

Road Safety of Agglomerating Cities in India – Bhubaneswar

ABSTRACT

Background: The clashing of vehicles with others inattentively is considered a road accident. Its mapping and mitigation can be addressed through awareness, road engineering interventions; traffic planning, and signaling in the Bhubaneswar city, Odisha as increasing at a fast pace annually.

Introduction: About 11064 Road Traffic Classes (RTCs) causing 5333 mortalities occurred during 2019 which has risen by 12% in the year 2021. There also occurred RTC deaths, traumas, and smashing of vehicles, in Bhubaneswar; the capital city of Odisha, which has raised from zero to nine black spots in the last 3 to 4 decades. Its positioning and topography, and located at critical junctions of the Kolkata-Chennai national highway (NH-16) and NH roads connecting to the pilgrim city of golden sands at Puri (NH 236).

Methodology: Collection of traffic data, traffic study at a few places, geographical information studies, remote sensing of geo-referenced satellite data, use of ERDAS software, and analytical studies to initiate up-gradation proposals for existing risky and vulnerable roads. The agglomerated city needs planning for new routes to address the accidents and reduce traffic congestion during peak hours.

Results: The rising demography, added with daily floating people and heavy traffic plying through NH-16 and NH-316 have caused traffic congestion, delays, and accidents are identified as black spots. The dominant black spots found are at road junctions, Ravi Talkies, Rasulgarh, Vanivihar, CRP, fire station, Baramunda, and Patia. Environmental malfunctions, rider's faults, the mental health of driver and user, and mechanical failures are major causes of RTCs. GIS/RS maps need to be plotted over small-scale maps (1:1000m). Probable black spots are identified and their redressing by proposals of up-gradation, and new road creation have been proposed.

Keywords: Bhubaneswar, Road traffic crashes, Road Safety, Mortality, Trauma Care, Road Safety Policy.

1. INTRODUCTION

Severe road accidents have been reported from locations like Ravi Talkies, Kalpana Square, Rasulgarh, and Baramunda as these locations provide entry into the city. Even after having various traffic management measures accidents are still being reported from these locations in a regular manner. As the Baramunda bus stand is being developed as ISBT, the area is always overcrowded. In peak traffic, it is very difficult for pedestrians to cross the whole width of NH as there are no proper facilities like a foot over-bridge or dedicated signal time slot. Odisha state has 91 motor vehicles/000 persons, NIMHANS -2017 (Road Safety in India)

These accidents lead to traffic congestion at the entry point of the city itself. Another small traffic can be mentioned under the umbrella of Rasulgarh i.e. Palasuni traffic. This location connects locations like Balianta,

Pandra, GGP Colony with NH. The series of over-bridges in the city starts from Palasuni to negotiate the speed, travel, service level, and delay in time. Even after an important location this traffic is still not developed as per its significance. The death rate due to RTCs in Odisha increased from 2021 to 2020 by 7.24%. According to the transport dept., the road traffic deaths (RTD) in Odisha were in 2021 was 5081 people against 4738 in the year 2020 [1, 2, 3].

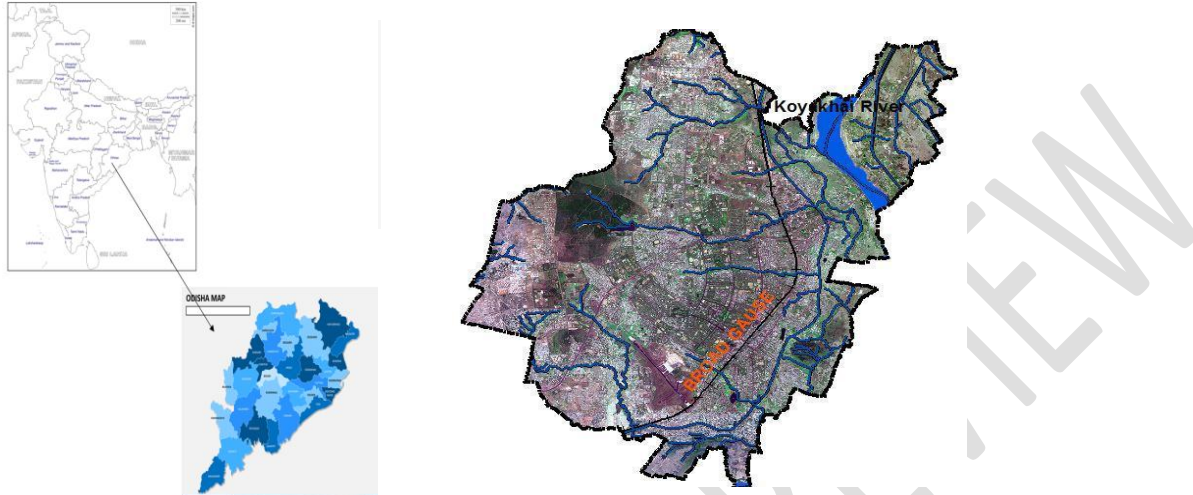


Fig. 1. The index map showing road features of Bhubaneswar, Odisha

As a result, valuable lives fell into death traps and public properties are in risk for the past couple of years. By using GIS and Mapping techniques we are going to find out the traffic hotspots and zones which are very much accidental prone and are not suitable for traffic management. Prioritizing safety on roads is considered a major public health problem.

1.1 Road traffic crashes (RTCs) India

Globally about a 1.3million die from RTCs and disables 20 to 50billions of people. Globally about 3247 people are put to death daily, and the 2nd leading cause of fatalities among RTCs in the age group 5–29 years. The rise in population in the country, continuous surge in motor vehicular registration/use, and increase in road networks contribute towards the upturn in numbers of RTCs, hike in mortalities and trauma due to injuries, and road traffic deaths (RTDs). The country's population has increased at a compound annual growth rate (CAGR) of 3.4%, from the decade 2001 to 2011. During the same period, the number of road accidents in the country increased at a CAGR of 2.1%, RTDs and the number of persons injured in road accidents (RTCs) in the country between 2001 and 2011 increased by 5.8% and 2.4% respectively [4].

