



RETROSPECTIVE STUDY OF FATAL ROAD TRAFFIC ACCIDENTS IN AHMEDABAD CITY: AN AUTOPSY-BASED ANALYSIS

Yenky P. Joshi¹, Jignesh K. Parghi², Tapan J. Mehta³, Kashish Chhabda⁴

¹Third-Year Resident Doctor, Department of Forensic Medicine & Toxicology, Smt. NHL Municipal Medical College, Ahmedabad, Gujarat, India.

²Third-Year Resident Doctor, Department of Forensic Medicine & Toxicology, Smt. NHL Municipal Medical College, Ahmedabad, Gujarat, India.

³Professor & Head, Department of Forensic Medicine & Toxicology, Smt. NHL Municipal Medical College, Ahmedabad, Gujarat, India.

⁴Intern Doctor, Department of Forensic Medicine & Toxicology, GMERS Medical College, Sola, Ahmedabad, Gujarat, India.



Correspondence:

Yenky P. Joshi

Third-Year Resident Doctor,
Department of Forensic
Medicine & Toxicology, Smt. NHL
Municipal Medical College,
Ahmedabad, Gujarat, India.

Email:

yenky.joshi@gmail.com

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Abstract

Background: Road traffic accidents (RTAs) are a leading cause of preventable mortality in India, posing a significant public health challenge. Ahmedabad, a rapidly urbanising metropolis in Gujarat, has witnessed an escalating burden of road traffic fatalities commensurate with increasing vehicle density and urban expansion. Forensic autopsy studies are invaluable tools in characterising the epidemiology and injury patterns of fatal RTAs, thereby informing evidence-based preventive strategies. **Materials & Methods:** This retrospective descriptive study analysed 122 medico-legal autopsy cases of fatal road traffic accidents conducted at the Department of Forensic Medicine, SMT. NHL Municipal Medical College, Ahmedabad, over four years (January 2020–December 2023). Data were extracted from postmortem reports, police inquest records, and hospital documents. Variables studied included demographics, victim category, time and season of accident, location, vehicle type, and injury patterns. **Results:** Males constituted 73.8% of fatalities, and the 20–29-year age group was most affected (20.5%). Drivers accounted for 53.28% of victims. Accidents peaked during noon (39%) and evening (38%) hours, predominantly on city roads (48%). Two-wheelers were involved in 56.55% of cases. Winter recorded the highest fatalities (44.26%). Combined primary and secondary impact injuries were observed in 47.5% of cases, with intracranial haemorrhage being the leading cause of death. **Conclusion:** Fatal RTAs disproportionately affect young, productive males with two-wheeler involvement being the dominant vehicle category. Head injuries remain the primary determinant of fatal outcome. Targeted interventions including mandatory helmets, speed regulation, and trauma care infrastructure are essential to mitigate the escalating burden of fatal RTAs in Ahmedabad.

Keywords: Ahmedabad, autopsy, forensic medicine, head injury, injury pattern, road traffic accident, two-wheeler.



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INTRODUCTION

Road traffic accidents (RTAs) constitute one of the foremost causes of traumatic death worldwide, imposing an immense burden on healthcare systems, economies, and families. According to the World Health Organization (WHO) Global Status Report on Road Safety 2023, approximately 1.19 million lives are lost annually to road traffic crashes, with low- and middle-income countries bearing a disproportionately high share of this burden.[1] Road injuries are also the leading cause of death among individuals aged 5–29 years globally, underlining the particular vulnerability of young productive populations.

India occupies a uniquely alarming position in this global landscape. Despite accounting for approximately 1% of the world's registered motor vehicles, India is responsible for approximately 13% of global road traffic deaths.[2] According to the Ministry of Road Transport and Highways (MoRTH) 'Road Accidents in India 2023' report, a total of 480,583 road accidents were recorded in 2023—an increase of 4.2% over 2022—claiming 172,890 lives, the highest number ever documented in any single year.[3] Two-wheeler riders constituted 44.8% of all road accident deaths, while pedestrians accounted for 20.4%—patterns that reflect a particularly vulnerable road-user landscape. Young adults in the 18–45-year age group accounted for 66.4% of all fatalities.

