority of emergency situations involving braking and steering. The Normal Females had faster reaction times than any other group. The EMR Females had slower reaction times chan any other group.

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## CHAPTER I

## A. 1NTRODUCTION

This is the final report of the prolect 48-2062, (Grant No. OEG-)-9 482062-1326-(032), which has been ducted under a two year grant from the United State Office of Educ ion, Bureau of Education for the Handicapped. This grant was awarded to the Special Education Department, after extensive collaboration between the Chairman of the Special Education Department and the Director of Safety Education at Millersville State College, Millersville, Pennsylvania. It began officially on January 1, 1969, and terminated on December 31, 1970. Data for the study was obtained from subjects within the geographic boundaries of the state of Pennsylvania.

Prior to the grant period, three related studies were completed at Millersville under the direction of the Department of Special Education and Safety Education Program.

Teacher Attitudes Toward Driver Education for Educable Mentally Retarded Adolescents, Robert E. Maier, 1967.

A Comparison of Accident Prevalence Between Educable Mentally Retarded and Intellectually Normal High School Students in Pennsylvania, Robert E. Maier, 1968. (A Masters Thesis)

An Analysis of Pennsylvania Driver Education Programs for the Educable Mentaliy Retarded, Barry H. Newill, 1968. (A Masters Thesis)

The results of these three studies served as a stimulus for further investigation in this area. As a result, the proposal for Project 48-2062, The Measurement and Comparison of Variables Related to Driver and Highway Safety Between Educable Mentally Retarded and Normal High School Age Pupils in Pennsylvania, was initiated.

In reviewing the literature that was available on the subject of Driver Education for Educable Mentally Retarded, it was discovered that much needed to be investigated in this area in terms of research.

Most Educable Mentally Retarded students will drive sometime in their lifetime, and the majority of them are highly dependent upon a motor vehicle as a means of transportation. As a result of the occupational goals that Educable Mentally Retarded students pursue, an automobile becomes the means for attaining their livelihood. (From this point on, E.M.R. will be used as an abbreviation for Educable Mentally Retarded students.)

## B. THE NAIURE OF THE PROBLEM

One of the growing social problems facing American society is the mass slaughter of men, women and children on its nation's highways. It is not only a tragic human loss, but a staggering economic loss.

Whenever American society is confronted with a problem that affects large numbers of its citizens, educators are usually called upon to assist in finding satisfactory solutions to the problems. Since the accident problem is one of such magnitude, society is again requesting the assistance of educators in searching for a solution.

Research has demonstrated that the major factor in the accident problem is human behavior, (Tillman and Hobbs, 1949; Klein, 1968; Carlson and Klein, 1970) Therefore, it is only logical to take steps that will improve human behavior. A method of doing this is to develop a means of measuring and determining physiological and psychological variables that will serve as predictors of a person's success as a driver.

The purpose of this study was to measure and compare the variables related to driving safety and to designate factors which can predict the success of Educable Mentally Retarded (EMR) students in contrast to students with normal intelligence when operating motor vehicles.

In conducting the study, a sample of 792 high school studencs ( 349 FMR's and 443 normal) with valid Pennsylvania operator licenses were tested. The subjects tested were selected from fifty-seven high schools at various geographic locations throughout Pennsylvania. The subjects tested were in the sixteen to twenty chronological age range.

A11 subjects tested completed a battery of tests direct1y related to the objectives of the study, and which included the following
specific factors: visual acuity, perceptual organization, field of vision, depth perception, eye-hand coordination, personality factors, reaction to stressful situations and attitudes toward driving, and knowledge of driving regulations.

The driving records of all students were checked at the Pennsylvania Department of Revenue, Bureau of Motor Vehicles The accident and violation records were then compared to the student performance on the tests. The results were then analyzed to show the difference between the groups.

## C. OBJECTIVES OF INVESTIGATION

The study was designed and undertaken with the following objectives in mind.

1. To measure those variables which are related to safe driving in the following comparison groups.
a) Approximately four-hundred Educable Mentally Retarded students compared with approximately four-hundred intellectually normal students.
b) EMR's and intellectually normal students who have been involved in accidents compered with EMR's and intellectually normal students who have not been involved in accidents.
c) EMR's and intellectually normal students who have had Driver Education compared with EMR's and intelletually normal students who have not had Driver Education.
d) Males compared with females.
(Reference design, Figure I, p. 4)
2. To develop an instrument that measures situational stress. This instrument will measure a subject's perception and reaction time to immediate emergency driving situations presented on film. Also the appropriateness of a subject's response is recorded. (Reference Appendix F, Situational Stress Test)
3. To formulate a battery of specific variables that will indicate a subject's potential success as a safe driver for the EMR's and for the intellectually normal.
4. Serve as a guide and aid to Pennsylvania and other states in the future licensing of drivers.

FIGURE I


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5. Serve as a guide to teacher training institutions in Pennsylvania and other states in the development of teacher training programs for the EMR's.
6. Assist Secondary Schools in the formulation of Driver Education Programs for the mentally retarded.
7. To contribute to the field of educational research, scientifically derived facts related to driver performance and success.
8. To provide for those interested in curriculum revision and improvement, both at the college and secondary level, valid information concerning the variables related to driving.
9. To assist those in Driver and Traffic Safety Education in their constant effort to reduce automobile accidents by providing for them detailed analyses on some of the pertinent variables related to driving.

## D. PROCEDURES

Sample. The method of selecting subjects consisted of a statewide quota sample, based upon the ratio of Educable Mentally Retarded students in the total state population and the population of such students in each of the eight geographic regions established by the Pennsylvania Governor's Advisory Committee for Comprehensive Mental Retardation Planning in 1965. (Reference, Figure II, p. 6) Students who were within the intellectually normal range, as determined by class placement other than Special Education, were selected as the comparison group.

To accomplish this sampling procedure, the Bureau of Special Education, Department of Education, Harrisburg, Pennsylvania was consulted. From the bureau's records of approval and reimbursement forms for Secondary EMR's programs, a list was compiled of all schools in Pennsylvania that offered an approved Secondary EMR Program. Correspondence was undertaken with those schools which offered EMR Programs at the Secondary level to enlist their support in the study. Participating schools were then selected to provide the sample for the study. (Chapter 2 provides details of the sampling procedure.)

Design. The design consisted of four groups of intellectually normal and educable mentally retarded males and females ranging in chronological age from 16 to 20 years. The specific age range of


16 to 20 years was chosen because of the administrative feasibility in contacting both intellectually normal and Educable Mentally Retarded students in Pennsylvania Public Secondary Schools. All subjects tested in this age range were enrolled in public high schools.

The groups were arranged and selected according to the following classifications.

1. Educable mentally retardates without accident records. ( $\mathrm{N}-238$ )
2. Educable mentally retardates with accident records. $(\mathrm{N}-111)$
3. Intellectually normal without accident records. ( $\mathbb{N}-252$ )
4. Intellectually normal with accident records. ( $\mathrm{N}-191$ )

Additional analysis was made of the distribution within these groups to compare:

1. Males with females.
2. Students with Driver Education training compared with students without Driver Education training. (Reference Design, Figure I, p. 5)

## E. ANALYSIS OF THE DATA

The analysis techniques used in this study are correlation techniques, including zero order correlations, multiple correlations, and partial correlationis. The tests listed, starting on page 9, are used as "predictor" variables and accident/violation reports are used as criterion variables.

Correlation techniques have a number of advantages for this study:

1. With the large number of variables (more than 80 in a11), and a number of different groups (EMR's vs. Normals; Males vs. Females) correlation techniques are the most efficient for studying the relationships or predictor variables with criterion variables.
2. Correlation techniques use all of the data.
3. The relationship of all data to accidents and violations can be studied within a single design.
4. The conceptual design focuses on prediction of accident and violation behavior as well as differences in prediction for EMR's vs. Normals.

Details of the research design and analysis techniques are presented in another chapter. In addition to the results of the correlational analysis, means standard deviations and other measures of central. tendency and variability are reported.

## F. DATA GATHERING INSTRUMENTS USED

Bender-Gestalt. The Bender-Gestalt Test consists of nine designs, each of which is presenced to a subject for him to copy on a sheet of paper. This test was used in this study as a screening device for brain-injured subjects. (Reference Appendix A)

Driver Evaluator (American Automobile Association). The driver evaluator consists of four vision tests.

1. Visual Acuity. This consists of four Snellen Eye charts utilizing black letters on a flat white background. Distance is kept constant. Each chart has fourteen (14) letters accurately graduated in size to measure acuity from 20/100 to 20/13.
2. Distance Judgement. For this test, three miniature automobiles are placed in various positions relative to one another. The subject is asked to identify the car which appears farthest away and which appears nearest. The subject is required to make sixteen judgements from eight different patterns.
3. Field of Vision. This test consists of a semicircular platform 20 inches in diameter hinged just below the eye-piece. In taking the test, the subject focuses on the center car at an apparent distance of 20 feet. Unseen by the subject, the examiner moves very slowly forward, a test target on either right or left side. To aid in giving consistent readings, the targets consist of $3 / 4$ inch black and white segmented discs which rotate as they are moved forward. The subject indicates when the disc enters his field of vision, on a 180 degree radius.
4. Color Vision. Inside the cabinet is a small disc with eight sections of colored glass molded from the same glass as is used in traffic signals. This insures that the red, amber and green colors will be the same, as the subject must identify in a
traffic signal. The color disc is rotated so the subject can see only one color at a time through a small hole in the front of the cabinet. (Reference Appendix B)

Sixteen Personality Factor Questionnaire, Form 'E". The Sixteen Personality Factor (16 P.F.) measures sixteen dimensions of personality as revealed by factor analysis, of 128 items, where the subject indicates preference for one statement over another. (Reference Appendix C)

Wilson Driver Selection Test. The Wilson Test consists of six sub-tests which are essentially non-verbal in nature. It is intended to measure ability to operate vehicles with minimal risk. The six sub-tests are visual attention, depth visualization, recognition of simple detail, recognition of complex detail, eye-hand coordination and steadiness. (Reference Appendix D)

Siebrecht Attitude Scale. The Siebrecht Attitude Scale is designed to measure attitude toward the safe operation of an automobile. This is done by measuring attitude toward the factors thought to be important in the safe driving of an automobile. In this test, the subject indicates his attitude toward forty statements related to driving by checking one of the five responses from "Strongly Agree" to "Strongly Disagree". (Raference Appendix E)

Situational Stress Test. The Situational Stress Test utilizes the Link Driving Simulator and Computer Console in conjunction with an eight minute filmed sequence from the Allstate Training film, "Hazardous Situations".

Due to the size of the Driving Simulator and Computer Console, a method of transporting it to the various testing locations had to be considered. A Ford Minihome, Van was selected as a means of transportation for the Driving Simulator and consequently purchased for this purpose. The Minihome Van was then modified by the investigators to allow for a permanent installation of the Driving Simulator and Computer Console. This modified van type truck was then utilized for the following purpose:

1. A testing laboratory for the administration of the Situational Stress Test.
2. A means of transportation for the investigators to the various testing locations.
3. A method of transporting the Driver Evaluator and other testing equipment.

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In a testing situation, the truck was parked outside the school in an area adjacent to the room used for group testing. The subjects reported individually to the van for the st, which requires approximately fifteen minutes.

For the Situgtional Stress Test, the subject operates the simulator and responds to emergency driving situations presented on film. The film was made to give the driver the same view of the road and traffic conditions as he would see if actually driving a car on suburban streets. The appropriatoness of his , response (braking, steering, signals and speed) to a given situation is checked by the computer via a binary code on the film. A recorder then prints a permanent record of the subject's action in proper form. In addition to this printed record, the system also provides a total count of braking, steering, use of signals and speed errors, accumulated by the subject during the driving sequence. The Link System was modified to include the measurement of complex reaction time in multi-seconds. This was accomplished by incorporating transistorized digital counters into the computer console. (Reference Appendix $F$ for detailed discussion of Situational Stress Test and pictures of the van.)

Test on Pennsylvania Manual for Drivers. This test consists of twenty-five multiple choice type questions taken from information in the Pennsylvania Manual for Drivers. The items on the test are the same type questions asked students at the time of their driver's examination. The test was constructed at Millersville for the purpose of measuring a subject's knowledge of Pennsylvania Driving Regulations. (Reference Appendix $G$ for Test on Pennsylvania Manual for Drivers.)

Brace Test. The original proposal for this study called for a test that would give some measure of General Motor Educability. The test selected for this study was the Brace Test of General Motor Achievement. Extensive experimentation with the Brace Test and stunts in the Iowa Test of Motor Educability was undertaken by the investigators with the assistance of college freshmen. Due to the extensive time factor ( 45 minutes) involved and physical facilities required to administer the stunts in the test, it was decided to select ten stunts (stunts 非1, 2, 7, 8, 11, 15, and 18 from the Brace Tests and stunts 非24, 27, and 34 from the Iowa Test) and start pilot testing. In terms of efficiency in administering the tests, student cooperation in taking the test and the over-all results of the tests, these stunts appeared to be the ones most suitable.

After giving the ten stunts selected to students in various high schools, many problems were encountered. Due to the nature of the stunts and the style of female clothes, girls were reluctant to perform them in street attire. After further experimentation, it was realized that the only safe way to administer the test would be in a high school gymnasium on a padded area. The girls taking the test wished to be dressed in gym clothes, which presented another problem. Since it was difficult to find a room at most high schools to administer the written test, the investigators were reluctant to ask school principals for the use of a gym. After questioning school administrators and physical education instructors, it was learned that most gymnasiums are in use during the entire school day. It was then decided to write to the U. S. Bureau of Research, explain the problems encountered in administering the Brace Test, and act on their recommendations. This action resulted in the deletion of the Brace Test of General Motor Ac. .evement from the test battery. (Reference Appendix H for detailed explanation of each stunt from the Brace-Iowa Test used in pilot testing.)

## G. FUNDAMENTAL ASSUMPTIONS

OF THE INVESTIGATORS

Due to the magnitude of this study, the travel involved to various testing locations, and the physical facilities availatle for testing, certain basic assumptions concerning the administration of the test had to be made.

The following assumptions were made by the investigators.

1. The tests were administered fairly and equally tn all subjects, and all subjects were given sufficient time to complete the test battery without undue time pressure.
2. All subjects tested had at least a third grade reading skill.
3. The questions on the Pennsylvania Manual for Driver's Test were a representative sample of questions asked by driver examiners at Driver Examination Centers throughout Pennsylvania.
4. All scoring of testing instruments and key-punching of data cards was done in an accurate fashion.

## H. LIMITATIONS TO THE STUDY

Siebrecht Attitude Scale. Various people who reviewed the test battery believed that the reading level on the Siebrecht Scale may be beyond that which is comprehended by the retarded population. After administering the test to all EMR's in the sample, it was found that the majority of the subjects appeared to respond favorably to the test. On a few occasions, the test had to be read to the subjects. The most frequent omission on this test was a question on the back of the test bookiet asking the subject to rate himse1f as a driver. The question is in the form of a scale where one rates himself on a continum going from very poor to expert driver.

16 Personality Factor Questionnaire. There are various forms of the 16 P.F. available for use. Experimentation was done with Form "A", "B", "C" and "E". Due to the reading level required in Forms "A", "B" and "C", it was decided to use Form "E", (For Adults of Limited Literacy). The only problem encountered was that this should not affect the results of the study unfavorably. Since only raw score descriptions were used, the importance of the standardization base is minimized. How this will effect the result is not known, since the normal sample took a test which was not standardized for students of normal literacy.

School Plant. The nature of this study required the investigators to travel throughout Pennsylvania, testing students at various geographic locations. Therefore, the physical conditiuns within the schools visited varied from school to school. Every possible effort was made to keep the testing procedure standardized at. all times, however, it was difficult to have any control over the type of classroom that a participating school was willing to set aside for an entire day for testing purposes.

Job Training for EMR's. At many of the schools visited, the EMR's participated in job training programs. An attempt was made to release them from work for the day so they could be tested. On occasion, depending upon the length of the school day, adjustments had to be made in the testing program to allow the student to report for work in the afternoon. In such cases, the working student had to complete the entire battery of tests during the morning.

EMR's. When the original questionnaires were sent in March, 1969, asking schools for the number of EMR's that drive, the numbers indicated
some misleading information. In the summer of 1969, when the schools were contacted by telephone to arrange for testing, a sharp reduction in the number of EMR's was found over what had been reported in earlier correspondence.

In September, 1969, when final arrangements were made for testing, an even greater discrepancy in EMR enrollment was encountered. This can be attributed to the following factors:

1. June graduation
2. Dropping out of school to work
3. Pregnancy
4. Re-classification of students within a district; such as placement in other classes.

Accident vs. Non-Accident Groups. After reviewing the accident records, it was learned that some of the subjects tested were involved in accidents while operators of motorcycles, but not as operators of automobiles. Also, there is a time factor involved between the time a subject is arrested for a moving traffic violation and the time it appears as a charge against him on his official driving record in the Bureau of Traffic Safety in Harrisburg. This time factor varies from a month to a year, depending upon court proceedings and official conviction dates. Therefore, more of the subjects tested in this study may have been involved in accidents or arrested for moving traffic violations, but were not placed in accident cells for analysis purposes because at the time the investigators checked their driving record in Harrisburg, there were no convictions reported.

## 3.

## CHAPTER II

## REVIEW OF THE LITERATURE

## A. THE ACCIDENT PROBLEM

One of the most pressing social problems confronting contemporary Americans is the mass slaughter of its citizens on the nation's highways. The magnitude of this senseless carnage is seldom fully realized by the average American citizen. (Accident Facts, 1970)

By observation, it seems apparent that the vast majority of the motoring public has an attitude of indifference toward automobile accidents. A rapidly changing society who is busy doing more things within an affluent framework has created enormous pressures and problems for itself. It seems logical to deduce hat this contributes to a general apathy toward automobile accidents and a general misuse of safety precautions by the motoring public.

There appears to be a popular feeling among safety educators that the news media contributes to this apathy by giving limited coverage to why automobile accidents occur and the causative factors in highway fatalities. International conflicts, politics, student riots and similar topics of high interest level appear to receive prime space and coverage. The public appears to have a high interest in the dramatic and spectacular events of the world and little interest in individual automobile accidents.

This lack of interest and apathy by the public toward automobile accidents appears to be due to the nature of accidents. Accidents are unpleasant topics and many people are not interested in reading or discussing details pertaining to them. Alsu, since individual automobile accidents effect only small segrnents of a population, society as a whole does not become alarmed. If the accident problem is viewed collectively, then the magnitude of the problem and the complacency of the public becomes apparent.

According to statistics compiled by the Insurance Information Institute during 1970, the economic cost of automobile accidents during 1969, in the United States was Sixteen Billion, Five-Hundred Eighty Two Million $\{16,582,000,000$ ), (News, February 16, 1970). This loss to the nation was the result of $2 \overline{2,025,000}$ accidents which killed 56,400 persons and injured 5,010,000. This tragic toll of death and injury on the streets and highways represents an economic loss averaging Three-Hundred Twenty Eight ( $\$ 328.00$ ), for every family in the United States (News, February 16, 1970). Statistics compiled by the Traveler's Insurance Company during 1970, reveal that in 1969-

1. Speeding was the chief cause of accidents.
2. Drivers under 25 years of age were involved in more than their share of accidents.
3. Three out of four people killed or injured were on dry roads in clear weather.
4. Weekends and midnight accidents broke all records of previous years.

The Traveler's Insurance Company report further breaks down the statistics into types of accidents in deaths.

TYPES OF ACCIDENTS

| 1969 | Persons killed | Per Cent | Persons injured | Per Cent |
| :---: | :---: | :---: | :---: | :---: |
| COLLISION WITH: |  |  | 3,440,000 | 73.2 |
| Motor Vehicle | 22,500 9,700 | 39.8 17.2 | 3,468,000 | 5.7 |
| Fixed Object | 6,500 | 11.5 | 277,000 | 5.9 |
| Railroad train | 1,200 | 2.1 | 5,000 | . 1 |
| Bicycle | 800 | 1.4 | 71,000 | 1.5 |
| Other Vehicle Miscellaneous | 500 | . 9 | 33,000 | . 7 |
| Non-Collision | 15,300 | 27.1 | 606,000 | $\underline{12.9}$ |
| TOTAL | 56,500 | 100.0 | 4,700,000 | 100.0 |

(The Travelers, 1970 Book of Street, Highway and Interstate Accident Facts, p. 2)

With these facts in mind, the necessity for engaging in the present study at Millersville becomes apparent. There is a real need to explore this problem since the National Safety Council reports that accidents are the leading cause of deaths to teenagers. (Accident Facts, 1970) The Traveler's Insurance Company claims that teenagers are involved in a disproportionate number of fatal accidents. (The Travelers, 1970 Book of Street, Highway and Interstate Accident Facts) This easily explains the sudden surge for expansion and improvement of Driver Education programs between 1950 and 1970. Educators have realized that the average teenager is going to drive one way or another. Therefore, it is better to have him learn to drive in a safe manner and teach him how to avoid accidents.

In a speech "People Tend to Drive as They Live", given by Senator Abraham Ribicoff, it was emphasized that "attitudes toward others developed in the formative years, greatly influence a person's conduct behind the steering whee1".Ribicoff (1967) In the process of a child's development, he should be taught good habits, manners, respect and consideration of the rights and property of others. If
these ideals are learned and practiced by children, as they grow older, they should be related to safe driving habits.

When a driver habitually behaves in ar unsafe fashion in the street and highways, this is a reflection of his behavior in other situations. "'Personality and associated behavior patterns do not change just because an individual sits behind a steering wheel. Other things being equal, good citizens are usually good drivers and conversely good drivers usually happen to be good citizens .

## SUMMARY

## B. ACCIDENT PROBLEM

The number of licensed drivers, registered vehicles and miles of highway are increasing each year. With these increases, the injury and death rates due to automobile accidents have been increasing proportionately.

In most accidents, factors are present which relate to the driver, the vehicle and road conditions. Cften it is the interaction of these factors which causes the series of events which culminates in mishaps.

The focus of this study will be the driver and the variables related to driver proficiency.

## C. DRIVER EDUCATION FOR EMR's

Many educators are surprised when they hear any reference made to teaching mentally retarded students Driver Education. The public becomes very apprehensive at the very thought of mentally retarded persons driving automobiles. Kenel, (1969, p. 1) feels, "that this fear is generated as a result of two basic assumptions:

1. If a student is labeled retarded in school, he is automatically handicapped as an operator of a motor vehicle.
2. The retarded are utt and will not be driving automobiles."

Kenel feels that both of these assumptions are erroneous.

Many people are apprehensive about the capabilities of these students in relation to performing the driving tasks. The following questions often arise when talking with teachers, administrators, parents, policemen and the general lay segment or the public. Can EMR's be taught to drive? Aren't there enough accidents without giving retarded students licenses? Is it safe for them to be on the highway? Aren't they endangering the lives of innocent people? Can they pass Driver Education Courses and the State Examinations? Who is to be responsible for teaching them?

Despite the questions about the capabilities of EMR's and the arguments presented for and against their driving, one basic fact is present. Retarded students like normal students will drive. They have been driving for many years and will probably continue to do so. The only solution is to teach them to drive in the safest manner possible.

A review of the research concerning EMR students' driving, reveals that very little had been done until the decade of the 1960's. Robert Gutshall (1963), coordinator of the Physically Handicapped program in Lansing, Michigan, asked a most appropriate question on the subject, and arrived at an equally appropria'e and acceptable answer. "Why teach mentally retarded youncsters to drive? Why teach anyone to drive?"

For the EMR, as for about every other American, the automobile is an integral part of everyday life. It is used for convenience, pleasure, transportation and as a measure of one's status by his peer group. More important, when the EMR student graduates or leaves school, he is almost certain to work at some non-skilled or semi-skilled job. While driving may not necessarily be an integral part of a job, travel to and from the work situation is a necessity. In this motorized age, anyone who can master the basic skills of driving and pass a state's driver's examination, will probably own or operate a motor vehicie.

In 1968, the Springfield Instructional Material's Center for Handicapped Children sponsored a workshop at Illinois State University. The Workshop theme was "Should the EMH (Educable Mentally Handicapped) Student Be Taught To Drive"? The Workshop was under the direction of Dr. Francis Kenel, Chairman of the University's Traffic and Safety Education Department.

Dr. Robert Gutshall, Director of Special Education for Muskegon County, Michigan and Kenard McPherson of the University staff, assisted Dr. Kenel in coordinating the workshop. A selected group of Secondary Teachers of the Educable Mentally Handicapped and Driver Education
teachers participated in the workshop.
Powe11 (1968), reporting on the results of the workshop reports that much has been said, but little done to actually help the mentally retarded student take his place behind the wheel confidently and safely. Participants in the workshop stated that in traditional Driver Education courses, the rate of failure for retarded students is generally high. This can be attributed, in part, to inadequate preparation by the teacher. Ton often, the teacher does not meet the individual needs of EMR stuments in various learning situations. Often the EMR appears to need two or three times the amount of instruction required by a normal student of the same age.

The majority of students have a desire and are usually highly motivated to learn to drive. Therefore, it is the teacher's challenge to select the proper materials and methods that will motivate and insure learning safe driving procedures. Leaders at the Illinois workshop recommended, "that either a team approach could be used or a correlated learning experience provided for the students with a Special Education class prior to and concurrent with the Driver Education course".(Powe11, 1968, p. 6)

The Illinois State Workshop generated so m"ch interest among educators, that the Office of the Superintendent of Public Instruction for the State of Illinois decided to conduct thirteen follow-up workshops at the county level. George Mathias, Director of Safety Education, Office of the Superintendent of Public Instruction (OSPI), speaking at one of the follow-up workshops stated, "We must strive to eliminate some of the 'blind spots' which now exist for these youngsters. It is to their social and economic advantage and it is our moral and legal responsibility in Driver Education." (Powel1, 1968, p. 6)

In a study by Kahn (1955, p. 19), in California, it was reported that, "The key to success in a program of Driver Education for the slow learner, is the development of a course of study which will help the student realize that each step he takes brings him closer to his goal of acquiring a driver's license".

In analyzing behind the wheel training, Kahn noted that the manual dexterity of the retarded students was not noticeably different from the normal students. Some of the retarded students he worked with were poor in maneuvering a car, but the number of the students was no greater proportionately than the average. Kahn also found that the reaction time of the retarded students was similar to that of the normal, but he advocated longer periods of practice in the vehicle for
the EMR's. Kahn felt that the following factors should be taken into consicieration when thinking of Driver Education for the EMF's (1955, p. 17):

1. Most young people, including the slow learner are going to drive a car no matter what their ability is.
2. Because of this, the slow learning students as well
as others are strongly motivated to pass the motor vehicle test and would respond to a course of this nature.
3. It is felt that other areas of learning, such as citizenship, could be effectively correlated with the course.

Gutsha11, Harper and Burke (1968, p. 43), compared the driving records of EMR students with the driving records of students of normal intelligence and found:

Intelligence and socioeconomic status did appear to be influencing factors in the total number of violation points accumulated over a five year period. However, inspection and analysis of driving records indicated that subjects from high socioeconomic groups received more speeding violations than the low groups, and that low intelligence subjects had more points for violations, other than speeding, than the average and above average intelligence groups. The low intelligence group differed significantly from an average group on the factors of combined accidents and violations. However, the low intelligence group did not differ significantly from the high intelligence group on these same factors.

In a study of the relationship of Scholastic Achievement to Traffic Citations, Corba11y and Kno11 (1969), found that the students in the lowest grade-point group were not the greatest offenders and that the students in the highest grade-point groups were greater offenders than was hypothesized. The data showed a difference in the type of violations among the various groups. However, the authors pointed out that the number of violations per student and the number of violation points per student probably were not of great consequence. The results of this study give support to the hypothesis that there is little relationship between scholastic achievement and traffic citations.

Pappanihorn and Bowman (1959), were successful in initiating a program in Driver Education for EMR's at Pineland State Hospital
in Maine. EMR's were taught behind the wheel instruction for a period of eighteen hours and classroom theory for a period of eighty hours. The results indicated that the EMR's are capable of being taught how to operate an automobile safely. For EMR's in a Residential school, the driving skill was much more important to the rehabilitation of the male than the female residents.

In a New York State Study, Williams and Little (1966) reported that speed control of an automobile by the retarded was poorer than that of normal students. Ii was also noted that, "in instances of necessary coordinated hand and foot manipulations, it seemed difficult for the Special Class pupils to synchronize these movements". Also, the EMR student had trouble with hand over hand steering procedures.

Williams and Little stated a necessity for close cooperation between the Special Class teacher and the Driver Education teacher in teaching the retarded students how to drive an automobile. The authors final conclusion was:

Through the use of special teaching techniques and through the close cooperation of the two teachers, it is felt that it is possible for these pupils to learn to drive in a safe fashion. This vould enable EMR's to become more independent in terms of mobility and job possibilities and advance one more step in becoming useful members of society. (1966, p. 31)

Gutshall in reporting on his experience with teaching EMR students in Michigan, states that:

Our experience with the EMR student has been good. Of 359 students, only six have been involved in collisions. Exposure rate is difficult to ascertain, but we do know of some former students that drive trucks for a living. (1961, p. 7)
In a subsequent study, Gutshal1 (1963) reiterated his success in teaching the EMR students to drive. He reported that of the entire number of $E \mathbb{R}$ students involved in his Driver Education Program, sixteen percent were unable to pass the driver's examination given by the state even after repeated attempts. Of this sixteen percent, he recommended that some never be permitted to drive an automobile. This group comprised six percent of the total retarded population taught and were students having a diagnosis of brain injury.

## D. SUMMARY

## DRIVER EDUCATION FOR

## EDUCABLE MENTALLY RETARDED

It has been demonstrated that mo educable mentally retarded students are capable of learning to dri jith reasonable proficiency. This is especially true if adaptations have been made in their driving instruction. There is support from the literature which indicates that most $E M R$ students are highly motivated toward driving and are going to drive regardless of the consequences. Whether the EMR student drives legally or illegally, safely or unsafely is going to depend upon the educational program provided for him.

## E. VARTABLES INVOLVED IN SAFE DRIVING

There are a number of factors involved in safe driving which are determined largely by the characteristics of an individual. Malfetti (1960) classified these characteristics into several groups such as:

1. Physical characteristics, such as age and sex.
2. Physiological characteristics, such as perceptual abilities and response capacities.
3. Inte1lectual characteristics.
4. Personal characteristics.
5. Social characterisics.
6. Educational characteristics.

The characteristics of an individual are directly related to how well one learns the skills and abilities that are necessary to safely perform the driving task. Ross (1960) describes the skills and abilities involved in safe driving as:

1. Motor skills necessary for the mechanical operation of an automobile. These skills would enable a driver to manipulate the various controls of a car in a precise and safe manner.
2. Perceptual as selective visual skills, necessary to interpret traffic situations in global fashion and make correct defensive decisions.
3. The ability to make correct applications of laws, both physical and manmade regulations, such as using proper lanes, knowing the limitations of the vehicle and the roadway while traveling and possessing the ability to compensate for known limitations.
4. The ability to make accurate judgements, such as estimate speed and distances, evaluate conditions and situations, and predict behavior patterns of other drivers.
5. The ability to initiate properly timed and correct responses to various traffic situations.

Individuals may vary considerably in the degree to which they develop a specific skill or ability. But if an individual is made aware of his lack of skill in performing certain driving tasks as his lack of ability, or poor peripheral vision, then he can take steps to compensate for it.

But what should be remembered is that driving is not limited to the manipulative skills. Equally important is the attitude and personality of the driver. Many investigations into the attitudes and personality of various types of drivers have been conducted. A few of these will be discussed on the following pages.

Heimstra and Associates (1967) administered a Mood Adjective Check List to groups of drivers and then tested them in a simulated driving task. In the analysis of high and low mood-score groups for each factor, it was discovered that subjects scoring high on factors of aggression, anxiety, and fatigue performed poorer on various driving tasks than subjects with a low score on these factors.

Kole and Henderson (1966) developed A Cartoon Reaction Scale (with "funniness" response choices) to test the hypothesis that problem and non-problem drivers would respond differently. Out of an original pool of 150 cartoons, 34 cartoons had discriminatory ability. Their research supported previous research which stated that hostility, aggression and other personality traits may be used as predictors of problem drivers.

Beamish and Ma1fetti (1962) in comparing scores of violators with non-violators found that the violator groups rated lower on emotional stability, conformity, objectivity and mood, and higher on psychopathic deviation, impulsivity and ascendancy. Also, the violator groups rated their parents as less active politically. From their results, they arrived at the following conclusions:

The accident groups do not give proper thought to the implications of their behavior for themselves and others; they tend to be in disagreement or conflict with others including those closest to them and perceive themselves as held down and imposed upon; they are rebellious and selfish; their hypersensitiveness, lack of self-confidence and feeling of personal unworthiness may lead them to over compensate with erratic and ill considered action resulting in traffic violations; their parents are relatively inactive in the community, indicating in the children a lessened sense of civic responsibility. (1962, p. 12)

Tillman (1949) studied groups of drivers involved in accidents and matched groups of accident free drivers. He found that the groups involved in accidents were more aggressive, intolerant of authority, tended to be non-conformists and were irresponsible. Subsequent research in this area by Conger (1959) and Benton (1961) supported the earlier findings of Tillman. Schuman reporting (1967) found similar results with the specific characteristics of impulsiveness and inexperience of young male drivers as being related to driving accidents.

Gallagher and Moore's work (1969) supports that of Schuman. They report that exposure to risk, such as high mileage driven and that frequency of unsafe driving practices, such as drag racing or excessive speed, were positively associated with accidents.

