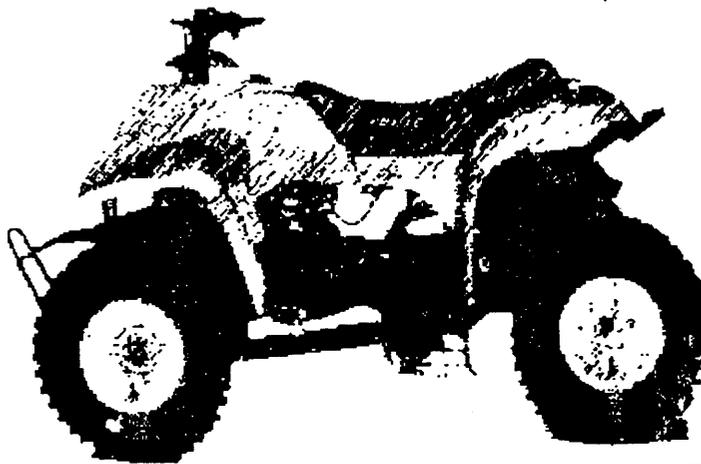


Attachment # 2

8/15/01
BRB

IDI D10705CCN 0724

IMPULS ATV
OWNER'S MANUAL



TXL-50

NOTICE

- **OPERATOR ONLY**

This vehicle load limit and seating configuration are designed for operator only. It is not safe for carrying a passenger.

- **ADULT SUPERVISION AND INSTRUCTION ARE REQUIRED**

- **FOR OFF-ROAD USE ONLY**

This vehicle is designed and manufactured for off-road use only. Operation on public streets, roads or highways is illegal.

- **ALWAYS WEAR A HELMET**

- **READ THIS OWNER'S MANUAL CAREFULLY**

CONTENTS

	Page		Page
NOTES FOR SAFETY.....	1	Parking.....	17
DESCRIPTION.....	6	Turning.....	18
Parts Location.....	6	MAINTENANCE.....	19
Serial Number.....	7	Maintenance Schedule.....	20
Parts Function.....	8	Spark Plug.....	21
Fuel.....	11	Air Cleaner.....	22
Engine Oil.....	13	Brakes.....	22
Tires.....	14	Drive Chain.....	23
OPERATION.....	15	Throttle Cable.....	23
Inspection.....	16	Battery.....	24
Starting Procedure.....	16	C.V.T. Air Filter.....	25
Break-in.....	17	SPECIFICATIONS.....	26
Riding.....	17	OUR WARRANTY.....	27
		WIRING DIAGRAM.....	27

**"THE ENTIRE DOCUMENT IS ON FILE IN THE
CLEARINGHOUSE"**

IDI 010705CCN0724

DATED: ~~8/15/01~~ (BRB/8187)
8/15/01

Coming Soon

Page 1 of 1

BRB
8/15/01

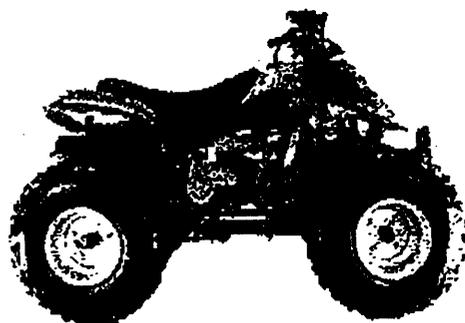
Attachment # 3
DOI 010705 CCN 0724

**IMPULS
ATV**

Impuls ATV's have shed their pen name for their true name, E-Ton.

Please visit E-Ton America.

[Click here.](#)

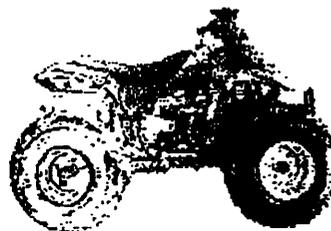


TXL90 FEATURES

- Automatic choke for engine reliability and easy start with no flooding
- Electric start with alternate kick starter
- Fully automatic oil injection eliminates the need to premix the gas and oil
- CVT (Continuous Variable Transmission) provides even torque through all riding conditions
- 4.5 liter gas tank means a lot more fun between refills
- Built-in throttle limiter that can be set for beginning riders
- Keyed ignition switch for added security
- Electric start interlock; engine can only be started with the parking brake engaged.
- Wide, sturdy wheel-base
- "A" arm independent from suspension has individual shocks for a safer more surefooted ride
- Swing arm rear suspension helps maintain traction under rough riding conditions
- On-board tool box for simple field repairs

TXL90 SPECIFICATIONS

Engine : 52.5cc two-stroke single
Carburetor : Mikuni 18mm Electric Choke
Starter : Electric/Kick
Transmission : CVT (V-belt)
Ignition Type : CDI
Spark Plug : EP7HE (NGK)
Battery Capacity : 12V - 4 al. sealed
Lubrication : Oil Injection
Oil Capacity : 1 quart
Fuel Capacity : 4.5 liter
Wheelbase : 36.5 inches
Length : 54 inches
Width : 32.5 inches
Height : 34 inches
Seat Height : 26.5 inches



2000 E-TON TXL-90

Something new for
the older kids

Just four short years ago, the 50cc market was dead. Italjet was the last mini-ATV manufacturer to abandon the under-12 market in this country. Then, in 1996, Action came to the rescue with the hot little Buddy 50, followed by quads from Kasea, Midwest and IEM. The most recent brand to show up was the Impuls. We tested its TXL-50 in our April 1999 issue. Since then, the Impuls name has been withdrawn, but the manufacturer is still around. Now called E-TON, it has upped the ante with the new TXL-90. With this move into the 12-and-over group, E-TON is going up against names like Honda, Suzuki, Yamaha and, very soon we expect, Polaris. Can this Taiwan-made four-wheeler play with the big boys?

WHAT'S IT MADE OF?

This is a robust machine, just like its little brother. The frame, brakes, motor and plastic are all sturdy items that are nicely finished. That's a necessity when competing with the Japanese manufacturers.

The TXL motor is similar in some ways to a Suzuki QuadSport LT80. It's a fan-cooled, case-induction two-stroke with oil injection, and its 50mm bore and 42mm stroke mirrors that of the Suzuki. Unlike the LT, however, the TXL's motor does not double as a swingarm. The TXL's rear suspension is a traditional design with the single shock mounted on a swingarm with a solid axle. Up front, single A-arms are tapped for the job. With the short travel, the change in camber as the suspension compresses is not a huge issue. The front shocks are five-way adjustable for preload, which is



Tight woods performance is compromised by the E-TON's excessive pushing in the turns. Heck Dingo Senter leans forward to put more weight on the front wheels.

Not only does the E-TON look cheap, it's also very nicely made. Ergonomics favor kids between four- and five-foot tall. ▶

something we usually don't see on youth quads.

Brakes are drums all around, as you'd expect. The TXL-90 doesn't have a foot brake, so the left hand controls the back brake and the right hand the front. The left hand brake has a small lever that is used to engage it as a parking brake. When using the electric starter, the left hand brake must be engaged. There's a removable back-up kickstart lever in the toolkit in case the 12-volt, four amp/hour battery fails. In either case, an automatic choke helps get the 90 started when it's cold.

KIDS PLAY

Unlike an adult quad that only has to please its owner, a youth quad must satisfy both the rider and the parent. Dad doesn't want to work on Junior's quad every few minutes due to breakdowns, and Junior must have a quad that's fun or he won't ride it. Let's turn the kids loose on the TXL first.



Between the fully automatic transmission, kid-size hand controls, nicely calibrated suspension and abundant power, our young test riders couldn't find much to complain about on the 90. The power is decent right off idle, so beginners will be happy, then it moves into a nice midrange to please the go-fast kids. Everyone liked the CVT tranny, even riders with

Modeling: The youngster pictured in this test is supervised by a parent. No one of any age should attempt to operate any vehicle until they are beyond the owner's own capabilities. Riders of all ages should wear the appropriate safety gear.

1. Task Number 041220HCC1226		2. Investigator's ID 8951		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2004 09 22	5. Date Initiated YR MO DAY 2005 01 03		
6. Synopsis of Accident or Complaint UPC An intoxicated fifty five year old man driving an ATV, without wearing a helmet, struck a large concrete block in a construction site head on. The victim suffered a fractured neck and died as a result of this incident. Damage to repair the ATV was not estimated.				
7. Location (Home, School, etc) 7 - INDUSTRIAL PLACE		8. City LORTON		9. State VA
10A. First Product 3286 - All Terrain Vehicles (four W		10B. Trade/Brand Name KAZUMA MALIBU		10C. Model Number LC250AR
10D. Manufacturer Name and Address STANNIC GROUP TAIWAN, R.O.C.				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 55	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 57 - Fracture	
16. Body Part(s) Involved 89 - NECK	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 13 / 0	
20. Attachment(s) 9-MULTIPLE		21. Case Source 12 - MECAP		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal				
24. Review Date 02/10/2005	25. Reviewed By 8570		26. Regional Office Director Beverly Kohen	
27. Distribution Lansing, Joseph W.; Ingle, Robin L.			28. Source Document Number X04B6975A	

9/12/05
CANNON
WOCANE
MFM

NE/PS/DR NOTIFIED
COMMENTS: YES NO
OVERRULED: ATTACHED
EXEMPTIONS/FOIA E.g. Revisions
DO NOT RE-NOTIFY RE-NOTIFY

041220HCC1226
Doc # X04B6975A

There was one victim in this incident. He is a fifty five year old male (DOB: 07/06/1949). His height was 71 inches and his weight was listed at 260 pounds. There is no further information available about the victim.

The product involved in this incident was a Malibu All Terrain Vehicle (ATV), four wheeled, model LC250AR, bearing VIN: LAWSGN0CX4C586728. On the day of the incident the victim was driving the ATV without wearing a helmet. There is no further information available about the ATV.

On 09/22/2004, at a time around midnight, the victim after leaving a local private drinking establishment (An American Legion Club), went to his home and got his ATV. The victim who at the time of the incident, was not wearing a helmet, drove the ATV to a construction site that was being worked on by the Virginia Department of Transportation (VDOT). The victim gained access to this work site by entering a small access road via a gully that was not barricaded or otherwise marked. The road and surface of this construction site was made up of dirt and stone or gravel in this construction site. Once inside the construction site, the victim was riding the ATV and struck a concrete "Calvert" (a large piece of concrete block) hitting it head on. The victim struck the concrete with his head which fractured his neck. Death was probably immediate. The night was cool, clear, and the area was dry. Temperatures were in the low to mid sixty degree range. The ATV suffered damages to the front and side, but there were no repair cost estimates available.

According to the on-scene investigator who verified the facts of this incident, the victim was discovered on 09/23/2004, when workers came to the site at about 6:30 AM. A copy of the police incident report # 04267000539 was requested but has not yet been received.

According to the medical examiner's information, under their autopsy report # 391-04, the possible toxic agent in the victim's body was believed to have been alcohol, in this accidental death.

PRODUCT IDENTIFICATION:

The product involved in this incident was a Malibu, four wheeled ATV, model # LC250AR, bearing VIN: LAWSGN0CX4C586728. There is no further information available about the ATV.

041220HCC1226
Doc # X04B6975A

ATTACHMENTS:

- 1) Contact Information
- 2) Missing Document Form
- 3) ATV Data Record Sheet included in this report

041220HCC1226
Doc # X04B6975A

CONTACT INFORMATION:

Police Detective ██████████, Fairfax County Homicide Division – ((703) 246-7526) /
Contact January 2005

Task Number:

041220HCC1226

Date:

02/03/2005

Status of Missing Document(s)

The official records below were requested for this investigation report, but could not be obtained.

1. Fairfax County Police Report # 04267000539
2. _____
3. _____
4. _____
5. _____
6. _____

Task Number 041220HCC1226

INTERVIEWER: When the response to a particular question is unknown, please leave blank.

Type of respondent: Police Department

Other, specify:

1. What type of vehicle was involved in the incident? (If vehicle is not an ATV, or if ATV has more than 4 wheels, politely thank respondent for her/his cooperation and terminate interview).

- | | |
|---------------------------------------|---------------------|
| 1 - 3 wheeled ATV | 7 - Utility Vehicle |
| ② - 4 wheeled ATV | 8 - Other Vehicle |
| 3 - ATV with unknown number of wheels | 0 - Unknown |
| 4 - 2 wheeled motorcycle | |
| 5 - Dune Buggy | |
| 6 - ATV with more than 4 wheels | |

2. What is the manufacturer/brand name of the ATV(s) involved in the incident? If more than two ATVs, use an additional sheet.

ATV #1

ATV #2

Manufacturer: 88 - Other

Manufacturer:

3. What is the model name or number and/or vehicle identification number (VIN) of the ATV?

Model: LC250AR

VIN: LAWSGNOCX4C586728

4. What is the model year of the ATV? (Record last two digits of model year. For example 89,90).

Model Year:

5. What is the engine size (in CCs) of the ATV?

Engine Size: 325-350

6. Was there more than one death involved in this incident? If more than two individuals were killed use an additional sheet.

Death #1

Death #2

Date of Death: 09/22/2004

Age/Sex: 55/Male

State of Death: VIRGINIA

City of Death: Lorton

County of Death: Fairfax

7. Describe how the incident occurred. (Use additional sheets if necessary).

An intoxicated fifty five year old man driving an ATV, without wearing a helmet, struck a large concrete block in a construction site head on. The victim suffered a fractured neck as a result of this accidental incident. Damage to repair the ATV was not estimated.

8. Did the ATV overturn/tipover/rollover? No

9. If ATV overturned/tipped over/rolled over, did it land on the victim?

Victim 1: Victim 2:
Yes No Unknown Yes No Unknown

10. Who was killed in the incident? Check all that apply.

1 - Driver 3 - Bystander 8 - Other
2 - Passenger 4 - Driver/Other Vehicle

11. Was the victim wearing a helmet at the time the incident occurred?

Victim 1: Victim 2:
Yes No Unknown Yes No Unknown

12. How many riders (including the driver) were on the ATV at the time the incident occurred?

0 - Unknown 2 - Two riders 4 - Four or more riders
 1 - One rider 3 - Three riders

13. List the following physical characteristics of the DRIVER of the ATV:

Age: 55 Height: 71 (inches)
Weight: 06 = 250 + Sex: Male

14. How did the driver learn to operate an ATV (READ LIST)

- 1 - Organized Program Sponsor's Name:
- 2 - Dealer/Salesperson Arranged through dealer:
- 3 - Friend/Relative Friend/Relative Age:
- 4 - Self
- 5 - Other (Specify)
- 9 - Don't Know

15. What was the type of terrain (ground surface) being travelled at the time the incident occurred?

09 - Non-paved road

16. Type of road being travelled by ATV when incident occurred?

09 - NA (Not a road)

17. Identify any other motor vehicle(s) involved in this incident.

09 - NA (Not a traffic incident)

18. Had the driver of the ATV used alcohol just prior to the incident?

1 - Yes

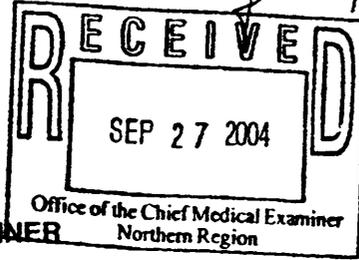
19. Had the driver taken any drugs or medication just prior to the incident?

0 - Unknown

Additional Comments:

City/County of Death Fairfax Co.
 Resident Fairfax Co.
 Non-Resident
 AMENDED _____
 DATE _____
 BY _____

COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF HEALTH
 OFFICE OF THE CHIEF MEDICAL EXAMINER
 NORTHERN VIRGINIA DISTRICT
 9797 BRADDOCK ROAD
 SUITE 100
 FAIRFAX, VA 22032-1700
 PHONE (703) 764-4640, FAX (703) 764-4645



REPORT OF INVESTIGATION BY MEDICAL EXAMINER

X04B6975

Decedent: _____
 First Name Middle Name Last Name Suffix Sr, Jr, III, etc

Address _____
 Number and Street City, State Zip

Age: 55 DOB: 07-06-49 Sex: Male Female Unknown Occupation: unk

Race: Black White Asian Native American Unknown Other _____

Hispanic Origin: Yes No Marital Status: M W S D SSN: _____

TYPE OF DEATH: (Initial jurisdiction, check only one) Final jurisdiction same revised to _____

- State mental health facility patient Suspected SIDS
- Unattended by physician Violent or Unnatural Scene Visit Yes No
- Suspicious Unusual In prison, jail or police custody Retrospective Review Yes No
- Sudden in apparent good health City/County State Federal

Notification by: Fairfax Police Special Title Detective

Address: 10600 Page Ave, Fairfax VA 22030 Phone: (703) 856-8528

Police Notified Yes No Investigator - same - Phone: _____

Address: _____ Jurisdiction: _____

	Date	Time 24 hour clock	Location	City or County	Type of Premises e.g. Highway, etc.
Last Seen Alive	09-22-04	time unknown			
Injury or Illness	09-22-04	unknown	9800 Ox Rd.	Lorton, VA	construction site
Death	09-23-04	0640	98000x Rd.	Lorton, VA	construction site
View of Body	09-23-04	1200	No. VA OCME	Fairfax	OCME

Cause of Death: FRACTURED NECK

Manner of Death: check one only:
 Natural Accident Suicide Homicide Undetermined Pending

Autopsy: Yes No
 Authorized by: B. Whilden
 Pathologist: F. Field (9/23)
 Autopsy No. 391-04
 Location (if not OCME) _____

I hereby declare that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause and manner of death in accordance with § 32.1-283, Code of Virginia, and that the information contained herein regarding such death is correct to the best of my knowledge and belief.