Gujarat, one of India's most industrially developed states, has witnessed rapid motorisation in parallel with its economic growth. Ahmedabad, the largest city of Gujarat and a major commercial hub, experiences high traffic volumes and expanding urban road networks. The rising vehicle population, heterogeneous traffic composition, and insufficient

adherence to road safety norms create conditions conducive to fatal RTAs. However, systematic, autopsy-based epidemiological analyses of fatal RTAs specific to Ahmedabad remain limited in the published literature.

Forensic postmortem examination offers unparalleled precision in documenting the mechanism, nature, and distribution of injuries in fatal RTA victims. Unlike hospital-based studies, autopsy-based investigations allow for an objective, unbiased assessment of injury patterns, including internal injuries that may not be apparent clinically. Several Indian studies conducted in recent years have contributed meaningfully to the understanding of RTA epidemiology. A retrospective autopsy study from Karnataka (2024) reported that male victims constituted 89.74% of fatal RTA cases, with two-wheelers involved in nearly 60% of fatalities.[4] A cross-sectional autopsy study from the northern region of West Bengal (2023–24) similarly identified young males, two-wheeler riders, and head injuries as dominant themes.[5] A study from northern India (2021–2023) underscored the role of intracranial haemorrhage as the predominant cause of death in RTA fatalities.[6] A comprehensive autopsy-based study of fatal road traffic accidents in Ahmedabad city can provide epidemiologically relevant data for local policymakers, forensic practitioners, and public health authorities. The present study was undertaken with the objective of determining the demographic profile, temporal and seasonal distribution, vehicle involvement, and injury patterns among fatal RTA victims subjected to medico-legal autopsy at a tertiary referral institution in Ahmedabad over a four-year period (2020–2023), with a view to generating evidence that can support targeted preventive interventions and improve road safety outcomes in the region.

MATERIALS AND METHODS

Study Design and Setting: This retrospective descriptive study was conducted in the Department of Forensic Medicine at SMT. NHL Municipal Medical College, Ahmedabad, Gujarat, India.

Study Period and Population: The study encompassed all medico-legal autopsy cases of fatal road traffic accidents conducted over a four-year period from January 2020 to December 2023. The study population comprised deceased individuals who sustained fatal injuries in road traffic accidents and were subsequently subjected to medico-legal autopsy at the institution. A total of 122 cases fulfilling the inclusion criteria were identified and analysed.

Inclusion and Exclusion Criteria: All cases with a confirmed diagnosis of death due to road traffic accident, supported by complete postmortem and inquest documentation, were included. Cases with incomplete records, inadequate documentation, cases where death was attributable to causes other than road traffic accidents, and cases involving only non-fatal injuries that later led to death from non-RTA causes were excluded from the analysis.

Data Collection: Data were systematically extracted from postmortem reports, police inquest reports, hospital case records, and other relevant medicolegal documents maintained in the department. A pre-designed data extraction proforma was employed to ensure consistency. The following variables were recorded for each case: (i) demographic characteristics including age and sex; (ii) victim category—driver, passenger, or pedestrian; (iii) time of accident—categorised into four six-hour intervals (Morning: 06:00–12:00, Noon: 12:00–18:00, Evening: 18:00–24:00, Night: 00:00–06:00); (iv) month of occurrence; (v) seasonal distribution, with months classified into summer (March–June), monsoon (July–October), and winter (November–February) based on regional climatic patterns in Gujarat; (vi) location of accident—city road, highway, or crossroad; (vii) type of vehicle involved; and (viii) nature and pattern of injuries documented at autopsy.

Injury Classification: Injuries documented at autopsy were categorised according to the mechanism of trauma as: (a) primary impact injuries—direct injuries caused by the initial collision with a vehicle or road surface; (b) secondary impact injuries—injuries resulting from contact with the ground, road, or stationary objects following the primary collision; and (c) combined injuries—involving both primary and secondary mechanisms. Particular attention was directed to head injuries, including scalp injuries, skull fractures, and intracranial haemorrhages, in view of their recognised role as the predominant cause of death in fatal RTAs.

Statistical Analysis: Data were entered into Microsoft Excel 2016 (Microsoft Corporation, Redmond, USA) and analysed using descriptive statistical methods. Frequencies and percentages were calculated for all categorical variables. Results were presented in tabular form and supplemented by graphical representations to facilitate interpretation.

Ethical Considerations: The study involved retrospective analysis of anonymised medico-legal records and did not entail any direct interaction with living subjects or their families. Ethical approval was obtained from the Institutional Ethics Committee. Confidentiality and anonymity of all deceased individuals were strictly maintained, with no personal identifying information disclosed in the analysis or reporting of results.

