

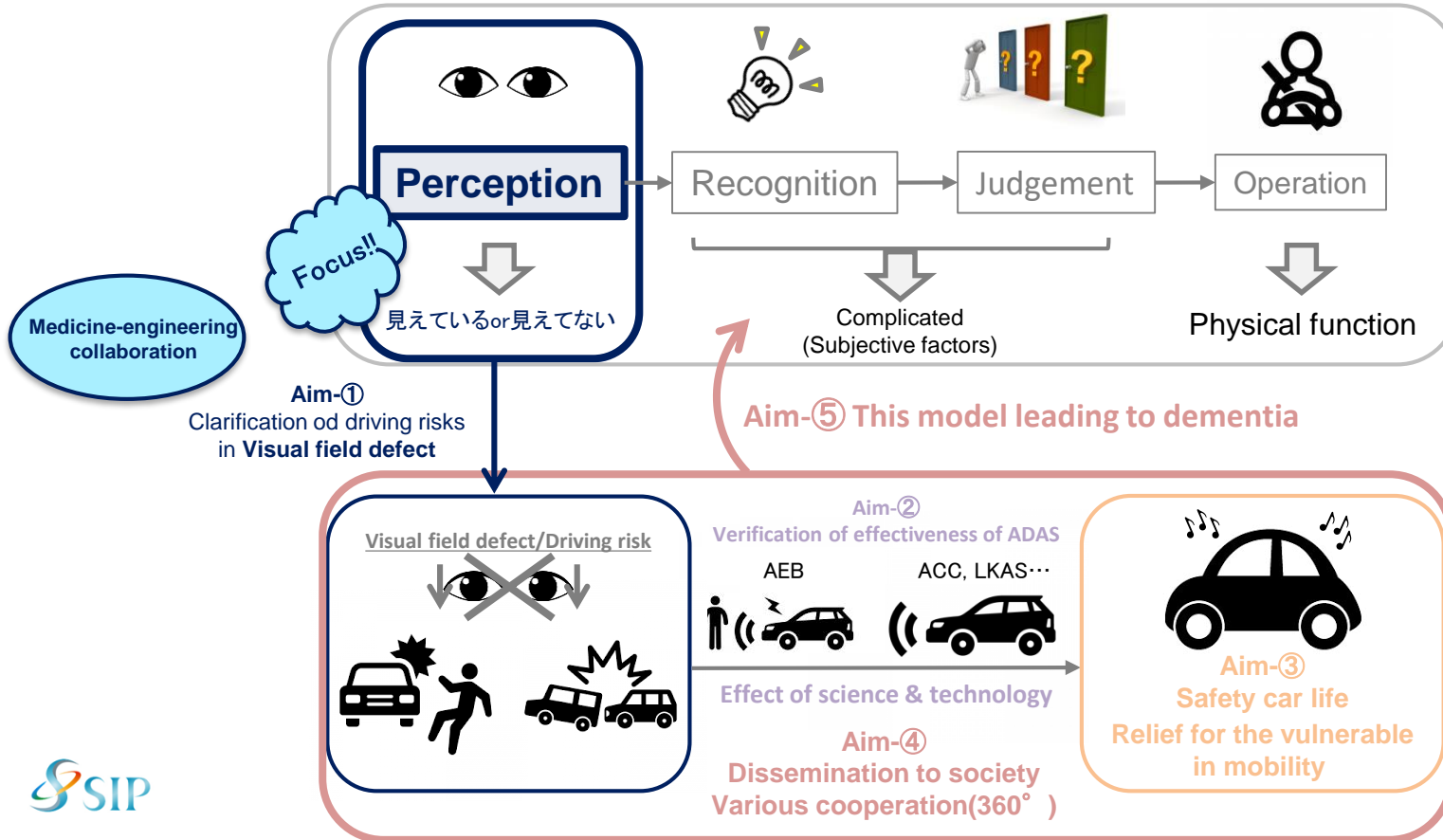


「Strategic Innovation Promotion Program (SIP)
Phase Two / Automated Driving
(Expansion of Systems and Services)
Research on ADAS for people with visual field defects

RIKEN
Nagoya university
University of Tsukuba

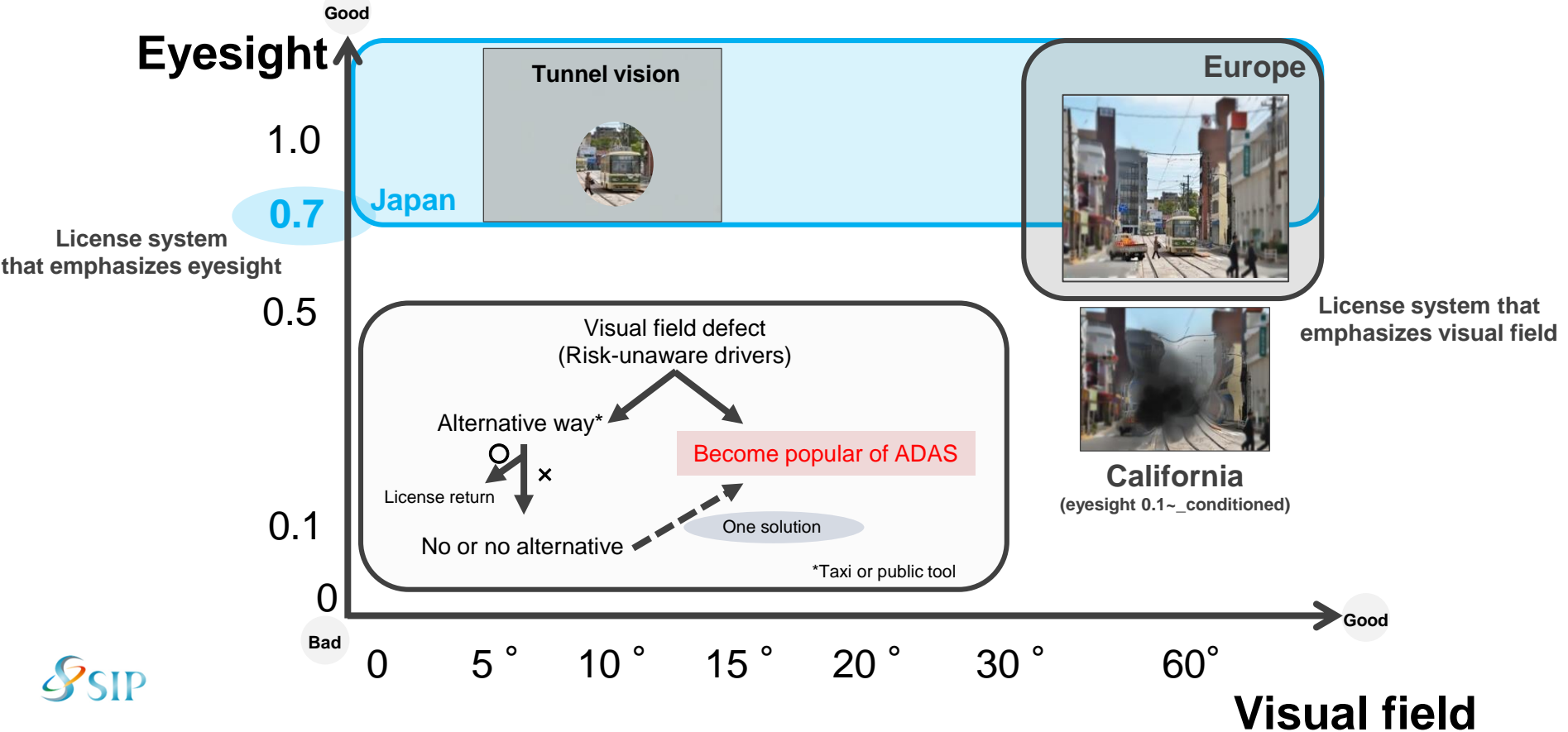
Introduction(An aim)