Table 1. Statistics of RTCs over Indian roads with fatalities; crashes wise and Population wise

Year	People India	No of RTCs			The person affected in the crash			New Vehicle Regd (IND) Number (CEIC data)
		Total	Deaths	% of total	Persons	deaths	%	
2000	1056575549	391449	78911	17.6				4585700
2001	1075000085	405367	80888	20.16	405216	80888	19.96	5499100
2002	1093317189	407497	84674	19.95	408711	84674	20.72	5892400

2003	1111523144	406726	85998	20.78	435122	85998	19.76	6700000
2004	1129623456	429910	92618	21.14	464521	92618	19.94	7270000
2005	1147609927	439255	94968	21.54	465282	94968	20.41	8152000
2006	1165486291	460920	105749	21.62	496481	105749	21.30	8960000
2007	1183209472	479216	114444	22.94	513340	114444	22.29	9670000
2008	1200669765	484704	119860	23.88	523193	119860	22.91	10530000
2009	1217726215	486384	126896	24.73	515458	125660	24.38	11500000
2010	1234281170	499628	133938	26.09	527512	134513	25.50	12770000
2011	1250287943	497686	142485	26.81	511394	142485	27.86	14180000
2012	1265780247	490383	139091	28.63	509667	138258	27.13	15950000
2013	1280842125	486476	137900	28.36	494893	137572	27.80	17600000
2014	1295600772	489400	141523	28.35	493474	139671	28.30	19070000
2015	1310152403	501423	124130	28.92	500279	146133	29.21	21000000
2016	1324517249	480652	150790	24.76	494624	150785	30.48	23000000
2017	1338676785	464910	147913	31.37	470975	147913	31.41	25300000
2018	1352642280	467044	151420	31.82	469418	151417	32.26	27260000
2019	1366417754	449002	151113	32.42	451361	151113	33.48	29580000
2020	1380004385	374397	131714	33.66	348279	131714	37.82	15271519

Source: MoRTH [5].

There is a constant rise in population, RTCs, people affected in crashes, and the number of vehicles registered in RTO offices of various states of India. India with a 1.38 billion population has averaged crude death rate and age-standardized death rates in the years 1990 and 2017 were 15.8%/18.9 years of age and 15.9%/17.2 years of age respectively. Corresponding Crude death rate/ Age-standardized death rate among low SDI (Socio-demographic Index) calculated by GBD like Odisha from 1990 and 2017, was 11.1%/12.7 years of age at the rise of 28.3% and 17% respectively, which is much lower than the Indian statistics [6].

2.LITERATURE REVIEW

The roads are a kind of the network where the points act like the interconnecting areas of the roads where the accidents occur, on analysis of the networks, and the point of interaction, the accidents can be minimized [2, 7, 8, 9, 10, 11]. In an urban transportation network, the space management and the geospatial data need collection and allocation to carry out the mapping. The digitization was made to check the available space in the interconnectivity [12, 13]. Transportation is the lifeline of urban areas and the national economy. To carve a smooth transportation channel, the proper planning of the city or town is required. Inappropriate planning will result in subsequent road blockage and traffic deadness in the city [14].

The proper developmental planning and its execution must be practiced with the help of spatial use of satellite data for focussing on road plans and extensions as per our requirement. Transportation and planning should be performed as an integral part of road development that could further aid in appropriate urban shaping without interfering with the growth of each other [15]. The Vulnerable Road Users (VRU), like pedestrians, are cyclists, and should not be missed in the planning and design of ameliorative processes like a track for cyclists, footpaths, Rubberized asphalt mixtures, robots for traffic management, etc.

Sec 202 of Motor Vehicle Act, 1988 sanctions, competent police personnel to arresting culprit without a warrant who commits an offense punishable u/s 184, 185, or 197 of the Act, along with Suspension of the license of the offending drivers may also be effected u/s 20 of MV Act [16].

The landscape and street design of the Bhubaneswar city, the dynamics allied are Eastern Ghats belt undulations, and busy NH-16 heavy traffic plying are mainly accountable for its TRCs and fatalities. The roads need detaining, DL seized, and the consignor, consignee, and driver to be booked for their negligence in the catastrophe. DL and vehicles permit of Transport Vehicles being suspended including State Transport Undertaking buses. 10.

571 Road Safety Corners created in the showrooms of two-wheeler dealers for imparting road safety awareness before handing over the two-wheeler to the buyer [17, 18, 19]. All reports about planning, design, and intervention strategies to cut down mortalities, and road crashes, within the BMC area, are to be analyzed regularly about death and trauma at the hotspots. Even plan to use robots for guidance and control can be initiated for traffic management [20]. Bhubaneswar through in Hills range and roads have heavy ups and downs, it is not associated with landslides and other hills associated problems like Mizoram Hills [21, 22].

The delineation of old cities has earmarked its road traffic hotspot areas, but the extension scanty towns, satellite cities, and newly built-up urban towns have unidentified road accident hotspots and traffic congestion areas are the research gap. The present study is the exploration of this gap and its rectification of the newly established 70years city Bhubaneswar in Odisha.