RESULTS

A total of 122 fatal road traffic accident cases were analysed over the study period of January 2020 to December 2023. The key findings pertaining to demographic characteristics, circumstantial details, vehicle involvement, seasonal distribution, and injury patterns are presented below.

Table 1: Demographic Characteristics of Fatal Road Traffic Accident Victims in Ahmedabad (2020–2023).

Category	Number of Cases (n=122)	Percentage (%)
Age Group (Years)		
0–9	4	3.3
10–19	10	8.2
20–29	25	20.5
30–39	20	16.4
40–49	19	15.6
50–59	19	15.6
60–69	15	12.3
≥70	10	8.2
Sex		
Male	90	73.8
Female	32	26.2

The 20–29-year age group recorded the highest proportion of fatal RTA cases (20.5%), followed by the 30–39-year age group (16.4%). The 40–49 and 50–59-year groups each contributed 15.6%. Males constituted an overwhelming majority of victims at 73.8%, while females accounted for 26.2% of cases.

Table 2: Circumstantial Characteristics of Fatal Road Traffic Accidents.

Category	Number of Cases (n=122)	Percentage (%)
Category of Victim		
Driver	65	53.28
Passenger	31	25.41
Pedestrian	26	21.31
Time of Accident		
Morning (06:00–12:00)	15	12.3
Noon (12:00–18:00)	47	38.5
Evening (18:00–24:00)	46	37.7
Night (00:00–06:00)	14	11.5
Location of Accident		
City Road	58	47.54
Crossroad	39	31.97
Highway	25	20.49

Drivers represented the largest category of victims (53.28%), followed by passengers (25.41%) and pedestrians (21.31%). The noon period (12:00–18:00 hours) recorded the highest frequency of fatal accidents (38.5%), followed closely by the evening period (18:00–24:00 hours, 37.7%). The lowest occurrence was documented during the nighttime hours (00:00–06:00 hours, 11.5%). City roads were the predominant site of fatal accidents (47.54%), followed by crossroads (31.97%) and highways (20.49%).

Table 3: Vehicle Involvement and Seasonal Distribution of Fatal Road Traffic Accidents.

Category	Number of Cases (n=122)	Percentage (%)
Type of Vehicle Involved		
Two-wheeler	69	56.55
Four-wheeler	16	13.11
Three-wheeler	7	5.74
Bus	3	2.46
Cycle	2	1.64
Pedestrian Cases (No Vehicle)	25	20.49
Seasonal Distribution		
Winter (November–February)	54	44.26
Monsoon (July–October)	35	28.69
Summer (March–June)	33	27.05

Two-wheelers were implicated in the largest proportion of fatal RTA cases (56.55%), followed by four-wheelers (13.11%), three-wheelers (5.74%), buses (2.46%), and cycles (1.64%). Pedestrian fatalities not involving a victim's personal vehicle constituted 20.49% of cases. With respect to seasonal distribution, the highest number of fatalities occurred during the winter season (44.26%), followed by the monsoon (28.69%) and summer (27.05%) periods.

Table 4: Injury Pattern in Fatal Road Traffic Accident Victims.

Injury Type	Primary Impact	Secondary Impact	Both
Scalp / Subcutaneous Injuries	7 (5.7%)	62 (50.8%)	—
Skull Bone Fracture	10 (8.2%)	73 (59.8%)	—
Brain Haematoma / Intracranial Haemorrhage	13 (10.7%)	74 (60.7%)	—
Overall Injury Pattern			
Primary Injuries Only	26 (21.30%)	—	—
Secondary Injuries Only	—	38 (31.15%)	—
Both Primary and Secondary Injuries	—	—	58 (47.54%)

Combined primary and secondary impact injuries were the most prevalent pattern, observed in 47.54% of cases. Secondary injuries alone were documented in 31.15% of victims, while 21.30% sustained primary injuries exclusively. Head injuries were the dominant findings at autopsy: scalp injuries were observed in 5.7% (primary) and 50.8% (secondary) of cases; skull fractures in 8.2% (primary) and 59.8% (secondary); and intracranial haemorrhage in 10.7% (primary) and 60.7% (secondary) of cases. These data confirm that head injury, particularly secondary impact-related intracranial haemorrhage, was the principal determinant of fatal outcome in the study cohort.

