

JULY 2008 CROW TRIBAL LEGISLATURE

JOINT ACTION RESOLUTION NO. JAR08-06

INTRODUCED BY CARL E. VENNE, CHAIRMAN
CROW TRIBAL EXECUTIVE BRANCH

JOINT ACTION RESOLUTION OF THE CROW TRIBAL LEGISLATURE AND THE
CROW TRIBAL EXECUTIVE BRANCH ENTITLED:

**“A RESOLUTION OF THE CROW TRIBE AUTHORIZING AND SUPPORTING
THE DEVELOPMENT OF THE CROW TRIBE MOTOR VEHICLE CRASH
SITE IDENTIFICATION PROJECT BY THE INDIAN HEALTH SERVICE,
INJURY PREVENTION PROGRAM”**

WHEREAS, recognizing that Motor Vehicle Crashes (“MVCs”) are one of the leading causes of Morbidity and Mortality of Crow Tribal members on the Crow Indian Reservation; and

WHEREAS, it is necessary the Crow Tribal Legislature pass a resolution to investigate and identify these MVCs relating to Morbidity and Mortality of the Crow people occurring on the Crow Indian Reservation; and

WHEREAS, the Crow Tribal Legislature finds it to be in the best interest of the Crow Tribe to establish a Crow Tribe Motor Vehicle Crash Site Identification Project to aid in future decision making to reduce the number of Morbidity and Mortality that are a direct result of MVCs; and

WHEREAS, the Indian Health Service, Injury Prevention Program has approached the Crow Tribal Legislative Branches’ Health and Human Services Subcommittee and the Crow Tribal Executive Branch to conduct the Crow Tribe Motor Vehicle Crash Site Identification Project; and

WHEREAS, one of the primary purposes of the Project is to identify crash cluster sites and provide information on MVCs that will assist the Crow Tribe in prioritizing and obtaining funding for further measures to prevent Morbidity and Mortality in the future at these sites; and

WHEREAS, the information that will be collected and compiled on each MVC is shown on the attached Billings Area Indian Health Service, Injury Prevention Program, Motor Vehicle Crash Surveillance System sheet and an ArcGIS computer map of the MVCs for Crow Indian Reservation; and


WHEREAS, this project is conducted as an Indian Health Service, Injury Prevention Fellowship Project.

NOW, THEREFORE, BE IT RESOLVED BY THE CROW TRIBAL LEGISLATURE AND THE CROW TRIBAL EXECUTIVE BRANCH:

1. THAT, the Crow Tribal Legislature and the Crow Tribal Executive Branch are hereby supporting the development of the Crow Tribe Motor Vehicle Crash Site Identification Project by the Indian Health Service, Injury Prevention Program.
2. FURTHER, that the Indian Health Service, Injury Prevention Program shall conduct this project, in consultation with and as a service to the Crow Tribe.
3. FURTHER, that the Bureau of Indian Affairs, Office of Justice Services is requested to provide the necessary access of police report information (subject to appropriate confidentiality protection), pertaining to MVCs to the Indian Health Service, Injury Prevention Program.
4. FURTHER, that the Indian Health Service shall be responsible for compliance with the privacy provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPPA") and all other applicable Federal and Tribal laws and regulations for protecting the confidentiality and privacy of information, and the Crow Tribe shall not bear any legal responsibility for the collection, dissemination or use of any information compiled by the Project.
5. FURTHER, that the Crow Tribal Health Department and the Crow Tribal Transportation Department are authorized to enter into a Memorandum of Agreement with the Indian Health Service, the Bureau of Indian Affairs Office of Justice Services, and such other Federal and State agencies as may be necessary appropriate to obtain access to required information and to otherwise implement the Project.
6. FURTHER, that the Indian Health Service, upon completion of the Crow Tribe Motor Vehicle Crash Site Identification Project, shall provide a project report and disclose its findings and recommendations to the Three Branches; Bureau of Indian Affairs, Office of Justice Services; and the Indian Health Service.
7. FURTHER, that the final report will be presented at the National Indian Health Service, Injury Prevention Fellowship Symposium in May 2009.
8. FINALLY, that the Crow Tribal Legislature and the Crow Tribal Executive Branch request that the Indian Health Service, Injury Prevention Program and the Bureau of Indian Affairs, Office of Justice Services accept this Joint Action Resolution as evidence of our strong support and approval of the Crow Tribe Motor Vehicle Crash Site Identification Project.

