



This investigation was initiated from a newspaper article. This incident involved a twenty nine year old female that was the driver in a four-wheeled utility vehicle (UTV) that turned over and fully ejected the victim. The UTV vehicle came to rest on the victim causing massive injuries to the head and neck area. The victim was not wearing a helmet or safety belt. The victim was pronounced deceased two hours later at a local medical center. The death certificate was not available. The Coroner's office report listed the cause of death to be a severe traumatic brain injury. All information for this investigation was obtained from the coroner's report, an internet photo site, various internet websites and a telephone interview with the victim's stepfather. The police report was not available.

The victim was a twenty nine year old female (DOB: 5/9/82, date of incident: 01/21/2012, DOD: 01/21/2012). Her height and weight were not available. According to the stepfather, the victim had no known medical conditions or illnesses.

The victim resided with her mother and step-father at time of the incident. The incident occurred on a Ranch, not owned by the victim's family. The incident occurred on a flat, muddy road with multiple tire ruts from heavy use. There were no photographs available from official sources. An example of the type of vehicle is demonstrated in Exhibit 1. Historical weather conditions at the time of the incident were 46 degrees F, 86% humidity, rainfall for the day was .02" and month to date was 3.92".

According to the stepfather, as told by the passenger of the UTV, there were two individuals riding in a single UTV. The driver was the 29 year old female victim. No other identifying information is known about the driver. She was killed as a result of the accident. An Autopsy was not conducted. The passenger was identified by the stepfather as the driver's boyfriend. No other information is available regarding the passenger. He was not injured as a result of the accident.

Official reports do not indicate whether the driver was suspected to have used alcohol, drugs, or medications prior to the incident. The stepfather indicated the driver had been driving UTV's throughout her life and was comfortable in operating the vehicles. She had not received any type of UTV driver training. Neither of the occupants of the UTV were wearing seatbelts (lap belts), helmets or

protective gear or clothing. The specifications for the type of vehicle in the accident do not indicate if the UTV is equipped with seat belts.

On 01/21/2012, at approximately 9:30 am, the victim and her boyfriend were at a Ranch which was not their home and driving the UTV on a muddy off-road path/roadway. According to the stepfather, the UTV had been borrowed by the boyfriend from friends of his. It is not known if they were towing anything behind the vehicle. The victim and her boyfriend were seated next to each other on bucket seats, with the victim as the driver. The speed at the time of the accident is unknown.

There were no other witnesses present at the time of the accident. According to the stepfather, the boyfriend told him that they were navigating the muddy path when the front left tire hit a large rut in the road. There was no mention as to whether there were any obstacles in the path of the UTV vehicle. It is unknown if the UTV went airborne prior to or during the accident. The UTV tipped over onto its left side. This caused the victim to be fully ejected from the UTV and an unknown portion of the UTV landed on the victim's head and neck area. The boyfriend was unable to lift the UTV off of the victim so he ran to a neighboring house for assistance. 911 was called. Upon return, the boyfriend and the neighbor removed the UTV from on top of the victim. The victim was transported to a local medical center and was pronounced deceased two hours later. According to the stepfather, the injuries sustained included a fracture of the C1 vertebrae and massive brain trauma.

In the telephone conversation with the stepfather, he would not release the contact information for the boyfriend. The boyfriend's information was not included in the official report received by this Investigator.

## **PRODUCT INFORMATION**

The product is a four-wheel utility vehicle (UTV) 2007, **Yamaha Rhino**. The VIN number is unknown. The color of the vehicle is unknown. There were no official photographs of the incident UTV, however, and example of the type of UTV is in Exhibit 1. The specifications for the incident vehicle are unknown. Example specifications for this type of UTV are included in Exhibit 2. The California

120124CWE2011

Highway Patrol collected the incident UTV and has not provided any information regarding the UTV or the contents of the CHP report, exhibit 5.

It is unknown when the UTV was purchased, where the UTV was purchased, how much was paid for the UTV, and who purchased the UTV. It is not known if the UTV was purchased new or used. It is not owned by the victim or her boyfriend. It was borrowed. It is not known if the UTV had aftermarket modifications, or any maintenance information on the vehicle.

The manufacturer of the vehicle is Yamaha Motor Corporation, USA, 6555 Katella Avenue, Cypress, California 90630, Phone 800-962-7926.

