



U.S. Department  
of Transportation  
**National Highway  
Traffic Safety  
Administration**



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DOT HS 812 608

August 2018

**Remote Non-Traffic  
Surveillance Hyperthermia  
Fatality Investigation  
Vehicle: 2002 Ford  
Econoline  
Location: Kansas  
Crash Date: July 2016**

## DISCLAIMER

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The opinions, findings, and conclusions expressed in this publication are those of the authors and not necessarily those of the National Highway Traffic Safety Administration.

The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics 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 vehicles or their safety systems.

This report and associated case data are based on information available to the Special Crash Investigation team on the date this report was published.

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### Technical Report Documentation Page

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15. <i>Supplementary Notes</i> Remote Non-Traffic Surveillance Hyperthermia investigation involving a 2002 Ford E150 Econoline van and a 19-month-old female child.			
16. <i>Abstract</i> <p>This report documents the remote investigation of the heat stroke death of a 19-month-old female who entered a parked, unoccupied 2002 E150 Ford Econoline van, was unable to exit the vehicle, and died of heat stroke. This incident occurred in a remote, rural farming area in the driveway of a single-family residence. The Ford was parked unlocked with the keys in the ignition in the driveway behind the residence following the return of the 10-member family from church. It was determined based on the available information that between the hours of 1400 and 1800 the 19-month-old female victim and her 3-year-old brother exited the residence. It is believed that the brother opened the right rear door of the vehicle and the two children entered the vehicle. The brother then exited the vehicle and closed the door leaving the victim in the vehicle where she died of heat stroke.</p>			
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**INDIANA UNIVERSITY**  
**TRANSPORTATION RESEARCH CENTER**  
**REMOTE NON - TRAFFIC SURVEILLANCE**  
**HYPERTHERMIA INVESTIGATION**  
CASE NUMBER - IN16033  
LOCATION - KANSAS  
VEHICLE - 2002 E150 ECONOLINE VAN  
INCIDENT DATE - JULY 2016

**BACKGROUND**

This report documents the remote investigation of the heat stroke death of a 19-month-old female who entered a parked, unoccupied 2002 Ford Econoline van (**Figure 1**) and was unable to exit the vehicle. This incident investigation was initiated by the National Highway Traffic Safety Administration on September 28, 2016. This investigation was assigned on December 6, 2016, following preliminary investigation by the Special Crash Investigation (SCI) Team at the Indiana University Transportation Research Center, in which the police incident report was obtained and the victim's mother was interviewed. Police on-scene photographs were subsequently obtained on December 28, 2016. Attempts to arrange an inspection of the involved vehicle and incident scene were unsuccessful and a remote investigation was conducted. This incident occurred in a residential driveway in July 2016 between 1400 and 1800 hours in Kansas and was investigated by the local police agency.



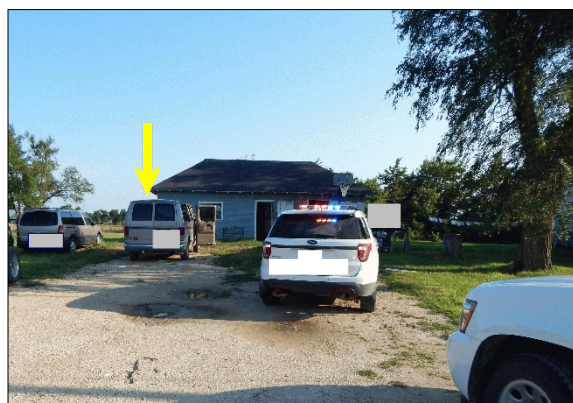
**Figure 1:** Police photo of the 2002 Ford E150 Econoline Wagon Van; view northeast

This incident occurred in a remote, rural farm area in the driveway of a single-family residence. The Ford was parked unlocked with the keys in the ignition in the driveway behind the residence following the return of the 10-member family from church. It was determined based on the available information that between the hours of 1400 and 1800 the 19-month-old female victim and her 3-year-old brother exited the residence. It is believed that the brother opened the right rear door of the vehicle and the two children entered the vehicle. The brother then exited the vehicle and closed the door leaving the victim in the vehicle where she died of heat stroke.

