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within 12 inches of the steering wheel, only 22 drivers (19 women and 3 men) actually did. Of these 22 drivers, only 8 had correctly perceived that they sat within 12 inches.

In a recent regulatory action, the National Highway Traffic Safety Administration defines safe distance as 10 inches from the breastbone to the steering wheel. A significant number of drivers will likely also misperceive this alternative definition of distance.

Drivers who think they sit too close to the wheel may be inappropriately concerned about their safety and disconnect their airbag systems, losing their safety benefits. In contrast, drivers who actually sit too close may not be concerned enough. Since a petition for airbag disconnection must be submitted by the vehicle owner and the driver's risk status cannot be corroborated, injury prevention practitioners and policy makers should be aware of this misperception problem and take a proactive approach to help identify the "at-risk" individuals. Drivers should be encouraged to objectively measure their distance to the airbag in a normal driving situation.

Where Children Sit in Motor Vehicles: A Comparison of Selected European and American Cities

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Historically the rear seat of motor vehicles has been regarded as a safer environment than the front seat for both children and adults. In the mid-1970s, well before the recent concern about airbags, several countries in continental Europe (including Germany, Belgium and France) passed legislation requiring children to ride in the rear seat. The law in France covered children under 10 years of age, while the laws in Germany and Belgium covered children less than 12 years old. However, a 1992 guideline from the European Union, which advocates restraint use in the front and rear seats (rather than a rear seating requirement), has induced some countries to amend their laws. Currently, most European countries (including Belgium, France and Germany) allow properly restrained children in the front seat.

The adverse impact of passenger-side airbags on children has renewed the interest of safety professionals concerning children's seating positions when traveling in motor vehicles. In the summer of 1997, the US National Transportation Safety Board recommended that states amend their child passenger safety laws to compel children under the age of 13 to ride in the rear seat if a rear seat is available.

Despite this legislative activity, surprisingly little is known about precisely how often American or European children sit in the front of motor vehicles. The goal of this study was to ascertain whether there are differences in child seating location between selected cities in the US and continental Europe, and if differences exist, to ascertain what factors predict them.

Observations were made in the first quarter of 1997 at several locations in or near the cities of: Frankfurt (Germany), Paris (France), Brussels (Belgium), Boston (Massachusetts), and New Orleans (Louisiana). The vehicle seating capacity, total number of occupants, the seating location of adults and children, and driver shoulder belt use were recorded for each vehicle with at least one child. The predictors of a vehicle having a child in the front seat were estimated using logistic regression.

Data on 5,501 children riding in 3,778 vehicles were collected. Adjusting for differences in vehicle seating capacity, occupant mix, and driver shoulder belt use, vehicles in the European cities are significantly less likely to have a child in the front seat than vehicles in the US cities.

Cities with no history of laws prohibiting children from sitting in the front, vehicles with low seating capacity, vehicles with no adult (other than the driver) or many child passengers, and unbelted drivers were associated with a higher likelihood of children riding in the front seat. It is feasible for a society to insist, through custom and/or law, that children sit in the back seat.

Crashworthiness of the Ambulance Environment for Infant and Child Occupant Protection

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The purpose of this study, conducted by the Automotive Safety for Children Program, Riley Hospital for Children, was to examine the crashworthiness of the ambulance environment during transport of infants and children. In cooperation with the University of Michigan Child Passenger Protection Research Program and the Transportation Research Institute, two dynamic crash tests were conducted which replicated ambulance environments for children. Both tests simulated 30 mph frontal impact crashes with 20 G forces.

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