2007 Fact Sheet on
Unintentional Injury:
Adolescents & Young Adults

**Highlights:**
- Unintentional injuries are the leading cause of death for adolescents and young adults.
- Motor vehicle accidents (MVAs) account for one third of mortality among young people.
- American Indian/Alaskan Native males have the highest MVA mortality rate.
- Male MVA mortality has decreased markedly in the past decade.
- Female students are more likely to wear seat belts than their male peers.

Unintentional injuries account for the greatest number of adolescent and young adult deaths. Among young people ages 10-24 in 2004, 16,989 died as a result of unintentional injuries, representing 45.5% of all deaths in this age group. Seven out of ten unintentional injury deaths involved motor vehicle accidents. Other unintentional injuries included poisoning, drowning, fires/burns, and falls. The unintentional injury mortality rate for this age group has decreased during the past two decades, from 43.2/100,000 in 1981 to 27.0/100,000 in 2004.¹
 Older adolescent and young adult males have the highest unintentional injury mortality.

Male adolescents and young adults have a higher unintentional injury (UI) mortality rate than females. This disparity increases with age: males ages 10-14 were 1.7 times as likely to die as same-age females in 2004; among ages 20-24, this figure was 3.2. Among 10-24 year-olds, rates are highest for males ages 18-24. After young adulthood, UI mortality rates decrease throughout the lifespan until age 70, when they peak again.¹

Motor vehicle accidents account for one third of mortality among young people.

In 2004, motor vehicle accidents (MVAs) accounted for 31.3% of all mortality and a majority of UI mortality among adolescents and young adults.¹ Alcohol use and lack of seat belt use contribute to MVA mortality at all ages. Lack of driving experience is also a contributing factor for adolescents.² Among all racial/ethnic groups, non Hispanic American Indian/Alaskan Native youth had the highest MVA mortality rate.¹

American Indian/Alaskan Native males have the highest MVA mortality rate.

Among males ages 10-24, the MVA mortality rate is 1.6 times higher for AI/AN-NHs* than same-age males in all other racial/ethnic groups. Among female adolescents and young adults, the AI/AN-NH rate is 2.2 times greater than their female peers in all other racial/ethnic groups.³

*These abbreviations apply to all figures and text throughout the fact sheet:
NH(s)=non Hispanic(s)     AI/AN=American Indian/Alaskan Native          A/PI=Asian/Pacific Islander
Male MVA mortality has decreased markedly in the past decade.


Mortality rates for MVAs among adolescent and young adult males have decreased significantly in the past decade. Rates fell the most for AI/AN-NH and A/PI-NH males between 1990 and 2004. For most other racial/ethnic groups, mortality rates decreased slightly between 1994 and 2004. About three in ten fatal crashes involved alcohol, and this proportion has remained stable in the past decade.

Female students are more likely to wear seat belts than their male peers.

“Rarely/Never Wore” Seat Belts by Gender and Grade Level, High School Students, 2005

Female high school students are more likely to wear seat belts than same-age males: 7.5% of females reported that they “rarely/never wore” seat belts compared to 12.5% of males in 2005. Seat belt use increases as females get older, but decreases for males. These figures vary little by race/ethnicity. Seat belt use has increased over the last decade: 10.2% of students “rarely/never” wore a seat belt in 2005, compared to 25.9% in 1991. MVAs are less likely to end in fatality when seat belts are used.

Male students are more likely to drink and drive than their female peers.

Driving and Drinking Behavior by Gender, High School Students, Past Month, 1991 & 2005

In 2005, male high school students reported that they were more likely to drive after drinking than female students. Both genders were almost equally likely to ride with a driver who has been drinking. Racial/ethnic data indicate that Hispanic male students (37.4%) were more likely than White-NH (26.2%) and Black-NH (24.3%) males to ride with a driver who had been drinking in 2005. Overall, both behaviors’ rates decreased markedly for males and females between 1991 and 2005.

*These abbreviations apply to all figures and text throughout the fact sheet:
NH(s)=non Hispanic(s)  AI/AN=American Indian/Alaskan Native  A/PI=Asian/Pacific Islander
Data and Figure Sources & Other Notes:


In all cases, the most recent available data were used. Some data are released 1-3 years after collection. In some cases, trend data with demographic breakdowns (e.g., racial/ethnic) are relatively limited. The category names presented are those of the data sources used (e.g., racial/ethnic and accidents/crashes data). Every attempt was made to standardize age ranges; when this was not possible, age ranges are those of the data sources used. For any questions regarding data presented, please contact NAHIC.

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A Mental Health Profile of Adolescents
Fact Sheet on Demographics: Adolescents & Young Adults
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Fact Sheet on Reproductive Health: Adolescents & Young Adults
Fact Sheet on Substance Use: Adolescents & Young Adults
Fact Sheet on Suicide: Adolescents & Young Adults
Fact Sheet on Unintentional Injury: Adolescents & Young Adults
Fact Sheet on Violence: Adolescents & Young Adults

National Adolescent Health Information Center

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Background on NAHIC

The National Adolescent Health Information Center (NAHIC) was established with funding from the Maternal and Child Health Bureau in 1993 (U45MC 00002) to serve as a national resource for adolescent health research and information and to assure the integration, synthesis, coordination and dissemination of adolescent health-related information.

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