3.METHODOLOG

Y

The methodology adopted in road accident mapping and reduction of road traffic crashes in the Bhubaneswar city in the present study comprises finding the case study area, tracing the accident hotspot zones, observing and data collection from the traffic study. The study also includes the collection of accident data from police records, nearby Hospitals, and public inquiries. The location of various health care units and trauma centers running in the close vicinity of the hot spot zones are identified. The engineering and traffic management issues were collected. From the present traffic volume, futuristic exploitation of the transport infrastructure is guessed. Considering the SDG goal-11, i.e reduction of RTCs by 50%, a new plan for connectivity and rectifications is considered. Before that, the LULC map and the communication maps existing as of date need to be constructed on an as small scale as possible for better planning. The methodology for flow diagram for LULC map and communications layers and feature extraction is done for the preparation of maps.

i. *Methods used for traffic study:*

The traffic statistics should take observations like flow rate (vehicles/unit time), speed (distance/ unit time), travel time/km of road, tardity (inverse of travel time), occupancy, density, time/vehicle, distance per vehicle and concentration of vehicles. The procedures adopted are sectional capacity; measurement over about 10 m., measurement over road length (0.5(km)); observer to move with the traffic flow, and wide-area samples from many vehicles, part of ITS (Intelligent Transportation Systems). Digital observations are also possible [7].

ii. *Making transportation and LU/LC*

Crashes on roads generally happen due to over speed, using seat belts and helmets, not obeying traffic rules, improper signaling, Damaged roads, drunken drivers, not being aware of traffic, and driving while using a mobile phone. The department of transport, the Government of Odisha (GoO), has acknowledged more than 13 new black spots in the BMC witnessing recurrent road mishaps.

Flow diagram for LULC and Communication Map

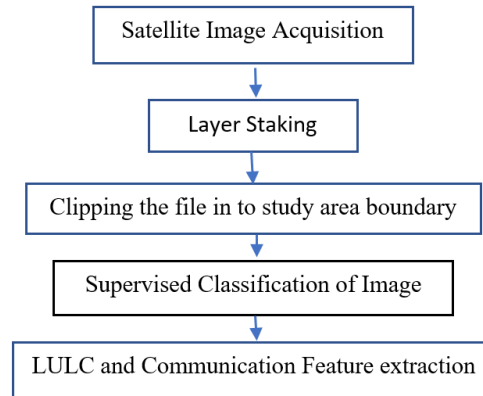


Fig. 2. The methodology for the preparation of LULC and road map of BMC

iii. *Tracing accident hotspot zones around Bhubaneswar:*

The number of road traffic crashes (RTCs) counted during the year 2017 was 625 in Bhubaneswar Municipal Corporation (BMC). About 84% of RTCs occurred within BMC urban areas, $\approx 46.7\%$, were on the National Highways, and $\approx 18\%$ were during rainfall. Vehicle-wise, the accidents occurred in cars (37%) and trucks ($\approx 19.1\%$). The majority of the sufferers were in the Juvenile age group, 18–24 years. Males are the victims and constitute males ($\approx 68\%$) [23, 24]. Out of 280000 road traffic incidents (RTIs), Vehicle wise the number of road traffic deaths by road users between the Years 2015-2018 were pedestrians(26%), Bicycles (7%), two-wheeler (51), Auto-rickshaws (2%), Cars (5%), Buses (3%), truck (5%) and others (2%), results of traffic study made by [25]., IIT New Delhi^[26].

iv. *Marking present black spots over BMC-map.*

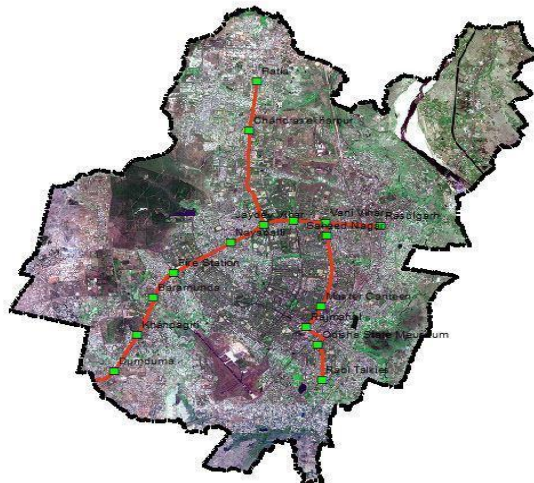


Fig. 3. The connecting roads where the accidents are frequent within Bhubaneswar

Out of many black spots, the selected squares in the artery roads considered hotspots are Patia, Jaydev vihar, Vanivihar, Rasulgarh, Fire station, Khandagiri, Master canteen, Rajmahal, and Ravitalkies from many on-road death traps. Others are major/arterial roads at Satya Nagar, CS Pur, Chandaka, Patia, Khandagiri, Baliana, Raghunathpur, Mancheswar, Saheed Nagar, Biswanathpur, Anantapur, and Kalinga Studio Chhak (Fig. 3).

v. *Map preparation methodology*

For identification of the RTC areas, the data was collected from several sources like hospitals, accident spots, local vendors, etc. The gathered information about health care units in the vicinity of the accident areas was also noted. A plugin named heat map to identify the accident areas in Bhubaneswar city. Sourcing crowds through emerging lanes and updated Google mobile application knowledge need to be used to amass road accident data. Finally, the composed map containing all those layers is in map (Fig. 4).

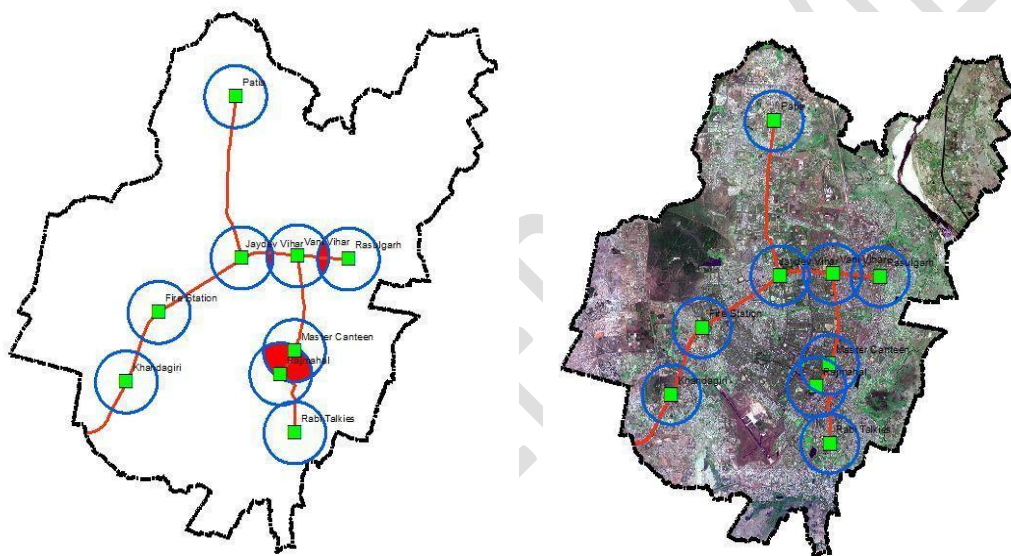


Fig. 4. The vulnerable RTC areas at Kalpana to Rajmahal, and Rasulgarh -Vanivihar - Khandagiri

