The primary objectives of this study were: (1) to develop and cross-validate DUI offender typologies based upon psychometric and non-psychometric variables, and (2) to assess the extent to which DUI recidivism and DUI treatment program compliance can be predicted. These analyses were performed on data from 7,316 DUI offenders initially collected during the operation of the CDUI project in Sacramento County, California from September 1977 through January 1981.

DUI recidivism prediction analyses were conducted for the separate and combined group of first and multiple offenders. Predictors were selected from the driver record, criminal record, intake interview, and Life Activities Inventory variable domains, both separately and in combination. A system of dummy variables representing the subjects classification position in a cluster analytically derived typology were also entered as predictors. For most analyses, the recidivism measure was a composite of major convictions (DUI, reckless, hit-and-run) and nighttime (6 p.m. - 6 a.m.) and alcohol-related accidents. In almost all cases, the prediction of recidivism was highly significant for both the main sample and the 25% cross-validation sample. The maximum prediction of composite recidivism ($R^2 = .246$) was slightly less than the maximum prediction of DUI recidivism ($R^2 = .271$).

First and multiple offenders were separately partitioned into quartiles based on their predicted composite recidivism score. The differences among quartile means on a number of relevant traffic safety measures were highly significant. The range of first offender quartile means provided evidence of greater heterogeneity among the first offenders than among the multiple offenders. In particular, the most extreme quartile of the first offenders posed the greatest traffic safety risk (injuries/fatality and total accidents) of any of the quartiles. These results indicate that reasonably accurate prediction of recidivism is only possible for offenders in the most extreme quartiles (first vs. fourth) of the population, but that overall the predicted recidivists presented a much greater accident risk than the predicted non-recidivists.

DUI treatment program compliance analyses were conducted separately for four of the multiple offender treatment groups. In all cases, the prediction of compliance for multiple offenders was highly statistically significant. In general, noncompliance was much more predictable than subsequent DUI recidivism, and those predicted to be non compliant had significantly higher rates of recidivism and accidents than those predicted to be compliant.

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