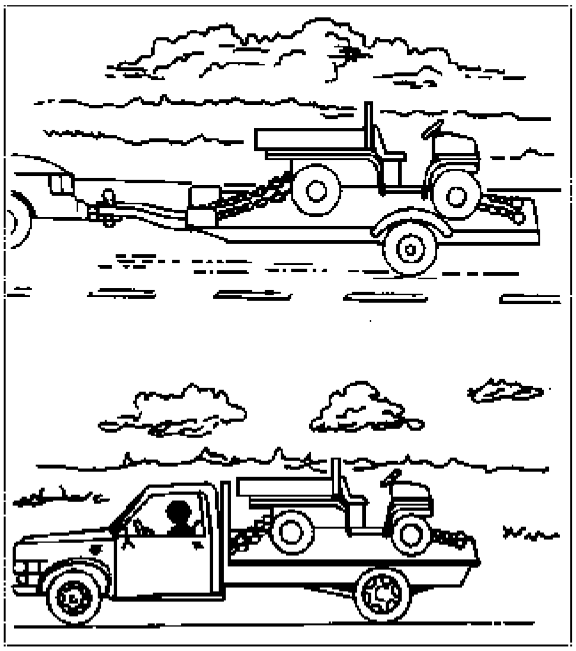

M78557

1. Drive utility vehicle onto the trailer or truck.

2. Leave transaxle shift lever in forward or reverse gear.

3. Park vehicle safely (See Parking Safely in the SAFETY section.)

4. Fasten vehicle to trailer or truck with straps, chains, or cables.

5. Equip the trailer or truck with all the necessary lights and signs required by local, state, provincial, or federal laws.

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Replacement Parts

Service Literature

If you would like a copy of the Parts Catalog or Technical Manual for this machine call:

· **U.S. & Canada**: 1-800-522-7448.

· **All Other Regions**: Your John Deere dealer.

Parts

We recommend John Deere quality parts and lubricants, available at your John Deere dealer.

Part numbers may change, use part numbers listed below when you order. If a number changes, your dealer will have the latest number.

When you order parts, your John Deere dealer needs the serial number or product identification number (PIN) for your machine or attachment. These are the numbers that you recorded in the Product Identification section of this manual.

Order Service Parts Online

Visit **http://JDParts.deere.com** for your Internet connection to parts ordering and information.

Part Numbers

ITEM	PART NUMBER
Engine Oil Filter	AM107423
Air Filter Element	M113621
Fuel Filter	AM116304

Spark Plug	M138938
Drive Belt	VG10928
Fuses: 10 Amp 15 Amp 20 Amp 25 Amp 30 Amp 40 Amp	 57M7121 99M7065 57M7120 99M7069 57M7146 99M7104
Battery	VGA10529
Light Bulbs: Head Lamps Front Amber Lamps Turn Signals and Tail Lamps Brake Lamps Instrument Panel Lamps	 AM118013 M148478 R133301, R133302 AR48041 AR62407

(Part numbers are subject to change without notice. Part Numbers may be different outside the U.S.A.)

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Service Intervals

Servicing Your Machine

IMPORTANT: Avoid damage! Operating in extreme conditions may require more frequent service intervals:

· Engine components may become dirty or plugged when operating in extreme heat, dust or other severe conditions.

· Engine oil may lose efficiency if vehicle is operated constantly at slow or low engine speeds or with frequent short trips.

Please use the following timetables to perform routine maintenance on your machine.

Break In

After First 8 Hours:

· Change engine oil and filter.

· Check brake fluid level.

Every 50 Hours or Annually (whichever comes first)

· Lubricate drive line (AWD).

· Check brake fluid level.

· Check transaxle oil level.

Every 100 Hours or Annually (whichever comes first)

· Change engine oil and filter.

Every 200 Hours or Annually (whichever comes first)

· Change air cleaner element.

· Change fuel filter.

· Change spark plugs.

· Check spark arrestor.

· Check air cleaner dust unloading valve.

· Clean radiator.

· Check drive belt condition.

· Check driven clutch wear buttons.

· Clean primary drive clutch.

· Inspect battery. Clean if necessary.

· Check and tighten wheel bolts to correct torque.

· Check and tighten all hardware.

Every 300 Hours

· Adjust engine valve clearance (see your John Deere dealer for this service).

Every 400 Hours or 24 Months (whichever comes first)

· Change engine coolant.

Every 800 Hours or 24 Months (whichever comes first)

· Change transaxle oil.

· Change AWD oil.

· Replace drive belt.

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Service Lubrication

Grease

IMPORTANT: Avoid damage! Use recommended John Deere greases to avoid component failure and premature wear.

The recommended John Deere greases are effective within an average air temperature range of -29 to 135 degrees C (-20 to 275 degrees F).

If operating outside that temperature range, contact your Servicing dealer for a special-use grease.

The following greases are preferred:

· John Deere Multi-Purpose SD Polyurea Grease

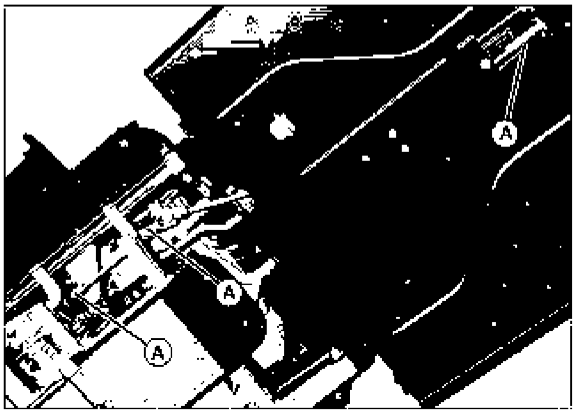
· John Deere Multi-Purpose HD Lithium Complex Grease

· John Deere Moly High Temperature EP Grease

If not using any of the preferred greases, be sure to use a general all-purpose grease with an NLGI grade No.2 rating.

Wet or high speed conditions may require use of a special-use grease. Contact your Servicing dealer for information.

Lubricating Drive Line - HPX 4x4 and Trail HPX 4x4



MX31010

Picture Note: Viewed from under the machine.

Lubricate three grease fitting (A) on drive line with one or two shots of grease.

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Service Engine

Engine Warranty Maintenance Statement

Maintenance, repair, or replacement of the emission control devices and systems on this engine, which are being done at the customers expense, may be performed by any non-road engine repair establishment or individual. Warranty repairs must be performed by an authorized John Deere dealer.

Avoid Fumes

c CAUTION: Avoid injury! Engine exhaust fumes contain carbon monoxide and can cause serious illness or death.

Move the machine to an outside area before running the engine.

Do not run an engine in an enclosed area without adequate ventilation.

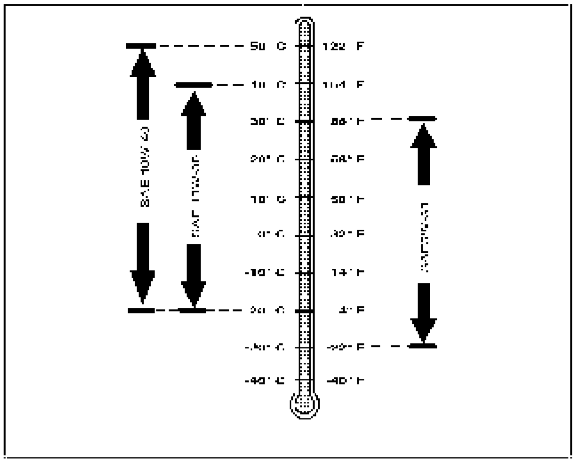
· Connect a pipe extension to the engine exhaust pipe to direct the exhaust fumes out of the area.

· Allow fresh outside air into the work area to clear the exhaust fumes out.

Engine Oil - Gasoline Model

Use oil viscosity based on the expected air temperature range during the period between oil changes.

The following John Deere oils are preferred:



MX4888

· TURF-GARD

· PLUS-4

If the above John Deere oils are not available, other oils may be used, provided they meet the following specifications:

· API Service Classification SG or higher

Checking Engine Oil Level

IMPORTANT: Avoid damage! Failure to check the oil level regularly could lead to serious engine problems if oil level is out of the operating range:

· Check oil level before operating.

· Check oil level when the engine is cold and not running.

· Keep oil level between the dipstick marks.

· Shut off engine before adding oil.

1. Park the vehicle safely. (See Parking Safely in the SAFETY section.)

2. Raise and secure cargo box.

MX31011

3. Remove dipstick (A) and wipe it clean.

4. Install dipstick.

5. Remove dipstick.

6. Check oil level:

· Oil level must be between fill marks on dipstick.

· If oil level is low, add oil to bring oil level no higher than upper mark on dipstick.

· If oil level is above upper mark, drain to proper level. Determine cause of this condition and correct.

7. Install dipstick.

8. Lower the cargo box.

Changing Engine Oil and Filter

IMPORTANT: Avoid damage! Change the oil more often if the vehicle is used in extreme conditions:

· Extremely dusty conditions.

· Frequent slow or low-speed operation.

· Frequent short trips.

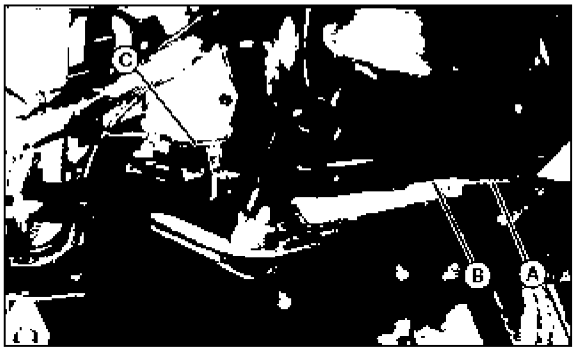
1. Run engine to warm the oil.

2. Park the vehicle safely. (See Parking Safely in the SAFETY section.)

3. Raise and secure cargo box.

4. Place drain pan under engine drain valve.

5. Clean any debris from drain funnel under oil filter.



MX31015

6. Route drain tube (A) below skid plate.

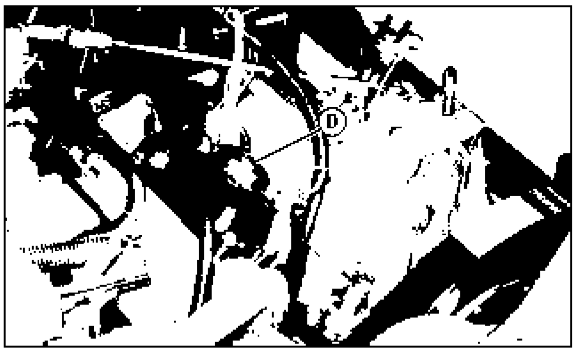
7. Open drain valve (B) on the left side of engine and drain oil into oil drain pan. Allow oil to drain completely.

8. Remove and discard oil filter (C) on front of engine. Wipe off filter base on engine.

9. Put a light coat of clean engine oil on gasket of new oil filter.

10. Install new filter until rubber gasket contacts filter base. Tighten filter an additional one-half turn.

11. Close drain valve and route drain tube above skid plate.



MX31011

12. Pull off oil fill cap from filler opening (D).

IMPORTANT: Avoid damage! Do not overfill crankcase with oil. Oil capacities given are with engine and crankcase completely dry. Some oil will remain in engine after draining.

13. Add oil no higher than upper mark on dipstick. Use approximately 1.3L (1.37 qt) of oil. Do not overfill.

14. Install oil fill cap.

15. Start and run engine at idle to check for leaks. Stop engine. Fix any leaks before operating.

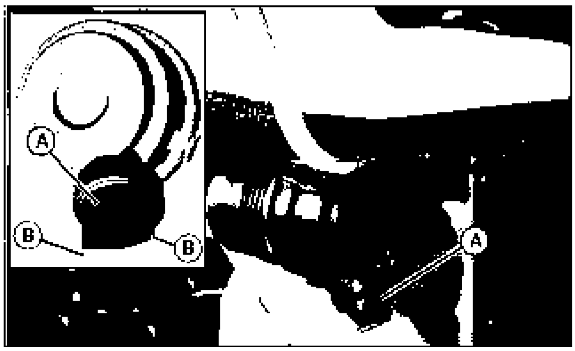
16. Check oil level, add oil if necessary.

17. Lower the cargo box.

Cleaning Rubber Dust Unloading Valve

IMPORTANT: Avoid damage! Do not operate engine without air cleaner element and rubber dust unloading valve installed.

1. Park the vehicle safely. (See Parking Safely in the SAFETY section.)



MX30612, MX31016

Picture Note: The air cleaner canister cover is removed for clarity only. Removal of the canister cover or dust unloading valve is not required.

2. Locate dust unloading valve (A) attached to the front of the air cleaner canister.

3. Visually check dust unloading valve (A). Replace with new valve if worn, damaged, or missing.

4. Pinch corners (B) to allow any dirt or debris to fall out of the valve.

Servicing Air Cleaner Element

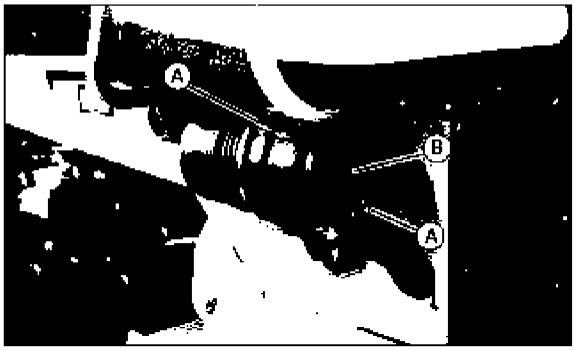
IMPORTANT: Avoid damage! Dirt and debris can enter engine when air cleaner canister is opened. Do not open canister unless required for

scheduled service. This will keep contamination of the intake system to a minimum.

Check filter element more frequently if operating in dusty conditions.

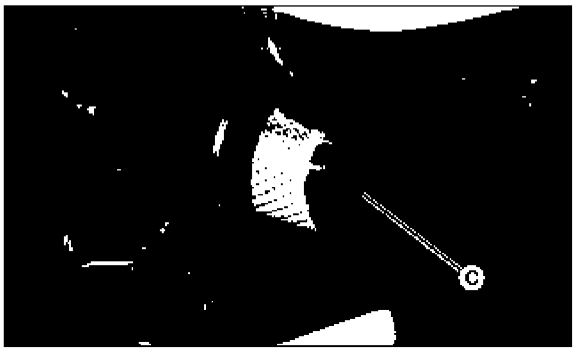
1. Park the vehicle safely. (See Parking Safely in the SAFETY section.)

2. Allow engine to cool.



MX31016

3. Release latches (A) and remove air cleaner canister cover (B).



MX31017

4. Remove and discard filter element (C). Replace with a new filter element.

5. Install air cleaner canister cover with rubber dust unloading valve pointing downward. Check instruction molded into canister cover for proper installation.

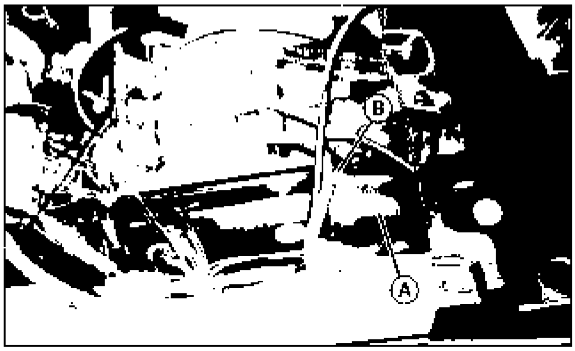
6. Hook the canister cover latches.

Checking Air Intake, Hoses and Clamps

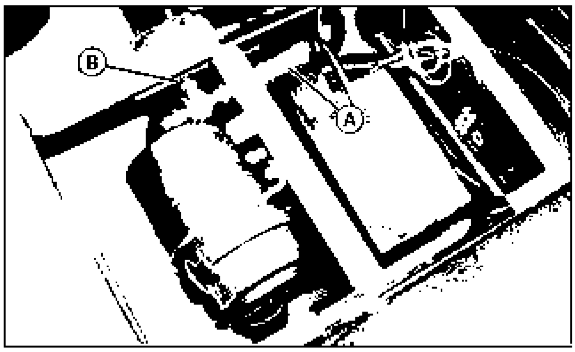
1. Park the machine safely. (See Parking Safely in the SAFETY section.)

2. Tip passenger seat forward.

3. Raise and secure cargo box.



MX31018



MX31019

4. Check intake hose (A) for damage or cracking. Replace if necessary.

5. Check and tighten air intake hose clamps (B) as needed.

6. Lower the cargo box.

7. Tip seat back.

Checking Spark Plug

c CAUTION: Avoid injury! Touching hot surfaces can burn skin. The engine, components, and fluids will be hot if the engine has been running. Allow the engine to cool before servicing or working near the engine and components.

1. Park the vehicle safely. (See Parking Safely in the SAFETY section.)

2. Raise and secure cargo box.

3. Disconnect spark plug wire(s).

4. Remove spark plug(s) using appropriate spark plug socket.

5. Inspect spark plug(s) for:

· Cracked porcelain.

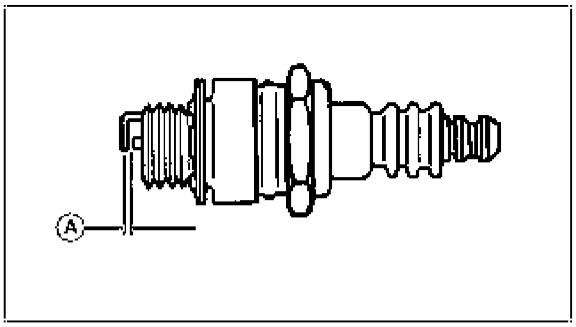
· Pitted or damaged electrodes.

· Other wear or damage.

6. Clean spark plug(s) carefully with a wire brush.

NOTE: In Canada, replace with resistor spark plug only.

7. Replace spark plug(s) if necessary.



M85200A

8. Check and adjust spark plug gap (A):

· Gap must be 0.80 mm (0.031 in.).

9. Install and tighten spark plug(s). Tighten to 25 N·m (18 lb-ft).

10. Install spark plug wire(s).

11. Lower the cargo box.

Replacing Fuel Filter

c CAUTION: Avoid injury! Fuel vapors are explosive and flammable:

· Do not smoke while handling fuel.

· Keep fuel away from flames or sparks.

· Shut off engine before servicing.

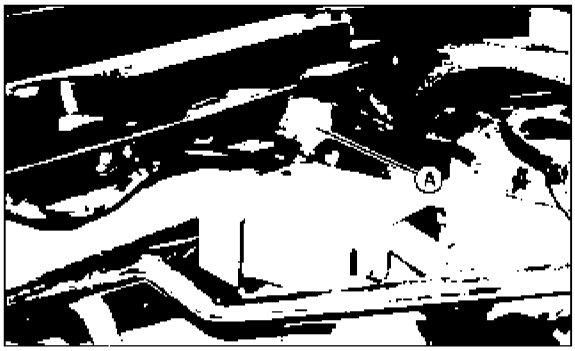
· Cool engine before servicing.

· Work in a well-ventilated area.

· Clean up spilled fuel immediately.

1. Park the vehicle safely. (See Parking Safely in the SAFETY section.)

2. Raise and secure cargo box.



MX31020

3. Locate the fuel filter (A) at the front of the engine compartment.

4. Check element of fuel filter for debris. Replace if dirt or sediment is visible on element.

5. Slide hose clamps away from the fuel filter.

6. Place a drain pan or cloth under hoses to catch any fuel left in hoses.

7. Disconnect hoses from the filter.

NOTE: Install fuel filter with arrow pointing in direction of fuel flow towards the engine.

8. Install new filter.

9. Connect hoses to new filter.

10. Install clamps.

11. Lower the cargo box.

Adjusting Carburetor

NOTE: The carburetor is calibrated by the engine manufacturer and should not require any adjustments.

If engine is operated at altitudes above 1829 m (6,000 ft.), some carburetors may require a special high altitude main jet. See your John Deere dealer.

If engine is hard to start or runs rough, check the TROUBLESHOOTING section of this manual.

After performing the checks in the troubleshooting section and your engine is still not performing correctly, contact your John Deere dealer.

Cleaning Engine Compartment

c CAUTION: Avoid injury! Touching hot surfaces can burn skin. The engine, components, and fluids will be hot if the engine has been running. Allow the engine to cool before servicing or working near the engine and components.

1. Park the vehicle safely. (See Parking Safely in the SAFETY section.)

2. Raise and secure cargo box.

IMPORTANT: Avoid damage! Do not spray water on a hot engine or transaxle. Damage may occur to cast aluminum parts. Allow engine to cool before servicing.

3. Remove any debris in engine compartment.

4. Check and remove any obstructions around the control cables and linkages.

Cleaning Grille

IMPORTANT: Avoid damage! Grille screen must be clean to prevent engine from overheating and to allow adequate air intake.

1. Check grille screen for dirt, grass clippings and debris.

2. Clean grille screen by washing or with a brush or cloth.

Cleaning Radiator Cooling Fins

c CAUTION: Avoid injury! Compressed air can cause debris to fly a long distance.

· Clear work area of bystanders.

· Wear eye protection when using compressed air for cleaning purposes.

· Reduce compressed air pressure to 210 kPa (30 psi).

IMPORTANT: Avoid damage! Cooling fins must be clean to prevent engine from overheating and to allow adequate air intake.

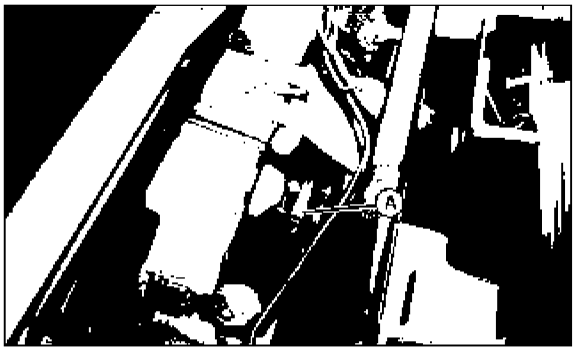
1. Park the vehicle safely. (See Parking Safely in the SAFETY section.)

2. Open hood.

3. Remove storage tray.

IMPORTANT: Avoid damage! High-pressure water or air can damage cooling fins or other engine components. Use water from a hose or reduce compressed air pressure to 210 kPa (30 psi).

Turn engine off before cleaning radiator screen and fins.



MX31021

4. Remove all dirt and debris from radiator fins (A) and fan shroud using compressed air or water. Flow of compressed air or water should be from back to front.

5. Install storage tray.

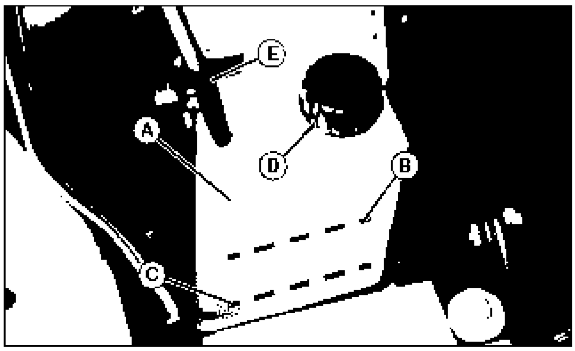
6. Close hood.

Checking Coolant Level

1. Park the vehicle safely. (See Parking Safely in the SAFETY section.)

2. Allow engine to cool.

3. Open hood.



MX31022

4. Check recovery tank (A) coolant level:

· If engine is warm, coolant level should be between the FULL line (B) and the LOW line (C).

· If engine is cold, coolant level should be at the LOW line (C) on the recovery tank.

5. Remove recovery tank cap (D) if necessary to add coolant.

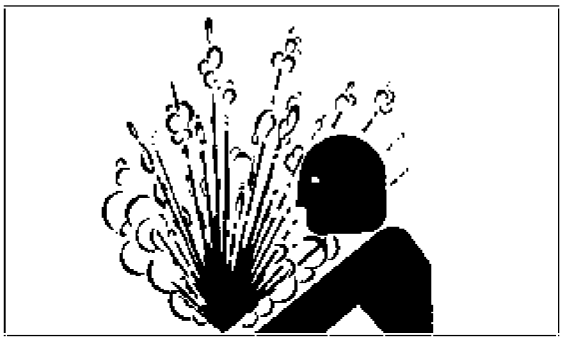
6. Add coolant mixture to recovery tank.

IMPORTANT: Avoid damage! Installing suction hose incorrectly will not allow coolant into the coolant system. Do not allow bottom of hose (E) to touch bottom of bottle or bend upwards out of coolant.

7. Install and tighten recovery tank cap.

8. Close hood.

Service Cooling System Safely



TS281

c CAUTION: Avoid injury! The radiator will be hot and can burn skin. Built-up pressure may cause explosive release of coolant when the radiator cap is removed:

· Shut off the engine and allow to cool.

· Do not remove the cap unless the radiator and the engine are cool enough to touch with bare hands.

· Slowly loosen the cap to the first stop to release all pressure. Then remove the cap.

Servicing Cooling System

IMPORTANT: Avoid damage! Follow all service procedures exactly. If not equipped to perform this work, see your John Deere dealer for service.

Prepare Vehicle

1. Park the vehicle safely. (See Parking Safely in the SAFETY section.)

2. Raise cargo box.

3. Tip seats forward.

4. Open hood.

5. Remove storage tray.

6. When the coolant system service is completed:

· Install storage tray.

· Close hood.

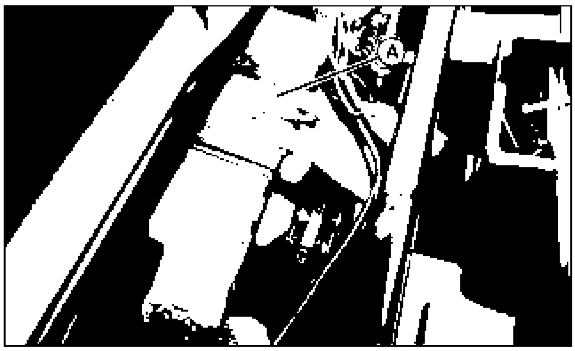
· Tip seats back.

· Lower cargo box.

Draining Cooling System

1. Make sure engine has cooled completely.

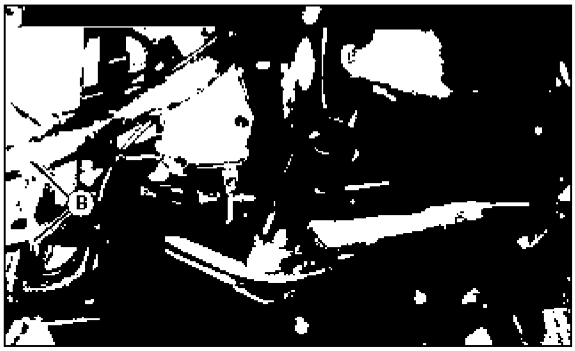
2. Place drain pan under engine.



MX31021

3. Slowly open radiator cap (A) to the first stop to release all pressure.

4. Remove cap after all pressure is released.

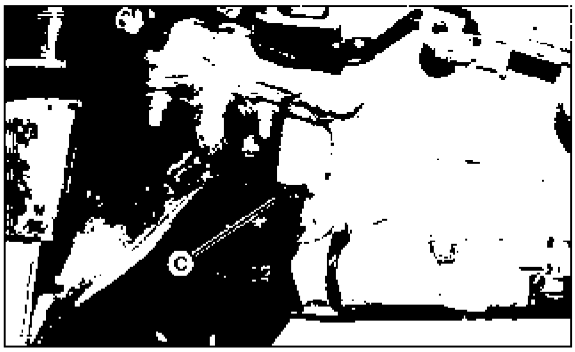


MX31015

5. Disconnect radiator hoses (B) from intermediate tubes.

6. Route radiator hoses over the drain pan and allow coolant to drain into drain pan.

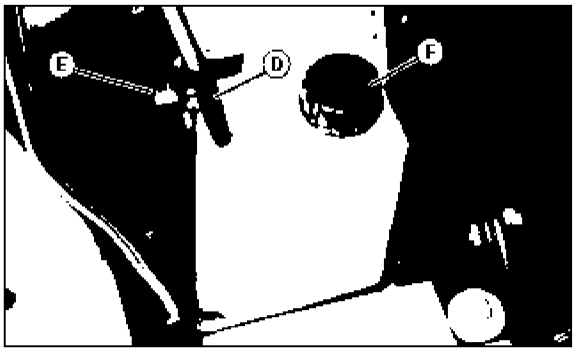
NOTE: Engine block drain screws may be black in color.



MX31024

7. Loosen engine block drain screw (C) on left side of engine. Allow coolant to drain into a drain pan.

8. After all coolant has drained, connect radiator hoses and tighten the engine block drain screw.



MX31022

9. Remove overflow hose (D) from recovery tank.

10. Remove the screw (E) and lift recovery tank out of machine.

11. Remove cap and empty recovery tank into drain pan.

12. Check condition of all hoses. Replace as needed. Check all hose clamps and tighten as needed.

13. Install recovery tank in machine and secure with screw (E).

IMPORTANT: Avoid damage! Install overflow hose properly to ensure proper function of the cooling system. Position hose slightly above bottom of reservoir. Do not allow hose to contact bottom of reservoir or bend upwards out of the coolant.

14. Install overflow hose (D) and cap (F).

15. Fill and bleed cooling system.

Filling and Bleeding Cooling System

IMPORTANT: Avoid damage! Using incorrect coolant mixture can damage the radiator:

· Do not operate engine with plain water.

· Use antifreeze approved for use in aluminum engines.

· Do not exceed a 50% antifreeze mixture for the coolant.

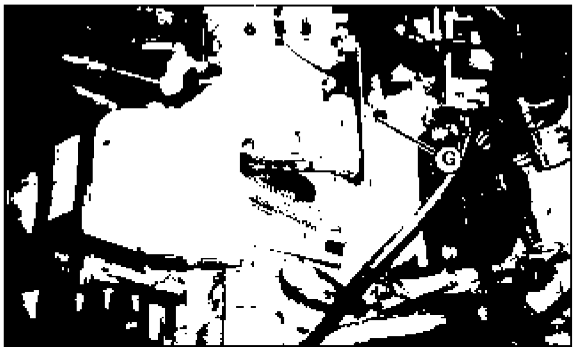
· Do not pour coolant or water into the radiator when the engine is hot.

NOTE: John Deere COOL-GARD coolant is recommended when adding coolant to the cooling system. Follow the directions on the container for correct mixture ratio.

Cooling system capacity is approximately 5.0 L (5.2 qt.) including recovery tank.

IMPORTANT: Avoid damage! Bleed screw uses a special aluminum seal washer. Do not lose or substitute with any other type of washer.

NOTE: Engine block bleed screw may be black in color.



MX31023

1. Remove bleed screw and seal washer (G) located by carburetor.

2. Remove radiator cap and add recommended coolant mixture to radiator until coolant runs out of bleed port.

3. Install and tighten bleed screw with seal washer.

4. Add additional coolant mixture to radiator until coolant run out of overflow port and into the recovery tank.

5. Install radiator cap.

IMPORTANT: Avoid damage! Position hose slightly above bottom of recovery tank. Do not allow hose to contact bottom of recovery tank or bend upwards out of the coolant.

6. Remove recovery tank cap and add coolant mixture to recovery tank until it is approximately half full.

7. Install recovery tank cap.

IMPORTANT: Avoid damage! If coolant temperature indicator comes on while engine is running, stop engine and add more coolant mixture to radiator.

8. Start and run engine at medium speed until upper and lower radiator hoses have become warm (10 - 15 minutes), indicating thermostat has opened and coolant is circulating.

9. Allow engine to cool.

10. Loosen bleed screw and allow air to bubble out until air bubbles are no longer visible at bleed port. Tighten bleed screw completely.

11. Remove radiator cap and add recommended coolant mixture to radiator until coolant runs out of overflow port and into the recovery tank.

12. Install radiator cap.

13. Run engine until cooling fan starts, indicating the engine and coolant has reached operating temperature.

14. Stop engine and remove key.

15. Allow engine to cool and suction back any needed coolant from overflow recovery tank. Fill recovery tank as needed to lower line.

Flushing Cooling System

1. Drain cooling system.

2. Prepare a cooling system flushing solution using clean water and John Deere Cooling System Cleaner, John Deere Cooling System Quick Flush, or an equivalent.

3. Fill radiator completely with flushing solution. Install and tighten radiator cap.

4. Start and run engine until it reaches operating temperature.

5. Stop engine.

c CAUTION: Avoid injury! Engine and coolant will be hot. Use a thick rag or gloves to protect your skin.

6. Turn radiator cap slowly to the stop to release system pressure. Remove radiator cap.

7. Drain cooling system immediately into a container before rust and dirt settle:

· Disconnect radiator hoses from engine.

· Loosen engine block drain screws.

8. After all solution has drained, connect radiator hoses and tighten engine block drain screws.

9. Remove and clean recovery tank.

10. Install the recovery tank.

11. Fill cooling system with recommended coolant mixture.

Recommended Engine Coolant

IMPORTANT: Avoid damage! Using incorrect coolant mixture can damage the radiator:

· Do not operate engine with plain water.

· Use ethylene-glycol based antifreeze approved for use in aluminum radiators or aluminum engines.

· Do not exceed a 50% mixture of coolant and water.

· Do not pour coolant or water into the radiator when the engine is hot.

The following John Deere coolants are preferred:

· COOL-GARD® PRE-DILUTED SUMMER COOLANT (TY16036).

· COOL-GARD® CONCENTRATED SUMMER COOLANT (TY16034).

If neither of the recommended coolants is available, use a glycol base coolant that meets the following specification:

· ASTM D4985 (JDM H24A2).

Check container label before using to be sure it has the appropriate specifications for your machine. Use coolant with conditioner or add conditioner to coolant before using.

If using concentrate, mix approximately 50 percent antifreeze with 50 percent distilled or deionized water before adding to cooling system. This mixture will provide freeze protection to -37 degrees C (-34 degrees F).

Certain geographical areas may require lower temperature protection. See the label on your antifreeze container or consult your John Deere dealer to obtain the latest information and recommendations. Never exceed the

maximum dilution rate for the coolant you are using. Exceeding the maximum rate will greatly reduce the coolant effectiveness.

Checking Radiator Hoses and Clamps

1. Park the vehicle safely. (See Parking Safely in the SAFETY section.)

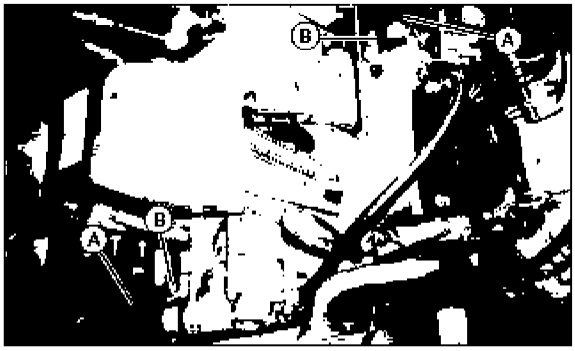
2. Raise cargo box.

3. Tip seats forward.

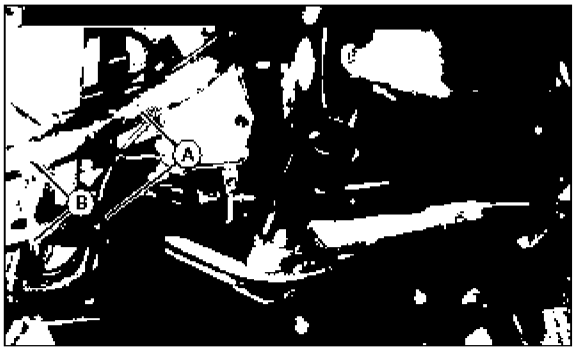
4. Open hood.

5. Remove storage tray.

NOTE: Visually inspect hoses for cracks and wear. Squeeze hoses to check for deterioration. Hoses should not be hard and brittle, nor soft or swollen.



MX31023



MX31015

6. Check radiator hoses (A) between intermediate tubes and engine for damage or cracking. Replace if necessary.

7. Check hose clamps (B) and tighten or replace as needed.

MX31025

8. Check radiator hose (C) between intermediate tubes and radiator for damage or cracking. Replace if necessary.

9. Check hose clamps (D) and tighten or replace as needed.

10. Install storage tray.

11. Close hood.

12. Tip seats back.

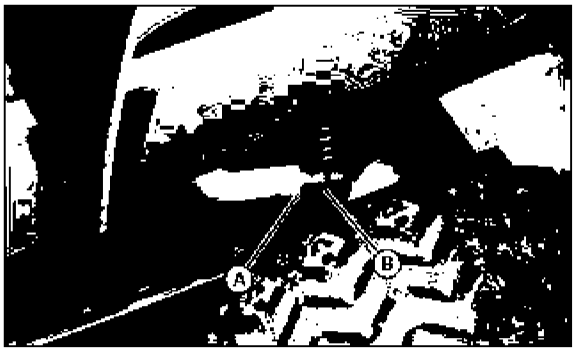
13. Lower cargo box.

Checking Spark Arrestor

c CAUTION: Avoid injury! Touching hot surfaces can burn skin. The engine, components, and fluids will be hot if the engine has been running. Allow the engine to cool before servicing or working near the engine and components.

1. Park the vehicle safely. (See Parking Safely in the SAFETY section.)

2. Allow vehicle to cool completely.



MX31026

3. Remove screw (A) securing spark arrestor (B) to muffler exhaust pipe. Retain the screw.

4. Remove spark arrestor.

5. Make sure deflector screen inside arrestor is not plugged or damaged:

· If plugged, spray with carburetor/choke cleaner and blow dry with low pressure compressed air.

· If damaged, replace spark arrestor.

6. Install spark arrestor with original hardware.

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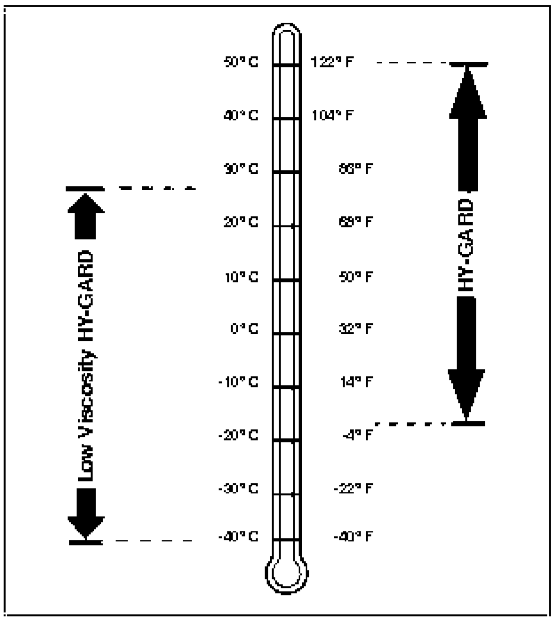
Service Transmission

Transaxle and AWD Differential Oil

IMPORTANT: Avoid damage! Do not use engine oil, "Type F" (Red) Automatic Transmission Fluid or BIO-HY-GARD. Do not mix any other oils in this transmission.



Use oil viscosity based on the expected air temperature range during the period between oil changes.

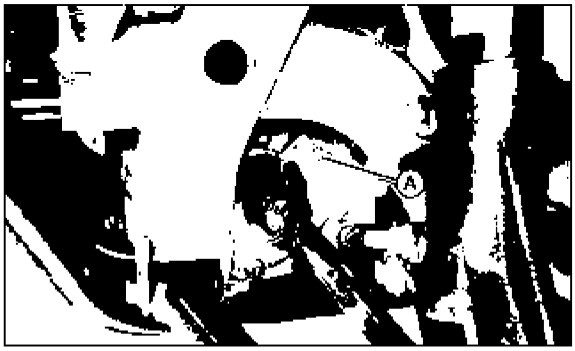
John Deere Low Viscosity HY-GARD® Transmission/Hydraulic Oil is recommended. Standard John Deere HY-GARD® Transmission/Hydraulic Oil may also be used.

Other oils may be used if they meet John Deere standard JDM J20C.

Checking AWD Differential Oil Level - HPX 4x4 and Trail HPX 4x4

1. Park machine safely. (See Parking Safely in the SAFETY section.) Allow machine to cool down for at least one hour.

IMPORTANT: Avoid damage! Dirt and debris in oil may cause damage to the AWD differential. Clean area around opening before removing plug.



MX31027

Picture Note: Left front wheel removed for clarity.

2. Remove fill plug (A) located on left side of AWD differential.

3. Oil should be level with the bottom of the fill port. If oil level is low:

a. Add oil through fill port until level is correct.

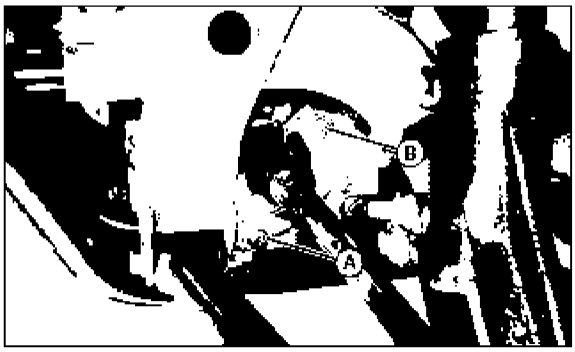
b. Install and tighten fill plug to 44 - 54 N·m (32.5 - 39.9 lb-ft).

Changing AWD Differential Oil - HPX 4x4 and Trail HPX 4x4

1. Operate machine to warm AWD differential oil.

2. Park machine safely. (See Parking Safely in the SAFETY section.)

IMPORTANT: Avoid damage! Dirt and debris in oil may cause damage to the AWD differential. Clean area around opening before removing plug.



MX31027

Picture Note: Left front wheel removed for clarity.

3. Position drain pan under AWD differential drain plug (A).

4. Remove fill plug (B) located on left side of AWD differential.

5. Remove AWD differential drain plug (A) and allow oil to drain.

6. Install and tighten drain plug to 30-35 N·m (22.1-25.8 lb-ft) after all oil has drained.

7. Add approximately 1.4 L (1.48 qt) of oil until the level is even with the bottom of the fill port.

8. Check washer on drain plug. Replace if missing or in poor condition.

9. Install and tighten fill plug to 44 - 54 N·m (32.5 - 39.9 lb-ft).

10. Check AWD differential oil level again after the first several hours of operation.

Checking Transaxle Oil Level

IMPORTANT: Avoid damage! Hot hydraulic oil will expand and show incorrect oil level. Check oil level:

· When oil is cold.

· With engine not running.

1. Park the vehicle safely. (See Parking Safely in the SAFETY section.)

2. Raise and secure cargo box.

IMPORTANT: Avoid damage! Dirt and debris in oil may cause damage to the transaxle. Clean area around opening before removing dipstick.

MX31029

3. Remove dipstick (A) located on the top of the transaxle housing. Wipe dipstick clean.

4. Check oil level by setting dipstick on threads in transaxle case, then removing and checking oil level.

5. Add oil as needed through the dipstick fill hole.

6. Install and tighten dipstick.

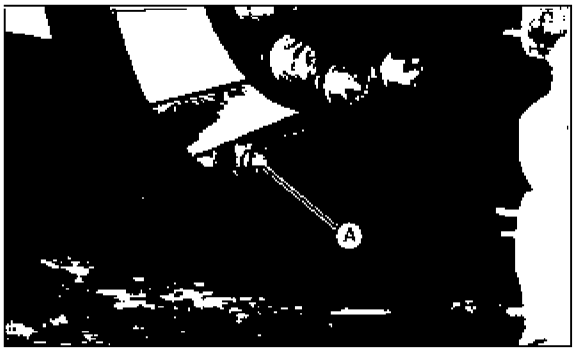
7. Lower the cargo box.

Changing Transaxle Oil

1. Park the vehicle safely. (See Parking Safely in the SAFETY section.)

2. Raise and secure cargo box.

IMPORTANT: Avoid damage! Dirt and debris in oil may cause damage to the transaxle. Clean area around opening before removing dipstick.



MX31028

3. Position drain pan under transaxle drain plug (A).

4. Remove plug and drain oil.

5. Check washer on drain plug. Replace if missing or in poor condition.

6. Install and tighten drain plug to 44 - 54 N·m (32.5 - 39.9 lb-ft).

7. Remove dipstick located on top of transaxle housing. Wipe dipstick clean.

8. Add approximately 4.0 L (4.2 qt) of oil.

9. Check oil level by setting dipstick on threads in transaxle case, then removing and checking oil level.

10. Wait for two minutes then check oil level. Add oil if necessary.

11. Install dipstick and tighten.

12. Lower the cargo box.

Checking Drive Belt

c CAUTION: Avoid injury! Rotating parts can catch fingers, loose clothing, or long hair. Wait for engine and all moving parts to stop before leaving operator's station to adjust or service machine.

1. Park the vehicle safely. (See Parking Safely in the SAFETY section.)

2. Raise and secure cargo box.

3. HPX Trail Gator 4x4: Remove clutch enclosure cover.

4. Rotate and inspect belt for wear or damage.

MX31031

5. Measure the top surface of the belt width at (A). Dimension should be a minimum of 27 mm (1.1 in.).

6. Replace belt if worn beyond limit.

7. HPX Trail Gator 4x4: Install clutch enclosure cover.

8. Lower the cargo box.

Replacing Drive Belt

c CAUTION: Avoid injury! Rotating parts can catch fingers, loose clothing, or long hair. Wait for engine and all moving parts to stop before leaving operator's station to adjust or service machine.

1. Park the vehicle safely. (See Parking Safely in the SAFETY section.)

2. Raise and secure cargo box.

3. HPX Trail Gator 4x4: Remove clutch enclosure cover.

MX31030

4. Route the belt over pulley (A) of the driven clutch. Rotating the driven pulley will aid in removing the belt.

5. Route belt over drive pulley (B) to remove.

6. Install new belt by routing over drive pulley and then over the driven clutch pulley.

7. HPX Trail Gator 4x4: Install clutch enclosure cover.

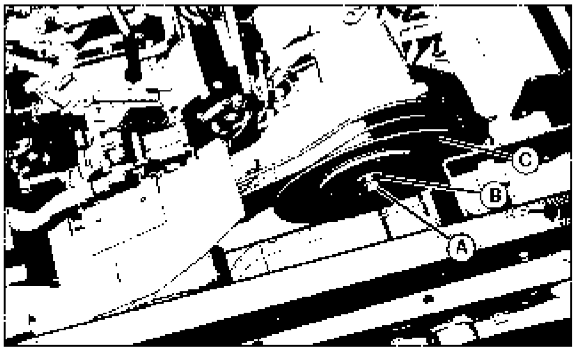
8. Lower the cargo box.

Checking Secondary Driven Clutch Buttons

1. Park the vehicle safely. (See Parking Safely in the SAFETY section.)

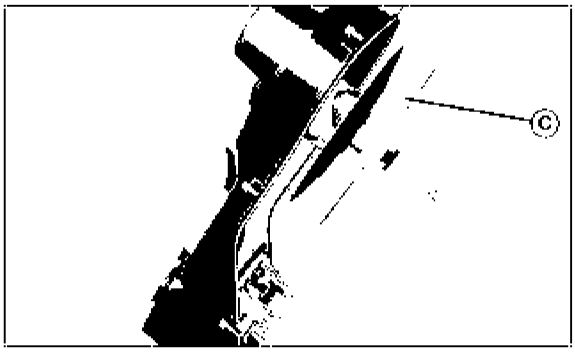
2. Raise and secure cargo box.

3. HPX Trail Gator 4x4: Remove clutch enclosure cover.



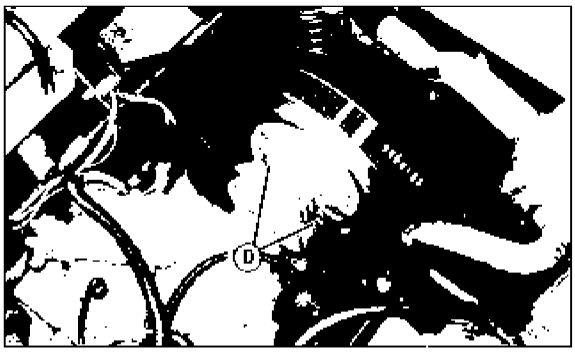
MX31497

4. HPX Trail Gator 4x4: Remove secondary clutch mounting bolt (A) and washer (B).



MX31871

5. HPX Trail Gator 4x4: Slide secondary clutch (C) away from transaxle far enough to see clutch buttons.



MX31031

6. Check for missing or worn clutch buttons (D).

· There should not be any excessive wear, or metal-to-metal contact.

· If replacement is necessary, see your John Deere dealer.

7. HPX Trail Gator 4x4: Slide secondary clutch in towards transaxle.

8. HPX Trail Gator 4x4: Install secondary clutch mounting bolt and washer and tighten to 70 N·m (52 lb-ft).

9. HPX Trail Gator 4x4: Install clutch enclosure cover.

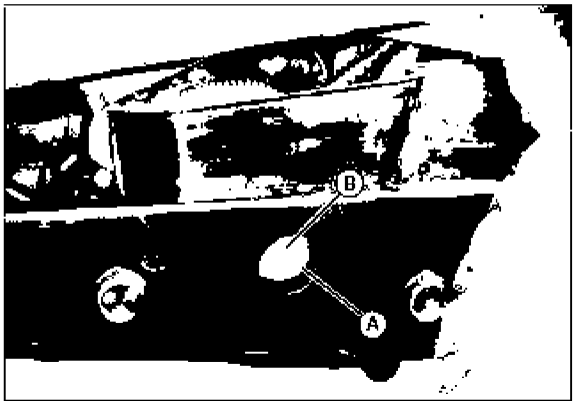
10. Lower the cargo box.

Cleaning Primary Drive Clutch

IMPORTANT: Avoid damage! Never lubricate any part of the primary drive clutch.

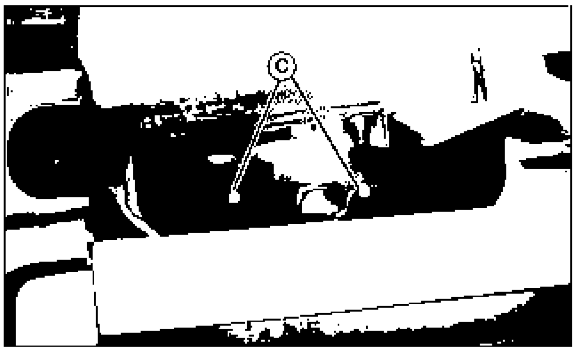
1. Park the vehicle safely. (See Parking Safely in the SAFETY section.)

2. Raise and secure cargo box.



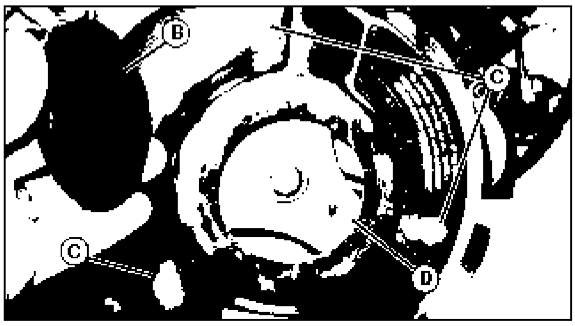
MX31484

3. Through access hole (A), remove clutch cover plug (B).



MX31483

4. Remove three screws (C) securing clutch cover. Pull cover away from clutch.



MX31485

Picture Note: Engine removed for clarity. Engine does not need to be removed to clean clutch.

5. Through access hole (D), use compressed air to blow dust and debris out of clutch. Also blow dust and debris out from underneath the belt along the main shaft.

6. Install clutch cover and tighten screws (C).

7. Install clutch cover plug (B).

8. Lower the cargo box.

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Service Steering & Brakes

Brake Fluid

The following heavy duty brake fluid is PREFERRED for all drum and disc brakes:

· Brake Fluid - DOT3

Other brake fluids may be used if they provide the following:

· DOT3 certified.

· Conforms to Motor Vehicle Safety Standard No. 116.

· Minimum wet boiling point 140°C (284°F).

· Minimum dry boiling point 232°C (450°F) to prevent vapor lock.

Checking Brake Fluid Level

IMPORTANT: Avoid damage! Avoid contamination of the brake fluid. Thoroughly clean area around the filler cap before removing. Do not open the brake fluid reservoir cap unless absolutely necessary.

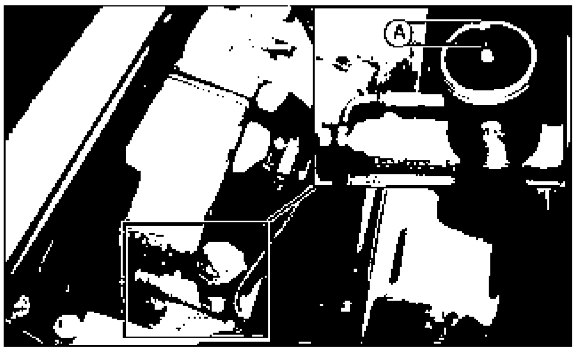
Use extreme care when filling the reservoir. Fluid spilled on painted surfaces can cause damage.

Use only DOT3 brake fluid from a sealed container.

1. Park vehicle safely. (See Parking Safely in the Safety section.)

2. Open hood.

3. Carefully clean area around reservoir cap.



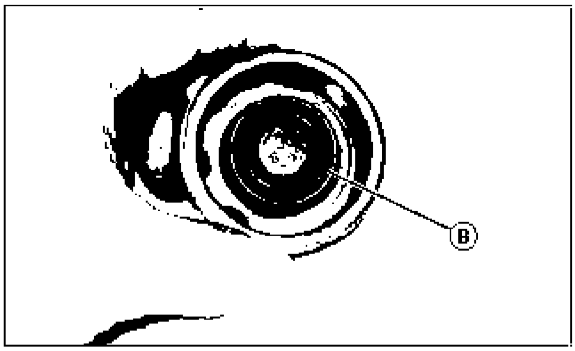
MX31032, MX31021

4. Remove reservoir cap and visually check fluid level.

· Fluid levels must be maintained to 12 - 13 mm (0.47 - 0.51 in.) below top of filler (A).

5. If fluid is low:

· Add fluid to maintain level within specification.



MX31482

6. Check reservoir cap bellows (B) are in place and not damaged.

7. Install reservoir cap.

8. Close hood.

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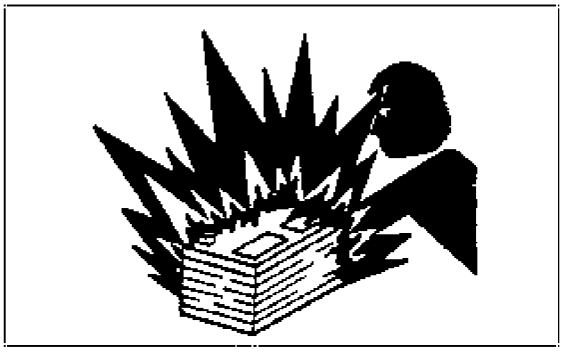
Service Electrical

Battery Statement

WARNING: Battery posts, terminals and related accessories contain lead and lead components, chemicals known to the State of California to cause cancer and reproductive harm. **Wash hands after handling.**

Service the Battery Safely



c CAUTION: Avoid injury! Battery electrolyte contains sulfuric acid. It is poisonous and can cause serious burns:

· Wear eye protection and gloves.

· Keep skin protected.

· If electrolyte is swallowed, get medical attention immediately.

· If electrolyte is splashed into eyes, flush immediately with water for 15-30 minutes and get medical attention.

· If electrolyte is splashed onto skin, flush immediately with water and get medical attention if necessary.

The battery produces a flammable and explosive gas. The battery may explode:

· Do not smoke near battery.

· Wear eye protection and gloves.

· Do not allow direct metal contact across battery posts.

· Remove negative cable first when disconnecting.

· Install negative cable last when connecting.

Checking the Battery (Sealed Batteries)

NOTE: Do not attempt to open, add fluid or service battery. Any attempt to do so will void warranty.

· Keep battery and terminals clean.

· Keep battery bolts tight.

· Keep small vent holes open.

IMPORTANT: Avoid damage! This battery comes fully charged. If the machine is not used by the service expiration date indicated on the battery, charge the battery.

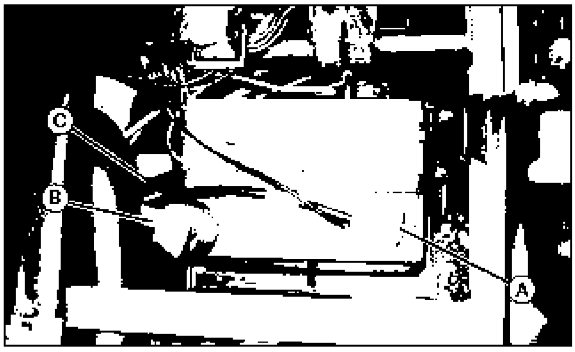
· Recharge, if necessary, at 6-10 amperes for 1 hour.

Removing and Installing Battery

Removing

1. Park the vehicle safely. (See Parking Safely in the SAFETY section.)

2. Raise passenger seat.



MX31033

3. Disconnect all black negative cables (A) from battery first.

4. Slide back rubber protective cover (B) and disconnect all red positive cables.

5. Disconnect rubber hold-down strap (C).

6. Lift battery from vehicle.

Installing

1. Install battery into vehicle with negative (-) terminal positioned toward front of vehicle.

2. Install battery hold-down strap.

3. Connect all red positive cables to positive (+) battery terminal first. Tighten the connections.

4. Connect all black negative cables to negative (-) battery terminal. Tighten the connections.

5. Apply petroleum jelly to battery terminals to help prevent corrosion.

6. Slide protective cover down the battery positive cable and seat it over the positive (+) terminal.

Cleaning Battery and Terminals

1. Park machine safely. (See Parking Safely in the SAFETY section.)

2. Disconnect and remove battery.

3. Wash battery with solution of four tablespoons of baking soda to one gallon of water. Be careful not to get the soda solution into the cells.

4. Rinse the battery with plain water and dry.

5. Clean terminals and battery cable ends with wire brush until bright.

6. Apply general purpose grease or silicone spray to terminal to prevent corrosion.

7. Install battery.

Using Booster Battery

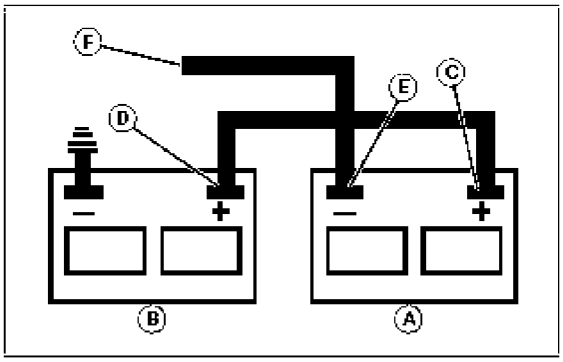
c CAUTION: Avoid injury! The battery produces a flammable and explosive gas. The battery may explode:

· Do not smoke or have open flame near battery.

· Wear eye protection and gloves.

· Do not jump start or charge a frozen battery. Warm battery to 16°C (60° F).

· Do not connect the negative (-) booster cable to the negative (-) terminal of the discharged battery. Connect at a good ground location away from the discharged battery.



M71044

A - Booster Battery

B - Disabled Vehicle Battery

1. Connect positive (+) booster cable to booster battery (A) positive (+) post (C).

2. Connect the other end of positive (+) booster cable to the disabled vehicle battery (B) positive (+) post (D).

3. Connect negative (-) booster cable to booster battery negative (-) post (E).

IMPORTANT: Avoid damage! Electric charge from booster battery can damage machine components. Do not install negative booster cable to machine frame. Install only to the engine block.

Install negative booster cable away from moving parts in the engine compartment, such as belts and fan blades.

4. Connect the other end (F) of negative (-) booster cable to a metal part of the disabled machine engine block away from battery.

5. Start the engine of the disabled machine and run machine for several minutes.

6. Carefully disconnect the booster cables in the exact reverse order: negative cable first and then the positive cable.

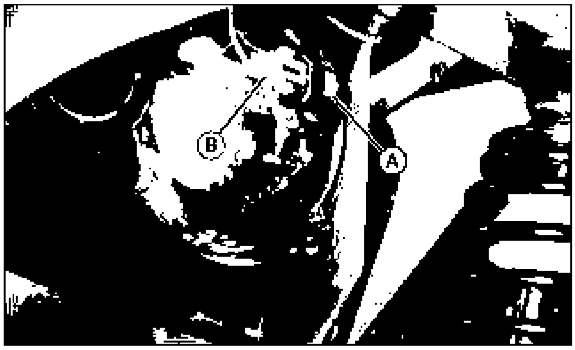
Replacing Headlight Bulb

1. Park the vehicle safely. (See Parking Safely in the SAFETY section.)

2. Locate headlight housing under the front fender.

c CAUTION: Avoid injury! Halogen light bulb contains gas under pressure. The bulb may shatter if the glass is scratched or dropped. Wear eye protection and handle bulb with care when replacing.

IMPORTANT: Avoid damage! Do not touch glass portion of new bulb with bare skin. Contact with oils or dirt will reduce bulb life. Handle bulb by the base or with a clean cloth or gloves.



MX31034

3. Rotate bulb socket (A) 1/8 of a turn counterclockwise and remove socket from housing.

4. Disconnect wire connector (B) from socket. Discard the bulb/socket assembly.

5. Connect wiring connector to new bulb/socket assembly. Install the assembly into housing and rotate 1/8 turn to lock in place.

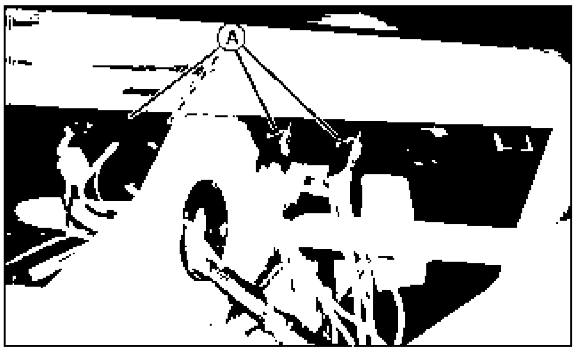
6. Test head lamp function.

Replacing Instrument Panel Bulbs

1. Park the vehicle safely. (See Parking Safely in the SAFETY section.)

2. Open hood.

3. Remove storage tray.



MX31035

4. Reach under instrument panel and remove appropriate bulb socket (A) from plastic housing.

· Rotate bulb socket 1/3 turn.

· Pull socket straight outward.

5. Remove bulb from socket. Discard bulb.

6. Install new bulb in socket.

7. Align and insert bulb socket into plastic housing. Turn socket 1/3 turn to lock in place.

8. Install storage tray.

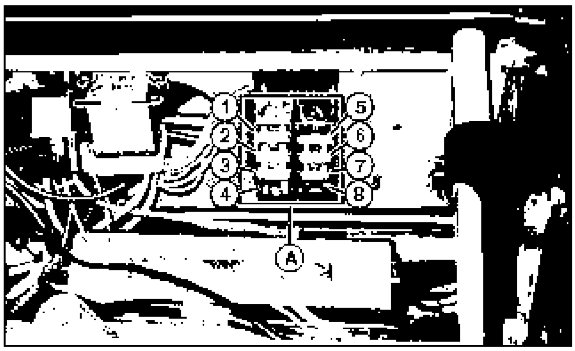
9. Close hood.

Checking and Replacing Fuses

IMPORTANT: Avoid damage! The electrical system may be damaged if incorrect replacement fuses are used. Replace the bad fuse with a fuse of the same amp rating.

1. Park machine safely. (See Parking Safely in the SAFETY section.)

2. Tip passenger seat forward.



MX31036

3. Fuse identification:

Position	Circuit Fuse	Size
1	Starting Motor Solenoid Circuit	30 amp
2	Cooling Fan Motor Circuit	15 amp
3	Charging Circuit	25 amp
4	Rear Attachments Circuit	40 amp
5	Accessory Power Plug	10 amp
6	Ignition Switch ON Circuit`	15 amp
7	Front Attachments Circuit	40 amp
8		Open

4. Pull fuse from fuse block (A).

5. Check visually for broken filament in fuse.

6. Push new fuse of correct amp rating into proper position in fuse block.

7. Lower the seat.

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Service Miscellaneous

Using Proper Fuel

Use regular grade unleaded fuel with an octane rating of 87 octane or higher. Fuel blends containing up to 10% ethanol or up to 15% MTBE reformulated fuel are acceptable. Do not use fuel or additives containing methanol as engine damage can occur.

Always use fresh, clean fuel that is purchased in a quantity that can be used within approximately 30 days, or add fuel stabilizer.

Fuel is blended to give best seasonal performance. To avoid engine performance problems such as hard starting or vapor lock, use in-season fuel. Use fuel during warm weather that was purchased during that season, and use fuel during cold weather that was purchased during that season.

Fuel can become stale in machines with engines that are used seasonally or infrequently during a season. Stale fuel can produce varnish and plug carburetor components which can affect engine performance.

Keep fuel storage container tightly covered and in a cool area out of direct sunlight. Fuel can break down and degrade if not sealed properly or exposed to sun and heat.

Condensation may collect in the fuel tank because of a variety of operating or environmental conditions and, over time, may affect your machine's operation. Fill fuel tank at the end of daily use and store fuel in plastic containers to reduce condensation.

For best year-round performance and fuel-handling, add stabilizer to fuel immediately after fuel purchase. Such practice helps prevent engine performance problems and allows fuel storage in the machine all year without draining.

Filling Fuel Tank

c CAUTION: Avoid injury! Fuel vapors are explosive and flammable:

· Shut engine off before filling fuel tank.

· Do not smoke while handling fuel.

· Keep fuel away from flames or sparks.

· Fill fuel tank outdoors or in well ventilated area.

· Clean up spilled fuel immediately.

· Use clean approved non-metal container to prevent static electric discharge.

· Use clean approved plastic funnel without screen or filter to prevent static electric discharge.

IMPORTANT: Avoid damage! Dirt and water in fuel can cause engine damage:

· Clean dirt and debris from the fuel tank opening.

· Use clean, fresh, stabilized fuel.

· Fill the fuel tank at the end of each day's operation to keep condensation out of the fuel tank.

· Use a non-metallic funnel with a plastic mesh strainer when filling the fuel tank or container.

Fill fuel tank at the end of each day's operation to prevent condensation and freezing during cold weather.

1. Park machine safely. (See Parking Safely in the SAFETY section.)

2. Allow engine to cool.

3. Remove any trash from area around fuel tank cap.

4. Remove fuel tank cap slowly to allow any pressure built up in tank to escape.

5. Fill fuel tank only to bottom of filler neck.

6. Install fuel tank cap.

Removing and Installing Wheel Assembly

Removing

1. Park machine safely. (See Parking Safely in the Safety section.)

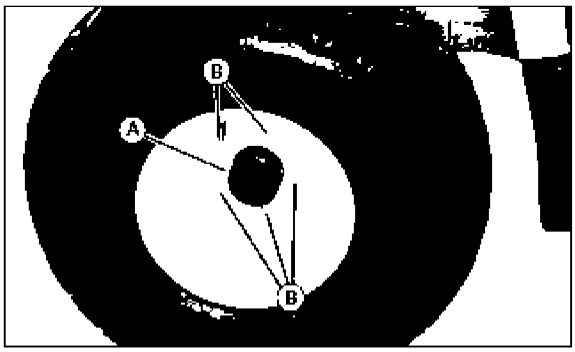
c CAUTION: Avoid injury! The machine can fall or slip from an unsafe lifting device or supports.

· Use a safe lifting device rated for the load to be lifted.

· Lower machine onto jack stands or other stable supports and block wheels before servicing.

IMPORTANT: Avoid damage! Place jack stands under frame, not under transmission or engine, when raising or supporting machine.

2. Raise machine with a safe lifting device and lower machine onto jack stands or other stable supports. Block wheels remaining on the ground to prevent machine movement.



MX31037

Picture Note: Wheel may or may not have a cap (A) to remove when removing the wheel.

3. Remove the wheel bolts (B).

4. Remove the wheel assembly.

c CAUTION: Avoid injury! Explosive separation of tire and rim parts is possible when they are serviced incorrectly:

· Do not attempt to mount a tire without the proper equipment and experience to perform the job.

5. Take wheel assembly to an authorized service dealer for repairs.

Installing

1. Apply multipurpose grease to spindle shaft before installing wheel assembly.

2. Install wheel assembly with valve stem to the outside.

3. Tighten wheel bolts evenly in alternating sequence until snug.

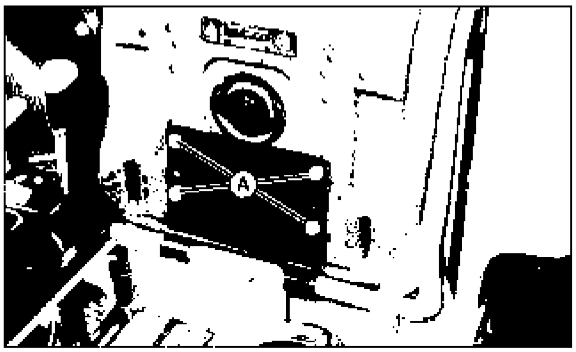
4. Lower machine completely to the ground.

5. Tighten wheel bolts to 81 N·m (60 lb-ft).

Removing and Installing Seats

Removing

1. Tip seat forward.

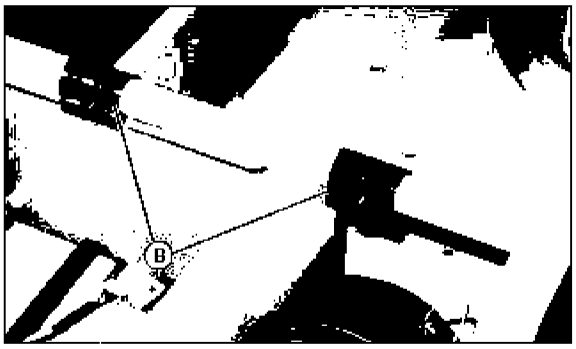


MX31038

2. Hold onto seat and remove all screws (A).

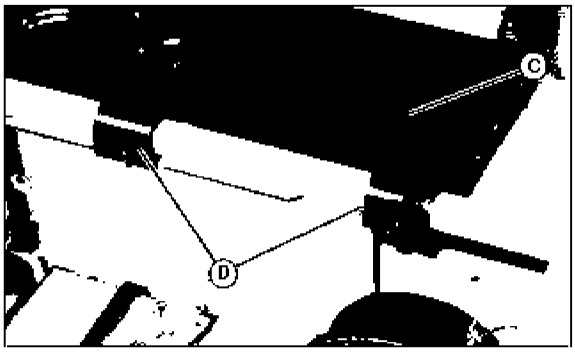
3. Remove seat and seat bracket from support rail.

Installing



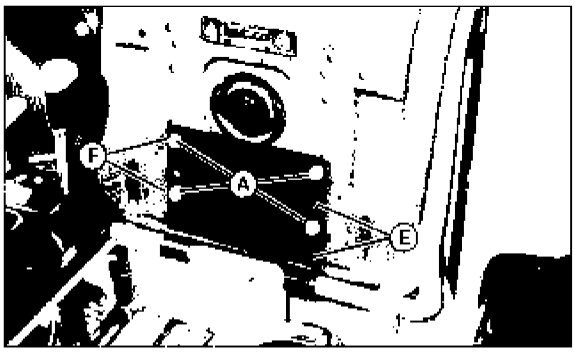
MX31039

1. Position seat bushings (B) on support rail so tabs face toward rear of vehicle.



MX31040

2. Position seat bracket (C) onto support rail so hinges (D) fit around rubber bushing tabs.



MX31038

Picture Note: Rear position shown.

3. Rotate seat bracket upward. Position bottom of seat against bracket and align correct holes with holes in seat.

4. Slide seat to the forward (E) or rearward (F) position.

5. Install original screws (A) to secure seat.

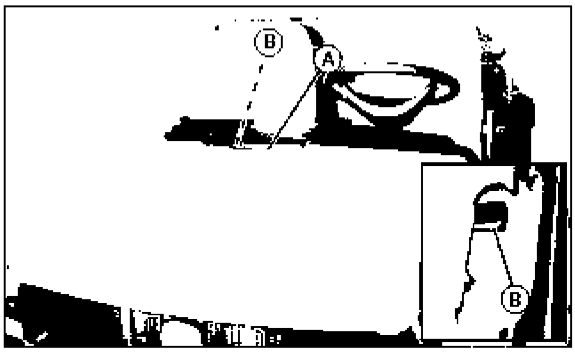
6. Tighten seat bracket hardware to 10 N·m (88.5 lb-in.).

Opening and Closing Hood

Opening Hood

c CAUTION: Avoid injury! Rotating parts can catch fingers, loose clothing, or long hair. Wait for engine and all moving parts to stop before leaving operator's station to adjust or service machine.

1. Park the vehicle safely. (See Parking Safely in the SAFETY section.)



MX31041, MX31042

2. Stand in front of machine and grasp hood lift handle (A).

3. Pull up on hood release handle to unlock latch (B).

4. When the hood latch is released, pull upward on the hood to pivot to full open position.

Closing Hood

1. Grasp hood lift handle (A).

2. Pivot hood downward to closed position.

3. Press down on hood to latch hood in closed position.

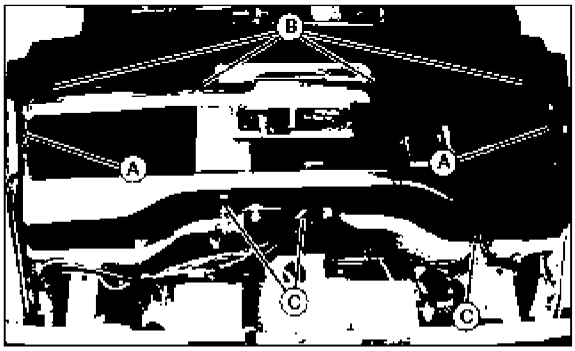
Removing and Installing Storage Tray

Removing

1. Park the vehicle safely. (See Parking Safely in the SAFETY section.)

2. Open hood.

3. Remove all contents from storage tray.



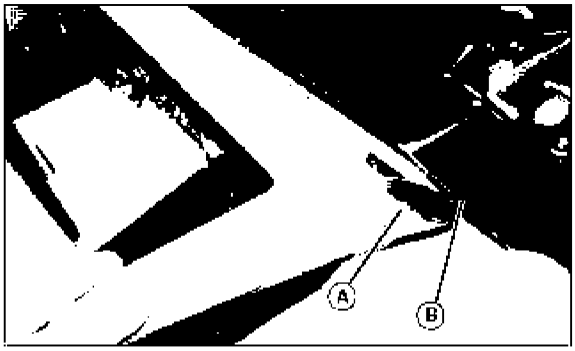
MX31762

4. Grasp outer edges of the storage tray (A).

5. Flex storage tray to fit past dash panel (B) while lifting the storage tray out of machine.

Installing

1. Position storage tray over frame.



MX31763

2. Flex storage tray (A) to fit under dash panel (B) while lowering storage tray into position.

3. Check alignment of cables and harnesses with routing notches (C).

4. Secure all items to prevent damage from movement while operating the machine.

5. Close hood.

Cleaning Plastic Surfaces

IMPORTANT: Avoid damage! Improper care of machine plastic surfaces can damage that surface:

· Do not wipe plastic surfaces when they are dry. Dry wiping will result in minor surface scratches.

· Use a soft, clean cloth (bath towel, diaper, automotive mitt).

· Do not use abrasive materials, such as polishing compounds, on plastic surfaces.

· Do not spray insect repellent near machine.

1. Rinse hood and entire machine with clean water to remove dirt and dust that may scratch the surface.

2. Wash surface with clean water and a mild liquid automotive washing soap.

3. Dry thoroughly to avoid water spots.

4. Wax the surface with a liquid automotive wax. Use products that specifically say "contains no abrasives."

IMPORTANT: Avoid damage! Do not use a power buffer to remove wax.

5. Buff applied wax by hand using a clean, soft cloth.

Cleaning and Repairing Metal Surfaces

Cleaning:

Follow automotive practices to care for your vehicle painted metal surfaces. Use a high-quality automotive wax regularly to maintain the factory look of your vehicle's painted surfaces.

Repairing Minor Scratches (surface scratch):

1. Clean area to be repaired thoroughly.

IMPORTANT: Avoid damage! Do not use rubbing compound on painted surfaces.

2. Use automotive polishing compound to remove surface scratches.

3. Apply wax to entire surface.

Repairing Deep Scratches (bare metal or primer showing):

1. Clean area to be repaired with rubbing alcohol or mineral spirits.

2. Use paint stick with factory-matched colors available from your authorized dealer to fill scratches. Follow directions included on paint stick for use and for drying.

3. Smooth out surface using an automotive polishing compound. Do not use power buffer.

4. Apply wax to surface.

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Troubleshooting

Using Troubleshooting Chart

If you are experiencing a problem that is not listed in this chart, see your authorized dealer for service.

When you have checked all the possible causes listed and you are still experiencing the problem, see your authorized dealer.

Engine

IF	CHECK
Engine will not start	Battery has low voltage. Loose or corroded battery connections. Blown fuse(s). Spark plug wire(s) is loose or disconnected. Faulty spark plug(s) or coil. No fuel or improper fuel. Plugged fuel filter. Defective starter solenoid. Open-circuit in wiring.
Engine is hard to start	Engine is cold. Plugged fuel filter. Engine oil viscosity too heavy. Spark plug(s) is fouled. Faulty spark plug(s) or wire(s). Loose or corroded electrical connections.

	Stale or improper fuel. Choke not being used or adjusted incorrectly.
Engine misses under load	Faulty spark plug(s). Stale or dirty fuel. Plugged fuel filter. Air inlet restrictor missing. Faulty coil or wire.
Engine vapor locks	Poor quality fuel or methanol. Very hot weather conditions and very high loading condition. Fuel tank vent plugged. Dirt in fuel filter.
Engine runs unevenly	Loose electrical connections. Choke or throttle cable sticking. Fuel line or fuel filter plugged. Stale or dirty fuel. Improper fuel. Air cleaner element plugged. Air inlet restrictor missing. Spark plug(s) is fouled.
Engine overheats	Air cleaner element missing or plugged. Carburetor air intake tube plugged. Engine oil low. Engine operated too long at slow engine speed. Bleed cooling system. Check cooling fan switch.

	Check thermostat. Check water pump. Clean radiator screens. Check coolant level.
Engine loses power	Engine overheating. Too much oil in engine. Faulty spark plug(s). Fuel supply being restricted. Fuel filter plugged Fuel line pinched or kinked. Improper fuel. Air cleaner element plugged.
Engine knocks	Low engine speed. Stale or low octane fuel. Engine overloaded.

Electrical

IF	CHECK
Starter does not work	Loose or corroded connections. Low battery output. Sulfated or worn out battery. Faulty starter.
Starter cranks slowly	Low battery output. Sulfated or worn out battery. Engine oil too heavy.

	Loose or corroded connections.
Entire electrical system does not work	Blown fuse. Loose or corroded connections. Sulfated or worn out battery.
Dead battery	Shorted starter solenoid. Key switch not turned to "OFF" position. Component connected to accessory outlet left ON with engine off. Turn signal and/or hazard lights left ON with engine off. Sulfated or worn out battery. Low engine speed or excessive idling. Battery cables and terminals are dirty. Dead cell in the battery. Faulty charging system. Current draw higher than charging system output. (If several attachments are added and used frequently at the same time with the standard charging system. Especially at low engine speeds.)
Correct indicator light (s) do not come on when checking instrument panel.	Faulty bulb. Faulty wiring. Faulty switch or sensor.
Battery will not take a charge	Dead cell in battery. Loose or corroded connections. Sulfated or worn out battery. Electrolyte level low. Low engine speed or excessive idling.

	Faulty charging system.

Brakes

IF	CHECK
Brakes not working correctly	Brake fluid level low - check fluid level. Air in brake system, system not bled properly. Replace worn brake pads. (See your John Deere dealer.)

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Storage

Storing Safety

c CAUTION: Avoid injury! Fuel vapors are explosive and flammable. Engine exhaust fumes contain carbon monoxide and can cause serious illness or death:

· Run the engine only long enough to move the machine to or from storage.

· Do not store vehicle with fuel in the tank inside a building where fumes may reach an open flame or spark.

· Allow the engine to cool before storing the machine in any enclosure.

Preparing Machine for Storage

1. Repair any worn or damaged parts. Replace parts if necessary. Tighten loose hardware.

2. Repair scratched or chipped metal surfaces to prevent rust.

3. Remove grass and debris from machine.

4. Wash the machine and apply wax to metal and plastic surfaces.

5. Run machine for five minutes to dry belts and pulleys.

6. Apply light coat of engine oil to pivot and wear points to prevent rust.

7. Lubricate grease points.

8. Check tire pressure.

Preparing Fuel and Engine For Storage

Fuel:

If you have been using "Stabilized Fuel," add stabilized fuel to tank until the tank is full.

NOTE: Filling the fuel tank reduces the amount of air in the fuel tank and helps reduce deterioration of fuel.

If you are not using "Stabilized Fuel:"

1. Park machine safely in a well-ventilated area. (See Parking Safely in the SAFETY section.)

NOTE: Try to anticipate the last time the machine will be used for the season so very little fuel is left in the fuel tank.

2. Turn on engine and allow to run until it runs out of fuel.

3. For machines equipped with key switch, turn key to off position.

IMPORTANT: Avoid damage! Stale fuel can produce varnish and plug carburetor or injector components and affect engine performance.

· Add fuel conditioner or stabilizer to fresh fuel before filling tank.

4. Mix fresh fuel and fuel stabilizer in separate container. Follow stabilizer instructions for mixing.

5. Fill fuel tank with stabilized fuel.

6. Run engine for a few minutes to allow fuel mixture to circulate through carburetor on gas engine or fuel injectors on diesel engine.

Engine:

Engine storage procedure should be used when vehicle is not to be used for longer than 60 days.

1. Change engine oil and filter while engine is warm.

2. Service air filter if necessary.

3. Clean debris from engine air intake screen.

4. On gas engines:

· Remove spark plugs. Put 30 mL (1 oz) of clean engine oil in cylinders.

· Install spark plugs, but do not connect spark plug wires.

· Crank the engine five or six times to allow oil to be distributed.

5. Clean the engine and engine compartment.

6. Remove battery.

7. Clean the battery and battery posts. Check the electrolyte level, if your battery is not maintenance free.

8. Close fuel shut-off valve, if your machine is equipped.

9. Store the battery in a cool, dry place where it will not freeze.

NOTE: The stored battery should be recharged every 90 days.

10. Charge the battery.

IMPORTANT: Avoid damage! Prolonged exposure to sunlight could damage the hood surface. Store machine inside or use a cover if stored outside.

11. Store the vehicle in a dry, protected place. If vehicle is stored outside, put a waterproof cover over it.

Removing Machine From Storage

1. Check tire pressure.

2. Check engine oil level.

3. Check battery electrolyte level, if your battery is not maintenance free. Charge battery if necessary.

4. Install battery.

5. On gas engines: Check spark plug gap. Install and tighten plugs to specified torque.

6. Lubricate all grease points.

7. Open fuel shut-off valve, if your machine is equipped.

8. Run the engine 5 minutes without the mower or any attachments running to allow oil to be distributed throughout engine.

9. Be sure all shields and guards or deflectors are in place.

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Specifications

Engine Specifications

Make Kawasaki FD620

Type Gasoline

Horsepower 15.3 kW (20.0 hp)

Displacement 0.617 L (37.65 cu. in.)

Bore 74 mm (2.9 in.)

Stroke 68 mm (2.68 in.)

Intake and Exhaust Valve Clearance 0.25 mm (0.01 in.)

Cylinders 2

Strokes/Cycle 4

Oil Filter Spin On Filter

Air Cleaner Replaceable, Paper Elements

Cooling Liquid

Drive Train

Type Belt-Driven Torque Converter With Gear-Driven Transaxle

Gear Ranges Forward HI and LO - Neutral - Reverse

Travel Speeds (Forward HI) 40 km/h (25 mph)

Travel Speeds (Forward LO and Reverse) 20 km/h (12 mph)

Electrical System

Type 12 Volt

Battery Size 340 Cold Cranking Amps @ -18°C (0°F)

Alternator 20 Amp

Spark Plug Gap 0.80 mm (0.031 in.)

Fuel System

Fuel Filter Replaceable Element

Fuel Gasoline

Fluid Capacities

Fuel Tank 20.0 L (5.25 gal)

Crankcase (with filter) 1.3 L (1.37 qt)

AWD Differential 1.4 L (1.48 qt)

Transaxle 4.0 L (4.2 qt)

Cooling system (Including recovery tank) 5.0 L (5.2 qt)

Steering and Brakes

Steering Rack and Pinion

Brakes Hydraulically Operated Four Wheel Disk

Tires

Turf Trac RS and AT489

Front 24 x 9.5-10

Rear 24 x 12.0-10

All Trail II

Front 24 x 9.5-10

Rear 24 x 10.5-10

Inflation Pressure

Front 47 kPa (7 psi)

Rear 97 kPa (14 psi)

Travel Speeds

Travel Speeds (Forward HI) 40 km/h (25 mph)

Travel Speeds (Forward LO) 20 km/h (12 mph)

Travel Speeds (Reverse) 20 km/h (12 mph)

Dimensions

Width (overall) 1.52 m (60.0 in.)

Length (with bumper) 2.87 m (113.0 in.)

Height (overall) 1.21 m (47.5 in.)

Weight HPX (includes fuel/fluids) 536 kg (1180 lb)

Weight HPX 4x4 (includes fuel/fluids) 573 kg (1260 lb)

Weight Trail HPX 4x4 (includes fuel/fluids) 573 kg (1260 lb)

Ground Clearance (under transaxle) 15.2 cm (6.0 in.)

Cargo Box Capacity 409 kg (900 lb)

Towing Capacity 590 kg (1300 lb)

Recommended Lubricants

Engine Oil John Deere PLUS-4® SAE 10W-40

John Deere TURF-GARD® SAE 10W-40

Grease John Deere Multi-Purpose SD Polyurea Grease

John Deere Multi-Purpose HD Lithium Complex Grease

Transmission Oil John Deere HY-GARD® (JDM J20C)

(Specifications and design subject to change without notice.)

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Warranty

Product Warranty

Product warranty is provided as part of John Deere's support program for customers who operate and maintain their equipment as described in this manual.

Engine related warranties stated in this manual refer only to emissions-related parts and components of your engine. The complete engine warranty, less emission-related parts and components, is provided separately as the "Limited Warranty for New John Deere Commercial & Consumer Equipment".

John Deere, Federal and California Emissions Control System Warranty Statement (Small Off-Road Gas Engines)

Your Warranty Rights and Obligations

California Air Resources Board (CARB), the United States Environmental Protection Agency (EPA), and John Deere are pleased to explain the emissions control system warranty on your small off-road engine and equipment. In California, 2006 and later small off-road engines and equipment must be designed, built and equipped to meet the State's stringent anti-smog standards. (In other states, 1997 and later model year equipment engines must be designed, built and equipped to meet the U.S. EPA regulations for small non-road, spark ignition engines.) John Deere must warrant the emissions control system on your small off-road engine and equipment for the periods of time listed below provided there has been no abuse, neglect or improper maintenance of your small off-road engine and equipment.

Your emissions control system may include parts such as the carburetor, fuel hose, fuel-injection system and ignition system. Also included may be connectors and other emissions related assemblies.

Where a warrantable condition exists, John Deere will repair your small off-road engine and equipment at no cost to you including diagnosis, parts and labor.

John Deere Emissions Control System Warranty Coverage

Small off-road engines and equipment are warranted relative to emissions control parts for two years. If any emissions related part on your engine or equipment is defective, the part will be repaired or replaced by John Deere.

Owner's Warranty Responsibilities

As the small off-road engine and equipment owner, you are responsible for the performance of the required maintenance listed in your owner's manual. John Deere recommends that you retain all receipts covering maintenance on your small off-road engine and equipment, but John Deere cannot deny warranty solely for lack of receipts or for your failure to ensure the performance of all scheduled maintenance.

As the small off-road engine and equipment owner, you should however be aware that John Deere may deny you warranty coverage if your small off-road engine and equipment or a part has failed due to abuse, neglect, improper maintenance or unapproved modifications.

You are responsible for presenting your small off-road engine and equipment to an authorized John Deere Commercial and Consumer Equipment Retailer as soon as a problem exists. The warranty repairs should be completed in a reasonable amount of time, not to exceed 30 days.

If you have any questions regarding your warranty rights and responsibilities, you should contact your John Deere Commercial and Consumer Equipment Retailer, or the John Deere Customer Contact Center at 1-800-537-8233.

Length Of Warranty Coverage

John Deere warrants to the initial owner and each subsequent purchaser that the small off-road engine and equipment is:

· Designed, built and equipped so as to conform with all applicable regulations adopted by the California Air Resources Board (CARB) for 2006 and later engines and equipment, and all applicable regulations of the United States Environmental Protection Agency (EPA) for 1997 and later equipment engines; and

· Free from defects in materials and workmanship which can cause the failure of an emissions warranted part for a period of two years after the engine and equipment is delivered to the initial retail purchaser. John Deere is liable for damages to other engine components caused by the failure of a warranted part during the warranty period. If any emissions related part on your engine or equipment is defective, the part will be repaired or replaced by John Deere.

Warranted Parts

Coverage under this warranty extends only to the parts listed below (the emissions control system parts) to the extent these parts were present on the engine and equipment purchased.

Fuel Metering System:

· Carburetor and internal parts (or fuel injection system).

· Air/fuel ratio feedback and control system.

· Cold start enrichment system.

· Fuel hose, line, fittings, clamps.

· Fuel pump.

Air Induction System:

· Air Cleaner

· Intake manifold.

Ignition System:

· Spark plugs.

· Magneto or electronic ignition system.

· Spark advance/retard system.

Exhaust System:

· Exhaust manifold.

· Catalyst.

Miscellaneous Items Used in Above Systems

· Vacuum and temperature switches.

· Electronic controls.

· Hoses, belts, connectors and assemblies.

Since emissions related parts may vary slightly from model to model, certain models may not contain all of these parts and certain models may contain functionally equivalent parts.

Warranty Service And Charges

Warranty service shall be provided during customary business hours at any authorized John Deere Commercial and Consumer Equipment Retailer. Repair or replacement of any warranted part will be performed at no charge to the owner, including diagnostic labor which leads to the determination that a warranted part is defective, if the diagnostic work is performed at an authorized John Deere Commercial and Consumer Equipment Retailer. Any parts replaced under this warranty shall become the property of John Deere.

Maintenance Warranty Coverage

a) Any warranted part that is not scheduled for replacement as required maintenance is warranted as to defects for the warranty period. Any such part repaired or replaced under the warranty is warranted for the remaining warranty period.

b) Any warranted part that is scheduled only for regular inspection to the effect of "repair or replace as necessary" is warranted as to defects for the

warranty period. Any such part repaired or replaced under the warranty is warranted for the remaining warranty period.

c) Any warranted part which is scheduled for replacement as required maintenance is warranted as to defects only for the period of time up to the first scheduled replacement for that part. Any such part repaired or replaced under the warranty is warranted for the remainder of the period prior to the first scheduled replacement point for that part.

d) Normal maintenance, replacement or repair of emissions control devices and systems, which are being done at the customer's expense, may be performed by any repair establishment or individual; however, warranty repairs must be performed by an authorized John Deere Commercial and Consumer Equipment Retailer.

e) Any replacement part that is equivalent in performance and durability may be used in the performance of any non-warranty maintenance or repairs, and shall not reduce the warranty obligations of John Deere.

Consequential Warranty Coverage

Warranty coverage shall extend to the failure of any engine components caused by the failure of any warranted part still under warranty.

Limitations

This Emissions Control System Warranty shall NOT cover any of the following:

a) Repair or replacement required as a result of (i) misuse or neglect, (ii) improper maintenance or unapproved modifications, (iii) repairs improperly performed or replacements improperly installed, (iv) use of replacement parts or accessories not conforming to John Deere specifications which adversely affect performance and/or durability, (v) alterations or modifications not recommended or approved in writing by John Deere.

b) Replacement parts, other services and adjustments necessary for normal maintenance.

c) Transportation to and from the John Deere Commercial and Consumer Equipment Retailer, or service calls made by the Retailer.

Limited Liability

a) The liability of John Deere under this Emissions Control System Warranty is limited solely to the remedying of defects in materials or workmanship. This warranty does not cover inconvenience or loss of use of the small off-road engine and equipment or transportation of the equipment to or from the John Deere Commercial And Consumer Equipment Retailer. John DEERE SHALL NOT BE LIABLE FOR ANY OTHER EXPENSE, LOSS, OR DAMAGE, WHETHER DIRECT, INCIDENTAL, CONSEQUENTIAL (EXCEPT AS LISTED ABOVE UNDER "COVERAGE") OR EXEMPLARY ARISING IN CONNECTION WITH THE SALE OR USE OF OR INABILITY TO USE THE SMALL OFF-ROAD ENGINE AND EQUIPMENT FOR ANY OTHER PURPOSE.

b) NO EXPRESS EMISSIONS CONTROL SYSTEM WARRANTY IS GIVEN BY John DEERE WITH RESPECT TO THE ENGINE AND EQUIPMENT EXCEPT AS SPECIFICALLY SET FORTH IN THIS DOCUMENT. ANY EMISSIONS CONTROL SYSTEM WARRANTY IMPLIED BY LAW, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, IS EXPRESSLY LIMITED TO THE EMISSIONS CONTROL SYSTEM WARRANTY TERMS SET FORTH IN THIS DOCUMENT.

c) No dealer is authorized to modify this Federal, California and John Deere Emissions Control System Warranty.

Tire Warranty

John Deere warranty applies for tires available through the John Deere parts system. For tires not available through the John Deere parts system, the tire manufacturer's warranty applicable to your machine may not apply outside the U.S. (See your John Deere dealer for specific information.)

Limited Battery Warranty

NOTE: Applicable in North America only. For complete machine warranty, reference a copy of the John Deere warranty statement. Contact your John Deere dealer to obtain a copy.

TO SECURE WARRANTY SERVICE

The purchaser must request warranty service from a John Deere dealer authorized to sell John Deere batteries, and present the battery to the dealer with the top cover plate codes intact.

FREE REPLACEMENT

Any new battery which becomes unserviceable (not merely discharged) due to defects in material or workmanship within 90 days of purchase will be replaced free of charge. Installation costs will be covered by warranty if (1) the unserviceable battery was installed by a John Deere factory or dealer, (2) failure occurs within 90 days of purchase, and (3) the replacement battery is installed by a John Deere dealer.

PRO RATA ADJUSTMENT

Any new battery which becomes unserviceable (not merely discharged) due to defects in material or workmanship more than 90 days after purchase, but before the expiration of the applicable adjustment period, will be replaced upon payment of the battery's current list price less a pro rata credit for unused months of service. The applicable adjustment period is determined from the Warranty Code printed at the top of the battery and chart below. Installation costs are not covered by warranty after 90 days from the date of purchase.

THIS WARRANTY DOES NOT COVER

A. Breakage of the container, cover, or terminals.

B. Depreciation or damage caused by lack of reasonable and necessary maintenance or by improper maintenance.

C. Transportation, mailing, or service call charges for warranty service.

LIMITATION OF IMPLIED WARRANTIES AND PURCHASER'S REMEDIES

To the extent permitted by law, neither John Deere nor any company affiliated with it makes any warranties, representations, or promises as to the quality, performance or freedom from defect of the products covered by this warranty. IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, TO THE EXTENT APPLICABLE, SHALL BE LIMITED IN DURATION TO THE APPLICABLE ADJUSTMENT PERIOD SET FORTH HERE. THE PURCHASER'S ONLY REMEDIES IN CONNECTION WITH THE BREACH OR PERFORMANCE OF ANY WARRANTY ON John DEERE BATTERIES ARE THOSE SET FORTH HERE. IN NO EVENT WILL THE DEALER, John DEERE OR ANY COMPANY AFFILIATED WITH John DEERE BE LIABLE FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES. (Note: Some states do not allow limitations on how long an implied warranty lasts or the exclusion or limitation of incidental or consequential damages. So these limitations and exclusions may not apply to you.) This warranty gives you specific legal rights, and you may also have some rights which vary from state to state.

NO DEALER WARRANTY

The selling dealer makes no warranty of it's own and the dealer has no authority to make any representation or promise on behalf of John Deere, or to modify the terms or limitations of this warranty in any way.

PRO RATA MONTHS OF ADJUSTMENT

NOTE: If your battery is not labeled with a warranty code, it is a warranty code "B".

Warranty Code	Warranty Period
A	40 Months
B	36 Months

C	24 Months

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John Deere Quality Statement

John Deere Quality

John Deere equipment is more than just a purchase, it's an investment in quality. That quality goes beyond our equipment to your John Deere dealer's parts and service support. This support is needed to keep you a satisfied customer.

That's why John Deere has initiated a process to handle your questions or problems, should they arise. The following three steps will help guide you through the process.

Step 1

Refer to your operator's manual

A. It has many illustrations and detailed information on the safe and proper operation of your equipment.	C. It gives ordering information for parts catalogs, service and technical manuals.
B. It gives troubleshooting procedures, and specification information.	D. If your questions are not answered in the operator's manual, then go to Step 2.

Step 2

Contact your dealer

A. Your John Deere dealer has the responsibility, authority, and ability to	C. If the parts and service people are unable to resolve

answer questions, resolve problems, and fulfill your parts and service needs.	your problem, see the dealership manager or owner.
B. First, discuss your questions or problems with your dealer's trained parts and service staff.	D. If your questions or problems are not resolved by the dealer, then go to Step 3.

Step 3

Call the John Deere Customer Contact Center

A. Your John Deere dealer is the most efficient source in addressing any concern, but if you are not able to resolve your problem after checking your operator's manual and contacting your dealer, call the Customer Contact Center.	
B. For prompt, effective service, please have the following ready before you call:	
The name of the dealer with whom you've been working. Your equipment model number. Number of hours on machine (if applicable).	Your 13-digit serial number which you recorded on the inside front cover of this manual. If the problem is with an attachment, your attachment identification number.
C. Then call 1-800-537-8233 and our advisor will work with your dealer to investigate your concern.	

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Service Record

Record Service Dates

Oil Change	Oil Filter Change	Lubricate Machine	Air Cleaner Element Check/Clean	Fuel Filter Change	Coolant Change

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Contact Us

Deere & Company World Headquarters
One John Deere Place
Moline, Illinois 61265

For inquiries outside the US/Canada, please contact individual country Webmasters.

To assist you in finding the Contact that you need, please select from one of the following:

EXPAND ALL COLLAPSE ALL

I WANT TO BUY JOHN DEERE EQUIPMENT OR PARTS

I HAVE A QUESTION ABOUT OR A PROBLEM WITH A PRODUCT

I HAVE A QUESTION ABOUT FINANCING FROM JOHN DEERE

I HAVE A QUESTION ABOUT CROP INSURANCE FROM JOHN DEERE INSURANCE COMPANY

I AM VISITING OR PLANNING TO VISIT JOHN DEERE

I NEED TO GET IN TOUCH WITH JOHN DEERE CORPORATE

I WOULD LIKE JOHN DEERE TO SPONSOR MY EVENT

OTHER

HPX 4x4

FEATURES & SPECS

- Economical 4x4 solution
- Wide stance for enhanced stability
- SAE and OSHA certified ROPS
- In-store pickup or delivery available

See All Features

List Price:	**$8,999.00***
Top Speed	25 mph
Engine	617cc, liquid cooled, gas
Cylinders	V-Twin
HP	21 (15 kw)*

See All Specs

BUY NOW

Features

Reliable/Durable

- 617 cc, 21 hp (15 kw)*, liquid cooled, twin cylinder, 4-cycle Kawasaki gasoline engine provides impressive power
- 4-bypass carburetor assures easier starting and excellent acceleration in all temperatures
- Industry-exclusive hydroformed steel frame provides added strength, rigidity, and durability
- Heavy-duty, 16-gauge-steel, 11.3 cu. ft. capacity cargo box hauls up to 1,000 lb
- Payload and towing capacity of 1,400 lb. lets you tackle any task
- Two-speed continuously variable transmission allows for optimal towing, hauling, and pulling in low gear up to 12 mph (19 kph) and transport in high gear up to 25 mph (40 kph)
- Long lasting hydraulic disc brakes feature a dual-circuit master cylinder and larger calipers for ultimate stopping power
- Rugged heavy-duty bumper protects front end of vehicle
- Occupant Protection System (OPS) with multiple grab handles and 3-pt. seat belts is SAE ROPS certified

Stable

- Best-in-class stability for assurance at higher speeds and on inclines
- Low center of gravity enhances stability and handling
- Enhanced 4-wheel suspension is tuned to cushion you when carrying a full load or when empty
- Smooth Steer Technology reduces steering effort by up to 30 percent, especially in 2WD

Go Anywhere Capability

- On-demand, "true" 4-wheel drive gives you total control; select a completely turf friendly mode of operation, or press the switch and get on-demand 4-wheel drive for climbing the toughest trails
- Rear traction assist locks the rear drive wheels together to push through tough spots
- Standard heavy-duty, all purpose tires are great for most terrain types; optional (aggressive) high-performance, all-terrain tires (shown above) and (turf friendly) turf tires are available to deliver the traction you need
- Optional automotive-style, deluxe glass cab and other weather protection accessories for the OPS are available to keep you going in almost any weather condition
- Utility vehicles are intended for off-road use only

PRODUCT BROCHURES

- View Online Brochures

YOU MAY ALSO BE INTERESTED IN...

- Build Your Own
- Explore Answer Center
- John Deere Financial
- Locate Your Dealer
- Product Safety

Specifications

EXPAND ALL COLLAPSE ALL

ENGINE AND ELECTRICAL

Type	4-cycle gas
Cylinders	2
Valving	OHV
Horsepower*	21 (15 kw)*
Displacement	617 cc
Maximum torque, ft.-lb. (Nm)	32 (44.4) @ 2500 rpm
Iginition type	Solid state 12V
Lubrication	Full pressure
Oil filter	Screw on filter
RPM, idle (no load)	1125 +/- 75
RPM, fast (no load)	3750 +/- 75
Cooling system	Liquid
Air cleaner	Dry replaceable single element w/remote intake
Muffler	Spark-arresting
Battery	340CCA
Alternator	21 amp @ 3200 rpm, regulated, 252 watts
Headlights	Two 37.5 watt halogen

FUEL SYSTEM

4WD

TRANSMISSION

SUSPENSION AND STEERING

PRODUCT BROCHURES

- View Online Brochures

YOU MAY ALSO BE INTERESTED IN...

- Build Your Own
- Explore Answer Center
- John Deere Financial
- Locate Your Dealer
- Product Safety

LIMITED WARRANTY FOR NEW JOHN DEERE TURF & UTILITY EQUIPMENT
(U.S. ONLY)

JOHN DEERE

A. GENERAL PROVISIONS – The warranties described below are provided by John Deere Company ("John Deere") to the original purchasers of new Turf & Utility Equipment from John Deere or authorized John Deere dealers. Under these warranties, John Deere will repair or replace, at its option, any covered part which is found to be defective in material or workmanship during the applicable warranty term. Warranty service must be performed by a dealer or service center authorized by John Deere to sell and/or service the type of product involved, which will use only new or remanufactured parts or components furnished by John Deere. Warranty service will be performed without charge to the purchaser for parts or labor. The purchaser will be responsible, however, for any service call and/or transportation of product to and from the dealer's or service center's place of business, for any premium charged for overtime labor requested by the purchaser, and for any service and/or maintenance not directly related to any defect covered under the warranties below. These warranties are transferable, provided an authorized John Deere dealer is notified of the ownership change, and John Deere approves the transfer.

B. WHAT IS WARRANTED – All parts of any new John Deere product, except tires and batteries (which are warranted under separate documents provided with each product), are warranted for the number of months or operating hours specified below. John Deere Hand Held-Portable products are covered by a separate warranty. Warranty statements required by law covering engine emission-related parts and components are found in the Operator's Manual delivered with the machine. **Included In Compact Utility Tractor Powertrain Warranty - Engine:** cylinder block, cylinder head, valve covers, oil pan, timing gear covers, flywheel housing, and all parts contained therein (does not include fuel, electrical, cooling, intake or exhaust components). **Powertrain:** hydrostatic transmission, transmission case, differential and axle housings, clutch housings, MFWD front axle assembly, and all parts contained therein (does not include external drivelines, dry clutch parts, or steering cylinders).

C. WHAT IS NOT WARRANTED – JOHN DEERE IS NOT RESPONSIBLE FOR THE FOLLOWING: (1) Used Products; (2) Any product that has been altered or modified in ways not approved by John Deere, including, but not limited to, setting injection pump fuel delivery above John Deere specifications; (3) Depreciation or damage caused by normal wear, lack of reasonable and proper maintenance, failure to follow operating instructions, misuse, lack of proper protection during storage, or accident; (4) The Utility Vehicle if used for racing or any other competitive activity; (5) Normal maintenance parts and service; (6) John Deere Walk Behind Snowthrower equipment is warranted under separate warranty.

D. SECURING WARRANTY SERVICE – To secure warranty service, the purchaser must (1) Report the product defect to an authorized dealer and request repair within the applicable warranty term, (2) Present evidence of the warranty start date, and (3) Make the product available to the dealer or service center within a reasonable period of time.

E. LIMITATION OF IMPLIED WARRANTIES AND OTHER REMEDIES – TURF & UTILITY EQUIPMENT – To the extent permitted by law, neither John Deere nor any company affiliated with it makes any warranties, representations or promises as to the quality, performance or freedom from defect of the Turf & Utility Equipment covered by this warranty. IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, TO THE EXTENT APPLICABLE, SHALL BE LIMITED IN DURATION TO THE APPLICABLE PERIOD OF WARRANTY SET FORTH ON THIS PAGE. THE PURCHASER'S ONLY REMEDIES IN CONNECTION WITH THE BREACH OR PERFORMANCE OF ANY WARRANTY ON THE JOHN DEERE TURF & UTILITY EQUIPMENT ARE THOSE SET FORTH ON THIS PAGE. IN NO EVENT WILL THE DEALER, JOHN DEERE OR ANY COMPANY AFFILIATED WITH JOHN DEERE BE LIABLE FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES. (Note: some states do not allow limitations on how long an implied warranty lasts or the exclusion or limitation of incidental or consequential damages so the above limitations and exclusions may not apply to you.) This warranty gives you specific legal rights, and you may also have other rights which vary from state to state.

