050131

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
041026HWE3014	1941	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
840	2004 08 21	2004 10 26

6. Synopsis of Accident or Complaint UPC

The victim is a 59-year-old male (b)(3):CPSA Section was involved in this fatal All-purpose vehicle. The victim was operating his 6-wheeled APV on a hunting trip. The victim lost control of his APV when he clipped a tree and flipped over. The APV landed on the victim. Victim pronounced dead at the scene.

MFR/PRVLBR NOTIFIED
COMMENTS: ___YES ___NO
___OVERRULED; ___ATTACHED
___EXCISIONS/FOIA EXS. 3, 6
___DO NOT RE-NOTIFY ___RE-NOTIFY
081105

7. Location (Home, School, etc)	8. City	9. State
5 - OTHER PUBLIC PROPERTY	CHICKALOON	AK

10A. First Product	10B. Trade/Brand Name	10C. Model Number
3287 - All Terrain Vehicles (# Of W	POLARIS INDUSTRIES	RANGER

10D. Manufacturer Name and Address
POLARIS INDUSTRIES INC. VIN: 4XARF50A14D169977
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

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
59	1 - Male	8 - Death	54 - Crushing

16. Body Part(s) Involved	17. Respondent	18. Type of Investigation	19. Time Spent (Operational / Travel)
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	14 / 0

20. Attachment(s)	21. Case Source	22. Sample Collection Number
2 - Documents	05 - Newspaper	

23. Permission to Disclose Name (Non NEISS Cases Only)
○ Yes ◉ No ○ Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
12/10/2004	9021	Frank J. Nava

27. Distribution	28. Source Document Number
Ingle, Robin L.	F04A3006A

050131

EPIDEMIOLOGIC INVESTIGATION REPORT

1. Task Number	2. Investigator's ID	3. Office Code	4. Date of Accident (YR MO DAY)	5. Date Initiated (YR MO DAY)
041026HWE3014	1941	840	2004 08 21	2004 10 26

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

The victim is a 59-year-old male (b)(3):CPSA Section 25(c) was involved in this fatal All-purpose vehicle. The victim was operating his 6-wheeled APV on a hunting trip. The victim lost control of his APV when he clipped a tree and flipped over. The APV landed on the victim. Victim pronounced dead at the scene.

7. Location (Home, School, etc)	8. City	9. State
5 - OTHER PUBLIC PROPERTY	CHICKALOON	AK

10A. First Product	10B. Trade/Brand Name	10C. Model Number
3287 - All Terrain Vehicles (# Of W	POLARIS INDUSTRIES	RANGER

10D. Manufacturer Name and Address

POLARIS INDUSTRIES INC. VIN: 4XARF50A14D169977
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

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
59	1 - Male	8 - Death	54 - Crushing

16. Body Part(s) Involved	17. Respondent	18. Type of Investigation	19. Time Spent (Operational / Travel)
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	14 / 0

20. Attachment(s)	21. Case Source	22. Sample Collection Number
2 - Documents	05 - Newspaper	

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

○ Yes ◉ No ○ Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
12/10/2004	9021	Frank J. Nava

27. Distribution	28. Source Document Number
Ingle, Robin L.	F04A3006A

This in-depth investigation (IDI) was initiated by the Consumer Product Safety Commission (CPSC) based upon a news article from the state where the incident occurred.

The following information was obtained from the medical examiner's report attached as Exhibit 1 and an interview with a state police official on 11/1/04 and 12/09/04. A police report was unavailable at the time of this IDI because the incident is currently being investigated. Attempts to contact the family were not made because the phone number was not listed in the phone directory.

INCIDENT NARRATIVE:

The victim is a 59-year-old male (b)(3):CPSA Section 25(c) (b)(6) was involved in this fatal All-purpose vehicle (APV) incident. His height and weight was unavailable.

This fatal all-purpose-vehicle (APV) incident involved a 6-wheel APV. At the time of the incident, the victim was the sole occupant of the APV; no other vehicles or persons were involved in the incident. The incident occurred on an unpaved trail in a rural area. The victim was not wearing a helmet or a seatbelt when the incident occurred.

According to the police dispatch report, neither alcohol nor drugs were reported to be factors in this incident; toxicology tests were not available at the time of the incident. It is unknown if the victim was taking medications or suffered an illness prior to the incident. According to the police officials, the victim had a wheelchair in the bed of the APV at the time of the incident. No other information about the use of the wheel chair or what physical disabilities the victim may have had was available.

Information pertaining to the victim's level of riding experience is unavailable.

On 8/21/04, the incident occurred at 1031 hours on an unpaved trail in a rural area. The victim was operating his 6-wheeled APV on a hunting trip with his brother who was operating a separate all-terrain vehicle (ATV) and driving in front of victim when the incident occurred. According to police officials, there were no witnesses to the actual incident, and the victim's brother was several yards in front when the incident occurred.

According to the police official, the APV victim was traveling westbound on an unpaved trail in a mountainous area when the incident occurred. The victim clipped the side of a tree along the trail causing him to veer away from the road and down the hill. According to police officials, the victim over steered causing the vehicle to flip sideways down the hill. The victim was thrown from the vehicle and into the path of his vehicle. The APV came to rest at the bottom of the hill on top of the victim's head causing severe injury. The victim's brother was not involved in the incident and did not witness the incident.

After the incident, the victim's brother tried to lift the APV off of victim. The victim's brother was unable to move the APV. The victim's brother saw an ATV traveling on the same road and motioned to them to call for help. The ATV motorist called for police.

Police arrived and pronounced the victim dead at the scene. The decedent was transported to the State Medical Examiners Office.

An autopsy was not performed on the decedent. According to the medical examiner, the cause of death was the result of blunt force impact injuries due to a six-wheeler rollover.

PRODUCT INFORMATION:

The product involved in this investigation is a six wheeled, full size, all-purpose vehicle. The description of this product was obtained from the police interview on 12/09/04.

Product:	**APV 6-WHEEL POLARIS**
Model:	**RANGER**
Year:	**2004**
V.I.N:	**4XARF50A14D169977**
Engine Size:	**500**
Manufacture:	**POLARIS INDUSTRIES**

No photographs were available.

ATTACHMENTS:

- **Exhibit 1** Office of Medical Examiners Report 1 page
- **Exhibit 2** Police Dispatcher Report 2 pages
- **Exhibit 3** Missing Document Form 1 page
- **Exhibit 4** Photograph 1 page
- **Data Sheet**- 3 pages

OFFICE OF THE MEDICAL EXAMINER Lead Sheet

Alaska

Exam 8/23/2004 0:00

EXHIBIT 1 10263014

Case # 000050189

Doctor: Franc G. Fallico

Deceased Information

Date of Birth 7/22/1945 Date of Death 8/21/2004 Age 59YR

Name (b)(3):CPSA Section 25(c),(b)(6)

Race: C Sex: M Hgt: cm Wgt: Kg Eyes: Hair: S.S.#: (b)(3):CPSA Section 25(c),(b)(

Home Address: (b)(3):CPSA Section 25(c),(b)(6)

Local Dr.: Phone: 907

Reporting Information

Initial MOD: Accident COD: Impact Injuries

Date/Time: 8/23/2004 7:05 To: KM By: Trooper Peterson AST Palmer

Invest By: AST Palmer

Found Address: Mi Pement Trl Mile 71 Glenn Hwy City: Chickaloon

Death/Found Date/Time: 8/21/2004 10:30 LE Case: 00065 04-66402

First report:^ Wheeler accident, rolled, onto head.

Next-Of-Kin Information

John Frey BRO

Gakona AK 000-0000

OME Processing Information

Tech:

Scene Dr: Invest: Witness: Not Applicable

☐ OME Photos? ☐ OME Video? ☐ Decomp? X-Rays: Not Applicable ☐ Dental X Rays?

Identified via: Friend With Him At Time On: 8/21/2004

Donor: ☐ Eyes? ☐ Skin? ☐ Bone? ☐ Heart valve? ☐ Veins? ☐ Vital Organs?

Transport and Release Information

Body Transported to OME by: Received at: / / 0:00 By:

Release Authorized By: On: 8/23/2004 8:53 F.H. selected:

F.H. Called: / / 0:00 By: Body released: / / 0:00 By:

Death Certificate Information

Immediate Cause:

Due to: Blunt force impact injuries

Due to: Six wheeler Rollover, Accident Driver

Due to:

Part II: Tobacco Usage: Autopsy Performed? ☐ Autopsy Fnds Avail? ☐

Manner of Death:	Date of Injury:	Hour of Injury:	At Work?	Place of Injury:
Natural / Accident	8/21/04	1630	☐	Outdoors

Loc of Injury: Mile 4 Pemant Trail, Near Mile 71 Glenn Hwy, Chickaloon, AK

Type of Motor Vehicle Accident:

How Injury Occurred: Six Wheeler Rollover

DC: DC to be printed

This Form Revised: Jun 13, 1997 11:25

Exhibit 2

Location: Chickaloon
Case number: 04-66402
Type: Fatal ATV Accident
Text: On 8-21-04 at approximately 1031 hours, AST received a report of an ATV accident on the Permanenta Trail near Mile 71.5 Glenn Highway. Investigation revealed that [redacted] age 59 of Gakona was hunting with his brother. [redacted] was riding a Polaris 6 wheeler near Mile 4 Permanenta Trail when it overturned and landed on his head. [redacted] was pronounced dead at the scene. The State Medical Examiners Office was contacted and released [redacted] to Valley Mortuary. No foul play is suspected and alcohol is not believed to be a factor. [redacted] was not wearing his seat belt at the time of the accident. Next of Kin was notified.

Author: PKLP0
Received and posted Saturday, August 21, 2004 5:21 PM

Exhibit 3

Task Number: 041026HWE3014
Date: 12/09/04

Status of Missing Document(s)

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

1. Police Accident Report

2. _____

3. _____

4. _____

5. _____

Exhibit 4

PHOTOGRAHP 1- Polaris Ranger All-Purpose Vehicle, similar vehicle to the incident, photo taken from www.polarisindustries.com

CONTACT SHEET

Alaska State Trooper
(b)(3):CBS (records)
3710 Woodland, Ste. 1600
Palmer, AK 99507
907-745-2131

Task Number 041026HWE3014

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

Type of respondent: Police Department

Other, specify:

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

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

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

ATV #1	ATV #2
Manufacturer: 05 - Polaris	**Manufacturer:**

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

Model: Ranger / **VIN:** 4XARF50A14D169977

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

Model Year: 2004

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

Engine Size: 475-500

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:	08/21/2004	
Age/Sex:	59 / Male	/
State of Death:	ALASKA	
City of Death:	Chickaloon	
County of Death:		

Task Number: 041026HWE3014

7. Describe how the incident occurred. (Use additional sheets if necessary).
The victim is a 59-year-old male (b)(3):CPSA Section 25(a)(b)(6) was involved in this fatal All-purpose vehicle. The victim was operating his 6-wheeled APV on a hunting trip with his brother who was operating a separate all-terrain vehicle (ATV) and driving in front of victim when the incident occurred. The victim lost control of his APV when he clipped a tree and flipped over.

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

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

Victim 1:			**Victim 2:**		
(Yes)	No	Unknown	Yes	No	Unknown

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

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

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

Victim 1:			**Victim 2:**		
Yes	(No)	Unknown	Yes	No	Unknown

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

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

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

Age: 59 **Height:** 0 **(inches)**
Weight: **Sex:** Male

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

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

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

01 - Forest, Woods

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

01 - Public road

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

09 - NA (Not a traffic incident)

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

2 - No

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

0 - Unknown

Additional Comments:

Polaris Industries Inc.
2100 Highway 55
Medina, Minnesota 55340-9770
763-542-0500
763-542-0599 fax

2/15

Nancy L. Chudyk
(763) 542-2302
Fax (763) 417-2105
nancy.chudyk@polarisind.com

February 11, 2005

Ms. Ann De Temple
Director, National Injury Information Clearinghouse
U.S. Consumer Product Safety Commission
4330 East West Highway, Room 514
Bethesda, MD 20814

Re: 040825HWE3017 041018HCC3027 041026HWE3014 041028HCN0105
041029HCC2071 041029HCC2075 041112HCC2113 ~~041118HCC2132~~
041129HCC2165 ~~H041B0048A~~ H04B0335A H04C0007A
H04B0048A 041118HCC2132

Dear Ms. De Temple:

Thank you for the information provided in the above files. We will review the information provided in these documents and will conduct additional investigation as may be required.

I request that I be notified prior to releasing any of the information contained in these files under the Freedom of Information Act.

At your request, I am also enclosing a copy of your letter dated January 31, 2005 with the section completed concerning my contact information so you may update your files.

Very truly yours,
Polaris Industries Inc.

Nancy L. Chudyk
Paralegal

FEB 15 2005

DKF

ISSUE — 7

NOV 10 2004

CHICKALOON, Alaska

Gakona man dies Saturday in all-terrain-vehicle accident

A 59-year-old Gakona man was killed Saturday in an all-terrain-vehicle accident near Chickaloon, Alaska State Troopers said.

[redacted] died after his Polaris six-wheeler overturned and landed on his head, troopers said. The accident occurred around 10:30 a.m. on the Permanenta Trail near Mile 71.5 Glenn Highway.

[redacted] was hunting with his brother at the time, troopers said.

[redacted] was pronounced dead at the scene. His body was released to his family.

-- Anchorage Daily News

F04A3006A
041026NWE3014

050415

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
050113HNE2021	8925	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
810	2005 01 09	2005 01 14

6. Synopsis of Accident or Complaint UPC none

A 2-year-old male victim was one of two passengers riding on a 4-wheeled ATV. He was accompanied by his father, a 35-year-old male who was the driver and a 9-year-old female who was the other passenger riding the ATV. The driver failed to maintain control of the ATV and it ran off a 5-foot retaining wall. The ATV overturned and the victims were ejected. The victims were injured and they were treated at the hospital. The 2-year-old male victim died. The other victims were released from the local hospital. They were not wearing helmets.

REPORTER NOTIFIED
COMMENTS: YES NO
OVERRULED: ATTACHED
EXCISIONS/FOIA Exs. 25c
Revisions
DO NOT RE-NOTIFY RE-NOTIFY
11/13/07 lc

7. Location (Home, School, etc)	8. City	9. State
1 - HOME	CUMMING	GA

10A. First Product	10B. Trade/Brand Name	10C. Model Number
3286 - All Terrain Vehicles (four W	POLARS	RANGER 4X4

10D. Manufacturer Name and Address

POLARIS INDUSTRIES INC./VIN: [redacted]
2100 Hwy 55
Medina, MN 55340

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

11D. Manufacturer Name and Address

NONE

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
2	1 - Male	8 - Death	71 - Other

16. Body Part(s) Involved	17. Respondent	18. Type of Investigation	19. Time Spent (Operational / Travel)
87 - N.S./UNK	3 - 2nd Hand Info Only	2 - Telephone	8 / 0

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

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

○ Yes ◉ No ○ Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
02/10/2005	8570	Beverly Kohen

27. Distribution	28. Source Document Number
Lansing, Joseph W.; Ingle, Robin L.	N0510118A

CPSC FORM 182 (12/96) Approved for use through 09/30/2006 OMB NO. 30410029

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
050113HNE2021	8925	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
810	2005 01 09	2005 01 14

6. Synopsis of Accident or Complaint **UPC** none

A 2-year-old male victim was one of two passengers riding on a 4-wheeled ATV. He was accompanied by his father, a 35-year-old male who was the driver and a 9-year-old female who was the other passenger riding the ATV. The driver failed to maintain control of the ATV and it ran off a 5-foot retaining wall. The ATV overturned and the victims were ejected. The victims were injured and they were treated at the hospital. The 2-year-old male victim died. The other victims were released from the local hospital. They were not wearing helmets.

7. Location (Home, School, etc)	8. City	9. State
1 - HOME	CUMMING	GA

10A. First Product	10B. Trade/Brand Name	10C. Model Number
3286 - All Terrain Vehicles (four W	POLARS	RANGER 4X4

10D. Manufacturer Name and Address

POLARIS INDUSTRIES INC./VIN: 4XARD50A42D824507
2100 Hwy 55
Medina, MN 55340

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

11D. Manufacturer Name and Address

NONE

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
2	1 - Male	8 - Death	71 - Other

16. Body Part(s) Involved	17. Respondent	18. Type of Investigation	19. Time Spent (Operational / Travel)
87 - N.S./UNK	3 - 2nd Hand Info Only	2 - Telephone	8 / 0

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

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

○ Yes ◉ No ○ Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
02/10/2005	8570	Beverly Kohen

27. Distribution	28. Source Document Number
Lansing, Joseph W.; Ingle, Robin L.	N0510118A

The information in this report was based on information received from the sheriff department. A written report from the coroner's/medical examiner's office was not provided, if received; it will be forwarded as an addendum. Contact with the victim's next-of-kin was unsuccessful. The owner of the ATV is unknown.

On Saturday, January 9, 2005, in Cumming, GA, at 5:41 p.m., victim #1, a 2-year-old male was one of two passengers riding on a 4-wheeled ATV. He was accompanied by his father/victim #2, a 35-year-old male who was the driver operating the ATV and victim #3, a 9-year-old female who was the other passenger riding the ATV. They were riding the ATV on private property. The type of terrain/ground surface being traveled prior and at the time of the incident is unknown. The weather condition was clear and the temperature was 62 degrees.

Victim #2 failed to maintain control of the ATV and it ran off a 5-foot retaining wall. The ATV overturned and the victims were ejected from the ATV. It is unknown whether the incident was witnessed. There is no information available regarding how the victim lost control of the ATV and whether it struck or landed atop them.

Victim #2's knowledge regarding operation and/or handling the ATV is unknown. Their traveled rate of speed on the ATV was unknown and they were not wearing any protective gear, such as helmets.

EMS arrived at the incident scene. Victim #1 was transported via helicopter to a hospital located in Fulton Co., Atlanta, GA. Victim #2 and #3 were transported via ambulance to a local hospital located in Cumming, GA. The victims' height, weight, injuries sustained and medical history were not provided; although victim #1 died as the result of his injury. His cause of death is unknown. Victim #2 and victim #3 were treated and released from the hospital they were taken to.

It is unknown whether alcohol and/or an illegal drug use were suspected as contributing factors to the incident.

Product: 4-wheeled all-terrain vehicle

Brand/Year: **Polaris**/2002

Manufacturer: Polaris Industries, Inc.
2100 Hwy 55
Medina, MN 55340

Model: Ranger

VIN: 4XARD50A42D824507

Description: green/black in color

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

Modification: unknown

ATTACHMENTS:

1. Sheriff's Incident Report.

2. Missing Document, coroner's/medical examiner's report and photo of 4-wheeled all-terrain vehicle.

3. All-terrain Vehicle (ATV) Telephone Questionnaire.

4. Contact Information.

Attachment 1 - 050113HNE2021

FORSYTH COUNTY SHERIFF'S OFFICE
INCIDENT REPORT

☐ Family Violence ☒ Juvenile ☐ Arrest Involved

JUVENILE

GA0580000

Level One

Case Number: 05-01-00370

Additional Reports: ☐ Warrant ☐ Citation ☐ Accident ☒ Impounded ☒ Evidence ☐ Property ☐ Narrative

Primary Incident Type	Course	Offense Code	GOC	Circumstance Code	Beat
ACCIDENT-FATALITY	1	7405	A		42

From Date	Time	To Date	Time	Report Date	Time	Premise Code
01-09-2005	17:41	01-09-2005	22:30	01-09-2005	22:35	N 21

COPY

Location: b)(3) CPSA Section 25(c),(b)(6) | Apt/Suite Number | City | State | Zip Code

Business/Apartment Complex/Subdivision Name | Business Phone

COMPLAINANT (Last, First, Middle)	Place of Birth	Race	Sex	DOB	Home Phone	Work Phone
b)(3) CPSA Section 25(c),(b)(6)		W	F	b)(3) CPSA Section 25(c),(b)(6)		

Address: b)(3) CPSA Section 25(c),(b)(6) | Apt/Suite Number | City | State | Zip Code

VICTIM (Last, First, Middle)	Place of Birth	Race	Sex	DOB	Home Phone	Work Phone
b)(3) CPSA Section 25(c),(b)(6)		W	M	b)(3) CPSA Section 25(c),(b)(6)		

Address: b)(3) CPSA Section 25(c),(b)(6) | Apt/Suite Number | City | State | Zip Code

Social Security Number	Injury Code	Victim-Offender Code	Student	School Name
	1	SO	☐ Yes ☒ No	

Other Offenses	Counts	Offense Code	GOC	Circumstance Code

Weapons Involved ☐ Yes ☒ No
☐ Amphetamines ☐ Marijuana
☐ Barbiturates ☐ Methamphetamine
☐ Cocaine ☐ Opium
☐ Hallucinogens ☐ Synthetic Narcotic
☐ Heroin ☐ Unknown

Name Type Codes: VIC – Additional Victim WIT – Witness COM – Complainant

Name Type	Name (Last, First, Middle)	Race	Sex	DOB	Home Phone	Work Phone
VIC	b)(3) CPSA Section 25(c),(b)(6)	W	F	b)(3) CPSA Section 25(c),(b)(6)		

Address: b)(3) CPSA Section 25(c),(b)(6) | Apt/Suite Number | City | State | Zip Code

Social Security Number	Injury Code	Victim-Offender Code	Under Influence Alcohol?	Under Influence Drugs?	Place of Birth
	6	FR	☐ Yes ☒ No ☐ Unk	☐ Yes ☒ No ☐ Unk	GEORGIA

Name Type	Name (Last, First, Middle)	Race	Sex	DOB	Home Phone	Work Phone
VIC	b)(3) CPSA Section 25(c),(b)(6)	W	M	b)(3) CPSA Section 25(c),(b)(6)		

Address: b)(3) CPSA Section 25(c),(b)(6) | Apt/Suite Number | City | State | Zip Code

Social Security Number	Injury Code	Victim-Offender Code	Under Influence Alcohol?	Under Influence Drugs?	Place of Birth
	6	FA	☐ Yes ☐ No ☒ Unk	☐ Yes ☐ No ☒ Unk	GEORGIA

Name Type	Name (Last, First, Middle)	Race	Sex	DOB	Home Phone	Work Phone

Address | Apt/Suite Number | City | State | Zip Code

Social Security Number	Injury Code	Victim-Offender Code	Under Influence Alcohol?	Under Influence Drugs?	Place of Birth
			☐ Yes ☐ No ☐ Unk	☐ Yes ☐ No ☐ Unk	

Level Two

Veh. Year	Make	Model	Color 1/Color 2	Body Style	Value	Plate Only?
2002	POLARIS	RANGER	GREEN /BLACK	6X4 OFF ROAD	$ 4000.00	☐ Yes ☐ No

Lic. Number	State	Year	Tag Expiration	VIN
N/A				b)(3) CPSA Section 25(c),(b)(6)

☐ Stolen ☒ Damaged ☐ Recovered ☐ Suspicious

Other Identifiers | Insurance Company | Policy Number

Family Violence

Were Children involved as targets of violence? ☐ Yes ☐ No
If not targets, were children present during violence? ☐ Yes ☐ No
Number of previous complaints advised by victim: ☐ 0 ☐ 1-5 ☐ 6-10 ☐ 10+ ☐ Unk
Do prior court orders exist? ☐ Yes ☐ No
Was victim appraised of available remedies/services? ☐ Yes ☐ No

Child Abuse/Neglect (Detail Physical Abuse)
Type: ☐ Sexual ☐ Physical ☐ Emotional ☐ Neglect
Protective Custody: ☐ Yes Number taken in custody: .....
Comments:

Abuse Type: 1☐ Fatal 2☐ Perm. Dis. 3☐ Temp. Dis. 4☐ Broke Bone 5☐ Gun/Knife 6☐ Superficial 7☐ Drug Dam./Theft 8☐ Threat 9☐ Language 10☐ Sexual 11☐ Other
Police Action Taken: 1☐ Arrest 2☐ Citation 3☐ Separation 4☐ Mediation 5☐ Other 6☐ None
Reason for No Arrest: ☐ Juvenile ☐ Aggressor not at scene ☐ Insufficient Prob Cause ☐ Other (Describe)
How was primary aggressor identified? ☐ Physical Evidence ☐ Testimonial Evidence ☐ Other (Describe): .....
Relationship of primary aggressor to victim(s): 1☐ Present Spouse 2☐ Former Spouse 3☐ Parent 4☐ Child 5☐ Sexual Partner 6☐ Stepchild 7☐ Foster Parent 8☐ Foster Child 9☐ None of the above, but lives or previously has lived in the same household.

Was there evidence of a bias crime? ☐ Yes ☒ No If Yes, what type? ☐ Ethnic ☐ Religious ☐ Sexual ☐ Other

Narrative: ON THE ABOVE DATE AND APPROXIMATE TIME, I RESPONDED TO 7745 SCENIC DRIVE, IN REFERENCE TO AN ACCIDENT ON PRIVATE PROPERTY INVOLVING A OFF ROAD VEHICLE THAT INJURED TWO JUVENILE'S AND AN ADULT. UPON MY ARRIVAL I IDENTIFIED, MARKED, AND PHOTOGRAPHED THE SCENE. I LATER LEARNED THAT ONE JUVENILE PASSENGER WAS PRONOUNCED DECEASED AT CHILDRENS HEALTH CARE HOSPITAL BY THE MEDICAL PERSONNEL. I INTERVIEWED THE REMAINING WITNESSES ONSCENE AND COMPLETED THE INCIDENT REPORT. CASE TURNED OVER TO CRIMINAL INVESTIGATIONS DIVISION FOR FOLLOW UP BY INV. TOM MOORE.

Case Status: ☒ Active ☐ Cleared by Arrest ☐ Re-Cleared ☐ Unfounded

Related Incident Reports

Attachment 1 - 050113HNE2021

FORSYTH COUNTY SHERIFF'S OFFICE
INCIDENT REPORT PAGE 2 OF 2

JUVENILE

GA0580000

Victim Name (Last, First, Middle): b(3) CPSA Section 25(c),(b)(6)

Case Number: 05-01-08376

Report Date: 01-09-2005

COPY

Suspect / Missing / Runaway

Name (Last, First, Middle) | Nickname/AKA | Race | Sex | DOB | Place of Birth

Address | Apt/Suite Number | City | State | Zip Code

Height | Weight | Hair | Eyes | Build | Home Phone | Place of Employment | SSN

Name (Last, First, Middle) | Nickname/AKA | Race | Sex | DOB | Place of Birth

Address | Apt/Suite Number | City | State | Zip Code

Height | Weight | Hair | Eyes | Build | Home Phone | Place of Employment | SSN

☐ Missing ☐ Runaway | Date Last Seen | Last Seen With | Clothing Description

Foul Play Suspected? ☐ Yes ☐ No | Violence Evident? ☐ Yes ☐ No | Picture Attached? ☐ Yes ☐ No | Entered on GCIC/NCIC? ☐ Yes ☐ No | By:

Hair Length (1 / 2)	Hair Style (1 / 2)	Facial Hair (1 / 2)	Complexion (1 / 2)	Gen Appearance (1 / 2)	Demeanor (1 / 2)	Speech (1 / 2)	Weapon
1 Unknown	1 Unknown	1 Unknown	1 Unknown	1 Unknown	1 Unknown	1 Unknown	1 Unknown
2 Bald	2 Afro/Nat	2 Clean Shave	2 Acne	2 Conservative	2 Angry	2 Accent	2 Handgun
3 Collar	3 Braided	3 Full Beard	3 Dark	3 Dirty	3 Apologetic	3 Raps	3 Shotgun
4 Long	4 Bushy	4 Fu Manchu	4 Freckled	4 Disguise	4 Calm	4 Stumbles	4 Rifle
5 Short	5 Curly	5 Goatee	5 Light	5 Happy	5 Disorganized	5 Offensive	5 Toy Gun
6 Shoulder	6 Military	6 Lower Lip	6 Medium	6 Good Looking	6 Irrational	6 Quiet	6 Knife
Hair Type	7 Ponytail	7 Mustache	7 Pale	7 Military	7 Nervous	7 Rapid	7 Oth Cut Inst
1 Course	8 Pomaded	8 None/Pube	8 Pocked	8 Unkempt	8 Polite	8 Slow	8 Hand/Foot
2 Fine	9 Straight	9 Sideburns	9 Ruddy	9 Unusual Odor	9 Professional	9 Stammer	9 Blunt Inst
3 Thick	10 Wavy/Curly	10 Unshaven	10 Tanned	10 Wet Clothing	10 Sniper	10 Talkative	10 Auto
4 Thinning	11 Wet	11 Van Dyke	11 Albino	11 Casual	11 Violent	11 Non-English	11 Explosives
5 Wiry	12 See Nar.	12 See Nar.	12 See Nar.	12 See Nar.	12 See Nar.	12 See Nar.	12 See Nar.
6 See Nar.							

Investigative Info

Hospital/Physician: CHILDRENS HEALTH / NE GA. MED | Coroner Notified: 19:55 hrs | Coroner Arrived: 20:50 hrs | Coroner Name: DEPUTY TED SCARBROUGH

Time Photographed: 19:00 hrs | Bancroft Evidence: b(3) CPSA Section 25(c),(b)(6) | Name of Detective Notified: b(3) CPSA Section 25(c),(b)(6) | Responded to Scene? ☒ Yes ☐ No

Point of Entry: ☐ Door ☐ Window ☐ Garage Door ☐ Adjacent Premises ☐ Basement ☐ Ventilator ☐ Fence ☐ Air Duct ☐ Glass Door ☐ Thin Wall/Roof ☐ Unknown/Other

Point of Entry Visible From: ☐ Not Visible ☐ Adjacent Structure ☐ Street ☐ Alley

Suspect Actions Code: (1) (2) (3) (4) (5)

Investigative Activities:
☐ Not Applicable to Case
☐ Dusted for Latent Prints
☐ Tool Marks Photographed
☒ Vehicle/Shoe Treads Photographed
☒ Scene Photographed
☐ Victim Photographed
☒ Scene Diagramed
☒ Neighbors Checked
☒ Victim/Witness Form Completed
☐ Area Checked
☒ Witnesses Contacted
☒ Victim(s) Contacted
☒ Crime Scene Notified
☒ Detective Notified
☒ Statements Taken
☐ Teletype Sent
☐ Other

Photographer Name: CPL. C.L. SHELTON 2464 | Agency: FCSO

Evidence Obtained:
☐ None
☐ Evidence Sheet Attached
☒ Statements
☒ Photos
☐ Fingerprints
☐ Other Prints
☒ Vehicle Impounded
☐ Weapons
☐ Hair
☐ Rape Kit
☐ Blood
☐ Clothing
☐ Tools
☐ Semen
☐ Stains
☐ Other

Evidence Tech. Name:

Arrest Information

Arrestee Name (Last, First, Middle) | Alias Name/AKA | Place of Birth

Address | Apt/Suite Number | City | State | Zip Code

Occupation | Race | Sex | DOB | Height | Weight | Hair | Eyes | SSN

Driver's License Number | State | Home Phone | Employer | Work Phone

Work Address | Suite Number | City | State | Zip Code

Accepted in Scene: ☐ Yes ☐ No | Arrest Date | Arrest Time hrs | Agency Issuing Warrant

Arrest Location | Apt/Suite Number | City | State | Zip Code

Statute | Charge Description | Degree ☐ Misd. ☐ Felony | County

Statute | Charge Description | Degree ☐ Misd. ☐ Felony | County

Statute | Charge Description | Degree ☐ Misd. ☐ Felony | County

Offense Location: ☐ In City ☐ In State ☐ Unknown ☒ In County ☐ Out of State

Arrest Location: ☐ In City ☐ In State ☐ Unknown ☐ In County ☐ Out of State

Accused Drug Use: ☐ Amphetamine ☐ Barbiturate ☐ Cocaine ☐ Hallucinogen ☐ Heroin ☐ Marijuana ☐ Methamphetamine ☐ Opium ☐ Synthetic Narcotic ☐ Unknown

Test Given: ☐ Breath ☐ Blood ☐ Urine ☐ Other | Date | Time hrs | Results | Administered by:

Test Given: ☐ Breath ☐ Blood ☐ Urine ☐ Other | Date | Time hrs | Results | Administered by:

Adm

Reporting Officer: CPL. C.L. SHELTON 2464 | Employee Number: 2464 | Reporting Officer | Employee Number

Supervisor Approval: 2323 | Approval Date: 1/11/05 | Number of Additional arrest pages: 0

Task Number 050113HNE2021

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

Type of respondent: Police Department

Other, specify:

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

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

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

ATV #1	ATV #2
Manufacturer: 05 - Polaris	**Manufacturer:**

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

Model: Ranger 4x4 / **VIN:** 4XARD50A42D824507

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

Model Year: 2002

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

Engine Size: 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:	01/09/2005	
Age/Sex:	2/Male	/
State of Death:	GA	
City of Death:	Atlanta	
County of Death:	Fulton	

Task Number: 050113HNE2021

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

A 2-year-old male victim was one of two passengers riding on a 4-wheeled ATV. He was accompanied by his father, a 35-year-old male who was the driver and a 9-year-old female who was the other passenger riding the ATV. The driver failed to maintain control of the ATV and it ran off a 5-foot retaining wall. The ATV overturned and the victims were ejected. The victims were injured and they were treated at the hospital. The 2-year-old male victim died. The other victims were released from the local hospital. T

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

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

Victim 1:	**Victim 2:**
Yes No (Unknown)	Yes No (Unknown)

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

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

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

Victim 1:	**Victim 2:**
Yes (No) Unknown	Yes (No) Unknown

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

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

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

Age: 35 **Height:** **(inches)**
Weight: **Sex:** Male

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

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

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

00 - Unknown

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

00 - Unknown

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

09 - NA (Not a traffic incident)

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

0 - Unknown

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

0 - Unknown

Additional Comments:

11. Victim #3: no helmet

Task Number: 050113HNE2021

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

A 2-year-old male victim was one of two passengers riding on a 4-wheeled ATV. He was accompanied by his father, a 35-year-old male who was the driver and a 9-year-old female who was the other passenger riding the ATV. The driver failed to maintain control of the ATV and it ran off a 5-foot retaining wall. The ATV overturned and the victims were ejected. The victims were injured and they were treated at the hospital. The 2-year-old male victim died. The other victims were released from the local hospital. They were not wearing helmets.

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

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

Victim 1:	**Victim 2:**
Yes No (Unknown)	Yes No (Unknown)

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

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

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

Victim 1:	**Victim 2:**
Yes (No) Unknown	Yes (No) Unknown

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

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

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

Age: 35 **Height:** **(inches)**
Weight: **Sex:** Male

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

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

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

00 - Unknown

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

00 - Unknown

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

09 - NA (Not a traffic incident)

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

0 - Unknown

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

0 - Unknown

Additional Comments:

11. Victim #3: no helmet

TC-54

GA ISSUE 17 EHDS/FOER/PMR

JAN 21 2005 050113HNE2021

N051-0118A

January 12, 2005

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Updated Tuesday, January 11 at 1:29 PM

Forsyth County boy killed in ATV crash

by Matt McClure

CUMMING - A two-year-old Forsyth County boy is dead following an ATV accident.

Sheriff's Captain Frank Huggins says [redacted] was riding with his father, and a 9-year-old girl late Sunday on private property. The ATV then ran off a 5-foot retaining wall and overturned.

"All three passengers were ejected; none were wearing seat belts ," Huggins says. "The youth was flown by helicopter to Scottish Rite hospital, where he succumbed to his injuries a short time after arrival.

His father and the 9-year-old girl were treated and released from area hospitals.

No charges have been filed pending the investigation.

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- Buford murder suspect expected to remain in jail

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050513

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
050317HCC2537	9032	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
830	2004 04 26	2005 03 18

6. Synopsis of Accident or Complaint UPC

A 10-year-old female was driving a 4-wheeled ATV that belonged to a person at the house she and her family were visiting. Her 11-year-old brother was a passenger on the ATV. The female was driving the ATV on a private road on a grass farm when she lost control of the ATV, the vehicle flipped, rolled over. The brother landed face down on the ground with his arms straight out above his head and the roll bar across his back. It is unclear where the sister landed. He died the next day of Blunt Force Trauma. Sister was not injured. Unknown if helmets worn.

MFR/PRVLBR NOTIFIED

COMMENTS: __YES __NO
__OVERRULED; __ATTACHED
__EXCISIONS/FOIA EXS: 3, 6
__DO NOT RE-NOTIFY __RE-NOTIFY
08/10/05 GO

7. Location (Home, School, etc)	8. City	9. State
2 - FARM	VAN VLECK	TX

10A. First Product	10B. Trade/Brand Name	10C. Model Number
3286 - All Terrain Vehicles (four W	POLARIS VIN# 4XARD50A32D828810	RANGER 4 X 4

10D. Manufacturer Name and Address
POLARIS INDUSTRIES 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

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
11	1 - Male	8 - Death	62 - Intern. Org. Inj.

16. Body Part(s) Involved	17. Respondent	18. Type of Investigation	19. Time Spent (Operational / Travel)
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	9 / 0

20. Attachment(s)	21. Case Source	22. Sample Collection Number
2 - Documents	12 - MECAP	

23. Permission to Disclose Name (Non NEISS Cases Only)
○ Yes ◉ No ○ Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
03/29/2005	8130	Eric B. Ault

27. Distribution	28. Source Document Number
Ingle, Robin L.	X0520323A

050513

EPIDEMIOLOGIC INVESTIGATION REPORT

1. Task Number	2. Investigator's ID	3. Office Code	4. Date of Accident (YR MO DAY)	5. Date Initiated (YR MO DAY)
050317HCC2537	9032	830	2004 04 26	2005 03 18

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

A 10-year-old female was driving a 4-wheeled ATV that belonged to a person at the house she and her family were visiting. Her 11-year-old brother was a passenger on the ATV. The female was driving the ATV on a private road on a grass farm when she lost control of the ATV, the vehicle flipped, rolled over. The brother landed face down on the ground with his arms straight out above his head and the roll bar across his back. It is unclear where the sister landed. He died the next day of Blunt Force Trauma. Sister was not injured. Unknown if helmets worn.

7. Location (Home, School, etc)	8. City	9. State
2 - FARM	VAN VLECK	TX

10A. First Product	10B. Trade/Brand Name	10C. Model Number
3286 - All Terrain Vehicles (four W	POLARIS VIN# 4XARD50A32D828810	RANGER 4 X 4

10D. Manufacturer Name and Address
POLARIS INDUSTRIES 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

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
11	1 - Male	8 - Death	62 - Intern. Org. Inj.

16. Body Part(s) Involved	17. Respondent	18. Type of Investigation	19. Time Spent (Operational / Travel)
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	9 / 0

20. Attachment(s)	21. Case Source	22. Sample Collection Number
2 - Documents	12 - MECAP	

23. Permission to Disclose Name (Non NEISS Cases Only)
○ Yes ◉ No ○ Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
03/29/2005	8130	Eric B. Ault

27. Distribution	28. Source Document Number
Ingle, Robin L.	X0520323A

IDI# 050317HCC2537
ATV Fatality, Matagorda CO., TX
Page 1

On the April 26, 2004, family and friends were at a grass farm for a crawfish broil. The ATV belonged to the male occupant where the crawfish broil was being held. A 10-year-old female was driving a four-wheeled ATV on a private road on the farm when she lost control of the ATV, the vehicle flipped, rolled over and landed on her brother. The driver's 11-year-old brother was a back passenger on the ATV. The accident occurred at approximately 6:00 PM.

An adult female witness stated that she heard the ATV driving along the road that leads to her A-frame residence for a while and then heard and saw a little girl, later identified as the victim's sister and driver of the ATV, running down the road screaming and the witness went out to see what was going on. The witness advised she went to the location and observed the ATV lying on its side, headlights facing east and the undercarriage facing south covering the west side of the roadway and when she went to the other side she observed the 11-year-old victim laying face down towards the north with his arms straight out above his head and the roll bar across his back. The witness attempted to move the vehicle off the victim but could not so she ran to call 911 and when she returned some passers by had gotten the ATV off the victim and his mother was administering CPR.

When the County Sheriff's Deputy arrived at the scene located at the end of a private gravel road, he observed an ATV in the ditch on the west side of the private roadway with the 11-year-old male victim laying on his back with his head in an easterly direction as his mother preformed CPR on him. He approached the scene and found no pulse on the victim and he was not breathing on his own. He then took over CPR from the victim's mother until the EMS arrived and took over. The victim was taken to Matagorda County hospital and later that evening Lifeflight transported the victim to a hospital in Houston, Texas. The victim sustained multiple blunt force trauma; abdominal trauma and brain injury. The victim died on April 27, 2004, of Blunt Force Trauma.

While deputies were processing the scene, they found two locations on the road where fresh "donuts" had been cut by the ATV. Also visible was the area where the ATV had slid sideways in the grass and turned over landing on the road and taking out chunks of the roadway. The tire marks running off the west side of the road were measured; alongside a ditch and veering back onto the road. It was approximately 75 feet in length. The marks indicated the vehicle appeared to leave the roadway traveling in a northerly direction. Upon inspection it was determined that the final 43 feet of these 75 feet appeared to have a skidding pattern. There were tire marks, skid marks and fresh "donuts" cut into the gravel road and the area where the victim was positioned when the Investigating Official arrived.

It is unknown if the driver and the passenger were wearing helmets at the time of the incident as victim had been moved prior to Investigating Officials arrival.

The product involved was a **four-wheeled ATV:**

- **Polaris**
- **Year Unknown**
- **Ranger 4 x 4**
- **VIN # 4XARD50A32D828810**

ATTACHMENTS

1. ATVD
2. Respondents
3. Matagorda County Sheriff's Report

IDENTITY OF RESPONDENT(S)

The respondents in this investigation are:

- Matagorda County Sheriff – 03/18/2005
  2323 Avenue E
  Bay City, Texas 77414
  (979) 245-5526

  Criminal Investigations – 03/18/05
  (979) 245-7405

Matagorda County Sheriffs Office

2323 Ave. E
Bay City, TX 77414
Phone: (979)245-6526
Fax: (979)245-1071

James Mitchell
Sheriff

Typed By: [redacted]
Approved By: CAPT MILES

Call Sheet Number: 2004040572
Case Report Number: 04-116-3

CRIME			
Report Type: 116 — Report Category: ACCIDENT	Arrested: N	Domestic Violence: N	Juvenile: Y
Location/Description: MILBERGER GRASS FARM/OLD VAN VLECK RD	Business Name:		

Date/Time Reported	Occurred Between	Day of Week	Incident Date	Incident Time
04/26/04 18:12		MONDAY	04/26/04	18:12

Deputy Name	#	Report Assigned To	#
STEPHENS, CLIFFORD	MCSO 1919	DOE, JF	MCSO 4200

SUPPLEMENT

Supplement No	Date	Time	Investigator		
00001	04/26/04	13:06	MCSO	4819	BROWN, CHARLOTTE

On Monday, April 26, 2004, at approximately 19:15 hrs, I was contacted by Capt. David Miles who requested I go to the scene of an ATV accident involving a juvenile victim. I was directed to a private road at Milberger Turf Farm off Old Van Vleck Road. I arrived at the same time as Sgt. Jeremy Brown. Sgt. Wayne Stephens was at the scene. He advised us the ATV had been removed prior to his return to the scene. Sgt. Stephens pointed out tire impressions in the grass on the west side of the private road and showed us the position of the victim on the roadway when he had first arrived on the scene. There were orange paint markings on the roadway and on tire marks in the grass on the west side of the roadway which Sgt. Stephens advised had been made by responding DPS Unit.

I photographed the scene including the tire marks, skid marks, fresh "donuts" cut into the gravel road and the area where the victim was positioned when Sgt. Stephens arrived.

Sgt. Stephens, Sgt. Brown and myself took measurements to attempt to pinpoint as closely as possible the resting place of the victim after the accident. We used the following landmarks to triangulate the area:
Facing west - the pecan tree farthrest to the right; and the largest oak tree to the left. Facing east - a square fence post. The measurements are as follows:
From the pecan tree to roadway --- 153' 7"
From the oak tree to roadway ------ 94' 6"
From the fence post to roadway --- 89' 9"

The area on the roadway we triangulated was an oval shape measuring approximately 3' x 2', with the 3' measurement being the north to south measurement.

Sgt. Brown and I measured the tire marks running off the west side of the road; alongside a ditch and veering back onto the road. It was approximately 75' in length. The marks indicated the vehicle appeared to leave the roadway traveling in a northerly direction. Upon inspection, Sgt. Brown determined that the final 43 feet of this 75' appeared to have a skidding pattern.

Sgt. Brown, Sgt. Stephens and I left the scene and proceeded to the Labay residence where the ATV was located. I photographed the vehicle and Sgt. Stephens and Sgt. Brown obtained VIN information for this report.

Matagorda County Sheriffs Office

1323 Ave. E
Bay City, TX 77414
Phone: (979)245-5526
Fax: (979)245-1071

James Mitchell
Sheriff

Typed By: b(3) CPSA Section 25(c),(b)(6)
Approved By: CAPT MILES

Call Sheet Number: 2004045572
Case Report Number: 04-115-3

CRIME			
Report Type: Report Category 115 ACCIDENT	Arrestee N	Domestic Violence N	Juvenile Y
Location Description WILBERGER GRASS FARM/OLD VAN VLECK RD	Business Name		

Date/Time Reported	Occurred Between	Day(s) of Week	Incident Date	Incident Time
04/25/04 18:17		MONDAY	04/26/04	18:17

Deputy Name	#	Report Assigned To	#
STEPHENS, CLIFFORD	MCSO 1915	DOE, J P	MCSO 4230

OFFENSES

1 115 ACCIDENT 90Z

INVOLVED PARTIES

	Name (Last, First, Middle)	DOB	Race	Sex	Age
V1	b(3) CPSA Section 25(c),(b)(6)	b(3) CPSA Section 25(c),(b)(6)	W	M	11

Residence Address	City/State	Zip	Residence/Cell Phone
b(3) CPSA Section 25(c),(b)(6)			b(3) CPSA Section 25(c),(b)(6)

Business Address	City/State	Zip	Business Phone
		0	

Associated Offenses
ACCIDENT

	Name (Last, First, Middle)	DOB	Race	Sex	Age
V3	b(3) CPSA Section 25(c),(b)(6)	b(3) CPSA Section 25	W	F	10

Residence Address	City/State	Zip	Residence/Cell Phone
b(3) CPSA Section 25(c),(b)(6)			b(3) CPSA Section 25(c),(b)(6)

Business Address	City/State	Zip	Business Phone
		0	

Associated Offenses
ACCIDENT

	Name (Last, First, Middle)	DOB	Race	Sex	Age
D1	b(3) CPSA Section 25(c),(b)(6)	b(3) CPSA Section 25(c),(b)(6)	W	M	38

Residence Address	City/State	Zip	Residence/Cell Phone
b(3) CPSA Section 25(c),(b)(6)			

Business Address	City/State	Zip	Business Phone
		0	

Associated Offenses

	Name (Last, First, Middle)	DOB	Race	Sex	Age
D2	b(3) CPSA Section 25(c),(b)(6)	b(3) CPSA Section 25(c),(b)(6)	W	M	44

Residence Address	City/State	Zip	Residence/Cell Phone
b(3) CPSA Section 25(c),(b)(6)			b(3) CPSA Section 25(c),(b)(6)

Business Address	City/State	Zip	Business Phone
		0	

Associated Offenses

Matagorda County Sheriffs Office

2323 Ave. E
Bay City, TX 77414
Phone: (979)245-5526
Fax: (979)245-1071

James Mitchell
Sheriff

Typed By: [redacted]
Approved By: CAPT MILES

Call Sheet Number: 200-0040572
Case Report Number: 04-116-3

CRIME	Arrested	Domestic Violence	Juvenile
Report Type: Report Category 116 ACCIDENT	N	N	Y

Location Description	Business Name
MILBACHER CHAZZ FARM CLUB VAN VLECK RD	

Date/Time Reported	Occurred Between	Day(s) of Week	Incident Date	Incident Time
04/28/04 18:17		MONDAY	04/28/04	8:17

Deputy Name	#	Report Assigned To	#
STEPHENS, CLIFFORD	MCSO 1916	DOE, J E	MCSO A999

SUPPLEMENT

Supplement No	Date	Time	Investigator		
00002	06/25/05	13:08	MCSO	1999	[redacted]

ON THIS DAY I FED EX THE COPY OF THE OFFENSE REPORT ALONG WITH 3 SETS OF PHOTOS IN THIS CASE TO [redacted] THE RECEIPT IS ON FILE IN THE ID AND RECORDS OFFICE.

Task# 050317HCC2537
Exhibit 3
Page 3 of 7

Matagorda County Sheriffs Office

2323 Ave. B
Bay City, TX 77414
Phone: (979)245-6520
Fax: (979)245-1071

James Mitchell
Sheriff

Typed By: b(3) CPSA Section 25(c),(b)(6)
Approved By: CAPT MILES

Call Sheet Number: 2004040572
Case Report Number: 04-116-3

CRIME

Report Type	Report Category	Arrested	Domestic Violence	Juvenile
116	ACCIDENT	N	N	Y

Location Description	Business Name
MILBERGER GRASS FARM/OLD VAN VLECK RD	

Date/Time Reported	Occurred Between	Day(s) of Week	Incident Date	Incident Time
04/26/04 18:17		MONDAY	04/26/04	18:17

Deputy Name	#	Report Assigned To	#
STEPHENS, CLIFFORD	MCSO 1016	DOE, J F	MCSO 4695

OFFENSES

1 116 ACCIDENT 90Z

INVOLVED PARTIES

	Name (Last, First, Middle)	DOB	Race	Sex	Age
W1	b(3) CPSA Section 25(c),(b)(6)		W	F	53

Residence Address	City/State	Zip	Residence/Cell Phone
b(3) CPSA Section 25(c),(b)(6)			b(3) CPSA Section 25(c),(b)(6)

Business Address	City/State	Zip	Business Phone
		0	b(3) CPSA Section 25(c),(b)(6)

Associated Offenses

	Name (Last, First, Middle)	DOB	Race	Sex	Age
W2	b(3) CPSA Section 25(c),(b)(6)		W	M	54

Residence Address	City/State	Zip	Residence/Cell Phone
b(3) CPSA Section 25(c),(b)(6)			b(3) CPSA Section 25 (c),(b)(6)

Business Address	City/State	Zip	Business Phone
		0	b(3) CPSA Section 25 (c),(b)(6)

Associated Offenses

	Name (Last, First, Middle)	DOB	Race	Sex	Age
O1	b(3) CPSA Section 25(c),(b)(6)		W	F	30

Residence Address	City/State	Zip	Residence/Cell Phone
b(3) CPSA Section 25(c),(b)(6)			b(3) CPSA Section 25 (c),(b)(6)

Business Address	City/State	Zip	Business Phone
		0	

Associated Offenses

Matagorda County Sheriffs Office

2323 Ave. E
Bay City, TX 77414
Phone: (979)245-5525
Fax: (979)245-1071

James Mitchell
Sheriff

Call Sheet Number: 2004046672
Case Report Number: 04-178-2

PROPERTY REPORT

TYPE: 2-Alcohol 3-Automobiles 4-Bicycles 5-Clothes/Furs 7-Computer Hardware/Software 8-Consumable Goods 9-Credit/Debit Cards
10-Drugs/Narcotics 11-Drug/Narcotic Equipment 12-Firm Equipment 13-Firearms 15-Heavy Construction Equipment 16-Household Goods
17-Jewelry/Precious Metals 18-Livestock 19-Merchandise 20-Money 21-Negotiable Instruments 23-Office Type Equipment
24-Other Motor Vehicles 25-Purses/Handbags/Wallets 26-Radios/TVs/VCRs 27-Recording/Audio/Visual 30-Tools 38-Vehicle Parts/Accessories

Item No.	Code	Type	Qty	Article Description, Brand Name, Model Name or No.	Serial/Bill No.	Value
1	E	77	1	3 ROLLS FILM		

Task# 050317HCC2537
Exhibit 3
Page 5 of 7

See Narrative

Code: 2-Burned 3-Counterfeited/Forged 4-Destroyed/Damaged/Vandalized 5-Recovered 6-Seized 7-Stolen/Lost
E-Evidence F-Found L-Lost

Matagorda County Sheriffs Office

2323 Ave. E
Bay City, TX 77414
Phone: (979)245-5526
Fax: (979)246-1071

James Mitchell
Sheriff

Typed By: b(3) CPSA Section 25(c),(b)(6)
Approved By: CAPT MILES

Call Sheet Number: 2004040672
Case Report Number: 04-116-3

CRIME			
Report Type: 116 — Report Category: ACCIDENT	Arrested: N	Domestic Violence: N	Juvenile: Y
Location/Description: MILBERGER GRASS FARM/OLD VAN VLECK RD	Business Name:		

Date/Time Reported	Occurred Between	Day(s) of Week	Incident Date	Incident Time
04/26/04 18:17		MONDAY	04/26/04	18:17

Deputy Name	#	Report Assigned To	#
STEPHENS, CLIFFORD	MCSO 1916	DOE, JF	MCSO 4869

NARRATIVE

On 04-26-2004 at 1819 hours, I, Sgt. C. W. Stephens #4909, along with R. Deleon #4850 arrived at a 10-50 Major, located near the end of a private gravel road in Milberger Grass Farm on Old Van Vleck Road. Upon arrival I observed a Polaris Ranger 4 x 4 VIN # 4XARD50A32D828810 in the ditch on the west side of the private roadway and three subjects crowding around the victim (juvenile) identified as b(3) CPSA Section 25(c),(b)(6) WM DOB b(3) CPSA Section 25(c),(b)(6) who was laying on his back with his head in an easterly direction as a white female identified as b(3) CPSA Section 25(c),(b)(6) WF DOB b(3) CPSA Section 25(c),(b)(6) (the victim's mother) was performing CPR and b(3) CPSA Section 25(c),(b)(6) WM DOB b(3) CPSA Section 25(c),(b)(6) looked on and another identified as b(3) CPSA Section 25(c),(b)(6) WF DOB b(3) CPSA Section 25(c),(b)(6) also observed.

I then approached the scene and felt for a pulse and found none and the victim was not breathing on his own. I then took over CPR for b(3) CPSA Section 25(c),(b)(6) for a few minutes till Gulf Coast EMS arrived and took over. After they took over, myself and Deputy Deleon assisted EMS in trying to stabilize Logan.

During this time, DPS Troopers S. Hemphill #2052 and L. Fojtik #2056 had arrived and were taking pictures and looked to be processing the accident scene. b(3) CPSA Section 25 was loaded into the EMS Unit where one of the EMS techs advised that he had just gone into "V fib" so they began to stabilize again in the unit while Deputies attempted to calm b(3) CPSA Section 25(c),(b)(6) down who was demanding Life Flight.

A crowd was beginning to gather and when EMS left for Matagorda General, the friends of the family and other concerned citizens began going that way also.

I observed DPS Troopers to be working the accident and myself and Deputy Deleon left for the hospital to ID the subjects involved and help with possible crowd control.

After being at the hospital for a few minutes, I received a call on Nextel from Trooper Hemphill stating that their Sergeant had advised that they were not to work the accident. I then called Captain Miles #4804, who headed for the hospital and Investigator J. Brown #4622 and I.D. Deputy C. Brown #4819 who headed for Milberger to process the scene.

I arrived back at the scene at 2023 hours to find DPS gone and the Polaris missing. I later learned from Reed, b(3) CPSA Section 25(c),(b)(6) that b(3) CPSA Section 25(c),(b)(6) WM DOB b(3) CPSA Section 25(c),(b)(6) was the owner of the Polaris and had taken it back to his residence, where the b(3) CPSA Section 25(c),(b)(6) and the b(3) CPSA Section 25(c), were about to have a crawfish boil.

b(3) CPSA Section 25(c),(b)(6) stated that she had heard the Polaris driving along the road that leads to her A-frame residence for a while and then heard and saw a little girl identified as b(3) CPSA Section 25(c),(b)(6) WF DOB b(3) CPSA Section 25(c),(b)(6) running down the road screaming and she went out to see what was going on. b(3) CPSA Section 25 advised she went to the location and observed the Polaris lying on its side, headlights facing east and the undercarriage facing south covering the west side of the roadway and when she went to the other side she observed b(3) CPSA Section 25(c), laying face down toward the north with his arms straight out above his head and the roll bar across his back. b(3) CPSA Section 25(c),(b)(6) stated that she could not move the vehicle off of b(3) CPSA Section 25 and she ran to call 911 and when she returned some other subjects that b(3) CPSA Section 25(c),(b)(6) thought were some passers by had gotten the ATV off of b(3) CPSA Section 25(c) and his mother was administering CPR.

I was advised by Deputy Deleon from talking to an unidentified subject at the ER that Amber was driving the ATV when the accident occurred.

Matagorda County Sheriffs Office

2323 Ave. E
Bay City, TX 77414
Phone: (979)245-5526
Fax: (979)245-1071

James Mitchell
Sheriff

Typed By: [redacted]
Approved By: CAPT MILES

Call Sheet Number: 2004040572
Case Report Number: 04-116-3

CRIME				
Report Type: 116	Report Category: ACCIDENT	Arrested: N	Domestic Violence: N	Juvenile: Y
Location/Description: MILBERGER GRASS FARM/OLD VAN VLECK RD		Business Name:		
Date/Time Reported: 04/26/04 18:17	Occurred Between:	Day(s) of Week: MONDAY	Incident Date: 04/26/04	Incident Time: 18:17
Deputy Name: STEPHENS, CLIFFORD	#: MCSO 1916	Report Assigned To: DOE, J F	#: MCSO 4899	

While processing the scene with Sgt. J. Brown and Deputy C. Brown, there were two locations on the road where fresh donuts had been cut by the ATV, these were photographed by Deputy Brown and photos were taken of the location where the ATV had slid sideways in the grass and turned over landing on the road and taking chunks of the roadway out.

Measurements were triangulated from a live oak tree to a pecan tree and across the road to a railroad tie fence post of which Investigator Brown has the measurements.

Deputies then went to the [redacted] residence where no one was home and located, photographed, the ATV and got the VIN number.

I later made contact with Trooper Fojtik and received the downloaded black and white pictures taken at the scene that are attached to this report. I was also advised of a roll of 35 mm film in the possession of Trooper Hemphill that I was not able to obtain at the time of this writing.

Turned over to C.I.D. for further investigation.

Task# 050317HCC2537
Exhibit 3
Page 7 of 7

Task Number 050317HCC2537

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

Type of respondent: Police Department

Other, specify:

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

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

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

ATV #1	ATV #2
Manufacturer: 05 - Polaris	**Manufacturer:**

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

Model: Ranger 4 x 4 / **VIN:** 4XARD50A32D828810

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: 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:	04/27/2004	
Age/Sex:	11/Male	/
State of Death:	TEXAS	
City of Death:	Houston	
County of Death:	Harris	

Task Number: 050317HCC2537

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

A 10-year-old female was driving a 4-wheeled ATV that belonged to a person at the house she and her family were visiting. Her 11-year-old brother was a passenger on the ATV. The female was driving the ATV on a private road on a grass farm when she lost control of the ATV, the vehicle flipped, rolled over. The brother landed face down on the ground with his arms straight out above his head and the roll bar across his back. It is unclear where the sister landed. He died the next day of Blunt Force Trauma. Sister was not injured. Unknown if helmets worn.

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

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

Victim 1:	**Victim 2:**
(Yes) No Unknown	Yes No (Unknown)

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

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

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

Victim 1:	**Victim 2:**
Yes No (Unknown)	Yes No (Unknown)

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

0 - Unknown
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: 10 **Height:** **(inches)**

Weight: **Sex:** Female

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

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

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

09 - Non-paved road

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

02 - Private road

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

09 - NA (Not a traffic incident)

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

2 - No

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

0 - Unknown

Additional Comments:

Gravel road and grass area.

Polaris Industries Inc.
2100 Highway 55
Medina, Minnesota 55340-9770
763-542-0500
763-542-0599 fax

Nancy L. Chudyk
(763) 542-2302
Fax (763) 417-2105
nancy.chudyk@polarisind.com

May 20, 2005

Ms. Ann De Temple
Director, National Injury Information Clearinghouse
U.S. Consumer Product Safety Commission
4330 East West Highway, Room 514
Bethesda, MD 20814

Re: 050201CCC1421, 050208CNE2088, 050217CCC2435, 050301HCN0481, 050304HNE2165, 050317HCC2537, C0525007A, H0520183A, H0520196A, H0520219A, H0520239A, H0530019A, I0520523A, I0520562A, I0520574A

Dear Ms. De Temple:

Thank you for the information provided in the above files. We will review the information provided in these documents and will conduct additional investigation as may be required.

I request that I be notified prior to releasing any of the information contained in these files under the Freedom of Information Act.

Very truly yours,
Polaris Industries Inc.

Nancy L. Chudyk

Nancy L. Chudyk
Paralegal

Tracking Sheet: - YES ☐ NO ☐

TC-32 S#208

X0520323

HARRIS COUNTY MEDICAL EXAMINER
1885 OLD SPANISH TRAIL
HOUSTON, TEXAS 77054
INVESTIGATOR REPORT

ISSUE 20
FEB 08 2005

ML04-1341 - MEDICAL LEGAL

Height: ft. - 63 in. Weight: 160 lbs. - oz.

INVESTIGATOR (b)(3):CPSA Section 25(c),(b)(6) FORENSIC INVESTIGATOR	DATE AND TIME M.E. NOTIFIED 4/27/2004 9:30:00 PM	COMPANION CASE
INVESTIGATION TYPE PHONE INTERVIEW	REPORTING AGENCY MEMORIAL HERMANN HOSPITAL	
REPORTEE (b)(3):CPSA Section 25(c),(b)(6)		CONTACT PHONE 713-704-2238
POLICE REPORT#		
MANNER APPEARS TO BE ACCIDENT	TRAUMA BLUNT FORCE	
DESCRIPTION OF TRAUMA: ATV rollover		

DECEDENT INFORMATION

DECEDENT FIRST (b)(3):CPSA Section 25(c),(b)(6)	MIDDLE (b)(3):CPSA	LAST (b)(3):CPSA Section	
RACE WHITE	SEX MALE	DOB (b)(3):CPSA S	AGE 11 YEARS
SOCIAL SECURITY	DRIVERS LICENSE	MARITAL STATUS SINGLE	DECEDENT HOME PHONE 979-245-6526
RESIDENT ADDRESS (b)(3):CPSA Section 25(c),(b)(6)	CITY (b)(3):CPSA Section 25(c),(	STATE (b)(3):CPSA Section 25(c),(b)(6)	ZIP

NEXT OF KIN (NOK)

NAME OF NOK FIRST (b)(3):CPSA Section 25(c),(b)(6)	MIDDLE	LAST (b)(3):CPSA Section 25(c),(b)	RELATIONSHIP TO DECEDENT MOTHER/FATHER
NOK HOME ADDRESS (b)(3):CPSA Section 25(c),(	CITY (b)(3):CPSA Section 25	STATE (b)(3):CPSA Section 25(c),(b)(6)	ZIP
HOME PHONE (b)(3):CPSA Section 25(c),(b)	HOW NOTIFIED Present at hospital	NOTIFIED BY WHOM	
NOK NOTES:			

DEATH INVESTIGATION

DATE OF DEATH AND TIME OF DEATH 4/27/2004 7:50:00 PM	
PLACE OF DEATH MEMORIAL HERMANN HOSPITAL, HOUSTON, HARRIS, TX	
PLACE OF DEATH: TYPE OF SCENE HOSPITAL	LOCATION AND POSITION OF BODY
PLACE OF INJURY OLD VANVLECK ROAD, , MATAGORDA, TX	
PLACE OF INJURY: TYPE OF SCENE MILLBERGER GRASS FARM	
TYPE OF VEHICLE INVOLVED ATV	# VEHICLE (S) INVOLVED / DECEDENT'S POSITION IN VEHICLE UNKNOWN
NOTES REGARDING WHILE AT WORK DEATH:	
FOUND DEAD BY	RELATIONSHIP TO DECEDENT
FOUND BY ADDRESS	PHONE #
LAST KNOWN ALIVE DATE AND TIME	LAST SEEN ALIVE BY

Decedent: (b)(3):CPSA Section 25 (c),(b)(6)
Case Number: ML04-1341

BODY CONDITION	BODY TEMPERATURE	
LIVIDITY: CONSISTENT WITH BODY POSITION	**First Reading** **Date:** 4/28/2004 4:15:00 AM **Temp:** 85.3 **Type:** Axillary Temp	**Second Reading** **Date:** **Temp:** **Type:**
RIGOR: FULL		

DECOMPOSITION: NONE

HOSPITAL INFORMATION

MEDICAL RECORD# 37520634	**FIRST BLOOD OR CORD/PLACENTA**	
TRANSPORTED FROM MATAGORDA HOSPITAL	**METHOD USED FOR TRANSPORT** LIFEFLIGHT	**DATE AND TIME OF ARRIVAL** 4/26/2004 8:56:00 PM
CPR IN PROGRESS NO	**ADMITTING DX** ABDOMINAL TRAUMA, BRAIN INJURY	
PRONOUNCED DEAD BY (b)(3):CPSA Section 25(c)		

MEDICAL HISTORY

PERSONAL PHYSICIAN NONE	**PHONE**	**CONSENT TO SIGN D.C**	**Inquest Only Cause of Death**
REASON IF DECLINED	**ASSOCIATE**	**PHONE**	

THE DECEDENT HAD A MEDICAL HISTORY OF:

Cardiovascular Disease:	**Chronic Obstructive Pulmonary Disease:**
Diabetes:	**Seizures:**
High Blood Pressure:	**Heart Disease:**
Renal Failure:	**Cancer:**
Psychiatric Condition:	**HIV/AIDS:**

NOTE REGARDING MEDICAL HISTORY :

None

SOCIAL HISTORY

TOBACCO NO	**ALCOHOL** NO	**DRUGS** NONE

IDENTIFICATION

IDENTIFICATION IS POSITIVE	**HOW IDENTIFIED** Visual	
LOCATION OF I.D. Hospital		**WITNESS MAKING I.D.:** Parents

DECEDENT WAS BROUGHT TO M.E. VIA: DTS

ORGAN PROCUREMENT

REQUEST FOR ORGAN DONATION	**REQUEST FOR TISSUE DONATION**
DENIED OR RELEASED BY	**CORNEAS REMOVED**

NOTES REGARDING DONATION:

KNOWN FAMILY OBJECTIONS TO DONATION: No

Decedent: (b)(3):CPSA Section 25(c), (b)(6)
Case Number: MI.04-1341

OFFICER(s)

OFFICER REQUEST

LEAD TIME REQUESTED

INVESTIGATIVE INFORMATION

Case Synopsis

Decedent was involved in ATV accident and sustained multipe blunt force trauma.

Decedent Physical Exam

Upon arrival to HCMEO the decedent had the following medical intervention in place: endotracheal tube, left nares nasogastric tube, left hand peripheral IV, foley, left femoral cordis, right femoral triple lumen catheter, and a surgical covering over a midline abdominal incision. The following trauma was noted: Ecchymosis to the left upper lateral chest, left knee, right flank and right lateral thigh, right elbow, and right shin. There were abrasions noted to the right elbow, upper arm, and shoulder.

Scene Observation

N/A

Miscellaneous

Per (b)(3):CPSA Section 25(c) the decedent was transported via Lifeflight from Matagorda General Hospital (D-00084908) arriving at Memorial Hermann on 4/26/04 at 8:56pm. The incident occured in Matagorda County on 4/26/04 at 6:00pm.The decedent was riding an ATV with his sister driving when she lost control, and the vehicle flipped, rolled over and landed on the decedent. At this time no investigating agencies were involved.

Tracking Sheet: - YES ☐ NO ☐

TC-32 S#208

X0520323

HARRIS COUNTY MEDICAL EXAMINER
1885 OLD SPANISH TRAIL
HOUSTON, TEXAS 77054
INVESTIGATOR REPORT

ISSUE 20
FEB 08 2005

ML04-1341 - MEDICAL LEGAL

Height: ft. - 63 in. Weight: 160 lbs. - oz.

INVESTIGATOR (b)(3):CPSA Section 25(c) FORENSIC INVESTIGATOR	DATE AND TIME M.E. NOTIFIED 4/27/2004 9:30:00 PM	COMPANION CASE
INVESTIGATION TYPE PHONE INTERVIEW	REPORTING AGENCY MEMORIAL HERMANN HOSPITAL	
REPORTEE (b)(3):CPSA Section 25	CONTACT PHONE 713-704-2238	
POLICE REPORT#		
MANNER APPEARS TO BE ACCIDENT	TRAUMA BLUNT FORCE	

DESCRIPTION OF TRAUMA: ATV rollover

DECEDENT INFORMATION

DECEDENT FIRST (b)(3):CPSA Section 25(c),(b)(6)	MIDDLE (b)(3):CPSA Section 25(c),(b)(6)	LAST	
RACE WHITE	SEX MALE	DOB (b)(3):CPSA Section 25(c)	AGE 11 YEARS
SOCIAL SECURITY	DRIVERS LICENSE	MARITAL STATUS SINGLE	DECEDENT HOME PHONE 979-245-6526
DECEDENT ADDRESS (b)(3):CPSA Section 25(c),(b)(6)	CITY	STATE (b)(3):CPSA Section 25(c),(b)(6)	ZIP

OF KIN (NOK)

NAME OF NOK FIRST (b)(3):CPSA Section 25(c),(b)(6)	MIDDLE	LAST (b)(3):CPSA Section 25(c),(b)(6)	RELATIONSHIP TO DECEDENT MOTHER/FATHER
NOK HOME ADDRESS (b)(3):CPSA Section 25(c),(b)(6)	CITY	STATE (b)(3):CPSA Section 25(c),(b)(6)	ZIP
HOME PHONE (b)(3):CPSA Section 25(c),(b)(6)	Present at hospital	NOTIFIED BY WHOM	

NOK NOTES:

DEATH INVESTIGATION

DATE OF DEATH AND TIME OF DEATH
4/27/2004 7:50:00 PM

PLACE OF DEATH
MEMORIAL HERMANN HOSPITAL, HOUSTON, HARRIS, TX

PLACE OF DEATH: TYPE OF SCENE HOSPITAL	LOCATION AND POSITION OF BODY

PLACE OF INJURY
OLD VANVLECK ROAD, , MATAGORDA, TX

PLACE OF INJURY: TYPE OF SCENE
MILLBERGER GRASS FARM

TYPE OF VEHICLE INVOLVED ATV	# VEHICLE (S) INVOLVED	DECEDENT'S POSITION IN VEHICLE UNKNOWN

NOTES REGARDING WHILE AT WORK DEATH:

FOUND DEAD BY	RELATIONSHIP TO DECEDENT
FOUND BY ADDRESS	PHONE #
LAST KNOWN ALIVE DATE AND TIME	LAST SEEN ALIVE BY

Decedent: (b)(3):CPSA Section 25 (c),(b)(6)
Case Number: ML04-1341

BODY CONDITION	BODY TEMPERATURE	
LIVIDITY: CONSISTENT WITH BODY POSITION	**First Reading** **Date:** 4/28/2004 4:15:00 AM **Temp:** 85.3 **Type:** Axillary Temp	**Second Reading** **Date:** **Temp:** **Type:**
RIGOR: FULL		

DECOMPOSITION: NONE

HOSPITAL INFORMATION

MEDICAL RECORD# 37520634	**FIRST BLOOD OR CORD/PLACENTA**	
TRANSPORTED FROM MATAGORDA HOSPITAL	**METHOD USED FOR TRANSPORT** LIFEFLIGHT	**DATE AND TIME OF ARRIVAL** 4/26/2004 8:56:00 PM
CPR IN PROGRESS NO	**ADMITTING DX** ABDOMINAL TRAUMA, BRAIN INJURY	
PRONOUNCED DEAD BY (b)(3):CPSA Section 25(c), (b)(6)		

MEDICAL HISTORY

PERSONAL PHYSICIAN NONE	**PHONE**	**CONSENT TO SIGN D.C**	**Inquest Only Cause of Death**
REASON IF DECLINED	**ASSOCIATE**	**PHONE**	

THE DECEDENT HAD A MEDICAL HISTORY OF:

Cardiovascular Disease:	**Chronic Obstructive Pulmonary Disease:**
Diabetes:	**Seizures:**
High Blood Pressure:	**Heart Disease:**
Renal Failure:	**Cancer:**
Psychiatric Condition:	**HIV/AIDS:**

NOTE REGARDING MEDICAL HISTORY :

None

SOCIAL HISTORY

TOBACCO NO	**ALCOHOL** NO	**DRUGS** NONE

IDENTIFICATION

IDENTIFICATION IS POSITIVE	**HOW IDENTIFIED** Visual	
LOCATION OF I.D. Hospital		**WITNESS MAKING I.D.:** Parents

DECEDENT WAS BROUGHT TO M.E. VIA: DTS

ORGAN PROCUREMENT

REQUEST FOR ORGAN DONATION	**REQUEST FOR TISSUE DONATION**
DENIED OR RELEASED BY	**CORNEAS REMOVED**

NOTES REGARDING DONATION:

KNOWN FAMILY OBJECTIONS TO DONATION: No

Decedent: (b)(3):CPSA Section 25 (c),(b)(6)
Case Number: ML04-1341

OFFICER REQUEST

LEAD TIME REQUESTED

OFFICER(s)

INVESTIGATIVE INFORMATION

Case Synopsis

Decedent was involved in ATV accident and sustained multipe blunt force trauma.

Decedent Physical Exam

Upon arrival to HCMEO the decedent had the following medical intervention in place: endotracheal tube, left nares nasogastric tube, left hand peripheral IV, foley, left femoral cordis, right femoral triple lumen catheter, and a surgical covering over a midline abdominal incision. The following trauma was noted: Ecchymosis to the left upper lateral chest, left knee, right flank and right lateral thigh, right elbow, and right shin. There were abrasions noted to the right elbow, upper arm, and shoulder.

Scene Observation

N/A

Miscellaneous

Per (b)(3):CPSA S the decedent was transported via Lifeflight from Matagorda General Hospital (D-00084908) arriving at Memorial Hermann on 4/26/04 at 8:56pm. The incident occured in Matagorda County on 4/26/04 at 6:00pm.The decedent was riding an ATV with his sister driving when she lost control, and the vehicle flipped, rolled over and landed on the decedent. At this time no investigating agencies were involved.

050630

EPIDEMIOLOGIC INVESTIGATION REPORT

1. Task Number 050321HCC2549		2. Investigator's ID 8956	
3. Office Code 830	4. Date of Accident YR MO DAY 2004 11 23	5. Date Initiated YR MO DAY 2005 03 25	

6. Synopsis of Accident or Complaint UPC

A 56 year old male victim died of injuries sustained in an ATV accident Male victim was the driver and one of two occupants of this ATV riding in a wooded area on private property. At some point, victim attempted to make a sharp turn, the ATV hit a tree, causing the ATV to overturn, ejecting victim and passenger with the ATV landing on victim Victim was notwearing helmet or other safety gear. Cause of death, multiple blunt force trauma injuries.

7. Location (Home, School, etc) 1 - HOME	8. City WALTON	9. State KY
10A. First Product 5044 UTILITY VEHICLE	10B. Trade/Brand Name YAMAHA	10C. Model Number RHINO 660

10D. Manufacturer Name and Address
YAMAHA MOTOR CORPORATION,USA
6555 Katella Avenue
Cypress. CA 90630

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

11D. Manufacturer Name and Address
NONE

12. Age of Victim 56	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 54 - Crushing
16. Body Part(s) Involved 05 - ALL OF BODY	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational, Travel) 6 / 0
20. Attachment(s) 2 - Documents	21. Case Source 12 - MECAP	22. Sample Collection Number	

23. Permission to Disclose Name (Non NEISS Cases Only)
○ Yes ◉ No ○ Verbal

24. Review Date 04/20/2005	25. Reviewed By 9071	26. Regional Office Director Eric B. Ault
27. Distribution Topka Ivins Tanya		28. Source Document Number X0520050A

CPSC FORM 82 (12/96) Approved for use through 091 12000 OMB NO. 30410029

4/11/07 le

IDI: 050321HCC2549

SUMMARY:

On 11/24/04 a 56 year old male victim died of injuries sustained when he was involved in an ATV accident at approximately 7:17 p.m. on 11/23/04. Victim male was the driver and one of two occupants of this ATV which was traveling in a wooded area on private property when this accident occurred..

The information included in this investigation was obtained from a State of Kentucky Uniform Police Traffic Collision Report, which included in it statements from an eye witness who was the passenger, a Jefferson County, KY Coroner's Report.

According to these sources, on 11/23/04 at approximately 7:19 p.m., victim was riding on an ATV in a wooded area of this private property when at some point, he attempted a sharp left hand turn. This maneuver causing the ATV on which victim was riding to hit a tree, overturning, totally ejecting victim and other occupant, with the ATV coming to rest on top of victim. Victim had to be freed from under the ATV by mechanical means implemented by the EMS team called to the scene. Victim was then transported to local hospital and later transferred to another facility where he died several hours later of his injuries. Victim was not wearing a helmet or other safety gear. Cause of death of victim was listed as multiple blunt force trauma injuries. Alcohol consumption was a factor in this accident..

According to the reports, the weather was cloudy, the roads were wet and the area was dark/not lighted.

OTHER PERTINENT INFORMATION:

According to the attached reports for this investigation, there were two accounts of the accident. The coroner report indicates the ATV overturned and threw the victim into a tree. It should be noted that the State Police actually visited the scene and spoke with an eye witness.

OTHER INJURIES:

None stated.

PRODUCT IDENTIFICATION:

Product: **ATV**
Year: 2004
Brand: YAMAHA
Model: RHINO 660
Engine Size: Unknown
VIN: 5Y4AM04Y05A009007

IDI: 050321HCC2549

ATTACHMENTS:

Exhibit A: Kentucky State Police Traffic Accident Report
Exhibit B: Jefferson County, KY Coroner's Report
Exhibit C: FOI ltr. KY State Police
Exhibit D ATV Questionnaire
Exhibit E: Jefferson County FOI ltr.
Exhibit F: Contacts.

050321HC C2549
Exhibit A Page 1 of 6

KENTUCKY STATE POLICE

STATISTICAL SECTION

1250 LOUISVILLE RD.
FRANKFORT, KY 40601

FAX TRANSMITTAL FORM

FAX (502) 226-7418
PHONE (502) 226-2169
melissa.pratt@ky.gov

NUMBER OF PAGES: 6 (INCLUDING COVER SHEET)

DATE: 3-28-05

(b)(3):CPSA Section 25(c),(b)(6)

SENDER: NAME:

RECIPIENT: NAME:

COMMENTS: This is the only report I could find for November 23, 2004. However, this did not occur in the same county as Walton. Let me know if you need any further assistance.

NOTICE OF CONFIDENTIALITY: THE DOCUMENTS ACCOMPANYING THIS FAX TRANSMISSION ARE CONFIDENTIAL AND ARE ONLY INTENDED FOR THE USE OF THE RECIPIENT LISTED ABOVE. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT COPYING OR DISTRIBUTION OF THE INFORMATION CONTAINED IN THIS DOCUMENT IS PROHIBITED. IF YOU RECEIVE THIS FACSIMILE IN ERROR, PLEASE NOTIFY THE KENTUCKY STATE POLICE AT THE PHONE NUMBER LISTED AT THE TOP OF THIS FORM AND RETURN THE ORIGINAL MESSAGE TO OUR OFFICE BY MAIL.

050321HCC2549 Exhibit A Page 2 of 6

KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT

MASTER FILE #: 70173899

INVESTIGATING AGENCY	AGENCY ORI NUMBER	LOCAL CODE
KY STATE POLICE, POST 05	KSP0500	11-04-062

ROADWAY NAME: 14950 HWY 355 | PARKING LOT: Y | INTERSECTION WITH: N | BETWEEN STREETS: N

ROADWAY #	DISTANCE FROM MILEPOINT	MILEPOINT #	INJURED	KILLED	# UNITS INVOLVED	HIT & RUN	ONE WAY	SPEED LIMIT
				001	1	NO	NO	

IN CITY LIMITS?: NO
MILES FROM CITY: 3 MILES NORTH
LATITUDE: DEG: 38 MIN: 34.502
LONGITUDE: DEG: 85 MIN: 00.493
COLLISION DATE AND TIME: 11/23/2004 19:17

CITY/TOWN: 09404 - PERRY PARK
RAMP: NO
FROM: DIR:
TO: DIR:

MANNER OF COLLISION	LOCATION 1ST EVENT	TRAFFIC CONTROL
09 - SINGLE VEHICLE	97 - OTHER PROPERTY	99 - NONE

ROADWAY TYPE	TOTAL LANES	ROADWAY CHARACTER	ROADWAY SURFACE	ROADWAY CONDITION
99 - NONE OF THE ABOVE		06 - STRAIGHT & LEVEL	97 - OTHER	05 - WET

WEATHER	LIGHT CONDITION	LAND USE	SCHOOL BUS RELATED
03 - CLOUDY	06 - DARK-HWY NOT LIGHTED	05 - PRIVATE PROPERTY	03 - NOT APPLICABLE

FIRST AID AT SCENE: YES | FIRST AID GIVEN BY: OWEN COUNTY RESCUE

INJURED REMOVED TO:
02101 - CARROLL COUNTY MEMORIAL
05604 - UNIVERSITY OF LOUISVILLE

EMS AGENCY AND RUN #			EMS AGENCY AND RUN #			EMS AGENCY AND RUN #		
11411211			11321621					
NOTIFIED TIME	ARRIVED TIME	TIME AT HOSPITAL	NOTIFIED TIME	ARRIVED TIME	TIME AT HOSPITAL	NOTIFIED TIME	ARRIVED TIME	TIME AT HOSPITAL
19:19	19:37	20:02	23:00	23:00	23:29			

INJURED OR DECEASED REMOVED BY: 03 - MUNICIPAL/COUNTY EMERGENCY VEHICLE

1 PROPERTY DAMAGE - OTHER THAN VEHICLES | PROPERTY
OWNER/ADDRESS

2 PROPERTY DAMAGE - OTHER THAN VEHICLES | PROPERTY
OWNER/ADDRESS

3 PROPERTY DAMAGE - OTHER THAN VEHICLES | PROPERTY
OWNER/ADDRESS

INV. COMPLETE: NO | PHOTOS: YES | PHOTOGRAPHER UNIT NO.: 908

INVESTIGATOR	ID NUMBER	BEAT OR POST NO.	TIME NOTIFIED	TIME ARRIVED	ROWY OPENED
ROBERTS D	090B	05	19:19	19:31	

REVIEWED BY: C WHITE | PAGE: 1 of 4

050321HCC2649 Exhibit A Page 3 of 6

KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - NARRATIVE

KSP 74 Revised 1/2000

INVESTIGATING AGENCY	AGENCY ORI NUMBER	LOCAL CODE
KY STATE POLICE, POST 05	KSP0500	11-04-062

MASTER FILE # 70173899

UNIT 1 WAS TRAVELING ON PRIVATE PROPERTY. PASSENGER STATED THAT THE DRIVER WAS ACCELERATING AND MAKING A SHARP LEFT TURN WHEN UNIT 1 OVERTURNED. THE PASSENGER WAS EJECTED FROM THE PASSENGER SIDE DOORWAY. THE DRIVER WAS EJECTED FROM THE PASSENGER SIDE DOORWAY AND TRAPPED UNDER UNIT 1. UNIT 1 WAS LIFTED BY MECHANICAL MEANS BY OWEN COUNTY EMS, AND THE DRIVER TRANSPORTED TO CARROLL COUNTY HOSPITAL, AND LATER TO UNIVERSITY OF LOUISVILLE HOSPITAL. ALCOHOL WAS A FACTOR. TWENTY FOUR PACK AT SCENE TWO CANS OPEN AND ON SURFACE. UNIT 1 WAS REMOVED BY GENES TOWING

05032 1HCC2549 Exhibit A page 4 of 6

KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - UNIT

MASTER FILE # 70173899

INVESTIGATING AGENCY: KY STATE POLICE, POST 05 | AGENCY ORI NUMBER: KSP0500 | LOCAL CODE: 11-04-062

UNIT #: 1 | TOWED?: YES - GENES TOWING | # OCCUPANTS: 2 | PEDESTRIAN FACTORS:

OPERATOR'S LIC. NO.: R93755170 | STATE: KY | OPERATORS LICENSE RESTRICTIONS:

CDL: NO | CO. RESIDENT: NO | OWNER: YES

OPERATOR NAME (LN, FN, MI): [redacted]

DATE OF BIRTH | ADDRESS: [redacted]

COMPLIANT: YES

A. PRE-COLLISION VEHICLE ACTION: 09 - MAKING U TURN | B. UNIT TYPE: 10-MOTORCYCLE | C. FIRE: NO | D. OVERTURNED: YES

E. HUMAN FACTORS: 01 - ALCOHOL INVOLVEMENT
18 - NOT UNDER PROPER CONTROL
19 - OVERCORRECTING/OVERSTEERING

F-H. EVENT COLLISION
1ST: 36 - OVERTURNED
2ND: 33 - FELL FROM VEHICLE

I. VEHICULAR FACTORS: 99 - NONE DETECTED | J. ENVIRONMENTAL FACTORS: 99 - NONE DETECTED

K. UNDERRIDE/OVERRIDE: 01 - NO UNDERRIDE/OVERRIDE

INVOLVED PERSONS: NAME, ADDRESS, CITY, STATE AND ZIP	DOB/DOD	14	15	16	17	18	19	20	21	22	23
[redacted]		08,01	YES	01	01	03	07		02	02	02
		02	NO	02	05		07		01	03	02

VEH YEAR	MAKE	MODEL	TYPE	STATE	REGISTRATION NUMBER	YEAR
2004	YAMAHA	RHINO 660	LL			

VEHICLE ID NUMBER: 5Y4AM04Y05A009007 | VEHICLE INSURED: NO | NAME OF INSURANCE CO.: | COLOR OF VEH: GREEN

1ST AREA OF CONTACT: 07 - LEFT SIDE | 1ST AREA CONTACT - COMBINATION VEHICLE: | EXTENT OF DAMAGE: VERY MINOR | AIR BAG SWITCH: NOT PRESENT | TRAVEL DIRECTION: NORTH

ESTIMATED TRAVEL SPEED: BETWEEN 15 & 20 MPH | MOST HARMFUL EVENT: 33 - FELL FROM VEHICLE

COMMERCIAL VEH.: NO | HAZ. CARGO: | HAZ. SPILL: | HAZ. CARGO CODE: | TYPE CARGO/COMMODITY: | NAS SAFETY REPORT #:

SINGLE/COMBINATION/BOBTAIL: | NO. AXLES: | NO. TRAILERS: | US DOT #: | ICC MC #: | CRASH AVOIDANCE (Fatal Only): STEERING (EVIDENCE OR STATED)

GVWR TOTAL: | MOTOR CARRIER NAME: | CARRIER NAME SOURCE:

MOTOR CARRIER ADDRESS:

VIOLATION CODES: | CITATION NUMBER: | CASE NUMBER: | SUSPECTED DRINKING DRIVER: YES | METHOD OF DETERMINATION: 02 - OBSERVATION

TAKEN BY:

TEST OFFERED	CHEMICAL TEST	TESTED FOR	SENT TO	RESULTS	PAGE
NO					3 OF 4

KSP 74 Revised 1/2000

050321 HCC2549 Exhibit A page 5 of 6

KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - WITNESS

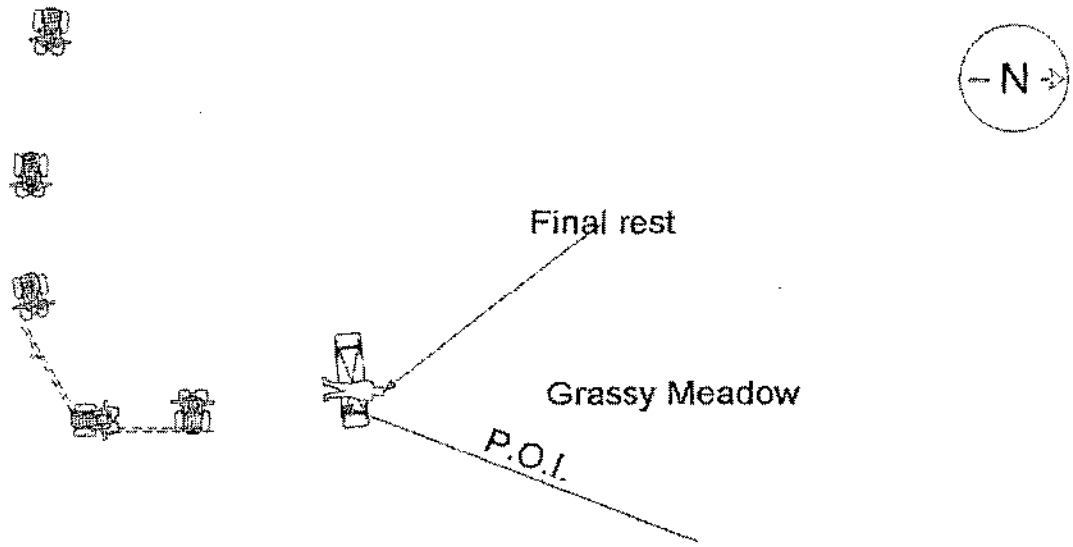
MASTER FILE # 70173899

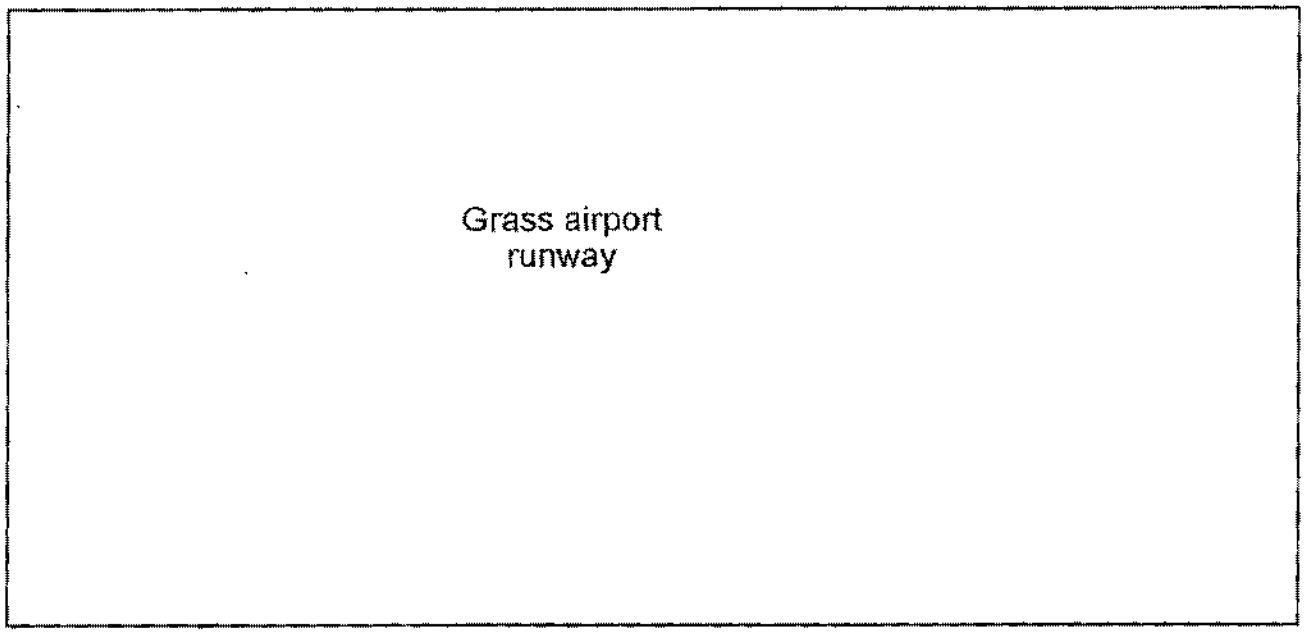
INVESTIGATING AGENCY	AGENCY ORI NUMBER	LOCAL CODE
KY STATE POLICE, POST 05	KSP0500	11-04-062

WITNESS		DOB
(b)(3):CPSA Section 25 (c),(b)(6)	MALE	12/19/1947
WITNESS		DOB
WITNESS		DOB
WITNESS		DOB
WITNESS		DOB
WITNESS		DOB
WITNESS		DOB
WITNESS		DOB
WITNESS		DOB
WITNESS		DOB
WITNESS		DOB
WITNESS		DOB
WITNESS		DOB
WITNESS		DOB
WITNESS		DOB

KSP 74 Revised 1/2000

Property located
at 14950 Hwy 355





NOT TO SCALE

050321HCC2549
Exhibit A page 6 of 6

050321HCC2549
Exhibit B page 1 of 2

OFFICE OF THE CORONER

JEFFERSON COUNTY

URBAN GOVERNMENT CENTER
910 BARRET AVENUE
LOUISVILLE, KENTUCKY 40204
(502) 574-6262
(502) 574-5355 FAX

Dr. Ronald Holmes
Jefferson County Coroner

Date 4/15/05

# of PAGES 2

RECIPIENT Georgia Poole

COMPANY NAME FED

OFFICE # 312-886-7083

FAX # 312-353-5013

(b)(3):CPSA Section 25(c),(b)(6)

SENDER'S NAME

DEPARTMENT

SUBJECT: Info you requested

REPLY: YES ____ NO ✓

IF THE COPY IS POOR OR INCOMPLETE, PLEASE CALL THE SENDER. THANK YOU

050321HCC2549
Exhibit B page 2 of 2

b(3) CPSA Section 25(c),(b)(6)

Coroner's Investigative Report

Case No. 04-604-1099 | Status Pending ☐ | Cremation Only ☐

Police Agency | Time Notified 2:00 AM

Investigator | EMS Unit | Date of Report 11/24/2004

Report No. | Person Calling Radio Room | Arrival time

Name of Deceased: First | Middle | Last | Date of Birth | Occupation
b(3) CPSA Section 25(c),(b)(6)

Institution: | Street 900 Beaver Road | City Walton | State Ky | Zip 41094

Age (yrs) 56 (mos) 0 Gest (wks) 0 Sex Male Race Caucasian SSN b(3) CPSA Section 25(c),(b)(6) Marital Status Married

Next of Kin: | Relationship

First, Mid, Last Beverly | | Roberts | Wife

Address b(3) CPSA Section 25(c),(b)(6)

Location of Death: University of Louisville Hospital

Address 545 S. Jackson St. City Louisville State KY Zip 40202 Phone (502) 562-3000

Date of Death: 11/24/2004 Time 1:40 AM Calculated Age 56.78 Pron Dead by b(3) CPSA Section 25(c),(b)(6)

Admitted ☑ Personal Physician b(3) CPSA Section 25(c),(b)(6) Phone (502) 562-3000 Notified ☑ Referral ☐

Cause of Death Multiple Blunt force trauma injuries

Funeral Home b(3) CPSA Section 25(c),(b)(6) Phone b(3) CPSA Section 25(c),(b)(6) Disposition Traditional Burial

Remarks On November 23, 2004 Mr. Roberts left his residence on his ATV. He was going to ride in the woods on his property. When he failed to return at dark, several family members went to look for him. He was found several miles from his home. The ATV had over turned and thrown Mr. Roberts into a tree. He was transported to a local hospital, then flown to University Hospital where he died at 1:40AM.

Manner of Death Accident | Presented organ donation info to family Not Specified | Blood N | Photos N

Autopsy N | In Date | Toxicology Y | In Date 11/24/2004 | Medical Examiner | ME # | Deputy Coroner b(3) CPSA Section 25(c),(b)(6) | Date signed 11/24/2004

Signature: b(3) CPSA Section 25(c),(b)(6)

received 11-30-04

MAILED 12-09-04

Friday, November 26, 2004 11:49:46 AM

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

050321HCC2549
Exhibit C page 1 of 1

March 25, 2005

To: Kentucky State Police
Open Records Division
919 Versailles Road
Frankfort, Kentucky 40601

Re: Open records request:

Attn: Ms. Melissa Pratt

Dear Ms. Pratt,

The U.S. Consumer Product Safety Commission would like to request assistance from the Kentucky State Police in obtaining a copy of your Departments Death Investigation & Traffic Accident report pertaining to the below listed All Terrain Vehicle accident. Any information that you can provide at this time would be greatly appreciated.

1). **Accident/fatality involving an all terrain vehicle (ATV)**
Victim – 56 year old male
Sex – Male
Accident Date – November 23, 2004
Accident Location: Reportedly occurred on – Victim-s home, Walton, KY

Thanks again for any assistance that you can provide.

Sincerely,

Georgia F. Poole

Georgia F. Poole
Product Safety Investigator
Consumer Product Safety Commission
230 S. Dearborn St.-Room 2944
Chicago, IL 60604
(312) 886-7083 phone or (312) 353-5013 fax
Email: gpoole@cpsc.gov

United States
CONSUMER PRODUCT SAFETY COMMISSION
230 South Dearborn Street-Room 2944
Chicago, IL 6060415
Phone # (312) 886-7083 Fax # (312) 353-5013
E-mail: gpoole@cpsc.gov

050321 HCC2549
Exhibit E page 1 of 1

This request is for official CPSC use only. All reports are kept CONFIDENTIAL

March 25, 2005

Dr. Ronald Holmes
Jefferson County Coroner

The Consumer Product Safety Commission is an independent 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.

Often our investigations are conducted months after the accident so we rely heavily on information obtained by fire officials, police and sheriff departments, coroners, medical examiners, insurance companies, and others.

Information from our investigations provides us with a better understanding of the incident so corrective action can be taken, if appropriate. The report(s) can be faxed or mailed to me at the information provided above.

I respectively request the accident report, death certificate and any supplemental reports regarding the following incident:

ATV Fatality: November 24, 2004
Case Number: 04-604-1099/ 56 year old male
Location of Incident: Walton, KY at victims home

Sincerely,

Georgia F. Poole
Product Safety Investigator
U.S. CPSC – Central Regional Office

Exhibit F: 050321HCC2549

INVESTIGATIVE CONTACTS:

NAME	ADDRESS /PHONE
Melissa Pratt Statistical Section	Kentucky State Police Department 1250 Louisville Rd. Frankfort, KY 40601 Phone: 502/226-2169 Fax: 502/226-7418
(b)(3):CPSA Section 25(c),(b)(6)	(b)(3):CPSA Section 25(c),(b)(6)

Task Number 050321HCC2549

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

Type of respondent: Police Department

Other, specify:

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

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

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

ATV #1	ATV #2
Manufacturer: 02 - Yamaha	**Manufacturer:**

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

Model: Rhino 660 / **VIN:** 5Y4AM04Y05A009007

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

Model Year: 2004

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

Engine Size: 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:	11/24/2004	
Age/Sex:	56/Male	/
State of Death:	KENTUCKY	
City of Death:	Walton	
County of Death:	Jefferson	

Task Number: 050321HCC2549

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

A 56 year old male victim died of injuries sustained in an ATV accident. Male victim was the driver and one of two occupants of this ATV riding in a wooded area on private property. At some point, victim attempted to make a sharp turn, the ATV hit a tree, causing the ATV to overturn, ejecting victim and passenger with the ATV landing on victim. Victim was not wearing helmet or other safety gear. Cause of death, multiple blunt force trauma injuries.

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

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

Victim 1:	**Victim 2:**
(Yes) No Unknown	Yes No Unknown

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

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

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

Victim 1:	**Victim 2:**
Yes (No) Unknown	Yes No Unknown

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

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

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

Age: 56 **Height:** **(inches)**
Weight: **Sex:** Male

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

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

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

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 - NA (Not a traffic incident)

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

1 - Yes

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

0 - Unknown

Additional Comments:

TC 32
12

MEDICAL EXAMINER'S/CORONER'S REPORTING FORM

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 for your state, who will ask for the information noted below.

ISSUE- 21 X052 0650

Date of accident 11/23/04 Date of Death 11/24/04

Type of consumer product involved ATV

Manufacturer, Model, Brand name, and Serial No. of product UNKNOWN

Is product available for examination? _____ Yes _____ No. If Yes, where? UNKNOWN

Cause of Death: Multiple Blunt Force trauma injuries.

Location of Accident: City WALTON State KENTUCKY

Brief description of accident sequence: (Please include the AGE and SEX of the VICTIM (S))
A 56 YEAR old male Riding AN ATV on Wooded land on his property, Failed to Return home After dark. The victim was Found with the ATV overturned AND he had been thrown into A tree.

Contact Information: Please include the name, address and telephone number of any state/local personnel who investigated the accident.

Medical Examiner's/Coroner's Case No. 04-604-1099 Telephone No. 502-574-6262

Reporter's Name (b)(3):CPSA Section 25(c),(b)(6) Date Reported 11/24/04

Reporter's Off. (incl. City, county, & state) Louisville, Jefferson, KY

Medical Examiner's/Coroner's Name (b)(3):CPSA Section 25(c),(b)(6)

For processing at CPSC:

Report received by: _____

Chief Med. Exam. Rpt ( )
Regular MECAP ( )

Copy for MECAP News ( )
Document No. _____

050930

EPIDEMIOLOGIC INVESTIGATION REPORT

1. Task Number	2. Investigator's ID	
050706HNE2586	8925	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
810	2005 07 02	2005 07 07

6. Synopsis of Accident or Complaint — UPC none

Victim #1 a 10-year-old male victim #2 a 9-year-old female and victim #3 another 10 year-old male were riding on a four-wheeled ATV in the woods Victim #1 crossed a slight decline attempted to negotiate a curve lost control and the A N rolledover The A N landed on victim #1 and he died at the scene Victim #2 sustained a leg injury she was treated at a hospital Victim #3 was not injured They were not wearing helmets

7. Location (Home, School, etc)	8. City	9. State
1 - HOME	ROME TOWNSHIP	PA

10A. First Product	10B. Trade/Brand Name	10C. Model Number
3286 - All Tenain Vehicles (four W	YAMAHA MOTOR CORP/RHINO	660

10D. Manufacturer Name and Address
YAMAHA MOTOR CORP/IN UNKNOWN
6555 Katella Ave
Cypress, CA

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

11D. Manufacturer Name and Address
NONE

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
10	1 - Male	8 - Death	62 - Intern. Org. Inj.
16. Body Part(s) Involved	**17. Respondent**	**18. Type of Investigation**	**19. Time Spent (Operational / Travel)**
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	8 / 0

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

23. Permission to Disclose Name (Non NEISS Cases Only)
○ Yes ◉ No ( ) Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
08111120	2978	Dennis Blasius

27. Distribution	28. Source Document Number
Ingle, Rc n L , Lansing, Joseph W	N0570030A

CPSC FOR 182 (12196) Approved for use through 09/30/2006 OMB NO. 30410029

FEEDBACK NOTICE
COMPLETE: YES NO
EXCEPTIONS: ATTACH
EXCEPTIONS NOTE: 25C
DO NOT RE-NOTIFY RE-NOTIFY
4/11/09 lc

The information in this report was based on information received from the police department and the coroner's office. The incident involved pertained to three victims riding on a four-wheeled all-terrain vehicle. Contact with the victims' next-of-kin and the owner of the ATV was not successful.

On Saturday, July 2, 2005, at 5:50 p.m. in Crawford County, Rome Township, PA, the weather condition was clear and the temperature was 73 degrees when victim #1, a 10-year-old male victim was operating a four-wheeled ATV in the woods. He was accompanied by two passengers, a nine-year-old female victim and her brother, another 10-year-old male victim who traveled on a path in the woods from a 15-year-old male who advised them to meet him at a pond; he rode on another ATV.

Victim #1 crossed a slight decline, attempted to negotiate a curve at an unsafe rate of speed and he lost control. The ATV rolled over, the victims were thrown and it landed on two victims.

The 15-year-old male was in close proximity when he heard victim #2 scream and he went to check on the victims. He noted the overturned ATV and the two victims lying pinned underneath it.

Victim #1 was 63 inches tall and he weighed 100 pounds. His head and upper torso were pinned underneath the overturned ATV. He sustained severe head and neck injuries. He was pronounced dead by the coroner at the scene. His cause of death was multiple blunt force head and neck trauma. He was transported via ambulance to a funeral home located in Titusville, PA.

Victim #2's height and weight are not known. Her right leg was pinned underneath the overturned ATV and she sustained a leg injury. She was transported via privately owned vehicle by her father to a hospital located in Titusville, PA. She was treated and released from the hospital.

Victim #3's height and weight are not known. He was not severely injured; he was transported via privately owned vehicle to the same hospital as his sister.

Victim #1's knowledge regarding operation and/or handling the ATV was unknown. Their traveled rate of speed on the ATV prior to the incident was not known and they were not wearing any protective gear, such as helmets.

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

Product: four-wheeled all-terrain vehicle

Brand/Year: **Yamaha**/2003

Manufacturer: Yamaha Motor Corp.
6555 Katella Ave
Cypress, CA 90630

Model: Rhino 660

VIN: unknown

Description: green in color

Condition: maintenance history, bought new or used, and prior problems are unknown. The ATV has a roll bar, seatbelts and is recommended for individuals at 16 years and older.

Modification: unknown

ATTACHMENTS:

ATV Data Sheet is included in this report

1. Police Traffic Death Investigation Report.

2. Coroner’s Report and photo (1)

3. Contact Information.

4. All-Terrain Vehicle (ATV) Questionnaire

TRAFFIC DEATH INVESTIGATION REPORT

E02-1149660

E: ☒ ACCIDENTAL ☐ NATURAL ☐ SUICIDE

ORI/STATION: PAPSP 1400

STATUS: ☐ CLOSED ☒ PENDING

(b)(3):CPSA Section 25(c),(b)(6) 1 - 050706HNE2586

	LOCATION CODES	DATE AND TIME OCCURRED	DATE & TIME INVESTIGATOR ARRIVED
41 42:02.43 -79 38:16.19	219/20	7/2/05 1750 Hrs.	07/02/05 / 1849

VICTIM NAME: (b)(3):CPSA Section 25(c),(b)(6)

ADDRESS: (b)(3):CPSA Section 25(c),(b)(6) PHONE:

DOB	AGE	RACE	SEX	HT	WT	HAIR	EYES	HANDED
(b)(3):CPSA Section 25(c),(b)(6)	10	W / N	M	408	130	BRN	BRN	R ☒ L ☐ A ☐

EMPLOYER OR SCHOOL: Hydetown Elememtary PHONE: 814-827-

NEXT OF KIN: (b)(3):CPSA Section 25(c),(b)(6) RELATIONSHIP TO VICTIM:

NOTIFIED: ☒ YES ☐ NO BY WHOM: She was on Scene

APPARENT CAUSE OF DEATH: ATV roll over / ATV landed on top of the Juvenile

INJURIES HEAD AND NECK: blunt force trauma to head and neck

ARMS/HANDS: none

FRONT TORSO: Blunt force Trauma

REAR TORSO: Blunt Force Trauma

LEGS/FEET: none

INJURY DIAGRAMS ATTACHED ☒

IF FIREARM INVOLVED, GUNSHOT RESIDUE TEST CONDUCTED: ☐ YES ☒ NO

TREATMENT INFORMATION: Cpr was preformed by (b)(3):CPSA Section 25(c),(b)(6)

CORONER	AUTOPSY	AUTOPSY REQUESTED	BLOOD DRAWN	BAC	TOXICOLOGY REQUESTED
(b)(3):CPSA Section 25(c),(b)(6)	☐ YES ☒ NO	☐ YES ☒ NO	☐ YES ☒ NO		☐ YES ☒ NO

CLOTHING: Shorts and a T shirt

DAMAGE TO CLOTHING: (b)(3):CPSA Section 25(c),(b)(6) cut shirt for life saving techn

CONSISTENT WITH INJURIES: ☐ YES ☒ NO

VICTIM DISCOVERED BY NAME: (b)(3):CPSA Section 25(c),(b)(6)

ADDRESS: (b)(3):CPSA Section 25(c),(b)(6) DOB: SSN: PHONE:

DESCRIBE LOCATION WHERE BODY WAS DISCOVERED: A path in the woods approx 500 yards East of the Residence of (b)(3):CPSA Section 25(c),(b)(6) (approx 200 Yards from a pond behind the Residence.