**INCIDENT SUMMARY**

**Incident Site:** This incident occurred between 1400 and 1800 hours in a remote, rural farm area in the driveway of a single-family residence. The Ford was parked in the driveway facing south behind the residence (**Figure 2**) between an unknown year Dodge Durango and an unknown year inoperable Pontiac Montana. The Ford was located an estimated 15 m (50 ft) east of the back entrance to the residence. The vehicle was not shaded by trees or buildings during the time that

the incident occurred. The weather conditions during the time range that the incident occurred were clear with 16 kilometers (10 miles) visibility and south-southeast to southeast winds at 16 to 26 km/h (10 to 16 mph). The temperature range was 33.3 to 36.1 °C (92 to 97 °F) with a heat index of 37.8 to 41.7 °C (100 to 107 °F), humidity of 46 to 52 percent, and a dew point of 22.2 to 22.8 °C (72 to 73 °F), according to local weather reports. The incident diagram is included at the end of this report. The Not-in-Traffic Surveillance data forms are attached to the end of this report as Attachment.



**Figure 2:** Police photo of incident scene; arrow shows incident vehicle; view south toward garage; residence to right

**Pre-Incident:** The family consisted of the pregnant<sup>1</sup> 40-year-old mother, 39-year-old father, and eight children ranging in age from 19 months (the victim) to 12 years. The family traveled to church in the Ford on the morning of the incident and returned home at approximately 1100 hours. The Ford was usually locked, but on this day the keys were left in the ignition and the vehicle was left unlocked since the mother was planning to go to a convenience store later in the day to buy ice. The family had lunch at approximately 1230 hours. Following lunch, the children played and did chores. Between the hours of 1330 and 1400 the father read a story to all the children in the living room of the residence. The mother stated during the SCI interview that she would usually put the victim down for a nap in the afternoon but did not recall doing that following the story. She also stated that sometimes one of the older children would help out by putting the victim down for a nap, but again she did not recall if that occurred. The police incident report, which included interviews with the father and mother and some of the children, gave no indication that the victim was put down for a nap. The available information suggested that the victim probably played with the other children after the father read them the story. At an unknown time following the story, the father went upstairs and took a nap and the mother also took a nap while watching television. The police incident report stated that the last time any of the family members remembered seeing the victim was at 1400 hours.

**Incident:** At 1800 hours the family realized that the victim was missing and a search ensued inside and outside of the residence. The deceased victim was found by the father in the driver's seat of the Ford after an approximate 10-minute search.

It was revealed in the police incident report through interviews with family members that the victim and her 3-year-old brother enjoyed playing together. The victim was described as the brother's "side kick" by the mother. It was also reported that the 3-year-old liked to pretend driving a vehicle and had done so previously in the inoperable Pontiac (no indication this occurred on the day of the incident) that was parked next to the Ford. It was also reported by the father that "the children liked to play with the keys." The 3-year-old was capable of opening the side doors to the Ford and demonstrated this to police during their investigation. He was also capable of opening the doors to the residence. According to the mother, the victim was capable of entering the Ford on her own by climbing onto the step in the door frame (**Figure 3**) and then

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<sup>1</sup> The mother was reported as being 36 weeks pregnant in the police incident report.

climbing into the vehicle. It was determined that the 3-year-old was outside the residence during the time the victim went missing since the father reported seeing him enter the residence while the father was in the kitchen just prior to the discovery that the victim was missing. The available information indicated that at some time after 1400 hours the victim followed her 3-year-old brother outside to play as she was known to do. It is believed that the 3-year-old opened the right rear door to the Ford and they entered the vehicle. The right rear door was considered the most likely door of entry since the victim's and brother's child restraint systems were located in the second row seat. Therefore, the right rear door was likely the normal door through which they entered the vehicle. At some point after entering the vehicle, the 3-year-old exited the vehicle and closed the door leaving the victim in the vehicle who subsequently succumbed to heat stroke.



**Figure 3:** Police photo showing step in right rear door frame

**Post-Incident:** The father removed the victim from the vehicle and attempted cardio-pulmonary resuscitation (CPR) while his 12-year-old son called 9-1-1. Emergency medical service received notification of the incident at 1807 hours according to the victim's autopsy report. The police were dispatched at 1817 hours and the first officer arrived at the scene at 1826 hours. The autopsy report stated that the victim was pronounced deceased at 1900 hours. At 2020 hours the victim was transported by mortuary vehicle to a local funeral home.

## **2002 FORD E150 ECONOLINE VAN**

### **DESCRIPTION**

The Ford was a rear-wheel-drive, 8-passenger, van having the VIN 1FMRE11L32Hxxxxxx, equipped with a 5.4-liter, V-8 engine, 4-speed automatic transmission, 4-wheel antilock brakes with electronic brake force distribution, and driver and passenger frontal air bags. The vehicle was not equipped with child safety locks.