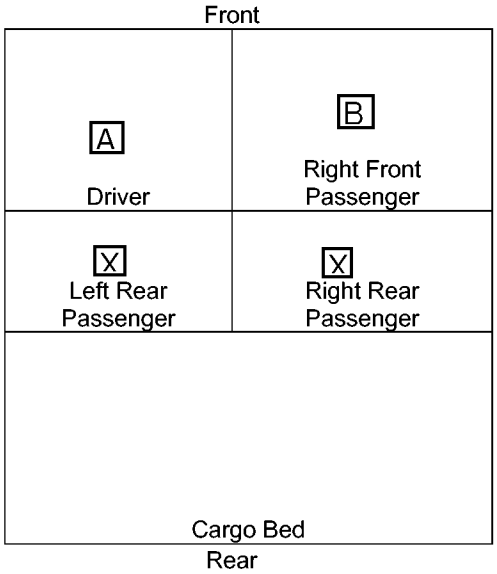
F. NO DEALER WARRANTY – The selling dealer makes no warranty of its own and the dealer has no authority to make any representation or promise on behalf of John Deere, or to modify the terms or limitations of this warranty in any way.

G. If further information is desired, contact your selling dealer.

* Each Warranty Term begins on the date of product delivery to the purchaser.

TURF & UTILITY EQUIPMENT	WARRANTY TERM *
1) All Turf & Utility Equipment and Attachments (except for (i) Equipment listed in 2 through 12 below; and, (ii) John Deere Golf equipment covered under separate warranty).	24 Months in Private Residential - Personal Use 12 Months in Any Other Application
2) Z225, Z245 and Z425 EZtrak Mowers, LA100 and D100 Series Tractors and Attachments	24 Months or 120 Hours, Whichever Comes First
a) D100 Series Tractors and Attachments (Model Year 2012 DOM Between 093011 and 113012)	24 Months
3) Z500 Series ZTrak Mowers and Attachments	24 Months or 300 Hours, Whichever Comes First
4) X300 Series Tractors and Attachments; Z445 and Z465 EZtrak Mowers	48 Months or 300 Hours, Whichever Comes First
5) X500 Series Tractors and Attachments; Z600 Series Residential EZtrak Mowers	48 Months or 500 Hours, Whichever Comes First
6) X700 Series Tractors and Attachments	48 Months or 700 Hours, Whichever Comes First
7) JS Series Residential Walk-Behind Mowers	24 Months in Private Residential - Personal Use 90 Days in Any Other Application
8) Wide Area Mowers, Front Mower Traction Units (with diesel or 20 HP and above engines), Commercial Walk Behind Mowers (32" or larger), and 7-IRON Mower Decks	24 Months
9) Z700 Series ZTrak Mowers	36 Months or 700 Hours, Whichever Comes First
10) Z900 Series ZTrak Mowers	36 Months or 1500 Hours, Whichever Comes First First 24 Months, No Hour Limitation
11) Gator Utility Vehicles (except Compact Series), Tractor Loader Backhoes (TLB), Other mower decks, implements, and attachments for Equipment listed in 8 through 11	12 Months or 1000 Hours, Whichever Comes First
12) RSX Series Utility Vehicles and attachments	6 months

Utility Vehicle Data Record Sheet



The Utility Vehicle

A:	Age: 18	Height: 5' 7"
	Gender: male	Weight: 200 lbs.
	Helmet (Y/N):N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown:neither	
	Injury Description: uninjured	
	Did vehicle land on victim: no	
	Ejected (Either partially or fully): fully	

B:	Age: 16	Height: 5' 6"
	Gender: male	Weight: 150
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: killed	
	Injury Description: broken neck	
	Did vehicle land on victim: no	
	Ejected (Either partially or fully): fully	

C:	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

D:	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

E:	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

F:	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

*If victim(s) were injured/killed, please include the other relevant information requested in the assignment message in the text of the IDI

Using the figure on the left, please fill in where the occupants were in the vehicle at the time of the incident using A, B, C, etc. to identify the occupant(s)' location. Fill in the occupants' characteristics in the corresponding location on the right. For example, the driver could be assigned to the letter 'A' and the letter 'A' would be placed in the diagram in the box designated 'Driver', and the drivers' characteristics would be filled on the right. If there were more than six occupants (or more room is needed), please add the other passenger(s)' information (or any other information) as needed. If information is not available, please indicate by 'na'.

Note: Not all locations indicated on the diagram exist in all types of utility vehicles. Please only use the locations that correspond to the incident vehicle. Please place an 'X' over the area if the vehicle was not equipped with the component.

Save

Estelle, Gerri

From: Tank Rita [TankRitaL@JohnDeere.com]
Sent: Monday, September 17, 2012 4:58 PM
To: Clearinghouse
Cc: Steenlage Keith E
Subject: EIR 120529HNE1011
Attachments: EIR120529HNE1011.pdf

Rita Tank
Product Liability Paralegal
Deere & Company
Phone: (309) 765-4037
Fax: (309) 749-0085
Email: tankrital@JohnDeere.com

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Deere & Company
Law Department
One John Deere Place, Moline, IL 61265 USA
Phone: 309-765-4044
Fax (309) 749-0085 or (309) 765-5892
Email: SteenlageKeithE@JohnDeere.com

Keith E. Steenlage
Assistant General Counsel

17 September 2012

Pamela Mc Donald
Program Analyst
National Injury Information Clearinghouse
Division of Hazard & Injury Data Systems
Data Intake & Injury Information Branch

VIA EMAIL

Re: Epidemiologic Investigation Report 120529HNE1011

Dear Ms. McDonald:

Deere & Company would like to comment on the above referenced Epidemiologic Investigation Report, which was attached to your letter dated 31 August 2012.

According to the EIR, the driver of a Gator utility vehicle lost control while traveling down a steep slope and flipped the machine. Both the driver and the sixteen year-old passenger were ejected from the Gator, fatally injuring the latter.

The EIR contains conflicting information about the machine involved in this incident. The synopsis states the machine is a 2009 model. Later the report suggests that it was purchased around 2007. Based on the poor quality photo attached to the EIR, Deere believes the machine is several years older.

Regardless of the model year, there are many applicable warnings on John Deere Gators. These include one that states "Avoid Tipping. Do not stop or start suddenly when going uphill or downhill. Be especially cautious when changing direction on slopes. This vehicle is not designed for recreational riding. When descending a hill, remove foot from accelerator and apply brakes to reduce speed and maintain control." Other relevant information about the proper use of the machine and the age of passengers and operators are on the machine and in the Operator's Manual. Clearly, several of these warnings and instructions were not followed.
All John Deere Gators met or exceeded all applicable standards at the time they were manufactured. Deere denies that there is any manufacturing or design defect in this product.

Deere asks to be notified if the Commission receives a request for disclosure of the information contained in the above referenced document.

Sincerely,

Keith E. Steenlage
cc: Derek D. Murphy

(b)(6)

EPIDEMIOLOGIC INVESTIGATION REPORT

1. Task Number	2. Investigator's ID	
120607HCC2804	3394	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
840	2012 06 03	2012 06 07

6. Synopsis of Accident or Complaint **UPC**

A seven year-old boy was killed when the 4 wheel UTV he was riding in overturned on a gravel road while making a turn. The UTV was being driven by a 26 year-old male and a second passenger, a six year-old boy, were present at the time of the incident. The seven year-old was partially ejected from the UTV before the vehicle came to a rest on top of the boy's upper body. The boy was pronounced dead at the scene. No autopsy was conducted. The other two occupants of the UTV suffered minor injuries. The victim was not wearing a helmet at the time of the incident.

7. Location (Home, School, etc)	8. City	9. State
4 - STREET OR HIGHWAY	ADAIR COUNTY	MO

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - UTILITY VEHICLES	POLARIS / VIN# 4XAHY68A594739647	RANGER

10D. Manufacturer Name and Address
POLARIS INDUSTRIES INC.
2100 HIGHWAY 55
MEDINA, MN 55340

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
0	NONE	NONE

11D. Manufacturer Name and Address
NONE

12A. Hispanic or Latino	12B. Race	12C. Race Source
2 - No	1 - White Other:	3 - Official Document

13. Age of Victim	14. Sex	15. Disposition	16. Injury Diagnosis
7	1 - Male	8 - Death	62 - Intern. Org. Inj.

17. Body Part(s) Involved	18. Respondent	19. Type of Investigation	20. Time Spent (Operational / Travel)
31 - UPPER TRUNK	3 - 2nd Hand Info Only	2 - Telephone	12.00 / 0.00

21. Attachment(s)	22. Case Source	23. Sample Collection Number
9 - Multiple Attachments	05 - Newspaper	

24. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ◉ No ○ Yes for Manuf. Only ◉ Verbal ○ Written

25. Review Date	26. Reviewed By	27. Regional Office Director
07/17/2012	8929	Frank J. Nava

28. Distribution	29. Source Document Number
Sarah Garland; Tanya L. Topka	X1260105A

This investigation was initiated from a news article published June 4, 2012 on the www.stltoday.com website. Information for this report was obtained from the Adair County Sheriff's office, and the Missouri Highway Patrol. A copy of the death certificate was requested from the Missouri Bureau of Vital Records, but was not received at the time of this report.

NARRATIVE

The victim in this incident is a seven year-old male. Height and weight are unknown. There is no evidence that the victim suffered from any physical or mental limitations prior to this incident. In addition to the victim, there were two other individuals involved in this incident. The other individuals include a 26 year-old male which was operating the UTV, and a six year-old male which was the second passenger in the UTV.

On June 3, 2012, the victim was riding as a passenger in a four-wheeled UTV which was operated by a 26 year-old male. Also riding in the vehicle was a six year-old male. According to the incident reports submitted by the Adair County Sheriff and Missouri Highway Patrol, the operator of the UTV had accelerated while attempting to turn onto Sand Creek Bottom Road and lost control of the vehicle. The UTV went into a sideways skid off the left side of the roadway and overturned. The incident reports indicated that none of the occupants of the UTV were wearing seatbelts or helmets at the time of the incident. It is unknown which seat position the victim and second passenger occupied at the time of the incident.

The victim was partially ejected from the vehicle, and the UTV came to a rest on top of his upper body. The victim was pronounced dead at the scene by the Adair County Coroner. No autopsy was performed. The driver of the UTV and second passenger were ejected from the passenger side of the vehicle and were transported to the hospital for treatment of minor injuries.

SAMPLE COLLECTION

There were no samples collected related to this incident.

PRODUCT IDENTIFICATION

Manufacturer:	Polaris Industries Medina, MN
Model:	Ranger
Year:	2009
VIN#:	4XAHY68A594739647

The incident vehicle is a four-wheeled UTV equipped with a bench seat capable of seating three persons.

EXHIBITS

Exhibit A	-	Photographs of incident product - 5 photos
Exhibit B	-	Incident Report – Adair County Sheriff
Exhibit C	-	Incident Report – Missouri Highway Patrol
Exhibit D	-	Utility Vehicle Data Record Sheet
Exhibit E	-	Status of Missing Document Form

A1 – Photo of incident vehicle

A2 – Photo of skid marks left by UTV on gravel road

A3 – Photo of bench seat

A4 – Photo of VIN number on incident UTV

A5 – Blood left on UTV after making contact with the victim

Adair County Sheriff's Office

215 N Franklin St., Kirksville, MO 63501

ADAIR COUNTY SHERIFF'S OFFICE JUN 14 2012 CERTIFIED COPY

Offense / Incident Report

Report Date	Type of Incident	Complaint No.	Case Status
06/03/2012 1804	**ASSIST OTHER AGENCY/MSHP**	**2012-003099AC**	**CLOSED**

Occurred on to

Incident Location

Street Address	City	State	Zip Code
STATE HIGHWAY B	**KIRKSVILLE**		

Sector	Precinct	Geo	Ward	Latitude	Primary Location
	1				

Neighborhood	Jurisdiction	Longitude	Secondary Location
			SAND CREEK BOTTOM RD

Dispatch Information

Received Date / Time	Call Received Via	Dispatched Date / Time	Call Dispatched As
06/03/2012 1804			**AMBULANCE / EMERGENCY**

Arrived Date / Time	Departed Date / Time	Offense Category	TTY Ref.#	TeleType Operator
06/03/2012 1809	**06/03/2012 1943**			

Officers

ID	Name	Role	Primary	Arrived Scene	Departed Scene
601	**Records Manager Sharon Young**	**INVESTIGATION**	☐	**06/04/2012 1044**	
551	**SCHMIDT, RICK**	**REPORTING**	☑		
547	**SMITH, MICHAEL**		☐		
526	**KING, WILLIAM**		☐		

Offenses

Charge	Cause Number	Local Code	Jurisdiction	State Statute Type/Class	State Charge Code	Category
ASSIST OTHER AGENCY/MSHP						

Modus Operandi

Possible/Probable Motivatio | Offender Suspected of Using | Chemical / Incendiary Agent | Special Skills | Weather Conditions

Point of Entry | Method of Entry | Characteristics of Entry | Malicious Mischief Events

Reporting Party / Complainant - Entity

Name	Type
US CELLULAR	**BUSINESS**

Addresses

Type	Street	City	State	Zip Code	Country

Reporting Officer	Approving Officer (Cover Pages Only)
551 SCHMIDT, RICK	**526 Section Chief Bill King**

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ADAIR COUNTY SHERIFF'S OFFICE JUN 14 2012 CERTIFIED COPY

Adair County Sheriff's Office

215 N Franklin St., Kirksville, MO 63501

Offense / Incident Report

Report Date	Type of Incident	Complaint No.	Case Status
06/03/2012 1804	**ASSIST OTHER AGENCY/MSHP**	**2012-003099AC**	**CLOSED**

Phone Numbers

Type	Phone	Ext/PIN
	(660) 342-4311	

Email Addresses

Type	Email Address

Contacts

Name	Relationship	Race	Sex	DOB

Addresses

Type	Street Address	City	State	Zip Code	Country

Phone Numbers

Type	Phone	Ext/PIN

Email Addresses

Type	Email Address

Statement:

Reporting Party / Complainant

Name (Last, First Middle Suffix)	Race	Sex	DOB	Age	Juvenile	SSN	Moniker

Addresses

Type	Street Address	City	State	Zip Code	Country

Phone Numbers

Type	Phone	Ext/PIN

Email Addresses

Type	Email Address

Drivers License	Type	State	Expires	Restrictions	Marital Status	Resident Status	Ethnicity	Language

Statement / Notes:

Offense Narrative

On 06/03/2012, at approximately 1804 hrs, I, Deputy Rick Schmidt, was dispatched to an ATV roll-over involving a 7 year old child. I arrived on scene and was advised that the child had died from his injuries. The child's body was turned over to County Coroner Brian Noe. I assisted Missouri State Highway Patrol with scene security and traffic control. I was released from the scene by MSHP.

On 06/03/2012 at approximately 2030 hrs, I was contacted by Carey Porter, Missouri State Highway Patrol, and asked to return to the scene as an accident reconstruction trooper was coming.

I cleared the scene at approximately 0100 hrs and Sheriff Hardwick remained at the scene helping the Highway Patrol with their investigation.

Reporting Officer	**551 SCHMIDT, RICK**	Approving Officer (Cover Pages Only)	**526 Section Chief Bill King**

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Adair County Sheriff's Office

215 N Franklin St., Kirksville, MO 63501

ADAIR COUNTY SHERIFF'S OFFICE
JUN 1 4 2012
CERTIFIED COPY

Offense / Incident Report

Report Date	Type of Incident	Complaint No.	Case Status
06/03/2012 1804	**ASSIST OTHER AGENCY/MSHP**	**2012-003099AC**	**CLOSED**

Reporting Officer	**551 SCHMIDT, RICK**	Approving Officer (Cover Pages Only)	**526 Section Chief Bill King**

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Adair County Sheriff's Office

215 N Franklin St., Kirksville, MO 63501

ADAIR COUNTY SHERIFF JUN 2012 CERTIFIED COPY

CAD Notes

Report Date:	Type of Incident	Complaint No:	Case Status
06/03/2012	**ASSIST OTHER AGENCY/MSHP**	**2012-003099AC**	**CLOSED**

Opened: 6/3/2012 6:04:45 PM
Arrived: 6/3/2012 6:09:25 PM
Departed: 6/3/2012 7:43:36 PM
Reporting Dsn: 551

**06/03/2012 19:43 **
Call Received on 06/03/2012 @ 17:59

Location: 16585 HWY 6 - NE SECTOR

7 YO MALE HEAD INJURY ATV ROLL OVER ACCIDENT, CALLER STATES CAN SEE HIS BRAIN
**06/03/2012 19:43 **
RN is on scene
**06/03/2012 19:43 **
MSHP CONTACTED @ 1806
**06/03/2012 19:43 **
AIR EVAC CONTACTED @ 1802 ON SCENE AT 1815 10-25 @ 1818
**06/03/2012 19:43 **
1300 CONTACTED @ 1818
**06/03/2012 19:43 **
511 CONTACTED @ 1810
**06/03/2012 19:43 **
1300 ON SCENE @ 1845
**06/03/2012 19:43 **
ACAD 23 TIMES; 1759 180125 180255 10-25 @ 1818 ENROUTE BACK TO CITY 1819 BACK IN QUARTERS @ 182707
**06/03/2012 19:43 **
ACAD 21 TIMES; 1759 180125 180150 171607 181608 191938 193500
**06/03/2012 19:43 **
NORTH/NOV TIMES; 1759 1801 1803 1806 1806 1920
**06/03/2012 19:43 **
ACAD ADVISED TYPE BLACK @ 1816

06/03/2012 18:05:52	OPENED Event open by sending work area
06/03/2012 18:05:58	8100 EN ROUTE ENROUTE TO SCENE
06/03/2012 18:06:04	621 EN ROUTE ENROUTE TO SCENE
06/03/2012 18:06:08	626 EN ROUTE ENROUTE TO SCENE
06/03/2012 18:06:26	551 551 EN ROUTE ENROUTE TO SCENE. Vehicle: 551
06/03/2012 18:07:34	NOTES ADDED Notes Added: RN is on scene
06/03/2012 18:09:25	8100 ARRIVED ARRIVED ON SCENE
06/03/2012 18:11:14	NOTES ADDED Notes Added: MSHP CONTACTED
06/03/2012 18:11:33	PERS ADDED Person 'SCHOONOVER, STEVE' was added
06/03/2012 18:11:41	PERSON CHG Person Phone set to '(660) 342-4311'
06/03/2012 18:11:43	PERS ADDED Person '' was added
06/03/2012 18:13:02	NOTES ADDED Notes Added: AIR EVAC CONTACTED

Reporting Officer	551	SCHMIDT, RICK	/ /	Approving Officer	526	Section Chief Bill King	/ /

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Adair County Sheriff's Office

215 N Franklin St., Kirksville, MO 63501

ADAIR COUNTY JUN 2012 CERTIFIED COPY

CAD Notes

Report Date:	Type of Incident	Complaint No:	Case Status
06/03/2012	**ASSIST OTHER AGENCY/MSHP**	**2012-003099AC**	**CLOSED**

06/03/2012 18:14:25 621 ARRIVED ARRIVED ON SCENE
06/03/2012 18:15:13 547 547 EN ROUTE ENROUTE TO SCENE. Vehicle: 547
06/03/2012 18:20:43 NOTES ADDED Notes Added: 1300 CONTACTED @ 1818
06/03/2012 18:20:50 NOTES ADDED Notes Added: 511 CONTACTED @ 1810
06/03/2012 18:21:15 626 UNIT CLEARED CLEAR UNIT
06/03/2012 18:24:23 551 551 EN ROUTE ENROUTE TO SCENE. Vehicle: 551
06/03/2012 18:24:30 547 547 ARRIVED ARRIVED ON SCENE. Vehicle: 547
06/03/2012 18:24:32 551 551 ARRIVED ARRIVED ON SCENE. Vehicle: 551
06/03/2012 18:25:18 623 ARRIVED ARRIVED ON SCENE
06/03/2012 18:25:24 623 UNIT CLEARED CLEAR UNIT
06/03/2012 18:36:06 526 526 EN ROUTE ENROUTE TO SCENE
06/03/2012 18:43:11 NOTES EDITED Notes Edited: **06/03/2012 18:11 20** MSHP CONTACTED @ 1806
06/03/2012 18:43:11 NOTES EDITED Notes Edited: **06/03/2012 18:13 20** AIR EVAC CONTACTED @ 1802
06/03/2012 18:45:27 NOTES ADDED Notes Added: 1300 ON SCENE @ 1845
06/03/2012 19:03:18 NOTES EDITED Notes Edited: **06/03/2012 18:13 20** AIR EVAC CONTACTED @ 1802 ON SCENE AT 1815 10-25 @ 1818
06/03/2012 19:05:34 NOTES ADDED Notes Added: ACAD 23 TIMES; 1759 180125 180255 10-25 @ 1818 ENROUTE BACK TO CITY 1819 BACK IN QUARTERS @ 182707
06/03/2012 19:07:34 526 526 ARRIVED ARRIVED ON SCENE
06/03/2012 19:35:55 NOTES ADDED Notes Added: ACAD 21 TIMES; 1759 180125 180150 171607 181600 191938 193500
06/03/2012 19:36:13 NOTES EDITED Notes Edited: **06/03/2012 19:35 20** ACAD 21 TIMES; 1759 180125 180150 171607 181608 191938 193500
06/03/2012 19:36:35 NOTES ADDED Notes Added: NORTH/NOV TIMES; 1759 1801 1803 1806 1806 1920
06/03/2012 19:36:39 8100 UNIT CLEARED CLEAR UNIT
06/03/2012 19:36:42 621 UNIT CLEARED CLEAR UNIT
06/03/2012 19:42:29 551 551 UNIT CLEARED CLEAR UNIT. Vehicle: 551
06/03/2012 19:42:33 547 547 UNIT CLEARED CLEAR UNIT. Vehicle: 547
06/03/2012 19:43:31 NOTES ADDED Notes Added: ACAD ADVISED TYPE BLACK @ 1816
06/03/2012 19:43:36 526 526 UNIT CLEARED CLEAR UNIT
06/03/2012 19:43:50 551 551 ASGN CN# Complaint number '2012-003099AC' Assigned

Disposition Notes:

Reporting Officer	551	SCHMIDT, RICK	/ /	Approving Officer	526	Section Chief Bill King	/ /

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Adair County Sheriff's Office

215 N Franklin St., Kirksville, MO 63501

ADAIR COUNTY SHERIFF'S OFFICE JUN 2012 CERTIFIED COPY

Supplemental Narrative Report

Report Date	Type of Incident	Complaint No.	Case Status
06/03/2012 1804	ASSIST OTHER AGENCY/MSHP	2012-003099AC	CLOSED

Supplemental Narrative Sequence No. 0001

Date / Time	Officer ID / Name	Description
06/04/2012 0938	511 Sheriff Bob Hardwick	SECOND

Supplemental Narrative

On Sunday, 06-03-12, at about 1804 hours, I, Sheriff Hardwick, received a call from Deputy Schmidt advising of a report of an accident in the area of Route B and Sand Creek Bottom. According to Schmidt, a child was pinned under a Polaris Ranger ATV.

Adair County Contractual Photographer, Al Maglio, was contacted and advised to respond to the location.

Chief Of Operations Bill King was contacted and requested to respond to the accident. Shortly thereafter, King advised he and the photographer were on scene.

Deputy Schmidt advised that the driver of the mule was transported by the Missouri Highway Patrol to the Sheriff's Office and that the young child was transported by Adair County Coroner Brian Noe.

Upon my arrival at the scene, I observed the Polaris parked in an upright position, on the south portion of the gravel roadway facing west. I was also advised that the Missouri Highway Patrol's Crash Reconstruction Team had been notified and were enroute from Troy, Missouri.

The Reconstruction Trooper later arrived and documented the scene by measurements and photographs.

The Polaris was returned to the residence of Rick Schoonover (owner) at 11174 State Highway B, Greentop. The vehicle was parked, the brake set, and the key was left in the vehicle. I cleared the scene at about 02:30 06-04-2012, Monday morning.

EON #511

Officer	511 Sheriff Bob Hardwick	Approving Officer	526 Section Chief Bill King
	/ /		/ /

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MISSOURI UNIFORM CRASH REPORT

ADDITIONAL REPORTS: 325 PAGE 1 OF 4

1 - GENERAL CRASH INFORMATION

SPACE USED FOR BARCODE

AGENCY NAME AND ORI: **MISSOURI STATE HIGHWAY PATROL MOMHPBB00**

LEFT THE SCENE	DRIVER NO.	CLEARED	CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY	NO. INJURED	NO. KILLED	REPORT / CASE / INCIDENT NUMBER
☐ Yes ☒ No		☐ Yes ☐ No		☐	1	1	120344080

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL)	NOTIFIED DATE	TIME NOTIFIED (MIL)	INVESTIGATION DATE	TIME ARRIVED (MIL)	INVEST. AT SCENE
1	06/03/2012	1755	06/03/2012	1759	06/03/2012	1806	☒ Yes ☐ No

CRASH TYPE

ROADWAY: ☐ On Roadway ☒ Off Roadway

NON-COLLISION: ☒ Overturning ☐ Fire / Explosion ☐ Immersion ☐ Jackknife ☐ Fell/Jumped From MV ☐ Cargo / Equip Loss / Shift ☐ Other Non-Collision

COLLISION INVOLVING: ☐ Animal ☐ Pedalcycle ☐ Fixed Object ☐ Other Object ☐ Pedestrian ☐ Railway Vehicle ☐ Animal Drawn Veh/Animal Ridden Trans. ☐ Motor Vehicle in Transport → ☐ Parked Motor Vehicle → ☐ Working Motor Vehicle →

DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE: ☐ Front to Front ☐ Front to Rear ☐ Rear to Rear ☐ Rear to Side ☐ Angle ☐ Sideswipe (Same Dir.) ☐ Sideswipe (Opp Dir.) ☐ Falling / Shifting Cargo (Set in motion by MV) ☐ Other (Explain) ☐ Unknown (Explain)

COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle fields in Section 7G must be completed.

1. Does this crash involve any of the following?
   1a. A person fatally injured: OR
   1b. A person transported for medical attention: OR
   1c. A vehicle towed due to disabling damage
   ☐ No - No commercial vehicle fields need completion.
   ☒ Yes - Go to number 2 →

2. Examine each vehicle to determine if it is a commercial vehicle based upon the following:
   2a. A truck/cargo van with GVWR/GCVWR of more than 10,000 lbs: OR
   2b. A motor vehicle with seating for 9 or more including driver: OR
   2c. A vehicle with a hazardous materials placard.
   ☒ No - No commercial vehicle fields need completion.
   ☐ Yes - Complete Section 7G for appropriate vehicle.

EVIDENTIARY PHOTOS TAKEN	BY WHOM	AVAILABLE FROM
☒ Yes ☐ No	CRASH TEAM, SGT P. J KEMPKE	☒ Investigating Agency MSHP TRAFFIC RECORDS DIVISION, JEFFERSON CITY, MO
RECONSTRUCTION ☒ Yes ☐ No	BY WHOM: SERGEANT P. J. KEMPKE	AVAILABLE FROM ☒ Investigating Agency MSHP TRAFFIC RECORDS DIVISION, JEFFERSON CITY, MO

2 - LOCATION

COUNTY	MUNICIPALITY	BEAT / ZONE	TRP/DIST/PCT	GPS COORDINATES (DD MM SS.S FORMAT)
ADAIR	NON-CITY OR UNINCORPORATED	05	B	LAT: N40 19 05.2 LONG: W92 39 30.4

ON	RDWY. DIR	DISTANCE FROM	LOCATION	INTERSECTING
CRD SAND CREEK BOTTOM	W	☐ NA 6 Feet . Miles	☒ After ☐ NA ☐ Before ☐ At	RT B

SPEED LIMIT	ROAD MAINTAINED BY	SPEED LIMIT	INT. DIR.	GEO - CODE
50	☐ Unknown ☐ State ☒ County ☐ Municipal ☐ Private Property ☐ Other	NA	S	NA

TRAFFICWAY: ☐ One-Way ☒ Two-Way: Not Divided ☐ Two-Way Divided: Unprotected Median ☐ Other ☐ Two-Way: Not Divided: Continuous Center Turn Lane ☐ Two-Way Divided: Positive Median Barrier ☐ Unknown

ROAD ALIGNMENT: ☒ Straight ☐ Curve ☐ Unknown (Explain)

ROAD PROFILE: ☒ Level ☐ Downhill ☐ Dip ☐ Uphill ☐ Hillcrest ☐ Unknown (Explain)

INTERSECTION TYPE: ☒ NA ☐ 4-way Intersection ☐ Y-Intersection ☐ 5-way / More ☐ Unknown (Explain) ☐ T-Intersection ☐ Roundabout ☐ Other (Explain)

ROAD CONDITION: ☒ Dry ☐ Snow ☐ Slush ☐ Standing Water ☐ Sand / Gravel ☐ Unknown (Explain) ☐ Wet ☐ Ice / Frost ☐ Mud / Dirt ☐ Moving Water ☐ Other (Explain)

ROAD SURFACE: ☐ Concrete ☐ Brick ☐ Dirt / Sand ☐ Cobblestone ☐ Asphalt ☒ Gravel ☐ Multi-Surface ☐ Unknown (Explain)

WEATHER CONDITION: ☒ Clear ☐ Rain ☐ Sleet / Hail ☐ Fog / Mist ☐ Other (Explain) ☐ Cloudy ☐ Snow ☐ Freezing (Temp) ☐ Severe Crosswind ☐ Unknown (Explain)

LIGHT CONDITION: ☒ Daylight ☐ Dark-Lighted ☐ Dark-Unlighted ☐ Dark-Unknown Lighting ☐ Other (Explain) ☐ Unknown (Explain)

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES ☒ None

LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. ☐ MoDOT ☐ County ☐ Municipality

4 - WITNESS ☒ None Identified ☐ Additional Witnesses in Narrative

NAME	ADDRESS (Street, City, State, Zip)	PHONE NUMBER

5 - PEDESTRIAN ☒ NA ☐ Law Enforcement Officer ☐ Other Emergency Services Personnel ☐ MoDOT Worker ☐ Other Trafficway Worker ☐ Other Pedestrian

NO.	NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)	PHONE NUMBER

DATE OF BIRTH	SEX	STRUCK BY VEH #	INJ	TRANSPORT	SAFETY DEVICES	LOCATION
						☐ On Roadway ☐ On Sidewalk ☐ In Driveway Access ☐ Off Roadway ☐ On Median / Crossing Island ☐ Unknown

CROSSING ROAD: ☐ NA ☐ With Signal ☐ Against Signal ☐ No Signal ☐ Unknown ☐ Not At Crosswalk ☐ In Marked Crosswalk ☐ In Unmarked Crosswalk ☐ Unknown

OTHER ACTIONS: ☐ NA/None ☐ Getting On / Off Vehicle ☐ Standing / Lying / Sitting In Trafficway ☐ Pushing / Working On Vehicle ☐ Behind / In Front of Parked / Stopped Veh ☐ Working In Trafficway ☐ Playing In Trafficway ☐ Walking / Running In Trafficway ☐ With Traffic ☐ Against Traffic ☐ Unknown ☐ Other (Explain)

SCHOOL INFO: ☐ NA ☐ Going To / From School ☐ Getting On / Off School Bus ☐ Both Of The Above ☐ Unknown (Explain)

PROBABLE CONTRIBUTING CIRCUMSTANCES: ☐ None ☐ Failed To Yield ☐ Distracted / Inattentive ☐ Alcohol ☐ Drugs ☐ Vision Obstructed (Explain) ☐ Physical Impairment (Explain) ☐ Other (Explain) ☐ Unknown (Explain)

DISTRACTED / INATTENTIVE CODE(S): ☐ NA

ALCOHOL USE: ☐ Yes ☐ No ☐ Unknown

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6. COLLISION DIAGRAM	Compass Direction Before Crash Event(s) (Circle One)	V1 N E S W U	V2 N E S W U	V3 N E S W U	V4 N E S W U	V5 N E S W U	V6 N E S W U

INDICATE NORTH

DIAGRAM COMPLETED BY MCIU #2

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

☐ Page Not Used REPORT # 120344080 PAGE 3 OF 4

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO.	7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)	PHONE NUMBER
1	ARRIETA, WILLIAM T. 2603 BERKETT DRIVE AUSTIN, TX 78745	(512)586-9503

DRIVER LICENSE / ID NUMBER	STATE	LIC STATUS	LIC TYPE	MC ENDORSEMENT
20068873	TX	☒ Valid ☐ Expired ☐ Susp / Rev / Denied ☐ Disqual CDL ☐ Canceled / Oth Invalid ☐ Unknown ☐ NA	☒ Operator Class C ☐ Permit ☐ Unknown (Explain) ☐ CDL Class __ ☐ MC Only ☐ Interm / Grad ☐ Unlicensed ☐ NA	☐ Yes ☐ No ☒ NA ☐ Unknown (Explain)

DATE OF BIRTH	SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	VISION OBSTRUCTED
12/23/1985	M	FL	4	1	2	1	2	☒ Not Obstructed ☐ Trees / Brush ☐ Sign ☐ Moving Veh ☐ Other (Explain) ☐ Windshield ☐ Building ☐ Hillcrest ☐ Stopped Veh ☐ Unknown (Explain) ☐ Load on Veh ☐ Embankment ☐ Parked Veh ☐ Glare ☐ NA

PROOF OF INSURANCE	INSURANCE COMPANY	PHONE NO. (Optional)	POLICY NUMBER
☐ Yes ☐ No ☒ Not Required	☐ Expired NA		☒ NA ☐ Driver ☐ Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) ☐ SAD: (b)(6)

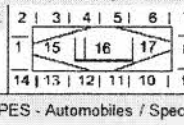
PHONE NUMBER ☐ SAD: (b)(6)

YEAR	MAKE	MODEL	COLOR	VEH. TYPE	TOTAL NO. OF OCC
2009	POLARIS	RANGER	BLK NA	1	3

LICENSE - PLATE NO.	STATE	YEAR	VIN	TOWED FROM SCENE	TOWED DUE TO DIS. DAMAGE
NOT REQ	NA	NA	4XAHY68A594739647	☐ Yes ☒ No	☐ Yes ☒ No

VEHICLE DAMAGE (Mark all damaged areas) ☒ None / No Damage

INITIAL IMPACT NO: ☐ NA 5



18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit 22 - Cargo 23 - Unknown 24 - Other (Explain)

TOWED BY ☐ Unknown ☒ NA

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles ☐ Vehicle Used As Public Conveyance

☐ Passenger Car ☐ Van (< 9 W/Driver) ☐ Passenger Van (9+ W/Driver) ☐ Sport Utility Vehicle ☐ Limousine (7-8 W/Driver) ☐ Limousine (9-15 W/Driver) ☐ Motorized Bicycle ☐ Pedalcycle ☐ To / From School

☐ Small Bus (9-15 W/Driver) ☐ Large Bus (16+ W/Driver) ☐ School Bus ☐ Intercity ☐ Transit / Commuter ☐ Charter / Tour ☐ Other

☐ Motorcycle ☒ ATV ☐ 2 Wh ☐ 3 Wh ☒ 4 Wh ☐ 5 Wh / More ☐ Unknown

☐ Motor Home ☐ Farm Implements ☐ Construction Equip. Heavy Mach ☐ Other Vehicle (Code)___ ☐ Cargo Van ☐ Pickup ☐ Other Heavy Truck ☐ Unknown (Explain)

☐ Single-unit Truck; 2 axles, 6 tires ☐ Single-unit Truck; 3 or more axles ☐ Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors) ☐ Truck Tractor With No Units ☐ Truck Tractor With One Unit ☐ Truck Tractor With Two Units ☐ Truck Tractor With Three Units

GVW / GCVW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) ☐ Less than or equal to 10,000 lbs. ☐ 10,001 - 26,000 lbs. ☐ Greater than 26,000 lbs. ☐ Unknown

EMERGENCY VEHICLE INVOLVEMENT ☒ NA
☐ Police ☐ Ambulance ☐ Fire ☐ Other (Must check "A" / "B") → ☐ A. Emergency Vehicle on Emergency Run ☐ B. Stationary With Emergency Equip. Activated

CONTRIBUTING TRAFFIC CONDITIONS ☒ NA
☐ Congestion Ahead ☐ Crash Ahead ☐ Other Incident Ahead ☐ Unknown (Explain)

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES ☐ Additional Codes Listed in Narrative (See Codes in Section 8)

SEQUENCE OF EVENTS CODES ☐ Unknown: 1 7 17 21 22

ANIMAL CODE(S)

FIXED OBJECT CODE(S)

ALCOHOL USE: ☒ Yes ☐ Unk ☐ No ☐ NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES ☐ None

☐ Vehicle Defects (Explain) ☐ Speed - Exceeded Limit ☒ Too Fast For Conditions ☐ Violation Signal / Sign ☐ Failed To Yield ☒ Alcohol ☒ Drugs

☐ Vision Obstructed ☐ Driver Fatigue / Asleep ☐ Improper Signal ☐ Improper Backing ☐ Improper Turn ☐ Improper Passing ☐ Improperly Parked

☐ Failed To Dim Headlights ☐ Failed To Use Lights ☐ Following Too Close ☒ Wrong Side (Not Passing) ☐ Wrong Side (One-Way) ☐ Physical Impairment (Explain) ☐ Improper Start From Park

☐ Improper Towing / Pushing ☐ Improperly Stopped On Roadway ☐ Improper Lane Usage / Change ☐ Overcorrected ☐ Improper Riding / Clinging To Veh. Exterior ☐ Failed To Secure Load / Improper Loading ☐ Animal(s) In Roadway

☐ Object / Obstruction in Roadway ☐ Distracted / Inattentive (Designate Type) ☐ Unknown (Explain) ☐ Other (Explain)

DISTRACTED / INATTENTIVE CODE(S) ☒ NA (See Codes in Section 8)

7E. WORK ZONE ☐ Yes ☒ No ☐ Unknown

Workers Present ☐ Yes ☐ No ☐ Unknown

TRAFFIC CONTROL ☒ None ☐ Unknown
Electric ☐ Green/Yellow/Red ☐ Flashing Red ☐ Flashing Yellow ☐ Ramp Meter ☐ Other (Explain)
Other: ☐ Stop Sign ☐ No Passing Zone ☐ Turn Restricted ☐ Officer / Flagman ☐ Signal On School Bus
Controls: ☐ Warning Sign / Device ☐ Railway Crossing Sign / Device ☐ School Zone ☐ Yield Sign ☐ Other (Explain)

CONTROL MALFUNCTIONING/ INOPERATIVE / MISSING: ☐ Yes (Explain) ☐ No ☐ Unknown ☒ NA

7F. OCCUPANTS - NAME (Last, First, MI) ADDRESS (Street, City, State, Zip)	DATE OF BIRTH MM-DD-YYYY	SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER
(b)(6)	04/22/2005	M	FC	1	1	3	1	2	(b)(6)
SAME AS DRIVER	09/30/2005	M	FR	5	1	4	1	2	
NA									
NA									
NA									

7G. COMMERCIAL MOTOR VEHICLE ☒ NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.

MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) ☐ SAO

PHONE NUMBER ☐ SAO

COMMERCIAL / NON-COMMERCIAL ☐ Interstate Carrier ☐ Intrastate Carrier ☐ Not In Commerce - Government Vehicle ☐ Not In Commerce - Rental Vehicle ☐ Not In Commerce - Other Vehicle

MC / MX / ICC NO.

USDOT NO

CARGO BODY TYPE ☐ Enclosed Box ☐ Cargo Tank ☐ Flatbed ☐ Dump ☐ Concrete Mixer ☐ Auto Transporter ☐ Garbage / Refuse ☐ Grain / Chip / Gravel ☐ Pole Trailer ☐ Log ☐ Vehicle Towing Another Veh. ☐ Intermodal Container Chassis ☐ NA (No Cargo Body) ☐ Other ☐ Unknown

HAZARDOUS MATERIALS	PLACARD DISPLAYED	4-DIGIT NO.	CLASS	HM CARGO PRESENT	HM CARGO RELEASED	HAZARDOUS MATERIAL NAME
	☐ Yes ☐ No ☐ Unknown			☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	

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8 - CODES

SEAT LOCATION

FR SR TR
FC SC TC
FL SL TL

XX - Not Known
B - Pedalcycle
M - Motorcycle
CP - Commercial Passenger
OE - Occupant - Enclosed Load Area
OU - Occupant - Unenclosed Load Area
RC - Rail Crew
SV - Other (Explain in Narrative)
NA - Not Applicable

INJURY

1. Fatal
2. Disabling
3. Evident - Not Disabling
4. Probable - Not Apparent
5. None Apparent
U. Unknown
N. NA

TRANSPORTED (For Medical Treatment)

1. No
2. EMS
3. Other
U. Unknown
N. NA

EJECTION

1. NA
2. No
3. Partially
4. Totally
U. Unknown

AIR BAG

1. None / NA
3. Not Deployed
4. Removed
5. Deployed - Front
6. Deployed - Side
7. Deployed - Curtain
8. Deployed - Other (Knee, Air Belt, etc.)
9. Deployed - Combination
10. Deployment Unknown
U. Air Bag Presence Unknown

SAFETY DEVICES

1. None
2. Not Used
3. Shoulder Belt Only
4. Lap Belt Only
5. Shoulder and Lap Belt
7. DOT Compliant MC Helmet
8. No Helmet
10. Booster Seat
11. Child Restraint - Forward Facing
12. Child Restraint - Rear Facing
13. Other Helmet
14. Reflective Clothing
15. Other
U. Use Unknown
N. Not Applicable

VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk [**] require additional coding)

1. Going Straight
2. Overtaking
3. Making Right Turn
4. Right Turn on Red
5. Making Left Turn
6. Making U-Turn
7. Skidding / Sliding
8. Slowing / Stopping
9. Start In Traffic
10. Start From Parked
11. Backing
12. Stopped In Traffic
13. Parked
14. Changing Lanes
15. Avoiding
16. Cross Median
17. Cross Center Of Road
18. Cross Road
19. Airborne
20. Ran Off Roadway - Right
21. Ran Off Roadway - Left
22. Overturn / Rollover
23. Fire / Explosion
24. Immersion
25. Jackknife
26. Cargo Loss / Shift
27. Equipment Failure
28. Separation Of Units
29. Returned To Roadway
30. Collision Inv. Pedestrian
31. Collision Inv. Bicycle/Pedalcycle
32. Collision Inv. Railway Veh.
33. Collision Inv. Animal (**)
34. Collision Inv. MV in Transport
35. Collision Inv. Parked MV
36. Collision Inv. Fixed Object (**)
37. Collision Inv. Other Object (Explain)
38. Other Non-collision
39. Collision Inv. Bicycle/Pedalcycle In Bicycle Lane
40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation
41. Collision Inv. Working MV
42. Downhill Runaway
43. Fell/Jumped From MV
44. Thrown/Falling Object
45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV
46. Ran Off Roadway - Other (Explain)
47. Cross Separator

ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

60. Deer
61. Farm Animal
62. Dog
63. Other Animal
U. Unknown

FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

20. Tree / Stump (Standing)
21. Embankment / Driveway / Ground / Rock Bluff
22. Guardrail Face
23. Utility Pole
24. Fence
25. Street Light Support
26. Culvert
27. Highway Traffic Sign Post / Support
28. Bridge Pier / Abutment / Support
29. Curb
30. Mail Box
31. Concrete Traffic Barrier
32. Building
33. Traffic Signal Support
34. Impact Attenuator / Crash Cushion
35. Fire Hydrant
36. Other (Explain)
37. Bridge Parapet End
38. Bridge Rail
39. Guardrail End
40. Other Traffic Barrier
41. Overhead Sign Support
42. Ditch
43. Other Post / Pole / Support
44. Wall
45. Cable Barrier
46. Bridge Overhead Structure
47. Overhead Line / Cable
U. Unknown

DISTRACTED / INATTENTIVE CODES

1. External Distraction
2. Passengers
3. Stereo / Audio / Video Equipment
4. Navigation Device
5. Communication Device - Hand-held
6. Communication Device - Hands Free
7. Communication Device - Texting / E-mailing
8. Communication Device - Web Browsing
9. Eating / Drinking
10. Reading
11. Tobacco Use
12. Grooming
13. Computer Equipment / Electronic Games / etc.
14. Adjusting Vehicle Controls
15. Other (Explain)

VEHICLE TYPE CODES

1. Motor Vehicle In Transport
2. Parked Motor Vehicle
3. Working Motor Vehicle
4. Pedalcycle
5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes
U. Unknown

OTHER VEHICLE CODES

1. Riding Mower / Garden Tractor
2. Golf Cart
3. Snowmobile
4. Forklift
5. Animal Drawn Vehicle / Animal Ridden For Transportation
6. Low Speed Vehicle
7. Other (Explain)

9. NARRATIVE / STATEMENTS **(If additional room is necessary, use Section 11 - Narrative / Statements Continuation)**

NARRATIVE

THIS ACCIDENT OCCURRED AS VEHICLE #1 TURNED FROM ROUTE B ONTO SAND CREEK BOTTOM ROAD IN ADAIR COUNTY, MISSOURI. DRIVER NO. 1 ACCELERATED AND THEN LOST CONTROL OF VEHICLE NO. 1. VEHICLE #1 WENT INTO A BROAD SLIDE SKID, SKIDDED OFF THE LEFT SIDE OF THE ROADWAY AND OVERTURNED AND CAME TO FINAL REST ON THE PASSENGER SIDE. AS THE VEHICLE OVERTURNED, BOTH PASSENGERS WERE EJECTED FROM THE RIGHT SIDE OF THE VEHICLE. PASSENGER (b)(6) WAS PARTIALLY EJECTED AND THE VEHICLE CAME TO REST PARTIALLY ON HIS UPPER BODY. THE PASSENGER (b)(6) WAS TOTALLY EJECTED CLEAR OF THE VEHICLE.

(b)(6) .: DRIVER OF VEHICLE 1 STATEMENT

" I WAS GOING DOWN THE ROAD MAYBE 35-40 M.P.H., WENT TO TURN AROUND, AND HIT THE GRAVEL. WE STARTED TO SLIDE AND WENT SIDEWAYS."

(b)(6) PASSENGER OF VEHICLE 1 FATALITY AND TRANSPORTATION INFO

PRONOUNCED BY: **BRIAN NOE** PRONOUNCED AT LOCATION: **ON SCENE** PRONOUNCED DATE/TIME: **06/03/2012 1816** NEXT OF KIN NOTIFIED: **YES**

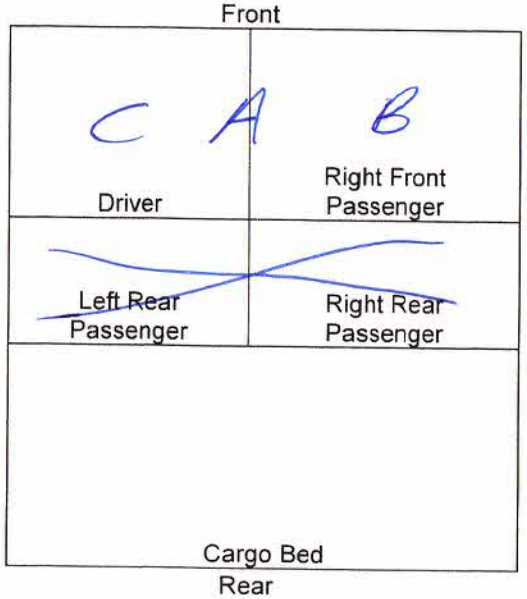
DISPOSITION OF BODY: **TAKEN TO TRAVIS NOE FUNERAL HOME IN KIRKSVILLE, MISSOURI**

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME	DSN / BADGE NO.	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
TPR T. HALEY	442	05	B

REVIEWING OFFICER NAME	DSN / BADGE NO.	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.
SGT T. ROHN	883	CPL C. MCINTYRE	953

Utility Vehicle Data Record Sheet



The Utility Vehicle

A:		
	Age: 7	Height: unknown
	Gender: M	Weight: unknown
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: Trauma to upper body	
	Did vehicle land on victim: Yes	
	Ejected (Either partially or fully): Partially	

B:		
	Age: 6	Height: unknown
	Gender: M	Weight: unknown
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Injured	
	Injury Description: Minor	
	Did vehicle land on victim: No	
	Ejected (Either partially or fully): Fully	

C:		
	Age: 26	Height: unknown
	Gender: M	Weight: unknown
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Injured	
	Injury Description: Minor	
	Did vehicle land on victim: No	
	Ejected (Either partially or fully): Fully	

D:		
	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

E:		
	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

F:		
	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

*If victim(s) were injured/killed, please include the other relevant information requested in the assignment message in the text of the IDI

Using the figure on the left, please fill in where the occupants were in the vehicle at the time of the incident using A, B, C, etc. to identify the occupant(s)' location. Fill in the occupants' characteristics in the corresponding location on the right. For example, the driver could be assigned to the letter 'A' and the letter 'A' would be placed in the diagram in the box designated 'Driver', and the drivers' characteristics would be filled on the right. If there were more than six occupants (or more room is needed), please add the other passenger(s)' information (or any other information) as needed. If information is not available, please indicate by 'na'.

Note: Not all locations indicated on the diagram exist in all types of utility vehicles. Please only use the locations that correspond to the incident vehicle. Please place an 'X' over the area if the vehicle was not equipped with the component.

Task No. 120607HCC2804

Date: 7/16/2012

STATUS OF MISSING DOCUMENT (S)

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

1. Death Certificate - Missouri Bureau of Vital Records

2. _____

3. _____

4. _____

5. _____

Date: 7/16/2012 **Investigator No:** 3394

Regional office: CFIW **Supervisor No:** 8929

(b)(5)

CONTACT LIST

Adair County Sheriff
215 N. Franklin Street
Kirksville, MO 63501
660-665-4644

Missouri Highway Patrol
Troop B
308 Pine Crest Drive
Macon, MO 63552-1030
660-385-2132

Missouri Bureau of Vital Records
P.O. Box 570
Jefferson City, MO 65102-0570

EPIDEMIOLOGIC INVESTIGATION REPORT

1. Task Number	2. Investigator's ID	
120611HCC3708	2259	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
840	2012 06 04	2012 06 19

6. Synopsis of Accident or Complaint **UPC**

A 57 year old owner and driver of a UTV and a 51 year old companion riding with him were discovered crashed on a sand dune in an off road vehicle riding area by a passerby. The passenger was walking around with head injuries. The driver also suffered a head injury and was in the vehicle deceased.

7. Location (Home, School, etc)	8. City	9. State
9 - SPORTS OR RECREATION PLACE	HURRICANE	UT

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - UTILITY VEHICLES	POLARIS 4XAVY76AXBB075066	RAZOR RZR-S

10D. Manufacturer Name and Address
POLARIS INDUSTRIES INC.
2100 HIGHWAY 55
MEDINA, MN 55340

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
0	NONE	NONE

11D. Manufacturer Name and Address
NONE

12A. Hispanic or Latino	12B. Race	12C. Race Source
9 - Refused	9 - Refused Other:	

13. Age of Victim	14. Sex	15. Disposition	16. Injury Diagnosis
57	1 - Male	8 - Death	62 - Intern. Org. Inj.

17. Body Part(s) Involved	18. Respondent	19. Type of Investigation	20. Time Spent (Operational / Travel)
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	13.00 / 0.00

21. Attachment(s)	22. Case Source	23. Sample Collection Number
9 - Multiple Attachments	05 - Newspaper	

24. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ◉ No ○ Yes for Manuf. Only ◉ Verbal ○ Written

25. Review Date	26. Reviewed By	27. Regional Office Director
08/15/2012	9067	Frank J. Nava

28. Distribution	29. Source Document Number
Sarah Garland	X1260186A

This report covers a fatal UTV incident. It was initiated through a news article. It will be a very abbreviated report as the only information available came from a review of the investigating law enforcement agency's report and the incident occurred on an isolated sand dune in an off road vehicle driving area with no independent witnesses. Additionally, the involved machine has been locked away and made inaccessible by family members pending litigation and the sole surviving passenger and all family members have been directed by their attorney to speak to no one.

The fatal victim in this incident is a 57 year old male. He was the owner of the involved UTV and was the driver. He was not wearing a helmet. It is unknown if he was wearing a seat belt. The vehicle was equipped with a three point lap shoulder harness seatbelt. No other information is known.

The passenger received head injuries but survived. He was 51 years old. He was riding in the passenger front seat. He was not wearing a helmet. It is unknown if he was wearing a seatbelt. No other information is known.

The vehicle involved in the incident was a 2011 Polaris RZR-S two seat UTV. The VIN number is 4XAVY76AXBB075066.

This incident occurred on June 4, 2012 approximately 3:45 PM. The victims were riding in the UTV on a large open sand dune area of a state owned off road vehicle recreation area. No details of the pre incident are known. The vehicle was discovered with lying on it passenger side with the driver "slumped over in the roll cage. His head was up against the passenger seat and his feet and legs were against the side of the passenger door." Responding law enforcement responded and uprighted the vehicle and removed the driver in order to perform CPR. He was later declared deceased on scene by medical personnel. No autopsy was completed. The passenger was transported to a nearby hospital where he was examined and soon thereafter released without being admitted.

Visible damage to the vehicle in the law enforcement photographs included a collapsed roll cage (Photo Below)

and the windshield and other body panels detached from the vehicle lying nearby in the sand.

UTV INVESTIGATION GUIDELINE QUESTIONS:

1: The vehicle is a 2011 Polaris RZR-S VIN: 4XAVY76AXBB075066. Other information not available.

2: Examining the law enforcement photographs it appears the vehicle may have had aftermarket doors and a windshield installed but there is no way to verify that.

3: The vehicle is equipped with a standard three point lap and shoulder belt restraint system.

4: Data Record sheet attached as Exhibit #1.

5: Both victims had head and/or facial injuries.

6: No helmet use.

7: Not Available.

8: Not Available.

9: Shifting sand dunes during the day. High winds with blowing sand. Vehicle found on hill crest.

10: Law Enforcement photos in Exhibit #2. On site not completed as with sand dune shift scene would no longer be accurate depiction of scene at time of the incident.

11: Not Available.

12: Not Available.

13: Not Available.

14: Vehicle was found lying on passenger side. It is unknown how it got there.

15: It is not clear from law enforcement reports if victim was pinned. The narrative description sounds as if he was not but the righted the vehicle back to its tires before removing the victim.

16: Exhibit #2

PRODUCT IDENTIFICATION:

The involved product is a 2011 POLARIS Razor RZR-S single seat, two passenger UTV. The VIN is 4XAVY76AXBB075066.

Manufacturer:

Polaris Industries
2100 Hwy 55
Medina, MN 55340
1-888-704-5290

Retailer:

Unknown

Specifications taken from http://www.motorcycle-usa.com/26367/Buyers-Guide-Specifications/2011-Polaris-Ranger-RZR-S-800.aspx (Exhibit #3)

Year	2011
Manufacturer	Polaris
Model	Ranger RZR S 800
Engine Type	4-Stroke Twin Cylinder
Engine Displacement	760cc High Output (H.O.)
Bore & Stroke	NA
Compression Ratio	NA
Cooling	Liquid-Cooled
Fuel System	Electronic Fuel Injection
Ignition	Electronic
Starting System	Electric
Transmission	Automatic PVT P/R/N/L/H
Final Drive	Shaft
Rake and Trail	NA
Wheel Base	77 in.
Seat Height	NA
Front Suspension	Dual A-Arm 12" (30.5 cm) Travel
Rear Suspension	Dual A-Arm, Rolled Anti-Sway Bar 12" Travel
Front Brake	4-Wheel Hydraulic Disc Dual-Bore Front Calipers
Rear Brake	4-Wheel Hydraulic Disc Dual-Bore Front Calipers
Front Tire	27 x 9-12; ITP 900 XCT
Rear Tire	27 x 11-12; ITP 900 XCT
Fuel Capacity	7.25 gal.
Dry Weight	1,000 lbs.
MSRP	$12,499

ATTACHMENTS:

Exhibit #1: UTV Data Record Sheet
Exhibit #2: Law Enforcement Photos
Exhibit #3: Law Enforcement Report
Exhibit #4: pdf copy of http://www.motorcycle-usa.com/26367/Buyers-Guide-Specifications/2011-Polaris-Ranger-RZR-S-800.aspx

Utility Vehicle Data Record Sheet

Front

A Driver	B Right Front Passenger
Left Rear Passenger	Right Rear Passenger
Cargo Bed	

Rear

The Utility Vehicle

A:		
	Age: 57	Height: Unk
	Gender: M	Weight: Unk
	Helmet (Y/N): N	Seatbelt (Y/N): UNK
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: Head Trauma	
	Did vehicle land on victim: Uncertain	
	Ejected (Either partially or fully): No	

B:		
	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

C:		
	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

D:		
	Age: 51	Height: Unk
	Gender: M	Weight: Unk
	Helmet (Y/N): N	Seatbelt (Y/N): UNK
	Killed/Injured/Neither/Unknown: Injured	
	Injury Description: Head Trauma	
	Did vehicle land on victim: No	
	Ejected (Either partially or fully): No	

E:		
	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

F:		
	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

*If victim(s) were injured/killed, please include the other relevant information requested in the assignment message in the text of the IDI.

Using the figure on the left, please fill in where the occupants were in the vehicle at the time of the incident using A, B, C, etc. to identify the occupant(s)' location. Fill in the occupants' characteristics in the corresponding location on the right. For example, the driver could be assigned to the letter 'A' and the letter 'A' would be placed in the diagram in the box designated 'Driver', and the drivers' characteristics would be filled on the right. If there were more than six occupants (or more room is needed), please add the other passenger(s)' information (or any other information) as needed. If information is not available, please indicate by 'na'.

Note: Not all locations indicated on the diagram exist in all types of utility vehicles. Please only use the locations that correspond to the incident vehicle. Please place an 'X' over the area if the vehicle was not equipped with the component.

POLARIS

Di-9 Rev. 11/08/05

DI 9 STATE OF UTAH INVESTIGATING OFFICER'S REPORT OF TRAFFIC CRASH DI 9

TIME

Date of Crash: Month 06 / Day 04 / Year 12

Day of Week: 1 S | 2 M | 3 T | 4 W | 5 T | 6 F | 7 S

Military Time: 15:53

DLD Number

LOCATION

PLACE WHERE CRASH OCCURRED: 53 COUNTY CODE

City or Town of Jurisdiction: N S E W [X] of OUTSIDE CITY LIMITS (City or Town)

If crash was outside city limits indicate distance from city limits or nearest town: 2 Miles

ROAD, STREET, HWY CRASH OCCURRED: Sand Dunes (Street Name or Highway Number)

UDOT USE ONLY

1. AT THE INTERSECTION WITH

2. IF NOT AT INTERSECTION 1056 Feet [X] of Sand Hollow State Park (Nearest intersection, street, house no., landmark)

N S E W [X] of Mile Post (Tenth of a mile) — Be sure to complete if road has mile post

Case Number: 2012-000624

Latitude: 37.084105 | Longitude: -113.391476

REPORTABLE CRASH: [X] YES [ ] NO

UDOT USE

VEH #	VIN#	NUMBER	STATE	EXP DATE	COLOR	MAKE	MODEL	YEAR	OCCUPANT(S)
1	4XAVY76AXBB075066	OH13053846	UT	04/13 (mm/yy)	ORANGE	POL	RZS	2011 (yyyy)	# 1

DRIVER: FIRST VIRL | INITIAL L | LAST BIRCH | STREET, CITY, STATE, ZIP | PHONE

DRIVER LICENSE: STATE UT | NUMBER | CLASS D | ENDORSEMENT(S) | RESTRICTION(S) B | DATE OF BIRTH (mm dd yyyy) | AGE 57 | CHARGE(S) [ ] YES [X] NO [ ] PENDING [ ] UNKNOWN | CITATION #

OWNER: FIRST VIRL | INITIAL L | LAST BIRCH | STREET, CITY, STATE, ZIP | PHONE [ ] Same as Driver

CARRIER: COMMERCIAL VEHICLE INFO | NAME | STREET, CITY, STATE, ZIP | PHONE [ ] Same as Owner [ ] CDL Presented at Scene

US DOT # | CVSA INSPECTION # | GCWR / GVWR (check one) [ ] 10,000 lbs or LESS [ ] 10,001 - 26,000 lbs [ ] MORE THAN 26,000 lbs | HAZ MAT RELEASED [ ] YES [X] NO | HAZ MAT PLACARD # or NAME - CLASS | CARGO CODE | PURPOSE OF USE [ ] GOVT [ ] PERSONAL [ ] INTERSTATE [ ] INTRASTATE

1ST TRAILER LICENSE PLATE # | STATE | EXP DATE (mm / yy) | LENGTH | 2ND TRAILER LICENSE PLATE # | STATE | EXP DATE (mm / yy) | LENGTH | 3RD TRAILER LICENSE PLATE # | STATE | EXP DATE (mm / yy) | LENGTH

SPEED: POSTED | POSTED ADVISORY | EST TRAVEL | EST IMPACT | ESTIMATED BY [ ] Officer [ ] Driver [ ] Occupant [ ] Witness [ ] None | SEQUENCE OF EVENTS (Codes 01 - 69, 96): FIRST EVENT 07 | SECOND EVENT | THIRD EVENT | FOURTH EVENT | MOST HARMFUL EVENT For VEHICLE (Use codes 00, 07 - 69): 07

VEHICLE DAMAGE: ESTIMATED DAMAGE [ ] NO DAMAGE [ ] $1 - $1,499 [X] $1,500 or MORE | INSURANCE COMPANY | EFFECTIVE DATE | EXPIRATION DATE | POLICY NUMBER

INSURANCE APPEARS VALID [ ] YES [X] NO | AGENCY/AGENT THAT SOLD POLICY | ADDRESS | PHONE

VEH #	VIN#	NUMBER	STATE	EXP DATE	COLOR	MAKE	MODEL	YEAR	OCCUPANT(S)
				/ (mm/yy)				(yyyy)	# 3

DRIVER: FIRST | INITIAL | LAST | STREET, CITY, STATE, ZIP | PHONE

DRIVER LICENSE: STATE | NUMBER | CLASS | ENDORSEMENT(S) | RESTRICTION(S) | DATE OF BIRTH (mm / dd / yyyy) | AGE | CHARGE(S) [ ] YES [ ] NO [ ] PENDING [ ] UNKNOWN | CITATION #

OWNER: FIRST | INITIAL | LAST | STREET, CITY, STATE, ZIP | PHONE [ ] Same as Driver

CARRIER: COMMERCIAL VEHICLE INFO | NAME | STREET, CITY, STATE, ZIP | PHONE [ ] Same as Owner [ ] CDL Presented at Scene

US DOT # | CVSA INSPECTION # | GCWR / GVWR (check one) [ ] 10,000 lbs or LESS [ ] 10,001 - 26,000 lbs [ ] MORE THAN 26,000 lbs | HAZ MAT RELEASED [ ] YES [ ] NO | HAZ MAT PLACARD # or NAME - CLASS | CARGO CODE | PURPOSE OF USE [ ] GOVT [ ] PERSONAL [ ] INTERSTATE [ ] INTRASTATE

1ST TRAILER LICENSE PLATE # | STATE | EXP DATE (mm / yy) | LENGTH | 2ND TRAILER LICENSE PLATE # | STATE | EXP DATE (mm / yy) | LENGTH | 3RD TRAILER LICENSE PLATE # | STATE | EXP DATE (mm / yy) | LENGTH

SPEED: POSTED | POSTED ADVISORY | EST TRAVEL | EST IMPACT | ESTIMATED BY [ ] Officer [ ] Driver [ ] Occupant [ ] Witness [ ] None | SEQUENCE OF EVENTS (Codes 01 - 69, 96): FIRST EVENT | SECOND EVENT | THIRD EVENT | FOURTH EVENT | MOST HARMFUL EVENT For VEHICLE (Use codes 00, 07 - 69)

VEHICLE DAMAGE: ESTIMATED DAMAGE [ ] NO DAMAGE [ ] $1 - $1,499 [ ] $1,500 or MORE | INSURANCE COMPANY | EFFECTIVE DATE | EXPIRATION DATE | POLICY NUMBER

INSURANCE APPEARS VALID [ ] YES [ ] NO | AGENCY/AGENT THAT SOLD POLICY | ADDRESS | PHONE

Work Zone? [ ] Yes [ ] No [ ] Unknown

Total # of Lanes on Roadway 0

Damage to Property Other than Vehicles (Name object and state nature)

Workers Present? [ ] Yes [ ] No [ ] Unknown

Vehicles Involved 1

Name and Address of Owner of Object Struck | Phone ( )

PROPERTY DAMAGE ESTIMATE [ ] $1,000 OR MORE [ ] LESS THAN $1,000

WITNESSES

Name (b) (6) | Address | Phone

Name | Address | Phone

Law Enforcement Activity

Time Notified of Crash	Arrived at Scene	Date Notified of Crash	Investigation Completed
15:53	16:18	06 / 04 / 12	06 / 07 / 12
Use Military Time		mm dd yy	mm dd yy

Field Diagram [ ] Yes [X] No | Video [X] Yes [ ] No | Photo (s) [X] Yes [X] Digital [ ] No [ ] Film

[X] ORIGINAL REPORT [ ] ADDITIONAL PERSONS REPORT [ ] SUPPLEMENTAL REPORT [ ] AMENDED REPORT

State Law Requires a Reportable Crash Report to be Forwarded to Dept. of Public Safety Within 10 Days Following Completion of Investigation.
Mail ORIGINAL REPORT TO: Driver License Division, P.O.Box 144501, Salt Lake City, UT 84114-4501

SEATING POSITION
11 - Motorcycle Driver
21 - Motorcycle Passenger
18 - Front Row Other
28 - Second Row Other
38 - Third Row Other
48 - Fourth Row Other
50 - Sleeper Section of Cab (Truck)
51 - Enclosed Cargo Area
52 - Unenclosed Cargo Area
54 - Trailing Unit
55 - Riding on Vehicle Exterior
56 - Seating Position 11, Not Driver
57 - Right Side Driver
60 - Non-Motorist
97 - Other*
99 - Unknown

EMS Time Called: 15:55 EMS Time Arrived: 16:35

Disposition of Vehicle # 1: 04 TOWED BY: Parks/Family

Disposition of Vehicle #: TOWED BY:

PERSON(S) INVOLVED

					Person Type	Seating Position	Sex	INJURY Level	INJURY Area	INJURY Cause	Transported By	Safety Equipment	Used Property	Air Bag	Ejection	Ejection Path	Extrication
VEH # 1	DRIVER	Transported to: Not Transported	BAC		01	11	M	05	01	99	01	01	99	00	00	96	02
VEH #	DRIVER	Transported to:	BAC														
VEH #	Name (b) (3) :Exemp	DOB	Age 51	Transported to: Dixie Regional (St George)	02	18	M	03	01	99	02	01	99	00	00	96	99
	Address / Phone			BAC													
VEH #	Name	DOB	Age	Transported to:													
	Address / Phone			BAC													
VEH #	Name	DOB	Age	Transported to:													
	Address / Phone			BAC													
VEH #	Name	DOB	Age	Transported to:													
	Address / Phone			BAC													

DIAGRAM of CRASH [X] NO DIAGRAM - Reason: 3 (1. Officer not at scene 2. Vehicles moved 3. Other) Photos In Sand Dunes

DLD#

24 99
24
25 09
26 01
27 08
28 97
29 97

30
31
32
33 99
34 03
35 97
36 07
37 07

DESCRIBE WHAT HAPPENED
(Refer to Vehicle by Number)

ON THE ABOVE DATE AND TIME I RANGER WOLSLEGER RECEIVED A CALLED ON AN OFF HIGHWAY VEHICLE ACCIDENT IN THE SAND DUNES AT 15:53. I WAS AT QUAIL LAKE AND INFORMED DISPATCH TO CONTACT DEPUTY RANGER RAY WHO WAS AT SAND HOLLOW. I INFORMED RAY THAT I WOULD MEET HIM AT THE GREEN GATE TO GO UP TO THE ACCIDENT SCENE.
DISPATCH INFORMED ME THAT THERE WAS A MALE WHO WAS PINNED UNDER A FOUR WHEELER AND HAD NO PULSE. I ARRIVED AT THE GREEN GATE AT SAND HOLLOW STATE PARK WHERE RAY WAS IN THE PARK JEEP. I INFORMED DISPATCH THAT WE WERE IN ROUTE TO THE ACCIDENT. THE ACCIDENT WAS REPORTED TO BE LOCATED AT THE OASIS AND THE CATTLE GUARD. I WAS TRYING TO GET A CORRECT LOCATION OF THE ACCIDENT AND WAS GETTING DIFFERENT LOCATIONS. I WAS ASKED BY DISPATCH ABOUT WHAT OUR ESTIMATED TIME OF ARRIVAL WAS. I TOLD THEM IT WAS ABOUT FIVE MINUTES IF THE ACCIDENT WAS WHERE I BELIEVED IT TO BE. WHILE COMING UP OVER ONE OF THE SAND DUNES WE WERE WAVED AT BY A PERSON ON A FOUR WHEELER, (b)(6), WHO POINTED TO WHERE THE ACCIDENT WAS. WE ARRIVED ON THE ACCIDENT AT 16:18. THE ACCIDENT LOCATION WAS 37.0841227 AND 113.3913374.
(b)(6) STATED HE CAME OVER A HILL AND SAW A MAN (b)(6) WAVING AT HIM, WHILE ON THE PHONE. (b)(6) ARRIVED ON SCENE AFTER THE ACCIDENT HAD OCCURRED AND OBSERVED A RAZOR ON ITS SIDE. BAIRD ASKED MCBRIDE WHAT WAS THEIR LOCATION. BAIRD THEN HANDED THE PHONE TO (b)(6) AND HE TALKED TO DISPATCH TO HELP GIVE DIRECTION TO WHERE THEY WERE LOCATED.

OFFICER'S NAME	I.D. #	DEPARTMENT	CASE NUMBER	SUPERVISOR'S APPROVAL	DATE OF REPORT
PRINT **Dennis Wolsleger**	**2A84**	**DNR Park & Recreation**	**2012-000624**		**06/04/2012**

SUPPLEMENTAL REMARKS: Page 3 of 3

WE ARRIVED TO FIND A SINGLE VEHICLE, SIDE BY SIDE RAZOR (VEHICLE #1) WITH ONE MALE, (b)(3):CPSA S WHO WAS SLUMPED OVER IN THE ROLL CAGE. HIS HEAD WAS UP AGAINST THE PASSENGER SEAT AND HIS FEET AND LEGS WERE AGAINST THE SIDE OF THE PASSENGER DOOR OF THE RAZOR. THERE WAS A MALE WALKING AROUND NEAR THE RAZOR, (b)(3):CPSA WITH A COAGULATED CUT TO HIS HEAD, AND HE SEEMED DISORIENTATED. (b)(6) LOCATED IN THE RAZOR, HAD TRAUMA TO HIS FACE, NOSE AND HEAD. THERE WAS BLOOD ON HIS FACE THAT HAD ALREADY COAGULATED. I CALLED DISPATCH AS RAY APPROACHED THE RAZOR AND CHECKED (b)(6) FOR A PULSE, AND INFORMED THEM WE WERE ON SCENE AND THAT (b)(6) HAD NO PULSE. I APPROACHED AND WE DECIDED TO LIFT THE RAZOR FROM IT'S CURRENT POSITION ON THE RIGHT SIDE TO UPRIGHT ON IT'S WHEELS; TO GET (b)(OUT TO BEGIN CPR. (b)(6) HELPED LIFT THE RAZOR UP WHILE RAY GOT (b)(OUT. (b)(6) RIGHT PANT LEG WAS CAUGHT ON A BOLT ON THE ROLL BAR OF THE RAZOR AND I HAD TO PULL THE PANT LEG OFF THE BOLT SO WE COULD GET HIM OUT OF VEHICLE. WHEN WE GOT HIM OUT RAY STARTED PERFORMING CPR AND I RETRIEVED A MASK AND RETURNED AND GAVE IT TO RAY TO HELP WITH CPR. (b)(6) WAS LAID ON THE GROUND WITH HIS HEAD FACING EAST ON THE RIGHT SIDE OF THE RAZOR. I WAS INFORMED AT THIS TIME BY A HURRICANE POLICE UNIT 4X10 THAT MEDICAL NEEDED TO BE PICKED UP AT THE STAGING AREA AND BROUGHT TO THE SCENE.

I DROVE THE PARK JEEP BACK DOWN TO SAND HOLLOW ROAD AND THE GREEN GATE TO RETRIEVE THE PARAMEDICS AND WAS INFORMED LIFE FLIGHT HAD BEEN PAGED OUT. I TRANSPORTED FOUR MEDICAL PERSONNEL FROM HURRICANE FIRE DEPARTMENT TO THE SCENE. I HELPED GET EQUIPMENT TO THE SUBJECT. I THEN WALKED OVER TO (b)(6) AND ASKED IF HE NEEDED TO SIT IN THE PARK JEEP. I HAD HIM WALK OVER GET IN THE BACK SEAT WHERE HE COULD BE IN THE AIR CONDITIONED VEHICLE. ONE OF THE PARAMEDICS CAME OVER AND WAS CHECKING ON HIM. DURING THIS TIME LIFE FLIGHT ARRIVED AND ONE OF THE MEDICAL PERSONNEL ON BOARD TOOK CHARGE OF MEDICAL ASSISTANCE FOR (b)(6) LIFE FLIGHT MEDICAL PERSONNEL STOPPED WORKING ON (b)(AND DECLARED HIM DECEASED AT 16:41. I TOOK A BLANKET AND PLACED IT OVER BIRCH IN THE SAND. I HELPED HURRICANE FIRE DEPARTMENT PERSONNEL GET BAIRD LOADED ONTO A BACK BOARD AND CARRIED OVER TO THE HELICOPTER. I THEN RETURNED TO THE PARK JEEP AND HAD RAY DRIVE THE HURRICANE FIRE DEPARTMENT MEDICAL PERSONNEL DOWN TO THE BOTTOM OF THE SAND DUNES. I STAYED WITH THE BODY UNTIL THEY RETURNED.

RAY RETURNED WITH PARK MANAGER LAURA MELLING AND HURRICANE FIRE DEPARTMENT PARAMEDIC, DEWEY STOUT. I WAS INFORMED THAT MEDICAL EXAMINER, KURT WRIGHT WAS AT THE STAGING AREA AND NEEDED TRANSPORTATION TO THE SCENE. I DROVE DOWN AND PICKED UP. MEDICAL EXAMINER WRIGHT AND BROUGHT HIM BACK TO THE ACCIDENT SCENE. MEDICAL EXAMINER WRIGHT CONDUCTED AN EXAMINATION OF THE SCENE AND VICTIM; UPON COMPLETION OF HIS ON-SCENE INVESTIGATION; BIRCH WAS PLACED INTO A BODY BAG AND LOADED INTO THE PARK JEEP AND TRANSPORTED DOWN TO THE MAINTENANCE SHOP AND TRANSFERRED TO METCALF MORTUARY.

AT 19:49 I DROVE TO DRMC TO INTERVIEW AND GET A WITNESS STATEMENT FROM (b)(6) I ARRIVED AND HE HAD ALREADY BEEN RELEASED AND I MET WITH HIM IN HIM IN THE PARKING LOT FOR A BRIEF MOMENT. I GAVE HIM A WITNESS STATEMENT AND ASKED HIM TO FILL THE STATEMENT OUT. I RETURNED TO SAND HOLLOW TO CLOSE OUT THE CALL.

ON TUESDAY JUNE 5 MELLING AND I RECEIVED A CALL FROM (b)(6) WE SPOKE WITH BAIRD ABOUT THE ACCIDENT. I ASKED (b)(6) IF HE COULD MEET WITH US ON THURSDAY TO GET HIS STATEMENT. BAIRD AGREED. BAIRD CAME IN ON THURSDAY AND SPOKE WITH MELLING AND I. (b)(6) EXPLAINED THAT HIS MEMORY WAS STILL A LITTLE FOGGY. HE TOLD US THAT HE DID NOT REMEMBER EVERYTHING THAT HAPPENED. HE PROVIDED INFORMATION TO ESTABLISH A TIME LINE, WITH INFORMATION FROM HIS CELL PHONE. (b)(6) EMAILED ME A WRITTEN STATEMENT OF WHAT HE REMEMBERED TO HAVE HAPPENED.

I RECEIVED A WITNESS STATEMENT FROM (b)(6) THE OPERATOR OF THE FOUR- WHEELER WHO ARRIVED ON SCENE.

THE RAZOR WAS RELEASED TO BIRCH'S SON JUSTINE BIRCH ON JUNE 8, 2012.

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2011 Polaris Ranger RZR S 800 Specifications

Technical specs, prices, photos, ratings and reviews for the 2011 Polaris Ranger RZR S 800. Buy a 2011 Polaris Ranger RZR S 800 at a local motorcycle dealer.

2011 Polaris
Ranger RZR S 800

MSRP $12,499

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The 2011 Polaris RANGER RZR S dominates the desert, dunes and wide-open places with its handling and agility. New for 2011: 30% range improvement, new styling, glove box, and ITP Tires.

This bike is not yet rated. Rate This Motorcycle

Specifications | User Ratings | Photos

Year	2011
Manufacturer	Polaris
Model	Ranger RZR S 800
Engine Type	4-Stroke Twin Cylinder
Engine Displacement	760cc High Output (H.O.)
Bore & Stroke	NA
Compression Ratio	NA
Cooling	Liquid-Cooled
Fuel System	Electronic Fuel Injection
Ignition	Electronic
Starting System	Electric
Transmission	Automatic PVT P/R/N/L/H
Final Drive	Shaft
Rake and Trail	NA
Wheel Base	77 in.
Seat Height	NA
Front Suspension	Dual A-Arm 12" (30.5 cm) Travel
Rear Suspension	Dual A-Arm, Rolled with Anti-Sway Bar 12" (30.5 cm) Travel
Front Brake	4-Wheel Hydraulic Disc with Dual-Bore Front Calipers
Rear Brake	4-Wheel Hydraulic Disc with Dual-Bore Front Calipers
Front Tire	27 x 9-12; ITP 900 XCT
Rear Tire	27 x 11-12; ITP 900 XCT
Fuel Capacity	7.25 gal.
Dry Weight	1,000 lbs.
MSRP	$12,499

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CONTACTS:

1: Utah State Parks – Investigating Agency – Contacted 06-19-2012
Law Enforcement Section
PO Box 146001
Salt Lake City, UT 84114
801-538-7359

2: (b) (6) – Victim's Son – Contacted 06-21-2012
(b) (6)
Cedar City, UT 84720
(b) (6)

3: Utah State Medical Examiner's Office – Contacted 06-20-2012
48 N. Medical Drive
Salt Lake City, UT 84113
801-584-8435

(b)(5)

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
120612HCC2811	2723	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
840	2012 06 01	2012 06 27

6. Synopsis of Accident or Complaint **UPC**

Two men, a 33-yr-old male and a 34-yr-old male died, as a result of blunt force trauma while operating a two-seater utility vehicle on a paved road at high speeds. The decedents were intoxicated and not wearing seat belts or other protective gear when the incident occured.

MFR/PRVLBR NOTIFIED

COMMENTS: __YES ✓NO
__OVERRULED; __ATTACHED
✓EXCISIONS/FOIA EXS. 6b;
✓DO NOT RE-NOTIFY __RE-NOTIFY
1/16/14 le

7. Location (Home, School, etc)	8. City	9. State
4 - STREET OR HIGHWAY	FLOYD	AR

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - UTILITY VEHICLES	POLARIS	RANGER

10D. Manufacturer Name and Address
POLARIS INDUSTRIES INC.
2100 HIGHWAY 55
MEDINA, MN 55340

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
0	NONE	NONE

11D. Manufacturer Name and Address
NONE

12A. Hispanic or Latino	12B. Race	12C. Race Source
2 - No	1 - White Other:	2 - Respondent-Other

13. Age of Victim	14. Sex	15. Disposition	16. Injury Diagnosis
33	1 - Male	8 - Death	62 - Intern. Org. Inj.

17. Body Part(s) Involved	18. Respondent	19. Type of Investigation	20. Time Spent (Operational / Travel)
31 - UPPER TRUNK	3 - 2nd Hand Info Only	2 - Telephone	16.00 / 0.00

21. Attachment(s)	22. Case Source	23. Sample Collection Number
9 - Multiple Attachments	05 - Newspaper	

24. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ◉ No ○ Yes for Manuf. Only ○ Verbal ○ Written

25. Review Date	26. Reviewed By	27. Regional Office Director
08/20/2012	8631	Frank J. Nava

28. Distribution	29. Source Document Number
Sarah Garland	X1260185A

DESCRIPTION OF RESPONDENTS:

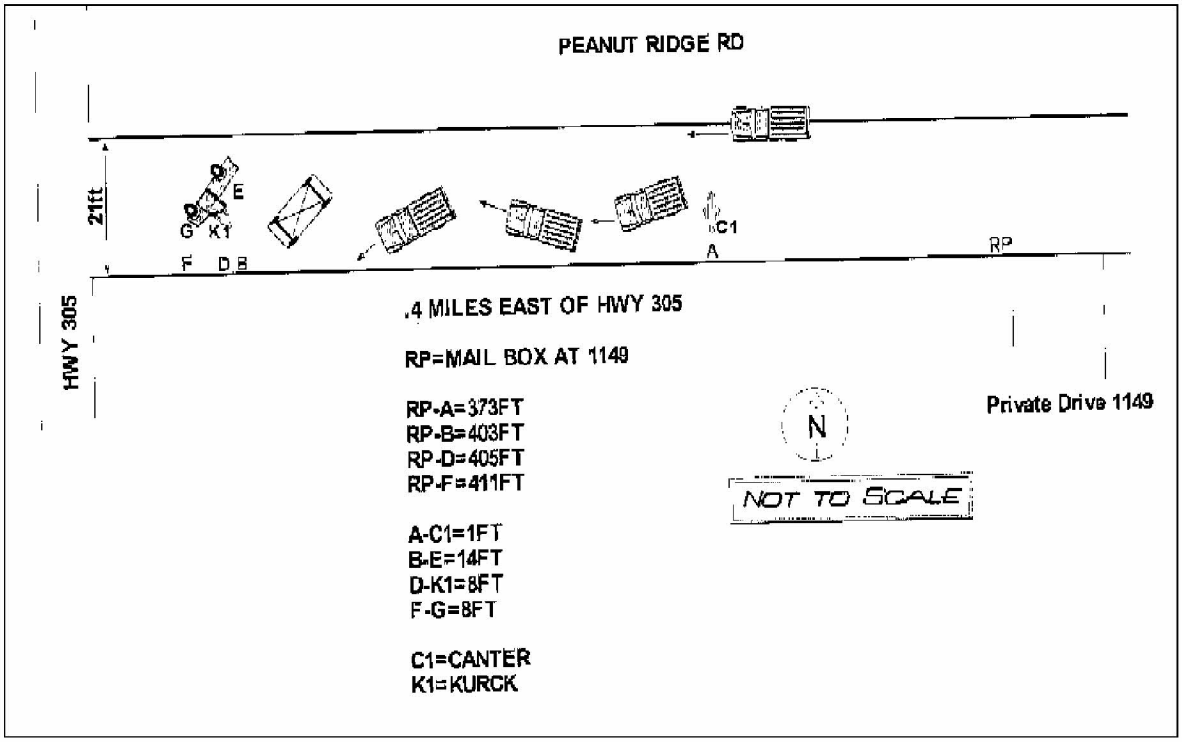
This investigation was initiated from a news article. The respondent in this case is the Arkansas State Police who provided a police report, photos and lab reports. An attempt was made to contact the victims' next-of-kin with negative results.

SUMMARY OF FINDINGS:

According to police records, the decedents were operating a two-seater UTV while intoxicated and in a prohibited manner when they lost control of the vehicle causing it to flip over. One decedent was thrown from the vehicle and the other had the vehicle sitting on his shoulders when it came to rest from the rollover. Police could not determine who was driving the vehicle when the incident occurred. Neither decedent was believed to be wearing a seat belt when the incident occurred based on photographic evidence taken at the scene.

The decedents were operating a green in color 2010 Polaris Ranger UTV when the incident occurred. The vehicle identification number is reported to be (b)(3):Exemption 3 for 25(. The vehicle was reportedly owned by one of the decedent's parents. An attempt was made to contact the owner of the UTV with negative results.

A police sketch of the incident scene is as follows:



Blood tests were conducted of the decedents and determined to be .13 g% and .29 g%. Police stated no autopsy was performed and the death occurred as a result of blunt force trauma, manner; accident.

The reporting police officer advised that UTV's were recently made "street legal" in his jurisdiction though no determination had been made in regards to the "knobby" (off-road) tires that come on the vehicles which he stated are not road worthy and are extremely unsafe especially at higher speeds. He further reiterated that neither of the decedents was wearing a seat belt nor helmet when the crash occurred.

The decedents' UTV driving experience was not known and not reported. It was also not known if the product had been modified other than the seat belt tie on the passenger side. No further information was made available.

PRODUCT DESCRIPTION:

Product Type:	**Two-seater Utility Vehicle**
Brand:	**Polaris**
Model:	**Ranger**
Year:	**2010**
VIN:	(b)(3):Exemption 3 for 25
Retailer:	**Unknown**

SAMPLE COLLECTION:

N/A

ATTACHMENTS:

1. Incident Photos (9)
2. Identity of Respondents (1 Page)
3. Police Report (9 Pages)
4. Lab Reports (2 Pages)
5. UTV Data Record Sheet (1 Page)

INCIDENT PHOTOGRAPHS:

Photo #1: Arkansas State Police (ASP) photo shows the UTV with one of the two decedents trapped underneath.

Photo #2: ASP photo shows another angle of the UTV with one of the two decedents trapped underneath.

Photo #3: ASP photo shows the seatbelt apparently was not in use when the incident occurred (yellow arrow).

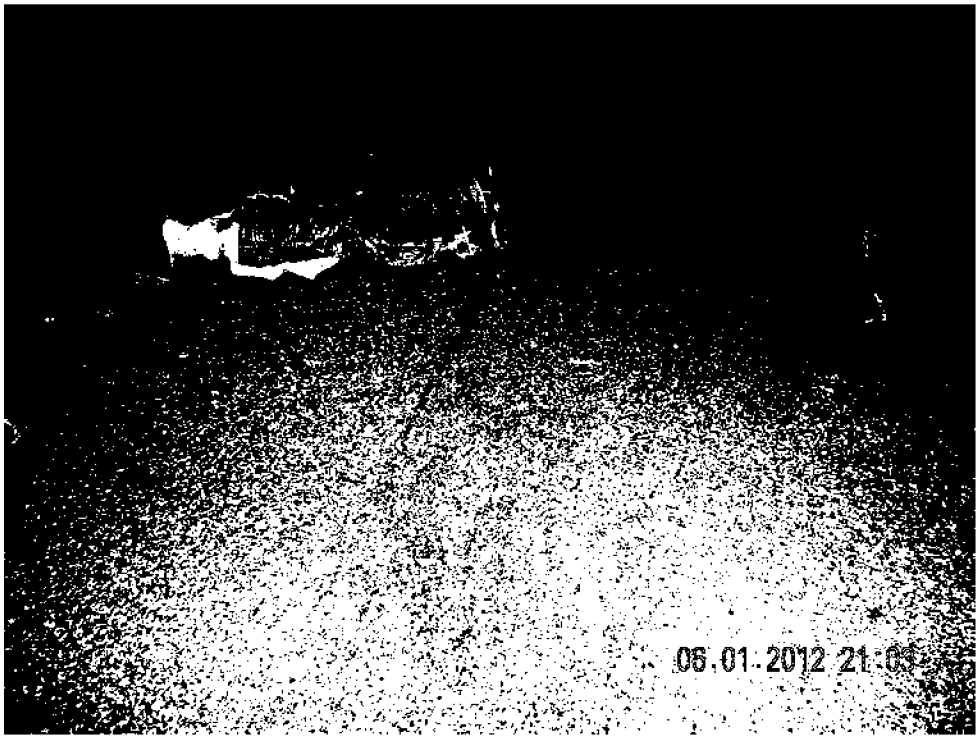


Photo #4: ASP photo shows the other decedent who was thrown from the vehicle.

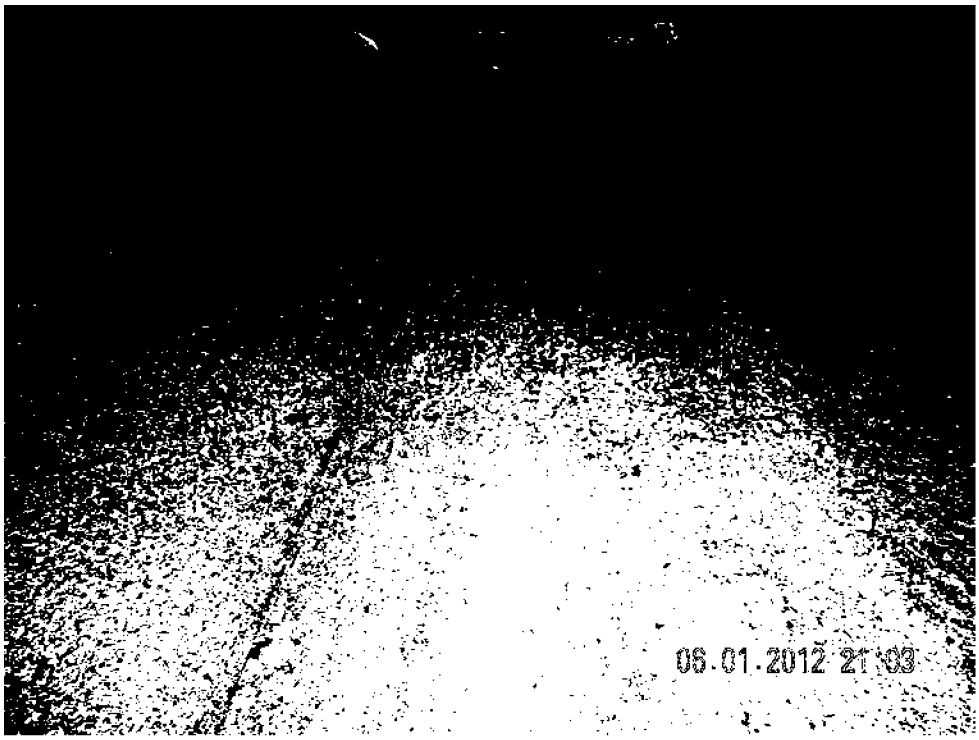


Photo #5: ASP photo shows rubber transfer and the resting place of the UTV.

Photo #6: ASP photo shows the passenger seat belt appears to be secured with twine.

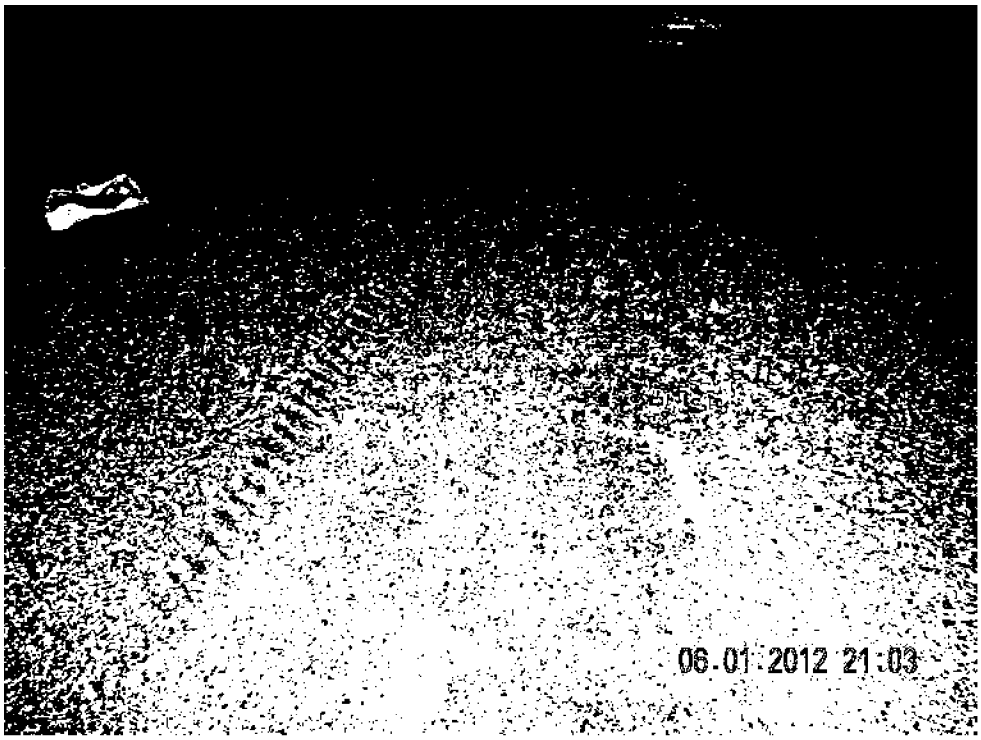


Photo #7: ASP photo shows another photo of rubber transfer prior to the rollover.

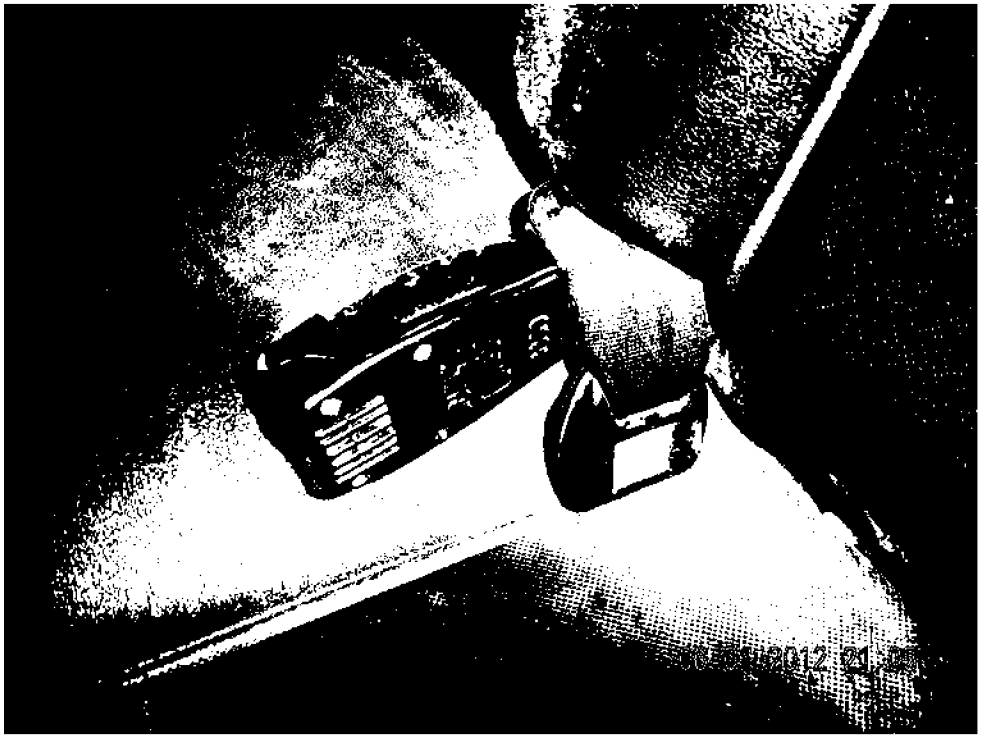


Photo #8: ASP photo shows one of two seat belt connections shortly after the incident occurred.

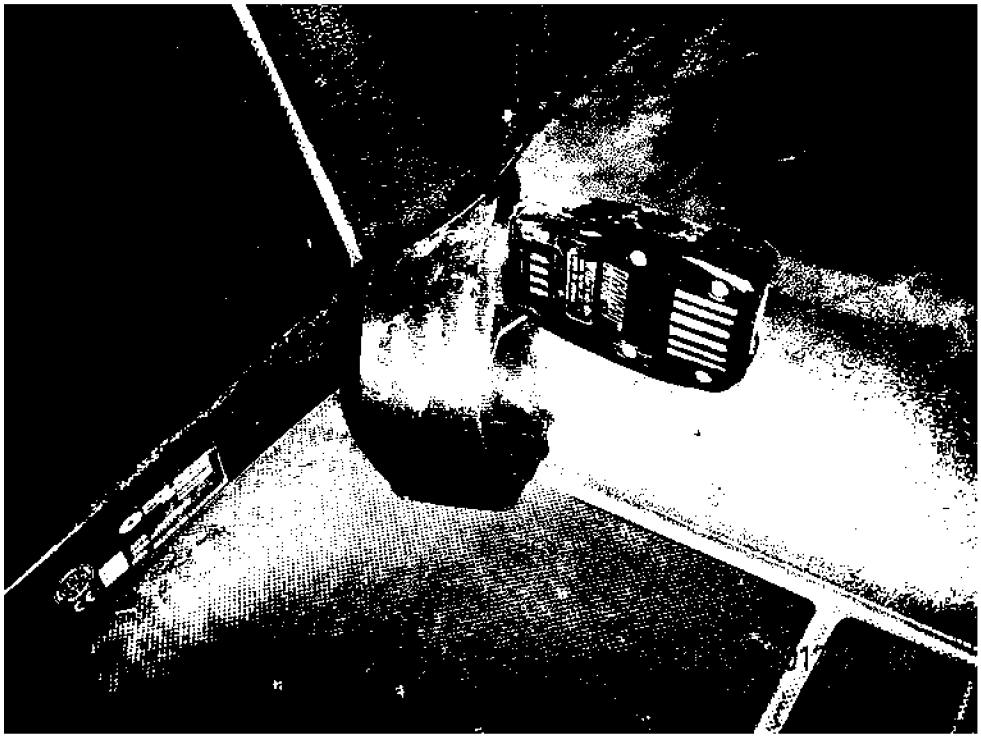


Photo #9: ASP photo shows the other seat belt connection shortly after the incident occurred. Neither passenger was wearing a seatbelt when the incident occurred.

IDENTITY OF RESPONDENTS:

1. Arkansas State Police
   1 State Police Plaza Drive
   Little Rock, AR 72209

U.S. Consumer Product Safety Commission

Saving Lives and Keeping Families Safe

WESTERN REGION
P.O. Box 22
Barker, Texas 77413-0022

Steven Bridges
Federal Investigator

Phone: (832) 595-6892
Fax: 877-859-3304
sbridges@cpsc.gov

June 27, 2012

FAX

To: Arkansas State Police

Fax #: 501-618-8131

Attn: Kim

Re: Case 211-212

Pages: 4 W/Cover

Thank you for your assistance. If you have any questions, please call me at (832) 595-6892.

You will Need to contact Pat Patterson for Photos @ 618-8179.

Thanks,
Kim S.

120612HCC2811
Attachment #3
Page 1 of 9

U.S. Consumer Product Safety Commission

Saving Lives and Keeping Families Safe

Western Region
P.O. Box 22
Barker, TX 77413

Steve Bridges
Federal Investigator

Office: (832) 595-6892
Cell: (240) 429-4241
sbridges@cpsc.gov

June 27, 2012

Arkansas State Police
1 State Police Plaza Drive
Little Rock, AR 72209

Re: 211-212

Kim,

The United States Consumer Product Safety Commission is an independent federal regulatory agency, under the provisions of the Consumer Product Safety Act (Pub. L. 92-573, 86 Stat. 1207, as amended 15 U.S.C. 2051, et seq). This agency is responsible for investigating consumer product related incidents. At this time our agency is investigating a multiple death related to a utility vehicle. I am requesting the full Police/Detective's report and any photos of product(s) involved or significant causes of the accident (hills, ditches):

Decedent: (b)(3):Exemption 3 for 25(c)
Date of Injury: 6/1/2012
Location: Peanut Ridge Road

If pictures are available please provide a copy of those by email (<20mb or three per email due to size restrictions please).

The report can be faxed to me at (877) 859-3304 or emailed to sbridges@cpsc.gov.

Thank you in advance for your assistance. If there are any questions, please contact me at (832) 595-6892.

Sincerely,

120612HCC2811
Attachment #3
Page 2 of 9

U.S. CONSUMER PRODUCT SAFETY COMMISSION
4330 EAST WEST HIGHWAY
BETHESDA, MARYLAND 20814-4408

June 27, 2012

Arkansas State Police

To Whom It May Concern,

The U.S. Consumer Product Safety Commission ("CPSC" or "Commission") is an independent federal regulatory agency charged with protecting the public from unreasonable risks of injury associated with consumer products. Pursuant to this regulatory charge, the Commission administers seven federal statutes: the Consumer Product Safety Act, the Federal Hazardous Substances Act, the Flammable Fabrics Act, the Poison Prevention Packaging Act, the Refrigerator Safety Act, the Virginia Graeme Baker Pool and Spa Safety Act, and the Children's Gasoline Burn Prevention Act. In 2008, the Consumer Product Safety Improvement Act was enacted, expanding the scope of the Commission's authority under these statutes. Detailed information about these statutes can be viewed on our website at www.cpsc.gov/about/cpsia/legislation.html.

As part of our official duties, the Commission's investigative staff conducts on-going investigations to collect information on an alleged product hazard and to support studies of deaths, injuries, diseases, other health impairments, and economic losses resulting from accidents involving consumer products. *See*, 15 U.S.C. § 2054(a), (b). The Commission staff often seeks records and/or other official information from State and/or local officials about a State or local investigation concerning products or substances, where the staff believes such information may be relevant or helpful to assist the CPSC in carrying out its regulatory mission. The Commission has the authority to seek civil and criminal penalties where circumstances warrant. *See*, 15 U.S.C. § 2069, 2070; 15 U.S.C. § 1264, 15 U.S.C. § 1194, 15 U.S.C. § 1196.

Where necessary, the Commission has the authority to require by subpoena any information relating to the execution of its duties. 15 U.S.C. § 2076(b). Any information and reports provided by the State or local officials to the CPSC staff may only be publicly disclosed in accordance with applicable statutory provisions under the Consumer Product Safety Act, 15 U.S.C. § 2055, 15 U.S.C. § 2074(c) and 15 U.S.C. § 2078, and the Freedom of Information Act, 5 U.S.C. § 552.

We hope this information about our mission and statutory authorities is helpful to understanding our goal and the reason we are requesting information from you. If you have any questions or if we can assist you further please contact John Vece, Deputy Director, Field Investigations, Western Region, U.S. Consumer Product Safety Commission, at jvece@cpsc.gov or by phone at 847-625-8285.

Sincerely,

Steve Bridges
Federal Investigator
Houston Field Office
Ph: 832-595-6892
Fax: 877-859-3304
Cell: 240-429-4241

Attachments

Arkansas Uniform Motor Vehicle Collision Report

Report Number **730612168**

SUMMARY

Date	Day	Time	Time Notified	Time Arrived	Unit Assigned	District
6/1/2012	FRIDAY	09:09 PM	09:11 PM	09:29 PM	B-23	

Road/Street/Highway	Latitude	Longitude	Section	Log Mile
(b)(3):Exemption	35° 12.1975	91° 56.931		

At Intersection With	Not at Intersection, But	Direction	Of Reference Point
	0.04 Mi	EAST	HWY 305

County	County GLC	City	City GLC
WHITE	AR 05 145		

Hit and Run	Not in City, But	Direction	Of Reference City	Speed Limit Posted	Speed Limit	Speed Limit 2
☐ Yes ☒ No	10.00 Mi	SOUTH	CENTER HILL	NO	40	

Number of Vehicles	Number of Carriers	Number of Pedestrians	Number of Witnesses	Number of Property Owners
1	0	0	0	0

ENVIRONMENT

Atmospheric Conditions	Light Conditions	Accident Locale
CLEAR	DARK	RURAL

Surface Conditions	Road System	Road Surface
DRY	COUNTY ROAD	ASPHALT

Road Alignment	Road Profile	Traffic Lanes(#)	Traffic Flow
STRAIGHT	LEVEL	2	NOT DIVIDED

Construction/Maintenance Zone	Roadway Defects
NO	NO DEFECTS

Relation to Junction	Traffic Controls
NON-JUNCTION	NO TRAFFIC CONTROLS

Traffic Control Devices	Type of Collision	Fire Occurrence
NOT PRESENT	SINGLE VEHICLE	NO FIRE OCCURRENCE

Rank	Officer - Last Name	Officer - First Name	Officer - MI	Officer - Suffix
CPL	HARSSON	TERRAL		

Officer - Signature	Officer - Badge Number	Officer - Department
Cpl. Terral Harsson #163	163	ASP - TROOP B

Reviewing Officer	Date Filed	Photos
QUALLS, RONNIE G	05-Jun-12	YES

Rank	Supervisor - Last Name	Supervisor - First Name	Supervisor - MI	Supervisor - Suffix
SGT	QUALLS	RONNIE	G	

Supervisor - Signature	Supervisor - Badge Number	Supervisor Da
Sgt. Ronnie Qualls 259	259	

Supervisor - Department
ASP - TROOP B

Arkansas Uniform Motor Vehicle Collision Report

Report Number
730612168

DRIVER 1

Driver - Last Name	Driver - First Name	Driver - MI	Driver - Suffix	Driver - Telephone #
(b)	(b)	(b)(3):Exemption 3		()–

Driver - Address	Driver - City	Driver - State	Driver - Zip Code
(b)(3):Exe	(b)(3):E	AR	72143

Driver - License Number	DL State	DL Endorse.	DL Class	DL Restrictions	Driver - Date of Birth	Driver - Race	Driver - Sex
(b)(3):Ex	AR	NONE	A	B	(b)(3):Ex	CAUCASIAN	MALE

Driver - Ejection Code	Driver - Injury	Air Bag
EJECTED	FATAL INJURY	NOT APPLICABLE

Driver - Safety Equipment: NONE USED

Driver - Vision Obscured: UNKNOWN

Test Requested: ☒ Yes ☐ No

Test Type(s): ☒ Blood ☐ Urine ☐ Breath ☐ Toxicology

Driver - Condition: UNKNOWN

Driver - Impairment: UNKNOWN

Blood/Breath/Urine Results: PENDING

VEHICLE 1

Owner - Last Name	Owner - First Name	Owner - MI	Owner - Suffix
(b)(3):E	(b)(3):E		

Owner - Address	Owner - City	Owner - State	Owner - Zip Code
(b)(3):Exem	(b)	(b)(3):Exemption 3 for	

License Plate	Year	Make	Model	Plate - Year	Plate - State	Plate - Number
☐ Yes ☒ No	2010	POLARIS	RANGER			

Vehicle - Body	Vehicle - Color 1	Vehicle - Color 2	Vehicle Identification Number
ATV	GREEN		(b)(3):Exemption

Insurance - Company Name	Insurance - Policy Number	Number of Passengers	MultiPass Reqd.
ALLSTATE	(b)(3):Ex	1	NO

CMV Qualifying Information: ☐ GVWR/GCWR > 10,000 lbs ☐ Bus (9 or more seats) ☐ Haz Mat Placard (any vehicle type)

Trailer(s) Attached	Number of Trailers	Registration State	Plate Number
NO			

Vehicle Damage

Estimated Damage: $1,000.00

Point of Initial Contact

TRAILER: ☐ ☐ ☐ ☐ --- TOP ☐ > ☐ ☐ ☐ ☐ Unknown

CAR: ☐ ☐ ☐ ☐ --- TOP ☐ > ☐ ☒ ☒ ☒ Undercarriage

Direction of Travel	Vehicle Action
WEST	GOING STRAIGHT

Collision Damage	First Harmful Event
FUNCTIONAL	ON ROADWAY

First Harmful Collision With: OVERTURNED

Contributing Factors: CARELESS PROHIBITED DRIVING

Collision with fixed object: NO COLLISION WITH FIXED OBJECT

Prior Vehicle Damage	Damage Location
NO	

Vehicle Defects: NO DEFECTS

Vehicle Towed: ☒ Yes ☐ No

Name of Towing Service: WHITE COUNTY WRECKER SERVICE LLC

City Vehicle Removed To: SEARCY

Address Vehicle Removed To: 2208 DODGE STREET

State Vehicle Removed To: AR

Zip Vehicle Removed To: 72143

Injury Transported: ☐ Yes ☒ No

EMS Notified

EMS Arrived

Transported By

Hospital Name

Hospital City

Hospital State

Attachments

Arkansas Uniform Motor Vehicle Collision Report

Report Number **730612168**

PASSENGER 1

Passenger - Last Name	Passenger - First Name	Passenger - MI	Passenger - Suffix	Passenger - Occupancy
(b)	(b)	(b		VEHICLE #1

Passenger - Address	Passenger - City	Passenger - State	Passenger - Zip Code
(b)(3):Exemption 3	(b)	(b)(3):Exemption 3 for	

Position In/On Vehicle: X [1]; [2]; [3]; [4]; [5]; [6]; [7]; [8]; [9]

- [ ] Riding/Hanging Outside
- [ ] Bed of Pickup
- [ ] Trailing
- [x] Other/Unknown

Passenger - Race	Passenger - Sex	Age
CAUCASIAN	MALE	34

Safety Equipment Used: NONE USED

Ejection Code	Injury Code	Air Bag
EJECTED	FATAL INJURY	NOT APPLICABLE

Injury Transported
- [ ] YES
- [x] NO

EMS NOTIFIED	EMS ARRIVED	TRANSPORTED BY

HOSPITAL NAME	HOSPITAL CITY	HOSPITAL STATE

Narrative

OCCUPANTS OF V1, WAS MR. (b)(3):Exemptio AND MR. (b)(3):Exem

THE DRIVER OF V1 WAS NOT ABLE TO BE DETERMINED AND IS UNKNOWN DUE TO BOTH SUBJECTS BEING EJECTED DURING THE ACCIDENT. NO EVIDENCE WAS FOUND TO DETERMINE WHICH SUBJECT WAS OPERATING THE VEHICLE.