3.1The Objective

The objective of the present study is to

- i. Locate the risky and vulnerable stretches prone to RTCs.
- ii. Accident emerging zones (number of accident cases)
- iii. To identify alternate routes to minimize congestion
- iv. Renovation of the present status of roads with up-gradation
- v. To decide the distribution of accident spots in BMC
- vi. To suggest recommendations to the traffic police and administration.
- vii. To locate the nearest Hospital in case of any emergency.

Rasulgarh is one of the key entry points into the city. It connects Puri & Cuttack with Bhubaneswar. Rasulgarh square traffic is very confusing for all types of road users due to its design and location constraint. Most vehicular accidents are reported from this traffic. These accidents lead to traffic congestion at the entry point of the city itself. Another small traffic can be mentioned under the umbrella of Rasulgarh i.e. Palasuni traffic. This location connects locations like Baliana, Pandra, and GGP Colony with NH. The series of over-bridges in the city starts from Palasuni. Even after crossing an important location this traffic is still not dispersed as per its significance. As a result, valuable

lives and public properties are being in danger for the past couple of years.

**3.2LU/LC and Road Map
Extraction**

UNDER PEER REVIEW

For Land use and land cover feature extraction from satellite images after geo-referencing. Geo-rectify images done if it not already done (UTM WGS 84). Run an unsupervised classification depending upon the number of classes. The output of the unsupervised classification needs consideration if going out to the field with the GPS unit to define these classes. Finally, all the classes merged if they are the same. The extraction of the LULC layer and road network from the image extracted in Fig. 5(a); and Fig. 5(b).

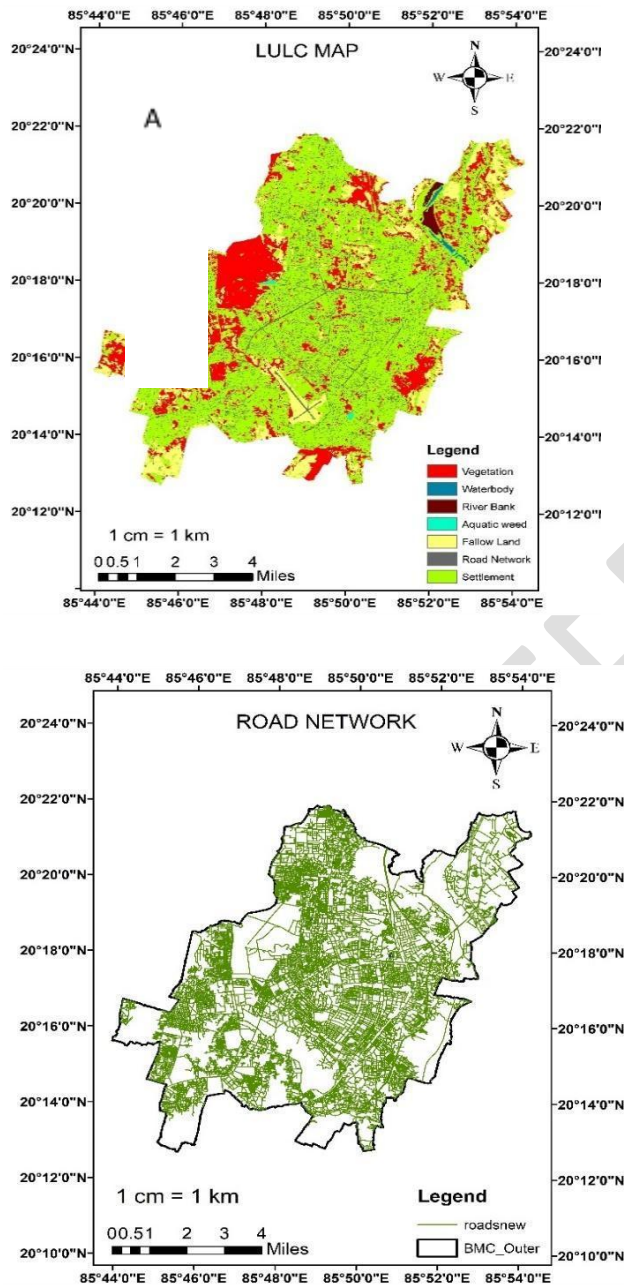


Fig. 5 (a). The Land use and Land cover map Fig. 5(b). The present road network of Bhubaneswar city

3.3 Calculation of Road Length Prone to RTCs

Road accidents in the city occur due to human error, environmental factors, and mechanical failures. The major reasons for RTCs are reckless driving, driver's poor physical condition, bad habits e.g. consumption of alcohol while driving, mechanical failures of the vehicles, negligence of other road users, presence of animals on the roads, and deficiencies in the construction and maintenance of roads (Fig. 6).

