

110420HCC1500

Information contained in this report was obtained from a police report and a medical examiner's report.

The victim is a 24-year-old-male. His weight, height, medical history, familiarity and experience with the utility vehicle and riding time could not be determined.

On 05/28/10, the victim had been visiting a friend. His friend's neighbor who had been partying and drinking at his own home, had joined them and the victim stated that he needed a ride home. At that point the neighbor (59-year-old-male) offered him a ride home in his 4-wheeled utility vehicle.

The 59-year-old operator was driving the utility vehicle with his 24-year-old-male passenger, who was not wearing a seat belt. They were travelling on an asphalt roadway when he veered off of the side roadway onto the grass. The passenger was ejected from the vehicle striking a road sign in the process which resulted in fatal injuries.

Upon arrival of 911 personnel, the victim was found to be unresponsive and unsuccessful CPR procedures were attempted. The victim was transported to a hospital where he was pronounced with his cause of death determined to be blunt trauma of head and neck.

The UTV operator was suspected of drinking alcohol and he was cooperative with the various tests that were performed by sheriff personnel.

PRODUCT INFORMATION:

Product: John Deere Utility Vehicle

Model: XUV 6201 Gator

VIN: (b)(3) Exemption 3 for
§ 552.1

ATTACHMENTS:

1. County Sheriff's Report
2. Medical Examiner's Report
3. Contact Sheet
4. Status of Missing Document(s)
5. Questionnaire

ATTACHMENT #1
CASE REPORT

Chemung County Sheriff's Office

CASE REPORT #: SO-00893-10

Blotter/CC #: SO-010308-10

MAIN CASE INFORMATION

UCR Case Status : **CLEARED BY ARREST--ADULT**

Status Date: 10/09/2010

Dept Case Status:

Report Date: 05/28/2010 Time: 23:31 Report Day: Fri

Occurred On/From	Day	Date	Time	Occurred On/To	Day	Date	Time	Incident Type
	Fri	MAY 28 2010	23:31		Sat	MAY 29 2010	06:00	MVA/FATAL
Incident Address (Street No., Street Name, Bldg. No., Apt. No.)				City, State, Zip (C T V)				Location Code
KINNER HILL RD				SOUTHPORT TOWN				0858
Business Name			Inquiries (Check all that apply)			NYSPIN Message No		Notifier/TOY
			<input checked="" type="checkbox"/> DMV <input type="checkbox"/> Crim. History <input checked="" type="checkbox"/> Want/Warrant <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other					CID/TCA

OFFICERS INVOLVED

Serial #	Rank	Name	Type/Role	Shield	Command	Squad
5427C	DEP	DAVID E PADGETT	R	5427C	CCSO	A
9356C	DEP	JAMES R RITTER	A	9356	CCSO	B
5648C	DEP	RICHARD L MATHEWS	B	5648	CCSO	A
6053C	SGT	THOMAS C ARGETSINGER	D	6053	CCSO	CID

OFFENSES

Charge	Class	Att	Law Description
PL 125.12-1	D FELONY	NO	VEHICULAR MANSLAUGHTER IN THE SECOND DEGREE
VTL 1192-2	U MISDEMEANOR	NO	DRIVING WHILE INTOXICATED
VTL 1192-3	U MISDEMEANOR	NO	OPERATING MOTOR VEHICLE UNDER THE INFLUENCE ALCOHO

PERSONS INVOLVED

Name: (b)(6)	Role: DE - DEFENDANT
Address: (b)(6)	
Apt No.:	Bus. Phone: (b)(6)
Phone: (b)(6)	Mobile Phone: (b)(6)
Sex: M	DOB: (b)(6)
Age: 60	Race: WHT
Name: (b)(6)	Role: DD - DECEASED
Address: (b)(6)	
Apt No.:	Bus. Phone: ()
Phone: (b)(6)	Mobile Phone: (b)(6)
Sex: M	DOB: (b)(6)
Age: 24	Race: WHT
Name: (b)(6)	Role: MT - MEDICAL TECH
Address: (b)(6)	
Apt No.:	Bus. Phone: (b)(6)
Phone: (b)(6)	Mobile Phone:
Sex: M	DOB: (b)(6)
Age: 31	Race: WHT
Name: (b)(6)	Role: MD - MEDICAL DOCTOR
Address: (b)(6)	
Apt No.:	Bus. Phone:
Phone: (b)(6)	Mobile Phone:
Sex: M	DOB: (b)(6)
Age: 57	Race: WHT

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PERSONS INVOLVED

Name: (b)(6) Role: ME - MEDICAL EXAMINER

Address: (b)(6)
Apt No.: (b)(6) Bus. Phone: () Sex: M DOB: (b)(6)
Phone: () Mobile Phone: (b)(6) Age: 110 Race: WHT

Name: (b)(6) Role: OT - OTHER

Address: (b)(6)
Apt No.: Bus. Phone: Sex: M DOB: (b)(6)
Phone: (b)(6) Mobile Phone: Age: 52 Race: WHT

Name: (b)(6) Role: PI - PERSON INTERVIEWED

Address: (b)(6)
Apt No.: Bus. Phone: (b)(6) Sex: F DOB: (b)(6)
Phone: (b)(6) Mobile Phone: Age: 50 Race: WHT

Name: (b)(6) Role: MT - MEDICAL TECH

Address: (b)(6)
Apt No.: Bus. Phone: Sex: DOB:
Phone: (b)(6) Mobile Phone: Age: Race:

Name: (b)(6) Role: MT - MEDICAL TECH

Address: (b)(6)
Apt No.: Bus. Phone: () Sex: M DOB: (b)(6)
Phone: (b)(6) Mobile Phone: (b)(6) Age: 29 Race: WHT

Name: (b)(6) Role: MT - MEDICAL TECH

Address: (b)(6)
Apt No.: Bus. Phone: (607) Sex: F DOB: (b)(6)
Phone: (b)(6) Mobile Phone: Age: 22 Race: WHT

Name: (b)(6) Role: MT - MEDICAL TECH

Address:
Apt No.: Bus. Phone: Sex: M DOB:
Phone: Mobile Phone: Age: Race:

Name: (b)(6) Role: MT - MEDICAL TECH

Address: (b)(6)
Apt No.: Bus. Phone: () Sex: M DOB: (b)(6)
Phone: (b)(6) Mobile Phone: Age: 66 Race: WHT

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NARRATIVE

On 05/28/2010 at about 2331 hours Deputy Padgett and Deputy Mathews responded to Kinner Hill Rd. for a personal injury motor vehicle crash in the Town of Southport.

Prior to arrival the Chemung County Communications Center advised of a personal injury accident on Kinner Hill Rd. near Sagetown Rd. in the Town of Southport. As Deputy Padgett approached Kinner Hill Rd. Deputy Padgett did not observe any accident at the intersection and asked dispatch if the caller stated they had a better location of the accident scene. Dispatch advised the caller had stated he was at the top of the hill.

Upon arrival to the area of (b)(6) Deputy Padgett observed a green in color John Deere Gator style ATV to be parked with the lights on and motor running facing east about 2 feet from the edge of the roadway about 100 yards from the driveway of 332 Kinner Hill Rd. Deputy Padgett observed the roadway to be asphalt with black loose gravel next to the roadway. According to weather.com the temperature outside was about 61 degrees Fahrenheit under partly cloudy skies. Deputy Padgett observed (b)(6) DOB: (b)(6) to be standing near the front driver side of the vehicle and a dog was along the roadway walking around. Deputy Padgett then observed a white male lying in a pool of blood face down in the area of a 45 mph Town Speed Sign. Deputy Padgett asked (b)(6) what had happened and he stated that he was driving and the male just fell out. Deputy Padgett put on his body substance isolation gloves and went over to the male victim lying on the ground. Deputy Padgett attempted to check the subject for any activity by shaking his shoulder. There was no response from the subject on the ground. Deputy Padgett checked for a pulse in the carotid artery and no pulse was found. Deputy Padgett asked dispatch if EMS was en route and they stated that they were. Deputy Padgett advised Deputy Mathews that Deputy Padgett needed an AED. Deputy Padgett then rolled the victim over and observed blood on the victims face as well as in his hair. Deputy Padgett also observed the victims tongue to be sticking out, his right eye was swollen, black and blue, and both eyes were shut. Deputy Padgett checked for a carotid pulse again and checked for a brachial pulse both with negative results. Deputy Padgett began to cut the victims grey in color tee shirt and white in color A style under shirt. As Deputy Padgett was finishing cutting off the victims shirt Deputy Mathews arrived on scene and asked if Deputy Padgett had an AED in the patrol vehicle and Deputy Padgett advised him that it was located on the passenger side of patrol vehicle 1K123. Sgt. Argetsinger had asked Deputy Padgett if his assistance was needed at the scene and Deputy Padgett advised him that it was. Deputy Mathews responded over and deployed the AED. An assistant chief from Webb Mills Fire Department AARON L SMITH, DOB: 03/12/1979, arrived on scene and had retrieved a pocket mask. Deputy Mathews attached both pads and the AED advised to stay clear and that no shock was advised. Deputy Mathews began to clear the victims airway by using finger sweeps and a heavy amount of blood was cleared from the mouth. The victims airway had to be cleared due to SMITH not being able to get any breathes into the victim. As Deputy Padgett was assisting Deputy Mathews with moving the victims head Deputy Padgett felt the top of the victims right side of his head. Deputy Padgett felt a large laceration that Deputy Padgett could fit his finger into. Deputy Padgett also noticed what appeared to be brain matter to be on the victims hair. Deputy Padgett began CPR by doing chest compressions while SMITH deployed his pocket mask to the victims face. Deputies and SMITH continued CPR until the AED advised it was analyzing. The AED analyzed and advised no shock would be delivered and CPR was continued until the AED analyzed again. Again the AED advised no shock was to be delivered and CPR was continued by Deputy Mathews. CPR was continued until Erway ambulance personnel arrived on scene at about 2345 hours. Webb Mills Fire Department members arrived on scene and also assisted with CPR, and suctioning. COREY J RIGHTMIRE, DOB: 02/16/1981, a medical technician with Erway ambulance arrived on scene and advised to continue CPR. RIGHTMIRE advised the victim had to be placed onto a backboard and transported.

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The victim was rolled onto the backboard and loaded in the ambulance. Deputy Mathews handed Deputy Padgett the victim's wallet identifying him as (b)(6) DOB: (b)(6) of (b)(6) (b)(6) was placed into Erway ambulance number 2 bearing New York State Registration 10226ET. Erway ambulance had left the scene and at about 0016 hours they arrived at St. Joseph's Hospital.

Deputy Mathews had spoken with (b)(6) as Deputy Padgett assisted with loading (b)(6) into the ambulance. Deputy Mathews had informed Deputy Padgett that STICKLER did consent and test positive for alcohol after a pre-breath screening test. Deputy Padgett responded over to the front of patrol vehicle 1K120 where (b)(6) had been standing and began to interview him. Deputy Padgett asked (b)(6) where he had been coming from and he stated that he was partying at his house and he told (b)(6) he would give him a ride home. (b)(6) stated he came up over (b)(6) and was coming down (b)(6) and he stated "He fell out of the damn gator." Deputy Padgett asked (b)(6) if LONG had been wearing his seatbelt and (b)(6) stated he was not. Deputy Padgett asked STICKLER how fast he was going and he stated maybe 20 mph. (b)(6) stated he came around the corner and (b)(6) fell out and hit the post. (b)(6) stated "He was pretty shitty." (b)(6) stated he pretty much knew right away it was bad. (b)(6) stated where (b)(6) was found by Deputy Padgett was where (b)(6) had landed. (b)(6) stated that there was a lot of blood and (b)(6) did not move at all so (b)(6) called 911 immediately. (b)(6) stated the dog was in the back of the Gator and (b)(6) was sitting in the passenger seat. As Deputy Padgett was interviewing (b)(6) Deputy Padgett did detect the odor of an alcoholic beverage emanating from (b)(6) breath. Deputy Padgett asked (b)(6) how much he had to drink and he stated "Not much, a couple 3 or 4." Deputy Padgett asked (b)(6) what type of beer and he stated "Michelob," and they were in 12 ounce bottles. (b)(6) stated he had his last drink about 2 or 3 hours ago. (b)(6) consented to performing field sobriety tests.

Deputy Padgett asked (b)(6) if he had any medical conditions Deputy Padgett needed to be aware of and he stated that he has asthma and he is old. Deputy Padgett explained the first test that was going to be administered was the Horizontal Gaze Nystagmus Test and advised (b)(6) to stand with his feet together and his arms down at his side. Deputy Padgett advised (b)(6) to follow Deputy Padgett's pen which was used as a stimulus with (b)(6) eyes only and advised (b)(6) not to move his head. Deputy Padgett noticed that (b)(6) had a lack of smooth pursuit in following the stimulus. Deputy Padgett checked for nystagmus at maximum deviation in both eyes and noticed sustained and distinct nystagmus in both eyes.

Deputy Padgett advised (b)(6) the next test that was going to be administered was the walk and turn. Due to there being a field present the walk and turn and remaining field sobriety tests were conducted on a small dirt private roadway just east of patrol vehicle 1K120. Deputy Padgett advised and demonstrated for (b)(6) to stand on an imaginary straight line and to place his left foot on the line and right foot in front of it in heel to toe fashion and to remain in that position with (b)(6) arms down to his sides for the remainder of the instructions. (b)(6) stepped off of the line during the instruction portion of the test and could not keep his balance. Deputy Padgett advised (b)(6) to take nine heel to toe steps down the line, turn, and take nine heel to toe steps back down the line. Deputy Padgett advised (b)(6) that at the end of the first nine steps to keep one foot on the line and use the other foot to turn and then return taking nine heel to toe steps back down the line. (b)(6) was advised to count out loud and look down at his feet while doing the test. (b)(6) began the test and while taking the test he raised his arms up in an effort to balance himself. Deputy Padgett noticed (b)(6) seventh, eighth, and ninth steps were not heel to toe. Deputy Padgett observed (b)(6) to step off of the line on the last step. (b)(6) stepped off of the line on the return nine steps and Deputy Padgett observed

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(b)(6) to raise his arms several times, and he was stumbling while walking.

Deputy Padgett advised (b)(6) that the next test that was going to be administered was the one leg stand test and STICKLER was advised to raise either leg of his choice six inches off the ground, look at his foot, and count out loud from 1001 to 1030 or until Deputy Padgett advised (b)(6) to stop. Deputy Padgett showed (b)(6) how to perform the test and (b)(6) stated he understood. Deputy Padgett observed (b)(6) to be wobbly as soon as he began the test. At 1007 (b)(6) began to walk forward and put his foot down stating he could not do it. (b)(6) then stated he was done and at about 0022 hours he stated "I can't do that."

Deputy Padgett then advised (b)(6) the next test that was going to be administered was the finger to nose test. Deputy Padgett advised (b)(6) to stand with his heels together and his arms down at his sides. Deputy Padgett advised (b)(6) to tip his head back and close his eyes and with his right hand bring his pointer finger out parallel to the ground with his palm facing down. Deputy Padgett then advised (b)(6) to rapidly turn his wrist upward and bring his pointer finger to the tip of his nose touching it and bringing his arm back to his side. Deputy Padgett demonstrated the test to (b)(6) and he stated he understood. When Deputy Padgett advised (b)(6) "right" (b)(6) brought his right arm up and touched his pointer finger to the side of his nose. (b)(6) was then instructed to do the left finger and (b)(6) did so and did not touch the tip of his nose but towards the side of his nose. (b)(6) was then advised right again and again he did not touch the tip of his nose but towards the side. Deputy Padgett advised (b)(6) left and he touched the side of his nose. (b)(6) was advised left and he brought his right arm up and touched his right finger to the side of his nose.

At about 0025 hours (b)(6) consented to the final phase of the field sobriety tests being administered by Deputy Padgett. Deputy Padgett instructed (b)(6) verbally on how to take the alco-sensor (pre-screening). (b)(6) did submit to the alco-sensor with a positive reading for alcohol with a reading of .157 per centum BAC. The second alco-sensor was administered by Deputy Padgett and was apart of Deputy Padgett's investigation into driving while intoxicated. Due to Deputy Padgett's investigation and observations (b)(6) was placed under arrest for driving while intoxicated. (b)(6) was placed into handcuffs and placed into the rear of patrol vehicle 1K123. While he was being placed under arrest (b)(6) got an aggressive attitude and told Deputy Padgett to call the Sheriff. At about 0029 hours while in the back of patrol vehicle 1K123 (b)(6) consented to submitting to a chemical test, datamaster, back at the Chemung County Sheriff's Office. Deputy Padgett read (b)(6) his Miranda Warnings at about 0030 hours and he consented to continue speaking with Deputy Padgett. (b)(6) was transported to the Sheriff's Office for processing.

At about 0044 hours Deputy Padgett and (b)(6) arrived at the Sheriff's Office. Deputy Padgett read (b)(6) his DWI Warnings again and he stated "Right, Sure Why not," and consented to a chemical test. Deputy Padgett read (b)(6) his Miranda Warnings again and he stated he would continue to speak with Deputy Padgett. (b)(6) was asked a series of questions regarding the incident and he stated that (b)(6) had just fell out of the Gator. (b)(6) stated he had been drinking and responded to his neighbors house where (b)(6) stated he needed a ride home. (b)(6) offered to give him a ride and while they were driving down the road (b)(6) stated (b)(6) had just fallen out of the Gator and hit the sign post. (b)(6) was put through field sobriety tests again on video, see DWI videotape for further details.

At about 0112 hours (b)(6) submitted to a chemical test that showed (b)(6) having a .17 per centum BAC. Deputy Padgett was obtaining (b)(6) arrest information and at about 0125 hours Assistant District Attorney Thweatt arrived at the Sheriff's Office. Deputy Padgett briefed ADA Thweatt as to the nature of the accident. ADA Thweatt advised to hold off

ATTACHMENT #1
CASE REPORT

Chemung County Sheriff's Office

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any more processing of (b)(6) and to wait for charges involving the accident until further information was obtained. ADA Thweatt made contact with Sgt. Argetsinger to have him respond to the Sheriff's Office and interview (b)(6). Sgt. Argetsinger responded and interviewed (b)(6) again.

ADA Thweatt advised not to charge (b)(6) at this point in time until further notice and (b)(6) was released. At about 0217 hours Deputy Padgett, Deputy Kimble, Deputy Mathews, and Sgt. Argetsinger responded back to the accident scene. Upon arrival to the scene Deputy Padgett noticed a pair of work gloves lying on the ground to the west of the sign post. Brain matter was found at the bottom of the sign post on the south side. Upon initial investigation it appears that (b)(6) had gone off of the roadway and upon correcting the vehicle (b)(6) had fallen out striking the sign post.

Deputy Padgett responded to the Sheriff's Office and the DWI videotape, and all other evidence was logged into evidence. An accident report was filed in the TraCs system however the case remains open pending further investigation, and charges will be pursued for VTL offenses. DEP

PROPERTY INVOLVED

Item #: 1	Item: JOHN DEERE	Qty: 1.000	Role: EVI	Value:
Category: AUTOMOBILES	Disposition:			
Year:	Plate:	State: NY	Size:	
Make: JOHN DEERE			Damage:	
Model: XUV 620I			Own App #:	
Style: GATOR			Caliber:	
Color: YEL/GRN			Impound/Invoice #:	
ID/VIN #: (b)(6)			Misc:	
Item #: 2	Item: CELL PHONE	Qty: 1.000	Role: EVI	Value:
Category: RECORDINGS - AUDIO/VISUAL	Disposition:			
Year:	Plate:	State:	Size:	
Make:			Damage:	
Model: VERIZON			Own App #:	
Style:			Caliber:	
Color:			Impound/Invoice #:	
ID/VIN #:			Misc:	
Item #: 3	Item: WALLET	Qty: 1.000	Role: EVI	Value:
Category: PERSONAL PAPERS	Disposition:			
Year:	Plate:	State:	Size:	
Make:			Damage:	
Model:			Own App #:	
Style:			Caliber:	
Color:			Impound/Invoice #:	
ID/VIN #:			Misc:	

Reporting/Investigating Officer:

DEF DAVID E PADGETT *[Signature]*

Supervisor Approving:

[Signature]

Supervisor 2 Approving:

Narrative #: 1

Officer Rank/Name: DEP JEFFRE. F ALEXANDER

Department: Chemung County Sheriff's Office
DD Number :

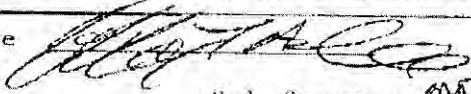
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On 05/29/10 at approximately 0130 hrs Deputy Alexander responded to the Chemung County Impound on Chemung St in the Village of Horseheads to impound a vehicle involved in a MVA. Deputy Alexander met Dave's Towing operator (b)(6), DOB: (b)(6), at which time the vehicle was placed in the impound in space #3. Deputy Alexander collected the towing bill from (b)(6). Deputy Alexander then completed the vehicle impound procedure and form in Tracs.

Deputy Alexander observed the vehicle as a John Deere brand, Gator off road vehicle, green and yellow in color, with a VIN# of (b)(6). Deputy Alexander observed no damage to the vehicle. Deputy Alexander observed in the back dump bed of the vehicle four empty 12 oz aluminum beer cans. The four cans consisted of one Labatt Blue Light, 2 Michelob light, and one Keystone light. Deputy Alexander then collected the ignition key as evidence.

Deputy Alexander then responded to St. Joseph's Hospital to assist Deputy Mathews. Upon arrival Deputy Mathews did not need any further assistance. Deputy Alexander then responded to the Sheriff's Office and placed the vehicle ignition key and towing bill into evidence. No further action taken at this time. JTA

Signature



D.O.

Sgd. Superv



C.O.



Narrative #: 2

Officer Rank/Name: DEP THOMAS L. KIMBLE

Department: Chemung County Sheriff's Office	Case Number.: SO-00893-10
DD Number :	Blotter/CC #: SO-010308-10

On 05/29/2010 at about 0044 hours Deputy Kimble responded to the Chemung County Sheriff's Office to conduct a Datamaster DMT test on a subject from a MVA on Kinner Hill Road.

Deputy Kimble met with Deputy Padgett as he had (b)(6) DOB: (b)(6) in custody and needed a Datamaster DMT operator. At about 0112 hrs., (b)(6) submitted a breath sample which registered 0.17% BAC on the Datamaster DMT instrument operated by Deputy Kimble and witnessed by Deputy Padgett.

Deputy Kimble then responded to the scene of the MVA and assisted CID Investigator Argetsinger and Deputy Mathews with securing the scene. Deputy Kimble checked the route that (b)(6) drove from Sagetown Road to Widger Hill Road to Kinner Hill Road. There were no signs of other crashes or areas of concern on or near the roadway.

At about 0225 hrs., while Deputy Kimble was checking the roadway on Widger Hill Road, a porch light turned on at (b)(6) and a female subject came outside of the residence identified as (b)(6) DOB: (b)(6) Deputy Kimble interviewed (b)(6) and she stated that a gator type vehicle did drive by her house towards Kinner Hill at about 1 1/2 hours prior. Without prompting, (b)(6) stated that it was probably (b)(6) because he is the only person in the area that has a gator type vehicle. (b)(6) stated that it was not a car and it was not a four-wheeler as she could differentiate between a car and a four-wheeler and a gator, Deputy Kimble asked how (b)(6) could differentiate between those types of vehicles with certainty and (b)(6) stated that (b)(6) is always driving past her house on the gator-type vehicle and that she knew the sound of (b)(6) gator-type vehicle. Deputy Kimble asked (b)(6) if she could hear voices coming from the gator-type vehicle and if she saw how many occupants were on the vehicle. (b)(6) stated that she did not see how many people were on the gator-type vehicle but that she did hear voices. (b)(6) was not sure if the voices were from the person or people on the gator-type vehicle or if it was coming from the neighbor's house across the street as they had a camp fire earlier and that they might have still been outside. (b)(6) then informed Deputy Kimble that there is an access route via a field that (b)(6) is often driving on day and night. (b)(6) stated that southwest across from Dutch Hill at the Dutch Hill / Sagetown Road intersection is a well used path that leads to the area of Kinner Hill Road. (b)(6) stated that (b)(6) may have been out that way as well during the evening.

No other actions taken by Deputy Kimble

TJK

Signature

D.O.:

Sqd Superv.:

C.O.:

Officer Rank/Name: DEP RICHA L MATHEWS

Department: Chemung County Sheriff's Office
DD Number :Case Number.: SO-00893-10
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On 05/28/2010 at or about 2331 hours Deputy Mathews and Deputy Padgett responded to the area of Kinner Hill Road, in the Town of Southport, for a personal injury motor vehicle crash. The Communications Center advised responding units the crash was located on Kinner Hill Road near Sagetown Road however later advised responding units that the caller stated he was on top of the hill.

Upon arrival Deputy Mathews observed Deputy Padgett to be on the south shoulder of the roadway and to be attending to a male victim, later identified as a (b)(6). Deputy Mathews further observed a John Deere Gator XVU 6201 to be parked in the roadway facing an easterly direction. Deputy Mathews observed a male subject, later identified as a (b)(6), DOB (b)(6), to be standing near the front of the vehicle.

Deputy Mathews was advised by Deputy Padgett to grab the AED from patrol vehicle 1K123. Deputy Mathews secured the AED and responded to assist Deputy Padgett. It should be noted that the Webb Mills Fire Department Assistant Chief (b)(6) DOB (b)(6) had also arrived on scene and assisted deputies at this time. At this time Deputy Mathews observed (b)(6) to have a large quantity of blood to be coming from his head and to be pooling on the ground. (b)(6) was further observed to have blood and dirt on his face and his hair to be heavily saturated with blood. (b)(6) also had two deeply swollen black and blue eyes. (b)(6) further had blood coming out of his nose and mouth. Deputy Mathews prepared the AED, while Deputy Padgett cut (b)(6) shirt off, and (b)(6) prepared his pocket CPR mask.

Deputy Mathews turned the AED on and attached the AED pads to (b)(6) bare chest as per the instructions. Everyone was advised to not touch (b)(6) as the AED analyzed. Deputies were then advised by the AED that no shock was advised and to start CPR. SMITH placed his pocket mask over (b)(6) mouth and nose and attempted to give (b)(6) two breaths. Deputy Mathews observed the breaths to not go in and assisted SMITH in readjusting the airway. Deputy Mathews placed his left hand behind (b)(6) neck for support and then tilted (b)(6) chin. At this time Deputy Mathews observed (b)(6) mouth to be completely filled with what appeared to be blood and mucus. Deputy Mathews began finger sweeps of (b)(6) mouth in an attempt to clear the blood and mucus as well as any other obstructions. After Deputy Padgett completed the first cycle of compressions, SMITH attempted two additional breaths that did appear to go into (b)(6) chest. It should be noted that while Deputy Padgett completed compression Deputy Mathews continued to sweep (b)(6) mouth and SMITH gave breaths. After several cycles of CPR Deputy Mathews and Deputy Padgett switched and Deputy Mathews completed compressions and Deputy Padgett assisted with the airway. Deputies were then assisted by several other unknown Webb Mills firefighters, one of who assisted with manual suction of (b)(6) mouth.

After several minutes of CPR, Erway Ambulance arrived on scene to take control of the patient. Deputies continued CPR and assisted Erway Ambulance personnel with (b)(6). Deputy Mathews was relieved by a firefighter with the compressions and Deputy Mathews then assisted in placing a neck brace on (b)(6). Deputy Mathews then secured (b)(6) wallet out of his right rear pocket. (b)(6) was then placed on a backboard and then onto an Erway Ambulance's stretcher. (b)(6) was loaded into the ambulance and transported to St. Joseph's Hospital for further medical attention.

At this time Deputy Mathews conducted a brief interview of (b)(6). Deputy Mathews inquired with (b)(6) as to what occurred and how (b)(6) was injured. (b)(6) stated that he was giving (b)(6) a ride home on his John Deere Gator and that (b)(6) had just fallen out of the vehicle. (b)(6) further added that he left Sagetown Road and



New York State Department of Motor Vehicles

POLICE REPORT FOR FATAL MOTOR VEHICLE ACCIDENTS



VM (MC 0107)

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Local Code 100	Accident Date 03/27/2014	Police Time 11:27	County Ulster	Town/Village CATSKILL	Section TOWN OF CATSKILL	Section TOWN OF CATSKILL	Section TOWN OF CATSKILL
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Name and Address of Involved:

1: [REDACTED]

ACCIDENT DATA

Speed Limit (MPH): 45 Location (Route or Street Name): KENNER HILL RD

Estimated Speed:

Vehicle 1: MPH Unknown Vehicle 2: MPH Unknown Vehicle 3: MPH Unknown

Vehicle Model (for example, Mustang or Corvette):

Vehicle 1: [REDACTED] Vehicle 2: Vehicle 3:

Remaining Surface:

Concrete Blacktop Dirt or Rock Dirt Sand Gravel Stone Other

No. of Lanes: One Way Traffic Divided highway, other barrier or buffer to be unknown Divided highway, median strip Not clearly defined

EMERGENCY MEDICAL SERVICES Time (Military): 03:33
HOSPITAL INFORMATION If the victim was taken in a hospital outside of NY, give the county and state of the hospital:
 Notified: [REDACTED] ST. JOSEPH'S BOSCHAL
 Arrived at Scene: 03:48
 Arrived at Hospital: 09:16

OCCUPANT DATA

Sex	Occupied Yes/No	Time of Death	Estimated Yes/No	Type of Exit (air- bag, ejection seat, etc.)	Air Bags Deployed Yes/No	Holter Vehicle	Initial Point of Impact to Vehicle
V E H I C L E P A S S E N G E R	NO		NO		NO	YES	01 - FRONT QUARTER PANEL - WINDSH
V E H I C L E P A S S E N G E R	YES	03:53	NO		NO	YES	02 - FRONT QUARTER PANEL - WINDSH
V E H I C L E P A S S E N G E R							
V E H I C L E P A S S E N G E R							

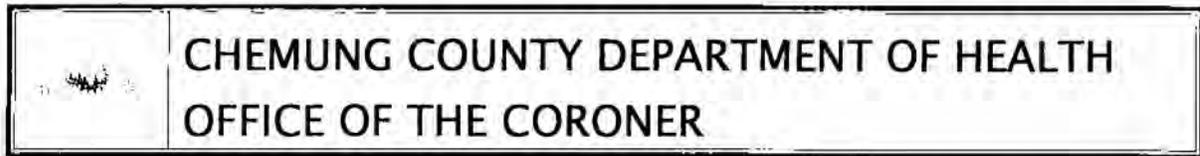
* This includes any type of EMS service (for example fire, police, private). If you are unable to furnish the EMS data, please give the name, address and phone number of the ambulance so we can contact them.

** To be indicated, the victim must be pinned from the wreckage. Unfastening the seat belt is not considered "extricated".

*** Indicate the front side of the vehicle (but note impacted, for example, right front, and rear right).

Additional Information:

SIGN: Officer's Rank and Signature: [Signature] Date: 04/20/14 Time: 09:00
 HERE: [Signature] Date: 04/20/14 Time: 09:00



DEATH CONFIRMATION AND SUMMARY REPORT

Name / Date of Birth: (b) (3) Exemption - 14Y M (b) (3) Exempt Date of Death: 05/29/10

Case: CCC-2010-80

Date of Autopsy: 05/30/10

Autopsy Performed by: Monroe County Medical Examiner's Office, Rochester, New York

CAUSE OF DEATH

Immediate Cause: **Blunt trauma of head and neck**

Due to:

Due to:

OTHER SIGNIFICANT CONDITIONS:

MANNER OF DEATH: **Accident**

Death Certificate Signed by: **Roger Schenone, D.O.**

Notice: The autopsy report may be incomplete at this time and any statements or opinions offered by the Coroner's Office could be preliminary and subject to change pending issuance of the final autopsy report. The information contained on this report is classified as confidential and is being released solely to the requesting agency and is not to be re-released or republished to any other agency, entity or individual without the prior written permission of the Chemung County Coroner's Office.

110420HCC1500

ATTACHMENT #3

Contact Sheet

Contacted on 04/29/11
Chemung County Sheriff
203-209 William St.
Elmira, NY. 14901
607-737-2937

Contacted on 04/29/11
Chemung County M.E.
555 St. Joseph Boulevard
Elmira, NY. 14901
607-733-5905

Task Number: 110420HCC1500

Date: 07/08/11

Status of Missing Document(s)

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

1. Photos

2. _____

3. _____

4. _____

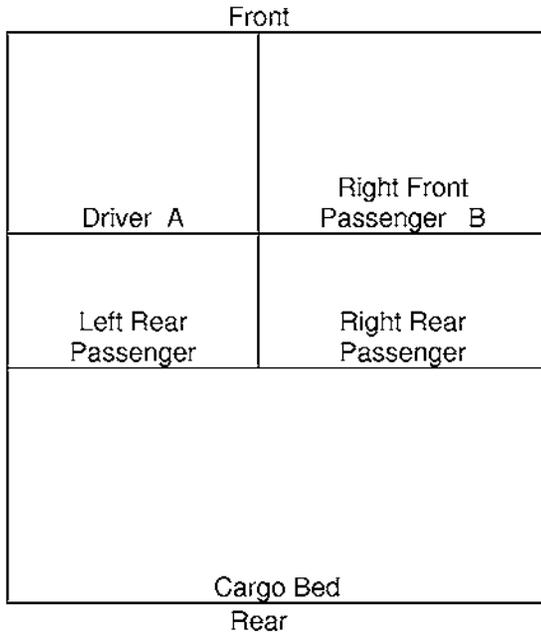
Date: 07/08/11

Investigator No. 8942

Regional Office: CFIE

Supervisor No. 9083

Utility Vehicle Data Record Sheet



The Utility Vehicle

A:	Age: 59	Height: Unknown
	Gender: Male	Weight: Unknown
	Helmet (Y/N): Unk	Seatbelt (Y/N): Unk
	Killed/Injured/Neither/Unknown: Neither	
	Injury Description: Unknown	
	Did vehicle land on victim: No	
	Ejected (Either partially or fully): Unknown	

B:	Age: 24	Height: Unknown
	Gender: Male	Weight: Unknown
	Helmet (Y/N): No	Seatbelt (Y/N): No
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: Blunt trauma head & neck	
	Did vehicle land on victim: No	
	Ejected (Either partially or fully): Yes	

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

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

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

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

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

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

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

1. Task Number 110420HCC3655		2. Investigator's ID 4335		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2010 05 16	5. Date Initiated YR MO DAY 2011 04 27		
6. Synopsis of Accident or Complaint UPC A 79 YOM was operating a UTV on a private gravel drive and was the sole occupant. The driver drove the UTV into the back of a parked pickup truck and swerved to the left rolling the UTV a 1/4 turn to its passenger side ejecting the driver, ultimately coming to a rest pinning the driver. The driver was found deceased under UTV, there were no witnesses and the driver was found not wearing a helmet. MPR/PRV LBR NOTIFIED COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED: <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA Exs. <u>B6 25C</u> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY <u>4/4/12 LB</u>				
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City HUGO		9. State OK
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name POLARIS RANGER/4XARH45A7AD093643		10C. Model Number 400CC
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC. 1225 Highway 169 North Minneapolis, MN 55441				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12A. Hispanic or Latino 2 - No		12B. Race 1 - White Other:		12C. Race Source 1 - Respondent-Self/Family
13. Age of Victim 79		14. Sex 1 - Male	15. Disposition 8 - Death	16. Injury Diagnosis 62 - Intern. Org. Inj.
17. Body Part(s) Involved 31 - UPPER TRUNK		18. Respondent 3 - 2nd Hand Info Only	19. Type of Investigation 2 - Telephone	20. Time Spent (Operational / Travel) 8 / 0
21. Attachment(s) 9 - Multiple Attachments		22. Case Source 05 - Newspaper		23. Sample Collection Number
24. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written				
25. Review Date 05/11/2011		26. Reviewed By 8929		27. Regional Office Director Frank J. Nava
28. Distribution Garland, Sarah			29. Source Document Number X1140537A	

All information contained in this report was obtained through contact with the OK Department of Public Safety and OK Office of the Chief Medical Examiner. This investigation was initiated by a news article by Newsok.com dated May 18, 2010 (source document).

INCIDENT REPORT

On May 16, 2010, a white 79 YOM was riding a 2010 UTV on a private drive. The private drive is described as a flat gravel road and was dry during the incident. The driver of the UTV was the sole occupant at the time traveling east on the private drive when he struck the rear end of an unoccupied parked brown 1992 Chevrolet Silverado pickup truck approximately 62 feet east of County Road N. 4180 near Hugo, OK. According to the report, immediately after impact the UTV made a "sharp" left hand turn at a high rate of speed causing the UTV to roll a ¼ turn. The driver was ejected and the UTV ultimately came to a rest on the passenger side on top of the driver. The driver was pinned under the roll structure of the UTV where he was found deceased. There were no witnesses of the accident. The victim was pronounced dead at the scene May 16, 2010 at approximately 1344.

According to the Accident Report and the Medical Examiner Report the victim had no alcohol present in his blood system. The victim was not wearing protective gear including a helmet. Neither vehicle involved with the collision received extensive damage. The weather conditions were reported as cloudy.

PRODUCT IDENTIFICATION:

2010 Polaris Ranger 4X4 UTV
400 CC-4 cycle- Automatic
VIN: 4XARH45A7AD093643



SAMPLES COLLECTED: None

ATTACHMENTS:

Exhibit 1 – OK DPS Accident Report

Exhibit 2 – OK Medical Examiners Report

Exhibit 3 – Certificate of Death

DO NOT WRITE IN THIS SPACE

Incident Report Y N
 Investigation Completed Y N Revised Y N
 Investigation Made at Scene Y N Fatality Y N
 Photographs Y N Hit and Run Y N

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

(1) Reporting Agency: **OKLAHOMA HIGHWAY PATROL** Code Number (Agency Use): **E00386-10** Motor Vehicles Involved: **02** Number Injured: **00** Number Killed: **01**

(2) Date of Collision (mm/dd/yyyy): **05/16/2010** Time: **1344** County Number and Name: **12 CHOCTAW** Nearest City or Town Number and Name: **00 HUGO**

(3) Distance from Nearest City or Town (in miles): **0017** Contro # Int ID Location East Grid North Grid Administrative: **00 00 00 045 022 4 300056083**

(4) Street, Road or Highway: **PRIVATE DRIVE** Distance from (Nearest) Intersecting Street, Road or Highway: **0560** **COUNTY ROAD N4180**

(5) Unit: **01** Occupants: **01** Type: **D** Last Name: **(b)(3):CPSEA Section 25(c),(b)(6)** First: **(b)(3):CPSEA Secti** Middle: **(b)(3):CPSEA Secti** Date of Birth (mm/dd/yyyy): **(b)(3):CPSEA Secti** Sex: **M**

(6) Address: **(b)(3):CPSEA Section 25(c),(b)(6)** City: **(b)(3):CPSEA Section 25(c),(b)(6)** State: **(b)(3):CPSEA Section 25(c),(b)(6)** Zip: **(b)(3):CPSEA Section 25(c),(b)(6)** Telephone (Use Area Code): **(b)(3):CPSEA Section 25(c),(b)(6)**

(7) Driver License Number: **P081307454** State: **OK** Class: **D** Endorsement(s): **(b)(3):CPSEA Section 25(c),(b)(6)** Restriction(s): **(b)(3):CPSEA Section 25(c),(b)(6)** Inj. Sev.: **5** Type of Injury: **9** Div./Fed. Chnd.: **99** OP Use: **01**

(8) Ejected: **0** Extricated: **0** Test: **0** (% BAC): **0.0** Transported by: **PRATTER FUNER, PRATTER FUNERAL** To Medical Facility: **1** License Plate Number: **00** State: **00** Month: **00** Year: **00**

(9) VIN: **(b)(3):CPSEA Section 25(c),(b)(6)** Vehicle Year: **2010** Color: **GRN** 2nd Color: **BLK** Make: **SPEC** Model: **RANG** Veh. Chnt.: **19** Extent of Damage: **1**

(10) Insurance Company Name: **(b)(3):CPSEA Section 25(c),(b)(6)** Policy Number: **(b)(3):CPSEA Section 25(c),(b)(6)** Insurance Telephone (Use Area Code): **(b)(3):CPSEA Section 25(c),(b)(6)**

(11) Vehicle Removed by: **(b)(3):CPSEA Section 25(c),(b)(6)** Owner's Last Name: **(b)(3):CPSEA Section 25(c),(b)(6)** First: **(b)(3):CPSEA Section 25(c),(b)(6)** Middle: **(b)(3):CPSEA Section 25(c),(b)(6)** Suffix: **(b)(3):CPSEA Section 25(c),(b)(6)**

(12) Owner's Address: **(b)(3):CPSEA Section 25(c),(b)(6)** City: **(b)(3):CPSEA Section 25(c),(b)(6)** State: **(b)(3):CPSEA Section 25(c),(b)(6)** Zip: **(b)(3):CPSEA Section 25(c),(b)(6)** Towed Veh. Type: **00** Oversized Load: **0** Rollover: **0** Burned: **0** Phone present: Phone in use:

(13) Citation Number: **(b)(3):CPSEA Section 25(c),(b)(6)** Statute/Ordinance Number: **(b)(3):CPSEA Section 25(c),(b)(6)** Citation Number: **(b)(3):CPSEA Section 25(c),(b)(6)** Statute/Ordinance Number: **(b)(3):CPSEA Section 25(c),(b)(6)**

(14) Unit: **02** Occupants: **00** Type: **C** Last Name: **1** First: **(b)(3):CPSEA Section 25(c),(b)(6)** Middle: **(b)(3):CPSEA Section 25(c),(b)(6)** Suffix: **(b)(3):CPSEA Section 25(c),(b)(6)** Date of Birth (mm/dd/yyyy): **(b)(3):CPSEA Section 25(c),(b)(6)** Sex: **(b)(3):CPSEA Section 25(c),(b)(6)**

(15) Address: **(b)(3):CPSEA Section 25(c),(b)(6)** City: **(b)(3):CPSEA Section 25(c),(b)(6)** State: **(b)(3):CPSEA Section 25(c),(b)(6)** Zip: **(b)(3):CPSEA Section 25(c),(b)(6)** Telephone (Use Area Code): **(b)(3):CPSEA Section 25(c),(b)(6)**

(16) Driver License Number: **(b)(3):CPSEA Section 25(c),(b)(6)** State: **(b)(3):CPSEA Section 25(c),(b)(6)** Class: **(b)(3):CPSEA Section 25(c),(b)(6)** Endorsement(s): **(b)(3):CPSEA Section 25(c),(b)(6)** Restriction(s): **(b)(3):CPSEA Section 25(c),(b)(6)** Inj. Sev.: **0** Type of Injury: **0** Div./Fed. Chnd.: **00** OP Use: **(b)(3):CPSEA Section 25(c),(b)(6)**

(17) Ejected: **0** Extricated: **0** Test: **0** (% BAC): **0.0** Transported by: **(b)(3):CPSEA Section 25(c),(b)(6)** To Medical Facility: **(b)(3):CPSEA Section 25(c),(b)(6)** License Plate Number: **743DKD** State: **OK** Month: **08** Year: **2010**

(18) VIN: **(b)(3):CPSEA Section 25(c),(b)(6)** Vehicle Year: **1992** Color: **BRO** 2nd Color: **0** Make: **CHEV** Model: **SILV** Veh. Chnt.: **04** Extent of Damage: **1**

(19) Insurance Company Name: **STATE FARM INSURANCE** Policy Number: **275 0259-B24-36F** Insurance Telephone (Use Area Code): **5803263356**

(20) Vehicle Removed by: **(b)(3):CPSEA Section 25(c),(b)(6)** Owner's Last Name: **(b)(3):CPSEA Section 25(c),(b)(6)** First: **(b)(3):CPSEA Section 25(c),(b)(6)** Middle: **(b)(3):CPSEA Section 25(c),(b)(6)** Suffix: **(b)(3):CPSEA Section 25(c),(b)(6)**

(21) Owner's Address: **(b)(3):CPSEA Section 25(c),(b)(6)** City: **(b)(3):CPSEA Section 25(c),(b)(6)** State: **(b)(3):CPSEA Section 25(c),(b)(6)** Zip: **(b)(3):CPSEA Section 25(c),(b)(6)** Towed Veh. Type: **00** Oversized Load: **0** Rollover: **0** Burned: **0** Phone present: Phone in use:

(22) Citation Number: **(b)(3):CPSEA Section 25(c),(b)(6)** Statute/Ordinance Number: **(b)(3):CPSEA Section 25(c),(b)(6)** Citation Number: **(b)(3):CPSEA Section 25(c),(b)(6)** Statute/Ordinance Number: **(b)(3):CPSEA Section 25(c),(b)(6)**

(23) Investigating Officer: **BLADES** Badge Number: **209** Twp/Div. Assigned: **E** Twp/Div. Location: **E** Reviewer (Init.): **JL** Reviewer Badge Number: **105** Date of Report (mm/dd/yyyy): **05/16/2010**

WARNING - STATE LAW Use of contents for commercial solicitation is unlawful

Case Number E00386-10

Pg 2 of 4

<input type="checkbox"/> Driver	<input type="checkbox"/> Passenger	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown
First Name	Last Name	First	Middle	Suffix
Address	City	State	Zip	Telephone Area Code
Vehicle Service Type	DP Use	Air Bag	Ejected	Extricated
Transported by	To Medical Facility	Property Type		



Vehicle Identification Number	Address
State	Zip
Vehicle Make	Model
Year	Color
Vehicle Type	Vehicle Use
Vehicle Weight	Vehicle Length
Vehicle Width	Vehicle Height
Vehicle Color	Vehicle Condition

Position in Vehicle	Vehicle Configuration	Cargo Body Type
<p>15 Not Applicable 16 Front Row - Driver 17 Second Row - Center 18 Third Row - Other 19 Fourth Row - Other 20 Fifth Row - Other 21 Other Section of Truck/Cab</p>	<p>22 NA 23 Passenger Vehicle 24 School Bus 25 Truck/Tractor 26 Motorcycle 27 Motor Vehicle 28 Motor Vehicle 29 Motor Vehicle 30 Motor Vehicle 31 Motor Vehicle 32 Motor Vehicle 33 Motor Vehicle 34 Motor Vehicle 35 Motor Vehicle 36 Motor Vehicle 37 Motor Vehicle 38 Motor Vehicle 39 Motor Vehicle 40 Motor Vehicle 41 Motor Vehicle 42 Motor Vehicle 43 Motor Vehicle 44 Motor Vehicle 45 Motor Vehicle 46 Motor Vehicle 47 Motor Vehicle 48 Motor Vehicle 49 Motor Vehicle 50 Motor Vehicle 51 Motor Vehicle 52 Motor Vehicle 53 Motor Vehicle 54 Motor Vehicle 55 Motor Vehicle 56 Motor Vehicle 57 Motor Vehicle 58 Motor Vehicle 59 Motor Vehicle 60 Motor Vehicle 61 Motor Vehicle 62 Motor Vehicle 63 Motor Vehicle 64 Motor Vehicle 65 Motor Vehicle 66 Motor Vehicle 67 Motor Vehicle 68 Motor Vehicle 69 Motor Vehicle 70 Motor Vehicle 71 Motor Vehicle 72 Motor Vehicle 73 Motor Vehicle 74 Motor Vehicle 75 Motor Vehicle 76 Motor Vehicle 77 Motor Vehicle 78 Motor Vehicle 79 Motor Vehicle 80 Motor Vehicle 81 Motor Vehicle 82 Motor Vehicle 83 Motor Vehicle 84 Motor Vehicle 85 Motor Vehicle 86 Motor Vehicle 87 Motor Vehicle 88 Motor Vehicle 89 Motor Vehicle 90 Motor Vehicle 91 Motor Vehicle 92 Motor Vehicle 93 Motor Vehicle 94 Motor Vehicle 95 Motor Vehicle 96 Motor Vehicle 97 Motor Vehicle 98 Motor Vehicle 99 Motor Vehicle 100 Motor Vehicle</p>	<p>10 NA 11 Passenger Vehicle 12 Passenger Vehicle 13 Passenger Vehicle 14 Passenger Vehicle 15 Passenger Vehicle 16 Passenger Vehicle 17 Passenger Vehicle 18 Passenger Vehicle 19 Passenger Vehicle 20 Passenger Vehicle 21 Passenger Vehicle 22 Passenger Vehicle 23 Passenger Vehicle 24 Passenger Vehicle 25 Passenger Vehicle 26 Passenger Vehicle 27 Passenger Vehicle 28 Passenger Vehicle 29 Passenger Vehicle 30 Passenger Vehicle 31 Passenger Vehicle 32 Passenger Vehicle 33 Passenger Vehicle 34 Passenger Vehicle 35 Passenger Vehicle 36 Passenger Vehicle 37 Passenger Vehicle 38 Passenger Vehicle 39 Passenger Vehicle 40 Passenger Vehicle 41 Passenger Vehicle 42 Passenger Vehicle 43 Passenger Vehicle 44 Passenger Vehicle 45 Passenger Vehicle 46 Passenger Vehicle 47 Passenger Vehicle 48 Passenger Vehicle 49 Passenger Vehicle 50 Passenger Vehicle 51 Passenger Vehicle 52 Passenger Vehicle 53 Passenger Vehicle 54 Passenger Vehicle 55 Passenger Vehicle 56 Passenger Vehicle 57 Passenger Vehicle 58 Passenger Vehicle 59 Passenger Vehicle 60 Passenger Vehicle 61 Passenger Vehicle 62 Passenger Vehicle 63 Passenger Vehicle 64 Passenger Vehicle 65 Passenger Vehicle 66 Passenger Vehicle 67 Passenger Vehicle 68 Passenger Vehicle 69 Passenger Vehicle 70 Passenger Vehicle 71 Passenger Vehicle 72 Passenger Vehicle 73 Passenger Vehicle 74 Passenger Vehicle 75 Passenger Vehicle 76 Passenger Vehicle 77 Passenger Vehicle 78 Passenger Vehicle 79 Passenger Vehicle 80 Passenger Vehicle 81 Passenger Vehicle 82 Passenger Vehicle 83 Passenger Vehicle 84 Passenger Vehicle 85 Passenger Vehicle 86 Passenger Vehicle 87 Passenger Vehicle 88 Passenger Vehicle 89 Passenger Vehicle 90 Passenger Vehicle 91 Passenger Vehicle 92 Passenger Vehicle 93 Passenger Vehicle 94 Passenger Vehicle 95 Passenger Vehicle 96 Passenger Vehicle 97 Passenger Vehicle 98 Passenger Vehicle 99 Passenger Vehicle 100 Passenger Vehicle</p>

Case Number E00386-10

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT Pg 3 of 4

Time of Day 01	Day of Week 00	Year 00	Location at Time of Collision	Safety Equip.	Unit Number of Vehicle Striking	Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Time of Day 02	Day of Week 00	Year 00				Type of Work Zone

Light	What Vehicle Was Going to Do	Underdrive/Override	Location of Collision	Location of Work Zone Collision
1 Daylight	01 Not Applicable	0 Not Applicable	1 No Underdrive or Override	1 Before the First Work Zone Warning Sign
2 Dark-Not Lighted	02 Not Applicable	2 Underdrive, Compartment Intrusion	2 Underdrive, Compartment Intrusion	2 Advance Warning Area
3 Dark-Lighted	03 Go Ahead	3 Underdrive, No Compartment Intrusion	3 Underdrive, Motor Vehicle in Transient	3 Transition Area
4 Dawn	04 Turn Left	4 Underdrive, Other Motor Vehicle	4 Unknown	4 Activity Area
5 Dusk	05 Turn Right	5 Unknown		5 Termination Area
6 Dark-Unknown	06 Make U-Turn			9 Unknown
7 Light	07 Stop			
8 Dark-Unknown	08 Slow for Cause			
9 Unknown	09 Start from Park/Stop			

Weather	Traffic Control	Trafficway	Unsafe/Unlawful Contributing Factors
01 Clear	00 No Control	0 Not Applicable	18 FAILED TO YIELD
02 Fog/Mist/Smoke	01 Stop Sign	1 One Way	01 From Stop Sign
03 Cloudy	02 Traffic Signal	2 Two-Way - Not Divided	02 From Yield Sign
04 Rain	03 Flashing Traffic Signal	3 Two-Way - Divided	03 Private Drive
05 Snow	04 School Zone Signs	4 Two-Way - Divided - Positive Median Barrier	04 County Road at Through Highway
06 Sleet or Freezing Rain/Drizzle	05 Yield Sign	5 Turn Lane	05 From Signal Light
07 Severe Crosswind	06 Warning Sign	6 Ramp - Loop	06 From Alley
08 Blowing Snow	07 Railroad Advance Warning Sign	7 Driveway	07 To Pedestrian
09 Blowing Sand/Snot	08 Railroad Cross Hacks	8 Alley/Parking Lot	08 To Vehicle on Right
10 Other	09 Railroad Gates		09 To Vehicle in Intersection
11 Unknown	10 Railroad Signal		10 To Emergency Vehicles
	11 No Passing Zone		11 Other
	12 Person including flagger law enforcement, crossing guard, etc.		12 Other
	13 Abnormal Control		13 Other
	14 Other		14 Other
	15 Unknown		15 Other

Vehicle Removal	Vehicle Condition	Special Function of Vehicle
0 Not Applicable	01 Not Applicable	00 Not Applicable
1 Towed Due to Vehicle Damage	02 Apparently Normal	01 School Bus
2 Towed for Reasons Other Than Damage	03 Brakes	02 Transit Bus
3 Remained at Scene	04 Headlights	03 Intensity Bus
4 Driven from Scene	05 Steering	04 Charter Bus
	06 Tail Lights	05 Other Bus
	07 Brake Lights	06 Military
	08 Tires/Wheels	07 O.P.
	09 Suspension	08 Other Police
	10 Signal Lights	09 Other Law Enforcement
	11 Windshield/Windshield Wipers	10 Ambulance
	12 Mirrors	11 Fire Truck
	13 Other	12 Public Owned Vehicle
	14 Unknown	13 Highway Equipment
		14 Special Machine
		15 Other

Locality	Road Surface Conditions	Road Character
1 Residential	01 Dry	1 Level
2 Business	02 Wet	2 Hillcrest
3 Industrial	03 Ice/Frost	3 Uprate
4 School	04 Snow	4 Downhill
5 Not Built-up	05 Mud, Dirt, Gravel	5 Sag (bottom)
6 Mixed Use	06 Slush	
7 Open	07 Water standing, moving	
8 Unknown	08 Sand	
	09 Oil	
	10 Other	
	11 Unknown	

Type of Intersection	Visibility Obscured by	Road Character
0 Not an Intersection	00 Not Applicable	1 Level
1 Intersection	01 Trees	2 Hillcrest
2 T-intersection	02 Embankment	3 Uprate
3 T-intersection	03 Signs	4 Downhill
4 Four-Way Intersection	04 Buildings	5 Sag (bottom)
5 T-intersection or More	05 Parked Vehicles	
6 Intersection as Part of Interchange	06 High Weeds	
7 Traffic Jangle	07 Fences	
8 Roundabout	08 Shrubby	
9 Unknown	09 Ice, Snow or Frozen Windows	
	10 Smoke	
	11 Fog	
	12 Dust	
	13 Rain	
	14 Sun	
	15 Other	
	16 Unknown	

Incident Type	Driver Distracted by	Road Surface Type
00 Not an Incident	0 Not Applicable/None	1 Concrete
01 Private Property	1 Electronic Communication Device	2 Asphalt
02 Deliberate Intentional	2 Other Electronic Device	3 Gravel
03 Public Construction	3 Other In or on Vehicle	4 Dirt
04 Legal Intersection	4 Other Outside Vehicle	5 Brick
05 Roadside	9 Unknown	6 Other
06 Driveway		7 Unknown
07 Other		8 Unknown

Location of First Harmful Event	Emergency Vehicle Responding to an Emergency	Point of First Contact on Vehicle
01 On Roadway	0 N/A	01 Not Applicable
02 Shoulder	1 Yes	07 Undercarriage
03 Median		13 Top
04 Roadside		
05 Curb		
06 Separator		
07 Parking Lane/Zone		
08 Off-Roadway Location Unknown		
09 Outside Right-of-Way		
10 Other		
11 Unknown		

Most Damaged Area	Point of First Contact on Vehicle
01 Not Applicable	01 Not Applicable
02 Front	07 Undercarriage
03 Rear	13 Top
04 Left Side	
05 Right Side	
06 Unknown	

Emergency Vehicle Responding to an Emergency	Point of First Contact on Vehicle
0 N/A	01 Not Applicable
1 Yes	07 Undercarriage
	13 Top

Emergency Vehicle Responding to an Emergency	Point of First Contact on Vehicle
0 N/A	01 Not Applicable
1 Yes	07 Undercarriage
	13 Top

Emergency Vehicle Responding to an Emergency	Point of First Contact on Vehicle
0 N/A	01 Not Applicable
1 Yes	07 Undercarriage
	13 Top

Emergency Vehicle Responding to an Emergency	Point of First Contact on Vehicle
0 N/A	01 Not Applicable
1 Yes	07 Undercarriage
	13 Top

Emergency Vehicle Responding to an Emergency	Point of First Contact on Vehicle
0 N/A	01 Not Applicable
1 Yes	07 Undercarriage
	13 Top

Case Number: E00386-10

Latitude:

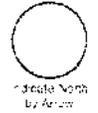
Longitude: N W

Railroad Crossing Number:

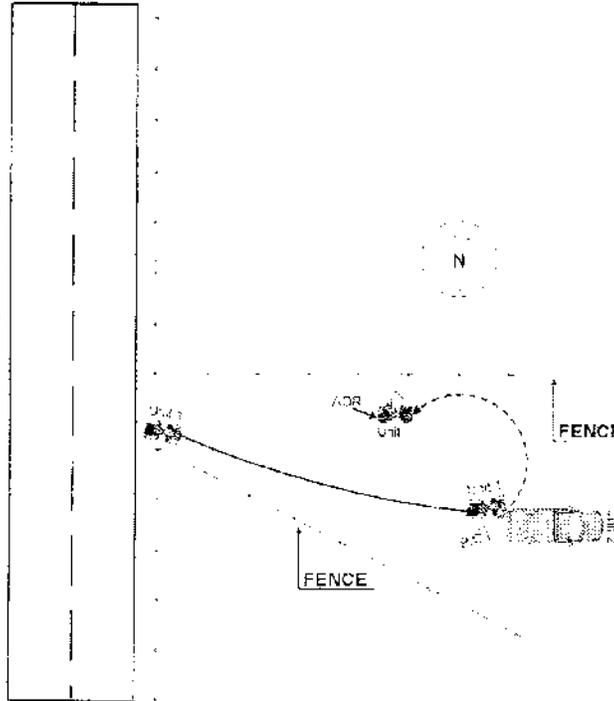
Roadway Orientation: Unit Value: 01 NE SW E

Pg 4 of 4

Unit Number: 02 NE SW E



COUNTY ROAD N4180



COLLISION EVENTS

01	35	10	00	00	10	35
02	00	00	00	00	00	

- 00 Not Applicable
- 10 Overturn/Rollover
- 11 Fire/Explosion
- 12 Imprecise
- 13 Jack Knife
- 14 Cargo/Equipment Loss or Shift
- 15 Equipment Failure (Blown Tire, Brake Failure, etc.)
- 16 Separation of Units
- 17 Departed Route Right
- 18 Departed Route Left
- 19 Cross-Median Collisions
- 20 Unstable Pathway
- 21 Fall/Jumped From Motor Vehicle
- 22 Hit from Or Falling Object
- 23 Other Non-Collision
- PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT:
- 30 Pedestrian
- 31 Postal Cycle
- 32 Ruled Vehicle (train, engine)
- 33 Animal
- 34 Motor Vehicle in Transport
- 35 Parked Motor Vehicle
- 36 Struck by Falling, Shifting Cargo or Another Sec. in Motion by Motor Vehicle

- 37 Walk Zone/Maintenance Equipment
- 38 Other Non-Fixed Object
- FIXED OBJECT:
- 40 Barrier (Cable)
- 41 Barrier (Concrete)
- 42 Barrier (Other)
- 43 Fence Pole
- 44 Fence
- 45 Traffic Signal Support
- 46 Traffic Sign Support
- 47 Utility Pole/Light Support
- 48 Other Post/Pole Support
- 49 Quadra/Quadra Face
- 50 Quadra End
- 51 Culvert
- 52 Curb
- 53 Island
- 54 Sand Barrels
- 55 Impact Attenuator/ Crash Cushion
- 56 Pavement Drop Off
- 57 Ditch
- 58 Embankment
- 59 Tree (Standing)
- 60 Dividing Strip
- 61 Retaining Wall
- 62 Bridge Abutment
- 63 Bridge Pier or Support
- 64 Bridge Rail
- 65 Bridge Post
- 66 Bridge Curb
- 67 Bridge Super Structure (Beams)
- 68 Bridge Overhead Structure
- 69 Delineator
- 70 Mailbox
- 71 Other Road Object
- 72 Other Highway Structure
- 73 Ground
- 99 Unknown

UNIT 1 WAS TRAVELING EAST ON PRIVATE DRIVE. UNIT 1 STRUCK A PARKED VEHICLE. UNIT 1 THEN MADE A SHARP LEFT HAND TURN AT A HIGH RATE OF SPEED CAUSING UNIT 1 TO ROLL APPROX. 25 TIMES EJECTING THE DRIVER AND COMING TO REST ON ITS PASSENGER SIDE ON TOP OF THE DRIVER. AOR WAS APPROX. 62FT EAST OF THE EAST EDGE OF CR N4180 AND .7 MILE SOUTH OF CR E. ACR FOR UNIT 1 WAS APPROX. 56FT EAST OF CR N4180 AND 24FT NORTH OF AOR. AOR FOR THE DRIVER OF UNIT 1 WAS APPROX. 59FT EAST OF CR N4180 AND 3FT NORTH OF UNIT 1 AOR.

BOARD OF MEDICOLEGAL INVESTIGATIONS
OFFICE OF THE CHIEF MEDICAL EXAMINER

Central Office
901 N. Stonewall
Oklahoma City, Oklahoma 73117
(405) 239-7141 Fax (405) 239-2430

Eastern Division
1115 West 17th
Tulsa, Oklahoma 74107
(918) 582-0985 Fax (918) 585-1549

OFFICE USE ONLY

Re _____ Co _____

I hereby certify that this is a true and correct copy of the original document. Valid only when copy bears imprint of the office seal.

By _____

Date _____

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT First-Middle-Last Names (Please avoid use of initials) (b)(3):CPSA Section 25(c),(b)(6)	Age 79	Birth Date (b)(3):C	Race WHITE	Sex M
--	-----------	-------------------------------	---------------	----------

HOME ADDRESS - No. - Street, City, State
(b)(3):CPSA Section 25(c)

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) DEPUTY WILLIAMS - CHOCTAW COUNTY SO	DATE 5/16/2010	TIME 14:33
--	-------------------	---------------

INJURED OR BECAME ILL AT (ADDRESS) (b)(3):CPSA Section 25(c),(b)(6)	CITY	COUNTY	TYPE OF PREMISES RESIDENCE	DATE 5/16/2010	TIME Unknown
---	------	--------	-------------------------------	-------------------	-----------------

LOCATION OF DEATH (b)(3):CPSA Section 25(c),(b)(6)	CITY	COUNTY	TYPE OF PREMISES RESIDENCE	DATE 5/16/2010 FOUND	TIME 13:44 FOUND
--	------	--------	-------------------------------	----------------------------	------------------------

BODY VIEWED BY MEDICAL EXAMINER 1115 WEST 17TH	CITY TULSA	COUNTY TULSA	TYPE OF PREMISES MORGUE	DATE 5/17/2010	TIME 10:45
---	---------------	-----------------	----------------------------	-------------------	---------------

IF MOTOR VEHICLE ACCIDENT: DRIVER PASSENGER PEDESTRIAN

TYPE OF VEHICLE: AUTOMOBILE LIGHT TRUCK HEAVY TRUCK BICYCLE MOTORCYCLE OTHER, ATV

DESCRIPTION OF BODY	RIGOR	LIVOR	EXTERNAL OBSERVATION	BLOOD	NOSE	MOUTH	EARS
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERNAL PHYSICAL EXAMINATION	Jaw <input type="checkbox"/> Complete <input type="checkbox"/> Neck <input type="checkbox"/> Absent <input type="checkbox"/> Arms <input type="checkbox"/> Passing <input type="checkbox"/> Legs <input type="checkbox"/> Passed <input type="checkbox"/> Decomposed <input type="checkbox"/>	Color _____ Lateral <input type="checkbox"/> Posterior <input type="checkbox"/> Anterior <input type="checkbox"/> Regional _____	Beard _____ Hair _____ Eyes: Color _____ Mustache _____ Opacities _____ Pupils: R _____ L _____ Body Length _____ Body Weight _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				OTHER <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Significant observations and injury documentations - (Please use space below)

SEE AUTOPSY PROTOCOL

Probable Cause of Death: COMPRESSIVE BLUNT CHEST TRAUMA	Manner of Death: Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Unknown <input type="checkbox"/> Pending <input type="checkbox"/>	Case disposition: Autopsy Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Authorized by <u>ANDREW SIBLEY M.D.</u> Pathologist <u>ANDREW SIBLEY M.D.</u> Not a medical examiner case <input type="checkbox"/>
Other Significant Medical Conditions:		

MEDICAL EXAMINER: Name, Address and Telephone No. ANDREW SIBLEY M.D. 1115 W. 17th St TULSA, OK 74107	I hereby state that, after receiving notice of the death described herein, I conducted an investigation as to the cause and manner of death, as required by law, and that the facts contained herein regarding such death are true and correct to the best of my knowledge.	Date Signed <u>12/18/2010</u>
Signature of Medical Examiner  Computer generated report	ANDREW SIBLEY M.D. 1001835	Date Generated



Board of Medicolegal Investigations
Office of the Chief Medical Examiner
1115 West 17th Street
Tulsa, Oklahoma 74107-1800
918-582-0985 Voice
918-585-1549 Fax

CERTIFICATION
I hereby certify that this document is a true and correct copy of the original document. Valid only when copy bears imprint of the office seal.
By:
Date:

REPORT OF AUTOPSY

Table with columns: Decedent, Age, Birth Date, Race, Sex, Case No, Type of Death, Means, ID By, Authority for Autopsy. Row 1: (b)(3):CPSA Section 25(c),(b)(6), W, M, 1001835, Violent, All terrain vehicle, Son, MA SIBLEY, MD.

Present at Autopsy
Sid Catron, Ashley Hancock, M. A. Sibley, M.D.

PATHOLOGIC DIAGNOSES

- 1. Compressive blunt chest trauma
A. Multiple anterior and posterior right rib fractures (flail chest)
B. Fractures of cervical and thoracic spine
2. Nephrolithiasis with hydronephrosis and evidence of chronic pyelonephritis, bilateral
3. History of congestive heart failure
A. Cardiomegaly
B. Moderate coronary artery atherosclerosis
C. Pacemaker
4. Moderate pulmonary emphysema

CAUSE OF DEATH:

Compressive blunt chest trauma

The facts stated herein are true and correct to the best of my knowledge and belief.

Handwritten signature of Andrew Sibley, M.D.

OCME, Eastern Division

5/17/2010

ANDREW SIBLEY, M.D.

Forensic Pathologist

Location of Autopsy

Date and Time of Autopsy

OFFICE OF THE CHIEF MEDICAL EXAMINER

Decedent : (b)(3):CPSA Section

CASE NO: 1001835

MEDICOLEGAL INVESTIGATION

CIRCUMSTANCES OF DEATH:

This 79 year old man (DOB: (b)(3):CPSA S) was reportedly found under the roll bar of his overturned all terrain vehicle that he had been driving. The incident was not witnessed. Death was pronounced at the scene on May 16, 2010, at 1344 hours.

AUTHORIZATION:

The postmortem examination is performed under the authorization of the Office of the Chief Medical Examiner, Eastern Division, Tulsa, Oklahoma.

IDENTIFICATION:

The body is identified by a son, (b)(6). Digital photographs of the deceased are taken.

POSTMORTEM EXAMINATION

CIRCUMSTANCES OF THE EXAMINATION:

The postmortem examination of (b)(3):CPSA is performed at the Office of the Chief Medical Examiner, Eastern Division, Tulsa, Oklahoma, on May 17, 2010, commencing at 1045 hours. Assisting in the examination are Ashley Hancock and Sid Catron.

GENERAL DESCRIPTION:

The unclothed, unembalmed body is received wrapped in a white sheet. The body is supine.

CLOTHING AND PERSONAL EFFECTS:

None

EXTERNAL EVIDENCE OF RECENT MEDICAL THERAPY:

None

EXTERNAL EXAMINATION

The body is that of a normally developed elderly white man appearing the recorded age measuring 71 inches and weighing 180 pounds. Rigor mortis is well established in the jaw and extremities. Livor mortis is posterior, purple, and non-blanchable. The body is cool and has been refrigerated. There is diffuse postmortem-appearing skin slippage with dark red-purple discoloration involving most of the buttocks and posterior thighs.

Head:

The scalp is covered by gray hair up to 5 cm. There is male pattern balding. On the right frontal region are three adjacent focally crusted dried brown abrasions are over a 4.5 x 4 cm area with individual lesions ranging from 0.6-1.6 cm in greatest dimension. The forehead is symmetrical.

OFFICE OF THE CHIEF MEDICAL EXAMINER

Decedent : (b)(3):CPSA Section 25(c) (b)(6) **CASE NO: 1001835**

The eyebrows are gray. The eyes are normally positioned with clear corneas, blue irides, equal round pupils, and clear conjunctivae. There are no petechial hemorrhages. A 1.8 x 1.0 cm dried brown abrasion is on the right cheek. A 0.5 x 0.3 dried brown abrasion is on the right side of the chin. The nasal skeleton is midline and intact. The nares are patent. The lips are pink-purple and intact. The mouth is edentulous. Superficial lacerations are on the inner aspect of the oral mucosa on the right side involving the upper and lower lips. These are up to 1 cm in greatest dimension. The face is clean shaven. A faint purple 2.5 x 2 cm contusion is behind the right ear. A 1.3 x 0.3 cm dried brown abrasion is behind the left ear. The ears are normally positioned without evidence of recent cutaneous injury.

Neck:

There is asymmetry of the neck with palpable fullness on the left side. A 1.5 x 0.5 cm dried brown abrasion is on the right side of the neck.

Trunk:

The chest and abdomen are symmetrically formed. A 1.5 x 0.8 cm purple contusion is on the anterior aspect of the left shoulder. There is a palpable pacemaker. The abdomen is flat and soft. A midline surgical scar is between the umbilicus and pubic symphysis. There is an ostomy bag containing amber fluid.

External Genitalia:

The external genitalia are those of a normally developed male. There is no evidence of recent cutaneous injury. The pubic hair is brown.

Lower Extremities:

The lower extremities are symmetrical without palpable fractures. There are scattered dried brown abrasions, some of which are crusted, on the anterior aspect of both lower legs with individual lesions ranging from pinpoint to 2 cm in greatest dimension. There is no peripheral pitting edema. The toenails are short and evenly trimmed.

Upper Extremities:

The upper extremities are symmetrical without palpable fractures. Scattered dried brown abrasions are on the back of the right forearm with individual lesions ranging from 0.3-4 cm in greatest dimension. A 6.3 cm faint purple contusion is on the anterior aspect of the right upper arm. A 0.5 x 0.4 cm dried brown abrasion is on the anterolateral aspect of the right upper arm. The fingernails are short and fairly evenly trimmed. There are no needle tracks or fresh needle puncture sites in the antecubital fossae or elsewhere.

Back:

The back and buttocks are symmetrically formed. A 6 x 0.3 cm yellow brown abrasion is on the right side of the back along with some faint adjacent yellow contusion. The anus shows normal anatomic features without evidence of injury.

OFFICE OF THE CHIEF MEDICAL EXAMINER

Decedent: (b)(3):CPSA Section

CASE NO: 1001835

INTERNAL EXAMINATION**INTERNAL EVIDENCE OF RECENT MEDICAL THERAPY:**

None

SYSTEMS REVIEW:**Body Cavities:**

The subcutaneous midline abdominal fat measures 4 cm. The organs of the thorax and abdomen have normal anatomic relations. There are no fluid accumulations in the pleural, pericardial, or peritoneal spaces.

Cardiovascular System:

The 500 gm heart is intact and normally formed. The pericardium and epicardium are smooth and glistening. The endocardium is smooth without thrombi. There is no chamber dilatation. The ventricular walls are of normal thickness. Pacemaker leads terminate in the atrium and ventricle. The myocardium is firm and brown throughout without infarcts. The valves and great vessels are normally formed and positioned. The coronary arteries have a normal anatomic distribution. There is up to 40% focal stenosis of the left anterior descending and right coronary arteries by atherosclerosis. The remaining coronary arteries are widely patent. There are no acute thrombi. The aorta has moderate atherosclerosis without ulceration or thrombi.

Respiratory System:

The tracheobronchial tree is without foreign material. The lungs are normally formed with dark purple parenchyma. The left lung weighs 420 gm and the right 740 gm. The pleura is intact with moderate anthracotic pigment. There are moderate emphysematous changes. No tumor, granulomas, inflammation or other discrete lesions are identifiable. There is dependent congestion. The pulmonary vasculature is widely patent. The hilar lymph nodes are unremarkable. The diaphragm is intact.

Liver:

The 1630 gm liver is normally formed with a smooth intact capsule. The parenchyma is firm and brown. No specific or focal lesions are present. The gallbladder is normal containing green viscous bile without calculi.

Hematopoietic System:

The 260 gm spleen is normally formed with a smooth intact capsule. The parenchyma is red-purple without specific or focal lesions. The thymus is involuted. Systemic lymph nodes and bone marrow where visualized are unremarkable.

Pancreas:

The pancreas is tan and lobulated without discrete lesions.

OFFICE OF THE CHIEF MEDICAL EXAMINER**Decedent : (b)(3):CPSA Section 25****CASE NO: 1001835****Gastrointestinal Tract:**

The esophagus is without erosions or tumor. The stomach contains 150 cc of thick brown fluid with unidentifiable tan and brown particulate matter. The stomach lining is intact and continues into a normal appearing small bowel and colon. The appendix is present.

Genitourinary Tract:

The left kidney weighs 220 gm, and the right weighs 220 gm. There is bilateral hydronephrosis. There is apparent chronic pyelonephritis with focal cortical areas that are gray yellow, indicative of active infection bilaterally. Staghorn calculi are within the collecting system on the left. A few small calculi are also present on the right. There is no tumor, infarcts, or cysts. The corticomedullary junction is well delineated. The bladder contains no urine. There is an apparent conduit leading from the bladder to the ostomy bag and this is patent. The bladder wall and mucosa are unremarkable. The testes are unremarkable. The prostate and seminal vesicles are symmetrical without lesions.

Endocrine System:

The pituitary is normal in size and appearance. The adrenals are normal in size without hemorrhages or masses. The thyroid is symmetrical and normal in size without lesions.

Musculoskeletal System:

There are fractures of the right 1st through 8th ribs posteriorly at or near the junction with the spine. There are also fractures of the right 3rd through 8th ribs anterolaterally. There is a fracture involving the T8 and T9 vertebral bodies. There is also a small fracture on the anterolateral aspect of the 7th cervical vertebral body. The sternum, clavicles, and pelvis are without fractures or other lesions. The general musculature appears normally developed.

Neck:

The neck organs have normal anatomic relations. There is no evidence of hemorrhage within the subcutaneous tissue or strap musculature of the neck. The hyoid bone and thyroid cartilage are intact. The mucosa of the larynx and trachea is without evidence of hemorrhage or erosion. The epiglottis and aryepiglottic folds are without edema. The tongue is directly visualized and shows no evidence of injury or other lesions.

Head:

The scalp is intact without hemorrhage. There are no skull fractures. There is no epidural, subdural, subarachnoid, or intraventricular hemorrhage. The meninges are smooth and glistening. The 1120 gm brain is symmetrical and normally formed. There is diffuse cerebral edema with narrowed gyri and expanded sulci. No internal hemorrhages, infarcts, or mass lesions are identifiable. The ventricles are symmetrical and normal in size. There is no uncal or cerebellar tonsillar herniation. The circle of Willis is normally formed with minimal atherosclerosis. The basal ganglia, cerebellum, and brain stem parenchyma are unremarkable. The spinal cord as visualized through the foramen magnum is unremarkable.

OFFICE OF THE CHIEF MEDICAL EXAMINER

Decedent: (b)(3):CPSA Section 25

CASE NO: 1001835

TOXICOLOGY

See attached report.

OPINION

Death of this man was due to compressive blunt chest trauma. The manner of death is classified as accident.

**BOARD OF MEDICOLEGAL INVESTIGATIONS
OFFICE OF THE CHIEF MEDICAL EXAMINER**

901 N. Stonewall
Oklahoma City, Oklahoma 73117

REPORT OF LABORATORY ANALYSIS

OFFICE USE ONLY	
Re. _____	Co. _____
I hereby certify that this is a true and correct copy of the original document. Valid only when copy bear im-print by the office seal	
By _____	
Date _____	

ME CASE NUMBER: 1001835

LABORATORY NUMBER: 101713

DECEDENT'S NAME: (b)(3):CPSA Se

DATE RECEIVED: 5/20/2010

MATERIAL SUBMITTED: BLOOD, VITREOUS, URINE, LIVER, BRAIN,
GASTRIC

HOLD STATUS: 30 DAYS

SUBMITTED BY: ASHLEY HANCOCK

MEDICAL EXAMINER: ANDREW SIBLEY M.D.

NOTES:

ETHYL ALCOHOL:

Blood: NEGATIVE (HEART)

Vitreous:

Other:

CARBON MONOXIDE

Blood:

TESTS PERFORMED:

NO OTHER TESTS PERFORMED

RESULTS:

06/02/2010

DATE



BYRON CURTIS, Ph.D., Chief Forensic Toxicologist

Exhibit 3 - Certificate of Death
STATE OF OKLAHOMA
CERTIFICATE OF DEATH

012537

1 LOCAL FILE NUMBER
STATE FILE NUMBER
1 DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)
2 SOCIAL SECURITY NUMBER
3 BIRTHPLACE (City and State or Foreign Country)
4 EVER IN US ARMP/US FORCES?
5a AGE - Last Birthday (years)
5b Under 1 Year
5c Under 1 Day
5d DATE OF BIRTH
6a RESIDENCE - State
6b RESIDENCE - City or Town
6c RESIDENCE - Zip Code
6d RESIDENCE - Inside City Limits
6e RESIDENCE - Street and Number
6f RESIDENCE - Apartment Number
9 MARITAL STATUS AT TIME OF DEATH
10 SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)
11 FATHER'S NAME (First, Middle, Last)
12 MOTHER'S NAME (First, Middle, Last)
13 DECEDENT OF HISPANIC ORIGIN?
14 DECEDENT'S RACE
15 DECEDENT'S EDUCATION
16 DECEDENT'S USUAL OCCUPATION
17 KIND OF BUSINESS/INDUSTRY
18a INFORMANT'S NAME
18b RELATIONSHIP TO DECEDENT
18c MAILING ADDRESS (Street and Number, City, State, Zip Code)
19 METHOD OF DISPOSITION
20 PLACE OF DISPOSITION (Name of cemetery, crematory, other place)
21 LOCATION (City, Town and State)
22 NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY
23 SIGNATURE OF FUNERAL HOME DIRECTOR OR FAMILY MEMBER ACTING AS SUCH
24 PH ESTABLISHMENT LICENSE #

Name Code Physician

To be completed by the Funeral Home
To be completed by the Attending Physician or Medical Examiner

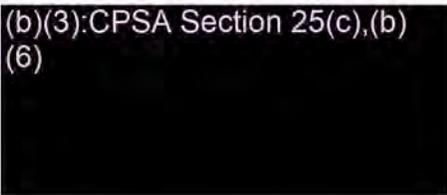
Do not sign unless the death occurred first to a natural person, probably. Unusual deaths are the responsibility of the Medical Examiner.

25 PLACE OF DEATH (Check only one, see instructions)
IF DEATH OCCURRED IN A HOSPITAL
IF DEATH OCCURRED OTHER THAN IN A HOSPITAL
26 FACILITY NAME (if not institution, give street & number)
27 CITY OR TOWN, STATE AND ZIP CODE OF LOCATION OF DEATH
28 COUNTY OF DEATH
29 DATE OF DEATH
30 TIME OF DEATH
31 WAS MEDICAL EXAMINER CONTACTED?
32 WAS AN AUTOPSY PERFORMED?
33 WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?
34 PART I Enter the chain of events: diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest or respiratory arrest.
35 PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
36 MANNER OF DEATH
37 IF FEMALE
38 DID SUBSTANCE CONTRIBUTE TO DEATH?
39 DATE OF INJURY
40 TIME OF INJURY
41 PLACE OF INJURY
42 DESCRIBE HOW INJURY OCCURRED
43 INJURY AT WORK
44 LOCATION OF INJURY
45 IF TRANSPORTATION INJURY, SPECIFY
46 CERTIFIER (check only one)
47 NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 34)
48 LICENSE NUMBER
49 DATE CERTIFIED
50 REGISTER'S SIGNATURE (Date)
51 DATE RECEIVED BY LOCAL REGISTRAR
52 DATE RECEIVED BY STATE REGISTRAR

CONTACT LIST

VICTIM

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

A large black rectangular redaction box covers the majority of the page content below the 'VICTIM' header.

State and Local Officials

OK Highway Patrol Troop D

Route 8, Box 140
McAlester, OK 74501
918-423-3636

Manufacturer:

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

Hugo man killed in Choctaw County ATV wreck

A Hugo man died Sunday in an ATV wreck on private property near Hugo in Choctaw County, according to the Oklahoma Highway Patrol.

Published: May 18, 2010

Hugo man dies in ATV accident

HUGO — A Hugo man died Sunday when he drove an all-terrain vehicle into the back of a parked vehicle on private property about five miles southwest of Hugo, the Oklahoma Highway Patrol reported. (b)(3):CPSA Se 79, turned into a private driveway about 1:30 p.m. and ran into the back of a parked vehicle, troopers said. The ATV tipped on its side, (b)(3) fell off and was pinned. (b)(3) was not

wearing a helmet, the patrol reported.

FROM STAFF REPORTS

5/16/10
OK
79M

Ads by Yahoo!

Mortgage Rates Hit 3.54% APR

Obama Urges Homeowners to Refinance as
Mortgage Rates Drop Again.
www.SeeRefinanceRates.com

Penny Stock Alerts - Official Site

Don't miss out on winning penny stocks that could
get enormous returns.
www.PennyStocksAlerts.com

NewsOK has disabled the comments for this article.
See our commenting and posting policy.

1. Task Number 110503HCC1555		2. Investigator's ID 8942		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2011 04 23		5. Date Initiated YR MO DAY 2011 05 06	
6. Synopsis of Accident or Complaint UPC A 14-year-old-male was driving a 4-wheeled UTV with a 15-year-old-male passenger on an unpaved road and they were both wearing seat belts. The operator lost control of the UTV, veered off the side of the road and struck a tree. The vehicle overturned entrapping both occupants. They were transported to a hospital where the operator was pronounced with his cause of death determined to be multiple blunt force injuries to his head and chest. The passenger sustained serious injuries. <p style="text-align: center;"><u>MER/PRV/BR NOTIFIED</u></p> <p style="text-align: center;">COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p style="text-align: center;"><u>OVERRULED: <input type="checkbox"/> ATTACHED</u></p> <p style="text-align: center;"><input checked="" type="checkbox"/> EXCISIONS/FOIA Ex. <u>B6</u>; ^{25c} 4/4/13 LB</p>				
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City DO NOT RE-NOTIFY <input checked="" type="checkbox"/> RE-NOTIFY <input type="checkbox"/> State COLUMBIA SC		
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name ARCTIC CAT		10C. Model Number 650 H1
10D. Manufacturer Name and Address ARCTCO P.O. Box 810 Thief River Falls, MN 56701				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12A. Hispanic or Latino		12B. Race 1 - White Other:		12C. Race Source 3 - Official Document
13. Age of Victim 14		14. Sex 1 - Male		15. Disposition 8 - Death
16. Injury Diagnosis 62 - Intern. Org. Inj.		17. Body Part(s) Involved 75 - HEAD		18. Respondent 3 - 2nd Hand Info Only
19. Type of Investigation 2 - Telephone		20. Time Spent (Operational / Travel) 7 / 0		
21. Attachment(s) 9 - Multiple Attachments		22. Case Source 05 - Newspaper		23. Sample Collection Number
24. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written				
25. Review Date 07/26/2011		26. Reviewed By 9093		27. Regional Office Director Dennis R. Blasius
28. Distribution Garland, Sarah; Kessler, Charles; Harris, Paulette			29. Source Document Number X1140982A	

110503HCC1555

Information contained in this report was obtained from a police report and a coroner's report.

The victim is a 14-year-old-male weighing 168 lbs. and 70 inches in height. His medical history, familiarity and experience with the utility vehicle and riding time could not be determined.

On 04/23/11 at approximately 5:40 PM, the victim was driving a 4-wheeled UTV with a 15-year-old-male passenger on an unpaved road and both occupants were wearing seat belts. The operator lost control of the utility vehicle, veered off the side of the road and struck a tree before coming to rest.

The occupants of the utility vehicle were found by friends who were the first to arrive on the scene and called 911. The utility vehicle was found in a wooded area resting on its right side. The operator was suspended upside down in the driver's seat while the passenger was partially trapped beneath the vehicle. The utility vehicle was turned upright to relieve the passenger of the weight of the utility vehicle.

Both occupants were transported to a hospital where the UTV operator was pronounced with his cause of death determined to be multiple blunt force injuries to his head and chest. The passenger was admitted to ICU due to serious injuries. No other information is available.

NOTE: Contributing factors to this incident were believed to be speed and inexperienced driver.

PRODUCT INFORMATION:

Product: Arctic Cat Utility Vehicle
Model: 650 H1
VIN: Unknown

ATTACHMENTS:

1. Traffic Crash Report
2. Coroner's Report
3. Contact sheet
4. Questionnaire

SCDPS Incident Report

NCIC Use Only

Inq.	Entd.
------	-------

Date	04/23/2011	Day of the Week	<input type="checkbox"/> Sun. <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input checked="" type="checkbox"/> Sat.	Time	17:40 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Location of Incident	(b)(3):CPSA Section 25(c) (b)(6)				
Name of Officer	A.F. Dickens	Rank	S/Trp.	Badge	763
District/Unit	01	Duty Station	Richland	Page	1 of 2

<input type="checkbox"/> Invest. Officers Report	<input type="checkbox"/> Assault Report	<input type="checkbox"/> Abandon/Stolen Vehicle Report	<input type="checkbox"/> Discharge of Firearm	<input checked="" type="checkbox"/> Incident Report
<input type="checkbox"/> Vehicle Pursuit Report	<input type="checkbox"/> Towed Vehicle Report	<input type="checkbox"/> Other:		

Status	Type	Nature of Assignment
<input type="checkbox"/> Stolen <input type="checkbox"/> Found <input type="checkbox"/> Towed <input type="checkbox"/> Recovered <input type="checkbox"/> Suspect <input type="checkbox"/> Victim	<input type="checkbox"/> Vehicle <input type="checkbox"/> Car <input type="checkbox"/> Pickup <input type="checkbox"/> MTC <input type="checkbox"/> Boat <input type="checkbox"/> Article <input type="checkbox"/> Comm. Veh. <input type="checkbox"/> License Plate <input type="checkbox"/> Haz. Mat. (Check if Applicable)	<input checked="" type="checkbox"/> Routine Patrol <input type="checkbox"/> Riot or Crowd Control <input type="checkbox"/> Special Duty: <input type="checkbox"/> Other:

<input type="checkbox"/> Complainant	Driver's or Pedestrian's Name: (b)(3):CPSA Section 25(c)	Jailed?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Victim	Address: (b)(3):CPSA Section 25(c) (b)(6)	Intoxicated?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Subject	Race: W Sex: M DOB: (b)(3):C DL Number: NA DL Record Requested?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Summons or Warrant #: NA
<input type="checkbox"/> Runaway	Height: 5'10 Weight: 168 Hair: BRO Eyes: BRO Scars, Tattoos, Etc.: NA	
<input type="checkbox"/> Wanted	Occupation: Student Home Phone: (b)(3):C Work Phone: NA	
<input type="checkbox"/> Arrest	Vehicle Make: Arctic Cat Model: 650 H1 Lic/Yr: NA State: NA Color: Red	
<input type="checkbox"/> Other	DOT/CC#: NA VIN#: Pending	
	Owner: (b)(3):CPSA Address: (b)(3):CPSA Section 25(c)	
	Physical Evidence Found: 93 ft. Yaw Marks Witness: NA Address: NA	
	Test Administered: NA Results: NA By Whom?: NA Rank: NA	

<input type="checkbox"/> Complainant	Driver's or Pedestrian's Name: (b)(3):CPSA Section 25(c)	Jailed?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Victim	Address: (b)(3):CPSA Section 25(c) (b)(6)	Intoxicated?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Subject	Race: W Sex: M DOB: (b)(3):C DL Number: (b)(3):C DL Record Requested?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Summons or Warrant #: NA
<input type="checkbox"/> Runaway	Height: 5'09 Weight: 120 Hair: BRO Eyes: BRO Scars, Tattoos, Etc.: NA	
<input type="checkbox"/> Wanted	Occupation: Student Home Phone: NA Work Phone: NA	
<input type="checkbox"/> Arrest	Vehicle Make: Arctic Cat Model: 650H1 Lic/Yr: NA State: NA Color: Red	
<input type="checkbox"/> Other	DOT/CC#: NA VIN#: Pending	
	Owner: (b)(3):CP Address: (b)(3):CPSA Section 25(c)	
	Physical Evidence Found: 93 ft. Yaw Marks Witness: NA Address: NA	
	Test Administered: NA Results: NA By Whom?: NA Rank: NA	

Pursuit: Time Began: _____ Time Ended: _____ Location Began: _____ Location Ended: _____

Primary Trooper Involved: _____ Other Trooper(s) Involved: _____

Other Agencies Involved: _____

Was Supervisor Involved in Pursuit?: No Yes (Name): _____

Event Ending Pursuit: Accident Stopped Escaped Other

Abandoned Vehicle: Highway Number: _____ Sheriff Notified?: Yes No

Towed To: _____ Address: _____ Date: _____

Checked for Stolen?: Yes No Stolen?: Yes No Owner Contacted and Vehicle Identified?: Yes No

Does Officer Wish to Contact Owner Before Release?: Yes No

Final Disposition: _____

Department Records Cleared?: Yes No Follow Up Investigation?: Yes No

Remarks: On 04/23/2011, I responded to the scene of a collision that occurred on (b)(6) is a dirt/gravel road that runs east/west off of Kennerly Rd. Upon my arrival on scene, I observed two fire engines and numerous fire personnel that had secured the scene until my arrival. I also saw two civilians on scene that were identified as (b)(6). I also observed a red ATV off the left side of the roadway several feet in the wooded area. The right rear wheel of the ATV had become completely detached from it's axle and it also appeared to have damage to the roll bar which acted as the roof of the ATV. (b)(6) claimed ownership of the ATV. At this time, Cpl. R. Osteen also arrived on scene.

I began to conduct field interviews of (b)(6) and (b)(6) which claimed to be close friends of the two young men which were occupants of the ATV. Upon further interviewing these gentlemen, it was found that they were the first to arrive on scene of the collision. Both stated that the ATV was in the wooded area resting on it's right side and that the passenger (b)(3):CPSA, was partially trapped beneath the ATV. They also stated that the driver, (b)(3):CPSA, was suspended upside down in the drivers seat, both secured by lap belts. They further explained that they along with help from others turned the ATV upright to relieve the passenger of the weight of ATV. At that point, they said emergency personnel arrived and began to attend to the occupants. The two subjects were transported to

Palmetto Health Richland ER by ambulance.

At this point, I began to survey and measure the scene for other evidence. I measured 93.8 ft of yaw marks that lead from the right side of the roadway to the left edge of the roadway. From the edge of the roadway to the tree, which appeared to be the first impact point, was 5.2 ft. The complete width of (b)(6) is 18.3 ft. It also has a posted speed limit of 25mph. Once the ATV was turned upright the right front wheel was approximately 11.4 ft off the edge of the roadway and the right rear wheel, which was detached was approximately 8.6 ft from the edge of the roadway. The ATV had minimal damage in other places with the most damage concentrated to the roof and right rear. It was also noted that the speedometer on the vehicle was stuck at 44mph. Top speed of the ATV is unknown.

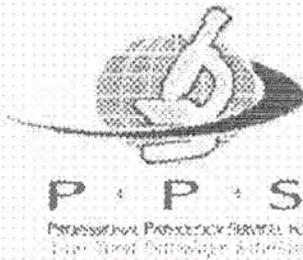
After completing my at scene investigation, I reported to Palmetto Health Richland ER where I was informed by nurse personnel at the front desk that (b)(3) was deceased and that his parents, (b)(6) were in the trauma room with their son at that time. I was also informed that (b)(3) Tolson, passenger in the ATV, was in the ICU on the fifth floor along with his parents, (b)(6). I was escorted by hospital personnel, first to the ICU to speak with (b)(6). I told them of the ongoing investigation into the collision and that they would be kept advised of details. I then went back down to the ER where I met Mr. Chuck Wesley of the Richland County Coroner's Office. He advised me that he had already spoken with the (b)(6) family and they were still in with their son. After briefing Mr. Wesley of the facts of the collision, he escorted me into the trauma room where I spoke with (b)(6). Details and facts of the investigation were not discussed as I felt that it wasn't the proper time or place. (b)(6) were informed of the ongoing investigation and that further details would be documented. The sincere condolences of the South Carolina Highway Patrol were offered and any assistance that the families may need would be gladly supplied.

To summarize the details of my investigation: On 04/23/2011 an ATV being driven by (b)(3)CP and also occupied by (b)(3) was traveling west on (b)(6). The driver of the ATV lost control of the vehicle and yawed for 93.8 ft before leaving the roadway to the left and traveling an additional 5.2 ft striking a tree. The vehicle came to rest on it's right side until witnesses could turn it upright. The injuries sustained by Mr. (b)(3)CP were fatal and the injuries sustained by (b)(3)CP are very serious in nature. (b)(3)CPSA was pronounced dead at Palmetto Health Richland ER at 18:54 hours on 04/23/2011 by Dr. Troy Privette. (b)(3)CP is still in ICU at Palmetto Health Richland ER. Weather conditions on the day of the collision was clear with no adverse conditions present. Contributing factors are believed to be speed and inexperienced driver.

(Attach Supplement Report if Necessary)

AJ Disher
Investigating Officer's Signature

04-25-2011
Date



PROFESSIONAL PATHOLOGY SERVICES, PC

One Science Court, Suite 200
Columbia, SC 29203

REPORT OF POSTMORTEM EXAMINATION
* Amended *

NAME: (b)(3):CPSA Section 25 AUTOPSY #: FA11-127
 DOB: (b)(3):C (Age: 14) RACE: Caucasian
 SEX: M CHART #: RCCO 2011-000804
 DATE OF DEATH: 4/23/2011 18:54 DATE OF AUTOPSY: 4/24/2011 07:00
 REQUESTOR: Gary M. Watts
 PROSECTOR: Amy M. Durso, MD

FINAL ANATOMICAL DIAGNOSES

- I. BLUNT FORCE INJURIES TO HEAD:
 A. SUBCUTANEOUS HEMORRHAGE, RIGHT OCCIPITAL SCALP
 B. NONDISPLACED SKULL FRACTURES, RIGHT POSTERIOR OCCIPITAL BONE
 C. SUBDURAL HEMORRHAGE, SCANT.
 D. SUBARACHNOID HEMORRHAGE, MILD AND DIFFUSE.
 E. CEREBRAL CONTUSIONS, LEFT INFERIOR FRONTAL/ANTERIOR TEMPORAL LOBES, RIGHT INFERIOR FRONTAL LOBE, RIGHT OCCIPITAL LOBE.
- II. BLUNT FORCE INJURIES TO CHEST/TORSO:
 A. SUPERFICIAL ABRASIONS, SKIN AND SUBCUTANEOUS TISSUE.
 B. FRACTURE, RIGHT CLAVICLE.
 C. RIB FRACTURES.
 1. LEFT LATERAL 4, 6-7.
 2. LEFT POSTERIOR 6-8.
 3. RIGHT LATERAL 3-9.
 4. RIGHT POSTERIOR 6-8.
 D. LACERATIONS, LUNG, RIGHT UPPER AND LOWER LOBES
 E. CONTUSION, LUNG, LEFT LOWER LOBE
 F. LACERATION, LEFT PULMONARY VEIN
 G. BILATERAL HEMOTHORACES.
 1. STATUS-POST BILATERAL CHEST TUBE PLACEMENT.
- III. MINOR ABRASION, RIGHT ARM.

CAUSE OF DEATH: MULTIPLE BLUNT FORCE INJURIES TO HEAD AND CHEST.

AMD: 4/25/11

Electronically Signed Out By Amy M. Durso, MD

REPORT OF POSTMORTEM EXAMINATION

(b)(3):CPSA Section

FA11-127

CASE SUMMARY:

The decedent is a 14-year-old Caucasian adolescent male who was riding with a 16-year-old friend on an ATV on a gravel road. Apparently, the ATV overturned and hit a tree. He was transferred to PHR ER where he was pronounced. The history is provided by Chuck Wesley of the Richland County Coroner's Office. The Richland County Coroner's Office authorized the autopsy.

AMD:krh 4-25-11

GROSS ANATOMICAL DESCRIPTION:

EXTERNAL EXAMINATION: Body Weight: 168 lb; Body Length: 70 in. The body is that of a well developed, well nourished, Caucasian adolescent male, who appears compatible with the stated age. The body is identified by the coroner's Office. The body is cool to touch. Rigor is full in all extremities and jaw. Diffuse, faint purple, blanching livor extends over the posterior surfaces of the body, except in areas subject to pressure. The scalp hair is dark brown. The irides are brown. The corneas are transparent. The sclerae and conjunctivae are unremarkable with the exception of mild edema of the right eyelid. The nose and ears are not unusual. The teeth are in good repair. The neck is without masses, and the larynx is in the midline. The thorax is symmetrical. The abdomen is flat. The genitalia, anus, and back are unremarkable. The penis is circumcised. The upper and lower extremities are well developed and symmetrical, without absence of digits. Identifying marks and scars consist of two small, rounded scars over the left knee and superior to the left knee measuring approximately 1 cm in greatest dimension each.

EVIDENCE OF MEDICAL INTERVENTION: Endotracheal tube, suction tube entering oral cavity, cervical spine collar, defibrillator pads, EKG leads, IV in left antecubital fossa, vascular access line in right groin, and bilateral chest tubes with approximately one liter of blood within each of the collection boxes.

EVIDENCE OF INJURY:

Blunt force injuries to head: There is an approximately 9 x 3 cm area of subcutaneous hemorrhage of the right inferior occipital scalp. There are three curvilinear nondisplaced skull fractures to the right posterior occipital bone measuring from 3 to 6 cm in length. There is scant subdural hemorrhage present. There is mild diffuse subarachnoid hemorrhage present over the surfaces of the brain. There is a left inferior frontal/anterior temporal contusion measuring 4 x 4 x 0.2 cm. There are very focal contusions scattered within the right inferior frontal lobe as well as a single small contusion within the right occipital lobe.

Blunt force injuries to chest/torso: There are superficial red abrasions over the right upper back and left lateral torso. There is a comminuted fracture of the right clavicle. There are numerous rib fractures involving the left lateral fourth and six through seventh ribs, left posterior sixth through eighth ribs, right lateral third through ninth ribs and right posterior sixth through eighth ribs. The right lateral third through ninth rib fractures are severely comminuted. There is a large deep laceration to the right upper lobe of the lung measuring 7 cm in length x 3 cm deep. There are two lacerations to the right lower lobe of the lung measuring 4 and 2 cm in length x up to 2 cm deep. There is a massive hemorrhagic cavity consistent with contusion within the left lower lobe of the lung measuring approximately 9 x 5 x 4 cm. There is a small laceration to one of the branches of the left pulmonary vein as it exits the lung. There is residual blood measuring approximately 500 mL within each of the thoracic cavities. There are chest tubes in place (see "Evidence of Medical Intervention"). The aorta is intact with no evidence of laceration.

Blunt force injuries to extremities: There is a single minor superficial abrasion just inferior to the right elbow measuring approximately 1 cm in greatest dimension. No fractures are palpated within the extremities.

INTERNAL EXAMINATION:

BODY CAVITIES: The pleural cavities contains blood as described under "Evidence of Injury". The abdominal cavity is free of significant fluid. All body organs are present in normal and anatomical position.

CENTRAL NERVOUS SYSTEM: Brain weight: 1630 grams. The dura mater and falx cerebri are intact. With the exception of that noted under "Evidence of Injury", the leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, are intact and free of abnormality. With the exception of that noted under "Evidence of Injury", sections through the cerebral hemispheres reveal no further lesions within the cortex, subcortical white matter, or deep parenchyma of either hemisphere. The basal ganglia, thalami, and Ammon's horn are unremarkable. The cerebral ventricles are normal caliber. Sections through the brain stem and cerebellum are unremarkable.

NECK: Examination of the soft tissues of the neck, including strap muscles and large vessels, reveals no abnormalities. The hyoid bone and larynx are intact.

CARDIOVASCULAR SYSTEM: Heart weight: 310 grams. The pericardial surfaces are smooth, glistening and

REPORT OF POSTMORTEM EXAMINATION**(b)(3):CPSA Section**

FA11-127

unremarkable; the pericardial sac is free of significant fluid or adhesions. The coronary arteries arise normally, follow the usual distribution and are widely patent, without evidence of significant atherosclerosis or thrombosis. The chambers and valves bear the usual size-position relationships and are unremarkable. The myocardium is dark red-brown, firm, and unremarkable; the atrial and ventricular septa are intact. The aorta and its major branches arise normally, follow the usual course and are widely patent, free of significant atherosclerosis and other abnormality. The vena cava and its major tributaries return to the heart in the usual distribution and are free of thrombi.

RESPIRATORY SYSTEM: Right lung: 450 grams; Left lung: 440 grams. The upper airway is clear of debris and foreign material; the mucosal surfaces are smooth, yellow-tan and unremarkable. With the exception of that noted under "Evidence of Injury", the pleural surfaces are smooth, glistening and unremarkable. Lobar divisions are of the usual configuration. The pulmonary parenchyma is significant for numerous injuries and a splotchy, tan-red to tan-pink cut surface. Injuries are further described under "Evidence of Injury". The pulmonary arteries are normally developed, patent, and without thrombus or embolus.

LIVER AND BILIARY SYSTEM: Liver weight: 1,330 grams. The hepatic capsule is smooth, glistening and intact covering tan-brown parenchyma, with no focal lesions noted. The gallbladder contains yellow-green-brown, slightly mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi.

GENITOURINARY SYSTEM: Right kidney: 150 grams; Left kidney: 150 grams. The renal capsules strip with ease from the underlying, smooth, red-brown, firm, cortical surface. The cortex is sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelvis, and ureters are unremarkable. The relationships at the trigone are unremarkable. The urinary bladder is unremarkable.

GASTROINTESTINAL TRACT: The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds, and the lumen contains scant tan-brown fluid. The small and large bowel are unremarkable. The appendix is present.

PANCREAS: The pancreas has a normal gray-white, lobulated appearance, and the ducts are clear.

RETICULOENDOTHELIAL SYSTEM: Spleen weight: 170 grams. The spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. The regional lymph nodes appear normal.

ENDOCRINE SYSTEM: The pituitary, thyroid, and adrenal glands are unremarkable.

MUSCULOSKELETAL SYSTEM: With the exception of that noted under "Evidence of Injury", the bony framework, supporting musculature, and soft tissues are not unusual.

TOXICOLOGY: Blood from the right pleural cavity is obtained. Portions of liver, brain, kidney, and pulled head hair are retained. A DNA card is obtained. All tissues not retained for diagnostic purposes are returned to the body.

CASSETTE SUMMARY:

1. Heart
2. Left lung, kidney, and adrenal
3. Right lung, kidney, and adrenal
4. Liver, spleen, pancreas, and thyroid
5. Brain

AMD:kjh 4-25-11

MICROSCOPIC DESCRIPTION:

Blocks are held. Slides will be cut and reviewed upon request with results placed in an addendum.

SUMMARY & COMMENT: The cause of death for this 14 year old boy is multiple blunt force injuries to the head and chest due to an ATV accident. There were severe injuries to the head including nondisplaced skull fractures and cerebral contusions. There were severe injuries to the chest including numerous rib fractures and severe lacerations and contusion to the lungs and left pulmonary vein resulting in large amounts of blood within the bilateral chest cavities. The pertinent anatomic findings are summarized under "Final Anatomic Diagnoses". This report is being issued without benefit of a final toxicology report. When a report becomes available, an addendum will be issued.

AMD: 4/25/11

REPORT OF POSTMORTEM EXAMINATION

(b)(3):CPSA Section

FA11-127

REPORT OF POSTMORTEM EXAMINATION**(b)(3):CPSA Section 2****FA11-127**

TOXICOLOGY (SLED): No blood ethanol is identified. No significant substances are identified on a routine drug screen.

AMD:km 5-9-11 ***Electronically Signed Out By Amy M. Durso, MD***

Amendments

Amended: 5/9/2011 by Karen Hilyer

Reason: Major Toxicology

Previous Signout Date: 4/25/2011



Gary Watts
Coroner

OFFICE OF THE CORONER

Richland County

Coroner's Report

Office of the Coroner
1931 Pineview Dr
Columbia SC 29209
803.576-1799

Case Number: 2011-000804 Name: (b)(3):CPSA Section 25(c),(b)(6)
Sex: M Race: Caucasian Age: 0' SSN

Death Date/Time: 4/23/2011 6:54:00PM

Death Location: (b)(6)

Incident Location: Miles Bowman Rd Irmo SC

Incident Date/Time: 4/23/2011 6:54:00PM

Cause Of Death: Multiple Blunt Force Injuries
to Head and Chest
due to
ATV Accident

AKA:

FKA:

Toxicology Alcohol: Negative

Toxicology Drugs: Negative

Manner of Death: Accident

Case Summary

(b)(3):CPSA was involved in a ATV accident. An autopsy indicated the cause of death as stated.

Richland County Coroner's Office

By: Coroner

12-JUL-11

Dr. Durso

SOUTH CAROLINA LAW ENFORCEMENT DIVISION

FORENSIC SERVICES LABORATORY REPORT

NIKKI R. HALEY
Governor



REGINALD I. LLOYD
Director

Leonard Bradley
Richland County Coroner's Office
PO Box 192
Columbia, SC 29202

TOXICOLOGY DEPARTMENT

May 04, 2011
SLED No: L11-04607
Your Case No: 2011000804
Incident Date: 04/23/2011

[V-Deceased] (b)(3):CPSA

This is an official report of the South Carolina Law Enforcement Division Forensic Services Laboratory and is to be used in connection with an official criminal investigation. These examinations were conducted under your assurance that no previous examinations of person(s) or evidence submitted in this case have been or will be conducted by any other laboratory or agency.

Reginald I. Lloyd, Director

ITEMS OF EVIDENCE

Item: 1 **Sample Type: Blood (Toxicology) - Right Pleural Cavity Blood labeled**

(b)(3):CPSA Sec FA11-127 RCCO 2011-000804"

Analysis by Headspace Gas Chromatography (GC) and/or Headspace Gas Chromatography/Mass Spectrometry (GC/MS)

Analyte	Result	Units	Threshold
Ethanol	Negative	% w/v	0.01
Methanol	Negative	% w/v	0.01
Acetone	Negative	% w/v	0.01
Isopropanol	Negative	% w/v	0.01



P.O. Box 21398, Columbia, South Carolina 29221-1398 Phone (803) 896-7300 Fax (803) 898-7351

07/12/2011 1:38PM (GMT-04:00)

5/4/11

Screen by Enzyme Linked Immunosorbant Assay (ELISA)

Analyte	Result	Units	Threshold
Amphetamine	Negative	mg/L	0.15
Benzodiazepines	Negative	mg/L	0.05
Methamphetamine	Negative	mg/L	0.15
Oxycodone	Negative	mg/L	0.10
Cannabinoids	Negative	mg/L	0.03

Screen by Fluorescence Polarization Immunoassay (FPIA)

Analyte	Result	Units	Threshold
Cocaine Metabolite	Negative	mg/L	0.20
Opiates	Negative	mg/L	0.10

Item: 2 **Sample Type: Brain** - labeled (b)(3):CPSA FA11-127 RCCO
2011-000804" Section 25(c) (b)

No Analysis Performed

Item: 3 **Sample Type: Liver** - labeled (b)(3):CPSA FA11-127 RCCO
2011-000804" Section 25(c) (b)

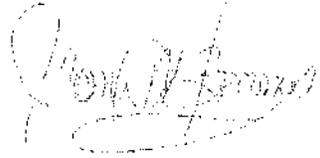
No Analysis Performed

Item: 4 **Sample Type: Kidney** - labeled (b)(3):CPSA FA11-127 RCCO
2011-000804" Section 25(c) (b)

No Analysis Performed



5/4/11



Toni M. Broome
Forensic Toxicologist

For any additional interpretation of results please contact the Toxicologist above at the SLED Toxicology Department, (803) 896-7385.



110503HCC1555

ATTACHMENT #3

Contact Sheet

Contacted on 05/06/11

South Carolina

Highway Patrol

10311 Wilson Blvd.

Blythewood, SC. 29016

803-896-7920

Contacted on 05/05/11

Richland County Coroner

1931 Pineview Drive

Columbia, SC. 29209

803-576-1799

Utility Vehicle Data Record Sheet

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

A: Age: 14 Height: 70
 Gender: Male Weight: 168
 Helmet (Y/N): Unk Seatbelt (Y/N): Yes
 Killed/Injured/Neither/Unknown: Killed
 Injury Description: Multiple blunt force to head and chest.
 Did vehicle land on victim: Yes
 Ejected (Either partially or fully): No

B: Age: 15 Height: 69
 Gender: Male Weight: 120
 Helmet (Y/N): Unk Seatbelt (Y/N): Yes
 Killed/Injured/Neither/Unknown:
 Injury Description: Unknown
 Did vehicle land on victim: Yes
 Ejected (Either partially or fully): No

C: Age: Heig ht:
 Gender: Weight:
 Helmet (Y/N): Seatbelt (Y/N):
 Killed/Injured/Neither/Unknown:
 Injury Description:
 Did vehicle land on victim:

Ejected (Either partially or fully):

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

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

F: Age: Heig ht:
 Gender: Weight:
 Helmet (Y/N): Seatbelt (Y/N):
 Killed/Injured/Neither/Unknown:
 Injury Description:
 Did vehicle land on victim:

Ejected (Either partially or fully):

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

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

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



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News - Local / Metro
Sunday, Apr 24, 2011

Irmo teen killed in ATV accident

By JOHN MONK - jmonk@thestate.com

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A 14-year-old Irmo-area youth who was killed over the weekend in an ATV accident was identified Sunday as **(b)(3)(C)PSA**.

"He lost control of his vehicle, overturned and struck a tree," said Richland County Coroner Gary Watts.

Another youth on the Arctic Cat ATV (all terrain vehicle), who was not identified, was seriously injured and is in the hospital, Watts said.

(b)(3)(C) was a ninth grader at Dutch Fork High School.

Neither youth was apparently wearing a helmet or a seat belt.

Despite years of trying, supporters of a law that would ban younger children from driving the ATVs and would require older children to take a training program to familiarize themselves with the vehicles, the S.C. General Assembly has declined to act.

South Carolina is one of six states that have no youth ATV regulations.

A proposal that would make it illegal for a child 8 or under to operate an ATV and required children 9-15 who operate ATVs to wear helmets and have safety training is in laws It has passed the House and is now before the S.C. Senate.

According to the S.C. Department of Health and Environmental Control, 63 children under the age of 17 have died in ATV accidents in the last 10 years.

Of those 63 deaths, 40 percent were children younger than 9 years old.

The State of Florida, for example, advises that all ATV drivers under 16 be supervised by an adult.

SC
4/23/11
14 M

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14-year-old driver dies after ATV overturns

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 Posted: Apr 24, 2011 11:14 AM EDT
 Updated: Apr 25, 2011 8:06 AM EDT

RICHLAND COUNTY, SC (WIS) - A 14-year-old died and a 16-year-old passenger was injured following an ATV accident on a dirt road in the Irmo area, according to the South Carolina Highway Patrol

It happened just before 6:00 p.m. Saturday on Miles ██████████ in Irmo.

The patrol said the ATV was traveling west when it went off the left side of the road and came to rest of its side.

Troopers said the two were restrained but were not wearing helmets.

They were initially taken to Palmetto Richland Memorial Hospital. The condition of the passenger is not known at this time.

Richland County Coroner Gary Watts later identified the 14-year-old as ██████████. He said the cause of death was multiple trauma.

The accident remains under investigation.

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5 votes

Comments

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Echo 19 items

Admin

Noel

My heart is breaking for you. Praying for God's blessings during this difficult time.

Today, 8:53:22 AM - [Flag](#) - [Like](#)
 Liked by 3 Guests

my 2 \$ worth

proper restraints, where was the theory of seatbelts saves lives, next you goons will have us wearing DOT helmets to drive a care...

Today, 8:45:36 AM - [Flag](#) - [Like](#)

Just wondering

BIIIIIG difference between an ATV and a car.....

Today, 8:23:11 AM - [Flag](#) - [Like](#)
 Liked by Guest

boo1978

Seatbelts do save lives. I think everyone should

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

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Updated: Apr 25, 2011 8:36 AM EDT
 Investigators have a better look at a possible suspect in the attempted bombing of a Colorado mall and he's wearing a University of South Carolina hat.

Lost dog found almost 2 weeks after I-26 wreck [VIDEO INCLUDED](#)



Updated: Apr 25, 2011 9:09 AM EDT
 A dog that escaped from a car that wrecked Interstate 26 almost two weeks ago has been found in good condition a couple of miles from the accident scene.

14-year-old driver dies after ATV overturns



Updated: Apr 25, 2011 8:06 AM EDT
 A 14-year-old died and a 16-year-old passenger was injured following an ATV accident on a dirt road in the Irmo area, according to the South Carolina Highway Patrol

Sheriff: Romance sparks shoot-out that leaves 1 dead [VIDEO INCLUDED](#)

Updated: Apr 24, 2011 7:28 PM EDT

1. Task Number 110503HCC3683		2. Investigator's ID 9160		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2011 04 15	5. Date Initiated YR MO DAY 2011 05 06		
6. Synopsis of Accident or Complaint UPC A 74 Y/O/M was fatally injured when his utility vehicle was struck head-on by a pickup truck. Victim was traveling with a passenger on a dirt road in the desert at the time of incident. 60 Y/O/F passenger was seriously injured with fractures and lacerations. Both occupants were not wearing helmets or seat belts. <u>MFR/PRV LBR NOTIFIED</u> COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED: <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA Ex. <u>B6, 25C</u> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY <u>4/4/12 LB</u>				
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City SAN MANUEL		9. State AZ
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name POLARIS		10C. Model Number RANGER
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC. 1225 Highway 169 North Minneapolis, MN 55441				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12A. Hispanic or Latino 2 - No		12B. Race 1 - White Other:		12C. Race Source 3 - Official Document
13. Age of Victim 74		14. Sex 1 - Male		15. Disposition 8 - Death
16. Injury Diagnosis 71 - Other/NS/No inj		17. Body Part(s) Involved 85 - ALL OF BODY		18. Respondent 3 - 2nd Hand Info Only
19. Type of Investigation 3 - Other		20. Time Spent (Operational / Travel) 13 / 2		
21. Attachment(s) 9 - Multiple Attachments		22. Case Source 05 - Newspaper		23. Sample Collection Number
24. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written				
25. Review Date 07/14/2011		26. Reviewed By 9067		27. Regional Office Director Frank J. Nava
28. Distribution Garland, Sarah			29. Source Document Number X1140983A	

110503HCC3683

This investigation was initiated from a news article in Pinal County, Arizona. The information in this investigative report was obtained by telephone and mail from the Pinal County Sheriff's Office and Medical Examiner's office.

SUMMARY

On April 15, 2011, at approximately 5:00 p.m., a 74-year-old male was fatally injured from a head-on collision with a pickup truck on a dirt road in a desert area. A 60-year-old female passenger was seriously injured and was taken to a nearby hospital where she was treated for her injuries. The driver of the utility vehicle was pronounced deceased at the scene.

On the day of the incident, weather conditions were clear and sunny, a light wind with a temperature of 80 degrees Fahrenheit. Environmental conditions were not contributing factors in the incident. Drugs or alcohol were not involved in the incident.

Investigators who arrived at the scene described a large amount of debris from the two vehicle collision. They reported several medical personnel at the scene attending to the two occupants of the utility vehicle which was lying on its side from the collision. Investigators described medical attention was given to the female passenger who was conscious and breathing and lying on her back under the roll cage. The female was not pinned and was safely pulled from the vehicle.

The driver was fatally injured and pinned in the driver's compartment. The victim showed no signs of life and had multiple compound fractures and lacerations over his entire body. Refer to Exhibit A, Sheriff's Report for additional injury information.

Investigators described the incident location as a straight narrow north and south dirt road with no centerline. The dirt road was located on private property approximately one mile from the nearest paved road and the nearest town.

At the time of the incident, a late model pickup truck was traveling southbound as the utility vehicle was traveling northbound. The two vehicles collided at a hill crest and impacted at the driver's side of each vehicle.

Upon impact the utility vehicle changed direction as it was pushed backwards and spun the front end of the vehicle to the left. The vehicle went sideways and came in contact with an embankment and overturned before it came to a stop. Both occupants of the utility vehicle were not wearing a helmet or a seat belt at the time of the incident. Investigators did not report an estimated speed at the time of the incident.

110503HCC3683

SUMMARY CONTINUED:

No utility vehicle ownership or maintenance history information was reported by investigators. The victim and the passenger were reportedly not wearing a helmet at the time of the incident. No prior driving experience or training was reported as well as past riding experience on the dirt road location.

The driver/operator of the pickup truck was 17 years-old and did not have a valid driver's license at the time of the incident. The driver was charged by authorities after the incident.

The Medical Examiner's final autopsy report was not available at the time of this report. The report was classified as "Do not Release" by the County Attorney's office.

110503HCC3683

PRODUCT INFORMATION

Manufacturer: Polaris
Model: Ranger
VIN Number: 4XARH68A57D048748
Year: 2007
Engine Type: 499cc
Color: Green/ Black

Manufacturer Information: Polaris Industries
2100 Highway 55
Hamel, MN 55340-9100

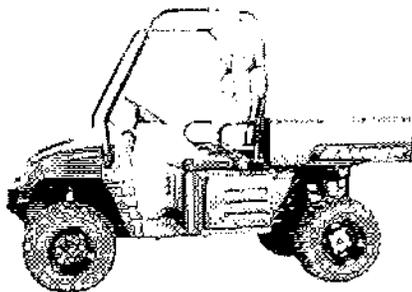


Image from internet

110503HCC3683**Exhibit A – Sheriff's Report (20 Pages)****Exhibit B – Missing Document Report****Exhibit C – Data Record Sheet****Exhibit D – Contact Information**

110503HCC3683

Exhibit A - Sheriff's Report

ADOT USE ONLY

ARIZONA CRASH REPORT										REPORT ID										Agency Report Number 110415134																																																																					
POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION 6614 205 S. 17TH AVE., PHOENIX, ARIZONA 85007-4233										YEAR	MONTH	DAY	HOUR	MOI	NOI	NOI	OFFICER ID NO.																																																																								
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Date of Birth (b)(3)-CPSA Section 25(c) (b)(6)										Sex M										Address (b)(3)-CPSA Section 25(c) (b)(6)										City (b)(3)-CPSA Section 25(c) (b)(6)										State AZ										Zip Code (b)(3)-CPSA Section 25(c) (b)(6)																																							
Color ORN										Vehicle Year 07										Make POLARIS										Model MANGLER										Body Style ATV										Plate Number MIC 03XY										State AZ										Plate Month/Year 01/15/13										Bus (if more seats) <input type="checkbox"/> Yes <input type="checkbox"/> No									
Safety Devices 1										Injury Severity 5										Facial Scarred NA										D.O. Exp. Spent 25										Transported To/By 110415134										Order of PCSO																																							
Insurance Company GEICO										Telephone Number (800) 841-3000										Policy Number 4804-46-39-85										Exp. Date 12/15/11																																																											
State Class End. <input type="checkbox"/> DL <input type="checkbox"/> No Valid License/Permit										<input type="checkbox"/> Other <input type="checkbox"/> Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Prohibited										Name (First, Middle, Last) (b)(3)-CPS										Suffix M																																																											
Date of Birth (b)(3)-CPSA Section 25(c) (b)(6)										Sex M										Address (b)(3)-CPSA Section 25(c) (b)(6)										City (b)(3)-CPSA Section 25(c) (b)(6)										State AZ										Zip Code (b)(3)-CPSA Section 25(c) (b)(6)																																							
Color ORN										Vehicle Year 07										Make POLARIS										Model MANGLER										Body Style ATV										Plate Number MIC 03XY										State AZ										Plate Month/Year 01/15/13										Bus (if more seats) <input type="checkbox"/> Yes <input type="checkbox"/> No									
Safety Devices 1										Injury Severity 5										Facial Scarred NA										D.O. Exp. Spent 25										Transported To/By 110415134										Order of PCSO																																							
Insurance Company GEICO										Telephone Number (800) 841-3000										Policy Number 4804-46-39-85										Exp. Date 12/15/11																																																											
State Class End. <input type="checkbox"/> DL <input type="checkbox"/> No Valid License/Permit										<input type="checkbox"/> Other <input type="checkbox"/> Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Prohibited										Name (First, Middle, Last) (b)(3)-CPS										Suffix M																																																											
Date of Birth (b)(3)-CPSA Section 25(c) (b)(6)										Sex M										Address (b)(3)-CPSA Section 25(c) (b)(6)										City (b)(3)-CPSA Section 25(c) (b)(6)										State AZ										Zip Code (b)(3)-CPSA Section 25(c) (b)(6)																																							
Color ORN										Vehicle Year 07										Make POLARIS										Model MANGLER										Body Style ATV										Plate Number MIC 03XY										State AZ										Plate Month/Year 01/15/13										Bus (if more seats) <input type="checkbox"/> Yes <input type="checkbox"/> No									
Safety Devices 1										Injury Severity 5										Facial Scarred NA										D.O. Exp. Spent 25										Transported To/By 110415134										Order of PCSO</																																							

110503HCC3683

Exhibit A – Sheriff's Report

ARIZONA CRASH REPORT

CONTINUED

110503HCC3683

25. NEARBY UNIMPAVED AREA(S), CONTACT POINT, ROADWAY TYPE:

26. ROADWAY ALIGNMENT:

LANE:

SEQUENCE OF EVENTS:

COLLISION WITH FIXED OBJECT:

COLLISION WITH PERSON, MOTOR VEHICLE, OR ANIMAL OR OBJECT:

EXTRACTION:

EXTRACTION	EXTRACTION
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EXAMPLE: SEQUENCE OF EVENTS

VEHICLE 1: SEQUENCE OF EVENTS

VEHICLE 2: SEQUENCE OF EVENTS

VEHICLE	TYPE	DRIVER	STATUS
16	16		REAR END
10	35		FRONT END
35	10		FRONT END
			FRONT END

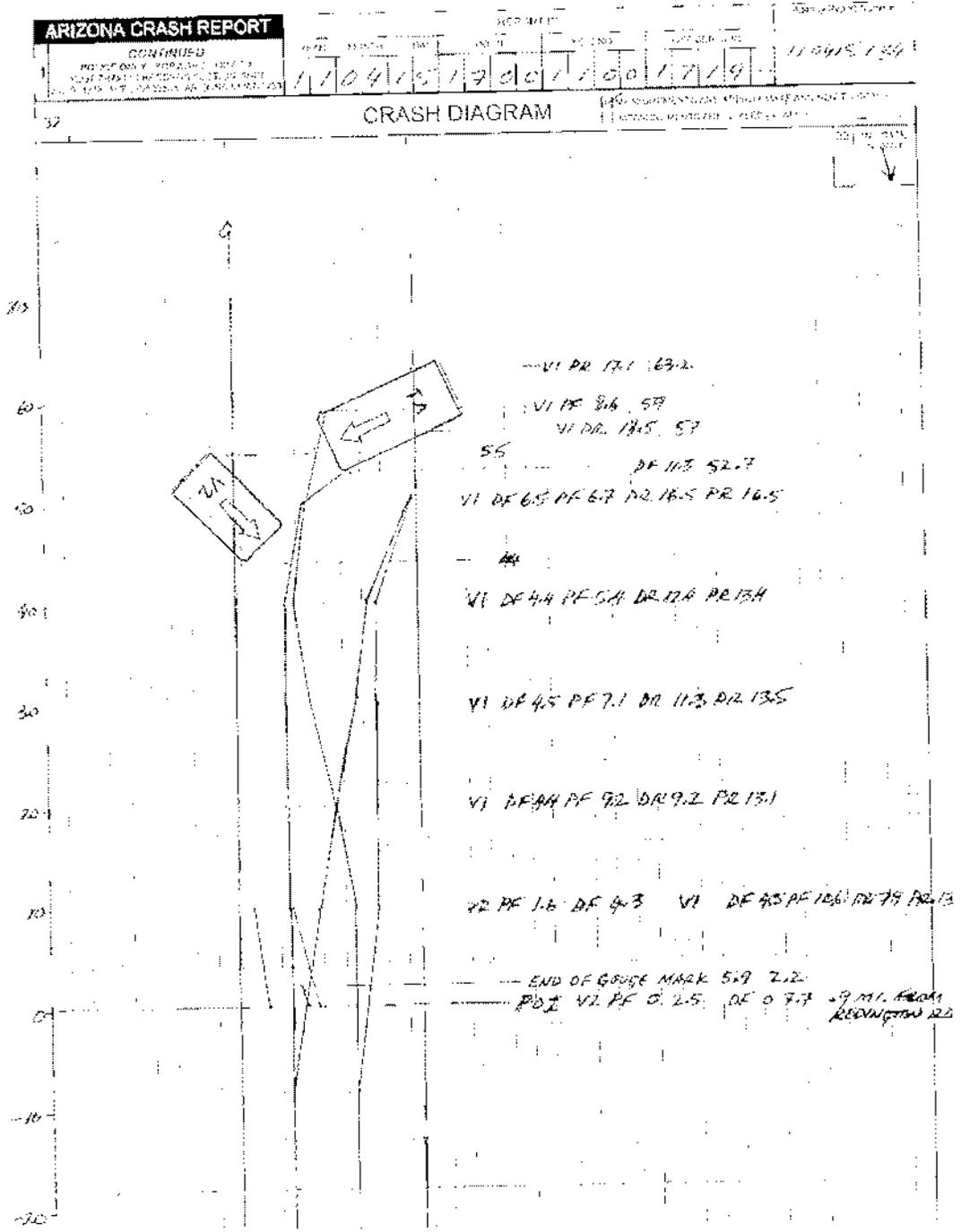
110503HCC3683

Exhibit A – Sheriff's Report

ARIZONA CRASH REPORT				REPORT ID				Agency Report Number														
1 FATAL SUPPLEMENT <small>POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION, 6849 729 S. 17TH AVE., PHOENIX, ARIZONA 85007-3213</small>				YEAR	MONTH	DAY	HOUR	MIN	SEC	OFFICER ID NO.	110415134											
				1	1	0	4	1	5	1	7	0	0	1	1	0	0	1	7	1	9	<input type="checkbox"/> Delayed Fatality
NAME OF VICTIM										<input checked="" type="checkbox"/> DRIVER		<input type="checkbox"/> PEDESTRIAN										
ADDRESS										<input type="checkbox"/> PASSENGER		<input type="checkbox"/> PEDALCYCLIST										
CHARLES A BAST																						
(b)(3):CPSA Section 25(c) (b)(6)																						
SEX		WEIGHT		EYES		HEIGHT		HAIR		(b)(3):CPSA												
M		252		H2L		6'00"		GRY														
VICTIM REMOVED TO					VICTIM REMOVED BY																	
PINAL COUNTY MEDICAL EXAMINER					SCOTT BORT WITH UPS																	
RELEASED AT SCENE					TRANSPORTED TO HOSPITAL					DATE OF DEATH		TIME OF DEATH										
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					04152011		1730										
										MMDDYYYY												
2 VICTIM				SAFETY DEVICE FAILURE				SAFETY DEVICE - IMPROPER USAGE				EJECTION (Eject) PATH										
				<input type="checkbox"/> 0 NOT APPLICABLE (SAFETY DEVICE WORKED) <input type="checkbox"/> 1 LAP FAILED <input type="checkbox"/> 2 SHOULDER FAILED <input type="checkbox"/> 3 BOTH FAILED <input type="checkbox"/> 4 CHILD SAFETY SEAT FAILED <input type="checkbox"/> 5 CHILD BOOSTER SEAT FAILED <input type="checkbox"/> 99 UNKNOWN				<input type="checkbox"/> 0 NOT APPLICABLE (Safety Device Properly Used) <input type="checkbox"/> 1 LAP <input type="checkbox"/> 2 SHOULDER <input checked="" type="checkbox"/> 3 BOTH <input type="checkbox"/> 4 CHILD SAFETY SEAT <input type="checkbox"/> 5 CHILD BOOSTER SEAT <input type="checkbox"/> 99 UNKNOWN				<input checked="" type="checkbox"/> 0 NOT APPLICABLE (NON-MOTCRIST/NOT EJECTED) <input type="checkbox"/> 1 THROUGH SIDE DOOR OPENING <input type="checkbox"/> 2 THROUGH SIDE WINDOW <input type="checkbox"/> 3 THROUGH WINDSHIELD <input type="checkbox"/> 4 THROUGH BACK WINDOW <input type="checkbox"/> 5 THROUGH BACK DOOR/TAILGATE OPENING <input type="checkbox"/> 6 THROUGH ROOF OPENING (sunroof, convertible top, down) <input type="checkbox"/> 7 Through ROOF (convertible top up) <input type="checkbox"/> 8 OTHER PATH <input type="checkbox"/> 99 UNKNOWN										
				AIR BAG NOT AVAILABLE																		
				<input checked="" type="checkbox"/> 0 NOT APPLICABLE <input type="checkbox"/> 1 PREVIOUSLY DEPLOYED - NOT REPLACED <input type="checkbox"/> 2 DISABLED <input type="checkbox"/> 3 REMOVED																		
3 DRIVER				NAME OF DRIVER				<input checked="" type="checkbox"/> SAME AS VICTIM														
				4 EXTRICATION (Extr) SUPPLEMENT				5 COMPLETED IF ANY DRIVER IS TESTED FOR ALCOHOL/ DRUGS														
				UNIT # _____ <input type="checkbox"/> 0 NOT APPLICABLE (NON MOTCRIST/ NOT EXTRICATED) <input checked="" type="checkbox"/> 1 BY AMBULANCE ATTENDANT <input type="checkbox"/> 2 BY POLICE <input type="checkbox"/> 3 BY FIRE DEPARTMENT <input type="checkbox"/> 4 BY PASSENGER <input type="checkbox"/> 97 OTHER <input type="checkbox"/> 99 UNKNOWN				DRIVER # _____ ALCOHOL TEST TYPE _____ ALCOHOL TEST RESULTS _____ DRIVER # _____ ALCOHOL TEST TYPE _____ ALCOHOL TEST RESULTS _____ DRIVER # _____ ALCOHOL TEST TYPE _____ ALCOHOL TEST RESULTS _____ DRIVER # _____ DRUG TEST TYPE _____ DRUG TEST RESULTS _____ DRIVER # _____ DRUG TEST TYPE _____ DRUG TEST RESULTS _____ DRIVER # _____ DRUG TEST TYPE _____ DRUG TEST RESULTS _____														
6 MOTOR				UNDERRIDE/OVERRIDE				FIRE OCCURRENCE														
				UNIT # _____ <input type="checkbox"/> 0 NOT APPLICABLE UNDERRIDING A MOTOR VEHICLE IN TRANSPORT <input type="checkbox"/> 1 UNDERRIDE (COMPARTMENT INTRUSION) <input type="checkbox"/> 2 UNDERRIDE (NO COMPARTMENT INTRUSION) <input type="checkbox"/> 3 UNDERRIDE (COMPARTMENT INTRUSION UNKNOWN) <input type="checkbox"/> 4 UNDERRIDE (COMPARTMENT INTRUSION) <input type="checkbox"/> 5 UNDERRIDE (NO COMPARTMENT INTRUSION) <input type="checkbox"/> 6 UNDERRIDE (COMPARTMENT INTRUSION UNKNOWN)				UNIT # _____ <input checked="" type="checkbox"/> 0 NOT APPLICABLE <input type="checkbox"/> 1 FIRE OCCURRED IN VEHICLE DURING CRASH														
7 EMS				TIME EMS CALLED				TIME EMS ARRIVED				ARRIVAL TIME AT HOSPITAL										
				17 06				17 23				NA										
8 COMMENTS																						
9 OFFICER'S NAME				SUPERVISOR'S SIGNATURE				AGENCY				DATE COMPLETED										
T. SCHIESS 1719								PCSO														

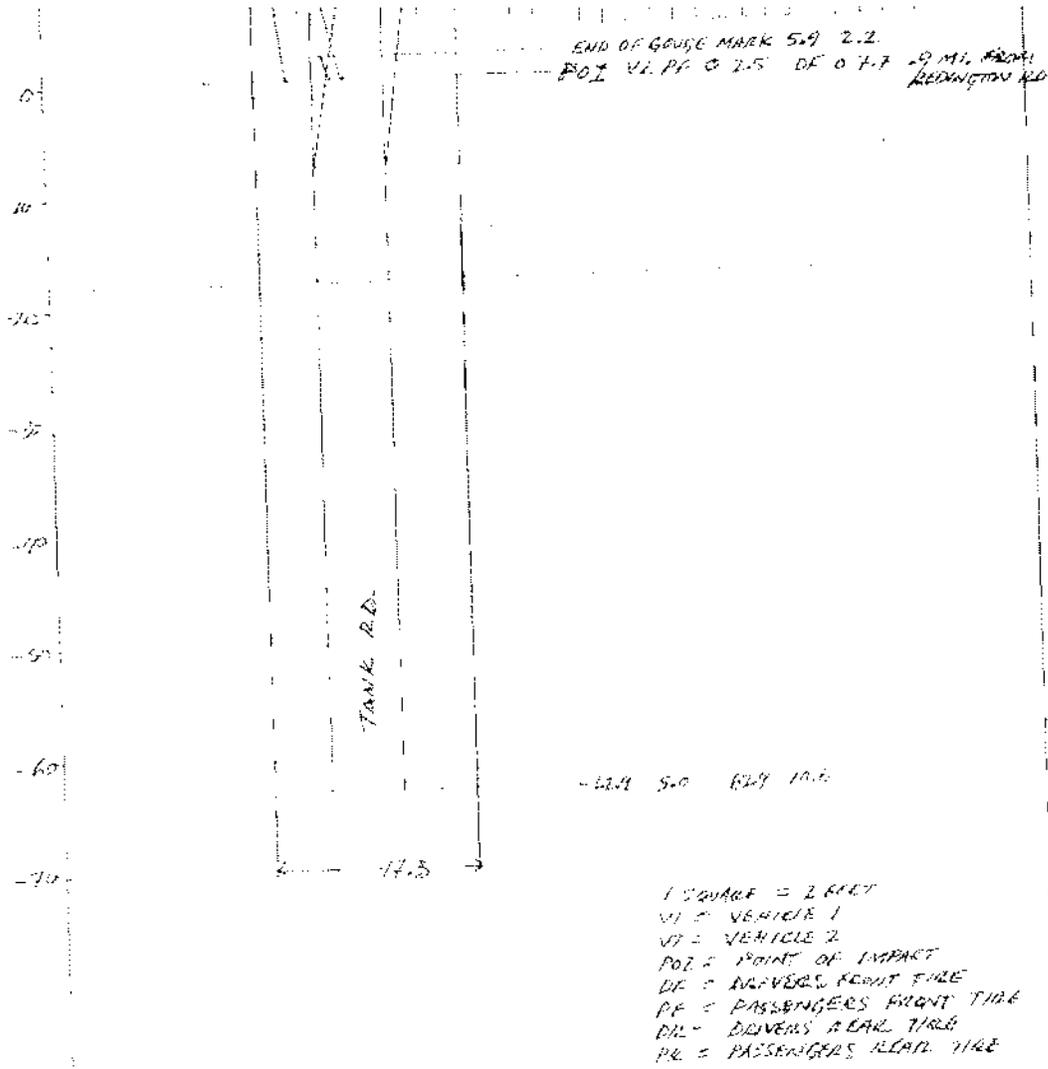
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Exhibit A - Sheriff's Report



110503HCC3683

Exhibit A - Sheriff's Report



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Exhibit A – Sheriff's Report

PINAL COUNTY SHERIFF'S OFFICE

STATEMENT OF WITNESS

(b)(3):CPSA
Section 25(c) (b) DO HEREBY MAKE THE FOLLOWING STATEMENT OF MY OWN FREE WILL AND ACCORD CONCERNING WHICH OCCURED _____ (LOCATION)

ON THE _____ DAY OF _____ 20____ AM _____ PM
we were drive ing around and we went up the hill and at the top we crashed and then i called the cops

OFFICER *T. Schiess* SIGNED **(b)(3):CPSA S** AGE *17*
BADGE *1719* DISTRICT _____ ADDRESS **(b)(3):CPSA Secti**
P.C.S.D. DR# *110415134* TELEPHONE _____
DATE *4/20/19 6695*

ORIGINAL TO RECORDS

110503HCC3683

Exhibit A – Sheriff's Report

PINAL COUNTY SHERIFF'S OFFICE

STATEMENT OF WITNESS

I, (b)(3):CPSA Section 25(c), (b)(6) DO HEREBY MAKE THE FOLLOWING STATEMENT OF MY OWN FREE WILL AND ACCORD CONCERNING WHICH OCCURED (LOCATION)

ON THE DAY OF 20 AM PM

we were going up the hill going about 30 we didnt see the other vehicle. when we hit I just saw the window get damaged and we spun out of control. we stopped and that was it.

OFFICER T. SCHIESS SIGNER (b)(3):CPSA Section 25 GE 17 BADGE 1719 DISTRICT ADDRESS (c),(b)(6) P.C.S.D. DR# 110915139 TELEPHONE DATE 4/15/11

ORIGINAL TO RECORDS

110503HCC3683

Exhibit A – Sheriff's Report

06/29/2011 PINAL COUNTY SHERIFF'S OFFICE Page: 259
 07:08 LAW Incident Table: Image: 1

Incident Number: 110415134 CASE CAN BE RELEASED
 Nature: ACCIDENT W INJ Case Number: Image:
 Addr: (b)(3):CPSA Section 25(c),(b)(6) Area: B15
 City: (b)(3):CPSA Section 25(c),(b)(6) Contact: AT&T Mobility
 Complainant:
 Lst: Fst: Mid:
 DOB: SSN: ADr:
 Rac: Sz: Tel: Cty: St: Zip:
 Offense Codes: 3202 4803 3416 Reported: 3416 Observed: 3202
 Circumstances: LT13
 Rspndg Officers: T SCHIESS R MONASHEFSKY D GOWANLOCK &
 Rspnsbl Officer: T SCHIESS Agency: PCSO CAD Call ID: C708003
 Received By: JA VALENZUELA Last RadLog: 23:43:08 04/15/2011 98
 How Received: 9 911 LINE Clearance: 6 CLEARED BY EXCEPTIONAL
 When Reported: 17:10:55 04/15/2011 Disposition: 6 Disp Date: 04/15/2011
 Occurrd between: 17:08:18 04/15/2011 Judicial Sts:
 and: 17:08:29 04/15/2011 Misc Entry:

MC:
 Narrative: (See below)
 Supplement: (See below) (See below) &

INVOLVEMENTS:

Type	Record #	Date	Description	Relationship
MI	8336	/ /	>>> (b)(6) 6/27/2011 11	CASE CAN BE RELEASED
AR	175776	05/08/2011	FALSE REPORT TO LAW ENFORCE	*Arrest/Offense
AR	175777	05/08/2011	FALSE REPORT TO LAW ENFORCE	*Arrest/Offense
NM	3100242	/ /	(b)(3):CPSA	WITNESS/PASSENGER
NM	3330377	/ /	(b)(3):CPSA	WITNESS/PASSENGER
NM	3335517	/ /	Section 25(c) (b)(6)	WITNESS/PASSENGER
NM	3086147	/ /	(b)(6)	FAMILY FRIEND/CONTACT
NM	3123783	/ /	(b)(3):CPSA	DR/VH#1/JV REFERRAL
NM	3310171	/ /	(b)(3):CPSA Section 25	PASSENGER VEH 2
NM	3331551	/ /	(c) (b)(6)	PASS/VH#1 JV REFERRAL
NM	3377990	/ /	(c) (b)(6)	DRIVER VEH 2
AC	110415134	04/15/2011	Accident	*Related Incident
VH	151678	/ /	BRO/WHI 1985 FORD BRONCO AZ	VEH 1/TOWED EVIDENCE
VH	151679	/ /	GRN/BLK 2007 POLA RANGER AZ	VEH 2/TOWED EVIDENCE
CA	C708003	04/15/2011	17:10 04/15/2011 ACCIDENT W IN	*Initiating Call
PR	241477	/ /	FILM DIGITAL D 30	CASE PHOTOS
PR	239617	/ /	TAN PURSE UNKNOWN LEATHER/L \$1	PR RETURNED/SAFEKEEP
EV	87303	/ /	1719-3 PURSE	*Evidence Incident
EV	87304	/ /	1719-4 WALLET	*Evidence Incident
EV	87163	/ /	1719-2 07 POLARIS ATV	*Evidence Incident
EV	87164	/ /	1719-1 1985 FORD BRONCO	*Evidence Incident
DS	53020	05/27/2011	GERARD BAST	RECEIVED
DS	52696	06/13/2011	BLEAMAN LAW FIRM PC	RECEIVED
DS	52408	05/26/2011	JPO	RECEIVED
VI	1733	04/15/2011	963	*Impounded
VI	1734	04/15/2011	963	*Impounded

110503HCC3683**Exhibit A – Sheriff's Report**

LAW Incident Offenses Detail:

Seq Code	Offense Codes	Amount
✓ 1	3202 FATAL COLL W OTHER MOTOR VEH	0.00
✓ 2	4803 FALSE REPORTING	0.00
✓ 3	3416 ACCIDENT INJURY VEHICLES	0.00

LAW Incident Circumstances:

Seq Code	Contributing Circumstances	Comments
1	LT13 HIGHWAY/ROAD/ALLEY	

LAW Incident Responders Detail

Seq	Name	Unit
1	T SCHIESS	3B15
2	R MONASHEFSKY	S19
3	D GOWANLOCK	S29
4	A WIKSTROM	4B17
5	E PARRY	4B16
6	1199	1199
7	HE RANKIN	3B17
8	G BUSSEY	1994
9	N ZOVKO	6B16

Main Radio Log Table:

Time/Date	Typ	Unit	Code	Zone	Agn	Description
23:43:08 04/15/2011	1	3B15	98	B15	PCSO	incid#-110415134 ASSIGNMENT CO
22:59:34 04/15/2011	1	6B16	98	B15	PCSO (MDC)	Completed call incid#-11
22:12:46 04/15/2011	1	S29	CMPLT	B15	PCSO (MDC)	Completed call incid#-11
21:40:30 04/15/2011	1	1994	98	B15	PCSO	incid#-110415134 ASSIGNMENT CO
21:39:26 04/15/2011	1	3B15	C103	B15	PCSO	incid#-110415134 HENRY call-2
21:32:08 04/15/2011	1	S29	NMINQ	REGB	PCSO	MDC: name=(b)(6)
20:36:00 04/15/2011	1	3B15	I	B15	PCSO	incid#-110415134 PUT THRU TO T
20:34:57 04/15/2011	1	6B16	ARRVD	B15	PCSO (MDC)	Arrived on scene incid#-
20:34:43 04/15/2011	1	6B16	ENRT	B15	PCSO (MDC)	Assisting unit 3B15 inci
20:05:52 04/15/2011	1	3B17	98	B15	PCSO	incid#-110415134 ASSIGNMENT CO
19:53:40 04/15/2011	1	4B17	CMPLT	B15	PCSO (MDC)	Completed call incid#-11
19:47:34 04/15/2011	1	3B17	NMINQ	B17	PCSO	MDC: name=BELLANY, SCOTT
19:41:58 04/15/2011	1	3B17	NMINQ	B17	PCSO	MDC: name=SPARKS, RICHARD
19:39:00 04/15/2011	1	S29	NMINQ	REGB	PCSO	MDC: name=BONNER, M*
19:20:40 04/15/2011	1	4B16	CMPLT	B15	PCSO	incid#-110415134 Reassigned to
19:15:00 04/15/2011	1	S29	NMINQ	REGB	PCSO	MDC: name=(b)(6)
19:12:10 04/15/2011	1	1994	19	B15	PCSO	incid#-110415134 ENROUTE call-
19:11:21 04/15/2011	1	1199	98	B15	PCSO	incid#-110415134 ASSIGNMENT CO
19:10:38 04/15/2011	1	1199	OFFD	B15	PCSO	
18:21:37 04/15/2011	1	4B16	28	B16	PCSO	MDC: pl=AFK1517 st=AZ
18:21:36 04/15/2011	1	4B16	VHREG	B16	PCSO	MDC: pl=AFK1517 st=AZ
18:00:28 04/15/2011	1	4B17	I	B15	PCSO	PUT THRU TO ON CALL CO ATT GRE
17:38:18 04/15/2011	1	S29	DLINQ	REGB	PCSO	MDC: name=(b)(6)/(b)(6)

110503HCC3683**Exhibit A – Sheriff's Report**

Time/Date	Typ	Unit	Code	Zone	Agnc	Description
17:38:17	04/15/2011	1	S29	NMINQ	REGB	PCSO MDC: name=(b)(6)
17:37:02	04/15/2011	1	S29	DLINQ	REGB	PCSO MDC: name=(b)(6)
17:36:28	04/15/2011	1	3B15	28	B15	PCSO pl=AFK1517
17:36:03	04/15/2011	1	S29	DLINQ	REGB	PCSO MDC: name=(b)(6) dob=06/25
17:35:26	04/15/2011	1	S29	DLINQ	REGB	PCSO MDC: name=(b)(6) J dob=06/
17:35:25	04/15/2011	1	S29	NMINQ	REGB	PCSO MDC: name=(b)(6) J dob=06/
17:33:08	04/15/2011	1	S29	28	REGB	PCSO MDC: pl=MCG3XY st-AZ
17:33:07	04/15/2011	1	S29	VHREG	REGB	PCSO MDC: pl=MCG3XY st-AZ
17:27:01	04/15/2011	1	3B17	ARRVD	B15	PCSO incid#=110415134 ARRIVED AT SC
17:26:35	04/15/2011	1	1199	19	B15	PCSO incid#=110415134 ENROUTE call=
17:26:34	04/15/2011	1	4B17	ARRVD	B15	PCSO incid#=110415134 ARRIVED AT SC
17:24:29	04/15/2011	1	3B15	ARRVD	B15	PCSO incid#=110415134 ARRIVED AT SC
17:24:29	04/15/2011	1	4B16	ARRVD	B15	PCSO incid#=110415134 ARRIVED AT SC
17:24:29	04/15/2011	1	S29	ARRVD	B15	PCSO incid#=110415134 ARRIVED AT SC
17:15:37	04/15/2011	1	4B16	19	B15	PCSO incid#=110415134 ENROUTE call=
17:14:40	04/15/2011	1	4B17	ENRT	B15	PCSO (MDC) Assisting unit 3B15 inci
17:14:30	04/15/2011	1	S19	98	B15	PCSO incid#=110415134 ASSIGNMENT CO
17:14:28	04/15/2011	1	S29	19	B15	PCSO incid#=110415134 ENROUTE call=
17:13:33	04/15/2011	1	S19	19	B15	PCSO incid#=110415134 ENROUTE call=
17:13:15	04/15/2011	1	3B15	19	B15	PCSO incid#=110415134 ENROUTE call=

110503HCC3683**Exhibit A – Sheriff's Report**

Narrative:

PINAL COUNTY SHERIFF'S OFFICE
MOTOR VEHICLE ACCIDENT REPORT

ARIZONA TRAFFIC ACCIDENT REPORT
FORWARD COPY TO: AAIDNET ANALYSIS UNIT 064R
ARIZONA DEPARTMENT OF TRANSPORTATION
206 S. 17TH AVE., PHOENIX, AZ 85007-3233
AGENCY REPORT NUMBER:

REPORT ID: 110415134 HOUR: 1700 NCIC NO: 1100 OFFICER'S ID NO: 1719

SYNOPSIS:

ON 04/15/11 AT APPROXIMATELY 1713 HOURS I WAS DISPATCHED TO A REPORT OF A VEHICULAR ACCIDENT WITH INJURIES WHICH HAD OCCURRED ON A DIRT ROAD KNOWN AS TANK ROAD. TANK ROAD IS LOCATED IN THE DESERT AREA NORTH OF SAN MANUEL, AZ. UPON ARRIVAL TO THE SCENE I OBSERVED THE ACCIDENT INVOLVED TWO VEHICLES WHICH HAD COLLIDED HEAD ON. TWO SUBJECTS HAD BEEN TRAVELLING IN EACH OF THE VEHICLES AT THE TIME OF THE ACCIDENT. THE PASSENGER WHO HAD BEEN IN A POLARIS "SIDE BY SIDE" QUAD SUFFERED SERIOUS INJURIES. THE DRIVER OF THE POLARIS SUCCEMDED TO HIS INJURIES AND WAS PRONOUNCED DECEASED AT THE SCENE. THE TWO SUBJECTS WHO WERE TRAVELLING IN THE OTHER VEHICLE SUFFERED NON-LIFE THREATENING INJURIES.

LOCATION:

THIS ACCIDENT OCCURRED .9 MILES SOUTHWEST FROM REDDINGTON ROAD ON A NON-COUNTY MAINTAINED DIRT ROAD WHICH IS KNOWN AS (b)(6) THIS ROAD IS LOCATED ON PRIVATE PROPERTY IN THE DESERT AREA NORTH OF SAN MANUEL, AZ.

WEATHER CONDITIONS:

THE WEATHER CONDITIONS ARE DESCRIBED AS CLEAR AND SUNNY WITH LIGHT BREEZE. THE TEMPERATURE WAS APPROXIMATELY 70 TO 80 DEGREES FAHRENHEIT.

VEHICLE(S):

VEHICLE NUMBER 1 IS DESCRIBED AS A BROWN AND WHITE 1985, FORD BRONCO BEARING AZ LICENSE PLATE (b)(6)
VEHICLE NUMBER 2 IS DESCRIBED AS A GREEN AND BLACK 2007, POLARIS RANGER, "SIDE BY SIDE" QUAD OFF ROAD VEHICLE BEARING AZ (b)(6)

INJURIES:

A TOTAL OF 4 SUBJECTS WERE INVOLVED IN THE ACCIDENT. THE TWO PASSENGERS IN VEHICLE NUMBER ONE SUSTAINED NON-LIFE THREATENING INJURIES. THE DRIVER OF VEHICLE NUMBER ONE, (b)(3):CPS (01/04/94) WAS TRANSPORTED BY AMBULANCE AS A PRECAUTIONARY MEASURE, TO THE NORTHWEST HOSPITAL IN ORO VALLEY. THE PASSENGER OF VEHICLE NUMBER 1, (b)(3):CPSA (01/06/94) SUSTAINED A HEAD INJURY IN THE ACCIDENT. THIS WAS CAUSED BY (b)(3): HEAD STRIKING, AND SHATTERING THE WINDSHIELD. ALTHOUGH (b)(3) WAS NOT COMPLAINING OF INJURY, HE WAS TRANSPORTED BY AIR TO THE UNIVERSITY MEDICAL CENTER IN TUCSON, AZ TO BE EXAMINED.

THE DRIVER OF VEHICLE NUMBER TWO, (b)(3):CPS (12/22/37), WAS PRONOUNCED DECEASED AT THE SCENE AS A RESULT OF INJURIES. INITIAL INVESTIGATION REVEALED THE DECEDENT HAD MULTIPLE FRACTURES ON HIS LEGS AND ARMS. THE DECEDENTS

110503HCC3683

Exhibit A – Sheriff's Report

LEFT LEG WAS SEVERED BELOW THE KNEE. HIS RIGHT LEG WAS ALMOST SEVERED COMPLETELY AS WELL. THE DECEDENT HAD SEVERE HEAD AND FACIAL TRAUMA. IT APPEARED THE DECEDENT'S NECK WAS ALSO EXTREMELY SWOLLEN AND POSSIBLY BROKEN. THE PASSENGER IN VEHICLE NUMBER TWO, (b)(2)C (06/25/50), SUSTAINED SERIOUS INJURIES. WHEN I FIRST ARRIVED AT THE SCENE I OBSERVED (b)(2)C HAD A LACERATION ON HER FOREHEAD AND SWELLING. I COULD NOT DETERMINE OTHER INJURIES AT THE SCENE. (b)(2)C WAS DAZED AND UNAWARE OF WHAT HAD HAPPENED. (b)(2)C WAS TRANSPORTED VIA HELICOPTER TO THE UNIVERSITY MEDICAL CENTER (UMC). AT APPROXIMATELY 2300 HOURS I SPOKE WITH TUCSON POLICE OFFICER HANSON #40737 IN REFERENCE TO (b)(2)C'S INJURIES. PER MY REQUEST OFC. HANSON WENT TO UMC TO NOTIFY (b)(2)C'S PASSING. OFC. HANSON WAS ALSO ABLE TO GET AN UPDATED STATUS OF (b)(2)C'S INJURIES. OFC. HANSON STATED (b)(2)C ALSO SUFFERED A LACERATION TO HER FOREHEAD AND FACIAL AND RIB FRACTURES. (b)(2)C ALSO HAD A FRACTURE IN HER UPPER RIGHT ARM. IN ADDITION (b)(2)C HAD A LACERATED SPLEEN. OFC. HANSON STATED THIS WAS A PRELIMINARY INJURY REPORT AND THE MEDICAL STAFF WAS STILL PERFORMING TESTS TO ENSURE (b)(2)C HAD NO FURTHER INJURIES.

WITNESS STATEMENT(S):

DEPUTIES WIKSTROM #1445 AND RANKIN #1890 WERE ABLE TO SPEAK TO THE PASSENGER IN VEHICLE NUMBER ONE. SEE THEIR SUPPLEMENTS FOR STATEMENT DETAILS.

DRIVER STATEMENT(S):

DEPUTIES WIKSTROM #1445 AND RANKIN #1890 WERE ABLE TO SPEAK TO THE DRIVER OF VEHICLE NUMBER ONE. SEE THEIR SUPPLEMENTS FOR STATEMENT DETAILS.

