



ASSEMBLY STANDING COMMITTEE ON TRANSPORTATION

NOTICE OF PUBLIC HEARING

SUBJECT: Intoxicated and Impaired Driving

PURPOSE: To gather information and solicit testimony on data, statistics, and trends regarding incidents involving the operation of motor vehicles while intoxicated or impaired within New York State

ALBANY

Roosevelt Hearing Room C
Legislative Office Building
Friday, September 22, 2023, 10:00 a.m.
Albany, New York

ORAL TESTIMONY BY INVITATION ONLY

The health and safety of all users of roadways across New York State, whether such users are non-motorized or motorized, is a top priority of the Assembly Transportation Committee. A critical aspect of roadway safety is ensuring that motor vehicle operators are in control of themselves and their vehicles.

Over the past few decades, New York has worked to reduce instances of driving while intoxicated (DWI) or driving while ability is impaired by drugs and/or alcohol (DWA). According to the National Highway Traffic Safety Administration (NHTSA) of the U.S. Department of Transportation, New York State is among the top 24 states with the lowest alcohol-impaired driving fatality rates in the nation.

The Assembly Transportation Committee is interested in examining and soliciting testimony from relevant stakeholders to better understand current data, statistics, and trends regarding intoxicated and impaired driving incidents, enforcement, and public education efforts.

Persons invited to present pertinent testimony to the Committee at the above hearing should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified in the event of emergency postponement or cancellation.

Oral testimony will be limited to ten (10) minutes' duration. In preparing the order of witnesses, the Committee will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff as early as possible.

Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committee would appreciate advance receipt of prepared statements.

Attendees and participants at any legislative public hearing should be aware that these proceedings are video recorded. Their likenesses may be included in any video coverage shown on television or the internet.

In order to meet the needs of those who may have a disability, the Assembly, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Assembly facilities and activities.

William B. Magnarelli

**Member of Assembly
Chairman
Committee on Transportation**

PUBLIC HEARING REPLY FORM

Persons invited to present testimony at the public hearing on Intoxicated and Impaired Driving conducted by the Assembly Standing Committee on Transportation are requested to complete this reply form as soon as possible and mail, email or fax it to:

Julie Barney
Principal Analyst
Assembly Standing Committee on Transportation
Room 513, NYS Capitol Building
Albany, New York 12248
Email: Barneyj@nyassembly.gov
Phone: (518) 455-4881
Fax: (518) 455-7250

- I plan to attend the public hearing on Intoxicated and Impaired Driving to be conducted by the Assembly Standing Committee on Transportation on Friday, September 22, 2023.
- I have been invited to make a public statement at the hearing. My statement will be limited to 10 minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement.
- I will address my remarks to the following subjects:

- I do not plan to attend the above hearing.
- I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:**

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

E-MAIL: _____

TELEPHONE: _____

FAX TELEPHONE: _____