There were no helmets or any protective gear/clothing worn by the occupants.

No seatbelts were used by the occupants of the UTV. It is unknown if the UTV was equipped with seatbelts.

#### **Utility Vehicle Four Wheel**

VIN Number: Unknown

Model Name: Rhino

Manufacturer: Yamaha Motor Corporation

Model Year: Unknown

Description: Unknown.

#### **Aftermarket Conditions:**

Unknown

#### **Type of Seatbelt:**

Unknown

## **EXHIBITS**

1. Example photo of UTV, 1 page
2. Example unit specifications, 1 page
3. Google earth, 1 page
4. Missing document form, 1 page
5. DRS #91, Utility Vehicle Data Record Sheet, 1 page
6. Coroner's report, 1 page



120124CWE2011  
Exhibit 1  
Date Captured 1/24/12  
Example of type of  
UTV - not incident UTV

Top 5 To Try

- [2005 Yamaha Rhino 660 Specs](#)
- [2007 Yamaha Rhino 660 Specs](#)
- [2002 Honda Rancher 4X4 Specs](#)
- [Yamaha Rhino 700 Specs](#)
- [2005 Yamaha Rhino Specs](#)

# 2007 Yamaha Rhino Specifications

By James Green, eHow Contributor

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The Yamaha Rhino is a two-passenger off-road vehicle that was introduced in 2006. The 2007 model carried over the same technical specifications as its introductory model. The vehicle looks similar to a golf cart, but it has a cargo area and a more powerful engine. It is generally used as a utility vehicle.

## Dimensions

The Yamaha Rhino is 113.6 inches in length, 54.5 inches in width, 73 inches in height, has 12.1 inches in ground clearance and a 75.2-inch wheelbase that produces a turning radius of 12.8 feet. It has a dry weight of 1,038 lbs. and a fuel capacity of 7.9 gallons. The exterior is fitted with a bash plate, brush guard, cab cage, cab roll bar, steel cargo bed, exterior covers and guards, a front bumper, front mud guards and a skid plate.

## Engine

The 2007 Yamaha Rhino has a liquid- and oil-cooled, four stroke, single-cylinder engine with five valves per cylinder in single overhead camshaft (SOHC) configuration. A compression ratio of 10:1 to one and a bore and stroke of 3.33 and 2.96 inches gives a displacement of 421 cubic centimeters and an engine displacement of 0.41 to one. The engine is fueled by a single 33 mm carburetor and is controlled by a reverse-capable, shaft-driven continuously variable transmission.

## Chassis

The chassis is fitted with 12-inch steel wheels throughout. The front is fitted with Maxxis 25 X 8-12 NHS tires, two caliper pistons, dual hydraulic disc brakes and independent double wishbone suspension with 7.3 inches of travel. The rear is fitted with Maxxis 25 X 10-12 NHS tires, two shock absorbers, shaft-mounted disc brakes and independent double wishbone suspension with 7.3 inches of travel.

## Related Searches

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- [2007 Yamaha Rhino 660 Specs](#)

Helpful?   
 Yes   
 No

120124CWE2011  
Exhibit 3



Google earth



**Task No.** 120124CWE2011 \_\_\_\_\_

Exhibit 4

**Date:** 1-25-2012 \_\_\_\_\_

**STATUS OF MISSING DOCUMENT (S)**

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

1. Death Certificate - Health Dept. declined to provide to CPSC. \_\_\_\_\_

2. California Highway Patrol Fatal Accident Report. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**Date:** 1-25-2012 \_\_\_\_\_