## **2002 FORD E150 ECONOLINE VAN OCCUPANT CHILD**

### **OCCUPANT DEMOGRAPHICS**

The 19-month-old female victim's height and weight were reported as 79 cm (31 in) and 12 kg (26 lbs) in the autopsy report.

## CHILD OCCUPANT INJURIES

<b>Injury No.</b>	<b>Injury</b>	<b>AIS 2015</b>	<b>Involved Physical Components (IPC)</b>	<b>IPC Confidence Level</b>
1	Hyperthermia <sup>2</sup> resulting in early decomposition and pale musculature, diffusely	010200.1	Heat casualty	Certain

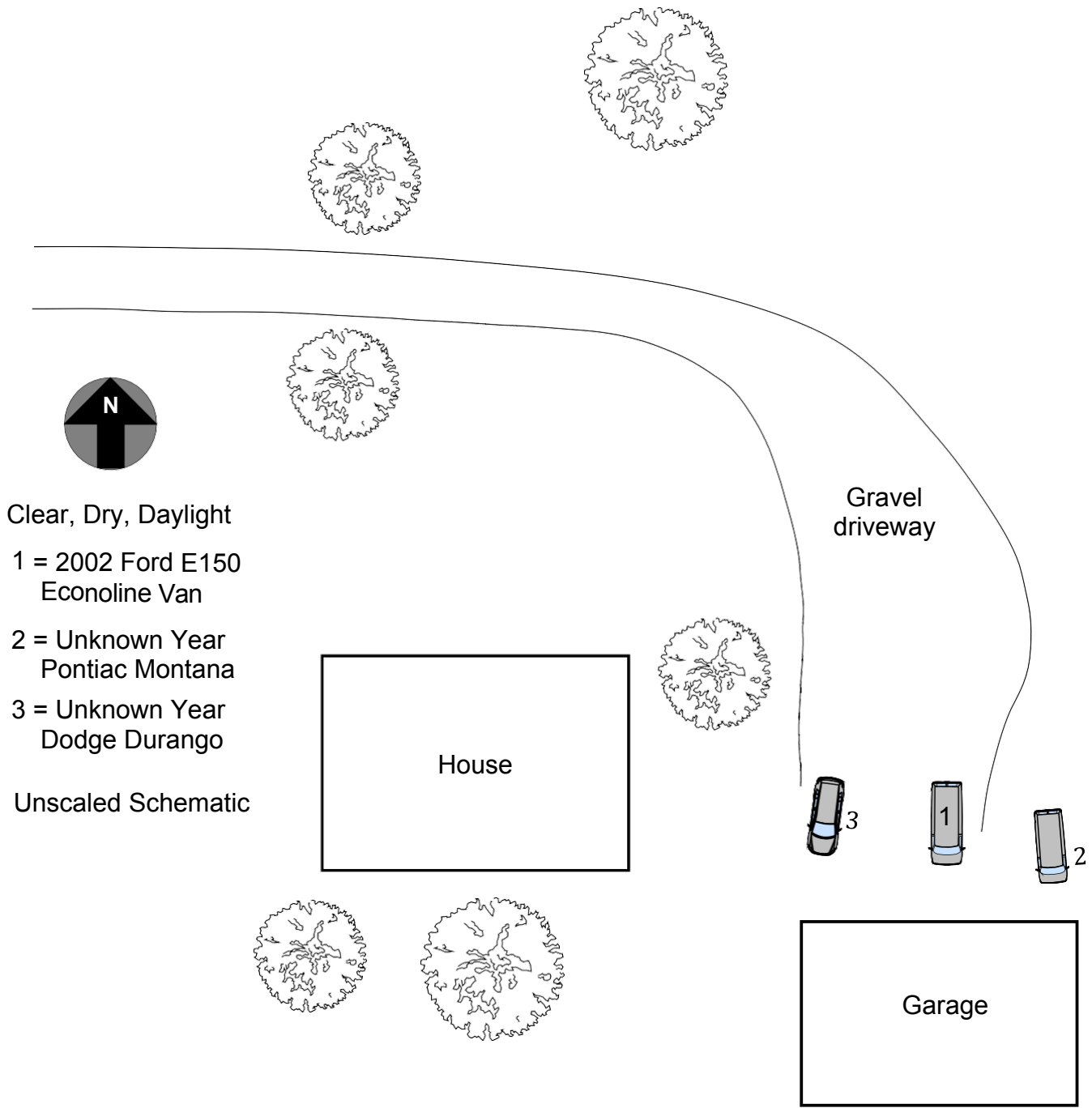
*Source: Autopsy records.*

The autopsy report listed the time of death as 1900 hours. The autopsy report also stated that there were no indications of “antecedent physical trauma or inadequate physical care.”