INVESTIGATION:

ON 04/15/11 AT APPROXIMATELY 1713 HOURS I WAS DISPATCHED TO A REPORT OF AN ACCIDENT WITH INJURIES. THE REPORTING PARTY ADVISED THE LOCATION WAS IN THE DESERT AREA ON AN UNKNOWN ROAD SOMEWHERE BEHIND THE SAN MANUEL SUBSTATION. WHILE IN ROUTE DISPATCH ADVISED ONE OF THE SUBJECTS INVOLVED WAS NOT BREATHING. AT APPROXIMATELY 1724 HOURS I ARRIVED AT THE SCENE WITH SGT. GOWANLOCK #429 AND DEPUTY'S PERRY 1190 AND RANKIN 1890. PARAMEDICS HAD ARRIVED JUST PRIOR TO OUR ARRIVAL.

INITIALLY MY PRIORITY WAS TO ASSIST WITH THE INJURED. I OBSERVED TWO HISPANIC MALES WHO APPEARED TO BE TEENAGERS. THEY WERE STANDING AT THE CREST OF THE HILL WHERE THE ACCIDENT HAD OCCURRED. BOTH SUBJECTS WERE UP AND WALKING AND DID NOT APPEAR BADLY INJURED. AT THE BOTTOM OF THE HILL I OBSERVED TWO VEHICLES. DEBRIS FROM THE COLLISION WAS COVERING MOST OF THE SCENE. SEVERAL MEDICAL STAFF WERE AT THE POLARIS (VEHICLE #2) WHICH WAS LYING ON ITS SIDE ON THE EAST PORTION OF THE ROADWAY. I OBSERVED AN OLDER WHITE FEMALE SUBJECT WHO WAS LYING ON HER BACK UNDER THE ROLL CAGE OF THE POLARIS. ONE OF THE PARAMEDICS WAS HOLDING THE FEMALE'S NECK STEADY IN A "C-SPINE". THE FEMALE SUBJECT WHO WAS LATER IDENTIFIED AS MARY BAST WAS CONSCIOUS AND BREATHING. SHE APPEARED TO BE IN CONSIDERABLE PAIN AND WAS UNAWARE OF WHERE SHE WAS OR WHAT HAPPENED. AS I CROUCHED DOWN TO ASSIST I OBSERVED A SECOND SUBJECT WHO WAS STILL PINNED IN THE DRIVERS COMPARTMENT. THE SUBJECT WAS NOT MOVING AND HAD NO SIGNS OF LIFE. HIS BODY WAS IN AN UNNATURAL POSITION. I ALSO OBSERVED SEVERAL COMPOUND FRACTURES AND LARGE LACERATIONS.

IT WAS DETERMINED THAT ALTHOUGH (b)(2)C WAS UNDER THE POLARIS IT WAS NOT PINNING HER AND SHE WAS ABLE TO BE SAFELY PULLED FROM UNDER THE VEHICLE. ONCE FREE FROM THE VEHICLE (b)(2)C WAS ATTENDED TO BY PARAMEDICS. (b)(2)C WAS LATER TRANSPORTED BY TRI CITY PARAMEDICS TO A LANDING ZONE WHERE SHE WAS THEN TRANSPORTED BY AIR AMBULANCE TO THE UNIVERSITY MEDICAL CENTER.

AS SOON AS (b)(2)C HAD BEEN MOVED TO SAFETY, MYSELF, SEVERAL DEPUTIES AND

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Exhibit A – Sheriff's Report

MEDICAL STAFF LIFTED THE POLARIS TO AN UPRIGHT POSITION IN AN ATTEMPT TO EXTRICATE (b)(3). ONCE THE VEHICLE WAS LIFTED I OBSERVED (b)(3) HAD EXTENSIVE SERIOUS INJURIES OVER HIS ENTIRE BODY. AT APPROXIMATELY 1730 HOURS (b)(3) WAS PRONOUNCED DECEASED. THE MEDICAL EXAMINER WAS CONTACTED AND DISPATCHED TO THE SCENE. AT APPROXIMATELY 1734 HOURS THE PINAL COUNTY CRITICAL ACCIDENT RECONSTRUCTION TEAM (CART) WAS CONTACTED. THEY DECLINED TO RESPOND AND REQUESTED ON-SCENE DEPUTIES HANDLE THE INVESTIGATION.

AT APPROXIMATELY 1808 HOURS DEPUTY WIKSTROM CONTACTED THE COUNTY ATTORNEYS OFFICE TO ADVISE THEM OF THE INCIDENT. SEE DEPUTY WIKSTROM'S SUPPLEMENTAL REPORT FOR DETAILS.

DEPUTY RANKIN ASSISTED IN SPEAKING TO (b)(3) CPSA S AS WELL AS THEIR PARENTS DUE TO THEM BEING 17 YEARS OLD AND STILL JUVENILES. BOTH SUBJECTS FILLED OUT BRIEF WITNESS STATEMENTS PRIOR TO BEING TRANSPORTED TO THE HOSPITAL FOR PRECAUTIONARY MEASURES.

DEPUTY NEHRMEYER 1199 ARRIVED AND ASSISTED BY TAKING PHOTOGRAPHS OF THE SCENE. DEPUTY NEHRMEYER TURNED THE PHOTOGRAPHS OVER TO ME. THE PHOTOS WERE LATER SENT TO THE PINAL COUNTY RECORDS DEPARTMENT.

ONCE ALL OF THE VICTIMS OF THE ACCIDENT WERE CLEARED FROM THE SCENE I BEGAN THE TRAFFIC PORTION OF THE ACCIDENT. NO PERMANENT POINTS WERE LOCATED IN THE CLOSE PROXIMITY. THE STOP SIGN AT REDDINGTON RD. AND TANK RD. WAS USED AS THE REFERENCE POINT.

THE ACCIDENT SCENE IS DESCRIBED AS A NARROW DIRT ROAD WITH NO CENTERLINE. THIS SECTION OF TANK ROAD RUNS IN A NORTH/SOUTH DIRECTION. THE INVESTIGATION SHOWED THAT THE FORD BRONCO (VEH. 1) WAS TRAVELLING SOUTHBOUND ON TANK ROAD. THE POLARIS (VEH. 2) WAS TRAVELLING NORTHBOUND. THE TWO VEHICLES COLLIDED AT A HILL CREST WHICH IS LOCATED APPROXIMATELY .9 MILES FROM REDDINGTON ROAD.

I OBSERVED SKID MARKS WHICH WERE LEFT BY VEHICLE NUMBER ONE WHICH INDICATED THE DRIVER HAD ENGAGED HIS BRAKES IN AN ATTEMPT TO AVOID THE COLLISION. NO BRAKING SKID MARKS WERE LOCATED FOR VEHICLE NUMBER 2. A GOUGE MARK WAS LOCATED IN THE ROADWAY ON THE SOUTHERN DOWNWARD SIDE OF THE HILL. THIS GOUGE MARK WAS DETERMINED TO BE THE POINT OF IMPACT (POI). THE DAMAGE TO BOTH VEHICLES INDICATED THEY IMPACTED AT THE FRONT DRIVERS SIDE. UPON IMPACT, VEHICLE NUMBER ONE'S REAR END SPUN AROUND TO THE RIGHT. THE VEHICLES MOMENTUM CONTINUED DOWN THE HILL. THE VEHICLE SPUN AROUND UNTIL IT WAS SIDEWAYS. AT THIS POINT THE VEHICLES REAR BUMPER STRUCK A STEEP DIRT EMBANKMENT ON THE WEST SIDE OF THE ROADWAY WHERE THE VEHICLE CAME TO ITS FINAL RESTING POSITION. THE VEHICLE SUSTAINED EXTENSIVE DAMAGE TO THE DRIVERS SIDE FRONT END. I OBSERVED BLOOD WHICH WAS COVERING THE DAMAGED PORTION OF THE BRONCOS FRONT BUMPER AND SURROUNDING AREAS. FLUID FROM THE VEHICLE, MOST LIKELY FROM THE RADIATOR, HAD LEAKED ONTO THE GROUND. THE BRONCO'S WINDSHIELD WAS SHATTERED. THE PASSENGER SIDE WINDSHIELD HAD DAMAGE CONSISTENT WITH AN IMPACT FROM THE FOREHEAD OF THE FRONT SEAT PASSENGER.

THE REAR OF THE BRONCO WAS DAMAGED FROM IMPACTING THE EMBANKMENT ON THE SOUTH SIDE OF THE ROAD. THE REAR END WAS ELEVATED AND RESTING ON THE STEEP EMBANKMENT.

UPON IMPACT VEHICLE NUMBER 2 CHANGED DIRECTION AS IT WAS PUSHED BACKWARDS. THE FRONT END OF THE VEHICLE SPUN AROUND TO THE LEFT. AS THE VEHICLE BECAME SIDEWAYS IT MET WITH THE EMBANKMENT ON THE NORTH SIDE OF THE ROADWAY. AT THIS POINT THE VEHICLE WAS OVERTURNED. THE VEHICLE CAME TO ITS FINAL RESTING PLACE WHICH WAS LYING ON THE SHOULDER OF THE EASTERN PORTION OF THE ROADWAY. THE VEHICLE WAS LYING ON ITS SIDE WITH THE DRIVERS SIDE ON THE GROUND. (*THIS WAS THE VEHICLES POSITION PRIOR TO EMERGENCY PERSONNEL LIFTING IT TO EXTRICATE (b)(3) AT THE TIME OF THE

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Exhibit A – Sheriff's Report

THE FOLLOWING MEASUREMENTS WERE TAKEN FROM THE AUTOMOBILE INVOLVED IN THE ACCIDENT ON 11/11/03. THE MEASUREMENTS WERE TAKEN AT THE SCENE OF THE ACCIDENT. THE MEASUREMENTS WERE TAKEN BY THE SHERIFF'S OFFICE. THE MEASUREMENTS WERE TAKEN AT THE SCENE OF THE ACCIDENT. THE MEASUREMENTS WERE TAKEN BY THE SHERIFF'S OFFICE. THE MEASUREMENTS WERE TAKEN AT THE SCENE OF THE ACCIDENT. THE MEASUREMENTS WERE TAKEN BY THE SHERIFF'S OFFICE.

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END OF REPORT

110503HCC3683**Exhibit A – Sheriff's Report**

Law Supplemental Narrative:

Seq Name	Date	Supplemental Narratives Narrative
1 A WIKSTROM	14:20:48 04/16/2011	
DR#: 110415134		WRITTEN BY: A. Wikstrom #1445
SUPPLEMENT		APPROVED BY: Sgt. Ibarra #56

CASE TYPE & ARS CODES: Fatal Accident

ATTACHMENTS: None

NARRATIVE:

On April 15, 2011 at approximately 1710 hours, I responded to the desert area West of the Pinal County Sheriff's Office San Manuel Sub station reference an injury accident. San Manuel Fire and several other deputies arrived on scene just prior to my arrival.

I assisted by helping to lift the Polaris Sportsman vehicle from a deceased male victim, later identified as **(b)(3)-CPSA Section 25(c)**.

A saw a female victim next to the Polaris. She was being treated for her injuries by medical personal.

I assisted by collecting witness statements from the driver of the Ford Bronco, **(b)(3)-CPSA Section 25(c)** and the right front passenger of the Ford Bronco, **(b)(3)-CPSA Section 25(c)**. The above two subjects were seated in the back of an air conditioned patrol vehicle with the doors open. Medical personal were evaluating their condition as they wrote the statements. The two statements were immediately turned over to Deputy Schiess upon completion.

At 1808 hours, I assisted by calling Deputy County Attorney, Susan Crawford, using my cell phone. I told her about the fatal accident. She told me to secure the two vehicles into evidence. She told me to obtain a voluntary blood draw from **(b)(3)-C**. She told me, based on the nature of the accident, a representative from the County Attorney's office will not respond. I gave this information to Deputy Schiess.

CASE STATUS:

Active

110503HCC3683**Exhibit A – Sheriff's Report**

Law Supplemental Narrative:

Seq Name	Date	Supplemental Narratives Narrative
2 HE RANKIN	12:55:46 04/18/2011	
DR#:110415134		WRITTEN BY: H.W. RANKIN #1890
SUPPLEMENT		APPROVED BY: SGT. IBARRA #56

CASE TYPE & ARS CODES: FATAL COLLISION

ATTACHMENTS: NONE

NARRATIVE:

ON FRIDAY, April 15TH, I RESPONDED TO (b)(6) OUTSIDE OF SAN MANUEL. REFERENCE A TWO VEHICLE COLLISION WITH INJURIES.

UPON ARRIVAL, AND DURING MY ASSISTANCE WITH THE INVESTIGATION, I SPOKE WITH THE DRIVER OF THE FORD BRONCO, (b)(2)(C)GDSA Sgt:

(b)(3) WAS VISIBLY UPSET AND IN FEAR THAT HE WOULD BE IN TROUBLE. I ASKED HIM WHAT HAD HAPPENED AND HE STATED HE WAS TRAVELING SOUTH BOUND ON (b)(6) APPROACHING A HILL CREST IN THE ROAD. HE SAID HE WAS TRAVELING AT ABOUT 35 MPH,

HE TOLD ME AS SOON AS HE STARTED HIS DECLINE FROM THE HILL CREST, HE SAW THE TOP OF A VEHICLE NORTH BOUND ON (b)(6) AND THAT THEY COLLIDED. HE SAID HE DID NOT REMEMBER MUCH AFTER THE COLLISION. ON SCENE, HE ALSO TOLD ME HE DOES NOT, AND NEVER HAS HAD AN ARIZONA DRIVERS LICENSE.

I REMAINED ON SCENE AND ASSISTED DEPUTIES WITH THE INVESTIGATION.

NO FURTHER ACTION.

CASE STATUS: CLOSED.

110503HCC3683**Exhibit A – Sheriff's Report**

Law Supplemental Narrative:

Seq Name	Date	Supplemental Narratives Narrative
3 J HOGAN DR#:110415134	11:36:50 04/27/2011	WRITTEN BY:Hogan 1230
SUPPLEMENT		APPROVED BY:SGT. L. VARGAS #715

NARRATIVE:

On 4-21-11 at approximately 13:00 hrs at San Manuel High School I spoke with (b)(3)-CPSA in reference to violation of court-ordered.

While speaking with the subject, I explained to her there were rumors she and some friends were in the vehicle at the time of the accident on 4-15-11. Ms. (b)(6) started to cry and then stated she was in the vehicle along with (b)(6) (b)(6)

(b)(3)-C stated the three subjects became frightened after the accident and fled the scene.

Ms. (b)(3)-CPSA Soc lives at (b)(6) (b)(6) lives at (b)(6)

The following information was turned over to the investigating Deputy.

CASE STATUS:Active

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Exhibit A – Sheriff's Report

Law Supplemental Narrative:

Seq Name	Date	Supplemental Narratives Narrative
4 T SCHIESS	06:44:43 05/08/2011	
DR#:110415134		WRITTEN BY: T.SCHIESS 1719
SUPPLEMENT		APPROVED BY: SGT. IBARRA #56

CASE TYPE & ARS CODES:
ACCIDENT WITH FATALITY

ATTACHMENTS:
NONE

NARRATIVE:

ON 05/03/11 AT APPROXIMATELY 1500 HOURS I SPOKE TO DEPUTY HOGAN 1230 IN REFERENCE TO THREE PREVIOUSLY UNKNOWN SUBJECTS WHO HAD BEEN TRAVELLING IN THE FORD BRONCO WHICH WAS INVOLVED IN THE FATAL ACCIDENT ON 04/15/11 (REFERENCE INCIDENT 110415134). DEPUTY HOGAN STATED HE HAD HEARD RUMORS THAT THERE HAD BEEN SUBJECTS WHO WERE IN THE BRONCO AT THE TIME OF THE ACCIDENT WHO HAD LEFT THE SCENE PRIOR TO EMERGENCY PERSONNEL'S ARRIVAL. DEPUTY HOGAN LATER SPOKE TO (b)(2):CPSA Section 2 WHO WAS ONE OF THE SUBJECTS WHO WAS RUMORED TO HAVE BEEN IN THE BRONCO (SEE DEPUTY HOGAN SUPPLEMENT FOR DETAILS).

ON 05/03/11 AT APPROXIMATELY 1625 HOURS I TRAVELLED TO (b)(6) IN (b)(6) TO SPEAK TO (b)(6). I WAS ABLE TO MAKE CONTACT WITH (b)(2):C AND BOTH OF HER PARENTS. (b)(6) (06/02/77). (b)(3):C ADMITTED TO BEING IN THE BRONCO AT THE TIME OF THE COLLISION. (b)(2):C STATED TWO OTHER GIRLS HAD ALSO BEEN IN THE BRONCO AT THE TIME OF THE ACCIDENT AND BOTH OF THEM HAD LEFT WITH HER BEFORE EMERGENCY PERSONNEL ARRIVED. SHE STATED SHE AND THE OTHER FOUR OCCUPANTS TOOK THE DESERT ROADS (TANK RD) FROM SAN MANUEL TO THE GOLF COURSE TO VISIT HER MOM AND EAT. SHE STATED HER MOTHER (b)(6) WORKED AT THE GOLF COURSE. (b)(2):C STATED AFTER STOPPING AT THE GOLF COURSE EVERYONE GOT BACK INTO THE BRONCO AND THEY LEFT. (b)(2):C STATED THEY WERE TAKING THE SAME ROUTE HOME. (b)(2):C STATED SHE HADN'T SEEN THE POLARIS BEFORE THEY COLLIDED WITH IT. (b)(3):C STATED SHE WASN'T INJURED IN THE COLLISION. AFTER THE COLLISION (b)(3):C STATED EVERYONE GOT OUT OF THE BRONCO. (b)(2):C THEN WALKED OVER TO THE POLARIS. SHE STATED SHE SAW A LADY LYING ON HER SIDE. SHE STATED THE LADY SEEMED "OUT OF IT" AND WAS ASKING WHAT HAPPENED. (b)(2):C STATED SHE ALSO SAW A MAN WHO WAS UNDER THE POLARIS. HE WASN'T MOVING AND SHE GOT SCARED SO SHE AND THE OTHER TWO GIRLS LEFT. (b)(2):C STATED THE GIRLS NAMES WERE (b)(6). (b)(3):C STATED AFTER THEY LEFT THEY WALKED THROUGH THE DESERT INTO SAN MANUEL. I ASKED (b)(2):C WHO HAD CALLED 911. (b)(3):C STATED HER BROTHER (b)(2):CPSA (DRIVER) CALLED USING HER PHONE. SHE STATED HE HAD CALLED RIGHT AFTER THE COLLISION.

I THEN SPOKE TO (b)(2):C'S BROTHER AND DRIVER OF THE BRONCO, (b)(2):C (b)(3) (b)(2):C STATED PRIOR TO THE ACCIDENT HE HAD PICKED UP THE BRONCO FROM HIS GRANDFATHERS HOUSE AT (b)(3):CPSA Sa. STATED HE THEN PICKED UP HIS FRIENDS AND THEY ALL DROVE THROUGH THE DESERT TO THE GOLF COURSE TO VISIT HIS MOM AND EAT. (b)(3) STATED AFTER FINISHING AT THE GOLF COURSE THEY HEADED BACK HOME USING THE SAME DIRT ROAD. (b)(2):C STATED WHEN HE WAS CRESTING AT A HILL ON THE DIRT ROAD HE COLLIDED WITH THE POLARIS. (b)(2):C STATED HE CALLED 911 IMMEDIATELY AFTER THE COLLISION. HE STATED HE AND (b)(6) WENT OVER TO SEE IF THEY COULD HELP THE PEOPLE IN THE POLARIS. (b)(3):C STATED HE SAW A LADY WHO WAS LYING IN A WEIRD POSITION ON HER SIDE. (b)(3):C STATED HE AND (b)(6) MOVED THE LADY ONTO HER BACK TO HELP HER. I ASKED (b)(2):C WHY HE HADN'T TOLD DEPUTIES ABOUT THE OTHER THREE OCCUPANTS. (b)(3):C STATED HE WAS SCARED.

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Exhibit A – Sheriff's Report

I THEN SPOKE TO (b)(3):CPSA Section (b)(6) PARENTS, (b)(6) (b)(6) STATED WHEN (b)(2):CPSA Section (b)(6) AND THEIR FRIENDS ARRIVED AT THE GOLF COURSE SHE TOLD (b)(2) HE SHOULDN'T BE DRIVING THE BRONCO BECAUSE HE DIDN'T HAVE A LICENSE. SHE THEN TOLD HIM TO GO BACK HOME.

AFTER COMPLETING MY INTERVIEWS WITH THE (b)(6) I TRAVELLED TO (b)(6) (b)(6) TO SPEAK TO (b)(6). I WAS ABLE TO MAKE CONTACT WITH BOTH (b)(6) AND HER GRANDMOTHER/GUARDIAN. (b)(6) CONFIRMED SHE HAD BEEN IN THE BRONCO AT THE TIME OF THE ACCIDENT. (b)(6) STATED SHE HAD BEEN SITTING IN THE BACK BENCH SEAT IN THE MIDDLE. (b)(6) STATED (b)(2):CPSA Section (b)(6) WAS SITTING TO HER LEFT (BEHIND THE DRIVERS SEAT) AND (b)(6) HAD BEEN SITTING BETWEEN (b)(3):CPSA Section (b)(6) IN THE FRONT. (b)(6) CONFIRMED THAT SHE AND THE OTHER 4 HAD DRIVEN FROM SAN MANUEL TO THE GOLF COURSE AND WERE ON THEIR WAY BACK WHEN THE COLLISION OCCURRED. (b)(6) STATED SHE DID RECEIVE MINOR INJURIES DURING THE COLLISION CONSISTING OF A BUMP ON HER LIP AND FOREHEAD. SHE STATED SHE ALSO HURT HER RIGHT MIDDLE TOE. (b)(6) STATED AFTER THE ACCIDENT EVERYONE WAS REALLY SCARED. SHE STATED (b)(2) TOLD THE GIRLS TO LEAVE THE SCENE. (b)(6) WAS UNAWARE WHY (b)(3) HAD TOLD THEM TO LEAVE. THIS CONCLUDED MY INTERVIEW WITH (b)(6).

ON 05/05/11 AT APPROXIMATELY 1244 HOURS I TRAVELLED TO 109 GALIURO IN MAMMOTH TO ATTEMPT TO CONTACT (b)(6) IN REFERENCE TO THE ACCIDENT. I WAS ABLE TO MAKE CONTACT WITH BOTH (b)(6) AND HIS MOTHER (b)(6) (09/25/58). BOTH PARTIES AGREED TO SPEAK WITH ME. I ASKED IF THERE HAD BEEN ONLY TWO PEOPLE IN THE BRONCO AT THE TIME OF THE ACCIDENT LIKE HE AND (b)(3) HAD ORIGINALLY STATED. (b)(2) STATED "NO". (b)(2) THEN STATED THERE HAD ALSO BEEN THREE GIRLS WHO HE IDENTIFIED AS (b)(6) AND (b)(3):CPSA Section (b)(6) STATED ALL FIVE OF THEM HAD DRIVEN FROM SAN MANUEL TO THE GOLF COURSE THROUGH THE DESERT. (b)(6) STATED WHEN THEY GOT TO THE RESTAURANT THEY WENT IN TO EAT AND SEE (b)(2) MOTHER. (b)(6) STATED (b)(6) TOLD (b)(3) HE SHOULDN'T BE DRIVING AND TO GO HOME. ON THE WAY HOME (b)(2) STATED THEY WERE COMING UP TO THE TOP OF A HILL. HE STATED HE SAW THE POLARIS AT THE SAME TIME THEY COLLIDED WITH IT. (b)(6) STATED HE SAW THE POLARIS GET PUSHED BACKWARDS AND IT THEN ROLLED ONTO ITS SIDE. (b)(6) STATED THE BRONCO HE WAS IN SLID SIDWAYS AND CRASHED INTO THE EMBANKMENT ON THE OTHER SIDE OF THE ROAD. (b)(2) STATED HE GOT OUT RIGHT AWAY TO CHECK ON THE PEOPLE IN THE POLARIS WHILE (b)(6) CALLED 911. (b)(3) STATED WHEN HE GOT TO THE LADY SHE WAS AWAKE AND LYING UNDER THE POLARIS ON HER BACK. (b)(3) UNHOOKED THE LADY'S LEG FOR HER. (b)(6) STATED HE ALSO SAW A MAN UNDER THE POLARIS WHO DIDN'T LOOK LIKE HE WAS ALIVE. (b)(6) STATED HE HADN'T TOLD THE DEPUTIES ABOUT THE OTHER PASSENGERS BECAUSE HE WAS SCARED. THIS CONCLUDED MY INTERVIEW WITH (b)(6).

DUE TO THE DISCOVERY OF NEW INFORMATION THE FOLLOWING CHARGES WILL BE FILED. (b)(3):CPSA Section 25(c) (b)(6) WILL BE CHARGED WITH FALSE REPORTING, ARS 13-2907.01A. DUE TO OMITTING THAT THEY HAD THREE OTHER SUBJECTS IN THE VEHICLE AT THE TIME OF THE COLLISION.

(b)(6) WILL BE CHARGED WITH ARS 28-3474.A, PERMITTING UNAUTHORIZED MINOR TO DRIVE FOR KNOWINGLY ALLOWING HER SON TO OPERATE A MOTOR VEHICLE.

THIS CONCLUDED MY INVESTIGATION.

CASE STATUS: CLOSED

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Exhibit B – Missing Document Report

Task No: 110503HCC3683

Date: 7-12-2011

STATUS OF MISSING DOCUMENT(S)

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

1. Pinal County Medical Examiner's final autopsy report

2.

3.

4.

5.

[Date: 7-12-2011 Investigator No: 9160]

Regional Office: Supervisor No:

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Exhibit C – Data Record Sheet

Utility Vehicle Data Record Sheet

<p>Front</p> <p>Driver</p> <p>Left Rear Passenger</p> <p>Right Front Passenger</p> <p>Right Rear Passenger</p>	<p>A</p> <p>Age</p> <p>Gender</p> <p>Height</p> <p>Weight</p> <p>Seatbelt (Y/N)</p> <p>Helmet (Y/N)</p> <p>Killed/Injured/Neither/Unknown</p> <p>Injury Description</p> <p>Did vehicle land on victim</p> <p>Ejected (Either partially or fully)</p> <p>B</p> <p>Age</p> <p>Gender</p> <p>Height</p> <p>Weight</p> <p>Seatbelt (Y/N)</p> <p>Helmet (Y/N)</p> <p>Killed/Injured/Neither/Unknown</p> <p>Injury Description</p> <p>Did vehicle land on victim</p> <p>Ejected (Either partially or fully)</p> <p>C</p> <p>Age</p> <p>Gender</p> <p>Height</p> <p>Weight</p> <p>Seatbelt (Y/N)</p> <p>Helmet (Y/N)</p> <p>Killed/Injured/Neither/Unknown</p> <p>Injury Description</p> <p>Did vehicle land on victim</p> <p>Ejected (Either partially or fully)</p> <p>D</p> <p>Age</p> <p>Gender</p> <p>Height</p> <p>Weight</p> <p>Seatbelt (Y/N)</p> <p>Helmet (Y/N)</p> <p>Killed/Injured/Neither/Unknown</p> <p>Injury Description</p> <p>Did vehicle land on victim</p> <p>Ejected (Either partially or fully)</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> <p>26</p> <p>27</p> <p>28</p> <p>29</p> <p>30</p> <p>31</p> <p>32</p> <p>33</p> <p>34</p> <p>35</p> <p>36</p> <p>37</p> <p>38</p> <p>39</p> <p>40</p> <p>41</p> <p>42</p> <p>43</p> <p>44</p> <p>45</p> <p>46</p> <p>47</p> <p>48</p> <p>49</p> <p>50</p> <p>51</p> <p>52</p> <p>53</p> <p>54</p> <p>55</p> <p>56</p> <p>57</p> <p>58</p> <p>59</p> <p>60</p> <p>61</p> <p>62</p> <p>63</p> <p>64</p> <p>65</p> <p>66</p> <p>67</p> <p>68</p> <p>69</p> <p>70</p> <p>71</p> <p>72</p> <p>73</p> <p>74</p> <p>75</p> <p>76</p> <p>77</p> <p>78</p> <p>79</p> <p>80</p> <p>81</p> <p>82</p> <p>83</p> <p>84</p> <p>85</p> <p>86</p> <p>87</p> <p>88</p> <p>89</p> <p>90</p> <p>91</p> <p>92</p> <p>93</p> <p>94</p> <p>95</p> <p>96</p> <p>97</p> <p>98</p> <p>99</p> <p>100</p>
--	---	---

If victims were injured/killed, please include the other relevant information requested in the assignment message in the text of the ID. Using the figure on the left, please fill in where the occupants were in the vehicle at the time of the incident using A, B, C, etc. to identify the occupants' location. Fill in the occupants' characteristics in the corresponding location on the right. For example, the driver could be assigned to the letter 'A' and the letter 'A' would be placed in the diagram in the box designated 'Driver', and the driver's characteristics would be filled on the right. If there were more than six occupants (or more locations needed), please add the other passenger(s) information to any other information, as needed. If information is not available, please indicate by 'N/A'.

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

CPK-11-RV-1.0-1

110503HCC3683**Exhibit D – Contact Information**

Pinal County Medical Examiner
P.O. Box 808
500 S. Central Ave.
Florence, AZ 85232
Telephone: (520) 866-7260

Pinal County Sheriff's Office
971 Jason Lopez Circle Bldg. C
Florence, AZ 85232
Telephone: (520) 866-5141

Contact Information**Investigator contacted the following:**

- May 6, 2011 contacted the Sheriff's office by telephone and sent a official report request. Report received July 9, 2011.
- May 6, 2011, contacted the County Medical Examiner's office by telephone and sent an official report request to the office.
- June 28, 2011, telephone follow-up with the County Medical Examiner's office. Official report pending release per Office of the State's Attorney.

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ATV-SUV crash in San Manuel kills man, 74

- [Story](#)

ATV-SUV crash in San Manuel kills man, 74

Posted: Saturday, April 16, 2011 12:00 am

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- **2** retweet
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A 74-year-old man was killed Friday evening when the off-road vehicle he was driving collided with a sport utility vehicle in San Manuel, authorities said.

The crash was reported at about 5 p.m. on a private dirt road in the town northeast of Tucson, according to the Pinal County Sheriff's Office.

Three other people were injured, including two juveniles in the SUV, according to the Sheriff's Office.

They were all taken by helicopter to University Medical Center. The man's name was not released.

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Authorities ID off-roader killed in San Manuel crash

- [Story](#)

Authorities ID off-roader killed in San Manuel crash

Posted: Tuesday, April 19, 2011 12:00 am

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A 74-year-old man killed Friday evening when his off-road vehicle collided with a sport utility vehicle in San Manuel has been identified as **(b)(3):CPSA Section 25(e)**

The head-on wreck happened just after 5 p.m on a private dirt road in the town northeast of Tucson, according to Tim Gaffney, a spokesman for the Pinal County Sheriff's Office.

Bast died at the scene. His wife **(b)(6)**, a passenger in the 2007 Polaris Ranger, was injured.

(b)(3):CPSA Section 25(e), the driver of a 1985 Ford Bronco, and his passenger **(b)(3):CPSA Section 25(e)**, had minor injuries.

Fernanda Echavarri

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Victim ID'd in fatal San Manuel crash

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Victim ID'd in fatal San Manuel crash

(b)(3):CPSA Sectio Arizona Daily Star Arizona Daily Star | Posted: Monday, April 18, 2011
11:01 am

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- [Recommend](#) 4 recommendations. [Sign Up](#) to see what your friends recommend.

The 74-year-old man killed Friday evening when the off-road vehicle he was driving collided with a sport utility vehicle in San Manuel, has been identified as **(b)(3):CPSA**

Pinal County Sheriff's deputies responded to the crash on a private dirt road in the town northeast of Tucson just after 5 p.m. Friday where they found Bast dead at the scene and other passengers injured.

(b)(3) was driving a 2007 Polaris Ranger on the dirt road and a 1985 Ford Bronco was traveling in the opposite direction on the same road when the two vehicles struck head on at the top of a hill, said Tim Gaffney, a Pinal County Sheriff's spokesman.

(b)(3) vehicle rolled over and his wife, **(b)(6)** was seriously injured, Gaffney said. **(b)(3)** died at the scene.

The driver of the other vehicle, 17-year-old **(b)(3):CPSA** had minor injuries and his passenger **(b)(3):CPSA S** was taken by air to University Medical Center, Gaffney said.

There was no indication of drug or alcohol impairment during the crash, he said.

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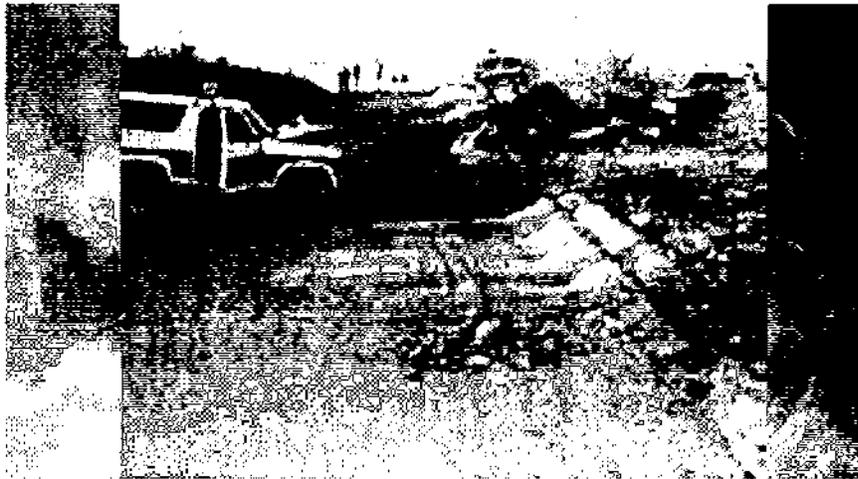
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Posted in Crime on *Monday, April 18, 2011 11:01 am* Updated: 3:16 pm.

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ATV driver killed in hilltop collision with SUV



Credit: Pinal County Sheriff's Office

ATV driver killed in hilltop collision with SUV

by Jennifer Thomas

azfamily.com

Posted on April 18, 2011 at 10:26 AM

Updated yesterday at 2:49 PM

SAN MANUEL, Ariz. -- A 74-year-old man driving an all-terrain vehicle died and three other people were injured in a head-on collision on a dirt road Friday in San Manuel.

A Polaris Ranger heading north on Water Tank Road and a southbound Ford Bronco collided head-on when they reached the top of a hill, according to the Pinal County Sheriff's Office. The force of the impact caused the Ranger to roll over onto its top.

The driver of the Ranger, (b)(3):CPSA Section 25(c) of San Manuel, was pronounced dead at the scene. His 61-year-old wife, (b)(6) was taken by air ambulance to the University Medical Center in Tucson. She sustained serious injuries but is expected to recover.

The driver of the Bronco, (b)(3):CPSA Secti of San Manuel, was taken by ground ambulance to the Northwest Hospital in Oro Valley for precautionary measures. His passenger, (b)(3):CPSA Secti of Mammoth, was taken by air ambulance to University Medical Center in Tucson with a minor head injury.

Alcohol and drug impairment do not appear to be factors in the collision.

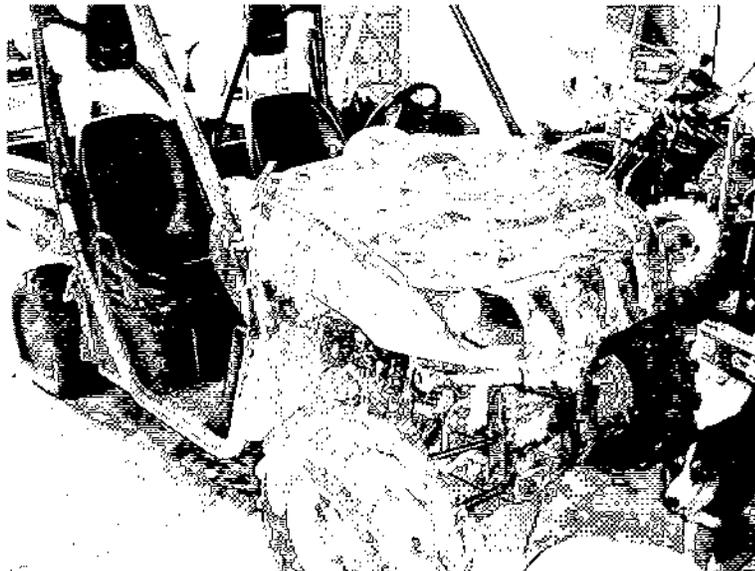
Add another comment

1. Task Number 110516CNE0009		2. Investigator's ID 3385		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2011 05 15	5. Date Initiated YR MO DAY 2011 05 19		
6. Synopsis of Accident or Complaint UPC unknown A sixteen-year old female died while operating a four-wheel utility vehicle on her family property. She was driving alone. She lost control of the UTV while rounding a bend and the vehicle rolled-over. The victim was ejected and the vehicle landed on top of her. The driver was pronounced dead at the scene. She was not wearing a seat belt or a helmet. MFR/PRV LBR NOTIFIED COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED: <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA Ex. <u>B6</u> : 25C <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY 4/4/12 UB				
7. Location (Home, School, etc) 1 - HOME		8. City MARIETTA		9. State SC
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name YAMAHA RHINO UTILITY VEHICLE		10C. Model Number SY4AM0665A008571
10D. Manufacturer Name and Address YAMAHA CORP. OF AMERICA INTERNATIONAL 660 Orangethorpe Ave. Buena Park, CA 90622				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12A. Hispanic or Latino 2 - No		12B. Race 1 - White Other:		12C. Race Source 1 - Respondent-Self/Family
13. Age of Victim 16		14. Sex 2 - Female	15. Disposition 8 - Death	16. Injury Diagnosis 62 - Intern. Org. Inj.
17. Body Part(s) Involved 75 - HEAD		18. Respondent 2 - Eyewitness	19. Type of Investigation 1 - On-Site	20. Time Spent (Operational / Travel) 12 / 6
21. Attachment(s) 9 - Multiple Attachments		22. Case Source 05 - Newspaper		23. Sample Collection Number
24. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written				
25. Review Date 06/28/2011		26. Reviewed By 8978		27. Regional Office Director Dennis R. Blasius
28. Distribution Topka, Tanya			29. Source Document Number X1150509A	

NOTE: This investigation was initiated through a newspaper clipping regarding a fatality that occurred while operating a utility vehicle. The victim's father and the County Sheriff's department provided the pertinent incident information.

The victim involved in this incident was a sixteen (16)-year old female (5' 5" tall, 140lbs) who lived with her parents (aged: 34 and 29 years old respectively) and her nine-year old (9) brother. They resided in a five bedroom, single-family home in a rural community (25 acres).

The product involved in this incident was a gas-powered **Utility Vehicle (UTV)**. The vehicle was purchased by the victim at a local dealership in 2008. The two-seat vehicle's exterior color was camouflaged green and featured a mini-cargo bed and a metal roll bar cage. The unit was powered by a liquid-cooled, single-cylinder four-stroke engine. A photo of the vehicle is below:



The victim's father (respondent) stated that he originally purchased the utility vehicle to help excavate and landscape their grounds (25 acres). The family also used the vehicle for recreation on their property. Their personal property was predominately wooded and the terrain was very hilly. The father stated that there was approximately five acres of flat ground (cleared field) on their grounds and a dirt trail encircled the field.

The 16-year old victim and her 9-year old brother were the predominate drivers of the utility vehicle. They also drove 4-wheel ATVs around the premises. The father believed that his daughter was very familiar with the safety and handling precautions of the UTV. He believed that both his children drove the *off-road* vehicles "almost daily".

The respondent/father was certain that his daughter was familiar with the terrain on their property. He claimed that she always drove at a responsible speed and the vehicle was not subjected to any physical abuse.

The utility vehicle appeared to be in good condition and the father stated that there have been no repairs or modifications performed on this unit.

On May 15, 2011, Sunday afternoon, the 16-year old victim and her younger brother decided go "4-wheeling" on the property. The female chose to drive the involved utility vehicle and her brother drove his ATV. She was not using a seatbelt on the UTV at that time and was not wearing a safety helmet. Medicines, drugs and alcohol were not associated with this incident.

The brother and sister drove their vehicles along dirt trails through the wooded area until they reached a cleared field. The Sheriff's report stated that they "*were riding separate 4-wheelers on the dirt trail which encircles the field*". Coroner's report referred to it as a "*perimeter road that circles the outer edges of the field*".

The father called the *perimeter road* a "dirt track" and he claimed that it was "mostly flat with a few bumps". He stated that his children were very familiar with riding on the track. The track was located approximately one mile from the nearest public road.

The daughter/victim was driving around the dirt trail at an unknown rate of speed. Her brother was riding his ATV a short distance behind her. The weather was reported to be cloudy and 75° that afternoon. The dirt track/trail conditions were slightly muddy but it was believed that their visibility was unobstructed.

At approximately 4:45pm, the daughter/sister lost control of the UTV while rounding a bend and the vehicle rolled-over. It was believed that the vehicle "hit a slick spot in the mud". The victim was ejected and the UTV landed directly on top of her. The victim remained pinned underneath the vehicle.

The 9-year old brother witnessed the incident and immediately sped home to get his parents. The parents summoned 911 and then rushed to the incident scene. They found their daughter pinned underneath the vehicle and they managed to lift it off. The victim was motionless and unresponsive. The father began to administer CPR but to no avail.

The Slater-Marietta Fire Department and the Greenville County EMS responded to the emergency call. They were joined later by members of the Greenville County Sheriff's office. They reached the dirt track-area from the nearby public road. The paramedics approached the victim, checked for vital signs and could not find a pulse. They pronounced her dead-at-the-scene at 5:17pm.

The deceased female body was transported via ambulance to the Greenville Memorial Hospital morgue in Greenville, SC. The Greenville County Coroner was notified and an examination of the body was conducted. The cause of death was ruled to be from severe blunt force trauma to her neck, head and torso. The report stated that, "*Of these injuries, the fracture to the neck would have caused nearly instantaneous death*". The County Coroner's Office provided a copy of the examination/autopsy report (Exhibit # 3).

During this investigation, the victim's father was available for questioning and he signed the CPSC "Authorization for Release of Name" document (Exhibit # 4 – manufacturer only). The involved UTV was available for examination and photos were taken of the vehicle (Exhibit # 1). Copies of the purchase invoice and the owner's manual were requested for this investigation but could not be obtained.

The investigating Detective for the Greenville County Deputy Sheriff was also available to answer questions. The Detective provided a copy of the County Sheriff's report (Exhibit # 2). He reported that the driver's side seatbelt (shoulder-type) of the UTV was inoperable. During his investigation, he was unable to latch the seatbelt.

A follow-up visit was conducted at the dealership where the involved utility vehicle was purchased (Exhibit # 5 - NOI). The Service Manager stated that he was aware of the roll-over incident. He believed that the owner/father conducted the maintenance /repairs on the vehicle (no service records available). He stated that there were no reports of injuries/complaints from customers regarding that UTV model.

The Slater-Marietta Fire Department report and the Greenville County EMS report were requested for this investigation but could not be obtained.

PRODUCT IDENTIFICATION

The product involved in this incident was a gas-powered **Utility Vehicle**. The utility vehicle was identified as a Yamaha Rhino 450 Utility Vehicle. The VIN number was # SY4AM0665A008571. The vehicle was purchased by the victim's father in 2008 at Foothills Motorsports located in Greenville, SC.

The two-seat vehicle's exterior color was camouflaged green and featured a mini-cargo bed and a metal roll bar cage. The unit was powered by a liquid-cooled, single-cylinder four-stroke engine. The drive train featured a variable automatic 2WD/4WD transmission.

ATTACHMENTS

Exhibit # 1: Photographs (10 – Photo: A and J)

Exhibit # 2: Greenville County Sheriff's Office incident/investigation report

Exhibit # 3: Greenville County Coroner's examination/autopsy report

Exhibit # 4: Authorization for Release of Name

Exhibit # 5: Notice of Inspection

Exhibit # 6: Contact Sheet

110516CNE0009

ATTACHMENTS (CON'T)

Exhibit # 7: Missing Document form

Exhibit # 8: Data Record Sheet for Utility Vehicles

**110516CNE0009
PHOTOGRAPHS**



PHOTO A: Front view of the Yamaha Rhino 450 Utility Vehicle (b)(6) that the 16-year old victim was driving when it rolled over.



PHOTO B: Right/rear view of the Yamaha Rhino 450 Utility Vehicle.

110516CNE0009
PHOTOGRAPHS



PHOTO C: Left/rear view of the involved UTV.

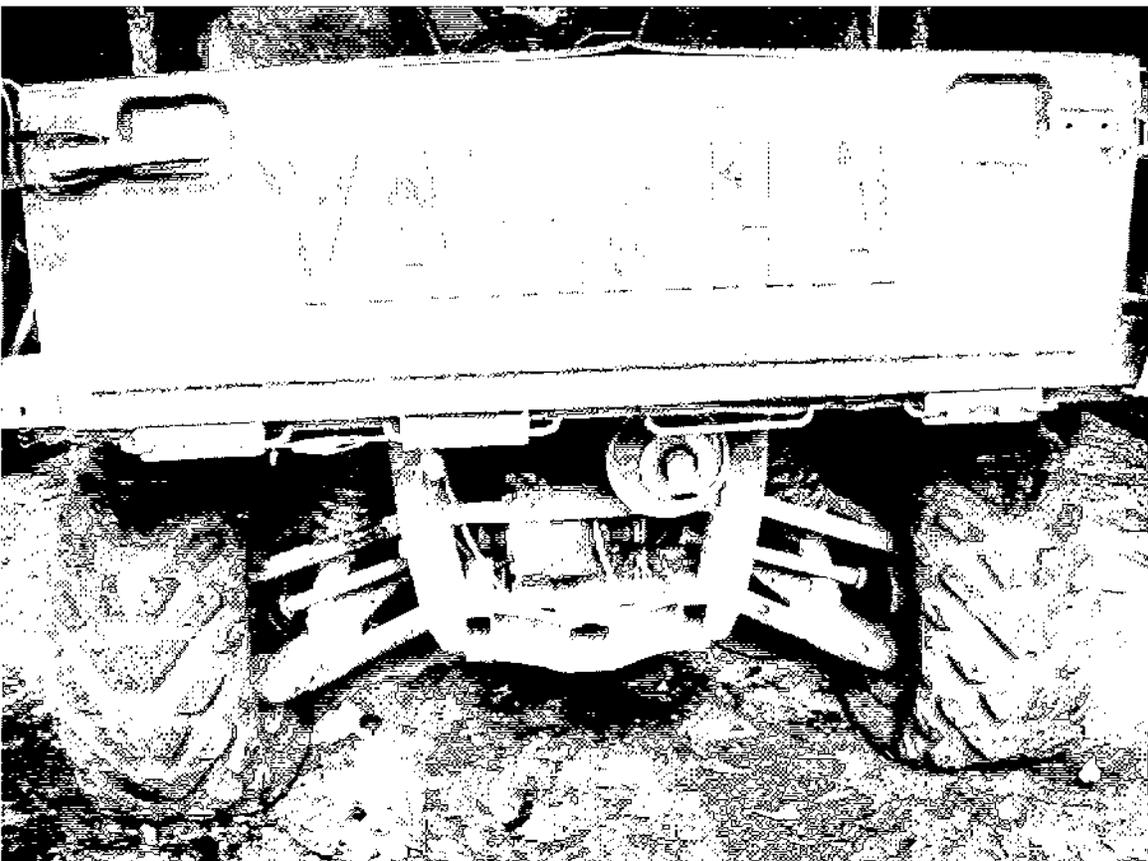


PHOTO D: Rear view of the Yamaha Rhino 450 Utility Vehicle.

110516CNE0009
PHOTOGRAPHS



PHOTO E: View of the seating area of the Yamaha Rhino 450 Utility Vehicle .

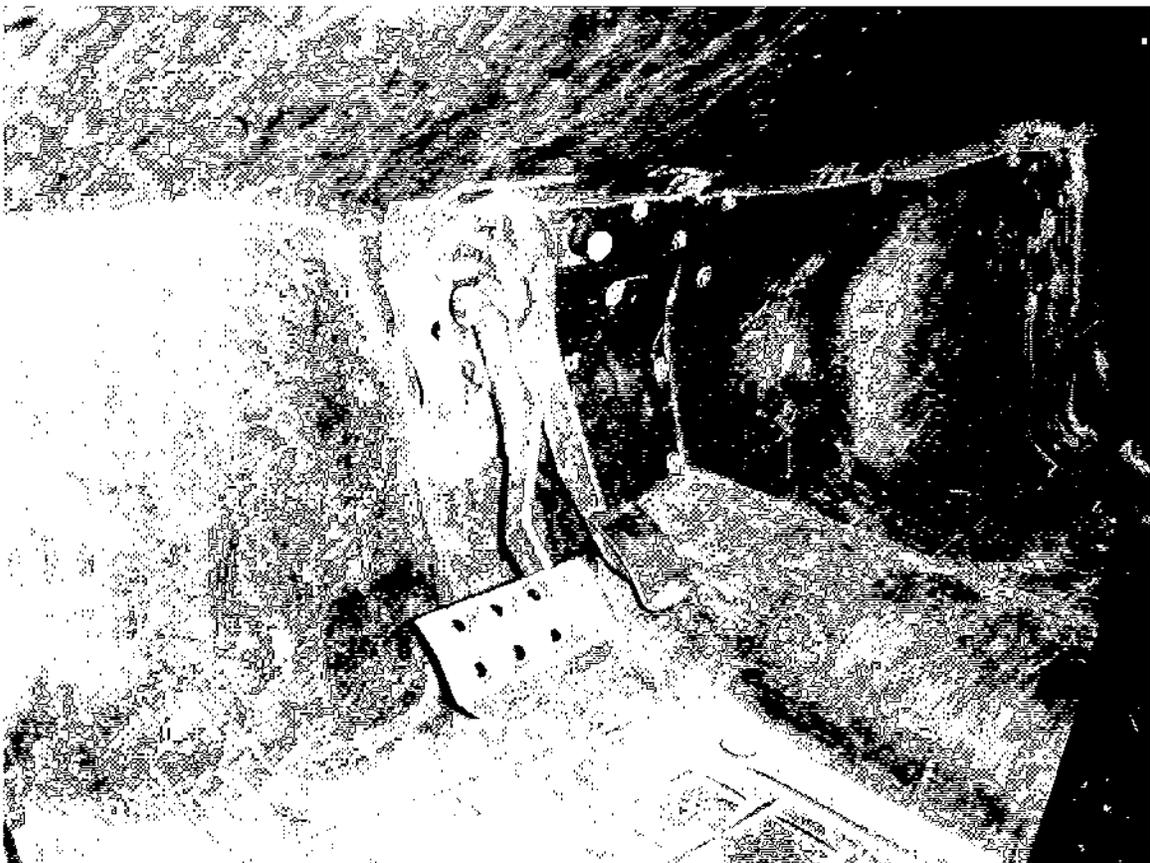


PHOTO F: Photo depicts the brake/accelerator pedal of the UTV.

110516CNE0009
PHOTOGRAPHS

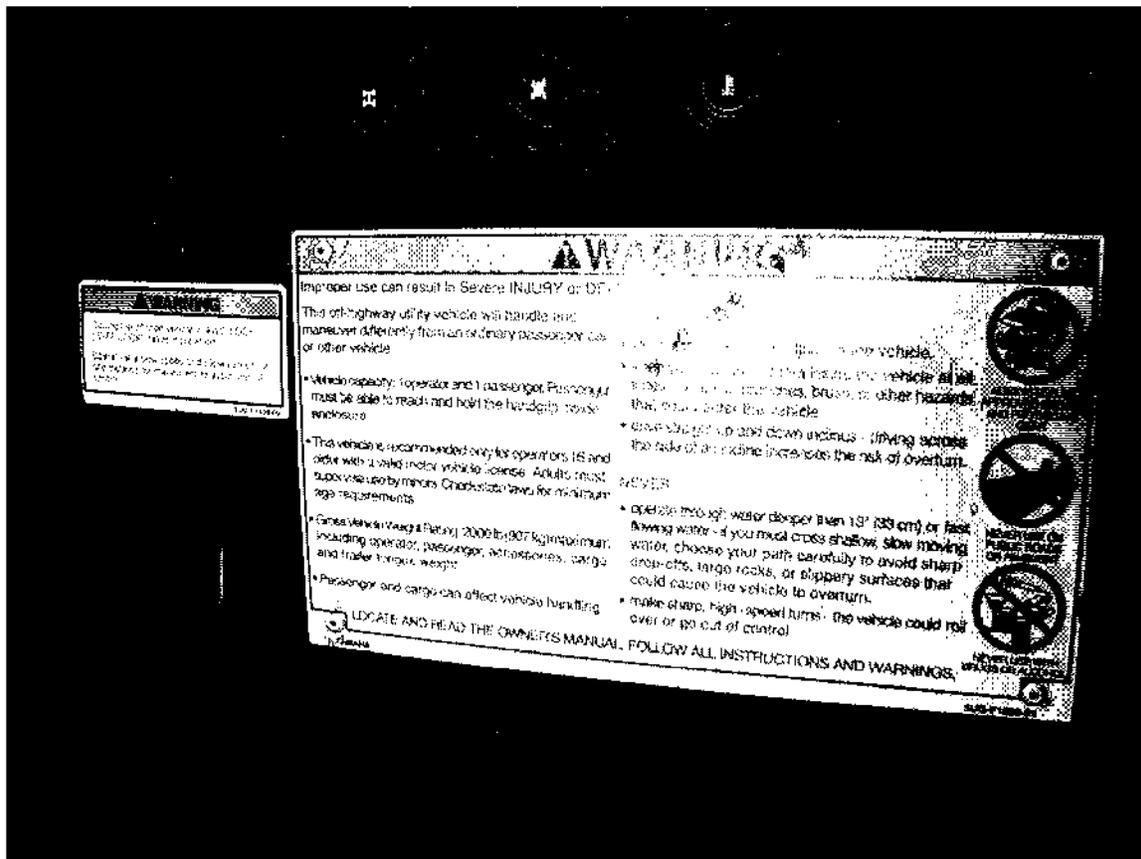


PHOTO G: View of the WARNING LABEL on the dashboard of the Yamaha Rhino 450 Utility Vehicle.

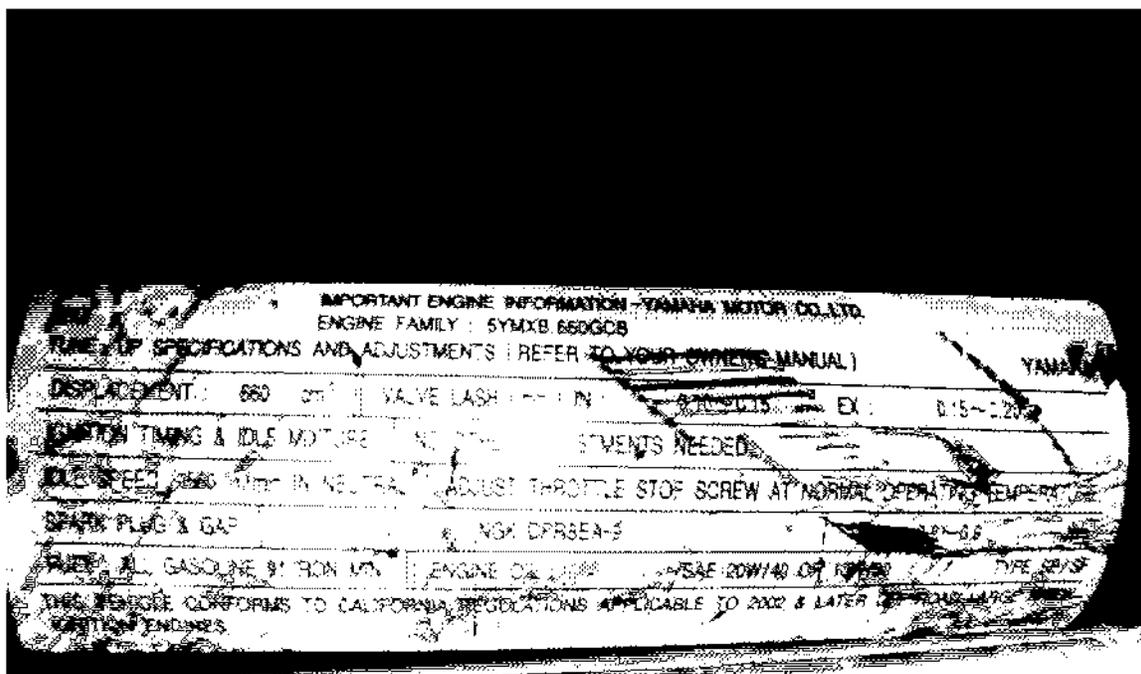


PHOTO H: Photo depicts the specifications labeling for the involved UTV.

110516CNE0009
PHOTOGRAPHS



PHOTO I: Another WARNING LABEL on the Yamaha Rhino Utility Vehicle.



PHOTO J: Photo depicts another cautionary label for Yamaha Rhino Utility Vehicle.

GREENVILLE COUNTY SHERIFF'S OFFICE

Incident Report

RECORDS
COPY
6/23/11

Agency I.D.
SC0230000

Offense
983

SLED Sub-Code
[]

RTA
[]

EC5 05/16/2011 11:49:58

Case Number
11000069113

Adult/Juv
[]

EVENT	INCIDENT TYPE S417 - Death Investigation				OFFENSE COMPLETED Y	FORCED ENTRY N	PREMISE TYPE 10 - Field/Woods			UNITS ENTERED 0	TYPE VICTIM <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Religious Org. <input type="checkbox"/> Soc / Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Officer	
	Incident Location (Subdivision, Mill Village, Apartment & Number, Street Name & Number) (b)(3):CPSA Section 25(c),(b)(6)											
	Closest Intersection [] Zip Code []											
VICTIM	Incident Date	Time	To	Date	Time	Weapon Type	Time Arrived	Time Completed	Patrol District			
	05/15/2011	16:30		05/15/2011	17:00	90	17:31	19:30	10			
	Complainant's Name (Last, First, Middle) (b)(6)				Resident	Race	Sex	Age	Primary Phone	Business Phone	Mobile Phone	
	(b)(6)				J	W	M	29	[]	[]	(864)915-7912	
SUBJECT	Victim's Name (Last, First, Middle) (b)(3):CPSA Section 25(c),(b)(6)											
	Victim Relationship To Subject []											
	Resident	Ethnicity	Race	Sex	Age	Primary Phone	Business Phone	Mobile Phone				
	J	N	W	F	16	[]	[]	(864)915-7912				
Address (b)(6)												
City [] State [] Zip Code [] Patrol District 10												
Visible Injury (Vict 1) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Explain: 4 wheeler accident, blunt force trauma												
Complaint of any Non-Visible Injuries <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												
Victim (No. 1) Using Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk Drugs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk Type:												
Two-Man Veh <input type="checkbox"/> One Man Veh <input type="checkbox"/> Detective/SPLASMT <input type="checkbox"/> Other <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED <input type="checkbox"/> Jurisdiction: -												
VEHICLE	<input type="checkbox"/> Suspect <input type="checkbox"/> Runaway <input type="checkbox"/> Wanted <input type="checkbox"/> Warrant <input type="checkbox"/> Arrest <input type="checkbox"/> Missing											
	Subject's Name (Last, First, Middle) []											
	Address []											
	Facial Hair, Scars, Tattoos, Glasses, Clothing, Physical, Peculiarities, Etc. []											
	Subject (No. 1) Using Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk											
	Arrested Near Offense Scene <input type="checkbox"/> Yes <input type="checkbox"/> No											
	Date/Time of Offense []											
	Date of Arrest []											
	Arrestee Armed <input type="checkbox"/> Yes <input type="checkbox"/> No Weapon Type []											
	Arrested on Current Offense <input type="checkbox"/> Cleared By Arrest on Prior Offense <input type="checkbox"/>											
NARRATIVE	Juvenile Disposition <input type="checkbox"/> Handled Released <input type="checkbox"/> Referred To Other Authority <input type="checkbox"/> On View Arrest <input type="checkbox"/> Summoned <input type="checkbox"/> Custody											
	Charge []											
	Warrant Number [] Ticket Number []											
Arrest Location []												
Gang Affiliation: NG - Not Gang Related												
I arrived at the incident location in response to a death investigation.												
Jurisdiction of Theft: [] Jurisdiction of Recovery: []												
PROPERTY	<input type="checkbox"/> Towed <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Suspect <input type="checkbox"/> Victim											
	Tag Only <input type="checkbox"/>											
	Additional Vehicle Description []											
ADMIN	Status Property Type Quantity Property Make Color Description Serial # / CAN Value											
	Subject Identified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
	Subject Located <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Admin Closed <input type="checkbox"/> Unfounded <input type="checkbox"/> Arrested Under 18 <input type="checkbox"/> Arrested 18 and Over <input type="checkbox"/> Ex-Cleared Under 18 <input type="checkbox"/> Ex-Cleared 18 and Over											
Reason For Exceptional Clearance <input type="checkbox"/> Offender Death <input type="checkbox"/> No Prosecution <input type="checkbox"/> Victim Declines Cooperation <input type="checkbox"/> Extradition Denied <input type="checkbox"/> Juvenile No Arrest												
Reporting Officer(s) LEWIS, JOHN												
Date 05/15/2011												
Unit#/Star# E56 / 01263												
Approving Officer SGT M.L. RINEHART												
Date 05/15/2011												
Unit#/Star# E5 / 00495												
Follow Up Investigation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												
CID: BAILEY												
100000												

5-18-11

Agency I.D.
SC0230000

EC5 05/16/2011 11:49:58

GREENVILLE COUNTY SHERIFF'S OFFICE
Supplemental Report

Case Number

11000069113

Original Report
 Status Change
 Additional Victims
 Additional Stolen Property
 Incident Type S417 - Death Investigation
 Supplemental Report
 Other Report
 Additional Defendants
 Additional Recovered Property
 Patrol District 10 Page 1 of 1 Pages

I.D. OVERFLOW	<input type="checkbox"/> Complainant	Subject's Name (Last, first, Middle)		Victim Relationship To Subject		Ethnicity	Resident	Race	Sex	Age	Date of Birth	
	<input type="checkbox"/> Victim	Address										
	<input type="checkbox"/> Subject	City		State	Zip Code	Patrol District	Day Phone	Evening Phone				
	<input type="checkbox"/> Runaway	Height	Weight	Hair	Eyes	Facial Hair, Scars, Tattoos, Glasses, Clothing, Physical, Peculiarities, Etc.						
<input type="checkbox"/> Wanted	<input type="checkbox"/> Victim No.	Visible Injury <input type="checkbox"/> Yes <input type="checkbox"/> No		Complaint of any Non-Visible Injuries <input type="checkbox"/> Yes <input type="checkbox"/> No		Victims Using Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		Two-Man Veh <input type="checkbox"/> One Man Veh <input type="checkbox"/> ALONE <input type="checkbox"/>		Detective <input type="checkbox"/> Other <input type="checkbox"/> ASSISTED <input type="checkbox"/>		
<input type="checkbox"/> Arrest	Explain:											
<input type="checkbox"/> Missing	Subject No.	Using Alcohol <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk		Using Drugs <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Type:		Arrested on Current Offense <input type="checkbox"/>		Unk <input type="checkbox"/> Cleared By Arrest on Prior Offense <input type="checkbox"/>				
<input type="checkbox"/> Jail	Arrestee Armed <input type="checkbox"/> Yes <input type="checkbox"/> No					Weapon Type		On View Arrest <input type="checkbox"/> Summoned <input type="checkbox"/> Custody <input type="checkbox"/>				
<input type="checkbox"/> Other	Juvenile Disposition <input type="checkbox"/> Handled Released <input type="checkbox"/> Referred To Other Authority											

Arrest Location

Overflow:

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

(b)(6): witness 1

RACE: white, Caucasian, SEX: Male, RESIDENT: Primary Jurisdiction, Primary: **(b)(6)**

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

Physical Description
BUILD:Thin / Slender, HAIRSTYLE:Straight, HAIRCOLOR:Brown, HAIRLENGTH:Long, EYES:Brown, HEIGHT:409, WEIGHT:85

Narrative:

On the above date and time the complainant called to report a 4 wheeler/ATV accident on his property. Dispatch transferred him to EMS and dispatched this unit to the scene. Upon arrival I met with both Parents **(b)(6)**. Both visibly upset and distraught. The mother, **(b)(6)** advised that their daughter left the house on the ATV with her brother **(b)(6)** (witness 1) who was on his 4 wheeler. Both were going to ride on the lower part of the property belonging to the **(b)(6)**. **(b)(6)** came back up to the residence to summons help from his parents. **(b)(6)** told his parents that **(b)(3)** had wrecked the 4 wheeler/ATV and she was hurt badly. **(b)(6)** both left on ATV's from the house. The mother took the family truck and responded to the scene.

Upon arrival **(b)(6)** found the 4 wheeler/ATV on top of **(b)(3)**: He stood the 4 wheeler/ATV up and tried to offer some first aid.

The Marietta fire department and EMS (Medic 26, Poole and Pless) responded to the scene. EMS Supervisor Pothier (S-3) also responded to the scene.

The coroner was notified by EMS and Sgt. Rinehart had dispatch notify the on call CID unit (A. Bailey-612).

Forensic unit 923 - Derby also responded to process the scene.

RECORDS COPY
6/23/11

Status	Property Type	Quantity	Property Make	Color	Description	Serial # / OAN	Value

ADMIN	Subject Identified		Subject Located		<input checked="" type="checkbox"/> Active	<input type="checkbox"/> Admin Closed	<input type="checkbox"/> Arrested Under 18	<input type="checkbox"/> Ex-Cleared Under 18
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Unfounded	<input type="checkbox"/> Arrested 18 and Over	<input type="checkbox"/> Ex-Cleared 18 and Over	
	Reason For Exceptional Clearance <input type="checkbox"/> Offender Death <input type="checkbox"/> No Prosecution <input type="checkbox"/> Victim Declines Cooperation <input type="checkbox"/> Extradition Denied <input type="checkbox"/> Juvenile No Arrest							
Reporting Officer(s)		Date	Unit#/Star#	Approving Officer		Date	Unit#/Star#	
LEWIS, JOHN		05/15/2011	E56 / D1263	SGT M.L. RINEHART		05/15/2011	E5 / 00495	
				Follow Up Investigation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		CID: BAILEY / 00000		

5-B-11

Agency I.D.
SC0230000

EC5 06/09/2011 10:46:24

GREENVILLE COUNTY SHERIFF'S OFFICE
Supplemental Report

Case Number
11000069113

<input type="checkbox"/> Original Report	<input type="checkbox"/> Status Change	<input type="checkbox"/> Additional Victims	<input type="checkbox"/> Additional Stolen Property	Incident Type <u>S417 - Death Investigation</u>						
<input checked="" type="checkbox"/> Supplemental Report	<input type="checkbox"/> Other Report	<input type="checkbox"/> Additional Defendants	<input type="checkbox"/> Additional Recovered Property	Patrol District <u>10</u>	Page <u>1</u> of <u>5</u> Pages					
I.D. OVERFLOW	<input type="checkbox"/> Complainant	Subject's Name (Last, First, Middle)		Victim Relationship To Subject	Ethnicity	Resident	Race	Sex	Age	Date of Birth
	<input checked="" type="checkbox"/> Victim # 1	(b)(3):CPSA Section 25(c),(b)(6)				J	W	F	16	06/25/1994
	<input type="checkbox"/> Subject					Patrol District		Day Phone		Evening Phone
	<input type="checkbox"/> Runaway	Height	Weight	Hair	Eyes	Facial Hair, Scars, Tattoos, Glasses, Clothing, Physical Peculiarities, Etc.				
	<input type="checkbox"/> Wanted	<input checked="" type="checkbox"/> Victim No. <u>1</u>	Visible Injury <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Complaint of any Non-Visible Injuries <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Victim Using Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	Two-Man Veh <input type="checkbox"/> One Man Veh <input type="checkbox"/> ALONE <input type="checkbox"/>		Detective <input type="checkbox"/> Other <input type="checkbox"/> ASSISTED <input type="checkbox"/>	
<input type="checkbox"/> Arrest	Explain: Trauma to the head				Drugs <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Type:					
<input type="checkbox"/> Missing	Subject No. <u> </u>	Using Alcohol <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk					<input type="checkbox"/> Arrested on Current Offense			
<input type="checkbox"/> Jail	Using Drugs <input type="checkbox"/> No <input type="checkbox"/> Yes Type:						<input type="checkbox"/> Unk <input type="checkbox"/> Cleared By Arrest on Prior Offense			
<input type="checkbox"/> Other										
Arrestee Armed <input type="checkbox"/> Yes <input type="checkbox"/> No					Weapon Type		<input type="checkbox"/> On View Arrest <input type="checkbox"/> Summoned <input type="checkbox"/> Custody			
Juvenile Disposition <input type="checkbox"/> Handled Released <input type="checkbox"/> Referred To Other Authority										
Arrest Location					Gang Affiliation:					

NARRATIVE

Overflow:

(b)(6): Complainant 1
RACE: White, Caucasian, SEX: Male, RESIDENT: Primary Jurisdiction, Mobile: **(b)(6)**
Primary: **(b)(6)**
(b)(6)

Narrative:
Case Assigned/Responded to the Scene: Investigator A.L. Bailey

Incident Location: **(b)(3):CPSA Section 25(c), (b)(6)**

Incident Date & Time: (Sunday) May 15, 2011 @ 1630hrs.

Victim's Clothing: Blue T-shirt, Long Blue Jeans with a black leather belt & white socks. Victim was wearing brown shoes but her right shoe was knocked off while her left shoe remained on her feet.

Victim's Position: Supine on the ground, victim's right arm was fully extended, left arm was bent at the elbow facing in an upward position. Her left leg was fully extended and her right leg was slightly bent at the knee.

Injury: Trauma to the right side of the head and right ear. Bruising to the right side of her face, abdomen & back.

Weapon: None

Body Transported By: Bio-Care Services
Larry Herrand

Greenville County Sheriffs Office On-Scene:
Deputy Giovanni; Crime Scene Preservation
Deputy Lewis; Reporting Officer

RECORDED
6/23/11

PROPERTY

Status	Property Type	Quantity	Property Make	Color	Description	Serial # / OAN	Value

ADMIN

Subject Identified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Subject Located <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Active <input type="checkbox"/> Admin Closed <input type="checkbox"/> Unfounded	<input type="checkbox"/> Arrested Under 18 <input type="checkbox"/> Arrested 18 and Over	<input type="checkbox"/> Ex-Cleared Under 18 <input checked="" type="checkbox"/> Ex-Cleared 18 and Over	
Reason For Exceptional Clearance <input type="checkbox"/> Offender Death <input checked="" type="checkbox"/> No Prosecution <input type="checkbox"/> Victim Declines Cooperation <input type="checkbox"/> Extradition Denied <input type="checkbox"/> Juvenile No Arrest					
Reporting Officer(s)	Date	Unit#/Star#	Approving Officer	Date	Unit#/Star#
BAILEY ANTONIO	05/25/2011	812 / 00015	SGT TIM JONES	05/25/2011	604 / 00187
Follow Up Investigation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

UNPL 6911 e

Agency I.D.
SC0230000

EC5 06/09/2011 10:46:24

GREENVILLE COUNTY SHERIFF'S OFFICE
Supplemental Report

Case Number
11000069113

<input type="checkbox"/> Original Report	<input type="checkbox"/> Status Change	<input type="checkbox"/> Additional Victims	<input type="checkbox"/> Additional Stolen Property	Incident Type <u>S417 - Death Investigation</u>
<input checked="" type="checkbox"/> Supplemental Report	<input type="checkbox"/> Other Report	<input type="checkbox"/> Additional Defendants	<input type="checkbox"/> Additional Recovered Property	Patrol District <u>10</u> Page <u>2</u> of <u>5</u> Pages

I. D. OVERFLOW	<input type="checkbox"/> Complainant	Subject's Name (Last, first, Middle)			Victim Relationship To Subject	Ethnicity	Resident	Race	Sex	Age	Date of Birth
	<input type="checkbox"/> Victim	Address			City	State	Zip Code	Patrol District	Day Phone	Evening Phone	
	<input type="checkbox"/> Subject	Height	Weight	Hair	Eyes	Facial Hair, Scars, Tattoos, Glasses, Clothing, Physical Peculiarities, Etc.					
	<input type="checkbox"/> Runaway	<input type="checkbox"/> Wanted	<input type="checkbox"/> Arrest	<input type="checkbox"/> Missing	<input type="checkbox"/> Jail	<input type="checkbox"/> Other					

Arrestee Armed Yes No Weapon Type _____

Juvenile Disposition Handled Released Referred To Other Authority

Arrest Location _____ Gang Affiliation: _____

NARRATIVE

Sgt. Rhinehart; Uniform Patrol Supervisor
Sgt. Silver; Uniform Patrol Supervisor

Greenville County Sheriffs office Cont;
Investigator A.L. Bailey; Cid-Homicide Unit

Greenville County Coroners officer on scene;
Deputy-Coroner Scott Ramsey

Greenville County Emergency Medical Services On-Scene:
Paramedic Poole
Paramedic Pless
Sgt. Pothier

Greenville County Forensic Unit On-Scene:
Forensic Tech Derby

Slater-Marietta Fire Department On-Scene;
Fire-fighter Brad Darnell
Fire-fighter Marion Cruell
Fire-fighter Nix West
Fire-fighter Josh Duckett

RECORDS COPY
6/23/11

(b)(6)

	Status	Property Type	Quantity	Property Make	Color	Description	Serial # / OAN	Value

ADMIN	Subject Identified		Subject Located		<input type="checkbox"/> Active <input type="checkbox"/> Admin Closed		<input type="checkbox"/> Arrested Under 18		<input type="checkbox"/> Ex-Cleared Under 18				
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Unfounded		<input type="checkbox"/> Arrested 18 and Over		<input checked="" type="checkbox"/> Ex-Cleared 18 and Over				
	Reason For Exceptional Clearance				<input type="checkbox"/> Offender Death		<input checked="" type="checkbox"/> No Prosecution		<input type="checkbox"/> Victim Declines Cooperation		<input type="checkbox"/> Extradition Denied		<input type="checkbox"/> Juvenile No Arrest
Reporting Officer(s)			Date	Unit#/Star#	Approving Officer			Date	Unit#/Star#				
BAILEY, ANTONIO			05/25/2011	612 / 00015	SGT. TIM JONES			05/25/2011	804 / 00187				
					Follow Up Investigation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								

UMP 6-4

Agency I.D.
SC0230000

EC5 06/09/2011 10:46:24

GREENVILLE COUNTY SHERIFF'S OFFICE
Supplemental Report

Case Number
11000069113

Original Report Status Change Additional Victims Additional Stolen Property Incident Type S417 - Death Investigation

Supplemental Report Other Report Additional Defendants Additional Recovered Property Patrol District 10 Page 3 of 5 Pages

ID OVERFLOW

Complainant Victim Subject Runaway Wanted Arrest Missing Jail Other

Subject's Name (Last, first, Middle): _____ Victim Relationship To Subject: _____ Ethnicity: _____ Resident: _____ Race: _____ Sex: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____ Patrol District: _____ Day Phone: _____ Evening Phone: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____ Facial Hair, Scars, Tattoos, Glasses, Clothing, Physical, Peculiarities, Etc.: _____

Victim No. _____ Visible Injury Yes No Complaint of any Non-Visible Injuries Yes No Victim Using Alcohol Yes No Unk Two-Man Veh One Man Veh ALONE Explain: _____ Drugs No Yes Type: _____ Detective Other ASSISTED

Subject No. _____ Using Alcohol No Yes Unk Arrested on Current Offense Using Drugs No Yes Type: _____ Unk Cleared By Arrest on Prior Offense

Arrestee Armed Yes No Weapon Type: _____ On View Arrest Summoned Custody

Juvenile Disposition Handled Released Referred To Other Authority

Arrest Location: _____ Gang Affiliation: _____

NARRATIVE

Victim's Mother: (b)(6)

On Sunday, May 15, 2011 at approximately 1845 hrs. Reporting officer was contacted by Sgt. Rhinehart regarding this case. Rhinehart stated deputies with the uniform patrol division were dispatched to (b)(6) in reference to an ATV accident. Rhinehart told me the victim was riding her ATV when it overturned pinning the victim under the machine. Rhinehart further stated paramedics arrived on the scene and the victim was pronounced dead. I was then requested to respond to the incident location to assist with this death investigation.

When I reached the intersection of Talley Bridge Road & Hidden Valley Road I observed an EMS pickup truck along with a coroners office vehicle parked on the shoulder of the dirt road. The actual incident location could not be seen from the roadway and was located approximately 1 mile from the intersection of Talley Bridge Road & Hidden Valley Road, which is a dirt road that leads to a cleared field.

The dirt road serves as an access road to a couple of fields and borders the fields on all four sides. I observed two marked cars from the Sheriff's office, a forensic truck and two unmarked vehicles from the fire department parked near the far left corner of the field near the wood line. As I stepped out of my patrol car I observed a body covered by a white sheet. A camouflage in color 'Yamaha Rhino' ATV was parked directly along side the victim's body. A much smaller 4-wheeler was observed approximately 10-15 feet behind the ATV. I then met with Deputy-Coroner Scott Ramsey and Sgt. Rhinehart. Ramsey stated he was notified by EMS who responded and found the victim unconscious and not breathing. Ramsey told me the victim and her 9-year old brother were riding separate 4-wheelers on the dirt trail which encircles the field when the victim apparently hit a slick spot in the mud. The victim over corrected which caused the ATV to flip over. The victim's 9 year old brother was riding his 4-wheeler just a short distance behind the victim and witnessed the entire accident. Once the ATV flipped over the victim was trapped underneath the vehicle and her brother had to ride a short distance for help.

Once back at their residence the victim's mother and father rushed to the scene. When they

PROPERTY

Status	Property Type	Quantity	Property Make	Color	Description	Serial # / OAN	Value

ADMIN

Subject Identified Yes No Subject Located Yes No Active Admin Closed Arrested Under 18 Ex-Cleared Under 18
 Unfounded Arrested 18 and Over Ex-Cleared 18 and Over

Reason For Exceptional Clearance: Offender Death No Prosecution Victim Declines Cooperation Extradition Denied Juvenile No Arrest

Reporting Officer(s)	Date	Unit#/Star#	Approving Officer	Date	Unit#/Star#
BAILEY, ANTONIO	05/25/2011	612 / 00015	SGT. TIM JONES	05/25/2011	604 / 00187
Follow Up Investigation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (OFFICER)					

UMP 6-9-11

6/23/11
RECORDS

Agency I.D.
SC0230000

EC5 06/09/2011 10:46:24

GREENVILLE COUNTY SHERIFF'S OFFICE
Supplemental Report

RECORDS

Case Number
11000069113

Original Report Status Change Additional Victims Additional Stolen Property Incident Type S417 - Death Investigation

Supplemental Report Other Report Additional Defendants Additional Recovered Property Patrol District 10 Page 4 of 5 Pages

I.D. OVERFLOW

Complainant Victim Subject Runaway Wanted Arrest Missing Jail Other

Subject's Name (Last, First, Middle) _____ Victim Relationship To Subject _____ Ethnicity _____ Resident _____ Race _____ Sex _____ Age _____ Date of Birth _____

Address _____ City _____ State _____ Zip Code _____ Patrol District _____ Day Phone _____ Evening Phone _____

Height _____ Weight _____ Hair _____ Eyes _____ Facial Hair, Scars, Tattoos, Glasses, Clothing, Physical, Pacuaries, Etc. _____

Victim No. _____ Visible Injury Yes No Complaint of any Non-Visible Injuries Yes No Victim Using Alcohol Yes No Unk Two-Man Veh One Man Veh ALONE Drugs No Yes Type: _____ Detective Other ASSISTED

Explain: _____

Subject No. _____ Using Alcohol No Yes Unk Arrested on Current Offense

Using Drugs No Yes Type: _____ Unk Cleared By Arrest on Prior Offense

Arrestee Armed Yes No Weapon Type _____ On View Arrest Summoned Custody

Juvenile Disposition Handled Released Referred To Other Authority

Arrest Location _____ Gang Affiliation: _____

NARRATIVE

arrived on the scene they managed to lift the ATV off of the victim. However, prior to leaving their residence the victim's father called '911'. Units from Slater-Marietta Fire Department along with EMS responded to the scene when the victim was pronounced dead. The victim's body was then covered with a white sheet by EMS Sgt. Pothier and the scene was secured pending my arrival. The entire scene was photographically documented by forensic.

When the sheet was removed I observed the victim laying on the ground in a supine position. Victim was wearing a short-sleeve blue T-shirt, a pair of long blue pants & a black leather belt. The victim was also wearing white socks and brown shoes. However, victim's right shoe was missing and was found approximately 10 feet away from her body. Her right arm was fully extended while her left arm was bent at the elbow fixed in a upper ward position. Victim's left leg was fully extended and her right leg was slightly bent at the knee. Lividity was observed on the victim's back and was consistent with the victim's body when found. However, blanching could not be detected. Investigator did observe a very small amount of blood around the victim's right ear. Additional bruising was observed on the victim's right Abdomen, left side of her face and back. All injuries appeared to have bled internally because no bleeding was observed. However, the bruises appeared to be dark blue in color. The ATV being ridden by the victim was identified as two seater Yamaha Rhino (b)(3) CPSA Section 2. Both seats are side by side and equipped with a shoulder type seat belt. However, the driver side seat belt latch was inoperable. I attempted to latch the seatbelt myself and it would not latch together. The vehicle has a factory installed roll-over bar but the victim was not wearing a helmet. The victim's body was later transported from the scene by Bio-Care and taken to the Greenville Memorial Hospital morgue pending autopsy.

On April 16, 2011 the victim's body was examined by Dr. Fulcher, Greenville County Medical Examiner's Officer. Dr. Fulcher found that the victim's death was caused from blunt force trauma to the head and her death was ruled Accidental.

Cause of Death-Blunt Force Trauma to the Head.

Manner of Death-Accidentally

Based of the findings of the Greenville County Sheriffs Office, Greenville County Coroners Officer and Doctor Fulcher the victim's death was ruled an Accident. The disposition of this case yields to the receipt of supportive information which would cause for the re-evaluation

PROPERTY

Status	Property Type	Quantity	Property Make	Color	Description	Serial # / OAN	Value

ADMIN

Subject Identified Yes No Subject Located Yes No Active Admin Closed Arrested Under 18 Ex-Cleared Under 18

Unfounded Arrested 18 and Over Ex-Cleared 18 and Over

Reason For Exceptional Clearance Offender Death No Prosecution Victim Declines Cooperation Extradition Denied Juvenile No Arrest

Reporting Officer(s)	Date	Unit#/Star#	Approving Officer	Date	Unit#/Star#
BAILEY, ANTONIO	05/25/2011	612 / 00015	SGT. TIM JONES	05/25/2011	604 / 00187

Follow Up Investigation Yes No (COP)

AMP 6-9-11

Agency I.D.
SC0230000

EC5 06/09/2011 10:46:24

GREENVILLE COUNTY SHERIFF'S OFFICE
Supplemental Report

Case Number
11000069113

Original Report
 Status Change
 Additional Victims
 Additional Stolen Property
 Incident Type S417 - Death Investigation
 Supplemental Report
 Other Report
 Additional Defendants
 Additional Recovered Property
 Patrol District 10 Page 5 of 5 Pages

I.D. OVERFLOW	<input type="checkbox"/> Complainant	Subject's Name (Last, First, Middle)		Victim Relationship to Subject	Ethnicity	Resident	Race	Sex	Age	Date of Birth	
	<input type="checkbox"/> Victim	Address		City	State	Zip Code	Patrol District	Day Phone	Evening Phone		
	<input type="checkbox"/> Subject	Height	Weight	Hair	Eyes	Facial Hair, Scars, Tattoos, Glasses, Clothing, Physical Peculiarities, Etc.					
	<input type="checkbox"/> Runaway	<input type="checkbox"/> Victim No. _____	Visible Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	Complaint of any Non-Visible Injuries <input type="checkbox"/> Yes <input type="checkbox"/> No	Victim Using Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Two-Man Veh Detective <input type="checkbox"/>	One Man Veh Other <input type="checkbox"/>	ALONE <input type="checkbox"/>	ASSISTED <input type="checkbox"/>		
	<input type="checkbox"/> Arrest	Subject No. _____		Using Alcohol <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk	Using Drugs <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk	Type: <input type="checkbox"/> Unk <input type="checkbox"/> Cleared By Arrest on Prior Offense					

Arrestee Armed Yes No
 Weapon Type _____
 On View Arrest Summonsed Custody

Juvenile Disposition Handled Released Referred To Other Authority

Arrest Location _____
 Gang Affiliation: _____

NARRATIVE

of this investigation. ***Case Exceptional Cleared due to No Prosecution***

9-16/2011

Status	Property Type	Quantity	Property Make	Color	Description	Serial # / OAN	Value

ADMIN	Subject Identified	Subject Located	<input type="checkbox"/> Active <input type="checkbox"/> Admin Closed	<input type="checkbox"/> Arrested Under 18	<input type="checkbox"/> EX-Cleared Under 18
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Unfounded	<input type="checkbox"/> Arrested 18 and Over	<input checked="" type="checkbox"/> EX-Cleared 18 and Over
	Reason For Exceptional Clearance <input type="checkbox"/> Offender Death <input checked="" type="checkbox"/> No Prosecution <input type="checkbox"/> Victim Declines Cooperation <input type="checkbox"/> Extradition Denied <input type="checkbox"/> Juvenile No Arrest				
Reporting Officer(s)	Date	Unit#/Star#	Approving Officer	Date	Unit#/Star#
RAILBY ANTONIO	05/25/2011	612 / 00015	SGT TIM JONES	05/25/2011	604 / 00167
Follow Up Investigation			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

UMP 10-9-11

Updated 6/8/2011 @ 1348



GREENVILLE COUNTY CORONER'S OFFICE

B. PARKS EVANS, JR., CORONER

CASE # 11-0960

	5/15/2011	17:15	22:30	18:00		000-00-0000
	DATE	START TIME	FINISH TIME	ARRIVED ON SCENE	DL NUMBER	SS NUMBER
VICTIM	(b)(3):CPSA Section 25		W	F	16	(b)(3):CPS
	NAME		RACE	SEX	AGE	DATE OF BIRTH
	(b)(3):CPSA Section		5' 5"	110	BLN	HAZ NONE NOTED
	ADDRESS		HEIGHT	WEIGHT	HAIR	EYES ID MARKS
	(b)(3):CPSA Section 25(c),(b)(6)				SINGLE	
	CITY, STATE, ZIP		HOME PHONE		MARITAL STATUS	
RELATIVE	(b)(6)		MOTHER		(b)(6)	
	NAME		RELATIONSHIP		PHONE	
	(b)(6)					
	ADDRESS		CITY, STATE, ZIP		WORK PHONE	
WITNESSES	(b)(6)					
	NAME		ADDRESS		PHONE NUMBER	
EVENT	(b)(6)		FIELD BEHIND RESIDENCE		SUPINE ON GROUND	
	INCIDENT LOCATION		PREMISE TYPE		BODY LOCATION/POSITION	
	CLOUDY	75	COUNTY OF GREENVILLE		IN FIELD	
	WEATHER	TEMPERATURE	JURISDICTION		UNUSUAL ENVIRONMENT	
	WARM NO RIGOR				NONE	
	BODY CONDITION		WEAPON TYPE		MEDICATION PRESENT	
	05/15/2011 16:45 EST		DOS		05/15/2011 16:45 EST	
	DATE & TIME OF ACCIDENT		TRAUMA SCORE		DATE & TIME OF DEATH	
	N	N	N	NO	E.M.S.	17:18
	OVERDOSE	DRUGS	ALCOHOL	SEAT BELTS	PRONOUNCED BY	TIME
NT FORCE TRAUMA OF HEAD AND N		ACCIDENT		HEAD AND NECK TRAUMA		
CAUSE OF DEATH		MANNER OF DEATH		DESCRIBE INJURY		
EXAMINATION	DR. JAMES FULCHER			FAMILY		
	MEDICAL EXAMINER OR DOCTOR TO CERTIFY			HOW IDENTIFICATION WAS MADE		
	N	N	N	N	N	N
	AUTOPSY	B.A.	DRUG SCREEN	BLOOD TYPE	RAPE	HAIR
					X-RAY	PRINTS/PHOTOS
						HAND SWAB
	BAILEY, A		DERBY, J		RAMSEY, S	
	INVESTIGATING OFFICER		ID OFFICER/AGENCY		INVESTIGATING CORONER	
	CORONER'S OFFICE		m26	5150098	PENDING	
	DISPOSITION OF EVIDENCE		MEDIC	TRIP NUMBER	MORTUARY	
LEFT WITH FAMILY		DR. JAMES FULCHER		N		
DISPOSITION OF VEHICLE		MEDICAL EXAMINER		ACTIVE WARRANTS		

ORGAN PROCUREMENT NOTIFIED YES NO
1-800-269-9777

BODY BAG USED: YES NO

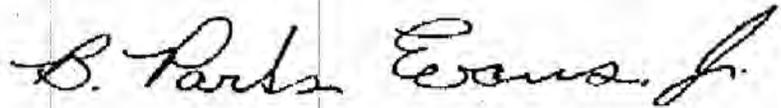
THIS IS THE CASE OF A 16 YEAR OLD WHITE FEMALE WHO FROM THIS POINT FORWARD SHALL BE KNOWN AS THE DECEDENT. ON 05/15/2011 THE DECEDENT AND WITNESS NUMBER ONE WHO IS ALSO KNOWN AS THE DECEDENT'S NINE YEAR OLD BROTHER WERE RIDING ALL TERRAIN VEHICLES IN A FIELD BEHIND THEIR RESIDENCE THAT BELONGED TO THEIR FAMILY. THE DECEDENT WAS RIDING A CAMOUFLAGED YAMAHA RHINO (b)(6) THE DECEDENT WAS NOT WEARING A SEAT BELT. IT APPEARS THAT THEY WERE RIDING ON A PERIMETER ROAD THAT CIRCLES THE OUTER EDGES OF THE FIELD WHEN SHE LOST CONTROL OF THE VEHICLE CAUSING THE VEHICLE TO OVERTURN EJECTING HER FROM THE VEHICLE. THE VEHICLE CAME TO REST ON THE DECEDENT AT HER HEAD AND TORSO. WITNESS NUMBER ONE WENT TO THE RESIDENCE ON THE FOUR WHEELER HE HAD BEEN RIDING FOR HELP AND WITNESS NUMBER TWO RETURNED TO THE INCIDENT LOCATION AND LIFTED THE VEHICLE OFF OF THE DECEDENT. SHE WAS NOT WEARING A HELMET. E.M.S. PRONOUNCED THE DECEDENT AT 1718 HOURS. PER FAMILY AND WITNESSES THE DECEDENT WAS AN EXPERIENCED RIDER.

THIS REPORTING DEPUTY CORONER, GREENVILLE COUNTY SHERIFF'S DEPUTIES AND GREENVILLE COUNTY FORENSICS ALL RESPONDED TO THE INCIDENT LOCATION. THE SCENE WAS PROCESSED AND PHOTOGRAPHED BY FORENSICS. THE BODY WAS PLACED IN A CLEAN WHITE BODY BAG AND TRANSPORTED TO GREENVILLE MEMORIAL HOSPITAL MORGUE BY LARRY HENNARD OF BIOCARE FOR EVALUATION BY MEDICAL EXAMINER.

POST MORTEM TOXICOLOGY WAS NEGATIVE. CAUSE OF DEATH IS BLUNT FORCE TRAUMA TO HEAD AND NECK.

MANNER OF DEATH IS NATURAL.

THIS IS AN OFFICIAL CORONER'S REPORT. THIS INFORMATION IS A REFLECTION OF RECORDS MAINTAINED BY THIS OFFICE.



B. PARKS EVANS, JR., D-ABMDI, CORONER

**Office of the Medical Examiner
County of Greenville**

**Memorial Medical Office Building
890 West Faris Road, Suite 110
Greenville, SC 29605
864-455-1380 (tel) 864-455-1389 (fax)**

Report of Findings

NAME:	(b)(3):CPSA Section 25(c),(b)(1)	AUTOPSY #:	A-11-186 (dictated external)
AGE:	16	PRONOUNCED:	May 15, 2011 at 5:18 p.m.
RACE:	White	EXAMINATION:	May 16, 2011 at 11:00 a.m.
SEX:	Female	PHYSICIAN:	James Fulcher, M.D.
SS #:	(b)(3):CPSA Section 25(c)	CORONER CASE #:	11-0960

FINAL ANATOMIC DIAGNOSES

- I. CERVICAL NECK FRACTURE.
- II. MULTIPLE SUPERFICIAL CURVILINEAR ABRASIONS OF RIGHT-SIDED FACE WITH A 1 INCH LACERATION OF RIGHT-SIDED LOWER EAR.
- III. CURVILINEAR ABRASION OF RIGHT-SIDED HIP WITH MULTIPLE ANTERIOR AND POSTERIOR RIB FRACTURES, WITH BILATERAL PNEUMOTHORACIES.
- IV. POST MORTEM TOXICOLOGY IS NEGATIVE.

CAUSE OF DEATH: Blunt force trauma to the head and neck.

MANNER OF DEATH: Accident.


James Fulcher, M.D. June 2, 2011
Medical Examiner

(b)(3):CPSA Se

Office of the Medical Examiner
County of Greenville

A-11-186

Page 2

PROTOCOL

A dictated external examination is performed on a body identified as that of (b)(3):CPSA at the Greenville Memorial Hospital, Greenville County, South Carolina, on the 16th day of May 2011. The examination is conducted in the presence of Deputy Coroner Scott Ramsey. Autopsy technician is Sharon Knight. This examination falls under the jurisdiction of the Greenville County Medical Examiner's Office.

EXTERNAL EXAMINATION: The body is that of a well developed, well nourished, teenage Caucasian female who weighs 140 pounds, is 65 inches in length, and appears compatible with the reported age of 16 years. An identification band is present on the right wrist labeled in part (b)(3): (sic).

The body is received clothed in:

White panties.

Gray bra.

White socks x 2.

Leather belt.

Two t-shirts, one white and one blue.

Boat shoes.

Personal effects include:

Two ten-dollar bills.

One five-dollar bill.

Three one-dollar bills.

Cell phone.

Clothing is placed back into the body bag for pick up. The cell phone and money is given to Deputy Coroner Scott Ramsey.

The body is cold to the touch, Rigor mortis is fully present. Blanchable purple-red livor mortis extends over the posterior surfaces of the body, except in areas exposed to pressure.

The scalp hair is long and red. The irides are hazel. The pupils are bilaterally equal at 0.5 cm. The cornea are clear. The sclerae and conjunctivae are unremarkable. There is prominent red-tinged foam coming from the nares. The nose and ears are not unusual. The teeth are natural and in good condition. The neck is unremarkable.

The thorax is well developed and symmetrical. The abdomen is flat. The anus and back are unremarkable.

The breasts are well developed, without palpable masses. The genitalia are those of a normal teenage female.

The upper and lower extremities are well developed and symmetrical, without absence of digits.

No identifying marks or scars are readily apparent.

There is no evidence of medical intervention.

EVIDENCE OF INJURY

HEAD AND NECK

Multiple superficial abrasions and lacerations of the right-sided face.

1 inch laceration of right-sided lower aspect of the ear.

The neck shows extreme hypermobility in the setting of full rigor. A step-off is present in the lower cervical spine.

THORAX AND ABDOMEN

Curvilinear abrasion of the right-sided hip.

Multiple anterior and posterior bilateral rib fractures by palpation.

Bilateral pneumothoracies, by water-filled syringe.

OPINION

The decedent was a 16 year old white female who was involved in an ATV accident. The decedent sustained severe blunt force trauma to the head, neck and torso during the accident. Of these injuries, the fracture to the neck would have caused nearly instantaneous death.

Post mortem toxicology is negative.

The cause of death in this case is blunt force trauma to the head and neck.

The manner of death is accident.

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 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 concerns.

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

I request that you do not release my name. My identity is to remain confidential.

You may release my name to the manufacturer but I request that you do not release it to the general public.

You may release my name to the manufacturer and to the public.

(b)(6)
[Redacted Signature]

(Signature)

6/27/11
[Handwritten Date]

(Date)

A. NAME AND TITLE OF INDIVIDUAL

Mike Thompson, Service Manager

B. FIRM NAME

Foothills Motorsports

4. TO

C. NUMBER AND STREET ADDRESS

104 Walter Drive

D. CITY, STATE AND ZIP CODE

Greenville SC 29673

Notice of Inspection is hereby given pursuant to:

- Flammable Fabrics Act (15 U.S.C. 1191 *et seq.*);
- Federal Trade Commission Act (15 U.S.C. 41 *et seq.*);
- Sections 16, 19 and 27 of the Consumer Product Safety Act (15 U.S.C. 2065, 2068 and 2076);
- Section 309(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 374(a)) [Authority for inspections in connection with the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 *et seq.*)] and/or
- Section 11(b) of the Federal Hazardous Substance Act as Amended (15 U.S.C. 1270(b)).

Refer to the back of this form for a discussion of inspection authority and for pertinent statutory language.

5. PURPOSES OF INSPECTION AND NATURE OF INFORMATION TO BE OBTAINED AND/OR COPIED

The purpose of this inspection is to obtain information for review and obtain copies of items including but not limited to records, reports, books, documents and labeling and to obtain samples in order to enforce or determine compliance with the Acts administered by the Consumer Product Safety Commission.

6. FREEDOM OF INFORMATION REQUIREMENTS

Those from whom information is requested should state whether any of the information submitted is believed to contain or relate to a trade secret or other matter which should be considered by the Commission to be confidential and whether any of the information is believed to be entitled to exemption from disclosure by the Commission under the provisions of the Freedom of Information Act (15 U.S.C. 352). Any claimant asserting this claim of confidentiality must be in writing, and any request for exemption of the information from disclosure must be made in accordance with the Commission's Freedom of Information Act regulations, 16 CFR Part 1015.

7. SIGNATURE (Authorized CPSC Official)

[Handwritten Signature]

110516CNE0009

EXHIBIT # 6

Contact # 1 (b)(6)



2: Antonio Bailey, Detective (interviewed: 2-14-11)
Greenville County Sheriff's Department
4 McGee Street
Greenville, SC 29605 (tele #: 864-271-5210)

3: Mike Thompson, Service Manager (interviewed: 6-23-11)
Foothills Motorsports
104 Halter Drive
Greenville, SC 29673 (tele #: 864-527-7433)

4: Marion Cruell, Fire Chief (interviewed: 6-23-11)
Slater-Marietta Volunteer Fire Department
3001 Geer Highway
Marietta, SC 28661 (tele #: 864-836-3143)

Task No. 110516CNE0009

Date: 5-19-11

STATUS OF MISSING DOCUMENT (S)

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

- 1. Slater-Marietta Volunteer Fire Department report**
- 2. Greenville County EMS report**
- 3. Purchase invoice/manual for the Rhino utility vehicle**
- 4. _____**
- 5. _____**

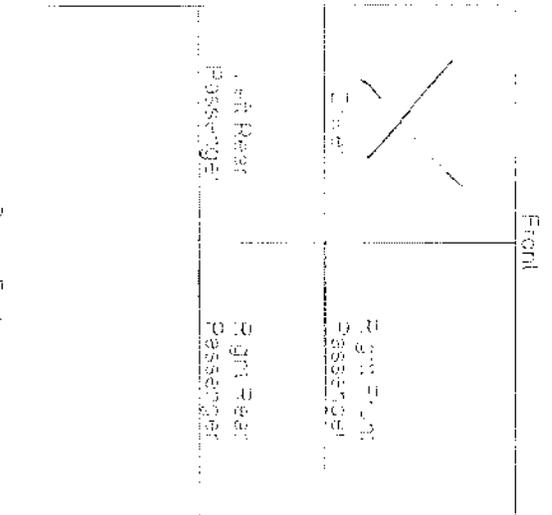
Date: 6-27-11

Investigator No: 3385

Regional office: CFIE-D

Supervisor No: 8978

Utility Vehicle Data Record Sheet



Number of seats: _____

A	Age	<u>16</u>	Height	<u>5' 5"</u>
	Gender	<u>F</u>	Weight	<u>140 lbs</u>
	Helmet (Y/N)	<u>Y</u>	Seatbelt (Y/N)	<u>Y</u>

1. Was injured/deceased? NO **PATROL**
 Injury Description: BROKEN NECK
 Did vehicle land on victim? NO **YES**
 Ejected/ Ejector partially ejected? NO **FULLY**

B	Age	_____	Height	_____
	Gender	_____	Weight	_____
	Helmet (Y/N)	_____	Seatbelt (Y/N)	_____

1. Was injured/deceased? NO
 Injury Description: _____
 Did vehicle land on victim? _____
 Ejected/ Ejector partially ejected? _____

C	Age	_____	Height	_____
	Gender	_____	Weight	_____
	Helmet (Y/N)	_____	Seatbelt (Y/N)	_____

1. Was injured/deceased? NO
 Injury Description: _____
 Did vehicle land on victim? _____
 Ejected/ Ejector partially ejected? _____

D	Age	_____	Height	_____
	Gender	_____	Weight	_____
	Helmet (Y/N)	_____	Seatbelt (Y/N)	_____

1. Was injured/deceased? NO
 Injury Description: _____
 Did vehicle land on victim? _____
 Ejected/ Ejector partially ejected? _____

E	Age	_____	Height	_____
	Gender	_____	Weight	_____
	Helmet (Y/N)	_____	Seatbelt (Y/N)	_____

1. Was injured/deceased? NO
 Injury Description: _____
 Did vehicle land on victim? _____
 Ejected/ Ejector partially ejected? _____

F	Age	_____	Height	_____
	Gender	_____	Weight	_____
	Helmet (Y/N)	_____	Seatbelt (Y/N)	_____

1. Was injured/deceased? NO
 Injury Description: _____
 Did vehicle land on victim? _____
 Ejected/ Ejector partially ejected? _____

1. If you have used hydraulic chairs include the other relevant information regarding the passenger message in the text of the report.
 2. If you have used hydraulic chairs include the other relevant information regarding the passenger message in the text of the report.
 3. If you have used hydraulic chairs include the other relevant information regarding the passenger message in the text of the report.
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 7. If you have used hydraulic chairs include the other relevant information regarding the passenger message in the text of the report.
 8. If you have used hydraulic chairs include the other relevant information regarding the passenger message in the text of the report.
 9. If you have used hydraulic chairs include the other relevant information regarding the passenger message in the text of the report.
 10. If you have used hydraulic chairs include the other relevant information regarding the passenger message in the text of the report.

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



ATTORNEY STEPHEN SHAW

864-834-4404

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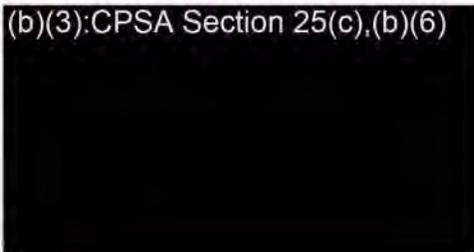
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T.R. High School student dies in ATV accident

Written by James Richardson
Monday, 16 May 2011 10:00

Marietta, SC – On Sunday, a 16-year-old girl from Marietta was killed as a result of injuries sustained in an all-terrain vehicle accident.



(b)(3):CPSA Section 25(c),(b)(6) died from blunt force trauma following the wreck, which occurred at approximately 4:45 p.m. behind her residence located at (b)(6)

Hayes was a junior at Travelers Rest High School, where she was involved in softball and was in the band's color guard.

This morning, classmates and friends held a vigil at the school.

According to Greenville County Deputy Coroner Scott Ramsey, (b)(3) was driving a four-wheel Yamaha Rhino when she was thrown from the vehicle. The ATV rolled, landing on top of (b)(3)

She was not wearing a helmet at the time of the accident.

(Photo from 2011 *Traveler*.)

To post a comment, please login or register.

JComments

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CONTACT US - ADVERTISING INFORMATION

This investigation was initiated through a newspaper article in the Pickneyville Press, dated April 13, 2011. The victim in this incident is a 59 year old male, height and weight unknown. The product in this incident is a 2008 Utility Vehicle (UTV). Information for this report was through interviews with the coroner and prior owner of the UTV. Additional information was obtained through official reports.

On June 7, 2011, this investigator went to the Steeleville, IL Police Department and made contact with the Randolph County Coroner. This investigator identified himself by credentials and asked the coroner about the incident the victim had been involved in. The coroner stated that on April 9, 2011, at approximately 8:00 pm, he been contacted by the Randolph County Sheriff's Office concerning an accidental death involving a UTV. The coroner stated that on his arrival he found the victim in a field behind his house lying underneath an overturned UTV. The roll bar of the UTV was pressing against the victim's neck just underneath his head. The victim was pronounced at the scene by the coroner.

According to the coroner, the victim was driving the UTV with a 50 year old female passenger sitting in the passenger seat next to him. The victim was driving the UTV in a field behind his house in Steelville, IL. The field was relatively flat with pasture grass around 10 inches tall. For some reason, the victim turned the steering wheel to the left causing the right front wheel to dig into the ground rolling the UTV. The female passenger was thrown from the vehicle and the UTV's landed on it,s top with all four wheels in the air. The victim was found on his back with the UTV's roll bar pressing against his neck.

The coroner stated that neither the victim nor the passenger were wearing helmets or had their seat belts on. He did not believe the vehicle was travelling at a high rate of speed. The coroner did not believe alcohol was involved in this incident, but two beer cans were found at the scene.

The immediate cause of death was positional asphyxiation. The manner of death was ruled accidental. According to the coroner/toxicology report, the victim had a BAC result of 0.03 and no drugs in his system. A copy of the coroner's report is included in this report as Exhibit A. The coroner stated he had taken photographs of the scene and would send this investigator copies. The photographs were requested several times by this investigator but not received.

According to the sheriff's report, they received a call from the passenger of the UTV at approximately 7:55 pm that she had been involved in a UTV accident. She advised that the accident was approximately one mile behind the victim's residence in a field. The sheriff's deputy responded to the scene and found the passenger walking in the field bleeding heavily from her face. The deputy then proceeded to the field where they found the victim with the UTV lying on top of him. The passenger was transported to a local hospital for her injuries and released.

The passenger informed the investigating deputy that they were riding around in the fields behind the victim's house and all of a sudden the victim turned the vehicle to the left sharply. The vehicle rolled over and she was thrown. The vehicle was removed from the scene and its present location is unknown. A copy of the sheriff's report is contained in Exhibit B.

This investigator attempted to contact the passenger with negative results.

On June 23, 2011, this investigator contacted the previous owner of the UTV who stated that he was a good friend of the victim. He stated that he had purchased the UTV in 2008 and used it mostly for hunting purposes. He said the victim had been after him for awhile to sell him the UTV because he liked it so much and could use it around his home. The previous owner stated that he sold the UTV to the victim approximately three weeks prior to the incident. He said that the UTV was strictly factory with no after-market additions. He stated that the victim did not add any after-market additions or accessories to the vehicle. He did not know how many hours were on the vehicle at the time of the incident and he did not have any photographs of it. He did not know the VIN number of the UTV.

He stated that the victim wanted to use the UTV to inspect his fields and to pick-up yard waste for disposal. He did not know if the victim had formal UTV training or how often had used the vehicle.

According to the www.wunderground.com, an internet site that provides historical weather data, on the day of the victim's death the high temperature was 86 degrees Fahrenheit and the low was 62 degrees Fahrenheit. The dew point was 67 degrees and the average humidity was 81. There was no precipitation and the wind speed ranged from 7 mph to 16 mph.

PRODUCT INFORMATION:

Type:	Utility Vehicle
Brand:	Yamaha
Model:	Rhino
Manufacturer:	Yamaha Motor Corporation 6555 Katella Ave. Cypress, CA 90630
VIN:	Unknown
Date of Purchase:	April 2011
Purchased From:	Private Owner
Aftermarket:	No

ATTACHMENTS:

Exhibit A - Coroner Report

Exhibit B - Sheriff's Report

Exhibit C - Utility Vehicle Data Record Sheet

Exhibit D - Missing Document Report

Exhibit E - Contact Information



Home User Manual Add New Case Find a Case Add New Contact Find Contact Print Forms Links LogOut

Investigation Case Checklist Agencies/Officers Demographics Expanded Demographics Next of Kin

Scene Weapons Mortgage Conveyance Autopsy Cause/Inquirer Med History Personal Effects Occurrence

MVA Case Narrative Toxicology Med List Witnesses Body Exam SMIM Reports Uploads Quick Entry

Demographics (basic)

Home > Demographics (basic)

Basic: Professional Military

Save

Case Number: 2014-078

Case Type: Coronial Case

Case Status: Closed

Decedent Name (Last, Middle, Last, Suffix): David W. Mewert
Choogs

Date Of Birth: 04 / 30 / 1957

Age: 59 Unit: Years

Place Of Birth: Chester, IL

Race: White Sex: Male

Social Security #:

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

City:

State:

Zip:

Decedent County: (b)(6)

Marital Status: Divorced

Home Phone: ()

Height: 0' 0"

Weight:

Hair Color: Choose

Eye Color: Choose Left Eye Right Eye

Have Passport: Choose

If Yes, Date Of Issue: Choose / Choose / Choose

Mother's Full Name (With Maiden Name): Annabelle Flemish

Father's Full Name: Alben Mewert

Employer:

Occupation: Architect

Industry: Commercial

Check here if no occupational information:

Employer's Phone Number: ()

Employer's Address:

Employer's City:

Employer's State: Choose

Employer's Zip Code:

Identified By What Means: Known To Persons At Scene

By (Name): Witnesses/Sparta PD/Randolph Co. Sheriff's Dept./etc.

Phone Number: ()

Address: 1104 Wino Hill Road

City: Stoneville

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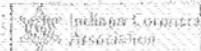
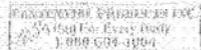
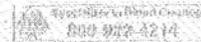
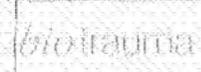


Exhibit A - Coroner Report

Coroner's Office - 1000 ...

Page 1 of 1



Investigation ...

Investigation

Investigation ...

Investigation ...

Investigation

Investigation ...

Investigation

Investigation ...

Exhibit A - Coroner Report

STATE OF CALIFORNIA - COUNTY OF SAN DIEGO

Page 1 of 1



On or about 01/11/2018, the undersigned coroner received information that the following individual had died. The information received is as follows:

Demographics (Probationary)

Name: [Redacted]

Sex: [Redacted]

Age: [Redacted]

Height: [Redacted]

Weight: [Redacted]

Complexion: [Redacted]

Hair: [Redacted]

Eyes: [Redacted]

Build: [Redacted]

Occupation: [Redacted]

Education: [Redacted]

Marital Status: [Redacted]

Place of Birth: [Redacted]

Current Address: [Redacted]

Previous Address: [Redacted]

Current Residence: [Redacted]

Previous Residence: [Redacted]

Current Employer: [Redacted]

Previous Employer: [Redacted]

Current Occupation: [Redacted]

Previous Occupation: [Redacted]

Current Education: [Redacted]

Previous Education: [Redacted]

Current Marital Status: [Redacted]

Previous Marital Status: [Redacted]

Current Place of Birth: [Redacted]

Previous Place of Birth: [Redacted]

Current Address: [Redacted]

Previous Address: [Redacted]

Current Residence: [Redacted]

Previous Residence: [Redacted]

Current Employer: [Redacted]

Previous Employer: [Redacted]

Current Occupation: [Redacted]

Previous Occupation: [Redacted]

Current Education: [Redacted]

Previous Education: [Redacted]

Current Marital Status: [Redacted]

Previous Marital Status: [Redacted]

Current Place of Birth: [Redacted]

Previous Place of Birth: [Redacted]

Current Address: [Redacted]

Previous Address: [Redacted]

Current Residence: [Redacted]

Previous Residence: [Redacted]

Current Employer: [Redacted]

Previous Employer: [Redacted]

Signature: [Redacted]

Date: [Redacted]



Signature: [Redacted]

Date: [Redacted]

Signature: [Redacted]

Date: [Redacted]

Signature: [Redacted]

Date: [Redacted]

Signature: [Redacted]

Date: [Redacted]

Exhibit A - Coroner Report



Coroner's Office
1000 West Broadway
Vancouver, BC V6H 3G9
Tel: 604-673-2222
Fax: 604-673-2223
www.vancouver.ca/coroner

Demographic Information

Name: [Redacted] (Nilsen)

Address: [Redacted]
City: [Redacted]
Province: [Redacted]
Country: [Redacted]
Postal Code: [Redacted]

Date of Birth: [Redacted]

Signature of Deceased

[Redacted]



[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Exhibit A - Coroner Report



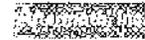
Coroner's Office
1000 West 10th Street
Saskatoon, Saskatchewan S4N 0W8
Tel: (306) 975-2222
Fax: (306) 975-2223
www.sask.ca/coroner

Case # 110518

Specimen #

Name [Redacted]
DOB [Redacted]
Address [Redacted]

[Redacted]



[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Medical History
[Redacted]

History of Present Illness
[Redacted]

Physical Examination
[Redacted]

Investigations
[Redacted]

Diagnosis
[Redacted]

[Redacted]

[Redacted]

Exhibit B - Sheriff's Report

Randolph County Sheriff's Ofc. Incident Report

Page 1 of 3

LAWMAN 3.2005 IDS Applications

Incident Report
Randolph County Sheriff's Ofc.
200 W. Buena Vista
Chester, IL 62233
phone (618) 826-5484 fax (618) 826-4732

Generated on June 7, 2011 @ 13:28:17
Go to End of Report

Incident 2011-001718 Accident - 4 Wheeler
Reported Saturday, April 9, 2011 @ 19:55:10
At (b)(6)

Entered By TC06 West, Nicole

Officer/Unit Assigned 7912 Colvis, Kyle

Unit 7931 Barbour, Carlos

Information	4/09/2011	21:13:15	not necessary to bring another veh to transport
En route	4/09/2011	21:49:15	chester hospital
On Scene	4/09/2011	22:14:47	chester hospital code 111
In Service	4/09/2011	23:11:00	en route back to stlv

Unit 7930 Dudenbostel, Randy

En route	4/09/2011	22:13:59	
In Service	4/09/2011	23:11:16	

Unit MDST MedStar

Dispatched	4/09/2011	19:59:42	by sparta pd
On Scene	4/09/2011	20:09:04	

Unit SVFD Steeleville FD

Dispatched	4/09/2011	20:07:32	
En route	4/09/2011	20:10:19	
On Scene	4/09/2011	20:14:25	
In Service	4/09/2011	21:49:17	

Unit 7912 Colvis, Kyle

En route	4/09/2011	20:02:11	
On Scene	4/09/2011	20:09:01	
On Scene	4/09/2011	20:21:22	w/atv
In Service	4/09/2011	21:46:56	

Exhibit B - Sheriff's Report

Randolph County Sheriff's Ofc. Incident Report

Page 2 of 3

Unit 7921 Schlesinger, Jason

Dispatched 4/09/2011 19:59:40

Information 4/09/2011 20:00:33

On Scene 4/09/2011 20:14:12

Information 4/09/2011 20:49:06 one 79 & one injured

Information 4/09/2011 21:12:35 contact mdst and see if they can bring another unit

Information 4/09/2011 21:24:25 numerics on this call--adv'd

In Service 4/09/2011 21:46:23

Unit SV59 Sheridan, Brian

On Scene 4/09/2011 20:06:55

In Service 4/09/2011 21:46:32 en route back to venue

Departmental Narrative

Verizon Wireless, 2273 Old Plank Rd, Chester, IL (618) 615-2489

sparta pd adv'd received 911 call of 4 wheeler wreck 11684 wine hill rd

Adult

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

Incident Age	Sex	Race	HGT	WGT	Hair	Eyes	Build	Skin
50	F	W						

Assoc.

Adult

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

Incident Age	Sex	Race	HGT	WGT	Hair	Eyes	Build	Skin
59	M	W	511	200	BLN	BLU		

Victim Acc - Private Property

Report for Incident 2011-001718, Accident - 4 Wheeler

Exhibit B - Sheriff's Report

Randolph County Sheriff's Ofc. Incident Report

Page 3 of 3

On 04-09-11 at approximately 1955 hours, the Sparta Police Department received a 911 call advising of a 4 wheeler wreck at (b)(3) CPSA Se. The caller advised that the accident was approximately 1 mile behind the residence in a field. The female victim was walking towards the residence and the male victim was trapped under the 4 wheeler. The Sparta Police Department advised the Randolph County Sheriff's Office. I, Deputy Sheriff K. Colvis, Randolph County Sheriff's Office responded to the scene along with Deputy Sheriff J. Schlesinger, Randolph County Sheriff's Office. Also dispatched were MedStar Ambulance, Steeleville Fire Department, and Officer B. Sheridan of the Steeleville Police Department.

Officer B. Sheridan arrived on scene first and began to look for the victims. I arrived shortly thereafter along with MedStar Ambulance. I began walking into the field behind the residence along with Jason from MedStar. Approximately 250-300 yards behind the residence, we located the female victim, identified as (b)(3) CP. She was walking, but bleeding heavily from the face. We asked where the male subject and the ATV were located. She advised us that they were further out into the field. We advised (b)(3) to sit down in the field and left her with a flashlight so that other responders could locate her. We then continued into the series of fields looking for the ATV.

A short while later, a Steeleville Fireman in his personal vehicle caught up with us. They had picked up (b)(2) and she stated that she would show us where the ATV was located. Quite a distance back, after going through a series of fields, we located the ATV. It was identified as a green in color Yamaha Rhino. The Rhino was upside down with all four wheels in the air. The victim, identified as (b)(2) CPSA, was located under the Rhino. (b)(2) was lying on his back underneath the Rhino and the "roll bar" of the vehicle was pressing against his neck, just underneath of his head. Jason from MedStar checked (b)(2) and he was found to be deceased.

I then spoke with (b)(3). I asked her how the accident had occurred. She stated that they were just riding around and all of a sudden (b)(2) turned the vehicle to the left sharply. The vehicle then rolled over. (b)(2) stated that the vehicle belonged to (b)(2) he was driving the vehicle at the time of the accident, and she was seated in the passenger seat.

A short time later, Steeleville Fire Department members arrived with two trucks. (b)(3) was then stabilized with the equipment from those trucks and transported back out to the ambulance.

Deputy Coroner Carlos Barbour was on scene with the fire department. He surveyed and photographed the scene. Located at the scene were two opened beer cans. (b)(3) was then removed from the scene. The Rhino was flipped onto its wheels and driven from the scene back to the residence by a member of the fire department.

A vehicle identification number (VIN) was not able to be located on the Rhino. A subject at the residence believed that it may belong to (b)(6) and that he was keeping it at the residence.

END OF REPORT, COLVIS.

[Go to Top of Report](#)

Exhibit C - Utility Vehicle Data Record Sheet

2010 Utility Vehicle Data Record

A		B		C		D	
Age	Weight	Age	Weight	Age	Weight	Age	Weight
18	150	19	160	20	170	21	180
22	165	23	175	24	185	25	195
28	180	29	190	30	200	31	210
35	200	36	210	37	220	38	230
45	230	46	240	47	250	48	260
55	260	56	270	57	280	58	290
65	300	66	310	67	320	68	330
75	350	76	360	77	370	78	380
85	400	86	410	87	420	88	430
95	450	96	460	97	470	98	480
105	500	106	510	107	520	108	530

Use this record sheet to record the age and weight of all employees who are required to use a utility vehicle. The age and weight of each employee should be recorded on this record sheet at the time the employee is assigned to the utility vehicle. The age and weight of each employee should be recorded on this record sheet at the time the employee is assigned to the utility vehicle. The age and weight of each employee should be recorded on this record sheet at the time the employee is assigned to the utility vehicle.

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Exhibit D - Missing Document Report

Task No. 110518HCC2541

Date: 6/28/01

STATUS OF MISSING DOCUMENT (S)

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

1. Order Photographs of Scene
2. _____
3. _____
4. _____
5. _____

Date: 6/28/01 **Investigator No:** 2247

Regional office: _____ **Supervisor No:** _____

Exhibit D - Missing Document Report



U.S. CONSUMER PRODUCT SAFETY COMMISSION
UNITED STATES GOVERNMENT

P.O. Box 261 • St. Louis, MO • 63088 • 636-825-6604 • Fax: 1-866-857-5742 •
kkenkel@cpsc.gov

June 7, 2011

Randolph County Coroner's Office

Attn: Carlos Barbour

The U. S. Consumer Product Safety Commission is an agency of the **Federal Government** that investigates accidents, accidental injuries, and their causes. Information from our investigations helps make us aware of hazards to children and adults, and aids us in preventing similar injuries from occurring to others.

U.S. CPSC Headquarters is in receipt of information concerning a UTV accident that resulted in the death of **(b)(7)(C)**. The incident occurred on or about April 9, 2011, in Randolph County.

As part of my investigation, I would like to obtain a copy of your coroner's report and photographs you may have taken at the scene. Please send a copy of this information to me by email to kkenkel@cpsc.gov or at fax number 866-857-5742.

Thank you for your assistance in this matter. If you have any questions, please feel free to call me at the above telephone number.

Sincerely,

Handwritten signature of Karl Kenkel in cursive.

Karl Kenkel
Federal Safety Investigator

CPSC

Exhibit E

Contact Information

Randolph County Coroner
Carlos Barbour: Deputy Coroner
#1 Taylor St. Room 204
Chester, IL 62233
618-826-3244

Randolph County Sheriff's Office
200 W. Buena Vista
Chester, IL 62233
618-826-5484

(b)(6)

A large black rectangular redaction box covers the majority of the page content below the contact information.

X1150415A
APR 13 2011

Pinckneyville Press

ILL 159

Architect Dies In ATV Accident

By Amber Broha 21 30 159

A tragic accident claimed the life of well-know architect [REDACTED] of Steeleville. He passed away Saturday, April 9 as a result of injuries sustained in an ATV accident. [REDACTED] was driving a Yamaha Rhino when the vehicle flipped and pinned him beneath.

He was pronounced dead at the scene of the accident by Randolph County Coroner, Carlos Barbour.

[REDACTED] of Steeleville was a passenger on the ATV, and was transported to Chester Hospital where she was treated and later released.

[REDACTED] was the owner of [REDACTED] Professional Associates, the architectural firm who designed the new PCHS facility. He was also the head architect for the project. The high school is still in the interior design

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

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

process for the new building. PCHS Superintendent Jon Green expressed his condolences saying, (b)(3) was tremendous to work with and it is a ferrible loss; we have spoken with the company and have a plan in place to proceed with construction."

This investigation was initiated based upon a news article that indicated a 61-year old male (victim) was fatally injured when his ATV flipped, pinning him underneath. This investigation was initiated on May 23, 2011.

According to the sheriff's report (see Exhibit D), the incident occurred on June 1, 2010, at 20:57 hrs, right at dusk. Emergency personnel responded to a report of a single vehicle crash and found a utility-terrain vehicle (UTV) overturned one-quarter turn onto the driver's side with its headlights on. The victim was found lying on the ground underneath the UTV with the front bar of the UTV across the top left chest area, at a diagonal, going across the right side of the victim's face. The vehicle did not travel after rolling to its side.

The sheriff's report indicates that the UTV was traveling a dry dirt road on private property and was pulling an iron grating (attached to UTV by a chain) that was being used to smooth out the bumpy road. According to the report, the UTV hit a bump which caused the UTV to roll and eject the driver. The victim was not wearing a helmet and was not wearing a seatbelt.

This investigator made contact with the spouse of the victim and she provided additional details about the incident. She stated that the victim was pulling a homemade grater (made of iron fencing) that was used to smooth out the bumps in the road. She stated that the road is much higher than the field and that there is a significant drop-off (spouse could not provide a degree of slope). She also stated that the victim recently had neck surgery and that he couldn't turn his head all the way to the side. The inability to turn his head caused him turn his whole body in order to see behind him and she believes this is what caused him to run off the side of the road.

The spouse stated that they bought the UTV used from their nephew and that the nephew purchased the UTV brand new in 2004. See Exhibit E for UTV specifications. She described the UTV as a 3-seater with lap only seatbelts. She stated that there were no modifications to the vehicle and that there was no damage to the vehicle during the incident. The spouse stated that the victim broke his neck during the incident and this is what caused his death.

This investigator made numerous attempts to contact the coroner, but at the time of this report there has been no response. This investigator also made a records request to Louisiana Vital Statistics for an official cause of death, but at the time of this report there has been no response. Information will be forwarded in an addendum when it is received.

According to a weather history website (see Exhibit F), weather conditions near the time of the incident were clear with a temperature of 81.0°F and a wind speed of zero mph.

VICTIM IDENTIFICATION:

Age: 61-years
Gender: Male
Height: 63 inches
Weight: 145 pounds

PRODUCT IDENTIFICATION:

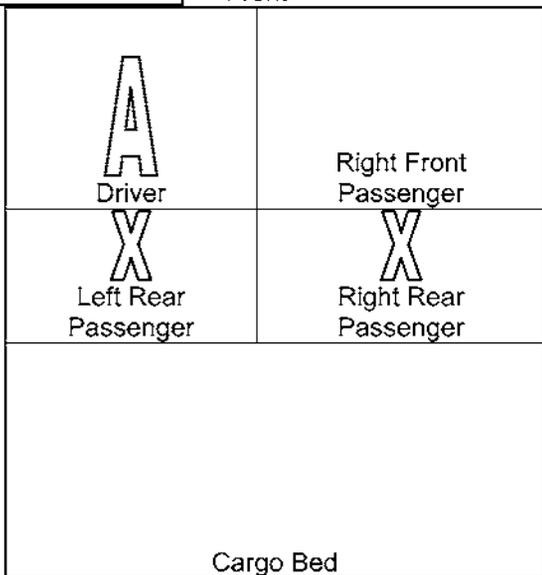
Type: Utility-Terrain Vehicle (UTV)
Brand: Polaris
Model: Ranger 4x4 (3-seater)
Year: 2004
VIN: (b)(3) Exemption 3 for 25
Manufacturer: Polaris Industries, Inc.
Retailer: Perry Pitre Ford
3420 US Hwy 190
Eunice, LA 70535
Ph: (337) 457-2231

ATTACHMENTS:

- Exhibit A - Missing Documents Form
- Exhibit B - UTV Data Record Sheet
- Exhibit C - Photos (14)
- Exhibit D - Sheriff's Report
- Exhibit E - UTV Specifications (website)
- Exhibit F - Weather History (website)
- Exhibit G - List of Respondents

Utility Vehicle Data Record Sheet

Front



Rear

The Utility Vehicle

A:	Age: 61-years	Height: 63 inches
	Gender: M	Weight: 145 pounds
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: Broken Neck	
	Did vehicle land on victim: Yes	
	Ejected (Either partially or fully): Yes	

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

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

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

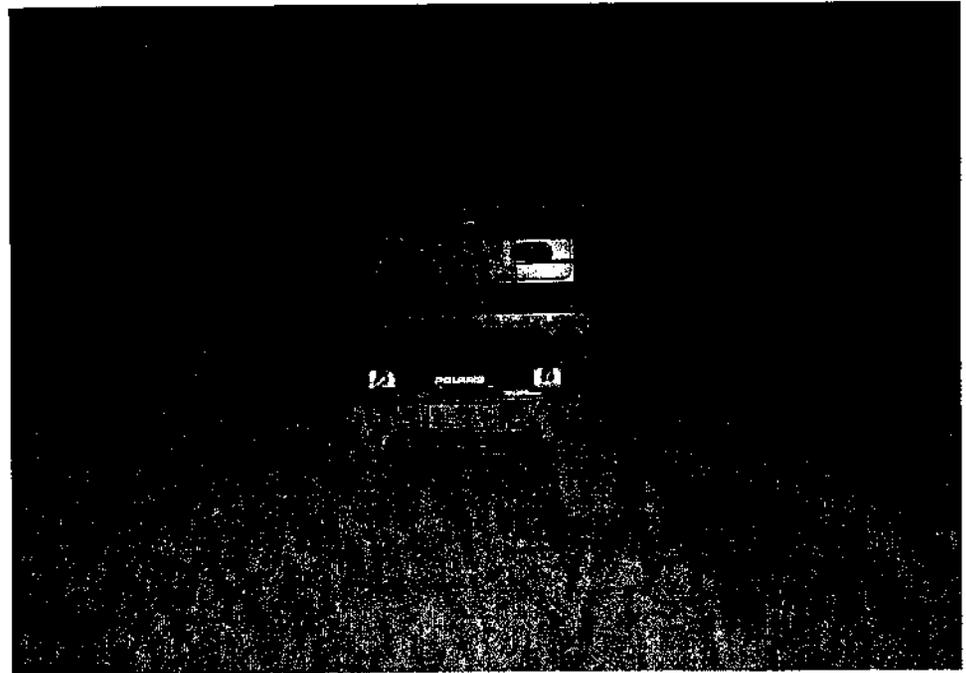
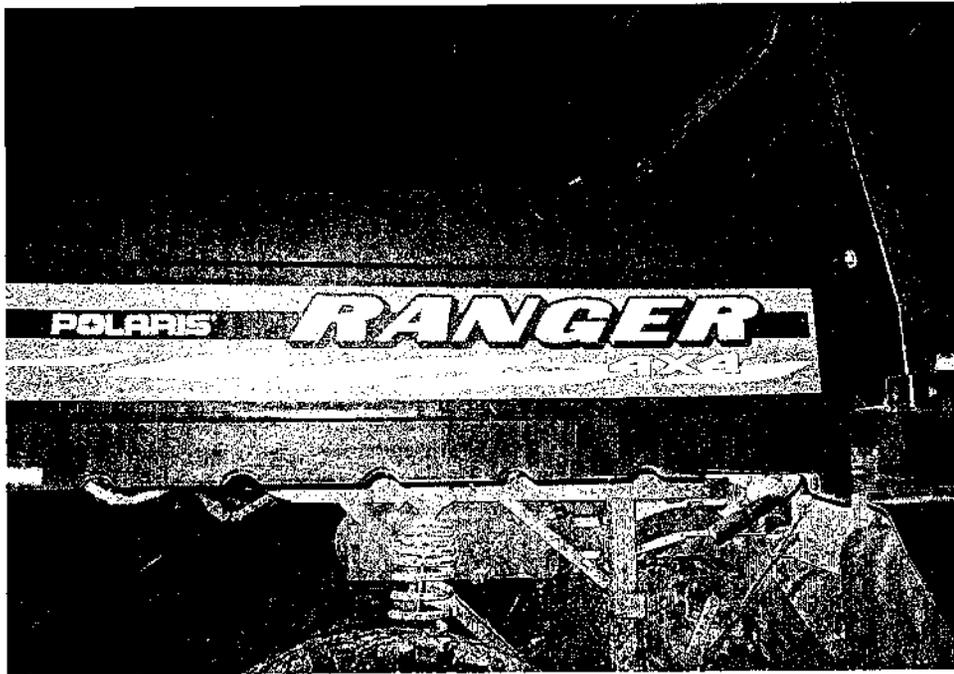
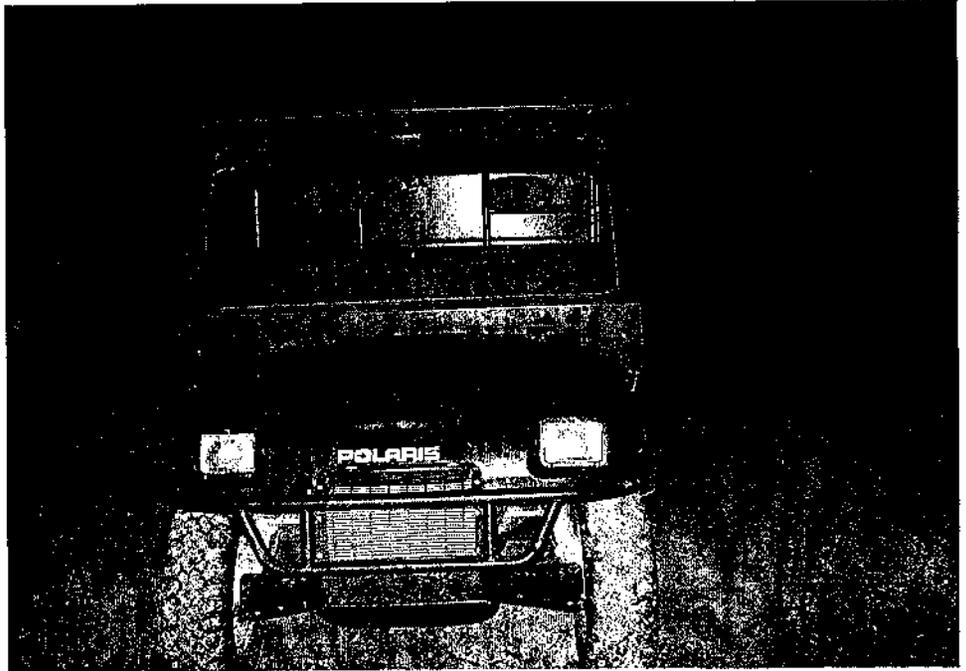
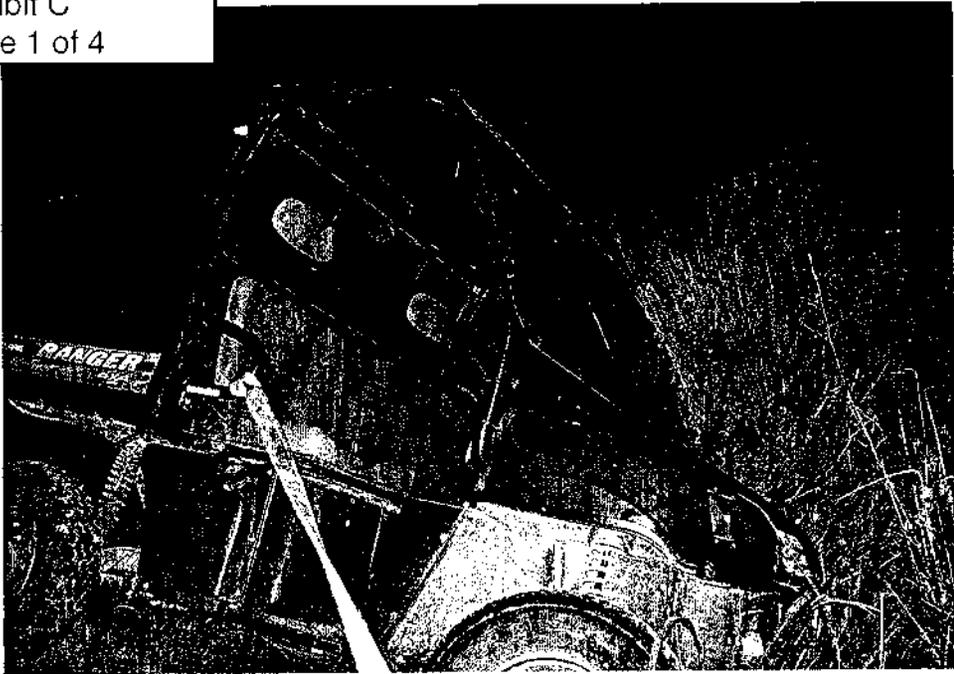
C:	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

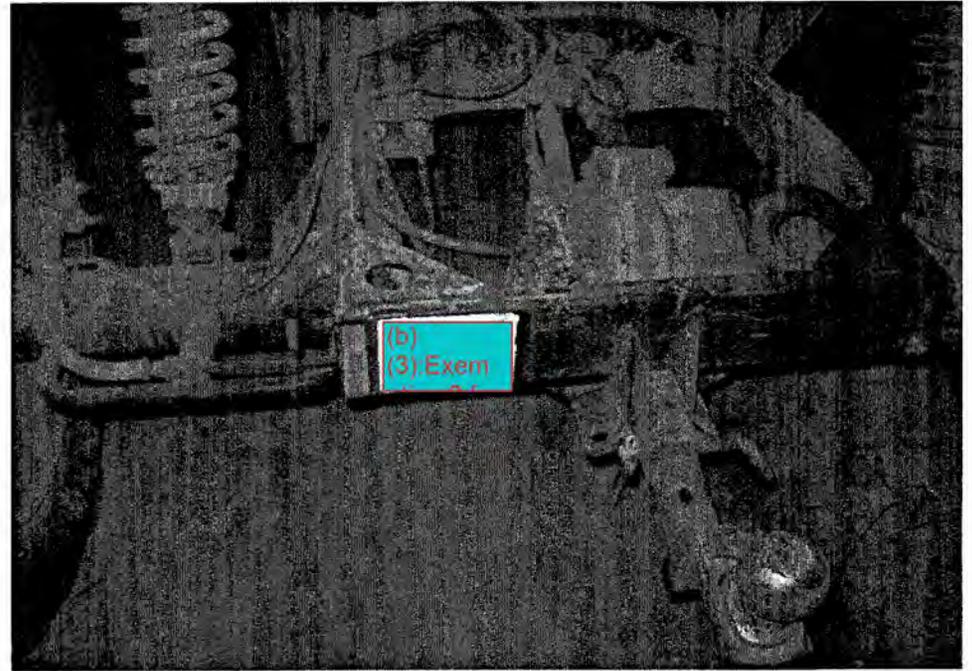
F:	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

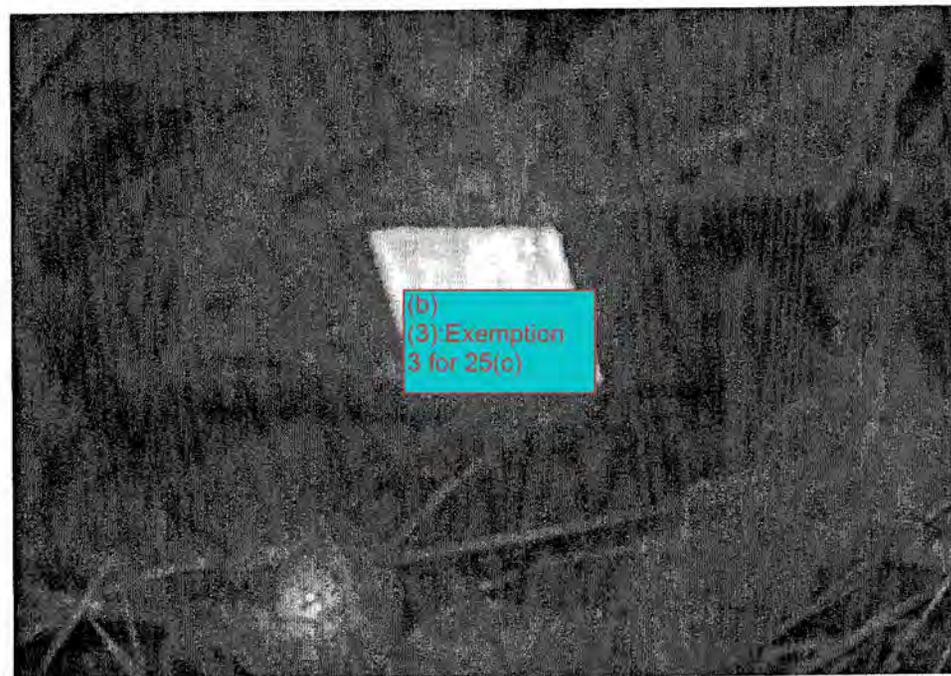
*If victim(s) were injured/killed, please include the other relevant information requested in the assignment message in the text of the IDI.

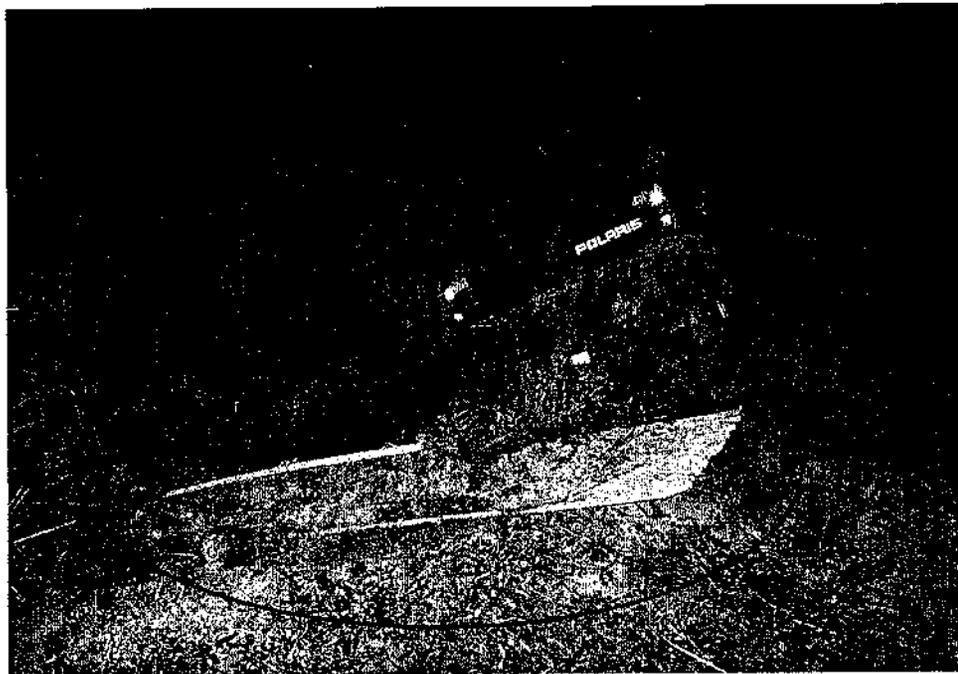
Using the figure on the left, please fill in where the occupants were in the vehicle at the time of the incident using A, B, C, etc. to identify the occupant(s) location. Fill in the occupants' characteristics in the corresponding location on the right. For example, the driver could be assigned to the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

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









Grate being pulled by UTV

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT

100609131542484

DATE OF CRASH: 06012010 TIME (0000): 2057 5 DISTRICT ZONE: PARISH: VERMILION PARISH CODE: 57 CITY OR TOWN: CITY CODE: 0

LAT. 30.02393 LONG. 92.49521

Quadrant: NE SW N E SE SE S W

PAGE #: 01

CRASH OCCURRED ON: F PRIVATE PROPERTY

HIGHWAY #: 0 MILEPOST: 0 ROADWAY NAME: PRIVATE PROPERTY

STREET/HIGHWAY AT INTERSECTION: (b)(3) Exemption 3 for 25(c)

NOT AT INTERSECTION: X

WORK ZONE: PUBLIC PROPERTY DAMAGE: X PHOTOS MADE: X

HAZARD INVOLVED: X FATALITY: X

PEDESTRIAN: X INJURY: X

WRITE APPROPRIATE LETTER IN BLOCK CONTRIBUTING FACTORS AND CONDITIONS

ROAD SURFACE (ONE PER COLUMN) A DRY B WET C SNOW/SLUSH D ICE E CONTAMINANT (SAND, MUD, DIRT, OIL, ETC.) Y UNKNOWN Z OTHER	ROADWAY CONDITIONS A. NO ABNORMALITIES B. SHOULDER ABNORMALITY C. HOLES D. DEEP RUTS E. BUMPS F. LOOSE SURFACE MATERIAL G. CONSTRUCTION, REPAIR H. OVERHEAD CLEARANCE LIMITED I. CONSTRUCTION - NO WARNING J. PREVIOUS CRASH K. WATER ON ROADWAY L. ANIMAL IN ROADWAY M. OBJECT IN ROADWAY Z. OTHER	TYPE OF ROADWAY A. ONE-WAY ROAD B. TWO-WAY ROAD WITH NO PHYSICAL SEPARATION C. TWO-WAY ROAD WITH A PHYSICAL SEPARATION D. TWO-WAY ROAD WITH A PHYSICAL BARRIER Y. UNKNOWN Z. OTHER	ALIGNMENT A. STRAIGHT-LEVEL B. STRAIGHT-LEVEL ELEVATED C. CURVE-LEVEL D. CURVE-LEVEL ELEVATED E. ON GRADE-STRAIGHT F. ON GRADE-CURVE G. HILLCREST-STRAIGHT H. HILLCREST-CURVE I. DIP, HUMP-STRAIGHT J. DIP, HUMP-CURVE Y. UNKNOWN Z. OTHER	PRIMARY FACTOR A. VIOLATIONS B. MOVEMENT PRIOR TO CRASH C. VISION OBSCUREMENTS D. CONDITION OF DRIVER E. VEHICLE CONDITIONS F. ROAD SURFACE G. ROADWAY CONDITION H. LIGHTING I. WEATHER J. TRAFFIC CONTROL K. KIND OF LOCATION L. CONDITION OF PEDESTRIAN M. PEDESTRIAN ACTIONS
WEATHER A. CLEAR B. CLOUDY C. RAIN D. FOG/SMOKE E. SLEET/HAIL F. SNOW G. SEVERE CROSSWIND H. BLOWING SAND, SOIL, DIRT, SNOW Y. UNKNOWN Z. OTHER	KIND OF LOCATION A. MANUFACTURING OR INDUSTRIAL B. BUSINESS CONTINUOUS C. BUSINESS, MIXED RESIDENTIAL D. RESIDENTIAL DISTRICT E. RESIDENTIAL SCATTERED F. SCHOOL OR PLAYGROUND G. OPEN COUNTRY Z. OTHER	RELATION TO ROADWAY A. ON ROADWAY B. SHOULDER C. MEDIAN D. BEYOND SHOULDER - LEFT E. BEYOND SHOULDER - RIGHT F. BEYOND RIGHT OF WAY G. GORE Y. UNKNOWN Z. OTHER	ACCESS CONTROL A. NO CONTROL (UNLIMITED ACCESS TO ROADWAY) B. PARTIAL CONTROL (LIMITED ACCESS TO ROADWAY) C. FULL CONTROL (ONLY RAMP ENTRANCE & EXIT) Y. UNKNOWN Z. OTHER	LIGHTING A. DAYLIGHT B. DARK - NO STREET LIGHTS C. DARK - CONTINUOUS STREET LIGHT D. DARK - STREET LIGHT AT INTERSECTION ONLY E. DUSK F. DAWN Y. UNKNOWN Z. OTHER

A PASSENGER CAR	D A, B, C, OR S WITH TRAILER	G OFF-ROAD VEHICLE	J BUS W/SEATS FOR 9-15 OCCUPANTS	M SINGLE UNIT TRUCK W/ 3 AXLES OR MORE	Q TRACTOR SEMI-TRAILER	T FARM EQUIPMENT	A BUS	D FLATBED	G AUTO TRANSPORTER	J HOPPER	
B LT. TRUCK (P.U., ETC.)	E MOTORCYCLE	H EMERGENCY VEHICLE IN USE	K BUS W/SEATS FOR 16 OR MORE OCC.	N TRUCK/TRAILER	R TRUCK DOUBLE	V MOTOR HOME	B VAN/ENCLOSED BOX	E DUMP TRUCK/TRAILER	H LOG TRUCK/TRAILER	K POLE TRAILER	
C VAN	F PEDALCYCLE	I SCHOOL BUS	L SINGLE UNIT TRUCK W/ 2 AXLES	P TRUCK/TRACTOR	S SUV	Z OTHER	C CARGO TANK	F CONCRETE MIXER	I GARBAGE/REFUSE	X NO CARGO BODY	Z OTHER

EMERGENCY SERVICES: X AMBULANCE 2057 2118 2258 X RESCUE UNIT 2057 2115

AMBULANCE SERVICE: ACADIAN AMBULANCE FIRE DEPARTMENT: KLONDIKE FIRE DEPT.