9/29/04 NVA (Fairfax Co) _____
 Date City or County of Appointment Signature of Medical Examiner

FRANCES P FIELD MD Bill Whilden
 Name of Medical Examiner (Type or Print) Signature of Investigator
Bill Whilden
 Name of Investigator

MEANS OF DEATH

- VEHICLE:** Status: Driver Passenger Pedestrian Unknown Other _____
- Type of vehicle associated with decedent: Passenger car Pickup Truck Utility Motorcycle
 Truck-more than 2 axles Bicycle Farm Vehicle ATV Moped Other _____
- Devices: Seat restraints Air bag Helmet Child restraint None Unknown
- How Injury Occurred: (e.g. auto/truck collision) _____
- GUN:** Handgun-caliber/make _____ Shotgun-gauge/make _____
 Rifle-caliber/make _____ Other _____ Unknown
- INSTRUMENT:** Blunt Sharp Description: _____
- TOXIC AGENTS SUSPECTED:** Alcohol Others _____
- DROWNING:** Bath tub Lake Ocean Pond Pool River Other _____
 Flotation device _____ Nonswimmer Boat Activity: _____
- FIRE:** Suspected Cause _____ Smoke Detector Yes No Operational Yes No
- FALL/JUMP:** From _____ to _____ Approximate distance _____ feet
- CIRCUMSTANCES OF VIOLENCE:** Domestic Violence Murder/Suicide (or attempted)
 Child Abuse/Neglect Feticide Elder Abuse/Neglect Drug-Related Scene Sports/Recreation
 Hunting Incident Police Action Gang
- OTHER:** _____

DESCRIPTION OF PREMISES

INJURY OR ILLNESS:

- Inside outside
- house apartment trailer hotel/motel nursing home adult home
 retail estab. school hospital jail restaurant/bar parking lot
 wooded area farm pasture farm pond city park workplace highway
 other (specify) construction site

DEATH:

- Inside outside
- house apartment trailer hotel/motel nursing home adult home
 retail estab. school hospital jail restaurant/bar parking lot
 wooded area farm pasture farm pond city park workplace highway
 other (specify) construction site

MEDICAL HISTORY

- none alcoholism asthma cancer cirrhosis COPD CVA diabetes dementia depression
 drug abuse _____ hepatitis hip fracture hypertension ischemic heart disease
 mental illness _____ seizure disorder smoking recent pregnancy
 recent trauma _____ organ/tissue donor unknown _____
 other _____
- If suspected SIDS: Position when laid down _____ Position when found _____

MD/Institution _____

Medications: _____

Circumstances of Death	Name	Address	Relationship to Decedent
Found Dead by			YDOT construction worker
Last Seen Alive by			
Witness to injury or illness and death			

When no autopsy send toxicology: Blood Urine Vitreous Other _____

Decedent: _____

Description of Body: Clothed Unclothed Partly Clothed _____

List Clothing: t-shirt, jeans, sneakers, broken glasses

Height 71 in. estimated Weight 260 lb. estimated

Hair color BR-GRAY Eye color BLUE Pupils: RCLD LCLD Beard _____ Mustache

Body Heat: Warm Cold Ambient Refrigerated Other _____

Rigor: Jaw Neck Arms Legs Passing Absent Embalmed Other _____

Livor: Blanches Fixed Color: Purple Pink/Red Indeterminant Other _____

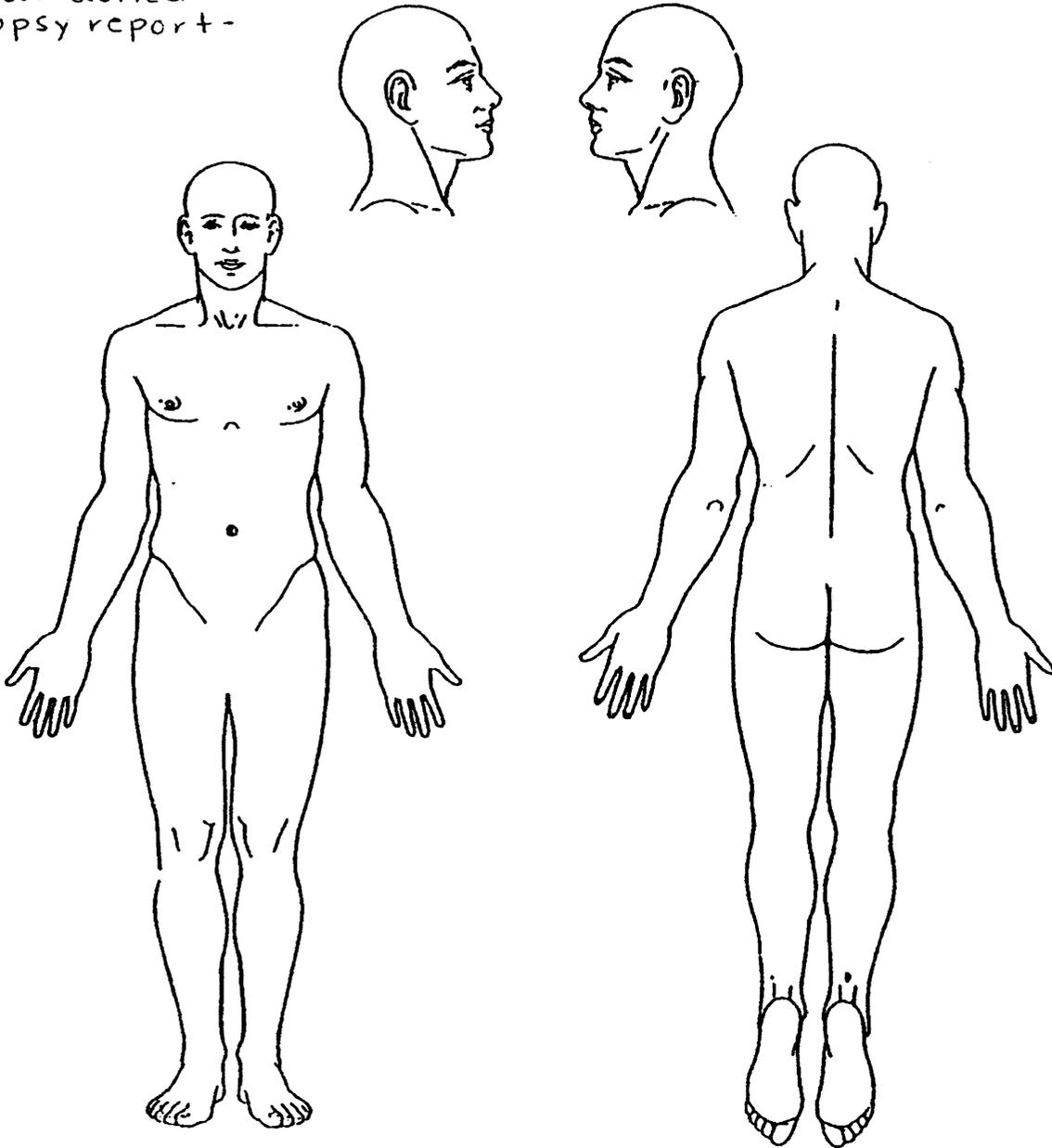
Livor Location: Anterior Posterior Left Right Regional (specify) supine; head & face

Exam: Mark wounds and medical therapy on body diagram if autopsy **not** performed at OCME.

A=Abrasion, B=Burn, C=Contusion, F=Fracture, G=Gunshot, I=Incised, L=Laceration,

M=Mark of therapy specify, S=Stab, SC=Scar, T=Tattoo

- see attached
autopsy report -



Decedent:

Narrative Description of Circumstances Surrounding Death:

Decedent last seen drinking at the American Legion, after which he drove (w/o helmet) an ATV onto a VDOT construction site sometime during the evening. Decedent rode into gully containing a concrete culvert, which he hit causing death. Decedent accessed gully via small access road south of property along Rt. 123; site (ox Rd.) was not barricaded or otherwise marked. Above statements reflect information derived from Fairfax Co. PD Inv. Chris Flanagan during scene ^{visit} & retrospective information obtained.

Decedent: _____

1. Task Number 050201HCC1415		2. Investigator's ID 8925		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2005 01 15	5. Date Initiated YR MO DAY 2005 02 02		
6. Synopsis of Accident or Complaint UPC none A seven-year-old male driver was riding on a four-wheeled ATV in a sandy area located on a private property. He was accompanied by a four-year-old male who was a passenger riding on the ATV. The driver traveled at a high rate of speed, failed to maintain control of the ATV, and overturned. They were ejected from the vehicle. The driver sustained head injury and he died at the local hospital. The passenger sustained minor injuries, was treated, and released from the hospital. They were not wearing helmets.				
7. Location (Home, School, etc) 1 - HOME		8. City CHESTER	9. State SC	
10A. First Product 3286 - All Terrain Vehicles (four W	10B. Trade/Brand Name E-ton American LLC/YUKON		10C. Model Number 150 YXL	
10D. Manufacturer Name and Address JI-EE INDUSTRIAL COMPANY No. 107 Huan Kung Rd, Yung Kang Industrial Park Tainan Hsien, Taiwan ROC				
11A. Second Product 0	11B. Trade/Brand Name NONE		11C. Model Number NONE	
11D. Manufacturer Name and Address NONE				
12. Age of Victim 7	13. Sex 1 - Male	14. Disposition 8 - Death		15. Injury Diagnosis 62 - Intern. Org. Inj.
16. Body Part(s) Involved 75 - HEAD	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone		19. Time Spent (Operational / Travel) 12 / 0
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 05 - Newspaper		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal				
24. Review Date 03/04/2005	25. Reviewed By 8570		26. Regional Office Director Beverly Kohen	
27. Distribution Ingle, Robin L.; Lansing, Joseph W.			28. Source Document Number X0520002A	

REPERE/RE-INITIATED
 COMMENTS: YES NO 9/12/05
 OVERRULED: ATTACHED
 DISPOSITION FOR REVISIONS: YES NO
 DO NOT RE-NOTIFY: RE-NOTIFY

The information in this report was based on information received from the sheriff's department. A written report from the coroner's office has not been received, if received; it will be forwarded as an addendum. Contact with the victims' next-of-kin was unsuccessful.

The information obtained is pertaining to a four-wheeled, all-terrain vehicle incident which occurred at the home of a family friend. Two individuals were riding on the four-wheeled, all-terrain vehicle. Victim #1 was riding as a passenger on the ATV while it was being driven by victim #2, however; victim #1 changed his seated position on the ATV and he operated the ATV prior to the incident. It was his first time operating an all-terrain vehicle.

On Saturday, January 15, 2005, at 12:40 p.m., in Chester County, Chester, SC, victim #1, a 7-year-old male victim was riding on a four-wheeled ATV in a sandy area located on a private property. The weather condition was clear and the temperature was 44 degrees. The victim was accompanied by a friend, victim #2, a four-year-old male who was riding as a passenger on the ATV; he was the owner of the ATV. The ATV was purchased by his father who gave to him the ATV as a Christmas gift.

The victims were riding on the four-wheeled, all-terrain vehicle in a yard located on the property. They had been riding on the ATV for less than an hour. They were riding in the area at one side of the house when victim #1 failed to maintain control of the ATV. He was traveling at a high rate of speed; the ATV overturned and came to rest on its right side. The victims were ejected from the ATV. The ATV did not land on the victims. There is no information available regarding the victims' traveled rate of speed on the ATV.

The incident was not witnessed. The victims' fathers who were located nearby assisted the victims. EMS was summoned. Victim #1 was transported via ambulance to a local hospital located in Chester County, Chester, SC. Victim #2 was transported via a privatelyowned vehicle to the same hospital.

Victim #1 was four-feet, five-inches tall and he weighed 75 pounds. He sustained severe head injury and died as the result of his injury. His cause of death was massive head injury. He was not wearing any protective gear, such as a helmet.

050201HCC1415

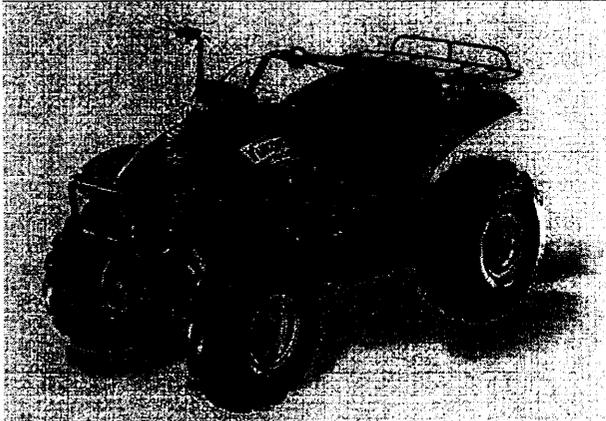
Victim #2's height and weight were not known. He was not severely injured. He sustained minor injuries. He was treated and released from the local hospital.

Alcohol and/or an illegal drug use were not suspected as contributing factors to the incident.

Product: Four-wheeled, all-terrain vehicle

Brand/Year: E-ton American LLC/unknown

Below is depiction of model YXL 150 from website:
http://www.worldstyling.com/autop_atv-yxl150.shtml



The 150cc YUKON. A utility, designed and engineered for riders 16 years and older.

Below is manufacturer information obtained from website:

http://www.e-ton.com.tw/prof_history.htm

Manufacturer:

JI-EE Industry Co., Ltd. (APP)
No. 107 Huan Kung Road
Yung Kang Industrial Park
Tainan Hsien, Taiwan R.O.C.
Tel: 886-6-2335311 Fax: 886-6-2332609
e-mail: sales@ji-ee.com contact: Andy Chen

JI-EE Industry Co., Ltd. (EVP)
No. 498, Section 2, Betian Road
Tainan, 709, Taiwan, R.O.C.
Tel: 886-6-3840568 Fax 886-6-3840968
e-mail: sales@e-ton.com.tw contact: Leslie Wu

Below is information obtained from website:

<http://publish.gio.gov.tw/FCJ/past/04111981.html>

JI-EE Industrial Co. Ltd., a company in Taiwan that manufactures and sells ATVs under its own brand name, E-Ton. Besides ATVs, JI-EE manufactures engine components and assemblies under the E-Ton brand name, supplying some of the world's largest vehicle manufacturers, including Honda, Yamaha, Mazda, Nissan, Mitsubishi, Isuzu, Renault and Cummins. It also makes solar cell products.

With its own marketing channels and after-sales service network managed by its U.S.-based subsidiary Eton America LLC, the company's E-Ton brand ATVs have become the second-most popular in the United States after Polaris.

Model: YXL 150

VIN: unknown

Description: red/black in color

Condition: maintenance history, bought new or used, and prior problems is unknown.

Modification: unknown

ATTACHMENTS:

1. Sheriff's Incident Report.
2. Missing Document, coroner's/medical examiner's report.
3. All-terrain Vehicle (ATV) Telephone Questionnaire.
4. Contact Information.