POSITION OF VICTIM AT LOCATION: Juvenile was pinned underneath the ATV, face down. ATV was on its side (the passenger side) Upon PSP's arrivial the ATV was up on all 4 wheels, pushed to the side out of way. Juvenile was face up.

	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	☒	☐
OTHER APPARENT IMPLEMENT OF DEATH EXAMINED	☐	☒	WAS THE SCENE PROCESSED FOR PHYSICAL EVIDENCE	☐	☒
INCONSISTENCIES BETWEEN INJURIES AND APPARENT IMPLEMENT OF DEATH	☐	☒	WAS VICTIM POSITIVELY IDENTIFIED	☒	☐
EVIDENCE OF ALCOHOL OR DRUGS AT SCENE	☐	☒	ANY EVIDENCE VICTIM WAS DRESSED OR UNDRESSED AFTER DEATH	☐	☒
OTHER PHYSICAL EVIDENCE RECOVERED AT SCENE	☐	☒	DID VICTIM HAVE EXISTING MEDICAL CONDITION	☐	☒
ANY SUICIDE NOTE, MESSAGE, ETC., FOUND	☐	☒	DID VICTIM HAVE EXISTING MENTAL HEALTH CONDITION	☐	☒
IF NOTE FOUND, OTHER EXAMPLES OF VICTIM'S WRITING AVAILABLE N/A	☐	☐	WAS VICTIM LISTED AS WANTED/MISSING IN CLEAN/NCIC	☐	☒
VICTIM'S WILL INFORMATION AVAILABLE	☐	☒	ALTERNATE THEORY OF CAUSE OF DEATH POSED	☐	☒
INFORMATION AVAILABLE ON VICTIM'S ACTIVITIES 24 HRS. BEFORE DEATH	☐	☒	ANY SIGNIFICANT ISSUES REMAIN AS UNRESOLVED	☐	☒
			ANYONE KNOWN TO HAVE WITNESSED VICTIM'S DEATH	☐	☒

INVESTIGATING OFFICER: Tpr. Christopher W. SUTHERLAND TPR. Christopher W. Sutherland BADGE NO.: 7223

SUPERVISOR'S INITIALS	BADGE NO.	DATE	C.I. SECTION COMMANDER'S INITIALS	BADGE NO.	DATE	PAGE NO.
[illegible]	5865	7/26/05				01

DEPARTMENT HEADQUARTERS

PENNSYLVANIA STATE POLICE
CONTINUATION SHEET ☒
SUPPLEMENTAL INVESTIGATION REPORT ☐

☐ INCIDENT
☒ OTHER DEATH

DATE(S)/DAY(S) OF INCIDENT: 7/2/05
INCIDENT NO.: E02-114966C
TIME(S) OF INCIDENT: 1750
JUVENILE ☐
DOMESTIC VIOLENCE ☐

ATTACHMENTS:
☐ 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. OR/STATION: PAPSP1400 / CORRY
2. DATE OF REPORT: 07/13/05
3. OFFENSE: ACCIDENTAL DEATH
4. VICTIM: (b)(3):CPSA Section 25(c),(b)(6)

5. NARRATIVE

LAT 41 42.62.43 LON - 79 38.16.19

Incident occurred as the Juvenile was operating a 2003 Yamaha 660 Rhino. While operating this vehicle the Juvenile was traversing a slit decline of the property and he was negotiating a curve on the path when he exceeded the speed of the machine for the curve and rolled over. When the ATV (Utility Vehicle) rolled over the driver and two passengers were thrown from the vehicle. The Vehicle landed on the Driver and the female passenger. The other male passenger was thrown clear of the vehicle. The 2003 Yamaha 660 Rhino landed on the Drivers Head and upper torso and the female's leg.

This Vehicle has a Roll Bar, Seatbelts, is recommended for people 16 YOA and up. The Vehicle's dry weight is 800 Lbs. and is recommended for two individuals and for both of them to wear a Helmet and use the seatbelt that is provided.

The two Passengers were (b)(3):CPSA Section 25(c),(b)(6) and (b)(3):CPSA Section 25(c),(b)(6) (b)(3):CPSA Section 25(c), They both live at (b)(3):CPSA Section 25(c),(b)(6) Both were interviewed and both could not recall the events leacing up to the accident. However they relayed that Alec was Driving and they were passengers. The Female Juvenile was in the middle and her brother was in the passenger seat. (b)(3):CPSA Section 25(c),(b)(6) was present when the interviews were attempted.

(b)(3):CPSA Section 25(c),(b)(6)
Advised he had gone to the three Juveniles and told them they were going to go Swimming in the pond. He took one route and the three Juveniles took another route in the woods. As he was traveling through the woods he could hear the female screaming so he went to the screaming and found the Rhino on top of Alec and Abigail. The Rhino was on top of (b) head and back. (b)(3):CP s leg was also pinned under the machine. The Rhino was on its side with the tires pointing towards the path. (b)(3):CPSA Section 25(c),(b)(6) and (b)(3):CPSA Section 25(c),(b)(6) were able to get the Rhino off the two Juveniles. Ref: Written Statement.

(b)(3):CPSA Section 25(c),(b)(6)
He advised that he preformed CPR on (b)(3):CPSA Section 25(c),(b)(6) He and his brother (b) were able to lift the Rhino off the two children. (Father of the other two children/passengers)

(b)(3):CPSA Section 25(c),(b)(6) Pronounced the death at 2000 Hrs. He also advised that there would not be an autopsy done due to this was an accident. He also took several photos of the scene on a digital camera.

6. OFFICER'S NAME/SIGNATURE: Tpr. Christopher W. SUTHERLAND
BADGE NO.: 7223
7. INVEST. RECM.: ☒ CONT. ☐ TERM.
8. SUPV. INIT./BADGE NO.:
9. ☐ CONCUR ☐ NONCONCUR
10. PAGE: 02

DEPARTMENT HEADQUARTERS

PENNSYLVANIA STATE POLICE

☐ INCIDENT
☒ OTHER N T D I Report

CONTINUATION SHEET ☐
SUPPLEMENTAL INVESTIGATION REPORT ☒ Attachment 1 - 050706HNE2586

DATE(S) OF INCIDENT: 07/02/2005
TIME(S) OF INCIDENT: 1750
JUVENILE ☐
DOMESTIC VIOLENC ☐
E02-1149660

ATTACHMENTS:
☐ MISSING PERSON CHECKLIST
☐ FELONY CRIMES AGAINST THE PERSON
☐ STATEMENT FORM(S)
☐ VICTIM/WITNESS ASSISTANCE GUIDE RECEIPT
☐ RIGHTS WARNING AND WAIVER
☐ PROPERTY RECORD
☒ OTHER Injury Diagram for Head

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: PAPSP1400 / (b)(3):CPSA Section 25(c)(
2. DATE OF REPORT: 07/03/05
3. OFFENSE: Accidental Death
4. VICTIM: (b)(3):CPSA Section 25(c),(b)(6)

5. NARRATIVE

On 07/02/2005, I assisted Trooper Christopher SUTHERLAND with an accidental death investigatio of the above stated white male juvenile, arriving at 1917 hours. Once at the scene I was informed b Trooper SUTHERLAND that the victim in this investigation was ten year old (b)(3):CPSA Section 25 (c),(b)(6) and that h was the operator of a Yamaha Rhino 660 4x4 ATV. He also informed me that there were also two othe juveniles riding in the ATV at the time of the incident a 10 year old male and his 9 year old sister Apparently all three of the juveniles were ejected from the ATV. Only the driver sustained a serious fata injury. The other two were transported to the Titusville Hospital via personal vehicle by their father (b) (3):CPSA Section 25(c),(b)(6) to be evaluated for what appeared to be minor injuries.

While at the scene, I photographed the area of the death as well as the victim's body and the ATV This was done by the use of a Pentax K1000 35mm SLR camera and two rolls of Kodak MAX 400 1 exposure film. A flash unit was also utilized to take these photographs.

After this was done, Crawford County Chief (b)(3):CPSA Section 25(c),(b)(6) arrived on the scene and pronounced (b)(3):CPSA Section 25(c),(b)(6) at 2000 hours, with preliminary cause of death as severe blunt force trauma to the head. A more detailed injury description to follow upon receipt of the Coroner's report at a later date.

Form SP 4-136, Request for Forensic Photographic Services was prepared by this officer and provided to Trooper SUTHERLAND for submission.

6. OFFICER'S NAME/SIGNATURE	BADGE NO.	7. INVEST. RECM.	8. SUPV. INIT./BADGE NO.	9.	10. PAGE
Cpl. Kevin W. FORCIER	5029	☒ CONT. ☐ TERM.		☐ CONCUR ☐ NONCONCUR	03

DEPARTMENT HEADQUARTERS

SP 7-01

Attachment 1 - 050706HNE2586

PENNSYLVANIA STATE POLICE

VICTIM/WITNESS STATEMENT FORM

1. VICTIM/W (b)(3):CPSA Section 25(c),(b)(6)

2. INCIDENT NO.: E02-1149660

3. ADDRESS (b)(3):CPSA Section 25(c),(b)(6)

TE (b)(3):CPSA Section 25(c),(b)(6)

4. PLACE:

5. DATE/DAY: 7/2/05 SAT

6. TIME: 2035

7. OFFICER'S NAME/SIGNATURE/BADGE NO.: TPR. CHRISTOPHER W. SUTHERLAND / TPR. Christopher W. Sutherland 7223

8. PAGE NO./INITIALS: 01 CLJ

9. STATEMENT: X I (b)(3):CPSA Section 25(c),(b)(6) on July 2nd, 2005, was the first one present at an ATV accident. When I arrived, I saw the vehicle lying on the passenger side with the wheels pointing towards the trail. The boy was lying facedown underneath the vehicle towards the rear end with most of his body stuck underneath the vehicle with his head not visible. He was completely motionless. The girl was lying face up with her right leg stuck under the vehicle. She was concious and screaming for help. The other boy was up and walking around.

CWS

(b)(3):CPSA Section 25(c),(b)(6)

CWS

(b)(3):CPSA Section 25(c),(b)(6)

CWS

"NOTICE"

Under Section 4904 of the Pa. Crimes Code, Unsworn Falsification to Authorities, a person commits a misdemeanor of the third degree if he makes a written false statement which he does not believe to be true.

10. VICTIM/WITNESS SIGNATURE: (b)(3):CPSA Section 25(c),(b)(6)

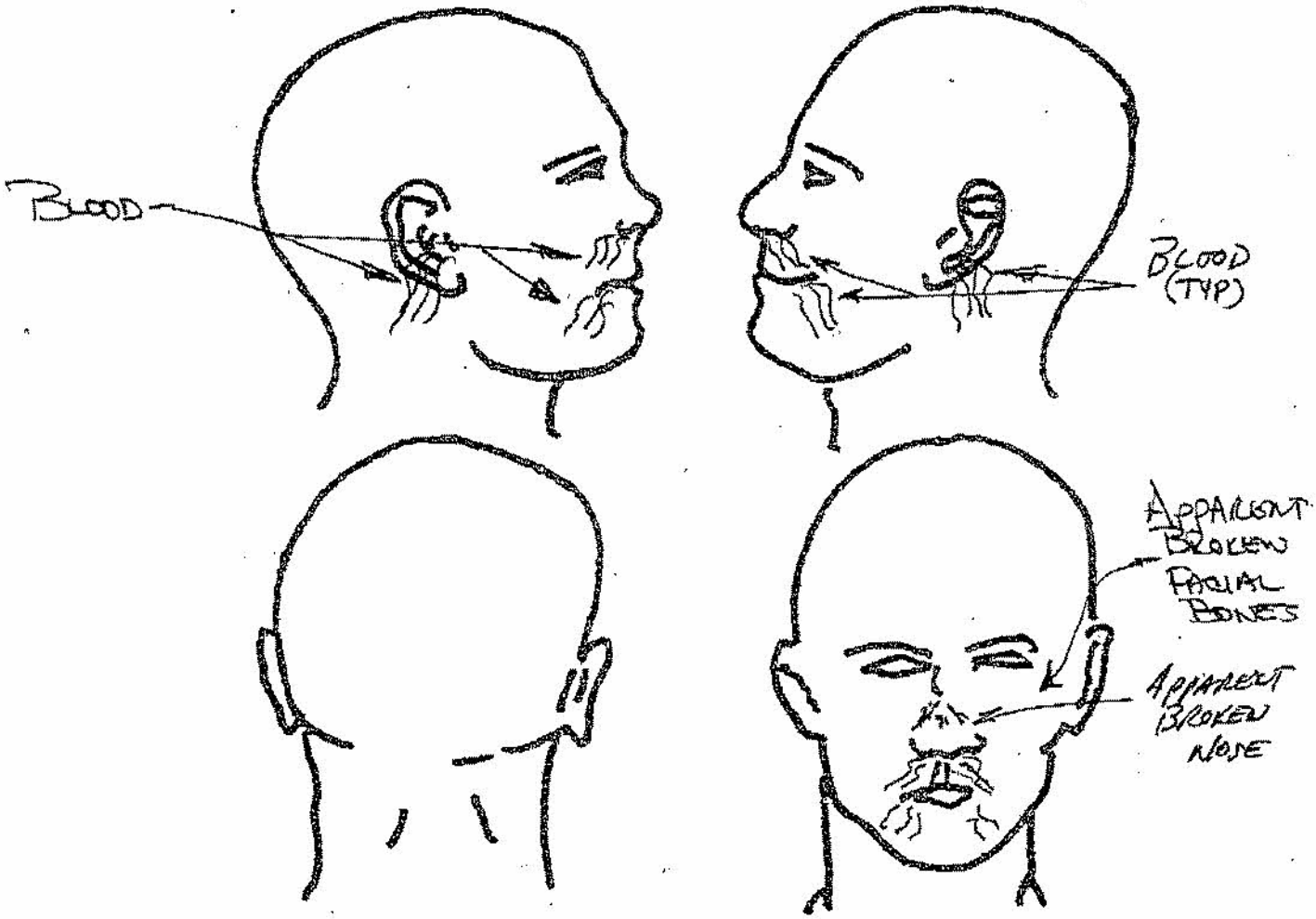
DEPARTMENT HEADQUARTERS

INJURY DIAGRAM

INCIDENT NO.: 502-114966

VICTIM: (b)(3):CPSA Section 25(c),(b)(6)

Attachment 1 - 050706HNE2586



COMPLETED BY: Cpl. Kevin W. Forcier

BADGE NO.: 5029

DATE: 07/03/2005

SUPERVISOR'S REVIEW: [illegible]

C.I. SECTION CO.:

PAGE NO.: 04

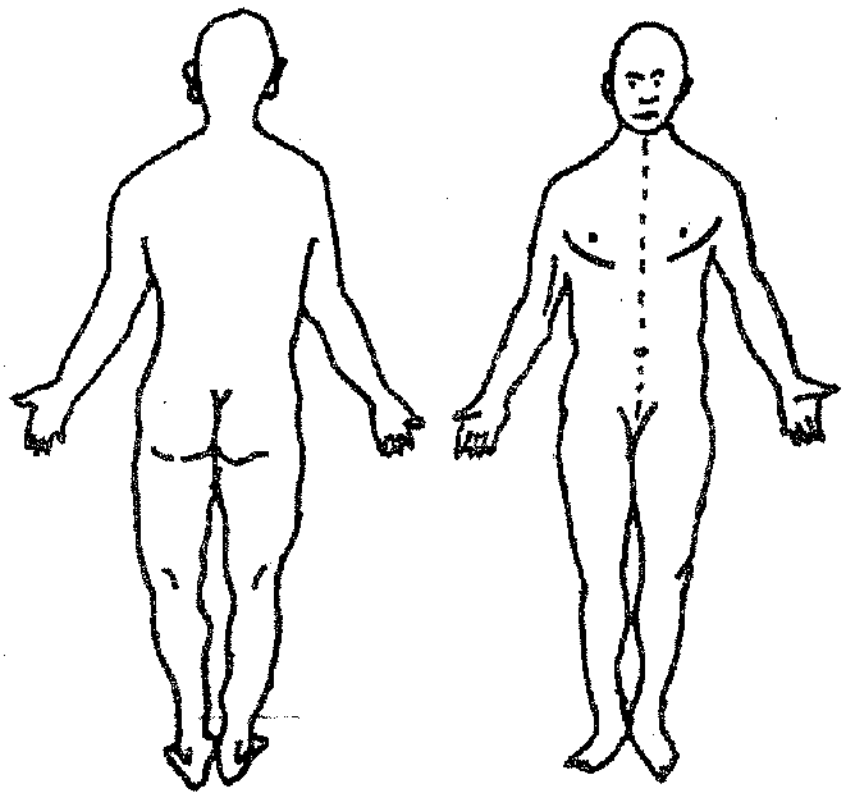
Attachment 1 - 050706HNE2586

SP 7-0073C (4-94)

INJURY DIAGRAM

INCIDENT NO.:

VICTIM:



COMPLETED BY: BADGE NO.: DATE:

SUPERVISOR'S REVIEW: C.I. SECTION CO.: PAGE NO.: 5

COMPLETED BY: BADGE NO.: DATE:

SUPERVISOR'S REVIEW: C.I. SECTION CO.: PAGE NO.: 6

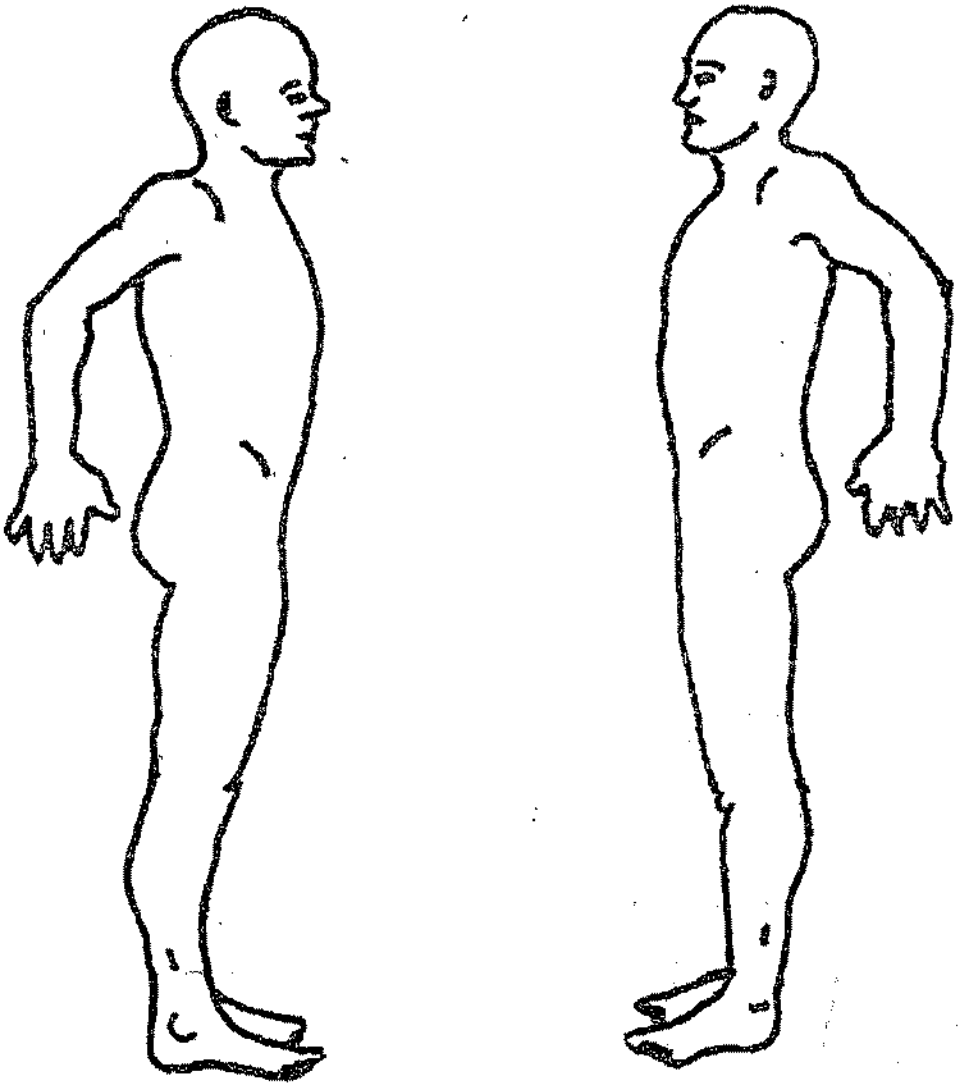
Attachment 1 - 050706HNE2586

SP 7-0073B (4-94)

INJURY DIAGRAM

INCIDENT NO.:

VICTIM:



COMPLETED BY: BADGE NO.: DATE:

SUPERVISOR'S REVIEW:

CI. SECTION CO.:

PAGE NO.: 6

Crawford County Coroner's Report

Office of the Coroner

Coroner Patrick W. McHenry D-ABMDI
2100 Independence Drive
Saegertown, Pennsylvania 16433
Office Telephone: 814-763-4544 Fax: 814-763-2879

Name of Decedent	Decedent's Address
(b)(3):CPSA Section 25(c),(b)(6)	

Race	Sex	Height	Weight	Age	Date of Birth	Report Number	Police Report Number
W	M	63"	100	10	(b)(3):CPSA Section 25(c),(b)(6)	05-082	E02-1149660

Next of Kin	Next of Kin's Address	Relationship
Arthur H. BURLEIGH	46806 Cloverdale Rd. Titusville, PA 16354	Father

Place of Pronouncement	Pronounced By	Date Pronounced	Time Pronounced
Scene	(b)(3):CPSA Section 25(c),(b)(6)	07/02/2005	2000 hrs.

Date of Incident	Time of Incident	Location of Incident	While at Work
07/02/2005	1750 hrs.	(b)(3):CPSA Section 25(c),(b)(6)	( )Yes (X)No

Apparent Place of Death	Hospitalization	Date Admitted	Time Admitted
Above scene	( )Yes (X)No	N/A	N/A

Transported To / From	Transported By
Scene to Garrett F.H.	Coroner Ambulance

External Examination By	Date Examined	Time Examined	Location of Examination
(b)(3):CPSA Section 25(c),(b)(6)	07/02/2005	2000 hrs.	Scene & Funeral Home

Autopsy	Date of Autopsy	Time of Autopsy	Performed By
( )Yes (X)No	N/A	N/A	N/A

Medical Certification

On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) as stated.

	Interval Between Onset & Death
IMMEDIATE CAUSE (A) Multiple Blunt Trauma to the Head and Neck	
DUE TO (or as a consequence of) (B) All Terrain Vehicle Rollover	
DUE TO (or as a consequence of) (C)	

Other Significant Conditions	Date and Time of Death
	07/02/2005 1755 hrs.

Manner of Death	Investigating Police Officer	Police Agency	Funeral Home
Accidental	Tpr. Christopher Sutherland	PSP, Corry	(b)(3):CPSA Section 25(c),(b)(6)

Photography ( ) None (X) Identification (X) Scene (X) Body ( ) Autopsy ( ) Other

Report Sent To PSP Corry U.S. CPSC (Moon)

This will certify an official forensic investigation into the above death has been conducted by the Office of the Coroner, in the County of Crawford, Commonwealth of Pennsylvania.

Signature (b)(3):CPSA Section 25(c),(b)(6)

Date August 1, 2005

CRAWFORD COUNTY CORONER'S OFFICE
INVESTIGATIVE REPORT

Attachment 2 - 050706HNE2586

REPORT NUMBER: 05-082

DATE OF INCIDENT: July 2, 2005
TIME OF INCIDENT: Approximately 1750 hours

DISCOVERED BY: (b)(3):CPSA Section 25(c),(b)(6)

ADDRESS:

TELEPHONE:

AND: (b)(3):CPSA Section 25(c),(b)(6)

ADDRESS:

TELEPHONE:

DATE AND TIME NOTIFIED: July 2, 2005 at 1822 hours

HOW NOTIFIED: Paged by Crawford County 911

LOCATION OF INCIDENT: Wooded area approximately 500 yards east of (b)(3):CPSA Section 25(c),(b)(6) Rome Township. (b)(3):CPSA Section 25

ARRIVAL ON SCENE: 2000 hours. (See note below)
Received inconsistent directions and flawed mapping causing a delay in arriving on the scene.

DECEDENT: (b)(3):CPSA Section 25(c),(b)(6)
ADDRESS:

SOCIAL SECURITY #:
HEIGHT: Approx. 63" **WEIGHT:** Approx. 100 **EYES:** Brown **HAIR:** Brown

VEHICLE OWNER: (b)(3):CPSA Section 25(c),(b)(6) W/N/M **29** **D.O.B.** (b)(3):CPSA Section 25(c),(b)(6)
ADDRESS:

TELEPHONE:

CRAWFORD COUNTY CORONER'S OFFICE
INVESTIGATIVE REPORT CONTINUED

REPORT NUMBER: 05-082
PAGE 2

Attachment 2 - 050706HNE2586

VEHICLE INFORMATION: All Terrain Vehicle (Utility type)
Yahama Rhino 660 4 X 4

PASSENGERS: (b)(3):CPSA Section 25(c),(b)(6)

ADDRESS:

LOCATION OF DECEDENT ON ARRIVAL: Approximately 500 yard behind (b)(3):CPSA Section 25(c),(b)(6) east of the Jackson property lying supine on the ground approximately three feet north of an established trail.

DATE AND TIME OF DEATH: July 2, 2005 at approximately 1755 hours

DATE AND TIME PRONOUNCED DEAD: July 2, 2005 at 2000 hours

PRONOUNCED DEAD BY: (b)(3):CPSA Section 25(c),(b)(6)

DATE AND TIME OF AUTOPSY: Autopsy not required

CAUSE OF DEATH: Multiple Blunt Trauma to the Head and Neck
All terrain Vehicle Crash

MANNER OF DEATH: Accidental

NEXT OF KIN: (Father) (b)(3):CPSA Section 25(c),(b)(6)

(Mother)`

ADDRESS:

TELEPHONE:

INVESTIGATING AGENCY: Pennsylvania State Police, Corry Station
INVESTIGATORS: **Corporal Kevin W. FORCIER**
Trooper Christopher W. SUTHERLAND

CRAWFORD COUNTY CORONER'S OFFICE
INVESTIGATIVE REPORT CONTINUED

REPORT NUMBER: 05-082
PAGE 3

Attachment 2 - 050706HNE2586

POLICE REPORT NUMBER: E02-1149660

ASSISTED BY: Spartansburg Fire & Ambulance

BODY TRANSPORTED BY: **Chief Deputy Hughes** (County Ambulance)

BODY TRANSPORTED TO:
ADDRESS:

(b)(3):CPSA Section 25(c),(b)(6)

TELEPHONE:

VEHICLE REMOVED BY: The Vehicle owner
(b)(3):CPSA Section 25(c),(b)(6)

INITIAL OBSERVATION: When this Deputy arrived at the scene William Scouten, Spartansburg Fire and Ambulance met me in a driveway at (b)(3):CPSA Section 25(c),(b)(6) and directed me to a trail east approximately 500 yards from the property. As I traveled back the trail to the crash site I observed an area to the left of the trail where there apparently had been a picnic for a large group. I viewed and pronounced Alec Burleigh deceased lying supine approximately five feet from the left side of this trail. The Yahama Rhino was approximately one foot from the right side of the trail. The decedent was covered with several white sheets. When I removed the sheets I observed that this 10 year old had extensive head trauma. I then delayed any further examination pending removal to a funeral home.

SYNOPSIS: (b)(3):CPSA Section 25(c),(b)(6) was operating a Yahama All terrain Vehicle on an established trail east of (b)(3):CPSA Section in Rome Township. There was a ten-year-old male and a nine-year-old female riding in the vehicle. (See vehicle information on page 2 for names) While attempting to negotiate a curve the operator lost control and the vehicle rolled over. All three occupants were ejected and the vehicle rolled onto the decedent. Apparently (b)(3):CPSA Section (b)(3):CPSA Section 25(c),(were in close proximity to the crash site and rolled the vehicle off the decedent. (b)(3):CPSA Section 25 (c),(b)(6) reported this incident to the Crawford County 911 Center requesting an ambulance. The 911 Center received this call at 1755 hours. They dispatched Emergycare Titusville, Spartansburg Ambulance, and referred the incident to the Pennsylvania State Police at Corry. Emergycare arrived on the scene at 1813 hours and Spartansburg Ambulance arrived at 1815 hours. They requested a coroner at 1822 hours. Trooper Sutherland arrived on the scene at 1849 hours and Corporal Forcier arrived at 1917 hours. This Deputy Coroner arrived at 2000 hrs.

CRAWFORD COUNTY CORONER'S OFFICE
INVESTIGATIVE REPORT CONTINUED

REPORT NUMBER 05-082
PAGE 4

Attachment 2 - 050706HNE2586

DETAILS: Corporal Forcier related to this Deputy that the two passengers received very minor injuries and all three occupants were ejected. They obviously were not wearing seat belts and none of the three was wearing a helmet. The decedent was operating the vehicle, (b)(3):CPSA Section 25(c), (b)(6) was in the middle, and (b)(3):CPSA Section 25 (c),(b)(6) was in the right passenger seat. This vehicle has a roll bar, seatbelts and is recommended for individuals 16 years old and above. The vehicle is also recommended for two individuals wearing helmets and using seat belts. The decedent was attempting to negotiate a curve on the trail when he apparently exceeded a speed safe for this curve. The vehicle came to rest on its side with the tires pointing toward the path. All three individuals were thrown out of the vehicle. (b)(3):CPSA Section 25(c), (b)(6) was thrown clear and the vehicle landed on top of the decedent and (b)(3):CPSA Section pinning (b)(3):CPSA Section 25(c) legs and the decedent's head and neck. (b)(3):CPSA Section 25(c),(b)(6) were able to roll the vehicle back to its upright position and moved Abigail clear of the vehicle. They attempted CPR on the decedent, but did not move him from the position where he was found under the vehicle.

When I arrived on the scene I first viewed the decedent and then photographed the scene. The investigating officers had completed their scene investigation and Spartansburg Ambulance personal assisted in moving the remains to the coroner's gurney for transport to the (b)(3):CPSA Section 25(c),(b)(6) (b)(3):CPSA Section 25(c),(b)(6) were leaving the area just as I arrived at however they had advised that the funeral home designation was (b)(3):CPSA n Titusville.

I transported the body to the (b)(3):CPSA Section 25(c),(b)(6) Home arriving there at 2045 hours and conducted an external examination. was present at the funeral home during this exam.

The decedent was wearing what appear to be shorts or swimming trunks. They are black with a silver stripe down the outside of the legs and around the cuffs. He was not wearing any other clothing or shoes. There is a plastic band around his right wrist. There are numerous insignificant laceration and abrasions on the upper body. There is a large crushing wound to the right frontal region of the head. There is bleeding from the mouth and ears. There are apparent fractures of the cervical spine. On rotation of the neck the fractures can be palpated easily. The bleeding from the mouth and ears is suggestive of and consistent with basal skull fractures. After completing the external examination I photographed the body in the funeral home.

On July 3, 2005 I completed a death certificate and sent it by U.S. Postal service to the funeral home.

CRAWFORD COUNTY CORONER'S OFFICE
INVESTIGATIVE REPORT CONTINUED

REPORT NUMBER: 05-082
PAGE 5

Attachment 2 - 050706HNE2586

ATTACHMENTS:

Dispatch records
Copy of Death Certificate
Photographs

This investigation is closed.

(b)(3):CPSA Section 25(c),(b)(6)

050706HNE2586

ATTACHMENT 3 - 050706HNE2586

CONTACT INFORMATION:

Contacted on 7/20/05

Corry PA Police
11088 Route 6 East
Union City, PA 16438
(814)663-2043

Crawford PA Police
11176 Murray Rd
Meadville, PA 16335
(814)332-6911

Criminal Investigation Div
1800 Elmerton Ave
Harrisburg, PA 17110
(717)783-2570

(b)(3):CPSA Section 25(c),(b)(6)

Task Number 050706HNE2586

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

Type of respondent: Police Department

Other, specify:

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

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

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

ATV #1	ATV #2
Manufacturer: 02 - Yamaha	**Manufacturer:**

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

Model: Rhino 660 / **VIN:** UNKNOWN

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

Model Year: 2003

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

Engine Size: 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:	07/02/2005	
Age/Sex:	10 / Male	/
State of Death:	PENNSYLVANIA	
City of Death:	Rome Twp	
County of Death:	Crawford	

Task Number: 050706HNE2586

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

Victim #1, a 10-year-old male, victim #2, a 9-year-old female and victim #3, another 10-year-old male were riding on a four-wheeled ATV in the woods. Victim #1 crossed a slight decline, attempted to negotiate a curve, lost control and the ATV rolled over. The ATV landed on victim #1 and he died at the scene. Victim #2 sustained leg injury; she was treated a a hospital. Victim #3 was not injured. They were not wearing helmets.

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

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

Victim 1:	**Victim 2:**
(Yes) No Unknown	(Yes) No Unknown

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

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

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

Victim 1:	**Victim 2:**
Yes (No) Unknown	Yes (No) Unknown

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

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

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

Age: 10 **Height:** 63 **(inches)**
Weight: 03 = 100 - 149 **Sex:** Male

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

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

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

01 - Forest, Woods

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

09 - NA (Not a road)

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

09 - NA (Not a traffic incident)

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

2 - No

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

2 - No, Drugs

Additional Comments:

Victim #3:

9. no
11. no
13. height/weight: unknown

Victim #2 and Victim #3
18. no
19. no

The attached photos by the police department were received following submission of the report and are attached as an addendum.

ATTACHMENT:

Attachment 1 - Photographs of 4-wheeled all-terrain vehicle. (4) Recvd 8/15/05

Photo 1: shows right side view of ATV

Photo 2: shows left view of ATV

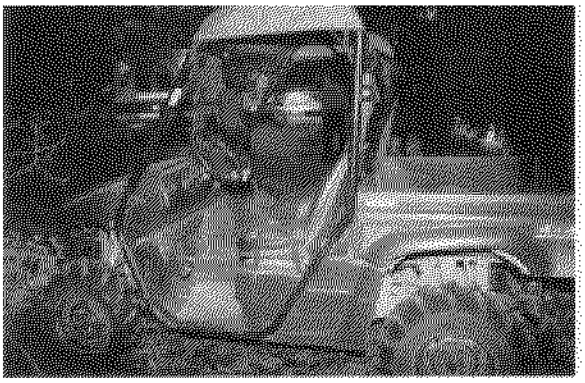
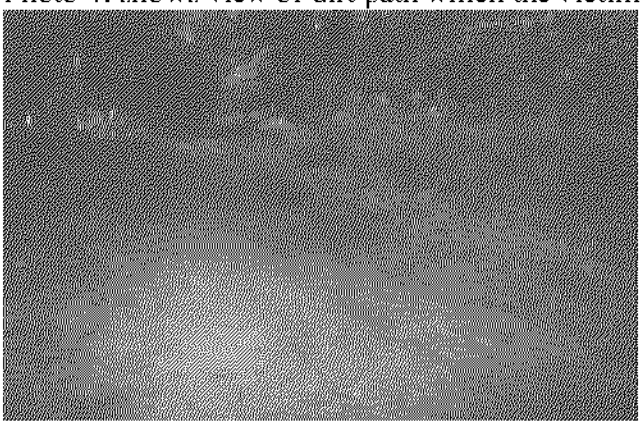


Photo 3: shows rear side view of ATV

Photo 4: shows view of dirt path which the victim rode on



050706HNE2586 N057-0030A

JUL 2 1 2005 ISSUE 43

PITTSBURGH POST-GAZETTE ■ TUESDAY, JULY 5, 2005

CRAWFORD COUNTY

Boy dies in ATV accident

A 10-year-old boy was killed when the all-terrain vehicle he was driving rolled over on him.

The Titusville boy lost control of the ATV on Saturday while carrying two passengers, police said.

A 9-year-old girl received minor injuries and another 10-year-old boy was unharmed.

Police did not immediately release the names of the victims.

Scan #1

05/130

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
050826HCN0828	9032	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
840	2005 08 23	2005 08 30

6. Synopsis of Accident or Complaint

UPC

A 52-year-old male was driving his side-by-side four wheeled ATV with his 34-year-old male passenger seated beside him at approximately 2:00 am. He was driving the ATV in a grassy part of his cornfield and was familiar with the area. The ATV started sliding sideways. The ATV hit soft dirt and the wheels dug in and the ATV rolled ejecting both its passengers from the sides of the ATV. The 52-year-old male victim died at the scene and his passenger was taken to the hospital, treated and later released. No helmets were worn

7. Location (Home, School, etc)	8. City	9. state
2 - FARM	LUVERNE	MN

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 UTILITY VEHICLE	YAMAHA VIN# (b)(6)	RHINO 660

10D. Manufacturer Name and Address
YAMAHA MOTOR CORPORATION.USA
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

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
52	1 - Male	8 - Death	71 - Other
16. Body Part(s) Involved	**17. Respondent**	**18. Type of Investigation**	**19. Time Spent (Operational / Travel)**
87 - N.S./UNK	3 - 2nd Hand Info Only	2 - Telephone	9 / 0

20. Attachment(s)	21. Case Source	22. Sample Collection Number
2 - Documents	05 - Newspaper	

23. Permission to Disclose Name (Non NEISS Cases Only)
Yes ● No Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
10/19/2005	8631	Frank J. [illegible]

27. Distribution	28. Source Document Number
Mills, [illegible] Ingle, Robin L.	G058023

CPSC FORM 161 (12/96) Approved for use through 09/30/2006 OMB NO. 30410029

[redacted]
CONFIDENTIAL YES NO
CONTENTS LISTED ATTACHED
EXCISIONS FOIA Exemption 25C
Reviewed
DO NOT RE-NOTIFY RE-NOTIFY
4/11/07 JC

IDI# 050826HCN0828
ATV Fatality, Luverne, Minnesota
Page 1

At approximately 2:00 am on August 23, 2005, the 52-year-old male victim was driving his side-by-side four-wheeled ATV with his 34-year-old male passenger. He was driving his ATV in a grassy part of his cornfield so the victim was familiar with the area. The road surface was made of dirt. No helmets were being worn at the time of the accident. Not much is known about this incident as it occurred on private property. The investigating Officer did not know the victim's experience with operating an ATV or if the victim completed the Dept. of Natural Resources Safety Training.

The victim was driving his ATV in the cornfield with his side passenger when the ATV started sliding sideways. The ATV hit soft dirt and the ATV's wheels dug in and the ATV rolled ejecting both its passengers from the sides of the ATV. The 52-year-old male victim died at the scene and his male passenger was taken to the Luverne Community Hospital, treated and later released.

Request for the Coroner's report and the Certificate of Death have been exhausted and proved unsuccessful. In a telephone conversation with the Rock County Coroner's office, it was stated that they had requested that the family of the victim come into the clinic to sign consent to release the autopsy report to this investigator which they refused to do. The cause of death is unknown.

In a telephone conversation with the Rock County Attorney he stated that the accident occurred at approximately 2:00 am. Because the accident occurred on private property, not much of an investigation was completed. No photographs were taken at the scene of this accident. The victim was not wearing a helmet at the time of the accident.

The product involved in this incident was **a four-wheeled ATV:**

- **Yamaha**
- **2002**
- **Rhino 660**
- **VIN#** (b)(6)

"The Yamaha Rhino 660™ is a relative newcomer to the ATV market. It is also called a side-by-side because of its seating configuration. It has been on the market for just a few years." See Web site: www.Rhinorollovers.com/

ATTACHMENTS

1. ATVD
2. Respondents
3. Rock CO Sheriff's Report

ID1: # 050826HCN0828
Exhibit # 2

IDENTITY OF RESPONDENT(S)

The respondents in this investigation are:

- Rock County Sheriff's Dept. – 08/30 & 09/28/05
  P.O. Box 613
  Luverne, Minnesota 56156
  (507) 283-5000

- (b)(6)
  120 North McKenzie
  P.O. Box 538
  Luverne, Minnesota 56165-0538
  (507) 283-9111

- (b)(6)
  Sioux Valley Luverne Community Hospital
  Clinic: (507) 283-4476
  Fax: (507) 449-1550

PS-07006-09
(12-00)

MINNESOTA DEPARTMENT OF PUBLIC SAFETY
FATALITY REPORT

Page 1 of 1

(In accordance with National Highway Traffic Safety Administration Fatal Accident Reporting System)

SEE INSTRUCTIONS ON REVERSE

A ACCIDENT INFORMATION

Accident Date: 08-23-05	Accident Type: Unk	Time Police Notified: 0235	Time Ambulance Notified: 0235
Construction Workers? ☐ Yes ☒ No; If Yes, What Kind?	Contributing Road Conditions? ☒ Yes ☐ No; If Yes, What Kind? Unk		Time Ambulance Arrived at Scene: 0237
SPECIAL JURISDICTION: ☒ No special jurisdiction ☐ Campus ☐ Indian Reservation ☐ Military ☐ National Park ☐ Other	If present, traffic control functioning: ☐ Good ☐ Poor ☐ Not at all ☒ None Present		Time Ambulance Arrived at Hospital: 0134
Divider Type: ☐ Median W/Barrier ☐ Median No Barrier ☐ Unknown ☒ None	Road Surface Type: ☐ Concrete ☐ Blacktop ☐ Metal/Black ☒ Dirt ☐ Gravel		

B UNIT INFORMATION

UNIT NO. 1 — VEHICLE 1

Vehicle Make/Model	Buick Lac Riv 860
Rollover	☒ No ☐ Yes ☐ Unknown
Jackknife	☐ 1st Event ☐ Subsequent ☐ NO ☒ NA
Travel Speed	Unk MPH
Towing a Trailer	☐ Yes ☒ No ☐ Unknown
Special Use	☒ No ☐ Taxi ☐ School Bus ☐ Bus ☐ Unknown ☐ Military ☐ Police ☐ Ambulance ☐ Firetruck
Emergency Use	☐ Yes ☒ No ☐ Unknown
Accident Maneuver	☐ Braking ☒ Steering ☐ Both ☐ Other ☐ None
Violations Charged	☒ None ☐ Alcohol/Drugs ☐ Speed ☐ Stop/Yield ☐ Reckless ☐ Other Move Viol. ☐ Non Move Viol. ☐ Veh. Type Unknown/Other ☐ Unknown
Truck/Bus Type	☐ Cab Over Engine ☐ Cab Behind Engine ☒ NA
CIRCLE FIRST POINT OF IMPACT	FRONT REAR
CIRCLE WORST POINT OF IMPACT	FRONT REAR

PERSON INFORMATION (By Seat Position)

	1	2	3	4	5	6	7	8	9	Other
ALCOHOL: Test Taken? (Y / N) or UNK	Y		N							
Test Type? Blood, Urine, Etc. (B/U/E)	B									
Test Results? (Enter Results)	Unk									
DRUGS / CODES: 0 - No Test, 1 - No Drugs, 2 - Narcotics, 3 - Depressant, 4 - Stimulant, 5 - Hallucinogen, 6 - Cannabinoid, 7 - PCP, 8 - OTHER; Test Taken? (Y / N) or UNK	Y									
Test Type? Blood, Urine	B									
Test Results? (SEE CODES)	Unk									
EJECTED THROUGH: F = FRONT, S = SIDE, W = Windshield, D = Door, Ent. or NA	S		S							
INJURED WHILE WORKING (Check Worker's Comp.) (Y / N) or UNK	Unk		Unk							
SHOULDER BELT USE (Y/N)	N		N							

UNIT NO. 2 — ☐ VEHICLE 2 ☐ PEDESTRIAN ☐ BIKE

Vehicle Make/Model	
Rollover	☐ Yes ☐ No ☐ Unknown
Jackknife	☐ 1st Event ☐ Subsequent ☐ NO ☐ NA
Travel Speed	MPH
Towing a Trailer	☐ Yes ☐ No ☐ Unknown
Special Use	☐ No ☐ Taxi ☐ School Bus ☐ Bus ☐ Unknown ☐ Military ☐ Police ☐ Ambulance ☐ Firetruck
Emergency Use	☐ Yes ☐ No ☐ Unknown
Accident Maneuver	☐ Braking ☐ Steering ☐ Both ☐ Other ☐ None
Violations Charged	☐ None ☐ Alcohol/Drugs ☐ Speed ☐ Stop/Yield ☐ Reckless ☐ Other Move Viol. ☐ Non Move Viol. ☐ Veh. Type Unknown/Other ☐ Unknown
Truck/Bus Type	☐ Cab Over Engine ☐ Cab Behind Engine ☐ NA
CIRCLE FIRST POINT OF IMPACT	FRONT REAR
CIRCLE WORST POINT OF IMPACT	FRONT REAR

PERSON INFORMATION (By Seat Position)

	1	2	3	4	5	6	7	8	9	Other
ALCOHOL: Test Taken? (Y / N) or UNK										
Test Type? Blood, Urine, Etc. (B/U/E)										
Test Results? (Enter Results)										
DRUGS / CODES: 0 - No Test, 1 - No Drugs, 2 - Narcotics, 3 - Depressant, 4 - Stimulant, 5 - Hallucinogen, 6 - Cannabinoid, 7 - PCP, 8 - OTHER; Test Taken? (Y / N) or UNK										
Test Type? Blood, Urine										
Test Results? (SEE CODES)										
EJECTED THROUGH: F = FRONT, S = SIDE, W = Windshield, D = Door, Ent. or NA										
INJURED WHILE WORKING (Check Worker's Comp.) (Y / N) or UNK										
SHOULDER BELT USE (Y/N)										

— OVER —

Task# 050826HCN0828
Exhibit 3
Page 1 of 2

Minnesota Recreational Vehicle Accident Report Form

4 — 1 - Snowmobile 2 - 2 wheel ATV 3 - 3 wheel ATV M - Off road motor cycle 4 - 4 wheel ATV V - Off road vehicle

Accident Type: F - Fatal; N - Personal Injury; P - Property Damage: F

Date	Time	County or City Number	Phone Number	Agency
08-28-05	0235 AM	67	(507) 283-5000	Rock County SO

Name of person or Investigating Officer completing Report: Deputy Bryan K Bose #6717

Address of person or Investigating Officer (No. & Street, RFD, Box No., City, ZIP Code): PO Box 613, Luverne, MN 56156

Machine # 1

Operator's Name (First, Middle, Last) (Rule 25(1)(b) CPSA Section 25(1)(b)): [redacted] Date of Birth MM/DD/YY (Rule 25(1)(b) CPSA Section 25(1)(b)): [redacted] Age 52 Sex M

Address (No. & Street, RFD, Box No., City, ZIP Code) (Rule 25(1)(b) CPSA Section 25(1)(b)): [redacted]

Did operator complete the Dept of Natural Resources Safety Training? Yes/No: Unk

Owner's Full Name (First, Middle, Last) (If other than Operator): Same as Above

Operator's Experience: D - 1 day W - week 1 - 1 year 5 - 5 years 10 - 10 years +: Unk

Owner's address

Hours spent riding the day of the accident?: Unk

Make	Model	Engine size	Year of Machine	Estimated repair cost	Ownership: O - owned R - rented B - borrowed F - family machine S - stolen
Yamaha	Rhino	660 cc	2002	No damage	O

Registration Number	Exp Date	State	Estimated speed	Was operator familiar with the area?	Certificate wear tags
Not Registered	N/A	N/A	Unk MPH	Yes No (circle one)	Yes or No: N/A

Operator alcohol use Yes or No	PFT used N - No P - pass W - warn F - fail	Chem Test Yes or No	BAC	Any violations? Yes or No Explain	Track Stats Yes or No
Unk	N	Yes	Unk	Any legal action? Yes or No Explain	If Yes: Number of starts in Track: N/A

Machine # 2 N/A

Operator's Name (First, Middle, Last) | Date of Birth MM/DD/YY | Age | Sex

Address (No. & Street, RFD, Box No., City, ZIP Code)

Did operator complete the Dept of Natural Resources Safety Training? Yes/No

Owner's Full Name (First, Middle, Last) (If other than Operator)

Operator's Experience: D - 1 day W - week 1 - 1 year 5 - 5 years 10 - 10 years +

Owner's address

Hours spent riding the day of the accident?

Make	Model	Engine size	Year of Machine	Estimated repair cost	Ownership: O - owned R - rented B - borrowed F - family machine S - stolen
		CCs			

Registration Number	Exp Date	State	Estimated speed	Was operator familiar with the area?	Certificate wear tags
			MPH	Yes No (circle one)	Yes or No

Operator alcohol use Yes or No	PFT used N - No P - pass W - warn F - fail	Chem Test Yes or No	BAC	Any violations? Yes or No Explain	Track Stats Yes or No
				Any legal action? Yes or No Explain	If Yes: Number of starts in Track

Position: 1 - Operator 2 - Passenger 3 - Pedestrian 4 - Other (Explain)

Casualty: F - Fatal N - Injury

	Position	Injured Name (First Middle Last) (Rule 25(1)(b) CPSA Section 25(1)(b))	DOB	Age	Sex	Casualty
A	1	[redacted]		52	M	F
B	2			8 Y.	M	N
C						
D						

An accident resulting in injury requiring medical attention or death of any person or total property damage of $500.00 or more shall be reported by the investigating officer/operator on this form, within 10 business days, to the:

MN DNR ENFORCEMENT
SAFETY TRAINING
500 LAFAYETTE RD, BOX 47
ST PAUL, MN 55146-4047

Task# 050826HCN0828
Exhibit 3
Page 2 of 2

Task Number 050826HCN0828

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

Type of respondent: Police Department

Other, specify:

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

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

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

ATV #1	ATV #2
Manufacturer: 02 - Yamaha	Manufacturer:

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

Model: rhino / VIN: (b)(6)

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

Model Year: 2002

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

Engine Size: 625-650

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:	08/23/2005	
Age/Sex:	52 / Male	/
State of Death:	MINNESOTA	
City of Death:	Luverne	
County of Death:	Rock	

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

A 52-year-old male was driving his side-by-side four wheeled ATV with his 35-year-old male passenger seated beside him at approximately 2:00 am. He was driving the ATV in a grassy part of his cornfield and was familiar with the area. The ATV started sliding sideways. The ATV hit soft dirt and the wheels dug in and the ATV rolled ejecting both its passengers from the sides of the ATV. The 51-year-old male victim died at the scene and his passenger was taken to the hospital, treated and later released. No helmets were worn.

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

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

Victim 1:	Victim 2:
Yes (No) Unknown	Yes (No) Unknown

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

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

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

Victim 1:	Victim 2:
Yes (No) Unknown	Yes (No) Unknown

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

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

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

Age: 52 **Height:** (inches)
Weight: **Sex:** Male

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

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

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

07 - Field, Pasture, Farmland, Ranchland

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

09 - NA (Not a road)

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

09 - NA (Not a traffic incident)

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

0 - Unknown

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

0 - Unknown

Additional Comments:

#15. Dirt
No autopsy report or Certificate of Death could be obtained so cause of death is unknown.

Hamann, Peggy A.

From: Ault, Eric B. **Sent:** Fri 8/26/2005 8:31 AM
To: Hamann, Peggy A.; Blasius, Dennis R.
Cc:
Subject: FW: 8/23/05. Fatal ATV accident in Luverne, SD
Attachments:

Please assign IDI to Sid's team. Thanks.

G058 0289A
August 29, 2005
"TC-54"
IDI
050826HCN0828

From: Grundy, Michelle A.
Sent: Fri 8/26/2005 8:44 AM
To: Ault, Eric B.
Cc: Ross, Robin M.
Subject: 8/23/05. Fatal ATV accident in Luverne, SD

Driver dies in four-wheeler accident

Published: 08/26/05

One man died and another was injured early Tuesday in an all-terrain-vehicle accident near Luverne.

Lloyd Bergman, 51, of Luverne was driving a Yamaha Rino ATV in a grassy part of his cornfield four miles northeast of Luverne when the vehicle started sliding sideways, Rock County Sheriff Mike Winkels said.

The Yamaha hit softer dirt, its wheels dug in and it rolled about 2:35 a.m., Winkels said. Bergman died at the scene.

A passenger, Robert Kunkel, 35, of Kenneth, Minn., was taken to Luverne Community Hospital. He was not listed as a patient Thursday.

Neither man was wearing a helmet, Winkels said.

007230

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
050929HNE2837	8942	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
810	2005 39 29	2005 10 21

6. Synopsis of Accident or Complaint UPC

A 21-year-old-male was riding as a passenyer on a 4-wheeled ATV when he decided to move to the back of the vehicle while it was moving. As he climbed around the ATVs roll bar, his body struck a utility pole. The victim was transported to the hospital where he was pronounced dead with the cause listed as closed head injury.

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

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 UTILITY VEHICLE	YAMAHA RHINO	

10D. Manufacturer Name and Address

YAMAHA MOTOR CORPORATION, USA
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

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
21	1 - Male	6 - Death	62 - Intern. Org. Inj.

16. Body Part(s) Involved	17. Respondent	18. Type of Investigation	19. Time Spent (Operational / Travel)
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	4 / 0

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

23. Permission to Disclose Name (NonNEISS Case Only)

Yes ● No Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
11/16/2005	9093	Eric B. Ault

27. Distribution	28. Source Document Number
Harris, Paulette N.; Ingle, Robin L.; Kessler, Charle	N0590172A

REVIEW OR NOTIFIED
COMMENTS: YES NO
OVERRULED: ATTACHED
EXCISIONS/FOIA Exs. 25C
DO NOT RE-NOTIFY RE-NOTIFY
4/11/07 Re

CPSC FORM 82 (12/96) Approved for use through 13012006 OMB NO. 30410029

057230

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
050929HNE2837	8942	

3. Office Code	4. Date of Accident YR MO DAY	5 Date Initiated YR MO DAY
810	2005 39 29	2005 10 21

6. Synopsis of Accident or Complaint UPC

A 21-year-old-male was riding as a passenyer on a 4-wheeled ATV when he decided to move to the back of the vehicle while it was moving. As he climbed around the ATVs roll bar, his body struck a utility pole. The victim was transported to the hospital where he was pronounced dead with the cause listed as closed head injury.

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

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 UTILITY VEHICLE	YAMAHA RHINO	

10D. Manufacturer Name and Address
YAMAHA MOTOR CORPORATION, USA
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

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
21	1 - Male	8 - Death	62 - Intern. Org. Inj.

16. Body Part(s) Involved	17. Respondent	18. Type of Investigation	19. Time Spent (Operational / Travel)
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	4 / 0

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

23. Permission to Disclose Name (Non NEISS Case Only)
Yes ● No Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
11/16/200[illegible]	9093	Eric B. Ault

27. Distribution	28. Source Document Number
Harris, P[illegible]ette N.; Ingle, Robin L.; Kessler, Charle[illegible]	N0590172A

OFFICE/DIVISION NOTIFIED
COMMENTS: YES ✓ NO
OVERRULED; ATTACHED
✓ EXCISIONS/FOIA Exs. 25C
Revisions
✓ DO NOT RE-NOTIFY RE-NOTIFY
4/11/07 le

CPSC FORM 182 (12/96) Approved for use through 10/30/2006 OMB NO. 30410029

051230

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
Q50929HNE2837	8942	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
810	2005 09 29	2005 10 21

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

A 21-year-old-male was riding as a passenger on a 4-wheeled ATV when he decided to move to the back of the vehicle while it was moving. As he climbed around the ATVs roll bar, his body struck a utility pole. The victim was transported to the hospital where he was pronounced dead with the cause listed as closed head injury.

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

10A. First Product	**10B. Trade/Brand** Name	**10C.** Model Number
5044 UTILITY VEHICLE	YAMAHA RHINO	

10D. Manufacturer Name and Address
YAMAHA MOTOR CORPORATION, USA
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

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
21	1 - Male	8 - Death	62 - Intern. Org. Inj.

16. Body **Part(s)** Involved	17. Respondent	**18. Type of Investigation**	**19. Time Spent (Operational / Travel)**
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	4 / 0

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

23. Permission to Disclose Name (Non **NEISS** Cases Only)
○ **Yes** ● **No** **Verbal**

24. Review Date	**25. Reviewed By**	26. Regional Office Director
11/1612005	0093	Eric B. Ault

27. Distribution	**28. Source Document Number**
Harris, Paulette N.; Ingle Robin L.; Kessler, Charles R	N0590172A

EPIDEMIOLOGIC INVESTIGATION REPORT

1. Task Number	2. Investigator's ID	
050929HNE2837	8942	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
810	2005 09 29	2005 10 21

6. Synopsis of Accident or Complaint UPC

A 21-year-old-male was riding as a passenger on a 4-wheeled ATV when he decided to move to the back of the vehicle while it was moving. As he climbed around the ATVs roll bar, his body struck a utility pole. The victim was transported to the hospital where he was pronounced dead with the cause listed as closed head injury.

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

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 UTILITY VEHICLE	YAMAHA RHINO	

10D. Manufacturer Name and Address
YAMAHA MOTOR CORPORATION, USA
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

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
21	1 - Male	8 - Death	62 - Intern. Org. Inj.

16. Body Part(s) Involved	17. Respondent	18. Type of Investigation	19. Time Spent (Operational / Travel)
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	4 / 0

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

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

○ Yes ● No ○ Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
11/16/2005	9093	Eric B. Ault

27. Distribution	28. Source Document Number
Harris, Paulette N.; Ingle, Robin L.; Kessler, Charles R	N0590172A

050929HNE2837

Information contained in this report was obtained from a brief telephone conversation with the County Prosecutor's Office and a Death Certificate review.

The Assistant County Prosecutor reported that the case was referred to his office for possible grand jury action. He stated that he did not have any police or medical examiner reports at the time, but when he did receive them he would not be able to release them until after the trial had come to an end.

The victim is a 21-year-old male Automotive Technician. His physical profile, medical history, ownership, familiarity-experience with the ATV, riding time and activities preceding the incident could not be determined.

On 9/29/05 at 8:13 PM, the victim was riding as a passenger on a four-wheeled ATV on a roadway. It is unknown at what speed they were riding or if there were any posted speed limit signs. The weather conditions were in the 60 degree range and partly cloudy. It is unknown if the victim was wearing a safety helmet, protective clothing or if headlights were being used at the time of the incident.

The victim decided to climb to the back of the vehicle while it was still in motion. As he climbed around the ATVs roll bar, his body struck a utility pole.

Upon arrival of EMS personnel, the victim was the only one that was found. The driver left the scene of the accident and surrendered himself to the State Police on Monday. The victim was transported to a nearby hospital where he was pronounced dead with the cause of death listed as closed head injury. It is unknown if alcohol or drugs were a contributing factor in this incident. No autopsy was performed.

PRODUCT INFORMATION:

Product:	Yamaha 4-wheeled ATV with 660 cc
Model:	Rhino
VIN:	Unknown
Mfg:	Yamaha Motor Corporation 6555 Katella Avenue Cypress CA. 90630

ATTACHMENTS:

1. Death Certificate
2. Contact Sheet
3. Status of Missing Document
3. Questionnaire

STATE OF NEW JERSEY

B00014324440

NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
CERTIFICATE OF DEATH

STATE FILE NUMBER

1a. Legal Name of Decedent (First, Middle, Last): [redacted]

2. Sex: Male

3. Social Security Number: [redacted]

4a. Age-Last Birthday: 21 Years

5b. Date of Death: [redacted]

6. Place of Death (City or Other Location, County): Marlton, NJ

7a. Residence-State: NJ

7b. County: Burlington

7c. Municipality/City: Medford

7d. Street and Number: [redacted]

7e. Apt. No.

7f. Zip Code

7g. Inside City Limits?

8a. Was He/She Ever in Armed Forces? ☐Yes ☒No ☐Unk

9. Marital Status at Time of Death: ☐Never Married ☐Married ☐Widowed ☐Divorced ☐Married but Separated ☐Unknown

10a. Surviving Spouse Name (If wife, name prior to first marriage)

10b. Was Decedent Ever Registered in a Domestic Partnership? ☐Yes ☒No

10c. If Yes, Status at Time of Death: ☐Currently Registered in a Domestic Partnership ☐Formally Domestic Partnership Partner Deceased ☐Formally Domestic Partnership Legally Terminated

10d. Surviving Domestic Partner Name

11. Father's Name (First, Middle, Last): [redacted]

12. Mother's Name Prior to First Marriage (First, Middle, Last): [redacted]

13a. Name of Informant: [redacted]

13b. Relationship to Decedent: Father

13c. Mailing Address (Street and Number, City, State, Zip Code): [redacted]

14. Method of Disposition: ☒Burial ☐Cremation ☐Donation ☐Donation/Burial ☐Donation/Cremation ☐Other (Specify)

15. Place of Disposition (Name of cemetery, crematory, other place): Eldridge Cemetery

16. Location (City or Town and State): Mt. Laurel, NJ

17. Name and Complete Address of Funeral Facility: Bradley Funeral Home 801 Rt. 73 South Marlton, NJ 08053

18. Signature of Funeral Director: [redacted]

TO BE COMPLETED BY FUNERAL DIRECTOR

19. Decedent's Education: Highest degree or level of school completed at time of death: ☐Eighth grade or less ☐Ninth through twelfth grade; no diploma ☐High school graduate or GED ☐Some college credit, no degree ☐Associate degree (AA, AS) ☐Bachelor's degree (BA, AB, BS, BSW) ☐Master's degree (MA, MS, MEng, MSW) ☐Doctorate (PhD, EdD) or Professional degree (MD, DDS, JD)

20. Decedent's Ancestry or Origin: (Check one or more boxes that best describe if decedent is Spanish/Hispanic/Latino. Check "No" box if decedent is not Spanish/Hispanic/Latino.) ☐Yes, Mexican, Mexican American, Chicano ☐Yes, Puerto Rican ☐Yes, Cuban ☐Yes, Other Spanish/Hispanic/Latino (Specify)

21. Decedent's Race: (Check one or more races to indicate what race the decedent considered himself/herself to be.) ☒White ☐Black or African American ☐American Indian or Alaska Native (Enrolled or principal tribe) ☐Asian Indian ☐Japanese ☐Korean ☐Chinese ☐Filipino ☐Vietnamese ☐Other Asian (Specify) ☐Native Hawaiian ☐Guamanian or Chamorro ☐Samoan ☐Other Pacific Islander (Specify) ☐Other (Specify)

22. Occupation of Decedent (Type of work done during most of life, even if retired): Automotive Technician

23. Kind of Business/Industry: Automotive

24. Name and Address of Last Employer: Naz Auto Maple Shade, NJ

TIMING 25-30 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH

25. Date Pronounced Dead (Mo-Day-Yr): 9/24/05

26. Time Pronounced Dead: 923 ☐AM ☒PM

27. Signature of Person Pronouncing Death (If other than Certifier)

28. License Number: MA068447

29. Date Signed (Mo-Day-Yr): 9/24/05

30. Date of Death (Mo-Day-Yr): 9/24/05

31. Time of Death: 923 ☐AM ☒PM

32. Was Medical Examiner Contacted? ☐Yes ☐No

33. PLACE OF DEATH (Check only one): ☐Dead on Arrival (Pronounced Dead in a Hospital) ☐Inpatient ☐Emergency Room ☐Outpatient ☐Dead on Arrival ☐Nursing Home/Long Term Care Facility ☐Residence ☐Hospice Facility ☐Decedent's Home ☐Other (Specify)

33a. Facility Name (If not applicable, give street and number): SOUTHERN OCEAN COUNTY HOSPITAL

33b. Municipality: MANAHAWKIN

33c. County: OCEAN

CAUSE OF DEATH

Immediate Cause — Enter only one cause on line a. Enter sequence of events resulting in death, leaving blank lines c and d if not necessary. Do not abbreviate. Enter only one cause on line. Add additional lines if necessary.

34a. PART I — IMMEDIATE CAUSE (Disease or condition resulting in death): a. Closed head injury

Due to (or as a consequence of): b. Motor vehicle accident

Due to (or as a consequence of): c.

Due to (or as a consequence of): d.

Interval between Onset and Death

34b. PART II — Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

35. Was an Autopsy Performed? ☐Yes ☒No

36. Were Autopsy Findings Available to Complete Cause of Death? ☐Yes ☒No

37a. Date of Injury (Mo-Day-Yr): 9-24-05

37b. Time of Injury: 2012 ☐AM ☐PM

37c. Place of Injury (e.g., home, construction site, restaurant): Roadway

37d. Injury at Work? ☐Yes ☒No

37e. Location of Injury (Number and Street, Zip Code): Rt. 38 Sta mp 40.5

37f. Municipality: Cherry Hill

37g. County: Camden

37h. State: NJ

37i. Describe How Injury Occurred: Passenger of a 2001 Jeep Grand Cherokee

37j. If Transportation Injury: ☐Driver/Operator ☒Passenger ☐Pedestrian ☐Other (Specify)

38. Manner of Death: ☐Natural ☐Accident ☐Suicide ☐Homicide ☐Pending Investigation ☐Could not be determined

39. Did Decedent Have Diabetes? ☐Yes ☐No ☒Unknown

40. Did Tobacco Use Contribute to Death? ☐Yes ☐Probably ☐No ☐Unknown

41. 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

42. Certifier (Check only one): ☐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. ☐Pronouncing and 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-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.

43. Name, Address, and Lic. Class of Certifier: DAVID EDWARD MD 15 FOREST AVE WOODBURY NJ 08096

44. Signature of Certifier: [redacted]

45. License Number: MA 068447

46. Date Certified (Mo-Day-Yr): 9-26-05

47. Date Received by Registrar: September 27, 2005

Local File Number

TO BE COMPLETED BY MEDICAL CERTIFIER

FOR STATE USE ONLY

Place of Accident

Other Cases

Reported for Later Entry ☐

Coroner Contacted ☐

Amendment ☐

THIS DOCUMENT CONTAINS A COLOR, STATE OF NJ WATERMARK

THIS DOCUMENT TO COPY OR PRINT WATERMARK

October 24, 2005

Issued Date

050929HNE2837

Exhibit #2

CONTACT SHEET

Contacted on 10/21/05

Burlington County Prosecutor's Office
Thaddeus Drummond, Assistant Prosecutor
49 Rancocas Road
Mt. Holly, NJ. 08060
Ms. Kelly Geiger
609-265-5048

Registrar Stafford Twp.
Municipal Bldg.
260 East Bay Avenue
Manahawkin, NJ. 08050
609 597-1000

Task Number 050929HNE2837

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

Type of respondent: Other

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: 02 - Yamaha	**Manufacturer:**

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

Model: Rhino / **VIN:** UNKNOWN

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

Model Year:

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

Engine Size: 675-700

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

	Death #1	Death #2
Date of Death:	09/29/2005	
Age/Sex:	21 / Male	/
State of Death:	NJ	
City of Death:	Manahawkin	
County of Death:	Ocean	

Task Number: 050929HNE2837

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

A 21-year-old-male was riding as a passenger on a 4-wheeled ATV when he decided to move to the back of the vehicle while it was moving. As he climbed around the ATVs roll bar, his body struck a utility pole. The victim was transported to the hospital where he was pronounced dead with the cause listed as closed head injury.

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

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

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

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

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

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

Victim 1: Yes No (Unknown) **Victim 2:** Yes No Unknown

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

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

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

Age: 22 **Height:** (inches)
Weight: **Sex:** Male

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

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

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

00 - Unknown

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

00 - Unknown

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

09 - NA (Not a traffic incident)

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

0 - Unknown

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

0 - Unknown

Additional Comments:

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?

00 - Unknown

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

00 - Unknown

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

09 - NA (Not a traffic incident)

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

0 - Unknown

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

0 - Unknown

Additional Comments:

This is a printer friendly version of an article from the **Courier-Post**
To print this article open the file menu and choose Print.

Back

Burlco prosecutor to probe fatal crash

By TOM LOUNSBERRY
Courier-Post Staff

WOODLAND
The investigation into an all-terrain vehicle accident in which a Medford man died has been referred to the Burlington County Prosecutor's Office for possible grand jury action.

(b)(3):CPSA Section 25(c),(b)(6) was killed in the accident, which happened at 8:13 p.m. Saturday on County Road 563 near Chatsworth.

The driver of the ATV – (b)(6) – fled after the accident and abandoned the vehicle behind a township home, authorities said. He surrendered to state police Monday.

(b)(6) was charged with leaving the scene of a fatal accident, and he was released pending a court hearing.

(b)(3):CPSA Section 25(c),(b) was a passenger in the Yamaha Rhino 660 and decided to move to the back of the vehicle while it was moving, police said.

As he climbed around the vehicle's roll bar, his body struck a utility pole. He was pronounced dead at Southern Ocean County Hospital in Manahawkin.

It was not immediately known if the ATV was registered or if it had insurance. It is illegal, however, to operate ATVs on New Jersey roads.

(b)(3):CPSA Section 25(c),(b)(6) was studying race car mechanics at the NASCAR Institute of Technology in Mooresville, N.C.

Reach Tom Lounsberry at (856) 486-2470 or tlounsberry@courierpost online.com
Published: September 29, 2005 3:00AM

060630

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
051202HCC1162	8187	

3. Office Code	4. Date of Accident YR MO DAY	5 Date Initiated YR MO DAY
810	2005 09 17	2005 12 07

6. Synopsis of Accident or Complaint UPC

Two adults, a 41 year old male and an 18 year old female died from injuries when the 4-wheeled all terrain vehicle they were in went over the edge of a trail and fell approximately 50 feet. The vehicle was equipped with seat belts and a roll cage Only the female passenger had her seal belt and helmet on when they were found The manufacturer and model numbers of the helmets are unknown

7. Location (Home, School, etc)	8. city	9. State
9 - SPORTS OR RECREATION PLACE	ASHLAND	WV

10A. First Product	10B. Trade/Brand Name	10C. Model Number
3286 - All Terrain Vehicles (four W	RHINO 550	660

10D. Manufacturer Name and Address
YAMAHA MOTOR CORPORATION, USA
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

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
41	1 - Male	8 - Death	62 - Intern. Org. Inj.

16. Body Part(s) Involved	17. Respondent	18. Type of Investigation	19. Time Spent (Operational)
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	12 / Number

20. Attachment(s)	21. Case Source	22. Sample Collection
2 - Documents	5-Newspaper	

23. Permission to Disclose Name (Non NEISS Cases Only)
Yes ● No Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
01/17/06	8130	Eric B Ault

27. Distribution
Mills, Roberta E.; Ingle, Robin L.

28. Source Document Number
X05A[illegible]96A

SUPERVISOR NOTIFIED
COMMENTS: YES NO
ATTACHED
EXCHANGE
DO NOT RE-NOTIFY RE-NOTIFY
4/11/07 RE

CPSC FORM 182 (12196) Approved for use thro 2006 OMB NO, 304100:

INJURY SCENARIO:

This all terrain vehicle incident resulted in the death of two adults, one 41 year old male and an 18 year old female. The two were together on one 4 wheeled ATV riding in a mountainous and forested area. The two were riding in the early hours of the morning, estimated at 2:30 AM. The attached State Trooper's report, (Exhibit 1) indicates that the two, who were riding in the same vehicle, are believed to have gotten separated from other members of their party. Therefore there were no eyewitnesses to this incident resulting in two fatalities. The attached report, which was corroborated by the State Trooper in a phone interview, states that the male driver who was not wearing his seat belt at the time lost control of the vehicle after he drove the vehicle too far to the left of the trail. In trying to regain control of the vehicle, the Trooper believes the operator then drove off the right side of the trail resulting in a drop of approximately 50 feet of the vehicle and passengers. The Trooper believes that the helmet being worn by the driver was unstrapped since it found several feet away from the head of the driver. The Trooper also stated he believed the vehicle may have overturned on the driver during the roll over and the drop off from the trail. The female victim was in the passenger side of the ATV and was found on the vehicle with her seat belt and helmet on. The helmets could only be described as being motorcycle type helmets without any face protection ("open faced"). The body of the female victim was found trapped in the ATV with the roll cage of the vehicle crushed against her. The trooper, in a telephone interview, stated that a point of the roll cage (a metal bar) had punctured the female's lower back. The two were later found by the members of the party. The two were pronounced dead at the scene. The State Trooper responsible for the report attached as Exhibit 1 stated the cause of death was trauma from internal injuries sustained from the fall and roll over of the ATV. He would not comment whether the victims had been consuming alcohol or taking drugs.

PRODUCT DESCRIPTION:

The 4 wheeled all terrain vehicle is reported to be a 2005 Yamaha **"RHINO 660" camo colored vehicle.** The VIN number is "**5Y4AM06Y45A004782".** Since the vehicle was described as being a two seated vehicle with a roll cage photographs of the product were requested. The State Trooper stated the entire report with photographs would have to be requested from the State Headquarters Office. This report has been requested, and according to the Records contact, will be mailed as soon as it can be processed. Until photographs can be obtained, a web-site photograph of the 660 model is being submitted as Exhibit 3. This vehicle's mechanical features include a roll cage. The report indicates that the vehicle was equipped with seat belts. Other features of the ATV including engine type and specifications and dimensions are detailed in Exhibit 3.

ATTACHMENTS TO THE NARRATIVE:

Attached are copies of:

1. the Regional State Police' report;
2. contact sheet;
3. web-site photograph of the model type of ATV;

Other documents include the data record sheets for an ATV investigation.
A missing document which will be submitted later is the complete ATV investigation with photographs from the State Police Headquarters. Finally, on request for copies of death certificates on these two victims, this Investigator learned that copies had been sent to our Washington D.C. Office in early November 2005. In explaining the purpose of the certificate, the records personnel raised some concern and expressed frustration about having to re-send these documents for this investigation. To prevent possible future issues regarding provision of these documents, I informed the records clerk that I will defer asking for these documents at this time.

IDI 05 12D2 HCC 1162
12-07-05

Exhibit A 1
page # 1

BRB

INCIDENT REPORT

Date of Incident: 9-17-05

To Unit: 11216

Investigating Detachment: West Virginia State Police-Welch

Investigating Officer: Trooper J. W. Keffer

Assisted By: N/A

Victims (Name/Age/Sex/Race/Address): (b)(3):CPSA Section 25(c),(b)(6) 41 year old white male, DOB (b)(3):CPSA Section 25(c),(b)(6) SSN: Family members unable to provide will retrieve at a later date (b)(3):CPSA Section 25(c),(b)(6)

(b)(3):CPSA Section 25(c),(b)(6) 18 year old white female, DOB (b)(3):CPSA Section 25(c),(b)(6) SSN: Family members unable to provide will retrieve at a later date (b)(3):CPSA Section 25(c),(b)(6)

Suspects (Name/Age/Sex/Race/Address): N/A

Where occurred (Specific Location/Address): Located in a wooded area near Ashland in North Fork Hollow, approximately 2.2 miles south of the intersection of County Rt. 17 and County Rt. 14.

Narrative (First sentence specifically defines incident): Both victim's died as a result of an ATV crash. Victim's pronounced dead prior to Trooper's arrival.

This Trooper responded to the Ashland area of North Fork Hollow located in McDowell County in reference to an ATV crash with two fatalities. Both victim's were pronounced dead prior to this Trooper's arrival. Upon arrival this Trooper observed a camouflaged ATV, later identified as a Yamaha Rhino 660, on its side with one passenger still inside. The undersigned observed the male victim lying approximately four feet from the ATV face down. The female victim was trapped on the ATV by the crushed roll cage. The female victim also had a seatbelt and helmet on. The male victim did not have on a helmet, but one was found in close proximity to the body. Witnesses on scene stated that the victim's were separated from there riding group and were found by friends who began to look for them when they did not return to camp. Both bodies were transported to Welch Community Hospital to be evaluated by a Medical Examiner. The female victim's mother and step-father were on scene. The Undersigned Trooper notified the male victim's wife by public service.

051202.HCC1162 Exhibit # 1 BRB
12-07-05

COLLISION DIAGRAM

DRAW SCENE AS OBSERVED, INCLUDING ROADWAY LAYOUT, VEHICLE, PEDESTRIAN OR OBJECT STRUCK, TRAFFIC CONTROLS, SIDEWARKS, ETC.

IMPORTANT: NUMBER THE VEHICLES ACCORDING TO THE VEHICLE NUMBERS ON THE FRONT PAGE.

DRAW ARROW POINTING NORTH IN CIRCLE

SEPTEMBER 17, 2005 - NOT TO SCALE -

Scale: 1 inch = 20 feet

DRAWN BY TROOPER J.W. KEFFER

NARRATIVE

DESCRIBE WHAT HAPPENED (Refer to Vehicles by Number)

VEHICLE # 1 WAS TRAVELING SOUTH ON AN UNMARKED TRAIL IN A WOODED AREA NEAR ASHLAND. DRIVER # 1 RAN OFF THE TRAIL LEFT, LOST CONTROL OF VEHICLE # 1, ATTEMPTED TO RE-ENTER THE PATH AND RAN OFF THE RIGHT SIDE OF THE PATH. VEHICLE # 1 ROLLED APPROXIMATELY 50 FEET DOWN THE EMBANKMENT. DRIVER # 1 AND PASSENGER WERE BOTH KILLED AS A RESULT OF THE ATV CRASH. PASSENGER USED A SEATBELT AND HELMET. DRIVER # 1 DID NOT USE SEATBELT, UNKNOWN USE OF HELMET. HELMET WAS FOUND IN CLOSE PROXIMITY TO DRIVER # 1. CAUSE OF CRASH IS UNDER INVESTIGATION. (SEE CRIMINAL INVESTIGATION REPORT) PHOTOGRAPHS WILL BE ATTACHED TO CRIMINAL INVESTIGATION REPORT.

Exhibit # 1
page # 2

12/07/2005 10:15 WV STATE POLICE WELCH → 15A6612523 NO.114 D02

REVISED 5/97

WEST VIRGINIA UNIFORM TRAFFIC CRASH REPORT

PAGE 1 OF 1

Date of Crash	Time of Crash	Time of Notification	Time of Arrival
09 17 05	0230	0342	0429

LOCATION

COUNTY: MCDOWELL — CITY OR TOWN: ASHLAND

STREET #: UNMARKED DIRT TRAIL — MAXIMUM SPEED LIMIT: N/A

IF NOT AT INTERSECTION: 1 FEET OF ROUTE 17 AND UNMARKED DIRT TRAIL

DRIVER 1

(b)(3):CPSA Section 25(c),(b)(6) — (b)(3):CPSA Section 25(c),(b)(6)

DATE OF BIRTH: 12 28 63 — SOCIAL SECURITY NUMBER: 092-60-6355 — DRIVER LICENSE NUMBER: 8709061 — STATE: NC — LICENSE RESTRICTIONS/VIOLATION: N/A

CITATION NUMBER: N/A — CITATION CHARGE: N/A — DRIVER CONDITION: Normal, Fatigued, Asleep, Drinking, Medication, Other, Unknown

SOBRIETY TEST GIVEN: Yes / No — TYPE OF TEST GIVEN: FIELD, BLOOD, BREATH, PBT, URINE, OTHER, N/A — TEST RESULTS: PENDING

DRIVER ACTION: Doing Straight Ahead, Turning Right, Turning Left, U-Turning, Changing Lanes, Passing, Parking, Parked, Backing, Merging, Stopping or Stopping, Stopped in Traffic Lane, Entering or Leaving Driveway, Pulling Out from Parking Space, Other (SEE NARRATIVE)

OWNER'S FULL NAME: SAME AS DRIVER — ADDRESS: SAME AS DRIVER — CITY — STATE — ZIP

VEHICLE 1

YEAR: 2005 — MAKE: YAMAHA — MODEL: RHINO 660 — STYLE: ATV — COLOR (List Primary/Secondary): CAMO

LICENSE PLATE NUMBER: N/A — STATE: N/A — YEAR — VEHICLE IDENTIFICATION NUMBER: 5Y4AM06Y45A004782

DIRECTION TRAVEL: ROUTE 1 — TOTAL OCCUPANTS OF THIS VEHICLE: — EXTENT OF DAMAGE: — DRIVEABLE: Yes / No

TOWED DUE TO DAMAGE: Yes / No — TOWED BY: K & D WRECKER — TOWED TO: KIMBALL, WV

AUTO LIABILITY INSURANCE: Yes / No — INSURANCE COMPANY — POLICY NO. — AGENT

CONTRIBUTING CIRCUMSTANCES: Changing Lanes Improperly, Following Too Closely, Disregarded Traffic Control, Did Not Have Right of Way, Failure to Maintain Control, Driving Under Minimum Speed, No Signal or Improper Signal, Turning Improperly, Passing Improperly, Parking Improperly, Backing Improperly, Jumping Animal or Vehicle, Obstruction Inside Vehicle, Walking Violation, Driver Under Influence, Pedestrian Under Influence, Stopping Prevented, Other Roadway Defects, Previous Accident, Lost or Carried, Other (SEE NARRATIVE)

DAMAGED AREA(S): UNDERCARRIAGE, NONCOLLISION, APPARENT, OTHER/UNKNOWN, ALL AREAS

PT. OF INITIAL IMPACT

DRIVER

DRIVER'S FULL NAME: SINGLE VEHICLE — ADDRESS — CITY — STATE — ZIP

DATE OF BIRTH — SOCIAL SECURITY NUMBER — DRIVER LICENSE NUMBER — STATE — LICENSE RESTRICTIONS/VIOLATION

CITATION NUMBER — CITATION CHARGE — DRIVER CONDITION: Normal, Fatigued, Asleep, Drinking, Medication, Other, Unknown

SOBRIETY TEST GIVEN: Yes / No — TYPE OF TEST GIVEN: FIELD, BLOOD, BREATH, PBT, URINE, OTHER, N/A — TEST RESULTS

DRIVER ACTION: Doing Straight Ahead, Turning Right, Turning Left, U-Turning, Changing Lanes, Passing, Parking, Parked, Backing, Merging, Stopping or Stopping, Stopped in Traffic Lane, Entering or Leaving Driveway, Pulling Out from Parking Space, Other (SEE NARRATIVE)

OWNER'S FULL NAME: SAME AS DRIVER — ADDRESS: SAME AS DRIVER — CITY — STATE — ZIP

VEHICLE

YEAR — MAKE — MODEL — STYLE — COLOR (List Primary/Secondary)

LICENSE PLATE NUMBER — STATE — YEAR — VEHICLE IDENTIFICATION NUMBER

DIRECTION TRAVEL: ROUTE 1 — TOTAL OCCUPANTS OF THIS VEHICLE: — EXTENT OF DAMAGE: — DRIVEABLE: Yes / No

TOWED DUE TO DAMAGE: Yes / No — TOWED BY — TOWED TO

AUTO LIABILITY INSURANCE: Yes / No — INSURANCE COMPANY — POLICY NO. — AGENT

CONTRIBUTING CIRCUMSTANCES: Changing Lanes Improperly, Following Too Closely, Disregarded Traffic Control, Did Not Have Right of Way, Failure to Maintain Control, Driving Under Minimum Speed, No Signal or Improper Signal, Turning Improperly, Passing Improperly, Parking Improperly, Backing Improperly, Jumping Animal or Vehicle, Obstruction Inside Vehicle, Walking Violation, Driver Under Influence, Pedestrian Under Influence, Stopping Prevented, Other Roadway Defects, Previous Accident, Lost or Carried, Other (SEE NARRATIVE)

DAMAGED AREA(S): UNDERCARRIAGE, NONCOLLISION, APPARENT, OTHER/UNKNOWN, ALL AREAS

PT. OF INITIAL IMPACT

0512 02 HCC 1162
12-07-05

Exhibit #1
page #3

BRB

12-07-2005 10:15 WV STATE POLICE WELCH + 15816612523 NO.114 P03

OWNER

N/A

DRIVERS

1	1	2	3	2	1	K	3	2
S	I	N	G	L	E			
1	3	5	3	1	2	K	3	2

PERSONS INVOLVED

(b)(3):CPSA Section 25(c),(b)(6)

VEHICLE TOWED FROM TO: WELCH COMMUNITY HOSPITAL

VEHICLE TOWED BY: WIDENER'S AMBULANCE

TOWING COMPANY NUMBER: 485

RUN TIME / TOWING CHARGE: QUI 5905 / QUI 5900

WITNESS

NAME OF WITNESS | ADDRESS | CITY | STATE | ZIP

ENVIRONMENT

LIGHT: Daylight, Dark, Dark, Anti-Fog Lights, Dusk, Dawn

WEATHER: Clear, Cloudy, Raining, Fog/Smog, Snowing, Blowing Snow, Sleet/Hail, Other

ROADWAY SURFACE: Dry, Wet, Snow, Ice, Muddy, Oil, Other

ROADWAY CHARS.: Straight and Level, Straight and Grade, Curve at Intersection, Curve and Level, Curve and Grade, Curve at Intersection, Straight and Rolling, Dip, Other

ROADWAY TYPE: Divided, Undivided, Alley, Ramp, Other

TRAFFIC CONTROL: Stop Sign, Traffic Signal, Yield Signal, Officer, Flagman, Not Obeys Signals, Construction Zone, Speed Zone, Other

NUMBER OF LANES: N/A

DRIVE LANES ONLY? YES NO

FIRST HARMFUL EVENT: Yes / No

CRASH TYPE

DIRECTION OF COLLISION: Rear End, Head On, Same Direction Sideswipe, Opp. Direction Sideswipe, Rear-to-Rear, Single Vehicle Crash, Other

PRIMARY TYPE

PER. BEHAVIOR OF EVENTS: 03 01 05 04

UNIT HARMFUL EVENT: VEH. #: 1

COMMERCIAL CARRIER

VEHICLE NUMBER

OWNER'S INFORMATION SOURCE: Driving Papers, Vehicle Data, Log Book, Owner, Other

DRIVER NAME

ADDRESS

CITY | STATE | ZIP

LICENSE | ISSUE | EXPIRE

VEHICLE CONFIGURATION

CARGO BODY TYPE

HAZARDOUS MATERIAL: PLACARD? Yes / No; SPILL? Yes / No

DIAGRAM OF VEHICLE FOR UNIT

NAME OF INVESTIGATOR (Please Print): TPR. J.W. KEFFER

NUMBER: 362

NAME OF POLICE AGENCY: WVSP - WELCH DETACHMENT

CASE NUMBER: WVWSP5500

DATE OF DISPOSITION: 09 17 05

INVESTIGATING OFFICER'S SIGNATURE

IOT 05I202.HCC.1162
12-07-05

Exhibit #1
page # 4

BRB

EXHIBIT 2 (CONTACT SHEET) FOR IDI 051202HCC1162

CONTACT AND ADDRESS	DATE AND RESULT
WEST VA STATE POLICE 850 VIRGINIA AVENUE WELCH, WVA. 24801 (304 436-8014)	12/07/05 FAXED REPORT RECEIVED
TROOPER JW KEFFER W. VA STATE POLICE WELCH, WVA 24801 304-436-8014	12/09/05 LIMITED DATA RE: INCIDENT NO PRODUCT PHOTOS COULD BE OBTAINED
MCDOWELL COUNTY CORONER AND WELCH COM. HOSPITAL WELCH, WVA (304-436-8461)	12/15/05 VIA PHONE FOR DEATH CERTICATE. 12/19/05; WAS INFORMED NO CERTIFCATE COULD BE RELEASED
STATE MEDICAL EXAMINER CHARLESTON, WVA 304-558-3920	12/22/05 AND 1/04/06; PHONE CALLS TO OBTAIN DEATH CERTIFICATES DOCUMENTS REQUESTED SAID TO BE MAILED ON 11/13/06 to HDQS.

YAMAHA

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2006 Rhino 660 Auto. 4x4 Exploring Edition

Model Home | Features | Specifications | Gallery | Videos | Gifts | Apparel | Accessories | Buddy

-Choose Comparison Model-

MSRP*	$10,599 (Hardwoods HD Camo) Available from October 200 $10,149 (Hunter Green) Available from October 2005
Engine	
Type	660cc, 4-Stroke Single, Liquid/Oil Cooled w/ Fan, 5-Valve S
Bore x Stroke	100mm x 84mm
Compression Ratio	9.1:1
Carburetion	Mikuni 42mm BSR
Ignition	DC - CDI
Starting System	Electric
Transmission	Yamaha Ultramatic® V-Belt with all-wheel engine braking / High,Low,Neut.,Rev.
Engine Braking	All-Wheel
Drive Train	Yamaha On-Command® push button 3-way locking differen locked 4WD; Shaft
Chassis	
Suspension/Front	Independent Double Wishbone, 7.3" w/ 5-way Preload Adju
Suspension/Rear	Independent Double Wishbone, 7.3" w/ 5 way Preload Adju
Brakes/Front	Dual Hydraulic Disc, Twin Piston
Brakes/Rear	Hydraulic Disc, Self adjust parking system, Sleeve Mounted
Tires/Front	25 x 8-12 NHS
Tires/Rear	25 x 10-12 NHS
Dimensions	
L x W x H	113.6" x 54.1" x 73.0"
Wheelbase	75.2"
Turning Radius	153.5"

0512.02.HCC.112
12-01-05

Exhibit # 3
Page # 1

BRA

Ground Clearance	12.1"
Fuel Capacity	7.9 Gallons
Dry Weight	1,040 Lbs.
Bed Capacity	400 Lbs.
Towing Capacity	1,217 Lbs.
Other	
DC Outlet	Standard
Lighting	Dual 30W Krypton Multi-reflector Headlights & Dual 21/5W I
Instrumentation	Fuel sight gauge, 4WD Indicator Lights
Warranty	6 Month (Limited Factory Warranty)

*Prices and specifications subject to change without notice.
Please read your Owner's Manual and all labels before operation.

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05 1202-HCC 1162 Exhibit # 3 (page # 2) BRB
12-07-05

Task Number 051202HCC1162

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

Type of respondent: Police Department

Other, specify:

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

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

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

ATV #1	ATV #2
Manufacturer: 02 - Yamaha	Manufacturer:

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

Model: Rhino 660 / VIN: 5Y4AMO6Y45A004782

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

Model Year: 2005

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

Engine Size: 625-650

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

	Death #1	Death #2
Date of Death:	09/17/2005	09/17/2005
Age/Sex:	41 / Male	19 / Female
State of Death:	WEST VIRGINIA	WEST VIRGINIA
City of Death:	Ashland	Ashland
County of Death:	McDowell	McDowell

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

Two adults, a 41 year old male and an 18 year old female,died from injuries when the 4-wheeled all terrain vehicle they were in went over the edge of trail and fell approximately 50 feet. The vehicle was equipped with seat belts and a roll cage. Only the female passenger had her seat belt and helmet on when they were found. The manufacturer and model numbers of the helmets are unknown.

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

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

Victim 1:	Victim 2:
(Yes) No Unknown	Yes No (Unknown)

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

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

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

Victim 1:	Victim 2:
Yes (No) Unknown	(Yes) No Unknown

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

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

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

Age: 41 **Height:** (inches)
Weight: **Sex:** Male

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

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

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

01 - Forest, Woods

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

09 - NA (Not a road)

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

09 - NA (Not a traffic incident)

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

0 - Unknown

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

0 - Unknown

Additional Comments:

Task No: 051202HCC1162

Date: 1-19-06

STATUS OF MISSING DOCUMENT(S)

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

1._Photos form State Police Accident Report_____

2._____

3._____

4._____

5._____

Date: 1-19-06	Investigator No: 8187

Regional Office: __CFIE____ Supervisor No: ____8130_____

ISSUE 04 OCT 26 2005 XOJA 0359

TC32
A-39

MEDICAL EXAMINER'S/CORONER'S REPORT FORM

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 (301)504-0038.

****

Date of Incident: 9/17/05 Date of Death: 9/17/05

Type of Consumer Product Involved: ATV

Manufacturer, Model, Brand Name and Serial No. of Product: N/A

Is Product available for examination? _____ Yes ✓ No If Yes, Where? _____

Cause of Death: Blunt Force Trauma

Location of Incident: City: Dagon Wheel Trails State: WV - McDowell Co.

Brief Description of incident sequence: Please indicate the Age, Sex and Race of victim(s):

A = 18 S = F R = W

See Following 7 pages

Contact Information: Please include the name, address and telephone number of any state/local personnel who investigated the accident:

WV State Police Welch Detachment

Medical Examiner's/Coroner's case no: N/A

Reporter's name: (b)(6) Date reported: 10/12/05

Telephone number of office reporting the case: (b)(6)

Reporter's office address: (b)(6)

Medical Examiner's/Coroner's Name: (b)(6)

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. _____

STATE OF WEST VIRGINIA
OFFICE OF THE CHIEF MEDICAL EXAMINER
619 Virginia Street West
Charleston, WV 25302
(304) 558-3920 - FAX

RECEIVED OCT 04 2005 OFFICE OF THE CHIEF MEDICAL EXAMINER

Security Seal No.:

CASE #: _____ DR.: _____

☑ DEATH INVESTIGATION REPORT & T.O.D. EXAMINATION
☑ EXTERNAL EXAMINATION REPORT
☑ COMPLETION OF DEATH CERTIFICATE (Copy Attached) 127.00

County of Death: Mc Dowell Date: 9-17-05

County ME/C: (b)(3):CPSA Section 25(c),(b)(6) Notified by/Date/Time: Mc Dowell 911 9:00 Am

DECEDENT (b)(3):CPSA Section 25(c),(b)(6)
ADDRESS: (b)(3):CPSA Section 25(c),(b)(6)
Occupation: Student (Do not use retired)
SSN: (b)(3):CPSA Section 25 (c),(b)(6)
DOB:
AGE: 18 SEX: F RACE: White

Date of Death: 9/17/05 @ about 2:30 am Witness Family / Friends
Last Known Alive: 9/17/05 @ about 2:30 A m By Family / Friends
Found Dead: 9/17/05 @ 2:30 A m By Family / Friends
Pronounced: 9/17/05 @ 3:15 A m By Widener Ambulance Service
PLACE OF DEATH: Wagon wheel trails
City/Town McDowell County

[✓] DOA [ ] ER [ ] OR/RR [ ] Nursing Home [ ] Residence [ ] Other: _____ [ ] Found (died elsewhere)

Suspected Injury/Incident:	DATE OF INJURY:	TIME OF INJURY:	INJURY AT WORK? (Yes or No)	PLACE OF INJURY (at home, etc.):
☐ Natural ☐ Fall ☐ Firearm ☑ Blunt Force ☐ Fire ☐ Sharp Force ☐ Tox/OD ☐ Exposure ☐ Other Accidental	9-17-05	2:30 Am	NO	ATV trails

LOCATION: on wagon wheel ATV trails, at an unspecified location in McDowell County.

MVA: Restrained [ ]Y [ ]N Airbag [ ]Y [ ]N Helmet [✓]Y [ ]N Ped [ ]

Asphyxia: ☐ Drowning ☐ Hanging ☐ Strangulation ☐ Compression ☐ Positional

Investigation by: _____ Agency: Welch State Police Phone: _____
_____ Agency: _____ Phone: _____
Agency: _____ Phone: _____
OCME Consult: (b)(6) Date/Time: 9-17-05 1:15pm
Date/Time: _____
Next of Kin: (b)(6) Relationship: Stepfather Phone: (b)(6) [✓]
Alternate Contact: (b)(6) Relationship: Mother Phone: (b)(6)
Body Transport By: Widener Ambulance Phone: _____ Bill to State [ ] yes [✓] no
Release To: Burroughs Funeral Home Phone: 336-591-4341

7-11-06 AD

NAME: (b)(3):CPSA Section 25(c),(b)(6)

CIRCUMSTANCES OF DEATH:

Called to welch hospital morgue per McDowell County 911. Upon Contact, found a 18 y/o F who had been involved in an ATV rollover suffering blunt force trauma allover the body. Decendent had Multiple abrasions on the backside of the body, bruise on Right thigh, and a fracture to Right arm above elbow. Family advises that they were on wagon wheel trails in the mountains of McDowell County, when the ATV she was riding overturned pinning her to the ground for a short period of time.

[ ] Check here if supplemental information sheet used.

NAME: (b)(3):CPSA Section 25(c),(b)(6)

LOCATION OF DECEDENT AT SCENE: (Example: SE end of bedroom, in double bed adjacent to west wall)

Decendent was taken to the hospital morgue at Welch and placed in a cooler

Position found: [✓] supine [ ] prone [ ] on right/left side [ ] other

Surface type: Hospital morgue

HISTORY:

Primary Physician: Office Phone:

Other Physician: Office Phone:

Medical : Cerebral palsy mild

☐ Allergies:

Surgical: Tubes in Ears, Tonsils Removed

Social:

Psych:

Family:

Other:

MEDICAL RECORDS: Release Sent [ ]Yes [✓]No Reviewed [ ] Yes [✓]No Copy Attached: [ ]Yes [✓]No

Records available from: Phone:

Records available from: Phone:

MEDICATION/DRUGS PLEASE LIST ON PAGE 4

NAME:_____ COMPLETED BY:_____

RX #	Pharmacy/Phone #	Physician	Medication/mg	Date Prescribed	Date Filled	Number Prescribed	Number Remaining	Number Collected

NAME: (b)(3):CPSA Section 25(c),(b)(6)

TIME OF DEATH EXAMINATION

EXAMINATION:

Location: Welch hospital morgue Time started: 11:00 Am Completed at: 12:15 pm

Witness: (b)(6) Witness: [illegible]

IDENTIFICATION: Confirmed: [ ]Yes [ ]No

Method:

[✓] Visual I.D. by whom: Mother

[ ] VDL [✓] Other Photo I.D.: explain North Carolina Driver license

Please submit I.D. document used, or legible photocopy

LIVIDITY: Appropriate for position [✓] Yes [ ] No (explain) [illegible]

[ ] Absent [✓] Reduced [ ] Ill-Defined [ ] Patterned

Location: Back side of body Color: reddish / Purple

Blanches: [ ] Readily [ ] Sluggishly [✓] Fixed [ ] Shifting Color:

RIGIDITY: Body posture appropriate for body position [✓] Yes [ ] No (explain)

Jaws	[ ] None	[✓] Slight	[ ] Moderate	[ ] Full	[ ] Marked/Muscular
Arms	[ ] None	[ ] Slight	[ ] Moderate	[✓] Full	[ ] Marked/Muscular
Legs	[ ] None	[ ] Slight	[ ] Moderate	[✓] Full	[ ] Marked/Muscular
Fingers	[ ] None	[ ] Slight	[ ] Moderate	[✓] Full	[ ] Marked/Muscular

[ ] Developing [ ] Receding Factors Affecting:

If rigor has been broken explain:

TEMPERATURES: [✓] indoor scene [ ] outdoor scene

Torso temp: [✓] Cold (ambient) [ ] Cool [ ] Warm [ ] Hot Time:

Rectal temp: Time: Ambient temp: Time:

Ground temp if applicable: Time: Water temp if applicable: Time:

<u>If outdoor scene:</u> Weather [ ] Rainy [ ] Sunny [ ] Cloudy [ ] Windy

NAME: (b)(3):CPSA Section 25(c),(b)(6)

EXTERNAL EXAMINATION

(This Block Should Not Be Completed If Case Sent For Autopsy)

DEVELOPMENT: [✓]Normal [ ]Adult [ ]Adolescent [ ]Child [ ]Infant

BUILD: Average NUTRITIONAL STATUS: Good HT: 5'2" WT 120 SEX: Female

RACE: White AGE: 19 Appears stated age? Yes

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
- ☐ Hands, R & L

TOXICOLOGY: Specimens Obtained [✓] Subclavian/Femoral Blood [✓] Urine [ ] Vitreous

Time Collected 12:00pm Date Collected 9-17-05 [ ] Admission/Hospital Blood (# tubes _____)

PHOTOS: [✓] Yes [✓] No TYPE: 35 [ ] POLAROID [ ] APS [ ] PHOTO #: _____

EVIDENCE COLLECTED FROM BODY: [✓] None [ ] List _____

Collected by: _____ Agency: _____ Date/Time: _____

Submitted to: _____ Agency: _____ Date/Time: _____

CAUSE OF DEATH: Blunt force trauma [ ] PENDING AUTOPSY

Other Significant Conditions: ATV Rollover

MANNER OF DEATH: [ ] Natural [✓] Accident [ ] Suicide [ ] Homicide [ ] Pending Autopsy

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

(b)(6)

Medical Examiner/Coroner

NAME: (b)(3):CPSA Section 25(c),(b)(6)

CLOTHING AND VALUABLES

EXTERNAL CLOTHING: (List number and clothing color)

2	Nude	# 2	Hose	# 1	Belt white/Silver
# 1	Slacks gray Cama pants	# 1	Panties white	#	Hat
#	Shirt	#	Slip	#	Gloves
# 1	Socks Pair white	#	Housecoat	#	Scarf
# 1	Undershirt Black Tank Top	#	Day Shorts	# 1	Coat green Military coat
#	Underwear	#	Sweatpants	#	Dentures
#	Tie	#	Sweatshirt	#	Eyeglasses
# 1	Sweater Blue hooded Champion	#	Pajamas	# 1	Hearing aid
# 2	Dress	#	Nightgown	# 1	Other Black helmet
#	Blouse	#	Robe		Hospital Gown
# 1	Bra Black	# 1	Shoes Pair Black/Brown Rubber boots		

CURRENCY: $ COINS: $ TOTAL: $

PERSONAL EFFECTS AND VALUABLES: _____ Yes (If yes, list below) _____ No

1 Pair Silver colored earrings, 1 silver Colored necklace with cross, 1 silver Colored Bracelet w/Stars, 1 rope anklet, 1 Silver Colored Bell ring

DISPOSITION OF CLOTHING:

[ ] LEFT ON BODY [✓] GIVEN TO FAMILY [ ] GIVEN TO FUNERAL HOME [ ] SEE EVIDENCE, P. 6

DISPOSITION OF VALUABLES:

[ ] LEFT ON BODY [✓] GIVEN TO FAMILY [ ] GIVEN TO FUNERAL HOME [ ] SEE EVIDENCE, P. 6

WITNESS: (b)(6)

ISSUE 04 OCT 2 6 2005 X05A 0360 TC 32 A-39

MEDICAL EXAMINER'S/CORONER'S REPORT FORM

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 (301)504-0038.

****

Date of Incident: 9/17/05 Date of Death: 9/17/05

Type of Consumer Product Involved: ATV

Manufacturer, Model, Brand Name and Serial No. of Product: N/A

Is Product available for examination? _____ Yes ✓ No If Yes, Where? _____

Cause of Death: Blunt Force head trauma

Location of Incident: City: Wagon Wheels Trail State: WV - McDowell Co

Brief Description of incident sequence: Please indicate the Age, Sex and Race of victim(s):

A = 41 S = M R = W

See Following 7 pages

Contact Information: Please include the name, address and telephone number of any state/local personnel who investigated the accident:

WV State Police Welch Detachment

Medical Examiner's/Coroner's case no: N/A

Reporter's name: (b)(6) Date reported: 10-12-05

Telephone number of office reporting the case: (b)(6)

Reporter's office address: (b)(6)

Medical Examiner's/Coroner's Name: (b)(6)

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. _____

STATE OF WEST VIRGINIA
OFFICE OF THE CHIEF MEDICAL EXAMINER
619 Virginia Street West
Charleston, WV 25301
(304) 558-3920 - FAX (304) 558-7886

RECEIVED
OCT 04 2005
OFFICE OF THE CHIEF MEDICAL EXAMINER

Security Seal No.:

CASE #: _____ DR.: _____

INVESTIGATION REPORT & T.O.D. EXAMINATION
EXTERNAL EXAMINATION REPORT
☒ **COMPLETION OF DEATH CERTIFICATE (Copy Attached)** 127.00

County of Death: McDowell Date: 9-17-05

County ME/C (b)(3):CPSA Section 25(c),(b)(6) Notified by/Date/Time: McDowell Co. 911 9-17-05 8:00 am

DECEDENT (b)(3):CPSA Section 25(c),(b)(6) Occupation: Truck Repairman (Do not use retired)

ADDRESS: SSN:

DOB

AGE: 41 SEX: M RACE: White

Date of Death: 9-17-05 @ 2:30 Am Witness

Last Known Alive: 9-17-05 @ 2:30 Am By Friends

Found Dead: 9-17-05 @ 2:30 Am By Friends

Pronounced: 9-17-05 @ 3:15 Am By Widener Ambulance Service

PLACE OF DEATH: Wagon wheel trails

City/Town McDowell County

[✓] DOA [ ] ER [ ] OR/RR [ ] Nursing Home [ ] Residence [ ] Other: _____ [ ] Found (died elsewhere)

Suspected Injury/Incident:	DATE OF INJURY:	TIME OF INJURY:	INJURY AT WORK? (Yes or No)	PLACE OF INJURY (at home, etc.):
☐ Natural ☐ Fall	9-17-05	2:30 Am	No	ATV Trails
☐ Firearm ☑ Blunt Force	LOCATION: on wagon wheel ATV trails, at an unspecified location in the mountains of McDowell County			
☐ Fire ☐ Sharp Force				
☐ Tox/OD ☐ Exposure	MVA: Restrained [ ] Y [ ] N Airbag [ ] Y [ ] N Helmet [✓] Y [ ] N Ped [ ]			
☐ Other _____	Asphyxia: ☐ Drowning ☐ Hanging ☐ Strangulation ☐ Compression ☐ Positional			

Investigation by: _____ Agency: Welch State Police Phone: _____

_____ Agency: _____ Phone: _____

Agency: _____ Phone: _____

OCME Consult: (b)(6) Date/Time: 9-17-05 1:15 pm

_____ Date/Time: _____

Next of Kin: (b)(6) Relationship: Spouse Phone (b)(6) NOK [✓]

Alternate Contact: _____ Relationship: _____ Phone: _____

Body Transport By: Widener Ambulance Phone: _____ Bill to State [ ] yes [✓] no

Release To: Forbis Funeral home pleasant grove NC Phone: 336-676-8408

9-17-05 AD

NAME: (b)(3):CPSA Section 25(c),(b)(6)

CIRCUMSTANCES OF DEATH:

Called to welch hospital morgue Per McDowell County 911. upon contact found a 41 Y/o M who had been involved in an ATV rollover suffering severe head trauma. Decendent had no lacerations, fractures, or bad abrasions to the body, but was bleeding from the ears, nose, and mouth, which I assumed was from head injury (probable) Friends witnessed this Accident, and states to the best of their knowledge there was no Alcohol, or drug consumption by the decendent prior to the accident

[ ] Check here if supplemental information sheet used.