INVESTIGATING AGENCY: VERMILION PARISH SHERIFF'S OF TIME OF NOTIFICATION: 2058 TIME OF ARRIVAL: 2058 TIME ALL LANES OPENED: 2058

INVESTIGATION COMPLETE: Y/N X INVESTIGATING POLICE AGENCY: C A. STATE B. CITY C. PARISH Z. OTHER DATE REPORT COMPLETED: 06142010

LOPEZ, BYRON INVESTIGATING OFFICER'S NAME (PRINT) SIGNATURE: [Signature] BADGE #: 46 SUPERVISOR'S INITIALS OR BADGE#: [Initials]

10-0004557

#110518HCC3738

Exhibit D
Page 2 of 6

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
VEHICLE/PEDESTRIAN

PEDESTRIAN

CONF **G** CARGO BODY TYPE **Z** see page 1 for selections YEAR **2004** MAKE **POLARIS** MODEL **OFF ROAD VE 0** # DOORS **2** # AXLES **4** # TIRES **4**

V.I.N. **(b)(3) Exemption 3 for 25(c)** VEHICLE TOWED **B** A. YES B. NO C. LEFT AT SCENE REMOVED BY **OWNER**

LICENSE PLATE **(b)(3) Exemption 3 for 25(c)** YEAR STATE NUMBER **(b)(3) Exemption 3 for 25(c)** TYPE **OFF ROAD** GVWR/GCWR **0** REASON TOWED **0**
A. VEHICLE DAMAGE
B. DRIVER ARRESTED
C. INSURANCE VIOLATION
Z. OTHER

TRAILER DESCRIPTION **0** LICENSE PLATE **0**

VEHICLE CLASSIFICATION COMMERCIAL/BUSINESS VEHICLE GOVERNMENT VEHICLE PERSONAL VEHICLE

COMPLETE INFORMATION BELOW IF THIS VEHICLE IS BEING USED FOR COMMERCE/BUSINESS, & HAS A GVWR/GCWR IN EXCESS OF 10,000 LBS., OR HAS A HAZMAT PLACARD, OR IS A BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER. US DOT # _____

CARRIER NAME _____ MC/MX ("ICC") # _____
STREET ADDRESS: _____ CITY _____ STATE _____ ZIP _____

INTERSTATE CARRIER Y/N TRANSPORTING HAZARDOUS MATERIAL Y/N CLASS _____ ID# _____ PLACARDS DISPLAYED Y/N HAZ MAT RELEASED Y/N

NAME (LAST, FIRST, MI) OF DRIVER PEDESTRIAN **(b)(3) Exemption 3 for 25(c)** DATE OF BIRTH **(b)(3) Exemption 3 for 25(c)**

STREET ADDRESS **(b)(3) Exemption 3 for 2** TELEPHONE # **(b)(3) Exemption 3 for 25(c)**
CITY **(b)(3) Exe** STATE **(b)(3)** ZIP **(b)(3) Exemption 3 for 25(c)**

STATE CLASS ENDORSEMENTS DRIVER'S LICENSE NUMBER **(b)(3) Exemption 3 for 25(c)**
(b)(3) Exemption 3 for 25(c) E **(b)(3) Exemption 3 for 25(c)**
INSTRUCTED TO EXCHANGE INFORMATION? Y/N NAME OF FACILITY _____

PEDESTRIAN ONLY UPPER BODY CLOTHING LIGHT DARK LOWER BODY CLOTHING LIGHT DARK SEX _____ RACE _____ AGE _____ INJURY CODE _____

OWNER'S NAME (LAST, FIRST, MI OR COMPANY NAME) **(b)(3) Exemption 3 for 25(c)** TELEPHONE # **(b)(3) Exemption 3 for 25(c)**

STREET ADDRESS **(b)(3) Exemption 3 for 25**
CITY **(b)(3) Exe** STATE **(b)(3)** ZIP **(b)(3)**

INSURANCE CO. NAME _____ (NOT AGENCY NAME) POLICY NUMBER _____ EXPIRATION DATE _____

AGENT'S NAME/ADDRESS _____ PHONE # _____

CODES						
SEATING POSITION	EJECTION	TRAPPED OR EXTRICATED	AIRBAG	OCCUPANT PROTECTION SYSTEM USED	INJURY	
A - FRONT SEAT-LEFT SIDE (MOTORCYCLE DRIVER)	J - SLEEPER SECTION OF CAB (TRUCK)	A - NOT TRAPPED	A - DEPLOYED	A - NONE USED-VEHICLE OCCUPANT	A - FATAL	
B - FRONT SEAT-MIDDLE	K - PASSENGER IN OTHER ENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT)	B - TOTALLY EJECTED	B - NON DEPLOYED	B - SHOULDER BELT ONLY USED	B - INCAPACITATING/SEVERE	
C - FRONT SEAT-RIGHT SIDE	L - PASSENGER IN OTHER UNENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT)	C - PARTIALLY EJECTED	C - NON-DEPLOYED/SWITCH OFF	C - LAP BELT ONLY USED	C - NON-INCAPACITATING/MODERATE	
D - SECOND SEAT-LEFT SIDE (MOTORCYCLE PASSENGER)	M - PASSENGER ON TRAIN OR STREETCAR	C - TRAPPED/NOT EXTRICATED	D - NOT APPLICABLE	D - SHOULDER AND LAP BELT USED	D - POSSIBLE/COMPLAINT	
E - SECOND SEAT-MIDDLE	N - TRAILING UNIT	Y - UNKNOWN	Y - UNKNOWN	E - CHILD SAFETY SEAT IMPROPERLY USED	E - NO INJURY	
F - SECOND SEAT-RIGHT SIDE	O - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			F - CHILD SAFETY SEAT USED		
G - THIRD ROW-LEFT SIDE (MOTORCYCLE PASSENGER)	Y - UNKNOWN			G - HELMET USED		
H - THIRD ROW-MIDDLE				Y - RESTRAINT USE UNKNOWN		
I - THIRD ROW-RIGHT SIDE						

#110518HCC3738

Exhibit D

Page 3 of 6

ENTER IN BLOCK

CONTRIBUTING FACTORS AND CONDITIONS

0-0004557

<p>VISION OBSCUREMENTS N</p> <p>A. RAIN, SNOW, ETC. ON WINDSHIELD B. WINDSHIELD OTHERWISE OBSCURED C. VISION OBSCURED BY LOAD D. TREES, BUSHES, ETC. E. BUILDING F. EMBANKMENT G. SIGN BOARDS H. HILLCREST I. PARKED VEHICLES J. MOVING VEHICLES K. BLINDED BY HEADLIGHTS L. BLINDED BY SUNGLARE M. DISTRACTED BY NEON LIGHTS IN FIELD OF VIEW N. NO OBSCUREMENTS Y. UNKNOWN Z. OTHER</p>	<p>CONDITION OF DRIVER/PED B</p> <p>A. NORMAL B. INATTENTIVE C. DISTRACTED D. ILLNESS E. FATIGUED F. APPARENTLY ASLEEP/BLACKOUT G. DRINKING ALCOHOL - IMPAIRED H. DRINKING ALCOHOL - NOT IMPAIRED I. DRUG USE - IMPAIRED J. DRUG USE - NOT IMPAIRED K. PHYSICAL IMPAIRMENT (EYES, EAR, LIMB) Y. UNKNOWN Z. OTHER</p>	<p>NON COLLISION</p> <p>A. OVERTURN/ROLLOVER B. FIRE/EXPLOSION C. IMMERSION D. JACKKNIFE E. CARGO/EQUIPMENT LOSS OR SHIFT F. FEEL/JUMPED FROM MOTOR VEHICLE G. THROWN OR FALLING OBJECT H. EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.) I. SEPARATION OF JOINTS IN TRANSPORT J. RAN OFF ROAD RIGHT K. RAN OFF ROAD LEFT L. CROSSED MEDIAN/CENTERLINE M. DOWNHILL RUNAWAY N. OTHER NON-COLLISION</p>	<p>SEQUENCE OF EVENTS/HARMFUL EVENTS</p> <p>S. MOTOR VEHICLE IN TRANSPORT T. PARKED MOTOR VEHICLE U. STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE V. WORK ZONE/MAINTENANCE EQUIPMENT W. OTHER NON-FIXED OBJECT</p> <p>COLLISION WITH FIXED OBJECT</p> <p>X. IMPACT ATTENUATOR/CRASH CUSHION Y. BRIDGE OVERHEAD STRUCTURE Z. BRIDGE PIER OR SUPPORT AA. BRIDGE RAIL BB. CULVERT CC. CURB DD. DITCH EE. EMBANKMENT FF. GUARDRAIL FACE GG. GUARDRAIL END HH. CONCRETE TRAFFIC SUPPORT II. OTHER TRAFFIC BARRIER JJ. TREE (STANDING) KK. UTILITY POLE/LIGHT SUPPORT</p>	<p>LL. TRAFFIC SIGN SUPPORT MM. TRAFFIC SIGNAL SUPPORT NN. OTHER POST POLE OR SUPPORT OO. FENCE PP. MAILBOX QQ. OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.) YY. UNKNOWN</p> <p>1st K 2nd A 3rd 4th MOST HARMFUL EVENT A</p>
<p>VIOLATION U</p> <p>A. EXCEEDING STATED SPEED LIMIT B. EXCEEDING SAFE SPEED LIMIT C. FAILURE TO YIELD D. FOLLOWING TOO CLOSELY E. DRIVING LEFT OF CENTER F. CUTTING IN, IMPROPER PASSING G. FAILURE TO SIGNAL H. MADE WIDE RIGHT TURN I. CUT CORNER ON LEFT TURN J. TURNED FROM WRONG LANE K. OTHER IMPROPER TURNING L. DISREGARDED TRAFFIC CONTROL M. IMPROPER STARTING N. IMPROPER PARKING O. FAILED TO SET OUT FLAGS, FLARES P. FAILED TO DIM HEADLIGHTS Q. VEHICLE CONDITION R. DRIVER CONDITION S. CARELESS OPERATION T. IMPROPER BACKING U. NO VIOLATIONS Y. UNKNOWN Z. OTHER</p>	<p>DRIVER DISTRACTION Y</p> <p>A. CELL PHONE B. OTHER ELECTRONIC DEVICE (PAGER, PALM PILOT, NAVIGATION DEVICE, ETC.) C. OTHER INSIDE THE VEHICLE D. OTHER OUTSIDE THE VEHICLE E. NOT DISTRACTED Y. UNKNOWN</p>	<p>COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT</p> <p>A. PEDESTRIAN B. PEDALCYCLE C. RAILWAY VEHICLE (TRAIN, ENGINE) H. ANIMAL</p>	<p>MOVEMENT PRIOR TO CRASH Z</p> <p>A. STOPPED B. PROCEEDING STRAIGHT AHEAD C. TRAVELING WRONG WAY D. BACKING E. CROSSED MEDIAN INTO OPPOSING LANE F. CROSSED CENTER LINE INTO OPPOSING LANE G. RAN OFF ROAD (NOT WHILE MAKING TURN AT INTERSECTION) H. CHANGING LANES ON MULTI-LANE ROAD I. MAKING LEFT TURN J. MAKING RIGHT TURN</p> <p>K. STOPPED, PREPARING TO OR MAKING U-TURN L. MAKING TURN, DIRECTION UNKNOWN M. STOPPED, PREPARING TO TURN LEFT N. STOPPED, PREPARING TO TURN RIGHT O. SLOWING TO MAKE LEFT TURN P. SLOWING TO MAKE RIGHT TURN Q. SLOWING TO STOP R. PROPERLY PARKED S. PARKING MANEUVER</p>	<p>T. ENTERING TRAFFIC FROM SHOULDER U. ENTERING TRAFFIC FROM MEDIAN V. ENTERING TRAFFIC FROM PARKING LANE W. ENTERING TRAFFIC FROM PRIVATE LANE OR DRIVEWAY X. ENTERING FREEWAY FROM ON RAMP Y. LEAVING FREEWAY VIA OFF RAMP Z. OTHER OR UNKNOWN</p>
<p>TRAFFIC CONTROL V</p> <p>A. STOP SIGN B. YIELD SIGN C. RED SIGNAL ON D. YELLOW SIGNAL ON E. GREEN SIGNAL ON F. GREEN TURN ARROW ON G. RIGHT TURN ON RED H. LIGHT PHASE UNKNOWN I. FLASHING YELLOW J. FLASHING RED K. OFFICER, FLAGMAN L. RR CROSSING, SIGN M. RR CROSSING, SIGNAL N. RR CROSSING, NO CONTROL O. WARNING SIGN (SCHOOL, ETC.) P. SCHOOL FLASHING SPEED SIGN Q. YELLOW NO PASSING LINE R. WHITE DASHED LINE S. YELLOW DASHED LINE T. BIKE LANE U. CROSSWALK V. NO CONTROL Y. UNKNOWN Z. OTHER</p>	<p>REASON FOR MOVEMENT Y</p> <p>A. TO AVOID OTHER VEHICLE B. TO AVOID PEDESTRIAN C. TO AVOID ANIMAL D. TO AVOID OTHER OBJECT E. PASSING F. VEHICLE OUT OF CONTROL, NOT PASSING G. VEHICLE OUT OF CONTROL, PASSING H. FOR TRAFFIC CONTROL I. DUE TO CONGESTION J. DUE TO PRIOR CRASH/COLLISION K. DUE TO DRIVER CONDITION L. DUE TO DRIVER VIOLATION M. DUE TO VEHICLE CONDITION (FAILURE) N. DUE TO PAVEMENT CONDITION O. HIGH WIND P. NORMAL MOVEMENT Y. UNKNOWN Z. OTHER</p>	<p>VEHICLE CONDITION K</p> <p>A. DEFECTIVE BRAKES B. DEFECTIVE HEADLIGHTS C. DEFECTIVE REAR LIGHTS D. DEFECTIVE SIGNAL LIGHTS E. ALL LIGHTS OUT F. DEFECTIVE STEERING G. TIRE FAILURE H. WORN OR SMOOTH TIRES I. ENGINE FAILURE J. DEFECTIVE SUSPENSION K. NO DEFECTS OBSERVED Y. UNKNOWN Z. OTHER</p>	<p>ALCOHOL/DRUG INVOLVEMENT</p> <p>ALCOHOL/DRUGS SUSPECTED A</p> <p>A. NEITHER ALCOHOL NOR DRUGS B. YES-ALCOHOL C. YES-DRUGS D. YES-ALCOHOL AND DRUGS Y. UNKNOWN</p> <p>ALCOHOL B</p> <p>A. TEST REFUSED B. NO TEST GIVEN C. TEST GIVEN, RESULTS PENDING D. TEST GIVEN, BAC</p> <p>DRUGS A</p> <p>A. TEST NOT GIVEN B. TEST GIVEN, RESULTS PENDING C. TEST REFUSED D. DRUGS REPORTED (SPECIFY IN NARRATIVE)</p>	<p>PEDESTRIAN ACTIONS</p> <p>A. CROSSING, ENTERING ROAD AT INTERSECTION B. CROSSING, ENTERING ROAD NOT AT INTERSECTION C. WALKING IN ROAD - WITH TRAFFIC D. WALKING IN ROAD - AGAINST TRAFFIC E. SLEEPING IN ROADWAY F. STANDING IN ROADWAY G. GETTING ON OR OFF OTHER VEHICLE H. PUSHING, WORKING ON VEHICLE IN ROAD I. OTHER WORKING IN ROADWAY J. PLAYING IN ROADWAY K. NOT IN ROADWAY Y. UNKNOWN Z. OTHER</p> <p>VEHICLE LIGHTING A</p> <p>A. HEADLIGHTS ON B. HEADLIGHTS OFF C. DAYTIME RUNNING LIGHTS Y. UNKNOWN</p> <p>TRAFFIC CONTROL CONDITIONS E</p> <p>A. CONTROLS FUNCTIONING B. CONTROLS NOT FUNCTIONING C. CONTROLS OBSCURED D. LANE MARKING UNCLEAR OR DEFECTIVE E. NO CONTROLS Y. UNKNOWN</p>

DIRECTION BEFORE CRASH		FINAL LOCATION OF VEHICLES	DISTANCE TRAVELED AFTER IMPACT	SPEED		SKIDMARK DATA (FEET)			
HEADED	ON HIGHWAY, STREET OR DRIVE			PRE	POST	FR	FL	RR	RL
NE SW	PRIVATE PROPERTY	OFF ROAD	0	UNK	0	0	0	0	0

DAMAGE TO VEHICLE

<p>AREA DAMAGED</p> <p>N- UNDER-CARRIAGE O- TOTAL P- OTHER Q- NONE Y- UNKNOWN</p>	<p>EXTENT OF DEFORMITY</p> <p>A 1ST A- NONE B- VERY MINOR C- MINOR D- MINOR/MODERATE E- MODERATE F- MODERATE/SEVERE G- SEVERE H- VERY SEVERE Y- UNKNOWN</p>
--	--

CITATION NO. _____ VEH. REG. _____ RES. OR ORG. NO. _____

NOTICE OF INSURANCE VIOLATION _____

BSL

INVESTIGATING OFFICER'S INITIALS

#110518HCC3738
Exhibit D
Page 4 of 6

DESCRIBE ANY UNUSUAL CIRCUMSTANCES ASSOCIATED WITH CRASH, INCLUDING OFFICER'S OBSERVATIONS AND OPINIONS.
INCLUDE WITNESS NAMES, ADDRESSES, PHONE NUMBERS, ETC.

NECESSARY, INDICATE DAMAGE TO PUBLIC OR PRIVATE PROPERTY (WITH OWNER'S NAME & ADDRESS) AT THE END OF THE NARRATIVE.

REFER TO EACH BY VEHICLE NUMBER

10-0004657

SUPPLEMENT 1



SEE ALTERNATE GRID 1

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
NARRATIVE SUPPLEMENT

10-0004557

OFFICER'S NARRATIVE: DESCRIBE ANY UNUSUAL CIRCUMSTANCES ASSOCIATED WITH CRASH, INCLUDING OFFICER'S OBSERVATIONS AND OPINIONS. INCLUDE WITNESS NAMES, ADDRESSES, PHONE NUMBERS, ETC.

IF NECESSARY, INDICATE DAMAGE TO PUBLIC OR PRIVATE PROPERTY (WITH OWNER'S NAME & ADDRESS) AT THE END OF THE NARRATIVE.

REFER TO EACH BY VEHICLE NUMBER

On June 1, 2010, at approximately 2058 hours, Dep. Byron Lopez was radio dispatched to (b)(3) Exempt (b)(3) Exemption 3 (c); in reference to a single vehicle crash with the vehicle overturned.

Upon arrival, at approximately 2058 hours, Dep. Lopez spoke to the complainant, Mr. (b)(3) Exempt (b)(3) Exemption 3 (c). Mr. (b)(3) Exempt (b)(3) Exemption 3 (c) advised Dep. Lopez that he observed a Polaris ATV lying on its side. Mr. (b)(3) Exempt (b)(3) Exemption 3 (c) stated that the ATV belonged to Mr. (b)(3) Exempt (b)(3) Exemption 3 (c) for 25. Mr. (b)(3) Exempt (b)(3) Exemption 3 (c) then stated that when he observed the ATV there was little daylight left and he had a couple of bruised ribs so he went back to his residence to get some help and a couple of flashlights. Mr. (b)(3) Exempt (b)(3) Exemption 3 (c) and Dep. Lopez then got onto his ATV and went to the scene where the Polaris ATV was on its side. Dep. Lopez immediately exited the vehicle and shined the light to see if anyone was under the Polaris. Dep. Lopez observed a white male subject, later identified as Mr. (b)(3) Exempt (b)(3) Exemption 3 (c), lying under the Polaris. Dep. Lopez noticed that another subject by the name of (b)(3) Exempt (b)(3) Exemption 3 (c) arrived on scene and began to help Dep. Lopez. Dep. Lopez and Mr. (b)(3) Exempt (b)(3) Exemption 3 (c) removed the Polaris from Mr. (b)(3) Exempt (b)(3) Exemption 3 (c) body at which time Dep. Lopez immediately checked Mr. (b)(3) Exempt (b)(3) Exemption 3 (c) for a pulse.

Dep. Lopez could find no signs of a pulse on Mr. (b)(3) Exempt (b)(3) Exemption 3 (c). Dep. Lopez attempted to get a pulse on Mr. (b)(3) Exempt (b)(3) Exemption 3 (c)'s wrist and Dep. Lopez felt that Mr. (b)(3) Exempt (b)(3) Exemption 3 (c)'s hands and forearms were cold which indicated that Mr. (b)(3) Exempt (b)(3) Exemption 3 (c) had been deceased for some time.

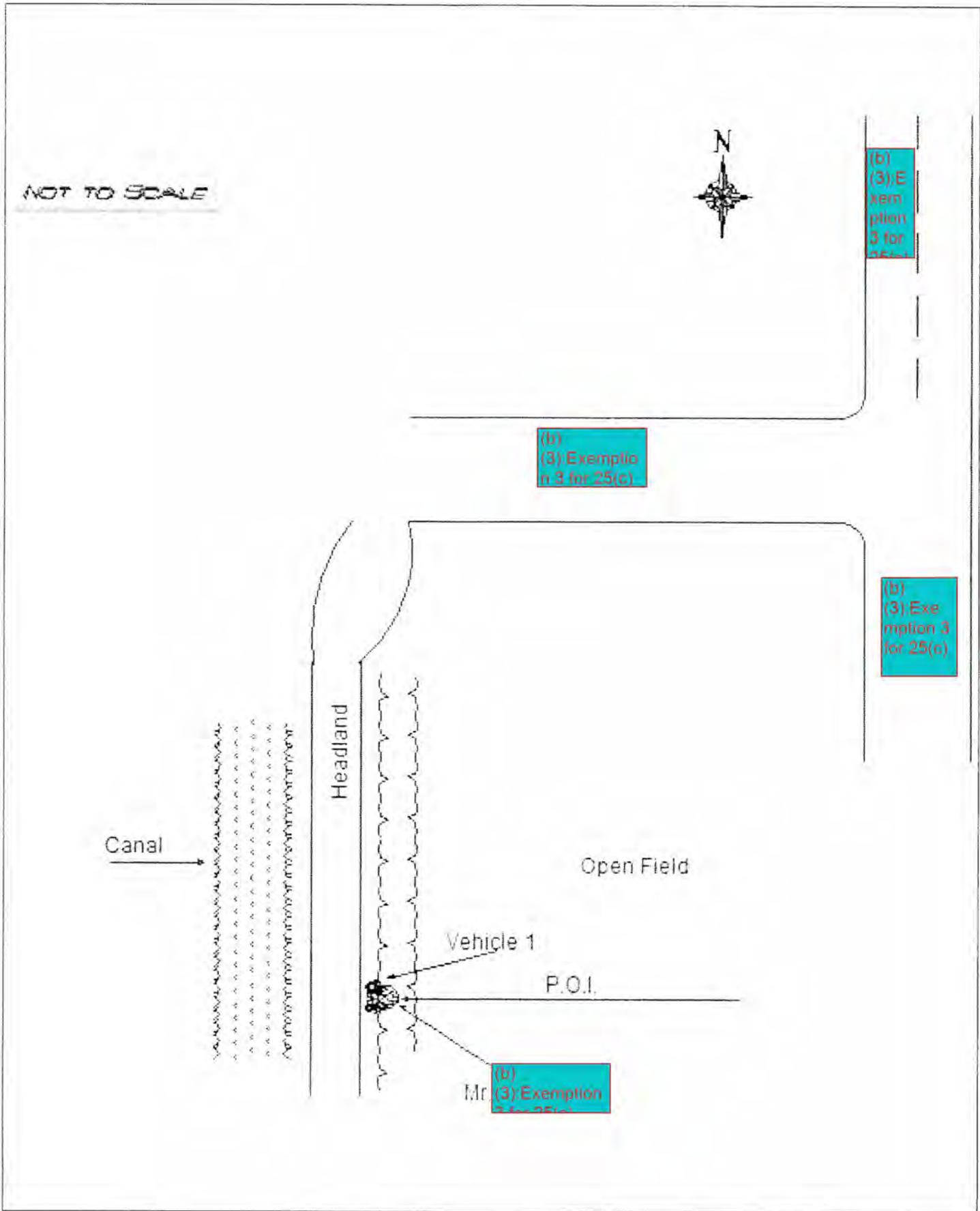
Dep. Lopez observed that Mr. (b)(3) Exempt (b)(3) Exemption 3 (c) was pulling an iron grating, attached to the Polaris with a chain, over the dirt path. Dep. Lopez also noticed that the dirt path was very bumpy and had to be traveled at a low rate of speed.

Klondike First Responders then arrived on scene and stood by for Acadian Ambulance. Acadian arrived on scene at approximately 2118 hours along with Lt. Ronnie Stelly. Lt. Stelly and Acadian were transported to the scene where Lt. Stelly contacted the Coroner, Dr. Hutchinson. Dr. Hutchinson pronounced Mr. (b)(3) Exempt (b)(3) Exemption 3 (c) deceased at approximately 2143 hours. Dep. Lopez then spoke to the family of Mr. (b)(3) Exempt (b)(3) Exemption 3 (c) who advised they wished for Vincent's Funeral Home out of Kaplan. Vincent's was contacted and arrived on scene to pick up Mr. (b)(3) Exempt (b)(3) Exemption 3 (c).

Dep. Lopez obtained a written statement from Mr. (b)(3) Exempt (b)(3) Exemption 3 (c) along with photographs of the scene.

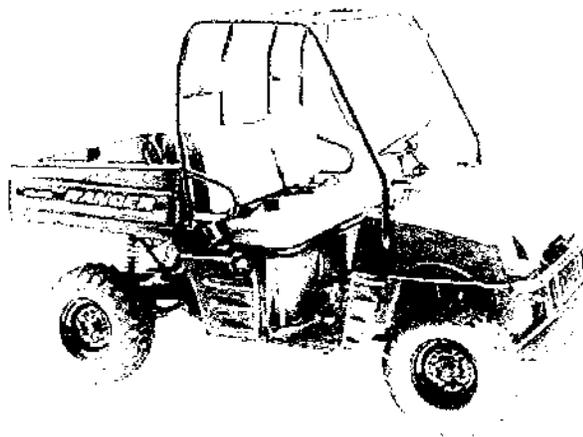
Deputies then departed the scene at approximately 2258 hours.

From observations gathered at the scene:
Vehicle 1 was traveling south bound on a headland located on private property.
The headland driveway was located approximately 0.3 miles west of (b)(3) Exempt (b)(3) Exemption 3 (c).
Vehicle 1 was pulling an iron grating to help break up the dirt on the path for smoothness.
Vehicle 1 hit a bump on the headland which caused vehicle 1 to roll.
Driver of vehicle 1 fell to the ground in a ditch located on the east side of the headland.
Vehicle 1 then fell on top of the driver leaving vehicle 1 lying on its side.
The front bar of vehicle 1 was lying across the top left chest area, at a diagonal, going across the right side of the driver's face.
Vehicle 1 did not travel after rolling to its side.
Vehicle 1 came to its point of rest approximately 0.3 miles south of Oliver Rd. on private property.



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2004 Polaris Ranger 4x4



For On-Demand, True 4WD Mobility, the Smoothest Riding Polaris RANGER 4x4 is the Choice

The Polaris RANGER 4x4 delivers almost twice the speed and nearly 70% more horsepower than its nearest competitor. It also has switch-engage On-Demand true 4WD for outstanding off-road traction.

Farmers who need power, hauling capacity and 4WD traction choose the RANGER 4x4 with its powerful Polaris 30-HP liquid-cooled engine and impressive towing, cargo box and payload capacities.

Rough ranch terrain is no problem for the RANGER 4x4 with its true 4WD and automatic PVT (Polaris Variable Transmission). It has a smooth ride, long-travel suspension, great ground clearance and seating for 3.

The RANGER 4x4 delivers the power, traction and cargo capacity a hunter needs. With its 1,500-lb. payload capacity, it's ideal for hauling hunting and camping gear, dog kennels and big trophies.

Homeowners with big projects can use the RANGER 4x4 on existing turf, on trails and on unforgiving rough terrain where 4WD traction is needed. The 4x4 has class-leading speed and power to get jobs done faster.

MSRP	\$8,899.00
LENGTH	113.0 in.
HEIGHT	75.0 in.
WIDTH	60.0 in.
WEIGHT	1185 lbs.
GROUND CLEARANCE	7.2 in.
WHEELBASE	76.0 in.
ENGINE	499cc, Liquid Cooled, 4-Valve 4-Stroke single cylinder with counter balance
DISPLACEMENT	499cc
BORE X STROKE	n/a
CARBURETION	34mm-CV
FUEL CAPACITY	8.5 gal.
STARTING	Electric
LUBRICATION	Dry Sump

#110518HCC3738

Exhibit E

Page 2 of 2

TRANSMISSION

Automatic PVT (Polaris Variable Transmission) E-Z Shift, dual range forward and reverse

DRIVE SYSTEM

Switch-engaged On-Demand true all-wheel shaft

BRAKES

Front & Rear: Foot-activated 4-wheel hydraulic disc
Parking Brake: Foot-actuated mechanical

TIRES

Front: 25 x 10-12
Rear: 25 x 11-12

SUSPENSION

Front: MacPherson Strut, 6.25 in. travel
Rear: Swing arm dual shock, 6.25 in. travel

LOAD CAPACITY

1000 lbs.

TOWING CAPACITY

1500 lbs.
Box Capacity: 1000 lbs.

Legal Notice: Manufacturer Name, Logo and Model Information are Registered Trademarks of the Manufacturer. Specifications and other information are subject to change without notice. No representation of accuracy is made. Image is believed to be in the public domain or used with permission.

#110518HCC3738

Most Weather Conditions for KLFT

Exhibit F
Page 1 of 1

LATITUDE: 30.20222
LONGITUDE: -
91.99306
ELEVATION: 39 ft
MNET: NWS/ FAA



[\(Click for topo/ terrain map\)](#)
[\(Click for satellite\)](#)

SITE LINKS

- [Help](#)
- [ROMAN](#)
- [Metric Units](#)
- [Greenwich Mean Time](#)
- [Past Data](#)
- [Station Information](#)
- [Restrictions](#)
- [Data in Spreadsheet Format](#)
- [DATA COURTESY OF National Weather Service](#)

Precipitation variable accumulated	Since Midnight	In 24 Hours
Precipitation 1hr	0.01"	0.63"
Precipitation 6hr	0.01"	0.63"

Tabular Listing: June 1, 2010 - 8:00 through June 02, 2010 - 09:00 CDT

Time(CDT)	Temperature	Dew	Relative	Wind	Wind	Wind	Quality	Pressure	Sea level	Altimeter	Weather	Visibility	Precipitation	Precipitation	Precipitation	Precipitation	Ceiling
	°F	°F	%	mph	Gust	Direction	check	in	in	in	conditions	miles	1hr in	6hr in	24hr in		feet
8:53	82.0	75.0	79	0			OK	29.85	29.88	29.89	clear	10.00					
7:53	78.1	73.9	87	0			OK	29.84	29.88	29.88	clear	10.00					
6:53	73.9	72.0	94	0			OK	29.83	29.87	29.87	fog	5.00		0.01	0.63		
6:26	73.4	71.6	94	0			OK	29.83		29.87	fog	3.00					
6:15	73.4	71.6	94	0			OK	29.83		29.87	fog	2.50					
5:53	73.0	71.1	94	0			OK	29.83	29.86	29.87	fog	5.00	0.01				
4:53	73.9	72.0	94	0			OK	29.82	29.85	29.86	fog	6.00					
3:53	73.0	70.0	90	0			OK	29.81	29.84	29.85	clear	10.00					
2:53	73.9	72.0	94	0			OK	29.80	29.83	29.84	fog	6.00					
		73.0	91	0			OK	29.82	29.85	29.86	fog	6.00					
		73.9	94	0			OK	29.84	29.88	29.88	fog	6.00					
		73.4	89	0			OK	29.85	29.89	29.89	fog	5.00					
22:53	77.0	73.4	89	0			OK	29.87	29.90	29.91	partly cloudy	10.00					
21:53	79.0	73.9	85	0			OK	29.86	29.90	29.90	clear	10.00					
20:53	81.0	72.0	74	0			OK	29.85	29.88	29.89	clear	10.00					
19:53	82.9	72.0	70	7		SSW	OK	29.84	29.88	29.88	clear	10.00					
18:53	81.0	75.9	85	0			OK	29.85	29.89	29.89	partly cloudy	10.00		0.62			
17:53	80.1	75.0	85	0			OK	29.84	29.88	29.88	clear	10.00					
16:53	79.0	73.9	85	5		N	OK	29.86	29.89	29.90	partly cloudy	10.00	0.13				
16:32	80.6	75.2	84	3		ESE	OK	29.86		29.90	lt rain	10.00	0.13				
16:21	80.6	73.4	79	5		ENE	OK	29.86		29.90	partly cloudy	10.00	0.13				
16:15	78.8	73.4	84	6		NE	OK	29.87		29.91	mostly cloudy	7.00	0.13				1300
16:07	78.8	73.4	84	3	18		OK	29.87		29.91	overcast	2.00	0.12				1100
16:02	77.0	73.4	89	15	18	N	OK	29.89		29.93	overcast	1.25	0.10				900
15:53	78.1	72.0	82	12		W	OK	29.88	29.92	29.92	overcast	0.75	0.49				500
15:44	80.6	73.4	79	21	28	WSW	OK	29.88		29.92	overcast	0.75	0.27				4400
15:41	84.2	71.6	66	18	23	SW	OK	29.88		29.92	overcast	2.00	0.14				4600
15:25	86.0	71.6	62	5			OK	29.87		29.91	mostly cloudy	10.00					4800
14:53	88.0	71.1	58	7		SE	OK	29.87	29.91	29.91	mostly cloudy	10.00					5000
13:53	90.0	68.0	49	6		W	OK	29.89	29.92	29.93	mostly cloudy	10.00					4600
12:53	90.0	68.0	49	5		SW	OK	29.93	29.96	29.97	partly cloudy	10.00					
11:53	90.0	69.1	51	3			OK	29.95	29.98	29.99	mostly clear	10.00					
10:53	87.1	69.1	55	0			OK	29.95	29.98	29.99	partly cloudy	10.00					
10:03	84.2	71.6	66	3		WNW	OK	29.96		30.00	partly cloudy	10.00					
											mostly						

Weather conditions near the time of the incident.

LIST OF RESPONDENTS:

Vermilion Parish Sheriff's Office
-Records
P.O. Box 307
Abbeville, LA 70510
Ph: (337) 898-4409
Fax: (337) 740-4510

(b)(3) Exemption 3 for 25 spouse of victim)
(c)

A large rectangular area of the document is redacted with a solid black fill. The redaction covers the name and contact information of the respondent, leaving only the text "(b)(3) Exemption 3 for 25 spouse of victim)" and "(c)" visible to the right of the redacted area.

NO RESPONSE:

Vermilion Parish Coroner
-Dr. Myriam Hutchinson
2602 North Drive
Abbeville, LA 70510
Ph: (337) 893-7950

Vital Records Registry
P.O. Box 60630
New Orleans, LA 70160
Ph: (504) 593-5100
Fax: (504) 568-8716

1. Task Number 110523HWE3003		2. Investigator's ID 4335		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2011 05 22	5. Date Initiated YR MO DAY 2011 06 16		
6. Synopsis of Accident or Complaint UPC An 81 year old male and his wife, a 82 year old female, were both traveling in a UTV on a county rural road. The UTV was struck from behind by an automobile traveling in excess of the roadway speed limit. The UTV left the roadway and struck a tree. Both UTV occupants died and the automobile occupants (2) suffered injuries but survived. received Autopsy and Death Certificates for both victims on 6/23/2011. Added to idi.				
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City MOSCOW MILLS		9. State MO
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name HUSQUVARNA MER/PRV/BR NOTIFIED		10C. Model Number HUV4414GXP
10D. Manufacturer Name and Address HUSQUVARNA 4925 Mercury Street San Diego, CA 92111		COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED: <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA Ex. <u>B6 25C</u> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY <u>4/4/12 LB</u>		
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12A. Hispanic or Latino 9 - Refused		12B. Race 8 - Other Other: UNKNOWN		12C. Race Source 2 - Respondent-Other
13. Age of Victim 81		14. Sex 1 - Male		15. Disposition 8 - Death
16. Injury Diagnosis 62 Internal organ inj.		17. Body Part(s) Involved 31 - Upper Trunk		18. Respondent 2 - Eyewitness
19. Type of Investigation 2- Telephone		20. Time Spent (Operational / Travel) /		
21. Attachment(s) 2 - Documents		22. Case Source 05 - Newspaper		23. Sample Collection Number
24. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written				
25. Review Date 06/20/2011		26. Reviewed By 8929		27. Regional Office Director Frank J. Nava
28. Distribution Topka, Tanya		29. Source Document Number X1150772A		

All information contained in this report was obtained through contact with the Missouri State Highway Patrol. This investigation was initiated by a news article by a local news organization dated May 22, 2011 (source document).

INCIDENT REPORT

According to the Missouri State Highway Patrol's (MSHP) report and witness's, the following incident occurred. On May 22, 2011, at approximately 0915 an 81 YOM and his wife, 82 YOF, were both traveling west in a 2011 UTV on a county rural road; the husband was driving and his wife was the passenger. A passenger car, 1999 Pontiac Sunfire, driven by a 16 YOM with a 17 YOM passenger was westbound on the same road traveling at a high rate of speed. The car traveled over a hillcrest and struck the rear of the UTV causing the UTV to leave the roadway striking a nearby tree. The driver of the UTV was ejected from the unit and the passenger was only partially ejected from the unit. The car came to a skidded stop in the middle of the roadway.

Both occupants of the car were injured and transported to Saint Joseph Hospital West, Lake Saint Louis, MO. The driver of the UTV was pronounced dead at the scene and transported to Lincoln County Morgue. The passenger of the UTV was transported to Lincoln County Medical Center, Troy, MO and was later pronounced dead at 1111 hours. Neither occupants of the UTV wearing were a helmet or other safety protective devices. The passenger of the UTV was wearing a lap belt; however the driver was not wearing a seat belt. The driver of the car was unlicensed to operate a vehicle and according to the report, the probable contributing circumstance of the accident was excessive speed and alcohol by the driver of the car. The weather conditions were reported as daylight and clear.

PRODUCT IDENTIFICATION:

2011 Husqvarna
Model #: HUV4414GXP
VIN: KT1044-145250

SAMPLES COLLECTED: None

ATTACHMENTS:

Exhibit 1 – MSHP Accident Report

SPACE USED FOR BARCODE		1- AGENCY NAME AND ORI MISSOURI STATE HIGHWAY PATROL MOMHPCC00				
LEFT THE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CLEARED <input type="checkbox"/> YES <input type="checkbox"/> NO	ACCIDENT CLASSIFICATION	PROPERTY DAMAGE ONLY <input type="checkbox"/>	NUMBER INJURED 2	NUMBER KILLED 2	REPORT / CASE / INCIDENT NUMBER 11008627
NUMBER OF VEHICLES INVOLVED 2	ACCIDENT DATE 05/22/2011	ACCIDENT TIME (MIL.) 0915	TIME NOTIFIED (MIL.) 0924	TIME ARRIVED (MIL.) 0928	INVESTIGATION DATE 05/22/2011	
2 - LOCATION						
COUNTY Lincoln	MUNICIPALITY 057 Non-City Or Unincorporated	BEAT / ZONE 5	TRP / DIST / PCT C	INVESTIGATED AT SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
ON (b)(6)	DISTANCE FROM FEET 0.5	LOCATION <input type="checkbox"/> AFTER <input checked="" type="checkbox"/> BEFORE <input type="checkbox"/> AT	INTERSECTING STREET OR ROADWAY (b)(6)	SPEED LIMIT 35	GEO - CODE NA	GPS LONGITUDE 090 53 57.0
ROADWAY DIRECTION W	ROAD MAINTAINED BY <input type="checkbox"/> 1. STATE <input checked="" type="checkbox"/> 2. COUNTY <input type="checkbox"/> 3. MUNICIPAL <input type="checkbox"/> 4. PRIVATE PROPERTY <input type="checkbox"/> 5. OTHER	LATITUDE 038 57 32.0				
3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES <input checked="" type="checkbox"/> NONE						
GIVE OWNER'S NAME AND ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. <input type="checkbox"/> MoDOT						
4. DRIVER'S FULL NAME (LAST, FIRST, MI) ADDRESS (STREET, CITY, STATE, ZIP) (b)(3):CPSA Section 25(c), (b)(6)						
DRIVER 1	DRIVER LICENSE NUMBER / ID NUMBER (b)(3):CPSA Section 25(c), (b)(6)	STATE	TYPE OF LICENSE <input type="checkbox"/> 1. OPERATOR CLASS <input type="checkbox"/> 2. CDL CLASS	<input type="checkbox"/> 3. PERMIT	<input type="checkbox"/> 5. MC ONLY	MC ENDORSEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
	PROOF OF INSURANCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED	INSURANCE COMPANY None	<input type="checkbox"/> DRIVER <input type="checkbox"/> VEHICLE	POLICY NUMBER <input checked="" type="checkbox"/> NA		
VEHICLE 1	YEAR 1999	MAKE Pontiac	MODEL Sunfire	COLOR Green		
	LIC. PLATE NO. (b)(3):CPSA Section 25(c), (b)(6)	STATE	YEAR	VIN	TOTAL NO. OF OCCUPANTS 2	
	VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER ADDRESS (STREET, CITY, STATE, ZIP) <input type="checkbox"/> SAME AS DRIVER (b)(3):CPSA Section 25(c), (b)(6)					
VEHICLE 1	VEHICLE DAMAGE (Circle all damaged areas) <input type="checkbox"/> NONE				TOWED FROM SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TOW CO. INFORMATION Brian's Towing, 303 North Lincoln Drive, Troy, MO, 63379, 636-528-0845
	INITIAL IMPACT NO. <input type="checkbox"/> NA 2					
5. DRIVER'S FULL NAME (LAST, FIRST, MI) ADDRESS (STREET, CITY, STATE, ZIP) (b)(3):CPSA Section 25(c), (b)(6)						
DRIVER 2	DRIVERS LICENSE NUMBER / ID NUMBER (b)(3):CPSA Section 25(c), (b)(6)	STATE	TYPE OF LICENSE <input checked="" type="checkbox"/> 1. OPERATOR CLASS F <input type="checkbox"/> 2. CDL CLASS	<input type="checkbox"/> 3. PERMIT	<input type="checkbox"/> 5. MC ONLY	MC ENDORSEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
	PROOF OF INSURANCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED	INSURANCE COMPANY None	<input type="checkbox"/> DRIVER <input type="checkbox"/> VEHICLE	POLICY NUMBER <input checked="" type="checkbox"/> NA		
VEHICLE 2	YEAR 2011	MAKE Husqvarna	MODEL HUV4414GXP	COLOR Green		
	LIC. PLATE NO. NA	STATE NA	YEAR NA	VIN (b)(3):CPSA Secti	TOTAL NO. OF OCCUPANTS 2	
	VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER ADDRESS (STREET, CITY, STATE, ZIP) <input checked="" type="checkbox"/> SAME AS DRIVER Harrell, Victor K, 4785 Brevator Road, Moscow Mills, MO, 63362					
VEHICLE 2	VEHICLE DAMAGE (Circle all damaged areas) <input type="checkbox"/> NONE				TOWED FROM SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TOW CO. INFORMATION Brian's Towing, 303 North Lincoln Drive, Troy, MO, 63379, 636-528-0845
	INITIAL IMPACT NO. <input type="checkbox"/> NA 9					
6 - WITNESS <input type="checkbox"/> NONE IDENTIFIED						
NAME OF WITNESS (b)(6)		ADDRESS (STREET, CITY, STATE, ZIP)			TELEPHONE NO.	
NA						
NA						

7. COLLISION DIAGRAM	Direction Prior to Impact (circle one)	V1	N	E	S	<input checked="" type="radio"/>	V2	N	E	S	<input checked="" type="radio"/>	V3	N	E	S	W	V4	N	E	S	W	Est. Speed - Fatals Only

INDICATE NORTH

See Crash Team report for diagram.

INDICATE ROAD NAMES

REQUIRED UNLESS DELAYED REPORT

DIAGRAM NOT TO SCALE

8. EVIDENTIARY PHOTOS TAKEN

YES NO BY WHOM Cpl. T.R. Potter, DSN 680

AVAILABLE FROM Traffic Division

RECONSTRUCTION - Includes Narrative, Diagram, & Photo(s)

YES NO BY WHOM Major Crash Team #2, Sgt. A.A. Mallery, DSN 533

9 - CODES

SEAT LOCATION XX - Not Known P - Pedestrian B - Bicycle M - Motorcycle OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area CP - Commercial Passenger SV - Other (Explain in Remarks)	<table border="1"> <tr><td>FR</td><td>SR</td><td>TR</td></tr> <tr><td>FC</td><td>SC</td><td>TC</td></tr> <tr><td>FL</td><td>SL</td><td>TL</td></tr> </table>	FR	SR	TR	FC	SC	TC	FL	SL	TL	INJURY 1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent 6. Unknown	TRANSPORTED (Medical Treatment) 1. No 2. EMS 3. Other 4. Unknown	EJECTION 1. NA 2. No 3. Partially 4. Totally 5. Unknown	AIR BAG FRONT 1. None / NA 2. Deployed 3. Not Deployed	AIR BAG SIDE 1. None / NA 2. Deployed 3. Not Deployed	SAFETY DEVICES 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
	FR	SR	TR													
	FC	SC	TC													
	FL	SL	TL													

10 - DRIVERS

NAME ADDRESS	DATE OF BIRTH MM-DD-YYYY	SEX	VEH. NO.	SEAT LOC.	INJ.	TRANS-PORT	EJEC-TION	AIR BAG F	AIR BAG S	SAF DEV	TELEPHONE NO.
<input type="checkbox"/> NA DRIVER 1 - SAME ADDRESS AS ABOVE	(b)	M	1	FL	3	2	2	2	1	2	(b)
<input type="checkbox"/> NA DRIVER 2 - SAME ADDRESS AS ABOVE	(3):CPS	M	2	FL	1	1	4	1	1	2	(3):CPS

11 - OTHER OCCUPANTS & PEDESTRIANS (SAD = SAME AS DRIVER)

NAME ADDRESS	DATE OF BIRTH MM-DD-YYYY	SEX	VEH. NO.	SEAT LOC.	INJ.	TRANS-PORT	EJEC-TION	AIR BAG F	AIR BAG S	SAF DEV	TELEPHONE NO.
(b)(6)		M	1	FR	2	2	2	2	1	2	(c),(b)(6)
		F	2	FR	1	2	3	1	1	4	
NA											
NA											
NA											
NA											

12. VEHICLE BODY TYPES AUTOMOBILES / SPECIAL VEHICLES

V1 V2

1. Passenger Car
 2. Station Wagon
 3. Sport Utility Vehicle
 4. Limousine (6-15 for hire)
 5. Van (8 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. Pick-up
 20. Single-unit Truck: 2 axles, 6 tires
 21. Single-unit Truck: 3 or more axles

A. Vehicle Pulling Another Unit(s) 1-21 only

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

GCVW Rating (not licensed weight) 19-26 only
 Less than or equal to 10,000 lbs.
 10,001 - 26,000 lbs.
 Greater than 26,000 lbs.

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. Pedalcycle
 3. Fixed Object
 4. Other Object
 5. Pedestrian
 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. Backed 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. Skidding / Sliding
 8. Slowing / Stopping
 9. Start in Traffic
 10. Start From Parked
 11. Backing
 12. Stopped in Traffic
 13. Parked
 14. Changing Lanes
 15. Avoiding
 16. Crossover Median
 17. Crossover 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. Pedalcycle
 32. Collision Inv. Train
 33. Collision Inv. Animal (enter code - explain)
 34. Collision Inv. MV in Transport
 35. Collision Inv. Parked Motor Vehicle
 36. Collision Inv. Fixed Object (enter code - explain)
 37. Collision Inv. Other Object (explain)
 38. Other - Non Collision

V1 Unknown

01 / 34 / 07 / NA / NA / NA / NA

33. Animal Code NA

36. Fixed Object Code NA / NA / NA

V2 Unknown

01 / 34 / 20 / 36 / NA / NA / NA

33. Animal Code NA

36. Fixed Object Code 20 / NA / NA

Animal, Fixed Object, and Inattention Codes explained in narrative.

18. PROBABLE CONTRIBUTING CIRCUMSTANCES V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Vehicle Defects (explain) <input type="checkbox"/> <input type="checkbox"/> 2. Traffic Control Inoperable or Missing <input type="checkbox"/> <input type="checkbox"/> 3. Improperly Stopped on Roadway <input checked="" type="checkbox"/> <input type="checkbox"/> 4. Speed - Exceeded Limit <input type="checkbox"/> <input type="checkbox"/> 5. Too Fast for Conditions <input type="checkbox"/> <input type="checkbox"/> 6. Improper Passing <input type="checkbox"/> <input type="checkbox"/> 7. Violation Signal / Sign <input type="checkbox"/> <input type="checkbox"/> 8. Wrong Side (not passing) <input type="checkbox"/> <input type="checkbox"/> 9. Following Too Close <input type="checkbox"/> <input type="checkbox"/> 10. Improper Signal <input type="checkbox"/> <input type="checkbox"/> 11. Improper Backing <input type="checkbox"/> <input type="checkbox"/> 12. Improper Turn <input type="checkbox"/> <input type="checkbox"/> 13. Improper Lane Usage / Change <input type="checkbox"/> <input type="checkbox"/> 14. Wrong Way (One-Way) <input type="checkbox"/> <input type="checkbox"/> 15. Improper Start From Park P1 P2 <input type="checkbox"/> <input type="checkbox"/> 16. Improperly Parked <input type="checkbox"/> <input type="checkbox"/> 17. Failed to Yield <input type="checkbox"/> <input checked="" type="checkbox"/> 18. Alcohol <input type="checkbox"/> <input type="checkbox"/> 19. Drugs <input type="checkbox"/> <input type="checkbox"/> 20. Physical Impairment (explain) <input type="checkbox"/> <input type="checkbox"/> 21. Inattention (explain) P1 P2 V1 V2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 22. None		19. PEDESTRIAN INVOLVEMENT P1 P2 <input checked="" type="checkbox"/> NA <input type="checkbox"/> <input type="checkbox"/> 1. At Intersection <input type="checkbox"/> <input type="checkbox"/> 2. Not At Intersection CROSSING ROAD <input type="checkbox"/> <input type="checkbox"/> 3. With Signal <input type="checkbox"/> <input type="checkbox"/> 4. Against Signal <input type="checkbox"/> <input type="checkbox"/> 5. No Signal <input type="checkbox"/> <input type="checkbox"/> 6. Diagonally <input type="checkbox"/> <input type="checkbox"/> 7. Within Crosswalk <input type="checkbox"/> <input type="checkbox"/> 8. Within Marked Crosswalk <input type="checkbox"/> <input type="checkbox"/> 9. Behind / In Front of Parked Car <input type="checkbox"/> <input type="checkbox"/> 10. With Traffic <input type="checkbox"/> <input type="checkbox"/> 11. Against Traffic <input type="checkbox"/> <input type="checkbox"/> 12. Getting On / Off Vehicle <input type="checkbox"/> <input type="checkbox"/> 13. Standing / Lying / Sitting on Road <input type="checkbox"/> <input type="checkbox"/> 14. Pushing / Working on Vehicle <input type="checkbox"/> <input type="checkbox"/> 15. Other Working <input type="checkbox"/> <input type="checkbox"/> 16. Playing on Road <input type="checkbox"/> <input type="checkbox"/> 17. Off Roadway		20. VISION OBSCURED V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Windshield <input type="checkbox"/> <input type="checkbox"/> 2. Load on Vehicle <input type="checkbox"/> <input type="checkbox"/> 3. Trees / Brush <input type="checkbox"/> <input type="checkbox"/> 4. Building <input type="checkbox"/> <input type="checkbox"/> 5. Embankment <input type="checkbox"/> <input type="checkbox"/> 6. Signboards <input type="checkbox"/> <input type="checkbox"/> 7. Hillcrest <input type="checkbox"/> <input type="checkbox"/> 8. Parked Cars <input type="checkbox"/> <input type="checkbox"/> 9. Moving Cars <input type="checkbox"/> <input type="checkbox"/> 10. Glare <input type="checkbox"/> <input type="checkbox"/> 11. Other (explain) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 12. Not Obscured		21. TRAFFIC CONTROL V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Construction Zone <input type="checkbox"/> <input type="checkbox"/> 2. Other Work Zone <input type="checkbox"/> <input type="checkbox"/> 3. School Zone <input type="checkbox"/> <input type="checkbox"/> 4. Stop Sign <input type="checkbox"/> <input type="checkbox"/> 5. Electric Signal <input type="checkbox"/> <input type="checkbox"/> 6. RR Signal / Gate <input type="checkbox"/> <input type="checkbox"/> 7. Yield Sign <input type="checkbox"/> <input type="checkbox"/> 8. Officer / Flagman <input type="checkbox"/> <input type="checkbox"/> 9. No Passing Zone <input type="checkbox"/> <input type="checkbox"/> 10. Turn Restricted <input type="checkbox"/> <input type="checkbox"/> 11. Signal on School Bus <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 12. None		22. ROAD CHARACTER ALIGNMENT <input checked="" type="checkbox"/> 1. Straight <input type="checkbox"/> 2. Curve PROFILE <input type="checkbox"/> 1. Level <input type="checkbox"/> 2. Grade <input checked="" type="checkbox"/> 3. Hillcrest	
		23. LIGHT CONDITION <input checked="" type="checkbox"/> 1. Daylight <input type="checkbox"/> 2. Dark with Street Lights On <input type="checkbox"/> 3. Dark with Street Lights Off <input type="checkbox"/> 4. Dark - No Street Lights <input type="checkbox"/> 5. Indeterminate (explain)		24. WEATHER CONDITION <input checked="" type="checkbox"/> 1. Clear <input type="checkbox"/> 2. Cloudy <input type="checkbox"/> 3. Rain <input type="checkbox"/> 4. Snow <input type="checkbox"/> 5. Sleet <input type="checkbox"/> 6. Freezing (temp.) <input type="checkbox"/> 7. Fog / Mist <input type="checkbox"/> 8. Indeterminate (explain)		25. ROAD CONDITION <input checked="" type="checkbox"/> 1. Dry <input type="checkbox"/> 2. Wet <input type="checkbox"/> 3. Snow <input type="checkbox"/> 4. Ice <input type="checkbox"/> 5. Slush <input type="checkbox"/> 6. Mud <input type="checkbox"/> 7. Standing Water <input type="checkbox"/> 8. Moving Water <input type="checkbox"/> 9. Other (explain)			

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 this 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 <input type="checkbox"/> NO - DO NOT COMPLETE <input checked="" type="checkbox"/> 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 GCVWR of more than 10,000 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 <input checked="" type="checkbox"/> NO - DO NOT COMPLETE <input type="checkbox"/> YES - COMPLETE SECTIONS B - E			B. CARRIER ID NUMBER V1 ICC NO. MC _____ USDOT NO. _____ V2 ICC NO. MC _____ USDOT NO. _____			E. CARGO BODY TYPE V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Enclosed Box <input type="checkbox"/> <input type="checkbox"/> 2. Cargo Tank <input type="checkbox"/> <input type="checkbox"/> 3. Flatbed <input type="checkbox"/> <input type="checkbox"/> 4. Dump <input type="checkbox"/> <input type="checkbox"/> 5. Concrete Mixer <input type="checkbox"/> <input type="checkbox"/> 6. Auto Transporter <input type="checkbox"/> <input type="checkbox"/> 7. Garbage / Refuse <input type="checkbox"/> <input type="checkbox"/> 8. Grain, Chip, Gravel <input type="checkbox"/> <input type="checkbox"/> 9. Pole Trailer <input type="checkbox"/> <input type="checkbox"/> 10. Other		
			C. HAZARDOUS MATERIAL PLACARD NUMBER <input type="checkbox"/> 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 <input type="checkbox"/> 1. Two-Way; Not Divided <input type="checkbox"/> 2. Two-Way; Divided; Unprotected Median <input type="checkbox"/> 3. Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> 4. One-Way; Not Divided					

28 - NARRATIVE / STATEMENTS (If additional room is necessary, attach a separate sheet.)

This accident occurred as vehicle's 1 and 2 were traveling westbound on (b)(6). Vehicle 1 was exceeding the posted speed limit, came over a hillcrest, and struck the rear of vehicle 2. Vehicle 1 skidded to a stop in the middle of (b)(6) after striking vehicle 2. Driver 1 was unable to avoid the collision due to the speed of vehicle 1. Vehicle 2 traveled off the right side of the roadway and struck a tree after being struck by vehicle 1. Driver 2 was ejected out the driver's side of vehicle 2. Occupant 2 was partially ejected out the passenger side of vehicle 2.

Driver 1 was transported by Lincoln County EMS to Saint Joseph Hospital West, in Lake Saint Louis, Missouri.

Occupant 1 was transported by Lincoln County EMS to Saint Joseph Hospital West, in Lake Saint Louis, Missouri.

Driver 2 was pronounced dead at 1014 hours, by Lincoln County Coroner Robert Shramek. Shramek transported driver 2 to the Lincoln County Morgue.

Occupant 2 was transported by Lincoln County EMS, to the Lincoln County Medical Center, in Troy, Missouri. Occupant 2 was pronounced dead at 1111 hours, by Dr. Brown at the Lincoln County Medical Center.

If a minimum speed can be determined for both vehicles, it will be addressed in the reconstruction report prepared by the Major Crash Team.

29. REPORTING OFFICER SIGNATURE Matthew R. Cook		DSN / BADGE NO. 238	BEAT / ZONE 5	TROOP / DIST / PCT C
REVIEWING OFFICER 1 SIGNATURE Sgt. M. L. Coon		DSN / BADGE NO. 1235	REVIEWING OFFICER 2 SIGNATURE DSN / BADGE NO.	

MISSOURI UNIFORM ACCIDENT REPORT

NARRATIVE / STATEMENTS		<input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> SUPPLEMENT	AGENCY NAME AND ORI	
ORIGINAL REPORT / CASE / INCIDENT NUMBER 110086827		ADDITIONAL SUPPLEMENT NO.		MISSOURI STATE HIGHWAY PATROL MOMHPCC00
SUPPLEMENTAL REPORT DATE	ACCIDENT DATE 05/22/2011	TRP / DIST / PCT C	COUNTY Lincoln	057
REPORTING OFFICER SIGNATURE Matthew R. Cook	DSN / BADGE NO. 238	SUPPLEMENTAL REVIEWING OFFICER SIGNATURE		DSN / BADGE NO. 1235

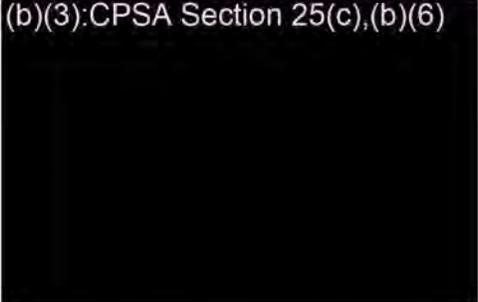
Witness 1 stated he was traveling eastbound on (b)(6). He stated he saw the ATV traveling west, then saw the Pontiac come over the hill and strike the ATV in the rear.

Witness 2 stated he was traveling eastbound on (b)(6). He stated as he got closer to the ATV a green car topped the hill at a high rate of speed. The green car struck the rear of the ATV. Witness 2 stated the ATV traveled into the woods after being struck.

CONTACT LIST

VICTIMS

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



State and Local Officials

Missouri State Highway Patrol (Records)
1510 East Elm Street
Jefferson City, MO 65102
Telephone: (573) 526-6113

Elderly Lincoln County couple killed in ATV accident

3:29 PM, May 22, 2011 | comments



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Lincoln County (KSDK) -- An elderly couple is dead, killed in an accident in Lincoln County.

The Missouri Highway Patrol says it happened around 9:30 a.m. Sunday east of Moscow Mills.

Troopers say the couple was traveling on an all terrain vehicle on (b)(6) near (b)(6) when they were hit by a car that had just crested a hill.

The couple was thrown from the ATV. A man, 81 year old (b)(3):CPSA died at the scene. His wife, (b)(3):CPSA Se 32, later died at the hospital.

It's not clear why the (b)(3): were on the ATV, but neighbors say the couple owned a farm in the area.

Two people in the car were also injured, they're in the hospital in serious condition.

KSDK

[Comments](#) | [Share your thoughts »](#)
TOP VIDEO PICKS

01:53
01:53

1. Task Number 110531HCC1668		2. Investigator's ID 8925		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2011 05 18	5. Date Initiated YR MO DAY 2011 06 03		
6. Synopsis of Accident or Complaint UPC none The victim, a 65-year-old male was operating a utility vehicle with two passengers in a field. The victim entered a curve covered with water, lost control, causing the utility vehicle to flip over on him and he was fatally injured. His cause of death was multiple injuries. His passengers sustained minor injuries. They were taken to separate hospitals where the passenger was treated and released. MFR/PRV/BR NOTIFIED COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED: <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA Ex. <u>B6, 25C</u> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY 4/4/12 LB				
7. Location (Home, School, etc) 2 - FARM		8. City GAINESVILLE		9. State NY
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name POLARIS RANGER XP		10C. Model Number UNKNOWN
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC./VIN: 4XATH76A2A2884714 2100 Hwy 55 Medina, MN 55340				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12A. Hispanic or Latino 2 - No		12B. Race 1 - White Other:		12C. Race Source 3 - Official Document
13. Age of Victim 65		14. Sex 1 - Male		15. Disposition 8 - Death
16. Injury Diagnosis 71 - Other/NS/No inj		17. Body Part(s) Involved 75 - HEAD		18. Respondent 3 - 2nd Hand Info Only
19. Type of Investigation 2 - Telephone		20. Time Spent (Operational / Travel) 12 / 0		
21. Attachment(s) 9 - Multiple Attachments		22. Case Source 05 - Newspaper		23. Sample Collection Number
24. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written				
25. Review Date 09/01/2011		26. Reviewed By 1949		27. Regional Office Director Dennis R. Blasius
28. Distribution Moon, Clarice; Cash, Helen; Garland, Sarah			29. Source Document Number X1150828A	

The information in this report was based on information received by the sheriff and medical examiner's office. Contacts with the victim's next-of-kin and his passengers were not successful.

On Wednesday, May 18, 2011, at 7:52 p.m., in Wyoming County, Gainesville, NY, the victim, a 65-year-old male was operating a utility vehicle with two passengers, a 53-year-old female and a 56-year-old male. They traveled in a flooded farm field and whether they were wearing helmets or seatbelts is unknown. The weather condition was mostly cloudy and the temperature was 64 degrees.

The driver entered a paved curve covered with water and his traveled rate of speed was not known. He lost control and caused the utility vehicle to flip over on him. The vehicle landed on its side and he landed face down in the water where he was fatally injured.

The victim was 70 inches tall and he weighed 160 pounds. His immediate cause of death was multiple injuries.

The vehicle did not land on the passengers. They did sustain minor injuries and they were treated at the scene. They were later taken to separate hospitals where they were treated and released.

Product: 4-wheeled utility vehicle
Manufacturer: Polaris Industries, Inc.
2100 Hwy 55
Medina, MI 55340

Year/Brand/Model: 2010 Polaris Ranger XP
VIN: 4XATH76A2A2884714
Description: unknown
Condition: unknown

ATTACHMENTS:

1. ATV Accident Fatal Report and photographs (5).
2. Medical Examiner's Report.
3. UTV Questionnaire.
4. Contact Information.

	Wyoming County Sheriff's Office POLICE REPORT ATV Acc-Fatal	Complaint 11-S02957
		Report Date & Time 05/18/2011 19:52

INCIDENT						
Address of Occurrence (b)(6)	District	Tract 0	Occ. Date & Time 05/18/2011 19:52	Day of Week Wednesday	Type of Premise	
Clearance Status Closed	Referred To	TT Mes#	TT Entry Date	TT Cancel#	TT Cancel Date	
Officers TISDALE, KENNETH - KMT LANGDON, DANIEL - DJL ANDERSON, AARON - ATA LINDER, DAVID - DPL						

COMPLAINANT - 1										
Last Name FILI	First Name MARGARET	MI L	Ext	Birth Date 06/01/1959	Race	Sex	Age 51	Juvenile N	Arrested N	Report PR
Address (b)(3) CPSA Section 25(c) (b)(6)		City		State		Zip				
Height	Weight	Hair	Eyes	Build	Complexion	Glasses	Scars/Marks/Tattoos			

Contact Information	
Home (b)(3) CPSA Section 25(c) (b)(6)	Mobile

MEDICAL PERSONNEL - 1										
Last Name MONROE CO	First Name MED EXAMINER	MI	Ext	Birth Date	Race	Sex	Age	Juvenile N	Arrested N	Report PR
Address 740 E HENRIETTA RD		City ROCHESTER		State NY		Zip 14623				
Height	Weight	Hair	Eyes	Build	Complexion	Glasses	Scars/Marks/Tattoos			

Contact Information	
Business (585) 753-5905	Business Fax (585) 753-5930

MEDICAL PERSONNEL - 2										
Last Name MERCY FLIGHT	First Name	MI	Ext	Birth Date	Race	Sex	Age 53	Juvenile N	Arrested N	Report PR
Address 1593 MAIN ST		City BUFFALO		State NY		Zip 14209				
Height	Weight	Hair	Eyes	Build	Complexion	Glasses	Scars/Marks/Tattoos			

Contact Information	
Business (716) 886-3000	

DRIVER - 1										
Last Name (b)(3) CPSA Section 25(c) (b)(6)	First Name	MI	Ext	Birth Date	Race White	Sex M	Age 65	Juvenile N	Arrested N	Report PR
Address (b)(3) CPSA Section 25(c)		City		State		Zip				
Height 5' 10"	Weight 160	Hair BRO	Eyes BLU	Build M	Complexion LGT	Glasses None	Scars/Marks/Tattoos			

Contact Information	
Home (b)(3) CPS	

OTHER - 1										
Last Name (b)(3) CPSA Section 25(c) (b)(6)	First Name	MI	Ext	Birth Date	Race	Sex	Age 41	Juvenile N	Arrested N	Report PR
Address (b)(3) CPSA Section 25(c) (b)(6)		City		State		Zip				
Height	Weight	Hair	Eyes	Build	Complexion	Glasses	Scars/Marks/Tattoos			

Contact Information		
Home (b)(3) CPSA Se		
Case Status: CLOSED	Page: 1	Printed Date: 06/28/2011 10:42 AM



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OTHER - 2

Last Name	First Name	MI	Ext	Birth Date	Race	Sex	Age	Juvenile	Arrested	Report
STRANAHAN	CORONER				White	M		N	N	PR
Address		City		State	Zip					
PO BOX 187		ATTICA		NY	14011					
Height	Weight	Hair	Eyes	Build	Complexion	Glasses	Scars/Marks/Tattoos			

Contact Information

Home (585) 689-9257 Mobile (585) 322-6206

OTHER - 3

Last Name	First Name	MI	Ext	Birth Date	Race	Sex	Age	Juvenile	Arrested	Report
(b)(6)							51	N	N	PR
Address		City		State	Zip					
(b)(6)		(b)(6)								
Height	Weight	Hair	Eyes	Build	Complexion	Glasses	Scars/Marks/Tattoos			

Contact Information

Home (b)(6)

OWNER - 1

Last Name	First Name	MI	Ext	Birth Date	Race	Sex	Age	Juvenile	Arrested	Report
(b)(3)	CPSA Section 25(c)	(b)(6)			White	M	56	N	N	PR
Address		City		State	Zip					
(b)(3)		(b)(3)								
Height	Weight	Hair	Eyes	Build	Complexion	Glasses	Scars/Marks/Tattoos			
5' 11"	220	BRO	BRO		MED		SCAR ON RIGHT HAND			

Contact Information

Home (b)(6) Mobile (b)(6)

RELATIVE - 1

Last Name	First Name	MI	Ext	Birth Date	Race	Sex	Age	Juvenile	Arrested	Report
(b)(6)							36	N	N	SP2
Address		City		State	Zip					
(b)(6)		(b)(6)								
Height	Weight	Hair	Eyes	Build	Complexion	Glasses	Scars/Marks/Tattoos			

Contact Information

Mobile (b)(6)

RELATIVE - 2

Last Name	First Name	MI	Ext	Birth Date	Race	Sex	Age	Juvenile	Arrested	Report
(b)(6)					White	F	70	N	N	SP2
Address		City		State	Zip					
(b)(6)		(b)(6)								
Height	Weight	Hair	Eyes	Build	Complexion	Glasses	Scars/Marks/Tattoos			
5' 5"	0	UNK	BLU							

Contact Information

Home (b)(6)

RELATIVE - 3

Last Name	First Name	MI	Ext	Birth Date	Race	Sex	Age	Juvenile	Arrested	Report
(b)(6)							60	N	N	SP2
Address		City		State	Zip					
(b)(6)		(b)(6)								
Height	Weight	Hair	Eyes	Build	Complexion	Glasses	Scars/Marks/Tattoos			



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Contact Information

Home

(b)(6)

RELATIVE - 4

Last Name	First Name	MI	Ext	Birth Date	Race	Sex	Age	Juvenile	Arrested	Report
(b)(6)							67	N	N	SP2

Address	City	State	Zip
(b)(6)			

(b)(6)

Height	Weight	Hair	Eyes	Build	Complexion	Glasses	Scars/Marks/Tattoos

Contact Information

Home

(b)(6)

BUSINESS - 1

Last Name	First Name	MI	Ext	Birth Date	Race	Sex	Age	Juvenile	Arrested	Report
OTTS COLLISION								N	N	PR

Address	City	State	Zip
3522 STATE ROUTE 19 HW	WARSAW	NY	14569

Height	Weight	Hair	Eyes	Build	Complexion	Glasses	Scars/Marks/Tattoos

Contact Information

Home

(585) 786-5810

BUSINESS - 2

Last Name	First Name	MI	Ext	Birth Date	Race	Sex	Age	Juvenile	Arrested	Report
SMITH'S BAR								N	N	PR

Address	City	State	Zip
11 S MAIN ST	GAINESVILLE	NY	14066

Height	Weight	Hair	Eyes	Build	Complexion	Glasses	Scars/Marks/Tattoos

Contact Information

Home

(b)(6)

PASSENGER - 1

Last Name	First Name	MI	Ext	Birth Date	Race	Sex	Age	Juvenile	Arrested	Report
(b)(3):CPSA Section 25(c).(b)(6)					White	F	53	N	N	PR

Address	City	State	Zip
(b)(3):CPSA Section 25(c).(b)(6)			

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

Height	Weight	Hair	Eyes	Build	Complexion	Glasses	Scars/Marks/Tattoos
5' 6"	0	UNK	HAZ	M	MED	None	

Contact Information

Home

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

PASSENGER - 2

Last Name	First Name	MI	Ext	Birth Date	Race	Sex	Age	Juvenile	Arrested	Report
(b)(3):CPSA Section 25(c).(b)(6)					White	M	56	N	N	PR

Address	City	State	Zip
(b)(3):CPSA Section 25(c).(b)(6)			

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

Height	Weight	Hair	Eyes	Build	Complexion	Glasses	Scars/Marks/Tattoos
5' 10"	135	BLK	BRO	S	MED		

Contact Information

Home

(b)(3):CPS



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WITNESS - 1

Last Name	First Name	MI	Ext	Birth Date	Race	Sex	Age	Juvenile	Arrested	Report
(b)(6)					White	F	53	N	N	PR
Address		City		State	Zip					
(b)(6)										
Height	Weight	Hair	Eyes	Build	Complexion	Glasses	Scars/Marks/Tattoos			
5' 7"	0	BRO	BRO							

Contact Information

Home
(b)(6)

WITNESS - 2

Last Name	First Name	MI	Ext	Birth Date	Race	Sex	Age	Juvenile	Arrested	Report
(b)(6)					White	M	67	N	N	PR
Address		City		State	Zip					
(b)(6)										
Height	Weight	Hair	Eyes	Build	Complexion	Glasses	Scars/Marks/Tattoos			
5' 7"	210	GRY	BLU	L	MED	Glasses	S/LT EYE			

Contact Information

Home
(b)(6)

WITNESS - 3

Last Name	First Name	MI	Ext	Birth Date	Race	Sex	Age	Juvenile	Arrested	Report
(b)(6)							65	N	N	PR
Address		City		State	Zip					
(b)(6)										
Height	Weight	Hair	Eyes	Build	Complexion	Glasses	Scars/Marks/Tattoos			

Contact Information

Home
(b)(6)

PROPERTY

Qty	Type	Description	Status	Make	Color	Model	Total Value	Report
1	Recreational Veh	POLARIS RANGER	Seized	POLARIS		RANGER XP	\$10,000.00	PR

NARRATIVE

POLICE REPORT Date Entered: 05/18/2011 22:48 Entered By: TISDALE, KENNETH - KMT Ter: TISDALE, KENNETH - KMT

Deputy TISDALE and Investigator ANDERSON responded to Route 78 in the Town of Gainesville near (b)(6) for a report of an injury accident involving an all terrain vehicle. The accident occurred about 2800 feet to the South of Route 78 on land owned by the Fisher Farm. Gainesville Rescue squad also responded.

Upon arrival, (b)(6) met officers at the roadway. (b)(6) stated she was a passenger in a Polaris Ranger with her husband (b)(6) who was following a Polaris Ranger that was operated by (b)(3) (b)(3):CPSA S was traveling through a flooded field when (b)(3) UTV flipped over ejecting him. Another passenger on the second UTV was (b)(6), who is also a nurse and she attempted revive (b)(6) however his neck and head was badly injured and she felt he was deceased.

Deputy Tisdale and Investigator Anderson were transported to the scene by (b)(6) and Gainesville Rescue squad. Once on scene they found the Polaris Ranger sitting on all four wheels facing south. A female, (b)(6) was kneeling in about 10 inches of water next to a male who was identified as (b)(3) (b)(3):CPSA was lying face up and had a large amount of blood coming from his face and head. The rescue squad took (b)(6) to the back of one of the Rangers to treat her for head injuries. (b)(6) was later transported to Strong Memorial by Mercy Flight.



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(b)(7) took (b)(6) place kneeling next to (b)(7) supporting his head. (b)(7) stated when she rolled him onto his back he was not breathing and there was blood coming from his mouth, nose, and ears. She added that she could feel bones in his head and neck and they were shifting and moving and she knew he was dead.

Also on scene was (b)(6) was a passenger on (b)(3) Ranger along with (b)(6) was complaining of leg, arm, and back injuries. He was transported to Wyoming County Community hospital by Gainesville Ambulance. (b)(6) was the driver of his Ranger and (b)(6) were his passengers. (b)(6) were not injured. Deputy Tisdale obtained statements from (b)(6) Deputy Bentham responded to WCCH and obtained a statement from (b)(6)

(b)(7) was operating a 2010 Polaris UTV with (b)(6) and it is insured to (b)(7) by Erie Insurance Company with a policy number of (b)(6) It was towed from the scene by Otts to the impound at County Highway.

Coroner Stranahan arrived and pronounced (b)(7) deceased at 2030 hours. (b)(7) was transported to the Monroe County Medical Examiner's Office by Weeks Funeral Home.

Deputy TISDALE took a statement from (b)(7) in his patrol car at the scene and her statement was as follows:

ON MAY 18, 2011 I WAS RIDING WITH (b)(6) IN THEIR ATV. WE WERE BEHIND (b)(3) CPSA Section THEY WERE ALL IN (b)(3) POLARIS RANGER. WE LEFT SMITHS AND WERE HEADED NORTH ON THE "FISHER SEED FARM" DRIVEWAY NEXT TO THE SWAMP. AS WE CAME AROUND A CURVE IN THE PATH WE SAW A LARGE AMOUNT OF STANDING WATER AND THE ATV'S SLOWED DOWN THEN PROCEEDED THREW THE WATER. I SAW (b)(3) ATV SLIDE SIDWAYS AND TIP OVER ON THE DRIVERS SIDE. I SAW (b)(2) LAYING FACE DOWN IN THE WATER AND THE ATV CAME TO A REST ON ITS PASSENGERS SIDE BUT FACING BACK SOUTH. I JUMPED OUT OF THE PASSENGERS SIDE OF OUR ATV AND TURNED HIM OVER. IM A NURSE AND COULD TELL THERE WERE BONES BROKEN IN HIS HEAD AND NECK. HE WAS BLEEDING FROM HIS NOSE, MOUTH, AND EARS. HE WAS NOT BREATHING.

Deputy TISDALE took a statement from (b)(6) in his patrol car at the scene and her statement was as follows:

ON MAY 18, 2011 AT ABOUT 07:30 PM I WAS RIDING ON MY RANGER ATV WITH MY HUSBAND AND A FRIEND (b)(6) WE WERE FOLLOWING (b)(3) CPSA Section 25(c) (b)(6) WHO WERE IN ANOTHER RANGER ATV. WE HAD JUST LEFT SMITHS AND WERE HEADED NORTH ON FARM DRIVEWAY. WE CAME TO A CURVE IN THE DRIVEWAY THAT WAS COVERED IN WATER. WE ENTERED THE WATER AND ALL I SAW WAS THE RANGER GO UP IN THE AIR AND DOWN ON ITS SIDE. IT ROLLED ON THE DRIVERS SIDE. ALL I SAW WAS (b)(2) IN THE WATER AND (b)(7) WENT OVER TO HIM TO GET HIS FACE OUT OF THE WATER AND SHE ALREADY KNEW HE WAS GONE. THE ATV WAS STILL ON THE DRIVERSIDE AND WAS LATER LIFTED BACK ONTO ITS WHEELS. WE TRIED CALLING 911 AND HE DID NOT GET THROUGH. IM NOT SURE IF IT WAS THE SERVICE OR THE WAY I WAS DOING THE PHONE BUT I GAVE UP AND CALLED SMITHS AND HAD THE BARTENDER CALL 911.

Deputy TISDALE took a statement from (b)(6) in his patrol car at the scene and his statement was as follows:



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ON MAY 18, 2011 AT ABOUT 7:30 PM I WAS DRIVING MY RANGER SIDE BY SIDE. MY WIFE (b)(6) AND FRIEND (b)(6) WERE WITH ME. WE WERE FOLLOWING (b)(3) CPSA (b)(6) AND (b)(6) WHO WERE ON (b)(3) RANGER SIDE BY SIDE. WE HAD JUST LEFT SMITHS AND WERE HEADED NORTH ON A FARM DRIVEWAY GOING TOWARD RT 78. WE CAME TO A LITTLE CURVE AND THEN TO A STRAIGHT AWAY AND CAME TO FLOODED AREA. (b)(6) STOPPED BACK MAYBE 100 YARDS LOOKING INTO THE WOODS AND THEN WENT INTO THE WATER. ALL OF THE SUDDEN IT JUST FLIPPED. IT MUST HAVE HYDROPLAINED OR SOMETHING. WE WENT THROUGH ON THE WAY DOWN AND DID NOT HAVE ANY PROBLEMS. THE RANGER FLIPPED ON I THINK ITS PASSENGER SIDE. (b)(6) YELLED THAT THERE WAS SOMEONE IN THE WATER. WE KNEW IT WAS (b)(3) CPSA JUMPED OUT TO TURN HIS FACE OUT OF THE WATER. AS SOON AS SHE TURNED HIM OVER SHE COULD TELL HE WAS DEAD. WE WERE GOING TO DRAG HIM TO A DRY SPOT BUT THERE WERE NONE AND SHE SAID WE SHOULD LEAVE HIM BECAUSE HE WAS DEAD.

On May 20, 2011 at about 1600 hrs Deputy TISDALE spoke with (b)(6) who owns the property where the accident occurred. (b)(6) stated that he has never given anyone permission to be on the land and nobody has ever asked permission to be on the land. He stated for years all terrain vehicles have used his property to cut over to the railroad tracks.

On May 20, 2011 at 1835 hours Deputy TISDALE took a statement from (b)(6) at the (b)(6) residence. (b)(6) stated both Ranger's left Smiths (bar) and was headed north on a farm path. They had already gone through two puddles of water before getting to the one that the accident occurred in. (b)(6) states they stopped before the water to look at geese and then entered the water. She remembers seeing the water going on the windshield then felt the rear-end lift up. The rear passenger side came up first and she let go of the frame and grabbed (b)(6) shirt. She could not hold on and felt him fall out. She felt the Ranger pivot on the front left wheel and spin around counter clockwise and came to a rest on its passenger side. (b)(6) and her were still in the Ranger and could see (b)(6) laying face down in the water. (b)(6) yelled for (b)(6) to "roll him over and get him out of the water" (b)(6) went to (b)(6) and could tell instantly that (b)(6) was dead by looking at him and checking for either a heartbeat or breathing. (b)(6) then left (b)(6) to help (b)(6) out of the Ranger. (b)(3) CPSA and put his head in her lap until help got there (b)(6) wrapped a shirt around (b)(6) head to stop the bleeding.

Closed
Deputy Tisdale

SUPPLEMENT # 1 Date Entered: 05/19/2011 16:58 Entered By: ANDERSON, AARON - ATA: ANDERSON, AARON - ATA

On 18 May 2011 at approximately 1952 hrs, Investigator ANDERSON responded to a reported ATV accident with injury on Route 78 in the Town of Gainesville. Upon arrival in the area -about 2 miles west of Route 19, a female subject later identified as (b)(6) was standing in the roadway trying to flag down rescuers. (b)(6) advised that the accident was way back off the road and someone was dead and another was injured.

Investigator ANDERSON got into a truck with Gainesville Fire Chief Robert PATTERSON and proceeded off the road to the accident scene. Deputy TISDALE also arrived on the scene and rode back to the accident with (b)(6) on her ATV/Utility Vehicle. Upon arrival, several subjects were observed standing and kneeling in a flooded area on the edge of a field. A male subject with obvious facial trauma was observed floating in the water on his back with another female kneeling at his head and holding it out of the water. Both Investigator ANDERSON and Fire Chief PATTERSON approached the female in the water



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who identified herself as (b)(6) and advised she is also a RN at the hospital. April stated that the male subjects name is (b)(3):CPSA and he was deceased. (b)(6) stated that (b)(3):C had sustained a broken neck and was observed face down in the water and not moving following the accident. Investigator ANDERSON and Fire Chief PATTERSON also checked for a radial pulse with negative findings. (b)(6) indicated that (b)(3):C had been operating the Polaris Ranger 4 X 4 Utility vehicle which was next to them and it had overturned in the water.

Gainesville Rescue personnel and paramedics from Medic 80 began to arrive on the scene and started to treat a passenger from the ATV accident who was later identified as a (b)(6) (also known as (b)(6)). It was reported that (b)(6) were on the ATV/Utility Vehicle when it overturned in the water. (b)(6) had a obvious laceration to her forehead and was later flown to Strong Hospital in Rochester by Mercy Flight. (b)(6) was also treated at the scene for a possible leg injury and was transported by Gainesville Rescue to Wyoming County Community Hospital in Warsaw.

Sergeant LANGDON soon arrived and command was notified. A coat was placed under (b)(3):CP head so that it would not submerge under water. It was later learned that (b)(6) and (b)(6), were in another ATV/Utility Vehicle and were following (b)(3):C and his passengers when the accident occurred. All three then met with Deputy TISDALE who was now roadside on Route 78 and gave voluntary written statements.

Deputy MILLER, Deputy BRYANT, Captain LINDER, Undersheriff RUDOLPH, Sheriff HEIMANN, and Coroner STRANAHAN all arrived at the scene and were briefed on what occurred. Deputy MILLER photographed the scene and (b)(3):C Polaris ATV/Utility Vehicle was driven to the road by Deputy MILLER. Ott's Towing was later contacted and the vehicle was transported and secured at impound at County Highway. (b)(3):CP body was removed by Week's Funeral Home and was transported to Monroe County Medical Examiner's Office in Rochester.

Upon clearing the scene, Investigator ANDERSON and Undersheriff RUDOLPH made notification to (b)(3):C former girlfriend, (b)(6) at (b)(6) as they have a daughter in common.

On 20 May 2011 at 1720 hrs, Investigator ANDERSON met with (b)(6) at her residence on (b)(6) (b)(6) was the bartender/helper at Smith's Bar on the night of the (b)(3):C accident. (b)(6) stated that at about 1830 hours, (b)(6) and (b)(3):CPS all stopped in for a drink. They were riding ATV's and left at about 1930 hrs. At about 1950 hrs, the phone rang at the bar (b)(6) and it was (b)(6) calling. (b)(6) told (b)(6) that there had been a terrible accident (b)(6) was dead, and they needed help. (b)(6) that they were on a trail off the rail road bed going towards Route 78. (b)(6) states she told (b)(6) she would call 911 and to have someone at the road on Route 78. (b)(6) stated she hung up the phone and then called 911 (see attached statement).

Aaron ANDERSON

Investigator

SUPPLEMENT # 2 Date Entered: 05/20/2011 21:50 Entered By: LANGDON, DANIEL - DJL Officer: LANGDON, DANIEL - DJL

Sergeant Langdon responded to Route 78 in Gainesville for a report of an ATV accident. Investigator Anderson had arrived and indicated there was a fatality.

Upon arrival, Sergeant Langdon learned the accident occurred about 2800 feet (estimated measurement from roadway to point of accident via GPS coordinates). Sergeant Langdon made notifications to the Captain and Undersheriff.



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Sergeant Langdon arrived at the accident scene and found the victim, (b)(3):CPS laying face up in water with his feet facing east and his head west. There was an amount of blood coming from his face. He was wearing a green John Deere sweatshirt, blue jeans and brown work boots.

Sergeant Langdon assisted with the removal of the body. Upon checking his pockets, a cellular phone was found in the right pocket and \$75.00 cash was found in the left pocket. The items were of no evidentiary value and remained with the body.

Sergeant Langdon responded to the Emergency Room at Wyoming County Community Hospital to speak with (b)(3) family members. Sergeant Langdon regrettably informed (b)(6) (b)(6) (niece) that (b)(3) had suffered fatal injuries in an UTV accident.

A fatal early notification was faxed on 5/19 and a press release was completed.

On June 14th, Sergeant Langdon received a "Death Confirmation and Summary Report" from the Monroe County Medical Examiner's Office indicting the immediate cause of death was multiple injuries and the death certificate was signed by Caroline R. Dignan, MD.

SUPPLEMENT # 3 Date Entered: 05/24/2011 21:14 Entered By: TISDALE, KENNETH - KMT ~~KMT~~ TISDALE, KENNETH - KMT

On May 24, 2011 at 1800 hrs Deputy TISDALE and Sgt. LANGDON met with (b)(6) at County Highway. (b)(6) had documentation indicating that he was the owner of the Polaris and the loan was in his name. (b)(6) signed the returned property sheet and removed the Polaris from County Highway.

Closed
Deputy Tisdale

Officer: TISDALE, KENNETH - KMT Supervisor: LANGDON, DANIEL - DJL

Photo 1: shows view of the scene



Photo 2: shows front side view of the utility vehicle



Photo 3: shows left side of the utility vehicle



Photo 4: shows view of the manufacturer and VIN



Photo 5: shows view of the damage sustained





Office of the Medical Examiner

Maggie Brooks
County Executive

Caroline R. Dignan, M.D.
Medical Examiner

DEATH CONFIRMATION AND SUMMARY REPORT OFFICE OF THE MEDICAL EXAMINER COUNTY OF MONROE

NAME: (b)(3):CPSA	CASE NO.: 11-01127
DATE OF BIRTH: (b)(3):CP	DATE OF DEATH: 5/18/2011
RACE: White	SEX: Male
ADDRESS: (b)(3):CPSA Section 25(c),(b)(6)	DATE OF AUTOPSY: 5/19/2011
	AGE: 65 Years
	COUNTY/ORIGIN: Wyoming

CAUSE OF DEATH

IMMEDIATE CAUSE: Multiple injuries

DUE TO:

DUE TO:

OTHER SIGNIFICANT CONDITIONS:

MANNER OF DEATH: Accident

DEATH CERTIFICATE SIGNED BY: **Caroline R. Dignan, MD**

Notice: The autopsy report may be incomplete at this time and any statements or opinions offered by the Medical Examiner's Office could be preliminary and subject to change pending the issuance of the final autopsy report. The information contained on this report is classified as confidential and is being released solely to the requesting agency and is not to be re-released or republished to any other agency, entity or individual without the prior written permission of the Monroe County Medical Examiner's Office.

Utility Vehicle Data Record Sheet

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

The Utility Vehicle

A: Age: 65	Height: 5 feet, 10 inches
Gender: M	Weight: 160 lbs
Helmet (Y/N): Unk	Seatbelt (Y/N): Unk
Killed/Injured/Neither/Unknown: K Killed/Injured/	
Injury Description: multiple injuries Injury	
Did vehicle land on victim: Yes	
Ejected (Either partially or fully): Partially	

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

B: Age: 53	Height: 5 feet, 6 inches
Gender: F	Weight: unknown
Helmet (Y/N): unk	Seatbelt (Y/N): unk
Killed/Injured/Neither/Unknown: Injured	
Injury Description: minor face and head Injury	
Did vehicle land on victim: N	
Ejected (Either partially or fully): no	

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

C: Age: 56	Height: 5 feet, 10 inches
Gender: M	Weight: 135 lbs
Helmet (Y/N): unk	Seatbelt (Y/N): unk
Killed/Injured/Neither/Unknown: Injured	
Injury Description: leg	
Did vehicle land on victim: N	
Ejected (Either partially or fully): unknown	

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

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

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

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

CONTACT INFORMATION:

Contacted on 6/3/11

Wyoming County Sheriff
151 N. Main Street
Warsaw, NY 14569
(585)786-8989

Contacted on 7/8/11

Monroe County Medical Examiner
740 E. Henrietta Road
Rochester, NY 14623
(585)753-5905

**(b)(3):CPSA Section 25(c),
(b)(6) killed
in ATV crash**

VFREILE@DemocratandChronicle.com
Twitter: @vfreile



Written by

Victoria E. Freile

1:55 PM, May 19, 2011

One man was killed and two others were injured last night in an all-terrain vehicle crash in Gainesville, Wyoming County.

(b)(3):CPSA S 65, of Warsaw, Wyoming County, was driving a Polaris Ranger on an off-road trail just south of Route 78 when the ATV overturned just before 8 p.m., according to Wyoming County sheriff's deputies. **(b)(3):** was thrown from the ATV and was pronounced dead at the scene.

Two passengers were also injured in the crash, deputies said.

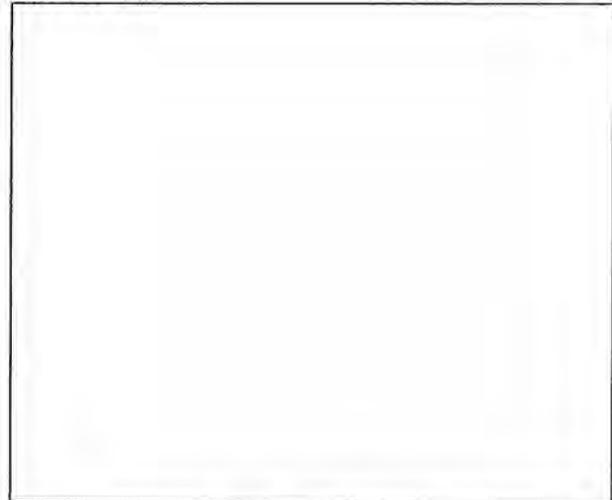
(b)(3):CPSA Se, 53 of Warsaw suffered a head injury and was taken to Strong Memorial Hospital via Mercy Flight. She was listed in satisfactory condition today.

(b)(3):CPSA Sect 56, of Gainesville suffered a leg injury and was taken to Wyoming County Community Hospital for treatment, deputies said. His medical status was not available.

Deputies today continue to investigate the crash.

*NY
5/18/11
65M
prod = 5044*

Advertisement



Print Powered By Dynamics

1. Task Number 110603HWE2038		2. Investigator's ID 3394		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2011 05 28	5. Date Initiated YR MO DAY 2011 06 03		
6. Synopsis of Accident or Complaint UPC An eight year-old white female was killed when the four-wheeled UTV she was driving near her residence located on the family farm rolled over and ejected the victim. The UTV then landed on top of the victim. Cause of death is due to a skull fracture. <u>MFR/PRV/LBR NOTIFIED</u> COMMENTS: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OVERRULED: <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA Exs. <u>B6 .25C</u> 4/4/12 LB <input type="checkbox"/> DO NOT RE-NOTIFY <input checked="" type="checkbox"/> RE-NOTIFY				
7. Location (Home, School, etc) 2 - FARM		8. City KELLERTON		9. State IA
10A. First Product 5044 - Utility Vehicles	10B. Trade/Brand Name JOHN DEERE VIN# 1M0825GSCBM02098		10C. Model Number GATOR XUV 825	
10D. Manufacturer Name and Address DEERE & COMPANY One John Deere Place Moline, IL 61265				
11A. Second Product 0	11B. Trade/Brand Name NONE		11C. Model Number NONE	
11D. Manufacturer Name and Address NONE				
12A. Hispanic or Latino 2 - No	12B. Race 1 - White Other:		12C. Race Source 3 - Official Document	
13. Age of Victim 8	14. Sex 2 - Female	15. Disposition 8 - Death	16. Injury Diagnosis 57 - Fracture	
17. Body Part(s) Involved 75 - HEAD	18. Respondent 3 - 2nd Hand Info Only	19. Type of Investigation 2 - Telephone	20. Time Spent (Operational / Travel) 7 / 0	
21. Attachment(s) 9 - Multiple Attachments	22. Case Source 05 - Newspaper		23. Sample Collection Number	
24. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input checked="" type="radio"/> Verbal <input type="radio"/> Written				
25. Review Date 07/07/2011	26. Reviewed By 8929		27. Regional Office Director Frank J. Nava	
28. Distribution Topka, Tanya			29. Source Document Number X1160037A	

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7. Location (Home, School, etc) 2 - FARM		8. City KELLERTON		9. State IA
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name JOHN DEERE VIN# 1MO825GSCBM02098		10C. Model Number GATOR XUV 825
10D. Manufacturer Name and Address DEERE & COMPANY One John Deere Place Moline, IL 61265				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12A. Hispanic or Latino 2 - No		12B. Race 1 - White Other:		12C. Race Source 3 - Official Document
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24. Permission to Disclose Name (Non NEISS Cases Only) Yes <input checked="" type="radio"/> No Yes for Manuf. Only <input checked="" type="radio"/> Verbal Written				
25. Review Date 07/07/2011		26. Reviewed By 8929		27. Regional Office Director Frank J. Nava
28. Distribution Topka, Tanya			29. Source Document Number X1160037A	

This investigation was initiated due to a newspaper article found in the Des Moines Register dated May 28, 2011. Information for this report was obtained from the Ringgold County Sheriff.

NARRATIVE

The victim in this incident is an eight year-old white female. Height is four feet, four inches and weight is approximately 70 pounds. There is no evidence that the victim suffered from any physical or mental limitations prior to this incident.

On May 26, 2011, the victim was driving the UTV alone in the vicinity of the family's residence and machine shed located on the family farm. An interview with the investigating officer revealed that the family had recently had two dump truck loads of gravel delivered to the farm. The gravel was left in two large piles in the area where this incident occurred.

There were no eyewitness accounts of the incident. However, the investigating officer concluded that the victim had either lost control of the UTV, or had intentionally driven the UTV up the side of one of the gravel piles when the UTV overturned. The victim was ejected from the UTV, and the overturned UTV landed on the head of the victim.

The investigating officer stated that prior to his arrival at the scene, the victim had been pulled out from under the UTV by a family member. The investigating officer had confirmed the victim had not been wearing a seatbelt or helmet in this incident.

According to the medical examiner's report and the certificate of death, the cause of death is due to a skull fracture.

SAMPLE COLLECTION

The incident unit was not available for sampling.

PRODUCT IDENTIFICATION

The product involved in this incident is a four-wheeled UTV.

Manufacturer:	John Deere One John Deere Place Moline, IL 61265
Model:	Gator XUV 825
Year:	unknown
VIN Number:	1MO825GSCBM020985

There is no evidence of any modifications or alterations made to the original design of the vehicle.

EXHIBITS

- Exhibit A - Incident Report – Ringgold County Sheriff
- Exhibit B - Certificate of Death/Medical Examiner Report
- Exhibit C - Utility Vehicle Data Record Sheet

Initial Incident
IDI # 110603HWE2038

Supplemental

IOWA Exhibit A

Case Number 526182111
Page 1 of 2

INCIDENT REPORT

ORI

V	Reported By	VICTIM		Address (Street, City, State, Zip)		Phone	Reported (Day, Date, Time)	
	(b)(6)						Thursday May 26, 2011	
I	Victim Seq # 1	Name (Last, First, Middle)			Address (Street, City, State, Zip)		Phone	
		(b)(3):CPSA Section 25(c), (b)(6)						
C	Type of Victim (check only one)							
	<input checked="" type="checkbox"/> I-Individual		<input type="checkbox"/> F-Financial		<input type="checkbox"/> B-Business		<input type="checkbox"/> G-Government	
T	<input type="checkbox"/> R-Resident		<input checked="" type="checkbox"/> W-White		<input type="checkbox"/> I-Native Amer /Alaskan		<input checked="" type="checkbox"/> F-Female	
	<input type="checkbox"/> N-Nonresident		<input type="checkbox"/> B-African Amer		<input type="checkbox"/> U-Unk		<input type="checkbox"/> M-Male	
M	Type of Injury (check up to five)							
	<input type="checkbox"/> L-Severe Lacerations		<input type="checkbox"/> S-Scalds/Burns		<input type="checkbox"/> I-Possible Internal Injuries		<input type="checkbox"/> B-Broken Bones/Skull Fracture	
I	<input type="checkbox"/> T-loss of Teeth		<input checked="" type="checkbox"/> O-Other Major Injury		<input type="checkbox"/> U-Unconsciousness		<input type="checkbox"/> N-None	
	Date Occurred 5-26-11		Time Occurred 1820 hrs		Day of the Week		Special Reports	
N	From: To:		From: To:		S M T W Th F Sa		<input type="checkbox"/> LEOKA <input type="checkbox"/> Hate/Bias Crime	
	Offense #	Offense	Statute	UCR Off Code	Activity	Status	Location*	Weapon Type(s)
C		Accidental Death		90Z		<input type="checkbox"/> A-Attempted	27	
						<input checked="" type="checkbox"/> C-Completed		
D	Location(s) of Offense(s): 2054 Co Hwy P68 Kellerton (codes listed below)							
	01 Air/Bus/Train Terminal	08 Department/Discount Store	15 Jail/Prison	22 School/College	26 Park			
E	02 Bank/Savings & Loan	09 Drug Store/Dr Office/Hospital	16 Lake/Waterway	23 Service/Gas Station	27 Farm Residence			
	03 Bar/Night Club	10 Field/Woods	17 Liquor Store	24 Specialty Store	28 Farm Building			
N	04 Church/Synagogue/Temple	11 Government/Public Building	18 Parking Lot/Garage	25 Other/Unknown	29 Other Farm			
	05 Commercial/Office Building	12 Grocery/Supermarket	19 Rental/Storage Facility*			* If #14 or #19 is indicated, specify number of units entered: →		
T	06 Construction Site	13 Highway/Road/Alley	20 Residence/Home					
	07 Convenience Store	14 Hotel/Motel/Etc.*	21 Restaurant					
V	Codes for Type of Weapon/Force Involved:							
	11-Firearm (type not stated)	13-Rifle	15-Other Firearm	35-Motor Vehicle	70-Narcotics/Drugs			
E	11A-Automatic Firearm	13A-Automatic Rifle	15A-Other-Auto Firearm	40-Hands, Fist, Feet, Etc.	85-Asphyxiation			
	12-Handgun	14-Shotgun	20-Knife/Cutting Instrument	50-Poison	90-Other			
H	12A-Automatic Handgun	14A-Automatic Shotgun	30-Blunt Object	60-Explosives	95-Unknown			
	Method of Entry: <input type="checkbox"/> F-Forcible <input type="checkbox"/> N-No Force		Point of Entry: <input type="checkbox"/> Door <input type="checkbox"/> Window <input type="checkbox"/> Roof <input type="checkbox"/> Other.					
P	Loss Code	Property Code	LIC	LIS	LIY	LIT	(b)(3):CPSA Section 25(c), (b)(6)	# Stolen
								# Recovered
R	Color	Year	Make	Model	Style	Date of Recovery	Estimated Value	
	Green		John Deere	GATOR	XLUV 825			
O	Loss Code	Property Code	Estimated Quantity	Item Stolen, Seized, Burned, Lost, Found Or Destroyed (Include Make, Model, Size, Type, Serial Number, Color, Etc.)			Estimated Value	Date of Recovery
P	Loss Codes:							
	1-None	2-Burned	3-Counterfeited	4-Damaged/Destroyed	5-Recovered	6-Seized	7-Stolen	8-Unknown
R	Narrative: Brad Still called in to the Sheriff's Office to report a four-wheeler accident. Charley Ann Bowen was operating a John Deere Gator vehicle when she drove onto a large pile of gravel causing the vehicle to upset. Charley was ejected from the vehicle causing her death.							
T	Property Codes:							
	01-Aircraft	13-Firearms	26-Radios/TVs/VCRs	35-Structures-Other	53-Farm Chemicals			
Y	02-Alcohol	14-Gambling Equipment	27-Recordings Audio/Visual	36-Tools	54-Other Farm Supplies			
	03-Automobiles	15-Heavy Construction/Industrial Equipment	28-Recreational Vehicles	37-Trucks	55-Grain			
Y	04-Bicycles	16-Household Goods	29-Structures - Single Occupancy Dwelling	38-Vehicle Parts/Accessories	56-Cattle			
	05-Buses	17-Jewelry/Precious Metals	30-Structures - Other Dwelling	39-Watercraft	57-Hogs			
Y	06-Clothes/Furs	19-Merchandise	31-Structures-Other Commercial/Business	50-Tractors	58-All Other Livestock			
	07-Computer Software/Hardware	20-Money	32-Structures-Industrial/Manufacturing	51-Combines	97-Special Category			
Y	08-Consumable Goods	21-Negotiable Instruments	33-Structures-Public/Community	52-Other Farm Machinery	98-Pending Inventory			
	09-Credit/Debit Cards	22-Non-negotiable Instruments	34-Structures - Storage					
Y	10-Drugs/Narcotic	23-Office-type Equipment	Complainant/Reporting Party (signature)					
	11-Drug Equipment	24-Other Motor Vehicles						
Y		25-Purses/Handbags/Wallets						

OFFENDER	Check One: <input type="checkbox"/> Offender <input type="checkbox"/> Suspect	Offender ID # 12603FWB2038	Name (Last, First, Middle)	Exhibit A	Nickname/Alias	Address (Street, City, State, Zip) Page 2 of 2			
	<input type="checkbox"/> W-White <input type="checkbox"/> B-African Amer <input type="checkbox"/> A-Asian/Pac Islndr	<input type="checkbox"/> I-Native Amer /Alaskan <input type="checkbox"/> U-Unk	<input type="checkbox"/> F-Female <input type="checkbox"/> M-Male <input type="checkbox"/> U-Unknown	DOB or Age	<input type="checkbox"/> H-Hispanic <input type="checkbox"/> N-Non-Hispanic <input type="checkbox"/> U-Unknown	Height	Weight	Eyes	Hair
EVIDENCE	SOC/OLN/OLS		Relationship of Victim # to Offender	Relationship of Victim # to Offender	Arrest: <input type="checkbox"/> Y-Yes <input type="checkbox"/> N-No	Offender Suspected of Using (check as many as apply) <input type="checkbox"/> A-Alcohol <input type="checkbox"/> C-Computer Equipment <input type="checkbox"/> D-Drugs <input type="checkbox"/> N-Not Applicable			Offender Present <input type="checkbox"/> Y-Yes <input type="checkbox"/> N-No
	LIC	LJS	LIY	LIT	VIN				
SUSPECT	Check One: <input type="checkbox"/> Offender <input type="checkbox"/> Suspect	Offender Seq #	Name (Last, First, Middle)		Nickname/Alias	Address (Street, City, State, Zip)			
	<input type="checkbox"/> W-White <input type="checkbox"/> B-African Amer <input type="checkbox"/> A-Asian/Pac Islndr	<input type="checkbox"/> I-Native Amer /Alaskan <input type="checkbox"/> U-Unk	<input type="checkbox"/> F-Female <input type="checkbox"/> M-Male <input type="checkbox"/> U-Unknown	DOB or Age	<input type="checkbox"/> H-Hispanic <input type="checkbox"/> N-Non-Hispanic <input type="checkbox"/> U-Unknown	Height	Weight	Eyes	Hair
CUSTODY	SOC/OLN/OLS		Relationship of Victim # to Offender	Relationship of Victim # to Offender	Arrest: <input type="checkbox"/> Y-Yes <input type="checkbox"/> N-No	Offender Suspected of Using (check as many as apply) <input type="checkbox"/> A-Alcohol <input type="checkbox"/> C-Computer Equipment <input type="checkbox"/> D-Drugs <input type="checkbox"/> N-Not Applicable			Offender Present <input type="checkbox"/> Y-Yes <input type="checkbox"/> N-No
	Relationship Codes:		CH-Child GP-Grandparent GC-Grandchild IL-In-Law SP-Stepparent	SC-Stepchild SS-Stepsibling OF-Other Family Member AQ-Acquaintance FR-Friend	NE-Neighbor BE-Babysitree BG-Boyfriend/Girlfriend CF-Child of Boyfriend/Girlfriend	HR-Homosexual Relationship XS-Ex-Spouse EE-Employee ER-Employer	OK-Otherwise Known RU-Relationship Unknown ST-Stranger VO-Victim was Offender		
WITNESS	Referrals: <input type="checkbox"/> S-Shelter <input type="checkbox"/> O-Other	<input type="checkbox"/> N-None <input type="checkbox"/> M-Medical <input type="checkbox"/> F-Financial Assistance	<input type="checkbox"/> L-Legal <input type="checkbox"/> C-Counseling	Children: <input type="checkbox"/> U-Present/Unharmd <input type="checkbox"/> H-Present/Harmed <input type="checkbox"/> N-None Present	Evidence Collected: <input type="checkbox"/> Photos <input type="checkbox"/> Fingerprints <input type="checkbox"/> Other				
	Witness(s) Name (Last, First, Middle)		Address (Street, City, State, Zip)			Home Phone		Business Phone	
NOTES									
STATUS	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive	Exceptional Clearance: <input type="checkbox"/> A-Death of Offender <input type="checkbox"/> B-Prosecution Declined <input type="checkbox"/> C-Extradition Denied			<input type="checkbox"/> D-Victim Refused to Cooperate <input type="checkbox"/> E-Juvenile - No Custody <input type="checkbox"/> N-Not Applicable <input type="checkbox"/> T-TOT Another Agency <input type="checkbox"/> W-Warrant Issued		Reporting Officer: Mark Davison		Badge # 80-5
	<input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Unfounded	Exceptional Clearance Date:					Supervisor: Rob Halay		80-2 Badge #
							Entered By:		ID #

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

114-

BIRTH NUMBER

DECEDENT

PLACE

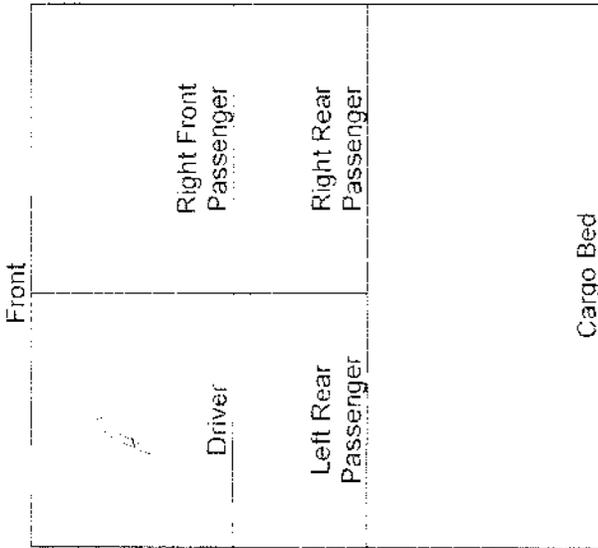
DISPOSITION

DATE

CAUSE OF DEATH

CERTIFIER

1. DECEDENT'S FULL NAME	FIRST		MIDDLE		LAST		SUFFIX, if any	
(b)(3):CPSA Section 25(c),(b)(6)								
2. SEX	3a. AGE - LAST BIRTHDAY		3b. UNDER 1 YEAR		3c. UNDER 1 DAY		5. COUNTY OF DEATH	
Female	8 Years		Months Days		Hours Minutes		(b)(3):CPSA Section 25(c),(b)(6) Ringgold	
6. PLACE OF BIRTH (City & State, or Foreign Country)				7. SOCIAL SECURITY NUMBER			8. CITIZEN OF WHAT COUNTRY?	9. EVER IN U.S. ARMED FORCES?
Des Moines, Iowa				[REDACTED]			United States of America	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10a. MARITAL STATUS AT TIME OF DEATH			10b. DECEDENT'S LAST NAME PRIOR TO ANY MARRIAGE (If ever married)			11. SURVIVING SPOUSE (Full name prior to any marriage)		
<input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown			BOWEN					
12a. RESIDENCE-STATE		12b. RESIDENCE-COUNTY		12c. RESIDENCE-CITY OR TOWN		12d. RESIDENCE-STREET & NUMBER, ZIP CODE		12e. INSIDE CITY LIMITS?
(b)(3):CPSA Section 25(c),(b)(6)		(b)(3):CPSA Section 25(c),(b)(6)		(b)(3):CPSA Section 25(c),(b)(6)		(b)(3):CPSA Section 25(c),(b)(6)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13. FATHER'S NAME			14. MOTHER'S NAME PRIOR TO ANY MARRIAGE					
(b)(6)			(b)(6)					
15a. INFORMANT'S NAME			15b. INFORMANT'S MAILING ADDRESS (Street & Number, City, State, Zip Code)				15c. RELATIONSHIP TO DECEDENT	
(b)(6)			[REDACTED]				Mother	
16. PLACE OF DEATH (Check only one)								
IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Dead on Arrival								
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)								
17a. FACILITY NAME (If not institution, give street and number)				17b. CITY, TOWN, OR LOCATION & ZIP CODE OF DEATH			17c. INSIDE CITY LIMITS?	
2054 P68				Kellerton, IA 50133			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18. METHOD OF DISPOSITION				19. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place)				
<input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)				Rose Hill Cemetery				
20. LOCATION OF DISPOSITION (City or Town & State)				21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY				
Mount Ayr, Iowa				Watson-Armstrong Funeral Home 205 W. Monroe Mount Ayr Iowa 50854				
22a. FUNERAL DIRECTOR - Printed Name				22b. FUNERAL DIRECTOR - Signature			22c. LICENSE NUMBER	
William J. Armstrong				[Signature]			2313	
ITEMS 24 - 28 REQUIRED TO BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH			24. DATE PRONOUNCED DEAD (Month, Day, Year) (Spell out month)			28. TIME PRONOUNCED DEAD		
			May 26, 2011			TIME 18:40 <input type="checkbox"/> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Military		
26. NAME OF PERSON PRONOUNCING DEATH (if different than certifier) (Type or print legibly)				27. TITLE		28. LICENSE NUMBER		31a. MEDICAL EXAMINER CONTACTED?
E. Michael Magers DO				Physician		3319		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
29. ACTUAL OR PRESUMED DATE OF DEATH (Month, Day, Year) (Spell out month)				30. ACTUAL OR PRESUMED TIME OF DEATH		31b. If Yes, M.E. DEFERRED?		
May 26, 2011				TIME 18:30 <input type="checkbox"/> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Military		<input type="checkbox"/> Yes <input type="checkbox"/> No		
CAUSE OF DEATH (See instructions and examples)								
32a. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.								32b. Approximate interval between onset and death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →→→→→								Immediate
a. Skull Fracture								
Due to (or as a consequence of):								
b. Overturning 4 WD off road vehicle (Gator)								
Due to (or as a consequence of):								
c. _____								
Due to (or as a consequence of):								
d. _____								
Due to (or as a consequence of):								
32c. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.						33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
						34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
35. DID TOBACCO USE CONTRIBUTE TO DEATH?		36. IF FEMALE:						
<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year						
37. MANNER OF DEATH			38. DATE OF INJURY (Month, Day, Year) (Spell out month)					
<input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined			May 26, 2011					
			39. TIME OF INJURY <input type="checkbox"/> AM <input type="checkbox"/> PM		40. PLACE OF INJURY (e.g., home, farm, street, roadway, etc.)		41. INJURY AT WORK?	
			TIME 18:30 <input checked="" type="checkbox"/> Military		Home/Farm		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
42. LOCATION OF INJURY (Complete physical address - Street & Number, Apt. #, City or Town, State, Zip Code)						43. IF TRANSPORTATION INJURY, SPECIFY:		
(b)(3):CPSA Section 25(c),(b)(6)						<input checked="" type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		
44. DESCRIBE HOW INJURY OCCURRED: Decedent driving, thrown from vehicle resulting in skull fracture								
45. CERTIFIER <input checked="" type="checkbox"/> 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. (Check only one) <input type="checkbox"/> 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.								
Signature [Signature]				46. TITLE DO		47. DATE CERTIFIED (Month, Day, Year)		48. LICENSE NUMBER
						6-01-2011		3319
48. NAME & COMPLETE MAILING ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER						49. LICENSE NUMBER		
E. Michael Magers DO 504 North Cleveland, Mount Ayr, IA 50854						3319		
50. FOR REGISTRAR ONLY - REGISTRAR SIGNATURE						50a. DATE RECEIVED BY REGISTRAR (Month, Day, Year)		



The Utility Vehicle

A:

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

D:

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

B:

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

E:

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

C:

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

F:

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

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

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

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

CONTACT LIST

Ringgold County Sheriff
109 W Madison
Mount Ayr, IA 50854
641-464-3921

Mount Ayr Medical Clinic
504 N Cleveland
Mount Ayr, IA 50854
641-464-3226

Task Number 110603HWE2038

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

Type of respondent: Police Department

Other, specify:

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

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

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

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

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

Model: Gator XUV

/ (b)(6)

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: 00

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: 05/28/2011

Age/Sex: 8 / Female

State of Death: IOWA

City of Death: (b)(6)

County of Death: Ringgold

Race: 1 - White

Race Other:

Hispanic/Latino: 2 - NO

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

Death #1	Death #2
Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	Yes <input type="radio"/> No <input type="radio"/> Unknown

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

An eight year-old white female was killed when the four-wheeled UTV she was driving near her residence located on the family farm rolled over and ejected the victim. The UTV then landed on top of the victim. Cause of death is due to a skull fracture.

9. Did the ATV overturn/tipover/rollover? 00

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

Victim 1: Victim 2:

Yes No Unknown Yes No Unknown

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

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

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: 8 Height: 52 (inches)
Weight: 01 = 74 and unde 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?

- 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:



JOHN DEERE

Deere & Company
Law Department
One John Deere Place, Moline, IL 61265 USA
Phone: 309-766-4044
Fax (309) 749-0085 or (309) 765-5892
Email: SteenlageKeithE@JohnDeere.com

Keith E. Steenlage
Assistant General Counsel

16 August 2011

Pamela Mc Donald
National Injury Information Clearinghouse
4330 East West Highway, Room 502
Bethesda, MD 20814

VIA EMAIL

Re: Epidemiologic Investigation Report 110603HWE2038

Dear Ms. McDonald:

Deere & Company would like to comment on the above referenced Consumer Product Incident Report, which was attached to your letter dated 29 July 2011.

This report involves a fatality on a John Deere Gator 825. According to the EIR, an eight year old girl was operating this Gator around two large loads of freshly delivered gravel. There were no eye witnesses of the incident but the investigation officer concluded that the victim either lost control or had intentionally driven the Gator up the large gravel piles when the it overturned. The operator was ejected from the machine and the overturned vehicle landed on the head of the victim.

All John Deere Gators have safety signs on the machine related to operator age (16 years old minimum) and operation in hilly areas. This same information is also contained in the Operator's Manual.

This incident was reported to Deere & Company prior to receipt of this EIR, but little additional information was provided. The Gator 825 met or exceeded all applicable standards at the time it was manufactured. Deere & Company denies there is any manufacturing or design defect with this product.

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

Sincerely,

Keith E. Steenlage

cc: Daniel A. Harvey

X1160037A



8-year-old girl killed in ATV accident

Written by

associated press

10:14 PM, May. 28, 2011|

Kellerton, Ia. - An 8-year-old (b)(6) girl died in an all-terrain vehicle accident Thursday.

(b)(3):CPSA Section died after the crash that happened in a rural area outside (b)(6) said Ringgold County Sheriff Mark Davison.

(b)(3): had been driving a John Deere Gator ATV at the time of the crash, the sheriff said. The vehicle hit a pile of gravel and overturned. (b)(3): was ejected from the vehicle in the crash.

Advertisement



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On May 30, 2011, a 29 year old male was killed in a UTV accident in Saline Township, Ohio. Speed, alcohol, and drugs were believed to be factors in the crash.

The Saline Township Police Department report was obtained (Exhibit A). According to the report and an interview with the patrolmen, the victim was driving on muddy terrain at approximately 15-20 mph when he took a sharp turn and crashed into a tree. The tree branch struck the victim in the throat. The victim was wearing a seat buckle.

A female passenger, approximately 25 years of age, was riding with the victim. Neither she nor the victim wore helmets. The two witnesses advised that they and the victim were all “highly intoxicated.”

The Columbiana County, Ohio Coroner’s Office listed the cause of death as blunt impacts to the head and neck with vascular, skeletal, and soft tissue injuries. The Coroner’s Office Report revealed that the femoral blood analysis showed positive results for cocaine, ethanol, amphetamine, midazolam, and fentanyl (Exhibit B).

Product Information

It should be noted that official reports stated the product is an ATV however, photos identify it as a UTV.

The UTV was a Kawasaki Model Teryx, green in color, unknown VIN and model year. The UTV had two bucket seats and a steering wheel. There were no known aftermarket modifications made to the UTV.

Attachments

Exhibit A – Saline Township Police Department Report

Exhibit B – Columbiana County, Ohio Coroner’s Report

Exhibit C – Contact List

Exhibit D - Utility Vehicle Data Record Sheet

SALINE TOWNSHIP P.D.

164 County Highway 50A
HAMMONDSVILLE, OHIO 43930
PHONE 330-532-1675
FAX 330-532-1675

To: <i>Becky Barnhart</i>	From: <i>Saline Twp P.D.</i>
Fax: <i>855-823-2375</i>	Pages: <i>3</i>
Phone:	Date: <i>7-11-2011</i>
Re: <i>Fatality</i>	cc:

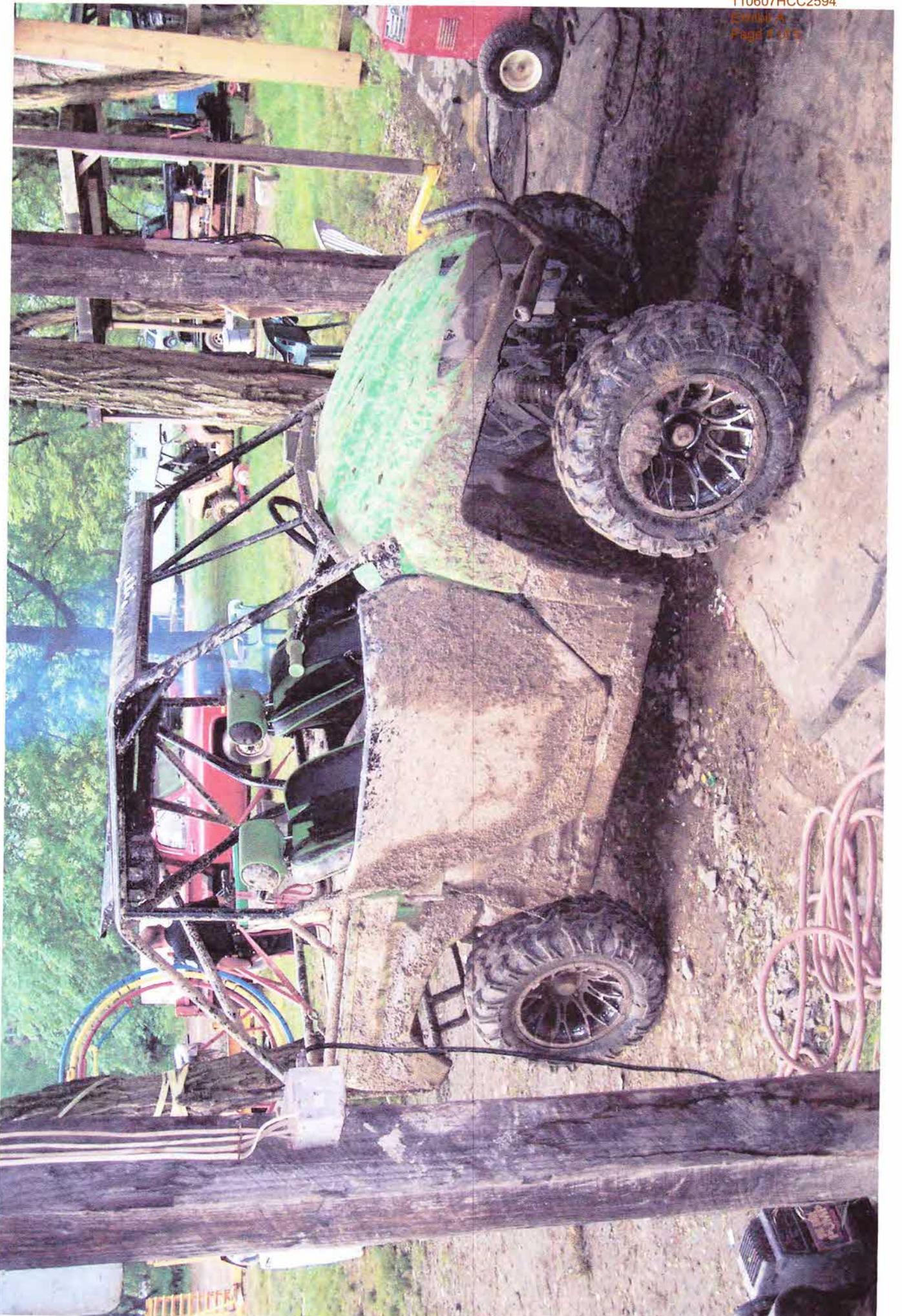
Comment: *Report # 1107885
ATV accident*

Chief Ken Hayes

facsimile

GENERAL INFO	REPORTED DATE 5/30/2011	SALINE TOWNSHIP P.D.			CALL NUMBER 11 078 05
	REPORTED TIME 07:26				GEO CODE SA
	TIME OF DISPATCH 02:49				CALL STATUS 1
	ARRIVAL TIME 03:07				TIME OF CLEARANCE 06:30
COMPLAINANT	NAME (b)(6)				
	ADDRESS (b)(6)				
	CITY (b)(6)	STATE OH	ZIP 44280	TELEPHONE (b)(6)	
INCIDENT	ADDRESS				
	CITY	STATE	ZIP	CALL RECEIVED BY J-COMM	
	NATURE OF INCIDENT				
NARRATIVE	<p>NARRATIVE</p> <p>ON THE ABOVE DATE AND TIME PTL STEWART AND PTL LACKEY RESPONDED TO A REPORT OF AN ATV ACCIDENT IN THE "PITT" AREA OF YELLOW CREEK, THE CALLER ADVISED THAT THE SUBJECT WOULD BE BROUGHT TO THE CAMP GROUND TO MEET THE UNITS, AS WE PROCEEDED IN THE DEPARTMENT'S HUMVEE WE WERE ADVISED OF SEVERAL LOCATION CHANGES, WE WERE FINALLY ADVISED THAT THE FIRE DEPARTMENT WAS OUT AT POLAR MINERAL WITH THE PATIENT WE RESPONDED TO THAT LOCATION TO ASSIST WITH THE LANDING ZONE FOR STAT MEDIVAC ONCE THE STAT CREW WAS DOWN, THEY BOARDED THE AMBULANCE I WAS ASKED BE EMS PERSONEL TO ATTEMPT TO MAKE CONTACT WITH THE SUBJECTS FAMILY IN ARKON I CONTACTED J-COMM AND HAD THEM CONTACT ARKON POLICE DEPARTMENT TO SEND A UNIT TO THE RESIDENCE AT (b)(6) OHIO, AND ADVISE THEM THAT (b)(3):CPSA S WAS BEING TRANSPORTED TO UMPC IN PITTSBURGH AT 4:20AM, WHILE SPEAKING TO (b)(6) FATHER I WAS ADVISED BY ASSST CHEIF (OF SALINE TWP EMS) ROBIN WEAKLY THAT THE SUBJECT HAD "CODED" AND THEY WERE TRANSPORTING BY GROUND TO EAST LIVERPOOL CITY HOSPITAL AT THIS TIME I ADVISED (b)(6) TO JUST COME TO EAST LIVERPOOL CITY HOSPITAL AND THAT IF THEY TRANSPORTED ANY WHERE ELSE I WOULD CONTACT HIM</p> <p>WITNESSES ON SCENE ADVISED ME THAT THEY WERE RIDING IN A "SIDE BY SIDE" ATV ON A TRAIL, THEY WENT AROUND A SHARP TURN THERE WAS A TREE LAYING ON THE GROUND WITH SEVERAL LARGE BRANCHES STICKING OFF OF IT, ONE OF WHICH STRUCK THE DECESED IN THE THROAT AREA HE PUT THE BIKE IN REVERSE TO ATTEMPT TO GET OFF OF IT, BUT COULD NOT, THEY THEN REMOVED HIM FROM THE BRANCH TAKING HIM UNDER THE BRANCH AND PLACING HIM IN ANOTHER "SIDE-BY-SIDE" AND RUSHING HIM TO POLAR MINERALS TO THE AWAITING FIRE DEPARTMENT PERSONEL. THE WITNESSES ADVISED ME THAT THEY WERE ALL THREE HIGHLY INTOXICATED</p> <p>UPON MY ARRIVAL AT EAST LIVERPOOL CITY HOSPITAL THE DOCTORS AND NURSES WERE STILL WORKING (b)(6) I WAS ADVISED BY DOCTOR (b)(6) AT 0523 HRS THAT THEY HAD PRONOUNCED HIM DEAD DR. (b)(6) THEN NOTIFIED THE COL COUNTY CORNER'S OFFICE AND ALSO DID THE DEATH NOTIFICATION TO THE FAMILY.</p> <p>UPON RETURN TO THE POLICE STATION I CONTACTED THE CALLER AND HAD THEM COME TO THE POLICE DEPARTMENT TO FILL OUT STATEMENTS, I ALSO SENT CAPT. UTT AND PTL STEWART TO THE CAMP SITE TO TAKE PICTURES OF THE ATV MR. PUGH HAD BEEN RIDING UP.</p> <p>WHILE SPEAKING TO THE WITNESSES A (b)(6) THEY ADVISED ME THIS TIME THAT MR (b)(6) WAS NEVER IMPALED BY THE BRANCH RATHER IT HAD JUST "GRAZED" HIS NECK AND THAT HE WAS ABLE TO</p>				
REPORTING OFFICER PTL. JAMES LACKEY	BADGE NUMBER 6204				

G E N E R A L I N F O	REPORTED DATE 5/30/2011	SALINE TOWNSHIP P.D. OHIO INCIDENT BASED REPORTING SYSTEM <u>CALL RECORD</u>	CALL NUMBER 11 078 05
	REPORTED TIME 07:26		GEO CODE SA
	TIME OF DISPATCH 02:48		CALL STATUS 1
	ARRIVAL TIME 03:07		TIME OF CLEARANCE 06:30
N A R R A T I V E	<p>REMOVE HIM SELF FROM THE "SIDE BY SIDE" AT THIS TIME I HAD THEM WRITE STATEMENTS FOR ME DETAILING WHAT HAPPENED. A COPY OF WHICH IS ATTACHED.</p> <p>AT APPROX 0815 I RECIEVED A CALL FROM INVETIGATOR BRANDI PHILLIPS FROM THE COLUMBIANAN COUNTY CORONER'S OFFICE REQUESTING INFORMATION, SHE ALSO CONFIRMED THAT THE STICK HAD IMPALED (b)(3):C AND ADVISED THAT SHE GOING TO SEND THE BODY FOR FURTHER INVESTIGATION</p>		
	REPORTING OFFICER PTL. JAMES LACKEY	BADGE NUMBER 6204	





NO
ALCOHOLIC
BEVERAGES
ALLOWED

COLUMBIANA COUNTY CORONER

William A. Graham, Jr., MD

David B. Nash, MD, Deputy Coroner

@ Civigenics

P.O. Box 540

Lisbon Ohio 44432

330-424-5029

FAX: 330-424-6501

FAX TRANSMITTAL SHEET

TO: *Rebecca Barnhart*
FAX #: *855-823-2375*
FROM: COLUMBIANA COUNTY CORONER'S OFFICE
Date: *8-25-2011*
PAGES: *10*

MESSAGE:

Autopsy + Toxicology Reports on

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

D.O.D 5-30-2011

If you have received this FAX in error please contact our office at 330-424-5029

Sincerely,

William A. Graham, Jr., MD
Coroner, Columbiana County, Ohio

Case Number: OU2011-.../0
Name: (b)(3):CPSA

Death County: Col...ana

REPORT OF AUTOPSY

An autopsy was performed at the Cuyahoga County Coroner's Office at 12:00 PM, on 5/31/2011 by Jimmie K. Smith, M.D.

ANATOMIC DIAGNOSES:

- I. History of all terrain vehicle accident with impalement of foreign body into neck
 - A. Blunt impacts to the head and neck
 1. Swelling of subcutaneous tissues of the face
 2. Hemorrhage of right parietal, right occipital and right temporal deep scalp tissues
 3. Hemorrhage of right temporalis muscle
 4. Laceration of left submandibular region of the neck
 5. Hemorrhage of anterior neck musculature
 6. Hemorrhage of fascia surrounding proximal left external carotid artery
 7. Fracture of right mandible
 8. Laceration of posterior midline tongue
- II. Clinical history of rapid sequence intubation with sedation and cricothyroidotomy
 - A. Tracheostomy tube in place in larynx through incision in anterior midline neck
 - B. Clinical history of acute hemorrhage with bradycardia
- III. Moderate macro and microvesicular hepatic steatosis
- IV. Therapeutic intervention
 - A. Intraosseous line
 - B. Electrocardiogram pads
 - C. Defibrillator pads
 - D. Tracheostomy tube
 - E. Patient identification band
 - F. Intravenous access lines

Cause of Death: Blunt impacts to head and neck with vascular, skeletal and soft tissue injuries.

Case: OU2011-00070

County: Colu ana

Name: (b)(3):CPSA

GROSS ANATOMIC DESCRIPTION

EXTERNAL EXAMINATION: The body is that of a well-developed, well-nourished Caucasian male, whose appearance is consistent with the reported age of 29 years. The body weighs 186 pounds and is 69 inches in length. The body is in full rigor mortis. Lividity is fixed and posterior in distribution. The skin temperature is cool.

The scalp hair is dark brown and has a normal distribution. The face displays a beard and mustache. The conjunctivae are pale, the corneas are clear, and the irides are brown. The pupils are unremarkable. The ears, nose, and mouth show no abnormalities. The teeth are natural and in fair condition. The neck is of normal configuration, and there are no palpable masses. The thorax is symmetrical and normal in configuration. The breasts are of normal male configuration, and there are no palpable masses. The abdomen is flat. The external genitalia are of normal male circumcised conformation, and there are no external lesions. The extremities appear normal, and the joints are not deformed. All digits are present. The skin is of normal pliability and texture and presents no significant lesions. There is no icterus. As initially viewed, there is dried smeared blood on the left upper extremity and the face.

SCARS AND IDENTIFYING MARKS:

1. A 5 1/2" x 3 1/2" multicolored tattoo of a Confederate flag is on the right lateral shoulder.
2. A 7 1/2" x 1/2" green tattoo is across the anterior upper chest which states "It Is What It Is".
3. A 1/2" x 1/4" green tattoo of the inscription "YEEHAW" is on the lower oral labial mucosa.
4. A 10" x 10" green tattoo of a skeletonized head with antlers is on the back.
5. A 1 1/2" x 1" green tattoo of a cross is on the left lateral leg.

EXTERNAL AND INTERNAL EVIDENCE OF RECENT THERAPY:

1. An intraosseous line is in the skin of the right leg.
2. Electrocardiogram pads are distributed as follows: four are on the skin of the bilateral upper chest and two are on the skin of the left lateral lower chest.
3. There are three defibrillator pads distributed as follows: one is on the right anterior chest, one is on the right lower chest, and one is on the left lower chest.
4. A tracheostomy tube is in place in the midline neck and inserts through a 3/4" vertical incision in the skin of the anterior midline neck into the left subglottic region of the larynx, approximately 0.7 cm inferior to the left vocal fold.
5. A patient identification band is across the right wrist.
6. An intravenous access line punctures the skin of the left antecubital fossa.
7. A triple lumen catheter punctures the skin of the left inguinal region.
8. Sodium chloride bags connected to the intravenous access line and a bag of red blood cells accompany the body.
9. A 1/2" x 1/2" red ecchymosis is on the right antecubital fossa.
10. A 2" x 1/2" red confusion is on the mid sternum.

EXTERNAL AND INTERNAL EVIDENCE OF RECENT INJURY:

1. There is swelling in the subcutaneous tissues of the face, most pronounced in the right temporomandibular region.
2. There is focal hemorrhage in the right temporalis muscle.
3. There is fracture of the right mandible.
4. There is a trail of blood oozing from the right ear.
5. A 1 1/2" oblique laceration is in the left submandibular region of the anterolateral neck, through which exposed hemorrhagic suprahyoid musculature and salivary gland tissue is visible. A 2 1/2" x 1" red abrasion surrounds the laceration.
6. A 1/2" x 1/4" transverse irregular laceration perforates the posterior aspect of the midline tongue with associated soft tissue hemorrhage.
7. A measured volume of 100 ml of liquid and clotted blood is in the stomach. A mild amount of blood is in the proximal duodenum.
8. There is hemorrhage in the right parietal, right temporal and right occipital deep scalp tissues.

Case: 0112011-00070

County: Colliana

Name: (b)(3):CPSA
Section 25(e)

9. There is hemorrhage of the fascia surrounding the proximal left external carotid artery.
10. There is hemorrhage in the anterior neck musculature.
11. A ¼" x ½" red abrasion is on the left forearm.

The above injuries, once having been described, will not be referred to below. The remainder of the external examination of the head, neck, trunk, and extremities is unremarkable.

INTERNAL EXAMINATION: The body is opened by means of the usual "Y" and biparietal incisions. The viscera of the thoracic and abdominal cavities occupy their normal sites. The serous surfaces are smooth and glistening. No fluids are present within the pericardial sac, right or left pleural cavities, or abdominal cavity. There are no abnormal masses present. The diaphragmatic leaves are normally situated. The margins of the liver and spleen are in proper relationship to their costal margins. The weights of the organs are as follows and, unless specified below, show no additional evidence of congenital or acquired disease.

Heart - 390 grams
Right lung - 570 grams
Left lung - 490 grams
Spleen - 190 grams
Liver - 1890 grams
Right kidney - 150 grams
Left kidney - 160 grams
Brain - 1580 grams

NECK: The neck organs are excised en bloc and examined separately. The surface of the tongue and serial cross sections through the tongue show injury as previously described. The larynx and trachea have a normal caliber and are free of obstruction. A mild amount of liquid blood is in the trachea. The laryngeal and tracheal mucosa is soft and tan. The paravertebral musculature is remarkable for hemorrhage as previously described. The cervical spine, hyoid bone, and tracheal cartilage are intact.

CARDIOVASCULAR:

Heart: The heart is normal in configuration. The coronary arteries have a normal anatomic distribution, and multiple cross sections show no significant narrowing of lumina and no evidence of thrombosis. The epicardium is smooth and glistening. There is a normal amount of epicardial fat and its distribution is normal. The great vessels enter and leave the heart in a normal manner. The cardiac chambers have a normal configuration. The septa are intact, and there are no congenital abnormalities. The myocardium is of normal consistency and appearance. The left and right ventricles are 1.5 cm and 0.5 cm thick, respectively. The heart valves are thin, pliable, and delicate, and are free of deformity. Valve circumferences are as follows: tricuspid valve = 12.0 cm, pulmonic valve = 6.5 cm, mitral valve = 10.0 cm, and aortic valve = 6.0 cm.

Aorta and its major branches: The aorta and its principal branches are patent throughout. There are no thrombi, areas of erosion, or zones of significant narrowing present.

Venae cavae and their major tributaries: The superior and inferior venae cavae and their major tributaries are patent throughout. No areas of extrinsic or intrinsic stenosis are present.

RESPIRATORY: The major bronchi have a normal caliber and are free of obstruction. A mild amount of clotted blood is identified in the left main bronchus. The right and left lungs have a normal lobar configuration. The visceral pleura is smooth and glistening and mottled mildly with black streaks. There are no subpleural emphysematous bullae. The pulmonary arteries are free of emboli and thrombi. The lungs are crepitant throughout. The parenchyma is unremarkable.

RETICULOENDOTHELIAL: The spleen has a normal configuration. The capsule is blue-gray and smooth, without areas of thickening. On section, the splenic pulp is of normal consistency and appearance. No abnormal lymph nodes are encountered.

DIGESTIVE: The esophagus is free of lesions. The stomach has a normal configuration. The serosa is smooth and glistening. The wall is of normal thickness and the mucosa is thrown into rugal folds. There are no areas of ulceration. The

Case: **OU2011-00070**

County: Col ana

Name: **(b)(3):CPSA**

stomach contains approximately 100 ml of liquid and clotted blood. The duodenum is free of ulceration and other intrinsic lesions. A mild amount of blood is present in the proximal duodenum. The remainder of the small bowel, the colon, and the rectum are normal in appearance. The appendix is present and is unremarkable.

HEPATOBIILIARY:

Liver: The capsule is smooth and glistening. The liver configuration is normal. Multiple cross sections through the liver reveal a normal lobular pattern.

Gallbladder: The gallbladder is of normal size and configuration. The wall is thin and the mucosa is bile-stained. It contains approximately 12 ml of bile. No calculi are present.

PANCREAS: The pancreas is soft and normally lobulated. Multiple cross sections through the pancreas reveal normal tan-pink parenchyma without intrinsic lesions.

GENITOURINARY SYSTEM:

Kidneys: The right and left kidneys are similar. The capsules strip with ease to reveal smooth subcapsular surfaces. The renal arteries and veins are patent and free of stenosing lesions. On section, the renal cortices are of normal thickness and the cortico-medullary demarcations are distinct. The medullae are unremarkable. The pelvo-calyceal systems are normal in appearance. The ureters are unremarkable.

Bladder: The bladder is of normal configuration. The mucosa is intact and free of ulcerations or other lesions. It contains approximately 30 ml of urine.

Prostate and seminal vesicles: Multiple cross sections through the prostate reveal rubbery, firm, gray-white parenchyma, free of lesions. The seminal vesicles are unremarkable.

Testes: The testes are both present within the scrotal sac, and bivalve sections show a normal parenchyma.

ENDOCRINE SYSTEM: No abnormalities are present in the pituitary, thyroid, or adrenal glands.

MUSCULOSKELETAL: The axial and appendicular skeleton show no abnormalities. The exposed musculature is unremarkable.

HEAD/BRAIN: The scalp shows evidence of contusions as previously described. The skull is intact. The dura is smooth and glistening. The convexities of the cerebral hemispheres are symmetrical. The leptomeninges are thin and transparent. The subarachnoid space does not contain any hemorrhage. The cerebrum presents normal convolutions, with no flattening of the gyri or deepening or widening of the sulci. There is no evidence of subfalcial, uncus, or cerebellar tonsillar herniation present. The major cerebral arteries show no significant atherosclerosis or congenital anomalies. The roots of the cranial nerves are unremarkable. Serial coronal sections through the cerebral hemispheres show a grossly normal cortical ribbon and underlying white matter. The basal ganglia and diencephalon show no gross abnormalities. Serial cross sections through the brainstem and sagittal sections through the cerebellum fail to show any gross lesions or abnormalities. The ventricular system is symmetrical and of normal size and configuration. After removal of the brain, the base of the skull does not demonstrate any fractures.

SPINAL CORD: The spinal cord is smooth, white, and glistening, and serial cross sections through the spinal cord show no gross abnormalities.

MICROSCOPIC DESCRIPTION

CARDIOVASCULAR SYSTEM:	Sections of the heart show scattered hypertrophic myocytes.
RESPIRATORY SYSTEM:	Sections of lungs show numerous collections of red blood cells in alveolar spaces.
GENITOURINARY SYSTEM:	Sections of kidneys show no diagnostic abnormalities.

Case: OU2011-00070

County: Colquhanna

Name: (b)(3):CPSA S

MUSCULOSKELETAL SYSTEM:

Section of tongue shows hemorrhage adjacent to benign skeletal muscle fibers.

HEPATOBIILIARY SYSTEM:

Section of liver shows moderate macro and microvesicular steatosis.

CENTRAL NERVOUS SYSTEM:

Sections of the brain show no diagnostic abnormalities. Section of spinal cord shows no diagnostic abnormalities.

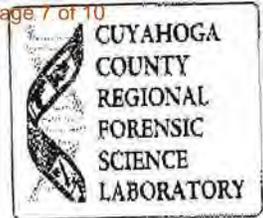
Jimmie K. Smith, M.D.
Jimmie K. Smith, M.D.

6-29-11
Date



Toxicology Laboratory Report
Cuyahoga County Regional Forensic Science Laboratory
 11001 Cedar Avenue, Cleveland, Ohio 44106

110607HCC2594
 Exhibit B
 Page 7 of 10



Page 1 of 4

Case Number : OU2011-00070
Name : (b)(3):CPSA Se
Agency : Cuyahoga County (CCMEO)
Address : 11001 Cedar Avenue, Cleveland, Ohio 44106

Report Date : Monday, July 18, 2011
Receipt Date : Tuesday, May 31, 2011
Pathologist : JSML - J. K. Smith, MD

JFKS
July 19, 2011

Specimen Received

B1 - Blood F1 - Femoral Blood G1 - Gastric I1 - Bile
 L1 - Liver R1 - Longterm Storage U1 - Urine V1 - Vitreous Humor

COMMENT : Columbiana County

B1: Heart Blood Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
Acetaminophen Screen	None Detected		See Page 4, Group 9
Salicylate Screen	None Detected		See Page 4, Group 10
Cocaine/Mtb GC/MS	Positive		
Benzoylcegonine		91 ng/mL	

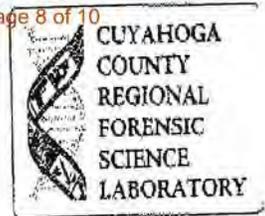
F1: Femoral Blood Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
Volatile Screen & Confirmation	Positive		See Page 4, Group 1
Ethanol (g/dL)		0.112 g/dL	
Acid Neutrals by GC/MS	Positive		See Page 4, Group 2
Caffeine		Positive	
Opiate ELISA Screen	None Detected		See Page 4, Group 7
Basic Drugs by GC/MS	Positive		See Page 4, Group 8
Amphetamine		Positive	
Benzo. Confirmation GC/MS	Positive		See Page 4, Group 15
Midazolam		0.01 mg/L	
Amine Confirm. GC/MS	Positive		
Amphetamine		0.25 mg/L	
Fentanyl by GC/MS	Positive		See Page 4, Group 17
Fentanyl		1 ng/mL	
Amphetamine ELISA	Positive		See Page 4, Group 7
Barbiturates ELISA Screen	None Detected		See Page 4, Group 7
Benzodiazepines ELISA Screen	Positive		See Page 4, Group 7
Cannabinoids ELISA Screen	None Detected		See Page 4, Group 7
Carisoprodol ELISA Screen	None Detected		See Page 4, Group 7
Cocaine Mtb. ELISA Screen	Positive		See Page 4, Group 7
Fentanyl ELISA Screen	Positive		See Page 4, Group 7
Methamphetamine ELISA Screen	None Detected		See Page 4, Group 7
Oxycodone ELISA Screen	None Detected		See Page 4, Group 7

[Signature]
 08/25/2011 11:02AM (GMT-04:00)



Toxicology Laboratory Report
Cuyahoga County Regional Forensic Science Laboratory
11001 Cedar Avenue, Cleveland, Ohio 44106

110607HCC2594
Exhibit B
Page 8 of 10



Page 2 of 4

Case Number : OU2011-00070
Name : (b)(3):CPSA Secti
Agency : Cuyahoga County (CCMEO)

Report Date : Monday, July 18, 2011
Receipt Date : Tuesday, May 31, 2011
Pathologist : JSMI - J. K. Smith, MD

F1: Femoral Blood Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
Phencyclidine ELISA Screen	None Detected		See Page 4, Group 7
Tricyclic Antidepressants ELISA Screen	None Detected		See Page 4, Group 7
Methadone ELISA Screen	None Detected		See Page 4, Group 7

G1: Gastric Contents Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	--		

I 1: Bite Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	—		

L 1: Liver Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	---		

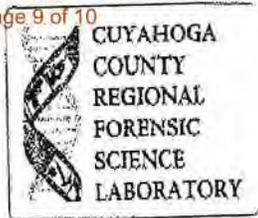
R 1: Long Term Storage Blood Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
No Test Performed	--		

U 1: Urine Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
Glucose/Ketone bodies	None Detected		See Page 4, Group 8
Basic Drugs by GC/MS	Positive		
Amphetamine		Positive	
Cocaethylene		Positive	
Cocaine		Positive	See Page 4, Group 15
Benzo. Confirmation GC/MS	None Detected		
Amine Confirm. GC/MS	Positive		
Amphetamine		Positive	

V 1: Vitreous Humor Hospital Post Analysis			
Drug Group/Class	Result	Quantitation	Analyte(s)
Volatile Screen & Confirmation	Positive		See Page 4, Group 1



Toxicology Laboratory Report
Cuyahoga County Regional Forensic Science Laboratory
11001 Cedar Avenue, Cleveland, Ohio 44106



Case Number : OU2011-00070 **Report Date :** Monday, July 18, 2011
Name : (b)(3):CPSA Sect **Receipt Date :** Tuesday, May 31, 2011
Agency : Cuyahoga County (CCMEO) **Pathologist :** JSMI - J. K. Smith, MD

V 1: Vitreous Humor Hospital Post Analysis

Drug Group/Class	Result	Quantitation	Analyte(s)
Volatile Screen & Confirmation	Positive		See Page 4, Group 1
Ethanol (g/dL)		0.146 g/dL	
Clinical Chemistry	Positive		See Page 4, Group 12
Sodium		142 mmol/L	
Potassium		11 mmol/L	
Chloride		130 mmol/L	
Total CO2		16 mmol/L	
Glucose		<50 mg/dL	
Urea Nitrogen		14 mg/dL	
Creatinine		1.2 mg/dL	

Toxicology Laboratory Report
Cuyahoga County Regional Forensic Science Laboratory
11001 Cedar Avenue, Cleveland, Ohio 44106

Analytes included in Drug Groups / Class

- 1) **VOLATILES:** Acetaldehyde, Acetone, Acetonitrile*, Butane, Chloroform*, Dichloromethane*, Ethanol, Ethyl Acetate*, Formaldehyde, Isopropanol, Methane, Methanol, Paraldehyde*, Propane, Toluene*
ETHANOL, ACETONE, ISOPROPANOL, and METHANOL confirmation by alternative GC column and/or alternative specimens.
METHANOL is differentiated from **FORMALDEHYDE** by Colorimetry (Qualitative).
- 2) **Sedatives, Hypnotics, Anti-Epileptic and Other Acidic/Neutral Drugs**
Amobarbital, Butalbital, Caffeine, Carbamazepine, Carisoprodol, Glutethimide, Ibuprofen, Levetiracetam, Meprobamate, Mexzalone, Naproxen, Pentobarbital, Pentoxifylline, Phenobarbital, Phenytoin, Primidone, Secobarbital, Theophylline, Topiramate; **ACID NEUTRAL** Confirmation by GC/MS.
- 3) **Carbon Monoxide*(Carboxyhemoglobin)** by Co-Oximetry; Carbon Monoxide, Methemoglobin, Hemoglobin; **CARBON MONOXIDE** confirmation by Spectrophotometry and/or Microdiffusion.
- 4) **Glycols*:** Ethylene Glycol, Propylene Glycol screened and quantified by GC and confirmed by GC/MS.
- 5) **Cyanide*:** Screened and quantified by GC and confirmed by GC/MS.
- 6) **EMIT®: SYMPATHOMIMETIC AMINES** (target = d-Amphetamine); **BENZODIAZEPINES** (Target= Oxazepam); **COCAINE** (Target= Benzoylcegonine (a cocaine metabolite)); **CANNABINOIDS** (Target= 11-nor-Δ-9-THC-COOH (a marijuana metabolite)); **OPIATES** (Target= Morphine); **PHENCYCLIDINE** (Target= Phencyclidine).
- 7) **ELISA (Enzyme-Linked Immunosorbent Assay) Screen:** SMAs (Target = d-Amphetamine); Barbiturates (Target = Pentobarbital); Benzodiazepines (Target = Alprazolam); Cannabinoids (Target = 11-nor-Δ-9-THC-COOH (a marijuana metabolite)); Carisoprodol (Target = Carisoprodol); Cocaine Metabolite (Target = Benzoylcegonine); Fentanyl (Target = Fentanyl); Methamphetamine (Target = d-Methamphetamine); Oxycodone (Target = Oxycodone); Phencyclidine (Target = Phencyclidine); Tricyclic Antidepressants (Target = Nortriptyline); Methadone (Target = Methadone); Opiates (Target = Morphine).
- 8) **BASIC DRUGS by GC/MS (Quantitation and Confirmation)** Amantadine, Amitriptyline, Amoxapine, Amphetamine, Atropine, Benzpropine, Brompheniramine, Bupivacaine, Bupropion, Bupropion Metabolites, Buspirone, Caffeine, Carbinoxamine, Chloropheniripiperazine, Chlorpheniramine, Chlorpromazine, Chlorzoxipram, Clomipramine, Clozapine, Cocaine, Cocaine and metabolites, Cocaine, Cocaine and metabolites, Cotinine, Cyclizine, Cyclobenzaprine, Desalkylflurazepam, Desipramine, Desmedyl, Chlordiazepoxide, Desmethyl Clomipramine, Desmethyl Clozapine, Desmethoxysertraline, Desmedylvenlafaxine, Dextromethorphan, Diazepam, Diethylpropion, Diphenhydramine, Disopyramide, Diliazem, Doxapin, Doxylamine, Ecgonine methyl ester, Ephedrine/Pseudoephedrine, Fenfluramine, Fentanyl, Fluoxetine, Fluvoxamine, Guafenesin, Haloperidol, Hydrocodone, Hydroxyzine, Imipramine, Ketamine, Laudanosine, Lidocaine, Lidocaine mb (MEGX), Lorazepam, Maprotiline, Meclizine, Meperidine, Meprobamate, Mesoridazine, Methadone, Methadone primary mb (EDDP), Methadone secondary mb (EMDP), Methamphetamine, Methylendioxyamphetamine (MDA), Methylendioxyamphetamin (MDMA), Methylphenidate, Metoprolol, Mexiletine, Midazolam, Mirtazapine, Nefazodone, Nicotine, Nordiazepam, Nordoxepin, Norfluoxetine, Norperidine, Norpropoxyphene, Nortriptyline, Norvapamil, Olanzapine, Opipheadrine, Oxycodone, Papaverine, Paroxetine, Penazocine, Pentoxifylline, Perphenazine, Phencyclidine, beta-Phenethylamine, Phenciramine, Phendimetrazine, Phencicazine, Phentermine, Phenylpropanolamine, Phenylethylamine, Procaine, Promethazine, Propoxyphene, Propranolol, Protriptyline, Pseudoephedrine, Pyrilamine, Quetiapine, Quinidine, Quinine, Sertraline, Sertindazole, Tramadol, Tranylcypromine, Trazodone, Tribenhydridyl, Triispramine, Triptelamine, Venlafaxine, Verapamil, Zolpidem.
- 9) **ACETAMINOPHEN SCREEN:** Acetaminophen by Colorimetry (Qualitative).
- 10) **SALICYLATE SCREEN:** Salicylate (Aspirin) by Colorimetry (Qualitative). **SALICYLATE CONFIRMATION** by Gas Chromatography.
- 11) **XANTHINES** by HPLC: Acetaminophen, Caffeine, Theophylline.
- 12) **Clinical Chemistry:** Ketones, pH, Specific Gravity, and Electrolytes (Sodium, Potassium, Chloride, TCO2, Glucose, Urea, Creatinine).
- 13) **CANNABINOIDS GC/MS:** Cannabinoids (ng/mL; mcg/L): D⁹-THC, 11-OH-D⁹-THC (a marijuana metabolite), 11-nor- D⁹-THC-COOH (a marijuana metabolite), TOTAL 11-nor- D⁹-THC-COOH (a marijuana metabolite).
- 14) **OPIATES by GC/MS (ng/mL):** Morphine, 6-Acetylmorphine (heroin metabolite), Codeine, Hydrocodone, Dihydrocodeine, Hydromorphone, Norcodeine*, Oxycodone; **TOTAL OPIATES** by GC/MS-Hydrolysis followed by OPIATES by GC/MS.
- 15) **BENZODIAZEPINE Confirmation** by GC/MS: Alprazolam/ metabolite, Diazepam/ metabolites, Clonazepam, Lorazepam, Midazolam/metabolite, Triazolam.
- 16) **SYMPATHOMIMETIC AMINES CONFIRMATION** by GC/MS analysis (ng/mL): Amantadine, Amphetamine, beta-Phenethylamine, Meprobamate, Methamphetamine, Methylendioxyamphetamin (MDA), Methylendioxyamphetamin (MDMA), Phentermine, Phenylpropanolamine, Pseudoephedrine.
- 17) **GBH** by GC/MS (mg/L): Gamma-hydroxybutyric acid (gamma hydroxybutyrate).
- 18) **Fentanyl** by GC/MS (ng/mL): Fentanyl, sufentanil, alfentanil.
- 19) **SENT OUT TO REFERENCE LABS:** Epinephrine, 7-amino Fluorazepam, Fluorazepam, IgE, Insulin, LSD, Nefedipine, C-Peptide, Pilocic, Risperidone, Trypsin, Warfarin, Valproic Acid, **HEAVY METAL SCREEN:** (Antimony, Arsenic, Lead, Barium, Cadmium, Bismuth, Mercury, Selenium) or any other drugs not listed above.

*BY REQUEST ONLY; **ABBREVIATIONS:** POS=Positive; NEG=Negative; UNS=Specimen unsuitable for testing; QNS=Quantity insufficient for analysis; NEDN=Not Done; CHEM7=Clinical chemistry; <=less than; >=greater than; LRL=lower reporting limit. **UNITS FOR VOLATILES:** 100 mg/dL = 0.100 g/dL = 0.100 g%. **UNITS:** 1 mg/L = 1000 µg/L = 1000 ng/mL.

I certify that the specimen identified by this case, number OU2011-00070 have been handled and analyzed in accordance with all applicable requirements. The result in this report relate to the items tested. For purposes of identification and case tracking the Toxicology Lab uses case numbers exclusively. Name is subject to change based on receipt of information. This report shall not be reproduced except in full, without the written approval of the Cuyahoga County Regional Forensic Science Laboratory.

Chief Forensic Toxicologist

John F. Wyman, PhD

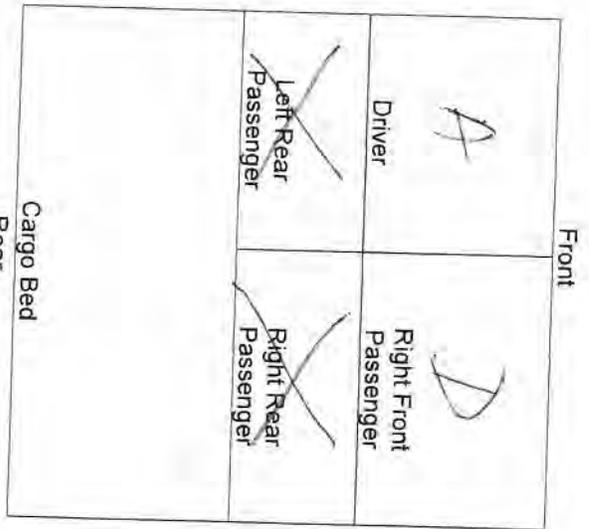
08/25/2011 11:02AM (GMT-04:00)

Contact List

Saline Township Police Department
Patrolman James Lackey
164 County Highway 50A
Hammondsville, Ohio 43930
330-532-1675
Last Contacted: .. 9/6/2011

The Columbiana County, Ohio Coroner's Office
Office Manager Fran Rudibaugh
8473. Count Home Road
Lisbon, Ohio 44432
330-424-5029
Last Contacted: 7/7/2011

Utility Vehicle Data Record Sheet



The Utility Vehicle

A:

Age:	29	Height:	6'9"
Gender:	M	Weight:	180 lbs
Helmet (Y/N):		Seatbelt (Y/N):	
Killed/Injured/Neither/Unknown:			
Injury Description: <i>Knock pierced throat</i>			
Did vehicle land on victim: <i>No</i>			
Ejected (Either partially or fully): <i>No</i>			

B:

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

D:

Age:	35	Height:	Unknown
Gender:	F	Weight:	Unknown
Helmet (Y/N):		Seatbelt (Y/N):	Unknown
Killed/Injured/Neither/Unknown:			
Injury Description: <i>None</i>			
Did vehicle land on victim: <i>No</i>			
Ejected (Either partially or fully): <i>No</i>			

E:

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

C:

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

F:

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

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

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

1. Task Number 110614HCC3831		2. Investigator's ID 9107		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2010 07 20	5. Date Initiated YR MO DAY 2011 06 14		
6. Synopsis of Accident or Complaint UPC Three children rode a UTV down a driveway and parked it while they walked down to a creek. On their way back, a 12 year old female was driving. A nine year old had placed a five year old male into the bed of the UTV. At one point, the UTV began to roll backwards. The driver tried to get the UTV started, but couldn't and jumped out. The UTV continued to roll backwards down an embankment. The five year old was ejected out of the UTV, hitting his head on a large rock. The victim was pronounced dead at a hospital. None of the occupants wore a helmet or a seatbelt. MFR/PRVLR NOTIFIED COMMENTS: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. 66; <input type="checkbox"/> DO NOT RE-NOTIFY <input checked="" type="checkbox"/> RE-NOTIFY 1/16/14 <i>lc</i>				
7. Location (Home, School, etc) 2 - FARM		8. City DURANGO		9. State CO
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name KUBOTA		10C. Model Number RTV900
10D. Manufacturer Name and Address KUBOTA TRACTOR CORPORATION 3401 Del Amo Blvd. Torrance, CA 90509-2992				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12A. Hispanic or Latino 2 - No	12B. Race 8 - Other Other: NAVAJO		12C. Race Source 3 - Official Document	
13. Age of Victim 5	14. Sex 1 - Male	15. Disposition 8 - Death	16. Injury Diagnosis 62 - Intern. Org. Inj.	
17. Body Part(s) Involved 75 - HEAD	18. Respondent 3 - 2nd Hand Info Only	19. Type of Investigation 2 - Telephone	20. Time Spent (Operational / Travel) 12 / 0	
21. Attachment(s) 9 - Multiple Attachments		22. Case Source 05 - Newspaper		23. Sample Collection Number
24. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written				
25. Review Date 10/03/2011	26. Reviewed By 9067		27. Regional Office Director Frank J. Nava	
28. Distribution Garland, Sarah			29. Source Document Number X1160241A	

This In-Depth Investigation (IDI) was initiated based upon an article found in an online search concerning a fatality involving a Utility Terrain Vehicle (UTV). The following information was obtained through the investigating officials.

The incident took place on a steep driveway. It was dark and rainy. The driveway became very treacherous because of the rain. The embankment where the UTV went down was off the driveway.

The owner had just bought the UTV approximately two months prior to the incident. The victims had only been given a ride once before. None of the children lived at this home, but would occasionally come to visit.

The UTV has a passenger compartment with a small bed in the back. There is a roll bar over the passenger compartment.

Victim #1 was a 5 year old male. Victim #1 was pronounced dead at the hospital.

Victim #2 was a 9 year old female.

Victim #3 was a 12 year old female. Victim #3 had driven the UTV the day before and was allowed to drive the UTV under supervision in the yard.

All three victims were not wearing helmets or seat belts at the time of the incident.

On 7/20/2010, the victims were at their grandmother's house visiting. Later that day they asked if they could go down to the "park" which was what they referred to as the creek near the house. Their grandmother did not let them because it was probably going to rain. A short time later they asked if they could ride the UTV and they were told "no".

When their grandmother was about to leave for work that evening, she warned the victims not to be driving the UTV until someone else got home.

Victim #1 wanted so bad to go to the stream so they all got on the UTV and traveled down the driveway towards the stream.

On the way back to the house, victim #2 got victim #1 and placed him in the bed of the UTV. Victim #2 had not gotten back into the UTV when victim #3 tried to start up the UTV because it began to roll backwards. Victim #3 tried to stop the UTV from going backwards and couldn't and jumped out and scraped her leg as she landed.

The UTV continued rolling down the steep embankment. Victim #1 who was in the bed of the UTV was ejected out backwards as the UTV rolled, causing him to hit his head on a large rock.

After the incident, victim #3 picked up victim #1 and ran to the neighbor's house for help.

Per a conversation with the responding official, the UTV did not land on any of the victims. The only other injury suffered by any of the victims was a scrape on the leg of victim #3 as she jumped from the UTV as it rolled backwards. The UTV rolled down a steep embankment and tumbled end over end down the embankment. The victim who was killed was sitting in the back and fell out as the UTV went backwards. The victim hit his head on a large rock. None of the victims were wearing any helmets, nor did they have on seatbelts.

Per the medical examiner, the cause of death was due to traumatic head injury.

Product Identification:

The product involved in this In-Depth Investigation was a Utility Terrain Vehicle (UTV).
Kubota RTV900; machine weight 3550 lbs (1610Kg)

No further information was obtained.

Exhibits:

- (1) Police Photographs (7 Pictures)
- (2) Police Report
- (3) Missing Documents Form
- (4) UTV data record sheet

Contacts:

Colorado State Patrol
Durango, CO
Contact was initiated to obtain investigation and photographs
State patrol only assisted in the investigation

La Plata County Sheriff
742 Turner Dr
Durango, CO
Contact was initiated to obtain investigation and photographs
Sheriff's office did not respond. Incident occurred on a reservation
Tribal Police Department

So. Ute Indian Tribe Police Department
PO Box 737
Ignacio, CO
Contact was initiated to obtain investigation and photographs

Carol J. Huser, MD
La Plata County Coroner
1060 E Second Ave
Durango, CO
Contact was initiated to obtain a copy of the autopsy report
No record was found
Victim was sent over to the Farmington, NM.

Albuquerque Medical Examiner
5901 Harper St NE
Albuquerque, NM
Contact was initiated to obtain a copy of the coroner's report
One will be provided when it is approved to be released to the CPSC.



