**CRASH DATA RESEARCH CENTER** 

Calspan Corporation Buffalo, NY 14225

## **NOT-IN-TRAFFIC SURVEILLANCE**

## CALSPAN REMOTE HYPERTHERMIA INVESTIGATION

## SCI CASE NO.: CA07-027

## **VEHICLE: 2005 BUICK RENDEZVOUS**

## LOCATION: NEW YORK

## DATE: AUGUST 2007

Contract No. DTNH22-07-C-00043

Prepared for:

U.S. Department of Transportation National Highway Traffic Safety Administration Washington, D.C. 20590

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points are coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

#### 1. Report No. 2. Government Accession No. 3. Recipient's Catalog No. CA07-027 4. Title and Subtitle 5. Report Date: Not-In-Traffic Surveillance September 2007 Calspan Remote Hyperthermia Investigation Vehicle: 2005 Buick Rendezvous 6. Performing Organization Code Location: New York 8. Performing Organization 7. Author(s)Crash Data Research Center Report No. 9. Performing Organization Name and Address 10. Work Unit No. Crash Data Research Center C00500.0000.0035 Calspan Corporation 11. Contract or Grant No. P.O. Box 400 DTNH22-07-C-00043 Buffalo, New York 14225 12. Sponsoring Agency Name and Address 13. Type of Report and Period Covered U.S. Department of Transportation **Technical Report** National Highway Traffic Safety Administration Incident Date: August 2007 Washington, D.C. 20590 14. Sponsoring Agency Code

## TECHNICAL REPORT STANDARD TITLE PAGE

#### 15. Supplementary Note

This remote investigation focused on the events surrounding the hyperthermia death of a 5-month old male who was left in a closed vehicle for a nine-hour period during daytime summer hours.

#### 16. Abstract

This remote investigation focused on the events surrounding the hyperthermia death of a 5-month old male who was left in a closed vehicle for a nine-hour period during daytime summer hours. The child's mother forgot to drop the child off at a daycare facility while en route to her place of employment. She returned to the vehicle at the end of her work-shift and found the infant still restrained in the Child Safety Seat (CSS). A co-worker certified as an Emergency Medical Technician (EMT) responded to the mother's screams and found the child without vital signs. He was pronounced deceased at the scene.

| 17. Key Words                  |                  | 18. Distribution Sta | itement |
|--------------------------------|------------------|----------------------|---------|
| Not-In-Traffic Surveillance    | General Public   |                      |         |
| 19. Security Classif. (of this | 21. No. of Pages | 22. Price            |         |
| report)                        |                  |                      |         |
| Unclassified                   | 11               |                      |         |

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## NOT-IN-TRAFFIC SURVEILLANCE CALSPAN REMOTE HYPERTHERMIA INVESTIGATION SCI CASE NO.: CA07-027 VEHICLE: 2005 BUICK RENDEZVOUS LOCATION: NEW YORK DATE: AUGUST 2007

#### BACKGROUND

This remote investigation focused on the events surrounding the hyperthermia death of a 5-month old male who was left in a closed vehicle for a nine-hour period during daytime summer hours. The child's mother forgot to drop the child off at a daycare facility while en route to her place of employment. She returned to the vehicle at the end of her work-shift and found the infant still restrained in the Child Safety Seat (CSS). A co-worker certified as an Emergency Medical Technician (EMT) responded to the mother's screams and found the child without vital signs. He was pronounced deceased at the scene.

The Calspan Special Crash Investigations (SCI) team identified this incident through the local media. The notification was forwarded to NHTSA's Crash Investigation Division on Friday, August 3, 2007 and the case was assigned for remote follow-up. Limited cooperation was obtained from the local police department who investigated this hyperthermia fatality as a crime. The County District Attorney evaluated the case and decided not to file criminal charges against the mother. The crime report was retained at the police headquarters and was not reported to the state crash database. The Not-In-Traffic Surveillance data forms are attached to this Final Report.

#### SUMMARY

#### Location

This hyperthermia death occurred in a large open asphalt-surfaced parking lot that was delineated with painted parking spaces that emptied into parking isles. The lot was exposed to full sun throughout the day. The temperature reached a daytime high of 32 degrees C (90 degrees F). The driver parked the vehicle in the lot in an unknown orientation relative to north. The vehicle remained in its parked position for a nine-hour period throughout the driver's work day.