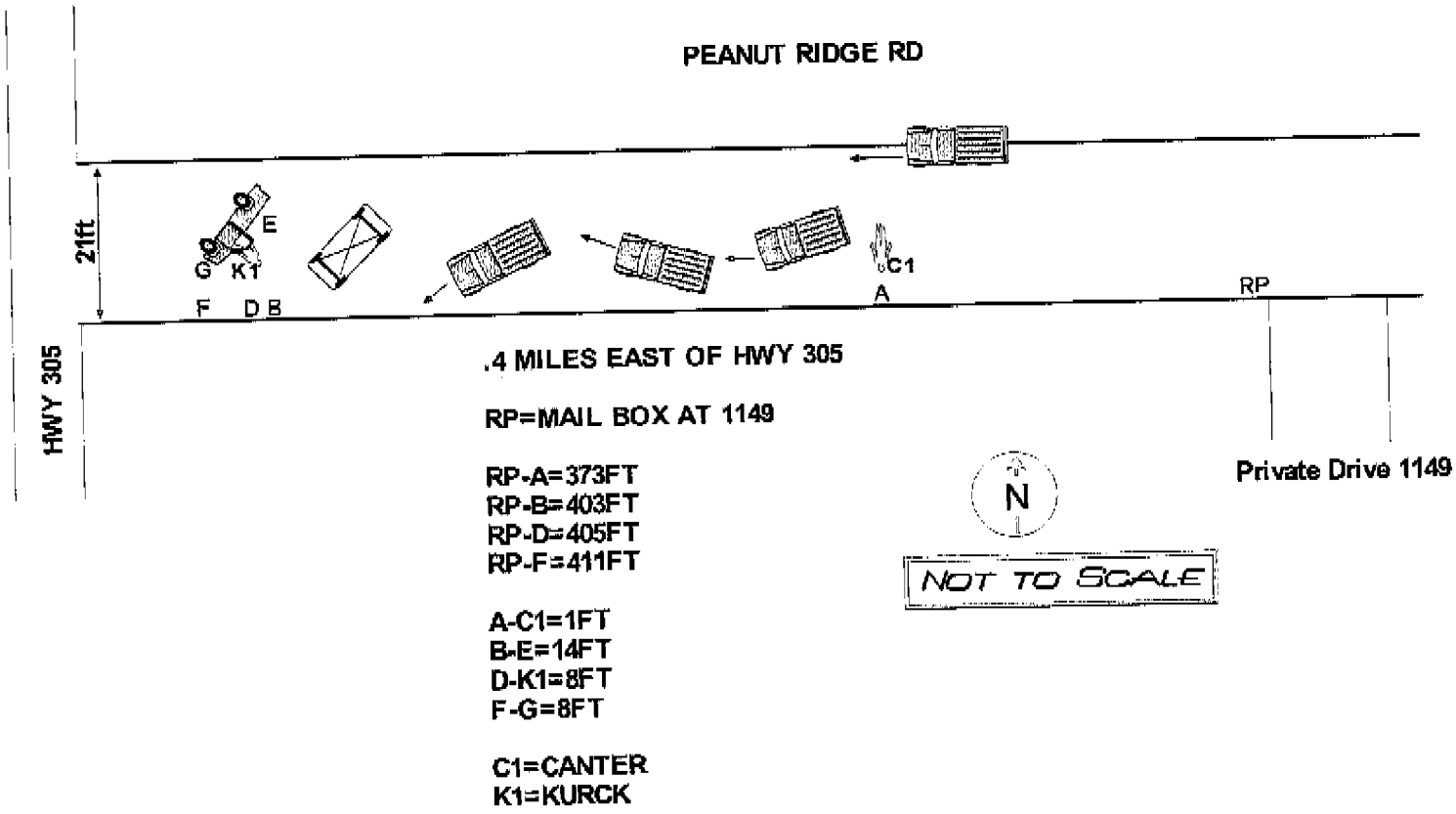
V1 WAS TRAVELING WESTBOUND ON PEANUT RIDGE RD. V1 TRAVELED OFF THE WESTBOUND LANE OF TRAFFIC AND OVERCORRECTED. V1 LOST CONTROL AND TRAVELED INTO THE EASTBOUND LANE OF TRAFFIC AND OVERTURNED. V1 CAME TO FINAL REST SLIGHTLY FACING SOUTHWEST TURNED OVER ON THE DRIVER SIDE BLOCKING BOTH LANES OF TRAFFIC. MR. (b)(3):Exem WAS TRAPPED UNDER V1.

BOTH OCCUPANTS BLOOD ALCOHOL CONTENT TEST RESULTS ARE PENDING.

Arkansas Uniform Motor Vehicle Collision Report

Report Number
730612168

Diagram / Photo 1



.4 MILES EAST OF HWY 305

RP=MAIL BOX AT 1149

RP-A=373FT
RP-B=403FT
RP-D=405FT
RP-F=411FT

A-C1=1FT
B-E=14FT
D-K1=8FT
F-G=8FT

C1=CANTER
K1=KURCK

Report Number:
730612168

Arkansas Uniform
Driver Information Exchange Form
What To Do After A Collision

1. Contact your insurance agency and advise them you have been involved in a collision. They will need the other party's name(s), address(es) and the name of their insurance company(s).

2. If the collision results in damage to the property of any one person in excess of $1000.00, in bodily injury, or in the death of any person, you must submit, within 30 days, a written report (SR-1) to the Financial Responsibility Unit, Department of Finance and Administration, P.O. Box 3278, Little Rock, Arkansas, 72203-3278. Forms for this report are available at all Arkansas State Revenue Offices.

3. A copy of your collision report may be obtained at the address listed below after 5 business days. To obtain a copy, provide the date, time, location and name(s) of the driver involved. Please submit a check or money order in the amount of $10.00 for each copy requested.

Troop/Department Name: ASP - TROOP A		Phone: (501) 618-8130
Address: 1 STATE POLICE PLAZA DRIVE		
City: LITTLE ROCK	State: ARKANSAS	Zip Code: 72209

Collision Information

Location of Accident: PEANUT RIDGE RD	Date: 6/1/2012	Time: 21:09

DRIVER 1

Driver - Last Name: (b)(3):E	Driver - First Name: (b)	Driver - MI: (b)(3):Exemp	Driver - Suffix / Driver - Telephone Number
Driver - Address: (b)(3):Exe	Driver - City: (b)	Driver - State: (b)(3):Exemption 3 for	Driver - Zip Code
Owner - Last Name: (b)	Owner - First Name: (b)(3):Ex	Owner - MI	Owner - Suffix
Owner - Address: (b)(3):Exem	Owner - City: (b)(3):E	Owner - State: (b)(3):Exemption 3 for	Owner - Zip Code

License Plate: ☐ Yes ☒ No	Plate - Year	Plate - State	Plate - Number	Vehicle - Year: 2010	Vehicle - Make: POLARIS	Vehicle - Model: RANGER
	Vehicle - Body: ATV		Vehicle - Color		Vehicle Identification Number: (b)(3):Exemption	
Insurance - Company Name: ALLSTATE				Insurance - Policy Number: (b)(3):Ex		Estimated Damage: $1,000.00

Officer - Signature	Rank: CPL	Officer - Last Name: HARSSON	Officer - First Name: TERRAL	Officer - MI	Officer - Suffix
	Officer - Badge Number: 163		Officer - Department: ASP - TROOP B		

State Crime Laboratory

P.O. Box 8500
3 Natural Resources Drive
Little Rock, Arkansas 72215

An ASCLD/LAB Accredited Laboratory
(Since December 13, 2004)

Laboratory Services
(501) 227-5747

REPORT OF LABORATORY ANALYSIS

Investigating Officer/Agency/Address

Terral Harsson
A.S.P. - Troop B - Newport
3200 Highway 67 North
Newport, AR 72112

Laboratory Case Number 2012-012149
Agency Case Number 730612168

Suspect(s)

(b)(3):Exemptio

Victim(s)

Date of Report 07/16/2012

I do hereby attest and confirm as specified by A.C.A 12-12-313, that the information listed below is a true and accurate report of the results of analysis performed of evidence received in a sealed condition at the Arkansas State Crime Laboratory.

(b)(3):Exem

Blood

Volatiles screen

Acetone	not detected
Ethanol	0.13 g%
Isopropanol	not detected
Methanol	not detected

Danny Sanders, Forensic Toxicologist
danny.sanders@crimelab.arkansas.gov

State Crime Laboratory

P.O. Box 8500
3 Natural Resources Drive
Little Rock, Arkansas 72215

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REPORT OF LABORATORY ANALYSIS

Investigating Officer/Agency/Address

Terral Harsson
A.S.P. - Troop B - Newport
3200 Highway 67 North
Newport, AR 72112

Laboratory Case Number 2012-012151
Agency Case Number 730612168

Suspect(s)

(b)(3):Exem

Victim(s)

Date of Report: 07/16/2012

I do hereby attest and confirm as specified by A.C.A 12-12-313, that the information listed below is a true and accurate report of the results of analysis performed of evidence received in a sealed condition at the Arkansas State Crime Laboratory.

(b)
(3):Exempt

Blood

Volatiles

Acetone	not detected
Ethanol	0.29 g%
Isopropanol	not detected
Methanol	not detected

Urine

Immunoassay

Note: Preliminary testing on the specimen(s) submitted has yielded the following results. Should confirmatory or additional testing be required, you must contact this office within 90 days of the issuance of this report. The specimen(s) will be destroyed after 90 days.

Amphetamines	Negative
Barbiturates	Negative
Benzodiazepines	Negative
Cannabinoids	Negative
Cocaine Metabolite	Negative
Opiates	Negative
PCP	Negative

Danny Sanders, Forensic Toxicologist
danny.sanders@crimelab.arkansas.gov

Utility Vehicle Data Record Sheet

Front

A Driver	B Right Front Passenger
Left Rear Passenger	Right Rear Passenger
Cargo Bed	

Rear

The Utility Vehicle

A:		
	Age: 33	Height: 70"
	Gender: M	Weight: 145
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: KILLED	
	Injury Description: BLUNT TRAUMA	
	Did vehicle land on victim: YES	
	Ejected (Either partially or fully): YES	

B:		
	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

C:		
	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

D:		
	Age: 34	Height: 72"
	Gender: M	Weight: 200
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: KILLED	
	Injury Description:	
	Did vehicle land on victim: UNKNOWN	
	Ejected (Either partially or fully): YES	

E:		
	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

F:		
	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

*If victim(s) were injured/killed, please include the other relevant information requested in the assignment message in the text of the IDI

Using the figure on the left, please fill in where the occupants were in the vehicle at the time of the incident using A, B, C, etc. to identify the occupant(s)' location. Fill in the occupants' characteristics in the corresponding location on the right. For example, the driver could be assigned to the letter 'A' and the letter 'A' would be placed in the diagram in the box designated 'Driver', and the drivers' characteristics would be filled on the right. If there were more than six occupants (or more room is needed), please add the other passenger(s)' information (or any other information) as needed. If information is not available, please indicate by 'na'.

Note: Not all locations indicated on the diagram exist in all types of utility vehicles. Please only use the locations that correspond to the incident vehicle. Please place an 'X' over the area if the vehicle was not equipped with the component.

CPSC FORM 324A

EPIDEMIOLOGIC INVESTIGATION REPORT

1. Task Number	2. Investigator's ID	
120612HWE6044	2343	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
840	2012 05 27	2012 06 14

6. Synopsis of Accident or Complaint **UPC**

11 year old female victim was riding in the incident utility vehicle with her 13 year old brother and with her 12 year old cousin driving. The grandfather who witnessed the incident told the investigating deputy that the victims were driving in the pasture and had attempted to turn, but were traveling too fast and had flipped the vehicle. The grandfather stated that he believed the vehicle only flipped onto its side, and not all the way onto its top. Victims were life flighted to the hospital where the 11 year old female victim passed away from her injuries. Addendum added 9/28/2012.

7. Location (Home, School, etc)	8. City	9. State
2 - FARM	CLIFTON	TX

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - UTILITY VEHICLES	POLARIS	RANGER

10D. Manufacturer Name and Address
POLARIS INDUSTRIES INC.
2100 HIGHWAY 55
MEDINA, MN 55340

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
0	NONE	NONE

11D. Manufacturer Name and Address
NONE

12A. Hispanic or Latino	12B. Race 1 - White Other:	12C. Race Source
2 - No		3 - Official Document

13. Age of Victim	14. Sex	15. Disposition	16. Injury Diagnosis
11	2 - Female	8 - Death	62 - Internal Org Inj

17. Body Part(s) Involved	18. Respondent	19. Type of Investigation	20. Time Spent (Operational / Travel)
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	30.00 / 0.00

21. Attachment(s)	22. Case Source	23. Sample Collection Number
9 - Multiple Attachments	05 - Newspaper	

24. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ◉ No ○ Yes for Manuf. Only ○ Verbal ○ Written

25. Review Date	26. Reviewed By	27. Regional Office Director
08/30/2012	9067	Frank J. Nava

28. Distribution	29. Source Document Number
Sarah Garland	X1260256A

IDI 120612HWE6044 **CLIFTON TX ATV FATALITY**

Investigation was initiated based upon a death certificate concerning the death of an 11-year old Bosque County female involving an All-Terrain-Vehicle (UATV). The following information was obtained from investigating officials. During this investigation, photocopies of the local sheriff's report and coroner's report were requested.

Information for this report was obtained from the County Sheriff's incident report. Weather on the day of the incident was reported with a high of 93ºF and low of 72ºF with clear to partly cloudy skies and wind speeds of 6 –19 mph.

On the evening of May 5, 2012, three youths were utilizing a UATV, when the 12-year-old driver (victim #3) lost control and rolled the vehicle ejecting the victims. The 11-year-old female (victim #1) was unresponsive according to reports.

The grandfather stated the driver was traveling too fast and had overturned the UATV. He further stated that he believed that the UATV had only flipped onto its side and not completely onto its top. Color photos were requested and not provided. Attached photos are what were sent by the county sheriff's office.

Victims # 1 and victim # 2 were transported by helicopters to Cook Children's Hospital in Ft. Worth, TX and Hillcrest Hospital in Waco, TX respectively. Victim #3 was transported by ambulance to Hillcrest Hospital in Waco, TX. Victim # 1 was pronounced deceased approximately six hours after the incident occurred.

Victim #1 cause of death was due to hemorrhaging of the brain due to skull fractures sustained in the crash. Official report indicates "Craniocerebral injuries due to ATV rollover ejection" as the cause of the accidental death. Investigative reports indicated none of the victims were wearing helmets or seat restraints.

PRODUCT # 1 DESCRIPTION:
Type: Utility-All-Terrain-Vehicle
Brand: Polaris
Model: Ranger
VIN #: Unknown
Retailer: Unknown
Purchase Date: Unknown
Approx. Price: Unknown

ATTACHMENTS:

Attachment A – Bosque County Sheriff's Office reports (5 pages)
Attachment B – Bosque County Sheriff's Office photos (4 pages)
Attachment C – CPSC Appendix 91
Attachment D – Tarrant County Medical Examiner reports (10 pages)
Attachment E – CPSC missing documents form
Attachment F – Contact Information

CASE # SO121170 OFFENSE/INCIDENT REPORT - PAGE 1 LAW100 PAGE
DATE RUN 06/15/2012 BOSQUE COUNTY

CASE # SO121170 CLASS:
RELATED CASE # TYPE OFFENSE: CRASH
OFFENSE/NATURE: ATV CRASH
OFFENSE CODES: STATUTE: DEGREE:
DISPATCH # SO121170 UCR:
VICTIM: (b)(3):CPSA Section 25(c), (b)(6)
VALLEY MILLS TX76689 PHONE: (b) (6) 1
RACE: W ETHNIC: N SEX: F AGE: 11 DOB:
SOC SEC NO: - - D-L NO:
VICTIM EMPLOYMENT:

COMPLAINANT: (b) (6)
476 CR 3355
CLIFTON TX76634 PHONE: (b) (6) 5
RACE: ETHNIC: SEX: AGE: 0 DOB:
SOC SEC NO: - - D-L NO:

COMMENTS: FILE TO 104CP FOR REVIEW

REPORTED BY: (b)(6) REPORTED TO: DISP
HOW REPORTED: 911 LOCATION: (b)(6)
WEATHER CONDITION: CLEAR CLIFTON
PREMISE TYPE: PASTURE WEAPONS:
OFFENSE DATE/TIME: 05/27/2012 1832 THRU: 05/27/2012 1832
BODILY INJURIES? N TAKEN TO: COOK CHILDRENS
TRANSPORTED BY: AIR EVAC 69 INJURIES: SKULL FRACTURES
CONDITION: CRITICAL

UCR OFFENSE CLASS
UCR OFFENSE SUB-CLASS A
UCR OFFENSE SUB-CLASS B
PROPERTY TYPE ARSON/STOLE
GRID LOCATION HORIZ
GRID LOCATION VERT.
PREMISES TYPE
CIRCUMSTANCES
WEAPON
ENTRY TYPE
ENTRY LOCATION
ENTRY WEAPON
EXIT TYPE
EXIT LOCATION
PHYSICAL EVIDENCE
PRECINCT OR GEO CODE
JURISDICTION
RELATIONSHIP TO OFFENDER

INVESTIGATOR: 104CP REPORT BY: 118GC
CASE FILED? N REPORT DATE: 05/27/2012
UCR DISPOSITION: O UCR DISP DATE: 05/30/2012
SO DISPOSITION: O SO DISP DATE: 05/30/2012
MINORS ONLY? N HOMICIDE SITUATION? N
COMMENTS: FILE TO 104CP

OFFICER SIGNATURE DATE APPROVED BY DATE

ADDITIONAL CHARGES

NCIC/CJIS DESCRIPTION

V E H I C L E

TYPE: UTV
MODEL: RANGER
YEAR: -
STATUS:
MAKE: POLARIS
DOORS:
COLOR: GRN ON
VIN:
LICENSE NO:
STATE:
YEAR:

LIENHOLDER:
INSC CO:

VALUE:

COMMENTS:
HAVE KEYS? Y

V I C T I M / W I T N E S S

VICTIM NAME: (b)(3):Exemption 3
ADDRESS: (b)(6)
CITY/ST/ZIP: VALLEY MILLS TX76689
RELATION OF VICTIM: VICTIM
BEST PHONE: (b)(6)
OTHER PHONE:
DL #:
SOC. SEC. NO.

RACE: ETHNIC: SEX: DOB: (b)(6) HEIGHT: -
HAIR: EYES: GLASSES? AGE: 11 - 11
S-M-T? N SKIN: FACIAL HAIR? WEIGHT: -
PLACE EMPLOYMENT:
OTHER DESCRIPTION:

V I C T I M / W I T N E S S

WITNESS NAME: (b)(6)
ADDRESS: (b)(6)
CITY/ST/ZIP: VALLEY MILLS TX76689
RELATION OF VICTIM: BROTHER
BEST PHONE: (b)(6)
OTHER PHONE:
DL #:
SOC. SEC. NO.

RACE: W ETHNIC: N SEX: M DOB: (b)(6) HEIGHT: -
HAIR: EYES: GLASSES? AGE: 13 -
S-M-T? N SKIN: FACIAL HAIR? WEIGHT: -
PLACE EMPLOYMENT:
OTHER DESCRIPTION:

V I C T I M / W I T N E S S

WITNESS NAME: TANNER,DERRICK
ADDRESS:
CITY/ST/ZIP:
RELATION OF VICTIM: FRIEND
BEST PHONE:
OTHER PHONE:
DL #:
SOC. SEC. NO.

RACE: ETHNIC: SEX: DOB: (b)(6) HEIGHT: -
HAIR: EYES: GLASSES? AGE: 12 -
S-M-T? N SKIN: FACIAL HAIR? WEIGHT: -
PLACE EMPLOYMENT:
OTHER DESCRIPTION:

----------V I C T I M / W I T N E S S----------

WITNESS NAME: (b) (6) BEST PHONE: (b) (6)
ADDRESS: OTHER PHONE:
CITY/ST/ZIP: CLIFTON TX76634 DL #:
RELATION OF VICTIM: SOC. SEC. NO.

RACE: ETHNIC: SEX: DOB: / / HEIGHT: -
HAIR: EYES: GLASSES? AGE: -
S-M-T? N SKIN: FACIAL HAIR? WEIGHT: -
PLACE EMPLOYMENT:
OTHER DESCRIPTION:

On 05/27/2012 at approximately 1908 hours I, Deputy Gene Cole was dispatched to a UTV crash on private property at 476 CR 3350 Clifton, TX 76634.

I arrived at approximately 1925 hours and observed two medical helicopters landing in the field near the crash site. I also observed a green in color Polaris Ranger UTV in the middle of the pasture. There were various farm and ranch related objects strewn on the ground near the Ranger. The Ranger had damage to the driver's side that indicated that it had rolled onto the driver's side and slid along the ground. The windshield to the Ranger was broken and was lying on the ground near the Ranger. The Ranger has two lap belt restraints. Numerous fire and EMS personnel were also on scene prior to my arrival.

I then approached the EMS personnel who were gathered around a young male subject that was on a stretcher on the ground. I asked the nearest EMT what was going on and he advised me that there were three victims that had crashed the Ranger. I was advised that there were two male victims, who both had lacerations on their heads; and one female victim who was only responsive to painful stimuli.

I was then approached by (b)(6) who owns the property where the crash occurred, as well as the Ranger that was crashed. (b)(told me that he is the grandfather of the male subject who was driving the Ranger. I asked (b) for the name of his grandson and he told me that it was (b)(6) (W/M DOB: (b)(6)). (b)(then told me that the victims were driving in the pasture and had attempted to turn, but were traveling too fast and had flipped the Ranger. Ray believed that the Ranger only flipped onto its side, and not all the way onto its top. (b)(then pointed out the father of the other two victims.

I then approached the father of the victims, who was identified as (b)(6) (b)(6) (W/M DOB: (b)(6) told me that the other male victim was his son, (b)(6) (W/M DOB: (b)(6) and the female victim was his daughter, (b)(3):CPSA Section 2 (W/F DOB: (b)(6) .

At this time, approximately 1945 hours, (b)(6) was transported by Care Flight 4 to Hillcrest Hospital in Waco. A few minutes later, (b)(6) was transported by Air Evac 69 to Cook Children's Hospital in Ft. Worth.

I cleared the scene at approximately 2223 hours and resumed my patrol duties.

At approximately 0300 hours on 05/28/2012 I was advised by dispatch that the Tarrant County Medical Examiners Office was on the phone and wished to speak with me about Madison Pierce, who had passed away in the hospital.

I spoke with Investigator Steve White from the Tarrant County Medical Examiners Office regarding Madison Pierce. Investigator White advised me that Madison had been pronounced deceased at 0155 hours by (b)(3):CPSA

with the Cook Children's Hospital located at 801 7th Ave Ft. Worth, TX 76104. Investigator White advised me that (b)(3):CPS cause of death was hemorrhaging of the brain due to skull fractures that were sustained in the crash.

Photographs of the Polaris Ranger are attached to this report.

Nothing else follows at this time.

End of report.

118GC

(b)(3):Exemption 3 for 25(c), (b)(6)

report

POLARIS
RANGER
4X4

Utility Vehicle Data Record Sheet

Front

A Driver	B & C Right Front Passenger
Left Rear Passenger	Right Rear Passenger
Cargo Bed	

Rear

Seating positions for the Utility Vehicle's two other occupants was not ascertained

A:		
	Age: 12	Height: UNK
	Gender: MALE	Weight: UNK
	Helmet (Y/N): UNK	Seatbelt (Y/N): UNK
	Killed/Injured/Neither/Unknown: INJURED	
	Injury Description: UNK	
	Did vehicle land on victim: UNKNOWN	
	Ejected (Either partially or fully): UNKNOWN	

B:		
	Age: 13	Height: UNK
	Gender: MALE	Weight: UNK
	Helmet (Y/N): UNK	Seatbelt (Y/N): UNK
	Killed/Injured/Neither/Unknown: INJURED	
	Injury Description: UNK	
	Did vehicle land on victim: UNK	
	Ejected (Either partially or fully): UNK	

C:		
	Age: 11	Height: UNK
	Gender: FEMALE	Weight: UNKNOWN
	Helmet (Y/N): UNK	Seatbelt (Y/N): UNK
	Killed/Injured/Neither/Unknown: KILLED	
	Injury Description: BRAIN HEMORAHGE	
	Did vehicle land on victim: UNK	
	Ejected (Either partially or fully): UNK	

D:		
	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

E:		
	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

F:		
	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

*If victim(s) were injured/killed, please include the other relevant information requested in the assignment message in the text of the IDI

Using the figure on the left, please fill in where the occupants were in the vehicle at the time of the incident using A, B, C, etc. to identify the occupant(s)' location. Fill in the occupants' characteristics in the corresponding location on the right. For example, the driver could be assigned to the letter 'A' and the letter 'A' would be placed in the diagram in the box designated 'Driver', and the drivers' characteristics would be filled on the right. If there were more than six occupants (or more room is needed), please add the other passenger(s)' information (or any other information) as needed. If information is not available, please indicate by 'na'.

Note: Not all locations indicated on the diagram exist in all types of utility vehicles. Please only use the locations that correspond to the incident vehicle. Please place an 'X' over the area if the vehicle was not equipped with the component.

Office of Chief Medical Examiner
Tarrant County Medical Examiner's District
Tarrant County, Texas
200 Feliks Gwozdz Place, Fort Worth, Texas 76104-4919
(817) 920-5700 FAX (817) 920-5713

Examination Report

Name: (b)(3):Exemption 3 for 25(c), (b)(6

CASE NO: 1206674
Approximate Age: 11 Years
Sex: Female
Height: 60 Inches
Weight: 93 Pounds

I hereby certify that on the **28th** day of **May 2012**, beginning at 0901 hours, I, **Lloyd White, M.D.**, pursuant to Statute 49.25 of Texas Criminal Code, performed an examination on the body of (b)(3):Exemption at the Tarrant County Medical Examiner's District Morgue in Fort Worth, Texas and upon investigation of the essential facts concerning the circumstances of the death and history of the case as known to me, I am of the opinion that the cause and manner of death are as follows:

FINDINGS:

I) Unrestrained passenger ejected from ATV that rolled over
II) Died in hospital approximately six hours following admission
III) Clinical diagnoses during hospital course:
   a. Right frontoparietal depressed skull fracture
   b. Comminuted fractures of both orbits and base of anterior cranial fossa
   c. Parenchymal and intraventricular hemorrhage of brain
   d. Cerebral edema, severe, with early tonsillar herniation
   e. Laceration of left parietal scalp
   f. Respiratory failure requiring ventilator support
   g. Hemorrhagic and cardiogenic shock
   h. Prolonged cardiopulmonary resuscitation

1206674

(b)
(3) Exemptio

CAUSE OF DEATH:	**CRANIOCEREBRAL INJURIES DUE TO ATV ROLLOVER WITH EJECTION (PASSENGER)**

MANNER OF DEATH:	**ACCIDENT**

Signature	**Lloyd White, M.D., Ph.D.** **Deputy Medical Examiner**

1206674

(b)(3):Exemp

GROSS ANATOMIC DESCRIPTION

I. CLOTHING AND PERSONAL EFFECTS: The body is received in the autopsy room in a white vinyl remains removal pouch and is unclothed. No jewelry or other personal effects accompany the body at the time of this examination.

II. THERAPEUTIC INTERVENTION: Evidence of medical treatment includes intravenous lines in the left wrist, right ankle, right forearm, and right femoral region.

III. EXTERNAL BODY DESCRIPTION:

The body is presumptively identified by ankle band and is that of a normally nourished and normally developed, white girl, 60 inches in stature, weighing 93 pounds and appearing the stated age of 11 years. Rigor is complete and there is pale blue-purple livor over the posterior body surface. Up to 12 inches in length scalp hair is straight and brown. Irides are brown, pupils are 4 mm in diameter and equal, and teeth are natural and in good condition. External ears and ear canals are normal, nares are patent and the nasal septum is intact. Both earlobes are pierced. There are no fractures, amputations, or congenital malformations of upper or lower extremities. External genitalia are those of a normally developed Tanner 2 girl. Several irregular no more than 1-inch scars are evident on the anterior surfaces of both knees, and there is a vertical 3-inch linear scar on the anterior right leg.

An oblique 1/2-inch linear laceration is evident in the upper left lateral parietal region of the scalp directly above the ear. Blood and brain parenchyma are evident oozing out of this defect. The area around both eyes is dark blue-purple and edematous. A few superficial scratches are present over the sternum and the medial left clavicle, as well as the right posterior iliac crest. There also are faint blue-purple contusions over the anterior right shoulder and anterior right arm.

Medical records are reviewed.

1206674

(b)
(3) Exemptio

SPECIMENS AND EVIDENCE COLLECTED

1. 10 mL of femoral blood and 5 mL of vitreous humor
2. One blood card
3. Representative photographs

EDC: 06/27/12
Dictated: 06/05/12
Transcribed: 06/11/12
Completed: 06/11/12
LW:cal

TARRANT COUNTY MEDICAL EXAMINER'S DISTRICT
SERVING TARRANT, PARKER, & DENTON COUNTIES
Investigator's Report

CASE #: 1206674 Tarrant TYPE: Jurisdiction IDENTITY: Identified

NIZAM PEERWANI, M.D.
CHIEF MEDICAL EXAMINER

MICHAEL FLOYD
CHIEF FORENSIC DEATH INVESTIGATOR

DECEASED: (b) (3) :Exem
ADDRESS: (b) (6) , Texas 76689
AGE: 11 BIRTH DATE: (b) (6 MARITAL STATUS: Single
PHONE: (b) (6) RACE OR COLOR: White SEX: F
HEIGHT: 5' WEIGHT: 93
SSN: MANNER OF DRESS:
OCCUPATION:
PLACE OF EMPLOYEMENT:

DATE OF DEATH: 5/28/2012 TIME OF DEATH: 01:55
PLACE OF DEATH DESCRIPTION: Hospital Pediatric ICU
ADDRESS OF DEATH: 801 7th Ave, Fort Worth, Texas 76104
HOSPITALIZED: Yes
ADMIT DATE: 5/27/2012 ADMIT TIME: 20:28
ENVIRONMENT CONDITION: Controlled
CHARACTERISTIC OF PREMISES: Indoors

DATE/TIME M.E. NOTIFIED: 5/28/2012 02:10
ARRIVED:
REPORTING PERSON: (b)(3):CPSA S
REPORTING AGENCY: Cook Children's Hospital
ADDRESS: 801 7th Ave, Fort Worth, Texas 76104
PHONE: (b)(6)
PRONOUNCED DEAD BY: (b)(3):CPSA
PRONOUNCING AGENCY: Cook Children's Hospital
LAST TREATED BY: (b)(3):CPSA

DATE/TIME OF OCCURENCE: 5/27/2012 18:32
INJURY AT WORK: N0
PLACE OF OCCURENCE: Cattle pasture
LOCATION: 476 County Road 3555, Unincorporated Bosque County, Texas 76665
TRAUMA RELATED: Yes

IDENTIFIED BY: Steve White
IDENTIFICATION TYPE: Visual
DATE/TIME OF IDENTIFICATION: 5/28/2012 -Time: 01:55
IDENTIFICATION STATUS: Positive ID
COMMENTS: Decedent identified at the hospital by her father, (b)(6)
ADDRESS:
PHONE:

NEXT OF KIN NOTIFICATION DATE/TIME: 5/28/2012 01:55
NOTIFIED BY: (b)(3):CPSA
NOTIFYING AGENCY: Cook Children's Hospital
NEXT OF KIN NAME: (b)(6)
RELATIONSHIP: Father
COMMENTS:
ADDRESS: (b)(6)
PHONE: (b)(6)
BODY TO: TCME CONVEYANCE: Accucare Mortuary Service
FUNERAL HOME:

NAME OF RELEASING AUTHORITY:

RELATIONSHIP:

DISPOSITION OF PROPERTY:

MEDICAL INVESTIGATOR:
Steve White

TARRANT COUNTY MEDICAL EXAMINER'S DISTRICT
SERVING TARRANT, PARKER, & DENTON COUNTIES

INVESTIGATOR'S REPORT

NIZAM PEERWANI, M.D.
CHIEF MEDICAL EXAMINER
Case Number: 1206674

MICHAEL FLOYD
CHIEF FORENSIC DEATH INVESTIGATOR
Case Type: Jurisdiction

DECEDENT'S NAME: (b)
AGE: 11
ADDRESS: (b) (6) Texas 76689
BIRTH DATE: (b)(6) MARITAL STATUS: Single PHONE: (b)(6)

CASE NO. 1206674 Tarrant

The decedent is a 11 year old, White female, right front bench seat, unrestrained passenger, who was ejected during the roller of a Polaris, Ranger ATV vehicle in a cattle pasture in Unincorporated Bosque County, Texas. The decedent was flown by air ambulance to Cook Children's Hospital, admitted with suspected head injury, and then diagnosed with open skull fractures and herniation of the brain. the decedent was transferred to the hospital PICU where she was then subsequently pronounced. Cook Children's Hospital advises that the death is believed due to or the likely result of head trauma. Bosque County SO advises that there is no suspected foul play in this death, and that the death is not presently under criminal investigation.

SCENE PHOTOS: No (decedent died at hospital)

DESCRIPTION OF BODY:

The decedent is viewed in the TCME receiving area lying supine on a gurney. The decedent is wearing a diaper, is cool to the touch, and has invasive medical intervention. The decedent's eyes are swollen and contused. Rigor is partial with the jaw unmovable, the arms and legs movable. Lividity is blanchable, gravity dependent, and consistent with the position as viewed.

MEDICAL HISTORY:

(b)(6) the decedent's father, states that the decedent was born 11 weeks premature, and had under developed kidneys that required two surgeries (left kidney underwent reconstruction). (b)(6) advises that the decedent's pediatrician is (b)(3):CPSA Section 25 & White Hospital in Waco, Texas.

DETAILS OF INCIDENT:

(b)(3):CPSA of the Pediatric Intensive Care Unit at Cook Children's Hospital advises that the decedent arrived by air ambulance with traumatic head injuries after having been ejected from a ATV in Unincorporated Bosque County, Texas. (b)(6) states that the decedent was found to have open skull fractures, with herniation of the brain, that the decedent was transferred to the PICU, and that the decedent was subsequently pronounced. (b)(6) advises that the death is believed due to traumatic head injury, and that the decedent's father, Jerry has been informed of the death.

This investigator interviewed (b)(6) the decedent's father, regarding this death. (b)(6) advises that on 05/27/2012 that he, the decedent, and his son (b)(6) were visiting friends, and that the children were riding in a ATV vehicle in the property cattle pasture. Peirce states that at approximately 1800 hrs his friends son, (b)(6) his son (b)(6) age 12), and the decedent were riding in the above four wheel ATV out in the

pasture. (b)(6 advises that at approximately 1830 hrs he saw (b)(6) and his son yelling and screaming and rushed to find his daughter lying unresponsive on the ground after the vehicle had allegedly rolled over as Tanner did a sharp turn. (b)(6) states that they called 911 with Clifton FD EMS and Bosque County SO responding to the scene and then transporting the decedent by air ambulance to the hospital. (b)(6) advises that it is unknown if the decedent was wearing a seat belt restraint, and that the decedent was not wearing a helmet. (b)(6) states that it is not known if the decedent was rolled over on or merely ejected from the ATV as the vehicle was upright on all four tires as he approached. (b) provided known medical and child fatality information and was then explained TCME protocols.

This investigator interviewed Bosque County Sheriffs Office Deputy Gene Cole # 1118 regarding this incident. Cole advises that at approximately 1832 hrs his agency received a 911 call regarding a ATV rollover at 476 CR 3555, in Precinct # 1 of the unincorporated area of the county. Cole states that on his arrival on scene that the ATV four wheel vehicle was a Polaris, Ranger, and that the vehicle was upright on all four wheels. Cole advises that the front bench seat is equipped with lap belts which are believed to have not been worn. Cole states that all three children were believed to be on the vehicles front bench seat, with the decedent on the right front, (b)(6) in the middle, and (b)(6) operating the vehicle. Cole advises that there is no foul play suspected in this incident, and that he will fax a copy of his incident report to TCME for review and inclusion in the case file.

INSTRUMENT OF INJURY:

Vehicle: Green, Polaris, Ranger, ATV, 4 wheel vehicle, bench front seat, rear dump type bed, enclosed, lap belts

ORGAN TISSUE DONATION:

There is no signed release for the harvesting of organs / tissues.

CHILD FATALITY INFO:

1. The decedent has one male half sibling, and one male sibling.
2. The decedent's siblings are ages 16 and 12.
3. There are no sibling deaths in the family.
4. N/A
5. The decedent was a 11 week premature pregnancy.
6. The decedent was delivered by vaginal birth.
7. There were no complications at birth.
8. Known medical history for the decedent is that the decedent was born 11 weeks premature, had under developed kidneys that required two surgeries (left kidney underwent reconstruction). 9. The decedent is not taking any medications.
10. The decedent's current pediatrician is Dr. Samuel Orr at Scott & White Hospital in Waco, Texas.
11. (b) (6), (father), (b) (6), age 37, White male
(b) (6), (mother) (b) (6) age 33, White female

FOLLOW UP INVESTIGATIONS REQUIRED

Obtain funeral home info

COMMENTS:

Medical charts / records for the decedent from Cook Children's Hospital and the Bosque County SO incident report accompany this case file

Steve White

Addendum added 5/31/2012 by Paul Krieg

A TCME protocols letter was generated on 05/31/2012 and mailed to the next of kin.

Print Form

Task No. 120612HWE6044

Date: 8/28/2012

STATUS OF MISSING DOCUMENT (S)

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

1. Cook Children's Hospital reports **Addendum added 9/28/2012**

2. Hillcrest Baptist Medical Center reports

3. _____

4. _____

5. _____

Date: 8/29/2012 **Investigator No:** 2342

Regional office: _____ **Supervisor No:** _____

Attachment F
Contact Information

(b)(3):Exemption 3 for 25(c), (b)(6) **Victim Decedent # 1** (b)(6) Valley Mills, TX 76689 (b)(6)	**Bosque County Sheriff's Office** 305 W Morgan St Meridian, TX 76665 254-435-2363 Fax: 254-435-2245
(b)(3):Exemption 3 for 25 (c), (b)(6) **Victim # 2** (b)(6) Valley Mills, TX 76689 (b)(6)	(b)(3):Exemption 3 for 25 (c),(b)(6) (b)(6) Clifton, TX 76689 (b)(6)
Cook Children's Hospital – Ft. Worth Medical Center 801 Seventh Ave. Fort Worth, TX 76104 682-885-4000 Fax: 682-885-1909	**Hillcrest Baptist Medical Center** 100 Hillcrest Medical Blvd Waco, Texas 76712 254-202-2000 Fax: 254-202-0466
Tarrant County Medical Examiner Forensic Science Laboratories 200 Feliks Gwozdz Place Fort Worth, TX 76104-4919 817-920-5700 Fax: 817-920-5713	**Incident Vehicle Manufacturer** **Polaris Industries Inc.** 2100 Hwy 55, Medina, MN 55340 763-542-0500 Fax: 763-542-0599 **http://www.polarisindustries.com**
Clifton Fire Department PO Box 525 Clifton, Texas 76634 254-675-8688 **cliftonvfd@yahoo.com**	**Valley Mills Fire Department** 107 E 4th St Valley Mills, TX 76689 254-932-5101 254-932-5555

Addendum # 2 IDI 120612HWE6044

Addendum to IDI 120612HWE6044, which consist of the victim's (2) medical reports, that was received via US Postal mail on 09/10/2012.

ATTACHMENTS:

1) Cooks Children's Medical Center reports – victim (b)(3):CPSA Section 25(c) (16 pages)

2) Cooks Children's Medical Center reports – victim (b)(3):CPSA Section 25(c) (12 pages)

Cook Children's
Health Care System

MICHAEL TERRELL
U S CONSUMER PRODUCT SAFETY COMMISSION
PO BOX 6229
MCKINNEY ,TX 75071

Requester Info

Bill Type	NO CHARGE
Company	U S CONSUMER PRODUCT SAFETY COMMISSION
Phone	(972) 347-5125
Fax	(866) 923-9997
Contact First Name	MICHAEL TERRELL
Contact Last Name	
Address	PO BOX 6229
	MCKINNEY, TX 75071
E-Mail	

Patient Info

Med Record	1245147	DOB	7/17/2000
Last Name	(b)(3):Exemption 3 for 25 (c),(b)(6)		
TDN#		SS#:	

Pages	10
Fische	0
EDI Pages	0

Request Information

Requester Type	OTHER
Status	COMPLETE-SENT
Request Entered	8/28/2012
Status Date	9/6/2012

Release Trauma Flowsheet.

Billing#	Admit Date	Discharge Date	Service Type
7792279	5/27/2012	5/28/2012	PICU

SEE DOS COMMENTS

DISCHARGE SUMMARY

Please note this information may have been disclosed to you from records whose confidentiality is protected by federal law. Federal regulation (42 CFR, Part 2), prohibits you from making any further disclosure of these records without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

U.S. CONSUMER PRODUCT SAFETY COMMISSION
WESTERN REGION – DALLAS FIELD OFFICE
PO BOX 6229 - MCKINNEY, TX 75071

August 28, 2012

Therefore, I am respectfully requesting the emergency treatment and summary prognosis reports **only** for the following **All-Terrain-Vehicle (ATV)** related incident that our agency is investigating:

Case Number: **Unknown**
Incident Date: **5/27/2012**
Incident Location: **CR 3355 approximately 3 miles east of CR 3350**
Victim: (b)
Address: **unknown**
Victim DOB: (b) (6)
Victim DOD: **5/28/2012**

The report can be faxed to me at 866-923-9997, emailed to mterrell@cpsc.gov or mailed to the address in the header.

Thank you in advance for your assistance. If there are any questions, please contact me at (972) 347-5125.

Sincerely,

MICHAEL TERRELL Digitally signed by MICHAEL TERRELL
DN: c=US, o=U.S. Government, ou=Consumer Product Safety Commission, cn=MICHAEL TERRELL, 0.9.2342.19200300.100.1.1=61001000097562
Date: 2012.08.28 12:21:56 -05'00'

Michael Terrell
U.S. CPSC – Dallas Field Office

AG

2330087

DISCHARGE SUMMARY REPORT
Signed

Pt Name (b)(3):Exemption
DOB: 07/17/2000
Sex: F

Loc: PICU
Pt Type: DIS IN
Primary Phy: ORR, SAMUEL R MD
Dictated By: MEYER,RYAN R MD

MR #: M002576824
Acct #: V00007792279

Rpt #: 0528-0008

REPORT TITLE: Death Summary

DATE OF ADMISSION TO THE HOSPITAL: 05/27/2012

DATE OF BIRTH: (b)(6), she was 11 years of age

DATE OF DEATH: 05/28/2012

TIME OF DEATH: 1:55 a.m.

CAUSE OF DEATH: Severe traumatic brain injury and traumatic arrest.

HOSPITAL COURSE: (b)(again is an 11-year-old female who was the passenger on an all terrain vehicle that was being driven by her brother during the 1800 hour on 05/27/2012. By report, the vehicle rolled over and (b)(was ejected. EMS was contacted and she was found unconscious on the scene. She was intubated and then transferred by Air Evac to Cook Children's Medical Center. Prior to her arrival to Cook Children's Medical Center she required cardiopulmonary resuscitation. She received CPR for approximately 30 minutes prior to arrival and then CPR was ongoing. She received CPR off and on as well as multiple rounds of code dose drugs for approximately 90 minutes after arrival. During that time she also received blood products per massive blood transfusion protocol as well as CT examination of her head, neck, chest, abdomen and pelvis. It was found that she had severe traumatic brain injury both on physical exam and on CT. This patient was placed on high dose epinephrine drip and was transferred to the PICU.

Upon arrival to the PICU I explained to father this patient would not survive her injuries. He agreed to no further resuscitative efforts. Father did desire organ donation if possible. LifeGift was contacted; however, given her very poor status, no organs were able to be donated. Tissue and heart valves are currently being pursued, however. At approximately 1:45 a.m. parents requested child's epinephrine drip be discontinued and that she be extubated. Her epinephrine drip was discontinued at 1:47 a.m. and she was extubated at 1:49 a.m. She was later pronounced dead at 1:55 a.m. Mom, dad, extended family and friends were at her bedside when she was pronounced. Bedside RN, myself and charge nurse were at the bedside.

ME was notified and she will be an ME case. Again, LifeGift is involved as well. Please see her admission note and consultation note by myself for further details.

DISCHARGE SUMMARY REPORT
Signed

Pt Name: (b)(3):Exemption 3 for 25(c),(b)(6)
DOB:
Sex: F

Loc: PICU
Pt Type: DIS IN
Primary Phy: ORR, SAMUEL R MD
Dictated By: MEYER,RYAN R MD

MR #: M002576824
Acct #: V00007792279

Rpt #: 0528-0008

Dictated by: RYAN R MEYER MD
D/T: 05/28/12 0233

Approved By: RYAN R MEYER, MD <<Signature on File>>
D/T: 06/28/12 1111
RYAN R MEYER, MD <<Signature on File>>
06/28/12 1111
T/Dt:Tm: MR 05/28/12 0255

Copies To:
MEYER, RYAN R MD
ORR, SAMUEL R MD

(b)(3):Exemption 3 for 25(c),(b)

EMERGENCY

Patient Name _____
Age 9 Sex _____ Weight 30 kg - estimate
Mode of Transport: ☐ Private car ☐ Ambulance ☒ Helicopter ☐ Airplane
Communicable disease exposure ?
Allergies ?
Current meds ?
Immunization status ? Last meal ?
Past medical history ?
PCP: ? Notified ?
LNMP>10 yrs: ? Research Study: __Yes__ No

INJURY DATA

Injury Time _____ Injury Date _____
Type: ☐ Penetrating ☒ Blunt ☐ Drowning ☐ Ingestion ☐ Crush
Mechanism: ☐ MVC ☐ Fall ☐ Auto/Pedestrian ☐ Sports
☐ Abuse ☐ Animal bite ☐ GSW ☐ Stab wound ☒ ATV
☐ Auto/bike ☐ Ejection ☐ Motorcycle ☐ Fatalities
☐ Child Passenger restraints ☐ Seat belt ☐ Airbag ☐ Helmet
Location ☐ Home ☐ Recreation area _____
☐ School _____ ☐ Establishment _____
☐ Travel thoroughfare _____
Extrication ☒ Yes ? (Duration) ☐ No
Transported from: ☐ Scene ☐ ED _____
Pre-admission arrest: ☐ Yes ☐ No
Compressions: ☐ Yes ☐ No Screening level ___

PRE-HOSPITAL CARE

Transport Service: Air EVAC
EMS Call time: See EMS run sheet
Vital signs at scene: BP 1\ P ___ R ___ LOC ☐ Yes ☐ No
GCS 3 How long _____
Vital signs enroute: BP ___ P ___ R ___ King Airway
Interventions: ☒ O2 ☐ ETT ☐ C-Collar ☐ Backboard
Splints: RUE/LUE/LLE/RLE ☒ CID ☐ Extrication
Other ?
Solution: ? Sites: 20g @ AC
Cath size: ? Intake: ?
Meds: ?

TRAUMA TEAM NOTIFICATION

Trauma Stat called: ☒ Yes ☐ No Time: 1956
Trauma Alert called: ☐ Yes ☒ No Time: _____
Surgeon Response called: ☐ Yes ☒ No Time: _____
Urgent Trauma Consult called: ☐ Yes ☒ No Time: _____
Trauma Consult called: ☐ Yes ☒ No Time: _____

	Name	Call	Call return	Arrival
Surgeon				
Anesthesia/CRNA		1959	2004	
TNP	Tiffany			2005
Intensivist	Myer on arrival pt -			
Specialist				

Language Barrier ☐ Yes ☒ No Translator Signature: _____

DISPOSITION

Discharged to: ☐ Home ☐ Other _____ ☐ Time: _____
Admitted to: ☐ OR ☒ PICU ☐ Floor Rm _____ ☐ Time: 2140
Valuables: ☐ Home ☒ Family ☐ Security ☐ Police ☐ None
Family notified by: hop to pt None found/time: _____
Name notified: _____ Relation: _____
Social Service/CPS notified ☒ Time: 1956 Signature: _____
Organ Donation notified ☐ Time _____ Chaplain notified ☐ Time _____
☐ Info cont. on progress note

CPR Required: ☒ Yes ☐ No
Pronounced at: _____
Medical Examiner notified ☐ Time: _____
M.I. Signature: _____
Police notified: ☐ Time: _____
Police Dept _____
Police Signature: _____
☐ Plan of Care discussed with PCP

(b)(3):CPSA Section 25(c)

FLOWSHEET

CookChildren's.

801 Seventh Avenue
Fort Worth, Texas 76104-2796

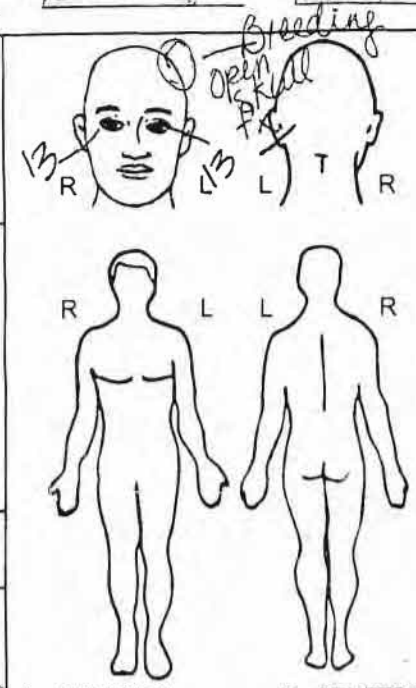
025514 (12/08) EP

TRAUMA FLOWSHEET (page 1 of 8)

Pr Survey | Surfac ma

Time 2014

Airway	☐ Patent/talking ☐ Partially obstructed ☐ Completely obstructed ☐ Breathing assisted ☐ Intubated ☒ Alternative airway King Airway	☐ None ☐ Jaw thrust ☒ Suction ☐ FB removal ☐ Airway adjunct ☐ Oral ☐ Nasal	☐ Intubated PTA ☐ RSI ☐ ETT size _____ ☐ ____cm @ ____ Confirmed by: ☐ Breath sounds ☐ Exhaled CO2 detector
Breathing	☐ Spontaneous ☐ Labored ☐ Shallow ☐ Agonal ☒ No effort Chest excursion: ☒ Symmetrical ☐ Asymmetrical ☐ Open sucking chest wound	Lung Sounds R L Normal R L Diminished R L Absent R L Rales R L Rhonchi R L Wheezes Other R L _____	Assisted: ☒ BVM Rate 30 Supplemental O2 ☐ Nasal cannula ☐ Simple mask ☐ Non-rebreather _____lpm ☐ Occlusive dressing
Circulation	Pulse ☐ Central present ☐ Peripheral present	Skin ☐ Hot ☐ Normal ☐ Warm ☐ Pale	☒ IV fluids N Y ☒ Chest compressions ☐ Direct presure
Disability Initial GCS: 3 Key E\V/M	Eye Opening (E) ☐ 4 Spontaneous ☐ 3 To verbal ☐ 2 To pain ☒ 1 None ☐ Sedated ☐ Unobtainable/RSI	Verbal response (V) ☐ 5 Oriented/babbles/smiles ☐ 4 Disoriented/inapp. cries ☐ 3 Inappropirate words, persistant scream ☐ 2 Incomprehensible sounds/grunts/moan ☒ 1 No response	Motor response (M) ☐ 6 Obeys, normal, spontaneous ☐ 5 Localizes pain/pushes away ☐ 4 Flexion/withdrawals ☐ 3 Flexion (posturing) decorticate ☐ 2 Extension (posturing) decerebrate ☒ 1 No response



1. ABRASION
2. AMPUTATION
3. AVULSION
4. BURN
5. CONTUSION
6. ECCHYMOSIS
7. FX/DISLOCATION
8. PENETRATION
9. HEMATOMA
10. LACERATOIN
11. RASH
12. TREADMARKS
13. SWELLING
14. TENDERNESS

Pupil Reaction

1. Brisk = B
2. Sluggish = S
3. Fixed = F

1 2 3 4 5 6

SIGNATURE	INITIAL	TIME
MMurphree	MM	2014

Vital Signs

Time	See code sheet															
Resp Rate																
O2 Sat	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Heart rate																
Cap refill (sec)																
Bld Pressure																
Temp																
GCS	\ /	\ /	\ /	\ /	\ /	\ /	\ /	\ /	\ /	\ /	\ /	\ /	\ /	\ /	\ /	\ /
GCS total																
Pupil size/react	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
Pupil size/react	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
Pulse Radial	R L	R L	R L	R L	R L	R L	R L	R L	R L	R L	R L	R L	R L	R L	R L	R L
Pulse Pedal																
Pain Scale																
Nurse Init.																

PRINT OR IMPRINT PATIENT INFORMATION

FLOWSHEET

CookChildren's.

801 Seventh Avenue
Fort Worth, Texas 76104-2796

(b)(3):CPSA Section 25(c)

025514 (12/08) EP

TRAUMA FLOWSHEET (page 2 of 8)

Time	Physicia rs	Time Performed	I
	☐ Major Trauma Set (A)		
	☐ Minor Trauma Set (B)		
	☐ Blood _____ units		
	☐ Urine HCG		
	☐ Bedside glucose		
	☐ Urine dip		
	☐ WCT Repair		

Time	Physician orde	Time Performed	Init

ie	Physician orders	Time Performed	Init
	☐ C-spine X-ray		
	☐ Chest X-ray		
	☐ Pelvis X-ray		
	☐ Abdomen X-ray		
	☐ Ultrasound: Abdomen		
	☐ CT: Head		
	☐ CT: Abdomen w/ contrast		
	☐ CT: Pelvis w/ contrast		
	☐ CT: Neck		

Medications

Med/Dose	Time	Time	Time	Time	Time	Init.

see code sheet

Procedures	Time/Site	Init
O2 _____ lpm	ET/NC/Mask	
Capnography		
ETT size _____	____ cm @ lip	
Cardiac Monitor		
Oximeter		
NG/OG size __		
Foley size ____		
CT Ready _____		
Time to CT _____	Time return	_____
Other _____		
Other _____		
IV #1		
IV #2		
IV #3		

IV Fluids

IV #	Fluid	Time start	Time stop	Total amt infused	Init.

Intake	Total
Blood products	1000ml
Colloid	
Crystalloid	
Other: LR	3000ml
Total intake:	4000ml

Output	Total
Urine	20 ml
NG/Emesis	100 cc
Other:	100 ml
Total output:	220 ml

C-spine Precautions	Time
☐ CID ☐ C-collar Other _____	
C-spine cleared _____	
by _____	

Warming Measures	Time
☐ Blanket ☐ Hypertherm unit	
☐ Fluid warmer	
☐ Warming light	

Signatures

Nurse/ACT	Init.	LIP Ordering Procedures, Meds, Tests	Init.
Primary Nurse: M Murphree RN	MM		
Trauma Nurse:			
Trauma ACT:			
Trauma ACT:			

(b)(3):CPSA Section 25(c)

FLOWSHEET

CookChildren's.

801 Seventh Avenue
Fort Worth, Texas 76104-2796

025514 (12/08) EP

TRAUMA FLOWSHEET (page 3 of 8)

Blood Infusion D[illegible]umentation

Massive blood transfu[illegible] is arbitrarily defined a [illegible] replacement of a pa[illegible]s total blood volume [illegible]ss than 24 hours or th[illegible]ute administration of more than half the patient's estimated blood volume per hour Estimated blood volume for a child is 80 ml/kg

Activation of the MBTP will be at the discretion of the Responsible Physician. Once a threshold of ≥ 40 ml/kg of PRBCs has been ordered in rapid succession, activation of the MBTP should be strongly considered.

Per Massive Blood Transfusion (policy MC 498); baseline labwork should be drawn (Type & Crossmatch, CBC, PT/PTT/INR, fibrinogen, blood gas, Na+, K+, Ca++) prior to initiating this policy and every 30 minutes as long as MBTP is in effect.

1. MBTP packs (for children ≤ 20 kg)

1st MBTP pack	2nd MBTP pack	3rd MBTP pack	4th MBTP pack	5th MBTP pack
1 U PRBCs	1 U PRBCs	1 U PRBCs	1 U PRBCs	1 U PRBCs
1U FFP	1 U FFP		1 U FFP	
		1 unit apheresis platelets or 5 random donor platelets		1 unit apheresis platelets or 5 random donor platelets

1. MBTP packs (for children >20 – 49 kg)

1st MBTP pack	2nd MBTP pack	3rd MBTP pack	4th MBTP pack	5th MBTP pack
2U PRBCs	3 U PRBCs	3 U PRBCs	3 U PRBCs	3 U PRBCs
2U FFP	1 U FFP	2 U FFP	1 U FFP	2 U FFP
	1 unit apheresis platelets or 5 random donor platelets		1 unit apheresis platelets or 5 random donor platelets	

2. MBTP packs (for children > 50 kg)

1st MBTP pack	2nd MBTP pack	3rd MBTP pack	4th MBTP pack	5th MBTP pack
5 U PRBCs	8 U PRBCs	8 U PRBCs	8 U PRBCs	8 U PRBCs
2 U FFP	4 U FFP	4 U FFP	4 U FFP	4 U FFP
1 unit apheresis platelets or 5 random donor platelets	1 unit apheresis platelets or 5 random donor platelets	1 unit apheresis platelets or 5 random donor platelets	1 unit apheresis platelet pack or 5 random donor platelets	1 unit apheresis platelets or 5 random donor platelets

Blood Products

Sticker or unit #	Product (RBC, PLT, FFP)	Time start	Starting VS (TPR)	Midpoint VS (TPR)	Time finish	Finishing VS (TPR)	Total infused	Meditech ID
W035212121283	PRBC'S	2026	See code sheet		2040		275	meredithmu
W035212103870	PRBC'S	2040	for continuous		2055		320	meredithmu
W035212108452	PRBC'S	2055	vital signs		2105		240	meredithmu
W035212140831	FFP	2106			2130			meredithmu

Send a copy of this page to Blood Bank ASAP

(b)(3):CPSA Section 25(c)

FLOWSHEET

CookChildren's.

801 Seventh Avenue
Fort Worth, Texas 76104-2796

025514 (12/08) EP

TRAUMA FLOWSHEET (page 8 of 8)

DATE	TIME	NURSING NOTES
	2014	pt arrives via air evac. King airway in place. C-collar in place. Compressions ongoing. Skin pale - cool. ø pulses palpable. Large boggy area to @ parietal scalp. particulate matter noted. eyes swollen c̄ blue discoloration. pupils 4mm ∓ reaction to light. Air evac reports pt back seat passenger in AT VS helmet, rollover caused patient to be ejected. pt non responsive @ scene. diminished lung sounds to @ chest. Needle decompression done @ scene & needle decompression out en route. CPR performed ~30 minutes pta to arrival @ R4. ø family @ bedside. 3 rounds epi given en route. No response elicited from pt now. Refer to Arrest Sheet. — M

SIGNATURE PRIMARY NURSE	INITIALS	SIGNATURE	INITIALS

Signature of Pt. or Responsible party verbalizing understanding of aftercare instructions	Discharged by: Signature	Time	DISCHARGE NOTE Released from E.D. Walking Stretcher Carried Wheelchair

PRINT OR IMPRINT PATIENT INFORMATION

FLOWSHEET

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(b)(3):CPSA Section 25(c)

025514 (12/08) EP

TRAUMA FLOWSHEET (page 4 of 8)

DATE	TIME	NURSING NOTES

TIME	WOUND DESCRIPTION AND REPAIR	TIME	WOUND REPAIR	TIME	CONTAMINATION
INITIALS	LENGTH CM LOCATION NEUROVASCULUR INTACT ABNORMAL DEPTH SHAPE SUPERFICIAL LINEAR AVULSION SUBQ IRREGULAR CONTUSION FASCIA FLAP AMPUTATION MUSCLE PARTIAL AMPUTATION	INITIALS	DEBRIDE STAPLE MARGINS REVISED SUTURED DRSG INTERNAL STERI-STRIPS INTERRUPTED DERMABOND RUNNING SPLINT MATTRESS OTHER _____	INITIALS	MINIMAL MODERATE EXTREME WOUND PREP ANESTHESIA BETADINE TOPICAL SHUR CLENS LOCAL NORMAL SALINE DIGITAL BLOCK SCRUBBED IRRIGATED

Signature	Initials	Signature	Initials	Signature	Initials
Signature	Initials	Signature	Initials	Signature	Initials

(b)(3):CPSA Section 25(c),(b)(6)

FLOWSHEET

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025514 (12/08) EP

TRAUMA FLOWSHEET (page 7 of 8)

Time:		Secondary Survey	
System	Normal findings	Abnormal findings	Further documentation
General	☐ Normal for all ☐ Alert, oriented ☐ No acute distress	☐ Confused ☐ Combative ☐ Lethargic ☑ Unconscious ☐ Sedated ☐ Paralyzed ☐ Posturing ☐ Seizures	
Head Eyes	☐ Normal for all ☐ Atraumatic skull ☐ PERRL, EOM's intact	☑ Deformity ☐ Foreign body Anterior fontanel: ☐ Depressed ☐ Bulging ☐ See diagram for details	Boggy area to (L) parietal area Pupils 6 + fixed
Ears	☐ Normal for all ☐ EAC's, clear ☐ TM's normal	☐ Ear drainage R __clear __blood L __clear __blood ☐ Hemotympanum L R	Bilat periorbital ecchymosis
Nose	☐ Nares normal	☐ Nose drainage R __clear __blood L __clear __blood ☐ Deformity	(+) blood from (B) nares
OP	☐ OP normal		King airway in place
Neck	☐ Normal for all ☐ No deformity ☐ Non-tender, no masses	☐ Swelling ☐ Distended neck veins ☐ Tenderness ☐ Crepitus	in C-collar
Back	☑ Normal for all ☐ Non-tender, no masses ☐ No swelling ☐ No ecchymosis	☐ Swelling ☐ Tenderness ☐ See diagram for details	
Chest	☑ Normal for all ☐ No retractions ☐ Breath sounds equal, clear bilat	☐ Retracting ☐ Paradoxical ☐ Asymmetric ☐ Crepitis R L ☐ See diagram for details	
Heart	☐ Normal for all ☐ Regular rate, no murmur/gallop ☐ Pulses equal, good perfusion	☐ Abnormal heart sounds:	Asystolic
Abdomen	☑ Normal for all ☐ Bowel sounds nml ☐ Soft, non-tender ☐ No masses/organomegaly	☐ Distended ☐ Tender ☐ Rigid ☐ Pain ☐ Crepitus ☐ See diagram for details	
Pelvis	☑ Normal for all ☐ Stable ☐ Non-tender	☐ Unstable ☐ Tender	
Genital	☐ Male: Normal ☑ Female: Normal ☐ No blood at meatus	☐ Urethral bleeding ☐ Vaginal bleeding ☐ See diagram for details	
Anus	☐ Rectal tone normal		
Extremities	☑ Normal for all ☐ No deformities ☐ Nontender ☐ Pulses equal ☐ Good perfusion ☐ Full ROM ☐ No lacerations ☐ No bruising ☐ No abrasions	☐ Deformity ☐ Tenderness ☐ Paralysis ☐ Decreased sensation ☐ See diagram for details	
Hips	☑ Normal for all ☐ No deformities ☐ Nontender ☐ No bruising ☐ No abrasions ☐ No lacerations	☐ Deformity ☐ Tenderness ☐ See diagram for details	
Skin	☑ Normal for all ☐ No bruising ☐ No abrasions ☐ No lacerations ☐ No rash ☐ No petechiae	☐ See diagram for details	
Neuro	☐ Normal for all ☐ Strength normal ☐ Sensation normal ☐ DTR's normal	☐ Weakness ☐ Paralysis ☐ Decreased sensation	(+) Spontaneous movements GCS 3

Signatures

Recording RN/Scribe Zari Cain-Akba

Physician

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(b)(3):CPSA Section 25(c),(b)(6)

FLOWSHEET

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025514 (12/08) EP

TRAUMA FLOWSHEET (page 5 of 8)

Time	History / MOI	Initals
2015	9 y/o ♀ presents in cardiac arrest s/p being ejected from ATV. Pt received CHI to ① side of scalp + was with a GCS of 3 at scene per EMS.	[illegible]

Time	Physician Reassessment	Init
2015	Called to R4 for traumatic full arrest. Upon arrival, ATLS-Support cont., including chest compressions, epinephrine, Na HCO_3 + Calcium, + defibrillation. Short time into resuscitation, King airway removed. Pt intubated, using modified RSI, ~~ROC~~, Etomidate, + lidocaine, + C-spine precautions. ROC Intubated on 1st attempt ĉ difficulty 6.0 ET tube. Pulse eventually reestablished + ~~PRC~~ PRBCs hung. Please see Code sheet for complete Code details Cont. to arrest off + on while in CT, however CT scans eventually completed. Pt c̄ HR in 130s c̄ palpable pulse. Pt taken to ICU. Total Critical Care time 90 min	

Lab results

Time	Service	Physician	Time paged	Time responded	Plan

Diagnosis
① traumatic full arrest ② multiple skull fractures

Discharge instructions/Medications

Disposition ☐ Discharge ☐ M.E. ☐ AMA ☑ Admitted to ICU
☐ Transferred to another healthcare facility ☐ Reason for transfer

Follow up with _____ Date _____

☐ Admit orders written

ACI given ☐

Condition ☐ Good ☐ Satisfactory ☐ Serious ☐ Critical ☐ Deceased

Physician signature [signature]

Zain Caifu

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FLOWSHEET

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(b)(3):CPSA Section 25(c),(b)(6)

025514 (12/08) EP

TRAUMA FLOWSHEET (page 6 of 8)

CookChildren's
Health Care System

MICHAEL TERRELL
U S CONSUMER PRODUCT SAFETY COMMISSION
PO BOX 6229
MCKINNEY ,TX 75071

Requester Info

Bill Type	NO CHARGE
Company	U S CONSUMER PRODUCT SAFETY COMMISSION
Phone	(972) 347-5125
Fax	(866) 923-9997
Contact First Name	MICHAEL TERRELL
Contact Last Name	
Address	PO BOX 6229
	MCKINNEY, TX 75071
E-Mail	

Request Information

Requester Type	OTHER
Status	COMPLETE-SENT
Request Entered	8/28/2012
Status Date	9/6/2012

Patient Info

Med Record	(b)(6)	DOB	7/15/1998
Last Name	(b)(6)	First Name	(b)(6)
TDN#		SS#:	

Pages	14
Fische	0
EDI Pages	0

Released Trauma Flowsheet.

Billing#	Admit Date	Discharge Date	Service Type
7855384	5/27/2012	5/28/2012	ER

SEE DOS COMMENTS

PROGRESS NOTES

Please note this information may have been disclosed to you from records whose confidentiality is protected by federal law. Federal regulation (42 CFR, Part 2), prohibits you from making any further disclosure of these records without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

U.S. CONSUMER PRODUCT SAFETY COMMISSION
WESTERN REGION – DALLAS FIELD OFFICE
PO BOX 6229 - MCKINNEY, TX 75071

August 28, 2012

Therefore, I am respectfully requesting the emergency treatment and summary prognosis reports **only** for the following **All-Terrain-Vehicle (ATV)** related incident that our agency is investigating:

Case Number: **Unknown**
Incident Date: **5/27/2012**
Incident Location: **CR 3355 approximately 3 miles east of CR 3350**
Victim: (b)(3):CPSA Sect
Address: **unknown**
Victim DOB: (b)(6)

The report can be faxed to me at 866-923-9997, emailed to mterrell@cpsc.gov or mailed to the address in the header.

Thank you in advance for your assistance. If there are any questions, please contact me at (972) 347-5125.

Sincerely,

MICHAEL TERRELL Digitally signed by MICHAEL TERRELL
DN: c=US, o=U.S. Government, ou=Consumer Product Safety Commission, cn=MICHAEL TERRELL, 0.9.2342.19200300.100.1.1=61001000097562
Date: 2012.08.28 12:23:12 -05'00'

Michael Terrell
U.S. CPSC – Dallas Field Office

AG

233084

DATE	TIME	PATIENT LOCATION (Circle one of choices below):	CALL TAKEN BY
5-27-12	1955	Scene ER Hosp. Inpt. UC/PCP/Clinic Home Enroute	Seger

REFERRING PHYSICIAN / SOURCE	CIRCLE IF: PRU	PHONE
REFERRING FACILITY / AGENCY		CITY

PATIENT NAME	SEX	AGE	DATE OF BIRTH	WEIGHT
	❑ Male ❑ Female			Kg

VITAL SIGNS
Time _____ BP 121/71 HR 96 RR 16 Temp. _____ Cap. Refill _____ O_2 Sat. 100% GCS 15

ED ALERT	INTUBATED	OTHER
❑ Yes ❑ No	❑ Yes ❑ No	

TRAUMA	MECHANISM	TRAUMA
❑ Yes ❑ No	❑ Blunt ❑ Penetrating	Activation ❑ Yes ❑ No ❑ STAT ❑ Alert

TRANSPORT METHOD	BY	ETA
❑ Plane ❑ Ground Ambulance ❑ Helicopter ❑ Private Car	❑ Teddy Bear ❑ MedStar ❑ Family ❑ Other EMS Agency _____	6 min

DIAGNOSIS

HISTORY / EXAM / LAB / TREATMENT PERFORMED

12yr Male ATV
center-seat-Rollover
(-) LOC
(-) seatbelt

(R) Hip Pain
(R) hand fx

BBK 2002
chaplain 2000
XR 2000 RT 2000

PRINT OR IMPRINT PATIENT INFORMATION

(b)(3):CPSA Section 25(c),(b)(6)

EDRIF

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ED REFERRAL INTAKE FORM
Page 1 of 1

033529 (02/12) EP

DATE 5-27-12	TIME 1955	PATIENT LOCATION (Circle one of choices below): Scene ER Hosp. Inpt. UC/PCP/Clinic Home Enroute	CALL TAKEN BY

REFERRING PHYSICIAN / SOURCE	CIRCLE IF: PRU	PHONE
REFERRING FACILITY / AGENCY		CITY

PATIENT NAME	SEX ❑ Male ❑ Female	AGE	DATE OF BIRTH	WEIGHT Kg

VITAL SIGNS
Time _____ BP 121/71 HR 96 RR 16 Temp. _____ Cap. Refill _____ O_2 Sat. 100% GCS 15

ED ALERT ❑ Yes ❑ No	INTUBATED ❑ Yes ❑ No	OTHER
TRAUMA ❑ Yes ❑ No	MECHANISM ❑ Blunt ❑ Penetrating	TRAUMA Activation ❑ Yes ❑ No ❑ STAT ❑ Alert
TRANSPORT METHOD ❑ Plane ❑ Ground Ambulance ❑ Helicopter ❑ Private Car	BY ❑ Teddy Bear ❑ MedStar ❑ Family ❑ Other EMS Agency _____	ETA 6 min

DIAGNOSIS

HISTORY / EXAM / LAB / TREATMENT PERFORMED

❑ **Trauma Stat** time activated ____	☒ **Trauma Alert** time activated 1958	❑ **ED Alert** time activated _____
AIRWAY	**AIRWAY**	**AIRWAY**
❑ Unstable airway -- airway compromise -- airway maintained by adjuncts, maneuvers, intubation -- pneumothorax, needle thoracostomy, chest tube -- facial/neck injury & potential for airway compromise	❑ Hospital transfer of intubated, stable patient	
BREATHING	**BREATHING**	**BREATHING**
❑ Requires assisted ventilation	❑ Potential for respiratory deterioration	❑ Respiratory arrest
CIRCULATION	**CIRCULATION**	**CIRCULATION**
❑ Hemodynamic instability determined by one of the following: -- Age-specific hypotension -- Tachycardia with signs/sx of clinical shock -- Scene/Hospital transfer of patient receiving blood, fluids or medications to maintain vital signs		❑ Non-trauma CPR
DISABILITY	**DISABILITY**	**DISABILITY**
❑ GCS less than or equal to 8 due to trauma ❑ Paralysis, parasthesia, s/s spinal cord injury	❑ Neurological deficit -- Combative, disoriented, confused -- GCS 9-14	
OTHER	**MOI/OTHER**	**OTHER**
❑ Burns partial and full thickness greater than 30% TBSA ❑ Penetrating injury to head/neck/torso/buttocks/thigh ❑ Amputation, partial amputation, or de-gloving above wrist/ankle ❑ Extremity with pulselessness, poor perfusion ❑ Penetrating trauma in full arrest ❑ ED Physician Discretion	☒ MOI-injury occurred less than 24 hours PTA -- Pedestrian/pedal cyclist dragged/run over by vehicle -- MVC with speed greater than 60 mph -- MVC with rollover -- MV vs pedestrian/pedal cyclist speed greater than 20 MPH -- Falls greater than 20 feet in height -- ATV crash -- Motorcross/dirt bike crash with ejection from bike ❑ Crush injury to trunk/torso ❑ Abdominal trauma with tenderness or bruising ❑ Suspected pelvic fracture ❑ Transfer with high risk injury -- open/depressed skull fracture -- intracranial bleed -- complex pelvic fracture -- pulmonary contusion -- intra-abdominal injury ❑ Blunt trauma in full arrest ❑ ED Physician Discretion	❑ ED physician discretion

(b)(3):CPSA Section 25(c),(b)(6)

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ED REFERRAL INTAKE FORM
Page 1 of 1

033529 (02/12) EP

DEMOGRAPHICS

Patient Name (b)(3):CPSA Section 25(c)
Age 12 Sex M Weight 40 kg
Mode of Transport: ☐ Private car ☐ Ambulance
☐ Helicopter ☒ Airplane
Communicable disease exposure NONE
Allergies NKA
Current meds Flonase
Immunization status UTD Last meal
Past medical history Asthma, PKD
PCP: Notified
LNMP>10 yrs: NA Research Study: Yes ☒ No
Arrival @ 2008

INJURY DATA

Injury Time 1856 Injury Date 5-2-12
Type: ☐ Penetrating ☒ Blunt ☐ Drowning ☐ Ingestion ☐ Crush
Mechanism: ☐ MVC ☐ Fall ☐ Auto/Pedestrian ☐ Sports
☐ Abuse ☐ Animal bite ☐ GSW ☐ Stab wound ☒ ATV
☐ Auto/bike ☐ Ejection ☐ Motorcycle ☐ Fatalities
☐ Child Passenger restraints ☐ Seat belt ☐ Airbag ☐ Helmet
Location ☒ Home ☐ Recreation area
☐ School ☐ Establishment
☐ Travel thoroughfare
Extrication ☐ Yes (Duration) ☒ No
Transported from: ☒ Scene ☐ ED
Pre-admission arrest: ☐ Yes ☒ No
Compressions: ☐ Yes ☒ No Screening level I

PRE-HOSPITAL CARE

Transport Service: Careflite
EMS Call time: 1856
Vital signs at scene: BP 136/78 P 103 R 18 LOC ☐ Yes ☒ No
GCS 15 How long

TRAUMA TEAM NOTIFICATION

Trauma Stat called: ☐ Yes ☒ No Time: Ø
Trauma Alert called: ☒ Yes ☐ No Time: 1958
Surgeon Response called: ☐ Yes ☐ No Time: Ø
Urgent Trauma Consult called: ☐ Yes ☐ No Time: Ø
Trauma Consult called: ☐ Yes ☒ No Time:

Vital signs enroute: BP 121/74 P 92 R 16

Interventions: ☐ O2 ☐ ETT ☒ C-Collar ☒ Backboard

Splints: RUE/LUE/LLE/RLE ☐ CID ☐ Extrication

Other

Solution: NS Sites: L hand

Cath size: 18g Intake:

Meds: fentanyl 80mcg 4mg zofran

	Name	Call	Call return	Arrival
Surgeon				
Anesthesia/CRNA				
TNP	Tiffany			2008
Intensivist				
Specialist				2008

Language Barrier ☐ Yes ☒ No Translator Signature:

DISPOSITION

Discharged to: ☒ Home ☐ Other ☐ Time: 0116
Admitted to: ☐ OR ☐ PICU ☐ Floor Rm ☐ Time:
Valuables: ☐ Home ☒ Family ☐ Security ☐ Police ☐ None
Family notified by: Nurse pt None found/time:
Name notified: Relation:
Social Service/CPS notified ☐ Time: NA Signature:
Organ Donation notified ☐ Time N/A Chaplain notified ☐ Time

CPR Required: ☐ Yes ☒ No
Pronounced at:
Medical Examiner notified ☐ Time:
M.I. Signature:
Police notified: ☐ Time:
Police Dept
Police Signature:

☐ Info cont. on progress note ☐ Plan of Care discussed with PCP

(b)(3):CPSA Section 25(c),(b)(6)

FLOWSHEET

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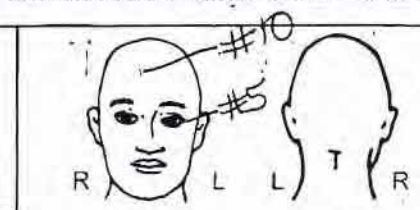
025514 (12/08) EP

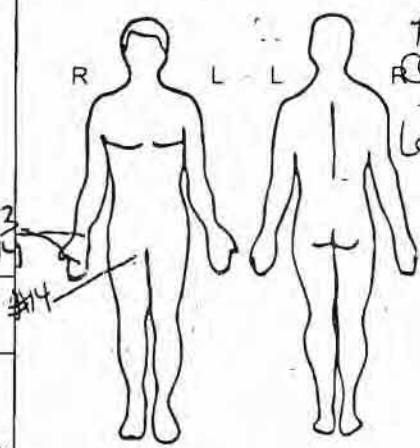
TRAUMA FLOWSHEET (page 1 of 8)

Primary Survey

Time

Airway	☒ Patent/talking ☐ Partially obstructed ☐ Completely obstructed ☐ Breathing assisted ☐ Intubated ☐ Alternative airway	☐ None ☐ Jaw thrust ☐ Suction ☐ FB removal ☐ Airway adjunct ☐ Oral ☐ Nasal	☐ Intubated PTA ☐ RSI ☐ ETT size _____ ☐ ____cm @ ____ Confirmed by: ☐ Breath sounds ☐ Exhaled CO2 detector
Breathing	☒ Spontaneous ☐ Labored ☐ Shallow ☐ Agonal ☐ No effort Chest excursion: ☐ Symmetrical ☐ Asymmetrical ☐ Open sucking chest wound	Lung Sounds R L Normal R L Diminished R L Absent R L Rales R L Rhonchi R L Wheezes Other R L _____	Assisted: ☐ BVM Rate ____ Supplemental O2 ☐ Nasal cannula ☐ Simple mask ☐ Non-rebreather _____lpm ☐ Occlusive dressing
Circulation	Pulse ☒ Central present ☒ Peripheral present	Skin ☐ Hot ☒ Normal ☐ Warm ☐ Pale	☐ IV fluids N Y ☐ Chest compressions ☐ Direct presure
Disability Initial GCS: 15 Key E\V/M	Eye Opening (E) ☒ 4 Spontaneous ☐ 3 To verbal ☐ 2 To pain ☐ 1 None ☐ Sedated ☐ Unobtainable/RSI	Verbal response (V) ☒ 5 Oriented/babbles/smiles ☐ 4 Disoriented/inapp. cries ☐ 3 Inappropirate words, persistant scream ☐ 2 Incomprehensible sounds/grunts/moan ☐ 1 No response	Motor response (M) ☒ 6 Obeys, normal, spontaneous ☐ 5 Localizes pain/pushes away ☐ 4 Flexion/withdrawals ☐ 3 Flexion (posturing) decorticate ☐ 2 Extension (posturing) decerebrate ☐ 1 No response





1. ABRASION
2. AMPUTATION
3. AVULSION
4. BURN
5. CONTUSION
6. ECCHYMOSIS
7. FX/DISLOCATION
8. PENETRATION
9. HEMATOMA
10. LACERATOIN
11. RASH
12. TREADMARKS
13. SWELLING
14. TENDERNESS

SIGNATURE	INITIAL	TIME
Bailey RN	SB	2025

Pupil Reaction

1. Brisk = B
2. Sluggish = S
3. Fixed = F

1 2 3 4 5 6

Vital Signs

Time	2000	2015	2030	2100	2130	2230	2330	0030	0116								
Resp Rate	24	22	22	24	24	24	16	18	14								
O2 Sat	RA 100%	100%	100%	98%	99%	98%	97%	96%	98%	%	%	%	%	%	%	%	
Heart rate	101	98	99	98	92	78	89	111	110								
Cap refill (sec)	<2	<2	<2	<2	<2	<2	<2	<2sec	<2sec								
Bld Pressure	152/65	151/68	134/64	129/64	131/73	127/70	108/82	124/83	82								
Temp	37.2	—	—	37.1	—	36.7	—	—	—								
GCS	4 5 6	4 5 6	4 5 6	4 5 6	4 5 6	4 5 6	4 5 6	4 5 6	4 5 6	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
GCS total	15	15	15	15	15	15	15	15	15								
Pupil size/react	L 4/2 B	L 4/2 B	L 4/2 B	L 4/2	L —	L 4/2	L 3	L 3	L 3	L	L	L	L	L	L	L	
Pupil size/react	R 4/2 B	R 4/2 B	R 4/2 B	R 4/2	R —	R 4/2	R 3	R 3	R 3	R	R	R	R	R	R	R	
Pulse Radial	+ +	+ +	+ +	+ +	—	+ +	+ +	+ +	+ +								
Pulse R L	R L	R L	R L	R L	R L	R L	R L	R L	R L	R L	R L	R L	R L	R L	R L	R L	R L
Pulse Pedal	+ +	+ +	+ +	+ +	—	+ +	+ +	+ +	+ +								
Pain Scale	6	6	4	3/10	4/10	4/10	2/10	1/10	2/10								
Nurse Init.	SB	SB	SB	MI	MI	MI	RP	RP	RP								

(b)(3):CPSA Section 25(c),(b)(6)

INFORMATION

FLOWSHEET

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801 Seventh /
Fort Worth, Texas 7610

025514 (12/08) EP

TRAUMA FLOWSHEET (page 2 of 8)

Time	Physician orders	Time Performed	Init
	☐ Major Trauma Set (A)		
	☒ Minor Trauma Set (B)		
	☐ Blood _____ units		
	☐ Urine HCG		
	☐ Bedside glucose		
	☐ Urine dip		
2330	☒ WCT Repair		

Time	Physician orders	Time Performed	Init
2330	Railway suture 8/0 nylon		

Time	Physician orders	Time Performed	Init
	☐ C-spine X-ray		
	☐ Chest X-ray		
	☐ Pelvis X-ray		
	☐ Abdomen X-ray		
	☐ Ultrasound: Abdomen		
	☐ CT: Head		
	☐ CT: Abdomen w/ contrast		
	☐ CT: Pelvis w/ contrast		
	☐ CT: Neck		

Medications

Med/Dose	Time	Time	Time	Time	Time	Init.
Fentanyl 80mcg	enroute to Hosp					SD
Zofran 4mg	enroute to Hosp					SB
Morphine 4mg	2033					SB
Zofran 4mg IV	2045					RP
Versed 2.5mg	2300					RP/RP
Versed 2mg	2328					RP/SK
Morphine 4mg	0040					RP/MM

Procedures

Procedures	Time/Site	Init
O2 _____ lpm	ET/NC/Mask	
Capnography		
ETT size _____	____cm @ lip	
Cardiac Monitor	2008	SB
Oximeter	2008	
NG/OG size _____		
Foley size _____		
CT Ready _____		
Time to CT _____	Time return	_____
Other _____		
Other _____		
IV #1 18g R hand PTA		SB
IV #2		
IV #3		

IV Fluids

IV #	Fluid	Time start	Time stop	Total amt infused	Init.

Intake	Total
Blood products	
Colloid	
Crystalloid	
Other:	
Total intake:	

Output	Total
Urine @2039 250 ml	250ml
NG/Emesis	
Other:	
Total output:	250ml

C-spine Precautions	Time
☐ CID ☒ C-collar Other _____	
C-spine cleared _____	
by _____	

Warming Measures	Time
☒ Blanket ☐ Hypertherm unit	
☐ Fluid warmer	
☐ Warming light	

Signatures

Nurse/ACT	Init.	LIP Ordering Procedures, Meds, Tests	Init
Primary Nurse: S Bailiff RN	SB	[illegible]	
Trauma Nurse:		[illegible] RN CPNP,AC	
Trauma ACT: R Rhodenizer	RP	Bill Hess	SD
Trauma ACT:		M Murphree RN	MM

PRINT OR IMPRINT PATIENT INFORMAT

FLOWSHEET

CookChildr

801 Seventh
Fort Worth, Texas 76

(b)(3):CPSA Section 25(c),(b)(6)

025514 (12/08) EP

TRAUMA FLOWSHEET (page

Blood Infusion Documentation

Massive blood transfusion is arbitrarily defined as the replacement of a patient's total blood volume in less than 24 hours or the acute administration of more than half the patient's estimated blood volume per hour. Estimated blood volume for a child is 80 ml/kg.

Activation of the MBTP will be at the discretion of the Responsible Physician. Once a threshold of ≥ 40 ml/kg of PRBCs has been ordered in rapid succession, activation of the MBTP should be strongly considered.

Per Massive Blood Transfusion (policy MC 498); baseline labwork should be drawn (Type & Crossmatch, CBC, PT/PTT/INR, fibrinogen, blood gas, Na+, K+, Ca++) prior to initiating this policy and every 30 minutes as long as MBTP is in effect.

1. MBTP packs (for children ≤ 20 kg)

1st MBTP pack	2nd MBTP pack	3rd MBTP pack	4th MBTP pack	5th MBTP pack
1 U PRBCs	1 U PRBCs	1 U PRBCs	1 U PRBCs	1 U PRBCs
1U FFP	1 U FFP		1 U FFP	
		1 unit apheresis platelets or 5 random donor platelets		1 unit apheresis platelets or 5 random donor platelets

1. MBTP packs (for children >20 – 49 kg)

1st MBTP pack	2nd MBTP pack	3rd MBTP pack	4th MBTP pack	5th MBTP pack
2U PRBCs	3 U PRBCs	3 U PRBCs	3 U PRBCs	3 U PRBCs
2U FFP	1 U FFP	2 U FFP	1 U FFP	2 U FFP
	1 unit apheresis platelets or 5 random donor platelets		1 unit apheresis platelets or 5 random donor platelets	

2. MBTP packs (for children > 50 kg)

1st MBTP pack	2nd MBTP pack	3rd MBTP pack	4th MBTP pack	5th MBTP pack
5 U PRBCs	8 U PRBCs	8 U PRBCs	8 U PRBCs	8 U PRBCs
2 U FFP	4 U FFP	4 U FFP	4 U FFP	4 U FFP
1 unit apheresis platelets or 5 random donor platelets	1 unit apheresis platelets or 5 random donor platelets	1 unit apheresis platelets or 5 random donor platelets	1 unit apheresis platelet pack or 5 random donor platelets	1 unit apheresis platelets or 5 random donor platelets

Blood Products

Sticker or unit #	Product (RBC, PLT, FFP)	Time start	Starting VS (TPR)	Midpoint VS (TPR)	Time finish	Finishing VS (TPR)	Total infused	Meditech ID

Send a copy of this page to Blood Bank ASAP

(b)(3):CPSA Section 25(c),(b)(6)

ORMATION

LOWSHEET

CookChildren's

801 Seventh Avenue
Fort Worth, Texas 76104-2796

DATE	TIME	NURSING NOTES
5/27/12	2008	Pt arrives via CF. Pt s/p ATV accident. ⊖LOC. ⊕ ambulatory on scene. GCS 15. PERRL. converses appropriately. Resp even & unlabored. Skin pink, warm, dry. Abd soft. ⊖N/V. MAE. ⊕hand. ⊕hip. ⊕groin pain. ⊕lac to forehead. — MJ
5/27/12	2040	X ray @ bedside. — MJ
5/27/12	2115	Pt awake, alert, oriented. c-collar changed for patient comfort. Abrasions cleaned c̄ H_2O & H_2O_2 & triple antibiotic ointment. — MJ
5/27/12	2137	Pt to CT c̄ RN & EMT-P. CAM + Pulse ox in place. Will continue to monitor. — MJ
5/27/12	2142	Pt back to room. Tolerated exam well. — MJ
5/27/12	2230	MD @ bedside. Report to Rachel RN. 3 Ps addressed. — MJ
	2230	Report rec'd, Pt assessed, Pt unsure value % pain to head lac but denies and/back pain. Pt PERRLA 3mm, ⊕ eye swollen, pt states blurred vision when eye opened. Pt PS CTA bilat, abd sft, nt. RP
	2250	Wound care ⊖ bs for sutures. RP
	2300	Medicated per orders, Pt resting on cardiac monitor/pulsox/NPBP. Awaiting sutures. RP
	2320	Pt remains anxious, medication orders rec'd. RP
	0040	Sutures complete, pt ↓% headache, medication orders rec'd. Pt tearful, teaching done. Awaiting splint. RP
	0100	Splint + plaster in progress, PO challenge started, pt tearful, family ⊖ bs. RP
	0105	Ulnar gutter splint applied pt tolerated well. RP

SIGNATURE PRIMARY NURSE	INITIALS	SIGNATURE	INITIALS
		Mary Moret	MJ
		R Rhotaya	RP

Signature of Pt. or Responsible party verbalizing understanding of aftercare instructions: Jerry M Lepel

Discharged by: Signature: R Rhotaya Time: 0116

DISCHARGE NOTE Released from E.D. Walking Stretcher Carried Wheelchair

(b)(3):CPSA Section 25(c),(b)(6)

FLOWSHEET

CookChildren's.

801 Seventh Avenue
Fort Worth, Texas 76104-2796

025514 (12/08) EP

TRAUMA FLOWSHEET (page 4 of 8)

DATE	TIME	NURSING NOTES
	0116	Pt c/c home, pt awake & alert, tolerated PO challenge. Pt ambs c steady gait. ACF given to father, verbalized understanding. Family aware of ama. RS

TIME	WOUND DESCRIPTION AND REPAIR	TIME	WOUND REPAIR	TIME	CONTAMINATION
INITIALS	LENGTH CM LOCATION NEUROVASCULUR INTACT ABNORMAL DEPTH SHAPE SUPERFICIAL LINEAR AVULSION SUBQ IRREGULAR CONTUSION FASCIA FLAP AMPUTATION MUSCLE PARTIAL AMPUTATION	INITIALS	DEBRIDE STAPLE MARGINS REVISED SUTURED DRSG INTERNAL STERI-STRIPS INTERRUPTED DERMABOND RUNNING SPLINT MATTRESS OTHER	INITIALS	MINIMAL MODERATE EXTREME WOUND PREP ANESTHESIA BETADINE TOPICAL SHUR CLENS LOCAL NORMAL SALINE DIGITAL BLOCK SCRUBBED IRRIGATED

Signature	Initials	Signature	Initials	Signature	Initials
Signature	Initials	Signature	Initials	Signature	Initials

(b)(3):CPSA Section 25(c),(b)(6)

FORMATION

LOWSHEET

CookChildren's

801 Seventh Avenue
Fort Worth, Texas 76104-2796

25514 (12/08) EP

TRAUMA FLOWSHEET (page 7 of 8)

Time: 2008.

Secondary Survey			
System	Normal findings	Abnormal findings	Further documentation
General	☑ Normal for all ☐ Alert, oriented ☐ No acute distress	☐ Confused ☐ Combative ☐ Lethargic ☐ Unconscious ☐ Sedated ☐ Paralyzed ☐ Posturing ☐ Seizures	
Head Eyes	☐ Normal for all ☐ Atraumatic skull ☑ PERRL, EOM's intact	☐ Deformity ☐ Foreign body Anterior fontanel: ☐ Depressed ☐ Bulging ☐ See diagram for details	(+) large lac across forehead & (L) temple (+) swelling/ bruising (L) periorbital area
Ears	☑ Normal for all ☐ EAC's, clear ☐ TM's normal	☐ Ear drainage R __clear __blood L __clear __blood ☐ Hemotympanum L R	
Nose	☑ Nares normal	☐ Nose drainage R __clear __blood L __clear __blood ☐ Deformity	
OP	☑ OP normal		
Neck	☑ Normal for all ☐ No deformity ☐ Non-tender, no masses	☐ Swelling ☐ Distended neck veins ☐ Tenderness ☐ Crepitus	
Back	☑ Normal for all ☑ Non-tender, no masses ☐ No swelling ☐ No ecchymosis	☐ Swelling ☐ Tenderness ☐ See diagram for details	
Chest	☑ Normal for all ☐ No retractions ☐ Breath sounds equal, clear bilat	☐ Retracting ☐ Paradoxical ☐ Asymmetric ☐ Crepitis R L ☐ See diagram for details	
Heart	☑ Normal for all ☐ Regular rate, no murmur/gallop ☐ Pulses equal, good perfusion	☐ Abnormal heart sounds:	
Abdomen	☑ Normal for all ☐ Bowel sounds nml ☐ Soft, non-tender ☐ No masses/organomegaly	☐ Distended ☐ Tender ☐ Rigid ☐ Pain ☐ Crepitus ☐ See diagram for details	
Pelvis	☐ Normal for all ☑ Stable ☐ Non-tender	☐ Unstable ☐ Tender	(+) ITP (R) iliac crest
Genital	☐ Male: Normal ☐ Female: Normal ☐ No blood at meatus	☐ Urethral bleeding ☐ Vaginal bleeding ☐ See diagram for details	
Anus	☐ Rectal tone normal		
Extremities	☐ Normal for all ☐ No deformities ☐ Nontender ☐ Pulses equal ☐ Good perfusion ☐ Full ROM ☐ No lacerations ☐ No bruising ☐ No abrasions	☐ Deformity ☐ Tenderness ☐ Paralysis ☐ Decreased sensation ☐ See diagram for details	(R) hand c TTP & swelling over 5th metacarpal, NVID (+) multiple minor abrasions BUE IBLE
Hips	☐ Normal for all ☑ No deformities ☐ Nontender ☑ No bruising ☑ No abrasions ☑ No lacerations	☐ Deformity ☐ Tenderness ☐ See diagram for details	TTP over (R) iliac crest
Skin	☐ Normal for all ☐ No bruising ☐ No abrasions ☑ No lacerations ☐ No rash ☐ No petechiae	☐ See diagram for details	See above
Neuro	☑ Normal for all ☐ Strength normal ☐ Sensation normal ☐ DTR's normal	☐ Weakness ☐ Paralysis ☐ Decreased sensation	

Signatures

Recording RN/Scribe Nadia Syed

Physician [illegible]

FLOWSHEET

CookChildren's.

801 Seventh Avenue
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(b)(3):CPSA Section 25(c),(b)(6)

025514 (12/08) EP

TRAUMA FLOWSHEET (page 5 of 8)

Time	History & MOI	Initals
2008	12 y.o. ♂ arrived via CareFlite in ED s/p ATV rollover, now presents c̄ (R) iliac pain, pain to groin, deformed (R) hand, & lac to forehead. Pt was back mid seat passenger, unrestrained, states that "ATV turned sharp corner & rolled over" & was ejected from ATV. (+) Ambulation p̄ event. Here c̄	

Time	Physician Reassessment	Init
	Pmx: NKDA, Asthma, PKD, Antidepression meds	sister also involved in rollover.
	SHx: Student, lives c̄	Ø LOC Ø Nausea Ø Vomit. Pt had prior injury to
	ROS: o/w (−)	(R) hand while jumping on trampoline, never eval.
2226	Recheck: ~~Results & plan of care d/w family~~ Rem C-collar removed, pt moved neck in all directions s̄ pain or neuro deficits. Pt feeling nauseated, but Ø vomiting.	
0052	Recheck: Dad informed of pt's results & plan of care.	
2107	Lab results: XR: fx of 5th metacarpal; UA 6.5/≥1.03/o/w (−); AST 27/ALT 20/Amy 56/Lip 32 CT Head (−); facial CT Ø fx;	

12 / 13.4 / 227 / 34.3

Time	Service	Physician	Time paged	Time responded	Plan

Diagnosis: (1) Metacarpal fracture (2) Facial laceration (3) Head Injury (4) All Terrain Vehicle Accident

Discharge Instructions/Medications: (1) WCI sheet (2) Suture/Staple removal 7-10 days (3) F/U c̄ ortho in 1 wk (4) Tylenol/Motrin pm pain (5) RTED for vomiting, abd behavior, signs of infx, other concerns

Disposition ☐ Discharge ☐ M.E. ☐ AMA ☐ Admitted to _____ ☐ Transferred to another healthcare facility ☐ Reason for transfer _____

☐ Admit orders written

Condition ☐ Good ☐ Satisfactory ☐ Serious ☐ Critical ☐ Deceased

Follow up with _____ Date _____

ACI given ☐

Physician signature [signature] (Teoh)

PHYSICIAN DOCUMENTATION

PRINT OR IMPRINT PATIENT INFORMATION

(b)(3):CPSA Section 25(c),(b)(6)

FLOWSHEET

CookChildren's.

801 Seventh Avenue
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125514 (12/08) EP

TRAUMA FLOWSHEET (page 6 of 8)

(b)(3):CPSA Section 25 (c)

Date/Time: 5/22/12 2005 **TRAUMA SERVICE ADMISSION/INITIAL EVALUATION NOTE** Trauma NP/PA Trough, RN

☐ Admit ☐ Trauma Consult ☐ Trauma Team Response - TA / TS

AGE/Mechanism of Injury 12y M s/p ATV/mule rollover, ↓LOC, ambulating at scene air evac

PMHX/PSHX PKD, asthma, depression

ROS: ☑ Other than the above listed PMH/PSH/MOI there are no additional constitutional, neurologic, cardiac, pulmonary, gastrointestinal, genitourinary, musculoskeletal, skin, hematologic or psychiatric complaints. ☐

FMHX: ☐ No bleeding disorders ☐ No anesthesia issues ☐ No musculoskeletal issues ☐

Social hx Lives c dad; sister **Routine medications:** ☐ None ☐ "depression medication"

Allergies: ☑ NKDA ☐ **Immunizations:** ☑ UTD ☐

Vitals: T 37.2 HR 101 BP 152/68 RR 24 O2 Sat 100 % Wt: 40K ☐ Actual ☐ Estimate ☐ Broselow

☐ NPO since _____ **Pain Score:** _____ **Resp Support:** ☑ R/A ☐ O2 ___% per _____ ☐ Ventilator

ED I/O: IN: — **Out:** 250 **IV** — **PO** — **NG** — **CT** — **UOP** _____ ml/kg/hr

Normal Exam Findings

☐ Indicates not examined or see pertinent findings

GENERAL: ☑ Alert ☑ Awake ☑ No acute distress

NEURO: GCS: E 4 V 5 M 6 = T: 15

Strength 5/5 ☐ Pain well controlled

HEENT: Fontanel ☐ Soft ☐ Flat
Conjunctiva ☑ Clear bilaterally
Pupils: ☑ PERRL ☑ Bilateral pupils = @ 3 mm
Nares: ☑ Patent ☑ Non-obstructed
Throat ☑ Clear
Dental: ☑ No malocclusions noted
Ears: ☑ TMs clear ☑ Bilateral ear canals clear

NECK: ☑ Supple ☑ Trachea ML ☑ Nontender
ROM w/o pain ? ☑ Yes ☐ No
C-spine cleared by: ☐ EXAM ☑ RAD/EXAM

CHEST: ☑ No crepitus ☑ No ecchymosis ☑ Symmetrical movt.

RESP: Effort: ☑ WDL ☑ Breath sounds: ☑ Clear bilaterally

CV: Heart sounds: ☑ RRR ☑ S1/ S2 present
Cap refill X4 ext: ☑ <2 sec ☐ 2-3 sec
Peripheral pulses X 4 ext ☑ Equal ☑ Strong

ABDOMEN: ☑ Soft ☑ Non-distended ☑ Non-tender
Liver/Spleen/Kidneys: ☑ No HSM noted ☐ No lap belt sign
Bowel Sounds ☑ Active ☐ Hyperactive ☐ Hypoactive

BACK: ☑ No ecchymosis ☑ No step-offs
☑ Normal anal tone ☑ No blood in vault

GU: ☐ (-) U/A ☐ BRP ☐ Urinal ☑ No blood at meatus
Genitalia: ☑ Normal for age ☑ Male ☐ Female

EXT: Perfusion: ☑ Good ☑ Warm ☑ Dry ☑ Pink
☐ No obvious deformity ☑ Neurovascularly intact X 4 ext

SKIN: ☐ No Rash ☐ No Edema ☐ Clear ☐ No breakdown

Abnormal Exam Findings

⊕ swelling to ⓡ eye
- large complex full thickness laceration to forehead

- pain to ⓡ hip extending through femur

ⓡ hand swollen: deformed at ulnar aspect of metacarpal

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(b)(3):CPSA Section 25(c),(b)(6)

PN

Labs: ------/------/-----< 13.4 > 12 / 39.3 < 227

LFTs: 27 AST 20 ALT 56 AMY 32 LIP

Coags: ___ PT ___ PTT ___ INR ___ FIB ___ D-dimer

U/A: neg

HCG: _____ Urine drug screen: _____

Blood Bank: ☐ None ☐ ___ units on hold/available

Other labs: _____

Imaging: ☑ CXR: neg

☑ C-spine xray: neg

☑ Pelvis xray neg

☐ T/ L/ S spine xrays:

☑ Head CT: neg

☐ C-spine CT:

☐ Abd/Pelvic CT:

☑ ~~Chest CT~~ (R) hand: Boxer's fracture 5th metacarpal

☑ Other: Maxillofacial CT: soft tissue swelling; air, no # seen

☐ Other: (R) Femur: neg

read c̄ Dr. Teoh

Problem List: (1) MOI: S/P ATV/mule crash

(2) (R) boxer's fracture

(3) complex facial laceration

(4) occular contusion

Plan: ☐ Admit Inpatient / ☐ Place in Observation: unit/physician: _____ ☑ D/C home ☑ Trauma Team response only

☐ Transfer to _____ for _____

(1) Seen in ED 2° TA c̄ Dr. Teoh

(2) Wound care to washout & repair facial lac

(3) PO challenge

(4) DC home per ED if PO well

(5) F/U c̄ ortho in 1 week

Consults: ☐ None ☐

Trauma NP/PA Signature: [signature] RN-CPNP-AC Date/Time 6/21/12 2235

TO BE COMPLETED IF ADMITTED OR EVALUATED BY TRAUMA SERVICE

☐ I have reviewed the current plan of care and seen this patient. I agree with the above mentioned plan of care with no changes at this time.