Photo #1 – This is a view of the right side of the UTV.



Photo #2 – This view is facing the front right side of the UTV.



Photo #3 – this view faces the left front side of the UTV.

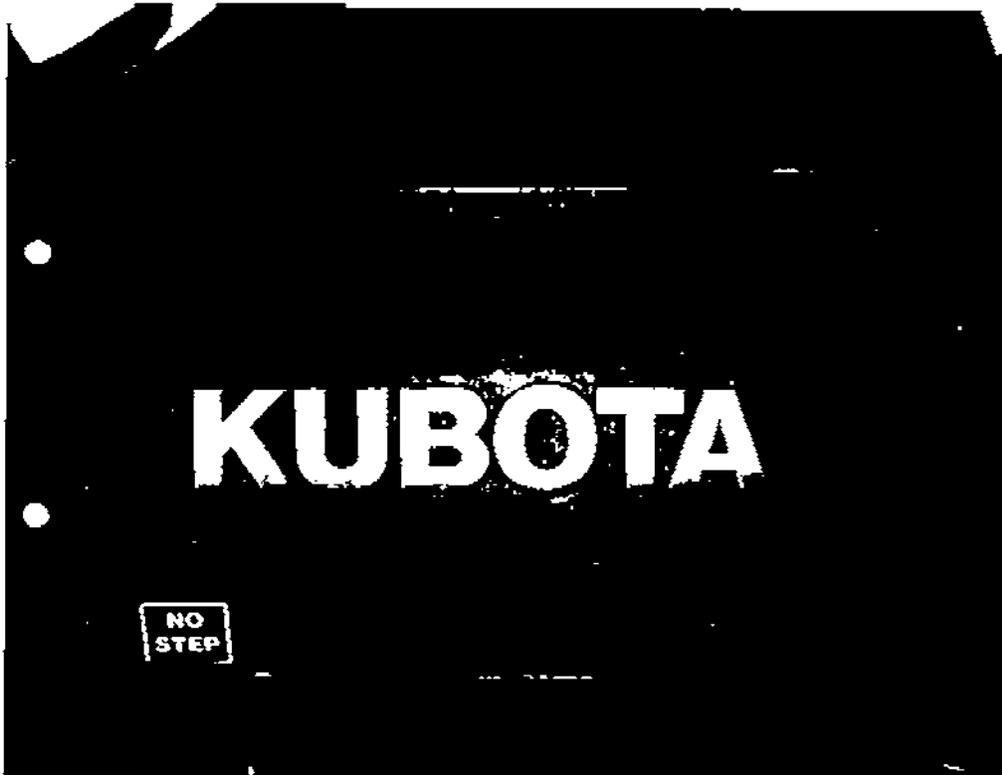


Photo #4 – This view identifies that the UTV is a “KUBOTA”.

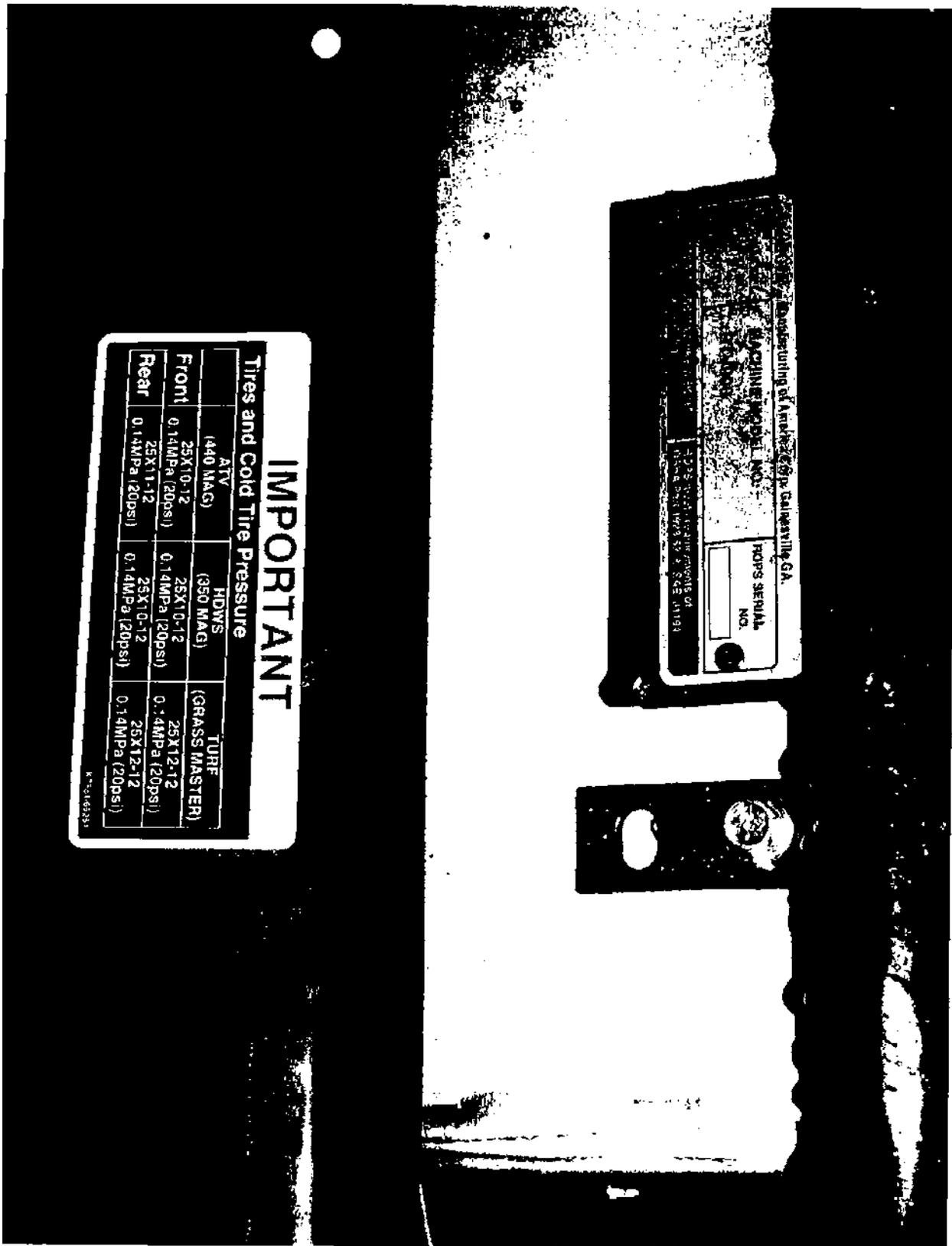


Photo #5 – This view is of the labeling located on the UTV.



Photo #6 – This is where the UTV rolled down.



Photo #7 – This is where the victims began riding the UTV.



Southern Ute Police

Officer Report for Incident 10SU-6604

Nature: Accid Death
Location: SUP1

Address: (b)(3) Exemption 2 for 35(c)

Offense Codes:

Received By: Pinnecoose, S

How Received: T

Agency: SUPD

Responding Officers:

Reporting Officers: Naranjo, C

Disposition: PEN 07/21/10

When Reported: 19:36:38 07/20/10

Occurred Between: 19:34:19 07/20/10 and 19:34:19 07/20/10

Assigned To:

Detail:

Date Assigned: **/**/**

Status:

Status Date: **/**/**

Due Date: **/**/**

Complainant:

Last:

First:

Mid:

DOB: **/**/**

Dr Lic:

Address:

Race:

Sex:

Phone:

City:

Alert Codes:

Offense Codes

Reported: ASST Agency Assist

Observed:

Additional Offense: ASSF Agency Assist

Circumstances

NIGHT Night (6 p.m. - 6 a.m.)

LT10 Field or Woods

MEDI Medical Attention

DEATH Death

Responding Officers:

Unit :

Mitchell, M

220

Winnett, E

211

Mitchell, M

220

Naranjo, C

204

Reporting Officer: Naranjo, C

Agency: SUPD

Received By: Pinnecoose, S

Last Radio Log: 00:11:31 07/21/10 CMPLT

How Received: T Telephone

Clearance: HBO Handled By Officer

When Reported: 19:36:38 07/20/10

Disposition: PEN **Date:** 07/21/10

Judicial Status:

Occurred between: 19:34:19 07/20/10

Officer Report for Incident 10SU-6604

Page 2 of 15

Misc Entry:	and: 19:34:19 07/20/10	
Modus Operandi:	Description :	Method :

Involvements

Date	Type	Description
-------------	-------------	--------------------

Officer Report for Incident 10SU-6604

Page 3 of 15

Narrative

Southern Ute Police Department Investigation Narrative

This incident occurred within the exterior boundaries of the Southern Ute Indian Reservation, County of La Plata and State of Colorado. This incident occurred at [REDACTED] United States Highway 140.

The homeowner is [REDACTED]. [REDACTED] is the grandmother to the children involved in this incident. [REDACTED] is a recognized member of the Navajo Nation. Her census number is unknown.

[REDACTED] lives in the home with her boyfriend [REDACTED]. [REDACTED] is a recognized member of the Navajo Nation.

On July 20, 2010 at approximately 7:50 PM, I, Criminal Investigator Chris Naranjo received a phone call from Corporal Monica Medina.

Corporal Medina called me saying there was an All Terrain Vehicle (ATV) crash at a residence on Highway 140. Corporal Medina said a child was killed as a result of the crash. [REDACTED] is the owner of the ATV.

The ATV is a Kubota four-wheel drive motor vehicle. The model is a RTV 900. The Kubota has a passenger compartment with a small bed in the back. There is a roll bar over the passenger compartment.

I didn't see any visible damage to the exterior of the vehicle. It was raining when I arrived so the vehicle was wet. The Kubota appeared very clean other wise. I don't know if it had been raining when the incident happened.

La Plata Sheriff's Department called Colorado State Patrol to the scene because it involved a motor vehicle. State Trooper Chris Balenti is the trooper who responded to this call.

I had talked with Trooper Balenti over the radio as I was leaving my home. I asked Trooper Balenti if he could assist me with taking measurements and that I would arrange for a tow company to come get the Kubota.

The Kubota was escorted to the police department by Officer Winnet. it was secured in the departments garage by Officer McCaw. Officer McCaw is an evidence technician for the Southern Ute Police Department.

I arrived on scene at approximately 9:41 PM. The first person I talked with was La Plata Deputy Hollace Holland. Deputy Holland told me that originally it was thought the people involved were Mexican. It was because of this that SUPD was contacted much later.

By the time I arrived the victim had already been flown out by helicopter. The child was taken to San Juan Regional Hospital where he died a short time later. San Juan Regional Hospital is located in Farmington, New Mexico.

The deceased child was later identified as [REDACTED] age 5. NV is identified as a member of the Navajo Nation. His Tribal census number is unknown.

The other two children involved with this incident are NV's cousin's. These

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Officer Report for Incident 10SU-6604

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children are identified as [REDACTED], age 9 and [REDACTED], age 12. IV and NV are also members of the Navajo Nation.

It was very dark by the time I arrived to the scene. Deputy Holland walked me through the area where the Kubota had crashed. It was very difficult to see this area because it was so dark. I would return the next day to take more pictures.

I next went up to the residence which was located on top of the hill. The driveway leading to the residence is very steep. The rain had caused the driveway to become very treacherous. The embankment where the Kubota fell from; comes off this driveway.

INTERVIEW WITH [REDACTED]

I next met with [REDACTED]. [REDACTED] told me she was to work a 12 hour shift this evening so she was sleeping at some point in her room.

[REDACTED] said she and her grandchildren were watching television in the living room while she slept.

[REDACTED] said she was interrupted on a few occasions by her grandchildren. [REDACTED] said her grandchildren came into the room asking to go to the, "park."

[REDACTED] said the children call the area below her house the park. This is where a creek runs below a small bridge. [REDACTED] said she told her grandchildren, "No" and told them to stay inside the house.

[REDACTED] said she didn't want her grandchildren near the creek because it looked like it was going to rain in Durango. [REDACTED] feared the runoff from the rain that might fall in Durango.

[REDACTED] said a short time later her grandchildren asked to ride the Kubota. [REDACTED] said her 12 year old granddaughter was allowed to drive the Kubota the day before.

[REDACTED] said her 12 year old granddaughter was allowed to drive the Kubota under the supervision of [REDACTED]. [REDACTED] said her granddaughter was allowed to drive the Kubota in the yard.

[REDACTED] said she warned her grandchildren before leaving for work. [REDACTED] said she told them not to be driving the Kubota until [REDACTED] got home.

[REDACTED] pointed out an area near the front door that had some keys hanging on hooks. [REDACTED] said this is where she keeps the keys to the Kubota.

[REDACTED] said her grandchildren had recently come to visit. [REDACTED] said her granddaughters came over late Sunday Evening.

[REDACTED] said she picked up her grandson around 1 PM on Monday from Kirtland. [REDACTED] said all her grandchildren were very close to each other.

[REDACTED] said when she left the house; the 9 year old and her grandson were on the deck just outside the front door. [REDACTED] said her 12 year old

Officer Report for Incident 10SU-6604

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granddaughter was lying on the couch inside watching television.

██████████ said ██████████ would normally be home by the time she left for work but that ██████████ had to work longer hours today.

██████████ said ██████████ usually works from 5 AM to 5 PM. ██████████ said when she left for work nobody else was home but the children. ██████████ said there would be about a 30 minute gap where no one would be home.

I asked ██████████ about the Kubota. ██████████ said she purchased the Kubota approximately 2 months ago. ██████████ said she bought the Kubota in Bayfield. ██████████ said her grandchildren hadn't seen the Kubota before.

I told ██████████ that I would be taking the Kubota as evidence. I wanted an expert to examine the Kubota for any mechanical defects that may have caused it to crash. ██████████ agreed and gave me verbal permission to examine her Kubota.

██████████ was emotional throughout my interview with her. ██████████ voice would often break as she talked about her grandson. She would start to cry as she talked.

██████████ reminisced about her grandson's recent graduation from Head Start. ██████████ talked about buying a small suit for her grandson and how he was dressed in a cap and gown.

INTERVIEW WITH (b)(3) Exemptio:

I next spoke with ██████████. ██████████ said he had gotten home around 6:15 PM. ██████████ said he was blocked from the driveway by all the emergency vehicles.

██████████ also works at the Electric Plant in Fruitland, New Mexico. ██████████ said he usually passes ██████████ as she's going to work and he's coming home.

This ends my interview with ██████████

I took several pictures this evening. I took pictures of the Kubota, and the area where the victim was found. I will attach these photos with my report.

I have nothing further to report at this time.

Criminal Investigator Chris Naranjo / T204

Officer Report for Incident 10SU-6604

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Reporting Officer: Naranjo, C

Approved by:

Date

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SupplementSouthern Ute Police Department
Supplemental Narrative

Details of Supplemental Narrative: 10SU-6604.

The following individuals are involved:

- [REDACTED], [REDACTED], a member of the Navajo Tribe, census unknown.
- [REDACTED], [REDACTED], a member of the Navajo Tribe, census unknown.
- [REDACTED], [REDACTED], 4-5 yoa, a member of the Navajo Tribe, census unknown

On 07/20/10 at 1936 hours I, Officer E. Winnett and Trainee M. Mitchell were advised by Cpl. M. Medina to respond to the [REDACTED] block of Hwy 140 in reference to a Code Frank. Cpl. M. Medina advised CI C. Naranjo of the situation and Victim Services. Both Trainee M. Mitchell and I, Officer E. Winnett responded to assist La Plata and State Patrol who were both already on scene.

On arrival I met with CSP M. Balenti who said he took 27 photos of the scene and did the diagram. He said he would forward the photos and the diagram to our department. CSP M. Balenti then walked myself and Trainee M. Mitchell through the scene.

Trainee M. Mitchell and I then went up to the residence and met with the grandmother, the two other children involved and Deputy H. Holland. The grandmother, [REDACTED], said she was not at the residence when the incident occurred. She said the children were at the house alone. She said the mom's boyfriend, [REDACTED], was on his way home when the incident happened. She said the girls called their mom and told her what happened and she is at San Juan Regional Hospital.

I spoke with both the grandmother, [REDACTED] and [REDACTED] who said they were down by the stream when they went back up to the top of the hill in the utility vehicle. She said her little brother, [REDACTED] wanted to go to the stream and [REDACTED] picked him up and loaded him into the back of the utility vehicle. She said her sister [REDACTED] tried to start the utility vehicle and it started to roll backwards down the hill and off the edge. She said [REDACTED] tried to stop the vehicle but couldn't and then jumped out scraping her leg. She said she tried to get into the utility vehicle to try and step on the brake but couldn't and it rolled down the hill with [REDACTED] still in the bed. She said [REDACTED] fell out of the bed and hit his head on a rock. She said she ran down and picked him up and told [REDACTED] to go get help. She said [REDACTED] ran to the neighbors house. She said she carried [REDACTED] to the end of the road and saw blood coming out of his mouth, his nose and his ears. She said his eyes were open and she began talking to him but he then closed his eyes. She said the neighbors came and started to help him.

I spoke to both the grandmother and [REDACTED] who said [REDACTED] got out of the utility vehicle and put [REDACTED] in the back. She said [REDACTED] wasn't inside the vehicle and she ([REDACTED]) tried to start it when the utility vehicle began to roll backwards. She said she tried to stop the vehicle and couldn't. She said she jumped out and scraped her leg. She said the vehicle rolled down the hill and she couldn't see [REDACTED]. She said she ran to the neighbors house for help.

I spoke with Basin Towing who said they couldn't get to the utility vehicle and requested for me to meet them down the hill. I went down the hill and met with

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Officer Report for Incident 10SU-6604

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the tow truck driver, Victims Services and later CI C. Naranjo. I spoke with Victim Services and advised them of the situation and gave them the information of the parties involved. They went to the residence to meet with the family.

Trainee M. Mitchell and I assisted the tow truck driver with removing the utility vehicle from an open field where it came to rest. We assisted him by pushing the utility vehicle which was stuck in the mud. Next to the utility vehicles right front tire Trainee Mitchell observed a small right side gray shoe, which belonged to the victim. It was recovered and tagged into evidence.

CI C. Naranjo took additional photos of the scene, the utility vehicle, both inside and out. The utility vehicle was towed by Basin Towing and was escorted by myself and Trainee Mitchell to SUPD for storage.

Nothing further.

Date, Reporting Officer Jul 20, 2010 Officer B. Minnett 211

Officer Report for Incident 10SU-6604

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Supplement

Southern Ute Police Department
Supplemental Narrative

On July 22, 2010 at approximately 11:25 AM, I met with [REDACTED]. Thompson is NTV's mother.

I had prearranged a meeting with [REDACTED] at the chapel inside the San Juan Regional Hospital. Also present during this time was [REDACTED], [REDACTED] cousin.

I wanted to meet with [REDACTED] so that I might get her consent to obtain her son's medical records. I also talked to [REDACTED] about her son's activity before the crash.

INTERVIEW WITH [REDACTED]:

[REDACTED] said she had gotten a phone call from [REDACTED] asking if she could pick up NTV.

[REDACTED] said she has no concerns with [REDACTED] taking her son. [REDACTED] said [REDACTED], "loves her grandson" and that her grandson, "loves" to spend time with [REDACTED].

[REDACTED] mentioned how her son is very close to his aunt, [REDACTED] daughter. [REDACTED] joked how NTV's aunt is like his, "other mom."

[REDACTED] called [REDACTED] saying his cousin's wanted to spend time with NTV. [REDACTED] said [REDACTED] came to her house on Monday July 19, between 3 PM and 4:42 PM to pick NTV up.

[REDACTED] got emotional when she said NTV was only going to spend a couple days. [REDACTED] said NTV was to come home today.

I asked [REDACTED] if NTV had any health problems. [REDACTED] said, "no" and added that [REDACTED] was, "healthy." [REDACTED] said NTV didn't wear glasses nor did he take any medication.

I asked [REDACTED] how she heard the news regarding her son. [REDACTED] said she got a phone call from her aunt at approximately 6:58 PM.

[REDACTED] said she first talked to her cousin; but that her cousin was crying so much that [REDACTED] couldn't understand what she was saying.

[REDACTED] said her aunt then got on the phone and told [REDACTED] that she needed to, "get to the hospital." [REDACTED] said she was on Apache Street headed to Wal Mart when she got the call.

[REDACTED] said when she got to the emergency room she saw [REDACTED], NTV'S grandfather and NTV's aunt. This is when [REDACTED] said she was told NTV was, "gone." [REDACTED] is NTV'S father; [REDACTED] is [REDACTED] mother.

I had offered to have a Victim Service Advocate accompany me and provide support. [REDACTED] declined but did accept business cards instead so that she may contact an advocate on her own.

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Officer Report for Incident 10SU-6604

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I left [REDACTED] with a book from Victim Services and business cards from all three advocates.

[REDACTED] asked me if I could assist her with providing liaison between her family and [REDACTED]. [REDACTED] said she wanted her father to bless the area where her son died.

I made a call to Victim Service Advocate Joann Gomez and Lisa Manzanaras. These arrangements were made for [REDACTED].

I did obtain 4 signed medical releases from [REDACTED]. I left one with the records department for San Juan Regional Medical Center.

I have nothing further to report at this time.

INTERVIEW WITH JIM WILLIAMS - Medical Examiner:

On July 22, 2010 at approximately 1:32 PM, I talked with Jim Williams. Williams is the medical examiner assigned this case. I spoke with Williams over the phone.

Williams said NTV died as a result of a Traumatic Head Injury. Williams told me this is what his report will show but that his report won't be final until he receives approval from his supervisor.

Williams said NTV was, "pretty much DOA (Dead on Arrival)" when he came to the hospital.

Williams said NTV had "CSF fluid" coming from both ears. Williams said this is consistent with a brain injury.

Williams said NTV had an approximate 8 inch laceration going from the left hip to his groin area.

Williams said NTV had lacerations on his left temple and his left thigh. Williams said he didn't observe any fractures to the skull or extremities.

Williams said he did an, "external observation" of the body but that he wasn't recommending an autopsy. I told Williams that I wasn't requesting one as the investigator assigned to this case.

Williams said he would submit his report and his opinion regarding the autopsy to Albuquerque. Williams said the final decision would be made by his superiors.

In [REDACTED]'s interview she asked me about an autopsy. She expressed her concerns about not wanting one done. [REDACTED] also talked about her traditional Native American beliefs. I told [REDACTED] that I wasn't going to request one but that I didn't know what the medical examiners intentions might be.

I talked to Williams about my conversation with [REDACTED] and her concerns. Williams said he would call [REDACTED] today.

I have nothing further to report at this time.

At approximately 2:25 PM I arrived to [REDACTED] Highway 140. At approximately 1:51 PM, I called [REDACTED] and got her permission to go back and do some more

Officer Report for Incident 10SU-6604

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investigation on her property.

██████████ gave me verbal permission over the phone. She went on to say she would not be home during this time. I was in Farmington when I made this call.

I took measurements of the embankment where the Kubota fell from. I took pictures of this area.

I walked the embankment and found several rocks that appeared to have blood on them. I collected swabs from these rocks. I will place these swabs into evidence.

I found a small blue sandal that belonged to NTV. I found a young girls sandal lying a few feet from NTV's sandal. I collected these two sandals and will place them into evidence.

I found a 12 ounce Pepsi can lying near a bush. I collected this can and placed it into evidence.

I took pictures of these items with and without a scale. I took pictures of these items with a placard nearby showing where I found each item. I also drew a rough diagram of what I found.

INTERVIEW WITH (b)(3) Exemption 3 for 2 :

At approximately 4 PM, July 21, 2010 I met with ██████████. ██████████ is the reporting person who called 911. ██████████ is the neighbor who came to the girls aid.

██████████ didn't understand English very well. His 11 year old son translated parts of my conversation with ██████████.

██████████ said he had just gotten home and was at the back of his Ford Expedition. ██████████ lives at ██████████ Highway 140. ██████████ lives in a trailer house below ██████████ home. ██████████ said the land and the trailer belong to his boss.

██████████ said the smaller girl came running into his yard saying, "Help!" ██████████ said the, "bigger girl" was carrying the, "boy."

██████████ said only the smaller girl came into his yard while the older girl carrying the boy stopped about 100 feet from ██████████ gate.

██████████ described the boy as having, "too much bleeding." ██████████ said he helped place the boy on the ground.

██████████ said the boy had blood coming from the nose and the mouth. ██████████ talked about a, "crack" on the boy's head. ██████████ said the boy's eyes were half open with only the, "white part" showing.

██████████ said the boy made, "2. or 3" burp or gurgling sounds and then didn't make any more sound. ██████████ said the boy didn't move. (b)(3) talked about how he couldn't sleep and that he could see the little boy.

██████████ described the two girls as, "Nervous, Crying and Scared." ██████████ said he only saw the two girls but didn't see anyone else around.

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██████████ said he knows ██████████ and that he will sometimes help her. ██████████ said ██████████ is a, "nice lady."

██████████ scrolled through his cell phone. ██████████ told me that he made the 911 call at approximately 5:40 PM. ██████████ said he helped guide the emergency vehicles to where the boy was.

I thanked ██████████ for his time. I left ██████████ with my business card and offered assistance to him if he continued to have difficulty with this experience.

I have nothing further at this time.

Criminal Investigator: Chris Naranjo / T204

Officer Report for Incident 10SU-6604

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Supplement

Southern Ute Police Department

Supplemental Narrative

On July 22, 2010 at approximately 2:11 PM, I spoke with [REDACTED] [REDACTED] is the Fire Chief for the Fort Lewis Fire Department. Chief [REDACTED] was the first person on scene.

Chief [REDACTED] said he drove down a driveway and found 2 males standing on a bridge. One of these men pointed to the north.

Chief [REDACTED] said he found an unresponsive child lying on the ground. Chief [REDACTED] said no one else was around. The chief said there was an ATV approximately 200 feet North of where the child lay.

Chief [REDACTED] said he saw 2 teens and 1 adult standing halfway up a hill. Chief [REDACTED] said these people never came down the hill or didn't "volunteer" any information. Chief [REDACTED] said he found this, "somewhat odd."

Chief [REDACTED] said he was on scene for approximately 3 or 5 minutes until a fellow firefighter arrived on scene.

Chief [REDACTED] said the small child had blood discharge in both ears. Chief [REDACTED] said the child had a deep laceration from the hip to his groin area.

Chief [REDACTED] said the child was face up in a straight line. The child's head was facing north. Chief [REDACTED] said the child was barefoot and didn't have a shirt on. Chief [REDACTED] said the child was only dressed in shorts.

I thanked Chief [REDACTED] for his time. I have nothing further to report.

Criminal Investigator Chris Naranjo / 7204

COLORADO STATE PATROL

5A101117

Exhibit **CASE REPORT**

UCR ENTRY REQUIRED: YES NO
 HOLD ORDER: YES NO

VEHICLE HELD (additional info in narrative)
 ID# 11001411CC0001

- INCIDENT REPORT
- CUSTODY REPORT
- LIVESTOCK THEFT / RECOVERY
- OFFICER ASSAULTED
- TOW REPORT
- AUTO THEFT / RECOVERY
- OFFENSE REPORT
- THEFT REPORT

42-13-105 Release of impounded vehicles - penalty. Any owner, operator, or employee of any garage or service station or any appointed custodian who releases any vehicle impounded or otherwise held by an officer of the Colorado State Patrol or local law enforcement to a class 3 misdemeanor and shall be punished as provided in section 18-1-108, C.R.S.

DATE: 07/20/10 TIME: 1835 AM/PM: AM PM LOCATION: 2199 Colo 140

CODES DR = DRIVER RD = REGISTERED OWNER V = VICTIM W = WITNESS LP = LAST PERSON IN POSSESSION RP = REPORTING PARTY S = SUSPECT

CODE	LAST NAME	FIRST	MI	DOB	SOCIAL SECURITY NO.					
	Southern Ute Police Department									
ADDRESS			CITY	STATE	ZIP CODE	PLACE OF BIRTH (CITY, STATE)				
DRIVER'S LICENSE NUMBER AND TYPE			STATE	RACE	SEX	WGT.	HGT.	HAIR	EYES	HOME TELEPHONE
EMPLOYER NAME			EMPLOYER ADDRESS			OCCUPATION			BUSINESS TELEPHONE	

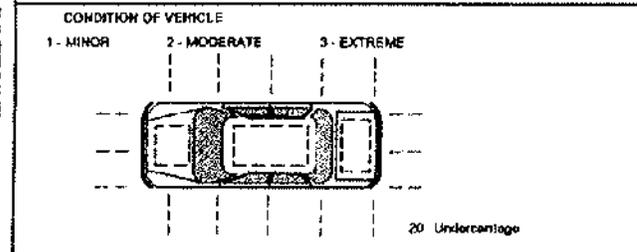
CODE	LAST NAME	FIRST	MI	DOB	SOCIAL SECURITY NO.					
ADDRESS			CITY	STATE	ZIP CODE	PLACE OF BIRTH (CITY, STATE)				
DRIVER'S LICENSE NUMBER AND TYPE			STATE	RACE	SEX	WGT.	HGT.	HAIR	EYES	HOME TELEPHONE
EMPLOYER NAME			EMPLOYER ADDRESS			OCCUPATION			BUSINESS TELEPHONE	

LICENSE PLATE / TYPE STATE VEHICLE YEAR MAKE TYPE OR BODY STYLE

COLOR (TOP / BOTTOM) VIN

- REASON TOWED
- CRASH
 - ARREST
 - ABANDONED HAZARD
 - OTHER _____

INVENTORY OF VEHICLE TRUNK EXAMINED YES NO



LIST PROPERTY

VALUE OF RECOVERED STEAL \$

VALUE OF PROPERTY \$

OWNER NOTIFIED

MAIL PERSON OTHER

DATE / TIME

TOW COMPANY NAME ADDRESS PHONE

SIGNATURE OF TOW OPERATOR VEHICLE RELEASED TO DATE / TIME RELEASED BY

STATUTE NUMBER	CHARGE	WARRANT		SUMMONS/WARRANT NUMBER
		YES	NO	

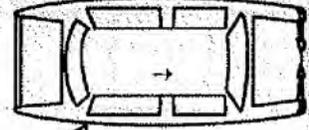
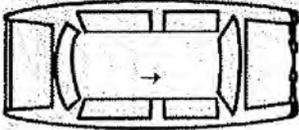
Agency Assist. I arrived on scene at approx. 1926 hrs. I located Evidence and completed a diagram of the scene. Also photographed the scene. At the request of inv. Chris Narranjo of the Southern Ute Police Department, I secured the scene until the SUPD officers arrived. I did not contact any of the individuals involved in the crash. I determined that the UTV was descending the driveway and lost control, running off the left side. While going down the embankment, the vehicle rotated 1/4 time ejecting the rear passenger. The vehicle continued down the embankment backwards, running over the ejected passenger, causing fatal injuries.

I AFFIRM THAT THIS INFORMATION IS CORRECT AND TRUE: SIGNATURE OF REPORTING PARTY

ROADSIDE AUTHORIZATION

I authorize and accept responsibility for the above captioned vehicle to remain where now parked, and understand that this vehicle MUST be moved within 24 hours, or it may be towed at the owner's expense.

DATE OF REPORT: 07/21/10 SIGNATURE OF OFFICER: [Signature] NUMBER: 797 REVIEWED BY (INITIALS): [Signature]



RT Rear Flat

(b)(3) Exemption 3 for 25(c)

ADDITIONAL NOTES / VEHICLE DAMAGE:

27 Photos

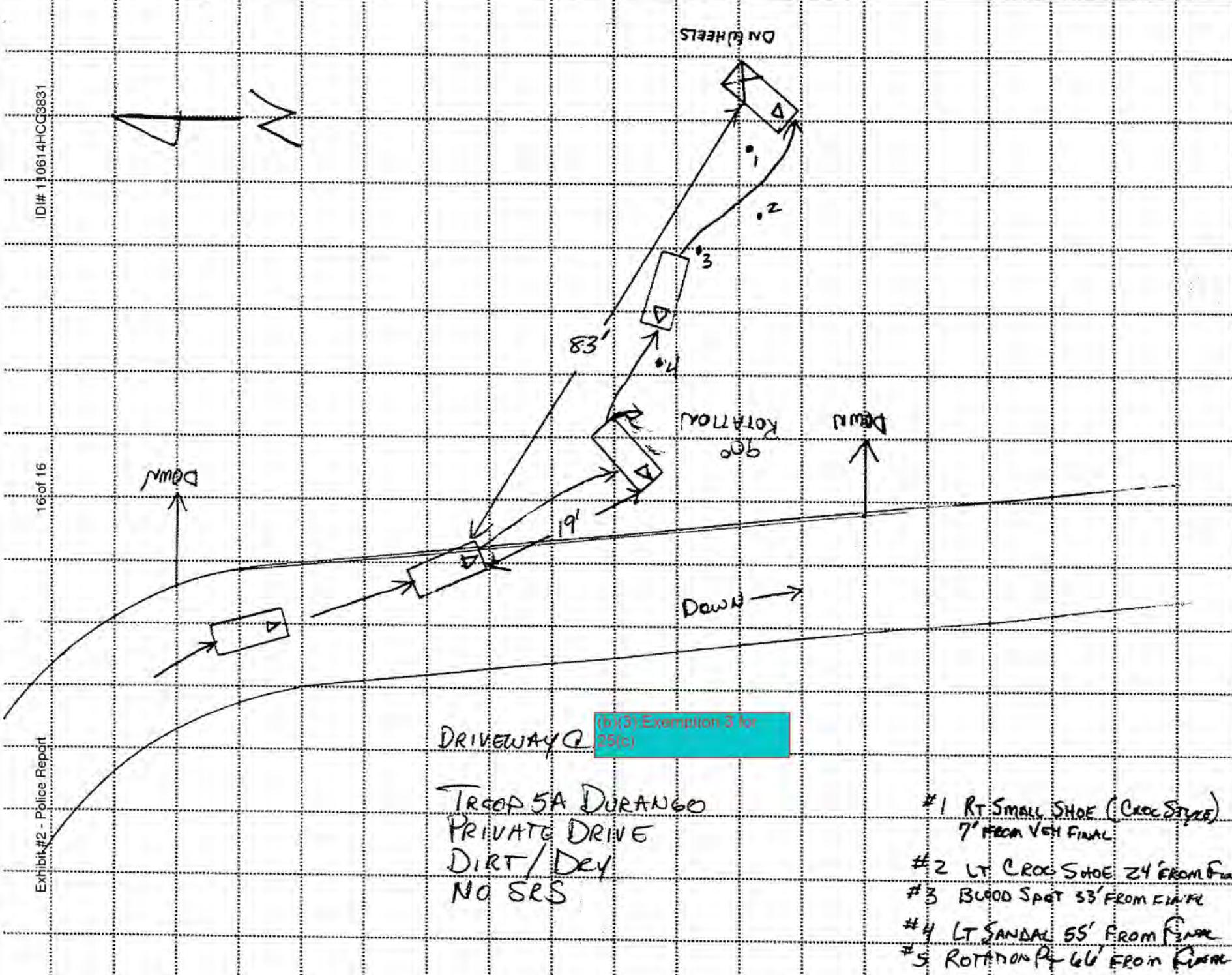
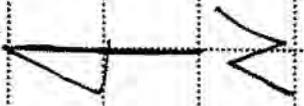
\$311 759 5529

NOTIFIED 1835
ARRIVED 1926

5A10117

DRIVER'S STATEMENT(S):

OFFICER:



DRIVEWAY Q (b)(3) Exemption 3 for 25(c)

TROOP 5A DURANGO
 PRIVATE DRIVE
 DIRT/DEY
 NO SRS

- #1 RT SMALL SHOE (CROC STYLE) 7' FROM VEH FINAL
- #2 LT CROC SHOE 24' FROM FINAL
- #3 BLOOD SPOT 33' FROM FINAL
- #4 LT SANDAL 55' FROM FINAL
- #5 ROTATION Pt 66' FROM FINAL

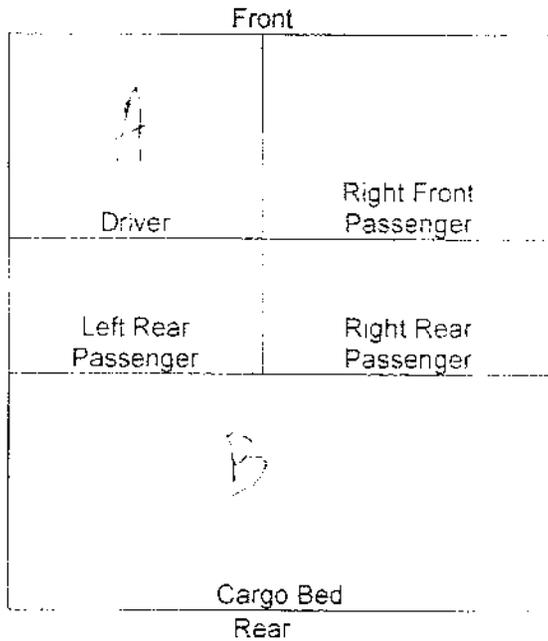
Task Number: 110614HCC3831

Date: 9/28/2011

Status of Missing Document(s)

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

1. Coroner's Report
2. _____
3. _____
4. _____
5. _____



The Utility Vehicle

A:	Age: 21	Height:
	Gender: F	Weight:
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Injured	
	Injury Description: head on back	
	Did vehicle land on victim: N	
	Ejected (Either partially or fully): SEE REPORT	
B:	Age: 6	Height:
	Gender: M	Weight:
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: head	
	Did vehicle land on victim: N	
	Ejected (Either partially or fully): F	
C:	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

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

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

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

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

1. Task Number 110614HCC3833		2. Investigator's ID 1941		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2011 04 24	5. Date Initiated YR MO DAY 2011 06 14		
6. Synopsis of Accident or Complaint UPC An 11-year-old male was operating a Utility Vehicle on an unimproved forest road when it overturned. The operator had three passengers, ages nine, five, and three years old. The UTV is a side-by-side vehicle with seating for two people. Helmets and seatbelts were not used at the time of the incident. The victim died from multiple injuries another passenger received a concussion. <u>MFR/PRVLR NOTIFIED</u> COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO OVERRULED: <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA Ex. <u>B6, 25C</u> <input checked="" type="checkbox"/> RE-NOTIFY <u>4/4/12</u> <u>LB</u>				
7. Location (Home, School, etc) 5 - OTHER PUBLIC PROPERTY		8. City TRUTH OR CONSEQUENCES		9. State NM
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name POLARIS		10C. Model Number RANGER XP 800
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC. 1225 Highway 169 North Minneapolis, MN 55441				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12A. Hispanic or Latino 2 - No	12B. Race 1 - White Other:		12C. Race Source 3 - Official Document	
13. Age of Victim 11	14. Sex 1 - Male	15. Disposition 8 - Death	16. Injury Diagnosis 71 - Other/NS/No inj	
17. Body Part(s) Involved 87 - N.S./UNK	18. Respondent 3 - 2nd Hand Info Only	19. Type of Investigation 3 - Other	20. Time Spent (Operational / Travel) 16 / 2	
21. Attachment(s) 9 - Multiple Attachments		22. Case Source 05 - Newspaper		23. Sample Collection Number
24. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written				
25. Review Date 07/05/2011	26. Reviewed By 9067		27. Regional Office Director Frank J. Nava	
28. Distribution Garland, Sarah			29. Source Document Number X1160380A	

This In-Depth investigation (IDI) was initiated by Consumer Product Safety Commission (CPSC), based upon a news article involving the operation of a Utility Vehicle (UTV). This incident involves the death of an 11-year-old male who was the operator of the vehicle with and three other passengers at the time of the incident.

The information for this report was acquired from the State Police Incident report and from the Medical Examiner's report. Photographs of the crash scene were provided by the State Police Records Administrator.

INCIDENT NARRATIVE:

At the time of this incident, there were three passengers and one driver (victim 1) occupying a single UTV; no other vehicles were involved in this incident. An 11-year-old male (DOB 9/10/1999) (victim 1, brother) was operating the vehicle, his 9-year-old brother, 5-year-old and 3-year-old sisters were occupying the passenger seat of the two-seat vehicle. According to the Police incident report, none of the victims had helmets on at the time of the incident and the UTV was equipped with seatbelts but not used.

This incident occurred in a rural area on an unimproved gravel and dirt Forest Service road. Weather road conditions at the time of the incident were dry and clear. According to the Police report, the victims were traveling southbound on a level straight road when the driver had lost control of the vehicle and crashed.

On 04/24/2011 at approximately, 1750 Hours, State Police were dispatched to assist a moving pickup truck carrying an 11-year-old male that was unconscious and not breathing that was involved in an UTV crash in the mountains. The State Police vehicle met up with the pickup carry the victim and assisted in leading them to an awaiting ambulance near the highway. At 1758, the Police and truck met up with the ambulance and Emergency Medical Technicians (EMT's) began working on the victim. At 1815 hours, an EMT informed the Police officer to notify the Medical Examiner. At 1900 Hours, the Medical Examiner Investigator arrived on scene and pronounced the death of the 11-year-old male.

According to the Police, the incident had occurred on a US Forest Service road located near a campground where the decedent's parents and families were staying. The police investigating the scene located the UTV approximately 1 mile from the parking lot. The UTV was found on its wheels, but vehicle damage indicated it was lying on the driver's side. Further investigation indicated that the vehicle was traveling southbound on the Forest Service Road at an unknown speed heading toward a tree on the east side of the road and turned to miss it, but hit the bank on the west side of the road with the passenger side of the UTV. After hitting the west side bank it caused the UTV to spin around and come to rest on the driver side.

According to Police report, the decedent was thrown from the vehicle and sustained head injuries. An autopsy report indicated that the cause of death was a skull fracture and a

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NEW MEXICO STATE POLICE

REPORTING DEPARTMENT

CRASH INVESTIGATION 3-1-19874 REVISED April 4, 2005 NMDOT/ICR

ON PRIVATE PROPERTY FATAL PROPERTY DAMAGE ONLY UNDER \$500 \$500 OR MORE HIT AND RUN INJURY

Case Number: 11-090058 NMDOT:

DATE OF CRASH M/D/YR: 04 24 2011 MILITARY TIME: 1750 CITY OCCURRED IN: NONE COUNTY: SOCORRO

SUN M Tu W Th F S OCCURRED ON: (Route No. or Name) (b)(6) AT INTERSECTION WITH: NONE TRIBAL LAND? Yes No

OTHER LOCATION: 2 FEET MILES OF: PERMANENT LANDMARK - COUNTYLINE - INTERSECTION - MILEPOST: MILE POST 20 LAT: LONG:

CRASH OCCURRED On Roadway Off Roadway CLASSIFICATION: Overturned Other N-Cel Pedestrian Other Vehicle Vehicle on Other Rdwy. Parked Vehicle Rollover R.R. Train Pedal Cyclist Animal Fixed Object Other Object ANALYSIS CODE: 1

VEHICLE NO. 1 HEADED: N S E W On: (b)(6) Posted Speed: Safe Speed: 15

Driver's Full Name: (b)(3):CPSA Section 25(c), (b)(6) Address: (b)(3):CPSA Section 25(c), (b)(6) Driver's License Number: (b)(6) State: Type: 1 Restrictions: 19 Expires: 09302012 City/State: Zip Code: (b)(3):CPSA Section 25(c), (b)(6) Phone: 0000000000

Date of Birth - M/D/YR: /1999 Social Security Number: Occupation: NONE Age: Sex (M/F): Race: Injury Code: OP Code: OP Used Property: Airbag Deploy: Ejected: EMS#:

Table with columns: Seat Pos, Occupant's Name, Occupant's Address (City, State, Zip), Age, Sex (M/F), Race, Injury Code, OP Code, OP Used Property, Airbag Deploy, Ejected, EMS#. Occupants: RF (b)(3):CPSA Section 25(c), (b)(6), RF (b)(3):CPSA Section 25(c), (b)(6), RF (b)(3):CPSA Section 25(c), (b)(6), RF (b)(3):CPSA Section 25(c), (b)(6)

Vehicle Yr: Vehicle Make: Polaris Color: RED Body Style: ATV Cargo Body Type: NA Vehicle Use (1): OS Vehicle Use (2): P Towed? Yes No Overall Vehicle Damage: Heavy Moderate Slight None Extent: Disabled Functional Appearance Property Fire None

License Yr: NA State: NA License Plate Number: NA VIN: BAM20100305-3666 US DOT: N/A ICC Docket #: Interstate Carrier? Yes No Towed due to disabling damage? Yes No

Number of Axles: 2 Gross Vehicle Weight Rating/Gross Combination Weight Rating: < or = 10,000 lbs. 10,001 to 26,000 > 26,000 Hazmat Placard 4 digit #: OR Hazmat Name: AND 1 digit #: Hazmat Released? Yes No

Carrier's Name: N/A Carrier's Address: N/A Carrier's Zip: Owner's Name: (b)(6) Owner's Address: T O R C (b)(6) Owner's Zip: C

Insured By: (Name of Company): NONE Policy Number: NONE Liability Insurance? Yes No Trailer or Towed Vehicles: Type: Year: Make: License Yr: Lic. State: Lic. Number:

VEHICLE NO. 2 OR PEDESTRIAN HEADED: N S E W On: Posted Speed: Safe Speed:

Driver's Full Name: Address: Driver's License Number: State: Type: Restrictions: Expires: City/State: Zip Code: Phone:

Date of Birth - M/D/YR: Social Security Number: Occupation: Age: Sex (M/F): Race: Injury Code: OP Code: OP Used Property: Airbag Deploy: Ejected: EMS#:

Table with columns: Seat Pos, Occupant's Name, Occupant's Address (City, State, Zip), Age, Sex (M/F), Race, Injury Code, OP Code, OP Used Property, Airbag Deploy, Ejected, EMS#. Occupant: 1758

Vehicle Yr: Vehicle Make: Color: Body Style: Cargo Body Type: Vehicle Use (1): Vehicle Use (2): Towed? Yes No Overall Vehicle Damage: Heavy Moderate Slight None Extent: Disabled Functional Appearance Property Fire None

License Yr: State: License Plate Number: VIN: US DOT: ICC Docket #: Interstate Carrier? Yes No Towed due to disabling damage? Yes No

Number of Axles: Gross Vehicle Weight Rating/Gross Combination Weight Rating: Hazmat Placard 4 digit #: OR Hazmat Name: AND 1 digit #: Hazmat Released? Yes No

Carrier's Name: Carrier's Address: Carrier's Zip: Owner's Name: Owner's Address: Owner's Zip: Owner's Telephone:

Insured By: (Name of Company): Policy Number: Liability Insurance? Yes No Trailer or Towed Vehicles: Type: Year: Make: License Yr: Lic. State: Lic. Number:

CRASH REPORT NUMBER: 22180390 STATE OF NEW MEXICO UNIFORM CRASH REPORT SHEET 1 OF 5 SHEETS CASE NUMBER: 11-090058 NMDOT, CRASH RECORDS SECTION, PO BOX 1149 SANTA FE, NM 87504

VEHICLE (Mark with X)	WEATHER (Mark with X)	ROAD SURF (Mark with X)	ROADSIDE VEH (Mark with X)	TRAFFIC CONTROL (Mark with X)	ADULT OCCUPANT (Mark with X)	INVESTIGATION
<input checked="" type="checkbox"/> Driver	<input checked="" type="checkbox"/> Wind	<input type="checkbox"/> Dry	<input type="checkbox"/> None	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Driver	<input type="checkbox"/> None
<input type="checkbox"/> Passenger	<input type="checkbox"/> Rain	<input type="checkbox"/> Wet	<input type="checkbox"/> Disabled	<input type="checkbox"/> None	<input type="checkbox"/> Passenger	<input type="checkbox"/> None
<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Fog	<input type="checkbox"/> Ice	<input type="checkbox"/> Disabled	<input type="checkbox"/> None	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> None
<input type="checkbox"/> Other	<input type="checkbox"/> Snow	<input checked="" type="checkbox"/> Other	<input type="checkbox"/> Disabled	<input type="checkbox"/> None	<input type="checkbox"/> Other	<input type="checkbox"/> None
	<input type="checkbox"/> Haze	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Disabled	<input type="checkbox"/> None	<input type="checkbox"/> Other	<input type="checkbox"/> None
	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Disabled	<input type="checkbox"/> None	<input type="checkbox"/> Other	<input type="checkbox"/> None

APPELLANT (Mark with X)	VEHICLE DAMAGE (Mark with X)	VEHICLE DAMAGE (Mark with X)	VEHICLE DAMAGE (Mark with X)
<input checked="" type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Minor	<input type="checkbox"/> Minor	<input type="checkbox"/> Minor	<input type="checkbox"/> Minor
<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate
<input type="checkbox"/> Major	<input type="checkbox"/> Major	<input type="checkbox"/> Major	<input type="checkbox"/> Major
<input type="checkbox"/> Total Loss	<input type="checkbox"/> Total Loss	<input type="checkbox"/> Total Loss	<input type="checkbox"/> Total Loss

PROPERTY DAMAGE (Mark with X)	PROPERTY DAMAGE (Mark with X)	PROPERTY DAMAGE (Mark with X)	PROPERTY DAMAGE (Mark with X)
<input checked="" type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Minor	<input type="checkbox"/> Minor	<input type="checkbox"/> Minor	<input type="checkbox"/> Minor
<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate
<input type="checkbox"/> Major	<input type="checkbox"/> Major	<input type="checkbox"/> Major	<input type="checkbox"/> Major
<input type="checkbox"/> Total Loss	<input type="checkbox"/> Total Loss	<input type="checkbox"/> Total Loss	<input type="checkbox"/> Total Loss

Describe what happened in order to occur by number
 PLEASE SEE ATTACHED REPORT

PROPERTY INVOLVED	PROPERTY INVOLVED	PROPERTY INVOLVED	PROPERTY INVOLVED
NONE	NONE	NONE	NONE

OFFICER	OFFICER	OFFICER	OFFICER
SCT GREEN	SCT GREEN	SCT GREEN	SCT GREEN

1750 1755 NMSD DISPATCH
 2218330
 STATE OF NEW MEXICO UNIFORM CRASH REPORT
 INCIDENT 4217
 4/29/2011
 2

DIAGRAM/NARRATIVE

Use Additional Sheets As Necessary

CRASH REPORT NUMBER

22180390

CASE NUMBER: 11-090058

DIAGRAM DRAWN BY: S. ROBERTS

MEASUREMENTS TAKEN BY: S. ROBERTS

On April 24th, 2011 at approximately 17:50 hours I received a call from New Mexico State Police Dispatch in Socorro, New Mexico. The call was advising me of a truck that was heading to Truth or Consequences, New Mexico from the north and was about 10 miles from town. The truck was described as a white GMC crew cab pickup with an 11 year old in it that was involved in an ATV crash up in the mountains. The 11 year old was later identified as (b)(3):CP by his name and date of birth. Additional information given was that (b)(7) was not breathing and had a faint pulse. The truck was on the line with dispatch in Socorro, New Mexico by way of On Star.

I found the white GMC pickup on the frontage road about 1 mile north of exit 92 of Interstate 25. I did not stop the pickup; I just turned around and left my lights and siren on and continued south with the pickup behind me. I made contact with Central Dispatch in Truth or Consequences, New Mexico and coordinated the best place for the ambulance to begin medical attention on (b)(7). The best place for that to happen was at the 89 exit of Interstate 25. I arrived about 20 seconds before the ambulance, following the ambulance arriving on scene the EMT's began immediately to work on (b)(7). At first site of (b)(7) I could see that he had a head injury due to blood that had come from the back of his head.

The ambulance workers arrived on scene at approximately 17:58 and at approximately 18:15 hours they informed me to call OMI. Pamela Smith with OMI was notified and arrived on scene and pronounced time of death on (b)(3):CP at 19:00.

Driving the White GMC pickup was (b)(6) identified by his New Mexico driver license. (b)(6) informed me they were up at Luna Park in Socorro County and that they were getting ready to head back to Truth or Consequences after the kids got back to their location. The kids mentioned were described as 9 year old (b)(6) 5 year old (b)(6) and (b)(3):CP. All of which were said to have been on a Polaras Ranger with (b)(3) driving and no adult present. (b)(6) went on to inform me that they were wondering where the kids were. They went to look for the kids and found (b)(6) about a mile down (b)(6) was said to have been running down the road and informed the adults of a crash that had happened. They located the rest of the kids and found (b)(7) on the ground next to the Polaras Ranger. I was also informed the other three kids were left with the other parents while they brought (b)(6) into town.

(b)(3) mother was identified as (b)(6) by her name and date of birth. She informed me of the same information as (b)(6) was riding in the front passenger seat of the white GMC pickup.

The passenger in the back passenger seat of the white GMC pickup was identified as (b)(6) by his name and date of birth. (b)(6) was also identified as (b)(3) Step Father. (b)(6) had the same information as (b)(6) and his wife (b)(7). At one point while at the scene at the 89 exit of Interstate 25, (b)(6) was at the back of the ambulance and stated "I should have said no, I should have said no."

After following the ambulance to the funeral home in Truth or Consequences, New Mexico I meat up with my Sergeant, Sgt Jason Green, and we drove up to where the crash had occurred. The crash scene was on (b)(6) at about mile post 19.8. It was also about 1 1/2 miles from Luna Park where the families and parents were. The Polares Ranger was on its wheels when we arrived but had been pushed up onto its wheels from lying on the drivers' side.

Upon investigating the scene the Polares Ranger hade been traveling southbound on (b)(6) near mile post 19.8 at an unknown speed and was going toward a tree on the east side of the road and turned to miss it then hit the bank on the west side of the road with the front passenger side of the Polares Ranger, then hit the bank on the west side of the road with the front drivers' side. At that point the Polares Ranger spun around and came to rest on the drivers' side. (b)(7) had been thrown from the Polares Ranger and was lying on the ground. The Polares Ranger was equipped with seat belts but did not look like they had been worn.

An autopsy was performed on (b)(3):CP for cause of death and the information that I received was that (b)(3) injuries were a skull fracture and a punctured lung. The 9 year old, (b)(6) received a bump on his head but no other injuries to (b)(3) or the other two children. As a result of the injuries that did occur, I feel it is safe to say that it is apparent that no helmets were worn.

Charges are pending until further discussion with the District Attorney's Office.

CRASH REPORT NUMBER: 22180390
CASE NUMBER: 11-090058

STATE OF NEW MEXICO UNIFORM CRASH REPORT
NM DOT COPY

SHEET 3
OF 5 SHEETS

DIAGRAM/NARRATIVE
Use Additional Sheets As Necessary

CRASH REPORT NUMBER **20180390** CASE NUMBER **11-090058**

MEASURED BY **S. ROBERTS**

MEASURED IN FEET BY **S. ROBERTS**

POINT	REFERENCE POINT	REFERENCE LINE
A	4' 3" W	0
B	0	0
C	7' 6" E	26' S
D	19' E	55' S
E	18' 6" E	68' S
F	13' E	84' S
G	13' E	91' S
H	10' 3" E	101' S
I		
J		
K		
L		
M		
N		
O		
P		
Q		
R		
S		
T		
U		
V		
W		
X		
Y		
Z		
A1		
A2		
A3		
A4		
A5		
A6		
A7		
A8		
A9		
A10		
A11		
A12		



CRASH REPORT NUMBER **20180390**
CASE NUMBER **11-090058**

STATE OF NEW MEXICO UNIFORM CRASH REPORT
DOT 0001

Page 4 of 5

THIS REPORT IS TO BE MAINTAINED AS A PUBLIC RECORD AND OBSERVATIONS OF THE INVESTIGATING OFFICER

DIAGRAM/NARRATIVE

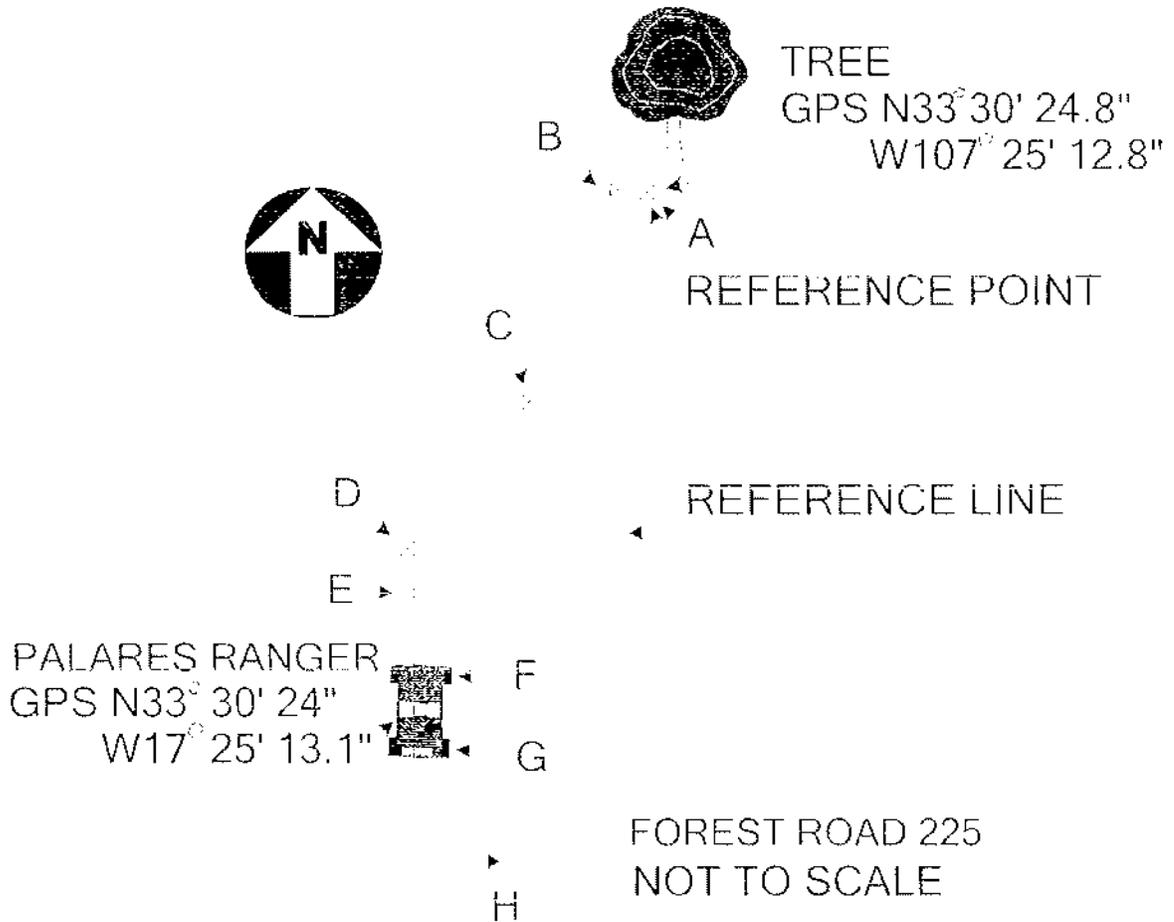
Use Additional Sheets As Necessary

CRASH REPORT NUMBER 2280390

CASE NUMBER 11-090058

DIAGRAM DRAWN BY S. ROBERTS

MEASUREMENTS TAKEN BY S. ROBERTS



CRASH REPORT NUMBER 2280390
CASE NUMBER 11-090058

STATE OF NEW MEXICO UNIFORM CRASH REPORT
(REV. 01/01)

DATE 11-15-11
TIME 11:50 AM

THIS REPORT IS A SUMMARY OF FACTS AND OBSERVATIONS OF THE INVESTIGATING OFFICER



The University of New Mexico Health Sciences Center
OFFICE OF THE MEDICAL INVESTIGATOR

MSC07 4040

1 University of New Mexico
Albuquerque, NM 87131-0001
Telephone (505) 272-3053
FAX (505) 925-0546

Report of Findings

6/23/2011

Decedent	(b)(3):CPSA Section 25		
OMI #	2011-02747	Date of Birth	9/10/1999
Date report issued	5/12/2011	Date death pronounced	4/24/2011
Place Pronounced	Scene	Time death pronounced	1900
County pronounced	Sierra		
Cause of Death	Multiple injuries		
Manner of Death	Accident		
Date of Injury	4/24/2011		
Place of Injury	Forest		
Location of Injury	Truth or Consequences, Sierra NM 87901		
How Injury Occurred	Driver of ATV that left roadway		
Autopsy performed by	Ross E. Zumwalt, MD	Ross E. Zumwalt, MD	
Death Certificate signed by	Ross E. Zumwalt, MD		
Deputy Medical Investigator	Pamela Smith April McClellan		
District Attorney	Sierra County DA		
Law Enforcement	New Mexico State Police District 11/Spencer Roberts		

For details concerning this death, contact the law enforcement agency listed, records section.

For copies of the Death Certificate, contact the Bureau of Vital Statistics, 1190 St. Francis Dr., PO Box 26110, Santa Fe, NM 87502.

Appropriate investigative reports are available from the Medical Investigator, as required by law. Fees are assessed where required. A review of the reports in the Albuquerque office of the Office of the Medical Investigator is available upon request.

All requests for reports are to be directed to:
Office of the Medical Investigator
MSC07 4040
1 University of New Mexico
Albuquerque, NM 87131-0001

(b)(3):CPSA Section 25(

2011-02747

**AUTOPSY REPORT**
THE UNIVERSITY OF NEW MEXICO • HEALTH SCIENCES CENTER
OFFICE OF THE MEDICAL INVESTIGATOR

1

School of Medicine

Albuquerque, New Mexico 87131-5091

POSTMORTEM EXAMINATION

An autopsy is performed on the body of **(b)(3):CPSA S** at the Office of the Medical Investigator, State of New Mexico, on the 25th day of April, 2011, starting at 11:45 a.m.

The examination is performed under the legal authority of the Office of the Medical Investigator of the State of New Mexico.

The body is received within a sealed body bag, with a "State of New Mexico, Office of the Chief Medical Investigator" evidence label.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished boy who weighs 147 pounds, is 64-1/2 inches in length, and appears compatible with the stated age of 11 years. There are two OMI identification bands around the right wrist.

The body is received unclad. Accompanying the body is a cut pair of camouflage-colored pants with a brown belt, a pair of cut underpants, a cut camouflage colored shirt, and two white socks.

The body is cold. Rigor mortis is fully developed. Partially fixed purple livor mortis extends over the posterior surfaces of the body, except in areas exposed to pressure.

The scalp hair is blonde and approximately 1 inch in length over the crown. The irides are blue. The pupils are round. The corneae are translucent. The sclerae are white and the conjunctivae are clear. The nose and ears are normally formed. The teeth are natural. The neck is unremarkable.

The thorax is well developed and symmetrical. The abdomen is flat. The anus is free of lesions. The spine is normally formed, and the surface of the back is free of lesions.

The external genitalia are those of a normal prepubertal male.

The upper and lower extremities are well developed and symmetrical, without absence of digits.

No identifying marks or scars are readily apparent.

Evidence of medical intervention includes an endotracheal tube in place in the mouth, a needle thoracotomy in place in the left upper chest anteriorly, defibrillator pads on the right anterior and left lateral chest walls, electrocardiograph pads on the anterior chest and abdomen, an intravenous line in the right antecubital fossa, and an intraosseous line in place in the proximal left tibia.

EVIDENCE OF INJURY

(b)(3):CPSA Section 25(

2011-02747

**AUTOPSY REPORT**
THE UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER
OFFICE OF THE MEDICAL INVESTIGATOR

2

School of Medicine

Albuquerque, New Mexico 87131-5091

HEAD AND NECK: On the back of the head, just to the right of the midline is a 3/4 inch abraded laceration. On the left side of the head are three separate lacerations surrounded by abrasion two are 3/8 of an inch in length and one is 1/2 inch in length.

Just lateral to the left eye is a 1-inch blue contusion. On the left side of the face in front of the left ear is a 3 x 2 inch area of discontinuous abrasions. On the left side of the chin is a 1/2 inch linear abrasion and just underneath the chin on the left is a 1/4 inch abrasion.

Subsequent autopsy reveals extensive subscapular contusion, particularly of the back left side of the head.

The skullcap is removed and there is a thin film of subdural hemorrhage overlying both cerebral hemispheres, greater on the right than the left. The brain is removed from the cranial vault and there are cortical contusions of the inferior surfaces of the right frontal and right temporal lobes.

The dura is stripped from the base of the cranial vault and there is a linear basilar skull fracture of the left posterior fossa. It measures approximately 3 inches in length.

THORAX AND ABDOMEN: There are superficial abrasions of the left upper chest and a few faint superficial abrasions of the remainder of the anterior torso. On the back there are extensive confluent and discontinuous brush abrasions of the left side of the back stretching from the shoulder to the buttocks. On the back of the right side of the neck just at the base of the neck is a 1-1/2 inch by 1-inch area of faint abrasions. On the right upper back overlying the right scapula is a 4 x 3 inch abrasion. On the right lower back above the buttocks is a 4-1/2 inch by 3-inch area of discontinuous abrasions. Overlying the left anterior iliac spine is a 2-1/2 inch by 3/4 inch abrasion.

Internally, there is a fracture of the left clavicle between the mid and lateral thirds. There is a fracture of the left 1st rib posteriorly. There is a fracture of the right 1st rib anteriorly. There is a fracture of the left 5th rib anteriorly. The right chest cavity contains 60 mL of blood. There is a 2-inch laceration of the upper pole of the right upper lobe of the right lung.

UPPER EXTREMITIES: There are discontinuous abrasions on the right upper and forearm laterally. Overlying the left elbow is a 3 x 1-1/2 inch abrasion.

LOWER EXTREMITIES: None.

INTERNAL EXAMINATION

BODY CAVITIES: There is blood in the right chest cavity as previously described. There are no adhesions. Body organs are in normal and anatomic position.

HEAD (CENTRAL NERVOUS SYSTEM): The brain weighs 1460 grams. The brain is slightly swollen. The gyri are flattened. There is subdural hemorrhage as previously described. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, are free of abnormality.

(b)(3):CPSA Section 25

2011-02747

**AUTOPSY REPORT**
THE UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER
OFFICE OF THE MEDICAL INVESTIGATOR

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Sections through the cerebral hemispheres reveal cortical hemorrhages of the inferior right frontal and temporal lobes. The cerebral ventricles are of normal caliber. Sections through the brain stem and cerebellum reveal no lesions.

NECK: Examination of the soft tissues of the neck, including strap muscles and large vessels, reveals no abnormalities. The hyoid bone and larynx are intact.

CARDIOVASCULAR SYSTEM: The heart weighs 235 grams. The pericardial sac is free of significant fluid or adhesions. The pericardial surfaces are smooth and glistening.

The coronary arteries arise normally and follow the distribution of a right dominant pattern with no atherosclerosis.

The chambers and valves are proportionate. The valves are normally formed, thin and pliable, and free of vegetations.

The myocardium is dark red-brown, firm, and free of focal or regional fibrosis.

The aorta and its major branches arise normally and follow the usual course, with no atherosclerosis. The orifices of the major aortic vascular branches are patent. The vena cava and its major tributaries are patent and return to the heart in the usual distribution.

RESPIRATORY SYSTEM: The right and left lungs weigh 355 and 335 grams, respectively. The upper and lower airways contain a small amount of white froth. The mucosal surfaces are smooth and yellow-tan. The pleural surfaces are smooth and glistening, except for the laceration of the right upper lobe. The pulmonary parenchyma is light pink anteriorly and dark red posteriorly. There are focal contusions of the posterior portions of both lungs. The pulmonary arteries are normally developed and without thromboemboli.

LIVER AND BILIARY SYSTEM: The liver weighs 1460 grams. The hepatic capsule is smooth, glistening, and intact, covering red-brown parenchyma. The gallbladder contains watery bile. The extrahepatic biliary tree is patent.

ALIMENTARY TRACT: The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds, and the lumen contains approximately 50 mL of partially digested food particles. The serosa of the small bowel is smooth and glistening. The colon contains semi-formed stool. The appendix is present. The pancreas has a normal tan, lobulated appearance.

GENITOURINARY TRACT: The right and left kidneys weigh 90 and 95 grams, respectively. The renal capsules are smooth, thin, semitransparent, and strip with ease from the underlying smooth, red-brown, and firm cortical surfaces. The cortices are of normal thickness and delineated from the medullary pyramids. The calyces, pelves, and ureters are non-dilated and free of stones. The urinary bladder is empty; the mucosa is gray-tan and smooth.

The bilaterally descended testes are prepubertal. The prostate is small and prepubertal.

(b)(3):CPSA Section 25

(a) (b)(6)

2011-02747



AUTOPSY REPORT
THE UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER
OFFICE OF THE MEDICAL INVESTIGATOR

5

School of Medicine

Albuquerque, New Mexico 87131-5091

At autopsy, there was evidence of blunt-force injury of the head and the chest. There was a basilar skull fracture and bruising of the brain and bleeding around the brain. In addition, there was blunt trauma of the chest with rib fractures and a laceration of the right lung.

The manner of death is accident.

Ross E. Zumwalt, M.D.

Chief Medical Investigator

All Signatures Electronically Authenticated

Final Date: 5/14/2011

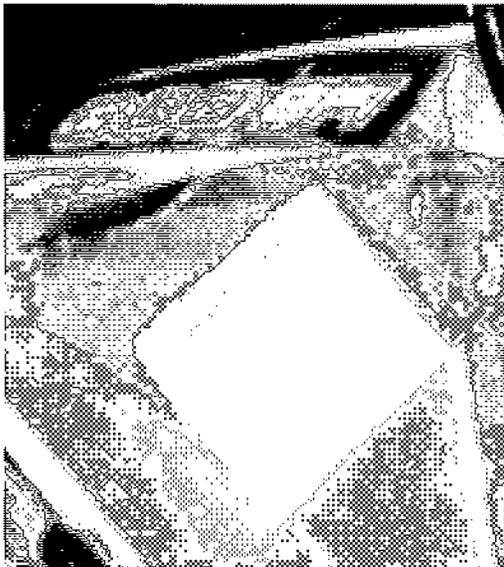
COPY



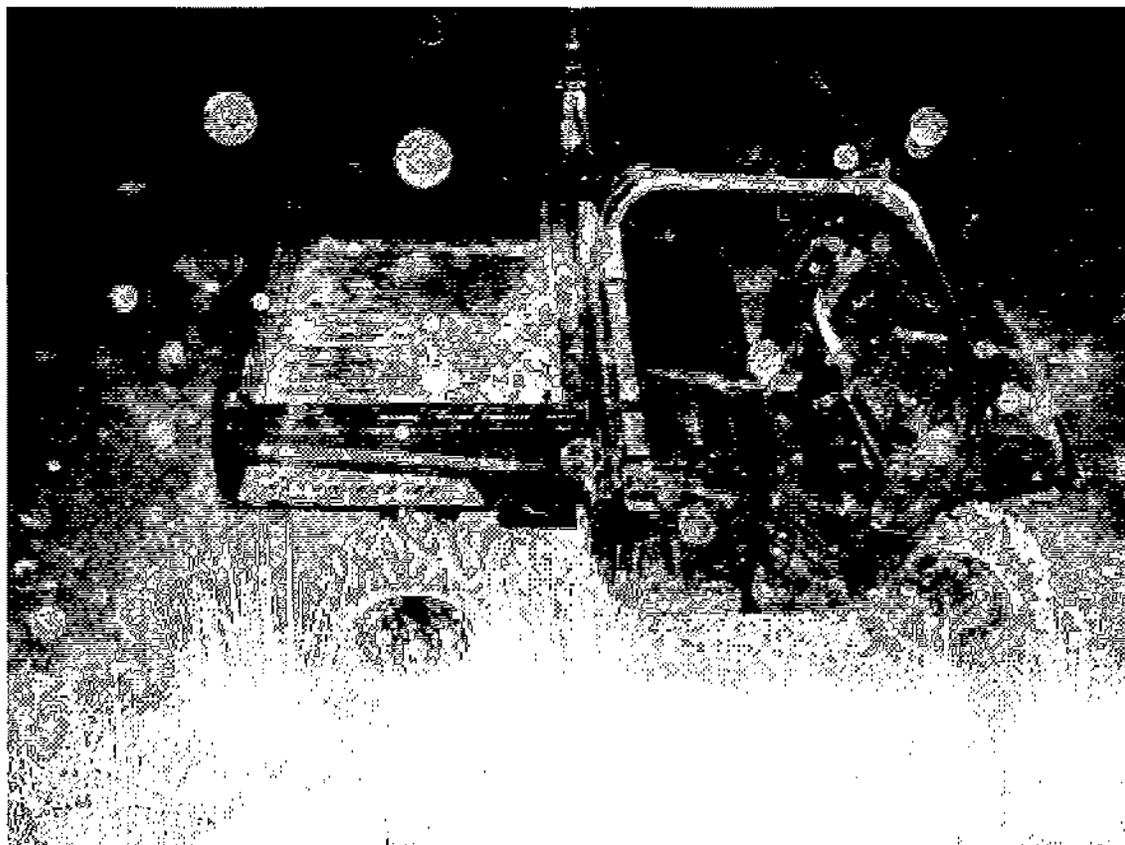
Photograph 1 – Side view of the Polaris Ranger UTV at the incident scene. The vehicle landed on the drivers side- view show vehicle upright.



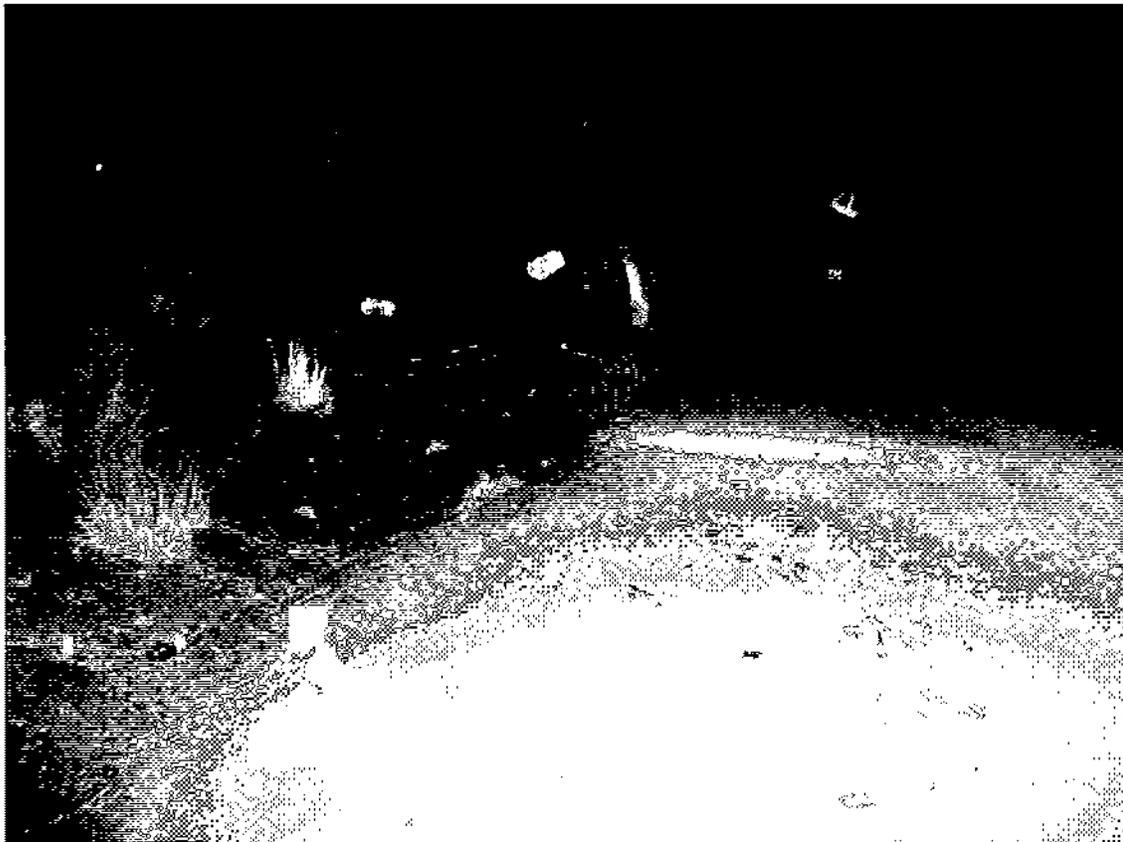
Photograph 2 – view of cockpit area. UTV has to side-by-side seat with seatbelts that were not used.



Close-up view of label on steering column:
Reads: ""Warning"" ""Operation under 16""



Photograph 3 – side view of UTV.



Photograph 4 – Front view of incident, note items that fell out when vehicle landed on the side.



Photographic 5 – View of right wheel indicates the force side impact with dirty bank.

Utility Vehicle Data Record Sheet

Front	
Driver:	Right Front Passenger
Left Rear Passenger	Right Rear Passenger
Cargo Bed Rear	

The Utility Vehicle

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

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

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

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

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

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

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

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

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

Contact Sheet:

New Mexico Department of Public Safety
4491 Cerrillos Road
Santa Fe, NM 87507

505-827-9182

Jackie Wiggins
IPRA Coordinator (Photographs)
NM Department of Public Safety
827-9192
827-3399 (FAX)

Office of the Medical Investigator
School of Medicine
Albuquerque, NM 87131-5091

Rebecca Montoya- Records Administrator

Services For Friday

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

By Frances Luna

SENTINEL

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What had been a day of Easter fun in the mountains for friends and family turned tragic when an all-terrain vehicle (ATV) crash claimed the life of one of the children riding.

According to State Police, Briton Young, 11, of T-or-C, and his two younger siblings, (b)(6) and family friend (b)(6), were riding an ATV in the area of Luna Park northeast of Monticello when they reportedly struck a ditch and the ATV rolled onto its side.

State Police report that 11-year-old (b)(3): who was driving, is believed to have sustained head injuries when he struck a rock. Whitehead was also injured, however he managed to help little (b)(6) before running some ways down the road to get help from their parents and family friends.

(b)(3):C injuries were fatal, while (b)(6) children was taken to the hospital. They were later treated and released.

Funeral services for (b)(3): have been set for Friday at 3:30 p.m. in the Hot Springs High School Gymnasium. Students at the T-or-C Middle School, where (b)(3):C mother teaches, as well as Hot Springs High School, will be released at 3 p.m. on Friday.

(b)(3): was a 5th Grader at Sierra Elementary Complex and active in local youth activities. The (b)(3):CPSA Se Giving Fund has been opened at First Savings Bank. The donations will be used to benefit youth programs in (b)(3):C name.

1. Task Number 110622HCC1722		2. Investigator's ID 8925		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2011 04 27	5. Date Initiated YR MO DAY 2011 06 24		
6. Synopsis of Accident or Complaint UPC none The victims, a 13-year-old female driver and her passenger, a 14-year-old female, were riding in an utility vehicle on a dry, paved road. They were not wearing helmets or seatbelts. The driver lost control, caused the vehicle to swerve and then it overturned. They were ejected and injured. They were taken to a hospital where the driver died. Her cause of death was blunt force trauma to the head. The passenger was treated and released. MFR/PRVLR NOTIFIED COMMENTS: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OVERRULED: <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA Ex. <u>B6.25C</u> <input type="checkbox"/> DO NOT RE-NOTIFY <input checked="" type="checkbox"/> RE-NOTIFY <u>4/4/12 CB</u>				
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City RAEFORD		9. State NC
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name JOHN DEERE GATOR		10C. Model Number UNKNOWN
10D. Manufacturer Name and Address JOHN DEERE & COMPANY/VIN: M0HX0PA35089 1 John Deere Road Moline, IL 61265-8098				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12A. Hispanic or Latino 2 - No		12B. Race 4 - American Indian/Alaska Native Other:		12C. Race Source 3 - Official Document
13. Age of Victim 13		14. Sex 2 - Female		15. Disposition 8 - Death
16. Injury Diagnosis 62 - Intern. Org. Inj.		17. Body Part(s) Involved 75 - HEAD		18. Respondent 3 - 2nd Hand Info Only
19. Type of Investigation 2 - Telephone		20. Time Spent (Operational / Travel) 7 / 0		
21. Attachment(s) 9 - Multiple Attachments		22. Case Source 12 - MECAP		23. Sample Collection Number
24. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written				
25. Review Date 10/21/2011		26. Reviewed By 8930		27. Regional Office Director Dennis R. Blasius
28. Distribution Moon, Clarice; Cash, Helen; Garland, Sarah			29. Source Document Number X1160634A	

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12A. Hispanic or Latino 2 - No		12B. Race 4 - American Indian/Alaska Native Other:		12C. Race Source 3 - Official Document
13. Age of Victim 13		14. Sex 2 - Female	15. Disposition 8 - Death	16. Injury Diagnosis 62 - Intern. Org. Inj.
17. Body Part(s) Involved 75 - HEAD		18. Respondent 3 - 2nd Hand Info Only	19. Type of Investigation 2 - Telephone	20. Time Spent (Operational / Travel) 7 / 0
21. Attachment(s) 9 - Multiple Attachments		22. Case Source 12 - MECAP		23. Sample Collection Number
24. Permission to Disclose Name (Non NEISS Cases Only) Yes <input checked="" type="radio"/> No Yes for Manuf. Only Verbal Written				
25. Review Date 10/21/2011		26. Reviewed By 8930		27. Regional Office Director Dennis R. Blasius
28. Distribution Moon, Clarice; Cash, Helen; Garland, Sarah			29. Source Document Number X1160634A	

The information in this report was based on information received by the police and medical examiner's office. Contacts with the victims' next-of-kin were not successful.

On Wednesday, April 27, 2011, at 3:05 p.m., in Hoke County, Raeford County, NC, the victim, a 13-year-old female driver was operating a utility vehicle on a dry, paved road with a passenger, a 14-year-old female. They were not wearing helmets or seatbelts. The weather condition was clear and the temperature was 84 degrees.

The driver traveled at 25 miles per hour, lost control, caused the vehicle to swerve and then overturned. The driver and passenger were ejected where they landed on the roadway.

The driver and passenger were injured. They were taken to a hospital where the driver died. She was 60 inches tall and weighed 120 pounds. Her cause of death was blunt force trauma. The passenger was treated and released.

Alcohol and/or drugs were not contributing factors in the incident.

Product: 4-wheeled utility vehicle
Manufacturer: John Deere & Company
1 John Deere Place
Moline, IL 61265

Year/Brand/Model: unknown/John Deere/unknown
VIN: MOHX0PA035089
Description: unknown
Condition: unknown

ATTACHMENTS:

1. Police Report
2. UTV Data Record Sheet.
3. Contact Information.

DMV-349 (Rev. 3/2001)

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Do not write in these spaces
Date Received by DMV

No. of Units Involved Form 1 of 1 Supplemental Report Non-Reportable

Crash Date 4/27/11 County HOKE Time 1505 Local Use/Patrol Area 110427063HA / A5
 33 Relation to Roadway Surface 1 Crash occurred In RAEFORD Municipality or 5.90 Miles N S E W outside municipality
 on RP 1432 Highway Number, or Highway, Street (If ramp or service road, indicate on line) Ramp or Service Road (R.R. Crossing # —) 0.36 Miles ft. N S E W (0 ft. Intersection) (If available)
 from RP 1003 toward RP 14
 Use Highway Number, Street Name or Adjacent County or State Line N S E W Use Highway Number, Street Name or Adjacent County or State Line Latitude Longitude Altitude

UNIT # 1 VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL VEHICLE
 Driver (b)(3):CPSA Section 25(c),(b)(6)
 Address _____ City _____ State _____ Zip _____
 Same Address on Driver's License? Yes No Driver's Phone Numbers H (_____) W (_____)
 D.L. # _____ State _____
 DOB 8/18/97 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restrictions 0
 mm/dd/yyyy
 37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (if known) 0 40 Vehicle Seizure (DWI)
 Owner (b)(6)
 Address _____ City _____ State _____ Zip _____
 Same Address as Driver? Same Address as Driver?
 Plate # _____ State _____ Plate Year _____
 VIN _____
 Vehicle Make TOYOTA Year 27 41 Vehicle Style (Type) 18 42 Vehicle Drivable Yes No
GATOR
 43 TAD LD-1 44 Estimated Damage 1100.00
 Insurance Company _____ Policy # _____

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source Same Address as Owner? Source: Truck Shipping papers Driver
 Carrier Identification Numbers, GVWR, Axles US DOT# _____ ICC# _____ Axes on Vehicle including Trailers _____
 State _____ State# _____ IFTA# _____ Gross Vehicle Weight Rating _____
 FE# _____ Fleets# _____

21	22	23	24	25	26	27	28	29	30	31	32	Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc. - See Above); Use check blocks if address same as Driver	
A	/	/	/									Unit 1 Drv1, Ped1, etc. see above Unit 2 Drv2, Ped2, etc. see above Veh# <u>1</u> Towed To/By: <u>DANIEL'S SERVICE CENTER</u>	
B												Veh# _____ Towed To/By: _____	
C	1	2	3	3	13	1994	NF	0	0	0	22	3	<u>JUANITA HUNTER</u> <u>4125 ANBARA RD. RAEFORD, NC 28376</u>
D													
E													
F													
G													
H													

46 Name of EMS A, B - AMERICAN MEDICAL RESPONSE 46 Name of EMS _____
 47 Injured Taken by EMS to A, B - CAPE FERR VALLEY (Treatment Facility and City or Town) 47 Injured Taken by EMS to _____ (Treatment Facility and City or Town)
FAY, NC

POINTS OF INITIAL CONTACT (Write in Codes)		VEHICLE INFO.		ROADWAY INFO.		WORK ZONE RELATED	
48	Unit# _____ Unit# _____	60	Authorized Speed Limit	69	Road Feature	78	Workzone Area
CRASH SEQUENCE (Unit Level)	Unit# _____ Unit# _____	61	Estimate of Original Traveling Speed	70	Road Character	79	Work Activity
49	Vehicle Maneuver/Action	62	Estimate of Speed at Impact	71	Road Classification	80	Work Area Marked
50	Non-Motorist Action	63	Tire Impressions Before Impact (ft.)	72	Road Surface Type	81	Crash Location
51	Non-Motorist Location Prior to Impact	64	Distance Traveled After Impact (ft.)	73	Road Configuration	TRAILER INFO. Unit# _____ Unit# _____	
52	Crash Sequence - First Event for This Unit	65	Emergency Vehicle Use	74	Access Control	82	Trailer Type
53	Crash Sequence - Second Event	66	Post Crash Fire (if "Yes" check block)	75	Number of Lanes	1st Trailer No. Axles	Width (inches)
54	Crash Sequence - Third Event	67	School Bus - Contact Vehicle	76	Traffic Control Type	Length (feet)	
55	Crash Sequence - Fourth Event	68	School Bus - Noncontact Vehicle	77	Traffic Control Oper	2nd Trailer No. Axles	Width (inches)
56	Most Harmful Event for This Unit	COMMERCIAL VEHICLE: Hazardous Materials Involvement Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No From Placard indicate: <input type="checkbox"/> Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No 4-digit placard number or 1-digit number from name from diamond or box bottom of diamond Released (does not include fuel from fuel tank) Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No		83	Unit# _____	Overwidth Permit #	
57	Distance/Direction to Object Struck			84	Overwidth Trailer and Overwidth Mobile Home		
58	Vehicle Under/Overide						
59	Vehicle Defects						



Unit# _____ was Traveling Parked Facing _____ on _____ Unit# _____ was Traveling Parked Facing _____ on _____

65 NARRATIVE (Include pertinent and unresol'd aspects, which are not listed elsewhere on the form)

VEHICLE 1 (JUNIPER GARDEN ATV) WAS TRAVELING NORTH EAST ON THE SOUTH WEST BOUND SHOULDER OF RP 1432. VEHICLE 1 SWERVED TO THE RIGHT AND ONTO RP 1432. VEHICLE # 1 OVERTURNED AND EJECTED ITS OCCUPANTS. VEHICLE 1 CAME TO REST ON ITS LEFT SIDE ON RP 1432.

66 Type/Owner _____ State _____

Owner Address _____ Property? Estimated Damage \$ _____

Phone _____

WITNESSES

Name _____ Address _____ Phone No. (_____) _____

Name _____ Address _____ Phone No. (_____) _____

TRAFFIC VIOLATION(S)

Name _____ Charge(s) _____

Name _____ Charge(s) _____

Officer Name J.D. Hoover Officer Number _____ Department _____ Date of Report _____

Utility Vehicle Data Record Sheet

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

The Utility Vehicle

A:	Age: 13	Height: 60 inches
	Gender: F	Weight: 120 lbs
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: K	
	Injury Description: blunt force trauma	
	Did vehicle land on victim: No	
	Ejected (Either partially or fully): Fully	

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

B:	Age: 14	Height: unknown
	Gender: F	Weight: unknown
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Injured	
	Injury Description: unknown	
	Did vehicle land on victim: N	
	Ejected (Either partially or fully): fully	

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

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

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

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

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

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

CONTACT INFORMATION:

Contacted on 6/24/11

NC Highway Patrol
521 S. Sandhills Blvd
Aberdan, NC 28315
(910) 944-3629

Contacted on 10/3/11
NC Hwy Patrol

Daniels Svc Ctr
113 E. Central Ave
Raeford, NC 28376
(910)875-3541



REPORT OF INVESTIGATION BY MEDICAL EXAMINER

OCME USE ONLY

11-4179
Case number

MAY 05 2011
Date received

Res NR

DECEDENT: (b)(3):CPSA Section 25
(c),(b)(6)
First / Middle Last Suffix

RESIDENCE: (b)(3):CPSA Section 25(c),(b)(6)
Number and Street / City, State County

AGE: 13 SEX: Male Female Unknown

RACE: Black Native American Oriental White Unknown

HISPANIC ORIGIN: Yes No Unknown

INFORMATION ABOUT OCCURRENCE

	DATE	TIME	ADDRESS OR FACILITY	COUNTY
ONSET OF INJURY OR ILLNESS			CFUMC	Cumb
DEATH	4/27/11	1626	Fay, NC	Cumb
VIEW OF BODY	4/28/11	1635	<input type="checkbox"/> Scene of death <input type="checkbox"/> Hospital <input type="checkbox"/> Funeral home <input type="checkbox"/> Other _____ <input type="checkbox"/> Not viewed	
M.E. NOTIFIED	4/27/11	1642	LAW ENFORCEMENT AGENCY: _____ OFFICER: _____ TELEPHONE: _____	
LAST KNOWN TO BE ALIVE			Death occurred while in custody: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

AUTOPSY: None M.E. Authorized Non-M.E. Autopsy facility: _____

BLOOD SAMPLE: Mailed Obtained by pathologist Reason not obtained: _____

IF CLINICAL ALCOHOL DONE, RESULT: _____ By whom: _____

PROBABLE CAUSE OF DEATH: Pending

1. Blunt Force Trauma
DUE TO
2. Fall (rollover) from ATV
DUE TO
3. _____
DUE TO
4. _____
DUE TO

OCME REVIEW		SDC
1. _____ DUE TO		<input type="checkbox"/> None <input type="checkbox"/> AL <input type="checkbox"/> Dictated <input type="checkbox"/> COG
2. _____ DUE TO		
3. _____ DUE TO		
4. _____ DUE TO		
CONTRIBUTING CONDITIONS <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined		
Reviewer: <u>a</u> Date: <u>5/25/11</u>		
Information in this block supersedes that contained in space at left.		

CONTRIBUTING CONDITIONS

MANNER OF DEATH:
 Natural Accident Homicide Suicide Pending

I hereby certify that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with Article 16 of Chapter 130A of the N.C. General Statutes and the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

DHHS 1114 (Revised 10/00)

Da GA ME 4/28/11 Cumb
Signature of Medical Examiner Date County

MEDICAL HISTORY

- Alcoholism, Diabetes, IV drug abuse, Ischemic heart disease, Smoking, Seizure disorder, Cancer, Hypertension, Depression, HIV/AIDS, Other, Attending Physician, City

MEANS OF DEATH

- VEHICLE: Type of vehicle associated with this decedent: Passenger car, Pickup truck, Truck--more than 2 axles, Motorcycle, Bicycle, Farm vehicle, ATV, Moped, Other, Position: Driver, Passenger, Pedestrian, Unknown, Devices: Seat restraints, Air bag, Helmet, Child restraint, None, Unknown, Number of vehicles involved, GUN: Rifle--Caliber, Handgun--Caliber, Shotgun--Gauge, Other, Unknown, INSTRUMENT: Blunt, Sharp, Description, TOXIC AGENT(S) SUSPECTED: Alcohol, Others, DROWNING: Pond, Lake or river, Ocean, Pool, Bathtub, Other, Life preserver: Yes, No, Unknown, Able to swim: Yes, No, Unknown, Activity, FIRE: Suspected cause, Smoke detector: Yes, No, Unknown, FALL: From, to, Approximate distance, feet

ACTIVITY OF DECEDENT AND PREMISES

FATAL INJURY Activity, OR ILLNESS: Type of place, Specific location

Fatal injury or illness occurred on a job: Yes, No, Unknown, If yes, was employment: Primary job, Secondary, Volunteer work, Unknown, Name of this employing firm or agency, Type of business or industry, Decedent's occupation

DEATH: Type of place, Specific location

Examples: Activity: Running, lifting hay bales, eating, typing letter, driving commercial truck, sleeping, bathing, watching television, fighting, etc. Type of place: House, apartment, trailer, school, jail, bar or tavern, hotel, restaurant, store, street, hospital, farm, highway, factory, etc. Specific location: Bathroom, assembly line, kitchen, front yard, office, parking lot, emergency room, roadside, ambulance, car, etc. On a job: Any activity that is income generating regardless of age of decedent including farming or part time work; also include non-income generating volunteer or charity work.

DESCRIPTION OF BODY

- CONDITION: Intact, Decomposition, Skeletonized, Embalmed, Charred, Prolonged immersion, Exhumed, RIGOR: None, 1+, 2+, 3+, LIVOR: None, Anterior, Posterior, Lateral, HEIGHT: 60 inches, Estimate, WEIGHT: 120 pounds, Estimate, BODY TEMPERATURE: Warm, Cool, Cold, HAIR: Color Brown, Beard, Mustache, EYES: Color Brown, Abnormalities, TEETH: Upper, Natural, Dentures, Abnormalities, Lower, Natural, Dentures, Abnormalities

CLOTHING: Not clothed

TOXICOLOGY REPORT

Office of the Chief Medical Examiner
Chapel Hill, NC 27599-7580

Toxicology Folder: T201103233
Case Folder: F201104179
Date of Report: 09-may-2011
Page: 1

DECEDENT: (b)(3):CPSA
Section 25(c)(b)

Status of Report: Approved
Report Electronically Approved By: Ruth Winecker, Ph.D.

* * *

=====

SPECIMENS received from Damon K. Arrington on 02-may-2011

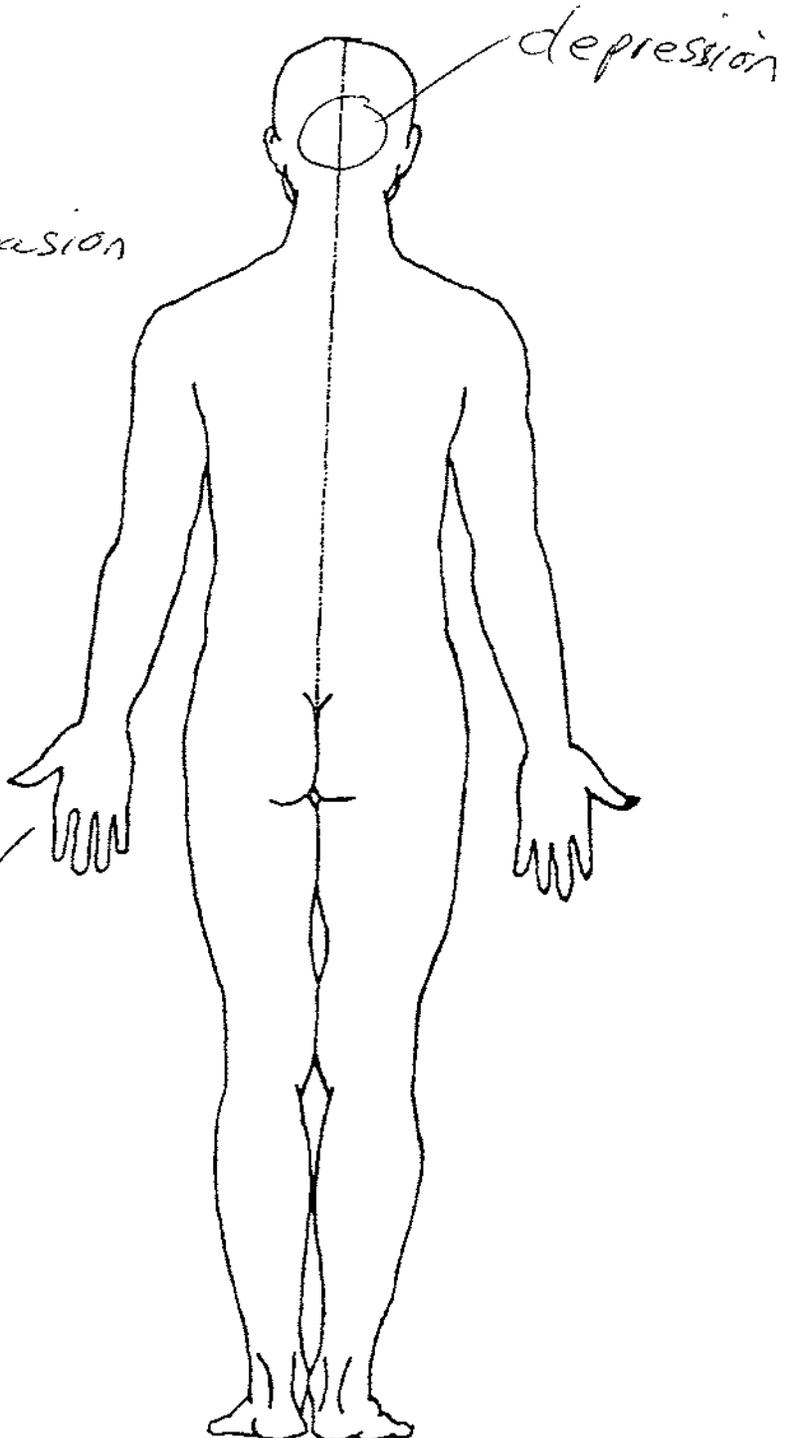
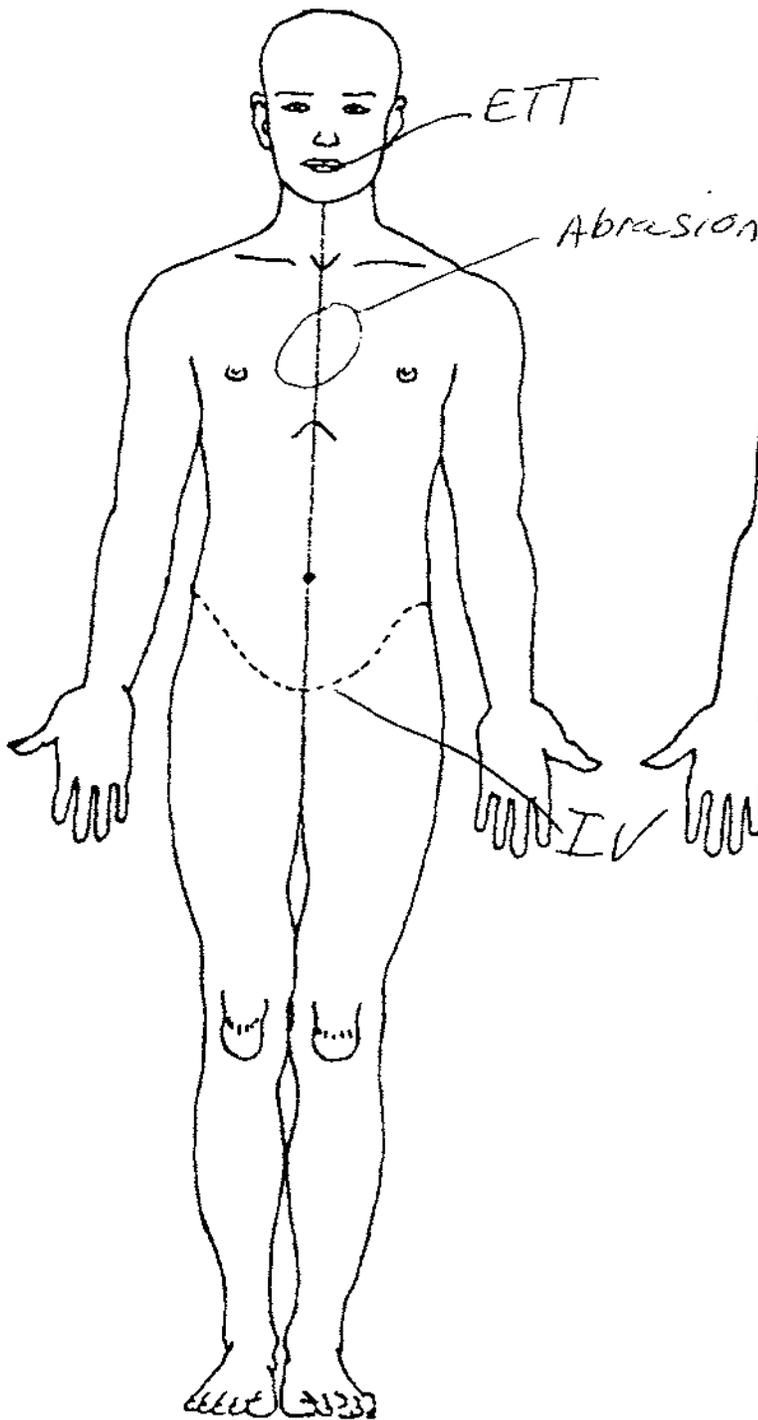
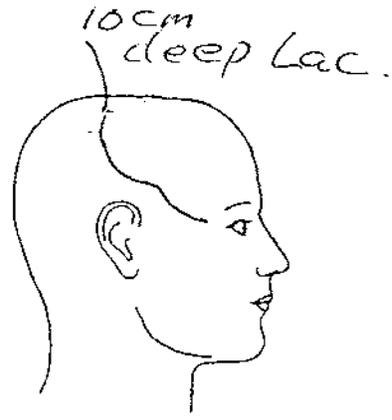
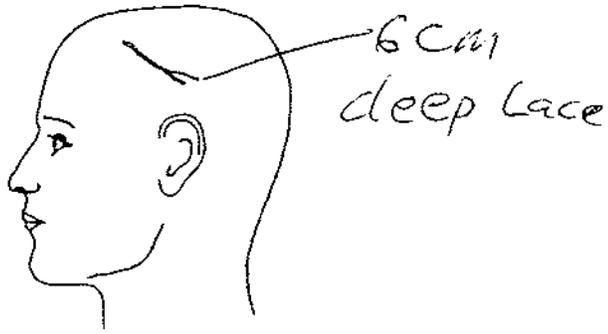
S110007895: 2.0 ml Vitreous Humor CONDITION:
SOURCE: OBTAINED: 27-apr-2011

S110007896: 6.0 ml Blood CONDITION:
SOURCE: OBTAINED: 27-apr-2011

Ethanol ----- None Detected 05/09/2011

060111 07:23 * * * E N D O F R E P O R T * * *

BODY DIAGRAMS



Indicate nature and location of wounds and other lesions (scars, tattoos, medical therapy, etc.) on these diagrams.

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH

13yo ♀ fell off a moving ATV, Found
w/ resp. unresponsive, PEA upon initial
assessment, OA pilled c blood.

Dr. G. ME

PURPOSE: To document the findings of a medical examiner investigation. When completed, this form constitutes a report to the Chief Medical Examiner as required by G.S. 130A-385(a).
PREPARATION: The investigating medical examiner completes all appropriate information, and signs the certification statement on the front of the form.
DISTRIBUTION: Mail original copy to the Office of the Chief Medical Examiner, Chapel Hill, NC 27599-7580.
DISPOSITION: This form is maintained by the Chief Medical Examiner in accordance with the current records disposition schedule published by the N.C. Division of Archives and History.
COPIES: Additional copies may be ordered from the Office of the Chief Medical Examiner, Chapel Hill, NC 27599-7580.



JOHN DEERE

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

Keith E. Steenlage
Assistant General Counsel

17 February 2012

Pamela Mc Donald
National Injury Information Clearinghouse
4330 East West Highway, Room 502
Bethesda, MD 20814

VIA EMAIL

Re: Epidemiologic Investigation Report 110622HCC1722

Dear Ms. McDonald:

Deere & Company would like to comment on the above referenced Incident Report, which was attached to a FOIA Request, submitted to Deere by Todd A. Stevenson, Office of the General counsel, with a letter dated 31 January 2012.

This EIR report involves a fatality of a 13 driver of a John Deere Gator and an injury to her 14 year old passenger. According to the EIR, these girls were operating the Gator on a dry, paved road, without seatbelts or helmets. The driver lost control, caused the Gator to swerve and then overturn. Both were ejected, and the operator died from blunt force trauma to the head.

All John Deere Gators have safety signs on the machine related to operator age (16 years old minimum) and operation on roads. This same information is also contained in the Operator's Manual.

This incident was not reported to Deere prior to receipt of this EIR. The Gator met or exceeded all applicable standards at the time it was manufactured. Deere denies there is any manufacturing or design defect with this product.

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

Sincerely,

Keith E. Steenlage

cc: Daniel A. Harvey

1. Task Number 110622HCC1724		2. Investigator's ID 3385		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2010 10 18		5. Date Initiated YR MO DAY 2011 06 23	
6. Synopsis of Accident or Complaint UPC unknown A sixty-nine year old female died while operating a four-wheel utility vehicle on her wooded private property (driving alone). The right-front tire of the UTV ran-up a small tree and caused the vehicle to roll-over. The victim was ejected and the rollbar struck her in the head. The driver was pronounced dead at the scene. She was drinking and was not wearing a seat belt or a helmet. MFR/PRVLR NOTIFIED COMMENTS: YES ___ NO ___ OVERRULED: ___ ATTACHED ___ EXCISIONS/FOLA EXEMP. ___ Revisions ___ DO NOT RENOTIFY ___ RENOTIFY ___ M M 4/27/13 IFY				
7. Location (Home, School, etc) 2 - FARM		8. City KANNAPOLIS		9. State NC
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name POLARIS RANGER 4 X 4 UTILITY V		10C. Model Number 500
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC. (VIN: EH500PLE2227238) 1225 Highway 169 North Minneapolis, MN 55441				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12A. Hispanic or Latino 2 - No		12B. Race 1 - White Other:		12C. Race Source 2 - Respondent-Other
13. Age of Victim 69		14. Sex 2 - Female	15. Disposition 8 - Death	16. Injury Diagnosis 62 - Intern. Org. Inj.
17. Body Part(s) Involved 75 - HEAD		18. Respondent 3 - 2nd Hand Info Only	19. Type of Investigation 3 - Other	20. Time Spent (Operational / Travel) 12 / 3
21. Attachment(s) 9 - Multiple Attachments		22. Case Source 12 - MECAP		23. Sample Collection Number
24. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written				
25. Review Date 08/01/2011		26. Reviewed By 8930		27. Regional Office Director Dennis R. Blasius
28. Distribution Garland, Sarah			29. Source Document Number X1160633A	

NOTE: This investigation was initiated through a MECAP report involving a fatality that occurred while operating a utility vehicle. The County Sheriff's Office, the victim's daughter and the local fire department provided the incident information.

The victim involved in this incident was a sixty-nine year old female (estimated 5'6" tall, 145lbs) who lived alone in a four bedroom, single-family home in a rural community. The product involved in this incident was a gas-powered **Utility Vehicle (UTV)**. It was unknown where /when the vehicle was purchased. The unit was used predominately by the victim/homeowner for working on her 120-acres of property.

The two-seat vehicle's exterior color was red and black and it featured a mini-cargo bed and a metal rollbar cage. The utility vehicle was powered by a liquid-cooled, single-cylinder four-stroke engine (498cc). The drive train featured an "on-demand" automatic 2WD/4WD transmission. A photo of the overturned vehicle is below:



The victim's daughter (respondent) stated that her mother's property was used as a horse pasture. It was believed that the 69-year old victim was very familiar with the terrain of her heavily wooded property. The daughter stated that her mother drove the UTV "almost daily" and it was believed that she was familiar with its safety and handling precautions.

The daughter claimed that her mother always drove at a responsible speed and the vehicle was not subjected to any physical abuse. The UTV was believed to be in good condition and there have been no repairs or modifications performed on it.

On Saturday, October 17, 2010, the 69-year old victim (homeowner) decided to drive the involved utility vehicle through the wooded area of her property (time of day unknown). The weather was stated to be dry and sunny. The investigating official stated that she was drinking red wine at that time and she was not wearing a seatbelt or a safety helmet.

The investigators believed that the victim was following a dirt trail through the woods. She was traveling at a slow rate of speed but failed to recognize a small tree in her path.

The right-front tire of the utility vehicle ran-up the small tree and caused the vehicle to roll-over. The victim was ejected and the rollbar struck her in the head. It was believed that she died immediately.

On the following morning (10-18-10), the victim (homeowner) was scheduled to take a one-day trip with a friend to the "mountains of North Carolina". The friend reported that he became concerned when the 69-year old woman did not show up at his residence at 9:00am as they had planned. The friend stated that he made many attempts to call her the previous evening (and that morning) but had no luck. He contacted the daughter and advised her to contact the Sheriff's Office.

The daughter summoned the Sheriff's Office and they agreed to meet at the house to conduct a "welfare safety check". The Cabarrus County Sheriff's Deputies arrived first and found the residence to be secure with no sign of forced entry. They were joined later by the Cabarrus County EMS and the Kannapolis Fire Department.

The Deputies observed lamps on inside the residence but there was no sign of anyone in the home. The victim's pickup truck was found in the driveway. It was unlocked and the keys were in a cup holder. The Deputies waited until the victim's daughter arrived on scene to give them access to the residence.

The daughter arrived at the house along with two of her mother's friends. She reported that she had last seen her mother on Saturday night (10-16-10). They entered the house and found it vacant. A television was left on and the victim's purse was in the sun room.

It was observed that the involved utility vehicle was not at the house. One of the friends and the daughter suggested that the victim could possibly be "off on the vehicle somewhere on the property". The County Deputies and the daughter walked through the horse pasture and the wooded area of the property. They found tire tracks from what appeared to be a UTV vehicle. They followed the dirt path and found the involved utility vehicle rolled-over on its side.

The Deputies approached the overturned vehicle and found the victim laying supine underneath UTV. Her head had been crushed by the metal rollbar. The body was fully clothed, cold and at full rigor. The paramedics were summoned to their location and they pronounced her dead-at-the-scene at 12pm.

The Deputies surmised that the vehicle struck a small tree, because deputies found fresh bark missing from this tree which was to the right of the vehicle. The vehicle's ignition switch was in the ON position.

The deceased body was transported via ambulance to Northeast Medical Center in Concord, NC. The Cabarrus County Medical Examiner was notified and an examination of the female body was conducted. The cause of death was ruled to be from a blunt trauma head injury.

The North Carolina Medical Examiner's report was provided as a source document for this investigation (MECAP). A copy of the Medical Examiner's autopsy report was requested but could not be obtained.

During this investigation, the investigating Detective for the Cabarrus County Sheriff's Office and the victim's daughter was available for questioning. The involved utility vehicle was taken to another location and was unavailable for examination. The Detective provided copies of the incident photos (Exhibit # 1) and the Cabarrus County Sheriff's investigation report (Exhibit # 2).

The Fire Chief for the Kannapolis Fire Department was also available to answer questions and he provided a copy of their report (Exhibit # 3). The Cabarrus County EMS report was requested for this investigation but could not be obtained. The victim's daughter stated that she did not know where/when the vehicle was purchased.

The Detective agreed with the Deputies that the right-front tire of the UTV ran-up a small tree and caused the vehicle to roll-over. The victim was ejected and the rollbar struck her in the head (face-up). He reported that she was drinking and was not wearing a seatbelt or helmet.

He believed that she was not driving at a high rate of speed when she stuck the small tree. The Detective believed that the vehicle rolled-over fairly slow. The UTV and the displaced contents of the vehicle were found reasonably close to the tree.

PRODUCT IDENTIFICATION

The product involved in this incident was a gas-powered **Utility Vehicle**. The utility vehicle was identified as a Polaris Ranger 4 x4 Utility Vehicle. The VIN number was # EH500PLE2227238.

The two-seat vehicle's exterior color was red and black and it featured a mini-cargo bed and a metal rollbar cage. The utility vehicle was powered by a liquid-cooled, single-cylinder four-stroke engine (498cc). The drive train featured an "on-demand" automatic 2WD/4WD transmission.

ATTACHMENTS

Exhibit # 1: Photographs (9 – Photo: A and I)

Exhibit # 2: Cabarrus County Sheriff's Office incident/investigation report

Exhibit # 3: Kannapolis Fire Department report

Exhibit # 4: Contact Sheet

110622HCC1724

ATTACHMENTS (CON'T)

Exhibit # 5: Missing Document form

Exhibit # 6: Data Record Sheet for Utility Vehicles

110622HCC1724
PHOTOGRAPHS



PHOTO A: Overall view of the Polaris Ranger 4 x 4 Utility Vehicle (VIN:EH500PLE2227238) that the 69-year old victim was driving when it rolled over.



PHOTO B: View of the tree that caused the Polaris Ranger utility vehicle to rollover.

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PHOTOGRAPHS**



PHOTO C: Front view of the rolled over Polaris Ranger utility vehicle.



PHOTO D: Front view of the rolled-over Polaris Ranger utility vehicle.

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PHOTOGRAPHS**



PHOTO E: Rear view of the rolled-over Polaris Ranger utility vehicle.



PHOTO F: Photo depicts the underbody of the involved Polaris Ranger utility vehicle.

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PHOTOGRAPHS



PHOTO G: View of the model name for the Polaris Ranger 500 4 x 4 utility vehicle.



PHOTO H: Photo depicts the "Ranger" tag of the vehicle.

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PHOTOGRAPHS



PHOTO I: View of the instrument panel/dashboard of the Polaris utility vehicle.

I N C I D E N T D A T A	Agency Name CABARRUS COUNTY SHERIFF		INCIDENT/INVESTIGATION REPORT				OCA 10-1018-0010		
	ORI NC 0130000						Date / Time Reported Month Day Yr Time 10 18 2010 12:40 Hrs.		S M T W T F S
	#1	Crime Incident(s) Death Investigation	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 10 18 2010 12:00 Hrs		S M T W T F S		Last Known Secure Month Day Yr Time 10 17 2010 12:00 Hrs	
#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident (b) (6) Kannapolis NC 28081				Offense Tract 270		
#3	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type HOME OF VICTIM-SINGLE FAMILY			Victim Residence Type <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Multi Family			
MO	How Attacked or Committed				Forcible <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No		Weapon / Tools Hands, Feet, Teeth, Etc		
V I C T I M	# of Victims	Type <input checked="" type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown		Injury <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth <input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations <input type="checkbox"/> Internal <input checked="" type="checkbox"/> Unconscious <input type="checkbox"/> Other Major		Drug/Alcohol Use: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> N/A			
	VI	Victim/Business Name (Last, First, Middle) (b) (3): Exemption			Victim of Crime #	DOB / Age	Race	Sex	
	Home Address (b) (6) Kannapolis NC 28081-8718				Home Phone (b) (6)				
	Employer Name/Address				Business Phone		Mobile Phone		
VYR		Make	Model	Style	Color	Lic/Lis		Vin	
O T H E R S	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)								
	Type:	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown							
	RP	Name (Last, First, Middle) (b) (3): Exemption 3 fo				Victim of Crime #	DOB / Age	Race	Sex
	Home Address (b) (6) Charlotte NC 28210-6915				Home Phone (b) (6)				
I N V O L V E D	Type:	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown							
	IO	Name (Last, First, Middle) (b) (6)				Victim of Crime #	DOB / Age	Race	Sex
	Home Address (b) (6) Denver NC 28037-7829				Home Phone (b) (6)				
	Employer Name/Address				Business Phone		Mobile Phone		
Status Codes	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found (Check "OJ" column if recovered for other jurisdiction)								
P R O P E R T Y	Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number
	1	89	NAAA	\$0.00		1	ATV	POLARIS/500	EH500PLE2227238
Number of Vehicles Stolen		0		Number Vehicles Recovered		0			
ID	Officer HILTON, R. A. (PAT, DSQ) (0377)			ID#			Officer Signature		
Complainant Signature			Case Status <input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input checked="" type="checkbox"/> Closed/Cleared <input type="checkbox"/> Closed/Leads Exhausted			Case Disposition: <input checked="" type="checkbox"/> Unfounded <input type="checkbox"/> Located <input type="checkbox"/> Extradition Declined <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Refuse to Cooperate <input type="checkbox"/> Cleared by Arrest by Another Agency <input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined			

Incident Report Additional Name List

Cabarrus County Sheriff Office

OCA: 10-1018-0010

Additional Name List Page 2

NameCode/#	Name (Last, First, Middle)	Victim of Crime #	DOB	Age	Race	Sex
1) IO 2	(b) (6)		11/10/1946	63	W	M
	Address: (b) (6), Charlotte, NC 28210-7267		H: (b) (6)			
	Empl/Addr		B:			Mobile #:

INCIDENT/INVESTIGATION REPORT

Cabarrus County Sheriff Office

OCA
10-1018-0010

Status Codes	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found												
	DCI	Status	Quantity	Type Measure	Suspected Type			Check up to 3 types of activity for each					
D R U G S								Possess	Buy	Sale	Mfg	Importing	Operating
O F F E N D E R	Offender Used		Offender 1			Offender 2			Offender 3			Primary Offender Resident Status	
	Alcohol/Drugs	<input type="checkbox"/> Yes <input type="checkbox"/> Unk <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Age:	Race:	Sex:	Age:	Race:	Sex:	Age:	Race:	Sex:		
	Computer	<input type="checkbox"/> Yes <input type="checkbox"/> Unk <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Offender 4			Offender 5			Offender 6			<input type="checkbox"/> Resident	
			Age:	Race:	Sex:	Age:	Race:	Sex:	Age:	Race:	Sex:	<input type="checkbox"/> Non-Resident	
												<input type="checkbox"/> Unknown	
S U S P E C T	Name (Last, First, Middle)				Also Known As				Home Address				
	Occupation				Business Address								
	DOB. / Age	Race	Sex	Hgt	Wgt	Build	Hair Color	Hair Style	Hair Length	Eye Color	Glasses		
	Scars, Marks, Tattoos, or other distinguishing features (i.e. limp, foreign accent, voice characteristics)												
	Hat	Jacket	Shirt/Blouse	Tie/Scarf	Coat/Suit	Pants/Dress/Skirt	Sox	Shoes					
	Was Suspect Armed?	Type of Weapon				Direction of Travel			Mode of Travel				
VYR	Make	Model	Style	Color	Lic/Lis	Vin							
WIT NESS	Name (Last, First, Middle)				D.O.B.	Age	Race	Sex	Mobile Phone				
	Home Address				Home Phone		Employer			Phone			
	Suspect Hate / Bias Motivated: <input type="checkbox"/> Yes <input type="checkbox"/> No												
N A R R A T I V E	<p>Between the listed dates and times, Ms. (b) (6) called Cabarrus County Sheriff's Office in reference to performing a welfare check on her mother, Ms. (b) (3) - Exem. (b) (3) - Exem lived at (b) (6) and was found by deputies far off on her property with what appeared to have been an accident while operating her Polaris UTV. Deputies found (b) (3) - Exem unconscious and dead due to the large UTV on top of her. (b) (3) - Exem was transported to Northeast Medical Examiner's office for further investigation.</p>												

REPORTING OFFICER NARRATIVE

Cabarrus County Sheriff Office		OCA 10-1018-0010
Victim WHITFIELD, JANET MARIE	Offense DEATH INVESTIGATION	Date / Time Reported Mon 10/18/2010 12:40

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

On October 18, 2010 at 10:54am, Deputy Hilton and Zeman responded to (b) (6) in reference to perform a welfare check on the residence. (b) (3) : Exempt (b) (6) is the daughter and was concerned that her mother missed an appointment earlier this day.

Deputy Hilton and Zeman found the residence to be secure and no sign of forced entry. Deputies observed lamps on inside the residence but no sign of anyone in the home. Deputies waited until Ms. Norton arrived on scene to give them access to the residence to perform a safety check. (b) (6) stated she last saw her mother Saturday night, October 17 at midnight. They had just left an opera in Charlotte.

Deputy Sloop assisted the other two deputies on scene. No was inside the residence, but a TV was left on and Ms. (b) (3) purse was in the sun room which is located on the rear of home. Deputy Hilton made notice of a wine glass in the kitchen sink that had a tiny amount of red wine still in the bottom. Out in the driveway was Ms. (b) (3) : E Ford pickup and it was unsecured and the keys were in a cup holder.

Also on the scene were (b) (6) (b) (3) : E was supposed to take a one day trip on this day with (b) (6) to the mountains of North Carolina. (b) (6) said he became concerned when (b) (3) : CPSA did not show up at his residence at 9am, as they had planned. (b) (6) stated he made many attempt last night and this morning to call (b) (3) : E but had no luck. (b) (6) contacted the daughter, (b) (6) and advised her to contact the Sheriff's Office and have us perform this well fair check. (b) (6) asked was there a four wheel UTV recreational vehicle in the basement. Deputies advised there was not any UTV inside. (b) (6) and (b) (6) suggested (b) (3) : did own one and could possible be off on the vehicle somewhere on the 120 acre property. Deputy Hilton, Zeman, Sloop and (b) (6) all walked the horse pasture and continued down to a pond that (b) (3) : E may have been. Deputies found tire tracks from what appeared to be a UTV vehicle. After no luck locating (b) (3) : E near the pond, everyone followed a different path in the woods back to the residence. Just to the back of the horse pasture where the woods become full, deputies found the UTV on its side. Deputy (b) (6) asked (b) (6) to stay in place, some 100 yards away, while deputies could assess the scene. Deputies found (b) (3) : E's body underneath the red, Polaris UTV and crushed by the roll bar made on metal. Ms. (b) (3) : E body was cold and full of rigor. The body was face up. The body was fully clothed and it appeared that the vehicle struck a small tree, because deputies found fresh bark missing from this tree which was to the right of the vehicle. The vehicle's ignition switch was in the one position.

The vehicle was rolled on the drivers side and (b) (3) : Ex body was ejected and caught underneath. Ms. (b) (3) was not wearing a seat belt or helmet. Deputies also found a red dixie cup in the cup hold of the UTV. The dixie cup appeared to have red wine residue just like the wine found in the kitchen sink. There was no jewelry, cell phone or any other personal items with the body.

Kannapolis Fire Department was on scene and also Cabarrus EMS. The time of death is pronounce at 12:00pm on this day, though it appears the body has been at scene since late yesterday afternoon on the 17th. Deputies kept secured of the scene while Cabarrus County crime scene investigators took photographs of the scene. Deputy Hilton made contact with the medical examiner at Northeast Medical Center. Ms. Marietta Abernathy is the on call medical examiner and gave Deputy Hilton permission to have the body removed from scene and transported to the emergency room for further investigation and autopsy. Cabarrus rescued arrived and assisted in turning the UTV over and removing the body from the scene.

Deputy Hilton and Lt. Gadd spoke the (b) (6) and advised her of the procedures and also gave her their condolences. At the time of report, there appears to be no foul play and that this appears to be an isolated incident. All emergency personal cleared the scene at 3:34pm.

Incident Report Related Property List

Cabarrus County Sheriff Office

OCA: 10-1018-0010

1	Property Description ATV		Make POLARIS		Model 500		Caliber		
Color Red/Black		Serial No. EH500PLE2227238		Value \$0.00		Qty 1.00	Unit	Jurisdiction Locally	
Status Does Not Apply		Date 10/18/2010	NIC #		State #		Local #		OAN
Name (Last, First, Middle) (b) (3): Exempti					DOB 11/22/1940	Age 69	Race W	Sex F	

Notes

FDID * 01309 State * NC Incident Date * 10/18/2010 Station 5 Incident Number * 10-1004644 Exposure * 000 Deleted Change No Activity Basic

B Location* Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section B "Alternative Location Specification". Use only for Wildland fires.

Street address (b) (6) Intersection In front of Rear of Adjacent to Directions

Number/Milepost Prefix Street or Highway RD Street Type Suffix
 Apt./Suite/Room City State Zip Code
 Kannapolis NC 28081

Cross street or directions, as applicable

C Incident Type *
 322 Motor vehicle accident with
 Incident Type

E1 Date & Times Midnight is 0000
 Check boxes if Dates are the same as Alarm ALARM always required
 Date Alarm * 10/18/2010 12:06:02
 ARRIVAL required, unless canceled or did not arrive
 Arrival * 10/18/2010 12:12:53
 CONTROLLED Optional, except for wildland fires
 Controlled
 LAST UNIT CLEARED, required except for wildland fires
 Last Unit Cleared 10/18/2010 12:59:07

E2 Shift & Alarms Local Option
 A 01 KR4
 Shift or Alarms District Platoon

D Aid Given or Received*

1 Mutual aid received
 2 Automatic aid recv.
 3 Mutual aid given
 4 Automatic aid given
 5 Other aid given
 N None

Their FDID Their State
 Their Incident Number

E3 Special Studies Local Option
 Special Study ID# Special Study Value

F Actions Taken *

31 Provide first aid &
 Primary Action Taken (1)
 Additional Action Taken (2)
 Additional Action Taken (3)

G1 Resources *
 Check this box and skip this section if an Apparatus or Personnel form is used.
 Apparatus Personnel
 Suppression 0004 0012
 EMS
 Other
 Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values LOSSES: Required for all fires if known. Optional for non fires. None

Property \$ 000,000
 Contents \$ 000,000
 PRE-INCIDENT VALUE: Optional
 Property \$ 000,000
 Contents \$ 000,000

Completed Modules

Fire-2
 Structure-3
 Civil Fire Cas.-4
 Fire Serv. Cas.-5
 EMS-6
 HazMat-7
 Wildland Fire-8
 Apparatus-9
 Personnel-10
 Arson-11

H1* Casualties None
 Deaths Injuries
 Fire Service
 Civilian
H2 Detector Required for Confined Fires
 1 Detector alerted occupants
 2 Detector did not alert them
 U Unknown

H3 Hazardous Materials Release

N None
 1 Natural Gas: slow leak, no evacuation or HazMat actions
 2 Propane gas: <21 lb. tank (as in home BBQ grill)
 3 Gasoline: vehicle fuel tank or portable container
 4 Kerosene: fuel burning equipment or portable storage
 5 Diesel fuel/fuel oil: vehicle fuel tank or portable
 6 Household solvents: home/office spill, cleanup only
 7 Motor oil: from engine or portable container
 8 Paint: from paint cans totaling > 55 gallons
 0 Other: Special HazMat actions required or spill > 55gal.. Please complete the HazMat form

I Mixed Use Property

NN Not Mixed
 10 Assembly use
 20 Education use
 33 Medical use
 40 Residential use
 51 Row of stores
 53 Enclosed mall
 58 Bus. & Residential
 59 Office use
 60 Industrial use
 63 Military use
 65 Farm use
 00 Other mixed use

J Property Use* Structures

131 Church, place of worship
 161 Restaurant or cafeteria
 162 Bar/Tavern or nightclub
 213 Elementary school or kindergarten
 215 High school or junior high
 241 College, adult education
 311 Care facility for the aged
 331 Hospital

Outside
 124 Playground or park
 655 Crops or orchard
 669 Forest (timberland)
 807 Outdoor storage area
 919 Dump or sanitary landfill
 931 Open land or field

341 Clinic, clinic type infirmary
 342 Doctor/dentist office
 361 Prison or jail, not juvenile
 419 1-or 2-family dwelling
 429 Multi-family dwelling
 439 Rooming/boarding house
 449 Commercial hotel or motel
 459 Residential, board and care
 464 Dormitory/barracks
 519 Food and beverage sales
 936 Vacant lot
 938 Graded/care for plot of land
 946 Lake, river, stream
 951 Railroad right of way
 960 Other street
 961 Highway/divided highway
 962 Residential street/driveway

539 Household goods, sales, repairs
 579 Motor vehicle/boat sales/repair
 571 Gas or service station
 599 Business office
 615 Electric generating plant
 629 Laboratory/science lab
 700 Manufacturing plant
 819 Livestock/poultry storage (barn)
 882 Non-residential parking garage
 891 Warehouse
 981 Construction site
 984 Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:
 Property Use 931
 Open land or field
 NFIRS-1 Revision 03/11/99

Check This Box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name (b) (3): Exemption 3 for 25(c), (b) (6) MI _____ Last Name _____ Suffix _____

Number (b) (6) Prefix _____ Street or Highway _____ Street Type RD Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City Kannapolis

State NC Zip Code 28081

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

K2 Owner Same as person involved? Then check this box and skip The rest of this section.

Local Option _____ Business name (if Applicable) _____ Area Code _____ Phone Number _____

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name _____ MI _____ Last Name _____ Suffix _____

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City _____

State _____ Zip Code _____

L Remarks

Local Option

{E51} ADVISED CONFIRMED 311 CANCEL ADDITIONAL RESPONSE [10/18/10 12:20:10 MDWIGGINS]
 {E51} ATTEMPTING TO GET TO THE PATIENT [10/18/10 12:16:10 MDWIGGINS] {E21} STAGED STIREWALT/MOORESVILLE [10/18/10 12:15:10 MDWIGGINS] UDTS: {E51} EMS ON SCENE [10/18/10 12:14:10 MDWIGGINS] {E21} IN AREA ATTEMPTING TO LOCATE [10/18/10 12:13:01 MDWIGGINS] ATV ACCIDENT [10/18/10 12:05:02 MDWIGGINS]

On 10/18/2010 at 12:06:02 dispatched to (b) (6) RD /Kannapolis, NC 28081. The location is a Open land or field. The incident was determined to be a(n)Motor vehicle accident with injuries.

12:12:53 E51 arrived on scene and established command. Cabarrus County Sherrif's Deputys led us to the area that the patient was located in the woods. The patient was found underneath an ATV that had overturned. Cabarrus EMS confirmed the fatality. All other units were released and E51 remained on the scene to see if Cabarrus County Sherrif's Office needed assistance in removing the patient. They released us and advised they would call back if they needed us.

The following involvements were noted:

Name/Business Name	Involvement Type
<u>(b) (6)</u>	Patient

The following actions were performed on scene:

Provide first aid & check for injuries

L Authorization

<u>634</u> Officer in charge ID	<u>Beard, Kirk M</u> Signature	<u>CP</u> Position or rank	Assignment	<u>10</u> Month	<u>18</u> Day	<u>2010</u> Year
<input checked="" type="checkbox"/> Check Box if same as Officer in charge. Member making report ID <u>634</u>	<u>Beard, Kirk M</u> Signature	<u>CP</u> Position or rank	Assignment	<u>10</u> Month	<u>18</u> Day	<u>2010</u> Year

Narrative:

{E51} ADVISED CONFIRMED 311 CANCEL ADDITIONAL RESPONSE [10/18/10 12:20:10 MDWIGGINS]
 {E51} ATTEMPTING TO GET TO THE PATIENT [10/18/10 12:16:10 MDWIGGINS] {E21} STAGED
 STIREWALT/MOORESVILLE [10/18/10 12:15:10 MDWIGGINS] UDTS: {E51} EMS ON SCENE [10/18/10
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The following involvements were noted:

Name/Business Name	Involvement Type
(b) (3):Exemption 3 for 25(c), (b) (6)	Patient

The following actions were performed on scene:

Provide first aid & check for injuries

Units responding were:

- Unit F16 responded.
- Unit F22 responded.
- Unit F29 responded.
- Unit F35 responded and took these actions:
Cancelled en route

12:59:07 all units back in service.

110622HCC1724

EXHIBIT # 4

Contact # 1: Carl Gadd, Detective (interviewed: 7-27-11)
Cabarrus County Sheriff's Department
30 Corban Avenue SE
Kannapolis, NC 28025 (tele #: 980-521-8135)

2: Kirk Beard, Captain (interviewed: 7-27-11)
Kannapolis Fire Department
300 Firehouse Drive
Kannapolis, NC 28661 (tele #: 704-920-4260)

3: (b) (6)



Task No. 110622HCC1724

Date: 6-23-11

STATUS OF MISSING DOCUMENT (S)

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

1. NC Medical Examiner's autopsy report

2. Cabarrus County EMS report

3. _____

4. _____

5. _____

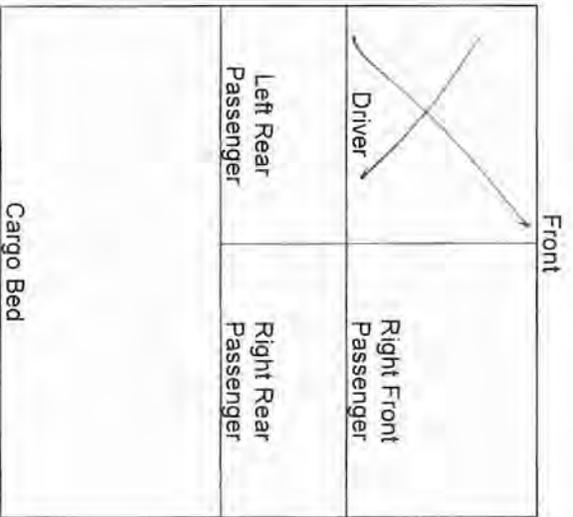
Date: 7-29-11

Investigator No: 3385

Regional office: CFIE-D

Supervisor No: 8978

Utility Vehicle Data Record Sheet



A:

Age: 69 Height: 5'6"
 Gender: F Weight: 145 LB
 Helmet (Y/N): (N) Seatbelt (Y/N): (N)
 Killed/Injured/Neither/Unknown: FATAL
 Injury Description: ROCK FORCE - HEAD
 Did vehicle land on victim (ROLLBAR): YES
 Ejected (Either partially or fully): YES

D:

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

B:

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

E:

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

C:

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

F:

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

The Utility Vehicle

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

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

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



12010-09334

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE CHIEF MEDICAL EXAMINER
Chapel Hill, North Carolina 27599-7580

CS

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

10-91510
OCME USE ONLY
10-91510
Case number
NDV 01 2010
Date received
 Res NR

DECEDENT: (b) (3): Exemption 3 for 25(c), (b) (6)

RESIDENCE: (b) (6) Kannapolis, NC Cabarrus
First Middle Last Suffix
Number and Street City, State County

AGE: 69 SEX: Male Female Unknown

RACE: Black Native American Oriental White Unknown

HISPANIC ORIGIN: Yes No Unknown

INFORMATION ABOUT OCCURRENCE

	DATE	TIME	ADDRESS OR FACILITY	COUNTY
ONSET OF INJURY OR ILLNESS			(b) (6)	Cabarrus
DEATH	10/18/10	1200	(b) (6)	Cabarrus
VIEW OF BODY	Body bag sealed not viewed		<input type="checkbox"/> Scene of death <input type="checkbox"/> Hospital <input type="checkbox"/> Funeral home <input type="checkbox"/> Other <input checked="" type="checkbox"/> Not viewed	
M.E. NOTIFIED	10/18/10	1345	LAW ENFORCEMENT AGENCY: Cabarrus Co Sheriff Dept. OFFICER: Lt. Gadd TELEPHONE: 980-521-8135	
LAST KNOWN TO BE ALIVE	10/17/10	2030	Death occurred while in custody: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	

AUTOPSY: None M.E. Authorized Non-M.E. Autopsy facility: OCME-Charlotte

BLOOD SAMPLE: Mailed Obtained by pathologist Reason not obtained:

IF CLINICAL ALCOHOL DONE, RESULT: _____ By whom: _____

PROBABLE CAUSE OF DEATH: Pending

- Blunt trauma head injury
DUE TO
- All terrain vehicle wreck
DUE TO (single view)
- _____ DUE TO
- _____ DUE TO

Acute ethanol intoxication

CONTRIBUTING CONDITIONS

MANNER OF DEATH:

Natural Accident Homicide Suicide Pending

OCME REVIEW

1. _____ DUE TO

2. _____ DUE TO

3. _____ DUE TO

4. _____ DUE TO

CONTRIBUTING CONDITIONS

Natural Accident Homicide Suicide Undetermined

Reviewer: _____ Date: 6/6/11

Information in this block supersedes that contained in space at left.

SDC

None
 AL
 Dictated
 COG
(see left)

AUTOPSY

I hereby certify that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with Article 16 of Chapter 130A of the N.C. General Statutes and the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

Marietta Alexander, M.D. 10/19/10 Cabarrus

MEDICAL HISTORY

- Alcoholism, Diabetes, IV drug abuse, Ischemic heart disease, Smoking, Seizure disorder, Cancer, Hypertension, Depression, HIV/AIDS, Other, Attending Physician, City

MEANS OF DEATH

- VEHICLE: Type of vehicle associated with this decedent: Passenger car, Pickup truck, Truck--more than 2 axles, Motorcycle, Bicycle, Farm vehicle, ATV/UTV, Moped, Other. Position: Driver, Passenger, Pedestrian, Unknown. Devices: Seat restraints, Air bag, Helmet, Child restraint, None, Unknown. Number of vehicles involved: 1. GUN: Rifle--Caliber, Handgun--Caliber, Shotgun--Gauge, Other. INSTRUMENT: Blunt, Sharp, Description. TOXIC AGENT(S) SUSPECTED: Alcohol, Others. DROWNING: Pond, Lake or river, Ocean, Pool, Bathtub, Other. Life preserver: Yes, No, Unknown. Able to swim: Yes, No, Unknown. Activity. FIRE: Suspected cause, Smoke detector: Yes, No, Unknown. FALL: From to, Approximate distance feet.

ACTIVITY OF DECEDENT AND PREMISES

FATAL INJURY OR ILLNESS: Activity riding on UTV, Type of place woods, Specific location behind house in woods

Fatal injury or illness occurred on a job: Yes, No, Unknown. If yes, was employment: Primary job, Secondary, Volunteer work, Unknown. Name of this employing firm or agency, Type of business or industry, Decedent's occupation

DEATH: Type of place woods, Specific location behind house in woods

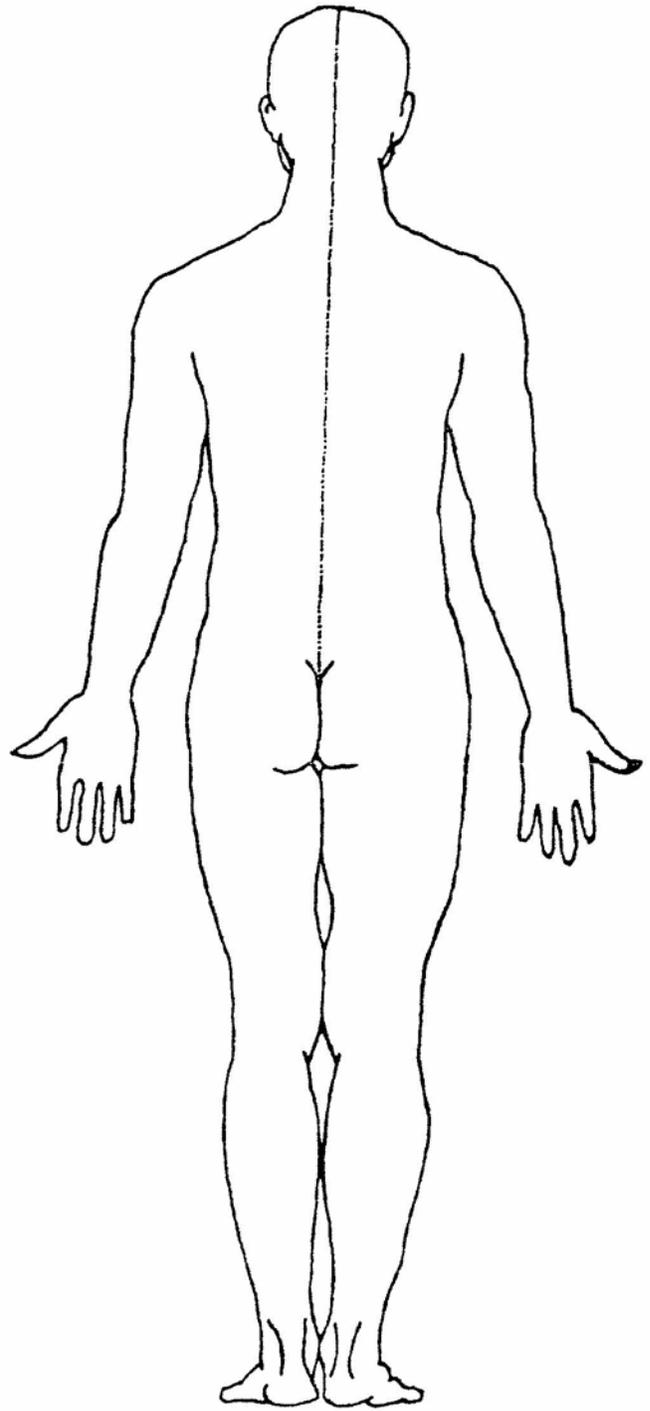
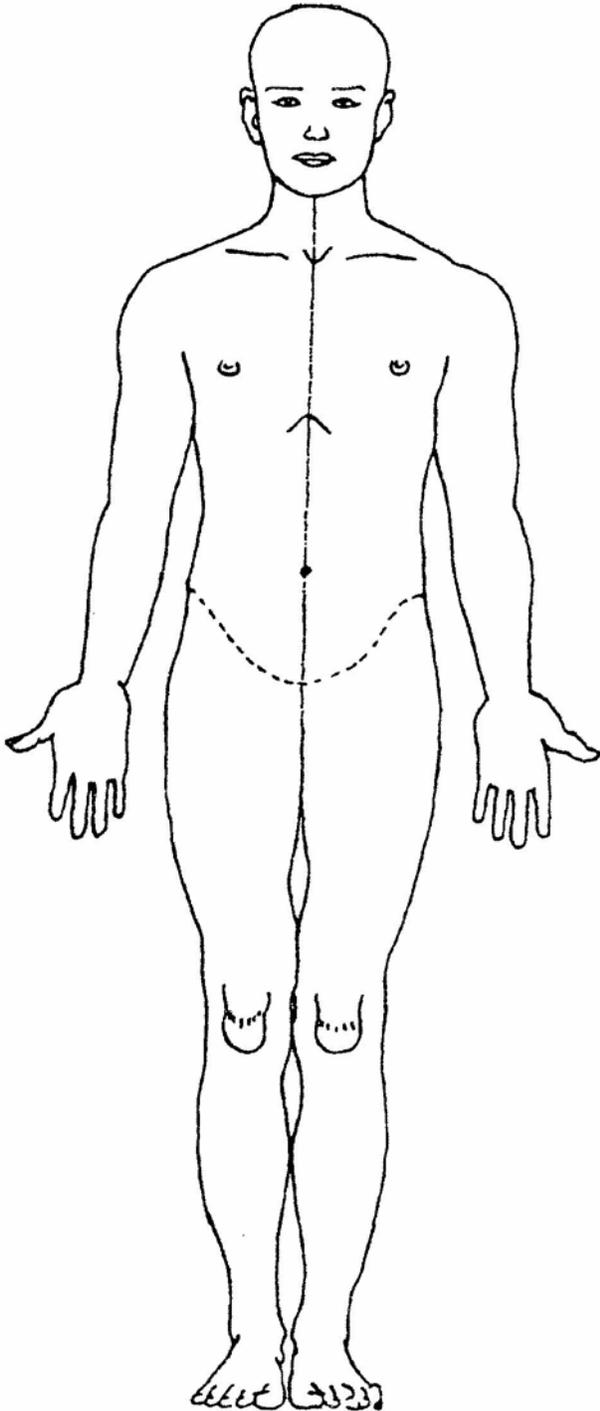
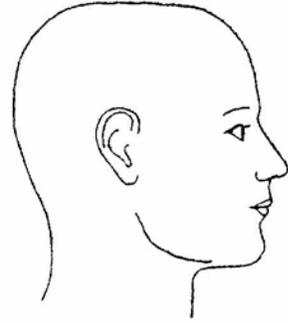
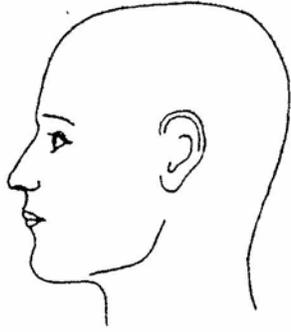
Examples: Activity: Running, lifting hay bales, eating, typing letter, driving commercial truck, sleeping, bathing, watching television, fighting, etc. Type of place: House, apartment, trailer, school, jail, bar or tavern, hotel, restaurant, store, street, hospital, farm, highway, factory, etc. Specific location: Bathroom, assembly line, kitchen, front yard, office, parking lot, emergency room, roadside, ambulance, car, etc. On a job: Any activity that is income generating regardless of age of decedent including farming or part time work; also include non-income generating volunteer or charity work.

DESCRIPTION OF BODY

CONDITION: Intact, Decomposition, Skeletonized, Embalmed, Charred, Prolonged immersion, Exhumed. RIGOR: None, 1+, 2+, 3+, LIVOR: None, Anterior, Posterior, Lateral. HEIGHT: inches, Estimate, WEIGHT: pounds, Estimate. BODY TEMPERATURE: Warm, Cool, Cold, HAIR: Color, Beard, Mustache. EYES: Color, Abnormalities. TEETH: Upper, Lower, Natural, Dentures, Abnormalities. CLOTHING: Not clothed, No valuables. See full autopsy report Body not viewed by local ME, body bag sealed from scene

BODY DIAGRAMS

See full
autopsy
report



Indicate nature and location of wounds and other lesions (scars, tattoos, medical therapy, etc.) on these diagrams.

10/19/10 @
2120

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH

Received a call from Deputy Hilton from Cabarrus Co. Sheriff's Dept. regarding the death of (b) (3): Exemption 3 for 25 (c) (b) (6). The following information was received from Deputy Hilton and Lt. Gradd: (b) (3): Exemption 3 was last known to be alive ~~when~~ on 10/17/10 @ ~2030 when a hang up phone call was made from her cell phone to her daughter's phone. ^{laughter} (b) (3): Exempt called the Cabarrus Co. Sheriff's Dept. to do a welfare check on (b) (3): Exempt when she had not heard from her on 10/18/10. Deputies went to the residence and searched the surrounding area to look for (b) (3): Exemption 3 for 25 (c) (b) (6) was found in the woods on her property with a UTV ^{over her} ~~flipped~~ flipped over on her. The ^{roll bar} had crashed into her face. No helmet or seatbelt was used. According to Lt. Gradd, it appears the UTV went up a slight incline, up a small tree, then flipped over on top of Ms. Whitfield. Det. Gradd requested an autopsy to rule out any foul play. Body received to CMC-Northeast morgue in sealed body bag then sent to CME-Charlotte in sealed bag for autopsy.

Y Manita Abernathy, PA, BSN, CCEN, ME

Cabarrus County Medical Examiner

PURPOSE: To document the findings of a medical examiner investigation. When completed, this form constitutes a report to the Chief Medical Examiner as required by G.S. 130A-385(e).

PREPARATION: The investigating medical examiner completes all appropriate information, and signs the certification statement on the front of the form.

DISTRIBUTION: Mail original copy to the Office of the Chief Medical Examiner, Chapel Hill, NC 27599-7580.

DISPOSITION: This form is maintained by the Chief Medical Examiner in accordance with the current records disposition schedule published by the N.C. Division of Archives and History.

COPIES: Additional copies may be ordered from the Office of the Chief Medical Examiner, Chapel Hill, NC 27599-7580.

Investigation resulted from an internet news article citing the death of a 79-year old Acadia Parish LA male. Victim died after of being thrown from a Utility All Terrain Vehicle (UTV) after being hit by an SUV. Information was requested and obtained from investigating officials, who provided copies of state police reports and coroner's reports.

State police reported that the victim #1 was traveling on a highway near his home when his UTV was rear ended by an SUV. Reports indicated victim #1 was ejected from his UTV onto the roadway. Victim #1 was pronounced deceased at the scene. Weather reported on the day of the incident had a high of 95°F with a low of 66°F with clear skies and wind speeds of calm to 6 mph. Head trauma was listed as the official cause of death by the coroner.

Victim # 2 stated that prior to the collision she initially observed victim #1's vehicle and thought that it was approaching her head on. Incident photographs are unavailable due to cost (\$200.00 for 20 photos) to CPSC. Compliance was contacted and advised about the photographs cost. EPHA analysis stated they did not need photos for this incident.