**CHESTER COUNTY
SHERIFF'S OFFICE**
CHESTER, SC
ORI: SC0120000

Case Status: Open

Case Number: 20050138

Case Status Date: 1/15/2005

Main Incident Information

Location: [REDACTED] CHESTER SC 29706

Start Date: 1/15/2005 End Date: 1/15/2005 Disp Date: 1/15/2005 Time Arrived: 12:49
 Start Time: 12:40 End Time: 12:40 Disp Time: 12:42

NCIC INQ? False NCIC INQ Date: NCIC ENTID? False NCIC ENTID Date:
 Subject Identified? False Subject Located? False

Offenses

Offense Type: Non-Reportable (90F) Statute:

Location Type: Residence/Home
 Completed: True Method of Entry: # Entered: Bias Motivation: None
 Type of Criminal Activity 1: Weapon Type 1:
 Type of Criminal Activity 2: Weapon Type 2:
 Type of Criminal Activity 3: Weapon Type 3:
 Special Circumstances 1: Special Circumstances 2:
 Special Circumstances 3: Location Type 2:
 Gang Activity:

People**Offenders***There are no Offenders associated with this report.***Victims**

VICTIM: [REDACTED]

Aliases:

Race: W	Sex: M	Height: 405	Weight: 75	Ethnicity: N
Hair: RED	Eyes:	Glasses:	Complexion:	Build:
Facial Hair:	Skin:	Teeth:	Resident: This Jurisdiction	
DOB: 11/9/1997	SSN:	FBI #:		
SID #:	License State:			
Driver's License #:	Place of Birth State:			
Place of Birth City:	Age Range From:		To:	
Special DOB:	Evening Phone:			
Day Phone: 789-6348				

Suspected of Use 1: None Suspected of Use 2: Suspected of Use 3:
 Type 1: Type 2: Type 3:
 Maiden Name:

Address Information

Address Type: Physical
 Street 1: [REDACTED] Street 2:
 City: CHESTER State: SC Zip: 29706

Complainants

There are no Complainants associated with this report.

Witnesses

There are no Witnesses associated with this report.

Property

There is no property associated with this report.

Narrative

OFFICERS RESPONDED TO ABOVE LOCATION ALONG WITH EMS AND RESCUE SQUAD, ABOUT A 4 WHEELER ACCIDENT ON PRIVATE PROPERTY WHERE A JUVENILE WAS INJURED. THE VICTIM WAS TAKEN BY EMS TO CHESTER REGIONAL MEDICAL CENTER WHERE HE DIED FROM HIS INJURIES. THE ACCIDENT WAS NOT WITNESSED BY ANYONE. OFFICERS FOUND OUT DURING THEIR INITIAL INVESTIGATION THAT ALONG WITH THE VICTIM A SECOND JUVENILE WAS ON THE 4-WHEELER WHEN THE ACCIDENT HAPPENED. THIS JUVENILE WAS TRANSPORTED TO THE HOSPITAL BY A PERSONAL VEHICLE BEFORE OFFICERS ARRIVED ON SCENE AND WAS TREATED AND RELEASED. DETECTIVE PERRY CAME TO THE SCENE AND PROCESSED IT. OFFICERS HAD THE 4-WHEELER (A YUKON YXL 150) TOWED TO THE LEC UNTIL THE INVESTIGATION IS COMPLETE. DAVIS BODYSHOP TOWED THE 4-WHEELER. THE OWNER OF THE 4-WHEELER IS A CHARLES SCOTT VESS AND HE LIVES AT THE INCIDENT LOCATION.

Signatures

Reporting Officer: KELLY [107]

Assisting Officer: []

Follow-Up Officer: []

Follow-Up Assisting Officer: PERRY [154]

Approving Officer: []

Validating Officer: T STRICKER []

050201HCC1415

ATTACHMENT 2 – 050201HCC1415

Task Number: 050201HCC1415

Date: 3/04/05

Status of Missing Document(s)

The official records below were requested for this investigation report, but could not be obtained.

1. coroner's/medical examiner's report (date of receipt is unknown)
- 2.
- 3.
- 4.
- 5.

050201HCC1415

CONTACT INFORMATION:

Contacted on 2/3/05

Deputy Chief Culpepper
Chester County Sheriff
PO Box 727
Chester, SC 29706
(803)581-5133

Lynne West
Deputy Coroner
c/o E. Watson Wright
Chester County Coroner
763 Springwood Lakes Rd
Chester, SC 29706
(803)385-3168

Task Number 050201HCC1415

INTERVIEWER: When the response to a particular question is unknown, please leave blank.

Type of respondent: Police Department

Other, specify:

1. What type of vehicle was involved in the incident? (If vehicle is not an ATV, or if ATV has more than 4 wheels, politely thank respondent for her/his cooperation and terminate interview).

- 1 - 3 wheeled ATV
- 2 - 4 wheeled ATV
- 3 - ATV with unknown number of wheels
- 4 - 2 wheeled motorcycle
- 5 - Dune Buggy
- 6 - ATV with more than 4 wheels
- 7 - Utility Vehicle
- 8 - Other Vehicle
- 0 - Unknown

2. What is the manufacturer/brand name of the ATV(s) involved in the incident? If more than two ATVs, use an additional sheet.

ATV #1	ATV #2
Manufacturer: 88 - Other	Manufacturer:

3. What is the model name or number and/or vehicle identification number (VIN) of the ATV?

Model: Yukon YXL 150 / VIN: UNKNOWN

4. What is the model year of the ATV? (Record last two digits of model year. For example 89,90).

Model Year:

5. What is the engine size (in CCs) of the ATV?

Engine Size:

6. Was there more than one death involved in this incident? If more than two individuals were killed use an additional sheet.

Death #1	Death #2
Date of Death: 01/15/2005	
Age/Sex: 7 / Male	/
State of Death: SOUTH CAROLINA	
City of Death: Chester	
County of Death: Chester	

7. Describe how the incident occurred. (Use additional sheets if necessary).

A 7-year-old male driver was riding on a four-wheeled ATV on a sandy area located on a private property. He was accompanied by a 4-year-old male who was a passenger riding on the ATV. The driver traveled at a high rate of speed, failed to maintain control of the ATV and it overturned. They were ejected from the vehicle. The driver sustained head injury and he died at the local hospital. The passenger sustained minor injuries, he was treated and released from the hospital. They were not wearing helmets.

8. Did the ATV overturn/tipover/rollover? Yes

9. If ATV overturned/tipped over/rolled over, did it land on the victim?

Victim 1: Victim 2:
Yes No Unknown Yes No Unknown

10. Who was killed in the incident? Check all that apply.

1 - Driver 3 - Bystander 8 - Other
2 - Passenger 4 - Driver/Other Vehicle

11. Was the victim wearing a helmet at the time the incident occurred?

Victim 1: Victim 2:
Yes No Unknown Yes No Unknown

12. How many riders (including the driver) were on the ATV at the time the incident occurred?

0 - Unknown 2 - Two riders 4 - Four or more riders
1 - One rider 3 - Three riders

13. List the following physical characteristics of the DRIVER of the ATV:

Age: 7 Height: 53 (inches)
Weight: 02 = 75 - 99 Sex: Male

14. How did the driver learn to operate an ATV (READ LIST)

- 1 - Organized Program Sponsor's Name:
- 2 - Dealer/Salesperson Arranged through dealer:
- 3 - Friend/Relative Friend/Relative Age:
- 4 - Self
- ⑤ - Other (Specify) FIRST TIME
- 9 - Don't Know

15. What was the type of terrain (ground surface) being travelled at the time the incident occurred?

- 11 - Yard/Lawn

16. Type of road being travelled by ATV when incident occurred?

- 09 - NA (Not a road)

17. Identify any other motor vehicle(s) involved in this incident.

- 09 - NA (Not a traffic incident)

18. Had the driver of the ATV used alcohol just prior to the incident?

- 2 - No

19. Had the driver taken any drugs or medication just prior to the incident?

- 2 - No, Drugs

Additional Comments:



FEB 01 2005

X0520002

7-year-old killed in ATV wreck

By Sula Pettibon The Herald

ISSUE 12

(Published January 17, 2005)

FORT LAWN -- A 7-year-old Fort Lawn boy died Saturday when the four-wheel all-terrain vehicle he was driving overturned, a Chester County sheriff's officer said.

[REDACTED] of Mount Vernon Road is the third ATV death in the county in 16 months. He was not wearing a helmet, said his father, [REDACTED].

[REDACTED], a first-grader at Lewisville Elementary School, died of traumatic head injuries at Chester Regional Medical Center, said Lynne West, Chester County deputy coroner. The 12:40 p.m. wreck occurred at the home of a family friend at [REDACTED] Road, said Sgt. John Kelly of the Chester County Sheriff's Office.

[REDACTED] was riding on the back of a smaller ATV driven by a 4-year-old when he asked to drive, said his father.

It was the first time Jacob had been on an ATV, which belonged to the 4-year-old, his father said.

"I went to run toward him to stop him, but I couldn't get to him fast enough," said [REDACTED]. "He didn't know what to do."

The 4-year-old was riding on the back with Burton but was not injured, Kelly said.

No charges have been filed, Kelly said. The incident is still being investigated.

The funeral will be 3 p.m. today at Pleasant Grove United Methodist Church, with the Rev. Linda Jenkins officiating. Burial will be at the church cemetery.

"The whole family is taking it terrible," the older [REDACTED] said.

Jacob was good in school and loved to hunt with his BB gun and fish with his father. They went

everywhere together [REDACTED] said.

"He was the spitting image of me," [REDACTED] said.

[REDACTED] described his son as funny and "a pest" with his 13-year-old sister, he said. "You know how brothers and sisters are."

Jacob thought about being a fireman, a pilot, a lawyer or doctor but most of all he just liked to play, his dad said. "He was always happy to go to school," [REDACTED] said.

Math was his favorite subject but he also loved to read, especially books about cars and trucks, said his mother, [REDACTED]. "He was very proud of his reading."

Principal [REDACTED] Hensley said the faculty, staff, parents and students are saddened by Jacob's death. She said the district will provide extra counselors Tuesday when students return from the Martin Luther King Jr. holiday. "He was a fine student," Hensley said.

Full of energy [REDACTED] said her son never met a stranger and was very loving and giving.

At church, he impressed his minister with his faith.

"He was kind of ahead of his time," said Jenkins, who was struggling with what words to use at today's funeral. "He ... just loved God. He was full of prayer."

Jacob was a helper, too, she said, adding he recently helped his grandmother take down her Christmas decorations.

"He was real good to her," Jenkins said. "He'll be missed."

[REDACTED] death on an ATV is at least the fourth in Chester and Lancaster counties since September 2003.

The latest was in July when an 11-year-old Charlotte boy drove an ATV off the road and into some trees off Canal Road in Chester County.

Last February, a 39-year-old man was killed in Lancaster County when the ATV he was driving struck a ditch.

And in September 2003, a 15-year-old high

school sophomore on the Chester High School varsity football team was killed when his ATV collided with a deer.

Only the football player was wearing a helmet.

According to the Consumer Federation of America, the number of injuries caused by the vehicles more than doubled to 111,700 between 1993 and 2001. Between 1982 and 2001, at least 4,541 Americans were killed while riding ATVs.

ATV-related injuries suffered by children younger than 16 increased to 34,800 or up 94 percent from 1993 to 2001, according to the federation. Between 1982 and 2001, 1,714 children under age 16 were killed in ATV accidents. Of those, 799 were under the age of 12.

[REDACTED] believes his son might have lived if he had on a helmet and if the vehicle had a seat belt. But for now, his attention is focused on the family.

"We're trying to maintain," he said. "It's pretty rough."

Sula Pettibon • 329-4033

spettibon@heraldonline.com

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121731

1. Task Number 020703CCN0593		2. Investigator's ID 0585		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 830	4. Date of Accident YR MO DAY 1999 06 30	5. Date Initiated YR MO DAY 2002 07 08		
6. Synopsis of Accident or Complaint UPC The complainant's two All-Terrain Vehicles' gas caps have continually had to be replaced because of cracking. The vehicles also leak gasoline from either the gas tank or the hoses going into the gas tank, and gas has caused considerable damage to the complainant's driveway and concrete garage. There have been no injuries, but the complainant feels that both situations are hazardous and could pose an explosion and fire hazard.				
7. Location (Home, School, etc) 1 - HOME		8. City MADISON		9. State IN
10A. First Product 3286 - All Terrain Vehicles (four W)		10B. Trade/Brand Name IMPULS		10C. Model Number TXL-90 & TXL-50
10D. Manufacturer Name and Address ETON AMERICA, INC. 109 Southwest Drive Spartanburg, SC 29303				
11A. Second Product 910 - Gasoline		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 0	13. Sex 0 - Not Stated	14. Disposition 0 - No Injury	15. Injury Diagnosis 70 - No Injury	
16. Body Part(s) Involved 99 - NO INJURY	17. Respondent 1 - Victim/Complainant	18. Type of Investigation 1 - On-Site	19. Time Spent (Operational / Travel) 12 / 5	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 07 - Consumer Complaint		22. Sample Collection Number 028304464
23. Permission to Disclose Name (Non NEISS Cases Only) <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Verbal				
24. Review Date 07/12/2002	25. Reviewed By 8130		26. Regional Office Director Eric B. Ault	
27. Distribution Moro, Robert E.; Benson, Raymond; Deppa, Roy W.			28. Source Document Number H0270030A	

PC 4/9/04

MEMBER NOTIFIED
 COMMENTS: YES NO
 OVERRULED ATTACHED
 EXCISIONS/FOIA Ex. _____
 Revisions _____
 DO NOT RE-NOTIFY RE-NOTIFY

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SYNOPSIS:

The complainant's two All Terrain Vehicles' gas caps have continually had to be replaced because of cracking. The vehicles also leak gasoline from either the gas tank or the hoses going into the gas tank, and have caused considerable damage to the complainant's driveway and concrete garage. There have been no injuries, but the complainant feels that both situations are hazardous and could pose an explosion and fire hazard.

PRE-INCIDENT:

The complainant purchased both All-Terrain Vehicles (ATV) in 1999. Both were purchased for use by his three children, ages 10 and 8. The larger of the two vehicles has had the exhaust pipe replaced, but complainant doesn't feel that his has anything to do with the problems he has had with the vehicles. He also has taken both vehicles into a dealer for repairs to have a gas leak repaired.

INCIDENT:

He has had to replace gas caps numerous times on both the vehicles because of cracking. The gas evaporates from the gas tank. Within two weeks of purchasing new gas caps, they break again and have to be replaced. Gas leaks onto the carburetors, fuel filters and lines. He feels this poses a fire and burn hazard to the drivers, and is a dangerous situation. He has also found that both machines leak gasoline even when the fuel adjustment lever is turned in the "off" position. He keeps the machines in his home's attached garage. On several occasions, he has smelled a strong odor of gas in his home. He has recently replaced the furnace, and thought that maybe the gas smell was coming from this. However, on July 1, 2002, he smelled a very strong odor and went into the garage. The larger ATV was leaking gas and there was a pool of gasoline under the ATV. He immediately put paper towels under the gas leak to absorb the gas that was dripping. He took the ATV outside and put paper towels under the drip. On July 2, 2002, he went outside to throw away the paper towels and noticed that the blacktop on his driveway was eaten away by the gasoline that had dripped all night long. He went into the garage and noticed that there are several bright white spots on his cement garage floor where the machine had leaked the night before.

POST-INCIDENT:

After trying to reach the manufacturer by e-mail, he contacted CPSC to report the problem with the gas caps. He took both ATV's to a Polaris dealer in his area, and they are being held until the manufacturer retrieves them. He wrote a memorandum to the manufacturer and faxed it to the firm on July 2, 2002, (copy attached) after having viewed the dripping of the gasoline on his driveway and cement floor.

While talking with the complainant, his son, who was standing with us while we talked, mentioned that the last time he rode the larger ATV, gasoline was flying out of the gas tank crack and was getting all over his clothes. The gas caps were collected as Sample 02-830-4464.

The complainant called me today to report that he had received a check for \$3000 from the manufacturer.

PRODUCT INFORMATION:

The ATV's are small and are for use by children. The TXL-90 Impuls is for use by children 12 and above. The TXL-50 Impuls is for use by children 6 and above.