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<sup>2</sup> Child discovered in their family van, obviously deceased. Findings are consistent with hyperthermic death and postmortem thermal insult; there is no indication of antecedent physical trauma or of inadequate physical care.

Incident Schematic



Clear, Dry, Daylight

1 = 2002 Ford E150 Econoline Van

2 = Unknown Year Pontiac Montana

3 = Unknown Year Dodge Durango

Unscaled Schematic

	 <a href="http://www.nhtsa.gov">www.nhtsa.gov</a>
Case Number:	IN16033

Appendix A  
Non-Traffic Surveillance Data Forms

# SCENE FORM

<p>1. Case Number</p> <p style="text-align: center;"> <input type="text" value="1"/> <input type="text" value="N"/> <input type="text" value="1"/> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="3"/> </p>	<p style="text-align: center;"><b>SCENE INFORMATION</b></p> <p>7. Type of area in which crash occurred <i>(Select all that apply)</i></p> <p> <input checked="" type="checkbox"/> Single family residential  <input type="checkbox"/> Row houses/townhouses  <input type="checkbox"/> Multi family housing  <input type="checkbox"/> Commercial  <input type="checkbox"/> Industrial  <input type="checkbox"/> Rural  <input type="checkbox"/> Unknown         </p> <p>8. Driver exterior sightline obstructions <i>(Select all that apply)</i></p> <p> <input type="checkbox"/> None  <input type="checkbox"/> Other vehicles  <input type="checkbox"/> Building  <input type="checkbox"/> Trees  <input type="checkbox"/> Shrubbery  <input type="checkbox"/> Other (specify) _____         </p> <p> <input type="checkbox"/> Utility poles  <input type="checkbox"/> Signs  <input type="checkbox"/> Glare  <input type="checkbox"/> Unknown  <input checked="" type="checkbox"/> No driver present         </p> <p>9. Crash location</p> <p> <input checked="" type="checkbox"/> Driveway  <input type="checkbox"/> Parking Lot  <input type="checkbox"/> Sidewalk  <input type="checkbox"/> Alley  <input type="checkbox"/> Intersection of driveway and sidewalk         </p> <p> <input type="checkbox"/> Road / street  <input type="checkbox"/> Roadside / shoulder  <input type="checkbox"/> Other (specify) _____  <input type="checkbox"/> Unknown         </p> <p>10. Non motorist sightline obstructions <i>(Select all that apply)</i></p> <p> <input checked="" type="checkbox"/> None  <input type="checkbox"/> Other vehicles  <input type="checkbox"/> Building  <input type="checkbox"/> Trees  <input type="checkbox"/> Shrubbery  <input type="checkbox"/> Utility poles  <input type="checkbox"/> Signs  <input type="checkbox"/> Glare  <input type="checkbox"/> Other (specify) _____  <input type="checkbox"/> Unknown         </p> <p>11. Grade at parked position <span style="float: right;">+ / -</span></p> <p style="text-align: right;"> <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="9"/> %         </p> <p>12. Estimated distance from parked position to impact</p> <p style="text-align: right;"> <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="9"/> . <input type="text" value="9"/> m         </p> <p>13. Estimated speed at impact <span style="float: right;">+ / -</span></p> <p style="text-align: right;"> <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="9"/> kmph         </p> <p>14. Grade at impact <span style="float: right;">+ / -</span></p> <p style="text-align: right;"> <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="9"/> %         </p> <p>15. Estimated distance from impact to vehicle final rest</p> <p style="text-align: right;"> <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="9"/> . <input type="text" value="9"/> m         </p>
<b>IDENTIFICATION</b>	
<p>2. Date of Crash <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="x"/> <input type="text" value="x"/> / <input type="text" value="1"/> <input type="text" value="6"/></p> <p>3. Time of Crash <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p style="text-align: center;">Code reported military time of crash.</p> <p>NOTE: Midnight = 2400 Unknown = 9999</p>	
<b>AMBIENT CONDITIONS</b>	
<p>4. Light Conditions</p> <p> <input checked="" type="checkbox"/> Daylight  <input type="checkbox"/> Dark  <input type="checkbox"/> Dark but lighted  <input type="checkbox"/> Dawn  <input type="checkbox"/> Dusk  <input type="checkbox"/> Unknown         </p> <p>5. Atmospheric Conditions <i>(Select all that apply)</i></p> <p> <input checked="" type="checkbox"/> Clear-No adverse conditions  <input type="checkbox"/> Cloudy  <input type="checkbox"/> Rain  <input type="checkbox"/> Snow  <input type="checkbox"/> Fog, Smog, Smoke  <input type="checkbox"/> Sleet, Hail (freezing rain or drizzle)  <input type="checkbox"/> Blowing Snow  <input type="checkbox"/> Severe Crosswinds  <input type="checkbox"/> Blowing Sand, Soil, Dirt  <input type="checkbox"/> Other (specify): _____  <input type="checkbox"/> Unknown         </p> <p>6. Temperature</p> <p> <input type="checkbox"/> Below 0 degrees Celsius (Below 32 F)  <input type="checkbox"/> 1-10 degrees Celsius (33-50 F)  <input type="checkbox"/> &gt;10-24 degrees Celsius (51-75 F)  <input checked="" type="checkbox"/> Over 24 degrees Celsius (Over 75 F)  <input type="checkbox"/> Unknown         </p>	

