SAMPLE OVERVIEW SHEET FOR SAFETY SERVICE PATROL

*Insert patrol specific information in place of yellow highlights*

[STATE AGENCY]

**[NAME OF PATROL PROGRAM]**

**WHAT ARE [INSERT YOUR PATROL NAME HERE]?**

The [INSERT PATROL NAME HERE] established in [YEAR OF ESTABLISHMENT]. Its [NUMBER] service vehicles patrol [NUMBER] miles of roadways [COVERAGE HOURS]. The patrol has provided free roadway assistance to [CUMULATIVE NUMBER SINCE ESTABLISHMENT] stranded travelers throughout the state. On average, the patrol arrives at the scene within [NUMBER] minutes of an incident to assist vulnerable travelers with flat tires, dead batteries, empty gas tanks, accidents, medical emergencies and other road incidents that too often turn a routine breakdown into a deadly event. The patrol helps state agencies, including emergency responders by assisting with medical services, relieving traffic congestion, and removing dangerous road debris. The patrol is also responsible for traffic control and quick clearance of accidents and stranded vehicles which are the leading cause of secondary accidents and their untold injuries and deaths. The patrol also stands ready to assist during natural disasters, pandemics, and other type catastrophes requiring speedy evacuation and response.

HOW THEY ARE FUNDED?

The patrol is a [INSERT DOLLAR VALUE] federal/state funded program. The [STATE AGENCY] in [MONTH YEAR] sought a private-sector sponsor via a public bidding process to contribute toward the program costs. [SPONSOR NAME] won the right to negotiate the sponsorship and set aside up to [TOTAL SPONSORSHIP VALUE] to be paid to the state over a [TIME PERIOD IN YEARS] period.

WHAT IS AT RISK?

Statewide budget cuts now being considered could put the program at risk. While a modest cut in the patrol program can preserve the sponsor funding, dramatic cuts and/or program elimination will result in the loss up to [INSERT DOLLAR VALUE] in private funding for a service that has saved lives, created goodwill and which is strongly supported by the [CUMULATIVE NUMBER OF ASSISTED MOTORISTS] motorists the program has helped. (Comments from these motorists are available upon request.) At risk is that any cut of more than [ENTER PERCENTAGE] of the patrol program would jeopardize or forfeit the private sponsor funds and cut back on one of the most effective and popular programs among [STATE] motorists.

COST BENEFIT TO [STATE]

SAVES MONEY

* Private sponsorship will save [CONTRACTED DOLLAR VALUE] in operating costs.
* Estimated [INSERT NUMBER] gallons ([INSERT DOLLAR VALUE OF GAS] annually) in fuel saved monthly as a result of quicker clearance of traffic incidents.[[1]](#endnote-1)
* Estimated total economic and energy savings by clearing the highways quickly and preventing traffic jams: [DOLLAR VALUE] monthly ([DOLLAR VALUE annually).
* [TOTAL NUMBER] incidents responded to annually.[[2]](#endnote-2)
* More than [TOTAL NUMBER] stranded motorists have received assistance since the program’s inception.
* According to a [CITE STUDY]: “The benefit-cost ratio of the entire program is in excess of [INSERT BENEFIT:COST RATIO].”[[3]](#endnote-3)

SAVES LIVES

* Patrol drivers are trained in traffic control, first aid, CPR, Haz-mat response.
* Because they are on the roads patrolling [COVERAGE HOURS], the patrol arrives on the scene quickly without need of being called.
* [INSERT PERCENTAGE] of primary accidents surprise on-coming motorists and are followed by related secondary accidents.
* [INSERT PERCENTAGE] of all accidents are secondary traffic incidents.
* Trained in traffic control and quick clearance procedures, patrol operators reduce the probability of secondary accidents and dramatically reduce traffic delays.[[4]](#endnote-4) Service patrols reduce secondary accidents by [INSERT INDUSTRY STAT OR STATE STAT].
* Eliminating or significantly cutting back patrol hours or services makes [STATE] highways more dangerous for motorists.

WHO CAN PROVIDE INFORMATION ON THE PROGRAM?

* [NAME], Secretary of Transportation [PHONE AND/OR EMAIL]
* [NAME], Assistant Secretary [PHONE AND/OR EMAIL]
* [NAME], Executive Director [PHONE AND/OR EMAIL]
* [NAME], State Traffic Operations Engineer [PHONE AND/OR EMAIL]
* [NAME], Program Subcontractor/Operator [PHONE AND/OR EMAIL]
* [NAME], FHWA Division Administrator [PHONE AND/OR EMAIL]
* Sam McClain, Travelers Marketing, 407.456.1917, smcclain@travelersmarketing.com
1. [CITE SOURCE i.e. Road Ranger Benefit Cost Analysis, Hagen, Huaguo, Singh, November 2005] [↑](#endnote-ref-1)
2. Ibid. [↑](#endnote-ref-2)
3. Ibid. [↑](#endnote-ref-3)
4. One of FHWA’s leading authorities for this issue is …. [INSERT NAME AND CONTACT NUMBER] [↑](#endnote-ref-4)