#### Vehicle Data

The involved vehicle was a 2005 Buick Rendezvous, four-door sport utility vehicle (**Figure 1**). The Buick's exterior color was two-tone beige. The vehicle was equipped with an AS1 windshield, AS2 front door glazing, and deep tint AS3 glazing for the rear doors, quarter windows, and backlight. The vehicle was not equipped with a sunroof. The interior color and configuration was not reported. The police reported that the front and rear door windows were fully closed throughout the duration



of this event. There were no aftermarket window shades installed in the vehicle.

#### Non-Motorist

The non-motorist in this case was the driver's 5-month old son. He was dressed in shorts and a T-shirt of unknown color and fabric. He was restrained in a rear-facing child safety seat in the rear left position of the vehicle and was left in this position for the nine-hour period. The child was discovered by the driver as she returned to the vehicle at the conclusion of her work shift. He was unresponsive and was pronounced deceased at the scene.

#### Summary of Events

This incident occurred during the daytime hours in August 2007. The child's 32-year old mother was en route to her place of employment to start her assigned work shift at 0800 hours. Her daily commute to work involved an approximate 24 km (15 mile) drive on rural non-congested roads. She was driving the family's 2005 Buick Rendezvous with her 5-month old son restrained in a child safety seat in the second row left position.

While en route to work, the mother forgot to drop the child off at a daycare facility and continued to her place of employment. She parked the vehicle in the center area of a large asphalt surfaced parking lot and exited the vehicle. All windows were closed and the doors were locked. The mother walked to the building where she remained for the duration of her work shift, a period of nine hours. The ambient temperatures reached the 32 degree C range (90 degree F) as the vehicle was parked in full-sun.

A spokesperson for the daycare facility stated to the media that the facility planned on calling the mother later in the morning to verify the child's absent status for the day. However, the employee became distracted by another task and never made the call.

As the mother exited her place of employment and proceeded to her vehicle, she opened the driver's door and observed her child restrained in the CSS. She immediately screamed and yelled for assistance. A fellow employee with EMT certification responded to the mother's cries for help and evaluated the child. He was unable to detect any vital signs. Police and emergency personnel were called to the scene. The child was evaluated at the scene and he was determined to be deceased.

The Buick was towed from the scene and was impounded by the District Attorney (DA) as he evaluated the case to determine if criminal charges should be filed against the mother. During this evaluation period, the police would not provide specific information regarding this case and the official investigation. The DA subsequently ruled that no charges would be filed against the mother. The vehicle was returned to the family following the DA's announcement.

| U.S. Department of Transportation                                                                                                                                                                                                                                                                                                                                                        | SCENE FORM Special Crash Investigatio<br>Not In Traffic Surveillar                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| National Highway Traffic Safety Administration                                                                                                                                                                                                                                                                                                                                           | SCENE INFORMATION                                                                                                                                                                                                                                                                              |
| 1. Case Number               IDENTIFICATION         2. Date of Crash                                                                                                                                                                                                                                                                                                                     | 7. Type of area in which crash occurred<br>(Select all that apply)         O Single family residential         O Row houses/townhouses         O Multi family housing         O Commercial         O Industrial         O Rural         O Unknown                                              |
| 3. Time of Crash<br>Code reported military time of crash.<br>NOTE: Midnight = 2400<br>Unknown = 9999                                                                                                                                                                                                                                                                                     | 8. Driver exterior sightline obstructions (Select all that apply)         0 None       0 Utility poles         0 Other vehicles       0 Signs         0 Building       0 Glare                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                          | O     Trees     O     Unknown       O     Shrubbery     O     No driver present       O     Other (specify)                                                                                                                                                                                    |
| <ul> <li>4. Light Conditions</li> <li>O Daylight</li> <li>O Dark</li> <li>O Dark but lighted</li> <li>O Dawn</li> <li>O Dusk</li> <li>O Unknown</li> </ul>                                                                                                                                                                                                                               | <ul> <li>9. Crash location</li> <li>O Driveway O Road / street</li> <li>O Parking Lot O Roadside / shoulder</li> <li>O Sidewalk O Other (specify)</li> <li>O Alley O Unknown</li> <li>O Intersection of driveway and sidewalk</li> </ul>                                                       |
| <ul> <li>5. Atmospheric Conditions<br/>(Select all that apply)</li> <li>O Clear-No adverse conditions</li> <li>O Cloudy</li> <li>O Rain</li> <li>O Snow</li> <li>O Fog, Smog, Smoke</li> <li>O Sleet, Hail (freezing rain or drizzle)</li> <li>O Blowing Snow</li> <li>O Severe Crosswinds</li> <li>O Blowing Sand, Soil, Dirt</li> <li>O Other (specify):</li> <li>O Unknown</li> </ul> | <ul> <li>10. Non motorist sightline obstructions (Select all that apply)</li> <li>O None</li> <li>O Other vehicles</li> <li>O Building</li> <li>O Trees</li> <li>O Shrubbery</li> <li>O Utility poles</li> <li>O Signs</li> <li>O Glare</li> <li>O Other (specify)</li> <li>Unknown</li> </ul> |
| <ul> <li>6. Temperature</li> <li>O Below 0 degrees Celsius (Below 32 F)</li> <li>O 1-10 degrees Celsius (33-50 F)</li> <li>O &gt;10-24 degrees Celsius (51-75 F)</li> <li>O Over 24 degrees Celsius (Over 75 F)</li> <li>O Unknown</li> </ul>                                                                                                                                            | <ul> <li>11. Grade at parked position %</li> <li>12. Estimated distance from parked position to impace m</li> <li>13. Estimated speed at impact m</li> <li>14. Grade at impact %</li> <li>15. Estimated distance from impact to vehicle final rest m</li> </ul>                                |
| Rev September/2007                                                                                                                                                                                                                                                                                                                                                                       | Unknown = 999 Reference Items 11,12, 13, 14,                                                                                                                                                                                                                                                   |