☐ I have reviewed the current plan of care and seen this patient. I agree with the above mentioned plan of care with the following recommendations:

Physician Signature: _____ Date/Time: _____

(b)(3):CPSA Section 25(c),(b)(6)

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Fort Worth Texas 76104-2796

DF&C 11.2010

 (b)(3):CPSA Section 25(c)

Date	Time	Frequent periodic notations to be made concerning progress, complications, etc.
		WOUND CARE NOTE
5-27-12		INFILTRATED C̄ 1% LIDO C̄ EPI → CLEANED
		C̄ SHIR CLENS → IRRIGATED C̄ 250 CC
		NS → PREPPED C̄ BETADINE → DRAPED
		STERILE TOWELS → CLEANED C̄ NS/GAUZE
		CLOSED SUBQ C̄ 4.0/5.0/6.0
		MONOCRYL → CLOSED SKIN C̄ 6.0
		PROVENE SIMPLE INTERRUPTED SUTURES
		CLOSED SCALP C̄ STAPLES → APPLIED
		NEOSPORIN → CHILD LIFE IN PM →
		PT TOLERATED APPROPRIATLY

CALLIE OWEN

Sign all entries -- Use other side -- Tumble over

PRINT OR IMPRINT PATIENT INFORMATION

(b)(3):CPSA Section 25(c),(b)(6)

CookChildren's
Medical Center
801 Seventh Avenue
Fort Worth, Texas 76104-2796

PROGRESS NOTES
(page 2 of 2)

032693 (03/08) EP

Date	Time	Frequent periodic notations to be made concerning progress, complications, etc.
		Sign all entries -- Use other side -- Tumble over

(b)(3):CPSA Section 25(c),(b)(6)

ION

PN

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PROGRESS NOTES
(page 1 of 2)

032693 (03/08) EP

(b)(5)

1. Task Number		2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
120615HCC2817		9090	
3. Office Code	**4. Date of Accident** YR MO DAY	**5. Date Initiated** YR MO DAY	
810	2012 06 13	2012 07 26	

6. Synopsis of Accident or Complaint **UPC**

A 14-year old male died after the utility vehicle that he was driving overturned. The police report notes that the victim was driving at an unsafe speed while entering a curve and the UTV subsequently overturned, ejecting the driver and his 14 year old male passenger. The UTV's roll bar landed on the victim's head. The passenger sustained a minor arm injury. Neither the driver or passenger were wearing a safety helmet or seat restraints. The cause of death was blunt force trauma to the head.

7. Location (Home, School, etc)	8. City	9. State
4 - STREET OR HIGHWAY	MORGAN COUNTY	IN

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - UTILITY VEHICLES	POLARIS	RANGER AT

10D. Manufacturer Name and Address
POLARIS INDUSTRIES INC.
2100 HIGHWAY 55
MEDINA, MN 55340

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
0	NONE	NONE

11D. Manufacturer Name and Address
NONE

12A. Hispanic or Latino	12B. Race 1 - White Other:		12C. Race Source
2 - No			3 - Official Document
13. Age of Victim	**14. Sex**	**15. Disposition**	**16. Injury Diagnosis**
14	1 - Male	8 - Death	62 - Intern. Org. Inj.
17. Body Part(s) Involved	**18. Respondent**	**19. Type of Investigation**	**20. Time Spent (Operational / Travel)**
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	8.00 / 0.00

21. Attachment(s)	22. Case Source	23. Sample Collection Number
9 - Multiple Attachments	05 - Newspaper	

24. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ◉ No ○ Yes for Manuf. Only ○ Verbal ○ Written

25. Review Date	26. Reviewed By	27. Regional Office Director
08/03/2012	2147	Dennis R. Blasius

28. Distribution	29. Source Document Number
Carrae Green; Sarah Garland	X1260297A

IDI 120615HCC2817

This case originated upon receipt of a news story that was reported on an internet news webpage on 06/14/12. All information for this report was obtained by telephone from the Indiana Department of Natural Resources (INDR), Law Enforcement Division, and the Morgan County Coroner's Office.

The source document stated that a 14-year old Martinsville boy driving an ATV died on 06/13/12 after a crash in Morgan County. The child was ejected from the vehicle after losing control, and died shortly afterwards. A passenger in the vehicle sustained minor injuries. Investigators suspected speed to have been a factor in the accident.

On 07/26/12, I contacted the Indiana Department of Natural Resources and requested a copy of the investigation report for this accident. On 08/01/12, I received a copy of the crash report, which provided the following details.

On 06/13/12, a 14-year old male was driving a 2007 UTV on a rural asphalt roadway in Martinsville, Indiana. The driver was accompanied by a 14-year old male passenger who was seated in the front passenger seat of the UTV. As the driver entered a curve at an unsafe speed, the UTV began to slide on what IDNR described as "loose material" in the roadway. As the UTV regained traction, the driver overcorrected, causing the vehicle to rollover onto the driver's side and slide on the roadway.

The driver was ejected from the UTV onto the ground, and the UTV's roll bar fell onto his head. The passenger was partially ejected away from the vehicle. Both the passenger and the victim's twin brother, who had been following behind on a moped, picked the UTV up off the driver and began calling for help. The driver died before he could be transported to the hospital. The passenger sustained minor abrasions to his arm. Neither rider was wearing a safety helmet or seat restraints when the accident occurred.

The accident occurred on a rural roadway in clear daylight conditions. The IDNR report notes that contributing factors to this accident were unsafe speed, overcorrecting, and the roadway surface.

On 07/26/12, I obtained a copy of the Morgan County Coroner's investigation report for this accident. The report states that the driver got into gravel along the road and when the vehicle came back into contact with the asphalt road, it caused the vehicle to flip and overturn onto the driver's side. The victim's parents arrived on the scene before emergency responders, and the victim's father initiated CPR until emergency responders arrived. The victim was transported to the fire department in preparation to be flown out to a hospital; however he died while at the fire department.

The Coroner's Office did not perform an autopsy and lab results were negative for any drug or alcohol use. The cause of death was blunt force trauma to the head, and the death was ruled an accident.

IDI 120615HCC2817

Product:

Product……..…Utility Vehicle (UTV)
Brand.....Polaris
Model..... Ranger AT
Year……...2007
Color……..Green
VIN……4XARH68A972370661

Manufacturer/Distributor:

Polaris Industries, Inc.
2100 Highway 55
Medina, MN 55340
763-542-0500 ph.

Retailer:

Unknown

Attachments:

Exhibit "A" - Name and Address Contact List.
Exhibit "B" – Indiana Department of Natural Resource Investigation Report.
Exhibit "C" - Morgan County Coroner's Investigation Report.
Exhibit "D" – Utility Vehicle Data Record Sheet.

Report Contact List:

1. Indiana Department of Natural Resource
   Law Enforcement Division
   Major Michael Portteus
   402 W. Washington Street
   Room W255D
   Indianapolis, IN 46204

   317-233-3847 ph.

   Date of initial contact: 7/26/12

2. Morgan County Coroner's Office
   Gary Long – Coroner
   2920 Morgan Trail
   Martinsville, IN 46151

   765-346-1000 ph.

   Date of initial contact: 07/26/12

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901841263

Page 1 of 4

Local ID: 061201197

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
06/13/2012	Wed	7:00 PM	MORGAN	GREEN	1	1	1	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
BRIAN CEMETERY RD	MOULTON RD			COUNTY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
NO	MARTINSVILLE	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
ROWLAND,TYLER,D			

Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Driver Contributing Circumstances
					Alcoholic Beverages
					Illegal Drugs
					Prescription Drugs
					Driver Asleep or Fatigued
					Driver Illness
	✓				Unsafe Speed
					Failure to Yield
					Disregard Signal
					Left of Center
					Improper Passing
					Improper Turning
					Improper Lane Usage
					Following Too Closely
					Unsafe Backing
✓	✓				Overcorrecting
					Ran off Road
					Wrong Way on One Way
					Pedestrian's Action
					Passenger Distraction
					Restriction Violation
					Jackknifing
					Cell Phone Usage
					Other Telematics
					Driver Distracted
					Speed/Weather Conditions
					Unsafe Lane Movement
					Other
					None

Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle Contributing Circumstances
					Engine Failure or Defective
					Accelerator Failure or Defective
					Brake Failure or Defective
					Tire Failure or Defective
					Headlight(s) Defective or Not On
					Other Lights Defective
					Steering Failure
					Window/Windshield Defective
					Oversize/Overweight Load
					Insecure/Leaky Load
					Tow Hitch Failure
					Other
	✓				None
					Environment Contributing Circumstances
					Glare
	✓				Roadway Surface
					Holes/Ruts in Surface
					Shoulder Defective
					Road Under Construction
					Severe Crosswinds
					Obstruction Not Marked
					Lane Marking Obscured
					View Obstructed
					Animal/Object in Roadway
					Traffic Ctl Inop/Missing/Obscure
					Utility Work
					Other
					None

Area Information

Hit and Run	NO
School Zone	NO
Rumble Strips	NO
Locality	RURAL
Light Condition	DAYLIGHT
Weather Conditions	CLEAR
Surface Condition	LOOSE MATERIAL ON ROAD
Type of Median	NONE
Type of Roadway Junction	NO JUNCTION INVOLVED
Road Character	CURVE/GRADE
Roadway Surface	ASPHALT
Construction	NO
If Yes, Construction Type	
Traffic Control Devices	NONE
Traffic Control Device Operational?	NA
Was this crash the result of aggressive driving?	NO

Total Estimate of all damage in the Crash: $750 TO $1000

Other Property Damage (1)	State Property	Owner's Name and Address
Other Property Damage (2)	State Property	Owner's Name and Address

Witness/Other Participant

✓ Witness / ☐ Other Participant	#	Name
	1	(b)(3):CPSA Sec

Address etc.: [redacted] COTTONWOOD DR MARTINSVILLE IN 46151

Phone #: [redacted]

Location at Time of Crash: FOLLOWING CRAHED VEHICLE

☐ Witness / ☐ Other Participant	#	Name

Address etc.:

Phone #:

Location at Time of Crash:

Non-Motorist

(Last Name, First Name, MI):

Non-Motorist Type:

Non-Motorist Action:

Apparent Physical Condition:

Cited?:

Direction:

Street/Highway:

Traffic Control?:

If yes, was traffic control operational?:

901841263

Local ID
061201197

Type of Crash	NON-COLLISION				
Time Notified	Time Arrived	Other Location of Investigation			
8:45 PM	9:15 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
K GOFF		G2942	DNR LAW ENFORCEMENT	YES	YES
Assisting Officer		ID No.	Agency	Date of Report	
				06/13/2012	
Investigating Officer		ID No.	Agency	Reviewing Officer	
FENNIG, J		3908	DNR LAW ENFORCEMENT		

Narrative

On June 13, 2012 I, Conservation Officer Jon Fennig was called to Morgan County for a fatal ATV crash. I responded to the Green Township Fire Department where all the involved units were located. Before I arrived, the operator, (b) (3) :E was pronounced dead in the ambulance. Morgan County Deputies and Indiana State Police (ISP) units had documented the scene and started an investigation.

ISP Trooper B. Lux took me to the scene of the crash. At the scene I could see long yaw marks in the gravel on in the westbound lane of Brian Cemetery Rd at Moulton Rd. I could also see a few gouges in the asphalt where the Polaris Ranger (UTV) slid on its side. I asked Trooper Lux where the UTV was located. He told me that ISP Captain C. Sorrells released the UTV to Mike Cullison, a friend to the (b) (6 family. Trp. Lux and I went to the Cullison home at (b) (6) Martinsville, IN 46151. When we arrived (b) (6) was washing the UTV in his driveway. I asked him to stop and contacted Morgan County Dispatch for a tow truck. A short time later Cooper Truck Repair arrived and loaded the UTV. I escorted them to the IDNR LED Quartermaster and secured it there. After securing the UTV I went to the (b) (home to meet with Detective Sergeant K. Goff. Det. Sgt. Goff interviewed both (b) (6) Both of the boys' stories matched. After interviewing the witnesses and looking at the scene Det. Sgt. Goff and I determined what happen.

(b) (3) :Ex was operating the Polaris Ranger westbound on Brian Cemetery Rd. The UTV began to slide while going through the curve at Moulton Rd. (b overcorrected and when the UTV regained traction it rolled onto its driver side and slid on the road. Tyler and Keelan were thrown from the UTV during the roll. (b) (was thrown safely from the UTV. (b fell to the road, and the UTV's roll bar fell onto his head. (b) (6) picked the UTV up off of (b and began to call for help. Lifeline was called in, but (b passed away before they were able to transport him.

Measurements:

Troopers and Deputies could not use the apex due to configuration of the roadway. They used the drainage head at the culvert on the north side of the roadway as a reference point (RP).

Length of skid/abrasion on pavement: 17'8"

Beginning of skid/abrasion from RP: 104' 4"

Width of Roadway: 17' 3"

Start of yaw: 21' 10" from RP

End of yaw: 58' 10" from RP

UNIT INFORMATION

Local ID: 061201197

901841263

1 Driver's Name (Last, First, MI): (b) (3):Exe

Address (Street, City, State, Zip): [redacted] COTTONWOOD DR

MARTINSVILLE IN 46151

Date of Birth: [redacted]1997 | Age: 14 | Gender: MALE

Driver's License#: | Lic Type: NIL | CDL Class: | Lic State:

Apparent Physical Status: ☐ Normal ☐ Had Been Drinking ☐ Handicapped ☐ Ill ☐ Asleep/Fatigued ☐ Drugs/Medication ☑ Unknown

Restrictions: ☐ Glasses/Contact Lenses ☐ Outside Rearview Mirror ☐ Daylight Driving ☐ Automatic Transmission ☐ Special Controls ☐ Employment Only ☐ Motorcycle Only ☐ To/From Employment ☐ Employer's Vehicle Only ☐ State-Owned Vehicles ☐ PP Chauffeurs Taxi Only ☐ Power Steering ☐ Special Restrictions ☐ Probation DWI ☐ Probation HTO ☑ None

Test Given: NONE | Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT

Alcohol Results: PBT | Certified Test | ☐ Pending | Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	GRN	2007	POLARIS	RANGER	AT

# Occupants	Lic Year	License #	License State
2	NA	NONE	IN

# Axles	Speed Limit	Insured By	Phone Number
2	45	UNK	UNK

Vehicle Identification#: 4XARH68A9723706 61

Registered Owner's Name (Last, First, MI): ROWLAND, STEVEN, D ☐ Same as Driver

Address (Street, City, State, Zip): [redacted] COTTONWOOD DR

MARTINSVILLE IN 46151

Towed? YES | To: IDNR LED QUARTERMASTER | By: COOPER TRUCK REPAIR | Due to Disabling Damage

Lic State | Lic Year | Registered Owner's Name (Last, First, MI) ☐ Same as Driver

License# | Address (Street, City, State, Zip)

Veh Year | Make

Lic State | Lic Year | Registered Owner's Name (Last, First, MI) ☐ Same as Driver

License# | Address (Street, City, State, Zip)

Veh Year | Make

Commercial Vehicle: Carrier's Name and Address

HAZMAT Proper Shipping Name: | State DOT#

US DOT# | ICC# | CMV Inspection | If Yes

Gross Vehicle Weight Rating | Cargo Body Type

HAZMAT Placard | HAZMAT Release of Cargo | HAZMAT 4-Digit ID# | Hazzard Class #

Safety Equipment Used: NO RESTRAINT

Safety Equipment Effective?: N/A

Ejection/Trapped: PINNED UNDER

EMS No.: RM | Immed Attn: | Driver Injury Status: FATAL

Nature of Most Severe Injury: FRACTURE/DISLOCATION

Location of Most Severe Injury: HEAD

If Cited?: ☐ Infraction ☐ Misdemeanor ☐ Felony

IC Codes:

Initial Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown

Front / Rear: ☐ ☐ ☐ / ☐ ☐ ☐ / ☐ ☑ ☐

Areas Damaged (Multiples): ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown

Front / Rear: ☐ ☐ ☐ / ☐ ☐ ☐ / ☑ ☑ ☐

Vehicle Use: OTHER - EXPLAIN IN NARRATIVE

Emergency Run?: | Fire?: NO

Vehicle Type: UNKNOWN TYPE

Pre-Crash Vehicle Action: GOING STRAIGHT

Direction of Travel: WEST

Type of Primary/Secondary Roadway

One Way Traffic: ☐ One Lane ☐ Two Lanes ☐ Multi-Lanes (3 or more)

Two Way Traffic: ☐ Two Lanes ☐ Multi-Lane Divided (3 or more) ☐ Multi-Lane Undivided 2 way left turn ☑ Multi-Lane Undivided (3 or more)

☐ Private Drive ☐ Alloy

Event Collision With: 1. OVERTURN/ROLLOVER

NON-DRIVER INJURED INFORMATION

Local ID
061201197

901841263

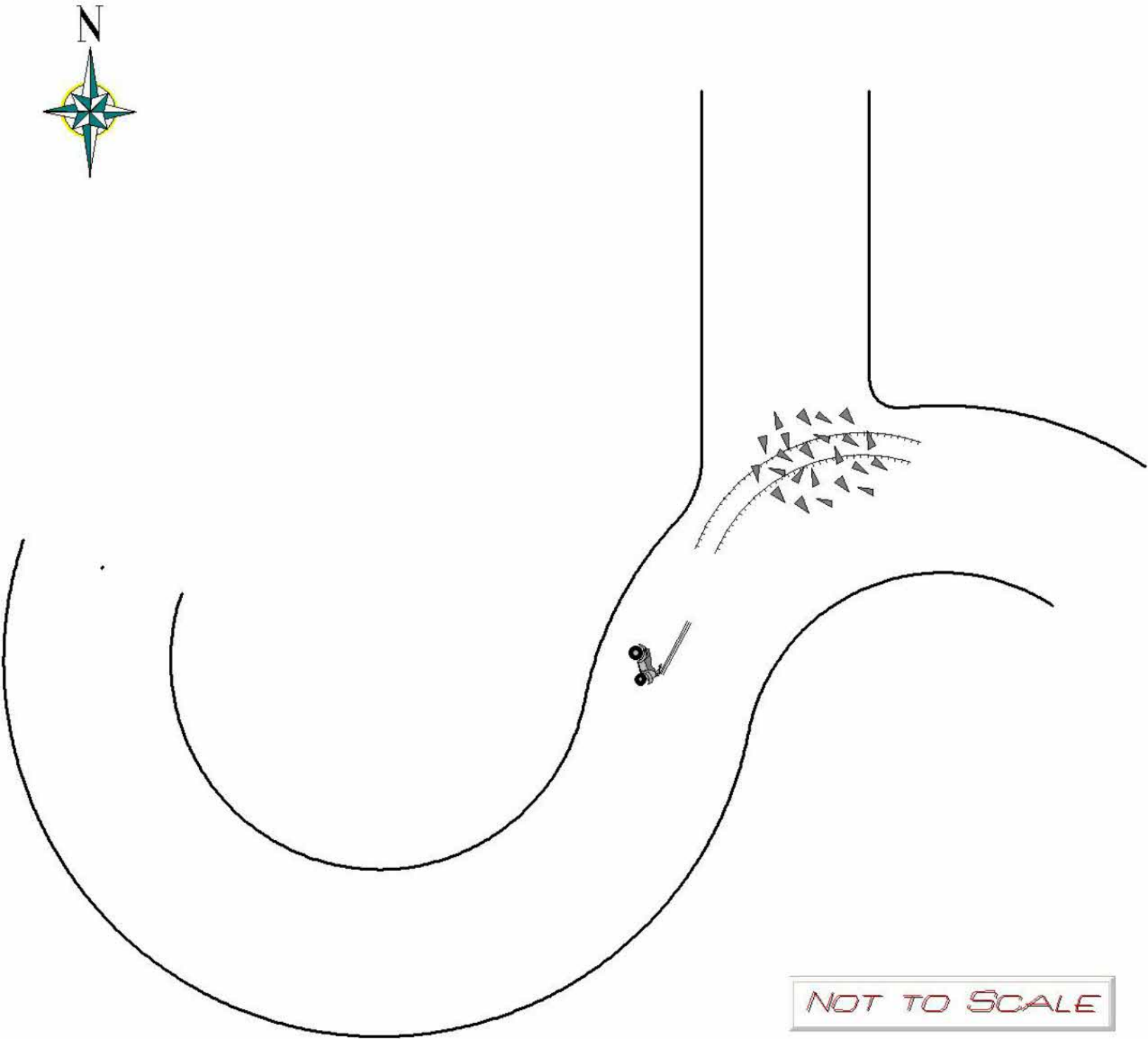
Page 4 of 4

Injured Pre-crash Location: Veh# 1 INJURED	Safety Equipment Used: NO RESTRAINT
Name (Last, First, MI): (b) (3) :Exem	Safety Equipment Effective?
Address (Street, City, State, Zip): [redacted]S COPPERSTONE CT	Ejection/Trapped: PARTIALLY EJECTED
MARTINSVILLE IN 46151	EMS No.: RM; Immed Attn: ; Driver Injury Status: NON-INCAPACITATING
Date of Birth: [redacted]1997; Age: 14; Gender: MALE	Nature of Most Severe Injury: ABRASION
Position in or on Vehicle: Front ☑	Location of Most Severe Injury: ELBOW/LOWER ARM
	Test Given: ; Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT
	Alcohol Results PBT: ; Certified Test ☐ Pending; Drug Results:

Injured Pre-crash Location: Veh#	Safety Equipment Used
Name (Last, First, MI)	Safety Equipment Effective?
Address (Street, City, State, Zip)	Ejection/Trapped
	EMS No.; Immed Attn; Driver Injury Status
Date of Birth; Age; Gender	Nature of Most Severe Injury
Position in or on Vehicle: Front ☐	Location of Most Severe Injury
	Test Given; Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT
	Alcohol Results PBT; Certified Test ☐ Pending; Drug Results

Injured Pre-crash Location: Veh#	Safety Equipment Used
Name (Last, First, MI)	Safety Equipment Effective?
Address (Street, City, State, Zip)	Ejection/Trapped
	EMS No.; Immed Attn; Driver Injury Status
Date of Birth; Age; Gender	Nature of Most Severe Injury
Position in or on Vehicle: Front ☐	Location of Most Severe Injury
	Test Given; Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT
	Alcohol Results PBT; Certified Test ☐ Pending; Drug Results

Injured Pre-crash Location: Veh#	Safety Equipment Used
Name (Last, First, MI)	Safety Equipment Effective?
Address (Street, City, State, Zip)	Ejection/Trapped
	EMS No.; Immed Attn; Driver Injury Status
Date of Birth; Age; Gender	Nature of Most Severe Injury
Position in or on Vehicle: Front ☐	Location of Most Severe Injury
	Test Given; Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT
	Alcohol Results PBT; Certified Test ☐ Pending; Drug Results


N
NOT TO SCALE

Morgan County Coroner's Office

Garry D. Long, Coroner
1900 Wilkison Lane
Martinsville, INDIANA 46151
(765) 346-1000 Coroner@morgancounty.in.gov

Coroner Summary Report

Case #	Coroner's Office Investigators	1 Charles Ted Lang	2
12-0613-1		3	4

Name of Deceased	Age	DOB	Sex	Race
(b) (3):Exemptions	14 Years	[redacted]/1997	Male	White

Address of Deceased	City	State	Zip
[redacted] Cottonwood Dr	Martinsville	INDIANA	46151

Date of Death	Time of Death	Location of Death
6/13/2012	8:16 PM	

Agency Reported To	Person Reporting Death	Person Certifying Death
	Garry Long	Charles Ted Lang

NOK Name	NOK Address	NOK Phone
(b)(3):CPSA Section 25(a)	[redacted] Cottonwood Dr Martinsville,IN 46151	[redacted]

Identified By	How Identified
(b)(6)	Family

Deceased Employer	Funeral Home
	Carlisle-Branson

Autopsy Requested?	Autopsy Performed?	Where Autopsy Performed	Doctor Performing Autopsy
Yes _ No X	Yes _ No X		

Cause of Death	Manner of Death	Mechanism of Death
Blunt Force Trauma to the Head	Accidental	

Case Summary

Morgan County Coroner's Office

Garry D. Long, Coroner
1900 Wilkison Lane
Martinsville, INDIANA 46151
(765) 346-1000 Coroner@morgancounty.in.gov

Coroner Summary Report

Called by coroner Garry Long to respond to Green Twp fire dept on ATV accident. On my arrival, meet by Deputy Karras who stated that decedent was in back of ambulance. He also said that family was on scene and Indiana State Police was handling the investigation. On walking to rear of fire station, Rural Metro was in back along with Lifeline.

Talked to Capt. Charles Sorrells of ISP stated that decedent, identified as (b)(3):E was driving an 2007 Polaris Ranger on Brian Cemetery road near Moulton road when decedent got into gravel along the road when he came onto asphalt cause the Ranger to flip and turn over on driverside. Decedent was not wearing a seat belt nor an helmet. A passenger, (b)(6) of [redacted] S. Copperstone Ct., Martinsville was injured slightly. Decedent's twin brother (b)(was about 200 yards behind on a moped. Parents were notified and showed up on scene of accident. Father started first aid till fire arrived.

Talked to Rob Stetcher, EMT with Green Twp who stated he was first on scene. Decedent did have a pulse but was not breathing. Rick Lechtenburg, Paramedic of Rural Metro, inserted a ET tube and blood did come out. Decedent was transported to Green twp firehouse to meet lifeline helicopter. Decedent went into cardiac arrest in route to firehouse. Rob Steele, personnel on lifeline, called Methodist hospital, talked with Dr. Mary Wermoth and it was decided due to the injuries and being in cardiac arrest, it was decided to call the decedent.

On entering the back of ambulance, decedent was on backboard, ET tube in place, had c-collar on. Blood present coming from both ears, nose and blood present inside of ET tube. On palpating, found no obvious injuries.

Alfred Lux of ISP, John Fenning and Lt Goff both Indiana Conservation were doing accident investigation. Annette Rohlman, deputy coroner talked with family. Family wished for no autopsy. No autopsy ordered. Body taken to Carlisle-Branson funeral on family's request. Blood taken for tox. Pictures taken of injuries. On examining body at funeral home, a lot of blood coming from both ears and nose. ET tube and c-collar removed. Blood present inside of mouth. Abrasions found on both legs, and also found on the back, on shoulders, and lower back. No other injuries found on head area and chest found to be normal on palpation. Body released.

Charles Ted Lang

AIT Laboratories
A HIGHER STANDARD OF SERVICE

2265 Executive Drive, Indianapolis, IN 46241
Telephone: (800)875-3894 / Fax: (317)243-2789

Laboratory Case Number: 2016682

Subject's Name: (b)(3):CPSA Section 25 (c)

Client Account: 11476 / MOCCO01
Physician:
Report To: Morgan Co Coroners Office-IN
ATTN: Garry Long
1900 Wilkison Lane
Martinsville, IN 46151
FX: 765-342-0780

Agency Case #: 12-0613-1
Date of Death: 06/13/2012
Test Reason: Other
Investigator: CHARLES LANG
Date Received: 06/20/2012
Date Reported: 06/27/2012

Laboratory Specimen No: 40291191 **Date Collected:** 06/13/2012
Container(s): 01:RTT Blood,SUBCLAVICAL **Test(s):** 70510 Comprehensive Drug Panel

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
AMPHETAMINES	Negative				
BARBITURATES	Negative				
BENZODIAZEPINES	Negative				
CANNABINOIDS	Negative				
COCAINE/METABOLITES	Negative				
FENTANYL	Negative				
METHADONE/METABOLITE	Negative				
OPIATES	Negative				
OXYCODONE/METABOLITE	Negative				
PHENCYCLIDINE	Negative				
PROPOXYPHENE/METABOLITE	Negative				
ALCOHOL	Negative				
Methanol	Negative				
Ethanol	Negative				
Acetone	Negative				
Isopropanol	Negative				
ANALGESICS	Negative				
ANESTHETICS	Negative				
ANTIBIOTICS	Negative				
ANTICONVULSANTS	Negative				
ANTIDEPRESSANTS	Negative				
ANTIHISTAMINES	Negative				
ANTIPSYCHOTICS	Negative				

(b)(3):Exempt

AIT Laboratories
A HIGHER STANDARD OF SERVICE

2265 Executive Drive, Indianapolis, IN 46241
Telephone: (800)875-3894 / Fax: (317)243-2789

Laboratory Specimen No: **40291191** **Continued..**

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
CARDIOVASCULAR AGENTS	Negative				
ENDOCRINE AGENTS	Negative				
GASTROENTEROLOGY AGENTS	Negative				
NARCOTICS	Negative				
NEUROLOGY AGENTS	Negative				
SEDATIVES/HYPNOTICS	Negative				
STIMULANTS	Negative				
UROLOGY AGENTS	Negative				

Specimens will be kept for one year from the date received.

(b)
(3):Exemption 3
for 25(a), (b)(6

AIT Laboratories
A HIGHER STANDARD OF SERVICE

2265 Executive Drive, Indianapolis, IN 46241
Telephone: (800)875-3894 / Fax: (317)243-2789

Laboratory Specimen No: **40291192** **Date Collected:** 06/13/2012
Container(s): 01:VIT_CON Vitreous,EYE **Test(s):** 49900 Not Tested

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
<... No Testing Performed	... >				

(b)
(3):Exemption

2265 Executive Drive, Indianapolis, IN 46241
Telephone: (800)875-3894 / Fax: (317)243-2789

Laboratory Specimen No: **40291193** **Date Collected:** 06/13/2012
Container(s): 01:RTT Blood,SUBCLAVICAL **Test(s):** 49900 Not Tested

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
< No Testing Performed	>				

(b)
(3):Exemption

ROWLAND, PEER
Laboratory Case #: 2016682

AIT Laboratories
A HIGHER STANDARD OF SERVICE

2265 Executive Drive, Indianapolis, IN 46241
Telephone: (800)875-3894 / Fax: (317)243-2789

Laboratory Specimen No: **40291194** **Date Collected:** 06/13/2012
Container(s): 01:RTB Blood,HEART **Test(s):** 49900 Not Tested

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
< No Testing Performed	>				

The Specimen identified by the Laboratory Specimen Number has been handled and analyzed in accordance with all applicable requirements.

(b)
(3):Exemption 3

Laboratory Case #: 2016682

Utility Vehicle Data Record Sheet

Front

A Driver	B Right Front Passenger
Left Rear Passenger	Right Rear Passenger
Cargo Bed	

Rear

The Utility Vehicle

A:		
Age: 14	Height: UNK	
Gender: M	Weight: UNK	
Helmet (Y/N): N	Seatbelt (Y/N): N	
Killed/Injured/Neither/Unknown: Killed		
Injury Description: Head/Crushing		
Did vehicle land on victim: YES		
Ejected (Either partially or fully): Fully		

B.		
Age: 14	Height: UNK	
Gender: M	Weight: UNK	
Helmet (Y/N): N	Seatbelt (Y/N): N	
Killed/Injured/Neither/Unknown: Injured		
Injury Description: Arm Abrasion		
Did vehicle land on victim: NO		
Ejected (Either partially or fully): Partially		

Age:	Height:	
Gender:	Weight:	
Helmet (Y/N):	Seatbelt (Y/N):	
Killed/Injured/Neither/Unknown:		
Injury Description:		
Did vehicle land on victim:		
Ejected (Either partially or fully):		

E:		
Age:	Height:	
Gender:	Weight:	
Helmet (Y/N):	Seatbelt (Y/N):	
Killed/Injured/Neither/Unknown:		
Injury Description:		
Did vehicle land on victim:		
Ejected (Either partially or fully):		

C:		
Age:	Height:	
Gender:	Weight:	
Helmet (Y/N):	Seatbelt (Y/N):	
Killed/Injured/Neither/Unknown:		
Injury Description:		
Did vehicle land on victim:		
Ejected (Either partially or fully):		

F:		
Age:	Height:	
Gender:	Weight:	
Helmet (Y/N):	Seatbelt (Y/N):	
Killed/Injured/Neither/Unknown:		
Injury Description:		
Did vehicle land on victim:		
Ejected (Either partially or fully):		

*If victim(s) were injured/killed, please include the other relevant information requested in the assignment message in the text of the IDI

Using the figure on the left, please fill in where the occupants were in the vehicle at the time of the incident using A, B, C, etc. to identify the occupant(s)' location. Fill in the occupants' characteristics in the corresponding location on the right. For example, the driver could be assigned to the letter 'A' and the letter 'A' would be placed in the diagram in the box designated 'Driver', and the drivers' characteristics would be filled on the right. If there were more than six occupants (or more room is needed), please add the other passenger(s)' information (or any other information) as needed. If information is not available, please indicate by 'na'.

Note: Not all locations indicated on the diagram exist in all types of utility vehicles. Please only use the locations that correspond to the incident vehicle. Please place an 'X' over the area if the vehicle was not equipped with the component.

(b)(5)

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
120702HWE6047	9094	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
840	2012 06 25	2012 08 09

6. Synopsis of Accident or Complaint **UPC**

A 45-year-old male was driving a side-by-side utility vehicle on a private driveway composed primarily of compacted dirt, with a 34-year-old female as a passenger. Neither the driver nor the passenger was wearing a helmet or using seatbelts. The UTV struck an exposed tree root on the left side of the driveway and rolled over onto its right side, partially ejecting the passenger. The UTV came to rest on its right side, pinning the passenger's head and torso underneath. The passenger died at the incident scene from injuries to the head and torso. The driver did not require hospitalization. The UTV received minor damages to its right side.

7. Location (Home, School, etc)	8. City	9. State
1 - HOME	MALIBU	CA

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - UTILITY VEHICLES	YAMAHA RHINO	YXR660F

10D. Manufacturer Name and Address

YAMAHA MOTOR CORP., USA
6555 KATELLA AVENUE
CYPRESS, CA 60630

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
0	NONE	NONE

11D. Manufacturer Name and Address

NONE

12A. Hispanic or Latino	12B. Race Other:		12C. Race Source

13. Age of Victim	14. Sex	15. Disposition	16. Injury Diagnosis
34	2 - Female	8 - Death	62 - Intern. Org. Inj.

17. Body Part(s) Involved	18. Respondent	19. Type of Investigation	20. Time Spent (Operational / Travel)
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	21.00 / 0.00

21. Attachment(s)	22. Case Source	23. Sample Collection Number
9 - Multiple Attachments	05 - Newspaper	

24. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ◉ No ○ Yes for Manuf. Only ○ Verbal ○ Written

25. Review Date	26. Reviewed By	27. Regional Office Director
10/02/2012	8631	Frank J. Nava

28. Distribution	29. Source Document Number
Sarah Garland	X1270022A

NOTE: This investigation originated from a news article. This incident resulted in one fatality and one non-fatal injury.

The state highway patrol investigated this incident because it happened on private property. The highway patrol provided detailed information regarding the incident in a report, which was received September 21, 2012 (Attachment 2). This investigator requested photographs of the incident vehicle from the highway patrol, but they were not received.

This investigator requested reports from the fire departments that responded to the incident, but they were not received. This investigator also requested reports from the coroner and the ambulance service that responded to this incident, but they were not received.

Attempts to contact the driver of the UTV involved in this incident were unsuccessful. However, the report provided by the highway patrol contains a statement from the driver, as well as identifying information about the UTV involved (Attachment 2, Pages 12-15).

Weather information was obtained from the highway patrol report (Attachment 2, Pages 2, 11-12).

The product involved in this incident is a side-by-side utility vehicle (UTV) with four wheels (Attachment 2, Page 12). This UTV belonged to the driver, a 45-year-old male (Attachment 2, Page 1). The driver told investigators with the state highway patrol that he purchased the UTV approximately four months prior to the incident (Attachment 2, Page 15). Due to the model year of the UTV and the date of purchase by the driver, it appears that he purchased it used. However, it is unknown whether he purchased it from a dealership or a private individual.

The driver of the UTV involved in the incident is a 45-year-old male (Attachment 2, Page 1). He was 67 inches tall and weighed 165 pounds (Attachment 2, Page 1). The driver told investigators with the highway patrol that he was not under the influence of alcohol or medication at the time of the incident (Attachment 2, Page 15). He told highway patrol investigators that he had used marijuana approximately four hours prior to the incident, but the investigative report indicates that he did not exhibit any signs of intoxication or being under the influence of drugs at the time of the interview (Attachment 2, Page 15). The driver stated that he did not have any pre-existing physical or mental condition that might have contributed to the incident.

The victim in this incident is a 34-year-old female, height and weight unknown (Attachment 2, Page 3). She was a passenger on the UTV (Attachment 2, Pages 3 and 13). According to the statement that the driver gave to the high patrol, the victim had also used marijuana approximately four hours prior to the incident (Attachment 2, Page 15). It is unknown whether the victim was under the influence of alcohol, drugs, or medication at the time of the incident. Nor is it known whether she had any pre-existing physical or mental condition that might have contributed to the incident.

Conditions at the time of the incident were clear, sunny, and dry, with a temperature of 68°F (Attachment 2, Pages 2, 11-12.)

Around 5:30 p.m. on June 24, 2012, a 45-year-old male was driving a side-by-side UTV on a private driveway made of compacted dirt (Attachment 2, Pages 1and 11). A 34-year-old female was riding as a passenger in the UTV (Attachment 2, Pages 2 and 13). Neither the driver nor the passenger was wearing a helmet.

The driver stated that the UTV was traveling approximately 15 miles per hour when he felt the tires begin to slide to the left (Attachment 2, Page 14). There was no posted speed limit for the area in which the incident occurred, as it is a private driveway (Attachment 2, Pages 1-2, 11).

The driver said that he slowed the UTV to approximately 10 miles per hour and steered back toward the driveway (Attachment 2, Page 14). He said that he thought this had corrected the problem (Attachment 2, Page 14).

The UTV hit an exposed tree root to the left of the driveway and began to overturn onto its right side (Attachment 2, Pages 4-7, 14).

After flipping onto its right side, the UTV slid approximately four to five feet down the driveway (Attachment 2, Pages 4-7, 13). The UTV came to rest on the victim's head and torso (Attachment 2, Pages 4-7, 13-14).

The victim died of injuries to her head and torso (Attachment 2, Page 14). The driver was injured but declined transportation to the hospital by medical personnel (Attachment 2, Page 3).

The UTV sustained minor damage in the incident, consisting of scrapes to the right side (Attachment 2, Page 12).

CONTACT WITH RETAILER AND MANUFACTURER:

It is not known whether the driver of the UTV or anyone from the victim's familiy has attempted to contact the retailer or manufacturer of the UTV involved in the incident.

PRODUCT IDENTIFICATION:

The product involved in this incident is a **2007 Yamaha Rhino YXR660F** side-by-side utility vehicle (Attachment 2, Page 12; Attachment 3. Page1). The product is brown and black in color (Attachment 2, Page 12).

The driver told investigators with the state highway patrol that he purchased the UTV approximately four months prior to the incident (Attachment 2, Page 15). Due to the model year of the UTV and the date of purchase by the driver, it appears that he

purchased it used. However, it is unknown whether he purchased it from a dealership or a private individual.

Information about the manufacturer of the incident UTV is listed below:

Yamaha Motor Corporation, USA
6555 Katella Avenue
Cypress, CA 90630

The driver said that he had not experienced any problems with the UTV prior to the incident (Attachment 2, Page 15).

The driver stated that the only repair or modification he had made to the UTV since its purchase was putting new rear tires on it approximately two to three weeks prior to the incident (Attachment 2, Page 15). No identifying information could be obtained for the new rear tires. It is unknown whether the owner put them on the UTV himself or had them put on the UTV at a dealership or service center.

A copy of the operator's manual for the 2007 Yamaha Rhino YXR660F can be viewed at the manufacturer's web site (www.yamaha-motor.com).

LABELING

As the incident UTV was not viewed by this investigator and no photographs were provided by the investigating agencies, no labeling could be observed.

SAMPLE:

None collected.

ATTACHMENTS:

Attachment – UTV Data Record Sheet

Attachment 1 – Contact Sheet
Attachment 2 – Incident Report (with diagram) – provided by highway patrol
Attachment 3 – VIN decoder information for incident UTV
Attachment 4 – Image of UTV (same year, make and model as incident UTV)
Attachment 5 – Missing Documents Form

List of Contacts

Name: Unknown
Title: Traffic Accident Reports
Address: California Highway Patrol
5825 DeSoto Ave
Woodland Hills, CA 91367
Phone: 818-888-0980
Interviewed: Called August 9, 2012 – obtained report number and address
Report and photos requested August 9, 2012

Report was received August 16, 2012. Photos were not received.

Name: Unknown
Title: Records Administrator
Address: Los Angeles County Fire Department
Station # 70
3870 Carbon Canyon Road
Malibu, CA 90265
Phone: 310-456-2379
Interviewed: Report and photos requested 08/30/2012

Report was not received. Photos were not received.

Name: Unknown
Title: Records Administrator
Address: Los Angeles County Fire Department
Station # 89
29575 Canwood Street
Agoura Hills, CA 91301
Phone: Unknown
Interviewed: Report and photos requested 08/30/2012

Report was not received. Photos were not received.

Name: Unknown
Title: Records Administrator
Address: Los Angeles County Fire Department
Station # 72
1832 Decker Canyon Road
Malibu, CA 90265
Phone: 310-457-6186
Interviewed: Report and photos requested 08/30/2012

Report was not received. Photos were not received.

Name: Unknown
Title: Records Administrator
Address: Los Angeles County sheriff's Department
Lost Hills Station
27050 Agoura Road
Agoura, CA 91301
Phone: 818-878-1808
Interviewed: Report and photos requested 08/30/2012

Report was not received. Photos were not received.

Name: Unknown
Title: Records Administrator
Address: McCormick Ambulance
23300 Ventura Boulevard #B
Calabasas, CA
Phone: 888-349-8944
Interviewed: Report and photos requested 08/30/2012

Report was not received. Photos were not received.

Name: Investigator McCracken (#491917)
Title:
Address: Los Angeles County Coroner
1104 N Mission
Los Angeles, CA 90033
Phone: 323-343-0711
Interviewed: Report and photos requested 08/30/2012

Report was not received. Photos were not received.

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

TRAFFIC COLLISION REPORT

CHP 555 PAGE 1 (REV. 04-11) OPI 060

ORIGINAL

PAGE 1 OF 17

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
FATAL PRIVATE PROPERTY OFF-HIGHWAY	1	☐	UNINCORPORATED	MALIBU DIVISION 1	2012060312
	NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY / REPORTING DISTRICT	BEAT	DAY OF WEEK / TOW AWAY
	1	☐	LOS ANGELES	902	SUNDAY / ☐ YES ☒ NO

LOCATION

COLLISION OCCURRED ON:	MO DAY YEAR	TIME (2400)	NCIC #	OFFICER I.D.
(b)(6)	06/24/2012	1800	9580	018588

MILEPOST INFORMATION:

GPS COORDINATES: LATITUDE 34.06325° LONGITUDE - 118.86811°

PHOTOGRAPHS BY: ☐ NONE
S. FORD, #13802 (6)
H. CHALDU,#18588(12)

☐ AT INTERSECTION WITH:
☒ OR: .5 MILE(S) EAST OF ENCINCAL CANYON RD

STATE HWY REL. ☐ YES ☒ NO

PARTY	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE
1				P	P	2007	YAMA RHINO BRN/BLK	46K74C	CA

DRIVER ☒ NAME(FIRST, MIDDLE, LAST): (b)(6)

PEDESTRIAN ☐ STREET ADDRESS: (b)(6)

PARKED VEHICLE ☐ CITY / STATE / ZIP: MALIBU CA 90265

OWNER'S NAME ☐ SAME AS DRIVER: (b)(6)

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☒ DRIVER ☐ OTHER

BICYCLIST ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE (MO DAY YEAR)	RACE
M	BRN	BLU	5-07	165	10/08/1966	W

PRIOR MECH. DEFECTS ☒ NONE APP. ☐ REFER TO NARRATIVE

OTHER ☐ HOME PHONE: (b)(6) BUSINESS PHONE: NONE

VEHICLE IDENTIFICATION NUMBER: 5Y4AM11Y87A000584

INSURANCE CARRIER: NONE POLICY NUMBER:

VEHICLE TYPE: 06

DESCRIBE VEHICLE DAMAGE: ☐ UNK ☐ NONE ☐ MINOR ☐ MOD ☐ MAJOR ☒ ROLL-OVER

SHADE IN DAMAGED AREA (TOP VIEW)

DIR OF TRAVEL: S ON STREET OR HIGHWAY: PRIVATE DRIVEWAY SPEED LIMIT: N/A

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ MC/MX ____

PARTY	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE
2									

DRIVER ☐ NAME(FIRST, MIDDLE, LAST)

PEDESTRIAN ☐ STREET ADDRESS

PARKED VEHICLE ☐ CITY / STATE / ZIP

OWNER'S NAME ☐ SAME AS DRIVER

OWNER'S ADDRESS ☐ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER

BICYCLIST ☐ SEX | HAIR | EYES | HEIGHT | WEIGHT | BIRTHDATE (MO DAY YEAR) | RACE

PRIOR MECHANICAL DEFECTS ☐ NONE APP. ☐ REFER TO NARRATIVE

OTHER ☐ HOME PHONE | BUSINESS PHONE

VEHICLE IDENTIFICATION NUMBER:

INSURANCE CARRIER | POLICY NUMBER

VEHICLE TYPE | DESCRIBE VEHICLE DAMAGE: ☐ UNK ☐ NONE ☐ MINOR ☐ MOD ☐ MAJOR ☐ ROLL-OVER | SHADE IN DAMAGED AREA

DIR OF TRAVEL | ON STREET OR HIGHWAY | SPEED LIMIT

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ MC/MX ____

PARTY	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE
3									

DRIVER ☐ NAME(FIRST, MIDDLE, LAST)

PEDESTRIAN ☐ STREET ADDRESS

PARKED VEHICLE ☐ CITY / STATE / ZIP

OWNER'S NAME ☐ SAME AS DRIVER

OWNER'S ADDRESS ☐ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER

BICYCLIST ☐ SEX | HAIR | EYES | HEIGHT | WEIGHT | BIRTHDATE (MO DAY YEAR) | RACE

PRIOR MECHANICAL DEFECTS ☐ NONE APP. ☐ REFER TO NARRATIVE

OTHER ☐ HOME PHONE | BUSINESS PHONE

VEHICLE IDENTIFICATION NUMBER:

INSURANCE CARRIER | POLICY NUMBER

VEHICLE TYPE | DESCRIBE VEHICLE DAMAGE: ☐ UNK ☐ NONE ☐ MINOR ☐ MOD ☐ MAJOR ☐ ROLL-OVER | SHADE IN DAMAGED AREA

DIR OF TRAVEL | ON STREET OR HIGHWAY | SPEED LIMIT

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ MC/MX ____

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
H. K. CHALDU 018588	☒ YES ☐ NO ☐ N/A	ABRAMIAN / SGT # 15253	07.20.2012

16523 7/24/12

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

TRAFFIC COLLISION CODING

CHP 555 CARS PAGE2 (REV. 04-11) OPI 060

DATE OF COLLISION (MO. DAY YEAR)	TIME(2400)	NCIC #	OFFICER I.D.	NUMBER
06/24/2012	1800	9580	018588	2012060312

PROPERTY DAMAGE	OWNER'S NAME	OWNER ADDRESS	NOTIFIED
	DESCRIPTION OF DAMAGE		☐ YES ☐ NO

SEATING POSITION

1 - DRIVER
2 TO 6 - PASSENGERS
7 - STATION WAGON REAR
8 - REAR. OCC TRK. OR VAN
9 - POSITION UNKNOWN
0 - OTHER

SAFETY EQUIPMENT

OCCUPANTS

A - NONE IN VEHICLE
B - UNKNOWN
C - LAP BELT USED
D - LAP BELT NOT USED
E - SHOULDER HARNESS USED
F - SHOULDER HARNESS NOT USED
G - LAP/SHOULDER HARNESS USED
H - LAP/SHOULDER HARNESS NOT USED
J - PASSIVE RESTRAINT USED
K - PASSIVE RESTRAINT NOT USED
P - NOT REQUIRED

CHILD RESTRAINT

Q - IN VEHICLE USED
R - IN VEHICLE NOT USED
S - IN VEHICLE USE UNKNOWN
T - IN VEHICLE IMPROPER USE
U - NONE IN VEHICLE

M / C BICYCLE HELMET

DRIVER	PASSENGER
V - NO	X - NO
W - YES	Y - YES

AIR BAG

B - UNKNOWN
L - AIR BAG DEPLOYED
M - AIR BAG NOT DEPLOYED
N - OTHER
P - NOT REQUIRED

EJECTED FROM VEHICLE

0 - NOT EJECTED
1 - FULLY EJECTED
2 - PARTIALLY EJECTED
3 - UNKNOWN

INATTENTION CODES

A - CELL PHONE HANDHELD
B - CELL PHONE HANDSFREE
C - ELECTRONIC EQUIPMENT
D - RADIO / CD
E - SMOKING
F - EATING
G - CHILDREN
H - ANIMALS
I - PERSONAL HYGIENE
J - READING
K - OTHER

ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR
LIST NUMBER (#) OF PARTY AT FAULT

	VC SECTION VIOLATED: A — CITED ☐ YES ☐ NO
1	B OTHER IMPROPER DRIVING* UNSAFE TURN
	C OTHER THAN DRIVER*
	D UNKNOWN*

WEATHER (MARK 1 TO 2 ITEMS)

X	A CLEAR
	B CLOUDY
	C RAINING
	D SNOWING
	E FOG / VISIBILITY FT.
	F OTHER:*
	G WIND

LIGHTING

X	A DAYLIGHT
	B DUSK - DAWN
	C DARK - STREET LIGHTS
	D DARK - NO STREET LIGHTS
	E DARK - STREET LIGHTS NOT FUNCTIONING*

ROADWAY SURFACE

X	A DRY
	B WET
	C SNOWY - ICY
	D SLIPPERY (MUDDY, OILY, ETC.)

ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)

	A HOLES, DEEP RUT*
	B LOOSE MATERIAL ON ROADWAY*
	C OBSTRUCTION ON ROADWAY*
	D CONSTRUCTION - REPAIR ZONE
	E REDUCED ROADWAY WIDTH
	F FLOODED*
	G OTHER*:
X	H NO UNUSUAL CONDITIONS

TRAFFIC CONTROL DEVICES

	A CONTROLS FUNCTIONING
	B CONTROLS NOT FUNCTIONING*
	C CONTROLS OBSCURED
X	D NO CONTROLS PRESENT / FACTOR*

TYPE OF COLLISION

	A HEAD - ON
	B SIDE SWIPE
	C REAR END
	D BROADSIDE
X	E HIT OBJECT
	F OVERTURNED
	G VEHICLE / PEDESTRIAN
	H OTHER*:

MOTOR VEHICLE INVOLVED WITH

	A NON - COLLISION
	B PEDESTRIAN
	C OTHER MOTOR VEHICLE
	D MOTOR VEHICLE ON OTHER ROADWAY
	E PARKED MOTOR VEHICLE
	F TRAIN
	G BICYCLE
	H ANIMAL:
X	I FIXED OBJECT: TREE ROOT
	J OTHER OBJECT:

PEDESTRIAN'S ACTIONS

X	A NO PEDESTRIANS INVOLVED
	B CROSSING IN CROSSWALK - AT INTERSECTION
	C CROSSING IN CROSSWALK - NOT AT INTERSECTION
	D CROSSING - NOT IN CROSSWALK
	E IN ROAD - INCLUDES SHOULDER
	F NOT IN ROAD
	G APPROACHING / LEAVING SCHOOL BUS

SPECIAL INFORMATION

1	2	3	
			A HAZARDOUS MATERIAL
			B CELL PHONE HANDHELD IN USE
			C CELL PHONE HANDSFREE IN USE
X			D CELL PHONE NOT IN USE
			E SCHOOL BUS RELATED
			F 75 FT MOTORTRUCK COMBO
			G 32 FT TRAILER COMBO
			H SIDESHOW
			I STREET RACING
			J NO CELL PHONE
			K CELL PHONE USE UNKNOWN
			L
			M
			N
			O

OTHER ASSOCIATED FACTORS
(MARK 1 TO 2 ITEMS)

1	2	3	
			A VC SECTION VIOLATED: CITED: ☐ YES ☐ NO
			B VC SECTION VIOLATED: CITED: ☐ YES ☐ NO
			C VC SECTION VIOLATED: CITED: ☐ YES ☐ NO
			D
			E VISION OBSCUREMENT:
			F INATTENTION*:
			G STOP & GO TRAFFIC
			H ENTERING / LEAVING RAMP
			I PREVIOUS COLLISION
			J UNFAMILIAR WITH ROAD
			K DEFECTIVE VEH. EQUIP.: CITED ☐ YES ☐ NO
			L UNINVOLVED VEHICLE
			M OTHER*:
X			N NONE APPARENT
			O RUNAWAY VEHICLE

MOVEMENT PRECEDING COLLISION

1	2	3	
			A STOPPED
			B PROCEEDING STRAIGHT
			C RAN OFF ROAD
			D MAKING RIGHT TURN
			E MAKING LEFT TURN
			F MAKING U TURN
			G BACKING
			H SLOWING / STOPPING
			I PASSING OTHER VEHICLE
			J CHANGING LANES
			K PARKING MANEUVER
			L ENTERING TRAFFIC
			M OTHER UNSAFE TURNING
			N XING INTO OPPOSING LANE
			O PARKED
			P MERGING
			Q TRAVELING WRONG WAY
			R OTHER*:

SOBRIETY - DRUG PHYSICAL
(MARK 1 TO 2 ITEMS)

1	2	3	
X			A HAD NOT BEEN DRINKING
			B HBD - UNDER INFLUENCE
			C HBD - NOT UNDER INFLUENCE*
			D HBD - IMPAIRMENT UNKNOWN*
			E UNDER DRUG INFLUENCE*
			F IMPAIRMENT - PHYSICAL*
			G IMPAIRMENT NOT KNOWN
			H NOT APPLICABLE
			I SLEEPY / FATIGUED*

SKETCH

SEE PAGE FOUR.

INDICATE NORTH

MISCELLANEOUS

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

INJURED / WITNESSES / PASSENGERS

CHP 555 CARS PAGE 3 (REV 04-11) OPI 065

DATE OF COLLISION (MO. DAY YEAR)	TIME(2400)	NCIC #	OFFICER I.D.	NUMBER
06/24/2012	1800	9580	018588	2012060312

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER					
#		34	F	X					X				1	3	P	P	2

NAME / D.O.B. / ADDRESS (b)(3):CPSA Section 25(c),(b)(6) TELEPHONE

(INJURED ONLY) TRANSPORTED BY: LOS ANGELES COUNTY CORONER TAKEN TO: LOS ANGELES COUNTY CORONER'S OFFICE

DESCRIBE INJURIES: BLUNT FORCE TRAUMA.

VICTIM OF VIOLENT CRIME NOTIFIED

#		45	M			X							1	1	P	P	0

NAME / D.O.B. / ADDRESS (b)(3):CPSA Section 25(c),(b)(6) TELEPHONE

(INJURED ONLY) TRANSPORTED BY: NOT TRANSPORTED TAKEN TO: WILL SEEK OWN AID

DESCRIBE INJURIES: BRUISING TO LOWER BACK, COMPLAINT OF PAIN TO RIGHT ARM

VICTIM OF VIOLENT CRIME NOTIFIED

#																	

NAME / D.O.B. / ADDRESS TELEPHONE

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES:

VICTIM OF VIOLENT CRIME NOTIFIED

#																	

NAME / D.O.B. / ADDRESS TELEPHONE

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES:

VICTIM OF VIOLENT CRIME NOTIFIED

#																	

NAME / D.O.B. / ADDRESS TELEPHONE

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES:

VICTIM OF VIOLENT CRIME NOTIFIED

#																	

NAME / D.O.B. / ADDRESS TELEPHONE

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES:

VICTIM OF VIOLENT CRIME NOTIFIED

PREPARER'S NAME	I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
H. K. CHALDU	018588	06/24/2012		

STATE OF CALIFORNIA
SKETCH DIAGRAM
CHP 555 Page 4(Rev. 8-97) OPI 042

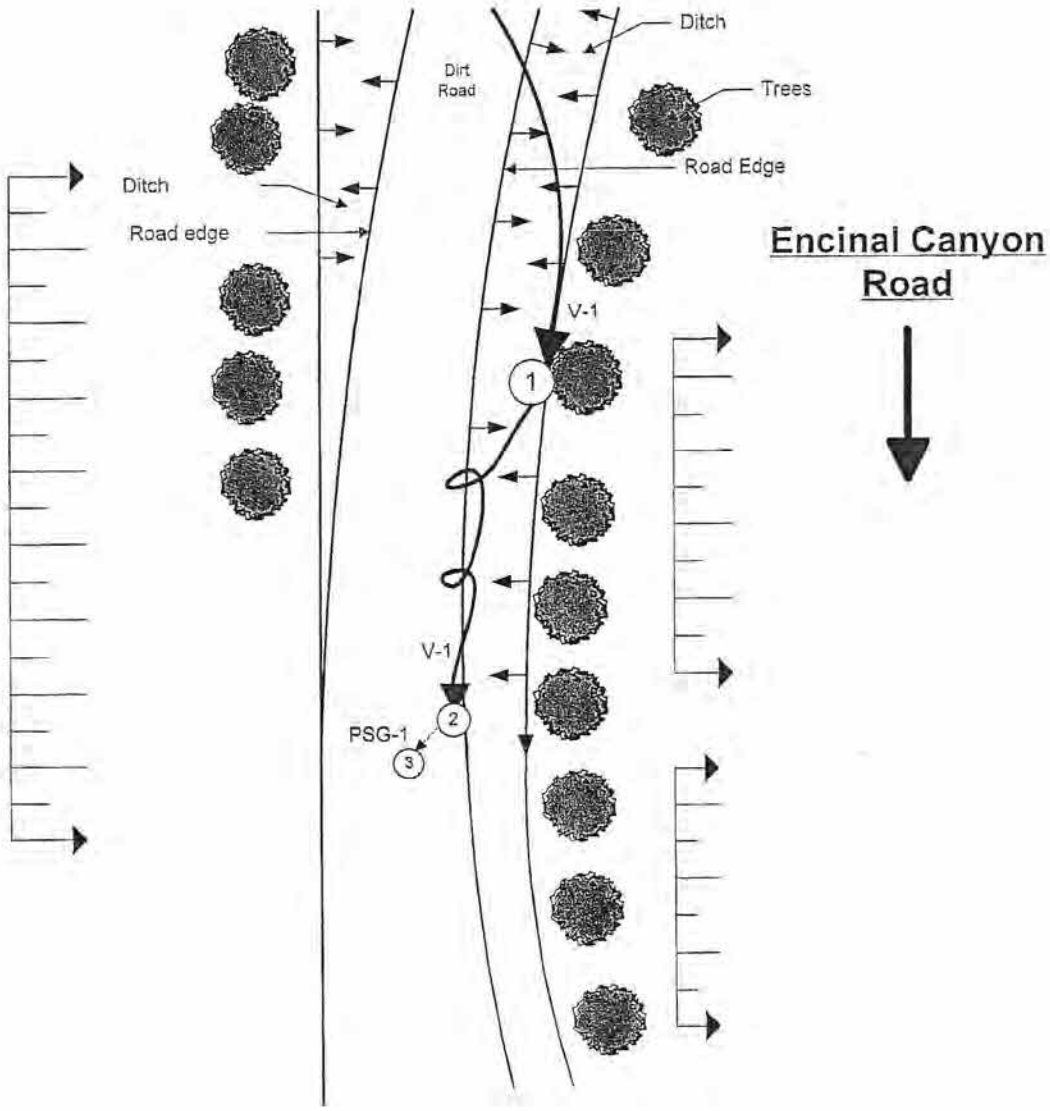
PAGE 4 OF 17

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
06/24/2012	1800	9580	019679	2012060312

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)

(b)(6)

Sketch



PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
D. SANCHEZ	019679	06/24/2012		

STATE OF CALIFORNIA

FACTUAL DIAGRAM

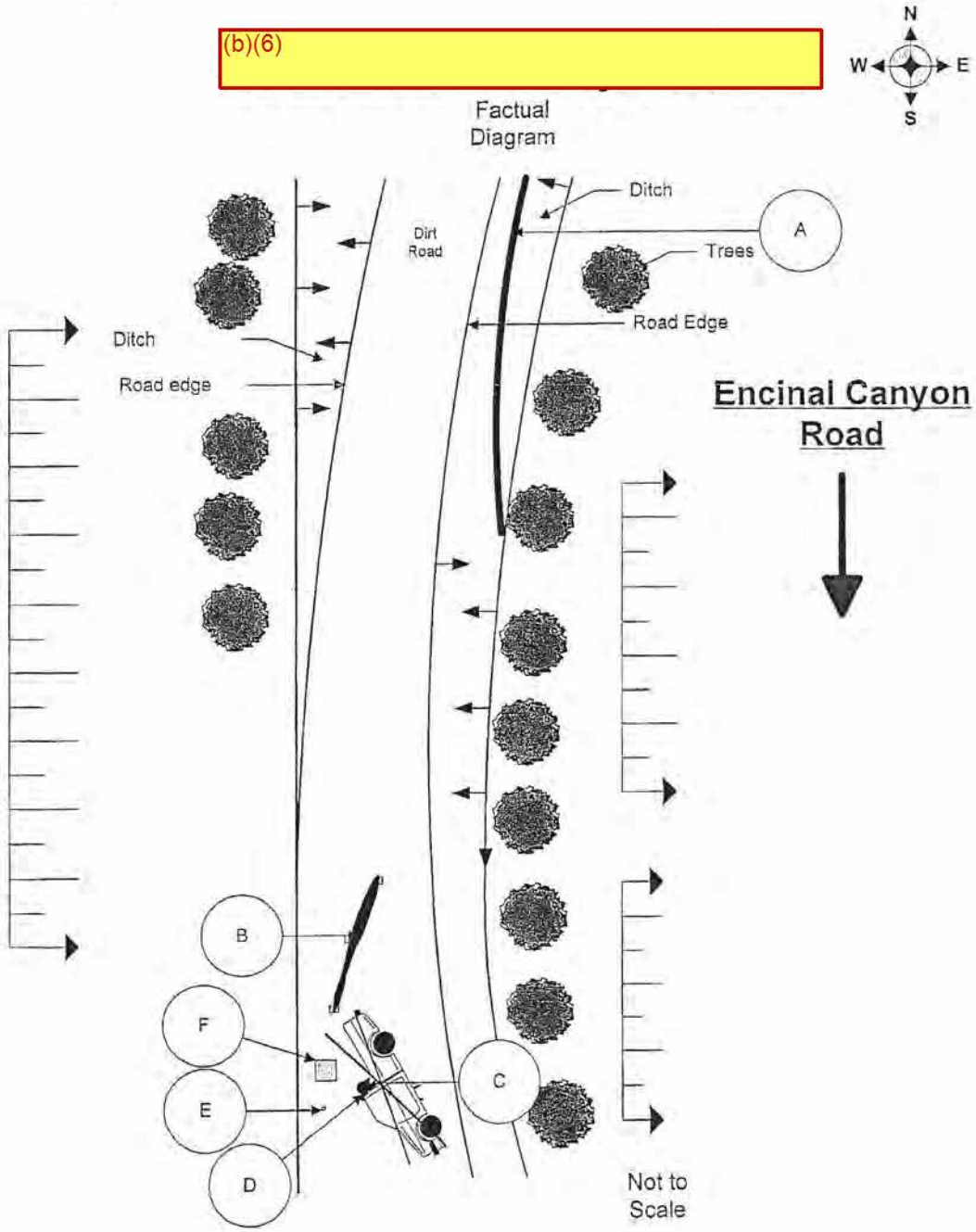
CHP 555 Page 4(Rev. 8-97) OPI 042

PAGE 5 OF 17

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
06/24/2012	1800	9580	019679	2012060312

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)

(b)(6)



PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
D. SANCHEZ	019679	06/24/2012		

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL PAGE 6 OF 17

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
06/24/2012	1800	9580	019679	2012060312

PHYSICAL EVIDENCE LEGEND

Station Line Description and Location:

The station line was established at the collision scene to facilitate the documentation of roadway characteristics and the location of physical evidence. Measurements for the station line were taken using a standard scale, nylon tape. Off set measurements were taken using a steel retractable tape. Measurements were taken to the center of each item, unless otherwise noted. Measurements were taken left and right of the station line.

The Station line was established west of Edison Pole #4692478E. The Edison Pole is located .5 miles into the 3200 Encinal Canyon Road driveway and 69 feet west of the dirt driveway edge. The station line extends in a northerly direction and increases numerically to the north. Station 0+00 was located 3 feet west of Edison Pole #4692478E.

Vehicle Points of Rest (V-1):

Wheel	Location	Distance	Left/Right	Station
R/F	Center	11.5 ft	R	112 ft
R/R	Center	7.7 ft	R	118 ft

Physical Evidence Descriptions:

Item

A	Left Front Tire Track
B	Body Matter trail
C	Center of a 1ft X1ft pool of blood
D	Body
E	Mat/rug
F	Soda Bottle

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
D. SANCHEZ	019679	06/24/2012		

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL PAGE 7 OF 17

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
06/24/2012	1800	9580	019679	2012060312

Physical Evidence Location:

Item		Station	Feet	Left/Right	Description
A	Start	188'	19	R	Dirt Track #1
	Mid	171'	15.8	R	Dirt Track #1 Continued
	End	156'	15.2	R	End Dirt Track #1
B	Start	121'	2.6	R	Body Matter
	Mid	126.7'	4.7	R	Body Matter Continued
	End	131'	6.3	R	End Body Matter
C		115'	4.3	R	Center of Blood pool
D	Start	115'	4.3	R	Head
	Mid	115'	6.2	R	Groin
	End	113'	9.3	R	Feet
E		117'	2.3	R	Center of Mat/rug
F		114'	1.8	R	Soda Bottle

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
D. SANCHEZ	019679	06/24/2012		

FACTS

NOTIFICATION:

On 06-24-2012 at approximately 1839 hours I received a radio call from CHP dispatch of a fatal collision involving an off-highway vehicle on private property at 3200 Encinal Canyon Road. I responded from Kanan Road south of Newton Canyon Road and arrived on scene at approximately 1900 hours.

All times, speeds, and measurements in this investigation are approximate. Speeds were determined using involved party statements. Measurements were obtained using measuring tapes and a station line (see Factual Diagram Legend for further information).

ON SCENE CHP PERSONNEL:

California Highway Patrol- West Valley
5825 De Soto Avenue
Woodland Hills, CA 91367
(818) 888-0980

Sergeant:	D. Ford	ID#13802	Scene Management
Officer:	H. Chaldu	ID#18588	Investigating Officer
Officer:	D. Sanchez	ID#19679	Measurements, Factual Diagram
Officer:	J. Oberlander	ID#16899	Scene Control

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
06/24/2012	1800	9580	018588	2012060312

OTHER INVOLVED AGENCIES:

Los Angeles County Fire Department

Los Angeles County Fire Department Station #70
3870 Carbon Canyon Road
Malibu, CA 90265
(310) 456-2379

Battalion #5 Chief:	Haskell	ID#112623

Los Angeles County Fire Station #89
29575 Canwood Street
Agoura Hills, CA 91301

Firefighter/Paramedic:	Miller	ID#226447
Firefighter/Paramedic:	Dixon	ID#411238

Los Angeles County Fire Station #72
1832 Decker Canyon Road
Malibu, CA 90265
(310) 457-6186

Captain:	Espy	ID#451308
Engineer:	Wong	ID#186954
Firefighter:	Thomas	ID#541861

OTHER INVOLVED AGENCIES (Continued):

Los Angeles County Sheriff's Department-Lost Hills Station
27050 Agoura Road
Agoura, CA 91301
(818)878-1808

Deputy:	Hollinger	ID#837900
Deputy:	Littman	ID#490410
Deputy:	Woodward	ID#444110
Deputy:	Thompson	ID#493200
Deputy:	Rinzler	ID#494514
Deputy:	Pode	ID#V09975
Deputy:	Safrick	ID#485674
Deputy:	Amores	ID#457278

McCormick Ambulance
23300 Ventura Boulevard #B
Calabasas, CA
(888) 349-8944

Supervisor:	M. Klein	ID#1324
EMT:	Vincent	ID#1298
EMT:	Ventura	ID#371

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
06/24/2012	1800	9580	018588	2012060312

OTHER INVOLVED AGENCIES (Continued):

Los Angeles County Coroner
1104 N. Mission
Los Angeles, CA 90033
(323) 343-0711

Investigator McCracken, #491917

SCENE:

This collision occurred on a private residential driveway located at (b)(6) The driveway is in a rural area, runs generally in a north/south direction, and is composed primarily of hard packed dirt. To the west of the driveway is a shallow drainage ditch which runs parallel to the driveway and a dirt hillside. At the east edge of the driveway is an area of soft dirt with a few rocks and a small dirt berm. On this berm are evergreen trees of various sizes and some exposed tree roots. The driveway has a gradual slope which declines from north to south. The driveway also curves slightly to the left from north to south.

At the time of this collision the weather was warm, clear, and dry. No visibility obstructions were noted or claimed. There is no posted speed limit at this location due to this area being private property.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
H. K. CHALDU	018588	06/24/2012		

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL PAGE 12 OF 17

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
06/24/2012	1800	9580	018588	2012060312

PHOTOGRAPHS:

Twelve digital photos were taken of Vehicle #1 by Sergeant Ford. Six digital photos were taken of the scene by Officer Chaldu. All photos were burned to a CD-Rom and the originals deleted.

WEATHER:

The weather was obtained from www.wunderground.com. At the approximate time of this collision the weather was clear and sunny and the temperature was 68 degrees Fahrenheit.

PARTIES:

Driver #1 (b)(6)) was located at the scene standing near a Los Angeles County Sheriff's Department vehicle a short distance south of where Vehicle #1 had come to rest. Mr. (b)(6) was identified by his California Driver License. (b)(6) was placed as a party in this collision by the following:

-His statements that he was the driver of the vehicle.

Vehicle #1 (Yamaha)

Vehicle **2007/Yama/Rhino/Brn/Blk**
VIN# (b)(6)

Vehicle #1 was located within the private driveway of (b)(6) at its point of rest on its right side facing in a southerly direction. Vehicle #1 sustained minor damage in this collision consisting of scrapes to its right side.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
H. K. CHALDU	018588	06/24/2012		

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL PAGE 13 OF 17

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
06/24/2012	1800	9580	018588	2012060312

STATEMENTS:

Driver #1 (D-1) (b)(6) was contacted at the scene and related in essence;

General Statement:

We were up at the house and there was no water at the house so I was going to take the ATV down to the well to turn the pump on. (b)(6) asked to come along with me. We got in the ATV and as we came down the hill I felt the tires start to slide to the left onto the embankment. I thought that I had regained control, but just as I thought that the ATV started to flip over. I think it flipped because it hit a tree root. The ATV flipped onto its right side and slid approximately 4-5 feet down the road. After the collision I climbed out of the ATV through the windshield and saw (b)(6) trapped under the ATV. I tried to lift it up but it was too heavy. I could see that it didn't matter because she was already dead. I was able to see a piece of her brain.

Trip Details:

This trip began at (b)(6) residence at approximately 1730 hours. Their destination was a well at the bottom of the hill. (b)(6) related that he is very familiar with this road because he drives it daily. (b)(6) was his only passenger.

Prior Activities Profile:

Mr. Cohen stated he slept last night for approximately 6-7 hours, waking at 0830 that morning. He also stated that he last ate at approximately 1500 hours. (b)(6) stated that their day had been spent barbequing and riding around on nearby trails in the ATV and in a friend's Jeep.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
H. K. CHALDU	018588	06/24/2012		

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL PAGE 14 OF 17

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
06/24/2012	1800	9580	018588	2012060312

STATEMENTS (Continued):

Pre-Crash:

(b)(6) was driving Vehicle #1 southbound on the driveway of his residence. He estimated his speed to be approximately 15 mph. When asked how he determined this speed he stated it was an estimation based on decline and the sound of the engine. (b)(6) stated that visibility was good and that there were no other vehicles on the driveway. He also stated that his hands were positioned at 10 o'clock and 2 o'clock on the steering wheel with this thumbs pointing upward. (b)(6) first realized that there was a problem when he felt the tires of Vehicle #1 begin to slide to the left. He stated that he slowed to approximately 10 mph and steered back toward the driveway and thought that this had corrected the problem. At this time (b)(6) realized that the vehicle hit an exposed tree root left of the roadway and was beginning to overturn.

At Crash:

The collision between Vehicle #1 and the tree root occurred on a dirt berm east of the driveway. Vehicle #1 overturned onto it's right side and slid approximately 5 feet in a southerly direction.

Post Crash:

Vehicle #1 came to rest on its right side facing in a southerly direction. (b)(6) stated that he climbed out of the vehicle through the windshield and then observed that the vehicle had come to rest on top of the partially ejected passenger. Los Angeles County Fire Department personnel arrived approximately 30 minutes later. No first aid was performed at the scene due to the passenger succumbing immediately to severe injuries to her head and torso.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
H. K. CHALDU	018588	06/24/2012		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
06/24/2012	1800	9580	018588	2012060312

STATEMENTS (Continued):

Vehicle Details:

(b)(6) stated that he has owned Vehicle #1 for approximately 4 months and has driven it a total of approximately 50 hours. (b)(6) stated that he drives Vehicle #1 almost daily and that there were no mechanical problems with the vehicle. Approximately 2-3 weeks prior to this collision (b)(6) had new rear tires put on Vehicle #1. The windshield area of Vehicle #1 was clear and there were no loose items in the passenger compartment of the vehicle.

Driver Details:

(b)(6) stated that his total driving experience was approximately 28 years and his experience driving off-road vehicles was approximately 20 years. (b)(6) related that at the time of the collision he was not sleepy, had not consumed any alcohol, and had not taken any medications. (b)(6) stated that he does not have any health problems or physical impairments. When asked if he had used any recreational drugs, (b)(6) stated that they had a "joint" of marijuana at approximately 1330-1400 hours that day. (b)(6) did not exhibit any objective signs of intoxication. I performed at check of (b)(6) eyes and did not detect Horizontal Gaze Nystagmus or a Lack of Convergence. Based on this I formed the opinion that (b)(6) was not under the influence and no further investigation was warranted.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
H. K. CHALDU	018588	06/24/2012		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
06/24/2012	1800	9580	018588	2012060312

OPINIONS AND CONCLUSIONS

Summary:

Pre-Impact:

Driver #1 was driving Vehicle #1 southbound on a private residential driveway located at 3200 Encinal Canyon Road at approximately 15 mph. (This speed is based upon Driver #1's estimation.)

At Impact:

Due to Driver #1 making an unsafe turning movement in Vehicle #1, the left tires of Vehicle #1 entered an area of soft dirt to the east of the driveway causing Driver #1 to lose control of Vehicle #1. The left front tire of Vehicle #1 collided with an exposed tree root east of the driveway and Vehicle #1 began to overturn. As Vehicle #1 overturned, Passenger #1 (PSG-1) (Micol Nanette Cohen) was partially ejected from Vehicle #1. The right side of Vehicle #1 collided with Passenger #1 as Passenger #1 was colliding with the ground, causing fatal injuries to Passenger #1.

Post-Impact:

Vehicle #1 came to rest on its right side facing in a southerly direction within the driveway of 3200 Encinal Canyon Road. Passenger #1 came to rest in a supine position under Vehicle #1.

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL PAGE 17 OF 17

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
06/24/2012	1800	9580	018588	2012060312

AREAS OF IMPACT (AOI):

AOI #1 (V-1 vs. Tree Root) was at station 1+56 and 15 feet 2 inches right of the station line.

AOI #2 (V-1 vs. Driveway) was at station 1+34 and 9 feet 5 inches right of the station line.

AOI #3(V-1 vs. PSG-1) was at station 1+31 and 6 feet 3 inches right of the station line.

CAUSE:

This collision was caused by Driver #1 making an unsafe turning movement in Vehicle #1 which caused Vehicle #1 to leave the main traveled portion of the driveway where it collided with a fixed object and overturned.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
H. K. CHALDU	018588	06/24/2012		

search cars for sale

Home :: Tools & Services :: VIN Decoder

Success!

The VIN you provided belongs to a motorcycle that was manufactured in the USA by the Yamaha corporation.

2007 YAMAHA YXR660F

VIN:	5Y4AM11Y87A000584
World region:	North America
Manufactured in:	USA
Year:	2007
Make:	Yamaha
Model:	YXR660F
Body style:	All Terrain
Drive type:	RWD
Cylinders:	1 Cylinders

Share this report: http://www.motoverse.com/tools/vinDecoder/5Y4AM11Y87A000584

Can Motoverse tell me if this vehicle has been in an accident?

No. Our database is for identification only. Free CARFAX Record Check: 5Y4AM11Y87A000584 Go

CycleVIN Motorcycle VIN Check can reveal motorcycle history data, too 5Y4AM11Y87A000584 Go

Can Motoverse tell me if this vehicle has been stolen?

No. Our database is for identification only. The NICB has a VIN check for stolen vehicles.

Go back

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NOTE: THIS IS NOT A PHOTOGRAPH OF THE UTV INVOLVED IN THE INCIDENT. IT IS A PHOTOGRAPH OF ANOTHER UTV OF THE SAME YEAR, MAKE, AND MODEL.

Print Form

Task No. 120702HWE6047

Date: 10-01-2012

STATUS OF MISSING DOCUMENT (S)

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

1. Fire Department Report
2. Medical Examiner's Report
3. Ambulance Report
4.
5.

Date: 10-01-2012 **Investigator No:** 9094

Regional office: CFIW **Supervisor No:** 8631

Utility Vehicle Data Record Sheet

Front

A Driver	B Right Front Passenger
Left Rear Passenger	Right Rear Passenger
Cargo Bed	

Rear

The Utility Vehicle

A:		
	Age: 45	Height: 5'7'
	Gender: M	Weight: 165
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Injured	
	Injury Description: Unknown	
	Did vehicle land on victim: No	
	Ejected (Either partially or fully): No	

B:		
	Age: 34	Height: Unknown
	Gender: F	Weight: Unknown
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: Head injuries	
	Did vehicle land on victim: Yes	
	Ejected (Either partially or fully): Partially	

C:		
	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

D:		
	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

E:		
	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

F:		
	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

*If victim(s) were injured/killed, please include the other relevant information requested in the assignment message in the text of the IDI

Using the figure on the left, please fill in where the occupants were in the vehicle at the time of the incident using A, B, C, etc. to identify the occupant(s)' location. Fill in the occupants' characteristics in the corresponding location on the right. For example, the driver could be assigned to the letter 'A' and the letter 'A' would be placed in the diagram in the box designated 'Driver', and the drivers' characteristics would be filled on the right. If there were more than six occupants (or more room is needed), please add the other passenger(s)' information (or any other information) as needed. If information is not available, please indicate by 'na'.

Note: Not all locations indicated on the diagram exist in all types of utility vehicles. Please only use the locations that correspond to the incident vehicle. Please place an 'X' over the area if the vehicle was not equipped with the component.

Save

EPIDEMIOLOGIC INVESTIGATION REPORT

1. Task Number	2. Investigator's ID	
120716HCC1826	4454	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
810	2012 06 30	2012 07 18

6. Synopsis of Accident or Complaint **UPC**

A 33 YOF was driving her four-wheeled UTV along the roadside at night. She had her pet dog and two daughters, ages 22 months and 3 years, with her in the UTV. The 3 YOF was buckled into the passenger seat and the 22-month-old was seated on the center console. At some point, the mother got out and put on the parking brake. While she was outside of the vehicle, it rolled down an adjacent 20-foot embankment, overturned, and struck a tree. The 3 YOF suffered a broken left femur and the 22-month-old received multiple internal injuries. The girls were transported to seperate hospitals where the 3 YOF was treated and the 22-month-old was pronounced dead of "Multiple Injuries" including a fractured skull.

7. Location (Home, School, etc)	8. City	9. State
4 - STREET OR HIGHWAY	CALHOUN COUNTY	WV

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - UTILITY VEHICLES	FOUR WHEELED UTV	RHINO

10D. Manufacturer Name and Address
YAMAHA MOTORS USA / VIN: 1200010001354591
6555 KATELLA AVENUE
CYPRESS, CA 90630

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
0	NONE	NONE

11D. Manufacturer Name and Address
NONE

12A. Hispanic or Latino	12B. Race	12C. Race Source
2 - No	1 - White Other:	3 - Official Document

13. Age of Victim	14. Sex	15. Disposition	16. Injury Diagnosis
222	2 - Female	8 - Death	57 - Fracture

17. Body Part(s) Involved	18. Respondent	19. Type of Investigation	20. Time Spent (Operational / Travel)
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	18.00 / 0.00

21. Attachment(s)	22. Case Source	23. Sample Collection Number
9 - Multiple Attachments	05 - Newspaper	

24. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ◉ No ○ Yes for Manuf. Only ○ Verbal ○ Written

25. Review Date	26. Reviewed By	27. Regional Office Director
09/06/2012	9001	Dennis R. Blasius

28. Distribution	29. Source Document Number
Carrae Green; Melvyn R. Altman; Sarah Garland	X1270222A

SUMMARY

This assignment was based on a news article dated 07/04/12. The article reported that a 2-year-old girl died on the morning of 07/01/12 when a UTV she and her 3-year-old sister were sitting in, rolled down an embankment and struck a tree. The information contained in this investigation was obtained from the official reports, internet research, and a telephone interview with the investigating Trooper.

The Medical Examiner's report stated incorrectly that the girls were seated in the back of the vehicle when the accident occurred. The report also misidentified the make and model of the vehicle as addressed in the product identification section of this report. According to all other sources, the 2-year-old (who was actually 22-months of age) was seated on the vehicle's center console and her sister was buckled into the passenger seat at the time of the accident.

The sources indicated that on 06/30/12 at about 10:30 p.m., the girls' mother was driving them away from their residence on a dry, paved road. When they had gotten about 300 yards from their driveway, their pet dog, which was also onboard the UTV, jumped out. The mother pulled to the shoulder, engaged the parking brake, and got out to retrieve the dog. After she got out, the UTV rolled forward down an adjacent 20-foot embankment. Note: The ME report stated incorrectly that the vehicle rolled backward down the embankment. The mother attempted unsuccessfully to get back into the rolling vehicle to stop it. The vehicle rolled down the hill, overturned, and came to rest against a tree. Apparently, neither child was ejected. The 3-year-old, who was buckled into the passenger seat, suffered a broken left femur. The 22-month-old had a roll bar land on her head and received a fractured skull. She also suffered multiple internal injuries and was seen to have blood coming from her nose, mouth, eyes, and ears.

Several people ran to the scene including the girls' father and grandmother. The girls were removed from the overturned UTV and brought up to the roadside. Several calls were placed to 911 around 10:45 p.m. and the first responders arrived in about 20 minutes. They found the father on the roadside performing CPR on the 22-month-old. In additional to her visible injuries, EMS personnel noted that the child's forehead would expand during ventilations. The girls were transported to separate hospitals were the 3-year-old was treated for a broken leg and the 22-month-old was pronounced dead. Time of death was called at just after midnight and the cause was listed as "Multiple Injuries."

On 08/24/12, I spoke with the investigating Trooper over the telephone. He described the parents as greatly distraught and added that he was never able to obtain any information directly from the mother due to her distress. He also said that once the UTV was brought back up the hill, he verified that the parking brake had been fully engaged. The Trooper added that the VIN number he got off of the UTV and put in his report did not appear to conform to normal VIN standards (it contained all numbers) but it was the only one he could find. The Trooper also noted that none of the riders were wearing helmets during the operation of the UTV or during the accident.

PRODUCT INFORMATION

Description: Side-by-side, four-wheeled utility vehicle.

Brand: Yamaha (NOT John Deere as stated in the ME report).

Model: Rhino (NOT Gator as stated in the ME report.)

Year: 2009

Color: Silver

Manufacturer:
Yamaha Motors USA
6555 Katella Ave.
Cypress, CA 90630
(800) 962-7926

Retailer: Unknown

Date of Purchase: Unknown

NOTE: An online search presented a read-only pdf version of the owner's manual for the 2009 Yamaha Rhino. I also located images of the warning labels placed on the incident model. The following warning appears in the manual and on a label:

> To ride in a Rhino, a passenger must be tall enough to place both feet flat on the floorboard with his or her back against the seat back and be able to reach the passenger hand holds **(Exhibits 8 and 9)**.

ATTACHMENTS

Exhibit 1: Identification of Contacts.

Exhibit 2: EMS Report.

Exhibit 3: Medical Examiner's Report.

Exhibit 4: State Police Crash Report.

Exhibit 5: Request for 911 CAD Report.

Exhibit 6: Photograph of incident model from atvriders.com.

Exhibit 7: Incident model specifications and features from atvriders.com.

Exhibit 8: Screen capture of secure, online Owner's Manual from yahama-motor.com.

Exhibit 9: Images of the incident model's warning labels from truthaboutrhino.com.

Exhibit 10: Missing Documents Form.

Exhibit 11: UTV Data Record Sheet.

IDENTIFICATION OF CONTACTS

1. Lisa Manns / J.A. Newman
   West Virginia State Police
   725 Jefferson Rd.
   South Charleston, WV 25309
   304-746-2121 (phone)
   304-746-2206 (fax)
   08/24/12 – Provided a telephone interview and a copy of the Traffic Crash Report.

2. Sabrina May
   Calhoun County EMS
   4418 S. Calhoun Hwy.
   Grantsville, WV 26147
   304-354-7006 (phone)
   304-354-7905 (fax)
   08/25/12 – Provided EMS Run Reports.

3. Kathy Wood
   Calhoun County 911
   511 Alan B. Mollahan Dr.
   Mt. Zion, WV 26151
   304-354-9271 (phone)
   304-354-9449 (fax)
   09/04/12 – Provided recording of 911 radio traffic.

08/25/2012 3:53PM (GMT-04:00)

Calhoun County Emergency Medical Squad, Inc.
P.O. Box 177
Grantsville, West Virginia 26147
Phone: (304) 354-7006

FAX COVER SHEET

DATE: 06/25/12

TO: Dyson, Brian
Consumer Product Safety Comm.

FROM: Calhoun County EMS, Inc.
FAX: (304) 354-7905

Number of pages (including cover sheet): 10

Comments: Sorry it took so long. My Director wanted to look at the fax you sent before I faxed anything.
Thank You.
Sabrina Riley

PRID: 19663074 **Dispatch Number:**

Service: Calhoun County EMS Inc
Base: Station 400
Unit: 462
Mass Casualty: No
Veh. Disp. Loc: 4000 BEECH RD
Type of Svc: Scene Unscheduled
Response Code: Lights and Siren
Mode to Ref: Lights / Sirens
Moved Via: Stretcher
Position: Supine
Outcome: Treated, Transported by EMS

Date: June 30, 2012
Team: BLS
Crew 1: *Driver* *Johnson, Josh EMT P
Crew 2: *Primary Caregiver* Villers, Jacob EMT B
** ALS Provider*
Mode to Rec: Lights / Sirens
Moved From: Stretcher
Pt. Condition: Improved

Ref Other Type: *Street < 50 MPH*
Location: 4000 BEECH RD
4000 BEECH RD
Chloe, WV 25235
Requester: 911-465

Receiving: *Hospital*
Minnie Hamilton Healthcare Center

Emergency Department
186 Hospital Drive
PO Box 490
Grantsville, WV 26147-7100
(304)354-9244

Last Name: MCKOWN **First:** PEYTEN **Middle:** A
Address: 4186 BEECH ROAD
City: Orma **ST:** WV **Zip:** 25268
County: Calhoun
Phone: (304) 655-8852
DOB: 11/10/2008
Age: 3y **Sex:** F **Weight:**
Subscriber: No
Race: White, non-Hispanic
Barriers to Care: Not Recorded

Odometer		Times	
Start:	165258.1	Received:	22:46
At Ref:	165273.4	Notified:	22:46
At Rec:	165295.8	Dispatch:	22:48
End:	165304.2	EnRoute:	22:48
Ld Miles:	22.4	At Ref:	23:04
Tot Miles:	46.1	At Patient:	23:04
		Lv Ref:	23:14
		At Rec:	23:31
		Available:	23:46
		In Qtrs:	23:59

Billing Information:

Company	Group	ID
BLUE CROSS	PHW810633957	

Relative/Guarantor	SSN	DOB
MCKOWN, ROMAN W Parent 4186 BEECH ROAD Orma, WV, 25268	(304) 655-8852	

Consent Signed: Yes
Medical Necessity Signed: No

Scene Information

Description: UTV OVER HILLSIDE WITH NO PASSENGER COMPARTMENT INSTRUSION
Num. Patients On Scene: 2
Patient Belongings: NONE
Why Transport Called (CMS): Not Available

Chief Complaint (Category: Traumatic Injury)

LARGE DEFORMITY TO LEFT LEG MID THIGH
Duration: 30 Minutes
Anatomic Location: Extremity - Lower

Secondary Complaint

MID STERNAL CHEST PAIN
Duration: 30 Minutes

History of Present Illness

1.DISPATCHED BY 911 TO RESPOND TO SCENE OF SINGLE VEHICLE MVC, FIRST EMS CREW REQUESTING TRANSPORT OF ADDITIONAL PT 2,ARRIVED ON SCENE FOUND PT SUPINE CRYING 3.C/C LARGE DEFORMITY TO LEFT LEG MID THIGH LARGE DEFORMITY W/SECONDARY COMPLAINT MID STERNAL CHEST PAIN 4.C/C BEGAN 30 MIN PRIOR TO THIS EMS CREWS ARRIVAL PT WAS RIDING IN UTV WHEN DRIVER LOST CONTROL OF VEHICLE AND PT WAS EJECTED 5.NO MED HX 6.NKDA 7.NO DAILY MEDS 8.UPON

Chief Complaint (Category: Traumatic Injury)

PHYSICAL EXAM PERRL, LUNGS CLEAR EQUAL BILATERALLY, GOOD PULSE IN ALL 4 EXTREMITIES, ONLYTHING NOTED ON DOAP-BTLS DEFORMITY MID LEFT THIGH AND GUARDING CHEST 9.PLACED PT ON LBB, C-COLLAR, CID, BLOW BY O2, SPLINT LEFT LEG AND MONITORED VITALS, 10.NO AEROMEDICAL DUE TO WEATHER, ACTIVATED ALS. 11.WEATHER CLEAR DRY 12.ROADS CLEAR WET

Past Medical History	Current Medications	Allergies
None	None Listed	None

Neurological Exam

Level of Consciousness: Alert **Loss of Consciousness:** Unknown
Chemically Paralyzed: No
Neurological: Normal
Mental: Normal

Glasgow Coma Scale	E	V	M	Tot
Int:	4	5	6	= 15

Pediatric Trauma Score: 10

Pupils	Left	Right
Size:	Normal	Normal
React:	Reactive	Reactive

	Motor	Sensory
LA:	Normal	Normal
RA:	Normal	Normal
LL:	Normal	Normal
RL:	Normal	Normal

Airway

Status: Patent

Respiratory

Effort: Normal
Sounds: L: Clear R: Clear
Oxygen: 15 lpm via Blow-By **Performed By:** EMS Provider **Outcome:** Unchanged

Cardiovascular

JVD: Not Appreciated **Cap. Refill:** Less than 2 Seconds
Edema: Not Appreciated

Pulses	Left	Right
Carotid:		
Radial:	Strong	Strong
Femoral:		

MVI

Involved: 1
Airbag: No Airbag Present
Position: Right Front
Seat Row: 1
Risk Factors: DOA Same Vehicle, Ejection, Rollover/Roof Deformity
Vehicle Impact: Rollover
Extrication Required: No

Injury Details

Reason for Encounter: Injury/Trauma
Drugs/Alcohol?: None
Intentional: No
Fall Height: 1 FT
Fall Surface: Medium
Landed On: Feet/Legs
Work Related: No
Injury Cause: Mvc
Mechanism: MVC - Public
Equipment: None

Initial Physical Findings

Injuries
Lower Extremities: Dislocation/Fracture
Thorax: Pain w/o Swelling/Bruising
Assessment

Immobilization: Collar:Y, CID:Y, LBB:Y, KED:N, MAST:N
Performed By: EMS Provider
Outcome: Unchanged

Impression / Diagnosis

System: Musculoskeletal
Symptoms: Pain
Impression: Traumatic injury
CMS Condition: Other Trauma (fracture/dislocation)

Activity

Time	H.R.	B.P.	MAP	SaO2	Resp	Rhythm	GCS	Pain	CRW*
		Method			Resp Effort				
Action	Comment								
23:10	124	105 / 62 Manual Cuff	76	100	23 Normal		4/5/6	8	#2
23:20	119	104 / 67 Auto. Cuff	79	100	23 Normal		4/5/6	8	#2

** Assessment made by*

Response Factors Affecting Care: None
Scene Factors Affecting Care: None
Transportation Factors Affecting Care: None

PRID: 19598257 **Dispatch Number:** 897B-12

Service: Calhoun County EMS Inc
Base: Station 400
Unit: 464
Mass Casualty: No
Vehc. Disp. Loc: BACK UP 462
Type of Svc: Intercept Unscheduled
Response Code: Lights and Siren
Mode to Ref: Lights / Sirens
Moved Via: Not Applicable
Position: Supine
Outcome: Treated, Transported by EMS

Date: July 1, 2012
Team: ALS
Crew 1: *Primary Caregiver* *May, Sabrina EMT I
Crew 2: *Driver* Jeffers, Jeffrey EMT B
* *ALS Provider*
RFT: ALS BACK UP FOR A 3 F FEMUR FRACTURE
Mode to Rec: Lights / Sirens
Moved From: Stretcher
Pt. Condition: Unchanged

Ref Other Type: *Street > 50 MPH*
Location: SOUTH CALHOUN HWY
RT 16 S CALHOUN HWY
Grantsville, WV 26147
Requester: 462

Receiving: *Hospital*
Minnie Hamilton Healthcare Center

Emergency Department
186 Hospital Drive
PO Box 490
Grantsville, WV 26147-7100
(304)354-9244

Last Name: N (b)(3):Exemption 3 for 25(c) (b)(6)
Address: 4
City: Orma **ST:** WV **Zip:** 25268
County: Calhoun
Phone: (304) 655-8882
DOB: (b) 2008
Age: 3y **Sex:** F **Weight:**
Subscriber: No
Race: White, non-Hispanic
Barriers to Care: Not Recorded
Billing Information:

Company	Group	ID
BLUE CROSS	PHW810633957	

Relative/Guarantor	*SSN*	*DOB*
(b)(6)		

Odometer		Times	
Start:	133430.2	**Received:**	00:13
At Ref:	133434.8	**Notified:**	00:13
At Rec:	133438.2	**Dispatch:**	00:13
End:	133442.7	**EnRoute:**	00:13
Ld Miles:	3.4	**First Resp:**	00:13
Tot Miles:	12.5	**At Ref:**	00:15
		At Patient:	00:16
		Lv Ref:	00:17
		At Rec:	00:22
		Available:	00:40
		In Qtrs:	00:50

Consent Signed: No
Medical Necessity Signed: No

Scene Information

Patient Belongings: NONE
Why Transport Called (CMS): Not Applicable

Chief Complaint (Category: Traumatic Injury)

ATV ACCIDENT FEMUR FRACTURE
Duration: 30 Minutes
Anatomic Location: Extremity - Lower,Not Known
ALS Assessment: Completed for Suspected Illness

History of Present Illness

1- 911 RESP TO BACK UP BLS UNIT FOR 3 F FEMUR FRACTURE GOING IN AND OUT ON CONSCIOUSNESS 2- PT WAS FD FULLY IMMOBILIZED GETTING BLOW BY O2 ON BOARD OF CCEMS 462 3- C/C ATV ACCIDENT/FEMUR FRACTURE/HAVING TROUBLE STAYING AWAKE 4- X APPROX 30 MINS 5,6,7- SEE OTHER TABS 8- LUNGS- CLEAR, W/P/D, PUPILS- =R, DEFORMITY TO LFT FEMUR, PMSX4, PAIN TO LFT LEG, SWELLING TO LFT FEMUR, NO OTHER VISIBLE SIGNS OF TRAUMA 9- PT WAS FULLY IMMOBILIZED, WITH LEG SPLINTED IN POSITION FD, BLOW BY AND VS DONE BY OTHER EMS UNIT, PROVIDED SUPPORTIVE CARE 10- UPON ARRIVAL TO BACK UP 462, BOARDED AMBULANCE AND FD PT FULLY IMMOBILIZED WITH LFT LEG SPLINTED IN POSITION FD, PT HAD DEFORMITY TO LFT FEMUR WITH GOOD PMSX4, PT WAS CALM AND NOT FIGHTING THE IMMOBILIZATION AS LONG AS NOT TOUCHED,

Chief Complaint (Category: Traumatic Injury)

PT STATED THAT ONLY HER LEG WAS HURTING, PT WAS GETTING BLOW BY O2 BY EMT DUE TO REFUSING NC OR NRB PER EMT AND PT GRANDMOTHER, TRACTION SPLINT WAS NOT TOLERATED BY PT AND COULD ONLY KEEP HER STILL AND CALM IF LFT IN POSITION FD PT DID HAVE GOOD PMS IN THAT POSITION, ONCE ALS WAS ABOARD ONLY 5 MIN ETA TO HOSP, NO IV ESTABLISHED DUE TO TRYING KEEP PT CALM AND ETA, PT TOLERATED TRANSPORT WELL 11- HOT 12- DRY

Past Medical History	Current Medications	Allergies
None Obtained From: Bystander/Other Emergency Info Form: Yes	None Listed	None

Neurological Exam

Level of Consciousness: Alert **Loss of Consciousness:** No
Chemically Paralyzed: No
Neuro Comments: NORMAL FOR AGE
Neurological: Normal
Mental: Normal

Glasgow Coma Scale

	E	V	M	Tot
Int:	4	5	6	= 15

Broselow: Not Recorded

Pediatric Trauma Score: 11

Pupils	Left	Right
Size:	Normal	Normal
React:	Reactive	Reactive

	Motor	Sensory
LA:	Normal	Normal
RA:	Normal	Normal
LL:	Normal	Normal
RL:	Normal	Normal

Airway

Status: Patent

Respiratory

Effort: Normal
Sounds: L: Clear R: Clear
Oxygen: 6 lpm via Blow-By **Performed By:** Other Healthcare Provider
Outcome: Unchanged

Cardiovascular

JVD: Not Appreciated **Cap. Refill:** Less than 2 Seconds
Edema: Not Appreciated

Pulses	Left	Right
Carotid:	Strong	Strong
Radial:	Strong	Strong
Femoral:	Strong	Strong
Dorsalis:	Strong	Strong
Brachial:	Strong	Strong

Injury Details

Reason for Encounter: Injury/Trauma
Intentional: No
Fall Height: 0 FT
Fall Surface: Not Recorded
Work Related: No
Injury Cause: Motor Vehicle Accident - Not Traffic
Mechanism: MVC - Off road
Equipment: None

Initial Physical Findings

Injuries

Lower Extremities: Dislocation/Fracture, Soft Tissue Swelling/Bruising

Immobilization: Collar:YES, CID:YES, LBB:YES, KED:, MAST:

Initial Physical Findings

Assessment

Performed By: Other Healthcare Provider

Outcome: Unchanged

Head Findings: NCAT, normocephalic, unremarkable

Neck Findings: Supple, trachea midline, unremarkable

Chest Findings: Chest wall intact, clear bilateral breath sounds

Abdominal Comments: Soft, non-tender,Normal

Pelvis Findings: Stable to flex/compression

Back Findings: No abnormalities

Left Leg: Tenderness

Extremity Findings: FEMUR FRACTURE

Skin Findings: Warm and dry

Impression / Diagnosis

System: Global
Symptoms: Not Applicable, Swelling
Impression: Traumatic injury
CMS Condition: Other Trauma (suspected internal injuries),Unconscious/Syncope/Dizziness,Other Trauma (fracture/dislocation)

Activity

Time	H.R.	B.P.	SaO2	Resp	Rhythm	GCS	Protol	Pain	CRW*
	LOC	Method		Resp Effort					
Action	Comment								
00:16	120	0 / 0	96	24		4/5/6	Universal Care	7	#1
	Alert			Normal					
	PT WAS CALM AS FD AND DID NOT WANT TO CAUSE PT DISTRESS SINCE ONLY 5 MIN ETA TO HOSP								

** Assessment made by*

Response Factors Affecting Care: Other:ON ANOTHER CALL
Scene Factors Affecting Care: None
Transportation Factors Affecting Care: None

PRID: 19625096 **Dispatch Number:** 897-12

Service: Calhoun County EMS Inc
Base: Station 400
Unit: 465
Mass Casualty: No
Veh. Disp. Loc: Beech rd
Type of Svc: Scene Unscheduled
Response Code: Lights and Siren
Mode to Ref: Lights / Sirens
Moved Via: Stretcher
Position: Supine
Outcome: Treated, Transported by EMS

Date: June 30, 2012
Team: ALS
Crew 1: *Driver* Jeffers, Jeffrey EMT B
Crew 2: *Primary Caregiver* *May, Danny EMT P
Other : Dave johnson
* *ALS Provider*
RFT: pediatric traumatic arrest
Mode to Rec: Lights / Sirens
Moved From: Stretcher
Pt. Condition: Dead

Ref Other Type: *Street < 50 MPH*
Location: Beech rd 3300 block
Arnoldsburg, WV 25234
Requester: 911

Receiving: *Hospital*
Roane General Hospital

Emergency Department
200 Hospital Drive
Spencer, WV 25276-1050

(304) 927-4444

Last Name: (b)(6) **First:** (b)(6) **Middle:** R
Address: (b)(6)
City: Orma **ST:** WV **Zip:** 25268
County: Calhoun
Phone: (b)(6)
DOB:
Age: 22m **Sex:** F **Weight:** 16 kg
Subscriber: No
Race: White, non-Hispanic
DNR Orders: None
Barriers to Care: Not Recorded
Billing Information:

Company	Group	ID
Highmark Blue Cross blue shield	00190062061000	phw810633957

Relative/Guarantor	*SSN*	*DOB*
Mcown, Roman Parent (NOK) 4186 Beech rd Orma, WV, 25268		

Odometer		Times	
Start:	152374.0	**Onset:**	22:46 06/30
At Ref:	152399.1	**Received:**	22:46
At Rec:	152407.8	**Notified:**	22:46
End:	152435.5	**Dispatch:**	22:51
Ld Miles:	8.7	**EnRoute:**	22:53
Tot Miles:	61.5	**At Ref:**	23:16
		At Patient:	23:16
		Lv Ref:	23:29
		At Rec:	23:55
		Available:	00:15 07/01
		In Qtrs:	01:10

Consent Signed: No
Medical Necessity Signed: No

Scene Information

Description: Pt lying along side of roadway cpr in progress
Num. Patients On Scene: 2
Why Transport Called (CMS): Not Applicable
Other EMS: calhoun ems, calhoun ems
Other Agencies: Fire, Rescue

Chief Complaint (Category: Trauma, Arrest)

Traumatic Arrest secondary to mva
Duration: 30 Minutes
Anatomic Location: Chest,Abdomen,Back,General/Global,Head
ALS Assessment: Not Required

History of Present Illness

1...911 response ATV rollover possible traumatic arrest 2... upon arrival found patient alongside road CPR in progress 3...Traumatic Arrest 4... onset approx 10 min prior EMS dispatch 5,6,7... none 8... pt was in arrest noted swelling to pt head as well as blood leaking from nose throat eyes and ears noted pt appears to have aspirated large amount of blood in lungs while pt was being bagged noted pt forehead would expand with ventilations noted multiple bruising and abrasions through out patients body 9... pt was txp to Roane general, txp pt with IO in place airway secured via ET Tube and BVM ecg/asystole with (1) PERIOD of PEA < 5 min,admin 3 doses epi 1:10,000 10... pt txp Roane general er due to closest facility 11 hot periodic rain 12.. light traffic

Past Medical History	Current Medications	Allergies
None Listed	None Listed	None

Neurological Exam

Neurological Exam

Level of Consciousness: Unresponsive **Loss of Consciousness:** Yes
Chemically Paralyzed: No
Neurological: Not Done
Mental: Unresponsive

Glasgow Coma Scale				
	E	V	M	Tot
Int:	1	1	1	= 3

Broselow: Pink

Pediatric Trauma Score: 0

Pupils	Left	Right
Size:	Normal	Normal
React:	Non-React	Non-React

	Motor	Sensory
LA:	Normal	Normal
RA:	Normal	Normal
LL:	Normal	Normal
RL:	Normal	Normal

Airway

Status: Secured / Intubated
Secured via: Endotracheal
Tube Size: 50. mm, 16 cm depth
Performed By: EMS Provider
Outcome: Improved

Respiratory

Effort: Normal
Sounds: L: Clear R: Clear
Oxygen: 15 lpm via BVETT Provider **Performed By:** EMS **Outcome:** Improved

Cardiovascular

JVD: Not Appreciated **Cap. Refill:** Delayed
Edema: Not Appreciated

Pulses	Left	Right
Carotid:	Absent	Absent
Radial:	Absent	Absent
Femoral:	Absent	Absent
Dorsalis:	Absent	Absent
Brachial:	Absent	

Cardiac Arrest

Witnessed: 00:00
Who Witnessed: Family
Etiology: Trauma
Initial Rhythm: Asystole
CPR Started: 00:00
CPR By: Family
Resuscitation: Not Available
Defib Type: N/A
Defib By: N/A
ALS Initiated: 00:00
Destination Rhythm: Asystole
CPR Discontinued: 00:00
Discontinued Reason: Obvious Signs of Death
Circulation Returned: 00:00
Ventilation Returned: 00:00

MVY

Involved: 1
Airbag: No Airbag Present
Position: Not Recorded
Seat Row: 50
Risk Factors: Rollover/Roof Deformity
Vehicle Impact: Rollover
Extrication Required: No

Injury Details

Reason for Encounter: Injury/Trauma
Drugs/Alcohol?: None
Intentional: Not Known
Fall Height: 0 FT
Fall Surface: Not Recorded
Work Related: No
Injury Cause: Motor Vehicle Loss Of Control, Other Specified Injured
Mechanism: MVC - Public
Equipment: None

Initial Physical Findings

Injuries

Head: Bleeding-Controlled, Crush, Dislocation/Fracture, Soft Tissue Swelling/Bruising

Unspecified: Crush, Pain w/o Swelling/Bruising, Soft Tissue Swelling/Bruising

Assessment

Head: Swelling

Medications / Infusions Prior to Assessment

Time	IV# / Other Route	Medication	Concentration	Dose	Performed By	Outcome
23:18	Endotracheal Tube	Oxygen		15 L/MIN	EMS Provider	Improved
23:30	Intraosseous	Epi 1:10000		0.15 MG	EMS Provider	Unchanged
23:38	Intraosseous	Epi 1:10000		0.15 MG	EMS Provider	Improved

Impression / Diagnosis

System: Cardiovascular, Musculoskeletal, Spine, Skin

Impression / Diagnosis
Symptoms: Death, Swelling, Wound **Impression:** Cardiac Arrest, Traumatic injury, Obvious Death **CMS Condition:** Abnormal Skin Signs,Abnormal Cardiac Rhythm/Cardiac Dysrhythmia,Abnormal Vital Signs,Cardiac Arrest-Resuscitation in Progress,Cardiac/Hemodynamic Monitoring Required,IV Meds Required,Major Trauma,Respiratory Arrest,Other Trauma (fracture/dislocation),Patient Safety (risk of falling off stretcher),Suctioning/Oxygen/IV fluids required,Third Party Assistance/Attendant Required

Activity

Time	H.R.	B.P.	SaO2	Resp	Rhythm	GCS
		Method		Resp Effort		
Action	Comment					
23:18	0	0 / 0	0	0	Asystole (EMS)	1/1/1
		Manual Cuff		Absent		
Initiate IV	traumativ arrest IO initiated by Danny May with 25ga. at LT. Attempts: 1, successful. Authorization: Via Protocol. Pt. Response: Improved.					
23:20	0	0 / 0	0	0	Asystole	1/1/1
		Manual Cuff		Absent		
Intubation	Orotracheal Intubation by Danny May with 5.0, 16cm at lips. Attempts: 2, successful. Placement verified by: Direct Visualization, Sellick Manuever: Yes, Laryngoscopic: Grade I. Complication: None. Authorization: Via Protocol. Pt. Response: Improved.					
23:20	0	0 / 0	0	0	Asystole	1/1/1
		Manual Cuff		Absent		
Med.	Oxygen, 15 L/MIN via ET given by Danny May. Complication: None. Authorization: Via Protocol. Pt. Response: Improved.					
23:25	0	0 / 0	0	0	Asystole	1/1/1
		Manual Cuff		Absent		
Cardiac	CPR performed by Danny May. CPR started bybystanders prior EMS arrival. CPR Type was Start Compressions and Ventilations. Successful. Complication: None. Authorization: Via Protocol. Pt. Response: Unchanged.					
23:30	0	0 / 0	0	0	Asystole	1/1/1
		Manual Cuff		Absent		
Med.	Epinephrine 1:1,000, .15 MG via IO given by Danny May. Complication: None. Pt. Response: Improved.					
23:30	0	0 / 0	0	0	Asystole	1/1/1
		Manual Cuff		Absent		
Operations	Operations: Patient Loaded - Not.					
23:30	0	0 / 0	0	0	Asystole	1/1/1
		Manual Cuff		Absent		
Med.	Epinephrine 1:10,000, .15 MG via IO given by Danny May. Complication: None. Pt. Response: Unchanged.					
23:45	0	0 / 0	0	0	Asystole	1/1/1
		Manual Cuff		Absent		
Med.	Epinephrine 1:10,000, .15 MG via IO given by Danny May. Complication: None. Authorization: Via Protocol. Pt. Response: Unchanged.					

