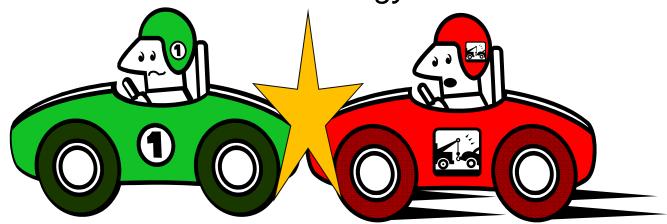
### Evaluation of Seat Performance Criteria for Rearend Impact Testing

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#### **Folksam**

### Objective

- Overall objective
  - —Seat performance criteria to be used in rear-end impact seat tests with BioRID II.
- This presentation
  - Differences compared to interim report and ESV paper
  - —Materials and Methods
  - -Results
  - —Discussion
  - —Conclusions

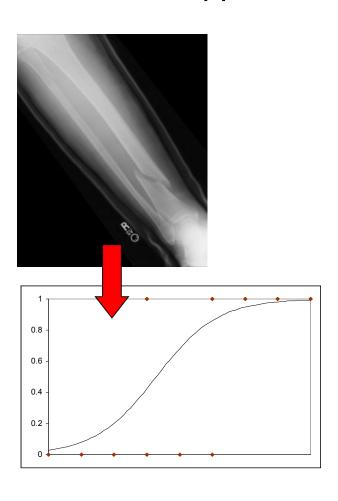


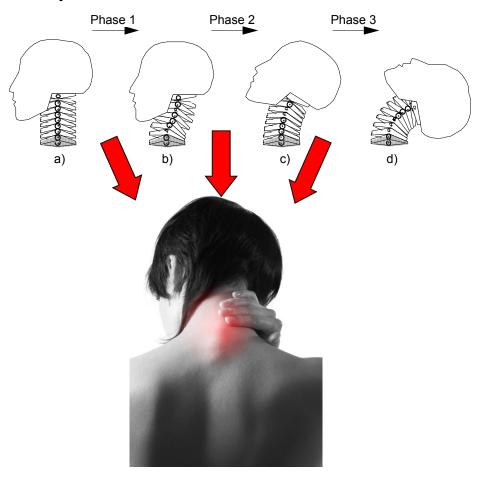


## Difficult to develop injury risk curves for WAD

Traditional approach

Whiplash Associated Disorders







## Studies of injury thresholds for a dummy

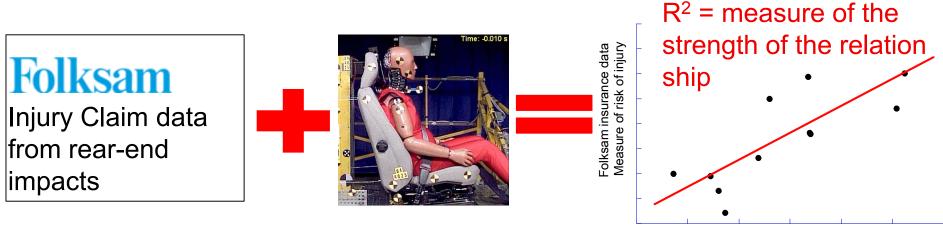
- PMHS studies
  - Assessment of injuries and relate these to symptoms
  - PMHS parameter measurements to be related to dummy measurements
- Volunteer studies
  - Sub-injury level
  - Volunteer parameter measurements to be related to dummy measurements
- Reconstruction of accidents using Human Body Models
  - Injury thresholds for some tissues unknown
  - Initial posture of occupants unknown
  - Human Body Model parameter measurements to be related to dummy measurements
- Reconstructions of accidents using crash test dummy
  - Initial posture of occupants unknown
  - Large number of cases required





### Principle method

 Find correlations between injury risks, as calculated from insurance data, and BioRID measurements



Measurements from sled tests with the BioRID

Correlation coefficient





#### Methods: Data used

#### Insurance data

- Folksam insurance data;1998 and 2011
  - Only drivers
  - Only neck related injuries
  - Only rear +/-30 deg.
  - Only data with complete records
- All with initial symptoms
- Risk of symptoms for more than one month (> 1 month)
- Risk of permanent medical impairment (Permanent)