PRODUCT VEHICLE # 1 DESCRIPTION:**Type:** Utility Vehicle**Brand:** Kubota**Model:** RTV900**VIN #:** (b)(3) Exemption 3 for 25**Retailer:** Unknown**Purchase Date:** Unknown**Approx. Price:** Unknown

EXHIBITS:**Exhibit A** – Louisiana State Police Crash Report (28 pages)**Exhibit B** – CPSC App 91**Exhibit C** – Acadia Parish County Coroner reports (2 pages)**Exhibit D** – Acadian Ambulance Service reports (6 pages)**Exhibit E** – LSP Photo Lab response**Exhibit F** – Missing document**Exhibit G** – Contact Information

TOTAL NUMBER OF VEHICLES INVOLVED **2**

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT

DATE OF CRASH **09252010** TIME **0720**

TRUCK I LAT. **30.3778**

PAGE # **01**

PARISH **Acadia**

PARISH CODE **01** LONG. **92.48247**

CITY/TOWNSHIP

Quadrant Service Road
NW SW N E
NE SE S W

CRASH LOCATION **3067** MILE MARK **0.8** HIGHWAY MARK **LA-3067**

CRASH TYPE **C** MILES **.8** FEET **E** STREET HIGHWAY **LA-91** AT INTERSECTION **X** NOT AT INTERSECTION

CRASH TYPE **C** MILES **.8** FEET **E** STREET HIGHWAY **LA-91** AT INTERSECTION **X** NOT AT INTERSECTION

CRASH TYPE **C** MILES **.8** FEET **E** STREET HIGHWAY **LA-91** AT INTERSECTION **X** NOT AT INTERSECTION

WRITE APPROPRIATE LETTER IN BLOCK CONTRIBUTING FACTORS AND CONDITIONS

ROAD SURFACE (ONE PER COLUMN) A B A. ASPHALT B. WET C. SMOOTH D. ICE E. SAND F. GRAVEL G. OTHER H. UNKNOWN		ROADWAY CONDITIONS A A. NO VISIBLE DEFECTS B. SHOULDERS ABNORMALITY C. HOLES D. DEEP RUTS E. UNIFORM SURFACE MATERIAL F. OBSTRUCTION, DEBRIS G. OVERHEAD CLEARANCE LIMITED H. CONSTRUCTION, NO WORKING I. PHELY ON ROADWAY J. WATER ON ROADWAY K. OBSTRUCTION ON ROADWAY L. OTHER		TYPE OF ROADWAY B A. ONE-WAY ROAD B. TWO-WAY ROAD WITH PHYSICAL SEPARATION C. TWO-WAY ROAD WITH PHYSICAL SEPARATION D. TWO-WAY ROAD WITH PHYSICAL BARRIER E. UNKNOWN F. OTHER		ALIGNMENT A A. STRAIGHT B. GRADE ELEVATED C. CURVE D. CURVE LEVEL ELEVATED E. ON BRIDGE STRAIGHT F. ON GRADE CURVE G. THROUGH GRADE CURVE H. THROUGH GRADE STRAIGHT I. DIP HUMP STRAIGHT J. DIP HUMP CURVE K. UNKNOWN L. OTHER		PRIMARY FACTOR A A. VIOLATIONS B. MOVEMENT OF OR TO CRASH C. VISION OBSTRUCTIONS D. CONDITION OF CRASH E. VEHICLE CONDITIONS F. ROAD SURFACE G. ROADWAY CONDITION H. LIGHTING I. WEATHER J. TRAFFIC CONTROL K. KIND OF LOCATION L. CONDITION OF PEDESTRIAN M. PEDESTRIAN ACTIONS	
WEATHER A A. CLEAR B. BUILT UP C. RAIN D. FOG E. SNOW F. SLEET G. SEVERE CROSSWIND H. DUSTY SAND/ SOIL I. HAIL J. UNKNOWN K. OTHER		KIND OF LOCATION E A. MANUFACTURING OR INDUSTRIAL B. BUSINESS COMMERCIAL C. BUSINESS MIXED RESIDENTIAL D. RESIDENTIAL DISTRICT E. RESIDENTIAL SCATTERED F. SCHOOL OR PLAYGROUND G. OPEN COUNTRY H. OTHER		RELATION TO ROADWAY A A. ON ROADWAY B. SHOULDER C. MEDIAN D. OFF-ROAD SHOULDER E. OFF-ROAD SHOULDER F. OFF-ROAD SHOULDER G. OFF-ROAD SHOULDER H. OFF-ROAD SHOULDER I. UNKNOWN J. OTHER		ACCESS CONTROL A A. NO CONTROL B. LIMITED ACCESS TO ROADWAY C. LIMITED ACCESS TO ROADWAY D. FULL CONTROL E. UNKNOWN F. OTHER		LIGHTING A A. DAYLIGHT B. DARK - NO STREET LIGHTS C. DARK - CONTINUOUS STREET LIGHTS D. DARK - STREET LIGHT AT INTERSECTION ONLY E. DARK F. UNKNOWN G. OTHER	

VEHICLE CONFIGURATION							CARGO BODY TYPE			
A PASSENGER CAR	D A, B, C, OR S WITH TRAILER	G OFF-ROAD VEHICLE	J BUS W/SEATS FOR 9-15 OCCUPANTS	M SINGLE UNIT TRUCK W/ 8 AXLES OR MORE	Q TRACTOR SEMI-TRAILER	T FARM EQUIPMENT	A BUS	D FLATBED	G AUTO TRANSPORTER	J HOPPER
B LT TRUCK (TRUCK, ETC.)	E MOTORCYCLE	H EMERGENCY VEHICLE IN USE	K BUS W/SEATS FOR 16 OR MORE OCC.	N TRUCK/ TRAILER	R TRUCK DOUBLE	V VEHICLE HOME	B VAN/ENCLOSED BOX	E DUMP TRUCK/ TRAILER	H LOG TRUCK/ TRAILER	K MOLE TRAILER
C VAN	F PEDALCYCLE	I SCHOOL BUS	L SINGLE UNIT TRUCK W/ 2 AXLES	P TRUCK/ TRACTOR	S SUV	Z OTHER	C CARGO VAN	F CONCRETE MIXER	I GARBAGE REFUSE	X MIS CARGO BODY Z OTHER

EMERGENCY SERVICES **X** AMBULANCE **0723** **0742** **0823** FIRE **X** Iota Fire **0721** **0734**
 AMBULANCE SERVICE **Acadian Ambulance** FIRE DEPARTMENT **Iota Fire**

INVESTIGATING AGENCY **LADPS** NUMBER OF AGENCIES **1** DATE OF SURVEILLANCE **0726** TIME OF ARRIVAL **0800** TIME ALL LINES OPENED **1002**
 INVESTIGATION COMPLETE **N** INVESTIGATOR **Ronald Nunez** DATE REPORT COMPLETED **09252010**

REPORTING AGENCY **Acadian Ambulance** REPORTING AGENCY **Acadian Ambulance** REPORTING AGENCY **Acadian Ambulance**
 REPORTING AGENCY **Acadian Ambulance** REPORTING AGENCY **Acadian Ambulance** REPORTING AGENCY **Acadian Ambulance**
IDI 110706HCC3881 **2** **Exhibit A**

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
VEHICLE/PEDESTRIAN

COMPUTER NUMBER
20100038015

PAGE # 2

1 VEH OR PEDESTRIAN

PLATE: S X
YEAR: 2004
MAKE: GMC

MODEL: Envoy
YEAR: 4
MONTH: 2
DAY: 4

VIN: (b)(3) Exemption 3 for 25(c)

VEHICLE TOWED BY: B
REASON TOWED BY: Father

LICENSE PLATE: (b)(3) Exemption 3 for 25(c)

TYPE: Passenger

GVWR/GCWR

REASON TOWED
A. VEHICLE DAMAGE
B. DRIVERS ABILITY
C. EQUIPMENT FAILURE
D. OTHER

TRAILER DESCRIPTION: None

VEHICLE CLASSIFICATION: PERSONAL VEHICLE X

COMPLETE INFORMATION BELOW IF THIS VEHICLE IS BEING USED FOR COMMERCE/BUSINESS, & HAS A GVWR/GCWR IN EXCESS OF 10,000 LBS., OR HAS A HAZMAT PLACARD, OR IS A BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER. US DOT # _____

DATE OF NAME: _____ MC/MX (PIC) # _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

INTERSTATE CARRIER Y/N N TRANSPORTING HAZARDOUS MATERIAL Y/N N CLASS: _____ PLACARDS DISPLAYED Y/N N HAZ MAT REFERENCE Y/N N

NAME LAST, FIRST, MIDDLE, LAST OF DRIVER: (b)(3) Exemption 3 for 25(c)
PEDESTRIAN

PEDESTRIAN ONLY	UPPER BODY CLOTHING	LOWER BODY CLOTHING	SEX	RACE	AGE	INJURY CODE

OWNER'S NAME: (b)(3) Exemption 3 for 25(c)

INSURANCE CO. NAME: Safeway POLICY NUMBER: 1218599 EXPIRATION DATE: 02052011

AGENT NAME: Chris Duncan P.O. Drawer 92010 Lafaye PHONE: (337) 474-7040

OCCUPANT'S NAME: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

OCCUPANT'S NAME: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SEATING POSITION	EJECTION	TRAPPED OR EXTRICATED	AIRBAG	OCCUPANT PROTECTION SYSTEM USED	INJURY	
A- FRONT SEAT- FIT SIDE MOTORCYCLE DRIVER B- FRONT SEAT- MIDDLE C- FRONT SEAT- RIGHT SIDE D- SECOND SEAT- FIT SIDE E- SECOND SEAT- MIDDLE F- SECOND SEAT- RIGHT SIDE G- THIRD ROW- LEFT SIDE H- THIRD ROW- MIDDLE I- THIRD ROW- RIGHT SIDE	J- SLEEPER SECTION OF CAB/ TRUCK K- PASSENGER IN SEAT- EJECTED PASSENGER IN CAB/ TRUCK AREA- NON-TRAILING SEAT L- UNSEATED IN OTHER SEATING AREA PASSENGER OR CAB/ TRUCK AREA- NON-TRAILING SEAT M- PASSENGER IN TRAILER OR TRAILER HITCH AREA N- TRAILER SEAT O- DRIVERS SEAT- EJECTED- TRUCK/ TRUCKER P- UNKNOWN	A- NOT EJECTED B- TOTALLY EJECTED C- PARTIALLY EJECTED D- EJECTED E- UNKNOWN	A- NOT TRAPPED B- TRAPPED/EXTRICATED C- TRAPPED/EXTRICATED D- NOT TRAPPED/EXTRICATED E- UNKNOWN	A- DEPLOYED B- NOT DEPLOYED C- NON-DEPLOYED/SWITCH-OFF D- NOT APPLICABLE E- UNKNOWN	A- NONE/USED VEHICLE OCCUPANT B- SHOULDER BELT ONLY USED C- LAP BELT ONLY USED D- SHOULDER AND LAP BELT USED E- CHILD SAFETY SEAT- IMPROPERLY USED F- CHILD SAFETY SEAT- USED G- HELMET USED H- RESTRAINT USE UNKNOWN	A- FATAL B- INJURED IN TRUCK/VEHICLE C- NON-INJURED/CRITICAL/ MODERATE D- POSSIBLE/ COMPLETE E- NO INJURY

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
VEHICLE/PEDESTRIAN

COMPUTER NUMBER
20100038015

2 VEH OR PEDESTRIAN

PAGE # 4

PLATE: LA G X (b)(3) Exemption 3 for 25(c)
MAKE: Kubota
MODEL: RTV900
YEAR: 0 2 4

VEHICLE TOWED BY: B YES
OWNER: Owner
LICENSE PLATE: LA N/A N/A
TRAILER DESCRIPTION: None
VEHICLE CLASSIFICATION: PERSONAL VEHICLE X

COMPLETE INFORMATION BELOW IF THIS VEHICLE IS BEING USED FOR COMMERCE/BUSINESS, & HAS A GVWR/GCWR IN EXCESS OF 10,000 LBS., OR HAS A HAZMAT PLACARD, OR IS A BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER.
OWNER'S NAME: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
INTERSTATE CARRIER Y/N N TRANSPORTING HAZARDOUS MATERIAL Y/N N CLASS: _____ PLACARDS DISPLAYED Y/N N HAZ MAT REFUSAL Y/N N

NAME AND TITLE OF DRIVER: PEDESTRIAN
(b)(3) Exemption 3 for 25(c)

PEDESTRIAN ONLY	UPPER BODY CLOTHING	LOWER BODY CLOTHING	SEX	RACE	AGE	INJURY CODE

OWNER'S NAME: (b)(3) Exemption 3 for 25(c)

INSURANCE CO. NAME: N/A POLICY NUMBER: N/A EXPIRATION DATE: Unknown

APRIL 2008: N/A N/A LA FEE: Unknown

OCCUPANT'S NAME: (b)(3) Exemption 3 for 25(c)

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

OCCUPANT'S NAME: (b)(3) Exemption 3 for 25(c)

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SEATING POSITION		EJECTION	TRAPPED OR EXTRICATED	AIRBAG	OCCUPANT PROTECTION SYSTEM USED	INJURY
A- FRONT SEAT- FT SIDE MOTOR VEHICLE DRIVER	1- SLEEPER SECTION OF CAB/ TRUCK	A- NOT EJECTED	A- NOT TRAPPED	A- DEPLOYED	A- NONE/USED VEHICLE OCCUPANT	A- FATAL
B- FRONT SEAT- LHD/ R	4- PASSENGER IN SEAT- ENGAGED	B- TOTALLY EJECTED	B- TRAPPED/EXTRICATED	B- NONE	B- SHOULDER BELT ONLY USED	B- INCREASED INJURY SEVERE
C- FRONT SEAT- RHD/ L	NON-TRAILER UNIT	C- PARTIALLY EJECTED	C- TRAPPED/EXTRICATED	C- DEPLOYED	C- LAP BELT ONLY USED	C- NON INCAPACITATING/ MODERATE
D- SECOND SEAT- FT SIDE CYCLOTRONIC PASSENGER	5- PASSENGER IN OTHER SEATING POSITION PASSENGER OR CARGO AREA- NON SEATING UNIT	D- KNOWN	D- TRAPPED/EXTRICATED	D- NOT DEPLOYED	D- SHOULDER AND LAP BELT USED	D- POSSIBLE/ COMPLETE
E- SECOND SEAT- MIDDLE	6- PASSENGER IN OTHER SEATING POSITION PASSENGER OR CARGO AREA- NON SEATING UNIT	E- UNKNOWN	E- TRAPPED/EXTRICATED	E- NOT DEPLOYED	E- CHILD SAFETY SEAT IMPROPERLY USED	E- NO INJURY
F- SECOND SEAT- FRONT SIDE	7- PASSENGER IN OTHER SEATING POSITION PASSENGER OR CARGO AREA- NON SEATING UNIT	F- UNKNOWN	F- TRAPPED/EXTRICATED	F- NOT DEPLOYED	F- CHILD SAFETY SEAT IMPROPERLY USED	
G- THIRD ROW- SEAT/ BENCH	8- PASSENGER IN OTHER SEATING POSITION PASSENGER OR CARGO AREA- NON SEATING UNIT	G- UNKNOWN	G- TRAPPED/EXTRICATED	G- NOT DEPLOYED	G- HELMET USED	
H- THIRD ROW- BENCH	9- PASSENGER IN OTHER SEATING POSITION PASSENGER OR CARGO AREA- NON SEATING UNIT	H- UNKNOWN	H- TRAPPED/EXTRICATED	H- NOT DEPLOYED	H- HELMET USED	
I- OTHER SEATING POSITION	0- PASSENGER IN OTHER SEATING POSITION PASSENGER OR CARGO AREA- NON SEATING UNIT	I- UNKNOWN	I- TRAPPED/EXTRICATED	I- NOT DEPLOYED	I- RESTRAINT USE UNKNOWN	

WRIT APPROVAL NO. 1017110000

CONTRIBUTING FACTORS AND CONDITIONS

<p>VISION OBSCUREMENTS N</p> <p>A. HAZE, SMOG, FOG, DRIZZLE, RAIN, SNOW, ICE, FRESH OR WET PAVEMENT, OIL, GREASE, SLUSH, ICE, SLIPPERY SURFACES, GLASS, CRACKS, POTHOLES, HOLES, CURBS, OBSTACLES, ETC.</p> <p>B. GLASSES</p> <p>C. EMBLEMMENT</p> <p>D. BRIDGES</p> <p>E. HIGHLIGHT</p> <p>F. MOUNTAIN GLASSES</p> <p>G. MOUNTAIN GLASSES</p> <p>H. EYE GLASSES</p> <p>I. EYE GLASSES</p> <p>J. EYE GLASSES</p> <p>K. EYE GLASSES</p> <p>L. EYE GLASSES</p> <p>M. EYE GLASSES</p> <p>N. EYE GLASSES</p> <p>O. EYE GLASSES</p> <p>P. EYE GLASSES</p> <p>Q. EYE GLASSES</p> <p>R. EYE GLASSES</p> <p>S. EYE GLASSES</p> <p>T. EYE GLASSES</p> <p>U. EYE GLASSES</p> <p>V. EYE GLASSES</p> <p>W. EYE GLASSES</p> <p>X. EYE GLASSES</p> <p>Y. EYE GLASSES</p> <p>Z. EYE GLASSES</p>	<p>CONDITION OF DRIVER/VEHICLE Y</p> <p>A. NONE</p> <p>B. INATTENTIVE</p> <p>C. DROWSY</p> <p>D. FATIGUED</p> <p>E. IMPAIRED</p> <p>F. IMPAIRED</p> <p>G. IMPAIRED</p> <p>H. IMPAIRED</p> <p>I. IMPAIRED</p> <p>J. IMPAIRED</p> <p>K. 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APPROXIMATELY 1/2 MILE SOUTH OF ...</p> <p>100. APPROXIMATELY 1/2 MILE SOUTH OF ...</p>	<p>VIOLATION U</p> <p>A. EXCEEDED SPEED LIMIT</p> <p>B. EXCEEDED SPEED LIMIT</p> <p>C. EXCEEDED SPEED LIMIT</p> <p>D. EXCEEDED SPEED LIMIT</p> <p>E. EXCEEDED SPEED LIMIT</p> <p>F. EXCEEDED SPEED LIMIT</p> <p>G. EXCEEDED SPEED LIMIT</p> <p>H. EXCEEDED SPEED LIMIT</p> <p>I. EXCEEDED SPEED LIMIT</p> <p>J. EXCEEDED SPEED LIMIT</p> <p>K. EXCEEDED SPEED LIMIT</p> <p>L. EXCEEDED SPEED LIMIT</p> <p>M. EXCEEDED SPEED LIMIT</p> <p>N. EXCEEDED SPEED LIMIT</p> <p>O. EXCEEDED SPEED LIMIT</p> <p>P. EXCEEDED SPEED LIMIT</p> <p>Q. EXCEEDED SPEED LIMIT</p> <p>R. EXCEEDED SPEED LIMIT</p> <p>S. EXCEEDED SPEED LIMIT</p> <p>T. EXCEEDED SPEED LIMIT</p> <p>U. EXCEEDED SPEED LIMIT</p> <p>V. EXCEEDED SPEED LIMIT</p> <p>W. EXCEEDED SPEED LIMIT</p> <p>X. EXCEEDED SPEED LIMIT</p> <p>Y. EXCEEDED SPEED LIMIT</p> <p>Z. EXCEEDED SPEED LIMIT</p>	<p>DRIVER DISTRACTION Y</p> <p>A. CELL PHONE</p> <p>B. OTHER ELECTRONIC DEVICE</p> <p>C. OTHER ELECTRONIC DEVICE</p> <p>D. OTHER ELECTRONIC DEVICE</p> <p>E. OTHER ELECTRONIC DEVICE</p> <p>F. OTHER ELECTRONIC DEVICE</p> <p>G. OTHER ELECTRONIC DEVICE</p> <p>H. OTHER ELECTRONIC DEVICE</p> <p>I. OTHER ELECTRONIC DEVICE</p> <p>J. OTHER ELECTRONIC DEVICE</p> <p>K. OTHER ELECTRONIC DEVICE</p> <p>L. OTHER ELECTRONIC DEVICE</p> <p>M. OTHER ELECTRONIC DEVICE</p> <p>N. OTHER ELECTRONIC DEVICE</p> <p>O. OTHER ELECTRONIC DEVICE</p> <p>P. OTHER ELECTRONIC DEVICE</p> <p>Q. OTHER ELECTRONIC DEVICE</p> <p>R. OTHER ELECTRONIC DEVICE</p> <p>S. OTHER ELECTRONIC DEVICE</p> <p>T. OTHER ELECTRONIC DEVICE</p> <p>U. OTHER ELECTRONIC DEVICE</p> <p>V. OTHER ELECTRONIC DEVICE</p> <p>W. OTHER ELECTRONIC DEVICE</p> <p>X. OTHER ELECTRONIC DEVICE</p> <p>Y. OTHER ELECTRONIC DEVICE</p> <p>Z. OTHER ELECTRONIC DEVICE</p>	<p>REASON FOR MOVEMENT P</p> <p>A. TO AVOID OTHER VEHICLE</p> <p>B. TO AVOID OBSTACLE</p> <p>C. TO AVOID OBSTACLE</p> <p>D. TO AVOID OBSTACLE</p> <p>E. 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NONE</p> <p>B. NONE</p> <p>C. NONE</p> <p>D. NONE</p> <p>E. NONE</p> <p>F. NONE</p> <p>G. NONE</p> <p>H. NONE</p> <p>I. NONE</p> <p>J. NONE</p> <p>K. NONE</p> <p>L. NONE</p> <p>M. NONE</p> <p>N. NONE</p> <p>O. NONE</p> <p>P. NONE</p> <p>Q. NONE</p> <p>R. NONE</p> <p>S. NONE</p> <p>T. NONE</p> <p>U. NONE</p> <p>V. NONE</p> <p>W. NONE</p> <p>X. NONE</p> <p>Y. NONE</p> <p>Z. NONE</p>	<p>TRAFFIC CONTROL A</p> <p>A. NONE</p> <p>B. NONE</p> <p>C. NONE</p> <p>D. NONE</p> <p>E. NONE</p> <p>F. NONE</p> <p>G. NONE</p> <p>H. NONE</p> <p>I. NONE</p> <p>J. NONE</p> <p>K. NONE</p> <p>L. NONE</p> <p>M. NONE</p> <p>N. NONE</p> <p>O. NONE</p> <p>P. NONE</p> <p>Q. NONE</p> <p>R. NONE</p> <p>S. NONE</p> <p>T. NONE</p> <p>U. NONE</p> <p>V. NONE</p> <p>W. NONE</p> <p>X. NONE</p> <p>Y. NONE</p> <p>Z. NONE</p>	<p>TRAFFIC CONTROL S</p> <p>A. STOPPED</p> <p>B. STOPPED</p> <p>C. STOPPED</p> <p>D. STOPPED</p> <p>E. STOPPED</p> <p>F. STOPPED</p> <p>G. STOPPED</p> <p>H. STOPPED</p> <p>I. STOPPED</p> <p>J. 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<p>LA-3067</p>	<p>OFF</p>	<p>63</p>	<p>20</p>	<p>55</p>	<p>000000000000</p>
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DAMAGE TO VEHICLE

AREA DAMAGED: **H E**

EXTENT OF OFFENSE: **J D**

UNDER: **M D**

TOTAL: **D**

OTHER: **D**

REPAIR: **D**

REPLACE: **D**

REPAIR: **D**

REPLACE: **D**

REPAIR: **D**

REPLACE: **D**

CITATIONS

NOTICE OF VIOLATION

RRN

NO. OF VIOLATIONS

OFFICER'S NARRATIVE: DESCRIBE ANY UNUSUAL CIRCUMSTANCES ASSOCIATED WITH CRASH INCLUDING OFFICER'S OBSERVATIONS AND OPINIONS
INCLUDE WITNESS NAME(S), ADDRESS(S), PHONE NUMBERS, ETC.

PAGE #

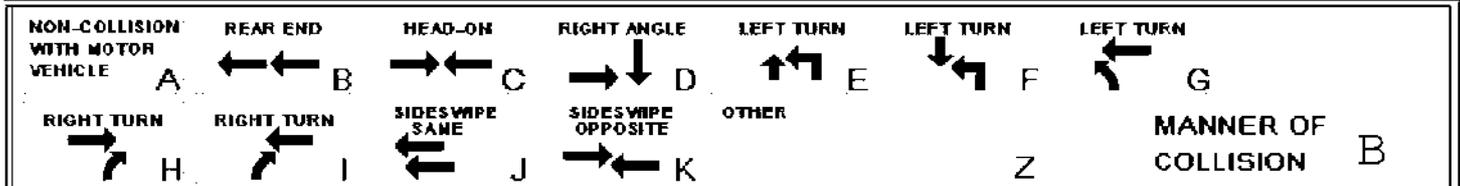
6

IF NECESSARY, INDICATE DAMAGE TO PUBLIC OR PRIVATE PROPERTY (WITH OWNER'S NAME & ADDRESS) AT THE END OF THE NARRATIVE.

REFER TO EACH BY VEHICLE NUMBER

20100038015

[SEE NARRATIVE PAGE]



SEE ATTACHED
DIAGRAMS

On Saturday, September 25, 2010, I, Tfc Ronald Nunez, was dispatched to a traffic crash at approximately 0726 hours on LA-3067 at Cinnamon Road in Acadia Parish. Upon my arrival at approximately 0800 hours, I observed a GMC Envoy, with moderate damage to its front section, and a Kubota RTV900, with moderate damage to all sides. The GMC was at a controlled final rest position in the southbound lane of LA-3067 facing east. The Kubota was at a final rest position south of LA-3067 on its right side facing west. I identified the driver of the GMC as (b)(3)Exempt and the driver of the Kubota as (b)(3)Exempt by their identification cards. I was notified by Acadian Ambulance that Mr. (b)(3)E was unresponsive and moved to the rear of the Iota Fire Department rescue vehicle.

The GMC was traveling south on LA-3067 and was driven by (b)(3)Exempt. The Kubota was traveling south on LA-3067 and was driven by (b)(3)Exempt at a slow rate of speed. As the GMC approached the rear of the Kubota, Ms. (b)(3)E steered to the left causing the GMC to cross the dashed yellow center line. The GMC impacted the left tail gate of the Kubota with the right side of its front section. This was determined while examining the damage to the GMC. The top of the tail gate of the Kubota left an imprint and an orange paint transfer on the hood of the GMC. The impact between the GMC and the Kubota created two tire scuff marks from the rear tires of the Kubota on the roadway. The impact also caused the Kubota to begin to rotate clockwise as it exited the south edge of the roadway. As the Kubota crossed the south shoulder, Mr. (b)(3)E was ejected and came to a final rest position in the south ditch. The Kubota rolled onto its driver's side and came to a final rest position in the south ditch on its passenger side facing west. As a result of the impact between the GMC and the Kubota, the right front tire of the GMC became disabled. Due to the disabled tire and inputs by Ms. (b)(3)E, the GMC exited the south edge of the roadway. Ms. (b)(3)E steered the GMC to the left which caused it to return to the roadway. The GMC came to a final rest position on LA-3067 approximately 279 feet from the point of impact with the Kubota. This was determined by a large amount of radiator fluid on the roadway. Ms. (b)(3)E attempted to drive to her parent's house and traveled approximately 529 feet before the GMC came to a controlled final rest position. (b)(3)Exempt received fatal injuries as a result of the crash.

PHOTOGRAPHS:

I photographed the crash scene, the GMC, and the Kubota with my Canon Powershot A470 digital camera, serial number 6626300902. The crash scene was photographed on 9/25/2010 in day light. The GMC and Kubota were photographed at the scene of the crash.

NOTIFICATIONS:

Prior to my arrival on scene, it was confirmed by Acadian Ambulance that (b)(3)Exempt was deceased. Lt Anthony Pitts traveled to (b)(3)Exemption 31 and notified (b)(3)Exempt of his father's death at approximately 0900 hours.

MEASUREMENTS:

Sgt John Trahan and I measured the crash scene with a Lufkin HiViz roller tape and a Stanley 300' tape measure. The GMC and Kubota were measured with the Stanley 300' tape measure.

RECOVERIES:

Geesey & Ferguson Funeral Home removed Mr. Lejeune from the scene. The GMC was removed from the scene by Megan Sonnier's father. The Kubota was removed from the scene by the owner Mike Lejeune.

DRUG/ALCOHOL USE:

Tpr Reginald Taylor transported (b)(3)Exempt to Eunice Police Department to submit to a chemical test. Ms. (b)(3)E submitted to the test which revealed a blood alcohol concentration of .000g%. Tpr Taylor then completed a biological specimen kit by obtaining one bottle of urine from Ms. (b)(3)E. Tpr Taylor departed Eunice Police Department and returned to the scene of the crash. Coroner Alan Breau completed a biological specimen kit by obtaining two vials of blood from (b)(3)Exempt. I transported both biological specimen kits and placed them in the Troop I evidence bin. The results of the scientific analysis are pending at the Louisiana State Police Crime Lab.

ROADWAY CONDITIONS:

The roadway at the crash was smooth level asphalt with no abnormalities. The crash occurred in a straight section of the roadway which measured 20 feet 9 inches wide. The north and south shoulders consisted of grass, dirt and gravel. The south shoulder measured approximately 5 feet 6 inches wide. The north shoulder measured approximately 5 feet wide.

TRAFFIC CONTROL:

There were solid white lines at the north and south edges of the roadway and a dashed yellow center line. The speed limit for LA-3067 was 55 mph.

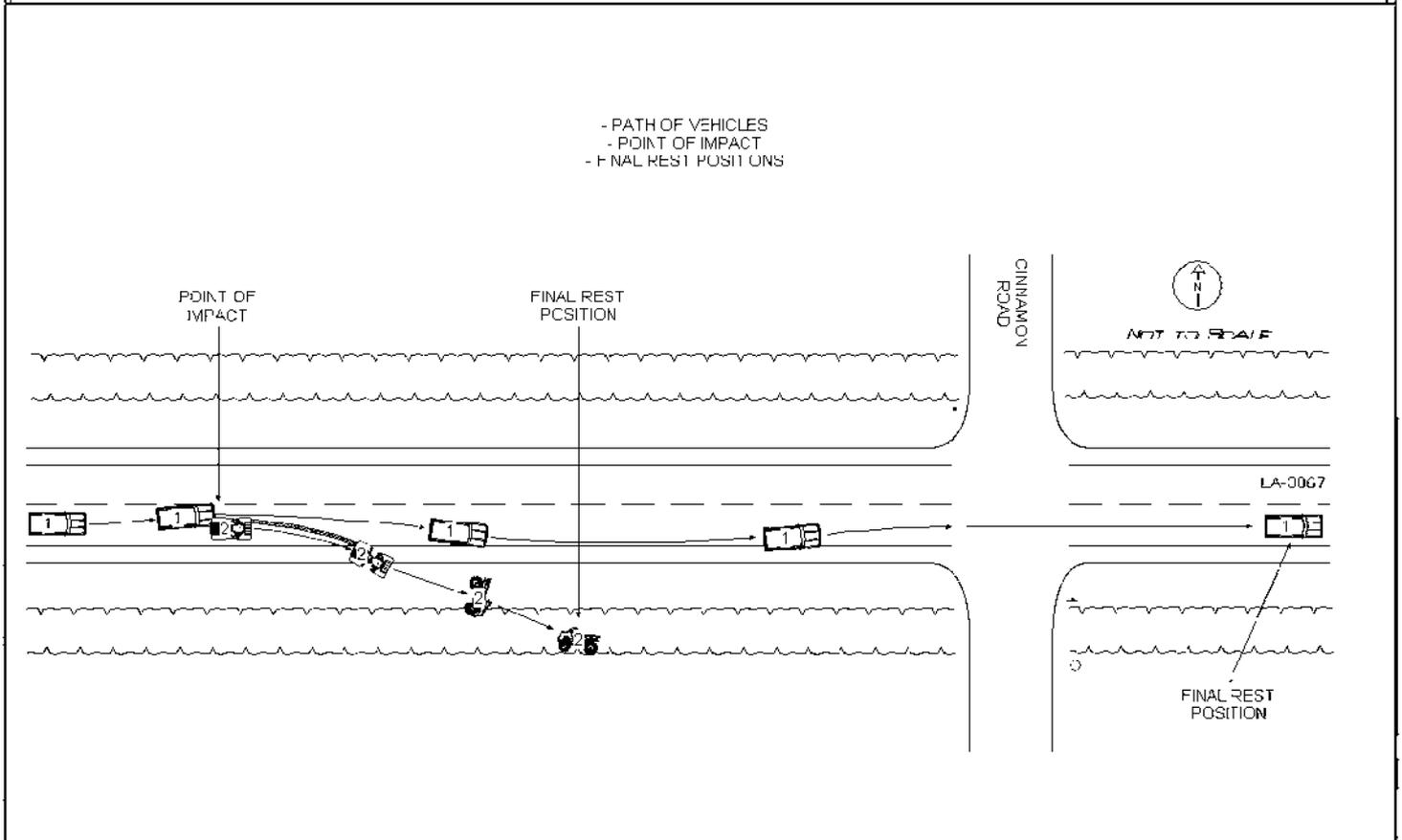
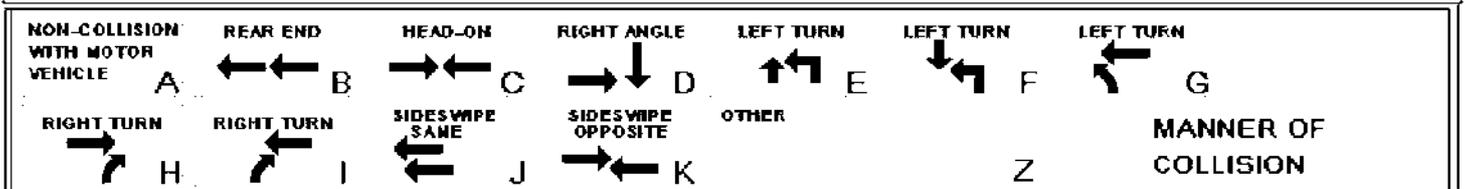
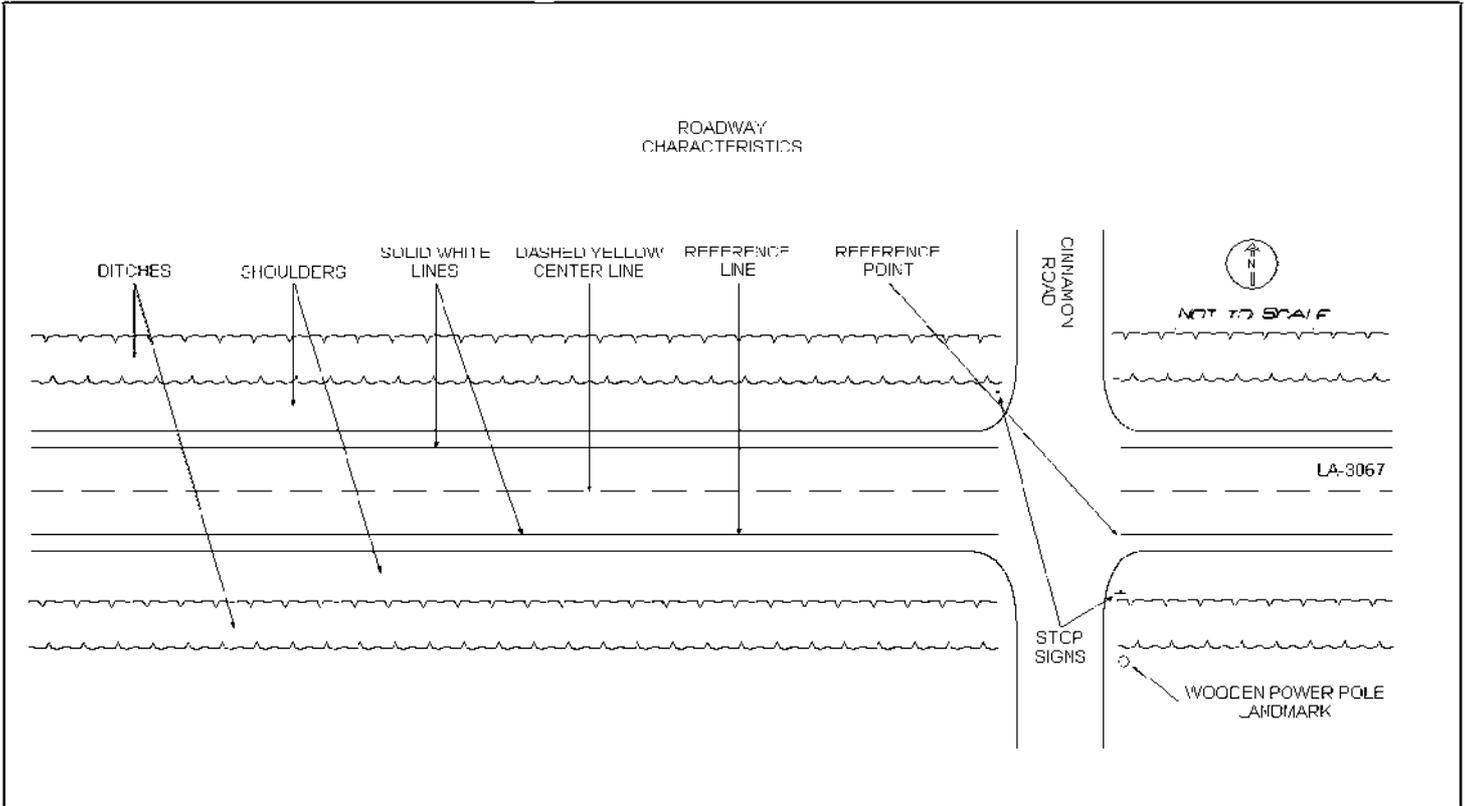
CONCLUSION:

(b)(3) Exempt was the driver of the GMC and (b)(3) Exempt was the driver of the Kubota. The GMC and Kubota were traveling east in the southbound lane of travel of LA-3067. The GMC was traveling at a higher rate of speed than the Kubota. The GMC crossed the dashed yellow line with its left side tires and impacted the left rear section of the Kubota with its right front section. This impact caused the Kubota to begin to rotate clockwise as it exited the roadway. As the Kubota exited the roadway, Mr. (b)(3) E became ejected as it rolled onto its driver's side. The impact also caused the right front tire of the GMC to fail. The Kubota came to a final rest position on its right side in the south ditch. The GMC continued east in the southbound lane of travel and came to a controlled final rest position in the southbound lane of travel. (b)(3) Exempt received fatal injuries as a result of the crash. The crash report is pending due to the results of the scientific analysis of the urine sample obtained from (b)(3) (b)(3) E and the blood samples obtained from (b)(3) Exempt.

OFFICER'S NARRATIVE: DESCRIBE ANY UNUSUAL CIRCUMSTANCES ASSOCIATED WITH CRASH INCLUDING OFFICER'S OBSERVATIONS AND OPINIONS. INCLUDE WITNESS NAME(S), ADDRESS(S), PHONE NUMBERS, ETC.

IF NECESSARY, INDICATE DAMAGE TO PUBLIC OR PRIVATE PROPERTY (WITH OWNER'S NAME & ADDRESS, AT THE END OF THE NARRATIVE).

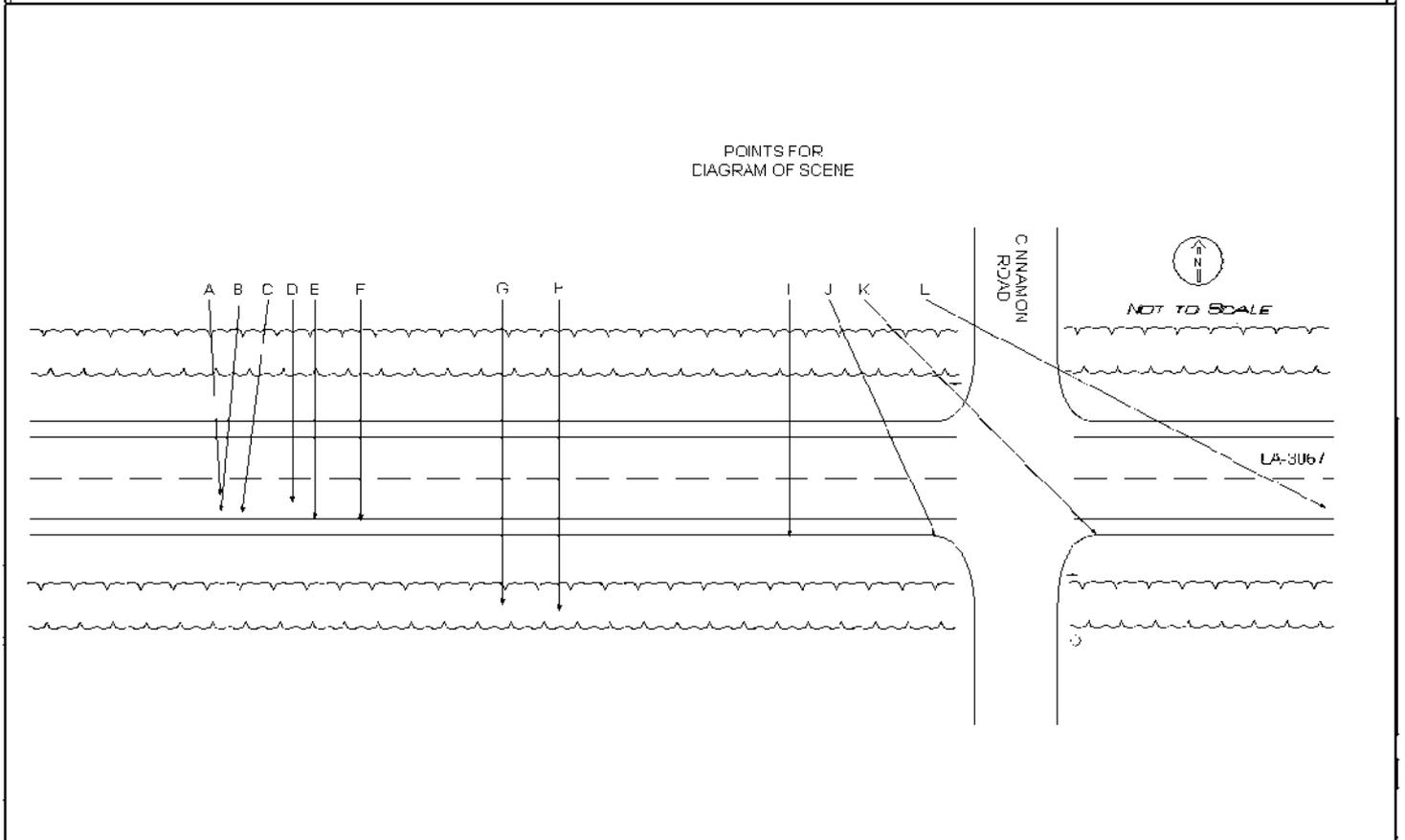
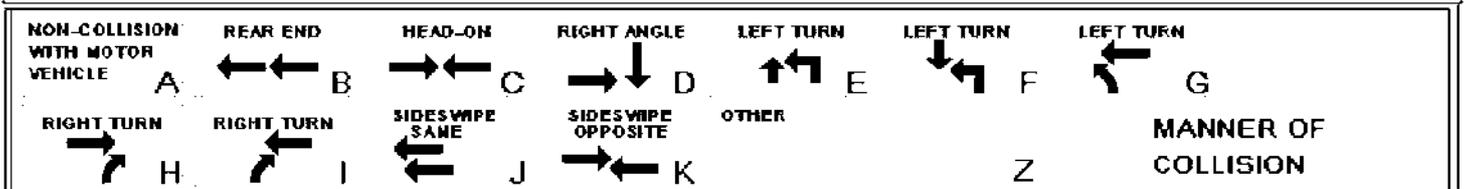
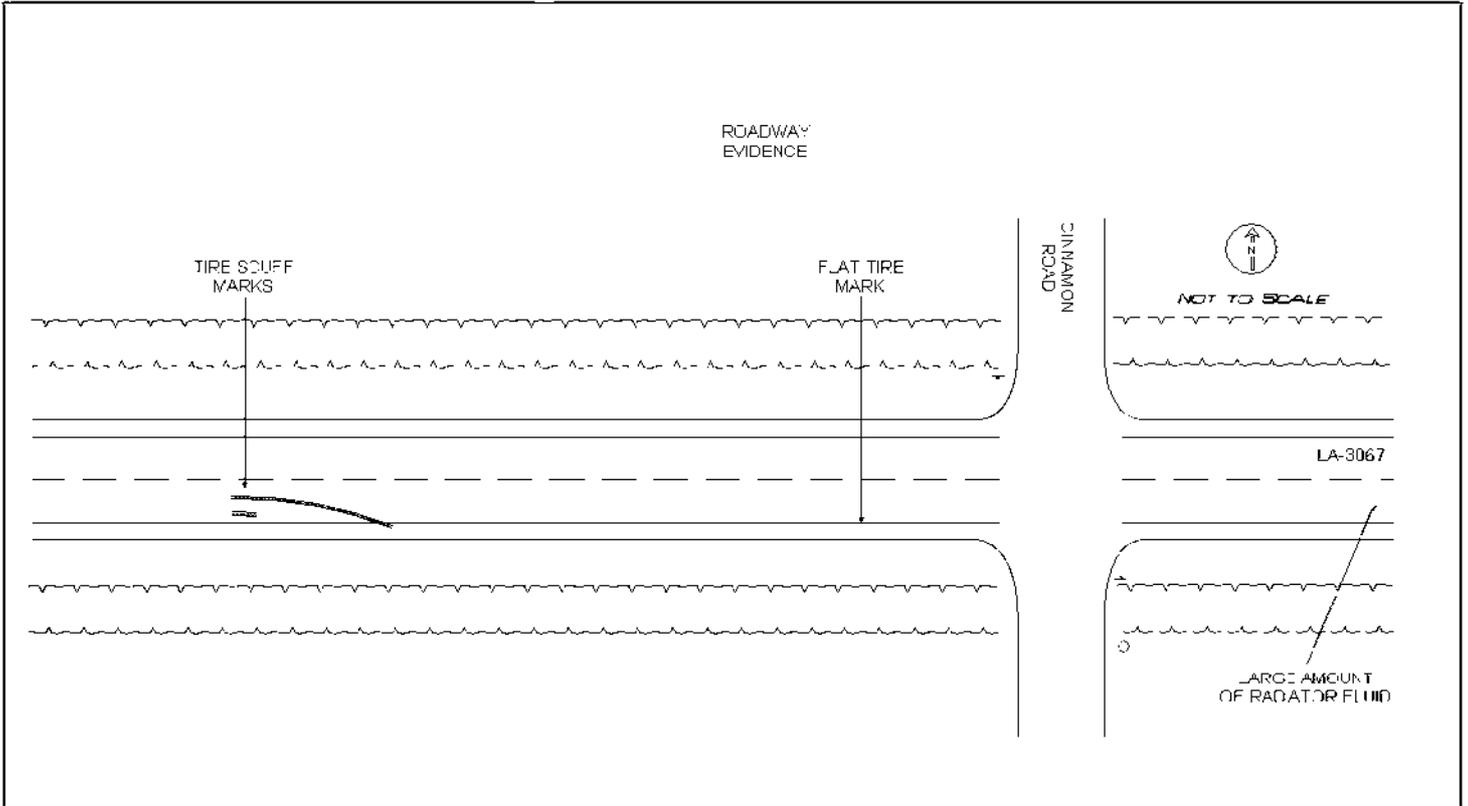
REFER TO EACH BY VEHICLE NUMBER



OFFICER'S NARRATIVE: DESCRIBE ANY UNUSUAL CIRCUMSTANCES ASSOCIATED WITH CRASH INCLUDING OFFICER'S OBSERVATIONS AND OPINIONS. INCLUDE WITNESS NAMES, ADDRESSES, PHONE NUMBERS, ETC.

IF NECESSARY, INDICATE DAMAGE TO PUBLIC OR PRIVATE PROPERTY (WITH OWNER'S NAME & ADDRESS) AT THE END OF THE NARRATIVE.

REFER TO EACH BY VEHICLE NUMBER



OFFICER'S NARRATIVE: DESCRIBE ANY UNUSUAL CIRCUMSTANCES ASSOCIATED WITH CRASH INCLUDING OFFICER'S OBSERVATIONS AND OPINIONS INCLUDING WITNESS NAMES, ADDRESSES, PHONE NUMBERS, ETC.

IF NECESSARY, INDICATE DAMAGE TO PUBLIC OR PRIVATE PROPERTY WITH OWNER'S NAME & ADDRESS AT THE END OF THE NARRATIVE.

REFER TO EACH BY VEHICLE NUMBER

[Empty space for Officer's Narrative]

NON-COLLISION WITH MOTOR VEHICLE A	REAR END B	HEAD-ON C	RIGHT ANGLE D	LEFT TURN E	LEFT TURN F	LEFT TURN G	MANNER OF COLLISION
RIGHT TURN H	RIGHT TURN I	SIDESWIPE SAME J	SIDESWIPE OPPOSITE K	OTHER Z			

[Empty space for additional notes or diagrams]

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UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
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LOUISIANA STATE POLICE – TROOP I

FATALITY / SERIOUS INJURY
INVESTIGATION REPORT SUPPLEMENTAL

HIGHWAY: LA-3067 (NUMBER OR NAME)

ROADWAY MEASUREMENTS				
POINTS OF INTEREST	FEET	INCHES	MISCELLANEOUS	
ROADWAY (TRAVEL PORTION) *	20	9	*REQUIRED MEASUREMENT*	
SHOULDER (SOUTH)	5	6	<input type="checkbox"/> N/A	
SHOULDER (NORTH)	5	0	<input type="checkbox"/> N/A	
HIGHWAY (TOTAL) *	31	3	*REQUIRED MEASUREMENT*	
DITCH (SOUTH)	6	0	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> WIDTH MEASUREMENT	
REFERENCE LINE ()			<input checked="" type="checkbox"/> N/A <input type="checkbox"/> MEASUREMENT FROM REFERENCE LINE	
DITCH (NORTH)	6	0	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> WIDTH MEASUREMENT	
REFERENCE LINE ()			<input checked="" type="checkbox"/> N/A <input type="checkbox"/> MEASUREMENT FROM REFERENCE LINE	
CENTER LINE (FROM REFERENCE LINE)	10	3	*REQUIRED MEASUREMENT*	
OTHER ()			<input checked="" type="checkbox"/> N/A <input type="checkbox"/> MEASUREMENT FROM REFERENCE LINE <input type="checkbox"/> WIDTH MEASUREMENT	
MEASURING OFFICERS				
METHOD OF MEASUREMENT	NAME	AGENCY	DUTIES	
MANUAL <input checked="" type="checkbox"/> COORDINATE <input type="checkbox"/> TRIANGULATION	TFC RONALD NUNEZ	LSP-I	<input checked="" type="checkbox"/> TAPE HOLDER <input checked="" type="checkbox"/> RECORDER	
	SGT JOHN TRAHAN	LSP-I	<input checked="" type="checkbox"/> TAPE HOLDER <input type="checkbox"/> RECORDER	
	N/A		<input type="checkbox"/> TAPE HOLDER <input type="checkbox"/> RECORDER	
TOTAL STATION	N/A		<input type="checkbox"/> TAPE HOLDER <input type="checkbox"/> RECORDER	
	N/A		<input type="checkbox"/> TAPE HOLDER <input type="checkbox"/> RECORDER	
MEASURING DEVICE INFORMATION				
DEVICE	MAKE	MODEL	LENGTH	TYPE
TOTAL STATION <input checked="" type="checkbox"/> N/A			 	
MEASURING TAPE <input type="checkbox"/> N/A	STANLEY	6633	300'	FIBERGLASS
MEASURING TAPE <input checked="" type="checkbox"/> N/A				
MEASURING TAPE <input checked="" type="checkbox"/> N/A				
ROLLER TAPE <input type="checkbox"/> N/A	LUFKIN	HI-VIZ	9999'	12" WHEEL
OTHER <input checked="" type="checkbox"/> N/A				

[Signature]

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TRAFFIC CONTROL DEVICES					
DEVICE(S)	CONDITION				
	EXCELLENT	GOOD	FAIR	POOR	NONE
55 MPH SPEED LIMIT SIGN(DISTANCE: .6 MILES)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* SIGN (DATE: , DISTANCE:)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
* SIGN (DATE: , DISTANCE:)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
* SIGN (DATE: , DISTANCE:)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
* SIGN (DATE: , DISTANCE:)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
* SIGN (DATE: , DISTANCE:)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
LIGHTS ()	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
LIGHTS ()	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
WHITE SOLID LINES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WHITE DASHED LINES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
YELLOW SOLID LINES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
YELLOW DASHED LINES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER ()	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
OTHER ()	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
* INCLUDE THE MOST RECENT DATE ON THE REAR OF ALL DOTD SIGNS. IF THE SIGN IS A CURVE OR TURN WARNING SIGN, INCLUDE THE DISTANCE FROM THE SIGN TO THE FIRST POINT OF CURVATURE. IF IT IS NOT A CURVE OR TURN WARNING SIGN, INCLUDE THE DISTANCE FROM SIGN TO THE CRASH SCENE.*					
ROADWAY CHARACTERISTICS					
ALIGNMENT (CHECK ALL THAT APPLY)					
<input checked="" type="checkbox"/> STRAIGHT		<input type="checkbox"/> CURVE		<input type="checkbox"/> ELEVATED	
<input type="checkbox"/> ON-GRADE		<input type="checkbox"/> SUPERELEVATION			
CURVED ROADWAY MEASUREMENTS (IF APPLICABLE)					
CHORD	N/A				
MIDDLE ORDINATE	N/A				
MEASURE THE OUTSIDE EDGE OF THE CURVE					
MISCELLANEOUS					
VISUAL OBSTRUCTION (IF APPLICABLE)		NONE			
VISUAL OBSTRUCTION (IF APPLICABLE)		NONE			
ROADWAY DEFECT (IF APPLICABLE)		NONE			
ROADWAY DEFECT (IF APPLICABLE)		NONE			
ROADWAY DEFECT (IF APPLICABLE)		NONE			
HOW AREA OF IMPACT DETERMINED		TWO TIRE SCUFF MARKS IN THE SOUTHBOUND LANE			

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LOUISIANA STATE POLICE – TROOP I

FATALITY / SERIOUS INJURY
INVESTIGATION REPORT SUPPLEMENTAL

PHOTOGRAPHS			
PHOTOGRAPHER	TFC RONALD NUNEZ	AGENCY	LSP-1
BRAND OF CAMERA	CANON POWERSHOT A470	CAMERA SERIAL NUMBER	6626300902
BRAND OF FILM	N/A	TYPE OF FILM	DIGITAL
NUMBER OF PHOTOS	20		
BREATH/CHEMICAL TESTING			
DRIVER NUMBER ONE			
BLOOD DRAWN AT (LOCATION)			<input checked="" type="checkbox"/> N/A
BLOOD DRAWN BY			<input checked="" type="checkbox"/> N/A
URINE COLLECTED BY (IF APPLICABLE)	TPR REGINALD TAYLOR		<input type="checkbox"/> N/A
SPECIMEN KIT NUMBER	313202		<input type="checkbox"/> N/A
TROOPER SECURING KIT	TFC RONALD NUNEZ		<input type="checkbox"/> N/A
INTOXILYZER RESULTS	.000g%		<input type="checkbox"/> N/A
TROOPER ADMINISTERING TEST	TPR REGINALD TAYLOR		<input type="checkbox"/> N/A
DRIVER NUMBER TWO			
BLOOD DRAWN AT (LOCATION)	ON SCENE		<input type="checkbox"/> N/A
BLOOD DRAWN BY	CORONER ALAN BREAUX		<input type="checkbox"/> N/A
URINE COLLECTED BY (IF APPLICABLE)			<input checked="" type="checkbox"/> N/A
SPECIMEN KIT NUMBER	300215		<input type="checkbox"/> N/A
TROOPER SECURING KIT	TFC RONALD NUNEZ		<input type="checkbox"/> N/A
INTOXILYZER RESULTS			<input checked="" type="checkbox"/> N/A
TROOPER ADMINISTERING TEST			<input checked="" type="checkbox"/> N/A
BICYCLIST / PEDESTRIAN			
BLOOD DRAWN AT (LOCATION)			<input checked="" type="checkbox"/> N/A
BLOOD DRAWN BY			<input checked="" type="checkbox"/> N/A
URINE COLLECTED BY (IF APPLICABLE)			<input checked="" type="checkbox"/> N/A
SPECIMEN KIT NUMBER			<input checked="" type="checkbox"/> N/A
TROOPER SECURING KIT			<input checked="" type="checkbox"/> N/A
INTOXILYZER RESULTS			<input checked="" type="checkbox"/> N/A
TROOPER ADMINISTERING TEST			<input checked="" type="checkbox"/> N/A

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*FATALITY / SERIOUS INJURY
 INVESTIGATION REPORT SUPPLEMENTAL*

DECEASED INFORMATION			
NAME OF DECEASED	(b)(3) Exemption		
OCCUPANT IN VEHICLE NUMBER	2		
PRONOUNCED DEAD BY	CORONER ALAN BREAUX	PARISH CORONER	ALAN BREAUX
LOCATION PRONOUNCED	ON SCENE	TIME PRONOUNCED	0900
PRELIMINARY CAUSE OF DEATH	HEAD TRAUMA		
PERSON TAKING CHARGE OF PERSONAL EFFECTS	(b)(3) Exemption		
DECEASED TRANSPORTED TO	GEESEY & FERGUSON	DECEASED TRANSPORTED BY	GEESEY & FERGUSON
DECEASED INFORMATION			
NAME OF DECEASED	N/A		
OCCUPANT IN VEHICLE NUMBER			
PRONOUNCED DEAD BY		PARISH CORONER	
LOCATION PRONOUNCED		TIME PRONOUNCED	
PRELIMINARY CAUSE OF DEATH			
PERSON TAKING CHARGE OF PERSONAL EFFECTS			
DECEASED TRANSPORTED TO		DECEASED TRANSPORTED BY	
DECEASED INFORMATION			
NAME OF DECEASED	N/A		
OCCUPANT IN VEHICLE NUMBER			
PRONOUNCED DEAD BY		PARISH CORONER	
LOCATION PRONOUNCED		TIME PRONOUNCED	HRS
PRELIMINARY CAUSE OF DEATH			
PERSON TAKING CHARGE OF PERSONAL EFFECTS			
DECEASED TRANSPORTED TO		DECEASED TRANSPORTED BY	
DECEASED INFORMATION			
NAME OF DECEASED	N/A		
OCCUPANT IN VEHICLE NUMBER			
PRONOUNCED DEAD BY		PARISH CORONER	
LOCATION PRONOUNCED		TIME PRONOUNCED	HRS
PRELIMINARY CAUSE OF DEATH			
PERSON TAKING CHARGE OF PERSONAL EFFECTS			
DECEASED TRANSPORTED TO		DECEASED TRANSPORTED BY	

STATE OF LOUISIANA
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*FATALITY / SERIOUS INJURY
 INVESTIGATION REPORT SUPPLEMENTAL*

EMERGENCY SERVICES ASSISTANCE	
SHERIFF'S DEPARTMENT(S)	ACADIA PARISH SHERIFF'S OFFICE
POLICE DEPARTMENT(S)	IOTA POLICE DEPARTMENT
FIRE DEPARTMENT(S)	IOTA FIRE DEPARTMENT
AMBULANCE SERVICE(S)	ACADIAN AMBULANCE
OTHER	N/A
OTHER COMPANY ASSISTANCE	
ELECTRIC COMPANY	N/A
TELEPHONE COMPANY	N/A
GAS COMPANY	N/A
CABLE T.V. COMPANY	N/A
DOTD	N/A
OTHER	N/A

RDN

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
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FATALITY / SERIOUS INJURY
INVESTIGATION REPORT SUPPLEMENTAL

COORDINATE MEASUREMENTS

LANDMARK: WOODEN POWER POLE #25A199236AE01 29' SOUTH OF REFERENCE LINE ON LA-3067

REFERENCE LINE: SOLID WHITE LINE AT SOUTH EDGE OF LA-3067 29' NORTH OF THE LANDMARK

REFERENCE POINT (⊙): ORANGE PAINT MARK ON THE REFERENCE LINE 29" NORTH OF THE LANDMARK

DESCRIPTION OF POINT	⊙	NORTH	SOUTH	EAST	WEST
BEGINNING OF LEFT REAR TIRE SCUFF MARK	A	5'11"			224'8"
BEGINNING OF RIGHT REAR TIRE SCUFF MARK	B	1'10"			224'8"
END OF RIGHT REAR TIRE SCUFF MARK	C	1'8"			218'4"
MIDDLE OF LEFT REAR TIRE SCUFF MARK	D	4'7"			208'5"
RIGHT REAR TIRE EXIT ROADWAY	E				200'7"
END OF LEFT REAR TIRE SCUFF MARK/EXIT ROADWAY	F				191'4"
FRONT OF VEHICLE TWO	G		18'10"		161'10"
REAR OF VEHICLE TWO	H		19'8"		150'10"
VEHICLE ONE RIGHT FRONT TIRE RETURN TO ROADWAY	I				104'7"
WEST EDGE OF CINNAMON ROAD	J				53'2"
EAST EDGE OF CINNAMON ROAD	K			11'8"	
LARGE RADIATOR FLUID PUDDLE	L	4'0"		55'0"	
CONTROLLED FINAL REST POSITION OF VEHICLE ONE	M	3'6"		584'7"	
	N				
	O				
	P				
	Q				
	R				
	S				
	T				
	U				
	V				
	W				
	X				
	Y				
	Z				

RAW

STATE OF LOUISIANA
 UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
 NARRATIVE SUPPLEMENT

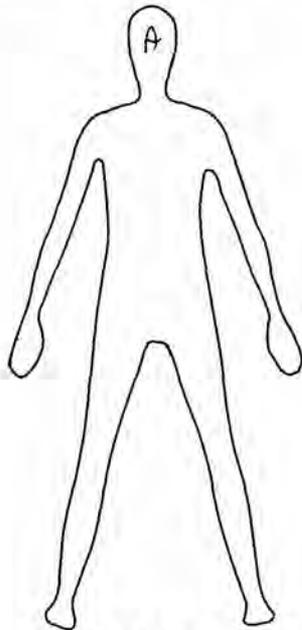
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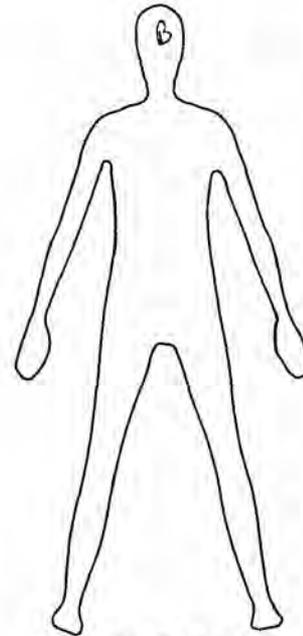
FATALITY / SERIOUS INJURY
 INVESTIGATION REPORT SUPPLEMENTAL

OBSERVED INJURIES

DECEASED PERSON'S NAME: (b)(3) Example	
<input checked="" type="checkbox"/> OCCUPANT OF VEHICLE NUMBER (2)	<input type="checkbox"/> PEDESTRIAN
OBSERVATIONS MADE BY: TFC RONALD NUNEZ	



FRONT VIEW



REAR VIEW

CORRESPOND LETTER WITH INJURY AREA ON DIAGRAM AND GIVE A DESCRIPTION (E.G. BRUISE, SCRATCH, CUT, BLEEDING, BROKEN, ETC...)	
AREA OF INJURY	DESCRIPTION
A	CUTS AND SCRAPES
B	CUTS AND SCRAPES
C	
D	
E	
F	
G	
H	
I	
J	
ANY OTHER INFORMATION:	

RAN

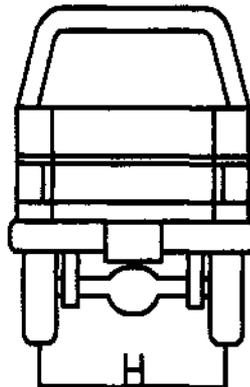
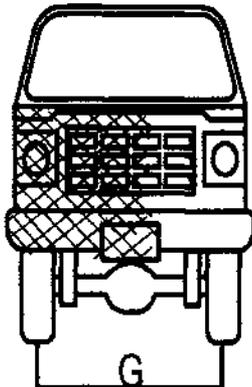
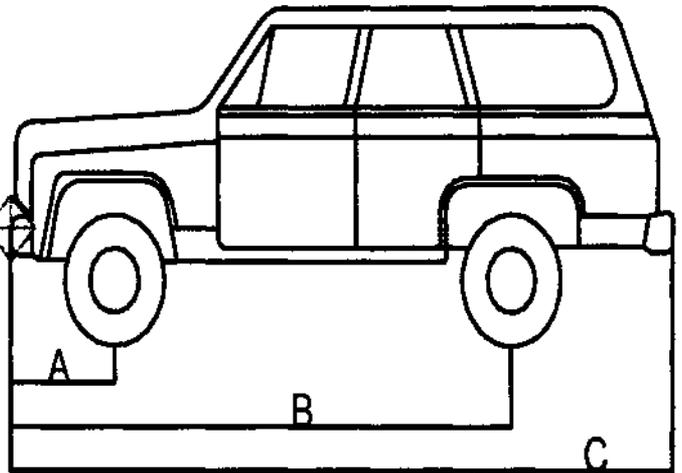
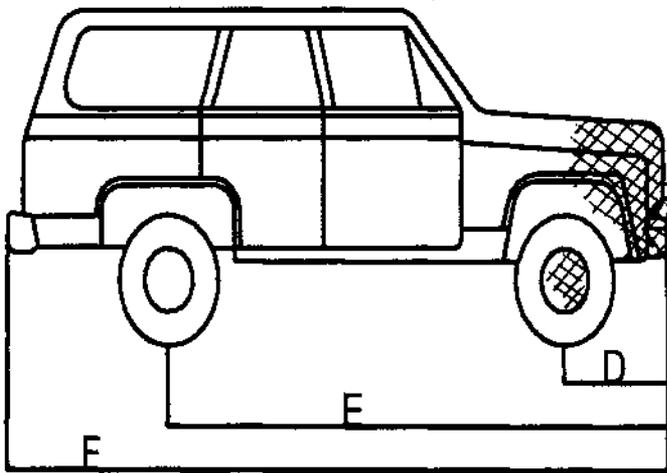
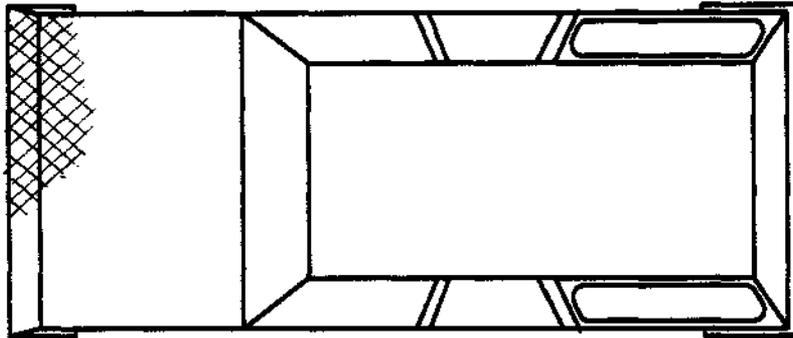
LOUISIANA STATE POLICE – TROOP I

FATALITY / SERIOUS INJURY
INVESTIGATION REPORT SUPPLEMENTAL
VEHICLE DAMAGE ANALYSIS
VEHICLE NUMBER 1

INSPECTED BY: TFC RONALD NUNEZ

DATE: 09/25/2010

TIME: 0930 HRS



****SHADE IN DAMAGED AREAS****

RN

STATE OF LOUISIANA
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LOUISIANA STATE POLICE – TROOP I

FATALITY / SERIOUS INJURY
 INVESTIGATION REPORT SUPPLEMENTAL
VEHICLE DAMAGE ANALYSIS
VEHICLE NUMBER 2

MEASUREMENTS								
	A	B	C	D	E	F	G	H
MEASUREMENTS	2'4"	11'9"	15'0"	1'3"	10'8"	13'10"	5'3"	5'4"
MVI	NUMBER	17535809						
	STATE	LOUISIANA						
	EXPIRATION DATE	05/2011						
ODOMETER READING	UNREADABLE/DIGITAL							
PHYSICAL DEFECTS	NONE							
MISSING ITEMS (PRIOR TO CRASH)	NONE							
LOCATION OF INSPECTION	ON SCENE							
TIRE INFORMATION								
TIRE	FRONT LEFT	FRONT RIGHT	REAR LEFT	REAR RIGHT				
TREAD DEPTH (32's)	8	8	4	4				
TIRE PRESSURE (PSI)	26	0	26	26				
SEATED/UNSEATED	SEATED	UNSEATED	SEATED	SEATED				
ADDITIONAL MEASUREMENTS (32's)								
TIRE	FOUR O'CLOCK	EIGHT O'CLOCK	TWELVE O'CLOCK					

****MEASURE THE CENTER GROOVE OF EACH TIRE. TAKE ADDITIONAL MEASUREMENTS AT THE FOUR O'CLOCK, EIGHT O'CLOCK, AND TWELVE O'CLOCK POSITIONS ACROSS THE WIDTH OF THE TREAD FOR TIRES THAT HAVE 2/32 INCH OR LESS OF REMAINING TREAD****

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
NARRATIVE SUPPLEMENT

COMPUTER NUMBER PAGE #
0038015 - 20

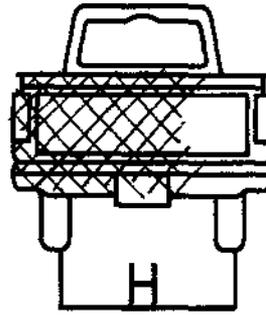
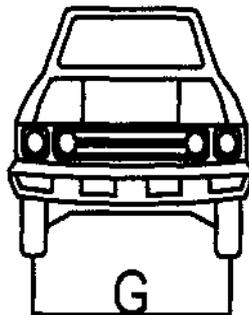
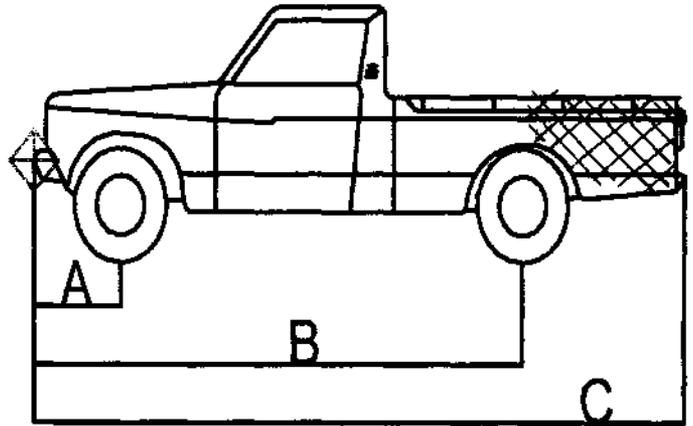
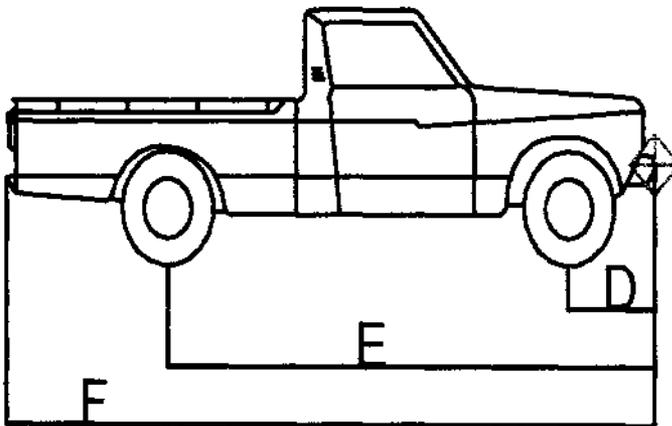
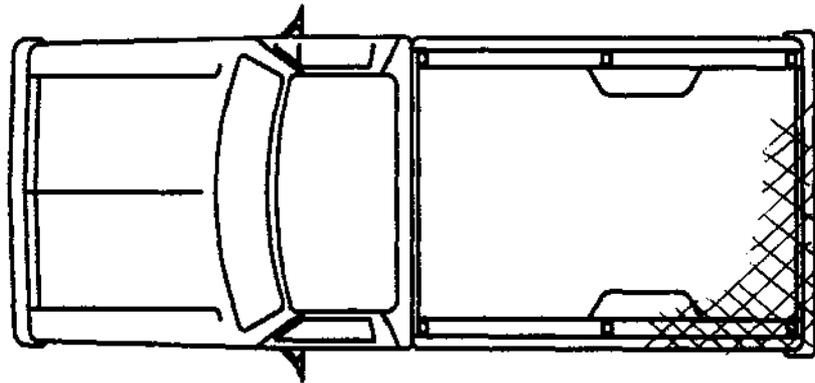
LOUISIANA STATE POLICE – TROOP I

FATALITY / SERIOUS INJURY
INVESTIGATION REPORT SUPPLEMENTAL
VEHICLE DAMAGE ANALYSIS
VEHICLE NUMBER 2

INSPECTED BY: TFC RONALD NUNEZ

DATE: 09/25/2010

TIME: 0945 HRS



****SHADE IN DAMAGED AREAS****

RNW

[Empty box]

LOUISIANA STATE POLICE – TROOP I

FATALITY / SERIOUS INJURY
 INVESTIGATION REPORT SUPPLEMENTAL
VEHICLE DAMAGE ANALYSIS
 VEHICLE NUMBER 2

MEASUREMENTS								
	A	B	C	D	E	F	G	H
MEASUREMENTS	0'10"	7'8"	8'3"	0'10"	7'3"	9'3"	5'0"	4'9"
ODOMETER READING (IF APPLICABLE)	N/A							
PHYSICAL DEFECTS	NONE							
MISSING ITEMS (PRIOR TO CRASH)	NONE							
LOCATION OF INSPECTION	ON SCENE							
TIRE INFORMATION								
TIRE	FRONT LEFT	FRONT RIGHT	REAR LEFT	REAR RIGHT				
TREAD DEPTH (32's)	10	9	7	9				
TIRE PRESSURE (PSI)	18	18	0	5				
SEATED/UNSEATED	SEATED	SEATED	UNSEATED	SEATED				
ADDITIONAL TIRES <input type="checkbox"/> N/A								
TREAD DEPTH (32's)								
TIRE PRESSURE (PSI)								
SEATED/UNSEATED								
ADDITIONAL MEASUREMENTS (32's)								
TIRE	FOUR O'CLOCK	EIGHT O'CLOCK	TWELVE O'CLOCK					

****MEASURE THE CENTER GROOVE OF EACH TIRE. TAKE ADDITIONAL MEASUREMENTS AT THE FOUR O'CLOCK, EIGHT O'CLOCK, AND TWELVE O'CLOCK POSITIONS ACROSS THE WIDTH OF THE TREAD FOR TIRES THAT HAVE 2/32 INCH OR LESS OF REMAINING TREAD****

RW

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
NARRATIVE SUPPLEMENT

COMPUTER NUMBER 0038015 - PAGE # 22

LOUISIANA STATE POLICE – TROOP I

FATALITY / SERIOUS INJURY
INVESTIGATION REPORT SUPPLEMENTAL
NEXT OF KIN SUPPLEMENT

NEXT OF KIN INFORMATION			
NAME OF DECEASED	(b)		
NAME OF NEXT OF KIN	(b)	PHONE NUMBER	(b)
NEXT OF KIN'S ADDRESS	(b)(3) Exemption 3 for 25(c)		
RELATIONSHIP TO INJURED	SON	DATE NOTIFIED	09/25/2010
NOTIFIED BY:	LT ANTHONY PITTS	TIME NOTIFIED	0900 HOURS
NEXT OF KIN INFORMATION			
NAME OF DECEASED	N/A		
NAME OF NEXT OF KIN		PHONE NUMBER	
NEXT OF KIN'S ADDRESS			
RELATIONSHIP TO DECEASED		DATE NOTIFIED	
NOTIFIED BY:		TIME NOTIFIED	
NEXT OF KIN INFORMATION			
NAME OF DECEASED	N/A		
NAME OF NEXT OF KIN		PHONE NUMBER	
NEXT OF KIN'S ADDRESS			
RELATIONSHIP TO DECEASED		DATE NOTIFIED	
NOTIFIED BY:		TIME NOTIFIED	HRS
NEXT OF KIN INFORMATION			
NAME OF DECEASED	N/A		
NAME OF NEXT OF KIN		PHONE NUMBER	
NEXT OF KIN'S ADDRESS			
RELATIONSHIP TO DECEASED		DATE NOTIFIED	
NOTIFIED BY:		TIME NOTIFIED	HRS
NEXT OF KIN INFORMATION			
NAME OF DECEASED	N/A		
NAME OF NEXT OF KIN		PHONE NUMBER	
NEXT OF KIN'S ADDRESS			
RELATIONSHIP TO DECEASED		DATE NOTIFIED	
NOTIFIED BY:		TIME NOTIFIED	HRS

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
DRIVER/WITNESS VOLUNTARY STATEMENT

COMPUTER NUMBER

PAGE #

0	0	3	8	0	1	5

DATE 9-25-10 TIME 10:25 PLACE (b)(3) Exemption 3 for 25(c)
I, (b)(3) Exemption 3 for 25(c) AM 25 YEARS OF AGE,
MY ADDRESS IS (b)(3) Exemption 3 for 25(c)
AND MY TELEPHONE NUMBER IS (337) 384 6416.

I was going South on Grey Fox Hwy. The Sun was very bright, hard to see. I saw the vehicle in my lane I believed to be coming toward me, I was wearing my seat belt. I ~~was~~ ^(moving) moved into the other lane and was driving and tried to stop but couldn't --- happen very fast -- ~~I am under~~ my seat belt air bag didn't deploy. I was not injured. I believed he was coming toward me that is why I didn't understand why he was in my lane. I has seen him traveling before ^{today} @ first I didn't realize what kind of vehicle it was, once I did I thought he was coming toward me -- I truly believe that especially with the sun so bright... I wish I would have stayed home

THE ABOVE STATEMENT, TO THE BEST OF MY KNOWLEDGE, IS A TRUE AND CORRECT ACCOUNT OF MY RECOLLECTION IN THE ABOVE DESCRIBED MOTOR VEHICLE CRASH

SIGNED: (b)(3) Exemption 3 for 25(c)

OFFICER TAKING STATEMENT: Tfc Ronald Nunez 2259

SIGNATURE: Tfc Ronald Nunez 2259

INVESTIGATING OFFICER'S INITIALS RN

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
OFFICE OF STATE POLICE

Attach Test
record card
here

INTOXILYZER 5000 OPERATIONAL CHECK LIST

(b)(3) Exemption 3 for 25(c)		(b)(3) Exemption 3 for 25(c)		STATE LA
OPERATOR T.P.B. Reginald L. Taylor 2410	DATE 9-25-10	INSTRUMENT NO. 68-010759	CERTIFICATION DATE 8-9-10	
INSTRUMENT LOCATION Eunice P. D.		TESTING AGENCY LSP-I		

- Power on
- Press start button
- Check display panel for instructions
- Insert test record card
- Diagnostic check OK
- Subject under observation for at least 15 minutes and nothing taken by mouth
- Air blank results .000g%
- Attach new and clean mouth piece at sound of tone
- Instruct subject to blow into mouthpiece until tone stops
 - Subject submitted proper sample
 - Subject either refused to blow or failed to provide proper sample
- Air blank results .000g%
- Remove and discard mouthpiece
- Diagnostic check OK
- After test record card is printed, remove and attach to check list

DPSSP 4634



**DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
NOTICE TO WITHDRAW BLOOD FOR CHEMICAL TEST FOR INTOXICATION**

In accordance with Louisiana law, the following person has been placed under arrest for the operation of a motor vehicle, watercraft, or other means of conveyance while under the influence of an alcoholic beverage or any other abused or illegal controlled dangerous substance.

Person Tested: _____ Sex _____ Race _____ DOB _____
 (Last) (First) (M.I.)

 (Address) (City) (State) (Zip) (OLN No./State)

Pursuant to the authority of L.R.S. 32:661 A(2), a test for intoxication shall be administered at the direction of a law enforcement officer. Therefore, a person qualified to withdraw blood is compelled by law to administer the test by withdrawing blood from the above named person because at least one of the following conditions exist:

- The above named person has consented to the withdrawing of blood to determine the alcoholic content and/or the presence of any abused or controlled dangerous substance in the blood.
- The above named person has been involved in a motor vehicle crash where a traffic fatality has occurred or a person has been seriously injured. Therefore, in accordance with L.R.S. 32:666(A), the person may not refuse the chemical test upon the direction of a law enforcement officer.
- The above named person is dead, unconscious, or otherwise in a condition rendering said person incapable of refusing the withdrawing of blood to determine the alcoholic content and/or presence of any abused or controlled dangerous substances in the blood.

The blood sample shall be drawn by a qualified person in accordance with L.R.S. 32:664 in the presence of a law enforcement officer utilizing a blood collection kit authorized by the Department of Public Safety and Corrections. It shall be immediately returned to said officer in order to protect the integrity of the test and preserve the chain of evidence.

L.R.S. 32:664 (C) exempts qualified persons, firms, corporations, or hospitals from civil or criminal liability for withdrawing blood at the direction of a law enforcement officer for the purposes of determining the alcoholic content and/or the presence of any abused or controlled dangerous substances in a person's blood.

 (Date) (Time) Law Enforcement Officer (Print)

 Qualified Person Taking Blood Signature of Law Enforcement Officer

 Signature of Qualified Person Medical Institution

VOLUNTARY SUBMISSION TO THE CHEMICAL TEST

BLOOD BREATH URINE
 Person Tested: _____ Sex F Race W DOB _____
 (Last) (First) (M.I.)

 (Address) (City) (State) (Zip) (OLN No./State)

The above named person has been involved in a motor vehicle crash where a traffic fatality has occurred or a person has been seriously and hereby submits to the chemical test of his/her own free will to determine the alcoholic content or the presence of any abused or controlled dangerous substance in the blood, breath, and/or urine. The above named person understands that he/she is not under arrest nor suspected of operating a motor vehicle, watercraft, or other means of conveyance while under the influence of drugs or alcohol. The above named person fully understands that in the event the test results indicate a blood alcohol level or the presence of any abused or controlled dangerous substances contrary to law, a warrant may be issued for his/her arrest.

I, _____, understand my submission to the voluntary test does not exempt me from prosecution if the chemical test results indicate a blood alcohol level or the presence of any abused or controlled dangerous substances contrary to law and agree to submit to the chemical test.

 Law Enforcement Officer (Print)
 TPR. Reginald L. Taylor 2410

 Law Enforcement Officer (Signature)

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
NARRATIVE SUPPLEMENT

COMPUTER NUMBER

0038015

PAGE #

OFFICER'S NARRATIVE: DESCRIBE ANY UNUSUAL CIRCUMSTANCES ASSOCIATED WITH CRASH, INCLUDING OFFICER'S OBSERVATIONS AND OPINIONS.
INCLUDED WITNESS NAMES, ADDRESSES, PHONE NUMBERS, ETC.
IF NECESSARY, INDICATE DAMAGE TO PRIVATE PROPERTY (WITH OWNER'S NAME AND ADDRESS) AT THE END OF THE NARRATIVE
REFER TO EACH VEHICLE BY VEHICLE NUMBER

On Thursday, October 28, 2010, I received a scientific analysis report from the Louisiana State Police Crime Lab. The scientific analysis report was in reference to a fatal crash involving (b)(3) Exemption the driver of vehicle two. Biological specimen kit number 300215, containing two tubes of blood, was analyzed. No ethyl alcohol was detected. The crash investigation is still pending due to the requested toxicology analysis of (b)(3) Exemption and (b)(3) Exemption

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
NARRATIVE SUPPLEMENT

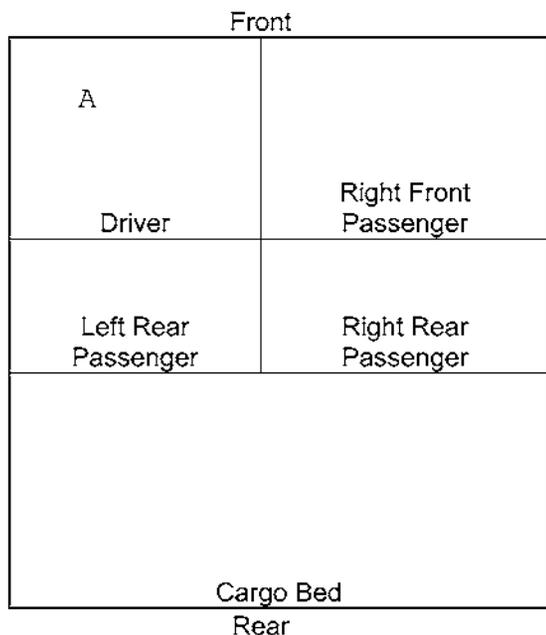
COMPUTER NUMBER						PAGE #			
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OFFICER'S NARRATIVE: DESCRIBE ANY UNUSUAL CIRCUMSTANCES ASSOCIATED WITH CRASH, INCLUDING OFFICER'S OBSERVATIONS AND OPINIONS. INCLUDED WITNESS NAMES, ADDRESSES, PHONE NUMBERS, ETC. IF NECESSARY, INDICATE DAMAGE TO PRIVATE PROPERTY (WITH OWNER'S NAME AND ADDRESS) AT THE END OF THE NARRATIVE REFER TO EACH VEHICLE BY VEHICLE NUMBER

On May 20, 2011, I received a scientific analysis report from AIT Laboratories. The scientific analysis report was in reference to a fatal crash involving (b)(3) Exemption, the driver of vehicle two. The report indicated positive results for 4.8 ng/mL of Alprazolam and 13.6 ng/mL of Zolpidem.

On May 23, 2011, I received a scientific analysis report from AIT Laboratories. The scientific analysis report was in reference to a fatal crash involving (b)(3) Exemption, the driver of vehicle one. The report indicated positive results for 191 ng/mL of Morphine and 3296 ng/mL of Codeine. The crash investigation is now complete.

Utility Vehicle Data Record Sheet



The Utility Vehicle

A:	Age: 79	Height:
	Gender: MALE	Weight:
	Helmet (Y/N): NO	Seatbelt (Y/N): UNK
	Killed/Injured/Neither/Unknown: KILLED	
	Injury Description:	
	Did vehicle land on victim: NO	
	Ejected (Either partially or fully): FULLY	

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

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

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

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

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

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

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

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

Acadiana Family Medical Associates, L.L.C.
717 Curtis Drive
Rayne, LA 70578
Phone: (337) 334-7551 Fax: (337) 334-7556

Family Practice:

(b)(3) Exemption
3 for 25(k)

Pediatric:

(b)(3) Exemption

RE: (b)(3) Exemption 3 for 25(c)
DO: (b)(3) Exemption 3 for 25(c)

SS: # _____

STATE OF LOUISIANA
PARISH OF ACADIA

CERTIFICATE

This is to certify that there are no records on the above named patient
with this medical provider. Certified on this date 7-25-11
in Rayne, Louisiana.

no
Records

NO Autopsy

CUSTODIAN OF RECORDS

(b)(3) Exemption 3 for 25(c)

STATE OF LOUISIANA CERTIFICATE OF DEATH

BIRTH No.

FILE No. 117

1A. LAST NAME OF DECEDENT (b)(3) Exemption 3 for 25(c)
1B. FIRST NAME
1C. MIDDLE NAME
2A. GATE OF DEATH (Month, Day, Year) September 25, 2010
2B. HOUR OF DEATH 9:05 a.m.
2C. SEX Male
2D. RACE (Specify White, Black, etc.) White
2E. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced, etc.) Married
2F. SURVIVING SPOUSE (If Wife, give Maiden Name) (b)(3) Exemption 3 for 25(c)
7. DATE OF BIRTH (Month, Day, Year) (b)(3) Exemption 3 for 25(c)
8A. AGE YEARS 79
8B. UNDER 1 YEAR MONTHS
8C. UNDER 1 DAY HOURS MINUTES
9. BIRTH PLACE (City and State or Foreign Country) Iota, Louisiana
10. USUAL OCCUPATION (Kind of work done during most of working life. NEVER specify retired) Farmer
11. KIND OF BUSINESS/INDUSTRY Agriculture
12. OF HISPANIC ORIGIN? NO
13. EVER IN U.S. ARMED FORCE? (YES or NO) No
14. SOCIAL SECURITY NUMBER
15. DECEDENT'S EDUCATION (Specify ONLY HIGHEST grade completed: ELEMENTARY/SECONDARY (0-12) COLLEGE (13-16)
16A. PLACE OF DEATH (Check ONLY one, if death in NON-LISTED facility check OTHER and specify in free field below)
16B. NAME OF FACILITY (if not in Facility, give street address or location)
16C. PLACE OF DEATH (City/Limits?) (YES or NO)
17A. CITY/TOWN OR LOCATION OF DEATH Iota
17B. PARISH OF DEATH Acadia
18A. STREET ADDRESS (If rural specify route/box number or location)
18B. PARISH OF RESIDENCE
18C. STATE OF RESIDENCE
19D. USUAL RESIDENCE OF DECEDENT (City, town or village)
19E. ZIP CODE
19F. RESIDENCE INSIDE CITY LIMITS? (YES or NO)
20A. FATHER'S LAST NAME FIRST MIDDLE
20B. FATHER'S PLACE OF BIRTH
20C. STATE
20A. MOTHER'S MAIDEN NAME FIRST MIDDLE
20B. MOTHER'S PLACE OF BIRTH
20C. STATE

DECEDENT

PLACE OF DEATH

RESIDENCE

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

MANNER OF DEATH

CERTIFIER

CAUSE OF DEATH

21A. TYPE OR PRINT NAME OF INFORMANT (b)(3) Exemption 3 for 25(c)
21B. INFORMANT'S ADDRESS
21C. DATE (Month, Day, Year) 9/25/2010
22A. METHOD OF DISPOSITION: 1 BURIAL, 2 CREMATION, 3 REMOVAL, 4 OTHER
22B. DATE THEREOF (Month, Day, Year) September 27, 2010
22C. NAME AND LOCATION OF CEMETERY OR CREMATORIUM St. Joseph Cemetery Iota, LA 70543
23A. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR: Geesey-Ferguson Funeral Home, 301 North Avenue F, Crowley, LA 70526
23B. FACILITY NUMBER 1211
23C. LICENSE NUMBER E-1884
23D. ALTERATIONS

24A. BURIAL TRANSIT PERMIT
25A. PARISH OF ISSUE Acadia
25B. DATE OF ISSUE
25C. SIGNATURE OF LOCAL REGISTRAR

27. MANNER OF DEATH: 1 NATURAL, 2 ACCIDENT, 3 SUICIDE, 4 HOMICIDE, 5 PENDING INVESTIGATION, 6 UNDETERMINED
28A. DATE OF INJURY (Month, Day, Year) 9/25/2010
28B. TIME OF INJURY App 7:30AM
28C. INJURY AT WORK (YES or NO) NO
28D. DESCRIBE HOW INJURY OCCURRED Auto Accident
28E. PLACE OF INJURY (Specify if home, farm, factory, street, etc.) Street
28F. LOCATION (Street, Number or Rural Route, City/Parish, State) Iota Acadia, LA. Intersection Cinnamon Rd & Grey Fox

29A. I CERTIFY THAT I ATTENDED THE DECEDENT FROM TO AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE DUE TO THE CAUSES AND IN THE MANNER INDICATED.
29B. SIGNATURE OF PHYSICIAN OR CORONER (b)(3) Exemption 3 for 25(c)
29C. DATE (Month, Day, Year) 10/1/10
29D. TITLE (Last, First Name and Title) OF PHYSICIAN OR CORONER (b)(3) Exemption 3 for 25(c)
29E. ADDRESS OF PHYSICIAN OR CORONER (b)(3) Exemption 3 for 25(c)

30. PART I: ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.
IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Head Trauma DUE TO (OR AS A CONSEQUENCE OF)
b.
c.
d.
e.
f.
g.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Brief

30. PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE IN PART I
31. IF DECEASED WAS FEMALE 10-49 WAS SHE PREGNANT IN THE LAST 90 DAYS?
32. WAS AN AUTOPSY PERFORMED?
33. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

IDI 110706HCC8881

32

Exhibit C

Name of decedent for use by physician or institution



Acadian

AMBULANCE SERVICES



NATIONALLY
ACCREDITED

P.O. Box 92970 • LITTLE ROCK, LA • 70509-2970

OFFICE
DISPATCH
511
800-259-1111

EMERGENCY
87-291-3333
800-259-3333

BUSINESS
800-259-2222

July 21, 2011

BWNJXXK
US CONSUMER PRODUCT SAFETY COMM / MICHAEL TERRELL
PO BOX 6229
MCKINNEY TX 75071

RE: Record Request

Dear US CONSUMER PRODUCT SAFETY COMM / MICHAEL TERRELL

Enclosed please find the records you requested on **(b)(3) Exemption 3 for 251(c)**. This correspondence also serves as the invoice for the production of said records if your payment was not included with the request.

If you have any questions please feel free to contact me at 800-259-3333 Ext 8604. Thank you for your business.

Sincerely,

Cathy Hanks
Medical Records

INVOICE

TAX ID # 72-0701964

FEE FOR PRODUCTION OF RECORDS \$ 0.00

Patient Name **(b)(3) Exemption 3 for 251(c)**
Invoice # 87555201
Date of Service 9/25/10



Acadian

AMBULANCE SERVICE



NATIONALLY
ACCREDITED

P.O. Box 92970 • LAUREL, LA • 70509-2970



EMERGENCY
DISPATCH
511
800-259-4111

AMBULANCE
337-294-5555
800-259-5555

RECEPTION
800-259-2222

Certificate of Authenticity

July 21, 2011

I hereby certify that the attached copy of medical records and/or bills regarding (b)
(3) Exempt (b)
(3) Exempt are true and correct copies. These records were prepared in the course of ordinary business of the health care provider at or near the time of the condition/event.

Cathy Hanks
Medical Records
Acadian Ambulance Service, Inc.



Acadian

(b)(3) Exemption 3
for 25(c)

Policy #
Invoice # 87555201
Statement Date 07/21/2011
Payment Due Date 08/20/2011
Account Balance \$0.00

Return this portion with your payment

✂

✂

✂

Invoice

09/25/2010	Invoice : 87555201 From : (b)(3) Exemption 3	Name : (b)(3) Exemption 3 To :	
Description	Units	Charges	Extended Charges
Base Rate	1.00	785.00	785.00
Disposable Environmental Supplies	1.00	63.00	63.00
EKG Rhythm Monitoring	1.00	120.00	120.00
Ekg Monitor - Disposable Supplies	1.00	14.00	14.00
Invoice Total			\$982.00
Payments / Adjustments Received			
Ck# 161117 Ck date 11-24-2010 Safe Way Ck \$982.00			

Mail To :

P. O. Box 92970
130 E Kaliste Saloom Road
Lafayette, LA 70509-2970

IDI 110706HCC3881

35

Exhibit D 2

Response Time 00:19:23	Scene Time 16:17:11	Transport Time 00:00:00	Extrication 00:00:00	Run Delay 683	Reason Delayed
				Scene Delay	Reason Delayed
Physician Information			Persons Riding		
Name: ,			MD: No		
Orders:			Nurse: No		
Emergency Dept. Disposition:			Family: No		
			Other: No		
Record Creation / Approval			Personal Belongings		
Created: Castille, Chris L. 9/25/2010 10:02 AM			Items:		
			Left With:		
ELECTRONIC SIGNATURE					
Electronically signed by Castille, Chris (Paramedic) on 9/25/2010 11:38:49 AM					

EKG Strip

1128738

D#: 092510072943 25Sep18 7:38:28 HR: Sp02



P: 30Hz 25mm/sec

AASI 17V UNIT 700 3811371-134 2005L ROKG3667R LP1213123454

1128738

PATIENT NAME (b)(3) Exemption 3 for 25(c)

INCIDENT NO. 87555201

ACADIAN AMBULANCE SERVICE



Department of Public Safety and Corrections
Public Safety Services

Bobby Jindal
GOVERNOR

Michael D. Edmonson, Colonel
DEPUTY SECRETARY, PUBLIC SAFETY SERVICES
SUPERINTENDENT, OFFICE OF STATE POLICE

August 2, 2011
0220/2226/DNR/0419

US Consumer Product Safety Commission
Western Region
Post Office Box 6229
McKinney, TX 75071

Attn: Michael Terrell

Driver :	(b)(3) Exemption	(b)(3) Exemption
Date of Crash:	9-25-2010	
Troop:	I	
Parish:	Acadia	
Crash Report#	20100038015	(b)
Tax I.D. #	(b)(3) Exemp	

The Department of Public Safety, Office of State Police Crime Laboratory is in receipt of your request for crash photographs in the above referenced matter. Our records indicate 20 photographs are available. The LSP Crime Lab-Photo Lab maintains 8 X 10 photos of the crash. The certified copies of the photographs are available at a cost of \$10.00 per photo. Before these photographs may be sent to you, it is necessary to remit \$200.00 in a check or money order payable to the LSP Crime Laboratory. The payment, along with a copy of this letter should be mailed to the following address: **LSP Crime Lab-Photo Lab, PO Box 66614, Baton Rouge, LA 70896.**

Upon receipt of these funds, the photographs that you have requested will be mailed to you.

You are noticed herein that as custodian of Photo Records, I am unable to respond to depositions by written questions propounded to me as witness as I am not the person who took the photos or investigated the crash in question. I, therefore, have no personal knowledge of the facts contained in the photographs. You may, however, direct your deposition questions to the investigating officer named in the crash report.

If you have any questions, you may contact the LSP Photo Lab at: 225-925-6216, or Faye Dysart Morrison at the Office of Legal affairs: 225-925-6103.

Sincerely,

Sgt. David Ryerson
Louisiana State Police Crime Laboratory

COURTESY LOYALTY SERVICE
P.O. BOX 66614, BATON ROUGE, LOUISIANA 70896-6614

Task No. I110706HCC3881

Date: 8/16/2011

STATUS OF MISSING DOCUMENT (S)

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

- 1. Iota Fire Department reports
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Date: 8/16/2011 **Investigator No:** 2342

Regional office: _____ **Supervisor No:** _____

Exhibit G
Contact Information

<p>(b)(3) Exemption 3 for [redacted] – DOB: (b) [redacted]</p> <p>Victim Decedent #1</p> <p>(b)(3) Exemption 3 for 25(c) [redacted]</p>	<p>(b)(3) Exemption 3 for 25(c) [redacted] – DOB: (b) [redacted]</p> <p>Victim #2</p> <p>(b)(3) Exemption 3 for 25(c) [redacted]</p>
<p>Elizabeth G. Hardin - Criminal Records Analyst 5 Louisiana State Police 7919 Independence Blvd. Baton Rouge, LA 70806 225-925-6006 // 225-925-6156 Crash records Fax: 225-925-7005</p>	<p>Acadia Parish County Coroner</p> <p>(b)(3) Exemption 3 for 25(c) [redacted]</p>
<p>Kubota Tractor Corporation Customer Satisfaction 3401 Del Amo Blvd Torrance, CA 90503 http://www.kubota.com</p>	<p>Acadian Ambulance Service P.O. Box 98000 Lafayette, LA 70509-8000 800-259-3333 Fax: 337-521-3641 http://acadianambulance.com</p>
<p>Ralph Lacombe – Fire Chief Iota Fire Department 210 South 1st Street Gueydan, LA 70542 337-779-2538 Fax: 337-788-8768</p>	

Task Number 110706HCC3881

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 | <input checked="" type="radio"/> 7 - Utility Vehicle |
| 2 - 4 wheeled ATV | 8 - Other Vehicle |
| 3 - ATV with unknown number of wheels | 0 - Unknown |
| 4 - 2 wheeled motorcycle | |
| 5 - Dune Buggy | |
| 6 - ATV with more than 4 wheels | |

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

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

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

Model: RTV900

VIN: (b)(3) Exemption 3 for
25(c)

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: 00

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: 09/25/2010	
Age/Sex: 79 / Male	/
State of Death: LOUISIANA	
City of Death: Iota	
County of Death: Acadia Parish	
Race: 1 - White	
Race Other:	
Hispanic/Latino: 2 - NO	

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

Death #1	Death #2
Yes <input checked="" type="radio"/> No Unknown	Yes No Unknown

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

79 year old male was driving his UTV on highway and was rear ended by a SUV. Victim's vehicle rolled and ejected victim to the roadway causing fatal injuries. Neither driver tested positive for intoxication. SUV driver indicated she was partially blinded by the sun and thought the UTV was another vehicle in her lane approaching her head on. Incident occurred when SUV driver attempted to avoid possible collision. Victim was not wearing helmet.

9. Did the ATV overturn/tipover/rollover? 01

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

Victim 1:	Victim 2:
Yes <input checked="" type="radio"/> No Unknown	Yes <input checked="" type="radio"/> No Unknown

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

<input checked="" type="radio"/> - Driver	3 - Bystander	8 - Other
2 - Passenger	4 - Driver/Other Vehicle	

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
<input checked="" type="radio"/> - One rider	3 - Three riders	

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

Age: 79	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?

08 - 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.

08 - Other

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:

Neither victim tested positive for Intoxication per toxicology report. Both victims did test positive for legal medication.

All information contained in this report was obtained through contact with the Stanley County Sherriff's Office (SCSO). This investigation was initiated by a Certificate of Death issued by the state of South Dakota and filed on October 15, 2010 (source document).

INCIDENT REPORT

On September 30, 2010 at approximately 0937 hours SCSO was dispatched to respond to a report of an injury accident at a rural location on private property near Hayes, SD just off Highway 63 in Stanley County. The SCSO officer, along with emergency responders (AMR) arrived at the incident scene and was met by members of the victim's family.

The SCSO officer discovered a green UTV approximately 50 feet from a dirt trail on private property. According to the SCSO officer's investigation and testimony from family members of the victim; the incident occurred as the following. The victim, a 55 YOM was a farmer and had been using the UTV to assist him while attending his cattle. The victim was the sole occupant and driver of the UTV and was last seen at approximately 0830 and was found 1 hour later at 0930. The UTV was lying on its side where it had apparently tipped over with the "roll bar" lying on the victim's neck. The victim had apparently been thrown from the UTV and it landed on him causing fatal injuries. Upon the family members finding him, four of them lifted the UTV from the victim and tied the UTV to another ATV or UTV to support it while attempting to help the victim.

It is unknown how long the victim had been lying under the UTV or exactly when the accident occurred. The officer stated it appeared the victim had struck a "hay bale" with the right side of the UTV tipping the UTV to the left. The victim did not appear to be wearing a safety harness or a helmet at the time of the crash. The officer noticed bruising had started to appear at the base of the victims neck and was consistent the width of the "roll bar." The victim was then place in the county coroner's van by the officer, the coroner, and the Chief Deputy of SCSO. The victim was transported to the coroner's office where an autopsy was performed (exhibit 2).

At the time of this report information regarding the year and model of the UTV was unknown, i.e., the VIN number or other identification was not documented by the investigating officials.

PRODUCT IDENTIFICATION:

John Deere
2 seated occupancy
4 wheels
Color: Green

SAMPLES COLLECTED: None

ATTACHMENTS:

Exhibit 1 – SCSO Accident Report

Exhibit 2 – Stanley County Coroner's Autopsy Report

Exhibit 3 – SD Certificate of Death

Office of the Stanley County Sheriff

Case Summary 10-02961

Printed on July 7, 2011

Status	Approved	Type	Patrol
Disposition	No Charges	Primary Officer	Brandon Fleagle
Reported At	9/30/10 09:37		
Date	9/30/10 09:37		
Incident Code	40A2 : Accident/SIG 1 FATALITY		
Location	201st ST, HAYES, SD		
Comments			

Modus Operandi

Dispatch Information

CFS #
Location 201st ST, HAYES, SD
Incident Code 40A2 : Accident/SIG 1 FATALITY
Occured Between 9/30/10 09:37:00 and

Assigned	Enroute	On Scene	Completed
-----------------	----------------	-----------------	------------------

Reporters

Other Names

Vehicles

Call Details

09/30/2010 09:37:00 - added by Brandon Fleagle

DISPATCH ADVISED OF A SIGNAL 1 ATV ACCIDENT 8 MILES NORTH OF 34 ON HWY 63. THE VICTIM (b)(3) WAS PRONOUNCED DEAD AT THE SCENE. SEE NARRATIVE.

Officer Addenda

Primary Narrative By Brandon Fleagle

(b)(3)Exempt

On September 30th 2010 at 0937 I was dispatched to a possible fatal ATV accident. This was reported to have happened approximately 8 miles north of Hwy 34 on Hwy 63. The exact location was 3/4 mile east of 20011 Hwy 63 on a dirt trail. The ATV was 50ft to the south of the dirt trail in a pasture. I was flagged down at the intersection of Hwy 63 and the dirt trail by (b)(3)Exempt who took myself and 36-9A (AMR) to the scene.

Upon my arrival I was greeted by (b)(3)Exempt, (b)(3)Exempt, and (b)(3)Exempt. After getting their contact information I asked what had happened. The AMR crew immediately went to (b)(3)Exempt and began working on him. (b)(3)Exempt is the one who found (b)(3)Exempt under the ATV. Jim, AJ and Tyler were called to assist. Rod said the top of the roll bar on the ATV was lying across (b)(3)Exempt neck. (b)(3)Exempt said (b)(3)Exempt was unresponsive and not breathing. The four had pulled the ATV off of (b)(3)Exempt and had it tied to another ATV which was holding it up. They did this to try to revive (b)(3)Exempt with no success. (b)(3)Exempt told me that (b)(3)Exempt had left on the ATV at about 8:30 AM and (b)(3)Exempt found him about 9:30 AM. It is

unknown how long [REDACTED] was under the ATV before he was found.

The medics from AMR followed [REDACTED] and myself to the scene. The medics pronounced [REDACTED] to be dead after hooking up an AED to check for vitals. The AMR crew picked up their stuff and returned to Pierre. As they were leaving GF21 John Murphy and Trooper Ryan Lantz showed up. Both stayed until the body was removed to assist me if needed. They both left the scene just prior to the coroner, Chief Deputy Lacompte and myself leaving.

I took six photographs of the scene and did a walk around. I did not find anything unusual or conflicting with the story [REDACTED] told. It appeared to me that [REDACTED] had hit a hay bale with the right side of the ATV tipping it to the left. It did not seem that [REDACTED] was wearing the safety harness at the time of the crash. I saw some bruising starting at the base of [REDACTED]'s neck. The width of the bruising appeared to be consistent with the width of the roll bar. With the ATV sitting partially tipped on the hay bale it appeared to be in the position to have caused the injury to [REDACTED]'s neck. I secured the scene and waited for the coroner to show up.

At 1138 Chief Deputy Lacompte and the coroner showed up. I assisted with removing the body and loading it into the van. At 1159 58-1B, the van with [REDACTED] and myself cleared the scene and returned to Pierre.

Property / Evidence

Item #	Category	Type	Status	Location	Description
001		Digital	In Digital Files		REAR VIEW OF ATV
002		Digital	In Digital Files		LARGE REAR VIEW
003		Digital	In Digital Files		SIDE VIEW LEFT SIDE
004		Digital	In Digital Files		FRONT VIEW
005		Digital	In Digital Files		[REDACTED]
006		Digital	In Digital Files		FRONT VIEW CLOSE

Fax Cover Page

TO	Marsha
FAX NUMBER	1 (605) 223-7794
FROM	Brown, Mark
COMPANY	Consumer Product Safety Comm.
FAX NUMBER	1 (877) 397-9401
DATE	July 07, 2011
SUBJECT	ATV Fatality -Stanley County

Mark Brown
 Federal Investigator
 US Consumer Product Safety Commission
 PO Box 721236
 Norman, OK 73070
 Office: 202-302-8826 Mobile: 580-351-0342
 Fax: 877-397-9401
 email: <mailto:mlterrell@cpsc.gov>; mbrown@cpsc.gov <<mailto:Stephen.Parker@FSIS.USDA.GOV>> *
 website: www.cpsc.gov <<http://www.cpsc.gov>>
 [cid:image003.jpg@01C03C8D.8029A550]

*****!!
 Unless otherwise stated, any views or opinions expressed in this e-mail (and any attachments) are solely those of the author and do not necessarily represent those of the U.S. Consumer Product Safety Commission.

Copies of product recall and product safety information can be sent to you automatically via Internet e-mail, as they are released by CPSC. To subscribe or unsubscribe to this service go to the following web page: <https://www.cpsc.gov/cpsclist.aspx>
 *****!!

This is the information I have - Marci a

OFFICE OF STANLEY COUNTY CORONER
FT. PIERRE, SD 57532

State of South Dakota
County of Stanley

Coroner's Investigation
and Proceedings

In the matter of the death of
(b)(3) Exemption

SS#
DOB (b)(3) Exe

On September 30, 2010 at 9:37A.M., I was contacted by Pierre dispatch to respond to a fatal accident 8 miles north and ¼ miles east of 20011 Hwy 63. I arrived on the scene at approximately 11:38A.M. to find a John Deer ATV on its side facing East. There was one deceased male identified as (b)(3) Exempt.

I determined through external examination that his neck was broken. Items found on his body were taken to Isburg Funeral Chapels of Pierre. The cause of death was listed as broken neck due to accident. Time of death is listed as 8:45A.M.


Brian LaCompte
Deputy Stanley County Coroner

1046005421

SOUTH DAKOTA CERTIFICATE OF DEATH
FOR STATISTICAL USE ONLY

STATE FILE NUMBER:
10005421

DECEDENT'S INFORMATION:

NAME: [REDACTED]
ALIAS:
SEX: MALE SOCIAL SECURITY NUMBER: [REDACTED] ARMED FORCES: NO
DATE OF DEATH: 09/30/2010 DATE OF BIRTH: [REDACTED] AGE: 55 YEARS

46

PLACE OF DEATH INFORMATION:

TYPE: FIELD
FACILITY NAME OR ADDRESS: 8 MILES N AND 3/4 MILES E OF 20011 HWY 63 HAYES STANLEY SOUTH DAKOTA

DISPOSITION INFORMATION:

METHOD: BURIAL

DEMOGRAPHIC INFORMATION:

RESIDENCE: [REDACTED]
PLACE OF BIRTH: SOUTH DAKOTA UNITED STATES OF AMERICA MARITAL STATUS: NEVER MARRIED
SURVIVING SPOUSE'S NAME:
FATHER'S NAME: [REDACTED]
MOTHER'S NAME PRIOR TO FIRST MARRIAGE: IRENE PATTON

DECEDENT'S EDUCATION: HIGH SCHOOL GRADUATE OR GED
DECEDENT'S HISPANIC ORIGIN: NO
DECEDENT'S RACE: WHITE

V865

DECEDENT'S USUAL OCCUPATION: FARMER/RANCHER
KIND OF BUSINESS OR INDUSTRY: SELF EMPLOYED

MEDICAL CERTIFICATE

CAUSE OF DEATH PART I:

INTERVAL

A: BROKEN NECK

B: ATV ACCIDENT

C:

D:

PART II OTHER SIGNIFICANT CONDITIONS:

CORONER CONTACTED: Y AUTOPSY PERFORMED: N

AUTOPSY AVAILABLE:

ACTUAL OR PRESUMED TIME OF DEATH: 0840

MANNER OF DEATH: ACCIDENT

DID TOBACCO USE CONTRIBUTE TO DEATH: N

PREGNANCY STATUS: 8. NOT APPLICABLE.

INJURY INFORMATION:

DATE OF INJURY: 09/30/2010 TIME OF INJURY: 0840

INJURY AT WORK: YES TYPE OF WORK: AGRICULTURE

TYPE OF PLACE OF INJURY: FARM FIELD

HOW THE INJURY OCCURRED: DRIVER OF ATV HIT A HAY BALE

LOCATION OF INJURY: 8 MILES N AND 3/4 MILE E OF 20011 HWY 63 HAYES STANLEY SOUTH DAKOTA

TRANSPORTATION INJURY: Y

TRANSPORTATION: DRIVER / OPERATOR

VEHICLE TYPE: ATV

CERTIFIER TYPE: C

CERTIFIER NAME: LUCE III JOHN

CERTIFIER CITY: FORT PIERRE

DATE FILED: 10/15/2010

CONTACT LIST

VICTIM

(b)(3) Exemption 3
for 25(c)

State and Local Officials

Stanley County Sheriff's Office

8 Second Avenue
Ft. Pierre, SD 57532
(605)-223-7792

Manufacturer:

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



JOHN DEERE

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

Keith E. Steenlage
Assistant General Counsel

6 February 2014

Todd A. Stevenson
The Secretariat – Office of the Secretary
US Consumer Product Safety Commission
4330 East West Highway
Bethesda, MD 20814

VIA EMAIL

Re: Epidemiologic Investigation Report 110706HCC3885

Dear Mr. Stevenson:

Deere & Company would like to comment on the above referenced Epidemiologic Investigation Report, which was received by Deere on 3 February 2014 regarding FOIA #13-F-00325.

According to this report a 55 year-old man was driving a Gator struck a hay bale on the right side and tipped the Gator onto the left side. When this occurred, the operator was partially ejected from the vehicle and the roll bar landed on his neck. The operator was not wearing a helmet or seatbelt at the time of the incident.

Occupant restraints, protective equipment, and operator awareness are all crucial aspects of the safe operation of a John Deere Gator. All of these topics are addressed in the Operator's Manual and with safety signs on the vehicle. The operator involved in this incident violated some, if not all the related instructions and warnings.

John Deere Gators met or exceeded all applicable standards at the time of manufacture. Deere denies that there is any manufacturing or design defect in this product.

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

Sincerely,

Keith E. Steenlage

cc: Derek D. Murphy

1. Task Number 110718HCC2680		2. Investigator's ID 9044		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2011 06 20	5. Date Initiated YR MO DAY 2011 07 25		
6. Synopsis of Accident or Complaint UPC A 30YOM was operating a UTV with a 26YOM passenger, on a public gravel road after dark, through a curve and a small rain wash out when he lost control and it overturned onto the passenger side, ejecting the driver. He died 10 days later from his injuries. His passenger did not seek medical treatment. Neither wore helmets or seatbelts. Addendum added 08/24/2011. <u>MER/PRV LBR NOTIFIED</u> COMMENTS: ___ YES <input checked="" type="checkbox"/> NO ___ OVERRULED: ___ ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA Exs. <u>B6.25C</u> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY ___ RE-NOTIFY 4/4/12 LB				
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City CLARENCE	9. State IA	
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name POLARIS		10C. Model Number 800 RANGER XP
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC. 1225 Highway 169 North Minneapolis, MN 55441				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12A. Hispanic or Latino	12B. Race Other:		12C. Race Source	
13. Age of Victim 30	14. Sex 1 - Male	15. Disposition 8 - Death		16. Injury Diagnosis 62 - Internal Org. Inj.
17. Body Part(s) Involved 75 - Head	18. Respondent 3 - 2nd Hand Info Only	19. Type of Investigation 2 - Telephone		20. Time Spent (Operational / Travel) 12 / 0
21. Attachment(s) 9 - Multiple Attachments		22. Case Source 05 - Newspaper		23. Sample Collection Number
24. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written				
25. Review Date 08/18/2011	26. Reviewed By 8929		27. Regional Office Director Frank J. Nava	
28. Distribution Topka, Tanya			29. Source Document Number X1170135A	

All information contained in this report, was obtained through telephone contact with the State Police and County Medical Examiner. This incident was reported by a newspaper clipping service (source document).

On July 2, 2011, a newspaper reported a fatality caused by what they called an ATV in an accident on June 20, 2011, in a rural area in eastern Iowa (source document). They stated that a 30-year-old male had died 10 days after the accident in a hospital where he had been treated for his injuries. They stated that he had been thrown from the vehicle after he lost control of it.

They also reported that his male passenger wasn't seriously injured. In addition, they reported that this was the third person to die in an ATV crash near this small town in the past three months. I located the obituary for the 30-year-old male who died in this incident (exhibit 1). I contacted the County Medical Examiner's office and requested their reports. When they are provided, they will be submitted as an addendum to this report.

I also contacted the County Sheriff's Department and learned that they did not investigate this incident. They reported that the incident was investigated by the State Police. I later contacted them and they provided their report on this incident (exhibit 1).

They identified the vehicle involved and I noted that it was a UTV model and not an ATV. They reported that the incident occurred on a public street where it was a gravel road at about 9:30 p.m., when it was dark outside. It was a dry and clear day.

They reported that the incident occurred when the UTV was going through a curve in the road and the driver drove through a small rain wash out in the gravel road. He then lost control of the vehicle and it overturned onto the passenger side, ejecting the driver. They reported that the driver was transported from the scene for injuries sustained in the crash, and that his passenger didn't seek medical treatment.

In addition, the Investigator Officer reported the following additional information about this incident:

Attached is the information we currently have concerning this matter. However the collision report has not been updated with the results of the blood specimen collected from the driver (name removed) on the night of the collision. The blood specimen collected was found to contain 0.204 grams of alcohol in 100 ml of blood. The sample was tested by the (name of lab removed) and it can be stated with a blood alcohol concentration of this level that (name removed) mental and physical capabilities were affected. At the time of the collision neither occupant was restrained or wearing a safety helmet.

There is no indication from the investigation to indicate that the safety equipment or normal everyday equipment on the ATV played a factor or contributed to the cause of this collision. In fact other than a few scratches in the paint the ATV sustained no damage.

PRODUCT IDENTIFICATION:

UTV (Product Code 5044)

Type: 4 Wheels

Model: 800 Ranger XP

VIN: Unknown

Year: 2011

Brand: Polaris

Manufacturer: Polaris Industries Inc., 1225 Highway 169

North, Minneapolis, MN 55441

Retailer: Unknown

Description from: <http://www.polarisindustries.com/en-us/ATV-RANGER/2011/Full-Size-Utility-Vehicles/RANGER-XP-800-EPS/Pages/Overview.aspx>

The RANGER XP® 800 EPS is built for extreme performance. For 2011: power boost to 50 HP and 20% more fuel range and more. Key features are:

- Electronic Power Steering (EPS)
- 50 HP 760cc Twin-Cylinder EFI Engine
- Smooth Independent Rear Suspension (IRS)
- Dual A-Arm Front Suspension
- 1,000 lb. (453.6 kg) Rear Cargo Box Capacity



SAMPLES COLLECTED: None

ATTACHMENTS:

Exhibit 1 - Obituary

Exhibit 2 - Police Report

Exhibit 3 - Missing Document Form

Exhibit 4 - Description of Respondents

Exhibit 5 - Utility Vehicle Data Record Sheet

110718HCC2680
Exhibit 1, 1 of 2

Weather 74°
Tuesday, Aug 16, 2011

- [Classifieds](#)
- [Autos](#)
- [Homes](#)
- [Deals](#)
- [Shop](#)

- [HOME](#)
- [NEWS](#)
- [BUSINESS](#)
- [SPORTS](#)
- [OBITS](#)
- [MILESTONES](#)
- [OPINION](#)
- [ENTERTAINMENT](#)
- [CONTESTS](#)

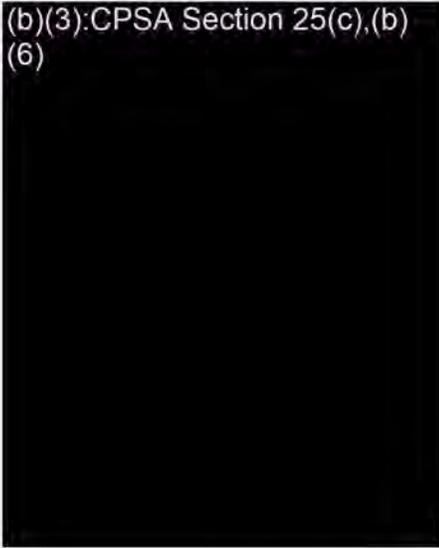
Obituaries:

- [Obituaries](#)
- [Submission](#)

Obituaries

[← Previous - Ausborn, Eric A.](#)
[Hite, Jean M. - Next →](#)

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



died June 30, 2011, at University of Iowa Hospitals and Clinics in

110718HCC2680
Exhibit 1, 2 of 2

Iowa City. Funeral services: 10:30 a.m. Wednesday, July 6, at St. John's United Church of Christ, Clarence. The Rev. David Mears and the Rev. John Cofield will officiate. Burial: Clarence Cemetery. Visitation: 3 to 8 p.m. Tuesday at the church.

Born (b)(3):CPS, in Cedar Rapids, the son of (b)(6) (b)(6) married (b)(6) (b) on Dec. 9, 2006, in Wheatland. (b)(3) loved farming beside his dad and brother. He was full of life and lived every day to the fullest. He was a great father to his two sons and a loving husband to his wife. (b)(6) liked everybody he met and everybody liked him in return. (b)(3) loved racing his No. 29D stock car at the Cedar County Raceway in Tipton.

Survivors include his wife (b)(6) at home; parents, (b)(6) of (b), brother, (b)(6) maternal grandmother (b)(6) mother- and father-in-law, (b)(6) of Wheatland; brother-in-law, (b)(6) of Wheatland; and aunts and uncles.

He was preceded in death by his paternal grandparents, (b)(6) his sister, (b) and his maternal grandfather, (b)(6)

In lieu of flowers, a memorial fund has been established.

Online condolences may be sent to www.chapmanfh.com



[← Previous - Ausborn, Eric A.](#)
[Hite, Jean M. - Next →](#)

-
-
-

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- Farmers Markets



[A schedule and map to find nearby farmers markets.](#)

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-----Original Message-----

From: Wellner, Neil [DPS] [mailto:wellner@dps.state.ia.us]
Sent: Saturday, August 13, 2011 2:15 PM
To: Cottral, Bridgette
Cc: Wellner, Neil [DPS]
Subject: FW:

Ms. Cottral

Attached is the information we currently have concerning this matter. However the collision report has not been updated with the results of the blood specimen collected from the driver **(b)(3):CPSA Sec** on the night of the collision.

The blood specimen collected was found to contain 0.204 grams of alcohol in 100 ml of blood. The sample was tested by the DCI Lab in Ankeny, Iowa and it can be stated with a blood alcohol concentration of this level that **(b)(3):CPSA** mental and physical capabilities were affected.

At the time of the collision neither occupant was restrained or wearing a safety helmet. There is no indication from the investigation to indicate that the safety equipment or normal everyday equipment on the ATV played a factor or contributed to the cause of this collision. In fact other than a few scratches in the paint the ATV sustained no damage.

Thanks Neil

-----Original Message-----

From: wellner [mailto:wellner@dps.state.ia.us]
Sent: Saturday, August 13, 2011 12:46 PM
To: Wellner, Neil [DPS]
Subject:

This E-mail includes attached file(s) sent from "RNP8D1479" (Aficio 2035).

Scan Date: 08.13.2011 12:45:55 (-0500)

INFORMATION FROM THE INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Case Number: 2011035995	Legal Intervention: NO	At Intersection with: "N/A"
Date of Acc: 06/20/11	Private Property: NO	Div HWay Trvl Dir: "N/A"
Time of Acc: 21:35 Hrs.	County: CEDAR - 16	Distance 1: "N/A"
Name of Agency: IOWA STATE PATROL - DIST 12	Acc Loc City: CLARENCE - 1330	Direction 1: "N/A"
Officer: COSTELLO M	Acc Dir From City: "N/A"	Distance 2: "N/A"
Badge #: 322	Closest City: "N/A"	Direction 2: "N/A"
Report Date: 06/21/2011	Miles From City: "N/A"	X-Coordinate: 00661295
Officer Notified: 21:37 Hrs.	Road, Street, HWay: "N/A"	Y-Coordinate: 04642509
Officer Arrived: 21:59 Hrs.	Definable Location: "N/A"	Location Literal: QUINCY AVE AND 120TH
Scene Investigated: YES	Milepost Number: "N/A"	Description:

110718HCC2680
Exhibit 2, 2 of 5

Unit 001

Driver Name - Last: (b)	Towing: YES	Injury Status: 1 - FATAL
First: (3):CPSA	Initial Trvl Dir: 1 - NORTH	Transported to: U OF IOWA
Middle: Section 25	Vision Obscured: 01 - NOT OBSCURED	Transported by: LIFE GUARD
Address: (c),(b)(6)	Traffic Controls: 01 - NO CONTROLS PRESENT	Emergency Veh: 1 - NOT APPLICABLE
City:	Point of Init Impact: 03 - RIGHT SIDE	Emergency Status: 3 - NOT APPLICABLE
State:	Most Damaged Area: 02 - RIGHT FRONT	Cont. Circum., Drvr: 04 - DRIVING TOO FAST FOR CONDITIONS, 08 - LOST CONTROL
Zip:	Undrid/Ovrid: 1 - NONE	Carrier Name:
Suffix:	Rpr/Rplc Cost: \$500.00	Carrier Address:
Gender: MALE	Ext of Damage: 2 - MINOR DAMAGE	Carrier City:
Age: 30	First Event: 06 - EVASIVE ACTION (SWERVE, PANIC BRAKING, ETC.)	Carrier State:
License State: IA	Second Event: 11 - OVERTURN/ROLLOVER	Carrier Zip:
License Class: A	Third Event:	Cargo Body Type: 01 - NOT APPLICABLE
License Endorsmnt: N - TANK	Fourth Event:	Number of Axles:
License Restrictions: NONE	Most Harmful Event: 11 - OVERTURN/ROLLOVER	HazMat Released?:
Speed Limit: 50	Abg Switch Stat: 3 - NO ON/OFF SWITCH PRESENT	GVWR:
Seating Position: 01 - FRONT: LEFT SIDE / MOTORCYCLE DRIVER	Abg Deploy: 6 - NOT APPLICABLE	Placard #:
Driver Condition: 6 - UNDER THE INFLUENCE OF	Trapped: 1 - NOT TRAPPED	Cit Chrg Code 1:
Alcohol Test Given:	Ejection: 3 - TOTALLY EJECTED	Citation Charge 1:
Drug Test Given:	Ejection Path: 4 - THROUGH ROOF	Cit Chrg Code 2:
Total Occupants: 02	Occpnt Protect: 2 - SHOULDER AND LAP BELT USED	Citation Charge 2:
Vehicle Year: 2011		Cit Chrg Code 3:
Vehicle Make: POLAR - POLA		Citation Charge 3:
Vehicle Model: 800 RANGER XP		Cit Chrg Code 4:
Vehicle Style: ATV		Citation Charge 4:
Vehicle Config: 15 - MOPED/ALL-TERRAIN VEHICLE/SNOWMOBILE		
Vehicle Defect: 01 - NONE		
Vehicle Action: 01 - MOVEMENT ESSENTIALLY STRAIGHT		

Accident Environment

First Harmful Event Loc: 1 - ON ROADWAY	Roadway Characteristics
Manner of Crash/Collision: 1 - NON-COLLISION	Environment: 1 - NONE APPARENT
Light Conditions: 5 - DARK, ROADWAY NOT LIGHTED	Roadway: 01 - NONE APPARENT
Weather Conditions: 01 - CLEAR	Type of Road Junc/Feat: 01 - NO SPECIAL FEATURE
Surface Conditions: 1 - DRY	Workzone Related: NO
First Harmful Evt of Crash: 11 - OVERTURN/ROLLOVER	Location:
	Type:
	Workers Present:

Injured Person 001

Name - Last: (b)(6)	Occupant Protection: 1 - NONE USED
First:	Airbag Deployment: 6
Middle:	Airbag Switch Status: 3 - NO ON/OFF SWITCH PRESENT
Suffix:	Ejection: 1 - NOT EJECTED
Address:	Ejection Path: 1 - NOT EJECTED/NOT APPLICABLE
City:	Trapped: 1 - NOT TRAPPED
State:	Non-Motorist
Zip Code:	Type:
Age:	Location:
Sex: MALE	Action:
Unit No.: 001	Condition:
Seating Position: 04 - CENTER: LEFT SIDE / MOTORCYCLE PASSEN	Safety Equipment:
Injury Status: 4 - POSSIBLE	Contributing Circumstances:
Transported to:	Unit No. of Vehicle Striking:
Transported by:	

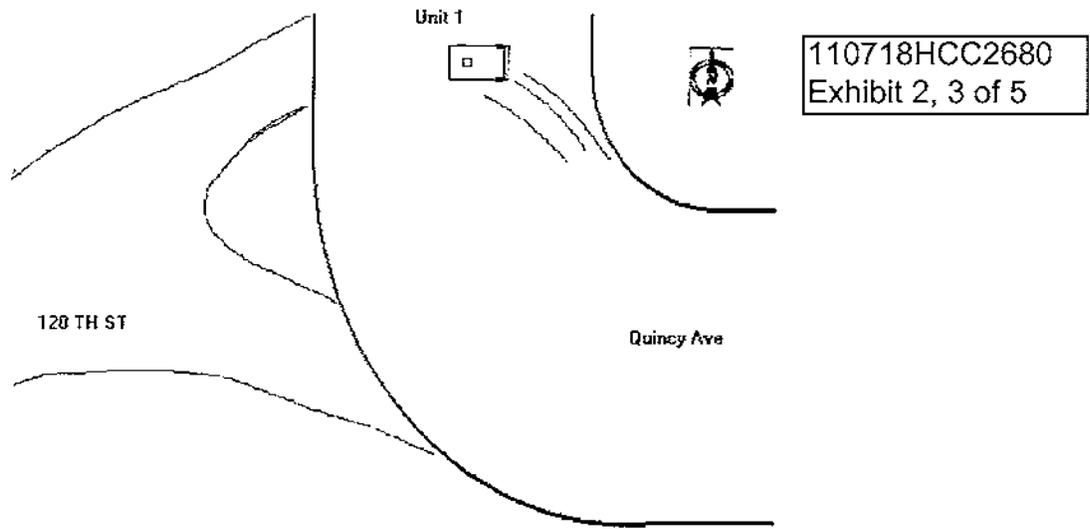
Narrative

UNIT 1 WAS GOING NORTH BOUND ON QUINCY AVENUE AT 120TH STREET. AT THE SPOT OF THE ACCIDENT QUINCY AVENUE IS A GRAVEL ROAD. AS UNIT 1 WAS GOING THROUGH A CURVE IN THE ROAD UNIT 1 DROVE THROUGH A SMALL RAIN WASH OUT. THE DRIVER LOST CONTROL OF UNIT 1 AND IT OVERTURNED ON TO THE PASSENGER SIDE. AS UNIT 1 OVER TURNED THE DRIVER WAS EJECTED.

Narrative

THE DRIVER WAS TRANSPORTED FROM THE SCENE FOR INJURIES SUSTAINED IN THE CRASH. THE PASSENGER DIDN'T SEEK MEDICAL TREATMENT.

Diagram



Driver / Vehicle Characteristics

Initial Travel Direction
(prior to coded Vehicle Action)

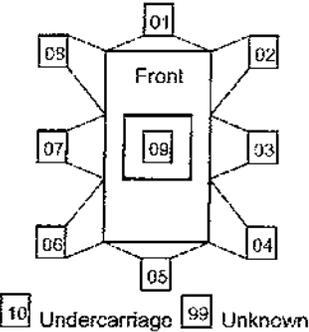
- 1 - North
- 2 - East
- 3 - South
- 4 - West
- 9 - Unknown



Vehicle Action

- 01 - Movement essentially straight
- 02 - Turning left
- 03 - Turning right
- 04 - Making U-turn
- 05 - Overtaking/passing
- 06 - Changing lanes
- 07 - Entering traffic lane (merging)
- 08 - Leaving traffic lane
- 09 - Backing
- 10 - Slowing/stopping
- 11 - Stopped for stop sign/signal
- 12 - Legally parked
- 13 - Illegally parked/Unattended
- 88 - Other (explain in narrative)
- 99 - Unknown

**Point of Initial Impact
Most Damaged Area**



Extent of Damage

- 1 - None
- 2 - Minor damage
- 3 - Functional damage
- 4 - Disabling damage
- 5 - Severe, vehicle totalled
- 9 - Unknown

Underride/Override

- 1 - None
- 2 - Underride, compartment intrusion
- 3 - Underride, no compartment intrusion
- 4 - Underride, compartment intrusion unknown
- 5 - Override, moving vehicle
- 6 - Override, parked/stationary vehicle
- 9 - Unknown

Traffic Controls

- 01 - No controls present
- 02 - Traffic signals
- 03 - Flashing traffic control signal
- 04 - Stop signs
- 05 - Yield signs
- 06 - No Passing Zone (marked)
- 07 - Warning sign
- 08 - School zone signs
- 09 - Railway crossing device
- 10 - Traffic director
- 11 - Work Zone signs
- 88 - Other control (explain in narrative)
- 99 - Unknown

Vehicle Configuration

- 01 - Passenger car
- 02 - Four-tire light truck (pick-up, panel)
- 03 - Van or mini-van
- 04 - Sport utility vehicle
- 05 - Single-unit truck (2-axle, 6-tire)
- 06 - Single-unit truck (> = 3 axles)
- 07 - Truck/trailer
- 08 - Tractor (bobtail)
- 09 - Tractor/semi-trailer
- 10 - Tractor/doubles
- 11 - Tractor/triples
- 12 - Other heavy truck (cannot classify)
- 13 - Motor home/recreational vehicle
- 14 - Motorcycle
- 15 - Moped/ All-Terrain Vehicle
- 16 - School bus (seats > 15)
- 17 - Small school bus (seats 9-15)
- 18 - Other bus (seats > 15)
- 19 - Other small bus (seats 9-15)
- 20 - Farm vehicle/equipment
- 21 - Maintenance/construction vehicle
- 22 - Train
- 88 - Other (explain in narrative)
- 99 - Unknown

Cargo Body Type

- 01 - Not applicable
- Truck Cargo Type:
- 02 - Van/enclosed box
 - 03 - Dump truck (grain, gravel)
 - 04 - Cargo tank
 - 05 - Flatbed
 - 06 - Concrete mixer
 - 07 - Auto transporter
 - 08 - Garbage/refuse
 - 09 - Other truck cargo type (explain in narrative)

Trailer Type:

- 10 - Small utility (one axle)
- 11 - Large utility (2+ axes)
- 12 - Boat
- 13 - Camper
- 14 - Large mobile home
- 15 - Oversize load
- 16 - Towed vehicle
- 17 - Pole
- 18 - Other trailer type (explain in narrative)
- 99 - Unknown

Vehicle Defect

- 01 - None
- 02 - Brakes
- 03 - Steering
- 04 - Blowout
- 05 - Other tire defect (explain in narrative)
- 06 - Wipers
- 07 - Trailer hitch
- 08 - Exhaust
- 09 - Headlights
- 10 - Tail lights
- 11 - Turn signal
- 12 - Suspension
- 88 - Other (explain in narrative)
- 99 - Unknown

Driver Condition

- 1 - Apparently normal
- 2 - Physical impairment
- 3 - Emotional (e.g. depressed, angry, disturbed)
- 4 - Illness
- 5 - Asleep, fainted, fatigued, etc.
- 6 - Under the influence of alcohol/drugs/medications
- 8 - Other (explain in narrative)
- 9 - Unknown

Vision Obscured

- 01 - Not obscured
- 02 - Trees/crops
- 03 - Buildings
- 04 - Embankment
- 05 - Sign/billboard
- 06 - Hillcrest
- 07 - Parked vehicles
- 08 - Moving vehicles
- 09 - Person/object in or on vehicle
- 10 - Blinded by sun or headlights
- 11 - Frosted windows/windshield
- 12 - Blowing snow
- 13 - Fog/smoke/dust
- 88 - Other (explain in narrative)
- 99 - Unknown

**Contributing Circumstances,
Driver (up to two)**

- 01 - Ran traffic signal
- 02 - Ran stop sign
- 03 - Exceeded authorized speed
- 04 - Driving too fast for conditions
- 05 - Made improper turn
- 06 - Travelling wrong way or on wrong side of road
- 07 - Crossed centerline
- 08 - Lost control
- 09 - Followed too close
- 10 - Swerved to avoid: vehicle, object, non-motorist, or animal in roadway
- 11 - Over correcting/over steering
- 12 - Operating vehicle in an erratic, reckless, careless, negligent, or aggressive manner

Failed to yield right-of-way:

- 13 - From stop sign
- 14 - From yield sign
- 15 - Making left turn
- 16 - Making right turn on red signal
- 17 - From driveway
- 18 - From parked position
- 19 - To pedestrian
- 20 - At uncontrolled intersection
- 21 - Other (explain in narrative)

Inattentive/distracted by:

- 22 - Passenger
- 23 - Use of phone or other device
- 24 - Fallen object
- 25 - Fatigued/asleep

Other (explain in narrative):

- 26 - Vision obstructed
- 27 - Other improper action
- 28 - No improper action

99 - Unknown

Emergency Vehicles

Emergency Vehicle Type

- 1 - Not applicable
- 2 - Police
- 3 - Fire
- 4 - Ambulance
- 5 - Towing
- 6 - Military
- 7 - Maintenance
- 9 - Unknown

Emergency Status

- 1 - Yes, in emergency
- 2 - No, not in emergency
- 3 - Not applicable
- 9 - Unknown

**Hazardous Materials Released?
(Cargo Only)**

- 1 - Yes
- 2 - No
- 3 - Not applicable
- 9 - Unknown



**INVESTIGATING OFFICER'S REPORT
OF MOTOR VEHICLE ACCIDENT
CODE SHEET**

Form 433014
01-01

Work Zone Related?

Location

- 1 - Before work zone warning sign
- 2 - Between advance warning sign and work area
- 3 - Within transition area for lane shift
- 4 - Within or adjacent to work activity
- 5 - Between end of work area and "End Work Zone" sign
- 8 - Other work zone area (explain in narrative)
- 9 - Unknown

Type

- 1 - Lane closure
- 2 - Lane shift/crossover/ head-to-head traffic
- 3 - Work on shoulder or median
- 4 - Intermittent or moving work
- 8 - Other type of work zone (explain in narrative)
- 9 - Unknown

Workers Present?

- 1 - Yes
- 2 - No
- 9 - Unknown

Accident Environment	Roadway Characteristics	Harmful Events	Injury/Protective Devices
Location of First Harmful Event 1 - On Roadway 2 - Shoulder 3 - Median 4 - Roadside 5 - Gore 6 - Outside trafficway 9 - Unknown	Contributing Circumstances, Environment 1 - None apparent 2 - Weather conditions 3 - Physical obstruction 4 - Pedestrian action 5 - Glare 6 - Animal in roadway 7 - Previous accident 8 - Other (explain in narrative) 9 - Unknown	Sequence of Events Most Harmful Event First Harmful Event <u>Pre-crash events:</u> 01 - Ran off road, right 02 - Ran off road, straight 03 - Ran off road, left 04 - Crossed centerline/median 05 - Animal or object in roadway 06 - Evasive action (swerve, panic braking, etc.) 07 - Downhill runaway 08 - Cargo/equipment loss or shift 09 - Equipment failure (tires, brakes, etc.) 10 - Separation of units <u>Non-collision events:</u> 11 - Overturn/rollover 12 - Jackknife 13 - Other non-collision (explain in narrative) <u>Collision with:</u> 20 - Non-motorist (see non-motorist type) 21 - Vehicle in traffic 22 - Vehicle in/from other roadway 23 - Parked motor vehicle 24 - Railway vehicle/train 25 - Animal 26 - Other non-fixed object (explain in narrative) <u>Collision with fixed object:</u> 30 - Bridge/bridge rail/overpass 31 - Underpass/structure support 32 - Culvert 33 - Ditch/embankment 34 - Curb/island/raised median 35 - Guardrail 36 - Concrete barrier (median or right side) 37 - Tree 38 - Poles (utility, light, etc.) 39 - Sign post 40 - Mailbox 41 - Impact attenuator 42 - Other fixed object (explain in narrative) <u>Misc. events:</u> 50 - Fire/explosion 51 - Immersion 52 - Hit and run 99 - Unknown	Injury Status 1 - Fatal 2 - Incapacitating 3 - Non-incapacitating 4 - Possible 5 - Uninjured 9 - Unknown
Manner of Crash/Collision 1 - Non-collision 2 - Head-on 3 - Rear-end 4 - Angle, oncoming left turn 5 - Broadside 6 - Sideswipe, same direction 7 - Sideswipe, opposite direction 9 - Unknown	Contributing Circumstances, Roadway 01 - None apparent 02 - Road surface condition 03 - Debris 04 - Ruts, holes, bumps 05 - Work Zone (construction, maintenance, utility) 06 - Worn, travel-polished surface 07 - Obstruction in roadway 08 - Traffic control device inoperative, missing, obscured 09 - Shoulders (none, low, soft, high) 10 - Non-highway work 11 - Non-contact vehicle 99 - Unknown		Occupant Protection 1 - None used 2 - Shoulder and lap belt used 3 - Lap belt only used 4 - Shoulder belt only used 5 - Child safety seat used 6 - Helmet used 8 - Other (explain in narrative) 9 - Unknown
Light Conditions 1 - Daylight 2 - Dusk 3 - Dawn 4 - Dark, roadway lighted 5 - Dark, roadway not lighted 6 - Dark, unknown roadway lighting 9 - Unknown	Type of Roadway Junction/Feature <u>Non-intersection:</u> 01 - No special feature 02 - Bridge/overpass/underpass 03 - Railroad crossing 04 - Business drive 05 - Farm/residential drive 06 - Alley intersection 07 - Crossover in median 08 - Other non-intersection (explain in narrative) <u>Intersection:</u> 11 - Four-way intersection 12 - T - intersection 13 - Y - intersection 14 - Five-leg or more 15 - Offset four-way intersection 16 - Intersection with ramp 17 - On-ramp merge area 18 - Off-ramp diverge area 19 - On-ramp 20 - Off-ramp 21 - With bike/pedestrian path 22 - Other intersection (explain in narrative) 99 - Unknown		Airbag Deployment 1 - Deployed front of person 2 - Deployed side of person 3 - Deployed both front/side 4 - Other deployment (explain in narrative) 5 - Not deployed 6 - Not applicable 9 - Unknown
Weather Conditions (up to two) 01 - Clear 02 - Partly cloudy 03 - Cloudy 04 - Fog, smoke 05 - Mist 06 - Rain 07 - Sleet, hail, freezing rain 08 - Snow 09 - Severe winds 10 - Blowing sand, soil, dirt, snow 88 - Other (explain in narrative) 99 - Unknown			Airbag Switch Status 1 - Switch in ON position 2 - Switch in OFF position 3 - No ON/OFF switch present 9 - Unknown
Surface Conditions 1 - Dry 2 - Wet 3 - Ice 4 - Snow 5 - Slush 6 - Sand, mud, dirt, oil, gravel 7 - Water (standing, moving) 8 - Other (explain in narrative) 9 - Unknown			Ejection 1 - Not ejected 2 - Partially ejected 3 - Totally ejected 4 - Not applicable (motorcycle, bicycle, etc.) 9 - Unknown
			Ejection Path 1 - Not ejected/not applicable 2 - Through front windshield 3 - Through side window/door 4 - Through roof 5 - Through back window/taillgate 9 - Unknown
			Trapped 1 - Not trapped 2 - Freed by non-mechanical means 3 - Extricated by mechanical means 9 - Unknown

Non-Motorist			
Type 1 - Pedestrian 2 - Pedalcyclist (bicycle, tricycle, unicycle, pedal car) 3 - Skater 8 - Other (explain in narrative) 9 - Unknown	Action 1 - Entering or crossing roadway 2 - Walking, running, jogging, playing, cycling 3 - Working 4 - Pushing vehicle 5 - Approaching or leaving vehicle 6 - Playing or working on vehicle 7 - Standing 8 - Other (explain in narrative) 9 - Unknown	Condition 1 - Apparently normal 2 - Physical impairment 3 - Emotional (e.g. depressed, angry, disturbed) 4 - Illness 5 - Asleep, fainted, fatigued, etc. 6 - Under the influence of alcohol/drugs/medications 8 - Other (explain in narrative) 9 - Unknown	Contributing Circumstances 01 - Improper crossing 02 - Daring 03 - Lying or sitting in roadway 04 - Failure to yield right of way 05 - Not visible (dark clothing) 06 - Inattentive (talking, eating, etc.) 07 - Failure to obey traffic signs, signals, or officer 08 - Wrong side of road 88 - Other (explain in narrative) 99 - Unknown
Location (prior to impact) 1 - Marked crosswalk at intersection 2 - At intersection, no crosswalk 3 - Non-intersection crosswalk 4 - Driveway access crosswalk 8 - Other non-intersection (explain in narrative) 9 - Unknown	Safety Equipment 1 - Helmet 2 - Reflective clothing 3 - Lighting	4 - None 8 - Other (explain in narrative) 9 - Unknown	

110718HCC2680 Exhibit 3

Task No: 110718HCC2680

Date: August 18, 2011

STATUS OF MISSING DOCUMENT(S)

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

County Medical Examiner's Reports

Date: 8/18/2011	Investigator No: 9044
------------------------	------------------------------

Regional Office: Western **Supervisor No: 8929**



110718HCC2680

Exhibit 4

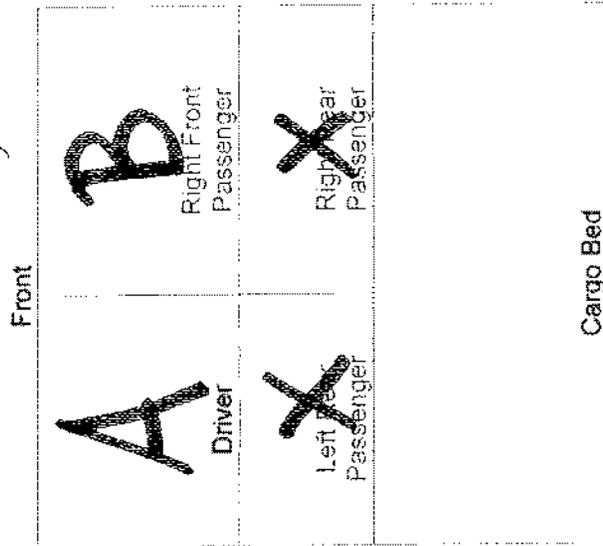
DESCRIPTION OF RESPONDENTS:

Lt. Neil Wellner, wellner@dps.state.ia.us
Iowa State Patrol, District 12, 22365 20th Ave., Stockton,
IA 52769, 563-284-9501, Fax 563-284-9504

Guy V. Sommers, D-ABMDI, Medical Examiner Supervisor,
Johnson County Medical Examiner Department, 913 South
Dubuque Stree, Iowa City, IA 52240-4273, (319) 339-6197,
Cell (319) 325-2636, Fax: (319) 339-6168,
gsommers@co.johnson.ia.us

Utility Vehicle Data Record Sheet

110718 HCC-2680, Exhibit 5



A: Age: 30 Height: UNKNOWN
 Gender: Male Weight: UNKNOWN
 Helmet (Y/N): N Seatbelt (Y/N): N
 Killed/Injured/Neither/Unknown: KILLED
 Injury Description: UNKNOWN
 Did vehicle land on victim: UNKNOWN
 Ejected (Either partially or fully): YES

B: Age: 30 Height: UNKNOWN
 Gender: Male Weight: UNKNOWN
 Helmet (Y/N): N Seatbelt (Y/N): N
 Killed/Injured/Neither/Unknown: KILLED
 Injury Description: UNKNOWN
 Did vehicle land on victim: UNKNOWN
 Ejected (Either partially or fully): YES

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

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

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

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

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

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

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

U.S. GOVERNMENT MEMORANDUM

U.S. CONSUMER PRODUCT
SAFETY COMMISSION

4330 EAST WEST HIGHWAY
BETHESDA, MD 20814

DATE: August 22, 2011

TO: Robin Ross, Supervisory Investigator
FROM: Bridgette D. Cottral, Investigator
SUBJECT: Addendum to 110718HCC2680

I have additional information to add to this investigation. This includes information provided by the County Medical Examiner in this investigation. It is attached as exhibit 6.

Please attach this information to the original IDI. This investigation is complete.

TIME:
1 hour

PRELIMINARY REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT:

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

ADDRESS:

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

(Date of Receipt)

(DOD Code)

(COD Code)

11-52-278

(residence)

(Number & Street or Route, Box No.)

(City, State)

(County)

(County Assigned Case #)

INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY

AGE (If less than 2 yrs. give months & days)
 Age: 30
 (b)(3):CPSA Secti

SEX
 Male
 Female
 Undetermined

CLOTHING
 Clothed*
 Partly Clothed*
 Unclothed

BODY TEMPERATURE
 if taken: site: _____
 Warm Cool Cold

BLOOD
 Nose Mouth
 Ears Clothing
 None

OCCUPATION
 (Please fill in both parts)
TYPE OF WORK:
 Farmer
 (Example: machinist, typist, fireman, farmer, salesman, homemaker)

MARITAL STATUS
 Married
 Never Married
 Widowed
 Divorced
 Separated
 Unknown

HEAD-HAIR
 None
 Partly Bald
 Blonde
 Brown
 Red
 Black
 Gray
 White

EYES-Color: Blue
 R 4 mm/L 4 mm

WEIGHT: 264 lbs.
LENGTH: 69 inches

RIGOR
 Neck: 0 1 2 3
 Arms: 0 1 2 3
 Legs: 0 1 2 3
 *0" = absent, *3" = full

LIVOR
 Color: Lt. Purple
 Fixed? Yes No
 Anterior
 Posterior
 Lateral (R / L)

MISCELLANEOUS

 Circumcised

FROTH
 Present Absent
 Color: _____

OTHER
 (Dirt, water etc.)
 Nose
 Mouth
 Ears
 None

DECOMPOSITION
 Early
 Advanced
 None

INDUSTRY:
 Agriculture
 (Example: textile, banking, fire dept., farming, insurance, home)

No Occupational Information

HISTORY OF DOMESTIC VIOLENCE
 Yes
 No
 Unknown

INFORMATION ABOUT OCCURRENCE

ITEM	DATE	TIME [military]	LOCATION	COUNTY	TYPE OF PREMISES (Home, farm, highway, hospital, etc.)
INJURY OR ONSET OF ILLNESS	06/20/11	2135	(b)(6)	Cedar	ON THE JOB? <input type="checkbox"/> YES County <input checked="" type="checkbox"/> NO gravel road
LAST SEEN ALIVE	06/30/11	1027	(By whom: Name and Address) Jonathan Simmons, DO, UIHC, Iowa City, IA	Johnson	Hospital
DEATH (PRONOUNCED)	06/30/11	1028	(By whom: Name and Address) Jonathan Simmons, DO, UIHC, Iowa City, IA	Johnson	Hospital
FOUND DEAD BY	06/30/11	1028	(By whom: Name and Address) Jonathan Simmons, DO, UIHC, Iowa City, IA	Johnson	Hospital
POLICE NOTIFIED	06/30/11	1230	POLICE AGENCY: Iowa State Patrol	OFFICER: Lt. Neil Wellner, #441	
M.E. NOTIFIED	06/30/11	1017	(By whom: Name and Address) Annalee Hedrick, DCS, DCC, UIHC, Iowa City, IA		
VIEW OF BODY	06/30/11	1330	DCC, UIHC, Iowa City, IA		<input type="checkbox"/> NOT VIEWED
TO HOSPITAL	06/20/11	2256	UIHC by Lifeguard		
WITNESSES	(Name and Address) (b)(6)			BLOOD SAMPLE DRAWN: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Why Not? <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Vitreous No Autopsy	

MANNER OF DEATH

NATURAL HOMICIDE ACCIDENT SUICIDE UNDETERMINED PENDING

M.E. AUTOPSY AUTHORIZED
 Yes No

PROBABLE CAUSE OF DEATH:

- Blunt force injuries of the head
- Due to:
- Due to:
- Due to:

Contributing factor:

I hereby certify that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the case of death in accordance with Chapter 331 of the General Statutes of Iowa—1983, and the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

Guy V. Sommers, BS, D-ABMDI

Guy V. Sommers 1 7/7/11
 Signature of Medical Examiner Investigator / Date signed

Dennis Firchau, MD

Dennis Firchau 1 7/12/2011
 Signature of Medical Examiner / Date signed

State Case #, if applicable
 SME _____

I.S.M.E. review:	ME Consulted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date: 06/30/11 Time: 1150 ME Name: Dennis Firchau, MD	County of appointment: JOHNSON Iowa Donor Network Notified (1-800-831-4131) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, why not? Hospital death Date: Time: IDN Name:
------------------	---	---

MEANS C		EATH (Agency or Object) - IF OTHER TH		NATURAL	
IF MOTOR VEHICLE INVOLVED	<input checked="" type="checkbox"/> Driver [if known] <input type="checkbox"/> Passenger [if known] <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other	<input type="checkbox"/> Lap Belt Used <input type="checkbox"/> Shoulder Belt Used <input type="checkbox"/> Crash Helmet Worn <input type="checkbox"/> Child Restraint	<input type="checkbox"/> Hit-Run <input type="checkbox"/> Non-Highway <small>Gravel Road</small> <input type="checkbox"/> Air Bag Deployed	<input type="checkbox"/> Passenger Car <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Motorbike	<input type="checkbox"/> Farm Vehicle <input checked="" type="checkbox"/> Other: ATV Polaris Ranger 800
IF GUN	<input type="checkbox"/> Rifle - Cal. _____ <input type="checkbox"/> Handgun - Cal. _____ <input type="checkbox"/> Shotgun - Cal. _____ <input type="checkbox"/> Unknown Type	<input type="checkbox"/> Stippling <input type="checkbox"/> Smudging <input type="checkbox"/> Abrasion Collar <input type="checkbox"/> Round	<input type="checkbox"/> Oblong <input type="checkbox"/> Stellate <input type="checkbox"/> Surg. Treated <input type="checkbox"/> Other	<input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen	<input type="checkbox"/> Buttocks <input type="checkbox"/> Thighs <input type="checkbox"/> Lower Legs <input type="checkbox"/> Feet
IF INSTRUMENT: <input type="checkbox"/> Blunt / <input type="checkbox"/> Sharp	WHAT KIND:		TYPE & LOCATION OF INJURIES:		
IF DRUG, POISON, CHEMICAL (Suspected)	<input type="checkbox"/> Alcohol <input type="checkbox"/> Other Drug, Poison, or Chemical: <input type="checkbox"/> Unknown	REMARKS/SYMPTOMS:		<input type="checkbox"/> Ingested <input type="checkbox"/> Injected <input type="checkbox"/> Inhaled <input type="checkbox"/> Topical <input type="checkbox"/> Unknown	<input type="checkbox"/> Upper Arms <input type="checkbox"/> Lower Arms <input type="checkbox"/> Hands <input type="checkbox"/> Other

110718HCC2680
Exhibit 6, 2 of 2

MEDICAL HISTORY		
CONDITION: <input type="checkbox"/> Alcoholism <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Lung Disease	<input type="checkbox"/> Fractures <input type="checkbox"/> Heart Disease <input type="checkbox"/> Seizure: <input type="checkbox"/> Other (specify): None	FAMILY PHYSICIAN - DOCTOR: Clarence Family Practice ADDRESS: Clarence, IA PHONE #: 563-452-3211 MEDS: None
EMERGENCY MEDICAL HISTORY - DOCTOR: Michael Takacs, MD WHERE TREATED: UIHC, Iowa City, IA MEDICATIONS: None		

NEXT OF KIN - Address and Phone #:	(b)(6)
FUNERAL HOME - Address and Phone #	Chapman Funeral Home, 311 5 th Avenue, Clarence, IA 52216 563-452-3259

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH (Add sheet if needed):

	<p>On June 30, 2011, a text page was received from Annalee Hedrick, DCS, at UIHC, saying that there had been a death of a 30-year-old who had been in an ATV crash.</p> <p>Guy V. Sommers, Supervisor, is met by (b)(6) who introduces Sommers to (b)(6) wife of the decedent. (b)(6) tells Sommers that the decedent had been with a friend visiting other friends. (b)(6) said the decedent had been drinking and medical records were positive for alcohol in the blood. While travelling down a country gravel road, decedent failed to negotiate a "Y" intersection and was thrown from the ATV. The ATV was a Polaris 800 Ranger XP. The ATV did have seat belts but the decedent was not wearing one and was thrown. The friend with the decedent called (b)(6) and told her the decedent was not breathing. (b)(6) went to the crash site. Upon arrival at the crash site, (b)(6) found a passerby doing CPR. (b)(6) took over CPR until EMS arrived. Clarence Ambulance transported to Clarence where the decedent was transferred to Lifeguard helicopter and flown to UIHC.</p> <p>At UIHC, decedent was found to have a basilar skull fracture with bleeding. The decedent was in SICU until support was withdrawn at the family's request on 6/30/11.</p> <p>Sommers spoke with Lt. Neil Wellner #441 of the Iowa State Patrol. He told Sommers the decedent was driving and the ATV rolled onto the passenger side throwing the decedent who hit his head upon landing. Wellner knew the decedent had been drinking after interviewing.</p> <p>No autopsy ordered and decedent to be released to funeral home.</p>	
--	--	--

IDENTIFICATION OF BODY		
<input type="checkbox"/> Preliminary <input checked="" type="checkbox"/> Positive	Method: Viewed	
If by viewing, viewed by:	(b)(6)	
Address:	(b)(6)	
Relationship:	Wife	Telephone #: (b)(6)

Jurisdiction Declined

Date: Saturday, July 2, 2011
Frequency: DAILY
Circulation: 155420
Clip Size: 4.94 sq. inches
Ad Rate: \$224.4
Page/Section: B 12



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■ CLARENCE

Man dies 10 days after ATV accident

An eastern Iowa man has died 10 days after he was seriously hurt in an all-terrain vehicle accident.

(b)(3)(CP) 30, of Clarence died Thursday at University Hospitals in Iowa City.

(b)(3) and his passenger were thrown on June 20 after **(b)(3)** lost control of the vehicle. The passenger, **(b)(6)** of Clarence, wasn't seriously injured.

(b)(3) is the third person to die in an ATV crash near Clarence in three months.

1. Task Number 110719HCC1780		2. Investigator's ID 8925		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2011 06 21	5. Date Initiated YR MO DAY 2011 07 22		
6. Synopsis of Accident or Complaint UPC none The victim, a 15-year-old male, was lying in a driveway of a parking lot, watching a storm and lightning when he was struck by a 4 wheel utility vehicle. He was fatally injured. His cause of death was blunt force head trauma. <u>MFR/PRV/LBR NOTIFIED</u> COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED: <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA Exs. <u>B6 .25c</u> 4/4/12 LB <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY				
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City MATTHEWS		9. State NC
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name POLARIS/UNKNOWN		10C. Model Number UNKNOWN
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC./VIN: 4XATH50A47A932149 1225 Highway 169 North Minneapolis, MN 55441				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12A. Hispanic or Latino 2 - No	12B. Race 1 - White Other:		12C. Race Source 3 - Official Document	
13. Age of Victim 15	14. Sex 1 - Male	15. Disposition 8 - Death	16. Injury Diagnosis 62 - Intern. Org. Inj.	
17. Body Part(s) Involved 75 - HEAD	18. Respondent 3 - 2nd Hand Info Only	19. Type of Investigation 2 - Telephone	20. Time Spent (Operational / Travel) 7 / 0	
21. Attachment(s) 9 - Multiple Attachments		22. Case Source 05 - Newspaper		23. Sample Collection Number
24. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written				
25. Review Date 10/25/2011	26. Reviewed By 8978		27. Regional Office Director Dennis R. Blasius	
28. Distribution Moon, Clarice; Cash, Helen; Garland, Sarah			29. Source Document Number X1170209A	

The information in this report was based on information received by the police and medical examiner's office. Contact with the victim's next-of-kin was not successful.

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

On Tuesday, June 21, 2011, in Mecklenburg County, Matthews, NC, the victim, a 15-year-old male was lying in a driveway of a parking lot, watching a storm and lightning when he was struck by a utility vehicle. He was fatally injured.

The driver of the utility vehicle turned off the main road and traveled in the driveway where he thought he struck a speed

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

and run over the

victim

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

The victim was 69 inches tall and he weighed 198 pounds. He was taken to a hospital where he was pronounced. No autopsy was performed on him. His cause of death was blunt force head trauma.

Product: 4-wheeled utility vehicle

Manufacturer: Polaris

Brand/Model: unknown

VIN: 4XATH50A47A932149

Description: unknown

Condition: unknown

ATTACHMENTS:

1. Incident/Investigation Report.
2. Missing Document, photo
3. Medical Examiner's Report.
4. Utility Data Record Sheet.
5. Contact Information.

INCIDENT/INVESTIGATION REPORT

20110621015

INCIDENT DATA

Agency Name
MATTHEWS POLICE DEPARTMENT
 ORI
NC0600700

Date / Time Reported S M W T F S
 Month Day Yr Time
 06 21 2011 22:38 hrs
 Last Known Secure S M W T F S
 Month Day Yr Time
 06 21 2011 22:38 hrs

#1	Crime / Incident(s) 0120 - DEATH BY VEHICLE 0120	<input type="checkbox"/> Attempt <input checked="" type="checkbox"/> Complete	At Found Month Day Yr Time 06 21 2011 22:38 hrs	<input checked="" type="radio"/> S <input type="radio"/> M <input checked="" type="radio"/> W <input type="radio"/> T <input type="radio"/> F <input type="radio"/> S	Last Known Secure Month Day Yr Time 06 21 2011 22:38 hrs
#2	Crime Incident 9910 - *** CONFIDENTIAL ***	<input type="checkbox"/> Attempt <input checked="" type="checkbox"/> Complete	Location of Incident (b)(3):CPSA Section 25(c),(b)(6)		Offense Tract R021
#3	Crime Incident 9910 - ACCIDENT REPORT	<input type="checkbox"/> Attempt <input checked="" type="checkbox"/> Complete	Premise Type S1 - Parking Lot/Area	Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family	

MO

How Attacked or Committed
MO: By pedestrian being struck by a vehicle.