▶ □ Aim of our research & overall scheme



Introduction (Driver's License)

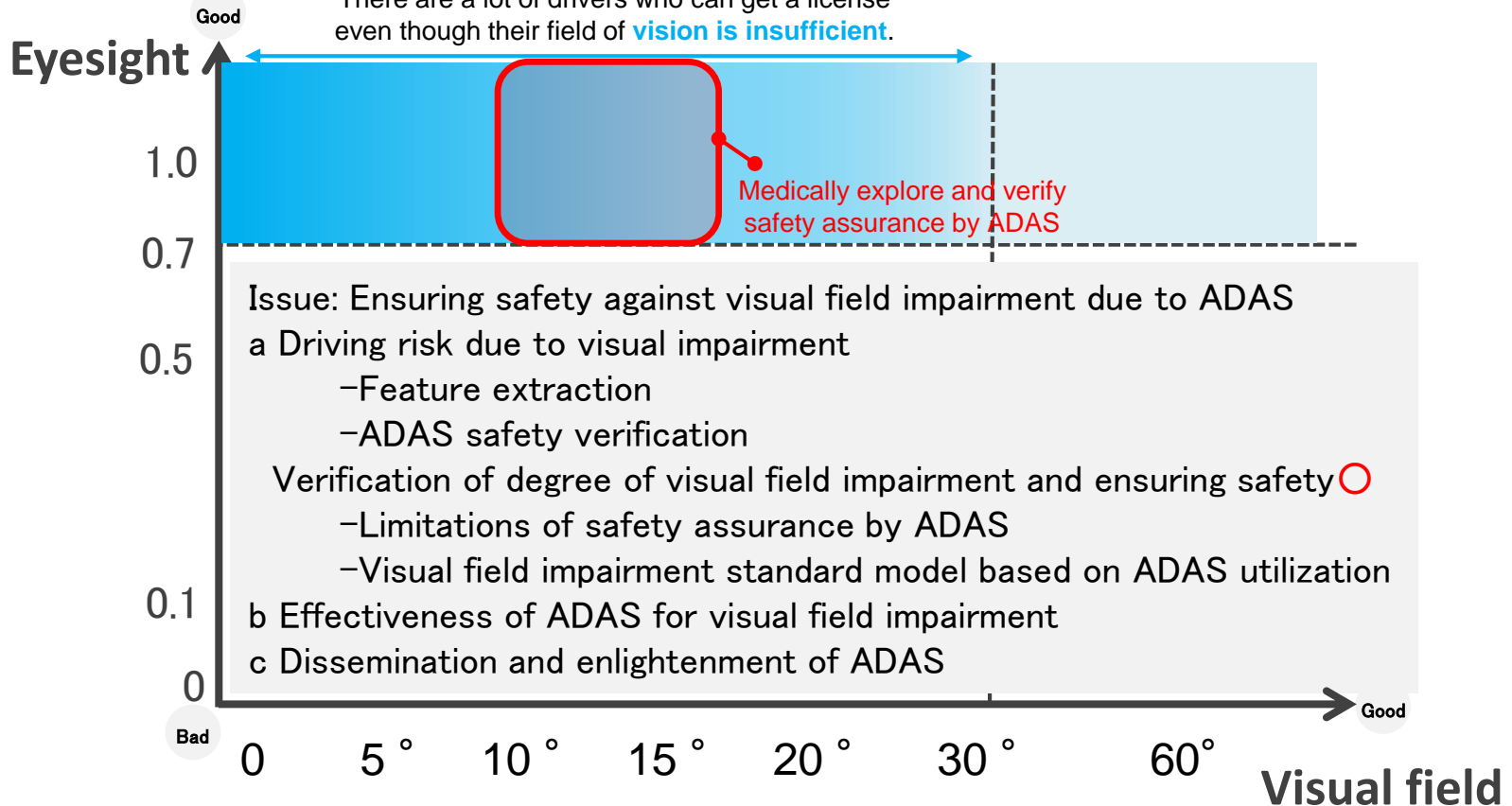
- ▶ □ Difference of driver's license between Europe & Japan (eyesight/visual field)



Introduction(課題)