Stratemeyer (1964, p. 17) in describing accident research states, "In clinical studies, accident repeaters are described as inclined to be impulsive and unsteady emotionally, egocentric, boastful and aggressive. They tend to be poorly adjusted socially, disrespectful toward or even resentful of authority and often seek excitement or adventure for its own sake."

Many of the text books used in Driver Education courses focus much attention on the importance of reaction time, visual acuity, depth perception, peripheral vision, color recognition and muscular coordination. Many researchers in driver behavior have identified the psycho-physical or sensory variables as being associated with driver proficiency. Some of the variables associated with driver proficiency:

1. Manual dexterity (Kahn, 1965; Williams and Little, 1966)
2. Perception in movement (Egan, 1967)
3. Speed control (Egan, 1967; Dawson, 1967)
4. Anticipation of ever' (Gutsha11, 1963)

Authors such as Goldstein (1963, p. 2) attach lit ? significance to the psycho-physical variables as related to accident involvement. Goldstein states, 'The psycho-physical variables such as visual acuity, depth perception, auditory acuity, reaction time, etc., appear to be slightly, if at all, related to accident involvement."

## F. SUMMARY

VARIABLES INVOLVED IN SAFE DRIVING

In reviewing the literature on accidents and driver behavior, it is found that there are many variables that influence driver performance. There are many different points of view as to which variables are the most valuable as predictors of driver success. Every individual possesses some ability in each of the variables, but the extent of proficiency and/or deficiency for any individual varies considerably.

It has been demonstrated that most educable mentally retarded students are capable of learning to drive with reasonable proficiency. This is particularly true if adaptations have been made in their driving instruction. However, the variables related to driving performance for educable mentally retarded students need to be compared to their accident and violation rates, prior to curriculum revision in this area. Also, a comparison of the records and test scores of EMR drivers and normal drivers should be studied to determine which variables might serve as predictors of driver success in both groups of drivers. The design and sample of the study is intended to investigate these comparisons.

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## CHAPTER III

SAMPLING PROCEDURES AND TESI ADMINISTRATION

## A. SOLICITING PARTICIPATION IN THE STUDY

A sample was designed for the study which would represent the stater. ide population of Educable Mentally Retarded (EMR) students in Pennsylvania who are in the $16-20$ age range in school, and who are licensed drivers. Students who fall within the intellectually "normal" range, as determined by class placement other than Special Education, were selected from participating schools as a comparison group.

The population list was obtained from a list of schools which had applied for approval and reimbursement of secondary-level programs for EMR students, using records from the Pennsylvania Department of Education, Bureau of Special Education. There were 388 schools which had applied for reimbursement as of January 21, 1969, when the list was compiled. With the exception of Philadelphia Schools, (which were sampled separately) this list represented the complete listing of schools in Pennsylvania which offered approved programs for secondary EMR students during the $1968-1969 \mathrm{sc}$ ool year.

A letter of introduction was sent to 388 schools and 34 schools in Philadelphia to solicit participation in the study. Included with the letter was a self-addressed, stamped postcard, which the respondent was asked to complete and return to indicate interest in participating in the study. (Reference Appendix I) In addition to the correspondence with individual schools which offer programs for secondary EMR students, a letter of introduction, dated February 6, 1969, and a description of the project was sent to all county and district superintendents, districi supervising principals and county directors of Special Education in Pennsylvania. (Reference Appendix J)

This letter did not require a'response, but was intended to enlist the support of administrators of the various county and district administrative units in the state. Included in this mailing was a letter of support from Dr. William Ohrtman, Director, Bureau of Special Education, Pennsylvania Department of Education.

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Of the 442 cards sent with the initial letter, 258 ( $61^{\sigma \%}$ ) were returned, twelve of which indicated that the school was not interested in participating in the study. (It is assumed that the 184 cards which were not returned indicated either a lack of interest, or a breakdown in communication within the school when the letter was forwarded to the department or program chairman. No follow-up correspondence was undertaken with the schools which did not respond to the first mailing.)

When a card requesting further information was returned, a second letter and postcard was sent. Specific details were provided in the second mailing as to the requirements of time and student involvement. The schools were asked to provide an estimate of the number of EMR students who would be licensed drivers by the 1969-1970 school year on the return card. (Reference Appendix K)

Of the 246 letters sent (between March and May, 1969), 132 cards ( $54 \%$ ) were returned. Ten of these 132 returns stated that the school was not interested in participating in the study. It was from the 122 favorable replies that the participating schools were selected.

## B SAMPLING TECHNIQUE

The original proposal for this study stated that a stratified random sample technique would be employed. However, due to the fact that only about $30 \%$ ( 122 schools) of the 406 schools which offered programs for secondary level EMR's were able to participate in the study, a stratified quota sampling technique was employed. The quota sampling technique was used to assure statewide representativeness of the sample with regard to region and other relevant variables. The stratification was based upon the ratio of the statewide enrollment (K-12) of Educable Mentally Retarded students within each of the eight geographic regions of Pennsylvania established by the Governor's Advisory Committee for Comprehensive Mental Retardation Planning in 1965. The intellectually normal population was drawn in about equal numbers to the EMR sample from each region. Figure 2, page 6, presents the percentage of the total EMR population within each region, and shows the proposed total sample from each region.

Table 1, page 28 shows the distribution of the 122 schools by region which indicated willingness to participate in the study. It should be noted that the percentage of schools in each region who were willing to participate in the study ranged from about $17 \%$ to $51 \%$. The quota sampling technique provides for sample selection to achieve

greater representativeness in the state.
Table 2, page 29 , illustrates the distribution of participating and non-participating schools in each of the eight regions. The table reflects both the number of schools and enrollment of EMR students in grades 10-12. Table 3, page 30, illustrates the distribution of the normal population of secondary school students, grades 10-12, diviced by participating and non-participating schools by region. Tables 4 and 5 , pages $31 \& 32$, further illustrate the distribution of the normal group with regard to school enrollment category and size (class) of the participating and non-participating school districts. (It should be goted that the school district comparison is not a representation of the number of high schools, since a "district" may have several high schools in its jurisdiction. An example being the School District of Philadelphia, a "First Class" district, population over 500,000 , which has more than 20 high schools.)

An examination of Tables 1.5 , reveals that participating schools are more often found in Regions I, IV, V and VIII (Table 1) and tend to be in larger districts i.e. (First Class or Second Class, reference Table 4) and have larger enrollments (Table 5) than non-participating schools.

Using the quota sampling method, 53 schools were selected from the 122 to provide the sample for each region, based upon the EMR enrollment of the schools. Schools were elected within a given region, so that their combined EMR population would approyimate the desired sample for that region. As a matter of administrative feasibility, schools which could provide the largest sample of EMR subjects were selected from the regions which had a greater number of schocis willing to partic: pate than were needed for the sample from the region.

Subjects of the study actually represent 57 individual . . 21 ; the difference due to the fact that four additional schools prover. only normal subjects and no EMR's.

Table 6 , page 33 , illustrates an analysis of the sample, by groups within each region.

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|  | 50＊9 | ですS | S7＇9 | 257 | LZ＊${ }^{\circ}$ | 06 |  |  |
|  | $\angle 9^{\circ} \mathrm{S}$ | ¢Z | L9＊ | 07 | $99^{\circ} \mathrm{S}$ | $\varepsilon$ | stoouos 非 | III |
|  | 9 $L^{*} 8$ | 58L | $67^{*} 6$ | 2＜9 | $75^{*} 9$ | $\varepsilon I T$ | 7ueurioxug qky |  |
|  | $6 L^{\circ} \mathrm{CI}$ | 95 | $09^{*} \varepsilon L$ | 87 | $60^{\circ} \mathrm{SI}$ | 8 | stoouses | II |
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|  | $8 \varepsilon^{*} \dagger$ ¢ | 66 | $05^{*} 56$ | 06 | $86^{\circ} 9 \mathrm{~L}$ | 6 | SLOOYDS 非 | I |
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distribution uf public secondary schools in pennsylvania having programs
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$\overline{7 T I G E I}$
$\mathrm{N}=$ Total enrollment, grades $10-12$, for each enrollment category (Does not include EMR
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51



## C. SELECTION OF SUBJECTS

Subjects of the study were selected by personnel from the participating scnools on the following basis.

It was requested that all EMR's in the schocl, who were licensed drivers, participate in the study. a order to provide a sample of normal students, school personnel were requested to select an equal number of normal students from programs other than "Special Education", to represent a reasonable range of ability. The selection of normal students was not based on achievement or intelligence test data.

Originally, the normal students were to be matched with the EMR's on the basis of age, sex, Driver Education training, and accident involvement. But this method of matching normal students proved to be very difficult for the school staff and had to be replaced by a sample based on a random seleciion of normal students; A copy of the instructions to school personnel for selecting students is included in Appendix $\mathrm{K}-1$, pp. 158-159.

The number of EMR's in a school who were licensed drivers, determined the size of the sample from that school. However, because the number of EMR drivers varied widely from school to school, it became necessary on several occasions to sample an unequal rumber of EMR and normal subjects at an individual school. It was felt that this practice did not prejudice the results of tha study since tie two sample populations, EMR and normal, were not compared on the jasis of indiv:tual subjects (matched pairs), but as one group compared 'with another.

In order to determine the number of subjects to be sampled from each geographic region, an attempt was made to approximate within the sample, the percentage of the statewide population of EMR and normal students within a given rezion. For example, the EMR subjects residing in Region I represent $31.85 \%$ of the statewide population of EMR's in grades 10-12. Therefore, the sample was constructed so that approximately $31.85 \%$ of the total sample would be residents of Region I. (Figure 3, p.36, illıstrates the dis ibution of EMR's and Normal students in grade 10-12 by ge graphic region.)

## $34 \quad 52$

It was not possible in every region to sample the exact number of subjects which would achieve the desired percentage for that region. When a sample for a region was relatively small, a difference of che or two subjects would affect substantially the resultant percentage. (Reference Appendix $N$ for a list of Pennsylvania High Schools represented in the study.)

## D. SIZE AND DISTRIBUTION OF THE SAMPLE

A total of 819 subjects were tested in the study, of which complete test battery results were obtained on 792 individuals. Of that total, 349 subjects had been classified as Educable Mentally Retarded (EMR) by school personne1, and 443 as "intellectually normal". Tables 7 and 8 , pages $37 \& 38$, illustrate the distribution among the eight regions of the EMR and normal samnle, respectively. A comparison of the percentage of the total enrol ant within each region (Column B), and the percentage of the total sample from each region (Column D), indicate the manner in which the sample follows the statewide population of EMR and Normal students in grades 10-12.

## E. REPRESENTATIVENESS OF THE SAMPLE

The 349 EMR subjects of the study represent the enture population of EMR students in the participating schools who were licensed drivers at the time the tests were administered. In three schools, a total of 13 EMR licensed drivers were not tested because of scheduling difficulties. Dividing the number of EMR's known to be licensed drivers in the participating schools, by the total EMR enrollment of those schools, would indicate that approximately $21 \%$ of all EMR's in grades 1012 are licensed drivers. This percentage, projected to the statewide enrollment of EMR's in grades $10-12(8,958)$ would indicate that there are approximately $1,880 \mathrm{E} R \mathrm{R}$ licensed drivers who are enrolled in senior high school level programs for EMR's in publis secondary schools of Pennsylvania. The 349 EMR subjects of this study represent $18.56 \%$ of the approximated total of EMR drivers statewide, and $3.90 \%$ of the total enrollment of EMR's in public schools, grades 10-12.

Since the 443 normal subjects sampled at the participating schools do not represent the entire population of licensed drivers in those schools, it is not possible to calculate the approximate percentage of the statewide population of normal students in grades 10-12, who are

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licensed drivers. Further, figures regarding the number of percentage of drivers in the "norma1" category were not available through the Pennsylvania Department of Education.

The 443 normal subjects of the study represent. $086 \%$ of the total enrollment of 513,216 students in regular school programs, grades $10-12$. This gives an indication of the representativeness of the normal sample.
F. TEST ADMINISTRATIUN

When a school had agreed to participate in the study by providing a portion of the sample, a date was established for the tesing to take place. Students at the participating schools who were to be included in the study, were selected by school staff members as outlined above. (See "Selection of Subjects") In several cases, it became necessary for th. investigators to make the selection of students. In these cases, the selection followed the guideines already established, but was done by the investigators rather than the school staff.

It was requested that all EMR and normal students participating in the study meet with the investigators at the earliest possible time in the school day. The purpose of the meeting was to introduce the investigators to the students, and to provide students with an understanding of the objectives of the study and their reason for participating in it. In the introduction, a major emphasis was given to the fact that the student and $h$ is school would remain anonymous for the purpose of the analysis, but that he should make every effort to present himself, through the test battery, in the most accurate manner which he could. It was also stressed that the results of each individual's test would be confidential, and would, not be reported to any individual or agency. Opportunity was providec for students to present questions on any aspect of the study concerning their involvement.

Following the introduction, the total group, usually twelve to twenty-four students, was divided into two groups; EMR's comprising one group, and normal subjects the other. The EMR group remained at the testing location to complete the written segment of the test battery during the morning, while the normal subjects were scheduled at fifteen minute intervals throughout the morning to report individually to the testing van (Ford Minihome) which housed the driving simulator
used in the Situational Stress Test. In the afternoon session, normal subjects completed the written battery, while EMR subjects reported individually to the van.

This method of scheduling allowed time for any EMR who had not completed the written portion during the morning session to finish during the afternoon session. Also, it was decided that by separating the EMR's and normal subjects, group pressures on the individuals involved would be minimized. This procedure of testing EMR's and normals separately was found to be most successful since, for example, an EMR student of low ability would be less likely to experience concern over the speed and apparent ease with which a more capable student completed the battery of tests.

While the method of administering the test battery was identical for both EMR and normal subjects, it was frequently necessary to spend more time with the EMR group in explaining various sub-tests and portions of the test battery. Also, it was not possible in every instance to schedule students in the manner outlined above because of difficulties and irregularities at the various schools and scheduling problems with individual students.

The sequence and method of administering the tests is described in the following section to provide a more complete understanding of the means by which data was gathered for the study.

After pencils and the packet of testing materials ware distributed, directions were given for completing the biographical information card, which included such items as driving experience, miles driven per year, accident involvement, and various other items of a personal nature. (A copy of the information sheet is included as Appendix M.) All students completed the card simultaneously since directions were provided item by item. Completion of the card required approximately fifǐeen minutes.

The Wilson Driver Selection Test was then administered to the subjects; requiring a total time of approximately fifty minutes. The actual working times for the six sub-tests of the Wilson Test are divided as follows:

| Test 1 - Visual Attention- | 5 Minutes |
| :--- | :--- |
| Test 2 - Depth Visualization- | 5 Minutes |
| Test 3 - Recognition of Simple Detail- | 4 Minutes |
| Test 4 - Recognition of Complex Detail- | 5 Minutes |
| Test 5 - Eye-hand Coordination- |  |
| Test 6 - Steadiness- | 2 Minutes |
|  |  |
|  |  |



Since the Wilson Test is timed, the starting and finishing time for each sub-test was controlled. Adequate time was provided between administration of the sub-tests, but the pace was rather continuous.

Upon completion of the Wilson Test, the Bender-Gestalt Test was administered to the entire group, utilizing an overhead projector and screen. A transparency showing the directions was first projected on the screen and read aloud by the investigator. Then, the nine designs of the test were projected on the screen, one at a time. This was accomplished by the technique of revelation, whereby "masks" covering each individual design were removed for the period of time that the students were reproducing that design. The mask was then replaced, and the next design revealed. Administration of the Bender-Gestalt Test required approximately ten minates.

With the completion of the Bender designs, the students had completed approximately one hour and fifteen minutes of work with several short pauses. The work within this period of time was regulated by the investigator, with all students working on the same tasks at the same time. From this point until the completion of the entire battery, the work was untimed and students were permitted to complete the remainder of the battery at their own rate.

To avoid interruption and allow for the individuals' varying rates of completion, directions for the remaining three tests, (The Sixteen Personality Factor Test, The Siebrecht Attitude Scale, and the Test on the Pennsylvania Manual for Drivers) were provided before any of the tests were begun. All direciions were read aloud by the investigator while the subject read them silently. Sample items were worked for each test, and any questions regarding the tests were answered by the investigator. Students were directed to work carefully at the rate best suited to them, and were permitted to leave the testing location for a short break when they felt it necessary.

When a student completed the 128 items on the Sixteen Personality Factor Test (16 P.F.), usually within $30-45$ minutes, he began work on the Siebrecht Attitude Scale. The forty items on the Siebrecht Scale required about fifteen minutes to complete. Finally, the student completed the twenty-five multiple choice statements of the Test on the Pennsylvania Manual for Drivers. The test was usualiy completed within twenty minutes.

While the subjects were working on the 16 Personality Factor, Siebrecht, and the Pennsylvania Manual Test, the investigator called subjects individually for a visual examination on the AAA driver

Evaluator. This device was usually set-up in a position to the rear of where the subjects were seated, so that the administration of the visual examination would not distract subjects who were completing the written battery. Approximately five minutes was required for each subject to complete the tasks of the visual examination. Results of the AAA Evaluator were recorded directly on the student's data card.

As subjects completed the entire battery of tests, they were permitted to return to their classes. Because the latter portion of the test battery was untimed, the total time required for completion of the entire battery of tests varied with individual subjects. The time required for completion ranged froii two and one-half hours to three hours and fifteen minutes, depending upon the rate at which the subject completed the untimed portion of the battery.

In addition to the test battery described above, the Situational Stress Test was administered on an individual basis to all subjects of the study. For this test, students repcrted to the testing van which was located outside of the school. (Reference to Appendix F, for a description of the Situational Stress Test.)

As a control for the variables related to the personality and other personal characteristics of the test administration, all written tests in the battery were administered by the same investigator, while the Situational Stress Test was administered entirely by the other investigator. While one investigator worked with subjects in the classroom, the other operated and administered the Situational Stress Test within the testing van.

## CHAPTER IV

## RESULTS

A. MPTHODS OF ANALYSIS

As the primary purposes of this study include the prediction of accidents and violations for EMR's and the comparison of relevant driving behaviors among EMR's and Normal students, the major methods of analysis for the study focus on correlation methods, including multiple correlation and partial correlation techniques. In addition, data are presented in this report on the zero order correlations and on means and standard deviations for male, female, and all EMR's and male, female and all normal subjects.

Multiple correlations techniques have the advantage of using all of the data within a single analysis design. In the present study, results are presented for 104 variables including seven criterion measures of acciaents and violations, and 97 predictor variables. The relationship of all the measures to accidents and violations can be studied within this analytic framework by examining the zero order correlations. The multiple correlations technique yields the "best combination" of predictor variables related to criterion variables. (Reference: Guilford, 1950). Product moment correlations were used in the calculation of the basic correlations matrixes.

An additional advantage of the correlations technique is that the size of the subsamples (EMR's vs. Normals, Males vs. Females) need not be equal. In analysis of variance and covariance designs, the formulae do not generally apply when sample sizes for the various cells are widely disparate. In the original project design, it was proposed to obtain data for 16 groups of 50 subjects each, for a total of 800 subjects, namely: EMR's vs. Normals; Males vs. Females: those with Driver Education vs. those without Driver Education; and those who have had accidents vs. those who did not have accidents. However, as the study progressed, it became apparent that it would not be possible to obtain data for each group in equal numbers, due to the fact that many Female EMR's did not have drivers' licenses. Of those EMR's that did have drivers' licenses at the secondary level, the largest proportion turned out to be male. The need to obtain a sample with proportional statewide representation precluded further selectivity. In addition, the proportion of each of the EMR and normal groups who had Driver Education or who had an accident could not be controlled, a priori. Hence, by using correlations techniques, the data for all of the subjects was employed in the analysis, thus making for a more efficient and powerful analytic technique.

The partial correlaiion technique provides a method for studying the relationship of the predictor variables to accidents and violations while controlling for the effect of other variables. The partial correlations formula is given as:


Where:
Variable 1 is a predictor,
Variable 2 is the criterion variable and
Variable 3 is the variable being "partialled" or "controlled"
and
r is the correlation of the predictor variable with a
12 criterion variable.
$r$ is the correlation of the predictor variable with the
13 variable to be partialled.
$r$ is the correlation of the criterion variable with the 23 variable to be partialled.

All data was obtained separately for each of six groups, namely:

1. Male EMR's
2. Female EMR's
3. Total EMR's
4. Male Normals
5. Female Normals
6. Total Normals

Initially, means and standard deviations and zero order correlation matrices were obtained for each of the six groups in order to determine whether or not there were any differences in the group means and whether or not there were differences in the patterns of correlation with accidents for EMR's and normals. It was reasoned that if the correlation patterns differed for EMR's and normals, that it would be desirable to carry out the multiple correlations and partial correlations separately for each group. There was already ample evidence in the literature to suggest differences among males and females and therefore, it was anticipated that this data would be calculated separately. As shown later in this Chapter, the differences in patterns of correlations and in means did in fact prove to be significant. Therefore, the multiple
correlation and partial correlation analyses were carried out separately for each of the six groups.

With the exception of the multiple correlation analysis, all data analyses were carried out at the Computing Center at Shippensburg State College, Shippensburg, Pennsylvania, using an RCA Spectra 70/45. The University of California Biomedical Series programs were used for the following analysis:

BMD OLD - Simple data description for the means and standard deviation.
BMD X84 - Assymetrical. Correlations with Missing data for the zero order correlations.

Specially devised programs were prepared for the partial correlations and the multiple correlations.

## B. DESCRIPTION AND CODING OF VARIABLES

Table 9, page 55, provides a description of a number of variables included in the analysis. However, certain variables that are inadequately described in that table require further amplification as follows:

ITEM DESCRIPTION AND CODING
Variable Number and Description Comments and Coding

1-4 Student ID Code, EMR vs. Normal, driver's operator number and region

5-10 Age, height, weight, glasses, and handedness

11 Class in school

12
Percent not in Special Education
Sis

| Variab and D | ble Number Description | Comments and Coding |
| :---: | :---: | :---: |
| $13$ | Percent in College <br> Preparatory or Academic | ```0-Special Education, Commerciai, General, or other 1-College Preparatory or Academic X-NiNo information``` |
| 14-18 | Residence | The original coding for this item was as follows: <br> 1-Farm <br> 2-Rural <br> 3-Town <br> 4-Suburbs <br> 5-City <br> X-no information <br> The items were recoded in order to be used in the correlational analysis and are presented in the table of means as percentages. |
| 14 | Percent Town, Suburbs or City | O-Farm or Rural <br> l-Town, Suburbs or City <br> X-No information |
| 15 | Percent Suburbs or City | 0-Farm, Rural or Town <br> 1-Suburbs or City <br> X -No information |
| 16 | Percent Farm, Rural, Town or City | $\begin{aligned} & \text { 0-Suburbs } \\ & \text { l-Farm, Rural, Town or City } \\ & \text { X-No information } \end{aligned}$ |
| 17 | Percent Farm, Rural, Town or Suburbs | $\begin{aligned} & \text { 0-City } \\ & \text { 1-Farm, Rural, Town or Suburbs } \\ & \text { X-No information } \end{aligned}$ |
| $1 \varepsilon$ | Percent Farm, Rural, Suburbs or City | $\begin{aligned} & \text { 0-Town } \\ & \text { 1-Farm, Rural, Suburbs or City } \\ & \text { X-No information } \end{aligned}$ |
| 19 | Father's Occupation | 1-Unskilled labor <br> 2-Skilled craftsman <br> 3-Sales, manager, foreman, etc. <br> 4-Professional, technical, proprietory <br> X-Insufficient information <br> (Reported by the student) |

Variable Number and Description

20-29 Driver Evaluator

| 20 | Visual Acuity - Left |
| :--- | :--- |
| 21 | Visual Acuity - Right |
| 22 | Visual Acuity - Both |
| 23 | Depth Judgement - Total |
| 24 | Depth Judgement - Near |
| 25 | Depth Judgement - Far |
| 26 | Color Vision |
|  |  |
|  |  |
| 27 | Field of Vision - Left |
| 28 | Field of Vision - Right |
| 29 | Field of Vision - Total |
| $30-51$ | Wilson Driver Selection Tests |

Test 1-Visual Attention
Test 2-Depth Visualization.
Test 3-Reccgnition of Simple Detail
Test 4-Recognition of Complex Detail
0-14

Test 5-Eye-Hand Coordination
Test 6-Steadiness

52-07 Sixteen Personality Factor Scale
68 Pennsylvania Driver's Manual
69 Siebrecht Attitude Scale
70-73 Driver Education

0
0-50
0-14
0-14
0-16
0-8
0-8
0-Normal
1-Difficulty with red, yellow or green
50-110
50-110
100-220
This test has six parts each of which is scored for the number complete, number corrects and percentage correct. The figures below show the range applicable to the number complete and the
number correct. The Wilson
Test Manual also provides for scoring the total battery
according to che number of tests
passed (0-6).
0-40
0-50
0-150
0-150
0-145
-
0-8 Iur each test
\% Correct
0-200
The original code was:
15-Both behind wheel and classroom 21-Did not have Driver Education 22-Behind the wheel training only 23-Classroom training only

|  |  | This was recoded as follows: |
| :---: | :---: | :---: |
| 70 | Percent Not taking combination of Classroom plus Behind Wheel Instruction | 0 -Both behind wheel and classroom training <br> 1-Did not have Driver Education, behind the wheel training only or classroom training only |
| 71 | Percent with Driver Education | 0 -Did not have Driver Education l-Both behind the wheel and classroom, behind the wheel only, and classroom only. |
| 72 | Percent no Driver Education or Classroom only | 0 -Both behind the wheel and classroom training or behind the wheel instruction only <br> 1-Did not have Driver Education or had classroom training only |
| 73 | Percent No Driver Education or Behind Wheel only | ```O-Böth behind the wheel and class- room training or classroom training only l-Did not have Driver Education or behind the wheel only``` |
| 74 | Miles Driven Per Year | $\begin{aligned} & \text { 1-Less than } 2,000 \\ & 2-2,000 \text { to } 4,000 \\ & 3-4,000 \text { to } 6,000 \\ & 4-6,000 \text { to } 8,000 \\ & 5-8,000 \text { to } 10,000 \\ & 6 \text {-over } 10,000 \\ & \text { X-No information } \end{aligned}$ |
| 75-76 | Driving Experience, Driving Restriction | Self explanatory |
| 77-149 | Stress Test | This test is a driving simulation device developed by Millersville State College described in more detail in Appendix F. Scoring is for errors and reaction time. |
| 77 | Braking Errors | 0-16 |
| 78 | Steering Errors | 0-6 |


| Variabl and Des | le Number scription | Comments and Coding |
| :---: | :---: | :---: |
| 79 | Signal Errors | 0-5 |
| 80 | Speed Errors | 0-3 |
| 81 | Reaction Time - Brakes5 Immediate Situations | 0.0005-3.000 |
| 82 | Reaction Time .. Brakes5 Apparent Situations | 0.0005-3.000 |
| 83 | Reaction Time - Brakes- <br> Total 10 Situations | 0.010-6.000 |
| 84 | Reaction Time - Steering-Left-4 Situations | 0.004-3.200 |
| 85 | Reaction Time - Steering-Right-5 Situations | 0.005-4.000 |
| 86 | Reaction Time - Brakes and Steering, Total-19 situations | 0.019-13.200 |
| 87 | Seat belt usage | Seif explanatory |
| 88 | Steering HandlingPercent Incorrect | 0-Normal handling <br> 1-Used left-hand only, used right-hand only. "Palmed" the wheel, hands at the bottom of the wheel, limited attempt to steer |
| 89-91 | Brake Performance | Original coding was: <br> 0 -Right foot (normal or typical <br> brake performance) <br> 1-Left foot <br> 2-Covered brake <br> 3-Left foot and covered brake <br> 4 -Limited attempt to use the brake <br> These were recoded as follows: |
| 89 | Brake Performance - Percent not "normal" | $\begin{aligned} & \text { 0-Right foot } \\ & \text { 1-Left foot, covered brake, } \\ & \text { 1imited attempt } \end{aligned}$ |
| 90 | Brake Performance - Percent Right Foot, Covered Brake or Limited Attempt | 0-Left Foot <br> 1-Right foot, covered brake, left foot and covered brake in limited attempt |

$$
678.49
$$

91 Brake Performance-Percent Right foot, left foot, and covered brake and limited attempt

92-94 Speed

92

93
Speed-Percent Limited Attempt

94 Speed-Percent over Normal Range

95-100 Average Reaction Times for Braking and Steering

O-Left foot and brake
l-Right foot, left foot, covered brake, and limited attempt

Observation was made of the speed which the student usually maintained. This was originally coded as:
O-Speed within normal range
1-Speed above average
2-Limited attempt
This iitem was then recoded as follows:
0 -Speed within normal range
1-Speed above average or 1imited attempt

0 -Speed within normal range or speed above average 1-Limited attempt

0 -Specds above average 1-Speed within normel range or limited attempt

These variables are a re-calculation of 81-86. In the original scoring of reaction times, it was noted that there were a number of situations in which the student would not react at all during a fixed period of time, presumably because the situations were unobserved or the student did not understand what was required of him. Therefore, reaction times were recorded at the limit of 0.800 for steering or 0.600 for braking. The average reaction times, corrected for the failure to act within a given situation was obtained by calculating for each student the average of his reaction times excluding those in which the "clock ran out".

Variable Number and Description

Comments and Coding

The formula for the mean reaction time for each student is

$$
\overline{\mathrm{x}}=\frac{\Sigma \mathrm{x}}{\mathrm{n}}
$$

Where
$X$ is reaction time, excluding those to which no reaction was observed.
$n$ is the number of times a reaction was observed.

This has the effect of excluding the maximum values of 0.6000 seconds for brake reaction time and 0.800 for steering reaction time, thus providing an accurate estimate of reaction time for those situations to which the student reacted.

Scoring is:
Brake Reaction Time . 001 - . 599
Steering Reaction Time $.001-.799$

These are binary records of behaviors in specific situations of the stress test. The figures shown in the table of means and standard deviations are based on percentage performing. correctly. Each item is scored: 0-Error 1-Correct

Each situation was recoded and scored as it occurred.

These are the individual reaction time situations for braking and steering contained in sumary form in variables $81-86$ and as averages for each student in variables 95-100

| Variable Number and Descripicion | Comments and Coding |
| :---: | :---: |
| 131-140 Braking | . 001 -. 600 |
| 141-149 Steering | . 001 -. 800 |
| 150 Self Rated Expertness | Each student was asked to rate himself on the quality of his driving on a scale of 1-11, with 11 signifying a high degree of expertness and 1 a low score. |
| 150-157 Accident Violation Reports | Self-reports and records obtained from the state on accidents and violations were used as described in detail in Chapter 5. In addition, combinations of reports were used to generate new variables in 155-157. |
| 151 Accidents-Selif Reported | 0-One or more accidents reported 1-No accidents |
| 152 Violations-Self Reported | 0-One or more violations reported 1-No violations |
| 153 Accidents-State Reported | 0-One or more accidents reported in state records <br> 1-No accidents |
| 154 Violations-State Reported | 0 -One or more violations reported in state records <br> 1-No violations |
| 155 Accidents-Self and State Reported | 0-One or more accidents reported either in the state records or in the self-report <br> 1-No accidents reported on either record |
| 156 Accidents or violations-State Reported | ```0-One or more accidents or violations reported in state records 1-No accidents or violations reported in state records``` |
| 157 Combined Criterion for Accidents and Violations Self-State Reported | 0 -One or more accidents and/or violations reported in state records or in the self report form <br> 1-No aecidents or violations reported on either record \% |

For the combined variables (155-157) no attempt was made to exhaust all of the possible combinations. The purpose in combining the accident/violation variables was to increase the reliability of the criterion as measures of driving behavior.

Variables Included in the Analyses
Variables 5-157 were included in the analysis for means and standard deviations, as shown in Tabie 9, page 55. This is a total of 153 variables. Correlations matrixes were obtained using Variables 5-100 and 150-157 for a total of 104 variables. Variables 101-149 are presented in summary form in other variables.
C. DIFFERENCES AMONG EMR'S AND NORMALS

MALES AND FEMALES

Table 9, page 55, shows the means and standard deviations for EMR's and Normals for the total group and for Males and Females for 153 variables. Differences in means or percentages (as appropriate) were calculated from this data. The table shows those differences that were significant at the $5 \%$, $1 \%$ and $.1 \%$ level of confidence. The $z$ test was used as the test of statistical significance to determine differences in the means.

The data in Table 9, page 55, yields the following results:

## Demographic and Background Characteristics

1. There is a larger percentage of females in the Normals group than in the EMR's, about $46 \%$ vs. 14\% respectively.
2. EMR's tended to be older than the Normals.
3. Male Normals tended to be heavier than Male EMR's while female EMR's tended to be heavier than the Female Normals.
4. A larger percentage of the male Normals wore glasses than did the male EMR's.
5. A larger percentage of the female EMR's: were right-handed compared with the female Normals.
6. More than half of the Normal students were enrolled in a College Preparatory or Academic Program, while less than $1 \%$ of the EMR's were enrolled in either of these programs.
7. A higher percentage of the Normals compared with EMR's tended to come from the suburbs or city (contrasted with farm, rural or town).
8. Normal students tended to come from higher socio-economic levels, as measured by Father's Occupation, than did EMR's.