Unknown = 999 Reference Items 11,12, 13, 14, 15

Not Applicable



U.S. Department of Transportation  
National Highway Traffic Safety Administration

# VEHICLE FORM

Special Crash Investigations  
Non-Traffic Surveillance

1. Case Number   I     N     1     6     0     3     3  

## VEHICLE IDENTIFICATION

2. VIN   1     F     M     R     E     1     1     3     2     H     X     X     X     X     X     X  

3. Model Year   2     0     0     2  

4. Vehicle Make (specify):   Ford  

5. Vehicle Model (specify):   E150 Econoline Wagon Van  

## GLAZING

Location	Presence (check)	Status (select)	Clarity (select)	Tint (check)	Glazing Obstructions (specify if present)
Windshield	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Fixed / <input type="checkbox"/> Closed / <input type="checkbox"/> Open / <input type="checkbox"/> Partially Open / <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Hazy / <input type="checkbox"/> Very Dirty / <input type="checkbox"/> Unknown	<input type="checkbox"/>	
LF	<input checked="" type="checkbox"/>	<input type="checkbox"/> Fixed / <input checked="" type="checkbox"/> Closed / <input type="checkbox"/> Open / <input type="checkbox"/> Partially Open / <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Hazy / <input type="checkbox"/> Very Dirty / <input type="checkbox"/> Unknown	<input type="checkbox"/>	
RF	<input checked="" type="checkbox"/>	<input type="checkbox"/> Fixed / <input checked="" type="checkbox"/> Closed / <input type="checkbox"/> Open / <input type="checkbox"/> Partially Open / <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Hazy / <input type="checkbox"/> Very Dirty / <input type="checkbox"/> Unknown	<input type="checkbox"/>	
2 <sup>nd</sup> Left	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Fixed / <input type="checkbox"/> Closed / <input type="checkbox"/> Open / <input type="checkbox"/> Partially Open / <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Hazy / <input type="checkbox"/> Very Dirty / <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/>	
2 <sup>nd</sup> Right	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Fixed / <input type="checkbox"/> Closed / <input type="checkbox"/> Open / <input type="checkbox"/> Partially Open / <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Hazy / <input type="checkbox"/> Very Dirty / <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/>	
3 <sup>rd</sup> Left	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Fixed / <input type="checkbox"/> Closed / <input type="checkbox"/> Open / <input type="checkbox"/> Partially Open / <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Hazy / <input type="checkbox"/> Very Dirty / <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/>	
3 <sup>rd</sup> Right	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Fixed / <input type="checkbox"/> Closed / <input type="checkbox"/> Open / <input type="checkbox"/> Partially Open / <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Hazy / <input type="checkbox"/> Very Dirty / <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/>	
Backlight	<input type="checkbox"/>	<input type="checkbox"/> Fixed / <input type="checkbox"/> Closed / <input type="checkbox"/> Open / <input type="checkbox"/> Partially Open / <input type="checkbox"/> Unknown	<input type="checkbox"/> Clear / <input type="checkbox"/> Hazy / <input type="checkbox"/> Very Dirty / <input type="checkbox"/> Unknown	<input type="checkbox"/>	
Left Backlight	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Fixed / <input type="checkbox"/> Closed / <input type="checkbox"/> Open / <input type="checkbox"/> Partially Open / <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Hazy / <input type="checkbox"/> Very Dirty / <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/>	
Right Backlight	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Fixed / <input type="checkbox"/> Closed / <input type="checkbox"/> Open / <input type="checkbox"/> Partially Open / <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Hazy / <input type="checkbox"/> Very Dirty / <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/>	
Roof	<input type="checkbox"/>	<input type="checkbox"/> Fixed / <input type="checkbox"/> Closed / <input type="checkbox"/> Open / <input type="checkbox"/> Partially Open / <input type="checkbox"/> Unknown	<input type="checkbox"/> Clear / <input type="checkbox"/> Hazy / <input type="checkbox"/> Very Dirty / <input type="checkbox"/> Unknown	<input type="checkbox"/>	
Other (specify)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Fixed / <input type="checkbox"/> Closed / <input type="checkbox"/> Open / <input type="checkbox"/> Partially Open / <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Hazy / <input type="checkbox"/> Very Dirty / <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/>	

