1.2 million, whereas those injured as high as 50 million [5]. During 1990 RTAs ranked ninth among the leading cause of death in world. It is projected to become second leading cause of death by the year 2020 next to Ischemic heart disease [3]. In 2009 the rate of road traffic death is 13 persons / hrs, according to National Crime Record Bureau (NCRB). Maximum cases reported between 15.00-18.00 hours in Asian countries and 60-80% RTAs occur in urban and semi urban regions [6]. All these figures are due to one, or more than one of the following factors, human, vehicles, road, and environment factors [2].

RTAs are no longer considered accidental but are part of the price we pay for the technological progress. The resulting injuries of which may involve head, neck, chest, abdomen, and extremities resulting death and deformity. Characterization of the commonly encountered injuries due to accidents, and establishment of corresponding precautions might reduce traffic accident related morbidity and mortality. Following the establishment of laws for use of seat belts and helmets worldwide, the frequency and severity of injuries particularly head traumas have decreased. Technological improvements in vehicles and inclusion of airbags are also regarded as protective factors. Also intense information campaigns through radio, television, and new papers have also been reported to reduce alcoholic driving profoundly [7].

The pattern of injury, fatal and otherwise, varies considerably depending upon whether the victim is a vehicle occupant, a motorcyclist – a pedal cyclist or a pedestrian [2]. The incidence of death in pedestrians is significantly higher than in car occupants or motorcyclists in road traffic accident, which are further increasing at an alarming rate [8].

The intention of our study is to search for the incidence of road traffic accidents in relation to socio-demographic factors, and to identify the patterns and distribution of injuries in case of road traffic accidents.

Method

This descriptive study was conducted at the casualty room in AL-Gamhoria Teaching Hospital in Aden-Yemen for evaluation of medical and legal aspects, comprised of 375 victims of road traffic accidents during the period from 1st January up to 31 December 2010.

Information collected were personal identification data, first including the socio-demographic factors as (sex, age, education status, occupation, marital state, socioeconomic status, and type of road user), next; accident characteristics as (type of vehicles, type of accident, cause of accident, time, day, and month of accidents, patterns of injuries and its distribution on the body parts and nature of treatment). Finally, the history of road traffic injuries was obtained from patient, close relatives and other available person who were present at the time of incidence. The data were manually analyzed.

Results

The distribution of study cases according to demographic profile is depicted in table 1. The sex distribution of the victims clearly showed a male predominance which constituted 311 (82.9%) of the total victims compared to only 64 (17.1%) females. Males outnumbered females in the ratio of 5:1. Age wise, the highest incidence of victims was seen in those belong to the age group (21-30 years) comprising 120 (32%) followed by age group 31-40 years having 103 (27.5%) and the lowest incidence was seen in extreme age groups, i.e. below 10 years and above 50 years, which represent 20 (5.3%) and 25 (6.7%) respectively.

About the education status, high numbers of the victims in the present study were Illiterate (38.7%) followed by those who were educated up to primary, secondary school level and university graduate. The occupation of the victims was highest among the students (48%). About 225 (60%) of victims were single. The people from middle and lower socio-economic class (53.3% and 40%) affected more than other class. Overall, the road user victims was divided