(b)(3):CPSA Section 25(c),(b)(6)

NAME: [redacted]

LOCATION OF DECEDENT AT SCENE: (Example: SE end of bedroom, in double bed adjacent to west wall)

Transported to hospital morgue at welch hospital and placed in a cooler

Position found: [✓] supine [ ] prone [ ] on right/left side [ ] other

Surface type: Hospital Morgue Cooler

HISTORY:

Primary Physician: Triad family Practice Office Phone: 336-852-3900

Other Physician: Office Phone:

Medical :

☐ Allergies:

Surgical: L Femur fx

Social: drank alcohol occasionally

Psych:

Family:

Other:

MEDICAL RECORDS: Release Sent [ ]Yes [✓]No Reviewed [ ] Yes [✓]No Copy Attached: [ ]Yes [✓]No

Records available from: Phone:

Records available from: Phone:

MEDICATION/DRUGS PLEASE LIST ON PAGE 4

NAME:_____ COMPLETED BY:_____

RX #	Pharmacy/Phone #	Physician	Medication/mg	Date Prescribed	Date Filled	Number Prescribed	Number Remaining	Number Collected

NAME: (b)(3):CPSA Section 25(c),(b)(6)

TIME OF DEATH EXAMINATION

EXAMINATION:

Location: Welch Hospital morgue Time started: 12:15 pm Completed at: 1:15 p.m

Witness (b)(6) Witness: _____

IDENTIFICATION: Confirmed: [✓] Yes [ ] No

Method:

☑ Visual I.D. by whom: Friends

☐ WVDL ☑ Other Photo I.D.: explain North Carolina driver license

Please submit I.D. document used, or legible photocopy

LIVIDITY: Appropriate for position [✓] Yes [ ] No (explain) _____

[ ] Absent [✓] Reduced [ ] Ill-Defined [ ] Patterned _____

Location: _____ Color: _____

Blanches: [ ] Readily [ ] Sluggishly [ ] Fixed [ ] Shifting Color: reddish / purple

RIGIDITY: Body posture appropriate for body position [✓] Yes [ ] No (explain) _____

Jaws	[ ] None	[ ] Slight	[ ] Moderate	[✓] Full	[ ] Marked/Muscular
Arms	[ ] None	[ ] Slight	[ ] Moderate	[✓] Full	[ ] Marked/Muscular
Legs	[ ] None	[ ] Slight	[ ] Moderate	[✓] Full	[ ] Marked/Muscular
Fingers	[ ] None	[ ] Slight	[ ] Moderate	[✓] Full	[ ] Marked/Muscular

[ ] Developing [ ] Receding Factors Affecting: _____

If rigor has been broken explain: _____

TEMPERATURES: [✓] indoor scene [ ] outdoor scene

Torso temp: [✓] Cold (ambient) [ ] Cool [ ] Warm [ ] Hot Time: _____

Rectal temp: _____ Time: _____ Ambient temp: _____ Time: _____

Ground temp if applicable: _____ Time: _____ Water temp if applicable: _____ Time: _____

<u>If outdoor scene:</u> Weather [ ] Rainy [ ] Sunny [ ] Cloudy [ ] Windy

NAME: (b)(3):CPSA Section 25(c),(b)(6)

EXTERNAL EXAMINATION

(This Block Should Not Be Completed If Case Sent For Autopsy)

DEVELOPMENT: [ ]Normal [✓]Adult [ ]Adolescent [ ]Child [ ]Infant

BUILD: Large NUTRITIONAL STATUS: good HT: 6'3" WT 280 SEX: Male

RACE: White AGE: 41 Appears stated age? _____

DOCUMENT ALL PHYSICAL EXAM FINDINGS ON BODY DIAGRAMS PROVIDED

(Scars/Marks/Tattoos/Therapy/Injury/Etc)

DIAGRAMS SUBMITTED: ☑ No findings/No diagram submitted ☐ Full Body A/P

☐ Head diagram; A/P ☐ Full Body, lateral

☐ Head diagram, lateral and vertex ☐ Hands, R & L

☐ Neck, inferior view

TOXICOLOGY: Specimens Obtained [ ] Subclavian/Femoral Blood [✓] Urine [ ] Vitreous

Time Collected 1:00 pm. Date Collected 9-12-05 [ ] Admission/Hospital Blood (# tubes _____)

PHOTOS: [ ] Yes [✓] No TYPE: 35 [ ] POLAROID [ ] APS [ ] PHOTO #: _____

EVIDENCE COLLECTED FROM BODY: [✓] None [ ] List _____

Collected by: _____ Agency: _____ Date/Time: _____

Submitted to: _____ Agency: _____ Date/Time: _____

CAUSE OF DEATH: Blunt force head trauma [ ] PENDING AUTOPSY

Other Significant Conditions: _____

MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Autopsy

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

(b)(6)

NAME: (b)(3):CPSA Section 25(c),(b)(6)

CLOTHING AND VALUABLES

EXTERNAL CLOTHING: (List number and clothing color)

	Nude	#	Hose	#	Belt
#	Slacks	#	Panties	#	Hat
# 1	Shirt gray T shirt	#	Slip	#	Gloves
# 1	Socks Pair white	#	Housecoat	#	Scarf
# 1	Undershirt	# 1	Day Shorts pair Bluejean	#	Coat
# 1	Underwear gray/white	#	Sweatpants	#	Dentures
#	Tie	#	Sweatshirt	#	Eyeglasses
#	Sweater	#	Pajamas	#	Hearing aid
#	Dress	#	Nightgown	#	Other
#	Blouse	#	Robe		Hospital Gown
#	Bra	# 1	Shoes pair white tennis		

CURRENCY: $ COINS: $ TOTAL: $

PERSONAL EFFECTS AND VALUABLES: ____ Yes (If yes, list below) ✓ No

DISPOSITION OF CLOTHING:

[✓] LEFT ON BODY [ ] GIVEN TO FAMILY [ ] GIVEN TO FUNERAL HOME [ ] SEE EVIDENCE, P. 6

DISPOSITION OF VALUABLES:

[✓] LEFT ON BODY [ ] GIVEN TO FAMILY [ ] GIVEN TO FUNERAL HOME [ ] SEE EVIDENCE, P. 6

WITNESS: (b)(6)

060228

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
051207HWE5051	9068	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
840	2005 11 05	2005 12 09

6. Synopsis of Accident or Complaint UPC

A 13-year-old female died of severe blunt trauma to the chest and upper abdomen when the four-wheel ATV she was driving rolled over while she was attempting a U-turn. The ATV rolled over one quarter turn onto the driver's side pinning the victim underneath. There was also a 13-year-old female passenger that was thrown from the ATV during the rollover who suffered a sprained leg. No alcohol or drugs was involved.

MFR/PRVLBR NOTIFIED

COMMENTS: __YES ✓NO
__OVERRULED; __ATTACHED
✓EXCISIONS/FOIA EXS: 25c.3,6
✓DO NOT RE-NOTIFY __RE-NOTIFY

NOTE: IDI 051114HWE6020 WAS A DUPLICATE OF THIS ASSIGNMENT

051105 25

7. Location (Home, School, etc)	8. City	9. State
2 - FARM	ELKHART	KS

10A. First Product	10B. Trade/Brand Name	10C. Model Number
3286 - All Terrain Vehicles (four W	POLARIS	RANGER

10D. Manufacturer Name and Address
POLARIS INDUSTRIES INC.
1225 Highway 169 North
Minneapolis, MN 55441

vin: [redacted]

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

11D. Manufacturer Name and Address
NONE

25C
11/13/07 RC

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
13	2 - Female	8 - Death	54 - Crushing

16. Body Part(s) Involved	17. Respondent	18. Type of Investigation	19. Time Spent (Operational / Travel)
31 - UPPER TRUNK	3 - 2nd Hand Info Only	2 - Telephone	6 / 0

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

23. Permission to Disclose Name (Non NEISS Cases Only)
○ Yes ● No ○ Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
01/05/2006	8929	Frank J. Nava

27. Distribution	28. Source Document Number
Ingle, Robin L.	N05C0166A

060228

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10A. First Product	10B. Trade/Brand Name	10C. Model Number
3286 - All Terrain Vehicles (four W	POLARIS	RANGER

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1225 Highway 169 North
Minneapolis, MN 55441

vin#[redacted]

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

11D. Manufacturer Name and Address
NONE

25c
11/13/07 lc

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
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20. Attachment(s)	21. Case Source	22. Sample Collection Number
9 - Multiple Attachments	05 - Newspaper	

23. Permission to Disclose Name (Non NEISS Cases Only)
○ Yes ● No ○ Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
01/05/2006	8929	Frank J. Nava

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051207HWE5051	9068	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
840	2005 11 05	2005 12 09

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NOTE: IDI 051114HWE6020 WAS A DUPLICATE OF THIS ASSIGNMENT

7. Location (Home, School, etc)	8. City	9. State
2 - FARM	ELKHART	KS

10A. First Product	10B. Trade/Brand Name	10C. Model Number
3286 - All Terrain Vehicles (four W	POLARIS	RANGER

10D. Manufacturer Name and Address
POLARIS INDUSTRIES INC. vin#4XARD50A32D832940
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

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
13	2 - Female	8 - Death	54 - Crushing
16. Body Part(s) Involved	**17. Respondent**	**18. Type of Investigation**	**19. Time Spent (Operational / Travel)**
31 - UPPER TRUNK	3 - 2nd Hand Info Only	2 - Telephone	6 / 0

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

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

○ Yes ● No ○ Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
01/05/2006	8929	Frank J. Nava

27. Distribution	28. Source Document Number
Ingle, Robin L.	N05C0166A

INCIDENT REPORT

On November 5, 2005 at about 8:00 AM, the 13-year-old female victim left her residence on a 2002 four wheel ATV that had a rollover cage. Accompanying the victim as a passenger was another 13-year-old female. This ATV was equipped with seat belts but neither the driver nor the passenger had their seat belts buckled. In addition, neither the driver nor the passenger was wearing helmets or protective eyewear.

The driver and passenger proceeded across an irrigated wheat field on the ATV. The field became very bumpy and the driver decided to make a U-turn to return. As the driver was making the U-turn, the field became more uneven and bumpy causing the ATV to rollover. The ATV rolled one quarter turn onto the driver's side. During the roll over the driver's body slid out of the ATV while she was holding onto the steering wheel and the ATV rolled onto the driver pinning her under the top of the roll cage. Also during the rollover, the passenger was ejected into the field and suffered a sprained leg. The passenger was conscious after the rollover, had a cell phone with her and called "911" for assistance.

The sheriff's department and area EMS responded to the scene, found the driver to be unresponsive and without a pulse. The driver and the passenger were transported to an area hospital. Despite resuscitative efforts by the EMS and hospital emergency room personnel, the driver was pronounced dead at 9:50 AM that same day. The passenger was treated for a sprained leg and release that same day. Attached as Exhibit "A" is a copy of the sheriff's department report.

An autopsy was performed on November 7th by the pathology department at the hospital. The death was ruled accidental and the cause of death was noted as severe blunt force trauma to chest and upper abdomen, secondary to rollover of four-wheeler. Attached as Exhibit "B" is a copy of the autopsy and pathologist report.

This death incident was brought to the attention of the U. S. Consumer Product Safety Commission (CPSC) through a newspaper article, which has prompted this follow up investigation. This investigator contacted the investigating parties involved to obtain copies of their reports.

PRODUCT IDENTIFICATION

The All Terrain Vehicle involved in this incident was a dark green 2002 Polaris, Ranger, four wheel, 500cc with a VIN 4XARD50A32D832940. This ATV was manufactured by:

POLARIS SALES, INC.
1225 HIGHWAY 169 N
MINNEAPOLIS, MN 55441
(612) 542-0500

ATTACHMENTS

Exhibit "A" – Copy of the sheriff's department report.

Exhibit "B" – A copy of the autopsy and pathologist's report.

Exhibit "C" – ATV Investigation Questionnaire

Exhibit "D" – Contact List

IDI 051207HWE5051 - Exhibit "A" - Sheriff's Department report - 2 pages

Morton County Sheriff

Courtesy Motor Vehicle Accident Report (CMVAR)

HP - 122 (05/01/2002) AFRS 3.0 v. oa20050713.5.a

Case Number 2005ACS379 Report Date 11/05/2005 Report Time 10:50

Location Wheat Field. Approximately 4 mi W of Hwy 27 + 1 mi N on Co Rd D. County MT

Date 11/05/2005 Time 08:22 Day SA Weather CLEAR

VEHICLE #1

Color DGR Year 2002 Make POLS Model Ranger Style ATV

Tag Number State Expires VIN 4XARD50A32D832940

Insurance Company Policy Number

Owner: Last Name (b)(3):CPSA Section 25(c),(b)(6) First Name (b)(3):CPSA Section 25(c),(b)(6) MI

Address (b)(3):CPSA Section 25(c),(b)(6) City (b)(3):CPSA Section 25(c), State (b)(3):C Zip (b)(3):CPSA Section 25(c)(Phone (b)(3):CPSA Section 25(c),(b)(

DRIVER 01 Last Name (b)(3):CPSA Section 25(c),(b)(6) First Name (b)(3):CPSA Section 25(c), MI

Address (b)(3):CPSA Section 25 (c),(b)(6) City (b)(3):CPSA Section 25(c),(b)(6) State (b)(3):CPS Zip (b)(3):CPSA Section 25(c)(Phone

DOB Drivers License Number State

Direction Lane Speed Damage

VEHICLE #2

Color Year Make Model Style

Tag Number State Expires VIN

Insurance Company Policy Number

Owner: Last Name First Name MI

Address City State Zip Phone

DRIVER Last Name First Name MI

Address City State Zip Phone

DOB Drivers License Number State

Direction Lane Speed Damage

Struck Object Owner: Last Name First MI

Address City State Zip

Struck Object Owner: Last Name First MI

Address City State Zip

PASSENGERS/WITNESSES

Last Name (b)(3):CPSA Section 25(c),(b)(6) First Name (b)(3):CPSA Section 25(c),(b)(6) MI (b) ☒ V1 ☐ V2 ☐ W

Address City State (b) Zip (b)(3):CPSA Section 25(c),(b)(6

Last Name First Name MI ☐ V1 ☐ V2 ☐ W

Address City State Zip

Last Name First Name MI ☐ V1 ☐ V2 ☐ W

Address City State Zip

Last Name First Name MI ☐ V1 ☐ V2 ☐ W

Address City State Zip

STATEMENTS

Driver #1

Driver #2

IDI 051207HWE5051 - Exhibit "A"

OFFICER'S NARRATIVE

OFFICER	RADIO NO.	TROOP	ZONE	APPROVED BY	RADIO NO
DEPUTY JEFF LARUE	CO5				CO5

OFFICER'S NARRATIVE

DRIVER AND PASSENGER APPEARED TO BE TRAVELING EAST ACROOSS AN IRRIGATED WHEAT FIELD IN A POLARIS RANGER ATV. THIS IS APPROXIMATELY 4 MILES WEST OF HWY 27 ON COUNTY ROAD D AND APPROXIMATELY 1 MILE NORTH OF COUNTY ROAD D. THIS IS A LARGE ATV WITH A ROLLOVER CAGE. DRIVER APPEARED TO BE MAKING A U-TURN TO THE SOUTH IN ORDER TO HEAD BACK WEST. FIELD WAS VERY UNEVEN/BUMPY CAUSING THE ATV TO TURN OVER ON IT'S DRIVER'S SIDE. THE ATV ENDED UP FACING WEST/SOUTHWEST. WHEN THE ATV TURNED OVER THE DRIVER WAS PINNED UNDER THE TOP OF THE ROLL CAGE. THE PASSENGER WAS EITHER EJECTED OR ABLE TO PHYSICALLY EXIT THE VEHICLE, SHE DID NOT RECALL. PASSENGER THEN CALLED 911 ON A MOBILE PHONE.

CIMARRON PATHOLOGY, P.A.
1436 N. WESTERN
Liberal, KS 67901
PHONE: (620) 626-8500; FAX: (620) 626-6625

(b)(3):CPSA Section 25(c),(b)(6)

American Board of Pathology
., Pathologist
, Pathologist
Pathologist

FILE NUMBER: A05-00072

PATIENT'S NAME: (b)(3):CPSA Section 25(c),(b)
AGE: 13 - (b)(3):CPSA Section 25(c),(b)(6)
SEX: FEMALE
RACE: WHITE
AUTHORIZED BY: (b)(3):CPSA Section 25(c),(b)(6)
Morton County Coroner
and (b)(3):CPSA Section 25(c),(b)(6) Father

PATHOLOGIST: (b)(3):CPSA Section 25(c),(b)(6)
ASSISTANT (b)(3):CPSA Section 25(c),(b)(6)
DATE OF DEATH: 11/05/2005, 9:50 AM
DATE OF AUTOPSY: 11/07/2005, 11:00 AM
AUTOPSY LOCATION: Miller Mortuary
DATE OF REPORT: 11/08/2005

FINAL PATHOLOGIC DIAGNOSIS

PRIMARY SERIES:

*I. Severe blunt force trauma to chest and upper abdomen, secondary to rollover 4-wheeler accident. Injuries include:
- A. Multiple nondisplaced bilateral rib fractures, with severe bilateral pulmonary contusions
- B. Severe avulsive trauma to right lung
  - 1. Hemothoraces, 800.0 cc right, 200.0 cc left
- C. Intraparenchymal hemorrhage (8.0 cm), right lobe of liver

(b)(3):CPSA Section 25(c),(b)(6)

Pathologist

HCP/dh

* Cause of Death
NOTE: Blood and vitreous forwarded to KBI Laboratories for forensic analyses.

PATIENT: (b)(3):CPSA Section 25(c),(b)(6) PATH: A05-00072

(b)(3):CPSA Section 25(c),(b)(6) a thirteen year old white adolescent female, was pronounced dead at Morton County Hospital on November 5, 2005, at 9:50 AM. Permission for autopsy was authorized by Morton County Coroner, (b)(3):CPSA Section 2 and (b)(3):CPSA Section 25 the father. Autopsy was performed at Miller Mortuary, Liberal, Kansas, on November 7, 2005, at 11:00 AM, by (b)(3):CPSA Secti assisted by (b)(3):CPSA Sect and (b)(3):CPSA (b)(3):CPSA Section 25(c

CLINICAL HISTORY

The decedent was the purported driver of a 4-wheeler vehicle that rolled over approximately five miles north of Elkhart. She was pinned beneath the vehicle. Morton County EMS responded to the scene, and transported her to Morton County Hospital. At the scene, EMS found her to be unresponsive and without pulses, her eyes dilated. Despite therapeutic and resuscitative efforts by EMS and Morton County Emergency Room personnel, she was pronounced dead at 9:50 AM on November 5, 2005.

EXTERNAL BODY EXAM

The body is that of a young adolescent female, who appears to be the stated age of thirteen years. Arterial embalming has been performed, and rigor mortis is well established. There is minimal dependent lividity.

The scalp is intact, covered by long ash blond hair that measures up to 45.0 cm in length. Trauma to the calvarium cannot be appreciated.

The olfactory and auditory passageways are patent. The eyes and mouth have been closed during the embalming procedure. The teeth are in excellent repair, exhibiting upper and lower corrective braces. The lips are mildly cyanotic.

The face is symmetrical. Mild acne is present over the forehead and cheeks. The neck is soft and supple, without masses. An anterior ligature mark is noted that measures some 10.0 cm in length and up to 1.0 cm in depth. The depression is approximately 0.5 cm. Whether this is antemortem or postmortem cannot be definitely ascertained.

The chest is symmetrical and expanded. Obvious trauma cannot be described. The breasts are symmetrical. The nipples and areolar skin are preserved.

The abdomen is scaphoid. Palpable masses, visceromegaly, hernias or surgical scars cannot be appreciated.

Genitalia is that of a young adolescent female.

The extremities are well developed. Traumatic change to either the arms or legs cannot be appreciated.

Examination of the back reveals multiple deep abrasions and contusions, extending from the left axilla across to the right scapular region at the mid thoracic level. The lesion on the left is more of an abrasion, while the center and right lesions are more like contusions. Superficial excoriation, however, is noted over the vertebral column.

The skin is devoid of specific dermatopathologic alteration, and there is no superficial lymphadenopathy.

PRIMARY INCISION

The body is opened through the usual Y-shaped incision. Subcutaneous adipose tissue ranges in thickness from 1.0 to 2.0 cm in depth over the anterior chest and abdominal walls. The body musculature is well developed.

PATIENT: (b)(3):CPSA Section 25(c),(b)(6) PATH: A05-00072

After the soft tissues have been reflected, nondisplaced rib fractures are noted in the anterior axillary line on the right side, involving the 4th and 5th ribs.

A similar injury is noted on the left side, involving the 5th rib. A contusion is present over the same area of the 4th rib, without demonstrable fractures. Both of the rib fractures are some 10.0 cm lateral to the midline. Additional trauma cannot be appreciated.

THORAX AND ABDOMEN

Upon removal of the chest plate, approximately 800.0 cc of blood is encountered within the right hemithorax. Approximately 200.0 cc is present on the left. Both lungs show extensive pulmonary contusions. A large avulsive tear is present on the right side involving the entire interlobar sulcus. The tear measures at least 7.0 cm in length, and from 2.0 to 3.0 cm in depth, and is accompanied by intraalveolar hemorrhage consistent with contusions. The hilar structures appear to be intact.

The left lung shows extensive contusion involving the entire upper lobe and the upper portion of the lower lobe. In addition, parallel linear abrasions are noted over the surface of the upper lobe, corresponding to the surrounding ribs. The pleura has been abraded, but penetrating trauma cannot be described.

The pericardial sac is intact, containing a small amount of serous fluid. A small thymus occupies the anterior superior mediastinum. Extending the dissection cephalad shows the hyoid bone, larynx and trachea to be intact. Both leaves of the diaphragm extend to the level of the sixth intercostal space.

Upon entering the peritoneal cavity, fluid or adhesions cannot be appreciated. The various abdominal viscera occupy the expected anatomic position. Traumatic change is lacking.

After the viscera have been reflected, deep contusions are noted within the posterior intercostal muscles on both sides. This involves predominantly ribs one through seven, and is characterized by subpleural hemorrhage. Obvious fractures, however, cannot be appreciated.

The vertebral column is well preserved.

The urinary bladder occupies the expected anatomic position, being devoid of urine. The uterus, cervix, ovaries and fallopian tubes are intact. The vaginal vault is well preserved.

CARDIOVASCULAR SYSTEM

The heart weighs 191.0 gm. It is normal in size, contour and consistency. Opening shows the inflow and outflow tracts to be intact, as are the valves. Their circumference is: tricuspid 9.0, pulmonic 4.0, mitral 6.5, and aortic 4.0 cm, respectively. The various leaves, cordae tendinea and papillary muscles are preserved. Both ventricles are intact, maintaining the expected muscular architecture. The left averages 1.5, the right 0.5 cm in mural thickness. Traumatic change or acquired disease cannot be appreciated.

The coronary ostia are widely patent, the vessels being distributed in a normal fashion. Coronal sectioning reveals widely patent lumina.

The aorta is normal in caliber and patency, the major branches being given off in a normal fashion. The expected fibroelastic configuration prevails.

The vena cavae are intact, but collapsed. Thrombophlebitis or phlebothrombosis cannot be described.

The pulmonary trunk is normal in caliber and patency, without thromboemboli.

RESPIRATORY SYSTEM

The trachea, major bronchi and branches are well preserved. Traumatic change, edema or aspiration

cannot be described.

The right lung weighs 290.0, the left 378.0 gm, respectively. Both show severe contusions. A deep avulsive laceration is present involving the sulcus between the right upper and middle lobes, measuring 7.0 x 2.0 x 2.0 cm. This is surrounded by intraparenchymal hemorrhage. Additional open trauma cannot be described, though superficial abrasions are noted over the visceral pleura of the anterior left upper lobe.

Sectioning indeed reveals widespread contusion, as evidence as intraalveolar hemorrhage. Preexisting pathologic alteration cannot be described.

RETICULOENDOTHELIAL SYSTEM

The thymus maintains the expected bilobate configuration, weighing 25.0 gm. Sectioning reveals a homogenous, pink-white, lymphoid matrix.

The spleen weighs 166.0 gm, being normal in size, contour and consistency. Sectioning reveals a normal follicular pattern.

Systemic lymph nodes are considered to be normal in size, contour and consistency.

Costal and vertebral bone marrow components are within normal limits.

GENITOURINARY SYSTEM

The right kidney weighs 119.0, the left 111.0 gm, respectively. The cortices are smooth and regular. Sectioning reveals intact cortical and medullary components. Calyceal and pelvic epithelia are preserved. The ureters are normal in caliber and patency.

The urinary bladder is intact, but devoid of urine. The mucosa, submucosa and muscularis are intact.

The uterus, cervix, ovaries and fallopian tubes have a combined weight of 88.0 gm. They are normal in gross appearance.

GASTROINTESTINAL SYSTEM

The entire extent of the alimentary canal is normal in gross appearance. The stomach is devoid of food particles, medication or foreign objects.

HEPATOBILIARY SYSTEM

The liver weighs 950.0 gm. The size, color, contour and consistency are within normal limits. An area of congestion is noted over the mid right upper lobe at the diaphragmatic surface. Sectioning through this lesion indeed reveals the presence of an 8.0 cm in diameter traumatic hematoma. This is irregularly lined by intact parenchyma. Additional trauma or acquired disease cannot be described.

A normal gallbladder is seen in the expected anatomic position. No stones are present. The cystic and common ducts are normal in caliber and patency, the latter opening jointly with the main pancreatic duct at the Ampulla of Vater.

ENDOCRINE SYSTEM

The thyroid gland weighs 14.0 gm. Both lobes and isthmus are well preserved. Sectioning reveals a homogenous, dark red matrix.

The adrenal glands have a combined weight of 8.0 gm, with intact cortical and medullary structures.

The pancreas weighs 68.0 gm. The lobular architecture is well preserved, without space occupying

lesions or trauma.

CENTRAL NERVOUS SYSTEM

The scalp is normal in thickness, being reflected without difficulty. The pericranium and calvarium are well preserved. Trauma cannot be appreciated.

Upon removal of the skull cap, both inner and outer tables are preserved, as is the intervening diploë.

The dura and leptomeninges are well preserved. The cerebral hemispheres are symmetrical, the gyri and sulci being intact. Closed head trauma or acquired disease cannot be appreciated.

The brain is removed without difficulty, weighing 1346.0 gm. Inspection of the Circle of Willis and contributing branches shows these to be intact. There is no evidence of tonsillar or uncal notching.

After the brain has been removed, the basilar pericranium is removed. Traumatic change is lacking.

BRAIN AFTER FIXATION

The cerebral hemispheres are coronally sectioned. The grey and white elements are intact, as are the basal ganglia and lateral ventricles. Additional sectioning through the midbrain, pons, cerebellum, medulla and upper spinal cord reveals normal elements.

MICROSCOPIC DESCRIPTION

CARDIOVASCULAR SYSTEM

Sections taken from both ventricles show the myofibrils to be uniform in size and staining character. The interstitium is intact. Acquired disease or trauma cannot be appreciated. The mural endocardium and visceral pericardium are also intact.

Sections taken from the coronary vessels reveal widely patent lumina. The aorta maintains the expected fibroelastic configuration.

RESPIRATORY SYSTEM

Sections taken from the larynx and major bronchi reveal normal ciliated columnar epithelium. Submucosal and cartilaginous elements are well preserved.

Sections taken from the peripheral lung fields indeed show widespread severe intraalveolar hemorrhage, consistent with the grossly described contusions. Sections from the right upper and middle lobes also confirm the avulsive trauma. Foreign elements cannot be appreciated. Preexisting pathologic alteration cannot be described.

Hilar structures are preserved. A normal lymph node is also noted.

RETICULOENDOTHELIAL SYSTEM

Sections from the thymus reveal intact components.

The spleen shows acute congestion, with an intact Malpighian architecture.

GENITOURINARY SYSTEM

Sections taken from the kidneys reveal normal cortical and medullary structures. Acquired disease or trauma cannot be appreciated.

PATIENT: (b)(3):CPSA Section 25(c),(b)(6) PATH: A05-00072

Sections taken from the uterine corpus, cervix, ovaries and fallopian tubes are within normal limits.

GASTROINTESTINAL SYSTEM

Sections prepared from the gastrointestinal system reveal normal structures, apart from mild autolytic changes.

HEPATOBILIARY SYSTEM

Multiple sections of liver taken distant to the grossly described trauma reveal a normal lobular architecture. Hepatocytes and Von Kupffer's components are normal. The central veins and portal triads are intact. Space occupying lesions or inflammation cannot be described.

A section taken from the gallbladder wall reveals normal structures.

ENDOCRINE SYSTEM

Sections from the thyroid, adrenals and pancreas reveal normal elements.

CENTRAL NERVOUS SYSTEM

A section taken from a frontal lobe reveals intact leptomeninges. Cortical elements are intact. Additional sections taken from the basal ganglia, hippocampus, pons, cerebellum, medulla and upper spinal cord reveal normal structures.

Sections from the pineal and pituitary glands show normocellular architecture.

SUMMARY

This thirteen year old adolescent girl died of severe blunt force chest and upper abdominal trauma, incurred in a rollover 4-wheeler accident. Autopsy revealed the presence of nondisplaced rib fractures, with severe bilateral pulmonary contusions. A large avulsive tear was also noted on the right side, producing hemothoraces. A large intraparenchymal hematoma was present within the right lobe of the liver.

This is categorized as an accidental death.

(b)(3):CPSA Section 25(c),(b)(6)

Pathologist

(b)(3):CPSA Section 25(c),
(b)(6)

IDI 051207HWE5051 – Exhibit "D" – Contact List

Contact List

Jeff LaRue, Undersheriff
Morton County Sheriff's Department
1025 Richard Street
Elkhart, KS 67950
(620) 697-4313

(b)(3):CP Records
(b)(3):CPSA Section 25(c),(b)(6)
Pathology Department
1436 Northwestern
Liberal, KS 67901
(620) 626-6625

Victim

(b)(3):CPSA Section 25(c),(b)(6)

Task Number 051207HWE5051

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

Type of respondent:

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:** 4XARD50A32D832940

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

Model Year: 2002

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

Engine Size: 475-500

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:	11/05/2005	
Age/Sex:	13 / Female	/
State of Death:	KANSAS	
City of Death:	Elkhart	
County of Death:	Morton	

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

A 13-year-old female died of severe blunt trauma to the chest and upper abdomen when the four-wheel ATV she was driving rolled over while she was attempting a U-turn. The ATV rolled over one quarter turn onto the driver's side pinning the victim underneath. There was also a 13-year-old female passenger that was thrown from the ATV during the rollover who suffered a sprained leg. No alcohol or drugs was involved.

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

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

Victim 1:			**Victim 2:**		
(Yes)	No	Unknown	Yes	No	Unknown

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

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

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

Victim 1:			**Victim 2:**		
Yes	(No)	Unknown	Yes	No	Unknown

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

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

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

Age: 13 **Height:** 60 **(inches)**
Weight: 02 = 75 - 99 **Sex:** Female

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?

09 - NA (Not a road)

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

09 - NA (Not a traffic incident)

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

2 - No

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

2 - No, Drugs

Additional Comments:

PRODUCT IDENTIFICATION

Type:	four-wheeled utility vehicle
Brand:	**Polaris**
Model #:	2002 - Ranger
VIN:	4XARD50A32D832940
Engine Size:	unknown
Purchased:	unknown
Retailer:	Unknown

Photo 1 – a view of the involved utility vehicle. Note the steering wheel.

NOTE: Photo taken by Morton County Sheriff's Office.

Photo 2 – a view of the vehicle identification plate. NOTE: Photo taken by Morton County Sheriff's Office.

IDI: # 051207HWE5051

IDENTITY OF RESPONDENT(S)

The respondents in this investigation are:

1. Jeff Larue, Deputy, Morton County Sheriff's Office, P.O. Box 1115, Elkhart Kanas; interviewed via telephone (620) 697-4313, on 11/22/05.

2. (b)(3):CPS LNU), Hospital Records Technician, Morton County Hospital. P.O. Box 937, Elkhart, KS 67950; interviewed via telephone (620) 697-2141 on 11/22/05.

3. (b)(3):CPSA Section 25(c LNU), Morton County EMS, 722 Stevens, Elkhart, KS 67950; interviewed via telephone (620) 697-4251 on 11/22/05.

051207HWE5051

[redacted] Exhibit 3, Morton County Hospital Records. Page 1 of 10.

MORTON COUNTY HOSPITAL

445 HILLTOP, P.O. BOX 937
ELKHART, KANSAS 67950

EMERGENCY ROOM - OUTPATIENT RECORD

PATIENT NUMBER	TYPE	PATIENT NAME	AGE	BIRTHDATE	SEX	MS	DATE OF SERVICE	TIME	CLERK INIT.
252699	2	[redacted]	13	[redacted]	F		11/05/05	9:12	SAB

ADDRESS - LINE 1 | ADDRESS - LINE 2 | CITY | STATE | ZIP CODE | TELEPHONE
[redacted]

PATIENT SSAN	NOTIFY IN CASE OF EMERGENCY	RELATIONSHIP	ADDRESS	TELEPHONE
999-99-9999				

INSURANCE COMPANY	CONTRACT OR GROUP NUMBER	DATE	PLACE
BLUE CROSS OF KANSAS		TIME	EVENT

GUARANTOR NAME	GUARANTOR ADDRESS	CITY	STATE	ZIP CODE	GUAR. TELEPHONE
[redacted]					

GUARANTOR EMPLOYER	GUARANTOR OCCUPATION	GUARANTOR EMPLOYER ADDRESS	GUAR. EMP TELEPHONE

PREV. SERVICE	PREV. SERV. DATE	IF MINOR - PARENT NAME	MR NUMBER	ADMITTING PHYSICIAN
		[redacted]		

PATIENT CLASSIFICATION: [ ] ER [ ] POP [ ] OBS [ ] SDS [ ] Standing Order [ ] Other

SERVICES USED: [✓] Xrays [✓] Lab [ ] Phy. Therapy [ ] Pharm [✓] Rx [ ] Med. Supplies

MODE OF ARRIVAL: [ ] Self [ ] Ambulatory [ ] Cart [ ] W/C [ ] Clinic [ ] Police [✓] Ambulance @ 912 AM

[redacted]

Time Pulled in ER | Time Arrived | Arrived

Trauma Hx | Dose | Site | Lot # | Exp. Date | Ht. | Wt. | LMP

c/c Brought in by EMS Code Blue on C-Spine
Hx/Prior Tx/PMH Board indicated 2 CPR in Progress
Hx: unwitnessed accident - 4 wheeler
riding at rolled several x's. Pt was
pinned under - see code Blue start
for meds

TIME	TEMP	PULSE	RESP	BP

Current Meds

TESTS
[ ] CBC [ ] Troponin/CPK-MB [ ] Pulse-Ox
[ ] BUN/Creat. [ ] CPK [ ] MRI
[ ] Chloride [ ] EKG [ ] CXR
[ ] Na/K [ ] ID [ ] TSH
[ ] Glucose [ ] Magnesium [ ] KUB/SKULL
[ ] PT/PTT [ ] Amylase [ ] C. Spine
[ ] Trauma Profile
[ ] Other
[ ] Other
[ ] Other
[ ] Procedures:
[ ] Conscious Sedation

Assessment Triage

Neuromuscular:

Respiratory:

Cardiovascular:

Gastrointestinal/Genitourinary:

Integumentary:

MSS TX
[ ] IV
[ ] O2
[ ] Cardiac Monitor [ ] Wound Care
[ ] Wound Dressing
[ ] Other

Pain: None / Present Location:
Intensity scale Interventions
Treatment:

DISP. OF CASE
[ ] Admit IP [ ] Admit OBS
[ ] Discharged [ ] AMA
[ ] Ambulatory [ ] Cardiac
[ ] W/C [ ] Ambulance
[ ] Transferred
[ ] Instructions Sent w/ Patient
Discharge Date
Discharge Time

Discharge Instructions: Code called off @ 950 - Release to [redacted] funeral home @ 1045 -

Patient Follow Instructions on back for
[ ] Cast [ ] Head Injury [ ] Fever [ ] Sprains [ ] Burns [ ] Rashes/Irritation [ ] Marital [redacted] [ ] Relative
[ ] Other
I UNDERSTAND THE INSTRUCTIONS ABOVE

NURSES SIGNATURE [redacted] PHYSICIAN SIGNATURE [redacted]

MEDICAL RECORDS

051207HWE5051

~~051114HWE6020~~ - Exhibit 3, Morton County Hospital Records. Page 2 of 10.

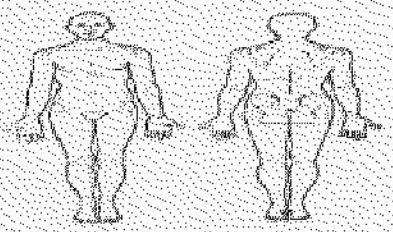
MORTON COUNTY HEALTH SYSTEM
PHYSICIAN EMERGENCY ROOM RECORD

PATIENT NUMBER	TYPE	PATIENT NAME	AGE	BIRTHDATE	SEX	M/S	DATE OF SERVICE	TIME	CLERK INIT.
252699	2	b)(3) CPSA Section 25(c),(b)(6) [redacted]	13	b)(3) CPSA Section 25(c),(b)(6) [redacted]	F		11/05/05	9:12	SAB

CHIEF COMPLAINT
w/o white 8 child was

SUBJECTIVES driving an ATV in the field when ready to the ground she made a sharp turn and had a roll over the driver was pinned down for ~~[illegible]~~ 30 minutes
EMS was called at 8:25 [illegible] and they found the pt at [illegible] 9:00 [illegible]
Pt was [illegible] w/o vital signs and CPR was started
The pt was brought to

LACERATIONS ( ) CMS
Location
PAIN ( )None ( )Present
Location
SCALE Least>1-10<Severe Score:



1. Pain
2. Lacerations
3. Rash
4. Swelling
5. Tenderness
6. Decubitus

PHYSICAL EXAM

Distress: Y/N HP 0/0 P 0 R T BL Ht

Head:	NL	Lesions: Y/N	OTHERS:	The ER at 9:15
Eyes:	NL	PERLA: Y/N Pupils 6mm fixed Conjunction Redness: Y/N	OTHERS:	when sun pt was in EMS
Ears:	NL	EAC(Inflamed): Y/N LR	OTHERS:	Armature of vital signs
Nose:	NL	Turbinates(cong): Y/N	OTHERS:	of palpable pulse Pupils
		Septum(dev): Y/N Discharges: Y/N	OTHERS:	were blown and [illegible]
		Sinus Tenderness: Y/N	OTHERS:	(Hard [illegible] [illegible] [illegible] in the
Throat:	NL	Cong: Y/N Tonsils(Exud): Y/N	OTHERS:	Scene) [illegible] pt was intubated
		Tongue-Hydrated: Y/N Lesion: Y/N		on the scene and lots of blood
Neck:	NL	LN: Y/N Supple: Y/N	OTHERS:	were sucked from the [illegible]
		JVD: +/- Thyroid: +/-	OTHERS:	Resuscitation was continued
Chest:	NL	Clear / Crackles / Wheezes / Rhonci - can hear	OTHERS:	but to no avail pt
		Air Exchange: Poor / Good - air coming in and	OTHERS:	went into [illegible] [illegible]
Heart:	NL	Murmurs / Gallop / Thrill / PMI at 3 / Ambulance	OTHERS:	and went [illegible] into [illegible]
Abdomen:	NL	Masses / Tenderness / BS / Tympanitic distended	OTHERS:	Pt was pronounced dead 9:50
Extremities:	NL	Edema: +/- Tenderness: Y/N [illegible]	OTHERS:	Scene was 9 mile
Rectal:	NL	Prostate: Stool:	OTHERS:	north of town
Skin:	NL	Rash: Y/N	OTHERS:	
CNS:	NL	Bruising noted at	OTHERS:	
		DTR: broken at the back		

EMERGENCY DEPARTMENT COURSE:

DIAGNOSIS: - S/P MVA - ER Death
- ~~[illegible]~~ - Severe palm contusion Bilateral
- Hemothorax Rt
- Rt lung laceration

Pt [illegible] [illegible] [illegible]

DISCHARGE INSTRUCTIONS:
- Pt pronounced dead at 9:50
- [illegible] pt to [illegible] [illegible] for autopsy

b)(3) CPSA Section 25(c),(b)(6) [redacted]

MCHS FORM # PHYSICIAN COPY Physician Signature/Date

051207HWE5051

~~051114HWE6020~~ - Exhibit 3, Morton County Hospital Records. Page 3 of 10.

PRINT DATE: 11/08/05 026
CLIX Number
1700675604
TIME: 8:52

Morton County Hospital
Elkhart, KS 67950

RESP. CARE --- CUMULATIVE REPORT

PAGE 1
Medical Director
(b)(3):CPSA Section 25(c),(b)(6)

NAME: (b)(3):CPSA Section 25(c),(b)(6)
ACCT#: 253659
ROOM: O/P - NO PENDING ORDERS

SEX: F
AGE: 33 Y
DOB: 08/09/1992
PAT. PHONE: 6205974680

PHY: (b)(3):CPSA Section 25(c),(b)(6)
ADMIT: 11/05/05
MR#: 78177D

RESPIRATORY CARE

11/08/05	REFERENCE	
0930	RANGE	UNITS

RESPIRATORY CARE

PRINT: 11/08/05 08:52 (b)(3):CPSA Section 25(c),(b)(6)

026 Page: 1 LAST

High, C-Critical, A-Abnormal, "Z"-Error

~~051114HWE6020~~ - Exhibit 3, Morton County Hospital Records. Page 4 of 10.

0836 PPS

252699 RM 86935 P/T-O/P
[redacted] P 11
[redacted]
11/05/05 B/D [redacted]

Hillary Boulder
[redacted]
252701

13Y/O: Code Blue Kg out @ 9AM
in @ 918

Lifeteam called @ 0939

2 epi 2 atropine c̄ emergency crew

0922 Bicarb T amp ✓

✓0923 epi

0925 foley

0928 Bi Carb

✓0929 epi

0933 IV line #2 started

✓0935 epi

✓0942 shock x2 epi ✓

~~0943~~ " x1 x1

~~0944~~ " x1

~~0945~~ " x1

Shock

0945 Lidocaine 2.5 ~~mg~~ cc

0946 shock 1111 11

0949 Bicarb

~~0950 call~~ 0950 call

051207HWE5051

~~051114HWE6020~~ - Exhibit 3, Morton County Hospital Records. Page 5 of 10.

MORTON COUNTY HOSPITAL
ELKHART, KS 67950

PATIENT NAME	SEX	AGE	BIRTH DT	ADMIT	M/R#	PHYSICIAN 352699 O/P	
(b)(3):CPSA Section 25(c),(	F	13	(b)(3):CP	11/05/05	86935	(b)(3):CPSA S	ROOM:

PAT. PHONE: (b)(3):CPSA Section

PROCEDURE: HEMOGRAM AND INDICES — ORDER # 94243

ORDERED	COLLECTED	REC'D	RESULTED	VERIFIED
11/05/05 0943	11/05/05 0910	11/05/05 0948	11/05/05 0949	11/05/05 0949
DLB	BS	BS	TTN	TTN

[WB]	WBC	529.0	H	th/uL	(L=4.80	H=10.80	]]
[RB]	RBC	3.84	L	m/uL	(L=4.20	H=5.40	]]
[HG]	HGB	12.5		g/dL	(L=13.0	H=16.0	]]
[HC]	HCT	34.4	L	%	(L=37.0	H=47.0	]]
[MV]	MCV	89.5		fL	(L=81.0	H=99.0	]]
[MH]	MCH	32.1	H	pg	(L=27.0	H=31.0	]]
[CC]	MCHC	35.9		g/dL	(L=33.0	H=37.0	]]
[RD]	RDW	12.4		%	(L=11.50	H=14.50	]]
[HD]	HDW	2.74		g/dL	(L=2.20	H=3.20	]]
[PC]	PLT	255		th/uL	(L=130	H=400	]]
[MP]	MPV	7.4		fL	(L=7.20	H=11.10	]]
[NE]	NEUT%	25.9	L	%	(L=40.0	H=74.0	]]
[LY]	LYMP%	62.9	H	%	(L=19.0	H=48.0	]]
[MO]	MONO%	5.8		%	(L=3.40	H=9.0	]]
[EO]	EOS%	0.1		%	(L=0.0	H=7.0	]]
[BA]	BASO%	0.8		%	(L=0.0	H=1.50	]]
[LU]	LUC%	3.9		%	(L=0.0	H=4.0	]]
[N#]	NEUT#	1.37	L		(L=1.90	H=8.00	]]
[L#]	LYMP#	3.32			(L=0.90	H=5.20	]]
[M#]	MONO#	0.31			(L=0.16	H=1.00	]]
[E#]	EOS#	0.04			(L=0.00	H=0.80	]]
[B#]	BASO#	0.06			(L=0.00	H=0.20	]]
[AN]	ANISO						
[MI]	MICRO						
[MA]	MACRO						
[VA]	VAR						
[HO]	HYPO						
[HK]	HYPER						
[LT]	LSHIFT						
[AT]	ATYP						
[BL]	BLASTS						
[OT]	OTHER						

051207HWE5051

~~051114HWE6020~~ - Exhibit 3, Morton County Hospital Records. Page 6 of 10.

Header	
SID:	C0008
Time & Date:	11/5/05 9:39:16 AM
Selectivity:	CBC/DIFF
Sample Type:	PATIENT
Sex & Age:	
System:	17430004
Sequence:	1498
Species:	Human
FOR LABORATORY USE ONLY	

CBC				
WBC:		5.29	*	x10³ cells/µL
RBC:	L	3.84	*	x10⁶ cells/µL
HGB:		12.3		g/dL
HCT:	L	34.4		%
MCV:		89.5		fL
MCH:	H	32.1		pg
MCHC:		35.9		g/dL
CHCM:		35.0		g/dL
CH:		31.2		pg
CHDW:		3.76		pg
RDW:		12.4		%
HDW:		2.74		g/dL
PLT:		255	*	x10³ cells/µL
MPV:		7.4	*	fL
PDW:		51.2	*	%
PCT:		0.19	*	%

WBC Differential					
		%		x10³ cells/µL	
WBC			*	5.29	*
Neut:	L	25.9	*	L 1.37	*
Lymph:	H	62.9	*	H 3.32	*
Mono:		5.8	*	0.31	*
Eos:		0.7	*	0.04	*
Baso:		0.6		0.04	
LUC:		3.6	*	0.20	*
LI:			*	1.92	*
MPXI:				4.1	

Base	
WBC:	5.29
% Baso:	0.6
% PMN:	50.2
% MN:	68.5
% PMN Ratio:	1.1
MN/PMN Valley:	18
% Blasts:	0.1
Baso d/D:	0.00
P Max:	15.0
P Min:	15.2
PMNx:	68.7
%Baso Suspect:	0.3

Perox	
WBCP:	5.62
Noise/Lymph Valley:	28
Lymph Mode:	37.3
Perox d/D:	0.90
Perox %Saturation:	0.2
% HPX:	0.04
Perox Archetype:	3
Neut %:	64.3
Neut %:	80.9
Valley Count:	421

Morphology Flags	
MICRO:	
MACRO:	
HYPO:	
HYPER:	
ANISO:	
HC VAR:	
LEFT SHIFT:	
BLASTS:	
ATYPS:	
NRBC:	
IG:	
LARGE PLT:	
PLT CLUMPS:	+
MPO DEF:	
RBC FRAG:	
RBC GHOSTS:	

Sample/System Flags			
WBC: RS		%NEUT: RS NX	#RETIC:
WBCP: NW NX		#NEUT: RS NX	%RETIC:
WBCB:		%LYMP: RS NX	Olig:
RBC:		#LYMP: RS NX	Chr:
HGB:		%MONO: RS NX	CHCMg:
HCT:		#MONO: RS NX	CHCMr:
MCV:		%EOS: RS NX	MCVg:
MCH:		#EOS: RS NX	MCVr:
MCHC:		%BASO:	RDWg:
CHCM:		#BASO:	RDWr:
CH:		%LUC: RS NX	HDWg:
CHDW:		#LUC: RS NX	HDWr:
RDW:		LI: NX	CHDWg:
HDW:			CHDWr:
PLT: NW			
MPV: NW			
PDW: NW			
PCT: NW			

lw
11.5.04
Code blue

b(3) CPSA Section 25(c)(6)(6)

~~051114HWE6020~~ - Exhibit 3, Morton County Hospital Records. Page 7 of 10.

PRINT DATE: 11/05/05 801 Morton County Hospital PAGE 1
CLIA Number Laboratory 17D0847360 Elkhart, KS 67950 Medical Director
CLIA Number Care Center 17D0453345 (b)(3) CPSA Section 25(c),(b)(6)
TIME: 11:01 LABORATORY - CUMULATIVE REPORT

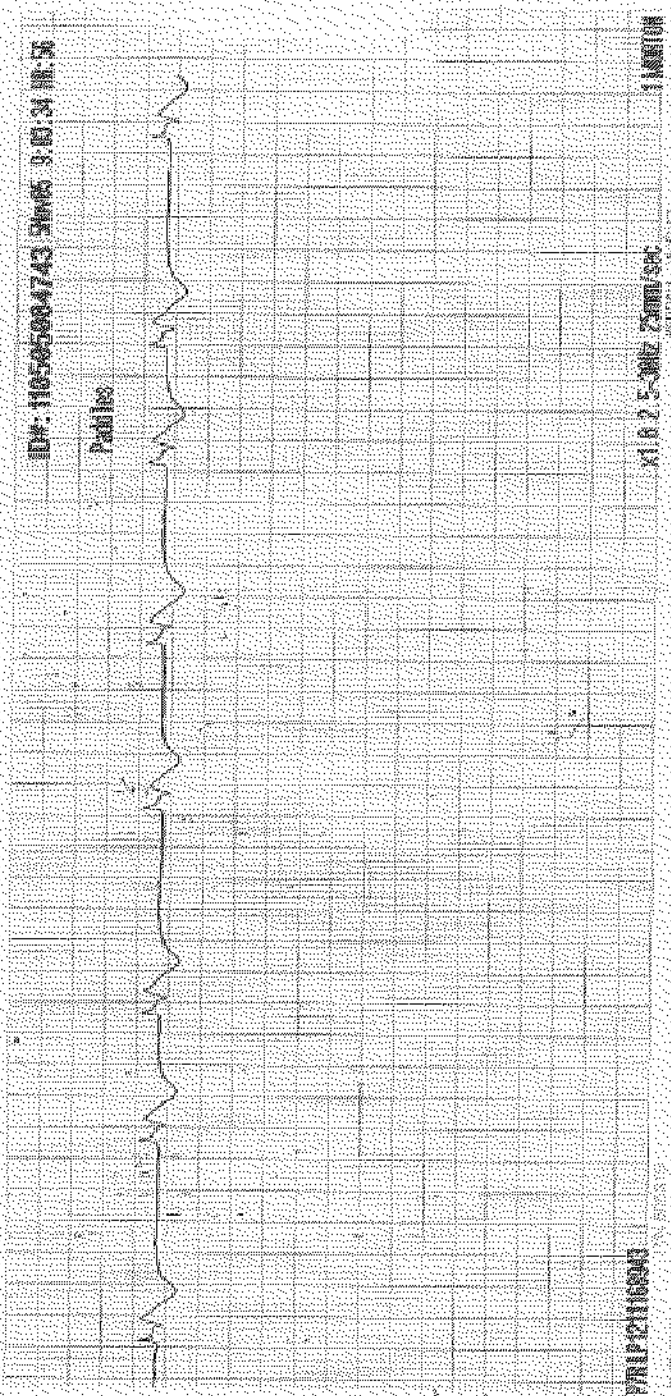
NAME: (b)(3) CPSA Section 25(c),(b)(6) SEX.....: F PAT.: (b)(3) CPSA Section 25(c),(b)(6)
ADMIT: 251855 AGE.....: 13 Y ADMIT: 11/05/05
ROOM.: O/P - NO PENDING ORDERS DOB.....: (b)(3) CPSA Section 25(c),(b)(6) ROM .: 55915
PAT. SNOW: (b)(3) CPSA Section 25(c),(b)(6)

HEMATOLOGY

	11/05/05 0910		REFERENCE RANGE	UNITS
WBC	539.0 H		4.5 - 11.0	th/uL
RBC	3.84 L		4.20 - 5.40	m/uL
HGB	12.3		12.0 - 16.0	g/dL
HCT	36.4 L		37.0 - 47.0	%
MCV	89.5		81.0 - 99.0	fL
MCH	32.1 H		27.0 - 31.0	pg
MCHC	35.5		33.0 - 37.0	g/dL
RDW	12.4		11.5 - 14.5	%
NEW	2.74		2.04 - 3.20	g/dL
PLT	255		150 - 400	th/uL
MPV	7.4		7.2 - 11.1	fL
NEUT#	25.9 L		48.0 - 74.0	%
LYMP#	52.9 H		19.0 - 48.0	%
MONO#	5.8		3.1 - 9.0	%
EOS#	3.1		.0 - 7.0	%
BASO#	0.8		.0 - 1.0	%
Ibcs	1.9		.0 - 4.0	%
NEUT#	1.37 L		1.90 - 8.00	
LYMP#	3.32		.50 - 3.20	
MONO#	0.31		.16 - 1.00	
EOS#	0.04		.00 - .50	
BASO#	0.04		.00 - .20	

HEMATOLOGY

PRINT: 11/05/05 11:01 (b)(3) CPSA Section 25(c),(b)(6) 501 Page 1 LAST
LEGEND: L-Low, H-High, C-Critical, A-Abnormal, *E*-Error



NAME - Last | First | Middle | Room No. | Attending Physician | Hosp. No.

Form 3114P COLLECTION SHEET

051207HWE5051

~~051114HWE6020~~ - Exhibit 3, Morton County Hospital Records. Page 9 of 10.

MORTON COUNTY HOSPITAL
CODE BLUE SHEET

Times

Date	CPR Started	Dr Notified	Medical Diagnosis
11/5/05	By EMS on field	[redacted]	
Started Vent	CPR Stopped	By Whom: ER	
	950		

Cardiac Arrest	Resp. Arrest	Ventilation Mode
☐ Witnessed	☐ Witnessed	☐ Rescue Breathing
☑ Unwitnessed	☑ Unwitnessed	☑ Ambu Bag
		☑ ET Tube

Defibrillation

Time	Rhythm	Joules	Post Rhythm	Carotid Pulse	B.P.
942 X5	V. Fib	200	V. Fib		580<60
944 X2	V. Fib	300	V. Fib		
946 X6	V. Fib	300	V. Fib		

IV's & Drips

Time IV Started	IV #	Fluid Type	Location	Time Gtt Started	Type	Rate
Start on field	#1	LR	(L) AC	Open wide	—	
935	#2	LR	(L) Hand	open wide		

Total IV Intake: _____ + IV Gtt's _____ = Total fluid intake _____

Medications

Medications	Time	Amount	Time	Amount	Time	Amount
Epinephrine	923	T Amp	929	T Amp	949	
Lidocaine	945	T Amp				
Atropine						
~~Adenosine~~ Epinephrine	935	T Amp	942	T Amp		
Bretylium						
Dobutamine						
Dopamine						
Magnesium						
Procainamide						
Na Bicarb	922	T Amp	928	T Amp	949	T Amp

ABC's

Time	TH	PaCO2	HCO3	PaO2	B.E.	O2 Sat	O2 Flow

Outcome	Signatures
Code Called off @ 950	Physician:
	RN: [redacted]

252695 [illegible] 86935 P/T-0/P

[redacted] P 13

[redacted]

11/05/05 [redacted]

051207HWE5051

~~051114HWE6020~~ - Exhibit 3, Morton County Hospital Records. Page 10 of 10.

MORTON COUNTY HOSPITAL
ELKHART, KS 67950

R A D I O L O G Y R E P O R T

NAME	NUMBER	SEX	AGE	ADMIT	DISC.	XRAY#	P/C	TYPE
[redacted]	292599	F	33	11/05/05	11/05/05		ER	O/P

[redacted]
DATE OF BIRTH: [redacted] M/R# 78177D PH#: 620-697-4660 RM
LOCATION: TRANSCRIBED:11/07/05 16:16 CRC
==> XRAY ORDER <== 73650TC COMPLETE:11/05/05 11:05 MMT 49803
Reason for procedure: MVA
CHEST (PORTABLE) 71010TC COMPLETE:11/05/05 11:05 MS 49806
PHYSICIAN: CAGA ANAN

Unsigned transcriptions represent a preliminary report and do not reflect a medical or legal document ***

SINGLE PORTABLE STUDY OF THE CHEST:

An endotracheal tube is in place. The heart and mediastinum are normal. There is an opacification in the both lung fields which could represent lung contusion. The pleural surfaces and osseous structures are unremarkable.

IMPRESSION: Opacities in both lung fields representing lung contusion.

[redacted]
M.D.

051207HWE5051

~~051114HWE6020~~ - Exhibit 4, Medical Examiner's Report. Page 1 of 10.

CASE # DC01-
Completed and filed with the Clerk of the District Court in Seward County, Kansas

STATE OF KANSAS
OFFICE OF THE DISTRICT CORONER
Judicial District 26
Counties of Seward, Haskell, Grant, Stevens, Stanton and Morton

REPORT OF DEATH

PATIENT: (b)(3):CPSA Section 25(c),(b)(6) AGE: 15

ADDRESS: (b)(3):CPSA Section 25(c),(b)(6) DATE OF BIRTH: (b)(3):CPSA Section 25(c),(b)(6)

SEX: Female

DATE OF DEATH: 11/09/2005 TIME OF DEATH: 0730 TIME NOTIFIED: 930

DATE NOTIFIED: 11/15/05

PLACE OF DEATH: Morton County Hospital

DECEDENT IDENTIFIED BY: Family - mother, father & grandparents

ADDRESS: (b)(3):CPSA Section 25(c),(b)(6)

RECENT ATTENDING PHYSICIAN: (b)(3):CPSA Section 25(c),(b)(6)

ADDRESS: Elkhart KS 67950

SCENE: OFFICERS PRESENT: (b)(3):CPSA Section 25(c),(b)(6)

EMS PRESENT:

OTHERS PRESENT:

BODY REMOVED TO: (b)(3):CPSA Section Funeral Home TIME: 1045

REPORT PREPARED BY: (b)(3):CPSA Section 25(c),(b)(6)

(Signature of the County Coroner or Assistant County Coroner completing information in this form)

County Coroner's DETERMINATION FOR AUTOPSY: Deputy County Coroner

☒ YES ☐ NO

CIRCUMSTANCES OF DEATH (Attach medical history if available):

SUDDEN UNEXPECTED FOR CREMATION IN PRISON ACCIDENT SUICIDE HOMICIDE NATURAL

Statements of Witnesses: (List names and statements on reverse side of this form)

THE SECTION BELOW IS TO BE FILLED OUT BY THE DISTRICT CORONER FOR JUDICIAL DISTRICT 26:

DISTRICT CORONER'S DETERMINATION FOR AUTOPSY: (check appropriate box)

YES ☐ It is the opinion of the District Coroner, under authority granted in the Coroner's Law of the State of Kansas, that an autopsy is to be performed on the deceased, and it is hereby ordered. (Required when death is suspected to be result of violence or suicide, suddenly when decedent was in apparent health, when decedent was not regularly attended by a licensed physician, any death of suspicious or unusual manner, when in police custody, when in jail, or when determination of the cause of death is held to be in the public interest., or in the case of a child's death with any suspicious circumstances or unknown cause.)

NO ☐ It is the opinion of the District Coroner, under authority granted in the Coroner's Law of the State of Kansas, that the circumstances of death do not require an autopsy on the deceased, unless otherwise required by the County or District Attorney, and an autopsy is not required under K.S.A. 22a-242.

Signed: _____ District Coroner / Deputy District Coroner DATE: _____

~~051114HWE6020~~ - Exhibit 4, Medical Examiner's Report. Page 2 of 10.

MORTON COUNTY HEALTH SYSTEM

LONG NURSES' NOTES

DATE/TIME		SIGNATURE
11/5/05 918	Pt Brought in by EMT Code Blue, On C-Spine Board Indubated c̄ CPR & Ventilation in Progress was given 2 Epinephrine & 2 Atropine By EMT Crew. ~~0~~ Pulse Palpable to Carotid nor femoral. extremities cold & Pale, CPR & ventilation continued, See Code Blue sheet for meds. Foley inserted By Dr [redacted] ~~0~~ UO noted. Had IV to (L) AC accessed By ~~AC~~ EMT, additional line accessed @ 933 c̄ LR Both line wide open. labs drawns attempted to do ABG ~~0~~ Successful life team notified @ 939 & Trauma Dr @ [redacted] medical center call report Given By Dr Martinez. Family present in lobby and was given update. Code called off @ 950 — Family notified Dr [redacted] called for autopsy [redacted] funeral home notified	—
	Present at Code: EMT Crew Dr [redacted] Dr [redacted] Dr [redacted] A Childress & A. Brilhart for Resp. [redacted] for lab. [redacted] for Xray. [redacted] recording & assist c̄ Computer. [redacted] and [redacted] present for RN. [redacted] [redacted] float behave code at other Victim.	[redacted]
1045	[redacted] Picked up By [redacted] funeral home.	[redacted]

MCHS FORM #:
tw/forms/general 7-05

[redacted]

~~051114HWE6020~~ - Exhibit 4, Medical Examiner's Report. Page 3 of 10.

MORTON COUNTY HEALTH SYSTEM

AUTHORITY FOR AUTOPSY

Elkhart 11/05/2005
Date

ndersigned relative *(or friend, if no relative, see footnote)* of _____ Name of Deceased

445 Hilltop Street
Address

died at Morton County Hospital morton KS
Place of death County State

ne 5th day of November year of 2005 hereby gives permission for a post mortem

nination of the body of said deceased, at the _____ Hospital or Mortuary

the taking of such samples for tests as are deemed advisable. It is understood that prior to such post

rtem examination, the family funeral director shall be consulted with respect to the arterial injection.

Father
Relationship to Deceased

(b)(3):CPSA Section 25(c),(b)(6)

gnature for Authorization

(b)(3):CPSA Section 25(c),(b)(6)

(b)(3):CPSA Section 25(c),(b)(6)

(b)(3):CPSA Section 25(c),(b)(6)

Witness

NOTE: The word friend in this case, to be interpreted as including the person or organization paying the burial expenses.

252699 RM- 86936 P/T-O/P

(b)(3):CPSA Section 25(c),(b)(6)

Morton County Health System Form #5:23
rw/forms/ms

11/05/05 B/D 08/05/9

MAR 2 4 2006

POLARIS
The Way Out.

Polaris Industries Inc.
2100 Highway 55
Medina, Minnesota 55340-9770
763-542-0500
763-542-0599 fax

John J. Wackman
(763) 542-2309
fax (763) 417-2131
john.wackman@polarisind.com

March 17, 2006

Via U.S. Mail

Ms. Ann DeTemple
Director, National Injury Information
Clearinghouse
U.S. Consumer Product Safety Commission
4330 East West Highway, Room 514
Bethesda, Maryland 20814-4408

RE: 051025HCC3058 051026HNE0097
051122HWE5035 051206HWE5049
051207HWE5051 051207HWE5053
051216HCC2208 051220HCC2212
I05B0287A

Dear Ms. DeTemple:

Thank you for the information provided in the above files. We will review the information provided in these documents and will conduct additional investigations as may be required. I request that I be notified prior to releasing any of the information contained in these files under the Freedom of Information Act.

Very Truly Yours,

John J. Wackman
Assistant General Counsel

KANSAS PRESS CLIPPING SERVICE

#051207HWE5051 N05C0166A 12/8/05

ISSUE 10

Hutchinson
News
Hutchinson,KS
Circ. 34288
From Page:
3
11/11/2005
31342

68-604

Morton County officials release ATV accident victim's name

Elkhart teenager died from injuries on Nov. 5

By The News staff

ELKHART – Morton County law enforcement has released the name of the victim of an ATV fatality Nov. 5.

[redacted] 13, Elkhart, died of injuries while riding an ATV two miles north and four miles west of Elkhart. According to Sheriff Loren W. Youngers, a 911 call was made to Morton County Law Enforcement Center at 8:22 a.m.

(b)(3):C and another girl riding the ATV were transported by ambulance to Morton County Hospital. The other girl, also of Elkhart, whose name the sheriff would not release, was treated for her injuries and released.

Law enforcement officers declined to say how the accident occurred or whether [redacted] and the passenger were wearing helmets at the time of the accident.

060428

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
051213HCC2181	8942	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
810	2005 03 14	2006 02 15

6. Synopsis of Accident or Complaint UPC

A 14-year-old female was riding a 4-wheeled ATV on private property when it overturned and landed on the victim pinning her underneath. It is reported that the lights from the ATV led the victim's mother to the accident scene. The victim was transported to a hospital where she was pronounced dead with the cause listed as traumatic cardiac arrest, multi chest & ABD trauma from an ATV rollover.

MFR/PRVLBR NOTIFIED

COMMENTS: __YES ✓ NO
__OVERRULED; __ATTACHED
__EXCISIONS/FOIA EXS. 25c 3 6
✓ DO NOT RE-NOTIFY __RE-NOTIFY
08110S QC

7. Location (Home, School, etc)	8. City	9. State
1 - HOME	JACKSON	TN

10A. First Product	10B. Trade/Brand Name	10C. Model Number
3296 - All Terr. Veh. (more Than 4	POLARIS	RANGER

10D. Manufacturer Name and Address
POLARIS INDUSTRIES 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

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
14	2 - Female	8 - Death	71 - Other

16. Body Part(s) Involved	17. Respondent	18. Type of Investigation	19. Time Spent (Operational / Travel)
84 - 25 - 50% BODY	3 - 2nd Hand Info Only	2 - Telephone	4 / 0

20. Attachment(s)	21. Case Source	22. Sample Collection Number
9 - Multiple Attachments	14 - Death Certificate	

23. Permission to Disclose Name (Non NEISS Cases Only)
○ Yes ● No ○ Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
03/06/2006	9093	Eric B. Ault

27. Distribution	28. Source Document Number
Contee, April L.; Ingle, Robin L.; Kessler, Charles R; Harris, Paulette N.	0547012324

060428

EPIDEMIOLOGIC INVESTIGATION REPORT

1. Task Number	2. Investigator's ID	
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7. Location (Home, School, etc)	8. City	9. State
1 - HOME	JACKSON	TN

10A. First Product	10B. Trade/Brand Name	10C. Model Number
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NONE

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
14	2 - Female	8 - Death	71 - Other

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84 - 25 - 50% BODY	3 - 2nd Hand Info Only	2 - Telephone	4 / 0

20. Attachment(s)	21. Case Source	22. Sample Collection Number
9 - Multiple Attachments	14 - Death Certificate	

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

○ Yes ● No ○ Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
03/06/2006	9093	Eric B. Ault

27. Distribution	28. Source Document Number
Contee, April L.; Ingle, Robin L.; Kessler, Charles R; Harris, Paulette N.	0547012324

051213HCC2181

Information contained in this report was obtained from the Sheriff's Department Media Report and the Death Certificate. Attempts to contact the Officer in charge were unsuccessful.

The victim is a 14-year-old-female student. Her physical profile, medical history, familiarity-experience, ownership of the ATV, riding time and activities preceding the incident could not be determined.

In the evening of March 14, 2005 the victim was riding a 4- wheeled ATV alone at an unknown speed on private property. The temperature was in the range of 45 degrees with clear weather. It is unknown if the victim was wearing a safety helmet or any other protective clothing.

The victim was riding an ATV when it turned over, landed on its left side and pinned the victim underneath with her face pressed to the ground.

A witness mentioned to the victim's mother that the decedent had been gone too long and they became concerned. They both saw the lights shining from the ATV which led them to the accident scene and 911 were immediately called.

Upon arrival of an officer, the victim had already been taken away from the accident scene, but he was able to talk to members of the fire and rescue squad. The victim was taken by ambulance to the hospital where she was pronounced dead with the cause listed as traumatic cardiac arrest, multi chest & ABD trauma from an ATV rollover. There was no autopsy performed, therefore a medical examiner's report could not be obtained.

PRODUCT INFORMATION:

Product:	Polaris
Model:	Ranger
VIN:	Unknown
Mfg:	Polaris Industries 1225 Highway 169 North Minneapolis, MN. 55441

ATTACHMENTS:

1. Madison County Sheriff's Media Report
2. Contact Sheet
3. Questionnaire

Date: 2/15/06 MADISON COUNTY SHERIFF'S DEPARTMENT Page: 1
Time: 13:53:47 Media Report Program: CMS317A

Report Type. . : OFFN-Offense
Case Number . : 2-05-001359 Occur From Date: 3/14/05 19:27
Occur To Date : 3/14/05 19:27 Report Date . : 3/14/05 19:50
Day Of Week . : Monday
Common Name . : (b)(3):CPSA Section 25(c),(b)(6)
District . . . : Shift . . . . : Shift 2
Area . . . . . : Venue . . . . : Madison County
Incident Type : Death (Under Investigation)
Report Officer : TRAVIS, DAVID
Case Status . : Administratively Closed/Open
Case Status Dt : 3/18/05
Date Dispatched: 3/14/05 19:24 Date Responded : 0/00/00
Date Arrived . : 3/14/05 19:50 Date Cleared . : 3/14/05 20:43

WITN Witness 1 of 2
Case Number . : 2-05-001359 Prompt valid in: (b)(3):CPSA Section 25(c),(b)(6)
Street Number : (b)(3):CPSA Section 25(c),(b)(6)
City . . . . . :
Birth Date . . : Driv Lic No. . : (b)(3):CPSA Section 25(c),(b)(6)
Home Phone No. : Business Phone :
Other Phone Nbr: 901/000-0000 Sex . . . . . : Female
Race . . . . . : White Ethnic Origin : Non-hispanic

WITN Witness 2 of 2
Case Number . : 2-05-001359 Prompt valid in: (b)(3):CPSA Section 25(c),(b)(6)
Street Number : (b)(3):CPSA Section 25(c),(b)(6)
City . . . . . :
Birth Date . . : Driv Lic No. . :
Home Phone No. : Business Phone : 901/000-0000
Other Phone Nbr: Sex . . . . . : Female
Race . . . . . : White Ethnic Origin : Non-hispanic

VICT Victim 1 of 1
Case Number . : 2-05-001359
Prompt valid in: (b)(3):CPSA Section 25(c),(b)(6)
Street Number : (b)(3):CPSA Section 25(c),(b)(6)
City . . . . . :
Birth Date . . : Driv Lic No. . :
Home Phone No. : Business Phone : 901/000-0000
Other Phone Nbr: Sex . . . . . : Female
Race . . . . . : White

********** N A R R A (b)(3):CPSA Section 25(c),(b)(6) **********
OFFICER ORIGINAL WRITE UP Reported By: 3/14/0
Entered By.: 3/15/0

On 3-14-05 I was dispatched to (b)(3):CPSA Section 25(c),(b)(6) Upon arrival I spoke to members of Madison County Fire and Rescue. The firemen advised that a 14 year old girl, (b)(3):CPSA Section 25(c),(b) was operating a Polaris Ranger (ATV) when she turned it over. According to Fire and Rescue the ATV was on it's left side and (b)(3):CPSA Section 2 was pinned underneath it with her face pressed to the ground. When I arrived on scene (b)(3):CPSA Section 25 had already been taken to Jackson

Report Type. . : OFFN-Offense

2-05-001359 (Cont)

General by ambulance. At the hospital I made contact with (b)(3):CPSA Section 25(c),(b)(6) had been on the scene and called 911. Mrs. Hobbes stated that (b)(3):CPSA Section 25(c) was putting out feed at the time of the accident. (b)(3):CPSA Section advised (b)(3):CPSA Section 25(c),(b)(6) mother, noticed her daughter had been gone too long and became concerned. At this time (b)(3):CPSA Section and (b)(3):CPSA Section 25(c) saw the lights from the ATV and went to the scene. (b)(3):CPSA Section 25(c) was pronounced dead at Jackson General Hospital. Hospital staff could not give details on (b)(3):CPSA Section 25(c), injuries.

Deputy D. Travis 7451/fcm

051213HCC2181

Exhibit #2

Contact Sheet

Contacted on 02/15/06

Madison County
Sheriff's Department
546 E. College Street
Jackson TN. 38301
731-423-6000

Task Number 051213HCC2181

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

Type of respondent: Police Department

Other, specify:

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

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

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

ATV #1	ATV #2
Manufacturer: 05 - Polaris	**Manufacturer:**

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

Model: RANGER / **VIN:**

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

Model Year: 0

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

Engine Size: 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:	03/14/2005	
Age/Sex:	14 / Female	/
State of Death:	TENNESSEE	
City of Death:	JACKSON	
County of Death:	MADISON	

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

A 14-year-old female was riding a 4-wheeled ATV on private property when it overturned and landed on the victim pinning her underneath. It is reported that the lights from the ATV led the victim's mother to the accident scene. The victim was transported to a hospital where she was pronounced dead with the cause listed as traumatic cardiac arrest, multi chest & ABD trauma from an ATV rollover.

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

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

Victim 1:			**Victim 2:**		
(Yes)	No	Unknown	Yes	No	Unknown

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

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

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

Victim 1:			**Victim 2:**		
Yes	(No)	Unknown	Yes	No	Unknown

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

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

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

Age: 14 **Height:** 0 **(inches)**
Weight: **Sex:** Female

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?

00 - Unknown

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

00 - Unknown

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

09 - NA (Not a traffic incident)

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

2 - No

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

2 - No, Drugs

Additional Comments:

Polaris Industries Inc.
2100 Highway 55
Medina, Minnesota 55340-9770
763-542-0500
763-542-0599 fax

John J. Wackman
(763) 542-2309
fax (763) 417-2131
john.wackman@polarisind.com

July 31, 2006

Via U.S. Mail

Pamela McDonald
Lead, Technical Information Specialist
National Injury Information Clearinghouse
Division of Information Management
Office of Information and Technology Services
U.S. Consumer Product Safety Commission
4330 East West Highway, Room 504
Bethesda, Maryland 20814

RE: 051213HCC2181 051222CCC2229 060109HCC2253
060119HWE5083 060202HWE5115 060208HCC3290
060323HCC3396 10630018A 10610573A

Dear Ms. McDonald:

Thank you for the information provided in the above files. We will review the information provided in these documents and will conduct additional investigations as may be required. I request that I be notified prior to releasing any of the information contained in these files under the Freedom of Information Act.

Very Truly Yours,

John J. Wackman
Assistant General Counsel

060228

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
051213HCC2182	9032	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
840	2005 06 22	2005 12 15

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

A 15 YOM was driving a 4-wheeled A N along with 2 passengers on a dry gravel road. It appears the A N was fast tracking and driver was trying to make the ATV fishtail. A N fishtailed, driver lost control, A N ran off right side of road, struck a ditch and overturned. Both the driver and female were ejected out of A N . The 3rd passenger was the only one wearing a lap belt and was not ejected or seriously injured. The victim died two days later of Head Injuries. The female was taken to the hospital treated and later released. No helmets were worn.

9 4/3/07

256

Revisions

DO NOT RE-NOTIFY RE-NOTIFY

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

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - Utility Vehicles	KAWASAKI VIN# UNKNOWN	MULE 3010

10D. Manufacturer Name and Address
KAWASAKI MOTOR CORPORATION
9950 Jeronimo Road
Irvine, CA 92716-2016

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

11D. Manufacturer Name and Address
NONE

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

16. Body Part(s) Involved	17. Respondent	18. Type of Investigation	19. Time Spent (Operational Travel)
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	9 / 0

20. Attachment(s)	21. Case Source	22. Sample Collection Number
2 - Documents	12 - MECAP	

23. Permission to Disclose Name (Non NEISS Cases Only)
○ Yes ● No ○ Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
01/1112006	8631	Frank J. Nava

27. Distribution	28. Source Document Number
Ingle. Robin L.: Ingle, Robin L.	X05B0065A

IDI# 051213HCC2182
ATV Fatality, Winona, MO
Page 1

On June 22, 2005, a 15-year-old male was driving a big four-wheeled ATV along with two passengers on a dry gravel road. The road character was straight with a grade. The weather was clear and it was daylight when the incident occurred. No one was wearing a helmet. The 16-year-old male passenger was wearing a lap belt and was not ejected from the vehicle.

The driver of the ATV was operating the ATV in a careless and impudent manner while driving on a dirt road. The ATV driver caused the ATV to fishtail causing him to loose control. The ATV ran off the right side of the roadway, struck a ditch, and overturned. The ATV driver and female passenger were totally ejected. Due to the configuration of the ATV, the paths of ejection could not be determined. The 16-year-old male passenger stated, "He was messing with the steering wheel. I guess he had it punched and he lost control. We ran off the road and turned over."

The 15-year-old male victim/driver was evacuated by air from the scene to St. Johns Hospital in Springfield, MO. He died on June 24, 2005, due to injuries sustained in the accident. The 14-year-old female passenger who was also ejected from the ATV was transported to St. Francis Hospital in Mountain View, MO. by ambulance, treated and later released. The 16-year-old male passenger sustained evident injury that was not disabling and did not require medical attention.

In a telephone conversation with the Investigating Trooper, he stated that the ATV had a bench seat with two seat belts. The 15-year-old male victim was driving the ATV with no seat belt on, the 14-year-old female was sitting between the two males without a lap belt and the 16-year-old male passenger who was on the right side of her was wearing a lap belt. He stated that he believes that the ATV was fast tracking and the driver was trying to make the ATV fishtail. The Investigating Trooper stated the 16-year-old male passenger stated that the victim was turning the wheel back and forth. He also stated that the ATV shot sideways into a ditch and it attempted to climb an embankment and the victim lost control of the vehicle. He stated that the girl was the first to be ejected then the driver; the ATV rolled but did not land on the victims. He further stated that he searched for the VIN # of the ATV but could not find one and had to put "n/a" on his report under the VIN section. Victim's parents were the owners of the ATV.

In a telephone conversation with the Shannon County Coroner, he stated that no autopsy was performed on the victim and he died of Head Injury. He was not wearing a helmet. He stated that the victim and two other occupants were riding the mule.

The product involved in this incident was a **four-wheeled ATV:**

- **Kawasaki**
- **2004 – Camouflage**
- **Mule 3010**
- **VIN# - Could not be located**

ATTACHMENTS

1. ATVD
2. Respondents
3. Hwy Patrol Report

IDI: # 051213HCC2182
Exhibit # 2
Page 1 of 1

IDENTITY OF RESPONDENT(S)

The respondents in this investigation are:

- (b)(3):CPSA Section 25 (c),(b)(6) – 12/16/05
  Deputy Medical Examiner
  (417) 868-4822

- Shannon County Coroner
  (b)(3):CPSA Section 25(c),(b)(6) – 12/16 & 20/05
  Office: (573) 325-4644
  Cell: (573) 300-1376

- Missouri Division of Traffic Safety – Troop G
  (b)(3):CPSA Section 25 (c),(b)(6) – Records – 12/19/05
  P.O. Box 10
  Willow Springs, MO 65793-0010
  (417) 469-3121

  Trooper Bradley D. Odle – 01/09/06

Fatal

PAGE 1 OF 4

MISSOURI UNIFORM ACCIDENT REPORT

1050027702

1 - AGENCY NAME AND ORI: MISSOURI STATE HIGHWAY PATROL MOMHPCG00

LEFT THE SCENE	CLEARED	ACCIDENT CLASSIFICATION	PROPERTY DAMAGE ONLY	NUMBER INJURED	NUMBER KILLED	REPORT / CASE / INCIDENT NUMBER
☐ YES ☒ NO	☐ YES ☐ NO		☐	2	1	205640474

NUMBER OF VEHICLES INVOLVED	ACCIDENT DATE	ACCIDENT TIME (MIL.)	TIME NOTIFIED (MIL.)	TIME ARRIVED (MIL.)	INVESTIGATION DATE
1	06/22/2005	1345	1349	1413	06/22/2005

2 - LOCATION

COUNTY	MUNICIPALITY	STAT LONG	TWP / DIST / PCT	INVESTIGATED AT SCENE
Shannon 103	Non-City Or Unincorporated 9999	03	G	☒ YES ☐ NO

ON	DISTANCE FROM	LOCATION	INTERSECTING STREET OR ROADWAY
CRD 450	FEET	☐ AFTER ☒ BEFORE ☐ AT	CRD 446 (S)

ROADWAY DIRECTION	SPEED LIMIT	MILES	SPEED LIMIT	SEQ - CODE	GPS LONGITUDE	LATITUDE
S	60	1.0	60	NA	W 091 21 34.8	N 037 00 33.7

ROAD MAINTAINED BY: ☐ 1. STATE ☒ 2. COUNTY ☐ 3. MUNICIPAL ☐ 4. PRIVATE PROPERTY ☐ 5. OTHER ☒ NONE

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES

GIVE OWNER'S NAME AND ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE

☐ NIDOT

DRIVER 1

4. DRIVER'S FULL NAME (LAST, FIRST, MI) [redacted] ADDRESS (STREET, CITY, STATE, ZIP)

[redacted]

DRIVER LICENSE NUMBER / ID NUMBER	STATE	TYPE OF LICENSE				MC ENDORSEMENT
[redacted]	MO	☐ 1. OPERATOR CLASS ☐ 2. COL CLASS	☒ 3. PERMIT ☐ 4. UNLICENSED	☐ 5. MC ONLY ☐ UNKNOWN		☐ YES ☐ NO ☒

PROOF OF INSURANCE	INSURANCE COMPANY		POLICY NUMBER
☐ YES ☒ NO ☐ NOT REQUIRED	None	☐ DRIVER ☐ VEHICLE	☒ NA

VEHICLE 1

YEAR	NAME	MODEL	COLOR
2004	Kawasaki	Mule 3010	Camouflage

LIC. PLATE NO.	STATE	YEAR	VIN	TOTAL NO. OF OCCUPANTS
NONE	NA	NA	NA	3

VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER [redacted] ADDRESS (STREET, CITY, STATE, ZIP) ☒ SAME AS DRIVER

[redacted]

VEHICLE DAMAGE (Check all damaged areas) ☐ NONE

INITIAL IMPACT NO. ☐ NA 4

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

10 - Undercarriage, 19 - Windshield, 20 - Mirrors, 21 - Towed Unit, 22 - Cargo

TOWED FROM SCENE ☐ YES ☒ NO

TOW CO. INFORMATION NA

DRIVER 2

5. DRIVER'S FULL NAME (LAST, FIRST, MI) ADDRESS (STREET, CITY, STATE, ZIP)

DRIVERS LICENSE NUMBER / ID NUMBER	STATE	TYPE OF LICENSE				MC ENDORSEMENT
		☐ 1. OPERATOR CLASS ☐ 2. COL CLASS	☐ 3. PERMIT ☐ 4. UNLICENSED	☐ 5. MC ONLY ☐ UNKNOWN		☐ YES ☐ NO

PROOF OF INSURANCE	INSURANCE COMPANY		POLICY NUMBER
☐ YES ☐ NO ☐ NOT REQUIRED		☐ DRIVER ☐ VEHICLE	☐ NA

VEHICLE 2

YEAR	NAME	MODEL	COLOR

LIC. PLATE NO.	STATE	YEAR	VIN	TOTAL NO. OF OCCUPANTS

VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER ADDRESS (STREET, CITY, STATE, ZIP) ☐ SAME AS DRIVER

VEHICLE DAMAGE (Check all damaged areas) ☐ NONE

INITIAL IMPACT NO. ☐ NA

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

10 - Undercarriage, 19 - Windshield, 20 - Mirrors, 21 - Towed Unit, 22 - Cargo

TOWED FROM SCENE ☐ YES ☐ NO

TOW CO. INFORMATION

6 - WITNESS ☒ NONE IDENTIFIED

NAME OF WITNESS	ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE NO.
NA		
NA		
NA		
NA		

Task# 051213HCC2182
Exhibit 3
Page 1 of 4

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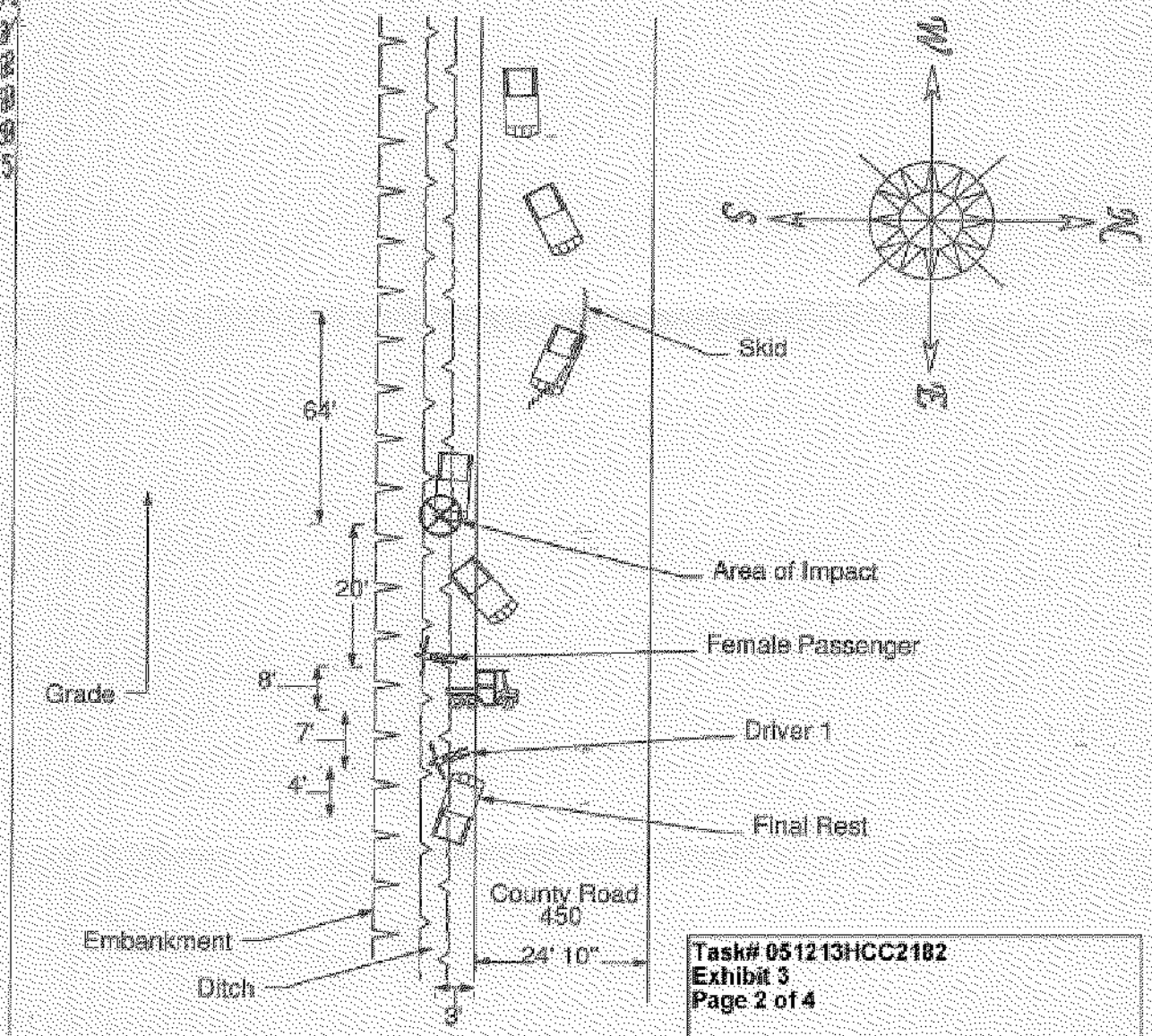
REPORT # 205540474 PAGE 2 OF 4

1. COLLISION DIAGRAM	Direction Prior to Impact (circle one)	V1 N E S W	V2 N E S W	V3 N E S W	V4 N E S W	Est. Speed - Female Only V1 25 V2 NA V3 NA V4 NA

INDICATE NORTH



Task# 051213HCC2182
Exhibit 3
Page 2 of 4

INDICATE ROAD NAMES REQUIRED UNLESS DELAYED REPORT DIAGRAM NOT TO SCALE

E. EVIDENTIARY PHOTOS TAKEN
☐ YES ☒ NO BY WHOM NA AVAILABLE FROM NA

RECONSTRUCTION - Includes Narrative, Diagram, & Photo(s)
☐ YES ☒ NO BY WHOM NA

9 - CODES

SEAT LOCATION	INJURY	TRANSPORTED (Medical Treatment)	EJECTION	AIR BAG FRONT	AIR BAG SIDE	SAFETY DEVICES
FR SR TR / FC SC TC / FL SL TL NK - Not Known P - Pedestrian B - Bicycle M - Motorcycle OS - Occupant - Enclosed Load Area OR - Occupant - Unenclosed Load Area CP - Commercial Passenger OV - Other (Explain in Narrative)	1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Possible - Not Apparent 5. None Apparent 6. Unknown	1. No 2. EMS 3. Other 4. Unknown	1. NA 2. No 3. Partially 4. Totally 5. Unknown	1. None / NA 2. Deployed 3. Not Deployed	1. None / NA 2. Deployed 3. Not Deployed	1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 6. Child Restraint 7. Helmet Used 8. Helmet Not Used 9. Use Unknown

10 - DRIVERS

NAME / ADDRESS	DATE OF BIRTH MM-DD-YYYY	SEX	VEH. NO.	SEAT LOC.	INJ.	TRANS-PORT	EJECTION	AIR BAG F	AIR BAG S	SAF DEV	TELEPHONE NO.
☐ NA DRIVER 1 - SAME ADDRESS AS ABOVE	09/22/1989	M	1	M	1	2	4	1	1	2	b(3) CPSA Section 25(c),(b)(6)
☒ NA DRIVER 2 - SAME ADDRESS AS ABOVE											

11 - OTHER OCCUPANTS & PEDESTRIANS (SAME AS DRIVERS)

b(3) CPSA Section 25(c),(b)(6)	F	1	FC	2	2	4	1	1	1		b(3) CPSA Section 25(c),(b)(6)
	M	1	FR	3	1	2	1	1	4		
NA											
NA											
NA											
NA											

Task# 051213HCC2182
Exhibit 3
Page 3 of 4

12. VEHICLE BODY TYPES AUTOMOBILES / SPECIAL VEHICLES

V1 V2
- 1. Passenger Car
- 2. Station Wagon
- 3. Sport Utility Vehicle
- 4. Limousine (9-15 inc driver)
- 5. Van (9 or less with driver)
- 6. Small Bus (9-15 with driver)
- 7. Bus (16 or more with driver)
- 8. School Bus (less than 16 with driver)
- 9. School Bus (16 or more with driver)
- 10. Motorcycle
- 11. ATV
- 12. Motorized Bicycle
- 13. Pedalcycle
- 14. Motor Home / Camper
- 15. Farm Implements
- 16. Construction Equipment
- 17. Other Transport Device
- 18. Unknown
- 19. Pickup
- 20. Single-unit Truck: 2 axles, 6 tires
- 21. Single-unit Truck: 3 or more axles
- 22. Truck Tractor With No Units
- 23. Truck Tractor With One Unit
- 24. Truck Tractor With Two Units
- 25. Truck Tractor With Three Units
- 26. Other Heavy Truck
- A. Unknown Pulling Another Unit(s) (1-21 only)

☐ 2 axle ☐ 3 axle ☐ 4 axle ☐ 5 axle or more ☐ Unknown

GCWR (Rating not licensed weight) (18-26 only)
- Less than or equal to 10,000 lbs.
- 10,001 - 26,000 lbs.
- Greater than 26,000 lbs.

13. EMERGENCY VEHICLE INVOLVEMENT ☒ NA

V1 V2
- 1. Police
- 2. Fire
- 3. Ambulance
- 4. Other (name check "X")
- A. Emergency Vehicle on Emergency Run

14. HAZARDOUS MATERIALS ☒ NA

V1 V2
- Placard Displayed
- 1. Gases in Bulk
- 2. Solids in Bulk
- 3. Liquids in Bulk
- 4. Explosives
- 5. None
- A. Hazardous Materials/ Cargo Released / Spilled

15. ACCIDENT TYPE

- 1. On Roadway
- 2. Off Roadway

COLLISION INVOLVING
- 1. Animal
- 2. Pedestrian
- 3. Fixed Object
- 4. Other Object
- 5. Pedalcyclist
- 6. Train
- 7. MV in Transport
- 8. MV on Other Roadway
- 9. Parked MV

NON-COLLISION
- 10. Overturning
- 11. Other Non-Collision

TWO VEHICLE COLLISION
- 60. Head On
- 61. Rear End
- 62. Sideswipe - Meeting
- 63. Sideswipe - Passing
- 64. Angle
- 65. Backing Into
- 67. Other

16. TRAFFIC CONDITIONS

V1 V2
- 1. Normal
- 2. Accident Ahead
- 3. Congestion Ahead

17. VEHICLE ACTION / SEQUENCE OF EVENTS

1. Going Straight
2. Overtaking
3. Making Right Turn
4. Right Turn on Red
5. Making Left Turn
6. Making U Turn
7. Backing / Backing
8. Starting / Stopping
9. Slow in Traffic
10. Pass From Parked
11. Backing
12. Stopped in Traffic
13. Parked
14. Changing Lanes
15. Avoiding
16. Crossing Median
17. Crossing Centerline
18. Crossing Road
19. Airborne
20. Ran Off Road - Right
21. Ran Off Road - 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 Road
30. Collision inv. Pedestrian
31. Collision inv. Pedalcyclist
32. Collision inv. Train
33. Collision inv. Animal (other code - explain)
34. Collision inv. MV in Transport
35. Collision inv. Parked Motor Vehicle
36. Collision inv. Fixed Object (other code - explain)
37. Collision inv. Other Object (explain)
38. Other - Non Collision

V1 ☐ Unknown

61, 07, 10, 36, 22, NA, NA

33. Animal Code NA

36. Fixed Object Code 42, NA, NA

V2 ☐ Unknown

NA, NA, NA, NA, NA, NA, NA

33. Animal Code NA

36. Fixed Object Code NA, NA, NA

Animal, Fixed Object, and Intervention Codes explained in narrative.

REPORT # 2058 40174 PAGE 4 OF 4

18. PROBABLE CONTRIBUTING CIRCUMSTANCES

V1 V2
- 1. Vehicle Defects (explain)
- 2. Traffic Control Inoperative or Missing
- 3. Improperly Stopped on Roadway
- 4. Speed - Exceeded Limit
- 5. Too Fast for Conditions
- 6. Improper Passing
- 7. Violated Signal / Sign
- 8. Wrong Side (not passing)
- 9. Following Too Close
- 10. Improper Signal
- 11. Improper Backing
- 12. Improper Turn
- 13. Improper Lane Change / Change
- 14. Wrong Way (One-Way)
- 15. Improper Start From Park
- 16. Improperly Parked
- 17. Failed to Yield
- 18. Alcohol
- 19. Drugs
- 20. Physical Impairment (explain)
- 21. Inattention (explain)

P1 P2 V1 V2
- 22. None

19. PEDESTRIAN INVOLVEMENT [X] NA

P1 P2
- 1. At Intersection
- 2. Not at Intersection

CROSSING ROAD
- 3. With Signal
- 4. Against Signal
- 5. No Signal
- 6. Diagonally
- 7. Within Crosswalk
- 8. Within Marked Crosswalk
- 9. Behind / In Front of Parked Car
- 10. With Traffic
- 11. Against Traffic
- 12. Getting On / Off Vehicle
- 13. Standing / Lying / Sitting on Road
- 14. Playing / Working on Vehicle
- 15. Other Working
- 16. Playing on Road
- 17. Off Roadway

20. VISION OBSCURED

V1 V2
- 1. Unknown
- 2. Glare on Vehicle
- 3. Trees / Brush
- 4. Building
- 5. Embankment
- 6. Signboards
- 7. Hillcrest
- 8. Parked Cars
- 9. Moving Cars
- 10. Snow
- 11. Other (explain)
- 12. Not Observed

21. TRAFFIC CONTROL

V1 V2
- 1. Construction Zone
- 2. Other Work Zone
- 3. School Zone
- 4. Stop Sign
- 5. Electric Signal
- 6. RR Signal / Gate
- 7. Yield Sign
- 8. Officer / Flagman
- 9. No Passing Zone
- 10. Turn Restriction
- 11. Signal on School Bus
- 12. None

22. ROAD CHARACTER

ALIGNMENT
- 1. Straight
- 2. Curve

PROFILE
- 1. Level
- 2. Grade
- 3. Hillcrest

23. LIGHT CONDITION
- 1. Daylight
- 2. Dark with Street Lights On
- 3. Dark with Street Lights Off
- 4. Dark - No Street Lights
- 5. Indeterminate (explain)

24. WEATHER CONDITION
- 1. Clear
- 2. Cloudy
- 3. Rain
- 4. Snow
- 5. Sleet
- 6. Freezing (temp.)
- 7. Fog / Mist
- 8. Indeterminate (explain)

25. ROAD CONDITION
- 1. Dry
- 2. Wet
- 3. Snow
- 4. Ice
- 5. Sleet
- 6. Mud
- 7. Standing Water
- 8. Moving Water
- 9. Other (explain)

26. ROAD SURFACE
- 1. Concrete
- 2. Asphalt
- 3. Brick
- 4. Gravel
- 5. Dirt / Sand
- 6. Wet Surface

27 - COMMERCIAL MOTOR VEHICLE (Complete for each commercial vehicle involved.)

A. CMV CRITERIA

Answer the following to determine if this section should be completed.

1. Does the accident involve any of the following:
   1.a person fatally injured, or
   2.a person transported for medical attention, or
   3.a vehicle towed from the scene of the accident
   - [ ] NO - DO NOT COMPLETE
   - [x] YES - GO TO NUMBER 2
2. Examine each vehicle to determine if it is a commercial vehicle based on the following:
   1.a truck with GCWR of more than 10,001 lbs. and engaged in commerce, or
   2.a bus or school bus (9 or more including driver), or
   3.a vehicle with a hazardous materials placard
   - [x] NO - DO NOT COMPLETE
   - [ ] YES - COMPLETE SECTIONS B - E

B. CARRIER ID NUMBER

V1 ICC NO. MC: USDOT NO.:

V2 ICC NO. MC: USDOT NO.:

C. HAZARDOUS MATERIAL PLACARD NUMBER [ ] NA

V1 4-Digit Placard Number from Diamond / Box — Number From Bottom of Diamond

V2 4-Digit Placard Number from Diamond / Box — Number From Bottom of Diamond

D. TRAFFICWAY
- [ ] 1. Two-Way, Not Divided
- [ ] 2. Two-Way, Divided, Unprotected Median
- [ ] 3. Two-Way, Divided, Positive Median Barrier
- [ ] 4. One-Way, Not Divided

E. CARGO BODY TYPE

V1 V2
- 1. Enclosed Box
- 2. Cargo Tank
- 3. Flatbed
- 4. Dump
- 5. Concrete Mixer
- 6. Auto Transporter
- 7. Garbage / Refuse
- 8. Grain, Chip, Gravel
- 9. Pole Trailer
- 10. Other

28. NARRATIVE / STATEMENTS (If additional room is necessary, attach a separate sheet.)

This accident occurred as driver 1 was operating vehicle 1 in a careless and imprudent manner. Driver 1 caused vehicle 1 to flatten, causing him to loose control. Vehicle 1 ran off the right side of the roadway, struck a ditch, and overturned. Driver 1 and a female passenger were totally ejected. Due to the configuration of vehicle 1, the paths of ejection could not be determined.

Male passenger stated, "He was messing with the steering wheel. I guess he had it punched and he lost controlled. We ran off the road turned over."

Vehicle 1 was driven from the scene.

AIR EVAC flew driver 1 from the scene to St. Johns Hospital in Springfield.

The female passenger was transported to St. Francis Hospital in Mountain View, Mo by ambulance.

Driver 1 died at St. Johns Hospital on June 24, 2005, due to injuries sustained in the accident.

Task# 051213HCC2182
Exhibit 3
Page 4 of 4

29. REPORTING OFFICER SIGNATURE	DSN / BADGE NO.	SEAT / ZONE	TROOP / DIST / PST
Bradley D Odle	669	83	G

REVIEWING OFFICER 1 SIGNATURE	DSN / BADGE NO.	REVIEWING OFFICER 2 SIGNATURE	DSN / BADGE NO.
[illegible]	778	[illegible]	498

Task Number 051213HCC2182

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

Type of respondent: Police Department

Other, specify:

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

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

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

ATV #1	ATV #2
Manufacturer: 04 - Kawasaki	**Manufacturer:**

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

Model: Mule 3010 / **VIN:** UNKNOWN

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

Model Year: 2004

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

Engine Size: 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:	06/24/2005	
Age/Sex:	15 / Male	/
State of Death:	MISSOURI	
City of Death:	Winona	
County of Death:	Shannon	

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

A 15 YOM was driving a 4-wheeled ATV along with 2 passengers on a dry gravel road. It appears the ATV was fast tracking and driver was trying to make the ATV fishtail. ATV fishtailed, driver to lost control, ATV ran off right side of road, struck a ditch and overturned. Both the driver and female were ejected out of ATV. The 3rd passenger was the only one wearing a lap belt and was not ejected or seriously injured. The victim died two days later of Head Injuries. The female was taken to the hospital treated and later released. No helmets were worn.

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

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

Victim 1:	**Victim 2:**
Yes (No) Unknown	Yes (No) Unknown

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

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

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

Victim 1:	**Victim 2:**
Yes (No) Unknown	Yes (No) Unknown

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

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

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

Age: 15 **Height:** **(inches)**
Weight: **Sex:** Male

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

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

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

09 - Non-paved road

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

01 - Public road

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

09 - NA (Not a traffic incident)

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

2 - No

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

2 - No, Drugs

Additional Comments:

ISSUE 05

NOV 0 2 2005

TC-32

X05B 0065

MEDICAL EXAMINER'S/CORONER'S REPORTING FORM

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 for your state, who will ask for the information noted below.

Date of accident 6/24/05 Date of Death 6/24/05

Type of consumer product involved ATV

Manufacturer, Model, Brand name, and Serial No. of product 2004 Kawasaki Mule

Is product available for examination? _____ Yes _____ No. If Yes, where? Unknown

Cause of Death: _____

Location of Accident: City Winona State MO

Brief description of accident sequence: (Please include the AGE and SEX of the VICTIM (S))

A 15-year-old male died from injuries sustained while riding a large ATV. Highway patrol reports indicate that the victim was driving in a careless and imprudent manner and lost control of the ATV and ran off the road and into a ditch. He was ejected. A 14-year-old male passenger was also injured in the accident. No other information is known.

Contact Information: Please include the name, address and telephone number of any state/local personnel who investigated the accident.
MO Highway Patrol; B.D. Odle # 1669

Medical Examiner's/Coroner's Case No. 6-24-05 Telephone No. (417) 868-4822

Reporter's Name (b)(3):CPSA Section 25(c),(b)(6) Date Reported 10/26/05

Reporter's Off. (incl. City, county, & state) CPSC - Tulsa, OK

Medical Examiner's/Coroner's Name (b)(3):CPSA Section 25(c),(b)(6 Deputy Medical Examiner

For processing at CPSC: Report received by: _____

Chief Med. Exam. Rpt ( ) Copy for MECAP News ( )
Regular MECAP ( ) Document No. _____

Approved for use thru 9/30/2006 - OMB No. 3041-0029

060331

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
051221CCC3216	9033	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
840	2005 02 01	2006 01 11

6. Synopsis of Accident or Complaint UPC

The complainant is a 35-year old male. The ATV exhaust pipes got too hot causing a melting of the firewall between the engine and operator and passenger legs. There were no injures.

MFR/PRVLBR NOTIFIED

COMMENTS: ___YES ✓NO
___OVERRULED; ___ATTACHED
✓EXCISIONS/FOIA EXS 25C, 36
✓DO NOT RE-NOTIFY ___RE-NOTIFY
081105 GD

4/3/07 JK

7. Location (Home, School, etc)	8. City	9. State
1 - HOME	STEPHANVILLE	TX

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - utility Vehicles	ATV	RANGER 700 XP

10D. Manufacturer Name and Address
POLARIS INDUSTRIES 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

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
35	1 - Male	0 - No Injury	70 - No Injury

16. Body Part(s) Involved	17. Respondent	18. Type of Investigation	19. Time Spent (Operational / Travel)
99 - NO INJURY	1 - Victim/Complainant	2 - Telephone	11 / 0

20. Attachment(s)	21. Case Source	22. Sample Collection Number
2 - Documents	07 - Consumer Complaint	

23. Permission to Disclose Name (Non NEISS Cases Only)
○ Yes ○ No ● Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
02/07/2006	8631	Frank J. Nava

27. Distribution	28. Source Document Number
Topka Ivins, Tanya	I0550283A

CPSC FORM 182 (12/96) Approved for use through 09/30/2006 OMB NO. 30410029

060331

EPIDEMIOLOGIC INVESTIGATION REPORT

1. Task Number	2. Investigator's ID	3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
051221CCC3216	9033	840	2005 02 01	2006 01 11

6. Synopsis of Accident or Complaint UPC

The complainant is a 35-year old male. The ATV exhaust pipes got too hot causing a melting of the firewall between the engine and operator and passenger legs. There were no injures.

4/3/07

7. Location (Home, School, etc)	8. City	9. State
1 - HOME	STEPHANVILLE	TX

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - utility Vehicles	ATV	RANGER 700 XP

10D. Manufacturer Name and Address
POLARIS INDUSTRIES 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

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
35	1 - Male	0 - No Injury	70 - No Injury

16. Body Part(s) Involved	17. Respondent	18. Type of Investigation	19. Time Spent (Operational / Travel)
99 - NO INJURY	1 - Victim/Complainant	2 - Telephone	11 / 0

20. Attachment(s)	21. Case Source	22. Sample Collection Number
2 - Documents	07 - Consumer Complaint	

23. Permission to Disclose Name (Non NEISS Cases Only)
○ Yes ○ No ● Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
02/07/2006	8631	Frank J. Nava

27. Distribution	28. Source Document Number
Topka Ivins, Tanya	I0550283A

1. Task Number		2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION **REPORT**
051221CCC3215		9033	
3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY	
840	2005 02 01	2006 01 11	

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

The complainant is a 35-year old male. The A N exhaust pipes got too hot causing a melting of the **firewall** between the engine and operator and passenger legs. There were no injures.

7. **Location** (Home, School, etc)	8. City	9. State
1 - HOME	STEPHANVILLE	TX

10A First Product	**10B. Trade/Brand** Name	**10C.** Model Number
5044 - utility Vehicles	ATV	RANGER 700 XP

10D. Manufacturer Name and Address
POLARIS INDUSTRIES 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

12. Age of **Victim**	13. Sex	14. Disposition	15. **Injury Diagnosis**
35	1 - Male	0 - No Injury	70 - No Injury
16. Body **Part(s)** Involved	17. Respondent	18. Type **of** Investigation	19. **Time Spent** (Operational / Travel)
99 - NO INJURY	1 - Victim/Complainant	2 - Telephone	11 / 0

20. **Attachment(s)**	21. Case Source	22. Sample Collection Number
2 - Documents	07 - Consumer Complaint	

23. Permission to Disclose Name (Non **NEISS** Cases Only)
○ **Yes** ○ **No** ● **Verbal**

24. Review Date	25. Reviewed By	26. Regional Office **Director**
02/07/2006	8631	Frank J. Nava

27. Distribution	28. Source Document Number
Topka Ivins, Tanya	I0550283A

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
051221CCC3216	9033	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
840	2005 02 01	2006 01 11

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

The complainant is a 35-year old male. The ATV exhaust pipes got too hot causing a melting of the firewall between the engine and operator and passenger legs. There were no injures.