1. Case Number \_\_\_\_\_ \_\_\_\_ \_\_\_\_

## VEHICLE IDENTIFICATION

\_\_\_\_

- 3. Model Year \_\_\_\_ \_\_\_ \_\_\_
- 4. Vehicle Make (specify):
- 5. Vehicle Model (specify):

| GLAZING                          |                                               |                                                  |                                     |                 |                                                 |  |  |  |
|----------------------------------|-----------------------------------------------|--------------------------------------------------|-------------------------------------|-----------------|-------------------------------------------------|--|--|--|
| Location Presence (check)        |                                               | Status<br>(select)                               | Clarity<br>(select)                 | Tint<br>(check) | Glazing<br>Obstructions<br>(specify if present) |  |  |  |
| Windshield                       |                                               | Fixed / Closed / Open / Partially Open / Unknown | Clear / Hazy / Very Dirty / Unknown |                 |                                                 |  |  |  |
| LF                               |                                               | Fixed / Closed / Open / Partially Open / Unknown | Clear / Hazy / Very Dirty / Unknown |                 |                                                 |  |  |  |
| RF                               |                                               | Fixed / Closed / Open / Partially Open / Unknown | Clear / Hazy / Very Dirty / Unknown |                 |                                                 |  |  |  |
| 2 <sup>nd</sup> Left             |                                               | Fixed / Closed / Open / Partially Open / Unknown | Clear / Hazy / Very Dirty / Unknown |                 |                                                 |  |  |  |
| 2 <sup>nd</sup> Right            |                                               | Fixed / Closed / Open / Partially Open / Unknown | Clear / Hazy / Very Dirty / Unknown |                 |                                                 |  |  |  |
| 3 <sup>rd</sup> Left             |                                               | Fixed / Closed / Open / Partially Open / Unknown | Clear / Hazy / Very Dirty / Unknown |                 |                                                 |  |  |  |
| 3 <sup>rd</sup> Right            |                                               | Fixed / Closed / Open / Partially Open / Unknown | Clear / Hazy / Very Dirty / Unknown |                 |                                                 |  |  |  |
| Backlight                        |                                               | Fixed / Closed / Open / Partially Open / Unknown | Clear / Hazy / Very Dirty / Unknown |                 |                                                 |  |  |  |
| Left Backlight                   |                                               | Fixed / Closed / Open / Partially Open / Unknown | Clear / Hazy / Very Dirty / Unknown |                 |                                                 |  |  |  |
| Right<br>Backlight               |                                               | Fixed / Closed / Open / Partially Open / Unknown | Clear / Hazy / Very Dirty / Unknown |                 |                                                 |  |  |  |
| Roof                             |                                               | Fixed / Closed / Open / Partially Open / Unknown | Clear / Hazy / Very Dirty / Unknown |                 |                                                 |  |  |  |
| Other<br>(specify)               |                                               | Fixed / Closed / Open / Partially Open / Unknown | Clear / Hazy / Very Dirty / Unknown |                 |                                                 |  |  |  |
|                                  | TIRE DATA                                     |                                                  |                                     |                 |                                                 |  |  |  |
| 6. Vehicle                       | 6. Vehicle Manufacturer Recommended Tire Size |                                                  |                                     |                 |                                                 |  |  |  |
|                                  | 7. LF Tire Size 9. RF Tire Size               |                                                  |                                     |                 |                                                 |  |  |  |
| 8. LR Tire Size 10. RR Tire Size |                                               |                                                  |                                     |                 |                                                 |  |  |  |
| Dec 0                            |                                               |                                                  |                                     |                 |                                                 |  |  |  |