Manufacturer: Eton America, Inc.
109 Southwest Drive
Spartanburg, SC 29303

Or

020703CCN0593

E-Ton
P. O. Box 1411
Russellville, AR 72811

The manufacturer responded to the complainant's letter when it was faxed to the Spartanburg, SC, address.
The VIN numbers are:

TXL-90 - RFZ9EA0SIXA009944
TXL-50 - RFZ5EA0SIXA009944

PERSONS CONTACTED:

Complainant
Polaris dealer where the ATV's were being stored

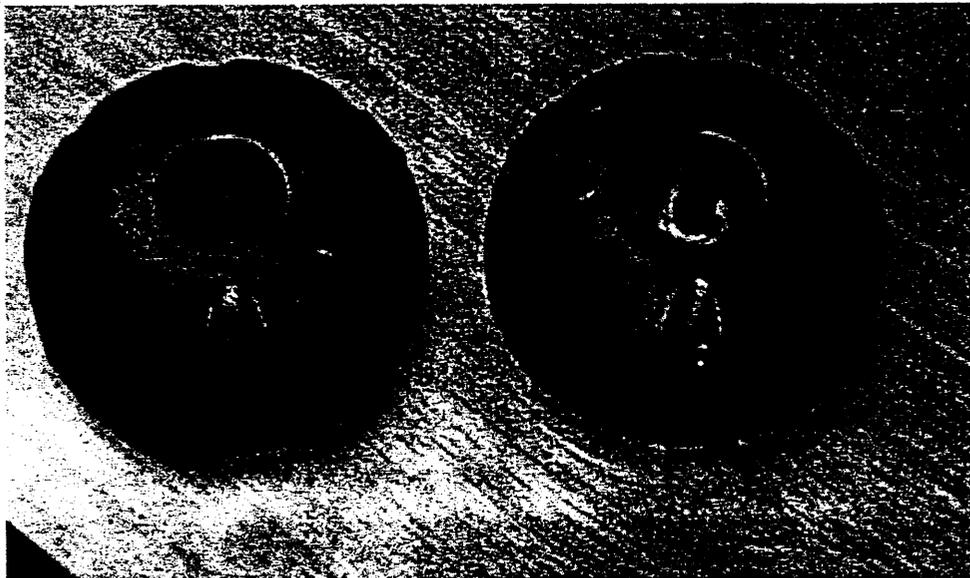
ATTACHMENTS:

Letter to Manufacturer from Complainant
Release of Name Form
Photographs

SAMPLE:

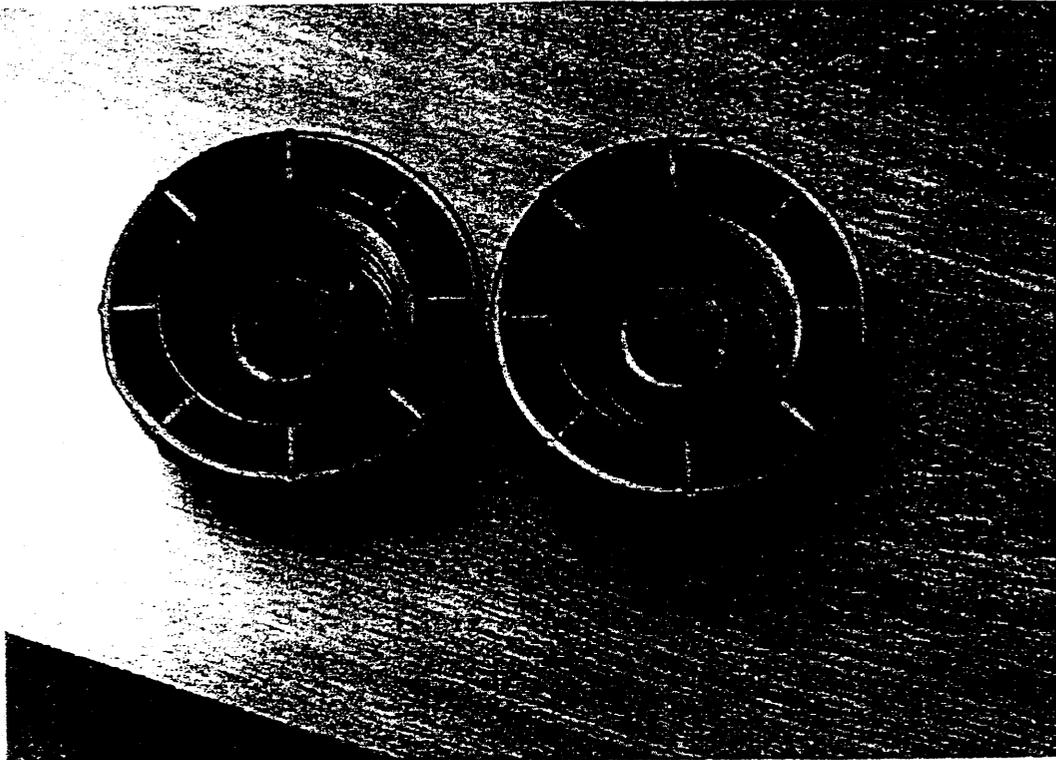
02-830-4464

PHOTOGRAPHS:



Gas caps taken from the two ATV's.

020703CCN0593



Bottom of gas caps

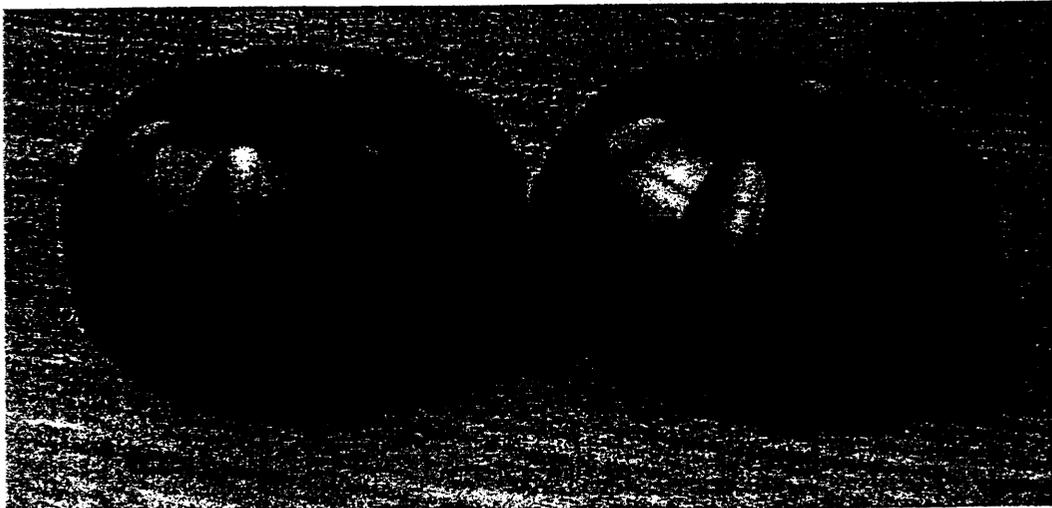


Photo showing cracks in both gas caps

020703CCN0593



Front of TXL-90



Right side of TXL-90

020703CCN0593



Photo of the back of TXL-90

020703CCN0593



Left side of TXL-90

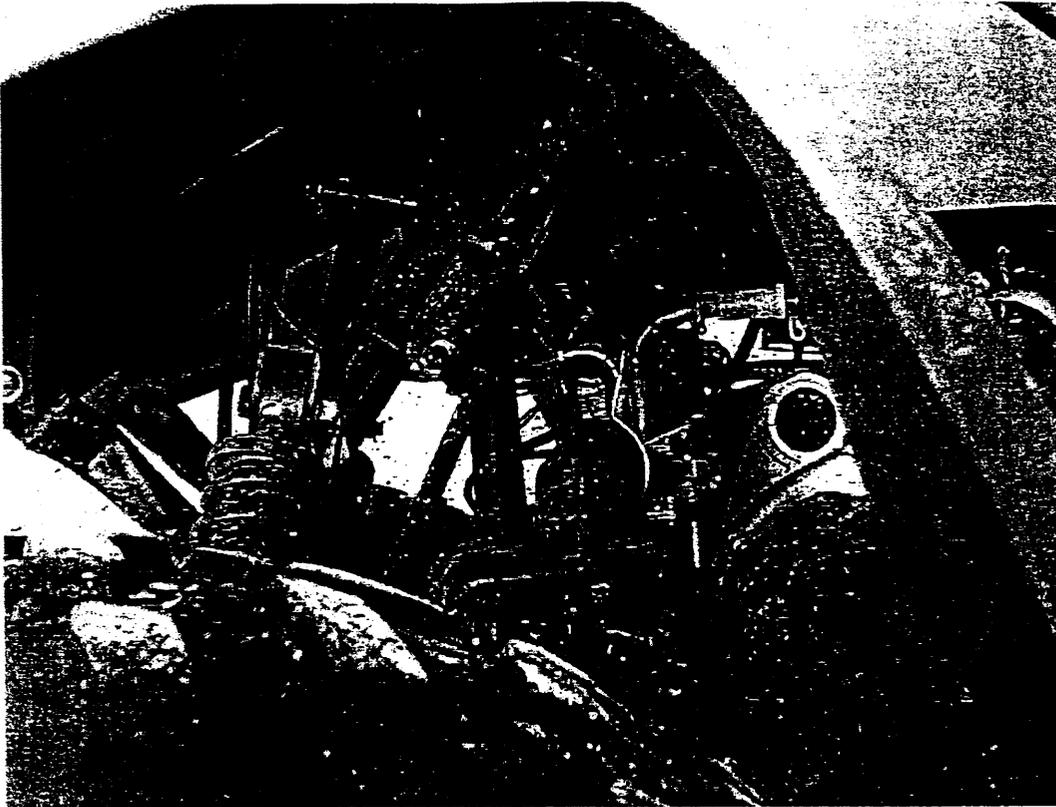
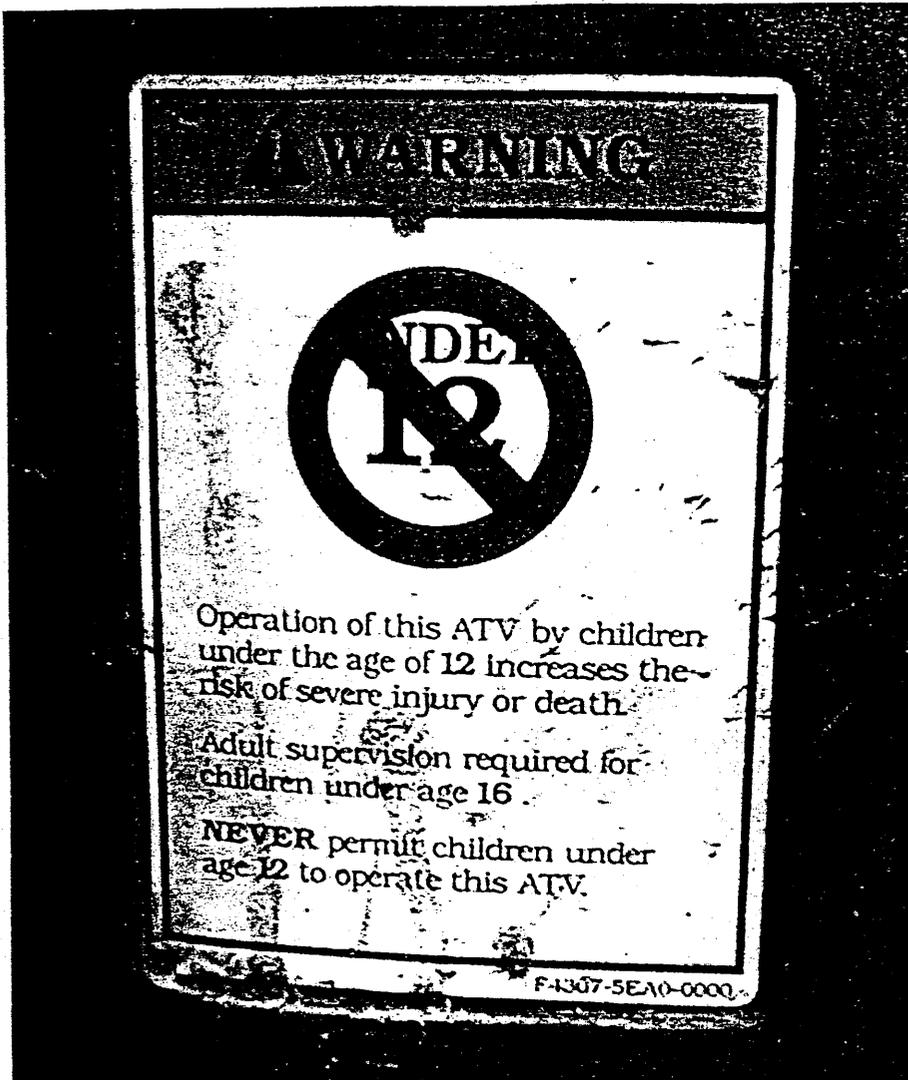


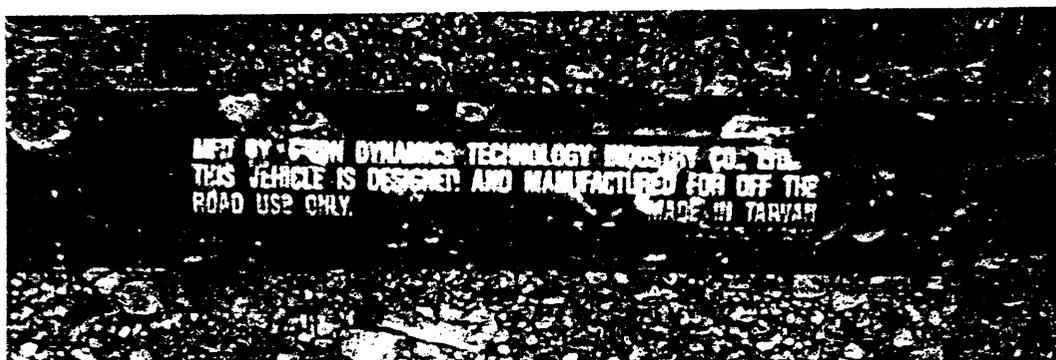
Photo of hoses going into gas tank. The hoses are very wet with gas right where it enters the gas tank.