Forceful Yes No N/A
 Weapon / Tools
97 - Not Applicable/None

VICTIM

of Victims: 1
 Type: Person Business
 Society Government Financial Institute
 Religious L.E. Officer Line of Duty Other/Unk

Injury: None Minor Loss of Teeth
 Broken Bones Severe Lacerations
 Intmb: Unconscious Other Major

Drug/Alcohol Use:
 Yes Unknown No N/A

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

Victim of Crime # DOB / Age: 15 Race: W Sex: M Relationship To Offender: OK Resident Status: Resident Non-Resident Unknown

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

Employer Name/Address:
METROLINA CHRISTIAN ACADEMY

VYR: Make: Model: Style: Color: License: Vin:

OTHERS INVOLVED

CODES: V = Victim (Denote V1, V2) O = Owner (Denote O1, O2) B = Reporting Person or other man victim

Type: Person Business Society Government Financial Institute Religious L.E. Officer Line of Duty Other/Unknown

Code Name (Last, First, Middle): Victim of Crime # DOB / Age Race Sex

Home Address: Home Phone:

Employer Name/Address: Business Phone:

Type: Person Business Society Government Financial Institute Religious L.E. Officer Line of Duty Other/Unknown

Code Name (Last, First, Middle): Victim of Crime # DOB / Age Race Sex

Home Address: Home Phone:

Employer Name/Address: Business Phone:

PROPERTY

Status Codes: L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found
 (Check "OL" column if recovered for other jurisdiction)

Victim #	DCI	Status	Value	OL	CITY	Property Description	Make/Model	Serial Number

Number of Vehicles Stolen: _____ Number of Vehicles Recovered: _____

ID

Officer Name: **WELDON, CHRISTOPHER MATTHEW** ID: **MP0214**
 Officer Signature: _____ Supervisor Signature: _____

STATUS

Complainant Signature: _____

Case Status:
 Further Investigation Inactive Closed/Cleared Criminal/Leads Exhausted

Case Disposition:
 Unfounded Cleared by Arrest Cleared by Arrest by Another Agency Death of Offender
 Juvenile/No Custody Refuse to Cooperate Located Prosecution Declined

Page 1 of 1

B L A N K P A G E

INCIDENT/INVESTIGATION REPORT

20110621015

INCIDENT DATA	Agency Name MALDEN POLICE DEPARTMENT		Date Time Reported 10/19/11 10:30	
	NOBORN/AGE		Date Time Reported 10/19/11 10:30	
	#1 CIVIL DEATH BY VEHICLE 1120		Date Time Reported 10/19/11 10:30	
MO	How Reported or Submitted MO: By pedestrian being struck by a vehicle.		Forceful <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
			Arrested 07 - Not Applicable/None	
VICTIM	Victim Type <input checked="" type="checkbox"/> Person <input type="checkbox"/> Business		Injury <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth	
	Victim Name (Last, First, Middle) V1		Victim of Crime # 1	
	Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown		Resident Address	
OTHERS INVOLVED	Type <input type="checkbox"/> Person <input type="checkbox"/> Business		Injury <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth	
	Name (Last, First, Middle)		Victim of Crime #	
	Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown		Resident Address	
PROPERTY	Type <input type="checkbox"/> Person <input type="checkbox"/> Business		Injury <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth	
	Name (Last, First, Middle)		Victim of Crime #	
	Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown		Resident Address	
STATUS	Officer Name WILSON CHRISTOPHER MA 11007		Supervisor Signature	
	Case Status <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Pending		Case Disposition <input type="checkbox"/> Unfounded <input type="checkbox"/> Juvenile/No Custody <input type="checkbox"/> Extrajurisdiction Declined	

B L A N K P A G E

DMV-349 (Rev. 0/99)

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES, THE DATA FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Attachment 1 - 110719HCC1780

Page 1 of 6

Do not write in these spaces

2

1 No. of Units Involved Form 2 of 2 Supplemental Report Non-Reportable

2 Date 06/21/2011 County Mockienburg Time 2238 Local Use/Patrol Area 20110621-015

4 33 Relation to Roadway Surface 1 Crash occurred In Matthews Municipality Near Miss N S E W outside municipality

3 on (b)(3):CPSA Section 25(c) (R/R Crossing # _____) miles 50 ft. N S E W

2 at or from (b)(6) Ramp or Service Road (If available) _____

Use Hwy. Number, Street Name or Adjacent Co. or State Line N S E W Use Hwy. Number, Street Name or Adjacent Co. or State Line _____

4 3 UNIT # 1 VEHICLE PEDESTRIAN HIT & RUN OTHER _____

5 Driver (b)(6) First/Initial/Last _____

Address (b)(6)

City (b)(6)

Same Address on Driver's License? Yes No Driver's Phone No. H | (b)(6) W | _____

6 D.L. # (b)(6)

4 3 UNIT # 2 VEHICLE PEDESTRIAN HIT & RUN OTHER _____

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

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

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

Same Address on Driver's License? Yes No Driver's Phone No. H | (b)(3):CPSA S W | _____

6 D.L. # (b)(3):CPSA Section 25(c),(b)(6)

3 4 5 6 7 8 CDL License (b)(6) 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restrictions 0

37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (if known) 0 40 Vehicle Seizure (DVI)

3 4 5 6 7 8 CDL License (b)(3):C 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restrictions 0

37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (if known) 0 40 Vehicle Seizure (DVI)

4 5 6 7 8 9 10 Owner Same as Driver?

Address Same Address as Driver?

City _____ State _____ Zip _____

Plate # NO TAG Plate State N/A Year N/A

Vehicle Make POLARIS Vehicle Year 2007 41 Vehicle Style (Type) 27 42 Vehicle Yes No

43 TAD NO DAMAGE 44 Estimated Damage N/A

Insurance Company NO INSURANCE Policy # N/A

4 5 6 7 8 9 10 Owner Same as Driver?

Address NO VEHICLE

City _____ State _____ Zip _____

Plate # _____ Plate State _____ Year _____

Vehicle Make _____ Vehicle Year _____ 41 Vehicle Style (Type) _____ 42 Vehicle Yes No

43 TAD _____ 44 Estimated Damage _____

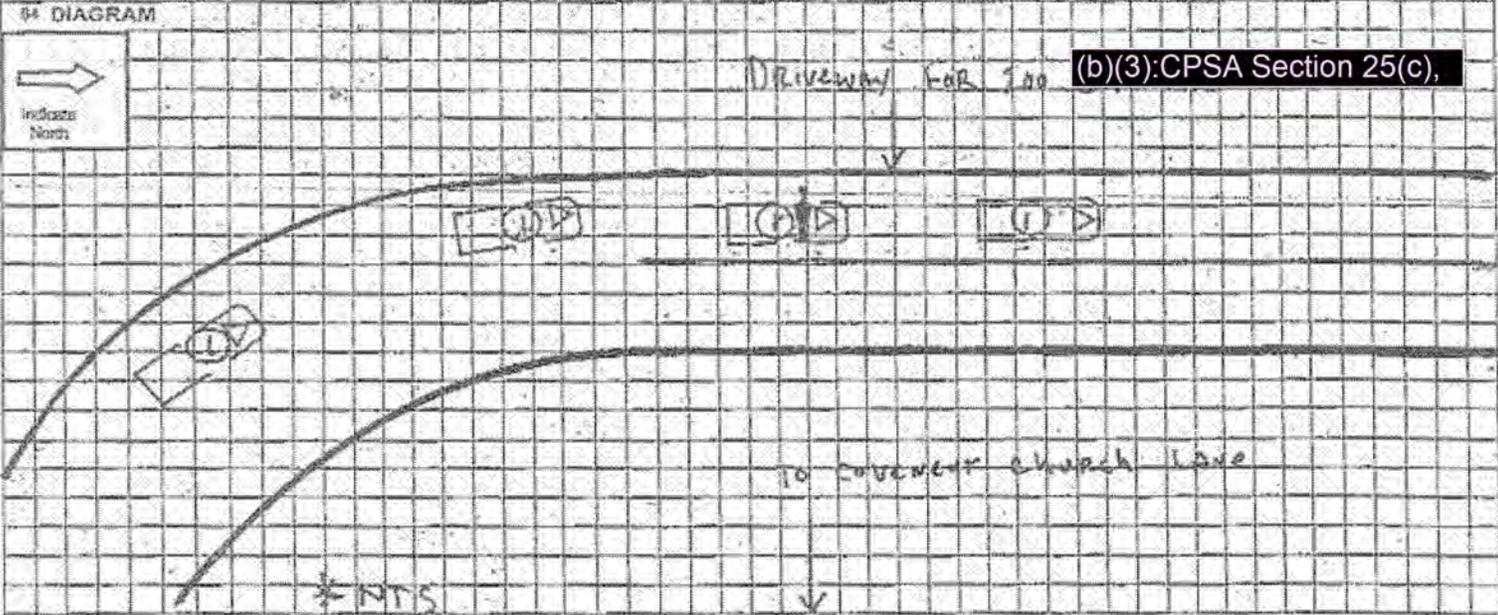
Insurance Company _____ Policy # _____

	21	22	23	24	25	26	27	28	29	30	31	32	Notes and Subtotals for All Persons (Unit 1 Unit 2 Dry, Wet, etc. - See Above) Use check boxes if address same as Unit 1
A	1	1	1		W	M	0	0	0	2	1	5	Unit # <u>1</u> Towed To/By: <u>WILLIAM'S WRECKER</u>
B	2	3	-		W	M	10	-	-	2	1	1	Unit # _____ Towed To/By: _____
C													
D													
E													
F													
G													
H													

46 Name of EMS B-MEDIC 18 48 Name of EMS N/A

47 Injured Taken by EMS to B-CMC MAIN (Treatment Facility and City or Town) 47 Injured Taken by EMS to N/A (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes)	Unit #	Unit #	VEHICLE INFO.		ROADWAY INFO.		
			Veh # 1	Veh # 2			
	1	1,2,3	60 Authorized Speed Limit	15	--	69 Road Feature	4
	2	SEE NARR	61 Estimate of Original Traveling Speed	15	--	70 Road Character	1
			62 Estimate of Speed at Impact	15	--	71 Road Classification	5
49 Vehicle Manoeuvre/Action			63 Tire Impressions Before Impact (ft.)	0	--	72 Road Surface Type	3
50 Non-Motorist Action			64 Distance Traveled After Impact (ft.)	27	--	73 Road Configuration	2
51 Non-Motorist Location Prior to Impact			65 Emergency Vehicle Use	--	--	74 Access Control	1
52 Crash Sequence - 1st Event for Unit	14	14	66 Post Crash Fire (if "Yes" check block)	<input type="checkbox"/>	<input type="checkbox"/>	75 Number of Lanes	2
53 Crash Sequence - Second Event	--	--	67 School Bus - Contact Vehicle *	<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	0
54 Crash Sequence - Third Event	--	--	68 School Bus - Noncontact Vehicle *	<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Dept	--
55 Crash Sequence - Fourth Event	--	--					
56 Most Harmful Event for This Unit	14	14					
57 Distance/Direction to Object Struck	0	--					
58 Vehicle Undercar/Override	2	--					
59 Vehicle Defects	7	--					



85 NARRATIVE (Include pertinent and unusual aspects, which are not found elsewhere on the form)

Veh # 1 was Traveling Parked Facing N S E W on 200 COVENANT CH LN Veh # 2 was Traveling Parked Facing N S E W on _____

DRIVER 1 STATED HE WAS PULLING INTO THE DRIVEWAY AT (b)(3) WHEN HE SAID HE FELT LIKE HE HIT A SPEED BUMP. HE WAS DRIVING AN ATV. HE TURNED AROUND AND REALIZED THAT HE HAD RUN OVER A PEDESTRIAN. AFTER AN INVESTIGATION, IT APPEARS THAT (b)(3) CP WAS LYING IN THE ROADWAY (LEFT LANE). DRIVER 1 TURN FROM THE ROADWAY ON TO THE DRIVEWAY AT (b)(3) CPSA Section 2 AND RAN OVER MR. (b)(3) CPSA S WAS LYING IN THE ROADWAY WHEN HE WAS STRUCK BY DRIVER 1. DRIVER 1 STATED HE DID NOT SEE (b)(3) IN THE ROADWAY. DRIVER 1 WAS INATTENTIVE.

86 ADDITIONAL PROPERTY DAMAGE _____ State _____

Type/Owner _____ Owner's Address _____ Phone _____ Property? Estimated Damage \$ _____

WITNESSES _____

Name _____ Address _____ Phone No. (_____) _____

Name _____ Address _____ Phone No. (_____) _____

TRAFFIC VIOLATION(S) _____

Name _____ Charge(s) _____

Name _____ Citation # optional _____ Charge(s) _____

Officer Name: C. M. WELDON Officer Number: MP-214 Department: _____ Date of Report: 03/21/2011

Task Number: 110719HCC1780

Date: 10/19/11

Status of Missing Document(s)

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

1. photo, utility vehicle
2. _____
3. _____
4. _____

Date: 10/19/11 Investigator No. 8925

Regional Office: CFIE Supervisor No. 8978



12011-03593

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
 OFFICE OF THE CHIEF MEDICAL EXAMINER
 Chapel Hill, North Carolina 27599-7580

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

OCME USE ONLY
 File 3804
 Case number
 7/29/11
 Date received
 Res NR

DECEDENT: (b)(3):CPSA Section 25(c),(b)(6)
 First Middle Last Suffix
 RESIDENCE: (b)(3):CPSA Section 25(c),(b)(6)
 Number and Street City, State County
 AGE: 15 SEX: Male Female Unknown
 RACE: Black Native American Oriental White Unknown
 HISPANIC ORIGIN: Yes No Unknown

INFORMATION ABOUT OCCURRENCE

	DATE	TIME	ADDRESS OR FACILITY	COUNTY
ONSET OF INJURY OR ILLNESS	6/21/11	2238	(b)(3):CPSA Section 25(c),(b)(6)	
DEATH	6/21/11	2310	Carolinas Medical Ctr.-Main	" "
VIEW OF BODY	6/22/11	0930	<input type="checkbox"/> Scene of death <input type="checkbox"/> Hospital <input type="checkbox"/> Funeral home <input checked="" type="checkbox"/> Other ME OFFICE <input type="checkbox"/> Not viewed	
M.E. NOTIFIED	6/22/11	0140	LAW ENFORCEMENT AGENCY: OFFICER: TELEPHONE:	
LAST KNOWN TO BE ALIVE	6/21/11	prior to 2310	Death occurred while in custody: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

AUTOPSY: None M.E. Authorized Non-M.E. Autopsy facility: _____
 BLOOD SAMPLE: Mailed Obtained by pathologist Reason not obtained: _____
 IF CLINICAL ALCOHOL DONE, RESULT: _____ By whom: _____

PROBABLE CAUSE OF DEATH: Pending

- Blunt Force Head TRAUMA
DUE TO
- Run over by motor vehicle (ATV)
DUE TO
- Laying in roadway
DUE TO
- _____

OCME REVIEW	SDC
1. _____ DUE TO	<input type="checkbox"/> None
2. _____ DUE TO	<input type="checkbox"/> AL
3. _____ DUE TO	<input type="checkbox"/> Dictated
4. _____ DUE TO	<input type="checkbox"/> COG
CONTRIBUTING CONDITIONS	
<input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined	
Reviewer: IDO	Date: 7/22/11
Information in this block supersedes that contained in space at left.	

CONTRIBUTING CONDITIONS
 MANNER OF DEATH:
 Natural Accident Homicide Suicide Pending

I hereby certify that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with Article 16 of Chapter 130A of the N.C. General Statutes and the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

Signature of Medical Examiner

Date

Mecklenburg

M.E. Number

MEDICAL HISTORY

Alcoholism Diabetes IV drug abuse Ischemic heart disease Smoking
 Seizure disorder Cancer Hypertension Depression HIV/AIDS
 Other _____ Attending Physician _____ City _____

MEANS OF DEATH

VEHICLE: Type of vehicle associated with this decedent:
 Passenger car Pickup truck Truck—more than 2 axles Motorcycle
 Bicycle Farm vehicle ATV Moped Other _____
 Position: Driver Passenger Pedestrian Unknown
 Devices: Seat restraints Air bag Helmet Child restraint None Unknown
 Number of vehicles involved 1
 GUN: Rifle—Caliber _____ Handgun—Caliber _____ Shotgun—Gauge _____
 Other _____ Unknown
 INSTRUMENT: Blunt Sharp Description: _____
 TOXIC AGENT(S) SUSPECTED: Alcohol Others _____
 DROWNING: Pond Lake or river Ocean Pool Bathtub Other _____
 Life preserver: Yes No Unknown Able to swim: Yes No Unknown
 Activity _____
 FIRE: Suspected cause _____ Smoke detector: Yes No Unknown
 FALL: From _____ to _____ Approximate distance _____ feet

ACTIVITY OF DECEDENT AND PREMISES

FATAL INJURY Activity lying in roadway/driveway of church
 OR ILLNESS: Type of place road/driveway Specific location road/driveway

Fatal injury or illness occurred on a job: Yes No Unknown
 If yes, was employment: Primary job Secondary Volunteer work Unknown
 Name of this employing firm or agency _____
 Type of business or industry _____ Decedent's occupation _____

DEATH: Type of place hospital Specific location ER

Examples:

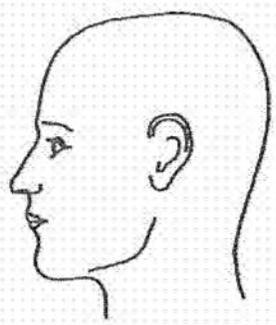
Activity: Running, lifting hay bales, eating, typing letter, driving commercial truck, sleeping, bathing, watching television, fighting, etc.
 Type of place: House, apartment, trailer, school, jail, bar or tavern, hotel, restaurant, store, street, hospital, farm, highway, factory, etc.
 Specific location: Bathroom, assembly line, kitchen, front yard, office, parking lot, emergency room, roadside, ambulance, car, etc.
 On a job: Any activity that is income generating regardless of age of decedent including farming or part time work; also include non-income generating volunteer or charity work.

DESCRIPTION OF BODY

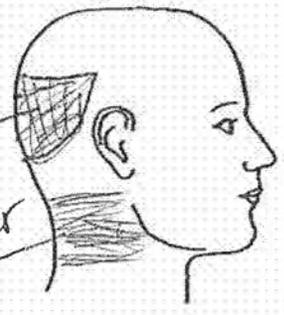
CONDITION: Intact Decomposition Skeletonized
 Embalmed Charred Prolonged immersion Exhumed
 RIGOR: None 1+ 2+ 3+ LIVOR: None Anterior Posterior Lateral
 HEIGHT: 69 inches Estimate WEIGHT: 198 pounds Estimate
 BODY TEMPERATURE: Warm Cool Cold HAIR: Color Brown Beard Mustache
 EYES: Color HAZEL Abnormalities _____
 TEETH: Upper Natural Dentures Abnormalities _____
 Lower Natural Dentures Abnormalities _____

CLOTHING: _____ Not clothed
 VALUABLES: _____ No valuables

BODY DIAGRAMS



large degloving
Avulsion injury
with skull
fractures &
exposed brain matter
BRUISING



large degloving
Avulsion with
skull fracture

Bind eye on
head

ET tube

BRUISING

Abrasion

EKG
lead

Abrasion

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

Date: 6/22/11
 Time: 0930
 Place: MCMEO
 By: TDO/LF
 Blood:
 Photograph:

Abrasions

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

Intraosseous line

Indicate nature and location of wounds and other lesions (scars, tattoos, medical therapy, etc.) on these diagrams.

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH

PURPOSE: To document the findings of a medical examiner investigation. When completed, this form constitutes a report to the Chief Medical Examiner as required by G.S. 130A-345(a).

PREPARATION: The investigating medical examiner completes all appropriate information, and signs the certification statement on the front of the form.

DISTRIBUTION: Mail original copy to the Office of the Chief Medical Examiner, Chapel Hill, NC 27599-7580.

DISPOSITION: This form is maintained by the Chief Medical Examiner in accordance with the current records disposition schedule published by the N.C. Division of Archives and History.

COPIES: Additional copies may be ordered from the Office of the Chief Medical Examiner, Chapel Hill, NC 27599-7580.

Mecklenburg County
Office of the Medical Examiner

618 North College Street
Charlotte, NC 28202
Telephone (704) 336-2005
Toll Free Number 1-866-768-9838

**NARRATIVE SUMMARY OF CIRCUMSTANCES
SURROUNDING DEATH**

Attachment to Report of Investigation by Medical Examiner (Form DEHNR 1114)

ME CASE NUMBER: B2011-1807

FOLDER NUMBER: F2011-3804

**DECEDENT: (b)(3):CPSA
Section 25(**

This was a 15-year-old adolescent male who was apparently at a mission camp at a church in Matthews when on the late evening of 6/21/2011 he was run over by an ATV. Apparently he was laying in the driveway of (b)(6) watching the storm and lightning when the driver of an ATV turned off the main road and onto the driveway and did not see him. The ATV driver thought he had hit a speed bump and then realized that he had run over the decedent who was laying in the driveway. (b)(3):CP suffered significant blunt force head trauma and was carried into the local emergency room where he was pronounced deceased.

100

Utility Vehicle Data Record Sheet

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

The Utility Vehicle

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

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

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

A:	Age: 42	Height: unknown
	Gender: M	Weight: unknown
	Helmet (Y/N): unk	Seatbelt (Y/N): unk
	Killed/Injured/Neither/Unknown: N	
	Injury Description: none	
	Did vehicle land on victim: n/a	
	Ejected (Either partially or fully): n/a	

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

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

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

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

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

CONTACT INFORMATION:

Contacted on 7/22/11

Matthews Police
1201 Crews Road
Matthews, NC 28105
(704)845-1973

Contacted on 7/26/11

Medical Examiner
Campus Box 7580
Chapel Hill, NC 27599
(919)966-2253

Teen struck and killed by ATV in church parking lot

Recommend Sign Up to see what your friends recommend.

Posted: Jun 22, 2011 6:05 AM EDT
Updated: Jun 22, 2011 12:56 PM EDT

By Derrick Rose, Reporter - bio | email
By Jeff Rivenbark, Web Content Producer - email

MATTHEWS, NC (WBTV) - A teen died after he was struck by an All Terrain Vehicle (ATV) at a church in Matthews Tuesday night.

The accident occurred around 10:30 p.m. at (b)(6) located on (b)(6).

Prior to the deadly accident, there was a thunderstorm in the area. Matthews police believe the teen victim was lying down on the ground and watching the lightning.

According to the church's senior pastor, Dr. Michael Ross, the 15-year-old teen male was struck by an ATV driving across the campus.

Police said the vehicle which struck the teen is used to haul items and is similar to a Polaris or Gator 4-wheel vehicle.

The teen, who is a member of the church, was rushed to Carolinas Medical Center in Charlotte where he died about an hour later.

As of Wednesday morning, the church had not released the teen's name.

The teen was participating in an outreach program at the church called 'Seek the City' involving more than 275 youth volunteers and chaperones.

This program allows youth at the church to do ministry outreach for one week each summer with about 30 organizations throughout the Charlotte area.

The youth were staying at the church overnight all this week, and traveling back and forth to their ministry sites each day.

Ross said an adult volunteer, who is also a member of the church, was operating the vehicle which hit the teen.

Ross described the incident as 'accidental'.

The Matthews Police Department is investigating the accident to determine if any charges should be filed.

A church leader said the program is on hold for Wednesday, and that a decision would be made this afternoon about whether or not to continue the program for the remainder of the week.

"The church welcomes the prayers of the community for the family who has lost a child, for the driver involved in the accident, for the young people who have lost a friend, and for the pastors and staff who are involved in comforting and caring for all of them," said church spokeswoman Stelle Snyder.

The church plans to hold a press conference with the media at 3 p.m. on Wednesday. We'll update WBTV.com as soon as we learn any new details.

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Video Gallery < 1 2 >



Raw Video: Teen struck and killed by ATV on church grounds 5:00



Teenager killed in ATV accident in Matthews Tuesday night 0:32



Click image to enlarge

NC
15M
6/21/11

1. Task Number 110725CCC2702		2. Investigator's ID 9044		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2011 06 25	5. Date Initiated YR MO DAY 2011 07 25		
6. Synopsis of Accident or Complaint UPC A 15-year-old male was driving a UTV with two 13-year-old female passengers on a public gravel road. He lost control and it came to rest on top of the driver. He died from blunt force injuries to the head. Two passengers were injured, one with a compound fracture to an arm, the other a head wound. None were wearing helmets or seatbelts. <u>MFR/PRV/BR NOTIFIED</u> COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED: <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA Exs. <u>BG:25^c</u> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY 4/5/12 CB				
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City BROOKLYN		9. State IA
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name ARCTIC CAT		10C. Model Number PROWLER
10D. Manufacturer Name and Address ARTIC CAT INC P.O. Box 810 Thief River Falls, MN 56701				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12A. Hispanic or Latino 2 - No		12B. Race 1 - White Other:		12C. Race Source 3 - Official Document
13. Age of Victim 15		14. Sex 1 - Male		15. Disposition 8 - Death
16. Injury Diagnosis 62 - Intern. Org. Inj.		17. Body Part(s) Involved 75 - HEAD		18. Respondent 3 - 2nd Hand Info Only
19. Type of Investigation 2 - Telephone		20. Time Spent (Operational / Travel) 15 / 0		
21. Attachment(s) 9 - Multiple Attachments		22. Case Source 12 - MECAP		23. Sample Collection Number
24. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written				
25. Review Date 08/18/2011		26. Reviewed By 8929		27. Regional Office Director Frank J. Nava
28. Distribution Topka, Tanya			29. Source Document Number 11170122A	

All information contained in this report, was obtained through contact with the County Sheriff's Department and the State Medical Examiner's Office, who reported this incident MECAP (source document).

On July 6, 2011, a MECAP report was filed for a UTV incident that occurred on June 25, 2011 in a rural area in central Iowa. They reported that a 15-year-old male was operating a UTV, with two female passengers, on a rural gravel road. He lost control of the UTV and it slid along the gravel roadway on the passenger side ultimately coming to rest on top of the male operator and one of the female passengers. The other female passenger was ejected.

The 15-year-old male was 69 inches tall and weighed 155 pounds and he was born on March 26, 2011. He reportedly became pinned under the UTV as it rolled over. He died at the scene. Toxicology analysis later revealed no detectable concentrations of alcohol or drugs of abuse.

The female passenger that was ejected during the incident had a compound fracture to an arm. The other, who was pinned under the vehicle and was successfully removed, was taken to a hospital with a severe laceration to her head. Both females were age 13-years-old (date of birth was August 12, 1997 and August 1, 1997, respectively). None of the riders were wearing helmets, and neither the driver nor passengers were wearing seatbelts.

I contacted the State Medical Examiner's office and requested their report which they later provided (exhibit 1). They reported the cause of death for the 15-year-old male was *"accidental due to blunt force injuries of the head."*

They reported he had the following injuries: *"avulsion /laceration of midline scalp, open skull fractures with fracture lacerations of brain, fracture of mandible, abrasions of scalp and face; blunt force injuries of the chest to include contusions and abrasions of the chest abdomen and back, contusions of right and left lungs, laceration of left lung; and contusions, abrasions and lacerations of the extremities."*

I contacted the County Sheriff's Department and requested their report which they later provided (exhibit 2). Included in the report is the UTV's *"Certificate of Origin*

for a Vehicle" (exhibit 2, page 19). I noted that this statement is written on the bottom of the page:

"NOTICE: THIS VEHICLE WAS NOT MANUFACTURED FOR USE ON PUBLIC STREETS, ROADS, OR HIGHWAYS; SUCH USE IS PROHIBITED BY LAW."

I also noted that the location of this incident did occur on a public street that was a gravel road, known as the "3800 block of 240th Street" (exhibit 2, page 1 and 2).

Later, the County Sheriff's Department provided photographs and additional information about the incident and incident vehicle (exhibits 3 and 4):

"In answer to your questions, yes the ORV had seatbelts, for the driver and passenger. The ORV also had bucket seats. I did take pictures of the vehicle and the seatbelts. Neither seatbelt was being worn at the time of the accident. The driver (fatal) was partially thrown out, being trapped between the floor and the road at the waist. The attached pictures should show this representatively. The two (2) passengers, were also ejected, one of them being partially trapped as well, and the other being thrown clear of the vehicle as it rolled."

The Investigator also reported that the driver's injuries were very severe and as such, he stated that more than two-thirds of his head was severed in the incident. He also reported that one of the two female passengers was riding in the middle between the driver and the other female passenger. Both she and the driver were pinned under the UTV and the third person was ejected in the incident.

VICTIM INFORMATION:

VICTIM A: 12A Hispanic - 2 NO; 12B Race - 1 White; 12C Race Source - 3 Official Document; 13 Age: 15; 14 Sex: 1 - Male; 15 Disposition: 8 - Death; 16 Injury Diagnosis: 54 - Crushing; 17 Body Part(s) Involved: 75 - Head

VICTIM B: 12A Hispanic - 2 NO; 12B Race - 1 White; 12C Race Source - 3 Official Document; 13 Age: 13; 14 Sex: 2 - Female; 15 Disposition: 1 - Injured, not hospitalized; 16 Injury Diagnosis: 59 - Laceration; 17 Body Part(s) Involved: 75 - Head

VICTIM C: 12A Hispanic - 2 NO; 12B Race - 1 White; 12C Race Source - 3 Official Document; 13 Age: 13; 14 Sex: 2 - Female; 15 Disposition: 1 - Injured, not hospitalized; 16 Injury Diagnosis: 57 - Fracture; 17 Body Part(s) Involved: 80 - Upper Arm

110725CCC2702

PRODUCT IDENTIFICATION:

UTV (Product Code 5044)
Type: 4-Wheels
Size: 695 cc's
Model # Prowler ORV
VIN # 4UF10MPV2AT302248
Year: 2010
Color: Metallic Green
Brand: Arctic Cat
Manufacturer: Arctic Cat, Inc., PO Box 810,
Thief River Falls, MN 56701
Dealer: Fast City Inc., 2449 IMV Road SW,
Oxford, IA
Description from:
http://www.utvguide.net/arctic_cat_prowler_700.htm

Arctic Cat Prowler XTX 700 H1

The 700 (officially it is a 695 cc) EFI has a decent amount of power for sport use. EFI makes it easy to start and the engine runs real smooth. Seat of the pants dyno tells me that the Arctic Cat Prowler XTX 700 H1 LE has more power than the 700 EFI Yamaha Rhino.



SAMPLES COLLECTED: None

ATTACHMENTS:

- Exhibit 1 - Medical Examiner's Reports
- Exhibit 2 - County Sheriff's Reports
- Exhibit 3 - Email from County Sheriff's Department
- Exhibit 4 - 15 Photographs
- Exhibit 5 - Description of Respondent
- Exhibit 6 - Utility Vehicle Data Record Sheet



~~Mariannette Miller-Meeks~~, B.S.N., M.Ed., M.D.
Director

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

July 20, 2011

Re: Case # 11SME327 / County Case # 11-79-0011

(b)(3):CPSA Subject
Section 25(c) (b)

To Whom It May Concern:

The attached memoranda constitute our report on the above mentioned case.

If there are any questions concerning this case, please do not hesitate to contact me.

Sincerely yours,

Dennis F. Klein, MD
Deputy State Medical Examiner

Enclosure

cc: James Paulson, MD, Poweshiek County Medical Examiner
Rebecca Petig, Poweshiek County Attorney
Rick Warden, Poweshiek County Medical Examiner Investigator
CDRT

Bridgeway Central, U.S. Consumer Product Safety Commission

DFK/pp

IOWA OFFICE OF THE STATE MEDICAL EXAMINER
2250 S. ANKENY BLVD. / ANKENY, IOWA 50023-9093
PHONE# 515-725-1400 / FAX# 515-725-1414
DEAF RELAY (HEARING OR SPEECH IMPAIRED) 1-800-735-2942
INTERNET: [HTTP://WWW.IOSME.IOWA.GOV](http://www.iosme.iowa.gov)





Mariannette Miller-Meeks, B.S.N., M.Ed., M.D.
Director

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

REPORT OF AUTOPSY

CASE NO.: 11SME327

DATE/TIME: June 26, 2011
9:00 a.m.

COUNTY: Poweshiek

PLACE: Iowa Office of the State Medical Examiner
Ankeny, Iowa

DECEDENT: (b)(3):CPSA
Section 25(6) /
SME INVESTIGATOR: Andrew Wilson

PATHOLOGIC DIAGNOSES

- I. Blunt force injuries of head.
 - A. Avulsion/laceration of midline scalp.
 - B. Open skull fractures with fracture lacerations of brain.
 - C. Fracture of mandible.
 - D. Abrasions of scalp and face.
- II. Blunt force injuries of chest.
 - A. Contusions and abrasions of chest, abdomen, and back.
 - B. Contusions of right and left lungs.
 - C. Laceration of left lung.
- III. Contusions, abrasions, and lacerations of extremities.

CAUSE OF DEATH: Blunt force injuries of head.

MANNER OF DEATH: Accident.



AUTHORIZATION: James Paulson, MD, Poweshiek County Medical Examiner.

BODY IDENTIFIED BY: Visual (parents).

AUTOPSY TECHNICIANS: Kim Griffin, Randy Jessen, Kathie Bailey.

EVIDENCE: Digital photography, heart blood (2), urine (1), vitreous fluid (1), liver (1), bloodstain card, histology/wet tissue, microscopic slides, left and right thumb and index fingerprints.

EVIDENCE DISPOSITION: Items listed in the above evidence section and not specifically addressed on the Evidence Disposition Form are scheduled to be destroyed six months from the date of autopsy. The Iowa Office of the State Medical Examiner must receive written request within six months of the date of this report to extend the retention time of these items.

EXTERNAL EXAMINATION

The body is received in an unsealed body bag.

The body is that of a well developed, well nourished, teenage Caucasian male who weighs 155 pounds, is 69 inches in height, and appears compatible with the stated age of 15 years.

The body is received clad in a green jacket, a black Polarfleece vest, a gray t-shirt, blue denim pants, gray underpants, two white sneakers, and two white socks. No personal effects accompany the body.

The body is identified by a tag on the left great toe bearing "Colton Jon Blomme."

The body is cool to touch. Rigor mortis is fully present to an equal degree in all extremities. Unfixed purple livor mortis extends over the posterior surfaces of the body, except in areas exposed to pressure.

The scalp hair is brown, straight, and measures approximately 1 1/2 inches in length over the posterior crown. The right iris is brown. The left eye is fragmented. The right pupil is 0.5 cm. The right sclera and conjunctiva are unremarkable. The nose has a laceration (see "Evidence of Injury"). The ears are not unusual. The decedent is without beard or mustache. The teeth are natural and in adequate repair. The neck is unremarkable.

The thorax is well developed and symmetrical. The abdomen is flat. The anus and back are unremarkable. The penis is circumcised. The testes are bilaterally descended within the scrotum.

The upper and lower extremities are well developed and symmetrical without absence of digits. There are blunt force injuries (see "Evidence of Injury"). Needle tracks are not identified.

No identifying marks or scars are readily apparent.

There is no evidence of medical intervention.

EVIDENCE OF INJURY

DESCRIPTION OF BLUNT FORCE INJURIES

HEAD: Extending from the tip of the nose, through the midline forehead, and across the scalp and calvarium is a 12 inch laceration/avulsion in the midline sagittal plane associated with a left calvarium comminuted open skull fracture, exposing underlying fragmented and hemorrhagic brain tissue. There is a palpable fracture of the midline mandible. On the left cheek lateral to the mouth is a 3 inch red brush abrasion. On the right temple and upper right cheek is a 4 x 3 inch red abrasion. On the left temple, scalp, and upper left cheek associated with the previously noted laceration/abrasion is a 6 x 2 inch red brush abrasion.

Examination of the neurocranium reveals comminuted fractures of the left calvarium that communicate with multiple fractures in the base of the skull. There is a midsagittal transection of the cerebri and transverse transection of the midbrain separating the pons from the cerebri. There is fragmentation of the left cerebellum. There is diffuse subdural and subarachnoid hemorrhage over the cerebri and cerebellum.

TORSO: On the upper right chest over the lateral right clavicle is a 1 inch red contusion. On the upper paramidline right chest over the medial right clavicle is a 3/4 inch red abrasion. On the left upper midline chest over the left clavicle is a 1 inch red abrasion. On the upper left chest is a 2 inch red abrasion. On the anterior left shoulder/chest is a 5 inch red abrasion. On the lower left quadrant of the abdomen is a 2 inch red abrasion. On the upper left back is a 1 1/2 inch red abrasion. On the right back and right posterolateral chest and abdomen is a 7 x 4 inch red brush abrasion.

Internal examination reveals perihilar contusions of the right and left lungs. There is a perihilar laceration of the left lung. There are no abnormal collections of blood in the chest or abdominal cavities. There is a separation dislocation of the lateral left clavicle.

EXTREMITIES: On the anterior left arm is a 3 x 1 inch red abrasion. On the posterior left elbow is a 1 1/2 inch red abrasion. On the posterior left hand is a 3 inch area of multiple 1 1/4 to 1 1/2 inch red abrasions. On the posterior right wrist and hand is a 2 inch red abrasion. On the posterior right hand at the base of the thumb is a 2 inch red

abrasion. On the posterior distal hand and over the metacarpophalangeal joints is a 3 inch area with multiple 1/2 inch red abrasions.

On the proximal anterolateral right thigh is a 2 inch red abraded contusion. Over the anterior right knee is a 5 x 4 inch red abrasion. On the mid right shin is 3 inch red abrasion, within which is a 1/2 inch horizontal laceration. On the distal right shin are two 1 inch red abrasions.

On the proximal anteromedial left thigh is a 6 x 1/2 inch obliquely oriented red contusion. On the mid anterolateral left thigh is a 3 inch red abrasion. On the distal anterolateral left thigh is a 4 x 2 inch triangular-shaped purple contusion. Over the anterior left knee is a 3 inch red abrasion.

INTERNAL EXAMINATION

BODY CAVITIES: No adhesions or abnormal collections of fluid are in any of the body cavities. All body organs are present in the normal and anatomic position. The subcutaneous fat layer of the abdominal wall is 1.5 cm thick.

HEAD (CENTRAL NERVOUS SYSTEM): The brain is fragmented. The aggregate weight is 1300 grams. The dura mater has lacerations and is associated with subdural hemorrhage. The leptomeninges reveal diffuse subarachnoid hemorrhage as previously noted. The cerebral hemispheres appear symmetrical but are separated by injury (see "Evidence of Injury"). The structures at the base of the brain, including cranial nerves and blood vessels, are free of nontraumatic abnormality. Sections through the cerebral hemispheres reveal no nontraumatic abnormalities within the cortex, subcortical white matter, or deep parenchyma of either hemisphere. The cerebral ventricles are of normal caliber. Sections through the brain stem and cerebellum reveal no nontraumatic abnormalities. The spinal cord is not examined.

NECK: Examination of the soft tissues of the neck, including strap muscles and large vessels, reveals no abnormalities. The hyoid bone and larynx are intact. The tongue is normal.

CARDIOVASCULAR SYSTEM: The heart weighs 260 grams. The pericardial surfaces are smooth, glistening, and unremarkable. The pericardial sac is free of significant fluid or adhesions. The coronary arteries arise normally and follow the usual distribution of a right dominant pattern with no significant atherosclerosis. The chambers and valves bear the usual size/position relationship and are unremarkable. The myocardium is dark red-brown, firm, and does not show areas of necrosis or fibrosis.

The atrial and ventricular septa are intact. The thickness of the left ventricular free wall is 1.4 cm, septum 1.4 cm, and the right ventricular free wall 0.4 cm. The aorta and its major branches arise normally and follow the usual course with no significant atherosclerosis. The vena cava and its major tributaries return to the heart in the usual distribution and are unremarkable.

RESPIRATORY SYSTEM: The right and left lungs weigh 450 and 350 grams, respectively. The upper and lower airways are patent, and the mucosal surfaces are smooth and yellow-tan. There is focal blood in the distal airways. The pleural surfaces are smooth, glistening, and unremarkable. The pulmonary parenchyma is dark red-purple and exudes copious amounts of blood and frothy fluid. There are focal geographic purple areas consistent with hemoaspiration. The pulmonary arteries are normally developed and patent.

LIVER AND BILIARY SYSTEM: The liver weighs 1290 grams. The hepatic capsule is smooth, glistening, and intact covering a red-brown parenchyma. The gallbladder contains viscid bile. The extrahepatic biliary tree is patent.

ALIMENTARY TRACT: The esophagus is lined by gray-white smooth mucosa. The gastric mucosa is arranged in the usual rugal folds, and the lumen contains 350 mL of tan thick fluid with partially digested food fragments consistent with chicken and green vegetables. The small and large bowel are unremarkable. The appendix is present. The pancreas has a normal pink-tan lobulated appearance, and the ducts are clear.

GENITOURINARY TRACT: The right and left kidneys weigh 140 and 150 grams, respectively. The renal capsules are smooth, thin, semitransparent, and strip with ease from the underlying pale, firm cortical surfaces. The cortices are sharply delineated from the medullary pyramids. The calyces, pelves, and ureters are unremarkable. The urinary bladder contains 40 mL of yellow urine; the mucosa is gray-tan and smooth. The prostate is unremarkable.

RETICULOENDOTHELIAL SYSTEM: The spleen weighs 230 grams and has a smooth, intact, dark red-purple capsule covering a red-purple, moderately firm parenchyma. The regional lymph nodes appear normal.

ENDOCRINE SYSTEM: The pituitary, thyroid, and adrenal glands are unremarkable.

MUSCULOSKELETAL SYSTEM: The bony framework, supporting musculature, and soft tissues in areas away from injury are not unusual.

OPINION

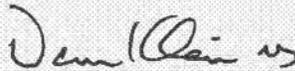
This 15-year-old Caucasian male, (b)(3):CPSA died of blunt force injuries of the head.

According to investigative reports, the decedent was riding on an all-terrain vehicle off-road when he became pinned under the vehicle as it rolled over.

Autopsy revealed blunt force injuries consisting of abrasions, lacerations, and contusions of the head, torso, and extremities. There was an avulsion/laceration of the face and scalp associated with open fractures of the skull resulting in severe brain injuries, including brain fragmentation. The fractures of the skull and mandible are consistent with large force crush injuries that could be sustained in an all-terrain vehicle rollover onto the head.

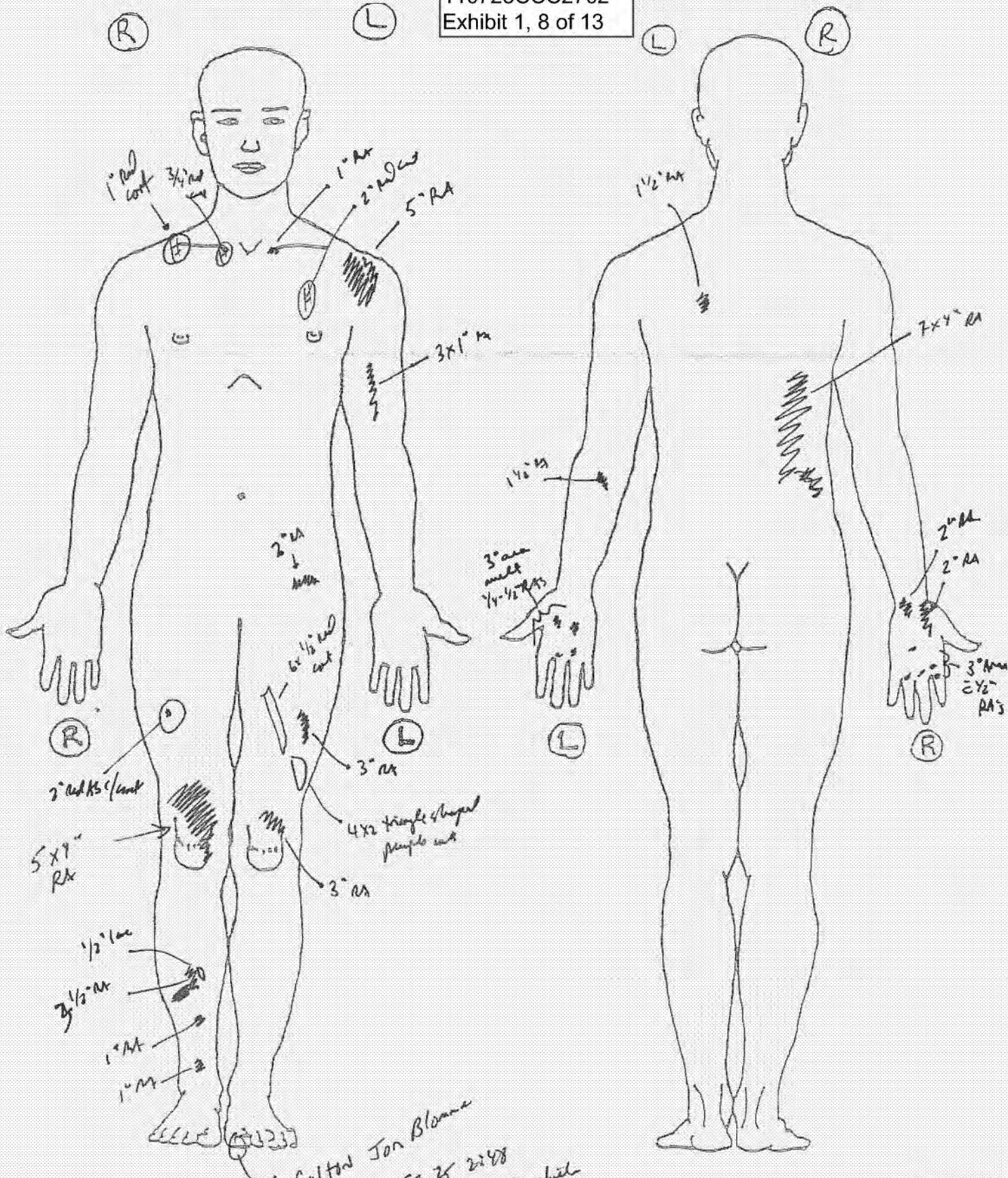
Toxicological analysis of the heart blood revealed no detectable concentrations of alcohol or drugs of abuse in the heart blood.

The manner of death is **ACCIDENT**.



Dennis F. Klein, M.D.
Deputy State Medical Examiner

DFK/ch



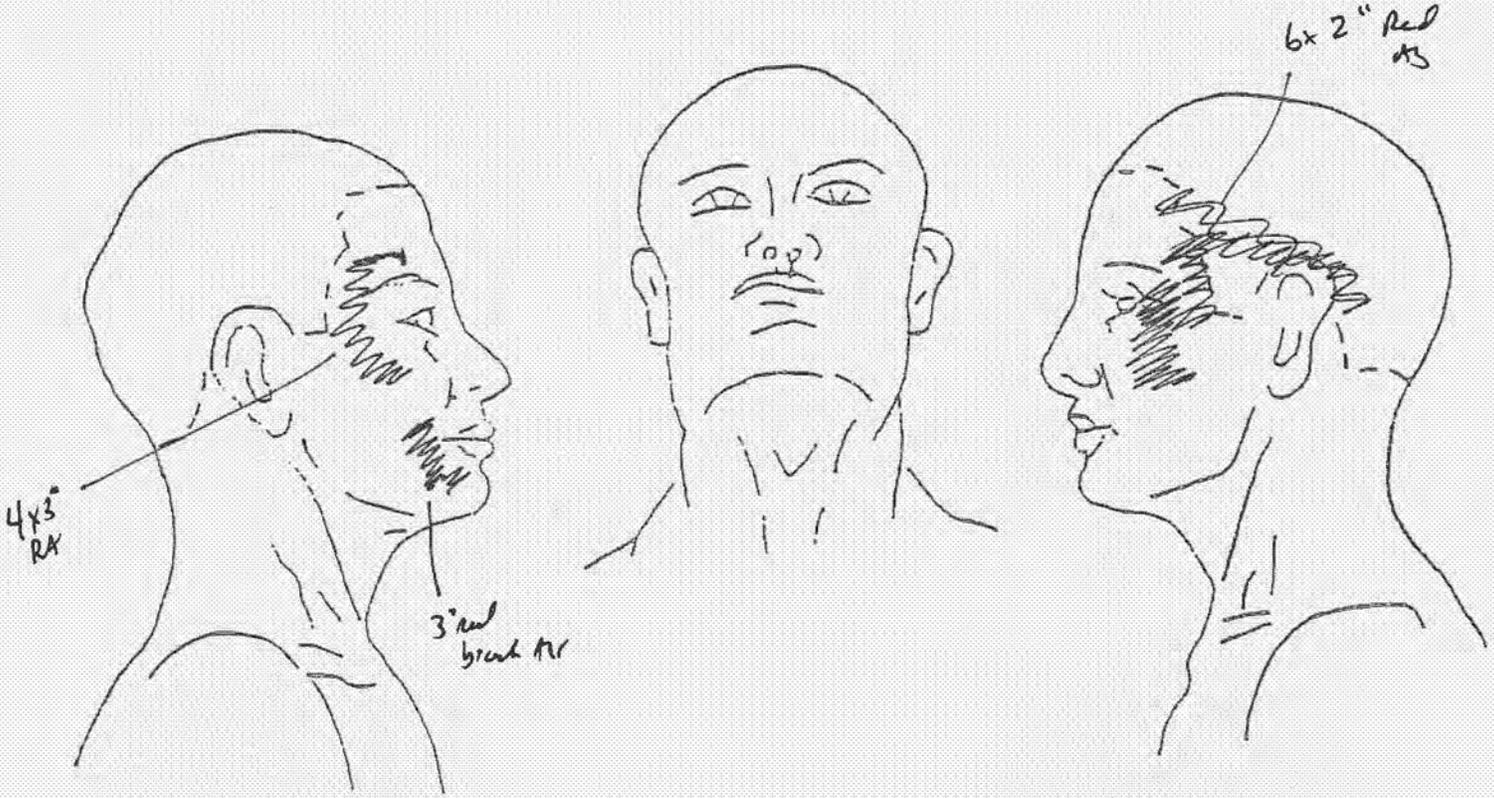
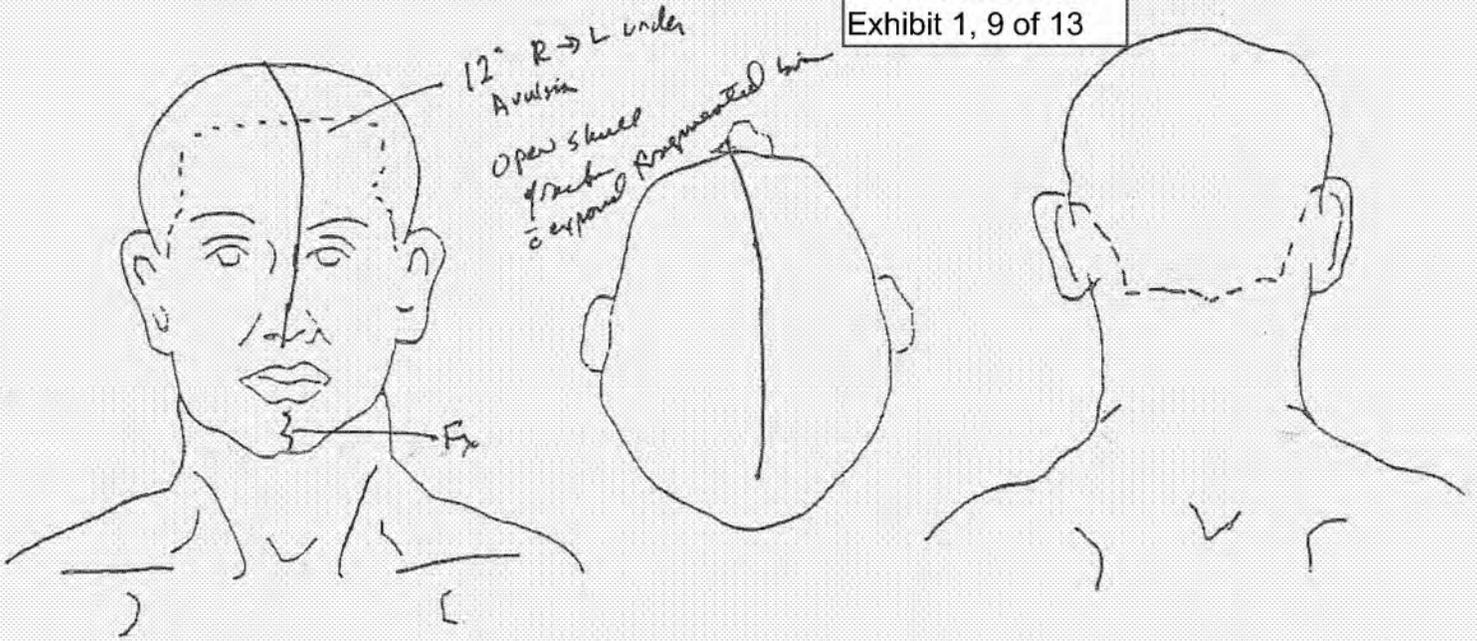
Colton Jon Blomme
 picture C-25 2148
 3-26-1996 Ameshiel
 Paul Wachs

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

Name _____

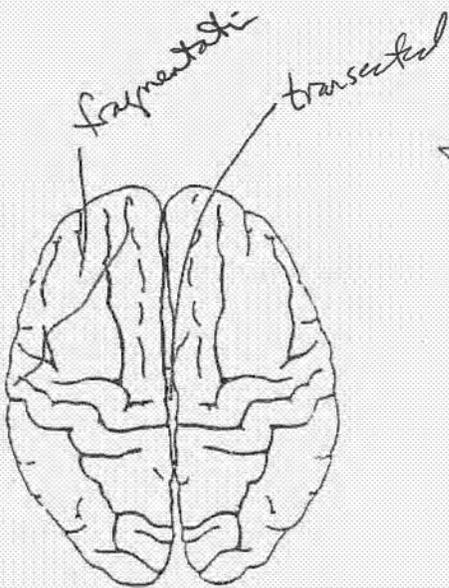
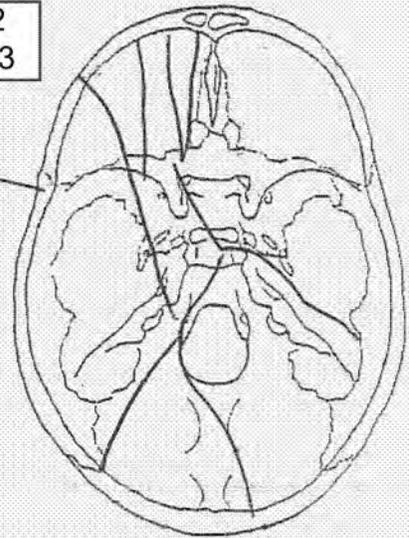
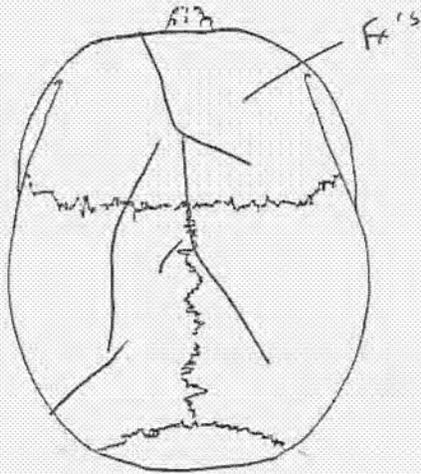
Case # 11SM6327

110725CCC2702
Exhibit 1, 9 of 13

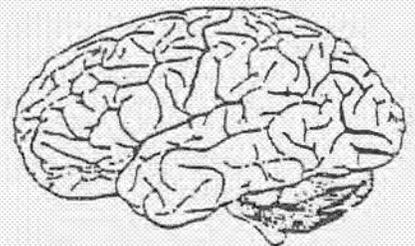
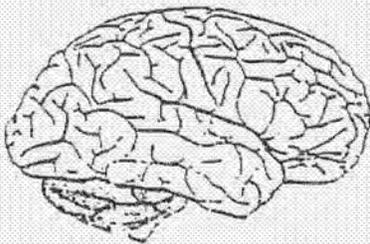
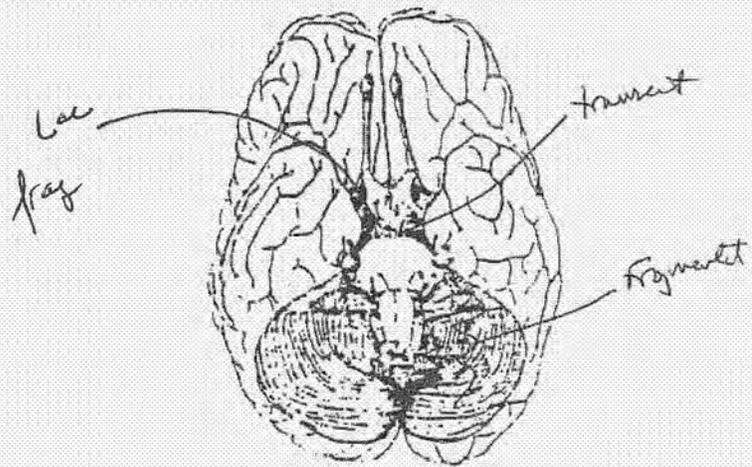


UDS
0907

110725CCC2702
Exhibit 1, 10 of 13



Diffuse SAH
+SDH



MICROSCOPIC EXAMINATION

Subject: (b)(3):CPSA
Date: June 29, 2011

110725CCC2702
Exhibit 1, 11 of 13

Case #: 11SME327

Dennis Klein M.D.
Iowa Deputy Medical Examiner

DIC

HEART: Sections of myocardium reveal no significant histopathology.

LUNGS: Sections of lungs reveal vascular congestion, and intra-alveolar acute hemorrhage and pink amorphous material consistent with edema. There are areas with collapsed airspaces.

LIVER: Section of liver reveals no significant histopathology.

SPLEEN: Section of spleen reveals no significant histopathology.

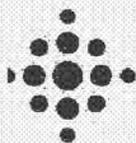
PANCREAS: Section of pancreas reveals autolysis.

KIDNEY: Section of kidney reveals no significant histopathology.

BRAIN: Sections of brain reveal acute sub-arachnoid hemorrhage.

Slide Key:

A: Heart, B: Right lung, C: Left Lung, D: Liver and spleen, F: Kidney and Pancreas, E: Brain.



AIT Laboratories

A HIGHER STANDARD OF SERVICE®

2265 Executive Drive, Indianapolis, IN 46241

Telephone: (800)875-3894 / Fax: (317)243-2789

K

Laboratory Case Number: 1665635	Subject's Name: (b)(3):CPSA Secti
Client Account: 11852 / IOWA02	Agency Case #: 11SME327
Physician:	Date of Death: 06/25/2011
Report To: IA Office of the State Med. Ex	Test Reason: Other
ATTN: Julia Goodin, MD	Investigator:
2250 South Ankeny Blvd.	Date Received: 06/29/2011
Ankeny, IA 50023-9093	Date Reported: 07/12/2011
FX: 515-725-1414	

110725CCC2702
Exhibit 1, 12 of 13

Laboratory Specimen No: 40232014	Date Collected: 06/26/2011
Container(s): 01:RTB Blood,HEART	Test(s): 70530 Drugs of Abuse Panel, Blood

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
AMPHETAMINES	Negative				
BARBITURATES	Negative				
BENZODIAZEPINES	Negative				
CANNABINOIDS	Negative				
COCAINE/METABOLITES	Negative				
FENTANYL	Negative				
METHADONE/METABOLITE	Negative				
OPIATES	Negative				
OXYCODONE/METABOLITE	Negative				
PHENCYCLIDINE	Negative				
PROPOXYPHENE/METABOLITE	Negative				
ALCOHOLS	Negative				
Methanol	Negative				
Ethanol	Negative				
Acetone	Negative				
Isopropanol	Negative				
ANALGESICS	Negative				
BUPRENORPHINE	Negative				
TRAMADOL/METABOLITE	Negative				

Specimens will be kept for one year from the date received.

The Specimen identified by the Laboratory Specimen Number has been handled and analyzed in accordance with all applicable requirements.

(b)(3):CPSA Secti

Laboratory Case #: 1665635

Printed Date/Time: 07/12/2011, 12:01

Page: 1 of 1

Iowa Office of the State Medical Examiner
2250 S. Ankeny Blvd.
Ankeny, IA 50023-9093

110725CCC2702
Exhibit 1, 13 of 13

EVIDENCE DISPOSITION

Date : 6/27/2011

Case Number : 11SME327

Decedent

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

The following listed evidentiary item/s will be held for *seven full calendar years* following the date the autopsy was performed unless the Iowa Office of the State Medical Examiner is requested to retain for a longer specific period of time either by certified mail and/or by court order:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Histology (in paraffin) | <input type="checkbox"/> Polaroid |
| <input checked="" type="checkbox"/> Microscopic Slides | <input checked="" type="checkbox"/> Bloodstain Card |
| <input checked="" type="checkbox"/> Digital Photographs | <input checked="" type="checkbox"/> Thumbprints/Index Fingerprints |
| <input type="checkbox"/> 35 mm Photographs/Film | <input type="checkbox"/> Major Case Prints |
| <input type="checkbox"/> 35 mm Photographic Slides | <input type="checkbox"/> Footprints |

The following listed evidentiary item/s will be destroyed after *three full calendar years* following the date the autopsy was performed unless the Iowa Office of the State Medical Examiner is requested to do otherwise either by certified mail and/or by court order:

- Tissue Sections, Formalin Fixed

The following listed evidentiary item/s will be destroyed after *one full calendar year* following the date the autopsy was performed unless the Iowa Office of the State Medical Examiner is requested to do otherwise either by certified mail and/or by court order:

- | | | |
|---|--|--|
| <input type="checkbox"/> Femoral Blood | <input checked="" type="checkbox"/> Vitreous | <input type="checkbox"/> Kidney |
| <input checked="" type="checkbox"/> Heart Blood | <input type="checkbox"/> Brain | <input type="checkbox"/> Bile |
| <input checked="" type="checkbox"/> Urine | <input checked="" type="checkbox"/> Liver | <input type="checkbox"/> Skeletal Muscle |
| <input type="checkbox"/> | | |

Signed,


Dennis F. Klein, MD
Deputy State Medical Examiner

Form 433003
January 2001
PLEASE TYPE
OR PRINT

MAIL REPORTS TO:
Iowa Department of Transportation
Office of Driver Services
Park Fair Mall, 100 Euclid Avenue
P.O. Box 9204 Des Moines, Iowa 50306-9204



Iowa Department of Transportation INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Sheet 1 of 1

Law Enforcement Case
Numbers: S79110280

Legal Intervention? Private Property?

LOCATION

Date of Accident 06/25/2011 Time of Accident 14:45 Hrs. County POWESHIEK Accident occurred within corporate limits of (city)

If accident occurred outside of city limits show general vicinity 2.0 miles N NE E SE S SW W NW of nearest city VICTOR

On Road, Street, or Highway: (b)(3) At Intersection with:

Note: Unless accident occurred at an intersection which is completely described above, use the space below to give the exact location from a milepost or definable intersection, bridge, or railroad crossing, using two distances and directions if necessary.

Feet Miles N NE E SE S SW W NW Feet Miles N NE E SE S SW W NW

Milepost Number 0 or Definable intersection, bridge, or railroad crossing (b)(3):CPSA

County: 79 Route: _____

X-Coordinate: 556618

Y-Coordinate: 4620429

If Divided Highway, Provide Route (Cardinal) Travel Direction
NB SB EB WB

UNIT 1

Driver's Name (Last, First, Middle) (b)(3):CPSA Section 25(c),(b)(6) Address _____ City _____ State _____ Zip _____

Date of Birth 03/26/1996 Driver's License Number 421-AF-9596 Citation Charge 1. _____ 3. _____ 2. _____ 4. _____ 110725CCC2702 Exhibit 2, 1 of 9

Male Female State IA Class C Endorsements _____ Restrictions 7 Alcohol Test 1. None 3. Urine 5. Vitreous Results: 0.000 Drug Test 1. None 3. Urine Pos. Neg. Given? 2. Blood 4. Breath 9. Refused 2. Blood 9. Refused

Owner's Name (Last, First, Middle) (b)(6) Address _____ City _____ State _____ Zip _____

Insurance Co. Name (b)(6) Insurance Policy # _____ License Plate # _____ State IA Year 10

Initial Travel Direction 3 Vehicle Action 01 Speed Limit 50 Point of Initial Impact 07 Most Damaged Area 06 Extent of Damage 2 Underride/Override 1 Private? Approximate Cost To Repair or Replace \$ 1000.00

Total Occupants 3 Traffic Ctrls. 01 Vehicle Config. 15 Cargo Body Type 01 Vehicle Defect 01 Driver Cond. 1 Vision Obscured 01 Contributing Circumstances, Driver (up to 2) 08 11

Commercial Trailer License Plate # _____ Attached to Power Unit: _____ State Year Attached to Trailer Unit: _____ State Year Emergency Vehicle Type 1 _____ Emergency Status 3 _____

Carrier Name _____ Address _____ City _____ State _____ Zip _____

US DOT # or MC # _____ Number of Axles 0 Gross Vehicle Weight Rating 0 Placard # _____ Hazardous Materials Released? _____

UNIT 2

Driver's Name (Last, First, Middle) _____ Address _____ City _____ State _____ Zip _____

Date of Birth 00/00/0000 Driver's License Number _____ Citation Charge 1. _____ 3. _____ 2. _____ 4. _____

Male Female State _____ Class _____ Endorsements _____ Restrictions _____ Alcohol Test 1. None 3. Urine 5. Vitreous Results: 0.000 Drug Test 1. None 3. Urine Pos. Neg. Given? 2. Blood 4. Breath 9. Refused

Owner's Name (Last, First, Middle) _____ Address _____ City _____ State _____ Zip _____

Insurance Co. Name _____ Insurance Policy # _____ License Plate # _____ State _____ Year _____

VIN # _____ Year _____ Make _____ Model _____ Style _____ Tow # _____ Approximate Cost To Repair or Replace \$ 0.00

Initial Travel Direction _____ Vehicle Action _____ Speed Limit 0 Point of Initial Impact _____ Most Damaged Area _____ Extent of Damage _____ Underride/Override _____ Private?

Total Occupants 0 Traffic Ctrls. _____ Vehicle Config. _____ Cargo Body Type _____ Vehicle Defect _____ Driver Cond. _____ Vision Obscured _____ Contributing Circumstances, Driver (up to 2) _____

Commercial Trailer License Plate # _____ Attached to Power Unit: _____ State Year Attached to Trailer Unit: _____ State Year Emergency Vehicle Type _____ Emergency Status _____

Carrier Name _____ Address _____ City _____ State _____ Zip _____

US DOT # or MC # _____ Number of Axles 0 Gross Vehicle Weight Rating 0 Placard # _____ Hazardous Materials Released? _____

ACCIDENT ENVIRONMENT

If Property other than vehicles damaged explain _____ Object Damaged _____ Estimate of Damage \$ 0.00

Owner's Full Name (Last, First, Middle) _____ Was owner or tenant notified? 1 - Yes 9 - unknown 2 - No

Street or RFD _____ City, State, & Zip Code _____

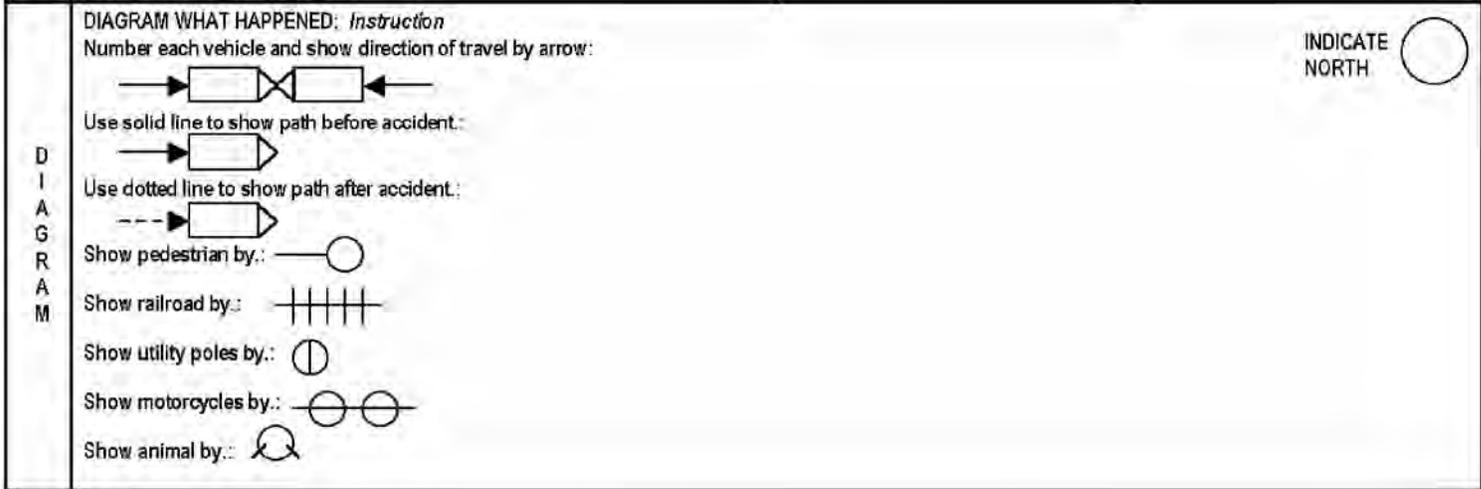
Weather Conditions (up to two) _____ ROADWAY CHARACTERISTICS Major Contributing Circumstances: Environment _____ Roadway _____ Type of Roadway Junction / Feature _____ WORKZONE RELATED? Yes No Location _____ Type _____ Workers Present? _____

Unit 1 Unit 2 Sequence Of Events
06 | | First Event
11 | | Second Event
| | | Third Event
| | | Fourth Event
11 | | Most Harmful Event (by vehicle)
11 | | First Harmful Event of Crash (use codes 11-42 only)

NON-MOTORIST Type <input type="checkbox"/> Location <input type="checkbox"/> Action <input type="checkbox"/> Condition <input type="checkbox"/> Safety Equipment <input type="checkbox"/> Contributing Circumstances <input type="checkbox"/> Unit No. of Vehicle Striking <input type="checkbox"/>		Motorcycle Seating Position 1 - Motorcycle Driver 4 - Motorcycle Passenger 88 - Other (explain in narrative)	SEATING POSITION <table border="1"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td></tr> </table>	1	2	3	4	5	6	7	8	9	10 - Sleeper Section 11 - Enclosed Cargo Area 12 - Unenclosed Cargo Area 13 - Trailing Unit 14 - Exterior 15 - Pedestrian 16 - Pedalcyclist 17 - Pedalcyclist, passenger 88 - Other (explain in narrative) 99 - Unknown	110725CCC2702 Exhibit 2, 2 of 9	Sex	Unit No.	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Airbag Switch Status	Ejection	Ejection Path	Trapped
1	2	3																						
4	5	6																						
7	8	9																						

D R I V E R S	DRIVER OF UNIT 1	Phone 319-647-2384					1	1	6	3	3	9	3
	DRIVER OF UNIT 2	Phone											
		Transported to: SMITH'S FUNERAL HO	Transported by: VICTOR QRS										
		Transported to:	Transported by:										

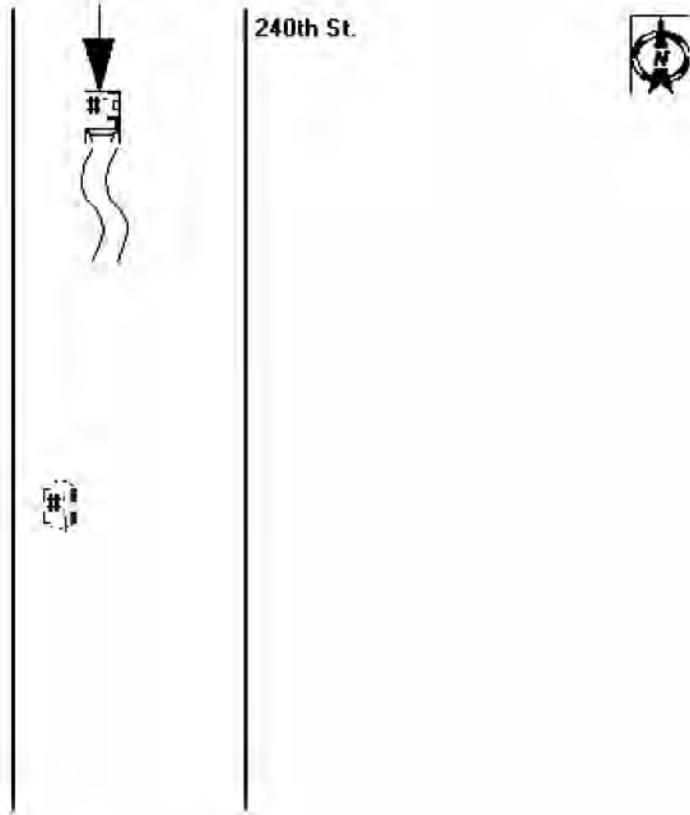
P E R S O N S I N J U R E D	Name 1. (b)(6)		F	1	02	3	1	6	3	3	9	1	
	Address (b)(6)	Transported to: GRINNELL REG MED CTR	Transported by: EAST POWESHIEK AMBULANCE										
	Name 2. (b)(6)		F	1	03	2	1	6	3	3	9	2	
	Address (b)(6)	Transported to: GRINNELL REG MED CTR	Transported by: EAST POWESHIEK AMBULANCE										
	Name 3.	Date of Birth 00/00/0000											
	Address	Transported to:	Transported by:										
	Name 4.	Date of Birth 00/00/0000											
	Address	Transported to:	Transported by:										
	Name 5.	Date of Birth 00/00/0000											
	Address	Transported to:	Transported by:										



W I T N E S S	Name (Last, First)	Street or RFD	City	State	Zip	Phone

Signature of Officer SMITH, MICHAEL J.	Badge No. MS4	Time Officer Notified of Accident 14:49 Hrs.	Time Officer Arrived At Scene 15:04 Hrs.
Name of Agency Poweshiek County Sheriff	Date of Report 06/26/2011	Investigation made at scene? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Supplemental Information Will Follow? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Report Reviewed by MORRISON, JEFFREY	Date Reviewed 07/05/2011	Report Given to All Drivers? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Other Technical Investigating Agency Y <input type="checkbox"/> N <input checked="" type="checkbox"/>

veh 1 was southbound in the (b)(6) Veh 1 was an Arctic Cat, ATV, similar to a Polaris Ranger. Veh 1 lost control and appeared to veer in the middle of the gravel road to the left and then corrected back to the right. Veh 1 turned over and ejected the passengers. Veh 1 came to rest on the driver's side facing the north with the fatally wounded driver pinned underneath.



110725CCC2702
Exhibit 2, 4 of 9

S792.
Source: USER
Dest : S792

S792.

OKAY, HERE IS WHAT I COULD FIND ON DNR WEBSITE BY USING THAT VIN, LET ME KNOW IF YOU NEED ANYTHING ELSE :

DNR CUSTOMER ID #: 4281044 STATUS: OPEN
RESIDENCY: RESIDENT OPEN DATE: 08/22/2000
PREFIX: CLOSE DATE:
FIRST NAME: (b)(6) SOURCE: BATCH
MIDDLE NAME:
LAST NAME:
SUFFIX:
BIRTH DATE: 06/11/1968 EMAIL:
PHONE NUMBER:
DRIVER'S LICENSE NUMBER: 127AC4233 DRIVER'S LICENSE STATE: IA
GENDER: MALE WEIGHT: 200
EYE COLOR: BROWN
HEIGHT FEET: 6' HEIGHT INCHES: 2''
COUNTRY: UNITED STATES
ADDRESS LINE 1: 4076 HWY 21
ADDRESS LINE 2:
CITY: BROOKLYN
STATE/PROVINCE:
STATE/PROVINCE: IA
POSTAL CODE: 52211

IDM2/(b)

-----ORIGINAL MESSAGE-----

IDM2.

DNR CUSTOMER ID IS 004281044
FOR (b)(6) 19680611

THANK YOU
POWESHIEK
S792

;201106260952/201106260952
IDM2 451
MESSAGE FROM S792
060235

-----END ORIGINAL MESSAGE-----

;201106261028/201106261028
S792 128
MESSAGE FROM IDM2
064551

110725CCC2702
Exhibit 2, 5 of 9

(b)(6)

Compartment
Structure
have
" (b)(6)

(b)(6)

heat
wound

DOB 8-1-97

Mom
Dad
Betha

(b)(6)

SS #

CERTIFICATE OF ORIGIN FOR A VEHICLE

110725CCC2702
Exhibit 2, 6 of 9

ARCTIC CAT SALES INC.

DATE 10/30/2009

INVOICE NO. 83620674

VEHICLE IDENTIFICATION NO.

YEAR

MAKE

(b)(6)

2010

Arctic Cat Rec. Side by Side Vehicle

BODY TYPE

SHIPPING WEIGHT

[U71] 2010 PRLR 700 H1 EFI *Met. Green*

1,175

H.P. (S.A.E.)

G.V.W.R.

NO. CYLS

SERIES OR MODEL

0.00

1,175

1

U2010P3T4EUSA

ENGINE ID.

DISPLACEMENT

0700A70135860

695 CC

I, the undersigned authorized representative of the company, firm or corporation named below, hereby certify that the new vehicle described above is the property of the said company, firm or corporation and is transferred on the above date and under the Invoice Number indicated to the following distributor or dealer.

NAME OF DISTRIBUTOR, DEALER, ETC.

FAST CITY INC, FAST CITY INC
2449 IWV RD SW
OXFORD IA

NOTICE: THIS VEHICLE WAS NOT MANUFACTURED FOR USE ON PUBLIC STREETS, ROADS, OR HIGHWAYS. SUCH USE IS PROHIBITED BY LAW.

It is further certified that this was the first transfer of such new vehicle in ordinary trade and commerce.

ARCTIC CAT SALES INC.

742660

BY:

Christopher A Twomey

(SIGNATURE OF AUTHORIZED REPRESENTATIVE)

(AGENT)

THIEF RIVER FALLS, MINNESOTA

CITY-STATE

IOWA OFFICE OF THE STATE MEDICAL EXAMINER
2250 S. Ankeny Blvd., Ankeny, Iowa 50023-9093
Phone#: 515-725-1400 / FAX#: 515-725-1414

110725CCC2702
Exhibit 2, 8 of 9

Central Office Use Only

(Date of Receipt)

(COD Code)

(COD Code)

PRELIMINARY REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT:

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

ADDRESS:

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

11-79-0011

(Residence)

(Number & Street or Route, Box No.)

(City, State)

(County)

(County/State/Postal/Zip Code)

INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY

AGE (If less than 2 yrs. give months & days) 16
Date of Birth: 3/26/1996
SEX: Male
CLOTHING: Clothed*
BODY TEMPERATURE: Warm
BLOOD: Nose, Mouth, Ears, Clothing, None
OCCUPATION: (Please fill in both parts) TYPE OF WORK:
MARITAL STATUS: Married, Never Married, Widowed, Divorced, Separated, Unknown
HEAD HAIR: None, Partly Bald, Blonde, Brown, Red, Black, Gray, White
EYES-Color: Brown
WEIGHT: _____ lbs.
LENGTH: _____ inches
MISCELLANEOUS: Circumcised
RACE: White, Black, Hispanic, Asian, Other
OTHER HAIR: Mustache, Beard
RIGOR: Neck, Arms, Legs
LIVOR: Anterior, Posterior, Lateral (R/L)
FROTH: Present, Absent
OTHER: (Dirt, water etc.) Nose, Mouth, Ears, None
INDUSTRY: (Example: textile, banking, fire dept, farming, insurance, home)
HISTORY OF DOMESTIC VIOLENCE: Yes, No
DECOMPOSITION: Early, Advanced, None
 No Occupational Information

INFORMATION ABOUT OCCURRENCE

ITEM	DATE	TIME (Military)	LOCATION	COUNTY	TYPE OF PREMISES (Home, farm, highway, hospital, etc.)
INJURY OR ONSET OF ILLNESS	6/25	150?	(b)(6)		ON THE JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO
LAST SEEN ALIVE	6/25	2:30	(By whom: Name and Address) Dad (b)(6)	Poweshiek	
DEATH (PRONOUNCED)		3:45	(By whom: Name and Address) (b)(6)	Poweshiek	
FOUND DEAD BY	6/25	2:49	(By whom: Name and Address) Dad		
POLICE NOTIFIED	6/25	2:30	POLICE AGENCY: Poweshiek Court Sheriff		OFFICER: Mike Smith
M.E. NOTIFIED	6/25	3:08	(By whom: Name and Address) (b)(6)		
VIEW OF BODY					<input type="checkbox"/> NOT VIEWED
TO HOSPITAL					
WITNESSES	(Name and Address)			BLOOD SAMPLE DRAWN: <input type="checkbox"/> Yes <input type="checkbox"/> No Why Not? <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Vitreous	

MANNER OF DEATH

NATURAL HOMICIDE ACCIDENT SUICIDE UNDETERMINED PENDING

M.E. AUTOPSY AUTHORIZED
 Yes No

PROBABLE CAUSE OF DEATH:

I hereby certify that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause and manner of death in accordance with Chapter 331.801 and 802 and the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

PATHOLOGIST

- 1. _____
 - 2. Due to: _____
 - 3. Due to: _____
- Contributing factor: _____

State Case #, if applicable
SME

NON-M.E. AUTOPSY DONE
 Yes No

I.S.M.E. review: _____

Redmond
(Signature of Medical Examiner)

Medical Examiner Investigator

6-25-11
(Date Signed)

Poweshiek
(County of Appointment)

How Injury Occurred (24d. of death certificate):

Send original to Iowa State Medical Examiner. Copies must be forwarded to County Attorney's office(s).

110725CCC2702
Exhibit 2, 9 of 9

MEANS OF DEATH (Agency or Object) - IF OTHER THAN NATURAL

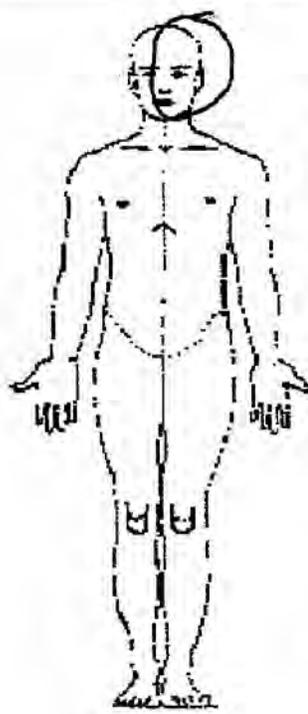
IF MOTOR VEHICLE INVOLVED	<input checked="" type="checkbox"/> Driver (if known)	<input type="checkbox"/> Lap Belt Used	<input type="checkbox"/> Hit-Run	<input type="checkbox"/> Passenger Car	<input type="checkbox"/> Farm Vehicle
	<input type="checkbox"/> Passenger (if known)	<input type="checkbox"/> Shoulder Belt Used	<input checked="" type="checkbox"/> Non-Highway	<input type="checkbox"/> Truck	<input type="checkbox"/> Other <u>RTV</u>
	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Crash Helmet Worn	<input type="checkbox"/> Air Bag Deployed	<input type="checkbox"/> Motorcycle	
	<input type="checkbox"/> Other	<input type="checkbox"/> Child Restraint		<input type="checkbox"/> Motorbike	
IF GUN	<input type="checkbox"/> Rifle - Cal. _____	<input type="checkbox"/> Stippling	<input type="checkbox"/> Oblong	<input type="checkbox"/> Head	<input type="checkbox"/> Buttocks
	<input type="checkbox"/> Handgun - Cal. _____	<input type="checkbox"/> Smudging	<input type="checkbox"/> Stellate	<input type="checkbox"/> Neck	<input type="checkbox"/> Thighs
	<input type="checkbox"/> Shotgun - Cal. _____	<input type="checkbox"/> Abrasion Collar	<input type="checkbox"/> Surg. Treated	<input type="checkbox"/> Chest	<input type="checkbox"/> Lower Legs
	<input type="checkbox"/> Unknown Type	<input type="checkbox"/> Round	<input type="checkbox"/> Other	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Feet
					<input type="checkbox"/> Upper Arms
					<input type="checkbox"/> Lower Arms
					<input type="checkbox"/> Hands
					<input type="checkbox"/> Other
IF INSTRUMENT:	WHAT KIND:		TYPE & LOCATION OF INJURIES:		
<input type="checkbox"/> Blunt / <input type="checkbox"/> Sharp					
IF DRUG, POISON, CHEMICAL (Suspected)	<input type="checkbox"/> Alcohol	REMARKS/SYMPTOMS:		<input type="checkbox"/> Ingested	<input type="checkbox"/> Other:
	<input type="checkbox"/> Other Drug, Poison, or Chemical:			<input type="checkbox"/> Injected	
	<input type="checkbox"/> Unknown			<input type="checkbox"/> Inhaled	
				<input type="checkbox"/> Topical	
				<input type="checkbox"/> Unknown	

MEDICAL HISTORY

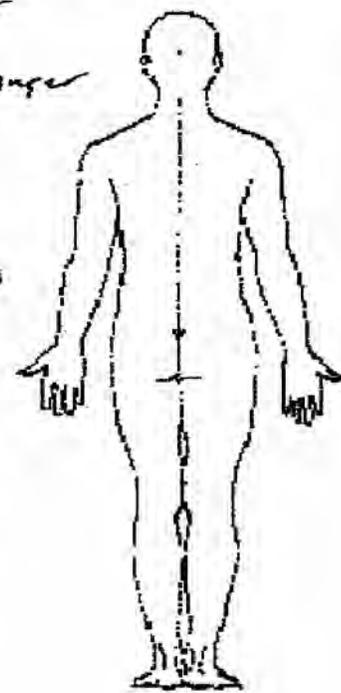
CONDITION:	<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Fractures	FAMILY PHYSICIAN - <u>J B Parison</u>	EMERGENCY MEDICAL HISTORY -
	<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart Disease	DOCTOR:	DOCTOR:
	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure:	ADDRESS:	WHERE TREATED:
	<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Other (specify):	PHONE #:	MEDICATIONS:
	<input type="checkbox"/> Lung Disease		MEDICATIONS:	

NEXT OF KIN - Address and Phone #:	<u>Dad (b)(6)</u>
FUNERAL HOME - Address and Phone #:	<u>Smiths</u>

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH (Add sheet if needed):



PT was involved in a RTV rollover
not sure if he was Driving or Passenger
Was pinned under RTV. ~~Left~~ LEFT
Side of Face Badly Damaged.
RTV slide down Road on Drivers
Side for About 40 FT. PT has
Cuts and scrapes all over Body



IDENTIFICATION OF BODY

<input type="checkbox"/> Preliminary	<input checked="" type="checkbox"/> Positive	Method: <u>Driver Lic.</u>
If by viewing, viewed by:		
Address:		
Relationship:	Telephone #:	

Jurisdiction Declined

From: msmith [mailto:msmith@poweshiekcsheriff.com]
Sent: Wednesday, August 17, 2011 10:00 AM
To: Cottral, Bridgette
Subject: (b)(3) ATV accident

Ms. Cottral,

The questions you have about the ATV accident involving the death of (b)(3)CPSA can be addressed to me, as I was the investigating officer. Mike Hoksbergen, who you have been in communication with, is a dispatcher/jailer, who enters and records the data into our server. In answer to your questions, yes the ORV had seatbelts, for the driver and passenger. The ORV also had bucket seats. I did take pictures of the vehicle and the seatbelts. Neither seatbelt was being worn at the time of the accident. The driver (fatal) was partially thrown out, being trapped between the floor and the road at the waist. The attached pictures should show this representatively. The two(2) passengers, were also ejected, one of them being partially trapped as well, and the other being thrown clear of the vehicle as it rolled. If there is anything else you need let me know.

I am sending 5 pics in this email. I will send another 5 in another email, as our server doesn't like to send a lot of pics in the same email.



Deputy Michael J. Smith 79-4
Poweshiek County Sheriff's Office
4802 Barnes City Road
P.O. Box 297
Montezuma, Ia 50171
PH: (641) 623-5679
FAX: (641) 623-5120
www.poweshiekcsheriff.com

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Incident UTV



Note: The victim's body is redacted.

06.25.2011 14:55

Incident UTV



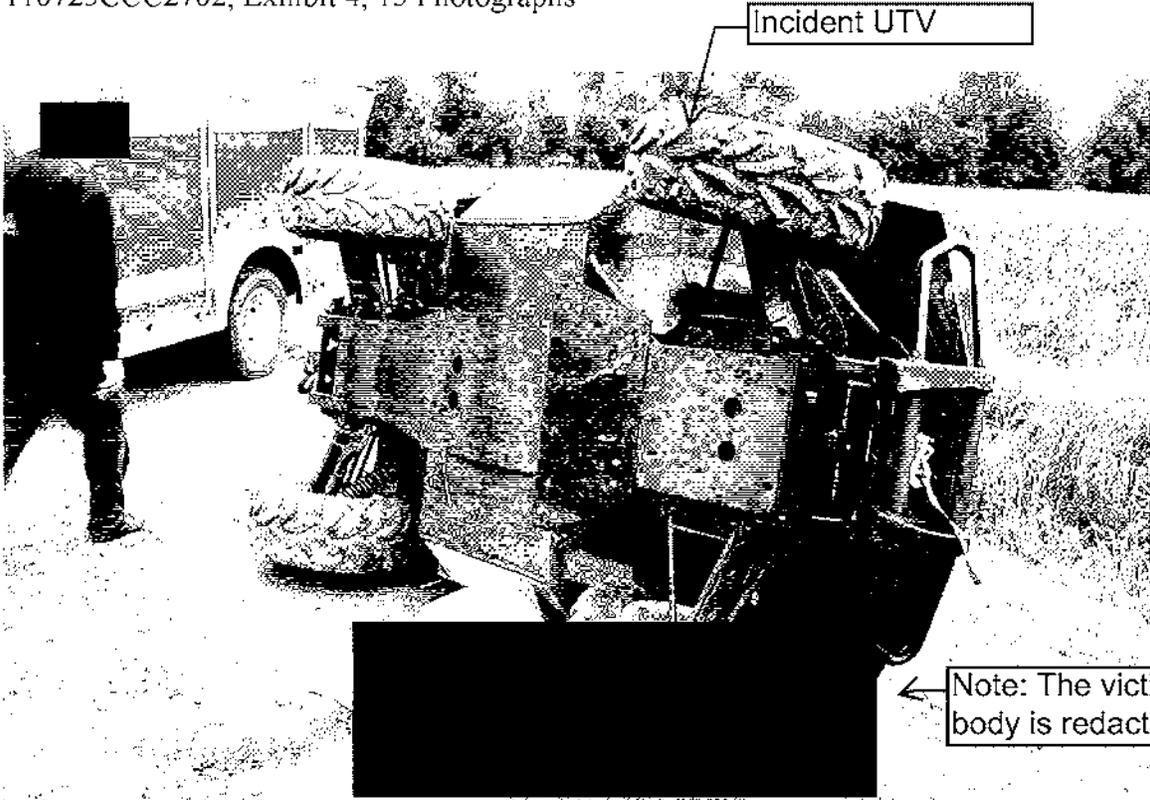
Note: The victim's body is redacted.

Incident UTV



Note: The victim's body is redacted.

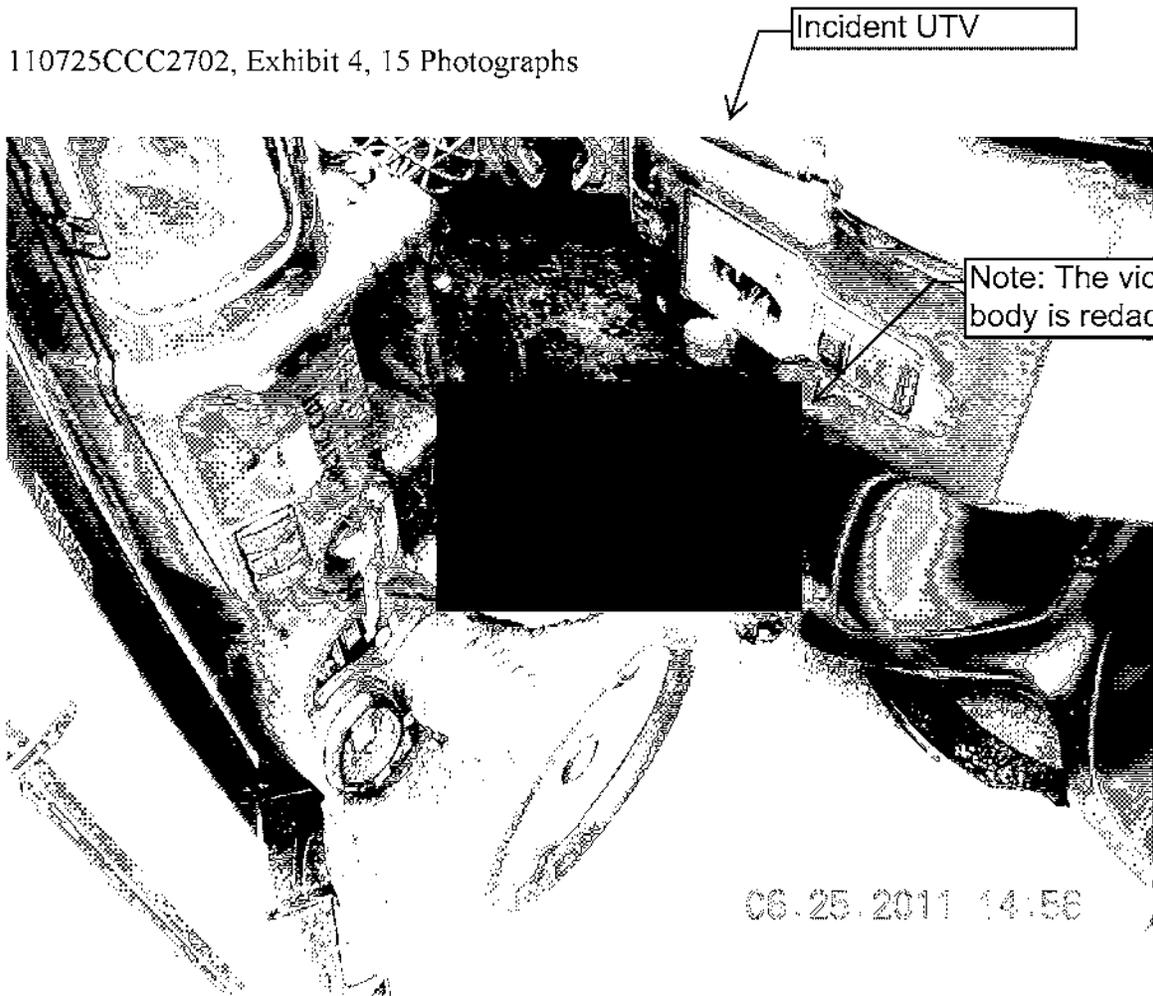
08.25.2011 11:54



Incident UTV

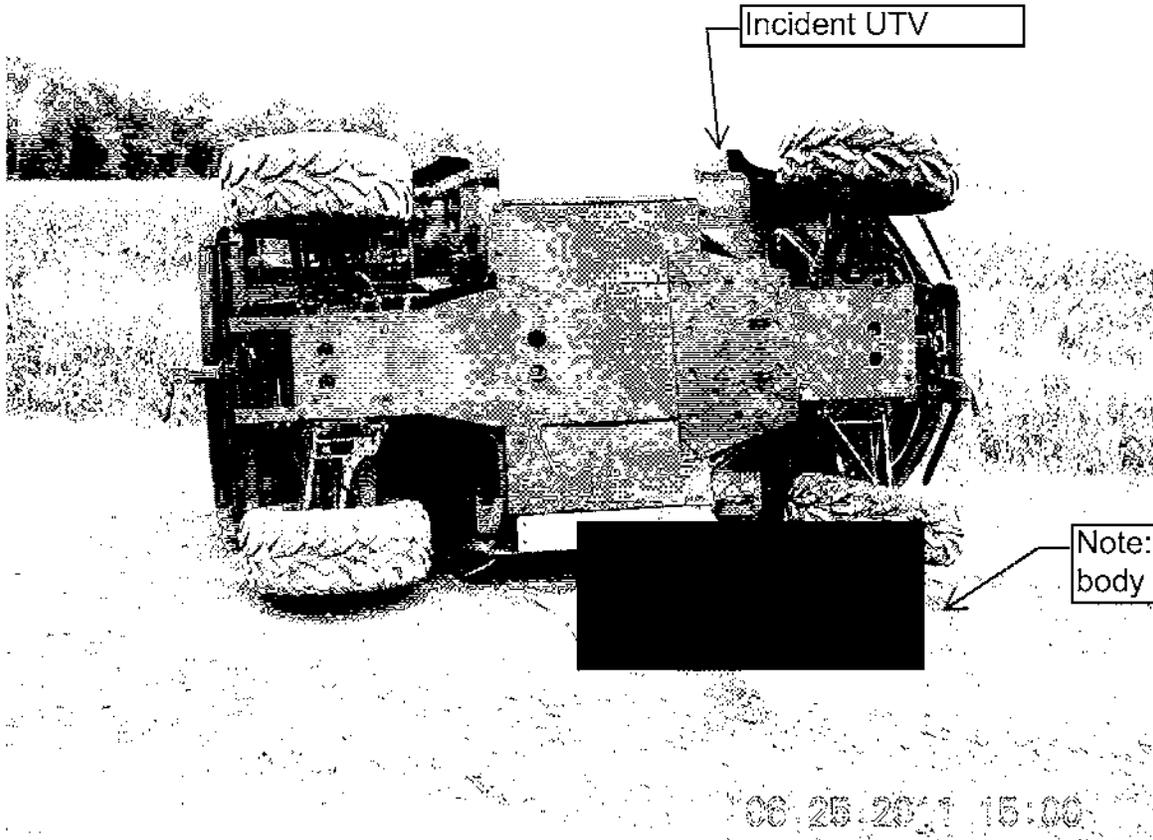
← Note: The victim's body is redacted.

08.25.2001 14:55



Incident UTV





Incident UTV

Note: The victim's body is redacted.

06-25-2011 15:00

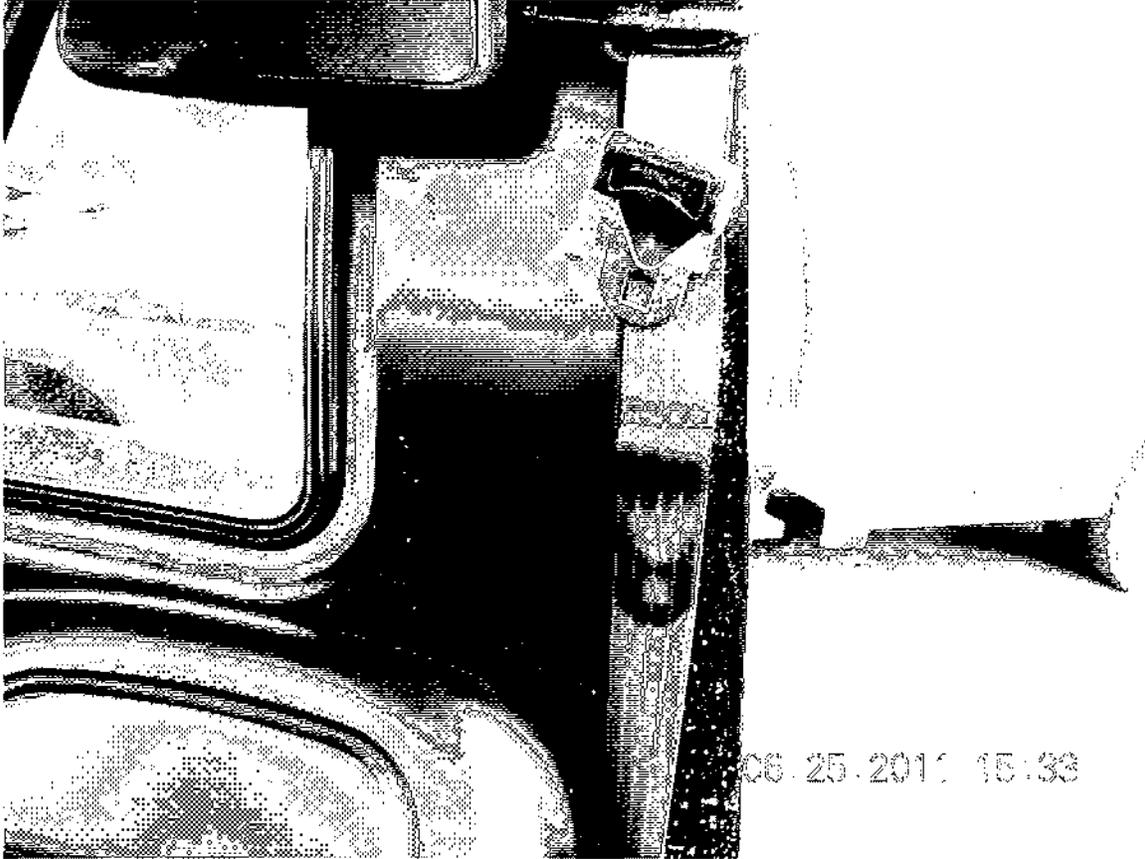
Incident UTV



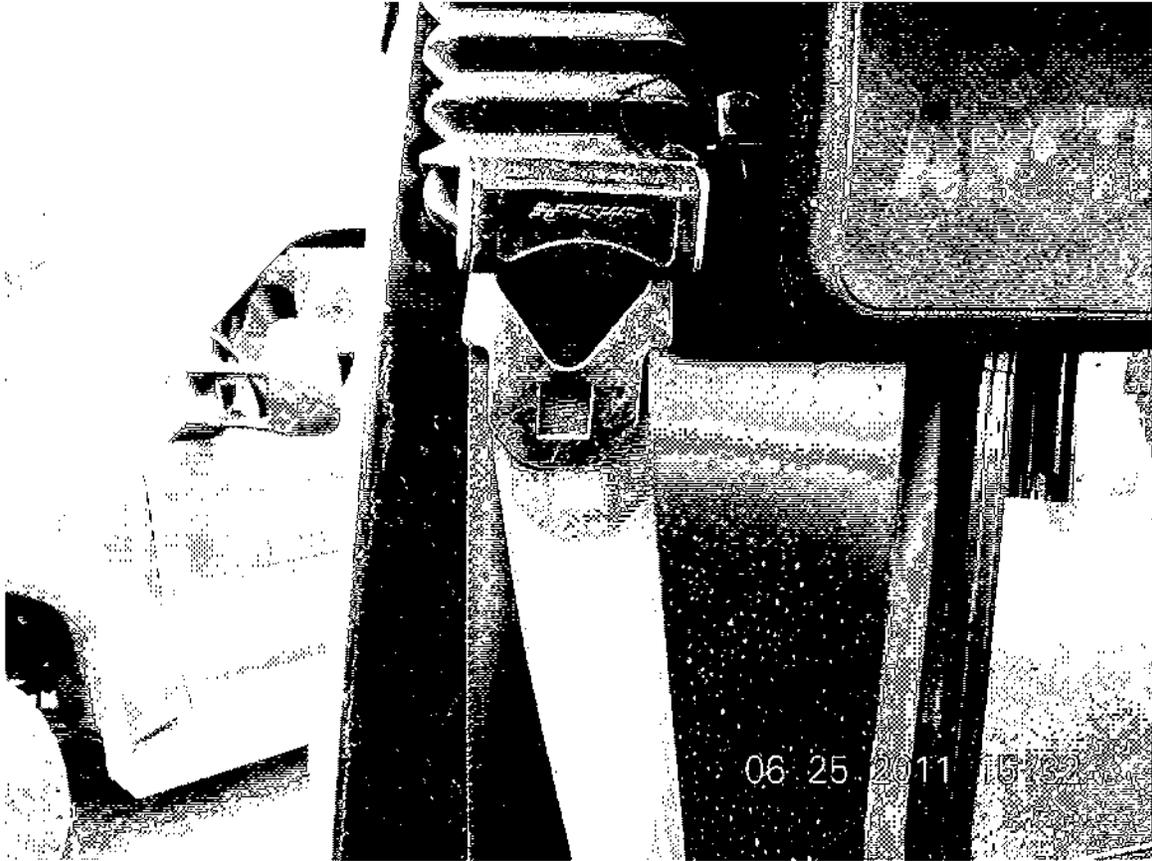
Note: The victim's body is redacted.

06.25.2011 15:00

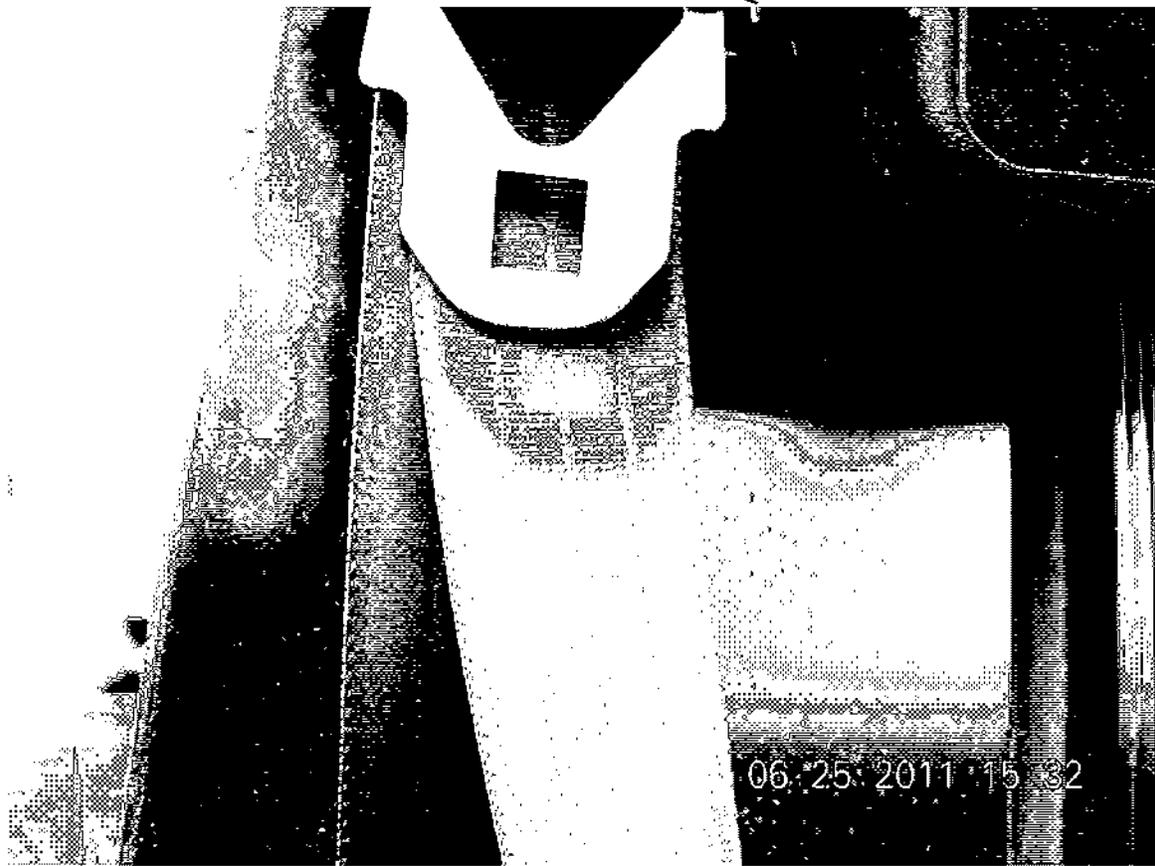
Incident UTV



Incident UTV



Incident UTV





110725CCC2702

Exhibit 5

DESCRIPTION OF RESPONDENTS:

Iowa Office of the State Medical Examiner, 2250 S. Ankeny Blvd., Ankeny, IA 50023-9093, 515-725-1400, Fax 515-725-1414

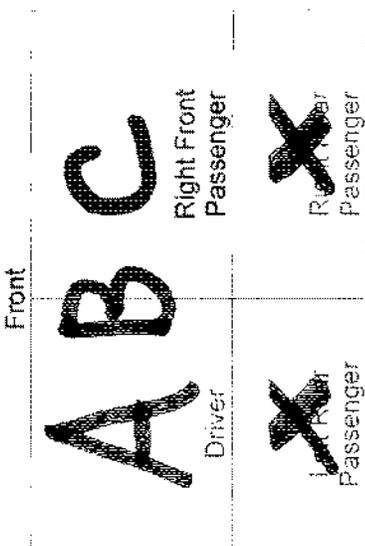
Poweshiek County Sheriff's Department, 4802 Barnes City Road, Montezuma, IA 50171, 641-623-5679, Fax 641-623-5120, Dawn X7916,

Mike Hoksbergen mhoksbergen@poweshiekcsheriff.com

Deputy Michael J. Smith 79-4, msmith@poweshiekcsheriff.com

1107250002702
 exhibit 6

Utility Vehicle Data Record Sheet



A Age: 15 Height: 6'4" Gender: M Weight: 155
 Helmet (Y/N): N Seatbelt (Y/N): N
 Killed/Injured/Neither/Unknown: KILLED
 Injury Description: BLUNT FORCE HEAD
 Did vehicle land on victim: YES
 Ejected (Either partially or fully): NO

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

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

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

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

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

The Utility Vehicle

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

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

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

Incident Details

Document Number: 11170122A

Report Number: 20110706-86C5D-2147477524

Report Submitted Date: 7/6/2011

Who You Are: Medical Examiner and Coroner

Incident Description: On 6/25/2011, a 15 year-old male was operating an Arctic Cat Prowler ATV with two female passengers on a rural gravel road. The male operator lost control of the vehicle and it slid along the gravel roadway on the passenger side ultimately coming to rest on top of the male operator. The two female passengers escaped from the accident with minor injuries. The male operator was pronounced dead at the scene. None of the riders were wearing helmets. Autopsy confirmed the cause of death for the male operator to be blunt force injuries of the head. The manner of death was certified as accident.

Incident Date: 6/25/2011

Incident Location: Street or Highway - (b)(3);CPSA Section 25(c) (b)(6)

Victim Details

First Name:

Last Name:

Injury Death Information:

Victim is of Hispanic/Latino origin? No

Race: White

Other Race/Ethnicity:

Source of Race Information: Official Document

Date Of Death: 6/25/2011

Cause Of Death: Unspecified

Gender: Male

Age when incident occurred: 15 Years

Address:

E-mail:

Phone Number:

Product Details

Product Description: Arctic Cat Prowler ATV

Product Category: Sports and Recreation

Product Type: Recreational Vehicles (Unlicensed)

110803HCC2783

This investigation was initiated as the result of a newspaper article. The article indicated a 13-year-old male had died as the result of an UTV accident.

The information in this report was based on the Sheriff's Report (Exhibit 3) and conversation with the Sheriff's Office. The Coroner's Report was requested but not received. Attempts to contact the next-of-kin of victim and the passenger were unsuccessful.

On July 23, 2011 in Covington County, Opp, AL, the victim, a 13-year-old male was operating a utility vehicle with one passenger, a 13-year-old female. They were riding in a field on private property. A deputy sheriff told me the 13-year-old female was the victim's girlfriend. He stated the utility vehicle was simply going too fast hit a bump (lump of dirt) in the field. The utility vehicle overturned on driver's side and landed on the victim's chest. The deputy stated the utility vehicle was equipped with seat belts which were not being worn. A helmet was not worn by either victim or passenger. The deputy stated the passenger in the utility vehicle was not injured and ran for help after the accident. When law enforcement arrived the vehicle was resting on the victim's chest. It was evident to law enforcement the victim was dead.

The deputy stated the utility vehicle was released to the family but he did not believe they still had the UTV. The deputy did not know any specifications of the utility vehicle other than it was a Polaris Ranger Browning (Exhibit 2) but did not know VIN number and year. He did state he knew the victim had been riding ATVs for quite some time. The deputy stated the law enforcement family knew this young man as he played ball with their children.

PRODUCT DESCRIPTION:

This is a 4-wheel utility vehicle known as **Polaris Ranger Browning.**

Manufacturer:

Polaris Industries, Inc.
2100 Highway 55
Medina, MI 55340

110803HCC2783

Year: Unknown
Brand: Polaris Ranger
Model: Browning
Description: Unknown
Condition: Unknown

Retailer where UTV was purchased is unknown.

EXHIBITS:

- 1-Contacts
- 2-Pictures (3)
- 3-Sheriff Report
- 4-Missing Document Form
- 5-UTV Data Record Sheet

Exhibit 1

110803HCC2783

List of Contacts

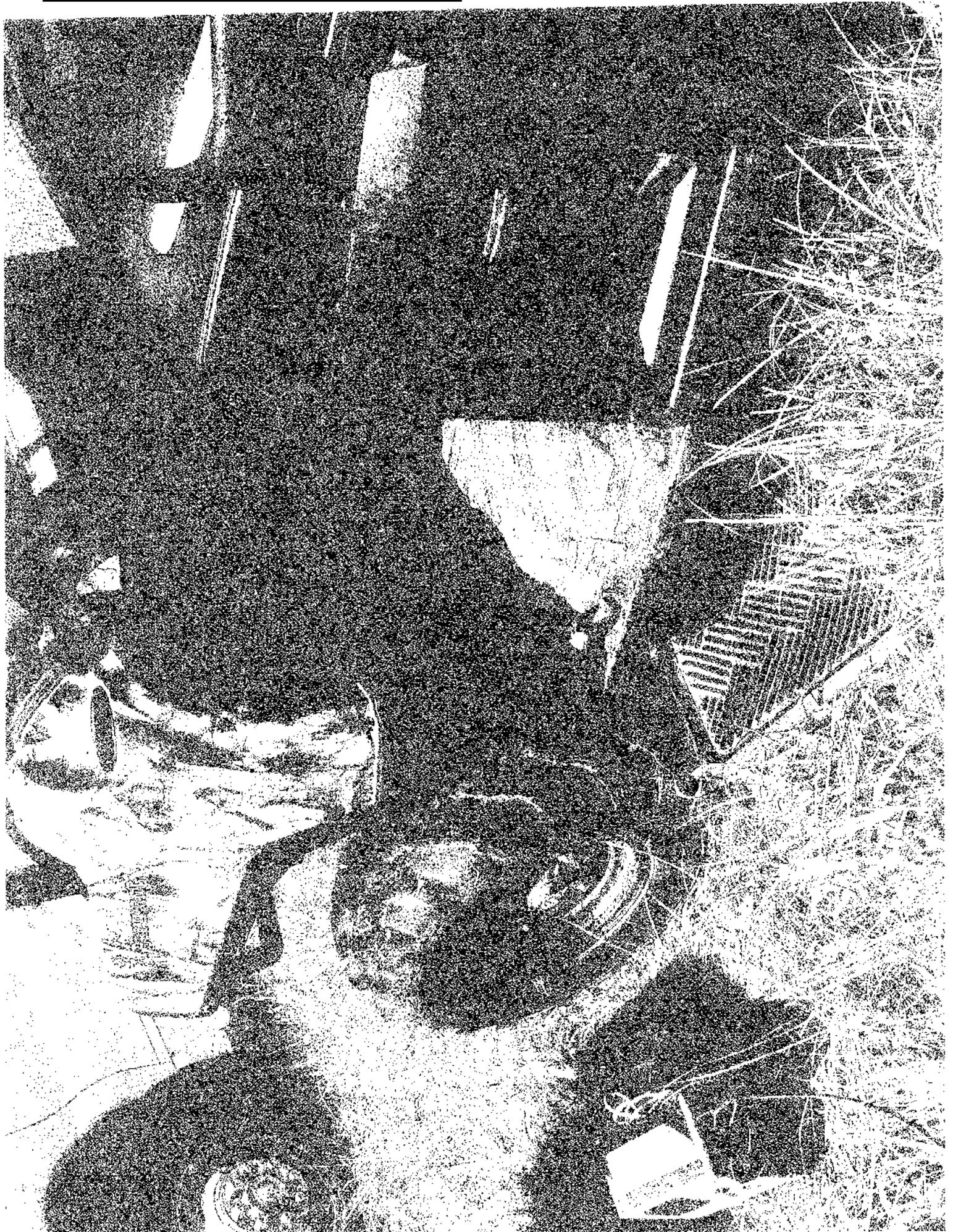
(b)(6)

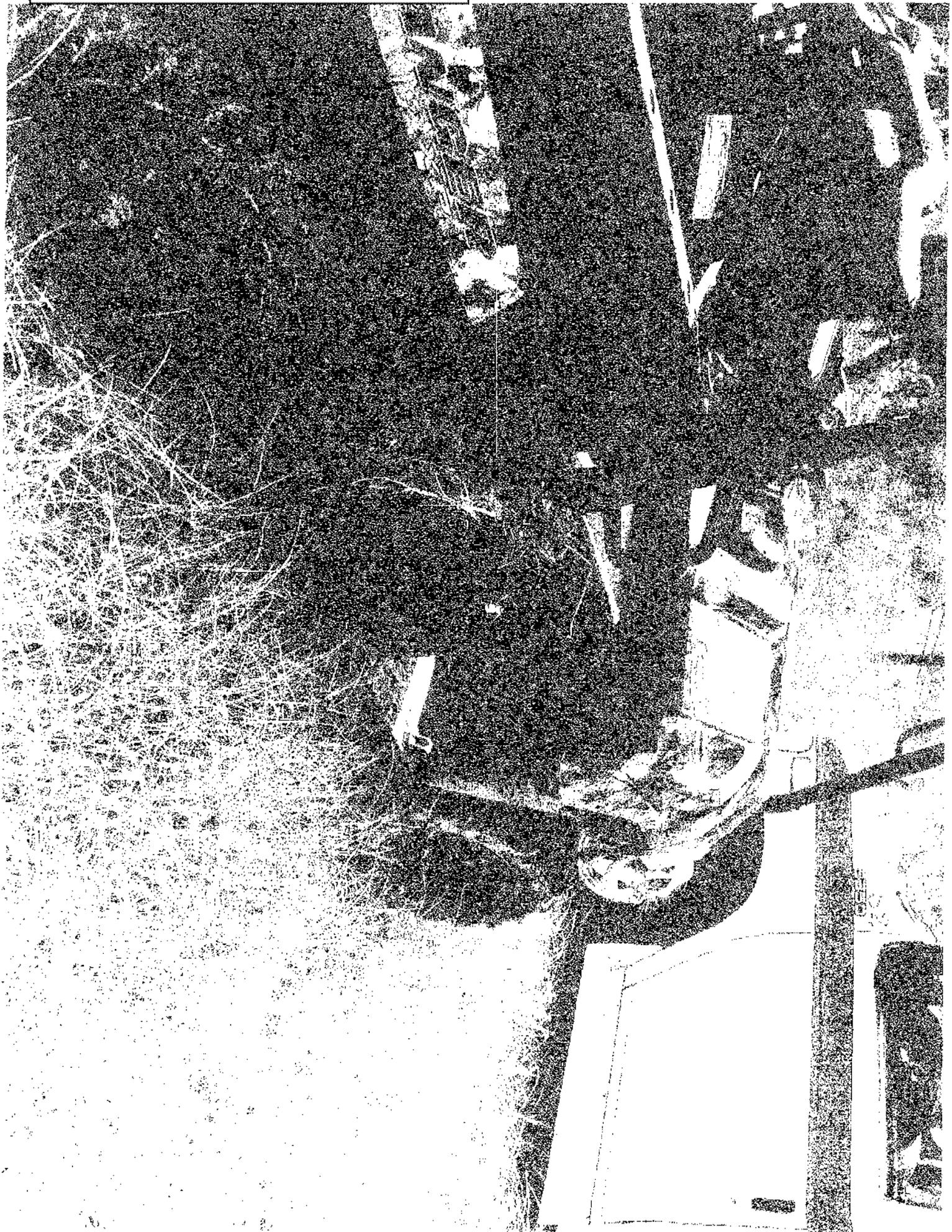
A large black rectangular redaction box covers the majority of the page content, starting below the '(b)(6)' label and extending down to the first date entry.

8-5-2011

**Covington County Sheriff
290 Hillcrest Road
Andalusia, AL 36420
(334) 428-2644
8-8-2011**

**Covington County Coroner
P. O. Box 457
Andalusia, AL 36420
(334) 222-4567
8-8-2011**







COVINGTON COUNTY

Incident Report

(b)(6)

Case No. 110700693	Rpt Segment Offenses	Page 1
Attempt <input type="checkbox"/>	Disposition CLSD - Closed	UCR Dispo CBEX
		Dispo Date 07/24/2011

Primary Offense
999-B - ATV ACCIDENT

Ident Types / Tags
- Juvenile J - Juvenile J - Juvenile J - Juvenile J - Juvenile

Attention: This Report Contains Juvenile Information

Location of Incident C RD, OPP, AL 36467	Occurred	Date/Time	Day
	On or From	07/23/2011 13:45:00	Sat
Offense	To	07/23/2011 13:55:00	Sat
	Reported	07/23/2011 13:55:00	Sat
	Exceptional Clearance		

Method of Operation

Instruments Used for Entry	Entry Pts	Exit Pts
Methods of Entry	Left Scene By	

TREAT FOR RAPE INJ	NO	VER FOR RAPE EX	NO
WEATHER	CLEAR	LIGHTING	NATURAL
ASSAULT		TRT FOR ASSAL INJU	NO
CUSTOM FIELD		Custom Field	
Custom Field		Custom Field	
Custom Field		Custom Field	

Solvability Factors Total Solvability Pts **5**

COMP/WIT IDENTIFY SUSPECT?	Is there significant M.O.?
PHON/ADD GIVN OF SUSPECT?	Is there an unusual M.O.?
STOLEN PROP TRACABLE/SERIAL NUMBER?	Good possibility of solution?
SUSPECT'S VEHICLE DESCRIBED/TAG GIVEN?	RANGE OF OCCURANCE (LESS 24 HRS) ✓
WITNESS WRITTEN STATEMENTS GIVEN?	FINGERPRINTS OBTAINED
SIGN A COMPLAINT OR WILLING TO GO TO	ASSAULT/RAPE KIT

Attempt <input type="checkbox"/>	Aid/Abst/Vets	Offense Code - Desc 9999-B -	UCR Code - Desc 9999 - Non-UCR Reportable Incident
Offense Type 0 - Field / Woods	Bias 88 - None: No Bias	# Premises	Entry Method
Inspected of Using V - Not Applicable N - Not Applicable N - Not Applicable	Type of Activity	Force / Weapon	



COVINGTON COUNTY

Incident Report

(b)(6)

Case No. 110700693	Rpt Segment Offenses	Page 1
Attempt <input type="checkbox"/>	Disposition CLSD - Closed	UCR Dispo CBEX
		Depto Date 07/24/2011

Primary Offense
9999-8 - ATV ACCIDENT

Incident Types / Tags
J - Juvenile J - Juvenile J - Juvenile J - Juvenile J - Juvenile

Attention: This Report Contains Juvenile Information

Location of Incident KC RD, OPP, AL 36467	Occurred	Date/Time	Day
Synopsis J - Juvenile	On or From	07/23/2011 13:48:00	Sat
	To	07/23/2011 13:55:00	Sat
	Reported	07/23/2011 13:55:00	Sat
	Exceptional Clearance		

Method of Operation

Instruments Used for Entry	Entry Pts	Exit Pts
Methods of Entry	Left Scene By	
TREAT FOR RAPE INJ NO WEATHER CLEAR ASSAULT CUSTOM FIELD Custom Field Custom Field	VER FOR RAPE EX NO LIGHTING NATURAL TRT FOR ASSAL INJU NO Custom Field Custom Field Custom Field	

Solvability Factors

Total Solvability Pts **5**

COMP/WIT IDENTIFY SUSPECT?	is there significant M.O.?
PHON/ADD GIVN OF SUSPECT?	is there an unusual M.O.?
STOLEN PROP TRACABLE/SERIAL NUMBER?	Good possibility of solution?
SUSPECT'S VEHICLE DESCRIBED/TAG GIVEN?	RANGE OF OCCURANCE (LESS 24 HRS) <input checked="" type="checkbox"/>
WITNESS WRITTEN STATEMENTS GIVEN?	FINGERPRINTS OBTAINED
SIGN A COMPLAINT OR WILLING TO GO TO	ASSAULT/RAPE KIT

Attempt / Aid/Abet/etc <input type="checkbox"/>	Offense Code - Desc 9999-8 -	UCR Code - Desc 9999 - Non-UCR Reportable Incident
Premise Type 10 - Field / Woods	Bias 88 - None: No Bias	# Premises Entry Method
Suspected of Using N - Not Applicable N - Not Applicable N - Not Applicable	Type of Activity	Force / Weapon



COVINGTON COUNTY

Incident Report

(b)(6)

Case No.
110700693

Rpt Segment
Narratives

Page
1

Incident Narrative

1 ON DATE AND TIME ABOVE I SGT WISE WAS DISPATCHED TO A ACCIDENT ON (b)(6)

2 INVOLVING AN ALL TERRAIN VEHICLE. UPON ARRIVAL I OBSERVED A POLARIS RANGER

3 TURNED OVER ON THE DRIVERS SIDE RESTING ON TOP OF THE CHEST OF THE VICTIM 13 YR

4 OLD (b)(3):CPSA Section 2 I AND SHERIFF'S POSSE MEMBER JOE BARTON FLIPPED THE

5 VEHICLE OFF OF THE VICTIM , IT WAS OBVIOUS TO ME AT THAT POINT THE VICTIM WAS

6 DECEASED . I NOTIFIED COMM. CENTER AND ADVISED THEM TO CALL THE CORONER. RESCUE

7 OFFICIALS PERFORMED THEIR PROCEDURES AND CONFORMED THE VICTIM WAS DECEASED.

8 VICTIM'S GIRLFRIEND (b)(3):CPSA S WAS THE ONLY OTHER OCCUPANT AND SHE WAS NOT

9 HARMED IN THE ACCIDENT. AFTER THE ACCIDENT OCCURRED (b)(6) RAN TO GET HELP. THE

10 ACCIDENT OCCURRED ON PRIVATE PROPERTY IN A FIELD. I TOOK PHOTOS OF THE SCENE

11 AND VEHICLE WAS RELEASED TO THE OWNERS .

By ID
IT KEVIN WISE

2310

Reviewed By

Date

COVINGTON COUNTY

Incident Report

(b)(6)

Case No. **110700693** Rpt Segment **Offenses** Page **2**

Primary Offense
399-B - ATV ACCIDENT

Attempt Disposition **CLSD - Closed** UCR Dispo **CBEX** Dispo Date **07/24/2011**

Ident Types / Tags

- Juvenile J - Juvenile J - Juvenile J - Juvenile J - Juvenile

Attention: This Report Contains Juvenile Information

Attempt <input type="checkbox"/>	Aid/Abet/etc	Offense Code - Desc 9999-1089 - DEATH INVESTIGATION	UCR Code - Desc 9999 - Non-UCR Reportable Incident
Offense Type - Field / Woods	Bias 88 - None: No Bias	# Premises	Entry Method
Method of Using - Not Applicable - Not Applicable - Not Applicable	Type of Activity	Force / Weapon 35 - Motor Vehicle (when used as a weapon) 35 - Motor Vehicle (when used as a weapon) 35 - Motor Vehicle (when used as a weapon)	

Date	Time	Role	Officer Name	Agency	Duty Assignment
7/23/2011	13:55:00	Primary Officer	SGT KEVIN WISE	CCSO	Sergeant
7/23/2011	13:55:00	Reporting Officer	SGT KEVIN WISE	CCSO	Sergeant



Task No. 11803HCC2783 _____

Date: 9-23-2011 _____

STATUS OF MISSING DOCUMENT (S)

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

- 1. Coroner Report/Death Certificate _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

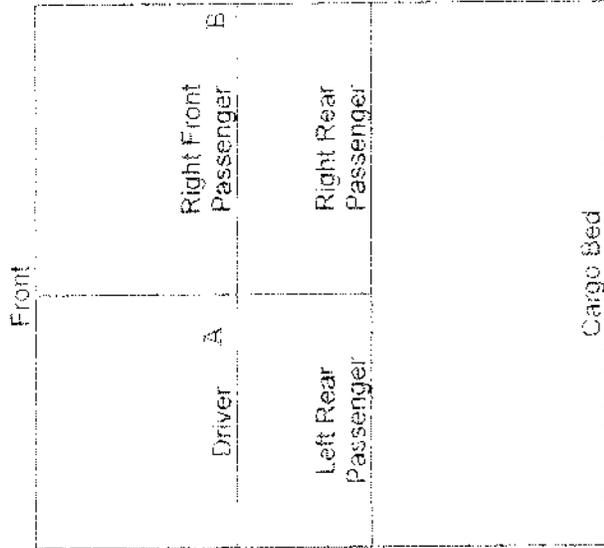
Date: 9-23-2011 _____

Investigator No: 9104 _____

Regional office: _____

Supervisor No: _____

Utility Vehicle Data Record Sheet



The Utility Vehicle

D:

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

E:

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

F:

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

A:

Age	13	Height	Unknown
Gender	M	Weight	Unknown
Helmet (Y/N)	N	Seatbelt (Y/N)	N
Killed/Injured/Neither/Unknown: Killed			
Injury Description: Crushed			
Did vehicle land on victim: Yes			
Ejected (Either partially or fully): Fully			

B:

Age	13	Height	Unknown
Gender	F	Weight	Unknown
Helmet (Y/N)	N	Seatbelt (Y/N)	N
Killed/Injured/Neither/Unknown: Neither			
Injury Description: N/A			
Did vehicle land on victim: NO			
Ejected (Either partially or fully): NO			

C:

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

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

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

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

MEMBER CENTER: [Create Account](#) | [Log in](#)

SITE SEARCH

WEB SEARCH BY Google

Go



Email Share Print Text Size

Teen killed in ATV accident

Recommend Sign Up to see what your friends recommend.

Posted: Jul 24, 2011 7:32 PM EDT
Updated: Jul 25, 2011 8:11 AM EDT

By Kim Schupp - email

Deputies responded to a call from dispatch on Sunday afternoon about an ATV accident of [REDACTED] in the Opp area.

When deputies arrived they found a Polaris Ranger ATV overturned with a 13-year old male underneath it.

Deputies lifted the Ranger off the male as medical units arrived on scene.

Medics pronounced the teen dead at the scene.

The accident is still under investigation, and the males name has not been released due to his age.

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Choosing your wedding colors
Recognize dyslexia in children
Why kids lie - age by age

Unrated

NEWS

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[Shooting on Rosa Parks Avenue](#)

[Father and son arrested in Covington County](#)

[Teen killed in ATV accident](#)

AL
13M
product code = 5044
7/23/11

This investigation was initiated based upon a news article that indicated an electrical problem in the engine area of an off-road vehicle caused a fire which spread to the house. This investigation was initiated on August 8, 2011.

This investigator contacted the fire marshal who stated that the utility-terrain vehicle (UTV) was heavily damaged due to being fully engulfed in the fire. The fire marshal stated that the cause of the fire in the UTV was undetermined, but he also stated that there appeared to be a large electrical-arc area near the driver's seat. The fire marshal provided photographs (see Exhibit A) and a fire investigation report (see Exhibit B).

According to the fire report (see Exhibit B), on July 2, 2011, at 16:53 hrs, emergency personnel responded to a fire in a residential structure. The structure was a single-family, one-story residence that was approximately 2,200 square feet. The report indicates that the estimated property loss was \$200,000 and the estimated content loss was \$125,000.

The fire report indicates that the UTV owner (32-year old male) was cooking dinner inside the residence when he decided to go outside onto the back porch. At this time, the owner observed the UTV fully involved in flames and he ran to his work truck to retrieve a fire extinguisher. According to the fire marshal, the fire extinguisher was a five pound "BC" extinguisher. The report indicates that the fire extinguisher did not put out the fire, so the UTV owner attempted to use a garden hose to put out the flames on the UTV.

While using the garden hose, the fuel tank burned and ruptured allowing fuel to run out and intensify the fire. The report indicates that the UTV owner advised that while the UTV was on fire, the UTV attempted to start multiple times. The owner was not successful putting out the flames with the garden hose and the fire spread to the carport and eventually the entire residence.

This investigator contacted the UTV owner who provided additional information about the incident. The owner stated that he purchased the UTV, brand new, in September 2009 from a local UTV dealer in Victoria, Texas. The owner stated that the last service on the UTV was the 25 hour oil change that was accomplished at the end of 2009. The owner stated that the service was completed where he purchased the UTV and that there were no problems with the UTV before, during, or after the oil change, until the time of the incident.

The UTV owner stated that there were no accessories or modifications to the UTV and that the UTV only had approximately 130 hours on it when the incident occurred. The owner stated

PRODUCT #2 IDENTIFICATION:

Type: SMOKE ALARM
Brand: **FIRST ALERT**
Model: UNKNOWN
Retailer: UNKNOWN
Manufacturer: **FIRST ALERT, INC. (AURORA, IL)**

ATTACHMENTS:

Exhibit A - Photographs (18)
Exhibit B - Fire Report
Exhibit C - UTV Specifications (online website)
Exhibit D - Weather History (online website)
Exhibit E - Smoke Alarm Data Record Sheet
Exhibit F - UTV Data Record Sheet
Exhibit G - List of Respondents

A-1



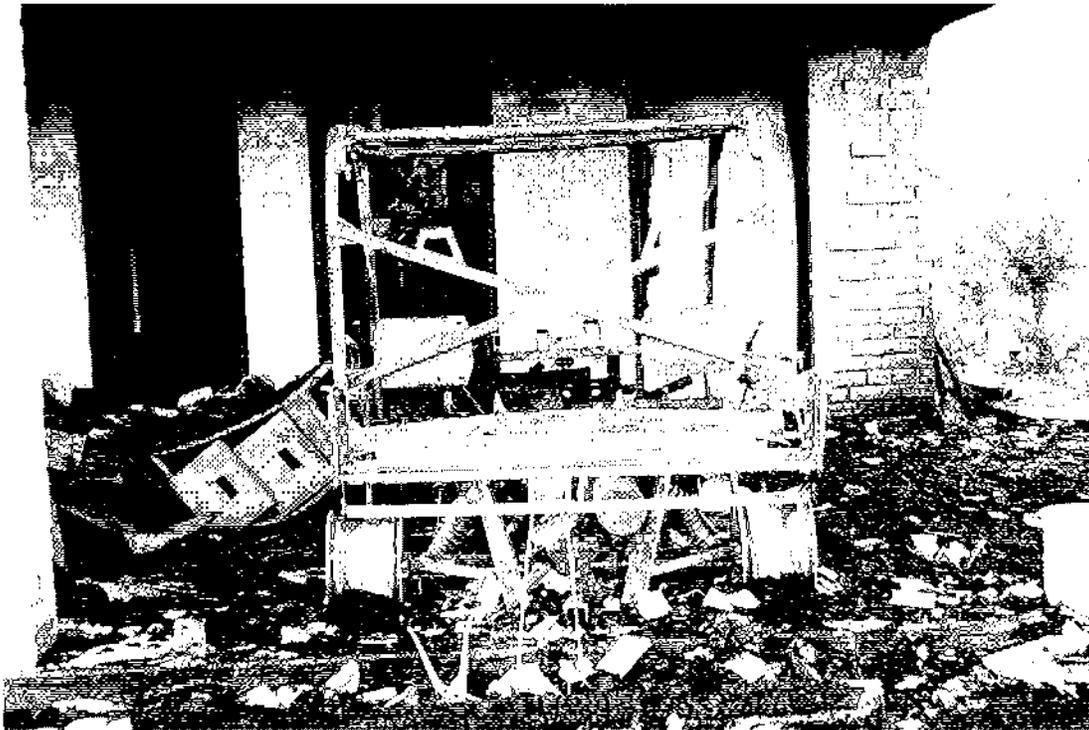
View Dept. photo - exterior view of damage

A-2



View Dept. photo - interior view of damage

A-3



View from driver's side - View of 1001

A-4



View from driver's side - View of 1001

A-5



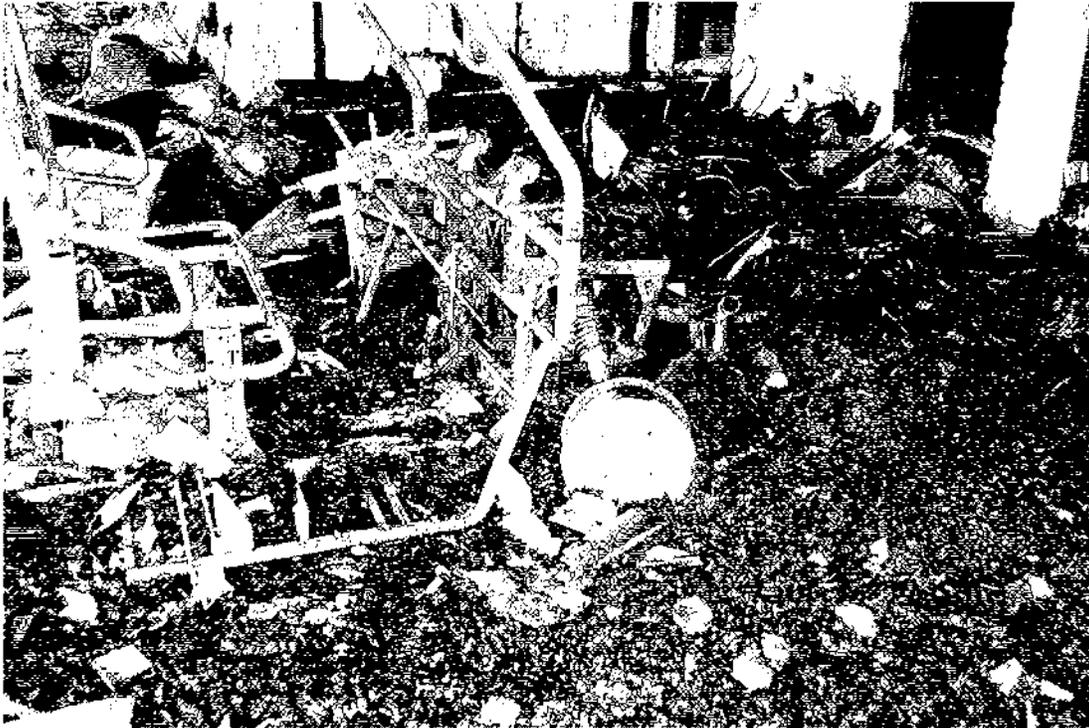
View North, plus View of 1000

A-6



View North, plus View of 1000

A-7



View Dept. photo - View of 700

A-8



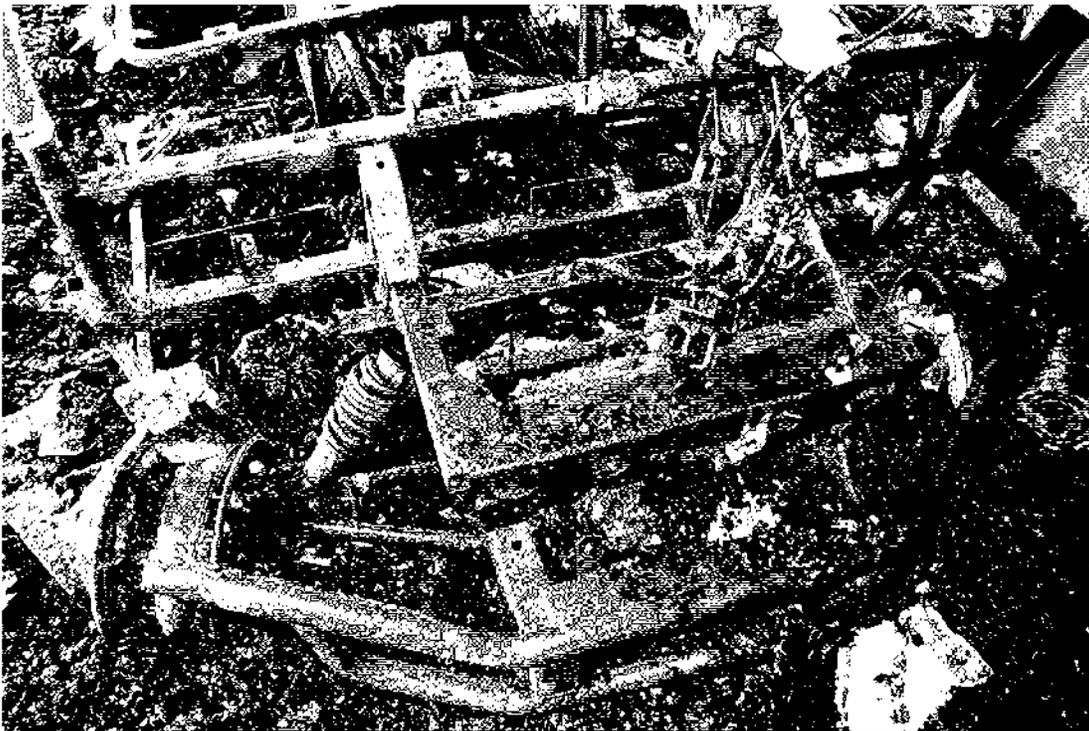
View Dept. photo - View of 700

A-9



View Dept. 1100 - View of 1100

A-10



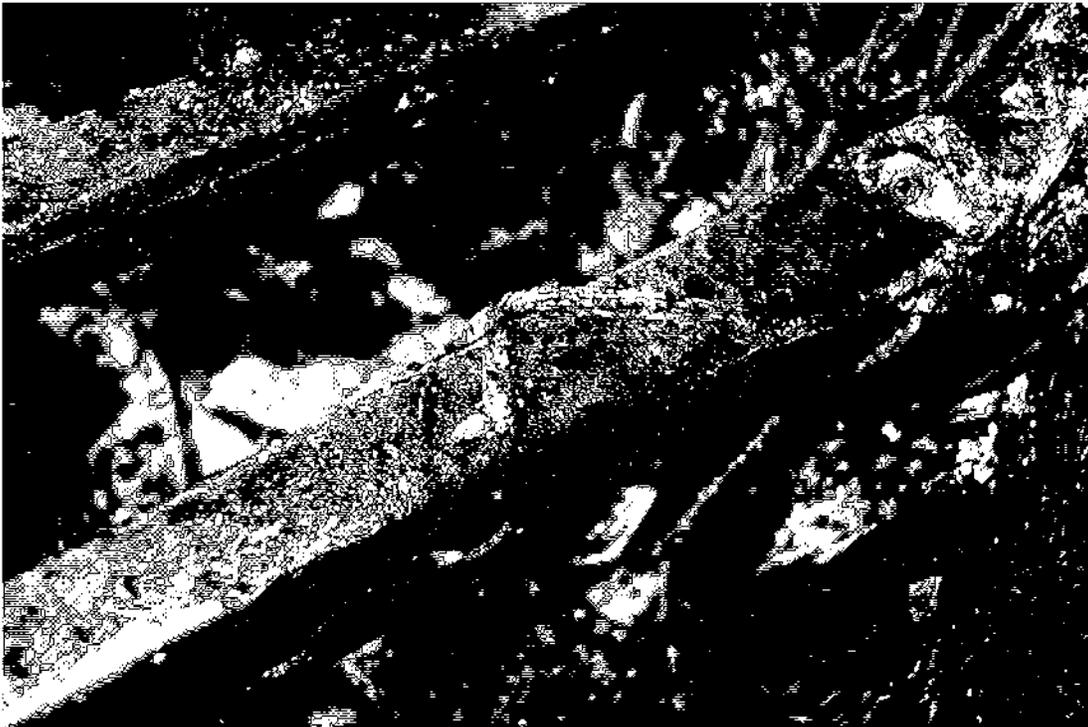
View Dept. 1100 - View of 1100

A-11



View Dept. photo - View of 1001

A-12



View Dept. photo - View of 1001

A-13



Photo Dept. photo - View of 1001

A-14

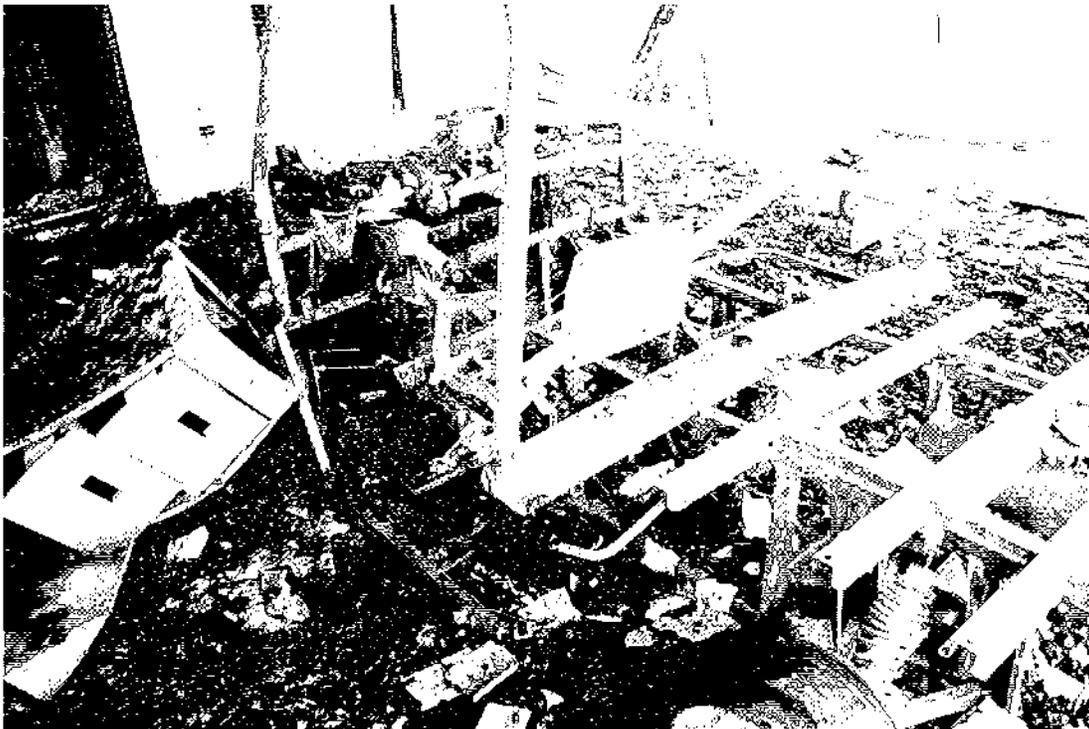
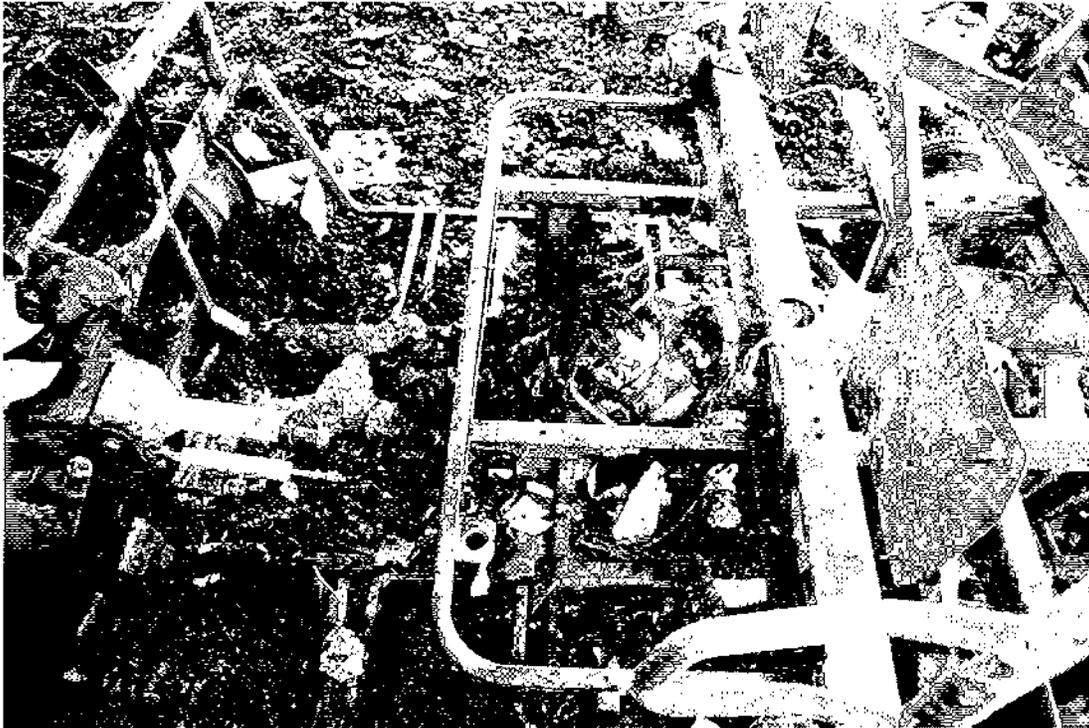


Photo Dept. photo - View of 1001

A-15



View from the front of the vehicle.

A-16



View from the front of the vehicle.

A-17



View Dept. photo - View of 1001

A-18



View Dept. photo - View of 1001

TX	MM	DD	YYYY	ST5	11-0000001	DDG	Station	Incident Number	Expense	NFIRS-1 Basic
07	02	2011								

B Location*

Check this box to indicate that the address for this incident is provided by the applicant (see Census Shift)

Street address (b)(6)

Intersection

In front of

Rear of

Adjacent to

Directions

Number/Highpost Prefix Street or Highway Street Type Suffix

City State Zip Code

Cross street or directions, as applicable

C Incident Type *

111 building fire

Incident Type

D Aid Given or Received*

1 Mutual aid received

2 Automatic aid recvd.

3 Mutual aid given

4 Automatic aid given

5 Other aid given

N None

Their FDID Their State

Their Incident Number

E1 Date & Times Midnight is 0000

Check boxes if dates are the same as Alarm Date.

Month Day Year Hr Min Sec

Alarm * 07 02 2011 16:53:27

ARRIVAL required, unless canceled or did not arrive

Arrival * 07 02 2011 17:15:20

CONTROLLED Optional, except for wildland fires

Controlled

LAST UNIT CLEARED, required except for wildland fires

Last Unit 07 02 2011 22:51:56

Cleared

E2 Shift & Alarms

Local Option

C MV

Shift or Alarms District Platoon

E3 Special Studies

Local Option

Special Study IDs Special Study Value

F Actions Taken *

81 Incident command

Primary Action Taken (1)

11 Extinguishment by fire

Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources *

Check this box and skip this section if an Apparatus or Personnel form is used.

Apparatus Personnel

Suppression 0005 0009

EMS 0001 0002

Other 0001

Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values

LOSSES: Required for all fires if known. Optional for non fires. None

Property \$ 200,000

Contents \$ 125,000

PRE-INCIDENT VALUE: optional

Property \$ 200,000

Contents \$ 125,000

Completed Modules

Fire-2

Structure-3

Civil Fire Cas.-4

Fire Serv. Cas.-5

EMS-6

HazMat-7

Wildland Fire-8

Apparatus-9

Personnel-10

Arson-11

H1* Casualties None

Deaths Injuries

Fire Service

Civilian

H2 Detector

Required for Confined Fires.

Detector alerted occupants

Detector did not alert them

Unknown

H3 Hazardous Materials Release

N None

1 Natural Gas: slow leak, no evacuation or HazMat actions

2 Propane gas: <21 lb. tank (as in home BBQ grill)

3 Gasoline: vehicle fuel tank or portable container

4 Kerosene: fuel burning equipment or portable storage

5 Diesel fuel/fuel oil: vehicle fuel tank or portable

6 Household solvents: home/office spill, cleanup only

7 Motor oil: from engine or portable container

8 Paint: from paint cans totaling < 55 gallons

0 Other: special HazMat actions required or spill > 55gal. Please complete the HazMat form.

I Mixed Use Property

NN Not Mixed

10 Assembly use

20 Education use

33 Medical use

40 Residential use

51 Row of stores

53 Enclosed mall

58 Bus. & Residential

59 Office use

60 Industrial use

63 Military use

65 Farm use

00 Other mixed use

J Property Use* Structures

131 Church, place of worship

161 Restaurant or cafeteria

162 Bar/Tavern or nightclub

213 Elementary school or kindergarten

215 High school or junior high

241 College, adult education

311 Care facility for the aged

331 Hospital

341 Clinic, clinic type infirmary

342 Doctor/dentist office

361 Prison or jail, not juvenile

419 1-or 2-family dwelling

429 Multi-family dwelling

439 Rooming/boarded house

449 Commercial hotel or motel

459 Residential, board and care

464 Dormitory/barracks

519 Food and beverage sales

539 Household goods, sales, repairs

579 Motor vehicle/boat sales/repair

571 Gas or service station

599 Business office

615 Electric generating plant

629 Laboratory/science lab

700 Manufacturing plant

819 Livestock/poultry storage (barn)

882 Non-residential parking garage

891 Warehouse

Outside

124 Playground or park

655 Crops or orchard

669 Forest (timberland)

807 Outdoor storage area

919 Dump or sanitary landfill

931 Open land or field

936 Vacant lot

938 Graded/care for plot of land

946 Lake, river, stream

951 Railroad right of way

960 Other street

961 Highway/divided highway

962 Residential street/driveway

981 Construction site

984 Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:

Property Use 419

1 or 2 family dwelling

Entity Involved

Business name (if applicable) Area Code Phone Number

Check this box if same address as incident location. Then skip the three duplicate address lines.

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

K2 Owner Same as person involved? Then check this box and skip the rest of this section.

Local Option Check this box if same address as incident location. Then skip the three duplicate address lines.

Business name (if applicable) Area Code Phone Number

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code

I. Remarks
Local Option

Information on the units assigned to the call follows.

Radio#: Ofcr 1: Ofcr 2: DSP: 07/02/11 16:53 ENR: Unit#: EMTN

: ARV: : DPT: : AR2: : DP2: :

QTR: : CLR: 07/02/11 16:55 Unit#: 800 Radio#:

Ofcr 1: 800 Ofcr 2: DSP: 07/02/11 16:53 ENR: 07/02/11 18:27 ARV:

07/02/11 19:01 DPT: : AR2: : DP2: :

QTR: : CLR: 07/02/11 20:28 Unit#: MVTN Radio#:

Ofcr 1: Ofcr 2:

07/03/2011 00:05:07 DFERGUSON

E5 T1 B1 M5 903 MVVFD, NUVFD dispatched for house on fire at (b)(6) MVVFD unit arrived on scene initially advised fully involved structure and began defensive operations from the B,C corner of resident. E5 arrived on scene to find a single story structure approx 30 percent involved body of fire is in the B,C section of home. E5 deployed handline's to A side front door, entry made by unlocking the door from the inside via a broken out window. M5 on scene established RIT, 903 on scene assumed Command. E5 made entry encountered heavy fire and poor visibility. Fire is in the attic space of home. Extinguishment began, with a positive affect, it was noted that we were able to push fire back to B, C section of home. T1 B1 arrived on scene assisted with fire attack with a positive affect. NUVFD units and CT 2 arrived on scene and established water shuttle operations. E5 performed primary search, noted all clear. Fire was brought under control. Salvage and overhaul operations were initiated. All possession which were still viable were taken out of home per home owners request. VCFAAA is on scene established rehab. Home checked for hot spots, all were extinguished. All units returned to service.

I. Authorization

Officer in charge ID Signature Position or rank Assignment Month Day Year

Check box if same as Officer in charge.

Officer Member making report ID Signature Position or rank Assignment Month Day Year

TX Station *	MM 7	DD 2	YYYY 2011	ST5 Station	11-0004601 Incident Number *	000 Exposure *	Complete Narrative
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Narrative:

Information on the units assigned to the call follows.

