

Transition from automated to manual driving: What factors influence take-over time and performance?

Virtual, 9-10 September

TNO innovation for life



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Big next step for higher levels of automation

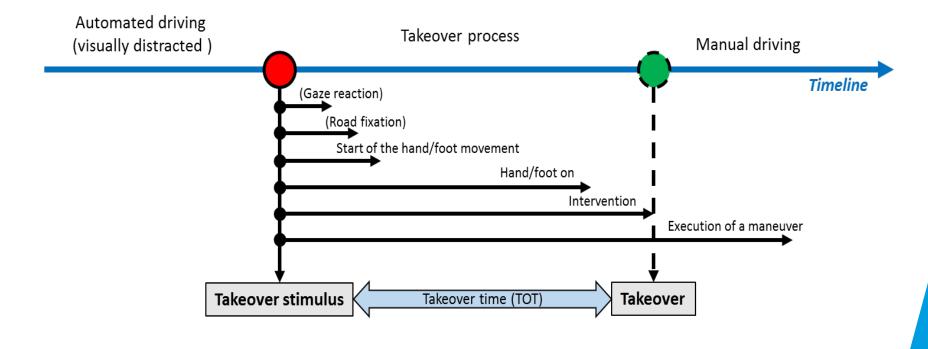
Discussion within UN-ECE: How to design for these `transitions`?

Lu et al. (2016), McCall et al. (2019)

- Driver initiated or System initiated
- Scheduled take-over of non-scheduled take-over
- Normal or Emergency situation



Driver Take-over time (TOT)









Transportation Research Part F: Traffic Psychology and Behaviour Volume 64, July 2019, Pages 285-307



Determinants of take-over time from automated driving: A meta-analysis of 129 studies

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- 1) Transition to manual (after hands off and feet off)
- 2) Take-over performed by a human by braking, steering or pressing a button
- 3) Presence of a TOR or a critical event
- 4) Reported *mean* or *median* TOT
- 5) 4 or more studies available with this variable





Methods

1) "Between study" correlation analysis to examine the relationships between study variables and mean TOTs across the experimental conditions

2) "Within-study" evaluation of the effect when holding other variables constant



Variables studied

- 1. Mean age of the participant group
- 2. Simulator fidelity (low, medium, high)
- 3. Level of automation (L2, L3+L4)
- 4. Modality of the NDT (visual/acoustic /motoric/cognitive)
- 5. Hand-held device
- 6. Modality of the TOR (visual, auditory and tactile)
- 7. Urgency (low, medium, high) and time budget to take over (e.g TTC)
- 8. Complexity of the driver response (low, medium, high)
- 9. Interaction with other road users during take-over process (binary)



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129 studies included

126 car studies - 3 truck studies

520 mean TOT

4556 participants

- 40 high-end simulators
- 84 mid/low fidelity driving simulators
- 3 on-road studies
- 2 test tracks







Results: Study set-up (combinations)

Higher levels of automation: Explicit TOR + NDT + longer TTC

- \rightarrow in line with the definition of SAE Levels of AD
- > NDT: motor task often combined with visual cognitive task with auditory
 - → standardized tasks were frequently used (e.g. SURT, cognitive N-back)

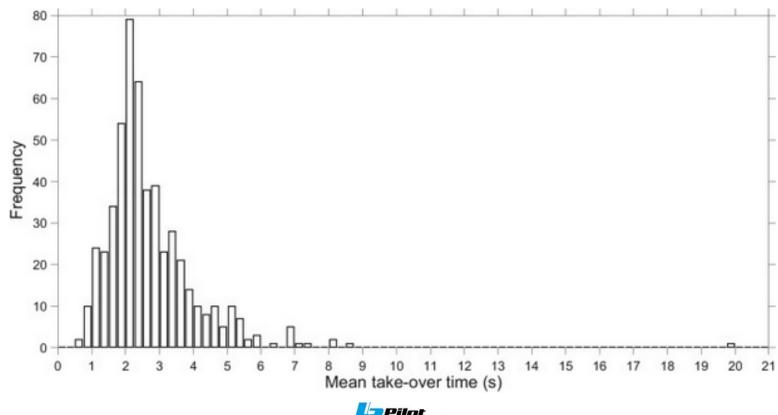
Visual + auditory TOR (auditory + vibrotactile hardly combined)

Complex driver response + higher urgency and other road users

Low fidelity simulators + younger participants



General overall results



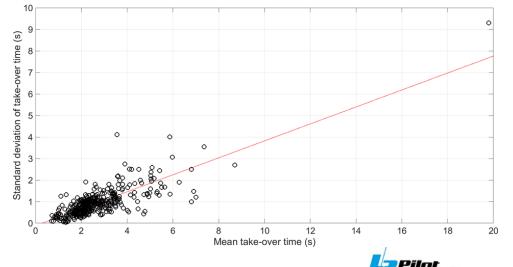


Results: between study

Urgency of the take-over scenario and HH device strongest correlations with the mean TOT

Weak correlation with modality of TOR or NDT

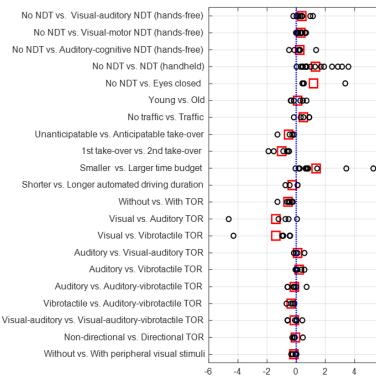
Strong correlation between mean and SD of TOT(r = .82)