Warning concerning tires on the unit



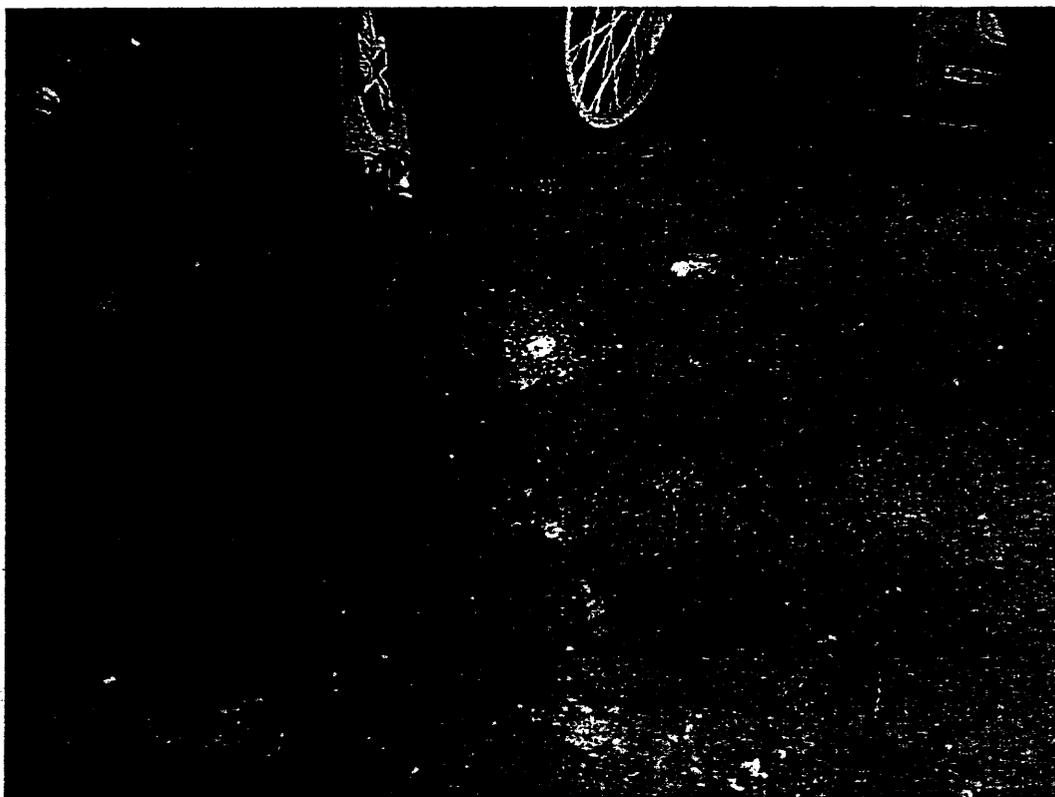
Warning concerning age limit of drivers



Label identifying the manufacturer



Photo of damage done to the complainant's driveway by leaking gas



020703CCN0593

Photo of part of the damage done to complainant's concrete floor in garage

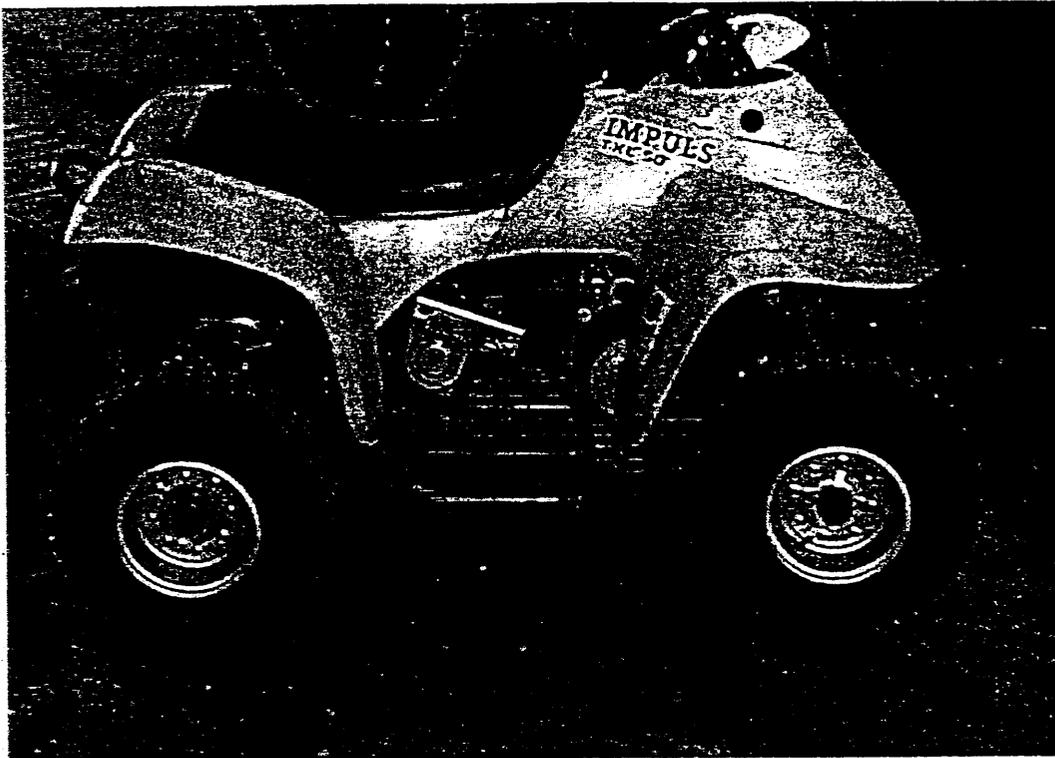
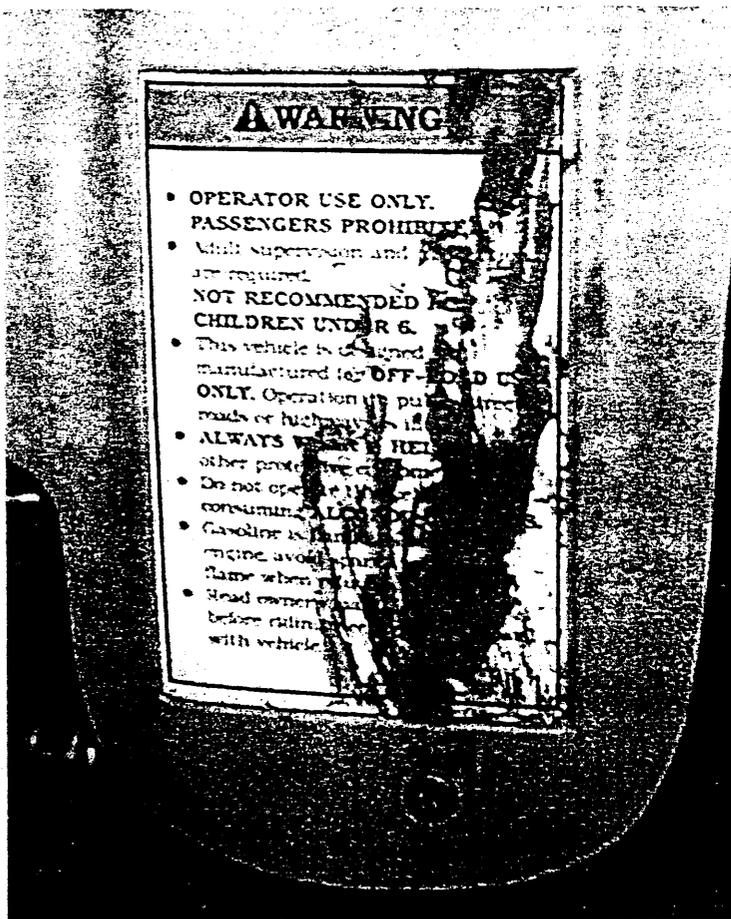


Photo of TXL-50 Impuls



Warning regarding age recommendations, and other hazards

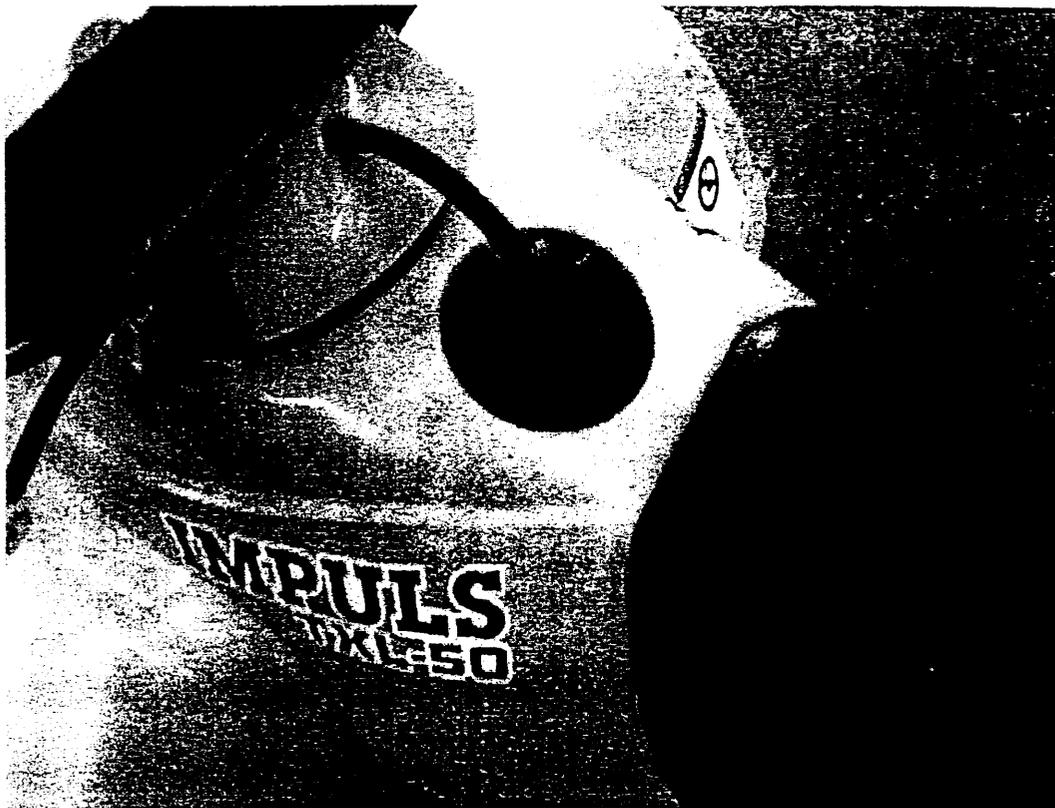


Photo of gas caps and their placement on the unit. The placement of gas caps is the same on both units.

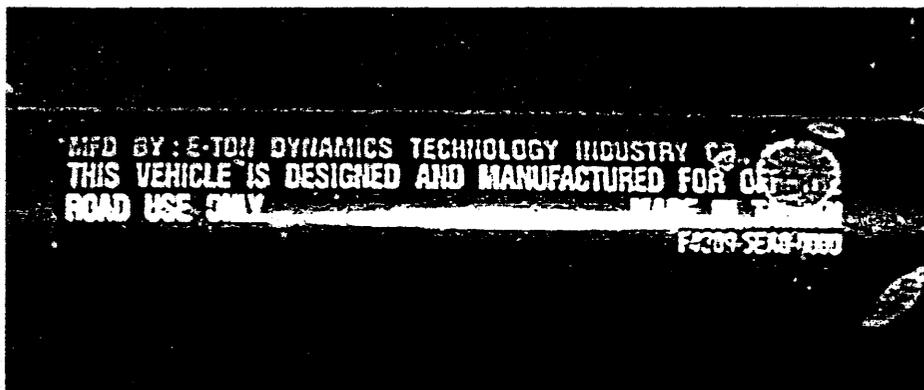


Photo of manufacturer identification.

All other labels on the TXL-50 were identical to the TXL-90 and were not photographed.

020703CCN0593



International Freight Forwarding
Domestic Trucking Services
JCC INTERNATIONAL, INC

FMC #4407

DATE: JULY 02, 2002

TO: ETON AMERICA INC. AND/OR A&R TRADING COMPANY INC., 109 SOUTHWEST DR,
SPARTANBURG, SC 29303 TEL: 800-582-1858
ATTN: PRODUCT SAFETY DEPARTMENT FAX: 864-595-9571

RE: A VERY DANGEROUS SITUATION

TO WHOM THIS IS SUPPOSED TO BE DIRECTED TO AT YOUR COMPANY:

FIRST OF ALL, YOUR WEBSITE DOES NOT WORK. I TRIED TWO TIMES ALREADY
TYPING IN THIS LETTER ON YOUR WEBSITE AND I HIT THE SUBMIT QUERY BUTTON
AND IT WOULD NOT SEND... NOTHING HAPPENED, NOTHING...

HERE IS MY PROBLEM, OR SHOULD I SAY YOUR PROBLEM:

I FIRST PURCHASED YOUR IMPULS TXL-90 IN 1999 BRAND NEW FROM ONE OF YOUR DEALERS
IN COLUMBUS, INDIANA. VIN# RFZ9EAOS7XA002322.

I THEN PURCHASED YOUR IMPULS TXL-50 IN 1999 BRAND NEW FROM ONE OF YOUR DEALERS
IN DUPONT, INDIANA. VIN# RFZ5EAOS1XA009944.

I HAVE HAD TO REPLACE THE GAS CAPS ON BOTH MACHINES NUMEROUS TIMES BECAUSE THEY
CRACK AND THE GAS EVAPORATES FROM THE GAS TANK. NORMALLY WITHIN 2 WEEKS OF
REPLACING THE GAS CAPS THEY CRACK AGAIN, AND THEN I HAVE TO REPLACE THEM AGAIN.
THIS IS A SAFETY ISSUE, YOUR PRODUCT IS VERY DANGEROUS.

MORE IMPORTANTLY, THE MACHINES LEAK GASOLINE. I HAVE HAD BOTH MACHINES SENT BACK
TO THE DEALER IN DUPONT INDIANA FOR REPAIRS TO FIX THE LEAKING GASOLINE ON MORE
THAN ONE OCCASION. I LIVE 9 MILES FROM THIS DEALER.

THE MACHINES ARE KEPT IN MY GARAGE WHICH IS AFFIXED TO MY HOUSE. ON SEVERAL
OCCASIONS, I HAVE HAD THE STRONG ODOR OF GAS FUMES IN MY HOUSE, COME TO FIND OUT
THAT YOUR MACHINES ARE LEAKING GAS ALL OVER MY GARAGE. THIS IS A VERY DANGEROUS
PROBLEM BECAUSE GAS VAPORS CAN CAUSE AN EXPLOSION AND FIRE.

JUST YESTERDAY, I FILLED THE TXL-90 WITH GAS BECAUSE THE TANK WAS EMPTY BECAUSE
THE G.D. GAS CAP WAS CRACKED AGAIN. FOUR HOURS LATER I SMELL GAS FUMES IN MY HOUSE
AGAIN. I GO OUT TO THE GARAGE AND FIND A HUGE POOL OF GASOLINE UNDER THIS TXL-90.

I IMMEDIATELY HAD TO UNPLUG MY DEEFPREEZER FOR FEAR OF AN EXPLOSION DUE TO THE
EXTREMELY HEAVY GAS VAPORS. I THEN IMMEDIATELY PUSHED THE TXL-90 OUTSIDE INTO
MY DRIVEWAY TO GET IT OUT OF MY GARAGE. I THEN PROCEEDED TO CLEAN UP THE G.D. GAS
ALL OVER MY GARAGE FLOOR. I USED AN ENTIRE ROLL OF PAPER TOWELS. SINCE THE TXL-90
WAS STILL DRIPPING GASOLINE I PUT THE SATURATED PAPER TOWELS FULL OF GASOLINE UNDER
THE MACHINE TO TRY TO ABSORB THE GAS THAT WAS DRIPPING AT A VERY FAST DRIP. I ALREADY
HAD TURNED OFF THE FUEL ADJUSTMENT THING TO THE OFF POSITION AFTER I FILLED IT WITH
GAS EARLIER THAT DAY. THE DEALER IN DUPONT HAD TOLD ME TO MAKE SURE THAT THIS WAS
ALWAYS TURNED OFF WHEN NOT IN USE.

EARLIER TODAY I GO OUT TO THE TXL-90 TO THROW AWAY THE PAPER TOWELS THAT SAT UNDER
THE MACHINE ALL NIGHT LONG. I THEN NOTICED THAT THE BLACKTOP ON MY DRIVEWAY HAD BEEN
EATEN UP BY THE GASOLINE THAT DRIPPED ALL NIGHT LONG ON ONE SPOT. I THEN GO TO MY
GARAGE AND DISCOVER THAT THERE IS A BRIGHT WHITE SPOT AND A HOLE IN THE CONCRETE ON
MY GARAGE FLOOR WHERE THIS MACHINE HAS LEAKED GASOLINE OUT.

6275 N. State Road 7
Madison, IN 47250

Tel (812) 265-9808
Fax (812) 265-1146

AS I HAVE ALREADY STATED, I HAVE HAD GASOLINE DRIP OUT FROM BOTH OF THESE MACHINES AT DIFFERENT TIMES IN MY GARAGE. IT HAS BASICALLY RUINED MY FINISHED CONCRETE FLOOR IN MY GARAGE. NOW I ALSO HAVE A MESS IN MY DRIVEWAY ON THE BLACKTOP (THE TAR HAS BEEN EATEN UP) AND THERE ARE A FEW OTHER SPOTS ON MY DRIVEWAY FROM PRIOR INSTANCES WHERE THE MACHINES WERE LEAKING GASOLINE.

I DECIDED EARLIER TODAY TO NOTIFY THE CONSUMER PRODUCT SAFETY COMMISSION. I CALLED THEM AND FORMALLY FILED A COMPLAINT. THE DOC NUMBER IS: H0270030A.

DUE TO THE SERIOUS NATURE OF YOUR SEEMINGLY DEFECTIVE PRODUCT(S) I AM HEREBY DEMANDING MY MONEY BACK FOR BOTH UNITS. IN ADDITION, I AM SEEKING DAMAGES FROM YOUR COMPANY FOR THE DAMAGE CAUSED TO MY PERSONAL PROPERTY AS PREVIOUSLY MENTIONED.

BOTH MACHINES ARE NOW AT THE DEALER IN DUPONT INDIANA. THEY WILL REMAIN THERE AS I HAVE NO INTENTION TO PICK THEM UP. THEY ARE BOTH EXTREMELY DANGEROUS AS I JUST OUTLINED TO YOU.

I EXPECT YOU TO SEND A FACTORY REPRESENTATIVE TO THE DEALER TO INSPECT THESE MACHINES. I AM NOT INTERESTED IN HAVING MY HOUSE EXPLODE DUE TO GASOLINE VAPORS.

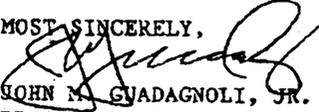
THE RESPONSIBLE PERSON AT YOUR COMPANY WILL CONTACT ME IMMEDIATELY TO PROPERLY COMPENSATE ME FOR EVERYTHING AS JUST MENTIONED. IN ADDITION, I WANT A FULL REFUND FOR ALL MONIES ALREADY SPENT ATTEMPTING TO HAVE THIS MATTER FIXED OVER AND OVER AGAIN.

IF I AM NOT COMPLETELY SATISFIED WITH YOUR COOPERATION IN THIS MATTER I WILL FILE A FORMAL LAWSUIT AGAINST YOUR COMPANY AND I DO MEAN BUSINESS.

MY TELEPHONE NUMBER AND MY ADDRESS APPEAR ON THE FIRST PAGE OF MY COMPANY LETTERHEAD ON THE BOTTOM OF THE PAGE. I EXPECT TO BE CONTACTED IMMEDIATELY ON JULY 03, 2002.

AWAITING YOUR TELEPHONE CALL AND OR FAX.

MOST SINCERELY,


JOHN M. GUADAGNOLI, JR. (JOHN M. GUADAGNOLI, JR)
PRESIDENT
JCC INTERNATIONAL, INC.