Response Factors Affecting Care: None
Scene Factors Affecting Care: None
Transportation Factors Affecting Care: None

MEDICAL EXAMINER'S/CORONER'S REPORT FORM

TC32539

To report a case by telephone, call (toll free) 1-800-638-8095. Say "THIS IS A MECAP REPORT." You will then be placed in contact with the MECAP Project Manager, who will ask for the information below. Or send by FAX to (800)809-0924.

****

Date of Incident: 6-30-12 Date of Death: 7-01-12

Type of Consumer Product Involved: ATV

Manufacturer, Model, Brand Name and Serial No. of Product: N/A

Is Product available for examination? ____ Yes X No If Yes, Where?

Cause of Death: Multiple Injuries

Location of Incident: City: Beech Road Date: 6-30-12

Brief Description of incident sequence: Please indicate the Age, Sex and Race of victim(s):

Age: 14 mos Sex: F Race: White

See following 11 pages

Contact Information: Please include the name, address and telephone number of any state/local personnel who investigated the accident:
WVSP (Trp. Newman) 304-354-6334

Medical Examiner's/Coroner's case no: N/A

Reporter's name: Jeanette Capocefalo Date reported: 7-23-12

Telephone number of office reporting the case: (304) 558-6920

Reporter's office address: OCME 619 Virginia Street, West Charleston, WV 25302

Medical Examiner's/Coroner's Name: Paul Harris (Roane County)

Chief Medical Examiner's Name (If Applicable): N/A

****

For Processing at CPSC: Report Received By

Chief Medical Examiners Report ( ) Copy for MECAP News ( ) Regular MECAP ( )

Document No.

COPY

Aug. 23. 2012 8:40AM No. 3802 P. 2
P. 1

x x x Communication Result Report (Jul. 23 2012 9:05AM) x x x

ate/Time: Jul. 23. 2012 8:58AM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
7517	Memory TX	918008090924	P. 12	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max E-mail size

MEDICAL EXAMINER'S CORONER'S REPORT FORM

To report a case by telephone, call (toll free) 1-[illegible] Say "[illegible] IS A MECAP REPORT." You will then be placed in contact with the MECAP Project Manager, who will ask for the [illegible] Or send by FAX to [illegible]

Date of Incident: [illegible] Date of Death: [illegible]

Type of Consumer Product Involved: [illegible]

Manufacturer, Model, Brand Name and Serial No. [illegible] N/A

If Product available for [illegible] Yes X No If Yes, Where?

Cause of Death: [illegible]

Location of Incident: City: [illegible] Date: [illegible]

Brief Description of Incident Sequence: Please Indicate the Age, Sex and Race of Victim(s):

Age 14 Sex: F Race: [illegible]

Not Relevant [illegible]

Contact Information: Please include the name, address and telephone number of any additional personnel who investigated the incident:
[illegible]

Medical Examiner's/Coroner's case no.: N/A

Reporter's name: [illegible] Date reported: [illegible]

Telephone number of office reporting the case: [illegible]

Reporter's office address: [illegible]

Medical Examiner's/Coroner's Name: [illegible]

Chief Medical Examiner's Name (If Applicable): N/A

For Processing in CPSC: Report Received By:

Chief Medical Examiners Report ( ) Copy By MECAP Name ( ) Register MECAP ( )

Document No.

Aug. 23. 2012 8:40AM No. 8802 P. 3

TC32539

COPY

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH & HUMAN RESOURCES
OFFICE OF THE CHIEF MEDICAL EXAMINER
619 Virginia Street, West
Charleston, WV 25302
(304) 558-6921 – FAX (304) 558-9039

JUL 5 2012

CASE #: 12-2261

Security Seal Tab #:

FIU Investigator: James Henslow
Date/Time: 7-1-12 Appro 5:30 AM

15

☒ DEATH INVESTIGATION REPORT & T.O.D. EXAMINATION
☐ EXTERNAL EXAMINATION REPORT
☒ COMPLETION OF DEATH CERTIFICATE (Copy Attached)

County of Death: Roane Date: 7-1-12
County ME/C: Paul Harris Notified by/Date/Time: RCH 7-1-12 1:30 Am
If Death Scene Visit: Name of Police Officer @ scene: Newman
Agency: WVSP Phone: 304 354 6334
Other Agency Investigator: _____ Agency _____ Phone: _____

DECEDENT: (b)(3):Exemption Occupation: child (Do not use retired)
ADDRESS: (b)(6) SSN: [redacted]
DRMA WV 25268 DOB: 8-16-10
AGE: 1Y 10M SEX: F RACE: CAU
Next of Kin: (b)(6)

Date of Death: 6-30-12 @ 2240 m Witness: Julie McKown
Last Known Alive: 6-30-12 @ 2240 m By: Julie McKown
Found Dead: 6-30-12 @ 2240 m. By: Julie McKown
Pronounced: 7-1-12 @ 12[illegible] m. By: Dr Prudich RGH ER

PLACE OF DEATH: [ ] DOA [X] ER [ ] OR [ ] In Pt/Nursing Home [ ] At Home [ ] other _____ [ ] Found (died elsewhere)
Street Address: 200 Hospital Dr.
City/Town: Spencer WV 25276

You must complete items 1 - 5 below if any "Suspected Incidents" are checked

Suspected Incident(s): (check all that apply)	1. Date of Injury:	2. Time of Injury	3. Witnessed? (yes or no)	4. Place of Injury (home, etc.)
☐ Electrocution ☐ Fall ☐ Firearm ☐ Assault ☐ Fire ☐ Neglect ☐ Tox/OD ☐ Exposure ☐ Drowning ☐ Hanging ☐ Suffocation ☒ MVC ☐ Positional asphyxia ☐ Compression asphyxia ☐ Other _____	6-30-12	2230	By (b)(6)	Beech Road

5. INJURY LOCATION ADDRESS: [ ] Same as place of death

6. IF MVC: Restrained [ ] Yes [X] No Airbag [ ] Yes [X] No Helmet [ ] Yes [X] No
Operator [ ] Passenger [X] Pedestrian [ ] Other [ ] _____

7. Work-related: ☐ Describe: _____

COPY

NAME: (b)(3):Exemption 3 for 25(c),(b)(6) CASE #: 12-2261

CIRCUMSTANCES OF DEATH:

PT was Riding in the Back of a John Deere Gator with a sibling and Being driven By mother Julia. They was Returning Home From grandparents House which was approx 1 To 1½ mile down the Road. While they was travelling they started up an incline in the Road and there dog jumped out of the machine and the mother stopped To get the dog. She Thought that she either put it in gear or pulled the emergency Brake and when she got out of the gator To retrieve the dog the gator started Rolling Back wards down the Road and went over an embankment Approx 20 feet Rolling over striking the PT in the Head with the Roll cage Bar. The family started CPR until ems got there and then CPR was continued until they got to RGH and then it was ceased.

Trooper Newman didn't Have any concerns with the accident no alcohol or drugs involved.

[ ] Check here if supplemental information sheet used.

Aug. 23. 2012 8:40AM No. 6302 P. 5

COPY

Page 3

NAME: (b)(3):Exemption 3 for 25(c),(b)(6) CASE #: 12-2261

LOCATION OF DECEDENT AT SCENE: (Describe specific location of body and immediate surroundings at scene)

PT was Laying in Liv GR Room on GR Bed.

Position found: [X] supine [ ] prone [ ] on right/left side [ ] other:

Describe surface under body: Hosp Bed

HISTORY:

Primary Physician: Office Phone:

Other Physician: Office Phone:

Surgeries/Hospitalizations:

Illnesses/Allergies:

Psych:

Family/Social:

Other:

MEDICAL RECORDS: Requested/Received [ ]Yes [X] No Reviewed [ ] Yes [X] No Copy Attached [ ]Yes [X] No

Records available from: Phone:

Records available from: Phone:

IF RECORDS SENT: Please attach copy of OCME-19a.

MEDICATION/DRUGS – PLEASE LIST ON PAGE 4

COPY

COPY

DECEDENT NAME: _____ CASE #: _____ COMPLETED BY: _____

RX NUMBER	PHARMACY PHONE #	PHYSICIAN	MEDICINES AS PRESCRIBED	DATE FILLED	# PRESC.	# REMAIN	Check If Collected

Copy

Meds were collected as listed herein.

_____ CoME / A. CoME / CC

_____ Witness

OCME 1
REVISED 08-19-09

COPY

NAME: (b)(3):Exemption 3 for 25(c),(b)(6) CASE #: 12-2261

TIME OF DEATH EXAMINATION

EXAMINATION:

Location: RGH ER Date/Time Started: 7-1-12 3:15 AM Completed at: 4:00 AM

Witness: (b)(6) Witness: _____

IDENTIFICATION: Confirmed: [X] Yes [ ] No

Method:

[X] Visual I.D. by whom: (b)(6)

☐ Photo I.D. ☐ WVDL ☐ Other Photo I.D.: Describe _____

Please submit I.D. document used

LIVIDITY: Appropriate for position [X] Yes [ ] No (explain) _____

[X] Marked [ ] Absent [ ] Reduced [ ] Ill-Defined [ ] Patterned _____

Location: _____ Color: _____

Blanches: [ ] Readily [X] Sluggishly [ ] Fixed Lividity

RIGIDITY: Body posture appropriate for body position [X] Yes [ ] No (explain) _____

Jaw	[ ] None	[ ] Slight	[ ] Moderate	[X] Full	[ ] Marked/Muscular
Arms	[ ] None	[ ] Slight	[ ] Moderate	[X] Full	[ ] Marked/Muscular
Legs	[ ] None	[ ] Slight	[ ] Moderate	[X] Full	[ ] Marked/Muscular
Fingers	[ ] None	[ ] Slight	[ ] Moderate	[X] Full	[ ] Marked/Muscular

[ ] Developing [ ] Receding Factors Affecting: _____

If rigor has been broken explain: _____

TEMPERATURES: [X] indoor scene [ ] outdoor scene

Torso temp: [ ] Cold (ambient) [X] cool [ ] warm [ ] Hot Time: _____

Rectal temp: _____ Time: _____ Ambient temp: _____ Time: _____

[ ] Focal heat source? (Describe type and location relative to body): _____

_____

Ground temp, if applicable: ____ Time: _____ Water temp, if applicable: ____ Time: _____

If outdoor scene: Weather [ ] Rainy [ ] Sunny [ ] Cloudy [ ] Windy

Aug. 23. 2012 8:41AM No. 8802 P. 3

COPY

NAME: (b)(3):Exemption 3 for 25(c),(b)(6) CASE #: 12-2261

Page 6

EXTERNAL EXAMINATION

(This Block should not be completed If Case Sent for Autopsy)

Development: [X] Normal [ ] Other _____ [ ] Adult [ ] Adolescent [X] Child [ ] Infant

BUILD: Normal NUTRITIONAL STATUS: Good HT 3' WT 40 SEX F

RACE: Cau AGE: 1Y 10m Appears stated age? Y

DOCUMENT ALL PHYSICAL EXAM FINDINGS ON BODY DIAGRAMS PROVIDED

(Scars/Marks/Tattoos/Therapy/Injury/Etc.)

DIAGRAMS SUBMITTED:
- ☐ No findings/No diagram submitted
- ☒ Head diagram; A/P
- ☒ Head diagram, lateral and vertex
- ☐ Neck, inferior view
- ☒ Full Body A/P
- ☐ Full Body, lateral
- ☐ Hand R & L

TOXICOLOGY: Specimens Obtained: [ ] Subclavian/Femoral Blood [ ] Urine [ ] Vitreous

(L) Thigh Tissue Time Collected: 2:30 Am Date Collected: 1-1-12 [ ] Admission/Hospital Blood (# tubes ____)

PHOTOS REQUESTED: [X] Yes [ ] No TYPE: DIGITAL [X] 35 [ ] POLAROID [ ] APS [ ] PHOTO #____

Photo taken by: Trooper Newman Agency: WVSP Date/Time____

EVIDENCE COLLECTED FROM BODY: [ ] None [ ] List _____

Collected by: _____ Agency: _____ Date/Time: _____

Submitted to: _____ Agency: _____ Date/Time: _____

CAUSE OF DEATH: Multi injury ATV Rollover [ ] PENDING AUTOPSY

Other Significant Conditions: _____

MANNER OF DEATH: [ ] Natural [X] Accident [ ] Suicide [ ] Homicide [ ] Pending

FOR BILLING PURPOSES – I attest that I performed the procedures indicated below:

☐ Death Scene Visit/External exam of body/review of pertinent records/completed death certificate

☐ Death Scene Visit/Partial exam of body/body submitted for autopsy

☒ External exam of body/review of pertinent records/completed death certificate

This investigative report, including diagrams used, comprises 9 pages.

Paul Harris
Medical Examiner/Coroner

OCME 1
REVISED 08-19-09

COPY

NAME: (b)(3):Exemption 3 for 25(c),(b)(6) CASE #: 12-2261

CLOTHING AND VALUABLES

EXTERNAL CLOTHING: (List number and clothing color)

___ Nude	#___ Hose	#___ Belt
#___ Slacks	#___ Panties	#___ Hat
#___ Shirt	#___ Slip	#___ Gloves
#___ Socks	#___ Day shorts	#___ Scarf
#___ Undershirt	#___ Sweatpants	#___ Coat
#___ Underwear	#___ Sweatshirt	#___ Dentures ↑↓
#___ Tie	#___ Pajamas ↑↓	#___ Eyeglasses
#___ Sweater	#___ Nightgown	#___ Cell Phone
#___ Dress/Skirt	#___ Robe	#X Hospital gown
#___ Thermals ↑↓	#___ Shoes/Boots	#___ Other
#___ Bra		

Currency: $_____ Coins: $_____ Credit Cards: _____ Cash Cards _____

ADDITIONAL PERSONAL EFFECTS AND VALUABLES: _____ Yes (If yes, list below) _____ No

DISPOSITION OF CLOTHING:

[X] LEFT ON BODY [ ] GIVEN TO FUNERAL HOME [ ] SEE EVIDENCE, PG. 6

[ ] GIVEN TO _____

DISPOSITION OF VALUABLES:

[ ] LEFT ON BODY [ ] GIVEN TO FUNERAL HOME [ ] SEE EVIDENCE, PG. 6

[ ] GIVEN TO _____

Person accepting custody of clothing / valuables _____

Signature: _____ Agency: _____ Date: _____

WITNESS: _____ Date: _____

COPY

NAME: _____ CASE #: _____

SUPPLEMENTAL INFORMATION
(Continued from Page 2)

Copy

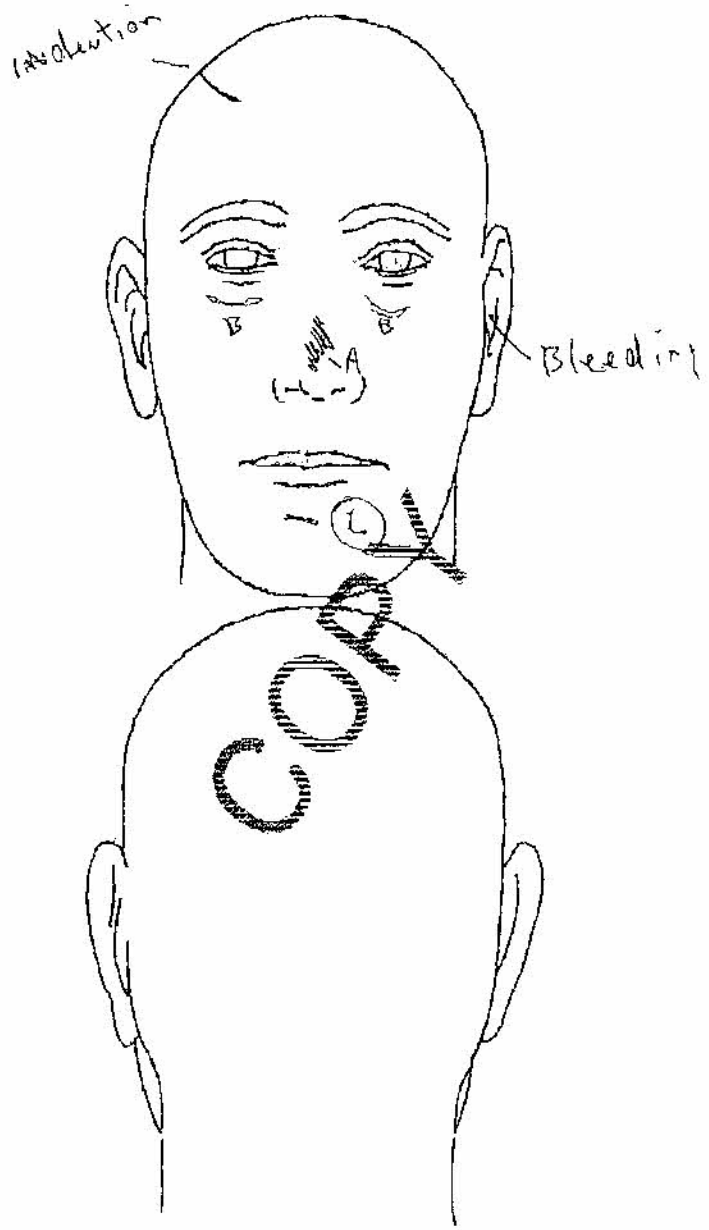
Aug. 23. 2012 8:41AM No. 3302 P. 11

COPY

Head, surface and skeletal anatomy, anterior and posterior views

Name (b)(3):Exemption

Age 14 10 m Race Cau Sex F Date 7/-1 /12



COPY

LEGEND TO SYMBOLS

Contusion (Bruise) - B	Cut - C	Cardiac Monitor Pad (ECG Electrode) CM
Laceration - L	Scar -S	Esophageal Obturator Tube - EO
Abrasion - A	Tattoo - T	Needle Puncture - NP
Stab Wound - SW	Endotracheal Tube - ET	Nasogastric Tube - NGT
Fracture - F	Foley Catheter - FC	

Gunshot Wound - GSW (denote entrance or exit, if possible)

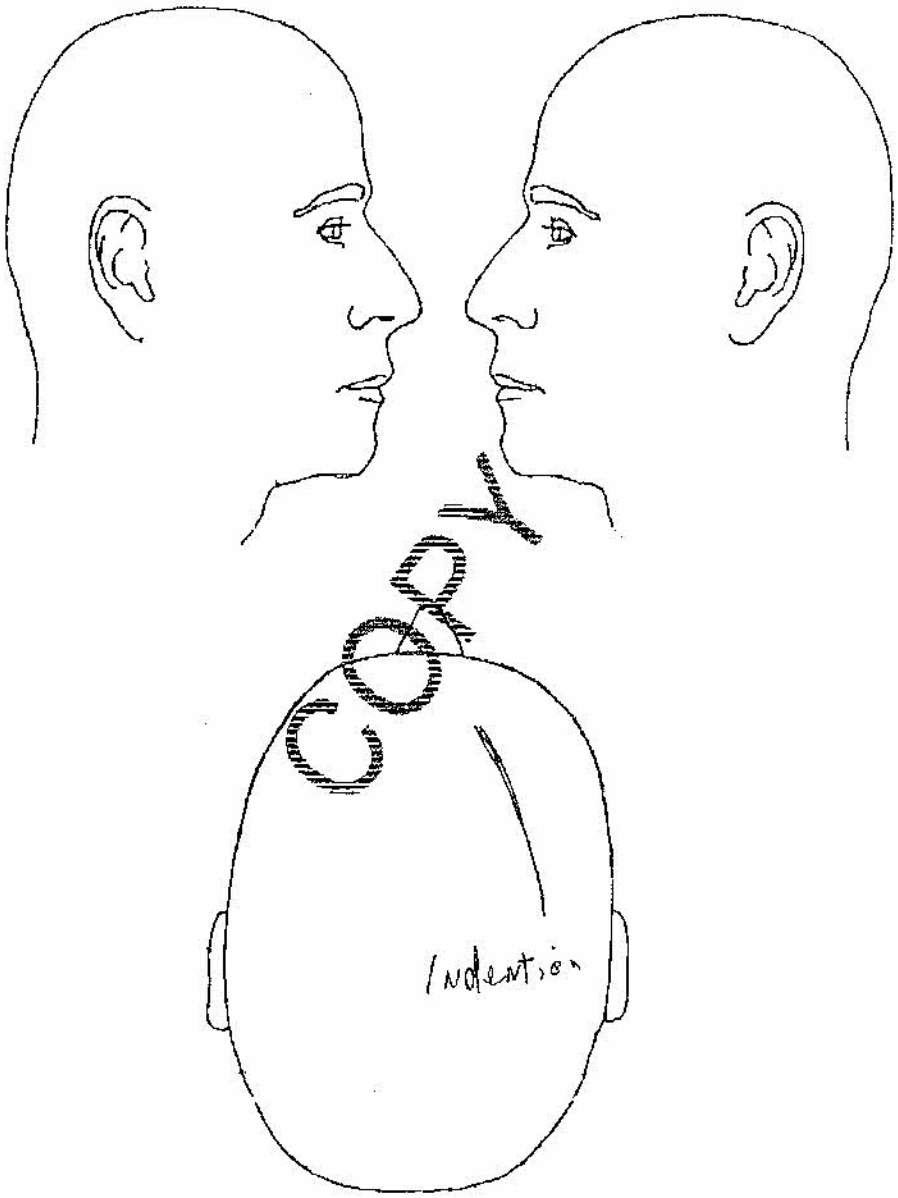
Shotgun Wound - SGW (denote entrance or exit, if possible)

COPY

Head, surface and skeletal anatomy, lateral view

Name (b)(3):Exemption 3

Age 17 y 8 m Race Cau Sex Gam .45 Date 7/ 1/12



COPY

LEGEND TO SYMBOLS

Contusion (Bruise) - B	Cut - C	Cardiac Monitor Pad (ECG Electrode)-CM
Laceration - L	Scar -S	Esophageal Obturator Tube - EO
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Stab Wound - SW	Endotracheal Tube - ET	Nasogastric Tube - NGT
Fracture - F	Foley Catheter - FC	

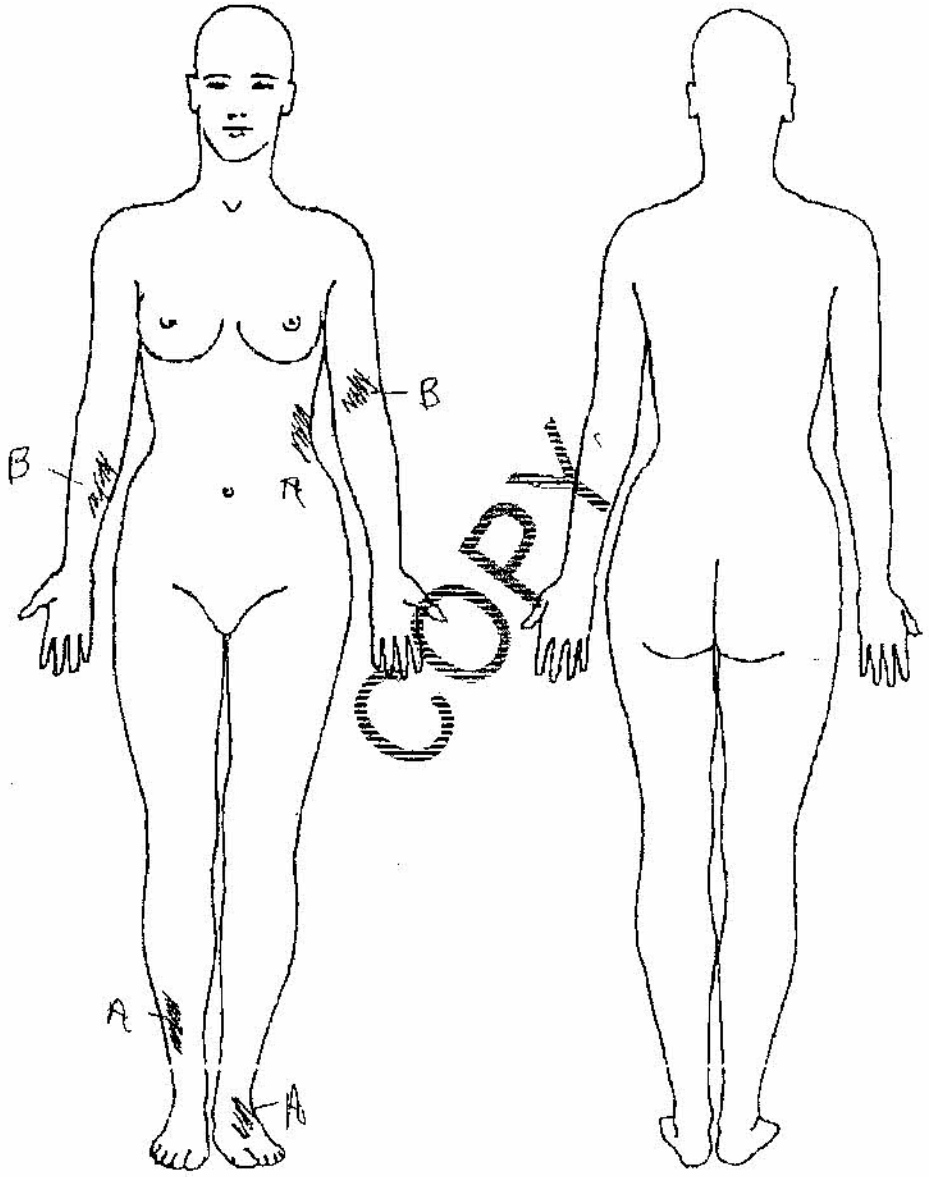
Gunshot Wound - GSW (denote entrance or exit, if possible)
Shotgun Wound - SGW (denote entrance or exit, if possible)

COPY

Full body, female, anterior and posterior views

Name (b) (3):Exemption 3

Age 1 Y 10 m Race Cgn Sex F Date 7/1/12



COPY

LEGEND TO SYMBOLS

Contusion (Bruise) - B	Cut - C	Cardiac Monitor Pad (ECG Electrode)-CM
Laceration - L	Scar -S	Esophageal Obturator Tube - EO
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Shotgun Wound - SGW (denote entrance or exit, if possible)

West Virginia State Police Headquarters
Traffic Records Section
725 Jefferson Road
South Charleston, West Virginia 25309-1698

Earl Ray Tomblin
Governor

Colonel C.R.Jay Smithers
Superintendent

FAX COVER PAGE

PHONE (304) 746-2128 **FAX (304) 746-2206**

NAME:	**Brian Dyson**
COMPANY:	
FAX #:	18774691960
TELEPHONE #:	
SUBJECT:	
# OF PAGES	10pages plus the cover sheet
DATE:	
SENDER:	LISA MANNS

COMMENTS

WVSP 12-4110

State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-e
Revised: 02/2007

Crash Data

Crash Record Number | *Reporting Agency's Record Number:* WVSP12-4110 | *Page* 1 *of* 9

# of Vehicles Involved: 1 | # of Non-Motorists Involved: 0 | # of Fatal Injuries: 1 | # of A B or C Injuries: 1

Date / Time of Crash: 6/30/2012 / 2246 | Date / Time Crash Reported: 06/30/2012 / 2246 | Time of Arrival: 2300

County: CALHOUN | Municipality or Place of Crash: ORMA | GPS Coordinates: 38.45008 (Latitude) -81.09783 (Longitude)

Highway Class: Interstate, US, WV, County/HARP, City Street, State Park / Forest Road, Private Road, Private Property/Off-Roadway, Other

Supplemental Designation: Not Applicable, Spur, North, East, Truck Route, Other, Alternate, Ramp, South, West, Toll

Route: 20 / | Milepost: | Ramp: | Street: BEECH RD.

Other Description of Location: JUST SOUTH OF THE DRIVEWAY OF (b) | Intersecting Street:

Relation to Junction / Junction Type:

- Non-Junction
- Junction, Non-Interchange Area: Intersection; Intersection-Related; Interstate to Interstate; Railroad Grade Crossing #:; Median Crossover-Related; Business or Residential Driveway/Alley Access; Other Non-Interchange
- Junction, Interchange Area: Thru Roadway; Merge/Diverge Area; Intersection; Intersection-Related; Entrance / Exit Ramp; Other Part of Interchange

Intersection Type: 4-Way Intersection, T Intersection, Y Intersection, Intersection as Part of Interchange, Traffic Circle / Roundabout, 5-Point or More

Manner of Collision: Single Vehicle Crash, Rear End, Head-On, Sideswipe, Same Direction, Sideswipe, Opposite Direction, Rear-to-Side, Rear-to-Rear, Angle (Front to Side) Same Direction, Angle (Front to Side) Opp. Direction, Right Angle, Angle - Direction Not Specified

Environmental Contributing Circumstances (Select Up to 3): None, Weather Conditions, Physical Obstruction(s), Glare, Animal(s) in Roadway, Type:, Other:

Weather (Select Up to 2): Clear, Cloudy, Fog, Smog, Smoke, Rain, Sleet, Hail, or Freezing Rain, Snow, Blowing Snow, Severe Crosswinds, Blowing Sand, Soil, Dirt, Other

Lighting: Daylight, Dark - Lighted, Dark - Not Lighted, Dawn, Dusk, Other

Roadway Surface Condition: Dry, Wet, Snow, Slush, Ice / Frost, Water (Standing / Moving), Mud, Dirt, Gravel, Sand

Location of First Harmful Event: On Roadway, Shoulder, Median, Roadside, Gore, Separator, In Parking Lane or Zone, Off Roadway, Location Unknown, Outside of Right-of-Way, Unknown

Roadway Surface Type: Asphalt, Concrete, Gravel, Dirt, Brick, Other:

First Harmful Event: Overturn / Rollover, Fire / Explosion, Immersion, Jackknife, Cargo / Equipment Loss or Shift, Fell / Jumped from Motor Veh, Thrown or Falling Object, Other Non-Collision

COLLISION WITH: Pedestrian, Pedalcycle, Railway Vehicle, Animal, Motor Vehicle in Transport, Parked Motor Vehicle, Work Zone / Maintenance Equip, Other Non-Fixed Object, Impact Attenuator / Crash Cushion, Bridge Overhead Structure, Bridge Pier or Support, Bridge Rail, Culvert, Curb, Ditch, Embankment, Guardrail Face, Guardrail End, Cable Median Barrier, Concrete Traffic Barrier, Other Traffic Barrier, Tree (Standing), Utility Pole/Light Support, Traffic Sign Support, Traffic Signal Support, Other Post, Pole, or Support, Fence, Mailbox, Other Fixed Object

Crash Record Number | *Reporting Agency's Record Number:* WVSP12-4110 | *Page* 2 *of* 9

Road - Contributing Circumstances: (Select Up to 3)

- [X] None
- [ ] Road Surface Condition (Wet, Icy, etc.)
- [ ] Debris
- [ ] Ruts, Holes, Bumps
- [ ] Worn, Travel Polished Surface
- [ ] Obstruction in Roadway
- [ ] Pavement Markings Not Visible
- [ ] Shoulders: None / Low / Soft / High
- [ ] Problem w/ Traffic Control Device: Inoperative / Missing / Obscured
- [ ] Work Zone: Utility / Construction / Maintenance
- [ ] Non-Highway Work
- [ ] Other

School Bus Related: ● No / Yes, School Bus Directly Involved / Yes, School Bus Indirectly Involved

School Zone Related: ● No / Yes

Type of School Zone Sign: When Present / None / When Flashing / Lists Specific Times

School Zone Flashers: Present, Not Active / Present, Active / Not Present

School Zone Speed Limit:

Work Zone Related: ● No / Yes

Workers Present: Yes / No / Unknown

Work Zone Speed Limit:

Location of Crash in Work Zone: Before 1st Warning Sign / Advance Warning Area / Transition (Merge) Area / Activity Area / Termination Area

Type of Work Zone: Lane Closure / Lane Shift / Crossover / Work on Shoulder or in Median / Intermittent or Moving Work / Other

NARRATIVE: Describe What Happened. Refer to Vehicles by Number Assigned on this Form.

ON SATURDAY, JUNE 30, 2012, AT APPROXIMATELY 2246 HOURS, THE UNDERSIGNED OFFICER AND TPR. E. M. WORKMAN RESPONDED WITH EMS TO A UTV CRASH ON BEECH RD. UPON ARRIVAL, THE UNDERSIGNED OFFICER OBSERVED TWO YOUNG FEMALES, IDENTIFIED AS (b)(6) (2YO) AND (b)(6) (3YO) (b)(6) BEING ATTENDED TO BY EMS. THE GIRLS WERE TRANSPORTED TO SEPARATE HOSPITALS, WITH THE PARENTS ACCOMPANYING THEM. THE UNDERSIGNED OFFICER AND TPR. WORKMAN QUESTIONED THE FRIENDS OF THE FAMILY ON SCENE, AND WERE ADVISED (b)(6) WAS DRIVING THEIR YAMAHA RHINO SOUTH ON BEECH RD. AWAY FROM THEIR RESIDENCE AT (b)(BEECH RD. WITH THE TWO GIRLS INSIDE. A SMALL DOG JUMPED OUT OF THE VEHICLE AND (b) STOPPED THE VEHICLE AND ENGAGED THE PARKING BRAKE AND DISMOUNTED TO CATCH THE DOG. THE VEHICLE ROLLED FORWARDDOWN THE EMBANKMENT OFF THE WEST SIDE OF THE ROADWAY AND FLIPPED OVER, WITH THE TWO GIRLS INSIDE. THE VEHICLE CAME TO REST ON ITS SIDE AGAINST A TREE. NEIGHBORS RUSHED TO THE SCENE AND REMOVED THE GIRLS FROM THE VEHICLE. (b)(6) WAS UNRESPONSIVE AND CPR WAS STARTED. SHE WAS TRANSPORTED BY AMBULANCE TO ROANE GENERAL. TIME OF DEATH WAS CALLED AT 0005 HOURS. (b)(3):CPSA WAS TRANSPORTED TO MINNIE HAMILTON WITH COMPLAINTS OF CHEST PAIN AND LEFT LEG PAIN. THE UNDERSIGNED OFFICER AND TPR. WORKMAN CONFIRMED THE PARKING BRAKE WAS FULLY ENGAGED AFTER THE VEHICLE WAS PULLED BACK UP TO THE ROADWAY.

Reported By: ● State Police / Sheriff's Dept / Municipal PD / Other

Photos Taken: ● Yes / No — **By Whom:** TPR. J.A.NEWMAN

Video Taped: Yes / ● No — **By Whom:**

The information contained in this report reflects my best knowledge and judgment:

Investigating Officer's Name: TPR. JEREMY NEWMAN **Number:** 646 **Signature:** [redacted]

Phone: (304) 354-6334 **ORI Number:** WVWSP1500 **Agency:** WVSP - Grantsville

Assisting Officer's Name(s):

Reconstructed: Yes / ● No **By Whom:** **Date of Submission:** 08/04/2012

State of West Virginia Uniform Traffic Crash Report

Diagram

DOH Form: 17-dgrm
Revised: 02/2007

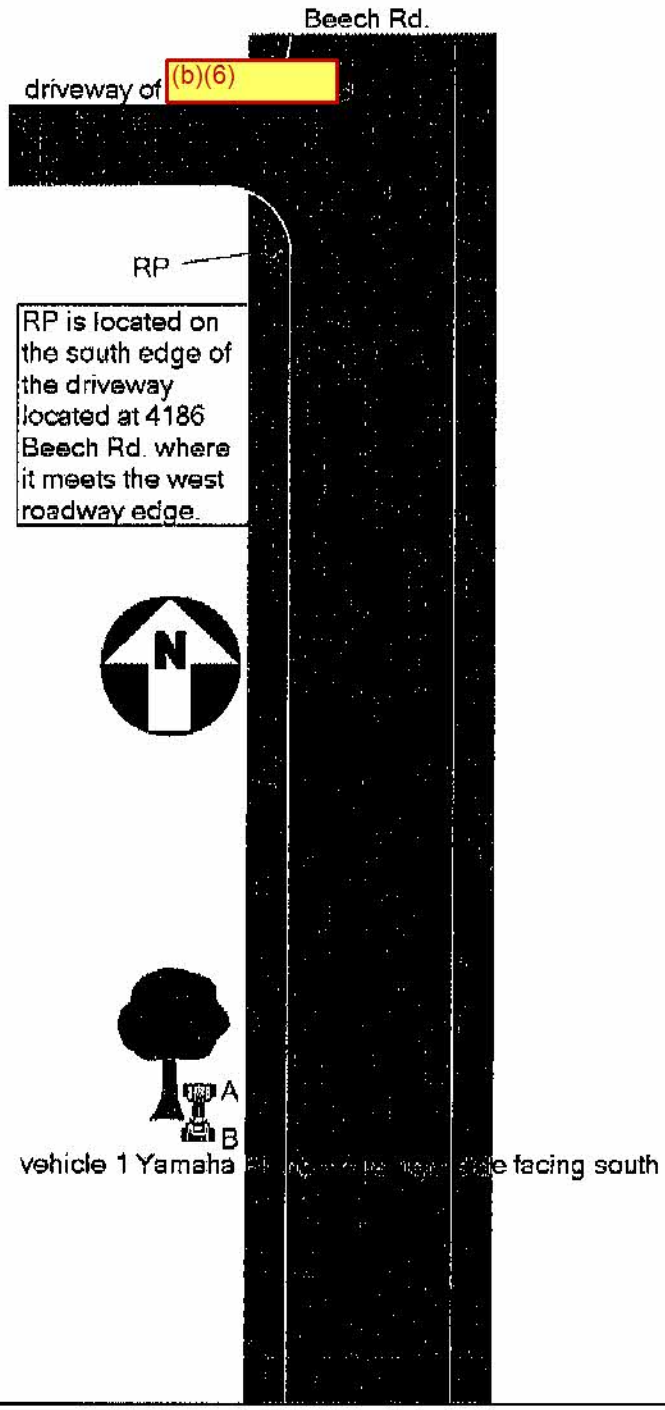
Crash Record Number:

Page 3 *of* 9

Reporting Agency's Record Number: WVSP12-4110

CRASH DIAGRAM:

(Draw Crash Scene - Including Roadway Layout, Vehicles, Individuals or Objects Struck, Traffic Controls, etc.)
IMPORTANT: Number Vehicles According to the Numbers Assigned on this Form.



From RP to:	N/S	E/W
A rear tire	257ft. 10 in. S	16ft. 7in. W
B front tire	263ft. 7in. S	17ft. 4in. W

State of West Virginia Uniform Traffic Crash Report

Vehicle Data

DOH Form: 17-veh
Revised: 02/2007

Crash Record Number: _____ *Vehicle Number:* 01 *Reporting Agency's Record Number:* WVSP12-4110 *Page* 4 *of* 9

Vehicle Type: ● Motor Veh in Transport ○ Parked Motor Veh / Trailer ○ Working Veh / Equipment

Hit and Run: ● No, Did Not Leave Scene ○ Yes, Driver Left Scene ○ Yes, Car and Driver Left Scene

Driver Presence at Time of Crash: ○ Driver Operated Vehicle ● Driverless Vehicle

Owner's Name(s): (b)(6)

Address: (b)(6) ORMA (City) WV (State) 25268 (Zip Code) (Home Phone) (Other Phone)

Make	Model	Model Year	Body Type	Color
YAMAHA	RHINO	2009	UTILITY TERRAIN	SILVER

Registration Status: ○ Properly Registered ○ Improperly Registered ● No Registration Required

Proof of Liability Insurance: ○ Yes ○ No ● Not Req

Ins. Co: Policy No: Exp Date:

VIN	Plate Class	License Plate Number	State	Reg Year
1200010001354591	A		WV	

Special Function of Motor Vehicle: ● None ○ Used as School Bus ○ Used as Other Bus ○ Police ○ Ambulance ○ Fire Truck ○ Courtesy Patrol ○ Taxi ○ Military

Used as an Emergency Vehicle: ○ No ○ Yes

Vehicle Used as a Bus: ○ Public School Bus ○ Private School Bus ○ Scheduled Service Bus ○ Commuter Bus ○ Shuttle Bus ○ Modified for Personal/Private Use ○ Tour Bus ○ Church Bus

Ins. Agent Name or Phone

Vehicle Impact Role: ○ Striking ○ Struck ● Single Vehicle ○ Both

Direction of Travel Before Crash: ○ Northbound ● Southbound ○ Eastbound ○ Westbound ○ Not on Road ○ Unknown

Applicable Speed Limit (MPH):

Roadway Description: ● Two-Way, Not Divided ○ Two-Way, Not Divided w/ Cont. Left Turn Lane ○ Two-Way, Divided, Unprotected Median ○ Two-Way, Divided, with Median Barrier ○ One-Way Roadway

Total Lanes in Roadway: For Undivided Highways: Count Total Lanes in Both Directions (Excluding Designated Turn Lanes) For Divided Highways: Count Only Lanes in Direction Vehicle was Traveling Prior to Crash: 2

Traffic Control Device Type: ● None ○ Person (Flagger, etc.) ○ Traffic Control Signal ○ Flashing Overhead Signal ○ Stop Sign ○ Yield Sign ○ School Zone Signs ○ Warning Signs ○ Railroad Crossing Device ○ Other

Traffic Control Functioning Properly: ○ Yes ○ No

Horizontal Alignment: ● Straight ○ Curve Right ○ Curve Left

Vertical Alignment: ○ Level ○ Uphill ○ Sag (Bottom) ○ Hillcrest ● Downhill

Veh Travel Speed (MPH):

Underride / Override: ● No Underride or Override ○ Underride, Compartment Intrusion ○ Underride, No Compartment Intrusion ○ Underride, Compartment Intrusion Unknown ○ Override, Motor Vehicle in Transport ○ Override, Other Motor Vehicle

Extent of Damage: ○ No Damage ○ Minor Damage ● Functional Damage ○ Disabling Damage

Vehicle Maneuver / Action: ○ Essentially Straight Ahead ○ Backing ○ Changing Lanes ○ Overtaking / Passing ● Parked ○ Turning Right ○ Turning Left ○ Making U-Turn ○ Slowing ○ Stopped in Traffic ○ Leaving Traffic Lane ○ Entering Traffic Lane ○ Negotiating a Curve ○ Other

Crash Avoidance Maneuver: ● None Evident or Reported ○ Braking - Skidmarks Evident ○ Braking - Driver Stated ○ Braking - Other Evidence ○ Steering - Evidence or Stated ○ Steering and Braking ○ Other

Contributing Circumstances, Motor Vehicle (Select up to 2): 1 None 2 Brakes 3 Wipers 4 Steering 5 Power Train 6 Mirrors 7 Suspension 8 Tires 9 Wheels 10 Lights (Head, Signal, Tail, etc.) 11 Windows 12 Truck Coupling/Trailer Hitch/Safety Chains X Other PARKING

GVWR or GCWR: ● Less Than or Equal To 10,000lbs ○ 10,001 - 26,000 lbs ○ More Than 26,000lbs

Number of Axles: 02

Total / Max Occupants of Veh: 0 2 / 0 4

Displaying Hazardous Materials Placard: ● No ○ Yes

Occurrence of Fire: ● No Fire ○ Yes, Vehicle Caught Fire

Modified Vehicle: ● No ○ Yes

Vehicle is Primarily Used to Transport Goods, Property, or People for Commerce: ● No ○ Yes

Manner, in which Vehicle was Removed from Scene: ● Driven ○ Towed Due to Damage ○ Towed Due to Driver Condition ○ Left at Scene

Towed to: Towed by:

08/21/2012 8:17AM (GMT-04:00)

Crash Record Number: _____ *Vehicle Number:* 01 *Reporting Agency's Record Number:* WVSP12-4110 *Page* 5 *of* 9

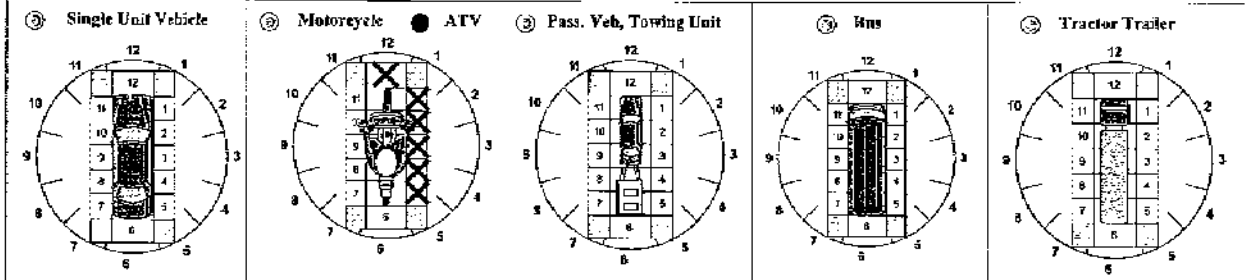
Crash Events:

01 Overturn / Rollover
02 Fire / Explosion
03 Immersion
04 Jackknife
05 Cargo/Equipment Loss or Shift
06 Equipment Failure
07 Separation of Units
08 Ran Off Road Right
09 Ran Off Road Left
10 Cross Median / Centerline
11 Downhill Runaway
12 Fell / Jumped from Motor Vehicle
13 Thrown or Falling Object
14 Other Non-Collision
COLLISION WITH:
15 Pedestrian
16 Pedalcycle
17 Railroad Vehicle
18 Animal
19 Motor Vehicle in Transport
20 Parked Motor Vehicle
21 Struck by Falling / Shifting Cargo or Anything Set in Motion by Veh
22 Work Zone / Maintenance Equip
23 Other Non-Fixed Object
24 Impact Attenuator / Crash Cushion
25 Bridge/Overhead Structure
26 Bridge Pier or Support
27 Bridge Rail
28 Culvert
29 Curb
30 Ditch
31 Embankment
32 Guardrail Face
33 Guardrail End
34 Cable Median Barrier
35 Concrete Barrier
36 Other Traffic Barrier
37 Tree (Standing)
38 Utility Pole / Light Support
39 Traffic Sign Support
40 Traffic Signal Support
41 Other Post, Pole, or Support
42 Fence
43 Mailbox
44 Other Fixed Object

Sequence of Events: 11 | 01 | 37 | _____

Most Harmful Event: 01

Select the ONE Diagram that best matches the involved vehicle and identify damaged areas:



Using the Numbers from the Diagram Above, Identify the Following: Area of Initial Impact: _____ Most Damaged Area: _____

Property Damaged Other Than Vehicles:

- [X] None
- [ ] Work Zone / Maintenance Equipment
- [ ] Impact Attenuator / Crash Cushion
- [ ] Bridge / Tunnel
- [ ] Culvert
- [ ] Guardrail
- [ ] Concrete Barrier
- [ ] Cable Median Barrier
- [ ] Other Traffic Barrier
- [ ] Utility Pole / Light Support #: _____
- [ ] Traffic Sign Support
- [ ] Traffic Signal Support
- [ ] Other Post, Pole or Support
- [ ] Fence
- [ ] Mailbox
- [ ] Other Fixed Object

Damaged Property Owner(s):

- [ ] WVDOH
- [ ] Private
- [ ] City
- [ ] Utility Company
- [ ] Other: _____

Damaged Property Location:

- On Pavement
- Right Side of Road
- Left Side of Road

Number of Trailing Units: 0

Trailing Unit #1: Same as Power Unit Carrier / Owner's Name: _____

Address: _____ City _____ State _____ Zip Code _____ Phone: _____

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type

Trailing Unit #2: Same as Power Unit Carrier / Owner's Name: _____

Address: _____ City _____ State _____ Zip Code _____ Phone: _____

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type

Trailing Unit #3: Same as Power Unit Carrier / Owner's Name: _____

Address: _____ City _____ State _____ Zip Code _____ Phone: _____

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type

08/21/2012 8:17AM (GMT-04:00)

State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-dry
Revised: 02/2007

Driver Data

Crash Record Number: _____ *Vehicle Number (from Vehicle Data Page)* 01 *Page* 8 *of* 9

Reporting Agency's Record Number: WVSP12-4110

Driver's Name: _____ Last _____ First _____ Middle _____ Suffix

Address: ◯ Same as Veh Owner _____ City _____ State _____ Zip Code

Home Phone: _____ Other Phone: _____

Driving License:

License Type:
- ◯ Not Licensed
- ◯ Driving License
- ◯ Instruction Permit
- ◯ GDL Level 1
- ◯ GDL Level 2
- ◯ GDL Level 3
- ◯ CDL Instruction Permit
- ◯ Motorcycle Instruction Permit
- ◯ Motorcycle Only
- ◯ CDL Class: ◯ A ◯ B ◯ C

Issuing State: _____
Lic. Number: _____
Date of Birth: _____

License Restrictions: (Select All that Apply)
- ☐ None
- ☐ Corrective Lenses
- ☐ Mechanical Devices
- ☐ Prosthetic Aid
- ☐ Automatic Transmission
- ☐ Outside Mirror
- ☐ Limit to Daylight Only
- ☐ Limit to Employment
- ☐ Must Be Accompanied by Adult
- ☐ Limited - Other
- ☐ CDL Intrastate Only
- ☐ Motor Vehicles w/o Air Brakes
- ☐ Military Vehicles Only
- ☐ Except Class A Bus
- ☐ Except Class A and Class B Bus
- ☐ Except Tractor - Trailer
- ☐ Farm Waiver
- ☐ Other _____

Endorsements: (Select Up to 5)
- ☐ None
- ☐ T - Double/Triple Trailers
- ☐ P - Passenger Vehicle
- ☐ S - School Bus
- ☐ N - Tank Vehicle
- ☐ H - Hazardous Materials
- ☐ X - Combined Tank / Haz. Materials
- ☐ F - Motorcycle (WV Only)
- ☐ Other - Non-WV Licenses Only

Status:
- ◯ Valid
- ◯ Expired
- ◯ Suspended
- ◯ Revoked
- ◯ Probation
- ◯ Surrendered
- ◯ Valid/Interlock
- ◯ Fraudulent

Driver Condition at Time of Crash:
- ◯ Apparently Normal
- ◯ Emotional
- ◯ Ill
- ◯ Fell Asleep, Fainted, Fatigued
- ◯ Under the Influence of Medication/Alcohol/Drugs
- ◯ Other _____

Action(s) of Driver that Contributed to the Crash: (Select Up to 4)
- ☐ None
- ☐ Ran Off Road
- ☐ Failed to Yield Right of Way
- ☐ Disregarded Traffic Signs
- ☐ Ran Red Light
- ☐ Disregarded Other Road Markings
- ☐ Exceeded Posted Speed Limit
- ☐ Drove Too Fast For Conditions
- ☐ Improper Turn
- ☐ Improper Backing
- ☐ Improper Passing
- ☐ Wrong Side or Wrong Way
- ☐ Followed Too Closely
- ☐ Failed to Keep in Proper Lane
- ☐ Operated Veh in Erratic, Reckless, or Careless Manner
- ☐ Operated Veh in Aggressive Manner
- ☐ Swerved or Avoided
- ☐ Over Correcting / Over Steering
- ☐ Other Improper Action

Driver Use of Alcohol Suspected:

Alcohol Use Suspected:
- ◯ No
- ◯ Yes
- ◯ Unknown

Alcohol Test Given:
- ◯ Test Given
- ◯ None Given
- ◯ Test Refused

Type of Alcohol Test Given (Select Up to 2):
- ☐ Blood
- ☐ Breath
- ☐ Urine
- ☐ Serum
- ☐ Field
- ☐ Other: _____

PBT Results:
- ◯ Pass
- ◯ Fail

BAC Results:
- ◯ _____
- ◯ Pending
- ◯ Unknown

Driver Use of Drugs Suspected:

Drug Use Suspected:
- ◯ No
- ◯ Yes
- ◯ Unknown

Drug Test Given:
- ◯ Test Given
- ◯ None Given
- ◯ Test Refused
- ◯ Unknown if Tested

Type of Drug Test Given:
- ◯ Blood
- ◯ DRE
- ◯ Serum
- ◯ Urine
- ◯ Other _____

Drug Test Results (Check All that Apply):
- ☐ None
- ☐ Marijuana
- ☐ Cocaine
- ☐ Opiate
- ☐ Amphetamine
- ☐ PCP
- ☐ Other Controlled Substance
- ☐ Other Drug
- ☐ Pending

Driver Distracted By:
- ◯ Not Distracted
- ◯ Electronic Communication Device
- ◯ Other Electronic Device
- ◯ Other Inside Vehicle
- ◯ Other Outside Vehicle

Crash Record Number: *Vehicle Number (from Vehicle Data Page)* 01 *Page* 7 *of* 9

Reporting Agency's Record Number: WVSP12-4110

Known or Suspected Violation(s) by Driver:

- [ ] No Violations

Reckless/Careless/Hit and Run Type Offenses

- [ ] Negligent Homicide
- [ ] Reckless Driving; Driving to Endanger; Negligent Driving
- [ ] Inattentive, Careless, Improper Driving
- [ ] Fleeing or Eluding Law Enforcement
- [ ] Failure to Obey Law Enforcement, Fireman, Authorized Person Directing Traffic
- [ ] Hit and Run, Failure to Stop After Accident
- [ ] Serious Violation Resulting in Death

Impairment Offenses

- [ ] Driving While Intoxicated (Alcohol or Drugs) or BAC Above Limit
- [ ] Driving While Impaired
- [ ] Driving Under Influence of Controlled Substance
- [ ] Driving Under Influence of Non-Controlled Substance
- [ ] Drinking While Operating
- [ ] Illegal Possession of Alcohol or Drugs
- [ ] Driving with Detectable Alcohol (CDL or Under 21 Years of Age)
- [ ] Refusal to Submit to Chemical Test

Speed Related Offenses

- [ ] Failure to Maintain Control of Vehicle
- [ ] Racing
- [ ] Speeding (Above Speed Limit)
- [ ] Speed Greater than Reasonable and Prudent
- [ ] Exceeding Special Limit
- [ ] Driving too Slowly

Rules of the Road - Traffic Signs and Signals

- [ ] Failure to Stop for Red Signal
- [ ] Failure to Stop for Flashing Red Signal
- [ ] Violation of Turn on Red
- [ ] Failure to Obey Flashing Signal (Yellow or Red)
- [ ] Failure to Obey Signal, Generally
- [ ] Violation of RR Grade Crossing Device or Regulations
- [ ] Failure to Obey Stop Sign
- [ ] Failure to Obey Yield Sign
- [ ] Failure to Obey Traffic Control Device

Rules of the Road - Lane Usage

- [ ] Unsafe or Prohibited Lane Change
- [ ] Improper Use of Lane
- [ ] Certain Traffic to Use Right Lane
- [ ] Lane Violations, Generally

Rules of the Road - Wrong Side, Passing and Following

- [ ] Driving Wrong Way on One-Way Road
- [ ] Driving on Left, Wrong Side of Road, Generally
- [ ] Improper, Unsafe Passing
- [ ] Passing on Right (Drive Off of Pavement to Pass)
- [ ] Passed Stopped School Bus
- [ ] Failure to Give Way When Overtaken
- [ ] Following Too Closely
- [ ] Wrong Side, Passing, Following Violations, Generally

Rules of the Road - Turning, Yielding, Signaling

- [ ] Turn in Violation of Traffic Control
- [ ] Improper Method and Position of Turn
- [ ] Failure to Signal for Turn or Stop
- [ ] Failure to Yield to Emergency Vehicle
- [ ] Failure to Yield, Generally
- [ ] Enter Intersection when Space Insufficient

Non-Moving License and Registration Violations

- [ ] Driving While License Suspended or Revoked
- [ ] Other Driver License Restrictions
- [ ] Commercial Driver Violations
- [ ] Vehicle Registration Violations
- [ ] Failure to Carry Insurance Card
- [ ] Driving Uninsured Vehicle
- [ ] Non-Moving Violations, Generally

Equipment

- [ ] Lamp Violations
- [ ] Brake Violations
- [ ] Failure to Require Restraint Use
- [ ] Motorcycle Equipment Violations
- [ ] Violation of Hazardous Cargo Regulations
- [ ] Size, Weight, Load Violations
- [ ] Equipment Violations, Generally

Other Violations

- [ ] Parking
- [ ] Theft, Unauthorized Use of Motor Vehicle
- [ ] Driving Where Prohibited
- [ ] Other Moving Violation

Citation(s) Issued to Driver:

Charge	State Code / Municipal Ordinance	Citation Number	Warning
			[ ]
			[ ]
			[ ]
			[ ]

STATEMENT OF DRIVER:

State of West Virginia Uniform Traffic Crash Report

Driver and Vehicle Passenger Data

DOH Form: 17-pas
Revised: 02/2007

Crash Record Number:

Reporting Agency's Record Number: WVSP12-4110

Page 8 *of* 9

Indiv #	Name: Last	Name: First	Name: Middle Int.	Name: Suffix	Veh #	Occupant Type	Social Security #	Birthdate	Age	Gender	Injury	Seating Position: Row	Seating Position: Seat	Seating Position: Other	Occupant Protection: Type Used	Occupant Protection: Proper Use	Occupant Protection: App. Helmet
01	(b)(3):CPSA Section 25 (c)				01	03		(b)(6)	093	F	A	1	3		02	01	
02					01	03			001	F	K	1	2		01		

Occupant Type Codes:
- 01 Driver
- 02 Passenger
- 03 Occupant of Motor Veh Not in Transport
- 04 Unknown Vehicle Passenger

Injury Status Codes:
- K Killed
- O No Injury
- A Incapacitating Injury
- B Non-Incapacitating Injury
- C Possible Injury
- M Medical Condition Non-Crash Related Death or Injury

Gender:
- M Male
- F Female

Seating Position Codes:

ROW	SEAT	OTHER
1 Front	1 Left	1 Sleeper Section of Cab
2 Second	2 Middle	2 Other Enclosed Cargo Area
3 Third	3 Right	3 Unenclosed Cargo Area
4 Fourth	4 Other	4 Trailing Unit
5 Other Row	5 Unknown	5 Riding on Motor Vehicle Exterior
6 Unknown		6 Unknown

Type of Occupant Protection System Used Codes:
- 01 None Used
- 02 Shoulder and Lap Belt Used
- 03 Shoulder Belt Only Used
- 04 Lap Belt Only Used
- 05 Child Restraint System - Forward Facing
- 06 Child Restraint System - Rear Facing
- 07 Booster Seat
- 08 Helmet Used
- 09 Restraint Used - Type Unknown
- 10 Other
- 11 Unable to Determine - Due to Vehicle Damage

Proper Use of Occupant Protection:
- 01 Used Properly
- 02 Used Improperly
- 03 Unknown

DOT Approved Helmet:
- 01 Yes
- 02 No
- 03 Unknown

Indiv # from Above	Air-bag	Trapped Extricated	Ejected	Ejection Path	Medical Transport By	Responding EMS Agency ID #	EMS Response Run Number	Receiving Facility Name	Notified Time	Scene Time	Hospital Time	Date of Death	Time of Death	Place of Death
01	07	02	01		02	462	897	MINNIE HAMILTON	2251	2340	0022			
02	07	02	01		02	465	897	ROANE GENERAL	2251	2316	2355	07/01/2012	0045	03

Airbag Deployed Codes:

DEPLOYED (This Seat):
- 01 Front
- 02 Side
- 03 Other
- 04 Multiple Directions (Front and Side)

NOT DEPLOYED (This Seat):
- 05 Available, Didn't Deploy
- 06 Available, Turned Off
- 07 None Installed
- 08 Previously Deployed - Not Replaced
- 09 Disabled or Removed

- 10 Unable to Determine - Due to Vehicle Damage

Trapped / Extricated Codes:
- 01 Not Trapped
- 02 Trapped / Extricated
- 03 Unknown

Ejection Codes:
- 01 Not Ejected
- 02 Ejected, Partially
- 03 Ejected, Totally
- 04 Unknown

Ejection Path:
- 01 Thru Side Door Opening
- 02 Thru Side Window
- 03 Thru Windshield
- 04 Thru Back Window
- 05 Thru Back Door / Tailgate Opening
- 06 Thru Roof Opening
- 07 Thru Convertible (Top Up) Roof
- 08 Other Path
- 09 Unknown Path

Medically Transported By:
- 01 Not Transported
- 02 EMS
- 03 Law Enforcement
- 04 Refused
- 05 Other
- 06 Unknown

Place of Victim's Death:
- 01 At Scene
- 02 En Route
- 03 At Medical Facility
- 04 Home
- 05 Other

08/21/2012 8:17AM (GMT-04:00)

State of West Virginia Uniform Traffic Crash Report

Statement

DOH Form: 17-st
Revised: 02/2007

Crash Record Number:

Reporting Agency's Record Number: WVSP12-4110

Page 9 *of* 9

Statement of: ○ Involved Vehicle Passenger / Driver ○ Involved Non-Motorist ● Uninvolved Witness

Vehicle Number: Person Number:

Person Number:

Name: MCKOWN (Last) JULIE (First) (Middle) (Suffix)

Home Phone: (304) 655-8852

Address: 4186 BEECH RD. ORMA (City) WV (State) 25268 (Zip Code)

Other Phone:

STATEMENT:

I WAS DRIVING SOUTH ON BEECH RD. MY DOG JUMPED OUT OF THE RHINO. I STOPPED ON THE SHOULDER OF THE ROAD, AND SET THE PARKING BRAKE. PEYTEN WAS IN THE RIGHT SEAT AND RAEGEN WAS SITTING ON THE MIDDLE CONSOLE. I ALWAYS HELD HER THERE NEXT TO ME. AFTER I GOT OUT, THE RHINO ROLLED DOWN THE EMBANKMENT. I TRIED TO JUMP BACK IN AND STOP IT, BUT COULDN'T. MY HUSBAND AND A FRIEND RAN TO US AND WE GOT THE GIRLS OUT.

THIS STATEMENT TAKEN BY TPR. J.A. NEWMAN FROM (b)(6) AT THE REQUEST OF (b)(6)

UNITED STATES OF AMERICA
CONSUMER PRODUCT SAFETY COMMISSION
OFFICE OF COMPLIANCE
DIVISION OF FIELD INVESTIGATION
PO Box 851 • Clemmons, NC • 27012 • 202-329-5045 (Phone) • 877-469-1960 (Fax)
bdyson@cpsc.gov

08/17/2012

Calhoun County Emergency Communications
511 Alan B Mollohan Dr.
Mount Zion, WV 26151
304-354-9271 (phone)
304-354-9449 (fax)

RE: Request for Report

Victims: (b)(3):CPSA Section 25(c) *(2-year-old female);* *(3-year-old female)*
Date of Incident: **06/30/2012**
Type of Incident: ***UTV Fatality/Injury***
Location: ***Beech Rd., Orma, WV***

Dear Records Holder:

The U.S. Consumer Product Safety Commission (CPSC) is the federal agency charged with protecting the public from unreasonable risks of injury or death associated with consumer products. Pursuant to this legal authority, the CPSC administers the enforcement of seven federal statutes: the Consumer Product Safety Act, the Federal Hazardous Substances Act, the Flammable Fabrics Act, the Poison Prevention Packaging Act, the Refrigerator Safety Act, the Virginia Graeme Baker Pool and Spa Safety Act, and the Children's Gasoline Burn Prevention Act. In 2008, the Consumer Product Safety Improvement Act was enacted, expanding the enforcement scope of the CPSC's authority. Specific detailed information about these statutes can be viewed on our website at www.cpsc.gov/about/cpsia/legislation.html.

As part of our official enforcement duties, CPSC field agents conduct on-going investigations regarding alleged product hazards and supports studies of deaths, injuries, diseases, and economic losses resulting from accidents involving consumer products. The CPSC's investigative staff often seeks records and other official information from State and/or local officials about an incident concerning products or substances, where the investigator believes such information may be relevant or helpful to assist the CPSC in carrying out its regulatory and enforcement mission. The CPSC has the authority to seek both civil and criminal penalties where our investigations reveal statutory violations have occurred. See, 15 U.S.C. § 2068, 2069, 2070; 15 U.S.C. § 1264, 15 U.S.C. § 1194, 15 U.S.C. § 1196.

As trustee of records which likely contain sensitive medical information, you may be concerned whether the Health Insurance Portability and Accountability Act (HIPAA) affects your ability to furnish documents and materials to the CPSC for investigation. It does not. There is a specific exemption in section 164.512. It says, in relevant part:

(b) Standard uses and disclosures for public health activities.

> (1) Permitted disclosures. A covered entity may disclose protected health information for the public health activities and purposes described in this paragraph to:
>
> > (i) A public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions . . . .

In addition, pursuant to section 5 of the Consumer Product Safety Act (15 U.S.C. 2054):

(a) The Commission shall-

> (1) maintain an Injury Information Clearinghouse to collect, investigate, analyze, and disseminate injury data, and information, relating to the causes and prevention of death, injury, and illness associated with consumer products;
>
> (2) conduct such continuing studies and investigations of deaths, injuries, diseases, other health impairments, and economic losses resulting from accidents involving consumer products as it deems necessary . . .

Please note that regardless of the HIPAA reference, we still maintain the confidentiality of any victims or relatives identified in a reported incident. In reporting, you certainly have the prerogative of purging identifying information such as, name, address, phone, social security numbers, etc.

The CPSC's investigations are initiated through consumer complaints, state and local agency referrals, formal statutory authorized inspections, execution of search warrants, taking of depositions, official hearings, and the issuance of general or special orders. Again, any information provided by State or local officials to CPSC investigative staff is strictly confidential and remains within the CPSC. The information contained in our reports may only be publicly disclosed in accordance with applicable statutory provisions under the Consumer Product Safety Act, 15 U.S.C. § 2055, 15 U.S.C. § 2074(c) and 15 U.S.C. § 2078, and the Freedom of Information Act, 5 U.S.C. § 552.

I hope this information about our mission and statutory authorities is helpful with understanding our goal and the reason for our request. As such, **it is requested that you provide a copy of the CAD report associated with the incident listed above**. The material may be submitted via USPS, e-mail, or fax to the secure destinations provided in the letterhead. Feel free to contact me with any questions regarding this request and thank you in advance for your assistance in this matter.

Sincerely,

Clay Dyson

Brian C. Dyson
Federal Investigator
US CPSC

ATVriders.com

ATVriders.com QUESTION...

Site Sponsors

ATV / SxS Models

YAMAHA

2009 Yamaha Rhino 700 FI Automatic 4x4 UTV Side X Side

NAVIGATION

Key Features | Engine | Chassis/Suspension | Additional Features | Specifications

2009 Yamaha Rhino 700 FI Auto 4x4 UTV

Rhino 700 FI Side X Side UTV Key Features

- Comfortable interior with automotive-type controls: steering wheel, left-side foot brake pedal/right-side foot accelerator pedal, center-mounted console
shifter and parking brake lever, turn-to-start ignition switch, indicator

Facebook

ATVriders.com on Facebook

Like

19,389 people like ATVriders.com.

Erick Cole

Facebook social plugin

lights and 12-volt accessory outlet.

- 686cc liquid-/oil-cooled, four-stroke engine and light weight add up to an excellent power-to-weight ratio and great performance.
- Industry-exclusive fully automatic Ultramatic® transmission with dual-range (Hi/Lo) drive and reverse is the most advanced drive system available. Maintaining constant belt tension reduces wear, gives great throttle response and provides industry-exclusive all-wheel downhill engine braking.
- Industry-exclusive three-position On-Command® In/Out 4WD feature lets you switch between 2WD, limited-slip 4WD and fully locked differential
  4WD—all with the simple push of a button.
- Fully independent four-wheel suspension: double wishbones front and rear deliver 7.3 inches of wheel travel and 12.1 inches of ground clearance; fi ve-way preload-adjustable shocks provide maximum tire contact and amazing comfort while navigating rough terrain.
- Thick bucket seats and that great long-travel suspension system work together to provide the smoothest ride in the industry.
- Designed, engineered and assembled in the USA.

Rhino 700 FI Side X Side UTV Engine

- 686cc engine puts out plenty of broadband power. Four-valve head with 9.2:1 compression bumps power and efficiency.
- Electronic fuel injection ensures peak performance in nearly all conditions and elevations, along with instantaneous cold starts.
- Four-wheel disc brakes provide unsurpassed stopping power, and the parking brake is super-convenient.
- Dual-range (Hi/Lo) drive with reverse taps into more pulling power in low and more performance in high.
- Console-mounted dual-range (H/L/N/R) shift lever.
- Sealed drive case keeps out water and debris, and a hand-operated side cover drain lets out what little gets in.
- Specially designed full stainless-steel exhaust system features aluminum heat shields and a screen-type spark arrestor for superb power characteristics with minimum noise output.
- Large-capacity aluminum radiator and oil cooler with fan-assist delivers maximum cooling efficiency and is positioned high in the frame for optimal protection.

- Specially designed drive system air intake vent helps prevent overheating and keeps water and mud from entering the drive case.

2009 Yamaha Sport Rhino 700 FI Auto 4x4 UTV

Rhino 700 FI Side X Side UTV Chassis/Suspension

- Steel frame is lightweight and features outstanding durability with superior rigidity for superb handling.
- Light, responsive rack-and-pinion steering features a fully sealed steering column and double U-jointed steering linkage for smooth operation and class-leading turning radius—even in 4WD.
- 12.1-inch ground clearance delivers maximum underbelly protection while enhancing terrainability.
- Low-maintenance front shaft drive features gear case and electronic servo-activated 2WD/4WD/Diff Lock via the On-Command® system. Direct rear shaft drive eliminates the U-joint for greater durability and more efficient power transfer at all rpm.
- Heavy-duty CV joint guards protect against rock and debris damage.
- Standard center-mounted, heavy-duty 2-inch receiver-style hitch can tow more than 1200 pounds.
- Tough, rotomolded doors keep mud, water and dirt on the trail where they belong.
- Stamped steel dump bed is rated to haul 400 pounds of gear, with a latch that opens from either side.
- Aggressive Maxxis® tires offer great traction, longer life and a comfortable ride.

Additional Features

- Equipped with two cup holders for even greater creature comfort.
- Digital instrument panel boasts multifunction LCD display with speedometer, odometer, dual tripmeter, hourmeter, 4WD status,

transmission position, clock and fuel gauge.

- Integrated, easy-to-read fuel gauge makes it easy to keep track of your fuel supply.
- Large, specially designed seats are extra plush and supportive for all-day driver and passenger comfort.
- Operator and passenger seat belts.
- Dual 30-watt multireflector Krypton bulb headlights with high/low beams feature stylishly sleek cat-eye design; dual 5-watt/21-watt tail/brake lights.
- Large, 7.9-gallon fuel tank allows for long rides.
- Maintenance-free battery provides power, even in cold weather.
- Underhood tool-free air filter is a snap to service.
- Cool, comfortable steering wheel and passenger grab handles.
- Assembled in Newnan, GA, USA.

YAMAHA

www.Yamaha-Motor.com

Discuss this in ATVriders.com Forum

(11)

⚠ WARNING

To reduce risk of accidents and injury or death:

Be Prepared

- Wear seat belt, motorcycle helmet, eye protection and protective gear.
- Keep your body completely inside the vehicle at all times. Keep both hands on the steering wheel. Be sure passenger is seated, belted, and holding onto the handholds.

Be Qualified and Responsible

- This vehicle is intended for use only by an operator 16 or older with a valid motor vehicle license.
- Passenger and driver must be able to place both feet flat on the floorboard while seated upright with their backs against the seat backs.
- Do not drive or ride as passenger after using drugs or alcohol.
- Do not operate on public roads.

Read the Owner's Manual

Avoid Rollovers and Crushing Injuries

- Use care when turning:
  - Turning the steering wheel too far or too fast can result in a rollover or loss of control.
  - Slow down before entering a turn.
  - When making tight turns from a stop or at slow speeds, avoid sudden or hard acceleration.
  - Avoid sideways sliding, skidding, or fishtailing, and never do donuts.
- Drive straight up and down inclines, not across them. If crossing a hill is unavoidable, drive slowly and turn downhill immediately if you feel the vehicle may tip.
- Avoid paved surfaces. Turn gradually and go slowly if you must drive on pavement. This vehicle is designed for off-road use only.

If you think or feel the Rhino may tip or roll:

- Brace yourself by pressing your feet firmly on the floorboards and keep a firm grip on the steering wheel or handholds.
- Do not put your hands or feet outside of the vehicle for any reason.

Abrupt maneuvers or aggressive driving have caused rollovers – even on flat, open areas.

Genuine Yamaha Doors and a Handhold/Strap are available for free installation or replacement. Yamaha recommends these features to help keep occupants from sticking arms or legs out of the vehicle during a rollover.

Contact your dealer or visit
www.yamaha-motor.com/rhino

YAMAHA 5B4-F1568-01

Owners' Manuals & Warning Labels

Yamaha Rhino Owners' Manuals and On-Product Warning Labels

The safety of Rhino drivers and passengers is Yamaha's first priority. Yamaha offers comprehensive safety recommendations and warnings for operators and passengers of Rhino SxS vehicles. These recommendations and warnings are included in vehicles' owner's manuals, promoted throughout Yamaha's marketing and advertising materials, and placed on all Rhino vehicles to ensure that they remain on the vehicle for all drivers and passengers to see. These important warnings and recommendations include but are not limited to:

• Drivers must be 16 years or older and have a valid motor vehicle license to drive a Rhino. Children under 16 should never drive a Rhino.

• To ride in a Rhino, a passenger must be tall enough to place both feet flat on the floorboard with his or her back against the seat back and be able to reach the passenger hand holds.

• Driver and passenger should always wear seatbelts and protective gear/clothing including: Helmet, Eye protection, Gloves, Over-the-ankle boots, Long sleeves and Long pants.

See More F

Click here to voice your opinion and show your support

• Drivers and passengers should stay completely inside the vehicle at all times.

• Rhinos are designed for off-road use only. They should never be operated on public roads or paved surfaces.

• As with any motor vehicle, safety features are no substitute for driving responsibly and avoiding aggressive or reckless use of the Rhino.

• For more safety recommendations, please check out the Recreational Off-Highway Vehicle Association web site at: www.ROHVA.org.

For more information on how to safely operate your Rhino vehicle, please refer to the owner's manual. PDF versions of all Rhino owner's manuals (including Rhino 450, 660 and 700 from the years 2004 to 2009) can be found at the Yamaha Web site.

Back to the Press Room

Click here for Rhino Safety Recommendations and Guidelines

Watch v
Yama

Tw
Truth About

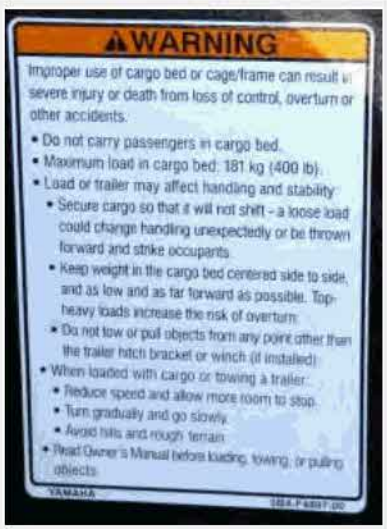
TruthAbc
verdict in
involving
prnewsw
releases/
280 days ag

TruthAbc
Court of
Yamaha:
Victoriou
that have
truthabo
293 days ag

TruthAbc
employee
and frien
than 200
Bernardi

© 2009 Yamaha - Truth About Rhino

WARNING
Any part of your body (arms, legs, or head) outside of the vehicle can be crushed by the cage/frame.
If you think or feel that the vehicle may tip or roll, brace your feet on the floorboards, and keep your hands on the steering wheel.
Do not try to stop a vehicle turner using your arm or leg.


WARNING
Improper use of cargo bed or cage/frame can result in severe injury or death from loss of control, overturn or other accidents.
• Do not carry passengers in cargo bed.
• Maximum load in cargo bed: 181 kg (400 lb).
• Load or trailer may affect handling and stability:
• Secure cargo so that it will not shift - a loose load could change handling unexpectedly or be thrown forward and strike occupants.
• Keep weight in the cargo bed centered side to side, and as low and as far forward as possible. Top-heavy loads increase the risk of overturn.
• Do not tow or pull objects from any point other than the trailer hitch bracket or winch (if installed).
• When loaded with cargo or towing a trailer:
• Reduce speed and allow more room to stop.
• Turn gradually and go slowly.
• Avoid hills and rough terrain.
• Read Owner's Manual before loading, towing, or pulling objects.
YAMAHA

WARNING
Keep hands, body, and other people away from pinch points when lowering bed. Do not hold the cage/frame while closing bed.
YAMAHA

WARNING
Do not rest hands on door or hip restraint bar. To avoid injury, keep hands completely inside the vehicle by holding the steering wheel or handholds.
YAMAHA
5B4-K8483-00

Task No. 120716HCC1826

Date: 09/05/2012

STATUS OF MISSING DOCUMENT(S)

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

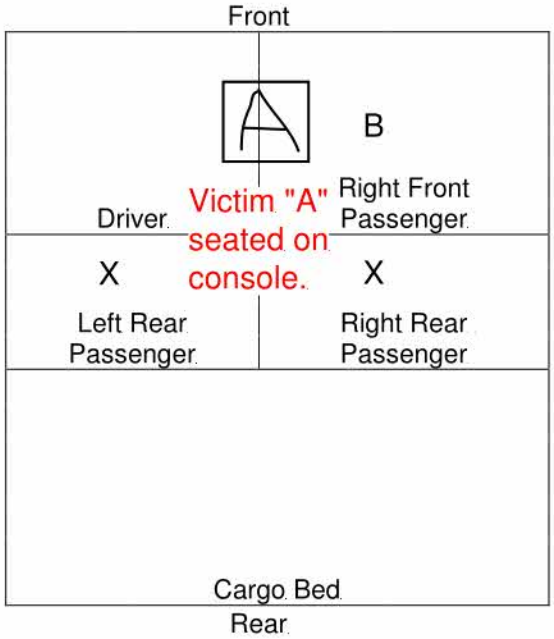
1. State Police Photographs
2. 911 CAD Report
3.
4.
5.

Date: 09/05/2012 Investigator No: 4454

Regional office: CFIE Supervisor No: 9001

Utility Vehicle Data Record Sheet

Exhibit 11



The Utility Vehicle

A:		
Age: 1 yr	Height: 3'	
Gender: F	Weight: 40 lbs.	
Helmet (Y/N): N	Seatbelt (Y/N): N	
Killed/Injured/Neither/Unknown: Killed		
Injury Description: skull fracture		
Did vehicle land on victim: No		
Ejected (Either partially or fully): No		

B:		
Age: 3 yr	Height: unknown	
Gender: F	Weight: unknown	
Helmet (Y/N): N	Seatbelt (Y/N): Y	
Killed/Injured/Neither/Unknown: Injured		
Injury Description: broken left femur		
Did vehicle land on victim: No		
Ejected (Either partially or fully): No		

C:		
Age:	Height:	
Gender:	Weight:	
Helmet (Y/N):	Seatbelt (Y/N):	
Killed/Injured/Neither/Unknown:		
Injury Description:		
Did vehicle land on victim:		
Ejected (Either partially or fully):		

D:		
Age:	Height:	
Gender:	Weight:	
Helmet (Y/N):	Seatbelt (Y/N):	
Killed/Injured/Neither/Unknown:		
Injury Description:		
Did vehicle land on victim:		
Ejected (Either partially or fully):		

E:		
Age:	Height:	
Gender:	Weight:	
Helmet (Y/N):	Seatbelt (Y/N):	
Killed/Injured/Neither/Unknown:		
Injury Description:		
Did vehicle land on victim:		
Ejected (Either partially or fully):		

F:		
Age:	Height:	
Gender:	Weight:	
Helmet (Y/N):	Seatbelt (Y/N):	
Killed/Injured/Neither/Unknown:		
Injury Description:		
Did vehicle land on victim:		
Ejected (Either partially or fully):		

*If victim(s) were injured/killed, please include the other relevant information requested in the assignment message in the text of the IDI.

Using the figure on the left, please fill in where the occupants were in the vehicle at the time of the incident using A, B, C, etc. to identify the occupant(s)' location. Fill in the occupants' characteristics in the corresponding location on the right. For example, the driver could be assigned to the letter 'A' and the letter 'A' would be placed in the diagram in the box designated 'Driver', and the drivers' characteristics would be filled on the right. If there were more than six occupants (or more room is needed), please add the other passenger(s)' information (or any other information) as needed. If information is not available, please indicate by 'na'.

Note: Not all locations indicated on the diagram exist in all types of utility vehicles. Please only use the locations that correspond to the incident vehicle. Please place an 'X' over the area if the vehicle was not equipped with the component.

Save

(b)(5)

(b)(5)

EPIDEMIOLOGIC INVESTIGATION REPORT

1. Task Number	2. Investigator's ID	
120717HCC3771	3954	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
840	2012 07 01	2012 07 19

6. Synopsis of Accident or Complaint **UPC**

A 24 year-old male died and another male (unknown age) received multiple injuries to his head along with a broken leg after the four-wheeled utility vehicle (UTV), they were operating stuck a water diversion berm causing the vehicle to overturn off the roadway, down an embankment, striking multiple trees before coming to a rest. The cause of death was determined to be blunt force trauma to the head. Alcohol was determined to be a factor.

7. Location (Home, School, etc)	8. City	9. State
9 - SPORTS OR RECREATION PLACE	CACHE COUNTY	UT

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - UTILITY VEHICLES	POLARIS	RAZOR

10D. Manufacturer Name and Address

POLARIS 4XAVE76A9BB068117
1225 NORTH COUNTY ROAD 18
MINNEAPOLIS, MN 55441

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
0	NONE	NONE

11D. Manufacturer Name and Address

NONE

12A. Hispanic or Latino	12B. Race	12C. Race Source
2 - No	1 - White Other:	3 - Official Document

13. Age of Victim	14. Sex	15. Disposition	16. Injury Diagnosis
24	1 - Male	8 - Death	62 - Intern. Org. Inj.

17. Body Part(s) Involved	18. Respondent	19. Type of Investigation	20. Time Spent (Operational / Travel)
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	9.00 / 0.00

21. Attachment(s)	22. Case Source	23. Sample Collection Number
9 - Multiple Attachments	05 - Newspaper	

24. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ◉ No ○ Yes for Manuf. Only ○ Verbal ○ Written

25. Review Date	26. Reviewed By	27. Regional Office Director
08/27/2012	9067	Frank J. Nava

28. Distribution	29. Source Document Number
Sarah Garland	X1270221A

IDI 120717HCC3771

All information contained in this report was obtained from the Cache County Sheriff's Office and the Utah Office of the Medical Examiner.

On July 1, 2012, at approximately 8:00 p.m., a 24 year-old male was driving a four-wheeled utility vehicle (UTV), downhill on a dirt road. One other male was riding in the UTV along with the victim who later told Sheriff's Deputies that both were wearing seat belts, but not helmets. The passenger of the UTV said the UTV was equipped with an after-market front bumper, not further specified. The passenger claimed at some point while traveling downhill the UTV struck a water diversion berm causing the front bumper of the UTV to strike the ground, resulting in the UTV rolling over from back to front.

Sheriff's Deputies determined that after driving over the berm, the UTV left the roadway and went off an embankment striking three trees, approximately 12-24 inches in diameter, before coming to a rest after striking a fourth tree. The victim was pronounced dead at the scene. The passenger suffered unspecified injuries to his leg, but was able to contact emergency medical personnel via his cell phone.

The speed of travel at the time of the incident was not determined. The driver's experience operating UTVs was not determined. No further information was available on the incident bumper.

On July 2, 2012 an autopsy was performed. The cause of death was listed as blunt force injuries to the head with a manner of death listed as accident. Toxicology reports listed the victim's blood ethanol level of 0.11g/dl.

PRODUCT INFORMATION:

Utility Vehicle

Brand:	Polaris
Model:	Razor
Year:	Unknown
VIN:	4XAVE76A9BB068117

Manufacturer:	Polaris 1225 North County Road 18 Minneapolis, MN 55441
Date of Manufacture:	Unknown
Date of Purchase:	Unknown
Place of Purchase:	Unknown

ATTACHMENTS:

Exhibit A - Cache County Sheriff's Office Report

Exhibit B - Utah Office of the Medical Examiner Report

Exhibit C - Missing Documents

Exhibit D - Contact Information

Exhibit E - Utility Vehicle Data Records Sheet

Cache County Sheriff's Office

Deputy Report for Incident 12-C5437

NO

Nature: Accident, OHV
Location: FS

Address: Right Hand Fork Trail to Mt Logan
Cache County UT 84321

Offense Codes: OHVA, DBOD, TAPI, AOFF, AMAS
Received By: Tarbet, L **How Received:** T **Agency:** CCSO
Responding Officers: Holt S, Stauffer L, Gunderson S, Hawes D, Hambly K, Leishman C, Gunnerson Er, Larsen, Clair, Jensen C, Riggs E, Flansburg M, Squad 301, Locke B
Responsible Officer: Flansburg M **Disposition:** CNA 08/06/12
When Reported: 20:51:11 07/01/12 **Occurred Between:** 20:51:11 07/01/12 and 20:51:11 07/01/12

Assigned To: **Detail:** **Date Assigned:** **/**/**
Status: **Status Date:** **/**/** **Due Date:** **/**/**

Complainant: 20804
Last: (b)(6) **First:** (b)(**Mid:** (b)(6)
DOB: **Dr Lic:** **Address:**
Race: W **Sex:** M **Phone:** **City:**

Alert Codes:

Offense Codes

Reported: OHVA Accident Off Highway Vehicle **Observed:** OHVA Accident Off Highway Vehicle
Additional Offense: OHVA Accident Off Highway Vehicle
Additional Offense: DBOD Dead Body
Additional Offense: TAPI Traffic Accident Pers Injury
Additional Offense: AOFF Alcohol Offense
Additional Offense: AMAS Ambulance or Medical Assist

Circumstances

Responding Officers:	Unit :
Holt S	D105
Stauffer L	D40
Gunderson S	D334
Hawes D	D317

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Cache County Sheriff's Office by MM

08/06/12

Law Supplemental Narrative:

Supplemental Narratives

Seq	Name	Date	Narrative
1	Holt S	09:56:16 07/05/2012	

Outline #15 - Other incidents

1. Summary of the incident:
Search & Rescue and deputies responded to an OHV accident involving two patients. One died at the scene, the other was flown by Life Flight to McKay Dee Hospital in Ogden, UT.

2. Premises location and description:
US Forest Service, Cache County, UT

3. Evidence:
A. Photos:
B. Prints:
C. Sketches:
D. Statements:
E. Recordings (audio/in-car video):
F. Other:

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4. Is this person an American citizen:
yes or no
If No - did you offer to contact the Consulate
Date and time of contact:
Reason for not contacting:

5. Other information:
I was dispatched to an OHV roll-over accident just off of Mount Logan Peak in the US Forest Service. It is unclear whether this particular spot of land is private property or Forest Service. This will be determined by Division of Wildlife Resources Officer Clair Larsen.

While en route information was coming through from two different people, one of them (b)(6), stated that his four wheeling party, had an accident. The other individual, (b)(6) had cell service and was contacting dispatch stating that he and a friend were in a Razor and had just rolled down a mountain. He also informed dispatch he believed his friend was deceased and (b)(6) leg was badly broken. He also said that he himself had very bad head wounds. The details of this accident are unclear and will be investigated further by Detective Flansburg.

While en route Search & Rescue was called out. All individuals involved staged at the Girls Camp, which is up Right Hand Fork up Logan Canyon. As I did not have a four wheel drive vehicle, I waited for DWR Officer C Larsen. Officer Larsen escorted me up to the area of the accident. The accident started on a trail, however, when the Razor landed down a ravine and stopped against a tree, this was significantly off the trail. Search & Rescue had to hike in to gather the body of the deceased, Cory Crump.

Search & Rescue was able to land Life Flight in the area where the Razor initially went off the road. This is when Kalob Wahler was transported by Life Flight to McKay Dee Hospital. Shortly after Life Flight took off, all parties involved with the roll-over accident were then transported back down the canyon. Myself, several Search & Rescue individuals, as well as Officer Larsen stayed in the area. I gathered the appropriate information and pictures of the deceased as well as the Razor itself. These will be documented and added to this case file.

This information was then given to Medical Examiner Brian Locke as well as the investigator Det. Flansburg. All name information will be added at a later date, we are still gathering everybody that was involved. All other investigations will also be followed up by Det. Flansburg. Supplementals will be added as necessary.

6. Date, time, reporting deputy:
07/02/2012 18:20 Deputy S Holt

* edited 7-7-12 sholt
jb

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Law Supplemental Narrative:

Supplemental Narratives

Seq	Name	Date	Narrative
2	Holt S	10:39:34 07/12/2012	

Supplemental - 07/03/2012

I met with (b)(6), the deceased's father. (b)(6) stated that he wanted to gather his son's belongings. The only belongings that were taken from the Razor in the accident were a .22 pistol in a case, as well as a wallet. Per Detective Flansburg's wished the gun was not released back to the father pending a full background check on the weapon. This information was given to Brian when the wallet was handed to him.

(b)(did ask some questions about what investigators had found after the accident. I informed him I was not the investigator, however, he could call next week and get with Detective Flansburg for further information. He told me the information that was given to him, and I confirmed much of the information. He asked me if it would be appropriate for him to see the Razor, I recommended to him that he not see the Razor as it is covered in much of his son's blood and may be disturbing. He agreed and would be giving this information to his wife also.

07/03/2012 19:50 hours Deputy S Holt

THIS IS A ROUGH DRAFT ONLY
cd

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Cache County Sheriff's Office by MM

Law Supplemental Narrative:

Supplemental Narratives

Seq	Name	Date	Narrative
3	Flansburg M	15:08:45 07/23/2012	

Supplement - Mon Jul 23 15:09:33 MDT 2012 Det. M Flansburg

On the evening of July 1st, 2012, I was called out to help document an OHV accident. This accident resulted in on fatality and one injury.

While en route to the accident, I could hear radio traffic indicating that Search and Rescue were at the site of the accident and were getting ready to remove the body from the scene. I later found out that the fatality was Cory Crump, who was also the driver of the vehicle.

I called on the radio to incident command and spoke with Lt. Chad Jensen. I asked him if he wanted me to document the accident scene before the body was moved. He stated that Deputy S Holt was on scene and was taking pictures and gathering evidence.

After a short time, I arrived at the comand center, by Camp Lomia. I was told to report to Lt. Jensen, up the hill at an area known as the Crow's Foot. When I arrived there, I made contact with Lt. Jensen. He pointed out a group of people who were friends of the deceased. I recognized (b)(6) from prior dealings. I went to (b)(6) to get some information. (b)(informed me that they had just been released from the scene, to go to McKay Dee Hospital in Ogden. This is where the passenger of the vehicle, (b)(6) was being Life Flighted. I had just enough time to get the names of the people who were in the group this evening.

(b)(6) and his wife, (b)(6) friends of (b)(6). (b)(6) refers to (b)(6) as his "Brother". At this time, I have not clarified the relationship.

(b)(6) the brother of (b)(6) One of the reasons the group had drove up to the top of the Mountain was because Ethan wanted to propose marriage to his girlfriend, (b)(6)

(b)(6) and his wife, (b)(6) is the sister of (b)(6) (b)(6)

(b)(6) was the driver of the the Razor and (b)(6) was the passenger.

After the group left the scene, I went with Lt. Brian Locke up to the scene of the crash. Lt. Locke was on scene in his capacity as an M.E. Tech. As we were driving up to the crach site, we met Dep. Holt coming down from the site with Clair Larsen of DWR. Dep Holt changed vehicles so she could come with us up to the crash site and show us what she had found.

We continued on to the site. We next met most of the S&R crew coming down from the site with the body of the deceased. We did not detain them. We next came to the extraction point on the road, just below the crash site (41.43.582-111.40.654). Here we met up with S&R deputy Greg Murray. He was the member of the team who took pictures of the site and the body. He turned over the SD card from his camera to my care. I later copied the pictures from his card and gave the card to Sgt. J Peterson for return to him.

(b)(6 took us up the road to the point where the vehicle went of the road, above

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the crash site. On the dirt road, just north of where the vehicle went of the road, there is a small dirt water run off burm. About 15 feet downhill from the burm is where we found the first pieces of debris. I took pictures of the small pieces of plastic that appear to have been broken off of the vehicle. About another 15 feet downhill of the first debris is where tire tracks indicate that the vehicle went of the east side (down hill) side of the road. It was here that we started to notice beer cans and other items that fell out of the vehicle. More pictures were taken.

In the dark, we could not see the vehicle from the road. (b) offered to take me down the hill to the location of the vehicle. We were able to estimate the path of the vehicle, as it fell down the hill, by the marks in the ground and the broken and scuffed up plants and bushes.

At about 100 feet down hill from the road, we came to a large tree that was impacted by the vehicle. As I approached the tree, I could see large gouge marks in the bark of the tree where the vehicle made impact with the tree. the tree was about 12 inches in diameter. As I faced the tree, the gouge marks were on the right side of the tree, and about 9 feet off the ground. To show proportions, I had (b) stand at the base of the tree while I took pictures.

It was about 50 feet to the next tree that was impacted by the vehicle. Again, we estimated the path by the marks in the ground and the plants/bushes between the first and second tree. Also between these trees, were items, such as beer cans, along the same path. About half way between the first and second tree, we started to notice blood on the ground and the plants. The second tree was also about 12 inches in diameter.

The gouge marks on the second tree were similar to the first tree, with the exception that the marks were on the left side of the tree, as we faced it, and the marks were only about 7 feet off the ground. The second tree was about 12 inches in diameter.

The estimated path from the second tree to the third tree was the same as the others. We continued to find blood along the path. The gouge marks on the third tree were found at the base of the tree. The base was about 2 feet in diameter. The gouge marks were on the right side of the tree as we faced it. (41.43.622-111.40.734)

Lastly, the trail led to the base of a forth tree. The vehicle hit this tree head on and came to rest where it hit the tree. The body had been removed but (b)(6) was able to show me where the body had laid when S&R had arrived. I took pictures of the vehicle and some of the more prominent puddles of blood. After documenting the scene, (b)(6) showed me the path that was taken to the road where the body was loaded onto a trailer used by S&R to transport people and bodies by 4 wheelers.

We drove back down to the Crows Foot area, where I made my report to Lt. Jensen. After I made my report, Lt. Jensen released me from the scene. I was infomred by Deputy Holt that she had found Cory's wallet and his 22 pistol in the vehicle. She stated that she had taken these items for safe keeping and would secure them in her cabinet in Patrol.

I have nothing further to report for this evening.

Thu Jul 26 14:34:38 MDT 2012 Det. M Flansburg

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Cache County Sheriff's Office

Law Supplemental Narrative:

Supplemental Narratives

Seq	Name	Date	Narrative
4	Tuttle N	10:19:55 07/25/2012	

ATF trace T20120211463 submitted 7/25/12 on Browning .22 Buckmark semi-auto pistol recovered from scene.

10:14:00 hours, 7/25/12, N Tuttle

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Law Supplemental Narrative:

Supplemental Narratives

Seq	Name	Date	Narrative
5	Flansburg M	14:35:52 07/26/2012	

Thu Jul 26 14:36:02 MDT 2012 Det M Flansburg

Due to some miscommunication on my part, I found that (b)(6) 22 pistol had not yet been returned to his family. Deputy Holt had previously informed me that she had returned his wallet to his family. On Wednesday, July 25th, 2012, I retrieve the pistol from Deputy Holts cabinet in Patrol, and turned it over to Investigations Technician, Nicolle Tuttle, to be processed and returned to the family.

Nothing further.

Thu Jul 26 14:38:37 MDT 2012 Det. M Flansburg

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Cache County Sheriff's Office by mm

Law Supplemental Narrative:

Supplemental Narratives

Seq	Name	Date	Narrative
6	Flansburg M	14:48:28 07/26/2012	

Supplement - Thu Jul 26 14:48:42 MDT 2012 Det. M Flansburg

On July 18, 2012, I was able to make contact with (b)(6) and have him come into the office to be interviewed about the accident. The interview was video recorded and is part of the file.

I asked (b)(to tell me of the events that led up to this case. He told me the details as best as he could remember.

He started that by telling me why he and his friends were up on the mountain. He stated that his brother wanted to propose to his girlfriend, up on the mountain. They had all drove their 4 wheeler vehicles up for the event. (b)(admitted that during the day, (b) had a few beers, but he did not believe he had enough to be impaired. He stated that as the group started down the hill, he and (b) were in the first vehicle.

(b)(6 stated that he did not believe (b) was driving very fast. (b)(stated that he remembers hitting the water diversion burm. (b)(stated that the vehicle has an after market bumper, and was weighted heavy on the front. He stated thaty for some reason, the front bumper came in contact with the ground, and the vehicle tumbled back over front.

(b)(6 stated that he remembers going off the side of the road but then he blacked out. He stated that he came to and looked at (b) who was looking at him. He stated that he blacked out again and came to when they stopped moving. At this point, (b)(3) body and head was resting on top of him. He stated that he tried to wak up but realized that (b) was dead.

(b)(6 then exited the vehicle and called for help. He stated that he walked up to the road before he made contact with anyone. He waited on the road until S&R came and he was placed on the helicopter for the ride to the hospital.

I asked (b)(if he or (b) were wearing their seatbelts or helmets. He stated that they had on seat belts but not helmets. He stated that he couldn't remember much more details that what he had already told me.

I thanked him for his help and he left the office.

Nothing further.

Thu Jul 26 16:30:37 MDT 2012 Det. M Flansburg

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Cache County Sheriff's Office by MM

Law Supplemental Narrative:

Supplemental Narratives

Seq	Name	Date	Narrative
7	Tuttle N	10:39:30 08/01/2012	

The firearm trace detail on the handgun found at the scene was returned by the ATF. The results indicate that the last registered owner of the firearm was Cecil Litie out of Sacramento, CA. This information was passed along to Sgt. Frost who advised that an NCIC search should be performed on the weapon. If that comes back with no hits, it could be released to the father of the deceased, (b)(3):Ex. I ran an NCIC search on the firearm which came back clear. That information was given to K Jensen along with a copy of the ATF trace report. She stated she would contact (b)(3):E

A copy of the ATF trace detail has been attached to this case file.

08/01/2012, 10:42:00 hours, N Tuttle

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Law Supplemental Narrative:

Supplemental Narratives

Seq	Name	Date	Narrative
8	Flansburg M	14:12:40 08/01/2012	

Supplement - Wed Aug 01 14:13:12 MDT 2012 Det M FLansburg

I have received a Report of Examination from the Office of the Medical Examiner, dated 7/20/12. It is for (b)(3):Exempti.

The opinion stated in the report is "This 24 year old Caucasian male, (b)(3) (b)(died of blunt force injuries of the head when the ATV vehicle he was driving drove off a dirt road and rolled down an embankment. The decedent sustained significant injury to the head resulting in his death. He was acutely intoxicated at the time of the accident."

With this report, I will recommend that this case be closed.

Nothing further.

Wed Aug 01 14:44:22 MDT 2012 Det M Flansburg

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Cache County Sheriff's Office by

UTAH DEPARTMENT OF HEALTH

48 N. Mario Capecchi Dr.
Salt Lake City, UT 84113
Phone (801)584-8410
Fax (801)584-8435

Office of the Medical Examiner

Todd C. Grey, M.D., Chief Medical Examiner
Edward A. Leis, M.D., Deputy Chief Medical Examiner

Erik D. Christensen, M.D.
Pamela S. Ulmer, D.O.
Julie A. Adams, D.O.
Joseph K. White, D.O.
Assistant Medical Examiners

Keith Stephens
Chief Investigator

REPORT OF EXAMINATION

Name: (b) (3):Exemption 3
Case #: **R201201159**
Age: 24
Race: Caucasian
Sex: Male

Date & Time of Death: 07/01/2012 – Fd 20:51
Date & Time of Exam: 07/02/2012 – 09:55
Examination by: Edward A. Leis, M.D.
Investigating Agency: Cache County Sheriff's Office
Exam Witnesses: None

Manner of Death: Accident
Immediate Cause of Death: Blunt force injuries of the head
due to: ATV accident

FINAL PATHOLOGIC DIAGNOSES

I. Blunt force injuries of the head:
   A. Right periorbital and nasal bridge fractures,
   B. Abrasions and contusions, face (see description).
   C. Loose upper palate, mouth.
   D. Battle's sign, posterior to right ear.
   E. Blood in right ear canal.
   F. Small laceration, left of central midline, posterior head.
   G. Palpable overlapping cranial fractures, multiple.
   H. Abrasions, left neck and shoulder.
II. No fractures of long bones identified.
III. Abrasions and contusions, left upper back and dorsum of left arm.

Toxicology results:
Ethanol: .....0.11 g/dl blood and vitreous levels
Carboxyhemoglobin: .....5% saturation

OPINION: This 24 year old Caucasian male, (b) (3):E died of blunt force injuries of the head when the ATV vehicle he was driving drove off a dirt road and rolled down an embankment. The decedent sustained significant injury to the head resulting in his death. He was acutely intoxicated at the time of the accident.

Edward A. Leis, M.D
Deputy Chief Medical Examiner
Date Signed: 7/20/02

EAL/bg

Name – (b) Case No. – R201201159

EXTERNAL EXAMINATION

The body is that of a normally developed, well-nourished Caucasian male, received with personal effects as listed on the Body Inventory and Release Sheet. The body weighs approximately 88 kg and measures approximately 192 cm in length with a calculated Body Mass Index of 23.9 kg/m^2. The individual appears compatible with the stated age of 24 years.

The body is cool. Rigor is hard in the joints and in the jaw. Patches of posterior lividity are noted and are fixed.

The scalp hair is brown and measures to 6 cm in length with a similar colored mustache and short beard hair present. Injuries to the head are as described below. The eyes are blue with symmetric pupils. The ears are normally formed with blood in the right ear canal. Upper and lower natural teeth are in place. Injuries to the neck are described below.

The chest is symmetrical and free of palpable fracture. The abdomen is flat and soft, free of distinguishing markings or scars. Several abrasions are noted over the lateral left neck and straddle the clavicle and extend onto the left upper chest.

The upper and lower extremities are normally developed and symmetrical. There is no evidence of long bone fractures. Several small abrasions and contusions are noted on the posterior left forearm. A larger area of bruising and superficial abrasion involves the posterior left upper and extends onto the left upper back. There is a small bruise/abrasion on the anterior right wrist. The lower extremities are unremarkable.

Abrasions and bruising are noted on the left upper back. There is no discernible fracture of the spine. External genitalia are those of a circumcised male.