#### Seat test data

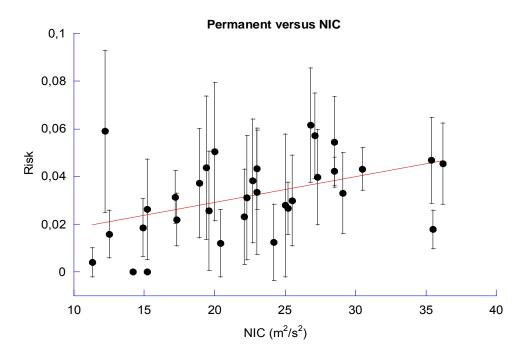
- Test by
  - Autoliv, 2004, 2005 and 2006
  - Thatcham, 2004 and 2012
- BioRID II build level E or G
- H-point tool:
  - TechnoSports, Inc.,
  - Automotive Accessories, Ltd.,





### Methods: Grouping insurance data

- Individual vehicle models... Audi A3 ≠ VW Golf
- Similar risk
- Seats from different vehicles in which the seat design was (about) the same





#### Methods: Insurance data



Ford with STD		Saab with STD newer		Volvo with WHIPS	
Focus	99-05	Saab 900	94-98	C30	06-
Mondeo	93-99			S40/V40	00-03
		Saab with SAHR		S40/V50	04-
Hyundai with STD		Saab 9-3	98-02	S60	01-99
Accent	99-06	Saab 9-5	98-09	V70	00-06
Atos	04-03	Saab 9-3	03-11	V70	07-
Atos	98-03			S80	98-06
Elantra	04-	Toyota with STD		\$80	07-
Elantra	96-03	Avensis	98-02		
Getz	03-	Camry	97-01	VW group with STD	
Matrix	01-	Corolla	98-02	Seat Ibiza/Cordoba	99-02
Santa Fe	00-05	Picnic	97-01	Seat Ibiza	03-
Sonata	01-05	Previa	00-05	Skoda Fabia	00-
		RAV4	95-99	VW Polo	02-
Mercedes with STD		Starlet	97-99		
A-class	98-04	Lexus IS 200/300	05-	VW group with STD medium	
C-class	93-01	•		Audi A3	96-03
E-class	96-01	Toyota with WIL		AUDITT	98-02
CLK	02-06	Auris	07-	Seat Toledo/Leon	99-04
E-class	02-06	Avensis	03-08	Skoda Octavia	97-04
		Avensis Verso	01-05	VW Bora	99-04
Opel with STD		Camry	01-03	VW Golf	98-04
Astra	98-04	Corolla	02-07		
Corsa	00-06	Corolla Verso	02-03	VW group with STD	
Meriva	03-	Corolla Verso	04-10	Audi A4	95-00
Omega	94-03	Prius	00-03	Audi A6	95-97
Vectra	89-95	Prius	04-09	Audi A6	98-05
Vectra	96-98	Rav4	00-04	Skoda Superb	02-
Zafira	99-04	Rav4	05-	VW Passat	97-05
		Yaris and Yaris Verso	99-05		
Peugeot with STD		Yaris	05-	VW group with RHR	
206	98-05			Audi A3	03-04
306	93-01	Volvo with STD older		Audi A3	05-06
307	01-	700	82-98	Audi A4	01-06
406	96-04	900	91-98	Audi A6	05-06
605	90-98	300	31 30	Audi TT	03-05
607	99-	Volvo with STD		Seat Altea	05-
307	01-	S40/V40	96-99	Seat Toledo/Leon	05-
<i>30,</i>	01	850	91-97	Skoda Octavia	05-
Saab with STD older		V70	97-00	VW Touran	03-
Saab 900	88-93	V/O	37-00	VW Fodran VW Golf/Jetta	04-
Saab 900 Saab 9000	85-97			VW Gon/Jetta VW Passat	05-07
3aab 3000	03-31			v vv r assat	03-07