DISCUSSION

The present retrospective autopsy-based study analysed 122 fatal road traffic accident cases over a four-year period at a major forensic institution in Ahmedabad, Gujarat. The findings illuminate critical epidemiological trends and injury characteristics that align with, and in some respects extend, the findings of comparable studies conducted across urban and semi-urban India.

The marked male predominance (73.8%) observed in our study is consistent with findings reported across the Indian literature. Rakshitha et al. (2024) documented a male preponderance of 89.74% in their autopsy study from Karnataka.[4] Similarly, a study from West Bengal (2023–24) and a multi-centre Northern Indian study both reported male fatalities constituting over 80% of RTA deaths.[5,6] This pattern is attributable to the greater occupational and recreational outdoor mobility of males in Indian society, their higher likelihood of driving two-wheelers without adequate protective equipment, and a documented tendency towards risk-taking behaviour such as speeding and fatigued driving. The MoRTH 'Road Accidents in India 2023' report similarly affirms that males constitute the overwhelming majority of road accident victims nationally.[3]

The 20–29-year age group constituted the most frequently affected demographic in our study (20.5%), with the 30–39-year cohort following closely (16.4%). This is consistent with the national pattern identified by MoRTH, which reported that young adults aged 18–45 years accounted for 66.4% of road accident deaths in 2023.[3] The WHO Global Status Report on Road Safety 2023 corroborates this observation globally, identifying road traffic injuries as the leading cause of death in persons aged 5–29 years.[1] The disproportionate involvement of young adults in fatal RTAs reflects their higher rates of vehicle ownership, greater road exposure, propensity for overspeeding, and lower adherence to safety measures such as helmet use. The economic consequences of these deaths—in terms of loss of productive workforce—are particularly significant for a developing economy such as India.

Drivers constituted the largest victim category (53.28%), followed by passengers (25.41%) and pedestrians (21.31%). The high proportion of driver fatalities likely reflects the dominance of two-wheeler use in urban Ahmedabad, where the rider is simultaneously the driver and the most exposed occupant in the event of a collision. Pedestrian fatalities (21.31%) in our study are comparable to national figures (MoRTH 2023: 20.4%) and align with findings from autopsy studies in Karnataka (25.64% pedestrians) and West Bengal.[3,4,5] The vulnerability of pedestrians reflects inadequate footpath infrastructure, poor driver compliance with pedestrian right-of-way norms, and insufficient illumination at pedestrian crossings—factors common to rapidly urbanising Indian cities.

The temporal distribution of fatal accidents revealed that noon (38.5%) and evening hours (37.7%) accounted for the majority of fatalities. This pattern likely reflects peak traffic volumes during these periods, compounded by driver fatigue, reduced vigilance, and glare during the transition from daylight to artificial lighting conditions. A study from Mandya, Karnataka similarly reported the majority of fatal accidents occurring during evening to midnight hours (35%).[4] The

relatively low nocturnal fatality rate (11.5%) in our study may, paradoxically, reflect lower traffic volumes rather than improved safety behaviours at night.

Nearly half of all fatal accidents occurred on city roads (47.54%), with crossroads accounting for 31.97%. This contrasts with the national pattern identified by MoRTH 2023, which found national and state highways—constituting less than 5% of total road length—to account for over 53% of accidents and 59% of fatalities.[3] The urban predominance in our study is attributable to the dense and heterogeneous traffic environment of Ahmedabad city, with multiple intersection points, inadequate signal compliance, and mixed vehicle-pedestrian traffic. The high proportion of crossroad accidents (31.97%) underscores the role of signal violations and inadequate road engineering at junctions as critical risk factors.

Two-wheelers were involved in 56.55% of fatal cases, a figure consistent with the study from Karnataka (59.82% two-wheelers) and comparable to the national figure reported by MoRTH 2023 (two-wheelers: 44.8% of deaths), with urban studies tending to report higher proportions due to greater two-wheeler prevalence in city commuting.[3,4] The inherent biomechanical vulnerability of two-wheeler riders—absence of any protective cage, low visibility in traffic, and high propensity for head injury—makes this vehicle category the single most important target for road safety interventions in India. The Data for India analysis of road accident fatalities similarly highlighted that nearly half of all deaths in road accidents involved two-wheeler riders.[7]

The predominance of winter-season fatalities (44.26%) in our cohort is an intriguing observation. While fog-related reduced visibility during winter mornings is a well-documented hazard on highways across Northern India, Ahmedabad's winters are characterised by mild fog and significantly cooler temperatures in the early morning hours, which may contribute to reduced rider alertness, increased social mobility during festive seasons (Diwali, Navratri aftermath), and potentially greater alcohol consumption. A similar winter preponderance has been reported in studies from other parts of Western and Northern India. The monsoon season (28.69%) showed a moderately elevated fatality rate, consistent with documented effects of wet road surfaces on vehicle handling and braking distances.