P.S. : A COPY OF THIS IS ALSO BEING FAXED TO:
U.S. CONSUMER PRODUCT SAFETY COMMISSION
4330 EAST-WEST HIGHWAY
BETHESDA, MARYLAND 20814-4408
FAX # (301) 504-0124
RE: DOC NO. H0270030A



U.S. CONSUMER PRODUCT SAFETY COMMISSION
WASHINGTON, DC 20207

U. S. CONSUMER PRODUCT SAFETY COMMISSION

AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The U. S. Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety problems.

We routinely forward this information to manufacturers and distributors to inform them of the involvement of their product in an incident situation. We also give the information to others requesting information about specific products or hazards. Manufacturers may need the individual's name so that they can obtain additional information on the product or incident situation.

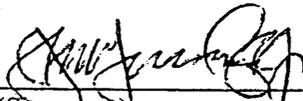
Would you please indicate on the bottom of this page whether you will allow us to disclose your name. If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.



YES



NO


(Signature)

7-10-02
(Date)



Eton America LLC
7092 Howard Street Unit F
Spartanburg, SC 29302
PH:864-278-9585

Date: March 31, 2004

RE: FOIA Request S- 3100100: Reported Incidents/Epidemiologic Investigation Reports for ATV's.

Dear Jane Chapman,

In response to your letter concerning task number 020703CCN0593 I give you the following.

First, the letter that you sent to me was made out to Eton America Inc. That company is out of business and may have been dissolved. It was owned by some Taiwanese. I am responding to this letter with the information that I have available on this matter and not as an official of Eton America Inc.

I am involved with Eton America LLC and I object to the public disclosure of the information requested. The claim was made by a customer looking for an excuse for us to repair his driveway because it was damaged by leaking gas. The gas damage was the result of leaking gas lines on a unit that was more than two years old.

I had a customer complaint about two Impuls ATV's leaking gas on a man's driveway. He demanded that we repave his driveway because the gas had caused some marking on his driveway.

The atv's were more than two years old and had been modified. In addition, any type of motorized vehicle requires regular maintenance including the replacement of rubber fuel lines. According to the dealer, the fuel lines were cracked from wear causing the leaks.

In the post incident report, the complainant's son stated that he was riding his atv while gas was flying out of the gas cap getting all over his clothes. The gas cap was cracked as shown in your report. However, it may have been cracked because it was tightened too tight. Whether the gas cap was defective or damaged by abuse, it makes sense that a prudent person would stop riding the atv if they were being soaked with gas.

The owner of the atv's stated that he was going to file a lawsuit against us if we did not purchase the atv's back from him. At first, I said forget it, they were out of warranty, modified, and that he has a certain amount of responsibility to maintain an off road vehicle. Then I called my lawyer and he gave me the projected cost for getting involved. He said the best thing to do was to make a nuisance settlement just to make it go away. I followed his advise and sent the owner a check for \$3000.00 to repurchase the atv's.

The atv's were picked up from the dealer and taken back to the shipping warehouse. Since that time, I have heard nothing about ant cases involving fires, damage, or injury due to gasoline leakage.

Regards,


Steve Murph

CONSUMER PRODUCT INCIDENT REPORT

Region: CENTRAL

1. NAME OF RESPONDENT John Guadagnoli		2. PHONE NO. (HOME) 812-265-9017	(WORK) 812-265-9808
3. STREET ADDRESS 6275 N State Rd 7		4. CITY Madison	ST IN ZIPCODE 47250
4a. EMAIL ADDRESS: none			

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES

After using all terrain vehicles for approximately one week, consumer noticed that the gas caps were cracking and gas was
- cont -

6. DATE OF INCIDENT(S)	7. IF INJURY OR NEAR MISS, OBTAIN AGE/SEX AND DESCRIBE INJURY 0 Y/M none	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME self RELATIONSHIP self
------------------------	--	--

9. DESCRIPTION OF PRODUCT a pair of four wheel all terrain vehicles	10. BRAND NAME Impulse
--	---------------------------

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE E-Ton P.O. Box 1411 Russellville, AR 728111411 501-968-9820 unknown 00000	12. MODEL, SERIAL NUMBERS TXL 90, TXL 50	13. DEALER'S NAME, ADDRESS & PHONE Dupont Repair unknown Dupont, IN 00000 unknown
---	---	---

ISSUE 40
07/03/2002

14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES IF YES, BEFORE OR AFTER THE INCIDENT? AFTER DESCRIBE: damaged: see narrative	15. PRODUCT PURCHASED NEW DATE PURCHASED 6/1999 AGE 1 week	16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: none
--	--	---

17. HAVE YOU CONTACTED THE MANUFACTURER? YES IF NOT, DO YOU PLAN TO CONTACT THEM?	18. IS THE PRODUCT STILL AVAILABLE? YES IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES
---	---	---

FOR ADMINISTRATION USE

20. DATE RECEIVED 07/02/2002	21. RECEIVED BY (NAME & OFFICE) mks/HL	22. DOCUMENT NO. H0270030A
23. FOLLOW-UP ACTION		24. PRODUCT CODE(S) 3285
25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE mks 07/02/2002	

EKH No. 2
000905 HCN 0462

ODC631

PARISH OF LAFAYETTE INCIDENT REPORT

PAGE 1

INCIDENT NUMBER 00-054919-0

CALL RECEIVED-----	21:14	CALL ACKNOWLEDGED--	21:40
ARRIVED ON SCENE---	21:48	DEPARTED SCENE AT--	22:14
TIME AND DATE OCCUR	00:00 WEDNESDAY	03/15/00 TO 00:00	WEDNESDAY 03/15/00
ZONE OCCUR IN-----	006	DATE REPORTED-----	03/15/00
LOCATION OF OFFENSE	[REDACTED]		
	LAFAYETTE		
DISPATCHED LOCATION	[REDACTED]		
	LAFAYETTE		
MAP X-Y AXIS	R40D265010S483300118800		
CODE DISPATCHED AS-	021M	GENERAL PREMISE----	UNKNOWN
SPECIFIC PREMISE---	RESIDENCE	EVIDENCE ACQUIRED--	
WEATHER CONDITION--	UNKNOWN	TEMPERATURE-----	UNKNOWN
LIGHTING CONDITION-	UNKNOWN	WHERE OCCUR-----	

ACTION REQUESTED

REPORTING OFFICER-- 24035 LATTIMORE BILL
UNIT CALL NUMBER--- 10469
CASE DISPOSITION--- CASE STATUS----- CASE IS OPEN
DISPOSITION DATE--- 04/11/00

DETECTIVE ASSIGNED

24014 MOORE ROBERT A 03/21/00 CLOSED CLEARED BY EXCEPTION
CASES RELATED

OFFICE INFORMATION

TIME AND DATE TYPED-- 10:46:50 03/16/00
INCIDENT TYPED BY---- 23217 MOUTON, VANESSA L.
MICROFILE NUMBER-----
INCIDENT PRINTED BY-- S6R CREDEUR LENA
PRINTED AT LOCATION-- 131D 1302 08/08/00 08:04:54

REPORTING OFFICER: _____

APPROVING OFFICER: _____

EKH-NO.2
000905 HCN 0462

ODC632

LAFAYETTE PARISH INCIDENT REPORT
INCIDENT NUMBER 00-054919-0

PAGE 02

PARENT

SHEPERD CLIFTON W

ETHNIC ORIGIN-----	NON HISPANIC	ADULT OR JUVENILE--	ADULT
HOME ADDRESS-----	[REDACTED]	LAFAYETTE, LA	
		00000	
MAP Y-AXIS	540804	MAP X-AXIS	080008
HOME PHONE NUMBER--	[REDACTED]	AGE AND BIRTHDATE--	048 06/14/51
SOCIAL SECURITY NBR	[REDACTED]	DRIVERS LICENSE----	LA 3015104

EMPLOYMENT DATA

WHERE EMPLOYED-----	SELF/DOCTOR		
	[REDACTED]	LAFAYETTE, LA	
PHONE NUMBER-----	[REDACTED]	HOURS WORK-----	00:00 TO 00:00

REPORTING OFFICER: _____

APPROVING OFFICER: _____

EXH NO. 2
000905 HCN 0462

ODC632

LAFAYETTE PARISH INCIDENT REPORT
INCIDENT NUMBER 00-054919-0

PAGE 03

VICTIM (PERSON)

SHEPERD WILLIAM G

ETHNIC ORIGIN-----	NON HISPANIC	ADULT OR JUVENILE--	JUVENILE
HOME ADDRESS-----	0 [REDACTED]	LAFAYETTE, LA	
		00000	
MAP Y-AXIS	540804	MAP X-AXIS	080008
HOME PHONE NUMBER--	[REDACTED]	AGE AND BIRTHDATE--	004 01/25/96
SOCIAL SECURITY NBR	000-00-0000	DRIVERS LICENSE----	
RELATED TO SUSPECT-	UNKNOWN	PERSONS RACE-----	WHITE
PERSONS SEX-----	MALE	SOBRIETY-----	UNKNOWN
INJURY SEVERITY----	FATAL	MEDICAL TREATMENT--	UNKNOWN
HOW TRANSPORTED----	UNKNOWN	TRANSPORTED TO-----	UNKNOWN
ASSAULTED BY-----	UNKNOWN	OFFICER ACTIVITY---	INVESTIGATIVE
OFFICER ASSAULTED--	NO	VEHICLES STOLEN----	00
VICTIM CIRCUMSTANCE	UNKNOWN		

OFFENSES COMMITTED

(X 14 002900 01) 001 COUNTS
DEATH ACCIDENTAL

REPORTING OFFICER: _____

APPROVING OFFICER: _____

EXH NO. 2

000905HCN0462

ODC635

LAFAYETTE PARISH

PAGE 04

INCIDENT NUMBER 00-054919-0

REPORT IS ON OFFICER: 23522 ARCENEUX, DONALD

COMMENTS

METRO FORENSIC INVESTIGATION REPORT

FORENSIC INVESTIGATOR: DET. DONALD ARCENEUX

VICTIM: [REDACTED] WHITE MALE, DOB: 01/16/96,
4 YEAR OLD, ADDRESS, [REDACTED]
BROUSSARD, LA.

LOCATION: 1006 BERTRNAD DRIVE/LAFAYETTE CORONER'S OFFICE

DATE/TIME: 03/15/00 AT 2116 HOURS

INCIDENT: AUTOPSY REFERENCE DEATH

NARRATIVE:

ON WEDNESDAY, MARCH 15, 2000 AT 2050 HOURS, DET. DONALD ARCENEUX WAS CONTACTED BY LAFAYETTE PARISH SHERIFF'S OFFICE JUVENILE DET. ROBERT MOORE, WHO STATED THAT HE WAS CONTACTED BY DEPUTY CORONER DAVID SOLIS AND NOTIFIED OF AN AUTOPSY HAVING BEEN SCHEDULED BY DR. CHARLES BOUSTANY IN REFERENCE TO A SUSPICIOUS DEATH. DET. MOORE REQUESTED THE ASSISTANCE OF A CRIME SCENE INVESTIGATOR.

AT 2116 HOURS, DET. ARCENEUX ARRIVED AT THE LAFAYETTE CORONER'S OFFICE, LOCATED AT 1006 BERTRAND DRIVE, AND MET WITH DET. MOORE, DEPUTY CORONER DAVID SOLIS AND DR. EMIL LAGE. DET. ARCENEUX WAS BRIEFED ON THE INCIDENT, WHICH INCLUDED:

- 1) ON 3/15/00 AT 1630 HOURS, [REDACTED] (FATHER) TRANSPORTED HIS SON, [REDACTED] TO LAFAYETTE GENERAL MEDICAL CENTER DUE TO HIS SON HAVING BEEN INVOLVED IN A 4-WHEELER ACCIDENT AT THEIR RESIDENCE LOCATED AT [REDACTED] ROAD. WILL WAS EXAMINED BY THE EMERGENCY ROOM PHYSICIAN DR. ROBERT COLLIGAN AND THE INJURIES SUSTAINED WERE FATAL.
- 2) THE INCIDENT HAD NOT BEEN REPORTED TO AUTHORITIES THEREFORE, IT HAD NOT BEEN INVESTIGATED. LAFAYETTE PARISH CORONER DR. CHARLES BOUSTANY REQUESTED THE AUTOPSY.

REPORTING OFFICER: _____

APPROVING OFFICER: _____

EXH No. 2

000905 HCN 0462

ODC635

LAFAYETTE PARISH

PAGE 05

INCIDENT NUMBER 00-054919-0

REPORT IS ON OFFICER: 23522 ARCENEUX, DONALD

COMMENTS

BRIEFING COMPLETED, DET. ARCENEUX THEN PROCEEDED TO OBTAIN THE FOLLOWING LIST OF ITEMS AS EVIDENCE:

- LPSO #M1 ONE BROWN ENVELOPE CONTAINING 2 ROLLS OF 35MM FILM. OVERALL, GENERAL AND SPECIFIC PHOTOGRAPHS WERE SECURED BETWEEN 2122 AND 2235 HOURS
DISP: METRO FORENSIC OFFICE
- LPSO #M2 BROWN ENVELOPE CONTAINING 5 POLAROID PICTURES, SECURED BETWEEN 2130 AND 2135 HOURS
DISP: METRO FORENSIC OFFICE
- LPSO #M3 BROWN ENVELOPE CONTAINING REFERENCE BLOOD SWAB, SECURED AT 2216 HOURS
DISP: LPSO EVIDENCE CUSTODIAN
- LPSO #M4 BROWN BAG CONTAINING ONE PAIR GAP GREY/BLUE SOCKS, SECURED AT 2240 HOURS
DISP: LPSO EVIDENCE CUSTODIAN

THE AUTOPSY EXAMINATION INDICATES THAT SPOTS AROUND THE EYES AND EARS ARE CONSISTANT WITH LACK OF OXYGEN DUE TO THE 4-WHEELER HAVING OVERTURNED ONTO THE VICTIM'S CHEST.

AT 2258 HOURS, DET. ARCENEUX DEPARTED, ARRIVING AT THE METRO FORENSIC OFFICE, LOCATED AT 410 W.VERMILION STREET, AT 2304 HOURS, WHERE THE EVIDENCE WAS PROPERLY SECURED.

AT THIS TIME, THE ASSIGNMENT IS COMPLETED PENDING ADDITIONAL REQUESTS FROM THE ASSIGNED CRIMINAL INVESTIGATOR.

REPORTING OFFICER: _____

APPROVING OFFICER: _____

EXH NO. 2

000905 HCN 0462

ODC635

LAFAYETTE PARISH

PAGE 06

INCIDENT NUMBER 00-054919-0

REPORT IS ON OFFICER: 24014 MOORE ROBERT A

COMMENTS

MARCH 15, 2000

APPROXIMATELY 8:11 P.M.

MR. DAVID SOLIS, WHO IS WITH THE LAFAYETTE CORONER'S OFFICE, CONTACTED DET. ROBERT MOORE. MR. SOLIS ADVISED OF AN AUTOPSY PENDING ON A FOUR-YEAR-OLD VICTIM OF A REPORTED ACCIDENTAL DEATH. FURTHER, MR. SOLIS WAS REQUESTING ANY INFORMATION REPORTED TO LAW ENFORCEMENT REGARDING THIS ACCIDENT. MR. SOLIS PROVIDED THE FOLLOWING ADDITIONAL INFORMATION:

THE VICTIM WAS IDENTIFIED AS:

[REDACTED] WHITE MALE, 4 YEARS OF AGE, DOB 1/16/96
[REDACTED] BROUSSARD, LA.
PHONE # [REDACTED]

AT APPROXIMATELY 4:00 P.M., THE VICTIM AND HIS FATHER, DR. [REDACTED] WERE RIDING MOTORIZED FOUR WHEELERS ON THE RESIDENCE PROPERTY. THE FATHER WAS IN THE PROCESS OF STORING THE FOUR WHEELER HE WAS RIDING WHILE THE VICTIM CONTINUED RIDING HIS FOUR WHEELER ON THE PROPERTY TOWARD THE RESIDENCE. DR. [REDACTED] THEN WALKED TO THE FRONT OF HIS RESIDENCE. HE NOTICED THAT HIS SON'S FOUR WHEELER WAS ON THE FRONT LAWN, OVERTURNED. AS HE APPROACHED THE VEHICLE, HE NOTICED HIS SON TRAPPED UNDER THE VEHICLE. DR. [REDACTED] THEN REMOVED THE VEHICLE AND CHECKED THE VICTIM. THE VICTIM HAD NO PULSE AND WAS NOT BREATHING. DR. [REDACTED] THEN BEGAN CPR. DR. [REDACTED] THEN CARRIED HIS SON TO THE GARAGE AREA OF THE RESIDENCE. ONCE THERE, HE CONTINUED WITH CPR. A FRIEND OF THE FAMILY, [REDACTED], WAS ALSO ON THE PROPERTY. MR. [REDACTED] APPROACHED DR. [REDACTED]. DR. [REDACTED] INSTRUCTED MR. [REDACTED] TO START HIS VEHICLE AND GET READY TO GO TO THE HOSPITAL. DR. [REDACTED] AND THE VICTIM ENTERED THE BACK SEAT OF THE EXTENDED CAB PICKUP, MR. [REDACTED] WAS DRIVING. ALL PARTIES LEFT ENROUTE TO LAFAYETTE GENERAL HOSPITAL. ACCORDING TO LGMC RECORDS THE VICTIM AND HIS FATHER ARRIVED AT APPROXIMATELY 4:30 P.M. RECORDS INDI-

REPORTING OFFICER: _____

APPROVING OFFICER: _____

EXH. NO. 2

000905 HCN 0462

ODC635

LAFAYETTE PARISH

PAGE 07

INCIDENT NUMBER 00-054919-0

REPORT IS ON OFFICER: 24014 MOORE ROBERT A

COMMENTS

CATE THAT DR. ROBERT COLLIGAN WAS THE ATTENDING PHYSICIAN. ATTEMPTS TO RESUSCITATE FAILED AND THE VICTIM WAS PRONOUNCED DEAD AT 4:51 P.M. DEPUTY CORONER DR. LEE WAS NOTIFIED BY LGMC STAFF. THE BODY WAS RELEASED AND TRANSPORTED TO THE LAFAYETTE PARISH CORONER'S OFFICE.