### Methods: Seat test data

Groups	Model	Prod.	Year	Test	BioRID II	H-point	Backset
		year	tested	Facility	version	machine <sup>2</sup>	(mm)
Hyundai	Santa Fe	00-05	2004	Thatcham	G	AA	61
Ford	Focus I	99-06	2004	Autoliv	E	TS	55
Mercedes	C-class	93-01	2004	Thatcham	G	AA	55
Opel	Astra	98-04	2004	Thatcham	G	AA	72
Peugeot	206	98-05	2004	Thatcham	G	AA	76
SAAB	900	94-98	2006	Autoliv	G	AA	30
	9000	85-97	2012	Thatcham	G	AA	48
	9-5	98-09	2004	Thatcham	G	AA	56
Toyota	Corolla	98-02	2005	Autoliv	E	TS	65
	Yaris	99-05	2004	Thatcham	G	AA	66
Volvo	700/900	82-98	2012	Thatcham	G	AA	17
	V70	97-00	2006	Autoliv	G	AA	74
	V/S70	00-06	2004	Thatcham	G	AA	32
VW small	VW Polo	02-	2004	Thatcham	G	AA	63
VW medium	Seat Altea	04-	2004	Thatcham	G	AA	65
VW large	Skoda Superb	02-	2004	Thatcham	G	AA	85
VW RHR	Audi A6	05-06	2005	Autoliv	E	TS	55

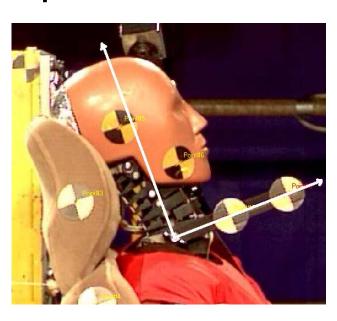
Note 2 TS refers to TechnoSports, Inc., USA and AA refers to Automotive Accessories, Ltd., UK





### Methods: Studied parameters

- Maximum Neck Injury Criteria (NIC)
- Maximum Neck Force Criteria (N<sub>km</sub>)
- Maximum Lower Neck Loads Criteria (LNL)
- Maximum Head x- and z-acceleration
- Maximum C4 x- and z-acceleration
- Maximum T1 x- and z-acceleration
- Maximum T8 x- and z-acceleration
- Maximum L1 x- and z-acceleration
- Maximum Pelvis x- and z-acceleration.
- Maximum and minimum Upper Neck Loads (F<sub>x</sub>, F<sub>z</sub> and M<sub>v</sub>, before head contact stop)
- Maximum and minimum Lower Neck Loads (F<sub>x</sub>, F<sub>z</sub> and M<sub>y</sub>, before head contact stop)
- Maximum Occipital condyle rel. T1 x- and z-displacement in the T1 frame (OC-x and OC-z)
- Maximum Head rel. T1 angular displacement
- Head Contact Time (HCT)
- Maximum Head Rebound Velocity (HRV)







## Methods: Compensation for classification over accident year

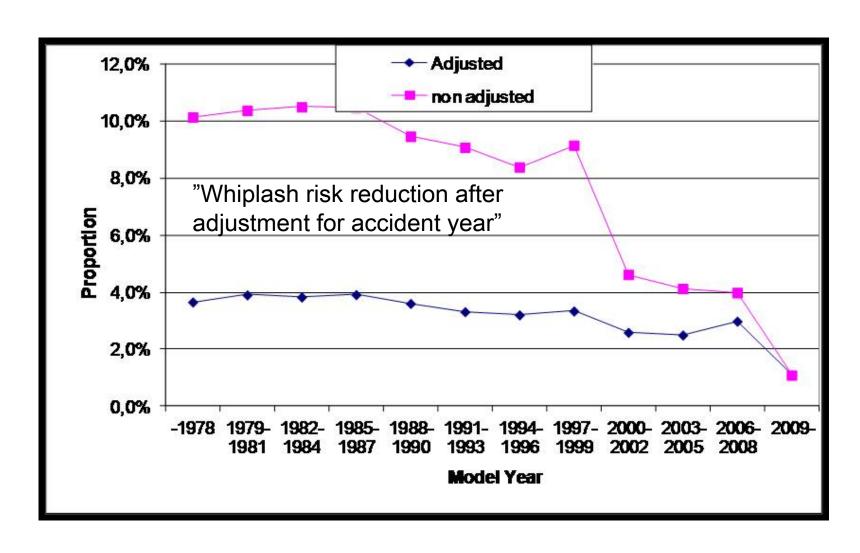
 This allowed for inclusion of cars popular towards the end of the sampling period.