#### Special Crash Investigations – Not In Traffic Surveillance: Vehicle Form

|                        |                                                                                         | Seats / |                                       |        |
|------------------------|-----------------------------------------------------------------------------------------|---------|---------------------------------------|--------|
| Seat Position          | eat Position Seat Type<br>(Select from below) Head Restraint<br>(Check if<br>available) |         | Head Restraint Adjustment<br>(select) | NOTES: |
| Front Left             |                                                                                         |         | Full Down / Mid / Full Up             |        |
| Front Middle           |                                                                                         |         | Full Down / Mid / Full Up             |        |
| Front Right            |                                                                                         |         | Full Down / Mid / Full Up             |        |
| 2 <sup>nd</sup> Left   |                                                                                         |         | Full Down / Mid / Full Up             |        |
| 2 <sup>nd</sup> Middle |                                                                                         |         | Full Down / Mid / Full Up             |        |
| 2 <sup>nd</sup> Right  |                                                                                         |         | Full Down / Mid / Full Up             |        |
| 3 <sup>rd</sup> Left   |                                                                                         |         | Full Down / Mid / Full Up             |        |
| 3 <sup>rd</sup> Middle |                                                                                         |         | Full Down / Mid / Full Up             |        |
| 3 <sup>rd</sup> Right  |                                                                                         |         | Full Down / Mid / Full Up             |        |

#### Seat Type codes:

- 0 = No seat or seat folded down
- 1 = Bucket
- 2 = Bucket w/ folding back
- 3 = Bench
- 4 = Bench with folding back cushions
- 5 = Bench w/ folding back
- 6 = Split bench w/ separate back cushions
- 7 = Split bench w/ separate folding back

| VEHICLE MEASUREMENTS          |                                                         |       |  |  |
|-------------------------------|---------------------------------------------------------|-------|--|--|
| Clearance Heights             | Measurements<br>(all from ground, and<br>in centimeters | NOTES |  |  |
| Beltline                      |                                                         |       |  |  |
| Top of trunk/tailgate         |                                                         |       |  |  |
| Bottom of bumper              |                                                         |       |  |  |
| Trailer hitch (if applicable) |                                                         |       |  |  |
| Undercarriage                 |                                                         |       |  |  |
| Sway bar                      |                                                         |       |  |  |
| Axle                          |                                                         |       |  |  |
| Differential                  |                                                         |       |  |  |
| Other (specify):              |                                                         |       |  |  |
| Sensor Height (if equipped)   |                                                         |       |  |  |
| Camera Height (if equipped)   |                                                         |       |  |  |
| Rev September/2007            |                                                         | 1     |  |  |

8 = Pedestal (i.e. column supported)