## Tests

9. On the Driver Evaluator tests (visual acuity, depth judgement and field of vision), those differences that were statistically significant distinguished between the female Normal and female EMR's with the Normals showing superior performance in each case.
10. On the Wilson Driver Selection tests, the average performance of the Normals exceeded that of the EMR's on every test. As shown in Table 9, page 55, many differences were statisticaliy significant, however, the differences were more often statistically significant for the female than for the males.
11. On the Sixteen Personality Factor Scale, Normals compared with EMR's tended to score higher on the Affectothymia, Scholastic Mental Ability, Surgency, and Prasmic Scales. Differences on the other scales were not statistically significant.
12. Normals (total and female) tended to score higher on the Pennsylvania Driver Manual than did EMR's.
13. Normals scored higher on the Siebrecht Attitude Scale than did EMR's of either sex.

## Driver Education and Driving Experience

14. A higher percentage of Normals had taken Driver Education (total group only) than did EMR's.
15. There were no significant differences between Normals and EMR's in miles driven per year 0 : (with the exception of females) the amount of driving experiences.
16. Significantly more Normals (total group) had a driving restriction (presumably required to wear glasses) than did EMR's.

## Stress Test

17. On the Stress Test, there were no significant differences between the Normals and EMR's on error counts (Variables 77-80, braking, steering, signal, speed). However, as shown on the Table, a large number of the reaction time measures distinguish between the Normals and EMR's, with the EMR's, as expected, reacting more slowly than the Normals.
18. On a number of observational items on the Stress Test, Variables 87-94), there were differences between Normals and EMR's in steering handling; brake performance and speed with, generally, Normals displaying superior performance to EMR's.

TABLE 9
Means (Percents) and Standard Deviations (S.D.) for 153 Variables for EMR's and Normals by Sex

| Variable Number and Description | E. M. R. |  |  | Normal |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Total | Male | Female | Total | Male | Female |
|  | N=344 | 295 | 49 | $\mathrm{N}=436$ | 236 | 200 |
| 5. Percent Female S. D. | $\begin{aligned} & 14.2+ \\ & 35.00 \end{aligned}$ | -- | - | $\begin{aligned} & 45.9+ \\ & 49.89 \end{aligned}$ | -- | -- |
| 6. Chronological Age in Months S. D. | $213.9+$ 16.71 | $\begin{array}{r} 21.5 .8+ \\ 17.68 \end{array}$ | $\begin{array}{r}214.7+ \\ 9.04 \\ \hline 6.8\end{array}$ | $208.2+$ 7.83 | $209.4+$ 8.41 | $206.8+$ 6.84 64. |
| 7. Height in Inches S. D. | $\begin{gathered} 67.4 \\ 7.29 \end{gathered}$ | $\begin{gathered} 67.9 \\ 7.59 \end{gathered}$ | $\begin{gathered} 63.8 \\ 3.35 \end{gathered}$ | $\begin{gathered} 67.1 \\ 5.57 \end{gathered}$ | $\begin{gathered} 69.2 \\ 6.50 \end{gathered}$ | $\begin{aligned} & 64.5 \\ & 2.49 \end{aligned}$ |
| 8. Weight S. D. | $147.1+$ 25.89 | $150.3+$ 25.10 | 127.7* 22.01 | $140.7+$ 24.49 | $155.3+$ 21.65 | $123.5 *$ 14.41 |
| 9. Percent Wearing Glasses S. D. | $\begin{aligned} & 28.3+ \\ & 49.21 \end{aligned}$ | $\begin{aligned} & 25.5+ \\ & 48.57 \end{aligned}$ | $\begin{aligned} & 44.9 \\ & 50.25 \end{aligned}$ | $\begin{aligned} & 38.3+ \\ & 48.67 \end{aligned}$ | $\begin{aligned} & 34.7+ \\ & 47.72 \end{aligned}$ | $\begin{aligned} & 42.5 \\ & 49.56 \end{aligned}$ |
| 10. Percent Right-Handed S. D. | $\begin{aligned} & 84.7 \\ & 37.61 \end{aligned}$ | $\begin{aligned} & 83.5 \\ & 37.80 \end{aligned}$ | $\begin{aligned} & 91.8 * \\ & 27.66 \end{aligned}$ | $\begin{aligned} & 86.7 \\ & 34.00 \end{aligned}$ | $\begin{aligned} & 87.3 \\ & 33.38 \end{aligned}$ | $\begin{aligned} & 86.0 \div \\ & 34.79 \end{aligned}$ |
| 11. Class in School S. D. | $\begin{array}{r} 3.3 \\ 0.78 \end{array}$ | $\begin{array}{r} 3.3 \\ 0.78 \end{array}$ | $\begin{array}{r} 3.3 \\ 0.75 \end{array}$ | $\begin{array}{r} 3.6 \\ 0.54 \end{array}$ | 3.6 0.55 | 3.6 0.52 |
| 12-13. School Program <br> 12. Percent Not in Special Education S. D. | $\begin{array}{r} 5.8+ \\ 23.43 \end{array}$ | $\begin{array}{r} 5.4+ \\ 22.69 \end{array}$ | $\begin{array}{r} 8.2+ \\ 27.66 \end{array}$ | $\begin{array}{r} 99.3+ \\ 8.28 \end{array}$ | $\begin{array}{r} 99.6+ \\ 6.51 \end{array}$ | $\begin{array}{r} 99.0+ \\ 9.97 \end{array}$ |
| 13. Percent in College Preparatory or Academic Program <br> S. D. | $\begin{aligned} & 0.6+ \\ & 7.61 \end{aligned}$ | $\begin{aligned} & 0.7+ \\ & 8.22 \end{aligned}$ | $\begin{gathered} 0.0+ \\ 00.00-1 \end{gathered}$ | $\begin{aligned} & 54.8+ \\ & 49.82 \end{aligned}$ | $\begin{aligned} & 45.3+ \\ & 49.89 \end{aligned}$ | $\begin{aligned} & 66.0+ \\ & 47.49 \end{aligned}$ |
| 14-18. Residence <br> 14. Percent Town, Suburbs or City S. D. | $\begin{aligned} & 62.5+ \\ & 48.48 \end{aligned}$ | $\begin{aligned} & 62.0 \\ & 48.61 \end{aligned}$ | $\begin{aligned} & 65.3+ \\ & 48.09 \end{aligned}$ | $\begin{aligned} & 71.1+ \\ & 45.38 \end{aligned}$ | $\begin{aligned} & 65.7 \\ & 47.58 \end{aligned}$ | $\begin{aligned} & 77.5+ \\ & 41.86 \end{aligned}$ |
| 15. Percent Suburbs or City S. D. | $\begin{aligned} & 32.3+ \\ & 46.82 \end{aligned}$ | $\begin{aligned} & 32.2^{\star} \\ & 46.80 \end{aligned}$ | $\begin{aligned} & 32.7+ \\ & 47.38 \end{aligned}$ | $\begin{aligned} & 42.9+ \\ & 49.55 \end{aligned}$ | $\begin{aligned} & 37.3 * \\ & 48.46 \end{aligned}$ | $\begin{aligned} & 49.5+ \\ & 50.12 \end{aligned}$ |
| 16. Percent Farm, Rural, Town or City S. D. | $\begin{aligned} & 84.9+ \\ & 35.87 \end{aligned}$ | $\begin{aligned} & 83.7 * \\ & 36.97 \end{aligned}$ | $\begin{aligned} & 91.8+ \\ & 27.66 \end{aligned}$ | $\begin{aligned} & 72.2+ \\ & 44.83 \end{aligned}$ | $\begin{aligned} & 79.2 * \\ & 40.65 \end{aligned}$ | $\begin{aligned} & 64.0+ \\ & 48.12 \end{aligned}$ |
| 17. Percent Farm, Rural, Town or Suburbs <br> S. D. | $\begin{aligned} & 82.8 \\ & 37.75 \end{aligned}$ | $\begin{aligned} & 84.1 \\ & 36.66 \end{aligned}$ | $\begin{aligned} & 75.5+ \\ & 43.45 \end{aligned}$ | $\begin{aligned} & 84.8 \\ & 35.88 \end{aligned}$ | $\begin{aligned} & 83.5 \\ & 37.22 \end{aligned}$ | $\begin{aligned} & 86.5+ \\ & 34.26 \end{aligned}$ |
| 18. Percent Fart, Rural, Suburbs or City <br> S. D. | $\begin{aligned} & 69.8 \\ & 45.99 \end{aligned}$ | $\begin{aligned} & 70.2 \\ & 45.83 \end{aligned}$ | $\begin{aligned} & 67.4 \\ & 47.38 \end{aligned}$ | $\begin{aligned} & 71.8 \\ & 45.05 \end{aligned}$ | $\begin{aligned} & 71.6 \\ & 45.18 \end{aligned}$ | $\begin{aligned} & 72.0 \\ & 45.01 \end{aligned}$ |

*Difference between EMR and Normal groups significant at the $5 \%$ level of confidence.
Difference between EMR and Normal groups significant at the $1 \%$ level of confidence.
${ }^{+}$Difference between EMR and Normal groups significant at the $0.1 \%$ level of confidence.




|  | Variable Number and Description | E. M. R. |  |  | Normal |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Total | Male | Female | Total | Male | Female |
| 74. | Miles Driven Per Year S.D. | $\begin{aligned} & 2.4 \\ & 1.66 \end{aligned}$ | $\begin{aligned} & 2.5 \\ & 1.67 \end{aligned}$ | 1.8 1.49 | 2.4 1.51 | $\begin{aligned} & 3.0 \\ & 1.58 \end{aligned}$ | $\begin{aligned} & 1.7 \\ & 1.08 \end{aligned}$ |
| 75. | Driving Experience In Months S.D. | $\begin{aligned} & 12.9 \\ & 9.76 \end{aligned}$ | $\begin{aligned} & 13.2 \\ & 9.95 \end{aligned}$ | $\begin{aligned} & 10.9 * \\ & 8.97 \end{aligned}$ | 11.8 7.44 | $\begin{aligned} & 13.0 \\ & 7.92 \end{aligned}$ | $\begin{array}{r} 10.3 * \\ 6.55 \end{array}$ |
| 76. | ```Percent With Driving Restriction S.D.``` | $\begin{aligned} & 23.3+ \\ & 42.31 \end{aligned}$ | $\begin{aligned} & 21.7 \\ & 41.29 \end{aligned}$ | $\begin{aligned} & 32.7 \\ & 47.38 \end{aligned}$ | $\begin{aligned} & 38.5+ \\ & 48.72 \end{aligned}$ | $\begin{aligned} & 37.3 \\ & 48.46 \end{aligned}$ | $\begin{aligned} & 40.0 \\ & 49.11 \end{aligned}$ |
| $\begin{gathered} 77-149 . \\ 77 . \end{gathered}$ | Stress Test Braking Errors S.D. | $\begin{gathered} 11.2 \\ 2.95 \end{gathered}$ | 11.3 2.88 | 10.7 3.38 | 11.1 2.54 | 11.4 2.69 | $\begin{gathered} 10.7 \\ 2.29 \end{gathered}$ |
| 78. | Steering Errors S.D. | $\begin{aligned} & 3.6 \\ & 1.28 \end{aligned}$ | 3.7 1.25 | 3.5 1.45 | 3.7 1.29 | 3.7 1.23 | 3.7 1.36 |
| 79. | $\begin{aligned} & \text { Sigaal Errors } \\ & \text { S.D. } \end{aligned}$ | $\begin{aligned} & 1.7 \\ & 1.09 \end{aligned}$ | 1.7 1.03 | 2.0 1.40 | 1.5 0.82 | 1.5 0.84 | $\begin{aligned} & 1.5 \\ & 0.80 \end{aligned}$ |
| 80. | $\begin{aligned} & \text { Speed Errors } \\ & \text { S.D. } \end{aligned}$ | $\begin{aligned} & 2.5 \\ & 0.81 \end{aligned}$ | $\begin{aligned} & 2.6 \\ & 0.79 \end{aligned}$ | $\begin{aligned} & 2.4 \\ & 0.95 \end{aligned}$ | 2.6 0.77 | $\begin{aligned} & 2.5 \\ & 0.83 \end{aligned}$ | $\begin{aligned} & 2.6 \\ & 0.69 \end{aligned}$ |
| 81. | Reaction Time - Brakes - 5 <br> Immediate Situations S.D. | $10+1$ .399 | $1.064+$ .3600 | $1.369+$ .510 | $0.902+$ .311 | $\begin{gathered} 0.873+ \\ .313 \end{gathered}$ | $\begin{gathered} 0.936+ \\ .307 \end{gathered}$ |
| 82. | ```Reaction TIme Brakes - Apparent Situation S.D.``` | 1.530 .558 | $\begin{array}{r} 1.533 \\ .555 \end{array}$ | $\begin{gathered} 1.913+ \\ .491 \end{gathered}$ | $1.356+$ .553 | $\begin{array}{r} 1.369 \\ .573 \end{array}$ | $\begin{gathered} 1.340+ \\ .528 \end{gathered}$ |
| 83. | ```Reacticn Time Brakes - Total S.D.``` | $\begin{array}{r} 2.742 \\ .872 \end{array}$ | $\begin{gathered} 2.649+ \\ .820 \end{gathered}$ | $\begin{gathered} 3.302+ \\ 968 \end{gathered}$ | $2.278+$ .820 | 2.2424 .774 | $\begin{gathered} 2.321+ \\ .871 \end{gathered}$ |
| 84. | ```Reaction TIme Steer - Left S.D.``` | $\begin{array}{r} 1.620+ \\ .914 \end{array}$ | $\begin{gathered} 1.577+ \\ .925 \end{gathered}$ | $\begin{gathered} 1.880+ \\ .804 \end{gathered}$ | $1.491+$ <br> .880 <br> . | $\begin{gathered} 1.4504 \\ .864 \end{gathered}$ | $\begin{gathered} 1.539+ \\ .898 \end{gathered}$ |
| 85. | ```Reaction TIme Steer - Right S.D.``` | 3.158 .703 | $\begin{gathered} 3.160+ \\ .687 \end{gathered}$ | $\begin{gathered} 3.149+ \\ .798 \end{gathered}$ | $3.124+$ .667 | $3.162+$ .604 | $\begin{gathered} 3.080+ \\ .734 \end{gathered}$ |
| 86. | Reaction Time Brakes and Steering Total 19 Situations S.D. | 7.473 1.711 | $7.341+$ 1.644 | 8.272. 1.896 | $6.981+$ 2.854 | $\begin{aligned} & 6.851+ \\ & 1.422 \end{aligned}$ | $\begin{aligned} & 7.134 \\ & 3.921 \end{aligned}$ |
| 87. | ```Percint Using Seat Belt S.D.``` | $\begin{gathered} 2.9 \\ 16.82 \end{gathered}$ | $\begin{gathered} 3.1 \\ 17.23 \end{gathered}$ | 2.0 14.29 | 2.8 16.41 | 3.0 17.00 | $\begin{gathered} 2.6 \\ 15.73 \end{gathered}$ |
| 88. | Percent Incorrect Steering Handling S.D. | $9.6+$ 29.49 | 8.1 27.38 | $18.4+$ 39.12 | $3.5+$ 18.28 | 4.2 20.19 | $\begin{array}{r} 2.6+ \\ 15.73 \end{array}$ |
| 89. | Braker Performance - Percent Not "Normal" S.D. | $\begin{aligned} & 12.8+ \\ & 33.45 \end{aligned}$ | $\begin{aligned} & 11.5 \\ & 31.99 \end{aligned}$ | $20.4+$ 40.72 | $4.6+$ 20.97 | $\begin{gathered} 5.5 \\ 22.86 \end{gathered}$ | $\begin{array}{r} 3.6+ \\ 18.49 \end{array}$ |
| 90. | Brake Performance - Right Foot, Covered Brake or Limited Attempt S.D. | $\begin{aligned} & 94.8^{*} \\ & 22.30 \end{aligned}$ | $\begin{aligned} & 94.6 \\ & 22.69 \end{aligned}$ | 95.9* 19.99 | 98.0* 13.88 | $\begin{aligned} & 96.6 \\ & 18.14 \end{aligned}$ | $\begin{array}{r} 99.6 * \\ 5.30 \end{array}$ |



9

|  | Variable Number and Description | E. K. R. |  |  | Normal |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Total | Male | . Female | Total | Male | Female |
| 108. | $\begin{aligned} & \text { Light Brake } \\ & \text { S.D. } \end{aligned}$ | $\begin{aligned} & 85.00 \\ & 34.95 \end{aligned}$ | $\begin{aligned} & 84.4 \\ & 35.63 \end{aligned}$ | $\begin{aligned} & 88.8^{\circ} \\ & 30.64 \end{aligned}$ | $\begin{aligned} & 82.4 \\ & 37.74 \end{aligned}$ | $\begin{aligned} & 83.5 \\ & 36.79 \end{aligned}$ | $\begin{aligned} & 81.2^{\circ} \\ & 38.89 \end{aligned}$ |
| 109. | $\begin{aligned} & \text { Zero M.P.H. } \\ & \text { S.D. } \end{aligned}$ | $\begin{aligned} & 85.9 \\ & 34.05 \end{aligned}$ | $\begin{aligned} & 95.1 * \\ & 34.95 \end{aligned}$ | $\begin{aligned} & 90.8 \\ & 27.80 \end{aligned}$ | $\begin{aligned} & 82.9 \\ & 37.34 \end{aligned}$ | $\begin{aligned} & 77.5 * \\ & 41.43 \end{aligned}$ | $\begin{aligned} & 89.2 \\ & 30.75 \end{aligned}$ |
| 110. | Light Brake S.D. | $\begin{aligned} & 71.1 \\ & 44.80 \end{aligned}$ | $\begin{aligned} & 71.9 \\ & 44.47 \end{aligned}$ | $\begin{aligned} & 66.3 \\ & 46.92 \end{aligned}$ | $\begin{aligned} & 71.9 \\ & 44.71 \end{aligned}$ | $\begin{aligned} & 75.8 \\ & 42.52 \end{aligned}$ | $\begin{aligned} & 67.2 \\ & 46.85 \end{aligned}$ |
| 111. | Left Turn Signal S.D. | $\begin{aligned} & 18.5+ \\ & 38.14 \end{aligned}$ | $\begin{aligned} & 17.0 \\ & 36.90 \end{aligned}$ | $27.6+$ 44.27 | 10.84 30.48 | $\begin{gathered} 8.9 \\ 27.97 \end{gathered}$ | $\begin{aligned} & 12.8+ \\ & 33.15 \end{aligned}$ |
| 112. | $\begin{aligned} & 15 \text { M.P.H. } \\ & \text { S.D. } \end{aligned}$ | $\begin{aligned} & \hline 85.6 * \\ & 34.36 \end{aligned}$ | $\begin{aligned} & \hline 87.5 \\ & 32.39 \end{aligned}$ | $\begin{aligned} & 74.5+ \\ & 43.14 \end{aligned}$ | $\begin{aligned} & \hline 89.3^{*} \\ & 30.48 \end{aligned}$ | $\begin{aligned} & \hline 88.6 \\ & 31.39 \end{aligned}$ | $\begin{aligned} & \hline 90.2+ \\ & 29.42 \end{aligned}$ |
| 113. | $\begin{aligned} & \text { Medium Brake } \\ & \text { S.D. } \end{aligned}$ | $\begin{aligned} & 72.8+ \\ & 43.93 \end{aligned}$ | 70.5* 45.11 | $\begin{aligned} & 86.7+ \\ & 33.10 \end{aligned}$ | $\begin{aligned} & 65.9+ \\ & 47.17 \end{aligned}$ | $\begin{aligned} & 71.6 * \\ & 44.83 \end{aligned}$ | $\begin{aligned} & 59.2+ \\ & 49.07 \end{aligned}$ |
| 114. | $\begin{aligned} & \text { Right Turn Signal } \\ & \text { S.D. } \end{aligned}$ | $\begin{aligned} & 31.2+ \\ & 45.83 \end{aligned}$ | $\begin{aligned} & 30.8 \\ & 45.71 \end{aligned}$ | $\begin{aligned} & 33.7+ \\ & 46.92 \end{aligned}$ | $\begin{aligned} & 24.4+ \\ & 42.71 \end{aligned}$ | $\begin{aligned} & 26.3 \\ & 43.74 \end{aligned}$ | $\begin{aligned} & 22.2+ \\ & 41.47 \end{aligned}$ |
| 115. | $\begin{gathered} \text { Brake Off } \\ \text { S.D. } \end{gathered}$ | $\begin{gathered} 5.1 \\ 20.73 \end{gathered}$ | $\begin{gathered} 5.4 \\ 21.54 \end{gathered}$ | $\begin{gathered} 3.1 \\ 15.00 \end{gathered}$ | $\begin{gathered} 4.2 \\ 19.53 \end{gathered}$ | $\begin{aligned} & 4.7 \\ & 20.36 \end{aligned}$ | $\begin{gathered} 3.8 \\ 18.55 \end{gathered}$ |
| 116. | $\begin{aligned} & \text { Left Turn Signal } \\ & \text { S.D. } \end{aligned}$ | $\begin{aligned} & 19.6+ \\ & 39.08 \end{aligned}$ | 13.6 38.35 | $25.5+$ 43.15 | $12.0+$ 32.18 | $\begin{aligned} & 11.9 \\ & 31.91 \end{aligned}$ | $\begin{aligned} & \mathbf{1 2 . 2 +} \\ & 32.58 \end{aligned}$ |
| 117. | Hard Left Steer S.D. | $\begin{aligned} & 64.4 * \\ & 47.38 \end{aligned}$ | $\begin{aligned} & 62.7 \\ & 47.91 \end{aligned}$ | $74.5+$ 43.14 | $\begin{aligned} & 59.1 * \\ & 48.96 \end{aligned}$ | $\begin{aligned} & 61.0 \\ & 48.55 \end{aligned}$ | $\begin{aligned} & 56.8+ \\ & 49.48 \end{aligned}$ |
| 118. | $\begin{aligned} & \text { Light Brake } \\ & \text { S.D. } \end{aligned}$ | $\begin{aligned} & 57.4+ \\ & 48.96 \end{aligned}$ | $\begin{aligned} & 58.0 \\ & 48.92 \end{aligned}$ | $\begin{aligned} & 54.1+ \\ & 49.57 \end{aligned}$ | $\begin{aligned} & 40.9+ \\ & 48.96 \end{aligned}$ | $\begin{aligned} & 49.6+ \\ & 49.78 \end{aligned}$ | $\begin{aligned} & 30.8+ \\ & 46.06 \end{aligned}$ |
| 119. | $\begin{aligned} & \text { Center Steer } \\ & \text { S.D. } \end{aligned}$ | $\begin{aligned} & 45.5 \\ & 49.32 \end{aligned}$ | $\begin{aligned} & 46.4 \\ & 49.44 \end{aligned}$ | $\begin{aligned} & 39.8^{*} \\ & 48.66 \end{aligned}$ | $\begin{aligned} & 46.4 \\ & 49.67 \end{aligned}$ | $\begin{aligned} & 45.8 \\ & 49.60 \end{aligned}$ | $\begin{aligned} & 47.2^{*} \\ & 49.86 \end{aligned}$ |
| 120. | $\begin{aligned} & \text { Medium Brake } \\ & \text { S.D. } \end{aligned}$ | $\begin{aligned} & 67.9 \\ & 46.17 \end{aligned}$ | $\begin{aligned} & 68.1 * \\ & 46.12 \end{aligned}$ | $\begin{aligned} & 66.3 \\ & 46.92 \end{aligned}$ | $\begin{aligned} & 70.8 \\ & 45.25 \end{aligned}$ | $\begin{aligned} & 76.7 * \\ & 41.99 \end{aligned}$ | $\begin{aligned} & 63.8 \\ & 48.00 \end{aligned}$ |
| 121. | $\begin{aligned} & \text { Light Brake } \\ & \text { S.D. } \end{aligned}$ | $\begin{aligned} & 94.9 \\ & 20.72 \end{aligned}$ | 95.9 18.44 | $88.8+$ 30.64 | $\begin{aligned} & 96.2 \\ & 18.41 \end{aligned}$ | $\begin{aligned} & 95.8 \\ & 19.37 \end{aligned}$ | $\begin{aligned} & 96.8+ \\ & 17.23 \end{aligned}$ |
| 122. | $\begin{aligned} & \text { Center Steer } \\ & \text { S.D. } \end{aligned}$ | $\begin{aligned} & 37.6 \\ & 47.95 \end{aligned}$ | 37.6 48.00 | $\begin{aligned} & 37.8 \\ & 48.17 \end{aligned}$ | $\begin{aligned} & 38.6 \\ & 48.48 \end{aligned}$ | $\begin{aligned} & 38.6 \\ & 48.45 \end{aligned}$ | $\begin{aligned} & 38.8 \\ & 48.65 \end{aligned}$ |
| 123. | Medium Brake S.D. | $\begin{aligned} & 73.7 \\ & 43.47 \end{aligned}$ | $75.6 *$ 42.43 | $\begin{aligned} & 62.2 \\ & 48.17 \end{aligned}$ | $\begin{aligned} & 73.1 \\ & 44.13 \end{aligned}$ | $\begin{aligned} & 79.7 \star \\ & 39.94 \end{aligned}$ | $\begin{aligned} & 65.2 \\ & 47.54 \end{aligned}$ |
| 124. | $\begin{aligned} & \text {-Slight Right } \\ & \text { S.D. } \end{aligned}$ | $\begin{aligned} & 88.5^{\bullet} \\ & 31.05 \end{aligned}$ | $\begin{aligned} & 88.8 \\ & 30.75 \end{aligned}$ | $\begin{aligned} & 86.7 \\ & 33.10 \end{aligned}$ | $\begin{aligned} & 93.5^{\circ} \\ & 24.21 \end{aligned}$ | $\begin{aligned} & 95.8 \\ & 19.37 \end{aligned}$ | $\begin{aligned} & 90.8 \\ & 28.72 \end{aligned}$ |
| 125. | Medium Brake S.D. | $\begin{aligned} & 59.4 \\ & 48.61 \end{aligned}$ | 59.6 48.62 | $\begin{aligned} & 58.2 \\ & 49.05 \end{aligned}$ | $\begin{aligned} & 57.9 \\ & 49.16 \end{aligned}$ | $\begin{aligned} & 60.2 \\ & 48.73 \end{aligned}$ | $\begin{aligned} & 55.2 \\ & 49.66 \end{aligned}$ |
| 126. | Right Turn Sigala S.D. | $\begin{aligned} & 12.4+ \\ & 32.11 \end{aligned}$ | 11.2 30.76 | 19.44 38.95 | $6.5+$ 24.22 | $\begin{gathered} 7.2 \\ 25.29 \end{gathered}$ | $\begin{array}{r} 5.8+ \\ 22.93 \end{array}$ |
| 127. | Hard Right steer S.D. | $\begin{aligned} & 86.2 \\ & 33.74 \end{aligned}$ | 87.5 32.39 | $\begin{aligned} & 78.6 \\ & 40.50 \end{aligned}$ | 86.4 33.99 | $\begin{aligned} & 89.8 \\ & 29.75 \end{aligned}$ | $\begin{aligned} & 82.2 \\ & 38.06 \end{aligned}$ |
| 128. | $\begin{aligned} & \text { Senter Steer } \\ & \text { S.D. } \end{aligned}$ | $\begin{aligned} & 47.5 \\ & 49.45 \end{aligned}$ | $\begin{aligned} & 49.2 \\ & 49.56 \end{aligned}$ | $\begin{aligned} & 37.8+ \\ & 481.17 \end{aligned}$ | $\begin{aligned} & 48.7 \\ & 49.78 \end{aligned}$ | $\begin{aligned} & 47.0 \\ & 49.70 \end{aligned}$ | $\begin{aligned} & 50.8+ \\ & 49.93 \end{aligned}$ |




## D. CORRELATION ANALYSIS

## Predictors of Accidents and Violations

To predict accidents and violations, zero order correlations and multiple correlation coefficients were calculated for six groups of subjects, including total EMR's, Male EMR's, Female EMR's, total Normals, Male Normals, and Female Normals. The correlation matrixes of relationships between variables for the various groups are presented in Appendix 0.

The purpose in obtaining separate correlation matrixes for each of the six groups was to determine whether or not the patterns of predictor-criterion correlations were the same or different for each of the groups. Inasmuch as an important part of this study was to examine the data for different patterns of relationships between EMR's and Normals, it appeared mandatory to carry out the correlation analyses on each group separately. Appendix P, shows the relationship of the predictor variables to the seven criterion variables (accidents and violation reports) for each group.

Table 10, page 69, summarizes the results of the correlation analysis. This table shows those groups for which. correlation coefficients were statistically significant at the $5 \%$ level of confidence or greater. The entries are the group numbers taken from each set of correlations as follows:

```
Group 1. Total EMR
Group 2. Male EMR
Group 3. Femala EMR
Group 4. Total Normal
Group 5. Male Normal
Group 6. Female Normal
```

This table is useful in summarizing the correlation data to determine whether or not there are similar or dissimilar patterns of predictor criterion correlations for each of the groups. For example, 1, 2, and 3 indicated that there is a significant correlation for Total EMR's, Male EMR's and Female EMR's, but that the correlation coefficients for Normals were not statistically significant. Entries in the Table of 2 and 4 indicate that Male EMR's and Male Normals had statistically significant correlation coefficients while all other groups did not. The Table is useful in examining the number of significant correlation coefficients, the particular groups for which significance was obtained, and the particular criterion variables with which a given predictor correlated. Table 11, page 71, shows for each group the number of
statistically significant correlations with each criterion variable, summarized from Table 10. Also shown in Table 11 is the magnitude of the correlation coefficient required for significance at the $5 \%$ level of confidence.

An examination of the tables in Appendix $P$ shows that the significant correlations tended to be low, generally in the range of 0.10 to 0.25 . The correlations for female EMR's ranged as high as 0.45 , however, it should be noted that the small sample size for this group ( $N=49$ ) suggests that these correlations have a high standard error of estimate and may be atypical.

The correlations obtained, although low in magnitude, are nct likely to have been obtained by chance alone. At the $5 \%$ level of confidence, 5 correlations in any group of 100 could be attributed to chance factors. Inspection of Table 11 shows that in 34 of the 42 cells, there were 5 or more correlations that were significant. Each set of correlations was based on 97 variables.

Examination of Tables 10 and 11 clearly illustrates the uniqueness of correlations for each of the six groups. Only $a$ very small number of predictor variables (shown in Table 10) include more than one group entry, indicating that only in one of the groups was there a statistically significant correlation. In very few of the entries are there four or more groups with significant correlations.

## Multiple and Partial Correlation Analysis

As the results of the zero order correlation analysis support the idea thai there are different patterns of correlations among EMR's and Normals for each of the criterion variabies, multiple correlations and partial correlation analyses were obtained separately for a number of different groups. For practical reasons, it was decided to limit the number of multiple correlation and partial correlation analyses to be carried out. From a theoretical standpoint, it seemed advisable tc single out those criteria that best represent accident/violation behaviors.

Multiple correlation coefficients were obtained for 13 sets of data namely:

1. State-reported accidents (Variable 153). Five multiple correlation coefficients, EMR-total, Male and Female, Normals - total and Male only. (Only one zero order correlation coefficient was significant for Normal Females using this criterion, precluding the calculation of a multiple correlation coefficient.)

2. Combined criterion (Variable 157)- six multiple correlation coefficients. Whether or not there was an accident or violation reported either by the state or by the individual.
3. State-reported violations (Variable 154). One multiple correlation- Total Normal.
4. State-reported accidents or violations (Variable 156). One multiple correlation coefficientFemale EMR.

This set of multiple correlations was selected for calculation as it was felt that the primary and most important criterion was state-reported accidents. Examination of Table 11, page 71, showed that the largest number of correlations, with two exceptions, occurred with Variable 157, the combined criterion. The other two combinations were used in those cases where there were a larger number of significant correlations than in the combined criterion cr in state-reported accidents. It was felt that this approach would take into account the most "objective" of the criterion, state-reported accidents, and would take account of self reports and violations in a single criterion by using the combined criterion variable. The results of the multiple correlations are presented in Table 12, page 72.

The results of the multiple correlations, as presented in Table 12, page 72, shows the number of variables used in the specific multiple correlation coefficients and the sample size of each group. The specific variables and zero order correlation coefficients are shown in Table 14, page 74.

Examining further the multiple correlation coefficients, it is worth noting that in all comparisons between the multiple correlation coefficients of EMR's and Normals that the multiple correlations are larger for EMR's than for Normal students. However, as shown in Table 13, page 73, the differences in the multiple correlations are significantly different only for total EMR's vs. total normals.

Multiple correlations were obtained with variables 154,156 and 157, to determine whether or not the use of combined eriterion of driving behavior, namely, a combination of accident and violation reports, would prove more reliable and hence yield a higher multiple correlation than state reported accidents alone. Comparing the resclts for variables 157 and 153, it can be seen that, with the exception of Female EMR's, the multiple correlations with 157 are larger than with 153. However, as shown in Table 13, page 73, the differences were significant only for female EMR's. (This cbservation corresponds to the number of variables used in the multiple correlation for EMR's, 8 for state-reported accidents and only 4 for the combined accidents violation criteria. For female EMR's, it is also interesting to note that variable 156, state-reported accidents and violations combined,
yielded a lower multiple correlation coefficient than did statereported accidents alone. For the total group, the multiple correlation for State-Reported Violations was . 279 using 13 variabies, slightly smaller than variable 157 and somewhat larger than the multiple correlation for State-Reported Accidents.)

Generally, it can be concluded that there are differences between EMR and Normal groups in the extent to which accident/ violation criteria can be predicted. In addition, using violations as well as accidents, and self as well as state reports, results in a modest increase in the multiple correlation coefficients resulting presumably, from the greater reliability of the criterion.