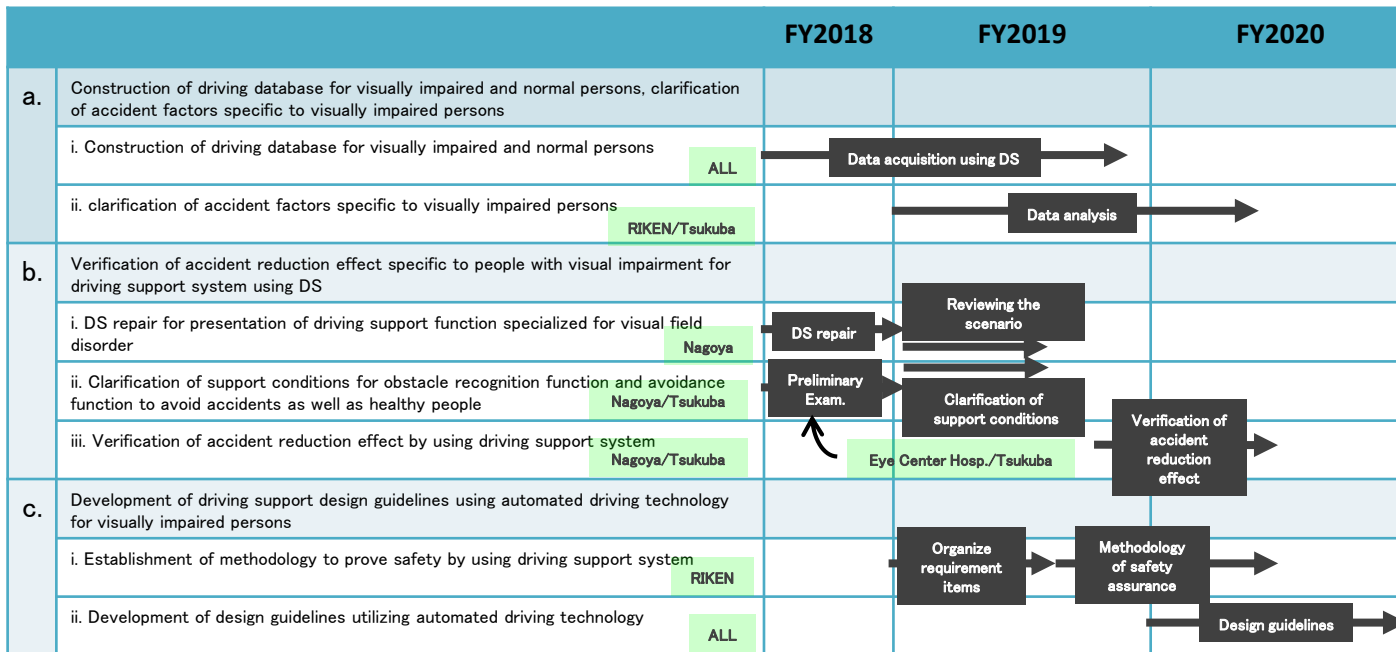
▶ □ ADAS & Visual function

There are a lot of drivers who can get a license even though their field of **vision is insufficient**.



Introduction(全体計画)

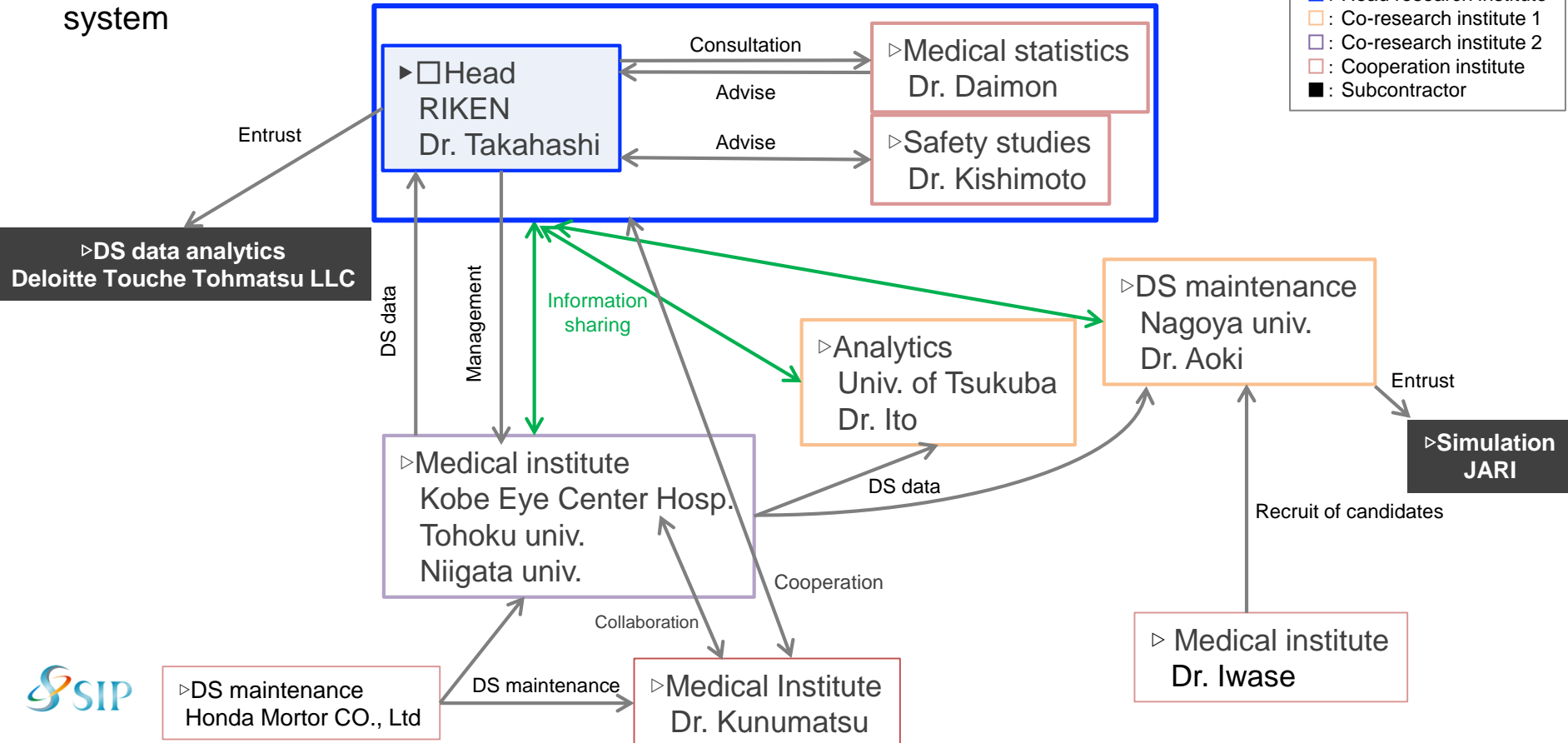
▷Research agenda



Introduction(Research system)