	Accident year						
		2000-	2003-	2006-			
Model Year	-1999	2002	2005	2008			
-1978	17,1%	14,3%	11,3%	5,5%			
1979-1981	17,2%	14,9%	9,6%	6,5%			
1982-1984	19,2%	14,2%	9,9%	5,7%			
1985-1987	18,0%	14,2%	10,0%	6,6%			
1988-1990	14,5%	13,4%	9,9%	6,8%			
1991-1993	16,8%	11,6%	8,6%	5,8%			
1994-1996	12,4%	12,4%	8,8%	5,9%			
1997-1999	16,9%	12,0%	8,7%	5,3%			
2000-2002		2,6%	7,4%	5,9%			
2003-2005			5,8%	4,7%			
2006-2008				5,9%			
All model years	16,5%	13,4%	9,6%	6,0%			

% should be equal over the accident years



## Differences compared to interim report and ESV paper







### Results: Correlation R<sup>2</sup> values

Parameter	Permanent medical impairment	Symptoms < 1 month
NIC	0,70	0,73
OC rel. T1 x-displacement	0,46	0,57
L1 x-acceleration	0,40	0,44
Head rel. T1 y-rot. (extension)	0.39	0,57
Pelvis z-acceleration	0,33	0,22
L1 z-acceleration	0,30	0,24
N <sub>km</sub>	0,27	0,44
T8 x-acceleration	0,27	0,38
L.N.F <sub>x</sub> (head f.w.)	0,26	0,16
U.N.F <sub>x</sub> (head r.w.)	0,22	0,39
T1 x-acceleration	0,19	0,39
T8 z-acceleration	0,19	0,10
L.N.M <sub>v</sub> (negative)	0,18	0,34
T1 z-acceleration (upward)	0,12	0,27





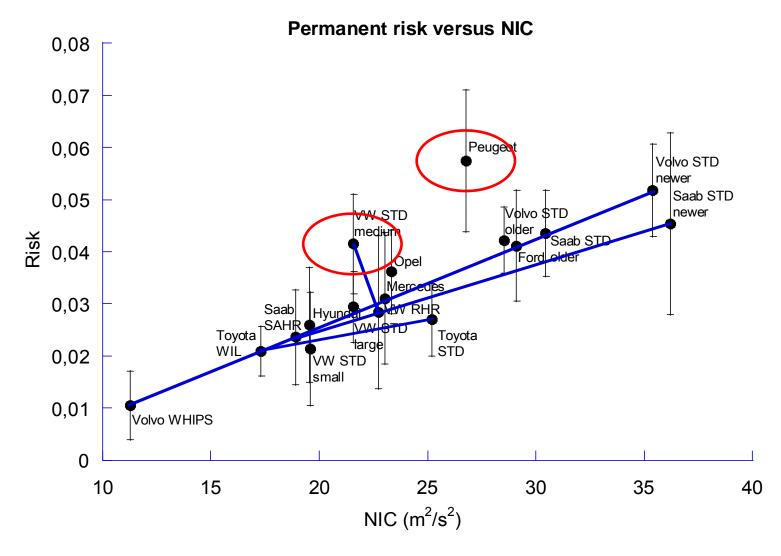
### Results: Correlation R<sup>2</sup> values

Parameter	Permanen	t medical in	npairment	Symptoms < 1 month			
	Complete	Maximum	Minimum	Complete	Maximum	Minimum	
NIC	0,70	0,83	0,62	0,73	0,79	0,68	
OC rel. T1 x-displacement	0,46	0,52	0,42	0,57	0,69	0,52	
L1 x-acceleration	0,40	0,55	0,34	0,44	0,51	0,39	
Head rel. T1 y-rot. (extension)	0,39	0,45	0,37	0,57	0,61	0,53	
Pelvis z-acceleration	0,33	0,46	0,13	0,22	0,30	0,11	
L1 z-acceleration	0,30	0,61	0,18	0,24	0,49	0,16	
$N_{km}$	0,27	0,37	0,14	0,44	0,62	0,32	
T8 x-acceleration	0,27	0,41	0,21	0,38	0,55	0,23	
L.N.F <sub>x</sub> (head f.w.)	0,26	0,36	0,03	0,16	0,25	0,00	
U.N.F <sub>x</sub> (head r.w.)	0,22	0,34	0,10	0,39	0,47	0,26	
T1 x-acceleration	0,19	0,33	0,08	0,39	0,66	0,11	
T8 z-acceleration	0,19	0,32	0,10	0,10	0,39	0,03	
L.N.M <sub>y</sub> (negative)	0,18	0,26	0,08	0,34	0,40	0,23	
T1 z-acceleration (upward)	0,12	0,28	0,07	0,27	0,42	0,19	