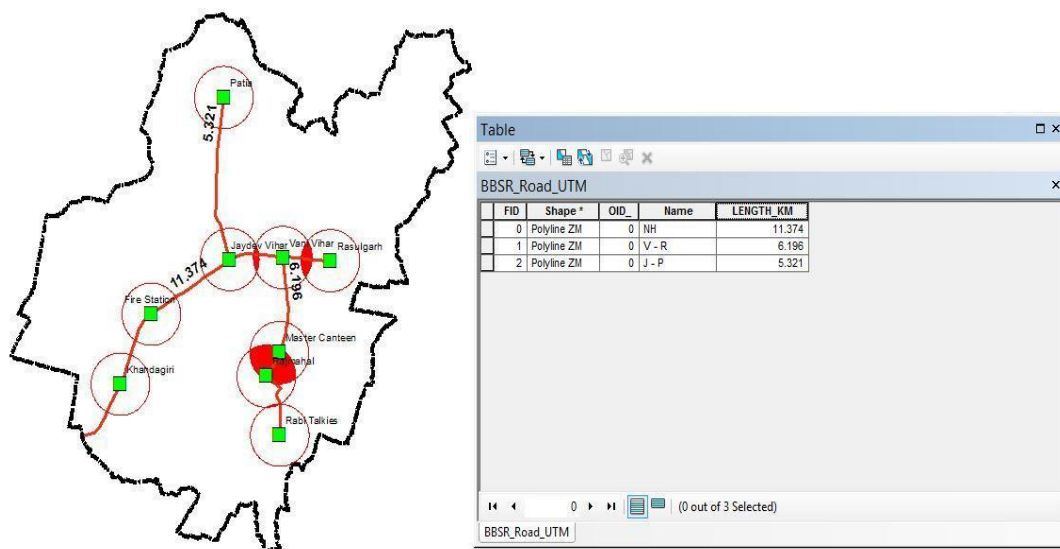


Fig. 6. Existing length of roads turning hotspots of black spots in Bhubaneswar Municipal Corporation

The identified hotspot areas are the NH stretch (Rasulgarh to Aiginia near Khandagiri), and the major arterial road from Jaydevvihar to Patia and Rasulgarh to Ravi talkies square. The traffic study was conducted from Jaydevvihar (at Kalingavihar, Rail Bhawan, and Acharya Vihar. The results of the hourly volume of traffic during peak hours

9.00 AM to 10 AM and 6.00 PM to 7.00 PM were analyzed. As per IRC-106-1990- Table-1) the corresponding PCU is calculated in combination with Mr. C K Dey. The level of service estimated was in Table 2. The designed service volume as per IRC 106-1990 is 3600. Knowing the PCU/hr the LOC (line of comfort), it is reported that all the squares are congested and need rectification or provision of alternatives [26].

Table-2. Traffic survey results from Jaydev Vihar to Acharya Vihar

Name of Arm	Total Vehicles	Total Vehicles in PCU	Hourly Volume	Hourly Volume in PCU
9.00AM -10.00AM				
Jaydev Vihar-Rail Vihar	595	998		
Jaydev Vihar-Nandankanan	1878	2373		
Jaydev Vihar-Acharya Vihar	1528	2158	4001	5529
6.00PM-7.00PM				
Jaydev Vihar-Rail Vihar	1095	1552		
Jaydev Vihar-Nandankanan	1721	2285		
Jaydev Vihar-Acharya Vihar	1625	2278	4441	6115

Table-3. Traffic survey results at Damana square signal

Name of Arm	Total Vehicles	Total Vehicles in PCU	Hourly Volume	Hourly Volume in PCU
9.00AM -10.00AM				
Jaydev Vihar-Sailashree Vihar/DAV School	590	995		
Jaydev Vihar-Nandankanan	1875	2370		
Jaydev Vihar-Mancheswar	1525	2155	4000	5525
6.00PM-7.00PM				
Jaydev Vihar-Sailashree Vihar/DAV School	1092	1550		

Name of Arm	Total Vehicles	Total Vehicles in PCU	Hourly Volume	Hourly Volume in PCU
Jaydev Vihar-Nandankanan	1720	2280		
Jaydev Vihar-Mancheswar	1623	2275	4441	6110

The various parameters are calculated based on PCU, the level of service (LOS), and the line of comfort (LOC), which was found to be all the stretches are congested from Jayadev Vihar to Nanadankanan, which has higher traffic volume during the 21st century. The Kalapana - Rasulgarh and the NH stretch shown in figure -4 possesses much higher traffic and is ever congested during the urban flood, heavy traffic, and peak business, office, and educational hours.

3.4 Minimizing TRC (BMC)

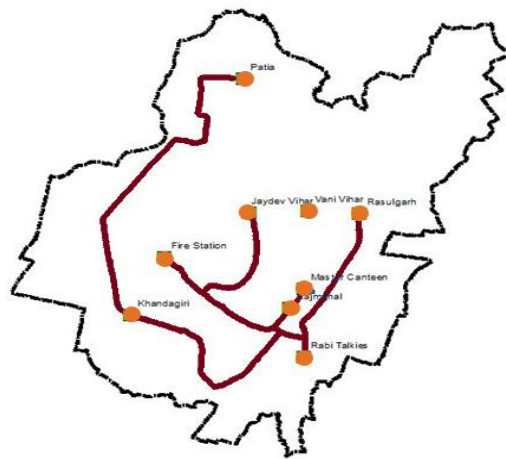


Fig. 7. The alternate routes proposed to reduce traffic congestion and RTCs in BBSR

About 5081 fatalities occurred during 2021 whereas the corresponding fatalities were in 2014 (3,931) and 2019 (4,738), respectively in the state, of Odisha, as per Odisha diary dot com, 24 May 2022. There is a 12% upsurge in road traffic deaths (RTDs) during 2021 (Jan to Oct) matched to the parallel period during 2020. The rate is higher than the national average.

Gradually the traffic volume is increasing and frequent road congestion is occurring. Continuous use of roads has turned it out creating a huge number of potholes and strips of turnouts. To address the RTCs, it has warranted alternate new road networks or up-gradation of connecting roads so that the traffic jam possibly reduced. People can reach their destination safely, and early without mishaps. Fig. 7 depicts alternate routes.