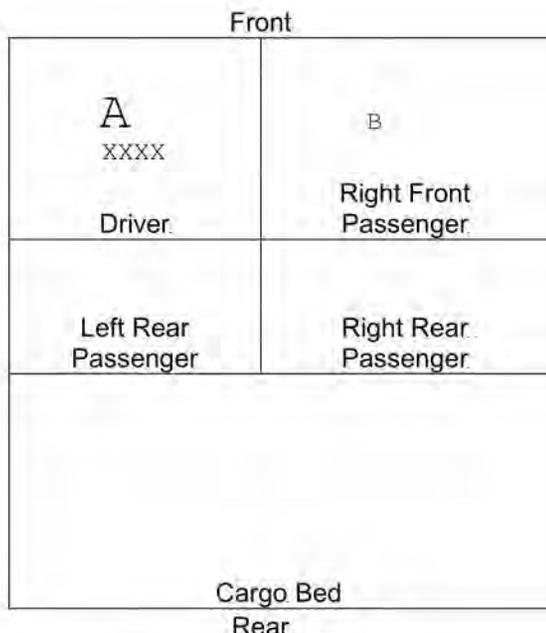
**Investigator No:** 2748 \_\_\_\_\_

**Regional office:** CWIF-D \_\_\_\_\_

**Supervisor No:** \_\_\_\_\_

Utility Vehicle Data Record Sheet

120124CWE2011  
Exhibit 5



The Utility Vehicle

A: Age: 29      Height: Unknown  
 Gender: F      Weight: Unknown  
 \_\_\_\_\_  
 Helmet (Y/N): N      Seatbelt (Y/N): N  
 \_\_\_\_\_  
 Killed/Injured/Neither/Unknown: Killed  
 Injury Description: Traumatic brain injury  
 Did vehicle land on victim: Yes  
 Ejected (Either partially or fully): Fully

B: Age: Unknown      Height: Unknown  
 Gender: M      Weight: Unknown  
 \_\_\_\_\_  
 Helmet (Y/N): N      Seatbelt (Y/N): N  
 \_\_\_\_\_  
 Killed/Injured/Neither/Unknown: Neither  
 Injury Description: None  
 Did vehicle land on victim: No  
 Ejected (Either partially or fully): Unknown

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.

## CORONER NARRATIVE REPORT

Case Number                      Date                                      Time  
C12-0093                              01/24/2012                                      13:30

120124CWE2011  
Exhibit 6

On 01/21/12, Saturday, at 1431 hours, SHASCOM reported a deceased subject at Mercy Medical Center. SHASCOM further related (b)(3):CPSA Section 25(a) was requesting a telephone call regarding the decedent.

At approximately 1435 hours, I made contact with (b) (6) who advised the decedent's name was (b)(3):Exemption 3 for 2 (b) (6) stated the decedent had been in an ATV accident earlier that day and was transported to Mercy Medical Center in Redding. The decedent had suffered a severe traumatic brain injury which contributed to her death. The decedent was pronounced deceased at 1408 hours by (b)(3):CPSA Section 25(a) stated (b) (6) would be willing to sign the death certificate.

I contacted CHP dispatch at approximately 1450 hours and was told the accident occurred approximately 15.5 feet west of the east fence line of (b) (6) Avenue and approximately 188 feet south of Dorvel Lane, in Happy Valley. At approximately 1030 hours, the decedent had been riding on the back of the ATV when she fell off and was run over. Emergency personnel were called to the scene and the decedent was transported to the hospital by ambulance.

Based on the information provided by (b) (6) willingness to sign the death certificate, I released the decedent to Mt. Tamalpais Mortuary in San Rafael.

*J. Bartolo #1027*

Jenelle Bartolo  
Coroner Investigator  
01/24/2012

*Jenelle Bartolo #113*

## CONTACTS

### *Coroner's Office*

Shasta County Coroner's Office

455 Veterans Lane

Redding, CA 96001

Phone: 530-225-5551

mhern@co.shasta.ca.us

File #: C120093

1-24-12: Requested coroner's report, death certificate and scene photos.

1-25-12: Coroner's staff advised no scene photos were taken and the Health Department declined to release the Death Certificate to CPSC for this investigation.

### *California Highway Patrol -*

CHP – Records Unit

Officer JD Womack

2503 Cascade Blvd.

Reading, CA 96003

Phone: 530-242-3254

Fax: 530-244-9389

Case File Number: 2012-010070

Lt. Julie Horstman

1-24-12: Requested CHP report and scene photos.

1-25-12: Officer Womack advised scene photographs may not be available from their investigation.

2-6-12: Follow up with CHP. Report still not complete.

2-16-12: Follow up with CHP. Report still not complete.

2-21-12: Follow up with CHP. Report still not complete.

*Next of Kin:*

(b) (6)



1-25-12: Attempted telephone contact at listed telephone number with no answer. Mailer letter to parents requesting an onsite interview regarding additional information for this investigation.

