Pediatric Pedestrian and Cyclist Fatalities in Real World Collisions

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Presentation Outline

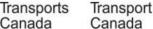
- Introduction
- Objective
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- Results
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Canada



Introduction

United Nations
1.35 Million

WHO Road Safety 2018
Road Traffic Injuries



Based on WHO Global Status Report on Road Safety 2018 as of September 8, 2021

IRTAD 2019 7% & 2.5%

Parachute Canada Pedestrian Injuries















Introduction

 Collison avoidance safety feature: Pedestrian detection systems with automatic emergency braking (P-AEB)

 Comparisons are needed to assess these technologies and provide data and justification for design improvements.

• Factors such as lighting, vehicle body type, collision configuration, impact speed, VRU age and VRU pre-crash actions.













Objective

To compare real world fatal VRU crashes with the design criteria of current P-AEB systems on a cohort of fatal pediatric pedestrian and cyclist collisions in Ontario





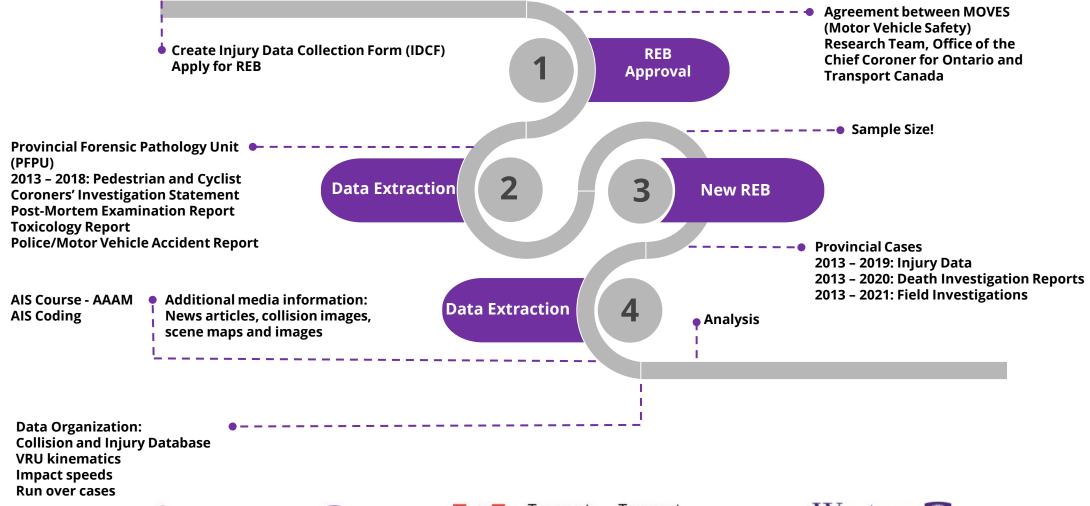








Methodology









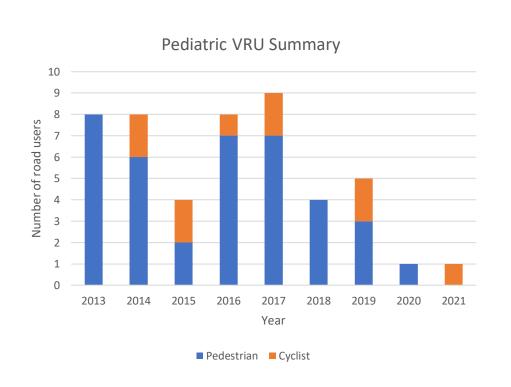








2013 – 2021 (≤ 17 years): 48 VRUs (38 pedestrians and 10 cyclists)*



Age Group	≤ 14 years (Child)	15 - 17 years (Adolescent)
Pedestrian	27	11
Cyclist	7	3
Total	34	14

Conditions	Setting (n, %)
Area	Urban (n=34, 71%)
Weather	Clear (n=46, 96%)
Road Surface	Dry (n=44, 92%)
Lighting	Daylight (n=31, 65%)
Occurrence	Intersections (n=19, 40%)

^{*}approximately 80% of Ontario pediatric VRU motor vehicle collision fatalities in the 2013 to 2021 period, as complete data were not available for the most recent years.