Table 14, page 74, shows the zero order correlation coefficients used in calculating the multiple correlations and partial correlations. This table is helpful in examining the results for each of the groups and for comparing the results for each criterion, State-Reported Accidents vs. Combined Accident Violation criterion.

Sign reversals were examined to judge whether the correlations represent different patterns of relationship for the groups being compared or whether the correlations might have arisen by accident. Sign reversals include those situations in which a positive correlation might be found for normal students while a negative correlation might be found for EMR's; positive for Males and negative for Females; positive for one criterion variable and negative for another criterion variable. There are sign reversals in only two of the variables, Variables 48 and 72. With only two sign reversals, the overall correlational data cannot be placed in question as sign reversals might arise in two cases out of 56 predictor variables by chance only.

Table 15, page 78, showing the beta weights for each criterion variable, group and predictor variable, and underscores the uniqueness of the groups. The beta weights show the relative contribution of each variable to its respective multiple correlation coefficient. Negative beta weights show a negative contribution of the variable and positive weights a positive contribution to the multiple correlation correlation.

Partial correlation analyses were carried out for the same 13 groups as the multiple correlation analyses. The detailed results of these analyses are presented in Table Q-1 through Q-13 in Appendix Q. The variables used in each analysis are those that proved to be statistically significant in terms of their correlation with the accident/violation criterion in question. The tables shown in Appendix $Q$ present the results in each EMR or Normal group and StateReported Accidents or the Combined Criterion.

In examining this data, it is most useful to determine the number of partial correlations in which the original correlation is reduced to a non-significant level. This data is summarized in Table 16, page 82. Overa11, then, it would appear that the variables in the analysis tended to be independent; that is, partialling out a third variable did not very ofte: reduce the original correlation to an insignificant level.

TABLE 10
accident violation variable
gROUP-SUMMARY OF SIGNIFICANT CORRELATIONS BETWEEN INDEPENDENT VARIABLES
WITH CRITERION VARIABLES


TABLE 10(continued)
ACCIDENT VIOLATION VARIABLE
GROUP-SUMMARY OF SIGNIFICANT CORRELATIONS BETWEEN INDEPENDENT VARIABLES
WITH CRITERION VARIABLES

|  | 151 | 152 | 153 | 154 | 155 | 156 | 157 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 49 |  |  |  |  |  |  |  |
| 50 |  |  | 1-3 | 4 | 5 | 3 |  |
| 51 |  | 1-2 | 1 | 4 |  |  |  |
|  |  |  | 1 | 1-2 |  | 1-2 | 1-2 |
| 68 |  |  |  |  |  |  | 1-2 |
| 69 | 3-4 |  | 3 3 |  |  | 3 |  |
| 70 | 6 |  |  |  |  | 3 |  |
| 71 72 | 6 |  |  |  | 6 |  | 6 |
| 72 73 |  |  |  |  | 4-6 |  | 6 |
| 73 74 | 6 |  |  |  | 6 | 1-2 | 1-6 |
| 74 75 |  |  |  |  | 6 |  |  |
| 75 76 | 4-5-6 | 4-5 |  |  | 5 |  |  |
| 76 | 3 | 4-5 | 4 | 4-5 | 4-5-6 | 4-5 | 4-5-6 |
| 77 | 1-2 |  |  |  | 3 |  |  |
| 78 | 1-2 |  |  |  | 1-2 |  | 1-2-4 |
| 79 | 1-2. |  |  |  | 1-2 |  | 1-2-4 |
| 80 | 1-2 |  |  |  | 1-2 |  | 1-2-4 |
| 81 | 1-2 | 1 | 1-2 |  | 1-2 |  | 1-2-4 |
| 82 |  |  | 1-2 | 1-2 | 1-2 | 1-2 | 1-2 |
| 83 |  |  |  |  |  |  |  |
| 84 |  |  | 5 | 1 |  | 1 | 1-2 |
| 85 |  |  | 5 |  |  | 5 |  |
| 76 |  |  |  |  | 5 |  |  |
| 87 |  |  | 5 | 1 | 1 |  | 1-2 |
| 88 |  |  |  |  |  |  |  |
| 89 |  |  |  |  |  |  |  |
| 90 |  | 3 |  |  |  |  | 1 |
| 91 |  |  |  |  |  |  |  |
| 92 |  |  |  |  |  |  |  |
| 93 |  |  |  |  |  |  |  |
| 94 |  |  |  |  |  |  |  |
| 95 |  | 1-2 |  |  |  |  |  |
| 96 |  | 1-2 |  |  |  | 1-2 |  |
| 97 |  | 1-2 |  | 1-2 |  | $1-2$ |  |
| 98 |  | 1-2 |  |  |  | 1-2 | 2 - |
| 99 |  |  |  |  |  |  |  |
| 100 | 1-2-3-5 |  | 1-2 | 4-5 | 1-2-3-5 | 1. | 1-2-3-5 |
| 131 |  |  |  |  | 1-2-3 | 1-2 |  |
|  |  |  |  |  |  |  |  |
|  | 1-Total E.M.R. Group <br> 2-Male E.M.R. Group <br> 3-Female E.M.R. Grourp <br> 4-Total Normal Group <br> 5-Male Normal Group <br> 6-Female Normal Group |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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## Summary of Number of Predictor/Criterion Correlation Coefficients (of 97 predictors with 7 criteria) Satistically Significant at the . 05 Level of Confidence

| Group | r.05* | N | Criterion Variable |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Acc. <br> Self <br> 151 | Vio. <br> Self <br> 152 | Acc. <br> State <br> 153 | vio. <br> State <br> 154 | Acc. <br> S \& S <br> 155 | A\&V <br> State 156 | Combined $157$ |
| 1. Total EMR | . 107 | 344 | 8 | 10 | 12 | 14 | 14 | 11 | 19 |
| 2. Male EMR | . 113 | 295 | 10 | 7 | 7 | 10 | 9 | 8 | 16 |
| 3. Female EMR | . 273 | 49 | 7 | 3 | 8 | 0 | 7 | 8 | 4 |
| $\text { 4. } \begin{aligned} & \text { Total } \\ & \text { Normal } \end{aligned}$ | . 094 | 436 | 4 | 5 | 6 | 13 | 3 | 8 | 8 |
| $\begin{aligned} & \text { 5. Male } \\ & \text { Normal } \end{aligned}$ | . 125 | 236 | 6 | 6 | 5 | 8 | 8 | 7 | 10 |
| 6. Female Normal | . 138 | 200 | 5 | 4 | 1 | 0 | 6 | 1 | 7 |

[^0]Multiple Correlation Coefficients (R) by Group and Selected Criterion Variables

| Group | N | Criterion Variable |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | \#153 State <br> Reported Accidents | \#157 <br> Combined <br> Accident/ <br> Violations <br> Self \& State | \#154 <br> State <br> Reported Violations | \#156 <br> State <br> Reported <br> Accidents <br> or <br> Violations |
| 1. Total EMR <br> \# Variables in $R$ | 344 | $\begin{array}{r} .422 \\ 12 \end{array}$ | $\begin{array}{r} .444 \\ 19 \end{array}$ | * | * |
| 2. Male EMR \# Variables in R | 295 | $\begin{array}{r} .320 \\ 8 \end{array}$ | $\begin{array}{r} .419 \\ 16 \end{array}$ | * | * |
| 3. Female EMR \# Variables in $R$ | 49 | $\begin{array}{r} .794 \\ 8 \end{array}$ | .489 4 | * | .662 8 |
| 4. Total Normal <br> * Variables in R | 436 | $\begin{array}{r} .207 \\ 6 \end{array}$ | $\begin{array}{r} . \\ 899 \\ 8 \end{array}$ | .279 13 | * |
| 5. Male Normal <br> \# Variables in $R$ | 236 | .273 5 | $\begin{array}{r} .385 \\ 10 \end{array}$ | * | * |
| 6. Female Normal <br> \# Variables in R | 200 | $\begin{aligned} & * \\ & * \end{aligned}$ | .317 7 | * | * |
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* R NOT OBTAINED.


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Summary of Results of Partial Correlation Analysis ${ }^{1}$


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# CHAPTER V 

DISCUSSION

## A. REVIEW OF THE PROBLEM

One of the major factors in highway accidents is human behavior. Therefore, it is reasonable to seek measures that wili improve human behavior involving the use of motor vehicles. A method of doing this is to develop a means of measuring and determining physiological and psychological variables that will serve as predictors of a person's success as a driver.

The purpose of this study was to measure and compare variables related to driving safety and to designate factors which can predict the success of EMR students in contrast to students with normal intelligence while operating motor vehicles. It was decided to compare EMRs and Normals because of the limited knowledge available on the driving behavior of EMRs in contrast to Normals.

The design for this study consisted of four groups of intellectually normal and retarded males and females ranging in chronological age from 16 to 20 years. (Reference design in Chapter III)

The method of selecting subjects consisted of a state wide quota sample. (A detailed explanation of sampling procedures and techniques is contained in Chapter III.)

In conducting the study, instruments were selected that wouid measure combinations of the following specific variables: visual acuity, eye-hand coordination, personality factors, perceptual organization, field of vision, reaction to stressful situations, attitude toward driving and knowledge of driving regulations. (A detailed explanation of test instruments is contained in Appendixes A through G.)

Presented in this Chapter is a detailed discussion of the findings presented in Chapter IV which isclude:

1. A discussion of the differences in the patterns of accidents and violations reported.
2. A discussion of the variables that are related to accidents and violations for the group.
3. A discussion of those variables that may serve as predictors of accidents and violations for EMRs and Normals, and Males and Females.
4. A discussion of related literature.

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5. Summary of results.
6. Recommendations.
7. Implications for future research.

## B. PATTERNS OF DRIVING BEHAVIOR

## Description of Accident Violation Behavior Measures

The complexity of this study and driving behavior necessitates the use of four different criterion variables to obtain different measures of driving behavior:

1. Self-reporting of accidents, (variable 151)
2. Self-reporting of violations, (variable 152)
3. State records of accidents, (variable 153)
4. State records of violations, (variable 154)

In obtaining accident and violation data on all subjects, two methods were used:

1. At the time the subjects were tested, a card was completed, describing how many accidents and violations the subjects were involved in and a description of each.
2. The subjects driving records were then checked with their operator plate number to verify accidents and violations as recorded at the Bureau of Traffic Safety in Harrisburg. Pennsylvania. $\because$
The reasons for a detailed self-report of accidents anid violations by each subject at the time of testing were:
3. State requirements specify which accidents must be reported on an official form within a five day period.
a. Any accident involving death or bodily injury.
b. Property damage in excess of $\$ 100.00$.
c. Accidents involving a parked car (no owner or driver present).
4. The testing of subjects covered a time span of nine months (September 1969 - May 1970).
5. The time factor involved in reporting accidents and violations to Harrisburg. A person may be arrested for a traffic violation, but depending upon factors such as charge, conviction date, court proceedings, it may not appear on a subject's driving record from one month to a year.
6. The time factor involving testing dates compared to exposure rates had to be considered. The subjects tested during September through December, 1969 were exposed to less

criving and hazardous situations than those tested from January through May, 1970.

To provide a more detailed analysis, three additional criterion variables were selected:

1. Self and state reported accidents, (variable 155)
2. Self and state reported violations, (variable 156)
3. A combination of self and state reported accidents and violations, (variable 157)
It is felt that this combination of self and state accident/ violation variables provided additional accurate criterion variables.
C. PATTERNS OF ACCIDENTS AND VIOLATIONS

## Accident and Violation Reporting

The percentage of students in each group for which an accident or violation is recorded is shown in Table 9, Chapter IV. This study was designed to match the EMR and Normai groups with regard to state reported accidents. This was accomplished by requesting that school personnel refer students to the research project whom they believed to have been involved in accidents as well as those who were not in accidents. As a result, there is little difference between the percentage of Normals and EMRs in state reported accidents.

With the exception of the two criterion variables (151, self reported accidents and 155 , state and self reported accidents), there is no significant difference between the total EMRs and the total Normals. Thirty-seven percent of the EMRs reporced that they had accidents. The state reported only $14 \%$ of the EMRs had accidents, therefore, there is a difference in the self reporting with the state reporting for the retarded of $23 \%$. Forty-six percent of the Normals reported that they had accidents while the state reported only $15 \%$. There is a discrepancy of $31 \%$ between self and state reported accidents for the Normal group.

With the exception of variable 155 (self reported and state reported accidents), there were no significant differences in the percentage of EMR males with Normal males in reporting of the difference between combinations of accidents and violations. It can be observed there is a discrepancy between self and state accidents of $21 \%$ for the retarded and a $28 \%$ differential for normals. It can be assumed that basically the groups are the same on the main criterion variables (153 and 157) with no significant differences between the percentages. (Reference Table 9, page 55)

With the exception of the comparison of the female group ori variables 151, 155 and 157, there are no significant differences in the percentages between the Normal and EMR female groups. On the main criterion variable 153, on which further analyses are made including multiple correlations, there are no differences between the groups. It is unclear what the differences indicate on these variables. It should be noted that the female EMR sample is quite small compared to the others and that the percentage reporting no accidents is larger than any other group. This may account for the differences among females in variables 151, 155 and 157.

## Discussion of Correlates Between Accident and Violation Reporting

Presented in the following pages is a discussion of the interrelationships of the seven criterion variables.

The correlations show the extent to which self and state reported accidents and violations are related. For example, if the correlations are iiigh, then the two methods of reporting are similar. If correlations of accidents and violations are high, then those students who tend to be involved in accidents also tend to be invoived in violations. Table 17, page 87 shows the correlation matrixes for the total groups, males and femaies. The resulits for the normals are presented in the upper right hand corner of the matrix and the results for the EMRs are found in the lower left.

These correlations show modest similarity in the self and state reports for accidents and violations. The correlation of state reported accidents and violations ranged from . 026 to . 299 (excluding the zero correlation for EMR females); the correlations of selfreported accidents and violations are similar, ranging from -. 129 to .283 . These correlations indicate little commonality among accidents and violations. Thus, students who have been involved in accidents are not likely to have been involved in violations.

Examining the correlations in Table 17, page 87 of self and state reported accidents ( 151 and 153 ) show correlations ranging from . 355 to . 589 (Normal and EMR Females, respectively. These correlations indicate a fairly high degree of commonality in self and state reported accidents.

The results for self and state reported violations show correlations ranging from . 493 to . 564 (Total EMRs and Normal Males, respectively), again showing a fairly high degree of commonality in self and state reported accidents. The zero correlation for EMR Females was disregarded due to the fact that no violations were reported by the state.

The examination that follows, focuses on the extent that there are differences in the patterns of relationships for the EMRs and for the Normals. Table 18, page 88 indicates no significant differences

TABLE 17

CORRELATION Matrix of relationships for variables 151 through 157 FOR TOTAL EMR WITH VARIABLES 151 THROUGE 157 FOR TOTAL NORMAL

TOTAL NORMAL GROUP $r=.094$ at .05 level

|  | 151 | 152 | 153 | 154 | 155 | 156 | 157 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| 151 |  | .269 | .396 | .121 | .973 | .375 | .899 |
| 152 | .242 |  | .128 | .562 | .271 | .369 | .391 |
| 153 | .515 | .186 |  | .099 | .461 | .804 | .426 |
| 154 | .273 | .493 | .292 |  | .128 | .593 | .315. |
| 155 | .981 | .233 | .557 | .283 |  | .427 | .924 |
| 156 | .491 | .394 | .763 | .735 | .523 |  | .530 |
| 157 | .330 | .489 | .472 | .454 | .847 | .619 |  |
|  | TOTAL EMR GROUP |  |  |  |  |  |  |
| r $=.107$ at .05 leveI |  |  |  |  |  |  |  |

table 17a

CORRELATION MATRIX OF RELATIONSHIPS FOR VARIABLES 151 THROUGH 157 FOR EMR MALES WIth VARTABLES 151 through 157 FOR NORMAL MALES NORMAL MALE GROUP $r=.125$ at .05 level

|  | 151 | 152 | 153 | 154 | 155 | 156 | 157 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| 151 | . | .273 | .431 | .100 | .966 | .395 | .851 |
| 152 | .267 | .504 | .202 | .114 | .564 | .279 | .393 |
| 153 | .275 | .503 | .299 | .026 | .503 | .744 | .443 |
| .54 | .978 | .256 | .531 | .284 | .112 | .619 | .369 |
| 155 | .476 | .418 | .744 | .754 | .510 | . | .448 |
| 156 | .826 | .490 | .465 | .471 | .844 | .626 | .880 |
| 157 |  |  |  |  |  | .596 |  |

EMR MAIE GROUP $r=.113$ at .05 level

TABLE 17b

CORRELATION MATRIX OF RELATIONSHIPS FOR VARIABLES 151 THROUGH 157 FOR EMR FEMALES WITH VARIABLES 151 THROUGE 157 FOR NORMAL FEMALE

NORMAL FEMALE GROUP

|  | 151 | 152 | 153 | 154 | 155 | NORMAL FEMALE GROUP $r=.138$ at .05 level |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  | 156 | 157 |
| 151 |  | . 283 | . 355 | . 179 | . 980 | . 368 | . 960 |
| 152 | -. 129 |  | . 129 | . 523 | . 277 | . 268 | . 309 |
| 153 | . 589 | -. 076 |  | . 239 | . 408 | . 915 | . 400 |
| 154 | . 000 | . 000 | . 000 |  | . 174 | . 506 | . 221 |
| 155 | 1.000 | -. 129 | . 589 | . 000 |  | . 417 | . 980 |
| 156 | . 589 : | -. 076 | 1.000 | . 000 | . 589 |  | . 437 |
| 157 | . 843 | . 425 | $\because 496$ | . 000 | . 843 | . 496 |  |

EMR FEMALE GROUP $r=.273$ at .05 level

## TABLE 18

SIGNIFICANT DIFFERENCE AMONG CORRELATION
COEFFICIENTS FOR NORMAL AND E.M.R. STUDENTS
FOR CRITERION VARIABLES 151 THROUGH 157
(SELF AND STATE ACCIDENTS AND VIOLATIONS)

in correlations for the EMRs and Normals for variables 151 and 152 (self reported accidents and self reported violations); and for variables 152 and 153 (self reported violations and state reported accidents). There was a significant difference for the female EMR with variables 151 and 153 (self and state reported accidents). This indicates that the retarded females more often repurted accidents in a manner consistent with the state records. There is a significant difference in the correlations for the total and male EMR group for variables 153 and 154 (state reporied accidents and violations). This indicates chat to a moderate degrse, EMR students who tend to have state reported accidents also tend to have state reported violations. This is not the case for the Normal group. An examination of the differences in correlations for variables 155 through 157 shows some significant differences in correlation patterns, but: generally supports the conclusion of the similarity of EMRs and Normals in accident and violation reporting.

## D. DISCUSSION OF INDEPENDENT VARIABLES WITH CRITERION VARIABLES

## DEMOGRAPHIC COMPARISON

## Chronological Age (Variable 6)

The Normals tested were younger than the EMR groups. For the EMR groups, accidents appeared to be distributed in equal proportion in ali ages. For the total normal group and male normal group, the older the subjects were, the more likely an accident or violation was reported by both self and state. For the total normal group, there was a negative correlation between age and criterion variables 152 through 157. For the male normal group, there was a negative correlation between age and criterion variables 152, 154, 156, and 157. Although age was included in three out of four multiple correlations, the beta weights (variable 152, -. 013, variable 154, .044, variable $157, .047$ ) show that age ranks low as a predictor of accidents and violations.

Age was not an independent predictor for criterion variable 153, when the other variables were controlled by partial correlation methods. (Reference Appendix Q-4) The partial correlation for the total normal group for age and criterion variable 153 was based on relationships with Wilson variabies 38, 45, 46 and 48 and driving experience (variable 75).

For the total normal group and criterion variables 154 and 157, the partial correlations revealed that age was significant when ali other variables were controlled. For the male normal group, age remained significant when all of the variables were controlled. (Reference Appendix Q-12)

These resplts are consistent with the findings of the National Education Association Research Division which states, "that while
teenagers have more than the normal number of accidents, the involvement is not as great as the people aged $20-24^{\prime \prime}$, and of the results reported in the Travelers $19: 70$ Book of Street, Highway and Interstate Accident Facts, (Table 4, page 8) which reveals that drivers under 18 years of age have considerably lower involvement in fatal and non-fatal accidents than those over 18 years of age.

## Height (Variable 7)

The height of the subjects tested did not make any difference in the number of accidents or violations reported for the EMR groups. But for the Normais tested with accidents, height was related to the following criterion variables: self reported violations (152), state reported violations (154), and accidents or violations--state reported (156). The relationship was negative, indicating that the taller the subjects, the more they were involved in violations, reported by self, state, and a combination of both.

However, in the partial correlations for the total normal group and criterion variable 154, height became insignificant when the other variables were controlled, with the exception of variables 29 and 99. (Reference Appendix Q-6)

## Weight (Variable 8)

The EMRs tested weighed an average of seven pounds more than the normals. For the total normal group, heaviness was related to criterion variables 152 and 154. Therefore, the heavier the normal subjects were, the greater the number of self and state reported violations. However, the partial correlations revealed that for the total normal group and criterion variable 154, weight was not an independent predictor of accidents. When the other variables were held constant, weight became insignificant for all except variable 29. (Reference Appendix Q-6) For the female EMR group, heaviness was related to criterion variables 151 and 155. Again, the heavier the EMR females, the more self-reported accidents (variable 151) and the combination of self and state repcted accidents (variable 155).

## Wearing of Glasses (Variable 9)

It was found that ten percent more of the total Normal group wore glasses than the total EMK group. Almost half of the females tested in both groups wore glasses. No relationship between the wearing of glasses and the accident-violation criterion variables was found with the exception of female EMRs to the combined criterion variable 157. The correlation for female EMRs was negative, indicating that those EMRs who wore glasses were most likely to be accident free. Also, the partial correlation revealed that for the female EMR group


[^2]and criterion variable 157, that the wearing of glasses was interrelated to the other variables, supporting the conciusion that the wearing of glasses was not related in any important way to accidents and violations. (Reference Appendix Q-10)

## Handedness (Variable 10)

The majority of subjects tested were right handed ( $84 \%$ of the Normal and $86 \%$ of EMR) . No relationship between handedness and any of the accident violation criterion variables (151-157) was found in this study. Therefore, it need be of little concern to a teacher of Driver Education whether a student be right or left handed.

## Class in School (Variable 11)

The Normal subjects average higher in grade in school, but younger in chronological age than the EMRs. Therefore, the EMRs in any class have been driving for a longer period of time. There was a negative correlation between variable 11 and all criterion variables ( 151 through 157) for the totaj EMR and male EMR groups. Also, the multiple correlation revealed a beta weight of -.135 with criterion variable 153. Class in school ranked high as a predictor of accidents. This further sulustantiates the results of the zero order correlations that the higher the grade in school for the EMR, the more likely they are to have accidents. The partial correlation reveals that class in school is an independent predictor of accidents.

The multiple correlation fir the male EMR group showed a beta weight of -.176 with criterion variable 153 and $a-.211$ with criterion variable 157. This variable ranked as the highest predictor of accidents for the male EMR group. Also, there were significant negative correlations for the total EMR group and the EMR males with all criterion variables. There was a significant negative correlation with criterion variable 151 and 157 for the EMR females. There was no significant correlation for the total normal group and the female normal group. However, there was a significant negative correlation with criterion variables $151,154,155$, and 156 for the normal male group.

In an effort to find an adequate explanation for this correlation, it was hypothesized that this relationship may have been due to greater length in driving time and more exposure to traffic situations. To check this possibility, the partial correlations of class with age, driving experience in months, and miles driven per year were checked to determine if controlling for these variables accounted for the correlation. Class in school remained an independent predictor of accident/violation behavior. Examination of the data showed that age, driving experience, and miles driven per year did not reduce the correlations.

## Residence (Variables 14 through 18)

When examining the residen $\mathfrak{e}$ variables, it was found that a significantly greater number of normal students lived in cities, towns and suburbs. The EMRs came primarily from rural and farm areas.

Residence (living in suburbs or cities), for total EMR groups and female EMR groups, was correlated with criterion variables 153 (state reported accidents) and 156 (self and state reported violations). This was a significant negative correlation, indicating that the EMRs who lived in the cities and suburbs were more likely to have accidents and violations. The partial correlation revealed that for the female EMR group and criterion variable 156 , that when other variables were controlled, residence remained significant. (Reference Appendix Q-7) Residence for male EMRs was correlated with criterion variable 154 (state reported violations). This was a significant negative correlation indicating that living in the cities and suburbs for male EMRs was related to having violations.

For total EMR sroups, living in all areas with the exception of suburbs was related to criterion variables $151,153,155$, and 157. The multiple correlation revealed a beta weight of -.327 for the total EMR group with criterion variable 153. This variable ranked as the number one predictor of accidents for the total EMR group. In the partial correlation, residence (variable 16) dropped out as being significantly related when variables $36,49,51,81,99$, and 100 were held constant. Looking at the nature of these variables, (Wilson Recognition of Simple and Complex Detail Tests and Reaction Time Tests on the Driving Simulator) leads to the conclusion that these differences can be attributed to psycho-motor and coordination differences among those subjects living in urban, as compared io nonurban locations.

The partial correlation for the male EMR group and criterion variable 157 showed residence (variable 16) to be an independent variable. (Reference Appendix Q-9) Residence (variable 16), for the total and male EMR group and criterion variable 157, remained independent in every correlation.

Male normals living in the cities were less likely co have accidents than those living in all other areas (criterion variables 154-157). But for male normals living in all areas other than cities, the multiple correlation revealed a beta weight of -. 131 with criterion variable 157. Residence (variable 17) proved to be a good predictor of accidents for the normal male. The partial correlation, for the total normal group and criterion variable 157 , revealed that residence (variable 17) was an independent variable. Residence remained significant when the other variables were controlled.
(Reference Appendix Q-11) Residence (variable 17) for the male normal group and criterion variable 157 remained independent when other variables were controlled. Male normals living in all areas, with the exception of suburbs, were related to criterion variables 151 and 157 .

The multiple correlation, for the female EMR group residing on farms, rural areas, towns and cities (variable l6), had a beta weight of .534 with criterion variable 153 and a beta weight of .154 with criterion variable 156. The residence variable ranked high in the prediction of accidents for the female EMR.

The parcial correlation, for the female EMR group and criterion variable 153, indicated that when variables 19, 42, 49, 68, and 69 were controlled, residence variables 15 and 16 remained high predictors. (Residence did influence the results on the Wilson variables 42 and 49 and Pennsylvania Manual scores for this group.)

It was hypothesized that accident susceptibility as related to residence may be explained by socio-economic factors. When father's occupation, a measure of socio-economic status, is held constant, residence still remains independent. (Reference Appendix Q-i3)

The results of this study verify the findings of Finesilver, (i962).s and Gutshall, Harper, and Burke, (1968), in their studies on residence for EMRs.

Father's Occupation (Variable 19)
1
In general, normal students compared with EMR students appear to come from higher socio-economic backgrounds as revealed by father's occupation. With the exception of female EMRs, there were no significant correlations between father's occupation and the accident violation criterion variables.

Comparing fathers' occupation to groups and criterion variables revealed that EMR females whose fathers were in skilled or professional occupations were more likely to have had accidents. An example is the negative correlation with criterion variables $151,153,155$, and 156, while the EMR females who came from homes where the father was in an unskilled occupation, tended to have fewer accidents.

The partial correlation reveals that for the female EMR group and criterion variable 156 that father's occupation is an independent predictor of accidents when other variables are controlled. (Reference Appendix Q-3 and Q-7) However, the multiple correlation showed that the beta weights for this group rank low and therefore, father's occupation cannot be used as a strong predictor of accidents.


There was a negative relationship for normal girls coming from homes with skilled fathers to criterion variable 152 (self reported violations). This indicates that normal girls with skilled fathers had more self reported violations.

## DRIVER EVALUATOR

## Visual Acuity (Variables 20, 21 and 22)

With the exception of the females, there were no significant differences on visual acuity scores. These results are consistent with those of Egan (1967, p. 323) who reports that on visual acuity and sight vision tests, both EMR and Normal groups scored equally well.

Visual acuity in the left eye was related for the total EMR group to the combined criterion variable 157. Surprisingly, this relationship was negative indicating the higher the acuity score in the left eye, for the total EMR group, the more combined accidents and violations reported (variable 157). Visual acuity for the left eye was related to self-reported violations for the male normal. For the male normal group, the higher the acuity score in the left eye, the more self-reported violations (variable 152).

The multiple correlation for acuity in the left eye revealed low beta weights.

Visual acuity in the right eye showed a negative relationship to the total EMR and male EMR groups. Again, the higher the acuity score the greater the involvement in accidents. Also, the multiple correlation showed a beta weight of -.128 with criterion variable 153 and -. 098 with criterion variable 157. For the male EMR group, acuity in the right eye is a fair predictor of accidents. Fcr the total EMR group and criterion variable 153, visual acuity in the right eye (variable 21) remained significant when the other variables were controlled. The partial correlation revealed acuity to be an independent measure with criterion variable 153. (Reference Appendix Q-1) Also, visual acuity (variable 21) was an independent predictor for the male EMR and criterion variable 153. When the other variables were controlled, variable 21 still remained significant. (Reference Appendix Q-2)

Visual acuity in the right eye (variable 21) for the male EMR group and criterion variable 157, did not remain significant when other variables were controlled. (Reference Appendix Q-9)

In the partial correlation for the total EMR group and criterion variable 157, visual acuity in the right and left eyes (variables 20 and 21) became insignificant when other variables were controlled. Therefore, these two variables are inter-related to other variables in the correlation matrix. (Reference Appendix Q-8)

The combined acuity scores showed a negative relationship with self-reported violations (variable 152) for the male normal group. This study reveals that the higher the acuity score in both eyes combined for male normals, the more self-reported violations. Goldstein (1963, page 2) found that visual acuity did not relate to accident involvement. In contrast, this study reveals unusual results on acuity scores. The higher the acuity seores for some groups, the more accidents and violations reported; whereas, there was no relationship shown for other groups.

Depth Judgement (Variable 23, 24 and 25)
In the Depth Judgement Test, scores for the total EMR group were significantly related with the combined criteria variable 157. This was a positive correlation; therefore, the higher the score on judging distance (nearness) on cars close to the subject, the less chance of his being involved in accidents or violations. There was no relationship between judging distance (nearness) and accidents for the other groups. In the partial correlation for the total EMR group and criterion variable.157, depth judgement nearness (variable 24) was inter-related with other variables. In ten of 17 correlations, variable 24 dropped below the significance level. But in five out of six correlations with the stress variables ( $81,83,86,89,99$ and 100), variable 24 remained significant. Therefore, it can be assumed that these stress variables measure something different than that measured by variable 24. (Reference Appendix Q-8) The Depth Judgement for cars at a distance (farness) did not correlate with any of the accident violation criterion for any of the groups. This means, that for the EMR groups, the more accurate they are in the perceiving a situation which is close to them, the more likely they are to react correctly and avoid accident situations.

The mean scores for depth judgement showed no significant difference between the EMR and Normal groups on the ability to judge distance. These findings are not completely consistent with a similar report by Egan (1967, p. 323) who, in comparing EMRs and Normals, reports that depth judgement tests indicate a deficiency in the EMR's ability to gauge distance between automobiles.

## ${ }^{95113}$



## Color Vision (Variable 26)

Color vision showed no relationship to any of the criterion variables for any of: the groups. Very few subjects in this study had a deficiency in the ability to distinguish color, accounting for the lack of relationships for this variable. Egan. (1967, p. 323) reported the saine results in his study.

Field of Vision (Variables 27, 28 and 29)
Field of vision for the left eye for male normals was related to criterion variables 152, 154, 156 and 157. Surprisingly, the nature of the relationship was a negative one, indicating the better the peripheral vision in the left eye for ncrmal males, the more likely they are to have reported some type of accident or violation.

The partial correlation revealed that for the normal male and criterion variable 157 , field of vision in the left eye appears to be an independent variable. When the other variables are controlled, variable 27 was insignificant in three of nine correlations. (Reference Appendix Q-12)

Field of vision in the right eye for normal females was related to criterion variables 151, 155 and 157. The relationship was negative, indicating the better the peripheral vision in the right eye, the more self reported accidents, and combinations of self and state reported accidents. The multiple correlation revealed a beta weight of -.121 with criterion variable 157 , indicating that field of vision scores are a fair predictor of accidents for female normals.

Field of vision in the right eye for the total EMR group was related to criterion variable 154 (state reported violations). The relationship was negative, indicating the higher the score on peripheral vision in the right eye, the more state violations.

Total scores, on the field of vision test, showed the female EMRs scored lower than any of the other groups. This indicates a deficiency in vision for this group and shows a definite need for specialized training. This weakness, commonly called tunnel vision, is habitual. It may be corrected through special training and practice, so that the subject will compensate for this weakness when driving.

Total field of vision scores for total and male normal groups was related to criterion variable 154. This relationship was negative indicating the higher the total field of vision score, the more state reported violations. However, the partial correlation

for the total normal group and criterion variable 154 revealed that total field of vision is an independent predictor. Variable 29 remained significant in all correlations except when height and age were controlled. (Reference Appendix Q-6) The authors have no logical explanation for the negative relationship in the field of vision test.

## SUMMARY OF FINDINGS FOR DRIVER EVAIUATOR

Overall, the findings for the driver evaluator (Field of Vision and Visual Acuity Tests) are surprising. The higher the acuity and field of vision scores, the more likely accidents and violations were reported.