2-6-12: Received telephone call from (b) (6) is the common law husband of (b) (6), the decedent's mother. The UTV was owned by a friend of the decedent's boyfriend's family – unknown owner/unknown VIN. It was a Yamaha Rhino 4 wheel vehicle with bucket seats. No other information available regarding the UTV. The husband would not release the boyfriend's information.





This investigation was done as follow up to a death certificate from the state. Contact was limited to officials only. Information for this report is from a phone interview with the USDA Forest Service officer, Sheriff's report, and coroner's report. The Sheriff report miss-identified the manufacturer of the UTV, and did not collect VIN information for the UTV involved in the crash. Two adult women were riding in the UTV when it crashed, one was killed at the scene, and the other was injured.

### **Incident**

This incident occurred 9-4-10 on private property within a USDA forest area. At the time of the incident it was daylight, and the area was dry. Members of a family were riding off-road vehicles in a mountain area. According to the Coroner, the family had recently purchased the UTV involved in the crash. The family was not from the state where the incident occurred.

The UTV was being driven by a mother, age 65, with her adult daughter riding next to her on the passenger side of the vehicle. The autopsy said the mother was about 230 pounds and 5-feet 5-inches tall. The coroner said the 40-year-old daughter was approximately the same physical size as the mother. The autopsy report indicated that the mother had not been using drugs or alcohol at the time of the crash. Neither victim was wearing protective equipment. It is not known how much experience either woman had operating the UTV involved in the crash.

The incident area was described by the Forest officer as private property within the forest. He said there were numerous mining claim areas within the forest area. The private property was not fenced to prevent the public from accessing the trails in the area, but the incident trail was not shown on any published maps for the area. The Forest officer said the incident trail was about 1/4-mile off of a public Forest Service/County road. The forest area is popular for off-highway vehicles.

The incident trail was described as an old mining trail, essential a 2-track dirt path on private property. The trail is not maintained by any government agency. The forest officer described it as a ledge carved into the side of the mountain.

According to the coroner, the women were riding down a steep grade, and following a friend on a 4-wheel ATV. She mentioned that everybody had been in a good mood just prior to the crash, and that the ATV rider had been teasing them about driving slowly down the hill.

Immediately prior to the crash, the UTV approached an off-camber, turning section of the trail. There was a rut across the trail with gravel in it where water would drain down the mountain and across the trail. The UTV driver appeared to have dropped a tire on the outside of the trail, over the edge and lost control of the vehicle. The UTV and both women were seat-belted into the UTV and all fell down a steep drop coming to rest against a tree at the bottom of the hill.

The ATV driver did not witness the crash, and the daughter did not remember anything about the crash.

The daughter was severely injured and air-lifted out of the area for treatment of her injuries. She was eventually released from the hospital.

The mother was killed instantly by her injuries. She had multiple traumatic injuries to her internal organs as well as a separation injury of the skull and C1 vertebrae of her neck.

### **Product Information**

The Sheriff report did not include the VIN number for the UTV. The model was a Rhino. The sheriff miss-identified the manufacturer as POL, but the Forest officer confirmed that it was a Yamaha Rhino. The sheriff has a zero in the year for the vehicle, but the coroner indicated it was brand new, and purchased just before the incident.

There is no further information about the history of the UTV or the experience the victim had operating this or any other UTV.

### **Attachments**

Attachment 1 Sheriff Report (3 Pages)

Attachment 2 Coroner's Report (7 Pages)

Attachment 3 UTV data sheet

The USDA Forest Service did not prepare a report. They did provide information during a phone interview.

**Contacts:**

Ouray County Coroner, Colleen Hollenbeck, PO Box 833, Ouray, CO. 81427. Letter mailed 2-1-12. Phone interview 2-16-12.

Ouray County Sheriff, PO Box 585, Ouray, CO 81427, Letter mailed 2-1-12.

USDA Forest Service Norwood office, PO Box 388, 1150 Forest, Norwood, CO. 81423. Phone interview with Law Enforcement officer Dave Closson. The USDA did not prepare any reports or perform any investigation of the incident since it did not occur on Forest Service property or involve forest service vehicles or personnel.