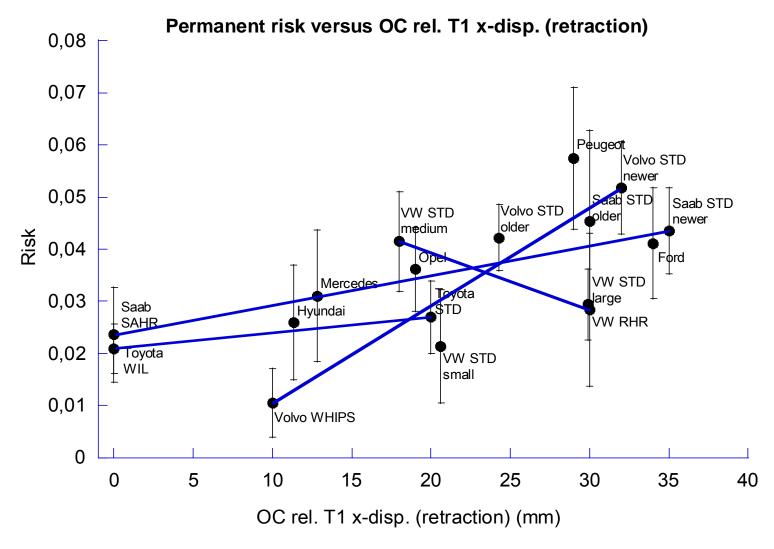
# Results: NIC versus permanent medical impairment







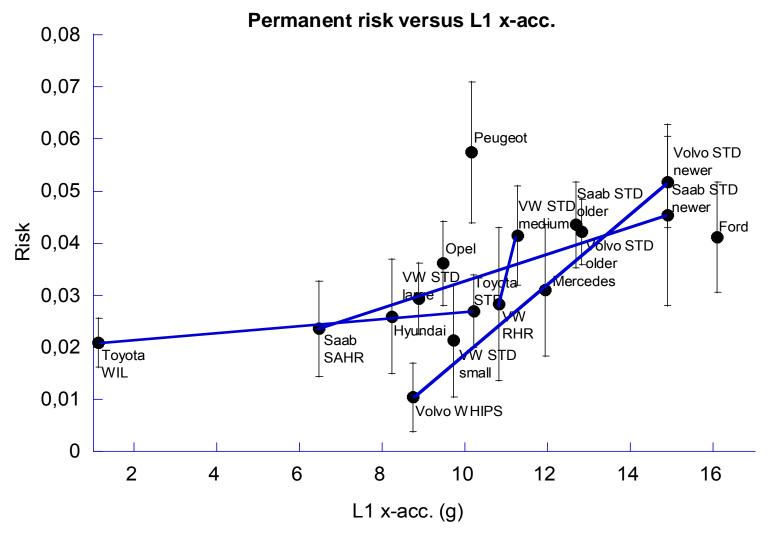
## Results: Occipital rel. T1 x-disp. versus permanent medical impairment







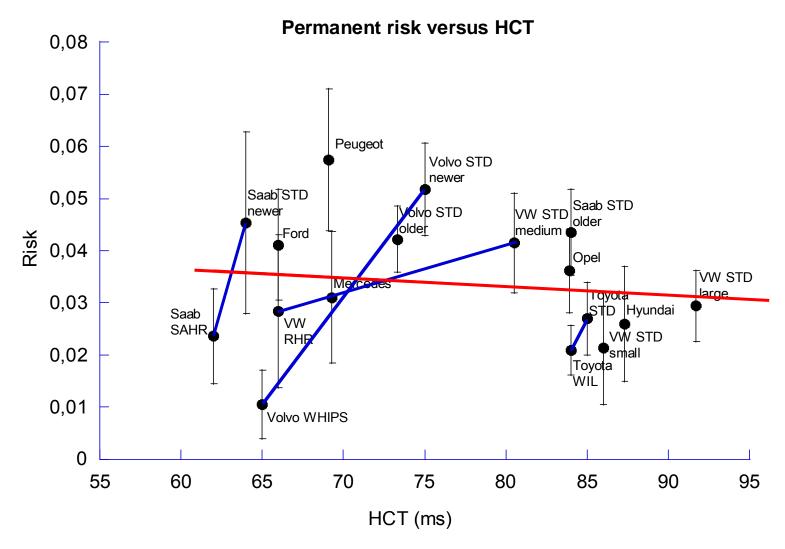
# Results: L1x-acc. versus permanent medical impairment