However, the depth judgement correlations were in the expected direction. The higher the scores on judging distance, the less chances of having accidents and violations reported.

EMRs when compared to normals were deficient in the field of vision test. Also, the female EMRs were deficient in the visual acuity tests.

In any case, it may be that those subjects with visual limitations were compensating for them while driving, such as constantly moving the eyes or looking more in the direction of the weak eye, while those without visual deficiencies may tend to be more easily distractea.

These findings are not completely consistent with those of other investigators. Egan (1967, p. 324) reports that peripheral vision defects are no more of a problem for the EMR student than for the normal student.

The negative correlations found in the Driver Evaluator Tests are particularly difficult to explain. For practical purposes, as screening devices for drivers, the depth judgement test appears to be more useful for predicting accident or violation susceptibility.

## Wilson Test of Driver Selection (Variables 30 through 51)

Wilson Test I, Visual Attention (Variables 30-32), showed that the EMR females had less complete, less correct, and less percent correct than any other group.

Wilson Test II, Depth Visualization (Variables 32-35), showed that the total EMRs, EMR males, and EMR females had less complete

than the normal groups. Also, the percent correct was greater for the normal groups. The EMR females scored lower on the number and percent correct than any other group.

Wilson Test III, Recognition of Simple Detail (Variable 36-38), showed that the normal groups completed more of the test items and had more items correct than the EMR groups. However, there was not more than a one percent difference on percent correct between the total group scores.

Wilson Test IV, Recognition of Complex Detail (Va iable 3941), showed that tine normal groups had a greater number complete and a greater number correct than the EMR groups. Also, the normal groups had a greater percent correct than the EMR groups.

Wilson Test V, Eye-Hand Coordination (Variable 42-44), showed that the normal groups had a greater number complete, correct, and percent correct.

Wilson Test VI, Steadiness (Variable 45-47), showed that the normal groups had a greater number complete, correct, and a greater percent correct.

The normal groups completed more items on most of the Wilson Sub-Tests than the EMR groups. If the normals had high score:, they had fewer accidents. The normals who passed more of the total battery of the Wilson Test had fewer accidents and violations. Also, the miltiple correlation for the male normal group revealed that variable 45 (Wilson Test 6 - Steadiness) had a beta weight of .175 on criterion variable 153. Variable 48 (Number of Wilson Tests Passed) had a beta weight of .147 with criterion variable 153. Variable 47 (Wilson Test 6 - Steadiness - Percent Correct) had a beta weight . 042 with criterion variable i53. The Wilson Test ranked as a high predictor of accidents for the normal male group.

The partial correlation revealed that for the total normal group and criterion variable 153, Wilson Test variables 38, 45, 46, and 48 are independent predictors. (Reference Appendix Q-4)

Also, the Wilson variables 45, 46 , and 48 , for the normal male group and criterion variable 153, were:Independent variables. (Reference Appendix Q-5)

The partial correlation for the normal males and criterion variable 157 shows that the Wilson variables (38, 46, and 47) to be independent variables. (keference Appendix Q-12)

The partial correlation for the total normal group and criterion 15\%. revealed that Wilson variables (36, 37, 39, 40 and 49) are all independent predictors when other variables are controlled ( $96 \%$ of the inter-correlations between variables 36 and 49 continued to remain significant when the other variables were controlled). However, Wilson (variable 50) was inter-related to the other variables for this group.

If the scores were high on the Wilson, for the EMR total and male group in contrast to the normal group, they had accidents and violations. (Variables 151, 152, 153, 154, 155, and 157)

Also, the multiple correlation on number of Wilson Tests passed (variable 48) revealed a beta weight of -.107 with criterion variable 157. The number of tests passed on the Wilson for the male EMR group proved to be a high predictor of accidents.

The partial correlation indicated that for the total EMR group and criterion variable 153 Wilson variables $36,42,49$, and 51 were independent variables. When variables $11,12,15,21,81,99$, and 100 were partialled out, the Wilson variables remained significant. (Reference Appendix Q-1)

The partial correlation for the male EMR group and criterion variable 153 revealed that Wilson variables 31 and 36 and Stress Test variables 81,99 , and 100 are inter-related and not necessarily an independent measure for the male EMR group. The only time the Wilson Test remained independent is when class in school or acuity were controlled. One out of nine variables dropped out when the Wilson was controlled and five out of nine become insignificant when the Stress Test scores were controlled. (Reference Appendix Q-2)

The partial correlation for the female EMR group and criterion variable 156 revealed that Wilson variables 42 and 49 were independent predictors when other variables were controlled. (Reference Appendix Q-7)

The partial correlation for the male EMR group and criterion variable 157 revealed that Wilson variable 48 was an independent variable. Wilson variable 51 was inter-related to other variables for this group. (Reference Appendix Q-9)

The partial correlation for the total EMR group and criterion variable 157 revealed that Wilson variables 35,48 , and 51 are independent variables for this group. In 45 correlations, when other variables were controlled, only seven dropped below significance level. (Reference Appendix Q-8)

The total number completed in the six Wilson Sub-Test (variable 49), for the female EMR group, was important in the multiple correlacion. There was a beta weight of -.123 with criterion variable 153 and a beta weight of .424 with criterion variable 156 for this group. The number complete of the Wilson Sub-Tests proved to be a good predictor of accidents for female EMRs.

## Discussion of Wilson Tests

The normals had significantly more correct, more complete, and a greater percentage correct on the Wilson Tests than the EMRs indicating that the test revealed a difference due to the nature of the tasks, metor skill development, coordination of fine muscles, perceptual speed, and the ability to judge spacial relationships.

There were some surprising findings for the correlations. All correlations were in the expected direction for the normal students. High scores on the Wilson Sub-Tests were associated with not having accidents or violations.

In contrast, a number of the Wilson Test scores were correlated in a direction that normally would not be expected for the EMRs. These tests included Visual Attention, Depth Visualization, Recognition of Complex Detail, Total Number of Tests Passed, and The Percent Correct Variables. Only variables 36 and 42 correlated in the expected direction with state reported accidents (variable 153). This indicates that EMRs who had good recognition of simple detail and eye-hand coordination were less likely to have accidents.

Recognition of Simple Detail (variable 37) was significantly correlated for the total normal group. Also, the multiple correlations revealed a beta weight of .593 with criterion variable 154. The multiple correlation on variable 36 showed a beta weight of -.501 with criterion variable 154. Wilson Test 3 was a good predictor of violations for the normal students.

Overall, the Tests appear to be useful predictors of accident susceptibility for the normal students. Those with better perceptual and psycho-motor skills were less susceptible to accidents and violations. The results for the EMR students were conflicting, in that high scores on certain tests were associated with accident and violation susceptibility, while high scores on other tests were associated with non-accident and violation involvement.

## Sixteen Personality Factor Questionnaire (Variables 52 through 67)

The factors on the 16 P. F. did not significantly correlace with any of the accident violation criterion variables. This may be explained in part because there was only a range of eight for eact of the sixteen sub-test factors. Also, Form $E$ of the 16 P. F. Test was an experimental test. It should also be pointed out that Form $E$ of the 16 P. F. was used because of the reading level of EMR students. Perhaps the factors measured on the 16 P. F. Fave no influence on driving performance. The authors of this study are unable to explain the lack of correlatior on the 16 P. F. Factors with the accident violation criterion variables.

In comparing the means on variables 52 through 56 , the normals has significantly higher scores than the EMRs for AFFECTOLHYMIA (variable 52), or outgoing traits; SURGENCY (variable 56), or happy-go-lucky; and PRASMIC (variable 59), or tender minded. Therefore, the 16 P. F. Test only revealed differences in personalities between EMRs and Normals in this study and did not predict accidents. Other studies as reported by Stratemeyer (1964, p. 17), in a review of accident research, show that personality factors do have a relationship to accidents. Accident repeaters are described as inclined to be impulsive and unsteady emotionally, egocentric, boastful, aggressive, excessively active, and adventuresome. Beamish and Malfetti (1962, p. 13) reported that violator groups rate lower on emotional stability, conformity, objectivity, and mood; and higher on psychopathic deviation, impulsivity, and ascendancy.

Pelz (1968, p. 14) discussing a factor analysis of six major accident causes, demonstrates two factors, rashness and inattention, as being related to accidents. "In all likelihood, the motivations underlying rash or reckless driving accidents will be found to include aggressive or rebellious motivations."

Kraus, Steele, Ghent and Thompson (1970, p. 55) in reporting on the pre-driving identification of drivers, cite studies that have found that drivers involved in, or responsible for accidents, differ from matched accident free drivers in certain psychosocial traits such as aggressiveness, intolerar ie of authority, non-conformity, and irresponsibility. But the two groups of drivers do not differ significantly in physiologic traits such as visual acuity or reaction time.

## Pennsylvania Manual Test (Variable 68)

In examining the Pennsylvania Manual Test, (a twenty-five question exam developed with a fifth and sixth grade reading level) there were no significant correlations with involvement in accidents for the total groups. However, the normal group did score significantly higher on the manual test, demonstrating a more thorough understanding of Pennsylvania drivirs regulations or a better reading comprehension. This corresponds with Egan (1969, p. 323) who reported that normal students possess a better understanding of the vehicle code.

The only relationship on this test was for EMR females with the criterion variables 153 and 156. EMR females who had higher scores on the Pennsylvania Manual Test had more state reported accidents (variable l52). and self and state reported violations (variable 156). The multiple correlation revealed a beta weight of .477 with criterion variable 153 and a beta weight of -.269 with criterion variable 156. The partial correlation revealed that for
the female EMR group and criterion 156, when the Pennsylvania Manual variable was controlled, it remained significant with all other variables in comparison. (Reference Appendix Q-7)

The Pennsylvania Manual Test does not appear useful as a predictor of accidents for any of the groups with the exception of the female EMRs. The authors of this study are unable to explain the negative correlation for this group.

## Siebrecht Attitude Scale (Variable 69)

An examination of the Siebrecht Attitude Scale reveals a relationship between female EMRs and criterion variables 151, 153, 155, and 156. It was a negative relationship indicating that higher scores for female EMRs were related to greater involvement in accidents.

Also, the multiple correlation revealed a beta weight of -. 748 with criterion variable 153 and a beta weight of .224 with criterion variable 156. The Siebrecht Attitude Scale ranked as the number one predictor of accicents for the female EMR group. The partial correlation revealed that for the female EMR group and criterion 156, the Siebrecint remained an independent predictor when the other variables were contrclled individually. The Siebrecht stands out as an independent predictor of violations for the female EMR group. (Reference Appendix Q-7)

There was a relationship between the total normal group and self reporting accidents (variable 151). The higher the score on Siebrecht, the more accidents they reported. The Siebrecht Attitude Scale reveals that the normals had significantly higher scores than the EMRs. Perhaps the reason the normals did better on this scale is because it is based on the ability to comprehend the reading and project driving attitudes.

The self rating expertness scale on the back of the Siebrecht Attitude Scale is only related to one criterion group, normal total versus state reported accidents and violations. Those normals who rated themselves higher in terms of driving ability on the self rating scale (variable 150) had higher accident rates. These findings may be attributed to a false sense of security many normal students have about driving. The better they think they are as drivers, in terms of attitude, knowledge of driving, experience, and understanding of law, the higher the involvement in accidents.

In contrast to this study, Brazell (1962, p. 24) found that students who received low scores in attitudes scales tend to have more moving traffic violations and more accidents than those students who have high attitude scores.

Pelz (1968, p. 14) found no relationship between attitude inventories and accident involvement and concluded that attitude inventories do not appear useful in the improvement of driving.

Driver Education (Variables 70 through 73)
Concerning the differences in participating in Driver Education programs between the normals and retarded on the four variables ( 70 through 73) and combinations of behind the wheel and classroom instruction, significantly more normals (74\%) had Driver Education than the EMRs (59\%).

In only one instance of comparisons between Driver Education and the criterion variables can accidents be preficted. Total EMRs having no Driver Education or classroom instruction only, (variable 72) were more likely to have accidents or violations. The partial correlation for the total EMR group and criterion variable 157 showed that Driver Education (variable 72) is an independent predictor. In seventeen partial correlation comparisons, it became insignificant only four times. This is an important finding in as much as other studies have questioned the value of Driver Education. The analysis in this study was unique, in that it provided a means for controlling other factors. The variables included in the partial correlation were: class in school, residence, driver evaluator scores, Wilson scores, binary checks on simulator tests, and combinations of steering and braking reaction time. Irrespective of all these variables, Driver Education by itself made a significant difference for the number of accidents and violations for the total EMRs.

The female normals who had Driver Education reported more accidents and violations as can be seen in the correlations with criterion variables 155 and 157. In the multiple correlations, variable 70 hed a beta weight of -.727 with criterion variable 157 for the female normal group; variable 73 had a beta weight of .724 with criterion variable 157; variable 72 had a beta weight of .699 with criterion variable 157; and variable 71 had a beta weight of -. 250 with criterion variable 157. In all cases where normal adolescent girls were exposed to Driver Education, by either classroom instruction, behind the wheel instruction, or combination of both, more accidents and violations were reported. (Reference Appendix Q-13)

A small percentage of EMRs than Normals had Driver Education in this study. The fact that a lack of Driver Education is an indicator of accident susceptibility, is a significant finding for this group.

## Miles driven per year (Variable 74)

There appears to be no relationship to miles driven and criterion variables for either of the total groups. There is a
negative relationship between male normals and criterion variables 155 and 157. The more miles the normal males drove, the more they were involved in accidents. Variable 74 appears to be an independent variable for the male normal group and criterion variable 157. It became insignificant in three out of the nine correlations. It may be inter-related to restrictions, residence, and age. (Reference Appendix Q-12)

There appears to be no difference in the number of miles driven between groups for the subjects tested in this study. Similar findings were reported by Gutshall, Harper, and Burke (1968).

## Driving Experience in Months (Variable 75)

It was found that the EMR group has been driving an average of one year longer than the Normal group; therefore, they have had more exposure to traffic situations and a greater chance of being involved in accidents. But there was no relationship between the EMR driving experience and accident violation criterions. There is a negative correlation between driving experience and all of the criterion variables for the normal groups (total and male); indicating that the longer they drive, the more likely an accident or violation will be reported. The partial correlation revealed that for the total normal group and criterion variable 153 driving experience is an independent predictor, when other variables are controlled. (Reference Appendix Q-4) However, for criterion variable 157, driving experience remained related to the criterion varjable, when the other variables were controlled, but completely dropped out when it was controlled. (Reference Appendix $\mathrm{Q}-11$ )

The multiple correlation for the female normal group revealed a beta weight of -.250 with criterion variable 157. Driving experience is an independent variable for the female normal group and criterion 157. It remained significant when all other variables were controlled. (Reference Appendix Q-13)

Driving experience held up as an independent variable for the male normal grcip and criterion variable 157. When it war: controlled against the other variables, it became insignificant in five of the nine correlations. (Reference Appendix Q-12) Driving experience in months was an independent variable for the total normal group and criterion variable 154. It =emained significant when other variables were controllec. (Reference Appendix Q-6)

Also, the multiple correlation for the male normal group revealed a beta weight of -.178 with criterion variable 157. This indicates that the longer the normal groups have been driving, the more likely they are to have had accidents. In a shorter period of

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time, normal students are having more accidents and violations than the EMR students who have been driving longer and exposed to traffic situations longer.

## Driving Restrictions (Variable 76)

A greater number of normals had driving restrictions on their operator's license than EMRs. However, in the multiple correlations, variable 76 had a beta weight of -. 133 with criterion variable 157 for the female EMR group. If the female EMRs had driving license restrictions, they are more likely to have had reported accidents and violations.

The partial correlation revealed for the female EMR group and criterion 157 that driving restrictions dropped out in three of the six correlations. Driving restrictions appeared to be related to the other variables (9, 11, and 99) and not an independent predictor variable for this group. (Reference Appendix Q-10) However, driving restrictions did appear to be independent of the Stress Test variable 99.

> STRESS TEST (DRIVING SIMULATOR TEST
> WHICH INCLUDES THE MEASUREMENT OF REACTION TIME TO EMERGENCY DRIVING SITUATIONS)

## Total Errors Count For Braking, Steering, Signals, and Speed

 (Variables 77 through 80)There were no significant differences in mean scores on the binary checks for the total normals and the total EMRs or between the sexes for each group for the variables 77 through 80 which were braking, steering, signal and speed. These findings support research conducted by Kahn (1955) who states that the manual dexterity for EMRs was not noticeably different from that of the other normal students. He implied that while some mentally retarded students were very poor in handling a car, the number of such students was no greater proportionately than the average. However, Williams and Little (1966) found that in instances of necessary coordinated hand and foot manipulations, it seemed difficult for the special class students to synchronize these moveme $2 t$ s.

There was a positive relationship be-ween variables 77 through 80 with criterion variable 157 for the total normal group. Also, the multiple correlations revealed high beta weights for this group. (Total braking errors, a beta weight of -.872; total steering errors, a beta weight of -.677 ; total signal errors, a beta weight of .710 ;

and total speed errors, a beta weight of .934). However, the partial correlation for the total normal group and criterion variable 157, revealed that variables 77 and 80 were not independent predictors of accidents. (Reference, Appendix Q-11)

There was a positive correlation for variables 77 through 80 with criterion variables 151, 155 and 157, for the total EMR group. The partial correlation for these variables with criterion variable showed that total braking, steering, signals, and speed errors were 157, independent predictors. When 64 variables were held constant, the binary variable still remained significant. However, when the binary variables were inter-related with each other, they became insignificant. (Reference, Appenaix Q-8)

There was a positive correlation for variables 77 through 80 with cricerion variables 151, 155 and 157 for EMR males. Also, for this group and criterion variable 157, variables 77,78 and 79 proved to be independent predictors, when other variables were controlled in partiai correlation. (Reference, Appendix Q-9)

The total braking, steering, signals, and sred errors were good predictors of accidents and violation involvement. The more braking, steering, signals, and speed errors the total normal group and total and male EMR groups made while driving the driving simulator, the more likely their not being involved in accidents or violations.

## Reaction Time-Braking (Summary of Reaction Time to Five Immediate Emergency Situations (Variable 81)

The normals reacted fasier than the EMRs on reaction time to the immediate emergency situations. There was no relationship for normals' reaction time on this variable. There was a positive relationship to all criterion variables for the EMR total and male EMR group. The faster their reactions, the more accidents and violations they reported. The multiple correlation, for the male EMR group, revealed a beta weight of -.123, with criterion variable 153 and . 168 with criterion variable 157.

The partial correlation for the total EMR group revealed that this Stress Test variable is an independent predictor of accidents. Variable 81 remained significantly ccralated with criterion 153 when the other variables were controlled. (Reference Appendix Q-1). Also, for the male EMR group and critericn variable 157, variable 81 (Reaction to immediate tuations) was independent when other variables were controlled. (Reference Appendix Q-9) Also, for the total EMR
group and criterion variable 157, reaction time to immediate situations (variable 81) is an independent predictor. (Reference Appendix Q-8)

Therefore, reaction time to immediate emergency situations on the simulator stress test proved to be a predictor of accidents for the total and male EMR group.

Reaction Time-Braking (Summary of Reaction Time to Five Apparent Emergency Situations) (Variable 82)

The EMR groups reacted slower than the normal groups on reaction time to the apparent emergency situations. No relationship was indicated for either group for variable (82) with the accident violation criterion variables.

Reaction Time-Braking (Total Reaction Time to Ten Emergency Situations) (Variable 83)

The normal groups reacted faster than the EMR groups on total reaction time. However, there was no relationship with accident-violations criterion variables for the normal.. There was a positive relationship with criterion 154, 156, and 157, for the EMR total group. There was a positive relationship with criterion 157. Also, the multiple correlation reveals a beta weight of .153 with criterion variable 157. However, the partial correlation for this group with criterion variabie 157 showed variable 83 to be inter-related to other variables and not an independent variable (Reference Appendix Q-9) Total reaction time braking was an independent predictor variable for the total EMR groups. (Reference Appendix Q-8)

Total reaction time, (immediate and apparent situations) was a good predictor of accidents for the male EMR group. The faster their reactions, the more accidents and violations reported.

Reaction Time-Braking (Average of Immediate, Apparent and Total Emergency Situations) (Variables 95, 96 and 97)

On Variables 95, 96 and 97, averages of reaction times (these were averages of situations reacted to by the subject, not the total situations presented on the film), the EMR groups all reacted slower than the noimals.

There was a positive relationship between variable 95 and criterion variables 152, 154 and 156. This indicates that the slower the EMRs react to immediate emergency situations, the less likely the chances of having violations and accidents. There was no relationship between reaction to immediate emergency situations and any of the criterion variables: for the normal gioups.

The female normal group reacted faster than any other group and the female EMRs reacted slower than any other group on variabie 96. There was a positive relationship between variable 96 and criterion variabie 154, for the total and male EMR group.

There was a positive relationship between variable 97 and criterion variable 154, 156 and 157 for the total and male EMR groups. However, the partial correlation for the male EMR group with criterion variable 157, showed variable 97 to be inter-related to other variables. (Reference Appendix Q-9) There were no significant correlations for the normal group and variable 97 with the criterion variables.

The faster these groups reacted (applying the brake) to emergency driving situations on film, the more likely the chances of their being involved in accidents or violations.

Reaction Time-Steering (Summary of Reaction Time to Steering Left Situations (Variable 84)

The normal groups reacied faster than the EMR groups, but in most cases, it was not related to accident involvement in reacting to emergency situations by steering left. There was a positive relationship for the male normal with criterion variables 153 and 156. The faster the male normal reacted to left steering emergency situations, the more state reported accidents he had. Although this may seem unusual, there is some evidence suggesting that fast reaction time may be associated with accident susceptibility. The partial correlation reveaied that for the male normal group and criterion 153, that variable 84 (reaction time left steer) was an independent variable. (Reference Appendix Q-5)

Reaction Time-Steering (Summary of Reaction Time to Right Steering Situations (Variable 85)

There was no significant difference in the means between the groups in reacting to emergency situations by steering right. However, there was a positive relationship for male normals with criterion variables 155 and 157, again indicating the faster the reaction time, the greater the susceptibility to accidents.

Also, the partial correlation for this variable and criterion variable 157, revealed that it was an independent variable. When it was controlleJ, five of the nine correlations dropped out. (Reference Appendix Q-12)

Reaction Time-Steering (Total of Right and Left Summaries (Variable 86)

The normals reacted faster than the EMRs on the combined reaction time of right and left steer. There was no significant zelationship for the total normals and female groups and the criterion variables. There was a positive correlation for the male normal group. Also, the partial correlation revealed that for the male normal group and criterion 153 that this variable was an independent predictor of accidents. (Reference, Appendix Q-5)

There was a positive relationship between criterion variables 154, 155 and 157 for the EMR total. There was a positive relationship between variable 86 and combined criterion 157 for the male EMR group. The partial correlation for this group and criterion variable 157, showed variable 86 (total steering reaction time) to be an independent variable. (Reference Appendix $Q-9$ ) This indicates that the faster the EMR perceives emergency situations to the right and left of the highway and reacts to them, the more accidents in which he is involved.

Also, for the total EMR group and criterion variable 157, the fartial correlation showed total steering reaction time (variable 86) to be an independent predictor. (Reference Appendix $\mathrm{Q}-8$ ) This iridicates that the faster the students perceived emergency situations to the right and left of the highway and reacied to them, the more accidents and violations were reported. Again, fast reaction time may be indicative of a tendency of some students to make inappropriate responses to driving emergency situations.

Observed Speed While Driving the Driving Simulator (Variables 92, 93 and 94)

There were no relationships in speeds driven on the driving simulator with the accident violation criterion variable. However, the EMR groups drove faster than the normal groups and were observed to be less aware of their speeds than were the normal groups. This supports research by Williams and Little (1966) who found speed control of the car was poorer for the EMRs than for the normals. Also, Egan (1967) reports that the EMR students had a tendency to concentrate on the road ahead and failed to check the speedorieter, therefore, had more trouble with the speed control than the normal students.

Reaction Time-Steering (Average of Steering Situations Actually Reacted to Variables 98, 99; and 100)

Averages on steering right, left and total (average of situations reacted to), on variables 98, 99, and 100, there was a significant relationship for the EMR groups on the major criterion variables. It was a negative correlation indicating the faster the reaction to steering, the less likely accidents and violations were reported.

The total EMR group reacted faster than the normals on variables 99 and 100. The male EMR reacted faster than the male normal on variable 99. The multiple correlation revealed a beta weight of -. 112 with criterion variable 157 for the male normal on variable 99.

The partial correlation revealed that for the total EMR group and criterion variable 153, that Stress Test variables 81, 99 and 100 remained significantly correlated when all other variables were controlled. Only when residence was held constant, (variable 16) did the Stress Test variables become insignificant. The partial correlations suggest that these Stress Test variables are independent predictors of accidents. (Reference Appendix Q-1)

The partial correlation showed variable 99 to be an independent variable for the male normal group and criterion variable 157. (Reference Appendix Q-12) Variable 99 was an independent predictor variable for the total normal group and criterion variable 154, when it was controlled with other variables.

The reaction time variable (98, 99 and 100) proved to be independent predictors for the male EMR group and criterion variable 157. Also, for the total EMR group and criterion 157, reaction time variables 99 and 100 were independent predictors. Fast reaction time was associated with not having accidents or violations for these groups.

## Discussion of Error Checks (Variables 101-130)

A discussion of the error checks has been considered in summary variables 77 through 80. Individually, none of the binary checks significantly correlated with the accident violation criterion variables. However, collectively these variables did correlate with the criterion variables.

Individual Reaction Time-Braking and Steering (Variables 131 through 149)

Braking to emergency situations on variables 131-140, the normal groups scored higher than the EMR groups on each of the individual emergency situations. The EMR females have the slowest reaction time of all six groups.

The EMRs reacted slower than the normals in seven out of nine emergency situations, but on the averages of steering reaction time variables 99 and 100 , the EMRs reacted faster than the normals.

This study found that the normal groups of students reacted faster to emergency braking situations while driving than the EMR students. However, in this study, the EMRs reacted faster to the steering situations than the normals. This fact is evident when examining all the emergency situation variables on the Stress Test. However, Kahn (1955) reporting on reaction time found that the reaction time of the retarded stuaent fell within the normal distribution of reaction time for the general population. Kahn does not describe the instrument he used to measure reaction time in his report. If it were a simple reaction time device, such as pressing the brake pedal when a stimulus (light) comes on, then this could explain his results, since only a simple decision had to be made by the subject taking the test. The measurement of reaction time in this study was accomplished while the subject was driving (driving simulator) to a film of emergency situations. The emergency situations the subject reacted to were realistic, such as would be experienced when actually driving an automobile. Therefore, the subject had to perceive the emergency, make the correct decision and react accordingly. The perceptual skill and decision making process that entered into this reaction time test could have been the distinguishing factor that accounted for the slowness in responses for the EMR subjects.

Egan (1967) found that the EMR students scored considerably below the normal students on a complex reaction time test.

## Use of Seat Belts in inriving Simulator (Variable 87)

Only two to three percent of the groups in this study used seat belts. There was no significant relationship between seat belt usage and any of the criterion variable for any group.

Incorrect Handling of Steering Wheel On Driving Simulator (Variable 88).
The EMR groups averaged more steering errors than the normals. But there was no relationskip. between improper use of the steering wheel and the criterion variables for any of the groups.

Incorrect Braking on Driving Simulator (Variable 89, 90 and 91)
A higher percent of EMR groups were braking improperly than the normal groups in this study. There was a positive relationship between improper braking and criteria on 153 and 157, indicating that those not braking in a normal fashion have more accidents and violation on the combined criteria. The female EMR groups had more braking errors than all other groups. Variable 89 (improper braking) was an independent predictor for the total EMR group criterion 157. (Reference ,Appendix Q-8)

## Bender Gestalt

The Bender Gestalt test was used in this study as a possible screening device for brain injury. Fivwever, the results of this test were not included in the final analysis. Presented on the following pages is a brief discussion of a random sample of Bender Gestalt Results.

Table 19, page 114 shows an analysis of a random sample of Bender Gestalt results for twenty-four EARs. All the EMR groups were represented except females who had no Driver Education and were involved in accidents. The test was utilized as a screening device for the possibility of organic problems or major psychosis. All the scores were based on the adult correct response norms. The average error for the twenty-four sampled was .79 or less than one error per subject. Three-fourths of the sample had no errors again based on adult scoring norms. The nineteen errors for the twenty-four projects could be due to sloppiness, unconcern reflection of mental age, or perceptual development. Since the test was developed as a screening device for young children with rather inconclusive norms and because of the unusual testing situation, a further analysis was not included in the main data bank for relationships between criteria variables and predictor variables with the Bender Gestalt results. There was no reason to believe that the majority of the EARs had organic problems since less than one-half of one percent (.04) of the sample had three or more errors. Future research might be conducted for the development of a similar test for all potential drivers where a more careful clinical analysis of the results could be quickly scored.

Table 20, page 115 shows the analysis of specific Bender-Gestalt errors for a random group of twenty-four ERs out of the total 334 . Each of the nine Bender figures has been stated by the test author as an indication of brain injury for children ages 5 to lo, utilizing the scoring criteria and descriptors concerning indicators of braininjury. When the analyses are missing from Figure A or when Figure A has disproportionate parts or the rotation of design by $45^{\circ}$, the author states this as indicative of brain injury at all age levels. These errors did not occur in the five errors on Figure A which accounted for one fourth of the percentage of total errors. Figures 3 and 5 are supposed to be highly significant at all age levels for indicating
brain-injury according to the authors meazuring the line of the series of dots. This was not found in the test sample. A failure to integrate parts for Figure 6 is supposed to be significant for diagnosing brain injury for all ages. No errors were made on Figure 6. A further analysis of the scoring criteris fails to reveal any pattern which would be related to organicity. Therefore, the few errors that were made for the EMR group did not follow a set pattern or show common elements which would lead to a further clinical diagnosis thus influencing the main findings of the study.

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## TABLE 19

ANALIYSIS OF A RANDOM SAMPLE OF BENDER-GESTALT RESULTS FOR EMRS ( $\mathrm{N}=24$ )

| Cell No. | Group | Number | $\begin{aligned} & \text { Number of } \\ & \text { Errors } \end{aligned}$ | Specific Errors by Number of Letter From Test Figures |
| :---: | :---: | :---: | :---: | :---: |
| 7 | No. Acc. No Dr. Ed.-Male | 6 | 0 | - - - |
| 1 | Acc. Dr. Ed.-Male | 3 | 0 | - |
| 5 | Acc. No Dr. Ed.-Male | 2 | 0 | - - |
| 8 | No. Acc. No Dr. Ed.-Female | 2 | 0 | - - - |
| 2 | Acc. No Dr. Ed.-Female | 1 | 0 | - - - |
| 5 | No Acc. Dr. Ed.-Male | 1 | 1 | 7 |
| 6 | No Acc. Dr. Ed.-Female | 1 | 1 | A |
| 5 | No Acc. Dr. Ed.-Male | 1 | 2 | $A$ and 4 |
| 7 | No Acc. No Dr. Ed.-Male | 1 | 2 | 3 and 7 |
| 3 | Acc. No Dr. Ed.-Male | 2 | 2 | $A$ and $\delta$ |
| 7 | No Acc. No Dr. Ed.-Male | 1 | 3 | 3, 7 and 8 |
| 3 | Acc. No Dr. Ed.-Male | 1 | 3 | A, 3 and 8 |
| 7 | No Acc. No Dr. Ed.-Male | 1 | 5 | A, 3, 4, 7 and 8 |

## TABLE 20

## ANALYSIS OF SPECIFIC BENDER-GESTALT ERRORS

FOR A RANDOM GROUP OF EMRS
( $\mathrm{N}=24 \operatorname{EMRS}$ )

| Specific Error by Number <br> or Letter for 9 Figures | Number of Errors Made | Percent of Total Errors |
| :---: | :---: | :---: |
| A | 5 | .26 |
| 1 | 0 | .00 |
| 2 | 0 | .00 |
| 3 | 4 | .21 |
| 4 | 2 | .13 |
| 5 | 0 | .00 |
| 7 | 4 | .00 |
| 8 | 4 | .21 |

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## A. SUMMARY, CONCLUSION AND RECOMMENDATION

Age of the Normal students in this study is related to having accidents and violations. Age was an independent predictor of accidents and violations for the male Normal subject. The older the Normal students were, the more likely they were to have reported accidents and violations. The height and weight of subjects tested were related to sel the height and weight of the violations. The taller and co self and state reporting of the more likely they were to However, the partial correl report accidents and violations. of the subjects were intelations revealed that height and weight therefore, could not be ur-related with other variables, and and violations.

Ten percent more of the Normal stadents reported that they wore glasses than the EMR students. But the wearing of glasses was not related to any of the criterion variables. Also, the handedness of the individual made no difference in terms of accidents or violations.

The Normal students were in higher grades in school and younger in age than the EMR students. Class in school was related to the combined criterion variable 157, for the total Normal group. It was related to criterion variables 152, 154, 155 and 156, for the Normal students. The higher the grade in school, the more likely accidents and violations were reported.