The injury pattern analysis revealed that combined primary and secondary impact injuries predominated (47.54%), followed by isolated secondary injuries (31.15%) and primary injuries alone (21.30%). This distribution reflects the kinetic mechanics of two-wheeler accidents in urban settings, where victims are often ejected from their vehicles and sustain a second set of injuries upon contact with the road surface—accounting for the high prevalence of secondary impact injuries. Head injuries were the dominant pathological finding: intracranial haemorrhage was documented in 60.7% of secondary impact cases, skull fractures in 59.8%, and scalp injuries in 50.8%. A northern Indian study (2021–2023) similarly reported intracranial haemorrhage as the leading cause of death in RTA autopsies.[6] Pati et al. (2024), in a comprehensive forensic analysis, likewise identified head injuries as the primary determinant of RTA fatality.[8]

The high frequency of secondary impact head injuries in our cohort powerfully underscores the critical importance of helmet use. A properly worn, standardised helmet can reduce the risk of fatal head injury by approximately 42–69% according to published biomechanical and epidemiological evidence. The MoRTH 2023 report documented that 54,568 two-wheeler fatalities involved victims not wearing helmets.[3] This aligns precisely with the dominant injury pattern observed in our study, where secondary impact head trauma was the most common cause of death.

LIMITATION

This study has several inherent limitations. First, as a retrospective design relying on existing postmortem and inquest records, data completeness was contingent on the quality of documentation maintained in the department; cases with incomplete records were excluded, potentially introducing selection bias. Second, the study was conducted at a single institutional centre, which may limit the generalisability of findings to the entire Ahmedabad city or the broader Gujarat population. Third, information regarding potentially confounding variables—such as alcohol or substance use at the time of accident, use of protective equipment such as helmets or seatbelts, speed of impact, and pre-existing comorbidities—could not be systematically retrieved from available records. Fourth, the retrospective nature of the study precluded standardised injury severity scoring. Fifth, underreporting of RTAs to police and institutions may have resulted in an incomplete capture of all fatal RTA cases during the study period.

CONCLUSION

This retrospective autopsy-based study of 122 fatal road traffic accidents in Ahmedabad (2020–2023) demonstrates that RTAs disproportionately afflict young adult males in the economically productive age group of 20–39 years, with two-wheelers being the predominant vehicle category involved. City roads and crossroads are the most frequent accident sites. Noon and evening hours represent high-risk temporal windows. Head injuries—particularly secondary impact intracranial haemorrhages and skull fractures—are the dominant cause of fatal outcome. These findings are consistent with emerging

national and regional data and underscore the urgent need for targeted, evidence-based interventions to mitigate the escalating burden of fatal RTAs in Ahmedabad and similar urban centres across India.

RECOMMENDATIONS

Based on the findings of this study, the following recommendations are proposed for stakeholders involved in road safety governance and policy:

- Strict enforcement of mandatory helmet laws for all two-wheeler riders and pillion passengers, with particular focus on city road and crossroad environments, where the majority of fatal accidents occur.
- Targeted traffic management interventions at urban intersections and crossroads, including enhanced signalling, road engineering improvements, and electronic enforcement cameras, to reduce the high proportion of crossroad fatalities.
- Strengthening pre-hospital trauma care and establishing well-equipped trauma centres accessible within the 'golden hour' of injury, given the high lethality of intracranial injuries observed in this cohort.
- Enhanced road safety education programmes targeting young adults (18–35 years), particularly two-wheeler users, incorporating awareness regarding speed limits, helmet use, and the dangers of driving under the influence of alcohol.
- Establishment of a standardised, prospective RTA registry at all tertiary forensic institutions in Gujarat to enable longitudinal surveillance of epidemiological trends and injury patterns.

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