# OURAY COUNTY SHERIFF SHERIFF'S DEPARTMENT

Page **1**

Case No. **10-087**

Beat

Rpt Dist

Type: **INCIDENT / INFORMATION**

Seq: **1**

Crime / Incident (Primary, Secondary, Tertiary)

**-Assist / Other GA \*Assist - Other Government Agency**

Attempt

Occurred

Date

Time

Day

On or From

**09/04/2010**

**13:50**

**Sat**

To

**09/04/2010**

**20:00**

**Sat**

Reported

**09/06/2010**

**19:00**

**Mon**

Location of Incident **CTY RD 26 A, OURAY, CO**

Cross Street

County

**0**

Dispo "V" = Victim "RP" = Reporting Party "W" = Witness "S" = Suspect "O" = Other

|   |   |                          |                 |                  |                |                |                    |                        |                        |
|---|---|--------------------------|-----------------|------------------|----------------|----------------|--------------------|------------------------|------------------------|
| <input checked="" type="checkbox"/>               | Last, First, Middle (Firm if Business)<br><b>(b) (3) : Exem</b> | Race<br><b>W</b>         | Sex<br><b>F</b> | Age<br><b>0</b>  | HT<br><b>0</b> | WT<br><b>0</b> | Hair               | Eyes                   | Home Phone<br><b>0</b> |
| Address   |   | DOB<br><b>//</b>         |                 | DL Number        |                |                | State<br><b>IN</b> | Work Phone<br><b>0</b> |                        |
| City, State, Zip Code<br><b>INDIANAPOLIS IN -</b> |   | SSN                      |                 | Local ID #       |                | State #        | FBI #              |                        | Cell Phone<br><b>0</b> |
| <input checked="" type="checkbox"/>               | Last, First, Middle (Firm if Business)<br><b>(b) (3) : Exem</b> | Race<br><b>W</b>         | Sex<br><b>F</b> | Age<br><b>65</b> | HT<br><b>0</b> | WT<br><b>0</b> | Hair<br><b>BRO</b> | Eyes                   | Home Phone<br><b>0</b> |
| Address<br><b>(b)(6)</b>                          |   | DOB<br><b>06/08/1945</b> |                 | DL Number        |                |                | State<br><b>IN</b> | Work Phone<br><b>0</b> |                        |
| City, State, Zip Code<br><b>INDIANAPOLIS IN -</b> |   | SSN                      |                 | Local ID #       |                | State #        | FBI #              |                        | Cell Phone<br><b>0</b> |
|   | Last, First, Middle (Firm if Business)                          | Race                     | Sex             | Age              | HT             | WT             | Hair               | Eyes                   | Home Phone             |
| Address   |   | DOB                      |                 | DL Number        |                |                | State              | Work Phone             |                        |
| City, State, Zip Code                             |   | SSN                      |                 | Local ID #       |                | State #        | FBI #              |                        | Cell Phone             |
|   | Last, First, Middle (Firm if Business)                          | Race                     | Sex             | Age              | HT             | WT             | Hair               | Eyes                   | Home Phone             |
| Address   |   | DOB                      |                 | DL Number        |                |                | State              | Work Phone             |                        |
| City, State, Zip Code                             |   | SSN                      |                 | Local ID #       |                | State #        | FBI #              |                        | Cell Phone             |

Synopsis :

|  |  |   |
|--|--|---|
| Continuation Attached : <input type="checkbox"/> | PropertyList Attached : <input type="checkbox"/> |   |
| UCR : <b>9999</b>                                | Press Release : <input type="checkbox"/>         | Domestic Violence Case : <input type="checkbox"/> |
| Gang Related : <b>N</b>                          | Hate Crime : <input type="checkbox"/>            | Victim Senior Citizen : <input type="checkbox"/>  |
| Pursuit : <input type="checkbox"/>               | Force Used : <input type="checkbox"/>            | Child Abuse : <input type="checkbox"/>            |
| Agency ORI # <b>CO0460000</b>                    |  | Disposition :                                     |
|  |  | Connecting Case #                                 |
|  |  | CAD/CFS Event #                                   |

Assigned To : \_\_\_\_\_ Date : **//**

|                                |              |               |            |                  |
|--------------------------------|--------------|---------------|------------|------------------|
| Officer ID : <b>S. Schmalz</b> | <b>SS014</b> | Reviewed By : | Approved : | Date : <b>//</b> |
|--------------------------------|--------------|---------------|------------|------------------|