Radio#:	Ofer 1:	Ofer 2:	DSP: 07/02/11 16:53	ENR:	Unit#: FMTN
: ARV:	:	DPT:	: AR2:	: DP2:	:
QTR:	: CLR: 07/02/11 16:55			Unit#: 800	Radio#:
Ofer 1:	800	Ofer 2:	DSP: 07/02/11 16:53	ENR: 07/02/11 18:27	ARV:
07/02/11 19:01	DPT:	:	AR2:	: DP2:	:
QTR:	: CLR: 07/02/11 20:28			Unit#: MVTN	Radio#:
Ofer 1:	Ofer 2:				

07/03/2011 00:05:07 DFERGUSON

E5 T1 B1 M5 903 MVVFD, NUVFD dispatched for house on fire at (b)(6) MVVFD unit arrived on scene initially advised fully involved structure and began defensive operations from the B,C corner of resident. E5 arrived on scene to find a single story structure approx 30 percent involved body of fire is in the B,C section of home. E5 deployed handline's to A side front door, entry made by unlocking the door from the inside via a broken out window. M5 on scene established RIT, 903 on scene assumed Command. E5 made entry encountered heavy fire and poor visibility. Fire is in the attic space of home. Extinguishment began, with a positive affect, it was noted that we were able to push fire back to B, C section of home. T1 B1 arrived on scene assisted with fire attack with a positive affect. NUVFD units and CT 2 arrived on scene and established water shuttle operations. E5 performed primary search, noted all clear. Fire was brought under control. Salvage and overhaul operations were initiated. All possession which were still viable were taken out of home per home owners request. VCFAAA is on scene established rehab. Home checked for hot spots, all were extinguished. All units returned to service.

B Property Details

B1 0001 Not Residential
Estimated Number of residential living units in building or other structure or not all units counts included

B2 001 Buildings not involved
Number of buildings involved

B3 None
Acres burned
 Less than one acre
Outside fire

C On-Site Materials or Products None
Enter up to three codes. Check box if not known for each area entered.

1 Bulk storage or warehousing
2 Processing or manufacturing
3 Packaged goods for sale
4 Repair or service

1 Bulk storage or warehousing
2 Processing or manufacturing
3 Packaged goods for sale
4 Repair or service

1 Bulk storage or warehousing
2 Processing or manufacturing
3 Packaged goods for sale
4 Repair or service

D Ignition

D1 47 Vehicle storage area;
*Area of fire origin **

D2 00 Undetermined
*Best guess **

D3 00 Undetermined
*Was fire spread to first ignited? ** 1 was confined to object of origin

D4
Type of material first ignited *Required only if item first ignited code is 00 or 47C*

E1 Cause of Ignition

Check box if this is an aggressive report. Skip to section G

1 Intentional
2 Unintentional
3 Failure of equipment or heat source
4 Act of nature
5 Cause under investigation
U Cause undetermined after investigation

E2 Factors Contributing To Ignition

00 Undetermined None
Factor Contributing To Ignition (1)

Factor Contributing To Ignition (2)

E3 Human Factors Contributing To Ignition

Check all applicable boxes

1 Asleep None
2 Possibly impaired by alcohol or drugs
3 Unattended person
4 Possibly mental disabled
5 Physically Disabled
6 Multiple persons involved

7 Age was a factor
Estimated age of person involved

1 Male 2 Female

F1 Equipment Involved In Ignition

None If Equipment was not involved, Skip to Section G

Equipment involved

Brand
Model
Serial #
Year

F2 Equipment Power

Equipment Power Source

F3 Equipment Portability

1 Portable
2 Stationary

Portable equipment normally can be moved by one person, is designed to be used in multiple locations, and requires no special installation.

G Fire Suppression Factors

Enter up to three codes. None

Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

H1 Mobile Property Involved

None

1 Not involved in ignition, but burned
2 Involved in ignition, but did not burn
3 Involved in ignition and burned

H2 Mobile Property Type & Make

Mobile property type

Mobile property make

Local Use

Fire-Plan Available
Some of the information presented in this report may be based upon reports from other Agencies

Arson report attached
 Police report attached
 Coroner report attached
 Other reports attached

Mobile property code

Mobile Make Series

State VIN District

I1 Structure Type * <small>Indicates building or structure complete</small> <small>Test of Case only</small> 1 <input checked="" type="checkbox"/> Enclosed building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. stage) 7 <input type="checkbox"/> Underground structure (not cave) 8 <input type="checkbox"/> Connective structure (e.g. tunnel) 9 <input type="checkbox"/> Other type of structure	I2 Building Status * 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not regularly used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> Undetermined	I3 Building Height <small>Count the PGOF as part of the highest story</small> Total number of stories above grade: <u>001</u> Total number of stories below grade: <u> </u>	I4 Main Floor Size * <small>NFIRS-3 Structure Data</small> Total square feet: <u> </u> , <u>002</u> , <u>200</u> OR Length in feet: <u> </u> BY Width in feet: <u> </u>
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J1 Fire Origin * <u>001</u> <input type="checkbox"/> Below Grade Story of fire origin	J3 Number of Stories Damaged By Flame <small>Count the PGOF as part of the highest story</small> Number of stories w/ minor damage (1 to 24% flame damage): <u> </u> Number of stories w/ significant damage (25 to 49% flame damage): <u> </u> Number of stories w/ heavy damage (50 to 74% flame damage): <u> </u> Number of stories w/ extreme damage (75 to 100% flame damage): <u> </u>	K Material Contributing Most To Flame Spread <input type="checkbox"/> None of the above <small>Skip To Section L</small> K1 <u> </u> <small>Material contributing most to flame spread</small> K2 <u> </u> <small>Type of material contributing most to flame spread</small>
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L1 Presence of Detectors * <small>(In area of the fire)</small> N <input type="checkbox"/> None Present Skip to section M 1 <input checked="" type="checkbox"/> Present U <input type="checkbox"/> Undetermined	L3 Detector Power Supply 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 8 <input type="checkbox"/> Other <u> </u> U <input checked="" type="checkbox"/> Undetermined	L5 Detector Effectiveness Required if detector operated 1 <input type="checkbox"/> Alerted occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
L2 Detector Type 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 6 <input type="checkbox"/> Other <u> </u> U <input type="checkbox"/> Undetermined	L4 Detector Operation 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated (Complete Section L3) 3 <input type="checkbox"/> Failed to Operate (Complete Section L3) U <input checked="" type="checkbox"/> Undetermined	L6 Detector Failure Reason Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 7 <input type="checkbox"/> Other <u> </u> U <input type="checkbox"/> Undetermined

M1 Presence of Automatic Extinguishment System * N <input checked="" type="checkbox"/> None Present 1 <input type="checkbox"/> Present Complete rest of Section M	M3 Automatic Extinguishment System Operation <small>Required if fire was within designed range</small> 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 5 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	M5 Automatic Extinguishment System Failure Reason <small>Required if system failed</small> 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 9 <input type="checkbox"/> Other <u> </u> U <input type="checkbox"/> Undetermined <small>NFIRS-3 Revision 01/19/99</small>
M2 Type of Automatic Extinguishment System * <small>Required if fire was within designed range of AFS</small> 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO2) system 8 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined	M4 Number of Sprinkler Heads Operating <small>Required if system operated</small> <u> </u> <small>Number of sprinkler heads operating</small>	

MM DD YYYY
 TX 7 2 2011 ST5 11-0004601 000
 Station Incident Number Apparatus
 NEIRS - 9 Apparatus or Resources

B Apparatus or * Resource	Date and Times					Sent <input checked="" type="checkbox"/>	Number of * People	Use <small>Check all boxes for each apparatus to indicate what resources are used.</small>	Actions Taken	
	Dispatch	Arrival	Clear	Month	Day					
1 ID 903 Type 92	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7	2	2011	16:53	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
2 ID B1 Type 16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7	2	2011	16:53	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
3 ID B4 Type 11	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7	2	2011	18:19	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
4 ID B5 Type 11	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7	2	2011	16:53	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
5 ID M5 Type 76	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7	2	2011	16:53	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
6 ID T1 Type 14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7	2	2011	16:53	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
7 ID Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
8 ID Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
9 ID Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>

Type of Apparatus or Resources

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> Ground Fire Suppression 11 Engine 12 Truck or aerial 13 Quint 14 Tanker & pumper combination 16 Brush truck 17 ARF (Aircraft Rescue and Firefighting) 10 Ground fire suppression, other Heavy Ground Equipment 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other Aircraft 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other | <ul style="list-style-type: none"> Marine Equipment 51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other Support Equipment 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other Medical & Rescue 71 Rescue unit 72 Urban search & rescue unit 73 High angle rescue unit 75 EMS unit 76 ALS unit 70 Medical and rescue unit, other | <div style="border: 1px solid black; padding: 5px; width: fit-content;"> More Apparatus?
 Use Additional
 Sheets </div> <ul style="list-style-type: none"> Other 91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type 1 hand crew 95 Type 2 hand crew 99 Privately owned vehicle 00 Other apparatus/resource NN None TU Undetermined |
|--|--|--|

Victoria County Fire Marshal's Office

Investigation Profile Report

Investigation Profile - Basic Information

Investigation: (b)(6) - FM-11-0004601 Date: 07/25/2011

Address: (b)(6)

(Non Incident Investigation)

Case Status: 2 Investigation closed

Status Date: 07/12/2011

Investigators:
800 Ronald Pray

Laboratories Used:

Initial Observations:

Other Investigative Info:

Fire/Arson:

Extent of Fire Involvement on Arrival: 3 Flame and smoke showing

Property Ownership: 1 Private

Entry Method: 11 Door open or unlocked

Narrative:

I was dispatched to a structure fire in (b)(6) on 07/02/2011. I received the call at 18:19 for a structure fire at the above referenced location and responded to the scene. Upon arrival I met with Victoria Fire Department (VFD) Battalion Chief Roger Hempel and he advised me of the events prior to my arrival. Chief Hempel advised me that upon arrival firefighters found the BC corner of the structure involved and fire in the attic and rear carport area on the BC corner. Mission Valley Volunteer FD units attacked the fire defensively from the BC corner and did not make entry into the structure. VFD Engine 5 crew entered the structure on the A side entry door, met heavy fire and smoke in the structure and pushed the fire out through the house back into the BC corner in the attic area.

I then spoke to the owner of the house (b)(6) and he told me that he, his wife, and kids were inside the home and they were cooking dinner. He went out on the back porch and saw the Polaris Utility Terrain Vehicle (UTV) fully involved and on fire. He yelled at his wife to alert her and the children to get out of the house and call 911. Then he ran to his work truck to get a fire extinguisher to try to put out the fire. The extinguisher did not put out the fire and he attempted to use a garden hose to put the fire out. Once the fuel tank began to burn and rupture and the fuel ran out the fire intensified dramatically and began to burn up through the roof into the attic of the structure. This fuel cell failure had the Polaris vehicle fully involved at that time. He then advised that the fire extended into the attic of the structure and spread throughout the attic into the rest of the house.

I walked the perimeter of the structure and through the house looking at patterns left from the fire. Firefighters on scene advised me that the fire was high in the structure and there was some fall down throughout. Most of the fire they encountered upon arrival was high up in the ceiling over their heads and in the attic area. I noticed that the fire was high in the structure and burned down into the rooms. There were many areas where the fire was in the attic and the rafters were not burned below indicating the fire burned them from the top side and they were protected by the sheetrock on the inside of the house. I went through the house and looked at the areas of the kitchen and electrical panels to see if there were any problems. Finding no sources of ignition in these areas or other areas of the house, I began to examine the exterior carport. Upon examining the carport area on the BC corner of the house, the burn patterns were consistent with witness and fire personnel statements of the Polaris UTV being on fire. The patterns above and on the sides of the house and into the house all pointed to the location of the Polaris UTV. The firefighters had removed several items into the carport area that were smoldering due to the fire to fully extinguish them. I

* Denotes primary Agency

Victoria County Fire Marshal's Office

Investigation Profile Report

Investigation Profile - Basic Information

examined the Polaris and due to the vehicle becoming fully involved and burning for an extended period of time I am unable to determine the definitive item within the vehicle that started the fire. It is definite that the vehicle is the point of origin of the structure fire at the location. Not only due to eyewitness and firefighter descriptions of the events that occurred, but all the patterning and fire progression through the house lead back to the Polaris UTV. There were no rafters above the area or any boards under the carport directly above the UTV. This showed me the heavy fire involvement to the area directly above the UTV along with the collapse of the metal roof in this area. The vehicle also had a fuel tank which upon further research can hold up to nine gallons of unleaded fuel, which accelerated and spread the fire once it failed. I was unable to determine if there was an electrical issue within the UTV because the owner advised me that while the UTV was on fire it attempted to start multiple times. He advised that he could hear the starter engaging on the vehicle as it burned. There was one large arc area on the wiring near the driver's seat. This wiring was found in the area next to the motor exhaust. The owner advised me as he was trying to put the fire out and the UTV became more involved with fire he heard the vehicle starter trying to start the vehicle. This is possibly due to a short circuit from an arc through charred wire but could have occurred due to the starter engaging as the fire progressed. It also could be due to the failure of the electrical system. The owner of the vehicle advised me that he had no problem with the brakes of the vehicle, or any problems with the UTV prior to this incident. He did advise that he had driven the vehicle earlier in the day and had driven it a short distance and returned to the carport area. Then went inside and later found the vehicle on fire.

Vehicle Information:

2010 Polaris 800 4x4

(b)(6)

Due to the severe damage to the vehicle I am unable to determine the definitive point of origin within the Polaris. I can determine that the fire is accidental in cause and that the point of origin and cause of the fire is the Polaris UTV. Cause and Origin of the structure fire is consistent with the statements and descriptions of the arriving companies and eyewitnesses. This fire is ruled accidental in cause and the case is closed. No other action taken by this Officer.

R. Pray # 800

* Denotes primary Agency

Victoria County Fire Marshal's Office

Investigation Profile Report
Investigation Profile - Leads/Investigations

Investigation: (b)(6) - FM-11-0004601 Date: 07/25/2011
Address: (b)(6)
(Non Incident Investigation)

Last Name: (b)(6) Alias Name:
DOB: 11/06/1978 Age Yrs: 32 Race: White Height: 0 Ft 0 In Weight: 0 Lbs
SSN: Gender: Male Ethnicity: Non Hispanic or Hair Color: Eye Color:
Marital Status: Married Juvenile Disposition: Motivation/Risk Factors:
Family Type: Two-parent family Curiosity About Fire:
Prior Arrests: 0 Arrested: Prior Convict: 0 Convicted:
Arrest Date: / / Conviction Date: / /
Involvement Type: Property Owner
Notes: TX DL # 07197294

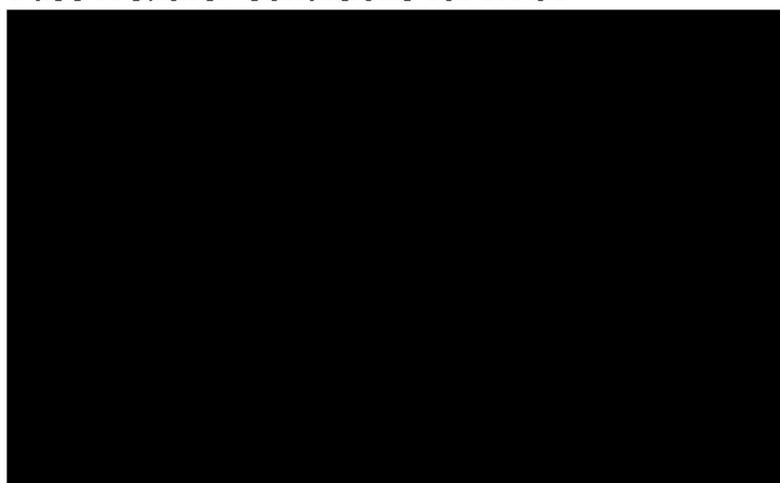
Total Leads/Involvements: 1

RANGER		RANGER 500 H.O.		RANGER 400	
W/EPS					
	\$\$\$	\$\$\$	\$\$\$	\$\$	\$\$\$
der	4-Stroke Single Cylinder	4-Stroke Single Cylinder	4-Stroke Single Cylinder	4-Stroke Single Cylinder	4-Stroke Single Cylinder
ton	498cc High Output (H.O.)	455cc	455cc	455cc	455cc
Shaft	Electronic Fuel Injection	Carbureted	Carbureted	Carbureted	Carbureted
Shaft	Automatic PVT H/U/N/R; Shaft	Automatic PVT H/U/N/R/P; Shaft	Automatic PVT H/U/N/R/P; Shaft	Automatic PVT H/U/N/R/P; Shaft	Automatic PVT H/U/N/R/P; Shaft
Trac Turf Mode	On-Demand True AWD/2WD/VersaTrac Turf Mode	On-Demand True AWD/2WD/VersaTrac Turf Mode	On-Demand True AWD/2WD/VersaTrac Turf Mode	On-Demand True AWD/2WD/VersaTrac Turf Mode	On-Demand True AWD/2WD/VersaTrac Turf Mode
cm) Travel	Dual A-Arm 9.6 in. (24.4 cm) Travel	MacPherson Strut 8 in. (20.3 cm) Travel	MacPherson Strut 8 in. (20.3 cm) Travel	MacPherson Strut 8 in. (20.3 cm) Travel	MacPherson Strut 8 in. (20.3 cm) Travel
cm) Travel	Dual A-Arm, IRS 9 in. (22.9 cm) Travel	Dual A-Arm, IRS 9 in. (22.9 cm) Travel	Dual A-Arm, IRS 9 in. (22.9 cm) Travel	Dual A-Arm, IRS 9 in. (22.9 cm) Travel	Dual A-Arm, IRS 9 in. (22.9 cm) Travel
Bore Front Callipers	4-Wheel Hydraulic Disc with Dual-Bore Front Callipers	4-Wheel Hydraulic Disc	4-Wheel Hydraulic Disc	4-Wheel Hydraulic Disc	4-Wheel Hydraulic Disc
	Hand-Actuated	Hand-Actuated	Hand-Actuated	Hand-Actuated	Hand-Actuated
	25 x 10-12; TerraTraction	25 x 10-12; TerraTraction	25 x 10-12; TerraTraction	25 x 10-12; TerraTraction	25 x 10-12; TerraTraction
	25 x 11-12; TerraTraction	25 x 11-12; TerraTraction	25 x 11-12; TerraTraction	25 x 11-12; TerraTraction	25 x 11-12; TerraTraction
	Stamped Steel	Stamped Steel	Stamped Steel	Stamped Steel	Stamped Steel
	76 in. (193 cm)	76 in. (193 cm)	72 in. (182.9 cm)	72 in. (182.9 cm)	72 in. (182.9 cm)
	1,214 lb. (551 kg.)	1,214 lb. (551 kg.)	1,050 lb. (476 kg.)	1,050 lb. (476 kg.)	1,050 lb. (476 kg.)
132 cm/193 cm)	114 in./60 in./76 in. (290 cm/152 cm/193 cm)	114 in./60 in./76 in. (290 cm/152 cm/193 cm)	108 in./56.5 in./73 in. (274 cm/144 cm/185 cm)	108 in./56.5 in./73 in. (274 cm/144 cm/185 cm)	108 in./56.5 in./73 in. (274 cm/144 cm/185 cm)
	9 gal. (34.1 ltr.)	9 gal. (34.1 ltr.)	9 gal. (34.1 ltr.)	9 gal. (34.1 ltr.)	9 gal. (34.1 ltr.)
000 lb., 453.6 kg.)	42 in. x 58 in. x 10 in./1,000 lb. (107 cm x 147 cm x 25 cm/453.6 kg.)	42 in. x 58 in. x 10 in./1,000 lb. (107 cm x 147 cm x 25 cm/453.6 kg.)	37 in. x 51 in. x 11 in./500 lb. (94 cm x 129.5 cm x 27.9 cm/226.8 kg.)	37 in. x 51 in. x 11 in./500 lb. (94 cm x 129.5 cm x 27.9 cm/226.8 kg.)	37 in. x 51 in. x 11 in./500 lb. (94 cm x 129.5 cm x 27.9 cm/226.8 kg.)
3.)	1,500 lb. (680.4 kg.)	1,500 lb. (680.4 kg.)	1,000 lb. (453.6 kg.)	1,000 lb. (453.6 kg.)	1,000 lb. (453.6 kg.)
3.)	1,500 lb. (680.4 kg.)	1,500 lb. (680.4 kg.)	1,250 lb. (567 kg.)	1,250 lb. (567 kg.)	1,250 lb. (567 kg.)
	Lock & Ride	Lock & Ride	Lock & Ride	Lock & Ride	Lock & Ride
	12 in. (30.5 cm)	12 in. (30.5 cm)	10 in. (25.4 cm)	10 in. (25.4 cm)	10 in. (25.4 cm)
	Std/Receiver	Std/Receiver	Std/Receiver	Std/Receiver	Std/Receiver
meter, Tachometer, Gear Indicator, Fuel Gauge, Hi-Temp Light, DC Outlets (2)	Digital Hour Meter, Gear Indicator, Fuel Gauge, Hi-Temp Light, DC Outlets (2)	Digital Hour Meter, Gear Indicator, Fuel Gauge, Hi-Temp Light, DC Outlets (2)	Hour Meter, Gear Indicator, DC Outlet, Hi-Temp Light	Hour Meter, Gear Indicator, DC Outlet, Hi-Temp Light	Hour Meter, Gear Indicator, DC Outlet, Hi-Temp Light
	Solar Red, Sage Green	Solar Red, Sage Green	Solar Red, Sage Green, Mossy Oak Break-Up	Solar Red, Sage Green, Mossy Oak Break-Up	Solar Red, Sage Green, Mossy Oak Break-Up

RANGER		RANGER EV		RANGER 800 HD™	
	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$
der	Single 48-Volt, High-Efficiency AC-Induction Motor	Single 48-Volt, High-Efficiency AC-Induction Motor	Single 48-Volt, High-Efficiency AC-Induction Motor	Single 48-Volt, High-Efficiency AC-Induction Motor	Single 48-Volt, High-Efficiency AC-Induction Motor
ton	N.A.	N.A.	N.A.	N.A.	760cc
Shaft	N.A.	N.A.	N.A.	N.A.	Electronic Fuel Injection
Shaft	N.A.	N.A.	N.A.	N.A.	Liquid
Shaft	Direct Drive With Low-Noise Gears	Direct Drive With Low-Noise Gears	Direct Drive With Low-Noise Gears	Direct Drive With Low-Noise Gears	Automatic PVT H/U/N/R; Shaft
Trac Turf Mode	On-Demand True AWD/2WD/VersaTrac Turf Mode	On-Demand True AWD/2WD/VersaTrac Turf Mode	On-Demand True AWD/2WD/VersaTrac Turf Mode	On-Demand True AWD/2WD/VersaTrac Turf Mode	On-Demand True AWD/2WD/VersaTrac Turf Mode
cm) Travel	MacPherson Strut 8 in. (20.3 cm) Travel	MacPherson Strut 8 in. (20.3 cm) Travel	MacPherson Strut 8 in. (20.3 cm) Travel	MacPherson Strut 8 in. (20.3 cm) Travel	Dual A-Arm 9.6 in. (24.4 cm) Travel
cm) Travel	Dual A-Arm, IRS 9 in. (22.9 cm) Travel	Dual A-Arm, IRS 9 in. (22.9 cm) Travel	Dual A-Arm, IRS 9 in. (22.9 cm) Travel	Dual A-Arm, IRS 9 in. (22.9 cm) Travel	Self-Leveling Dual A-Arm, IRS 9 in. (22.9 cm) Travel
Bore Front Callipers	4-Wheel Hydraulic Disc with Dual-Bore Front Callipers	4-Wheel Hydraulic Disc with Dual-Bore Front Callipers	4-Wheel Hydraulic Disc with Dual-Bore Front Callipers	4-Wheel Hydraulic Disc with Dual-Bore Front Callipers	4-Wheel Hydraulic Disc with Dual-Bore Front Callipers
	Hand-Actuated	Hand-Actuated	Hand-Actuated	Hand-Actuated	Hand-Actuated
	25 x 9-12; Carlisle	25 x 9-12; Carlisle	25 x 9-12; Carlisle	25 x 9-12; PXT	25 x 9-12; PXT
	25 x 11-12; Carlisle	25 x 11-12; Carlisle	25 x 11-12; Carlisle	25 x 11-12; PXT	25 x 11-12; PXT
	Stamped Steel	Stamped Steel	Stamped Steel	Stamped Steel	Aluminum
	72 in. (182.9 cm)	72 in. (182.9 cm)	72 in. (182.9 cm)	72 in. (182.9 cm)	76 in. (193 cm)
	1,700 lb. (771 kg.)	1,700 lb. (771 kg.)	1,700 lb. (771 kg.)	1,700 lb. (771 kg.)	1,262 lb. (572 kg.)
132 cm/193 cm)	168 in./56.5 in./73 in. (274 cm/144 cm/185 cm)	168 in./56.5 in./73 in. (274 cm/144 cm/185 cm)	168 in./56.5 in./73 in. (274 cm/144 cm/185 cm)	168 in./56.5 in./73 in. (274 cm/144 cm/185 cm)	114 in./60 in./76 in. (290 cm/152 cm/193 cm)
	N.A.	N.A.	N.A.	N.A.	9 gal. (34.1 ltr.)
000 lb., 453.6 kg.)	37 in. x 51 in. x 11 in./500 lb. (94 cm x 129.5 cm x 27.9 cm/226.8 kg.)	37 in. x 51 in. x 11 in./500 lb. (94 cm x 129.5 cm x 27.9 cm/226.8 kg.)	37 in. x 51 in. x 11 in./500 lb. (94 cm x 129.5 cm x 27.9 cm/226.8 kg.)	37 in. x 51 in. x 11 in./500 lb. (94 cm x 129.5 cm x 27.9 cm/226.8 kg.)	42 in. x 58 in. x 10 in./1,000 lb. (107 cm x 147 cm x 25 cm/453.6 kg.)
3.)	1,000 lb. (453.6 kg.)	1,000 lb. (453.6 kg.)	1,000 lb. (453.6 kg.)	1,000 lb. (453.6 kg.)	1,500 lb. (680.4 kg.)
3.)	1,250 lb. (567 kg.)	1,250 lb. (567 kg.)	1,250 lb. (567 kg.)	1,250 lb. (567 kg.)	2,000 lb. (907.2 kg.)
	Lock & Ride	Lock & Ride	Lock & Ride	Lock & Ride	Lock & Ride
	10 in. (25.4 cm)	10 in. (25.4 cm)	10 in. (25.4 cm)	10 in. (25.4 cm)	12 in. (30.5 cm)
	Std/Receiver	Std/Receiver	Std/Receiver	Std/Receiver	Std/Receiver
meter, Tachometer, Gear Indicator, Fuel Gauge, Hi-Temp Light, DC Outlets (2)	Digital Hour Meter, Mode Indicator, DC Outlet, Hi-Temp Light, Change Cycle Indicator, Battery Life Indicator	Digital Hour Meter, Mode Indicator, DC Outlet, Hi-Temp Light, Change Cycle Indicator, Battery Life Indicator	Hour Meter, Mode Indicator, DC Outlet, Hi-Temp Light, Change Cycle Indicator, Battery Life Indicator	Digital Hour Meter, Mode Indicator, DC Outlet, Hi-Temp Light, Change Cycle Indicator, Battery Life Indicator	Digital Gauge, Speedometer, Odometer, Tachometer, Two Tripmeters, Hour Meter, Gear Indicator, Fuel Gauge, Hi-Temp/Low-Batt Lights, DC Outlets (2)
	Boardwalk Blue, Mossy Oak Break-Up	Boardwalk Blue, Mossy Oak Break-Up	Boardwalk Blue, Mossy Oak Break-Up	Boardwalk Blue, Mossy Oak Break-Up	Sage Green

#110804CCC3012
Exhibit D
Page 1 of 2

Past Weather Conditions for KVCT



Regional Airport
LATITUDE: 28.86250
LONGITUDE: -
96.92972
ELEVATION: 115 ft
MNET: NWS/FAA

(Click for topo/terrain map)
(Click for satellite)

SITE LINKS

- [Help](#)
- [ROMAN](#)
- [Metric Units](#)
- [Greenwich Mean Time](#)
- [Past Data](#)
- [Station Information](#)
- [Restrictions](#)
- [Data in Spreadsheet Format](#)
- DATA COURTESY OF**
- [National Weather Service](#)

Tabular Listing: July 2, 2011 - 8:00 through July 03, 2011 - 09:00 CDT

Time(CDT)	Temperature ° F	Dew ° F	Relative Humidity %	Wind Speed mph	Wind Gust mph	Wind Direction	Quality check	Pressure in	Sea level pressure in	Altimeter in	Weather conditions	Visibility miles	Ceiling feet
8:51	81.0	77.0	88	9		WSW	OK	29.91	30.03	30.03	mostly cloudy	9.00	2300
8:19	78.8	77.0	94	5		SW	OK	29.90		30.02	overcast	8.00	800
8:11	78.8	77.0	94	5		WSW	OK	29.90		30.02	overcast	8.00	1000
7:51	77.0	75.2	94	0			OK	29.90	30.01	30.02	mostly cloudy	8.00	2100
7:21	73.4	73.4	100	0			OK	29.89		30.01	fog	4.00	
7:02	73.4	71.6	94	0			OK	29.89		30.01	fog	2.00	
6:51	73.0	73.0	100	0			OK	29.89	30.00	30.01	fog	1.75	
6:13	73.4	71.6	94	0			OK	29.88		30.00	partly cloudy	9.00	
6:06	73.4	71.6	94	0			OK	29.87		29.99	fog	2.00	
6:04	73.4	73.4	100	0			OK	29.87		29.99	fog	1.25	
5:58	73.4	73.4	100	0			OK	29.87		29.99	fog	0.50	
5:51	73.0	73.0	100	0			OK	29.87	29.98	29.99	fog	1.00	
5:35	73.4	73.4	100	0			OK	29.87		29.99	fog	3.00	2000
5:24	73.4	71.6	94	3		NNW	OK	29.87		29.99	fog	1.75	1500
5:17	73.4	73.4	100	3		NW	OK	29.87		29.99	fog	4.00	1500
4:51	73.0	73.0	100	3		NW	OK	29.87	29.98	29.99	fog	5.00	
3:51	73.9	73.0	97	0			OK	29.86	29.98	29.98	fog	6.00	
2:51	77.0	75.2	94	0			OK	29.87	29.98	29.99	clear	9.00	
1:51	77.0	73.4	89	6		S	OK	29.87	29.98	29.99	clear	9.00	
0:51	78.1	75.0	90	7		SSW	OK	29.87	29.98	29.99	clear	10.00	
23:51	78.1	75.0	90	6		S	OK	29.89	30.01	30.01	clear	10.00	
22:51	80.1	75.0	85	5		S	OK	29.90	30.01	30.02	clear	10.00	
21:51	82.0	75.0	79	9		S	OK	29.90	30.01	30.02	clear	10.00	
	84.0	73.0	70	9		S	OK	29.88	29.99	30.00	clear	10.00	
	88.0	69.1	54	14		S	OK	29.86	29.98	29.98	clear	10.00	
18:51	91.9	70.0	49	16		S	OK	29.85	29.96	29.97	clear	10.00	
17:51	95.0	69.8	44	15	21	S	OK	29.85	29.96	29.97	clear	10.00	
17:33	95.0	69.8	44	15	22	SSE	OK	29.85		29.97	clear	10.00	
17:19	96.8	68.0	39	13	22	S	OK	29.86		29.98	thunder	10.00	
16:51	97.0	69.1	41	14	21	SSE	OK	29.86	29.97	29.98	clear	10.00	
15:51	98.1	73.0	45	14		S	OK	29.89	30.00	30.01	mostly clear	10.00	
14:51	96.1	70.0	43	7		S	OK	29.90	30.01	30.02	partly	10.00	

Weather conditions near the time of the incident.

#110804CCC3012
Exhibit D
Page 2 of 2

13:51	95.0	68.0	42	5		OK	29.91	30.02	30.03	cloudy		
12:51	93.9	70.0	46	5	SE	OK	29.93	30.04	30.05	clear	10.00	
11:51	91.0	71.1	52	5	SE	OK	29.95	30.06	30.07	partly cloudy	10.00	
10:51	90.0	73.0	58	6	S	OK	29.95	30.06	30.07	mostly clear	10.00	
9:51	88.0	73.0	61	7		OK	29.96	30.07	30.08	clear	10.00	
8:51	82.0	78.1	88	0		OK	29.95	30.06	30.07	mostly clear	10.00	
8:49	80.6	78.8	94	0		OK	29.95		30.07	partly cloudy	8.00	
8:32	78.8	78.8	100	3	NE	OK	29.95		30.07	partly cloudy	9.00	
8:23	78.8	78.8	100	0		OK	29.95		30.07	fog	5.00	1400
8:06	78.8	77.0	94	3	NNE	OK	29.94		30.06	fog	2.50	1400
										fog	6.00	1600

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Western Region Headquarters

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Salt Lake City, UT 84103

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NWS ALL NOAA

Developed by [MesoWest](#) at the [University of Utah](#)

Support provided by the [US Forest Service](#)

December 2010

DATA RECORD SHEET
Investigation Guideline

PRODUCT: Smoke Alarms, Fire Sprinklers, and Fire Extinguishers
To be used as a supplement to investigations of all residential fires, regardless of size, where one or more of these products was present.

TASK NUMBER #110804CCC3012 **INCIDENT DATE** 07/02/2011

A. Smoke Alarms (Detectors):

1. Were there any smoke alarms present in this occupancy?

- Yes, continue
- No, SKIP to section B
- Unknown, SKIP to section B

2. Did a smoke alarm sound during the fire?

- Yes → **Did the alarm contribute to initial recognition of the fire?**
 - Yes
 - No
 - Unknown
- No → SKIP to Question A.4
- Unknown, SKIP to Section B

3. For each occupant who was asleep when the alarm sounded, list the age of that person and whether he/she was awakened by the alarm.

Age	Awakened by Smoke Alarm (enter yes, no, unknown)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If the alarm **nearest the fire origin** sounded during the fire, skip to Section B.

4. Did enough smoke reach the alarm **nearest to the fire origin** that the occupant thought it should have sounded during the fire?

- Yes
- No, SKIP to Section B
- Unknown, SKIP to Section B

5. Was the alarm nearest to the fire origin powered at the time of the fire?

- Yes, SKIP to Question A.7
- No
- Unknown, SKIP to Question A.7

6. What was the condition that resulted in lack of power?

- No battery
- Battery dead
- Battery present but disconnected
- Alarm disconnected from electrical system (120 VAC)
- Electrical system inoperable
- Other, describe _____

7. Did the occupant have any problems with this alarm?

- Yes, describe _____
- No
- Unknown

8. What are the characteristics of the alarm nearest the fire origin?

a. Type:

- Ionization (radioactive symbol)
- Photoelectric
- Combination
- Unknown

b. Power source:

- Battery only
- Connected to electrical system (120 VAC) – Skip to Question 8.d (hard wired)
- Combination (120 VAC with battery back-up)
- Unknown, SKIP to Question 8.d

c. If the alarm contained a battery, was it a lithium battery?

- Yes
- No
- Unknown

d. Manufacturer/Model: _____

e. Approximate age: _____ years

f. If there were multiple alarms in the occupancy, were they interconnected? (When one alarm sounds, they all sound. Ask the homeowner.)

- Yes
- No
- Unknown

9. Additional comments: _____

B. Fire Sprinklers

1. Was there a fire sprinkler system in this occupancy?

- Yes, continue
- No, SKIP to Section C
- Unknown, SKIP to Section C

2. Did the area of origin have sprinkler heads installed?

- Yes
- No
- Unknown

3. Did the sprinkler system operate during the fire?

- Yes
- No
- Unknown

4. Did flame damage extend outside the area / room of origin?

- Yes
- No
- Unknown

5. Was the water to the system turned on at the time of the fire?

- Yes
- No → Why not? _____
- Unknown

6. Sprinkler System Characteristics:

a) Type

- Wet Pipe
- Dry Pipe
- Pre-action
- Other, describe _____
- Unknown

b) Age: _____ years

c) Manufacturer/Model _____

7. Additional comments: _____

C. Fire Extinguishers

1. Was there a fire extinguisher in this occupancy?

- Yes
- No -End of Data Record Sheet
- Unknown -End of Data Record Sheet

2. Did the occupant try to use a fire extinguisher to control the fire?

Yes → Describe degree of success _____

- No
- Unknown

3. Fire Extinguisher Characteristics:

a) Rating

- Class A
- Class B
- Class C
- Combination, specify BC _____
- Other, specify _____
- Unknown

b) Age: Unknown years

c) Manufacturer/Model Unknown _____

d) Type:

- Dry chemical
- Water
- CO₂

4. Describe any problems the occupant had in using the extinguisher

None

5. Additional comments: None

Front

NO Driver	Right Front Passenger
	
Left Rear Passenger	Right Rear Passenger

Cargo Bed
Rear

The Utility Vehicle

A: Age: 32-years	Height: UNKNOWN
Gender: M	Weight: UNKNOWN
LAST OPERATOR OF VEHICLE	
Helmet (Y/N): N/A	Seatbelt (Y/N): N/A
Killed/Injured/Neither/Unknown: NEITHER	
Injury Description: NO INJURY	
Did vehicle land on victim: N/A	
Ejected (Either partially or fully): N/A	

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

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

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

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

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

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

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

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

LIST OF RESPONDENTS:

Victoria County Fire Marshal
-Ronald Pray
25 N. Hanger Dr.
Victoria, TX 77904
Ph: (361) 579-9103
Fax: (361) 579-6121
Email: rpray@vctx.org

(b)(6)  / UTV owner)

State Farm Insurance
-Pat Pachta Office (spoke with Kirstie)
4508 N. Laurent St.
Victoria, TX 77901
Ph: (361) 575-8825

NO RESPONSE:

State Farm Insurance
-Al Barbosa (claims adjuster)
Ph: (361) 579-9996

Family escapes house blaze without injury

Electric problem in off-road vehicle causes fire; spreads to carport roof, then to house

BY JENNIFER PREYSS
JLPREYSS@VICAD.COM

An electrical malfunction in the engine area of a Polaris Ranger off-road vehicle, caused a home to catch fire in the (b)(6) around 4:52 p.m. Saturday.

Everything inside the home was lost in the fire.

Victoria Fire Marshall Ron Pray said the off-road vehicle was parked under a carport in the rear of (b)(6) home when it began sparking. The fire quickly spread from the engine area of the Ranger, to the gas tank and eventually to the roof of the carport attached to the rear of the home.

"The vehicle had recently been running, so it probably didn't help that it was already hot," Pray said. "It caught the roof on fire and spread into the house."

Victoria Fire Department, the Victoria County Fire Department, the Victoria County Sheriff's Office, the Mission Valley Volunteer Fire Department and the Nursery Fire

SEE FIRE, B4

FIRE: Two children in house

CONTINUED FROM B1

Department responded to help extinguish the blaze.

The (b)(6) were home with their two children when the fire started, and the family was able to escape without injury.

When contacted Monday, (b)(6) declined to comment on the fire.

The America Red Cross Crossroads Chapter was not contacted for assistance with the fire, said Red Cross Emergency Services Director Linda May.

1. Task Number 110804HCC1879		2. Investigator's ID 8209		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2011 07 25	5. Date Initiated YR MO DAY 2011 08 09		
6. Synopsis of Accident or Complaint UPC The victim, a 12 year-old male was riding as a passenger in a side-by-side four wheel utility vehicle. A 16-year-old male was the operator of the vehicle. As the two traveled on a private, dirt road, the victim was struck in the neck by a tree limb which severed his carotid artery. An additional limb penetrated his skull. The victim died of exsanguination. The victim was not wearing a helmet. MER/PRVLBR NOTIFIED COMMENTS: ___ YES <input checked="" type="checkbox"/> NO ___ OVERRULED: ___ ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA Exs. <u>B6 .25C</u> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY ___ RE-NOTIFY <u>4/5/12 CB</u>				
7. Location (Home, School, etc) 2 - FARM		8. City LACEYVILLE		9. State PA
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name FRONT RUNNER		10C. Model Number 500
10D. Manufacturer Name and Address UNKNOWN				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12A. Hispanic or Latino 2 - No		12B. Race 1 - White Other:		12C. Race Source 3 - Official Document
13. Age of Victim 12		14. Sex 1 - Male		15. Disposition 8 - Death
16. Injury Diagnosis 66 - Hemorrhage		17. Body Part(s) Involved 75 - HEAD		18. Respondent 3 - 2nd Hand Info Only
19. Type of Investigation 2 - Telephone		20. Time Spent (Operational / Travel) 13 / 0		
21. Attachment(s) 9 - Multiple Attachments		22. Case Source 05 - Newspaper		23. Sample Collection Number
24. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input checked="" type="radio"/> Verbal <input type="radio"/> Written				
25. Review Date 08/31/2011		26. Reviewed By 9084		27. Regional Office Director Dennis R. Blasius
28. Distribution Garland, Sarah			29. Source Document Number X1170855A	

110804HCC1879

This investigation was initiated as a follow-up to a news article reporting on the four wheel utility vehicle death of a 12-year-old male that occurred on July 25, 2011. The investigating state trooper provided limited information via telephone. The County Coroner also provided information in this report.

The victim is identified as the front seat passenger in a side by side 4 wheel utility vehicle. The vehicle was operated by a 16-year-old male. The vehicle was being driven on a dirt path on private property according to the state trooper. The temperature at the time was 75°F, Humidity 85%, Wind Calm, Precipitation: None.

On the day of the incident, around 1:57 p.m., while riding as a passenger in a UTV and traveling at an unknown rate of speed, the victim was struck in the neck by a tree limb. According to the Coroner, the tree limb penetrated the victim's right neck area, which severed the carotid artery. There was an additional deep penetrating wound to the right temple area extending deep into the victim's cranium. The Coroner pronounced the victim at the scene at 3:00 p.m. The victim was not wearing a helmet or seatbelt. The vehicle did not overturn on the victim.

The Coroner stated that the victim's Cause of Death was Exsanguination. The victim's height and weight were not provided by the Coroner. A copy of the Coroner's report is attached as Exhibit #1 to this report.

The State Police Report has been requested and will be forwarded when received.

PRODUCT IDENTIFICATION:

Product: 4 Wheels Side by Side Utility Vehicle
Model: Front Runner 500
Manufacturer: Unknown

ATTACHMENTS:

Exhibit #1 – Coroner's Report
Exhibit #2 – Data Record Sheet Utility Vehicles
Exhibit #3 – Missing Document Form (State Police Report)
Exhibit #4 – Contact Page

A product history search was not conducted based on the nature of the incident and that UTV was the product.

Roger Dale Canfield IV

Decedent Information

Name:	(b)(3):CPSA Section 25(c),(b)(6)		Next of Kin:	(b)(6)
Address:			Relationship:	
City/State/Zip:			Address:	
Municipality:			City/State/Zip:	
Date of Birth:	(b)(3):CPSA Section 25(c)	Age:	12 Yrs	Home Phone:
Soc. Sec. #:		Sex:	Male	Other Phone:
Marital Status:	Never Married	Race:	Caucasian/White	() -

Case Details

Date of Death:	07/25/2011	Time:	Pron: 3:10 PM	Place:	(b)(6)
Pronounced:	07/25/2011	Time:	3:10 PM	Munic. of Death:	
Incident Date:	07/25/2011	Time:	Aprx: 1:57 PM	Injury at Work:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Cause:	Exsanguination			BAC:	
Due to:	Penetrating Trauma Of The Neck			CO:	
Due to:					
Due to:					
Manner:	<input type="checkbox"/> Natural	<input checked="" type="checkbox"/> Accidental	<input type="checkbox"/> Suicide	<input type="checkbox"/> Homicide	<input type="checkbox"/> Pending <input type="checkbox"/> Undetermined
Att. Physician:					
Autopsy:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Autopsy Date:		
Location:				Performed by:	
Police Dept:	PSP Tunkhannock		Officer/Incident #:	Brian Fedor /	

Decedent Medications / Drugs

Description of Incident Leading to Death

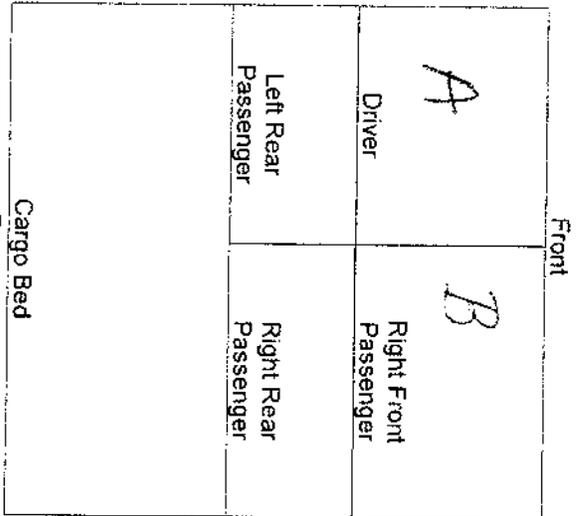
(b)(3):CPSA Sect age 12 of (b)(3):CPSA Section 25(c) died on Monday July 25, 2011 at approximately 3:10 PM as the result of injuries sustained in a motor vehicle accident. The decedent was the right front-seat passenger in an UTV side-by-side. The decedant was struck by a tree limb which resulted in a fatal penetrating wound to his neck. The incident occurred near (b)(6) and Farr Hollow Rd in Windham Township. The coroner's office was notified of the death at 2:13 PM by Com Center of Wyoming County. The body was transported to Sheldon-Kukuchka Funeral Home, 73 W. Tioga St, Tunkhannock, PA for documentation of injuries and external examination of the body. The external exam revealed a deep penetrating wound to the right neck area which severed the carotid artery. There was an additional deep penetrating wound to the right templar area extending deep into the cranium.

Funeral Home:	Sheldon Funeral Homes Box 32, Main St Laceyville, PA 18623
---------------	--

Coroner/Deputy Information

Submitted by:	Eric T. Kukuchka - Chief Deputy Coroner	Phone:	5708363321
---------------	---	--------	------------

Utility Vehicle Data Record Sheet



A:

Age: 16 Height: 110K
 Gender: M Weight: 114K
 Helmet (Y/N): Seatbelt (Y/N):
 Killed/Injured/Neither/Unknown: Killed
 Injury Description: FATAL INJURY
 Did vehicle land on victim:
 Ejected (Either partially or fully):

D:

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

B:

Age: 12 Height: 41K
 Gender: M Weight: 44K
 Helmet (Y/N): Seatbelt (Y/N):
 Killed/Injured/Neither/Unknown: Killed
 Injury Description: FATAL INJURY
 Did vehicle land on victim:
 Ejected (Either partially or fully):

E:

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

C:

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

F:

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

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

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

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

Task Number: 110804HCC1879

Date: 8/30/11

Status of Missing Document(s)

As of this writing, official records that were requested for this investigation report could not be obtained. Should a document later become available, it will be attached to the investigation report.

1. State Police Report

2. _____
3. _____
4. _____
5. _____

Exhibit #4 – 110804HCC1879

Contacts:

Coroner Thomas Kukuchka
Wyoming County Coroner
570-836-3321
Contact Date: 8/9/11

PA State Trooper Bryan Fedor
Troop P
Wyoming Barracks
475 Wyoming Ave.
Wyoming, PA 18644
Contact Date: 8/9/11

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Deadly ATV Accident



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- Wyoming
- Windham (Windham, Connecticut)

By Sarah Buynovsky
10:37 AM EDT, 7/28/11
A boy from Wyoming County died Monday afternoon after an all-terrain vehicle accident.

State police investigators said it happened in Windham Township, near Meshoppen in Wyoming County Monday afternoon.

Troopers said a 16-year-old was driving his friend, a 12-year-old boy, on a side-by-side ATV, also known as a UTV.

"Unfortunately, a 12-year-old juvenile from the Tunkhannock Area School District was fatally injured in the accident," said Deputy Wyoming County Coroner Eric Kukucha.

According to investigators, the two boys were wearing seatbelts, but not helmets.

"The vehicle was travelling down a dirt path when it struck a branch that broke off a roll bar and struck the 12-year-old boy," said State Police Cpl. Robert Betnar.

State police said the boy died at the scene.

"We deal with a lot of issues like this every summer and, if we can, we caution parents to not let your children ride ATVs unsupervised or with an adult or someone responsible," said Cpl. Betnar.

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Police: Northeastern Pa. boy, 12, fatally struck by tree branch while riding in ATV

THE ASSOCIATED PRESS

First Posted: July 26, 2011 - 5:30 am

Last Updated: July 26, 2011 - 5:30 am

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LACEYVILLE, Pa. — State police say a northeastern Pennsylvania boy is dead after being struck by a tree limb while riding in an all-terrain vehicle.

Trooper Bryan Fedor says the 12-year-old boy was being driven by a 16-year-old boy at the time of the crash Monday afternoon.

Fedor says the boy was struck in the neck by a limb while riding on private property in Windham Township, Wyoming County.

Investigators did not release the boy's name, but Tunkhannock Area School Board President Rob Parry tells The Times-Tribune of Scranton the boy's name was (b)(3):CPSA S

Parry says grief counselors will be made available to (b)(3):C classmates.

Information from: The Times-Tribune, <http://thetimes-tribune.com/>

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1. Task Number 110824HCC2846		2. Investigator's ID 2251		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2011 08 07	5. Date Initiated YR MO DAY 2011 09 07		
6. Synopsis of Accident or Complaint UPC A 66 year old male died as a result of an ATV crash when his all-terrain vehicle (ATV) left the paved roadway and collided with a fence and tree. After impact with the tree the ATV overtuned and ejected the victim. Once ejected the ATV overturned onto the victim crushing him. The driver was pronounced dead at the scene by the coroner. According to the coroner no autopsy was performed. The coroner stated the victim had prior heart problems that may have contributed to the incident. The victim was not wearing a helmet. <u>MFR/PRV LBR NOTIFIED</u> COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED: <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA Exp. <u>B6, 25C</u> <u>4/5/12 LB</u>				
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		<input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY BONNOTS MILL	9. State MO	
10A. First Product 3286 - All Terrain Vehicles (four W		10B. Trade/Brand Name POLARIS RANGER VIN:4XARD68A45D728892		10C. Model Number 700
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC. 1225 Highway 169 North Minneapolis, MN 55441				
11A. Second Product 1871 - Fences		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12A. Hispanic or Latino 2 - No	12B. Race 1 - White Other:		12C. Race Source 2 - Respondent-Other	
13. Age of Victim 66	14. Sex 1 - Male	15. Disposition 8 - Death	16. Injury Diagnosis 54 - Crushing	
17. Body Part(s) Involved 85 - ALL OF BODY	18. Respondent 3 - 2nd Hand Info Only	19. Type of Investigation 2 - Telephone	20. Time Spent (Operational / Travel) 6 / 0	
21. Attachment(s) 9 - Multiple Attachments		22. Case Source 05 - Newspaper		23. Sample Collection Number
24. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written				
25. Review Date 09/29/2011	26. Reviewed By 8929		27. Regional Office Director Frank J. Nava	
28. Distribution Garland, Sarah			29. Source Document Number X1180789A	

ATTACHMENTS:

Exhibit A – Missouri Highway Patrol Accident Report

Exhibit B – Data Record Sheet – ATV

Exhibit C – Contact Information

Exhibit A – Missouri Highway Patrol Accident Report

PAGE 1 OF 4

MISSOURI UNIFORM ACCIDENT REPORT		1 - AGENCY NAME AND ORI MISSOURI STATE HIGHWAY PATROL MOMHPFF00			
SPACE USED FOR BARCODE					
LEFT THE SCENE - CLEARED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		ACCIDENT CLASSIFICATION <input type="checkbox"/> YES <input type="checkbox"/> NO	PROPERTY DAMAGE ONLY <input type="checkbox"/>	NUMBER INJURED 0	NUMBER KILLED 1
REPORT / CASE / INCIDENT NUMBER 110256669					
NUMBER OF VEHICLES INVOLVED 1	ACCIDENT DATE 08/07/2011	ACCIDENT TIME (M:L): 1345	TIME NOTIFIED (M:L): 1410	TIME ARRIVED (M:L): 1500	INVESTIGATION DATE 08/07/2011
2 - LOCATION					
COUNTY Osage	MUNICIPALITY 076 Non-City Or Unincorporated	BEAT / ZONE 9999	TRP / DIST / PCT 12 F	INVESTIGATED AT SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
ON RT C	DISTANCE FROM 2.6 FEET	LOCATION <input checked="" type="checkbox"/> AFTER RT A (S)	INTERSECTING STREET OR ROADWAY		
ROADWAY DIRECTION E	SPEED LIMIT 55	<input type="checkbox"/> BEFORE <input type="checkbox"/> AT	SPEED LIMIT NA	GEO - CODE NA	GPS W LONGITUDE 091 55 43.2
ROAD MAINTAINED BY <input checked="" type="checkbox"/> 1. STATE	<input type="checkbox"/> 2. COUNTY	<input type="checkbox"/> 3. MUNICIPAL	<input type="checkbox"/> 4. PRIVATE PROPERTY	<input type="checkbox"/> 5. OTHER	LATITUDE 038 35 49.3
3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES <input type="checkbox"/> NONE					
DRIVE OWNER'S NAME AND ADDRESS DESCRIPTION OF PROPERTY AND DAMAGE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> Mod: (b)(3):CPSA Section 25(c), (b)(6) ; Barbed wire fence and two metal fence posts; approximately thirty feet of fence and two metal fence posts were destroyed					
4. DRIVER'S (R) NAME (LAST, FIRST, MI) ADDRESS (STREET, CITY, STATE, ZIP) (b)(3):CPSA Section 25(c), (b)(6)					
DRIVER LICENSE NUMBER / ID NUMBER STATE TYPE OF LICENSE (b)(3):CPSA Section 25 <input checked="" type="checkbox"/> 1. OPERATOR CLASS E <input type="checkbox"/> 3. PERMIT <input type="checkbox"/> 5. MC ONLY MC ENDORSEMENT <input type="checkbox"/> 2. CDL CLASS <input type="checkbox"/> 4. UNLICENSED <input type="checkbox"/> UNKNOWN <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA					
PROOF OF INSURANCE INSURANCE COMPANY <input type="checkbox"/> DRIVER POLICY NUMBER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED Farm Bureau <input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> NA APV0347639					
YEAR MAKE MODEL COLOR 2005 Polaris 700 Ranger Purple Black					
LIC. PLATE NO. STATE YEAR VIN TOTAL NO. OF OCCUPANTS NA NA NA (b)(6) 1					
VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER ADDRESS (STREET, CITY, STATE, ZIP) <input checked="" type="checkbox"/> SAME AS DRIVER (b)(3):CPSA Section 25(c), (b)(6)					
VEHICLE DAMAGE (Circle all damaged areas) <input type="checkbox"/> NONE INITIAL IMPACT NO. <input type="checkbox"/> NA 14					
18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit 22 - Cargo <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
TOWED FROM SCENE TOW CO. INFORMATION Private conveyance					
5. DRIVER'S FULL NAME (LAST, FIRST, MI) ADDRESS (STREET, CITY, STATE, ZIP)					
DRIVER LICENSE NUMBER / ID NUMBER STATE TYPE OF LICENSE <input type="checkbox"/> 1. OPERATOR CLASS <input type="checkbox"/> 3. PERMIT <input type="checkbox"/> 5. MC ONLY MC ENDORSEMENT <input type="checkbox"/> 2. CDL CLASS <input type="checkbox"/> 4. UNLICENSED <input type="checkbox"/> UNKNOWN <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA					
PROOF OF INSURANCE INSURANCE COMPANY <input type="checkbox"/> DRIVER POLICY NUMBER <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> VEHICLE <input type="checkbox"/> NA					
YEAR MAKE 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) <input type="checkbox"/> SAME AS DRIVER					
VEHICLE DAMAGE (Circle all damaged areas) <input type="checkbox"/> NONE INITIAL IMPACT NO. <input type="checkbox"/> NA					
2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 - 11 - 12 - 13 - 14 - 15 - 16 - 17 - 18 - 19 - 20 - 21 - 22 - 23 - 24 - 25 - 26 - 27 - 28 - 29 - 30 - 31 - 32 - 33 - 34 - 35 - 36 - 37 - 38 - 39 - 40 - 41 - 42 - 43 - 44 - 45 - 46 - 47 - 48 - 49 - 50 - 51 - 52 - 53 - 54 - 55 - 56 - 57 - 58 - 59 - 60 - 61 - 62 - 63 - 64 - 65 - 66 - 67 - 68 - 69 - 70 - 71 - 72 - 73 - 74 - 75 - 76 - 77 - 78 - 79 - 80 - 81 - 82 - 83 - 84 - 85 - 86 - 87 - 88 - 89 - 90 - 91 - 92 - 93 - 94 - 95 - 96 - 97 - 98 - 99 - 100					
TOWED FROM SCENE TOW CO. INFORMATION					
6 - WITNESS <input checked="" type="checkbox"/> NONE IDENTIFIED					
NAME OF WITNESS		ADDRESS (STREET, CITY, STATE, ZIP)			TELEPHONE NO.
NA					

DISTRIBUTION: COPY - AGENCY FILE. ORIGINAL - MISSOURI STATE HIGHWAY PATROL - TRAFFIC DIVISION - P.O. BOX 586 - JEFFERSON CITY, MO 65102

Exhibit A – Missouri Highway Patrol Accident Report

REPORT #11025669

PAGE 3 OF 4

9 - CODES												
SEAT LOCATION	INJURY		TRANSPORTED (Medical Treatment)	EJECTION	AIR BAG FRONT	AIR BAG SIDE	SAFETY DEVICES					
XK - No Known P - Pedestrian B - Bicycle M - Motorcycle DE - Occupant - Enclosed Load Area DU - Occupant - Unenclosed Load Area CP - Commercial Passenger SV - Other (Explain in Remarks)	1. Fatal 2. Dismembering 3. Evident - Not Dismembering 4. Probable - 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		(b) (3):CPS		SEX	VEH. NO.	SEAT LOC.	INJ.	TRANSPORT	EJECTION	AIR BAG	SAT DEV	TELEPHONE NO.
ADDRESS				M	I	FL	I	I	4	I	I	2
<input type="checkbox"/> NA DRIVER 1: SAME ADDRESS AS ABOVE <input checked="" type="checkbox"/> NA												
11 - OTHER OCCUPANTS & PEDESTRIANS (SAD = SAME AS DRIVER)												
NA												
NA												
NA												
NA												
NA												
NA												
NA												
12. VEHICLE BODY TYPES AUTOMOBILES / SPECIAL VEHICLES												
<input type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> 1. Passenger Car <input type="checkbox"/> 2. Station Wagon <input type="checkbox"/> 3. Sport Utility Vehicle <input type="checkbox"/> 4. Limousine (8-15 for hire) <input type="checkbox"/> 5. Van (8 or less with driver) <input type="checkbox"/> 6. Small Bus (9-15 with driver) <input type="checkbox"/> 7. Bus (16 or more with driver) <input type="checkbox"/> 8. School Bus (less than 15 with driver) <input type="checkbox"/> 9. School Bus (16 or more with driver) <input checked="" type="checkbox"/> 10. Motorcycle <input type="checkbox"/> 2 Wh <input type="checkbox"/> 3 Wh <input type="checkbox"/> 4 Wh <input type="checkbox"/> 5 Wh or More <input type="checkbox"/> Unknown <input type="checkbox"/> 11. ATV <input type="checkbox"/> 12. Motorized Bicycle <input type="checkbox"/> 13. Pedalcycle <input type="checkbox"/> 14. Motor Home / Camper <input type="checkbox"/> 15. Farm Implement <input type="checkbox"/> 16. Construction Equipment <input type="checkbox"/> 17. Other Transport Device <input type="checkbox"/> 18. Unknown <input type="checkbox"/> 19. Pick-up <input type="checkbox"/> 20. Single-unit Truck: 2 axles, 6 tires <input type="checkbox"/> 21. Single-unit Truck: 3 or more axles <input type="checkbox"/> A. Vehicle Pulling Another Unit(s) 19-21 only <input type="checkbox"/> 22. Truck Tractor With No Units <input type="checkbox"/> 23. Truck Tractor With One Unit <input type="checkbox"/> 24. Truck Tractor With Two Units <input type="checkbox"/> 25. Truck Tractor With Three Units <input type="checkbox"/> 26. Other Heavy Truck GVW Rating (not licensed weight) 19-26 only <input type="checkbox"/> Less than or equal to 10,000 lbs <input type="checkbox"/> 10,001 - 26,000 lbs <input type="checkbox"/> Greater than 26,000 lbs												
14. HAZARDOUS MATERIALS <input checked="" type="checkbox"/> NA												
<input type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> Placard Displayed <input type="checkbox"/> 1. Gases in Bulk <input type="checkbox"/> 2. Solids in Bulk <input type="checkbox"/> 3. Liquids in Bulk <input type="checkbox"/> 4. Explosives <input type="checkbox"/> 5. None <input type="checkbox"/> A. Hazardous Materials/ Cargo Misloaded / Spilled												
15. ACCIDENT TYPE												
<input checked="" type="checkbox"/> 1. On Roadway <input checked="" type="checkbox"/> 2. Off Roadway COLLISION INVOLVING <input checked="" type="checkbox"/> 1. Animal <input type="checkbox"/> 2. Pedalcycle <input type="checkbox"/> 3. Fixed Object <input type="checkbox"/> 4. Other Object <input type="checkbox"/> 5. Pedestrian <input type="checkbox"/> 6. Train <input type="checkbox"/> 7. MV in Transport <input type="checkbox"/> 8. MV on Other Roadway <input type="checkbox"/> 9. Parked MV NON-COLLISION <input type="checkbox"/> 10. Overtaking <input type="checkbox"/> 11. Other Non-Collision												
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. Skidding / Sliding 8. Stopping / Stopping 9. Start in Traffic 10. Start From Parked 11. Backing 12. Stopped in Traffic 13. Parked 14. Changing Lanes 15. Avoiding 16. Coasting / Malfunction 17. Crossroad / Centerline 18. Crossing Road 19. Airborne 20. Ran Off Road - Right 21. Ran Off Road - Left 22. Overtaken / Rollover 23. Fire / Explosion 24. Immaterial 25. Jackknife 26. Cargo Loss / Shift 27. Equipment Failure 28. Separation of Units 29. Returned to Road 30. Collision Inv. Pedestrian 31. Collision Inv. Pedalcycle 32. Collision Inv. Train 33. Collision Inv. Animal (enter code - explain) 34. Collision Inv. MV in Transport 35. Collision Inv. Parked Motor Vehicle 36. Collision Inv. Fixed Object (enter code - explain) 37. Collision Inv. Other Object (explain) 38. Other - Non Collision												
V1 <input type="checkbox"/> Unknown 17 21 36 36 22 NA NA 32. Animal Code NA 36. Fixed Object Code 24 20 NA V2 <input type="checkbox"/> Unknown NA NA NA NA NA NA NA 33. Animal Code NA 36. Fixed Object Code NA NA NA Animal, Fixed Object, and Inattention Codes explained in narrative.												
13. EMERGENCY VEHICLE INVOLVEMENT												
<input type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> 1. Police <input checked="" type="checkbox"/> NA <input type="checkbox"/> 2. Fire <input type="checkbox"/> 3. Ambulance <input type="checkbox"/> 4. Other (must check "A") <input type="checkbox"/> A. Emergency Vehicle on Emergency Run												
16. TRAFFIC CONDITIONS												
<input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input checked="" type="checkbox"/> 1. Normal <input type="checkbox"/> 2. Accident Ahead <input type="checkbox"/> 3. Congestion Ahead												

Exhibit A – Missouri Highway Patrol Accident Report

REPORT # 110256669

PAGE 4 OF 4

18. PROBABLE CONTRIBUTING CIRCUMSTANCES V1 V2 <input type="checkbox"/> 1. Vehicle Defects (explain) <input type="checkbox"/> 2. Traffic Control Inoperative or Missing <input type="checkbox"/> 3. Improperly Stopped on Roadway <input type="checkbox"/> 4. Speed - Exceeded Limit <input type="checkbox"/> 5. Too Fast for Conditions <input type="checkbox"/> 6. Improper Passing <input type="checkbox"/> 7. Violation Signal / Sign <input checked="" type="checkbox"/> 8. Wrong Side (not passing) <input type="checkbox"/> 9. Following Too Close <input type="checkbox"/> 10. Improper Signal <input type="checkbox"/> 11. Improper Backing <input type="checkbox"/> 12. Improper Turn <input type="checkbox"/> 13. Improper Lane Usage / Change <input type="checkbox"/> 14. Wrong Way (One-Way) <input type="checkbox"/> 15. Improper Start From Park <input type="checkbox"/> 16. Improperly Parked <input type="checkbox"/> 17. Failed to Yield <input type="checkbox"/> 18. Alcohol <input type="checkbox"/> 19. Drugs <input type="checkbox"/> 20. Physical Impairment (explain) <input type="checkbox"/> 21. Inattention (explain) P1 P2 <input type="checkbox"/> 22. None		19. PEDESTRIAN INVOLVEMENT P1 P2 <input checked="" type="checkbox"/> NA <input type="checkbox"/> 1. At Intersection <input type="checkbox"/> 2. Not At Intersection CROSSING ROAD <input type="checkbox"/> 3. With Signal <input type="checkbox"/> 4. Against Signal <input type="checkbox"/> 5. No Signal <input type="checkbox"/> 6. Diagonally <input type="checkbox"/> 7. Within Crosswalk <input type="checkbox"/> 8. With Marked Crosswalk <input type="checkbox"/> 9. Behind / In Front of Parked Car <input type="checkbox"/> 10. With Traffic <input type="checkbox"/> 11. Against Traffic <input type="checkbox"/> 12. Getting On / Off Vehicle <input type="checkbox"/> 13. Standing / Lying / Sitting on Road <input type="checkbox"/> 14. Pushing / Working on Vehicle <input type="checkbox"/> 15. Other Working <input type="checkbox"/> 16. Playing on Road <input type="checkbox"/> 17. Off Roadway		20. VISION OBSCURED V1 V2 <input type="checkbox"/> 1. Windshields <input type="checkbox"/> 2. Lanes on Vehicle <input type="checkbox"/> 3. Trees / Brush <input type="checkbox"/> 4. Building <input type="checkbox"/> 5. Embankment <input type="checkbox"/> 6. Signboards <input type="checkbox"/> 7. Hatched <input type="checkbox"/> 8. Parked Cars <input type="checkbox"/> 9. Moving Cars <input type="checkbox"/> 10. Glare <input type="checkbox"/> 11. Other (explain) <input checked="" type="checkbox"/> 12. Not Obscured		21. TRAFFIC CONTROL V1 V2 <input type="checkbox"/> 1. Construction Zone <input type="checkbox"/> 2. Other Work Zone <input type="checkbox"/> 3. School Zone <input type="checkbox"/> 4. Stop Sign <input type="checkbox"/> 5. Flashed Signal <input type="checkbox"/> 6. RR Signal / Gate <input type="checkbox"/> 7. Yield Sign <input type="checkbox"/> 8. Officer / Flagman <input type="checkbox"/> 9. No Passing Zone <input type="checkbox"/> 10. Lane Restricted <input type="checkbox"/> 11. Signal on School Bus <input type="checkbox"/> 12. None		22. ROAD CHARACTER ALIGNMENT <input type="checkbox"/> 1. Straight <input checked="" type="checkbox"/> 2. Curve PROFILE <input type="checkbox"/> 1. Level <input checked="" type="checkbox"/> 2. Grade <input type="checkbox"/> 3. Hillcrest	
23. LIGHT CONDITION <input checked="" type="checkbox"/> 1. Daylight <input type="checkbox"/> 2. Dark with Street Lights On <input type="checkbox"/> 3. Dark with Street Lights Off <input type="checkbox"/> 4. Dark - No Street Lights <input type="checkbox"/> 5. Indeterminate (explain)		24. WEATHER CONDITION <input checked="" type="checkbox"/> 1. Clear <input type="checkbox"/> 2. Cloudy <input type="checkbox"/> 3. Rain <input type="checkbox"/> 4. Snow <input type="checkbox"/> 5. Sleet <input type="checkbox"/> 6. Freezing (sump.) <input type="checkbox"/> 7. Fog / Mist <input type="checkbox"/> 8. Indeterminate (explain)		25. ROAD CONDITION <input checked="" type="checkbox"/> 1. Dry <input type="checkbox"/> 2. Wet <input type="checkbox"/> 3. Snow <input type="checkbox"/> 4. Ice <input type="checkbox"/> 5. Slush <input type="checkbox"/> 6. Mud <input type="checkbox"/> 7. Standing Water <input type="checkbox"/> 8. Moving Water <input type="checkbox"/> 9. Other (explain)					
26. ROAD SURFACE <input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> 3. Brick <input type="checkbox"/> 5. Dirt / Sand <input type="checkbox"/> 2. Asphalt <input type="checkbox"/> 4. Gravel <input type="checkbox"/> 6. Multi-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 this accident involve any of the following: 1.a a person fatally injured; or 2.a person transported for medical attention; or 3.a vehicle moved from the scene of the accident? <input type="checkbox"/> NO - DO NOT COMPLETE <input checked="" type="checkbox"/> 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 GVWR of more than 10,000 lbs. and engaged in commerce; or 2.a bus or school bus (8 or more including driver); or 3.a vehicle with a hazardous materials placard? <input type="checkbox"/> NO - DO NOT COMPLETE <input checked="" type="checkbox"/> YES - COMPLETE SECTIONS B - E		B. CARRIER ID NUMBER V1 ICC NO. MC _____ USDOT NO. _____ V2 ICC NO. MC _____ USDOT NO. _____		E. CARGO BODY TYPE V1 V2 <input type="checkbox"/> 1. Enclosed Box <input type="checkbox"/> 2. Cargo Tank <input type="checkbox"/> 3. Flatbed <input type="checkbox"/> 4. Dump <input type="checkbox"/> 5. Concrete Mixer <input type="checkbox"/> 6. Auto Transporter <input type="checkbox"/> 7. Garbage / Refuse <input type="checkbox"/> 8. Grain Crtp. Gravel <input type="checkbox"/> 9. Pole Trailer <input type="checkbox"/> 10. Other	
C. HAZARDOUS MATERIAL PLACARD NUMBER <input type="checkbox"/> 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 <input type="checkbox"/> 1. Two-Way, Not Divided <input type="checkbox"/> 2. Two-Way, Divided, Unseparated Median <input type="checkbox"/> 3. Two-Way, Divided, Positive Median Barrier <input type="checkbox"/> 4. One-Way, Not Divided			

28 - NARRATIVE / STATEMENTS (If additional room is necessary, attach a separate sheet.)

Through an investigation and evidence found at the scene, it was determined vehicle #1 was traveling westbound on **75-N**. Vehicle #1 traveled over the centerline and off the south side of the roadway. Once off the roadway, vehicle #1 crossed a private drive and the front, left of it collided with a fence. After impact with the fence, the right, front of vehicle #1 collided with a tree. After impact with the tree, vehicle #1 began to rotate in a clockwise direction and overturned. While overturning, the driver of vehicle #1 was totally ejected from the driver's side of vehicle #1. Once the driver of vehicle #1 was ejected, vehicle #1 overturned onto the driver. Vehicle #1 continued to overturn and it came to rest off the south side of the roadway, on its driver's side, facing northeast. The driver of vehicle #1 came to rest off the south side of the roadway, upright, with his head pointed west.

The driver of vehicle #1, **46-V3-C** was killed. Osage County Coroner Lois Jaegers pronounced **46-N** dead at the scene at 1450 hours. Osage County Ambulance personnel transported **46-N** to the Morton Chapel funeral home in Linn, Missouri.

29. REPORTING OFFICER SIGNATURE Kent M. Kreftmeyer		DSN / BADGE NO 934	BEAT / ZONE 12	TROOP / DIST / PCT F
REVIEWING OFFICER 1 SIGNATURE Corporal W. R. Kach		DSN / BADGE NO 458	REVIEWING OFFICER 2 SIGNATURE DSN / BADGE NO.	

Exhibit C

Contact Information

Missouri Highway Patrol
Troop F
Contact: Records
Highway 50
Jefferson City, MO 65101
573-751-6814

Osage County Coroner's Office
Contact: Coroner: Lois Jaegers
1099 County Rd. 602
Loose Creek, MO 65054
573-897-3858

Task Number 110824HCC2846

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 700 / (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: 16

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
(b)(3):CPSA Section 25(c),(b) (6)	
Age/Sex: 66/Male	/
State of Death: (b)(6)	
City of Death:	
County of Death:	
Race: 1 - White	
Race Other:	
Hispanic/Latino: 2 - NO	

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

Death #1	Death #2
Yes <input checked="" type="radio"/> No	Yes No Unknown

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

A 66 year old male died as a result of an ATV crash when his all-terrain vehicle (ATV) left the paved roadway and collided with a fence and tree. After impact with the tree the ATV overturned and ejected the victim. Once ejected the ATV overturned onto the victim crushing him. The driver was pronounced dead at the scene by the coroner. According to the coroner no autopsy was performed. The coroner stated the victim had prior heart problems that may have contributed to the incident. The victim was not wearin

9. Did the ATV overturn/tipover/rollover? 01

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

Victim 1: Victim 2:

Yes No Unknown Yes No Unknown

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

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

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: 66 Height: (inches)
Weight: Sex: Male

Bland Courier
Gaylord
Belle

768 Weekly
0 Sunday

August 10, 2011

113 88

Bonnots Mill man killed in ATV wreck

A (b)(6) man was killed in an ATV accident Sunday, Aug. 7 in Osage County.

The Missouri State Highway Patrol said the accident occurred at 1:45 p.m. on (b)(6) east of

Route 7 when a 2005 Polaris, driven by (b)(3) (b)(3) 66, went off the left side of the road, collided with a fence and tree and

overturned, ejecting him.

(b)(2) was pronounced dead at the scene by Osage County Coroner Lois Jaegers.

1. Task Number 110901CCC3116		2. Investigator's ID 4654		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2011 08 01	5. Date Initiated YR MO DAY 2011 09 02		
6. Synopsis of Accident or Complaint UPC A 56YOM complainant lost steering control of his UTV while riding in a mountain area. After 4 hours of operation, the steering wheel detached from the steering column. He applied the brakes to avoid crashing. The complainant contacted the manufacturer regarding the detachment, he was told to turn the vehicle into the authorized dealer who sold him the UTV. The authorized dealer told him not to bring the UTV in and they would contact the manufacturer. No injury involved. MFR/PRVLBR NOTIFIED COMMENTS: ___ YES <input checked="" type="checkbox"/> NO ___ OVERRULED: ___ ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA Exs. <u>B6</u> : 4/5/12 UB				
7. Location (Home, School, etc) 5 - OTHER PUBLIC PROPERTY		<input checked="" type="checkbox"/> DO NOT RE-NOTIFY ___ RE-NOTIFY 8 City BISHOP		9. State CA
10A. First Product 5044 - Utility Vehicles	10B. Trade/Brand Name RANGER 800		10C. Model Number R10VH76AT	
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC. VIN # 4XAVH76A9AD825639 1225 Highway 169 North Minneapolis, MN 55441				
11A. Second Product 0	11B. Trade/Brand Name NONE		11C. Model Number NONE	
11D. Manufacturer Name and Address NONE				
12A. Hispanic or Latino 2 - No	12B. Race 1 - White Other:		12C. Race Source 1 - Respondent-Self/Family	
13. Age of Victim 56	14. Sex 1 - Male	15. Disposition 0 - No Injury	16. Injury Diagnosis 71 - Other/NS/No inj	
17. Body Part(s) Involved 99 - NO INJURY	18. Respondent 1 - Victim/Complainant	19. Type of Investigation 1 - On-Site	20. Time Spent (Operational / Travel) 8 / 10	
21. Attachment(s) 9 - Multiple Attachments	22. Case Source 07 - Consumer Complaint		23. Sample Collection Number 128407800	
24. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input checked="" type="radio"/> Written				
25. Review Date 10/27/2011	26. Reviewed By 9021		27. Regional Office Director Frank J. Nava	
28. Distribution Topka, Tanya			29. Source Document Number 11180097A	

This investigation was initiated in response to a consumer complaint entered on the CPSC website. The following information was obtained during an onsite investigation on 9/22/11 and 10/4/11. The complaint involves a loss of steering control with a utility vehicle (UTV). No injuries occurred during the incident.

The complainant is a 56 year old male, 5'11" and 170 pounds in weight. He resides with his wife who is a 47 year old female, 5'9" and average weight. The couple is in excellent health. They own an outdoor adventure and full service small engine vehicle repair business. Their business provides recreational tours and equipment such as; mountain bikes, water rafts, inner tubes, rock climbing, snow mobiles, all terrain vehicle (ATV), UTV to qualifying paying clients (Exhibit #6).

He describes a qualified paying client as over the age of 21, government licensed, male or female driver, fully capable to lift over 75 pounds, and familiar with operating a small engine vehicle.

Their business is extremely strenuous, requires heavy lifting, safety certifications, rigorous physical fitness and they must be mentally alert. The couple works on dessert, mountainous land and large bodies of fresh water (Exhibit #2).

The couple has 3 male children; 2 who are over the age of 18 and work with for their parents. The underage male child does not work with the business and attends school during the weekday business hours. He is not allowed to operate any of the motor operated vehicles; he does however ride as a passenger on weekend family recreation excursions.

Further personal descriptions of the complainant's adult children were declined by the complainant. The investigator was introduced to the 2 overage male children at the place of business during the second onsite visit. She observed the males to be clad in safety gear; and in her opinion to be tall, muscular built, fully capacitated, mentally alert, and knowledgeable in their families business.

The incident occurred on a trail in the mountainous National Park that surrounds the city the family owns their business in (Exhibit #8). This park is also where the family takes clients for outdoor adventures. The area is over a 30 mile stretch of off road man made trails, streams, tall pine trees, and rocky terrain.

The UTV involved is a gas/battery operated, 2 seated, stick drive vehicle. The complainant was unsure of the date of purchase and had not located the receipts of purchase in time of the investigator to turn in with this completed report. He purchased the vehicle new and fully assembled from an authorized dealer located over 300 miles from his business. He believes the purchase price was around \$11, 299.99. He has been purchasing from the manufacturer's product line since 1988 for personal and business use.

The complainant requires that all his clients complete a 30 minute block of safety and operation training before renting the vehicle. Each client is shown the vehicle and allowed to inspect it and test its features prior to signing a rental agreement and damages declaration.

The complainant and his sons are the only ones authorized to move the vehicle to the operating location. The complainant owns a full size pick-up truck rigged for transport of the UTV. The operating client is provided with safety gear if they do not have approved gear with them. The passenger, if any, is also required to have or rent safety equipment.

The UTV vehicle is used almost daily, by the complainant, his spouse, and 2 overage children. Since the date of purchase the complainant estimates the UTV has been rented over, "*a dozen times.*"

The UTV is cleaned and dried weekly, with a mild generic cleaner. The interior is also vacuumed, and the leather seats are cleaned with leather cleaner. The vehicle is stored in a locked garage after each use.

The complaint has made two minor modifications to the UTV. He added an 11"x17" plastic crate to the rear of the vehicle, securing it with bungee cord (Photo #4, 24). He also has added foam padding to all the metal roll bars of the UTV. He secured the foam with black electrical tape (Photo #23).

On 8/1/2011 around 11:30 AM the complainant loaded the UTV onto his transporting rigged pick-up truck with the assistance of his oldest son. He went alone to the park area.

He describes this trip as, "*personal recreation.*" On this excursion he was wearing protective head gear, t-shirt, jeans and used the vehicle's seat belt.

The weather according to the complainant and historical weather reports was clear, sunny with low winds.

The complainant states after 4 hours of riding; he came down a small hill on the trail, the vehicle jerked in the wrong direction. He quickly turned the steering wheel to correct the motion. As he turned in what he visually indicated to the investigator as a left; the steering wheel detached from the shaft steering column.

The complainant states he was given no warning before this occurred. He states, "*One moment I was steering, and the next I lost steering control and was holding the steering wheel in my hands!*" The complainant immediately "*hit the brakes,*" he discontinued use of the UTV and pushed it manually back to his pick-up truck that was 7 miles away. Once there he loaded the UTV and transported it back to his garage.

Once he returned to his garage he observed, that the steering wheel's internal grooved area, used to screw the wheel onto the conventional steering column were what he describes as, "*stripped and worn down.*" He also states the 5 washers used in this area were what he describes as, "*pinched and worn.*"

On 8/4/2011 the complainant contacted the manufacturer via the phone to report the incident. He was instructed by the customer support department to contact the authorized dealer that originally sold him the UTV.

The complainant contacted the authorized dealer by email and explained the issue with the vehicle and provided the instructions from the manufacturer. The authorized dealer was what the complainant describes as, "*unhelpful.*" He was told not to bring the UTV to their shop and to wait until they had contacted the manufacturer. The complainant states after 8/24/11 he never heard from the authorized dealer or manufacturer.

Since the incident the complainant has stopped using the UTV in the area of the incident. He now only uses the vehicle in soft grounded areas and avoids making sharp turns. The complainant replaced the conventional steering column and steering wheel with brand new parts he ordered from the manufacturer's website. The vehicle is displayed daily during his business' hours out front for sale or rental.

The complainant agreed to the release of his name and contact information online at the CPSC website on 8/4/2011 and in writing on 10/4/11.

PRODUCT IDENTIFICATION:

The product involved in the incident is a 2010 **Polaris** Ranger 800 UTV, Model # R10VH76AT, S/N #335468.

(b)(6)

The UTV is primarily yellow; secondary colors are black and white with blue manufacturer insignia.

The UTV is registered as a California off highway vehicle, 06P 344 Expires June 2013.

An additional label located on the engine block of the vehicle has identifying numbers and a barcode. There is no description included on what these numbers are (see photo #12)

Manufacturer date: 8/18/2009

(1) 1203969

(2) EH0760LE023

(3) 0120396902035

(4) Unknown barcode

The manufacturer is Polaris as indicated on labeling on the UTV located under the front paneling.

Polaris Industries, Inc.

2100 Highway 55

Medina, MN 55340

(763) 417-8650

<http://www.polarisindustries.com>

The product was purchased from an authorized dealer

Champion Motorcycles

1590 Newport Boulevard

Costa Mesa, CA 92627-3715

(949) 642-4343

<http://www.champion-motorcycles.com>

The complainant had not found the receipts of purchase in time for the completion of this report he estimates the purchase price to be \$11, 299.99.

The manufacturer's website published description of the UTV is:

"2010 RANGER 800 XP[®] Side-By-Side

The RANGER 800 XP[®] is primarily intended for recreational use and this year we powered up the RANGER XP[®] with 15% more horsepower and a top speed of 53 mph (85.3 kph). Both the horsepower and the speed continue to be best in class. Key Xtreme Performance features are:

*46 HP 760cc Twin Cylinder EFI Engine
Smooth Independent Rear Suspension (IRS)
Dual A-Arm Front Suspension
1,000 lb. (453.6 kg) Rear Cargo Box Capacity
2,000 lb. (907.2 kg) Towing Capacity*

*Engine Type 4-Stroke Twin Cylinder
Displacement HP 760cc
Fuel System Electronic Fuel Injection
Cooling Type Liquid
Fuel Capacity 9 gal. (34.1 ltr.)*

*Final Drive Shaft
Transmission Automatic PVT H L N R
Drive System On-Demand True AWD 2WD VersaTrac Turf Mode
Engine Braking System N A*

*Front Suspension Dual A-Arm 9.6 in. (24.4 cm) Travel
Rear Suspension Dual A-Arm, IRS 9 in. (22.9 cm) Travel*

*Front Brake Hydraulic Disc with Dual-Bore Front Calipers
Rear Brake Hydraulic Disc with Dual-Bore Front Calipers*

*Front Tires 25 x 10-12; AT 489
Rear Tires 25 x 11-12; AT 489
Wheels Stamped Steel*

Parking Brake Hand-Actuated

Wheelbase 76 in. (193 cm)
Dry Weight 1,237 lb. (561 kg.)
Length Width Height 114 in. 60 in. 76 in. (290 cm 152 cm 193 cm)
Seat Height N A
Ground Clearance 12 in. (30.5 cm)

Bed Box Dimension Capacity 54 x 36.5 x 11.5 in. (137 x 93 x 29 cm) 1000 lbs. (453.6 kg)
Front Rack N A
Rear Rack Box Capacity N A
Hitch Towing Rating 2,000 lb. (907.2 kg)
Unbraked Trailer Towing Capacity

**Based on EU Directive 76 432 EC N A*
Cargo System Lock & Ride
Hitch Type Std Receiver

Instrumentation Digital Gauge, Speedometer, Odometer, Tachometer, Two Tripmeters, Hour Meter, Gear Indicator, Fuel Gauge, Hi-Temp Low-Batt Lights, DC Outlets (2)

Colors Solar Red, Sage Green, Mossy Oak Break-Up

MSRP: US \$11,199”

SAMPLES COLLECTED:

Under sample #12-840-7800 the original manufacturer factory installed detached steering wheel was collected from the complainant on 10/4/2011 for \$89.00. The price was determined by the manufacturer’s itemized parts catalog listed on the company website.

The investigator observed a rattling noise when handling the item; the complainant explained the noise is caused by a loose washer inside of the steering wheel. The investigator was able to photographically capture the loose washer (see photo #7).

The steering wheel is black, hard plastic, with silver metal internal grooves. The items measured and tested dimensions are:

Weight: 4 Pounds

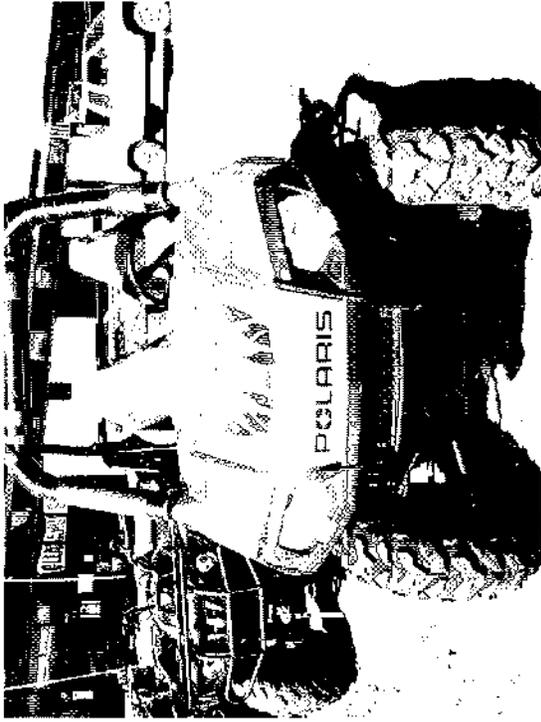
Height: 3 inches
Length: 14 inches
Width: 14 inches

EXHIBITS:

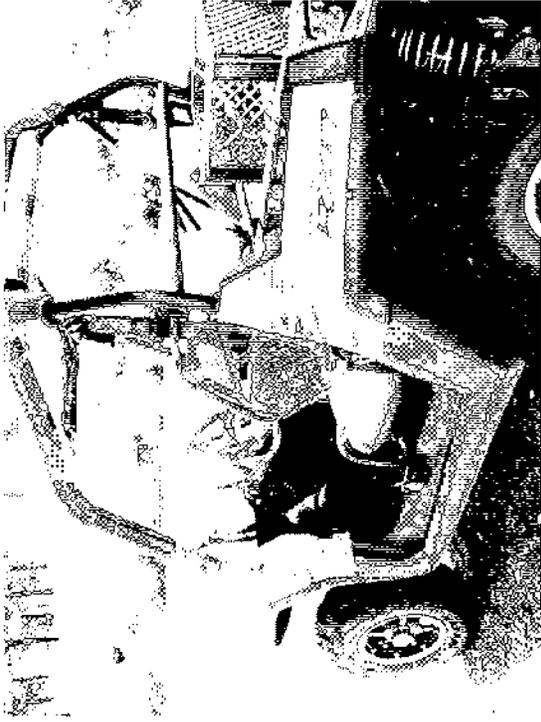
1. Photographs 1 to 24 – 6 pages
2. Owner's Manual – 146 pages
3. Steering Column Parts Map & Key – 2 pages
4. Manufacturer's Product Brochure – 1 pages
5. Name Release Form – 1 page
6. Complainant's Business Flyer – 1 page
7. Sample Receipt with Manufacturer Retail Pricing – 2 pages
8. Map and Photo of incident Location – 1 page
9. Sample Collection Report – 2 pages
10. UTV Data Record Sheet-1 page

Exhibit #1 - Photographs

110901CCC3116



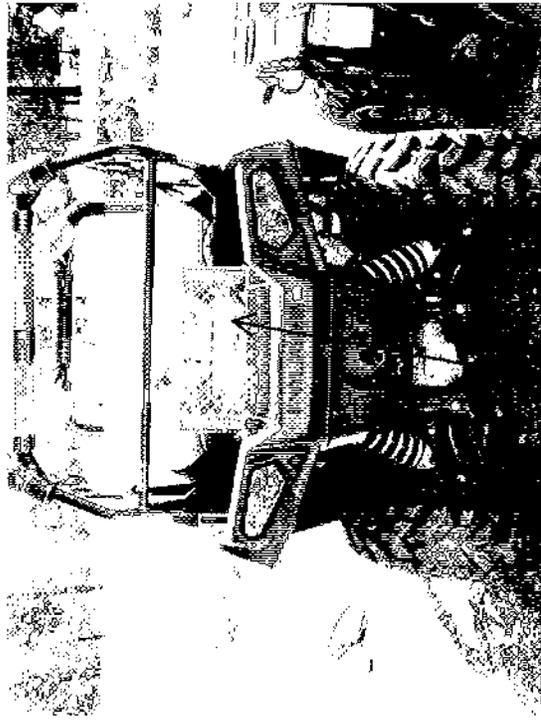
1



2



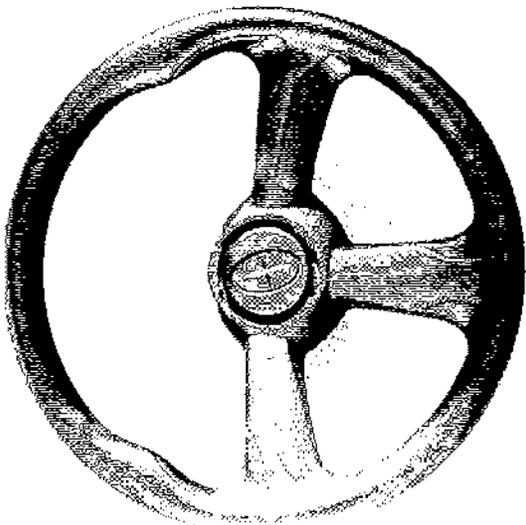
3



4

Photograph shows how the UTV is displayed for rental daily.

Complainant modification, added 11x17 basket to rear of vehicle tied down with bungee cord.



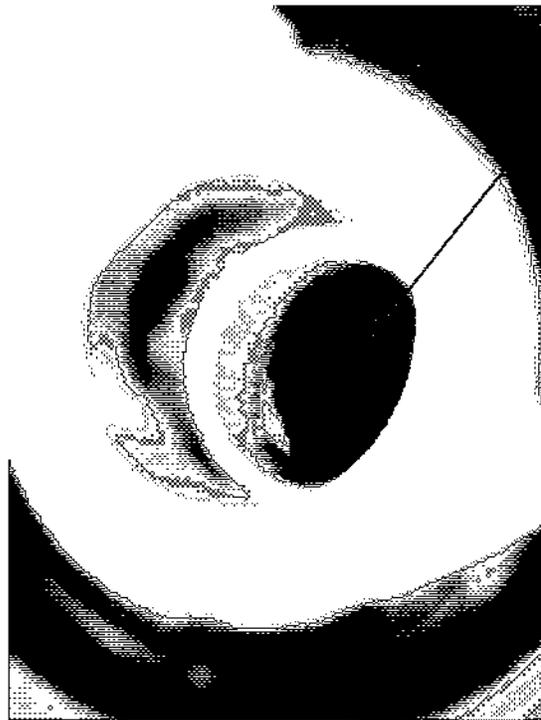
5

Factory installed steering wheel.



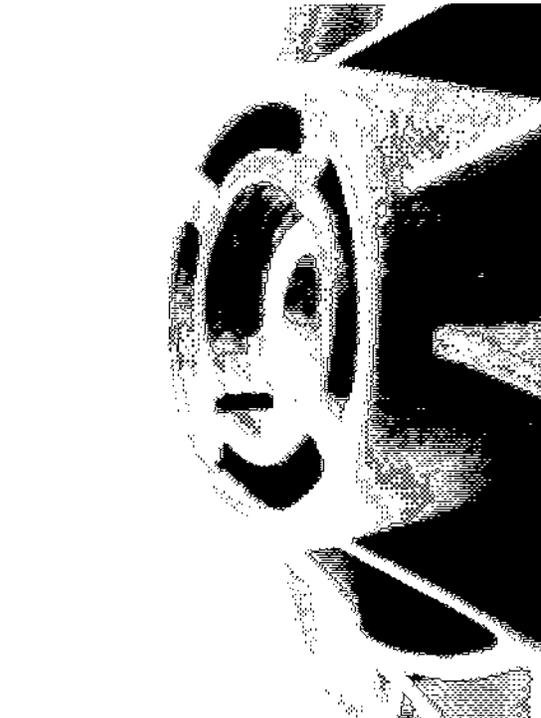
6

Photographs shows the worn grooves of the steering wheel.

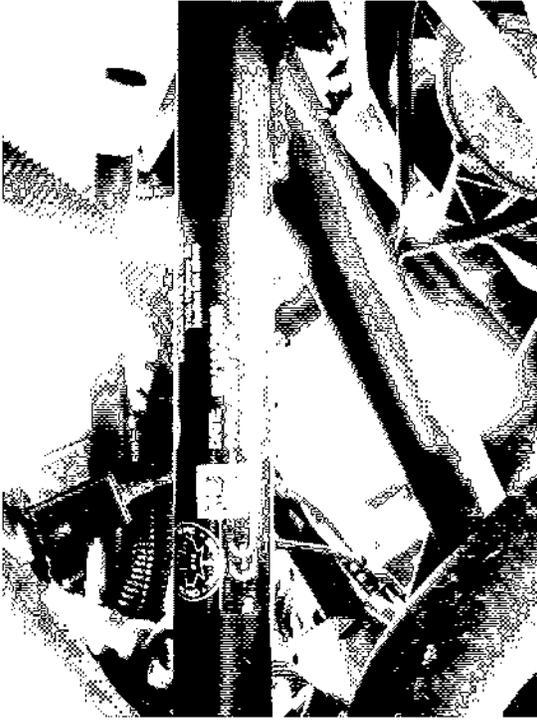


7

Photograph shows the loose washer that causes rattling of item.



8



9

Steering wheel column with VIN#, barcode, date of manufacture and manufacturer's address.

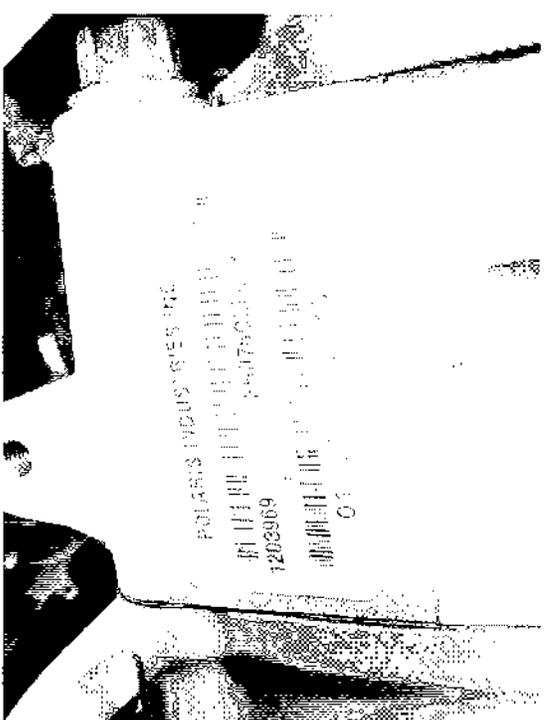


10



11

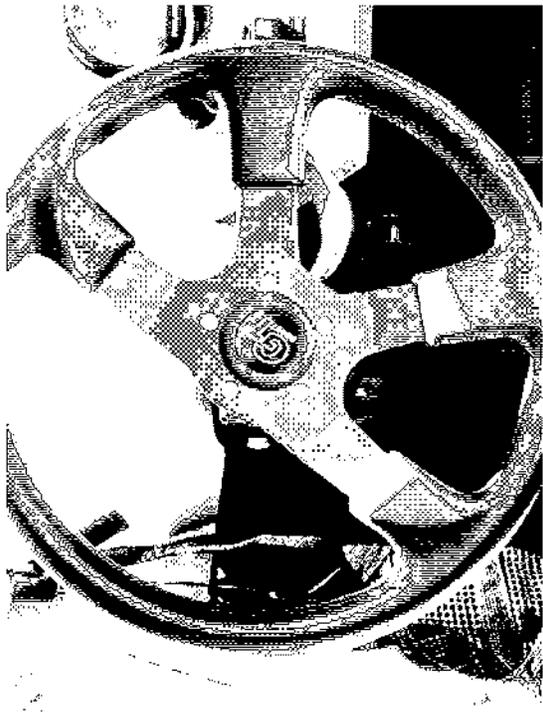
State registration tag



12

Unknown labeling with numbering located on the engine block.

13



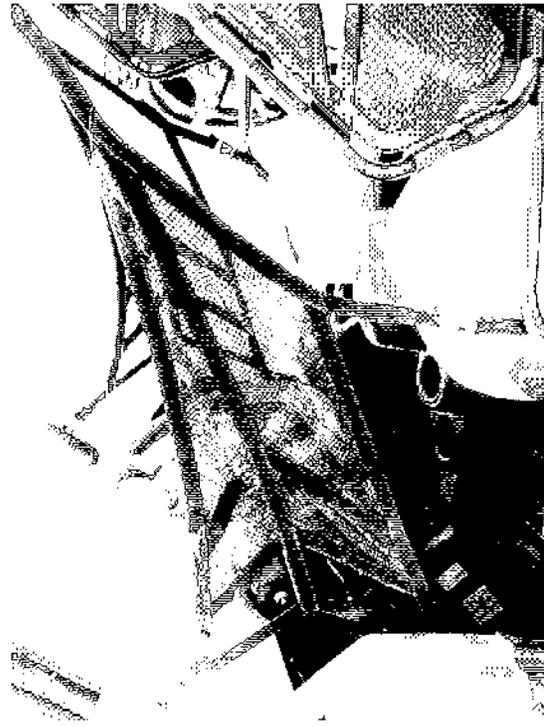
Newly installed steering wheel.

14



Speedometer and mileage, with started, and highlights switch.

15

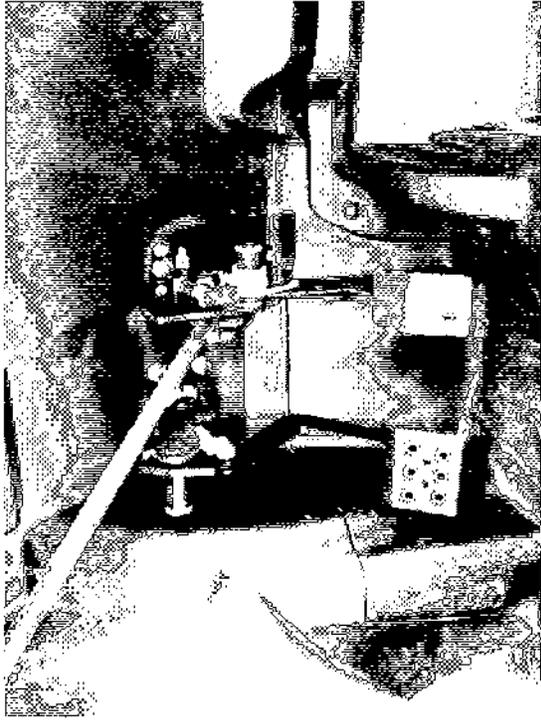


Operator and passenger seating.

16



17



Base of the steering column with gas and brake pedals

18



Underside of steering column.

19

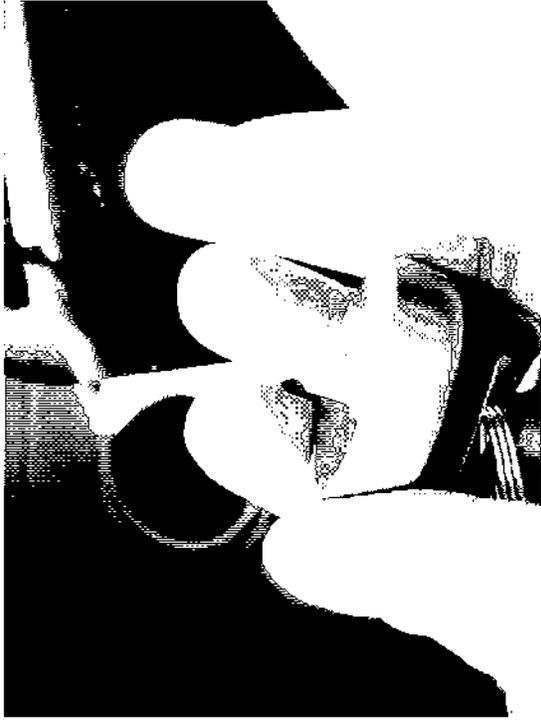


Steering column pivot.

20

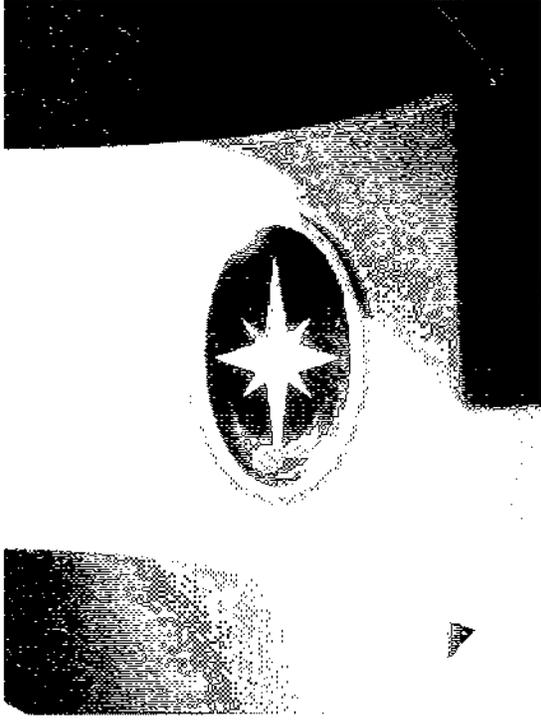


Conventional steering column



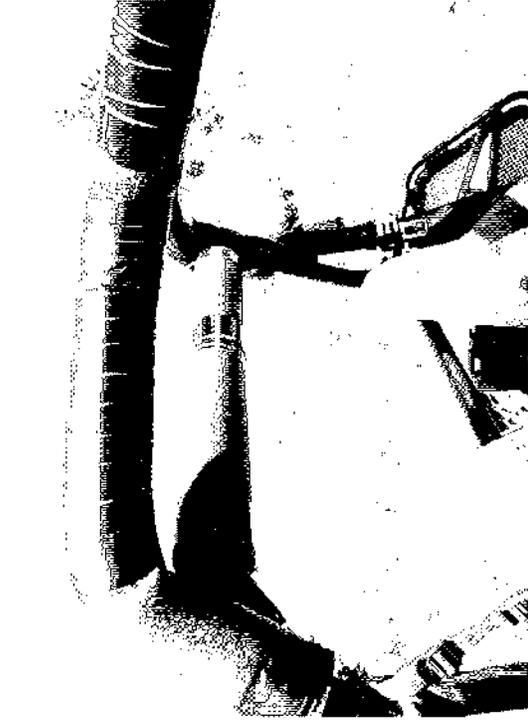
21

Ignition key



22

Manufacturer insignia



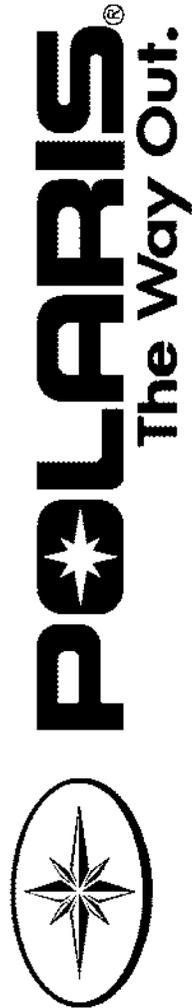
23

Complainant modification: added foam padding and electrical tape to roll bars.



24

Photograph shows bungee cord used to tie down complainant basket modification.



RANGER RZR™
RANGER RZR™ EPS

Owner's Manual
for Maintenance and Safety

110901CCC3116

⚠ WARNING

Read, understand, and follow all of the instructions and safety precautions in this manual and on all product labels.

Failure to follow the safety precautions could result in serious injury or death.

⚠ WARNING

The engine exhaust from this product contains chemicals known to the State of California to cause cancer, birth defects or other reproductive harm.

110901CCC3116



The text is printed on 100% recycled
with 40% post-consumer waste (PCW).

⚠️ WARNING

Improper vehicle use can result in SEVERE INJURY or DEATH

NEVER Operate:

- without first viewing safety video and quick start guide.
- with more than one passenger.
- on hills steeper than 15 degrees.
- on public roads.
- on paved surfaces - pavement may seriously affect handling and control.
- with non-Polaris approved accessories - they may seriously affect stability.

ALWAYS:

- keep hands and feet inside vehicle.
- reduce speed and use extra caution when carrying a passenger.
- operate slowly in reverse - avoid sharp turns or sudden braking.
- make sure passenger reads and understands all safety labels.
- watch for branches or other hazards that could enter vehicle.



ALWAYS USE AN APPROVED HELMET AND PROTECTIVE GEAR FOR OPERATOR AND PASSENGER

**NEVER USE ON PUBLIC ROADS - NEVER USE WITH DRUGS OR ALCOHOL
LOCATE AND READ OWNER'S MANUAL. FOLLOW ALL INSTRUCTIONS AND WARNINGS. IF OWNER'S MANUAL IS MISSING, CONTACT A POLARIS DEALER FOR A REPLACEMENT.**



For your nearest Polaris dealer,
call 1-800-POLARIS
or visit www.polarisindustries.com

Polaris Sales Inc.,
2100 Hwy. 55, Medina, MN 55340
Phone 1-888-704-5290

Part No. 9922955 Rev 01
Printed in USA

Thank you for purchasing a Polaris vehicle, and welcome to our worldwide family of Polaris owners. We proudly produce an exciting line of utility and recreational products.

- Snowmobiles
- All-terrain vehicles (ATVs)
- *RANGER* utility vehicles
- Victory motorcycles

We believe Polaris sets a standard of excellence for all utility and recreational vehicles manufactured in the world today. Many years of experience have gone into the engineering, design, and development of your Polaris vehicle, making it the finest machine we've ever produced.

For safe and enjoyable operation of your vehicle, be sure to follow the instructions and recommendations in this owner's manual. Your manual contains instructions for minor maintenance, but information about major repairs is outlined in the Polaris Service Manual and should be performed only by a Factory Certified Master Service Dealer (MSD) Technician.

Your Polaris dealer knows your vehicle best and is interested in your total satisfaction. Be sure to return to your dealership for all of your service needs during, and after, the warranty period.

We also take great pride in our complete line of apparel, parts and accessories, available through our online store at www.purepolaris.com. Have your accessories and clothing delivered right to your door!



110901CCC3116

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Printed in U.S.A.

2010 *RANGER* RZR RZR EPS Owner's Manual
P N 9922955

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INTRODUCTION

110901CCC3116

The following signal words and symbols appear throughout this manual and on your vehicle. Your safety is involved when these words and symbols are used. Become familiar with their meanings before reading the manual.



The safety alert symbol indicates a potential personal injury hazard.

WARNING

A **WARNING** indicates a hazardous situation which, if not avoided, may result in death or serious injury.

CAUTION

A **CAUTION** indicates a hazardous situation which, if not avoided, may result in minor or moderate injury.

NOTICE

A **NOTICE** indicates a situation that may result in property damage.



The Prohibition Safety Sign indicates an action **NOT** to take in order to avoid a hazard.



The Mandatory Action Sign indicates an action that **NEEDS** to be taken to avoid a hazard.

INTRODUCTION

⚠ WARNING

Failure to heed the warnings and safety precautions contained in this manual can result in severe injury or death. Your Polaris vehicle is not a toy and can be hazardous to operate. This vehicle handles differently than cars, trucks or other off-road vehicles. A collision or rollover can occur quickly, even during routine maneuvers like turning, or driving on hills or over obstacles, if you fail to take proper precautions.

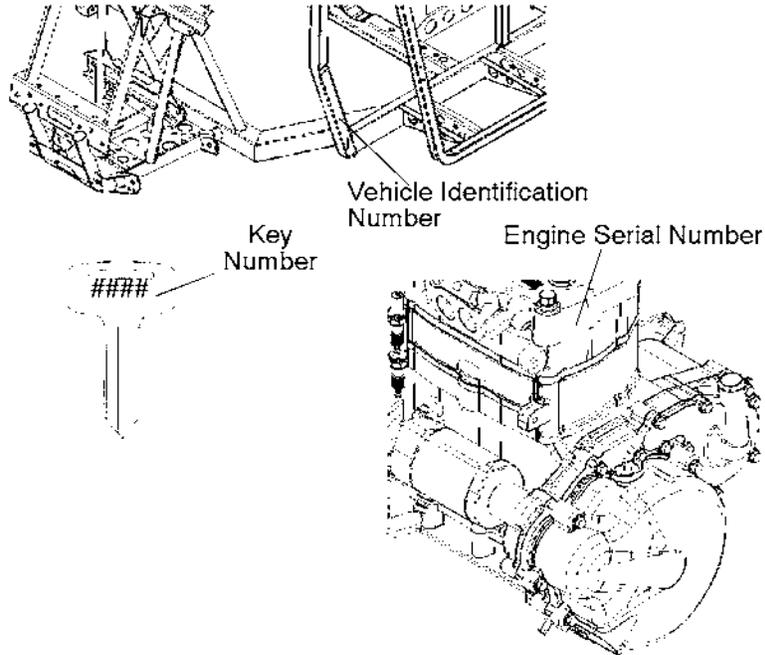
- Read this owner's manual. Understand all safety warnings, precautions and operating procedures before operating the vehicle. Keep this manual with the vehicle.
- Complete the New Operator Driving Procedures outlined on pages 54-55. Never allow a guest to operate this vehicle until the guest has completed the New Operator Driving Procedures.
- This vehicle is an **ADULT VEHICLE ONLY**. Operation is prohibited for anyone under 16 years of age or anyone without a valid driver's license.

INTRODUCTION

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Vehicle Identification Numbers

Record your vehicle's identification numbers and key number in the spaces provided. Remove the spare key and store it in a safe place. An ignition key can be duplicated only by ordering a Polaris key blank (using your key number) and mating it with one of your existing keys. The ignition switch must be replaced if all keys are lost.



Vehicle Model Number: _____

Vehicle Identification Number: _____

Engine Serial Number: _____

Key Number _____

Equipment Modifications

Your Polaris vehicle is designed to provide safe operation when used as directed. Modifications to your vehicle may negatively impact vehicle stability. Failure of critical machine components may result from operation with any modifications, especially those that increase speed or power. This vehicle may become less stable at speeds higher than those for which it is designed. Loss of control may occur at higher speeds.

Do not install on a Polaris vehicle any equipment that may increase the speed or power of the vehicle, or make any other modifications to the vehicle for these purposes. Any modifications to the original equipment of the vehicle create a substantial safety hazard and increase the risk of bodily injury.

The warranty on your Polaris vehicle is terminated if any equipment has been added to the vehicle, or if any modifications have been made to the vehicle, that increase its speed or power.

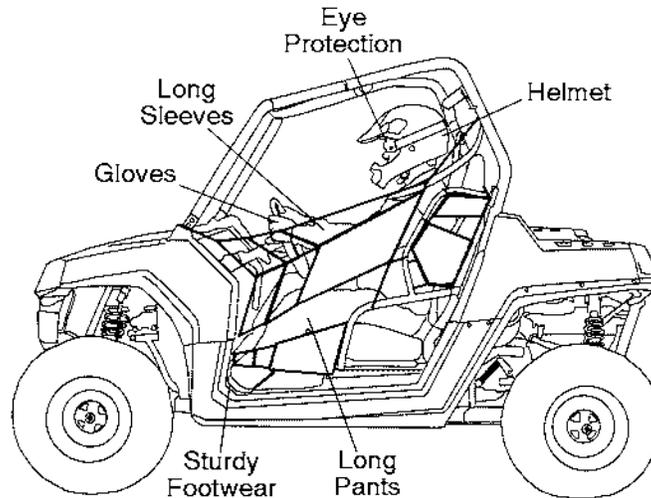
The addition of certain accessories, including (but not limited to) mowers, blades, tires, sprayers, or large racks, may change the handling characteristics of the vehicle. Use only Polaris-approved accessories, and familiarize yourself with their function and effect on the vehicle.

SAFETY

Safe Riding Gear

110901CCC3116

Always wear appropriate clothing when riding a Polaris vehicle. Wear protective clothing for comfort and to reduce the chance of injury.

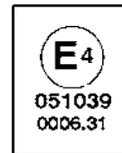


Helmet

Wearing a helmet can prevent a severe head injury. Whenever riding this Polaris vehicle, always wear a helmet that meets or exceeds established safety standards.

Approved helmets in the USA and Canada bear a U.S. Department of Transportation (DOT) label.

Approved helmets in Europe, Asia and Oceania bear the ECE 22.05 label. The ECE mark consists of a circle surrounding the letter E, followed by the distinguishing number of the country which has granted approval. The approval number and serial number will also be displayed on the label.



Safe Riding Gear

Eye Protection

Do not depend on eyeglasses or sunglasses for eye protection. Whenever riding a Polaris vehicle, always wear shatterproof goggles or use a shatterproof helmet face shield. Polaris recommends wearing approved Personal Protective Equipment (PPE) bearing markings such as VESC 8, V-8, Z87.1, or CE. Make sure protective eye wear is kept clean.

Gloves

Wear gloves for comfort and for protection from sun, cold weather and other elements.

Boots

Wear sturdy footwear. Do not ride a Polaris vehicle with bare feet.

Clothing

Wear long sleeves and long pants to protect arms and legs.

SAFETY

Safety Warnings

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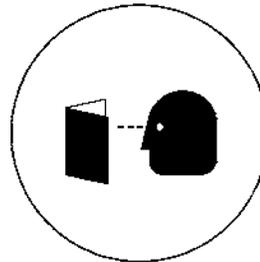
⚠ WARNING

Failure to operate this vehicle properly can result in a collision, loss of control, accident or overturn, which may result in serious injury or death. Heed all safety warnings outlined in this section of the owner's manual. See the OPERATION section of the owner's manual for proper operating procedures.

Operating Without Instruction

Operating this vehicle without proper instruction increases the risk of an accident. The operator must understand how to operate the vehicle properly in different situations and on different types of terrain. Complete the New Operator Driving Procedures outlined on pages 54-55.

All operators must read and understand the owner's manual and all warning and instruction labels before operating the vehicle. Never allow a guest to operate this vehicle until the guest has completed the New Operator Driving Procedures outlined on pages 54-55.



Age Restrictions

This vehicle is an ADULT VEHICLE ONLY. Operation is prohibited for anyone under 16 years of age or anyone without a valid driver's license. Never operate with a passenger under the age of 12. Make sure any passenger is tall enough to comfortably and safely reach the hand holds and place both feet on the floor.

Accessories

Non-approved accessories may seriously affect vehicle stability. Using accessories not approved by Polaris for use on this vehicle could cause loss of control or an accident. Never operate with accessories not approved by Polaris for use on this vehicle.

Using Alcohol or Drugs

Riding in this vehicle after consuming alcohol or drugs could adversely affect operator judgment, reaction time, balance and perception.

Never consume alcohol or drugs before or while operating or riding in this vehicle.



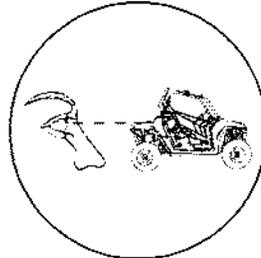
Safety Warnings

Failure to Inspect Before Operating

Failure to inspect and verify that the vehicle is in safe operating condition before operating increases the risk of an accident.

Always inspect the vehicle before each use to make sure it's in safe operating condition.

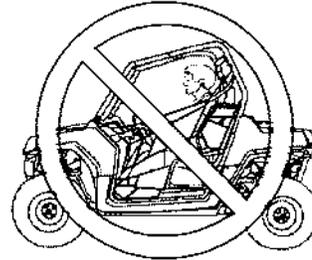
Always follow the inspection and maintenance procedures and schedules described in the owner's manual.



Protective Apparel

Riding in this vehicle without wearing an approved helmet and protective eyewear increases the risk of a serious injuries in the event of an accident.

Operator and passenger must always wear an approved helmet that fits properly and eye protection (goggles or face shield).



Seat Belts

Riding in this vehicle without wearing the seat belt increases the risk of serious injury in the event of an accident or sudden stop. Riders *must* wear seat belts at all times. Seat belts reduce the severity of injury in the event of a sudden stop or accident. Always make sure the seat belts are secured for both the operator and passenger before riding.

Cab Nets/Side Guards

Riding in this vehicle without using the cab nets and side guards increases the risk of serious injury or death in the event of an accident or overturn. Always use the cab nets and side guards while riding in this vehicle.

Always keep hands and feet inside the vehicle at all times.

SAFETY

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Safety Warnings

Carrying a Passenger

Never carry a passenger until you have operated this vehicle for at least two hours and have completed the New Operator Driving Procedures outlined on pages 54-55.

Carrying Multiple Passengers

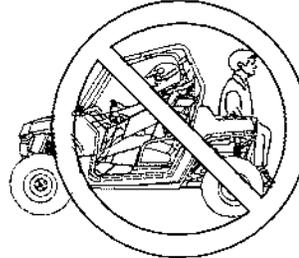
Carrying more than one passenger in this vehicle can affect the operator's ability to steer and operate the controls, which increases the risk of loss of control and accident or overturn.

Never carry more than one passenger in this vehicle.



Passengers in the Cargo Box

Carrying a passenger in the cargo box could result in a fall from the vehicle or contact with moving components. Never allow a passenger to ride in the cargo box. A passenger must always be seated in the passenger seat with seat belt secured.



Operating on Pavement

Operating this vehicle on paved surfaces (including sidewalks, paths, parking lots, and driveways) may seriously affect handling and control of the vehicle, and may cause the vehicle to go out of control. This vehicle's tires are designed for off-road use only, not for use on pavement.

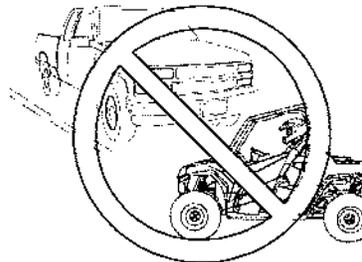
Avoid operating the vehicle on pavement. If you must operate on a paved surface, travel slowly and do not make sudden turns or stops.

Operating on Public Roads

Operating this vehicle on public streets, roads or highways could result in a collision with another vehicle.

Never operate this vehicle on any public street, road or highway, including dirt and gravel roads.

In many areas it's illegal to operate vehicles of this type on public streets, roads and highways.

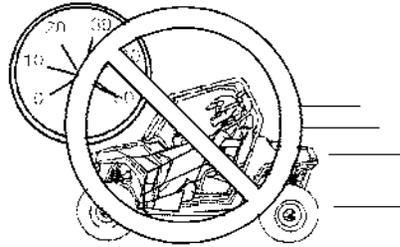


Safety Warnings

Operating at Excessive Speeds

Operating this vehicle at excessive speeds increases the operator's risk of losing control.

Always operate at a speed that's appropriate for the terrain, the visibility and operating conditions, your skills and your passenger's skills.



Turning Improperly

Turning improperly could cause loss of traction, loss of control, accident or overturn. Always follow proper procedures for turning as described in the owner's manual.

Avoid sharp turns. Never turn while applying heavy throttle. Never make abrupt steering maneuvers. Practice turning at slow speeds before attempting to turn at faster speeds.

Physical Control of the Vehicle

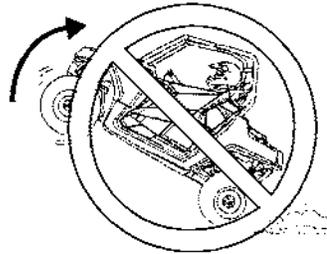
Removing hands from the steering wheel or hand holds or removing feet from the floor while riding increases the risk of loss of control and accident or overturn.

The operator should always keep both hands on the steering wheel during operation. A passenger should always be seated in the passenger seat with both feet on the floor and with both hands securely grasping the hand holds.

Always keep hands and feet inside the vehicle at all times.

Jumps and Stunts

Exhibition driving increases the risk of an accident or overturn. DO NOT do power slides, "donuts", jumps or other driving stunts. Avoid exhibition driving.



SAFETY

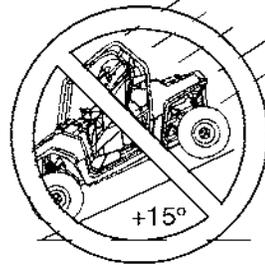
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Safety Warnings

Descending Hills Improperly

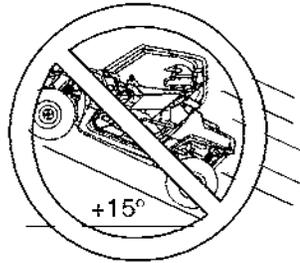
Improperly descending a hill could cause loss of control or overturn. Always follow proper procedures for traveling down hills as described in the owner's manual.

- Always descend a hill with the transmission in forward gear. Never descend a hill with the transmission in neutral.
- Always check the terrain carefully before descending a hill.
- Never travel down a hill at high speed.
- Avoid traveling down a hill at an angle, which would cause the vehicle to lean sharply to one side. Travel straight downhill.



Improper Hill Climbing

Improper hill climbing could cause loss of control or overturn. Use extreme caution when operating on hills. Always follow proper procedures for hill climbing as described in the owner's manual. See page 58.



Safety Warnings

Crossing Hillside

Driving on a sidehill is not recommended. Improper procedure could cause loss of control or overturn. Avoid crossing the side of any hill unless absolutely necessary.

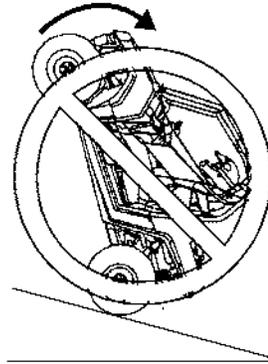
If crossing a hillside is unavoidable, always follow proper procedures as described in the owner's manual. See page 59.

Stalling While Climbing a Hill

Stalling or rolling backwards while climbing a hill could cause an overturn. Maintain a steady speed when climbing a hill.

If you lose all forward speed:

Apply the brakes gradually until the vehicle is fully stopped. Place the transmission in reverse and slowly allow the vehicle to roll straight downhill while applying light brake pressure to control speed.

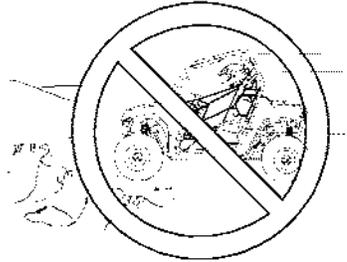


Operating in Unfamiliar Terrain

Failure to use extra caution when operating on unfamiliar terrain could result in an accident or overturn.

Unfamiliar terrain may contain hidden rocks, bumps, or holes that could cause loss of control or overturn.

Travel slowly and use extra caution when operating on unfamiliar terrain. Always be alert to changing terrain conditions.



SAFETY

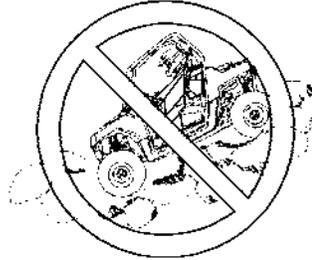
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Safety Warnings

Operating on Slippery Terrain

Operating on excessively rough, slippery or loose terrain could cause loss of traction, loss of control, accident or overturn.

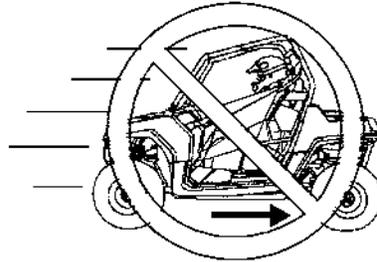
Do not operate on excessively rough, slippery or loose terrain. Always use extra caution on rough, slippery or loose terrain.



Operating Improperly in Reverse

Improperly operating in reverse could result in a collision with an obstacle or person. Always follow proper operating procedures as outlined in this manual. See page 62.

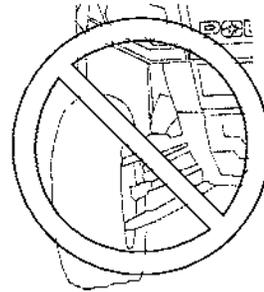
Before shifting into reverse gear, always check for obstacles or people behind the vehicle. When it's safe to proceed, back slowly.



Improper Tire Maintenance

Operating this vehicle with improper tires or with improper or uneven tire pressure could cause loss of control, accident or overturn.

Always use the size and type of tires specified for your vehicle. Always maintain proper tire pressure as described in the owner's manual and on safety labels.

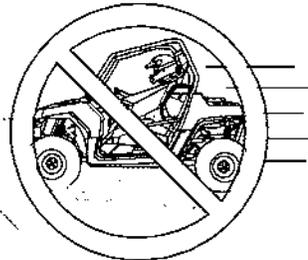


Safety Warnings

Operating Over Obstacles

Improperly operating over obstacles could cause loss of control or overturn.

Before operating in a new area, check for obstacles. Never attempt to operate over large obstacles such as rocks or fallen trees. Always follow the proper procedures outlined in this manual when operating over obstacles.



Skidding or Sliding

Skidding or sliding can cause loss of control or overturn (if tires regain traction unexpectedly). Always follow proper procedures for operating on slippery surfaces as described in the owner's manual.

When operating on slippery surfaces such as ice or loose gravel, reduce speed and use extra caution to reduce the chance of skidding or sliding.

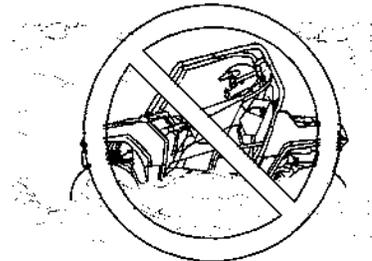
Do not operate on excessively slippery surfaces.

Operating Through Water

Operating through deep or fast-flowing water can cause loss of traction, loss of control, overturn or accident. Never operate in fast-flowing water or in water that exceeds the recommended maximum depth.

Always follow proper procedures for operating in water as described in the owner's manual.

Wet brakes may have reduced stopping ability. After leaving water, test the brakes. Apply them lightly several times while driving slowly. The friction will help dry out the pads.



SAFETY

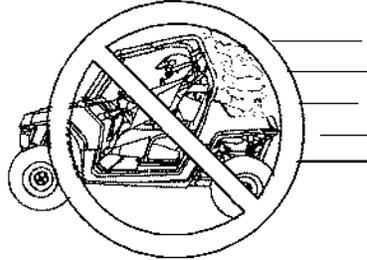
110901CCC3116

Safety Warnings

Improper Cargo Loading

Overloading the vehicle or carrying/towing cargo improperly may cause changes in stability and handling, which could cause loss of control or an accident.

- Always follow the instructions in the owner's manual for carrying cargo or pulling a trailer.
- Never exceed the stated load capacity for this vehicle.
- Cargo should be properly distributed and securely attached.
- Reduce speed when carrying cargo or pulling a trailer. Allow a greater distance for braking.

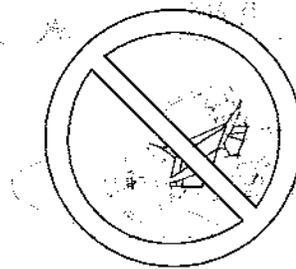


Operating on Frozen Bodies of Water

Operating on frozen bodies of water can result in the vehicle and/or riders falling through the ice. Never operate this vehicle on a frozen body of water.

Operating a Damaged Vehicle

Operating a damaged vehicle can result in an accident with serious injury or death. After any overturn or accident, have a qualified service dealer inspect the entire vehicle for possible damage, including (but not limited to) brakes, throttle and steering systems.



Safety Warnings

Handling Gasoline

Gasoline is highly flammable and is explosive under certain conditions. Always exercise extreme caution whenever handling gasoline.

- Always stop the engine when refueling.
- Always refuel outdoors or in a well ventilated area.
- Remove flammable material containers from the box before filling.
- Do not smoke or allow open flames or sparks in or near the refueling area or where gasoline is stored.
- Never refuel while a person is in the vehicle.
- Do not over fill the tank. Do not fill the tank neck.
- If gasoline spills on your skin or clothing, immediately wash it off with soap and water and change clothing.

Refueling

Always turn off the engine before refueling. Make sure the refueling area is well ventilated and free of any source of flame or sparks. Gasoline is extremely flammable.

Remove flammable material containers from the box before filling.

Exposure to Exhaust

Engine exhaust fumes are poisonous and can cause loss of consciousness or death in a short time. Never start the engine or let it run in an enclosed area.

Operate this vehicle only outdoors or in well-ventilated areas.

Hot Exhaust Systems

Exhaust system components are very hot during and after use of the vehicle. Hot components can cause burns and fire. Do not touch hot exhaust system components. Always keep combustible materials away from the exhaust system. Use caution when traveling through tall grass, especially dry grass.

Unauthorized Use of the Vehicle

Leaving the keys in the ignition can lead to unauthorized use of the vehicle, which could result in an accident or overturn. Always remove the ignition key when the vehicle is not in use.

**FOR MORE INFORMATION ABOUT SAFETY
call Polaris at 1-800-342-3764.**

SAFETY

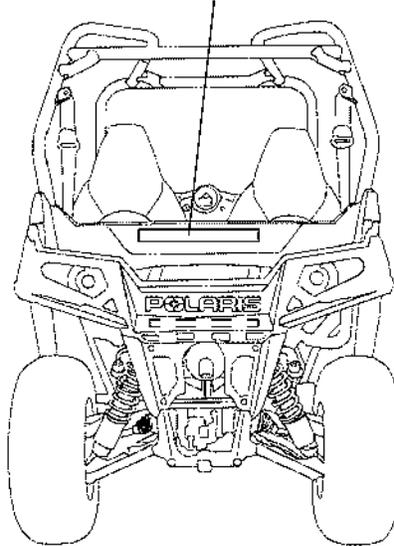
110901CCC3116

Safety Labels and Locations

Warning labels have been placed on the vehicle for your protection. Read and follow the instructions of the labels on the vehicle carefully. If any of the labels depicted in this manual differ from the labels on your vehicle, always read and follow the instructions of the *labels on the vehicle*.

If an informational or graphic label becomes illegible or comes off, contact your Polaris dealer to purchase a replacement. Replacement *safety* labels are provided by Polaris at no charge. The part number is printed on the label.

Cargo Box Warning
Tire Pressure/Cargo Overload
Warning



Safety Labels and Locations

Cargo Box Warning

WARNING

- Passengers can be thrown off. This can cause serious injury or death.
- Never carry passengers in cargo box.
- Maximum 4X4 Box Load is 300 lbs. (136.4 kg)

Tire Pressure/Cargo Overload Warning

WARNING

IMPROPER TIRES, TIRE PRESSURE OR OVERLOADING can cause loss of control resulting in SEVERE INJURY OR DEATH.

TIRE PRESSURE IN PSI (KPa):

4X4 - FRONT 8 (55.2) REAR 8 (55.2)

MAXIMUM WEIGHT CAPACITY INCLUDING DRIVER, PASSENGER, CARGO AND ACCESSORIES: 4X4 is 740 LBS. (336.4 kg)

Reduce speed and allow greater distance for braking when carrying cargo.

Overloading or carrying tall, off-center, or unsecured loads will increase your risk of losing control. Loads should be centered and carried as low as possible in box. For stability on rough or hilly terrain, reduce speed and cargo. Be careful if load extends over the side of the box.

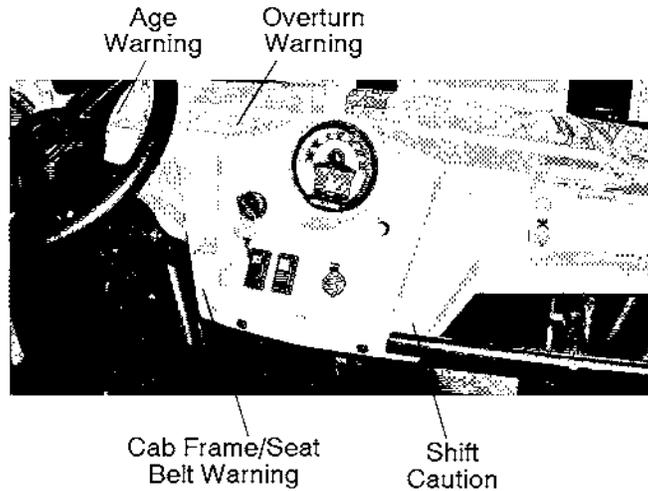
Read Owner's Manual for more detailed loading information.

7175103

SAFETY

Safety Labels and Locations

110901CCC3116



Cab Frame/Seat Belt Warning

WARNING

- ALWAYS WEAR YOUR SEAT BELT and make sure passenger wears seat belt.
- ALWAYS SECURE CAB NETS.
- VEHICLE OVERTURN could cause severe injury or death. The cab frame is not designed or intended to provide rollover protection.

7175100

Safety Labels and Locations

Shift Caution

CAUTION

To avoid transmission damage, shift only when vehicle is stationary and at idle. When vehicle is stopped, place shift in the parked position.

APPLY BRAKE TO START

7174843

Age Warning

WARNING

Operating this vehicle if you are under the age of 16 increases your chance of severe injury or death.

NEVER operate this vehicle if you are under age 16 or without a valid driver's license.

7175101



Overturn Warning

WARNING

Improper operation can cause this vehicle to overturn and lead to serious injury or death.

This vehicle handles differently than cars, trucks or other off-road vehicles. In order to avoid overturns:

- avoid sharp turns.
- never turn while applying heavy throttle.
- never make abrupt steering maneuvers.
- operate at speeds appropriate for your skills, the conditions and the terrain.
- DO NOT do power slides, "donuts", jumps or other driving stunts.

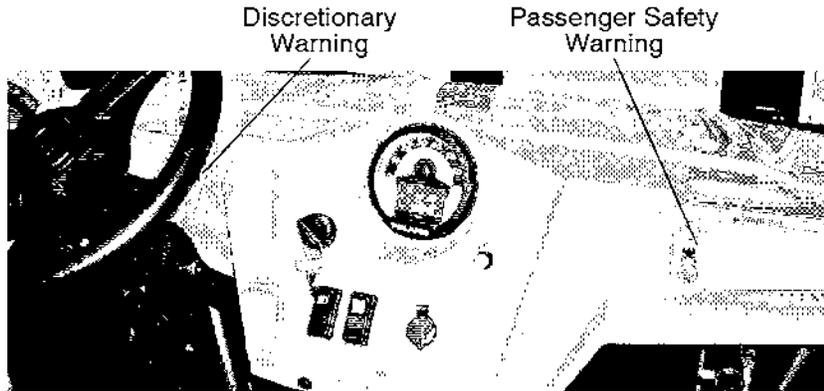
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SAFETY

Safety Labels and Locations

110901CCC3116



Passenger Safety Warning

WARNING

NEVER CARRY A PASSENGER UNDER AGE 12
NEVER CARRY MORE THAN ONE PASSENGER
NEVER RIDE AFTER USING DRUGS OR ALCOHOL

To reduce the risk of SEVERE INJURY or DEATH,
NEVER carry a passenger under age 12 or too small to
firmly plant feet on the floor and securely grasp hand
holds.

THE PASSENGER MUST ALWAYS:

- wear seat belt.
- use an approved helmet and protective gear.
- securely grasp hand holds and plant feet firmly on the floor.
- tell operator to slow down or stop if uncomfortable - get off and walk if conditions require.
- keep hands and feet inside vehicle at all times.
- watch for branches, brush, and other hazards that could enter vehicle.



7175102

Safety Labels and Locations

Discretionary Warning

WARNING

Improper vehicle use can result in SEVERE INJURY or DEATH

NEVER operate:

- without first viewing safety video and quick start guide.
- with more than one passenger.
- on hills steeper than 15 degrees.
- on public roads.
- on paved surfaces - pavement may seriously affect handling and control.
- with non-Polaris approved accessories - they may seriously affect stability.

ALWAYS:

- keep hands and feet inside vehicle.
- reduce speed and use extra caution when carrying a passenger.
- operate slowly in reverse - avoid sharp turns or sudden braking.
- make sure passenger reads and understands all safety labels.
- watch for branches or other hazards that could enter vehicle.

ALWAYS USE AN APPROVED HELMET AND PROTECTIVE GEAR FOR OPERATOR AND PASSENGER

NEVER USE ON PUBLIC ROADS

NEVER USE WITH DRUGS OR ALCOHOL

LOCATE AND READ OWNER'S MANUAL. FOLLOW ALL INSTRUCTIONS AND WARNINGS. IF OWNER'S MANUAL IS MISSING, CONTACT A POLARIS DEALER FOR A REPLACEMENT.

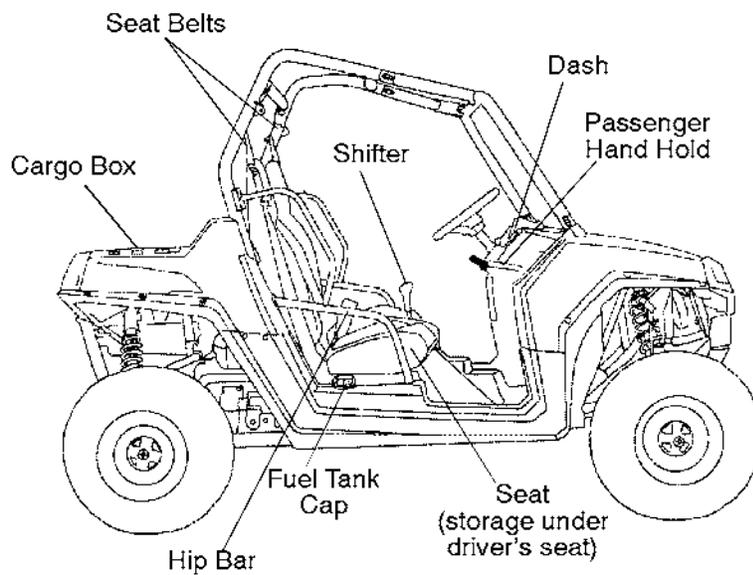
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FEATURES AND CONTROLS 110901CCC3116

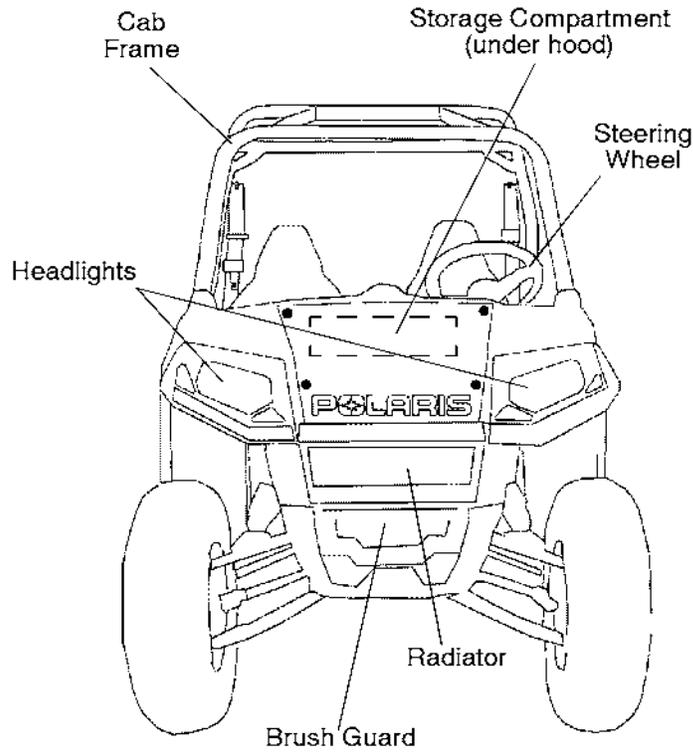
Component Locations

Your vehicle is equipped with upper and lower cab nets and side guards on both sides of the vehicle. Cab nets and side guards must be used by both operator and passenger at all times. Promptly replace worn or damaged cab nets with new cab nets, available from your authorized Polaris dealer. The vehicle illustrated below is shown without cab nets only to allow component identification. Always use the cab nets and side guards.



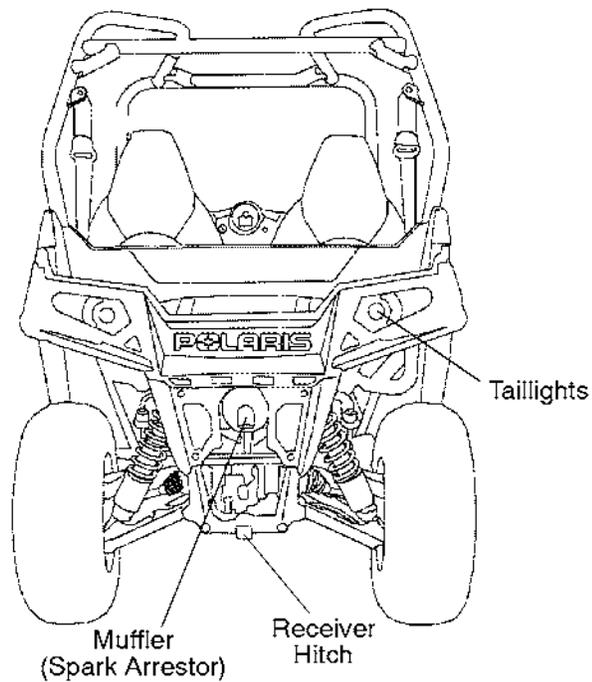
FEATURES AND CONTROLS

Component Locations



FEATURES AND CONTROLS 110901CCC3116

Component Locations



Trailer Receiver Hitch Bracket

This vehicle is equipped with a receiver hitch bracket for a trailer hitch. Trailer towing equipment is not supplied with this vehicle.

To avoid injury and property damage, always heed the warnings and towing capacities outlined on pages 64-65.

FEATURES AND CONTROLS

Rear Service Panel

The rear service panel is located behind the seats on the frame of the vehicle. Remove the seats to access the service panel. Remove the service panel to access serviceable engine components and clutches.

Seats

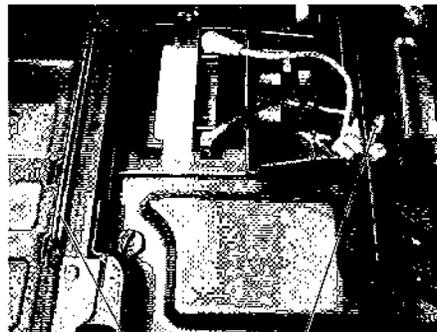
Before operating the vehicle, always push down on both seat backs to ensure the latches are secure.

Seat Adjustments

Loosen (do not remove) the four screws located on the seat bottom. Slide the seat forward or rearward to the desired position. Tighten the screws to 4 ft. lbs. (5.4 Nm). Do not overtighten.

Seat Removal

1. Pull up on the seat latch lever located under the rear edge of the seat.
2. Tilt the seat forward.
3. Lift the seat upward to remove it from the vehicle.
4. Reverse this procedure to reinstall the seat. Make sure the seat tabs at the front edge of the seat slide under the seat retainer bar.
5. Press down firmly at the rear of the seat to engage the rear latch.



Front Seat Retainer

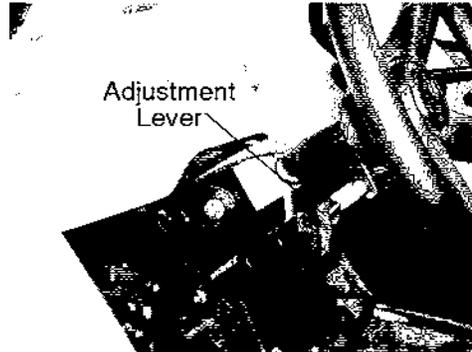
Seat Latch

FEATURES AND CONTROLS 110901CCC3116

Steering Wheel

The steering wheel can be tilted upward or downward for rider preference.

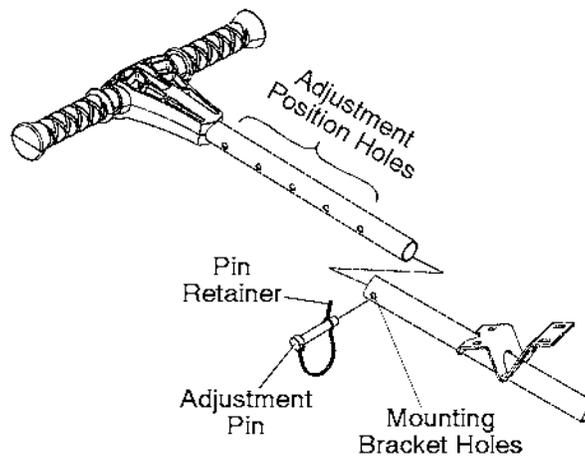
Lift and hold the steering wheel adjustment lever while moving the steering wheel upward or downward. Release the lever when the steering wheel is at the desired position.



Passenger Hand Hold

Always adjust the hand hold to a comfortable position for your passenger before operating. Make sure the adjustment pin and retainer are securely installed after making adjustments.

1. Remove the retainer from the end of the adjustment pin.
2. Remove the pin from the post.
3. Slide the post inward or outward to the desired position.
4. Reinstall the pin through the mounting bracket hole, through both post adjustment holes, and through the remaining bracket hole.
5. Reinstall the retainer to the pin.

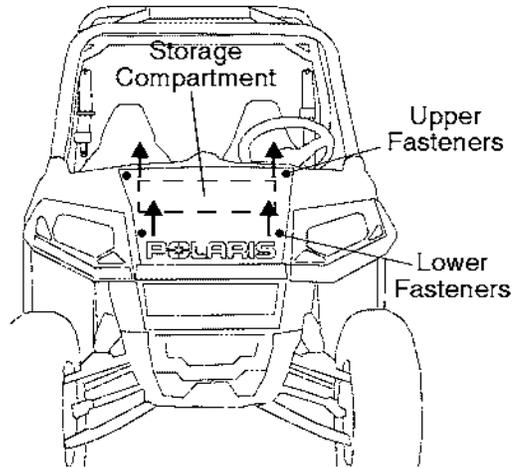


FEATURES AND CONTROLS

Hood

Remove the hood to access the front storage compartment, the radiator and the coolant overflow bottle.

1. If your model is equipped with removable fasteners at the upper hood edge, remove the fasteners.
2. Grasp the upper hood edge and pull upward to disengage the hood from the vehicle.
3. Continue pulling the hood upward to disengage the lower hood fasteners.
4. Lift the hood away from the vehicle.



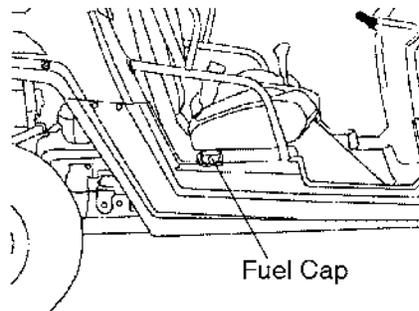
Storage Compartments

Remove the hood to access the front storage compartment. Remove the driver's seat to access the under-seat storage compartment. See page 29.

Fuel Cap

The fuel tank filler cap is located on the right-hand side of the vehicle near the passenger seat. When refueling, always use either leaded or unleaded gasoline with a minimum pump octane number of 87 R+M/2 octane. *Do not use fuel with ethanol content greater than 10 percent, such as E-85 fuel.*

Remove flammable material containers from the box before filling.



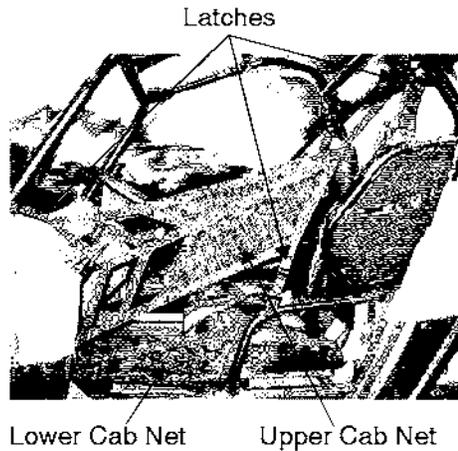
FEATURES AND CONTROLS 110901CCC3116

Cab Nets/Side Guards

Riding in this vehicle without using the cab nets and side guards increases the risk of serious injury or death in the event of an accident or overturn. Cab nets and side guards must be used by both operator and passenger at all times. Make sure all latches are secure before operating the vehicle.

Always inspect cab nets for tightness, wear and damage before each use of the vehicle. Use the strap adjusters to tighten any loose straps.

Promptly replace worn or damaged cab nets with new cab nets, available from your authorized Polaris dealer.



Upper Cab Net Interference (Driver)

The upper cab net on the driver's side may interfere with vehicle operation for some operators due to operator body type, driving style or riding apparel. Each operator must check for upper cab net interference before operating the vehicle.

1. Complete the New Operator Driving Procedures outlined on pages 54-55.
2. Test for upper cab net interference by making slow speed turns to the left and right. If the net interferes with operation, it should be removed from the vehicle *for this operator only*. All other cab nets must remain on the vehicle during operation. See page 33.

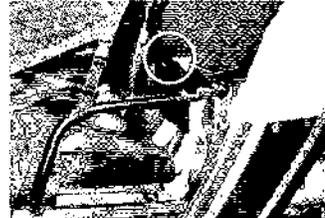
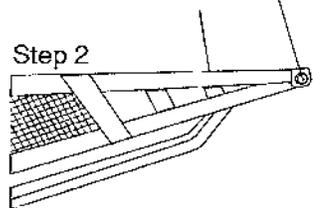
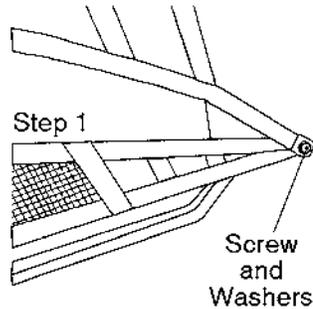
FEATURES AND CONTROLS

Cab Nets/Side Guards

Upper Cab Net Removal (Driver)

The upper cab net on the driver's side may be removed *only if it interferes with operation of the vehicle*. All other cab nets and side guards must remain installed.

1. Using a T-25 torx bit and 7/16" open end wrench, remove the mounting screw and washers securing the upper and lower cab nets to the floor of the vehicle on the driver's side.
2. Reinstall the lower net with the screw and all washers. Tighten the screw securely.
3. Unclip the latches that secure the upper net to the chassis and lower net. See the photo on the previous page.
4. Loop the free upper latch of the lower cab net through the gap at the front of the side guard and secure the latch, adjusting strap length as needed. Tighten the strap.
5. Reverse all steps to reinstall the upper cab net. *Always reinstall the upper cab net for any other operator of the vehicle.*



Loop strap through gap

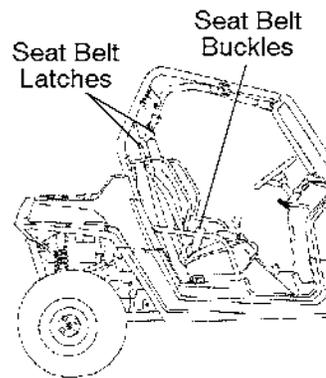
FEATURES AND CONTROLS 110901CCC3116

Seat Belts

This Polaris vehicle is equipped with three-point lap and diagonal seat belts for the operator and passenger. Always make sure the seat belts are secured for both the operator and passenger before riding.

To wear the seat belt properly, follow this procedure:

1. Pull the seat belt latch downward and across your chest toward the buckle at the inner edge of the seat. The belt should fit snugly across your hips and diagonally across your chest. Make sure the belt is not twisted.
2. Push the latch plate into the buckle until it clicks.
3. Release the strap, it will self-tighten.
4. Press the red release latch on the buckle to release the seat belt.



FEATURES AND CONTROLS

Seat Belts

Seat Belt Inspection

Inspect all seat belts for proper operation before each use of the vehicle.

1. Push the latch plate into the buckle until it clicks. The latch plate must slide smoothly into the buckle. A click indicates that it's securely latched.
2. Push the red release latch in the middle of the buckle to make sure it releases freely.
3. Pull each seat belt completely out and inspect the full length for any damage, including cuts, wear, fraying or stiffness. If any damage is found, or if the seat belt does not operate properly, have the seat belt system checked and/or replaced by an authorized Polaris dealer.
4. To clean dirt or debris from the seat belts, sponge the straps with mild soap and water. Do not use bleach, dye or household detergents.

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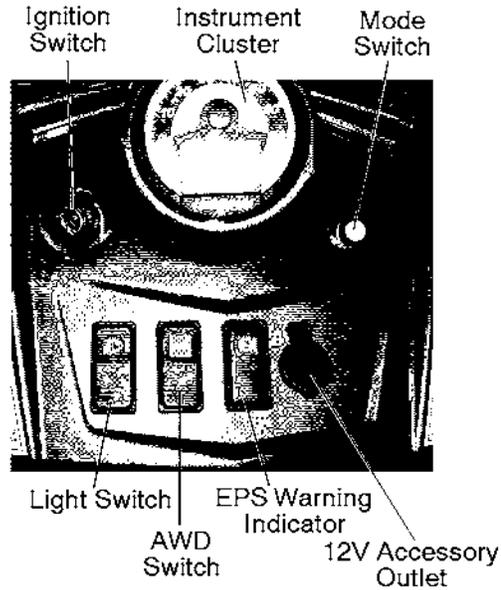
Switches

Mode Switch

The yellow switch located near the instrument gauge is used to toggle through mode options available such as odometer, trip meter, hour meter and tachometer. See page 43 for operation of the modes.

Auxiliary Outlet

The 12-volt accessory plug receptacle has spade connections on the back that may be used to power an auxiliary light or other optional accessories or lights. The connections are under the dash.

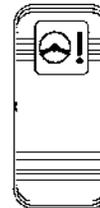


Electronic Power Steering (EPS)

The EPS warning indicator briefly illuminates when the key is turned to the ON position. If the light remains on after starting the engine, the EPS system is inoperative. See your authorized Polaris dealer for service.

Electronic power steering (if equipped) engages when the ignition key is turned to the ON position. EPS remains engaged whether the vehicle is moving or idle.

EPS Indicator



Power Steering Unit
(under cover)

FEATURES AND CONTROLS

Switches

Ignition Switch

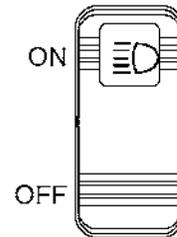
The ignition switch is a three-position, key-operated switch. Use the ignition switch to start the engine. See page 52 for starting procedures.