7. Location (Home, School, etc)	8. City	9. State
1 - HOME	STEPHANVILLE	TX

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - utility Vehicles	ATV	RANGER 700 XP

10D. Manufacturer Name and Address
POLARIS INDUSTRIES 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

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
35	1 - Male	0 - No Injury	70 - No Injury

16. Body Part(s) Involved	17. Respondent	18. Type of Investigation	19. Time Spent (Operational / Travel)
99 - NO INJURY	1 - Victim/Complainant	2 - Telephone	11 / 0

20. Attachment(s)	21. Case Source	22. Sample Collection Number
2 - Documents	07 - Consumer Complaint	

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

○ Yes ○ No ● Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
02/07/2006	8631	Frank J. Nava

27. Distribution	28. Source Document Number
Topka Ivins, Tanya	I0550283A

The information in this report was obtained from headquarters via a CPSC Hotline complaint and in speaking to the complainant and the retailer's service manager.

The complainant is a 35-year old male. The ATV exhaust pipes got too hot causing a melting of the firewall between the engine and operator and passenger legs. There were no injures.

The complainant, a 35-year old male purchased a Polaris Ranger 700 XP (2004) in November of 2004 from a local retailer. The complainant said that after riding his ATV for a couple of months he noted the problem he complained about. The complainant said that the problem was that the ATV's exhaust pipes got too hot causing a melting of the firewall between the engine and operator and passengaer legs. In talking to the complainant and through written correspondence via e-mail, he said that he had not heard anything (response) from the manufacture, to date. The complainant further stated that he found answers to his concerns on "prcforum" (www.prcforum.com) including a "service bulletin" issued by the manufacturer "that offered a quasi repair, but not a final solution." The complainant continued stating that "the forum information was provided so that you may well see there is a small epidemic with these machines that stretches from coast to coast. I believe that it is a miracle someone has not died on one of these as a result of faulty engineering." The complainant further stated that he paid $9,7000 for his ATV and that he was still not satisfied with his ATV and he still believes his ATV is a hazard.

In speaking to the complainant I asked if the complainant had any photographs of the problem area(s) and he said that he did not. I mentioned that I could send him a disposable camera for him to take pictures and the complainant said he had a digital camera and he would send the requested pictures right away. The complainant also mentioned he could not take the requested pictures that very day because his ATV was in the shop getting fixed. Complainant did not state what the repair was for.

This investigator contacted the retailer where the ATV was purchased. The Sales Manager said that his company sells about 80 ATVs I was inquiring about a year. The sales manager said he was not aware of any problems but that I should speak to the Service Manager so he transferred my call. In speaking to the Service Manager about the complainant's concerns the Service Manager said he was aware of the complainant's situation. The Service Manager said that he had fixed the complainant's problem back in April or May 2005.

The Service Manager said that the manufacturer had sent him a "fix kit." The Service Manager said this fix kit was installed and this solved the complainant's problem; the complainant had not returned the ATV to the shop concerning this same issue. The Service Manager also said that the complainant was the only one that had this problem and that no one else they had sold the same product to had indicated a problem. In speaking to the Sales Manager, I mentioned to him that the complainant said that he had taken his ATV in for repair and the Service Manager said that he was aware of that repair because the complainant had taken the ATV to his service department. The Service Manager said that the complainant had taken his ATV into his service shop, "just the other day" but that the ATV was in his shop for an entirely different matter than the one I was discussing. The Service Manager said that the complainant had recently taken his ATV to his service department because the complainant's ATV kept dying. The Service Manager also stated that the complainant had not indicated to him nor had he noted any further problems on the matter I had called about.

Requested photographs were not received. All follow-up efforts to obtain photographs from complainant were unsuccessful.

PRODUCT INDENTIFICATION

Polaris Ranger 700 XP (2004)

SAMPLE COLLETED: None

ATTACHMENTS:

1. Authorization for release of name (1 page)
2. Missing Document (1 page)
3. Contact Sheet (1 page)

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

U. S. CONSUMER PRODUCT SAFETY COMMISSION

AUTHORIZATION FOR RELEASE OF NAME

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

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

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

X YES o **NO**

Jason Cashon
(Signature)

January 24, 2006
(Date)

Status of Missing Document(s)

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

1. Photographs of complainants ATV as requested
2. _____
3. _____
4. _____
5. _____

051221CCC3216
Exhibit 3, page 1 of 1

1. Jason Cashon, Complainant, 100 Greenbriar, Stephenville, Texas, 76401; 254-965-3101; jcashon@our-town.com; January 24, 2006.

2. (b)(6) Hendershot Equipment Company, Inc., 935 S.E. Loop, Stephenville, Texas 76401; 254-965-6783; February 1, 2006.

Polaris Industries Inc.
2100 Highway 55
Medina, Minnesota 55340-9770
763-542-0500
763-542-0599 fax

John J. Wackman
(763) 542-2309
fax (763) 417-2131
john.wackman@polarisind.com

April 10, 2006

Via U.S. Mail

Ms. Ann DeTemple
Director, National Injury Information
Clearinghouse
U.S. Consumer Product Safety Commission
4330 East West Highway, Room 514
Bethesda, Maryland 20814-4408

RE: 051021HNE0075 051028HCC1069 051028HCC1070
051108CCC2071 051115HCC2075 051128HNE0239
051128CCC1130 051213HCC2192 051220HCC2211
051221CCC1245 051221CCC3214 051221CCC3216
051222CCC2219 051222CCC2223 051222CCC2231
H05C0301A H0610003A H0610253A
H0610257A I0610360A I0610453A
I0610492A 060118HCC1314 060124CCC2296
060124CCC2297

Dear Ms. DeTemple:

Thank you for the information provided in the above files. We will review the information provided in these documents and will conduct additional investigations as may be required. I request that I be notified prior to releasing any of the information contained in these files under the Freedom of Information Act.

Very Truly Yours,

John J. Wackman
Assistant General Counsel

Doc No: I0550283A Issue: 34 05/19/2005

05/18/2005 13:39:07

Name = Jason Cashon
Address = 100 Greenbriar
City = Stephenville
State = Texas
Zip = 76401
Email = jcashon@our-town.com
Telephone = 254-965-3101
Name of Victim =
Victim's Address =
Victim's City =
Victim's State =
Victim's Zip =
Victim's Telephone =

Incident Description: The vehicle exhaust pipes get too hot and cause melting of the firewall between the engine and operator and passenger legs. Also the
gas resevoir is located within six inches of the exhaust pipes.

Victim's age at time of incident =
Victim's sex =
Date of incident = all times
Product involved = Polaris Ranger XP
Product brand name/manufacturer = Polaris
Place where manufactured (City and State or Country) = Minnesota
Product involved still available = Yes
Product model and serial number, manufacture date = Ranger XP 4x4 utility vehilce
Date product purchased = December 2004
Name Release = Release name to the manufacturer and public

POLARIS

Polaris Industries Inc.
2100 Highway 55
Medina, Minnesota 55340-9770
763-542-0500
763-542-0599 fax

AUG - 8 2005

Nancy L. Chudyk
(763) 542-2302
Fax (763) 417-2105
nancy.chudyk@polarisind.com

August 3, 2005

Ms. Ann De Temple
Director, National Injury Information Clearinghouse
U.S. Consumer Product Safety Commission
4330 East West Highway, Room 514
Bethesda, MD 20814

050510HCC1721 222

Re: [redacted]50330HCN0545 [redacted]1657 05010HCC1721
050510HNE23[redacted] 050511CCC[redacted] 050526HCC2758 H0540324A [redacted]312A
H0550372A [redacted] I0550283A

Dear Ms. De Temple:

Thank you for the information provided in the above files. We will review the information provided in these documents and will conduct additional investigation as may be required.

I request that I be notified prior to releasing any of the information contained in these files under the Freedom of Information Act.

Very truly yours,
Polaris Industries Inc.

Nancy L. Chudyk

Nancy L. Chudyk
Paralegal

060831

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
060510HWE5331	9032	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
840	2006 05 05	2006 05 12

6. Synopsis of Accident or Complaint UPC

A 19-year-old female was riding on a six-wheeled ATV with four friends in a wooded area at a ranch. She was sitting in the cargo area of the vehicle behind the driver with her feet extended outward towards the rear of the cargo area. The 22-year-old male driver of the vehicle had been drinking. They were driving through a large ditch going up hill when the ATV flipped upside down trapping the female victim under the vehicle. The victim died at the scene of blunt cranial cerebral Injury. No one on the ATV was wearing a helmet.

MFR/PRVLBR NOTIFIED

COMMENTS: __ YES ✓ NO
__ OVERRULED; __ ATTACHED
✓ EXCISIONS/FOIA EXS: 2c, 3, 6
✓ DO NOT RE-NOTIFY __ RE-NOTIFY
08/10/05 GC

7. Location (Home, School, etc)	8. City	9. State
2 - FARM	WARING	TX

10A. First Product	10B. Trade/Brand Name	10C. Model Number
3296 - All Terr. Veh. (more Than 4	POLARIS VIN# 4XARF50A1XD069219	RANGER 6X6

10D. Manufacturer Name and Address
POLARIS INDUSTRIES 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

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
19	2 - Female	8 - Death	62 - Intern. Org. Inj.

16. Body Part(s) Involved	17. Respondent	18. Type of Investigation	19. Time Spent (Operational / Travel)
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	9.5 / 0

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

23. Permission to Disclose Name (Non NEISS Cases Only)
○ Yes ● No ○ Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
07/06/2006	8631	Frank J. Nava

27. Distribution	28. Source Document Number
Ingle, Robin L.	N0650216A

060831

EPIDEMIOLOGIC INVESTIGATION REPORT

1. Task Number	2. Investigator's ID	
060510HWE5331	9032	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
840	2006 05 05	2006 05 12

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

A 19-year-old female was riding on a six-wheeled ATV with four friends in a wooded area at a ranch. She was sitting in the cargo area of the vehide behind the driver with her feet extended outward towards the rear of the cargo area. The 22-year-old male driver of the vehicle had been drinking. They were driving through a large ditch going up hill when the ATV flipped upside down trapping the female victim under the vehicle. The victim died at the scene of blunt cranial cerebral Injury. No one on the ATV was wearing a helmet.

7. Location (Home, School, etc)	8. City	9. State
2 - FARM	WARING	TX

10A. First Product	10B. Trade/Brand Name	10C. Model Number
3296 - All Terr. Veh. (more Than 4	POLARIS VIN# 4XARF50A1XD069219	RANGER 6X6

10D. Manufacturer Name and Address
POLARIS INDUSTRIES 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

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
19	2 - Female	8 - Death	62 - Intern. Org. Inj.

16. Body Part(s) Involved	17. Respondent	18. Type of Investigation	19. Time Spent (Operational / Travel)
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	9.5 / 0

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

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

○ Yes ● No ○ Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
07/06/2006	8631	Frank J. Nava

27. Distribution	28. Source Document Number
Ingle, Robin L.	N0650216A

IDI# 060510HWE5331
ATV Fatality, Kendall CO., Texas
Page 1

On May 5, 2006, a 19-year-old female went to a ranch with a group of friends to watch a basketball game. The accident occurred away from the house and was not immediately accessible due to terrain and distance. No one in the group of five was wearing helmets at the time of the accident.

Approximately 10:30 p.m., five in the group, including the victim, decided to take a ride on the six-wheeled ATV. One of the males in the group, a 22-year-old male who had been drinking, was driving the ATV through a large ditch when it tipped over. He stated that the ATV was going up a hill when it flipped upside down trapping the 19-year-old female victim under the vehicle.

A female was sitting next to the driver of the six-wheeler, with a male sitting next to her in the front of the vehicle. The female victim was sitting in the cargo area of the vehicle behind the driver with her feet extended outward towards the rear of the cargo area. Another male was sitting beside the female victim and behind the male passenger in the front seat with his feet extended outwards toward the rear of the cargo area.

After the accident one of the friends in the group called a friend back at the house to summon help. Several in the group, in an attempt to help the victim, righted the ATV. The Investigating Officer observed numerous beer cans lying around the ATV. The victim died at the scene before the EMS arrived.

In a telephone conversation with the Justice of the Peace from Precinct 4, she stated that the Death Certificate stated the victim died of Blunt Cranial Cerebral Injury. She would not release the autopsy report.

The product involved was a **six-wheeled All Terrain Vehicle:**

- **Polaris**
- **1999**
- **Ranger 6x6**
- **VIN# 4XARF50A1XD069219**

ATTACHMENTS

1. ATVD
2. Respondents
3. Sheriff's Report
4. Missing Document

IDI: # 060510HWE5331
Exhibit # 2

IDENTITY OF RESPONDENT(S)

The respondents in this investigation are:

- Kendall County Sheriff
  Etta Bishop 5/12 & 6/21/2006
  6 Staudt Street
  Boerne, Texas 78006

  Inv. Valdes 6/21/2006
  CID Section

- Justice of the Peace
  Precinct 4
  Judge Frieda Pressler 06/28/2006
  (830) 995-2031

INCIDENT REPORT (detail)

KENDALL COUNTY SHERIFFS OFFICE

INCIDENT

Incident ID	2006003366	[ ] Cleared by Arrest	
Incident No.	2603148	[ ] Cleared Exceptionally	
CAD Service Call Id			
Complainant	(b)(3):CPSA Section 25(c),(b)(6)	**Phone**	**Home**
Address			**Business**
Reported by	(b)(3):CPSA Section 25(c),(b)(6)	**on** 05/05/2006	**Phone** **Home** (b)(3):CPSA Section
Address		, 78006	**Business**
Location Description	WOODS		
Location of Incident	(b)(3):CPSA Section 25(c),(b)(6)		
Incident Start	05/05/2006		
Incident End	05/06/2006		

OFFENSE

Number of Offenses 1

NIBRS

Offense Code	Bias Motivation Description	Status	Offense Location	Offender(s) Suspected Using	Force / Weapon Used	# of Premises Entered	Method of Entry
N/A		COMPLETED	FIELD/WOODS	[ ] Alcohol [ ] Computer Equip [ ] Drugs [ ] Not Applicable		0	

Charge Code:

Charge Description: DEATH INVESTIGATION

NIBRS Offense Description: NOT A NIBRS GROUP A or GROUP B RELATED OFFENSE

Type Of Criminal Activity

PROPERTY

Qty	Effect Type	Property Code	Value	Brand Model Serial No Tag no	Description	Date	[Recovery] Qty	Value
1	SEIZED	RECREATIONAL VEHICLES	$16000.00	POLARIS RANGER	GREEN 6 WHEELER			
1	SEIZED	RECORDINGS-AUDIO/VISUAL	$1.00		DIGITAL PHOTO CARD			
1	NONE	AUTOMOBILES	$10000.00	FORD F150 TXLP 7WX-V86	RED FORD TRUCK			

Total $26001.00

Net Total (Total Value - Total Recovery Value) $26001.00

Task 060510HWE5331
Exhibit 3
Page 1 of 4

INCIDENT REPORT (detail)

KENDALL COUNTY SHERIFFS OFFICE

VICTIM

Number of Victims:

Victim Name

Address
Phone

Type of Victim Description	Race	Sex	Age	Date of Birth	Resident Status	Ethnicity	Related to Offense Code

OFFENDER

Number of Offenders 1

Name (b)(3):CPSA Section 25(c),(b)(6)

Age 21 Sex M Race WHITE

Address & Home Phone
(b)(3):CPSA Section 25(c),(b)(6)

Birthdate (b)(3):CPSA Resident Status RESIDENT Ethnicity NON - HISPANIC

Eyes UNKNOWN Hair UNKNOWN Height 5 feet 10 inches Weight 130

Arrest No. Arrest Date UCR Arrest Offense Code

Arrestee was armed with :

Type of Arrest O [ ] On-view S [ ] Summoned/Cited T [ ] Taken into custody

Disposition of arrestee under 18 H [ ] Handled Within department R [ ] Referred to other authority

VICTIM - OFFENDER RELATIONSHIP

Victim ID	Name	Offender ID	Name	NIBRS Code	Relationship

Task 060510HWE5331
Exhibit 3
Page 2 of 4

INCIDENT REPORT (detail)

KENDALL COUNTY SHERIFFS OFFICE

PERSONS

Name	Address	Type	Home Phone	Business Phone
(b)(3):CPSA Section 25(c),(b)(6)		WITNESS	(b)(3):CPSA Section 25(c),(b)(6)	
		WITNESS		
		WITNESS		
		WITNESS		
		WITNESS		
		WITNESS		
		OTHER		
		OTHER		
		OTHER		

Incident Narrative Created By : (b)(3):CPSA Section 25(c),(b)(6) Date : 05/08/2006

Task 060510HWE5331
Exhibit 3
Page 3 of 4

INCIDENT REPORT (detail)
KENDALL COUNTY SHERIFFS OFFICE

DEATH INVESTIGATION
K. STEWART

On Friday April 5, 2006 at 2325hrs I was dispatched to the area of 500BLK Waring-Welfare Road for a reported six-wheeler accident involving a female patient that was bleeding.Dispatch advised the caller did not know where they were and they sounded intoxicated.The caller was later identified as [redacted] W/M DOB [redacted].I arrived at [redacted] at 2345hrs.I observed Kendall EMS unit 280 and Constable Pankratz #264 to be at the location.While preparing to assist Waring Volunteer Fire Department with a landing zone for Air Life, it was reported to me that the patient had expired prior to KEMS arriving and they were requesting a Justice of the Peace for the deceased.KEMS medics were at the accident scene with the deceased.The accident scene was located away from the house at [redacted] and was not immediately accessible due to terrain and distance.

I was able to access the accident scene at approximately 2349hrs.KEMS medics transported the deceased to the main house.I made contact with [redacted] W/M DOB [redacted] W/M DOB [redacted] W/M DOB [redacted] and [redacted] W/M [redacted].It was learned that [redacted] was driving a Polaris Ranger 6x6 all terrain vehicle thru a large ditch when it tipped over.He stated the ATV was going up a hill when it flipped upside down trapping [redacted] W/F DOB [redacted] under the vehicle [redacted] was fatally wounded by the accident.Sgt. McGuire began taking information from the individuals at the scene (see supplement for further information).I made contact with [redacted] and observed him to be upset and not willing to answer questions.I observed him to have blood on his face and hands.I asked [redacted] if he was injured, he stated he was not. I asked him if he had been drinking, he said he had.

I observed the Polaris ATV to be sitting on its wheels.It was reported to me that [redacted] and other persons attempting to assist [redacted] had righted the vehicle.I observed numerous beer cans lying around the ATV.I contacted [redacted] who appeared to be highly intoxicated.I observed him to have a swaying stance, a distinct slur in his voice and an odor of an alcoholic beverage emitting from his breath. [redacted] refused to answer any questions or give any information.I spoke with [redacted] H/F DOB [redacted] he stated he was following the ATV in his red Ford pickup when the Polaris ATV tipped over.I did not further question any parties at the scene.I began taking photos of the scene (see photo log).

All individuals were moved from the accident scene to the main house at approximately 0115hrs.At the house it was learned that [redacted] had fled from the truck he was riding in and was unaccounted for.I made contact with LT. Martinez #1121 at the house.He instructed me to take pictures of the deceased, which was in the back of KEMS unit 280 (see photo log).While speaking with individuals at the house it was learned that [redacted] W/F DOB [redacted] was sitting next to [redacted] in the front of the ATV. [redacted] was reported to be sitting next to [redacted] in the front of the vehicle [redacted] was sitting in the cargo area of the vehicle behind [redacted] with her feet extended outward towards the rear of the cargo area. [redacted] W/M DOB [redacted] was stated to be sitting beside [redacted] behind [redacted] with his feet extended outwards toward the rear of the cargo area.

After the accident [redacted] called [redacted] W/M DOB [redacted] to summon help [redacted] and [redacted] W/M DOB [redacted] were reportedly at the house located at [redacted] playing pool and watching television when they were alerted to the accident.They proceeded to go to the accident scene to render aid.

5-Star Wrecker transported the Polaris ATV to KCSO impound yard [redacted] Funeral Home transported [redacted] to the Bexar County Medical Examiners Office for an autopsy [redacted] and [redacted] were transported to KCSO to give statements to CID. [redacted] was still unaccounted for.It was learned at approximately 0230hrs, [redacted] was being transported to KCSO by his mother. At approximately 0345hrs I was instructed to transport [redacted] to University Hospital in San Antonio for a mandatory blood sample.I arrived at University Hospital at approximately 0330hrs.University personnel took the sample and gave me two tubes of blood in a sealed evidence bag [redacted] was transported to 114 Christen Court at approximately 0545hrs and released.At approximately 0600hrs the samples were turned over to [redacted] #1156.

I entered the photo log in KCSO evidence locker #1 and returned to patrol at 0600hrs.

Forwarded to CID

K. Stewart, Deputy

Task 060510HWE5331
Exhibit 3
Page 4 of 4

Status of Missing Document(s)

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

Autopsy Report

Certificate of Death

Attachment #1 ATV Data Record Sheet

Task Number 060510HWE5331

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

Type of respondent: Police Department

Other, specify:

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

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

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

ATV #1	ATV #2
Manufacturer: 05 - Polaris	**Manufacturer:**

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

Model: Ranger 6x6 / **VIN:** 4XARF50A1XD069219

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

Model Year: 1999

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

Engine Size: 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:	05/05/2006	
Age/Sex:	19 / Female	/
State of Death:	TEXAS	
City of Death:	Waring	
County of Death:	kendall	

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

A 19-year-old female was riding on a six-wheeled ATV with four friends in a wooded area at a ranch. She was sitting in the cargo area of the vehicle behind the driver with her feet extended outward towards the rear of the cargo area. The 22-year-old male driver of the vehicle had been drinking. They were driving through a large ditch going up hill when the ATV flipped upside down trapping the female victim under the vehicle. The victim died at the scene of Blunt Cranial Cerebral Injury. No one on the ATV was wearing a helmet.

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

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

Victim 1:	**Victim 2:**
(Yes) No Unknown	Yes No Unknown

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

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

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

Victim 1:	**Victim 2:**
Yes (No) Unknown	Yes No Unknown

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

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

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

Age: 22 **Height:** **(inches)**
Weight: **Sex:** Male

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

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

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

01 - Forest, Woods

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

09 - NA (Not a road)

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

09 - NA (Not a traffic incident)

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

1 - Yes

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

0 - Unknown

Additional Comments:

SEP 2 4 2006

POLARIS
The Way Out.

Polaris Industries Inc.
2100 Highway 55
Medina, Minnesota 55340-9770
763-542-0500
763-542-0599 fax

John J. Wackman
(763) 542-2309
fax (763) 417-2131
john.wackman@polarisind.com

September 18,2006

Via U.S. Mail

Pamela McDonald
Lead, Technical Information Specialist
Office of Information and Technology Services
U.S. Consumer Product Safety Commission
4330 East West Highway, Room 504
Bethesda, Maryland 20814

RE: 060328HNE0739 060403HNE0771 060405HNE0780
060406HCC3431 060411HNE0798 060510HWE5331
060516HNE0985 060519CCC1542 060522HCC3515
060524HCC2542 060525HWE5351 060602HNE1065
060606HCC2567 060606HWE5388 060629HCC2654
H0650272A H0660193A I0650356A
I0660194A

Dear Ms. McDonald:

Thank you for the information provided in the above files. We will review the information provided in these documents and will conduct additional investigations as may be required. I request that I be notified prior to releasing any of the information contained in these files under the Freedom of Information Act.

Very Truly Yours,

John J. Wackman
Assistant General Counsel

#060510HWE5331 N0650216A 5/11/06

Davidson, Verlene ISSUE; 32

From: Nava, Frank J.
Sent: Tuesday, May 09, 2006 11:27 PM
To: Davidson, Verlene
Subject: FW: 5/5/06-19-Year-Old Dies in 6-wheel ATV, Boerne, TX

Please assign to Englander.....

Frank J. Nava
US CPSC/Western Region
916-641-6134

From: Englander, Sidney C.
Sent: Tue 5/9/2006 6:24 AM
To: Nava, Frank J.
Subject: FW: 5/5/06-19-Year-Old Dies in 6-wheel ATV, Boerne, TX

Submitted by Bette Rohrer.

From: Rohrer, Bette M.
Sent: Tuesday, May 09, 2006 7:18 AM
To: Englander, Sidney C.
Subject: 5/5/06-19-Year-Old Dies in 6-wheel ATV, Boerne, TX

Woman's ATV death eyed in Kendall

Web Posted: 05/09/2006 12:00 AM CDT

San Antonio Express-News

Kendall County sheriff's investigators are looking into the death of a 19-year-old woman in an all-terrain vehicle accident Friday.

(b)(3):CPSA Section 25 (c),(b)(6) went to a ranch on Waring-Welfare Road with a group of friends to watch the Spurs game Friday.

At about 10:30 p.m., five in the group, including (b)(3):CPSA Section 25(decided to take a ride on a Polaris six-wheel ATV. The vehicle overturned backward and trapped (b)(3):CPSA Section 25(underneath. The others quickly moved it off her and attempted CPR.

She was pronounced dead at the scene.

2005 Boerne graduate killed

(b)(3):CPSA Section 25 (c),(b)(6) 19, was killed Friday night when an all-terrain vehicle fell backwards crushing her. (b)(3):CPSA Section 25(c) was a 2005 graduate of Boerne High School and a teacher at Planet Kids. A funeral is planned

for Wednesday at 11 a.m. at (b) (3):CPSA S Funeral Home. See Tuesday's Boerne Star for the full story and obituary.

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
060516HNE0985	9075	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
810	2006 05 13	2006 05 16

6. Synopsis of Accident or Complaint UPC

An 8 year old female non helmeted passenger on a 4 wheel off road utility type vehicle died from a skull fracture she sustained when the vehicle was in the process of rolling onto its side while she attempted to exit. The victim's head was pinned below the vehicles upper drivers side roll bar. Authorities attributed the incident to driver error and none of the 5 youths in the vehicle were wearing any safety equipment.

7. Location (Home, School, etc)	8. City	9. State
2 - FARM	GRASVES RUN	WV

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

10D. Manufacturer Name and Address
POLARIS INDUSTRIES INC. VIN#[redacted]
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

12. Age of Victim	13. Sex	14. Dispositiin	15. Injury Diagnosis
8	2 - Female	8 - Death	57 - fracture

16. Body Part(s) Involved	17. Respondent	18. Type of Investigation	19. Time Spent (Operational / Travel)
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	14 / 0

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

23. Permission to Disclose Name (Non NEISS Cases Only)
○ Yes ◉ No ○ Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
0711312006	8922	Eric B. Ault

27. Distribution	28. Source Document Number
Topka, Tanya L.	N0650374A

060516HNE0985

All relevant information pertaining to this incident was obtained from the following sources: The Investigating Sheriff's Department Official and WV Medical Examiner's Office.

It should be noted that the incident was initially believed to have been an ATV incident with injury only. Local Law Enforcement Officials indicated that they did not respond initially because it was believed to have been an injury only.

The product identified in this incident is a 4 wheel off road utility vehicle.

The victim in this incident was a passenger of a 4 wheel off road utility type vehicle which is equipped with a front cab area roll bar. The roof roll bar appears to be covered with silver flat metal sheeting. The front cab area is equipped with a bench type seat and the rear cargo area has an open metal bed.

According to Officials, at the time of the incident beside the operator there were three other youth passengers in the cab of the utility vehicle. One other youth was standing up right holding onto the roll bar in the bed of the 4 wheel utility vehicle. A total of five youths were in the utility vehicle at the time of the incident.

Officials stated that the operator had just started out from stationary position at a high rate of speed and while negotiating a turn struck a rock with the vehicle's rear right wheel. The rear tire glanced off of the rock pushing the rear of the ATV to the left side of the road which caused the front end to travel to the right and upward onto a bank causing the utility vehicle to tip over.

The victim, and non helmeted 8 year old female passenger attempted to exit the drivers side of the utility vehicle after the driver had done so while the vehicle was tipping over toward its driver's side. The vehicles side roll bar came to rest on the victim's head pinning her to the ground.

The victim was pronounced dead at the hospital after CPR and advanced life support efforts failed. None of the other four youths were injured.

The victim in this incident was an 8 year old female non helmeted passenger of a 4 wheel off road utility vehicle. According to Officials the victim was familiar with the operation of the utility vehicle and had in fact prior to the incident been operating the vehicle herself. The victim had on numerous prior occasions been a passenger and operated the utility vehicle which was owned by the other female passenger's parents.

According to the victim's parents they were aware that she had ridden the utility vehicle in the past and was continuing to do.

060516HNE0985

The vehicle was being operated on private property which surrounds a trailer court. The youths involved in the incident reside in and around the trailer court and according to

Officials are very familiar with the wooded area and trails around the trailer court. The trails are utilized on a regular basis by ATV operators.

Officials indicted that the dirt covered surface and trail in which the utility vehicle was traveling was dry. According to Officials the weather was warm and dry.

The Sheriff's Department Official indicated that according to the youths involved in the incident each of them had taken their turn being the operator of the utility vehicle that afternoon. They had apparently stopped riding for a brief time and decided to do so again.

At the time of the incident a 13 year old male was operating the utility vehicle. Seated directly beside him was the victim (8 year old female) and to her right was another female (age 11) and to her right the male 14 year old brother. The fifth young male was standing in the utility bed holding onto the role bars.

While traveling on the dirt style trail one of the youth told the operator to stop and back up because they had seen something. After being stopped for a brief time they stated that the operator had pulled out too quickly and while negotiating a right hand turn struck a large rock which was situated on the right side of the trail with his right rear wheel.

This action apparently caused the rear portion of the utility vehicle to slide to the left side of the trail which forced the front end to the right side of the trail and upward onto the steep right side embankment.

The utility vehicle began to roll toward its left side and the youths indicated that they exited the vehicle as follows. The male standing in the rear bed jumped directly off the rear of the vehicle. The operator jumped outward on the down hill driver's side and the operator's brother jumped out the passenger up hill side. The female who was seated to the inside of the male passenger and adjacent to the victim exited forward through the open windshield area. The female victim attempted to follow the operator out through the driver's side entrance area and was immediately pinned to the ground. Witnesses state that the female victim's head was pinned by the vehicles left side roll bar.

They stated that the victim was in a fetal position on her side and her head was pinned below the metal roll bar. Witnesses indicated that she was bleeding profusely from the head.

The youths attempted to remove the utility vehicle from off of the victim but it was too heavy. They yelled for help to a home situated not far from the incident. An adult male

responded and was able to remove the utility vehicle from off of the victim while another adult pulled her out from under the roll bar.

EMS personnel were summoned and responded accordingly. CPR was immediately initiated by individuals at the scene.

The victim was transported to a local hospital and was pronounced dead at 9:06pm on May 13, 2006 after all means of life support were exhausted.

The Medical Examiners report was requested and obtained (See: Attachment #4). It documents the victim suffering a skull fracture and lists the specific cause of death as a result of craniocerebral injuries.

As previously indicated the Sheriff's Department was initially of the understanding that the incident resulted in an injury and not a fatality.

On 05/19/06 the Sheriff's Department Official responded to the victim's parent's home at their request. The parents indicated that they were upset over the lack of a Law Enforcement Investigation and response to the incident. Officials explained the situation and policy to them and conducted and initiated an Investigation and Supplemental report.

Officials indicated that according to the statements obtained from the youths involved in the incident, operator error and failure to wear the proper safety equipment were both factors. They indicated that none of the youths had been wearing a helmet nor were they using a seat restraint at the time of the incident.

They are of the opinion that the operator had been operating the utility vehicle at a high rate of speed and being unable to negotiate the turn struck a large rock which pushed the vehicle upward onto a bank along the side of the trail. As a result the utility vehicle rolled from right to left. The vehicle came to rest on its left side.

The victim was pinned to the ground beneath the left upper roll bar.

A copy of the Sheriff's Department Supplemental report and photographs were requested and obtained.

No further information is available.

PRODUCT IDENTIFICATION:

Law Enforcement Officials identified the product involved in this incident is a 2004 **POLARIS** Ranger 4 wheel off road utility type vehicle which is equipped with a front cab and surrounding roll bar. The roof roll bar appears to be covered with silver, flat metal sheeting. The front cab area is equipped with a bench type seat and the rear cargo

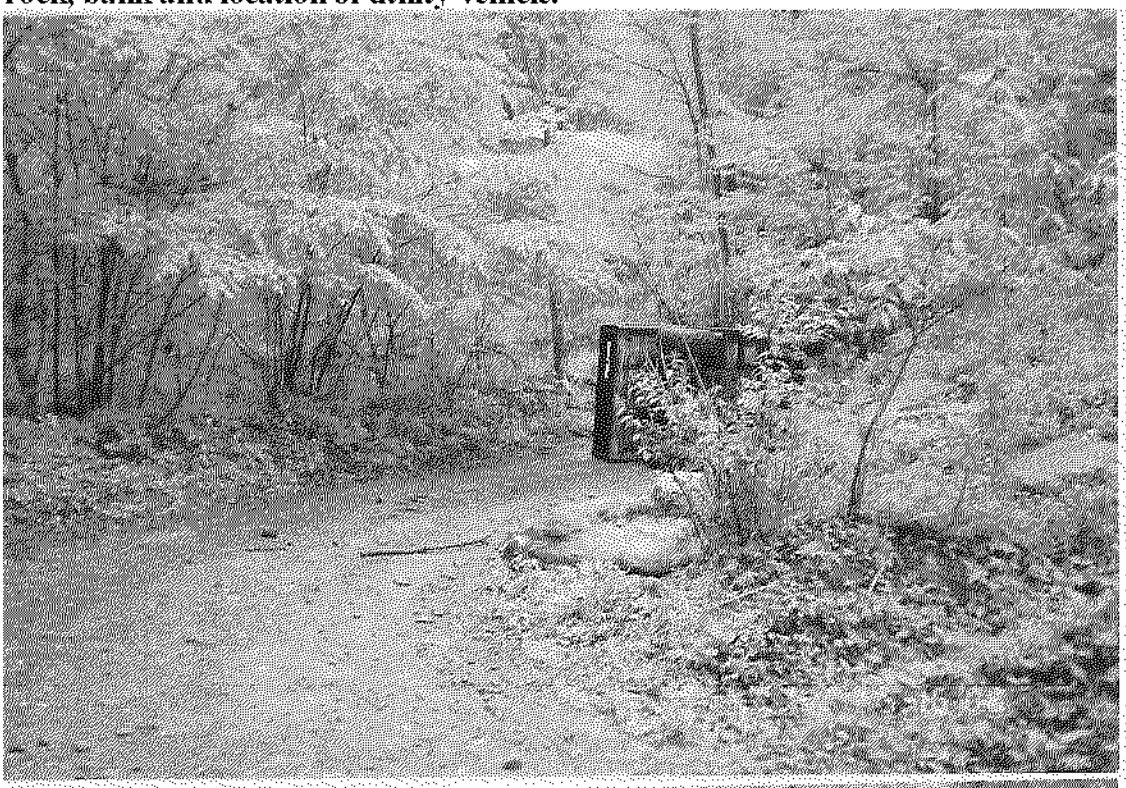
area has an open metal bed. The vehicle is green in color and displays the following vehicle identification number: 4XARD50A74D164353.

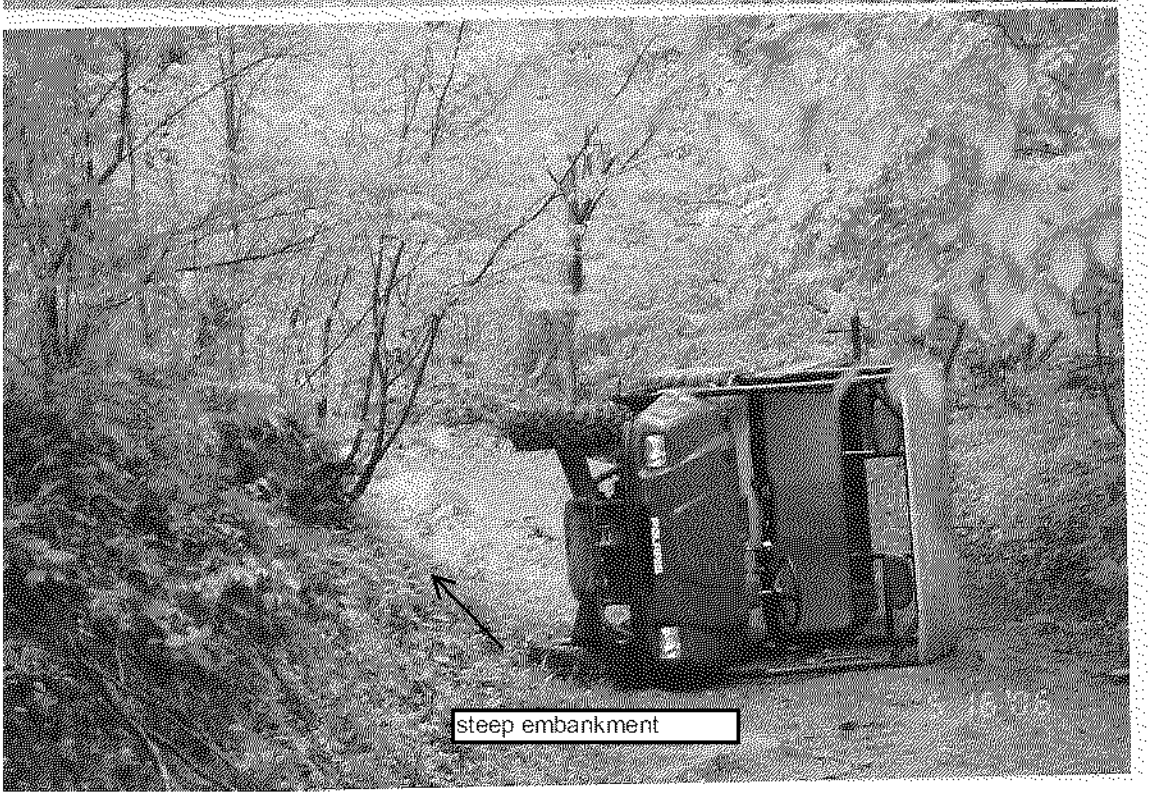
According to the Law Enforcement Official the off road utility vehicle weighs approximately 700 pounds. She was unaware of the size engine (cc). No further information is available.

EXHIBITS:

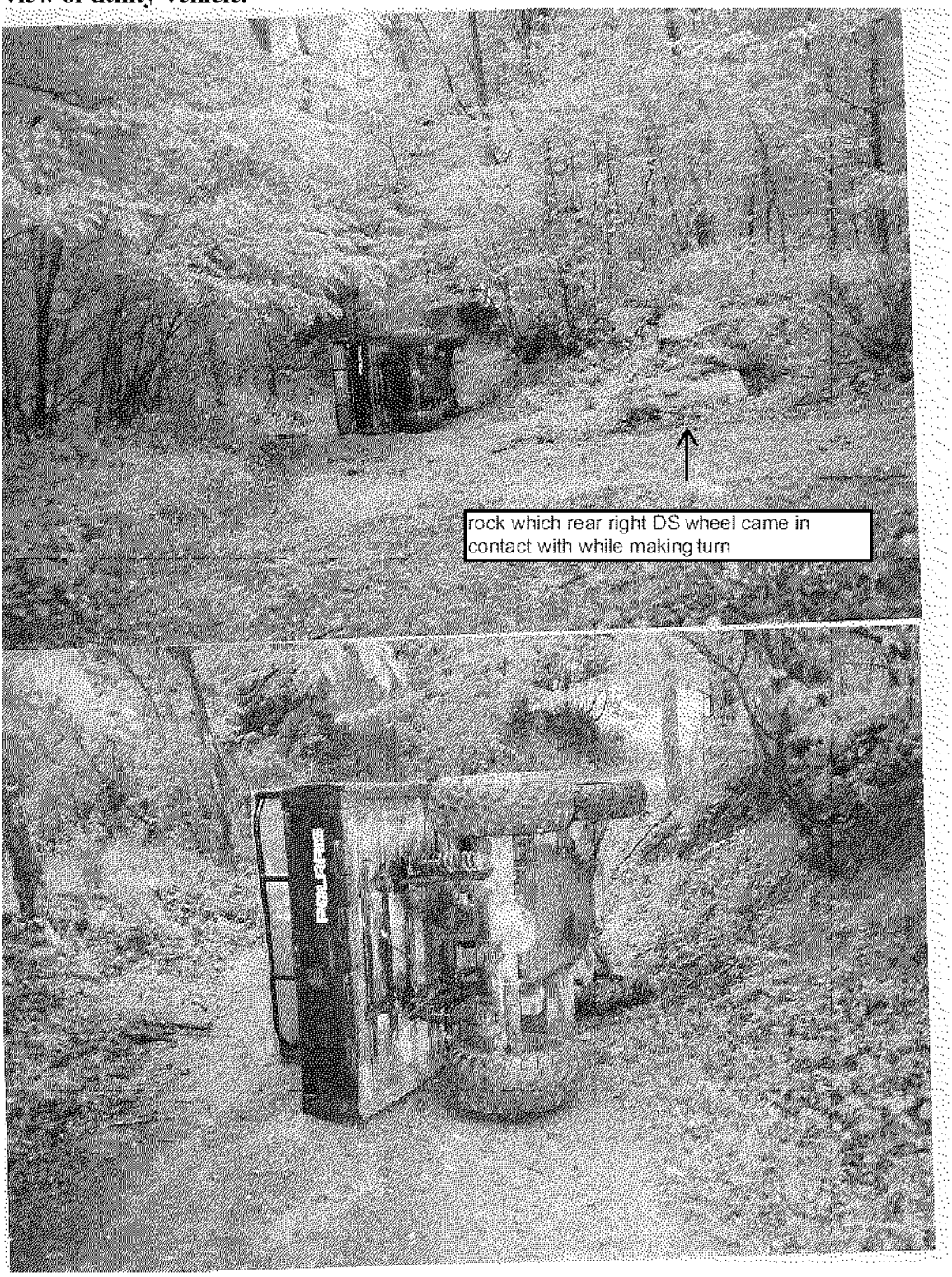
Attachment #1: Photographs (6)
Attachment #2: CPSC ATV Questionnaire
Attachment #3: Sheriff's Department Supplemental report. (13)
Attachment #4: WV Medical Examiner's Death Investigation report. (10)
Attachment #5: Contact Sheet.

060516HNE0985 Attachment #1 photos #1 & #2 depicting overview of area, noting rock, bank and location of utility vehicle.

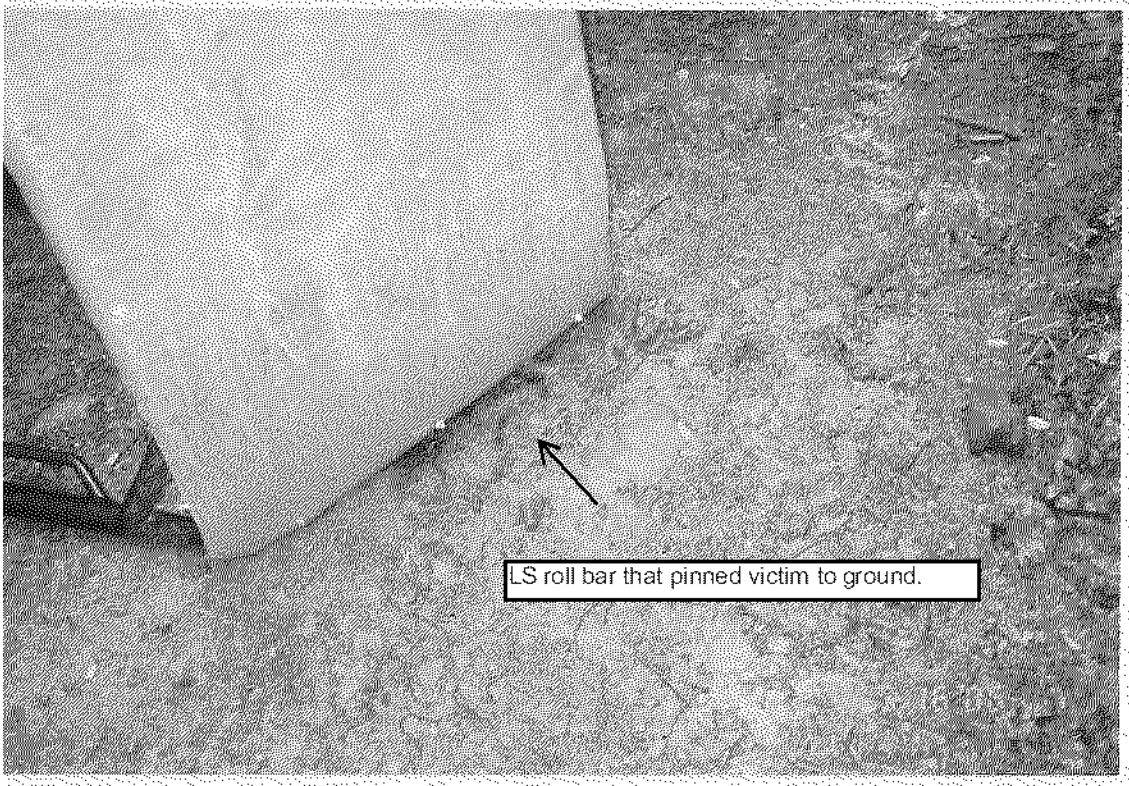




060515HNE0985 Attachment #1 photos #2 & #4 depicting over of area and rear view of utility vehicle.



060516HNE0985 Attachment #1 photos # 5 & #6 depicting roll bar roof area in which was pinned under and overview of incident area.



Marion County Sheriff's Department
Detective Division

Case Number: 06-1079

Offense: Child neglect resulting in death, 61-8D-4a

Date of Offense: 05-13-06

Location of Offense: Grays Run Road

Complainant: (b)(6)

Victim: (b)(3):CPSA Section 25(c)

Accused/Suspect:

Narrative: I was notified by Sheriff Slaughter on 05-15-06 that there had been an ATV accident over the past weekend that resulted in the death of a child. I also received a call from Rod Sloan of the Office of the Chief Medical Examiner in Charleston. Mr. Sloan was in need of information regarding the incident. After speaking with Sloan, I contacted the WVDHHR office to determine if there had been previous interaction with the (b)(3):CPS family by that agency. I spoke with Amber Freeland who told me that she had also spoken to Mr. Sloan and that the (b)(3):CPSA were an open CPS case due to living conditions and the mother's apparent drug use. She told me that she had received a call this morning from (b)(6) He told Ms. Freeland that he had "lost his little girl" this weekend. She reported that he was crying and very upset. He stated that (b)(3) had been at the home of a friend and that several kids were riding the 4-wheeler when it wrecked. He said that they were driving too fast and wrecked causing the 4-wheeler to roll over crushing (b)(3):C's skull and killing her instantly. Ms. Freeland faxed me a copy of her report summarizing the (b)(3):CPSA C history with DHHR. That report will become part of this investigation. I located the CAD (computer aided dispatch) sheet for the incident and generated an initial report based on the information at hand. Follow-up investigation will be handled by this officer.

Doris James

Detective Sergeant Doris James

Supplemental Report

Case #: 06-1079

Date: 05-19-06

Offense: Child Neglect Resulting in Death

On 05-18-06 I went to Ices Run Towing to look at the 4-wheeler involved in this case. (b)(6) of Ice's Run Towing had checked the tires and found that the left front tire was a 25x8-12 with 502 psi of air. The right front tire was a25x10-12 with 17 psi of air. The left rear tire was a 25x11-12 with 12 psi of air and the right rear tire was a 25x11-12 with 13 psi. There appears to be no mechanical problems with the vehicle.

Doris James

Detective Doris James

Supplemental Report

Case #: 06-1079

Date: 05-22-06

Offense: Child Neglect resulting in death

On 05-19-06 I went to the home of (b)(6) parents of (b)(3):CPS (b)(3):CPSA at (b)(6) across from (b)(6) I spoke at length with them regarding the investigation into their daughter's death. They express great concern that no one was sent to begin an investigation at the time of the incident. I explained to them that the original call was for medical assistance and that all calls of that nature require law enforcement intervention and that when the Sheriff's Department was notified the scene had been cleared. They were of the belief that fire, EMS and law enforcement are all dispatched to calls at the same time and to all calls into the 911 system.

The (b)(6) want to make sure that in future instances of this, nature law enforcement personnel are notified at the time of the initial call. I assured them that I would check to see if there is policy regarding the notification in situations such as this. They also wanted some information regarding the laws that govern riding 4-wheelers. I told them that I would try and get them a copy of what was available.

I talked with them about their daughter riding the 4-wheeler and they indicated that they knew that she rode it when she was at the Side's residence visiting with their daughter. (b)(6) indicated that (b)(3) loved riding the 4-wheeler and that he couldn't tell her that she could not ride it. They knew that she rode it [redacted].

After leaving the (b)(6) home I proceeded to the home of (b)(6) I had been told that the (b)(6) had been on the 4-wheeler when it tipped over. I spoke briefly wish (b)(6) without the boys then brought them back into the room one at a time in order to get their story about what had happened the day (b)(3):CPSA was killed. (b)(6), who is 13, told me that he had been driving the 4-wheeler at the time of the accident. He said that he was seated behind the wheel, (b)(3):CP was seated beside of him, (b)(6) as next to (b) and (b)(6) was on the outside next to (b)(6) a friend of (b)(6) was standing in the back holding

onto the roll bar. They had come around the track and came through the dip when someone yelled for him to back up that they had seen something. (b)(6) backed up around the turn on to the graveled track. (b)(6) said he didn't see anything, but the others thought it might have been a coyote. Someone yelled, "go, go" and (b)(6) took off. He said that he gave it too much gas and when he rounded the turn by the rock, the rear tire hit the rock and caused the rear end to slide down hill. This caused the front to go up onto the embankment to the right and the 4-wheeler started to tip over. (b)(6) ays that he jumped out under the roll bar before it completely tipped. He believes that (b)(6) jumped out thru where the windshield would be and (b)(6) jumped up onto the bank. (b) attempted to follow (b)(6) under the roll bar, but did not make it thru. According to (b)(6), the children tried to lift the 4-wheeler off of (b) (3):C but could not. They began screaming for help and attracted the attention of (b)(6) (b)(6) who lives nearby. (b)(6) was coming down the hill to get the (b)(6) boys and ran up just as (b)(6) was trying to lift the 4-wheeler. She pulled (b) out from underneath the roll bar and began CPR (b)(6) who lives in the same residence as (b)(6) called 911 and relayed information from the scene until EMS personnel arrived.

I then spoke with (b)(6) who relayed much the same story, but added that initially the children had been taking turns driving the 4-wheeler and that not all 5 of them had previously been on it at the same time. (b)(6) also said that when the 4-wheeler started to tip, he and (b)(6) tried to lean to the opposite side to keep it upright, but it ran up on the bank and tipped over. He indicates that he jumped out on the bank and couldn't see where anyone else was once the 4-wheeler came to a rest. He said that (b)(6) jumped out thru the front, (b)(6) went out thru the drivers side, Jordan jumped off of the back and (b) was trying to go out under the roll bar on the drivers side like (b)(6) had done.

Doris James

Detective Doris James

Supplemental Report

Case #: 06-1079

Date: 06-06-06

Offense: ATV Accident

On 06-01-06 I went to the home of (b)(6) and took a statement from her daughter (b)(6) That statement reflects the statements that I had previously taken from (b)(6) left the room and I spoke with (b)(6) at length about the incident that caused the death of (b)(3):CPSA Sect (b)(6) confided in me that (b) dad, (b)(6) had more or less indicated to her that I was pushing the investigation and that he does not blame the Sides' for the accident. I assured (b)(6) that was not true. She is very remorseful in regards to (b)(3):CP death and states that (b)(6) has been having a hard time dealing with the loss of her friend. (b)(6) does not deny that there should have been more supervision of the kids on the Polaris, but also acknowledges that (b)(6) knew that his daughter rode the Polaris on a regular basis. She states that he has even been down to watch them ride. (b)(6) has researched the ATV laws and believes that it is the responsibility of parents to provide helmets for their children according to her interpretation of that particular section of the code (17F-1-8). Most of the ATV regulations do not pertain to private property with the exception of 17F-1-1(a) (3), (4) & (5). Those sections deal with the number of passengers, the licensing of the driver and wearing of helmets. A copy of that statute is attached.

The parents of all of the individuals who were riding that Polaris could be held responsible for not providing helmets to those youngsters.

This information will be provided to the prosecutor who will make a determination if a criminal act was committed and if any charges should be filed.

Doris James

Detective Doris James

MARION COUNTY SHERIFF'S DEPARTMENT

JUNIOR SLAUGHTER, SHERIFF

060516HNE0985 Attachment #3 (page 6 of 13)

CASE # 06-1079 REGARDING:

INTERVIEW OF: (b)(6) INTERVIEW DATE: 6-1-06

PLACE OF INTE[redacted] INTERVIEW TIME: 1310

HOME ADDRESS: [redacted] PHONE: 365-

~~BUSINESS ADDR~~ PHONE:

INTERVIEW BY: Doris James WITNESS(ES):

D.O.B.	RACE	SEX	HEIGHT	WEIGHT	HAIR	EYES	SOCIAL SECURITY #
3-11-95	W	F	4'10"	85#	Blonde	Blue	

We were riding the Polaris and we hit a rock and it started to tip over and (b)(3):CPSA tried to follow (b)(6) out under the bar and it caught her. I really didn't see what happened. I was trying to keep the Polaris from tipping.

I HAVE READ EACH PAGE OF THIS STATEMENT WHICH BEARS MY SIGNATURE; CORRECTIONS IF ANY, BEAR MY INITIALS AND I CERTIFY THAT SUCH FACTS CONTAINED ARE TRUE AND CORRECT.

SIGNATURE: (b)(6) DATE: 6-1-06

MARION COUNTY SHERIFF'S DEPARTMENT

JUNIOR SLAUGHTER, SHERIFF

CASE # 06-1079 REGARDING:
INTERVIEW OF: (b)(6) INTERVIEW DATE:
PLACE OF INTE INTERVIEW TIME:
HOME ADDRESS: PHONE: (b)(6)
BUSINESS ADDR PHONE:
INTERVIEW BY: WITNESS(ES):

D.O.B.	RACE	SEX	HEIGHT	WEIGHT	HAIR	EYES	SOCIAL SECURITY #
7-28-50	W	F	5'4"	160#	Red	Haz	

I was in the house and my fiance, (b)(6) (b)(6) was out in the building. It was in the evening, but it wasn't dark yet. I heard kids screaming. Then I heard (b)(6) I could hear the panic in his voice. He was yelling for me to call 911. I asked what was wrong. I stepped out on the porch. They were yelling. I could see David was running over with the kids 3 or 4 kids over in the woods. They said the 4-wheeler was on top of a girl. I tried to get closer with my cordless phone so I could tell the 911 operator what was wrong. (b)(6) was over there by this time and Kim Sides came down the road. David lifted the 4-wheeler and (b)(6) slid the girl out. That's about all I know. The next thing I knew all of the kids were gone. The ambulance and the

I HAVE READ EACH PAGE OF THIS STATEMENT WHICH BEARS MY SIGNATURE; CORRECTIONS IF ANY, BEAR MY INITIALS AND I CERTIFY THAT SUCH FACTS CONTAINED ARE TRUE AND CORRECT.

SIGNATURE: (b)(6) DATE: 5/16/06

helicopter and everything had come and I thought the girl was going to be all right. I never heard anything until I heard the kids screaming. I was in my house. I just stayed on the phone with 911 and tried to give them the information they needed. One of the boys had a cast on his arm, but I didn't know any of the kids. David sent one of the kids back over to where I was so I could tell 911 what was going on. I couldn't get close enough with my cordless phone.

I have read each page of this statement which bears my signature, and corrections, if any, bear my initials and I certify that such facts contained are true and correct.

Signature (b)(6) **Date** 5/16/06

MARION COUNTY SHERIFF'S DEPARTMENT

JUNIOR SLAUGHTER, SHERIFF

CASE # 06-1009

INTERVIEW OF: (b)(6)

PLACE OF INTER

HOME ADDRESS:

BUSINESS ADDRE

INTERVIEW BY:

REGARDING:

INTERVIEW DATE: 5-19-06

INTERVIEW TIME:

PHONE: (b)(6)

PHONE:

WITNESS(ES):

D.O.B.	RACE	SEX	HEIGHT	WEIGHT	HAIR	EYES	SOCIAL SECURITY #
7-8-93	W	M	5'4"	82#	Br	Blue	

We had been riding the 4-wheeler for about an hour. (b)(6) had gone up to get it. (b)(6) was staying with (b)(6). We had been riding for a while then parked the Polaris and went to the clubhouse. We were there for a little while and decide we all wanted to ride the Polaris. (b)(6) volunteered to go get it. She came back and we all were riding. ~~May~~ We took turns riding and driving. (b)(3):CPSA drove some. Then we all got on it and my brother was driving. (b)(3):CPSA was beside my brother then Mariah then me. We would have all been squeezed if (b)(6) got in the front, so she got in the back. We went around the track and after we crossed over the ditch, somebody said, "Stop". "There's some thing back there" We stopped and backed up around the turn into the track.

I HAVE READ EACH PAGE OF THIS STATEMENT WHICH BEARS MY SIGNATURE; CORRECTIONS IF ANY, BEAR MY INITIALS AND I CERTIFY THAT SUCH FACTS CONTAINED ARE TRUE AND CORRECT.

SIGNATURE: (b)(6) DATE: 5-19-06

I didn't see anything except something that looked like a chipmunk. They said it looked like a Coyote, but I didn't think it did. Then we started back down the hill. The back tire hit the big rock and made the back slide and the front went up on the bank and the Polaris tipped over. When we tipped over me and (b)(6) tried to stay on our side to try to keep it from tipping. My brother went out the drivers side and (b)(6) jumped off the back. (b)(6) went out the windshield and I jumped off up hill from the passenger side. (b)(3):CP tried to go the same way my brother did. When I jumped off all I could see was the bottom of the Polaris. We saw (b)(3):CPSA lying there. Me, my brother and (b)(6) ran down

have read each page of this statement which bears my signature, and corrections, if any, ear my initials and I certify that such facts contained are true and correct.

Signature (b)(6) **Date** 5-19-06

to the red gate and yelled at a man who was across the road. We didn't see him at first, we were just yelling and he came out. The lady there called 911. The man came over and lifted the 4-wheeler. Kim pulled (b)(3):CPSA S out and gave her CPR. I think (b)(6) stayed with Cara when we went running for help. (b)(6) was coming down to tell us it was time to get off the 4-wheeler. Then the helicopter took (b)(3):CPSA They worked on her down there for a while then took her to North Marion and worked on her, then the helicopter took her

have read each page of this statement which bears my signature, and corrections, if any, ear my initials and I certify that such facts contained are true and correct.

Signature (b)(6) Date 5-19-06

MARION COUNTY SHERIFF'S DEPARTMENT

JUNIOR SLAUGHTER, SHERIFF

CASE # 06-1079
INTERVIEW OF: (b)(6)
PLACE OF INTE
HOME ADDRESS:
BUSINESS ADDR
INTERVIEW BY:

REGARDING:
INTERVIEW DATE: 5-19-06
INTERVIEW TIME:
PHONE: (b)(6)
PHONE:
WITNESS(ES): Donna Gum

D.O.B.	RACE	SEX	HEIGHT	WEIGHT	HAIR	EYES	SOCIAL SECURITY #
7-25-92	W	M	5'4"	82#	Brown	Blue	

We had been riding the 4 wheeler (Polaris) for about an hour. I was driving. (b)(3):CPSA was sitting beside me, (b)(3):CPSA Section 25(c was sitting beside (b)(3):CPS and my brother Nate was sitting beside (b) We were all in the front seat. A girl named Jordan was in the back. She was standing up holding onto the roll bar. We had stopped because (b)(3):CPSA Section 25(c saw something and we thought it might have been a coyote. Then the kids all yelled, "go-go". I took off, but I gave it too much gas and we hit the rock. The back slid and the front went up on the bank and 4-wheeler tipped over. I jumped out. The girl in the back jumped out. (b)(3):CPS tried to follow me out, but she got stuck. I jumped out under the roll bar, but (b)(3):CPS didn't make it. The roll bar hit her head.

I HAVE READ EACH PAGE OF THIS STATEMENT WHICH BEARS MY SIGNATURE; CORRECTIONS IF ANY, BEAR MY INITIALS AND I CERTIFY THAT SUCH FACTS CONTAINED ARE TRUE AND CORRECT.

SIGNATURE: (b)(6) DATE: 5-19-06

(b)(6) waited till it went down and jumped out the windshield. My brother jumped up on the bank. After it came down on (b)(3):CPSA we tried to lift it off of her. Then we started screaming. I run down by the gate and got the guy who lives across the road. His wife call 911 and I had to give them the directions. (b)(6) Mom, Kim, heard us screaming and she came down. The man across the road lifted the 4-wheeler and Kim pulled (b)(3):CPSA out. My sister (b)(6) had called Kim to have her ask us if we wanted to spend the night at our cousin's house. Kim was coming down the road to tell us when she heard us screaming.

have read each page of this statement which bears my signature, and corrections, if any, ear my initials and I certify that such facts contained are true and correct.

Signature (b)(6) Date 5-19-06

TC 32
pause 39

MEDICAL EXAMINER'S/CORONER'S REPORT FORM

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 (301)504-0038.

****

Date of Incident: 5-13-06 Date of Death: 5-13-06

Type of Consumer Product Involved: ATV - 4 wheeler ("Mule")

Manufacturer, Model, Brand Name and Serial No. of Product: _____

Is Product available for examination? _____ Yes _____ No If Yes, Where? _____

Cause of Death: Craniocerebral Injuries

Location of Incident: City: Farmington State: WV

Brief Description of incident sequence: Please indicate the Age, Sex and Race of victim(s):

8 year old female - 4 wheeler rolled over on her
(See attached Investigative Report)

Contact Information: Please include the name, address and telephone number of any state/local personnel who investigated the accident:

Medical Examiner's/Coroner's case no: WV-2006-554

Reporter's name: M. Marshall, Secretary OCME Date reported: 5-16-06

Telephone number of office reporting the case: (304) 558-6920

Reporter's office address: OCME 619 Virginia Street, West Charleston, WV 25302 Kanawha County

Medical Examiner's/Coroner's Name: Nabila Haikal, M.D.

Chief Medical Examiner's Name (If Applicable): _____

****

For Processing at CPSC: Report Received By: _____

Chief Medical Examiners Report ( ) Copy for MECAP News ( ) Regular MECAP ( )

Document No. _____

May. 16. 2006 3:42PM CPSC EPDS 301-504-0439 No. 9472 P. 4

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH & HUMAN RESOURCES
OFFICE OF THE CHIEF MEDICAL EXAMINER
629 Virginia Street, West
Charleston, WV 25301
(304) 558-3928 – FAX (304) 558-3939

Security Seal Tab #:

FOR OCME USE ONLY
CASE #: 06-554 Inv.:

☑ DEATH INVESTIGATION REPORT & T.O.D. EXAMINATION
☐ EXTERNAL EXAMINATION REPORT
☐ COMPLETION OF DEATH CERTIFICATE (Copy Attached)

County of Death: Monongalia / Marion
Date: May 13, 2006
County MEC: Doug Teetherow
Notified by/Date/Time: MonCet 911, 5/13/06 @ 9:18 P.M.

(b)(3):CPSA Section 25(c)

DECEDENT:
ADDRESS:
Next of Kin:

Date of Death: May 13, 2006 @ ~ 4:50 P.M. Witness: (b)(6) (Friend)
Last Known Alive: May 13, 2006 @ ~ 6:50 P.M. By: Kim Sides (Marion's Mother) 304-365-5947
Found Dead: — NA — @ ——— A.M./P.M. By: ———
Pronounced: May 13, 2006 @ 9:05 P.M. By: Dr. Kumar, with the ER
PLACE OF DEATH: West Virginia University Hospital - Emergency Room
City/Town: Morgantown, WV

MODE: [ ] OR/ER [ ] Morning Room [ ] At Home [ ] Other: ——— [ ] Found (find elsewhere)

Complete this block if any Suspected Incident is checked below

Suspected Incident(s): (check all that apply)	DATE OF INJURY	TIME OF INJURY	WITNESSED BY (Name)	PLACE OF INJURY (home, etc.)
☐ Electrocution ☐ Fall ☐ Shooting ☐ Assault ☐ Fire ☐ Drowning ☐ Tox/OD ☐ Suicide ☐ Drowning ☐ Hanging ☐ Defibrillator/MVA ☐ Problem equipment ☐ Compression equipment ☐ Other: ATV	5/13/06	@ 6:45 PM	By: Marion Sides (CO) Friend	Friend's property Abbindonal Road

INJURY LOCATION ADDRESS: [ ] Same as place of death
@ Start point - turn off Bond Run Road - down dirt dr. Kimberly + Don Sides Property.

IF MVA: Restrained [Yes][No] Airbag [Yes][No] Helmet [Yes][No] Pad [Yes][No]

Work-related: Type [Yes] If yes, describe:

Investigation by: Name — Reporting to Agency: Marion County Sheriff Phone: 304-367-5200
Agency: Phone:
OCME Contact: Rodney 304-767-1598 Date/Time: 5/13/06 @ 10:40 P.M.

OCME 2
REVISED 03-30-05

May.16. 2006 3:43PM CPSC EPDS 301-504-0439 No.9472 P. 5

NAME: Name: (b)(3):CPSA-S

CIRCUMSTANCES OF DEATH:
Decedent was a 1 Y/O, white, female, DOA at West Virginia University Hospital Trauma Center after an ATV accident.

Decedent was a passenger in the front seat, next to driver, on a 4-wheeler ("Mule") with four other children (driver Donald Jura (13), Mariah Sides (11), Nathan Jura (12) & Jordan Powell (11). They were driving along an abandoned road (old Eastland-Graves Run Road) located near Kimberly His Trailer Park, Graves Run – off US Route 250, across from North Marion High School.
The drivers was apparently attempting to back up, struck a rock, and the ATV lurched forward up a bank and rolled over on its left side. The ATV cross bar landed on decedent's head causing massive head/skull injuries at approximately 6:45 pm May 13, 2006. Mariah Sides ran to a near-by house and yelled at them to call 911. The gentleman (un-identified) went to scene to help and at the same time Kimberly Sides (Mariah's mother) drove-up (to tell children to put the ATV away).
Kimberly stated Cara was lying in a fetal position on her left side with the ATV cross bar across her head. The gentleman lifted the ATV, while Kimberly pulled Cara free and noted decedent was not breathing and could not find a pulse.
Kimberly started and maintained CPR until the rescue squad arrived on scene.
Marion County Rescue Squad (Mannington Station) arrived on scene at approximately 7:10 pm (5/13/06) to take over BLS. Marion County BMS/ACLS Squad (Fairmont Station) arrived on scene at 7:51pm (5/13/06) find the decedent apnoic, pulseless, and asystole on 3 leads. The squad continue ACLS measures, called to WVUH life flight @ 7:49 pm, and transported to North Marion High School. Life Flight arrived on scene at 8:35 pm and arrived at WVUH Trauma Center @ 8:56 pm. The Trauma Surgeon determined decedent DOA and pronounced Cara Jo Culver dead at 9:06 p.m., May 13, 2006.

SCENE INVESTIGATION: Photographs [ ] Yes [ ] No Disposition: Back to OCME

Arrived at WVUH BR at 9:45 pm, 5/13/06 to examine decedent who was DOA at Trauma Center.
Spoke to father, who was not a witness at the accident and provided me with names and contracts #'s of those at the scene.
Marion County Squad on scene where not available at this time – run report to follow.
No accident scene investigation was made, scene report as noted in circumstances.
Notified Marion County Sheriff's Department, Cpl. Schriebefield, if accident @ approximately 10:45 PM, 5/13/06.
The accident was not investigated by any law enforcement agency, because they were informed decedent was alive at the scene and not notified of the DOA until much later.

Page 3

NAME: (b)(6)

LOCATION OF DECEDENT AT SCENE: (Example: SE end of bedroom, in double bed adjacent to west wall)
See Circumstances of Death Report for Accident Scene Report
Hospital ER BED - Lying on Back.

Reported
Position found: [ ] supine [ ] prone [X] on right [X] side [ ] other
Surface type: Ground - Dirt Road

HISTORY:
Primary Physician: Dr. Seddlemayer Office Phone: 304 986-2996
Other Physician: None Office Phone:
Medical: None - H/o of Chronic sinusitis as noted in WVUH A. Record.
Allergies: None
Surgical: Appendectomy - (?)
Adenoidectomy - 1/08/2004
Social: normal childhood
Psych:
Family:
Other:

MEDICAL RECORDS: Release Sent [ ] Yes [X] No Reviewed [X] Yes [X] No Copy Attached: [X] Yes [ ] No
Hospital ER EMT-Run Report
Records available from: WVUH Medical Information Phone:
Records available from: Phone:

MEDICATION/DRUGS PLEASE LIST ON PAGE 4

Page 4

(b)(3):CPSASec

NAME

Ext	Patrolling/Phone	Physician	Medical/Dentist	Date Prescribed	Date Filled	Number Prescribed	Number Remaining	Number Collected

COMPLETED BY:

None

Accident

May.16. 2006 3:44PM CPSC EFDS 301-504-0439 No.9472 P. 8

NAME: (b)(3):CPSA Section 25 (c)

TIME OF DEATH EXAMINATION

EXAMINATION:
Location: WVU H Ex Time started: 9:40 PM Completed at: 10:00 PM
Witness: Jim Laird Witness: Dr. Dan Rosi

IDENTIFICATION: Confirmed: [X] Yes [ ] No

Method:
[X] Visual I.D. by whom: Farther (Buddy Cutter)
☐ WVDL ☐ Other Photo I.D.: explain
Please submit I.D. document used, or legible photocopy

LIVIDITY: Appropriate for position [ ] Yes [ ] No (explain) NA

[X] Absent [ ] Reduced [ ] Ill-Defined [ ] Patterned
Location: Color:
Blanches: [ ] Readily [ ] Sluggishly [ ] Fixed [ ] Shifting Color:

RIGIDITY: Body posture appropriate for body position [ ] Yes [ ] No (explain)

Jaws	[X] None	[ ] Slight	[ ] Moderate	[ ] Full	[ ] Marked/Muscular
Arms	[X] None	[ ] Slight	[ ] Moderate	[ ] Full	[ ] Marked/Muscular
Legs	[X] None	[ ] Slight	[ ] Moderate	[ ] Full	[ ] Marked/Muscular
Fingers	[X] None	[ ] Slight	[ ] Moderate	[ ] Full	[ ] Marked/Muscular

[X] Developing [ ] Receding Factors Affecting:
If rigor has been broken explain:

TEMPERATURES: [ ] indoor scene [X] outdoor scene Not Known

Torso temp: [ ] Cold (ambient) [ ] Cool [X] Warm [ ] Hot Time: 9:40 PM
Rectal temp: 36.4 C Time: 9:45 PM Ambient temp: — Time: —
Ground temp if applicable: Time: Water temp if applicable: Time:
If outdoor scene: Weather [ ] Rainy [ ] Sunny [ ] Cloudy [ ] Windy

NAME: (b)(3):CPSA

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EXTERNAL EXAMINATION

(This Block Should Not Be Completed If Case Sent For Autopsy)

DEVELOPMENT: [ ] Normal [ ] Adult [ ] Adolescent [ ] Child [ ] Infant

BUILD: _____ NUTRITIONAL STATUS: _____ HT: 5'4" WT: 54 lbs. _____

RACE: _____ AGE: _____ Appears stated age? _____

DOCUMENT ALL PHYSICAL EXAM FINDINGS ON BODY DIAGRAMS PROVIDED

(Scars/Marks/Tattoos/Therapy/Injury/Bite)

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
- ☐ Hands, R & L

TOXICOLOGY: Specimens Obtained [ ] Subclavian/Femoral Blood [ ] Urine [ ] Vitreous

Time Collected _____ Date Collected _____ [ ] Admission/Hospital Blood (# tubes _____)

PHOTOS: [ ] Yes [✓] No TYPE: 35 [ ] POLAROID [ ] APS [ ] PHOTO #: _____

EVIDENCE COLLECTED FROM BODY: [✓] None [ ] List _____

Collected by: _____ Agency: _____ Date/Time: _____

Submitted to: _____ Agency: _____ Date/Time: _____

CAUSE OF DEATH: _____ [✓] PENDING AUTOPSY

Other Significant Conditions: _____

MANNER OF DEATH: [ ] Natural [✓] Accident [ ] Suicide [ ] Homicide [ ] Pending Autopsy

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

Medical Examiner/Coroner

May. 16. 2006 3:44PM CPSC EPDS 301-504-0439 No. 9472 P. 10

NAME: Name: (b)(3):CPSA S

EXTERNAL EXAMINATION

Scars, Deformities, Other Distinguishing Features:
Appendectomy scar 4"x 1/8" on right lower abdomen.
Reddish abrasion approximately 2"x 1/4" located on left chest/arm -midaxillary area.
Small cuts and abrasion, approximately 1/4" D/O, located on upper forehead.

Distinguishing features:

External findings:
The body is that of a well-developed, well nourished, white female, appearing that of the stated age of 4 years.
Identification was established by father Buddy Culver at ER.

Muscular development is good.
The chest and trunk are symmetric.
The abdomen is soft and palpable.
The back and spine are unremarkable.
The genitalia are that of a normal female child.
The upper and lower extremities are symmetric and without grossly apparent deformity, joint disease, nor palpable fractures.
There are no visible deformities, nor palpable fractures to the vertebral column nor the cervical vertebrae.
Blood noted (evidence of significant bleeding) from right ear.
There is a significant palpable depression fracture located upper frontal skull – just anterior of the coronal suture.
There is another palpable fracture running from the right Parietal-Temporal bone, through the upper Occipital, to the left Parietal-Temporal bone of the skull, proximal to the Squamous suture line.

May.16. 2006 3:45PM CPSC EPDS 301-504-0439 No.9472 P. 11

NAME: (b)(3):CPSA Section 25 (c)

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CLOTHING AND VALUABLES

EXTERNAL CLOTHING: (List number and clothing color)

____ Nude	# ____ Hose	# ____ Belt
# ____ Blacks	# ____ Pantiles	# ____ Bra
# ____ Shirt	# ____ Slip	# ____ Gloves
# ____ Socks	# ____ Housecoat	# ____ Scarf
# ____ Undershirt	# ____ Dog Blouse	# ____ Coat
# ____ Undersoar	# ____ Swampsoar	# ____ Dentures
# ____ Tie	# ____ Sweatshirt	# ____ Eyeglasses
# ____ Sweater	# ____ Pajamas	# ____ Hearing aid
# ____ Dress	# ____ Nightgown	# ____ Other
# ____ Blouse	# ____ Robe	____ Hospital Gown
# ____ Bra	# ____ Shoes	Hospital Gown

CURRENCY: $ ____ COINS: $ ____ TOTAL: $ ____

PERSONAL EFFECTS AND VALUABLES: ____ Yes (If yes, list below) ____ No

DISPOSITION OF CLOTHING:
[ ] LEFT ON BODY [ ] GIVEN TO FAMILY [ ] GIVEN TO FUNERAL HOME [ ] SEE EVIDENCE, P. 6

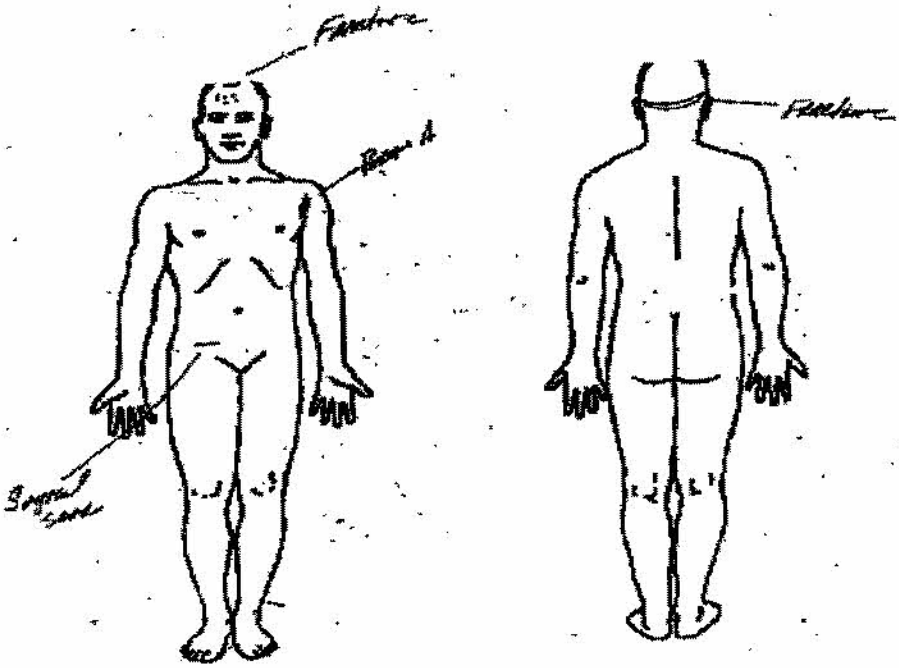
DISPOSITION OF VALUABLES:
[ ] LEFT ON BODY [ ] GIVEN TO FAMILY [ ] GIVEN TO FUNERAL HOME [ ] SEE EVIDENCE, P. 6

WITNESS: ____

(b)(3):CPSA Section 25 (c)

BODY DIAGRAM

Please indicate: 1) Evidence of Injuries
2) Evidence of Medical Treatment or duration of trauma
3) Scars, Marks, Tattoos and Other Surface Features
4) Other Post-Mortem Changes, ie decomposition changes



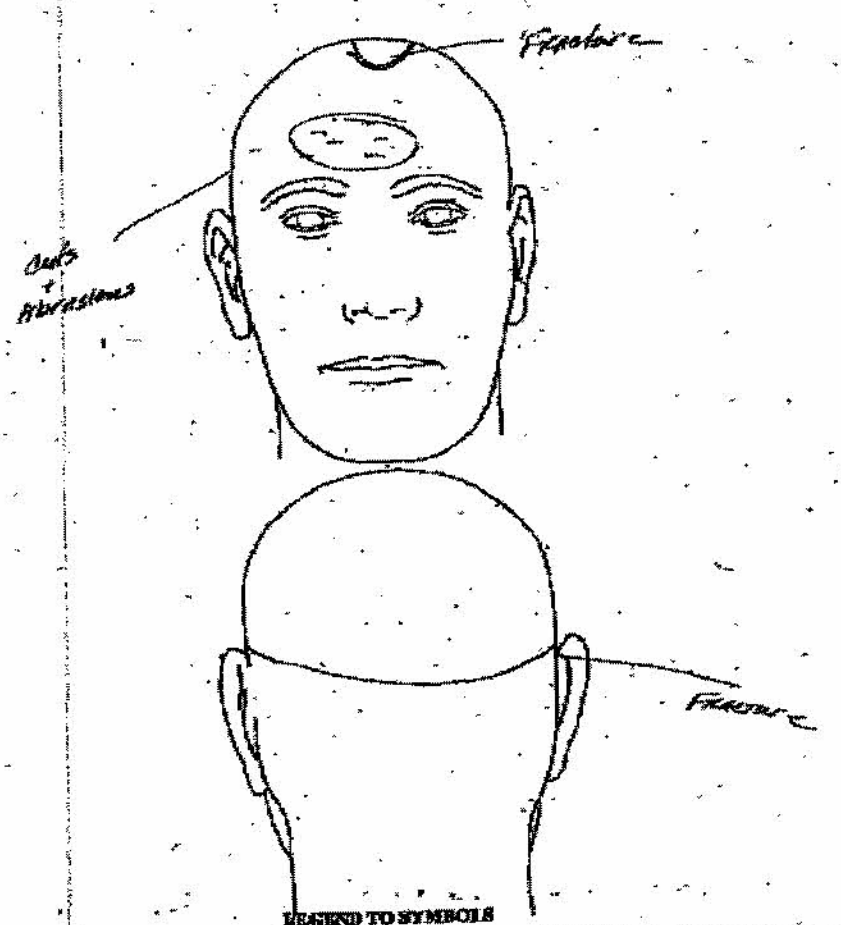
LEGEND TO SYMBOLS

Contusion (Bruise) - B
Laceration - L
Abrasion - A
Stab wound - SW
Gunshot wound - GSW (Indicate entrance or exit, If possible)
Puncture - P
Cut - C
Scar - S
Tattoo - T
Endotracheal tube - ET
Foley Catheter - FC
Cardiac Monitor Pad (EKG electrodes) - CM
Esophageal Obturator tube - EO
Needle puncture - NP
Nasogastric tube - NGT
Shotgun wound - SGW (Indicate entrance or exit, If possible)

DOMEI

Head, surface and skeletal anatomy, anterior and posterior views

(b)(3):CPSA Sec



LEGEND TO SYMBOLS

Cornation (Brain) - B
Laceration - L
Abrasion - A
Stab wound - SW
Gunshot wound - GSW (denote entrance or exit, if possible)
Fracture - F
Cut - C
Scar - S
Tattoo - T
Endotracheal tube - ET
Foley Catheter - FC
Cardiac Monitor Pad (ECG electrodes) - CM
Esophageal Obturator tube - EO
Needle puncture - NP
Nasogastric tube - NGT
Shotgun wound - SGW (denote entrance or exit, if possible)

May.16. 2006 3:45PM CPSC EPDS 301-504-0439 No.9472 P. 13

060516HNE0985
Attachment #5
Contact sheet

The following individual(s) and or agency(s) were contacted in an attempt to obtain all relevant information pertaining to this incident.

05/16/, 06/05, 06/06/23, 06/27 & 07/01.

SEP 2 4 2006

POLARIS
The Way Out.

Polaris Industries Inc.
2100 Highway 55
Medina, Minnesota 55340-9770
763-542-0500
763-542-0599 fax

John J. Wackman
(763) **542-2309**
fax (763) **417-2131**
john.wackman@polarisind.com

September 18, 2006

Via U.S. Mail

Pamela McDonald
Lead, Technical Information Specialist
Office of Information and Technology Services
U.S. Consumer Product Safety Commission
4330 East West Highway, Room 504
Bethesda, Maryland 20814

RE: 060328HNE0739 060403HNE0771 060405HNE0780
060406HCC3431 060411HNE0798 060510HWE5331
060516HNE0985 060519CCC1542 060522HCC3515
060524HCC2542 060525HWE5351 060602HNE1065
060606HCC2567 060606HWE5388 060629HCC2654
H0650272A H0660193A I0650356A
I0660194A

Dear Ms. McDonald:

Thank you for the information provided in the above files. We will review the information provided in these documents and will conduct additional investigations as may be required. I request that I be notified prior to releasing any of the information contained in these files under the Freedom of Information Act.

Very Truly Yours,

John J. Wackman
Assistant General Counsel

#060516HNE0985 N0650374A 5/16/06

W T R F
Wheeling, WV, Steubenville, OH
YOUR TOWN • YOUR STATE • YOUR FUTURE

Child Killed in ATV Accident

Posted 5/15/2006 06:09 PM

An 8-year-old girl is dead after an ATV accident in Marion County.

Story by Sarah Kapis

(b)(3):CPSA Se wrecked the ATV she was riding on Saturday evening.

The Farmington Fire Department and the Marion County Rescue Squad responded to the area near North Marion High School.

The Marion County Sheriff's Department is handling the investigation.

Funeral arrangements for Culver are being made at the Hutson Funeral Home in Farmington.

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060831

1. Task Number		2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
060516HNE0985		9075	
3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY	
810	2006 05 13	2006 05 16	

6. Synopsis of Accident or Complaint UPC

An 8 year old female non helmeted passenger on a 4 wheel off road utility type vehicle died from a skull fracture she sustained when the vehicle was in the process of rolling onto its side while she attempted to exit. The victim's head was pinned below the vehicles upper drivers side roll bar. Authorities attributed the incident to driver error and none of the 5 youths in the vehicle were wearing any safety equipment.

MFR/PRVLBR NOTIFIED

COMMENTS: __ YES ✓ NO
__ OVERRULED; __ ATTACHED
✓ EXCISIONS/FOIA EXS 25 C, 3b
✓ DO NOT RE-NOTIFY __ RE-NOTIFY
081105 QC

7. Location (Home, School, etc)	8. City	9. State
2 - FARM	GRASVES RUN	WV

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

10D. Manufacturer Name and Address
POLARIS INDUSTRIES INC. VIN#[redacted]
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

12. Age of Victim	13. Sex	14. Dispositiin	15. Injury Diagnosis
8	2 - Female	8 - Death	57 - fracture
16. Body Part(s) Involved	17. Respondent	18. Type of Investigation	19. Time Spent (Operational / Travel)
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	14 / 0

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

23. Permission to Disclose Name (Non NEISS Cases Only)
○ Yes ◉ No ○ Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
0711312006	8922	Eric B. Ault

27. Distribution	28. Source Document Number
Topka, Tanya L.	N0650374A

060831

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10A. First Product	10B. Trade/Brand Name	10C. Model Number
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10D. Manufacturer Name and Address
POLARIS INDUSTRIES INC. VIN#[redacted]
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Minneapolis, MN 55441

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0711312006	8922	Eric B. Ault

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Topka, Tanya L.	N0650374A

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060516HNE0985	9075	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
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2 - FARM	GRASVES RUN	WV

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

10D. Manufacturer Name and Address

POLARIS INDUSTRIES INC. VIN#4XARD50A74D164353
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

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
8	2 - Female	8 - Death	57 - fracture
16. Body Part(s) Involved	**17. Respondent**	**18. Type of Investigation**	**19. Time Spent (Operational / Travel)**
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	14 / 0

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9 - Multiple Attachments	05 - Newspaper	

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

○ Yes ◉ No ○ Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
07/13/2006	8922	Eric B. Ault

27. Distribution	28. Source Document Number
Topka, Tanya L.	N0650374A

060516HNE0985

All relevant information pertaining to this incident was obtained from the following sources: The Investigating Sheriff's Department Official and WV Medical Examiner's Office.

It should be noted that the incident was initially believed to have been an ATV incident with injury only. Local Law Enforcement Officials indicated that they did not respond initially because it was believed to have been an injury only.

The product identified in this incident is a 4 wheel off road utility vehicle.

The victim in this incident was a passenger of a 4 wheel off road utility type vehicle which is equipped with a front cab area roll bar. The roof roll bar appears to be covered with silver flat metal sheeting. The front cab area is equipped with a bench type seat and the rear cargo area has an open metal bed.

According to Officials, at the time of the incident beside the operator there were three other youth passengers in the cab of the utility vehicle. One other youth was standing up right holding onto the roll bar in the bed of the 4 wheel utility vehicle. A total of five youths were in the utility vehicle at the time of the incident.

Officials stated that the operator had just started out from stationary position at a high rate of speed and while negotiating a turn struck a rock with the vehicle's rear right wheel. The rear tire glanced off of the rock pushing the rear of the ATV to the left side of the road which caused the front end to travel to the right and upward onto a bank causing the utility vehicle to tip over.

The victim, and non helmeted 8 year old female passenger attempted to exit the drivers side of the utility vehicle after the driver had done so while the vehicle was tipping over toward its driver's side. The vehicles side roll bar came to rest on the victim's head pinning her to the ground.

The victim was pronounced dead at the hospital after CPR and advanced life support efforts failed. None of the other four youths were injured.

The victim in this incident was an 8 year old female non helmeted passenger of a 4 wheel off road utility vehicle. According to Officials the victim was familiar with the operation of the utility vehicle and had in fact prior to the incident been operating the vehicle herself. The victim had on numerous prior occasions been a passenger and operated the utility vehicle which was owned by the other female passenger's parents.

According to the victim's parents they were aware that she had ridden the utility vehicle in the past and was continuing to do.

060516HNE0985

The vehicle was being operated on private property which surrounds a trailer court. The youths involved in the incident reside in and around the trailer court and according to

Officials are very familiar with the wooded area and trails around the trailer court. The trails are utilized on a regular basis by ATV operators.

Officials indicted that the dirt covered surface and trail in which the utility vehicle was traveling was dry. According to Officials the weather was warm and dry.

The Sheriff's Department Official indicated that according to the youths involved in the incident each of them had taken their turn being the operator of the utility vehicle that afternoon. They had apparently stopped riding for a brief time and decided to do so again.

At the time of the incident a 13 year old male was operating the utility vehicle. Seated directly beside him was the victim (8 year old female) and to her right was another female (age 11) and to her right the male 14 year old brother. The fifth young male was standing in the utility bed holding onto the role bars.

While traveling on the dirt style trail one of the youth told the operator to stop and back up because they had seen something. After being stopped for a brief time they stated that the operator had pulled out too quickly and while negotiating a right hand turn struck a large rock which was situated on the right side of the trail with his right rear wheel.

This action apparently caused the rear portion of the utility vehicle to slide to the left side of the trail which forced the front end to the right side of the trail and upward onto the steep right side embankment.

The utility vehicle began to roll toward its left side and the youths indicated that they exited the vehicle as follows. The male standing in the rear bed jumped directly off the rear of the vehicle. The operator jumped outward on the down hill driver's side and the operator's brother jumped out the passenger up hill side. The female who was seated to the inside of the male passenger and adjacent to the victim exited forward through the open windshield area. The female victim attempted to follow the operator out through the driver's side entrance area and was immediately pinned to the ground. Witnesses state that the female victim's head was pinned by the vehicles left side roll bar.

They stated that the victim was in a fetal position on her side and her head was pinned below the metal roll bar. Witnesses indicated that she was bleeding profusely from the head.

The youths attempted to remove the utility vehicle from off of the victim but it was too heavy. They yelled for help to a home situated not far from the incident. An adult male

responded and was able to remove the utility vehicle from off of the victim while another adult pulled her out from under the roll bar.

EMS personnel were summoned and responded accordingly. CPR was immediately initiated by individuals at the scene.

The victim was transported to a local hospital and was pronounced dead at 9:06pm on May 13, 2006 after all means of life support were exhausted.

The Medical Examiners report was requested and obtained (See: Attachment #4). It documents the victim suffering a skull fracture and lists the specific cause of death as a result of craniocerebral injuries.

As previously indicated the Sheriff's Department was initially of the understanding that the incident resulted in an injury and not a fatality.

On 05/19/06 the Sheriff's Department Official responded to the victim's parent's home at their request. The parents indicated that they were upset over the lack of a Law Enforcement Investigation and response to the incident. Officials explained the situation and policy to them and conducted and initiated an Investigation and Supplemental report.

Officials indicated that according to the statements obtained from the youths involved in the incident, operator error and failure to wear the proper safety equipment were both factors. They indicated that none of the youths had been wearing a helmet nor were they using a seat restraint at the time of the incident.

They are of the opinion that the operator had been operating the utility vehicle at a high rate of speed and being unable to negotiate the turn struck a large rock which pushed the vehicle upward onto a bank along the side of the trail. As a result the utility vehicle rolled from right to left. The vehicle came to rest on its left side.

The victim was pinned to the ground beneath the left upper roll bar.

A copy of the Sheriff's Department Supplemental report and photographs were requested and obtained.

No further information is available.

PRODUCT IDENTIFICATION:

Law Enforcement Officials identified the product involved in this incident is a 2004 **POLARIS** Ranger 4 wheel off road utility type vehicle which is equipped with a front cab and surrounding roll bar. The roof roll bar appears to be covered with silver, flat metal sheeting. The front cab area is equipped with a bench type seat and the rear cargo

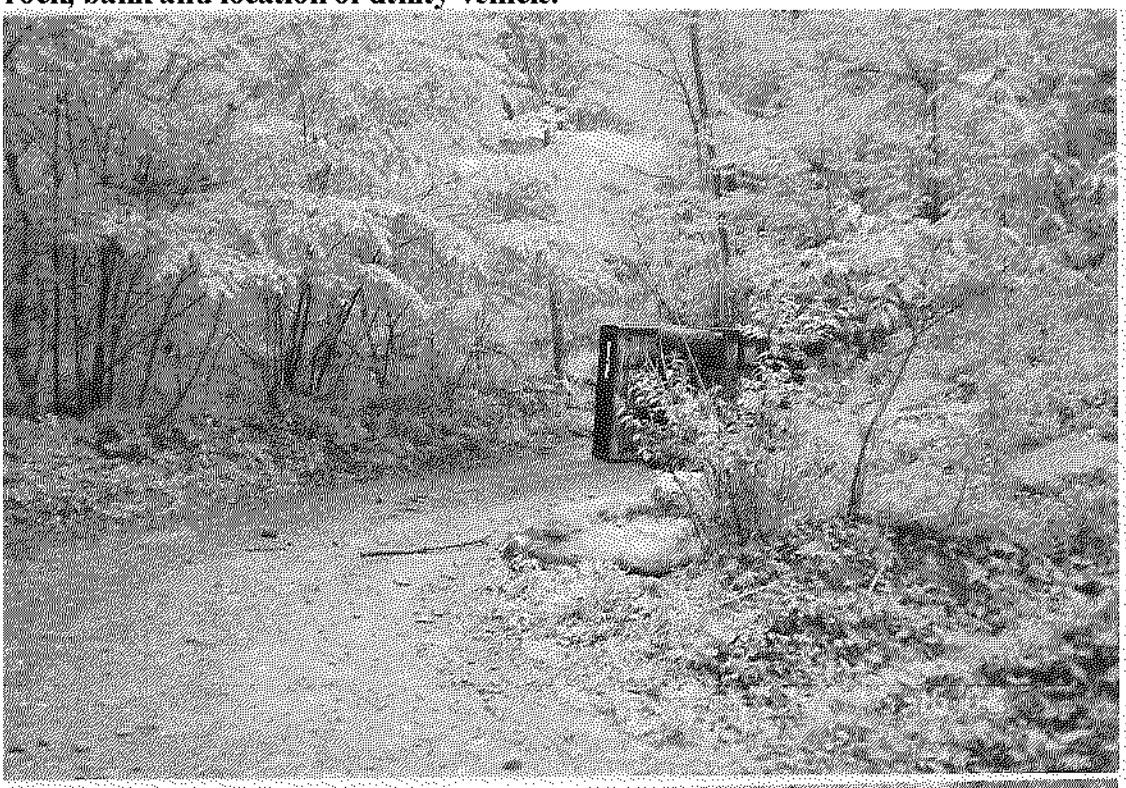
area has an open metal bed. The vehicle is green in color and displays the following vehicle identification number: 4XARD50A74D164353.

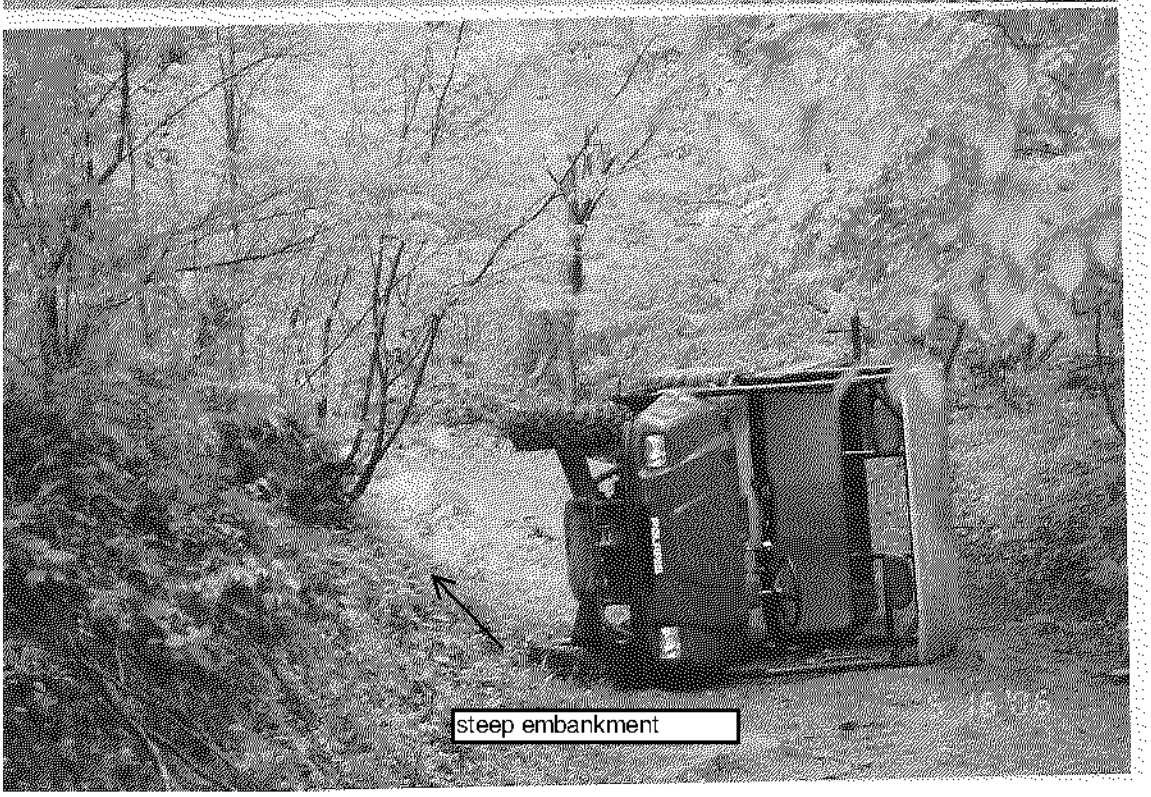
According to the Law Enforcement Official the off road utility vehicle weighs approximately 700 pounds. She was unaware of the size engine (cc). No further information is available.

EXHIBITS:

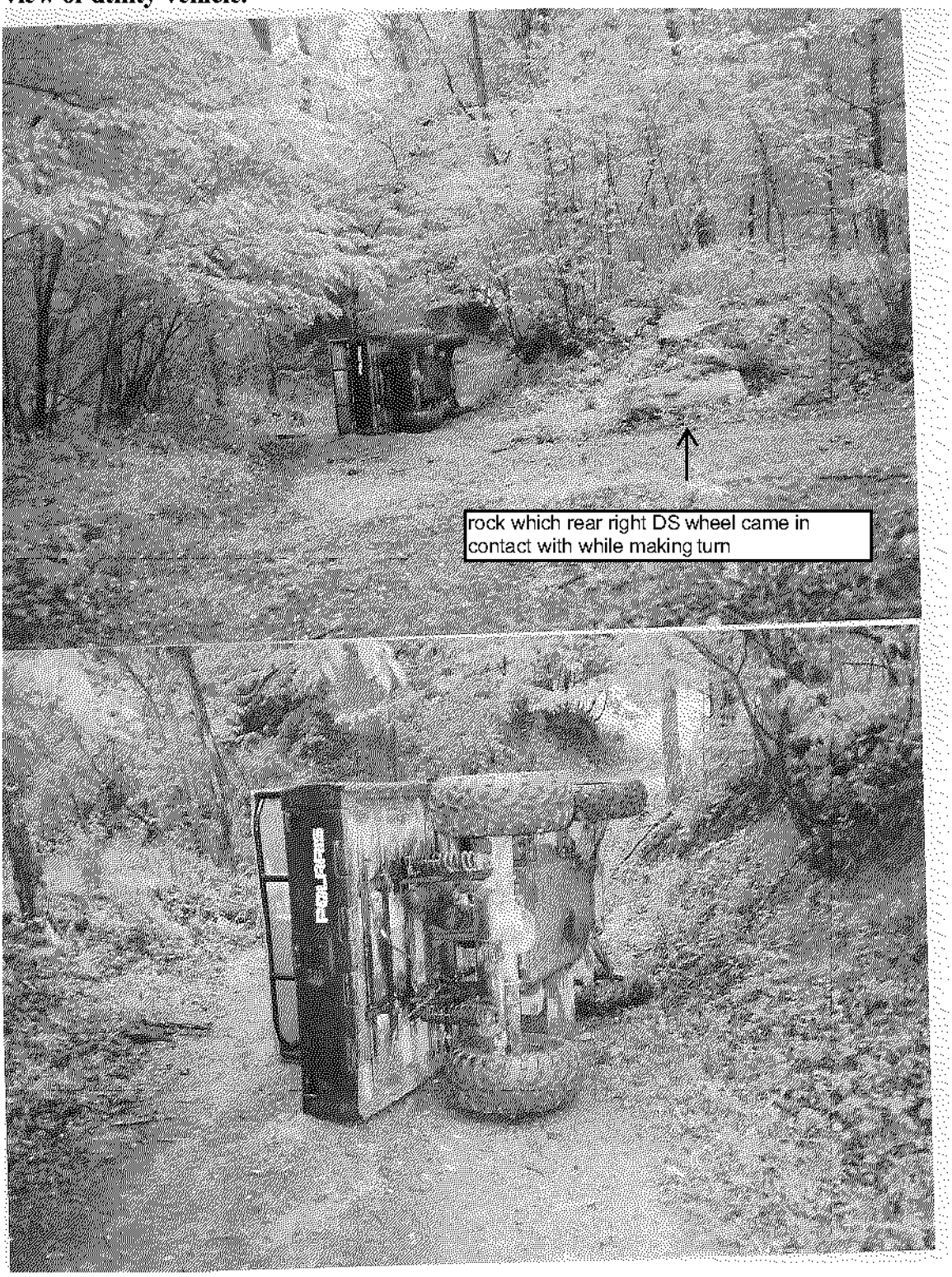
Attachment #1: Photographs (6)
Attachment #2: CPSC ATV Questionnaire
Attachment #3: Sheriff's Department Supplemental report. (13)
Attachment #4: WV Medical Examiner's Death Investigation report. (10)
Attachment #5: Contact Sheet.

060516HNE0985 Attachment #1 photos #1 & #2 depicting overview of area, noting rock, bank and location of utility vehicle.

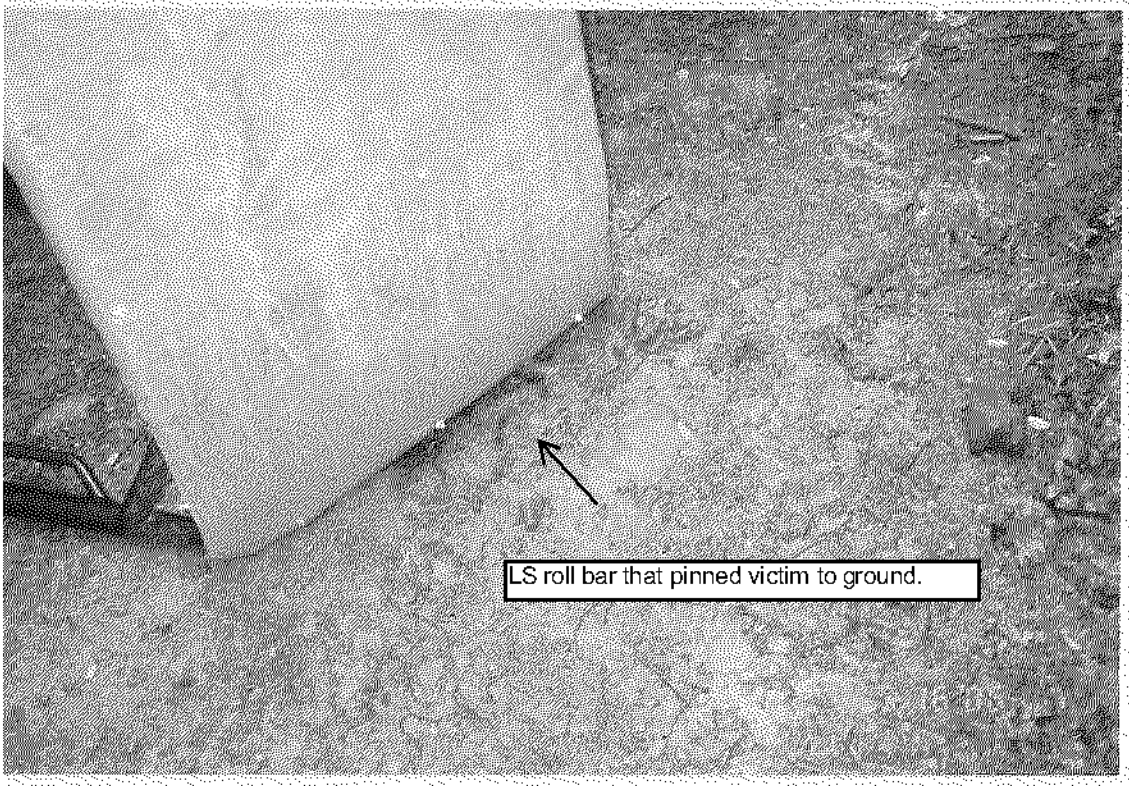




060515HNE0985 Attachment #1 photos #2 & #4 depicting over of area and rear view of utility vehicle.



060516HNE0985 Attachment #1 photos # 5 & #6 depicting roll bar roof area in which was pinned under and overview of incident area.



Marion County Sheriff's Department
Detective Division

Case Number: 06-1079

Offense: Child neglect resulting in death, 61-8D-4a

Date of Offense: 05-13-06

Location of Offense: Grays Run Road

Complainant: S Jenkins

Victim: Cara Culver, 8 years old

Accused/Suspect:

Narrative: I was notified by (b)(3):CPSA Section 25 (c),(b)(6) on 05-15-06 that there had been an ATV accident over the past weekend that resulted in the death of a child. I also received a call from (b)(3):CPSA Section 25(c)(of the Office of the Chief Medical Examiner in Charleston. (b)(3):CPSA Section 25(c)(was in need of information regarding the incident. After speaking with (b) (3):CPS, I contacted the WVDHHR office to determine if there had been previous interaction with the (b) (3):CPSA family by that agency. I spoke with (b)(3):CPSA Section 25(c (b)(3):CPSA Section 25(c who told me that she had also spoken to (b)(3):CPSA Section 25(c)(and that the (b)(3):CPSA Section 25(c were an open CPS case due to living conditions and the mother's apparent drug use. She told me that she had received a call this morning from (b)(3):CPSA Section 25(c),(b)(6). He told (b)(3):CPSA Section 25(c),(b)(6 that he had "lost his little girl" this weekend. She reported that he was crying and very upset. He stated that (b) (3):CP had been at the home of a friend and that several kids were riding the 4-wheeler when it wrecked. He said that they were driving too fast and wrecked causing the 4-wheeler to roll over crushing (b)(3):CP skull and killing her instantly. (b)(3):CPSA Section 25(c),(b)(6) faxed me a copy of her report summarizing the (b)(3):CPSA Section 25(c) history with DHHR. That report will become part of this investigation. I located the CAD (computer aided dispatch) sheet for the incident and generated an initial report based on the information at hand. Follow-up investigation will be handled by this officer.

Doris James

Detective Sergeant Doris James

Supplemental Report

Case #: 06-1079

Date: 05-19-06

Offense: Child Neglect Resulting in Death

On 05-18-06 I went to Ices Run Towing to look at the 4-wheeler involved in this case. (b)(3):CPSA Section 25(c),(b)(6) of Ice's Run Towing had checked the tires and found that the left front tire was a 25x8-12 with 502 psi of air. The right front tire was a25x10-12 with 17 psi of air. The left rear tire was a 25x11-12 with 12 psi of air and the right rear tire was a 25x11-12 with 13 psi. There appears to be no mechanical problems with the vehicle.

Doris James

Detective Doris James

Supplemental Report

Case #: 06-1079

Date: 05-22-06

Offense: Child Neglect resulting in death

On 05-19-06 I went to the home of (b)(3):CPSA and (b)(3):CPSA Section 25(c),(b)(6) parents of (b)(3):CPSA Section 25(c),(b (b)(3):CPSA Section 25(c at (b)(3):CPSA Section 25(c),(b)(6) across from (b)(3):CPSA Section 25(c),(b)(6) I spoke at length with them regarding the investigation into their daughter's death. They express great concern that no one was sent to begin an investigation at the time of the incident. I explained to them that the original call was for medical assistance and that all calls of that nature require law enforcement intervention and that when the Sheriff's Department was notified the scene had been cleared. They were of the belief that fire, EMS and law enforcement are all dispatched to calls at the same time and to all calls into the 911 system.