120124HCC3302  
Attachment 1



# OURAY COUNTY SHERIFF SHERIFF'S DEPARTMENT

Page **2**

Case No. **10-087**

Type: **INCIDENT / INFORMATION**

Seq: **1**

Crime / Incident (Primary)

**-Assist / Other GA \*Assist - Other Government Agency**

Attempt

## Vehicle Report

|                 |       |          |             |              |           |            |     |
|-----------------|-------|----------|-------------|--------------|-----------|------------|-----|
| Vehicle License | State | Year     | Make        | Model        | Body Type | Color      | VIN |
|                 |       | <b>0</b> | <b>POLA</b> | <b>RHINO</b> | <b>UT</b> | <b>RED</b> |     |

|                         |                                    |                                    |   |                                |                                     |
|-------------------------|------------------------------------|------------------------------------|---|--------------------------------|-------------------------------------|
| Comments                | <input type="checkbox"/> Stolen    | <input type="checkbox"/> Stored    | <input checked="" type="checkbox"/> Left at Scene | <input type="checkbox"/> Towed | <input type="checkbox"/> Burn/Strip |
| <b>SIDE BY SIDE OHV</b> | <input type="checkbox"/> Recovered | <input type="checkbox"/> Impounded | <input type="checkbox"/> Released at Scene        |                                |                                     |

Registered Owner Name / Address

|                 |       |      |      |       |           |       |     |
|-----------------|-------|------|------|-------|-----------|-------|-----|
| Vehicle License | State | Year | Make | Model | Body Type | Color | VIN |
|                 |       |      |      |       |           |       |     |

|          |                                    |                                    |  |                                |                                     |
|----------|------------------------------------|------------------------------------|--|--------------------------------|-------------------------------------|
| Comments | <input type="checkbox"/> Stolen    | <input type="checkbox"/> Stored    | <input type="checkbox"/> Left at Scene     | <input type="checkbox"/> Towed | <input type="checkbox"/> Burn/Strip |
|          | <input type="checkbox"/> Recovered | <input type="checkbox"/> Impounded | <input type="checkbox"/> Released at Scene |                                |                                     |

Registered Owner Name / Address

|                 |       |      |      |       |           |       |     |
|-----------------|-------|------|------|-------|-----------|-------|-----|
| Vehicle License | State | Year | Make | Model | Body Type | Color | VIN |
|                 |       |      |      |       |           |       |     |

|          |                                    |                                    |  |                                |                                     |
|----------|------------------------------------|------------------------------------|--|--------------------------------|-------------------------------------|
| Comments | <input type="checkbox"/> Stolen    | <input type="checkbox"/> Stored    | <input type="checkbox"/> Left at Scene     | <input type="checkbox"/> Towed | <input type="checkbox"/> Burn/Strip |
|          | <input type="checkbox"/> Recovered | <input type="checkbox"/> Impounded | <input type="checkbox"/> Released at Scene |                                |                                     |

Registered Owner Name / Address

|                 |       |      |      |       |           |       |     |
|-----------------|-------|------|------|-------|-----------|-------|-----|
| Vehicle License | State | Year | Make | Model | Body Type | Color | VIN |
|                 |       |      |      |       |           |       |     |

|          |                                    |                                    |  |                                |                                     |
|----------|------------------------------------|------------------------------------|--|--------------------------------|-------------------------------------|
| Comments | <input type="checkbox"/> Stolen    | <input type="checkbox"/> Stored    | <input type="checkbox"/> Left at Scene     | <input type="checkbox"/> Towed | <input type="checkbox"/> Burn/Strip |
|          | <input type="checkbox"/> Recovered | <input type="checkbox"/> Impounded | <input type="checkbox"/> Released at Scene |                                |                                     |

Registered Owner Name / Address

|                 |       |      |      |       |           |       |     |
|-----------------|-------|------|------|-------|-----------|-------|-----|
| Vehicle License | State | Year | Make | Model | Body Type | Color | VIN |
|                 |       |      |      |       |           |       |     |

|          |                                    |                                    |  |                                |                                     |
|----------|------------------------------------|------------------------------------|--|--------------------------------|-------------------------------------|
| Comments | <input type="checkbox"/> Stolen    | <input type="checkbox"/> Stored    | <input type="checkbox"/> Left at Scene     | <input type="checkbox"/> Towed | <input type="checkbox"/> Burn/Strip |
|          | <input type="checkbox"/> Recovered | <input type="checkbox"/> Impounded | <input type="checkbox"/> Released at Scene |                                |                                     |