3.5 Rectifying Measures to Reduce TRCs

Respond to fig. 7, various action plans, engineering alternations, regulatory majors, and legal penalties in the existing built environment due to high vehicle density apart from the condition of roads and pedestrian awareness [27]. The pillars over which the road safety stands over pedestals like planning and management using a small scale map, mobile and safe roads, safe vehicles, road users, and traumatic care. The safety activities to inculcate are enforcing safety, interest, additional funds, public awareness, safety strengthening and management, good safety practices, prompt trauma care structures, and finally monitoring and recording for future planning. As per sustainable development goals targets in clause SDG-3.6 (health/trauma care) and SDG-11.2,) relates to safe, accessible, affordable, and supportable transportation

systems in urban [28].

UNDER PEER REVIEW

3.6 Various Safety Measures

Various safety measures that rectify the hazards of road traffic crashes (TRCs) are improving policies at the government level, solicitation of intelligent transport, bolstering safety laws, improving traffic system in BBSR, indorsing cognizance, founding, and monitoring road safety database, promising safer road infrastructure. Apart from the government policies, road management must force a major Road safety as a primary part of road design during the planning stage.

The strict implementation of safety standards, use of personal protective equipment (PPES) for motorcyclists, and vehicles like Seat Belts, and auto anti-lock braking system are players in the reduction in RTCs [29].

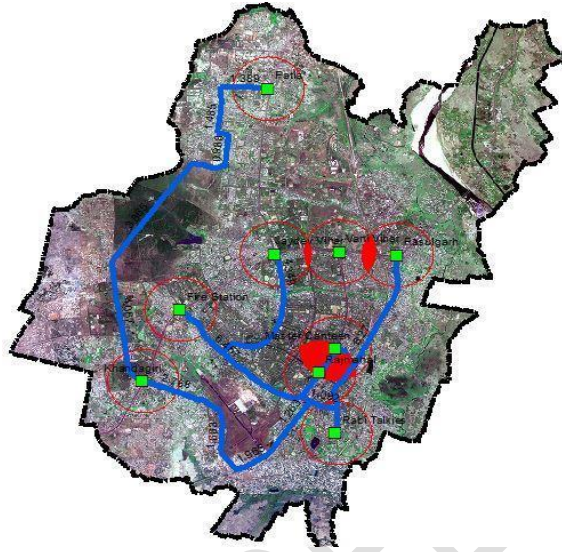


Fig. 8. The present surveillance zone by CCTV footing in hotspot areas of RTCs

Other actions for minimization of safety on roads are minimizing the speed controls, construction of pedestrians, footpaths, movement across the zebra crossing, closed drains, use of CCTV cameras at all crucial points, zero stray animals, rule of left-hand drive, and proper signaling, and traffic light with police vigilance and public surveillance on PPP mode during peak hours (Fig. 08).

The individual actions and obligations of the stakeholders can reduce accidents. Penalizing the drunken /unruly, reckless young drivers, the use of mobile while driving can reduce drastically the frequency of TRCs. Maintaining slow speed on roads near schools, philanthropic arenas, and Market areas can address the vulnerability of the TRCs. Making quality pavements, parking areas and proper signage also reduces the number of road mishaps. Finally, as a social triumph against TRCs, the education, engineering, enforcement & emergency care of road accident victims against (4E's) advocated. However, emergency retorts and HCU attendances play a vital role to save breaths for road crash victims [15, 30].

3.7 New Road Plan to Avoid Accidents

Awareness construction, Engineering rectification, traffic rules adherence, and electronic engineering actions play a vital role to avert this trauma catastrophe, insecurities, and financial losses during RTCs.

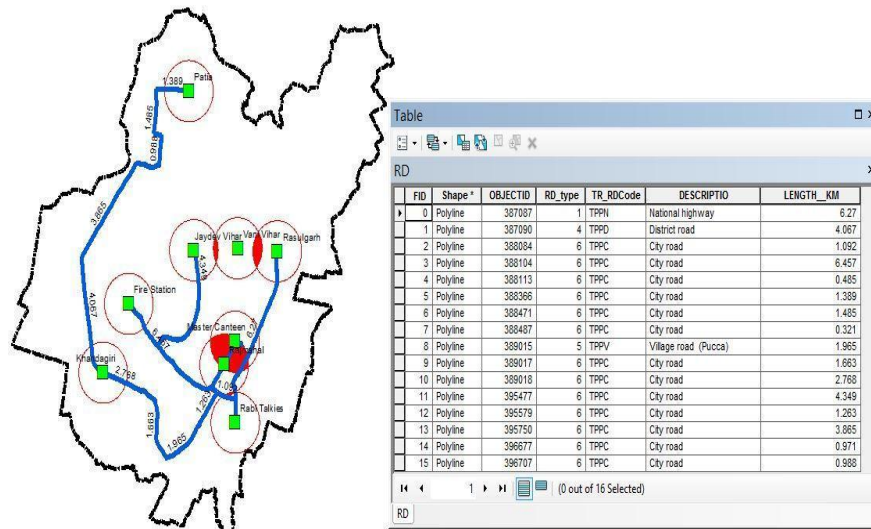
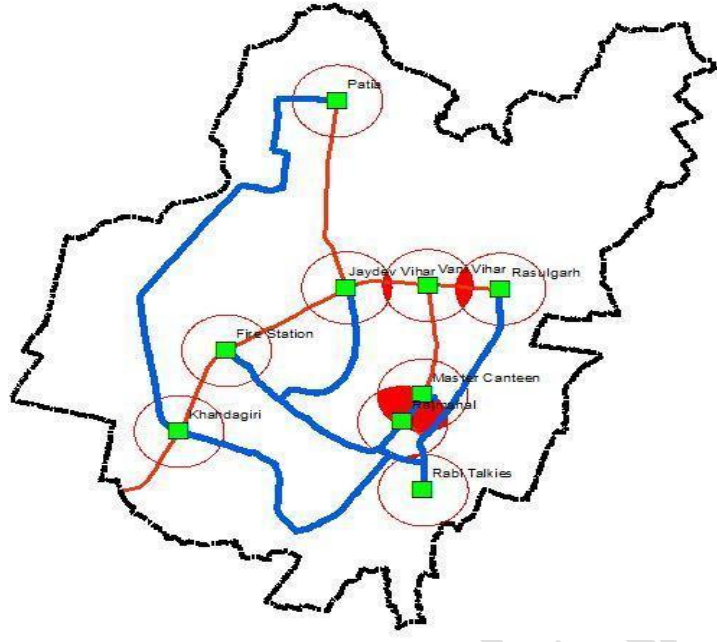