	Correlation mean TOT	with	n			
Study variable	r	ρ	Study variable conditions	n	Average mean TOT (s)	SD mean TOT (s)
1. AGE	.22	.24		485	-	-
			0 (low fidelity)	81	2.67	2.39
2. SIM	04	.02	1 (medium fidelity)	268	2.84	1.33
			2 (high fidelity)	171	2.57	0.95
3. LAD	.15	.19	0 (L2)	62	2.14	1.17
			1 (L3 and above)	458	2.80	1.47
4. TOR_V	.04	.08	0 (no visual TOR)	160	2.63	1.75
4. TOR_V	.04	.08	1 (with visual TOR)	360	2.77	1.29
5. TOR A	.12	.12	0 (no auditory TOR)	84	2.33	1.00
D. TOR_A	.12	.12	TOD		2.80	1.51
			TOR modali	ty	0.70	4.50
5. TOR_VT	11	10			2.79	1.50
			1 (with vibrotactile TOR)	73	2.35	0.99
7. TOR_P	.06	.06	0 (no TOR)	34	2.40	1.08
			1 (TOR present)	486	2.75	1.47
	.13	.13	0 (no visual NDT)	204	2.49	1.12
8. NDT_V	.13	.13	1 (the NDT is visual)	309	2.89	1.62
		07	0 (no auditory NDT)	384	2.75	1.29
9. NDT_A	03	07	1		2.67	1.88
			NDT modal	itv	2.74	1.27
10. NDT_M	01	04	1	-		
			motoric manoeuvre)	224	2.72	1.67
			0 (without highly			
11. NDT C	- 05	11	cognitively demanding NDT)	385	2.78	1.28
TT. NDT_C	05	200	1 (with highly cognitively	565	2.70	1.20
			demanding NDT)	128	2.60	1.90
	.30	.35				
12. HAND			Hand holding a device ^{1.42}			
			the hands)	108	3.61	1.46
			0 (no NDT present at the			
13. NDT_P	.11	.11	moment of TOR)	143	2.46	1.17
13. ND1_P			1 (NDT present at the			
		_	moment of TOR)	377	2.82	1.53
14. URG	44	42	Linean ave af a		^	
14. OKG	44	42	Urgency of t	ine i	U scer	iario
			0 (low response			
15. DRE	16	07	complexity)	108	3.43	2.21
			1 (medium response			
			complexity)	134	2.34	1.16
			2 (high response			
			complexity)	253	2.66	1.04
16. IRU	.08	.14	0 (no interaction with			
			other road user)	344	2.67	1.55
			1 (interaction with other road user)	141	2.93	1.24
17. TBTC	.53	.43	_		_	_
18. TBTB	.73	.31	TO time bu	dget	-	-
	.10	.07				44
						/11

Results (within)

- NDT and TOR modalities most frequent independent variables, followed by urgency, traffic density and age.
- Urgency and hand-held device were found to have large effects (MDs ~ 1.3 s)
- Familiarization of TO scenario shortened mean TOT (MD = -1.0 s)
- Visual-only TOR led to substantially longer TOT (MDs < -1.4 s)</p>
- Effect of age is weak (MD = .10 s)



Difference in mean take-over time (D) (s)

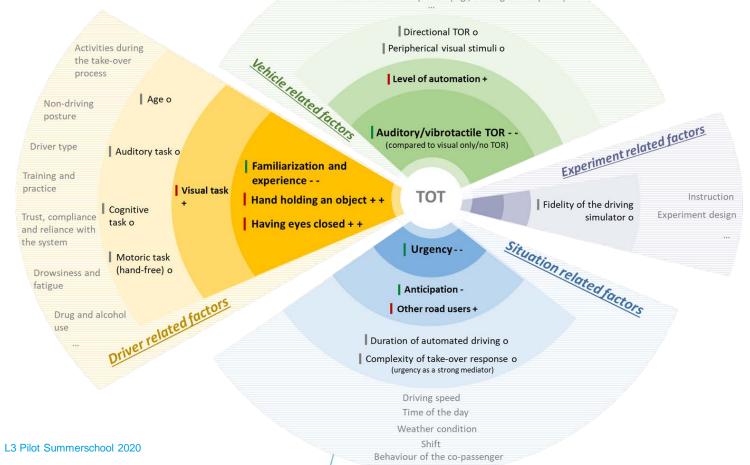
Summary

- 1) Urgency has strong correlation with mean TOT
 - \rightarrow if there is more time to take over, drivers use more time to take over
- 2) Non-driving related held-held task increases mean TOT
- 3) Modality of the non-driving related task (e.g., visual, auditory, motoric, or cognitive) showed small effects on TOT
- 4) Prior experience with take-overs has a strong effect
- 5) Drivers responded about equally quickly to vibrotactile, auditory, multimodal, or directional TORs (visual only slower!)
- 6) No consistent effect of age in the within-study analysis despite of the wide age variance (not controlled for trust..)



Physical intensity of the TOR Vehicle type

Driver assistance systems (e.g., braking assist system)



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Limitations and further research

- Nearly all studies were conducted in driving simulators (minority high-end):
 - Relative instead of absolute validity?
 - Knowing to be in experiment
 - Almost all cars, limited number of truck studies
- The between-study analysis: correlational rather than causal
- <u>Mean</u> TOTs so individual participants' transition times could have been much longer: Collisions are outliers in the TOT distribution.
- This meta-analysis investigated take-over time, not take-over quality.





Thank you for your kind attention.

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This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 723051.

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