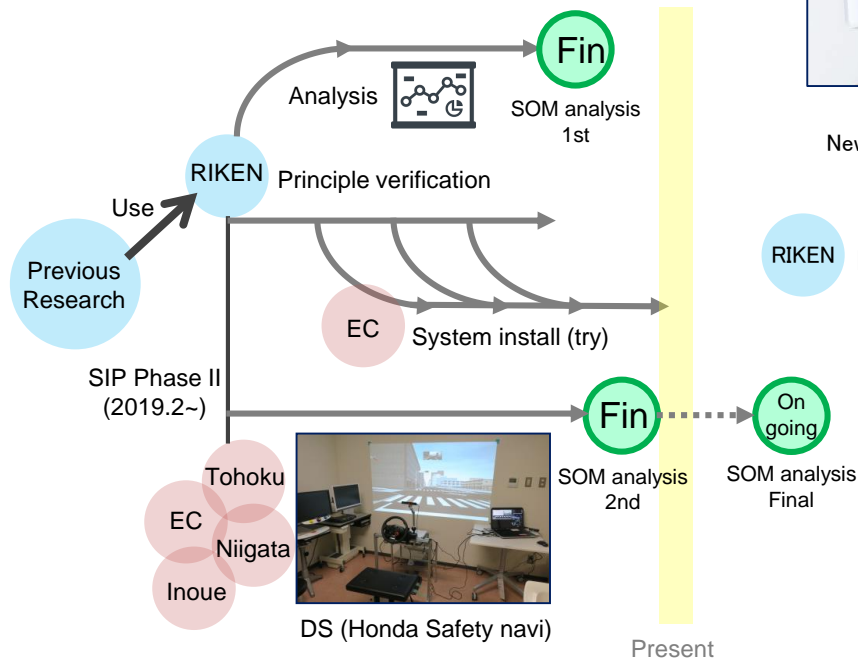
▶□ Research system

- : Head research institute
- ▭ : Co-research institute 1
- ▭ : Co-research institute 2
- ▭ : Cooperation institute
- : Subcontractor



Issue a. (Collection of DS data)

a.	Construction of driving database for visually impaired and normal persons, clarification of accident factors specific to visually impaired persons	FY2018	FY2019	FY2020
	i. Construction of driving database for visually impaired and normal persons	Collection of DS data		Present
	ii. clarification of accident factors specific to visually impaired persons		DS-data analysis	



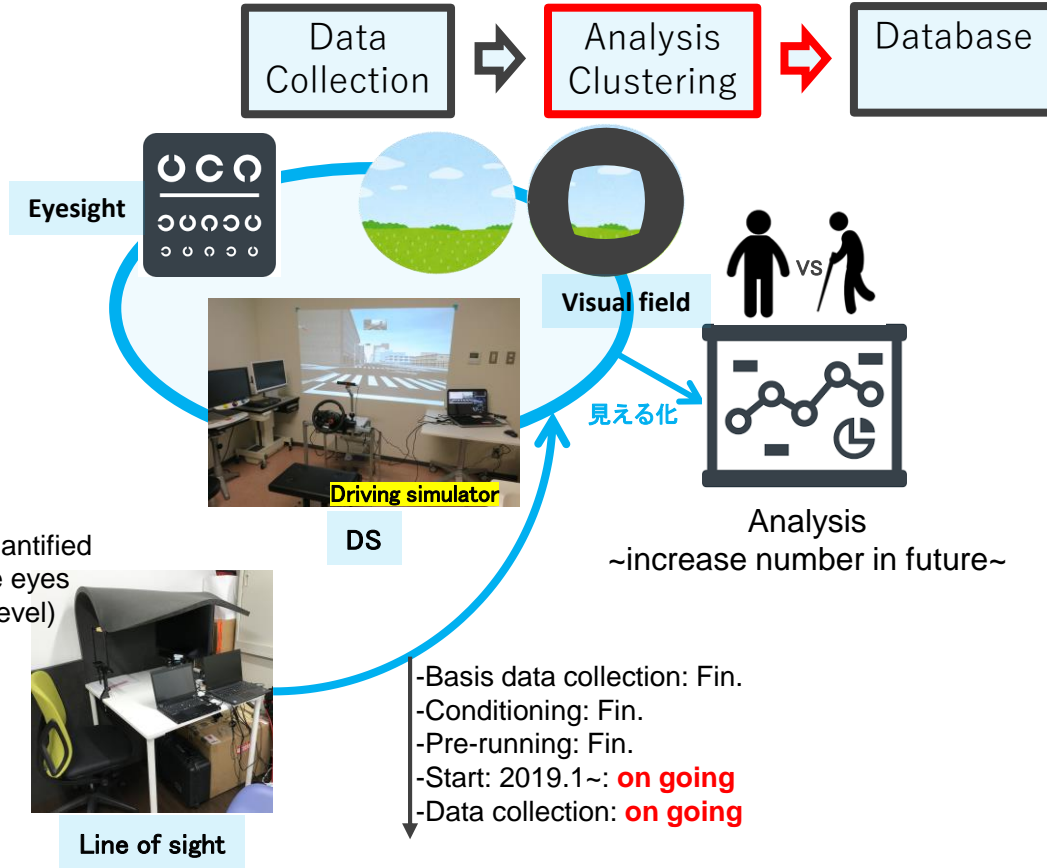
RIKEN Principle verification (device & method)

EC Tohoku Niigata Inoue

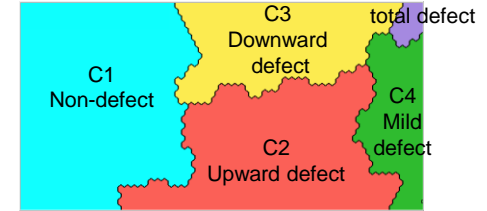
Medical institution	Case (RP)
Kobe Eye Center Hospital	89(61)
Tohoku university	41(19)
Niigata university	89
Nishikasai Inoue ganka clinic	40(1)

Issue a. (DS data analysis-1)

▷ Clarification of accident factors peculiar to visual field impairment



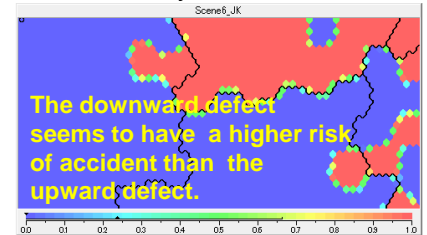
▷ Clustering patients by clinical characteristics



▷ Risk scene



▷ Overlay with risk aversion



Issue a. (DS data analysis-2)

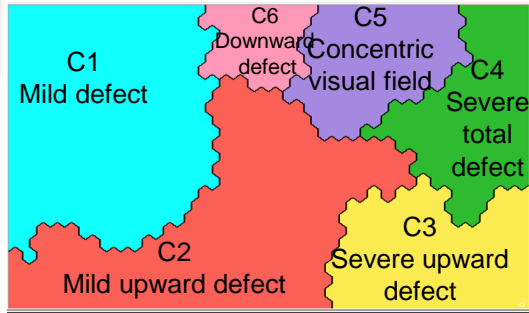


【Data】

- Previous Research
- SIP data



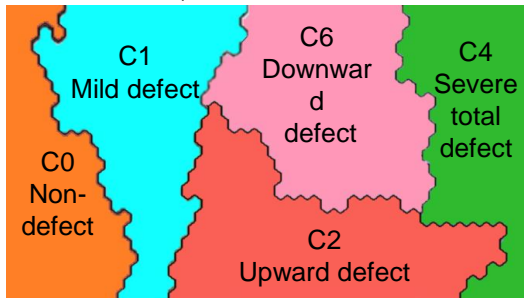
- Number (104/108)
Niigata(27), Tohoku(37), Kobe(13), Nishi-kasai(27)
- Objects
Age, Sex, Visual field, Accident history, eyesight, MD, DS data