Fig. 9. The new connectivity plan with the length of the roads to rectify RTC within BMC

4. RESULTS

The blue-colored road network is an efficient traffic solving route. This can have results in reducing traffic jams during peak hours, regulating the circulation more efficiently, proper flow of commentators, and reduction of accidents. The red color lines are the existing road network which has augmented the congestion and deaths in death traps. The action plans for road engineering mediations, pavement action, and new road plans are in Fig. 10.

Fig. 11 narrates the length of the existing road prone to road traffic crashes. The three stretches of roads are NH-16 from Vanivihar to Khandagiri of length 11.374km, Vanivihar to Rasulgarh of 6.196Km, and Jayadev Vihar to Patia which is a state High ways and remains under traffic Jams during the peak hours. Another stretch of road from Samantra Pur to Rasul Garh, part of NH 316, is also remaining in traffic Jam. The patch needs to be studied through several high-level over-bridges as connectors have already been constructed, but the problem has not been completely addressed. Fig. 12 narrates the plan to moderate the traffic Jam and reduce accidents in BMC.



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Fig. 10. The proposed new and upgrading of the roads network in BMC except for Ring roads

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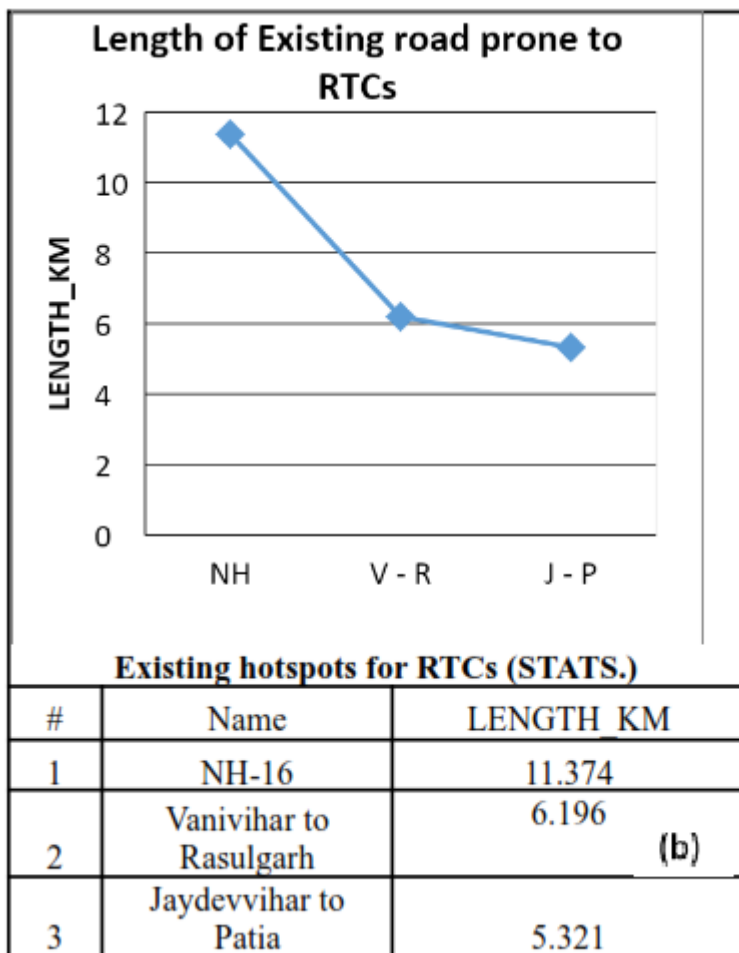


Fig. 11 (a) and (b). The length of existing roads prone to black spots and their length

5. DISCUSSION

Odisha state has exposed a downward trend in RTDs from Jan to June during 2020 matched to the identical period 2019. The STA (State Transport Authority) has reported that RTCs in Odisha declined by 30% between Jan-July,

2020. As per STA data, 5125 accidents (2401 deaths in Jan-July), STA data reveals about 5125 RTCs reported between Jan- July 2020. In 2019, the State of Odisha had 6690 RTCs that resulted in 3426 deaths. The reduction in RTCs was connected to the post the Covid-19, like in other states of India, induced by lockdown, shutdowns, and industrial closure [31].