The (b)(3):CPSA Section 25(c) want to make sure that in future instances of this, nature law enforcement personnel are notified at the time of the initial call. I assured them that I would check to see if there is policy regarding the notification in situations such as this. They also wanted some information regarding the laws that govern riding 4-wheelers. I told them that I would try and get them a copy of what was available.

I talked with them about their daughter riding the 4-wheeler and they indicated that they knew that she rode it when she was at the (b)(3):CPSA residence visiting with their daughter. (b)(3):CPSA Section 25 (c),(b)(6) indicated that (b)(6) loved riding the 4-wheeler and that he couldn't tell her that she could not ride it. They knew that she rode it [redacted].

After leaving the (b)(3):CPSA S home I proceeded to the home of (b)(3):CPSA Section 25(c),(b)(6) I had been told that the (b)(3):CPSA boys, (b)(3):CPSA Section 25(c),(b)(6) had been on the 4-wheeler when it tipped over. I spoke briefly wish (b)(3):CPSA Section 25 c),(b)(6) without the boys then brought them back into the room one at a time in order to get their story about what had happened the day (b)(3):CPSA Section 25(c),(b)(6) was killed. (b)(3):CPSA Section 25(c),(b)(6) who is 13, told me that he had been driving the 4-wheeler at the time of the accident. He said that he was seated behind the wheel, (b)(3):CPSA Section 25(c),(b 6) was seated beside of him, (b)(3):CPSA Section 25(c),(b)(6) was next to (b)(3):CPSA Section 25(c),(b 6) and (b)(3):CPSA Section 25(c),(b)(6) was on the outside next to (b)(3):CPSA Section 25(c),(b)(6) a friend of (b)(3):CPSA Section 25(c),(b)(6) was standing in the back holding

onto the roll bar. They had come around the track and came through the dip when someone yelled for him to back up that they had seen something. [b)(3):CPSA Section 25(c),(b)(6)] backed up around the turn on to the graveled track. [b)(3):CPSA Section 25(c),(b)(6)] said he didn't see anything, but the others thought it might have been a coyote. Someone yelled, "go, go" and [b)(3):CPSA Section 25(c),(b)(6)] took off. He said that he gave it too much gas and when he rounded the turn by the rock, the rear tire hit the rock and caused the rear end to slide down hill. This caused the front to go up onto the embankment to the right and the 4-wheeler started to tip over. [b)(3):CPSA Section 25(c),(b)(6)] says that he jumped out under the roll bar before it completely tipped. He believes that [b)(3):CPSA Section 25(c),(b)(6)] jumped out thru where the windshield would be and [b)(3):CPSA Section 25(c),(b)(6)] jumped up onto the bank. [b)(3):CPSA Section 25(c),(b)(6)] attempted to follow [b)(3):CPSA Section 25(c),(b)(6)] under the roll bar, but did not make it thru. According to [b)(3):CPSA Section 25(c),(b)(6)] the children tried to lift the 4-wheeler off of [b)(3):CPSA Section 25(c),(b)(6)] but could not. They began screaming for help and attracted the attention of [b)(3):CPSA Section 25(c),(b)(6)] [b)(3):CPSA Section 25(c),(b)(6)] who lives nearby. [b)(3):CPSA Section 25(c),(b)(6)] was coming down the hill to get the [b)(3):CPSA Section 25(c),(b)(6)] boys and ran up just as [b)(3):CPSA Section 25(c),(b)(6)] was trying to lift the 4-wheeler. She pulled [b)(3):CPSA Section 25(c),(b)(6)] out from underneath the roll bar and began CPR. [b)(3):CPSA Section 25(c),(b)(6)] who lives in the same residence as [b)(3):CPSA Section 25(c),(b)(6)] called 911 and relayed information from the scene until EMS personnel arrived.

I then spoke with [b)(3):CPSA Section 25(c),(b)(6)] who relayed much the same story, but added that initially the children had been taking turns driving the 4-wheeler and that not all 5 of them had previously been on it at the same time. [b)(3):CPSA Section 25(c),(b)(6)] also said that when the 4-wheeler started to tip, he and [b)(3):CPSA Section 25(c),(b)(6)] tried to lean to the opposite side to keep it upright, but it ran up on the bank and tipped over. He indicates that he jumped out on the bank and couldn't see where anyone else was once the 4-wheeler came to a rest. He said that [b)(3):CPSA Section 25(c),(b)(6)] jumped out thru the front, [b)(3):CPSA Section 25(c),(b)(6)] went out thru the drivers side, [b)(3):CPSA Section 25(c),(b)(6)] jumped off of the back and [b)(3):CPSA Section 25(c),(b)(6)] was trying to go out under the roll bar on the drivers side like [b)(3):CPSA Section 25(c),(b)(6)] had done.

Doris James

Detective Doris James

Supplemental Report

Case #: 06-1079

Date: 06-06-06

Offense: ATV Accident

On 06-01-06 I went to the home of [redacted] and took a statement from her daughter [redacted] That statement reflects the statements that I had previously taken from [redacted] left the room and I spoke with [redacted] at length about the incident that caused the death of [redacted] [redacted] confided in me that [redacted] had more or less indicated to her that I was pushing the investigation and that he does not blame the [redacted] for the accident. I assured [redacted] that was not true. She is very remorseful in regards to [redacted] death and states that [redacted] has been having a hard time dealing with the loss of her friend. [redacted] does not deny that there should have been more supervision of the kids on the Polaris, but also acknowledges that [redacted] knew that his daughter rode the Polaris on a regular basis. She states that he has even been down to watch them ride. [redacted] has researched the ATV laws and believes that it is the responsibility of parents to provide helmets for their children according to her interpretation of that particular section of the code (17F-1-8). Most of the ATV regulations do not pertain to private property with the exception of 17F-1-1(a) (3), (4) & (5). Those sections deal with the number of passengers, the licensing of the driver and wearing of helmets. A copy of that statute is attached.

The parents of all of the individuals who were riding that Polaris could be held responsible for not providing helmets to those youngsters.

This information will be provided to the prosecutor who will make a determination if a criminal act was committed and if any charges should be filed.

Detective Doris James

MARION COUNTY SHERIFF'S DEPARTMENT

b)(3) CPSA Section 25(c),(b)(6)

060516HNE0985 Attachment #3 (page 6 of 13)

CASE # 06-1079 REGARDING:

INTERVIEW OF: b)(3) CPSA Section 25(c),(b)(6) INTERVIEW DATE: 6-1-06

PLACE OF INTERVIEW: Grays Pin Road INTERVIEW TIME: 1310

HOME ADDRESS: b)(3) CPSA Section 25(c),(b)(6) PHONE: 365-

BUSINESS ADDR PHONE:

INTERVIEW BY: Doris James WITNESS(ES):

D.O.B.	RACE	SEX	HEIGHT	WEIGHT	HAIR	EYES	SOCIAL SECURITY #
b)(3) CPSA Section 25(c),(b)(6)							

We were riding the Polaris and we hit a rut and it started to tip over and b)(3) CPSA Section 25(c),(b)(6) tried to follow b)(3) CPSA Section 25(c),(b)(6) out under the bar and it caught her. I really didn't see what happened. I was trying to keep the Polaris from tipping.

I HAVE READ EACH PAGE OF THIS STATEMENT WHICH BEARS MY SIGNATURE; CORRECTIONS IF ANY, BEAR MY INITIALS AND I CERTIFY THAT SUCH FACTS CONTAINED ARE TRUE AND CORRECT.

SIGNATURE: b)(3) CPSA Section 25(c),(b)(6) DATE: 6-1-06

MARION COUNTY SHERIFF'S DEPARTMENT

JUNIOR SLAUGHTER, SHERIFF

CASE # 06-1079 REGARDING:
INTERVIEW OF: (b)(3):CPSA Section 25(c),(b)(6) INTERVIEW DATE:
PLACE OF INTERVIEW: INTERVIEW TIME:
HOME ADDRESS: (b)(3):CPSA Section 25(c),(b)(6) PHONE: (b)(3):CPSA Section 25(c),(b)(6)
BUSINESS ADDRESS: (b)(3):CPSA Section 25(c),(b)(6) PHONE:
INTERVIEW BY: WITNESS(ES):

D.O.B.	RACE	SEX	HEIGHT	WEIGHT	HAIR	EYES	SOCIAL SECURITY #
(b)(3):CPSA Section 25(c),(b)(6)							

I was in the house and my fiance, (b)(3):CPSA Section 25(c),(b)(6) (b)(3):CPSA Section 25(c),(b)(6) was out in the building. It was in the evening, but it wasn't dark yet. I heard kids screaming. Then I heard (b)(3):CPSA Section 25(c),(b)(6) I could hear the panic in his voice. He was yelling for me to call 911. I asked what was wrong. I stepped out on the porch. They were yelling. I could see (b)(3):CPS was running over with the kids 3 or 4 kids over in the woods. They said the 4-wheeler was on top of a girl. I tried to get closer with my cordless phone so I could tell the 911 operator what was wrong. (b)(3):CPSA Section 25(c),(b)(6) was over there by this time and (b)(3):CPSA Section 25(c),(b)(6) came down the road. (b)(3):CPSA Section 25(c),(b)(6) lifted the 4-wheeler and (b)(3):CPSA Section 25(c),(b)(6) slid the girl out. That's about all I know. The next thing I knew all of the kids were gone. The ambulance and the

I HAVE READ EACH PAGE OF THIS STATEMENT WHICH BEARS MY SIGNATURE; CORRECTIONS IF ANY, BEAR MY INITIALS AND I CERTIF (b)(3):CPSA Section 25(c),(b)(6) D ARE TRUE AND CORRECT.

SIGNATURE: (b)(3):CPSA Section 25(c),(b)(6) DATE: 5/16/06

helicopter and everything had come and I thought the girl was going to be all right. I never heard anything until I heard the kids screaming. I was in my house. I just stayed on the phone with 911 and tried to give them the information they needed. One of the boys had a cast on his arm, but I didn't know any of the kids. (b)(3):CPSA Section 25 (c),(b)(6) sent one of the kids back over to where I was so I could tell 911 what was going on. I couldn't get close enough with my cordless phone.

I have read each page of this statement which bears my signature, and corrections, if any, bear my initials and I certify that such facts contained are true and correct.

(b)(3):CPSA Section 25(c),(b)(6)

Signature _____ Date 5/16/06

060516HNE0985 Attachment # 3 (page 9 of 13)

MARION COUNTY SHERIFF'S DEPARTMENT

JUNIOR SLAUGHTER, SHERIFF

CASE # 06-1079
INTERVIEW OF: (b)(3):CPSA Section 25(c),(b)(6)
PLACE OF INTERVIEW: (b)(3):CPSA Section 25(c),(b)(6)
HOME ADDRESS: (b)(3):CPSA Section 25(c),(b)(6)
BUSINESS ADDRESS:
INTERVIEW BY:

REGARDING:
INTERVIEW DATE: 5-19-06
INTERVIEW TIME:
PHONE: (b)(3):CPSA Section 25(c),(b)(6)
PHONE:
WITNESS(ES):

D.O.B.	RACE	SEX	HEIGHT	WEIGHT	HAIR	EYES	SOCIAL SECURITY #
(b)(3):CPSA Section 25(c),(b)(6)							

We had been riding the 4-wheeler for about an hour. (b)(3):CPSA Section 25(c),(b)(6) had gone up to get it. (b)(3):CPSA Section 25(c),(b) was staying with (b)(3):CPSA Section 25(c),(b)(6) We had been riding for a while then parked the Polaris and went to the clubhouse. We were there for a little while and decide we all wanted to ride the Polaris. (b)(3):CPSA Section 25(c),(b)(6) volunteered to go get it. She came back and we all were riding. ~~May~~ We took turns riding and driving. (b)(3):CPSA Section 25(c),(b) drove some. Then we all got on it and my brother was driving. (b)(3):CPSA Section 25(c),(b) was beside my brother then (b)(3):CPSA Section 25(c),(b)(6) then me. We would have all been squeezed if (b)(3):CPSA Section 25(c),(b)(6 got in the front, so she got in the back. We went around the track and after we crossed over the ditch, somebody said, "Stop". "There's some thing back there" We stopped and backed up around the turn into the track.

I HAVE READ EACH PAGE OF THIS STATEMENT WHICH BEARS MY SIGNATURE; CORRECTIONS IF ANY, BEAR MY INITIALS AND I CERTIFY THAT SUCH FACTS CONTAINED ARE TRUE AND CORRECT.

SIGNATURE: (b)(3):CPSA Section 25(c),(b)(6) DATE: 5-19-06

I didn't see anything except something that looked like a chipmunk. They said it looked like a Coyote, but I didn't think it did. Then we started back down the hill. The back tire hit the big rock and made the back slide and the front went up on the bank and the Polaris tipped over. When we tipped over me and (b)(3):CPSA Section 25 (c),(b)(6) tried to stay on our side to try to keep it from tipping. My brother went out the drivers side and (b)(3):CPSA Section 25(c),(b)(6) jumped off the back (b)(3):CPSA Section 25(c),(b)(6) went out the windshield and I jumped off up hill from the passenger side. (b)(3):CPSA Section 25(c),(b)(6) tried to go the same way my brother did. When I jumped off all I could see was the bottom of the Polaris. We saw (b)(3):CPSA Section 25(c), (b)(6) lying there. Me, my brother and (b)(3):CPSA Section 25(c),(b)(6) ran down

have read each page of this statement which bears my signature, and corrections, if any, ear my initials and I certify that such facts contained are true and correct.

Signature (b)(3):CPSA Section 25(c),(b)(6) **Date** 5-19-06

to the red gate and yelled at a man who was across the road. We didn't see him at first, we were just yelling and he came out. The lady there called 911. The man came over and lifted the 4-wheeler. [(b)(3):CPSA Section 25(c), (b)(6)] pulled [(b)(3):CPSA Section 25(c), (b)(6)] out and gave her CPR. I think [(b)(3):CPSA Section 25(c),(b)(6)] stayed with [(b)(3):CPSA Section 25(c), (b)(6)] when we went running for help. [(b)(3):CPSA Section 25(c),(b)(6)] was coming down to tell us it was time to get off the 4-wheeler. Then the helicopter took [(b)(3):CPSA Section 25(c), (b)(6)] They worked on her down there for a while then took her to North Marion and worked on her, then the helicopter took her

have read each page of this statement which bears my signature, and corrections, if any, ear my initials and I certify that such facts contained are true and correct.

Signatur [(b)(3):CPSA Section 25(c),(b)(6)] Date 5-19-06

MARION COUNTY SHERIFF'S DEPARTMENT

JUNIOR SLAUGHTER, SHERIFF

CASE # 06-1079 REGARDING:

INTERVIEW OF: (b)(3):CPSA Section 25(c),(b)(6) INTERVIEW DATE: 5-19-06

PLACE OF INTERVIEW: (b)(3):CPSA Section 25 (c),(b)(6) INTERVIEW TIME:

HOME ADDRESS: (b)(3):CPSA Section 25 (c),(b)(6) PHONE: (b)(3):CPSA Section 25(c), (b)(6)

BUSINESS ADDRESS: PHONE:

INTERVIEW BY: WITNESS(ES): (b)(3):CPSA Section 25(c),(b) (6)

D.O.B.	RACE	SEX	HEIGHT	WEIGHT	HAIR	EYES	SOCIAL SECURITY #
(b)(3):CPSA Section 25(c),(b)(6)							

We had been riding the 4 wheeler (Polaris) for about an hour. I was driving. (b)(3):CPSA Section 25(c), was sitting be side me, (b)(3):CPSA Section 25(c),(b)(6) was sitting beside (b)(3):CPSA Section 25(c),(b) and my brother (b)(3):CPSA Section 25(c), was sitting beside (b)(3):CPSA Section 25(c),(b) (6) We were all in the front seat. A girl named (b)(3):CPSA Section 25 (c),(b)(6) was in the back. She was standing up holding onto the roll bar. We had stopped because (b)(3):CPSA Section 25(c),(b)(6) saw something and we thought it might have been a coyote. Then the kids all yelled, "go-go". I took off, but I gave it too much gas and we hit the rock. The back slid and the front went up on the bank and 4-wheeler tipped over. I jumped out. The girl in the back jumped out. (b)(3):CPSA Section 25(c),(b tried to follow me out, but she got stuck. I jumped out under the roll bar, but (b)(3):CPSA Section 25 (c),(b)(6) didn't make it. The roll bar hit her head.

I HAVE READ EACH PAGE OF THIS STATEMENT WHICH BEARS MY SIGNATURE; CORRECTIONS IF ANY, BEAR MY INITIALS AND I CERTIFY THAT SUCH FACTS CONTAINED ARE TRUE AND CORRECT.

SIGNATURE: (b)(3):CPSA Section 25(c),(b)(6) DATE: 5-19-06

Page Number 2

Mariah waited till it went down and jumped out the windshield. My brother jumped up on the bank. After it came down on (b)(3):CPSA Section 25(c),(b)(6) we tried to lift it off of her. Then we started screaming. I run down by the gate and got the guy who lives across the road. His wife call 911 and I had to give them the directions. (b)(3):CPSA Section 25(c),(b)(6) heard us screaming and she came down. The man across the road lifted the 4-wheeler and (b)(3):CPSA Section 25(c),(b)(6) pulled (b)(3):CPSA Section 25(c),(b)(6) out. My sister (b)(3):CPSA Section 25(c),(b)(6) had called (b)(3):CPSA Section 25(c),(b)(6) to have her ask us if we wanted to spend the night at our Cousin's house. (b)(3):CPSA Section 25(c),(b)(6) was coming down the road to tell us when she heard us screaming.

have read each page of this statement which bears my signature, and corrections, if any, ear my initials and I certify that such facts contained are true and correct.

Signature (b)(3):CPSA Section 25(c),(b)(6) **Date** 5-19-06

TC 32
pause 39

May. 16. 2006 3:42PM CPSC EPDS 301-504-0439 No. 9472 P. 3

MEDICAL EXAMINER'S/CORONER'S REPORT FORM

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 (301)504-0038.

****

Date of Incident: 5-13-06 Date of Death: 5-13-06

Type of Consumer Product Involved: ATV - 4 wheeler ("Mule")

Manufacturer, Model, Brand Name and Serial No. of Product: _____

Is Product available for examination? _____ Yes _____ No If Yes, Where? _____

Cause of Death: Craniocerebral Injuries

Location of Incident: City: Farmington State: WV

Brief Description of incident sequence: Please indicate the Age, Sex and Race of victim(s):

8 year old female - 4 wheeler rolled over on her
(See attached Investigative Report)

Contact Information: Please include the name, address and telephone number of any state/local personnel who investigated the accident:

Medical Examiner's/Coroner's case no: WV-2006-554

Reporter's name: [redacted] b)(3):CPSA Section 25(c),(b)(6) Date reported: 5-16-06

Telephone number of office reporting the case: (304) 558-6920

Reporter's office address: OCME 619 Virginia Street, West Charleston, WV 25302 Kanawha County

Medical Examiner's/Coroner's Name: [redacted] b)(3):CPSA Section 25(c),(b)(6)

Chief Medical Examiner's Name (If Applicable): _____

****

For Processing at CPSC: Report Received By: _____

Chief Medical Examiners Report ( ) Copy for MECAP News ( ) Regular MECAP ( )

Document No. _____

May. 16. 2006 3:42PM CPSC EPDS 301-504-0439 No. 9472 P. 4

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH & HUMAN RESOURCES
OFFICE OF THE CHIEF MEDICAL EXAMINER
629 Virginia Street, West
Charleston, WV 25301
(304) 558-3928 – FAX (304) 558-3939

Security Seal Tab #:

FOR OCME USE ONLY
CASE #: 06-554 Inv.:

☑ DEATH INVESTIGATION REPORT & T.O.D. EXAMINATION
☐ EXTERNAL EXAMINATION REPORT
☐ COMPLETION OF DEATH CERTIFICATE (Copy Attached)

County of Death: Monongalia / Morgan Date: May 12, 2006
County ME/C: [redacted] Notified by/Date/Time: MonCet 911, 5/13/06 @ 9:18 P.M.

DECEDENT: [redacted] Occupation: STUDENT (Do not use retired)
ADDRESS: [redacted] SSN: [redacted]
DOB: [redacted]
AGE: [redacted] SEX: F RACE: Caucasian
Next of Kin: [redacted] Relationship: FATHER Phone: [redacted]

Date of Death: May 13, 2006 @ ~ 4:50 P.m. Witness: [redacted] (Friend)
Last Known Alive: May 13, 2006 @ ~ 6:50 P.m. By: [redacted] Mother/Dad [redacted]
Found Dead: — NA — @ ——— p.m. By: [redacted]
Pronounced: May 13, 2006 @ 9:05 P.m. By: [redacted]
PLACE OF DEATH: West Virginia University Hospital - Emergency Room
City/Town: Morgantown, WV

MODE: [ ] OR/DR [ ] Morning Room [ ] At Home [ ] Other ____ [ ] Found (find elsewhere)

Complete this block if any Suspected Incident is checked below

Suspected Incident(s): (check all that apply)	DATE OF INJURY	TIME OF INJURY	WITNESSED (Who)	PLACE OF INJURY (home, etc.)
☐ Electrocution ☐ Fall ☐ Shooting ☐ Assault ☐ Fire ☐ Drowning ☐ Tox/OD ☐ Suicide ☐ Drowning ☐ Hanging ☐ Suffocation ☐ MVA ☐ Problem equipment ☐ Compression equipment ☐ Other ATV	5/13/06	@ 6:45 PM	By: Friend (Friend)	Friend's property Whitehead Road

INJURY LOCATION ADDRESS: [ ] Same as place of death
@ Stratford - turn on Rural Route Road - down hill on [redacted] property.

IF MVA: Restrained [ ] Yes [ ] No Airbag [ ] Yes [ ] No Ejected [ ] Yes [ ] No Roll [ ] Yes [ ] No

Work-related: [ ] Yes [ ] No If yes, describe: ____

Investigation by: Name — Reporting to Agency: Marion County Sheriff Phone: 304-367-5200
Agency: ____ Phone: ____
OCME Consult: [redacted] Date/Time: 5/13/06 @ 10:40 P.M.

OCME 2
REVISED 03-30-05

May.16. 2006 3:43PM CPSC EPDS 301-504-0439 No.9472 P. 5

NAME: Name: [redacted]

CIRCUMSTANCES OF DEATH:
Decedent was a 1 Y/O, white, female, DOA at West Virginia University Hospital Trauma Center after an ATV accident.

Decedent was a passenger in the front seat, seat to driver, on a 4-wheeler ("Mule") with four other children (driver [redacted]). They were driving along an abandoned road (old [redacted]) Eastland-Graves Run Road) located near [redacted] off US Route 250, across from North Marion High School.
The driver was apparently attempting to back up, stuck a rock, and the ATV lurched forward up a bank and rolled over on its left side. The ATV cross bar landed on decedent's head causing massive head/skull injuries at approximately 6:45 pm May 13, 2006. [redacted] ran to a near-by house and yelled at them to call 911. The gentleman (un-identified) went to scene to help and at the same time [redacted] mother) drove up (to tell children to put the ATV away).
[redacted] stated [redacted] was lying in a fetal position on her left side with the ATV cross bar across her head. The gentleman lifted the ATV, while [redacted] pulled [redacted] free and noted decedent was not breathing and could not find a pulse. Kimberly started and maintained CPR until the rescue squad arrived on scene.
Marion County Rescue Squad (Mannington Station) arrived on scene at approximately 7:10 pm (5/13/06) to take over BLS. Marion County EMS/ACLS Squad (Fairmont Station) arrived on scene at 7:51 pm (5/13/06) find the decedent apnea, pulseless, and asystole on 3 leads. The squad continue ACLS measures, called to WVUH life flight @ 7:49 pm, and transported to North Marion High School. Life Flight arrived on scene at 8:35 pm and arrived at WVUH Trauma Center @ 8:56 pm. The Trauma Surgeon determined decedent DOA and pronounced [redacted] dead at 9:06 pm., May 13, 2006.

SCENE INVESTIGATION: Photographs [ ] Yes [ ] No Bin position: ~~Bin in OCME~~ ~~[illegible]~~

Arrived at WVUH ER at 9:45 pm, 5/13/06 to examine decedent who went DOA at Trauma Center.
Spoke to father, who was not a witness at the accident and provided me with names and contacts #'s of those at the scene.
Marion County Squad on scene where not available at this time – run report to follow.
No accident scene investigation was made, scene report as noted in circumstances.
Notified Marion County Sheriff's Department, Cpl. [redacted] of accident @ approximately 10:45 PM, 5/13/06.
The accident was not investigated by any law enforcement agency, because they were informed decedent was alive at the scene and not notified of the DOA until much later.

Page 3

NAME: [redacted]

LOCATION OF DECEDENT AT SCENE: (Example: SE end of bedroom, in double bed adjacent to west wall)
See Circumstances of Death Report for Accident Scene Report
Hospital ER BED - Lying on Back.

Reported
Position found: [ ] supine [ ] prone [X] on right [X] side [ ] other
Surface type: Ground - Dirt Road

HISTORY:
Primary Physician: [redacted] Office Phone: 304 986-2996
Other Physician: None Office Phone:
Medical: None - H/o of Chronic sinusitis as noted in WVUH A. Record.
Allergies: None
Surgical: Appendectomy - (?)
Adenoidectomy - 1/08/2004
Social: normal childhood
Psych:
Family:
Other:

MEDICAL RECORDS: Release Sent [ ] Yes [X] No Reviewed [X] Yes [X] No Copy Attached: [X] Yes [ ] No
Hospital ER EMT-Run Report
Records available from: WVUH Medical Information Phone:
Records available from: Phone:

MEDICATION/DRUGS PLEASE LIST ON PAGE 4

060516HNE0985 attachment #4 (page 5 of 11)

Page 4

NAME: (b)(3):CPSA Section 25(c),(b)(6)

COMPLETED BY:

RX #	Pharmacy/Phone #	Physician	Medication/mg	Date Prescribed	Date Filled	Number Prescribed	Number Remaining	Number Collected

NONE

Accident

NAME: (b)(3):CPSA Section 25(c),(b)(6)

TIME OF DEATH EXAMINATION

EXAMINATION:

Location: WVU H EK Time started: 9:40 PM Completed at: 10:00 PM

Witness: (b)(3):CPSA Section 25(c),(b)(6) Witness: (b)(3):CPSA Section 25(c),(b)(6)

IDENTIFICATION: Confirmed: [X] Yes [ ] No

Method:

[X] Visual I.D. by whom: Further (b)(3):CPSA Section 25(c),(b)(6)

☐ WVDL ☐ Other Photo I.D.: explain

Please submit I.D. document used, or legible photocopy

LIVIDITY: Appropriate for position [ ] Yes [ ] No (explain) NA

[X] Absent [ ] Reduced [ ] Ill-Defined [ ] Patterned

Location: Color:

Blanches: [ ] Readily [ ] Sluggishly [ ] Fixed [ ] Shifting Color:

RIGIDITY: Body posture appropriate for body position [ ] Yes [ ] No (explain)

Jaws	[X] None	[ ] Slight	[ ] Moderate	[ ] Full	[ ] Marked/Muscular
Arms	[X] None	[ ] Slight	[ ] Moderate	[ ] Full	[ ] Marked/Muscular
Legs	[X] None	[ ] Slight	[ ] Moderate	[ ] Full	[ ] Marked/Muscular
Fingers	[X] None	[ ] Slight	[ ] Moderate	[ ] Full	[ ] Marked/Muscular

[X] Developing [ ] Receding Factors Affecting:

If rigor has been broken explain:

TEMPERATURES: [ ] indoor scene [X] outdoor scene not known

Torso temp: [ ] Cold (ambient) [ ] Cool [X] Warm [ ] Hot Time: 9:40 PM

Rectal temp: 36.4 C Time: 9:45 PM Ambient temp: — Time: —

Ground temp if applicable: Time: Water temp if applicable: Time:

If outdoor scene: Weather [ ] Rainy [ ] Sunny [ ] Cloudy [ ] Windy

NAME: (b)(3):CPSA Section 25 (c),(b)(6)

EXTERNAL EXAMINATION

(This Block Should Not Be Completed If Case Sent For Autopsy)

DEVELOPMENT: [ ] Normal [ ] Adult [ ] Adolescent [ ] Child [ ] Infant

BUILD: _____ NUTRITIONAL STATUS: _____ HT: [illegible] WT: [illegible] HC: _____

RACE: _____ AGE: _____ Appears stated age? _____

DOCUMENT ALL PHYSICAL EXAM FINDINGS ON BODY DIAGRAMS PROVIDED

(Scars/Marks/Tattoos/Therapy/Injury/Etc)

DIAGRAMS SUBMITTED:
- ☐ No findings/No diagram submitted
- ☐ Full Body A/P
- ☐ Head diagram, A/P
- ☐ Full Body, lateral
- ☐ Head diagram, lateral and vertex
- ☐ Hands, R & L
- ☐ Neck, inferior view

TOXICOLOGY: Specimens Obtained [ ] Subclavian/Femoral Blood [ ] Urine [ ] Vitreous

Time Collected _____ Date Collected _____ [ ] Admission/Hospital Blood (# tubes _____)

PHOTOS: [ ] Yes [✓] No TYPE: 35 [ ] POLAROID [ ] APS [ ] PHOTO #: _____

EVIDENCE COLLECTED FROM BODY: [✓] None [ ] List _____

Collected by: _____ Agency: _____ Date/Time: _____

Submitted to: _____ Agency: _____ Date/Time: _____

CAUSE OF DEATH: _____ [✓] PENDING AUTOPSY

Other Significant Conditions: _____

MANNER OF DEATH: [ ] Natural [✓] Accident [ ] Suicide [ ] Homicide [ ] Pending Autopsy

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

(b)(3):CPSA Section 25(c),(b)(6)

NAME: Name: [redacted]

EXTERNAL EXAMINATION

Scars, Deformities, Other Distinguishing Features:
Appendectomy scar 4"x 1/8" on right lower abdomen.
Reddish abrasion approximately 2"x ½" located on left chest/arm -midaxillary area.
Small cuts and abrasion, approximately ½" IGD, located on upper forehead.

Distinguishing features:

External findings:
The body is that of a well-developed, well-nourished, white female, appearing that of the stated age of 4 years.
Identification was established by father [redacted] at ER.

Muscular development is good.
The chest and torso are symmetric.
The abdomen is soft and palpable.
The back and spine are unremarkable.
The genitalia are that of a normal female child.
The upper and lower extremities are symmetric and without greatly apparent deformity, joint disease, nor palpable fractures.
There are no visible deformities, nor palpable fractures to the vertebral column nor the cervical vertebrae.
Blood noted (evidence of significant bleeding) from right ear.
There is a significant palpable depression fracture located upper frontal skull – just anterior of the coronal suture.
There is another palpable fracture running from the right Parietal-Temporal bone, through the upper Occipital, to the left Parietal-Temporal bone of the skull, proximal to the Squamous suture line.

Page 7

NAME: (b)(3):CPSA Section 25(c),(b)(6)

CLOTHING AND VALUABLES

EXTERNAL CLOTHING: (List number and clothing color)

____ Nude	# ____ Hose	# ____ Belt
# ____ Blacks	# ____ Pantiles	# ____ Bra
# ____ Skirt	# ____ Slip	# ____ Gloves
# ____ Socks	# ____ Housecoat	# ____ Scarf
# ____ Underskirt	# ____ Dog Blouse	# ____ Coat
# ____ Undershirt	# ____ Swampsuit	# ____ Dentures
# ____ Tie	# ____ Sweatshirt	# ____ Eyeglasses
# ____ Sweater	# ____ Pajamas	# ____ Hearing aid
# ____ Dress	# ____ Nightgown	# ____ Other
# ____ Blouse	# ____ Robe	____ Hospital Gown
# ____ Bra	# ____ Shoes	Hospital Gown

CURRENCY: $ ____ COINS: $ ____ TOTAL: $ ____

PERSONAL EFFECTS AND VALUABLES: ____ Yes (If yes, list below) ____ No

DISPOSITION OF CLOTHING:
[ ] LEFT ON BODY [ ] GIVEN TO FAMILY [ ] GIVEN TO FUNERAL HOME [ ] SEE EVIDENCE, P. 6

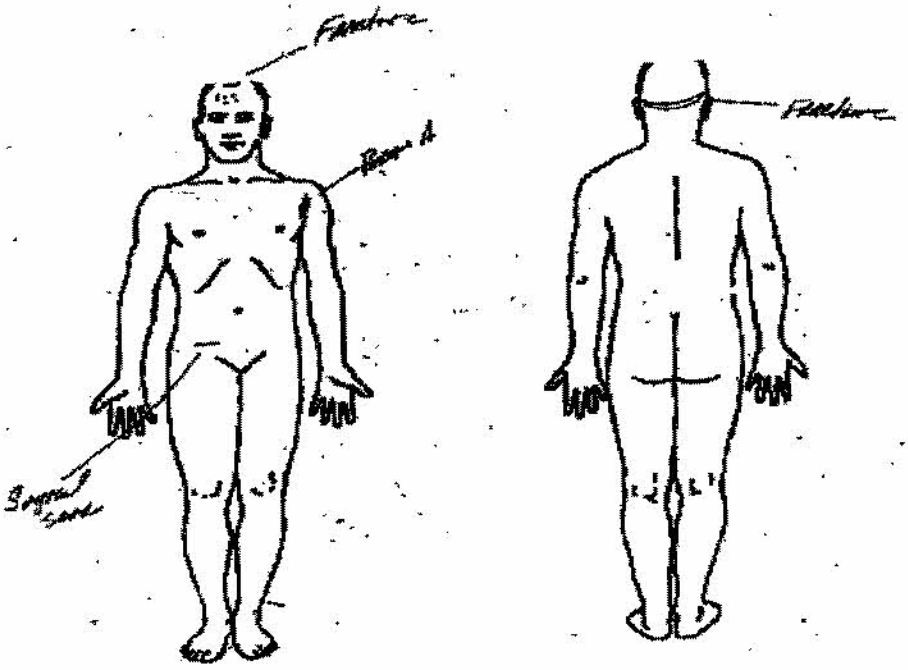
DISPOSITION OF VALUABLES:
[ ] LEFT ON BODY [ ] GIVEN TO FAMILY [ ] GIVEN TO FUNERAL HOME [ ] SEE EVIDENCE, P. 6

WITNESS: ____

(b)(3):CPSA Section 25(c), (b)(6)

BODY DIAGRAM

Please indicate: 1) Evidence of Injuries
2) Evidence of Medical Treatment or donation of tissues
3) Scars, Marks, Tattoos and Other Surface Features
4) Other Post-Mortem Changes, ie decomposition of changes



LEGEND TO SYMBOLS

Contusion (Bruise) - B
Laceration - L
Abrasion - A
Sick wound - SW
Gunshot wound - GSW (denote entrance or exit, if possible)
Fracture - F
Cut - C
Scar - S
Tattoo - T
Endotracheal tube - ET
Foley Catheter - FC
Cardiac Monitor Pad (ECG electrodes) - CM
Esophageal Obturator tube - EO
Needle puncture - NP
Nasogastric tube - NGT
Shotgun wound - SGW (denote entrance or exit, if possible)

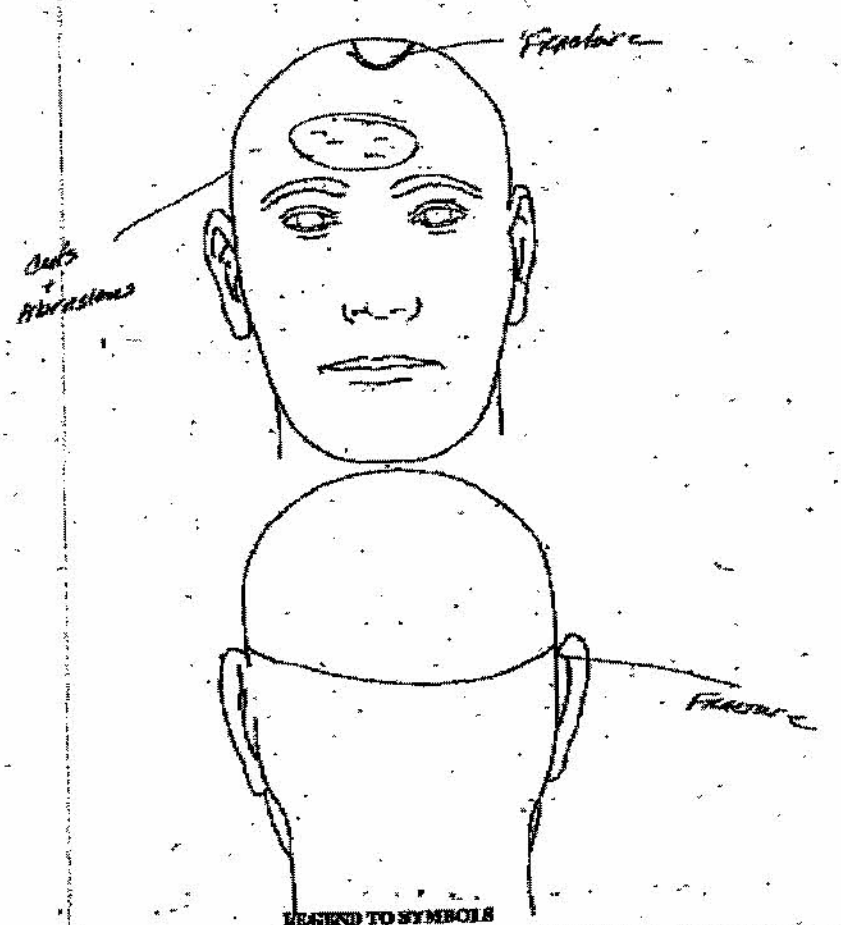
DCME1

May.16. 2006 3:45PM CPSC EPDS 301-504-0439 No.9472 P. 12

Head, surface and skeletal anatomy, anterior and posterior views

Name [redacted]

Age Time Date Date / /



LEGEND TO SYMBOLS

Contusion (Bruise) - B
Laceration - L
Abrasion - A
Stab wound - SW
Gunshot wound - GSW (denote entrance or exit, if possible)
Fracture - F
Cut - C
Scar - S
Tattoo - T
Endotracheal tube - ET
Foley Catheter - FC
Cardiac Monitor Pad (ECG electrodes) - CM
Esophageal Obturator tube - EO
Needle puncture - NP
Nasogastric tube - NGT
Shotgun wound - SGW (denote entrance or exit, if possible)

060516HNE0985
Attachment #5
Contact sheet

The following individual(s) and or agency(s) were contacted in an attempt to obtain all relevant information pertaining to this incident.

05/16/, 06/05, 06/06/23, 06/27 & 07/01.

SEP 2 4 2006

POLARIS
The Way Out.

Polaris Industries Inc.
2100 Highway 55
Medina, Minnesota 55340-9770
763-542-0500
763-542-0599 fax

John J. Wackman
(763) **542-2309**
fax (763) **417-2131**
john.wackman@polarisind.com

September 18, 2006

Via U.S. Mail

Pamela McDonald
Lead, Technical Information Specialist
Office of Information and Technology Services
U.S. Consumer Product Safety Commission
4330 East West Highway, Room 504
Bethesda, Maryland 20814

RE: 060328HNE0739 060403HNE0771 060405HNE0780
060406HCC3431 060411HNE0798 060510HWE5331
060516HNE0985 060519CCC1542 060522HCC3515
060524HCC2542 060525HWE5351 060602HNE1065
060606HCC2567 060606HWE5388 060629HCC2654
H0650272A H0660193A I0650356A
I0660194A

Dear Ms. McDonald:

Thank you for the information provided in the above files. We will review the information provided in these documents and will conduct additional investigations as may be required. I request that I be notified prior to releasing any of the information contained in these files under the Freedom of Information Act.

Very Truly Yours,

John J. Wackman
Assistant General Counsel

#060516HNE0985 N0650374A 5/16/06

W T R F
Wheeling, WV, Steubenville, OH
YOUR TOWN • YOUR STATE • YOUR FUTURE

Child Killed in ATV Accident

Posted 5/15/2006 06:09 PM

An 8-year-old girl is dead after an ATV accident in Marion County.

Story by Sarah Kapis

(b)(3):CPSA Section 25(c) (b)(6) wrecked the ATV she was riding on Saturday evening.

The Farmington Fire Department and the Marion County Rescue Squad responded to the area near North Marion High School.

The Marion County Sheriff's Department is handling the investigation.

Funeral arrangements for (b)(3):CPS are being made at the (b)(3):CPS Funeral Home in Farmington.

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1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
060530HNE1014	8925	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
810	2006 05 21	2006 05 30

6. Synopsis of Accident or Complaint UPC none

An unhelmeted 50-year-old male victim was riding on a four-wheeled ATV in the woods. He put sand in buckets which were located on the ATV's rear end, traveled uphill, making a new passage through an area which was saturated with timber, grassy vegetation. The ATV rolled over backwards, traveled downhill, and came to rest near a tree. The victim died at the scene.

MFR/PRVLBR NOTIFIED

COMMENTS: __YES ✓NO
__OVERRULED; __ATTACHED
✓EXCISIONS/FOIA EXS. 25F
✓DO NOT RE-NOTIFY __RE-NOTIFY
9/23/10 [illegible]

VIN: unknown

7. Location (Home, School, etc)	8. City	9. State
1 - HOME	CARLINVILLE	IL

10A. First Product	10B. Trade/Brand Name	10C. Model Number
3286 - All Terrain Vehicles (four W	ARCTIC CAT/UNKNOWN	UNKNOWN

10D. Manufacturer Name and Address
ARCTIC CAT/VIN: UNKNOWN
601 Brooks Avenue, South
Thief River Falls, MN

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

11D. Manufacturer Name and Address
NONE

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
50	1 - Male	8 - Death	57 - Fracture

16. Body Part(s) Involved	17. Respondent	18. Type of Investigation	19. Time Spent (Operational / Travel)
89 - NECK	3 - 2nd Hand Info Only	2 - Telephone	9 / 0

20. Attachment(s)	21. Case Source	22. Sample Collection Number
9 - Multiple Attachments	04 - Radio, TV	

23. Permission to Disclose Name (Non NEISS Cases Only)
○ Yes ● No ○ Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
07/25/2006	8978	Eric B. Ault

27. Distribution	28. Source Document Number
Ingle, Robin L.	N0650582A

The information in this report was based on information received from the sheriff department and the coroner's office. Contact with the victim's next-of-kin was unsuccessful.

On Sunday, May 21, 2006, at 4:00 p.m., in Macoupin County, Carlinville, IL, a 50-year-old male victim was riding on a four-wheeled ATV in the woods located on his private property/farm. The weather condition was scattered clouds and the temperature was 69 degrees.

He traveled downhill from behind his residence, got sand from a creek for his grandchildren and he put the sand in buckets which were located on the rear end of the ATV. After loading the buckets, he attempted to travel uphill, making a new passage through an area which was saturated with timber, grassy vegetation and the ATV rolled over backwards on him. The ATV went downhill, came to a final rest on its front end at a tree and he came to rest on the ATV. He was slumped over the ATV's handlebar.

His traveled rate of speed on the ATV prior to the incident was not known. He was not wearing any protective gear, such as a helmet. His knowledge regarding operation and/or handling the ATV was unknown.

The incident was not witnessed. His wife found him located on the ATV and she summoned for 911 emergency to arrive at the scene.

His height and weight was not known. He sustained severe neck injury and he died at the scene. His cause of death was fractured neck injury. No autopsy was performed on him. Alcohol and/or illegal drug use were not contributing factors to the incident.

Product: four-wheeled all-terrain vehicle

Brand/Year: **Arctic Cat**/unknown

Manufacturer: Arctic Cat
601 Brooks Avenue, South
Thief River Falls, MN 56701

Model: unknown

VIN: unknown

Description: red in color

Condition: maintenance history, bought new or used, and prior problems is unknown. ATV's front fender was damaged.

Modification: a square tubular type configuration with a pulley system was mounted on top of the front rack of the ATV.

ATTACHMENTS:

ATV Data Sheet is included in this report

1. Sheriff's Incident Report and photos (4).

2. Coroner's Inquest.

3. Contact Information.

4. All-Terrain Vehicle (ATV) Questionnaire.

MACOUPIN COUNTY SHERIFF DEPT

Incident Report

DATE : 06/07/2006
TIME : 11:21:53AM

Case Number: 20062318

INCIDENT # : 20062318
ADDRESS : (b)(3):Exemption 3 for 25(c)
City : (b)(3):Exemption 3 for 25(c)

REPORTING OFFICER : RM02 - MAEDGE, RONALD
DATE : 05/21/2006
TIME: 16:15
INCIDENT STATUS : CLEARED EXCEPTI
EXCEPTIONAL CLEARANCE :
DATE :
ZONE: 02
SUBDIVISION:
JUVENILE: N
SCHOOL:

Offenses

U.C.R. CODE :
OFFENSE : ACCIDENT NON TRAFFIC
STATUTE : 8142

BIAS MOTIVATION : NONE
LOCATION : FIELD / WOODS
OFFENSE STATUS : COMPLETED
OFFENDER USED :
CRIMINAL ACTIVITY:
WEAPON / FORCE :
Auto:
Auto:
METHOD OF ENTRY :
GANG ACTIVITY : N
PREMISES ENTERED : 0
GANG TYPE:
GANG NAME:
GANG TYPE:
GANG NAME:
HOME INVASION: N

Complainant Segment

NAME : (b)(3):Exemption 3 for 25(c)
RACE : W
SEX : F
HEIGHT :
WEIGHT :
ADDRESS : (b)(3):Exemption 3 for 25(c)
ADDRESS :
HOME PHONE :
OCCUPATION :
S.S.N. :
HAIR :
EYES :
D.O.B. : (b)
CITY, STATE ZIP : (b)(3):Exemption 3 for 25(c)
WORK PHONE : ( ) -
EMPLOYER :
D.L.N. : /

Case Segment

APPROVING OFFICER: RM02 - MAEDGE, RONALD
DATE : 06/01/2006
ASSIGNED OFFICER:
DATE :

Others Involved Segment

NAME : (b)(3):Exemption 3 for 25(c)
RACE : W
SEX : M
HEIGHT : 601
WEIGHT : 200
INVOLVEMENT : VICTIM
ADDRESS : (b)(3):Exemption 3 for 25(c)
ADDRESS :
HOME PHONE :
OCCUPATION :
S.S.N. :
HAIR :
EYES : GRN
DOB: (b)(3):Exemp
CITY, STATE ZIP : (b)(3):Exemption 3 for 25(c)
WORK PHONE :
EMPLOYER :
D.L.N. : (b)(3):Exemption 3 for 25(c)

Narrative

ON 05/21/06 AT 4:19 PM, THE R/O RESPONDED TO (b)(3):Exemption 3 for 25(c) IN REGARDS TO A 911 CALL OF A SUBJECT INVOLVED IN AN ALL TERRAIN VEHICLE (A.T.V.) ACCIDENT. WHILE RESPONDING, THE R/O WAS ADVISED BY DISPATCH THAT THE ACCIDENT HAD OCCURRED IN THE TIMBER, AND THAT THE VICTIM WAS STILL IN THE TIMBER. AT 4:20 PM, THE R/O ARRIVED, BUT DID NOT SEE ANYONE AT THAT TIME. THE R/O IMMEDIATELY RETRIEVED THE R/O'S EMERGENCY FIRST RESPONDER JUMP BAG FROM THE R/O'S TRUNK. THE R/O THEN LOUDLY MADE IDENTIFICATION OF THE R/O'S AGENCY. AT THAT TIME, A WHITE FEMALE BEGAN YELLING. THE R/O THEN WENT BEHIND THE RESIDENCE TO THE SOUTH, WHERE THE R/O OBSERVED A WHITE FEMALE SUBJECT, WHO WAS HYSTERICAL. THE R/O ASKED THE WHITE FEMALE, LATER IDENTIFIED AS (b)(3):Exemption 3 for 25(c) WHERE THE VICTIM WAS AT. (b)(3):Exempti DIRECTED THE R/O DOWN A HILL INTO THE TIMBER SOUTH WEST OF THE RESIDENCE. THE R/O AT THAT TIME, OBSERVED A WHITE MALE SUBJECT, WHO WAS SLUMPED OVER THE FRONT OF THE A.T.V. (FOUR WHEELER) WHICH WAS AT REST ON ITS FRONT END.

THE R/O IMMEDIATELY APPROACHED THE VICTIM, AT WHICH TIME THE R/O NOTICED THE VICTIM'S SHIRT WAS CAUGHT ON THE HANDLE BARS AND HIS HEAD WAS HEAD WAS UNDER THE FRONT OF THE A.T.V. THE R/O AT THAT

MACOUPIN COUNTY SHERIFF DEPT

Incident Report

DATE : 06/07/2006

TIME : 11:21:54AM

Case Number: 20062318

TIME, REALIZED THAT THE VICTIM WAS DANGLING FROM THE A.T.V. THE R/O THEN CAREFULLY PULLED THE A.T.V. DOWN ONTO IT'S WHEEL'S. THE R/O AT THAT TIME, NOTICED A SQUARE TUBULAR TYPE CONFIGURATION, WITH A PULLEY SYSTEM, WHICH WAS MOUNTED ON THE TOP OF THE FRONT RACK ASSEMBLY. THE R/O ALSO NOTICED THAT THE VICTIM'S CHEST HAD BEEN IN CONTACT WITH THE CONFIGURATION. THE R/O QUICKLY DISLODGED THE VICTIM FROM THE A.T.V. WITH THE ASSISTANCE OF THE VICTIM'S WIFE (b)(3):Exempti. THE R/O AND (b)(3):Exempt THEN PLACED THE VICTIM ONTO THE GROUND, WHERE THE R/O EXPLAINED TO (b)(3):Exe THAT THE R/O WAS GOING TO ENGAGE INTO CARDIAC PULMONARY RESUSCITATION (C.P.R.). THE R/O THEN ADVISED (b)(3):Exempti THAT THE R/O WAS GOING TO CONDUCT THE CHEST COMPRESSIONS, AND ASKED IF SHE WOULD DO THE BREATHING INTO THE VICTIM. THE R/O AND (b)(3):Exempt AT THAT TIME, BEGAN THE C.P.R. THE R/O AND (b)(3):Exempti CONDUCTED C.P.R., UNTIL THE ARRIVAL OF MACOUPIN COUNTY DEPUTY SGT. BART HASSARD AND DUNN'S AMBULANCE SERVICE. THE R/O AT THAT TIME WAS RELIEVED BY DEP. HASSARD. THE R/O THEN GRABBED DUNN'S (BAG VALVE MASK) AND RELIEVED (b)(3):Exempti WHILE ONE OF THE EMERGENCY MEDICAL TECHNICIANS FROM DUNN'S BEGAN TO CALL THE DOCTOR.

THE R/O AND SGT. HASSARD WERE THEN SHORTLY THEREAFTER TOLD TO TERMINATE C.P.R. BY THE E.M.T., WHO INDICATED THAT HE HAD JUST BEEN INFORMED BY THE DOCTOR TO STOP C.P.R. AT THAT TIME. THE R/O AND SGT. HASSARD AT THAT TIME, STOPPED. THE E.M.T. THEN REQUESTED THAT WE CONTACT THE CORONER'S OFFICE. (b)(3):Exempti AT THAT TIME, WAS TAKEN FROM THE SCENE AND ESCORTED BACK TO THE RESIDENCE. THE R/O AND SGT. HASSARD THEN SECURED THE AREA AND BEGAN TO PHOTOGRAPH AND INVESTIGATE THE SCENE. THE R/O AND SGT. HASSARD THEN STOODBY SECURING THE SCENE, UNTIL THE ARRIVAL OF MACOUPIN COUNTY DEPUTY CORONER (b)(3):Exemption 3 for 25 AND MACOUPIN COUNTY DEPUTIES RYAN DIXON AND QUINN REIHER. THE R/O AT THAT TIME, BRIEFED DEPUTY CORONER (b)(3):Exemption 3 for 25(c) OF WHAT THE R/O DISCOVERED AND THE ACTIONS THAT THE R/O TOOK. THE R/O ALONG WITH ALL DEPUTIES THEN SHORTLY THEREAFTER AIDED DEP.CORONER (b)(3):Exemption 3 WITH RECOVERING THE DECEASED VICTIMS BODY. THE DECEASED BODY WAS THEN TRANSPORTED TO DEP. CORONER (b)(3):Exemption 3 'S OFFICIAL VEHICLE BY MEANS OF A BY STANDARD'S KUBOTA ROUGH TERRAIN FOUR WHEEL DRIVE UTILITY OFF ROAD VEHICLE.

THE R/O THEN RECOVERED THE A.T.V. AND RODE IT UP TO THE RESIDENCE, WHERE THE R/O AND DEP.DIXON WASHED THE A.T.V. OFF. THE A.T.V. PER (b)(3):Exempti REQUEST WAS THEN TAKEN INTO THE POLE BARN. THE R/O ALONG WITH DEP.CORONER (b)(3):Exemption 3 for 25(c) THEN SPOKE WITH (b)(3):Exempt (b)(3):Exempti INDICATED TO THE R/O THAT HER HUSBAND IDENTIFIED TO THE R/O AS:

(b)(3):Exemption 3 for 25(c)

HAD WENT DOWN TO THE CREEK TO GET SAND FOR THEIR GRANDCHILDREN'S SAND BOX. (b)(3):Exempti STATED THAT SHE HAD HEARD THE A.T.V. BUT AFTER ABOUT FIVE MINUTES SHE DID NOT SEE NOR HEAR THE A.T.V. (b)(3):Exempti STATED THAT SHE WALKED DOWN THE PATHWAY THAT (b)(3):Exe NORMALLY TOOK TO THE BOTTOMS SOUTH WEST OF THE HOUSE AND TO THE CREEK, BUT DID NOT SEE THE A.T.V. NOR (b)(3):E (b)(3):Exempti STATED THAT SHE THEN LOCATED (b)(3):Exe WHO WAS UNCONSCIOUS. (b)(3):Exempti INDICATED THAT THAT WAS WHEN SHE HAD CALLED 911. THE R/O ASKED (b)(3):Exempt IF SHE KNEW WHY (b)(3):Exe HAD ATTEMPTED TO RIDE UP THE HILL THROUGH THE TIMBER WHERE THERE WAS NO PATHWAY, INSTEAD OF TAKING THE PASSAGE WAY WHICH WAS CLOSELY LOCATED NORTH WEST OF WHERE THE ACCIDENT OCCURRED. (b)(3):Exempti INDICATED THAT (b)(3):Exe HAD MADE MENTION THAT BY CONTINUOUSLY TAKING THE PASSAGE WAY, IT WAS CAUSING EROSION AND KILLING THE GRASS. THE R/O AFTER BRIEFLY SPEAKING TO (b)(3):Exempti ADVISED HER THAT THE R/O MAY BE IN CONTACT WITH HER AT A LATER DATE. THE R/O FURTHER ADVISED (b)(3):Exempt THAT WE WERE SORRY FOR HER LOSS AND THAT IF SHE NEEDED ANYTHING FURTHER, TO CONTACT THE SHERIFF'S DEPARTMENT. THE R/O AT THAT TIME LEFT THE RESIDENCE.

SCENE DESCRIPTION: UPON THE R/O'S ARRIVAL, THE R/O NOTICED THE A.T.V. TO BE AT REST AT THE BASE OF THE HILL, PARTIALLY IN A CLEARING AND PARTIALLY IN THE TIMBER, FACING THE HILL SIDE, SATURATED WITH TIMBER AND VEGETATION. THE R/O ALSO NOTICED ON THE REAR RACKS OF THE A.T.V WERE TWO PLASTIC BUCKETS WITH SAND RESIDUE IN THEM. THE R/O DISCOVERED THAT DIRECTLY IN FRONT OF THE A.T.V. WAS A SMALL PILE OF SAND, WHICH WAS APPARENT AT THAT TIME, THAT WHEN THE A.T.V. HAD CAME UP ONTO IT'S FRONT END THE SAND HAD POURED OUT OF THE TWO BUCKETS. THE R/O ALSO DISCOVERED NEXT TO THE A.T.V. WAS AN UNOPENED 12 oz. CAN OF COORS LIGHT BEER, WHICH WAS LAYING NEXT TO THE A.T.V. CONTAINED IN A LIGHT YELLOW CAN COOLIE WITH "MACOUPIN COUNTY HOUSING AUTHORITY" PRINTED ON IT. ALSO LAYING ON THE GROUND IN FRONT OF THE A.T.V. WAS A CAMOUFLAGE BALL CAP, WHICH WAS SATURATED WITH BLOOD. THE R/O NOTICED THAT LODGED UNDER THE A.T.V. WAS A SMALL TREE APPROXIMATELY THREE TO FOUR INCHES IN DIAMETER, WHICH WAS BENT PARALLEL TO THE GROUND WITH THE TIP OF THE TREE PROTRUDING OUT THE REAR OF THE A.T.V.

Officer Signature: _____ Date: _____ Supervisor: _____

Photo 1: shows view of ATV
and pulley which the victim rested on

Photo 2: shows view of brand name,
buckets located on rear rack

Photo 3: shows view of ATV located in grassy vegetation and timber

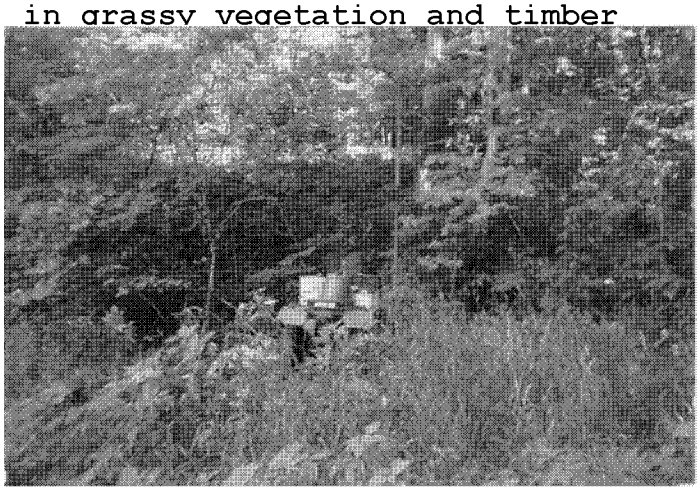
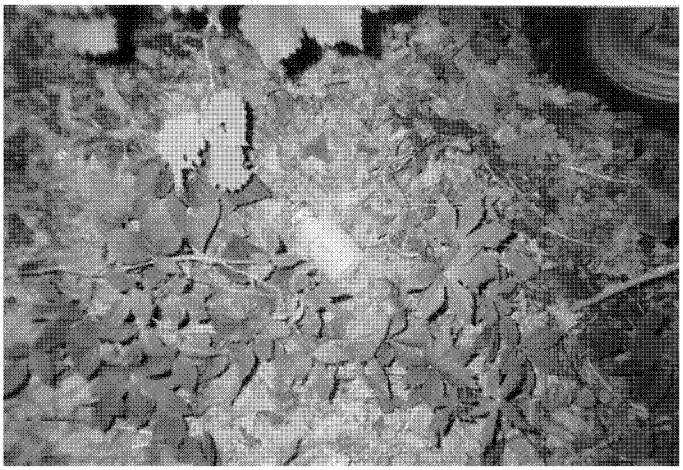


Photo 4: shows view of unopened 12 oz. beer can



CORONER'S INQUEST

STATE OF ILLINOIS)
)
COUNTY OF MACOUPIN)

HELD at the MACOUPIN COUNTY COURTHOUSE, in the City of Carlinville, in the County of Macoupin, in the State of Illinois, on the 10th day of July, A.D. 2006, at 10:00 a.m. on the body of

(b)(3):Exemption 3 for 25(c), Deceased

PRESENT: (b)(3):Exemption 3 for 25(c)
Coroner

MONA FONES, Forewoman)
)
VIRGINIA ANDERSON)
)
MICHELLE STODDARD)
) JURY OF INQUEST
PATRICIA FRENSKO)
)
DIANNE SMITH)
)
JoANN PLOVICH)

Be it remembered that this inquest is being held at the MACOUPIN COUNTY COURTHOUSE, in the City of Carlinville, in the County of Macoupin, in the State of Illinois, on the 10th day of July, A.D. 2006, at 10:00 a.m., the Honorable (b)(3):Exemption 3 for 25(c), Coroner of Macoupin County, presiding:

(b)(3):Exemption 3 for 25(c), Coroner:

LADIES OF THE JURY, WITNESSES, AND OTHERS PRESENT: This is an inquest into the cause and manner of death of (b)(3):Exemption 3 for 25(c), a white male, aged 50 years, late of (b)(3):Exemption 3 for 25(c) Polk Township, Macoupin County, who on

the date of May 21, 2006, was involved in an accident on his farm. Chief Deputy Coroner (b)(3):Exemption 3 for 25(c) went to the scene to investigate for the Coroner's Office and pronounced Mr. (b)(3):Exemp dead at 5:20 p.m. on the date of May 21, 2006.

LADIES OF THE JURY: This is neither a civil nor a criminal trial proceeding, merely an inquest into the cause and manner of death of (b)(3):Exemption 3 for 25(c).

CORONER: For our first witness today, we'll call Deputy Ron Maedge, and have him raise his right hand. Do you solemnly swear that the testimony you are about to give into this inquest is the truth, the whole truth, and nothing but the truth?

WITNESS: Yes, sir.

CORONER: Please state your name.

WITNESS: Ron Maedge.

CORONER: Your badge number?

WITNESS: Thirteen.

CORONER: Your department that you are with?

WITNESS: Macoupin County Sheriff's Department.

CORONER: On the date of May 21, were you on duty for the Sheriff's Office?

WITNESS: Yes, I was.

CORONER: Are you familiar with the gentleman, (b)(3):Exemption 3 for 25(c)?

WITNESS: Yes.

CORONER: Were you the investigating officer at an accident that took place at his farm?

WITNESS: Yes, I was.

CORONER: At this point I'm going to turn the inquest over to you, Deputy Maedge, and have you give your report which I believe you have a copy of with you?

WITNESS: Yes, I do.

CORONER: If you'd like to tell the jury in your own words what the situation was and what your actions were?

WITNESS: On the 21st of May at 4:19 p.m., I was dispatched to (b)(3):Exemption 3 for 25(c) in regards to an ATV accident. I responded and upon arrival on the scene, I could hear somebody screaming behind the house in the timber, ran around the back, and a female met me at the back and told me that her son was down the hill and had been injured in an ATV accident. I went down to the bottom of the hill and I noticed (b)(3):Exemption 3 for 25(c) who was slumped over the front of the four wheeler and the four wheeler was at rest on the nose on the front end of it. He was slumped over the handlebars. At that time, I dislodged the four wheeler from a tree that it had came against and dislodged the four wheeler from the tree and then got Mr. (b)(3):Exempt off of the four wheeler and placed him on the ground and began CPR until the ambulance arrived.

CORONER: You said you were called at 4:19?

WITNESS: 4:19 p.m.

CORONER: You stated that the four wheeler was on its nose with Mr. (b)(3):Exem slumped over it and the back wheels were up against a tree?

WITNESS: The back wheels were up against. . . . the tree was underneath the four wheeler and the back wheels were up in the air.

CORONER: Do you know how it came to get into that position?

WITNESS: Yes. In speaking to his wife, (b)(3):Exem she had stated that he had made a point earlier that he didn't want to keep using the same trail going up the hill because he was eroding the ground away, so what we determined is he was trying to make a new pathway to get up to his house from the bottom ground and made it up the hill and the four wheeler rolled back, come against the tree, and the tree lodged him forward on the four wheeler and threw him off the seat and slumped him across the front of it.

CORONER: So the four wheeler was his vehicle?

WITNESS: Yes.

CORONER: What kind of a four wheeler was it? Do you have the name of it? It would show in your pictures. . . wouldn't it, Ron? And you also took pictures at the scene?

WITNESS: That is correct.

CORONER: Do you have those with you today?

WITNESS: Yes.

CORONER: The photographs will remain the property of the Sheriff's Department and will be available for the jury to see, but they will remain the custody of the Sheriff's Department. These are the photographs?

WITNESS: Yes.

CORONER: Would it be an Arctic Cat?

WITNESS: Yes.

CORONER: These are photographs of the scene?

WITNESS: That is correct.

CORONER: So the vehicle was an Arctic Cat four wheeler?

WITNESS: Do you need a model number or anything?

CORONER: No, not at this time. The ambulance was then dispatched?

WITNESS: The ambulance was dispatched and they arrived, and at that time we were asked to continue CPR. . . myself and Sergeant Hassard who had arrived just prior to the ambulance, and then the EMT with Dunn's Ambulance Service called and spoke with a doctor and said that at that time to discontinue CPR because we had been doing it for like 15 to 20 minutes.

CORONER: And there was no response?

WITNESS: No response from Mr. (b) (3):Exempti

CORONER: And you said that it was Sergeant Hassard. . . that is another deputy with the Macoupin County Sheriff's Department?

WITNESS: Yes.

CORONER: Sergeant Barkley Hassard?

WITNESS: Yes, that is correct.

CORONER: Do you have anything further for our jury?

WITNESS: No. That is it.

CORONER: If not, we'll dismiss you, and call (b)(3):Exemption 3 for 25(c) at this time. We'll have you raise your right hand. Do you solemnly swear that the testimony you are about to give into this inquest is the truth, the whole truth, and nothing but the truth?

WITNESS: Yes.

CORONER: Please state your name.

WITNESS: (b)(3):Exemption 3 for 25(c)

CORONER: Your official position with Macoupin County?

WITNESS: Chief Deputy Coroner for Macoupin County.

CORONER: You are familiar with this particular case?

WITNESS: Yes.

CORONER: At this time, I'm going to turn it over to you and you can tell the jury what your actions were.

WITNESS: On my arrival at the scene, I conferred with the medical personnel and the Sheriff's Office personnel. This area was inaccessible by vehicles so we used neighbor's four wheelers to drive down to the scene. Upon arrival at the scene, I pronounced the subject dead at 5:20 p.m. Then conferred with the family. After getting the victim up from the bottom he was in, he was placed in my vehicle, and then transported to Carlinville Area Hospital where we had X-rays taken. At the hospital, the X-rays revealed that he had a broken neck which was the cause of death. There were other injuries, of course, from the incident where he fell against the front of the vehicle. . . scratches and contusions and such. But the main incident would be the broken neck. I then took samples for toxicology which were transported to the lab in St. Louis. Those results are present at the inquest and will be made a part of this inquest. These results are negative. There was no alcohol nor drugs in Mr. (b)(3):Exempti system. At that time, our investigation into the cause of death was complete and I contacted the funeral home of choice and turned the body over to the funeral home for the family.

CORONER: Can you tell the jury how Mr. (b)(3):Exempt got his injuries?

WITNESS: Yes. As the deputy said when he came down. . . they could see at the top of the hill. . . towards the top of the hill where he had spun out and he was just going back down the hill to try to make another run at it or try another way or whatever and when he came up against the tree, the four wheeler went backwards up the tree and threw him forward and he was actually still on the four wheeler, leaned forward and sustained injuries by the snapping of the neck when he hit the tree forward and backward and also the steering wheel and there was a post on the four wheeler that injured him also as he hit that when he fell forward.

CORONER: Does the jury have any questions? If not. . . .

LADIES OF THE JURY: This is the evidence available in this case. It will now be your duty to determine, if possible, the cause and manner of death, whether you deem it to be an accident, suicide, homicide, natural or from undetermined causes. You will deliberate in private and when you have reached your verdict, you will report back to me, the Coroner of Macoupin County.

I, JEANNE K. LANDERS, the undersigned, do hereby certify that the above and foregoing is a true and correct accounting of the minutes of the inquest of (b)(3):Exemption 3 for 25(c), as transcribed by me from a tape of said proceeding, to the best of my knowledge and belief.

Jeanne K. Landers

COUNTY OF MACOUPIN
OFFICE OF CORONER

(b)(3):Exemption 3 for 25(c) [redacted]

We, the jury for this Coroner's Inquest, held on Monday, July 10, 2006,
(date)
at the Macoupin County Courthouse in Carlinville, Illinois, having heard the evidence presented to us and deliberating amongst ourselves find that

(b)(3):Exemption 3 for 25(c) [redacted]
(name)

came to his (his/her) death on May 21, 2006 (date) at 5:20 p.m. (time)

at (b)(3):Exemption 3 for 25(c) [redacted] County of Macoupin, State of Illinois.
(location)

We find that his (his/her) death was due to

broken neck
(medical cause of death)

which was a result of overturned four-wheeler.
(circumstances of incident causing death)

We believe that the manner of his (his/her) death to be

accidental.
(accidental – suicide – homicide – natural – undetermined)

Mona Fones Foreman/Forewoman

Virginia Anderson

Michelle Hoddard

Patricia Trensko

Vicki Sevion

JoAnn Plovich

Jury recommendations:

St. Louis University Toxicology Laboratory Report
6039 Helen Ave, Berkeley, Missouri 63134

Name: (b)(3):Exemption 3 for 25(c)

Tox # 2006-3072

Age: 50 years Race: White Sex: Male

Requesting Agency: Macoupin County Coroner

==========

Blood:

Alcohol:

Ethanol:	Negative
Acetone:	Negative
Isopropanol:	Negative
Methanol:	Negative

Blood Drug Screen:

Amphetamines:	Negative
Antidepressants:	Negative
Barbiturates:	Negative
Benzodiazepines:	Negative
Cannabinoids (THC):	Negative
Cocaine/Metabolites:	Negative
Lidocaine:	Negative
Methadone:	Negative
Non-Opiate Narcotic Analgesic:	Negative
Opiates:	Negative
Phencyclidine:	Negative
Phenothiazines:	Negative
Propoxyphene:	Negative
Acetaminophen:	Negative
Salicylates:	Negative
Oxycodone:	Negative
Fentanyl:	Negative

==========

Requested by: CORONER WESLEY CHARLES LANDERS Date/Time: 05/21/06//06:45 PM

Received in Lab by: Carolyn Keinath Date/Time: 05/22/06//10:30 AM

Report by: DR. CHRISTOPHER LONG Date/Time: 06/16/2006//03:32 PM

Attachment 2 - 060530HNE1014

☒ PERMANENT CERTIFICATE
☐ TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO.
REGISTERED NUMBER

STATE OF ILLINOIS

MEDICAL EXAMINER'S -- CORONER'S CERTIFICATE OF DEATH

STATE FILE NUMBER

Type or Print in PERMANENT INK See Coroner's or Funeral Directors Handbook for INSTRUCTIONS

PRINTED BY THE AUTHORITY OF THE STATE OF ILLINOIS

DECEASED

1. DECEASED - NAME FIRST MIDDLE LAST: (b)(3):Exemption 3 for 25(c)
2. SEX: Male
3. DATE OF DEATH (MONTH, DAY, YEAR): May 21, 2006
4. COUNTY OF DEATH: Macoupin
5a. AGE - LAST BIRTHDAY (YRS): 50
5b. UNDER 1 YEAR: MOS. DAYS
5c. UNDER 1 DAY: HOURS MIN.
5d. DATE OF BIRTH (MONTH, DAY, YEAR): (b)(3):Exemption 3 for 25(c)
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: (b)(3):Exemption 3 for 25(c)
6b. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
6c. IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY): Residence
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): (b)(3):Exemption 3 for 25
8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): (b)(3):Exemption 3 for 25(c)
9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): Yes
10. SOCIAL SECURITY NUMBER: (b)(3):Exemption 3
11a. USUAL OCCUPATION: Operating Officer
11b. KIND OF BUSINESS OR INDUSTRY: County Housing
12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): Elementary/Secondary (0-12): College (1-4 or 5+): 2
13a. RESIDENCE (STREET AND NUMBER): (b)(3):Exemption 3 for 25(c)
13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.
13c. INSIDE CITY (YES/NO): No
13d. COUNTY: Macoupin
13e. STATE: (b)(3):Exemption 3 for 25(c)
ZIP CODE
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): ☒ NO ☐ YES SPECIFY:

PARENTS

15. FATHER - NAME FIRST MIDDLE LAST: (b)(3):Exemption 3 for 25(c)
16. MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST: (b)(3):Exemption 3 for 25(c)
17a. INFORMANT'S NAME (TYPE OR PRINT): (b)(3):Exemption 3 for 25(c)
17b. RELATIONSHIP: Wife
17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): (b)(3):Exemption 3 for 25(c)

CAUSE

18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

Immediate Cause (Final disease or condition resulting in death) → (a) Broken Neck — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Instant

DUE TO, OR AS A CONSEQUENCE OF
(b) 4 Wheeler Accident - ATV

DUE TO, OR AS A CONSEQUENCE OF
(c)

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

19a. AUTOPSY (YES/NO): No
19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO): No
20a. NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY): Accident
20b. DATE OF INJURY (MONTH, DAY, YEAR): May 21, 2006
20c. HOUR: 4 P M.
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18): 4 wheeler accident Victim Thrown from Vehicle
20e. INJURY AT WORK (YES/NO): No
20f. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY): Wooded area Farm
20g. LOCATION (CITY, VIL. OR TOWN; OR TWP.; OR RD. DIST. NO., COUNTY, STATE): Polk Township, Macoupin, Illinois
20h. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES ☐ NO ☐

N . . . . . .
P . . . . . .
H.G. . . . . .
RIF . . . . . .
UNK . . . . . .

CERTIFIER

21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUISITION, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT . . . . . .
21b. THE DECEDENT WAS PRONOUNCED DEAD ON MONTH May DAY 21 YEAR 2006
21c. AT 5:20 P M.
22a. CORONER'S - MEDICAL EXAMINER'S SIGNATURE: (b)(3):Exemption 3 for 25(c) by: Chief Deputy Coroner
22b. DATE SIGNED (MONTH, DAY, YEAR): July 10, 2006
23a. CORONER'S PHYSICIAN'S NAME (Type or Print):
23b. DATE SIGNED (MONTH, DAY, YEAR):

DISPOSITION

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY OR CREMATORY - NAME: Mayfield Memorial Park Cemetery
24c. LOCATION CITY OR TOWN STATE: Carlinville, Illinois
24d. DATE (MONTH, DAY, YEAR): May 24, 2006
25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP: Davis-Anderson Funeral Homes, Ltd., P.O. Box 135, Carlinville, IL 62626
25b. FUNERAL DIRECTOR'S SIGNATURE: Grant M Davis
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 34-11726
26a. LOCAL REGISTRAR'S SIGNATURE:
26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): July 10, 2006

CONTACT INFORMATION:

Contacted on 5/30/06

(b)(3):Exemption 3 for 25(c)

Coroner

(b)(3):Exemption 3 for 25(c)

Macoupin County Sheriff
215 S. East Street
Carlinville, IL 6262
(217)854-3135

Task Number 060530HNE1014

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

Type of respondent: Other

Other, specify: sheriff and coroner

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: 07 - Artic Cat	**Manufacturer:**

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

Model: unknown / **VIN:** UNKNOWN

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

Model Year: unk

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

Engine Size: 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:	05/21/2006	
Age/Sex:	50 / Male	/
State of Death:	ILLINOIS	
City of Death:	Carlinville	
County of Death:	Macoupin	

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

An unhelmeted 50-year-old male victim was riding on a four-wheeled ATV in the woods. He put sand in buckets which were located on the ATV's rear end, traveled uphill, making a new passage through an area which was saturated with timber, grassy vegetation and the ATV rolled over backwards. He died at the scene.

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

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

Victim 1:			**Victim 2:**		
(Yes)	No	Unknown	Yes	No	Unknown

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

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

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

Victim 1:			**Victim 2:**		
Yes	(No)	Unknown	Yes	No	Unknown

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

0 - Unknown
(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: 50 **Height:** **(inches)**

Weight: **Sex:** Male

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

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

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

01 - Forest, Woods

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

09 - NA (Not a road)

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

09 - NA (Not a traffic incident)

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

2 - No

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

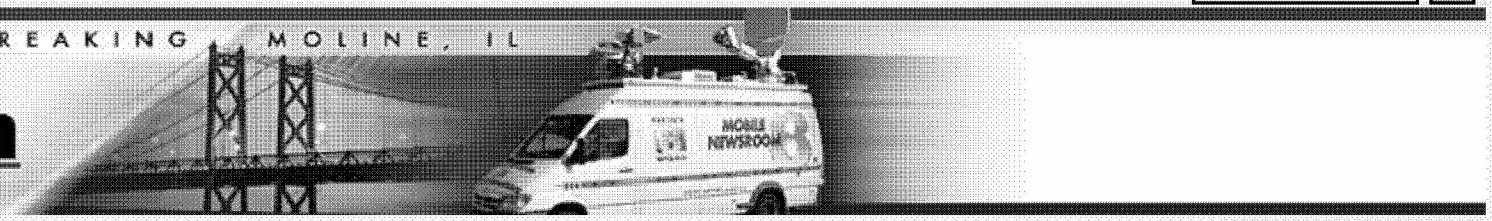
2 - No, Drugs

Additional Comments:

#060530HNE1014 N0650582A 5/31/06

issue; 35

ADVERTISEMENT



Macoupin County Housing Authority official dies in ATV wreck

Local & Regional News Full Story >

Bonny Jain wins National Geographic Bee

Veterans ID Theft

Thomson starts to hire

Local Reaction to Enron Verdict

Kaaba Shriner's Medical Clinic

How's Dusty Doing Now ?

Fewer sex offenders registering with database

Elderly Man Scammed Out Of $15,000

Officer okay atter attempted shooting in Davenport

Bomb Sniffing Dogs Trained in Davenport

CARLINVILLE, Ill. A coroner's inquest will be held to review the weekend A-T-V death of the Macoupin County Housing Authority's chief operating officer.

Fifty-year-old (b) (3):Exemption died at the scene of the Sunday afternoon accident involving an all-terrain vehicle on his property near Carlinville.

Macoupin County's chief deputy coroner, (b) (3):Ex (b) (3):Exemption says (b) (3):Exemp wife told investigators her husband had taken the four-wheeler to a creek to get sand for their grandchildren's sand box.

(b) (3):Exemption says it appears (b) (3):Exe died after the A-T-V, while going up a steep incline, spun out and began rolling backward before hitting a tree.

(b) (3):Exem is credited with helping develop the housing agency's new 46-unit apartment community for seniors nearing completion in Carlinville.

Services will be held tomorrow.

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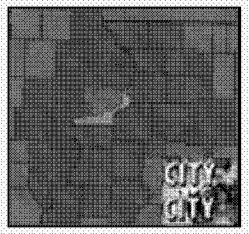
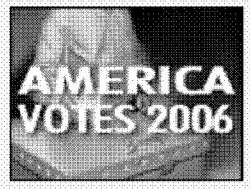
City By City Online

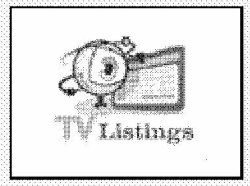


News, links, and information for your community. WQAD.com covers 32 counties in eastern Iowa and western Illinois.

America Votes 2006



NewsChannel 8 Programming



Click here to see tonight's programming.

Medical Breakthroughs

Michelle Aguayo brings you a new medical breakthough weekdays at 5:00 on Monday Wednesday and Friday, and at 10:00 on Tuesday and Thursday.

160831

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
060530HNE1016	8925	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
8 10	2006 05 28	2006 05 30

6. Synopsis of Accident or Complaint UPC none

An unhelmeted victim #1, a 47-year-old male driver and an unhelmeted victim #2 a 38-year-old female passenger were riding on a four-wheeled ATV on a dry dirt trail They traversed down a steep embankment which gave way and victim #1 accelerated the ATV The ATV overturned They were ejected Victim #1 died at the scene from multiple injuries, including a skull fracture Victim #2 was taken to a hospital, where she was treated for a minor leg injury and released

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

10A. First Product	10B. Trade/Brand Name	10C. Model Number
3286- All Terrain Vehicles (four W	YAMAHA/RHINO	660

10D. Manufacturer Name and Address
YAMAHA MOTOR CORP/VIN [redacted]
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

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
47	1 - Male	8 - Death	57 - Fracture

16. Body Part(s) Involved	17. Respondent	18. Type of Investigation	19. Time Spent (Operational / Travel)
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	6 / 0

20. Attachment(s)	21. Case Source	22. Sample Collection Number
9 - Multiple Attachments	04 - Radio, TV	

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

○ Yes ◉ No ○ Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
07/03/2006	9001	Eric B. Ault

27. Distribution	28. Source Document Number
Ingle, Robin L.	N0650585A

INFORMATION NOTIFIED
COMMENTS ___ YES ✓ NO
___ ATTACHED
✓ EXCIDENT ... 25C
Revisions
✓ DO NOT RE-NOTIFY ___ RE-NOTIFY

CPSC FORM 182 (12196. ... use through 09130120 OMB NO. 30410029

4/11/07 le

The information in this report was based on information received from the sheriff department and the medical examiner's office. A photo of the ATV will not be provided. Contact with the passenger who was riding on the ATV and the victims' next-of-kin was unsuccessful.

On Sunday, May 28, 2006, at 6:30 p.m., in Fayette County, located near Page, WV, victim #1, a 47-year-old male driver and victim #2, his girlfriend, a 38-year-old female passenger were riding on a four-wheeled ATV on a dirt trail located in a wooded area at 6 miles from a paved road. The weather condition was clear and the temperature was 81 degrees.

Victim #1 traversed down a steep embankment which gave way and he accelerated. The ATV overturned down the embankment and it came to a final rest at 300 feet down the bank. He was ejected at approximately 130 feet and he struck his head against a rock. Victim #2 was also ejected.

Their traveled rate of speed on the ATV prior to the incident was not known. They were not wearing any protective gear, such as helmets. His knowledge regarding operation and/or handling the ATV was unknown.

Victim #1 was 5 feet, 10 inches tall and he weighed 160 pounds. He sustained severe head and neck injury. He died at the scene. The reporting medical examiner's office located in Kanawha County, Charleston, WV, listed his cause of death as multiples injuries. An autopsy was not performed on him.

Victim #2's height and weight was not known. She sustained a minor leg injury. She was transported via ambulance to a hospital located in Fayette County, Oak Hill, WV, where she was treated and released.

Alcohol usage was a contributing factor to the incident; his BAC was not provided. ME report states Victim #1 made a living dealing drugs. which contained 2-1/2 light blue caplets were discovered at the incident scene and were located in his pants' pocket. Information was not provided on whether illegal drug use was a factor involved.

Product: four-wheeled all-terrain vehicle

Brand/Year: **Yamaha**/2005

Manufacturer: Yamaha Motor Corp.
6555 Katella Ave
Cypress, CA 90630

Model: Rhino 660

VIN: (b)(3):CPSA Section 25(c),(b)(6)

Description: green in color

Condition: maintenance history, bought new or used, and prior problems is unknown. Information was not provided on whether the ATV's lights were on prior to the incident.

Modification: unknown

ATTACHMENTS:

ATV Data Sheet is included in this report

1. Uniform Traffic Crash Report.

2. Medical Examiner's Death Investigation.

3. Contact Information.

4. All-Terrain Vehicle (ATV) Questionnaire.

Attachment 1 - 060530HNE1016

DMV-17-F REVISED 5/97

WEST VIRGINIA UNIFORM TRAFFIC CRASH REPORT

FORM OVERRIDE # 261225

06A-166

Date of Crash	Day of Week	Time of Crash	Crash Reported By	Time of Notification	Time of Arrival	
05 28 06	M T W Th F S Sun (1 2 3 4 5 6 7)	1830 HRS.	1 State Police 2 City Police 3 Sheriff 4 Other	1857 HRS.	1946 HRS.	Fatality / Leaving Scene / Hit & Run / Striking Unattended Vehicle / Other

LOCATION

County	City or Town	Highway Classification
FAYETTE	IN / NEAR Page	1 Interstate 2 U.S. 3 WV 4 County 5 City 6 Other

Crash Occurred On	Route 1	Street 1	Maximum Speed Limit	Advisory Speed	If on Controlled Access Highway, Fill in One
		Or ATV trail	Posted / Not Posted		1 Main Road 2 Main Road at Interchange 3 Entrance Ramp On 4 Exit Ramp On (N S E W) Side
At Intersection With	Route 2	Street 2	Maximum Speed Limit	Advisory Speed	
		Or	Posted / Not Posted		

If not at intersection: Approx 6 FEET / MILES N / S E / W OF Kincaid/Kingston Road County Route 1 (Street, Highway, Town Etc.)

Relation to Roadway (Location of First Impact): 1 On Road 2 Median 3 Shoulder 4 Outside of Shoulder/Curb 5 Gore 6 Other/Unknown

If location can be described more precisely, enter here special reference or GIS/GPS coordinates

DRIVER 1

Driver's Full Name: b(3) CPSA Section 25(c),(b)(6) M / F — Address: b(3) CPSA Section 25(c),(b)(6) — City — State — Zip

Date of Birth: b(3) CPSA Section 25(c),(b)(6) — Social Security Number — Driver License Number — CDL / Jr. Operator's / Learner's Perm — State: WV — License Restriction(s) Violated

Citation Number — Citation Charge — Driver Condition: 1 Normal 2 Fatigued 3 Asleep 4 Ill 5 Drinking 6 Medication 7 Other 8 Unknown

Sobriety Test Given: Yes / No / Refused Test / Not Offered — Type of Test Given: Field / Blood / Breath / PBT / Urine / Other / N/A — Test Results: N/A

Driver Action: 1 Going Straight Ahead 2 Turning Right 3 Turning Left 4 U-Turning 5 Changing Lanes 6 Passing 7 Parking 8 Parked 9 Backing 10 Merging 11 Slowing or Stopping 12 Stopped in Traffic Lane 13 Entering or Leaving Driveway 14 Pulling Out from Parking Space 15 Other (SEE NARRATIVE)

VEHICLE

Owner's Full Name: SAME AS DRIVER — Address: SAME AS DRIVER — City — State — Zip

Year	Make	Model	Style	Color (List Primary/Secondary)
05	Yamaha	Rhino	660 Utility	Green

License Plate Number: N/A — State — Year — Vehicle Identification Number: b(3) CPSA Section 25(c),(b)(6)

Direction Travel (If turning, enter direction before turn.): N / S / E / W on Route 1 / (Or Street) 2 / Above — Total Occupants of This Vehicle: 2 — Extent of Damage: 0 1 2 3 4 5 6 - Unknown — Driveable: Yes / No

Towed due to damage: Yes / No — Towed by: T&C Midway — Towed to: T&C Midway

Auto Liability Insurance: Yes / No — Insurance Company — Policy No. — Agent

Damaged Area(s): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 — 12 Undercarriage, 13 None/Non-Apparent, 14 Other/Unknown, 15 All Areas

Pt. of Initial Impact: 1 2 3 4 5 6 7 8 9 10 11 12 13 14

Contributing Circumstances (Check One or More): 1 No Improper Driving 2 Exceeding Speed Limit 3 Exceeding Safe Speed 4 Changing Lanes Improperly 5 Following Too Closely 6 Disregarded Traffic Control 7 Did Not Have Right of Way 8 Failure to Maintain Control 9 Driving Under Minimum Speed 10 No Signal or Improper Signal 11 Turning Improperly 12 Passing Improperly 13 Parking Improperly 14 Backing Improperly 15 Avoiding Animal or Vehicle 16 Distraction Inside Vehicle 17 Walking Violation 18 Driver Under Influence 19 Pedestrian Under Influence 20 Slippery Pavement 21 Other Roadway Defects 22 Previous Accident 23 Left of Center 24 Other (SEE NARRATIVE)

DRIVER

Driver's Full Name: M / F — Address — City — State — Zip

Date of Birth — Social Security Number — Driver License Number — CDL / Jr. Operator's / Learner's Perm — State — License Restriction(s) Violated

Citation Number — Citation Charge — Driver Condition: 1 Normal 2 Fatigued 3 Asleep 4 Ill 5 Drinking 6 Medication 7 Other 8 Unknown

Sobriety Test Given: Yes / No / Refused Test / Not Offered — Type of Test Given: Field / Blood / Breath / PBT / Urine / Other / N/A — Test Results:

Driver Action: 1 Going Straight Ahead 2 Turning Right 3 Turning Left 4 U-Turning 5 Changing Lanes 6 Passing 7 Parking 8 Parked 9 Backing 10 Merging 11 Slowing or Stopping 12 Stopped in Traffic Lane 13 Entering or Leaving Driveway 14 Pulling Out from Parking Space 15 Other (SEE NARRATIVE)

VEHICLE

Owner's Full Name: SAME AS DRIVER — Address: SAME AS DRIVER — City — State — Zip

Year	Make	Model	Style	Color (List Primary/Secondary)

License Plate Number — State — Year — Vehicle Identification Number

Direction Travel (If turning, enter direction before turn.): N / S / E / W on Route 1 / (Or Street) 2 / Above — Total Occupants of This Vehicle: — Extent of Damage: 0 1 2 3 4 5 6 - Unknown — Driveable: Yes / No

Towed due to damage: Yes / No — Towed by: — Towed to:

Auto Liability Insurance: Yes / No — Insurance Company — Policy No. — Agent

Damaged Area(s): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 — 12 Undercarriage, 13 None/Non-Apparent, 14 Other/Unknown, 15 All Areas

Pt. of Initial Impact: 1 2 3 4 5 6 7 8 9 10 11 12 13 14

Contributing Circumstances (Check One or More): 1 No Improper Driving 2 Exceeding Speed Limit 3 Exceeding Safe Speed 4 Changing Lanes Improperly 5 Following Too Closely 6 Disregarded Traffic Control 7 Did Not Have Right of Way 8 Failure to Maintain Control 9 Driving Under Minimum Speed 10 No Signal or Improper Signal 11 Turning Improperly 12 Passing Improperly 13 Parking Improperly 14 Backing Improperly 15 Avoiding Animal or Vehicle 16 Distraction Inside Vehicle 17 Walking Violation 18 Driver Under Influence 19 Pedestrian Under Influence 20 Slippery Pavement 21 Other Roadway Defects 22 Previous Accident 23 Left of Center 24 Other (SEE NARRATIVE)

PHONE #: (304) 574-4904

PHOTOS TAKEN: ◯ BY WHOM: S.M. Gray

ASSISTING OFFICER: Cpl. J.L. Brown, Deputy D.H. Duncan

OTHER DAMAGE

DAMAGED PROPERTY OTHER THAN VEHICLES (DESCRIBE AS COMPLETELY AS POSSIBLE)

◯ ON PAVEMENT OR _____ FEET ◯N ◯S ◯E ◯W OF PAVEMENT EDGE

OWNER'S NAME ◯ Other (Please List) ◯ DOH ◯ City

ADDRESS CITY STATE ZIP

CODES

SEATING

1 2 3 / 4 5 6 / 7 8 9

B - Bicyclist
P - Pedestrian
E - Engineer (RR/Train)
M- Motorcycle, Snowmobile, etc.:
1 - Driver
4 - Passenger One
7 - Passenger Two
10 - Sleeper Section
11 - Other Enclosed Passenger Area/ Cargo Area
12 - Other Unenclosed Passenger Area/ Cargo Area
13 - Riding In/On Trailing Unit
14 - Riding On Vehicle Exterior
15 - Unknown
16 - Other (SEE NARRATIVE)

OCCUPANT PROTECTION
1 - None Installed
2 - None Used
3 - Lap Belt Only Used
4 - Shoulder Belt Only
5 - Lap and Shoulder Belt Used
6 - Child Safety Seat
7 - Helmet, Glasses/Shield
8 - Unknown

INJURY CLASSIFICATION
K - Killed
A - Bleeding Wound, Distorted Member, or Had to Be Carried from Scene.
B - Bruises, Abrasions, Swelling, Limping, Etc.
C - No Visible Injury But Complaint of Pain or Momentary Unconsciousness
O - Not Injured

FIRST AID BY
1 - None
2 - Police
3 - Emergency Medical Technician
4 - Doctor / Nurse
5 - Rescue Squad
6 - Helicopter Crew
7 - Paramedic
8 - Unknown

AIRBAG DEPLOYED: 1 - Yes 2 - No 3 - Not equipped

EJECTED: 1 - No 2 - Yes 3 - Partially 4 - Unknown

TRAPPED/EXTRICATED: 1 - Not Trapped 2 - Trapped/Extricated 3 - Trapped/Not Extricated 4 - Unknown

MEDICALLY TRANSPORTED: 1 - No 2 - Yes 3 - Refused 4 - Unknown

CRASH

VEHICLE FIRE OCCURRENCE — Veh. #: 1 — 0 ◯ No Fire Occurrence, 1 ◯ Fire Occurrence

HAZARDOUS CARGO — Veh. #: 1 — 0 ◯ No, 1 ◯ Yes, 2 ◯ Unknown

PERSONS INVOLVED

NAME	M/F	AGE	ADDRESS
b)(3) CPSA Section 25(c),(d),(6)			

	VEH. NO.	SEATING	OCC. PROT.	AIR-BAG	EJECTED	TRAP/ EXTRI	IN-JURY	FIRST AID	MED TRAN
DRIVER →	1	1	2	3	2	1	K	7	1
DRIVER →									
	1	3	2	3	2	1	C	7	2

INJURED TAKEN TO: Plateau Medical Center

INJURED TAKEN BY: Ambulance

EMS/AMBS UNIT NUMBER: Jan-Care 204

EMS RUN FORM NUMBER: 233925

PED

PEDESTRIAN ACTION: 1 ◯ Crossing at Intersection 2 ◯ Crossing Not at Intersection 3 ◯ Walking on Pavement With Traffic 4 ◯ Walking on Pavement Facing Traffic 5 ◯ Standing on Pavement 6 ◯ Playing on Pavement 7 ◯ Working on Pavement 8 ◯ Other on Pavement 9 ◯ Not on Pavement

Clothing: ◯ Light ◯ Dark

PHONE NUMBER

WITNESS

NAME OF WITNESS | ADDRESS | CITY | STATE | ZIP | PHONE NUMBER

H ( ) W ( )

H ( ) W ( )

ENVIRONMENT

LIGHT: 1 ● Daylight, 2 ◯ Dark, 3 ◯ Dark, Artificial Lights, 4 ◯ Dusk, 5 ◯ Dawn

WEATHER: 1 ● Clear, 2 ◯ Cloudy, 3 ◯ Raining, 4 ◯ Fog/Smog, 5 ◯ Snowing, 6 ◯ Sleeting, 7 ◯ Hailing, 8 ◯ Crosswinds

ROADWAY SURFACE: 1 ● Dry, 2 ◯ Wet, 3 ◯ Snow, 4 ◯ Ice, 5 ◯ Muddy, 6 ◯ Haz. Mat, 7 ◯ Other

ROADWAY CHARS.: 1 ◯ Straight and Level, 2 ● Straight and Grade, 3 ◯ Straight at Hillcrest, 4 ◯ Curve and Level, 5 ◯ Curve and Grade, 6 ◯ Curve at Hillcrest, 7 ◯ Straight and Rolling, 8 ◯ Sag Curve

ROAD TYPE: 1 ◯ Blacktop, 2 ◯ Concrete, 3 ◯ Brick, 4 ◯ Gravel, 5 ● Dirt, 6 ◯ Other:

TRAFFIC CONTROL: 1 ◯ Stop Sign, 2 ◯ Traffic Signal, 3 ◯ Yield Signal, 4 ◯ Officer, Flagman, 5 ◯ RR Gates, Signals, 6 ◯ Construction Zone, 7 ◯ School Zone, 8 ● None, 9 ◯ Other

FUNCTIONING? ◯ Yes ◯ No

VISION OBSCURED BY — Veh. #: 1
1 ● Not Obscured, 2 ◯ Rain, Snow, Ice on Windshield, 3 ◯ Trees, Bushes, 4 ◯ Building(s), 5 ◯ Embankment, 6 ◯ Signboard, 7 ◯ Hillcrest, 8 ◯ Parked Vehicle(s), 9 ◯ Moving Vehicle(s), 10 ◯ Blinding Headlights, 11 ◯ Blinding Sunlight, 12 ◯ Other, 13 ◯ Unknown

NUMBER OF LANES: 1

WERE LANES CLEARLY MARKED? ● YES ◯ NO

CRASH TYPE

MANNER OF COLLISION:
1 ◯ Rear End
2 ◯ Head On
3 ◯ Same Direction Sideswipe
4 ◯ Opp. Direction Sideswipe
5 ◯ Rear-to-Rear
6 ● Single Vehicle Crash
7 ◯ Other

LEFT & RIGHT TURN: 8, 9
LEFT TURNS: 10, 11, 12, 13, 14, 15
RIGHT TURNS: 16, 17, 18, 19, 20

VEH. SEQUENCE OF EVENTS (Use Codes at Right)

VEH. #	First Event	Second Event	Third Event	Fourth Event
1	01	04	06	41

MOST HARMFUL EVENT: VEH. # 1 — 01

NON-COLLISION
01-Loss of Control
02-Cross centerline/median
03-Ran off Roadway-left
04-Ran off Roadway-right
05-Re-enter Roadway
06-Overturn
07-Separation of Units
08-Fire/explosion
09-Immersion
10-Jackknife
11-Downhill Runaway
12-Cargo loss/shift
13-Individual fell from veh.
14-Stopped in traffic lane
15-Other noncollision

HAD A COLLISION WITH
16-Moving motor vehicle
17-Pedestrian
18-Bicyclist
19-Motor veh. in transport
20-Parked motor vehicle
21-Railroad/Train
22-Animal
23-Other non-fixed object
24-Bridge/pier/abutment
25-Bridge parapet end
26-Bridge rail
27-Guardrail face
28-Guardrail end
29-Median barrier
30-Highway traffic sign post
31-Highway sign post
32-Luminaire/light support
33-Utility pole
34-Other pole
35-Culvert
36-Curb
37-Ditch
38-Embankment
39-Fence
40-Mailbox
41-Tree
42-RR crossing signal
43-Building
44-Traffic Island
45-Fire hydrant
46-Impact attenuator
47-Other fixed object

COMMERCIAL CARRIER

SCREENING INFORMATION:

NUMBER OF QUALIFYING VEHICLES INVOLVED:

Trucks with 6 or more tires or a Haz Mat Placard _____

Buses designed to carry 16 or more persons _____

NUMBER OF:

Persons Sustaining fatal injuries _____

Persons transported for IMMEDIATE medical treatment _____

Vehicles towed from the scene due to damage or provided assistance _____

VEHICLE NUMBER: 1 2 3 4 5 6

CARRIER INFORMATION SOURCE: 1 ◯ Shipping Papers 2 ◯ Vehicle Side 3 ◯ Log Book 4 ◯ Driver 5 ◯ Other

CARRIER NAME

ADDRESS

CITY | STATE | ZIP

USDOT | ICCMC

STATE # | GVWR

NUMBER OF AXLES PER UNIT: Tractor, Trailer 1, Trailer 2, Trailer 3

VEHICLE CONFIGURATION
1 ◯ Any 4-tire vehicle
2 ◯ Bus
3 ◯ Single unit truck (2 axles/6 or more tires)
4 ◯ Single unit truck (3 or more axles)
5 ◯ Truck with trailer
6 ◯ Truck tractor only (Bobtail)
7 ◯ Tractor with semi-trailer
8 ◯ Tractor with double trailer
9 ◯ Tractor with triple trailers
10 ◯ Other - Unable to classify

CDL TYPE: ◯ A ◯ B ◯ C ◯ None

ENDORS.: ◯ H ◯ N ◯ P ◯ T ◯ X

CDL RESTRICTIONS: ◯ K ◯ L ◯ M ◯ N ◯ None

CARGO BODY TYPE
1 ◯ Bus
2 ◯ Van/enclosed box
3 ◯ Cargo tank
4 ◯ Flatbed
5 ◯ Dump
6 ◯ Concrete Mixer
7 ◯ Auto Transport
8 ◯ Garbage or Refuse
9 ◯ Other (List Below)

HAZARDOUS MATERIAL
PLACARD: ◯ Yes ◯ No SPILL: ◯ Yes ◯ No

Name or 4 Digit Number from Diamond or Box: ____

1 Digit Number from Bottom: ____

NAME OF INVESTIGATING OFFICER (Please Print): S.M. Gray

NUMBER: 35

NAME OF POLICE AGENCY: Fayette County SO

O.R.I. NUMBER: WV0100000

The data in this report reflects my best judgement and k

b)(3) CPSA Section 25(c),(d),(6)

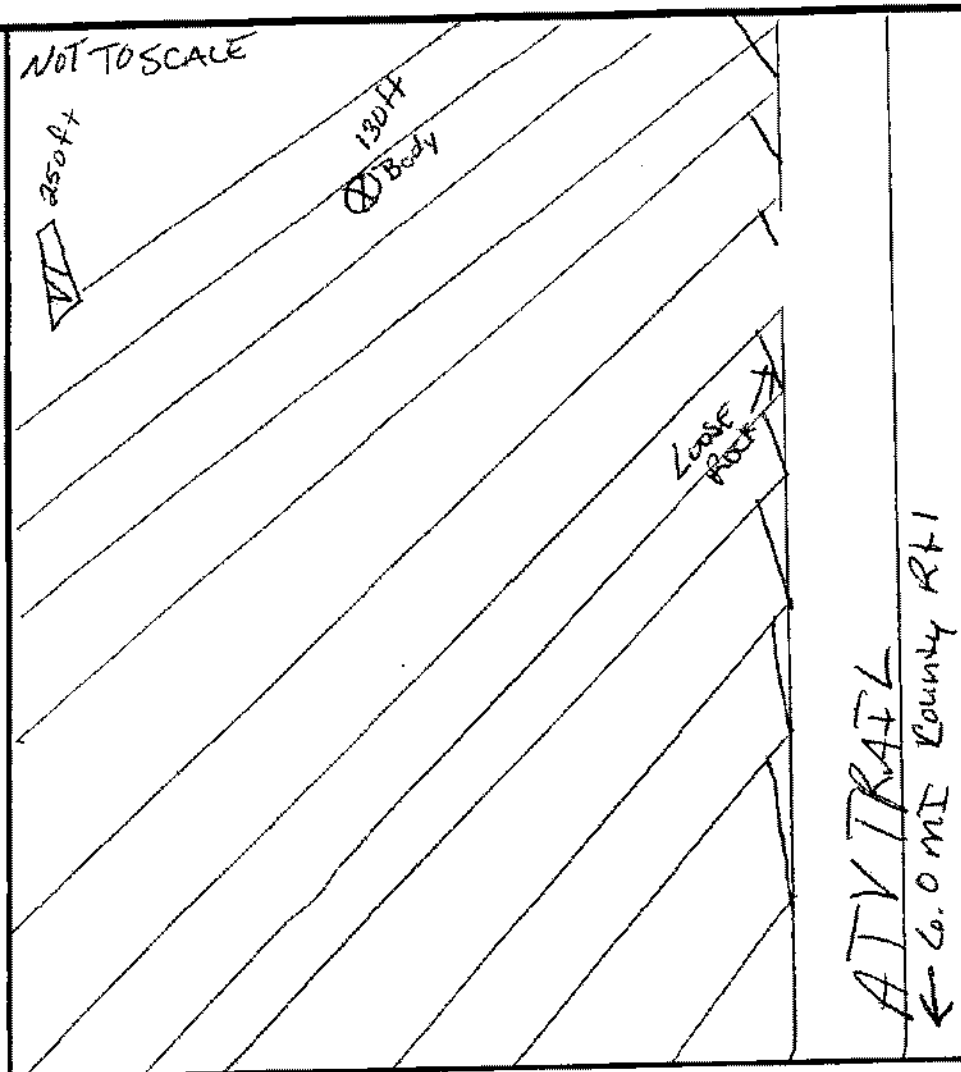
DATE OF COMPLETION: 0 5 2 9 0 6

INVESTIGATING OFFICER'S SIGNATURE:

06A-166

FORM OVERRIDE # 261225

COLLISION DIAGRAM



NARRATIVE

DESCRIBE WHAT HAPPENED (Refer to Vehicles by Number)

Vehicle #1 was traversing down a steep grade when the bank gave way causing Driver #1 to accelerate rapidly. This causing Vehicle #1 to overturn down an embankment approximately 300 feet. Driver #1 was ejected approximately 130 feet down the embankment and suffered severe head and neck trauma from the utility vehicle, trees and rocks. Passenger #1 was also ejected and only suffered minor leg pain. The scene of the roll over showed evidence of alcohol with a box of Budwieser, and empty containers. Driver #1 was transported to Tyree's Funeral Home for examination by Medical Examiner.

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH & HUMAN RESOURCES
OFFICE OF THE CHIEF MEDICAL EXAMINER
619 Virginia Street, West
Charleston, WV 25302
(304) 558-6920 – FAX (304) 558-9039

Security Seal Tab #: NA

FOR OCME USE ONLY:
CASE #: _____ **DR.:** ____

☑ **DEATH INVESTIGATION REPORT & T.O.D. EXAMINATION**
☑ **EXTERNAL EXAMINATION REPORT**
☑ **COMPLETION OF DEATH CERTIFICATE (Copy Attached)** MECAP

County of Death: FAYETTE
Date: MAY 28, 2006
County ME/C: b)(6)
Notified by/Date/Time: 911 CENTER - BILL MCGRAW 05/28/06 2019 hrs

DECEDENT b)(3) CPSA Section 25(c),(b)(6)
ADDRESS:
Occupation: UNEMPLOYED (Do not use retired)
SSN: b)(3) CPSA Section 25(c),(b)(6)
DOB:
AGE: 47 SEX: M RACE: W
Next of Kin: b)(3) CPSA Section 25(c),(b)(6) Relationship: GIRLFRIEND BROTHER Phone: b)(3) CPSA Section 25(c),(b)(6)

Date of Death: MAY 27, 2006 @ APPROX 1700 pm. Witness: b)(3) CPSA Section 25(c),(b)(6)
Last Known Alive: _____ @ _____ m. By: _____
Found Dead: _____ @ _____ m. By: _____
Pronounced: b)(6) @ 2018 pm. By: b)(6)
PLACE OF DEATH: OFF KINGSTON-KINCAID RD IN 'RATTLESNAKE AREA' NEAR PAYNE FARM
City/Town NEAR KINGSTON

☑ DOA [ ] ER [ ] OR/RR [ ] Nursing Home [ ] At Home [ ] Other _____ [ ] Found (died elsewhere)

Complete this block if any Suspected Incident is checked below

Suspected Incident(s): (check all that apply)	DATE OF INJURY:	TIME OF INJURY:	WITNESSED? (yes or no)	PLACE OF INJURY (home, etc.)
☐ Electrocution ☐ Fall ☐ Firearm ☐ Assault ☐ Fire ☐ Neglect ☐ Tox/OD ☐ Exposure ☐ Drowning ☐ Hanging ☐ Suffocation ☑ MVA ☐ Positional asphyxia ☐ Compression asphyxia ☐ Other	05/28/06	APPROX 1700	By: AMBER McDONALD	WOODED AREA
INJURY LOCATION ADDRESS: [✓] Same as place of death				
☑ IF MVA: Restrained [ ] Yes [✓] No Airbag [ ] Yes [✓] No Helmet [ ] Yes [✓] No Ped [ ] Yes [✓] No				
Work-related: ☐ yes ☑ no If yes, describe:				

Investigation by: STEVE GRAY Agency: FAY CO. SHERIFF'S DEPUTY Phone: (304) 574-4216
Agency: _____ Phone: _____
OCME Consult: b)(6) Date/Time: 5/28/06 2045; 2324;

NAME: (b)(3):CPSA Section 25(c),(b)(6)

CIRCUMSTANCES OF DEATH:

EMS STATES DECEDENT WAS DRIVING ATV WITH HIS GIRLFRIEND SITTING BEHIND HIM. GIRLFRIEND STATES THEY HAD BEEN DRINKING 'A LITTLE'. ATV WENT OVER AN EMBANKMENT. BOTH RIDERS WERE APPARENTLY THROWN FROM THE VEHICLE - EVIDENTLY NEITHER WAS WEARING A HELMET. DECEDENT WAS FOUND SUPINE ON THE GROUND WITH THE LEFT SIDE OF HIS HEAD THROWN AGAINST A ROCK.(1) SKULL APPEARS FRACTURED FROM ANTERIOR TO POSTERIOR (C) OF MIDLINE, CERVICAL SPINE FRACTURED(4), (L) SKULL + FACE CAVED IN,(5) (L) EYEBALL PROTRUDING FROM SOCKET,(6) (L) EAR AVULSION.(3) APPROX. 3"X3" "ROAD RASH" ABRASION ON (L) SHOULDER. REMAINDER OF THE BODY APPEARS TO HAVE NO TRAUMA OTHER THAN A FEW SUPERFICIAL ABRASIONS. (GIRLFRIEND WAS TAKEN TO PLATEAU MEDICAL CENTER - UNKNOWN INJURIES).
THERE WAS NO ODOR OF ALCOHOL ON THE BODY,(2) BUT A BAGGIE ~~WITH~~ CONTAINING 2 1/2 LT. BLUE CAPLETS WAS FOUND IN THE DECEDENT'S PANTS POCKET.