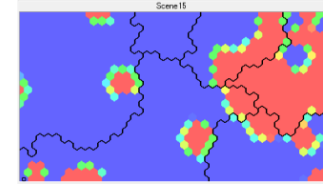
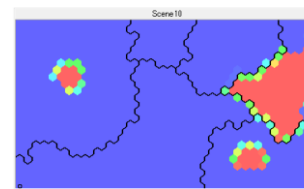
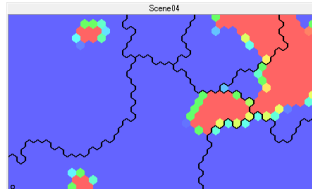
Increase number then re-analysis



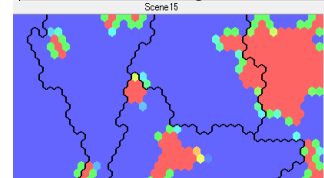
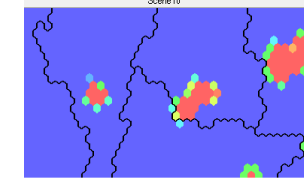
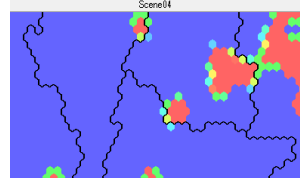
- Number (104/108)
Niigata(27), Tohoku(37), Kobe(13), Nishi-kasai(27)
- Objects
Age, Sex, Visual field, Accident history, eyesight, MD, DS data, Visual impairment



In the risk scene from the right, many accidents occurred in the C4 (■ severe total defect) cluster.



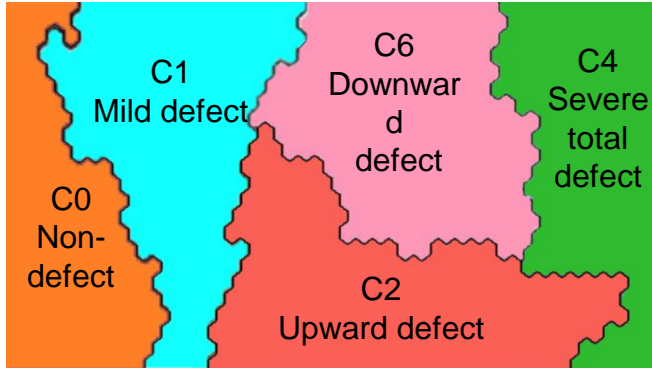
In the risk scene from the right, many accidents occurred in the C4 (■ severe total defect) cluster.



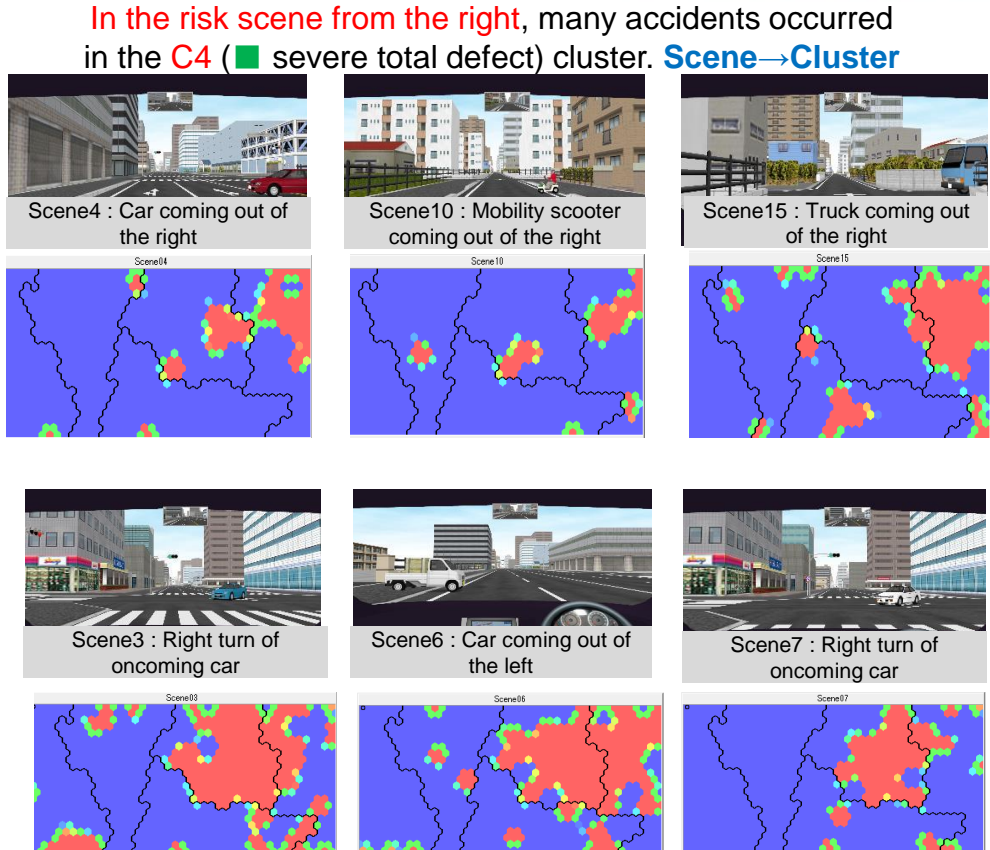
Issue a. (DS data analysis-3)

▶ □ Reversible analysis (Scene to/from Cluster)

- ▶ □ Number (104/108)
Niigata(27), Tohoku(37), Kobe(13), Nishi-kasai(27)
- ▶ □ Objects
Age, Sex, Visual field, Accident history, eyesight, MD, DS data, Visual impairment



Scene oriented



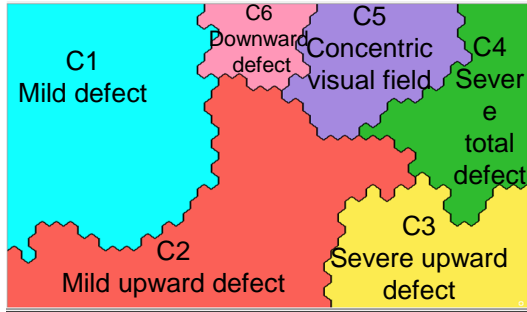
Issue a. (DS data analysis-4)

▶ Detailed medical verification is possible by accumulating detailed clinical information (eg, disease type).