	NO RUNOVER (n=21) IMPACT_SPEED RANGE (KM/H)			RUNOVER (n=27) IMPACT SPEED RANGE (KM/H)			
SPEED LIMIT	31 - 50	51 - 70	71 +	0 - 30	31 - 50	51 – 70	TOTAL
SPEED LIMIT = 20 KM/H				1			1
SPEED LIMIT = 40 KM/H	1	1		4	1		7
SPEED LIMIT = 50 KM/H	1	3	1	5	2		12
SPEED LIMIT = 60 KM/H	2	5		2	1	1	11
SPEED LIMIT = 70 KM/H		1				1	2
SPEED LIMIT = 80 KM/H		2	2			1	5
SPEED LIMIT = 90 KM/H			1		1		2
N/A	1			7			8
TOTAL	5	12	4	19	5	3	48

Table 1 Impact Speed and Speed Limit Distribution for Runover and Non-Runover Collisions













	NO RUNOVER		RUNG		
VRU KINEMATICS	CHILD	ADOLESCENT	CHILD	ADOLESCENT	TOTAL
FORWARD PROJECTION	4		19 (CY=2)	3	26
WRAP OR VAULT	5 (CY=3)	11 (CY=3)			16
REAR PROJECTION	1		3 (CY=1)		4
SIDE UNDERRRIDE			2 (CY=1)		2
TOTAL	10	11	24	3	48

Table 2 VRU Kinematics in Runover and Non-Runover Collisions













	NO RUNOVER		RU		
VEHICLE TYPE	CHILD	ADOLESCENT	CHILD	ADOLESCENT	TOTAL
CAR	5 (CY=3)	6 (CY=2)	3 (CY=1)	1	15
PICKUP	2		7 (CY=2)	1	10
MINIVAN	2	2 (CY=1)	2	1	7
SUV		2	5		7
HEAVY TRUCK			4 (CY=1)		4
VAN	1	1	2		4
TRANSIT BUS			1		1
TOTAL	10	11	24	3	48

Table 4 Vehicle Type in Runover and Non-Runover Collisions









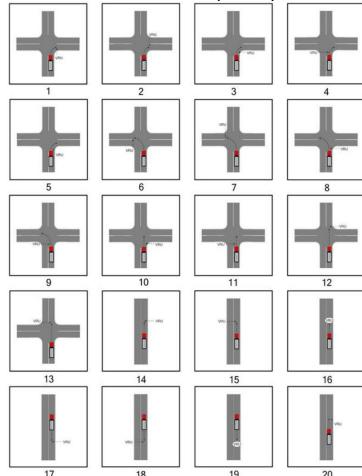




VEHICLE PRE-	COLLISION	NO RUNOVER		RUI	TOTAL	
CRASH ACTION	CONFIGURATION	CHILD	ADOLESCENT	CHILD	ADOLESCENT	TOTAL
GOING AHEAD	10			1		1
GOING AHEAD	11	1	2			3
GOING AHEAD	12		1			1
GOING AHEAD	13	1				1
GOING AHEAD	14	2		4	1	7
GOING AHEAD	15	4	1	3		8
GOING AHEAD	16		1	1	2	4
GOING AHEAD	20	1	4			5
GOING AHEAD	10 or 11		1			1
LOST CONTROL	16		1			1
REVERSING	19	1				1
REVERSING	17			2		2
REVERSING	18			1		1
TURNING	3			2		2
TURNING	4			2		2
TURNING	6			3		3
TURNING	7			3		3
TURNING	9			1		1
TURNING	1 or 7			1		1
	TOTAL	10	11	24	3	48

Table 5 **Collision Configuration Frequency in VRU Collisions**

The most common pre-crash action was going ahead or travelling forward (n=31, 65%) which occurred in 19 of the nonrunover cases (90%) and 12 of the runover cases (44%)













	NO RUNOVER		RUNOVER		
VRU PRE-CRASH ACTION	CHILD	ADOL	CHILD	ADOL	TOTAL
CROSSING WITH RIGHT OF WAY	2 (CY=1)		11 (CY=2)		13
CROSSING WITH NO TRAFFIC CONTROL	3	1	4	1	9
CROSSING WITHOUT RIGHT OF WAY	1 (CY=1)	4 (CY=2)			5
UPRIGHT IN PARKING AREA	1		3		4
WALKING ON ROADWAY WITH TRAFFIC		3			3
RUNNING OR RIDING ONTO ROAD	2 (CY=1)		1		3
RIDING ON ROAD WITH TRAFFIC		1 (CY=1)	1 (CY=1)		2
STANDING IN ROAD		1	1		2
SITTING IN PARKING AREA			1	1	2
SITTING ON ROAD				1	1
FELL OFF BICYCLE ONTO GROUND			1 (CY=1)		1
ON SIDEWALK OR SHOULDER		1			1
WALKING ON ROAD AGAINST TRAFFIC	1				1
RUNNING BESIDE VEHICLE			1		1
TOTAL	10	11	24	3	48

The most common pre-crash action was crossing with the right of way (n=13, 27%) all involving children aged 14 years and under.