(1) PHOTOS 100-0439 + 100-0440, 100-0454
(2) PHOTO 100-0447
(3) PHOTOS 100-0449 + 100-0453
(4) PHOTOS 100-0468 + 100-0470
(5) PHOTOS 100-0468 + 100-0470
(6) PARTIALLY VISIBLE IN PHOTO 100-0466

[ ] Check here if supplemental information sheet used.

NAME: (b)(3):CPSA Section 25(c),(b)(6)

LOCATION OF DECEDENT AT SCENE: (Describe specific location of body and immediate surroundings at scene)

EMS STATES DECEDENT WAS FOUND SUPINE ON GROUND, HEAD RESTING ON A BLOODY ROCK - DECEDENT WAS APPARENTLY THROWN FROM HIS ATV AFTER IT TRAVELED OVER AN EMBANKMENT

Position found: [✓] supine [ ] prone [ ] on right/left side [ ] other:

Describe surface under body: GROUND OF HILLSIDE (PHOTO 100-0443)

HISTORY:

Primary Physician: UNKNOWN Office Phone: NA

Other Physician: NA Office Phone: NA

Surgeries/Hospitalizations: UNKNOWN

Illnesses/Allergies: UNKNOWN

Psych: UNKNOWN

Family/Social: LIVING W GIRLFRIEND; DEPUTIES STATE DECEDENT "MADE A LIVING DEALING DRUGS"

Other:

MEDICAL RECORDS: Requested/Received [ ]Yes [✓]No Reviewed [ ] Yes [✓]No Copy Attached [ ]Yes [✓]No

Records available from: NA Phone:

Records available from: Phone:

IF RECORDS SENT: Please attach copy of OCME-19a.

MEDICATION/DRUGS – PLEASE LIST ON PAGE 4

DECEDENT NAME: (b)(3):CPSA Section 25(c),(b)(6) **COMPLETED BY:** (b)(6)

RX NUMBER	PHARMACY PHONE #	PHYSICIAN	MEDICINES AS PRESCRIBED	DATE FILLED	# PRESC.	# REMAIN	Check If Collected
NONE	KNOWN						

Meds were collected as listed herein.

CoME / A. CoME / CC **Witness**

ME 1
VISED 02-08-06

Jun. 6. 2006 1:28PM

Attachment 2 - 060530HNE1016

NAME: (b)(3):CPSA Section 25(c),(b)(6)

TIME OF DEATH EXAMINATION

EXAMINATION:

Location: TYREE FUNERAL HOME Time Started: 2310 Completed at: 0040

Witness: (b)(6) Witness: _____

IDENTIFICATION: Confirmed: [✓] Yes [ ] No

Method:

☑ Visual I.D. by whom: (b)(3):CPSA Section 25(c),(b)(6)

☐ Photo I.D. ☐ WVDL ☐ Other Photo I.D.: explain _____

Please submit I.D. document used

LIVIDITY: Appropriate for position [ ] Yes [ ] No (explain) NA

[✓] Absent [ ] Reduced [ ] Ill-Defined [ ] Patterned NA

Location: NA Color: NA

Blanches: [ ] Readily [ ] Sluggishly [ ] Fixed [ ] Shifting Color: NA

RIGIDITY: Body posture appropriate for body position [ ] Yes [ ] No (explain) NA

Jaw	[✓] None	[ ] Slight	[ ] Moderate	[ ] Full [ ] Marked/Muscular
Arms	[✓] None	[ ] Slight	[ ] Moderate	[ ] Full [ ] Marked/Muscular
Legs	[✓] None	[ ] Slight	[ ] Moderate	[ ] Full [ ] Marked/Muscular
Fingers	[✓] None	[ ] Slight	[ ] Moderate	[ ] Full [ ] Marked/Muscular

[ ] Developing [ ] Receding Factors Affecting: _____

If rigor has been broken explain: NA

TEMPERATURES: [ ] indoor scene [✓] outdoor scene

Torso temp: [ ] Cold (ambient) [ ] Cool [✓] Warm [ ] Hot Time: 2310

Rectal temp: _____ Time: _____ Ambient temp: _____ Time: _____

Ground temp, if applicable: _____ Time: _____ Water temp, if applicable: _____ Time: _____

If outdoor scene: Weather [ ] Rainy [✓] Sunny [ ] Cloudy [ ] Windy

NAME: (b)(3):CPSA Section 25(c),(b)(6)

EXTERNAL EXAMINATION

(This Block Should Not be Completed If Case Sent for Autopsy)

Development: [✓] Normal [ ] Other _____ [✓] Adult [ ] Adolescent [ ] Child [ ] Infant

BUILD: WELL DEVELOPED **NUTRITIONAL STATUS:** VERY SLENDER **HT** APPROX 5'10" **WT** APP 160 **SEX** M

RACE: W **AGE:** 47 **Appears stated age?** YES

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

Time Collected: 0040 Date Collected: 5-29-06 [ ] Admission/Hospital Blood (# tubes ___)

PHOTOS: [ ] Yes [ ] No **TYPE:** 35 [ ] POLAROID [ ] APS [ ] PHOTO #___

EVIDENCE COLLECTED FROM BODY: [ ] None [✓] List: 1 1/2 LIGHT BLUE CAPLETS STAMPED M861
1 LIGHT BLUE CAPLET STAMPED G3721.

Collected by: JACK BROWN Agency: FAY CO. SHERIFF Date/Time: 0050 HRS.

Submitted to: " Agency: " Date/Time: "

CAUSE OF DEATH: MULTIPLE INJURIES DUE TO ATV ACCIDENT [ ] PENDING AUTOPSY

Other Significant Conditions: _____

MANNER OF DEATH: [ ] Natural [☒] Accident [ ] Homicide [ ] Pending Autopsy

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

(b)(6)

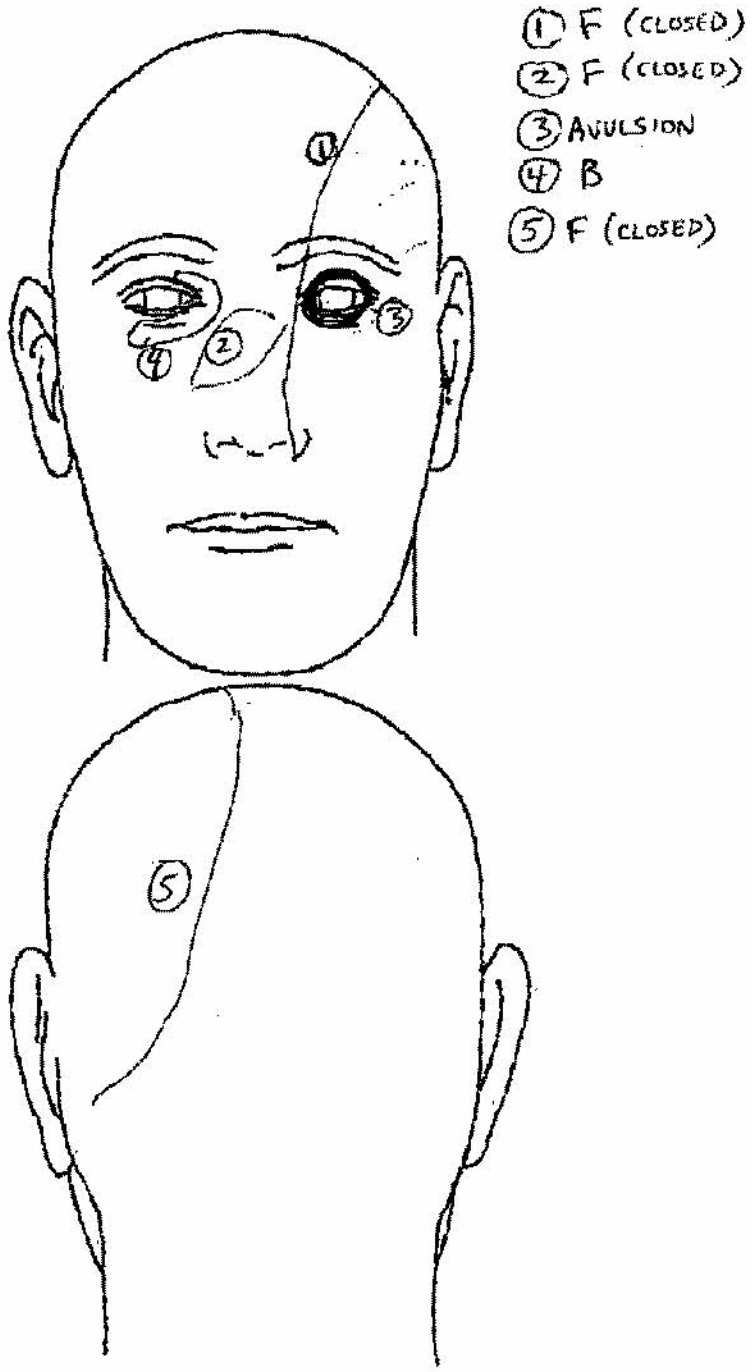
NAME: _____

SUPPLEMENTAL INFORMATION
(Continued from Page 2)

Head, surface and skeletal anatomy, anterior and posterior views

Name (b)(3):CPSA Section 25(c),(b)(6)

Age 47 Race W Sex M Date 05/28/06



LEGEND TO SYMBOLS

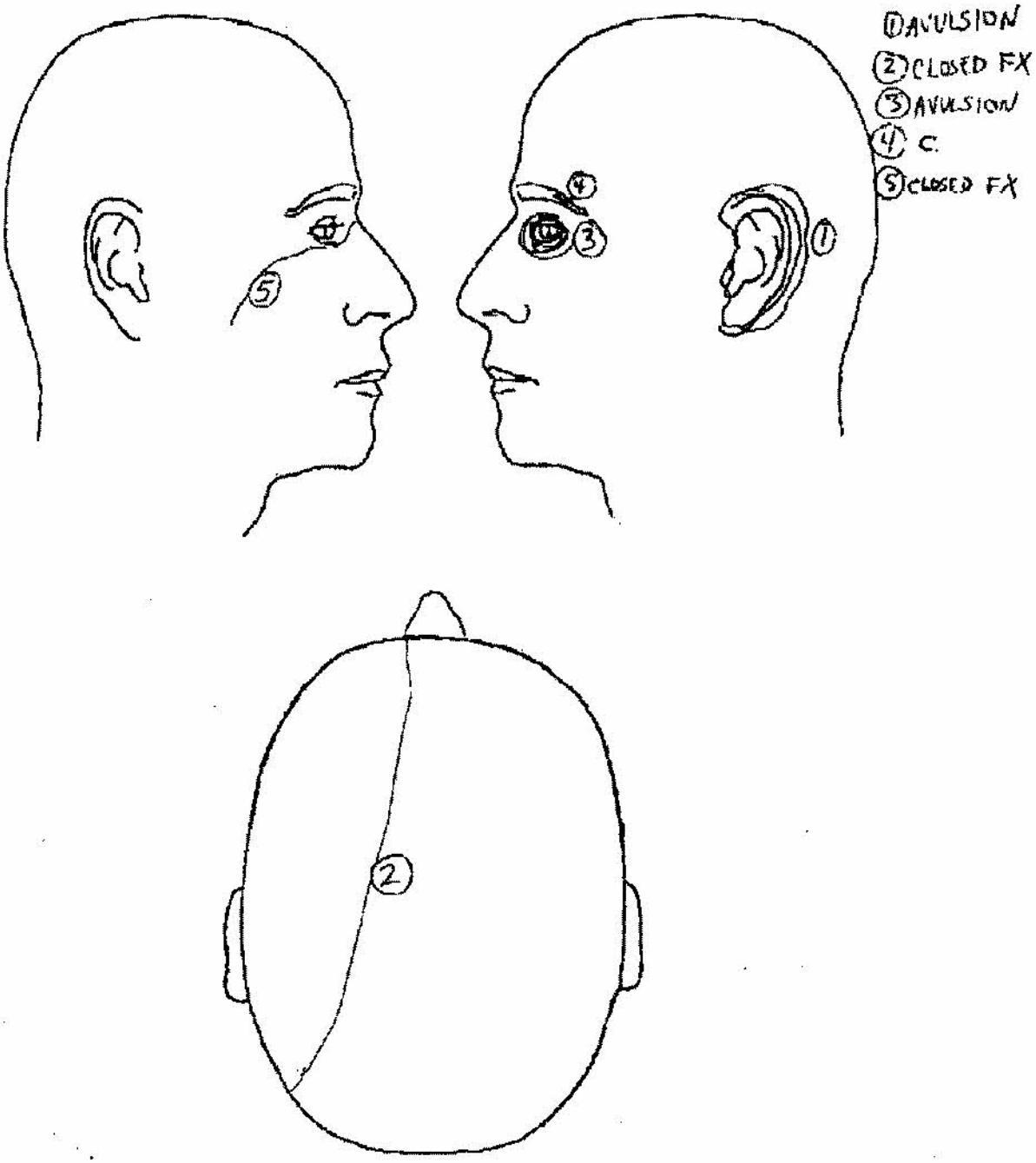
Contusion (Bruise) - B	Cut - C	Cardiac Monitor Pad (ECG Electrode) - CM
Laceration - L	Scar - S	Esophageal Obturator Tube - EO
Abrasion - A	Tattoo - T	Needle Puncture - NP
Stab Wound - SW	Endotracheal Tube - ET	Nasogastric Tube - NGT
Fracture - F	Foley Catheter - FC	

Gunshot Wound - GSW (denote entrance or exit, if possible)
Shotgun Wound - SGW (denote entrance or exit, if possible)

Head, surface and skeletal anatomy, lateral view

Name (b)(3):CPSA Section 25(c),(b)(6)

Age 47 Race W Sex M Date 05/28/06



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	

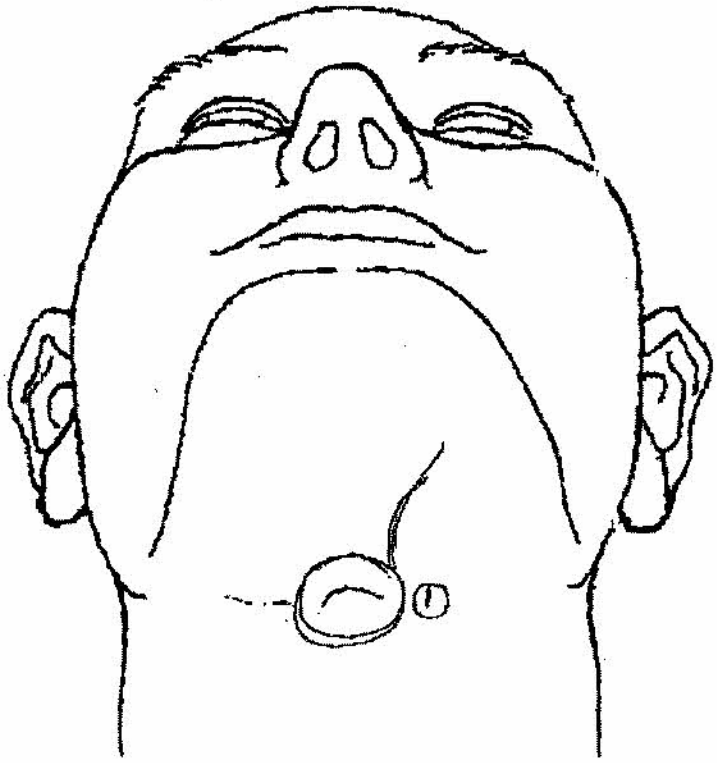
Gunshot Wound - GSW (denote entrance or exit, if possible)
Shotgun Wound - SGW (denote entrance or exit, if possible)

Head, surface and skeletal anatomy, superior view. Inferior view of neck

Name (b)(3):CPSA Section 25(c),(b)(6)

Age 47 Race W Sex M Date 05/28/06

(1) PROTRUSION (CLOSED)



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	

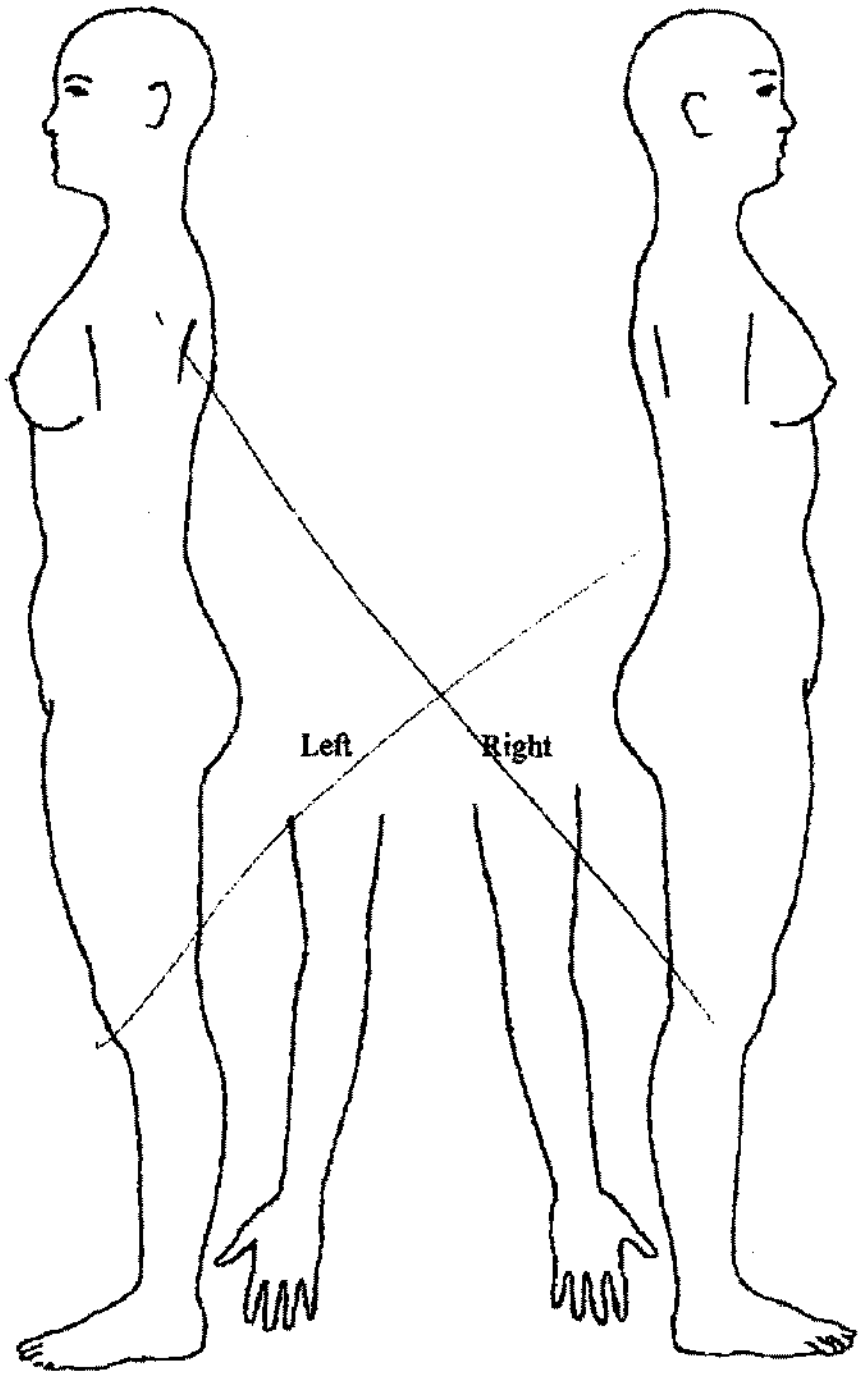
Gunshot Wound - GSW (denote entrance or exit, if possible)

Shotgun Wound - SGW (denote entrance or exit, if possible)

Full body, female, lateral view

Name _____

Age _____ Race _____ Sex _____ Date ___/___/___



LEGEND TO SYMBOLS

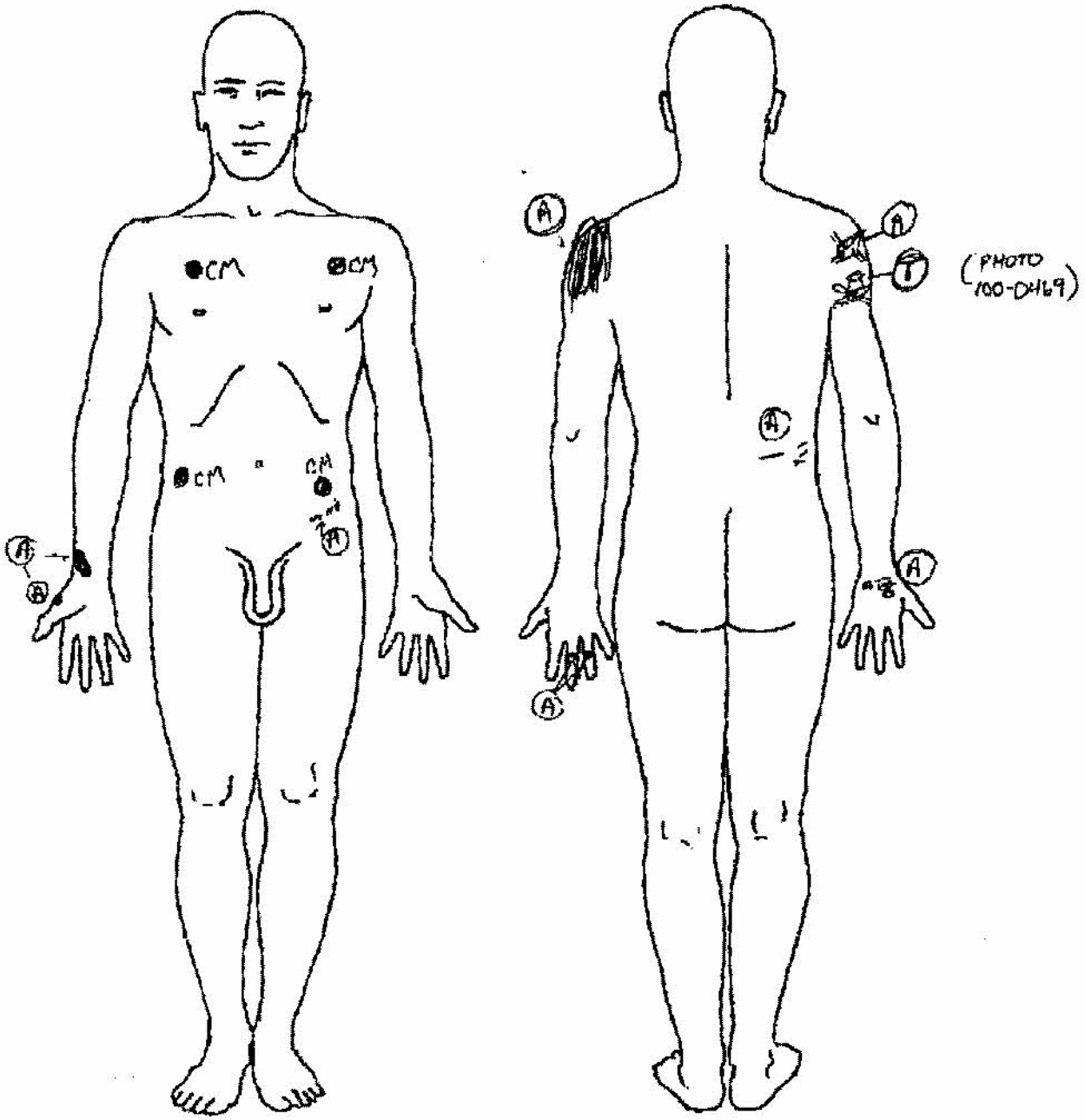
Contusion (Bruise) - B
Laceration - L
Abrasion - A
Stab Wound - SW
Fracture - F
Cut - C
Scar -S
Tattoo - T
Endotracheal Tube - ET
Foley Catheter - FC
Cardiac Monitor Pad (ECG Electrode)-CM
Esophageal Obturator Tube - EO
Needle Puncture - NP
Nasogastric Tube - NGT
Gunshot Wound - GSW (denote entrance or exit, if possible)
Shotgun Wound - SGW (denote entrance or exit, if possible)

Full body, male, anterior and posterior views (ventral and dorsal)

Name (b)(3):CPSA Section 25(c),(b)(6)

Age 47 Race W Sex M Date 05 / 28 / 06

Left Right



LEGEND TO SYMBOLS

Contusion (Bruise) - B
Laceration - L
Abrasion - A
Stab Wound - SW
Fracture - F
Gunshot Wound - GSW (denote entrance or exit, if possible)
Shotgun Wound - SGW (denote entrance or exit, if possible)

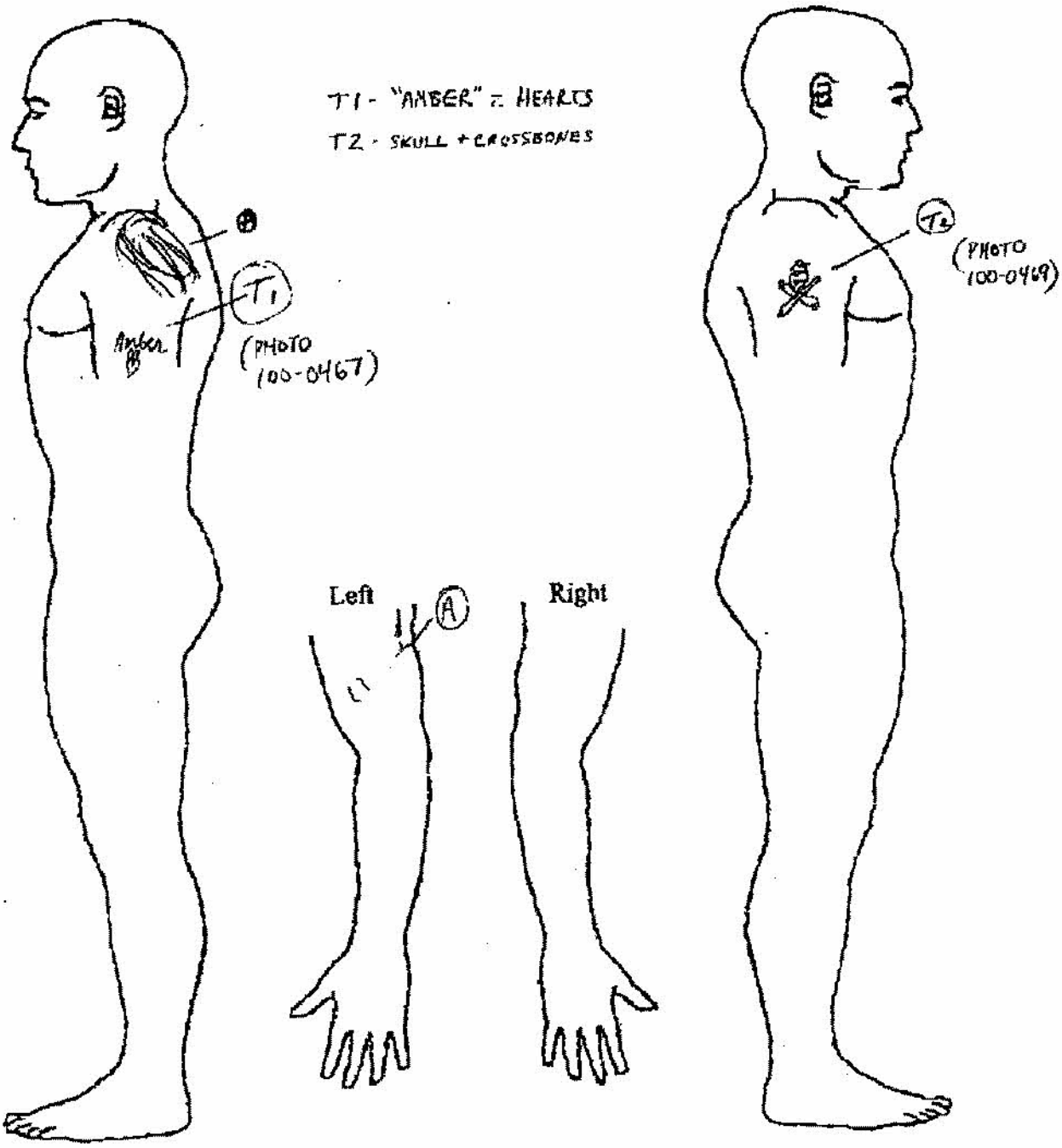
Cut - C
Scar - S
Tattoo - T
Endotracheal Tube - ET
Foley Catheter - FC

Cardiac Monitor Pad (ECG Electrode) - CM
Esophageal Obturator Tube - EO
Needle Puncture - NP
Nasogastric Tube - NGT

Full body, male, lateral view

Name (b)(3):CPSA Section 25(c),(b)(6)

Age 47 Race W Sex M Date 05/28/06



LEGEND TO SYMBOLS

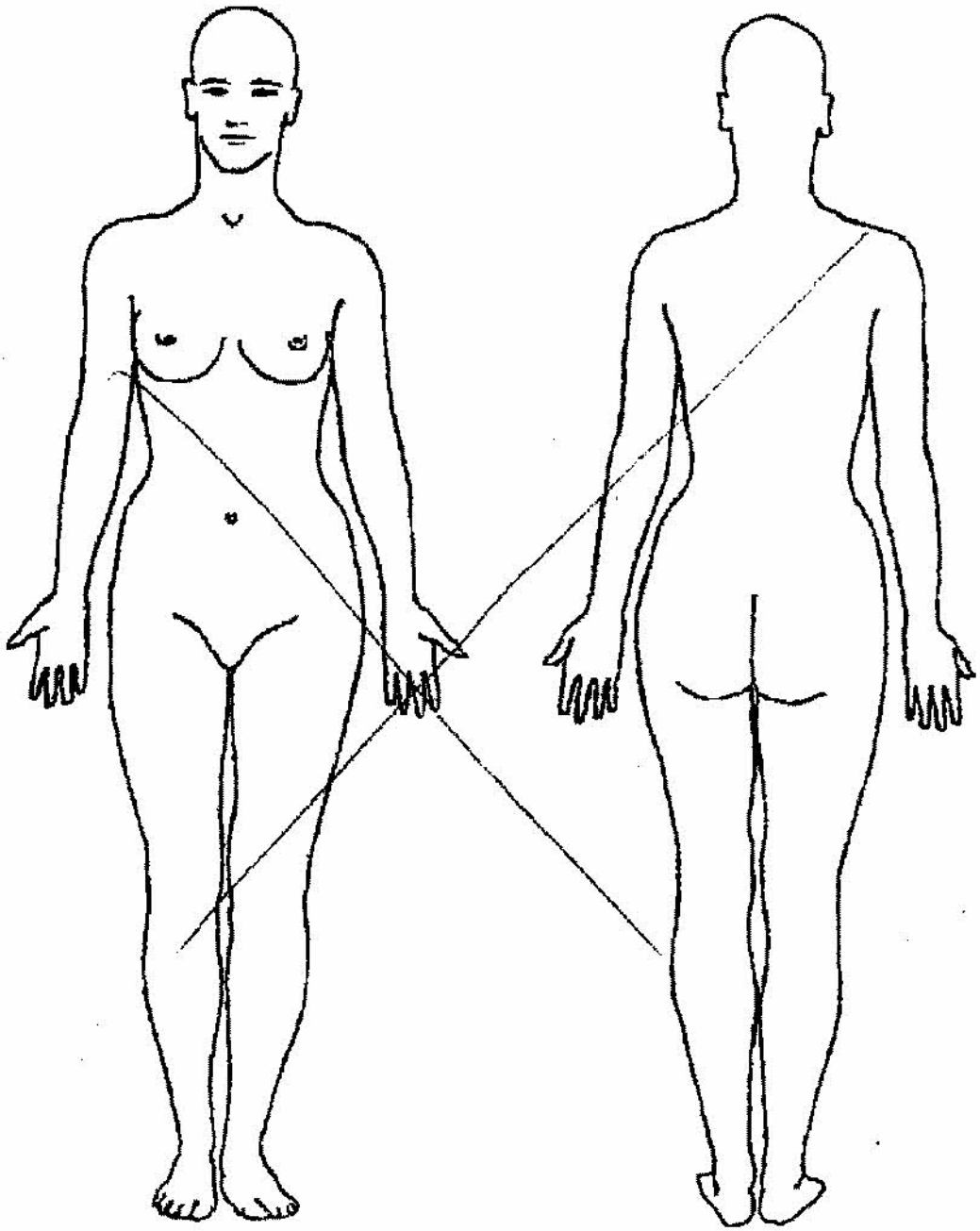
Contusion (Bruise) - B
Laceration - L
Abrasion - A
Stab Wound - SW
Fracture - F
Cut - C
Scar - S
Tattoo - T
Endotracheal Tube - ET
Foley Catheter - FC
Cardiac Monitor Pad (ECG Electrode) - CM
Esophageal Obturator Tube - EO
Needle Puncture - NP
Nasogastric Tube - NGT
Gunshot Wound - GSW (denote entrance or exit, if possible)
Shotgun Wound - SGW (denote entrance or exit, if possible)

Attachment 2 - 060530HNE1016

Full body, female, anterior and posterior views

Name (b)(3):CPSA Section 25(c),(b)(6)

Age 47 Race W Sex _____ Date ___/___/___



LEGEND TO SYMBOLS

Contusion (Bruise) - B
Laceration - L
Abrasion - A
Stab Wound - SW
Fracture - F
Gunshot Wound - GSW (denote entrance or exit, if possible)
Shotgun Wound - SGW (denote entrance or exit, if possible)

Cut - C
Scar - S
Tattoo - T
Endotracheal Tube - ET
Foley Catheter - FC

Cardiac Monitor Pad (ECG Electrode)-CM
Esophageal Obturator Tube - EO
Needle Puncture - NP
Nasogastric Tube - NGT

CONTACT INFORMATION:

Contacted on 5/31/06

Fayette County Sheriff
PO Box 509
Fayetteville, WV 25840
(304)574-4304

WV Medical Examiner
619 Virginia St, W
Charleston, WV 25302
(304)558-3920

Task Number 060530HNE1016

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

Type of respondent: Other

Other, specify: sheriff

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: 02 - Yamaha	Manufacturer:

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

Model: Rhino 660 / VIN: (b)(3):CPSA Section 25(c),(b)(6)

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

Model Year: 2005

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

Engine Size: 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:	05/28/2006	
Age/Sex:	47 / Male	/
State of Death:	WEST VIRGINIA	
City of Death:	Page	
County of Death:	Fayette	

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

An unhelmeted victim #1, a 47-year-old male driver and an unhelmeted victim #2, a 38-year-old female passenger were riding on a four-wheeled ATV on a dry dirt trail. They traversed down a steep embankment which gave way and victim #1 accelerated the ATV. The ATV overturned. They were ejected. Victim #1 died at the scene from multiple injuries, including a skull fracture. Victim #2 was taken to a hospital, where she was treated for a minor leg injury and released.

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

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

Victim 1:	Victim 2:
(Yes) No Unknown	Yes No (Unknown)

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

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

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

Victim 1:	Victim 2:
Yes (No) Unknown	Yes (No) Unknown

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

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

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

Age: 47 **Height:** 70 (inches)
Weight: 04 = 150 - 199 **Sex:** Male

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

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

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

01 - Forest, Woods

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

09 - NA (Not a road)

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

09 - NA (Not a traffic incident)

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

1 - Yes

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

0 - Unknown

Additional Comments:

061130

1. Task Number		2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
060622HNE1135		8942	
3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY	
810	2006 05 26	2006 06 30	

6. Synopsis of Accident or Complaint UPC

An 11 year-old-female was riding a 4-wheeled ATV without a helmet, as a passenger with her 13-year-old-female cousin as the operator The operator lost control as she made a turn on a gravel road ejecting both individuals from the ATV The victim sustained fatal injuries, was transported to a hospital where she was pronounced by the attending physician with the cause of death listed as severe head trauma The operator of the ATV received multiple injuries was transported to a hospital, was treated andexpected to be released

7. Location (Home, School, etc)	8. City	9. State
4 STREET OR HIGHWAY	MANISTIQUE	MI

10A. First Product	10B. Trade/Brand Name	10C. Model Number
3286 - All Terrain Vehicles (four W	YAMAHA	RHINO

10D. Manufacturer Name and Address
YAMAHA MOTOR CORPORATION, USA
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

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
11	2 - Female	8 - Death	62 - Intern Org Inj
16. Body Part(s) Involved	**17. Respondent**	**18. Type of Investigation**	**19. Time Spent (Operational / Travel)**
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	8 / 0

20. Attachment(s)	21. Case Source	22. Sample Collection Number
2 - Documents	05 - Newspaper	

23. Permission to Disclose Name (Non NEISS Case; Only)
Yes No Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
10/12/2006	9093	Eric B Ault

27. Distribution
Streeter, Robin A Kessler, Charles R, Harris, Paulette N

28. Source Document Number

CPSC FORM 182 (12196) Approved for use through 9/30/2006 OMB NO. 3041-0028/495A

COMMENTS ___ YES ___ NO
___ ATTACHED
___ EXCISE DATA
___ Revision
DO NOT RE-NOTIFY ___ RE-NOTIFY

25C

4/11/07 RC

060622HNE1135

Information contained in this report was obtained from a traffic crash report. Attempts to contact the next-of-kin were unsuccessful. Medical records could not be obtained without the consent of next-of-kin. A death certificate was requested but has not been received.

The victim is an 11-year-old female. Her physical profile, medical history, familiarity and experience with the ATV, riding time preceding the incident could not be determined. The owner of the ATV is her uncle.

The uncle of the victim had been visited by his relatives that day and decided to take his nieces for rides on an ATV all morning. After a period of riding, he advised the girls to return to the house. They requested to go riding again on the ATV and had received permission from the parents of both individuals.

On May 26, 2006, shortly before 12:50 PM, the victim was riding on a four-wheeled ATV as a passenger driven by her 13-year-old-female cousin at 10 mph in a non-posted 55 mph area. They were traveling in a two-lane, dry, loose gravel road. Temperatures were in the range of 61 degrees with clear weather. Neither individual wore a safety helmet or any other protective gear.

The victim was riding as a passenger on the ATV when her 13-year-old-female cousin, reportedly made a turn in a fishtail type motion, which resulted in the passenger side tires gouging into an earthen bank, which caused the driver to lose control. this in turn caused the ATV torollover and eject both occupants on the roadway. In the process it was surmised that the back of the right front wheel may have stuck the victim's head.

The uncle was reportedly riding on another ATV in an opposite direction It cannot be determined who owned the second ATV or what the product identification was. It is stated that he was coming around the back side of the house to look for his nieces and heard the screaming.

The parents of the driver heard the screams and they immediately went to the scene of the incident. The driver of the ATV had been transported from the incident scene by her father to the residence to await transportation to the hospital, while the driver's mother stayed with the victim until EMS came to the scene

Upon arrival of the EMS and the police the victim was found in the roadway without any vital signs and she had sustained major head injuries. She was found lying on her back with her knees bent and resting on the outside of her right side. A large quantity of blood was under the victim's head as well as around her facial areas from the nose, ears and mouth.

The victim was transported by EMS to a hospital where she was pronounced by the attending physician with the cause of death listed as severe head trauma resulting in multiple skull fractures and excessive loss of blood. The physician also believed the victim sustained a broken neck Toxicology tests rwere negative for that drugs or alcohol.

The 13-year-old female driver (cousin) had sustained a fractured right thumb, cuts and abrasions to her left arm, deep lacerations on her left forearm and also a deep abrasion above her left elbow. She also sustained a light hairline fracture in her neck area. It was expected that the driver would be treated and released.

Vehicle damage consisted of the driver's side front bumper to be bent inward slightly toward the driver's front wheel. Gravel and striation marks were on numerous parts of the ATV and the rubber mat in the back utility box was bunched up toward the passenger side of the box. All four wheels were in good repair and the vehicle throttle and braking mechanism were found to be in good worming order.

PRODUCT INFORMATION:

Product:	2006 Yamaha 4-wheeled ATV cc: 660
Model:	Rhino
VIN:	5Y4AM04Y26A022360
Mfg:	Yamaha Motor Corporation 655 Katella Avenue Cypress, CA. 90630

ATTACHMENTS:

1. Michigan Traffic Crash Report
2. Contact Sheet
3. Status of Missing Document
4. Questionnaire

Authority: 1949 PA 300, Sec. 257.622
Compliance: Required MSP UD-10
Penalty: $100 and/or 90 days (Rev 1/04)

Do Not Use

Page 1 of 1
Incident # 8 4 - 0 5 7 5 - 0 6
File Class 9300-1

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI-770840O
Department Name: MSP MANISTIQUE
Incident Disposition: Open / Closed
Reviewer

Crash Date (Month Day Year): 05 29 2006
Crash Time (Military): 1250
No. of Units: 01
County: 77
City/Twp: 02

Crash Type: Single Motor Vehicle; Head On; Head On-Left Turn; Angle; Rear End; Rear End-Left Turn; Rear End-Right Turn; Sideswipe-Same; Sideswipe-Opposite; Other/Unknown

Special Circumstances: None; Door; School Bus; Hit and Run; Fleeing Police
Special Study: Local; State
Weather (Mark Only One): Clear; Cloudy; Fog/Smoke; Rain; Severe Wind; Snow/Blowing Snow; Sleet/Hail; Other/Unknown
Light (Mark Only One): Daylight; Dawn; Dusk; Dark-Lighted; Dark-Unlighted; Other/Unknown
Road Condition (Mark Only One): Dry; Wet; Icy; Snowy; Muddy; Slushy; Debris; Other/Unknown

Special Checks: Fatal (Report All); Corrected Copy; Replace (Entire Report); Delete (Entire Report); Non-Traffic Area; ORV/Snowmobile

Traffic Control: None of These; Signal; Stop Sign; Yield Sign
Relation to Roadway (Location of First Impact): Shoulder; Outside of Shoulder/Curb; On Road; Median; Gore; Other/Unknown
Area: 10
Total Lanes: 2
Speed Limit: 55
Posted: Yes / No

Construction Zone (if applicable) (Mark One From Each Group)
Type: Const./Maint.; Utility
Lane Closed: Yes; No
Activity: On Road; Off Road; None

LOCATION

Prefix | Road Name: WEST EDGE | Divided Roadway (N S E W) | Road Type: RD | Suffix
Distance: .9 Mi; Ft; North; South; East; West; Beginning of Ramp; End of Ramp
Trafficway: 2 3 4
Access Control: 2 3
Prefix | Intersecting Road: M77 | Divided Roadway (N S E W) | Road Type: HWY | Suffix

Do Not Write or Mark On This Side of The Line

Unit Number: 1
State | Driver License Number | Date of Birth: (b)(3):CPSA Section 25(c),(b)(6)
License Type: O CY C F M R
Sex: M F
Total Occup: 02
Hazard Action: 01
Unit Type: MV; B; P; E (train)
Name: (b)(3):CPSA Section 25(c),(b)(6)
Street Address: (b)(3):CPSA Section 25(c),(b)(6)
City: (b)(3):CPSA Section 25(c),(b)(6)
Injury: K A B C O
Position: 01
Restraint: 05
Hospital: SCMH
Ambulance: LUCE CO EMS
Driver Condition: 1 2 3 4 5 6 7 8 9
Ejected: Yes
Trapped: Yes
Interlock: Yes No Refused Not offered (Submit Results To FARS When Available)
Alcohol: Yes No Test Type: Field PBT Breath Blood Urine Test Results
Airbag Deployed: Yes No Not Equipped
Drugs: Yes No Test Type: Blood Urine Test Results
Citation Issued: Hazardous; Other
Vehicle Registration | State | Insurance: NONE
Towed To/By: OWNER

VIN: 5Y4AM04Y26A022360
Vehicle Description: Make: YAMAHA Model: RHINO 660 Color: GREEN Year: 2006
Location of Greatest Damage: 6 1 2 3 4 5 6 7 8 9 10 11 12
First Impact: 09
Extent of Damage: 2
Driveable: Yes No
Vehicle Type: PA; VA; PU; ST; CY; MO; GC; SM; OR; Other; Truck/Bus (Complete Truck/Bus Section)
Vehicle Direction: North; South; East; West
Special Vehicles: 1 2 3 4 5 6
Private Trailer Type: 1 2 3 4 5 6 7
Vehicle Defect: 1 2 3 4 5 6
Vehicle Use: 2 3 4 5 6 7 8 9 10 11

PASSENGERS

First Name: (b)(3):CPSA Section 25(c),(b)(6)
Middle
Last: (b)(3):CPSA Section 25(c),(b)(6)
Date of Birth: (b)(3):CPSA Section 25(c),(b)(6)
Sex: M F
Position: 03
Restraint: 05
Hospital: SCMH
Ambulance: MPSD EMS
Street Address: (b)(3):CPSA Section 25(c),(b)(6)
Injury: K A B C O
Airbag Deployed: Yes No Not Equipped
Ejected: Yes
Trapped: Yes

First Name
Middle
Last
Date of Birth
Sex: M F
Position
Restraint
Hospital
Ambulance
Street Address
City
State | Zip | Phone Number
Injury: K A B C O
Airbag Deployed: Yes No Not Equipped
Ejected: Yes
Trapped: Yes

Owner / Unrelated Passenger / Witness: (b)(3):CPSA Section 25(c),(b)(6)
Phone Number: (b)(3):CPSA Section 25(c),(b)(6)
Age | Pos. | Rest.
Address: (b)(3):CPSA Section 25(c),(b)(6)

Owner / Unrelated Passenger / Witness
Name
Phone Number | Age | Pos. | Rest.
Address

Person Advised of Damaged Traffic Control: Date | Time | Name
Damaged Property
Owner & Phone
Public: Y N

UD-10 SERIAL NUMBER: 7193264
Serial Override Number

Do Not Write or Mark In This Area

Do Not Write or Mark Below This Line

Do Not Write or Mark Below This Line

9300-1

84-575-06

Printed in U.S.A. GSMG 65
OnScan INSIGHT™ forms by Pearson NCS MN2499991-2

Task Number: 060622HNE1135

Date: 10/10/06

EXHIBIT #3

Status of Missing Document(s)

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

1. Photos

2. Medical Examiner's Report

3. _____

4. _____

5. _____

BACK

Unit Number | State | Driver License Number

NCS

Date of Birth MMDDYYYY | License Type | Sex | Total Occup | Hazard Action

Unit Type: MV, M, P, E (train)

Name

Street Address

City | State | Zip | Phone Number

Injury: K, A, B, C, O | Position | Restraint | Hospital

Driver Condition

Interlock: Yes, No, Refused, Not offered (Submit Results To FARS When Available)

Alcohol: Yes, No | Test Type: Field, PBT, Breath, Blood, Urine | Test Results

Drugs: Yes, No | Test Type: Blood, Urine | Test Results

Ejected: Yes | Trapped: Yes | Ambulance

Airbag Deployed: Yes, No | Not Equipped

Vehicle Registration | State | Insurance

Towed To/By

Citation Issued: Hazardous, Other

VIN | Vehicle Description | Make | Model | Color | Year

Location of Greatest Damage | First Impact | Extent of Damage | Drivable: Yes, No

Vehicle Type: CY, OR, MO, Other, GC, Truck/Bus, SM (Complete Truck/Bus Section), PA, VA, PU, ST

Vehicle Direction: North, South, East, West

Special Vehicles | Private Trailer Type | Vehicle Defect | Vehicle Use

Forward Original To: Michigan State Police, Traffic Crash Reporting Section, 7150 Harris Drive, Lansing, MI 48913

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PASSENGERS

First Name | Middle | Last | Date of Birth MMDDYYYY | Sex | Position | Restraint | Hospital | Ambulance | Street Address | City | State | Zip | Phone Number | Ejected | Trapped

Injury: K, A, B, C, O | Airbag Deployed: Yes, No | Not Equipped

First Name | Middle | Last | Date of Birth MMDDYYYY | Sex | Position | Restraint | Hospital | Ambulance | Street Address | City | State | Zip | Phone Number | Ejected: Yes | Trapped: Yes

Injury: K, A, B, C, O | Airbag Deployed: Yes, No | Not Equipped

Owner, Witness, Unrelated Passenger | Name | Address | Phone Number | Age | Pos. | Rest.

Owner, Witness, Unrelated Passenger | Name | Address | Phone Number | Age | Pos. | Rest.

Unit Reported on Front

Action Prior	Sequence of Events: First	Second	Third	Fourth
16	01	06		
Most Harmful	(M)		(M)	(M)

Unit Reported Above

Action Prior	Sequence of Events: First	Second	Third	Fourth
Most Harmful	(M)	(M)	(M)	(M)

TRUCK/BUS INFORMATION

Unit Number | Carrier Name

Address

City | State | Carrier Source: Papers, Vehicle, Log Book, Driver

Zip | GVWR

ICCMC | Driver's CDL Type: A, B, C, None, H, N, P, S, T, X

USDOT | Interstate, Intra (MI Only) | CDL Restrictions: 28, 29, 30

CDL Exempt: Farm, Other

MPSC | Vehicle Type: AS, AL, BS, CX, AA, AT, BB, BX, Other, AH, AX, BH, CH, AN, AY, BN, CP, AP, AZ, BP, CS

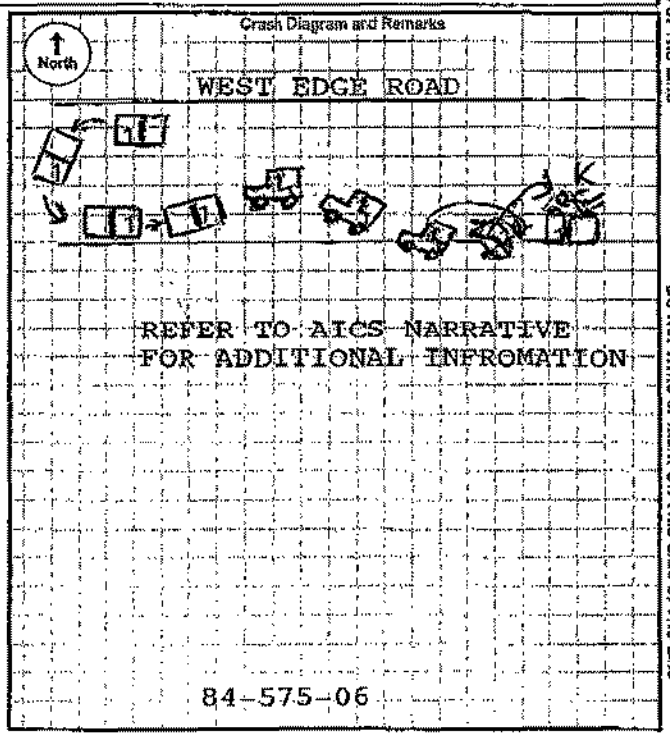
Type & Axles Per Unit: First, Second, Third, Fourth

Medical Card: Y, N

Cargo Body Type | Hazardous Material: Placard, Cargo Spill

ID # | Class #

Crash Diagram and Remarks



UD-10 SERIAL NUMBER: 7193264

Investigated at Scene: (N)

Reported Date/Time: 5-29-06 1250

Investigator Name(s) & Badge # (Print Only): DENK 843

Photo By: JOHNSON/DENK

Do Not Write or Mark Below This Line

Michigan Department of State Police

ORIGINAL INCIDENT REPORT

ORIGINAL DATE	INCIDENT NO.
Mon, May 29, 2006	084-0000575-06
TIME RECEIVED	FILE CLASS
1444	93001

WORK UNIT	COUNTY
MSP MANISTIQUE	Schoolcraft

COMPLAINANT	TELEPHONE NO.
(b)(3):CPSA Section 25(c),(b)(6)	(b)(3):CPSA Section 25(c),(b)(6)

ADDRESS: STREET AND NO.	CITY	STATE	ZIP CODE
(b)(3):CPSA Section 25(c),(b)(6)	GERMFASK	MI	49836-

INCIDENT STATUS
Open

FATAL ORV ACCIDENT

INFORMATION:

While at the hospital responding to another ORV personal injury accident, I was dispatched to this complaint. I was given the accident location and advised EMS and fire personnel were enroute.

VENUE:

SCHOOLCRAFT COUNTY , GERMFASK TWP
E WEST EDGE RD
AT OR NEAR: COLBORN RESIDENCE/PROPERTY

DATE & TIME:

MON, MAY 29, 2006 AT 1250

ARRIVAL AT SCENE:

I was dispatched at 12:53 P.M. and checked out at the scene at 1:12 P.M. When I initially arrived at the accident location, I made contact with a male subject in the roadway who indicated he was the uncle of the two girls involved in this ORV accident. He was very visibly upset and was unable to provide any additional information at that time. I proceeded to the crash site where I observed Luce County EMS already at the scene. I also observed the subject vehicle on the southbound shoulder of the road facing in a westerly direction. Lying on the gravel road next to the ORV was the deceased victim. I made contact with one of the Luce County EMTs who advised the victim was deceased. He stated there were no vital signs. The victim was unresponsive after having sustained what appeared to be major head trauma.

I was also advised the operator of the ORV was injured. I was told she was at the residence at 1407 West Edge Road being tended to by family members pending the arrival of a second EMS unit.

DECEASED VICTIM (ORV PASSENGER):

NAM: (b)(3):CPSA Section 25 (c),(b)(6)

NBR: (b)(3):CPSA Section 25(c),(b)(6)
STR:
SFX:
CTY:
TXH:
TXW:

RAC: W
SEX: F
DOB: (b)(3):CPSA Se
HGT: 4'08"
WGT: 80
HAI: AUB
EYE: BLU

ETH:
OPS:
SSN:
SID:
FBI:
MNU:
PRN:

The deceased victim was located on the north side of the ORV on the passenger side of the vehicle with her head facing to the west and her feet to the east. The deceased was lying on her back with her knees bent and resting on the outside of her right leg. Her left hand was resting on her left hip, her right arms was on the ground along her right side and her head was turned to the south resting on the right side of her face. There was a large quantity of blood visible on her facial area from the nose, ears and mouth. There was also a large quantity of blood which had pooled underneath the deceased's head and on the roadway running from the deceased to the south. The body was examined for additional injuries. There were no other visible injuries detected at this time.

At the time this incident occurred, the deceased was wearing a multicolored striped short sleeved top and blue jeans rolled up to her knees. She was also wearing a pair of pink flip flops.

ORV OPERATOR:

NAM: (b)(3):CPSA Section 25(c),(b)(6)

NBR (b)(3):CPSA Section 25(c),(b)(6)
STR:
SFX:
CTY
TXH
TXW: EYE: PRN:

RAC: W
SEX: F
DOB: (b)(3):CPSA Section 25(c),(b)
HGT:
WGT:
HAI:

ETH:
OPS:
SSN:
SID:
FBI:
MNU:

When I arrived at the scene I was advised (b)(3):CPSA Section 25(c) was operating the ORV at the time this incident occurred. She was not present at the accident scene when I arrived. I was told she had been escorted by her parents to the residence at 1407 West Edge Road where she was being attended to pending the arrival of the second EMS unit.

I was told (b)(3):CPSA Section 25(c) made a statement saying she doesn't know what happened, she was turning the vehicle and said she was not going more than 10 miles per hour when she apparently lost control.

It is believed (b)(3):CPSA Section 25(c), was thrown from the vehicle along with her cousin, (b)(3):CPSA Section 25(c), at some point after the vehicle contacted the south shoulder berm along West Edge Road.

EMS TRANSPORT:

Luce County EMTs (b)(3):CPSA Section 25(c),(b)(6) transported the ORV operator, (b)(3):CPSA Section 25(c),(b)(6) to Schoolcraft Memorial Hospital for treatment.

Manistique EMS responders (b)(3):CPSA Section 25(c),(b)(6) transported the deceased, (b)(3):CPSA Section 25(c),(b)(6) to Schoolcraft Memorial Hospital.

VEHICLE/ORV:

The vehicle being operated at the time this incident occurred was a 2006 Yamaha Rhino 660 Exploring Edition, four wheel vehicle, green in color, bearing VIN #5Y4AM04Y26A022360 and a 2006 ORV sticker valid through 03/31/07. The vehicle is owned by (b)(3):CPSA Section 25(c),(b)(6)

ROADWAY:

The roadway where this incident occurred is a county maintained hardpack and loose gravel road in good condition with a slight grade for drainage.

WEATHER CONDITIONS:

According to the U.S. Weather Service in Marquette, the weather conditions at the time were sunny. The temperature at the weather station in Manistique was indicated at 61 degrees, however this temperature could probably be adjusted to 75 degrees at the location of this incident. The relative humidity was 77% and the wind was out of the south at 6 MPH. This reading was taken at the weather station at 12:50 P.M.

WITNESSES:

The only witness to this incident would be the driver/operator, (b)(3):CPSA Section 25(c),(b)(6) As stated earlier, (b)(3):CPSA Section 25(c),(b)(6) made statements to family members stating she doesn't really know what happened. believes she was travelling at approximately 10 MPH after making a u-turn in the roadway and somehow lost control of the vehicle. No additional information is available.

PHOTOGRAPHS:

Accident investigator TPR. ERIC JOHNSON/8207 from MSP Newberry shot two rolls of Kodak Gold ASA 100, 12 exposure, 35mm color print film of the scene. I took one roll of ASA 200, 24 exposure color print film and one roll of ASA 400, 24 exposure color print film. All of the film was packaged and forwarded to the lab in Lansing.

VICTIM ID:

The deceased victim, (b)(3):CPSA Section 25 (c),(b)(6) was identified at the scene by her uncle, (b)(3):CPSA Section 25(c),(b)(6) (b)(3):CPSA Section 25(c), when I first arrived at the scene.

CONTACT/INTERVIEW UNCLE OF VICTIMS/OWNER OF ORV:

NAM: (b)(3):CPSA Section 25(c),(b)(6)

NBR: (b)(3):CPSA Section 25(c),(b)(6)
STR:
SFX:
CTY:
TXH:
TXW:

RAC: W
SEX: M
DOB: (b)(3):CPSA
HGT: 5'09"
WGT: 175
HAI: BRO
EYE: BRO

ETH:
OPS: MI/C416636261757
SSN: (b)(3):CPSA
SID:
FBI:
MNU:
PRN:

After processing the scene, TPR. SAFFER, TPR. JOHNSON and myself made contact with (b)(3):CPSA Section 25(c),(b) I asked (b)(3):CPSA Se if he knew what happened. (b)(3):CPSA Section 25(c),(b)(advised he had been taking the girls for rides on the ORV all morning. He stated he owns quite a bit of property around the house and has a trail that runs from the road around the back side of the house and back out to West Edge Road. He said he was taking turns doing loops with several of the girls. He stated while they were riding they had their seatbelts on. (b)(3):CPSA Secti advised after they returned to the house, the girls were asking if they could take the ORV for a ride. (b)(3):CPSA Section 25(c),(b) advised (b)(3):CPSA parents were present at the house at the time. He stated they all agreed to allow the girls to take the ORV on their own with (b)(3):CPSA operating the ORV and (b)(3):CPSA Section 25(c), riding in the passenger seat.

(b)(3):CPSA Section 25(c),(b advised prior to them leaving the residence with the ORV, he told them they had to wear their seatbelts. He stated they were riding for a little while before the accident occurred. He stated he was doing loops in the opposite direction on his four wheeler while the girls were operating the ORV. (b)(3):CPSA said as he was coming around the back side of the loop looking for the girls, he heard screaming. He stated he went back around to the house to see what was going on.

(b)(3):CPSA Section 25(c),(b)(said everything was rather confused. He stated (b)(3):CPSA parents had apparently gone to the scene of the accident. He stated (b)(3):CPSA Section 25(c),(b)(6) accompanied her back to the house while his wife, (b)(3):CPSA stayed at the scene with (b)(3):CPSA Section 25(c),(b)(6) said when he arrived at the scene, he noticed the seatbelts were not buckled in the vehicle. He stated he wasn't sure the girls had them on when this occurred. (b)(3):CPSA Section 25(c),(said it appeared to him they probably did not.

I asked (b)(3):CPSA Section 25(c),(b)(6) parents had been notified and he said yes they had.

NOTIFICATION/NEXT OF KIN:

It was later determined upon contact with (b)(3):CPSA and (b)(3):CPSA Section 25(c),(b)(6) at Schoolcraft Memorial Hospital, that (b)(3):CPSA made initial notification with her sister regarding the death of (b)(3):CPSA Section 25(c),(b)(6) I was advised (b)(3):CPSA Section 25(c), are sisters and (b)(3):CPSA Section 25(c), are brothers.

FIRE DEPARTMENT:

The Germfask Fire Department responded to the scene, but their services were not needed.

ADDITIONAL FIRST RESPONDERS/EMTS:

First responder (b)(3):CPSA Section 25(c),(b)(6) arrived at the scene from Germfask and MPSD OFC. MARK RUSSELL was also dispatched to the scene for assistance. SCSD SGT. JERRY JACK also responded and assisted at the scene.

MOTHER OF DECEASED:

NAM: (b)(3):CPSA Section 25(c),(b)(6)

NBR: (b)(3):CPSA Section 25(c),(b)(6)
STR:
SFX:
CTY:
TXH:
TXW:
MB: (

RAC: W
SEX: F
DOB: (b)(3):CPSA Section 25(c)(
HGT: 5'02"
WGT: 108
HAI: AUB
EYE: BLU

ETH:
OPS: MI/S532116461635
SSN:
SID:
FBI:
MNU:
PRN:

After returning to the Post, I made contact with CINDY SCHNITTKER at her residence in Middleville, Michigan to answer any questions they may have regarding this incident. PENNY was provided the Post phone number for future contact as needed.

STEPFATHER OF DECEASED:

NAM: (b)(3):CPSA Section 25(c),(b)(6)

NBR:
STR:
SFX:
CTY:
TXH:
TXW:
MB: (

RAC: W
SEX: M
DOB: (b)(3):CPSA S
HGT: 5'09"
WGT: 160
HAI: XXX
EYE: BRO

ETH:
OPS:
SSN:
SID:
FBI:
MNU:
PRN:

STEPMOTHER OF ORV OPERATOR:

NAM: (b)(3):CPSA Section 25(c),(b)(6)
NBR:
STR:
SFX:
CTY:
TXH:
TXW:

RAC: W
SEX: F
DOB: (b)(3):CPSA Se
HGT: 5'04"
WGT: 130
HAI: AUB
EYE: BLU

ETH:
OPS: MI/B420680497394
SSN:
SID:
FBI:
MNU:
PRN:

FATHER OF ORV OPERATOR:

NAM: (b)(3):CPSA Section 25(c),(b)(6)
NBR:
STR:
SFX:
CTY:
TXH:
TXW:

RAC: W
SEX: M
DOB: (b)(3):CPSA Section 25(c)(
HGT: 5'09"
WGT: 215
HAI: BRO
EYE: BRO

ETH:
OPS: MI/S532429000983
SSN:
SID:
FBI:
MNU:
PRN:

CONTACT/INTERVIEW FATHER AND STEPMOTHER OF VEHICLE OPERATOR:

I made contact with (b)(3):CPSA Section 25 (c),(b)(6) at the hospital. We met at the entrance to the emergency room and stepped outside to discuss the situation.

They advised they had been visiting with (b)(3):CPSA Section 25(c),(b)(6 along with their other daughter, (b)(3):CPSA Section 25(c)(They stated the girls were riding the ORV on the roadway when they heard screaming. (b)(3):CPSA said she first thought it sounded like fun screaming, however they quickly realized it was not.

(b) (3):CPSA advised she and her husband went to the location of the accident. She stated her husband, (b)(3):CPSA accompanied his daughter, (b)(3):CPSA Section 25 back to the residence while she stayed with (b)(3):CPSA S

OPERATOR INJURIES:

I asked (b)(3):CPSA Section 25(c), (b)(6) how their daughter was doing. They advised she had fractured her right thumb which had been splinted. She also sustained cuts and abrasions to her left arm. There was a deep laceration on her left forearm which had been stitched up. (b) (3):CPSA advised there was also a deep abrasion above (b)(3):CPSA left elbow. He said this appeared to have resulted from severe rubbing on some part of the vehicle. He said the skin was worn away at that point so the doctor could not suture the area so it was bandaged to allow the skin to heal. I was also advised (b)(3):CPSA Section 25(c sustained a slight hairline fracture somewhere in her neck area, however the doctor advised he did not believe this would result in any long term problems. They believed their daughter would be released after the doctor completed his treatment.

MEDICAL EXAMINER:

The medical examiner on duty at the time of this incident was (b)(3):CPSA Section 25(c),(b)(6) pronounced the time of death at 1:00 P.M. The cause of death was severe head trauma resulting in multiple skull fractures and excessive loss of blood. Although no x-ray was taken, the doctor also believed (b)(3):CPSA Section 25(c) sustained a broken neck. These injuries are consistent with the evidence found at the scene, which indicated the deceased was most likely thrown from the ORV. It appears the vehicle may have landed with the back of the right front tire making contact with the deceased's head while she was laying on the roadway.

RESPONDING TROOPERS:

I was initially dispatched to this complaint at 12:53 P.M. Accident investigator TPR. ERIC JOHNSON/8207 from MSP Newberry was dispatched to the complaint at 1:07 P.M. and accident investigator TPR. SAFFER/8409 MSP Manistique was dispatched to this complaint at 1:52 P.M.

MEASUREMENTS:

Measurements were taken by TPR. SAFFER and TPR. JOHNSON and recorded by myself.

Additional scene information is available in supplemental report #1 provided by TPR. SAFFER.

FATAL TRAFFIC CRASH REPORT:

Information from this complaint was entered into the Fatal Traffic Crash Report and sent to ELOP at 8:03 P.M. on 05/29/06. A copy of this LEIN sheet is attached to the report as an external document.

NEWS RELEASE:

A news release was completed and faxed to SGT. ROSTEN at the Negaunee State Police Post for distribution.

BLOOD SAMPLE:

A blood sample was obtained from the deceased at the hospital at 2:34 P.M. as required in fatal accidents. The vials were forwarded to the lab for testing. The blood was drawn by (b)(3):CPSA Section 25(c),(b)(6) and witnessed by SGT. ROGER IRIE of MPSD. A copy of the completed FSD-93 is attached to this report as an external document.

UD-10:

A UD-10 was completed and is attached to this report as an external document.

EXTERNAL DOCUMENTS:

One (1) FSD-93.
One (1) Fatal Traffic Crash Report.
One (1) UD-10 serial #7193264.

STATUS:

Open pending Prosecutor review and disposition.

ORIGINAL DATE	INCIDENT NO.
Mon, May 29, 2006	084-0000575-06
SUPPLEMENTARY DATE	FILE CLASS
Thu, Jun 01, 2006	93001

INCIDENT STATUS
Open

FATAL ORV ACCIDENT

JOURNAL:

None.

INFORMATION:

TPR. SAFFER was called while off duty to respond to assist TPR. DENK with a fatal ORV crash. This complaint is still under investigation.

ARRIVAL AT SCENE:

TPR. SAFFER arrived at the scene at approximately 2:13 P.M. on 05/29/06. Upon arriving at the scene, TPR. SAFFER observed TPR. DENK as well as TPR. JOHNSON from MSP Newberry at the scene. Upon contacting TPRS. DENK and JOHNSON, TPR. SAFFER learned that the ORV had been occupied by two juvenile females. TPR. SAFFER was advised that the 13 year old female driver had been taken to Schoolcraft Memorial Hospital for treatment of her injuries and the 11 year old passenger had been deceased upon their arrival. TPR. SAFFER was advised that the deceased 11 year old passenger had been moved from the scene by EMS.

At that time, TPR. SAFFER conducted a walk through of the scene along with TPRS. DENK and JOHNSON. Both TPRS. DENK and JOHNSON advised TPR. SAFFER that the vehicle's position was exactly where they had observed it to be upon their arrival. TPR. SAFFER was also shown the deceased victim's final rest and the roadway evidence leading up to the vehicle's final rest.

PHOTOGRAPHS:

Photographs were taken by TPRS. DENK and JOHNSON.

PROCESS SCENE:

TPR. SAFFER processed the scene for scene measurements with the assistance of TPRS. DENK and JOHNSON. TPR. SAFFER utilized the coordinate method of measurement. Please note that RP #1 was located on the north gravel edge of the roadway at a GPS coordinate of N46 degrees 09.500 and W085 degrees 56.526. RP #2 was located 170' east of RP #1 on the north gravel edge of the roadway.

SCENE MEASUREMENTS:

Scene measurements were obtained by TPRS. SAFFER and JOHNSON and were recorded by TPR. DENK.

For scene measurements, please see the attached accident investigation/measurement log. Scene measurements included roadway, tire marks leading to an earth gouge on the south shoulder of the roadway, as well as rollover evidence in the roadway, vehicle's final rest and the final rest of the deceased victim.

OPINION:

It is TPR. SAFFER'S opinion that upon observations observed at the scene that the vehicle had been travelling eastbound on West Edge Road. TPR. SAFFER observed the tire marks in the roadway to be indicative of a fishtail type motion which led to the passenger side tires of the vehicle gouging into an earthen bank, causing the driver to lose control of the vehicle, ultimately resulting in the vehicle's rollover and ejection of it's occupants. TPR. SAFFER observed the vehicle's final rest to be on it's wheels with the front of the vehicle pointing west on the south shoulder of the roadway. TPR. SAFFER observed a large pool of blood near the passenger side front tire of the vehicle and was advised by TPRS. DENK and JOHNSON that that is where they had observed the victim's final rest.

VEHICLE INFORMATION:

The vehicle is a 2006 Yamaha Rhino 660 with a MI ORV sticker and VIN #5Y4AM04Y26A022360. Please note that this vehicle is green in color with a black colored front bumper, black colored roof panel and a black colored box top on it's rear.

VEHICLE DAMAGE:

TPR. SAFFER observed the driver's side front bumper to be bent inward slightly toward the driver's front wheel. TPR. SAFFER noted that there was gravel and striation marks on the driver's side front hood and fender area. TPR. SAFFER observed the passenger side front and rear exterior sides of the wheels to be loaded with gravel. TPR. SAFFER observed the passenger side top outside headliner area to be scratched with striations, however was advised by the vehicle owner that these striations had been caused previous to this crash by himself going through the woods. TPR. SAFFER observed a passenger side rear plastic black colored corner with gravel striations marks through it. TPR. SAFFER observed the driver's side exterior headliner, black in color, that had gravel striations. TPR. SAFFER also observed the rubber mat in the back utility box to be bunched up toward the passenger side of the box. TPR. SAFFER observed all four tires of the vehicle to be in good repair and inflated. The vehicle throttle and braking mechanism were checked by TPR. JOHNSON and were found to be in good working order.

ROADWAY CONDITION:

The roadway was that of hardpacked gravel consistency that had no chuck holes or anything of ill repair noted within the travel portion of the roadway. TPR. SAFFER observed the ditch area to be of grassy sod with larger rocks strewn about the ditch area. TPR. SAFFER observed no roadway condition within the travel portion of the road which led to the cause of this crash.

VEHICLE DISPOSITION:

The vehicle was parked in the garage of the vehicle owner (b)(3):CPSA Section 25(c),(b)(6) advised that he would leave the vehicle parked in the garage until further notified by TPR. DENK or TPR. SAFFER. (b)(3):CPSA Section 25(c),(b advised that the vehicle would not be touched or moved until he received notification from TPRS. DENK or SAFFER.

FIELD SKETCH:

A field sketch of the scene was completed by TPR. JOHNSON and is attached to this complaint.

EXTERNAL DOCUMENTS:

One (1) field sketch not to scale by TPR. JOHNSON.
One (1) accident investigation/measurement log.

STATUS:

Open.

Michigan Department of State Police SUPPLEMENTAL INCIDENT REPORT 0002	ORIGINAL DATE Mon, May 29, 2006	INCIDENT NO. 084-0000575-06
	SUPPLEMENTARY DATE Thu, Sep 14, 2006	FILE CLASS 93001

INCIDENT STATUS
Open

FATAL ORV ACCIDENT

JOURNAL:

06/03/06	(b)(3):CPSA Section 25(c),(b)(6)	I.R., pends toxicology and closure.
06/05/06		Reviewed.

CONTACT HOSPITAL:

(b)(3):CPSA in the medical records department of Schoolcraft Memorial Hospital was contacted re:blood test on driver, (b)(3):CPSA Section 25(c),(b)(6) She advised that medical blood was drawn on 05/29/06.

06/23/06	(b)(3):CPSA Section 25(c),(b)(6)	Copy of complaint sent to Prosecutor.
07/23/06		Reviewed, pending medical records.
08/29/06		Reviewed, contact Prosecutor to request records

BLOOD RESULTS:

Lab results received on 06/30/06 for (b)(3):CPSA Section 25(c),(b)(6) They were negative. Results sent to Prosecutor (b)(3):CPSA Section 25(c),(b)(6)

EXTERNAL DOCUMENTS:

One (1) copy of lab results.

STATUS:

Open.

PAGE	INVESTIGATED BY	REPORTED BY	REVIEWED BY
1 of 1	TPR SHARON A DENK #843	TJL	

Michigan Department of State Police SUPPLEMENTAL INCIDENT REPORT 0003	ORIGINAL DATE Mon, May 29, 2006	INCIDENT NO. 084-0000575-06
	SUPPLEMENTARY DATE Sat, Sep 16, 2006	FILE CLASS 93001

INCIDENT STATUS
Closed

FATAL ORV ACCIDENT

JOURNAL:

9-14-06	DENK	Faxed request for disposition to Pros ref: need for any additional information
9-14-06	(b)(3):CPSA Section 25(c),(b)(6)	Rev. Pends Pros

PROSECUTOR RESPONSE:

Prosecuto (b)(3):CPSA Section 25(c),(b) advised the complaint was closed in his office on 6-27-06 due to operator's young age and the circumstances. Juvenile court action did not appear warranted.

STATUS:

Closed

PAGE	INVESTIGATED BY	REPORTED BY	REVIEWED BY
1 of 1	TPR SHARON A DENK #843		

FSD-96 (7-04)

MICHIGAN DEPARTMENT OF STATE POLICE

FORENSIC SCIENCE DIVISION
LANSING FORENSIC LABORATORY
TOXICOLOGY UNIT
7320 N. CANAL ROAD, LANSING, MI 48913
PHONE: (517) 322-6600
FAX: (517) 322-5508

LABORATORY REPORT

Laboratory No. : 76712-06
Received By : Blood Alcohol: Evidence Storage
Delivered By : First Class Mail
Agency :

MSP Manistique
401 E. Lakeshore Dr.
Manistique, MI 49854

Record No. : 8707.06
Date Received : 06-01-06
Time Received : 09:00 AM
File Class : 9300-1
Date Completed : 06-08-06
Agency No. : 84-575-06

Subject : (b)(3):CPSA Section 25(c),(b)(6)

Evidence Received:

~~1 - Sealed Michigan State Police Specimen Kit (TriTech) containing:~~
1 - Tube with approx. 6 mL blood
1 - Tube with approx. 2 mL blood

Results of Analysis:

0.00 grams alcohol per 100 milliliters blood

Additional examinations will be conducted on the submitted specimens. Results of those examinations will follow at a later date.

84-575-06

(b)(3):CPSA Section 25(c),(b)(6)

Toxicologist

I certify and attest to the accuracy of the results of this toxicology report.

Relevant supporting data: instrument data, library matches for spectral data, calibrator and control data. Relevant supporting data is case specific and not all of the above may be applicable in every case.

IMPORTANT: THE SPECIMEN(S) MAY BE DISCARDED 180 DAYS AFTER REPORTED DATE UNLESS INSTRUCTIONS ARE RECEIVED ASKING US TO RETAIN SAME.

The relevant supporting data upon which the expert opinion or inference was made are available for review/inspection.

FSD-93 (04/01)
MICHIGAN STATE POLICE

ALCOHOL OR DRUG DETERMINATION

Not To Be Used For Submission Of Defendant's Personal Sample For Alcohol Analysis

Please Check All Appropriate Boxes • Please Print Legibly And Completely

SUBJECT NAME (Last Name – First Name)	GENDER	DRIVER'S LICENSE NUMBER	DATE OF BIRTH
(b)(3):CPSA Section 25(c),(b)(6)	☐ M ☒ F	None	(b)(3):CPSA Section 25(c),(b)(6)

SUBJECT INFORMATION
☐ Driver ☒ Passenger ☐ Pedestrian ☐ Suspect ☐ Victim ☐ LIVING ☒ DECEASED (Specify Cause Of Death)

P.B.T. GIVEN (Date) (Time)	(Results)	WAS SUBJECT CITED FOR BREATH TEST REFUSAL ☐ Yes ☐ No
Test #1	0. ____ %	
Test #2	0. ____ %	WAS SAMPLE TAKEN PURSUANT TO SEARCH WARRANT ☐ Yes ☐ No

CRIMES AGAINST PERSON
☐ 09001 Murder/Non-Negligent Manslaughter ☐ 09003 Negligent Manslaughter

SEX RELATED CRIMES
☐ 1100 Criminal Sexual Contact

CONTROLLED SUBSTANCE VIOLATIONS
☐ 35001 Violation of Controlled Substance Act

LIQUOR LAW VIOLATIONS
☐ 41002 Liquor Establishment & Open Intox

DRIVING RELATED VIOLATIONS
☐ 54001 Hit & Run, Accident ☐ 54002 (☐ *Fatal* ☐ *PI* ☐ *PD* ☐ *OUIL* ☐ *OUID* ☐ *PerSo*)

MISCELLANEOUS
☒ 93001 Accident, Traffic ☐ 95001 Accident, Fire ☐ 98007 Suspicious Situation ☐ 98009 Drug Overdose ☐ 99001 Suicide
☐ 99002 Natural Death ☐ 99008 General Assistance

SUBMITTING AGENCY	AGENCY COMPLAINT NUMBER
MSP Manistique	84-575-06

SUBMITTING AGENCY STREET ADDRESS	CITY	STATE	ZIP CODE
401 East Lakeshore Drive	Manistique	MI	49854

OFFICER'S WORK TELEPHONE	COUNTY NUMBER	CITY NUMBER	TOWNSHIP NUMBER	DATE OF INCIDENT	TIME OF INCIDENT
(906) 341-6218	77	46	05	5-29-06	1250 ☐ AM ☒ PM

SIGNATURE OF OFFICER PRESENT	PRINT OFFICER NAME LEGIBLY	BADGE NUMBER
[illegible]	[illegible]	101

BLOOD COLLECTED	DATE	TIME	BOTTLE SAMPLE	DATE	TIME
	5/29/06	0234pm			

TUBE #1	2:34 ☐ AM ☒ PM	#1 ☐ Urine ☐ Beverage ☐ Other	☐ AM ☐ PM
TUBE #2	2:54 ☐ AM ☒ PM	#2 ☐ Urine ☐ Beverage ☐ Other	☐ AM ☐ PM

SIGNATURE OF PHLEBOTOMIST OR PERSON TAKING SAMPLES	NAME OF HOSPITAL
(b)(3):CPSA Section 25(c),(b)(6)	Schoolcraft Memorial Hospital

LIST SUSPECTED DRUGS (Complete for OUID, Drug Overdose, ME and CSC Cases)
None
☐ Test For Carbon Monoxide

ADDITIONAL REMARKS (Behavior of Subject, etc.)
Deceased. Cardiac arrest from

84-575-06

INSTRUCTIONS FOR TAKING OF SAMPLES

FOR BLOOD SAMPLES

To Physician Or Other Qualified Medical Person

1. Do not use alcohol or alcoholic solution to sterilize skin surface, needle or syringe.
2. Draw two tubes of venous blood from subject in presence of law enforcement officer, and tell the subject IN THE OFFICER'S PRESENCE that no alcohol was used in sterilizing skin surface, needle or syringe. Slowly invert blood collection tube(s) several times to distribute the sodium fluoride/potassium oxalate preservative.
3. Complete blood specimen label(s) by entering name of subject, date and time of blood collection, and your name in ink.
4. In the presence of subject, hand tube(s) of blood and label(s) to law enforcement officer for signing, packaging and transfer to the laboratory.

To Law Enforcement Officer

1. **Review accompanying information sheet and be sure all information is supplied before sealing and mailing.** Sign the label(s) in the place provided and attach to the tubes.
2. Place the tube(s) into the cardboard holder from which they were taken, for mailing protection. Seal the tube(s) and holder in the "zip-lock" plastic bag. Complete the FSD-93 and place it in the cardboard mailing box.
   Seal the box with the provided seals.
   Mail the sealed box using First Class U.S. mail.

This kit is not intended to be used for DNA typing.

FOR URINE SAMPLES

To Law Enforcement Officer

1. THE URINE SPECIMEN SHALL BE COLLECTED IN THE PRESENCE OF AN OFFICER to be certain the subject does not contaminate the specimen and to insure that the subject **EMPTIES THE BLADDER.**
2. The urine test **requires the subject to provide two samples** collected at least **30 minutes** apart. The urine samples shall be collected in separate bottles and identified as "Specimen Bottle #1" and "Specimen Bottle #2".
3. a. "Specimen Bottle #1": **SUBJECT COMPLETELY EMPTIES THE BLADDER INTO ONE OF THE BOTTLES.**
   b. **WAIT FOR AT LEAST 30 MINUTES.**
   c. "Specimen Bottle #2": **SUBJECT COMPLETELY EMPTIES THE BLADDER A SECOND TIME INTO THE SECOND BOTTLE.**
4. **TIGHTEN CAPS FIRMLY.** Complete urine specimen label(s) by entering name of subject, date and time of urine collection, and your name on the label(s) and attach to bottles. Seal the bottles in plastic "zip-lock" bag, then place the bag with samples in the cardboard mailing box. Complete the FSD-93 and place into the mailing box. **Seal the box with the provided seals.** Mail the sealed box using First Class U.S. mail.

   THE 2 BOTTLES MAY BE USED FOR LIQUID SAMPLES OTHER THAN URINE (i.e. A BEVERAGE FOR OPEN INTOXICANTS).

First Copy - Submit with kit; Second Copy - Submit with kit;
Third Copy - Retained by submitting agency

AUTHORITY: 1949 PA 300
COMPLIANCE: Voluntary

ACCIDENT INVESTIGATION/MEASUREMENT LOG

COMPLAINT #: 84-575-06 DATE: 5-29-06

FILE CLASS : 9300-1 INVESTIGATION: DENK / SAFFER / JOHNS

DESCRIPTION	NORTH	SOUTH	EAST	WEST
Tire Mark #1 (Beginning)				
A outside from Shoulder Tire Mark #1		17.4	25.8	
B Tire Mark #1		16.9	38.2	
C Tire Mark #1		14.8	4.7	
D Tire Mark #1 (End)		12.9	60.5	
E Beginning Tire Mark #2/#3 Separation		9.7	61.7	
F Tire Mark #2		10.2	71.4	
G Tire Mark #2		10.7	28.2	
H Tire Mark #2		12.2	91.5	
I Tire Mark #2		14.2	99.0	
J Tire Mark #2 (End)		19.0	110.4	
K Tire Mark #3 (Beginning)		8.9	71.0	
L Tire Mark #3		9.3	83.0	
M Tire Mark #3		13.1	100.7	
N Tire Mark #3 (End)		18.8	110.7	
O Earth Gouge South Shoulder (Beginning) Roadway		21.2	117.5	
P Earth Gouge South Shoulder (End)		21.2	126.3	
Q Black Paint Transfer/striations S. Gravel Edge (Beginning)		17.5	128.4	
R " " " " (End)		17.9	131.0	
S Dirt Impression South Roadway (Beginning) Edge		22.0	132.2	
T " " " (End)		22.5	136.0	
U Final rest deceased head		14.8	141.6	
V Final rest deceased waist		16.6	144.0	
W Final rest deceased feet		17.3	146.8	
X Final rest vehicle (RF)		18.0	142.4	
Y Final rest vehicle (RR)		19.1	148.1	
Z Final rest vehicle (LF)		22.0	141.5	
*A1 Final rest vehicle (LR)		23.4	147.0	

84-575-06

RP1 = N46° 09.500 / W085° 56.526

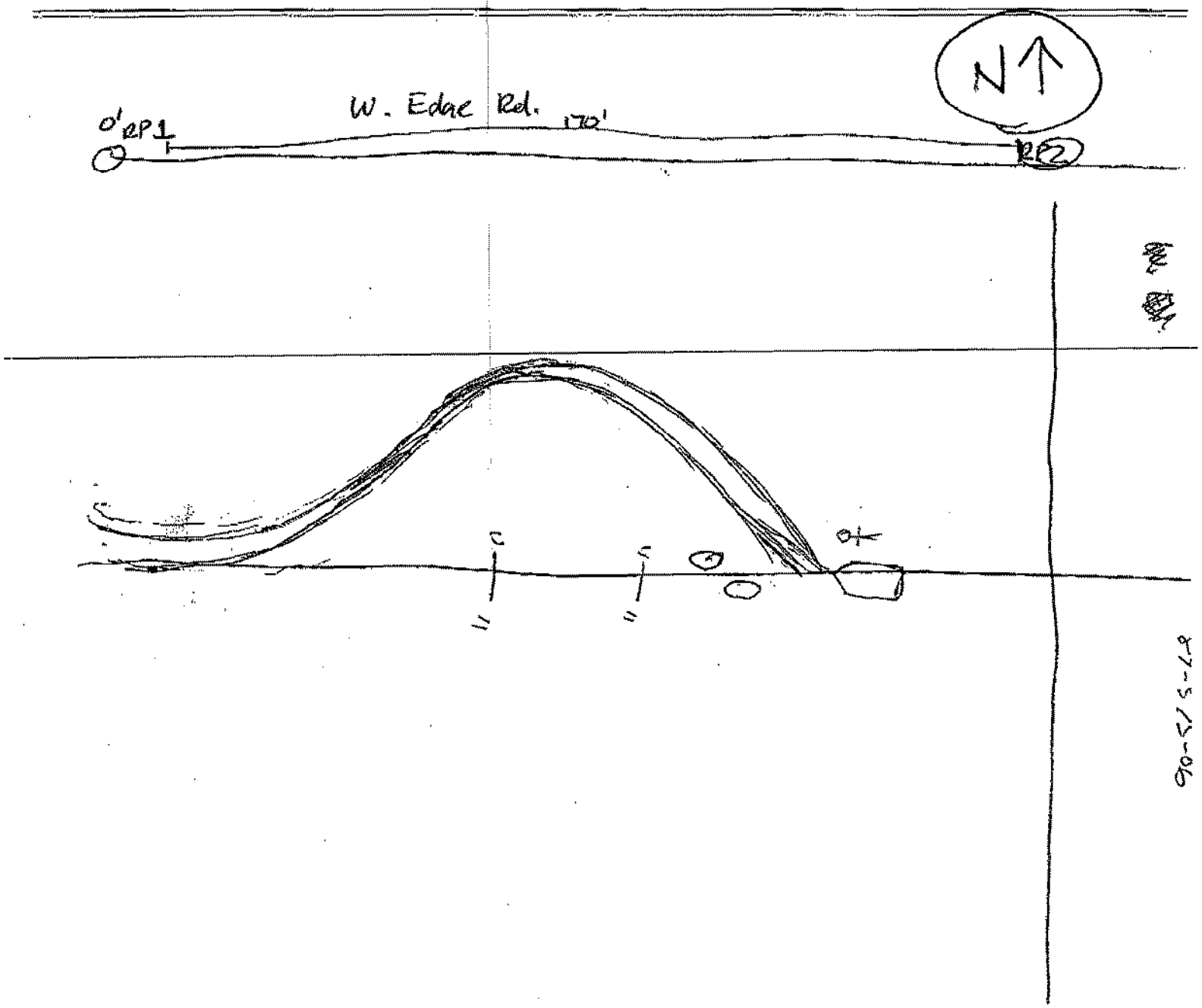
RP2 = 170 ft. E of RP1

Roadway width @ RP1 = 21'

ACCIDENT INVESTIGATION / FIELD SKETCH

Complaint Number: 84-575-06 Location: W. EDGE RD.
Date: 5-29-06 Time: Trooper: JOHNSON #829

**********NOT TO SCALE**********



060622HNE1135

EXHIBIT #2

CONTACT SHEET

Contacted on 06/30/06
Manistique State Police
Manistique Post 84
US-2 District #8
Manistique, MI. 49854
906-341-6218

Contacted on 10/6/07
Schoolcraft
Memorial hospital
500 Main Street
Manistique, MI. 49854
906-341-3200

Task Number: 060622HNE1135

Date: 10/10/06

EXHIBIT #3

Status of Missing Document(s)

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

1. Photos

2. Medical Examiner's Report

3. _____

4. _____

5. _____

Task Number 060622HNE1135

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

Type of respondent: Police Department

Other, specify:

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

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

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

ATV #1	ATV #2
Manufacturer: 02 - Yamaha	**Manufacturer:**

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

Model: RHINO / **VIN:** 5Y4AM04Y26A022360

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

Model Year: 2006

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

Engine Size: 625-650

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:	05/29/2006	
Age/Sex:	11 / Female	/
State of Death:	MI	
City of Death:	MANISTIQUE	
County of Death:	SCHOOLCRAFT	

Task Number: 060622HNE1135

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

An 11-year-old-female was riding a 4-wheeled ATV without a helmet, as a passenger with her 13-year-old-female cousin as the operator. The operator lost control as she made a turn on a gravel road, ejecting both individuals from the ATV. The victim sustained fatal injuries, was transported to a hospital where she was pronounced by the attending physician with the cause of death listed as severe head trauma. The operator of the ATV received multiple injuries,was transported to a hospital, was treated and

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

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

Victim 1:	**Victim 2:**
(Yes) No Unknown	Yes No Unknown

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

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

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

Victim 1:	**Victim 2:**
Yes (No) Unknown	Yes No Unknown

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

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

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

Age: 13 **Height:** **(inches)**
Weight: **Sex:** Female

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

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

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

09 - Non-paved road

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

01 - Public road

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

09 - NA (Not a traffic incident)

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

2 - No

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

2 - No, Drugs

Additional Comments:

MICHIGAN PRESS
READING SERVICE
126 S.Putman, Williamston, Mich. 48895

DAILY NEWS
MIDLAND, MI 219
CIRC 19,021
MAY 31 2006

060622HNE1135 N0660495A 6/23/06

ISSUE; 38

Child dies in ATV accident

MANISTIQUE (AP) — An 11-year-old child was killed when an all-terrain vehicle tipped over, state police said.

(b)(3):CPSA Section 25(c)(b)(was thrown from the vehicle as the driver, 13-year-old (b)(3):CPSA Section ker, made a turn on a gravel road Monday in Schoolcraft County's Germfask Township, troopers reported from the Manistique post. Both girls are from Middleville.

Briana was treated at Schoolcraft Memorial Hospital.

Neither was wearing a helmet or seat belts, police said.

In a separate accident, 14-year-old Dustin Howe of Baton Rapids died Saturday after crashing an all-terrain vehicle into a tree in Mackinac County's Garfield Township, state police reported.

061031

EPIDEMIOLOGIC INVESTIGATION REPORT

1. Task Number	2. Investigator's ID	
060630HCC3643	9094	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
840	2005 06 26	2006 07 10

6. Synopsis of Accident or Complaint UPC

A 59-year-old male was riding a six-wheeled,w utility vehicle after dark on a dirt road on pnvate land. The vehicle overturned while negotiating a sharp curve, and the roll bar landed on the driver's head. He died from head injunes sustained in the incident. There were no other injuries in this incident. The victim was not wearing a helmet.

7. Location (Home, School, etc)	8. City	9. State
2 - FARM	HUNTSVILLE	TX

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - Utility Vehicles	POLARIS/VIN#[redacted]	RANGER 6X^

10D. Manufacturer Name and Address
POLARIS INDUSTRIES 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

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
59	1 - Male	8 - Death	62 - Int. Organ Injury

16. Body Part(s) Involved	17. Respondent	18. Type of Investigation	19. Time Spent (Operational/ Travel)
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	16 0

20. Attachment(s)	21. Case Source	22. Sample Collection Number
9 - Multiple Attachments	14 - Death Certificate	

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

○ Yes ● No ○ Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
0911912006	8631	Frank J. Nava

27. Distribution	28. Source Document Number
Ingle, Robin L.	0548089432

EPIDEMIOLOGIC INVESTIGATION REPORT

1. Task Number	2. Investigator's ID	
060630HCC3643	9094	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
840	2005 06 26	2006 07 10

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

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7. Location (Home, School, etc)	8. City	9. State
2 - FARM	HUNTSVILLE	TX

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - Utility Vehicles	POLARIS/VIN# (b)(3):CPSA Section 25(c),(b)(6)	RANGER 6X^

10D. Manufacturer Name and Address
POLARIS INDUSTRIES 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

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
59	1 - Male	8 - Death	62 - Int. Organ Injury

16. Body Part(s) Involved	17. Respondent	18. Type of Investigation	19. Time Spent (Operational / Travel)
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	16 / 0

20. Attachment(s)	21. Case Source	22. Sample Collection Number
9 - Multiple Attachments	14 - Death Certificate	

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

○ Yes ● No ○ Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
09/19/2006	8631	Frank J. Nava

27. Distribution	28. Source Document Number
Ingle, Robin L.	0548089432

This investigation was initiated from a death certificate.

The investigating officer with the sheriff's office provided information regarding this incident in a telephone interview, conducted August 16, 2006. He also provided photographs of the product and a copy of the incident report (Attachment 3).

The judge who signed the victim's death certificate provided information about the incident in a telephone interview, conducted July 13, 2006. The judge also provided photographs of the incident product, a copy of his inquest report, and a copy of the autopsy report with toxicology results (Attachment 4).

Per assignment instructions, I did not attempt to contact the victim's family.

Information about weather conditions on the date of the incident was obtained from Weather Underground (www.wunderground.com).

The incident occurred sometime between 10:00 p.m. on June 25, 2005, and 8:00 a.m. on June 26, 2005 (Attachment 4, Page 1). At the time of the incident, the temperature was between 71°F and 81°F, with clear to partly cloudy skies. The humidity was between 67% and 87%, and winds were calm to six miles per hour. There was no precipitation (www.wundergound.com).

The incident occurred on 480 acres of private property, divided among four owners (Attachment 3, Page 3). Each of the owners, including the victim, had a weekend house on the property and a primary residence elsewhere (Attachment 3, Page 3). These weekend houses were accessed via a dirt road on the property (Attachment 2, Photographs 1-2).

The product involved was a utility vehicle with six wheels (Attachment 4, Page 1; Attachment 2, Photographs 3-5). This utility vehicle belonged to the victim, according to the investigating officer.

The victim in this incident was a 59-year-old male (Attachment 4, Pages 1, 2, and 4). He was six feet, two inches tall and weighed 214 pounds (Attachment 4, Page 4).

The length of time that the victim had been riding utility vehicles is unknown, as is his level of experience with utility vehicles. It is also unknown whether the victim had received any formal training on riding utility vehicles or whether he was aware of the hazards associated with operating a utility vehicle. However, the findings listed in the autopsy report indicate that the victim had a lost control of a four-wheeled ATV prior to this incident (Attachment 4, Page 8).

According to the autopsy findings, the victim had a history of cardiovascular disease (Attachment 4, Page 8). However, it is unknown whether this condition contributed to the incident or not.

A neighbor told investigating officials with the sheriff's department that the victim had consumed several alcoholic beverages on the night of the incident (Attachment 3, Pages 3-4). Toxicology results indicate the presence of ethanol in the victim's blood and vitreous fluids (Attachment 4, Page 8).

The victim's blood test results were positive for naproxen (Attachment 4, Page 8). However, toxicology results did not reveal any cannabinoids in the victim's blood (Attachment 4, Page 8).

On the date of the incident, the victim had been helping a neighbor install some new fence and a new gate (Attachment 3, Page 3). The neighbor told sheriff's investigators that he and the victim decided to stop work for the day around 5:00 p.m. (Attachment 3, Page 3).

The neighbor stated that he and his wife invited the victim to their weekend house for dinner (Attachment 3, Page 3). The neighbor told investigators that the victim arrived for dinner around 6:00 p.m., riding his six-wheeled utility vehicle (Attachment 3, Page 3).

The neighbor told investigators that the victim had a mixed drink with him when he arrived for dinner and that the victim consumed two glasses of champagne during dinner (Attachment 3, Page 3).

The victim was last seen by his neighbors around 10:00 p.m. on June 25, 2005, when he left their house (Attachment 3, Page 4; Attachment 4, Page 1). The victim indicated that he was returning to his weekend house (Attachment 4, Page 1).

Sometime between 10:00 p.m. on June 25, 2005, and 8:00 a.m. on June 26, 2005, the victim was riding a six-wheeled utility vehicle on a dirt road (Attachment 3, Page 3). The utility vehicle turned over, and the roll bar landed on the victim's head (Attachment 2, Photographs 1-2, 12).

There were no witnesses to the incident, and it is not known why the utility vehicle overturned. However, the incident did occur at a sharp curve in the road (Attachment 2, Photographs 1-2; Attachment 3, Page 3).

According to the investigating officer, the victim was not wearing a helmet at the time of the incident.

Neighbors told sheriff's investigators that they discovered the victim's body around 8:15 a.m. on June 26, 2005 (Attachment 3, Page 3). The judge's report indicates that the victim was discovered at 8:30 a.m. on June 26, 2005 (Attachment 4, Page 1).

Emergency officials were notified at 8:44 a.m., (Attachment 3, Page 1). Sheriff's department personnel arrived at the incident scene at 9:00 a.m. (Attachment 3, Page 1).

The judge was notified of the incident at 9:05 a.m. and arrived at 9:30 a.m. (Attachment 4, Page 1). He pronounced the victim dead at the scene of the incident at 9:30 a.m. (Attachment 4, Page 1). The cause of death is listed as "Blunt Force Injuries To The Head" (Attachment 4, Page 2).

There were no other injuries in this incident.

Total damage to the incident utility vehicle is unknown. However, some damage to the left (driver's) side is visible in photographs provided by the sheriff's department (Attachment 2, Photographs 6-10).

The product is a **six-wheeled utility vehicle manufactured by Polaris,** green in color (Attachment 2, Photographs 1-5; Attachment 3, Pages 3 and 6; Attachment 4, Page 1). The utility vehicle is a Polaris Ranger 6x6 (Attachment 3, Page 3; Attachment 4, Page 1). However, the year of manufacture is unknown.

Identifying information for Polaris is listed below:

Manufacturer:	Polaris Industries, Inc.
Address:	1225 Hwy 169 N Minneapolis, MN 55441
Phone:	(763) 417-8650

The place and date of purchase of the utility vehicle are unknown. It is unknown whether the utility vehicle was purchased new or used.

It is unknown whether the owner had experienced any problems with the utility vehicle since its purchase or whether he had performed any routine maintenance work on the product. It is also unknown whether the utility vehicle had been modified or altered in any way since its purchase.

It is not known whether the victim conducted a pre-ride inspection on the date of the incident. The utility vehicle was equipped with lights (Attachment 2, Photograph 11). It appears that the lights were turned on at the time of the incident (Attachment 2, Photograph 11). However, it is unknown whether the lights were working properly at the time of the incident.

CPSC currently has no mandatory standards for utility vehicles. The Commission has negotiated an agreement with importers and manufacturers involving labeling and sales restrictions.

No sample was collected.