DESCRIPTION OF INJURIES

I. BLUNT FORCE INJURIES OF THE HEAD: There is a small superficial laceration in the posterior scalp at the level of the mid ear, just to the left of the midline. A few small patches of abrasion straddle the upper midline of the forehead and are above the right eyebrow. The left globe is sunken due to palpable fractures of the orbit. The nasal bridge is fractured. There is hemorrhage of the sclera of the right and left eye, the left to a greater extent than the right. Hemorrhage is also noted of the lower left conjunctiva. There is blood in the right ear canal. No palpable fractures are discernible in the maxillary regions but the upper palate hinges in the oral cavity. All teeth remain firmly in place. There is no discernible fracture of the jaw. Abrasions and contusions are noted on the left neck. There is no palpable hypermobility of the neck. Palpation of the head disclosed multiple fractures throughout the calvarium extending down low and posteriorly of the head. Several of the bones override the point of fracture.

UTAH DEPARTMENT OF HEALTH

Unified State Laboratories: Public Health
Bureau of Forensic Toxicology
4431 South 2700 West
Taylorsville, Utah 84119-8600
Telephone: (801) 965-2400
Fax:(801) 965-2455

Lab Information

Lab Case #: **M2012-01025**
Sample #: 614039
Source: **Blood**
Sample Detail: SUBCLAVIAN
Date Received: 07/03/2012
Date Completed: 07/18/2012

Subject Information

Subject Name: (b) (3) :Exemp
Subject DoD: 07/01/2012

Agency Information

Medical Examiner: Dr. Ed Leis
Agency Case # : **201201159**

OFFICE OF MEDICAL EXAMINER
SHANNON SKILES
48 MARIO CAPECCHI DRIVE
SALT LAKE CITY, UT 84113-1105

TOXICOLOGY FINAL REPORT

Test Run: **Alcohol by Headspace GC**

Acetone Result: **Negative**

Isopropanol Result: **Negative**

Methanol Result: **Negative**

Ethanol Result: **0.11 grams per 100 milliliters of Blood**

Test Run: **Rx Drug Panel Screen**

Final Result: **All test results are negative.**

Test Run: **Cocaine Screen**

Cocaine Result: **Negative**

Test Run: **Methamphetamine Screen**

Methamphetamine Result: **Negative**

Test Run: **Morphine Screen**

Morphine Result: **Negative**

Marcel E Bibeault

Case reviewed by: Marcel Bibeault

UTAH DEPARTMENT OF HEALTH

Unified State Laboratories: Public Health
Bureau of Forensic Toxicology
4431 South 2700 West
Taylorsville, Utah 84119-8600
Telephone: (801) 965-2400
Fax:(801) 965-2455

Lab Information

Lab Case #: **M2012-01025**
Sample #: 614039
Source: **Blood**
Sample Detail: SUBCLAVIAN
Date Received: 07/03/2012
Date Completed: 07/18/2012

Subject Information

Subject Name: (b)(3):Exemp
Subject DoD: 07/01/2012

Agency Information

Medical Examiner: Dr. Ed Leis
Agency Case # : **201201159**

OFFICE OF MEDICAL EXAMINER
SHANNON SKILES
48 MARIO CAPECCHI DRIVE
SALT LAKE CITY, UT 84113-1105

TOXICOLOGY FINAL REPORT

Test Run: **THC Screen**

THCmtb Result: **Negative**

Case reviewed by: Marcel Bibeault

Marcel E Bibeault

UTAH DEPARTMENT OF HEALTH

Unified State Laboratories: Public Health
Bureau of Forensic Toxicology
4431 South 2700 West
Taylorsville, Utah 84119-8600
Telephone: (801) 965-2400
Fax:(801) 965-2455

Lab Information

Lab Case #: **M2012-01025**
Sample #: 614041
Source: **Blood**
Sample Detail: SUBCLAVIAN
Date Received: 07/03/2012
Date Completed: 07/18/2012

Subject Information

Subject Name: (b) (3) :Exemp
Subject DoD: 07/01/2012

Agency Information

Medical Examiner: Dr. Ed Leis
Agency Case # : **201201159**

OFFICE OF MEDICAL EXAMINER
SHANNON SKILES
48 MARIO CAPECCHI DRIVE
SALT LAKE CITY, UT 84113-1105

TOXICOLOGY FINAL REPORT

Test Run: **Carbon Monoxide**

Carboxyhemoglobin Result: **5.0 %**

Case reviewed by: Marcel Bibeault

Marcel E Bibeault

UTAH DEPARTMENT OF HEALTH

Unified State Laboratories: Public Health
Bureau of Forensic Toxicology
4431 South 2700 West
Taylorsville, Utah 84119-8600
Telephone: (801) 965-2400
Fax:(801) 965-2455

Lab Information

Lab Case #: **M2012-01025**
Sample #: 614043
Source: **Vitreous Fluid**
Sample Detail:
Date Received: 07/03/2012
Date Completed: 07/18/2012

Subject Information

Subject Name: (b) (3) :Exempt
Subject DoD: 07/01/2012

Agency Information

Medical Examiner: Dr. Ed Leis
Agency Case # : **201201159**

OFFICE OF MEDICAL EXAMINER
SHANNON SKILES
48 MARIO CAPECCHI DRIVE
SALT LAKE CITY, UT 84113-1105

TOXICOLOGY FINAL REPORT

Test Run: **Alcohol by Headspace GC**

Acetone Result: **Negative**

Isopropanol Result: **Negative**

Methanol Result: **Negative**

Ethanol Result: **0.11 grams per 100 milliliters of Vitreous Fluid**

Marcel E Bibeault

Case reviewed by: Marcel Bibeault

UTAH DEPARTMENT OF HEALTH
Unified State Laboratories: Public Health
Bureau of Forensic Toxicology
4431 South 2700 West
Taylorsville, Utah 84119-8600
Telephone: (801) 965-2400
Fax:(801) 965-2455

Lab Information

Lab Case #: **M2012-01025**
Sample #: 614044
Source: **Urine**
Sample Detail:
Date Received: 07/03/2012
Date Completed: 07/18/2012

Subject Information

Subject Name: (b) (3):Exempti
Subject DoD: 07/01/2012

Agency Information

Medical Examiner: Dr. Ed Leis
Agency Case # : **201201159**

OFFICE OF MEDICAL EXAMINER
SHANNON SKILES
48 MARIO CAPECCHI DRIVE
SALT LAKE CITY, UT 84113-1105

TOXICOLOGY FINAL REPORT

Test Run: **Cocaine Screen**
Cocaine Result: **Negative**

Test Run: **Methamphetamine Screen**
Methamphetamine Result: **Negative**

Test Run: **Morphine Screen**
Morphine Result: **Negative**

Test Run: **THC Screen**
THCmtb Result: **Negative**

Marcel E Bibeault

Case reviewed by: Marcel Bibeault

Date: 8/21/2012

STATUS OF MISSING DOCUMENT

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

1. Cache County Sheriff's Office Photos

2.

3.

4.

5.

Date: 8-21-2012	Investigator No: 3954

Regional Office: CFIW **Supervisor No:** 9067

Contact Information

Cache County Sheriff's Office
Records/Marci
1225 Valley View Dr.
Logan, UT 84321
435-755-1000
Contacted: 7/20/12

According to Marci with the Cache County Sheriff's Office, the vehicle identification number (VIN) for the incident vehicle which was not included in any of the Sheriff's Office reports, was 4XAVE76A9BB068117. No further product information was obtained from the incident bumper.

Utah Office of the Medical Examiner
Records/Cathleen
48 Medical Drive
Salt Lake City, UT 84113
801-584-8410
Contacted: 7/20/12

(b)(5)

Utility Vehicle Data Record Sheet

Front

Driver	Right Front Passenger
Left Rear Passenger	Right Rear Passenger
Cargo Bed	

Rear

The Utility Vehicle

A:	Age: 24	Height: 74 inches
	Gender: Male	Weight: 194 pounds
	Helmet (Y/N):	Seatbelt (Y/N): Y
	Killed/Injured/Neither/Unknown:	
	Injury Description: Killed	
	Did vehicle land on victim: Unknown	
	Ejected (Either partially or fully):	

B:	Age: Unknown	Height: Unknown
	Gender: Male	Weight: Unknown
	Helmet (Y/N): N	Seatbelt (Y/N): Y
	Killed/Injured/Neither/Unknown:	
	Injury Description: Unspecified Leg Injury	
	Did vehicle land on victim: Unknown	
	Ejected (Either partially or fully):	

C:	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

D:	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

E:	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

F:	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

*If victim(s) were injured/killed, please include the other relevant information requested in the assignment message in the text of the IDI.

Using the figure on the left, please fill in where the occupants were in the vehicle at the time of the incident using A, B, C, etc. to identify the occupant(s)' location. Fill in the occupants' characteristics in the corresponding location on the right. For example, the driver could be assigned to the letter 'A' and the letter 'A' would be placed in the diagram in the box designated 'Driver', and the drivers' characteristics would be filled on the right. If there were more than six occupants (or more room is needed), please add the other passenger(s)' information (or any other information) as needed. If information is not available, please indicate by 'na'.

Note: Not all locations indicated on the diagram exist in all types of utility vehicles. Please only use the locations that correspond to the incident vehicle. Please place an 'X' over the area if the vehicle was not equipped with the component.

Save

EPIDEMIOLOGIC INVESTIGATION REPORT

1. Task Number	2. Investigator's ID	
120719HCC1845	1947	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
810	2011 10 08	2012 07 20

6. Synopsis of Accident or Complaint **UPC**

A 42 year-old man who was a passenger on a UTV died as a result of blunt fore trauma and compressional asphyxiation when he became pinned under the windshied and roll cage bar of the UTV. The circumstances surrounding the incident are unknown, but one report indicates yaw tire marks were observed on a flat and unobstructed field. The victim died at the scene. The driver was transported to the hospital but the extent of his injuries is not known.

7. Location (Home, School, etc)	8. City	9. State
5 - OTHER PUBLIC PROPERTY	POTTER COUNTY	PA

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - UTILITY VEHICLES	POLARIS	RANGER 4X4

10D. Manufacturer Name and Address
POLARIS INC.
1225 HIGHWAY 169 NORTH
MINNEAPOLIS, MN 55441

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
0	NONE	NONE

11D. Manufacturer Name and Address
NONE

12A. Hispanic or Latino	12B. Race	12C. Race Source
2 - No	1 - White Other:	3 - Official Document

13. Age of Victim	14. Sex	15. Disposition	16. Injury Diagnosis
42	1 - Male	8 - Death	62 - Intern. Org. Inj.

17. Body Part(s) Involved	18. Respondent	19. Type of Investigation	20. Time Spent (Operational / Travel)
31 - UPPER TRUNK	3 - 2nd Hand Info Only	2 - Telephone	7.00 / 0.00

21. Attachment(s)	22. Case Source	23. Sample Collection Number
9 - Multiple Attachments	05 - Newspaper	

24. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ◉ No ○ Yes for Manuf. Only ○ Verbal ○ Written

25. Review Date	26. Reviewed By	27. Regional Office Director
08/23/2012	2147	Dennis R. Blasius

28. Distribution	29. Source Document Number
Carrae Green; Sarah Garland; Tanya L. Topka	X1270454A

The following information was obtained through official reports, specifically a coroner's report and related autopsy report. The involved product is a UTV. Attempts to obtain first responder information/documents were unsuccessful. Moreover, the state police report that will contain the most pertinent product and incident information was requested, but will not be available for an additional month or two. Attempts to reach the product's owner have also been unsuccessful. The investigation was generated through a newspaper report.

The victim (passenger on the UTV) was a 42 year-old male. No other pertinent information was obtained on the victim (see Exhibit A for UTV data Record Sheet).

Beyond being male, no other information was obtained regarding the driver of the UTV, such as if he was the UTV owner and his experience and history with the UTV.

The victim and the driver were part of a hunting group that was situated on state property. At some point on October 8, 2011, during the late evening hours, the victim went for a ride with the driver on the UTV. No other passengers were reported. The driver returned to the camp site and reported to the other campers that he and the victim were in an accident and that the victim was trapped underneath the UTV. No specifics were provided regarding the accident, except that "noticeable yaw" (turn) marks were noted in the field, which was flat and without any major obstacles as per the Coroner's report (see Exhibit B). No information was obtained regarding the use of helmets or seatbelts, etc. It is unknown if alcohol was used by the driver or victim.

Upon arriving to the scene, the other campers observed the victim in a supine position, pinned underneath the UTV's windshield and roll cage bar, which was atop his upper chest and neck. At this point the campers removed the UTV from the victim and one camper left the scene (to retrieve his phone) and called 9-1-1 while another camper remained and performed CPR. It is unknown if the victim was conscious at any time after the accident, but the victim was not able to be resuscitated even after the arrival of the emergency responders.

The autopsy report (Exhibit C) revealed that the victim died as a result of blunt force trauma to the trunk and neck with concomitant findings of compressional asphyxiation.

The other victim (driver) was transported to a local hospital, but no specifics were obtained on his injuries.

The ultimate disposition of the UTV is unknown.

A Missing Documents form regarding the requested state police report is attached (Exhibit D).

As per the UTV investigation guidelines:

Vehicle Information

1. Polaris Ranger 4x4; no other product information was obtained.
2. Unknown
3. Unknown

Rider/Driver Information

4. See Exhibit A for victim(s) information.
5. The victim died as a result of blunt force trauma to his chest and neck. According to officials, the driver was reportedly transported to a local hospital, but no specific injury diagnosis was reported.
6. Unknown
7. Unknown
8. Unknown

Incident Information

9. The terrain was described flat and without any major obstacles. The incident occurred at nighttime. Weather conditions are unknown.
10. n/a
11. Unknown
12. No objects were reported in the path of the UTV.
13. Unknown
14. The UTV reportedly flipped and landed and pinned victim; however, it is unknown how many times the UTV rolled.
15. The UTV rolled and pinned the victim, the windshield and roll cage landed on the victim's upper chest and neck area.
16. n/a

Product Identification:

As per the source document (newspaper article), the product is a **Polaris *Ranger 4x4*** (side by side) UTV.

No other product information was obtained, including VIN.

Exhibits:

A. UTV Data Record Sheet (1 page)
B. Coroner's Report (4 pages)
C. Autopsy Report (1 page)
D. Missing Document Form (1 page)
E. Contact List (1 page)

Utility Vehicle Data Record Sheet

Front

A Driver	B Right Front Passenger
Left Rear Passenger	Right Rear Passenger
Cargo Bed	

Rear

The Utility Vehicle

A:		
	Age: UNK	Height: UNK
	Gender: Male	Weight: UNK
	Helmet (Y/N): UNK	Seatbelt (Y/N): UNK
	Killed/Injured/Neither/Unknown: Injured	
	Injury Description: UNK	
	Did vehicle land on victim: UNK	
	Ejected (Either partially or fully): UNK	

B:		
	Age: 47	Height: UNK
	Gender: Male	Weight: UNK
	Helmet (Y/N): UNK	Seatbelt (Y/N): UNK
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: Blunt Force - Trunk	
	Did vehicle land on victim: Yes	
	Ejected (Either partially or fully): UNK	

C:		
	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

D:		
	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

E:		
	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

F:		
	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

*If victim(s) were injured/killed, please include the other relevant information requested in the assignment message in the text of the IDI

Using the figure on the left, please fill in where the occupants were in the vehicle at the time of the incident using A, B, C, etc. to identify the occupant(s)' location. Fill in the occupants' characteristics in the corresponding location on the right. For example, the driver could be assigned to the letter 'A' and the letter 'A' would be placed in the diagram in the box designated 'Driver', and the drivers' characteristics would be filled on the right. If there were more than six occupants (or more room is needed), please add the other passenger(s)' information (or any other information) as needed. If information is not available, please indicate by 'na'.

Note: Not all locations indicated on the diagram exist in all types of utility vehicles. Please only use the locations that correspond to the incident vehicle. Please place an 'X' over the area if the vehicle was not equipped with the component.

Office of the Coroner
Potter County
Kevin J. Dusenbury, Sr., Coroner
118 South Union Street (P.O. Box 97)
Shinglehouse, PA 16748
814-697-6570-Voice
814-697-6362-Fax

TELEFAX COVER SHEET 8/16/2012

You are about to receive a telefax from the Potter County Coroner's Office- Kevin J. Dusenbury, Sr., Coroner.

ATTENTION: Mark Bernstein
Consumer Product Safety Commission
Re: (b)(3):CPSA Section 25(c)

Number of pages 5 **(Including this page)**

CONFIDENTIALITY NOTE: This message is intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivery of this message to the intended recipient, **YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED.**

If you have received this communication in error, or if any problems arise in receiving this communication, please contact the Potter County Coroner's Office at 814-697-6570.

Please find Death Certificate, Coroner's Report, and Autopsy summary per your request.

Kevin J. Dusenbury, Jr.

LOCAL REGISTRAR'S CERTIFICATION OF DEATH

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Fee for this certificate $6.00

P 179942455
Certification Number

This is to certify that the information here given is correctly copied from an original Certificate of Death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

Nancy L. Kleinfelter 10/15/11
Local Registrar Date Issued

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

CORONER'S CERTIFICATE OF DEATH

(See instructions and examples on reverse)

STATE FILE NUMBER

DECEDENT'S PERSONAL DATA

1. Name of Decedent: (b)(3):CPSA Section
2. Sex: Male
3. Social Security Number: [redacted]
4. Date of Death (Month, day, year): October 9, 2011
5. Age (Last Birthday): 42 Yrs
6. Date of Birth (Month, day, year): (b)(6)
7. Birthplace (City and state or foreign country): Lebanon, PA
8A. Place of Death (Check one only): Hospital: ☐ Inpatient ☐ ER / Outpatient ☐ DOA; Other: ☐ Nursing Home ☐ Residence ☒ Other - Specify: State Game Land
8B. County of Death: Potter
8C. City, Boro, Twp. of Death: Oswayo Twp.
8D. Exact Place of Death (Street address or rural route number): Across from State Route 244
9. Was Decedent of Hispanic Origin? ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
10. Race - American Indian, Black, White, etc (Specify): White
11. Decedent's Usual Occupation (Kind of work done during most of working life. Do not abbreviate): Carpenter
Kind of Business / Industry: Self-Employed
12. Was Decedent ever in the U.S. Armed Forces? ☐ Yes ☒ No
13. Decedent's Education (Specify only highest grade completed): Elementary / Secondary (0-12): 12; College (1-4 or 5+):
14. Marital Status (Married, Never Married, Widowed, Divorced - Specify): Married
15. Surviving Spouse (If wife, give maiden name): (b)(6)
16. Decedent's Usual Residence (Street, city / town, state, zip code): (b)(6)
17A. Decedent's Actual Residence: State: Pennsylvania
17B. County: Lancaster
Did Decedent Live in a Township? 17C. ☐ Yes, Decedent Lived in _____ Twp. 17D. ☒ No, Decedent Lived within Actual Limits of (b)(6) City / Boro
18. Father's Name (First, middle, last, suffix): (b)(6)
19. Mother's Name (First, middle, maiden surname): (b)(6)
20A. Informant's Name, Type / Dist.: (b)(6)
20B. Informant's Mailing Address (Street, city / town, state, zip code): (b)(6)

DISPOSITION

21A. Method of Disposition: ☐ Burial ☐ Removal from State ☐ Other - Specify: ☒ Cremation ☐ Donation
Was Cremation or Donation Authorized by Medical Examiner / Coroner? ☐ Yes ☐ No
21B. Date of Disposition (Month, day, year): October 13, 2011
21C. Place of Disposition (Name of cemetery, crematory or other place): Theo C. Auman Crematory
21D. Location (City / town, state, zip code): Reading, PA 19601
22A. Signature of Funeral Service Licensee or Person acting as such: [signature]
22B. License Number: (b)(6)
22C. Name and Address of Facility: Clauser Funeral Home, Inc. N. Carpenter St. Schaefferstown, PA 17088

PRONOUNCING

Complete items 23A-C only when certifying physician is not available at time of death to certify cause of death.
23A. To the best of my knowledge, death occurred at the time, date and place stated (Signature and title)
23B. License Number
23C. Date Signed (Month, day, year)
Items 24-26 must be completed by person who pronounces death.
24. Time of Death: Pronounced 12:27 AM
25. Date Pronounced Dead (Month, day, year): October 9, 2011
26. Was Case Referred to Medical Examiner / Coroner for a Reason Other than Cremation or Donation? ☒ Yes ☐ No

CAUSE OF DEATH

CAUSES OF DEATH (See instructions and examples)
Item 27. Part I: Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. List only one cause on each line.
Approximate Interval Onset to Death
Part II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Blunt Force Trauma
Due to (or as a consequence of): b. UTV Crash
Due to (or as a consequence of): c.
Due to (or as a consequence of): d.
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.
28. Did Tobacco Use Contribute to Death? ☐ Yes ☐ Probably ☒ No ☐ Unknown
29. If Female: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
30A. Was an Autopsy Performed? ☒ Yes ☐ No
30B. Were Autopsy Findings Available to be Considered in Determining Cause of Death? ☒ Yes ☐ No
31. Manner of Death: ☐ Natural ☐ Homicide ☒ Accident ☐ Pending Investigation ☐ Suicide ☐ Could Not be Determined
32A. Date of Injury (Month, day, year): October 8, 2011
32B. Describe How Injury Occurred: Subject was passenger / ejected from UTV
32C. Place of Injury (Home, Farm, Street, Factory, Office Building, etc. (Specify): State Game Lands
32D. Time of Injury: Estimated 10:30 PM
32E. Injury at Work? ☐ Yes ☒ No
32F. If Transportation Injury (Specify): ☐ Driver / Operator ☒ Passenger ☐ Pedestrian ☐ Other - Specify
32G. Location of Injury (Street, city / town, state): Accross from 96 State Rt. 244, Oswayo, PA
33. Certifier (Check only one):
- Certifying physician (Physician certifying cause of death when Attending Physician has declined, or is unable or unwilling to certify cause of death. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. ☐
- Pronouncing and certifying physician (Physician both pronounced death and certifying to cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. ☐
- Medical Examiner / Coroner On the basis of examination and / or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. ☒
34A. Signature and Title of Certifier: [signature], Potter Co Deputy Coroner
34B. License Number: —
34C. Date Signed (Month, day, year): 10/10/2011
35. Name and Address of Person Who Completed Cause of Death Item 27: Type / Print: Kevin J. Dusenbury, Jr. PO Box 97, Shinglehouse, PA 16748
36. Registrar's Signature and District Number: Nancy L. Kleinfelter 13-18-13-1050
37. Date Filed (Month, day, year): 10/14/11

0685350
Document Serial No.

TOTAL P.01

Potter County Coroner's Office
Kevin J. Dusenbury, Coroner
118 South Union St.
Shinglehouse, PA 16748
814-697-6570 (Voice)
814-697-6362 (Fax)

Coroner's Report

Subject: (b)(3):CPS NOK: (b)(6), Wife
Sex, Race: Male, White
Home Address: (b)(6)
Social Security #- Unknown by NOK
Age: 42
Birthday: (b)(6)
Pronounced: October 9, 2011 at 12:27 AM
Pronounced by: (b)(3):CPSA Section 2
Manner of Death: Accidental, Blunt Force Trauma to the Chest with Concomitant findings of Compressional Asphyxiation

Scenario

On Saturday evening, October 8, 2011, at 11:13 PM, I was placed on standby for a motor vehicle accident that occurred in Oswayo Borough, Potter County, PA. At 11:53 PM on October 8, I was dispatched by Tioga County 911 operations to respond to the scene of the MVA. Located on the PA Fish and Boat Commission Land (there is no physical address for this field; it is directly across from the PA Fish and Boat Commission hatchery located at 96 State Rt. 244, Oswayo, PA), the field where the accident occurred appeared to be mostly flat with no major terrain obstacles. Corporal Eric McKean, of the PA State Troopers, informed me that there were noticeable "yaw" marks where the UTV had been driven around the field. When I arrived on scene at 12:25 AM, I was informed by PSP that the UTV was driven by (b)(6) The UTV had been moved away from the subject in order for the paramedics to perform BLS and ACLS. The subject was in the supine position and covered by a hospital sheet. I pronounced the subject at 12:27 AM; he was then transported to Charles Cole Memorial Hospital.

At the hospital, PSP and I notified the NOK, (b)(6) of her husband's death. She informed us that she did not know that her husband was going for a ride in the UTV with (b)(6) Since she was unaware of the events, we interviewed (b)(6) (the subject's brother in law) and (b)(6) (the subject's friend). According to both of the men, (b)(6) arrived at their hunting camp around 10:30 PM in Oswayo Borough to inform that he and the subject had been in an accident. (b)(6) led the two men to the accident scene. According to both men, the subject was in the supine position, pinned between the ground and UTV by the windshield and roll cage bar. They further stated that they both believed that the UTV was mostly trapping the subject from the mid chest to the neck region; they removed the UTV off of the subject. (b)(6) left the scene to call 911 while (b)(6) stayed with the subject to perform CPR.

The Shinglehouse Fire Company arrived on scene; BLS was continued by the EMTs until the Coudersport paramedic arrived on scene to perform ACLS. According to the paramedic, a medevac helicopter arrived on scene; their supervising physician informed them to discontinue ACLS and other life support due to the lack of response from the subject; at which point the Coroner's Office was notified of the MVA.

The driver of the UTV was unavailable for questioning; he was transferred to UPMC Hamot.
At the hospital, I examined the subject for grossly remarkable findings. The subject's trunk, torso, neck, face, and eyes were swollen and distended; livor mortis was present on the back; no grossly remarkable scrapes or abrasions were evident on my examination. There was a limited physical examination performed by me due to the fact that the subject was referred to Dr. Eric Vey, MD for a forensic pathology. Please find the attached records of toxicology and autopsy findings to this report.

Per findings of the autopsy by Dr. Eric Vey, MD, (b)(3):CPSA died due to blunt force trauma to the chest with concomitant findings of compressional asphyxiation.

OFFICE OF

LYELL P. COOK

COUNTY CORONER

TELEPHONE: (814) DAYS: 451-6331 • EVENINGS: 452-2911 • FAX: 451-6183

Deceased: (b)(3):CPSA Section 25(c) Case No.: 11-107
Age: 42 Race: White Sex: Male
Date of Autopsy: 10 Oct 11 @4:30 p.m. Date of Death: 9 Oct 11
Date Reported: 9 Oct 11

ANATOMIC DIAGNOSES:

I. BLUNT FORCE TRAUMA TO THE TRUNK.
- A. ABRASIONS AND CONTUSIONS, MULTIPLE.
- B. MULTIPLE BILATERAL RIB FRACTURES.
- C. TRANSVERSE STERNAL FRACTURE.
- D. LACERATION OF THE LEFT UPPER LUNG LOBE.
- E. MULTIPLE LEFT PULMONARY CONTUSIONS.
- F. NONCIRCUMFERENTIAL TRANSECTED LACERATION OF THE DESCENDING THORACIC AORTA.
- G. LEFT HEMOTHORAX, 500 CC.
- H. SPLENIC LACERATION.

II. FINDINGS COMPATIBLE WITH COMPRESSIONAL ASPHXIATION.
- A. INTENSE DARK PURPLE TO RED-PURPLE DISCOLORATION OF THE SKIN OF THE UPPER CHEST, HEAD, FACE, AND NECK.
- B. BILATERAL PETECHIAL HEMORRHAGES TO THE EYELIDS.
- C. BILATERAL PETECHIAL HEMORRHAGES TO THE OCULAR AND PALPEBRAL CONJUNCTIVAE.
- D. BILATERAL HEMORRHAGE INTO THE MASTOID AIR SINUSES.

III. BLUNT FORCE TRAUMA TO THE NECK AND EXTREMITIES.
- A. COMMINUTED FRACTURE OF THE CRICOID CARTILAGE.
- B. MULTI-FOCAL CONTUSIONS AND ABRASIONS TO THE EXTREMITIES.

IV. ACCESSORY DIAGNOSES:
- A. STATUS POST APPENDECTOMY, REMOTE.

OPINION:

Dayle Weik, a 42-year-old white male, died as a result of blunt force trauma to the chest with concomitant findings of compressional asphyxiation.

Eric Lee Vey, M.D., Forensic Pathologist 11-22-11 Date Signed
chr

Task No. 120719HCC1845

Date: August 23, 2012

STATUS OF MISSING DOCUMENT (S)

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

1. Pennsylvania State Police Report (report should be forthcoming in about 1-2 months)

2.

3.

4.

5.

Date: August 23, 2012 **Investigator No:** 1947

Regional office: CFIE **Supervisor No:** 2147

Contact List:

Pennsylvania State Police
3140 East 2nd Street
Coudersport, PA 16915
(814) 274-8690 (P)
Date of Contact: July 20, 2012

Capt. Douglas E. Grimes
Director, Operational Records Division
Pennsylvania State Police
Bureau of Records & Identification
1800 Elmerton Ave.
Harrisburg, PA 17110
Date of Contact: July 20, 2012

Kevin Dusenbury
Potter County Coroner
P.O. Box 97
Shinglehouse PA 16748
814-697-6570 (P)
Date of Contact: July 20, 2012

(b)(5)

1. Task Number		2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
120723HCC3778		3954	
3. Office Code	**4. Date of Accident** YR MO DAY	**5. Date Initiated** YR MO DAY	
840	2011 10 08	2012 07 25	

6. Synopsis of Accident or Complaint **UPC**

A 58 year-old male died and two other males (unknown ages) received multiple injuries after the four-wheeled utility vehicle (UTV) they were operating slipped off a steep snow covered trail causing the UTV to overturn with the roll bar pinning the victim to a tree. The cause of death was determined to be blunt force trauma to the head. The twp passengers were not wearing helmets.

7. Location (Home, School, etc)	8. City	9. State
9 - SPORTS OR RECREATION PLACE	WASATCH COUNTY	UT

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - UTILITY VEHICLES	POLARIS	RANGER 700

10D. Manufacturer Name and Address

POLARIS VIN #4XARH68A874396687
1225 NORTH COUNTY ROAD 18
MINNEAPOLIS, MN 55441

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
0	NONE	NONE

11D. Manufacturer Name and Address

NONE

12A. Hispanic or Latino	12B. Race	12C. Race Source
2 - No	1 - White Other:	3 - Official Document

13. Age of Victim	14. Sex	15. Disposition	16. Injury Diagnosis
58	1 - Male	8 - Death	62 - Intern. Org. Inj.
17. Body Part(s) Involved	**18. Respondent**	**19. Type of Investigation**	**20. Time Spent (Operational / Travel)**
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	9.00 / 0.00

21. Attachment(s)	22. Case Source	23. Sample Collection Number
9 - Multiple Attachments	05 - Newspaper	

24. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ◉ No ○ Yes for Manuf. Only ○ Verbal ○ Written

25. Review Date	26. Reviewed By	27. Regional Office Director
08/10/2012	9067	Frank J. Nava

28. Distribution	29. Source Document Number
Sarah Garland	X1270452A

IDI 120723HCC3778

All information contained in this report was obtained from the Wasatch County Sheriff's Office, Utah State Parks, and the Utah Office of the Medical Examiner.

On October 8, 2011, at approximately 6:15 a.m., a 58 year-old male was riding as a passenger in a four-wheeled utility vehicle (UTV), up a snow covered hill on an off road trail. Two other males were riding in the UTV along with the victim, none of which were wearing helmets. At some point while traveling up the steep trail, the UTV slipped off the trail and rolled over pinning the victim between the roll bar and a tree. It is unknown how far the UTV rolled prior to landing on the victim. The other two victims received multiple injuries as a result of the incident, but neither died.

Shortly after the incident, two male hunters came upon the scene and assisted with contacting emergency medical personnel.

At approximately 7:30 a.m., Sheriff's Deputies, a Park Ranger and emergency medical service personnel arrived and began life saving measures on the two other passengers. The victim was pronounced dead at the scene. According to the Park Ranger the driver received a broken neck, fractured back, laceration to the head, dislocated left wrist, and three broken ribs (right side) as a result of the incident. The other passenger received cracked ribs and a compressed disc.

The speed of travel at the time of the incident was not determined. The driver's experience operating UTVs was not determined.

No autopsy or toxicology exams were performed on the victim, whose cause of death was listed as blunt force head trauma. The manner of death was listed as accident.

PRODUCT INFORMATION:

Utility Vehicle

Brand: Polaris

Model: Ranger 700

PRODUCT INFORMATION CONT.:

Year:	2007
VIN:	4XARH68A874396687
Manufacturer:	Polaris 1225 North County Road 18 Minneapolis, MN 55441
Date of Manufacture:	Unknown
Date of Purchase:	Unknown
Place of Purchase:	Unknown
Cost:	Unknown

ATTACHMENTS:

Exhibit A - Wasatch County Sheriff's Office Report

Exhibit B - Utah State Parks Report

Exhibit C - Utah Office of the Medical Examiner Report

Exhibit D - Missing Documents

Exhibit E - Contact Information

Exhibit F - Utility Vehicle Data Records Sheet

.....

City	: WASATCH COUNTY
Occurred after	: 07:27:29 10/08/11
Occurred before	: 07:27:29 10/08/11
When reported	: 07:27:29 10/08/11
Date disposition declared	: 10/13/11
Incident number	: 1110-0460
Primary incident number	:
Incident nature	: OHV ACCIDENT OFF ROAD VEHICLE ACCIDENT
Incident address	: SR 35 MM 26;BUCKBOARD AREA
State abbreviation	: UT
ZIP Code	:
Contact or caller	: VERNAL DISPATCH
Complainant name number	:
Area location code	: SR35 State Road 35
Received by	: C SHEPHERD
How received	: T TELEPHONE
Agency code	: WCSO WASATCH COUNTY SHERIFFS OFFICE
Responsible officer	: MIKE GRAVES
Offense as Taken	: OHVA OHV ACCIDENT
Offense as Observed	:
Disposition	: COM CASE COMPLETED
Misc. number	:
Record security ID	: WCSO
Geobase address ID	:
Long-term call ID	: A11-09674
Clearance Code	: RC REVIEW COMPLETE
Judicial Status	:

= =

INVOLVEMENTS:

Px	Record #	Date	Description	Relationship
NM	130050		MINER, DAVID E	DECEASED
NM	130051		MINER, KENT R	WITNESS
NM	130052		BROWN, ROBERT ANTHONY	WITNESS
NM	130053		GONNUSCIO, TODD ERNEST	WITNESS
NM	130054		SCHWULST, TY LANCE	WITNESS
VH	80340		WHI 2007 POLA RNGR UT	*Vehicle
CA	A11-09674	10/08/11	07:27 10/08/11 OHV ACCIDENT	*Initiating Call

LAW INCIDENT NARRATIVE:

Record

I responded to Wolf Creek Pass and Buckboard on an OHV accident. I was informed there was an OHV that rolled off the side of the hill, and there were three victims, one possible a fatal. When I arrived I met with [redacted]. [redacted] was a passenger in the roll over.

[redacted] told me that his brother, [redacted] had the worse injuries. [redacted] told me that [redacted]s head was stuck between a rock and a tree. [redacted] said [redacted] was coughing up blood from his mouth and was not breathing. [redacted] told me the driver was [redacted] [redacted] said that [redacted] told him that he could not feel his legs and

believed something happened to his back. (b)(3):Exempt's arm was pinned under the Ranger and was badly injured. I took as much information as I could from (b).

While talking with (b) I was informed by a Duchesne County Deputy that (b)(3):Exe was deceased. I was informed that EMS had loaded (b)(s body into a vehicle and was trying to bring him down the mountain. Utah State Park Ranger Drew Patterson and I took his OHV up to the victims. Duchesne County EMS was bringing (b) down the mountain to the ambulance. Two Division of Natural Resources Officers, Shon Davis and Maryann Wangsgard from Duchesne had (b)(6) loaded and were taking him to the ambulance.

Ranger Patterson and I went to the location of the accident. We were met by a couple of people who were assisting (b) and his family from the beginning of the accident. Drew and I were able to get information on the vehicle. When I came down the hill, everyone was gone. I was informed by dispatch that the victim was transported to Olpin's in Heber. I was told that Dr. Doug Murdock was going to be the medical examiner and took custody of (b)(3 s body. Officer Drew Patterson did the DI-9. I was informed that other Family members of (b)(6) besides (b)(6) were notified.

LAW INCIDENT OFFENSES DETAIL:

Se	Offe	Offense code	Arson	Dama
1	DEAD	Found, Dead Body		0.00
2	OHVA	OHV ACCIDENT		0.00

LAW INCIDENT RESPONDERS DETAIL:

	Responding Deputies
1	MIKE GRAVES
2	2A46
3	SEARCH & RESCUE
4	JEFF WINTERTON

```
07/25/12                 WASATCH COUNTY SHERIFF'S OFFICE                      211
10:57                          Main Vehicle Screen:                    Page:    1

Vehicle Number:     80340
 License Plate: OH12065165 State: UT      Vehicle Year: 2007      Image:
  License Type:                                      Make: POLA  Polaris
       Expires:   /  /                              Model: RNGR
           VIN: 4XARH68A874396687                   Color: WHI &
     VIN Valid: Y   (ignore if veh year <1981)   Doors:  0
  Vehicle Type: 17    Off Road Vehicle (A        Value:        0.00
                                       Characteristics:
   Owner&
  Lst:                           Fst:                Mid:
  DOB:            SSN:           Adr
  Rac:   Sx:   Tel:              Cty:                ST:    Zip:

      Agency: WCSO WASATCH COUNTY SH    Date Recov/Rcvd:   /  /
     Officer: MIKE GRAVES                  Amount Recov:        0.00
    Incident: 1110-0460                            Area:
  UCR Status:                            Wrecker Service:
Local Status:                           Storage Location:
 Status Date:   /  /                       Date Released:   /  /
    Local ID:                                      Dhist:
Comments:

= = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = =

INVOLVEMENTS:
Type  Record #    Date      Description                        Relationship
 LW  1110-0460  10/08/11    OHV ACCIDENT                      *Vehicle
```

Case 2011-001320

UTAH Parks - 1594 West North Temple suite 116 Salt Lake City, Utah 84114

Public Copy

Case Details

Case Number:	2011-001320
Original Date:	Oct 8, 2011, 5:27 p.m.
Original Location:	Wolf Creek Road Wolf Creek Road, OUTSIDE CITY LIMITS
Last Modified:	Jan 20, 2012, 1:25 a.m.
Description:	ROBERT A BROWN, DAVID E MINER, KENT R MINER, TY L SCHWULST, TODD E GONNUSCIO

People

TODD E GONNUSCIO Other (explain in narrative)

Aliases:
Incidents: LG277894

(b)(3):Exempt Driver

Aliases:
Gender: Male
Incidents: LG277894

(b)(3):Exempt Passenger

Aliases:
Gender: Male
Incidents: LG277894

(b)(3):Exem Passenger

Aliases:
Gender: Male
Incidents: LG277894

TY L SCHWULST Other (explain in narrative)

Aliases:
Incidents: LG277894

Vehicles

2007 E-Z-GoSee Polaris Industries Inc. RNGR 700 WHITE Vehicle Accident

Plate:	
Plate Expires:	Jul 31, 2012
VIN:	
Make:	E-Z-GoSee Polaris Industries Inc.
Model:	RNGR 700
Color:	WHITE
Manufacture Year:	2007
Estimated Damage Amount:	NO DAMAGE

People

Passenger:	(b)(3):Exemption 3 for 25(c),
Passenger:	
Owner:	
Driver:	

Incident

Case 2011-001320

UTAH Parks - 1594 West North Temple suite 116 Salt Lake City, Utah 84114

Public Copy

Incident

Occurred Time:	**Oct 8, 2011, 5:27 p.m.**
Reported Time:	**Oct 9, 2011, 7:27 a.m.**
Field Report:	**R481798 UTACCIDENT Report - 2011-001320 (Buck Board)**
Reporting Officer:	**Drew Patterson**
People:	(b)(3):Exemption 3 for 25(c),(b)(6)
Vehicles:	**2007 E-Z-GoSee Polaris Industries Inc. RNGR 700 WHITE**

Drew Patterson

I was dispatched out from home to respond to the accident location. Officer Mike Graves of Wasatch County and I went up to the scene on the Polaris Rzr. The accident occured 1.9 miles up Buck Board road. While enroute to the accident scene we passed a side by side which had a backboard on back with Robert being transported out to the trailhead where the ambulance from Duchesne was stationed.

The body of (b)(3 had been placed into the back of the truck of DNR Wildlife Officer Maryann Warnsgard (435-790-0211) and transported off the mtn to the trailhead where it was turned over to Doug Murdock (ME). Marriann stated that a person by the name of (b)(6) were the bystanders who were transporting the body in a small atv trailer and turned it over to them (no info on these two individuals.) Maryann also stated the body was on a backboard and wrapped in a tarp, so the EMS must have packaged him up.

Officer John Crowley (435-621-6740) was the Duchesne County Officer who was on scene at the trailhead when I arrived. He informed me at the trailhead that EMS was on scene and the deceased was being transported out in an atv trailer. Officer Graves had told him to not let them move the body before the ME could get on scene but that didn't happen. Radio traffic was unavailable for Officer Graves and I in this area.

Robert transported to UofU Medical Hospital. (son
Vernal dispatch notified by party at 0643. Wasatch County dispatch notified by Vernal dispatch at 0727.
Doug Murdock of Wasatch County was medical examiner that released the body to come off the mountain.

(b)(6) were hunting in the area and assisted with making contact with EMS on scene. They also assisted with Robert. They stated that they put a turnicut on his arm and helped lift the machine off of his arm which was pinned between the roll cage and a downed tree.

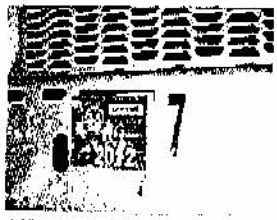
(b)(Injuries: broken neck, fractured back, laceration on head, dislocated left wrist and 3 broken ribs on his right side. His son Chris stated to me that those were the injuries they know about, because the doctors are mainly focusing on his neck at this point.

(b) stated that (b) was coaughing up blood and pinned between the tree and roll bar and that his arm was pinned under roll bar as well.

(b) Injuries: cracked ribs and compressed disk. (couldn't remember too much about the accident. He stated they were driving along, not very fast at appoximately 0615, when the machine slipped off the side of the trail. He was thrown from the machine and was dazed. He stated he attended to (b)(3):E and said (b) had blood coming from his mouth and he was girgling. He said he knew (b) was dead. He attended to Robert and then went for help.

(b)(6) son
Spoke to Chris on Oct. 19th and he reported a missing Colt .45 Cal semi-auto that was missing from his Dad. He was going to try and find a serial number for me to list it NCIC if he could.

Attachments



ATV Fatal oct. 8, 2011 006.JPG

Download Attachment *(117 KB)*

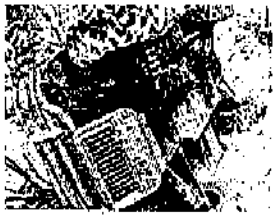
Case 2011-001320

UTAH Parks - 1594 West North Temple suite 116 Salt Lake City, Utah 84114

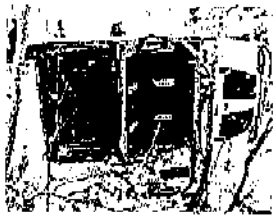
Public Copy

Attachments

ATV Fatal oct. 8, 2011 005.JPG



ATV Fatal oct. 8, 2011 007.JPG



ATV Fatal oct. 8, 2011 003.JPG

ATV Fatal oct. 8, 2011 002.JPG

ATV Fatal oct. 8, 2011 009.JPG

Case 2011-001320

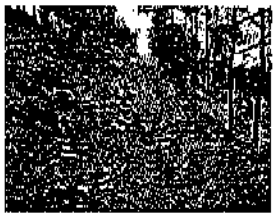
UTAH Parks - 1594 West North Temple suite 116 Salt Lake City, Utah 84114

Public Copy

Attachments

ATV Fatal oct. 8, 2011 004.JPG

ATV Fatal oct. 8, 2011 001.JPG



ATV Fatal oct. 8, 2011 011.JPG

ATV Fatal oct. 8, 2011 010.JPG

ATV Fatal oct. 8, 2011 008.JPG

Case 2011-001320

UTAH Parks - 1594 West North Temple suite 116 Salt Lake City, Utah 84114

Public Copy

Attachments

ATV Fatal oct. 8, 2011 012.JPG

Download Attachment *(97 KB)*

Report

Date Created	Report No.	Reporting Officer	Title	Supplemental	Pending Review / Status
Oct. 8, 2011	R481798 [Open / Print]	Drew Patterson	UTACCIDENT Report - 2011-001320 (Buck Board)		*Committed*

OFFICE OF THE MEDICAL EXAMINER
Salt Lake City, Utah
Todd C. Grey, M.D., Chief Medical Examiner

Lead Sheet

Case Number: 201101630

Deceased Information

Name: (b) (3) :Exem
Date of Birth: [redacted], 1952
Date of Death: October 8, 2011
Home [redacted]. Lehi, Utah 84043
Phone:
SSN: [redacted]
Race: White
Sex: Male
Age: 58 Years
Height: cm
Weight: kg
Marital Status: Married
Identification By: (b)(6)
Method: Visual
Date: October 8, 2011
Local Doctor:
Phone:

Next of Kin Information

Name: (b) (6)
Relationship: Brother
Phone:
Address:

Reporting Information

Date/Time: October 8, 2011 :
To: Haslam, Jill A
By: Dispatch
Invest By: Haslam, Jill A
Reporting Hospital or Agency: Watsatch County Sheriff's Office
LE Agency: Wasatch County Sheriff
Location of Death: Other
LE Assigned Det: Drew Peterson
LE Case #: 2011-10-0460
Death Address/Facility: 2 Miles in off of SR35
Date of Death: October 8, 2011 ☐ Found
Time of Death: 06:30 ☐ Found
Last Seen Alive Date: ,
Time: :
Suspected Cause of Death: Blunt force injuries
Suspected Manner of Death: Accident
Invest Summary: Involved in OHV accident; DME case

OME Transport and Processing

Transport Company:
Received at OME: , :
Received By:
Exam Date/Time: , :
Type of Exam:
Exam MD: (b)(3):CPSA Section 25
Exam Tech:
Hold Removed By:
On: Unknown
Funeral Home Selected: Wing Mortuary
Authorized By:
FH Notified: Unknown
Notified By:
Released to FH: , :
Released By:

Death Certificate Information

Immediate Cause: Blunt force head trauma

Due To: Traumatic brain injury

Due To: Utility terrain vehicle rollover

Due To:

Part II:
Autopsy Performed: No

Tobacco Usage: Unknown if User
Autopsy Findings Available: No

Manner of Death: Accident
Date of Injury: 10/8/2011
Hour of Injury: 06:30

Injury at Work: ☐ Yes ☒ No
Place of Injury: Mountain Dirt Road

Location of Injury: Buckboard Creek, M.P. 26, Hwy 35, Wasatch Co

Type of Motor Vehicle Accident: Unknown
How Injury Occurred: U.T.V. rollover on snowy mountain road causing trau

Office of the Medical Examiner
State of Utah
Report of Investigation

Case Number: 201101630 ☐ Hazardous Case Hazardous Reason:

General
Case Type: Regular
Reported To: Haslam, Jill A
Date Reported: 10/08/2011 Time Reported: :
Reporting Agency/Hospital: Watsatch County Sheriff's Office
Reported By: Dispatch

(b) (6)

Alias:
Residence Name:
Residence Address: (b)(6)
Residence Address 2:
City: Lehi
State: Utah Zip: 84043
Phone:
Race: White Sex: Male
DOB: 12/07/1952 Age: 58 Years
SSN: [redacted] Smoker: Unknown
Marital Status: Married
Employment Status:
Occupation: Regional Supervisor

Initial MOD: Accident
Initial COD: Blunt force injuries
L.E. Agency: Wasatch County Sheriff
L.E. Case Number: 2011-10-0460
Assign Det: Drew Peterson

ID Status: Yes
ID Method: Visual
ID By: Kent Minor
ID Date: 10/08/2011
ID Agency: Brother
Other Assoc. Cases:

Scene
Scene Date: 10/08/2011
OME Invest at Scene: Haslam, Jill A
OME MD at Scene:
Time Arrived: : Time Left: :
☐ OME Photos ☐ OME Video
☐ Other Agency Photos ☐ Other Agency Video
Scene Address: SR-35 two miles north on Buckboard Creek
City: Rural County: Wasatch
State: Utah Zip:

Body Position: ☐ Fetal ☐ Hanging ☐ Kneeling
☐ Left down ☐ Right down ☐ Prone ☐ Seated
☐ Supine ☐ Other:
Lividity: Rigor:
Body Temp: Ambient: Time: :

Place of Death
LSA Date: Unknown
LSA Time: Unknown
LSA By: Unknown
Address: SR 35 2 miles North Buckboard Creek
DOD: 10/08/2011 ☐ Found
TOD: 06:30 ☐ Found
Death Address: 2 Miles in off of SR35
City: Rural County: Wasatch
State: Utah Zip:
Location of Death: Other

Trauma/Incident
Date of Injury: 10/08/2011
Time of Injury: Unknown
Location: Rural roadway
Witnessed: Yes
Address: SR 35 MM 26 Buckboard Area
City: Rural County: Wasatch
State: Utah Zip:

Weapon Type:
Make:
Caliber:
Serial Number:
Model:
Barrel Length:
Ammo:

Motor Vehicle Accident: Passenger
Vehicle Type: Off Highway Vehicle
Make: Polaris
Model: Ranger
Color: White
License Number:
License State:

Next of Kin
Name: (b)(6)
Relationship: Brother
Address:
City:
State: Zip:
Phone:
Date Notified: 10/08/2011
Time Notified: 06:30
Notified By: At Scene

OFFICE OF THE MEDICAL EXAMINER

State of Utah

Report of Investigation

Name: (b)(3):CPSA Sectio	OME Case #: 201101630

Medical History

Local MD Name: Phone:

City:

Medical Conditions:

Rx 1:	Rx 2:	Rx 3:
Rx 4:	Rx 5:	Rx 6:
Rx 7:	Rx 8:	Rx 9:
Rx 10:	Rx 11:	Rx 12:

Exam/Processing

☐ Exam at OME ☐ DME ☐ Absentia Case ☐ Designated Rep

Exam Location: Exam MD: Murdock, MD, Douglas

Transport Company 1: Transport From:

Transport Company 2: Transport From:

Transport Company 3: Transport From:

Dispatch Date: Unknown Dispatch Time: :

Funeral Home Selected: Wing Mortuary

Organ Bank Notification

OB Notified By: OB Agency: OB Staff:

Date Notified: Unknown Time Notified: Unknown

Report Submitted By: Haslam, Jill A

Brief Case Summary:

Involved in OHV accident; DME case

Case Narrative

Case Number 201101630

n201101630 Name: (b)(3):Exemption Age: 58 Race: C Sex: M
Date and time of death: 10.08.11 at 0630 hours.

The deceased (decd) was involved in an OHV accident on a roadway in rural Wasatch county. The decd died at the scene while 2 other people were injured. Deputy Medical Examiner Dr. Douglas Murdock was contacted directly by law enforcement. An OME investigator was not contacted. Dr. Douglas Murdock initiated the OME case number.

The following information was obtained from the Wasatch County Sheriff's Office incident report:

On 10.08.11 the decd (passenger), (b)(6) (passenger), and (b)(6) (driver) were in an OHV at Wolf Creek Pass and Buckboard (near State Road 35). The OHV rolled off the side of the hill. The decd's head struck a rock and a tree and he died at the scene. The Division of Natural Resources, Utah State Parks, and the Duchesne County Sheriff's Office were involved at the scene.

The OHV was a white Polaris Ranger.

Investigator Jill Haslam
Office of the Medical Examiner
10.14.11

Date: 08/07/2012

STATUS OF MISSING DOCUMENTS

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

1. Wasatch County Sheriff's Office Incident Photos

2. Utah State Parks Incident Photos

Date: 08-07-2012	Investigator No: 3954

Regional Office: CFIW **Supervisor No:** 9067

Contact Information

Wasatch County Sheriff's Office
Rae Davis
1361 S Highway 40
Heber City, Utah 84032
435-654-1098
Contacted: 7/25/12

Duchesne County Sheriff's Office
Records/Corina
21554 West 9000 South
Duchesne UT 84021
435-738-2015
Contacted: 7/25/12

Utah Office of the Medical Examiner
Records/Cathleen
48 Medical Drive
Salt Lake City, UT 84113
801-584-8410
Contacted: 7/25/12

Utah State Parks
Tammy Wright
1594 W. North Temple
Salt Lake City, UT 84116
801-538-7359
Contacted: 7/25/12

On July 25, 2012, this investigator spoke with a records clerk with the Duchesne County Sheriff's Office who claimed no reports were on file for this incident.

(b)(5)

Utility Vehicle Data Record Sheet

Front

Driver	Right Front Passenger
Left Rear Passenger	Right Rear Passenger
Cargo Bed	

Rear

The Utility Vehicle

A:		
	Age: Unknown	Height:
	Gender: Male	Weight:
	Helmet (Y/N):	Seatbelt (Y/N): Unknown
	Killed/Injured/Neither/Unknown:	
	Injury Description: Multiple	
	Did vehicle land on victim: Yes	
	Ejected (Either partially or fully):	

B:		
	Age: Unknown	Height:
	Gender: Male	Weight:
	Helmet (Y/N): N	Seatbelt (Y/N): Unknown
	Killed/Injured/Neither/Unknown:	
	Injury Description: Cracked Ribs, Compressed Disk	
	Did vehicle land on victim: Unknown	
	Ejected (Either partially or fully):	

C:		
	Age: 58	Height:
	Gender: Male	Weight:
	Helmet (Y/N):	Seatbelt (Y/N): Unknown
	Killed/Injured/Neither/Unknown:	
	Injury Description: Head Trauma	
	Did vehicle land on victim: Yes	
	Ejected (Either partially or fully):	

D:		
	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

E:		
	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

F:		
	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

*If victim(s) were injured/killed, please include the other relevant information requested in the assignment message in the text of the IDI

Using the figure on the left, please fill in where the occupants were in the vehicle at the time of the incident using A, B, C, etc. to identify the occupant(s)' location. Fill in the occupants' characteristics in the corresponding location on the right. For example, the driver could be assigned to the letter 'A' and the letter 'A' would be placed in the diagram in the box designated 'Driver', and the drivers' characteristics would be filled on the right. If there were more than six occupants (or more room is needed), please add the other passenger(s)' information (or any other information) as needed. If information is not available, please indicate by 'na'.

Note: Not all locations indicated on the diagram exist in all types of utility vehicles. Please only use the locations that correspond to the incident vehicle. Please place an 'X' over the area if the vehicle was not equipped with the component.

Save

1. Task Number		2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
120723HCC3779		2712	
3. Office Code	**4. Date of Accident** YR MO DAY	**5. Date Initiated** YR MO DAY	
840	2012 07 15	2012 07 23	

6. Synopsis of Accident or Complaint **UPC**

A 27 year old male was operating a stolen UTV and carrying a 20 year old male passanger. The UTV was being driven on a dark rural road at approximatly 4:00am. The operator drifted to the right and off the paved surface of the road, as he steered right to return to the roadway, the vehicle collided with a tree. The passanger was thrown from the vehicle and died of blunt force trauma to the head. The operator was ejected from his seat and came to rest across the passanger seat with his head and shoulders outside the vehicle. He was hospitalized with a lacerated scalp and internal bleeding. Both men were under the influence of alcohol and the operator was placed under arrest.

7. Location (Home, School, etc)	8. City	9. State
4 - STREET OR HIGHWAY	CAMBRIA	CA

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - UTILITY VEHICLES	RHINO	YXR660F

10D. Manufacturer Name and Address
YAMAHA MOTORS
6555 KATELLA AVE
CYPRESS, CA 90630

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
0	NONE	NONE

11D. Manufacturer Name and Address
NONE

12A. Hispanic or Latino	12B. Race Other:		12C. Race Source
13. Age of Victim	**14. Sex**	**15. Disposition**	**16. Injury Diagnosis**
20	1 - Male	8 - Death	62 - Intern. Org. Inj.
17. Body Part(s) Involved	**18. Respondent**	**19. Type of Investigation**	**20. Time Spent (Operational / Travel)**
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	7.00 / 0.00

21. Attachment(s)	22. Case Source	23. Sample Collection Number
2 - Documents	05 - Newspaper	

24. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ◉ No ○ Yes for Manuf. Only ○ Verbal ○ Written

25. Review Date	26. Reviewed By	27. Regional Office Director
08/30/2012	9021	Frank J. Nava

28. Distribution	29. Source Document Number
Sarah Garland	X1270521A

This investigation was initiated as the result of a newspaper article reporting a UTV related death. The information contained in this report was obtained from official reports (Exhibit 1) and from online sources.

This incident occurred at around 4:00 am on Sunday morning, July 15, 2012. The weather was dry, the sky was cloudy and there were no unusual road conditions at the time. There were no lights on the road, which is describes as a slightly winding and upward sloping asphalt highway in a rural costal community. Photograph of the actual vehicle have not yet been released however images of this vehicle were found on the internet (Exhibit 2).

The driver of the UTV was a white adult male, almost 28 years of age, who was hospitalized with lacerations to the scalp and internal bleeding. He is describes as being 6' tall, weighing 185 pounds. His passenger was an adult male, 20 years of age, who suffered blunt force head trauma and died at the scene. No further description of this victim is available at this time.

Based on evidence found at the scene, the vehicle was approaching a left curve in the road at an unknown speed. The driver allowed the vehicle to drift right and it left the paved portion of the roadway. The driver attempted to steer left and re-enter the road but in the process, the front of the vehicle collided with an oak tree. The force of the collision caused the passenger to be ejected from the vehicle. The driver was ejected from his seat and came to rest on his back, across the seats of the vehicle, with the head and shoulders suspended out of the passenger side.

The vehicle sustained major front end damage with the majority of the damage being on the right front side. The seat belts were found to be retracted against the pillar posts of the vehicle, indicating they were not being worn at the time of the collision. There were no helmets present. The force of the collision caused the driver's seat to be sheared from the vehicle and the gun rack between the two seats was sheared at the base.

The UTV was owned by a third party who had not given the driver permission to use the vehicle. The owner filed a stolen vehicle report.

A police officer at the collision scene detected the odor of alcohol on the passenger's body. An officer contacted the driver at the hospital and he exhibited signs of alcohol intoxication. The driver was placed under arrest for Felony DUI.

The coroner's report on the deceased passenger has not been released due to the ongoing criminal investigation.

PRODUCT INFORMATION

The vehicle involved was a green 2007 Yamaha RhinoYXR660F. Further information on the vehicle is not available at this time.

EXHIBITS

1. California Highway Patrol Report #2012-07-30 (10 pages)
2. Internet images of a 2007 Yamaha RhinoYXR660F (5 pages)
3. Missing Document Form (1 page)
4. Utility Vehicle Data Record Sheet (1 page)

Assignment 120723HCC3779

Exhibit 1

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

TRAFFIC COLLISION REPORT

CHP 555 PAGE 1 (REV. 04-11) OPI 060

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
FATAL	1	☐	UNINCORPORATED	SAN LUIS SUPERIOR	2012-07-30
	NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY	REPORTING DISTRICT / BEAT	DAY OF WEEK / TOW AWAY
	1	☐	SLO	023	SUNDAY / ☒ YES ☐ NO

LOCATION

COLLISION OCCURRED ON:	MO DAY YEAR	TIME (2400)	NCIC #	OFFICER I.D.
SAN SIMEON CREEK ROAD	07/15/2012	0400	9740	13952

MILEPOST INFORMATION:

GPS COORDINATES: LATITUDE 35.6099° LONGITUDE - 121.08427°

PHOTOGRAPHS BY: SGT NEUMANN ☐ NONE

☐ AT INTERSECTION WITH:
☒ OR: .5 MILE(S) EAST OF RED MOUNTAIN RD

STATE HWY REL ☐ YES ☒ NO

PARTY 1

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
(b)(6)	CA	C	P	H

VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE
2007	YAMAHA YXR660F (ATV) GRN	61S04G	CA

DRIVER ☒ — NAME(FIRST, MIDDLE, LAST): (b) (6)

OWNER'S NAME ☐ SAME AS DRIVER: TIM WINDSOR

PEDESTRIAN ☐ — STREET ADDRESS: (b) (6)

OWNER'S ADDRESS ☐ SAME AS DRIVER: (b)(6)

PARKED VEHICLE ☐ — CITY / STATE / ZIP: CAMBRIA CA 93428

DISPOSITION OF VEHICLE ON ORDERS OF: ☒ OFFICER ☐ DRIVER ☐ OTHER

BICYCLIST ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE (MO DAY YEAR)	RACE
M	BRN	HZL	6-0	185	07/18/1984	W

WEST COAST AUTO & TOWING - (805)466-1070

PRIOR MECH. DEFECTS ☒ NONE APP. ☐ REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER: 5Y4AM04Y47A032874

OTHER ☐ — HOME PHONE: (b)(6) BUSINESS PHONE:

VEHICLE TYPE: 06

DESCRIBE VEHICLE DAMAGE: ☐ UNK ☐ NONE ☐ MINOR ☐ MOD ☒ MAJOR ☐ ROLL-OVER

SHADE IN DAMAGED AREA (COMPACT TOP)

INSURANCE CARRIER: NONE POLICY NUMBER:

DIR OF TRAVEL: W ON STREET OR HIGHWAY: SAN SIMEON CREEK ROAD SPEED LIMIT: 55

CA ____ DOT ____ CAL-T ____ TCP/PSC ____ MC/MX ____

PARTY 2

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.

VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE

DRIVER ☐ — NAME(FIRST, MIDDLE, LAST):

OWNER'S NAME ☐ SAME AS DRIVER

PEDESTRIAN ☐ — STREET ADDRESS:

OWNER'S ADDRESS ☐ SAME AS DRIVER

PARKED VEHICLE ☐ — CITY / STATE / ZIP:

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER

BICYCLIST ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE (MO DAY YEAR)	RACE

PRIOR MECHANICAL DEFECTS ☐ NONE APP. ☐ REFER TO NARRATIVE

OTHER ☐ — HOME PHONE: BUSINESS PHONE:

VEHICLE IDENTIFICATION NUMBER:

VEHICLE TYPE: DESCRIBE VEHICLE DAMAGE: ☐ UNK ☐ NONE ☐ MINOR ☐ MOD ☐ MAJOR ☐ ROLL-OVER

SHADE IN DAMAGED AREA

INSURANCE CARRIER: POLICY NUMBER:

DIR OF TRAVEL: ON STREET OR HIGHWAY: SPEED LIMIT:

CA ____ DOT ____ CAL-T ____ TCP/PSC ____ MC/MX ____

PARTY 3

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.

VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE

DRIVER ☐ — NAME(FIRST, MIDDLE, LAST):

OWNER'S NAME ☐ SAME AS DRIVER

PEDESTRIAN ☐ — STREET ADDRESS:

OWNER'S ADDRESS ☐ SAME AS DRIVER

PARKED VEHICLE ☐ — CITY / STATE / ZIP:

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER

BICYCLIST ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE (MO DAY YEAR)	RACE

PRIOR MECHANICAL DEFECTS ☐ NONE APP. ☐ REFER TO NARRATIVE

OTHER ☐ — HOME PHONE: BUSINESS PHONE:

VEHICLE IDENTIFICATION NUMBER:

VEHICLE TYPE: DESCRIBE VEHICLE DAMAGE: ☐ UNK ☐ NONE ☐ MINOR ☐ MOD ☐ MAJOR ☐ ROLL-OVER

SHADE IN DAMAGED AREA

INSURANCE CARRIER: POLICY NUMBER:

DIR OF TRAVEL: ON STREET OR HIGHWAY: SPEED LIMIT:

CA ____ DOT ____ CAL-T ____ TCP/PSC ____ MC/MX ____

2012-07-0030

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
J. M. YBARRA 13952	☒ YES ☐ NO ☐ N/A		8-6-12

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

TRAFFIC COLLISION CODING

CHP 555 CARS PAGE2 (REV. 04-11) OPI 060

DATE OF COLLISION (MO. DAY YEAR)	TIME(2400)	NCIC #	OFFICER I.D.	NUMBER
07/15/2012	0400	9740	13952	2012-07-30

PROPERTY DAMAGE	OWNER'S NAME	OWNER ADDRESS	NOTIFIED
	DESCRIPTION OF DAMAGE		☐ YES ☐ NO

SEATING POSITION

1 - DRIVER
2 TO 6 - PASSENGERS
7 - STATION WAGON REAR
8 - REAR. OCC TRK. OR VAN
9 - POSITION UNKNOWN
0 - OTHER

SAFETY EQUIPMENT

OCCUPANTS

A - NONE IN VEHICLE
B - UNKNOWN
C - LAP BELT USED
D - LAP BELT NOT USED
E - SHOULDER HARNESS USED
F - SHOULDER HARNESS NOT USED
G - LAP/SHOULDER HARNESS USED
H - LAP/SHOULDER HARNESS NOT USED
J - PASSIVE RESTRAINT USED
K - PASSIVE RESTRAINT NOT USED
P - NOT REQUIRED

CHILD RESTRAINT

Q - IN VEHICLE USED
R - IN VEHICLE NOT USED
S - IN VEHICLE USE UNKNOWN
T - IN VEHICLE IMPROPER USE
U - NONE IN VEHICLE

M / C BICYCLE HELMET

DRIVER	PASSENGER
V - NO	X - NO
W - YES	Y - YES

AIR BAG

B - UNKNOWN
L - AIR BAG DEPLOYED
M - AIR BAG NOT DEPLOYED
N - OTHER
P - NOT REQUIRED

EJECTED FROM VEHICLE

0 - NOT EJECTED
1 - FULLY EJECTED
2 - PARTIALLY EJECTED
3 - UNKNOWN

INATTENTION CODES

A - CELL PHONE HANDHELD
B - CELL PHONE HANDSFREE
C - ELECTRONIC EQUIPMENT
D - RADIO / CD
E - SMOKING
F - EATING
G - CHILDREN
H - ANIMALS
I - PERSONAL HYGIENE
J - READING
K - OTHER

ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR
LIST NUMBER (#) OF PARTY AT FAULT

1	A VC SECTION VIOLATED: 23152(A)	CITED ☒ YES ☐ NO
	B OTHER IMPROPER DRIVING*	
	C OTHER THAN DRIVER*	
	D UNKNOWN*	

WEATHER (MARK 1 TO 2 ITEMS)

	A CLEAR
X	B CLOUDY
	C RAINING
	D SNOWING
	E FOG / VISIBILITY FT.
	F OTHER:*
	G WIND

LIGHTING

	A DAYLIGHT
	B DUSK - DAWN
	C DARK - STREET LIGHTS
X	D DARK - NO STREET LIGHTS
	E DARK - STREET LIGHTS NOT FUNCTIONING*

ROADWAY SURFACE

X	A DRY
	B WET
	C SNOWY - ICY
	D SLIPPERY (MUDDY, OILY, ETC.)

ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)

	A HOLES, DEEP RUT*
	B LOOSE MATERIAL ON ROADWAY*
	C OBSTRUCTION ON ROADWAY*
	D CONSTRUCTION - REPAIR ZONE
	E REDUCED ROADWAY WIDTH
	F FLOODED*
	G OTHER*:
X	H NO UNUSUAL CONDITIONS

TRAFFIC CONTROL DEVICES

	A CONTROLS FUNCTIONING
	B CONTROLS NOT FUNCTIONING*
	C CONTROLS OBSCURED
X	D NO CONTROLS PRESENT / FACTOR*

TYPE OF COLLISION

	A HEAD - ON
	B SIDE SWIPE
	C REAR END
	D BROADSIDE
X	E HIT OBJECT
	F OVERTURNED
	G VEHICLE / PEDESTRIAN
	H OTHER*:

MOTOR VEHICLE INVOLVED WITH

	A NON - COLLISION
	B PEDESTRIAN
	C OTHER MOTOR VEHICLE
	D MOTOR VEHICLE ON OTHER ROADWAY
	E PARKED MOTOR VEHICLE
	F TRAIN
	G BICYCLE
	H ANIMAL:
X	I FIXED OBJECT: OAK TREE
	J OTHER OBJECT:

PEDESTRIAN'S ACTIONS

X	A NO PEDESTRIANS INVOLVED
	B CROSSING IN CROSSWALK - AT INTERSECTION
	C CROSSING IN CROSSWALK - NOT AT INTERSECTION
	D CROSSING - NOT IN CROSSWALK
	E IN ROAD - INCLUDES SHOULDER
	F NOT IN ROAD
	G APPROACHING / LEAVING SCHOOL BUS

SPECIAL INFORMATION

1	2	3	
			A HAZARDOUS MATERIAL
			B CELL PHONE HANDHELD IN USE
			C CELL PHONE HANDSFREE IN USE
X			D CELL PHONE NOT IN USE
			E SCHOOL BUS RELATED
			F 75 FT MOTORTRUCK COMBO
			G 32 FT TRAILER COMBO
			H CELL PHONE UNKNOWN
			I
			J
			K
			L
			M
			N
			O

OTHER ASSOCIATED FACTORS
(MARK 1 TO 2 ITEMS)

1	2	3		
X			A VC SECTION VIOLATED: 22107	CITED ☐ YES ☒ NO
			B VC SECTION VIOLATED:	CITED ☐ YES ☐ NO
			C VC SECTION VIOLATED:	CITED ☐ YES ☐ NO
			D	
			E VISION OBSCUREMENT:	
			F INATTENTION*:	
			G STOP & GO TRAFFIC	
			H ENTERING / LEAVING RAMP	
			I PREVIOUS COLLISION	
			J UNFAMILIAR WITH ROAD	
			K DEFECTIVE VEH. EQUIP.:	CITED ☐ YES ☐ NO
			L UNINVOLVED VEHICLE	
			M OTHER*:	
			N NONE APPARENT	
			O RUNAWAY VEHICLE	

MOVEMENT PRECEDING COLLISION

1	2	3	
			A STOPPED
			B PROCEEDING STRAIGHT
X			C RAN OFF ROAD
			D MAKING RIGHT TURN
			E MAKING LEFT TURN
			F MAKING U TURN
			G BACKING
			H SLOWING / STOPPING
			I PASSING OTHER VEHICLE
			J CHANGING LANES
			K PARKING MANEUVER
			L ENTERING TRAFFIC
			M OTHER UNSAFE TURNING
			N XING INTO OPPOSING LANE
			O PARKED
			P MERGING
			Q TRAVELING WRONG WAY
			R OTHER*:

SOBRIETY - DRUG PHYSICAL
(MARK 1 TO 2 ITEMS)

1	2	3	
			A HAD NOT BEEN DRINKING
X			B HBD - UNDER INFLUENCE
			C HBD - NOT UNDER INFLUENCE*
			D HBD - IMPAIRMENT UNKNOWN*
			E UNDER DRUG INFLUENCE*
			F IMPAIRMENT - PHYSICAL*
			G IMPAIRMENT NOT KNOWN
			H NOT APPLICABLE
			I SLEEPY / FATIGUED*

SKETCH

FOR SKETCH DIAGRAM, SEE PAGE 4

INDICATE NORTH

MISCELLANEOUS

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

INJURED / WITNESSES / PASSENGERS

CHP 555 CARS PAGE 3 (REV 04-11) OPI 065

DATE OF COLLISION (MO. DAY YEAR)	TIME(2400)	NCIC #	OFFICER I.D.	NUMBER
07/15/2012	0400	9740	13952	2012-07-30

WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER					
#		20	M	X									1	3	P	H	1

NAME / D.O.B. / ADDRESS: (b) (6) CAMBRIA CA 93428 TELEPHONE: (b)(6)

(INJURED ONLY) TRANSPORTED BY: LOS OSOS VALLEY MORTUARY TAKEN TO: LOS OSOS VALLEY MORTUARY

DESCRIBE INJURIES: BLUNT FORCE HEAD TRAMA CAUSING FATAL INJURIES.

CORONER CASE # 1207-05793

[X] VICTIM OF VIOLENT CRIME NOTIFIED

#		27			X			X					1	1	P	H	2

NAME / D.O.B. / ADDRESS: (b) (6) CAMBRIA CA 93428 TELEPHONE: (b)(6)

(INJURED ONLY) TRANSPORTED BY: CAMBRIA COMMUNITY HEALTHCARE TAKEN TO: SIERRA VISTA HOSPITAL

DESCRIBE INJURIES: LACERATION TO SCALP, INTERNAL BLEEDING

[ ] VICTIM OF VIOLENT CRIME NOTIFIED

X # 1		61	M														

NAME / D.O.B. / ADDRESS: (b) (6) CAMBRIA CA 93428 TELEPHONE: (b)(6)

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES:

[ ] VICTIM OF VIOLENT CRIME NOTIFIED

X # 2		57	M														

NAME / D.O.B. / ADDRESS: (b)(6) TELEPHONE:

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES:

[ ] VICTIM OF VIOLENT CRIME NOTIFIED

#																	

NAME / D.O.B. / ADDRESS: TELEPHONE:

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES:

[ ] VICTIM OF VIOLENT CRIME NOTIFIED

#																	

NAME / D.O.B. / ADDRESS: TELEPHONE:

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES:

[ ] VICTIM OF VIOLENT CRIME NOTIFIED

PREPARER'S NAME	I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
J. M. YBARRA	13952	07/15/2012		

STATE OF CALIFORNIA
FACTUAL DIAGRAM
CHP 555 Page 4(Rev. 11-06) OPI 065

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DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D	NUMBER
07-15-2012	0400	9740	013952	2012-07-030

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE =)

SAN SIMEON CREEK Rd.

SKETCH

PREPARED BY	I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
P. BURROW	015167	07-15-12		

c555_p06.frp

STATE OF CALIFORNIA
FACTUAL DIAGRAM
CHP 555 Page 4(Rev. 11-06) OPI 065

Page of

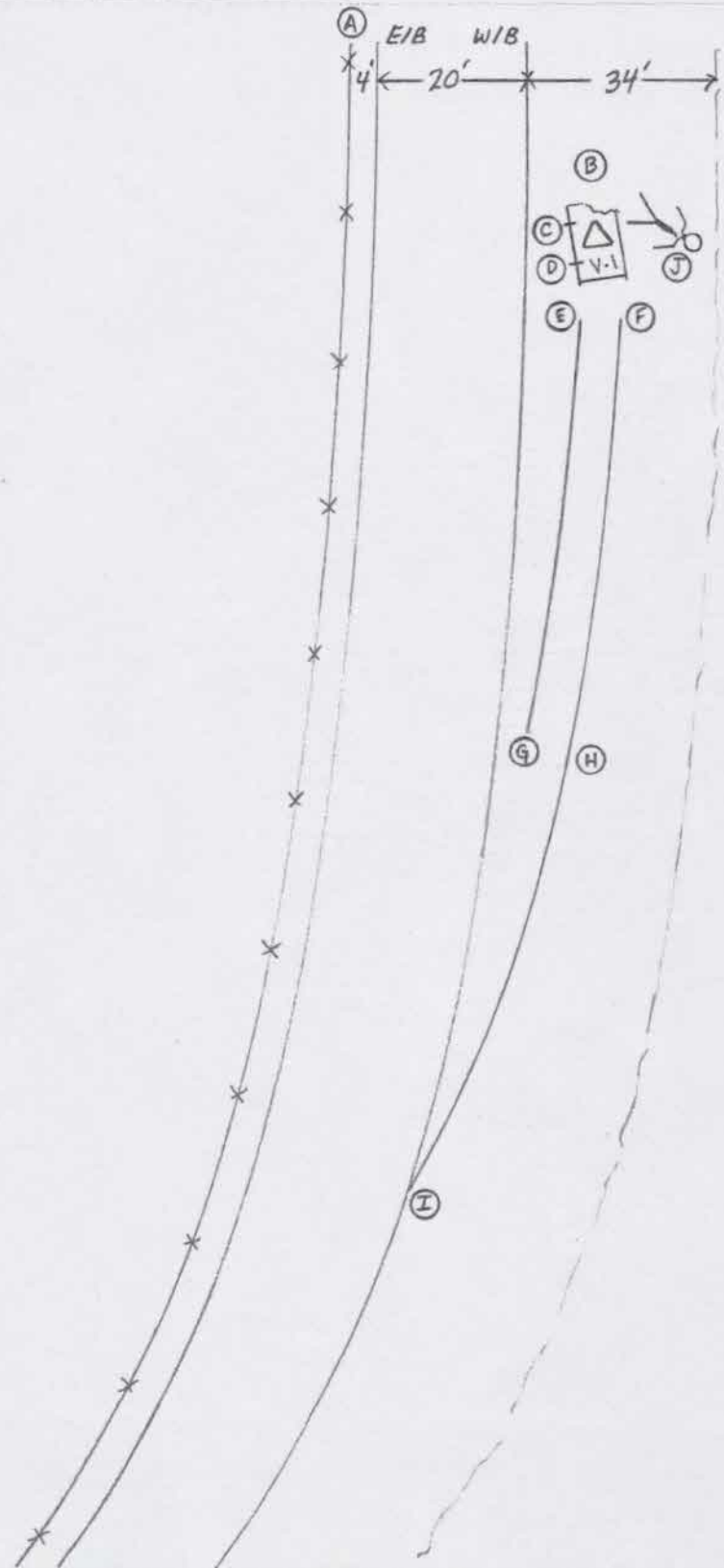
DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NCIC #	OFFICER I.D.	NUMBER
07-15-2012	0400	9740	013952	2012-07-030

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE =)

San Simeon Creek Rd.

INDICATE NORTH

Factual Diagram



Legend

- (A) BARB WIRE FENCE
- (B) TREE
- (C) V-1 LEFT FRONT TIRE
- (D) V-1 LEFT REAR TIRE
- (E) LEFT TIRE SCUFF MARK
- (F) RIGHT TIRE SCUFF MARK
- (G) SAME AS 'E'
- (H) SAME AS 'F'
- (I) SAME AS 'F'
- (J) FATAL PASSENGER

PREPARED BY	I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
P. BUDROW	015167	07-15-12		

c555_b06.frp

CTUAL DIAGRAM LEGEND

Page of

ATE OF COLLISION	TIME(2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
07-15-2012	0400	9740	013952	2012-07-030

LEGEND

VEHICLE POINTS OF REST

ch. #	Wheel	Feet	Dir.	Reference Point	Feet	Dir.	Second Reference Point
1	LF	2644	E	RED MOUNTAIN ROAD	3	N	N-ROWY EDGE SAN SIMEON CRK. RD.
1	LR	2649	E	RED MOUNTAIN ROAD	6	N	N-ROWY EDGE SAN SIMEON CRK. RD.

PHYSICAL EVIDENCE

A: BARB WIRE FENCE
B: TREE
EFG, H, I: TIRE MARKS IN DIRT FROM V-1
J: PASSENGER (1) HEAD
(2) WAIST

LOCATION OF PHYSICAL EVIDENCE

#	Feet	Dir.	Reference Point	Feet	Dir.	Second Reference Point
B	2640	E	RED MOUNTAIN RD.	4	N	N-ROWY EDGE SAN SIMEON CRK. RD.
E	2654	E	RED MOUNTAIN RD.	6	N	N-ROWY EDGE SAN SIMEON CRK RD
F	2656	E	RED MOUNTAIN RD	9	N	N-ROWY EDGE SAN SIMEON CRK RD
G	2673	E	RED MOUNTAIN RD	4.5	N	N-ROWY EDGE SAN SIMEON CRK RD
H	2673	E	RED MOUNTAIN RD	7.5	N	N-ROWY EDGE SAN SIMEON CRK RD
I	2713	E	RED MOUNTAIN RD	@		N-ROWY EDGE SAN SIMEON CRK RD
J1	2649	E	RED MOUNTAIN RD	15	N	N-ROWY EDGE SAN SIMEON CRK RD
J2	2646	E	RED MOUNTAIN RD	11	N	N-ROWY EDGE SAN SIMEON CRK RD

EPARER'S NAME AND ID NUMBER	DATE	REVIEWER'S NAME	DATE
P. BUDROW	07-15-12		

FACTS

Notification:

I received a call of a traffic collision with an ambulance responding at approximately 0400 hours. I responded with my partner, Officer Budrow, from the Templeton CHP office and arrived on scene at approximately 0442 hours. All times, speeds, and distances are approximations. Measurements were made by roll meter and patrol car odometer.

Scene:

This collision occurred in an unincorporated region of San Luis Obispo County, north of the coastal community of Cambria. This area is predominantly rural ranch land, and coastal oak riparian forest. San Simeon Creek Road is a dedicated east/west highway. The roadway is constructed primarily of asphalt concrete. The highway follows the contours of San Simeon Creek. The highway is intermittently winding with slight elevation gains from west to east. For more detail refer to the Factual Diagram prepared by Officer Budrow.

Parties:

Party 1 (b)(6)) was determined to be the driver of Vehicle 1 (Yamaha) by his position in the vehicle, and his injuries. Party 1 was found lying on his back across the front seats of Vehicle 1. His head and shoulders were over the edge of the passenger seat. Party 1 was identified by a California Driver License. Party 1 was transported to Sierra Vista Hospital by Cambria Ambulance. Officer Egan contacted Party 1 at the hospital, obtained his information, and conducted a Driving Under the Influence investigation at my request. A DMV check of (b)(6) driver license showed he was valid with a prior conviction for driving under the influence, reduced to reckless driving.

Vehicle 1 (Yamaha) was located next to an oak tree on the north side of San Simeon Creek Road. Vehicle 1 sustained major front end damage with the majority of the damage being on the right front side. The seatbelts of Vehicle 1 were retracted against the pillar posts. A gun rack

between the seats was sheared at the base. The driver's seat was sheared from Vehicle 1. Refer to photos taken by Sgt. Neumann.

STATEMENTS

Party 1 (b) (6) was contacted at Sierra Vista Hospital by Officer Egan. Refer to his supplemental.

Witness (b)(6) related to me that he was the owner of the ATV but did not give anybody permission to drive it. The ATV was used during the party to shuttle food and bedding to their party guests. (b)(6) said the ATV should have never left the ranch and his wife (b)(6) had been using it. (b)(6) signed a stolen vehicle report.

Witness (b)(6) related to me that he came across the accident scene when he saw lights against a tree. He went up to the vehicle and saw a body on the ground on the right side of an ATV. There was another person on his back, across the seats, with his feet toward the driver's side. The man's head and shoulders were hanging over the side of the ATV and he was gurgling. (b)(6) and his wife got the man out of the ATV and laid him on the ground. (b)(6) held him upright so he could breathe better and his wife went to call 911.

OPINIONS AND CONCLUSIONS

Summary:

Party 1 (b)(6) was driving Vehicle 1 (Yamaha) westbound on San Simeon Creek Road, at an unknown speed, approaching a left curve in the roadway. Due to alcohol intoxication, Party 1 allowed Vehicle 1 to drift to the right and Vehicle 1 left the paved portion of the road. Party 1 attempted to steer Vehicle 1 to the left to re-enter the roadway. The front end of Vehicle 1 collided with an oak tree on the north side of San Simeon Creek Road. The force of the collision caused

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
07/15/2012	0400	9740	13952	2012-07-30

Passenger (b)(6) to be ejected from Vehicle 1 and he came to rest on his back, north of Vehicle 1. Party 1 was partially ejected through the front of Vehicle 1 and he came to rest on his back, across the seats of Vehicle 1, his feet at the driver's seat and his head and shoulders suspended out the passenger side of Vehicle 1. Passenger (b) (sustained fatal injuries and Party 1 sustained major injuries.

Area of Impact:

The area of impact was determined to be 4 feet north of the north asphalt edge of San Simeon Creek Road, and .5 miles north of the north road edge prolongation of Red Mountain Road. The area of impact was determined by damage to Vehicle 1 (Yamaha), the points of rest of Vehicle 1, and physical evidence.

Intoxication Narrative:

While processing the collision scene I could smell the odor of an alcoholic beverage coming from Passenger (b) (body. Witnesses who assisted (b) (6) related that they were coming from a party where alcohol was being consumed.

Office Budrow requested CHP dispatch contact an officer to respond to Sierra Visa Hospital and contact (b) (Officer Egan responded to the hospital and contacted (b) (Officer Egan noticed objective symptoms of alcohol intoxication and advised (b)(6) he was under arrest for Felony DUI. Officer Egan directed the hospital staff to obtain a blood sample from (b) (6) provided a blood sample and Officer Egan retained the sample. The blood vial was booked into the evidence drop box at the Paso Robles Police Department by Officer Egan.

Cause:

Party 1 (b) (6 was the cause of this collision as he was driving in violation of section 23152(a) VC – Driving under the influence of an alcoholic beverage. An associated factor to this collision was Party 1 being in violation of section 22107 VC – Unsafe turning movement. The cause was

determined by objective symptoms, damage to Vehicle 1 (Yamaha), points of rest, physical evidence, and statements.

RECOMMENDATIONS

I recommend Party 1 ((b)(6) be prosecuted for the following violations:

187 PC per 188 PC – Murder in the second degree.

191.5(a) PC – Gross Vehicular manslaughter while intoxicated.

23153(a)/(b) VC – Driving under the influence of an alcoholic beverage causing injury/death to another, with .08% BAC or greater.

10851(a) VC – Vehicle theft.

Exhibit 2

PHOTOGRAPHS OF A 2007 YAMAHA YXR660F

PHOTOGRAPHS OF A 2007 YAMAHA YXR660F

PHOTOGRAPHS OF A 2007 YAMAHA YXR660F

PHOTOGRAPHS OF A 2007 YAMAHA YXR660F

PHOTOGRAPHS OF A 2007 YAMAHA YXR660F

Assignment 120723HCC3779

Exhibit 3

Print Form

Task No. 120723HCC3779

Date: July 15, 2012

STATUS OF MISSING DOCUMENT (S)

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

1. San Luis Obispo County Coroner's Report #1207=05793

2. Photographs of the vehicle taken by the California Highway Patrol

3. _____

4. _____

5. _____

Date: August 30, 2012 **Investigator No:** 2712

Regional office: _____ **Supervisor No:** _____

CONTACT INFORMATION

California Highway Patrol
675 California Boulevard
San Luis Obispo, CA 94301
Phone 805-593-3300
Phone call made and letter of request sent on July 27, 2012. Subsequent phone conversations took place over the following weeks.

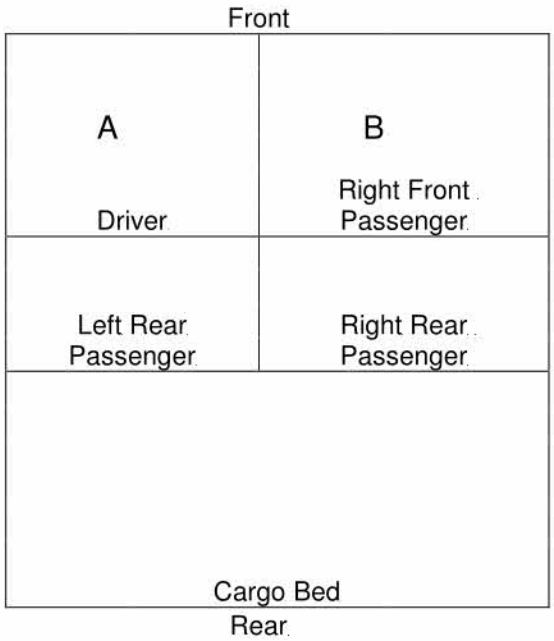
San Luis Obispo Sheriff/Coroner
1545 Kansas Avenue
San Luis Obispo, CA 93405
Phone: 805-781-4500
Phone call made and request letter sent on August 13, 2012. The office advised that the report will be released at the conclusion of the criminal investigation relating to this incident.

(b) (6)

Cambria, CA 93428
A contact letter was sent on August 30, 2012

The following internet sites were consulted:
www.amazon.com
www.azle.olx.com
www.oldbikebarn.com

Utility Vehicle Data Record Sheet



The Utility Vehicle

A:		
	Age: 27	Height: 6' 0"
	Gender: M	Weight: 185
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Injured	
	Injury Description: Scalp laceration/intern	
	Did vehicle land on victim: No	
	Ejected (Either partially or fully): Partially	

B:		
	Age: 20	Height: Unkn
	Gender: M	Weight: Unkn
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: Blunt force trauma to h	
	Did vehicle land on victim: No	
	Ejected (Either partially or fully): Fully	

C:		
	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

D:		
	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

E:		
	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

F:		
	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

*If victim(s) were injured/killed, please include the other relevant information requested in the assignment message in the text of the IDI.

Using the figure on the left, please fill in where the occupants were in the vehicle at the time of the incident using A, B, C, etc. to identify the occupant(s)' location. Fill in the occupants' characteristics in the corresponding location on the right. For example, the driver could be assigned to the letter 'A' and the letter 'A' would be placed in the diagram in the box designated 'Driver', and the drivers' characteristics would be filled on the right. If there were more than six occupants (or more room is needed), please add the other passenger(s)' information (or any other information) as needed. If information is not available, please indicate by 'na'.

Note: Not all locations indicated on the diagram exist in all types of utility vehicles. Please only use the locations that correspond to the incident vehicle. Please place an 'X' over the area if the vehicle was not equipped with the component.

CPSC FORM 324A

Save

Task Number 120724HCC3787

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

Type of respondent: P - 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: 05 - Polaris	**Manufacturer:**

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

Model: RANGER / **VIN:** 4XARD50A54D163394

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: 00 - Unknown

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:	10/15/2011	
Age/Sex:	41 / 1 - Male	/
State of Death:	TX - TEXAS	
City of Death:	WELLINGTON	
County of Death:	COLLINGSWORTH COUNT	
Race:	1 - White	
Race Other:		
Hispanic/Latino:	2 - NO	

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

Death #1	Death #2
Yes ✔No Unknown	Yes No Unknown

Task Number: 120724HCC3787

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

44-year-old male was driving ATV down a dirt road in a field about near town while tending to deer feeders and checking traps. The victim was with 44-year-old male friend when the incident occurred. The 44-year-old driver attempted to make a right turn, with the vehicle rolling and ejecting the 41-year-old passenger. The vehicle came to rest on its side with the 41-year-old passenger pinned underneath it. Passenger lost conciousness after the ATV was removed from him and died. Neither victim was wearing a helmet.

9. Did the ATV overturn/tipover/rollover? 01 - Yes

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

Victim 1:			**Victim 2:**		
✔Yes	No	Unknown	Yes	✔No	Unknown

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

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

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

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

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

Age: 44 **Height:** **(inches)**

Weight: **Sex:** 01 - 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?

07 - Field, Pasture, Farmland, Ranchland

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

02 - Private Road

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

09 - Not Applicable (not traffic accident)

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

0 - Unknown

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

0 - Unknown

Additional Comments:

(b)(5)

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
120724HCC3787	2343	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
840	2011 10 15	2012 07 25

6. Synopsis of Accident or Complaint **UPC**

44-year-old male was driving UTV down a dirt road in a field about near town while tending to deer feeders and checking traps. The victim was with 44-year-old male friend when the incident occurred. The 44-year-old driver attempted to make a right turn, with the vehicle rolling and ejecting the 41-year-old passenger. The vehicle came to rest on its side with the 41-year-old passenger pinned underneath it. Passenger lost conciousness after the ATV was removed from him and died. Neither victim was wearing a helmet.

7. Location (Home, School, etc)	8. City	9. State
2 - FARM	WELLINGTON, COLLINGSWORT	TX

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - UTILITY VEHICLES	POLARIS	RANGER

10D. Manufacturer Name and Address
POLARIS INDUSTRIES INC.
2100 HIGHWAY 55
MEDINA, MN 55340

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
0	NONE	NONE

11D. Manufacturer Name and Address
NONE

12A. Hispanic or Latino	12B. Race	12C. Race Source
2 - No	1 - White Other:	3 - Official Document

13. Age of Victim	14. Sex	15. Disposition	16. Injury Diagnosis
41	1 - Male	8 - Death	54 - Crushing

17. Body Part(s) Involved	18. Respondent	19. Type of Investigation	20. Time Spent (Operational / Travel)
85 - ALL OF BODY	3 - 2nd Hand Info Only	2 - Telephone	18.00 / 0.00

21. Attachment(s)	22. Case Source	23. Sample Collection Number
9 - Multiple Attachments	13 - Other Case Source	

24. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ◉ No ○ Yes for Manuf. Only ○ Verbal ○ Written

25. Review Date	26. Reviewed By	27. Regional Office Director
08/22/2012	8631	Frank J. Nava

28. Distribution	29. Source Document Number
Sarah Garland	X1270460A

IDI 120724HCC3787 **Collingsworth TX ATV Fatality**

Investigation was initiated based upon a news article concerning the fatal injury of a 41-year-old Amarillo TX male involving an All-Terrain-Vehicle (ATV). The article indicated that a 45-year-old Amarillo TX male was injured during the incident.

The following information was obtained from the County Sheriff and hospital incident reports. Weather on the day of the incident had a recorded high of 81ºF and a low of 54ºF with clear skies and wind speeds of calm to 13 mph.

On the early morning October 15, 2011, the victims were attending deer feeders and traps when the incident occurred. The vehicle attempted a turn when it rolled pinning victim #1 and ejecting the driver.

Victims were transported to Collingsworth General Hospital in Wellington, Texas, where victim #1 was pronounced deceased and the driver was treated and released.

Per the Collingsworth County Justice of Peace no autopsy of the victim was conducted.

PRODUCT DESCRIPTION:
Type: All-Terrain-Vehicle
Brand: Polaris
Model: Ranger
VIN #: 4XARD50A54D163394
Retailer: Unknown
Purchase Date: Unknown
Approx. Price: Unknown

ATTACHMENTS:

Attachment A – Collingsworth County Sheriff reports and photographs (12 pages)
Attachment B – CPSC Appendix 91
Attachment C – Collingsworth General Hospital Reports (15 pages)
Attachment D – Contact Information

Collingsworth County Sheriff's Office
810 Belton St. Wellington, Texas 79095
Phone: (806) 447-2588 Fax: (806) 447-5037
Joe Stewart, Sheriff

DATE: July 27, 2012

TO: US CONSUMER PRODUCT SAFETY COMMISSION Attn: Michael Terrell

FAX #: 866 923-9997 PHONE #: 972 347 5125

FROM: Kent Riley
COLLINGSWORTH COUNTY SHERIFF'S OFFICE

FAX #: (806) 447-5037 PHONE #: (806) 447-2588

NUMBER OF PAGES, INCLUDING COVER SHEET: 11

COMMENTS: Report on Rodger Randall ATV Fatality Accident

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Law Enforcement and TxDOT Use ONLY
☐ FATAL ☐ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. Units	0 0 1	Total Num. Prsns	0 0 2	TxDOT Crash ID

Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)
Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714. Questions? Call 512/486-5780
Refer to Attached Code Sheet for Numbered Fields
*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page ___ of ___

IDENTIFICATION & LOCATION

*Crash Date (MM/DD/YYYY): 10/15/2011 | *Crash Time (24HRMM): 0 0 0 8 | Case ID: | Local Use

*County Name: Collingsworth | City Name: Wellington | ☒ Outside City Limit

In your opinion, did this crash result in an total $1,000 damage to any one person's property? ☐ Yes ☒ No | Latitude - (decimal degrees) | Longitude - (decimal degrees)

ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys. | *Hwy. Num. | 2 Rdwy. Part | Block Num. | 3 Street Prefix | * Street Name | 4 Street Suffix

☒ Crash Occurred on a Private Drive or Road/Private Property/Parking Lot | ☐ Toll Road/ Toll Lane | Speed Limit | Const. Zone ☐ Yes ☐ No | Workers Present ☐ Yes ☐ No | Street Desc.

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int. ☐ Yes ☐ No | 1 Rdwy. Sys. | Hwy. Num. | 2. Rdwy. Part | Block Num. | 3 Street Prefix | Street Name | 4 Street Suffix

Distance from Int. or Ref. Marker | ☐ FT ☐ MI | 3 Dir. from Int. or Ref. Marker | Reference Marker | Street Desc. | RRX Num.

VEHICLE, DRIVER, & PERSONS

Unit Num 01 | 5 Unit Desc ATV | ☐ Parked Vehicle | ☐ Hit and Run | LP State | LP Num. | VIN 4 X A R D 5 0 A 5 4 D 1 6 3 3 9 4

Veh. Year | 6. Veh. Color | Veh. Make POLARIS | Veh. Model | 7 Body Style | ☐ Pol. Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 | DL/ID State TX | DL/ID Num. 11482707 | 9 DL Class C | 10 CDL End | 11 DL Rest. | DOB (MM/DD/YYYY) 0 1 / 1 2 / 1 9 6 8

Address (Street, City, State, ZIP) (b)(6)

Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle. Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	(b)(3) :Exemption	N	45	W	1	2	96	97	97	N	96		96		
2	2	3		X	41	W	1	2	96	97	97	N					

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

☒ Owner ☐ Lessee | Owner/Lessee Name & Address (b)(6)

Proof of Fin. Resp. ☐ Yes ☐ Expired ☒ No ☐ Exempt | 26 Fin. Resp. Type | Fin. Resp. Name | Fin. Resp. Num.

Fin. Resp. Phone Num. 806 433 9609 | 27 Vehicle Damage Rating 1 | 27 Vehicle Damage Rating 2 | Vehicle Inventoried ☐ Yes ☒ No

Towed By | Towed To

VEHICLE, DRIVER, & PERSONS

Unit Num. | 5 Unit Desc. | ☐ Parked Vehicle | ☐ Hit and Run | LP State | LP Num. | VIN

Veh. Year | 6. Veh. Color | Veh. Make | Veh. Model | 7 Body Style | ☐ Pol. Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type | DL/ID State | DL/ID Num. | 9 DL Class | 10 CDL End | 11 DL Rest. | DOB (MM/DD/YYYY)

Address (Street, City, State, ZIP)

Person Num	12 Psn. Type	13 Seat Position	Name: Last, First, Middle. Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

☐ Owner ☐ Lessee | Owner/Lessee Name & Address

Proof of Fin. Resp ☐ Yes ☐ No ☐ Expired ☐ Exempt | 26 Fin. Resp. Type | Fin. Resp. Name | Fin. Resp. Num.

Fin. Resp. Phone Num | 27 Vehicle Damage Rating 1 | 27 Vehicle Damage Rating 2 | Vehicle Inventoried ☐ Yes ☐ No

Towed By | Towed To

CONFIDENTIAL

Law Enforcement and TxDOT Use ONLY. Form CR-3 (Rev. 1/1/2010)

Case ID | TxDOT Crash ID | Page ___ of ___

DISPOSITION OF INJURED/KILLED

Unit Num.	Pson. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
1	2	COLL. GEN HOSP WELLINGTON, TX	AMBULANCE	10/15/2011	0 1 0 5

CHARGES

Unit Num.	Pson. Num.	Charge	Citation/Reference Num.

DAMAGE

Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

CMV

Unit Num. | ☐ 10,001+ LBS. | ☐ TRANSPORTING HAZARDOUS MATERIAL | ☐ 9+ CAPACITY | 28 Veh. Oper. | 29 Carrier ID Type | Carrier ID Num.

Carrier's Corp. Name | Carrier's Primary Addr.

30 Rdwy. Access | 31 Veh. Type | ☐ RGVW ☐ GVWR | HazMat Released ☐ Yes ☐ No | 32 HazMat Class Num. | HazMat ID Num. | 32 HazMat Class Num. | HazMat ID Num.

33 Cargo Body Style | Trailer 1 | Unit Num. | ☐ RGVW ☐ GVWR | 34 Trlr. Type | Trailer 2 | Unit Num. | ☐ RGVW ☐ GVWR | 34 Trlr. Type

Sequence of Events | 35 Seq. 1 | 35 Seq. 2 | 35 Seq. 3 | 35 Seq. 4 | Total Num. Axles | Total Num. Tires

FACTORS & CONDITIONS

36 Contributing Factors (Investigator's Opinion)						37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions						
Unit #	Contributing			May Have Contrib.		Contributing			May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
1	20	22									1	2	97	98	6	98	96

NARRATIVE AND DIAGRAM

Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)

On 10152011 at about 0008hrs, I was dispatched to the scene of a ATV accident 8.8 miles west of Wellington, TX on the Rockin B Ranch south of Collingsworth County Road W, upon arrival I found that the ATV a green polaris had overturned and the driver and Passenger had been ejected from the vehicle and had came to rest on the victim (b)(3):CPSA Section 25(c) (b)(6) was communicating with (b) until such time as the ATV was lifted off of Rogers.. CPR had been started on the victim by the driver (b)(6) (b)(6) Deputy Allen and I took over the CPR until we were releived by EMS personnel. (b)(6) was transported to Collingsworth General Hospital by ambulance. (b)(was pronounced deceased by (b)(3):C at 0105hrs 10152011. there were no other injuries or property damage as a result of this incident.

The scene is described as 8.8 miles west of Wellington, TX on county road W. enter through red gate proceed in a southerly direction down hill 3/10 of a mile to the house then proceed east 1/10 of a mile to the scene

Indicate North

Field Diagram - Not to Scale

INVESTIGATOR

Time Notified (24HR:MM) 0 0 0 9 | How Notified radio dispatch | Time Arrived (24HR:MM) 0 0 1 6 | Report Date (MM/DD/YYYY) 10/18/2011

Immed. Comp. ☐ Yes ☒ No | Investigator Name (Printed) Kent Rileyh | ID Num. 78

ORI Num. T X 0 4 4 0 0 0 0 | Agency Collingsworth County Sheriff's Department | District/Area 0 0 0 0 4 4

CONFIDENTIAL

Incident Report #0110205

Collingsworth County Sheriff's Office
810 Belton Street
Wellington,Texas 79095
806-447-2588 Phone
806-447-5037 Fax

Event Info

Date Reported	Time Reported	Time Dispatched	Time Arrived	Time Completed
10/15/2011	17:00	00:00	00:00	20:00
Addr. Of Occ.	**City**	**District**	**Grid**	**Dispatch Disposition**
COUNTY ROAD W/ WEST	WELLINGTON	N	C	OPN

Synopsis

1. On 15 October 2011 at about 0008 hrs a vehicle accident was reported to Collingsworth County Dispatch via the 911 system. The caller requested EMS and law enforcement services. The accicent resulted in the death of one individual.

Agency 1	Event Status/Dispo	Event Status/Disp	Initial Investigator
CWSO	ACTIVE	10/15/2011	RILEY, ALAN

Classification

Classification Info

COMPLETED

Class	Subclass
TRAFFIC ACCIDENT	TRAFFIC ACCIDENT, FATAL

Event MO

Auto Weapon Indicator
N

Victims

Victim Information

Name Type	Name				
VICTIM	(b)(3):Exempti				
Address		**City**	**State**	**Zip**	**SEX**
(b)(6)		AMARILLO	TX	79119	M
RACE	**EO**	**HT**	**WT**	**HAIR**	**EYES**
WHITE	NON-HISPANIC	600	190	BRN	HZL

Driver

DRIVER Information

Name Type	Name				
DRIVER	(b)(6)				
Address		**City**	**State**	**Zip**	**SEX**
(b)(6)		AMARILLO	TX	791209	M
RACE	**EO**	**Res Phone**			
WHITE	NON-HISPANIC	(b)(6)			

Comments
(b)(6) IS LISTED AT THE DRIVER OF THE ATV THAT WAS INVOLVED IN THE ACCIDENT

Witness

WITNESS Information

Name Type	Name				
WITNESS	(b) (6)				
Address		**City**	**State**	**Zip**	**SEX**
(b) (6)		AMARILLO	TX	79121	M
RACE	**EO**	(b) (6)			
WHITE	NON-HISPANIC				

Comments
(b)(6) R IS LISTED AS A WITNESS TO THE INJURIES AND EVENTS THAT OCCURED AFTER THE ATV ACCIDENT

WITNESS Information

Name Type	Name				
WITNESS	(b) (6)				
Address		**City**	**State**	**Zip**	**SEX**
		AMARILLO	TX	79106	M
RACE	**EO**	(b) (6)			
WHITE	NON-HISPANIC				

Comments
(b)(6) IS LISTED AS BEING PRESENT ON THE RANCH WHERE THE ACCIDENT OCCURED BUT IS NOT A WITNESS AS HE WAS ASLEEP IN THE CABIN AT THE TIME OF THE ACCIDENT

WITNESS Information

Name Type	Name				
WITNESS	(b) (6)				
Address		**City**	**State**	**Zip**	**SEX**
		AMARILLO	TX	79102	M
RACE	**EO**	**HAIR**	**EYES**	**Res Phone**	
WHITE	HISPANIC	BLK	BRN	(806)383-7430	

Comments
(b)(6) WAS PRESENT ON THE RANCH AT THE TIME OF THE ACCIDENT, BUT IS NOT LISTED AS A WITNESS AS HE WAS ASLEEP IN THE CABIN AT THE TIME OF THE ACCIDENT

WITNESS Information

Name Type	Name				
WITNESS	(b) (6)				
Address		**City**	**State**	**Zip**	**SEX**
(b) (6)		AMARILLO	TX	79102	F
RACE	**EO**	**HAIR**	**EYES**	**Res Phone**	
WHITE	HISPANIC	BLK	BRN	(806)383-7430	

Comments
(b)(6) I WAS PRESENT AT THE RANCH AT THE TIME OF THE ACCIDENT BUT IS NOT LISTED AS A WITNESS AS SHE WAS ASLEEP IN THE CABIN AT THE TIME OF THE ACCIDENT.

Property

Property Type	Color	Brand	Model/Desc	Serial No
FIREARM	ALU / BLK	RUGER	P94	340-78894

Owner Name
(b)(6)

CONFIDENTIAL

Vehicle

Record Type -

Make	Model	Style	Color
PEUG	POLARIS	ATV	GRN/BLK

Narrative

Written By:
RILEY, ALAN

1. On 10 October 2011 at about 0008hrs a 911 call was received by Collingsworth County Dispatch the caller reported that there had been a ATV accident on the Rocking B Ranch located 8.8 miles west of Wellington, TX on Collingsworth County Road W. The caller stated that the ATV had rolled over and came to rest on one of the occupants of the ATV.

2. I Deputy Kent Riley was on patrol and was advised of the call at about 0009hrs, 10 October 2011, I immediately headed in the direction of the accident, followed by Deputy Jerry Allen. We arrived at the intersection of FM 1056 and County Road W and met by (b) (6) guided us into the ranch and to the scene of the accident.
The scene is described as the Rockin B Ranch located about 8.8 miles west of Wellington, TX on County Road W. From the entrance gate of the Ranch proceed in a southwesterly direction on a pasture road winding down hill about 3/10 of a mile to the house, and then turn east on a pasture road about another 1/10 mile to the scene of the accident.