## TIRE DATA

6. Vehicle Manufacturer Recommended Tire Size                     Unknown                    

7. LF Tire Size                     Unknown                    

9. RF Tire Size                     Unknown                    

8. LR Tire Size                     Unknown                    

10. RR Tire Size                     Unknown                    

Revised January 2018

Seats / Head Restraint Data				
Seat Position	Seat Type (Select from below )	Head Restraint (Check if available)	Head Restraint Adjustment (select)	NOTES:
Front Left	1	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Full Down / Mid / Full Up	Front row head restraints are fixed
Front Middle	0	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Full Down / Mid / Full Up	
Front Right	1	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Full Down / Mid / Full Up	
2 <sup>nd</sup> Left	5	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Full Down / Mid / Full Up	
2 <sup>nd</sup> Middle	5	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Full Down / Mid / Full Up	
2 <sup>nd</sup> Right	5	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Full Down / Mid / Full Up	
3 <sup>rd</sup> Left	99	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Full Down / Mid / Full Up	
3 <sup>rd</sup> Middle	99	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Full Down / Mid / Full Up	
3 <sup>rd</sup> Right	99	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Full Down / Mid / Full Up	

**Seat Type codes:**

- |   |                                      |
|---|--------------------------------------|
| 0 = No seat or seat folded down           | 8 = Pedestal (i.e. column supported) |
| 1 = Bucket                                | 9 = Box mounted (i.e. van type)      |
| 2 = Bucket w/ folding back                | 10= Other seat type (specify)        |
| 3 = Bench                                 | 99= Unknown seat type                |
| 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 (all from ground, and in centimeters)	NOTES
Beltline	N/A	
Top of trunk/tailgate	N/A	
Bottom of bumper	N/A	
Trailer hitch (if applicable)	N/A	
Undercarriage		
Sway bar	N/A	
Axle	N/A	
Differential	N/A	
Other (specify):	N/A	
Sensor Height (if equipped)	N/A	
Camera Height (if equipped)	N/A	



Not Applicable

Undo Not Applicable

U.S. Department of Transportation  
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# Back Up / Parking Aid Form