UNDER PEER REVIEW

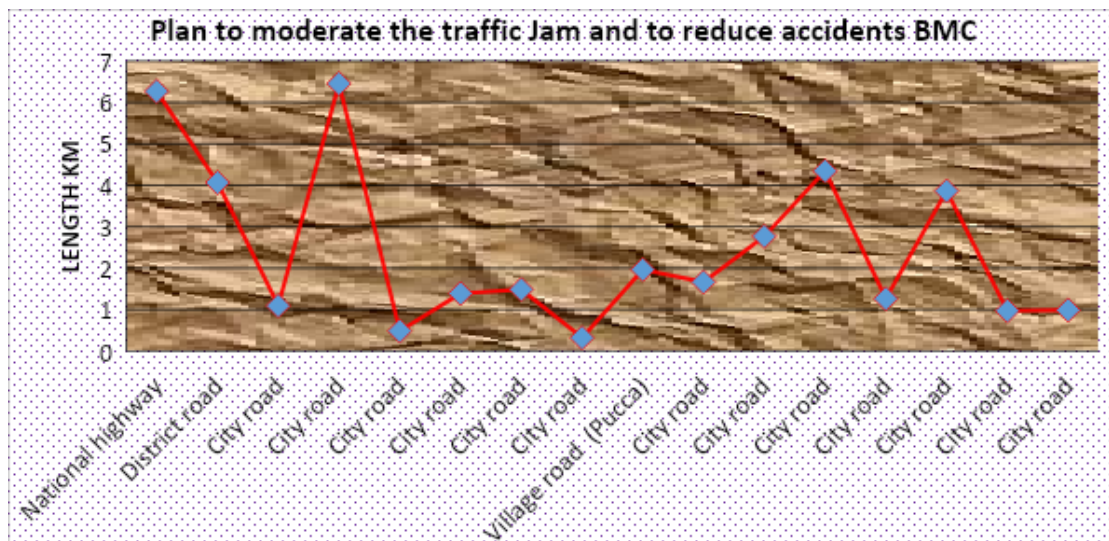


Fig. 12. The road network plan to moderate the traffic Jam and reduce accidents BMC

RTC deaths are projected to hike by 83% in emergent states and lessen by 27% in developed countries. Stringent actions to be taken against flaws and deficiencies to decline the rule breakers and those causing road traffic accidents. The IPC imposes penalties for the various deviations during plying of vehicles on the roads are Rash driving (Sec – 279), casually causing death (Sec- 304(A)), Threatening life (Sec- 336), hurting by endangering other's safety (Sec- 337), and seriously hurting by imperiling life or safety to others (Sec-338). The Motor Vehicle act of 1988 complies with drunk, taking drugs and driving (Sec-185), and driving hazardously (Sec-184).

The present search envisages how to reduce the accident frequency in Bhubaneswar. Identifying and displaying in sign boards trauma care units nearby black spots to avoid the first four hours called the golden hours. The mobile PCR vans should be alert and keep a bird's eye view of probable RTCs.

The registration (like e-Parivahan) should be done by each motor vehicle so that all registration details of the vehicles are displayed to regulate the driver's authenticity. The Government of Odisha (GoO) has made mandatory for HSRP (high-security registration plates) for all vehicle that is attached to the ADHAR link to avoid theft, penalties, violation of traffic rules, rush, and illegal driving with a third registration mark on old vehicles registered before 01.04.2019. Presently the transport Department has introduced a smart card Driving License, which has been embedded with a microprocessor chip. All vehicles registered before April 1, 2019, it has become mandatory, the vehicle owners shall get HSRP fixed on their vehicles by different dates before December 2022.

Implementations and enforcements (Road safety)

Administration: Action plan formulation; fund allocation; Small scale map generation; GIS/RS maps; Setting lead Agencies; RTCs causes and research; Third Party Audit

Reporting, Actions: Compulsory Driving License (DL) during drive, cancel DL for overloading, overspeeding, wrongside driving, Use PPEs (helmet, Seat belt); Over passengers, drunken driving; use of mobile phone while driving; Redlight jumping; cell phone use during driving; heavy penalties against violations of traffic rules and mobile PCR and reports of control room

Road Engineering : Implement design standard, Upgradation/new roads; Good roads, Footpath and cycle tracks; slow, medium and fast moving tracks, Junctions, bus stops and parking places and intersections); Maintained Vehicle (brake, head and back light, Tyre, seat belt, mirror); alternate routes for jamming

Vehicles: Make BBSR roads pollution free, maintain Traffic; and Human factors; off road old & inured vehicles; Regular inspection and certification; Audit of vehicles, obey legislative reforms about norms of vehicles; HSRP affixed to vehicles/

Traffic design and control : Obstructing; Committing nuisance, flying kites in or near street, Drunkenness in a street; breach of the peace; annoying passengers; Bathing or washing or defiling water; Honking not allowing, bovines, ferocious dogs on street, Deviating road rules; All drivers to possess smart card driving license.

Signalling and road users) Maintain signal, road marking, Obey Mandatory; Cautionary and Informatory signal at traffic corners as per norms fixed by police Dept need to be portrayed and followed; traffic management training and road users; first aid and road rule training at schools; worst sufferers pedestrians; cyclists, commuters

Legislation & Trauma care: Must use PPE's like helmets, seat belts; enforcement of traffic rules; First aid care; first hand treating during golden hour; Irregular parking; free flow at intersections; encroachment by vendors, pedellers passing beyond zebra crossing; Ambulance and PCR at regular intervals over NH/SH and major roads; regular observance of traffic vigilance or road safety week, Minimum safety standards; providing speed lanes; Police/doctors apt in handling RT Curriculum

Road safety education : regular review, research, strict and qualified driving license permit, Develop RT Curriculum for all, a part to education syllabus, regular community awareness program and conducting road safety weeks, train all stake holders drivers, public, doctors, inclusive first aid.

Fig. 13. Points to reduce traffic jams and road traffic crashes in the Bhubaneswar city

6. CONCLUSION

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The road network should minimize the increasing traffic clashes on the roads of the Bhubaneswar. About 50% or more RTD deaths are among vulnerable road users such as pedestrians, cyclists, and motorcyclists and of teen and young mass. Motorcyclists are most susceptible to RTCs. Road traffic traumas are the foremost causes of mortalities

for children and young adults aged 5-29 years.

Various measures to avoid or reduce traffic congestion include expanding the use of Bhubaneswar's existing ring roads from Hanspal to Khordha on the right fringe and the Hanspal to Daya bridge.

UNDER PEER REVIEW

Widening and upgrading of roads, more use of public transport than personal cars and motorcycles, and use of CCTV at black spots and death traps are solutions. **The police should be honest and loyal to maintaining traffic flow, speed limit display, and installing CCTV cameras for monitoring and management. Exclusive lanes, and flying of drones for vigilant over rule-breakers, should be provided for different vehicles. Building speed breakers to decrease the vehicle speed, creating alternative routes, parking zones, roundabouts, and immediate response Trauma care centers need to be ready in all the health care units in and around Bhubaneswar. All vehicles with smart card Driving License and affixing HSRP as mandatory.**

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