3. Upon arrival at the scene I saw a Green Polaris ATV VIN 4XARD50A54/DI63394 sitting in the upright position facing to the east. I also saw someone lying on the ground on the passenger side of the ATV and also saw another individual beside him perfonming CPR. Deputy Allen and I exited the patrol vehicle and found the the victim was not breathing and did not have a pulse that could be found. Allen took over CPR and I went back to the road to guide the ambulance in to the scene. As I started towards the road I saw the the ambulance had made it into the ranch and could see the scene. I then returned to the scene and took over CPR until I was relieved by EMS Personnel. The victim was then loaded in the ambulance and transported to Collingsworth General Hospital.

4. I then interviewed (b) (6) listed as the driver of the ATV involved in the accident. I asked (b) what had happened, (b) said that he and the victim Randall Rogers M/W07041970 had been out in the pasture checking a hog trap and were returning to the house, he said that they were traveling west on a ranch road back to the house and hat made a slight curve in the road to the right and that he lost control of the ATV. (b) stated that he was thrown clear of the ATV and when he got his bearings found that (b)(6) was trapped under the ATV yelling for him to get it off of him. (b) said that he tried to lift the ATV up off of (b)(6) but was unable to.

5. I then interviewed (b) (6) said that he was at the house outside on the porch and heard a loud noise and walked down the road to investigate and found (b) Trying to lift the ATV off of Rogers. (b) said that he and (b) together tried to lift the ATV but could not, (b)

said he then returned to the house and got his vehicle a white 2006 Ford Explorer TXLIC DBJ227 and hooked a chain to the ATV and pulled it upright back on to the wheels. (b) said that (b) was conscious before they pulled the ATV upright, but as soon as the ATV was off of him that (b) lost Consciousness. (b)(6 said that he then called 911 for help. (b) said that he left the scene and went to the intersection of FM 1056 and County road W to meet me and the ambulance to guide us in to the accident.

6. After I had interviewed (b) I left the scene and went to Collingsworth General Hospital to check the Status of (b) Deputy Allen stayed and secured the scene. Upon arrival at the hospital I entered the emergency room while the Doctor and staff were working on (b) (3) : E was pronounced deceased at 0105hrs 15 October 2011. I the photgraphed (b) int the emergency room. I then made arrangements with Adams Funeral home to take possession of the body until such time as it could be released . It was undetermined at the time if an autopsy would be performed or not. I advised not to do anything to the body until further instructions were given.

7. I then returned to the scene and spoke with Deputy Allen he had secured the scene and had it taped off . I contacted
Sheriff Stewart and he advised that we would return to the scene during daylight hours and finish the investigation. I then returned to the house and spoke with (b) again, I asked (b) if there was anyone else present on the property, he replied that (b) (6) (b) Stepfather was in the cabin asleep. We entered the cabin and woke miller and told him of the events that had transpired. (b)(6) was present on the property at the time of the accident , but was unaware of the events that had occurred. We then went to the main house and found (b) (6) and (b) (6) both of the (b) (were present on the property but were unaware of the events also.

8. Sheriff Stewart and I returned to the scene at about 0900hrs on 15 October 2011 and finished the investigation measuring the distance from the fence from two different positions to the ATV and also measuring the distance from the house to the scene where the ATV was. I then photgraphed the ATV and the tracks in the road leading up to the ATV. It was determined that there was no foul play involved in any of the events that had transpired. I then Contacted Justice of the Peach Jo Rita Henard and informed her of the events that had transpired. She determined that there was no need for an Autopsy and said that I could make arrangements for the body to be released to the family.

9. Declare this investigation open pending receipt of supplement report form Sheriff Stewart.

10. Deputy Kent Riley #78

Case Management

Initial Investigator	Event Status/Dispo	Event Status/Dispo Date	Solvability Percentage
RILEY, ALAN	ACTIVE	10/15/2011	%

Photo A1 – Sheriff's scene photograph; right side view of incident UATV

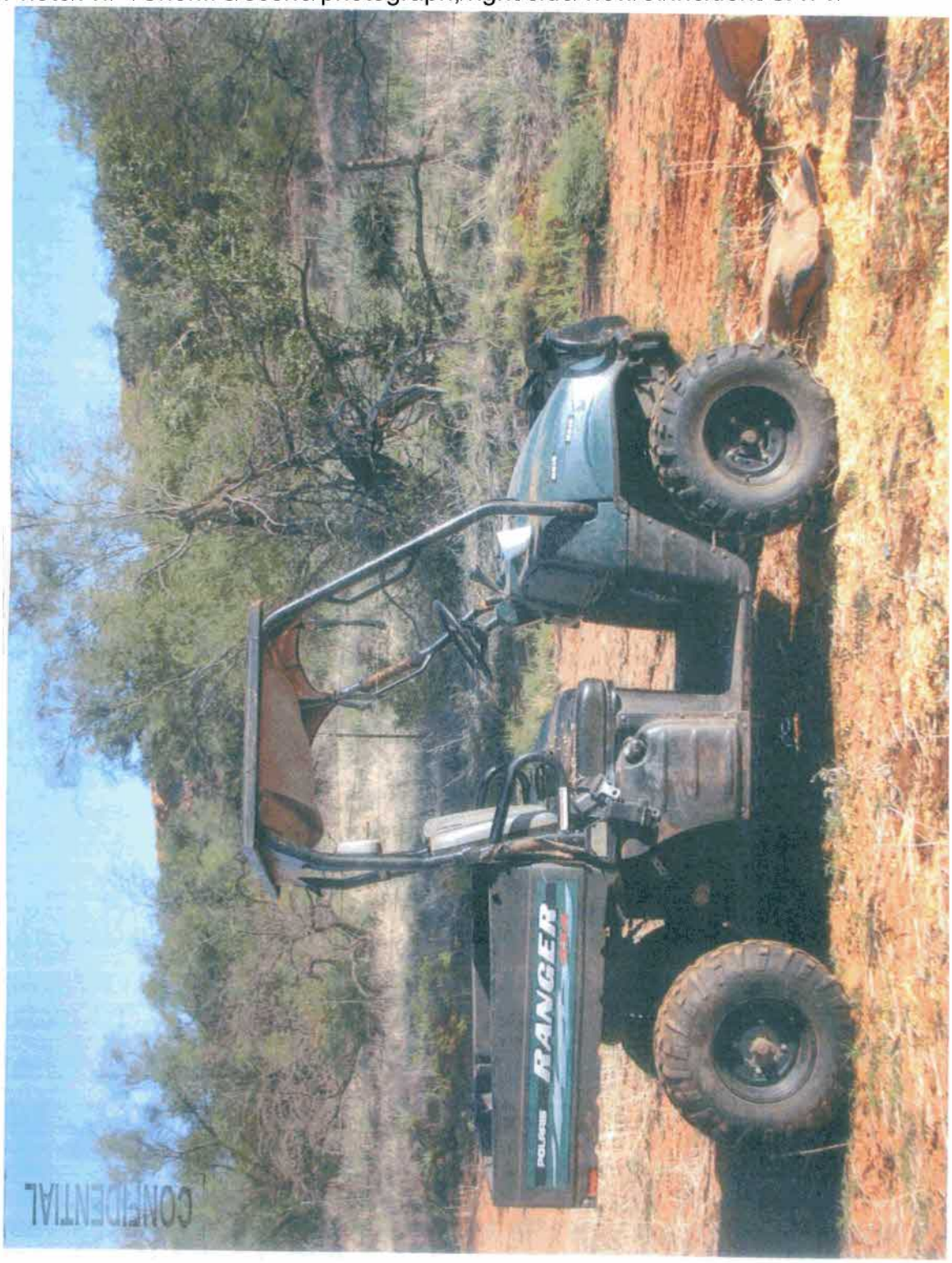

Photo A2 – Sheriff's scene photograph; front view of incident UATV

Photo A3 – Sheriff's overall scene photograph; right front view of incident UATV

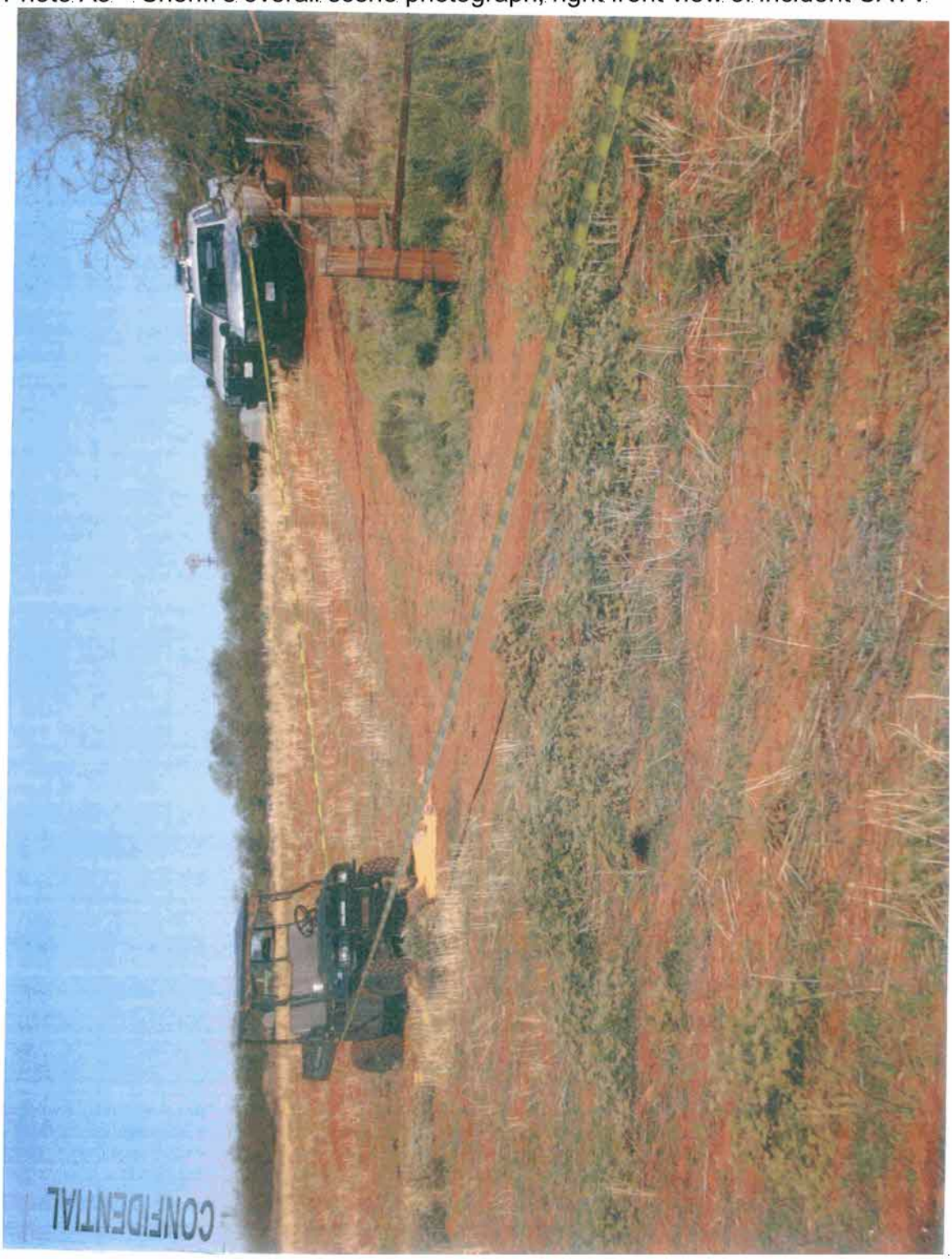

Photo A4 – Sheriff's scene photograph; close-up front view of incident UATV

Photo A5 – Sheriff's scene photograph; left side view of incident UATV

RANGER
DELUXE
CONFIDENTIAL

Utility Vehicle Data Record Sheet

Front

A Driver	B Right Front Passenger
Left Rear Passenger	Right Rear Passenger
Cargo Bed	

Rear

The Utility Vehicle

A:	Age: 45	Height:
	Gender: MALE	Weight:
	Helmet (Y/N): NO	Seatbelt (Y/N): NO
	Killed/Injured/Neither/Unknown: INJURED	
	Injury Description: NON SPECIFIED	
	Did vehicle land on victim: YES	
	Ejected (Either partially or fully): EJECTED	

B:	Age: 41	Height: 6 - 0
	Gender: MALE	Weight: 190
	Helmet (Y/N): NO	Seatbelt (Y/N): NO
	Killed/Injured/Neither/Unknown: KILLED	
	Injury Description: FATAL CRUSHING	
	Did vehicle land on victim: NO	
	Ejected (Either partially or fully): EJECTED	

C:	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

D:	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

E:	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

F:	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

*If victim(s) were injured/killed, please include the other relevant information requested in the assignment message in the text of the IDI

Using the figure on the left, please fill in where the occupants were in the vehicle at the time of the incident using A, B, C, etc. to identify the occupant(s)' location. Fill in the occupants' characteristics in the corresponding location on the right. For example, the driver could be assigned to the letter 'A' and the letter 'A' would be placed in the diagram in the box designated 'Driver', and the drivers' characteristics would be filled on the right. If there were more than six occupants (or more room is needed), please add the other passenger(s)' information (or any other information) as needed. If information is not available, please indicate by 'na'.

Note: Not all locations indicated on the diagram exist in all types of utility vehicles. Please only use the locations that correspond to the incident vehicle. Please place an 'X' over the area if the vehicle was not equipped with the component.

CPSC FORM 324A

Save

COLLINGSWORTH GENERAL HOSPITAL
1014 15th Street
PO Box 1112 • Wellington TX 79095
806-447-2621 • Fax 806-447-2421

FAX TRANSMISSION

DATE: 7-31-2012 TIME: _____

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OF: CPSC

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Patient FaceSheet

Collingsworth General Hospital

Patient Name: (b) (3) :Exem
VisitNum: 111972
Room/Bed:
Gender: Male
Pt Age: 41 y
Pt Birthdate: (b)(6)
Financial Class: UNINSURED (39)
Pt. Phone:
Pt. Address: (b) (6) AMARILLO, TX 79119
Temp Address:
Employer:
Employer Address:

Med Record Num: 024914
Patient Type: ER
Patient Status: OA
Adm. Source: 1
Adm. Priority: 1

Admission Date: 10/15/2011 00:35 0215
AKA:
Marital Status:
Arrival Source:
Hospital Service: ER
Religion:
Church:
Occupation:

Race: 1
Veteran:
Organ Donor:
Living Will:
Emp. Phone:

Admitting Dr.: Petersen, Andrew DO
Attending Dr.: Petersen, Andrew DO

Code: PETA
Code: PETA

Adm. Diag.:
Accident Location:

MRSA:
Accident Code:

Accident Dt/Tm:

Guarantor Information:

Name:
Address:
DOB:
Employer:
Employer Address:

Gender:

Phone:
Relationship:

Occupation:
Emp. Phone:

Nearest Relative:

Name:
Phone:
Address:

Relationship:
Work Phone:

Ext:

Insurance Information:

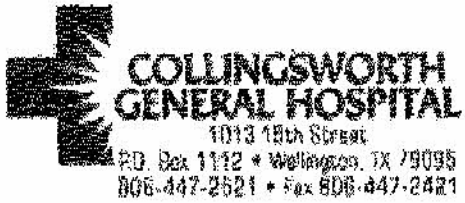
Emergency Contact:

Name:
Phone:
Address:

Relationship:
Work Phone:

Ext:

COPY



PATIENT NAME: (b) (3) :Exem
DATE: 10/15/2011
DOB: 7/4/1970

HPI: A 41-year-old white male was brought into the emergency department unresponsive. On arrival, the ENT's had been doing CPR for 30 minutes. The patient was riding with his friend on an ATV vehicle to go out and check a hog trap, the ATV rolled over, apparently pinned him underneath. His friend that was driving the ATV was able to talk to him while he was pinned under the ATV. The patient was still responsive at that point. He hooked the ATV up to a truck to pull the ATV off of the patient. After the ATV was pulled off of the patient, the patient was no longer responsive. One of the patient's friends called for EMS service at 12:09. EMS arrived on the seen at 12:23. Approximately five minutes prior to their arrival, CPR was started by the victim's friends. EMS reports that upon their arrival the patient's pupils were fixed and dilated. They did CPR for 30 minutes until the patient arrived here at the hospital. At the hospital the patient's pupils were again fixed and dilated. CPR was continued. The patient was intubated. He was given epinephrine followed by CPR. He received epinephrine three individual times. After 30 minutes of CPR with epinephrine and intubated ventilation, the resuscitative measures were stopped. During the entire resuscitative efforts the patient never had a rhythm. He was asystolic and without a pulse for the entire time he was the care of EMS or here in the emergency room. Because of the lack of time required to extricate the patient from underneath the ATV and the length of the transport, resuscitative time here at the hospital was 30 minutes with epinephrine x three, we made no progress. The resuscitative efforts were ended. Based on the history, it appears that the patient had died at the seen. It is unclear whether it was due to a cardiac cause or if it was due to a closed-head injury. At 1:05 a.m. on 10/15/2011 the patient was pronounced dead. He was pulseless, had no respirations, no heart tones. His extremities were cold. His pupils were fixed and dilated. He was unresponsive to pain. I explained the situation to the patient's two friends that were here. Adams Funeral Home was contacted. The Coroner has been instructed to not release the body until the decision to have an autopsy has been made. Law enforcement is on the seen. They apparently will be involved in deciding whether or not to have an autopsy as well as the family's desire to have one done. The patient's body will remain at the Adams Funeral Home until released following a decision of whether or not to autopsy. With regard to the intubation procedure, the patient was intubated with some difficulty, total intubation time was approximately two minutes. After initial attempt to reintubate, the patient was re-oxygenated with a bag valve mask for 30 seconds. The second attempt to intubate was successful. A confirmation of tube placement was obtained with colorimetric CO2 exchange as well as stethoscope examination of the chest and abdomen. Because resuscitative measures were stopped, a chest x-ray for tube placement was not done. During the entire CPR effort, the patient had good air exchange through the bag valve mask as

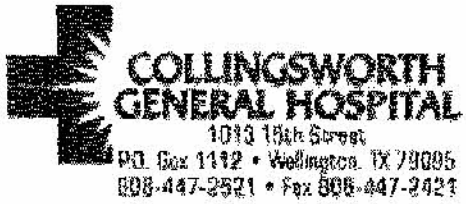
(b) (3):Ex

well as good air exchange without resistance with the intubated bagging procedure. Rhythm strips all showed asystole throughout the resuscitative measures.

(b)(3):CPSA Section 25

AP/15234

D: 10/15/2011
T: 10/17/2011



PATIENT NAME: (b)(3) - Exempt
DATE: 10/15/2011
DOB: (b)(6)

PHYSICAL EXAMINATION: The patient has a strong smell of gasoline. The right arm was discolored, somewhat ashy white from being what appears to have been soaked in gasoline. He also has a small contusion to the center of his forehead, approximately 2 cm x 1 cm, otherwise he shows no signs of trauma. The pelvis is stable. No laceration or deformity to his legs, knees, thighs, arms, shoulders, abdomen, or back. The patient has no significant bruising of the chest. CPR was quite adequate for the observed 30 minutes in the emergency room, compressions at a rate of 100 per minute and respirations at a rate of 10-16 per minute with good chest rise and fall.

Andrew Petersen, D.O.

AP/15234

D: 10/15/2011
T: 10/17/2011

Collingsworth General Hospital

Admission Date: 10/15/11
Med. Record No.: 024914
Visit No.: 111972
Attending Phys.: (b)(3):CPSA Se

Patient: (b)
D.O (3):Exempti
Gender: Male
Location: ER
Room/Bed:

Visit Record

Entered By:	Scheduled:	Performed:	Effective:	Status:

Charted Activities

ER Triage

Linville, Brenda 10/15/2011 00:35 10/15/2011 00:35 10/15/2011 02:24 **Finished**

Complaint, Arrival & Vaccines

TRIAGE LEVEL RESUSCITATION.
PRIMARY COMPLAINT: TRAUMA Pt arrived via Wellington EMS with CPR in progress. Pt was out with friend checking traps and rolled in an ATV vehicle, the vehicle rolled over on top of pt. Police reports that the friend said he was alert and responsive until they removed the ATV. Police arrived on scene and began doing CPR until EMS arrived..
EMS treatment prior to arrival. Patient is on backboard, and is on oxygen.
Patient arrived via stretcher accompanied by EMS. Transported by EMS
and the Treating Physician: Petersen. Primary language is English.
Patient does not know if He/She has received a tetanus vaccine.
Unknown if immunizations are up to date. Physician Notified: 10/15/2011 00:25. Physician Arrival: 10/15/2011 00:35.

Pain Initial

Unable to obtain patient's pain level. Comments: UTA, pt unresponsive.

Past Medical and Surgical History

Unable to obtain if patient was threatened or physically hurt in last 12 months. There is no evidence of abuse and/or neglect.
Unknown if patient has religious or personal beliefs that might affect health care.

Assessment

Additional cardiac comments: cardiac arrest, no pulse, no vital signs. Chest compressions preformed by Elmer Keller, EMT; Tommy Hudson, EMT, firefighter.. Abdomen distended.
Comments: Pat Needham using ambu bag..
Additional neurologic comments: Pt unresponsive.

Home Medications

Home medication information is unable to be obtained for this patient. Reason:

Medications Given

Vitals

VITALS: 00:35

PRN Medications

Martin, Ginny 10/15/2011 02:21 10/15/2011 02:16 10/15/2011 02:21 **Finished**

PRN Medications

Date and Time Meds Given: 10/15/2011 00:55.
PRN MEDICATIONS GIVEN:
Epinephrine 1:10,000 1mg (0.1mg/ml), last dose prior to admission 0055;
Epinephrine 1:10,000 1mg (0.1mg/ml), last dose prior to admission 0058;
Epinephrine 1:10,000 1mg (0.1mg/ml), last dose prior to admission 0102; Medication Followup Completed: 10/15/2011 01:05. Medications Tolerated: medication unsuccessful. No pulse or heartbeat at this time. Code called by Dr. Petersen and pronounced at this time.

Nursing Notes

Linville, Brenda 10/15/2011 03:04 10/15/2011 02:24 10/16/2011 23:36 **Revised**

Miscellaneous Care

Additional Comments: 0025 EMS reported a code 99. Notified Dr. Petersen and Bo Noble, MLT. 0035 Pt arrived via Wellington EMS with CPR in progress. Pt unresponsive, no pulse, no shock was advised. Elmer Keller, EMT resumed compressions. GMarinLVN obtained a 20g saline lock in right hand using aspetic technique. Dr. Petersen intubated pt with assistance by BLRN with a 7.5ET tube, placement checked with CO2 detector and breath sounds in lungs bilat, no sounds in abd. 1255 Epi 1:10,000 1mg IV given. Tommy Hudson, ~~EMT~~ fireman, and Elmer Keller EMT switching out on chest compressions, Pat Needham EMT bagging. 1258 Epi 1:10,000 1mg given. Analyzed, no shock advised, no pulse, no respirations. Chest compressions resumed. 0102 Epi 1:10,000 1mg IV given. 0105 Analyzed and no shock advised. Dr. Petersen pronounced time of death 0105. BLRN and GMartinLVN removed and disposed of clothing that had strong smell of

Visit No.: **111972** (b) (3) Exemption

Entered By:	Scheduled:	Performed:	Effective:	Status:

Nursing Notes (cont.)

gasoline. Boots and belt were kept and put in bag, pt still wearing ring on left ring finger. Pt's cell phone given to older gentleman who was with pt. Lifegift notified of death. Adams Funeral Home notified..

ER Discharge

Linville, Brenda	10/15/2011 03:07	10/15/2011 02:15	10/15/2011 03:07	**Finished**

ER Discharge

Patient expired. ER Discharge Date/Time: 10/15/2011 02:15. Discharge to funeral home via stretcher.
Discharge notes: Pt's phone given to older gentleman who was with pt at hunting lodge. Boots and belt with pt at funeral home. Pt wearing wedding band..

ER Triage - This Activity was Cancelled on 10/15/2011 02:10 by Linville, Brenda because: Added occurrence not warranted

Linville, Brenda	10/15/2011 12:35		10/15/2011 02:10	**Cancelled**

CONSENT TO EMERGENCY TREATMENT, RELEASE OF INFORMATION AND ASSIGNMENT OF BENEFITS

This is to certify that I (We) the undersigned, hereby consent to and authorize the administration of medication and the performance of all emergency treatments and operations to include the administration of any anesthetics, which, in the judgement of my physician may be considered necessary or advisable. Further, I agree that if my case is handled under the Worker's compensation Act, Division of Interstate Commerce or nay self-insured organization or mutual hospital associations, that the Insurance Carrier or Agent is hereby authorized to have access to, and to make copies of my hospital records. I further agree that the hospital authorities may give out written or verbal information to these organizations concerning my hospital records. I also authorize payment directly to the above named hospital for the hospital benefits.
INCLUDING MAJOR MEDICAL (RESTRICTED TO HOSPITAL EXPENSE), herein specified and otherwise payable to me but not to exceed the hospital's regular charges for this period of hospitalization. I understand I am financially responsible to the hospital for charges not paid by other parties.

I acknowledge and agree that Collingsworth General Hospital is not responsible for the judgment or conduct of any physician who treats or provides a professional service to me but rather each physician is an independent contractor who is self-employed and is not the agent, servant, or employee of the hospital. I further understand that other physicians may be called upon to provide care, either directly (as consultants) or indirectly through professional services (i.e., Radiology, Pathology, EKG interpretations). These physicians are also independent contractors who are self-employed and are not the agents, servants or employees of the hospital. It is also understood that for emergency or unscheduled services, the hospital may aid my selection of physicians by an established "on-call" roster provided through each department of the hospital. These physicians are also independent contractors who are self-employed and are no the agents, servants, or employees of the hospital. I further agree the hospital is not responsible for the judgment or conduct of any of the physicians identified above.

unable - BLRN
Signature of Patient or Guardian **Time**

BLRN
Witness

Reason Patient Cannot Sign

Pg. 1 of 1

PREMS Patient Care Report 5574

Unit Number W-3 1st 2nd 3rd ✓ TDH Firm #: 04400 TDH Veh. # 0108

Date: 10/15/10 Pt 1 of 1 Pick Up Location/Hospital Code:

City: Wellington County #: 044 State: Texas Zip Code: 79095 Call #:

Transport Code: 1—Emergency 2—Non-Emergency 3—No Treatment, No Transport 4—False Alarm 5—Cancelled 6—Treatment, No Transport

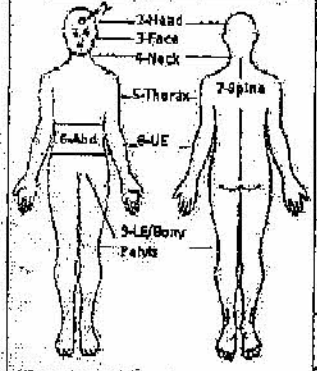
Patient Name: Last First MI Sex: M F Age: 41

(b) (3) :Exemption

Patient Address: (b) (6) City: Amarillo State: Texas County: Zip: 79119

SSN: DOB: 07/04/1970 Race: 1—White 2—Black 3—Hispanic 4—Asian 5—Other

Call Received	00:09
Time Out	00:11
On Scene	00:20
With Patient	00:20
Depart Scene	00:23
Arrive Dest.	00:35
In Service	00:35



1-External (Including Burns)
10-Body Region Unspecified
77-N/A
88-Other
99-Unknown

Injury Type: 1 Pain without Swelling/Bruising; 2 Soft Tissue Swelling/Bruising; 3 Blunt Injury; 4 Laceration; 5 Dislocation/Fracture; 6 Amputation; 7 Gunshot; 8 Amputation/Avulsion; 9 Crush; 10 Burn; 11 Nerve/Vascular; 12 Deformation; 13 Salivation; 14 Internal; 99 Other

Place of Occurrence: 1 Home; 2 Work; 3 Mining/Quarry; 4 Industrial Place and Premises; 5 Place for Recreation and Sport; 6 Street or Highway; 7 Public Building; 8 Residential Institution; 9 Educational Institution; 10 Hospital ER; 11 Hospital—Other or Unspecified Location; 12 EMS Provider; 13 Dialysis; 14 Nursing Home; 15 Assisted Living Center; 16 Prison; 17 Dr. Office; 18 Rural Health Clinic; 19 Mobile Clinic; 98 Other Specified Place; 99 Unknown or Unspecified Place

Suspected Illness/Symptoms: 1 Abdominal Pain/Problems; 2 Allergic Reaction; 3 Altered Level of Consciousness; 4 Behavioral/Psych Disorder; 5 Cardiac Arrest; 6 Chronic Illness in Distress; 7 Chest Pain/Discomfort; 8 Diabetic Symptoms; 9 General Weakness; 10 Hemorrhage; 11 Hyperthermia; 12 Hypothermia; 13 Hypotension/Shock; 14 Inhalation Injury; 15 Overdose (e.g. ETOH, drugs); 16 Poisoning (e.g. Other Chemicals); 17 Pregnancy/OB Delivery; 18 Respiratory Arrest; 19 Respiratory Distress; 20 Seizure; 21 Stroke/Cerebrovascular Accident; 22 Syncope/CVA; 23 Syncope/Fainting; 77 N/A; 88 Other; 99 Unknown

Patient Delivered To: CCH

Hosp Code:

1-Hosp. ED; 2-Hosp. CCU; 3-Outpatient Dept.; 4-Hospital Bed; 5-Nursing Home; 6-Residence; 7-Other Med. Fac.; 8-Other

Hosp.#: 0409720

Unconscious

Conscious and Alert to: ☐ Person ☐ Place ☐ Time ☐ Event

Probable Causes (E-Codes): 1. E849.3 2.

Injury Type/Severity (1-Possible; 2-Not Incapac; 3-Incapac.): A. B. C. D.

Time	Blood Pressure	Pulse	Resp	SpO_2	AVPU	GCS Motor	GCS Verbal	GCS Eyes	RTS GCS	RTS Sys BP	RTS Resp	Blood Glucose
00:23												
00:28												
00:33												

ALLERGIES: NKDA

Approx Weight: 100 Kg.

NARRATIVE REPORT: To include exam, history, and outcome of treatment

Chief Complaint: Unresponsive Male Secondary involved in Motor MVI rollover

History: Pt was passenger in MVI MVI rolled over ejecting driver and passenger. Passenger was conscious trapped under Motor. Driver and friends lift Pickup and drive to pull Motor off Pt. At that time Pt became unresponsive and unable to Find. Manual CPR was being administered

HEENT: Abrasion with swelling to forehead Pupils dilated and fixed

Chest: No Air Exch

Lung Sounds: Diminished

Abdomen: Soft

Pelvis: No rock

Extremities: No voluntary movement

Treatment: Pt picked up BLS transferred to Cpt. CPR was continued in Ambulance. BVM oxygen attached 15L/min in transition to CCH ER AED was placed on Pt while in transport. There was no rhythm. Asystole No shock advised CPR was continued to ER bed Pt given to CCH ER Staff

Impression: Unresponsive Male

Present Medications:

BLS Treatment: 1-AED Defibrillation; 2-Airway; 3-Assist Ventilation; 4-Assist w/Med; 5-CPR; 7-OB Assist; 8-Oxygen; 9-Psych Assist; 10-Shock Mgt.; 11-Suction; 12-Bleeding Control; 13-Burn Care; 14-Spinal Immobilization; 15-Splint; 16-Traction Splint

Auto Accident Detail: Damage to Auto: ☐ Mild ☐ Moderate ☐ Severe Roll Over: ☐ Yes ☐ No Type of Vehicle: ☐ Motorcycle ☐ Auto ☐ Pedestrian ☐ Bicycle Safety Equipment Used: ☐ Seat Belts ☐ Helmet ☐ Child Safety Seat ☐ Airbag Deployed Weather Conditions: ☐ Dry ☐ Rain ☐ Fog ☐ Ice ☐ Snow Extrication: ☐ No ☐ Yes Time:

Aid Prior to Arrival: 1—No 2—Yes WSO WED

Use Arrows to mark directions of Initial Impact on Auto. Check location of Patient.

CREW	DSHS#	Level
Driver: Tammy Nelson		Trainee
Attendant: [illegible]	36693	2
Attendant: [illegible]	130952	2

1—EC 2—EMT 3—EMT-Int. 4—Paramedic

Signature (writer of report):

Pt. Report Given To: [illegible]

Communication: Contact Attempted: ☐ Yes ☐ No Successful: ☐ Yes ☐ No Hospital Communication: ☐ Yes ☐ No

Method: ☐ VHF ☐ UHF ☐ Phone Medical Control Verbal Orders Given: ☐ Yes ☐ No

Medical Control Physician: Dr Patterson Primary Care Provider: Dr. Peterson

Mechanism of Injury: MVC OJI? __Yes __No __Unk __NA
Protective Devices: __Seat Belt __Airbag __Helmet __Infant/Child Seat __Unknown X NA

☐ Level I ☐ Level II ☐ Level III

A - Airway and spinal immobilization
__Patent __Vocalization __Bleeding
__Tongue Obstruction __Edema
__Vomit/Secretions
Ventilated by bag valve mask
__Maintain spinal immobilization
C/C CID (B/B)
Applied @ scene By EMS
Removed @ ____
By ____
Per Dr. ____

B - Breathing/Effectiveness
__Spontaneous breathing
____/min Rate ____ Depth
Skin/Mucous Membrane
__Pink __Pale X Cyanotic
Breath Sounds:

Clear	__Right	__Left
Decreased	__Right	__Left
Absent	X Right	X Left
Wheezes	__Right	__Left
Rales/Ronchi	__Right	__Left

O2 via Ambu bag @ 15 L/min
__Symmetrical chest rise and fall
__Asymmetrical __Right __Left
__Open wounds __Bony crepitus
__Subcutaneous air ____
__Use of accessory/abdominal muscles
__Jugular vein distention
__Trachea Midline
__Tracheal shift to __R or __L
NTT (R or L)/ETT: Size 7.5 Taped @ 20+15
Confirmed by X auscultation X chest rise X CO2 det __xray

C - Circulation
Skin: __Warm __Hot X Cool
__Cold __Dry __Moist
External bleeding __Yes X No
@ ____
Additional IV Initiated via aseptic tech

20 size	____ size
0040 time	____ time
____ fluid	____ fluid
Bilateral location	____ location

Pulse: Normal @ ____ Bounding @ ____
Absent - X Weak @ ____
Cap Refill __<2sec X >2sec
@ ____
PTA IV #1 __Patent __Not Patent ____ location
#2 __Patent __Not Patent ____ location
Blood samples obtained __Yes X No
@ ____ by ____

D - Disability
Responds to __A __V __P X U
GCS Score: 3 RTS Score: 0

Pupil Reaction	OD	OS		OD	OS		OD	OS
Brisk	____	mm	Constricted	____	mm	Sluggish	____	mm
Dilated	X	mm X	Nonreactive	X	mm X			

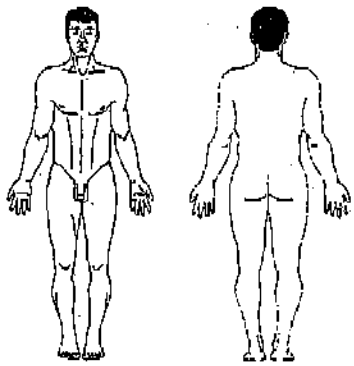
E - Exposure
X Remove all clothing X Room temperature warm __Warmed blankets __Warmed IV fluid
__Fluid warmer __Heating Blanket

F - Full set of Vital Signs __per ED record/flowsheet __Pulse oximeter ____%
X Cardiac monitor. Rate 0 Rhythm Asystole __Lab studies sent/results
__Gastric tube Size ____ fr location ____ Amount return ____ __Placement confirmed
__Foley catheter Size ____ fr __Sterile technique __Blood at meatus Amount return ____ cc
__ Contact family members/encourage family presence (see nursing notes)

G - Give comfort measures __Pain medication __Positioning __Reassurance __Family/bedside

Trauma Resuscitation Record

H - ... Head to Toe Assessment



1.Laceration
2.Abrasion
3.Hematoma
4.Contusion
5.Deformity
6.Open fx
7.GSW
8.Stab
9.Burn
10.Cold
11.Edema
12.Amputation
13.Avulsion
14.Pain

Head/Maxillofacial: ___No trauma noted
Small abrasion on forehead

Chest: X No trauma noted

Abdomen: ___No trauma noted ___Soft
X Distended ___Rigid ___Pregnant
Bowel Sounds: ___Present ___Decreased
___Hyperactive ___Absent

Genitalia: X No trauma noted
___ Not assessed/not applicable to chief complaint

Musculoskeletal: ___Adequate Pulses
___Sensation Intact ___Moves Extremities X 4
___No trauma noted
No pulse

E - Inspect back: X No trauma noted

Time	Procedure	Response
	Central Line By ____ Location ____ Size/lumen ____ Port 1 ____ Port 2 ____ Port 3 ____ Heparin Protocol Y/N	Fluid Bolus Y N BP___ HR___ RR ___ Pulses ___ Cap Refill ___ ___See flowsheet
	Cut Down By ____ Location ____ Fluid ____	Fluid Bolus Y N BP___ HR___ RR ___ Pulses ___ ___See flowsheet
	Needle Thoracostomy By ____ Location ____ Size ____ Return ____	Spo2 ___BP___ HR ___ RR ___ Breathing ____ Skin ____ ___See flowsheet
	Chest Tube By ____ Location R L B Size ____ Return ____	Spo2 ___BP___ HR ___ RR ___ Breathing ____ Skin ____ ___See flowsheet
	Thoracotomy By ____	Injury Y N BP___ HR___ RR ___ Defib Y N ___See flowsheet
	Pericardiocentesis By ____ Size ____ Return ____	Spo2 ___BP___ HR ___ RR ___ Skin ____ ___See flowsheet
	Peritoneal Lavage By ____ Color ____	Positive Y / N OP prep Y / N ___See flowsheet
	Mast Pants ___Abdomen ___Pelvis ___Leg R L B Removed/Applied @ ____ By ____ Per Dr. ____	Spo2 ___BP___ HR ___ RR ___ Breathing ____ Skin ____ ___See flowsheet
	Splint/Cast Location ____ Type ____	Sensation + - Pulse + - Color + - Cap Refill ____
	To CT @ ____ With ____ Head/Abd/Pelvis/Spine	___V/S while in CT per flowsheet

*T, P, R, BP, I&O, GCS must be monitored hourly. RTS is required upon arrival and discharge/admission/transfer. Total I&O required at discharge/admission/transfe

Time of Hourly Documentation											
Blood Pressure*											
Pulse*											
Rhythm											
Respirations-Patient*											
Respirations-Ventilator											
Temperature*	O R	O R	O R	O R	O R	O R	O R	O R	O R	O R	O R
O2 Sat											
Pain											
Intake - Crystalloid*											
Intake - Blood*											
Intake - Other*											
Output - Urine*											
Output - Blood*											
Output - Other*											
TOTALS*		IN		cc		OUT		cc			
Best eye opening (1-4)*											
Best Verbal score(1-5)*											
Best Motor score (1-6)*											
Total GCS Score(3-15)*											
Revised Trauma Score*											
R pupil size and reaction	/	/	/	/	/	/	/	/	/	/	/
L pupil size and reaction	/	/	/	/	/	/	/	/	/	/	/

Time	Medication	Dose	Route	By	Time	Medication	Dose	Route	By
1255	Epi 1:10,000	1mg	IV						
1258	Epi 1:10,000	1mg	IV						
0102	Epi 1:10,000	1mg	IV						

Time	Notes:

*Arrival	X Ground ___POV	*Service Name	
*Primary RN	B. Kinville RN	*Recording RN	
*Specialty	*Name	*Called	*Arrived
lab	Bo Noble	0025	
OR	(b)(3):CPSA	0025	0035
VIKKI ENO	Vikki Barton notified, however no extra help needed.		

Trauma Resuscitation Record

07/31/2012 11:53AM (GMT-04:00)

Collingsworth General Hospital
Wellington, TX
Record of Death Form
Organ or Tissue Donor Form

(b)(3):Exemption 3 for 25(c),(b)(6)

Patient Name _____ Room Number ER

Date of Death 10-14-11 Time of Death 0105 SS# _____

Date of Birth _____ Marital Status: ☐ Single ☐ Married ☐ Divorced

Age 41 Race White Sex: ☒ Male ☐ Female

Deceased Address _____

Legal Next of Kin: Name _____ Relationship _____

Address _____

Phone _____

(b)(3):CPSA Section 25(c)

Attending Physician _____ Pronounced By _____

(b)(3):CPSA Section 25 (c)

Admitting Date 10-14-1 Admitting Diagnosis Cardiac arrest

Cause of Death Cardiac arrest

Routine Notification of Death

☒ Notified Lifegift of Death (1-800-633-6562)

Date/Time 10-14-11, 0135 By Brenda Linville

Spoke to: Jennifer Roberson 8244448

Check all that apply

☒ Suitable for donation. Family to be approached by Lifegift for organ/tissue donation.

☐ Ruled out for organ/tissue donation by Lifegift.

☐ Permission *granted* for organ/tissue donation by legal next of kin.

☐ Permission *refused* for organ/tissue donation by legal next of kin.

☐ Notified funeral home Adams Funeral Home City/State Wellington, TX

Phone: 806-447-2506 Notified by B Linville Date/Time 10-14-11, 0150

(If organ/tissue donor, do not have the body picked up until recovery is complete.)

Medical Examiner's Case: ☐ Yes ☐ No In-House Autopsy ☐ Yes ☐ No

Release for organ/tissue donation ☐ Yes ☐ No Restrictions _____

Name of J.P. Notified _____ Date/Time _____

I authorize the release of the above referenced deceased body to the funeral home and/or autopsy. Disposition of valuables and clothing is authorized.

Signature of Legal Next of Kin _____

Signature of Person Completing Form Brenda Linville RN Position RN

Fax Cover Page

TO	Collingsworth_General_Hospital
FAX NUMBER	1 (806) 447-5037
FROM	Terrell, Michael
COMPANY	CPSC
FAX NUMBER	1 (866) 923-9997
DATE	July 25, 2012
SUBJECT	Collingsworth CSO request - victim (b) (6 Not a Patient

Collingsworth General Hospital
1013 15th Street
P.O. Box 1112
Wellington, Texas 79095

Re: Records Request for all incident reports and associated Information

Attn: Records Department

The U.S. Consumer Product Safety Commission is an independent federal regulatory agency, under the provisions of the Consumer Product Safety Act (Pub. L. 92-573, 86 Stat. 1207, as amended (15 U.S.C. 2051, et seq.)). The purposes of the Commission under the CPSC are:

(1) To protect the public against unreasonable risks of injury associated with consumer products;
(2) To assist consumers in evaluating the comparative safety of consumer products;
(3) To develop uniform safety standards for consumer products and to minimize conflicting State and Local regulations; and
(4) To promote research and investigations into the causes and prevention of product-related deaths, illnesses and injuries.

The Health Insurance Portability and Accountability Act (HIPAA) medical privacy rules published by the Department of Health and Human Services in the Federal Register on December 28, 2000, effective on April 14, 2003, provides for disclosures for public health purposes. There is a specific exemption in section 45 CFR 164.512 (b) (1), "Permitted disclosures," which states in relevant part:

A covered entity may disclose protected health information for the public health activities and purposes described in this paragraph to: (i) A public health authority that is authorized by law to collect or receive such information for the
purpose of preventing or controlling disease, injury or disability, including but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations and public health interventions . . .

The Commission is authorized by section 5(a) (1) of the Consumer Product Safety Act, 15 U.S.C. 2054(a) (1), to maintain an Injury Information Clearinghouse to "collect, investigate, analyze, and disseminate injury data, and information, relating to the causes and prevention of death, injury, and illness associated with consumer products" . . . (Emphasis supplied).

Therefore, I am respectfully requesting the emergency medical treatment reports and summary treatment and

Free on-line Fax trial at www.FAXCOMAnywhere.com

Attachment D
Contact Information

(b)(3):Exemption DOB: (b)(6) **Victim #1 decedent** (b)(6)	**Collingsworth County Sheriff – Joe Stewart** 810 Belton St. Wellington, TX 79095 806-447-2588 Fax: 806-447-5037 www.co.collingsworth.tx.us
(b)(3):Exemption 3 f **Victim #2 injured** (b)(6)	
Collingsworth General Hospital 1013 15th Street P.O. Box 1112 Wellington, Texas 79095 806-447-2521 Fax: 806-447-2421	

(b)(5)

(b)(5)

EPIDEMIOLOGIC INVESTIGATION REPORT

1. Task Number	2. Investigator's ID	
120725HNE0006	1947	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
810	2012 07 21	2012 08 13

6. Synopsis of Accident or Complaint **UPC**

A 22 year-old woman died after she was ejected and pinned by a UTV in which she was a passenger. The UTV was operated by a 23 year-old man who was under the influence of alcohol. The pair were driving along a public, gravel-covered road. The driver reported that he was attempting to adjust a radio knob when he lost control and the UTV veered left over an embankment. It rolled over several times and the woman was ejected. She died at the scene. The extent of the driver's injury (if any) is unknown. Neither was wearing a helmet or seatbelt.

7. Location (Home, School, etc)	8. City	9. State
4 - STREET OR HIGHWAY	MOUNDSVILLE	WV

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - UTILITY VEHICLES	YAMAHA	RHINO

10D. Manufacturer Name and Address

YAMAHA MOTOR CORPORATION, USA/5Y4AM16Y28A002793
6555 KATELLA AVENUE
CYPRESS, CA 90630

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
0	NONE	NONE

11D. Manufacturer Name and Address

NONE

12A. Hispanic or Latino	12B. Race Other:		12C. Race Source

13. Age of Victim	14. Sex	15. Disposition	16. Injury Diagnosis
22	2 - Female	8 - Death	62 - Intern. Org. Inj.

17. Body Part(s) Involved	18. Respondent	19. Type of Investigation	20. Time Spent (Operational / Travel)
31 - UPPER TRUNK	3 - 2nd Hand Info Only	2 - Telephone	15.00 / 0.00

21. Attachment(s)	22. Case Source	23. Sample Collection Number
9 - Multiple Attachments	05 - Newspaper	

24. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ◉ No ○ Yes for Manuf. Only ○ Verbal ○ Written

25. Review Date	26. Reviewed By	27. Regional Office Director
09/13/2012	2147	Dennis R. Blasius

28. Distribution	29. Source Document Number
Sarah Garland; Tanya L. Topka	X1270758A

The following information was obtained through official reports. The involved product is a UTV. The incident is currently pending criminal charges, thus some documentation such as the autopsy report, etc. is difficult to obtain. The investigation was generated through a newspaper report.

The victim (passenger on the UTV) was a 22 year-old female and the driver was a 23 year-old male. The height and weight of each individual remain unknown (see UTV Data Record Sheet, Exhibit A). The passenger was the owner of the UTV. No other information, such as prior history of the UTV, training, and UTV usage could be ascertained.

The incident occurred on July 21, 2012 in the early evening hours. The driver and victim (passenger) were riding on the UTV in the front seats, respectively. Other individuals (friends) were riding other UTV/ATVs along with the driver and victim. The driver had been drinking alcohol throughout the day. The driver was operating the UTV on a county (public) roadway that was covered with gravel and was relatively flat and without obstacles. The speed of the UTV at the time of the incident is unknown and a slight right curve in the roadway was reported. At some point the UTV ran off the left side of the road and rolled several times. It landed approximately 30 feet from the roadway and over an embankment. The victim was ejected and had become pinned under the UTV. The driver reported to officials that he was looking down and adjusting the volume knob on the radio when the UTV went over the embankment. It is unknown what exact position the victim or the UTV was in after the rollover. No other vehicles were reportedly involved in the incident. It is unknown if the driver was also ejected. Neither the victim nor driver was wearing a seatbelt or helmet. The UTV was reportedly equipped with dual side airbags, neither one deployed during the incident.

One of the other riders checked the victim and determined that she was still breathing and then a 9-1-1 call was placed. Emergency officials arrived at the scene within two minutes of being notified. Emergency officials treated the victim at the scene and ordered a medical helicopter for transport; however, the victim died as a result of her injuries before she could be transported.

The driver had left the scene and was reportedly transported to a nearby fire station by one of the other riders. However, the driver, who was not immediately reported to be injured, was taken into custody and subsequently criminally charged with a DUI related offense (see Exhibits B through E for official reports and photos).

No autopsy report was obtained and it is unknown how exactly the victim died (e.g., multiple blunt force trauma, etc.) (see Exhibit F for Missing Documents form).

The UTV suffered damage to its right and left front sides, with the left side sustaining the majority of the damage. The UTV was towed from the scene and its ultimate disposition is unknown.

As per the UTV investigation guidelines:

Vehicle Information

1. See Product Identification section below.
2. Unknown
3. Lap belts were observed in the UTV; none were worn during incident.
4. Unknown

Rider/Driver Information

5. See Exhibit A (UTV Data Record sheet) for victim(s) information.
6. The victim died after being ejected and pinned under UTV; however no report was received as to exact cause of death. No information was obtained on driver's (possible) injuries.
7. Neither the driver, nor the passenger (primary victim) was wearing a helmet.
8. Yes. Alcohol.
9. Unknown

Incident Information

10. The terrain type was described as a roadway and was covered with gravel, relatively flat, slight curves, and without any major obstacles. The incident occurred during daylight and the weather was dry.
11. n/a
12. Speed of UTV at time of incident was unknown
13. No objects were reported in the path of the UTV.
14. Driver of UTV was not attempting to make any turn. Driver reported looking down and attempting to adjust knob on radio station.
15. The UTV reportedly flipped and rolled several times and landed, pinned the victim who was ejected.
16. Unknown
17. UTV was reported to have sustained minor damage; however only photos available were those taken by reporting agency.

Product Identification:

The product is a **Yamaha *Rhino 4x4*** (side by side) UTV. The VIN is: **5Y4AM16Y28A002793**. The model year is 2008. The color of the UTV was red.

No other product information was obtained.

120725HNE0006

Exhibits:

A. Contact List (1 page)
B. County Dispatch report (1 page)
C. County Call summary (4 pages)
D. Uniform Traffic Crash report (8 pages)
E. County photographs (4 pages)
F. Missing Documents Form (1 page)
G. UTV DRS

Contact List:

Marshall County Sheriff's Office
601 6th St.
Moundsville, WV 26041
(304) 843-1500 (P)
Date of Contact: August 24, 2012

West Virginia Office of the Chief Medical Examiner
Investigations Unit
619 Virginia St. W.
Charleston, WV 25302
(304) 558-6921 (P)
Date of Contact: September 12, 2012

Marshall County Sheriff's Office

601 6th Street
Moundsville, WV 26041
304-843-1500

Dispatch Report

Dispatch Number: **201210543** Date Received: **7/21/2012 18:40**
Assigned to Case: **12-0004539**

Call Details

C12-0004539 **ACCIDENT (FATALITY)**

Dispatcher: **LINK, CAD** Received: **7/21/2012 18:40** How Received: **911**

Dispatched: **7/21/2012 19:15** Arrived: **7/21/2012 19:17** Cleared: **7/22/2012 00:52**

Officer: **DEPUTY VOGLER, RANDY ALLEN 125**

Location: **VALLEY RUN CAMERON**

Complainant/Contact	Role
(b)(3):CPSA Section 25(c), (b)(6)	DRIVER
	PASSENGER

Vehicles

: 2008 RED Yamaha Motor Co., Ltd.

Call Notes

C12-0004539 DEPUTY VOGLER, RANDY ALLEN 125

Report of an ATV crash on Valley Run Road with injuries.

On Saturday, July 21, 2012 at approximately 18:39 hours the Marshall County Sheriff's Office received a report of an ATV crash with injuries on Valley Run Road, in Marshall County, WV. Upon arrival at the scene, I (Dep. R.A. Vogler) began to investigate the scene. During the investigation it was determined that the defendant was driving an ATV, being a Yamaha Rhino, and had a passenger with him, (b)(6) Several other people that were riding with the defendant stated that the defendant was the individual driving the ATV. The ATV ran off of the left side of the road and rolled several times, approximately 30 feet over the embankment. The passenger, (b)(6) was ejected and pinned under the ATV. The defendant was not at the scene upon my arrival, I was told that he was taken away from the scene by another individual. Cameron EMS was treating the passenger and a medical helicopter was contacted to assist. Once the medical helicopter arrived on scene, the crew began to assist Cameron EMS with the care of the passenger. The passenger eventually succumbed to her injuries and died on scene from the results of her injuries sustained in the crash. I had reason to believe that the defendant was at Cameron Fire Department. There were several West Virginia State Police troopers in the area. I asked if Trooper Matthews could attempt to locate the defendant for me and obtain a statement and other information from him. Trooper Matthews did locate the defendant and obtained the information I requested. Trooper Matthews also informed me that the defendant may be under the influence of alcohol. I requested Trooper Matthews obtain a PBT sample from the defendant, which he did and advised me of a reading of .098 % BAC. I also asked Trooper Matthew to inquire from the defendant, if he had any alcoholic beverages since the crash, to which the defendant stated that he had not. I then asked Trooper Matthews to place the defendant into custody, (which occurred at 21:02) hours and transport the defendant to the Marshall County Sheriff's Office and I would meet him at the office. While on scene, I did locate three empty 12 oz. cans of Budweiser beer and one full (Still chilled) 12 oz. can Bud Light beer inside of the ATV. Upon arrival at the Sheriff's Office, Trooper Matthew stated that he advised the defendant of his West Virginia Implied Consent Statement at 21:17 hours, and the defendant agree to submit to the intoximeter breath test. I then began a twenty minute observation period of the defendant, after which the defendant submitted to the intoximeter breath test with the results being .069% BAC. The defendant was then further processed and taken to Reynolds Memorial Hospital to evaluated for possible injuries and then subsequently transported to the West Virginia Northern Regional Jail pending a future court appearance.

Marshall County Sheriff's Office

601 6th Street
Moundsville, WV 26041
304-843-1500

120725HNE0006 Exhibit C

Call Summary Report

Date Printed
8/30/2012 15:55

Call Details

Call/Dispatch Numbers: C12-0004539 201210543
Date/Time Reported: 7/21/2012 18:40
Time Dispatched: 7/21/2012 19:15
How was call received?: 911
Muncipality:
Date / Time Approved:

Responding Officer: VOGLER, RANDY ALLEN
Time Arrived: 7/21/2012 19:17 Time Cleared: 7/22/2012 00:52
Call Type: ACCIDENT (FATALITY)
Approving Officer: ,

Dispatch Location Information

Dispatch Location: VALLEY RUN CAMERON

Latitude: Longitude: Altitude:

Complainant / Contact Information

Person/Org: (b) (6)
Business Ph: --
Home Ph: [redacted]
Role: DRIVER
Mobile Ph: [redacted]1
Other Ph: [redacted]9
DOB: (b)(6)
Address: [redacted] 26041

Person/Org: (b) (6)
Business Ph: --
Home Ph: [redacted]
Role: PASSENGER
Mobile Ph: --
Other Ph: --
DOB: (b)(6)
Address: [redacted]

Vehicle Information

Vehicle: : 2008 RED Yamaha Motor Co., Ltd. Vin: 5Y4AM16Y28A002793

Call Notes

Report of an ATV crash on Valley Run Road with injuries.

On Saturday, July 21, 2012 at approximately 18:39 hours the Marshall County Sheriff's Office received a report of an ATV crash with injuries on Valley Run Road, in Marshall County, WV. Upon arrival at the scene, I (Dep. R.A. Vogler) began to investigate the scene. During the investigation it was determined that the defendant was driving an ATV, being a Yamaha Rhino, and had a passenger with him, (b)(6) Several other people that were riding with the defendant stated that the defendant was the individual driving the ATV. The ATV ran off of the left side of the road and rolled several times, approximately 30 feet over the embankment. The passenger, (b)(6) was ejected and pinned under the ATV. The defendant was not at the scene upon my arrival, I was told that he was taken away from the scene by another individual. Cameron EMS was treating the passenger and a medical helicopter was contacted to assist. Once the medical helicopter arrived on scene, the crew began to assist Cameron EMS with the care of the passenger. The passenger eventually succumbed to her injuries and died on scene from the results of her injuries sustained in the crash. I had reason to believe that the defendant was at Cameron Fire Department. There were several West Virginia State Police troopers in the area. I asked if Trooper Matthews could attempt to locate the defendant for me and obtain a statement and other information from him. Trooper Matthews did locate the defendant and obtained the information I requested. Trooper Matthews also informed me that the defendant may be under the influence of alcohol. I requested Trooper Matthews obtain a PBT sample from the defendant, which he did and advised me of a reading of .098 % BAC. I also asked Trooper Matthew to inquire from the defendant, if he had any alcoholic beverages since the crash, to which the defendant stated that he had not. I then asked Trooper Matthews to place the defendant into custody, (which occurred at 21:02) hours and transport the defendant to the Marshall County Sheriff's Office and I would meet him at the office. While on scene, I did locate three empty 12 oz. cans of Budweiser beer and one full (Still chilled) 12 oz. can Bud Light beer inside of the ATV. Upon arrival at the Sheriff's Office, Trooper Matthew stated that he advised the defendant of his West Virginia Implied Consent

Marshall County Sheriff's Office

601 6th Street
Moundsville, WV 26041
304-843-1500

Call Summary Report

Date Printed
8/30/2012 15:55

Statement at 21:17 hours, and the defendant agree to submit to the intoximeter breath test. I then began a twenty minute observation period of the defendant, after which the defendant submitted to the intoximeter breath test with the results being .069% BAC. The defendant was then further processed and taken to Reynolds Memorial Hospital to evaluated for possible injuries and then subsequently transported to the West Virginia Northern Regional Jail pending a future court appearance.

The defendant was charged w/ DUI w/ Reckless Disregard w/ Death, 17c-5-2(a)

Other subjects that were riding with the Driver and Victim:

(b)(6)

Photos Attached

Dep. Vogler

STATEMENT OF (b)(6) -THE SIDE X SIDE CAUGHT THE LOOSE GRAVEL TO THE LEFT OF THE ROAD AND IT PULLED HIM AND HIS GIRLFRIEND OVER THE BANK. THAT'S WHEN I PARKED MY SIDE X SIDE AND HELPED FIND HER UNDER THE SIDE X SIDE THEN ROLLED IT OVER. THEN WE CHECKED TO MAKE SURE SHE HAD A PULSE. THANKFULLY SHE WAS BREATHING SO THEN I WENT TO CALL FOR 911.

PHOTOS TAKEN AND PLACED IN CASE FILE (31)

COURT HEARING OUTCOME-MAGISTRATE COURT CASE 12F-202 DRIVING UNDER THE INFLUENCE WITH DEATH. 8/9/12 DISMISSED BY THE COURT W/O PREJUDICE ON MOTION OF THE STATE. COURT OF MAGISTRATE ANDERSON

Dispatch Record

**********ADDED 07/22/2012 00:53:03**********
Case Number : 201210543
Cad Call Number : 201210543
Incident Number : 201210543

Case Status : : S
Case Disposition : : S

Event Code : ACC

Case Type : 0

Caller Name : FISH CREEK COUNTRY STORE

Address : VALLEY RUN
Street : VALLEY
City : CAMERON

Date of Incident : : 07/21/2012 18:40:54
Date Reported : : 2012-07-21T18:40:54
Dispatched : 7/21/2012 18:42
OnScene : 7/21/2012 19:17
Cleared : 7/22/2012 00:50

Supplement : 1

Narrative : male advised there was a side by side roll over--1 injuryFIS
H CREEK COUNTRY STORE

Marshall County Sheriff's Office

601 6th Street
Moundsville, WV 26041
304-843-1500

Call Summary Report

Date Printed
8/30/2012 15:55

Health Net 1 is on stand by
811 advised to put the bird in the air
Severe head and chest injuries
9490 advised to send a medic
Coordiantes N 3944.920 W 08039666
810 advised to cancel the medic and they are going to wait on the bird
This did occur on the road
PER 810 CHOPPER ON THE GROUND
125 advised to contact the ME
Carol Robinson was contacted
blazers dispatched notifed for 125, for rolloff
Blazers is enroute
9490 advised they were enroute to the hospital at 2010 hrs.
587 enroute to our bld with casey hill, bm-78877
125 adv blazers has veh. there is a hold for investigation purposes.
112 going to rmh to clear for nrj

Unit : 112 ( )
Dept. : L01
Disp Tm. : 2012-07-21T18:42:15
Enr Tm. : 2012-07-21T18:42:15
OnSc Tm. : 2012-07-21T19:17:15
Clr Tm. : 2012-07-22T00:50:06
Unit : 125 ( )
Dept. : L01
Disp Tm. : 2012-07-21T18:42:15
Enr Tm. : 2012-07-21T18:42:15
OnSc Tm. : 2012-07-21T19:17:15
Clr Tm. : 2012-07-22T00:50:06

**********ADDED 07/22/2012 00:56:11**********
Case Number : 201210543
Cad Call Number : 201210543
Incident Number : 201210543

Case Status : : S
Case Disposition : : S

Event Code : ACC

Case Type : 0

Caller Name : FISH CREEK COUNTRY STORE

Address : VALLEY RUN
Street : VALLEY
City : CAMERON

Date of Incident : : 07/21/2012 18:40:54
Date Reported : : 2012-07-21T18:40:54
Dispatched : 7/21/2012 19:15
OnScene : 7/21/2012 19:17
Cleared : 7/22/2012 00:52

Supplement : 1

Narrative : male advised there was a side by side roll over--1 injuryFIS
H CREEK COUNTRY STORE

Health Net 1 is on stand by
811 advised to put the bird in the air
Severe head and chest injuries
9490 advised to send a medic
Coordiantes N 3944.920 W 08039666
810 advised to cancel the medic and they are going to wait on the bird
This did occur on the road

Marshall County Sheriff's Office

601 6th Street
Moundsville, WV 26041
304-843-1500

Call Summary Report

Date Printed
8/30/2012 15:55

PER 810 CHOPPER ON THE GROUND
125 advised to contact the ME
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587 enroute to our bld with casey hill, bm-78877
125 adv blazers has veh. there is a hold for investigation purposes.
112 going to rmh to clear for nrj
clear..lodged

Unit : 112 ( )
Dept. : L01
Disp Tm. : 2012-07-22T18:42:15
Enr Tm. : 2012-07-21T18:42:15
OnSc Tm. : 2012-07-21T19:17:15
Clr Tm. : 2012-07-22T00:52:51
Unit : 125 ( )
Dept. : L01
Disp Tm. : 2012-07-22T18:42:15
Enr Tm. : 2012-07-21T18:42:15
OnSc Tm. : 2012-07-21T19:17:15
Clr Tm. : 2012-07-22T00:52:51

Additional Documents

PHOTOS

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Description:	013.JPG	Filename/URL:
Description:	014.JPG	Filename/URL:
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Description:	040.JPG	Filename/URL:
Description:	041.JPG	Filename/URL:

State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-c
Revised: 02/2007

Crash Data

Crash Record Number | *Reporting Agency's Record Number:* C12-4539 | *Page* 1 *of* 8

# of Vehicles Involved: 1 | # of Non-Motorists Involved: 0 | # of Fatal Injuries: 1 | # of A B or C Injuries: 1

Date / Time of Crash: 7/21/2012 / 1839 | Date / Time Crash Reported: 07/21/2012 / 1839 | Time of Arrival: 1917

County: MARSHALL | Municipality or Place of Crash: | GPS Coordinates: 39.74894 Latitude, -80.66169 Longitude

Highway Class: ○ Interstate ○ US ○ WV ● County/HARP ○ City Street ○ State Park / Forest Road ○ Private Road ○ Private Property/Off-Roadway ○ Other

Supplemental Designation: ○ Not Applicable ○ Spur ○ North ○ East ○ Truck Route ○ Other ○ Alternate ○ Ramp ○ South ○ West ○ Toll

Route: 86 / 01 | Milepost: | Ramp: | Street: VALLEY RUN ROAD

Other Description of Location: 1.8 MILES WEST FROM FISH CREEK ROAD | Intersecting Street: .4 MILES EAST OF PLEASANT RIDGE ROAD

Relation to Junction / Junction Type:

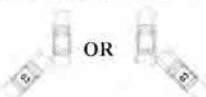
● Non-Junction
○ Junction, Non-Interchange Area
- ☐ Intersection
- ☐ Intersection-Related
- ☐ Interstate to Interstate
- ☐ Railroad Grade Crossing #:
- ☐ Median Crossover-Related
- ☐ Business or Residential Driveway/Alley Access
- ☐ Other Non-Interchange

○ Junction, Interchange Area
- ☐ Thru Roadway
- ☐ Merge/Diverge Area
- ☐ Intersection
- ☐ Intersection-Related
- ☐ Entrance / Exit Ramp
- ☐ Other Part of Interchange

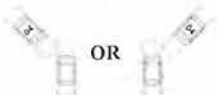
Intersection Type:
- ○ 4-Way Intersection
- ○ T Intersection
- ○ Y Intersection
- ○ Intersection as Part of Interchange
- ○ Traffic Circle / Roundabout
- ○ 5-Point or More

Manner of Collision:
- ● Single Vehicle Crash
- ○ Rear End
- ○ Head-On
- ○ Sideswipe, Same Direction
- ○ Sideswipe, Opposite Direction
- ○ Rear-to-Side
- ○ Rear-to-Rear

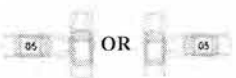
○ Angle (Front to Side) Same Direction



○ Angle (Front to Side) Opp. Direction



○ Right Angle



○ Angle - Direction Not Specified

Environmental Contributing Circumstances (Select Up to 3):
- ☒ None
- ☐ Weather Conditions
- ☐ Physical Obstruction(s)
- ☐ Glare
- ☐ Animal(s) in Roadway
  Type:
- ☐ Other:

Weather (Select Up to 2):
- ☐ Clear
- ☒ Cloudy
- ☐ Fog, Smog, Smoke
- ☐ Rain
- ☐ Sleet, Hail, or Freezing Rain
- ☐ Snow
- ☐ Blowing Snow
- ☐ Severe Crosswinds
- ☐ Blowing Sand, Soil, Dirt
- ☐ Other

Lighting:
- ● Daylight
- ○ Dark - Lighted
- ○ Dark - Not Lighted
- ○ Dawn
- ○ Dusk
- ○ Other

Roadway Surface Condition:
- ● Dry
- ○ Wet
- ○ Snow
- ○ Slush
- ○ Ice / Frost
- ○ Water (Standing / Moving)
- ○ Mud, Dirt, Gravel, Sand

Location of First Harmful Event:
- ● On Roadway
- ○ Shoulder
- ○ Median
- ○ Roadside
- ○ Gore
- ○ Separator
- ○ In Parking Lane or Zone
- ○ Off Roadway, Location Unknown
- ○ Outside of Right-of-Way
- ○ Unknown

Roadway Surface Type: ○ Asphalt ○ Concrete ● Gravel ○ Dirt ○ Brick ○ Other:

First Harmful Event:
- ● Overturn / Rollover
- ○ Fire / Explosion
- ○ Immersion
- ○ Jackknife
- ○ Cargo / Equipment Loss or Shift
- ○ Fell / Jumped from Motor Veh
- ○ Thrown or Falling Object
- ○ Other Non-Collision

COLLISION WITH:
- ○ Pedestrian
- ○ Pedalcycle
- ○ Railway Vehicle
- ○ Animal
- ○ Motor Vehicle in Transport
- ○ Parked Motor Vehicle
- ○ Work Zone / Maintenance Equip
- ○ Other Non-Fixed Object
- ○ Impact Attenuator / Crash Cushion
- ○ Bridge Overhead Structure
- ○ Bridge Pier or Support
- ○ Bridge Rail
- ○ Culvert
- ○ Curb
- ○ Ditch
- ○ Embankment
- ○ Guardrail Face
- ○ Guardrail End
- ○ Cable Median Barrier
- ○ Concrete Traffic Barrier
- ○ Other Traffic Barrier
- ○ Tree (Standing)
- ○ Utility Pole/Light Support
- ○ Traffic Sign Support
- ○ Traffic Signal Support
- ○ Other Post, Pole, or Support
- ○ Fence
- ○ Mailbox
- ○ Other Fixed Object

Crash Record Number | *Reporting Agency's Record Number:* C12-4539 | *Page* 2 *of* 8

Road - Contributing Circumstances: (Select Up to 3)

- [X] None
- [ ] Road Surface Condition (Wet, Icy, etc.)
- [ ] Debris
- [ ] Ruts, Holes, Bumps
- [ ] Worn, Travel Polished Surface
- [ ] Obstruction in Roadway
- [ ] Pavement Markings Not Visible
- [ ] Shoulders: None / Low / Soft / High
- [ ] Problem w/ Traffic Control Device: Inoperative / Missing / Obscured
- [ ] Work Zone: Construction / Maintenance / Utility
- [ ] Non-Highway Work
- [ ] Other

School Bus Related: (●) No ( ) Yes, School Bus Directly Involved ( ) Yes, School Bus Indirectly Involved

School Zone Related: (●) No ( ) Yes

Type of School Zone Sign: When Present / When Flashing / Lists Specific Times / None

School Zone Flashers: Present, Not Active / Present, Active / Not Present

School Zone Speed Limit:

Work Zone Related: (●) No ( ) Yes

Workers Present: Yes / No / Unknown

Work Zone Speed Limit:

Location of Crash in Work Zone: Before 1st Warning Sign / Advance Warning Area / Transition (Merge) Area / Activity Area / Termination Area

Type of Work Zone: Lane Closure / Lane Shift / Crossover / Work on Shoulder or in Median / Intermittent or Moving Work / Other

NARRATIVE: Describe What Happened. Refer to Vehicles by Number Assigned on this Form.

ON SATURDAY, JULY 21, 2012 AT APPROXIMATELY 18:39 HOURS THE MARSHALL COUNTY SHERIFF'S OFFICE RECEIVED A REPORT OF AN ATV CRASH WITH INJURIES ON VALLEY RUN ROAD, IN MARSHALL COUNTY, WV. UPON ARRIVAL AT THE SCENE, I (DEP. R.A. VOGLER) BEGAN TO INVESTIGATE THE SCENE. DURING THE INVESTIGATION IT WAS DETERMINED THAT THE DEFENDANT WAS DRIVING AN ATV, BEING A YAMAHA RHINO, AND HAD A PASSENGER WITH HIM, (b)(6) SEVERAL OTHER PEOPLE THAT WERE RIDING WITH THE DEFENDANT STATED THAT THE DEFENDANT WAS THE INDIVIDUAL DRIVING THE ATV. THE ATV RAN OFF OF THE LEFT SIDE OF THE ROAD AND ROLLED SEVERAL TIMES, APPROXIMATELY 30 FEET OVER THE EMBANKMENT. THE PASSENGER, (b)(6) WAS EJECTED AND PINNED UNDER THE ATV. THE DEFENDANT WAS NOT AT THE SCENE UPON MY ARRIVAL, I WAS TOLD THAT HE WAS TAKEN AWAY FROM THE SCENE BY ANOTHER INDIVIDUAL. CAMERON EMS WAS TREATING THE PASSENGER AND A MEDICAL HELICOPTER WAS CONTACTED TO ASSIST. ONCE THE MEDICAL HELICOPTER ARRIVED ON SCENE, THE CREW BEGAN TO ASSIST CAMERON EMS WITH THE CARE OF THE PASSENGER. THE PASSENGER EVENTUALLY SUCCUMBED TO HER INJURIES AND DIED ON SCENE FROM THE RESULTS OF HER INJURIES SUSTAINED IN THE CRASH. I HAD REASON TO BELIEVE THAT THE DEFENDANT WAS AT CAMERON FIRE DEPARTMENT. THERE WERE SEVERAL WEST VIRGINIA STATE POLICE TROOPERS IN THE AREA. I ASKED IF TROOPER MATTHEWS COULD ATTEMPT TO LOCATE THE DEFENDANT FOR ME AND OBTAIN A STATEMENT AND OTHER INFORMATION FROM HIM. TROOPER MATTHEWS DID LOCATE THE DEFENDANT AND OBTAINED THE INFORMATION I REQUESTED. TROOPER MATTHEWS ALSO INFORMED ME THAT THE DEFENDANT MAY BE UNDER THE INFLUENCE OF ALCOHOL. I REQUESTED TROOPER MATTHEWS OBTAIN A PBT SAMPLE FROM THE DEFENDANT, WHICH HE DID AND ADVISED ME OF A READING OF .098 % BAC. I ALSO ASKED TROOPER MATTHEW TO INQUIRE FROM THE DEFENDANT, IF HE HAD ANY ALCOHOLIC BEVERAGES SINCE THE CRASH, TO WHICH THE DEFENDANT STATED THAT HE HAD NOT. I THEN ASKED TROOPER MATTHEWS TO PLACE THE DEFENDANT INTO CUSTODY, (WHICH OCCURRED AT 21:02) HOURS AND TRANSPORT THE DEFENDANT TO THE MARSHALL COUNTY SHERIFF'S OFFICE AND I WOULD MEET HIM AT THE OFFICE. WHILE ON SCENE, I DID LOCATE THREE EMPTY 12 OZ. CANS OF BUDWEISER BEER AND ONE FULL (STILL CHILLED) 12 OZ. CAN BUD LIGHT BEER INSIDE OF THE ATV. UPON ARRIVAL AT THE SHERIFF'S OFFICE, TROOPER MATTHEW STATED THAT HE ADVISED THE DEFENDANT OF HIS WEST VIRGINIA IMPLIED CONSENT STATEMENT AT 21:17 HOURS, AND THE DEFENDANT AGREE TO SUBMIT TO THE INTOXIMETER BREATH TEST. I THEN BEGAN A TWENTY MINUTE OBSERVATION PERIOD OF THE DEFENDANT, AFTER WHICH THE DEFENDANT SUBMITTED TO THE INTOXIMETER BREATH TEST WITH THE RESULTS BEING .069% BAC. THE DEFENDANT WAS THEN FURTHER PROCESSED AND TAKEN TO REYNOLDS MEMORIAL HOSPITAL TO EVALUATED FOR POSSIBLE INJURIES AND THEN SUBSEQUENTLY TRANSPORTED TO THE WEST VIRGINIA NORTHERN REGIONAL JAIL PENDING A FUTURE COURT APPEARANCE.

Reported By: State Police / Municipal PD / (●) Sheriff's Dept / Other

Photos Taken: (●) Yes ( ) No **By Whom:** DEP. R.A. VOGLER

Video Taped: ( ) Yes (●) No **By Whom:**

The information contained in this report reflects my best knowledge and judgment:

Investigating Officer's Name: DEP. R.A. VOGLER **Number:** 125 **Signature:**

Phone: (304) 843-1500 **ORI Number:** WV0260000 **Agency:** Marshall Co SD

Assisting Officer's Name(s):

Reconstructed: ( ) Yes (●) No **By Whom:** **Date of Submission:** 07/30/2012

State of West Virginia Uniform Traffic Crash Report

Diagram

DOH Form: 17-dgrm
Revised: 02/2007

Crash Record Number:

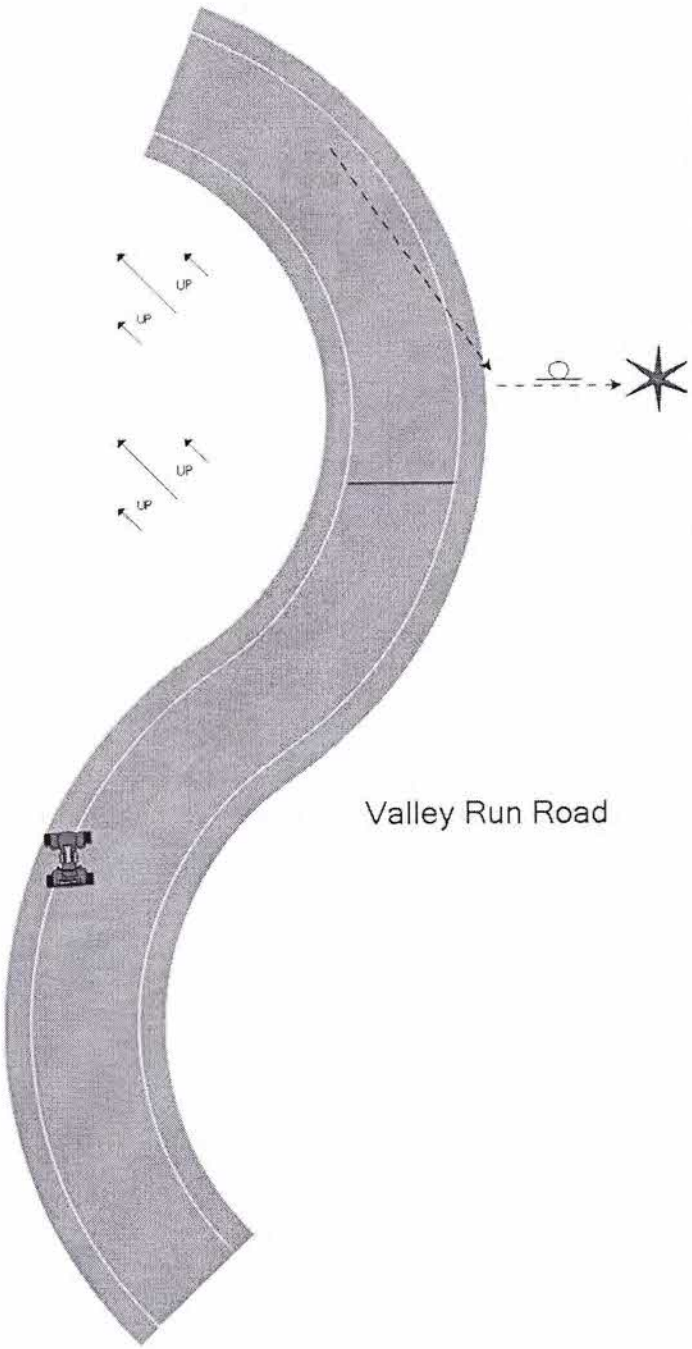
Page 3 *of* 8

Reporting Agency's Record Number: C12-4539

CRASH DIAGRAM:

(Draw Crash Scene - Including Roadway Layout, Vehicles, Individuals or Objects Struck, Traffic Controls, etc.)
IMPORTANT: Number Vehicles According to the Numbers Assigned on this Form.

From RP to:	N/S	E/W



Landing Zone

State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-veh
Revised: 02/2007

Vehicle Data

Crash Record Number: *Vehicle Number:* 01 *Reporting Agency's Record Number:* C12-4539 *Page* 4 *of* 8

Vehicle Type: ● Motor Veh in Transport ○ Parked Motor Veh / Trailer ○ Working Veh / Equipment

Hit and Run: ○ No, Did Not Leave Scene ● Yes, Driver Left Scene ○ Yes, Car and Driver Left Scene

Driver Presence at Time of Crash: ● Driver Operated Vehicle ○ Driverless Vehicle

Owner's Name(s): (b) (6)

Address: (b)(6) CAMERON (City) WV (State) 26033 (Zip Code) (Home Phone) (Other Phone)

Make	Model	Model Year	Body Type	Color
YAMAHA	RHINO	2008	ALL TERRAIN	RED

Registration Status: ○ Properly Registered ○ Improperly Registered ● No Registration Required

Proof of Liability Insurance: ○ Yes ○ No ● Not Req

Ins. Co:
Policy No:
Exp Date:

VIN	Plate Class	License Plate Number	State	Reg Year
5Y4AM16Y28A002793			WV	

Ins. Agent Name or Phone

Special Function of Motor Vehicle: ● None ○ Used as School Bus ○ Used as Other Bus ○ Police ○ Ambulance ○ Fire Truck ○ Courtesy Patrol ○ Taxi ○ Military

Used as an Emergency Vehicle: ○ No ○ Yes

Vehicle Used as a Bus: ○ Public School Bus ○ Private School Bus ○ Scheduled Service Bus ○ Commuter Bus ○ Shuttle Bus ○ Modified for Personal/Private Use ○ Tour Bus ○ Church Bus

Vehicle Impact Role: ○ Striking ○ Struck ● Single Vehicle ○ Both

Direction of Travel Before Crash: ○ Northbound ● Eastbound ○ Not on Road ○ Southbound ○ Westbound ○ Unknown

Applicable Speed Limit (MPH): 25

Roadway Description: ● Two-Way, Not Divided ○ Two-Way, Not Divided w/ Cont. Left Turn Lane ○ Two-Way, Divided, Unprotected Median ○ Two-Way, Divided, with Median Barrier ○ One-Way Roadway

Total Lanes in Roadway:
For Undivided Highways: Count Total Lanes in Both Directions. (Excluding Designated Turn Lanes)
For Divided Highways: Count Only Lanes in Direction Vehicle was Traveling Prior to Crash. 2

Traffic Control Device Type: ● None ○ Person (Flagger, etc.) ○ Traffic Control Signal ○ Flashing Overhead Signal ○ Stop Sign ○ Yield Sign ○ School Zone Signs ○ Warning Signs ○ Railroad Crossing Device ○ Other

Horizontal Alignment: ○ Straight ● Curve Right ○ Curve Left

Vertical Alignment: ● Level ○ Uphill ○ Sag (Bottom) ○ Hillcrest ○ Downhill

Veh Travel Speed (MPH):

Traffic Control Functioning Properly: ○ Yes ○ No

Underride / Override: ● No Underride or Override ○ Underride, Compartment Intrusion ○ Underride, No Compartment Intrusion ○ Underride, Compartment Intrusion Unknown ○ Override, Motor Vehicle in Transport ○ Override, Other Motor Vehicle

Extent of Damage ○ No Damage ● Minor Damage ○ Functional Damage ○ Disabling Damage

Vehicle Maneuver / Action: ● Essentially Straight Ahead ○ Backing ○ Changing Lanes ○ Overtaking / Passing ○ Parked ○ Turning Right ○ Turning Left ○ Making U-Turn ○ Slowing ○ Stopped in Traffic ○ Leaving Traffic Lane ○ Entering Traffic Lane ○ Negotiating a Curve ○ Other

Crash Avoidance Maneuver: ○ None Evident or Reported ○ Braking - Skidmarks Evident ○ Braking - Driver Stated ○ Braking - Other Evidence ● Steering - Evidence or Stated ○ Steering and Braking ○ Other

Contributing Circumstances, Motor Vehicle (Select up to 2): ☒ None ☐ Brakes ☐ Wipers ☐ Steering ☐ Power Train ☐ Mirrors ☐ Suspension ☐ Tires ☐ Wheels ☐ Lights (Head, Signal, Tail, etc.) ☐ Windows ☐ Truck Coupling/Trailer Hitch/Safety Chains ☐ Other

GVWR or GCWR: ● Less Than or Equal To 10,000lbs ○ 10,001 - 26,000 lbs ○ More Than 26,000lbs

Number of Axles: 02

Total / Max Occupants of Veh: 0 2 / 0 2

Displaying Hazardous Materials Placard: ● No ○ Yes

Occurrence of Fire: ● No Fire ○ Yes, Vehicle Caught Fire

Modified Vehicle: ● No ○ Yes

Vehicle is Primarily Used to Transport Goods, Property, or People for Commerce: ● No ○ Yes

Manner, in which Vehicle was Removed from Scene: ○ Driven ○ Towed Due to Damage ● Towed Due to Driver Condition ○ Left at Scene

Towed to: BLAZERS TOWING **Towed by:** BLAZERS TOWING

Crash Record Number: ***Vehicle Number:*** 01 ***Reporting Agency's Record Number:*** C12-4539 ***Page*** 5 ***of*** 8

Crash Events:

- 01 Overturn / Rollover
- 02 Fire / Explosion
- 03 Immersion
- 04 Jackknife
- 05 Cargo/Equipment Loss or Shift
- 06 Equipment Failure
- 07 Separation of Units
- 08 Ran Off Road Right
- 09 Ran Off Road Left
- 10 Cross Median / Centerline
- 11 Downhill Runaway
- 12 Fell / Jumped from Motor Vehicle
- 13 Thrown or Falling Object
- 14 Other Non-Collision

COLLISION WITH:

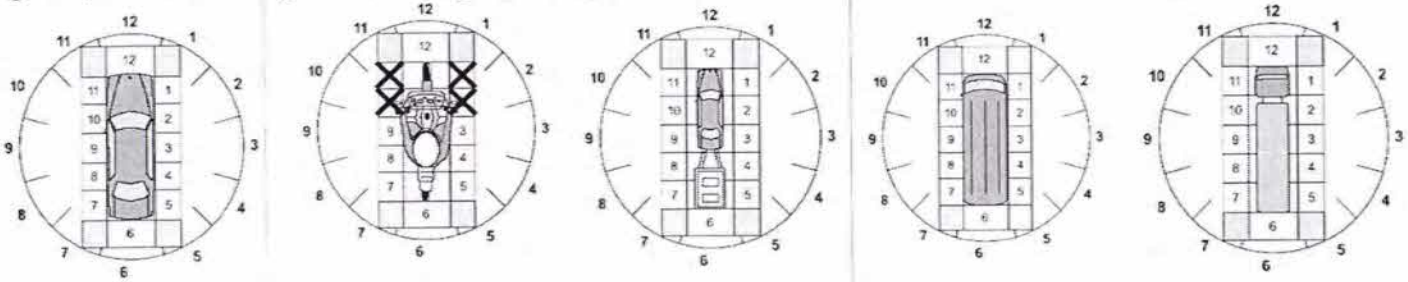
- 15 Pedestrian
- 16 Pedalcycle
- 17 Railroad Vehicle
- 18 Animal
- 19 Motor Vehicle in Transport
- 20 Parked Motor Vehicle
- 21 Struck by Falling / Shifting Cargo or Anything Set in Motion by Veh
- 22 Work Zone / Maintenance Equip
- 23 Other Non-Fixed Object
- 24 Impact Attenuator / Crash Cushion
- 25 Bridge/Overhead Structure
- 26 Bridge Pier or Support
- 27 Bridge Rail
- 28 Culvert
- 29 Curb
- 30 Ditch
- 31 Embankment
- 32 Guardrail Face
- 33 Guardrail End
- 34 Cable Median Barrier
- 35 Concrete Barrier
- 36 Other Traffic Barrier
- 37 Tree (Standing)
- 38 Utility Pole / Light Support
- 39 Traffic Sign Support
- 40 Traffic Signal Support
- 41 Other Post, Pole, or Support
- 42 Fence
- 43 Mailbox
- 44 Other Fixed Object

Sequence of Events: 09 | 01 | | |

Most Harmful Event: 01

Select the ONE Diagram that best matches the involved vehicle and identify damaged areas:

○ Single Unit Vehicle ○ Motorcycle ● ATV ○ Pass. Veh, Towing Unit ○ Bus ○ Tractor Trailer



☐ 13 Top ☐ 13 Top ☐ 13 Top ☐ 13 Top ☐ 13 Top

☐ 14 Undercarriage ☐ 14 Undercarriage ☐ 14 Undercarriage ☐ 14 Undercarriage ☐ 14 Undercarriage

Using the Numbers from the Diagram Above, Identify the Following: **Area of Initial Impact:** 10 **Most Damaged Area:** 10

Number of Trailing Units: 0

Trailing Unit #1: ○ Same as Power Unit **Carrier / Owner's Name:**

Address: City State Zip Code **Phone:**

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type

Trailing Unit #2: ○ Same as Power Unit **Carrier / Owner's Name:**

Address: City State Zip Code **Phone:**

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type

Trailing Unit #3: ○ Same as Power Unit **Carrier / Owner's Name:**

Address: City State Zip Code **Phone:**

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type

Property Damaged Other Than Vehicles:

- ☐ None
- ☐ Work Zone / Maintenance Equipment
- ☐ Impact Attenuator / Crash Cushion
- ☐ Bridge / Tunnel
- ☐ Culvert
- ☐ Guardrail
- ☐ Concrete Barrier
- ☐ Cable Median Barrier
- ☐ Other Traffic Barrier
- ☐ Utility Pole / Light Support #:
- ☐ Traffic Sign Support
- ☐ Traffic Signal Support
- ☐ Other Post, Pole or Support
- ☒ Fence
- ☐ Mailbox
- ☐ Other Fixed Object

Damaged Property Owner(s):

- ☐ WVDOH
- ☒ Private
- ☐ City
- ☐ Utility Company
- ☐ Other:

Damaged Property Location:

- ○ On Pavement
- ○ Right Side of Road
- ● Left Side of Road

State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-drv
Revised: 02/2007

Driver Data

Crash Record Number: *Vehicle Number (from Vehicle Data Page)* 01 *Page* 6 *of* 8

Reporting Agency's Record Number: C12-4539

Driver's Name: (b) (6)
Last First Middle Suffix

Address: ○ Same as Veh Owner [redacted] MOUNDSVILLE WV 26041
City State Zip Code

Home Phone: [redacted] Other Phone:

Driving License:

License Type:
- ○ Not Licensed
- ● Driving License
- ○ Instruction Permit
- ○ GDL Level 1
- ○ GDL Level 2
- ○ GDL Level 3
- ○ CDL Instruction Permit
- ○ Motorcycle Instruction Permit
- ○ Motorcycle Only
- ○ CDL Class: ○ A ○ B ○ C

Issuing State: WV
Lic. Number: [redacted]
Date of Birth: 07/19/1989

License Restrictions: (Select All that Apply)
- X None
- ☐ Corrective Lenses
- ☐ Mechanical Devices
- ☐ Prosthetic Aid
- ☐ Automatic Transmission
- ☐ Outside Mirror
- ☐ Limit to Daylight Only
- ☐ Limit to Employment
- ☐ Must Be Accompanied by Adult
- ☐ Limited - Other
- ☐ CDL Intrastate Only
- ☐ Motor Vehicles w/o Air Brakes
- ☐ Military Vehicles Only
- ☐ Except Class A Bus
- ☐ Except Class A and Class B Bus
- ☐ Except Tractor - Trailer
- ☐ Farm Waiver
- ☐ Other

Endorsements: (Select Up to 5)
- X None
- ☐ T - Double/Triple Trailers
- ☐ P - Passenger Vehicle
- ☐ S - School Bus
- ☐ N - Tank Vehicle
- ☐ H - Hazardous Materials
- ☐ X - Combined Tank / Haz. Materials
- ☐ F - Motorcycle (WV Only)
- ☐ Other - Non-WV Licenses Only

Status:
- ● Valid
- ○ Expired
- ○ Suspended
- ○ Revoked
- ○ Probation
- ○ Surrendered
- ○ Valid/Interlock
- ○ Fraudulent

Driver Condition at Time of Crash:
- ○ Apparently Normal
- ○ Emotional
- ○ Ill
- ○ Fell Asleep, Fainted, Fatigued
- ● Under the Influence of Medication/Alcohol/Drugs
- ○ Other

Action(s) of Driver that Contributed to the Crash: (Select Up to 4)
- ☐ None
- X Ran Off Road
- ☐ Failed to Yield Right of Way
- ☐ Disregarded Traffic Signs
- ☐ Ran Red Light
- ☐ Disregarded Other Road Markings
- ☐ Exceeded Posted Speed Limit
- ☐ Drove Too Fast For Conditions
- ☐ Improper Turn
- ☐ Improper Backing
- ☐ Improper Passing
- ☐ Wrong Side or Wrong Way
- ☐ Followed Too Closely
- ☐ Failed to Keep in Proper Lane
- ☐ Operated Veh in Erratic, Reckless, or Careless Manner
- ☐ Operated Veh in Aggressive Manner
- ☐ Swerved or Avoided
- ☐ Over Correcting / Over Steering
- ☐ Other Improper Action

Driver Use of Alcohol Suspected:

Alcohol Use Suspected:
- ○ No
- ● Yes
- ○ Unknown

Alcohol Test Given:
- ● Test Given
- ○ None Given
- ○ Test Refused

Type of Alcohol Test Given (Select Up to 2):
- ☐ Blood
- X Breath
- ☐ Urine
- ☐ Serum
- ☐ Field
- ☐ Other:

PBT Results:
- ○ Pass
- ● Fail

BAC Results:
- ● 0.069
- ○ Pending
- ○ Unknown

Driver Use of Drugs Suspected:

Drug Use Suspected:
- ○ No
- ○ Yes
- ● Unknown

Drug Test Given:
- ○ Test Given
- ○ None Given
- ○ Test Refused
- ○ Unknown if Tested

Type of Drug Test Given:
- ○ Blood
- ○ DRE
- ○ Serum
- ○ Urine
- ○ Other

Drug Test Results (Check All that Apply):
- ☐ None
- ☐ Marijuana
- ☐ Cocaine
- ☐ Opiate
- ☐ Amphetamine
- ☐ PCP
- ☐ Other Controlled Substance
- ☐ Other Drug
- ☐ Pending

Driver Distracted By:
- ● Not Distracted
- ○ Electronic Communication Device
- ○ Other Electronic Device
- ○ Other Inside Vehicle
- ○ Other Outside Vehicle

Crash Record Number: *Vehicle Number (from Vehicle Data Page)* 01 *Page* 7 *of* 8

Reporting Agency's Record Number: C12-4539

Known or Suspected Violation(s) by Driver:

- [ ] No Violations

Reckless/Careless/Hit and Run Type Offenses

- [ ] Negligent Homicide
- [ ] Reckless Driving; Driving to Endanger; Negligent Driving
- [ ] Inattentive, Careless, Improper Driving
- [ ] Fleeing or Eluding Law Enforcement
- [ ] Failure to Obey Law Enforcement, Fireman, Authorized Person Directing Traffic
- [ ] Hit and Run, Failure to Stop After Accident
- [ ] Serious Violation Resulting in Death

Impairment Offenses

- [ ] Driving While Intoxicated (Alcohol or Drugs) or BAC Above Limit
- [ ] Driving While Impaired
- [ ] Driving Under Influence of Controlled Substance
- [ ] Driving Under Influence of Non-Controlled Substance
- [ ] Drinking While Operating
- [ ] Illegal Possession of Alcohol or Drugs
- [ ] Driving with Detectable Alcohol (CDL or Under 21 Years of Age)
- [ ] Refusal to Submit to Chemical Test

Speed Related Offenses

- [ ] Failure to Maintain Control of Vehicle
- [ ] Racing
- [ ] Speeding (Above Speed Limit)
- [ ] Speed Greater than Reasonable and Prudent
- [ ] Exceeding Special Limit
- [ ] Driving too Slowly

Rules of the Road - Traffic Signs and Signals

- [ ] Failure to Stop for Red Signal
- [ ] Failure to Stop for Flashing Red Signal
- [ ] Violation of Turn on Red
- [ ] Failure to Obey Flashing Signal (Yellow or Red)
- [ ] Failure to Obey Signal, Generally
- [ ] Violation of RR Grade Crossing Device or Regulations
- [ ] Failure to Obey Stop Sign
- [ ] Failure to Obey Yield Sign
- [ ] Failure to Obey Traffic Control Device

Rules of the Road - Lane Usage

- [ ] Unsafe or Prohibited Lane Change
- [ ] Improper Use of Lane
- [ ] Certain Traffic to Use Right Lane
- [ ] Lane Violations, Generally

Rules of the Road - Wrong Side, Passing and Following

- [ ] Driving Wrong Way on One-Way Road
- [ ] Driving on Left, Wrong Side of Road, Generally
- [ ] Improper, Unsafe Passing
- [ ] Passing on Right (Drive Off of Pavement to Pass)
- [ ] Passed Stopped School Bus
- [ ] Failure to Give Way When Overtaken
- [ ] Following Too Closely
- [ ] Wrong Side, Passing, Following Violations, Generally

Rules of the Road - Turning, Yielding, Signaling

- [ ] Turn in Violation of Traffic Control
- [ ] Improper Method and Position of Turn
- [ ] Failure to Signal for Turn or Stop
- [ ] Failure to Yield to Emergency Vehicle
- [ ] Failure to Yield, Generally
- [ ] Enter Intersection when Space Insufficient

Non-Moving License and Registration Violations

- [ ] Driving While License Suspended or Revoked
- [ ] Other Driver License Restrictions
- [ ] Commercial Driver Violations
- [ ] Vehicle Registration Violations
- [ ] Failure to Carry Insurance Card
- [ ] Driving Uninsured Vehicle
- [ ] Non-Moving Violations, Generally

Equipment

- [ ] Lamp Violations
- [ ] Brake Violations
- [ ] Failure to Require Restraint Use
- [ ] Motorcycle Equipment Violations
- [ ] Violation of Hazardous Cargo Regulations
- [ ] Size, Weight, Load Violations
- [ ] Equipment Violations, Generally

Other Violations

- [ ] Parking
- [ ] Theft, Unauthorized Use of Motor Vehicle
- [ ] Driving Where Prohibited
- [x] Other Moving Violation

Citation(s) Issued to Driver:

Charge	State Code / Municipal Ordinance	Citation Number	Warning
DUI W/ RECKLESS DISREGARD W/ DEATH	17c-5-2(b)		

STATEMENT OF DRIVER:

Q. WHAT OCCURRED WHILE YOU WERE TRAVELING ON VALLEY RUN ROAD TO FISH CREEK ROAD? - A. HER ([(b)(6)]) AND HER GIRLFRIEND [(b)(6)] WERE HAVING A GOOD TIME. I HAD A FEW BEERS I LOOKED DOWN AND TURNED THE VOLUME UP ON THE RADIO AND I WENT OVER THE BANK. I LOOKED BACK UP AND SAW I WAS GOING OVER THE HILL AND I TRIED TO CORRECT IT. IT STARTED TO FLIP OVER AND I TRIED TO GRAB HER AND HOLD ONTO HER BUT COULDN'T.

Q. WHAT TYPE OF VEHICLE WERE YOU OPERATING? - A. A RHINO

Q. HOW MANY BEERS DO YOU THINK YOU DRANK? - A. EIGHT AT THE MOST SINCE ELEVEN 'O CLOCK

Q. DO YOU BELIEVE YOU ARE UNDER THE INFLUENCE OF ALCOHOL? - A. I DONT KNOW

Q. IS THIS STATEMENT TRUE AND ACCURATE TO THE BEST OF YOUR KNOWLEDGE? - A. YES

Q. HAVE YOU HAD ANY ALCOHOL SINCE THE WRECK? - A. NO

/S/ [(b)(6)]

DOH Form: 17-pas
Revised: 02/2007

State of West Virginia Uniform Traffic Crash Report

Driver and Vehicle Passenger Data

Crash Record Number:

Reporting Agency's Record Number: C12-4539

Page 8 *of* 8

Indiv #	Name: Last	Name: First	Name: Middle Int.	Name: Suffix	Veh #	Occupant Type	Social Security #	Birthdate	Age	Gender	Injury	Seating Position: Row	Seating Position: Seat	Seating Position: Other	Occupant Protection: Type Used	Occupant Protection: Proper Use	Occupant Protection: App. Helmet
01	(b) (6)				01	01	[redacted]	[redacted]	023	M	B	1	1		01	02	02
02	[redacted]				01	02	[redacted]	[redacted]	022	F	K	1	3		01	02	02

Occupant Type Codes:

- 01 Driver
- 02 Passenger
- 03 Occupant of Motor Veh Not in Transport
- 04 Unknown Vehicle Passenger

Injury Status Codes:

- K Killed
- O No Injury
- A Incapacitating Injury
- B Non-Incapacitating Injury
- C Possible Injury
- M Medical Condition Non-Crash Related Death or Injury

Type of Occupant Protection System Used Codes:

- 01 None Used
- 02 Shoulder and Lap Belt Used
- 03 Shoulder Belt Only Used
- 04 Lap Belt Only Used
- 05 Child Restraint System - Forward Facing
- 06 Child Restraint System - Rear Facing
- 07 Booster Seat
- 08 Helmet Used
- 09 Restraint Used - Type Unknown
- 10 Other
- 11 Unable to Determine - Due to Vehicle Damage

Gender:

- M Male
- F Female

Seating Position Codes:

ROW	SEAT	OTHER
1 Front	1 Left	1 Sleeper Section of Cab
2 Second	2 Middle	2 Other Enclosed Cargo Area
3 Third	3 Right	3 Unenclosed Cargo Area
4 Fourth	4 Other	4 Trailing Unit
5 Other Row	5 Unknown	5 Riding on Motor Vehicle Exterior
6 Unknown		6 Unknown

Proper Use of Occupant Protection:

- 01 Used Properly
- 02 Used Improperly
- 03 Unknown

DOT Approved Helmet:

- 01 Yes
- 02 No
- 03 Unknown

Indiv # from Above	Air-bag	Trapped Extricated	Ejected	Ejection Path	Medical Transport By	Responding EMS Agency ID #	EMS Response Run Number	Receiving Facility Name	Notified Time	Scene Time	Hospital Time	Date of Death	Time of Death	Place of Death
01	05	01	04		01									
02	05	01	03	09	02	CAMERON	216	REYNOLDS HOSPITAL				07/21/2012	1948	01

Airbag Deployed Codes:

DEPLOYED (This Seat):

- 01 Front
- 02 Side
- 03 Other
- 04 Multiple Directions (Front and Side)

NOT DEPLOYED (This Seat):

- 05 Available, Didn't Deploy
- 06 Available, Turned Off
- 07 None Installed
- 08 Previously Deployed - Not Replaced
- 09 Disabled or Removed

10 Unable to Determine - Due to Vehicle Damage

Trapped / Extricated Codes:

- 01 Not Trapped
- 02 Trapped / Extricated
- 03 Unknown

Ejection Codes:

- 01 Not Ejected
- 02 Ejected, Partially
- 03 Ejected, Totally
- 04 Unknown

Ejection Path:

- 01 Thru Side Door Opening
- 02 Thru Side Window
- 03 Thru Windshield
- 04 Thru Back Window
- 05 Thru Back Door / Tailgate Opening
- 06 Thru Roof Opening
- 07 Thru Convertible (Top Up) Roof
- 08 Other Path
- 09 Unknown Path

Medically Transported By:

- 01 Not Transported
- 02 EMS
- 03 Law Enforcement
- 04 Refused
- 05 Other
- 06 Unknown

Place of Victim's Death:

- 01 At Scene
- 02 En Route
- 03 At Medical Facility
- 04 Home
- 05 Other

Marshall County Sheriff's Office

601
6th Street
Moundsville WV, 26041
304-843-1500

Photos for Case #C12-0004539

038.JPG

029.JPG

037.JPG

031.JPG

030.JPG

040.JPG

032.JPG

024.JPG

026.JPG

Marshall County Sheriff's Office

601
6th Street
Moundsville WV, 26041
304-843-1500

Photos for Case #C12-0004539

023.JPG

025.JPG

016.JPG

035.JPG

021.JPG

034.JPG

020.JPG

015.JPG

014.JPG

Marshall County Sheriff's Office

601
6th Street
Moundsville WV, 26041
304-843-1500

Photos for Case #C12-0004539

041.JPG

012.JPG

039.JPG

027.JPG

011.JPG

017.JPG

022.JPG

028.JPG

019.JPG

Marshall County Sheriff's Office

601
6th Street
Moundsville WV, 26041
304-843-1500

Photos for Case #C12-0004539

018.JPG

013.JPG

036.JPG

033.JPG

[redacted]

Task No. 120725HNE0006

Date: September 12, 2012

STATUS OF MISSING DOCUMENT(S)

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

1. West Virginia Office of Medical Examiner--Autopsy Report (due to ongoing criminal case)
2. _____
3. _____
4. _____
5. _____

Date: September 13, 2012 Investigator No: 1947

Regional office: CFIE Supervisor No: 2147

Utility Vehicle Data Record Sheet

Front

A Driver	B Right Front Passenger
Left Rear Passenger	Right Rear Passenger
Cargo Bed	

Rear

The Utility Vehicle

A:		
Age: 23	Height: Unknown	
Gender: Male	Weight: Unknown	
Helmet (Y/N): N	Seatbelt (Y/N): N	
Killed/Injured/Neither/Unknown: Unknown		
Injury Description: Unknown		
Did vehicle land on victim: No		
Ejected (Either partially or fully): Unknown		

B:		
Age: 22	Height: Unknown	
Gender: Femal	Weight: Unknown	
Helmet (Y/N): N	Seatbelt (Y/N): N	
Killed/Injured/Neither/Unknown: Killed		
Injury Description: Unknown		
Did vehicle land on victim: Yes		
Ejected (Either partially or fully): Fully		

C:		
Age:	Height:	
Gender:	Weight:	
Helmet (Y/N):	Seatbelt (Y/N):	
Killed/Injured/Neither/Unknown:		
Injury Description:		
Did vehicle land on victim:		
Ejected (Either partially or fully):		

D:		
Age:	Height:	
Gender:	Weight:	
Helmet (Y/N):	Seatbelt (Y/N):	
Killed/Injured/Neither/Unknown:		
Injury Description:		
Did vehicle land on victim:		
Ejected (Either partially or fully):		

E:		
Age:	Height:	
Gender:	Weight:	
Helmet (Y/N):	Seatbelt (Y/N):	
Killed/Injured/Neither/Unknown:		
Injury Description:		
Did vehicle land on victim:		
Ejected (Either partially or fully):		

F:		
Age:	Height:	
Gender:	Weight:	
Helmet (Y/N):	Seatbelt (Y/N):	
Killed/Injured/Neither/Unknown:		
Injury Description:		
Did vehicle land on victim:		
Ejected (Either partially or fully):		

*If victim(s) were injured/killed, please include the other relevant information requested in the assignment message in the text of the IDI.

Using the figure on the left, please fill in where the occupants were in the vehicle at the time of the incident using A, B, C, etc. to identify the occupant(s)' location. Fill in the occupants' characteristics in the corresponding location on the right. For example, the driver could be assigned to the letter 'A' and the letter 'A' would be placed in the diagram in the box designated 'Driver', and the drivers' characteristics would be filled on the right. If there were more than six occupants (or more room is needed), please add the other passenger(s)' information (or any other information) as needed. If information is not available, please indicate by 'na'.

Note: Not all locations indicated on the diagram exist in all types of utility vehicles. Please only use the locations that correspond to the incident vehicle. Please place an 'X' over the area if the vehicle was not equipped with the component.

CPSC FORM 324A

Save

(b)(5)

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
120731HCC3795	4335	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
840	2012 07 22	2012 08 01

6. Synopsis of Accident or Complaint **UPC**

A 12 YOM was the sole occupant of a UTV traveling home from a sporting event when he lost control on a gravel road. The UTV traveled off the road into a slough containing water and the victim was thrown from the UTV which ultimately landed on him. The victim was found deceased pinned beneath the UTV where he had drowned.