ATTACHMENTS:

Attachment 1 Contact Sheet
Attachment 2 Photographs (1-12) Provided by judge and sheriff's department
Attachment 3 Sheriff's Incident Report
Attachment 4 Judge's Inquest Report and Autopsy Report

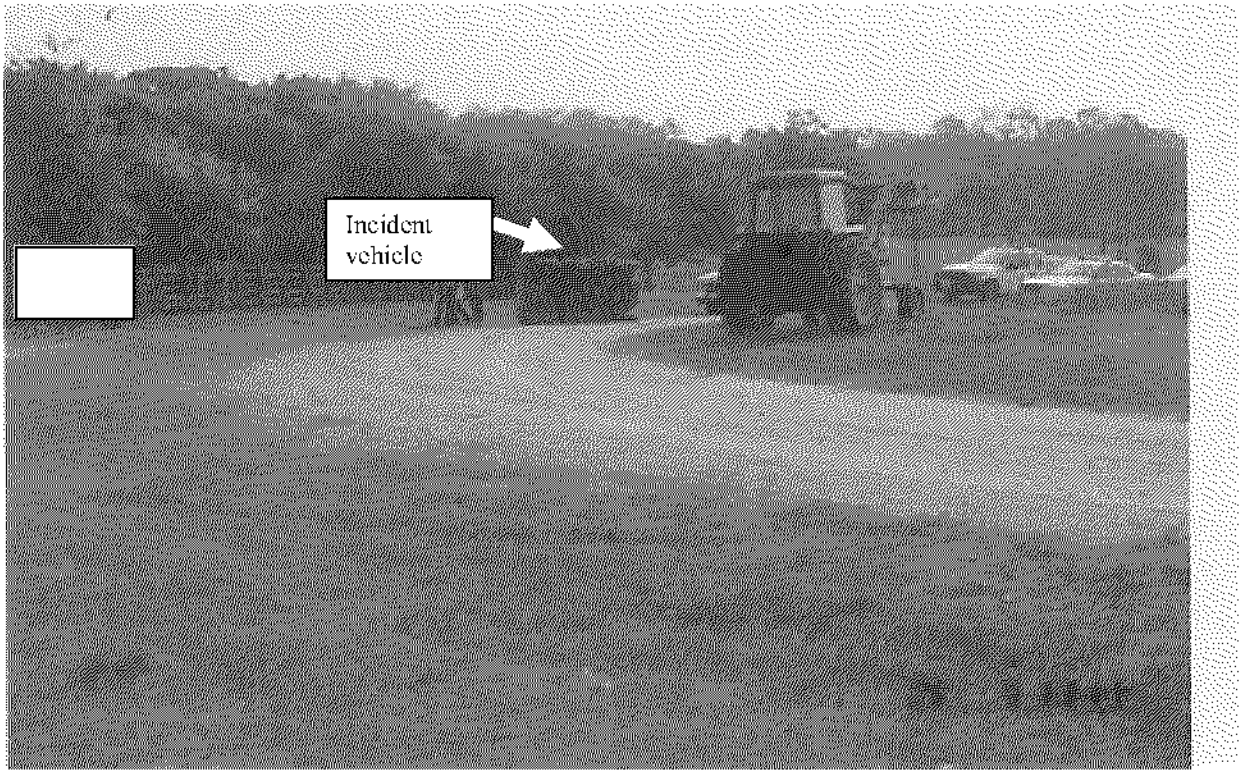
List of Contacts

Name: Judge James F. Mature
Title: Justice of the Peace, Precinct 4
Address: P. O. Box 332
New Waverly, TX 77358
Phone: Unknown
Interviewed: July 13, 2006

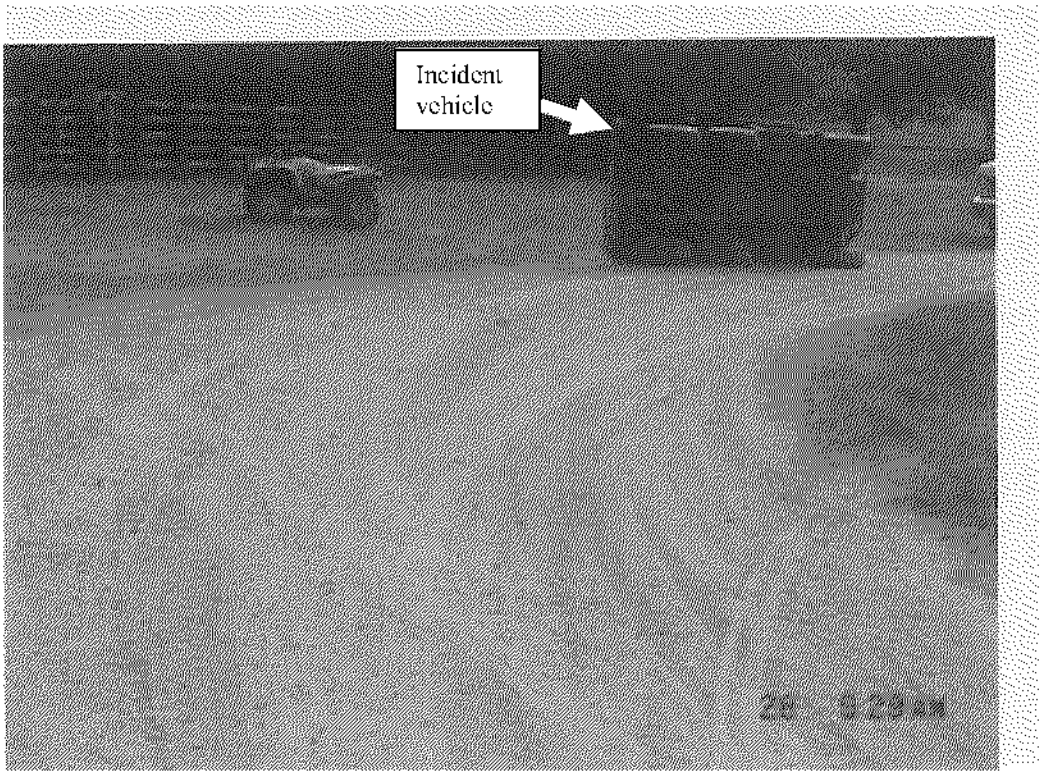
Report and photos received July 19, 2006

Name: Les Metzler
Title: Detective
Address: Walker County Sheriff's Office
717 FM 2821 W
Huntsville, TX 77320
Phone: 936-436-2400
Interviewed: August 16, 2006

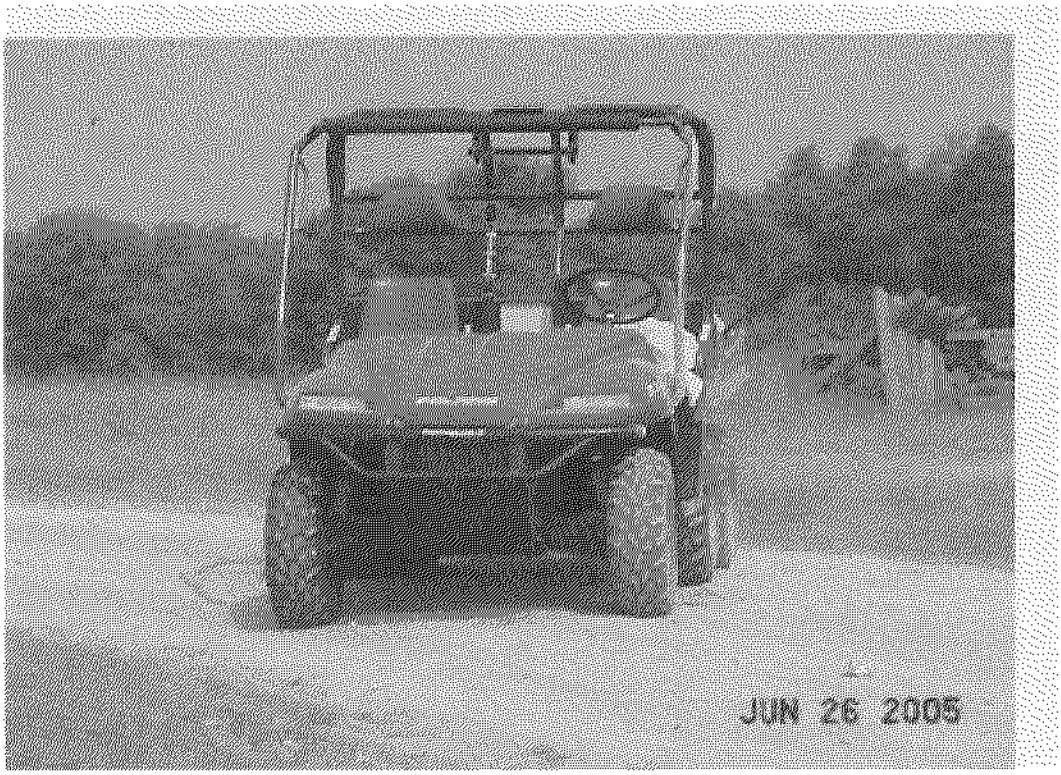
Report and photos received August 29, 2006



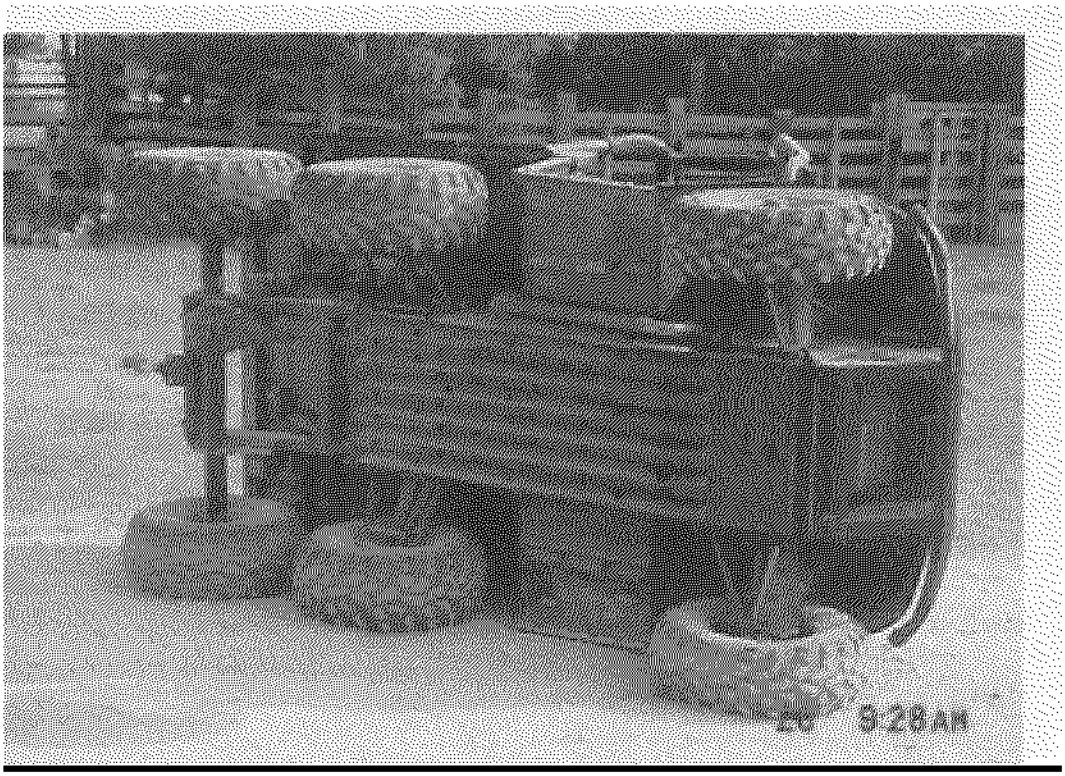
Photograph 1: View of incident scene



Photograph 2: Closer view of incident scene



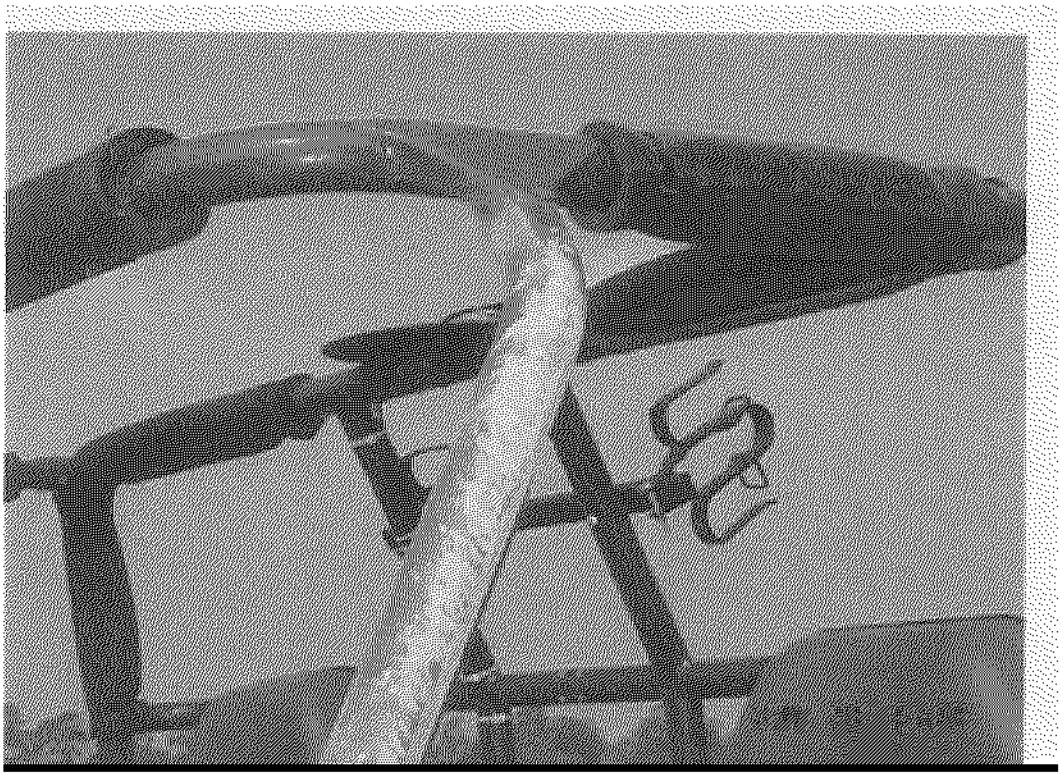
Photograph 3: Front view of incident vehicle (after being placed upright)



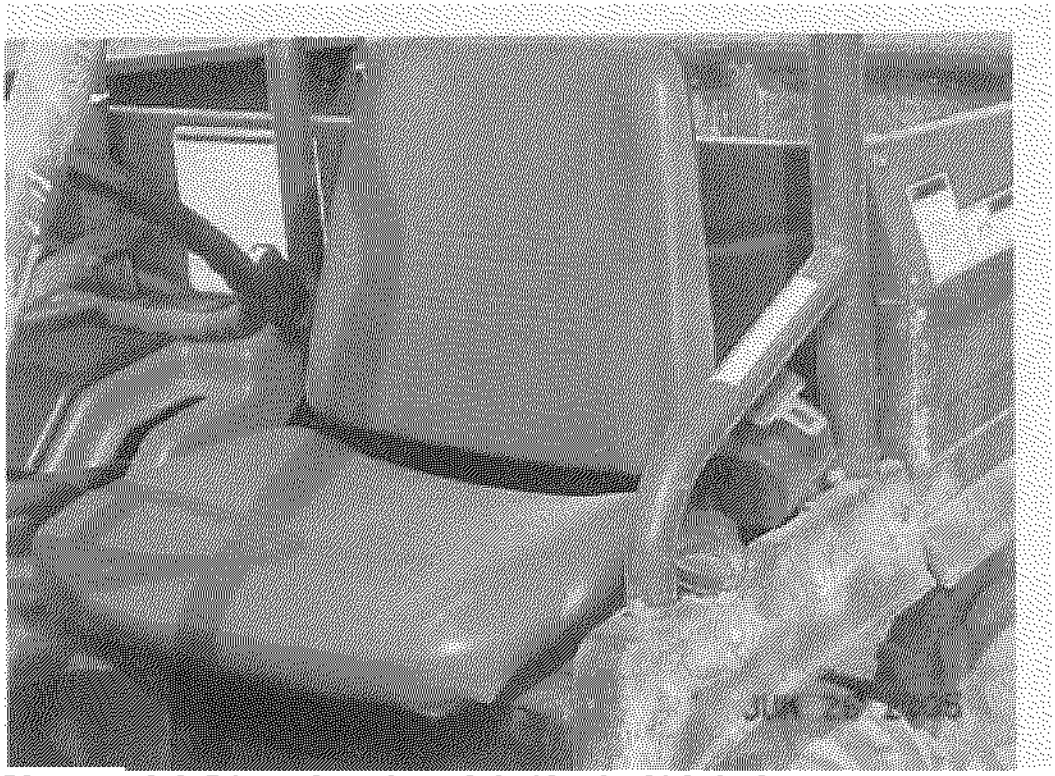
Photograph 4: Bottom of incident vehicle (in resting position after incident)

Photograph 5: Rear view of incident vehicle (note victim pinned beneath roll bar)
Note brand name on rear of vehicle

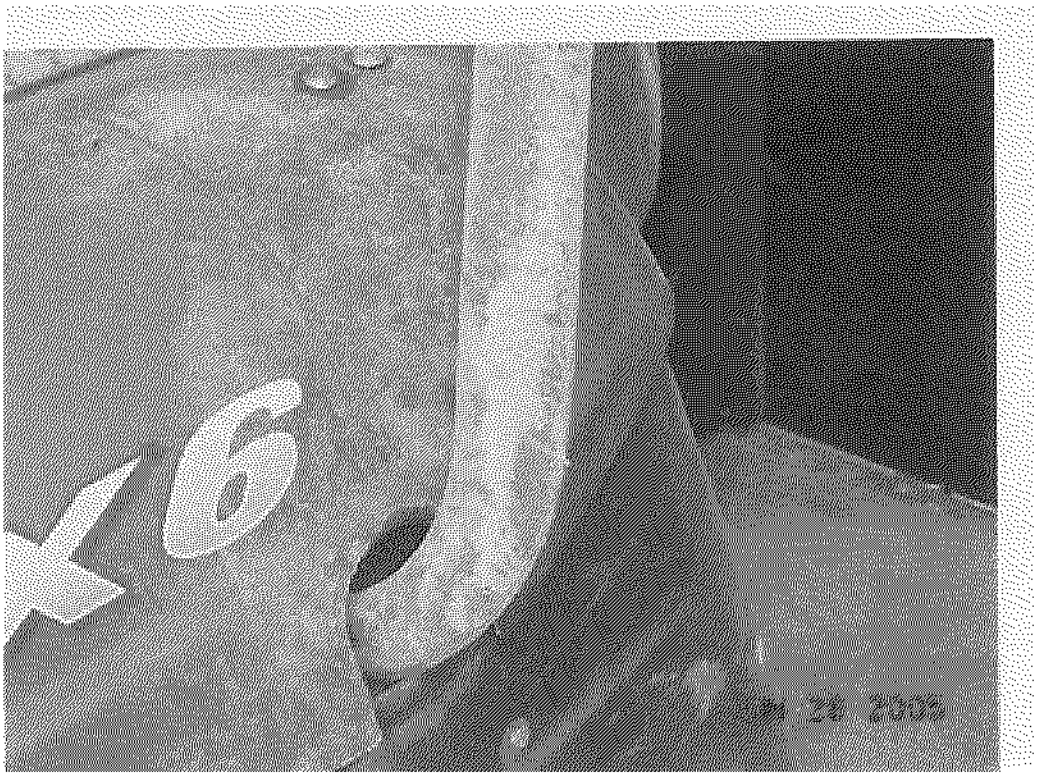
Photograph 6: Left (driver's) side of vehicle (note dirt and marks from skid)



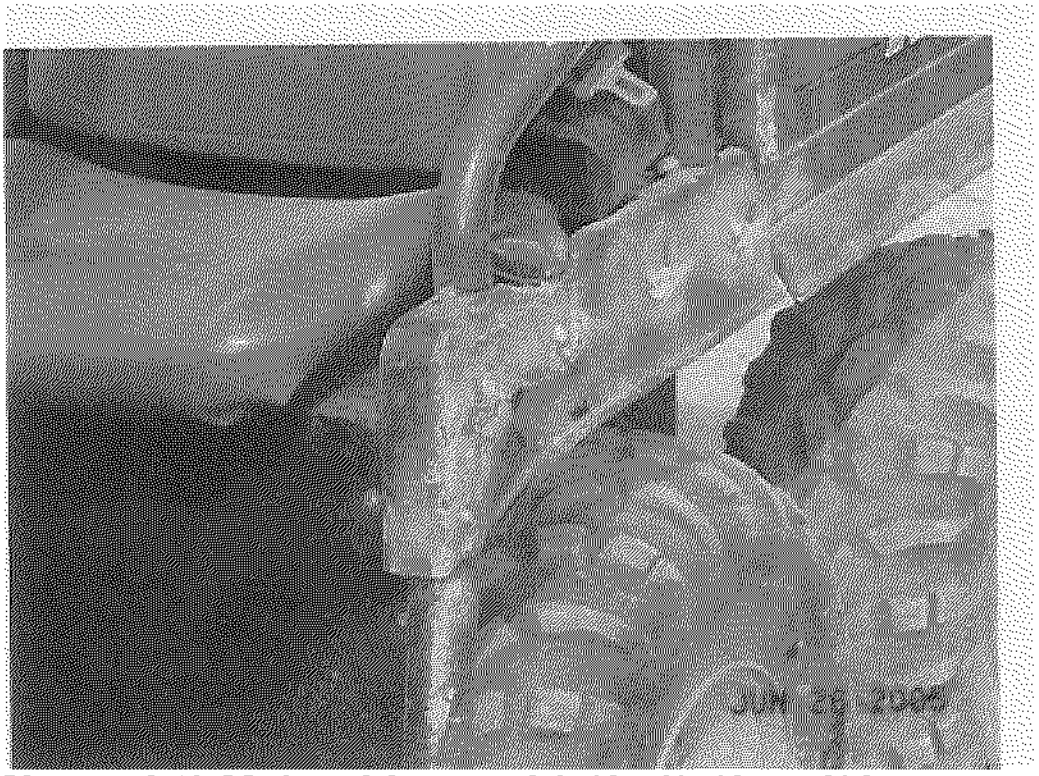
Photograph 7: Closer view of dirt on left side of vehicle roll bar



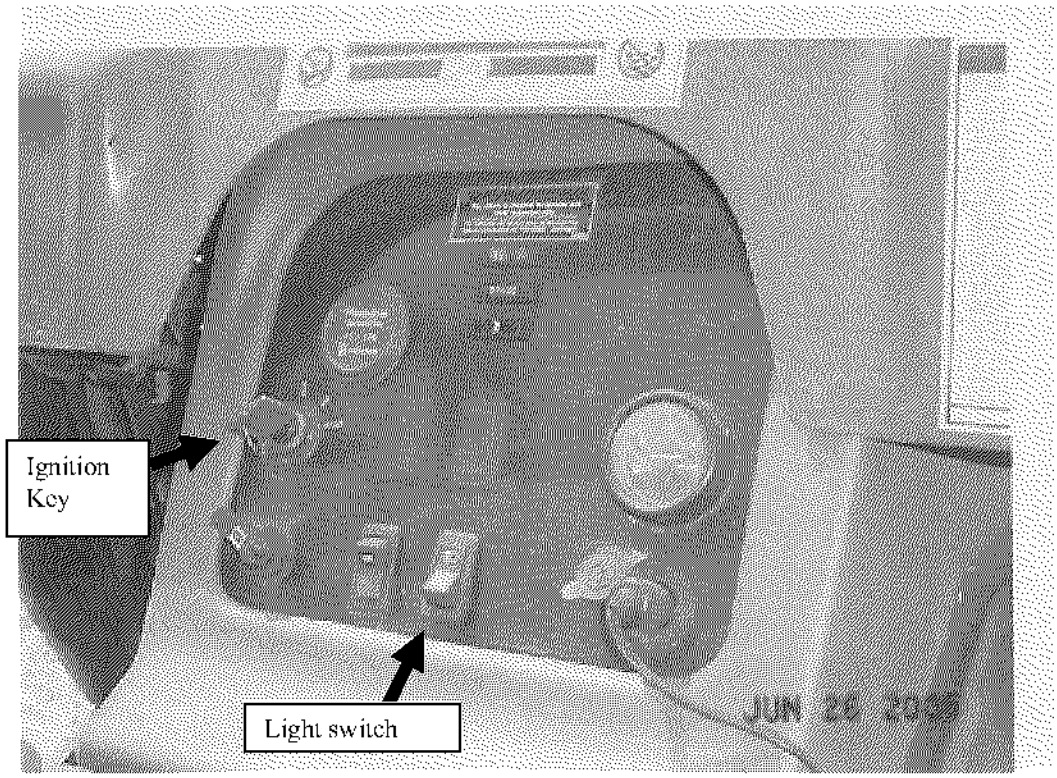
Photograph 8: Dirt and marks on left side of vehicle body



Photograph 9: View of more dirt and marks on left side of vehicle



Photograph 10: Marks and damage to left side of incident vehicle



Photograph 11: View of console (showing key in "on" position and lights on)

Photograph 12: View of victim pinned under vehicle roll bar

WALKER COUNTY SHERIFF'S OFFICE

INCIDENT/OFFENSE REPORT

717 FM 2821 WEST, SUITE 500, HUNTSVILLE, TEXAS 77320 - 936-435-2400

CLINT R. McRAE
Sheriff

Case Number: 0509053

Incident ID	Received Date	Received Time	Received Method	Received By
5218	06/26/2005	08:44am	DISPATCH	LAWSON, EDDY A.

Nature of Call Reported	Initial Call Reported By	Dispatched To
UNATTENDED DEATH	(b)(3):CPSA Section 25(c),(b)(6)	4918 FM 1374 Huntsville, TX 77340

Officer(s)/Unit(s) Assigned	Date Notified	Dispatch	Arrive	Clear	Total	Disposition
5160-LAWSON, EDDY A.	06/26/2005	08:44	09:00	11:03	02:19	INCIDENT REPORT

Investigator Assigned	Att/Compl	Area	Subdiv/Grid
5683-METZLER, WILLIAM LES		DISTRICT 3	4K5

Incident/Offense Date	Incident/Offense Time	UCR Code	Status	Status Date
06/25/2005-06/26/2005	10:00pm-08:00am		CLEARED BY EXCEPTION	10/24/2005

Incident/Offense Address	City, State & Zip Code
4918 FM 1374	Huntsville, TX 77340

Entry Point	Exit Point	Weapon/Force Used	Evidence Collected
NOT APPLICAB	NOT APPLICABLE		PHOTOGRAPHS

Inc/Off Code	Incident/Offense Description

Category	Class	Qty	Description of Item(s)	Estimated Value	NCIC	Disp

Grand Total Recovered | Grand Total Stolen

Year	Make	Model	Style	Color	Licence	Description

Connection	Name & Address	Telephone	Description/Identification
Victim	(b)(3):CPSA Section 25(c),(b)(6)		
Victim			
Witness			

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WALKER COUNTY SHERIFF'S OFFICE

INCIDENT/OFFENSE SUPPLEMENT

717 FM 2821 WEST, SUITE 500, HUNTSVILLE, TEXAS 77320 - 936-435-2400

CLINT R. McRAE
Sheriff

Case Number: 0509053

Investigator Assigned	Att/Compl	Area	Subdiv/Grid
5683-METZLER, WILLIAM LES		DISTRICT 3	4K5

Incident/Offense Date	Incident/Offense Time	UCR Code	Status	Status Date
06/25/2005-06/26/2005	10:00pm-08:00am		CLEARED BY EXCEPTION	10/24/2005

Incident/Offense Address	City, State & Zip Code
4918 FM 1374	Huntsville, TX 77340

Iss/Off Code	Incident/Offense Description

Category	Class	Qty	Description of Item(s)	Estimated Value	NCIC	Disp

Grand Total Recovered	Grand Total Stolen		

Year	Make	Model	Style	Color	License	Description

Connection	Name & Address	Telephone	Description/Identification
Witness	(b)(3):CPSA Section 25(c),(b)(6)		

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WALKER COUNTY SHERIFF'S DEPARTMENT
INCIDENT REPORT

Case Number:	Offense:	Offense Date:
0509053	UNATTENDED DEATH	06/25/05

INTRODUCTION:

On June 26, 2005 at 8:44AM I was patrolling in the area of FM 1375 west and SH 75 south when I was dispatched by radio to an unattended death on FM 1374. I responded non-emergency traffic and arrived at 9:00AM.

SCENE SUMMARY:

The incident took place at 4918 FM 1374. The entrance to the property has a rock entrance with a black pipe gate and a cattle guard. There is a dirt roadway that leads past a residence located on the right hand side of the road and continues to another black gate. Past the gate you travel approximately 150 yards with a pond on the right side of the roadway and to a sharp curve in the road that goes left. The sharp curve in the roadway is the scene location. There is also an orange mailbox at the entrance with 4918 clearly marked.

DETAILS:

I arrived on scene and EMS Unit 3302 and (b)(3):CPSA Section 25(c),(b)(6) were on location. In the middle of the roadway was a green Polaris Ranger 6x6, VIN# (b)(3):CPSA Section 25(c),(b)(6) turned over and lying on the driver's side. There was also a white sheet covering a body, identified as (b)(3):CPSA Section 25((b)(3):CPSA Section 25(c),(b)(6) stated that (b)(3):CP suffered a fractured to the skull and had not survived his injuries. I then approached two other males, identified as (b)(3):CPSA Section 25(c),(b)(6) who were on scene. Also on location was (b)(3):CPSA Section 25(c),

I spoke with (b)(3):CPSA Section 25(c),(b)(6) who stated that they found (b)(3):C approximately 8:15Am this date. I asked (b)(3):CPSA how he knew (b)(3):CP and he stated that the property that they were on encompassed approximately 480 acres that is divided between four people. (b)(3):CPSA said that all the property used a single roadway and gates and fences separated the property. (b)(3):CPSA said that the property owners were all friends and that (b) owned the portion of the property that fronted FM 1374. I then asked (b)(3):CPSA if all the property owners resided at this location and he stated that they did not. (b)(3):CPSA said that the property was used as a weekend getaway and that each of the property owners had primary residences elsewhere.

I then asked (b)(3):CPSA when he had last seen (b) and he stated that (b) (3):CPSA Section 2 was at his residence for dinner the previous night. (b)(3):CPSA said that he had spent the day with (b) (3):CPSA Section 2 installing some new fence and a new gate. (b)(3):CPSA stated that he and (b) decided to stop for the day and get cleaned up around 5:00PM. (b)(3):CPSA said that (b) wife had not come with him this weekend due to prior commitments so he and (b)(3):CPSA invited (b)(3):CPSA Section 25(c),(b)(6) to their residence for dinner. (b)(3):CPSA Section 25(c),(b)(6) said that (b) (3):CPS A Sectio arrived at approximately 6:00PM and that he arrived driving his Polaris Ranger. I asked (b)(3):CPSA Section 25(c),(b)(6) if (b) had drank any type of alcoholic beverages and he stated that (b)(3):CPSA Section 25(c),(b)(6) had arrived with a glass of some sort of mixed drink in it and that (b)(3):CPSA Section 25(c),(b)(6) had drank two glasses of Champagne during

dinner. I asked (b)(3):CPSA Section 25(c) what time was it when (b)(3):CPSA left his residence and he stated that it was approximately 10:00PM.

I then spoke to (b)(3):CPSA Section 25(c),(b)(6) who stated that he was not with the (b)(3):CPSA Section 25(when they found (b)(3):CPSA Section 25(c),((b)(3):CPSA said that he was one of the land owners and that he drove in from Conroe, Texas this morning and had just driven up on the scene.

I then removed the sheet covering (b)(3):CPSA and observed him to be a white male wearing a white T-shirt with tan colored shorts and grey house shoes. (b)(3):CPSA was lying mostly on his stomach and left side of his body. (b)(3):CPSA had his left arm up under his body and his right arm was slightly bent and out to his side. (b)(3):CPSA head was between the roll bar of the Polaris and the dirt drive. There was a small puddle of blood around the head area. (b)(3):CPS was also observed to not be wearing his seatbelt. Digital photos were taken.

I then contacted Sergeant Keith DeHart who responded to the scene. Once on scene, Sergeant DeHart notified the on-call CID Detective, Les Metzler, who also responded to the scene. After Detective Metzler arrived, (b)(3):CPSA Section 25(c),(b)(6) was notified and an inquest was performed at 9:30AM. At the completion of Detective Meltzer's investigation, Huntsville Funeral Home was notified and removed the body at 10:15Am and transported the body to Dallas County for an autopsy.

EVIDENCE:

Digital photos were taken and place into temporary evidence. The photos taken are as follows:

1. View of covered body.
2. View of covered body
3. View of body #1
4. View of body #2
5. View of body #3
6. View of body #4
7. View of body #5
8. View of the bottom of the vehicle.
9. View of slide marks in the dirt #1
10. View of slide marks in the dirt #2
11. View of slide marks in the dirt #3
12. View of slide marks in the dirt #4

WITNESS:

None

Suspect:

(b)(3):CPSA Section 25(c),(b)(6)

HOSPITAL INVESTIGATION:

None

ADDITIONAL INFORMATION:

None

(b)(3):CPSA Section 25(c),(b)(6) 2/5160

WALKER COUNTY SHERIFF'S DEPARTMENT

SUPPLEMENTAL REPORT

Case Number:	Offense:	Offense Date:
0509053	UNATTENDED DEATH	06/25/05

Supplement by Det. L. Metzler

On June 26, 2005, I was the on call detective for the Walker County Sheriff's Department. At 9:05 AM, I received a call from dispatch in reference to this case. I was advised that Sgt. Keith Dehart was on scene and requesting my assistance. I responded to the scene and arrived at 9:40 AM. Upon arrival, I met with Deputy Lawson who advised me of the situation. I then viewed the scene and observed a white male lying on a white rock/dirt road with a Polaris six wheeler lying on its side over the body. The subject was wearing a white T-shirt and tan shorts with a leather type belt. There was a wedding ring on his left finger and a wrist watch with a leather strap on his left wrist.

The six-wheeler had roll bars on it with foam pads on the bars. The top left (driver's side) roll bar was laying on the right side of the head of the individual. The individual's left side of the head was laying in the dirt/rock and there was a slight amount of blood under his head. The subjects left arm was under his body and his right arm was in front of his body. This scene was photographed by Deputy Lawson prior to my arrival.

I was advised that [redacted] had been contacted. After the funeral home arrived, the six-wheeler was up righted. After this was done, I took several digital photographs of the individual and the surrounding area of the six-wheeler. I also took several digital photographs of the left side of the six-wheeler showing the marks indicating that it had overturned and slid. The six-wheeler VIN is [redacted] I also photographed the roadway behind the six-wheeler in an attempt to view the marks left by it as it was skidding. Viewing the console of the six-wheeler, the key was still in the on position and the switch for the headlights on the vehicle appeared to be in the on position. I also photographed the console of the vehicle.

I then advised [redacted] to turn the body in order to further view it. The left side of the subjects' shirt and shorts were covered with dirt. The left side of the individuals head was bleeding and appeared to have damage, possibly a fracture. Lividity was present on the left side of the body in the face. There was some abrasion to the subjects' left elbow and left knee. There was also a small abrasion on the subjects' right knee. I took several digital photographs of the individual after he was turned.

[redacted] then took possession of the subject and transported him to the funeral home. [redacted] advised that he would be ordering an autopsy.

I then met with the subjects' sons, [redacted] Prior to speaking to them, Sgt. Dehart had removed two guns from the area of the six-wheeler. One was a Ruger .357 magnum pistol (serial number 170-51957) and the other was a Marlin .45 colt firearm (serial number 97201950). I had Deputy Lawson run the serial numbers through dispatch along with the VIN of the vehicle in order to check for stolen and all were clear. I completed a receipt of evidence for these items and released them to Drake, the step-son of the individual.

I then responded to the funeral home and awaited the arrival of [redacted] who had to complete jail traffic before responding to the funeral home. Upon his arrival at the funeral home, [redacted] contacted the Dallas County Medical Examiners office and provided them with the information. I also spoke to [redacted] with the medical examiners office.

All indications appear that this situation was an accident. I will be awaiting the arrival of the autopsy report.

On June 27, 2005, at approximately 2:30 PM, I received a message from [redacted] advising that he received a preliminary autopsy report and that he would fax a copy of that to me. 4:30 PM, I received a fax in my box from [redacted] The report is dated for June 27, 2005 and it states that the cause of death is blunt force injuries of the head. The manner of death is listed as an accident. This paperwork will be placed in the hardcopy file.

On June 30, 2005, at 9:17 AM, I made contact with [redacted] who advised that he has spoken to the family since receiving the autopsy report.

As of this date, this case will be placed on inactive status awaiting the final autopsy report.

On October 24, 2005, I received a final autopsy report for this case. The report states that the cause of death is blunt force injuries of the head and the manner of death is accident. The toxicology portion of this report states that the Alcohol and Acetone content in the blood was 0.13 % ethanol and the cannabinoid screen was negative. The drug screen indicated that naproxen was detected in [redacted] system.

The alcohol and Acetone detected Vitreous was 0.19 % ethanol.

This case will be cleared exceptional as of this date.

(The final autopsy report will be placed in the hardcopy file)

Entered by Det. L. Metzler

PCT. 4, WALKER COUNTY, TEXAS
P.O. ~~BOX 332~~ NEW WAVERLY, TEXAS 77358
PHONE 936/344-6119 FAX 936/344-6033

216

INQUEST REPORT

(✓) Autopsy
( ) Inquest

Date 6/26/05

(b)(3):CPSA Section 25(c),(b)(6)

White M 59 (b)(3):CPSA Section 25(c),(b)(6)

SEX AGE DOB

(b)(3):CPSA Section 25(c),(b)(6)

ADDRESS CITY STATE ZIP CODE PHONE

6/26/05 Found 8:30 Am 4918 - FM - 1374

DATE OF DEATH TIME AM(✓) PM( ) LOCATION

9:05 Am 9:30 Am

TIME JP CALLED TIME OF INQUEST

~~N/A~~ 9:30 Am By JP.

DOCTOR'S NAME PRONOUNCED

(b)(3):CPSA Section 25(c),(b)(6)

INFORMANT ADDRESS

To Be Determined

CAUSE OF DEATH (b)(3):CPSA Section 25(c),(b)(6)

(b)(3):CPSA Section 25(c),(b)(6)

NEXT OF KIN Tel: (b)(3):CPSA Section 25(c),(b)(6)

Unknown - Found A 8:30 Am

TIME OF ACCIDENT

6x6 Polaris Ranger - Unregistered

MAKE AND MODEL OF AUTO

N/A

MAKE AND MODEL OF OTHER AUTO INVOLVED

Eddy Lawson - WCSO - Bdg #832 - #936. 435-2400

INVESTIGATING OFFICER

Les Metzler Bdg 815

DECEASED SOCIAL SECURITY NUMBER

TDL 10088805

DEACESED DRIVER'S LICENSE NUMBER

WCEMS (b)(6)

MEDICAL ASSISTANCE

(b)(3):CPSA Section 25(c),(b)(6) Metcalf FH.

FUNERAL HOME TRANSPORTING RECEIVING FUNERAL HOME

NOTE: Last seen after Dinner at 10 PM 6/25/05
Left to Return to his week end House (1374 & at 4918) He was found at 8:30 am. 5/26/05

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

Texas Department of Health–Bureau of Vital Statistics

1. NAME OF DECEASED (a) FIRST (b) MIDDLE (c) LAST: (b)(3):CPSA Section 25(c),(b)(6)
(d) MAIDEN:
2. SEX: MALE
3. DATE OF DEATH: JUNE 26, 2005
4. DATE OF BIRTH: (b)(3):CPSA Section 25(c),(b)(6)
5. AGE (IN YEARS): 59
IF UNDER 1 YEAR: MO DAYS HOURS MIN
6. PLACE (CITY & STATE OR FOREIGN COUNTRY): AMITE, LOUISIANA
7. SOCIAL SECURITY NO.: (b)(3):CPSA Section 25(c),(b)(6)
8. RACE: CAUCASIAN
9a. WAS THE DECEDENT OF HISPANIC ORIGIN? ☐ YES ☒ NO
9b. IF YES SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC)
10. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ YES ☐ NO
11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED ELEM. OR SECONDARY (0-12) COLLEGE (13-16,17+): 12
12. MARITAL STATUS: ☒ MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED
13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): (b)(3):CPSA Section 25(c),(b)(6)
14a. DECEDENT'S USUAL OCCUPATION: SUPERVISOR
14b. KIND OF BUSINESS OR INDUSTRY: PETROLEUM
15a. RESIDENCE STREET ADDRESS: (b)(3):CPSA Section 25(c),(b)(6)
15b. CITY OR TOWN
DE CITY LIMITS ☐ YES ☒ NO
16. FATHER'S NAME: (b)(3):CPSA Section 25(c),(b)(6)
17. MOTHER'S MAIDEN NAME

18. PLACE OF DEATH (CHECK ONLY ONE)
HOSPITAL: ☐ INPATIENT ☐ ER/OUTPATIENT ☐ DOA OTHER: ☐ NURSING HOME ☐ RESIDENCE ☒ OTHER (SPECIFY)

19. COUNTY OF DEATH: WALKER
20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.): PRECINCT #4
21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address): 4918 FM 1374
22. INFORMANT - SIGNATURE & RELATIONSHIP: (b)(3):CPSA Section 25(c),(b)(6)
23. MAILING ADDRESS OF INFORMANT

24. METHOD OF DISPOSITION: ☒ BURIAL ☐ CREMATION ☒ REMOVAL FROM STATE ☐ DONATION ☐ OTHER (SPECIFY)
25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE): ARCOLA ROSELAND CEMETERY
25b. Section ___ Block ___ Lot ___ Space ___ Unknown ☒
26. LOCATION (CITY, STATE): AMITE, LOUISIANA
27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: (b)(3):CPSA Section 25(c),(b)(6)
28. DATE OF DISPOSITION: JULY 1, 2005
29. NAME & ADDRESS OF FUNERAL HOME: (b)(3):CPSA Section 25(c),(b)(6)

30. CERTIFIER
☐ CERTIFYING PHYSICIAN 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 / ☒ JUSTICE OF THE PEACE } ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.

31. SIGNATURE & TITLE OF CERTIFIER: (b)(3):CPSA Section 25(c),(b)(6)
32. DATE SIGNED (MO DAY YEAR): July 11, 2005
33. TIME OF DEATH: Found 8.00 A.M.
34. PRINTED NAME & ADDRESS OF CERTIFIER: (b)(3):CPSA Section 25(c),(b)(6)

35. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.

CAUSE OF DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Blunt Force Injuries To The Head — Approximate Interval Between Onset and Death: UNK
DUE TO (OR AS A LIKELY CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST
b.
DUE TO (OR AS A LIKELY CONSEQUENCE OF):
c.
DUE TO (OR AS A LIKELY CONSEQUENCE OF):
d.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.): UNK
36a. AUTOPSY? ☒ YES ☐ NO
36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☒ YES ☐ NO
37. DID TOBACCO USE CONTRIBUTE TO DEATH: ☐ YES ☐ PROBABLY ☐ NO ☒ UNKNOWN
38. DID ALCOHOL USE CONTRIBUTE TO DEATH: ☐ YES ☐ PROBABLY ☐ NO ☒ UNKNOWN
39. WAS DECEDENT PREGNANT: AT TIME OF DEATH ☐ YES ☒ NO ☐ UNK; WITHIN LAST 12 MO ☐ YES ☒ NO ☐ UNK

40. MANNER OF DEATH: ☐ NATURAL ☒ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED
41a. DATE OF INJURY: 6/26/05
41b. TIME OF INJURY: UNK M.
41c. INJURY AT WORK: ☐ YES ☒ NO
41d. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY): 4918 FM 1374
41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE): 4918 FM 1374 - 7 Miles West of IH45, Huntsville, TX
41f. DESCRIBE HOW INJURY OCCURRED: Overturned ATV

42a. REGISTRAR FILE NO.
42b. DATE RECEIVED BY LOCAL REGISTRAR
42c. SIGNATURE OF LOCAL REGISTRAR

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to $10,000. (Health and Safety Code, Sec. 195, 1989)

VS-112 REV. 9/95

COPY

This affidavit is in compliance with Texas Rules of Criminal Evidence, Rule 902 (10b).

Case No. JP2054-05 in the matter of (b)(3):CPSA Section 25(c),(b)(6), deceased.

Office of the Medical Examiner
in the County of DALLAS
State of TEXAS

AFFIDAVIT

Before me, the undersigned authority, personally appeared (b)(3):CPSA Section 25(c),(b)(6), who, being duly sworn, deposed as follows:

My name is (b)(3):CPSA Section 25(c),(b)(6) I am over 21 years of age, of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the Deputy Custodian of Records of the Dallas County Medical Examiner's Office. Attached hereto are 5 pages of records and xx photographs from the Dallas County Medical Examiner's Office. These said 5 pages of records and xx photographs are kept by the Dallas County Medical Examiner's Office in the regular course of business, and it was the regular course of business of the Dallas County Medical Examiner's Office for an employee or representative, or a doctor permitted to practice in the Dallas County Medical Examiner's Office, with personal knowledge of the act, event, condition, opinion or diagnosis, recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the original or exact duplicates of the original.

(b)(3):CPSA Section 25(c),(b)(6)

SWORN TO AND SUBSCRIBED before me on October 18, 2005.

(b)(3):CPSA Section 25(c),(b)(6)

Notary Public in and for Dallas County, Texas

NOTARY PUBLIC STATE OF TEXAS
(b)(3):CPSA Section 25(c),(b)(6)
Notary Public State of Texas
Commission Expires
FEBRUARY 9, 2009

My commission expires

(By statute, the original records are retained by the Dallas County Medical Examiner's Office. See Art. 49.25, Sec. 11, Vernons Texas Statutes, CCP.)

SOUTHWESTERN
INSTITUTE OF FORENSIC SCIENCES
5230 Medical Center Drive
Dallas, Texas 75235

Case No. JP2054-05-1334Z

Name: (b)(3):CPSA Section 25(c),(b)(6)

Age: 59 **Race:** White **Sex:** Male

Date of Death: 26 JUN 2005 (Found) **Date of Examination:** 27 JUN 2005
Time of Death: Found 8:30 am **Time of Examination:** 7:00 am

Pronounced at: 4918 FM 1374
Precinct 4, Walker County, Texas

AUTOPSY REPORT:

ORGAN WEIGHTS:

Brain	1606 g	R. Lung	480 g	R. Kidney	140 g
Heart	630 g	L. Lung	520 g	L. Kidney	180 g
Liver	2460 g	Spleen	290 g		

This autopsy is performed at the request of (b)(3):CPSA Section 25(c),(b)(6) (b)(3):CPSA Precinct 4, Walker County, Texas.

EXTERNAL EXAMINATION:

The body is identified by toe tag. Photographs and fingerprints are taken. When first viewed, the body is clad in a white T-shirt, tan shorts, a brown belt, white briefs, and two gray slippers. A yellow metal ring is on the left ring finger and a yellow metal watch with a black band is on the left wrist. Additional personal effect submitted with the body include a set of keys, chewing tobacco, and a car alarm remote control. All items are released with the body.

The body is that of an overweight white male of large build whose appearance is compatible with the stated age of 59 years. His body, when nude, weighs 214 pounds (97.1 kg) and is 74 inches (188.0 cm) long. There is good preservation in the absence of embalming. The body is cold, rigor is fully developed, and there is well-developed blanching lividity over the back, as well as partially fixed lividity and scattered Tardieu spots over the left shoulder and chest.

The scalp hair averages 3/4 of an inch in length, and is brown and straight. There is an average amount of body hair in a normal distribution. The irides are hazel, the corneae are clear, and there is mild arcus senilis. The ears, nose, and lips are unremarkable. The lower teeth are natural and the upper palate is edentulous. A set of upper dentures is in the mouth. The neck is unremarkable.

Case No: JP2054-05-1334Z

Page 2

Name: (b)(3):CPSA Section 25(c),(b)(6)

The chest is symmetrical and the abdomen is protuberant. The external genitalia, anus, and perineum are unremarkable. The penis appears to be uncircumcised and the testes are descended into the scrotum. The extremities are well developed and symmetrical. The back is unremarkable.

IDENTIFYING MARKS AND SCARS:

An 11 inch, vertically oriented scar extends from the sternal notch to the xyphoid process. A 1 inch, linear scar is on the medial upper left side of the abdomen. A 10 inch, curvilinear scar is on the medial right leg, and a 1 inch, linear scar is on the anterior left leg. A tattoo of a bird with the name "LIZ" is on the left arm.

EVIDENCE OF THERAPY:

None.

EVIDENCE OF INJURY:

I. BLUNT FORCE INJURIES OF THE HEAD:

There are scattered petechial hemorrhages of the left side of the forehead, left cheek, and left periorbital region. Patchy confluent hemorrhages are on the right and left, upper and lower, bulbar and palpebral conjunctivae. A 3/4 inch, red-black linear abrasion is on the left side of the forehead. A 2-1/2 inch, full thickness, abraded laceration is on the left parietal scalp 2 inches to the left of midline. Posterior to the laceration is a 1 inch x 1/2 inch, red abrasion.

Reflection of the scalp reveals a 3-1/2 inch area of deep soft tissue hemorrhage below the skin of the left side of the forehead and the left frontal scalp.

There are no fractures of the skull.

There are no epidural or subdural hemorrhages. A 5 inch area of patchy subarachnoid hemorrhage is on the left cerebral hemisphere, extending over the left frontal, temporal, and parietal lobes, and into the sylvian fissure. Patchy subarachnoid hemorrhage is on the inferior surface of the right lobe of the cerebellum.

There are no contusions or lacerations of the brain, brainstem or cerebellum.

II. BLUNT FORCE INJURIES OF THE TRUNK:

Patchy areas of purple ecchymosis are on the lateral left side of the chest and abdomen.

Case No: JP2054-05-1334Z

Page 3

Name: (b)(3):CPSA Section 25(c),(b)(6)

III. BLUNT FORCE INJURIES OF THE EXTREMITIES:

A 1/2 inch, superficial red abrasion is on the medial right forearm, directly below the antecubital fossa. Patchy purple ecchymosis is on the lateral left thigh. An area of irregular superficial red abrasion measuring 2-1/2 x 2 inches is on the left knee, and a 1 inch, irregular red abrasion is on the right knee. Two thin red abrasions measuring 1 inch and 1/2 of an inch in length are on the upper right leg below the right knee. Faint purple ecchymosis is on the medial side of the left ankle.

INTERNAL EXAMINATION:

BODY CAVITIES: There is mild decompositional change of the organs, characterized by a generalized dusky red discoloration. The thoracic and abdominal organs are in their normal anatomic positions. The body cavities contain no abnormal collections of fluid. The left pleural cavity contains dense fibrous adhesions between the left lung and the parietal pleura. Scattered adhesions extend between the liver and the right hemidiaphragm. The pericardial sac is firmly adherent to the epicardium.

HEAD: See EVIDENCE OF INJURY.

NECK: The soft tissues and prevertebral fascia are unremarkable. The hyoid bone and larynx are intact.

CARDIOVASCULAR SYSTEM: The intimal surface of the abdominal aorta shows moderate patchy atherosclerosis, with scattered ulcerated plaques. The aorta and its major branches and the great veins are normally distributed. The epicardial surface of the heart is covered by thin, fibrous adhesions. There are no thrombi in the atrial or ventricles. The foramen ovale is closed. The coronary arterial system is right predominant, with greater than 90% stenosis of the proximal native left anterior descending, left circumflex, and right coronary arteries. There appear to be three coronary artery bypass grafts. An anastomosis appears to extend from the internal mammary artery to the distribution of the left anterior descending coronary artery. Two saphenous vein grafts extend from sutured ostia above the right coronary cusp, in the distribution of the right and left circumflex coronary arteries. All bypass grafts appear to be widely patent. The atrial and ventricular septa are intact. The cardiac valves are unremarkable. The left ventricular chamber measures 6 cm in diameter at the level of the tips of the papillary muscles, and the right ventricular chamber measures 4 cm in diameter. There is patchy fibrosis of the left ventricular myocardium, and the left ventricular wall is asymmetric. The anterior left ventricle measures 1 cm in thickness and is densely fibrotic. The lateral ventricular wall measures 1.5 cm in thickness and the posterior left ventricular wall measures 1.8 cm in thickness. The right ventricular wall averages 0.5 cm in thickness, and there is extensive fatty infiltration anteriorly. The ventricular septum measures 0.7 cm anteriorly and 2.0 cm posteriorly. There is extensive fibrosis of the anterior aspect of the ventricular septum.

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Page 4

Name: (b)(3):CPSA Section 25(c),(b)(6)

RESPIRATORY SYSTEM: The upper airway is unobstructed. The laryngeal mucosa is smooth and unremarkable without petechiae. The pleural surfaces are smooth and shiny. The pulmonary arteries contain no emboli. The major bronchi are unremarkable. Sectioning of the lungs discloses a dark red-blue, moderately congested parenchyma.

HEPATOBILIARY SYSTEM: The liver is covered by a smooth, glistening capsule. The parenchyma is dark red-brown and moderately congested. The gallbladder contains 10 ml of bile and no calculi. The extrahepatic biliary ducts are unremarkable.

DIGESTIVE SYSTEM: The esophageal mucosa is gray, smooth, and unremarkable. The stomach contains 300 ml of dark brown fluid and partially digested food, including corn kernels. There are no tablets or capsules. The gastric mucosa has normal rugal folds, and there are no ulcers. The small and large intestines are unremarkable. The appendix is present. The pancreas is unremarkable externally and upon sectioning.

GENITOURINARY SYSTEM: The subcapsular surfaces of the kidneys are slightly granular. The cortex is of normal thickness. The calyces, pelves, and ureters are unremarkable. The urinary bladder contains 100 ml of clear, yellow urine. The mucosa is tan and trabeculated. The prostate gland is unremarkable.

ENDOCRINE SYSTEM: The thyroid and adrenal glands are unremarkable externally and upon sectioning.

RETICULOENDOTHELIAL SYSTEM: The spleen is covered by a smooth, blue-gray, intact capsule. The parenchyma is dark red. The lymph nodes are unremarkable.

MUSCULOSKELETAL SYSTEM: The clavicles, ribs, sternum, pelvis, and vertebral column have no fractures. The diaphragm is intact.

Case No: JP2054-05-1334Z

Name: (b)(3):CPSA Section 25(c),(b)(6)

FINDINGS:

1. Blunt force injuries of the head:

   a. Petechial hemorrhages of the left side of face.
   b. Confluent hemorrhages of the conjunctivae bilaterally.
   c. Scattered abrasions of the left side of the face and scalp.
   d. Full thickness laceration of the left parietal scalp.
   e. Subcutaneous and deep soft tissue hemorrhage (left frontal scalp and left side of the forehead).
   f. Subarachnoid hemorrhage, left cerebral hemisphere and right cerebellum.

2. Patchy ecchymosis of the left side of the trunk.

3. Patchy ecchymosis and scattered abrasions of the extremities.

4. Atherosclerotic cardiovascular disease:

   a. Cardiomegaly (630 grams).
   b. Greater than 90% stenosis of the native left anterior descending, left circumflex, and right coronary arteries.
   c. Patent coronary artery bypass grafts of the left anterior descending, left circumflex, and right coronary arteries.
   d. Moderate atherosclerosis of the aorta.
   e. Remote myocardial infarcts, anterior left ventricle and interventricular septum.
   f. Left ventricular hypertrophy and dilatation.

5. Mild granularity of the renal cortices.

6. History that the decedent lost control of a 4-wheel all-terrain vehicle.

CONCLUSION:

Based on the case history and autopsy findings, it is our opinion that Charles Richard Bornes, a 59-year-old white male, died as the result of blunt force injuries of the head.

MANNER OF DEATH: Accident.

(b)(3):CPSA Section 25(c),(b)(6)

TOXICOLOGY:

Blood: Alcohols and Acetone - 0.13% ethanol.
Cannabinoid Screen - negative.
Drug Screen - naproxen detected.

Vitreous: Alcohols and Acetone - 0.19% ethanol

Protocol typed by (b)(3):CPSA Section 25(c),(b)(6)

060930

1. Task Number		2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
060725HCC2710		8156	
3. Office Code	**4. Date of Accident** YR MO DAY	**5. Date Initiated** YR MO DAY	
840	2006 06 18	2006 08 04	

6. Synopsis of Accident or Complaint UPC 651420

A 25 year old female was driving a six wheeled utility vehicle on private property. She had a 9 year old female passenger. No one was wearing protective helmets. The 9 year old leaned out from the utility vehicle to wave at someone as they were driving by a tree. Her head was pinned between the tree and the frame of the utility vehicle. She died of traumatic head injuries at the hospital.

MFR/PRVLBR NOTIFIED

COMMENTS: __ YES ✓ NO
__ OVERRULED; __ ATTACHED
✓ EXCISIONS/FOIA EXS. 2c; 3, 6
✓ DO NOT RE-NOTIFY __ RE-NOTIFY
D8/10/05 GP

7. Location (Home, School, etc)	8. City	9. State
1 - HOME	COVER TOWNSHIP	MN

10A. First Product	10B. Trade/Brand Name	10C. Model Number
3296 - All Terr. Veh. (more Than 4	POLARIS	RANGER 6 X 6

10D. Manufacturer Name and Address
POLARIS INDUSTRIES 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

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
9	2 - Female	8 - Death	62 - Intern. Org. Inj.
16. Body Part(s) Involved	**17. Respondent**	**18. Type of Investigation**	**19. Time Spent (Operational / Travel)**
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	5 / 0

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

23. Permission to Disclose Name (Non NEISS Cases Only)
○ Yes ● No ○ Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
08/08/2006	8929	Frank J. Nava

27. Distribution	28. Source Document Number
Ingle, Robin L.	X0660597A

060930

EPIDEMIOLOGIC INVESTIGATION REPORT

1. Task Number	2. Investigator's ID	
060725HCC2710	8156	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
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20. Attachment(s)	21. Case Source	22. Sample Collection Number
9 - Multiple Attachments	05 - Newspaper	

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

○ Yes ● No ○ Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
08/08/2006	8929	Frank J. Nava

27. Distribution	28. Source Document Number
Ingle, Robin L.	X0660597A

060725HCC2710

SUMMARY

On 6-18-2006 25 year old female was driving a six wheel 1999 Polaris Ranger utility vehicle on a trail on private property in Clover Township in Hubbard County. She had a 9 year old female as a passenger. No one was wearing protective helmets. It appears the 9 year old leaned out from the utility vehicle to wave at someone as they were driving by a tree. The victim's head was pinned between the tree and the frame of the utility vehicle.

She was taken to a local hospital and transferred to North Memorial Hospital, Minneapolis, MN. She died from traumatic head injuries.

Because this was a six wheeled utility vehicle no further information was collected.

ATTACHMENTS

1. Minnesota DNR Report
2. Pages from Ebay showing pictures of utility vehicle
3. Contact List

Fax Transmission

060725HCC2710
Attachment#1

Minnesota Department of Natural Resources
Enforcement Training Center
15011 Highway 115
Little Falls, MN 56345
320/616-2501 • 800-366-8917
Fax: 320/616-2517

DATE: 8/8/06

TO: (b)(3):CPSA Section 25(c),(b)(6)

FROM: (b)(3):CPSA Section 25(c),(b)(6)

FAX #: 651/484-7225

PAGES (including cover sheet): 3

SUBJECT: ATV Fatality

COMMENTS:

0690014

6

S - Snowmobile 5 - 6 wheel ATV
3 - 3 wheel ATV M - Off road motor cycle
4 - 4 wheel ATV V - Off road vehicle

Minnesota Recreational Vehicle Accident Report Form

Accident Type
F - Fatal
N - Personal injury
P - Property Damage

Date	Time	County or City Number	Phone Number	Agency
6/18/06	17:12 AM PM	29	(b)(3):CPSA Section 25(c), (b)(6)	MN-DNR ENF H.C.SO.

Name of person or investigating Officer completing Report
(b)(3):CPSA Section 25(c),(b)(6)

Address of person or investigating Officer (No. & Street, RFD, Box No., City, ZIP Code)

Machine # 1

Cell 320-766 6604 – hm 218 685 4126

Operator's Name (First, Middle, Last)	Date of Birth MM/DD/YY	Age	Sex
(b)(3):CPSA Section 25(c),(b)(6)	(b)(3):CPSA Section 25(c)	25	F

Address (No. & Street, RFD, Box No., City, ZIP Code)	Did operator complete the Dept of Natural Resources Safety Training? Yes/No	
(b)(3):CPSA Section 25(c),(b)(6)		N
Owner's Full Name (First, Middle, Last) (if other than Operator)	Operator's Experience: D - 1 day W - week 1 - 1 year 5 - 5 years 10 - 10 years +	D
(b)(3):CPSA Section 25(c),(b)(6)		
Owner's address	Hours spent riding the day of the accident?	2
(b)(3):CPSA Section 25(c),(b)(6)		

Make	Model	Engine size	Year of Machine	Estimated repair cost	Ownership: O - owned R - rented B - borrowed F - family machine S - stolen
POLARIS	RANGER	CCs	1999	0	B

Registration Number	Exp Date	State	Estimated speed	Was operator familiar with the area?	Carbide wear rods Yes or No
(b)(3):CPSA Section 25(c),(b)(6)	08	MN	5-10 MPH	Yes No (circle one)	

Operator alcohol use Yes or No	PBT used N - No P - pass W - warn F - fail	Chem Test Yes or No	BAC	Any violations? Yes or No Explain	Track Studs Yes or No
N	N	N		Any legal action? Yes or No Explain	If Yes: Number of studs in Track

Machine # 2

Operator's Name (First, Middle, Last)	Date of Birth MM/DD/YY	Age	Sex
	/ /		

Address (No. & Street, RFD, Box No., City, ZIP Code)	Did operator complete the Dept of Natural Resources Safety Training? Yes/No	
Owner's Full Name (First, Middle, Last) (if other than Operator)	Operator's Experience: D - 1 day W - week 1 - 1 year 5 - 5 years 10 - 10 years +	
Owner's address	Hours spent riding the day of the accident?	

Make	Model	Engine size	Year of Machine	Estimated repair cost	Ownership: O - owned R - rented B - borrowed F - family machine S - stolen
		CCs			

Registration Number	Exp Date	State	Estimated speed	Was operator familiar with the area?	Carbide wear rods Yes or No
			MPH	Yes No (circle one)	

Operator alcohol use Yes or No	PBT used N - No P - pass W - warn F - fail	Chem Test Yes or No	BAC	Any violations? Yes or No Explain	Track Studs Yes or No
				Any legal action? Yes or No Explain	If Yes: Number of studs in Track

Position
1 - Operator
2 - Passenger
3 - Pedestrian
4 - Other (Explain)

Casualty
F - Fatal
N - Injury

	Injured Name (First Middle Last)	DOB	Age	Sex	
A	2 (b)(3):CPSA Section 25(c),(b)(6)			F	N
B					
C					
D					

An accident resulting in injury requiring medical attention or death of any person or total property damage of $500.00 or more shall be reported by the investigating officer/operator on this form, within 10 business days, to the:

MN DNR ENFORCEMENT
SAFETY TRAINING
500 LAFAYETTE RD, BOX 47
ST PAUL, MN 55155

(2-99)

AUG. 1. 2006 1:04PM No. 5369

6

Type of Terrain
1 - Lake or Stream
2 - Road Right-of-way
3 - Railroad Right-of-way
4 - Private Marked Trail
5 - Government Marked Trail
6 - Private Unmarked Property
7 - Within City or Village Limits
8 - Government Unmarked Property
9 - Outside City or Village Limits
10 - Other (Describe) _____

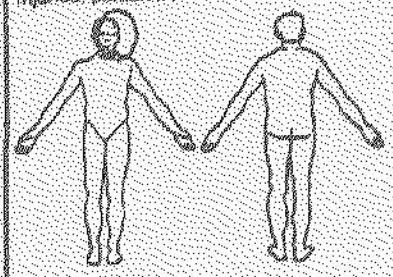
Weather
1 - Clear
2 - Cloudy
3 - Rain or Sleet
4 - Fog
5 - Light snow
6 - Heavy snow
7 - Blowing snow

1

1

Type of accident
1 - Struck fixed object
(what) Trees
2 - Machine rollover
3 - Broke through ice
4 - Barbed wire or fence
5 - Operator injured in mechanism
6 - Collision with train
7 - Machine-car collision
8 - Equipment malfunction
9 - Struck guy wire or cable
10 - Machine-machine collision
11 - Operator thrown from machine
12 - Passenger thrown from machine
13 - Passenger thrown from device being towed
14 - Clothing caught in machine
15 - Other
(describe) _____
16 - Excessive speed
17 - Loss of control
18 - Pedestrian

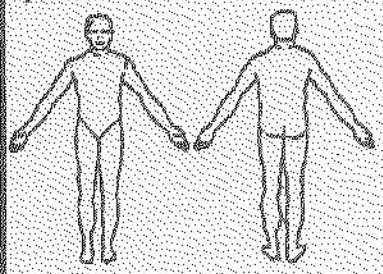
Injuries, person #1 (mark all that apply)



1 Soft tissue
2 Fracture
3 Lacerations
4 Other HEAD TRAUMA

(Place number of injury type at location of injuries on figure)
Hospital St. Joseph Hosp. - PR.
Admitted ☑ Transferred: ☑ Ground ☑ Air

Injuries, person #2 (mark all that apply)



1 Soft tissue
2 Fracture
3 Lacerations
4 Other _____

(Place number of injury type at location of injuries on figure)
Hospital _____
Admitted ☐ Transferred: ☐ Ground ☐ Air

Witness: Name	Address	Phone
(b)(3):CPSA Section 25(c),(b)(6)		
		( )

Describe accident in detail, explaining cause, number of riders in group and the position the machines were in the group. (Attach additional sheets as needed or you may attach a copy of your departmental report.)

Draw an example of machines travel and collision. Mark machines #1, #2 etc. Place an arrow in the box showing north. ☐

Is this a supplement to a previous report? ☐

MOREchoices • SAMEDAYshipping • FREEfreight • GUARANTEEDsatisfaction
Click here to Dennis Kirk

Ad Detail Page

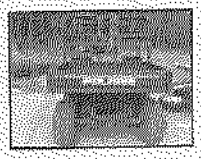
060725HCC2710
Attachment#2

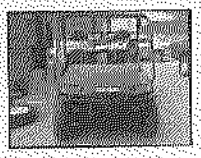
Add to My Garage

Detail Page | Contact Seller

1999 POLARIS RANGER

Email This Ad to a Friend





Click image for modified view.
Photo 1

Click any of the above images for a modified view.

BUYING RESOURCES

Buyer Safety Tips

• Transport
• Insurance
• Parts & Accessories
• NADA ATV Values
• Youth ATVs
• NADA ATV Pricing

AD SPECIFICATIONS

YEAR	1999
MAKE	POLARIS
MODEL	RANGER
PRICE	$5,000.00
LOCATION	RENFREW, PA
CONTACT NUMBER	(724) 789-9772
MILEAGE	260

DESCRIPTION

1999 POLARIS RANGER, 6X6 POLARIS RANGER, GREEN, LOW HOURS, GREAT SHAPE

ADDITIONAL INFORMATION

SAFETY TIPS

LEARN TO RECOGNIZE GOOD DEALS FROM BAD:
Use a healthy skepticism and your own good judgment. **1)** Be wary if the price is notably below market value. **2)** Using credit cards or a reputable Escrow Service such as Escrow.com is advisable. Be cautious of sellers demanding cash or cash equivalents. **3)** Be prudent with international transactions. A good number of buyer/seller fraud attempts originate from overseas. **4)** Confirm contact information. Legitimate buyers/sellers will provide valid information, including phone.
See more tips on Internet Buying and Selling – Report a Suspicious Activity

VISITOR AGREEMENT

060725HCC2710 Attachment# 3

Contact List

Minnesota DNR
(b)(3):CPSA Section 25
15011 Highway 115
Little Falls, MN 56345
320-616-2504

Task Number 060725HCC2710

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

Type of respondent: Police Department

Other, specify:

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

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

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

ATV #1	ATV #2
Manufacturer: 05 - Polaris	**Manufacturer:**

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

Model: Ranger 6 X 6 / **VIN:**

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

Model Year: 1999

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

Engine Size: 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:	06/21/2006	
Age/Sex:	9 / Female	/
State of Death:	MN	
City of Death:	ROBBINSDALE	
County of Death:	HENNEPIN	

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

A 25 year old female was driving a six wheeled utility vehicle on private property. She had a 9 year old female passenger. No one was wearing protective helmets. The 9 year old leaned out from the utility vehicle to wave at someone as they were driving by a tree. Her head was pinned between the tree and the frame of the utility vehicle. She died of traumatic head injuries at the hospital.

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

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

Victim 1:	**Victim 2:**
Yes (No) Unknown	Yes No Unknown

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

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

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

Victim 1:	**Victim 2:**
Yes (No) Unknown	Yes No Unknown

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

0 - Unknown
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: 25 **Height:** **(inches)**

Weight: **Sex:** Female

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?

09 - NA (Not a road)

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

09 - NA (Not a traffic incident)

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

2 - No

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

2 - No, Drugs

Additional Comments:

AD (1)

[redacted] 39

JUN 29 2006

Daily News

On-Line From: Wahpeton, ND and Breckenridge, Minn.

Local Weat

72

more...

One dies, four hurt by ATVs

By Daily News Staff

A There were three separate ATV accidents in the region this past week, one resulting in the death of a nine-year-old Battle Lake, Minn., girl. She reportedly was not wearing a helmet. (see attached article for additional details)

Closer to home, three area residents were injured in ATV accidents.

(b)(3):CPSA Section 25(c),(b)(6) both of Breckenridge, and (b)(3):CPSA Sectio (b)(3):CPSA Section 25(c) of Forman were treated for minor injuries and released Sunday from St. Francis Healthcare Campus, according to a Wilkin County Sheriff news release.

B At 11:10 a.m. the Wilkin County Sheriff's Department received a call regarding a recreational vehicle rollover. (b)(3):CP and his two passengers were traveling on County Road 81 a half mile west of County Road 19 when he lost control and the vehicle rolled. – ND

C That evening at about 7:40 p.m. deputies again responded to a second accident scene. This time an ATV was traveling south of Breckenridge when it rolled at least four times before coming to a stand still. The 36-year-old female rider was transported to MeritCare in Fargo and is in critical condition. Her name has not been released. – ND

Richland County accident D – ND

At about 11:20 p.m. Saturday the Richland County Sheriff's Office received a report regarding an accident at the junction of Gilead Avenue

Search Classifieds
GO →

Search the Web:
Find

Web Directory
Yellow Pages
White Pages
Lottery Results
Weather
Movie Listings
Maps/Directions
Horoscope
Greeting Cards

Meet
Someone
My Page
City
Guide

and Elevator Road in Wyndmere.

(b)(3):CPSA Section 25(c),(b)(6) 24, Wahpeton, crashed his 1998 black Ford Expedition into an embankment while traveling east on Gilead Avenue. (b)(3):CPSA Section 25 He reportedly missed the curve and left the roadway. [redacted] received minor injuries and refused ambulance transport.

He also refused a breathalyzer and was arrested for driving under the influence. He was brought to Wahpeton Law Enforcement Center and posted bond. Estimated damages to his vehicle are at $4,000. Only his vehicle was damaged.

The Richland County Sheriff's Office, Wyndmere Fire Department and Ambulance responded to the accident.

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9-year-old dies in ATV accident

MN

By Sarah Horner

A nine-year-old girl from Battle Lake died Wednesday from injuries sustained in an ATV accident in Clover Township north of Park Rapids June 18, according to the Hubbard County Sheriff's Department.

(b)(3):CPSA Section 25(c) (b)(6) was a passenger on a Polaris Ranger ATV when she leaned off to wave at someone standing in a driveway. The ATV, driven by 25-year-old (b)(3):CPSA Section 25(c) (b)(6) of Elbow Lake, was passing a nearby tree and (b)(3):CPSA Sec head was pinned between the ATV and the tree, a release said.

(b)(3):CPSA was transported by North Ambulance to St. Joseph's Hospital in Park Rapids and then later air lifted to North Memorial Hospital in Robbinsdale, the release said.

She died at the hospital Wednesday.

(b)(3):CPSA Section 25(c), was not wearing a seat belt or a helmet at the time of the accident.

070131

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
060804HCC2729	8942	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
810	2006 07 02	2006 08 18

6. Synopsis of Accident or Complaint UPC

The victim, a 75-year-old male, was in the process of removing trees from a lawn adjacent to a barn on his property, assisted by his 15-year-old-male grandson who was operating a 4-wheeled ATV. When the wheels became stuck while backing up, the grandson hit the gas pedal causing the ATV to accelerate into the victim and pin him against the barn wall. The ATV became stuck in reverse gear and the grandson was unable to free the victim until assistance arrived. The victim succumbed on the scene to a ruptured heart and blunt force trauma to the abdomen.

11/13/07 [illegible]

MFR/PRVLBR NOTIFIED

COMMENTS: ___YES ✓NO
___OVERRULED; ___ATTACHED
✓EXCISIONS/FOIA EXS: 2Sc. 3, 4
✓DO NOT RE-NOTIFY ___RE-NOTIFY

08 1105 [illegible]

7. Location (Home, School, etc)	8. City	9. State
1 - HOME	HOLLAND TWP	MI

10A. First Product	10B. Trade/Brand Name	10C. Model Number
3286 - All Terrain Vehicles (four W	POLARIS [redacted]	RANGER

10D. Manufacturer Name and Address
POLARIS INDUSTRIES 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

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
75	1 - Male	8 - Death	62 - Intern. Org. Inj.

16. Body Part(s) Involved	17. Respondent	18. Type of Investigation	19. Time Spent (Operational / Travel)
31 - UPPER TRUNK	3 - 2nd Hand Info Only	2 - Telephone	8 / 0

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

23. Permission to Disclose Name (Non NEISS Cases Only)
○ Yes ◉ No ○ Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
12/07/2006	9093	Eric B. Ault

27. Distribution	28. Source Document Number
Streeter, Robin A.; Kessler, Charles R; Harris, Paulette N.	N0670105A

CPSC FORM 182 (12/96) Approved for use through 09/30/2006 OMB NO. 30410029

070131

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
060804HCC2729	8942	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
810	2006 07 02	2006 08 18

6. Synopsis of Accident or Complaint UPC

The victim, a 75-year-old male, was in the process of removing trees from a lawn adjacent to a barn on his property, assisted by his 15-year-old-male grandson who was operating a 4-wheeled ATV. When the wheels became stuck while backing up, the grandson hit the gas pedal causing the ATV to accelerate into the victim and pin him against the barn wall. The ATV became stuck in reverse gear and the grandson was unable to free the victim until assistance arrived. The victim succumbed on the scene to a ruptured heart and blunt force trauma to the abdomen.

11/13/07 Rc

7. Location (Home, School, etc)	8. City	9. State
1 - HOME	HOLLAND TWP	MI

10A. First Product	10B. Trade/Brand Name	10C. Model Number
3286 - All Terrain Vehicles (four W	POLARIS [redacted]	RANGER

10D. Manufacturer Name and Address
POLARIS INDUSTRIES 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

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
75	1 - Male	8 - Death	62 - Intern. Org. Inj.

16. Body Part(s) Involved	17. Respondent	18. Type of Investigation	19. Time Spent (Operational / Travel)
31 - UPPER TRUNK	3 - 2nd Hand Info Only	2 - Telephone	8 / 0

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

23. Permission to Disclose Name (Non NEISS Cases Only)
○ Yes ◉ No ○ Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
12/07/2006	9093	Eric B. Ault

27. Distribution	28. Source Document Number
Streeter, Robin A.; Kessler, Charles R; Harris, Paulette N.	N0670105A

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
060804HCC2729	8942	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
810	2006 07 02	2006 08 18

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

The victim, a 75-year-old male, was in the process of removing trees from a lawn adjacent to a barn on his property, assisted by his 15-year-old-male grandson who was operating a 4-wheeled ATV. When the wheels became stuck while backing up, the grandson hit the gas pedal causing the ATV to accelerate into the victim and pin him against the barn wall. The ATV became stuck in reverse gear and the grandson was unable to free the victim until assistance arrived. The victim succumbed on the scene to a ruptured heart and blunt force trauma to the abdomen.

7. Location (Home, School, etc)	8. City	9. State
1 - HOME	HOLLAND TWP	MI

10A. First Product	10B. Trade/Brand Name	10C. Model Number
3286 - All Terrain Vehicles (four W	POLARIS (b)(3):CPSA Section 25(c),(b)(6)	RANGER

10D. Manufacturer Name and Address
POLARIS INDUSTRIES 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

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
75	1 - Male	8 - Death	62 - Intern. Org. Inj.
16. Body Part(s) Involved	**17. Respondent**	**18. Type of Investigation**	**19. Time Spent (Operational / Travel)**
31 - UPPER TRUNK	3 - 2nd Hand Info Only	2 - Telephone	8 / 0

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

23. Permission to Disclose Name (Non NEISS Cases Only)
○ Yes ◉ No ○ Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
12/07/2006	9093	Eric B. Ault

27. Distribution	28. Source Document Number
Streeter, Robin A.; Kessler, Charles R; Harris, Paulette N.	N0670105A

060804HCC2729

Information contained in this report was obtained from an incident report, and a death scene investigation report. Attempts to interview the county sheriff or next-of- kin were unsuccessful. An autopsy report was requested but has not been received.

A 15-year-old-male (hereinafter grandson to the victim) was riding a 4-wheeled ATV solo on private property. His medical history, familiarity and experience with the ATV, riding time and ownership of the ATV could not be determined. It is unknown if he was wearing a helmet or any other protective clothing.

The victim is a 75-year-old- male retired UPS mechanic. His physical profile, familiarity and experience with the ATV, ownership of the ATV preceding the incident could not be determined. The victim reportedly has a history of diabetes and the prescribed medications are humulin 70/30, insulin, lovastatin 20mg, avandia 8 mg, lipitor 10 mg. and avandia 4 mg. At the time of the incident the incident temperatures were in the range of 90 degrees with clear weather

The victim, the operator and the operator's mother (victim's daughter) were staying at a vacation home owned by the victim. The victim and the operator left the main cabin with a plan to use the ATV to move some small trees from a lawn near a barn situated some fifty-yards from the cabin.

On July 2, 2006, shortly before 3:20 PM, approximately five minutes after leaving the cabin, the operator came running back and reported that the victim was trapped between the ATV and the barn wall, and that he was unable to get the vehicle out of gear. The operator's mother ran to the scene calling 911 in the process. She observed the victim slumped down in a near sitting position between the ATV and the barn wall. She mounted the ATV, placed it in forward gear, and moved it away from the victim who was found to be unconscious and unresponsive.

The operator reported that he was backing the ATV towards the barn wall so the victim could hook up trees to be pulled. He stated that the wheels seemed to be stuck on something and he was having difficulty backing up. As a result he gave the vehicle more gas with the victim directly behind the ATV, which resulted in the victim being pinned against the barn wall. He stated that he was unable to switch into forward gear to move the ATV away from the victim and he decided to run to his mother for help.

Upon arrival of the EMS & police Personnel, CPR was administered to the victim who showed no level of consciousness or response during attempts to revive him.
He was pronounced at the scene and transported to a medical center where an autopsy was performed and the cause of death is listed as a ruptured heart and blunt force trauma to the abdomen. There was no evidence of drugs or alcohol to have been contributing factors in this incident.

Police examination of the ATV found that it was operated by a gas brake pedal similar to a car, with a shifter on the dash to the right of the steering wheel. The ATV was set up with a snowmobile belt driven transmission. It was operated by placing the shifter from neutral to forward or reverse gear. Once placed into reverse and pressure applied to the gas peddle the motor had to reach a certain RPM before the clutches would engage enabling the vehicle to move.

The ATV was seized by the county sheriff and transported to an authorized dealership for inspection, which revealed that someone had added one inch thick rubber mat to the floor boards of the ATV. A piece of rubber was also found on top of the accelerator hanging approximately two inches over the bottom part of the pedal.

Testing by a licensed mechanic for the dealer revealed that when the accelerator was pushed towards the floor the bottom of the pedal would get pinched by the floor mats and stay at approximately half throttle. The piece of rubber that was on top of the pedal would hold the pedal down below the floor mat. The mechanic speculated that if this occurred during operation it would create enough RPMs to prevent shifting out of the gear it was in at the time. The mechanic was able to recreate this locked down condition during several test reenactments, and correcting the condition required the operator to physically reach down and adjust the accelerator pedal.

The mechanic stated that after a full inspection the only malfunction he could find had to do with the floor mats and the accelerator being caught. He concluded that this was a hazardous condition and that the rubber had to be removed prior to future use of the ATV.

PRODUCT INFORMATION:

Product:	2006 Polaris 4-wheeled ATV
Model:	Ranger
VIN:	4XARD68A96DO31199
Mfg:	Polaris Industries 1225 Highway 169 Minneapolis, MN 55441

ATTACHMENTS:

1. Missaukee Sheriff
   Incident Report
2. Medical Examiner's Report
   Investigation Report
3. Death Certificate
4. Contact Sheet
5. Status of Missing Document
6. Questionnaire

Missaukee County Sheriff Lake City, Michigan Original Incident Report	Original Date July 2, 2006	Incident Number 157-1377-06
	Time Received 3:10PM	File Class 93003

Complainant SHERIFF DEPT CLARE CO		Telephone (517)539-7166	
Address CLARE		State MI	ZIP
Location Of Incident 11477 S MCVETY RD [ ]			
Business Name		Telephone	
Nature Of Incident PERSONAL INJURY ACC. NON-TRAFFIC			

COMPLAINANT
CLARE CO. SHERIFF DEPT W/F XXX-XX-0000
CLARE MI (517)539-7166

WIFE OF DECEASED
b(3):CPSA Section 25(c),(b)(6) XXX-XX-0000

VICTIM/DECEASED
b(3):CPSA Section 25(c),(b)(6)

WITNESS/DAUGHTER OF DECEASED
b(3):CPSA Section 25(c),(b)(6)

WITNESS/GRANDSON OF DECEASED
b(3):CPSA Section 25(c),(b)(6)

PROPERTY LISTING

SEIZED
2006 POLARIS RANGE b(3):CPSA Section 25(c),(b)(6) $7,000.00

VENUE
THE INCIDENT OCCURRED AT b(3):CPSA Section 25(c),(b)(6)

DATE/TIME
THE INCIDENT OCCURRED ON 7/2/06 AT APPROXIMATELY 1500 HOURS.

INFORMATION
THIS DEPARTMENT RECEIVED A 911 TRANSFER CALL FROM CLARE COUNTY. DISPATCHER b(3):CPSA Section 25(c),(b)(6) RECEIVED THE 911 CALL FROM CLARE COUNTY ON THIS DATE. THE CALLER, b(3):CPSA Section 25(c),(b)(6) CONTACTED THIS DEPARTMENT STATING THAT THERE WAS AN ORV ACCIDENT AT THE ABOVE LISTED VENUE. b(3):CPSA Section 25(c),(b)(6) STATED THAT HER FATHER WAS INJURED IN THE ACCIDENT, WAS UNCONSCIOUS AND UNRESPONSIVE AT THIS TIME.

Investigated By	Reported By	Reviewed By
SCHRYER AUSTIN		

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EMS RESPONSE

DISPATCHER [redacted] DISPATCHED EMT WINKLE DIRECT TO THE SCENE ALONG WITH [redacted] AND EMS UNIT 2A FROM LAKE CITY. EMT'S WERE DISPATCHED AT 1511 HOURS, EMT [redacted] ARRIVED ON SCENE AT 1518 HOURS, EMS UNIT 2A ARRIVED AT 1533 HOURS.

RESPONDING SHERIFF'S DEPT. UNITS

I WAS ENROUTE UPON RECEIVING DISPATCH INFORMATION AT 1511 HOURS AND ARRIVED ON SCENE AT 1523 HOURS. DEPUTY AUSTIN ARRIVED ON SCENE AT 1527 HOURS AND [redacted] AND [redacted] ALSO RESPONDED TO THE SCENE.

ON SCENE ARRIVAL

I ARRIVED ON SCENE AND ASSISTED EMT [redacted] IN PERFORMING CPR ON THE VICTIM, LATER IDENTIFIED AS [redacted] I HOOKED UP EMT [redacted] AED TO [redacted] AS WE CONTINUED WITH CPR, THE AED WAS RUN THROUGH SEVERAL CYCLES AND NO SHOCK WAS ADVISED ON ALL ATTEMPTS. [redacted] SHOWED NO LEVEL OF CONSCIOUSNESS AND NO RESPONSE DURING OUR ATTEMPTS TO REVIVE HIM. [redacted] WAS PRONOUNCED AT THE SCENE AT APPROXIMATELY 1733 HOURS.

INTERVIEW WITH CHARLENE VANHORN

I SPOKE WITH [redacted] ON THIS DATE IN MY PATROL VEHICLE AT THE SCENE. [redacted] STATED THAT SHE WAS THE DAUGHTER OF THE VICTIM. [redacted] STATED THAT ON THIS DATE HER FATHER AND HER SON WENT OUTSIDE OF THE CABIN SO THAT THEY COULD MOVE SOME SMALL TREES THAT WERE ALONG THE NORTH SIDE OF ONE OF THE OUT BUILDINGS. [redacted] STATED THAT BOTH HER FATHER AND HER SON, [redacted] HEADED OUTSIDE AND WERE PLANNING ON USING HIS POLARIS RANGER TO PULL THE TREES FROM THE AREA.

[redacted] STATED THAT AFTER APPROXIMATELY FIVE MINUTES AFTER THEY HAD WALKED OUTSIDE OF THE CABIN HER SON CAME RUNNING BACK INTO THE CABIN AND STATED THAT [redacted] WAS TRAPPED BETWEEN THE POLARIS RANGER AND THE OUTBUILDING AND HE WAS UNABLE TO GET IT OUT OF GEAR. [redacted] STATED THAT [redacted] THEN RAN OUTSIDE, GOT INSIDE OF THE POLARIS RANGER, PUT IT IN FORWARD AND MOVED THE VEHICLE AWAY FROM HER FATHER. [redacted] STATED THAT AS SHE WAS RUNNING OUTSIDE SHE USED HER CELL PHONE TO CALL 911. [redacted] STATED THAT SHE THEN WENT BACK TO CHECK ON HER FATHER AND FOUND THAT HE WAS UNCONSCIOUS AND UNRESPONSIVE. [redacted] STATED THAT AT NO TIME DID SHE FIND HIM CONSCIOUS OR RESPONSIVE UP TO AND INCLUDING WHEN EMT [redacted] AND MYSELF ARRIVED ON SCENE.

[redacted] STATED THAT WHEN SHE RAN UP TO THE BUILDING SHE FOUND HER FATHER WITH HIS BACK AGAINST THE BUILDING AND SLID DOWN UNDERNEATH OF THE ORV. [redacted] STATED THAT SHE COULD BARELY SEE HIM AS HE WAS SLUMPED DOWN NEAR A SITTING POSITION BETWEEN THE BUILDING AND THE ORV. AGAIN [redacted] STATED IT WAS ONLY APPROXIMATELY FIVE MINUTES BETWEEN THE TIME THAT HER FATHER AND SON LEFT THE CABIN TO WORK ON THIS PROJECT AND THE TIME SHE CAME OUT TO REMOVE THE ORV AWAY FROM THE OUTBUILDING.

INTERVIEW WITH [redacted]

I SPOKE WITH [redacted] AT THE ABOVE LISTED LOCATION ON THIS DATE. [redacted] STATED THAT HE AND HIS GRANDFATHER [redacted] HAD GONE OUTSIDE TO REMOVE SOME TREES FROM THE LAWN BY THE EAST BARN ON THEIR PROPERTY. [redacted] STATED THAT HIS GRANDFATHER WAS STANDING BACK NEAR THE BUILDING AND [redacted] WAS DRIVING THE POLARIS RANGER. [redacted] STATED HE WAS BACKING THE ORV TOWARDS THE BUILDING SO THAT HIS GRANDFATHER COULD HOOK THE TREE TO THE ORV. [redacted] STATED THAT AS HE WAS BACKING UP HE FELT THAT HE WAS CAUGHT ON SOMETHING AND WAS HAVING A HARD TIME GETTING THE VEHICLE TO BACK UP FURTHER. [redacted] STATED THAT HIS GRANDFATHER WAS STANDING BEHIND HIM BETWEEN THE REAR OF THE ORV AND THE BUILDING. [redacted] STATED THAT HE THEN GAVE THE

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ORV MORE GAS AND PINNED HIS GRANDFATHER BETWEEN THE BUILDING AND THE ORV. [redacted] STATED THAT AFTER THIS HAD HAPPENED HE ATTEMPTED TO GET THE ORV FROM REVERSE INTO FORWARD SO HE COULD MOVE THE ORV AWAY FROM THE BUILDING BUT HE WAS UNABLE TO SHIFT IF FROM REVERSE INTO FORWARD. [redacted] STATED AT THIS TIME HE THEN RAN FROM THE ORV TO THE CABIN, WHICH WAS APPROXIMATELY 50 YARDS AWAY AND TOLD HIS MOM WHAT HAD HAPPENED. [redacted] STATED THAT AS THEY WERE RUNNING BACK OUT TO THE ORV HIS MOM WAS ATTEMPTING TO CONTACT 911. [redacted] STATED THAT AFTER HE HAD BACKED INTO HIS GRANDFATHER HE ALSO HAD NO RESPONSE FROM HIM.

ON SCENE INVESTIGATION

AFTER INTERVIEWING [redacted] AND HER SON [redacted], I THEN LOOKED OVER THE SCENE. [redacted] HAD INFORMED ME THAT SHE HAD MOVED THE ORV FORWARD AND THEN [redacted] LATER GOT IN THE ORV MOVING IT MORE OUT OF THE WAY SO RESPONDING UNITS COULD GET TO HER FATHER.

AFTER LOOKING OVER THE ORV I FOUND THAT IT WAS OPERATED BY A GAS PEDAL AND BRAKE PEDAL SIMILAR TO A VEHICLE, THERE WAS A SHIFTER ON THE DASH TO THE RIGHT OF THE STEERING WHEEL. THE ORV WAS SET UP WITH A SNOWMOBILE TRANSMISSION BEING BELT DRIVEN. IT WAS OPERATED BY PLACING THE SHIFTER FROM NEUTRAL INTO A FORWARD OR REVERSE GEAR. ONCE THE ORV WAS PLACED INTO REVERSE AND PRESSURE WAS APPLIED TO THE GAS PEDAL THE MOTOR WOULD HAVE TO REACH A CERTAIN RPM BEFORE THE CLUTCHES WOULD ENGAGE ENABLING THE VEHICLE TO MOVE.

AFTER LOOKING OVER THE ORV I THEN WENT OVER TO THE NORTH SIDE OF THE EAST BARN AND LOOKED OVER THE SITE. THERE WERE SEVERAL ROCKS AND SMALL PIECES OF WOOD AROUND THE AREA WHERE [redacted] WOULD HAVE BEEN BACKING THE ORV UP TO THE TREES THAT THEY WERE PLANNING ON REMOVING. WHILE LOOKING OVER THIS AREA I ALSO FOUND A HOLE THAT WAS APPROXIMATELY FOUR INCHES DEEP WHERE THE REAR PASSENGER TIRE HAD SPUN DOWN INTO THE GROUND WHILE IN REVERSE. THE DIRT FROM THE HOLE WAS THROWN BACK TO THE NORTH AS THE ORV WAS BACKING TO THE SOUTH.

ORV SEIZED/FUNCTION TESTED

AFTER SPEAKING WITH THE PARTIES INVOLVED AND LOOKING OVER THE SCENE I THEN SEIZED THE 2006 POLARIS RANGER SO IT COULD BE TESTED AT AN AUTHORIZED DEALERSHIP TO MAKE SURE THAT EVERYTHING WAS FUNCTIONING PROPERLY. ON 7/6/06 AT APPROXIMATELY 1230 HOURS I MET WITH [redacted] OF TEAM HIGHLAND IN CADILLAC. TEAM HIGHLAND IS AN AUTHORIZED DEALER OF POLARIS AND IS ALSO LICENSED TO WORK IN REPAIR OF POLARIS EQUIPMENT. [redacted] IS ALSO A LICENSED MECHANIC FOR POLARIS. I ASKED [redacted] TO LOOK OVER THE RANGER TO MAKE SURE THAT EVERYTHING WAS FUNCTIONING PROPERLY. I WAS PRESENT WHILE THE INSPECTION WAS CONDUCTED. UPON THE INITIAL INSPECTION [redacted] FOUND THAT SOMEONE HAD ADDED ONE INCH THICK RUBBER FLOOR MAT TO THE FLOOR BOARDS OF THE POLARIS RANGER. [redacted] ALSO NOTED THAT A PIECE OF THIS RUBBER WAS ALSO ADDED ON TOP OF THE ACCELERATOR. THIS RUBBER HUNG OVER THE BOTTOM PART OF THE ACCELERATOR APPROXIMATELY TWO INCHES. AS [redacted] WAS INSPECTING THE FLOOR MATS AND THE ACCELERATOR HE FOUND THAT WHEN THE ACCELERATOR WAS PUSHED TOWARDS THE FLOOR THAT THE BOTTOM OF THE ACCELERATOR PEDAL WOULD GET PINCHED BY THE FLOOR MATS AND STAY APPROXIMATELY HALF THROTTLE. THE PIECE OF RUBBER THAT WAS ON TOP OF THE ACCELERATOR WOULD HOLD THE PEDAL DOWN BELOW THE FLOOR MAT. [redacted] STATED THAT IF THIS HAD OCCURRED WHILE THE VEHICLE WAS BEING OPERATED IT WOULD PRODUCE ENOUGH RPM'S TO MAKE IT SO THE VEHICLE COULD NOT BE SHIFTED OUT OF THE GEAR THAT IT WAS IN AT THE TIME. [redacted] STATED THAT WITH THE FLOOR MATS AND THE PIECE OF RUBBER ON TOP OF THE ACCELERATOR HE FOUND THAT THIS WAS VERY HAZARDOUS AND THESE ITEMS NEEDED TO BE REMOVED.

[redacted] THEN LOOKED OVER THE BRAKES AND THE REST OF THE VEHICLE AND FOUND THAT THE BRAKES WERE 80% TO 90% GOOD, ALL FLUID LEVELS WERE AT THE RIGHT OPERATING LEVEL, THE TRANSMISSION WAS SHIFTING SMOOTHLY WITH NO PROBLEMS. [redacted] STATED THAT AFTER HIS FULL INSPECTION OF THIS VEHICLE THE ONLY MALFUNCTION THAT HE COULD FIND HAD TO DO WITH THE FLOOR MATS AND THE

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ACCELERATOR BEING CAUGHT. [redacted] ATTEMPTED TO REENACT HOW THIS COULD HAPPEN SEVERAL TIMES AND EACH TIME WHEN THE FLOOR MATS WERE IN THE RIGHT POSITION WHEN HE PUSHED THE ACCELERATOR DOWN IT WOULD GET CAUGHT AND BE LOCKED IN THIS POSITION UNTIL THE FLOOR MAT HAD BEEN REMOVED OR HE WOULD HAVE TO PHYSICALLY REACH DOWN AND PULL THE ACCELERATOR PEDAL FROM THE FLOOR.

AUTOPSY
AN AUTOPSY WAS PERFORMED AT LUDINGTON MEMORIAL MEDICAL CENTER IN LUDINGTON, MICHIGAN. THE AUTOPSY WAS PERFORMED BY [redacted] STATED IN HIS FINAL AUTOPSY REPORT THAT THE ABDOMEN OF [redacted] SHOWED COMPRESSIVE CHANGES WHICH FORCED HIS INTERNAL ORGANS THROUGH HIS DIAPHRAGM UP INTO HIS CHEST CAVITY WHERE THE HEART AND VESSELS SHOWED FIRST INJURIES. [redacted] CONTINUED BY SAYING THAT THE PRESSURE FROM THIS PUSHED OUTWARD FRACTURING SEVERAL RIBS.

SEE ATTACHED COPY OF [redacted] FINAL AUTOPSY REPORT.

PHOTOGRAPHS TAKEN
PHOTOGRAPHS WERE TAKEN AT THE SCENE BY [redacted]

CONCLUSION
AFTER REVIEWING THE FINDINGS OF [redacted] OF TEAM HIGHLAND AND THE EVIDENCE AT THE SCENE IT IS POSSIBLE THAT AS [redacted] WAS BACKING UP THE POLARIS RANGER THAT THE ACCELERATOR WAS STUCK. THE VEHICLE WAS SITTING IN ONE PLACE AND THE REAR TIRE WAS SPINNING AS IF IT COULD NOT LONGER MOVE IN REVERSE. [redacted] STATED THAT HE TRIED TO SHIFT THE VEHICLE OUT OF REVERSE BUT WAS UNABLE TO. AS I TEST DROVE THE VEHICLE I FOUND THAT IT SHIFTED FROM GEAR TO GEAR WITH VERY LITTLE EFFORT BY THE OPERATOR. [redacted] STATED THAT IF THE ACCELERATOR WAS IN THE LOCKED DOWN POSITION THAT IT WOULD BE NEARLY IMPOSSIBLE TO SHIFT THE VEHICLE DO TO THE TRANSMISSION BEING ENGAGED.

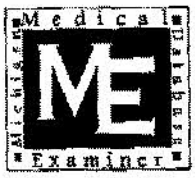
STATUS
CLOSED, ACCIDENTAL DEATH.

Investigated By	Reported By	Reviewed By
SCHRYER AUSTIN		

DEATH SCENE INVESTIGATION REPORT

Investigator_____ Date of Death 7/2/06

ME_____ Case Number #1377-06



Primary Rationale for Medical Examiner Activity (choose one):

- ☐ Accidental Death
- ☐ Natural/Sudden/Unexpected Death
- ☐ Violent Death (Homicide/Suicide)
- ☐ Suspicious Circumstances
- ☐ Prison Death
- ☐ Cause of Death Not Determinable by Attending Physician
- ☐ Cremation Authorization Permit
- ☐ No Other Physician to Sign Death Certificate
- ☐ Other (please specify):

DECEDENT IDENTIFICATION

Name: (Last) [redacted] SS#:

Aliases: Date of Birth: [redacted] Age: 75

Decedent Was Homeless: ☐ Yes ☒ No

Home Address: [redacted]

City: [redacted] State: [redacted]

County: Zip Code: [redacted]

Gender: ☒ Male ☐ Female ☐ Other Specify:

Race (Check all that apply): ☐ Hispanic/Spanish/Latino ☒ White (not Hispanic) ☐ African Am. (not Hispanic) ☐ Am. Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Unknown

Details (i.e.: Tribe, Country of Origin):

Marital Status: ☐ Never Married ☒ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Unknown

☐ Employed ☐ Unemployed ☒ Retired ☐ Homemaker ☐ Unknown ☐ N/A ☐ Other:

Place of Employment:

Occupation:

Pregnant at Time of Death: ☐ Yes ☒ No ☐ Unknown

Decedent Currently Under Governmental Supervision (i.e., Foster Care, Incarceration, Mental Health, etc.): ☐ Yes ☐ No ☒ Unknown If Yes, Agency & ID Number:

SECONDARY PARTIES

IDENTIFIED BY Decedent Identified By: (Last) [redacted]

Relationship: ☒ Family Member ☐ Police ☐ Health Care Professional ☐ Friend/Acquaintance ☐ Other:

Means Identified By: ☒ Appearance ☐ ID Card ☐ Dental Records ☐ Other:

Notes: Daughter to Decedent

NEXT OF KIN Notified: ☒ Yes, Kin at Scene ☐ Yes, by Agency ☐ No ☐ In Process Notifying Agency: UCSD

Relationship: ☒ Spouse ☐ Parent ☐ Sibling ☐ Child ☐ Legal Guardian ☐ Other:

Name: (Last) [redacted]

Address: (Street)

Phone Number: Notes:

OTHERS INVOLVED Associated Cases: [redacted]

Was this Death Potentially Caused by a Secondary Party: ☒ Yes ☐ No ☐ N/A ☐ Unknown If Yes, Relation to Decedent: Grandson

Number of Associated Fatal Injuries: 0

Number of Associated Non-Fatal Injuries: 0

Notes:

WITNESSES ☐ Witness to Death ☒ Found Decedent

Relationship of Witness/Person Who Found Decedent to Decedent: ☒ Family Member ☐ Health Care Professional ☐ Stranger ☐ Friend/Acquaintance ☐ Other:

Name: [redacted]

Address: (Street) [redacted]

Phone Number [redacted] Notes:

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Case Number: #1377-06

SCENE INFORMATION

Scene Visit Date: 7/2/06 Time: (Military) Investigator Notified By: Photos/Video Taken by Scene Investigator: ☒ Yes ☐ No

Police on Scene: ☒ Yes ☐ No Case #: 1377-06 Department: Missaukee Co.

Officer(s): (b)(3):CPSA Section 25(c),(b)(6) Photos/Video Taken by Police: ☒ Yes ☐ No

Address of Incident: (Street) (b)(3):CPSA Section 25(c),(b)(6) Apt:

City/Village/Township of Death: (b)(3):CPSA Section 25(c),(b)(6)

Place of Incident (Check one):

☒ Decedent's Home ☐ Living Facility ☐ Other Home ☐ Emergency Dept. ☐ Hospital
☐ Highway ☐ Road/Street ☐ School ☐ Place of Business ☐ Body of Water
☐ Jail/Prison/Juvenile Detention ☐ Unknown ☐ Other, Specify:

Notes Regarding Place of Incident: Vacation Home

Describe How Injury Occurred: Grandson back 4-wheeler in to the victim Pinning him against a barn

Please include information about any other individuals who were involved and their role in the incident, where the injury occurred, a general narrative of the sequence of events leading up to the incident, evidence of advanced decomposition, etc.

CIRCUMSTANCES SURROUNDING DEATH

Attendance of Death: ☒ Witnessed Death ☐ Found Body

Did Injury Occur on the Job: ☐ Yes ☒ No

Was Decedent in Custody: ☐ Yes ☒ No

Was Injury Intimate Partner Violence-Related: ☐ Yes ☒ No ☐ Suspected

Medical Treatment (Check all that apply): ☒ CPR ☐ IV Fluids ☐ ACLS ☐ Do Not Resuscitate ☐ None ☐ Other:

Decedent Appropriately Clothed at Time of Death: ☒ Yes ☐ No (Please describe):

Evidence of Drugs Involved? ☐ Yes ☒ No ☐ Unknown

Evidence of Alcohol Involved? ☐ Yes ☒ No ☐ Unknown

List of Valuables:

Disposition of Valuables:

Version 9.0000
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Case Number: #1377-06

If Found Death

Date Last Known Alive:	Rigor:	Livor As Expected:
Time: (Military) 1500	☒ None ☐ Early	☐ Yes ☒ No ☐ N/A
Notes:	☐ Moderate ☐ Advanced	If No, Please Describe:

Body Located: ☐ Indoors ☒ Outdoors

Body Temperature (°F): _____

If *Not* Taken: ☐ Cold ☐ Warm

Air Temperature (°F): 90°F

Position of Body (check one):

☐ Sitting ☐ On Side ☒ On Back ☐ On Stomach ☐ Laying, Position Unspecified

☐ Hanging ☐ Other, Describe:

Notes: Body was moved from sitting to on his back by the family for CPR

Date/Time of Death

Actual Date of Death:	If Applicable, Estimated Date of Death: 7/2/06	If Applicable, Estimated Time of Death: (Military)
7/2/06	Lower Bound: _____ Upper Bound: _____	Lower Bound: _____ Upper Bound: 1520

Pronounced Date of Death: 7/2/06 Pronounced Time of Death: (Military) 1733

Place of Pronounced Death:

☒ Dead at Injury Location ☐ Dead on Arrival at Emergency Department ☐ Hospital, Emergency Department/Outpatient Facility

☐ Hospital, Inpatient Facility ☐ Hospital, Facility Unspecified ☐ Unknown ☐ Other, Describe:

If Death Occurred at Hospital, Hospital Name:

Admission Date: Admission Time: Patient Record Number:

Cause of Death

	Cause of Death	Duration	ICD
Immediate:			
Due To:			
Due To:			
Due To:			

Other Significant Conditions:

Manner of Death

☐ Natural ☒ Accident ☐ Suicide ☐ Homicide ☐ Indeterminate ☐ Pending

This information is accurate to the best of my knowledge at the time I signed this document. I am not responsible for any errors incurred in the interpretation or translation of the information on this document that have been entered into the Michigan Medical Examiners Database for this case.

Field Investigator: Sgt. Steve Schryer **Date:** 7/2/06

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Case Number: #1377-06

MEANS OF DEATH

1. VEHICLE
☐ N/A

	Type of Vehicle Associated With This Decedent	Other Vehicle(s) Associated With This Incident
Passenger Car	☐	☐
SUV	☐	☐
Mini-van	☐	☐
Full Sized Van	☐	☐
Truck	☐	☐
Truck (3+axles)	☐	☐
Motorcycle	☐	☐
Bicycle	☐	☐
ATV	☒	☐
Snowmobile	☐	☐
Watercraft	☐	☐
Train	☐	☐
Aircraft	☐	☐
N/A	☐	☐

Other:

Make/Model/Year of Vehicle Associated with Decedent: 2004 Polaris 4-wheeler

Position of Decedent *Prior* to Death:
☐ Driver Seat ☐ Front Seat ☐ Back Seat
☐ Bicyclist ☒ Pedestrian ☐ Other: _____

Decedent Remained in Vehicle: ☐ Yes ☒ No ☐ N/A

Safety Devices Used:
☐ Safety Belt ☐ Helmet ☐ Air Bag
☐ Child Car Seat ☐ None ☐ Unknown
☒ N/A ☐ Other: _____

Did Device Contribute to Death? ☐ Yes ☐ No ☐ Unknown

If Yes, Did Device: ☐ Fail
☐ Was Not In Use
☐ In Use, Activated Incorrectly
☐ In Use, Activated Correctly

Crash Type: ☐ Head On ☐ Angle ☐ Rear End
☐ Sideswipe ☐ Broadside ☐ Roll-over
☒ Other: ATV Backed into victim

Single Car Impact with Fixed Object: ☒ Yes ☐ No
Indicate Object: Barn

Road/Weather Conditions: Grass / Sunny

Notes:

2. FIREARM
☒ N/A

Type of Firearm:
☐ Handgun ☐ Rifle ☐ Shotgun
☐ Unknown ☐ Other

Specify Type of Firearm:

Make/Model: Serial Number:

Caliber/Gauge of Firearm:

Barrel Length: in. Magazine Capacity:

Age of Person Handling Firearm:

Use of Weapon at Time of Incident (check all that apply):
☐ Hunting/Recreation ☐ Playing
☐ Legal Intervention ☐ Self-Inflicted
☐ Domestic Violence ☐ Unknown
☐ Criminal/Assault ☐ Other: _____
☐ Self-Defense

Notes:

3. INSTRUMENT
☒ N/A

☐ Blunt ☐ Sharp ☐ Unknown Describe:

Activity at Time of Injury:

4. POISONING
☒ N/A

Source of Poisoning:
☐ Alcohol ☐ Prescription Medication ☐ Over-the-Counter Medication ☐ Illegal Drugs
☐ Food ☐ Household Cleaners ☐ Carbon Monoxide, Source of CO: _____
☐ Venom from Animal Bite/Sting ☐ Unknown ☐ Other: _____

Name of Substance(s):

Safety Device: ☐ Available, In Use ☐ Available, Not In Use ☐ Not Available ☐ Unknown

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MEANS OF DEATH CONTINUED

5. DROWNING/ SUBMERSION ☒ N/A

Place:
☐ Pond/Lake/River ☐ Well ☐ Bathtub
☐ Drainage Ditch ☐ Pool ☐ Other:

Activity at Time:
☐ Working ☐ Boating ☐ Swimming/Playing
☐ Bathing ☐ Driving ☐ Unknown
☐ Other:

Floatation Device:
☐ Available, In Use ☐ Available, Not In Use
☐ Not Available ☐ Unknown

Able to Swim:
☐ Yes ☐ No ☐ N/A ☐ Unknown

6. FIRE/BURN ☒ N/A

Cause of Burn:
☐ Fire ☐ Scalding Liquid ☐ Chemical
☐ Unknown ☐ Other: _____
Substance:

Activity of Person Starting Fire:
☐ Smoking ☐ Playing with Matches/Fire ☐ Cooking
☐ Arson (if yes, previous history of arson? ☐ Yes ☐ No ☐ Unknown)
☐ N/A ☐ Unknown ☐ Other:

Source:
☐ Cigarettes ☐ Matches/Lighter ☐ Appliance
☐ Faulty Wiring ☐ Explosives/Explosion
☐ Candles ☐ Grease ☐ Unknown
☐ Other: _____

Object on Fire:
☐ Vehicle ☐ Clothing ☐ Home ☐ Other:

Functional Smoke Detector:
☐ Yes ☐ No ☐ N/A ☐ Unknown

Notes:

7. FALL ☒ N/A

Reason for Fall:
☐ Tripped/Slipped ☐ Pushed ☐ Jumped
☐ Structure Gave Way ☐ Medical Condition
☐ Unknown ☐ Other:

From: ☐ Standing Height ☐ Window ☐ Roof
☐ Ladder ☐ Natural Elevation (hill, cliff) ☐ Bridge
☐ Stairs ☐ Sitting Height (chair, bed, wheelchair, toilet)
☐ Unknown ☐ Other:

Height of Fall: _____ ft. _____ in.

Surface Conditions:

8. ASPHYXIA ☒ N/A

Suffocated By:
☐ Bedding ☐ Manual Strangulation (hands)
☐ Food/Drink ☐ Ligature Strangulation (hanging)
☐ Trapped/Confined Space ☐ Positional
☐ Compression/Crushing ☐ Other:

Circumstance:
☐ Covered by Object ☐ Swallowing
☐ Self-Inflicted ☐ Strangled by Another Person
☐ Playing ☐ Unknown
☐ Other:

Notes:

9. SIDS ☒ N/A

Our County participates in the Michigan Child Death Review, please link to that data.
CDR Case Number:

Birth Weight:
☐ <750 grams
☐ 750 to 1,499 grams
☐ 1,500 grams to 2,499 grams
☐ >2,500 grams
☐ Unknown

Normal Sleeping Position:
☐ On Back
☐ On Stomach
☐ On Side
☐ Varies
☐ Unknown

Position when Found:
☐ On Stomach, Face Down
☐ On Stomach, Face Up
☐ On Back
☐ On Side
☐ Unknown

Infant Sleeping Alone:
☐ Yes ☐ No ☐ Unknown

Mother Smoked During Pregnancy: ☐ Yes ☐ No ☐ Unknown
Baby Exposed to Second-Hand Smoke: ☐ Yes ☐ No ☐ Unknown

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Case Number: #1377-06

MEANS OF DEATH CONTINUED

10. INFECTIOUS DISEASE/BT

☒ N/A

Disease Confirmed by Lab or Medical Record	Date Confirmed	Check Box if Disease Contributed to Death
		☐
		☐
		☐
		☐
Refer to the Forensic Findings Section for Autopsy and Lab Details		

11. OTHER

☐ N/A

☒ Crushing of any Kind ☐ Farm Equipment ☐ Manufacturing Equipment ☐ Abuse/Neglect
☐ Exposure to the Elements ☐ Electrocution/Lightning Strike ☐ Complications following Hospitalization
☐ Animal Bite/Mauling ☐ Other:

MEDICAL HISTORY

Information Sources (Check all that apply): ☐ Not Invest. ☐ Health Provider ☐ Medical Records ☐ Family/Friend ☐ Other:

Medical History: ☐ Dementia ☐ Drug Abuse ☐ HIV/AIDS ☐ Psychiatric/Mental Illness ☐ Smoking
☐ Alcoholism ☐ Depression ☐ Emphysema ☐ Hypertension ☐ Renal Disorder ☐ Other:
☐ Cancer ☒ Diabetes ☐ Heart Disease ☐ Obesity ☐ Seizure Disorder

Notes on Medical History:

Check all syndromes noted during investigation or from recent medical records:

☐ Fever ☐ Severe or persistent headaches ☐ Seizures
☐ Bloody diarrhea/vomiting ☐ Lightheadedness or fainting ☐ Recent onset of paralysis
☐ Diarrhea/vomiting without blood ☐ Muscle aches or pains ☐ Vision problems (blurred, double, etc.)
☐ Respiratory distress ☐ Muscle weakness ☐ Necrosis of tissue
☐ Rash ☐ Altered mental state/delirium ☐ Other, specify:

Medications/Drugs: ☒ Yes ☐ No ☐ Unknown If Yes, ☒ Prescription ☐ Over-the-Counter ☐ Illegal

List of Medication/Drugs (name, # pills prescribed, date of prescription, # pills left in bottle, dosage):
Humulin 70/30 Lipitor 10mg
Insulin Avandia 4mg
Lovastatin 20mg
Avandia 8mg

Attending Physician (b)(3):CPSA Section 25(c),(b)(6)

Clinic name: St Louis Family Practice

Physician Phone:

Physician Location/Address:

Last Known Date Seen by Physician: May 2006

Version 9.0000
Copyright © 2003 Michigan Public Health Institute
Case Number: _____

Forensic Findings

Toxicology	Type	Specimen Date	Specimen Time
☐ Yes ☐ No	☐ Blood		
Lab sent to:	☐ Urine		
	☐ Vitreous		
	☐ Other:		

Alcohol Found in Decedent's System (other than putrefaction)
☐ Yes ☐ No ☐ N/A ☐ Unknown
Quantity:

Drugs Found in Decedent's System (other than those consistent with therapeutic intervention)
☐ Yes ☐ No ☐ N/A ☐ Unknown
Quantity:

X-Rays ☐ Yes ☐ No X-Rays Taken at: Body Site X-Rayed:

Autopsy ☒ Yes ☐ No
Family Notified of Pending Autopsy: ☒ Yes ☐ No ☐ N/A
Type: ☐ Full ☐ Limited ☐ External Exam
Describe:

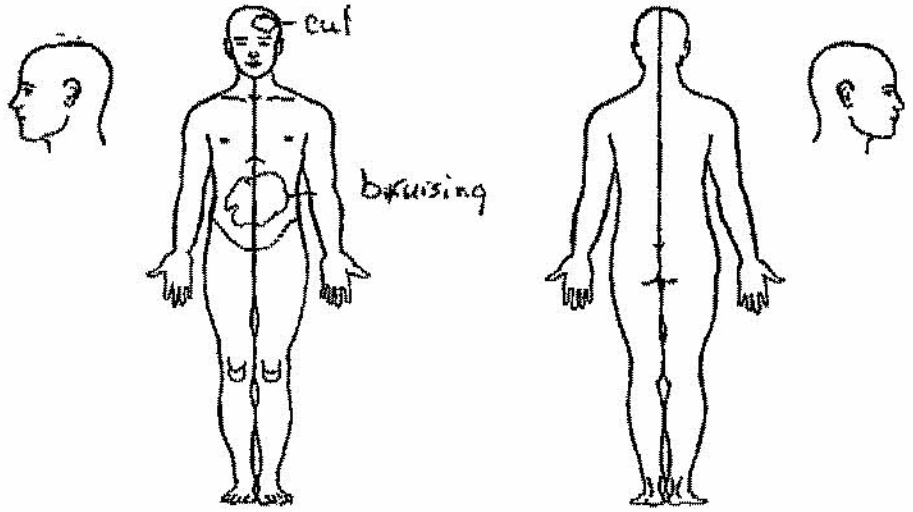
Findings Available Prior to Completion of Death Certificate:
☐ Yes ☐ No ☐ Partially ☐ N/A
Pathologist:

Syndromes Recognized at Autopsy

- ☐ Community-acquired pneumonia, diffuse alveolar damage (ARDS)
- ☐ Diffuse Rash
- ☐ Sepsis syndromes; disseminated intravascular coagulopathy (DIC)
- ☐ Hemorrhagic mediastinitis
- ☐ Hepatitis, fulminant hepatitis
- ☐ Encephalitis, meningitis
- ☐ Pharyngitis, epiglottitis and other upper airway infections
- ☐ Myocarditis
- ☐ Bronchitis, bronchiolitis
- ☐ Soft tissue infections – cellulites, necrotizing fasciits
- ☐ Hemorrhagic colitis
- ☐ Unexplained, possibly infectious
- ☐ Unexplained, possibly toxic unrelated to medications or recreational drugs
- ☐ Other, specify:

Enter any Infectious Diseases confirmed by Lab in the *Means of Death – Infectious Disease/BT*, Section 10 – on Page 6

Visual Inspection



Indicate nature and location of wounds and other lesions (scars, tattoos, medical therapy, etc.) on these diagrams.