CERTIFICATION

I hereby certify that this Joint Action Resolution "A RESOLUTION OF THE CROW TRIBE AUTHORIZING AND SUPPORTING THE DEVELOPMENT OF THE CROW TRIBE MOTOR VEHICLE CRASH SITE IDENTIFICATION PROJECT BY THE INDIAN HEALTH SERVICE, INJURY PREVENTION PROGRAM" was duly approved by the Crow Tribal Legislature with a vote of 18 in favor, 0 opposed, and 0 abstained and that a quorum was present on this 9th day of July, 2008.



Speaker of the House
Crow Tribal Legislature

ATTEST:




Secretary, Crow Tribal Legislature



EXECUTIVE ACTION

I hereby
✓ approve
 Veto

this Joint Action Resolution, "A RESOLUTION OF THE CROW TRIBE AUTHORIZING AND SUPPORTING THE DEVELOPMENT OF THE CROW TRIBE MOTOR VEHICLE CRASH SITE IDENTIFICATION PROJECT BY THE INDIAN HEALTH SERVICE, INJURY PREVENTION PROGRAM", pursuant to the authority vested in the Chairman of the Crow Tribe by Article V, Section 8 of the Constitution and Bylaws of the Crow Tribe of Indians, on this 16 day of July, 2008.



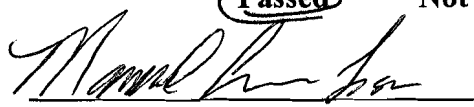
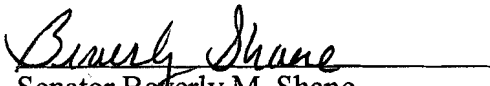
Chairman, Executive Branch
Crow Tribe of Indians

MVC-Site Identification Project

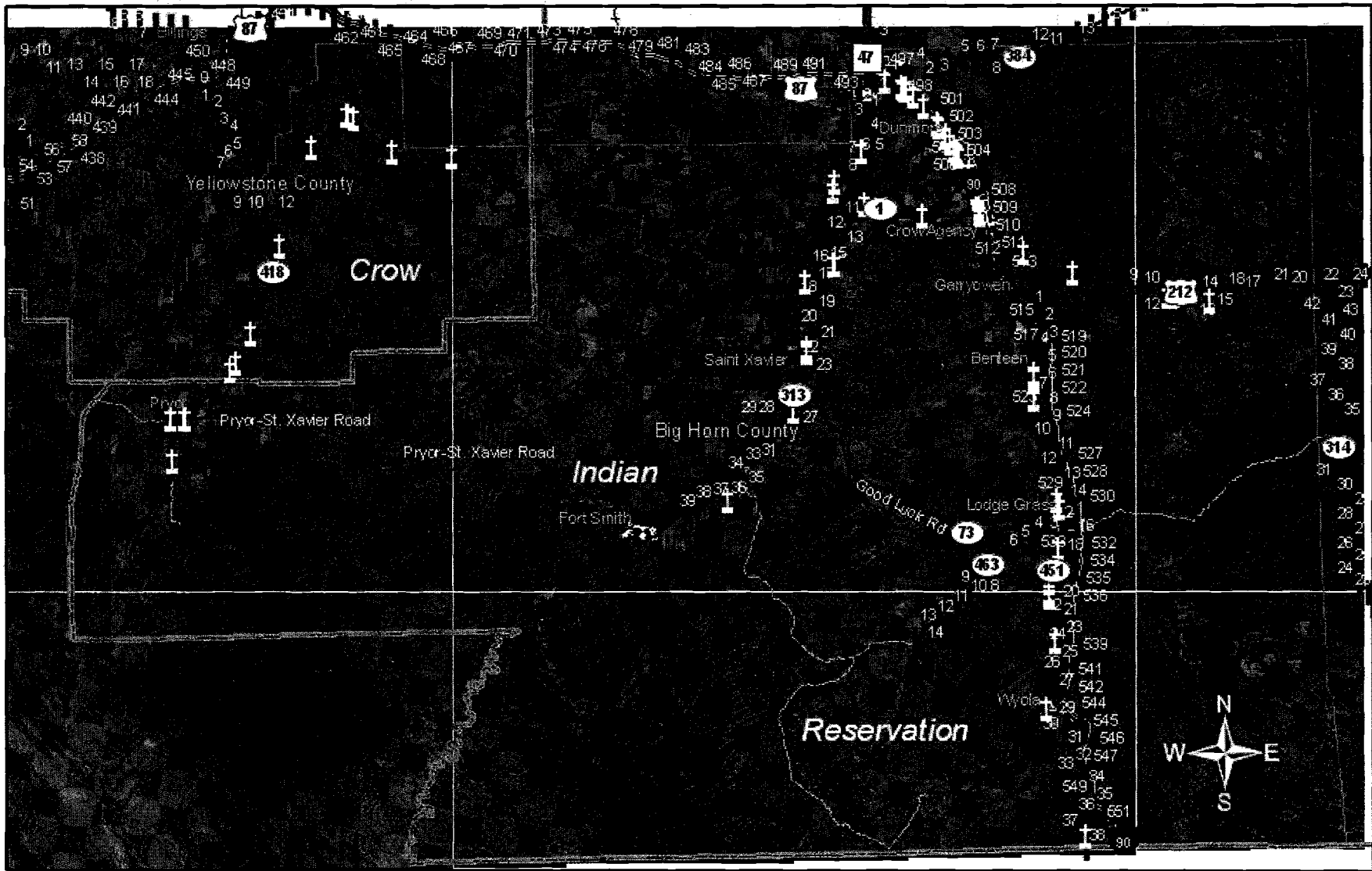
Bill or Resolution Number JAR08-06 Introduced by: Executive Date of Vote: 7/9/2008