DET. MOORE CONTACTED THE LAFAYETTE PARISH SHERIFF'S OFFICE COMMUNICATIONS DIVISION. DISPATCHERS ADVISED THAT THERE WAS NO RECORD OF EMERGENCY SERVICES BEING DISPATCHED OR NOTIFIED OF THIS INCIDENT. DET. MOORE ALSO SPOKE WITH DET. DONALD ARCENEUX OF THE LAFAYETTE PARISH SHERIFF'S OFFICE FORENSIC SECTION. DETECTIVE ARCENEUX WAS BRIEFED AND ADVISED TO BE ENROUTE TO THE LAFAYETTE PARISH CORONER'S OFFICE. DET. MOORE ALSO NOTIFIED DET. SGT. MIKE ANDRUS, SUPERVISOR OF THE LPSO JUVENILE DIVISION.

ONCE AT THE CORONER'S OFFICE, AN AUTOPSY WAS PERFORMED BY DR. EMILE LAGA. THE INITIAL FINDINGS OF THE AUTOPSY APPEARED TO HAVE BEEN DEATH BY ASPHYXIATION. IT APPEARED THAT THE WEIGHT OF THE VEHICLE CAUSE THE STOMACH CONTENTS TO REFLUX AND ENTER THE LUNGS. THE EXPLANATION GIVEN BY THE FATHER WAS CONSISTENT WITH THE FINDINGS AT THE AUTOPSY. DET. ARCENEUX OBTAINED SEVERAL PICTURES OF THE PROCEDURE. AFTER THE AUTOPSY WAS PERFORMED, DET. MOORE DEPARTED THE SCENE.

MARCH 16, 2000

DET. MOORE, VIA THE TELEPHONE, SPOKE WITH CHILD PROTECTION INVESTIGATOR, KARMEN KERNE. CPI KERNE ADVISED THAT SHE WAS ASSIGNED TO THIS CASE AND WOULD LIKE TO COORDINATE EFFORTS IN REGARDS TO THE INVESTIGATION.

MARCH 28, 2000

DET. MOORE, VIA, THE TELEPHONE, SPOKE WITH DR. [REDACTED]. A MEETING WAS SCHEDULED FOR THE FOLLOWING DAY AT 9:00 P.M. DETECTIVE MOORE NOTIFIED CPI SUPERVISOR GUY SYLVESTER OF THE PENDING INTERVIEW. CPI SYLVESTER ADVISED THAT HE WOULD LIKE TO ACCOMPANY DETECTIVE MOORE TO THIS INTERVIEW.

REPORTING OFFICER: _____

APPROVING OFFICER: _____

EXH No. 2
000905 HCN 0462

ODC635

LAFAYETTE PARISH
INCIDENT NUMBER 00-054919-0
REPORT IS ON OFFICER: 24014 MOORE ROBERT A

PAGE 08

COMMENTS

MARCH 29, 2000

APPROXIMATELY 9:00 A.M.

DET. MOORE AND CPI SYLVESTER MET AND SPOKE WITH DR. [REDACTED] AND HIS WIFE. DET. MOORE AND CPI SYLVESTER OBTAINED ALL NECESSARY INFORMATION PERTAINING TO OTHER FAMILY MEMBERS AND THOSE WHO WERE PRESENT WHEN THE ACCIDENT OCCURRED. DR. [REDACTED] THEN DID A WALK THROUGH OF THE EVENTS THAT OCCURRED ON THE DAY OF THE ACCIDENT. THE STATEMENT GIVEN BY DR. [REDACTED] WAS CONSISTENT WITH THAT GIVEN DURING THE INITIAL REPORT. DET. MOORE AND CPI SYLVESTER DEPARTED.

NO FURTHER ACTION WAS REQUESTED OR IS REQUIRED. BECAUSE THERE IS NO APPARENT CRIMINAL CHARGES THAT WOULD APPLY TO THIS INCIDENT, IT IS REQUESTED THAT THIS CASE BE CLEARED BY EXCEPTION.

REPORTING OFFICER: _____

APPROVING OFFICER: _____

EXH No. 2
088905 HCN 0462

ODC635

LAFAYETTE PARISH

PAGE 09

INCIDENT NUMBER 00-054919-0
REPORT IS ON OFFICER: 24035 LATTIMORE BILL

COMMENTS

ON MARCH 15, 2000 DEPUTY BILL LATTIMORE AND SGT. PAUL EVANS WERE DISPATCHED TO [REDACTED] ROAD LAFAYETTE, LOUISIANA IN REFERENCE TO A TRAFFIC ACCIDENT FATALITY.

UPON ARRIVAL, DEPUTY SPOKE WITH THE REPORTING PERSON/ PARENT DR. [REDACTED]

COMPLAINANT ADVISED DEPUTY THAT HE AND HIS SON WERE RIDING FOUR WHEELERS, EACH HAVING THEIR OWN ON HIS PROPERTY LOCATED ON PINHOOK ROAD AND THAT HE HAD PARKED HIS FOUR WHEELER AT THE BARN, AND THAT HIS 4 YEAR OLD SON, THE VICTIM [REDACTED] HAD PROCEEDED ON HIS FOUR WHEELER TOWARD THE MAIN HOUSE. COMPLAINANT CONTINUED BY ADVISING THAT APPROXIMATELY FIVE MINUTES OR SO WENT BY AND THEN HE REACHED THE HOUSE, AND DECIDED TO WALK AROUND TO THE FRONT OF THE RESIDENCE AND LOOK AT SOME WORK THAT HAD BEEN DONE THAT HE HAD NOT INSPECTED SINCE ITS COMPLETION. COMPLAINANT ADVISED AS HE STEPPED AROUND TOWARD THE FRONT OF THE RESIDENCE THAT HE OBSERVED UNDER A LARGE OAK TREE LOCATED IN THE FRONT YARD, HIS SON'S SMALL RED FOUR WHEELER, AN IMPULSE TXL50, LYING ON ITS SIDE, HOWEVER, FROM HIS VANTAGE POINT, HE WAS UNABLE TO SEE HIS SON. AS HE APPROACHED HE REALIZED THAT HIS SON WAS LYING UNDER THE FOUR WHEELER, HIS HELMET ON HIS HEAD, AND AS HE REACHED DOWN AND RIGHTED THE FOUR WHEELER TO REMOVE IT FROM HIS SON, HE REMOVED HIS SON'S HELMET, AND OBSERVED THAT HIS SON WAS NOT BREATHING, HAD NO HEART BEAT, HAD NO PULSE AND HAD ALREADY STARTED TO TURN SYNODIC BLUE. COMPLAINANT FURTHER ADVISED AT THIS TIME HE PICKED HIS SON UP, PUT HIM IN HIS PICKUP TRUCK AND TOOK HIM TO LAFAYETTE GENERAL MEDICAL CENTER FOR TREATMENT. THE VICTIM WAS PRONOUNCED DEAD AT 4:51 P.M., ON MARCH 15, 2000.

DEPUTY ASKED THE COMPLAINANT HOW LONG HIS SON HAD BEEN RIDING HIS OWN FOUR WHEELER. THE COMPLAINANT ADVISED THAT HIS SON HAD BEEN RIDING HIS OWN FOUR WHEELER FOR A PERIOD OF ABOUT ONE YEAR AND HAD NO MISHAPS.

REPORTING OFFICER: _____

APPROVING OFFICER: _____

EXH No. 2

000905HCN0462

ODC635

LAFAYETTE PARISH

PAGE 10

INCIDENT NUMBER 00-054919-0

REPORT IS ON OFFICER: 24035 LATTIMORE BILL

COMMENTS

DEPUTY OBSERVED THE IMPULSE FOUR WHEELER PARKED IN THE FRONT YARD, WHERE THE COMPLAINANT ADVISED THAT HE HAD MOVED IT TO AFTER THE ACCIDENT AND AFTER THEY HAD RETURNED HOME SO THAT FAMILY MEMBERS WOULD NOT BE ABLE TO LOOK OUTSIDE AND SEE IT LYING IN THE FRONT YARD. DEPUTY RECORDED THE SERIAL NUMBER FROM THE FOUR WHEELER WHICH WAS RFZ5EA0S1XA004162.

DEPUTY WAS UNABLE TO OBTAIN A WRITTEN STATEMENT FROM THE COMPLAINANT DUE TO THE FACT THAT AT THIS TIME HE WAS TOO SHAKEN TO WRITE SUCH A STATEMENT, AND ADVISED DEPUTY THAT HE MAY WISH TO DO SO WITHIN THE NEXT DAY OR SO.

DEPUTY ADVISED THE COMPLAINANT THAT HE POSSIBLY COULD BE CONTACTED BY A DETECTIVE AND THEY MAY OBTAIN A TAPED STATEMENT RATHER THAN A WRITTEN STATEMENT.

END OF NARRATIVE.

REPORTING OFFICER: _____

APPROVING OFFICER: _____



LAFAYETTE — Funeral services will be held at 1 p.m. Saturday, March 18, 2000, at a Mass of Christian Burial in La Chapelle de Martin & Castille for

[redacted], who died at 4:51 p.m. Wednesday, March 15, 2000, at a result of an accident at his Broussard residence.

Interment will be in Lafayette Memorial Park Cemetery.

The Rev. Monsignor Harry E. Benefiel of Lafayette will be the celebrant of the funeral Mass and will conduct the services.

Survivors include his parents, Dr. and Mrs. [redacted]

[redacted] of Lafayette (Mrs. [redacted]) is the former [redacted]

one sister, [redacted]

[redacted] of Lafayette; one brother, [redacted]

[redacted] of Lafayette; his grandmothers, [redacted]

and [redacted] his aunts and uncles, [redacted]

and [redacted] his son, [redacted]

[redacted] and [redacted]

[redacted] and [redacted]

[redacted] and his Godparents, [redacted]

and [redacted] Special friends in [redacted] life were his young cousins, [redacted]

[redacted] and [redacted]

[redacted] and his classmates.

He was preceded in death by his grandfathers, [redacted]

[redacted] and [redacted] and two uncles, [redacted] and [redacted]

[redacted] was a happy, adventuresome child with only smiles in his disposition. He was the center of his family's universe and loved by all who knew him.

[redacted] attended Ascension Day School Early Learning Center and was taught by Debbie Clements and Melissa Hoover. [redacted] was a talented horseback rider, hunter and fisherman. In his short life, he traveled widely and had many wonderful experiences with his loving family.

Pallbearers will be [redacted], Will Henderson, Chris Cutrera and Philip Kobetz.

In lieu of flowers, memorial contributions in [redacted] name may be made to Ascension Day School, 1030 Johnston St., Lafayette, LA 70501-7899.

A rosary will be prayed at 7 p.m. today in the funeral home.

Visiting hours will be held from 5 p.m. to 9 p.m. today and from 10 a.m. Saturday until time of the services.

Arrangements have been entrusted to Martin & Castille Funeral Home Inc. of Lafayette, 234-2311.

EXH NO. 4
000905HCN 0462

AUTOPSY REPORT
LAFAYETTE PARISH CORONER'S OFFICE
1006 BERTRAND DR.
LAFAYETTE, LA 70506
337-291-7100

CASE NO: 00-020A

DECEASED

NAME: [REDACTED]

ADDRESS: [REDACTED]
BROUSSARD, LA 70518

AGE: 4

SSN: [REDACTED]

RACE: WHITE

SEX: MALE

BODY ID BY: [REDACTED] (FATHER)

DATE OF DEATH: MARCH 15, 2000

TIME OF DEATH: 4:51 P.M.

PLACE OF DEATH: LAFAYETTE GENERAL MEDICAL CENTER

THIS AUTOPSY WAS PERFORMED BY OPERATION OF LAW AND
AUTHORIZED BY THE CORONER OF LAFAYETTE PARISH.

DATE: MARCH 15, 2000
TIME: 9:00 P.M.

PLACE: LP FORENSIC LABORATORY
PATHOLOGIST: DR. EMIL LAGA

PERSONS PRESENT AT AUTOPSY: DET RA MOORE & D. ARCENEUX, LMFI

PHYSICAL FINDINGS:
NOTHING OF SIGNIFICANCE

SUMMARY OF THE MEDICAL FINDINGS AND CONCLUSIONS:
TRACHEOBRONCHIAL ASPIRATION OF GASTRIC CONTENTS.
TRUNK COMPRESSION INJURY

CAUSE OF DEATH: ACUTE ASPHYXIATION

MANNER AND MECHANISM OF DEATH: DRIVER OF FOUR WHEELER MISHAP

CLASSIFICATION OF DEATH: ACCIDENT

IMPORTANT:
PRINT or TYPE, black ink
or ribbon mandatory

STATE OF LOUISIANA
CERTIFICATE OF DEATH

EXH No. 5
000905 HCN 0462

BIRTH No. _____ FILE No. 117

1A LAST NAME OF DECEDENT	1B FIRST NAME		1C MIDDLE NAME		2A DATE OF DEATH (Month, Day, Year)	
2B HOUR OF DEATH	3 SEX	4 RACE (Specify White, Black, etc.)		5 MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)	6 SURVIVING SPOUSE (If Wife, give Maiden Name)	
7 DATE OF BIRTH (Month, Day, Year)	8A AGE YEARS	8B UNDER 1 YEAR MONTHS	8C UNDER 1 DAY HOURS	8D UNDER 1 DAY MINUTES	9 BIRTHPLACE (City and State or Foreign Country)	
10 USUAL OCCUPATION (Kind of work done during most of working life. NEVER specify retired)	11 KIND OF BUSINESS-INDUSTRY		12 OF HISPANIC ORIGIN?			
13 EVER IN U.S. ARMED FORCES? (YES or NO)	14 SOCIAL SECURITY NUMBER		15 DECEDENT'S EDUCATION (Specify ONLY HIGHEST degree completed)		16 COLLEGE (1 & 5--)	
17A PLACE OF DEATH (Check ONLY one. If death in NON LISTED facility check OTHER and specify on line BELOW)	17B NAME OF FACILITY (If not in Facility, give street address or location)	17C PLACE OF DEATH IN CITY LIMITS? (YES or NO)				
17A CITY, TOWN OR LOCATION OF DEATH	17B PARISH OF DEATH	17C STATE OF RESIDENCE				
18A STREET ADDRESS (If rural specify rural route number or location)	18B PARISH OF RESIDENCE	18C STATE OF RESIDENCE				
19A FATHER'S LAST NAME FIRST MIDDLE	19B FATHER'S PLACE OF BIRTH	19C STATE				
20A MOTHER'S MAIDEN NAME FIRST MIDDLE	20B MOTHER'S PLACE OF BIRTH	20C STATE				
21A TYPE OR PRINT NAME OF INFORMANT	21B INFORMANT'S ADDRESS		21C DATE (Month, Day, Year)			
22A METHOD OF DISPOSITION	22B DATE THEREOF (Month, Day, Year)	22C NAME AND LOCATION OF CEMETERY OR CREMATORIUM				
23A SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR	23B FACILITY NUMBER	23C LICENSE NUMBER				
24A BURIAL TRANSIT PERMIT	24B PARISH OF ISSUE	24C DATE OF ISSUE	24D SIGNATURE OF LOCAL REGISTRAR			
27 MANNER OF DEATH	28A DATE OF INJURY (Month, Day, Year)	28B APPROX. TIME OF INJURY (YES or NO)	28C INJURY AT WORK (YES or NO)			
28A DATE OF INJURY (Month, Day, Year)	28B APPROX. TIME OF INJURY (YES or NO)	28C INJURY AT WORK (YES or NO)	28D DESCRIBE HOW INJURY OCCURRED			
28E PLACE OF INJURY (Specify at home, farm, factory, street, etc.)	28F LOCATION (Street Number or Rural Route, City, Parish, State)					
29A I CERTIFY THAT I ATTENDED THE DECEDENT FROM TO AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE DUE TO THE CAUSES AND IN THE MANNER SO STATED	29B SIGNATURE OF PHYSICIAN OR CORONER	29C DATE (Month, Day, Year)				
29D TYPE OR PRINT NAME AND TITLE OF PHYSICIAN OR CORONER	29E ADDRESS OF PHYSICIAN OR CORONER					
30 PART I: ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.	31 IF DECEASED WAS FEMALE 10-49, WAS SHE PREGNANT IN THE LAST 90 DAYS?	32A WAS AN AUTOPSY PERFORMED?	32B WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
IMMEDIATE CAUSE (Final disease or condition resulting in death)	31	32A	32B			
Sequentially list conditions, if any, leading to immediate cause						
Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST						
30 PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE IN PART I						

EXH NO. 6

G009 : 0001A 000905HCN0462

THE DAILY ADVERTISER

LAFAYETTE, LA

IDF 000905HCN0462

Friday, March 17, 2000 - The Advertiser • 11A

OUR COMMUNITIES

Four-wheeler pins 4-year-old, killing him

From staff reports

LAFAYETTE — A 4-year-old child was killed Wednesday afternoon when his four-wheeler overturned and pinned him underneath it.