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Case Number: #1377-06

ADMINISTRATION/ACCOUNTING (FOR OFFICE USE ONLY)

Required Documents:

- ❑ Investigation Report Completed
- ❑ Death Certificate Received
- ❑ Autopsy Report Received
- ❑ Toxicology Report Received
- ❑ Other: _____
- ❑ Other: _____
- ❑ Other: _____
- ❑ Other: _____

Not an ME Case

- ❑ Jurisdiction Declined

Remarks:

Body Disposition:

❑ Burial/Entombment ❑ Cremation ❑ Donation

❑ Body Not Recovered ❑ Body Removed from State

Body Transported By:

To Where:

Name of Funeral Home:

APPROVED CHARGES

Type of Charge	Description	Amount	Rate	Date
Medical Examiner				
Investigator				
Diener				
Mileage				
Autopsy				
Transport				
Cremation Permit				
Supplies				
Photos				
Lab				
Medical Imaging				
Radiology				
Toxicology				
Dentist				
		Total:		

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Case Number: #1377-06

TYPEWRITE IN PERMANENT BLACK INK

LF

CF

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2747316

(b)(3):CPSA Section 25(c),(b)(6)

Male

July 2, 2006

(b)(3):CPSA Section 25(c),(b)(6)

75

(b)(3):CPSA Section 25(c),(b)(6)

Michigan

Gratiot

Arcada

(b)(3):CPSA Section 25(c),(b)(6)

(b)(3):CPSA Section 25(c),(b)(6)

High School Graduate

White

English-German

No

Yes

Mechanic

UPS

Married

(b)(3):CPSA Section 25 (c),(b)(6)

(b)(3):CPSA Section 25(c),(b)(6)

(b)(3):CPSA Section 25(c),(b)(6)

Burial

Pritchard Cemetery

Elwell, Michigan

(b)(3):CPSA Section 25(c),(b)(6)

4813

(b)(3):CPSA Section 25(c),(b)(6)

3:30 P M

July 2, 2006

3:30 P M

(b)(3):CPSA Section 25(c),(b)(6)

Yes

Relative's home

July 10, 2006

036909

06-06

(b)(3):CPSA Section 25(c),(b)(6)

(b)(3):CPSA Section 25(c),(b)(6)

BLUNT FORCE TRAUMA TO ABDOMEN

ACCIDENT

YES

July 2, 2006

3:30 pm

Victim was pinned between ATV and a building

No

relative's home

Pedestrian

(b)(3):CPSA Section 25(c),(b)(6)

060804HCC2729

EXHIBIT #4

CONTACT SHEET

Contacted on 8/18/06
Missaukee County Sheriff
110 Pine Street
Lake MI. 49651
231-839-4338

Contacted on 8/18/06
(b)(3):CPSA Section 25(c),(b)(6)

1866 Saul Morey
Lake City, MI. 49651
231-775-4841

Task Number: 060804HCC2729

Date: 12/1/06

EXHIBIT #5

Status of Missing Document(s)

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

1. Photos

2. Autopsy Report

3. _____

4. _____

5. _____

Task Number 060804HCC2729

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

Type of respondent: Police Department

Other, specify:

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

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

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

ATV #1	ATV #2
Manufacturer: 05 - Polaris	**Manufacturer:**

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

Model: RANGER / **VIN:** 4XARD68A96D03119

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

Model Year: 2006

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

Engine Size: 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:	07/02/2006	
Age/Sex:	75 / Male	/
State of Death:	MI	
City of Death:	HOLLAND TOWNSHIP	
County of Death:	MISSAUKEE	

Task Number: 060804HCC2729

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

The victim, a 75-year-old male, was in the process of removing trees from a lawn adjacent to a barn on his property, assisted by his 15-year-old-male grandson who was operating a 4-wheeled ATV. When the wheels became stuck while backing up, the grandson hit the gas pedal causing the ATV to accelerate into the victim and pin him against the barn wall. The ATV became stuck in reverse gear and the grandson was unable to free the victim until assistance arrived. The victim succumbed on the scene to a ruptured

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

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

Victim 1:	**Victim 2:**
Yes (No) Unknown	Yes No Unknown

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

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

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

Victim 1:	**Victim 2:**
Yes (No) Unknown	Yes No Unknown

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

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

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

Age: 15 **Height:** **(inches)**
Weight: **Sex:** Male

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

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

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

07 - Field, Pasture, Farmland, Ranchland

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

09 - NA (Not a road)

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

09 - NA (Not a traffic incident)

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

2 - No

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

2 - No, Drugs

Additional Comments:

Polaris Industries Inc.
2100 Highway 55
Medina, Minnesota 55340-9770
763-542-0500
763-542-0599 fax

John J. Wackman
(763) 542-2309
fax (763) 417-2131
john.wackman@polarisind.com

March 5,2007

Via U.S. Mail

Pamela McDonald
Lead, Technical Information Specialist
U.S. Consumer Product Safety Commission
4330 East West Highway, Room 504
Bethesda, Maryland 20814

RE: 061010CCC1019 060615HCC3607 060615HCC3608
060711HCC3670 060725HNE1269 060804HCC2729
060821HNE1350 060822HCC3806 060824HCC2764
060830HCC2783 060907HNE0002 060913HCC2816
060925HCC2862 060925HCC2865 061002HWE5557
061010CNE1506 061016HCC3019 061017HCC3024
061107HCC3072 061114HCC2081 061120HCC2095
C06B0009A 106A0397A 106B0206A

Dear Ms. McDonald:

Thank you for the information provided in the above files. We will review the information provided in these documents and will conduct additional investigations as may be required. We request that we be notified prior to releasing any of the information contained in these files under the Freedom of Information Act.

Very Truly Yours,

John J. Wackman
Assistant General Counsel

N0670105A 7/7/06 ISSUE; 40

MEMBER CENTER: Create Account | Log In

SEARCH: Go

News Tip Line: 1-800-968-2504

NEWS COVERAGE YOU CAN COUNT ON

Email Print Text Size

Holland Township MI

Missaukee County

Fatal ORV Accident Under Investigation in Missaukee County

Fatal ORV Accident Under Investigation in Missaukee County

Boating Safety A Concern Over Long Holiday Weekend

Traverse City Airstation Assists in Saginaw Bay Rescue

Harbor Lights Founding Pastor Injured In Motorcycle Accident

Man Arrested For Housing A Meth Lab In Manistee County

Doors Will Remain Open At Freesoil Schools

State Police Confirm Several Public School Employees Wrongly Named As Felons

Fire Officials Ask For Tips In Arson Investigation

A 75 year old Alma man lost his life in an O.R.V. accident Sunday in Missaukee County. The Sheriff's Department says the accident happened in Holland Township on private property after Three p. m. (b)(3):CPSA Section of Alma was working with his grandson removing trees from the side of a barn with a four-wheel drive O.R. (b)(3):CPSA was pinned against the barn after his 15 year old grandson backed up the vehicle. He died at the scene. The incident remains under investigation by the Missuakee County Sheriffs Department.

070131

1. Task Number		2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
060907HNE0002		8925	
3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY	
B10	2006 09 06	2006 09 07	

6. Synopsis of Accident or Complaint UPC none

Victim #1, a 29-year-old male passenger and victim #2, a 31-year-old male driver were riding on a four-wheeled ATV on a trail located in a field. They were not wearing helmets. They entered a curve, victim #1 grabbed at the steering wheel and he caused the ATV to overturn. The victims were ejected and the ATV landed on them. They were taken to a hospital. Victim #1 died. Victim #2 was treated and released. IDI addendum received January 16, 2007.

25g
1/13/07 le

MFR/PRVLBR NOTIFIED

COMMENTS: ___YES ✓NO
___OVERRULED; ___ATTACHED
✓EXCISIONS/FOIA EXS 3, 6
✓DO NOT RE-NOTIFY ___RE-NOTIFY
08110S GP

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

10A. First Product	10B. Trade/Brand Name	10C. Model Number
3286 - All Terrain Vehicles (four W	POLARIS/RANGER	UNKNOWN

10D. Manufacturer Name and Address
POLARIS
2100 Hwy 55
Medina, MN 55340

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

11D. Manufacturer Name and Address
NONE

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
29	1 - Male	8 - Death	71 - Other
16. Body Part(s) Involved	**17. Respondent**	**18. Type of Investigation**	**19. Time Spent (Operational / Travel)**
87 - N.S./UNK	3 - 2nd Hand Info Only	2 - Telephone	5 / 0

20. Attachment(s)	21. Case Source	22. Sample Collection Number
9 - Multiple Attachments	04 - Radio, TV	

23. Permission to Disclose Name (Non NEISS Cases Only)
○ Yes ◉ No ○ Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
11/28/2006	8930	Eric B. Ault

27. Distribution	28. Source Document Number
Streeter, Robin A.	N0690829A

CPSC FORM 182 (12/96) Approved for use through 09/30/2006 OMB NO. 30410029

070131

EPIDEMIOLOGIC INVESTIGATION REPORT

1. Task Number	2. Investigator's ID	3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
060907HNE0002	8925	810	2006 09 06	2006 09 07

6. Synopsis of Accident or Complaint UPC none

Victim #1, a 29-year-old male passenger and victim #2, a 31-year-old male driver were riding on a four-wheeled ATV on a trail located in a field. They were not wearing helmets. They entered a curve, victim #1 grabbed at the steering wheel and he caused the ATV to overturn. The victims were ejected and the ATV landed on them. They were taken to a hospital. Victim #1 died. Victim #2 was treated and released. IDI addendum received January 16, 2007.

25g

11/13/07 le

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3286 - All Terrain Vehicles (four W	POLARIS/RANGER	UNKNOWN

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2100 Hwy 55
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87 - N.S./UNK	3 - 2nd Hand Info Only	2 - Telephone	5 / 0

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9 - Multiple Attachments	04 - Radio, TV	

23. Permission to Disclose Name (Non NEISS Cases Only)
○ Yes ◉ No ○ Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
11/28/2006	8930	Eric B. Ault

27. Distribution	28. Source Document Number
Streeter, Robin A.	N0690829A

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
060907HNE0002	8925	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
810	2006 09 06	2006 09 07

6. Synopsis of Accident or Complaint **UPC** none

Victim #1, a 29-year-old male passenger and victim #2, a 31-year-old male driver were riding on a four-wheeled ATV on a trail located in a field. They were not wearing helmets. They entered a curve, victim #1 grabbed at the steering wheel and he caused the ATV to overturn. The victims were ejected and the ATV landed on them. They were taken to a hospital. Victim #1 died. Victim #2 was treated and released. IDI addendum received January 16, 2007.

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

10A. First Product	10B. Trade/Brand Name	10C. Model Number
3286 - All Terrain Vehicles (four W	POLARIS/RANGER	UNKNOWN

10D. Manufacturer Name and Address
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2100 Hwy 55
Medina, MN 55340

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

11D. Manufacturer Name and Address
NONE

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
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87 - N.S./UNK	3 - 2nd Hand Info Only	2 - Telephone	5 / 0

20. Attachment(s)	21. Case Source	22. Sample Collection Number
9 - Multiple Attachments	04 - Radio, TV	

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

○ Yes ◉ No ○ Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
11/28/2006	8930	Eric B. Ault

27. Distribution	28. Source Document Number
Streeter, Robin A.	N0690829A

The information in this report was based on information received from the sheriff's department. Photos were taken by the department; however, the cost to obtain the photos of the ATV was too high for CPSC to incur. The county coroner would not respond. Contact with victims' next-of-kin was unsuccessful.

On Wednesday, September 6, 2006, at 7:37 p.m., in Niagara County, Town of Lewiston, NY, victim #1, a 29-year-old male passenger and victim #2, a 31-year-old male driver were riding on a four-wheeled ATV on a trail located in a field. The weather condition was cloudy and the temperature was 64 degrees.

They traveled in a curve, victim #1 forcefully pulled at the steering wheel, the ATV overturned and they were ejected. The ATV landed on them.

Victim #2 freed himself away from the overturned ATV. He attempted to move the ATV away from victim #1, but he was unsuccessful. Victim #2 used victim #1's cell phone to dial 911.

Victim #2's knowledge regarding operation and/or handling the ATV was unknown. It is unknown what rate of speed the victims traveled at prior to the incident. They were not wearing any protective gear, such as helmets.

The victims' height, weight, and injuries sustained were unknown. A passerby arrived at the incident scene and he assisted them prior to EMS arrival. The victims were taken to a hospital located in Niagara County, Niagara Falls, NY, where victim #1 died as the result of his injury. Victim #2 was treated and released.

Alcohol was a contributing factor to the incident. The victims' BAC was unknown.

Product: four-wheeled all-terrain vehicle

Brand/Year: **Polaris**/1999

Manufacturer: Polaris Industries Inc.
2100 Hwy 55
Medina, MN 55340

Model: Ranger 6x6

VIN: unknown

Description: unknown

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

Modification: unknown

ATTACHMENTS:

ATV Data Sheet is included in this report

1. Police Accident Report.

2. Missing Document, coroner report and photo of ATV.

3. Contact Information.

4. All-Terrain Vehicle (ATV) Questionnaire.

Page 1 of Pages

Local Codes
200637558
200600037558

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (7/01)

☐ AMENDED REPORT **DMV COPY**

19: 2

Accident Date Month	Day	Year	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene ☐ / Accident Reconstructed ☒	Left Scene ☐	Police Photos ☒ Yes ☐ No
09	06	2006	*WEDNESDAY	1937	1	1	1			

20: 12

VEHICLE 1	VEHICLE 2 ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN
VEHICLE 1 - Driver License ID Number: b)(3) CPSA Section 25(c),(b)(6) — State of Lic.: NY	VEHICLE 2 - Driver License ID Number — State of Lic.
Driver Name - exactly as printed on license: b)(3) CPSA Section 25(c),(b)(6)	Driver Name - exactly as printed on license
Address (Include Number & Street): b)(3) CPSA Section 25(c),(b)(6) — Apt. No.	Address (Include Number & Street) — Apt. No.
	City or Town — State — Zip Code
Date of Birth Month Day Year: b)(3) CPSA Section 25(c),(b)(6) — Sex: M — Unlicensed ☐ — No. of Occupants: 2 — Public Property Damaged ☐	Date of Birth Month Day Year — Sex — Unlicensed ☐ — No. of Occupants — Public Property Damaged ☐
Name--exactly as printed on registration — Sex: M — Date of Birth Month 11 Day 15 Year 74	Name--exactly as printed on registration — Sex — Date of Birth Month Day Year
Address (Include Number & Street) — Apt. No. — Haz. Mat. Code — Released ☐	Address (Include Number & Street) — Apt. No. — Haz. Mat. Code — Released ☐
City or Town — State — Zip Code	City or Town — State — Zip Code
Plate Number — State of Reg. — Vehicle Year & Make: 1999 POLA — Vehicle Type: *all other — Ins. Code: NONE	Plate Number — State of Reg. — Vehicle Year & Make — Vehicle Type — Ins. Code
Ticket/Arrest Number(s)	Ticket/Arrest Number(s)
Violation Section(s)	Violation Section(s)

Check if involved vehicle is:
☐ more than 96 inches wide;
☐ more than 34 feet long;
☐ operated with an overweight permit;
☐ operated with an overdimension permit.

VEHICLE 1 DAMAGE CODES

Box 1 - Point of Impact / Box 2 - Most Damage	1	2
	16	16
Enter up to three more Damage Codes	3	4	5

Vehicle Towed: By PAGES AUTOMOTIVE P/204-9498 H/297-5437 To 716-7228

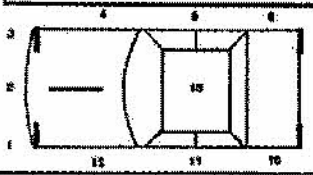
Check if involved vehicle is:
☐ more than 96 inches wide;
☐ more than 34 feet long;
☐ operated with an overweight permit;
☐ operated with an overdimension permit.

VEHICLE 2 DAMAGE CODES

Box 1 - Point of Impact / Box 2 - Most Damage	1	2
Enter up to three more Damage Codes	3	4	5

Vehicle Towed: By To

VEHICLE DAMAGE CODING:
1-13. SEE DIAGRAM ON RIGHT.
14. UNDERCARRIAGE
15. TRAILER
16. OVERTURNED
17. DEMOLISHED
18. NO DAMAGE
19. OTHER



Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.

ACCIDENT DIAGRAM
9.

Cost of repairs to any one vehicle will be more than $1000.
☒ Unknown/Unable to Determine ☐ Yes ☐ No

Reference Marker	Coordinates (if available)
	Latitude/Northing:
	Longitude/Easting:

Place Where Accident Occurred:
County *Niagara ☐ City ☐ Village ■ Town of *Lewiston
Road on which accident occurred FIELD WEST OF WARD RD (Route Number or Street Name)
at 1) intersecting street (Route Number or Street Name)
or 2) Feet Miles ☐N ☐S ☐E ☐W of (Milepost, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's Notes NARRATIVE SEP 07 2006 19:27
Accident # 200637558 created By: TSTEEN - on: 9/7/2006 7:27:04 PM

On September 6, 2006 patrol responded to a field behind

USE COVER SHEET N

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17 BY	18 TO	Names of all involved	Date of Death Only
A	1	*FRONTLEFT	*NONE	3	31	M	6	12	6	TRI-COMM.B	NY ST PARK	b)(3) CPSA Section 25(c),(b)(6)	
B	1	*FRONTRIGHT	*NONE	3	29	M	----	----	1	TRI-COMM.B	NY ST PARK		
C													
D													
E													
F													

Officer's Rank and Signature	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat/Sector	Reviewing Officer	Date/Time Reviewed
Print Name in Full TRACEY STEEN	234	NY0310000	*Zone18	*2nd Shift	134 DAVID BRODERICK	

1. Agency	2. Division/Precinct	Supplement To:	3. Incident No.	4. Arrest No.
Niagara County Sheriff's Dept.	*2nd Shift		200600037558	

5. Date	6. Time of Report	7. Complainant Name	8.
09 | 06 | 06	1937		

Block No. 9. Narrative (Indicate Block No. in left margin)

the Marlboro Inn on Ward Road for an ATV accident with possible injuries. Upon arrival patrol found (b)(3):CPSA Section 25(c),(b)(6) unconscious, with no pulse and not breathing. Patrol interviewed (b)(3):CPSA Section 25(c),(b)(6) who stated he was driving the 1999 Polaris Ranger 6x6. (b)(3):CPSA Section 25(c),(b)(6) stated that they had been drinking at their work, J.R. Swanson. (b)(3):CPSA Section 25(c),(b)(6) stated that he and (b)(3):CPSA S had left J.R. Swanson on the Polaris around 1800 hrs. and drove it to Papa Joe`s. (b)(3):CPSA Section 25(c),(b)(6) stated that he was driving the Polaris and (b)(3):CPSA Section 25(c) was the passenger. (b)(3):CPSA Section 25(c),(b)(6) stated that they had a drink at Papa Joe`s then decided to go to the Marlboro Inn to meet (b)(3):CPSA Section 25(c), girlfriend. (b)(3):CPSA Section 25(c),(b)(6) stated that they drove the Polaris on the snowmobile trails in the direction of the Marlboro Inn. He stated that while he was driving (b)(3):CPSA Section 25 continuously grabbed at the steering wheel. (b)(3):CPSA Section 25(c),(b)(6) stated that as they rounded a bend in the trail, (b)(3):CPSA Section 25(c),(b)(6) grabbed the steering wheel and pulled it forcefully to the right, causing the Polaris to overturn. (b)(3):CPSA Section 25(c),(b)(6) stated that he was ejected from the vehicle and when he looked up he saw (b)(3):CPSA Section 25 underneath the Polaris. (b)(3):CPSA Section 25(c),(b)(6) stated that he attempted to lift the vehicle off of (b)(3):CPSA Section 25(c),(b)(6) but was unsuccessful. He then used (b)(3):CPSA Section 25(c), cell phone to dial 911 and at that point (b)(3):CPSA Section 25(c),(b)(6) ran up to him to assist lifting the vehicle off of (b)(3):CPSA Section 25(c),(b)(6)

At this point patrol and emergency services arrived on scene and administered medical assistance to (b)(3):CPSA Section 25(c),(b)(6) was taken by Tri-Community ambulance to Mount Saint Mary`s Hospital, where he was pronounced deceased at 2026 hrs. (b)(3):CPSA Section 25(c),(b)(6) was also taken to

10. Inquiries (Check all that apply): ☐ DMV ☐ Warr/Warrant ☐ Scofflaw ☐ Crim. History ☐ Stolen Property ☐ Other

11. NYSPIN Message No.

12.

20. Page 2 of Pages

13. Reporting Officer Signature (Include Rank): TRACEY STEEN

14. ID No. 234

15. Supervisor's Signature (Include Rank)

16. ID No.

17. Case Status: ☐ Open ☐ Closed (If Closed, check box below) ☐ Unfounded ☐ Vict. Refused to Coop ☐ Arrest ☐ Pros. Declined ☐ Warrant Advised ☐ CBI ☐ Juv. - No Custody ☐ Arrest Juv. ☐ Offender Dead ☐ Extrad. Denied ☐ Unknown

18. Status Date

19. Notified(TO)

DCJS-3206 (5/91)

1. Agency	2. Division/Precinct		Supplement To:	3. Incident No.	4. Arrest No.
Niagara County Sheriff's Dept.	*2nd Shift	[redacted]		200600037558	

5. Date	6. Time of Report	7. Complainant Name	8.
09 / 06 / 06	1937		

Block No. 9. Narrative (Indicate Block No. in left margin)

Mount Saint Mary`s Hospital by Tri-Community ambulance, where he was treated and released.

Assisting this writer at the scene were (b)(3):CPSA Section 25(c),(b)(6) (b)(3):CPSA Section 25(c),(b)(6) and (b)(3):CPSA Section 25(c),(b)(6) responded to Mount Saint Mary`s Hospital.

The investigation is continuing at this time.

1 2 3 4 5 6 7 8 9 10 11 12 13

10. Inquiries (Check all that apply)	11. NYSPIN Message No.	12.	20. 3 Page of Pages
☐ DMV ☐ Want/Warrant ☐ Scofflaw ☐ Crim. History ☐ Stolen Property ☐ Other			

13. Reporting Officer Signature (Include Rank)	14. ID No.	15. Supervisor's Signature (Include Rank)	16. ID No.
TRAVIS STEEW	234		

17. Case Status	18. Status Date	19. Notified/TOT
☐ Open ☐ Closed (If Closed, check box below) ☐ Unfounded ☐ Vict. Refused to Coop ☐ Arrest ☐ Prov. Declined ☐ Warrant Advised ☐ CBI ☐ Juv. No Custody ☐ Arrest Juv ☐ Offender Dead ☐ Extrad. Dedin ☐ Unknown		

DCJS-3206 (5/91)

Task Number: 060907HNE0002

Date: 10/31/06

Status of Missing Document(s)

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

1. coroner report - received via addendum on January 16, 2007
2. photo of ATV
3.
4.
5.

CONTACT INFORMATION:

Contacted on 9/8/06

Niagara County Sheriff
5526 Niagara St. Ext
Lockport, NY 14095
(716)438-3393

Niagara County Coroner
Courthouse
175 Hawley Street
Lockport, NY 14094
(716)439-7002

(b)(3):CPSA Section 25(c),(b)(6)

Niagara County Coroner
138 Continental Drive
Lockport, NY 14094
(716)434-5414

Contacted on 10/20/06

Niagara County Health Dept
1001 11th Street
Niagara Falls, NY 14301
(716)278-1900

(b)(3):CPSA Section 25(c),(b)(6)

Niagara County Coroner
175 Hawley Street
Lockport, NY 14094
(716)860-9169

Task Number 060907HNE0002

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

Type of respondent: Other

Other, specify: sheriff

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 6x6 / **VIN:** UNKOWN

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

Model Year: 1999

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

Engine Size: 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:	09/06/2006	
Age/Sex:	29 / Male	/
State of Death:	NY	
City of Death:	LEWISTON	
County of Death:	Niagara	

Task Number: 060907HNE0002

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

Victim #1, a 29-year-old male passenger and victim #2, a 31-year-old male driver were riding on a four-wheeled ATV in a field. They were not wearing helmets. They entered a curve, victim #1 grabbed at the steering wheel and he caused the ATV to overturn. The victims were ejected and the ATV landed on the victim. They were taken to a hospital. Victim #1 died. Victim #2 was treated and released.

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

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

Victim 1:	**Victim 2:**
(Yes) No Unknown	(Yes) No Unknown

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

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

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

Victim 1:	**Victim 2:**
Yes (No) Unknown	Yes (No) Unknown

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

0 - Unknown
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: 31 **Height:** **(inches)**

Weight: **Sex:** Male

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

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

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

07 - Field, Pasture, Farmland, Ranchland

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

09 - NA (Not a road)

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

09 - NA (Not a traffic incident)

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

1 - Yes

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

2 - No, Drugs

Additional Comments:

The attached report by the coroner was received following submission of the report and is attached as an addendum.

ATTACHMENT:

Attachment 5 - Pathological Examination.

ERIE COUNTY MEDICAL EXAMINER'S OFFICE
462 Grider Street
Buffalo, New York 14215
716-961-7591
fax 716-961-7581

PATHOLOGICAL EXAMINATION

(b)(3):CPSA Section 25(c),(b)(6)
Case # ME 1794-06

Male—Caucasian— 29 Years

An autopsy was performed on the body of (b)(3):CPSA Section 25(c),(b)(6) at the Erie County Medical Examiner's Office on the 7th day of September 2006 by (b)(3):CPSA Section 25(c),(b)(6) Forensic Pathologist. The autopsy was ordered by Coroner (b)(3):CPSA Section 25(c),(b)(6) Niagara County Coroner. Officers from Niagara County Sheriff's Department were present at the time of autopsy.

EXTERNAL EXAMINATION:

The body is that of a well-developed, well-nourished, known as 29-year-old Caucasian male measuring 71 inches in length and weighing 185 pounds. Rigor mortis and lividity are well developed in the back of the neck, trunk, the upper and lower extremities. The head is normocephalic. The scalp is covered by a large amount of medium to short brown hair. The anterior hairline is unremarkable. There is evidence of injury to be described later. The pupils are absent due to organ donation. The external nares and both nostrils are unremarkable. The skin of the earlobes, face and lips is cyanotic. The oral cavity contains no foreign material. The upper and lower jaws show natural teeth. There is a large amount of well-trimmed mustache and short beard present. The neck is short and thick. The chest is symmetrical and shows a small Y-shaped incision indicating organ donation procedure. The abdomen is soft and flat. The pubic hair is well-distributed and is that of the adult male type. The penis is circumcised. Both testicles are present in the scrotum. The upper extremities are symmetrical and show evidence of organ donation procedure. The fingernails are unremarkable. The nail beds are cyanotic. The lower extremities are symmetrical and show evidence of organ donation procedure. The skin of the entire back and buttocks demonstrate evidence of skin donation.

EVIDENCE OF EXTERNAL INJURIES:

The forehead shows a small abrasion. There are many petechial hemorrhages around both eyes. The left side of the neck and back of the neck and the right side of the neck demonstrates diffuse bruise mixed with abrasion. The left right side of the back and right thigh shows purple bruise.

(b)(3):CPSA Section 25(c),(b)(6)

EVIDENCE OF NECK INJURIES:

On incising the skin of the neck, the neck muscles demonstrate diffuse hemorrhage. The cervical vertebral bone between C5 and C6 is transected. The mucosa of the larynx and trachea shows hemorrhage.

EVIDENCE OF CHEST INJURIES:

The mediastinum shows diffuse hemorrhage and the posterior portion of the upper part of both chest cavities shows diffuse contusions. The chest cavities show evidence of organ donation procedure. The heart is absent due to organ donation. The abdominal cavity shows no significant pathologic changes.

CARDIOVASCULAR SYSTEM:

The heart is absent due to organ donation procedure.

RESPIRATORY SYSTEM:

The right lung weighs 600 grams; the left lung weighs 500 grams. On sectioning, the cut surfaces are smooth, congested and show foci of contusion. The cut surfaces exude a large amount of foamy fluid. The mucosa of the bronchi, bronchioles and trachea is smooth and congested. The pulmonary arteries are patent.

GASTROINTESTINAL TRACT:

The esophagus is intact. The stomach contains a small amount of fluid. The mucosa of the stomach is not unusual. The small and large intestines are unremarkable except for evidence of organ donation procedure.

LIVER:

The liver weighs 1500 grams. The external surface is brown, smooth and shiny. The anterior margin is sharp. On sectioning, the cut surfaces are brown, smooth and the consistency is rubbery. The gallbladder contains a small amount of bile.

SPLEEN:

The spleen is absent due to organ donation procedure.

(b)(3):CPSA Section 25(c),(b)(6)

PANCREAS:

The organ is unremarkable.

GENITOURINARY SYSTEM:

The right kidney weighs 150 grams and is covered by a thin fibrous capsule, which is stripped away easily leaving a brown, smooth, cortical surface. On sectioning, the cut surfaces are brown and smooth. Most of the left kidney has disappeared due to organ donation procedure. The remnant of the left kidney weighs 50 grams and is unremarkable. The ureters, urinary bladder, and prostate are unremarkable.

NECK ORGANS:

The hyoid bone and thyroid cartilage are unremarkable. Elsewhere as described above.

ENDOCRINE SYSTEM:

The adrenal glands, pituitary gland and thyroid are unremarkable.

MUSCULOSKELETAL SYSTEM:

There is no abnormality.

HEAD:

The scalp is reflected and is unremarkable. On opening the skull, there is no evidence of a fracture or hemorrhage in the cranial cavity. The brain weighs 1500 grams. The dura, tentorial and the falx cerebri are unremarkable. The cerebral hemispheres are symmetrical. The cerebral arteries are not unusual. On sectioning, the cut surfaces are smooth, congested and show well-defined corticomedullary junctions. The lateral ventricles contain a small amount of clear cerebro spinal fluid. On sectioning of the pons, medulla, cerebellum and upper one-third of the spinal cord, they are unremarkable.

AUTOPSY FINDINGS:

1. Fracture of the cervical vertebral bone and mandible.
2. Petechial hemorrhage around both eyes.
3. Contusion of both lungs.
4. Diffuse hemorrhage in the neck muscles.

(b)(3):CPSA Section 25(c),(b)(6)

CAUSE OF DEATH: **I. Traumatic Asphyxia.**

TOXICOLOGY: Blood, liver, brain and the gastric contents.

OPINION: This 29-year-old Caucasian male, Jeffrey Gerbec, died of Traumatic Asphyxia sustained in a farm vehicular accident. The manner of death was classified as an Accident. He had been drinking alcoholic beverages prior to death.

(b)(3):CPSA Section 25(c),(b)(6)

D:9/7/06
T:9/27/06

NIAGARA COUNTY SHERIFF'S DEPARTMENT

FORENSIC LABORATORY

Laboratory Examination Results

Laboratory Case #: 061858

Case#: 1794-06
REF# :

Date Submitted : 09/12/2006

Date Report Sent : 11/07/2006

Report Sent To: (b)(3):CPSA Section 25(c),(b)(6)
Niagara County Coroner's Office

Defendant(s):

Victim(s): (b)(3):CPSA Section 25(c),(b)(6)

Description of Evidence:

Item 1 Sealed box with:
toxicology samples

Results:

Blood Sample:
Ethyl Alcohol = 215.0 mg/dl

Liver Sample: not analyzed

Brain Sample: not analyzed

Gastric Sample: not analyzed

(b)(3):CPSA Section 25(c),(b)(6)

Polaris Industries Inc.
2100 Highway 55
Medina, Minnesota 55340-9770
763-542-0500
763-542-0599 fax

John J. Wackman
(763) 542-2309
fax (763) 417-2131
john.wackman@polarisind.com

March 5,2007

Via U.S. Mail

Pamela McDonald
Lead, Technical Information Specialist
U.S. Consumer Product Safety Commission
4330 East West Highway, Room 504
Bethesda, Maryland 20814

RE:

061010CCC1019	060615HCC3607	060615HCC3608
060711HCC3670	060725HNE1269	060804HCC2729
060821HNE1350	060822HCC3806	060824HCC2764
060830HCC2783	060907HNE0002	060913HCC2816
060925HCC2862	060925HCC2865	061002HWE5557
061010CNE1506	061016HCC3019	061017HCC3024
061107HCC3072	061114HCC2081	061120HCC2095
C06B0009A	106A0397A	106B0206A

Dear Ms. McDonald:

Thank you for the information provided in the above files. We will review the information provided in these documents and will conduct additional investigations as may be required. We request that we be notified prior to releasing any of the information contained in these files under the Freedom of Information Act.

Very Truly Yours,

John J. Wackman
Assistant General Counsel

THE VOICE OF BUFFALO
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ATV Accident Claims Life

ISSUE; 49

Thursday, September 7, 2006 05:02 AM - WBEN Newsroom

WBEN Reporter Tom Connolly
Exclusive WBEN Windows Media Audio

N0690829A 9/7/06
060907HNE0002

Sanborn, NY (WBEN) - The crash of an All Terrain Vehicle in the Niagara County town of Sanborn last night has claimed a life.

The Sheriff's Department says 29-year-old (b)(3):CPSA Se of Wheatfield died after he was pinned beneath the ATV when it flipped over and trapped him and the vehicle's driver. WBEN's Tom Connolly has more in the audio report above.

Printable Version E-Mail This Story Contact The Newsroom Previous Page

» Talk about this story and more with fellow listeners in the **WBEN Community Forum**!

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SITE DEVELOPED BY AfterFive Media Group

CURRENT WEATHER
Temp: 68°F
Partly Cloudy
Wind: Sw 8
Heat Index: 68°F
Conditions
Forecast
Radar
Map
Warnings

WBEN POLL OF THE DAY
Do you think New York State Police should "scale back" the magnitude of the manhunt for Ralph "Bucky" Phillips?
Yes
No
Vote! Results

TODAY'S ON-AIR SCHEDULE
12:00 AM: Dr. Joy Browne
1:00 AM: Coast to Coast
5:00 AM: Buffalo's Early News
ON-AIR: Tom Bauerle Show
12:00 PM: Rush Limbaugh Show
3:00 PM: Sandy Beach Show
6:00 PM: Buffalo's Evening News
7:00 PM: Ron Dobson Show
10:00 PM: Dr. Joy Browne
View This Week's On-Air Schedule

061130

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
060913HCC3877	9096	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
840	2005 09 03	2006 09 20

6. Synopsis of Accident or Complaint UPC

A 19-year-old male died as a result of traumatic head inquiries he received when the 4-wheeled ATV he was driving overturned. Apparently the ATV overturned when the male jerked the ATV's steering wheel in an attempt to avoid hitting a tree. The victim was ejected and the ATV landed on top of him with the ATV's roll bar striking the victim in the head. The victim was not wearing a helmet and alcohol is suspected.

25c

11/13/07 Re

MFR/PRVLBR NOTIFIED

COMMENTS: ___YES ✓NO
___OVERRULED; ___ATTACHED
✓EXCISIONS/FOIA EXS 25c, 3, 6
✓DO NOT RE-NOTIFY ___RE-NOTIFY
08/10/05 GO

7. Location (Home, School, etc)	8. City	9. State
2 - FARM	PRECINCT #3	TX

10A. First Product	10B. Trade/Brand Name	10C. Model Number
3286 - All Terrain Vehicles (four W	POLARIS/VIN# UNKNOWN	RANGER

10D. Manufacturer Name and Address
POLARIS INDUSTRIES 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

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
19	1 - Male	8 - Death	54 - Crushing
16. Body Part(s) Involved	**17. Respondent**	**18. Type of Investigation**	**19. Time Spent (Operational / Travel)**
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	11 / 0

20. Attachment(s)	21. Case Source	22. Sample Collection Number
2 - Documents	14 - Death Certificate	

23. Permission to Disclose Name (Non NEISS Cases Only)
○ Yes ● No ○ Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
10/24/2006	8631	Frank J. Nava

27. Distribution	28. Source Document Number
Streeter, Robin A.	0548110190

061130

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25c

11/13/07 Re

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10/24/2006	8631	Frank J. Nava

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Streeter, Robin A.	0548110190

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060913HCC3877	9096	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
840	2005 09 03	2006 09 20

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7. Location (Home, School, etc)	8. City	9. State
2 - FARM	PRECINCT #3	TX

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Minneapolis, MN 55441

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0	NONE	NONE

11D. Manufacturer Name and Address
NONE

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
19	1 - Male	8 - Death	54 - Crushing

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75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	11 / 0

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2 - Documents	14 - Death Certificate	

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

○ Yes ● No ○ Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
10/24/2006	8631	Frank J. Nava

27. Distribution	28. Source Document Number
Streeter, Robin A.	0548110190

060913HCC3877
ATV Fatality
Mills County, TX

During the early morning hours of September 3, 2005, a 19-year-old male was driving a 4-wheeled ATV with three of his friends as passengers (one 21-year-old male and two females). The victim was approximately 5'11" tall and weighed approximately 180 pounds. (Note: no information was available on the age of the two females or the position of the passengers on the involved ATV.) Neither the victim nor his passengers was wearing a helmet. The victim was driving the ATV on an ATV trail located on private property. The responding Deputy described the trail as being rough, containing trees and brush. The ATV was not the type where the driver sits astraddle the seat, but is constructed more like a golf cart.

According to the responding Deputy, he was awakened at his house at approximately 1:00 AM, on September 3, 2005, by the two female passengers on the involved ATV who advised him that there had been an ATV accident. The Deputy stated that the ATV was traveling on an ATV trail which is located on private property that is owned by Mills County, TX. He stated that the people who lease the property have access to hunting and fishing on the property. He stated that he was staying in his house on the property and while on vacation from work, when he was summoned by the females to the accident scene.

The responding Deputy stated that when he arrived at the scene he noted that the victim was on the ground in a large pool of blood. He stated that apparently the victim was traveling north on the ATV trail and was attempting to turn left when he came upon a tree and tried to avoid hitting the tree. He stated that it appeared that the victim had jerked the ATV's steering wheel to the left and the ATV's right side glanced off of the tree. The ATV overturned on the driver's side, ejecting the victim, and landed on top of him, with the ATV's roll bar striking the victim's head. The three passengers of the ATV pulled the ATV off of the victim, and righted it. The two females drove it to the responding Deputy's home to ask for help, while the male stayed with the victim.

Emergency medical services arrived and were unable to revive the victim. The Justice of the Peace arrived at 2:20AM and pronounced the victim. The Death Certificate listed the cause of death as traumatic head injuries. No autopsy was performed. The responding Deputy was unsure if toxicology tests were performed. He stated that if they had been, he was not privy to the results since they would have been conducted by the U.S. Military, which the victim was a member of. He stated that he suspected alcohol was a factor in this incident. The speed at which the involved ATV was traveling at the time of the incident was not determined.

During a telephone interview with the responding Deputy, he attributed the accident to the victim being a first time ATV driver, intoxication, and traveling unfamiliar territory. He provided the following information about the involved ATV:

- **Polaris**
- **Ranger**

No other information was available on the involved Polaris Ranger.

ATTACHMENTS

1) Identity of Respondents (1 Page)
2) Justice of the Peace, Inquest Report (1 Page)
3) Mills County Sheriff's Department Investigative Report (2 Pages)

IDENTITY OF RESPONDENTS

- Mills County Sheriff's Department -09/20/06 & 09/26/06
  P.O. Box 1497
  Goldthwaite, TX 76844
  (325)648-3797

- Deputy Clint Hammonds – 09/26/06
  (325)648-3797

- Justice of the Peace
  (b)(6)
  P.O. Box 65
  Goldthwaite, TX 76844
  (325)648-2278

Exhibit #2, Page 1 of 1
060913HCC3877

4

RECORD OF INQUESTS

TESTIMONY TAKEN BY JUSTICE OF THE PEACE, AND BY WHOM GIVEN

[redacted] S.O. dispatcher notified me at 1:45 AM of a death at Lake Merritt. I arrived at 2:20 AM and pronounced [redacted] from Bowie, Maryland. [redacted] was the victim of an ATV accident off Private Road 109 on the grounds of the Mills County Hunting and Fishing Club at Lake Merritt. [redacted] was ejected and struck by the vehicle - back of head hit the roll bar causing crushed bones and huge gash. Major hemmorage from the brain caused death in a few minutes. I spoke with Trooper [redacted] and EMS personnel [redacted] about the death. [redacted] and another couple were in the Polaris Ranger ATV with [redacted] He apparently lost control of the vehicle, veered into trees & turned over. I was advised the other 3 pulled the vehicle off of him, righted it drove to Deputy Clint Hammond's home on same side of the lake as the accident. Deputy Hammonds notified the S.O. at 1:08 AM.

DATE OF INQUEST					WHERE INQUEST WAS HELD	DATE BODY FOUND					WHERE DIED, OR WHERE BODY WAS FOUND
Month	Day	Year	Time a.m.	Time p.m.		Month	Day	Year	Time a.m.	Time p.m.	
Sept.	3	2005	2:20		P.R. 109 Lake Merritt Mills County Pct. #3	Sept	3	2005	approx 12:40		P.R. 109 - Mills County Hunting and Fishing Club Lake Merritt

NAME OF DECEASED	DESCRIPTION OF DECEASED
	WM DoB [redacted]
	SS# [redacted]
[illegible] Benjamin Allan	

Mills County Sheriff's Department
Investigative Report

___ Arrest

___ Offense

X Incident

Report Date: 09/03/05
Report Number: Incident

FILE TITLE:
1. (b)(3):CPSA Section 25(c),(b)(6)
2.
3.
4.
5.

SID #_____ DL # (b)(3):CPSA Section 25(c), (b)(6)
S.S. #_____ DOB_____
RACE: White SEX: Male Hair: _____
Eyes:_____ Hgt:_____ Lbs._____

INVESTIGATING OFFICER:

Typed Name: Clint Hammonds ID# 47

Signature: CH

Approving Supervisor:

Signature: _____

Case: ___ Active ✓ Cleared ___ Unfounded

Report Reference: ATV Accident (Fatality)

SYNOPSIS:

On 09/03/05, at approximately 1:00 AM, Chief Deputy Clint Hammonds, Mills County Sheriff's Department), was awakened at home by two females beating on the front door. Chief Deputy Hammonds was contacted by two females later identified as (b)(6) who advised that there had been an ATV accident on the Lake Merritt property of Mills County, Texas. During this time Chief Deputy Hammonds was on vacation with wife (b)(6) (b)(6) immediately called 911 and advised the operator of what had happened and that Chief Deputy Hammonds would direct emergency services into the property via radio. Both females advised that one male subject later identified as (b)(3):CPSA Section 25(c),(b)(6) W/M DOB (b) had been seriously injured and was not breathing and that there was no pulse. Chief Deputy Hammonds and wife (b)(6) who is a Licensed Vocational Nurse for the State of Texas followed the females into the brush to where the Victim was. Upon arrival (b)(3):CPSA S was on the ground in a large pool of blood and was being held by another male identified as (b)(6) (b)(6) immediately began life saving techniques to revive victim while Chief Deputy Hammonds went back to the main road to guide the Mills County E.M.S. Service into the scene of the accident. It was found out later that the remaining individuals had picked the atv up off of its side and used it to go get help. EMS assessed the victim and determined that there was no chance of survival and even contacted a doctor by cell phone. Justice of the Peace (b)(6) pronounced (b)(3):CPSA Section 25(c),(dead on scene. Chief Deputy Hammonds did witness a larger open wound in the back of the victims head. Chief Deputy Hammonds noticed on scene that there were several beer containers around the scene. Chief Deputy Hammonds did photograph the Polaris ranger and the body of the victim.

Exhibit #3, Page 1 of 2
060913HCC3877

WITNESSES:

Chief Deputy Clint Hammonds

(b)(6)

Mills County Sheriff's Department
P.O. Box 1497
Goldthwaite, Texas 76844
(325) 648-2245

WILL TESTIFY TO:

The elements of the case.

the elements of the case.

DESCRIPTION AND CUSTODY OF SEIZURE/EVIDENCE:

Exhibit #1- 35 mm photographs taken of the scene.

VEHICLE DESCRIPTIONS:

Polaris Ranger

ATTACHMENTS:

None

Exhibit #3, Page 2 of 2
060913HCC3877

Task Number 060913HCC3877

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

Type of respondent: Police Department

Other, specify:

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

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

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

ATV #1	ATV #2
Manufacturer: 05 - Polaris	**Manufacturer:**

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

Model: Ranger / **VIN:** UNKNOWN

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

Model Year: UNK

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

Engine Size: 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:	09/03/2005	
Age/Sex:	19 / Male	/
State of Death:	TX	
City of Death:	Precinct #3	
County of Death:	Mills	

Task Number: 060913HCC3877

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

A 19-year-old male died as a result of traumatic head inquiries he received when the 4-wheeled ATV he was driving overturned. Apparently the ATV overturned when the male jerked the ATV's steering wheel in an attempt to avoid hitting a tree. The victim was ejected and the ATV landed on top of him with the ATV's roll bar striking the victim in the head. The victim was not wearing a helmet and alcohol is suspected.

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

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

Victim 1:			**Victim 2:**		
(Yes)	No	Unknown	Yes	No	Unknown

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

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

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

Victim 1:			**Victim 2:**		
Yes	(No)	Unknown	Yes	No	Unknown

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

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

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

Age: 19 **Height:** 71 **(inches)**
Weight: 04 = 150 - 199 **Sex:** Male

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

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

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

01 - Forest, Woods

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

09 - NA (Not a road)

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

09 - NA (Not a traffic incident)

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

1 - Yes

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

0 - Unknown

Additional Comments:

Alcohol use is suspected, however official reports collected during this investigation did not confirm this suspicion.

Polaris Industries Inc.
2100 Highway 55
Medina, Minnesota 55340-9770
763-542-0500
763-542-0599 fax

John J. **Wackman**
(763) 542-2309
fax (763) 417-2131
john.wackman@polarisind.com

December 19,2006

Via U.S. Mail

Pamela McDonald
Lead, Technical Information Specialist
U.S. Consumer Product Safety Commission
4330 East West Highway, Room 504
Bethesda, Maryland **208**14

RE: 060613HCC3594 060620HNE1124 060706HNE1173
060719HCC3686 060720CNE1251 060725HCC2708
060808HCC1691 060810HNE1308 060815CCC3788
060815CNE1328 060828HNE1383 060829HCC3830
060913HCC2811 060913HCC3877 060925CCC3899
10690023A 10690056A 10690213A
10690355A

Dear Ms. McDonald:

Thank you for the information provided in the above files. We will review the information provided in these documents and will conduct additional investigations as may be required. We request that we be notified prior to releasing any of the information contained in these files under the Freedom of Information Act.

Very Truly Yours,

John J. Wackman
Assistant General Counsel

061230

1. Task Number		2 Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
060922HCC2849		8925	
3. Office Code 810	4. Date of Accident YR MO DAY 2006 09 17	5. Date Initiated YR MO DAY 2006 09 26	

6. Synopsis of Accident or Complaint UPC none

Victim #1, a 34-year-old female driver was riding on a four-wheeled utility vehicle on private property. Victim #2, an 8-year-old male, victim #3, a 4-year-old male, victim #4, an 8-year-old male, and victim #5, a 5-year-old female were passengers riding on the vehicle. None of the victims wore helmets. Victim #1 traveled at an excessive rate of speed, made a hard right turn, caused the left front tire to fold and the utility vehicle overturned on its side which landed atop of her. The children were thrown, sustained minor injuries, whereas, the driver died at the scene.

MER/P... COMMENTS: ___ YES ___ NO 4/3/07
___ OVERRULED ___ ATTACHED
X EXCISIONS/FOIA Exs. 25
___ Revisions
X DO NOT RE-NOTIFY ___ RE-NOTIFY

7. Location (Home, School, etc)	8. City	9. State
1 - HOME	CEDARTOWN	GA

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - Utility Vehicles	YAMAHA	RHINO 660

10D. Manufacturer Name and Address
YAMAHA MOTOR CORPORATION, USA/VIN; UNKNOWN
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

12. Age of Victim	13. Sex	14. Disposition	15 Injury Diagnosis
34	2 - Female	8 - Death	62 - Intern. Org. Inj.
16. Body Part(s) Involved 75 - HEAD	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 8 / 0

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

23. Permission to Disclose Name (Non NEISS Cases Only)
○ Yes ◉ No ○ Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
11/09/2006	8978	Eric B. Ault

27. Distribution	28. Source Document Number
Streeter, Robin A	X0695010A

CPSC FORM 182 (12196) Approved for use through 0913012006 OMB NO. 30410029

The information in this report was based on information received from the police department/officer and the GBI medical examiner's office. A photo of the utility vehicle was not provided. Contact with the victims' next-of-kin and the owner of the utility vehicle were unsuccessful.

On Sunday, September 17, 2006, at 8:27 p.m., in Polk County, Cedartown, GA, victim #1, a 34-year-old female driver was riding on a off-road utility vehicle in a yard located on private property. She was accompanied by her sons, victim #2, an 8-year-old male, victim #3, a 4-year-old male, and friends of the family, victim #4, an 8-year-old male, victim #5, a 5-year-old female who were passengers riding on the vehicle. The weather condition was clear and the temperature was 70 degrees.

They left from victim #1's residence, traveled at a high rate of speed, and entered a backyard located at another residence which was located nearby. The driver made a hard right turn, the left front tire folded and the vehicle overturned on its side. The children were thrown, escaped from the vehicle with minor cuts, bruises and scrapes, but the vehicle landed atop the driver.

They were not wearing any protective gear, such as helmets and they were not secured in the vehicle using seatbelts. The driver's knowledge regarding operation and/or handling the vehicle was unknown. It was not known where the passengers were seated prior to the incident.

The children's fathers were located nearby when the victims left out riding on the vehicle. They went to locate their whereabouts and discovered the incident scene. One of the fathers/victim #1's husband assisted the driver while the other father attended to the children. He summoned emergency medical assistance to arrive at the scene.

Victim #1 was about 5 feet, 3 inches tall and she weighed approximately 130 pounds. She sustained severe head injury and she died at the scene as the result of her injuries. Her cause of death was massive head trauma.

Alcohol was a contributing factor to the incident.

Product: four-wheeled off-road utility vehicle

Brand/Year: **Yamaha**/2004

Manufacturer: Yamaha Motor Co.
6555 Katella Ave
Cypress, CA 90501

Model: Rhino 660

VIN: unknown (could not locate)

Description: forest green/black in color

Condition: maintenance history, bought new or used, and prior problems is unknown. The lights were on prior to the incident.

Modification: unknown

ATTACHMENTS:

ATV Data Sheet is included in this report

1. Offense/Incident Report.

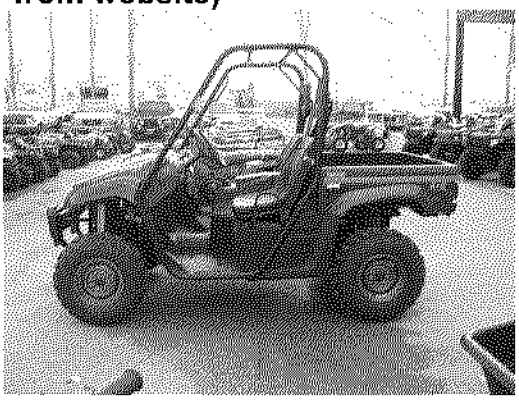
2. GBI Medical Examiner's Report.

3. Missing Document, photo of the vehicle provided by officials.

4. Contact Information.

5. All-Terrain Vehicle (ATV) Questionnaire.

Photo 1: shows view of vehicle which was involved in the incident
**(below is depiction of model 2004 Rhino 660
from website)**



SEALED

Cedartown Police Department GA1150100

SEALED

118 N. Philpot St. P O. Box 389 Cedartown, GA 30125

Offense / Incident Report

Report Date	Type of Incident	Complaint No.	Status	Page
09/17/2006	ACCIDENT / PRIVATE PROPERTY	06-02592	ACTIVE	1

Incident Date/Time: Occurred On Sunday 09/17/2006 20:27 to Sunday 09/17/2006 20:27

Incident Location: Description: RESIDENCE / BACK YARD Lat. Lon.

Str#/Box 106 Street/Rt GEORGIA LANE Apt. City CEDARTOWN St. GA Zip 30125

Geo Code Sector ZONE 1 Ward Jurisdiction 1

Mod. Op. Weather TTY Evid. Seiz. No Neig. Canv. No

Category: FATALITY Investigator Assigned: DSN Name

Complainant/Reporting Party:

Name (b)(3):CPSA Section 25(c), Sex M Race W DOB / / Age 0

SSN ID Home (b)(3):CPSA Section Bus. Alt.

Str#/Box (b)(3):CPSA Section 25(c),(b)(6)

Received Date	Received Time	Dispatch Date	Dispatch Time	Officer Arrival Time	Officer Departure Time
09/17/2006	20:27	09/17/2006	20:32	20:33	23:00

Victim Information Relation to Suspect Approving DSN

Name (b)(3):CPSA Section 2 Sex F Race WHITE DOB (b)(3):CPSA Age 34 Height Weight

SSN ID Home (b)(3):CPSA Alt Bus. Hair Eyes

Str#/Box (b)(3):CPSA Section 25(c),(b)(6)

Injured Yes Injury Type FATALITY Hospital Disposition Prosecute No

Markings/Scars/Tattoos/Description

Markings/Scars/Tattoos/Description

Narrative Approving DSN

ON 09/17/2006 @ 2027 HOURS. OFFICER WAS DISPATCHED TO BACK YARD (b)(3):CPSA Section (b)(3):CPSA FOR A FEMALE THAT WAS INVOLVED IN A ATV ACCIDENT NOT BREATHING.

ON THE SCENE OFFICER & FIRE PERSONAL MADE WAY TO THE LEFT HAND REAR SIDE OF THE LISTED ADDRESS. OFFICER NOTICED A LARGE TRUCK TYPE ATV VEHICLE SITTING UP RIGHT FACING WEST BOUND. NEXT TO THE VEHICLE THERE WAS A WHITE MALE SUBJECT LATER I.D. AS (b)(3):CPSA Section 25 (c),(b)(6) AND A WHITE FEMALE LYING ON THE GROUND THAT WAS LATER I.D.AS (b)(3):CPSA Section (b)(3):CPSA Section 25

OFFICER NOTICED THAT THE FEMALE HAD SUSTAINED MASSIVE HEAD TRAUMA FROM THE ACCIDENT.

FIRE PERSONAL (b)(3):CPSA Section CONTACTED THE POLK CO. (b)(3):CPSA Section 25(c),(b)(6) AFTER (b)(3):CPS (b)(3):CPSA OF THE C.F.D DETERMINED THAT (b)(3):CPSA Section 25(c),(b)(6) INJURIES WERE FATAL.

OFFICER SPOKE WITH THE HOME OWNER OF (b)(3):CPSA Section 25(c),(b)(6) SUBJECT. SHE STATED THAT (b) HAD BEEN RIDING THE ATV ALL DAY IN OUT OF HER YARD WITH HER CHILDREN AND OTHER CHILDREN (b)(3):CPSA S STATED THAT SHE WAS IN HER HOME AND HEARD A MOTOR RUNNING. SHE STATED SHE WENT TO THE REAR OF THE HOME AND SAW (b)(3):CPSA Section 2 AND ANOTHER SUBJECT LATER I.D. AS (b)(3):CPSA Section A FRIEND OF THE (b) FLIPPING THE LARGE ATV VEHICLE OVER ON IT WHEELS. SHE STATED SHE WALKED OUT SIDE AND NOTICED (b) (3):CPSA LYING ON THE GROUND NOT MOVING.

OFFICER FOUND THAT (b)(3):CPSA Section WAS DRIVING THE VEHICLE AT A HI-RATE OF SPEED ENTER THE REAR OF (b)(3):CPSA Section 25(c),(b) HEADING NORTH BOUND MADE A HARD RIGHT TURN CAUSING THE LEFT FRONT TIRE TO FOLD. AT THAT TIME THE WHEEL MADE CONTACT TO THE

Reporting Officer ZUKER, JONATHAN # 214

Approving Officer (Cover Pages Only)

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GROUND CAUSING IT TO ROLL OVER ON TOP OF (b)(3):CPSA Section 25(c),(b)(6) NOTE THAT 4 CHILDREN WERE PRESENT ON THE VEHICLE DURING THE ACCIDENT. ALL WERE FOUND TO BE UNDER 10 YEARS OF AGE.

THE INJURIES (b)(3):CPSA Section 25 SUSTAINED FROM THE ACCIDENT WERE FATAL AND SHE WAS PRONOUNCED DEAD ON THE SCENE BY (b)(3):CPSA Section 25(c),(b)(6)

Supplemental

Supp. No.	Date	Time	DSN	Officer Name	Approving DSN
0001	09/17/2006	22:22	232	CHANDLER, KEVIN	

Short Description: OFFC. CHANDLERS REPORT

I SPOKE WITH (b)(3):CPSA Section 25 WHO IDENTIFIED HIMSELF AS A FRIEND OF THE (b)(3):CPSA FAMILY. WHEN I SPOKE WITH (b)(3):CPSA Section 25(c) HE WAS AT THE (b)(3):CPSA S RESIDENCE (b)(3):CPSA STATED THAT HE CAME OVER TO THE (b)(3):CPSA RESIDENCE EARLIER THIS DATE WITH HIS 8 YEAR OLD SON (b)(3):CPS AND HIS 5 YEAR OLD DAUGHTER (b)(3):CPSA Section 25(c),(b)(6) FURTHER STATED THAT (b)(3):CPSA HAD BEEN RIDING THE YAMAHA ATV MOST OF THE TIME THAT HE HAD BEEN THERE (b)(3):CPSA STATED THAT (b)(3):CPSA S HAD BEEN DRINKING, BUT THAT HE DIDNT KNOW HOW MUCH. (b)(3):CPSA Section 25(c),(FURTHER STATED THAT HE REALIZED THAT (b)(3):CPSA S HAD LEFT ON THE ATV WITH THE CHILDREN AND NOTIFIED (b)(3):CPSA Section 25(c),(b)(HUSBAND (b)(3):CPSA S OF THIS FACT. (b)(3):CPSA Section 25(c)(STATED THAT (b)(3):CPSA S AND HIM THEN LEFT IN THE TRUCK TO GO AND FIND WHERE (b)(3):CPSA S HAD WENT ON THE ATV. (b)(3):CPSA Section 25(c) STATED THAT THEY PULLED UP TO THE ACCIDENT SCENE AND OBSERVED THE ATV TO BE OVERTURNED AND LYING ON ITS SIDE. (b)(3):CPSA Section 25(c)(STATED THAT THE ACCIDENT EVIDENTALLY HAD JUST OCCURRED BECAUSE THE 4 CHILDREN THAT WERE ALSO ON THE ATV ALONG WITH (b)(3):CPSA S HAD JUST STARTED TO RUN FROM THE SCENE WHEN THEY WERE PULLING UP (b)(3):CPSA Section 25(c)(STATED THAT (b)(3):CPSA Section 25(c) AND HIM IMMEDIATELY RAN TO THE SCENE AND TURNED THE ATV BACK OVER INTO THE UPRIGHT POSITION (b)(3):CPSA THEN STATED THAT HE THEN CALLED 911 (b)(3):CPSA Section 25(c)(STATED THAT (b)(3):CPSA Section 25(c) REMAINED WITH (b)(3):CPSA Section 25(c),(b)(6) (b)(3):CPSA Section 25(c)(THEN STATED THAT HE GOT THE CHILDREN AND WENT BACK TO THE (b) RESIDENCE WITH THEM. (b)(3):CPSA Section 25(c)(FURTHER STATED THAT THE CHILDREN TOLD HIM THAT (b)(3):CPSA S WAS ATTEMPTING TO "CUT DONUTS" WITH THE ATV WHEN IT TURNED OVER LANDING ON TOP OF HER. I CHECKED THE CONDITION OF THE 4 CHILDREN (b)(3):CPSA Section 25(c) HAD A BUSTED UPPER LIP (b)(3):CPSA HAD SOME SCRATCHES TO HIS RIGHT RIB AREA AND LEGS. THE OTHER 2 CHILDREN HAD MINOR CUTS BUT WERE OK.

I THEN SPOKE WITH (b)(3):CPSA Section 25(c) HUSBAND (b)(3):CPSA S WHO HAD RETURNED BACK HOME FROM THE ACCIDENT SCENE (b)(3):CPSA Section 25(c) STATED THAT (b)(3):CPSA S USUALLY DOESNT DRINK MUCH, BUT TONIGHT SHE HAD CONSUMED MORE THAN SHE USUALLY DOES. (b)(3):CPSA Section 25(c) FURTHER STATED THAT HE HAD TOLD (b)(3):CPSA TO GO AND LAY DOWN IN THE BED BECAUSE SHE HAD CONSUMED ALOT OF ALCOHOL (b)(3):CPSA Section 25(c)(FURTHER STATED THAT HE THEN LEFT TO GO UP THE STREET TO A FRIENDS HOUSE TO RETURN A PRESSURE WASHER. (b)(3):CPSA Section 25(c) STATED THAT WHEN HE RETURNED HOME APPROX 10 MINS LATER, (b)(3):CPSA Sect TOLD HIM THAT (b) HAD LEFT IN THE ATV WITH THE CHILDREN. (b)(3):CPSA Section 25(c) STATED THAT HE THEN LEFT WITH (b)(3):CPSA Section 25(c) TO GO AN LOCATE WHERE (b)(3):CPSA HAD WENT WITH THE CHILDREN (b)(3):CPSA Section 25(c)(FURTHER STATED THAT (b)(3):CPSA Section 25(c) AND HIM PULLED UP TO THE ACCIDENT SCENE AND OBSERVED THE ATV TO BE ON ITS SIDE. (b)(3):CPSA Section 25(c STATED THAT THE ATV WAS ON TOP OF (b)(3):CPSA Section 25(c),(b)(6) STATED THAT (b)(3):CPSA Section 25(c) AND HIM LIFTED THE ATV OFF OF (b)(3):CPSA S AND PLACED IT IN AN UPRIGHT POSITION.

Reporting Officer	Approving Officer (Cover Pages Only)
ZUKER, JONATHAN # 214	

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Offense / Incident Report

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Reporting Officer ZUKER, JONATHAN #214	Approving Officer (Cover Pages Only)

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Supplemental Report

Report Date	Type of Incident	Complaint No.	Status	Page
09/17/2006	ACCIDENT / PRIVATE PROPERTY	06-02592	ACTIVE	1

Supplemental No.	Date	Time	DSN	Officer Name	Sealed
0001	09/17/2006	22:22	232	CHANDLER, KEVIN	NO

Short Description:

OFFC. CHANDLERS REPORT

Supplemental Narrative:

I SPOKE WITH (b)(3):CPSA Section 25(c),(b)(6) WHO IDENTIFIED HIMSELF AS A FRIEND OF THE (b) FAMILY. WHEN I SPOKE WITH (b)(3):CPSA HE WAS AT THE (b) RESIDENCE. (b)(3):CPSA Section 25(c) STATED THAT HE CAME OVER TO THE (b) RESIDENCE EARLIER THIS DATE WITH HIS 8 YEAR OLD SON (b)(3):C AND HIS 5 YEAR OLD DAUGHTER (b)(3):CPSA Section 25(c FURTHER STATED THAT (b) HAD BEEN RIDING THE YAMAHA ATV MOST OF THE TIME THAT HE HAD BEEN THERE. (b)(3):CPSA STATED THAT (b) HAD BEEN DRINKING, BUT THAT HE DIDNT KNOW HOW MUCH. (b)(3):CPSA Section 25(c)(b FURTHER STATED THAT HE REALIZED THAT (b)(3):CPS HAD LEFT ON THE ATV WITH THE CHILDREN AND NOTIFIED (b)(3):CPSA HUSBAND (b)(3):CPS OF THIS FACT. (b)(3):CPSA S STATED THAT (b) AND HIM THEN LEFT IN THE TRUCK TO GO AND FIND WHERE (b) HAD WENT ON THE ATV (b)(3):CPSA STATED THAT THEY PULLED UP TO THE ACCIDENT SCENE AND OBSERVED THE ATV TO BE OVERTURNED AND LYING ON ITS SIDE (b)(3):CPSA STATED THAT THE ACCIDENT EVIDENTALLY HAD JUST OCCURRED BECAUSE THE 4 CHILDREN THAT WERE ALSO ON THE ATV ALONG WITH (b) HAD JUST STARTED TO RUN FROM THE SCENE WHEN THEY WERE PULLING UP. (b)(3):CPSA STATED THAT (b) AND HIM IMMEDIATELY RAN TO THE SCENE AND TURNED THE ATV BACK OVER INTO THE UPRIGHT POSITION. (b)(3):CPSA Section 25(c), THEN STATED THAT HE THEN CALLED 911 (b)(3):CPSA Section 25(c)(b STATED THAT (b) REMAINED WITH (b)(6) (b)(3):CPSA THEN STATED THAT HE GOT THE CHILDREN AND WENT BACK TO THE (b) RESIDENCE WITH THEM. (b)(3):CPSA Section 25(c)(FURTHER STATED THAT THE CHILDREN TOLD HIM THAT (b) WAS ATTEMPTING TO "CUT DONUTS" WITH THE ATV WHEN IT TURNED OVER LANDING ON TOP OF HER. I CHECKED THE CONDITION OF THE 4 CHILDREN (b)(3):CPSA Section 25(c HAD A BUSTED UPPER LIP. (b) HAD SOME SCRATCHES TO HIS RIGHT RIB AREA AND LEGS. THE OTHER 2 CHILDREN HAD MINOR CUTS BUT WERE OK.

I THEN SPOKE WITH (b) HUSBAND (b) WHO HAD RETURNED BACK HOME FROM THE ACCIDENT SCENE. (b)(3):CPSA STATED THAT (b) USUALLY DOESNT DRINK MUCH, BUT TONIGHT SHE HAD CONSUMED MORE THAN SHE USUALLY DOES. (b)(3):CPS FURTHER STATED THAT HE HAD TOLD (b)(3):CPS TO GO AND LAY DOWN IN THE BED BECAUSE SHE HAD CONSUMED ALOT OF ALCOHOL (b)(3):CPSA Se FURTHER STATED THAT HE THEN LEFT TO GO UP THE STREET TO A FRIENDS HOUSE TO RETURN A PRESSURE WASHER. (b)(3):CPSA STATED THAT WHEN HE RETURNED HOME APPROX 10 MINS LATER, (b)(3):CPSA Se TOLD HIM THAT (b) HAD LEFT IN THE ATV WITH THE CHILDREN. (b)(3):CPSA STATED THAT HE THEN LEFT WITH (b)(3):CPSA TO GO AN LOCATE WHERE (b) HAD WENT WITH THE CHILDREN (b)(3):CPSA S FURTHER STATED THAT (b)(3):CPSA Section 25(c), (b)(6) AND HIM PULLED UP TO THE ACCIDENT SCENE AND OBSERVED THE ATV TO BE ON ITS SIDE STATED THAT THE ATV WAS ON TOP OF (b)(3):CPSA Section 25(c), STATED THAT (b)(3):CPSA AND HIM LIFTED THE ATV OFF OF (b)(3):CPSA Section 25(AND PLACED IT IN AN UPRIGHT POSITION.

Reporting Officer	Approving Officer
CHANDLER, KEVIN # 232	

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Official Report

Division of Forensic Sciences
Georgia Bureau of Investigation
State of Georgia

(b)(3):CPSA
Deputy Director

* ISO 17025 Accredited *
* ASCLD/LAB Accredited *

Headquarters
DOFS Case #: 2006-7003169
Report Date: 10/16/2006

Requested Service: Blood Alcohol - Postmortem
Agency: Cedartown Police Department
Agency Ref#:
Requested by: (b)(3):CPSA Section 25(c),(b)(

Case Individuals:
Victim: (b)(3):CPSA Section 25(c),(b)(6)

Evidence:
On 09/22/2006, the laboratory received the following evidence from the Cedartown Police Department via Lockbox.

001 Sealed alcohol collection kit containing one tube(s) containing blood identified as collected from (b)(3):CPSA Section 25(c), (b)(6)

Results and Conclusions:

Subm#: 001

1) Ethyl Alcohol Result by Gas Chromatography: 0.200 (+/- 0.007) grams per 100 ml
These results may be unreliable due to the clotted nature of the sample.

Only those items discussed in the results above were analyzed for this report. The above represents the interpretations/opinions of the undersigned analyst. Evidence analyzed in this report will be returned to the submitting agency. Biological evidence (body fluids and tissues) and fire debris extracts will be destroyed after one year . This report may not be reproduced except in full without written permission of the laboratory.

This case may contain evidence that must be preserved in accordance with O.C.G.A. § 17-5-56.

(b)(3):CPSA Section 25(c),(b)(6)

Forensic Toxicologist
404-270-8238

CC:

Related Agencies:

Tallapoosa Judicial Circuit
Polk Co. Coroner
Polk Co. District Attorney
GSP-Accident Reporting

End of Official Report

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Official Report

Division of Forensic Sciences
Georgia Bureau of Investigation
State of Georgia
(b)(3):CPSA Section 25(c
Deputy Director

* ISO 17025 Accredited *
* ASCLD/LAB Accredited *

Headquarters
DOFS Case #: 2006-7003169
Report Date: 10/25/2006

Requested Service: Toxicology - Postmortem
Agency: Cedartown Police Department
Agency Ref#:
Requested by: (b)(3):CPSA Section 25(c),(b)(6)

Case Individuals:
Victim: (b)(3):CPSA Section 25(c),(b)(6)

Evidence:

On 09/22/2006, the laboratory received the following evidence from the Cedartown Police Department via Lockbox.

001 Sealed alcohol collection kit containing one tube(s) containing blood identified as collected from (b)(3):CPSA Section 25(c),(b)(6)

Results and Conclusions:

Drug Screen Results by: Immunoassay

Subm#:	Drug Screen Classification	Result
001	blood-amphetamines	Negative
	blood-barbiturates	Negative
	blood-cannabinoids (marijuana)	Negative
	blood-certain benzodiazepines	Negative
	blood-cocaine/cocaine metabolites	Negative
	blood-common opioids	Negative

Only those items discussed in the results above were analyzed for this report. The above represents the interpretations/opinions of the undersigned analyst. Evidence analyzed in this report will be returned to the submitting agency. Biological evidence (body fluids and tissues) and fire debris extracts will be destroyed after one year. This report may not be reproduced except in full without written permission of the laboratory.

This case may contain evidence that must be preserved in accordance with O.C.G.A. § 17-5-56.

(b)(3):CPSA Section 25(c),(b)(6)

Asst. Manager, Toxicology
404-270-8244

CC:

Related Agencies:

Tallapoosa Judicial Circuit
Polk Co. Coroner
Polk Co. District Attorney
GSP-Accident Reporting

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End of Official Report

Task Number: 060922HCC2849

Date: 11/7/06

Status of Missing Document(s)

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

1. photo of the ATV by police/medical examiner
2.
3.
4.
5.

060922HCC2849

CONTACT INFORMATION:

Contacted on 9/26/06

Cedartown Police
73 Cline Ingram Jackson Rd
Cedartown, GA 30125
(770)749-2200

(b)(3):CPSA Section 25(c),(b)(6)

Contacted on 9/29/06

GBI Medical Examiner
PO Box 370808
Decatur, GA 30037
(404)244-2734

Contacted on 11/7/06

Cpl, John Zuker
Cedartown Police

Task Number 060922HCC2849

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

Type of respondent: Police Department

Other, specify:

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

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

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

ATV #1	ATV #2
Manufacturer: 02 - Yamaha	**Manufacturer:**

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

Model: Rhino 660 / **VIN:** UNKNOWN

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

Model Year: 2004

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

Engine Size: 625-650

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

	Death #1	Death #2
Date of Death:	09/17/2006	
Age/Sex:	34 / Female	/
State of Death:	GA	
City of Death:	Cedartown	
County of Death:	Polk	

Task Number: 060922HCC2849

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

Victim #1, a 34-year-old female driver was riding on an off-road four-wheeled ATV on private property. Victim #2, an 8-year-old male, victim #3, a 4-year-old male, victim #4, an 8-year-old male, and victim #5, a 5-year-old female were passengers riding on the ATV. None of the victims wore helmets. Victim #1 traveled at an excessive rate of speed, made a hard right turn, caused the left front tire to fold and the ATV overturned on its side which landed atop of her. The children were thrown, sustained minor

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

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

Victim 1:	**Victim 2:**
(Yes) No Unknown	Yes (No) Unknown

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

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

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

Victim 1:	**Victim 2:**
Yes (No) Unknown	Yes (No) Unknown

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

0 - Unknown
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: 34 **Height:** 63 **(inches)**

Weight: 03 = 100 - 149 **Sex:** Female

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?

11 - Yard/Lawn

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

09 - NA (Not a road)

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

09 - NA (Not a traffic incident)

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

1 - Yes

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

2 - No, Drugs

Additional Comments:

11. victim 3,4,5: no helmets

The Cedartown Standard
www.cedartownstd.com

213 Main Street, Cedartown, GA

GA

September 20, 2006

Last updated on Sept. 21, 2006, 9:35 p.m.

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Woman dies in ATV roll-over incident

09/18/06

A Cedartown woman was killed while riding an ATV on Sunday, Sept. 17.

According to Polk County (b)(3):CPSA Section 25(c),(b)(6) (b)(3):CPSA Section 25(c),(b)(6), died at approximately 8:30 p.m. Sunday from injuries sustained during an ATV accident.

(b) was reportedly driving the ATV behind property on (b)(3):CPS Lane when the vehicle rolled over.

(b) (3):CPS is survived by her husband, (b)(3):CPSA Section 25(c),(b)(6 sons, (b)(3):CPSA (b) and (b)(3):CPSA parents, (b)(3):CPSA Section 25(c),(b)(6) (b)(3):CPSA Section 25 (c),(b)(6); sisters, (b)(3):CPSA Section 25(c),(b)(6) and (b)(3):CPSA (b)(3):CPSA Section 25(Also surviving are mother and father-in-law (b)(3):CPSA Section 25(c),(b)(6) and (b)(3):CPSA Section 25(c),(b)(6)

Funeral services will be held Wednesday, Sept. 20 at 4 p.m. in the Sanctuary at First Baptist Church with (b)(3):CPSA Section 25(c),(b) and (b)(3):CPSA Section 25(c),(b)(officiating. Interment followed in Polk Memory Gardens.

Visitation will be held on Tuesday, Sept. 19 from 6 p.m. until 9 p.m. at Gammage Funeral Home.

In lieu of flowers, donations may be made for her children to the (b)(3):CPSA Section 25(c),(b)(Trust Fund at (b)(3):CPSA financial corporation, C/O Rick Hall, P.O. Box 611, Cedartown, Ga. 30125

Visit www.gammagefh.com to send the (b)(3):C family private condolences and sign the online guestbook.

Geor
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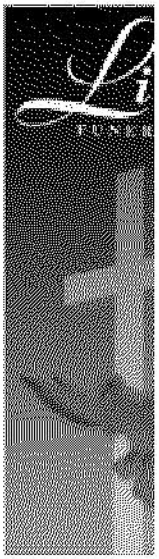
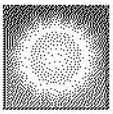


Cedartown, GA



Clear 55°F
Weather Center
by Intellicast Weather

061230

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
060922HCC2849	8925	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
810	2006 09 17	2006 09 26

6. Synopsis of Accident or Complaint UPC none

Victim #1, a 34-year-old female driver was riding on a four-wheeled utility vehicle on private property. Victim #2, an 8-year-old male, victim #3, a 4-year-old male, victim #4, an 8-year-old male, and victim #5, a 5-year-old female were passengers riding on the vehicle. None of the victims wore helmets. Victim #1 traveled at an excessive rate of speed, made a hard right turn, caused the left front tire to fold and the utility vehicle overturned on its side which landed atop of her. The children were thrown, sustained minor injuries, whereas, the driver died at the scene.

MER/P... COMMENTS: ___ YES ___ NO 4/3/07
___ OVERRULED ___ ATTACHED
EXCISIONS/FOIA Exs. 2 5
___ Revisions
DO NOT RE-NOTIFY ___ RE-NOTIFY

7. Location (Home, School, etc)	8. City	9. State
1 - HOME	CEDARTOWN	GA

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - Utility Vehicles	YAMAHA	RHINO 660

10D. Manufacturer Name and Address
YAMAHA MOTOR CORPORATION, USA/VIN: UNKNOWN
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

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
34	2 - Female	8 - Death	62 - Intern. Org. Inj.

16. Body Part(s) Involved	17. Respondent	18. Type of Investigation	19. Time Spent (Operational / Travel)
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	8 / 0

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

23. Permission to Disclose Name (Non NEISS Cases Only)
○ Yes ◉ No ○ Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
11/09/2006	8978	Eric B. Ault

27. Distribution	28. Source Document Number
Streeter, Robin A.	X0695010A

EPIDEMIOLOGIC INVESTIGATION REPORT

1. Task Number	2. Investigator's ID	3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
060922HCC2849	8925	810	2006 09 17	2006 09 26

6. Synopsis of Accident or Complaint **UPC** none

Victim #1, a 34-year-old female driver was riding on a four-wheeled utility vehicle on private property. Victim #2, an 8-year-old male, victim #3, a 4-year-old male, victim #4, an 8-year-old male, and victim #5, a 5-year-old female were passengers riding on the vehicle. None of the victims wore helmets. Victim #1 traveled at an excessive rate of speed, made a hard right turn, caused the left front tire to fold and the utility vehicle overturned on its side which landed atop of her. The children were thrown, sustained minor injuries, whereas, the driver died at the scene.

7. Location (Home, School, etc)	8. City	9. State
1 - HOME	CEDARTOWN	GA

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - Utility Vehicles	YAMAHA	RHINO 660

10D. Manufacturer Name and Address
YAMAHA MOTOR CORPORATION, USA/VIN: UNKNOWN
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

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
34	2 - Female	8 - Death	62 - Intern. Org. Inj.

16. Body Part(s) Involved	17. Respondent	18. Type of Investigation	19. Time Spent (Operational / Travel)
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	8 / 0

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

23. Permission to Disclose Name (Non NEISS Cases Only)
○ Yes ◉ No ○ Verbal

24. Review Date	25. Reviewed By	26. Regional Office Director
11/09/2006	8978	Eric B. Ault

27. Distribution	28. Source Document Number
Streeter, Robin A.	X0695010A

The information in this report was based on information received from the police department/officer and the GBI medical examiner's office. A photo of the utility vehicle was not provided. Contact with the victims' next-of-kin and the owner of the utility vehicle were unsuccessful.

On Sunday, September 17, 2006, at 8:27 p.m., in Polk County, Cedartown, GA, victim #1, a 34-year-old female driver was riding on a off-road utility vehicle in a yard located on private property. She was accompanied by her sons, victim #2, an 8-year-old male, victim #3, a 4-year-old male, and friends of the family, victim #4, an 8-year-old male, victim #5, a 5-year-old female who were passengers riding on the vehicle. The weather condition was clear and the temperature was 70 degrees.

They left from victim #1's residence, traveled at a high rate of speed, and entered a backyard located at another residence which was located nearby. The driver made a hard right turn, the left front tire folded and the vehicle overturned on its side. The children were thrown, escaped from the vehicle with minor cuts, bruises and scrapes, but the vehicle landed atop the driver.

They were not wearing any protective gear, such as helmets and they were not secured in the vehicle using seatbelts. The driver's knowledge regarding operation and/or handling the vehicle was unknown. It was not known where the passengers were seated prior to the incident.

The children's fathers were located nearby when the victims left out riding on the vehicle. They went to locate their whereabouts and discovered the incident scene. One of the fathers/victim #1's husband assisted the driver while the other father attended to the children. He summoned emergency medical assistance to arrive at the scene.

Victim #1 was about 5 feet, 3 inches tall and she weighed approximately 130 pounds. She sustained severe head injury and she died at the scene as the result of her injuries. Her cause of death was massive head trauma.

Alcohol was a contributing factor to the incident.

Product: four-wheeled off-road utility vehicle

Brand/Year: **Yamaha**/2004

Manufacturer: Yamaha Motor Co.
6555 Katella Ave
Cypress, CA 90501

Model: Rhino 660

VIN: unknown (could not locate)

Description: forest green/black in color

Condition: maintenance history, bought new or used, and prior problems is unknown. The lights were on prior to the incident.

Modification: unknown

ATTACHMENTS:

ATV Data Sheet is included in this report

1. Offense/Incident Report.

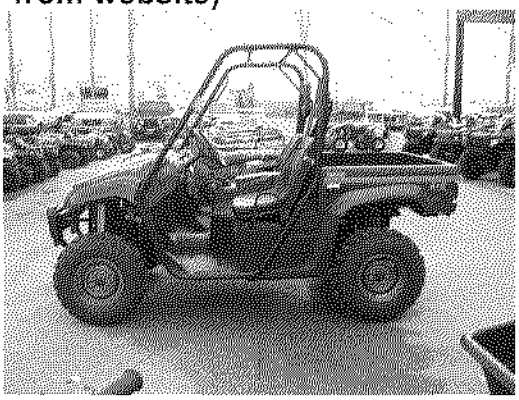
2. GBI Medical Examiner's Report.

3. Missing Document, photo of the vehicle provided by officials.

4. Contact Information.

5. All-Terrain Vehicle (ATV) Questionnaire.

Photo 1: shows view of vehicle which was involved in the incident
(below is depiction of model 2004 Rhino 660 from website)



SEALED

Cedartown Police Department GA1150100

SEALED

118 N. Philpot St. P.O. Box 389 Cedartown, GA 30125

Offense / Incident Report

Report Date	Type of Incident	Complaint No.	Status	Page
09/17/2006	ACCIDENT / PRIVATE PROPERTY	06-02592	ACTIVE	1

Incident Date/Time: Occurred On Sunday 09/17/2006 20:27 to Sunday 09/17/2006 20:27

Incident Location: Description: RESIDENCE / BACK YARD Lat. Lon.

Str#/Box (b)(3):CPSA Section 25(c),(b)(6)

Geo Code Sector ZONE 1 Ward Jurisdiction 1

Mod. Op. Weather TTY Evid. Seiz. No Neig. Canv. No

Category: FATALITY Investigator Assigned: DSN Name

Complainant/Reporting Party:

Name (b)(3):CPSA Section 25(c),(b)(6) Sex M Race W DOB / / Age 0

SSN ID Home (b)(3):CPSA Section 25 Bus. Alt.

Str#/Box (b)(3):CPSA Section 25(c),(b)(6)

Received Date	Received Time	Dispatch Date	Dispatch Time	Officer Arrival Time	Officer Departure Time
09/17/2006	20:27	09/17/2006	20:32	20:33	23:00

Victim Information Relation to Suspect Approving DSN

Name (b)(3):CPSA Section 25(c),(b)(6) Sex F Race WHITE DOB (b)(3):CPSA Section 25 Height Weight

SSN ID Home (b)(3):CPSA Sect Alt Bus. Hair Eyes

Str#/Box (b)(3):CPSA Section 25(c),(b)(6)

Injured Yes Injury Type FATALITY Hospital Disposition Prosecute No

Markings/Scars/Tattoos/Description

Markings/Scars/Tattoos/Description

Narrative Approving DSN (b)(3):CPSA Section 25(c),(b)(6)

ON 09/17/2006 @ 2027 HOURS. OFFICER WAS DISPATCHED TO BACK YARD (b)(3):CPSA Section 25(c),(b)(6) FOR A FEMALE THAT WAS INVOLVED IN A ATV ACCIDENT NOT BREATHING.

ON THE SCENE OFFICER & FIRE PERSONAL MADE WAY TO THE LEFT HAND REAR SIDE OF THE LISTED ADDRESS. OFFICER NOTICED A LARGE TRUCK TYPE ATV VEHICLE SITTING UP RIGHT FACING WEST BOUND. NEXT TO THE VEHICLE THERE WAS A WHITE MALE SUBJECT LATER I.D. AS (b)(3):CPSA Section 25(c),(b)(6) AND A WHITE FEMALE LYING ON THE GROUND THAT WAS LATER I.D.AS (b)(3):CPSA Section 25(c),(b)(6) (b)(3):CPSA Section 25(c),(b)(6)

OFFICER NOTICED THAT THE FEMALE HAD SUSTAINED MASSIVE HEAD TRAUMA FROM THE ACCIDENT.

FIRE PERSONAL (b)(3):CPSA Section 25(c),(b)(6) CONTACTED THE POLK CO. CORONER (b)(3):CPSA Section 25(c),(b)(6) AFTER (b)(3):CPSA Section 25(c),(b)(6) (b)(3):CPSA Section 25(c),(b)(6) OF THE C.F.D DETERMINED THAT (b)(3):CPSA Section 25(c),(b)(6) INJURIES WERE FATAL.

OFFICER SPOKE WITH THE HOME OWNER OF (b)(3):CPSA Section 25(c),(b)(6) SUBJECT. SHE STATED THAT (b)(3):CPSA Section 25(c),(b)(6) HAD BEEN RIDING THE ATV ALL DAY IN OUT OF HER YARD WITH HER CHILDREN AND OTHER CHILDREN. (b)(3):CPSA Section 25(c),(b)(6) STATED THAT SHE WAS IN HER HOME AND HEARD A MOTOR RUNNING. SHE STATED SHE WENT TO THE REAR OF THE HOME AND SAW (b)(3):CPSA Section 25(c),(b)(6) AND ANOTHER SUBJECT LATER I.D. AS (b)(3):CPSA Section 25(c),(b)(6) A FRIEND OF THE (b)(3):CPSA Section 25(c),(b)(6) FLIPPING THE LARGE ATV VEHICLE OVER ON IT WHEELS. SHE STATED SHE WALKED OUT SIDE AND NOTICED (b)(3):CPSA Section 25(c),(b)(6) LYING ON THE GROUND NOT MOVING.

OFFICER FOUND THAT (b)(3):CPSA Section 25(c),(b)(6) WAS DRIVING THE VEHICLE AT A HI-RATE OF SPEED ENTER THE REAR OF (b)(3):CPSA Section 25(c),(b)(6) HEADING NORTH BOUND MADE A HARD RIGHT TURN CAUSING THE LEFT FRONT TIRE TO FOLD. AT THAT TIME THE WHEEL MADE CONTACT TO THE

Reporting Officer ZUKER, JONATHAN # 214

Approving Officer (Cover Pages Only)

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Cedartown Police Department GA1150100

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118 N. Philpot St. P.O. Box 389 Cedartown, GA 30125

Offense / Incident Report

Report Date	Type of Incident	Complaint No.	Status	Page
09/17/2006	ACCIDENT / PRIVATE PROPERTY	06-02592	ACTIVE	2

GROUND CAUSING IT TO ROLL OVER ON TOP OF ANDREA JONES. NOTE THAT 4 CHILDREN WERE PRESENT ON THE VEHICLE DURING THE ACCIDENT. ALL WERE FOUND TO BE UNDER 10 YEARS OF AGE.

THE INJURIES ANDREA JONES SUSTAINED FROM THE ACCIDENT WERE FATAL AND SHE WAS PRONOUNCED DEAD ON THE SCENE BY TREY LITSEY.

Supplemental

Approving DSN

Supp. No.	Date	Time	DSN	Officer Name
0001	09/17/2006	22:22	232	CHANDLER, KEVIN

Short Description: OFFC. CHANDLERS REPORT

I SPOKE WITH [(b)(3) CPSA Section 25(c),(b)(6)] WHO IDENTIFIED HIMSELF AS A FRIEND OF THE [(b)(3) CPSA Section 25(c),(b)(6)] FAMILY. WHEN I SPOKE WITH [(b)(3) CPSA Section 25(c),(b)(6)] HE WAS AT THE [(b)(3) CPSA Section 25(c),(b)(6)] RESIDENCE. CHARLES STATED THAT HE CAME OVER TO THE JONES RESIDENCE EARLIER THIS DATE WITH HIS 8 YEAR OLD SON ERIC AND HIS 5 YEAR OLD DAUGHTER PEYTON. CHARLES FURTHER STATED THAT ANDREA HAD BEEN RIDING THE YAMAHA ATV MOST OF THE TIME THAT HE HAD BEEN THERE. CHARLES STATED THAT ANDREA HAD BEEN DRINKING, BUT THAT HE DIDNT KNOW HOW MUCH. CHARLES FURTHER STATED THAT HE REALIZED THAT ANDREA HAD LEFT ON THE ATV WITH THE CHILDREN AND NOTIFIED ANDREAS HUSBAND MCCOIE OF THIS FACT. CHARLES STATED THAT MCCOIE AND HIM THEN LEFT IN THE TRUCK TO GO AND FIND WHERE ANDREA HAD WENT ON THE ATV. CHARLES STATED THAT THEY PULLED UP TO THE ACCIDENT SCENE AND OBSERVED THE ATV TO BE OVERTURNED AND LYING ON ITS SIDE. CHARLES STATED THAT THE ACCIDENT EVIDENTALLY HAD JUST OCCURRED BECAUSE THE 4 CHILDREN THAT WERE ALSO ON THE ATV ALONG WITH ANDREA HAD JUST STARTED TO RUN FROM THE SCENE WHEN THEY WERE PULLING UP. CHARLES STATED THAT MCCOIE AND HIM IMMEDIATELY RAN TO THE SCENE AND TURNED THE ATV BACK OVER INTO THE UPRIGHT POSITION. CHARLES THEN STATED THAT HE THEN CALLED 911. CHARLES STATED THAT MCCOIE REMAINED WITH ANDREA. CHARLES THEN STATED THAT HE GOT THE CHILDREN AND WENT BACK TO THE JONES' RESIDENCE WITH THEM. CHARLES FURTHER STATED THAT THE CHILDREN TOLD HIM THAT ANDREA WAS ATTEMPTING TO "CUT DONUTS" WITH THE ATV WHEN IT TURNED OVER LANDING ON TOP OF HER. I CHECKED THE CONDITION OF THE 4 CHILDREN. PEYTON HAD A BUSTED UPPER LIP. ERIC HAD SOME SCRATCHES TO HIS RIGHT RIB AREA AND LEGS. THE OTHER 2 CHILDREN HAD MINOR CUTS BUT WERE OK.

I THEN SPOKE WITH ANDREAS HUSBAND MCCOIE WHO HAD RETURNED BACK HOME FROM THE ACCIDENT SCENE. MCCOIE STATED THAT ANDREA USUALLY DOESNT DRINK MUCH, BUT TONIGHT SHE HAD CONSUMED MORE THAN SHE USUALLY DOES. MCCOIE FURTHER STATED THAT HE HAD TOLD ANDREA TO GO AND LAY DOWN IN THE BED BECAUSE SHE HAD CONSUMED ALOT OF ALCOHOL. MCCOIE FURTHER STATED THAT HE THEN LEFT TO GO UP THE STREET TO A FRIENDS HOUSE TO RETURN A PRESSURE WASHER. MCCOIE STATED THAT WHEN HE RETURNED HOME APPROX 10 MINS LATER, CHARLES TOLD HIM THAT ANDREA HAD LEFT IN THE ATV WITH THE CHILDREN. MCCOIE STATED THAT HE THEN LEFT WITH CHARLES TO GO AN LOCATE WHERE ANDREA HAD WENT WITH THE CHILDREN. CHARLES FURTHER STATED THAT CHARLES AND HIM PULLED UP TO THE ACCIDENT SCENE AND OBSERVED THE ATV TO BE ON ITS SIDE. MCCOIE STATED THAT THE ATV WAS ON TOP OF ANDREA. MCCOIE STATED THAT CHARLES AND HIM LIFTED THE ATV OFF OF ANDREA AND PLACED IT IN AN UPRIGHT POSITION.

Reporting Officer ZUKER, JONATHAN # 214	Approving Officer (Cover Pages Only)

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SEALED

Cedartown Police Department GA1150100

SEALED

118 N. Philpot St. P.O. Box 389 Cedartown, GA 30125

Offense / Incident Report

Report Date	Type of Incident	Complaint No.	Status	Page
09/17/2006	ACCIDENT / PRIVATE PROPERTY	06-02592	ACTIVE	3

Reporting Officer ZUKER, JONATHAN #214	Approving Officer (Cover Pages Only)

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Cedartown Police Department GA1150100

118 N. Philpot St. P.O. Box 389 Cedartown, GA 30125

Supplemental Report

Report Date	Type of Incident	Complaint No.	Status	Page
09/17/2006	ACCIDENT / PRIVATE PROPERTY	06-02592	ACTIVE	1

Supplemental No.	Date	Time	DSN	Officer Name	Sealed
0001	09/17/2006	22:22	232	CHANDLER, KEVIN	NO

Short Description:

OFFC. CHANDLERS REPORT

Supplemental Narrative:

I SPOKE WITH (b)(6) WHO IDENTIFIED HIMSELF AS A FRIEND OF THE (b)(6) FAMILY. WHEN I SPOKE WITH (b)(6) HE WAS AT THE (b)(6) RESIDENCE. (b)(6) STATED THAT HE CAME OVER TO THE (b)(6) RESIDENCE EARLIER THIS DATE WITH HIS 8 YEAR OLD SON ERIC AND HIS 5 YEAR OLD DAUGHTER (b)(6). (b)(6) FURTHER STATED THAT (b)(6) HAD BEEN RIDING THE YAMAHA ATV MOST OF THE TIME THAT HE HAD BEEN THERE. (b)(6) STATED THAT (b)(6) HAD BEEN DRINKING, BUT THAT HE DIDNT KNOW HOW MUCH. (b)(6) FURTHER STATED THAT HE REALIZED THAT (b)(6) HAD LEFT ON THE ATV WITH THE CHILDREN AND NOTIFIED (b)(6) HUSBAND (b)(6) OF THIS FACT. (b)(6) STATED THAT (b)(6) AND HIM THEN LEFT IN THE TRUCK TO GO AND FIND WHERE ANDREA HAD WENT ON THE ATV. (b)(6) STATED THAT THEY PULLED UP TO THE ACCIDENT SCENE AND OBSERVED THE ATV TO BE OVERTURNED AND LYING ON ITS SIDE. (b)(6) STATED THAT THE ACCIDENT EVIDENTALLY HAD JUST OCCURRED BECAUSE THE 4 CHILDREN THAT WERE ALSO ON THE ATV ALONG WITH (b)(6) HAD JUST STARTED TO RUN FROM THE SCENE WHEN THEY WERE PULLING UP. (b)(6) STATED THAT (b)(6) AND HIM IMMEDIATELY RAN TO THE SCENE AND TURNED THE ATV BACK OVER INTO THE UPRIGHT POSITION. (b)(6) THEN STATED THAT HE THEN CALLED 911. (b)(6) STATED THAT MCCOIE REMAINED WITH (b)(6) THEN STATED THAT HE GOT THE CHILDREN AND WENT BACK TO THE (b)(6) RESIDENCE WITH THEM. (b)(6) FURTHER STATED THAT THE CHILDREN TOLD HIM THAT (b)(6) WAS ATTEMPTING TO "CUT DONUTS" WITH THE ATV WHEN IT TURNED OVER LANDING ON TOP OF HER. I CHECKED THE CONDITION OF THE 4 CHILDREN. PEYTON HAD A BUSTED UPPER LIP. ERIC HAD SOME SCRATCHES TO HIS RIGHT RIB AREA AND LEGS. THE OTHER 2 CHILDREN HAD MINOR CUTS BUT WERE OK.

I THEN SPOKE WITH (b)(6) HUSBAND (b)(6) WHO HAD RETURNED BACK HOME FROM THE ACCIDENT SCENE. MCCOIE STATED THAT ANDREA USUALLY DOESNT DRINK MUCH, BUT TONIGHT SHE HAD CONSUMED MORE THAN SHE USUALLY DOES. (b)(6) FURTHER STATED THAT HE HAD TOLD ANDREA TO GO AND LAY DOWN IN THE BED BECAUSE SHE HAD CONSUMED ALOT OF ALCOHOL. MCCOIE FURTHER STATED THAT HE THEN LEFT TO GO UP THE STREET TO A FRIENDS HOUSE TO RETURN A PRESSURE WASHER. (b)(6) STATED THAT WHEN HE RETURNED HOME APPROX 10 MINS LATER, (b)(6) TOLD HIM THAT ANDREA HAD LEFT IN THE ATV WITH THE CHILDREN. MCCOIE STATED THAT HE THEN LEFT WITH CHARLES TO GO AN LOCATE WHERE ANDREA HAD WENT WITH THE CHILDREN. CHARLES FURTHER STATED THAT CHARLES AND HIM PULLED UP TO THE ACCIDENT SCENE AND OBSERVED THE ATV TO BE ON ITS SIDE. (b)(6) STATED THAT THE ATV WAS ON TOP OF (b)(6). (b)(6) STATED THAT CHARLES AND HIM LIFTED THE ATV OFF OF A (b)(6) AND PLACED IT IN AN UPRIGHT POSITION.

Reporting Officer	Approving Officer
CHANDLER, KEVIN # 232	

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GBI - Open Records

Official Report

Division of Forensic Sciences
Georgia Bureau of Investigation
State of Georgia

Dan Kirk
Deputy Director

* ISO 17025 Accredited *
* ASCLD/LAB Accredited *

Headquarters
DOFS Case #: 2006-7003169
Report Date: 10/16/2006

Requested Service: Blood Alcohol - Postmortem
Agency: Cedartown Police Department
Agency Ref#:
Requested by: J. Zuker

Case Individuals:
Victim: (b)(6)

Evidence:
On 09/22/2006, the laboratory received the following evidence from the Cedartown Police Department via Lockbox.

001 Sealed alcohol collection kit containing one tube(s) containing blood identified as collected from Andrea Warner Jones

Results and Conclusions:

Subm#: 001

1) Ethyl Alcohol Result by Gas Chromatography: 0.200 (+/- 0.007) grams per 100 ml
These results may be unreliable due to the clotted nature of the sample.

Only those items discussed in the results above were analyzed for this report. The above represents the interpretations/opinions of the undersigned analyst. Evidence analyzed in this report will be returned to the submitting agency. Biological evidence (body fluids and tissues) and fire debris extracts will be destroyed after one year . This report may not be reproduced except in full without written permission of the laboratory.

This case may contain evidence that must be preserved in accordance with O.C.G.A. § 17-5-56.

Leigh A. Champion

Leigh Champion
Forensic Toxicologist
404-270-8238

CC:

Related Agencies:
Tallapoosa Judicial Circuit
Polk Co. Coroner
Polk Co. District Attorney
GSP-Accident Reporting

End of Official Report

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Official Report

Division of Forensic Sciences
Georgia Bureau of Investigation
State of Georgia

Dan Kirk
Deputy Director

* ISO 17025 Accredited *
* ASCLD/LAB Accredited *

Headquarters
DOFS Case #: 2006-7003169
Report Date: 10/25/2006

Requested Service: Toxicology - Postmortem
Agency: Cedartown Police Department
Agency Ref#:
Requested by: J. Zuker

Case Individuals:
Victim: (b)(6)

Evidence:
On 09/22/2006, the laboratory received the following evidence from the Cedartown Police Department via Lockbox.

001 Sealed alcohol collection kit containing one tube(s) containing blood identified as collected from Andrea Warner Jones

Results and Conclusions:

Drug Screen Results by: Immunoassay

Subm#:	Drug Screen Classification	Result
001	blood-amphetamines	Negative
	blood-barbiturates	Negative
	blood-cannabinoids (marijuana)	Negative
	blood-certain benzodiazepines	Negative
	blood-cocaine/cocaine metabolites	Negative
	blood-common opioids	Negative

Only those items discussed in the results above were analyzed for this report. The above represents the interpretations/opinions of the undersigned analyst. Evidence analyzed in this report will be returned to the submitting agency. Biological evidence (body fluids and tissues) and fire debris extracts will be destroyed after one year. This report may not be reproduced except in full without written permission of the laboratory.

This case may contain evidence that must be preserved in accordance with O.C.G.A. § 17-5-56.

Larry J. Lewellen

Larry J. Lewellen
Asst. Manager, Toxicology
404-270-8244

CC:

Related Agencies:
Tallapoosa Judicial Circuit
Polk Co. Coroner
Polk Co. District Attorney
GSP-Accident Reporting

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GBI Open Records

End of Official Report

Task Number: 060922HCC2849

Date: 11/7/06

Status of Missing Document(s)

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

1. photo of the ATV by police/medical examiner
2.
3.
4.
5.

060922HCC2849

CONTACT INFORMATION:

Contacted on 9/26/06

Cedartown Police
73 Cline Ingram Jackson Rd
Cedartown, GA 30125
(770)749-2200

Trey Litesy
Polk County Coroner
230 College Street
Cedartown, GA 30125
(770)748-1241

Contacted on 9/29/06

GBI Medical Examiner
PO Box 370808
Decatur, GA 30037
(404)244-2734

Contacted on 11/7/06

Cpl, John Zuker
Cedartown Police

Task Number 060922HCC2849

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

Type of respondent: Police Department

Other, specify:

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

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

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

ATV #1	ATV #2
Manufacturer: 02 - Yamaha	**Manufacturer:**

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

Model: Rhino 660 / **VIN:** UNKNOWN

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

Model Year: 2004

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

Engine Size: 625-650

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

	Death #1	Death #2
Date of Death:	09/17/2006	
Age/Sex:	34 / Female	/
State of Death:	GA	
City of Death:	Cedartown	
County of Death:	Polk	

Task Number: 060922HCC2849

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

Victim #1, a 34-year-old female driver was riding on an off-road four-wheeled ATV on private property. Victim #2, an 8-year-old male, victim #3, a 4-year-old male, victim #4, an 8-year-old male, and victim #5, a 5-year-old female were passengers riding on the ATV. None of the victims wore helmets. Victim #1 traveled at an excessive rate of speed, made a hard right turn, caused the left front tire to fold and the ATV overturned on its side which landed atop of her. The children were thrown, sustained minor

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

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

Victim 1:	Victim 2:
(Yes) No Unknown	Yes (No) Unknown

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

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

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

Victim 1:	Victim 2:
Yes (No) Unknown	Yes (No) Unknown

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

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

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

Age: 34 **Height:** 63 **(inches)**
Weight: 03 = 100 - 149 **Sex:** Female

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?

11 - Yard/Lawn

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

09 - NA (Not a road)

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

09 - NA (Not a traffic incident)

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

1 - Yes

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

2 - No, Drugs

Additional Comments:

11. victim 3,4,5: no helmets

The Cedartown Standard
www.cedartownstd.com

213 Main Street, Cedartown, GA

GA

Last updated on Sept. 21, 2006, 9:35 p.m.

Riverside
riversidecollegegroup.com

Woman dies in ATV roll-over incident

09/18/06

A Cedartown woman was killed while riding an ATV on Sunday, Sept. 17.

According to Polk County Coroner Trey Litesey, Andrea Warner Jones, 34, of 122 Georgia Lane, died at approximately 8:30 p.m. Sunday from injuries sustained during an ATV accident.

Jones was reportedly driving the ATV behind property on Georgia Lane when the vehicle rolled over.

Jones is survived by her husband, McCoie Jones; sons, Jeremiah Jones and Dylan Jones; parents, Emory David Warner and Beth Meunier Warner; sisters, Teena Warner Hardwick and Valarie Warner Ransom. Also surviving are mother and father-in-law Charm Jones and Warren Rhubarb Jones.

Funeral services will be held Wednesday, Sept. 20 at 4 p.m. in the Sanctuary at First Baptist Church with Dr. Steve Fetkenhour and Rev. Wayne Benefield officiating. Interment followed in Polk Memory Gardens.

Visitation will be held on Tuesday, Sept. 19 from 6 p.m. until 9 p.m. at Gammage Funeral Home.

In lieu of flowers, donations may be made for her children to the Andrea Warner Jones Trust Fund at Edward Jones financial corporation, C/O Rick Hall, P.O. Box 611, Cedartown, Ga. 30125

Visit www.gammagefh.com to send the Jones family private condolences and sign the online guestbook.

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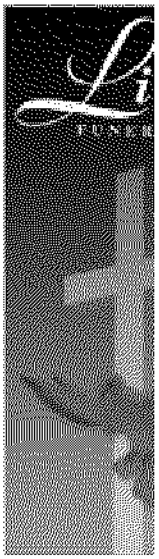
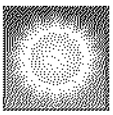


Cedartown, GA



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Local Poll

The annual Fall Festival has been moved ahead one week. Instead of the usual first weekend in October, it will be held on the second weekend, Oct. 14. How do you feel about this?

I don't care either way. I'm still planning on going regardless of the date.

Why change? It was fine on the first weekend in October.

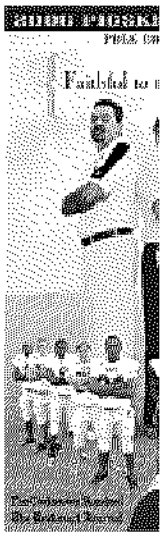
Good idea. Maybe the later date will give us cooler and a little more "fall-like" weather.

I've never been before, and don't plan on going this year, so it doesn't matter to me.

Vote

Features

Local TV Listings



What's g

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