More of the normal students lived in the cities and suburbs, than the EMRs who came primarily from the rural areas. Males living in the cities had less accidents than those living in all other areas The residence variables were relath those living in all other areas. $a l l$ methods of analysis. Sper to the criterion variables in predictor of accidents. Specifically, variable 17 was an independent

Father's occupation, a measure of socio-economic status, was not related to the criterion variables except for the normal females and criterion variable 153 (self-reported viol for the who came from homes where the formal females violations. This may indicate iackground of the parents, the the higher the socio-economic

[^3]violations she will probably commit.
An examination of the Driver Evaluator sub-tests scores reveals:
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\begin{aligned}
& \text { Visual Acuity: } \begin{array}{l}
\text { Contrary to many popular theories, high } \\
\text { acuity scores were not reliable indicators }
\end{array} \\
& \text { of a driver's ability to avoid accidents } \\
& \text { and violations. This study showed that the }
\end{aligned}
$$ \quad $$
\begin{aligned}
& \text { higher the acuity scores, the more self- } \\
& \\
& \text { reported violations, indicating that visual } \\
& \\
& \\
& \text { factors by themselves do not lead to } \\
& \text { violations cr accidents. }
\end{aligned}
$$
\]

Distance Judgement: There were no relationships for the distarce judgement scores to the accident violation criterion variables for the Normal groups.

Color Vision: There were no relationships for the color vision scores with the accident violation criterion variables for the Normal group.

Field of Vision: Field of Vision, variables 27, 28 and 29, was related to the accident violation criterion variables in all methods of analysis. Total Field of Vision was an independent predictor of state-reported violations. This study showed that the higher the field of vision scores, the more accidents and violations. It can be concluded that peripheral vision defects are not the sole cause of accidents or violations.

The Wilson Test of Driver Selection was an excellent predictor of accidents for the Normal groups. Normal drivers in this study who had higher scores on the Wilson sub-tests had fewer accidents. All methods of analysis showed that Wilson variables to be significantly related and independent predictors of accidents. The Steadiness Test variables and percent of Wilson Tests passed variables were independent predictors of accidents for the total and male Normal groups.

The Sixteen Personality Factor Questionazire did not significantly correlate with any of the accident violation eriterion variables. The Sixteen Personality Factor Questionnaire only revealed differences in perscnalities between EMRs and Normals in this study.

On the Pennsylvania Manual Test and Siebrecht Attitude Scale, the Normals scored significantly higher than the EMRs. There were no significant correlations between test scores on these two tests and the accident violation criterion variables for the Normal group.

More Normal drivers tested had Driver Education than the EMR groups. Normal femalea who cornpleted driver education reported more accidents and violations than those who had no Driver Education. This is in direct opposition to the Female EMR group. Driver Education for the Normal Females was supported by the zeroorder correlations and multiple correiations, but in the partial correlation, Driver Education was inter-related to other variables and was not an independent predictor of accidents.

There was no significant correlation between the Driver Education variables and the accident violation variables.

On miles driven per year, there was no significant difference between Normals and EMR students. However, for the Normal students, miles driven per year was a good predictor of accidents and violations. The more they drove, the more accidents and violations they reported. Normal students drove less than the EMR students. Driving experience in months was a good predictor of accidents for the Normal drivars. The longer the driving, the more likely they were to have reported accidents and violations.

When driver license restrictions were analyzed, it was found that more Normals had restrictions on their operator license than EMR students. However, there was no relationship for driving restrictions with any of the accident violation criterion variables.

An examination of total binary errors, (braking, steering, signals and speed) on the simulation test revealed that there was no significant difference on the mean scores between the groups. However, speed, steering and signal errors were related to the combined accident violation criterion variable 157. This indicates that the more steering, signals and speed errors the Normal had on a driving simulator, the less likely the chances of their 3eing involved in accidents and violation.

In reviewing reaction time to immediate and apparent emergency driving situations as measured by the Simulator Test, the Normils reacted faster than the EMRs to the majority of situations. The Normal Females had faster reaction times than any other group, as compared to EMR Ferales who had the slower reaction times of any of the groups.

Only Variable 84 (Total Reaction Time to Left Steering) and Variable 85 (Total Reaction Time to Right Steering), of a* the Reaction Time Variables, were independent predictors of accidents. This finding applied only to the Male group. The implication being, the faster Males react to emergency situations by steering right or left, the more accidents they may have.

## B. SUMMARY FOR EMR GROUP

Accidents appeareci to be distributed in equal proportion in all ages for the EMR students. Age for this group did not significantly correlate with any or tine accident violation variables.

The height of the subjects tested did not make any difference in the number of accidents or violations reported.

This group weighed on the average of seven pounds more than the Normal group. For the Female group, heaviness was significantly correlated with the accident criterion variables. The heavier the girls were, the more accidents they reported.

Ten percent more of the Normal students wore glasses than the EMRs. Wearing of glasses was related to not having accidents or violations for the Female EMR student. This makes it most imperative that either the parents, the school or social agencies provide glasses for these Females prior to their driving, if needed. Handedness of these students made no difference in terms of accidents or violations.

Class in school ranked high as a predictor of accidents for this group. The higher the grade in school, the more likely they were to have accidents. Often, EMRs and Normals may be in the same grade in school, but the EMRs are usually older chronologically, therefore, they have been driving for a longer period of time. The fact that they have been driving longer and exposed to more traffic situations may have some relationship to the number of aceidents and violations they reported.

Residence of EMR students was related to accident and violation involvement. For the total group, residence was a gocd predictor of state reported accidents, but the partial correlation revealed that it was inter-correlated with other variables and not an independent predictor of accidents for this group. Therefore, residence by itself cannot be used as a predictor of accidents, but may only be considered in combination with the other variables involved. The majority of students in this group came from rural areas while the normals were primarily from the cicies and suburbs.

EMRs who lived in cities or suburbs had more accidents than those who lived in the town or country. This can be explained in part by the driving conditions in the city and suburbs and exposure rates to potential accident situations.

Father's occupation for this group was related to accident and violation involvement, particularly for the Females. EMR Fenales who came from homes where the father was more skilled in his job occupation, had more accidents than those who came from homes where the father was unskilled. Father's occupation for the Females was an independent predictor of accidents and violations.

Visual acuity in the left eye for the total group was negatively related to the accidents and violations variables. For the male EMR students, visual acuity correlated with selfrepor ed violations. This indicates that the higher the acuity scores, or the better the vision in the left eye, the more accidents and violations were reported.

Visual acuity in the right eye for the total group and males, had a negative correlation with state-reported accidents. This also indicates the higher the acuicy scores, the greater the involvement in accidents. The multiple correlation shows that acuity in the right eye, ranked high as a predictor of accidents for the males. The partial correlation revealed that acuity in the right eye was an independent predictor for the males.

The EMR Females had the pocrest vision in acuity tests, of all groups tested. This would indicate the need for a careful screening of EMR females who are learning to drive and a recommendation for corrective lenses when needed.

The ability to judge distance, as measured by the A.A.A. Driver Evaluator, was positively related to accident involvement. The more accurate these students were in perceiving situations which were close to them, the less likely they were to have reported accidents. Poor distance judgement is caused by defective vision in which one eye is weak. This can he alioriated with corrective lenses. Again, it is imperative that careful screening for visual defects be conducted by a competent optometrist. The Driver Education teacher should insist that visual corrections be made before the EMR student starts practice driving.

There were no significant relationships between color vision and any of the criterion variables for these groups.

The Females had lower scores than any other group on the Field of Vision tests. This indicates a weakness in both eyes for this group and shows a definite need for specialized training. funnel vision is habitual and should be corrected through awareness and practice, so that all drivers will compensate for this weakness while driving.

Field of vision in the right eye for the total group was negatively related to state reported violations 154. The higher the score on peripheral vision in the right eye for the total group, the more state-reported violations.

The EMR groups scored lower than the Normal groups on the Wilson Driver Selection sub-tests. The Females had lower scores in most of the tests than any of the other groups. In most of the tests, the Normals had a greater number complete, correct and percent correct.

Several Wilson variables were related to accident violation involvement for the EMR groups.

1. For the total group and state reported accidents (153) the following were independent predictors:
a) Recognition of simple detail (number completevariable 36)
b) Eye-hand coordination (number complete-variable 42)
c) Number of Wilson Test passed (variable 49)
d) Percent correct for six Wilson Tests (Variable 52)
2. For the total group and the combination of accidents and violations (variable 157), the following were independent predictors:
a) Depth Visualization (percent correct-variable 35)
b) Numper of Wilson Tests passed (variable 48)
c) Percent of Wilson sub-tests correct (variable 51)

The number complete of the Wilson sub-tests proved to be a good preaictor of accidents for the Females. Wilson Test 3, recognition of simple detail, ranked high in the multiple correlation as a useful precictor of accident susceptibility. Also, percent correct of the six Wilson sub-tests ranked high in the multiple correlation and can be used as predictors of accidents.

The factors from the Sixteen Personality Factor Questionnaire did not significantly correlate with any of the accident violation variables. The Sixteen Personality Factors in this study did not predict accident or violation susceptibility.


The EMR students, in general, scored lower in the Pennsylvania Manual Test than the normal students. The girls in this group who had higher scores, altnough not as high as the Normal students had a greater number of accidents and violations. It is expected that retardates who have reading problems might score lower on this test which requires critical reading and decision making. The Eir driving student will probably need special reading instruction with specially adapted manuals for beginning drivers, if they are to comprehend the regulations governing safe and legal driving.

The results relative to scores on the Siebrecht Attitude Scale are similar to those of the Pennsylvania Manual. The scores for the EMR Females again produced a negative correlation with the accident and violation criterion variables, indicating that the higher they scored, the more likely they were to have had accidents. The partial correlations and beta weights indicated that the Siebrecht Scale is a fair predictor of accident susceptibility for EMR Females. The EMR Males scored lower than their normal counterparts on the Siebrecht Scale, but there were no significant correlations between these scores and accident involvement.

The EMR students reported less participation in Driver Education. The positive correlation between the retardates and the lack of Driver Education indicated more accidents. These findings make rather obvious the need for special Driver Education programs for the EMR.

Although there were no significant results reported for the EMR students in relation to the number of miles they had driven, there were some important facts concerning the driving experience in months. Generally, the retardates had been driving approximately one year longer than the normal students. Driving experience was related to accidents and violations for the Female EMR student and can be used as a predictor of accidents and violations.

Fewer EMR students had restrictions recorded on their licenses (glasses, special mirrors or other special controls).

The braking, steering, signals, and speed checks on the driving simulator was an independent predictor of accidents for the EMR síudents.

The EMRs reacted slower than the Normals in most of the emergency driving situations which required braking and steering. There were positive correlations for the braking and steering reaction time variables with the criterion variables for the EMR students. This indicates that the faster they reacted to emergency situations,
(applying the brake or turning the wheel of the Driver Simulator to the right or left) the more likely the chances of their reporting accidents and violations.

The EMR students were observed to average more incorrect hand positions on the steering wheel which was indicative of their lack of Driver Education and possible lack of coordination. Also, the EMR students drove faster on the driving simulator than the Normal students and were less aware of the speed they were driving.

## C. RECOMMENDATIONS FOR NORMALS

It was found in this study, that in most of the tests the Normals scored higher than the EMRs. They also reperted accidents and violations. If the objectives of this study are to be met, improved Driver Education programs must be recommended for the Normal student as well as the EMR student.

It is recommended that an advanced driving course be offered to all high school students during the last semester of their senior year in school, in regard to the finding that the older the Normals were, the more they were involved in accidents. A course, 'designed to prepare the student to avoid or react to emergency driving situations, such as the National Safety Council Def-.sive Driving Program may meet this need.

High school seniors may have been driving from one to three years and probably know proper driving procedures, but too often they have had just enough experience to consider themselves skilled drivers and often develop a $£ \mathfrak{l}$ se sense of security about their ability to operate a car. These students, in too many cases, have not been trained how to drive effectively under emergency situations, and therefore, when an emergency presents itself, an accident often follows.

Socio-economic background played a role in accident and violation involvement, particularly for the females. The higher the socioeconomic background, the greater the probability that the female drove and therefore, the greater the likelihood they reported accidents and violatıons.

Closer parental supervision of teenage drivers is advocated. Perhaps the first year, a young driver has his license, he should not be allowed to drive alone. The student should•drive under close parental supervision and guidance, so that the young driver is exposed to controlled drivigg experiences. Just because a student

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studies and passes a course in Driver Education and then passes a state driver examination, is no guarantee that he is ready to drive alone. Too often, when students acquire a driver's license, they are allowed to use the family car without parental supervision which may lead to violation and accident involvement.

The results of this study indicate that scores on visual testing devices such as the driver evaluator are not predictors of accident and violation involvement. Driver Education teachers and state license examiners may want to consider a re-evaluation of testing devices currently being used for vision and consider paper and pencil tests of perceptual speed and spacial relations such as the Wilson Test of Driver Selection. The Wilson Test, in this study, was an excellent predictor of accidents and violations. Normal drivers in this study who had higher scores on the Wilson sub-tests had fewer accidents. All methods of analysis showed the Wilson variables to be significantly related and independent predictors of accidents.

The Sixteen Personality Factor Questionnaire (16 P. F.) used in this study revealed differences in personalities between EMRs and Normals. However, none of the personality characteristics were related to accident-violation involvement. Heath (1958) found that personality characteristics can distinguish accident from accident-free drivers and perhaps another personality scale should be used in future research.

An improved Driver Education program should be made mandatory for all students who desire to obtain a driver's license. Despite the fact that Driver Education in this study indicated no significant relationships for normal male students with the violation and accident criterion variables and revealed that normal girls with Driver Education had more reported accidents, a recommendation is that improved programs of Driver Education should be developed. These programs must emphasize simulated driving emergencies and classroom theory, which stress reactions to emergency situations.

## D. RECOMMENDATIGNS FOR EMRS

Since this study revealed that EMRs scored lower on most of the tests and those not having Driving Education reported more accidents and violations, school administrators and Driver Education teachers should become aware of the zmmediate need for special extensive and intensive training programs for EMR students.

A recommendation is made that a Driver Education Program be developed that will meet the needs of retarded students. The genesis of such a program lies with the colleges and universities designated as teacher training institutions. The prospective Driver Education and Special Education teachers should be offered a special certification program designed to find ways and means of teaching the slow learner how to live safely. This will require a special course on the graduate level for in-service teachers of Driver and Special Education. These courses should investigate the particular safety methods and materials which are applicable for use with retarded adolescents. Parallels for highway safety would be drawn from learning theories for the introduction of special materials to Special Education students. Courses should be designed to provide an opportunity to create, design, develop and produce safety materials for retarded adolescents, with emphasis placed on creativity in material design as it is related to factors of motivation and interest to teenagers.

This study and other related literature shows a number of intellectual and psycho-motor skills in which the EMR student differs from the Normal, and in some cases, where the EMR and Normai student are quite similar. Therefore, seminars and workshops should be offered to in-service Driver Education teachers and teachers of exceptional children. These programs would emphasize an understanding of the intellectual, physical, sensory, social and emotional aspects of retarded and other exceptional children with implications for driving safely in various environmental situations. Integrating Special Education and Driver Education should produce teachers, who through proper preparation, will develop worthy citizen drivers despite their relatively low mental qualifications. If the student is classified as retarded, educators must be prepared to instruct him to live safely in a motorized society.

The teacher who is prepared as suggested above, in the high school Driver Education program, would initiate a comprehensive program to meet the interest and needs of the EMR student.

Recognizing the limitations of EMRs, as supported in this study, the teacher should enlist the aid of health services personnel (school doctors and nurses) to assist in screening students, so that they can teach each individual according to his physical limitations. Also, the school Guidance Counselor should be consulted to obtain information pertaining to the students' social, emotional and mental characteristics. This information will give the teacher a profile of the student, which will enable the teacher to present situations that will provide the knowledge and skills that were found to be deficient among EMR students as found in this study.

Some of the limitations revealed in this study, of which teachers should be aware, are that the EMR females scored lower on most tests than any other group. This indicates a need for an extensive program of instruction for the EMR female, taking into consideration their reading level and visual defects as revealed in this study.

In this study, the retarded population was found to be chronologically older and lower in class in school than the Normals tested. Driver Education should be made available to these students at an earlier age, so that when they do acquire a driver's license, they will be more adequately prepared to drive safely. Perhaps for the retarded adolescents, the following sequence should be considered:


Action should be taken in each states Department of Highway and Education to develop a state driving manual relative to legal requirements for driving, which would be on an appropriate reading level for retarded students in secondary schools.

A review of the literature revealed that there are few textbooks and little instructional material available designed for use by EMR students. However, the materials that are available can be of value to the teacher of EMR strdents and should be carefully evaluated.

A continuing program of research, study and evaluation must be conducted if the accident problem with the motor vehicle is to be resolved.

## E. CONCLUSIONS

1. Accidents appeared to be distributed in equal proportion for all ages among the EMR students. However, the older the normal students were, the more likely their involvement in accidents and violations.
2. EMR Females who came from homes where the father was more skilled in job occupation had more accidents.
3. Normal Females who came from homes where the father was more skilled in job occupation had more violations.
4. EMR Females had poorer visual acuity than any other group.
5. EMR students reported less participation in Driver Education Programs than Normal students.
6. EMR students who had Driver Education, were less likely to have accidents or violations.
7. There were no significant differences on the mean scores for braking, steering, signals and speed errors on the driving simulator between the EMRs and Normals.
8. The EMRs reacted slower than the Normals to the majority of emergency situations when breaking and steering.
9. Female recardetes scored lower, were slower, and did poorer on all predictor variables than all other groups.
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10. The retardates were observed to drive faster and be less aware of the speeds they were driving on the driving simulator than the Normals.
11. Retardates who lived in cities or suburbs had more accidents than those who lived in the town or country.
12. The more accurate retardates were in perceiving situations which were close to them (distance judgement) the less likely they were to have reported accidents.
13. Retardates who scored higher on Wilson Test 3 (Recognition of Simple Detail) and Wilson Test 5 (Eye-Hand Coordination) were less likely to have accidents and violations.
14. Retardates scored significantly lower than the Normais on the Fennsylvazia Manual Test and Siebrecht At亡itude Scale.
15. Reiardates were observed to average more incorrect hand positions on the steering wheel thani cne Normals which was indicative of their lack of Driver Education and possible lack of coordination.
16. Normal Males living in the cities had less acciderts than those living in all other areas.

## F. IMPLICATIONS FOR FUTURE RESEARCH

Consideration should be given to the development of new and different psycho-motor tests, with emphasis on other dimensions of movement as compared to the results found in this study. The paper and pencil tests used in this study should be restaidardized using samples of retarded students. Reading levels should be controlled so that test scores can more accurately determine differences due to intelligence.

Research should be conducted utilizing the Wilson Tests and populations from different geographic areas. AIso, subjects used in future research with the Wilson Test, should be older than the subjects in this study.

Research should be conducted using Stress Test variables in other kinds of simulated situations. slides should be considered in future research along with modifications of Stress Tests in automobiles.

Future research concerning the comparison of retarded and normal students should utilize other tests than the ones utilized in this study, but in the same area of personality and psychomotor development.

A national survey and study should be initiated by sampling populations in all states and regions by comparing exceptional students with normal students.

Future research should be concerned with an analysis of individual accident data incluaino specific factors involved at the accident scene, such as road conditions, time of day, and reason for being on the highway at the time of the accident: This should be done by comparing retarded and normal adolescen $\ddagger$.

More research should be conducted comparing females with males and retarded females with normal females, in a concerted effort to verify true differences between sex and intelligence in driving patterns and behavior.

Driving manuals from individual states should be developed utilizing controlled reading levels: so that retarded students and other illiterate populations can understand the essentials needed for safe driving.

The Field of Vision should be further researched using other populations in the areas of visual acuiry, distance judgement, and field of vision.

Future research should be concentrated on reaction time and its relationship to age, sex, and intelligence.

More research is needed to delineate the effects of Driver Education on future safe driving. Several modifications to current Driver Education programs should be initiated and longitudinal research conducted such as follow-up on retarded and normal children from Driver Education programs.

APPENDICES

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## APPENDIX A

NAME: Visual Motor Gestalt Test; (Lauretta Bender, M.D.,1946)
ADDRESS: Publisher, The American Orthopsychiatric Association, Incorporated

TEST INFORMATION:
The Bender-Gestalt Test consists of nine simple designs, each of which is presented one at a time to a subject for copying on a single sheet of $81 / 2$ by 11 white paper. Memory is not involved, since the subject merely copies each figure. There is no time limit for the completion of each design.

The Bender-Gestalt Test is used as a maturational test in Visual Motor Gestalt functioning in children. Other uses of the Bender-Gestalt include: an exploration for retarlation, to discover functional losses due to organic brain defects in children and adults, and to explore personality deviations.

TEST USAGE-PRESENT STUDY: The test was given to aid the normal and retarded children as a screening device for brain-injury or apparent visual perceptual problems.

A random sample of the test for the Educable Mentally Retarded subjects were evaluated according to correctness based on the adult criterion.

Individual designs for twenty-four EMR tests were analyzed and scored to determine if there was any major deviations from normal adult responses being made which cocld warrant the inclusion of the test scores in the final statistical analysis.

The tests were administered in groups to the normal and retarded by presenting each figure on a screen via a slide projection. This procedure may have influenced the responses and is in variance to the original purpose of giving each figure individually.

Motivation and general interest in drawing the figures could have influenced the results. Two dozen EMR tests were scored to determine if particular groups made consistent or numerous errors when copying the designs. (See Discussion chapter for additional analyses of the EMR tests that were scored.)

## APPENDIX B

NAME: Driver Evaluator
ADDRESS: American Automobile Association, 1712 G. St., N. W., Washington 6, D. C.

## TEST $2 N F O R M A T I O N:$

The Driver Evaluator consists of four vision tests: distance judgement, visual acuity, field of visinn and color vision. A mirror is used at 10 feet to give an apparent distance of 20 feet. This permits testing in a small room about 13 feet long. The tests are all given with the driver seated in front of the evaluator and with the examiner at the side. The mirror arrangement insures that the tests will be given at a standard distar:e.

Visual Acuity. This consists of four Snellen Charts printed on an aluminum paddle wheel inside the cabinet. Black and white letters are used on a flat white bacíground. Each shart can be exposed by turning a knob in front of the examiner. Another knob operates a shutter so thst either eye or both eyes can be tested. A miniature chart on the side of the cabinet makes it easy to check the responses as being right or wrong. Four 15 watt lamps insure uniform illumination above 10 foot candles. Bistance is kept constant since the subject must look through the eye piece and cannot "creep up" on the charts. Each chart has 14 letters accurately graduated in size to measure acuity from 20/100 to 20/13.

Distant Judgement. Three miniature cars are placed in random positions, and the subject is asked to identify the car which appears farthest and which appears nearest. A dial on the side enables the examiner to set the cars in eight different patterns. The subject is thus required to make syceen judgements. The examiner records the number of correct responses. The test is fairly quick to administer, since the subject simply makes a judgement instead of adjusting the cars hack and forth. Constant uniform illumination is provided by four watt lamps.

Field of Vision. This test consists of a platform 20 inches in diameter, hinged just kelow the eye-piece. In taking the test, the subject focuses on the center car at an apparent distance of 20 feet. Unseen by the subject, the examiner moves slowly forward a test target on either the right or left side. To help give consistent readings, the targets consist of $3 / 4$ inch black and white segmented disks which rotate as they are moved forward. These targets are illuminated by two fifteen watt lamps. A scale on the side of the ceat nearest the examiner can be easily read to the nearest degree.

Color Vision. Inside the cabinet is a small disk with eight sections of colored glass molded from the same glass as is used in traffic signals. This insures that the red, amber and green colors will be the same as the subject must identify in a traffic signal. The color disk is rotated so the subject can see only one color at a time through a small hole in the front of the cabinet. A small lamp inside the cabinet illuminates each piece of glass as it passes the opening.

## APPENDIX C

NAME: $\quad$ Sixteen Personality Factor Questionnaire, Low Literate,
ADDRESS: Institute for Personality and Ability Testing, 1602 Coronado Drive, Champaign, Illinois, 61820.

## TEST INFORMATION:

The Sixteen Personality Factor measures sixteen independent personality factors. There are eight questions for each of the sixteen personality factors, for a total of one-hundred and twenty eight questions.

The authors state, "The test is constructed so that it can be read easily by a person functioning at approximately the third grade reading leve1. In other words, the client whose reading level score is between grade 3 and grade 6 can read and understand all the test items in the new Form " $E$ ", can give meaningful answers to these items, and can therefore be evaluated with this instrument". (Eber and Cattell, 1967, p. 2)

The Sixteen Personality Factor is virtually self-administering after the examiner explains the purpose of the test to the examinee. Answers to the questions asked on the Questionnaire are placed on a separate answer sheet. It takes approximately thirty to forty-five minutes for an average subject to complete the Questionnaire.

## APPENDIX D

NAME: The Wilson Driver Selection Test, (Clark L. Wilson, PH.D.)
ADDRESS: Martin M. Bruce, 340 Oxford Road, New Rochelle, New York
TEST INFORMATION:
This test consists of six non-verbal aptitude tests, plus an unscored page of bibliographical information. It is intended to measure ability to operate vehicles with minimal risk. The six sub-tests are visual attention, depth visualization, recognition of simple detail, recognition of complex detail, eye-hand coordination and steadiness.

The Wilson Driver Selection Test is designed to screen driver applicants with the aim of reducing accidents. It measures certain aspects of basic aptitudes which, if present to an adequate degree in a vehicle operator, reduce the risk of operator caused accidents. The individual tests in the Wilson Driver Selection Test are designed to measure the aptitude variables of perceptual speed and spatial relations which were hypothesized to be the most important aptitudes required of the efficient low accident vehicle operator. The basic rationale for this battery of tests rests with the proposition that the driver must have certain basic aptitudes to cope with this moving world successfully. If he possesses these required aptitudes of perceptual speed and spatial relations to an adequate degree, he is more likely to pass through each accident exposure situation unscathed.

## APPENDIX E

NAME: Siebrecht Attitude Scale, (Elmer B. Siebrecht, Ed.D., New York University)

ADDRESS: The Center for Safety Education, Copyright, 1941
TEST INFORMATION:
The Siebrecht Attitude Scale is designed to measure attitude toward the safe driving of an automobile. This it does by measuring attitude toward the factors thought to be impertant in the safe driving of the automobile. The scale is self-administering and the subject must rely upon his own interpretation of the statements in the scale. It takes about ten minutes for a subject to complete the scale.

The scale consists of forty statements about factors related to driving. It is designed to measure attitude toward the following factors.

1. Passing on curves and hills
2. Driving as a privilege
3. Enforcement of traffic regulations
4. Condition of the automobile
5. Responsibility
6. Speeding
7. Cooperation
8. Examination for driver's license
9. Violations
10. Conditions of drivers
11. Courtesy, concern
12. Knowledge, skills

There are no right or wrong answers for any of the statements on the scale. The statements are presented in a manner that permits a subject to indicate the extent to which he agrees or disagrees with the idea expressed. After each statement, the subject places an " X " at the position that indicates his attitude. (__Strongly Agree Agree __Undecided __Disagree __Strongly Disagree)

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## APPENDIX F

## DEVELOPMENT OF SITUATIONAL STRESS TEST

One of the objectives of this study was to develop an instrument that would measure a driver's reactions to stressful situations. This instrument, in the original research proposal, was referred to as a Situational Stress Test. It was to be designed so it would measure the reaction time to, perception of, and judgement about immediate driving emergency situations presented on film. A device was to be used that would measure exact reaction time relative to stopping and turning. Also, the appropriateness of the individual response to the situation would be measured.

In proceeding with the development of the Situational Stress Test, many different possibilities were explored.

Time was devoted to working with the American Automobile Association's Complex Reaction Time Device, model 非105. The initial problem encountered with this device was that it would not measure individual reaction time, but would give an average reaction time to fifteen trials. This device was modified by the installation of electronic stop clocks, so that it would record individual reactions, in terms of braking, turning right, turning left, or any combination of the three. Colored slides of emergency driving situations were staged and developed by the investigators with the help of the college photographer. This device was used during pilot testing as a means of measuring reaction time to emergency situations presented on color slides.

As work proceeded on the above, other techniques were explored as to the best manner in which to accomplish the objectives of the Situational Stress Test.

Emergency situations had to be presented to a subject on a screen behind some type of driving simulator. Upon perceiving the emergency situation, the subject has to react in terms of braking, turning right, turning left, or any combination of braking and turning. Also, a method of measuring a subject's reaction in hundredths of a second had to be developed.

As experimentation progressed on the Situational Stress Test, it was realized that the emergency situations presented as stimuli would have to be as realistic as possible, similar to what a driver
actually experiences with other drivers, pedestrians and natural road hazards. Therefore, driver education films from Aetna Insurance Company, Allstate Insurance Company and various other film companies were previewed to determine the film best suited for testing purposes.

Emergency situation sequences from Aetna's Drivotrainer System were used in pilot testing with the modified Somplex Reaction Time Device.

A day was spent with representatives of the Chesapeake Systems Corporation to discuss the "Highway Systems Research Car" and its possibilities for use in the study.

Representatives from Aetna Insurance Company and Raytheon Learning Systems consulted with the investigators as to the possibility of using their equipment for our tests. It was learned that the Aetna simulation equipment was designed primarily for instructional purposes, but could easily be adapted for testing purposes.

In developing a device to measure reaction time, three systems were considered as alternates to the electronic stop clocks: I.B.M. Punch Card Systems, Multitrack Pen Recorders and Transistorized Digital Counters. After consulting with individuals competent in the field of electronics, (representatives from I.B.M., Dr. Engle of the College Physics Department, Dr. Champa of the College Audio Visual Department, Mr. Allies of the College Electronics Experimental Department and Mr. Harry Miller, an Electronics Consultant from R.C.A.), it was decided to use transistorized digital counters.

After extensive experimentation with slides, films, timers, and the complete reaction time device, it was decided that the most accurate way to conduct this test is with a Driving Simulator.

The Situational Stress Test utilizes the Link Driving Simulator and Computer Console in conjunction with an eight minute filmed sequence from the Allstate Training Film, "Hazardous Situations". For this test, the subject operates the simulator and drives to a film of driving situations. The film was made to give the driver the same view of the road and traffic conditions as he would see if actually driving a car on suburban streets. The appropriateness of his responses (braking, steering, signals and speed) is checked by the computer via a binary code on the film. A hard copy recorder then prints a permanent record of the subject's action. (Reference attached description of codes on Printer Sheet.) . In addition to this printed record, the system also provides a total count of braking, steering, use of signals and speed errors accumulated by the subject during the driving sequence.

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The Link System was modified to include the measurement of complex reaction time in hundredths of a second. This was accomplished by incorporating transistorized digital counters into the Computer Console. The counters are activated by a photo-electric cell which responds to the aluminum tape on the film. The digital count is then read visually by the investigator and hand-recorded on the subject's data card. Reaction time is measured for the following ten emergency situations in the film:

1. A man emerges without warning from parked vehicle on the right side of the street and steps into the path of the subject's car.
2. An oncoming vehicle crosses the center lane of traffic and faces subject's car to extreme right of street.
3. A car backs out from driveway on the right into the lane of travel of subject's car.
4. A car backs out from driveway on the left into the lane of travel of subject's car.
5. A vehicle making a right turn, swings wide crossing the center lane, blocking the path of subject's car.
6. A delivery man emerges from behind a parked car on the left side of the street and suddenly crosses in front of subject's car.
7. A bicyclist traveling on the right side of the road, suddenly circles back into the path of the subject's car.
8. A meter man crosses the street in front of subject's car.
9. A delivery man steps from inside a parked van-type truck in front of subject's car.
10. A car in front of subject's car stops without warning and suddenly starts to back up.

Each subject's reaction to the ten emergency situations listed were recoded by the investigator. The digital counters measured reaction time to braking, turning left, turning right or any combination of braking and turning left or right.

The Situational Stress Test was administered within a modified van-type truck, which was purchased for this purpose. In a testing situation, the truck was parked outside the school in an area adjacent to the room used for group testing. The subjects reported individually to the van for the test, which required approximately fifteen minutes. (Reference attached photographs of van and testing equipment.)

Prior to driving the driving simulator and taking the test, each subject listened to the following instructions. The instructions were on tape for standardization purposes. (Reference Appendix F-3)

APPENDIX F-1


## $158^{139}$

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ERIC

APPENDIX F-1



141
180

## APPENDIX F-1



142161

APPENDIX F-2

PRINTED RECORD OF BINARY CHECK LIST
\(\left.\begin{array}{|l|l|l|l|l|l|l}\hline \& \& \& \& 1 \& 1. Foot Brake Off <br>

1. Light Foot Brake\end{array}\right]\)| 3. Light Medium Foot Brake |
| :--- |

NOTE: The Check Identification Number is the total of the numbers appearing in the five columns. Example: $8+4+2=14$ 49t 182

# APPENDIX F-3 <br> <br> TAPED INSTRUCTIONS FOR <br> <br> TAPED INSTRUCTIONS FOR <br> SITUATIONAL STRESS TEST 

You are now seated at a driving simulator which you are going to operate. Your reason for being here is to show how you perform certain driving tasks.

Look at the simulator carefully. As you examine it, you will notice that it is very similar to the average American car.

Before you drive this "car" you should learn more about it.
The adjustment for the seat is located under the left front corner of the seat. Adjust it so you can reach the gas pedal and the brake with your right foot. Be sure that you are able to push the brake pedal all the way to the floor. (pause)

Now we are going to practice with the controls of the car. The lights on the panel at the top of your car will help you to practice.

The car has an automatic transmission. To start the car, place the gear selector in neutral and turn the ignition key to the right. Hold it there until the light on the dashboard goes off. Start your car now.

The red light marked "signals" is on. Put your left turn signal on and the light will go off. Now try the right turn signal.

Now we will practice steering. The red light "steering" is on. Turn the steering wheel slightly to the right until the light goes off. This is a slight right steer such as you would use to turn your car a little to the right as you drive down a straight road. Now, let the wheel return to the center position.