Special Crash Investigations  
Non-Traffic Surveillance

<p>1. Case Number</p> <p style="text-align: center;"> <input type="text" value="1"/> <input type="text" value="N"/> <input type="text" value="1"/> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="3"/> </p>	<p>7. Video image quality under scene lighting conditions</p> <p> <input type="checkbox"/> None present  <input type="checkbox"/> Good  <input type="checkbox"/> Average  <input type="checkbox"/> Poor (specify): _____  <input type="checkbox"/> Unknown         </p>
<b>PARKING AID PRESENCE</b>	
<p>2. Type of backing/parking aid present</p> <p> <input type="checkbox"/> OEM camera  <input type="checkbox"/> OEM ultrasonic/radar sensor  <input type="checkbox"/> OEM combination camera-ultrasonic/radar sensor  <input type="checkbox"/> OEM Fresnel lens  <input type="checkbox"/> OEM interior mirrors  <input type="checkbox"/> Aftermarket camera  <input type="checkbox"/> Aftermarket ultrasonic/radar sensor  <input type="checkbox"/> Aftermarket combination camera-ultrasonic radar sensor  <input type="checkbox"/> Aftermarket Fresnel lens  <input type="checkbox"/> Aftermarket interior mirrors  <input type="checkbox"/> Other (specify): _____         </p>	<p>8. Was the camera functioning properly</p> <p> <input type="checkbox"/> None present  <input type="checkbox"/> Yes  <input type="checkbox"/> No, poor image quality due to glare  <input type="checkbox"/> No, poor image quality due to atmospheric conditions  <input type="checkbox"/> No, camera turned off  <input type="checkbox"/> No, camera inoperable  <input type="checkbox"/> Unknown         </p>
<b>CAMERA INFORMATION</b>	
<p><i>Specify field of view measurements on diagram</i></p>	
<p>3. System make/model</p> <p>_____</p>	<p>9. System make/model</p> <p>_____</p>
<p>4. Video monitor type</p> <p> <input type="checkbox"/> None present  <input type="checkbox"/> LCD (color)  <input type="checkbox"/> CRT (black &amp; white)  <input type="checkbox"/> Unknown         </p>	<p>10. Auditory warning illumination</p> <p> <input type="checkbox"/> No sensor present  <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown         </p>
<p>5. Video display size _____ cm (Diagonal)</p>	<p>11. Number of sensors _____</p>
<p>6. Camera location</p> <p> <input type="checkbox"/> None present  <input type="checkbox"/> Bumper  <input type="checkbox"/> License plate  <input type="checkbox"/> Tailgate/Hatch/Trunk  <input type="checkbox"/> Other (specify): _____         </p>	<p>12. Sensor locations (Select all that apply)</p> <p> <input type="checkbox"/> No sensor present  <input type="checkbox"/> Left bumper  <input type="checkbox"/> Center bumper  <input type="checkbox"/> Right bumper  <input type="checkbox"/> License plate area  <input type="checkbox"/> Tailgate/Hatch/Trunk         </p>
<p>13. Was warning system functioning properly</p> <p> <input type="checkbox"/> No sensor present  <input type="checkbox"/> Yes, system alerted driver  <input type="checkbox"/> No, system did not alert driver  <input type="checkbox"/> No, system turned off  <input type="checkbox"/> No, system inoperable  <input type="checkbox"/> Unknown         </p>	

Not Applicable

14. Did driver react to warning

- No sensor present
- Yes
- No
- Unknown
- Sensor present, did not sound

15. Did driver report common false warnings

- No sensor present
- Yes
- No
- Unknown

Not Applicable

No Driver Present



Undo Not Applicable

U.S. Department of Transportation  
National Highway Traffic Safety Administration

# DRIVER FORM

Special Crash Investigations  
Non-Traffic Surveillance

1. Case Number  
I N 1 6 0 3 3

### DRIVER PROFILE

2. Driver's Age \_\_\_\_\_  
99 = Unknown

3. Driver's Sex  Male  
 Female  
 Unknown

4. Driver's Height \_\_\_\_\_ cm  
999 = Unknown

5. Driver's Weight \_\_\_\_\_ kg  
999 = Unknown

6. Driver eyewear worn  
(Select all that apply)  
 None  
 Eyeglasses  
 Sunglasses  
 Contacts  
 Unknown

7. Driver vision deficiency condition  
(Select all that apply)  
 None  
 Near-sighted  
 Far-sighted  
 Astigmatism  
 Other (specify): \_\_\_\_\_  
 Unknown

8. Non-motorist's relationship to driver  
 No relationship  
 Child  
 Grandchild  
 Sibling  
 Neighbor  
 Friend  
 Other (specify): \_\_\_\_\_  
 Unknown

### DRIVER ACTIONS

9. Driver approach to vehicle for entry  
 From left front  
 From left  
 From left rear  
 From right rear  
 From right front  
 Circled vehicle  
 Return trip (backing into driveway/lot)  
 Other (specify): \_\_\_\_\_  
 N/A  
 Unknown

10. Driver entry interruption  
(Select all that apply)

Direct trip from building to vehicle  
 Loaded items into vehicle  
 Spoke with family  
 Spoke with neighbors  
 Spoke with contacted nonmotorist  
 Return trip (backing into driveway/lot)  
 Other (specify): \_\_\_\_\_  
 N/A  
 Unknown

11. Purpose of backing

Leaving parking space in parking lot  
 Backing onto roadway from driveway  
 Entering parking space in parking lot  
 Backing into driveway from roadway  
 Other (specify): \_\_\_\_\_  
 N/A  
 Unknown