- 9 = Box mounted (i.e. van type)
- 10= Other seat type (specify)
- 99= Unknown seat type

| Lational Highway Traffic Safety Administration Back Up /                                                                                                                                                                                                                                                                                                                               | 7. Video image quality under scene lighting                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                        | O None present                                                                                                                                                                                                                                                                                                                                                         |
| PARKING AID PRESENCE<br>2. Type of backing/parking aid present<br>O OEM camera<br>O OEM ultrasonic/radar sensor                                                                                                                                                                                                                                                                        | <ul> <li>O Good</li> <li>O Average</li> <li>O Poor (specify):</li></ul>                                                                                                                                                                                                                                                                                                |
| <ul> <li>O OEM combination camera-ultrasonic/radar sensor</li> <li>O OEM Fresnel lens</li> <li>O OEM interior mirrors</li> <li>O Aftermarket camera</li> <li>O Aftermarket ultrasonic/radar sensor</li> <li>O Aftermarket combination camera-ultrasonic radar sensor</li> <li>O Aftermarket Fresnel lens</li> <li>O Aftermarket interior mirrors</li> <li>O Other (specify):</li></ul> | <ul> <li>O None present</li> <li>O Yes</li> <li>O No, poor image quality due to glare</li> <li>O No, poor image quality due to glare</li> <li>O No, poor image quality due to atmospheric conditions</li> <li>O No, camera turned off</li> <li>O No, camera inoperable</li> <li>O Unknown</li> </ul> ULTRASONIC/RADAR SENSOR Specify object detection range on diagram |
| CAMERA INFORMATION                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                        |
| Specify field of view measurements on diagram                                                                                                                                                                                                                                                                                                                                          | 9. System make/model                                                                                                                                                                                                                                                                                                                                                   |
| 3. System make/model                                                                                                                                                                                                                                                                                                                                                                   | <ol> <li>Auditory warning illumination</li> <li>O No sensor present</li> </ol>                                                                                                                                                                                                                                                                                         |
| <ol> <li>Video monitor type</li> <li>O None present</li> </ol>                                                                                                                                                                                                                                                                                                                         | O Yes<br>O No<br>O Unknown                                                                                                                                                                                                                                                                                                                                             |
| O LCD (color)<br>O CRT (black & white)<br>O Unknown                                                                                                                                                                                                                                                                                                                                    | <ul> <li>11. Number of sensors</li> <li>12. Sensor locations (Select all that apply)</li> </ul>                                                                                                                                                                                                                                                                        |
| <ul> <li>5. Video display size cm (<i>Diagonal</i>)</li> <li>6. Camera location</li> <li>O None present</li> <li>O Bumper</li> </ul>                                                                                                                                                                                                                                                   | O No sensor present<br>O Left bumper<br>O Center bumper<br>O Right bumper<br>O License plate area                                                                                                                                                                                                                                                                      |
| O License plate<br>O Tailgate/Hatch/Trunk<br>O Other (specify):                                                                                                                                                                                                                                                                                                                        | O Tailgate/Hatch/Trunk<br>13. Was warning system functioning properly                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                        | <ul> <li>O No sensor present</li> <li>O Yes, system alerted driver</li> <li>O No, system did not alert driver</li> <li>O No, system turned off</li> <li>O No, system inoperable</li> <li>O Unknown</li> </ul>                                                                                                                                                          |

| 14. Did driver react to warning                   |  |
|---------------------------------------------------|--|
| O No sensor present<br>O Yes<br>O No<br>O Unknown |  |
| 15. Did driver report common false warnings       |  |
| O No sensor present<br>O Yes<br>O No<br>O Unknown |  |
|                                                   |  |
|                                                   |  |
|                                                   |  |
|                                                   |  |
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|                                                   |  |

| U.S. Department of Transportation<br>National Highway Traffic Safety Administration                                                                                                                                                                                                                                               | FORM Special Crash Investigations<br>Not In Traffic Surveillance                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Case Number                                                                                                                                                                                                                                                                                                                    | 10. Driver entry interruption<br>(Select all that apply)                                                                                                                                                                                                                               |
| DRIVER PROFILE         2. Driver's Age                                                                                                                                                                                                                                                                                            | <ul> <li>O Direct trip from building to vehicle</li> <li>O Loaded items into vehicle</li> <li>O Spoke with family</li> <li>O Spoke with neighbors</li> <li>O Spoke with contacted nonmotorist</li> <li>O Return trip (backing into driveway/lot)</li> <li>O Other (specify):</li></ul> |
| <ul> <li>7. Driver vision deficiency condition<br/>(Select all that apply)</li> <li>O None</li> <li>O Near sighted</li> <li>O Far sighted</li> <li>O Astigmatism</li> <li>O Other (specify)</li> <li>O Unknown</li> </ul>                                                                                                         | 13. Driver in a hurry<br>O Yes N/A<br>O No Unknown<br>O Unknown                                                                                                                                                                                                                        |
| 8. Non motorist's relationship to driver<br>O No relationship<br>O Child<br>O Grandchild<br>O Sibling<br>O Neighbor<br>O Friend<br>O Other (specify):<br>O Unknown<br>DRIVER ACTIONS                                                                                                                                              | <ul> <li>14. How did driver check behind (rear area of vehicle) after vehicle entry</li></ul>                                                                                                                                                                                          |
| <ul> <li>9. Driver approach to vehicle for entry<br/>From left front</li> <li>O From left</li> <li>O From left rear</li> <li>O From right rear</li> <li>O From right front</li> <li>O Circled vehicle</li> <li>O Return trip (backing into driveway/lot)</li> <li>O Other (specify):</li> <li>O N/A</li> <li>O Unknown</li> </ul> | O Other (specify):<br>N/A Unknown<br>15. Estimated time between vehicle entry and start<br>of backing<br>O 0-10 Seconds O Over 60 Seconds<br>O 11-30 Seconds O N/A<br>O 31-60 Seconds Unknown                                                                                          |