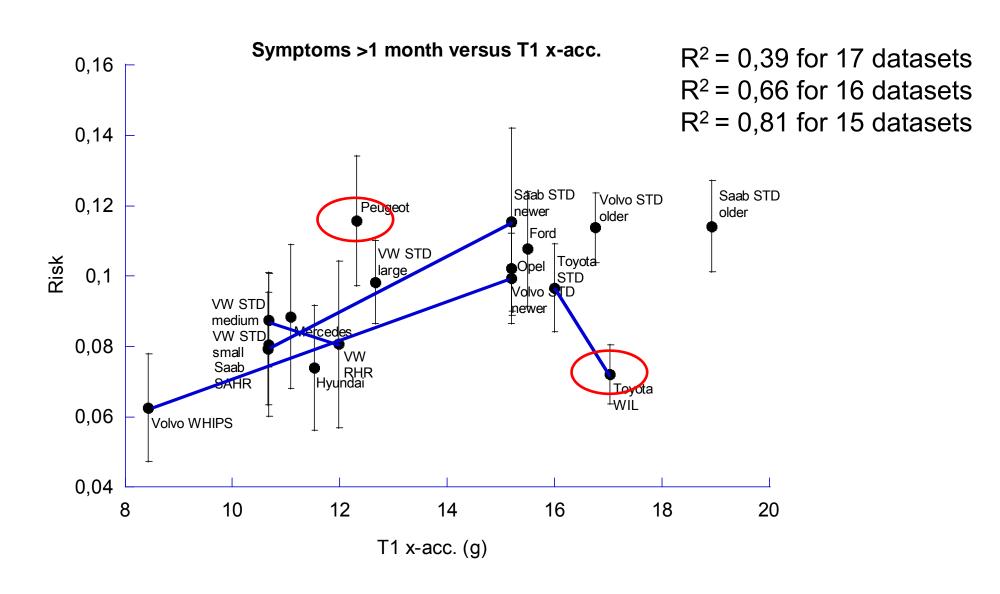


# Results: Head Contact Time versus permanent medical impairment





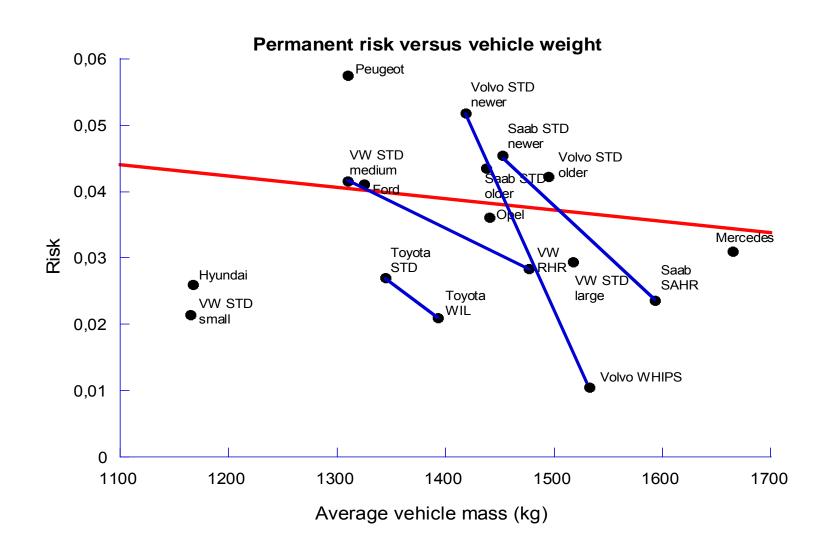
#### Discussion 1: Effect of outliers







### Discussion 2: Is the risk reduction only due to vehicle mass increase?



### Discussion 3: Differences compared to interim report and ESV paper

- Seat test selection criteria modified
  - 12 Thatcham tests and 5 Autoliv tests
- Number of insurance cases and seat tests included
  - 2976 cases and 11 vehicle groups in 2011 report
  - 6665 cases and 12 vehicle groups in the ESV paper
  - 7453 cases and 17 vehicle groups in this report
- Accident sampling period reduced due to lack of control of crash direction prior to 1998
- Seat groups now more homogeneous
  - Vehicle mass range from 1023 to 1533 kg
  - 44% to 67% were females





### Discussion 4: Injury risk measures

- About 35% of rear-end impacts in Sweden with modern cars results in initial symptoms
   3.5% risk in case you have initial symptoms =
   1,2% risk in case you are in a collision
- Risk of initial symptoms and long term symptoms proportional for most vehicle models