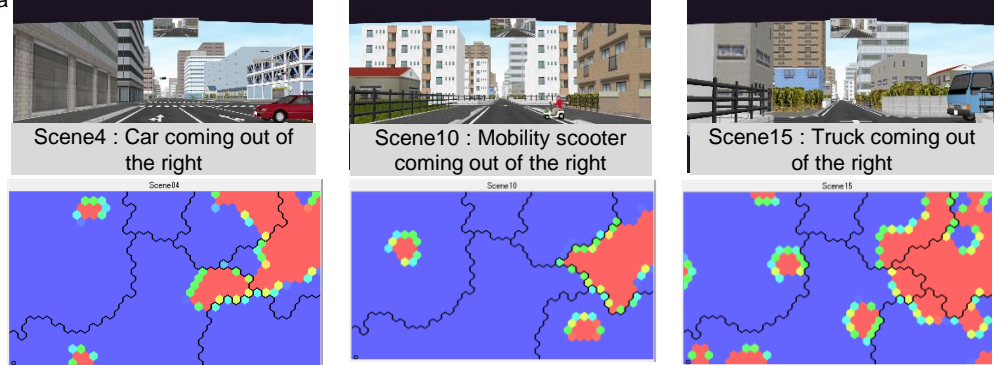


- ▶ Number (104/108)
Niigata(27), Tohoku(37), Kobe(13), Nishi-kasai(27)
- ▶ Objects
Age, Sex, Visual field, Accident history, eyesight, MD, DS data

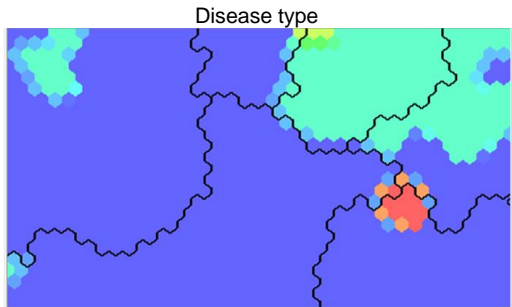
In the risk scene from the right, many accidents occurred in the C4 (■ severe total defect) cluster.



Scene oriented
➔



↓ Detailed analysis of disease type



- Blue: Glaucoma
- Light blue: Retinal Pigmentosa
- Red: Cataract

▶ Database

Data collection(DS, visual field etc.)

↓ SOM analysis(Clustering)(left upper)

①: DS data analysis(right upper)

②: Detailed analysis of disease type(left bottom)

③: Construction of database

Issue b (Driving data collection by a high-performance DS)

- ▶ □ Eye-tracker (4 IR-cameras + 2 IR-LEDs) are installed in the Driving Simulator cockpit
- ▶ 5 types of scenarios (5 different events in each scenario)
 - Scenario 2 - 5: Runs autonomously (Surveillance as if it is manual driving)
 - Scenario 1 : Operates gas and brake pedals (Warning to the pedestrian crossing and hit the brake)
- ▶ Participants: 10 non-patients, 15 glaucoma patients*



High performance DS



Eye tracker (SmartEye)



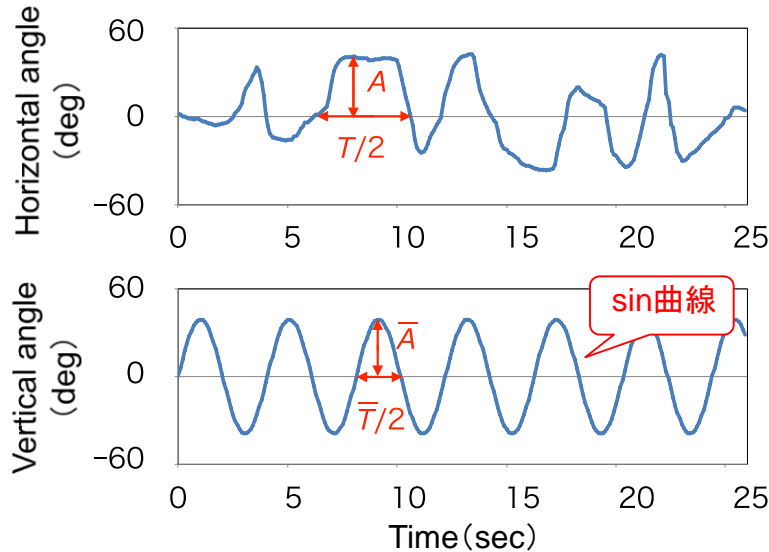
Imminent event examples



Careful events examples

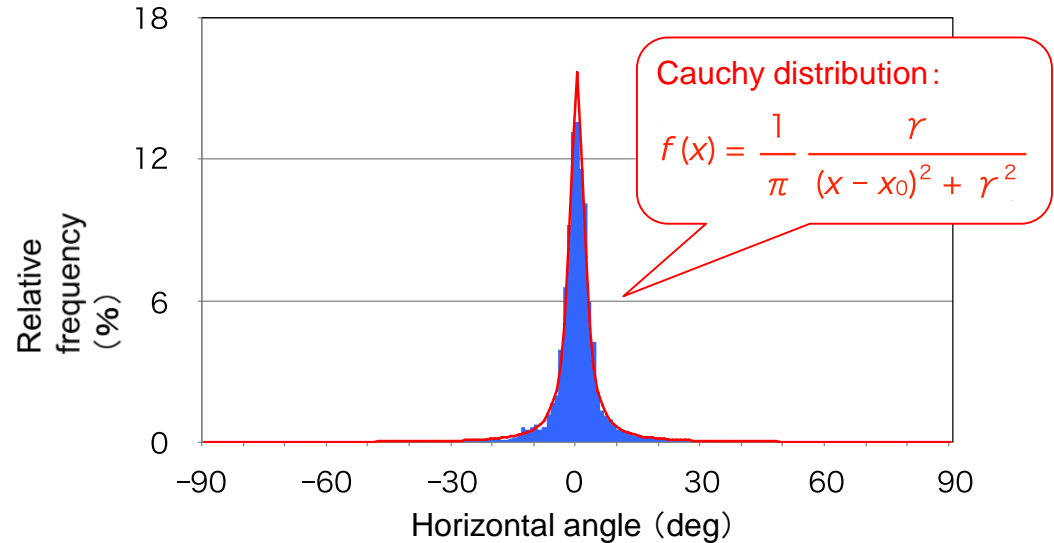
Issue b (Driving data analysis-1)