## Special Crash Investigations – Not In Traffic Surveillance: Driver Form

Page 2

| 16. | What direction was the driver looking during<br>backing maneuver<br>(Select all that apply)                                                                                                                                                                                                                                      | 19. | Did driver see struck non motorist prior to impact<br>(Select all that apply)                                                                                                                                                                                                                                                                  |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | O Straight ahead<br>O Right<br>O Left<br>O Rearward                                                                                                                                                                                                                                                                              |     | <ul> <li>O No, never saw non motorist</li> <li>O Saw non motorist prior to entering vehicle</li> <li>O Saw non motorist after entering vehicle</li> <li>O Other (specify):</li> <li>Unknown</li> </ul>                                                                                                                                         |
|     | O At object inside the car<br>O At mirrors                                                                                                                                                                                                                                                                                       | 20. | Est time between start of backing and impact                                                                                                                                                                                                                                                                                                   |
| 17. | O Other (specify):<br>O N/A<br>Unknown<br>Was the driver distracted during back up<br>maneuver                                                                                                                                                                                                                                   |     | O       <2 or = 1 second                                                                                                                                                                                                                                                                                                                       |
|     | (Select all that apply)<br>O No non-driving activities                                                                                                                                                                                                                                                                           | 21. | Driver interior sightline obstructions                                                                                                                                                                                                                                                                                                         |
|     | External         O Looking at other vehicles         O Looking at other non motorist         O Looking at intended turn destination         O External focus, not specified         O Other external focus (specify):                                                                                                            |     | (Select all that apply)<br>O Pillar O Other occupant<br>O Headrest O Other (specify)<br>O Cargo O Unknown<br>None<br>Recent experience driving this vehicle                                                                                                                                                                                    |
|     | <ul> <li>O Looking at other occupant</li> <li>O Talking to passenger</li> <li>O Dialing phone</li> <li>O Talking on phone</li> <li>O Listening to radio/cd/portable playback device</li> <li>O Adjusting radio/cd player</li> <li>O Adjusting climate controls</li> <li>O Using a device/controls integral to vehicle</li> </ul> | 23. | <ul> <li>O More than 10 times the last three months</li> <li>O 6-10 times the last three months</li> <li>O 2-5 times the last three months</li> <li>O Less than 2 times the last three months</li> <li>O First time driving this vehicle</li> <li>O N/A</li> <li>Unknown</li> <li>Frequency of driving in this parking lot/driveway</li> </ul> |
|     | <ul> <li>(specify):</li></ul>                                                                                                                                                                                                                                                                                                    |     | <ul> <li>O Daily</li> <li>O Weekly</li> <li>O Several times a month</li> <li>O Monthly</li> <li>O Rarely</li> <li>O First time in lot/driveway</li> <li>O N/A Unknown</li> </ul>                                                                                                                                                               |
|     | (specify):<br>O N/A<br>Unknown                                                                                                                                                                                                                                                                                                   | 24. | Driver Impairment<br>(Select all that apply)                                                                                                                                                                                                                                                                                                   |
| 18. | Driver avoidance actions prior to impact<br>(Select all that apply)<br>O None                                                                                                                                                                                                                                                    |     | <ul><li>O No drugs or alcohol present</li><li>O Alcohol present (specify BAC):</li><li>O Drugs present (specify):</li></ul>                                                                                                                                                                                                                    |
|     | O Braking                                                                                                                                                                                                                                                                                                                        |     | O Unknown                                                                                                                                                                                                                                                                                                                                      |
|     | O Steering left<br>O Steering right<br>O Accelerating                                                                                                                                                                                                                                                                            | 25. | Source of alcohol/drug results                                                                                                                                                                                                                                                                                                                 |
|     | O Other (specify):<br>O N/A<br>Unknown                                                                                                                                                                                                                                                                                           |     | <ul> <li>O Police reported</li> <li>O Medical record</li> <li>O Other (specify)</li> <li>O Not Tested</li> <li>Unknown if tested</li> </ul>                                                                                                                                                                                                    |