Now try medium right steering. Turn the wheel to right until the light goes off. This is a medium right steering, such as you would use in rounding an average turn on the highway. Now check to see that the steering wheel has returned to the center position.

For a hard right steer, you must turn the wheel one complete turn to the right, ---do that now. When you are in hard right steer, the light will go off. This is the way you would turn your wheel when making a right turn at an intersection. Now, let the steering wheel return to center. The procedure for steering left is the same. Now try a slight left, medium left and a hard left. (The important thing for you to remember is to let the wheel return to the center position when your turn is completed. This is done by releasing the pressure of your hands on the steering wheel and it will return automatically.

Now, let's practice braking. Notice the light marked brakes is on. Press the brake pedal lightly and the light will go off. This is light brake pressure such as you might use when gradually slowing a car. For a medium brake, you will have to press the pedal a little harder. Try pushing the pedal now. When the light goes off, you are in medium brake, such as you would use when braking for a stop sign. For a hard brake, such as you would use to stop your car suddenly in an emergency, you must press the pedal all the way to the floor. Do that now. Now push the parking brake with your left foot. Now release it.

Put your foot on the brake and place the gear selector on "D" for drive. Now move your foot to the gas pedal and press it slowly until the speedometer reads 15 MPH. The light marked "speed" will go on. Now increase your foot pressure on the gas until the speedometer reads 35 MPH . The speed light will again go on. When the light goes on, move your foot from the gas pedal to the brake. Then put the gear selector in neutral.

For the next few minutes, you will see a film of driving situations. The film was made to give you the same view of the road and traffic conditions as you would see if you were actually driving a car on suburban streets. As you watch the film, you will see the hood and rear view mirrors of a red car. Imagine that you are driving the red car you see on the screen. Drive just as you would in a real car, but remember to watch your speedometer and return your steering wheel to the center position when you have completed a turn. Try to match your driving to the car on the screen.

Now, be sure that your car is running. Set the gear selector on "D" for drive. Keep your foot on the brake pedal until you are ready to start driving.

In the scemes that follow, you are the driver of the red car on the screen. Drive as you would in a real situation. Remember to check your speed and return the steering wheel to the center position after you complete a turn.

Observe the rules of the road and keep alert.
\%
16

## APPENDIX G

## DESCRIPTION OF TEST ON

PENNSYLVANIA MANUAL FOR DRIVERS

This test consists of twenty-five multiple choice type questions based on information taken from the Pemnsylvania Mannal for Drivers. The test items are similar and in many instances, often the same as those asked by the examining officer when one goes for a Pennsylvania Driver's Test. The test was constructed at Millersville by the investigators for the purpose of measuring a subject's knowledge of Pennsylvania Driving Regulations.

Upon examining this test, one may question the reading level of it, and the ability of Educable Mentally Retarded students to comprehend it. This poirt was considered by the investigators when the test was constructed, and the following conclusions were used as a basis for including the instrument in the test battery.

1. The terminology on the test is similar to the terminology used in the Pennsylvania Manual for Drivers.
2. The test terminology is similar to the terminology of Driver Education teachers when teaching students to drive.
3. The test terminology parallels the terminology and used by examination officers when a subject takes a Pennsylvania Driver's Test.
4. In order to obtain a Pennsylvania Driver's License, a subject must demonstrate a knowledge of Pennsylvania Driving Regulations.
5. All subjects included in the sample possessed valid Pennsyivania Operator's License.
6. In order to obtain this license, the subject in the past had to demonstrate a knowledge of the Pennsylvania Manual.
7. Therefore, all subjects in the sample being legal drivers in Pennsylvania had been exposed to questions similar to the ones in the test.

## 165



## APPENDIX G-1

## TEST ON PENNSYLVANIA MANUAL FOR DRIVERS

Directions: This is a multiple choice test. Read each question carefully, then select the correct answer from the four choices under each question. Place the letter of your choice on the answer sheet. Do not write on the test booklet.: When writing your answer, use capital letters.

1. A traffic light flashing red means:
A. Slow down to 10 mph .
B. Sto F ! Check both ways, then proceed with caution.
C. Slow down, check both ways, then proceed with caution.
D. Yield to on-coming vehicles.
2. If you buy a car, you must apply for a "certificate of title" within:
A. 30 days
B. 48 hours
C. 24 hours
D. 15 days
3. Passenger car registration expires at midnight on:
A. January 31
C. March 31
B. March 15
D. January 15
4. If you lose your car registration card, you must apply for a duplicate within:
A. 24 hours
B. 48 hours
C. 15 days
D. 30 days
5. If you are involved in a reportable accident, you must file a written report with the Bureau of Traffic Safety within:
A. 24 hours
B. 1 week
C. 48 hours
D. 5 days
6. A triangular shaped traffic sign means:
A. Stop
C. Railroad
B. Yield
D. Curve in the road
7. To be employed as a paid operator of a vehicle, you must be:
A. 21 years old
B. 16 years old
C. 18 years old
D. 25 years old
8. When parking your car near a fire hydrant, your car should be parked a minimum of:
A. 30 feet from the fire hydrant
B. 10 feet from the fire hydrant
C. 15 feet from the fire hydriant
D. 50 feet from the fire hydrant
9. An Octagon (eight-sided) shaped traffic sign means:
A. Yield
C. Narrow bridge
B. Railroad
D. Stop
10. When an on-coming car is approaching your car at night, you should dim your headlights when it is approximately:
A. 100 feet away
B. 200 feet away
C. 300 feet away
D. 500 feet away
11. What kind of automobile insurance coverage is the most important?
A. Fire and theft
C. Collision
B. Liability
D. Comprehensive
12. When traveling on a snow covered highway and the back of your car goes into a skid, you should:
A. Turn your front wheels in the direction the back of your car is skidding.
B. Turn your front wheels in the opposite direction that the back of your car is skidding.
C. Keep front wheels straight and brake.
D. Turn front wheels in the direction of the skid and brake rapidly.
13. A round shaped traffic sign means:
A. Stop sign
C. School crossings
B. Railroad here
D. Railroad ahead
14. A blind pedestrian can easily be identified by:
A. The dog that accompanies him.
B. Dark horned rimmed glasses that he wears.
C. The slow cautious manner by which he approaches the interesection.
D. The white can with a red tip.
15. In Pennsylvania, the only time a driver is allowed to pass a stopped school bus that is loading or unioading passengers is:
A. When the school bus is stopped on a three lane highway in the far left lane.
B. When the school bus is stopped on the same side you are traveling on a four lane divided highway.
C. When the school bus is stopped on the same side as the school, leaving off students.
D. When the school bus is stopped on the opposite side of the road from the school leaving off students.
16. The speed limit in a school zone when students are coming to school or leaving school is:
A. 10 mph
B. 15 mph
C. 25 mph
D. 35 mph
17. When driving in town, you should signal your intentions for a turn when you are approximately:
A. 25 feet from the intersection
B. 50 feet from the intersection
C. 75 feet from the intersection
D. 100 feet from the intersection
18. A diamond shaped traffic sign means:
A. Danger! Hazardous condition C. Special rule or regulation
B. Stop
D. Railroad here
19. When driving, your rear-view mirror should be adjusted so that you can see a minimum of:
A. 50 feet to the rear
C. 75 feet to the rear
B. 100 feet to the rear
D. 200 feet to the rear
20. New license plates cannot legally be placed on your car before:
A. Midnight, January 31 C. Midnight, January 15
B. Midnight, March 15
D. Midnight, March 31
21. The driver who "overdrivés his headlights" cannot:
A. Stop in the distance he can see ahead clearly
B. Adjust his eyes to dark vision
C. Adjust to the glare of on-coming lights
D. See far enough to the side
22. At 50 miles per hour, the minimum safe following distance is:
A. 2 car lengths
B. 5 car lengths
C. 7 car lengths
D. 10 car lengths
23. At which of the following temperatures is ice on the road most dangerous?
A. Zero
C. 20 below zero
B. 10 degress above zero
D. 32 degrees above zero
24. What lane should a driver position his car in when he wants to make a left turn from a one-way street?
A. The lane immediately to the left of the center line.
B. The extreme left lane.
D. The lane immediately to the right of the center line.
E. Any lane.
25. What should every driver have in his possession when driving a car?
A. The vehicle registration card and the certificate of title.
B. Your learners permit and drivers license.
C. Your vehicle registration card and bill of sale.
D. Your driver's license and your vehicle registration card.

## APPENDIX H

## COMBINATION OF STUNTS FROM BRACE IOWA AND BRACE TEST OF MOTOR ABILITY

These stunts are specifically designed to measure such aspects of motor ability as agility，balance，control，and flexibility and to minimize the importance of size and strength．It is an excellent screening device for the rapid identification of difficulties in gross motor coordination．

STUNT 非（Brace）Straight－line－walk test．Place heel of left foot in front of toes of right foot． Then place heel of right foot in front of toes of left foot．Take a total of ten steps in this manner．It is a failure
a）to lose the balance．
b）to fail to place heel so that it touches toes．

STUNT 非2（Brace）Single－heel－click test．Jump into the air， click heels together once，and land with feet apart．It is a failure：
a）not to click heels together once．
b）not to land with feet apart．
STUNT 非 3 （Brace）Full－left－turn test．Stand with feet together． Jump upward，making a full turn to the left． Land at approximately the same place from which the test was started．（Feet may be separated when landing．）Do not lose the balance，or move feet after they have touched the floor． Failure：
a）not to make a full turn to the left． b）to move feet after they have returned to floor．
c）to lose the balance．
STUNT 非 （Brace）Double－heel－click test．Jump upward，clap feet together twice，and land with feet apart（any distance）．It is a failure：
a）not to clap feet together twice．
b）to land with feet touching each other．
STUNT 非 5 （Brace）Heel－slap test．Jump upward，and slap both heels with hands behind body．It is a failure： a）not to diapeboth heels；to move feet or to lose the balance after landing．

STUNT 非6（Brace）Full－right－turn test．Stand with feet together． Jump upward，making a full turn to the right． Land at approximately the same place from which the test was started．（Feet may be separated when landing．）Do not lose the balance or move feet after they have touched the floor．It is a failure：
a）not to make a full turn to the right．
b）to move feet after they have returned to the floor．
c）to lose the balance．
STUNT 非7（Brace）Stork－stand test．Stand on left foot．Hold the bottom of right foot against the medial side of the left knee．Place hands on hips．Shut eyes，and hold the position for ten seconds， without moving left foot．It is a failure：
a）to lose the balance．
b）not to hold right foot against left knee．
c）to open eyes，or to remove hands from hips．
STUNT 非8（Brace）Hop－backward test．Stand on either foot．Close eyes，and take five hops backward．Failure：
a）to open eyes．
b）to touch the floor with foot not supporting the weight of body．

STUNT 非9（Brace－Half－turn－jump－1eft－foot test．Stand on left Iowa foot，and jumping，make a one－half turn to the left．Keep the balance．It is a failure：
a）to lose the balance．
b）to fail to complete the half turn．
c）to touch the floor with right foot．
STUNT 非10（Brace－Stiff－leg－bend test．Place a paper on the floor Iowa near left heel．Stand with lower legs completely extended，bend trunk forward，grasp right toes with right fingers，and pick up the paper with left fingers．At no time must lower legs be allowed to bend．It is a faiiure：
a）not to pick up the paper．
b）to release the hold of right toes．
c）to bend legs at knees．

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                    APPENDIX I
Our school is interested in the possibility of participating in the research to be conducted during the 1969-1970 school year.
Send further information to:
Name \& position
Name of School
School Adress
``` \(\qquad\)
```

Zip
School District
County

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Dear Mr.
After consulting the Department of Public Instruction, Bureau of Special Education, your school has been selected as a possible participant in a state wide research project. The project is a comparison of educable mentally retarded with normal students on certain specific factors related to driving ability. (Refer to enclosed description of project.) The students tested will be representative of the secondary school population of Pennsylvania.

We are most interested in obtaining your cooperation in providing a portion of the sample population from your school. The results of this study will be made available to you, your Special Education, and Driver Education Departments. It is anticipated that this study will help the students in your school by providing you with more specific data pertaining to their driving abilities.

One has but to look at our over-crowded highways, the number of accidents, and the rising death roll by automobile to see the magnitude of the driving problera. Is an educable mentally retarded student at a disadvantage wher he is driving? Is he alert and aware of hazardous situations? Is fee a danger to himself and others? This study hopes to find answers to these questions.

The importance of a study such as this is self-evident in that it has been supported and funded by the United States Office of Education. Also, it has been endorsed by Dr. William Ohrtman, Director of the Bureau of Special Education; Harry H. Brainard, Commissioner of Traffic Safety; and Ray M. Fulmer, Coordinator of Highway Safety Education.

It will be greatly appreciated if you will kindly complete the enclosed card and mail it at your earliest convenience.

Thank you for your attention concerning this matter.


JFB: psb enclosure

Dear
Millersville State College has been granted funds by the United States Office of Education to conduct a comparison study of educable mentally retarded and intellectually normal adolescent drivers. The subjects will be representative of the secondary school population in Pennsylvania. Perhaps the article pertaining to the study, which appeared in the January P.S.E.A. Journal, came to your attention. An abstract is enclosed to further inform you of the objectives and methodology of the research.

Because of the significance and applicability of this study, we hope to enlist your support in obtaining data on students in the schools of your jurisdiction. Collection of data by the investigators, which is scheduled for the 1969-1970 school year, will require a minimum amount of time at each of the participating schools. Only those schools having senior high classes for the educable mentally retarded would be involved, since an equal number of the "normal" population could, in most cases, be sampled at the same school. It is anticipated that testing would not involve more than twenty students from any one school.

We are currently informing the senior high school principals of the project through direct correspondence. We are confident that your support of this study will be reflected in their cooperation.


\section*{Dear}

This is to inform you of research being conducted by Millersville State College which deserves your attention. The project, funded by the United States Office of Education, Bureau of Research, primarily involves a comparison of normal and educable mentally retarded drivers to be selected from the public secondary school population of Pennsylvania. (Please refer to the enclosed abstract for a more complete description of the research.)

The data resulting from the study may have application to the improvement of highway safety in Pennsylvania.

Because of the significance of this study, the Bureau of Special Education has given ic its Full support. I urge you to enlist the co-operation of your district in making this study a success.

Very truly yours,


William F. Ohrtman
Director,
Bureau of Special Education
Harrisburg, Pennsylvania

Enc.

TIILE: The Measurement and Comparison of Variables Related to Driver and Highway Safety Between Educable Mentally Retarded and Normal High School Age Pupils in Pennsylvania.

FUNDED BY: United States Office of Education, Grant 非OE6-0-9-482062-1362-(032)

TIME: \(\quad\) Work on the study began in January of 1969 and will continue through January of 1971.

The above project is being sponsored by Millersville State College under the direction of Dr. W. Richard Kettering of the Special Education Department and Professor Raymond C. Mullin of the Driver Education Department.

The purpose of this study is to measure and compare the variables related to driving safety and to designate factors which can predict the success of educable mentally retarded students in contrast to students with normal intelligence when operating motor vehicles.

Ir conducting the study, a stratified random sample will be employed to select eight hundred public high school students throughout Pennsylvania. Four hundred educable mentally retarded and four hundred intellectually normal students will be studied. The students:will be in the sixteen to eighteen chronological age range. They will be tested and the test results analyzed, based on the objectives of the study which include the following factors: visual acuity, visual organization, field of vision, depth perception, eye-hand coordination, intelligence, emotional maturity and excitability, reaction time, situational stress and attitudes toward driving.

Also, the driving records of all students involved will be checked in Harrisburg and their records will then be compared to their performance on the tests. The results of student performance on the tests and their driving records will then be analyzed by computer to show the differences between the groups. It is anticipated that these results will aid the Commonwealth of Pennsylvania and other states in the future licensing of drivers. Also, the findings will aid in the formulation of driver education programs for the educable mentally retarded and be used in developing teacher training programs.

\section*{APPENDIX K}
1. Approximate number of Special Education students with driver's licenses who will be in attendance during the \(1969-70\) school year (include probable future licensees).
a) Number who will have had standard Driver Education Course \(\qquad\)
b) Number who will not have had the Driver Education Course
2. Will it be possible to sample an equal number of "normal" and Special Education (EMR) students from your schcol?

Name and Position \(\qquad\)
\(\qquad\)
Name of School \(\qquad\)
School Adress
Zip Code

Phone \(\qquad\)

\section*{176}

\section*{157}
?
millersville state College
millersville, Pennsylvania 17551

Dear
Thank you for your prompt response to our letter of January 27, concerning the comparison study of educable mentally retarded (EMR) and intellectually normal drivers. The number of returns received from ori first mail-out is most gratifying. We feel this illustrates the importance of this type of research to Pennsylvania Educators.'

We are interested in visiting your school and gathering data on the following two groups of licensed drivers:
1. Special Education Students (EMR)
a) Licensed drivers who have completed the standard Driver Education Program.
b) Licensed drivers who have not had Driver Education.
2. Normal Students (Any student not in Special Education)
a) Licensed drivers who have completed the standard Driver Education Program.
b) Licensed drivers who have not had Driver Education.

We hope to be able to sample an equal number of Special Education (EMR) and "normal" students at each school. The two groups of students are to be matched on the basis of sex, chronological age, and whether the student has completed driver education or not. The number of possible participants from any school will depend upon the number of Special Education students in that school who have driver licenses at the time of our visit. We estimate that our research will not involve more than fifteen Special Education students and an equal number of normal students from any one school.

Administration of the battery of tests by the investigators will require approximately three to four hours at each participating school. The testing will include an assessment of visual acuity, psycho-motor ability, perception, reaction time, temperment and attitude driving. In terms of physical requirements, one room will be adequate in most cases. Other than selecting students who will participate, no demands will be made upon the time of your school personnel.

We are confident of your continued interest in this project and sincerely hope that you will be able to participate in the research. With your cooperation, we hope to arrange an exact date for testing at your school through subsequent correspondence.

So that we will have more specific information regarding the number of possible participants from your school, we respectinilly request that you fill out and return the enclosed card at your earliest convenience.

Thank you very much for your consideration and cooperation.


JFB/DJS: psb
Enclosure

\title{
DRIVER EDUCATION RESEARCH PROJECT \\ MILLERSVILLE STATE COLLEGE \\ MILLERSVILLE, PENNSYLVANIA, 17551
}

INSTRUCTION FOR SELECTING STUDENT PARTICIPANTS
General:
1. Please select only students who are licensed drivers.
2. Match Normal students to the Special Education students on the basis of age, sex, driver training experience, and accident record.
3. Include all Special Education students who are licensed drivers, regardless of whether they have received driver training or not.

Please complete the enclosed form as follows:
1. Begin by listing information on the Special Education students in the left column.
2. Next, select regular class students from any of the various school programs and match them with the Special Education student in the left column. Record information on the "normal" students in the right column.
3. The information on the pupils in the left and right columns should be essentially the same, except for the name. For example, a Special Education girl who is 17 years, 3 months old, has had the standard driver education program and has had no accident while driving, is matched with a "normal" girl who is about the same age, has had the driver education program and has also had no accidents.

The information should be recorded as follows:

4. Treat the heading "Driver Training" as follows:
a) If the student has completed the standard driver education program of 30 hours of classroom instruction, and 6 hours behind-the-wheel training, place an \(X\) in the column under "STD".
b) If he has completed the classroom portion only, place an "X" in the "Class" column.
c) If he has had no driver training, place an "X" under "None".
5. In the column "Acc." place Yes/No to indicate if the student was involved in any accident (reportable or unreportable).

To insure current information on student participants it is suggested that you complete the enclosed selection form approximately two weeks prior to the date of testing. .t will be greatly appreciated if you will give the completed form to the investigators at the time of testing.


Appendix M



\author{

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 Accident and Violation Information

15. I took Driver Education; Both behind-the-wheel \(\square\)


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:107unf
:uexuysoxid
MILLERSVILLE STATE COLLEGE
School Information
11. Name of school:
School District:-
County:
12. Class: Freshman:

182
5
163

SCHOOLS REPRESENTED IN STUDY
(57 Public High Schools)
\begin{tabular}{|c|c|c|c|c|}
\hline 1. & \begin{tabular}{l}
REGION I \\
School \\
Connellsville Area Senior High \\
Locust Street Extension \\
Connellsville 15425
\end{tabular} & \[
\frac{\text { District }}{\text { Connellsville Area }}
\] & \[
\frac{\text { County }}{\text { Fayette }}
\] & \[
\frac{\text { Enrollment }}{1788}
\] \\
\hline 2. & Junior High West, I.A. Bldg. 215 Falls Avenue Connellsville 15425 & (County Operated) & Fayette & 86 \\
\hline & North Laurel Highland Jr. Sr.High 490 Coolspring Street Uniontown 15401 & Laurel Highlands & Fayette & 1424 \\
\hline & Fayette Institute of Commerce and Technology 45 West Kerr Street Uniontown 15401 & (County Operated) & Fayette & 81 \\
\hline & Uniontown Area Senior High Fayette Street Uniontown 15401 & Uniontown Area & Fayette & 1387 \\
\hline & Moon Senior High 904 Beaver Grade Road Coraopolis 15108 & Moon Schools & Allegheny & 1030 \\
\hline \[
7 .
\] & Western Hills School 1720 Hassam Road Coraopolis 15108 & (County Operated) & Allegheny & 163 \\
\hline 8. & Butler Area Senior High 165 New Castle Road Butler 16001 & Butler Area & Butler & 3018 \\
\hline 9. & Shannock Valley Jr. Sr. Figh Rural Valley 16249 & Armstrong & Armstrong & 490 \\
\hline \[
10
\] & Leechburg Area Jr. Sr.High Leechburg 15656 & Leechburg. Area & Armstrong & 830 \\
\hline  & \begin{tabular}{l}
Norwin Sr. High \\
McMohon Drive \\
Irwin 15642
\end{tabular} & Norwin & Westmoreland & 1969 \\
\hline
\end{tabular}

\section*{REGION II}

19. Phillipsburg-Osceola Sr.High Curtis Park
Phillipsburg- Clearfield ..... 748
Osceola Area
Phillipsburg ..... 16866
20. Clearfield Area Sr.High Clearfield Area Clearfield ..... 1114
clil Road ..... 16830
21. Southern Columbia Area Jr.Sr.High Southern Columbia Columbia ..... 795
R. D. \#2 Catawissa 17820
REGION V
22. Tunkhannock Jr. Sr.High Tunkhannock Area Wyoming ..... 1140
Tunkhannock 18657
\(\therefore\) 23. Wallenpaupack Area Jr. Sr.High Wallenpaupack Area Wayne ..... 800
Hawley 18428
a) J. J. Koehler School (County Operated) Wayne ..... 28
Honesdale 18431b) Waymart Sr. HighWestern Wayne Jt. Wayne200
Waymart 18472
REGION VI
24. Wilson Sr. High Wilson Berks ..... 1050
Grandview Blvd.
West Lawn 19609
25. Easton Area Sr. High Easton Area Jt. Northampton ..... 2117 25th Street
Easton 18042
26. Boyertown Sr. High Boyertown Berks ..... 1815
4th and Monroe Streets Boyertown 19512
*27. Central Building (County Operated) Northampton ..... 30
15th and Main Streets Northampton 18067
a) Leibert's SchoolSchoeneck Ave.,R.D. 非3Nazareth 18064

\section*{REGION VII}
\begin{tabular}{|c|c|c|c|c|}
\hline 28. & William Tennent Sr.High 2201 Street Road Warminster 18974 & Centencial & Bucks & 1946 \\
\hline 29. & Coatesville Area Sr. High 1545 East Lincoln Hwy. Coatesville 19320 & Coatesville Area & Chester & 1120 \\
\hline 30. & Penncrest Sr. High Media 19063 & Rose Tree-Media & Delaware & 1735 \\
\hline 31. & \begin{tabular}{l}
Upper Darby Sr.High \\
Lansdowne Avenue \& School Lane Upper Darby 19084
\end{tabular} & Upper Darby & Delaware & 2511 \\
\hline - 32. & \begin{tabular}{l}
Council Rock Sr.High \\
Green Lane \\
Newtown 18940
\end{tabular} & Council Rock & Bucks & 1252 \\
\hline \[
33 .
\] & Souderton Area Sr.High 41 N . Schooil Jane Souderton 18964 & - Souderton Area & Montgomery & 1140 \\
\hline 34. & Methacton Sr. High Fairview Village 19403 & Methacton & Mortgomery & 1218 \\
\hline \[
35 .
\] & \begin{tabular}{l}
E. S. Miller School \\
43rd \& Westminster Streets Philadelphia 19104
\end{tabular} & Philadelphia & Philadelphia & 328 \\
\hline \[
36 .
\] & \begin{tabular}{l}
Pottstown Sr. High \\
North Washington St. \\
Pottstown 19464
\end{tabular} & Pottstown & Mo:itgomery & 1080 \\
\hline \[
37
\] & \begin{tabular}{l}
Morrisville Boro Jr. Sr.High W. Palmer St. \\
Morrisville 19067
\end{tabular} & Morrisville Boro & Bucks & 735 \\
\hline \[
38 .
\] & \begin{tabular}{l}
Henderson Sr . High \\
Lincoln \& Montgomery Aves. \\
West Chester 19380
\end{tabular} & West Chester Area & Chester & 2100 \\
\hline REGIO & ON VIII & & & \\
\hline 39. & Northern Lebanon Jr. Sr.High Fredericksburg 17038 & Northern Lebanon & Lebanon & 1298 \\
\hline \[
40 \text {. }
\] & Garden Spot Jr. Sr.High Rt. \(23 \propto\) Tower Road New Holland 17557 & Eastern Lanc. Co. 186 & Lancaster & 1632 \\
\hline
\end{tabular}

*Indicates testing locations for students from schools which follow \(a, b\), etc.
    I. Correlation Matrices
II. Correlation Matrices Tables:
    Appendix 01 Correlation Matrix of Relationships Between
        Variables 20 Through 51 for the Total EMR Group
        and Variables 20 Through 51 for the Total Normal
        Group
Appendix 02 Correlation Matrix of Relationships Between
        Variables 20 Through 51 for the Female EMR Group
        and Variables 20 Through 51 for the Female Normal
        Group
Appendix 03 Correlation Matrix of Relationships Between
        Variables 20 Through 51 for the Male EMR Group
        and Variables 20 Through 51 for the Male Normal
        Group
Appendix 04 Correlation Matrix of Relationships Between
        Variables 70 Through 100 for the Total EMR Group
        and Variables 70 Through 100 for the Total Normal
        Group
Appendix 05 Correlation Matrix of Relationships Between
        Variables 70 Through 100 for the Female EMR Group
        and Variables 70 Through 100 for the Female Normal
        Group
Appendix 06 Correlation Matrix of Relationships Between
        Variables 70 Through 100 for the Male EMR Group
        and Variables 70 Through 100 for the Male Normal
        Group
Appendix 07 Correlation Matrix of Relationship For Variables
        20 Through 51 With Variables 68 Through 100 With
        Total EMR
Appendix 08 Correlation Matrix of Relationship for Variables
        20 Through 51 With Variables 68 Through 100 With
        Total Normal
Appendix 09 Correlation Matrix of Relationship for Variables
        20 Through 51 With Variables 68 Through 100 With
        Normal Female
Appendix 010 Correlation Matrix of Relationship for Variables
    20 Through 51 With Variables 68 Through 100 With
    EMR Female
Appendix 011 Correlation Matrix of Relationship for Variásles
    20 Through 51 With Variables 68 Through 100 for
    EMR Male
Appendix 012 Correlation Matrix of Relationship for Variables
    20 Through 51 With Variebles 68 Through 100 for
    Normal Male
        \%


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\section*{194}






































































































































    I. Description of Variables as Presented on Data File Record Layout
II. Corielation Coefficient Tables:
    Appendix P-1 Correlations of 80 Predictor Varisbles with
        Seven Aceident violation Criterion Variables
        Group
        EMR Total
    Appencilx \(P=2\) Correlations of 80 Predictor Variables with
        Seven Accident Viclation Criterion Variables
        Group EMR Males
    Appendix P-3 Correlations of 80 Predictor Variakles with
        Seven Accident Violation Criterion Variables
        Group EMR Females
    Appendix \(k-4 \quad\) Correlations of 80 Predsetor Variables with
        Seven Ac:ident Vivlation Criterion Tariables
        Group \(\quad\) Normal Total
Appendix P-5 Correlations of 80 Predictor Variables with
        Seven Accidene Violation Criterion Variables
        Group Normal Male
Appendix p-6 Correletions of 80 Tredictor Variables with
        Seven Accident Violation Griterion Variables
        Group \(\quad\) Normal Female
Appendix p-7 Sumary of Predictor Variabies Significant at
        . 05 Leve 1 of Confidence
Appendix p-8 Suminary of Number nf Correlation Coefficient
        (of 80 Predictors With Seven Criteria) Statistically
        Significant at the 05 Level of Confidence by Group
NOTE: Total subjects reflected for each of the following zero order correlation indicate minor discrepancy.