- ▢ Among the data of the patients, there are some noise due to the glasses
 - Based on the head tracking data, numerical simulation is conducted for the accident reduction estimation
- ▶ Modeling of head movements showed that there was little difference between non-patients and glaucoma patients



Non-patients: $\underline{A} = 37.63$ Patients: $\underline{A} = 39.13$
 $\underline{T} = 4.22$ $\underline{T} = 4.06$

Head movements AT the stop intersection

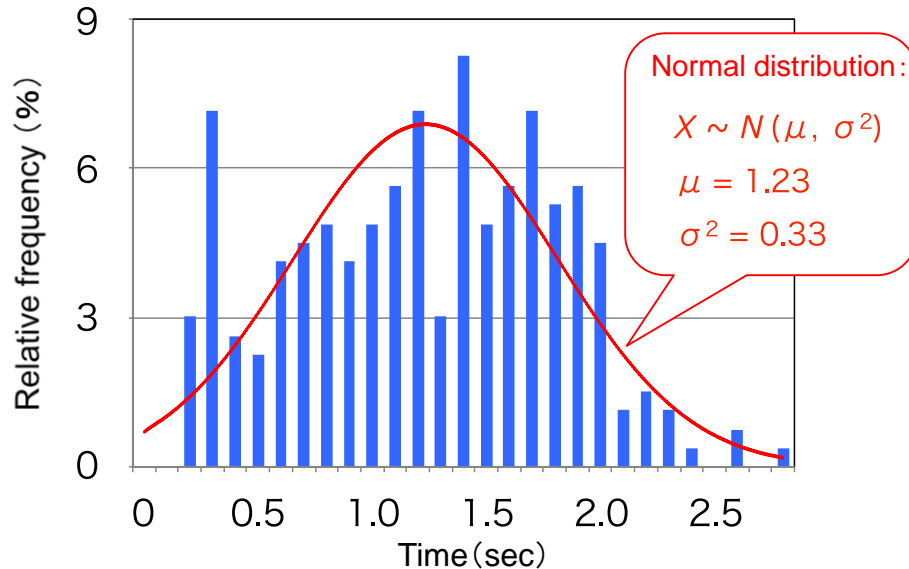


Non-patients : $x_0 = 0.14$ Patients : $x_0 = -0.04$
 $\gamma = 1.97$ $\gamma = 1.99$

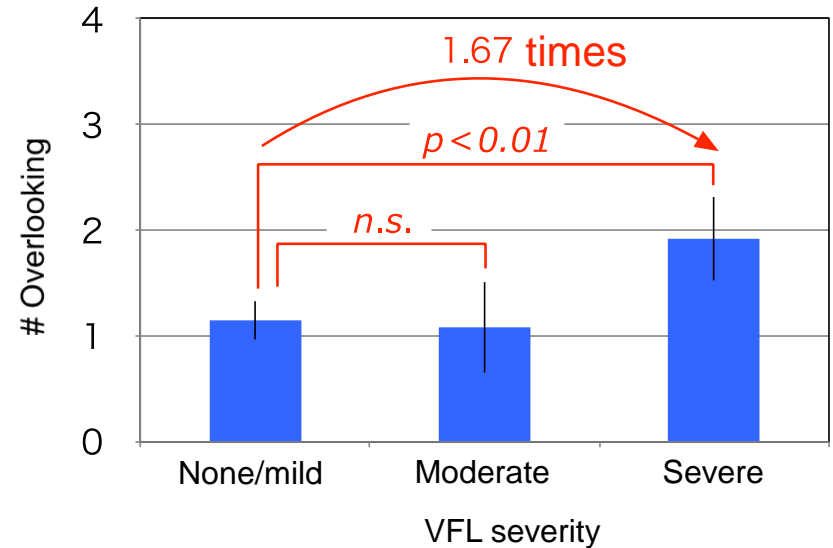
Head movements EXCEPT the stop intersection

Issue b (Driving data analysis-2)

- ▶ □ Gaze movement was analyzed by the head-mounted display with the eye tracker
- ▶ Modeling the gaze duration for the pedestrian
- ▶ Modeling the overlooking probability for the traffic signals
 - Overlooking probability is statistically higher by the serious visual field loss (VFL)



Gaze duration for the pedestrian

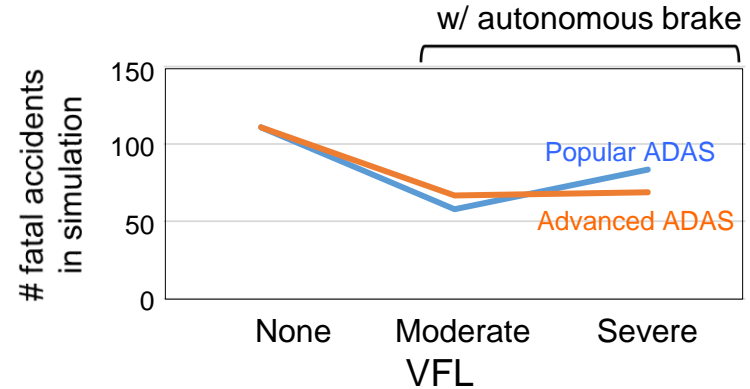
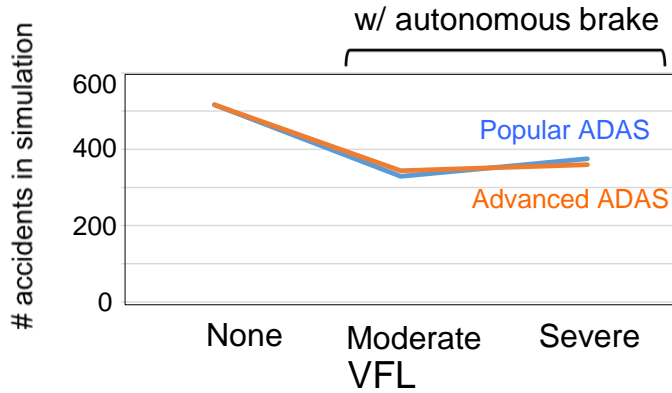


Overlooking times for the traffic signals

Issue b (Numerical simulation for accident reduction estimation)

- ▶ Preliminary results of the simulation shows the effectiveness of autonomous brake
- ▶ Head/gaze data by DS is used for further simulation
 - Higher accuracy, more ADAS system validation including (e.g., Front-side collision avoidance brake, FCW)

FCW)



Preliminary results of the numerical simulation



Issue c. (Medical approach & External cooperation)