<u>Representative:</u>	Yes	No	Abstain
C. Goes Ahead	<input checked="" type="checkbox"/>		
L. Plain Bull, Sr.	<input checked="" type="checkbox"/>		
O. Costa	<input checked="" type="checkbox"/>		
V. Crooked Arm	<input checked="" type="checkbox"/>		
M. Not Afraid	<input checked="" type="checkbox"/>		
P. Alden, Jr.	<input checked="" type="checkbox"/>		
B. House	<input checked="" type="checkbox"/>		
E. Fighter, Sr.	<input checked="" type="checkbox"/>		
C. J. Stewart	<input checked="" type="checkbox"/>		
L. Hogan, Jr.	<input checked="" type="checkbox"/>		
S. Fitzpatrick, Sr.	<input checked="" type="checkbox"/>		
O. Half, Jr.	<input checked="" type="checkbox"/>		
R. Old Crow, Sr.	<input checked="" type="checkbox"/>		
W. Plainfeather	<input checked="" type="checkbox"/>		
J. Stone, Sr.	<input checked="" type="checkbox"/>		
D. Wilson	<input checked="" type="checkbox"/>		
B. Shane <i>Secretary of the House</i>	<input checked="" type="checkbox"/>		
M. Covers Up, Sr. <i>Speaker of the House</i>	<input checked="" type="checkbox"/>		
Totals:	<u>18</u>	<u>0</u>	<u>0</u>

Result of Vote:

Passed	Not Passed	Tabled	Veto Override
 Senator Manuel Covers Up, Sr. Speaker of the House			 Senator Beverly M. Shane Secretary of the House

Crow Reservation Motor Vehicle Crash Site Identification Project



Created by Gene Mendenhall, Accident and Injury Prevention Specialist, Blaine Area Public Health Service, April 2008

Legend

Cross	Railroad Track	Interstate 90	County Boundary
Mile Marker / Post	Paved Road	Crow Reservation Boundary	
City and Town	Gravel Road		

This is a draft map of the Crow Reservation Motor Vehicle Crash Site Identification Project. The purpose of this draft map is to give the Crow Tribe's Health and Human Services Subcommittee the chance to view Global Positioning System Points of Motor Vehicle Crash Memorial Crosses scattered throughout the Reservation.

**BILLINGS AREA INDIAN HEALTH SERVICE
INJURY PREVENTION PROGRAM
MOTOR VEHICLE CRASH SURVEILLANCE SYSTEM**

SU OF OCCURRENCE: _____ COMMUNITY OF OCCURRENCE: _____

NORTH GPS COORDINATES: ____-____-____ WEST GPS COORDINATES: ____-____-____

ROAD TYPE: _____ ROAD NUMBER/NAME: _____

A = INTERSTATE
B = US HIGHWAY
C = STATE ROAD
D = COUNTY ROAD
E = BIA

MILE POST: _____ ROAD STRUCTURE: _____ ROAD DESIGN: _____

A = UNPAVED
B = SINGLE LANE, PAVED
C = TWO LANE, PAVED
D = DIVIDED HIGHWAY
E = OTHER

A = CURVED
B = STRAIGHT
C = HILL
D = OTHER

INJURED PERSON WAS: _____ WAS THIS INCIDENT: _____

A = DRIVER OF MOTOR VEHICLE
B = OCCUPANT OF MOTOR VEHICLE
C = PEDESTRIAN STRUCK BY MV
D = BICYCLIST STRUCK BY MV
E = OTHER