| Non Motorist                                                                 |                    |                 |                                                                                                                  |  |  |  |
|------------------------------------------------------------------------------|--------------------|-----------------|------------------------------------------------------------------------------------------------------------------|--|--|--|
| U.S. Department of Transportation<br>National Highway Traffic Safety Adminis | stration           | For             | m Special Crash Investigat<br>Not In Traffic Surveilla                                                           |  |  |  |
| 1. Case Number                                                               |                    |                 | 11. Non-motorist motion                                                                                          |  |  |  |
|                                                                              |                    |                 | O Not moving<br>O Walking slowly                                                                                 |  |  |  |
| NON-MOTOR                                                                    | IST PROFILE        |                 | O Walking slowly                                                                                                 |  |  |  |
| 2. Non-motorist's Age<br>99 = Unknown                                        |                    | Months<br>Years | <ul> <li>O Running or jogging</li> <li>O Skipping/Hopping/Jumping</li> <li>O Falling/Stumbling/Rising</li> </ul> |  |  |  |
| 3. Non-motorist's Sex                                                        | O Male<br>O Female |                 | O On skates/skateboard<br>O On bike/scooter<br>O Other (specify):                                                |  |  |  |
|                                                                              | O Unknown          |                 | O Unknown                                                                                                        |  |  |  |
| <ol> <li>Non-motorist's Height<br/>999 = Unknown</li> </ol>                  |                    | cm              | 12. Non-motorist approach relative to rear of vehicle                                                            |  |  |  |
|                                                                              |                    |                 | O Stationary                                                                                                     |  |  |  |
| 5. Non-motorist's Weight                                                     |                    | kg              | O From left                                                                                                      |  |  |  |
| 999 = Unknown                                                                |                    |                 | O From right                                                                                                     |  |  |  |
|                                                                              |                    |                 | O From behind                                                                                                    |  |  |  |
| <ol><li>Medical outcome</li></ol>                                            |                    |                 | O Other (specify):                                                                                               |  |  |  |
| O Net iniured                                                                |                    |                 | O Unknown                                                                                                        |  |  |  |
| O Not injured                                                                |                    |                 | 12 Non-motorist first systems action                                                                             |  |  |  |
| <ul><li>O ER only</li><li>O Hospitalized 1-4 days</li></ul>                  |                    |                 | 13. Non-motorist first avoidance action                                                                          |  |  |  |
| O Hospitalized 5 days o                                                      |                    |                 | O No avoidance actions                                                                                           |  |  |  |
| O Treatment later                                                            |                    |                 | O Stopped                                                                                                        |  |  |  |
| O Fatal                                                                      |                    |                 | O Accelerated pace                                                                                               |  |  |  |
| O Unknown                                                                    |                    |                 | O Ran away (along vehicle path)                                                                                  |  |  |  |
|                                                                              |                    |                 | O Jumped                                                                                                         |  |  |  |
| 7. Source of most severe inju                                                | iry                |                 | O Turned away from vehicle                                                                                       |  |  |  |
| Bumper                                                                       | •                  |                 | O Turned toward vehicle and braced                                                                               |  |  |  |
| O Tire                                                                       |                    |                 | O Dove or fell away from vehicle                                                                                 |  |  |  |
| O Undercarriage                                                              |                    |                 | O Other (specify):                                                                                               |  |  |  |
| O Other Specify:                                                             |                    |                 | O Unknown                                                                                                        |  |  |  |
| O Ground                                                                     |                    |                 |                                                                                                                  |  |  |  |
| O N/A                                                                        |                    |                 | 14. Non-motorist primary focus of attention                                                                      |  |  |  |
|                                                                              |                    |                 | O Striking ushiple                                                                                               |  |  |  |
| <ol> <li>Non-motorist impairment<br/>(Select all that apply</li> </ol>       | 4                  |                 | O Striking vehicle<br>O Play object                                                                              |  |  |  |
| O No drugs or alcohol p                                                      |                    |                 | O Person                                                                                                         |  |  |  |
| O Positive for alcohol (s                                                    |                    |                 | O Surrounding traffic                                                                                            |  |  |  |
| O Positive for drugs (sp                                                     | ecify).            |                 | O Animal                                                                                                         |  |  |  |
| O Unknown                                                                    |                    |                 | O Handheld electronic (phone, MP3 player, etc.)                                                                  |  |  |  |
|                                                                              |                    |                 | O Other Object (checify)                                                                                         |  |  |  |