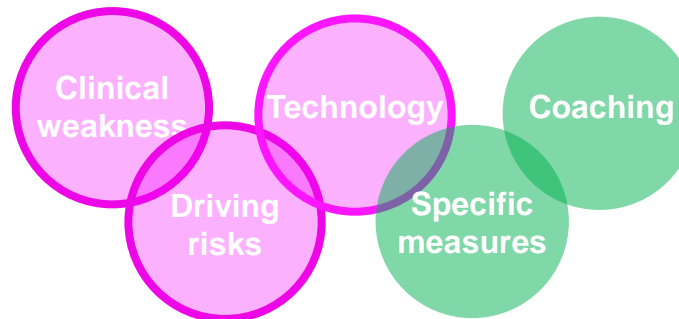
		FY2018	FY2019	FY2020 Present
c.	Development of driving support design guidelines using automated driving technology for visually impaired persons			
	i. Establishment of methodology to prove safety by using driving support system		Verification of ADAS efficacy	Prove safety by ADAS
	ii. Development of design guidelines utilizing automated driving technology			External cooperation

▷ Issue c-i: Driving outpatient



Current status

- ✓ Clinical weakness
- ✓ Driving risks
- ✓ Technology
- Specific measures
- Coaching



Issue c. (Medical approach: Driving outpatient @Kobe)

① Medical examination

Dr

Dr: Medical Doctor
Rs: Researcher
In: Inspector



↑ ② IC & DS test

In

← ③ IC & Line-of-sight test

In

Dr Rs

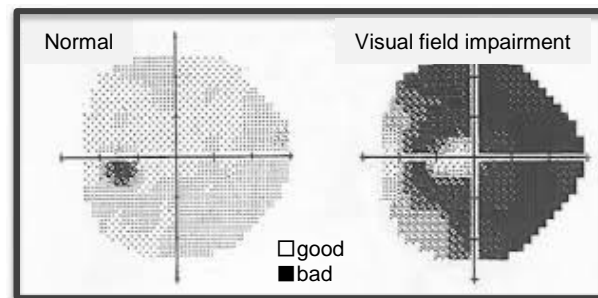
↓ ④ Counseling



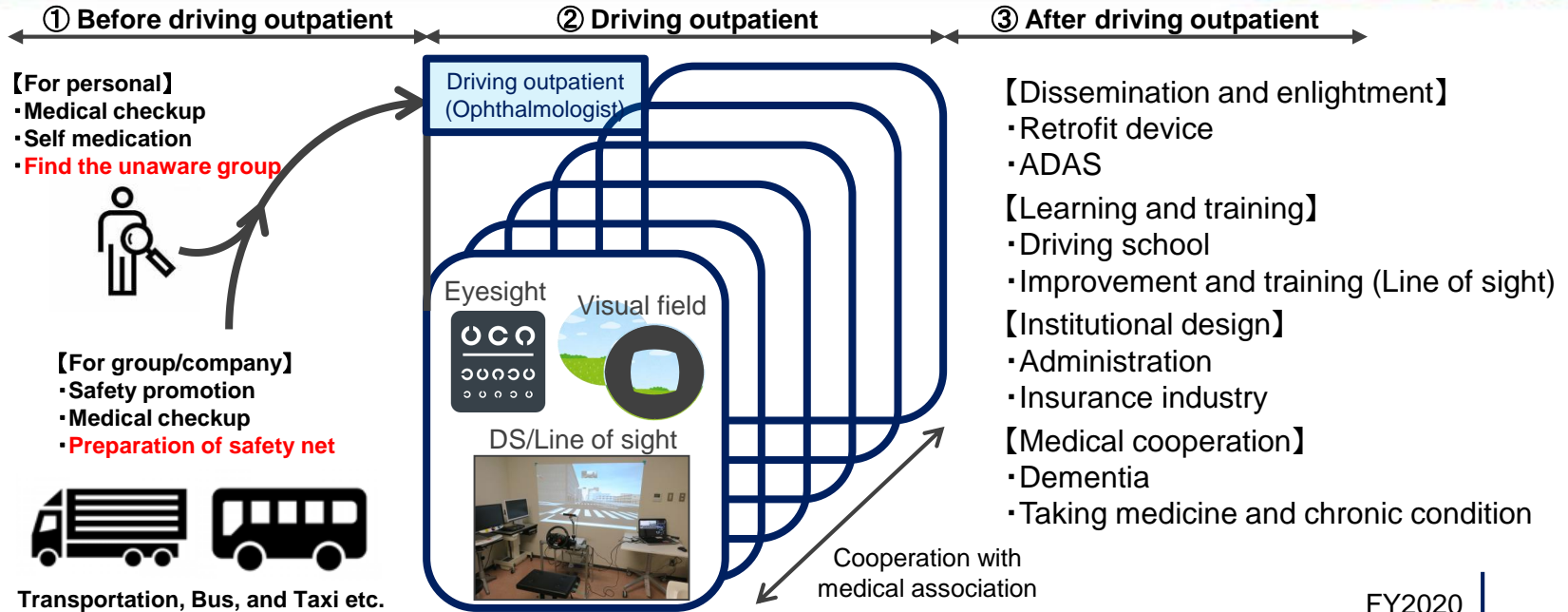
DS score sheet

Scene	Risk type	Score (Bad=0, 1, 5=Fine)	Speed Condition
1	A signal		50km/h Two lanes on each side
2	Jumping out from the left		
3	Oncoming vehicle turn right		
4	Jumping out from the right		
5	A signal		
6	Jumping out from the left		
7	Oncoming vehicle turn right		
8	Jumping out from the left		40km/h One lane on each side
9	A signal		
10	Jumping out from the right		30km/h One lane
11	Stop sign		
12	Jumping out from the left		
13	Jumping out from the left		
14	Stop sign		
15	Jumping out from the right		
Sum Score			

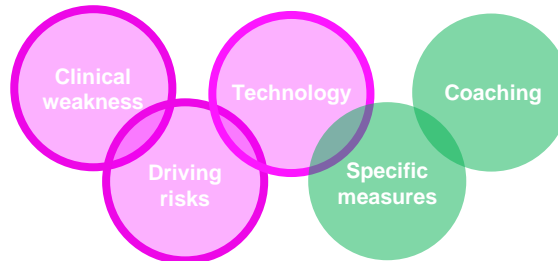
Visual field test results



Issue c. (External cooperation)



FY2020



Improvement of driving outpatient

- ▷ **Clinical weakness, Driving risks: Finished**
- ▷ Specific measures and Coaching: Planning

Thank you