12. Where was driver going  
Description:

13. Driver in a hurry

Yes  N/A  
 No  Unknown

14. How did driver check behind (rear area of vehicle)  
after vehicle entry  
(Select all that apply)

Did not look  
 Checked mirrors  
 Turned right and looked back  
 Turned left and looked back  
 Viewed Camera  
 Listened for auditory/visual warning from system  
 Other (specify): \_\_\_\_\_  
 N/A  Unknown

15. Estimated time between vehicle entry and start  
of backing

0-10 Seconds  Over 60 Seconds  
 11-30 Seconds  N/A  
 31-60 Seconds  Unknown

Not Applicable

16. What direction was the driver looking during backing maneuver  
(Select all that apply)

- Straight ahead
- Right
- Left
- Rearward
- At object inside the car
- At mirrors
- Other (specify): \_\_\_\_\_
- N/A
- Unknown

17. Was the driver distracted during back up maneuver  
(Select all that apply)

No non-driving activities

**External**

- Looking at other vehicles
- Looking at other non motorist
- Looking at intended turn destination
- External focus, not specified
- Other external focus (specify): \_\_\_\_\_

**Internal**

- Looking at other occupant
- Talking to passenger
- Dialing phone
- Talking on phone
- Listening to radio/portable playback device
- Adjusting radio/cd player
- Adjusting climate controls
- Using a device/controls integral to vehicle (specify): \_\_\_\_\_
- Reading/adjusting navigation system
- Eating or drinking
- Smoking related
- Retrieving fallen object (specify): \_\_\_\_\_
- Internal focus, not specified
- Focused on other internal object (specify): \_\_\_\_\_
- N/A
- Unknown

18. Driver avoidance actions prior to impact  
(Select all that apply)

- None
- Braking
- Steering left
- Steering right
- Accelerating
- Other (specify): \_\_\_\_\_
- N/A
- Unknown

19. Did driver see struck non motorist prior to impact  
(Select all that apply)

- No, never saw non motorist
- Saw non motorist prior to entering vehicle
- Saw non motorist after entering vehicle
- Other (specify): \_\_\_\_\_
- N/A  Unknown

20. Est time between start of backing and impact

- <2 or = 1 second
- 2-5 seconds
- 6-10 seconds
- > 10 seconds
- N/A  Unknown

21. Driver interior sightline obstructions  
(Select all that apply)

- Pillar  Other occupant
- Headrest  Other (specify) \_\_\_\_\_
- Cargo  Unknown
- None

22. Recent experience driving this vehicle

- More than 10 times the last three months
- 6-10 times the last three months
- 2-5 times the last three months
- Less than 2 times the last three months
- First time driving this vehicle
- N/A
- Unknown

23. Frequency of driving in this parking lot/driveway

- Daily
- Weekly
- Several times a month
- Monthly
- Rarely
- First time in lot/driveway
- N/A  Unknown

24. Driver Impairment  
(Select all that apply)

- No drugs or alcohol present
- Alcohol present (specify BAC): \_\_\_\_\_
- Drugs present (specify): \_\_\_\_\_
- Unknown

25. Source of alcohol/drug results

- Police reported
- Medical record
- Other (specify) \_\_\_\_\_
- Not Tested
- Unknown if tested

Not Applicable



**NON MOTORIST CLOTHING**

**NOTES:**

- Specify Color, Fabric and Texture/Weight for outermost layer only
- Indicate "NONE" if applicable
- Available codes:

<u>Colors</u>		<u>Fabrics</u>	<u>Textures</u>	<u>Weights</u>
Black	Charcoal gray	Natural	Soft	Heavy
Lt gray/silver	Brown	Synthetic	Slick	Medium
Gold/tan	Purple	Blend	Coarse	Light
Dark blue	Light blue			
Dark green	Light green			
Maroon	Red			
Orange	Yellow			
White	Other (specify)			
Pink				

	<b>Clothing</b>	<b>Color</b>	<b>Fabric</b>	<b>Texture</b>	<b>Weight</b>
<b>H E A D W E A R</b>	Hat				
	Helmet				
	Hood				
	Other (specify): _____				
	Unknown				
<b>U P P E R  B O D Y</b>	Short Sleeve				
	Long Sleeve	Pink	Unknown	Soft	Light
	Light Jacket				
	Heavy Jacket				
	Other (Specify): _____				
	Unknown				
<b>L O W E R  B O D Y</b>	Shorts				
	Pants				
	Shoes				
	Other (specify): Diaper	White	Synthetic	Soft	Medium
	Unknown				

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U.S. Department  
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**National Highway  
Traffic Safety  
Administration**