VRU Pre-Crash Action in Runover and Non-Runover Collisions



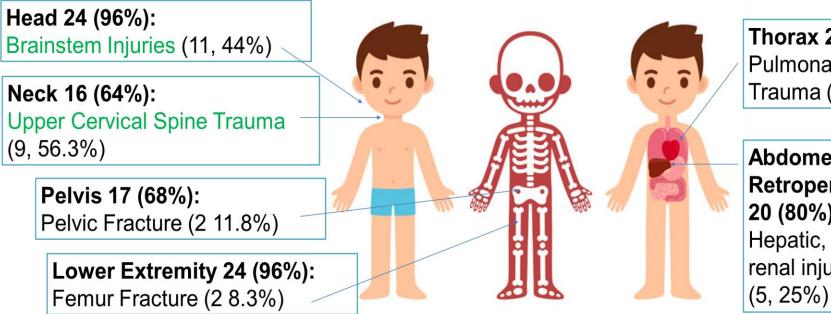








2013 - 2018: there were 25 pediatric (0 – 14 years) pedestrian deaths in Ontario



Thorax 23 (92%): Pulmonary/Cardiac Trauma (13, 56.5%)

Abdomen and Retroperitoneum 20 (80%): Hepatic, spleen, or renal injury

Vehicle Type	N, %
Pickup Truck	7 (28%)
Minivan	4 (16%)
SUV	4 (16%)
Car	3 (12%)
Van	3 (12%)
Heavy Truck	3 (12%)
Bus	1 (4%)
Total	25 (100%)

Vehicle type with frequency.

The most frequent injury based on AIS \geq 3 for each body region.









Transports





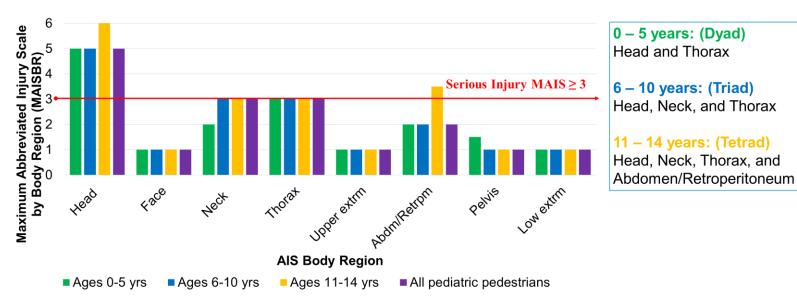
Waddell's Triad:

- 1) Fractured Femoral Shaft
- 2) Intra-thoracic or Intra-abdominal Injuries
- 3) Contralateral Head Injury

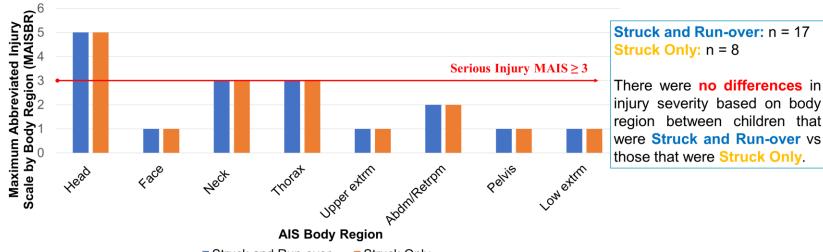
Waddell JP, Drucker WR. Occult injuries in pedestrian accidents J Trauma. 1971;11(10):844-52.

Original Waddell's Triad:

- 1) Injury about the knee
- 2) Injury to the hip or pelvis
- 3) Craniocerebral injury



Median Maximum Abbreviated Injury Scale by Body Region (MAISBR) and age group and entire pediatric pedestrian population (n=25).



■ Struck and Run-over Struck Only

Median Maximum Abbreviated Injury Scale by Body Region (MAISBR) for children struck and run-over vs struck only.













Significance

• Fatal pediatric collisions (≤14 years) almost always occurred in lighted conditions and typically involved low speeds and runover.

Large vehicles played a major role in the LSVRO collisions.

 Current technology P-AEB collision avoidance systems may have been effective.

Collisions with turning vehicles were common.













Limitations

The mannequins used in NCAP and Euro-NCAP testing.

 The higher potential for false positive detections in turning collisions with current technology systems are of concern.

 Predicting the effectiveness of future ADAS systems is difficult as their field performance characteristics are rapidly changing.













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