Lafayette Parish Sheriff's Department investigators were notified of the incident about 8 p.m. Wednesday after the child had been taken to Lafayette General Hospital by his father earlier in the afternoon, said a spokesman with the Lafayette Parish Sheriff's Department. Sgt. Gus Boulanger of the Sheriff's Department could not say exactly when the incident occurred.

Neither the name of the victim nor that of his father has been released pending the outcome of the investigation, Boulanger said.

The investigation is being handled by the Sheriff's Department's juvenile division.

According to reports, the youth was riding his four-wheeler Wednesday along with his father at their residence in the 4000 block of West Pinhook Road. The father reportedly stopped at a barn on the property while the boy continued to ride ahead toward the home.

When the father arrived at the residence, he discovered

the child's vehicle turned over on top of him, authorities said.

The man transported the child to the hospital where he

was later pronounced dead. "It appears to be an accident, but the incident is still under investigation," Boulanger said.

1. Task Number 010705CCN0726		2. Investigator's ID 8187		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 830	4. Date of Accident YR MO DAY 1999 09 01		5. Date Initiated YR MO DAY 2001 08 16	
6. Synopsis of Accident or Complaint UPC A 17 month old girl was riding a 50 cc ATV which her 5 year old sister was driving. The 17 month old inserted her bare right foot into the drive chain of the ATV resulting in the amputation of all 5 toes. Assembler of the product is American Sundiro Inc., of , Russellville,AR. <div style="text-align: right;"> <p>WER/PRV/BR NOTIFIED <i>pc</i></p> <p>COMMENTS: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>9/9/04</i></p> <p><input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED</p> <p><input type="checkbox"/> EXCISIONS/FOIA Exs. <input type="checkbox"/> Revisions</p> <p><input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY</p> </div>				
7. Location (Home, School, etc) 1 - HOME		8. City PARAGOULD		9. State AR
10A. First Product 3286 - All Terrain Vehicles (four W		10B. Trade/Brand Name IMPULS TXL		10C. Model Number VIN RFZ5EA00SEWA
10D. Manufacturer Name and Address ETON DYNAMICS TECH INDUSTRY CO.LTD TAIWAN				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 217	13. Sex 2 - Female		14. Disposition 4 - Hospitalized	15. Injury Diagnosis 50 - Amputation
16. Body Part(s) Involved 93 - TOE	17. Respondent 3 - 2nd Hand Info Only		18. Type of Investigation 3 - Other	19. Time Spent (Operational / Travel) 8 / 1
20. Attachment(s) 1 - Photographs		21. Case Source 13 - Other Case Source		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal				
24. Review Date 08/20/2001	25. Reviewed By 8631		26. Regional Office Director Eric B. Ault	
27. Distribution David, Jo-Annette; Blend, Larry S.			28. Source Document Number G0170069C	

INJURY SCENARIO:

PRE-INJURY PHASE:

According to the Attorney representing the family of the victim, the Father of the victim purchased the ATV new from a dealership in their community. The father purchased the ATV for his five- year old daughter to ride.

The Attorney informed this investigator that the owner did not modify the ATV after purchasing the vehicle. At the time of sale the ATV was purchased with a camouflage cover that appeared to be glued onto the plastic shell. This cover prevented the user/owner from reading any of the labeling that may have been placed on the vehicle.

NOTE: THE INITIAL CONTACT REGARDING THIS IDI WAS WITH ENGINEERING FIRM OF RYAN ENGINEERING IN SILOAM SPRINGS, AR ON 7/24/01. CONVERSATION VIA PHONE WAS HELD WITH THE FAMILY'S ATTORNEY ON 8/14/01.

INJURY PHASE:

The five- year old had ridden the vehicle without any incident prior to this occasion. It is not known how many times she had ridden the vehicle. It is reported that the father watched her daughter while she rode the vehicle in the family's front yard. The Attorney also reports that the vehicle was throttled down to travel at a minimum speed (7 to 8 mph). On this occasion she asked permission from her father to ride the vehicle with her little sister. After being given the permission she drove the vehicle with her 17- month- old sister sitting in front of her. It is believed the two did not have shoes on at the time of the injury. The two were riding in their front yard on level ground when the incident occurred. The 17 month- old girl got her right foot entrapped under the drive chain and lost 5 toes when the chain pulled the girl's foot against the stainless steel shield.

POST INJURY PHASE:

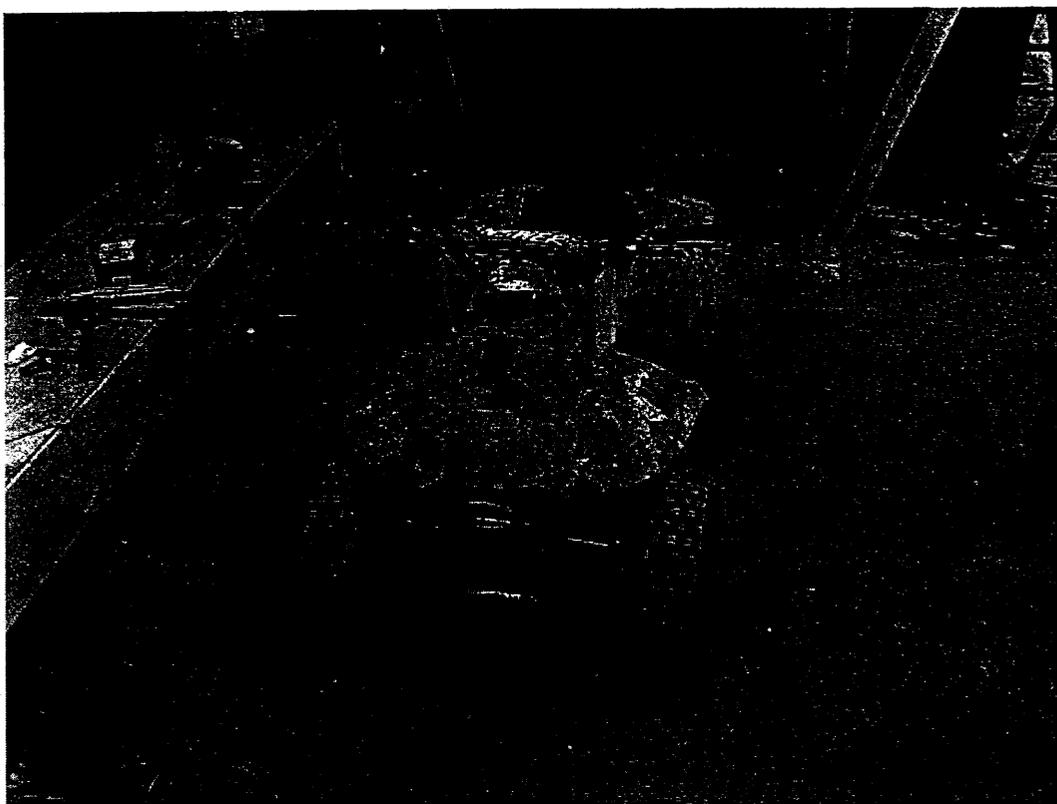
The father who was in his garage at the time of the injury heard the scream of the little girl and ran to discover what had happened. He found his daughter's toes had been amputated. It is not known exactly how the victim was sitting immediately before the injury.

The father took the victim to a nearby hospital where she was treated in the Emergency Room and then transferred to children's hospital approximately 60 miles away. She was hospitalized for five days before being released. The Surgeon did not reattach the toes because of the victim's age and future growth patterns of the girl's foot

and toes. The child's prognosis is she will have a distinct gait in her walk as well as requiring additional surgery when the bones of her foot grow more.

PRODUCT DESCRIPTION:

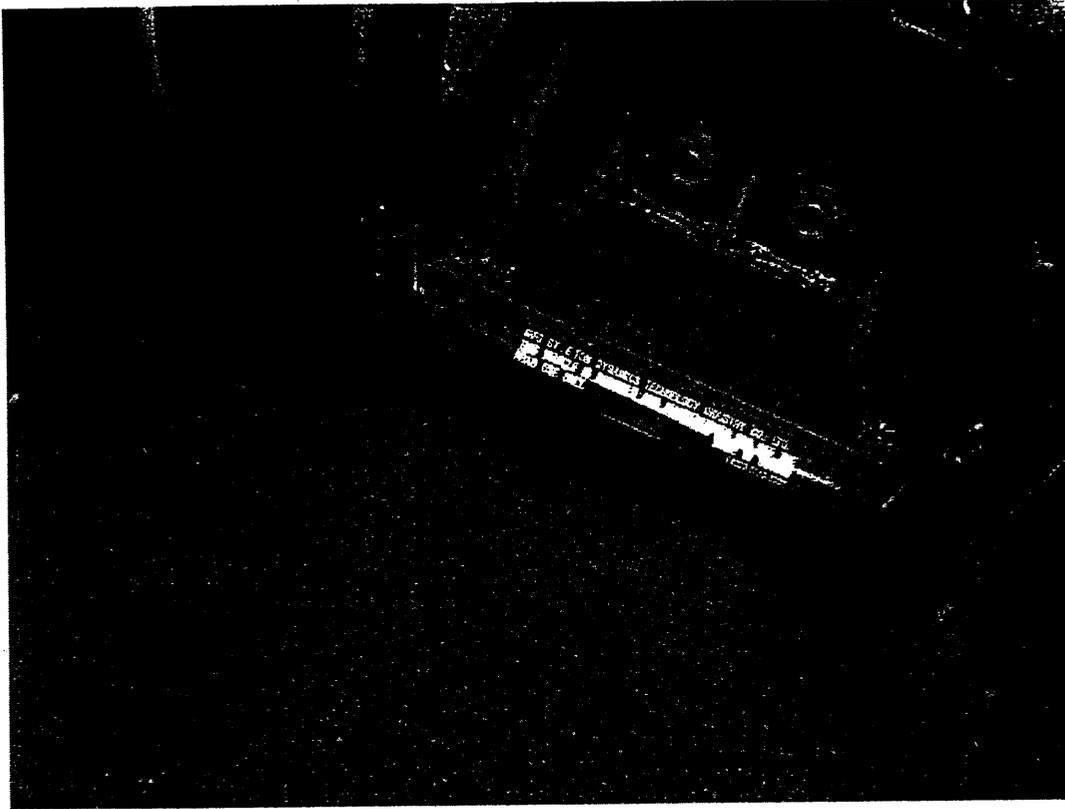
The product is a 50cc vehicle that was purchased new from the dealer with a camouflage cover.



This product was photographed at the engineering firm.

The product has the labeling "MFD BY E-TON DYNAMICS TECHNOLOGY INDUSTRY CO. LTD. THIS VEHICLE IS DESIGNED AND MANUFACTURED FOR OFF ROAD USE ONLY. MADE IN TAIWAN F-430-5EAO-0000."

This above label was located on the cross bar on the front end of the vehicle. The vehicle also bears what is believed to be a VIN# of RFZ5EA00SEWA100998. There is no other exposed labeling on the vehicle since the camouflage cover was glued to the frame.



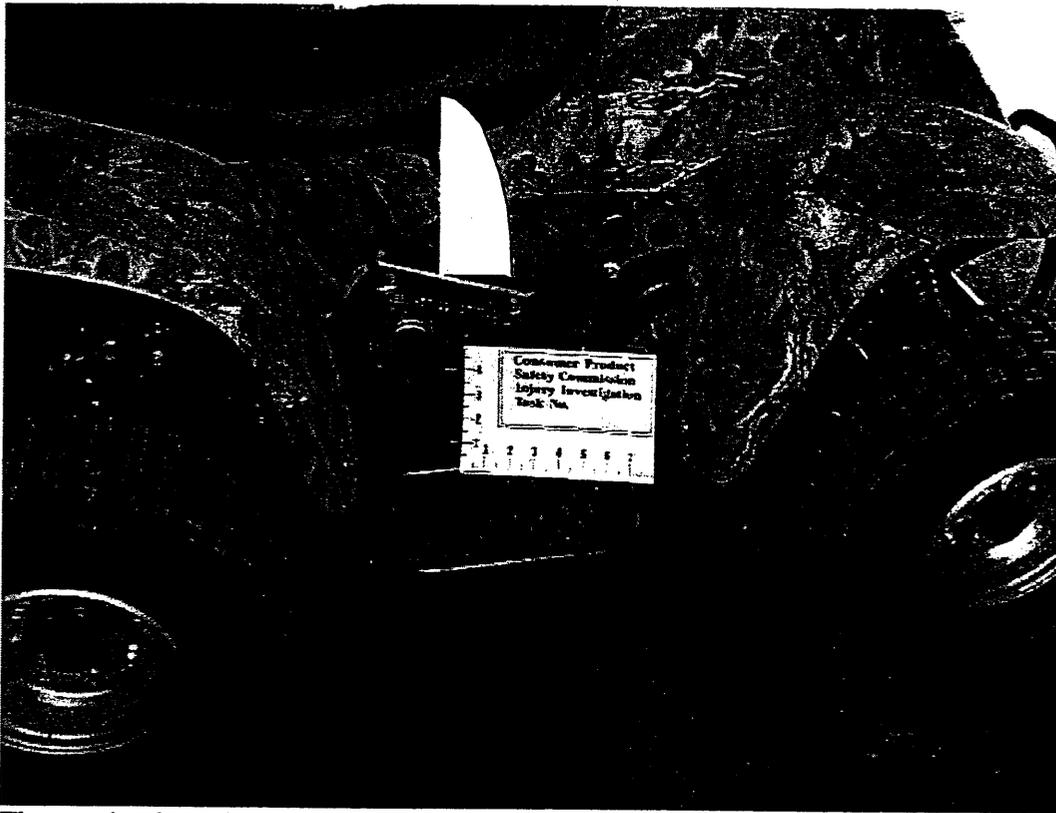
This was the only label clearly visible on the vehicle. The engineers examining the vehicle prior to this investigator' visit was able to ascertain that the vehicle had the label "Impuls TXL-50" on one of the fenders.

The next photograph shows the side of the vehicle and the stainless steel shield that was involved in the amputation of the infant's toes.



The drive chain is exposed for approximately 8 cm from the plastic shell (frame) to the edge of the shield. The distance from the top of the seat to the chain is approximately 13 inches. The arrow above shows the exposed area between the frame and the shield.

The next photo (below) shows another side view of the ATV and the shield.



The arc simulates the potential alignment of the infant's leg and foot during the time of the injury.

NOTE:

The Attorney has promised additional information including sections of the Oral Deposition from the owner. However, he prefers to personally meet with this investigator to discuss this incident in more detail. He will be on leave for approximately one week. Therefore additional information will be sent as an addendum.

ATTACHMENTS:

NONE OBTAINED FROM THE ATTORNEY AT THIS TIME.
HOWEVER, ATTACHMENTS 1,2, 3, AND 4 OF IDI 010705CCN0725 ARE RELEVANT TO THIS INCIDENT. These were sent under hard copy to the Clearinghouse for storage.