A = SINGLE VEHICLE CRASH
B = MULTIPLE VEHICLE CRASH

INJURED PERSON WAS
DRIVER/OCCUPANT OF: _____

A = AUTOMOBILE
B = PICKUP TRUCK
C = TRUCK (1+TON)
D = FARM VEHICLE

E = MOTORCYCLE
F = ATV
G = SNOWMOBILE
H = BICYCLE
I = OTHER

DID CRASH INVOLVE: _____

A = VEHICLE ROLLOVER
B = COLLISION W/ FIXED OBJECT
C = COLLISION W/ ANIMAL IN ROAD
D = PERSON THROWN/FELL FROM VEHICLE

IF MULTIPLE VEHICLE CRASH, DAMAGE TO VEHICLE WAS: _____

A = FRONT B = SIDE
C = REAR D = N/A

IF MULTIPLE VEHICLE CRASH OCCURRED, OTHER VEHICLE INVOLVED WAS: _____

A = AUTOMOBILE
B = PICKUP TRUCK
C = TRUCK (1+TON)
D = FARM VEHICLE
E = MOTORCYCLE

F = ATV
G = SNOWMOBILE
H = BICYCLE
I = OTHER
J = N/A, NOT APPLICABLE

WAS PEDESTRIAN OR BICYCLIST: ____

A = CROSSING AT INTERSECTION

B = CROSSING ELSEWHERE

C = WALKING/RIDING WITH TRAFFIC

D = WALKING/RIDING AGAINST TRAFFIC

E = HIT BY VEHICLE THAT CAME OFF ROAD

F = LYING ON ROAD

G = IN PARKING LOT

H = IN RESIDENTIAL DRIVEWAY

I = OTHER

J = N/A, NOT APPLICABLE

SIGNALS: ____

A = NONE B = FLASHING WARNING C = RED, YELLOW, GREEN

D = STOP SIGN E = YIELD SIGN F = OTHER

LIGHTING: ____

A = DAYLIGHT B = DARK

C = DARK BUT LIGHT

D = DAWN/DUSK

VISIBILITY: ____

A = RAIN

B = FOG

C = CLEAR

ROAD CONDITIONS: ____

A = DRY

B = WET

C = SNOWY/ICY

D = SNOW/SLEET

D = CLEAR

E = OTHER

E = OTHER

PROTECTION: ____

A = SEATBELT

B = CARSEAT

NUMBER OF PERSON INJURED

C = HELMET

D = NONE

IN CRASH: ____

E = UNKNOWN

F = N/A

SEVERITY: ____

A = HOSPITALIZED

B = FATAL

C = OBSERVATION

D = TRANSFERRED

GENDER, SINGLE VEHICLE CRASH: _____

GENDER, MULTIPLE VEHICLE CRASH:

CAR #1: _____

CAR #2: _____

AGE, SINGLE VEHICLE CRASH: _____

AGE, MULTIPLE VEHICLE CRASH: _____

TIME OF EVENT: ____

A = 12AM-6AM

B = 6AM-12PM

C = 12PM-6PM

D = 6PM-12AM

NATURE OF INJURY: ____

A = FRACTURE

F = CONCUSSION

B = LOC

G = MULTIPLE (SPECIFY)

C = BURN

H = PUNCTURE

D = LAC

I = OTHER (SPECIFY)

E = TRAUMA

J = TRAUM. BRAIN INJ.

E-CODE: _____

ALCOHOL INVOLVMENT: ____

A = INVLOVED/RELATED

B = UNKNOWN

C = NO

BLOOD ALCOHOL LEVEL mg/dL: _____

METH USE: ____

A = YES

B = NO

C = UNKNOWN

TRANSFERRED (Y/N): ____

IF YES, WHERE: ____

A = DEACONESS

B = ST. VINCENT

C = OTHER

SPECIFY FOR OTHER: ____

DESCRIPTION OF INJURY EVENT: _____