The key can be removed from the switch when it is in the OFF position.

OFF	The engine is off. Electrical circuits are off, except accessory 12V.
ON	Electrical circuits are on. Electrical equipment can be used.
START	Turn the key to the START position to engage the electric starter. The key returns to the ON position when released.

Light Switch

Use the headlight switch to turn the lights on and off. The ignition switch must be in the ON position to operate the headlights.



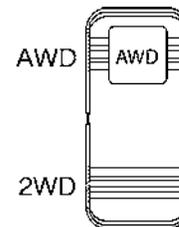
All Wheel Drive (AWD) Switch

The AWD Switch has two positions:

- All Wheel Drive (AWD)
- Two Wheel Drive (2WD).

Press the top of the rocker switch to engage All Wheel Drive. Press the bottom of the switch to operate in two wheel drive.

See page 40 for AWD operating instructions.

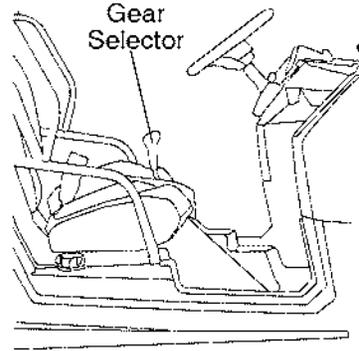


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Gear Selector

- P: Park
- R: Reverse
- N: Neutral
- L: Low Gear
- H: High Gear

To change gears, stop the vehicle, and with the engine idling, move the lever to the desired gear. Do not attempt to shift gears with engine speed above idle or while the vehicle is moving.



Tip: Maintaining shift linkage adjustment is important to assure proper transmission function. See your dealer if you experience any shifting problems.

NOTICE: Do not attempt to shift the transmission while the vehicle is moving or damage to the transmission could result. Always shift when the vehicle is stationary and the engine is at idle.

Using Low Range and High Range

Condition	Range to Use
Operating at speeds less than 7 MPH (11 km/h)	Low
Operating in rough terrain or over obstacles	Low
Loading the vehicle onto a trailer	Low
Towing heavy loads	Low
Operating at speeds greater than 7 MPH (11 km/h)	High

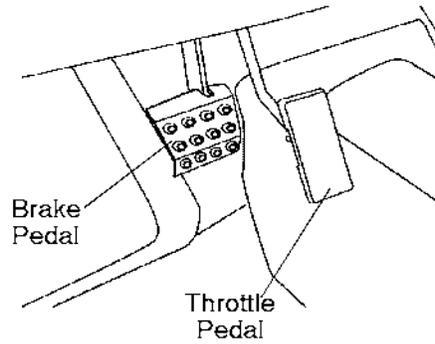
FEATURES AND CONTROLS

Brake Pedal

Depress the brake pedal to slow or stop the vehicle. Apply the brakes while starting the engine.

Throttle Pedal

Push the pedal down to increase engine speed. Spring pressure returns the pedal to the rest position when released. Always check that the throttle pedal returns normally before starting the engine. Make sure there's adequate throttle pedal freeplay. See page 96 for throttle pedal adjustment procedures.



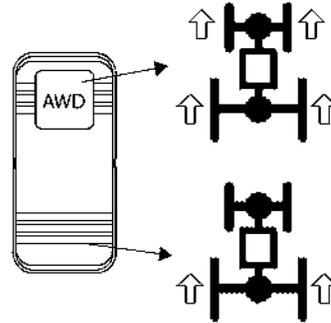
FEATURES AND CONTROLS

All Wheel Drive (AWD) System

110901CCC3116

The All Wheel Drive system is controlled by the AWD switch. When the switch is on 2X4, the vehicle is in two-wheel drive at all times. When the switch is on AWD, the vehicle is in all wheel drive and the AWD indicator light will be on.

When in AWD, the demand drive unit will automatically engage any time the rear wheels lose traction. When the rear wheels regain traction, the demand drive unit will automatically disengage.



There is no limit to the length of time the vehicle may remain in AWD.

Engaging AWD

The AWD switch may be turned on or off while the vehicle is moving. Initially, the vehicle's electronic system will not enable the AWD until the engine RPM is below 3100. Once enabled, the AWD remains enabled until the AWD switch is turned off. If the switch is turned off while the demand drive unit is moving, it will not disengage until the rear wheels regain traction.

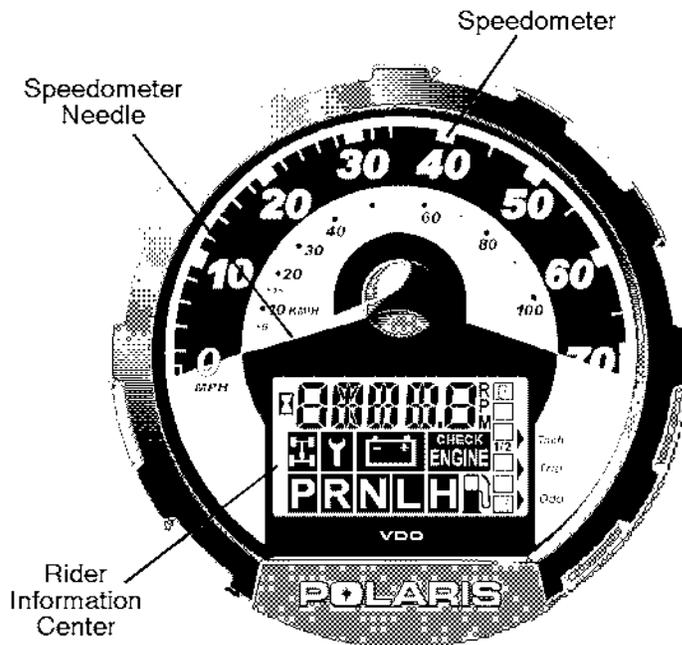
Engage the AWD switch before getting into conditions where front wheel drive may be needed. If the rear wheels are spinning, release the throttle before switching to AWD.

NOTICE: Switching to AWD while the rear wheels are spinning or slipping may cause severe drive shaft and gearcase damage. Always switch to AWD while the rear wheels have traction or are at rest.

FEATURES AND CONTROLS

Instrument Cluster

Your vehicle is equipped with an instrument cluster that senses vehicle speed from the transmission. The instrument cluster measures distance in miles as well as time, hours of operation and engine RPM. In addition to showing vehicle speed, the speedometer needle flashes when the fuel level is low.



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Instrument Cluster

Rider Information Center

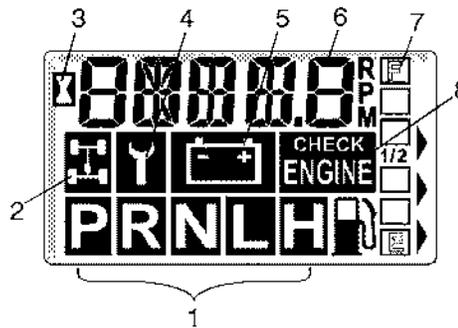
The rider information center is located in the instrument cluster. All segments will light up for 2.5 seconds at start-up.

Tip: If the instrument cluster fails to illuminate, a battery over-voltage may have occurred and the instrument cluster may have shut off to protect the electronic speedometer. If this occurs, take the vehicle to your Polaris dealer for proper diagnosis.

1. **Gear Indicator** - This indicator displays gear shifter position.

P = Park
R = Reverse
N = Neutral
L = Low Gear
H = High Gear

2. **AWD Indicator** - This indicator illuminates when the AWD switch is in the AWD position.



3. **Engine Hour Display Indicator**
4. **Service Interval/Diagnostic Mode Indicator**
5. **Low Battery and Over Voltage** - This warning usually indicates that the vehicle is operating at an RPM too low to keep the battery charged. It may also occur when the engine is at idle and high electrical load (lights, cooling fan, accessories) is applied. Drive at a higher RPM or recharge the battery to clear the warning.
6. **Odometer/Tachometer/Tripmeter/ Hour Meter**
7. **Fuel Gauge** - The segments of the fuel gauge show the level of fuel in the fuel tank. When the last segment clears, a low fuel warning is activated. All segments will flash, FUEL will display in the LCD, and the speedometer needle will blink. Refuel immediately.
8. **Check Engine Warning Indicator** - This indicator serves two purposes. The word HOT displays if the engine overheats. It also appears if an EFI-related fault occurs. Do not operate the vehicle if this warning appears. Serious engine damage could result.

FEATURES AND CONTROLS

Instrument Cluster

Rider Information Center

Standard Modes

Use the yellow mode switch located near the instrument gauge to toggle through the mode options. See page 36.

Odometer Mode

The odometer records the miles traveled by the vehicle.

Trip Meter Mode

The trip meter records the miles traveled by the vehicle on each trip if it's reset before each trip. To reset the trip meter, select the trip meter mode. Press and hold the mode switch until the total changes to 0.

Tip: In the Rider Information Center, the trip meter display contains a decimal point, but the odometer displays without a decimal point.

Hour Meter Mode

This mode logs the total hours the engine has been in operation.

Tachometer Mode

The engine RPM is displayed digitally.

Tip: Small fluctuations in the RPM from day to day may be normal because of changes in humidity, temperature and elevation.

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Instrument Cluster

Rider Information Center

Diagnostic Mode

The wrench icon will display when the gauge is in the diagnostic mode. To exit the diagnostic mode, turn the key switch off and on. Any movement of the tires will also cause the gauge to exit the diagnostic mode.

To enter the diagnostics mode:

1. Turn the key switch off and wait 10 seconds.
2. Place the transmission in neutral.
3. Hold the mode switch and turn the key switch on. Release the switch as soon as the display is activated.
4. Use the mode switch to toggle through the diagnostic screens.

Battery Voltage Screen

View this screen to check battery voltage level.

Tachometer Screen

View the tachometer to check engine speed.

FEATURES AND CONTROLS

Instrument Cluster

Rider Information Center

Diagnostic Mode

AWD Diagnostic Screen

The gauge indicates whether or not current is flowing through the AWD coil (only on models with switchable AWD). This screen is for informational purposes only. Please see your dealer for all major repairs.

Gear Circuit Diagnostic Screen

This screen displays the resistance value (in ohms) being read at the gear switch input of the gauge. This screen is for informational purposes only. Please see your dealer for all major repairs.

Programmable Service Interval

When the hours of engine operation equal the programmed service interval setting, the wrench icon will flash for 5 seconds each time the engine is started. When this feature is enabled, it provides a convenient reminder to perform routine maintenance.

The service interval is programmed at 50 hours at the factory. To enable or disable the service interval:

1. Enter the diagnostic mode. Toggle to the service interval screen.
2. Press and hold the mode switch for about seven (7) seconds, until either ON or OFF appears in the Rider Information Center, depending on your preference.

To reset the service interval:

1. Enter the diagnostic mode. Toggle to the service interval screen.
2. Press and hold the mode switch for 2-3 seconds, until the wrench icon flashes. Release the switch.
3. Press and release the mode switch once to advance the setting by one hour. Press and *hold* the mode switch to advance the hours quickly.

Tip: If you scroll past the intended number, press and hold the switch until the hours cycle back to zero.

4. When the desired setting is displayed, wait until the wrench icon stops flashing. The new service interval is now programmed.

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Instrument Cluster

Rider Information Center

Diagnostic Mode

Miles/Kilometers Toggle

The display in the tripmeter and odometer can be changed to display either standard or metric units of measurement.

1. Enter the diagnostic mode.
2. Toggle to the screen that displays either kilometers (KM) or miles (MP).
3. Press and hold the mode switch until the letters flash, then press and release the switch once. When the display stops flashing, the mode has been set.

Downloading Codes

The EFI diagnostic mode is for informational purposes only. Please see your Polaris dealer for all major repairs.

See page 47 for Blink Codes and Failure Descriptions. Use the following procedure to download blink codes (failure codes) from the EFI module.

1. Place the transmission in PARK.
2. Stop the engine.
3. Turn the key switch to the ON position.
4. Turn the key switch off and on three times in less than five seconds, then leave the switch on. Any blink code numbers stored in the EFI module will display, one at a time, on the screen. The number "61" and the word "END" displays after all codes have been transmitted.

FEATURES AND CONTROLS

Instrument Cluster Rider Information Center Downloading Codes

Blink Code	Failure Description
--	No RPM Signal
21	Loss of Synchronization
45	Barometric Pressure Sensor: Circuit Low Input
46	Barometric Pressure Sensor: Circuit High Input
22	TPS: Open or Short Circuit to Ground
22	TPS: Short Circuit to Battery
23	RAM Error: Defective ECU
42	Engine Temp Sensor Circuit: Short to Ground
42	Engine Temp Sensor Circuit: Open or Short to Battery
51	Injector 1: Open Load
51	Injector 1: Short Circuit to Ground
51	Injector 1: Short Circuit to Battery
52	Injector 2: Open Load
52	Injector 2: Short Circuit to Ground
52	Injector 2: Short Circuit to Battery
54	Engine Temp Lamp: Open Load
54	Engine Temp Lamp: Short Circuit to Ground
54	Engine Temp Lamp: Short Circuit to Battery
55	Diag Lamp: Open Load
55	Diag Lamp: Short Circuit to Ground
55	Diag Lamp: Short Circuit to Battery
56	Pump Relay: Open Load
56	Pump Relay: Short Circuit to Ground
56	Pump Relay: Short Circuit to Battery
58	Cooling Fan: Open Load
58	Cooling Fan: Short Circuit to Ground
58	Cooling Fan: Short Circuit to Battery
41	Intake Air Temp Sensor: Open or Short Circuit to +Sensor Voltage
41	Intake Air Temp Sensor: Short Circuit to Ground
61	END

OPERATION

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⚠ WARNING

Failure to operate the vehicle properly can result in a collision, loss of control, accident or overturn, which may result in serious injury or death. Read and understand all safety warnings outlined in the safety section of this owner's manual.

Vehicle Break-in Period

The break-in period for your new Polaris vehicle is the first 25 hours of operation, or the time it takes to use the first two tanks full of gasoline. No single action on your part is as important as a proper break-in period. Careful treatment of a new engine and drive components will result in more efficient performance and longer life for these components. Perform the following procedures carefully.

NOTICE: Excessive heat build-up during the first three hours of operation will damage close-fitted engine parts and drive components. Do not operate at full throttle or high speeds during the first three hours of use.

Use of any oils other than those recommended by Polaris may cause serious engine damage. We recommend the use of Polaris Premium 4 Synthetic Oil for your 4-cycle engine.

Vehicle Break-in Period

Engine and Drivetrain Break-in

1. Fill the fuel tank with gasoline. See page 31. Always exercise extreme caution whenever handling gasoline.
2. Check the oil level. See page 75. Add the recommended oil as needed to maintain the oil level in the safe operating range.
3. Complete the New Operator Driving Procedures outlined on pages 54-55.
4. Avoid aggressive use of the brakes. See Brake System Break-in on page 49.
5. Vary throttle positions. Do not operate at sustained idle.
6. Perform regular checks on fluid levels, controls and areas outlined on the daily pre-ride inspection checklist. See page 50.
7. Pull only light loads.
8. During the break-in period, change both the oil and the filter at 25 hours or one month.

Brake System Break-in

Apply only moderate braking force for the first 50 stops. Aggressive or overly forceful braking when the brake system is new could damage brake pads and rotors.

PVT Break-in (Clutches/Belt)

A proper break-in of the clutches and drive belt will ensure a longer life and better performance. Break in the clutches and belt by operating at slower speeds during the break-in period as recommended. Pull only light loads. Avoid aggressive acceleration and high speed operation during the break-in period.

OPERATION

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Pre-Ride Inspection

Failure to inspect and verify that the vehicle is in safe operating condition before operating increases the risk of an accident. Always inspect the vehicle before each use to make sure it's in safe operating condition.

Item	Remarks	Page
Brake system/pedal travel	Ensure proper operation	39 97
Brake fluid	Ensure proper level	98
Front suspension	Inspect, lubricate if necessary	72
Rear suspension	Inspect, lubricate if necessary	72
Steering	Ensure free operation	99
Tires	Inspect condition and pressure	21 103
Wheels/fasteners	Inspect, ensure fastener tightness	103
Frame nuts, bolts, fasteners	Inspect, ensure tightness	-
Fuel and oil	Ensure proper levels	42 75
Coolant level	Ensure proper level	89 90
Coolant hoses	Inspect for leaks	-
Throttle	Ensure proper operation	95
Indicator lights/switches	Ensure proper operation	37
Air filter, pre-filter	Inspect, clean	93
Headlamp	Check operation, apply Polaris dielectric grease when lamp is replaced	105
Brake light/tail lamp	Check operation, apply Polaris dielectric grease when lamp is replaced	107
Seat Latches	Push down on both seat backs to ensure the latches are secure	29
Seat Belts	Check length of belt for damage, check latches for proper operation	34
Cab Nets	Check for wear or damage, ensure proper installation	32

Safe Operation Practices

1. Complete the recommended safety training before operating this vehicle.
2. Do not allow anyone under 16 years of age or without a valid driver's license to operate this vehicle.
3. Never operate with a passenger under the age of 12. Never carry more than one passenger in this vehicle. Never allow a passenger to ride in the cargo box.
4. Engine exhaust fumes are poisonous. Never start the engine or let it run in an enclosed area.
5. Never operate with accessories not approved by Polaris for use on this vehicle.
6. Operate this vehicle off-road only. Never operate the vehicle on pavement or on any public street, road or highway, including dirt and gravel roads.
7. Drive in a manner appropriate for your skills and operating conditions. Never operate at excessive speeds. Never attempt wheelies, jumps, or other stunts. Keep both hands on the steering wheel during operation.
8. Never consume alcohol or drugs before or while operating this vehicle.
9. Always use the size and type of tires specified for your vehicle. Always maintain proper tire pressure.
10. Never operate a damaged vehicle. After any overturn or accident, have a qualified service dealer inspect the entire machine for possible damage.
11. Never operate the vehicle on a frozen body of water.
12. Do not touch hot exhaust system components. Always keep combustible materials away from the exhaust system.
13. Always remove the ignition key when the vehicle is not in use to prevent unauthorized use.

OPERATION

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Starting the Engine

1. Position the vehicle on a level surface outdoors or in a well-ventilated area.
2. Sit in the driver's seat and fasten the seat belt. Secure the cab nets.
3. Place the transmission in PARK.
4. Apply the brakes. Do not press the throttle pedal while starting the engine.
5. Turn the ignition key past the ON/RUN position to START. Engage the starter for a maximum of five seconds. Release the key when the engine starts.
6. If the engine does not start within five seconds, return the ignition switch to the OFF position and wait five seconds. Repeat steps 5 and 6 until the engine starts.
7. Vary the engine RPM slightly with the throttle to aid in warm up until the engine idles smoothly.

NOTICE: Operating the vehicle immediately after starting could cause engine damage. Allow the engine to warm up for several minutes before operating the vehicle.

Stopping the Engine

1. Release the throttle pedal completely and brake to a complete stop.
2. Place the transmission in PARK.
3. Turn the engine off.

Braking

1. Release the throttle pedal completely. (When the throttle pedal is released completely and engine speed slows to near idle, the vehicle has no engine braking.)
2. Press on the brake pedal evenly and firmly. Practice starting and stopping (using the brakes) until you're familiar with the controls.

Parking the Vehicle

1. Stop the vehicle on a level surface. When parking inside a garage or other structure, be sure that the structure is well ventilated and that the vehicle is not close to any source of flame or sparks, including any appliance with pilot lights.
2. Place the transmission in PARK.
3. Turn the engine off.
4. Remove the ignition key to prevent unauthorized use.

Know Your Riding Area/Tread Lightly

Familiarize yourself with all laws and regulations concerning the operation of this vehicle in your area. Respect the environment in which you ride your vehicle. Find out where the designated riding areas are by contacting your Polaris dealer, a local riding club, or local officials.

Help keep our trails open for recreational vehicle use. As an off-road enthusiast, you represent the sport and can set a good example (or a poor example) for others to follow. Tread lightly. Operate with respect for the terrain, avoid littering, and always stay on the designated trails.

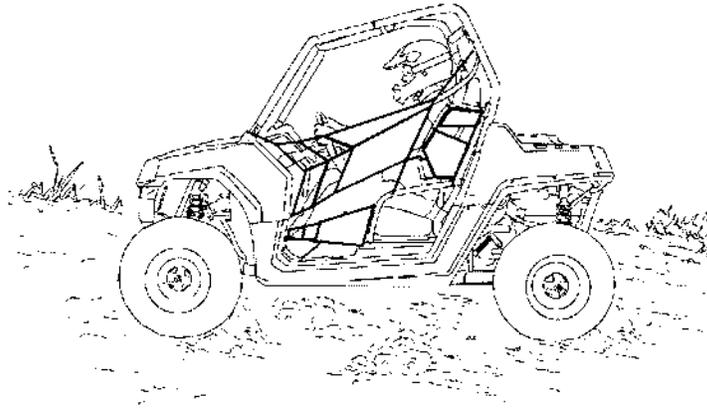
Trail Etiquette

Always practice good etiquette when riding. Allow a safe distance between your vehicle and other vehicles operating in the same area. Communicate to oncoming operators by signaling the number of vehicles in your group. When stopping, move your vehicle to the edge of the trail as far as possible to allow others to pass safely.

OPERATION

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New Operator Driving Procedures



1. Read and understand the owner's manual and all warning and instruction labels before operating this vehicle.
2. Perform the pre-ride inspection. See page 50.
3. Wear an approved helmet that fits properly and eye protection (goggles or face shield).
4. Do not carry a passenger until you have at least two hours of driving experience with this vehicle.
5. Do not tow or carry cargo during this period.
6. Select an open area that allows room to familiarize yourself with vehicle operation and handling.
7. Sit in the driver's seat and fasten the seat belt.
8. Always use the cab nets and side guards while riding in this vehicle.
9. Place the transmission in PARK.
10. Start the engine.

New Operator Driving Procedures

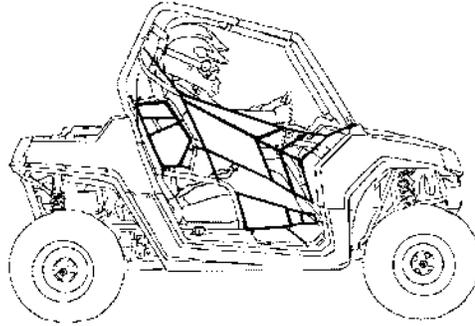
11. Apply the brakes and shift into low gear.
12. Check your surroundings and determine your path of travel.
13. Keeping both hands on the steering wheel, slowly release the brakes and depress the throttle with your right foot to begin driving.
14. Drive slowly at first. On level surfaces, practice starting, stopping, turning, maneuvering, using the throttle and brakes and driving in reverse. Learn how the vehicle handles when making both left and right turns at a slow speed.
15. Check for upper cab net interference. See page 33.
16. Increase speed only after mastering all maneuvers at a slow speed.
17. After you become skilled at making turns and begin to operate at faster speeds, follow these precautions:
 - Avoid sharp turns.
 - Never turn while applying heavy throttle.
 - Never make abrupt steering maneuvers.
 - Operate at speeds appropriate for your skills, the conditions and the terrain.
 - DO NOT do power slides, “donuts”, jumps or other driving stunts.

OPERATION

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Driving with a Passenger

1. Complete the New Operator Driving Procedures outlined on pages 54-55.
2. Perform the pre-ride inspection. See page 50.
3. Make sure the passenger is at least 12 years of age and is tall enough to comfortably and safely sit in the passenger seat with the seat belt secured, put both feet on the floor and grasp the hand holds.
4. Make sure the passenger is wearing appropriate riding gear, including an approved helmet and eye protection. See page 8.
5. Make sure the passenger secures the seat belt.
6. Make sure all cab nets and side guards are properly secured.
7. Allow a passenger to ride only in the passenger seat.
8. Do not carry more than one passenger. Additional passengers can affect the operator's ability to steer and operate the controls.
9. Slow down. Always travel at a speed appropriate for your skills, your passenger's skills, and operating conditions. Avoid unexpected or aggressive maneuvers that could cause discomfort or injury to a passenger.
10. Vehicle handling may change with a passenger and/or cargo on board. Allow more time and distance for braking.
11. Always follow all operating guidelines as outlined on safety labels and in this manual.



Driving on Slippery Surfaces

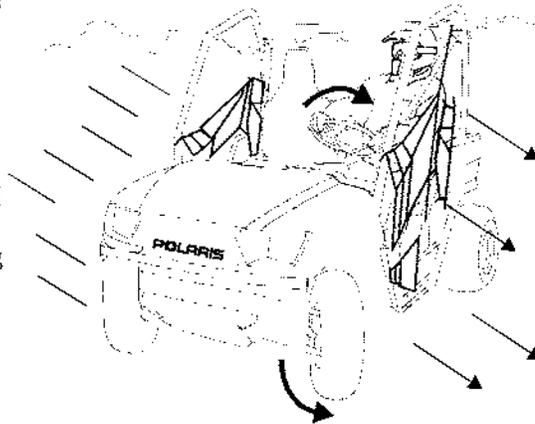
⚠ WARNING

Skidding or sliding can cause loss of control or overturn (if tires regain traction unexpectedly). When operating on slippery surfaces such as ice or loose gravel, reduce speed and use extra caution to reduce the chance of skidding or sliding out of control. Do not operate on excessively slippery surfaces.

When driving on slippery surfaces such as wet trails, loose gravel, or ice, be alert for the possibility of skidding and sliding.

Follow these precautions when encountering slippery conditions:

1. Slow down before entering slippery areas.
2. Maintain a high level of alertness, reading the trail and avoiding quick, sharp turns, which can cause skids.
3. Engage all-wheel drive before wheels begin to lose traction.



NOTICE: Severe damage to the drive train may occur if the AWD is engaged while the wheels are spinning. Always allow the wheels to stop spinning before engaging AWD.

4. Correct a skid by turning the steering wheel in the direction of the skid. *Never apply the brakes during a skid.*

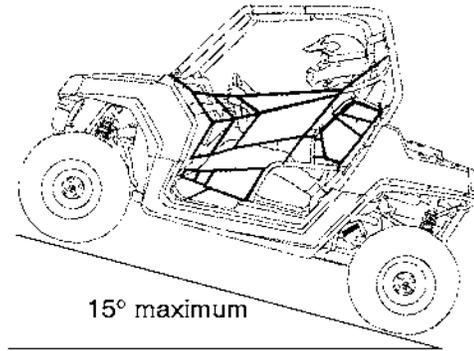
OPERATION

Driving Uphill

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Whenever traveling uphill, follow these precautions:

1. Always check the terrain carefully before ascending a hill.
2. Avoid steep hills (15° maximum). If ascending a steeper grade is unavoidable, engage all-wheel drive before ascending.
3. Drive straight uphill.
4. Never climb hills with excessively slippery or loose surfaces.
5. Proceed at a steady rate of speed and throttle opening. Never open the throttle suddenly.
6. Avoid unnecessary changes in speed or direction.
7. Never go over the crest of a hill at high speed. An obstacle, a sharp drop, or another vehicle or person could be on the other side of the hill.
8. If the vehicle stalls while climbing a hill, apply the brakes. Place the transmission in reverse and slowly allow the vehicle to roll straight downhill while applying light brake pressure to control speed.



Driving on a Sidehill (Sidehilling)

Driving on a sidehill is not recommended. Improper procedure could cause loss of control or overturn. Avoid crossing the side of any hill unless absolutely necessary.

If crossing a hill is *unavoidable*, follow these precautions:

1. Engage all-wheel drive.
2. Drive slowly and use extreme caution.
3. If the vehicle begins to overturn, or if it feels as if it may overturn, *immediately* turn downhill.
4. Avoid obstacles and changes in terrain that may lower or raise one side of the vehicle or cause the vehicle to slide.
5. If the vehicle begins to slide downhill, immediately turn downhill to stop the slide, or stop the vehicle and maneuver slowly and carefully until the vehicle can be driven straight downhill.

Driving Downhill

Whenever descending a hill, follow these precautions:

1. Avoid steep hills (15° maximum).
2. Slow down. Never travel down a hill at high speed.
3. Always check the terrain carefully before descending a hill.
4. Always descend a hill with the transmission in forward gear. *Never descend a hill with the transmission in neutral.*
5. Avoid traveling down a hill at an angle, which would cause the vehicle to lean sharply to one side. Travel straight downhill.
6. Apply the brakes *lightly* to aid in slowing.

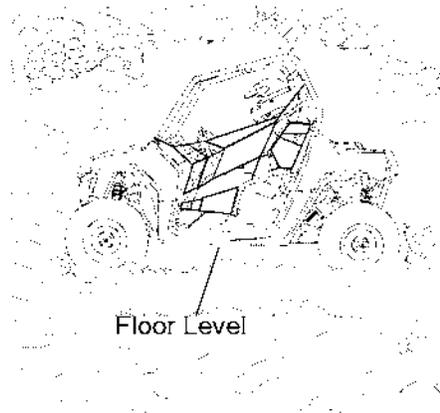
OPERATION

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Driving Through Water

Your vehicle can operate through water with a maximum recommended depth equal to floor level. Follow these precautions when operating through water:

1. Determine water depth and current before entering water.
2. Choose a crossing where the water level is lowest and where both banks have gradual inclines. Never operate in water that exceeds the maximum recommended depth.



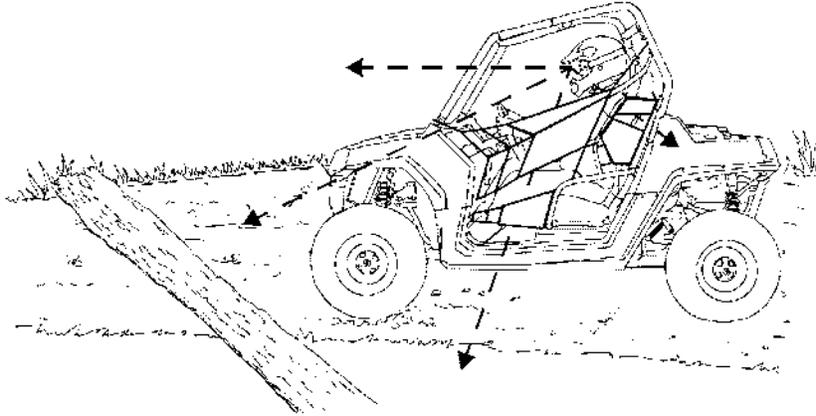
WARNING! The large tires on your vehicle may cause the vehicle to float in deep or fast-flowing water, which could result in loss of traction, loss of control, overturn or accident.

3. Wet brakes may have reduced stopping ability. After leaving water, test the brakes. Apply them lightly several times while driving slowly. The friction will help dry out the pads.

NOTICE: Major engine damage can result if the vehicle is not thoroughly inspected after operation in water. Perform the services outlined in the maintenance chart. See page 67. Give special attention to engine oil, transmission oil, demand drive fluid, rear gearcase oil, and all grease fittings.

If your vehicle becomes immersed or is operated in water that exceeds the floor level, take it to your dealer for service *before starting the engine*. If it's impossible to bring the vehicle to your dealer before starting the engine, perform the service outlined on page 107, and take the vehicle to your dealer at the first opportunity.

Driving Over Obstacles



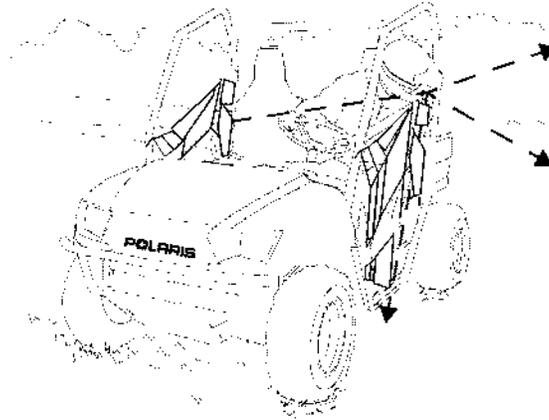
Follow these precautions when operating over obstacles:

1. Always check for obstacles before operating in a new area.
2. Look ahead and learn to read the terrain. Be constantly alert for hazards such as logs, rocks and low hanging branches.
3. Travel slowly and use extra caution when operating on unfamiliar terrain. Not all obstacles are immediately visible.
4. Avoid operating over large obstacles such as rocks and fallen trees. If unavoidable, use extreme caution and operate slowly.
5. Always have a passenger dismount and move away from the vehicle before operating over an obstacle that could cause an overturn.

OPERATION

Driving in Reverse

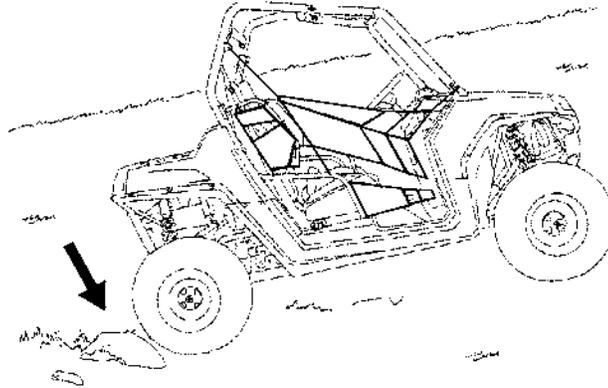
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Follow these precautions when operating in reverse:

1. Always check for obstacles or people behind the vehicle.
2. Apply the throttle *lightly*. Never open the throttle suddenly.
3. Back slowly.
4. Apply the brakes *lightly* for stopping.
5. Avoid making sharp turns.

Parking on an Incline



A rolling vehicle can result in serious injury. Avoid parking on an incline. If parking on an incline is *unavoidable*, follow these precautions:

1. Place the transmission in PARK.
2. Turn the engine off.
3. Block the rear wheels on the downhill side, or park the vehicle in a sidehill position instead.

OPERATION

Hauling Cargo

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⚠ WARNING

Overloading the vehicle or carrying or towing cargo improperly can alter vehicle handling and may cause loss of control or brake instability. Always follow these precautions when hauling cargo:

Never exceed the stated load capacity for this vehicle.

REDUCE SPEED AND ALLOW GREATER DISTANCES FOR BRAKING WHEN HAULING CARGO.

NEVER EXCEED THE MAXIMUM WEIGHT CAPACITY of the vehicle. When determining the weight you are adding to the vehicle, include the weight of the operator, passenger, accessories, loads in the rack or box and the load on the trailer tongue. The combined weight of these items must not exceed the maximum weight capacity.

Always load the cargo box with the load as far forward and as low as possible. When operating over rough or hilly terrain, reduce speed and cargo to maintain stable driving conditions.

Always operate the vehicle with extreme care when hauling or towing loads. Slow down and drive in the lowest gear available.

SECURE ALL LOADS BEFORE OPERATING. Unsecured loads can create unstable operating conditions, which could result in loss of control of the vehicle.

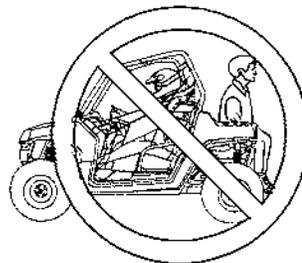
OPERATE ONLY WITH STABLE AND SAFELY ARRANGED LOADS. When handling off-centered loads that cannot be centered, securely fasten the load and operate with extra caution. Always attach the tow load to the hitch point designated for your vehicle.

HEAVY LOADS CAN CAUSE BRAKING AND CONTROL PROBLEMS. Use extreme caution when applying brakes with a loaded vehicle. Avoid terrain or situations that may require backing downhill.

USE EXTREME CAUTION when operating with loads that extend over the rack sides. Stability and maneuverability may be adversely affected, causing the vehicle to overturn.

DO NOT TRAVEL FASTER THAN THE RECOMMENDED SPEEDS. Vehicle should never exceed 10 mph (16 kph) while towing a load on a level grass surface. Vehicle speed should never exceed 5 mph (8 kph) when towing loads in rough terrain, while cornering, or while ascending or descending a hill.

Carrying a passenger in the cargo box could result in a fall from the vehicle or contact with moving components. Never allow a passenger to ride in the cargo box. A passenger must always be seated in the passenger seat with seat belt secured.



Hauling Cargo

Your Polaris vehicle has been designed to carry or tow specific capacities. Reduce speed and allow a greater distance for braking when carrying cargo.

Loads should be centered and carried as low as possible in the box. For stability on rough or hilly terrain, reduce both speed and cargo. Exercise caution if the cargo load extends over the side of the box.

Always read and understand the load distribution warnings listed on warning labels and in this manual. Never exceed the maximum capacities specified for your vehicle. See page 120.

Belt Life

To extend belt life, use low gear when hauling or towing heavy cargo.

Towing Loads

⚠ WARNING

Towing improperly can alter vehicle handling and may cause loss of control or brake instability.

Always follow these precautions when towing:

1. Never load more than 150 lbs. (68.1 kg) tongue weight on the towing bracket.
2. Do not operate the vehicle faster than 10 mph (16 km/h) when towing. Towing a trailer increases braking distance.
3. Do not tow more than the recommended weight for the vehicle.
4. Attach a trailer to the trailer hitch bracket only. Do not attach a trailer to any other location, which could result in loss of control of the vehicle.
5. The total load (operator, passenger, accessories, cargo and weight on hitch) must not exceed the maximum weight capacity of the vehicle.

Total Towed Load Weight (Level Ground)	Total Towed Load Weight (15° grade)	Total Hitch Vertical Weight	Maximum Towing Speed
1500 lbs. (681 kg)	850 lbs. (386 kg)	150 lbs. (68.1 kg)	10 mph (16 kph)

EMISSION CONTROL SYSTEMS0901CCC3116

Noise Emission Control System

Do not modify the engine, intake or exhaust components, as doing so may affect compliance with U.S.A. EPA noise control requirements (40 CFR 205) and local noise level requirements.

Operation on Public Lands in the U.S.A.

Your Polaris vehicle has a spark arrestor that was tested and qualified to be in accordance with the USFS standard 5100-1C. Federal law requires that this spark arrestor be installed and functional when the vehicle is operated on public lands.

Operation of off-road vehicles on public lands in the U.S.A. is regulated by 43 CFR 420. Violations are subject to monetary penalties. Federal regulations can be viewed online at www.gpoaccess.gov/ccfr/.

Crankcase Emission Control System

This engine is equipped with a closed crankcase system. Blow-by gases are forced back to the combustion chamber by the intake system. All exhaust gases exit through the exhaust system.

Exhaust Emission Control System

Exhaust emissions are controlled by engine design. An electronic fuel injection (EFI) system controls fuel delivery. The engine and EFI components are set at the factory for optimal performance and are not adjustable.

The emissions label is located on the lower frame behind the driver's seat.

Electromagnetic Interference

This spark ignition system complies with Canadian ICES-002.

This vehicle complies with the EMC requirements of European directives 97/24/EC and 2004/108/EC.

MAINTENANCE

Periodic Maintenance Chart

Careful periodic maintenance will help keep your vehicle in the safest, most reliable condition. Inspection, adjustment and lubrication of important components are explained in the periodic maintenance chart.

Inspect, clean, lubricate, adjust and replace parts as necessary. When inspection reveals the need for replacement parts, use genuine Polaris parts available from your Polaris dealer.

Record maintenance and service in the Maintenance Log beginning on page 135.

Service and adjustments are important for proper vehicle operation. If you're not familiar with safe service and adjustment procedures, have a qualified dealer perform these operations.

Maintenance intervals in the following chart are based upon average riding conditions and an average vehicle speed of approximately ten (10) miles per hour. Vehicles subjected to severe use must be inspected and serviced more frequently.

Severe Use Definition

- Frequent immersion in mud, water or sand
- Racing or race-style high RPM use
- Prolonged low speed, heavy load operation
- Extended idle
- Short trip cold weather operation

Pay special attention to the oil level. A rise in oil level during cold weather can indicate contaminants collecting in the oil sump or crankcase. Change oil immediately if the oil level begins to rise. Monitor the oil level, and if it continues to rise, discontinue use and determine the cause or see your dealer.

MAINTENANCE

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Periodic Maintenance Chart

Maintenance Chart Key

- ▶ Perform these operations more often for vehicles subjected to severe use.
- E** Emission-related service (Failure to conduct this maintenance will not void the emissions warranty but may affect emissions.)
- Have an authorized Polaris dealer perform these services.

WARNING! Improperly performing the procedures marked with a ■ could result in component failure and lead to serious injury or death. Have an authorized Polaris dealer perform these services.

MAINTENANCE

Periodic Maintenance Chart

Perform all services at whichever maintenance interval is reached first.

Item	Maintenance Interval (whichever comes first)			Remarks
	Hours	Calendar	Miles (Km)	
■ Steering	-	Pre-Ride	-	Make adjustments as needed. See Pre-Ride Checklist on page 50.
▶ Front suspension	-	Pre-Ride	-	
▶ Rear suspension	-	Pre-Ride	-	
Tires	-	Pre-Ride	-	
▶ Brake fluid level	-	Pre-Ride	-	
▶ Brake pedal travel				
Brake system	-	Pre-Ride	-	
Wheels/fasteners	-	Pre-Ride	-	
Frame fasteners	-	Pre-Ride	-	
▶ Engine oil level	-	Pre-Ride	-	
▶ E Air filter, pre-filter	-	Daily	-	Inspect; clean often; replace as needed
Coolant (if applicable)	-	Daily	-	Check level daily; change coolant every 2 years
Headlamp/tail lamp	-	Daily	-	Check operation; apply dielectric grease if replacing
▶ E Air filter, main element	-	Weekly	-	Inspect; replace as needed
▶ ■ Brake pad wear	10 H	Monthly	100 (160)	Inspect periodically
Battery	25 H	Monthly	250 (400)	Check terminals; clean; test
▶ Demand drive fluid	25 H	Monthly	250 (400)	Inspect level; change yearly
▶ Rear gearcase oil	25 H	Monthly	250 (400)	Inspect level; change yearly
▶ Main gearcase oil	25 H	Monthly	250 (400)	Inspect level; change yearly
▶ Transfer case oil	25 H	Monthly	250 (400)	Inspect level; change yearly

▶ Perform these procedures more often for vehicles subjected to severe use.

E Emission-Related Service

■ Have an authorized Polaris dealer perform these services.

MAINTENANCE

Periodic Maintenance Chart

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Item	Maintenance Interval (whichever comes first)			Remarks
	Hours	Calendar	Miles (Km)	
▶ E Engine breather filter (if equipped)	25 H	Monthly	150 (250)	Inspect; replace if necessary
▶ Engine oil change (break-in)	25 H	1 M	-	Perform a break-in oil and filter change at one month
■ E Throttle cable/ETC switch	50 H	6 M	300 (500)	Inspect; adjust; lubricate; replace if necessary
E Throttle body air intake ducts/flange	50 H	6 M	300 (500)	Inspect duct for proper sealing/air leaks
▶ General lubrication	50 H	3 M	500 (800)	Lubricate all fittings, pivots, cables, etc.
Shift Linkage	50 H	6 M	500 (800)	Inspect, lubricate, adjust
■ Steering	50 H	6 M	500 (800)	Lubricate
▶ Front Suspension	50 H	6 M	500 (800)	Lubricate
▶ Rear Suspension	50 H	6 M	500 (800)	Lubricate
Cooling system (if applicable)	50 H	6 M	500 (800)	Inspect coolant strength seasonally; pressure test system yearly
■ E Fuel system	100 H	12 M	600 (1000)	Check for leaks at tank cap, lines, filter, pump, throttle body; replace lines every two years
▶ E Spark plug	100 H	12M	600 (1000)	Inspect; replace as needed
▶ Engine oil change	100 H	6 M	1000 (1600)	Perform a break-in oil change at one month
▶ Oil filter change	100 H	6 M	1000 (1600)	Replace with oil change

▶ Perform these procedures more often for vehicles subjected to severe use.

E Emission-Related Service

■ Have an authorized Polaris dealer perform these services.

MAINTENANCE

Periodic Maintenance Chart

Item	Maintenance Interval (whichever comes first)			Remarks
	Hours	Calendar	Miles (Km)	
▶ Radiator (if equipped)	100 H	12 M	1000 (1600)	Inspect; clean external surfaces
▶ Cooling Hoses	100 H	12 M	1000 (1600)	Inspect for leaks
▶ Engine mounts	100 H	12 M	1000 (1600)	Inspect
Exhaust muffler/ pipe	100 H	12 M	1000 (1600)	Inspect
■ Ignition timing	100 H	12 M	1000 (1600)	Inspect
▶ Wiring	100 H	12 M	1000 (1600)	Inspect for wear, routing, security; apply dielectric grease to connectors subjected to water, mud, etc.
■ Clutches (drive and driven)	100 H	12 M	1000 (1600)	Inspect; clean; replace worn parts
Drive belt	100 H	12 M	1000 (1600)	Inspect; replace as needed
■ Front wheel bearings	100 H	12 M	1000 (1600)	Inspect; replace as needed
■ Brake fluid	200 H	24 M	2000 (3200)	Change every two years
Spark arrestor	300 H	36 M	3000 (4800)	Clean out
Idle speed	-			Adjust as needed
■ Toe adjustment	-			Inspect periodically; adjust when parts are replaced
Headlight aim	-			Adjust as needed

- ▶ Perform these procedures more often for vehicles subjected to severe use.
- E Emission-Related Service
- Have an authorized Polaris dealer perform these services

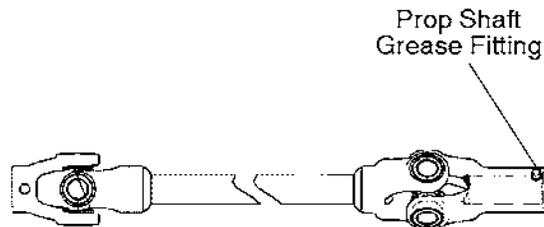
MAINTENANCE

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Lubrication Recommendations

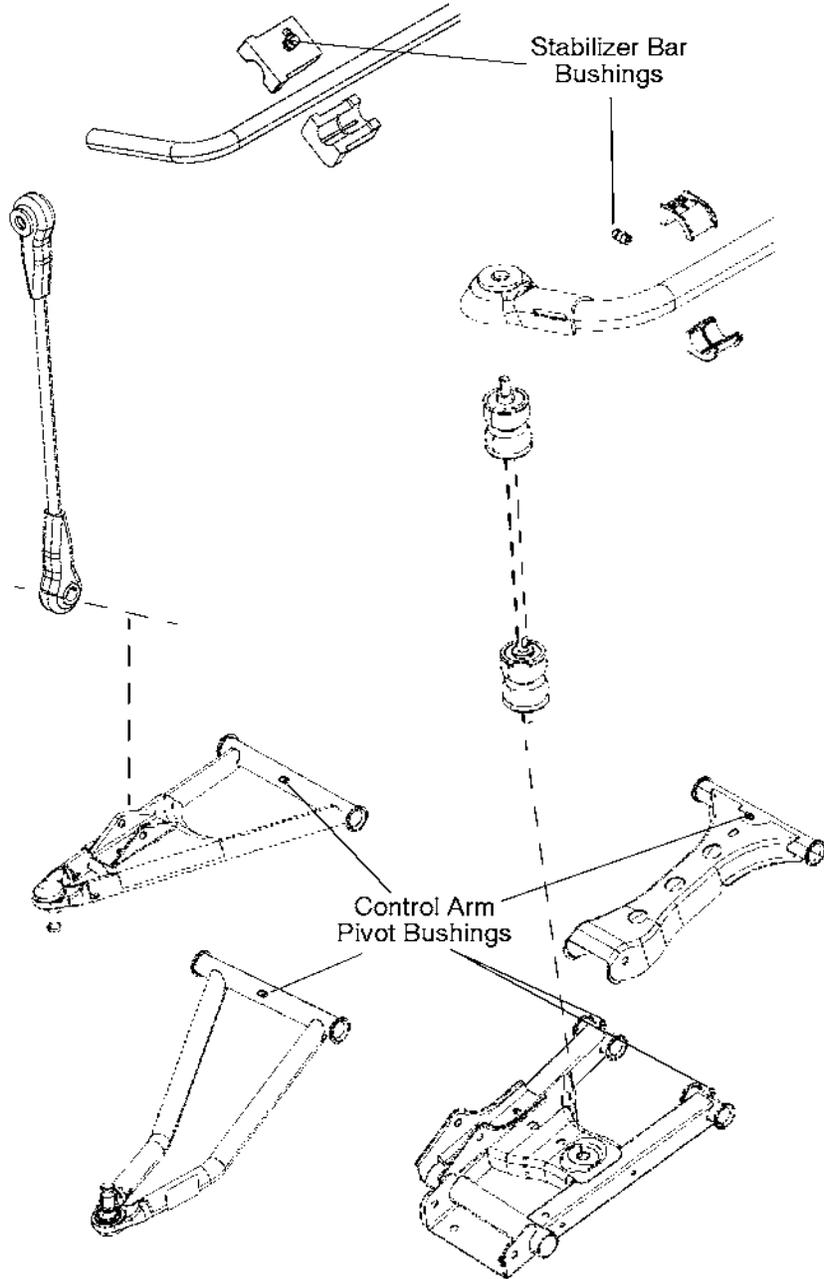
Check and lubricate all components at the intervals outlined in the Periodic Maintenance Chart beginning on page 67, or more often under severe use, such as wet or dusty conditions. Items not listed in the chart should be lubricated at the general lubrication interval.

Item	Lube	Method
Engine Oil	Polaris Premium 4 Synthetic 0W40	Add to proper level on dipstick. See page 75.
Brake Fluid	DOT 4	Maintain level between fill lines. See page 98.
Transmission Oil (Main Gearcase)	Premium AGL Synthetic Gearcase Lube	See page 80.
Transmission Oil (Transfer Case)	Premium AGL Synthetic Gearcase Lube	See page 78.
Demand Drive Fluid (Front Gearcase)	Demand Drive LT Premium Fluid	See page 82.
Rear Gearcase Oil	Premium ATV Angle Drive Fluid	See page 83.
Prop Shaft	Polaris Premium U-Joint Lube	Locate fittings and grease.
Control Arm Pivot Bushings, Front/Rear	Polaris Premium all Season Grease or grease conforming to NLGI No. 2	Locate fittings and grease.
Stabilizer Bar Bushings, Front/Rear	Polaris Premium all Season Grease or grease conforming to NLGI No. 2	Locate fittings and grease.



MAINTENANCE

Lubrication Recommendations



MAINTENANCE

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Engine Oil

Always check and change the engine oil at the intervals outlined in the Periodic Maintenance Chart beginning on page 67. Always change the oil filter whenever changing oil.

WARNING! Vehicle operation with insufficient, deteriorated, or contaminated engine oil will cause accelerated wear and may result in engine seizure, accident, and injury. Always perform the maintenance procedures as outlined in the Periodic Maintenance Chart.

Premium 4 Synthetic Oil

Polaris Premium 4 All Season Synthetic engine oil has been specially formulated for use in Polaris 4-cycle engines. It's a fully synthetic, high performance, multi-viscosity oil designed to provide the ultimate in lubrication performance and protection. See page 122 for the part numbers of Polaris products.

Premium 4 possesses unsurpassed film strength over the widest possible temperature range. It resists viscosity and frictional breakdown in ambient temperatures from -40° to +120° F. (-40° to +49° C.). Its exceptional frictional properties result in more efficient operation, more power output and lower fuel consumption.

Although Polaris Premium 4 is the only oil recommended for use in this engine, use of any API certified "SH" oil is allowable as long as it's 0W-40. Oil may need to be changed more frequently if Polaris Premium 4 is not used. Follow the manufacturer's recommendations for ambient temperature operation.

NOTICE: Mixing brands or using a non-recommended oil may cause serious engine damage. We recommend the use of Polaris Premium 4 All Season synthetic oil or API certified "SH" oil, 0W-40. Never substitute or mix oil brands. Use only 0W-40.

MAINTENANCE

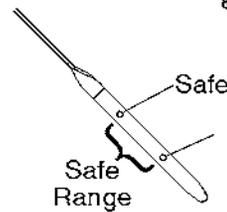
Engine Oil

Always check and change the oil at the intervals outlined in the Periodic Maintenance Chart beginning on page 67. Always use the recommended engine oil.

Oil Check

The oil dipstick and fill tube is located on the engine, behind the passenger seat.

1. Position the vehicle on a level surface.
 2. Place the transmission in PARK.
 3. Remove both seats. Remove the rear service panel. See page 29.
 4. Lift the lever lock to remove the dipstick. Wipe it dry with a clean cloth.
 5. Reinstall the dipstick completely, but do not lock it. The dipstick must be inserted completely in to keep the angle and depth of the stick consistent.
 6. Remove the dipstick and check the oil level. Maintain the oil level in the safe range. Do not overfill.
- Tip:** Due to the dipstick entry angle into the crankcase, the oil level will read higher on the bottom side of the dipstick. Always read the level on the upper surface of the dipstick.
7. Reinstall the dipstick. Seat the lever lock.



MAINTENANCE

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Engine Oil

Oil and Filter Change

Always change the oil and filter at the intervals outlined in the Periodic Maintenance Chart beginning on page 67. Always change the oil filter whenever changing oil.

The engine drain plug is located on the bottom of the crankcase.

1. Position the vehicle on a level surface. Place the transmission in PARK. Apply the brakes.
2. Start the engine. Allow it to idle for two to three minutes. Stop the engine.
3. Clean the area around the drain plug.

CAUTION! Hot oil can cause burns to skin. Do not allow hot oil to contact skin.

4. Place a drain pan beneath engine crankcase and remove the drain plug.
5. Allow the oil to drain completely.
6. Reinstall the sealing washer on the drain plug.

Tip: The sealing surfaces on drain plug and crankcase should be clean and free of burrs, nicks or scratches.

7. Reinstall the drain plug. Torque to 16 ft. lbs. (22 Nm).



Drain Plug

MAINTENANCE

Engine Oil

Oil and Filter Change

8. Using a cap-style oil filter wrench, turn the filter counter-clockwise to remove it.
9. Using a clean dry cloth, clean the filter sealing surface on the crankcase.
10. Lubricate the o-ring on the new filter with a film of fresh engine oil. Check to make sure the o-ring is in good condition.
11. Install the new filter and turn by hand until the filter gasket contacts the sealing surface, then turn an additional 1/2 turn.
12. Remove the dipstick and fill the sump with two quarts (1.9 l) of recommended oil.
13. Place the transmission in PARK. Apply the brakes.
14. Start the engine. Allow it to idle for one to two minutes.
15. Stop the engine. Inspect for leaks.
16. Re-check the oil level on the dipstick and add oil as necessary to bring the level to the upper mark on the dipstick.
17. Dispose of used filter and oil properly.

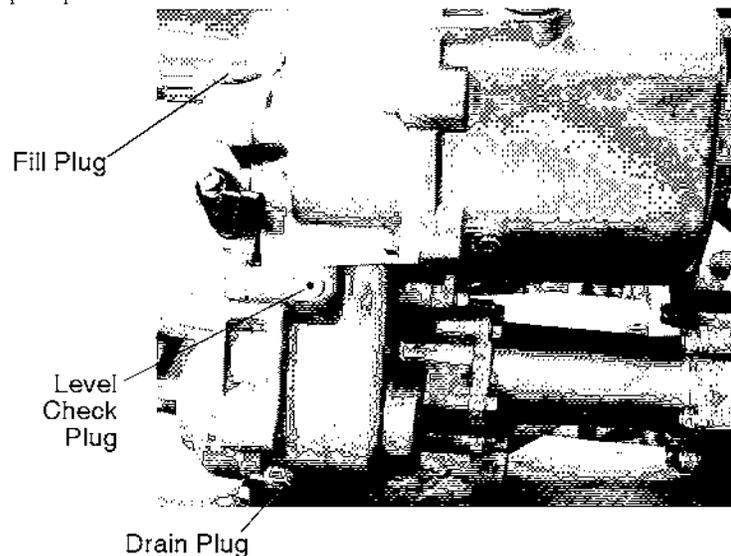
MAINTENANCE

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Gearcases

Transfer Case

Always check and change the fluid at the intervals outlined in the Periodic Maintenance Chart beginning on page 67. Refer to the Gearcase Specifications Chart on page 84 for recommended lubricants, capacities and torque specifications.



Fluid Check

The fill plug and level check plug are located on the left side of the transfer case. The fluid level is sufficient when fluid flows out of the check plug hole at step 4.

1. Position the vehicle on a level surface.
2. Remove the fill plug.
3. Remove the level check plug.
4. Add the recommended fluid to the fill plug hole until it begins to flow out of the check plug hole.
5. Reinstall the level check plug. Torque to specification.
6. Reinstall the fill plug. Torque to specification.

MAINTENANCE

Gearcases

Transfer Case

Fluid Change

The drain plug is located on the bottom of the transfer case. Access the drain plug through the drain hole in the skid plate.

1. Remove the fill plug.
2. Place a drain pan under the drain plug.
3. Remove the drain plug. Allow the fluid to drain completely.
4. Clean the drain plug.
5. Reinstall the drain plug with a new o-ring. Torque to specification.
6. Remove the level check plug.
7. Add the recommended fluid to the fill plug hole until it begins to flow out of the check plug hole.
8. Reinstall the level check plug. Torque to specification.
9. Reinstall the fill plug. Torque to specification.
10. Check for leaks. Discard used fluid properly.

MAINTENANCE

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Gearcases

Transmission (Main Gearcase)

Always check and change the fluid at the intervals outlined in the Periodic Maintenance Chart beginning on page 67. Refer to the Gearcase Specifications Chart on page 84 for recommended lubricants, capacities and torque specifications.

Fluid Check

The fill plug is located on the left side of the gearcase. Maintain the fluid level at the bottom of the fill plug hole.

1. Position the vehicle on a level surface.
2. Remove the fill plug.
3. Check the fluid level.
4. Add the recommended fluid as needed.
5. Reinstall the fill plug. Torque to specification.



Fill Plug

MAINTENANCE

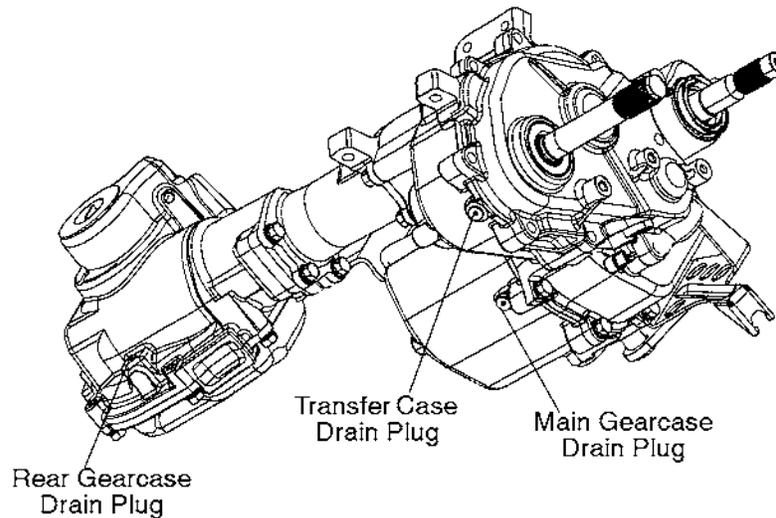
Gearcases

Transmission (Main Gearcase)

Fluid Change

The drain plug is located on the bottom of the gearcase. Access the drain plug through the drain hole in the skid plate.

1. Remove the fill plug.
2. Place a drain pan under the drain plug.
3. Remove the drain plug. Allow the fluid to drain completely.
4. Clean the drain plug.
5. Reinstall the drain plug with a new o-ring. Torque to specification.
6. Add the recommended fluid to the fill hole. Maintain the fluid level at the bottom of the fill plug hole. Do not overfill.
7. Reinstall the fill plug. Torque to specification.
8. Check for leaks. Discard used fluid properly.



MAINTENANCE

110901CCC3116

Gearcases

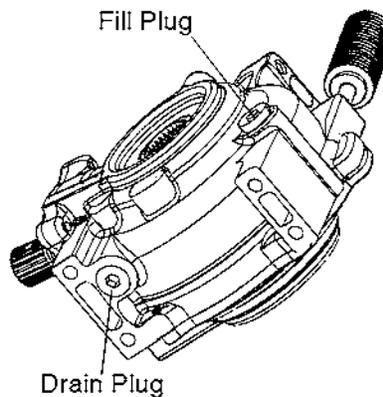
Demand Drive Unit (Front Gearcase)

Always check and change the fluid at the intervals outlined in the Periodic Maintenance Chart beginning on page 67. Refer to the Gearcase Specifications Chart on page 84 for recommended lubricants, capacities and torque specifications.

Fluid Check

The fill plug is located on the bottom right side of the demand drive unit. Maintain the fluid level even with the bottom thread of the fill plug hole.

1. Position the vehicle on a level surface.
2. Remove the fill plug. Check the fluid level.
3. Add the recommended fluid as needed.
4. Reinstall the fill plug. Torque to specification.



Fluid Change

The drain plug is located on the bottom of the gearcase.

1. Remove the fill plug.
2. Place a drain pan under the drain plug.
3. Remove the drain plug. Allow the fluid to drain completely.
4. Clean the drain plug. If the o-ring is damaged, install a new o-ring.
5. Reinstall the drain plug. Torque to specification.
6. Add the recommended fluid. Maintain the fluid level even with the bottom thread of the fill plug hole.
7. Reinstall the fill plug. Torque to specification.
8. Check for leaks. Discard used fluid properly.

MAINTENANCE

Gearcases

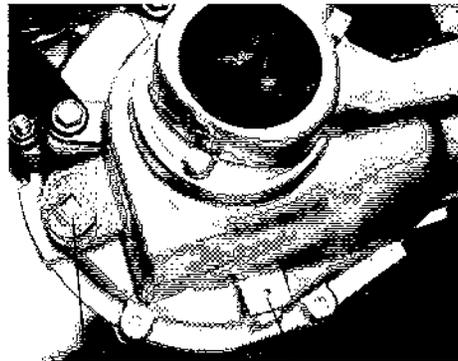
Rear Gearcase

Always check and change the fluid at the intervals outlined in the Periodic Maintenance Chart beginning on page 67. Refer to the Gearcase Specifications Chart on page 84 for recommended lubricants, capacities and torque specifications.

Fluid Check

The fill plug is located on the right side of the rear gearcase. Maintain the fluid level even with the bottom thread of the fill plug hole.

1. Position the vehicle on a level surface.
2. Remove the fill plug. Check the fluid level.
3. Add the recommended fluid as needed.
4. Reinstall the fill plug. Torque to specification.



Fill Plug

Drain Plug

Fluid Change

The drain plug is located on the bottom right side of the rear gearcase.

1. Remove the fill plug.
2. Place a drain pan under the drain plug. Remove the drain plug.
3. Allow the fluid to drain completely.
4. Clean the drain plug. Reinstall the drain plug with a new o-ring. Torque to specification.
5. Add the recommended fluid. Maintain the fluid level even with the bottom thread of the fill plug hole.
6. Reinstall the fill plug. Torque to specification.
7. Check for leaks. Discard used fluid properly.

MAINTENANCE

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Gearcases

Gearcase Specification Chart

Use of other fluids may result in improper operation of components. See page 122 for the part numbers of Polaris products.

Gearcase	Lubricant	Capacity	Fill Plug Torque	Drain Plug/ Level Check Plug Torque
Transmission (Main Gearcase)	Premium AGL Synthetic Gearcase Fluid	24 oz. (710 ml)	40-50 ft. lbs. (54-68 Nm)	30-45 in. lbs. (3-5 Nm)
Transmission (Transfer Case)	Premium AGL Synthetic Gearcase Fluid	14 oz. (414 ml)	40-50 ft. lbs. (54-68 Nm)	30-45 in. lbs. (3-5 Nm)
Demand Drive Unit (Front Gearcase)	Demand Drive LT Premium Fluid	6.75 oz. (200 ml)	8-10 ft. lbs. (11-13.6 Nm)	11 ft. lbs. (15 Nm)
Rear Gearcase	Premium ATV Angle Drive Fluid	26 oz. (769 ml)	40-50 ft. lbs. (54-68 Nm)	30-45 in. lbs. (3-5 Nm)

MAINTENANCE

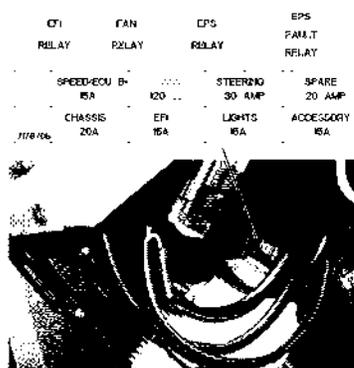
Fuses

If the engine stops or will not start, if the power steering stops working (if equipped), or if you experience other electrical failures, a fuse may need replacement. Locate and correct any short circuits that may have caused the blown fuse, then replace the fuse.

The fuse box is located above the power steering unit. One spare 20 amp fuse is provided in the fuse box.

1. Remove the fuse box cover.
2. Remove the suspect fuse from the fuse panel. If the fuse is blown, install a new fuse with the same amperage rating.
3. Reinstall the fuse box cover.

Tip: The 120 ohm resistor (if equipped) is used by your Polaris dealer for power steering diagnostics.



Fuse	Feature Supported
15A	Accessories, 12V Power Receptacle
15A	Electronic Fuel Injection
15A	Engine Control Module
15A	Lights
20A	Main Fuse - Ignition, Instrument Cluster
30A	Power Steering (if equipped)

Spark Plugs

Spark Plug Gap/Torque

Electrode Gap	New Plug Torque	Used Plug Torque
.035" (.9 mm)	18 ft. lbs. (24 Nm)	18 ft. lbs. (24 Nm)

NOTICE: Using non-recommended spark plugs can result in serious engine damage. Always use Polaris-recommended spark plugs. Refer to the specifications section beginning on page 120.

Spark plug condition is indicative of engine operation. The spark plug firing end condition should be read after the engine is warmed up and the vehicle is driven at higher speeds. Immediately check the spark plug for correct color. See page 86.

CAUTION! A hot exhaust system and engine can cause burns. Wear protective gloves when removing a spark plug for inspection.

MAINTENANCE

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Spark Plugs

Spark Plug Condition

Normal Plug

The normal insulator tip is gray, tan or light brown. There will be few combustion deposits. The electrodes are not burned or eroded. This indicates the proper type and heat range for the engine and the service.

Tip: The tip should not be white. A white insulator tip indicates overheating, caused by use of an improper spark plug or incorrect throttle body adjustments.

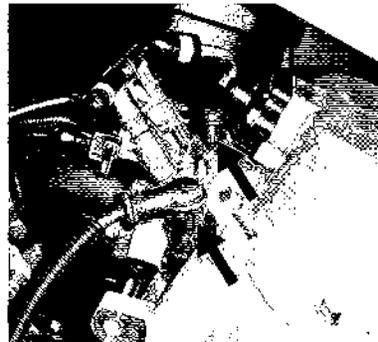
Wet Fouled Plug

The wet fouled insulator tip is black. A damp oil film covers the firing end. There may be a carbon layer over the entire nose. Generally, the electrodes are not worn. General causes of fouling are excessive oil, use of non-recommended injection oil or incorrect throttle body adjustments.

Spark Plug Removal and Replacement

1. Remove both seats.
2. Remove the rear service panel. See page 29.
3. Remove the spark plug cap.
4. Using the spark plug wrench provided in the tool kit, remove the plug by rotating it counter-clockwise.
5. Reverse the procedure for spark plug installation. Torque to specification. See page 85.

Spark Plugs



MAINTENANCE

Cooling System Operation

The engine coolant level is controlled or maintained by the recovery system. The recovery system components are the overflow bottle, radiator filler neck, radiator pressure cap and connecting hose.

As coolant operating temperature increases, the expanding (heated) excess coolant is forced out of the radiator, past the pressure cap, and into the overflow bottle. As engine coolant temperature decreases, the contracting (cooled) coolant is drawn back up from the tank, past the pressure cap, and into the radiator.

Tip: Some coolant level drop on new vehicles is normal as the system is purging itself of trapped air. Observe coolant levels and maintain as recommended by adding coolant to the overflow bottle.

Adding or Changing Coolant

To ensure that the coolant maintains its ability to protect the engine, we recommend that the system be completely drained every two years and a fresh mixture of antifreeze and water added. Polaris recommends the use of Polaris Premium 60/40 anti-freeze/coolant or a 50/50 mixture of high quality aluminum compatible anti-freeze/coolant and distilled water. Polaris Premium 60/40 is already premixed and ready to use. Do not dilute with water. See page 122 for the part numbers of Polaris products.

Tip: Always follow the manufacturer's mixing recommendations for the freeze protection required in your area.

Any time the cooling system has been drained for maintenance or repair, replace the coolant. If the recovery bottle has run dry, the level in the radiator should be inspected. Add coolant as needed.

MAINTENANCE

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Cooling System

Radiator and Cooling Fan

Always check and clean the screen and radiator fins at the intervals outlined in the Periodic Maintenance Chart beginning on page 67. Do not obstruct or deflect air flow through the radiator by installing unauthorized accessories in front of the radiator or behind the cooling fan. Interference with the radiator air flow can lead to overheating and consequent engine damage.

NOTICE: Washing the vehicle with a high-pressure hose could damage the radiator fins and impair the radiator's effectiveness. Using a high-pressure system is not recommended.

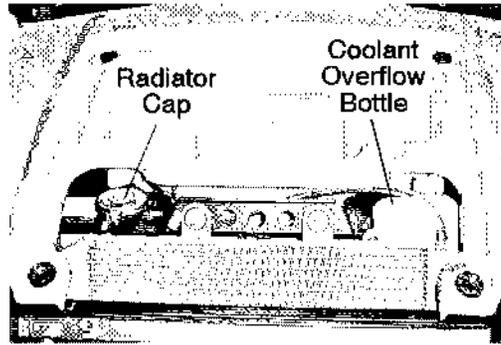
MAINTENANCE

Cooling System Coolant Level

Always check and change the coolant at the intervals outlined in the Periodic Maintenance Chart beginning on page 67. Maintain the coolant level between the minimum and maximum marks on the bottle (when the fluid is cool).

1. Position the vehicle on a level surface.
2. Remove the hood. See page 31.
3. View the coolant level in the overflow bottle.
4. If the coolant level is below the safe operating range, remove the cap and use a funnel to add coolant through the opening. Reinstall the cap.

Tip: If coolant must be added often, or if the overflow bottle runs completely dry, there may be a leak in the system. Have the cooling system inspected by your Polaris dealer.



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Cooling System

Radiator Coolant Level

Always check and clean the screen and radiator fins at the intervals outlined in the Periodic Maintenance Chart beginning on page 67. Do not obstruct or deflect air flow through the radiator by installing unauthorized accessories in front of the radiator or behind the cooling fan. Interference with the radiator air flow can lead to overheating and consequentially, engine damage.

CAUTION! Escaping steam can cause burns. Never remove the pressure cap while the engine is warm or hot. Always allow the engine to cool before removing the pressure cap.

This procedure is required only if the cooling system has been drained for maintenance and/or repair. But if the overflow bottle has run dry, the level in the radiator should also be inspected.

1. Remove the hood. See page 31.
2. Slowly remove the radiator cap.
3. View the coolant level through the opening.
4. Use a funnel and slowly add coolant as needed.

Tip: Use of a non-standard pressure cap will not allow the recovery system to function properly. See your dealer for the correct replacement part.

MAINTENANCE

Polaris Variable Transmission (PVT) System

⚠ WARNING

Failure to comply with the instructions in this warning can result in severe injury or death.

Do not modify any component of the PVT system. Doing so may reduce its strength so that a failure may occur at a high speed. The PVT system has been precision balanced. Any modification will cause the system to be out of balance, creating vibration and additional loads on components.

The PVT system rotates at high speeds, creating large amounts of force on clutch components. Extensive engineering and testing has been conducted to ensure the safety of this product. However, as the owner, you have the following responsibilities to make sure this system remains safe:

- Always follow all recommended maintenance procedures. See your dealer as outlined in the owner's manual.
- This PVT system is intended for use on Polaris products only. Do not install it in any other product.
- Always make sure the PVT housing is securely in place during operation.

Belt slip is responsible for creating excessive heat that destroys belts, wears clutch components and causes outer clutch covers to fail. Switch to low range while operating at slower speeds to extend the life of the PVT components (belt, cover, etc.).

MAINTENANCE

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Polaris Variable Transmission (PVT) System PVT Drying

Before washing the vehicle, locate the PVT outlet duct under the right rear wheel well. Avoid spraying water directly toward the duct when washing the vehicle from the rear. See page 114.

There may be some instances when water is accidentally ingested into the PVT system. Use the following instructions to dry it out before operating.

1. Remove the seats. See page 29.
2. Loosen the lower screws that secure the clutch cover.
3. Allow the water to drain.
4. Tighten the screws.
5. Place the transmission in PARK. Apply the brakes.
6. Start the engine.
7. Apply varying throttle for 10-15 seconds to expel the moisture and air-dry the belt and clutches. Do not hold the throttle wide open for more than 10 seconds.
8. Allow the engine RPM to settle to idle speed. Apply the brakes. Shift the transmission to the lowest available range.
9. Test for belt slippage. If the belt slips, repeat the process.
10. Take the vehicle to your dealer for service as soon as possible.

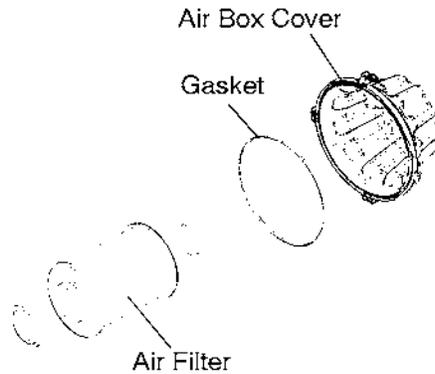
MAINTENANCE

Filter Systems

Air Filter

Always change the air filter at the intervals outlined in the Periodic Maintenance Chart beginning on page 67.

1. Access the air box from behind the left rear wheel.
2. Remove the air box cover and inspect the gasket. It should adhere tightly to the cover around the entire edge.
3. Remove the air filter.
4. Install a new filter if needed. Do not attempt to clean the air filter. Apply a small amount of general purpose grease to the sealing edges of the filter before installing.
5. Inspect the air box for oil or water deposits. If present, drain them into a suitable container.



MAINTENANCE

Spark Arrestor

110901CCC3116

⚠ WARNING

Failure to heed the following warnings while servicing the spark arrestor could result in serious injury or death.

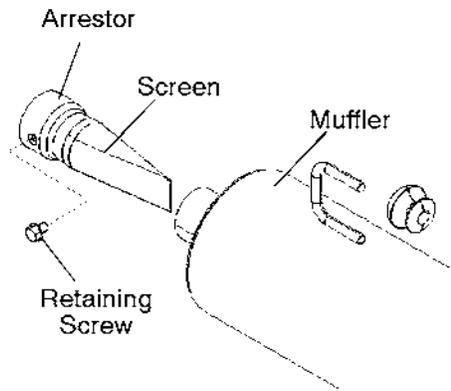
Do not perform clean-out immediately after the engine has been run, as the exhaust system becomes very hot. Serious burns could result from contact with the exhaust components. Allow components to cool sufficiently before proceeding.

Wear eye protection and gloves.

Never run the engine in an enclosed area. Exhaust contains poisonous carbon monoxide gas that can cause loss of consciousness or death in a very short time.

Periodically clean the spark arrestor to remove accumulated carbon.

1. Remove the retaining screw and remove the arrestor from the end of the muffler.
2. Use a non-synthetic brush to clean the arrestor screen. A synthetic brush may melt if components are warm. If necessary, blow debris from the screen with compressed air.
3. Inspect the screen for wear and damage. Replace a worn or damaged screen.
4. Reinstall the arrestor. Torque screws to 5-7 ft. lbs. (7-9 Nm).



MAINTENANCE

Throttle System

▲ WARNING

Failure to check or maintain proper operation of the throttle system can result in an accident and lead to serious injury or death if the throttle pedal sticks during operation.

Never start or operate this vehicle if it has a sticking or improperly operating throttle pedal.

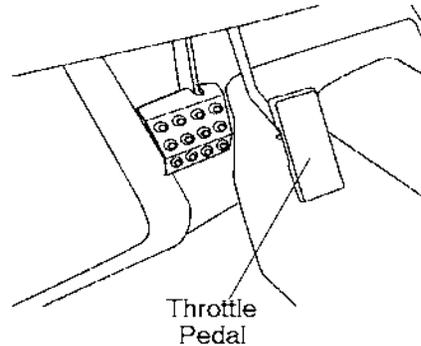
Immediately contact your dealer for service if throttle problems arise.

Always check the pedal for free movement and return before starting the engine and occasionally during operation.

Throttle Freeplay

If the throttle pedal has excessive play due to cable stretch or misadjustment, it will cause a delay in throttle response, especially at low engine speed. The throttle may also not open fully. If the throttle pedal has no freeplay, the throttle may be hard to control, and the idle speed may be erratic.

Check the throttle pedal freeplay at the intervals outlined in the Periodic Maintenance Chart beginning on page 67. Adjust the freeplay if necessary.



Throttle Freeplay Inspection

1. Place the transmission in PARK.
2. Apply the brakes. Start the engine. Allow it to warm up thoroughly.
3. Measure the distance the throttle pedal moves before the engine begins to pick up speed. Freeplay should be 1/16 to 1/8 inches (1.5-3 mm).

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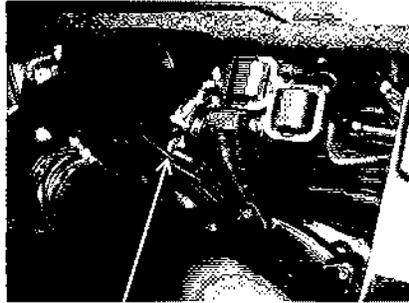
Throttle System

Throttle Body/Idle RPM

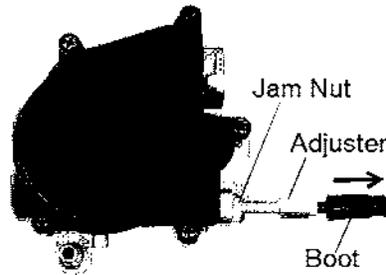
Idle RPM is preset by the manufacturer. If the engine idle speed is not satisfactory, please see your Polaris dealer for adjustment.

Throttle Freeplay Adjustment

1. Remove both seats. Remove the rear service panel. See page 29.
2. Locate the throttle cable adjuster at the throttle body.
3. Slide the cable adjuster boot off the cable adjuster.
4. Using a 10 mm open-end wrench, loosen the adjustment jam nut.
5. Using an 8 mm open-end wrench, move the cable adjuster until 1/16" to 1/8" (1.5-3 mm) of freeplay is achieved at the throttle pedal. See page 95. While adjusting, lightly flip the throttle pedal up and down.
6. Tighten the jam nut.
7. Apply a small amount of grease to the inside of the boot and slide it over the cable adjuster to its original position.



Adjuster



MAINTENANCE

Brakes

The front and rear brakes are hydraulic disc type brakes activated by the brake pedal. See page 39.

Always check brake pedal travel and the brake fluid reservoir level before each use of the vehicle. When applied, the brake pedal should feel firm. Any sponginess would indicate a possible fluid leak or low brake fluid level, which must be corrected before riding. See page 98 for brake fluid information.

If you discover any irregularities in brake system operation, including excessive pedal travel, contact your dealer for proper diagnosis and repairs.

WARNING! Operating the vehicle with a spongy brake pedal can result in loss of braking, which could cause an accident resulting in severe injury or death. Never operate the vehicle with a spongy-feeling brake pedal.

MAINTENANCE

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Brakes

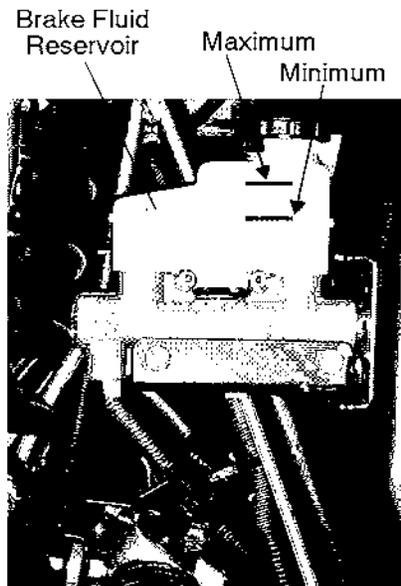
Brake Fluid

Inspect the level of the brake fluid before each operation. If the fluid level is low add DOT 4 brake fluid only. See page 122 for the part numbers of Polaris products.

WARNING! After opening a bottle of brake fluid, always discard any unused portion. Never store or use a partial bottle. Brake fluid is hygroscopic, meaning it rapidly absorbs moisture from the air. The moisture causes the boiling temperature of the brake fluid to drop, which can lead to early brake fade and the possibility of accident or severe injury.

Change the brake fluid every two years and any time the fluid becomes contaminated, the fluid level is below the minimum, or if the type and brand of the fluid in the reservoir are unknown. Access the brake fluid reservoir through the left front wheel well.

1. Position the vehicle on a level surface.
2. Place the transmission in PARK.
3. View the brake fluid level in the reservoir. The level should be between the maximum and minimum level lines.
4. If the fluid level is lower than the lower level line, add brake fluid to the upper line.
5. Apply the brake forcefully for a few seconds and check for fluid leakage around the fittings.

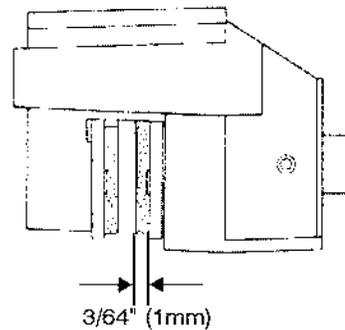


MAINTENANCE

Brakes

Brake Inspection

1. Check the brake system for fluid leaks.
2. Check the brake pedal for excessive travel or a spongy feel.
3. Check the friction pads for wear, damage and looseness.
4. Inspect the brake pad wear surface for excessive wear.
5. Change pads when worn to $3/64"$ (1 mm).



Steering Wheel Inspection

Check the steering wheel for specified freeplay and smooth operation at the intervals outlined in the Periodic Maintenance Chart beginning on page 67.

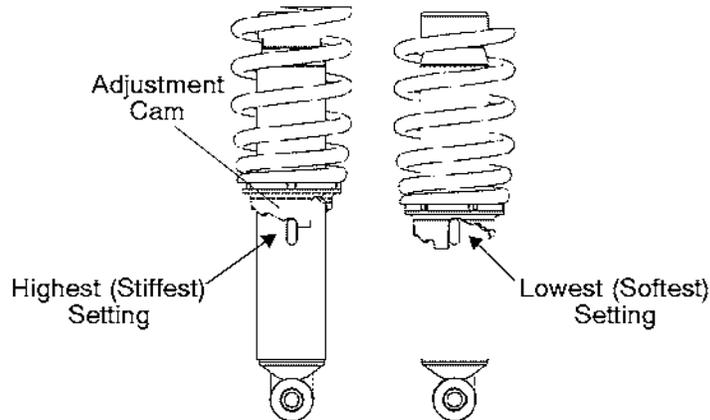
1. Position the vehicle on level ground.
2. Lightly turn the steering wheel left and right.
3. There should be 0.8"-1.0" (20-25 mm) of freeplay.
4. If there is excessive freeplay or strange noises, or the steering feels rough or "catchy," have the steering system inspected by an authorized Polaris dealer.

MAINTENANCE

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Suspension Settings (RZR only)

The front and rear suspensions are preload adjustable, with five settings on each axle.



The suspensions are set on the lowest (softest) setting at the factory. This setting is appropriate for nearly all riding conditions. Since the vehicle is equipped with full skid plates, suspension adjustment is not necessary.

If desired, the suspension may be adjusted to maintain vehicle clearance height when carrying loads. Please see your Polaris dealer for the tool required to make suspension adjustments. Elevate the vehicle slightly for easier adjustment.

Always heed the following rules if you make adjustments to this suspension.

- Always return the suspension to the lowest (softest) setting after the load is removed from the vehicle. The increased suspension height will negatively impact vehicle stability when operating without a load.
- Always apply the same adjustment setting to *all four wheels*.
- Never operate the vehicle on the highest (stiffest) or second highest preload settings without a total combined payload in the vehicle of 450 lbs. (204 kg) or more. Payload includes the driver, passenger, Polaris-approved accessories and cargo. Never exceed the stated load capacity for this vehicle. See page 120.

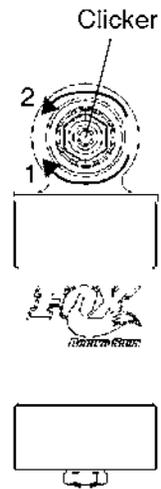
MAINTENANCE

Suspension Settings (RZR S) Front/Rear Shock Compression

Use a flat-blade screwdriver to make damping adjustments. The compression damping clicker is located on top of the shock reservoir, under the rear fender. When the adjuster screw is turned clockwise until it stops, the damping is in the fully closed position.

1. Turn the clicker clockwise (1) to increase compression damping.
2. Turn the clicker counter-clockwise (2) to decrease compression damping.

Setting	Compression Damping
Softest	20 clicks from closed
Factory	10 clicks from closed
Firmer	2 clicks from closed



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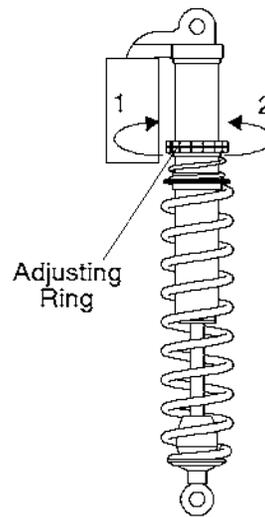
Suspension Settings (RZR S)

Front/Rear Spring Preload

1. Raise and safely support the front or rear of the vehicle off the ground to allow the suspension that will be adjusted to fully extend.
2. Loosen the jam nut and back it away from the adjusting ring.
3. Turn the adjusting ring to the left (1) to increase preload for a stiffer ride. Turn the adjusting ring to the right (2) to decrease preload for a softer ride.

WARNING! Uneven adjustment may cause poor handling of the vehicle, which could result in an accident. Always adjust both the left and right spring preloads equally or have your Polaris dealer perform the adjustments.

4. Tighten the jam nut firmly against the adjuster ring.



MAINTENANCE

Tires

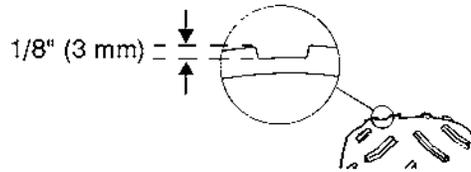
⚠ WARNING

Operating your vehicle with worn tires will increase the possibility of skidding, loss of control and an accident, which could result in serious injury or death. Always replace tires when the tread depth measures 1/8" (3 mm) or less.

Improper tire inflation or the use of non-standard size or type of tires may adversely affect vehicle handling, which could result in vehicle damage or personal injury. Always maintain proper tire pressure. When replacing tires, always use original equipment size and type.

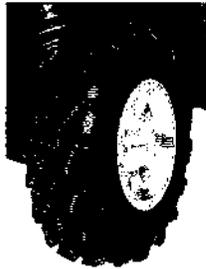
Tire Tread Depth

Always replace tires when tread depth is worn to 1/8" (3 mm) or less.



Axle and Wheel Nut Torque Specifications

Inspect the following items occasionally for tightness, and if they've been loosened for maintenance service. *Do not lubricate the stud or the lug nut.*



Cast Aluminum



90 ft. lbs.
(122 Nm)



Steel



27 ft. lbs.
(37 Nm)

Wheel Type	Nut Type	Location	Nut Torque
Cast Aluminum	Lug Nut	Front and Rear	90 ft. lbs. (122 Nm)
Steel	2-Piece Flange Nut	Front and Rear	27 ft. lbs. (37 Nm)
Any	Hub Retaining Nut	Front and Rear	80 ft. lbs. (108 Nm)

MAINTENANCE

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Tires

Wheel Removal

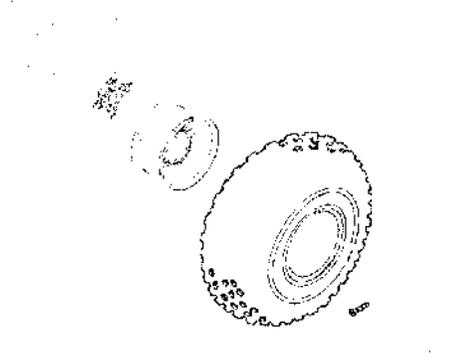
1. Position the vehicle on a level surface.
2. Place the transmission in PARK. Stop the engine.
3. Loosen the wheel nuts slightly.
4. Elevate the side of the vehicle by placing a suitable stand under the frame.
5. Remove the wheel nuts and washers. Remove the wheel.

Wheel Installation

1. Place the transmission in PARK.
2. Place the wheel in the correct position on the wheel hub. Be sure the valve stem is toward the outside and rotation arrows on the tire point toward forward rotation.

WARNING! Improperly installed wheels can adversely affect tire wear and vehicle handling, which can result in serious injury or death. Always ensure that all nuts are torqued to specification. Do not service axle nuts that have a cotter pin installed. See your Polaris dealer.

3. Attach the wheel nuts and washers and finger tighten.
4. Carefully lower the vehicle to the ground.
5. Torque the wheel nuts to specification. See page 103.



MAINTENANCE

Lights

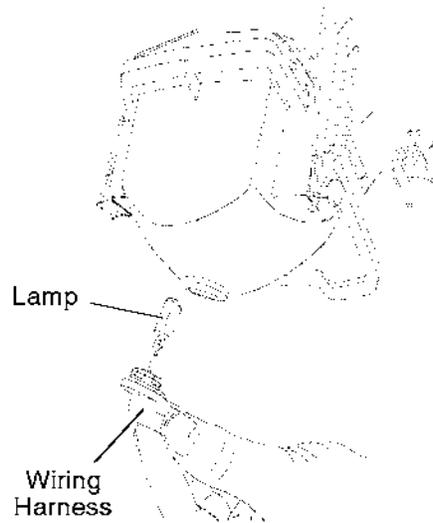
Poor lighting while driving can result in severe injury or death. Headlight and taillight lenses become dirty during normal operation. Wash the headlights frequently to maintain lighting quality.

When servicing a halogen lamp, don't touch the lamp with bare fingers. Oil from your skin leaves a residue, causing a hot spot that will shorten the life of the lamp.

Headlight Lamp Replacement

Do not service the headlamps until they've cooled sufficiently.

1. Unplug the headlamp from the wiring harness. Be sure to pull on the connector, not on the wiring.
2. Turn the lamp counter-clockwise to remove it.
3. Install the new lamp. Make sure the tab on the lamp locates properly in the housing.
4. Reinstall the harness assembly into the headlight assembly.

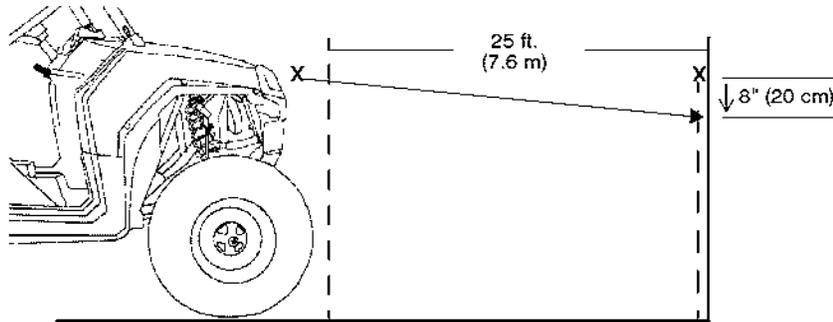


MAINTENANCE

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Lights

Headlight Beam Adjustment



1. Place the vehicle on a level surface with the headlight approximately 25 ft. (7.6 m) from a wall. Place the transmission in PARK.
2. Measure the distance from the floor to the center of the headlight and make a mark on the wall at the same height.
3. Apply the brakes. Start the engine. Turn on the headlights.
4. Observe the headlight aim. The most intense part of the headlight beam should be aimed 8" (20 cm) below the mark placed on the wall in step 2. Include the weight of a rider on the seat while performing this step.
5. If adjustment is necessary, turn the headlight adjustment screw to adjust the beam.
6. Repeat steps 4-5 until the beam is properly adjusted.

MAINTENANCE

Lights

Brake Lights

When the brake pedal is depressed, the brake light comes on. Check the brake light before each ride.

1. Turn the ignition switch to the ON position.
2. Apply the brakes. The brake light should come on after about 10 mm (0.4 in.) of pedal travel. If the light doesn't come on, check the bulb.

Vehicle Immersion

NOTICE: If your vehicle becomes immersed, major engine damage can result if the machine is not thoroughly inspected. Take the vehicle to your dealer before starting the engine.

If it's impossible to take your vehicle to a dealer before starting it, follow the steps outlined below:

1. Move the vehicle to dry land.
2. Check the air box. If water is present, dry the air box and replace the filter with a new filter. Thoroughly dry the air pre-filter. See page 93.
3. Remove the spark plugs.
4. Turn the engine over several times.
5. Dry the spark plugs and reinstall them, or install new plugs.
6. Attempt to start the engine. If necessary, repeat the drying procedure.
7. Take the vehicle to your dealer for service as soon as possible, whether you succeed in starting it or not.
8. If water has been ingested into the PVT follow the procedure on page 92 for drying.

MAINTENANCE

110901CCC3116

Battery

⚠ WARNING

Battery electrolyte is poisonous. It contains sulfuric acid. Serious burns can result from contact with skin, eyes or clothing.

Antidote:

External: Flush with water.

Internal: Drink large quantities of water or milk. Follow with milk of magnesia, beaten egg, or vegetable oil. Call physician immediately.

Eyes: Flush with water for 15 minutes and get prompt medical attention.

Batteries produce explosive gases. Keep sparks, flame, cigarettes, etc. away. Ventilate when charging or using in an enclosed space. Always shield eyes when working near batteries. **KEEP OUT OF REACH OF CHILDREN.**

Your vehicle may have either a sealed battery, which requires little maintenance, or a conventional battery. A sealed battery can be identified by its flat covers on the top of the battery. A conventional battery has six filler caps on the top of the battery.

Always keep battery terminals and connections free of corrosion. If cleaning is necessary, remove the corrosion with a stiff wire brush. Wash with a solution of one tablespoon baking soda and one cup water. Rinse well with tap water and dry off with clean shop towels. Coat the terminals with dielectric grease or petroleum jelly. Be careful not to allow cleaning solution or tap water into a conventional battery.

MAINTENANCE

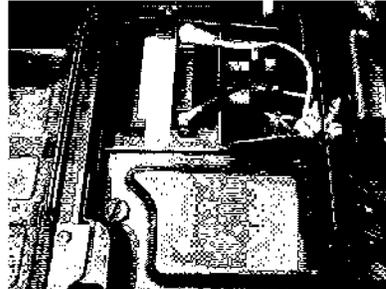
Battery

⚠ WARNING

Improperly connecting or disconnecting battery cables can result in an explosion and cause serious injury or death. When removing the battery, always disconnect the negative (black) cable first. When reinstalling the battery, always connect the negative (black) cable last.

Battery Removal

1. Remove the driver's seat. See page 29.
2. On conventional batteries, remove the battery vent tube.
3. Disconnect the black (negative) battery cable first.
4. Disconnect the red (positive) battery cable last.
5. Lift the battery out of the vehicle. Be careful not to tip a conventional battery sideways, which could spill electrolyte.



NOTICE: If electrolyte spills, immediately wash it off with a solution of one tablespoon baking soda and one cup water to prevent damage to the vehicle.

MAINTENANCE

110901CCC3116

Battery

Battery Installation

Using a new battery that has not been fully charged can damage the battery and result in a shorter life. It can also hinder vehicle performance. Follow the battery charging instructions on page 112 before installing the battery.

1. Ensure that the battery is fully charged.
2. Place the battery in the battery holder.
3. On conventional batteries, install the battery vent tube (sealed batteries do not have a vent tube). The vent tube must be free of obstructions and securely installed. Route the tube away from the frame and vehicle body to prevent contact with electrolyte.

WARNING! Battery gases could accumulate in an improperly installed vent tube and cause an explosion, resulting in serious injury or death. Always ensure that the vent tube is free of obstructions and is securely installed as recommended.

4. Coat the terminals with dielectric grease or petroleum jelly.
5. Connect and tighten the red (positive) cable first.
6. Connect and tighten the black (negative) cable last.
7. Verify that cables are properly routed.
8. Reinstall the driver's seat.

MAINTENANCE

Battery

Battery Storage

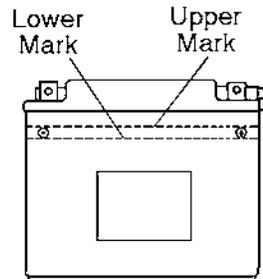
Whenever the vehicle is not used for a period of three months or more, remove the battery from the vehicle, ensure that it's fully charged, and store it out of the sun in a cool, dry place. Check battery voltage each month during storage and recharge as needed to maintain a full charge. See page 112.

Tip: Battery charge can be maintained by using a Polaris Battery Tender charger or by charging about once a month to make up for normal self-discharge. Battery Tender can be left connected during the storage period, and will automatically charge the battery if the voltage drops below a pre-determined point. See page 122 for the part numbers of Polaris products.

Battery Fluid (Conventional Battery)

A poorly maintained battery will deteriorate rapidly. Check the battery fluid level often. Maintain the fluid level between the upper and lower level marks.

Add only distilled water. Tap water contains minerals that are harmful to a battery.



MAINTENANCE

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Battery

Battery Charging (Conventional Battery)

1. Remove the battery from the vehicle to prevent damage from leaking or spilled electrolyte during charging. See page 109.
2. Charge the battery with a charging output no larger than 1/10 of the battery's amp/hr rating. Charge as needed to raise the specific gravity to 1.270 or greater.
3. Reinstall the battery. See page 110. Make sure the positive terminal is toward the front of the vehicle.

Battery Charging (Sealed Battery)

The following battery charging instructions apply only to the installation of a sealed battery. Read all instructions before proceeding with the installation of this battery.

The sealed battery is already filled with electrolyte and has been sealed and *fully charged* at the factory. *Never* pry the sealing strip off or add any other fluid to this battery.

The single most important thing about maintaining a sealed battery is to keep it fully charged. Since the battery is sealed and the sealing strip cannot be removed, you must use a voltmeter or multimeter to measure DC voltage.

WARNING! An overheated battery may explode, causing severe injury or death. Always watch charging times carefully. Stop charging if the battery becomes very warm to the touch. Allow it to cool before resuming charging.

For a refresh charge, follow all instructions carefully.

1. Check the battery voltage with a voltmeter or multimeter. A fully charged battery will register 12.8 V or higher.
2. If the voltage is less than 12.8 volts, recharge the battery at 1.2 amps or less until battery voltage is 12.8 or greater.

Tip: When using an automatic charger, refer to the charger manufacturer's instructions for recharging. When using a constant current charger, use the guidelines on the next page for recharging.

MAINTENANCE

Battery

Battery Charging (Sealed Battery)

Always verify battery condition before and 1-2 hours after the end of charging.

State of Charge	Voltage	Action	Charge Time <small>(Using constant current charger @ standard amps specified on top of battery)</small>
100%	12.8-13.0 volts	None, check at 3 mos. from date of manufacture	None required
75%-100%	12.5-12.8 volts	May need slight charge, if no charge given, check in 3 months	3-6 hours
50%-75%	12.0-12.5 volts	Needs charge	5-11 hours
25%-50%	11.5-12.0 volts	Needs charge	At least 13 hours, verify state of charge
0%-25%	11.5 volts or less	Needs charge with desulfating charger	At least 20 hours

MAINTENANCE

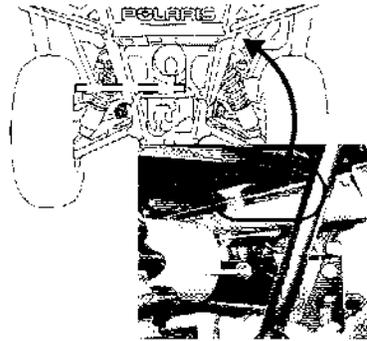
Cleaning and Storage

Washing the Vehicle

110901CCC3116

Keeping your Polaris vehicle clean will not only improve its appearance but it can also extend the life of various components.

Before washing the vehicle, locate the PVT outlet duct under the right rear wheel well. Avoid spraying water directly toward the duct when washing the vehicle from the rear.



NOTICE: Water in the PVT system could cause the drive belt to become wet and slip in the clutches. Always avoid spraying water directly toward the PVT outlet duct when washing the vehicle from the rear.

High water pressure may damage components. Polaris recommends washing the vehicle by hand or with a garden hose, using mild soap.

Certain products, including insect repellents and chemicals, will damage plastic surfaces. Do not allow these types of products to contact the vehicle.

The best and safest way to clean your Polaris vehicle is with a garden hose and a pail of mild soap and water.

1. Use a professional-type washing cloth, cleaning the upper body first and the lower parts last.
2. Rinse with clean water frequently.
3. Dry surfaces with a chamois to prevent water spots.

Washing Tips

- Avoid the use of harsh cleaners, which can scratch the finish.
- Do not use a power washer to clean the vehicle.
- Do not use medium to heavy duty compounds on the finish.
- Always use clean cloths and pads for cleaning and polishing. Old or reused cloths and pads may contain dirt particles that will scratch the finish.

MAINTENANCE

Cleaning and Storage

Washing the Vehicle

If a high pressure water system is used for cleaning (not recommended), exercise extreme caution. The water may damage components and could remove paint and labels. Avoid directing the water stream at the following items:

- Wheel bearings
- Radiator
- Transmission seals
- Brakes
- Cab and body panels
- Labels and decals
- Electrical components and wiring

If warning and safety labels are damaged, contact your Polaris dealer for free replacement.

Grease all zerk fittings immediately after washing. Allow the engine to run for a while to evaporate any water that may have entered the engine or exhaust system.

Polishing the Vehicle

Polaris recommends the use of common household aerosol furniture polish for polishing the finish on your Polaris vehicle. Follow the instructions on the container.

Polishing Tips

- Avoid the use of automotive products, some of which can scratch the finish of your vehicle.
- Always use clean cloths and pads for cleaning and polishing. Old or reused cloths and pads may contain dirt particles that will scratch the finish.

MAINTENANCE

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Cleaning and Storage

Chrome Wheel Care (if equipped)

Proper maintenance will protect chrome wheels from corrosion, preserve wheel life and ensure a “like new” appearance for many years.

Tip: Chrome wheels exposed to road salt (or salt in the air in coastal areas) are more susceptible to corrosion if not properly cleaned. Clean chrome wheels more often if they’re exposed to salt or other corrosive elements.

1. Wash chrome wheels frequently. Use a mild detergent. Never use abrasive cleaners on plated or painted surfaces.
2. Rinse well with clear water. Soap, detergents, salt, dirt, mud and other elements can cause corrosion.
3. Polish the clean chrome wheels periodically. Use an automotive grade chrome polish.
4. Routinely and liberally apply a weather resistant wax to each polished chrome wheel. Choose a product suitable for chrome finishes. Read and follow the product labels and instructions.

Removing Corrosion

If light rust is found on the chrome finish, use steel wool (#0000-OTT grade) to remove it. Gently rub the affected areas with the steel wool until the corrosion has been removed. Clean and polish the wheel as outlined above.

MAINTENANCE

Cleaning and Storage

Storage Tips

NOTICE: Starting the engine during the storage period will disturb the protective film created by fogging and damage could occur. Never start the engine during the storage period.

Clean the Exterior

Make any necessary repairs and clean the vehicle as recommended. See page 114.

Stabilize the Fuel

1. Fill the fuel tank.
2. Add Polaris Carbon Clean Fuel Treatment or Polaris Fuel Stabilizer. Follow the instructions on the container for the recommended amount. Carbon Clean removes water from fuel systems, stabilizes fuel and removes carbon deposits from pistons, rings, valves and exhaust systems.
3. Allow the engine to run for 15-20 minutes to allow the stabilizer to disperse through the entire fuel delivery system.

Oil and Filter

Change the oil and filter. See page 76.

Air Filter / Air Box

Inspect and clean or replace the pre-filter and air filter. See page 93. Clean the air box. Drain the sediment tube.

Fluid Levels

Inspect the fluid levels. Add or change fluids as recommended in the Periodic Maintenance Chart beginning on page 67.

- Demand drive fluid (front gearcase)
- Rear gearcase fluid
- Transmission fluid
- Brake fluid (change every two years and any time the fluid looks dark or contaminated)
- Coolant (test strength/fill)

MAINTENANCE

110901CCC3116

Cleaning and Storage

Storage Tips

Inspect and Lubricate

Inspect all cables and lubricate all areas of the vehicle as recommended in the Periodic Maintenance Chart beginning on page 67.

Fog the Engine

1. Treat the fuel system with Polaris Carbon Clean. Follow the instructions on the container. Start the engine. Allow it to idle for several minutes so the Carbon Clean reaches the injectors. Stop the engine.
2. Remove the spark plugs and add 2-3 tablespoons of Premium 4 Synthetic 0W40 engine oil. To access the plug holes, use a section of clear 1/4" hose and a small plastic squeeze bottle filled with the pre-measured amount of oil. *Do this carefully! If you miss the plug holes, oil will drain from the spark plug cavities into the hole at the front of the cylinder head, and appear to be an oil leak.*
3. Reinstall the spark plugs. Torque to specification. See page 86.
4. Apply dielectric grease to the inside of each spark plug cap. *Do not reinstall the caps onto the plugs at this step.*
5. Turn the engine over several times. Oil will be forced in and around the piston rings and ring lands, coating the cylinder with a protective film of fresh oil.
6. If Polaris fuel system additive is not used, fuel tank, fuel lines, and injectors should be completely drained of gasoline.
7. Reinstall the spark plug caps to the spark plugs.

Battery Maintenance

See pages 111-113 for storage and charging procedures.

Storage Area/Covers

Be sure the storage area is well ventilated. Cover the vehicle with a genuine Polaris cover. Do not use plastic or coated materials. They do not allow enough ventilation to prevent condensation, and may promote corrosion and oxidation.

MAINTENANCE

Cleaning and Storage

Removal from Storage

1. Check the battery electrolyte level and charge the battery if necessary. Install it in the vehicle. Make sure the battery vent hose is routed properly and that it's not pinched or restricted in any way.
2. Make sure the spark plug is tight.
3. Fill the fuel tank with fuel.
4. Check all the points listed in the Daily Pre-Ride Inspection section on page 50. Tightness of the bolts, nuts and other fasteners should be checked by an authorized Polaris dealer.
5. Lubricate at the intervals outlined in the Periodic Maintenance Chart beginning on page 67.

WARNING! Engine exhaust contains poisonous carbon monoxide and can cause loss of consciousness or death. Never run an engine in an enclosed area.

Transporting the Vehicle

Follow these procedures when transporting the vehicle.

1. Place the transmission in PARK. Stop the engine.
2. Remove the key to prevent loss during transporting.
3. Secure the fuel cap and seats.
4. Always tie the frame of the Polaris vehicle to the transporting unit securely with suitable straps or rope. Do not attach tie straps to the front control arm bolt pockets.

SPECIFICATIONS

110901CCC3116

RANGER RZR / RZR S	
Gross Vehicle Weight	1727 lbs. (783 kg) (RZR) 1782 lbs. (808 kg) (RZR S)
Dry Weight	945 lbs. (429 kg) (RZR) 961 lbs. (436 kg) (RZR EPS) 1000 lbs. (454 kg) (RZR S)
Rear Cargo Box Capacity	300 lbs. (136 kg)
Maximum Weight Capacity (Payload)	740 lbs. (336.4 kg) (riders cargo accessories trailer tongue weight)
Receiver Hitch Tongue Capacity	150 lbs. (68 kg)
Receiver Hitch Towing Capacity	1500 lbs. (680 kg)
Fuel Capacity	7 gal. (26.5 l)
Engine Oil Capacity	2 qts. (1.9 l)
Coolant Capacity	4.8 qts. (4.5 l)
Rear Gearcase Oil Capacity	26 oz. (769 ml)
Demand Drive Fluid Capacity	6.75 oz. (200 ml)
Transmission Oil Capacity	24 oz. (710 ml)
Transfer Case Oil Capacity	14 oz. (414 ml)
Overall Length Width Height	102 50 68.5 in. (259 127 174 cm) (RZR) 106 60.5 70.5 in. (269 154 179 cm) (RZR S)
Wheelbase	77 in. (196 cm)
Ground Clearance	10 in. (25.4 cm) (RZR) 12 in. (30.5 cm) (RZR S)
Engine	4 valve 4 stroke twin cylinder with counterbalance
Displacement	760 cc
Bore x Stroke	80mm x 76mm
Alternator Output	500 W @ 3000 RPM
Compression Ratio	10:1
Starting System	Electric
Fuel System	Electronic fuel injection
Ignition System	ECU
Spark Plug Gap	RC7YC .035 in. (0.9 mm)
Front Suspension	Independent double a-arm with travel: 9 in. (23 cm) (RZR) 12 in. (30.5 cm) (RZR S)
Rear Suspension	Independent double a-arm with travel: 9.5 in. (24 cm) (RZR) 12 in. (30.5 cm) (RZR S)

SPECIFICATIONS

RANGER RZR / RZR S	
Lubrication System	Wet Sump
Engine Oil	0W 40
Driving System Type	Automatic Polaris Variable Transmission
Shift Type	Dual Range P R N L H
Gear Reduction - Low	8.71:1
Gear Reduction - Reverse	5.94:1
Gear Reduction - High	3.14:1
Drive Ratio - Front	3.82:1
Drive Ratio - Final	3.70:1
Tire Size - Front	25x8-12 (RZR) 26x9-12 (RZR S)
Tire Size - Rear	25x10-12 (RZR) 26x12-12 (RZR S)
Tire Pressure - Front	8 psi (55 KPa)
Tire Pressure - Rear	8 psi (55 KPa)
Brakes, Front Rear	Foot Activated, 4-wheel hydraulic disc
Headlights	2 single beam, 55W, quartz halogen
Taillights	2 single beam, 5W
Brake Lights	2 single beam, 5W
Instrument Cluster	LCD
Auxiliary DC Outlet	12V

Clutching

See your Polaris dealer for clutching specifications.

POLARIS PRODUCTS

110901CCC3116

Part Number	Description
Engine Lubricant	
2870791	Fogging Oil (12 oz. Aerosol)
2871281	Premium 4 Synthetic 0W-40 (4-Cycle) Engine Oil (qt.)
2871844	Premium 4 Synthetic 0W-40 (4-Cycle) Engine Oil (gal.)
Gearcase / Transmission Lubricants	
2873602	Premium AGL Synthetic Gearcase Lubricant (qt.)
2873603	Premium AGL Synthetic Gearcase Lube (gal.)
2871653	Premium ATV Angle Drive Fluid (8 oz.)
2872276	Premium ATV Angle Drive Fluid (2.5 gal.)
2870465	Pump for Gallon Jug
2876251	Demand Drive LT Premium Fluid (8 oz./237 ml)
Coolant	
2871323	60/40 Coolant (gal.)
2871534	60/40 Coolant (qt.)
Grease / Specialized Lubricants	
2871312	Grease Gun Kit, Premium All Season (3 oz.)
2871322	Premium All Season Grease (3 oz. cartridge)
2871423	Premium All Season Grease (14 oz. cartridge)
2871460	Starter Drive Grease (2 oz.)
2871515	Premium U-Joint Lube (3 oz.)
2871551	Premium U-Joint Lube (14 oz.)
2871329	Dielectric Grease (Nyogel™)
Additives / Miscellaneous	
2871326	Carbon Clean Plus (12 oz.)
2870652	Fuel Stabilizer (16 oz.)
2872189	DOT 4 Brake Fluid
2871956	Loctite™ 565 Thread Sealant
2859044	Polaris Battery Tender™ Charger

TROUBLESHOOTING

Drive Belt Wear/Burn

Possible Cause	Solution
Driving onto a pickup or tall trailer in high range	Use low range during loading.
Starting out going up a steep incline	Use low range. See warnings on page 58.
Driving at low RPM or ground speed (3-7 MPH)	Drive at a higher speed or use low range more frequently. See page 38.
Insufficient warm-up at low ambient temperatures	Warm the engine at least 5 minutes. With the transmission in neutral, advance the throttle to about 1/8 throttle in short bursts, 5 to 7 times. The belt will become more flexible and prevent belt burning.
Slow easy clutch engagement	Use the throttle quickly and effectively.
Towing pushing at low RPM low ground speed	Use low range only.
Utility use plowing	Use low range only.
Stuck in mud or snow	Shift the transmission to low range and carefully use fast, aggressive throttle application to engage clutch. WARNING: Excessive throttle may cause loss of control and vehicle overturn.
Climbing over large objects from a stopped position	Shift the transmission to low range and carefully use fast, brief, aggressive throttle application to engage clutch. WARNING: Excessive throttle may cause loss of control and vehicle overturn.
Belt slippage from water or snow ingestion into the PVT system	Dry out the PVT (see page 92). Prevent water from entering the PVT outlet duct (see page 114). Inspect clutch seals for damage if repeated leaking occurs.
Clutch malfunction	See your Polaris dealer.
Poor engine performance	Check for fouled plugs or foreign material in gas tank or fuel lines. See your dealer.
Slippage from failure to warm up belt	Always warm up the belt by operating below 30 mph for one mile (5 miles or more when temperature is below freezing).
Wrong or missing belt	Install the recommended belt.
Improper break-in	Always break in a new belt and or clutch. See pages 48 and 38.

TROUBLESHOOTING

110901CCC3116

Engine Doesn't Turn Over

Possible Cause	Solution
Low battery voltage	Recharge the battery to 12.8 VDC
Loose battery connections	Check all connections and tighten
Loose solenoid connections	Check all connections and tighten
Loose electronic control box connections	Inspect, clean, reinstall connectors

Engine Turns Over, Fails to Start

Possible Cause	Solution
Out of fuel	Refuel
Clogged fuel filter	See your Polaris dealer
Water is present in fuel	Drain the fuel system and refuel
Old or non-recommended fuel	Replace with fresh recommended fuel
Fouled or defective spark plugs	Inspect plugs and replace if necessary
No spark to spark plug	Inspect plugs and replace if necessary
Water or fuel in crankcase	Immediately see your Polaris dealer
Low battery voltage	Recharge the battery to 12.8 VDC
Mechanical failure	See your dealer

Engine Backfires

Possible Cause	Solution
Weak spark from spark plug	Inspect, clean and or replace spark plugs
Incorrect spark plug gap or heat range	Set gap to specs or replace plugs
Old or non-recommended fuel	Replace with fresh recommended fuel
Incorrectly installed spark plug wires	See your dealer
Incorrect ignition timing	See your dealer
Mechanical failure	See your dealer
Loose ignition connections	Check all connections and tighten
Water present in fuel	Replace with fresh recommended fuel

TROUBLESHOOTING

Engine Pings or Knocks

Possible Cause	Solution
Poor quality or low octane fuel	Replace with recommended fuel
Incorrect ignition timing	See your dealer
Incorrect spark plug gap or heat range	Set gap to specs or replace plugs

Engine Runs Irregularly, Stalls or Misfires

Possible Cause	Solution
Fouled or defective spark plugs	Inspect, clean and or replace spark plugs
Worn or defective spark plug wires	See your dealer
Incorrect spark plug gap or heat range	Set gap to specs or replace plugs
Loose ignition connections	Check all connections and tighten
Water present in fuel	Replace with new fuel
Low battery voltage	Recharge battery to 12.8 VDC
Kinked or plugged fuel tank vent line	Inspect and replace
Incorrect fuel	Replace with recommended fuel
Clogged air filter	Inspect and clean or replace
Other mechanical failure	See your dealer
Possible Lean Fuel Cause	Solution
Low or contaminated fuel	Add or change fuel, clean the fuel system
Low octane fuel	Replace with recommended fuel
Clogged fuel filter	See your Polaris dealer
Possible Rich Fuel Cause	Solution
Fuel is very high octane	Replace with lower octane fuel

TROUBLESHOOTING

Engine Stops or Loses Power

110901CCC3116

Possible Cause	Solution
Out of fuel	Refuel
Kinked or plugged fuel vent line	Inspect and replace
Water is present in fuel	Replace with new fuel
Fouled or defective spark plugs	Inspect, clean and or replace spark plug
Worn or defective spark plug wires	See your dealer
Incorrect spark plug gap or heat range	Set gap to specs or replace plug
Loose ignition connections	Check all connections and tighten
Low battery voltage	Recharge the battery to 12.8 VDC
Incorrect fuel	Replace with fresh recommended fuel
Clogged air filter	Inspect and clean or replace
Other mechanical failure	See your dealer
Overheated engine	Clean radiator screen and core, clean engine exterior, see your dealer

DECLARATION OF CONFORMITY

**Polaris Industries Inc.,
2100 Hwy 55, Medina, MN 55340 U.S.A.
Telephone 763-542-0500**



We, Polaris Industries Inc., declare that the vehicles listed below conform to the essential health and safety requirements applicable to off-road all-terrain vehicles.

APPLICABLE EUROPEAN DIRECTIVES	TEST / EVALUATION METHODS
98/37 EC as amended (Machinery Directive)	EN 1050 hazard analysis C/D 77.311 EEC driver-perceived noise level
2004/108 EC as amended (EMC Directive)	CISPR 12:2001 CAN/CSA-C108.4-M92
	EN 55012:2002 EN 61000-6-2:2001

PRODUCT IDENTIFICATION

VEHICLE SERIES	TRADE NAME	MODEL YEARS	SOUND PRESSURE dB (A)
KA05	OUTLAW 50	2008, 2009, 2010	76.8
KA09	OUTLAW 90	2008, 2009, 2010	76.8
FA09	SPORTSMAN 90	2008, 2009, 2010	76.8
VA17	RZR 170	2009, 2010	81.3
PB20	PHOENIX 200	2008, 2009, 2010	76.8
BA32	TRAIL BLAZER 330	2008, 2009, 2010	76.8
CA32	TRAIL BOSS 330	2008, 2009, 2010	76.8
BA50	SCRAMBLER 500	2008, 2009, 2010	79.6
GJ45	OUTLAW 450	2008, 2009, 2010	80.7
GJ52 . GP52	OUTLAW 525	2008, 2009, 2010	80.7
LH27	SPORTSMAN 300	2008, 2009, 2010	81.1
LH46	SPORTSMAN 400	2008, 2009, 2010	80.2
MN50	SPORTSMAN 500 EFI	2008, 2009, 2010	80.4
ZN55 . ZN55	SPORTSMAN 550 EFI	2009, 2010	80.8
TN55 . DN55	SPORTSMAN X2 TOURING 550	2010	77.2
MN76	SPORTSMAN 800	2008, 2009, 2010	83.6
TN85 . DN85	SPORTSMAN X2 TOURING 850	2010	77.2
CL76	SPORTSMAN 800 6X6	2009, 2010	80.1
ZN85 . ZN85	SPORTSMAN 850 EFI	2009, 2010	80.4
RI150 . HI150	RANGER 500 EFI 4X4	2009, 2010	76.5
HI176	RANGER 800 EFI 4X4	2010	76.5
WI176	RANGER 800 EFI CREW	2010	76.5
HR	RANGER 800 6X6	2010	76.5
HY	RANGER IHD 800 4X4	2010	76.5
VH176	RANGER RZR	2008, 2009, 2010	85.8

Authorized Signatory:

Alexander A. Kennedy, Product Compliance
Polaris Industries Inc., Engineering Operations
301 5th Avenue SW, Roseau, MN 56751

WARRANTY LIMITED WARRANTY

110901CCC3116

Polaris Sales Inc., 2100 Highway 55, Medina, MN 55340, gives a SIX MONTH LIMITED WARRANTY on all components of your Polaris vehicle against defects in material or workmanship. This warranty covers the parts and labor charges for repair or replacement of defective parts which are covered by this warranty. This warranty begins on the date of purchase. This warranty is transferable to another consumer during the warranty period through a Polaris dealer.

REGISTRATION

At the time of sale, the Warranty Registration Form must be completed by your dealer and submitted to Polaris within ten days. Upon receipt of this registration, Polaris will record the registration for warranty. No verification of registration will be sent to the purchaser as the copy of the Warranty Registration Form will be the warranty entitlement. If you have not signed the original registration and received the customer copy, please contact your dealer immediately. **NO WARRANTY COVERAGE WILL BE ALLOWED UNLESS YOUR VEHICLE IS REGISTERED WITH POLARIS.**

Initial dealer preparation and set-up of your vehicle is very important in ensuring trouble-free operation. Purchasing a machine in the crate or without proper dealer set-up will void your warranty coverage.

WARRANTY COVERAGE AND EXCLUSIONS: LIMITATIONS OF WARRANTIES AND REMEDIES

The Polaris limited warranty excludes any failures that are not caused by a defect in material or workmanship. This warranty does not cover accidental damage, normal wear and tear, abuse or improper handling. This warranty also does not cover any vehicle that has been altered structurally, modified, neglected, improperly maintained, used for racing, or used for purposes other than for which it was manufactured, or for any damages which occur during trailer transit or as a result of unauthorized service or the use of unauthorized parts. In addition, this warranty does not cover physical damage to paint or finish, stress cracks, tearing or puncturing of upholstery material, corrosion, or defects in parts, components or the vehicle due to fire, explosions or any other cause beyond Polaris' control.

Warranty does not apply to parts exposed to friction surfaces, stresses, environmental conditions and or contamination for which they were not designed or not intended, including but not limited to the following items:

- Wheels and tires
- Suspension components
- Brake components
- Seat components
- Clutches and components
- Steering components
- Batteries
- Light bulbs/Sealed beam lamps
- Finished and unfinished surfaces
- Carburetor/Throttle body components
- Engine components
- Drive belts
- Hydraulic components
- Circuit breakers/Fuses
- Electronic components

Warranty applies to the product only and does not allow for coverage of personal loss. Some items are considered "consumable," meaning they are considered part of normal maintenance or part of completing an effective repair. The following items are excluded from warranty coverage in the event of a warranty claim:

- Spark Plugs
- Filters
- Fuel
- Sealants
- Hotel fees
- Towing charges
- Mileage
- Rentals/Loss of product use
- Lubricants such as oil, grease, etc.
- Batteries (unless defective)
- Cosmetic damage/repair
- Coolants
- Meals
- Shipping/ handling fees
- Product pick-up/delivery
- Loss of vacation/personal time

WARRANTY

110901CCC3116

LIMITATIONS OF WARRANTIES AND REMEDIES

This warranty also excludes failures resulting from improper lubrication; improper engine timing; improper fuel; surface imperfections caused by external stress, heat, cold or contamination; operator error or abuse; improper component alignment, tension, adjustment or altitude compensation; failure due to snow, water, dirt or other foreign substance ingestion; contamination; improper maintenance; modified components; use of aftermarket components resulting in failure; unauthorized repairs; repairs made after the warranty period expires or by an unauthorized repair center; use of the product in competition or for commercial purposes. Warranty will not apply to any product which has been damaged by abuse, accident, fire or any other casualty not determined a defect of materials or workmanship.

This warranty does not cover the use of unauthorized lubricants, chemicals, or fuels that are not compatible with the vehicle. The exclusive remedy for breach of this warranty shall be, at Polaris' exclusive option, repair or replacement of any defective materials, or components or products. THE REMEDIES SET FORTH IN THIS WARRANTY ARE THE ONLY REMEDIES AVAILABLE TO ANY PERSON FOR BREACH OF THIS WARRANTY. POLARIS SHALL HAVE NO LIABILITY TO ANY PERSON FOR INCIDENTAL, CONSEQUENTIAL OR SPECIAL DAMAGES OF ANY DESCRIPTION, WHETHER ARISING OUT OF EXPRESS OR IMPLIED WARRANTY OR ANY OTHER CONTRACT, NEGLIGENCE, OR OTHER TORT OR OTHERWISE. Some states do not permit the exclusion or limitation of incidental or consequential damages or implied warranties, so the above limitations or exclusions may not apply to you if inconsistent with controlling state law.

ALL IMPLIED WARRANTIES (INCLUDING BUT NOT LIMITED TO THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE) ARE LIMITED IN DURATION TO THE ABOVE SIX MONTH WARRANTY PERIOD. POLARIS FURTHER DISCLAIMS ALL EXPRESS WARRANTIES NOT STATED IN THIS WARRANTY. Some states do not allow limitations on how long an implied warranty lasts, so the above limitation may not apply to you if inconsistent with controlling state law.

HOW TO OBTAIN WARRANTY SERVICE

If your vehicle requires warranty service, you must take it to a Polaris Servicing Dealer. When requesting warranty service you must present your copy of the Warranty Registration form to the dealer. (THE COST OF TRANSPORTATION TO AND FROM THE DEALER IS YOUR RESPONSIBILITY). Polaris suggests that you use your original selling dealer; however, you may use any Polaris Servicing Dealer to perform warranty service.

Please work with your dealer to resolve any warranty issues. Should your dealer require any additional assistance they will contact the appropriate person at Polaris.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state.

If any of the above terms are void because of state or federal law, all other warranty terms will remain in effect.

Lubricants

1. Mixing oil brands or using non-recommended oil may cause engine damage. We recommend the use of Polaris engine oil.
2. Damage resulting from the use of non-recommended lubricants may not be covered by warranty.

SPARK ARRESTOR

Polaris warrants that the spark arrestor in this vehicle will meet the efficiency requirements of USES standard 5100-1C for at least 1000 hours when subjected to normal use and when maintenance and installation are in accordance with Polaris recommendations.

WARRANTY

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Exported Vehicles

EXCEPT WHERE SPECIFICALLY REQUIRED BY LAW, THERE IS NO WARRANTY OR SERVICE BULLETIN COVERAGE ON THIS VEHICLE IF IT IS SOLD OUTSIDE THE COUNTRY OF THE SELLING DEALER'S AUTHORIZED LOCATION.

This policy does not apply to vehicles that have received authorization for export from Polaris Industries. Dealers may not give authorization for export. You should consult an authorized dealer to determine this vehicle's warranty or service bulletin coverage if you have any questions.

This policy does not apply to vehicles registered to government officials or military personnel on assignment outside the country of the selling dealer's authorized location.

This policy does not apply to Safety Recalls.

How to Get Service

In the Country where your vehicle was purchased:

Warranty or Service Bulletin repairs must be done by an authorized Polaris dealer. If you move or are traveling within the country where your vehicle was purchased, Warranty or Service Bulletin repairs may be requested from any authorized Polaris dealer who sells the same line as your vehicle.

Outside the Country where your vehicle was purchased:

If you are traveling temporarily outside the country where your vehicle was purchased, you should take your vehicle to an authorized Polaris dealer. You must show the dealer photo identification from the country of the selling dealer's authorized location as proof of residence. Upon residence verification, the servicing dealer will be authorized to perform the warranty repair.

If You Move:

If you move to another country, be sure to contact Polaris Customer Assistance and the customs department of the destination country before you move. Vehicles importation rules vary considerably from country to country. You may be required to present documentation of your move to Polaris Industries in order to continue your warranty coverage. You may also be required to obtain documentation from Polaris Industries in order to register your vehicle in your new country.

If Purchased From A Private Party:

If you purchase a Polaris product from a private citizen outside of the country in which the vehicle was originally purchased, all warranty coverage will be denied.

Notice

If your vehicle is registered outside of the country where it was purchased, and you have not followed the procedure set out above, your vehicle will no longer be eligible for warranty or service bulletin coverage of any kind. (Vehicles registered to Government officials or military personnel on assignment outside of the country where the vehicle was purchased will continue to be covered by the basic warranty.)

For questions call Polaris Customer Assistance:

United States: 1-888-704-5290

Canada: 1-204-925-7100

U.S.A. EPA Emissions Limited Warranty

This emissions limited warranty is in addition to the Polaris standard limited warranty for your vehicle. Polaris Industries Inc. warrants that at the time it is first purchased, this emissions-certified vehicle is designed, built and equipped so it conforms with applicable U.S. Environmental Protection Agency emission regulations. Polaris warrants that the vehicle is free from defects in materials and workmanship that would cause it to fail to meet these regulations.

The warranty period for this emissions-certified vehicle starts on the date the vehicle is first purchased and continues for a period of 500 hours of engine operation, 5000 kilometers (3100 miles) of vehicle travel, or 30 calendar months from the date of purchase, whichever comes first.

This emissions limited warranty covers components whose failure increases the vehicle's regulated emissions, and it covers components of systems whose only purpose is to control emissions. Repairing or replacing other components not covered by this warranty is the responsibility of the vehicle owner. This emissions limited warranty does not cover components whose failure does not increase the vehicle's regulated emissions.

For exhaust emissions, emission-related components include any engine parts related to the following systems:

- Air-induction system
- Fuel system
- Ignition system
- Exhaust gas recirculation systems

The following parts are also considered emission-related components for exhaust emissions:

- Aftertreatment devices
- Crankcase ventilation valves
- Sensors
- Electronic control units

The following parts are considered emission-related components for evaporative emissions:

- Fuel Tank
- Fuel Cap
- Fuel Line
- Fuel Line Fittings
- Clamps*
- Pressure Relief Valves*
- Control Valves*
- Control Solenoids*
- Electronic Controls*
- Vacuum Control Diaphragms*
- Control Cables*
- Control Linkages*
- Purge Valves
- Vapor Hoses
- Liquid Vapor Separator
- Carbon Canister
- Canister Mounting Brackets
- Carburetor Purge Port Connector

*As related to the evaporative emission control system.

WARRANTY

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U.S.A. EPA Emissions Limited Warranty

The exclusive remedy for breach of this limited warranty shall be, at the exclusive option of Polaris, repair or replacement of any defective materials, components or products. THE REMEDIES SET FORTH IN THIS LIMITED WARRANTY ARE THE ONLY REMEDIES AVAILABLE TO ANY PERSON FOR BREACH OF THIS WARRANTY. POLARIS SHALL HAVE NO LIABILITY TO ANY PERSON FOR INCIDENTAL, CONSEQUENTIAL OR SPECIAL DAMAGES OF ANY DESCRIPTION, WHETHER ARISING OUT OF EXPRESS OR IMPLIED WARRANTY OR ANY OTHER CONTRACT, NEGLIGENCE OR OTHER TORT OR OTHERWISE.

ALL IMPLIED WARRANTIES (INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE) ARE LIMITED IN DURATION TO THE WARRANTY PERIOD DESCRIBED HEREIN. POLARIS DISCLAIMS ALL EXPRESS WARRANTIES NOT STATED IN THIS WARRANTY. Some states do not allow limitations on how long an implied warranty lasts, so the above limitation may not apply if it is inconsistent with the controlling state law.

This limited warranty excludes failures not caused by a defect in material or workmanship. This limited warranty does not cover damage due to accidents, abuse or improper handling, maintenance or use. This limited warranty also does not cover any engine that has been structurally altered, or when the vehicle has been used in racing competition. This limited warranty also does not cover physical damage, corrosion or defects caused by fire, explosions or other similar causes beyond the control of Polaris.

Owners are responsible for performing the scheduled maintenance identified in the owner's manual. Polaris may deny warranty claims for failures that have been caused by the owner's or operator's improper maintenance or use, by accidents for which Polaris has no responsibility, or by acts of God.

Any qualified repair shop or person may maintain, replace, or repair the emission control devices or systems on your vehicle. Polaris recommends that you contact an authorized Polaris dealer to perform any service that may be necessary for your vehicle. Polaris also recommends that you use only Pure Polaris parts. It is a potential violation of the Clean Air Act if a part supplied by an aftermarket parts manufacturer reduces the effectiveness of the vehicle's emission controls. Tampering with emission controls is prohibited by federal law.

If you have any questions regarding your warranty rights and responsibilities, please contact the Polaris Warranty Department at 1-888-704-5290.

MAINTENANCE LOG

Use the following chart to record periodic maintenance.

DATE	MILES (KM) OR HOURS	TECHNICIAN	SERVICE PERFORMED / COMMENTS

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# Add Part	# Description	Quantity
1 5411920	Boot, Seal, Rod End	2 Usage
2 7061054	Rod End	2 Usage
3 7547028	Nut, Jam, LH	2 Usage
4 ----- T	ie Rod, Inner	2 Usage
4 -----	Tie Rod, Inner	2 Usage
5 7080978	Clamp, Boot, Small	2 Usage
6 5412013	Boot, Passenger, Side Rack	1 Usage
7 7080979	Clamp, Boot, Large	2 Usage
8 7518786	Bolt, Shoulder	2 Usage
8 7518786	Bolt, Shoulder	2 Usage
9 7518644	Screw	1 Usage
9 7518644	Screw	1 Usage
10 7556482	Washer	3 Usage
10 7556482	Washer	3 Usage
11 7556483	Washer	3 Usage
11 7556483	Washer	3 Usage
11 7556483	Washer	3 Usage
12 5252796	Spacer, Steering Shaft	2 Usage
12 5252796	Spacer, Steering Shaft	2 Usage
13 3514686	Bearing, Steering	2 Usage
13 3514686	Bearing, Steering	2 Usage
14 1823623	Wheel, Steering	1 Usage
15 7547188	Nut	1 Usage
16 5436536	Cap, Steering Wheel	1 Usage
17 1017485	Asm., Tube, Pivot, Black [Incl. 13]	1 Usage
18 7558402	Washer, Flat	2 Usage
19 1823681	Shaft, Steering, Upper/Lower	
	[AD][AG][AJ][AS][AT]	1 Usage
20 7518895	Bolt [Lock Patch]	1 Usage
21 7547385	Nut, Nyllok	1 Usage
21 7547385	Nut, Nyllok	1 Usage
22 7546703	Nut, Nyllok	2 Usage
22 7546703	Nut, Nyllok	2 Usage
23 5412012	Boot, Driver Side, Rack	1 Usage
24 7517909	Bolt	2 Usage
25 7555919	Washer	2 Usage
25 7555919	Washer	2 Usage
26 7547177	Nut	2 Usage
27 7661203	Pin, Cotter	2 Usage
28 1823497	Asm., Gear Box, Steering [Incl. 2-7,23]	1 Usage
29 7512325	Bolt	1 Usage

# Add Part	# Description
30 7517607	Bolt, Shoulder 1 Usage
30 7517607	Bolt, Shoulder 2 Usage
31 7542451	Nut, Nyllok 2 Usage
32 5431107	Bushing, Pedal Pivot 2 Usage
32 5431107	Bushing, Pedal Pivot 2 Usage
33 7043523	Asm., Shock, Oil Locking 1 Usage
34 1017716-458	Mount, EPS, Black [AZ] 1 Usage
35 1823749	Shaft, Steering, EPS, Upper [AZ] 1 Usage
36 1823750	Shaft, Steering, EPS, Lower [AZ] 1 Usage
37 2411615	Asm., Power Steering [AZ] 1 Usage
38 7517924	Bolt, Cap [AZ] 1 Usage
39 7518558	Bolt [AZ] 4 Usage
40 7552901	Washer, Spring Lock [AZ] 1 Usage
41 7512371	Bolt 1 Usage
42 7515382	Bolt 2 Usage
43 7542324	Nut, Nyllok 3 Usage
44 5438626	Cover, EPS [AZ] 1 Usage
45 7519092	Screw [AZ] 2 Usage
46 7516827	Screw [AZ] 1 Usage

MANANCE.

RANGER 800 XP 500 HI

NEW! MORE POWER! 46 HP, 800 TWIN EFI OR 36 HP, 500 H.O. ENGINE

The definition of Xtreme Performance changes with every innovation. This year powered up the RANGER XP® with 15% more horsepower and a top speed of (85.3 kph). Both the horsepower and speed continue to be best in class. The also got a boost, with 13% more horsepower and a 47-mph (75.6 kph) top speed the number-one choice for power, comfort, and value—and it paves the way with features found on the XP, including On-Demand True AWD, Electronic Fuel Injection



◀ AVAILABLE ELECTRONIC POWER STEERING (RANGER XP)

Variable Assist power steering helps you steer easily at speeds, giving you ultimate control so you can even finger, and adjusts as speeds increase, for more response.

◀ DUAL A-ARM FRONT SUSPENSION

Adjustable Front Dual A-Arms allow you to soak up the nastiest bumps and ruts the trail can throw at you. Exclusive top mounting-point adjustability for cabs and heavy front attachments.



◀ LEGENDARY SMOOTH INDEPENDENT REAR SUSPENSION

Our proven IRS keeps the ride smooth with adjustable and two top-mounting points for each shock, which stiffen the suspension for heavy loads. Ride confidence the highest loaded ground clearance (10 inches/25.5 inches) 500 pounds/226.8 kg. in the box) and longest suspension (9.6 inches/24.4 cm in the front and 9 inches/22.9 cm



COMPARE THE FACTS	RANGER 800 XP	DEERE XUV™*	MULE®* 401D	RHINO®* 700 FI
Top Speed (mph) [kph]	53 [85.3] ✓	30 [48.3]	25 [40.2]	39 [62.8]
Towing (lb.) [kg.]	2,000 [907.2] ✓	1,300 [589.7]	1,200 [544.3]	1,212 [549.8]
Loaded Ground Clearance (in.) [cm]	10 [25.4] ✓	7.75 [19.7]	6.9 [17.5]	9.43 [24]
Total Payload (lb.) [kg.]	1,500 [680.4] ✓	1,400 [635]	1,330 [603.3]	N.A.
Suspension Travel (front/rear) (in.) [cm]	9.6/9 [24.4/22.9] ✓	5.2/7 [13.2/17.8]	3.9/2.8 [9.9/7.1]	7.3/7.3 [18.5/18.5]

*XUV™ is a trademark of Deere and Company.

Mule® is a registered trademark of Kawasaki Heavy Industries Inc.

Rhino® is a registered trademark of Yamaha Motor Hatsu. Big Red® is a registered trademark of Honda Motor Co., Ltd.

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 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 concerns.

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

I request that you do not release my name. My identity is to remain confidential.

You may release my name to the manufacturer but I request that you do not release it to the general public.

You may release my name to the manufacturer and to the public.

(b)(6)

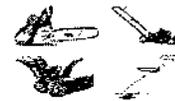
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LARGE X LARGE TUBES



FLOAT WITH FRIENDS



SINGLE SEAT ATV



****2 AND 4 SEATERS
AVAILABLE****



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THE OWENS
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\$18-\$60 PURCHASE
\$16 / ICE CHEST TUBE
\$2.50 PADDLE RENTAL
\$2.50 PFD RENTALS

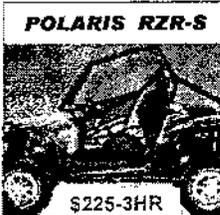
KAYAKS SINGLES DOUBLES

\$12 / HR \$18 / HR
\$35 / 3HR \$45 / 3HR
\$60 / 6HR \$75 / 6HR
\$150/24HR \$175/24HR
\$200/2DA \$225/2DA
\$250/3DA \$275/3DA
\$300/4DA \$350/4DA
\$350/5DA \$375/5DA

A MAJOR CREDIT CARD DEPOSIT IS REQUIRED FOR
*****ALL RENTALS*****

SINGLE RIDER ATV DOUBLE RIDER ATV

\$100/3HRS
\$175/6HRS
\$275/24HRS



\$225-3HR
\$350-6HR

\$150/3HRS
\$250/6HRS
\$350/24HRS



SINGLE / DOUBLE KAYAKS



FLOAT WITH FAMILY



TWO SEAT ATV

**CLICK
THIS
LINK TO
VIEW A
MAP OF
THE
OWENS
RIVER!!!**



SIDE X SIDE

2 PASS -----4 PASS
\$175/3HRS/\$225*
\$275/6HRS/\$350*
\$400/24HRS/\$475*

SNOWMOBILES

SINGLE	DOUBLE
\$225 / 3 hrs / \$275	
\$275 / 6 hrs / \$325	
\$400 / 24 hr / \$500	

SNOWMOBILE PICKUP

****AVAILABLE IN****
MAMMOTH LAKES



CALL FOR MULTI-DAY RATES

CASH DEPOSIT REQUIRED ON ALL
OVERNIGHT RENTALS

MOUNTAIN BIKE RENTALS

\$8/HR*
\$35/8HR*
\$70/24 HR*
*PLUS DEPOSIT



HAVE YOU GOT ANY QUESTIONS?

NAME:

PHONE:

E-MAIL:

*RENTAL DATES OR QUESTION:

CREDIT CARD NO:

EXP DATE:

3 DIGIT SEC CODE:

STATEMENT BILLING ADDRESS:

U.S. CONSUMER PRODUCT SAFETY COMMISSION		1. AREA OFFICE ADDRESS U.S. Consumer Product Safety Commission 2250 Calvine Rd., C-179 Sacramento, CA 95823	
2. NAME OF INDIVIDUAL (b)(6)	3. TITLE OF INDIVIDUAL OWNER / Detailer	4. DATE 10/4/11	
5. (b)(6)	6. SAMPLE NUMBER		
7. (b)(6)			

9. SAMPLES COLLECTED (Describe fully. List lot, serial, model numbers and other positive identification)

The following samples were collected by the Consumer Product Safety Commission pursuant to Section 27(f) of the Consumer Product Safety Act (15 U.S.C. 2078(f) and/or Section 11(b) of the Federal Hazardous Substances Act (15 U.S.C. 1270(b) and/or Sections 5(c) and (d) of the Flammable Fabrics Act (15 U.S.C. 1194(c) and (d) and/or Section 704(c) of the Federal Food Drug and Cosmetic Act (21 U.S.C. 374(c)) [Authority for sample collections made in connection with the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 et seq.)], and receipt for said samples is hereby acknowledged. Sections cited are quoted on the reverse side of this form.

(1) Steering wheel, from manufacture stock no identifying marks or numbers. Part is from a 2010 POLARIS RZR MTR, with 997 miles on it. Model# R10VH16AT

(b)(6)

 UNITED STATES POSTAL SERVICE®		CUSTOMER'S RECEIPT	
SEE BACK OF THIS RECEIPT FOR IMPORTANT CLAIM INFORMATION NOT NEGOTIABLE	Pay (b)(6)	110901CCC3116	KEEP THIS RECEIPT FOR YOUR RECORDS
	Address		
Serial Number 19263865972	Year, Month, Day 2011-10-07	Post Office 958231	Amount \$82.00
		Clerk 0010	

10. SAMPLES		11. SAMPLES WERE	12. COLLECTOR
a. AMOUNT RECEIVED FOR SAMPLE \$82.00	b. SIGNATURE (Person from whom sample received) <i>[Signature]</i>	<input checked="" type="checkbox"/> PURCHASED	a. NAME (Print or type) Nadia Y. Holmes
		<input type="checkbox"/> BORROWED (To be returned)	b. SIGNATURE <i>[Signature]</i>



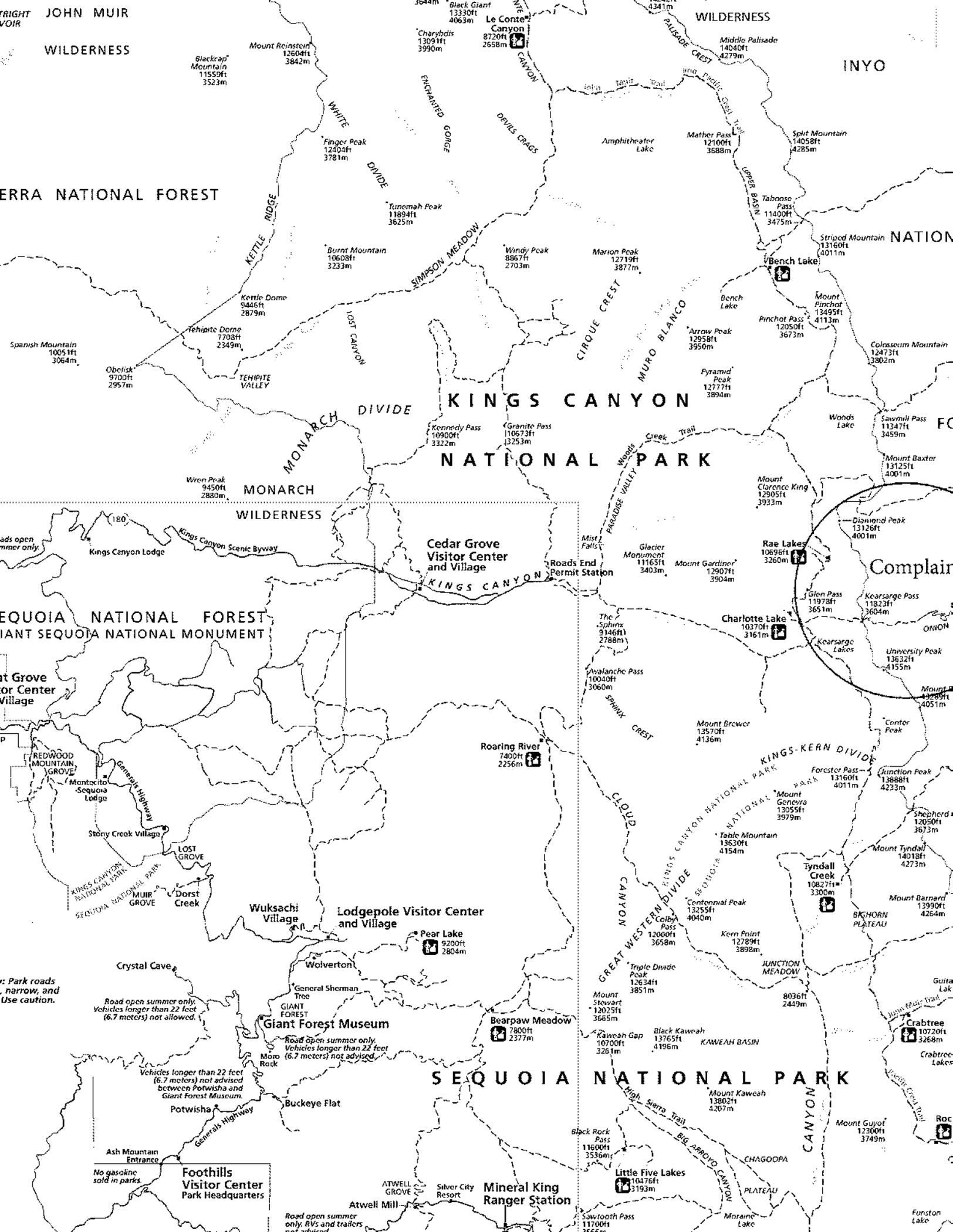
CART

Your Reference number is **101820117942938**

Part ID	Part Number	Part Description	Quantity
1092921	1823623	Wheel, Steering	1

\$82.00

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WILDERNESS

SEQUOIA NATIONAL FOREST

KINGS CANYON NATIONAL PARK

SEQUOIA NATIONAL FOREST
GIANT SEQUOIA NATIONAL MONUMENT

Cedar Grove
Visitor Center
and Village

Lodgepole Visitor Center
and Village

Giant Forest Museum

SEQUOIA NATIONAL PARK

Foot hills
Visitor Center
Park Headquarters

Mineral King
Ranger Station

Road open summer only.
Vehicles longer than 22 feet
(6.7 meters) not allowed.

Road open summer only.
Vehicles longer than 22 feet
(6.7 meters) not advised
between Potwisha and
Giant Forest Museum.

No gasoline
sold in parks.

Road open summer
only. RVs and trailers

**U.S. Consumer Product Safety Commission
SAMPLE COLLECTION REPORT**

1. Sample Flag		2. Date Collected 10/4/11	3. Sample Type and Number: 12-840-7800 <input checked="" type="radio"/> Physical <input type="radio"/> Documentary	
4a. Product Name UTV STEERING WHEEL		4b Model R10VH76AT	4c NEISS 5044	4d UPC Code
5. Assignment Number 110901CCC3116				
6. Complete for Import Samples Port of Entry: _____ Country of Origin: _____ Entry No. and Date: _____ Customs Contact: _____		7. MIS 32402	8. Hours Activity <u>8</u> Travel <u>10</u>	
		9a Home RO CFIE	9b Collecting RO CFIW	
10. Sample Cost \$89.00	11. Invoice Value of Lot \$89.00		12. Size of Lot 1	Units unt
13. Manufacturer/Importer # POL013 POLARIS 1225 NORTH COUNTY ROAD 18 MINNEAPOLIS, MN 55441		14. Shipper/Foreign Manufacturer CHAMPION MOTORCYCLES 1590 NEWPORT BLVD COSTA MESA, CA 92627		15. Dealer/Import Broker # (b)(6)
16. Supporting documents attached: Invoice No. and Date: <u>N/A</u> Shipping Record and Date: <u>N/A</u> Affidavit Signer's name, title and date: <u>N/A</u>				
17. Product Identification: The steering wheel is a 4 lbs, 3" height, 14" length, solid hard plastic, and black in color product. There is a manufacturer insignia stamped in the center of the steering wheel. There is also a loose				
18. Reason for collection/analysis needed: <input type="checkbox"/> FHSA <input checked="" type="checkbox"/> CPSA <input type="checkbox"/> FFA <input type="checkbox"/> PPPA <input type="checkbox"/> RSA <input type="checkbox"/> VGBA <input type="checkbox"/> CGBP Section 15 review.				
19. Summary of Field Screening: N/A				
20. Sample size/Method of Collection: The sample consists of 1 manufacturer produced steering wheel purchased from the complainant on 10/4/11 for \$89.00. It was secured in the investigator's assigned OGV until processing. The sample was				
21. Identification on sample: " 12-840-7800 SUB 1 NYH 10/4/11 "		22. Identification on seal and date: "12-840-7800 Nidia Y. Holmes 10/27/11"		
23a. Sample delivered to: FEDEX 95828		23b Date 10/28/11	24. Report/Record Sent to: CFIE	
25. Laboratory/Office: LSE ___ LSM ___ CRC <input checked="" type="checkbox"/> SIU ___ LSC ___ LS ___ CLD ___ SSF ___ Other TONYA TOPKA				
26. Remarks: Compliance Officer Tonya Topka/CDI The sample was collected as a follow-up to IDI 110901CCC3116: The complainant while riding his UTV turned his steering wheel to keep his				
27. Related Samples: N/A				CERTIFIER: NONE
28a Collector's name/title: Nidia Y. Holmes Product Safety Investigator		28b Collector's signature/date:  10/27/11		
29a Reviewer's name/title:		29b Reviewer's signature/date:		

Certifier Information for Sample No 12-840-7800

Stickers on all cases?

Lot Number:

Sticker Numbers:

CONTINUATION OF NARRATIVES FOR SAMPLE # 12-840-7800

PRODUCT IDENTIFICATION

washer that is black rubber and metal in composition, bearing the numbers 131 on the front. The washer was broken off from the steering column at the time of incident. It became stuck inside of the steering wheel, causing the product to rattle.

METHOD OF COLLECTION

photographed, marked with a CPSC barcode as per box #21, sealed in a CPSC self sealing sample bag and delivered to FEDEX under airbill #8756 9893 2852. The sample was addressed to the Sample Custodian for turn over to the Compliance Officer Tonya Topka, CDI.

REMARKS

UTV from going in the wrong direction. As he turned to the left the steering wheel detached from the steering column. He lost steering control, was able to brake to avoid injury. He contacted the manufacturer and retailer regarding the issue; they provided no solution. The complainant has replaced the steer wheel and conventional steering column on this UTV. He has the vehicle available for rent or sale at his place of business. Attachments: sample receipt, photographs, map of National Park incident occurred, manufacturer's part map/key and pricing of part.

Front	
A. Complainant	
Driver	Right Front Passenger
Left Rear Passenger	Right Rear Passenger
11x17 plastic basket w/ wet weather gear.	
Cargo Bed Rear	

The Utility Vehicle

A: Age: 56	Height: 5'11"
Gender: M	Weight: 170
Helmet (Y/N): Y	Seatbelt (Y/N): Y
Killed/Injured/Neither/Unknown: t-shirt, jeans and protective gear	
Injury Description: Neither	
Did vehicle land on victim: N/A	
Ejected (Either partially or fully): No	

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

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

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

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

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

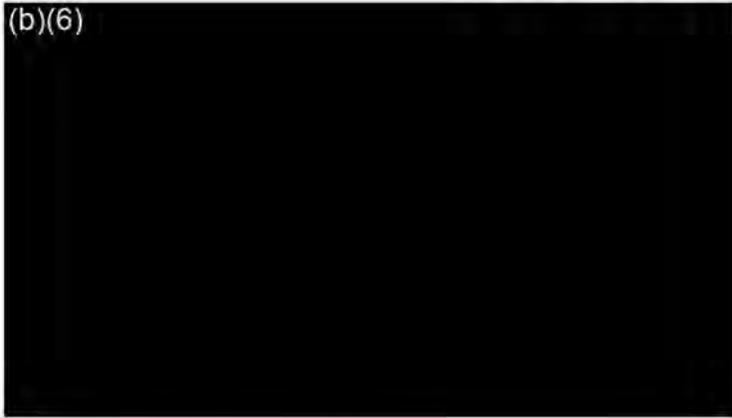
*If victim(s) were injured/killed, please include the other relevant information requested in the assignment message in the text of the IDI.

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

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

CONTACT LIST

(b)(6)



Champion Motorcycles
1590 Newport Boulevard
Costa Mesa, CA 92627-3715
(949) 642-4343

<http://www.champion-motorcycles.com>

10/4/11- phone message & email message, no response

www.wunderground.com – website checked for weather information

www.google.com – website checked for background information on product and manufacturer and incident location

(b)(6) – complainants website

<http://www.champion-motorcycles.com> – retailer's website

manufacturer's website

<http://www.polarisindustries.com> – manufacturer's website

<http://www.blm.gov/ca/st/en/fo/bishop.html> - incident location research and map.

Incident Details

Document Number: 11180097A

Report Number: 20110804-1B40F-2147476549

Report Submitted Date: 8/4/2011

Who You Are: Consumer

Incident Description: i have a 2010 polaris rZR with only 500 miles. the splines in center of the steering wheel failed, causing the unit to have little or no steering. This is a brand new unit, and this kind of failure is potentially deadly

Incident Date: 8/1/2011 This is an estimate

Product Details

Product Description: 2010 polaris rZR

Product Category: Sports and Recreation

Product Type: Recreational Vehicles (Unlicensed)

Brand Name: polaris ranger rZR

Manufacturer / Importer / Private Labeler Name: polaris

Model Name or Number: r10vh76at

Serial Number:

Date Manufactured:

Manufacturer Date Code:

Manufacturer Address: Not specified

Manufacturer Website URL:

Manufacturer Phone Number:

Retailer:

Retailer State:

Additional Details

Purchase Date:

I still have the product in my possession. Yes

The product was damaged before the N/A

incident.

The product was modified before the incident. No

Have you contacted the manufacturer? Yes

If not, do you plan to contact them? N/A

Explanation: email them thru their website. they claim no problem..call my dealer

Your Contact Information

First Name: (b)(6)

Last Name:

Address:

E-mail

Phone Number:

Consent

May we include your Report, including any documents or photographs that you have attached to your Report, but without your name and contact information, in CPSC's Public Database? Yes, you may include my Report with any attachments on SaferProducts.gov.

May we release your name and contact information to the product manufacturer / importer / private labeler identified in your Report? Yes, you may release my name and contact information to the product manufacturer / importer / private labeler.

I certify that I have reviewed the Report and that the information provided in this Report is true and accurate to the best of my Yes

knowledge,
information,
and belief.

OMB Control Number 3041-0146