APPRND Y P-1
CORDELAT JONS OF 80 pREDTGTOR VARIAELES WLCH SEVEN ACCTDENT VIOLATTON CRITERTON VARIARIES

GROUP-TOTAT EMR's
\begin{tabular}{|c|c|c|c|c|c|c|c|}
\hline VARIABLES NUMBER & 151 & 152 & 153 & 154 & 155 & 156 & 157 \\
\hline & . 038 & 023 & 022 & 021 & . 039 & . 029 & . 046 \\
\hline \[
\frac{6}{2}
\] & . 054 & . 032 & 031 & 030 & . 055 & . 040 & . 065 \\
\hline & . 054 & 032 & 031 & . 030 & . 055 & . 040 & . 065 \\
\hline 9 & . 038 & . 023 & . 022 & . 021 & . 039 & 029 & . 046 \\
\hline 10 & . 038 & . 023 & . 222 & . 027 & . 039 & . 029 & . 046 \\
\hline 11 & -.222 & \(-.142^{*}\) & - 155 & -. 159 & \(=.205^{\text {w }}\) & - \(20.21^{*}\) & -. 233 \\
\hline 12 & -. \(-114^{\text {d }}\) & -, 0001 & - \(-115^{2}\) & \(=.014\) & \(=-108\) & \(=.049\) & \(=.065\) \\
\hline 13 & -. 027 & . 022 & -. 080 & . 030 & \(=025\) & \(=.052\) & -. 012 \\
\hline 14 & \(=.040\) & -. 019 & -.052 & \(=.033\) & -. 041 & \(-060\) & \(\underline{-241}\) \\
\hline 15 & \(=.091\) & -. 045 & - 11 & \(-101\) & \(=.078\) & \(=.117^{*}\) & -. 078 \\
\hline 16 & .131\% & . 098 & .11.1* & . 053 & . \(122^{\text {\% }}\) & . 092 & . 14.49 \\
\hline 12 & -. 012 & \(=.038\) & . 039 & . 075 & \(=.020\) & . 059 & -. 045 \\
\hline 18 & -. 051 & -. 022 & -. 064 & \(=.068\) & -. 036 & \(=.056\) & -. 036 \\
\hline 19 & \(\underline{-.001}\) & \(\underline{-013}\) & . 003 & -,008 & . 009 & -. 037 & \(\underline{-025}\) \\
\hline 20 & \(=.063\) & -. 106 & \(=.055\) & \(=.070\) & -. 083 & \(=.052\) & -. \(113^{*}\) \\
\hline 21 & -. 055 & \(=.112^{\text {k }}\) & - \(12.123^{\text {\% }}\) & -. 045 & \(-.067\) & -. 076 & \(-.118^{\text {t }}\) \\
\hline 22 & \(\underline{.050}\) & -. 041 & -. 076 & -.035 & -. 058 & \(=.044\) & -. 066 \\
\hline 23 & -. 023 & \(=.062\) & -. 082 & -.031 & 0.029 & \(=.045\) & - -1082 \\
\hline 24 & . 069 & . 018 & . 036 & . 041 & 073 & . 036 & . \(116^{\text {\% }}\) \\
\hline 25 & \(\underline{-.067}\) & . 100 & . 065 & -. 005 & \(=.067\) & . 013 & -. 009 \\
\hline 26 & . 054 & . 032 & 031 & . 030 & . 055 & . 040 & . 065 \\
\hline 27 & - .003 & -. 038 & -, 019 & \(=.049\) & \(=.000\) & \(=.042\) & -. 007 \\
\hline 28 & - & -. 032 & . 031 & - \(-108 \%\) & -. 011 & \(=.037\) & -. 027 \\
\hline 29 & \(=.033\) & -. 048 & -. 008 & \(-.087\) & -. 020 & -. 055 & -. 035 \\
\hline 30 & . 037 & -. 037 & . 090 & -. 091 & . 039 & . 024 & . .005 \\
\hline 31 & -. 022 & \(=.070\) & . 079 & - 1515 & \(-.016\) & - 020 & -. 049 \\
\hline 32 & -. 051 & -. 061 & . 011 & \(-114 \%\) & \(=.050\) & -.064 & - .086 \\
\hline 33 & -. 009 & -. 015 & . 043 & \(=.085\) & . 001 & . 014 & . 001 \\
\hline 34 & -. 072 & \(-.108^{\text {- }}\) & \(-.000\) & -. 177 & -.067 & -. 068 & \(=.089\) \\
\hline 35 & \(\underline{.085}\) & - 105 & -. 032 & -. \(165^{*}\) & -. 091 & \(=.106\) & -. \(123^{*}\) \\
\hline 36 & . 068 & . 072 & .116 \({ }^{\text {m }}\) & -. 031 & . 092 & . 088 & . 082 \\
\hline 37 & . 055 & . 060 & . 105 & \(=.038\) & . 079 & . 077 & . 069 \\
\hline 38 & . 010 & \(\underline{-1066}\) & . 057 & \(=.047\) & . 008 & . 025 & -. 006 \\
\hline 39 & -. 012 & . 029 & . 081 & . 005 & . 004 & . 089 & -. 001 \\
\hline 40 & \(-.011\) & -. 014 & . 069 & -. 035 & . 006 & . 051 & -. 018 \\
\hline 4.1 & -. 026 & \(-115^{\text {\% }}\) & \(=.011\) & -. 095 & -. 023 & -. 081 & -.073 \\
\hline 42 & . 023 & . 043 & . 109 & -. 014 & . 042 & . 044 & -. 013 \\
\hline 43 & -. 009 & \(=.008\) & - 073 & -.054 & . 011 & \(=.006\) & -. 059 \\
\hline 44 & -. 077 & -. 094 & \(=.093\) & -. 063 & -. 082 & -. 104 & -. 0.086 \\
\hline 45 & \(=.006\) & -. 025 & .615 & - 026 & . 013 & . 034 & \(=.046\) \\
\hline 46 & \(-.040\) & -. 093 & \(\pm .016\) & -. 039 & \(\underline{-023}\) & -. 024 & -. 086 \\
\hline 47 & -. 052 & -. 085 & -. 037 & \(=.077\) & \(=.059\) & \(=.052\) & -. 069 \\
\hline 48 & \(-.118 \%\) & \(-138\) & -. 042 & \(\underline{-134 *}\) & \(-114^{\text {\% }}\) & \(=.103\) & \(=.128^{*}\) \\
\hline 49 & . 034 & . 049 & .135\% & -.032 & . 062 & . 089 & . 027 \\
\hline 50 & \(=.000\) & -. 012 & . 095 & -.023 & . 024 & . 031 & \(=.029\) \\
\hline 51 & \(\pm .075\) & - -152 \% & \(-.051 \mathrm{~m}\) & \(=.171^{*}\) & \(\underline{0} 084\) & \(=.125\) & \(\underline{-121}{ }^{\text {\% }}\) \\
\hline 68 & -. 068 & . 051 & -. 091 & . 047 & -.066 & -. 054 & -. 044 \\
\hline 69 & . 013 & . 023 & -.030 & . 067 & . 016 & . 008 & . 043 \\
\hline 70 & \(\underline{-.044}\) & \(=.089\) & \(\underline{-.037}\) & -. 071 & \(=.058\) & -. 092 & \(-.083\) \\
\hline & & & & & & & \\
\hline
\end{tabular}

Whe significance at the 05 level \(=.107, N=350\)

\section*{202}

APMEDTX \(\mathrm{P}^{3}-1 \mathrm{a}\)
CORLELATTONS OF 80 PREDICTOR VARIABLES WITH GEVEN ACOTDENP VIOIATION CRETRION VAR ABLES


The significance at the . 05 level \(=.107, \mathrm{~N}=350\)

203 183

CORRELAPTONS OE 80 PREDTGTOR VARDABEES WTTH SRVEN ACCTDENT VIOLATTON CRITERTON VARTADGES

GKOUP-EMR MALES
\begin{tabular}{|c|c|c|c|c|c|c|c|}
\hline VAR IABLES NUMBER & 151 & 152 & 153 & 154 & 155 & 156 & 157 \\
\hline 6 & . 043 & . 026 & . 024 & . 025 & . 044 & . 033 & . 052 \\
\hline 7 & .061 & -036 & . 035 & . 035 & . 063 & . 047 & . 074 \\
\hline 8 & .061 & . 036 & . 035 & . 035 & .063 & . 447 & .074 \\
\hline 9 & .043 & - 026 & . 024 & . 025 & . 044 & . 033 & . 052 \\
\hline 10 & . 043 & . 026 & . 024 & = 025 & . 044 & . 033 & . 052 \\
\hline 11 & -. 215 & -.161* & -. 169 \% & -. 176 \% & -.196\% & -. 222 \% & -.233 \% \\
\hline 12 & -. 103 & \(=.016\) & -. 068 & \(=.023\) & -. 098 & \(\pm .005\) & -. 055 \\
\hline 13 & -. 025 & . 036 & -. 081 & . 035 & - 0.023 & -. 0.050 & -. 009 \\
\hline 14 & -. 013 & \(=.023\) & -.033 & -. 041 & \(=.015\) & \(-.048\) & \(=.016\) \\
\hline 15 & -. 079 & -. 070 & -. 078 & -.111 & -. 064 & \(=.087\) & -. 080 \\
\hline 16 & .113 & .104 & . 073 & . 043 & .103 & . 053 & . \(179 \%\) \\
\hline 17 & -. 014 & - -.016 & . 026 & . 099 & - 0.023 & . 058 & -. 038 \\
\hline 18 & \(=.067\) & -. 0.047 & -. .044 & -. 071 & -. 049 & -. 038 & \(=.065\) \\
\hline 19 & . 046 & . 012 & .049 & .000 & . 055 & . 002 & . 017 \\
\hline 20 & -. 018 & -. 090 & -. 036 & -. 048 & -. 040 & -. 022 & -. 066 \\
\hline 21 & -. 0.056 & -.092 & \(=128 \%\) & \(=.025\) & -. 068 & -. 0663 & \(=.113\) \\
\hline 22 & -. 035 & -. 019 & -. 082 & -. 016 & -. 043 & \(=.034\) & -. 0.041 \\
\hline 23 & -. 018 & \(=030\) & -. 0.083 & -. 022 & -. 025 & -. 035 & -. 062 \\
\hline 24 & . 077 & -. 018 & . 040 & . 038 & . 089 & .036 & .107 \\
\hline 25 & -. 088 & . 085 & . 062 & -. 016 & -. 088 & -. 001 & -. 032 \\
\hline 26 & .043 & . 026 & . 024 & . 025 & . 044 & . 033 & . 052 \\
\hline 27 & -. 051 & -. 0.028 & . 003 & -. 039 & -. 046 & -. 019 & -. 047 \\
\hline 28 & -. 038 & \(=.026\) & .065 & - .095 & -. 0003 & -. 006 & -. 026 \\
\hline 29 & -. 071 & -. 043 & .020 & \(=.080\) & -. 053 & \(=.031\) & -. 068 \\
\hline 30 & 046 & -. 011 & . \(116 \%\) & -. 670 & . 051 & . 053 & . 022 \\
\hline 31 & . 005 & -. 059 & . 116 \% & -. \(126 \%\) & .013 & .019 & -. 0.027 \\
\hline 32 & \(\because .017\) & \(-.046\) & . 037 & -. 101 & -. 016 & -. 040 & -. 053 \\
\hline 33 & -. 014 & -. 022 & . 037 & \(\cdots .091\) & -. 002 & . 006 & -. 007 \\
\hline 34 & -. 045 & - 1102 & . 0221 & - \(-154 \%\) & -. 039 & -. 0.039 & -. 067 \\
\hline 35 & \(=.043\) & \(=097\) & -. 008 & -. 142 & \(=.048\) & -. 077 & -. 087 \\
\hline 36 & .070 & . 057 & . 110 & -.059 & . 097 & .068 & .077 \\
\hline 37 & . 054 & . 043 & . 098 & \(=.068\) & .081 & . 055 & .061 \\
\hline 38 & . 006 & -. 072 & . 063 & -. 056 & . 004 & . 024 & -. 010 \\
\hline 39 & -. 060 & .012 & .049 & -. 020 & -. 042 & . 052 & -.053 \\
\hline 40 & -. 046 & -. 030 & . 039 & -. 063 & -. 0228 & . 013 & -. 056 \\
\hline 41 & - . 001 & -. 112 & \(=.004\) & -. 102 & . 003 & -. 0885 & -. 044 \\
\hline 42 & .039 & . 053 & . 086 & -. 018 & . 061 & . 016 & . 000 \\
\hline 43 & -. 003 & -. 008 & . 052 & \(=.059\) & . 019 & -. 031 & \(=.059\) \\
\hline 44 & -. 092 & \(=.116^{\text {\% }}\) & \(=.079\) & \(=.067\) & \(=.098\) & -. 094 & \(=.110\) \\
\hline 45 & . 003 & -. 005 & .017 & .031 & .024 & . 021 & -. 0.028 \\
\hline 46 & \(=.028\) & -. 080 & \(\because .030\) & -. 043 & -. 014 & -. 037 & -. 064 \\
\hline 47 & -. 043 & -. 088 & -. 034 & -. 0.082 & \(=.051\) & . 0.051 & -. 056 \\
\hline 48 & \(\cdots\) - \(139{ }^{\text {\% }}\) & - \(1145^{*}\) & -. 043 & =.147\% & -.135* & -.112 & -. \(145^{\text {\% }}\) \\
\hline 49 & . 028 & .043 & . 111 & -. 051 & 059 & . 058 & .015 \\
\hline 50 & =.003 & \(=.022\) & . 080 & -. 109 & . 025 & .007 & -.031 \\
\hline 51 & -. 062 & -. \(165^{\text {\% }}\) & -. 034 & -. \(174^{*}\) & -. 072 & -. \(114^{*}\) & -.117 \({ }^{\text {b }}\) \\
\hline 68 & -. 066 & . 045 & -. 052 & . 043 & -. 063 & =. 022 & . 045 \\
\hline 69 & . 050 & . 025 & . 019 & . 075 & . 053 & . 054 & . 080 \\
\hline 7 C & -. 019 & -. 066 & -. 024 & . .051 & -. 035 & -. 076 & -. 052 \\
\hline & & & & & & & \\
\hline
\end{tabular}

The significance at the .05 level \(\equiv .113, \mathrm{~N}=300\)

APPENDIX P-2a
CORRELATIONS OF 80 PREDICTOR VARTABLES WTH SEVEN ACCIDENT VIOLATTON CRITE ION vARIABLES

GROUP=EMR MALSS


The significance at the .05 level \(\equiv .113, \mathrm{~N}=300\)

APPENDIX \(\mathrm{P}-3\)
CORRELATIONS OF 60 PREDICTOR TARIABLES WITH SEVEN ACCIDENT VIOLATION CRITERION VARIABLES
GROUP-EMR FEMALES


CORRELATIONS OE 80 PREDICTOR VARIABLES WITH SEVEN ACCIDENT VIOLATION CRITERION VARTABLEG
GROUR-EMR FEMALES
\begin{tabular}{|c|c|c|c|c|c|c|c|}
\hline VARIABLES NUMBER & 151 & 159 & 153 & 154 & 155 & 156 & 157 \\
\hline 72 & -. 139 & -. 159 & -. 082 & .000 & -. 130 & -. 082 & - . 213 \\
\hline 73 & \(=1103\) & . 170 & . 036 & . 000 & \(=.103\) & . 036 & -. 002 \\
\hline 74 & . 073 & . 037 & .043 & .000 & . 073 & .043 & . 087 \\
\hline 75 & .073 & . 037 & . 043 & . 000 & . 073 & . 043 & . 087 \\
\hline 76 & - .295 \% & \(=.185\) & -. 269 & .000 & - 29.29 \% & -. 269 & \(-.370^{4}\) \\
\hline 77 & . 104 & . 053 & . 062 & .000 & . 104 & . 062 & . 124 \\
\hline 78 & .104 & .053 & . 062 & . 000 & . 104 & . 062 & . 124 \\
\hline 79 & . 104 & . 053 & . 062 & . 000 & .104 & . 062 & .124 \\
\hline 30 & . 104 & . 053 & . 063 & .000 & .104 & . 052 & . 124 \\
\hline 81 & . 085 & . 048 & \(=.038\) & . 000 & . 085 & -. 038 & . 104 \\
\hline 82 & -. 076 & -. 022 & -. 054 & . 000 & -. 076 & \(-.054\) & \(=.082\) \\
\hline 83 & .017 & . 020 & -. 041 & .000 & . 017 & -. 041 & . 026 \\
\hline 84 & . 010 & . 175 & -. 198 & . 000 & .010 & - 198 & . 104 \\
\hline 85 & \(=.041\) & .110 & -. 083 & . 000 & -. 041 & \(=.083\) & . 022 \\
\hline 86 & -. 020 & . 122 & \(=.150\) & . 000 & -. 020 & -. 150 & . 048 \\
\hline 87 & . 073 & .037 & .043 & . 000 & . 073 & .043 & . 087 \\
\hline 88 & -. 152 & . 121 & \(=.244\) & . 000 & \(=.152\) & - 2.24 & -. 073 \\
\hline 89 & . 131 & -. 08 2 & \(\because .03 \overline{4}\) & . 000 & . 131 & -. 034 & . 075 \\
\hline 90 & -. 104 & . \(378{ }^{\text {\% }}\) & -. 062 & . 000 & \(=.104\) & -. 062 & . 110 \\
\hline 91 & . 000 & 000 & . 000 & .000 & . 000 & . 000 & . 000 \\
\hline 92 & . 087 & . 113 & -. 070 & . 0000 & . 087 & -. 070 & . 140 \\
\hline 93 & . 035 & . 095 & \(=.116\) & . 000 & . 035 & -. 116 & . 083 \\
\hline 94 & -. 104 & -. 053 & -. 062 & .000 & -. 1 C 4 & -. 062 & -. 124 \\
\hline 95 & -. 158 & . 016 & -. 179 & .000 & -. 158 & -. 179 & -. 136 \\
\hline 96 & -. 147 & -. 007 & -. 103 & . 000 & -. 147 & - 1.103 & -. 138 \\
\hline 97 & - .149 & . 050 & -. 149 & . 0000 & -. 149 & -. 149 & -. 109 \\
\hline 98 & -. 038 & . 084 & . 041 & . 000 & -. 038 & . 041 & . 011 \\
\hline 99 & - 0.351 & . 036 & -. 123 & . 000 & - \(-351^{*}\) & -. 123 & \(=.300^{\text {\% }}\) \\
\hline 100 & -.311 \% & . 055 & - 2221 & . 000 & - \(3111^{\text {㟋 }}\) & -. 221 & -. 254 \\
\hline & & & -. 183 & . 000 & -. 219 & -. 183 & -. 158 \\
\hline 150 & -. 219 & .076 & \(=.183\) & .000 & -. 219 & & . 158 \\
\hline
\end{tabular}
*The significance at the . 05 level \(\equiv .273, \mathrm{~N} \equiv 50\)

APEENUIX P=4
CORRELATIONS OF 80 MREDICTOR VARLABLES WITH SEVEN ACCIDTRT VTOLATTON GRTTERION VARIABLES

GROUP-IVORMAL TOTAL
\begin{tabular}{|c|c|c|c|c|c|c|c|}
\hline VARIABLFS NUMBER & 151 & 152 & 153 & 154 & 155 & 156 & 157 \\
\hline 6 & -. 093 & - \(134 \%\) & -. 101 & -. 157\% & -. \(096 \%\) & -. \(183 \%\) & -. 168* \\
\hline 7 & . 000 & \(=.101^{\text {\% }}\) & -. 049 & \(-.103^{\circ}\) & \(=.007\) & -. \(101 \%\) & -. 030 \\
\hline 8 & \(=.005\) & -.095\% & -. 036 & \(-.054 \%\) & -. 006 & . .080 & \(=.020\) \\
\hline 9 & .011 & . 035 & . 012 & . 026 & . 014 & . 030 & . 028 \\
\hline 10 & \(\underline{-019}\) & . 031 & . 045 & -. 073 & -. 016 & .010 & \(=.006\) \\
\hline 11 & 041 & -. 080 & -. 048 & -. 087 & . 036 & -. 090 & -. 016 \\
\hline 12 & .094年 & . 051 & -. 035 & -. 026 & . 092 & -. 043 & . 085 \\
\hline 13 & . 053 & . 099 & -. 082 & . \(112^{\text {\% }}\) & . 037 & . 011 & . 086 \\
\hline 14 & -. 033 & . 058 & -. 040 & . \(07 \pm\) & -. 030 & . 014 & . 002 \\
\hline 15 & . 009 & . 056 & . 037 & . 071 & . 014 & . 067 & . 035 \\
\hline 16 & . 062 & -. 039 & \(=.015\) & -. 028 & .1755 & -. 035 & . 037 \\
\hline 17 & -. 089 & \(=.028\) & \(\pm .033\) & -. 062 & -. 088 & -. 046 & -. 0.095 \% \\
\hline 18 & . 042 & . 003 & . 081 & . 005 & . 045 & . 059 & . 037 \\
\hline 19 & . 031 & -. 04. & .015 & -. 012 & .08 & -. 0003 & -. 0.051 \\
\hline 20 & . 048 & \(=.083\) & . 052 & -. 027 & . 049 & . 032 & . 036 \\
\hline 21 & . 017 & -. 058 & . 013 & . 000 & . 021 & . 016 & . 022 \\
\hline 22 & -. 009 & -. 047 & . 023 & -. 0007 & -. 024 & .020 & -. 011 \\
\hline 23 & . 013 & -. 043 & . 080 & -. 046 & -. 0.006 & . 037 & -. 034 \\
\hline 24 & -. 025 & . 075 & -. 048 & . 050 & - 0004 & - .009 & . 020 \\
\hline 25 & -. 000 & . 010 & -. 085 & . 036 & . 009 & -. 050 & . 035 \\
\hline 26 & . 618 & .032 & . 035 & . 026 & .020 & .643 & . 026 \\
\hline 27 & -. 024 & -. 044 & \(-.01 \leq\) & \(=.070\) & -. 042 & -. 060 & -. 058 \\
\hline 28 & -. 035 & \(-.018\) & . 043 & -. 078 & \(\because .044\) & -. 010 & -. 0.067 \\
\hline 29 & -. 035 & =.04 \({ }^{\circ}\) & .003 & -. \(099 \%\) & \(=.049\) & -. 050 & -. 071 \\
\hline 30 & \(=003\) & . 0 & . 035 & -. 010 & \(=.004\) & .013 & . 002 \\
\hline 31 & . 015 & \(=.0\) & . 039 & \(=.035\) & . 008 & -. 007 & -. 0.002 \\
\hline 32 & . 035 & -. 091 & . 030 & \(=.074\) & . 021 & . .039 & =.011 \\
\hline 33 & \(-.020\) & - 0.050 & -. 062 & \(=.061\) & \(\therefore .069\) & -. 058 & -. 074 \\
\hline 34 & -, 038 & -. 072 & \(-.042\) & -. 071 & -. 088 & -. 049 & -. 0.086 \\
\hline 35 & -. 054 & -. 058 & -. 0001 & - 032 & -. 068 & -. 023 & -. 063 \\
\hline 36 & \(\sim 096 \%\) & . 084 & . 022 & . 126 * & -. 080 & .077 & -. 0009 \\
\hline 37 & -. 081 & .093 & . 035 & . \(132^{\text {t }}\) & -. 070 & . 090 & . 002 \\
\hline 38 & . 066 & . 075 & . 104 + & . 072 & . 077 & . \(103 \%\) & . 090 \\
\hline - 39 & \(\pm .023\) & . 063 & . 000 & .118* & -. 0.043 & . 079 & \(=.009\) \\
\hline 40 & -.,008 & .061 & .025 & . \(125^{\text {t }}\) & - 0.023 & .096* & . 010 \\
\hline 41 & . 030 & -. 014 & . 080 & . 032 & . 043 & .051 & . 037 \\
\hline 42 & -. 035 & -. 003 & . 035 & 055 & -. 018 & .035 & -. 0111 \\
\hline 43 & -. 044 & .045 & . 031 & .066 & -. 024 & . 035 & \(=.011\) \\
\hline 44 & .005 & .097 & - 0007 & .009 & .009 & -. 007 & . 013 \\
\hline 45 & . 018 & . 022 & . \(129 \%\) & . 0117 & . 034 & . \(111^{\text {t }}\) & .038 \\
\hline 46 & .036 & . 068 & . \(127 \pm\) & . 067 & . 048 & .141* & . 095 \% \\
\hline 47 & .036 & . 075 & . 026 & . 076 & . 034 & .064 & . 084 \\
\hline 48 & . 008 & .055 & .094娄 & .019 & . 009 & . 067 & . 026 \\
\hline 49 & . .067 & .049 & . 021 & \(.105^{\text {\% }}\) & -. 068 & .070 & =. 025 \\
\hline 50 & -.059 & . 056 & .046 & .104* & -. 060 & . 088 & -. 0.014 \\
\hline 51 & .020 & . 019 & . 063 & . 021 & . 018 & . 053 & . 035 \\
\hline 68 & \(=.038\) & . 032 & . 035 & . 026 & -. 036 & . 043 & -. 029 \\
\hline 69 & -. \(094^{\text {\% }}\) & .032 & -. 043 & . 025 & -. 092 & \(=.024\) & =.085 \\
\hline 70 & \(=.010\) & .066 & . 090 & -. 008 & . 035 & . 066 & .024 \\
\hline
\end{tabular}

Whe significance at the .05 level \(=.094, \mathrm{~N}=446\)

APPENDIX P-4a
CORRELATIONS OF 80 PREDICTOR VARIABLEE JITH SEVEN ACCIDENT VIOLATION CRITERION VARIABLES

GROUP-NORMAL TOTAL

*The aignificance at tbs .05 level \(\equiv .094\), N

APPENDIX \(P=5\)
CORRELATIONS OF 80 PR ITCTOR 'IARTABLES WITH SEVEN ACCIDEN" VIOLATION CRTTERION VARIABLES
\begin{tabular}{|c|c|c|c|c|c|c|c|}
\hline VARIABLES NUMBER & 151 & 152 & 153 & 154 & 155 & 156 & 157 \\
\hline 6 & \(=.086\) & \(\underline{-137}\) & -. 1119 & - \(20.25^{\text {\% }}\) & -. 083 & -.233* & \(\frac{-187 \%}{}\) \\
\hline 7 & -. 0.007 & -. 057 & \(=.049\) & -. 040 & -. 012 & -. 056 & -. 015 \\
\hline 8 & =. 023 & -. 0224 & . 029 & . 024 & -. 021 & . 057 & . 024 \\
\hline 9 & -. 004 & . 053 & -. 018 & . 011 & . 003 & -. 008 & . 025 \\
\hline 10 & -. 002 & . 026 & . 060 & -. 069 & . 010 & . 021 & 013 \\
\hline 11 & . \(161 *\) & -. 089 & -. 068 & -. \(13 \%\) & 165 & \(-130 \%\) & 082 \\
\hline 12 & 074 & -. 030 & - 030 & -. 025 & . 072 & -, 040 & . 063 \\
\hline 13 & . 066 & . 081 & \(=.099\) & .143* & . 043 & 028 & . 108 \\
\hline 14 & -. 0.078 & - 0.092 & . 022 & . 072 & . 067 & . 054 & -. 0.6 \\
\hline 15 & . 04.3 & -.053 & . 076 & . 084 & .051 & 103 & . 096 \\
\hline 16 & . 055 & . 013 & -. 014 & . 024 & 058 & . 012 & 056 \\
\hline 17 & \(=116\) & \(=.084\) & -. 084 & \(-136 *\) & \(=130^{*}\) & -. 147 \% & -. \(186 \%\) \\
\hline 18 & 128* & . 059 & . 059 & . 014 & \(125^{*}\) & . 054 & 120 \\
\hline 19 & . 003 & 014 & 014 & -. 008 & . 009 & \(=.004\) & -. 069 \\
\hline 20 & . 018 & \(=.131^{\text {\% }}\) & . 078 & \(=014\) & . 015 & . 078 & . 005 \\
\hline 21 & -. 005 & -. 124 & - 0.056 & -. 037 & -. 015 & -. 0.048 & -. 020 \\
\hline 22 & \(=.019\) & -. \(128^{87}\) & -. 022 & -. 070 & -. 039 & =.025 & \(-.033\) \\
\hline 23 & -. 033 & -. 082 & . 088 & -. 095 & -. 058 & . 021 & \(\underline{-112}\) \\
\hline 24 & . 038 & . \(137 \%\) & - 584 & .100 & .059 & -. 018 & . 108 \\
\hline 25 & . 007 & .011 & -. 065 & .006 & . 030 & -. 015 & . 075 \\
\hline 26 & . 000 & .000 & . 000 & . 000 & . 000 & . 000 & .000 \\
\hline 27 & -. 050 & -. \(132 \%\) & -. 080 & -. 165 & -. 074 & - \(.160 \%\) & -. \(132^{4}\) \\
\hline 28 & . 058 & -. 062 & .070 & \(-.116\) & . 046 & -. 007 & 0.011 \\
\hline 29 & . 010 & -. 103 & . 0173 & \(\underline{.151}\) & -. 009 & -. 083 & -. 072 \\
\hline 30 & . 019 & , 874 & .031 & . 009 & .019 & . 028 & .055 \\
\hline 31 & . 046 & . 043 & .031 & -. 010 & . 038 & -. 008 & .047 \\
\hline 32 & .073 & \(-.037\) & .033 & -. 050 & . 055 & -. 054 & . 014 \\
\hline 33 & -.031 & \(=.061\) & -.117 & \(=.085\) & -.112 & \(-.098\) & \(\underline{-115}\) \\
\hline 34 & -. 026 & \(=.071\) & -. 062 & -. 0.074 & -. 107 & -. 049 & -. 088 \\
\hline 35 & - 0.053 & -. 04.0 & . 039 & - 0.025 & -. 072 & . 015 & -. 044 \\
\hline 36 & -. 151 & . .021 & -. 009 & . 077 & -. 121 & .029 & -. 044 \\
\hline 37 & -. 133 & . 032 & . 001 & . 084 & -. 107 & . 040 & -. 029 \\
\hline 38 & .102 & . 098 & . 094 & . 078 & . 116 & . 103 & . 141 \\
\hline 39 & -. 056 & \(=.000\) & -. 090 & . 073 & -. 091 & -. 018 & -. 056 \\
\hline 40 & -. 022 & -. 008 & -. 062 & .078 & -. 048 & \(=.007\) & -. 018 \\
\hline 41 & . 047 & -.053 & . 053 & -. 003 & . 066 & . 001 & . 042 \\
\hline 42 & -. 078 & . 012 & -. 015 & . 042 & -. 073 & -. 015 & -. 054 \\
\hline 43 & -. 081 & . 065 & \(=.027\) & . 039 & -. 076 & -. 039 & -. 055 \\
\hline 44 & . 011 & 102 & \(\therefore .004\) & -. 009 & . 016 & -. 027 & . 009 \\
\hline 45 & - 0.012 & . 046 & - \(.158 \%\) & . 0099 & 003 & 105 & . 002 \\
\hline 46 & . 058 & . 062 & . 141 \% & . 074 & . 067 & 131* & 130* \\
\hline 47 & . 089 & . 018 & . 017 & . 080 & . 088 & 052 & 147* \\
\hline 48 & . 060 & .097 & \(130^{\text {F }}\) & .015 & . 060 & . 076 & . 086 \\
\hline 49 & \(=115\) & . 010 & \(=.048\) & . 059 & -. \(125^{*}\) & \(=.009\) & \(=.074\) \\
\hline 50 & \(=.092\) & . 017 & \(-.033\) & . 059 & -. 102 & -. 003 & -. 045 \\
\hline 51 & . 040 & . 022 & . 044 & 013 & . 043 & . 022 & . 064 \\
\hline 68 & -. 074 & . 030 & . 030 & . 025 & \(=.072\) & . 040 & -. 063 \\
\hline 69 & -. 105 & . 042 & \(=.080\) & . 035 & -. 102 & -. 246 & -. 089 \\
\hline 70 & -. 101 & . 084 & . 084 & -. 032 & -. 069 & . 033 & -. 08 s \\
\hline
\end{tabular}
*'The significance at the .05 level \(=.125, \mathrm{~N}\) m 244

APPENDIX P-1
CGRRELATIONS OF 80 PREDICTOR VARLABTES WITH SEVEN ACGIDENT VIOLATION GRITERION VARIABLES

GROUP-NORMAL MALE


The significance at the .05 level \(=.125, \mathrm{~N}=244\)

3
211
correlations of 80 predictor vartables with seven accident violation criterion variables


212

APPENDIX P-6a
CORRELATIONS OF 80 predictor Variables With seven accident viot ation criterion variables

GROUP-NORMAL FEMALES


The significance at the .05 level \(\equiv .138, \mathrm{~N}=202\)
213

ACCIDENT VIOLATION VARIABLE
GROUP-SUMMARY OF SIGNIFICANT CORRELATIONS BETWEEN INDEPENDENT VARTABLES
WITH CRITERION VARIABLES


194

APPENDIX \(\mathrm{P}=7 \mathrm{a}\)

ACCIDF JT VIOLATION VARIABLE

GROUP-SUMMARY OF SIGNIFICANT CORRELATIONS BETWEEN INDEPENDENT VARTABLES

WITH CRITERION VARIABLES
\begin{tabular}{l|l|l|l|l|l|l|l|l}
\hline
\end{tabular}

\footnotetext{
1 - Total E.M.R. Group
2 - Male E.M.R. Group
3 - Female E.M.R. Group
4 - Total Normal Group
5 - Male Normal Group
6 = Female Normal Group
}

\section*{APPENDIX P-8}

SUMMARY OF NUMBER OF CORRELATION COEFFICIENTS
(of 80 predictors with 7 criteria)
STATISTICALLY SIGNIFICANT AT THE . 05 LEVEL OF CONFIDENCE BY GROUP
\begin{tabular}{|c|c|c|c|c|c|c|c|c|}
\hline group & \multicolumn{4}{|l|}{r. 05} & \multicolumn{4}{|l|}{VARTABLE} \\
\hline & & \[
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151 \\
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\] & \[
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& 153 \\
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\] & \[
\begin{gathered}
155 \\
\hline
\end{gathered}
\] & AV \({ }^{156}\) & \[
\begin{aligned}
& 157 \\
& \mathrm{COMB}
\end{aligned}
\] \\
\hline 1. Total EMR & . 107 & 8 & 10 & 9 & 14 & 14 & 11 & 19 \\
\hline 2. Male EMr & . 113 & 10 & 7 & 7 & 10 & 9 & 8 & 16 \\
\hline 3. Female EMR & . 273 & 7 & 3 & 8 & 0 & 7 & 8 & 4 \\
\hline 4. Total Normal & . 094 & 4 & 5 & 6 & 13 & 3 & 8 & 8 \\
\hline 5. Male Normal & . 125 & 6 & 6 & 5 & 8 & 8 & 7 & 10 \\
\hline 6. Female Normal & . 138 & 5 & 4 & 1 & 0 & 6 & 1 & 7 \\
\hline
\end{tabular}

Number of Variables by Groups
\begin{tabular}{llcc} 
1. Significant Correlation & 12 & 16 \\
2. Significant Correlation & 14 & 12 \\
3. Significant Correlation & -- & 6 \\
4. Significant Correlation & \(-=\) & 2 \\
5. Significant Correlation & \(-=\) & \(-=\) \\
6. Significant Correlation & \(-=\) & \(-=-\) \\
& & Total & 26
\end{tabular}

\section*{216}

\section*{APPENDIX Q}

\section*{I. Partial Correlations}
II. Partial Correlation Tables:
\(\left.\begin{array}{ll}\text { Appendix Q1. } & \begin{array}{l}\text { Partial Correlations-Total EMR, State Reforted } \\ \text { Accidents (Variable 153) as Criterion Variable } \\ \text { (Variable } 2 \text { in } 12.3)\end{array} \\ \text { Appendix Q2 } \\ \text { Partial Correlations-EMR Males, State Reported } \\ \text { Accidents (Variable 153) as Criterion Variable } \\ \text { (Variable in 12.3) }\end{array}\right\}\)

Appendix Q11 Partial Correlations-Total Normal, Combined Accidents and Violations, Self and State (Variable 157) as Criterion Variable (Variable 2 in 12.3)

Appendix Q12 Partial Correlations-Normal Male, Combined Accidents and Violations, Self and State (Variable 157) as Criterion Variable (Variable 2 in 12.3)
Appendix Q13 Partial Correlations-Normal Females, Combined Accidents and Violations, Self and State (Variable 157) as Criterion Variable (Variable 2 in 12.3)
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline \(\stackrel{\square}{8}\) & 8 & \(\stackrel{\infty}{\square}\) & \(\stackrel{\sim}{¢}\) & \(\underset{\sim}{\omega}\) & \(\stackrel{\sim}{\circ}\) & \({ }^{N}\) & ت & &  \\
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\stackrel{\stackrel{\rightharpoonup}{\psi}}{\dot{\omega}}
\] & \[
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\] & \[
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& \underset{f}{2}
\end{aligned}
\] &  & \(\stackrel{\circ}{\circ}\) & \\
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State Reported Accidents（Variable 153）as Criterion Variable

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\begin{aligned}
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\text { ions (Variable 154) as Criterion Variable } \\
\text { (Variable } 2 \text { in } 12.3 \text { ) }
\end{array} \\
& \text { State Reported Violations (Variable 154) as Criterion Variable } \\
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\end{array} \\
& 223
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\footnotetext{
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\begin{aligned}
& \text { ations, Self and State (Variable 157) as Criterion } \\
& \text { (Variable } 2 \text { in } \mathrm{r}_{12.3 \text { ) }}
\end{aligned}
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Combined Accidents and Violations, Self and State (Variable 157) as Criterion Variable


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& 229
\end{aligned}
\]

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\section*{234}```


[^0]:    * Magnitude of Correlation Coefficient required for significance at the $5 \%$ Level of Confidence.

[^1]:    
    

[^2]:    Was

[^3]:    號 the daughter drives and the mor