MFR/PRVLBR NOTIFIED

COMMENTS: __YES ✓NO
__OVERRULED; __ATTACHED
✓EXCISIONS/FOIA EXS. 6b;
✓DO NOT RE-NOTIFY __RE-NOTIFY
1/16/14 le

7. Location (Home, School, etc)	8. City	9. State
4 - STREET OR HIGHWAY	CLAREMONT	SD

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - UTILITY VEHICLES	ARCTIC CAT [redacted]	PROWLER

10D. Manufacturer Name and Address
ARCTIC CAT
PO BOX 810
THIEF RIVER FALLS, MN 56701

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
0	NONE	NONE

11D. Manufacturer Name and Address
NONE

12A. Hispanic or Latino	12B. Race Other:	12C. Race Source

13. Age of Victim	14. Sex	15. Disposition	16. Injury Diagnosis
12	1 - Male	8 - Death	65 - Anoxia

17. Body Part(s) Involved	18. Respondent	19. Type of Investigation	20. Time Spent (Operational / Travel)
85 - ALL OF BODY	3 - 2nd Hand Info Only	2 - Telephone	4.00 / 0.00

21. Attachment(s)	22. Case Source	23. Sample Collection Number
9 - Multiple Attachments	05 - Newspaper	

24. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ◉ No ○ Yes for Manuf. Only ○ Verbal ○ Written

25. Review Date	26. Reviewed By	27. Regional Office Director
08/15/2012	9067	Frank J. Nava

28. Distribution	29. Source Document Number
Sarah Garland	X1270785A

All information contained in this report was obtained through contact with the South Dakota State Police (SDSP), Brown County Sheriff, and the Brown County Coroner's Office. This investigation was initiated by a news article by a local news organization dated July 24, 2012 (source document).

INCIDENT REPORT

According to the SDSP report and witnesses, the following details were collected. On July 22, 2012, at approximately 1700 hours SDSP Trooper arrived at a rural scene where a UTV accident had occurred and began examining the incident scene.

Apparently a 12 YOM was driving his family's UTV home from a sporting event. Upon noticing him not arriving home at an expected time, the child's parents became concerned. The parents then searched for their child finding him and the UTV lying in a slough.

The 12 YOM who was the sole occupant of the UTV apparently over corrected (unknown reason) and lost control while traveling an estimated 31 MPH. The road the victim was traveling was a two-way gravel road and there were apparently no other vehicles or witnesses involved. The UTV went off the road and down into a slough containing water next to the road.

The victim was not wearing a seat belt during the incident and was incidentally thrown from the UTV upon entering the slough. The UTV landed on top of the victim pinning or trapping him under water. The victim was found by his parents in this condition when they called for emergency personnel responders.

The victim was found deceased and according to the medical examination, the cause of death was anoxia and drowning. The SDSP report was limited on information; therefore it is unknown at this time if the victim was wearing a helmet or other protective safety gear.

PRODUCT INDENTIFICATION:

2011 Arctic Cat Prowler
Engine: 700 cc
VIN: (b)(3):Exemption 3 for 25

SAMPLES COLLECTED: **None**

ATTACHMENTS:

Exhibit 1 – SDSP Incident Report

Exhibit 2 – SD Certificate of Death

Exhibit 3 – UTV Data Record Sheet

1208217 **07/22/2012 5:00:00PM** **City - Rural** **BROWN County** **FATALITY**
THOMAS PIOSKE - South Dakota Highway Patrol Photos taken

On 119 ST 0.22 Miles West of 411 AVE
Road: 119 ST **MRM:** 0.00 Non-junction
Nearest crossing: 0.22 Miles W of 411 AVE
Intersection:
Latitude: **Longitude:**

FHE: Overturn/rollover
FHE Loc: On roadway
Road Cond: Dry **Manner of Collision:** No collision between 2 MV in transport
Surface Type: Gravel **Lighting:** Daylight
Trafficway: Two-way, not divided **School bus related:** No (school bus not involved)
Road Alignment: Straight and level

Work zone related: No **Work zone location:** Not applicable
Workers present: No **Work zone type:** Not applicable

Weather
Clear

Unit: 1 2011 ARCTIC CAT PROWLER 700 **Plate:** MS0839 **Plate State:** SD

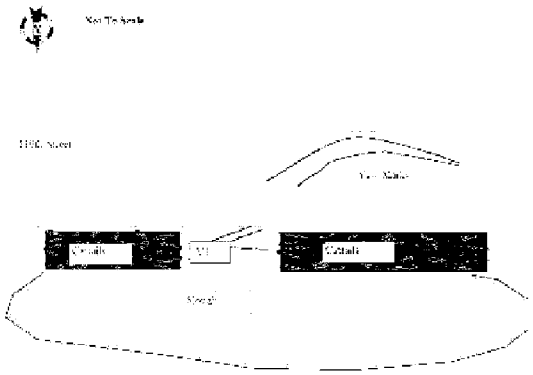
Owner: (b)(3):Exemption 3 for 25(c)

Unit type: Motor vehicle in transport with driver
Cargo body: No cargo body **Occupants:** 1
VIN: (b)(3):Exemption **Veh config:** All terrain vehicle / 4 wheeler
Maneuver: Straight ahead
Hit and run: No **Vehicle towed:** Yes
Initial point of impact: Non-collision **Most damaged area:** Non-collision
Damage extent: Minor damage **Underride/override:** None - no underride or override
Traffic device: No controls **Vision Contrib:** None
MHE: Overturn/rollover **Veh Contrib:** None
Damage Amt: $200.00 **Road Contrib:** None
Trailer: No trailer/attachment **Est Speed:** 31 Officer estimate **Speed Limit:** 55
Travel Dir: Eastbound
Insurance: NORTH STAR MUTUAL INS CO **Policy:** (b)(3):Ex
Effective: 04/15/2012 **Expiration:** 10/15/2012

Events
Ran off road left Overturn/rollover Immersion

Unit 1 (b)(3):Exemption 3 f **Male**
(b)(3):Exemption 3 for 25(c) **Fatal** **Transported by Other**
Phone: (b)(3):Exem
DL: **SD** 98 **DL Class:** 9 **DL Status:** No license
Age: 12 **DOB:** (b)(3):Ex **NO CITATIONS**
Airbag: Not applicable **Ejection:** Not applicable (motorcycle, snowmobile, ped. pedalcyclist, etc.)
Seating: Operator **Safety Equip:** None used
No drug use No alcohol use
Drug test given, none reported 0.00 BAC

Driver Contrib **Nonmot Contrib**
Over-correcting/over-steering
Running off road



UNIT #1 WAS TRAVELING EASTBOUND ON 119TH STREET. THE DRIVER LOST CONTROL OF THE VEHICLE AND WENT INTO A YAW. THE VEHICLE WENT INTO THE DITCH ON THE NORTH SIDE OF THE ROAD AND ROLLED OVER ONTO THE DRIVER SIDE. THE DRIVER, WHO WAS NOT WEARING A SEATBELT, WAS THROWN FROM UNIT #1. WHEN UNIT #1 LANDED, IT LANDED ON TOP OF THE DRIVER TRAPPING HIM IN THE WATER. FROM THE YAW MARKS WHICH WERE LEFT AT THE SCENE, I WAS ABLE TO CALCULATE A SPEED OF 31 MILES PER HOUR WHEN HE LOST CONTROL.

DEATH CERTIFICATE
FILE COPY

DECEDENT'S INFORMATION:
NAME: (b)(3):Exemption
ALIAS:
SEX: M **SOCIAL SECURITY NUMBER:** [redacted] **ARMED FORCES:** NO
DATE OF DEATH: 07/22/2012 **DATE OF BIRTH:** (b)(3):E **AGE:** 012 YEARS

PLACE OF DEATH INFORMATION:
TYPE: SLOUGH BY ROADSIDE
FACILITY NAME OR ADDRESS: .5 MILES EAST OF 410TH AVE ON BROWN COUNTY RD 9 - CLAREMONT BROWN SOUTH DAKOTA

DISPOSITION INFORMATION:
METHOD: BURIAL
CEMETERY: HILLSIDE CEMETERY
LOCATION: LANGFORD SOUTH DAKOTA
CREMATORY:
LOCATION:

DEMOGRAPHIC INFORMATION:
RESIDENCE: (b)(3):Exemption 3 for 25(c)
PLACE OF BIRTH: SOUTH DAKOTA UNITED STATES OF AMERICA **MARITAL STATUS:** NEVER MARRIED
SURVIVING SPOUSE'S NAME:
FATHER'S NAME: (b)(3):Exemption
MOTHER'S NAME PRIOR TO FIRST MARRIAGE: (b)(3):Exemption 3

INFORMANT INFORMATION:
INFORMANT'S NAME: (b)(3):Exemption **RELATIONSHIP:** FATHER
MAILING ADDRESS: (b)(3):Exemption 3 for 25(c)

FUNERAL HOME: PRICE FUNERAL CHAPEL 754 5TH ST BRITTON SOUTH DAKOTA 57430

MEDICAL CERTIFICATE

PHYSICIAN ASSIGNED: CARLSEN MICHAEL W

CAUSE OF DEATH PART I:	**INTERVAL**
A: HYPOXIA	MINUTES
B: DROWNING	MINUTES
C: DRIVER OF ATV IN ACCIDENT	MINUTES
D:	

PART II OTHER SIGNIFICANT CONDITIONS:

CORONER CONTACTED: Y **AUTOPSY PERFORMED:** N
AUTOPSY AVAILABLE:
ACTUAL OR PRESUMED TIME OF DEATH: LATE AFTERNOON
MANNER OF DEATH: ACCIDENT

DID TOBACCO USE CONTRIBUTE TO DEATH: N
PREGNANCY STATUS: 8, NOT APPLICABLE.
INJURY INFORMATION:
DATE OF INJURY: 07/22/2012 **TIME OF INJURY:** MID AFTERNOON
INJURY AT WORK: N **TYPE OF WORK:**
TYPE OF PLACE OF INJURY: STREET AND HIGHWAY
ADDRESS: (b)(3):Exemption 3 for 25(c)
HOW THE INJURY OCCURRED: DRIVER OF ATV ON LOOSE GRAVEL, OVERTURNED IN DITCH SLOUGH AND WAS PINNED UNDER ATV

TRANSPORTATION INJURY: Y
TRANSPORTATION: DRIVER / OPERATOR
VEHICLE TYPE: ATV

CONTACT LIST- IDI - 120731HCC3795

Victim

(b)(3):Exemption 3 (12 YOM) (deceased)
(b)(3):Exemption (age unknown) (father of victim)
(b) (3):Exemption (age unknown) (mother of victim)
(b)(3):Exemption 3 for

State and Local Officials

South Dakota State Police

Brenda Badger
South Dakota State Police
Accident Records
118 West Capitol Avenue
Pierre, South Dakota 57501
E-Mail
605.773.3868
Fax: 605.773.6893

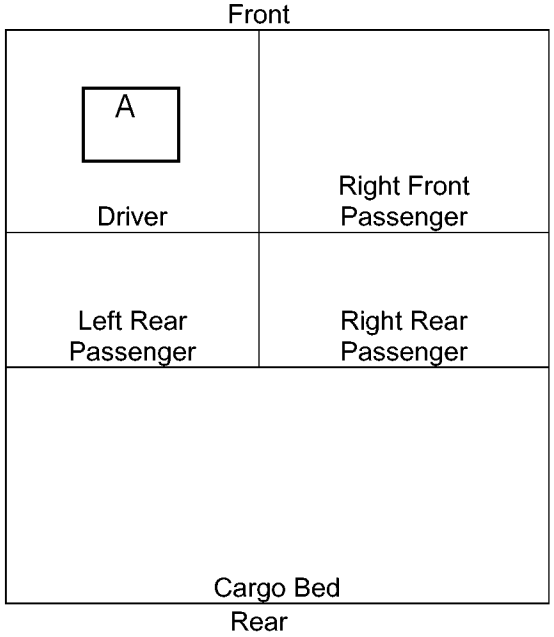
Brown County Coroner

Mike Carlson
1708 8th Ave NE
Aberdeen, SD 57401-7031
(605)-522-3262

Brown County Sheriff

22 Court St # 1 Aberdeen, SD 57401
(605) 626-7100

Utility Vehicle Data Record Sheet



The Utility Vehicle

A:	Age: 13	Height: unk
	Gender: Male	Weight: unk
	Helmet (Y/N):	Seatbelt (Y/N): No
	Killed/Injured/Neither/Unknown:	
	Injury Description: Death	
	Did vehicle land on victim: Yes	
	Ejected (Either partially or fully):	

B:	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

C:	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

D:	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

E:	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

F:	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

*If victim(s) were injured/killed, please include the other relevant information requested in the assignment message in the text of the IDI

Using the figure on the left, please fill in where the occupants were in the vehicle at the time of the incident using A, B, C, etc. to identify the occupant(s)' location. Fill in the occupants' characteristics in the corresponding location on the right. For example, the driver could be assigned to the letter 'A' and the letter 'A' would be placed in the diagram in the box designated 'Driver', and the drivers' characteristics would be filled on the right. If there were more than six occupants (or more room is needed), please add the other passenger(s)' information (or any other information) as needed. If information is not available, please indicate by 'na'.

Note: Not all locations indicated on the diagram exist in all types of utility vehicles. Please only use the locations that correspond to the incident vehicle. Please place an 'X' over the area if the vehicle was not equipped with the component.

Save

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
120820HCC2922	4335	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
840	2012 04 17	2012 08 22

6. Synopsis of Accident or Complaint UPC

An 82 YOM was found deceased after he had apparently drove off a 12 foot river embankment on his property. The victim was the sole occupant and had died on impact as a result of a severe laceration to his head after striking a rock. The UTV was found lying in the river water approximately 20 feet from the vicitm. He was not wearing a helmet.

MFR/PRVLBR NOTIFIED

COMMENTS: ✓ YES ___ NO
___ OVERRULED; ✓ ATTACHED
✓ EXCISIONS/FOIA EXS. 6b ;
___ DO NOT RE-NOTIFY ✓ RE-NOTIFY
3/13/14 lc

7. Location (Home, School, etc)	8. City	9. State
1 - HOME	GLIDDEN	IA

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - UTILITY VEHICLES	JOHN DEERE	GATOR

10D. Manufacturer Name and Address
JOHN DEERE
ONE JOHN DEERE PLACE
MOLINE, WI

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
0	NONE	NONE

11D. Manufacturer Name and Address
NONE

12A. Hispanic or Latino	12B. Race	12C. Race Source
2 - No	1 - White Other:	3 - Official Document

13. Age of Victim	14. Sex	15. Disposition	16. Injury Diagnosis
82	1 - Male	8 - Death	62 - Intern. Org. Inj.

17. Body Part(s) Involved	18. Respondent	19. Type of Investigation	20. Time Spent (Operational / Travel)
75 - HEAD	2 - Eyewitness	2 - Telephone	7.00 / 0.00

21. Attachment(s)	22. Case Source	23. Sample Collection Number
9 - Multiple Attachments	14 - Death Certificate	

24. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ◉ No ○ Yes for Manuf. Only ○ Verbal ○ Written

25. Review Date	26. Reviewed By	27. Regional Office Director
09/11/2012	8929	Frank J. Nava

28. Distribution	29. Source Document Number
John C. Topping	1219007659

All information contained in this report was obtained through contact with the Carroll County Sheriff's Department (CCS), Carroll, IA and the Carroll County Medical Examiner (CCME), Carroll, IA. This investigation was initiated by the collection of an IA Certificate of Death. (source document).

INCIDENT REPORT

On April 17, 2012 at 2320, an 82 YOM was found deceased near a river on his property where he had apparently fell off the river's embankment. On April 17, 2012 at approximately 2232, CCS was informed that the victim was reported missing by his son-in-law. The son-in-law reported he had last spoke with the victim on April 15, 2012. He further stated he had attempted to visit the victim on April 16, 2012 unsuccessfully, discovering his UTV missing from the garage. The son-in-law advised the victim rode on many of the nearby trails.

The victim was found on a riverbed area located approximately 40 yards behind his residence. The victim apparently rode off of a 12 foot embankment and was thrown from the UTV. The victim was found with serious head trauma where he apparently landed with his head striking a rock. The victim had apparently been located at this location for some time prior to his discovery. The UTV was lying partially in the river water approximately 20 feet from the victim.

The CCME would not release a report; however a telephone interview was conducted. The CCME advised there was no autopsy performed, however a toxicology test was performed where no alcohol was discovered. The CCME further explained the victim had apparently died on impact due to a severe laceration to the forehead. He was not wearing a helmet during the incident.

PRODUCT INDENTIFICATION:

There was no information provided during this investigation regarding the UTV or its identification. The only information provided in the report was that it was a John Deere Gator.

SAMPLES COLLECTED: None

ATTACHMENTS:

Exhibit 1 – Carroll County Sheriff Incident Report

Exhibit 2– Iowa Certificate of Death

Exhibit 3 - UTV Data Record Sheet

Rev. 08/2006

IOWA INCIDENT REPORT

Carroll County Sheriff's Off
114 E. 6TH ST
Carroll, IA 51401
(712) 792-4393

Case Number
12-003100
Date/Time of Report
4/18/2012 2:22:00 AHrs
Status
02 - Inactive

SUMMARY

County	ORI Number
Carroll - 14	IA0140000

Is Date and Time of Incident Known?	Incident Date or Lower Date Range	Upper Date Range	Incident Time or Lower Time Range	Upper Time Range
NO	04/16/2012	04/17/2012	12:00 Hrs.	20:00 Hrs.

Day of Week Incident Occurred	Exceptionally Cleared	Date Cleared Exceptionally
	N - Not Applicable	

INCIDENT REPORTED BY

Was Incident Reported by a Victim?	Reporting Victim's Sequence No.	Name - Last	First	Middle	Suffix
No		(b)(3):Exemption 3 for 25(c			

Business Name (If Incident was Reported by a Business)	Address

City	State	Zip Code	Home/Cell Phone	Work Phone
(b)(3):Exemption 3 for 25(c)				

VICTIM 001

Type of Victim	Sequence No.	Name - Last	First	Middle	Suffix
I - Individual	001	(b)(3):Exemption 3 for 25(c)			

Business/Organization/State/County/Municipality Name	Address	City	State	Zip Code
	(b)(3):Exemption 3 for 25(c)			

Home/Cell Phone	Alias(es)

DOB Known?	DOB	Age or Lower Age Range	Upper Age Range	SSN	Resident Status
Yes	(b)(3):	82		(b)(3):E	R - Resident

Driver's License - Number	State	Gender	Height	Weight	Eye Color	Hair Color
(b)(3):Ex	IA	M - Male	5' 11"	115 lbs	Brown - BRO	Gray or Partially Gray - GRY

Skin Tone	Race	Ethnicity	Scars/Marks/Tattoos
Fair - FAR	W - White	N - Not of Hispanic Origin	

Type of Injury (up to 5)

EMPLOYMENT OR SCHOOL INFO

Employer or School	Occupation

Address	City	State	Zip Code	Work Phone

VICTIM CONNECTED TO UCR OFFENSE CODES

UCR Offense Code 1	UCR Offense Code 2
UCR Offense Code 3	UCR Offense Code 4
UCR Offense Code 5	UCR Offense Code 6
UCR Offense Code 7	UCR Offense Code 8
UCR Offense Code 9	UCR Offense Code 10

ADDITIONAL OFFENSE CIRCUMSTANCE INFO

Aggravated Assault/Homicide Circumstances (up to 2)

Additional Justifiable Homicide Circumstances

VICTIM'S RELATIONSHIP TO OFFENDER(S)

First Offender Seq. No. Victim's Relationship to First Offender	Second Offender Seq. No. Victim's Relationship to Second Offender
Third Offender Seq. No. Victim's Relationship to Third Offender	Fourth Offender Seq. No. Victim's Relationship to Fourth Offender
Fifth Offender Seq. No. Victim's Relationship to Fifth Offender	Sixth Offender Seq. No. Victim's Relationship to Sixth Offender
Seventh Offender Seq. No. Victim's Relationship to Seventh Offender	Eighth Offender Seq. No. Victim's Relationship to Eighth Offender
Ninth Offender Seq. No. Victim's Relationship to Ninth Offender	Tenth Offender Seq. No. Victim's Relationship to Tenth Offender

SPECIAL CIRCUMSTANCES

Not Applicable ☒ Bias Crime ☐ Domestic Abuse ☐ LEOKA ☐

BIAS CRIME

Bias Motivation	Target Code

Bias Group Affiliations

DOMESTIC ABUSE

Children Present?	Seq. No. of Domestic Abuse Offender	Domestic Abuse Referrals (up to 6)

LAW ENFORCEMENT OFFICER KILLED OR ASSAULTED

Officer Killed or Assaulted	Type of Assignment
Body Armor	Call Type

OFFICER'S INVESTIGATIVE NOTES

ON 04/17/12 AT APPROXIMATELY 2232 HOURS, (b)(3):Exe (SON-IN-LAW TO (b)(3):Exe) REPORTED TO THE CARROLL COUNTY SHERIFF'S OFFICE THAT HE BELIEVES THAT (b)(3):Exe (81 YEARS) IS MISSING. (b)(3): ADVISED THAT HE SPOKE WITH (b)(3): ON SUNDAY MORNING APRIL 15TH. (b)(3): HAS NOT HAD CONTACT WITH HIM SINCE AND WAS WORRIED ABOUT HIS WELL BEING. (b)(3): WENT TO (b)(3):E RESIDENCE AT (b)(3):Exemption 3 for 2 ON TUESDAY APRIL 16TH AND NOTICED THAT (b)(3):E ATV / "GATOR" WAS NOT IN THE GARAGE. (b)(3): ADVISED THAT (b)(3): DRIVES SEVERAL TRAILS AROUND THE AREA INCLUDING DIXON TIMBER. DEPUTIES SAM HANSEN AND TOM FRANSEN WERE DISPATCHED TO (b)(3):Exe (b)(3):Exemp THE RESIDENCE OF (b)(3):Exe . LANESBORO FIRE AND RESCUE AND GLIDDEN FIRE AND RESCUE WERE ALSO CALLED TO ASSIST IN LOOKING FOR (b)(3): . (b)(3):Exe WAS AT THE RESIDENCE WHEN WE ARRIVED. AT APPROXIMATELY

OFFICER'S INVESTIGATIVE NOTES

2320 HOURS (b)(3):E BODY WAS LOCATED APPROXIMATELY 40 YARDS BEHIND THE RESIDENCE, APPROXIMATELY 12' DOWN A STEEP BANK, NEXT TO THE RIVER. (b)(3):E BODY WAS LAYING ON THE JAGGED CONCRETE/ ROCKS ON THE BANK OF THE RIVER AND HIS ATV / "GATOR" WAS HALF SUBMERGED IN THE RIVER, APPROXIMATELY 20' FROM (b)(3):E BODY. (b)(3): HAD SEVERE TRAUMA TO HIS HEAD WHICH APPEARED TO HAPPEN WHEN HIS HEAD STRUCK A ROCK. BLOOD FROM HIS HEAD WAS LOCATED ON THE SAME ROCKS. THERE WAS NO PULSE ON (b)(3): WHEN HE WAS LOCATED. HE APPEARED TO HAVE BEEN THERE FOR QUITE SOME TIME. IT APPEARED THAT THE ATV / "GATOR" WENT OVER THE STEEP BANK AND (b)(3): WAS THROWN OUT OF THE GATOR, WHERE HIS HEAD STRUCK A ROCK AND THE GATOR CONTINUED INTO THE RIVER WHERE IT CAME TO REST. THIS INCIDENT APPEARS TO BE ACCIDENTAL. AFTER (b)(3):E BODY WAS LOCATED MEDIC ONE WAS DISPATCHED TO THE LOCATION. DEPUTY MEDICAL EXAMINER INSPECTED THE BODY, AND THE BODY WAS REMOVED FROM THE STEEP BANK. DAHN AND WOODHOUSE FUNERAL HOME TOOK POSSESSION OF (b)(3):E BODY. PHOTOGRAPHS WERE TAKEN AT THE SCENE. (b)((b)(3): WAS ENCOURAGED TO HAVE PAUL AND WAYNE'S REMOVE THE GATOR FROM THE RIVER DURING THE DAYLIGHT.

OFFICER

Complainant/Reporting Party Signature

Reporting Officer	Badge Number	Video Taken?	Evidence Seized?	Photos Taken?
HANSEN SAM	14-5		No	Yes
Supervisor	**Badge Number**	**Incident Assigned To**		
		CARROLL COUNTY DEPUTY SAM HANSEN 14-5		

1219007659 19 098 201207659

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH 114-

CERTIFICATE OF DEATH

BIRTH NUMBER

DECEDENT

1. DECEDENT'S FULL NAME (FIRST / MIDDLE / LAST / SUFFIX, if any): (b)(3):Exemption 3 for 25(c)

2. SEX: Male
3a. AGE – LAST BIRTHDAY: 82 Years
3b. UNDER 1 YEAR: Months / Days
3c. UNDER 1 DAY: Hours / Minutes
4. DATE OF BIRTH (Month, Day, Year): December 9, 1929
5. COUNTY OF DEATH: Carroll

6. PLACE OF BIRTH (City & State, or Foreign Country): (b)(3):Exemption 3
7. SOCIAL SECURITY NUMBER: (b)(3):Exemption
8. CITIZEN OF WHAT COUNTRY?: United States
9. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No

10a. MARITAL STATUS AT TIME OF DEATH: ☐ Married ☐ Married but separated ☒ Widowed ☐ Divorced ☐ Never Married ☐ Unknown
10b. DECEDENT'S LAST NAME PRIOR TO ANY MARRIAGE (If ever married): Burkett
11. SURVIVING SPOUSE (Full name prior to any marriage):

12a. RESIDENCE-STATE: Iowa
12b. RESIDENCE-COUNTY: Carroll
12c. RESIDENCE-CITY OR TOWN: (b)
12d. RESIDENCE-STREET & NUMBER, ZIP CODE: (b)(3):Exemption 3 for 25(c
12e. INSIDE CITY LIMITS? ☐ Yes ☒ No

13. FATHER'S NAME (FIRST / MIDDLE / LAST): (b)(3):Exemption 3 for 25(c)
14. MOTHER'S NAME PRIOR TO ANY MARRIAGE (FIRST / MIDDLE / LAST): (b)(3):Exemption 3 for 25(c)

15a. INFORMANT'S NAME: (b)(3):Exempt
15b. INFORMANT'S MAILING ADDRESS (Street & Number, City, State, Zip Code): (b)(3):Exemption 3 for 25(c)
15c. RELATIONSHIP TO DECEDENT: Daughter

PLACE

16. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ Dead on Arrival
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice Facility ☐ Nursing Home/Long-Term Care Facility ☐ Decedent's Home ☒ Other (Specify) On Decedents Property

17a. FACILITY NAME (If not institution, give street and number): 14836 Velvet Ave
17b. CITY, TOWN, OR LOCATION & ZIP CODE OF DEATH: Glidden, Iowa 51443
17c. INSIDE CITY LIMITS? ☐ Yes ☒ No

DISPOSITION

18. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
19. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place): Merle Hay Memorial Cemetery
20. LOCATION OF DISPOSITION (City or Town & State): Glidden, Iowa
21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY: Dahn and Woodhouse Funeral Home 705 N. Carroll St. Carroll, Iowa 51401
22a. FUNERAL DIRECTOR – Printed Name: Jay Woodhouse
22b. FUNERAL DIRECTOR – Signature: Jay Woodhouse
23. LICENSE NUMBER: 2541

DATE

PRONOUNCEMENT, CERTIFICATION AND CAUSE OF DEATH

ITEMS 24 – 28 REQUIRED TO BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH
24. DATE PRONOUNCED DEAD (Month, Day, Year) (Spell out month): April 17, 2012
25. TIME PRONOUNCED DEAD: TIME 2350 ☐ AM ☐ PM ☒ Military
26. NAME OF PERSON PRONOUNCING DEATH (If different than certifier) (Type or print legibly) (MD, DO, PA, ARNP, RN, LPN):
27. TITLE:
28. LICENSE NUMBER:
31a. MEDICAL EXAMINER CONTACTED? ☒ Yes ☐ No
29. ACTUAL OR PRESUMED DATE OF DEATH (Month, Day, Year) (Spell out month): April 17, 2012
30. ACTUAL OR PRESUMED TIME OF DEATH: TIME 2350 ☐ AM ☐ PM ☒ Military
31b. If Yes, M.E. case number: 12-14-0014

CAUSE OF DEATH

V86

CAUSE OF DEATH (See instructions and examples)

32a. PART I. Enter the chain of events – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) →→→→→→
a. Blunt Force Trauma — 32b. Approximate interval between onset and death: unknown
Due to (or as a consequence of):
b. Gator Accident — unknown
Due to (or as a consequence of):
c.
Due to (or as a consequence of):
d.
Due to (or as a consequence of):

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

32c. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

33. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
34. If Yes, WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? ☐ Yes ☐ No

35. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown
36. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
37. MANNER OF DEATH: ☐ Natural ☐ Homicide ☒ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be Determined

38. DATE OF INJURY (Month, Day, Year) (Spell out month): April 17, 2012
39. TIME OF INJURY: TIME 0200 ☐ AM ☐ PM ☒ Military
40. PLACE OF INJURY (e.g., home, farm, street, roadway, etc.): creek behind decedent's home
41. INJURY AT WORK? ☐ Yes ☒ No
42. LOCATION OF INJURY: (Complete physical address – Street & Number, Apt. #, City or Town, State, Zip Code): 14836 Velvet Avenue Glidden, Iowa 51443
43. IF TRANSPORTATION INJURY, SPECIFY: ☒ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
44. DESCRIBE HOW INJURY OCCURRED: Decedent drove Gator off embankment, was ejected, and hit rocks head first.

CERTIFIER

45. CERTIFIER (Check only one) ☐ Certifying MD, DO, PA, ARNP - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. ☒ Medical Examiner (MD, DO) - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date & place, and due to the cause(s) & manner stated.
Signature: [signature]
46. TITLE: MD
47. DATE CERTIFIED (Month, Day, Year): April 26, 2012
48. NAME & COMPLETE MAILING ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER: Michael J. Slattery MD 405 South Clark Street Carroll, Iowa 51401
49. LICENSE NUMBER: 30517
50. FOR REGISTRAR ONLY – REGISTRAR SIGNATURE: Marlyn Doghouse 098
50a. DATE RECEIVED BY REGISTRAR (Month, Day, Year): APR 26 2012

To Be Completed by FUNERAL DIRECTOR

CONFIDENTIAL – FOR STATISTICAL AND PUBLIC HEALTH RESEARCH PURPOSES ONLY

51. DECEDENT'S EDUCATION. Check the box that best describes the highest degree or level of school completed at the time of death.

- ☐ 8th grade or less
- ☐ 9th – 12th grade; no diploma
- ☒ High school graduate or GED completed
- ☐ Some college credit, but no degree
- ☐ Associate degree (e.g., AA, AS)
- ☐ Bachelor's degree (e.g., BA, AB, BS)
- ☐ Master's degree (e.g., MA, MS, MEng, Med, MSW, MBA)
- ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DO, DDS, DVM, LLB, JD)
- ☐ Unobtainable

52. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the 'No' box if decedent is not Spanish / Hispanic / Latino.

- ☒ No, not Spanish/Hispanic/Latino
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latino (Specify) _____
- ☐ Unobtainable

53. DECEDENT'S RACE. Check one or more races to indicate what the decedent considered himself or herself to be.

- ☒ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (Specify name of the enrolled or principal tribe) _____
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian (Specify) _____
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander (Specify) _____
- ☐ Other (Specify) _____
- ☐ Unobtainable

54. DECEDENT'S USUAL OCCUPATION. Indicate type of work done during most of working life. Do not use 'Retired.'

Laborer

55. KIND OF BUSINESS OR INDUSTRY

Manufacturing

v.4 (effective with deaths occurring on or after July1, 2011)

cc:#26-28 per state audit 5-2-12 bm

DEPARTMENT OF PUBLIC HEALTH ★ IOWA ★ REGISTRATION OF VITAL STATISTICS

CONTACT LIST- IDI - 120820HCC2922

Victim

(b)(3):Exemption 3 for 25 (c)

State and Local Officials

Carroll County Sheriffs Office

114 E 6th St # 7 Carroll, IA 51401
(712) 792-4393

Carroll County Medical Examiner
McFarland Clinic

Dr. Michael Slattery
405 South Clark Street
Suite 100
Carroll, IA 51401
712-792-1500

Estelle, Gerri

From: Tank Rita <TankRitaL@JohnDeere.com>
Sent: Friday, November 02, 2012 2:47 PM
To: Clearinghouse
Cc: Steenlage Keith E
Subject: EIR_120820HCC2922
Attachments: EIR 120820HCC2922.pdf

Rita Tank
Product Liability Paralegal
Deere & Company
Phone: (309) 765-4037
Fax: (309) 749-0085
Email: tankrital@JohnDeere.com

NOTICE: The following message (including attachments) is covered by the Electronic Communication Privacy Act, 18 U.S.C. sections 2510-2521, is CONFIDENTIAL and may also be protected by ATTORNEY-CLIENT OR OTHER PRIVILEGE. If you believe that it has been sent to you in error, do not read it. If you are not the intended recipient, you are hereby notified that any retention, dissemination , distribution, or copying of this communication is strictly prohibited. Please reply to the sender that you have received the message in error, then delete it. Thank you.

Utility Vehicle Data Record Sheet

Front

X Driver	Right Front Passenger
Left Rear Passenger	Right Rear Passenger
Cargo Bed	

Rear

The Utility Vehicle

A:		
	Age: 82	Height: 71"
	Gender: Male	Weight: 115 lbs
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: Head Trauma	
	Did vehicle land on victim: No	
	Ejected (Either partially or fully): Fullyy	

B:		
	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

C:		
	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

D:		
	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

E:		
	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

F:		
	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

*If victim(s) were injured/killed, please include the other relevant information requested in the assignment message in the text of the IDI

Using the figure on the left, please fill in where the occupants were in the vehicle at the time of the incident using A, B, C, etc. to identify the occupant(s)' location. Fill in the occupants' characteristics in the corresponding location on the right. For example, the driver could be assigned to the letter 'A' and the letter 'A' would be placed in the diagram in the box designated 'Driver', and the drivers' characteristics would be filled on the right. If there were more than six occupants (or more room is needed), please add the other passenger(s)' information (or any other information) as needed. If information is not available, please indicate by 'na'.

Note: Not all locations indicated on the diagram exist in all types of utility vehicles. Please only use the locations that correspond to the incident vehicle. Please place an 'X' over the area if the vehicle was not equipped with the component.

Save

JOHN DEERE

Deere & Company
Law Department
One John Deere Place, Moline, IL 61265 USA
Phone: 309-765-4044
Fax (309) 749-0085 or (309) 765-5892
Email: SteenlageKeithE@JohnDeere.com

Keith E. Steenlage
Assistant General Counsel

1 November 2012

Pamela Mc Donald
Program Analyst
National Injury Information Clearinghouse
Division of Hazard & Injury Data Systems
Data Intake & Injury Information Branch

VIA EMAIL

Re: Epidemiologic Investigation Report 120820HCC2922

Dear Ms. McDonald:

Deere & Company would like to comment on the above referenced Epidemiologic Investigation Report, which was attached to your letter dated 15 October 2012.

This EIR indicates that an 82-year old man drove a John Deere utility vehicle off of a 12-foot river embankment on his property and was found dead, from an impact to the head, lying in the river. This report also states the decedent was not wearing a helmet.

Based on the description of the vehicle in the report, it appears it was a four-passenger machine. All John Deere four-passenger utility vehicles are equipped with an operator protective structure and seatbelts. The warnings on the machine and the Operator's Manual provide specific instructions regarding helmet use and safe operation of the vehicle. Based on the accident description, it appears that the operator failed to follow a number of these instructions and warnings.

The John Deere four-passenger utility vehicles met or exceeded all applicable standards at the time it was manufactured. Deere denies that there is any manufacturing or design defect in this product.

Deere asks to be notified if the Commission receives a request for disclosure of the information contained in the above referenced document.

Sincerely,

Keith E. Steenlage

Keith E. Steenlage

cc: Derek D. Murphy

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
120827HCC3820	9075	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
810	2012 08 11	2012 08 28

6. Synopsis of Accident or Complaint **UPC**

An 18 year old operator of a four wheel UTV along with two females (15 and 16 years old) and one male (17 years old) were all in the front bench seat with the operator while driving on a private gravel road on a downhill slope. The driver lost control, swerved, and flipped over expelling the operator. He was pronounced dead on the scene and the other three passengers only suffered scratches (did not require medical attention). No one was wearing a seatbelt or helmet. Witnesses and authorities say speed was the contributing factor to losing control. The cause of death was a skull fracture and blunt force trauma.

7. Location (Home, School, etc)	8. City	9. State
2 - FARM	GULICH TOWNSHIP	PA

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - UTILITY VEHICLES	POLARIS RANGER	RANGER 500 EFI

10D. Manufacturer Name and Address
POLARIS ALL TERRAIN VEHICLES
23361
CLEVELAND, OH 44146

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
0	NONE	NONE

11D. Manufacturer Name and Address
NONE

12A. Hispanic or Latino	12B. Race	12C. Race Source
2 - No	1 - White Other:	3 - Official Document

13. Age of Victim	14. Sex	15. Disposition	16. Injury Diagnosis
18	1 - Male	8 - Death	62 - Intern. Org. Inj.

17. Body Part(s) Involved	18. Respondent	19. Type of Investigation	20. Time Spent (Operational / Travel)
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	14.00 / 0.00

21. Attachment(s)	22. Case Source	23. Sample Collection Number
9 - Multiple Attachments	05 - Newspaper	

24. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ◉ No ○ Yes for Manuf. Only ○ Verbal ○ Written

25. Review Date	26. Reviewed By	27. Regional Office Director
10/05/2012	2147	Dennis R. Blasius

28. Distribution	29. Source Document Number
Sarah Garland	X1280564A

120827HCC3820

The investigation of this incident initiated from a news article and all relevant information was obtained telephonically.

It should be noted that both the Medical Examiner's report and the State Police report along with photographs were requested, obtained and listed as Attachment #1 (SP photos), Attachment #2 (SP report) and Attachment #3 (ME report).

The property on which the incident occurred was private family owned property.

This Investigator was able to contact both the investigating officer and the local coroner.

Weather conditions the day of the incident were depicted as clear, dry and mild.

The victim in this incident was an 18 year old male who was operating a four wheel utility type all-terrain vehicle on a large 900 acre tract of property. The victim's parents own the property and a cabin which is located approximately two miles from the incident scene. Approximately 20 friends and family members were visiting at the property at the time of the incident.

Photographs of the UTV depict that it was equipped with a front bench style seat with seat belts. It should be noted that the center seat belt appeared to be a waist style only and both the outside operator and passenger's belts appeared to be harness style (harness points unknown). The unit appeared to be equipped with the following additional items: foot controlled break and throttle, steering wheel, automatic transmission, front head lights and rear tail/turn lights, two head rests for the passenger and driver's seat positions, a dump style bed directly behind the bench seat, roll bar with plastic roof cover and front brush guard. The 2010 unit was equipped with a 500cc engine. There were no visible coverings over either the passenger area or operator area cab side entry points.

According to the authorities, the victim was the operator of the UTV which contained three other occupants, his sister and two other friends (a male and female). According to the authorities and their statements all four of the occupants including the victim/operator were in the front seat of the UTV and none were wearing seat belts at the time of the incident. No one was wearing a helmet either.

According to authorities the operator and his friends were traveling to the cabin located on the family property.

At the time of the incident the victim, his sister and their two friends were traveling on a private gravel covered road which traversed the property. The witness statements indicate that the two males were at the extreme outside positions of the bench seat. The victim's sister (16 years old) was sitting next to the 17 year old male and the other 15 year old female was sitting between the victim and his sister. According to witnesses the four had been riding in the UTV for approximately one half hour or so prior to the incident. Authorities stated and witness information indicates that the victim was driving on a straight stretch which was on a slight to moderate downhill grade on the private gravel surfaced road.

120827HCC3820

The driver lost control of the UTV which ultimately began to fishtail and overturned landing on its side.

The driver was ejected during the incident. The other three passengers reportedly suffered minor scratches but they did not require medical attention. It is not known if they were ejected. The three were able to upright the UTV and the victim's sister and her male friend went back to summon help. The victim's female friend stayed with the victim.

EMS and Police Officials were summoned and responded accordingly. The victim was pronounced at the scene upon EMS's arrival. The cause of death was a skull fracture and blunt force trauma.

Police officials indicated that the scene evidence depicted tire tracks extending some 36 feet and 4 inches down the west grassy side berm of the road. The total length of tire tracks on the road measured 90 feet and 4 inches. Twelve feet of tire tracks extended beyond the victim's position. The UTV came to rest some 27 feet and 5 inches beyond the victim. The report indicates that the tire tracks visible on the roadway were consistent with the witness statements indicating that the UTV had fishtailed as a result of the victim's loss of control.

It should be noted that this investigator was unable to provide all of the required information on the data sheet because some of the relevant information was redacted when this investigator received the official reports.

Two of the occupants/witnesses indicate in their statements that they were traveling at a fast rate of speed when the victim lost control. Another witness indicates that the UTV was traveling fast, lost control, spun then rolled over twice. Authorities did not provide nor could they determine a specific rate of speed.

The investigating officer indicated that there was no evidence indicating that UTV came in contact with the victim during and/or after the roll over. Authorities did not mention nor did their photographs depict any obstructions in the dry gravel roadway other than the ruts.

Authorities were unaware of how familiar and/or to what the extent the victim's experience was with the UTV. The authorities did not suspect alcohol use was a factor in this incident.

Officials photographed the damage to the driver's side roof covering and roll bar of the UTV, which are depicted in Attachment #1 of this document.

The above narrative addresses the majority of answers regarding the UTV Guideline along with the following undetermined answers.

There was no information available regarding the place and/or date of purchase of the UTV, and no information regarding whether or not there were any modifications to the UTV. The height and weight of each of the passengers was not recorded by authorities.

120827HCC3820

PRODUCT IDENTIFICATION:

The product identified by authorities is that of a 2010 Polaris Ranger 4 wheel off road Utility Vehicle 500 EFI green in color displaying VIN: 4XATH50A3A216114.

EHIBITS:

Attachment#1: Photographs by PASP. (7)

Attachment #2: PSP Non Traffic Death report. (15)

Attachment #3: Clearfield County (PA) ME report. (5)

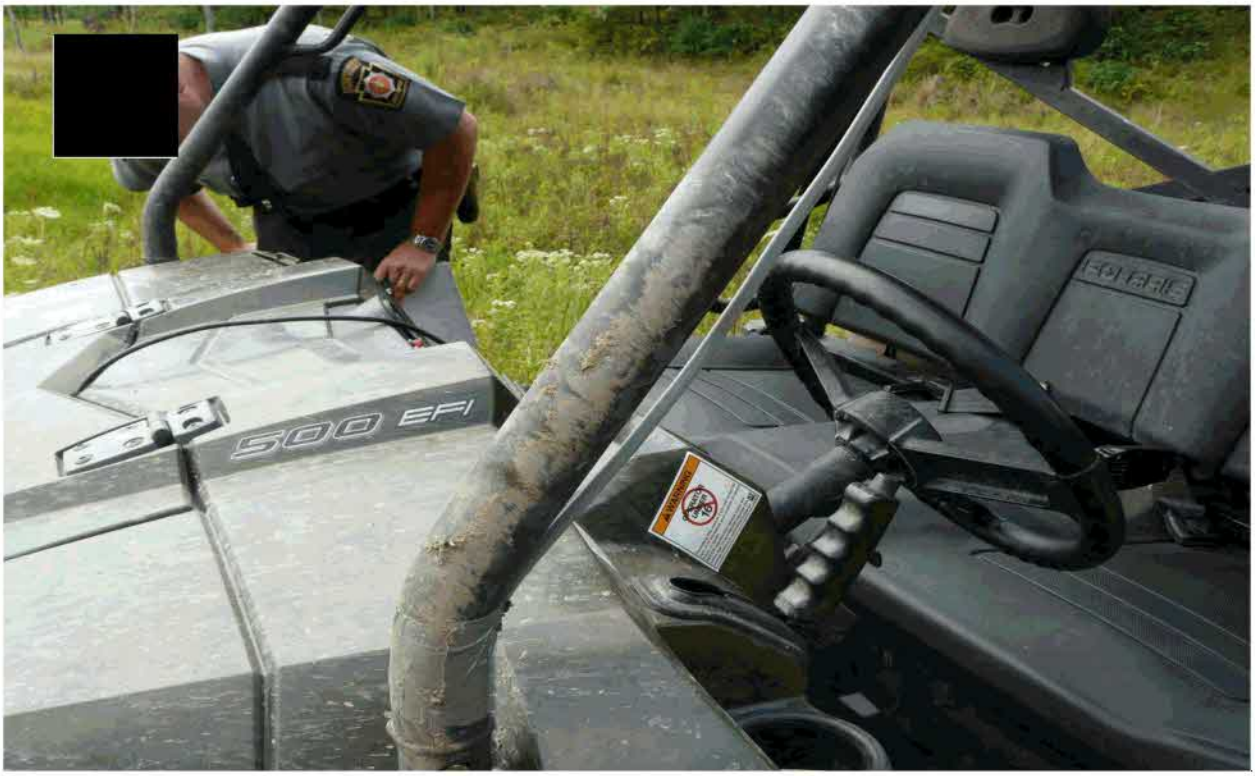
Attachment #4: Contact Sheet (1)

Attachment #5: UTV data sheet. (1)

120827HCC3820 Attachment#1 Photos #1 and #2 depicting front & rear of UTV.

120827HCC3820 Attachment#1 Photos #3 and #4 depicting UTV side views.

120827HCC3820 .. Attachment#1 Photos #5 and #6 depicting oll bar and roof impact areas.

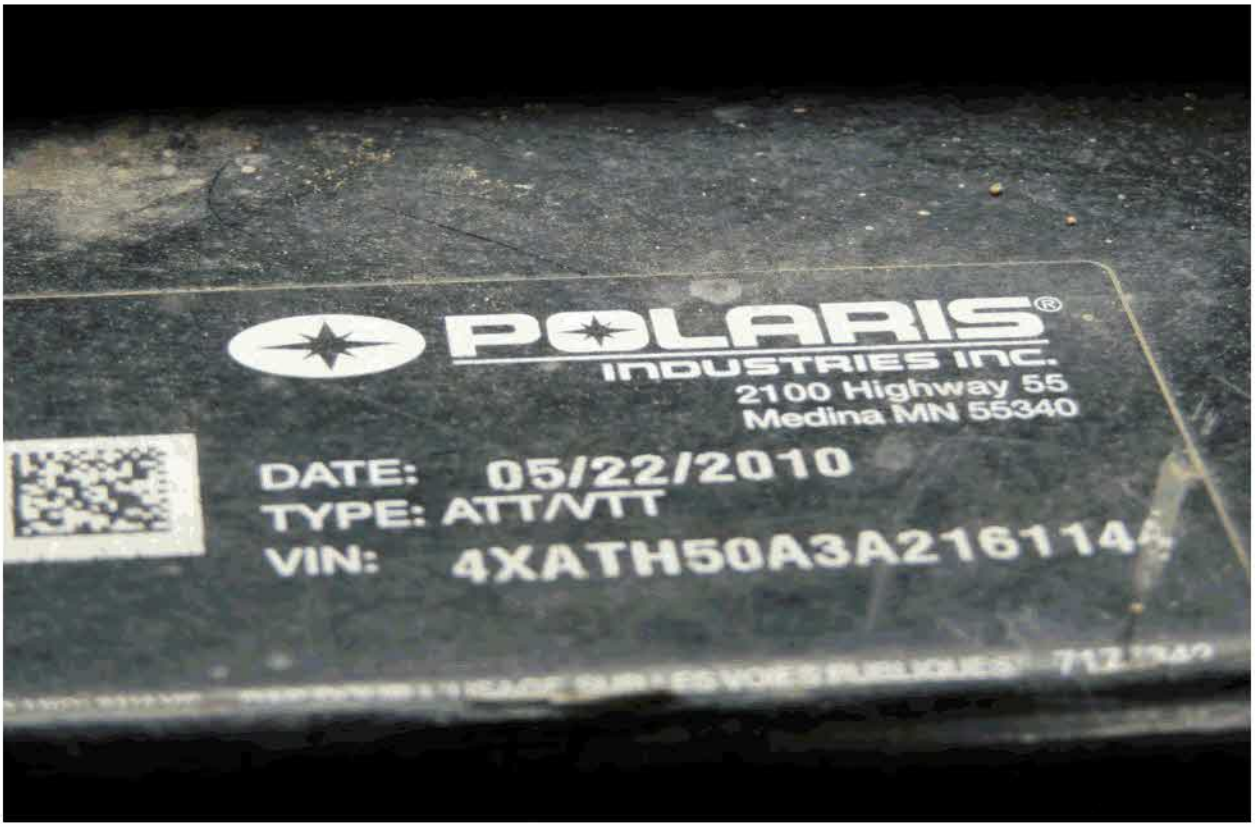


120827HCC3820 Attachment#1 Photos #7 and #8 depicting rear bed side impact & seatbelt configuration.

120827HCC3820 Attachment#1 Photos #9 and #10 depicting seat belts and downhill roadway.

120827HCC3820 Attachment#1 Photos #11 and #12 depicting tire marks on roadway & grass berm UTV path after victim expelled .

120827HCC3820 Attachment#1 Photos #13 and #14 depicting



SP 7-0060 (1-94)

NON-TRAFFIC DEATH INVESTIGATION REPORT

INCIDENT NO. C03-1101270

REPORT TYPE: ☒ ACCIDENTAL ☐ NATURAL ☐ SUICIDE

ORI/STATION: PAPSP 1300/Clearfield

STATUS: ☐ CLOSED ☒ PENDING

LOCATION: Private property off of Hunt Club Drive, Gulich Township, Clearfield County, Zone 19

LOCATION CODES: 218/17

DATE AND TIME OCCURRED: 08/11/12 0800-1044

DATE & TIME INVESTIGATOR ARRIVED: 08/11/12 / 1211

[redacted]

PHONE: [redacted]

SSN	DOB	AGE	RACE	SEX	HT	WT	HAIR	EYES	HANDED
[redacted]	[redacted]	18	W / N	M	505	135	BLN	GRN	R ☒ L ☐ A ☐

EMPLOYER OR SCHOOL: Self-employed

PHONE:

NEXT OF KIN: [redacted]

RELATIONSHIP TO VICTIM: Father

NOTIFIED: ☒ YES ☐ NO

BY WHOM: Self

APPARENT CAUSE OF DEATH: Multiple Blunt Force Trauma To Head and Neck

INJURIES HEAD AND NECK: Basal Skull Fracture

ARMS/HANDS: Abrasions right arm

FRONT TORSO: Abrasions on chest

REAR TORSO: None

LEGS/FEET: None

INJURY DIAGRAMS ATTACHED ☒

IF FIREARM INVOLVED, GUNSHOT RESIDUE TEST CONDUCTED ☐ YES ☐ NO

TREATMENT INFORMATION: None

CORONER	AUTOPSY	AUTOPSY REQUESTED	BLOOD DRAWN	BAC	TOXICOLOGY REQUESTED
Kimberly SHAFFER-SNYDER	☐ YES ☒ NO	☒ YES ☐ NO	☐ YES ☒ NO		☒ YES ☐ NO

CLOTHING: Black pants, green shirt, red suspenders, and white underwear.

DAMAGE TO CLOTHING: Shirt torn near left shoulder.

CONSISTENT WITH INJURIES ☒ YES ☐ NO

VICTIM DISCOVERED BY NAME: [redacted]

ADDRESS: [redacted] D [redacted] SSN [redacted] PHONE [redacted]

DESCRIBE LOCATION WHERE BODY WAS DISCOVERED: "Refer To Description Of Scene Section"

POSITION OF VICTIM AT LOCATION: "Refer To Description Of Scene Section"

	Y	N		Y	N
ANY SIGN OF TAMPERING OR DISTURBANCE AT SCENE	☒	☐	ANY EVIDENCE INDICATING TIME OR DATE VICTIM DIED	☒	☐
EVIDENCE OF ACTION OCCURRING AWAY FROM WHERE BODY FOUND	☐	☒	WAS SCENE INCONSISTENT WITH WEATHER BEFORE OR AFTER INCIDENT	☐	☒
WEAPON OR OTHER APPARENT IMPLEMENT OF DEATH LOCATED AT SCENE	☐	☒	LIFE INSURANCE INFORMATION ON VICTIM AVAILABLE	☐	☒
FIREARM THOUGHT TO CAUSE DEATH EXAMINED FOR WORKING ORDER BY LAB REQUEST OR OTHER METHOD	☐	☒	WAS THE SCENE PHOTOGRAPHED	☒	☐
			WAS THE SCENE PROCESSED FOR PHYSICAL EVIDENCE	☐	☒
OTHER APPARENT IMPLEMENT OF DEATH EXAMINED	☐	☒	WAS VICTIM POSITIVELY IDENTIFIED	☒	☐
INCONSISTENCIES BETWEEN INJURIES AND APPARENT IMPLEMENT OF DEATH	☐	☒	ANY EVIDENCE VICTIM WAS DRESSED OR UNDRESSED AFTER DEATH	☐	☒
EVIDENCE OF ALCOHOL OR DRUGS AT SCENE	☐	☒	DID VICTIM HAVE EXISTING MEDICAL CONDITION	☐	☒
OTHER PHYSICAL EVIDENCE RECOVERED AT SCENE	☐	☒	DID VICTIM HAVE EXISTING MENTAL HEALTH CONDITION	☐	☒
ANY SUICIDE NOTE, MESSAGE, ETC., FOUND	☐	☒	WAS VICTIM LISTED AS WANTED/MISSING IN CLEAN/NCIC	☐	☒
IF NOTE FOUND, OTHER EXAMPLES OF VICTIM'S WRITING AVAILABLE	☐	☒	ALTERNATE THEORY OF CAUSE OF DEATH POSED	☐	☒
VICTIM'S WILL INFORMATION AVAILABLE	☐	☒	ANY SIGNIFICANT ISSUES REMAIN AS UNRESOLVED	☐	☒
INFORMATION AVAILABLE ON VICTIM'S ACTIVITIES 24 HRS. BEFORE DEATH	☒	☐	ANYONE KNOWN TO HAVE WITNESSED VICTIM'S DEATH	☒	☐

INVESTIGATING OFFICER: Tpr. Mary Jane McGINNIS 6252 — BADGE NO. 6252

SUPERVISOR'S INITIALS	BADGE NO.	DATE	C.I. SECTION COMMANDER'S INITIALS	BADGE NO.	DATE	PAGE NO.
GSR	8151	08/11/12				1

SP 7-0051 (12-2011) PENNSYLVANIA STATE POLICE	REPORT TYPE	DATE(S)/DAY(S) OF INCIDENT	INCIDENT NO.
CONTINUATION SHEET ☒ SUPPLEMENTAL INVESTIGATION REPORT ☐	☐ INCIDENT ☒ OTHER NT Death	TIME(S) OF INCIDENT	C03-1101270
		JUVENILE ☐	DOMESTIC VIOLENCE ☐

ATTACHMENTS:
☐ INTOXICATION WORK SHEET ☐ MISSING PERSON CHECKLIST
☐ FELONY CRIMES AGAINST THE PERSON ☐ STATEMENT FORM(S)
☐ VICTIM/WITNESS ASSISTANCE GUIDE RECEIPT ☐ RIGHTS WARNING AND WAIVER
☐ PROPERTY RECORD
☐ OTHER

DISP.: ☐ CLEARED BY ARREST ☐ UNFOUNDED ☐ EXCEPTIONALLY CLEARED- DATE
A ☐ DEATH OF ACTOR D ☐ VICTIM REFUSED TO COOPERATE
B ☐ PROSECUTION DECLINED E ☐ JUVENILE/NO CUSTODY
C ☐ EXTRADITION DENIED N ☐ NOT APPLICABLE ☐ MULTIPLE CLEAR-UP

1. ORI/STATION: PAPSP1300/Clearfield
2. DATE OF REPORT: 08/21/12
3. OFFENSE: ACCIDENTAL DEATH
4. VICTIM: [redacted]

5. NARRATIVE

LATITUDE: 40 45:24.32 LONGITUDE: -78 22:28.32

1.) DESCRIPTION OF SCENE:
The scene was a dirt road approximately 1mile southeast of Hunt Club Drive which is a private road located in Gulich Township, Clearfield County. Nearest cross street is SR 153 which is approximately 2 miles from the scene. The victim was lying on the edge of the road on the west berm on his back with his legs extended outward. The victim's arms were crossed on his chest. The victim had an abrasion on his eyebrow and had road rash/abrasions on his face along with his right arm and upper chest on his left side. Lividity was present on the victim's face and consistent with his final resting position prior to him being rolled over by family members. No rigor mortis was present. The involved vehicle was parked on the west berm. The vehicle being a 2010 Polaris Ranger 500EFI bearing VIN#:4XATH50A3A216114. The vehicle was equipped with three seats belts, but none of the seat belts were in use.

2.) SYNOPSIS:
The victim along with 20 family/ friends are part of an Amish community from Eastern Pennsylvania. The victim's parents own property and a cabin approximately two miles from the scene. The victim, his sister, and two friends were out riding in the UTV when the victim, the operator lost control of same. As a result, the UTV flipped over ejecting all four individuals. The UTV landed on its' side. After the vehicle came to rest, the three individuals flipped up the UTV which was still operable. The victim's sister and a friend drove same back to the cabin to summon help. The victim's father along with the victim's brother responded to the scene. A female friend stayed at the scene with the victim while they summoned help. The other three individuals suffered minor injuries consisting of scratches. Houtzdale-Ramey Ambulance responded but no treatment was completed due to the victim being deceased upon their arrival.

On 08/11/12, Deputy Coroner Kimberly SHAFFER-SNYDER pronounced the victim dead at 1300 hours.

3.) PHYSICAL EVIDENCE:
Physical evidence at the scene consisted of the following. There were tire tracks 36ft. 4in. down the west berm. The total length of the tire tracks on the road was 90ft. 4in. There were 12ft. of tire tracks past the final resting position of the victim. The UTV came to rest 27ft. 5in. from the final resting position of the victim. The tire tracks on the road showed how the UTV was fishtailing down the roadway which was consistent with the other occupants' statements which stated that the victim lost control of the UTV.

CONTINUED

6. OFFICER'S NAME/SIGNATURE	BADGE NO.	7. INVEST. RECM.	8. SUPV. INIT./BADGE NO.	9. CONCUR / NONCONCUR	10. PAGE
Tpr. Mary Jane McGINNIS	6252	☒ CONT. ☐ TERM.		☒ CONCUR ☐ NONCONCUR	2

STATZER

SP 7-0051 (12-2011)

PENNSYLVANIA STATE POLICE
CONTINUATION SHEET ☒
SUPPLEMENTAL INVESTIGATION REPORT ☐

REPORT TYPE
☐ INCIDENT
☒ OTHER NT Death

DATE(S)/DAY(S) OF INCIDENT

INCIDENT NO. C03-1101270

TIME(S) OF INCIDENT

JUVENILE ☐

DOMESTIC VIOLENCE ☐

ATTACHMENTS:
☐ INTOXICATION WORK SHEET
☐ FELONY CRIMES AGAINST THE PERSON
☐ VICTIM/WITNESS ASSISTANCE GUIDE RECEIPT
☐ PROPERTY RECORD
☐ OTHER
☐ MISSING PERSON CHECKLIST
☐ STATEMENT FORM(S)
☐ RIGHTS WARNING AND WAIVER

DISP.: ☐ CLEARED BY ARREST ☐ UNFOUNDED ☐ EXCEPTIONALLY CLEARED- DATE
A ☐ DEATH OF ACTOR
B ☐ PROSECUTION DECLINED
C ☐ EXTRADITION DENIED
D ☐ VICTIM REFUSED TO COOPERATE
E ☐ JUVENILE/NO CUSTODY
N ☐ NOT APPLICABLE
☐ MULTIPLE CLEAR-UP

1. ORI/STATION
PAPSP1300/Clearfield

2. DATE OF REPORT
08/21/12

3. OFFENSE
ACCIDENTAL DEATH

4. VICTIM
[redacted]

5. NARRATIVE

4.) INVESTIGATIVE DETAILS:

DETAILS TO "YES" RESPONSES:

1. Victim came to rest face down and was turned by family members onto his back. His arms were crossed over his chest also due to Amish religious beliefs.
12. Victim was part of a large group of family/friends who were at his family's cabin for an outing. Victim arrived at the cabin Friday morning and was scheduled to leave Saturday afternoon. The victim and his sister along with their two friends were out riding the UTV along trials and roadways around the area of their cabin.
13. Victim died upon impact. Victim was deceased upon the arrival of EMS.
16. On 08/11/12, Cpl. Gary SIMLER photographed the scene and victim with the use of Clearfield's Panasonic/DMCFZ18 digital camera. A total of forty (40) images were captured. The photographs were taken on 08/11/12 between 1220 and 1245 hours. Cpl. SIMLER transferred the images from the camera to a station computer, then copied the images onto two non-rewritable Cd's; one of which was marked "Master Copy" and the other "Working Copy". He reviewed both disks and verified the images accurately represent the items photographed. The images were then deleted from the station computer. The two disks were labeled as required by Department regulations. The working copy shall be maintained at this station for the required period of time from case conclusion. The Master Copy was forwarded to Punxsutawney, attention Forensic Services Unit where it will be maintained as required by Department regulations.
18. The victim was positively identified by his father [redacted].
25. The victim's death was witnesses by his sister E[redacted] E. S[redacted] and friends (b)(6). (b)(6) and M[redacted] L[redacted] K[redacted]

INTERVIEWS:

[redacted] on 08/11/12 at 1130 hrs. at the scene and he related the following. We own property here and have a cabin back the road about two miles. We have the right of way on the property to get to our property. We arrived here yesterday morning. There are twenty-one of

CONTINUED

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Tpr. Mary Jane McGINNIS	6252	☒ CONT. ☐ TERM.			3

STATION

SP 7-0051 (12-2011)

PENNSYLVANIA STATE POLICE

CONTINUATION SHEET ☒
SUPPLEMENTAL INVESTIGATION REPORT ☐

REPORT TYPE
☐ INCIDENT
☒ OTHER NT Death

DATE(S)/DAY(S) OF INCIDENT

TIME(S) OF INCIDENT

JUVENILE ☐

DOMESTIC VIOLENCE ☐

INCIDENT NO. C03-1101270

ATTACHMENTS:
☐ INTOXICATION WORK SHEET
☐ FELONY CRIMES AGAINST THE PERSON
☐ VICTIM/WITNESS ASSISTANCE GUIDE RECEIPT
☐ PROPERTY RECORD
☐ OTHER
☐ MISSING PERSON CHECKLIST
☐ STATEMENT FORM(S)
☐ RIGHTS WARNING AND WAIVER

DISP.: ☐ CLEARED BY ARREST ☐ UNFOUNDED ☐ EXCEPTIONALLY CLEARED- DATE
A ☐ DEATH OF ACTOR
B ☐ PROSECUTION DECLINED
C ☐ EXTRADITION DENIED
D ☐ VICTIM REFUSED TO COOPERATE
E ☐ JUVENILE/NO CUSTODY
N ☐ NOT APPLICABLE
☐ MULTIPLE CLEAR-UP

1. ORI/STATION
PAPSP1300/Clearfield

2. DATE OF REPORT
08/21/12

3. OFFENSE
ACCIDENTAL DEATH

4. VICTIM
[redacted]

5. NARRATIVE

us including kids at the cabin. [redacted] and their two friends left about ½ to 1 hour ago to go on a ride. M[redacted] and E[redacted] came back to the cabin for help. I tried to call 911 but couldn't get through on my phone. Me and a couple of the other guys went to the accident and called for help. The UTV is owned by my friend [redacted] and is kept at the cabin.

M[redacted] L[redacted] K[redacted] W/N/M/17 DOB: [redacted]94 [redacted] Telephone: [redacted] was interviewed on 08/11/12 at 1140 hrs. ar[redacted]ng. [redacted] was driving and B[redacted] was sitting next to him then there was E[redacted] end[redacted] were moving pretty good coming down the hill. (b)(6) lost it and started fishtailing down the road. We rolled over and came to rest on the side. It happened so fast, I'm not sure but it may have spun and flipped twice. We pulled the UTV up and E[redacted]e [redacted]

[redacted] PA 19344 [redacted] ted the following. (b)(6) [redacted] between 0800-0900 hrs. We were only gone about a half an hour. I'm not sure what happened. I think we lost control. It happened so fast. (b)(6) was going kind of fast, too fast. I think he lost control and we flipped over. I'm not sure if (b)(6) got thrown out. Me, M[redacted] and B[redacted] all ended up on the same side.

B[redacted] K. B[redacted] W/N/F/15 DOB: [redacted]96 [redacted] Narvin, PA 17555 Telephone: [redacted] was interviewed on 08/11/12 at 1230 hrs. and she related the following. Jacob was driving and I was beside him. E[redacted] was beside me and then (b)(6) I think we lost control. We were swerving back and forth and then I think we flipped over. Gator was on its' side and I was lying on top on the side. I'm not sure what side I was on. (b)(6) was going maybe a little fast.

OTHER INVESTIGATIVE INFORMATION:

CLEAN message CFL-171 dated 08/11/12 was sent to DHQ and Punxsutawney in accordance with AR9-6.
Cpl. Gary SIMLER was notified on 08/11/12.
I requested an autopsy and toxicology to Deputy Coroner Kimberly SHAFFER-SNYDER. After review of the scene and victim the coroner determined it was not necessary to conduct an autopsy.
Consent To Search completed by property owner Bernadette GILLILAND.

CONTINUED

6. OFFICER'S NAME/SIGNATURE	BADGE NO.	7. INVEST. RECM.	8. SUPV. INIT./BADGE NO.	9.	10. PAGE
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STATION

SP 7-0051 (12-2011) PENNSYLVANIA STATE POLICE	REPORT TYPE	DATE(S)/DAY(S) OF INCIDENT	INCIDENT NO.
CONTINUATION SHEET ☒ SUPPLEMENTAL INVESTIGATION REPORT ☐	☐ INCIDENT ☒ OTHER NT Death	TIME(S) OF INCIDENT / JUVENILE ☐ / DOMESTIC VIOLENCE ☐	C03-1101270

ATTACHMENTS:
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☐ FELONY CRIMES AGAINST THE PERSON
☐ VICTIM/WITNESS ASSISTANCE GUIDE RECEIPT
☐ PROPERTY RECORD
☐ OTHER
☐ MISSING PERSON CHECKLIST
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☐ RIGHTS WARNING AND WAIVER

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E ☐ JUVENILE/NO CUSTODY
N ☐ NOT APPLICABLE
☐ MULTIPLE CLEAR-UP

1. ORI/STATION: PAPSP1300/Clearfield
2. DATE OF REPORT: 08/21/12
3. OFFENSE: ACCIDENTAL DEATH
4. VICTIM: [redacted]
5. NARRATIVE

5.) ATTACHMENTS:

Seven photographs of the victim and scene.
Crime Scene Entry Log
First Responder Checklist
News Release
Waiver Of Rights And Consent To Search
CLEAN Message #CFL171-39316

6.) CONCLUSIONS/RECOMMENDATIONS:

CONCLUSION:
Based upon all the facts of this investigation, coupled with the interviews and scene examination, the death of [redacted] is determined to be accidental.

RECOMMENDATION:
This investigation will remain open pending receipt of the death certificate and coroner's field report.

6. OFFICER'S NAME/SIGNATURE	BADGE NO.	7. INVEST. RECM.	8. SUPV. INIT./BADGE NO.	9. CONCUR / NONCONCUR	10. PAGE
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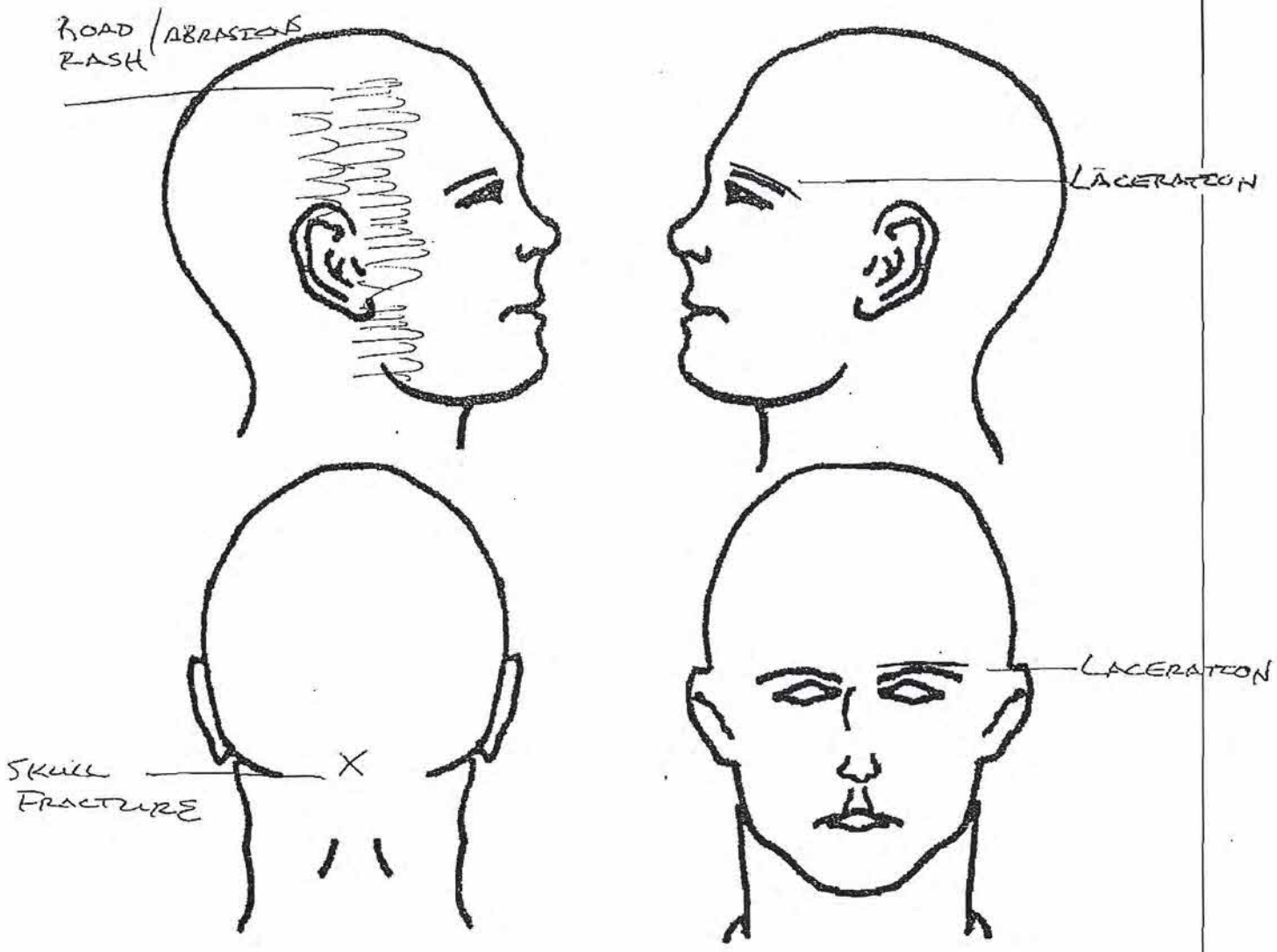
SP 7-0073A (4-94)

INJURY DIAGRAM

INCIDENT NO. C03-1101270

VICTIM: [redacted]



COMPLETED BY	BADGE NO.	DATE
Tpr. Mary Jane McGINNIS	6252	08/12/12

SUPERVISOR'S REVIEW	C.I. SECTION CO.	PAGE NO.
[illegible] 09/11/12		INJ 1

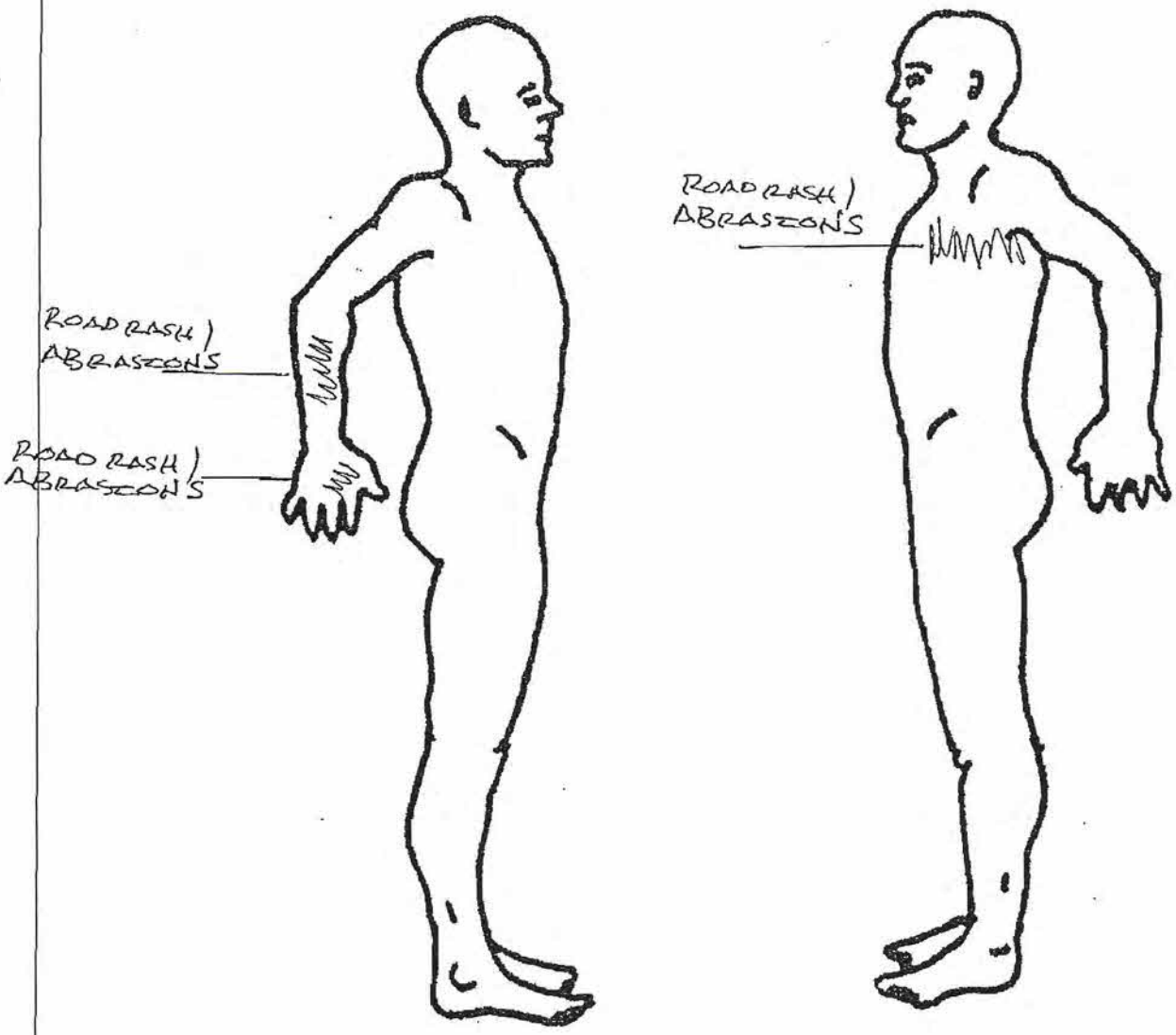
STATION

SP 7-0073A (4-94)

INJURY DIAGRAM

INCIDENT NO. C03-1101270

VICTIM: [redacted]



COMPLETED BY	BADGE NO.	DATE
Tpr. Mary Jane McGINNIS	6252	08/12/12

SUPERVISOR'S REVIEW	C.I. SECTION CO.	PAGE NO.
WL 8951 09/11/12		INI 2

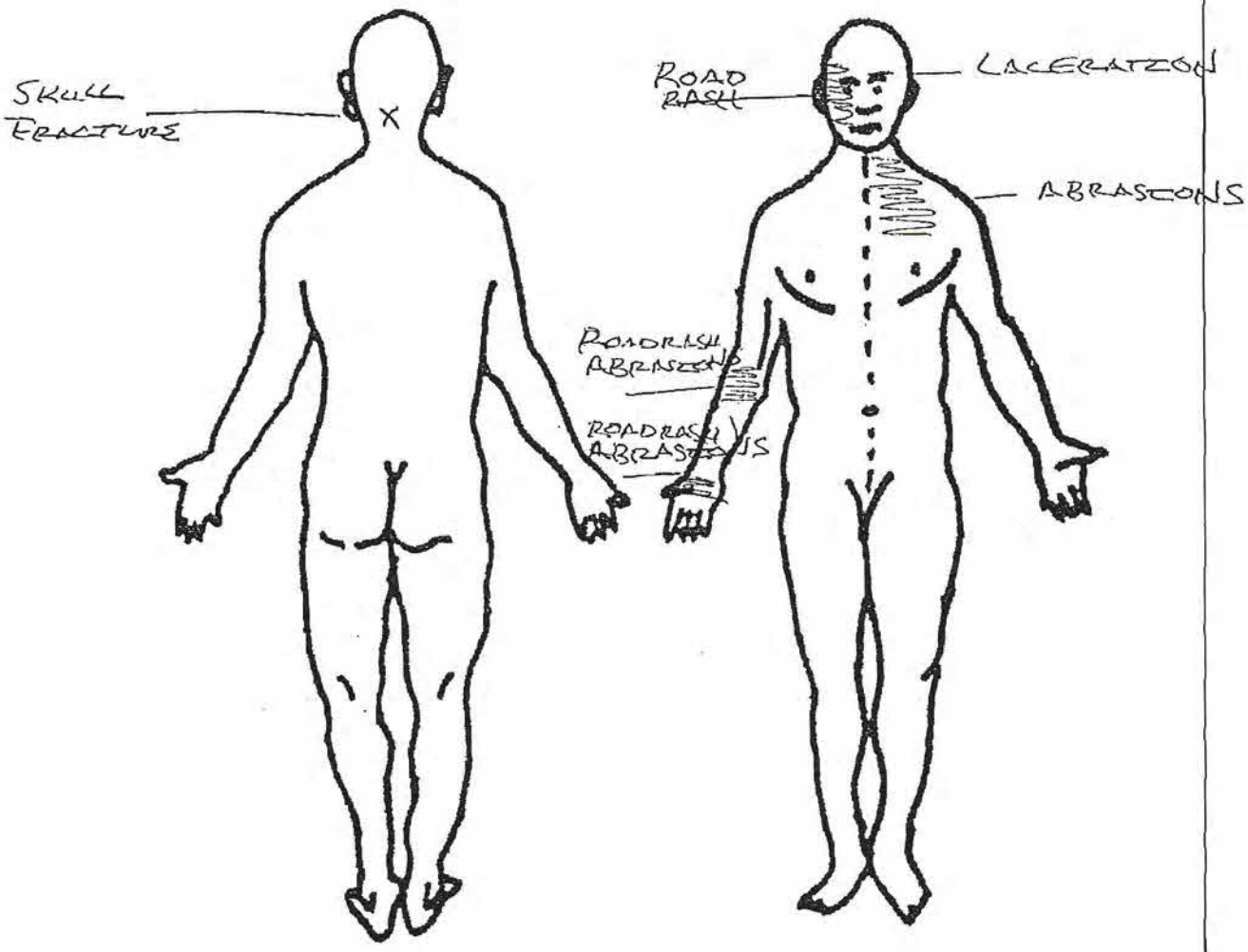
STATCH

SP 7-0073A (4-94)

INJURY DIAGRAM

INCIDENT NO. C03-1101270

VICTIM: [redacted]



COMPLETED BY	BADGE NO.	DATE
Tpr. Mary Jane McGINNIS	6252	08/12/12

SUPERVISOR'S REVIEW	C.I. SECTION CO.	PAGE NO.
GJR 8451 09/11/12		INT 3

STATION

SP 7-0057 (1-2001)

PENNSYLVANIA STATE POLICE

CRIME SCENE ENTRY LOG

1. SCENE	2. DATE	3. INCIDENT NO.
	08/11/12	C03-1101270

4. OFFICER MAINTAINING LOG	BADGE NO.	5. START DATE & TIME	6. STOP DATE & TIME	7. REASON RELIEVED
TPR. ROBERT J. SOUTHERN	10371	08/12/12 1104	08/12/12 1355	SCENE CLEARED
OFFICER MAINTAINING LOG	BADGE NO.	START DATE & TIME	STOP DATE & TIME	REASON RELIEVED
OFFICER MAINTAINING LOG	BADGE NO.	START DATE & TIME	STOP DATE & TIME	REASON RELIEVED
OFFICER MAINTAINING LOG	BADGE NO.	START DATE & TIME	STOP DATE & TIME	REASON RELIEVED
OFFICER MAINTAINING LOG	BADGE NO.	START DATE & TIME	STOP DATE & TIME	REASON RELIEVED

8. NAME OF PERSON ENTERING SCENE	9. TIME IN	10. INITIALS	11. TIME OUT	12. INITIALS	13. PURPOSE
CHUCK MAYS	POA	[illegible]	1129	[illegible]	RAMEY FIRE CO
DOUG ZAZWORSKY	POA	DZ	1330	DZ	RAMEY FIRE CO
MATT JORDAN	POA	MJ	1129	MJ	RAMEY FIRE CO
SHEENA LEE	POA	S	1127	S	RAMEY FIRE CO
JEFF CARNS	POA	JC	1330	JC	RAMEY FIRE CO
THOMAS DATE JR	POA	TD	1129	TD	RAMEY FIRE CO
KIM SUJATSWORTH	POA	K.S	1336	K.S.	HOUTZDALE EMS
WILLIAM McKINNEY	POA	WM	1336	WM	HOUTZDALE EMS
CPL. GARY SIMLER	1211	GS	1318	GS	P.S.P
TPR. MARY JANE MCGIVNEY	1211	MJM	1355	MJM	P.S.P
KIM SNYDER	1300	KAS	1336	KAS	CORONER
KEVIN SNYDER	1300	KDS	1336	KDS	CORONER

14. PAGE C.S.L 1

STATION

SP 7-0056 (1-2001) PENNSYLVANIA STATE POLICE **FIRST RESPONDING OFFICER CHECKLIST**	1. SCENE	2. INCIDENT NO. C03-1101270

Duties En route and Upon Arrival At the Scene

3. Approach the crime scene taking into consideration officer safety and what evidence may be affected by the operation of the patrol vehicle, as well as your approach on foot, inside the crime scene area. ☒
4. Note date and time of arrival at scene. 08/11/12 - 1104 Hrs.
5. Note weather and lighting conditions. No adverse Conditions - Sunny
6. Begin Crime Scene Entry Log (Form SP 7-0057). ☒
7. Once inside the crime scene area, note description and license plate numbers of all vehicles in the crime scene. ☒
8. Identify all person(s) at the scene. Request they remain at the scene and, if possible, ensure they stay separated until enough information relative to their knowledge of incident is obtained. Keep in mind that this information will be an aid in allowing the investigator(s) to determine a course of action. ☒
9. If applicable, broadcast any description obtained of any actor(s) or vehicle(s) that may have been involved, in an effort to facilitate apprehension. ☒
10. If the media is encountered, refer them to the Criminal Investigation Section Commander or ranking officer at the scene. Do not comment to the media. ☒

Once above considerations have been addressed, the following tasks should be conducted. The order of these tasks may vary, depending upon scenario encountered by the first responding officer:

11. Attempt to ascertain the presence of the perpetrator(s). Keep in mind the dangers associated with clearing the scene yourself. If it is certain that there is no perpetrator presence, check for additional victim(s). ☒
12. Notify Station of the situation. (Do not use crime scene telephone.) Determine whether or not the proper notifications have been made, if needed, or applicable, e.g., ambulance/coroner, Officer of the Day, Troop Records & Identification Unit, district attorney, additional officers, etc. ☒
13. Establish a perimeter with a single point of entry and exit from the crime scene. If possible, cordon off crime scene. Ensure the largest perimeter area possible is established. Keep in mind that the area can be reduced at a later time. ☒

14. COMPLETED BY Robert J Sauer	15. BADGE NO.	16. DATE
17. SUPERVISOR'S REVIEW GSR 8651 09/11/12	18. C. I. SECTION COMMANDER	19. PAGE FR01

STATION

(CONTINUED)

PENNSYLVANIA STATE POLICE

FIRST RESPONDING OFFICER CHECKLIST

1. SCENE	2. INCIDENT NO.
	C03-1101270

20. Once crime scene perimeter has been established, ensure everyone privy to the scene uses the same point of entry and exit. Do not allow anyone to enter the crime scene prior to the arrival of the supervisor and/or investigative team. Note: Exceptions to this would include the coroner, or necessity of medical personnel inside the scene perimeter, during their assessment and/or treatment of injured person(s). ☒

21. Note and cover any evidence discovered that might be damaged/destroyed by weather conditions, e.g., rain, snow, sunlight, etc. ☒

22. Determine who had entered the crime scene prior to your arrival, e.g., person(s) discovering the crime, medical/fire personnel, etc. Note their agency affiliation and obtain their name(s) and vital statistics, etc. Obtain a brief description of what they saw or heard. Ensure, during your interview(s), the person(s) present at the scene prior to your arrival is separated during interview(s). Determine if the person(s) present at the scene moved/disturbed, or cleaned anything, e.g., lights turned on or off, doors opened or closed, the decedent's body moved, gas appliances turned on or off, vehicles turned on or off, glass swept or blood wiped up, etc. Include, during your inquires, the reason why they moved, disturbed, or cleaned anything in the crime scene area. ☒

23. Do not leave until the officer in command of the scene dismisses you. Ensure the officer in command is debriefed prior to departing the scene. Note the date, time, and by whom you were dismissed. ☒

24. DETAILS

3. Upon arrival, scene was secured by fire and EMS personnel
6. Upon arrival, I began a crime scene entry log
7. Two vehicles were present upon my arrival. One was owned by Douglas ZAZWORSKY of the Ramey Fire Co. It was a Ford Super duty PA Reg-YLK9239. The other was a Chevrolet Silverado Ambulance from Houtzdale EMS PA Reg – EV61390.
8. Upon arrival, I identified all individuals present and obtained their information for the Crime scene entry log and directed them to remain at the scene until being excused.
9. Not Applicable
10. Media was not encountered
11. The scene was cleared and no additional victims located.
12. All necessary notifications were completed by Tpr. Mary J. MCGINNIS
13. I established a perimeter and a single point of entry which was the dirt lane that personnel entered
20. Everyone used the same point of entry at the scene.
21. There was no evidence at the scene that was in danger of being destroyed by weather conditions
22. All persons who were present upon my arrival were listed on the Crime scene entry log. All were either Fire or EMS personnel and did not move, disturb or clean anything.
23. I left the scene with Tpr. Mary J. MCGINNIS upon completion of the investigation.

25. COMPLETED BY	26. BADGE NO.	27. DATE
Robert J. Sauft		
28. SUPERVISOR'S REVIEW	**29. C. I. SECTION COMMANDER**	**30. PAGE**
CJL 8451 09/11/12		FR02

SP 1-518(11-95)

PENNSYLVANIA STATE POLICE
PUBLIC INFORMATION RELEASE REPORT

1. STATION: CLEARFIELD

2. INCIDENT NO.: 03-1101270

3. INVESTIGATING OFFICER: Tpr. M.T. McGinnis

4. NATURE OF INCIDENT: ACCIDENTAL DEATH

5. DATE/TIME OF INCIDENT: 08/11/12 1030

6. LOCATION: PRIVATE PROPERTY GULICH [redacted].

7. PERSON(S) INVOLVED

VICTIM:
W/N/M/18

[redacted] B [redacted] [redacted] [redacted] *

[redacted] ROOK, [redacted]

8. INCIDENT DETAILS

/UTILITY TERRAIN VEHICLE/

VICTIM WAS OPERATING A UTV WHEN HE LOST CONTROL OF SAME. UTV FLIPPED OVER EJECTING VICTIM. VICTIM PRONOUNCED DEAD AT SCENE BY DEPUTY CORONER.

TAKEN 8/11/12

RETURNED 8/12/12

SP 7-0027 (12-2004)

PENNSYLVANIA STATE POLICE

WAIVER OF RIGHTS AND CONSENT TO SEARCH

1. TROOP-STATION: C/ CLEARFIELD

2. INCIDENT NUMBER: C03-1101270

3. PLACE(S), ITEM(S) OR VEHICLE(S) TO BE SEARCHED: —

4. ADDRESS OR LOCATION: 548 Hunt Club Dr. Centre, PA 16833
Property of [redacted]

5. ITEM(S) TO BE SEARCHED FOR AND SEIZED, IF FOUND: Investigate ATV Accident

6. I, [redacted] (CONSENTER SHALL PRINT FULL NAME)

HAVE BEEN REQUESTED BY Tpr. Mary Jane Mccarney (PRINT NAME)

OF THE PENNSYLVANIA STATE POLICE TO GIVE MY CONSENT FOR POLICE OFFICERS TO SEARCH PLACE(S), ITEM(S), OR VEHICLE(S) DESCRIBED ABOVE FOR THE ITEMS DESCRIBED ABOVE. I HAVE BEEN TOLD THAT I DO NOT HAVE TO GIVE MY CONSENT. I UNDERSTAND THAT I HAVE THE RIGHT TO REFUSE THIS REQUEST, AND THAT THE POLICE MAY NOT BE ABLE TO CONDUCT THIS SEARCH WITHOUT A SEARCH WARRANT UNLESS I GIVE MY CONSENT. NONETHELESS, I VOLUNTARILY GIVE MY CONSENT TO THE POLICE TO CONDUCT THIS SEARCH.

7. ☒ I am the owner of the place(s), item(s), or vehicle(s) to be searched.
☐ I rent or lease the place(s), item(s), or vehicle(s) to be searched from another person.
☐ With the permission of the owner, I have equal access and control over the place(s), item(s), or vehicle(s) to be searched.

I also understand that in addition to the items described above, if the following is found it may also be seized:

- Any contraband, the fruits of a crime, or things otherwise criminally possessed.
- Property which is or has been used as the means of committing a criminal offense.
- Property which constitutes evidence of the commission of a criminal offense.

No one, including anyone from the Pennsylvania State Police or any other police officer, has threatened me in any way, nor has anything been promised to me in return for giving my consent to conduct this search.

8. SIGNATURE – WITNESS 1: [signature] DATE: 08/11/12 TIME: 1350

9. PRINTED NAME – WITNESS 1: Tpr. Mary J. Mccarney

10. SIGNATURE – WITNESS 2: DATE: TIME:

11. PRINTED NAME – WITNESS 2: x Bernadette Gilliland

12. SIGNATURE – CONSENTER: DATE: 08/11/12 TIME: 1350

13. PRINTED NAME – CONSENTER: x Bernadette Gilliland

14. ADDRESS – CONSENTER: x548 Hunt Club Dr CITY: Ginter STATE: PA

CFL171-39316 S CFL171-17324 08/11/12 15:03:45 - 08/11/12 15:03:45 CZ13HDRPCXPR
SN BCI221 PAPSP3400 PXT331 CFL171, FILE 14 PAPSP1300 STATE POLICE CLEARFIELD

ATTENTION: COMMISSIONER AND DEPUTY COMMISSIONER OF OPERATIONS, AREA III COMMANDER, COMMANDING OFFICER TROOP C, OFFICER OF THE DAY

TYPE OF INCIDENT: DEATH-OTHER

DATE & TIME: 08/11/2012 1044 HOURS

INCIDENT NUMBER: C03-1101270

LOCATION: PRIVATE PROPERTY OFF HUNT CLUB DRIVE, GULICH TOWNSHIP, CLEARFIELD COUNTY

VICTIM: [redacted] W/N-M 18 YEARS OF AGE, DOB: [redacted]

DETAILS: VICTIM WAS OPERATERING A UTV WHEN HE LOST CONTROL OF SAME. UTV FLIPPED OVER CAUSING THE VICTIM TO BE EJECTED. VICTIM WAS PRONOUNCE DEAD AT SCENE BY DEPUTY CORONER KIM SHAFFER-SNYDER. INVESTIGATOR TPR MARY JANE MCGINNIS.

AUTH OIC SP CLEARFIELD/SGT. THOMAS S. HOLLENBAUGH LMK

120827HCC3820 Attachment #3 (page 1 of 5)

CORONER'S FIELD REPORT

Clearfield County, PA

J. Michael Morris Coroner

TELEPHONE
(814) 765-1533

ADDRESS
230 East Market Street
Clearfield, PA 16830

NAME [redacted] Sex M Race W

HOME ADDRES[redacted] H[redacted]ey [redacted] P[redacted] [redacted]y

[redacted] 18 Mo. [redacted] Days [redacted] Soc. Sec. No. [redacted]

[redacted] of Death: [redacted] 8/11/12 Sat [redacted] 1:00 pm [redacted] [redacted] X

Widowed [redacted] Divorced [redacted]

Estimated: Day 8/11/12 Time 10:30 Am Separated [redacted] Unknown [redacted]

CAUSE OF DEATH: a. Skull Fx

b. Blunt Force Trauma

c. ATV Roll-over

Other Significant Conditions: [redacted]

MANNER OF DEATH: Natural [redacted] Suicide [redacted] Undetermined [redacted]

Accidental X Homicide [redacted] Under Investigation [redacted]

Pronounced Dead By Kim Shaffer Snyder Location Scene

Next of Kin (Notified[redacted]

[redacted] [redacted]n [redacted] [redacted]ip Father

[redacted] [redacted] Telephone [redacted]

Place of accident, collapse, etc.: (include township[redacted] [redacted] 6[redacted] T[redacted]p

Means of Identification Father on Scene

Condition of Body: Fully clothed ✓ Partially clothed [redacted] Unclothed [redacted] Describe:

Shirt, pants, underwear Flip Flops found away from Body

Preservation: Well Preserved ✓ Decomposed [redacted] Describe: [redacted]

Estimated Rigor: None ✓ Complete [redacted] Head [redacted] Arms [redacted] Legs [redacted]

Livor: None ✓ Front [redacted] Back [redacted] Localized [redacted]

Blood: Absent [redacted] Present ✓ Location Face, mouth + nose

Time Call Recv'd 11:10 Am From mike Time of Arrival 12:55 pm Photos Taken PSP

120827HCC3820 Attachment #2 (page 2 of 5)

Apparent Wounds: None _____ Gunshot _____ Stab _____ Blunt Force _____

Describe Primary: _____

Primary Location: Head _____ Neck _____ Chest _____ Abdomen _____ Extremities _____

Hanging: Yes _____ No _____ Means _____

Deceased Found: Date _____ Time _____ By Whom _____

Address (if different) _____

Location: Apartment _____ House _____ Townhouse _____ Other (describe) _____

Entrance By: Key _____ Cutting Chain _____ Forcing Door _____ Other (describe) _____

Condition of other doors & windows: Open _____ Closed _____ Locked _____ Unlocked _____

Body Found: Dining Room _____ Living Room _____ Bedroom _____ Kitchen _____ Attic _____

Basement _____ Other (describe) _____

Location in Room: _____

Position of body: On back _____ Face Down _____ Other (describe) _____

Conditions of Surroundings: Orderly _____ Untidy _____ Disarray _____ Normal? _____

Lights _____

Evidence of Last Food Preparation:

Where: _____

Type: _____

Dated Materials and Where Found:

Mail: _____

Newspapers: _____

Vehicle Involved: Make _____ Color _____ Reg. # _____

Last Contact with Deceased: Date _____ Type of Contact: _____

Name of Contact: _____ Phone: _____

Police or Emergency Personnel Notified By:

Name _____ Relationship _____

Address _____ Telephone _____

Date 8/11/12 Time _____ Manner 911

120827HCC3820 Attachment#2 (page 3 of 5)

Evidence of Drug Use: (Prescription and Nonprescription) Yes ~~X~~ KB Corrected after mailing to me No X

List or Describe

Doctor _____ Address _____ Phone _____

Evidence of Drug Paraphernalia: Yes _____ No X Describe: _____

Evidence of Alcohol Intake: Yes _____ No X Describe: _____

Weapons Present:

Gun: Yes _____ No X Caliber _____ Make _____

Model _____ Serial No. _____

Knife: Yes _____ No X Describe: _____

Other: (describe) _____

Disposition of Weapon(s): _____

Evidence of Sexual Deviate Practices: Yes _____ No X Describe: _____

Investigating Officer: Mary Jane McGinnis Department PSP CIPd

Disposition of Body: Scene -> CIPd morgue -> Funeral Home

Per _____

Autopsy: Yes _____ No X Reason: _____

By: _____ Location _____

Blood Drawn: Yes _____ No X Kit Number _____ Time _____

Valuables Retained: none

Disposition of Valuables: _____

Operator's License Attached: Yes _____ No X OLN _____

Mileage form _____ To _____

Total Miles Traveled: _____

Telephone _____ Miscellaneous _____

Evidence of Drug Use: (Prescription and Nonprescription) Yes ~~X~~ PB Corrected after mailing to mine No X

List or Describe

Doctor Address Phone

Evidence of Drug Paraphernalia: Yes No X Describe:

Evidence of Alcohol Intake: Yes No X Describe:

Weapons Present:

Gun: Yes No X Caliber Make

Model Serial No.

Knife: Yes No X Describe:

Other: (describe)

Disposition of Weapon(s):

Evidence of Sexual Deviate Practices: Yes No X Describe:

Investigating Officer: Mary Jane McGinnis Department PSP CIPd

Disposition of Body: Scene -> CIPd morgue -> Funeral Home

Per

Autopsy: Yes No X Reason:

By: Location

Blood Drawn: Yes No X Kit Number Time

Valuables Retained: none

Disposition of Valuables:

Operator's License Attached: Yes No X OLN

Mileage form To

Total Miles Traveled:

Telephone Miscellaneous

Type/Print in Permanent Black Ink

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

CERTIFICATE OF DEATH

State File Number:

To Be Completed/Verified By: FUNERAL DIRECTOR

1. Decedent's Legal Name (First, Middle, Last, Suffix)
2. Sex
3. Social Security Number
4. Date of Death (Mo/Day/Yr) (Spell Mo): August 11 2012

5a. Age-Last Birthday (Yrs)
5b. Under 1 Year: Months / Days
5c. Under 1 Day: Hours / Minutes
6. Date of Birth (Mo/Day/Year) (Spell Month)
7a. Birthplace (City and State or Foreign Country)
7b. Birthplace (County)

8a. Residence (State or Foreign Country)
8b. Residence (Street and Number - Include Apt No.)
8c. Did Decedent Live In a Township? ☐ Yes, decedent lived in _____ twp. ☐ No, decedent lived within limits of _____ city/boro.
8d. Residence (County)
8e. Residence (Zip Code)

9. Ever In US Armed Forces? ☐ Yes ☐ No ☐ Unknown
10. Marital Status at Time of Death ☐ Married ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown
11. Surviving Spouse's Name (If wife, give name prior to first marriage)

12. Father's Name (First, Middle, Last, Suffix)
13. Mother's Name Prior to First Marriage (First, Middle, Last)

14a. Informant's Name
14b. Relationship to Decedent
14c. Informant's Mailing Address (Street and Number, City, State, Zip Code)

15a. Place of Death (Check only one)

If Death Occurred In a Hospital: ☐ Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival

If Death Occurred Somewhere Other Than a Hospital: ☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-Term Care Facility ☒ Other (Specify) private property

15b. Facility Name (If not institution, give street and number)
15c. City or Town, State, and Zip Code
15d. County of Death: Clearfield

16a. Method of Disposition ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
16b. Date of Disposition
16c. Place of Disposition (Name of cemetery, crematory, or other place)
16d. Location of Disposition (City or Town, State, and Zip)
17a. Signature of Funeral Service Licensee or Person in Charge of Interment
17b. License Number
17c. Name and Complete Address of Funeral Facility

18. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death.
☐ 8th grade or less
☐ No diploma, 9th - 12th grade
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g. AA, AS)
☐ Bachelor's degree (e.g. BA, AB, BS)
☐ Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)

19. Decedent of Hispanic Origin - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.
☐ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify) _____

20. Decedent's Race - Check ONE OR MORE races to indicate what the decedent considered himself or herself to be.
☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander ☐ Other (Specify) _____

21. Decedent's Single Race Self-Designation - Check ONLY ONE to indicate what the decedent considered himself or herself to be.
☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander ☐ Don't Know/Not Sure ☐ Refused ☐ Other (Specify) _____

22a. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED.
22b. Kind of Business/Industry

ALIAS USED

To Be Completed By: MEDICAL CERTIFIER

ITEMS 23a - 23d MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH

23a. Date Pronounced Dead (Mo/Day/Yr): August 11 2012
23b. Signature of Person Pronouncing Death (Only when applicable): Kim Shaffer Snyder
23c. License Number
23d. Date Signed (Mo/Day/Yr): August 11 2012
24. Time of Death: pronounced 1:00 pm
25. Was Medical Examiner or Coroner Contacted? ☒ Yes ☐ No

CAUSE OF DEATH

26. Part I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

Approximate Interval: Onset to Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) ---> a. Skull Fracture
Due to (or as a consequence of):
b. Blunt Force Trauma
Due to (or as a consequence of):
c. ATV Roll over
Due to (or as a consequence of):
d.
Due to (or as a consequence of):

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.

26. Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I

27. Was an autopsy performed? ☐ Yes ☒ No
28. Were autopsy findings available to complete the cause of death? ☐ Yes ☒ No

29. If Female: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
30. Did Tobacco Use Contribute to Death? ☐ Yes ☐ Probably ☒ No ☐ Unknown
31. Manner of Death: ☐ Natural ☒ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined
32. Date of Injury (Mo/Day/Yr) (Spell Month): August 11 2012
33. Time of Injury: 10:30 Am
34. Place of Injury (e.g. home; construction site; farm; school): Private Road
35. Location of Injury (Street and Number, City, State, Zip Code): Brook Trail Lane Gulich Twp Clearfield Co
36. Injury at Work: ☐ Yes ☒ No
37. If Transportation Injury, Specify: ☒ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____
38. Describe How Injury Occurred: ATV Rollover with ejection

39a. Certifier (Check only one):
☐ Certifying physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated
☐ Pronounding & Certifying physician - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated
☒ Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated

Signature of certifier: Kim Shaffer Snyder Title of certifier: Deputy Coroner License Number:

39b. Name, Address, and Zip Code of Person Completing Cause of Death (Item 26): Kim Shaffer Snyder 118 Huey Lane Rockton PA 15856
39c. Date Signed (Mo/Day/Yr): August 11 2012

NAME OF DECEDENT Jacob L Stoltzfus

40. Registrar's District Number
41. Registrar's Signature
42. Registrar File Date (Mo/Day/Yr)
43. Amendments

Disposition Permit No. _____

HD05-343 REV 07/2011

120827HCC3820

Attachment #4

CONTACT SHEET

PSP Clearfield PA. Detachment- Trooper McGinnis

Clearfield County PA Coroner- Kim Schafer

08/29/2012, 09/11/2012, 09/12/2012 and 09/25/2012

120827HCC3820 Attachment #5 (page 1 of 1)

Utility Vehicle Data Record Sheet

Front

AB Driver	CD Right Front Passenger
N/A Left Rear Passenger	N/A Right Rear Passenger
Cargo Bed	

Rear

The Utility Vehicle

A:		
Age: 18	Height: 65	
Gender: male	Weight: 135	
Helmet (Y/N): N	Seatbelt (Y/N): N	
Killed/Injured/Neither/Unknown: killed		
Injury Description: skull fracture-BFT		
Did vehicle land on victim: No		
Ejected (Either partially or fully): fully		

B:		
Age: 15	Height: U/N	
Gender: female	Weight: U/N	
Helmet (Y/N): N	Seatbelt (Y/N): N	
Killed/Injured/Neither/Unknown: minor injur		
Injury Description: scratches		
Did vehicle land on victim: no		
Ejected (Either partially or fully): unknown		

C:		
Age: 16	Height: U/N	
Gender: femal	Weight: U/N	
Helmet (Y/N): N	Seatbelt (Y/N): N	
Killed/Injured/Neither/Unknown: minor injur		
Injury Description: scratches		
Did vehicle land on victim: no		
Ejected (Either partially or fully): unknown		

D:		
Age: 17	Height: U/K	
Gender: male	Weight: U/K	
Helmet (Y/N): N	Seatbelt (Y/N): N	
Killed/Injured/Neither/Unknown: minor injur		
Injury Description: scratches		
Did vehicle land on victim: no		
Ejected (Either partially or fully): unknown		

E:		
Age:	Height:	
Gender:	Weight:	
Helmet (Y/N):	Seatbelt (Y/N):	
Killed/Injured/Neither/Unknown:		
Injury Description:		
Did vehicle land on victim:		
Ejected (Either partially or fully):		

F:		
Age:	Height:	
Gender:	Weight:	
Helmet (Y/N):	Seatbelt (Y/N):	
Killed/Injured/Neither/Unknown:		
Injury Description:		
Did vehicle land on victim:		
Ejected (Either partially or fully):		

*If victim(s) were injured/killed, please include the other relevant information requested in the assignment message in the text of the IDI

Using the figure on the left, please fill in where the occupants were in the vehicle at the time of the incident using A, B, C, etc. to identify the occupant(s)' location. Fill in the occupants' characteristics in the corresponding location on the right. For example, the driver could be assigned to the letter 'A' and the letter 'A' would be placed in the diagram in the box designated 'Driver', and the drivers' characteristics would be filled on the right. If there were more than six occupants (or more room is needed), please add the other passenger(s)' information (or any other information) as needed. If information is not available, please indicate by 'na'.

Note: Not all locations indicated on the diagram exist in all types of utility vehicles. Please only use the locations that correspond to the incident vehicle. Please place an 'X' over the area if the vehicle was not equipped with the component.

CPSC FORM 324A

Save

(b)(5)