- O Unknown
- 9. Source of alcohol/drug results Police reported
  - Medical Report
  - O Other (specify)
  - O Not Tested
  - O Unknown if tested

#### **NON-MOTORIST ACTIONS**

- 10. Non-motorist attitude
  - O Standing
- O On skates/skateboard
- O Bending at waist O Sitting
- O On bike/scooter
- O Other (specify)\_
- O Unknown
- O Crouching O Kneeling

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O Alone

O Unknown

- O One adult present
- O One other child present

(Select all that apply)

15. Were any other Non-motorists present?

O Other Object (specify)

- O Multiple adults present
- O Multiple children present
- O Unknown

| Sp          | Special Crash Investigations – Not In Traffic Surveillance: Non-Motorist Form<br>NON MOTORIST CLOTHING      |                                                                                                   |                                                 |                                            |                                            |  |
|-------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------|--------------------------------------------|--|
|             |                                                                                                             | Ken                                                                                               |                                                 | <b>.</b>                                   |                                            |  |
| NC          |                                                                                                             | NE" if applicable                                                                                 | eight for outermost layer                       | ronly                                      |                                            |  |
|             | <u>Color</u><br>Black<br>Lt gray/silver<br>Gold/tan<br>Dark blue<br>Dark green<br>Maroon<br>Orange<br>White | Charcoal gray<br>Brown<br>Purple<br>Light blue<br>Light green<br>Red<br>Yellow<br>Other (specify) | <u>Fabrics</u><br>Natural<br>Synthetic<br>Blend | <u>Textures</u><br>Soft<br>Slick<br>Coarse | <u>Weights</u><br>Heavy<br>Medium<br>Light |  |
|             | Clothing                                                                                                    | Color                                                                                             | Fabric                                          | Texture                                    | Weight                                     |  |
| н           | Hat                                                                                                         |                                                                                                   |                                                 |                                            |                                            |  |
| E<br>A      | Helmet                                                                                                      |                                                                                                   |                                                 |                                            |                                            |  |
| D<br>W      | Hood                                                                                                        |                                                                                                   |                                                 |                                            |                                            |  |
| E<br>A<br>R | Other (specify):                                                                                            |                                                                                                   |                                                 |                                            |                                            |  |
| U           | Short Sleeve                                                                                                |                                                                                                   |                                                 |                                            |                                            |  |
| P<br>P      | Long Sleeve                                                                                                 |                                                                                                   |                                                 |                                            |                                            |  |
| E<br>R      | Light Jacket                                                                                                |                                                                                                   |                                                 |                                            |                                            |  |
| в           | Heavy Jacket                                                                                                |                                                                                                   |                                                 |                                            |                                            |  |
| O<br>D<br>Y | Other (Specify):                                                                                            |                                                                                                   |                                                 |                                            |                                            |  |
| L<br>O      | Shorts                                                                                                      |                                                                                                   |                                                 |                                            |                                            |  |
| W<br>E<br>R | Pants                                                                                                       |                                                                                                   |                                                 |                                            |                                            |  |
|             | Shoes                                                                                                       |                                                                                                   |                                                 |                                            |                                            |  |
| B<br>O      | Other (specify):                                                                                            |                                                                                                   |                                                 |                                            |                                            |  |
| D<br>Y      |                                                                                                             |                                                                                                   |                                                 |                                            |                                            |  |