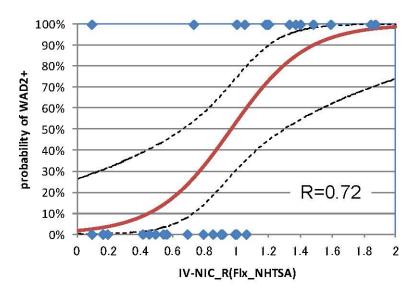


## Discussion 5: Compared to GTR Phase II

- Risk Curves of IV-NIC(R) for Flexion:
  - The Risk Curve (R2=0.49) from 20 cases accident simulation

The Risk Curve (R=0.72) from PMHS tests (17km/h and 24km/h) 4. Injury Parameters and

**Injury Criteria** 







### Conclusions 1

- Grouping of seats is an important aspect of the methodology
- Issues with the reliability of some of the seat tests





### Conclusions 2

- NIC, Occipital condyles relative T1 x-displacement and L1 xacceleration correlate with long term injury risk.
- Initial recommendations for tolerance levels have been made (NIC, Occipital condyles relative T1 x-displacement and L1 x-acceleration)
- Neck extension, Nkm, Upper Neck Fx and T1 x-acceleration may be candidates but appear to be sensitive to set model inclusion
- Additional parameters may predict PMI and long term symptoms.





### End!

Many thanks to Thatcham and Autoliv for providing BioRID seat test data!



### Remarks during the meeting

- There were remarks on some of the assumptions that was made to facilitate this study.
  - Compensation for coding differences of injury risk over the years the accidents were collected
  - Grouped data was used
  - Data was used that originated from tests that were carried out according to state of the art procedures. These procedures, calibration routines and dummy build level have been updated since then.
  - Single delta V and single acceleration pulses were used that did not match the insurance data
  - Were also injuries to other body regions included
- In the following pages additional information related to these comments will be presented.



## Compensation for coding differences of injury risk

- Background
  - A continuously more strict attitude to accept a final impairment degree by the Swedish social insurance agency could be identified during the sampling period.
- A method to compensate for this change have been developed that is independent of the introduction of improved seat systems or vehicle model updates.
  - Groups were established for which the year of first introduction was identical (grouped into 3 year periods)( a seat model change or similar results in a new year of introduction).
  - Average risks were calculated for these groups for 3 year intervals.
  - A trend line was calculated for each group.
  - These trend lines were found to be rather consistent among different groups (with identical year of first introduction).
  - An average trend line was calculated and used to compensate for injury impairment setting change.
- Text that explains how this was carried out (next page):



Medical expertise in Sweden has gradually been classifying whiplash associated symptoms more restrictively. Given that for vehicles with identical introduction year the risk of long term symptoms, given that you have initial symptoms, should not change over the sampling period a reduction factor in classification of symptoms can be calculated. This reduction in the likelihood of classifying an injury as a permanent medical impairment appears to be linear over the sampling period, from 1998 to 2011, and was found to be 15% per year for a large number of vehicle models and for a representative distribution of males and females. Identically, the reduction in classification of those with symptoms lasting for longer than 1 month was found to be 7% per year. These changes were used to compensate the insurance data used in this study to be valid for year 2010. By doing an adjustment for accident year for each crash injury outcomes from all cars could be compared with each other.





### Grouped data was used

- For the included groups a thorough study to identify differences in seat design between vehicle models were carried out.
- Only groups with rather consistent seat designs were used in this study.





Data was used that originated from tests that were carried out according to state of the art procedures. These procedures, calibration routines and dummy build level have been updated since then.

- These routines are established mainly to reduce the scatter in responses and not to shift the responses.
- Carrying out this study with newest build level and calibration routines would most likely reduce scatter and improve the power of this study.
- Carrying out this study with second hand seats, of which a few would be rather old, is an option but also introduces uncertainties.





### Single delta V and single acceleration pulses were used that did not match the insurance data

- The purpose with the study is to determine if a single test with the BioRID II can be used to assess risk of long-term symptoms following a rear-end impact.
- Hence a single representative pulse was used.
- A slightly higher delta-V would provide better match between the real life pulse and the test pulse.





### Were also injuries to other body regions included

 Only neck related injuries that was cased in rear (+/-30 deg) end impacts were included.