Registered Owner Name / Address

|                 |       |      |      |       |           |       |     |
|-----------------|-------|------|------|-------|-----------|-------|-----|
| Vehicle License | State | Year | Make | Model | Body Type | Color | VIN |
|                 |       |      |      |       |           |       |     |

|          |                                    |                                    |  |                                |                                     |
|----------|------------------------------------|------------------------------------|--|--------------------------------|-------------------------------------|
| Comments | <input type="checkbox"/> Stolen    | <input type="checkbox"/> Stored    | <input type="checkbox"/> Left at Scene     | <input type="checkbox"/> Towed | <input type="checkbox"/> Burn/Strip |
|          | <input type="checkbox"/> Recovered | <input type="checkbox"/> Impounded | <input type="checkbox"/> Released at Scene |                                |                                     |

Registered Owner Name / Address

|                 |       |      |      |       |           |       |     |
|-----------------|-------|------|------|-------|-----------|-------|-----|
| Vehicle License | State | Year | Make | Model | Body Type | Color | VIN |
|                 |       |      |      |       |           |       |     |

|          |                                    |                                    |  |                                |                                     |
|----------|------------------------------------|------------------------------------|--|--------------------------------|-------------------------------------|
| Comments | <input type="checkbox"/> Stolen    | <input type="checkbox"/> Stored    | <input type="checkbox"/> Left at Scene     | <input type="checkbox"/> Towed | <input type="checkbox"/> Burn/Strip |
|          | <input type="checkbox"/> Recovered | <input type="checkbox"/> Impounded | <input type="checkbox"/> Released at Scene |                                |                                     |

Registered Owner Name / Address

|                                |              |               |            |              |
|--------------------------------|--------------|---------------|------------|--------------|
| Officer ID : <b>S. Schmalz</b> | <b>SS014</b> | Reviewed By : | Approved : | Date :<br>// |
|--------------------------------|--------------|---------------|------------|--------------|

120124HCC3302

Attachment 1



|  |                                     |                                     |
|--|-------------------------------------|-------------------------------------|
| <b>OURAY COUNTY SHERIFF<br/>SHERIFF'S DEPARTMENT</b>                               | Page <b>3</b>                       | Case No. <b>10-087</b>              |
|  |                                     | Type: <b>INCIDENT / INFORMATION</b> |
| Crime / Incident (Primary)<br>-Assist / Other GA *Assist - Other Government Agency | Attempt<br><input type="checkbox"/> | <b>Narrative Report</b>             |

On 09-04-10 at 1415 hours Montrose Regional Dispatch received a 911 report of an OHV accident on a Forest Service Trail off of County Road 26 A, also known as Governors Basin Road. The caller report there was two people i the OHV when it went off the edge of the trail and was in very steep inaccessible terrain. I responded along with the Ouray Ambulance and Ouray Mountain Rescue. While en route dispatch advised they had received another call and the report was one possible fatal and another person with multiple injuries.

I contacted Sheriff MATTIVI and advised him of what we had going on. A short time later dispatch advised it was confirmed one fatal and one female with multiple injuries still in the OHV. Ouray Medic 1 KIM MITCHELL requested Tri State Care Flight respond to the Ouray Park. I advised dispatch to notify Forest Service and get a disposition on their response. While responding and getting close to the area we could not communicate with dispatch and other responding personnel. We had to set up a relay with Com 1 ALAN STAEHLE who was in the Ouray area.

It was decided to bring the care flight closer to the scene due to length transport times and reported severity of the injuries. I obtained cordinates when I arrived on scene and relayed those to (b) (6) When I got to the area a bystander told me he had not seen what happened but heard them go down the mountain face. He said it was a mother and her daughter and he was a friend. I hiked to the area of the OHV and could see the OHV lodged against a tree. I took pictures of the scene and then assisted with patient care.

The female driver who was later Identified as (b) (3):Exemption 3 was lying on the ground with injuries incompatible with life. Bystanders said they had removed the seat belt from MARY in order to get her to an area where they could try and save her. (b) (3):Ex approximately 40 years old was the passenger. She was complaining of mutiple traumatic injuries and pain. By standers and rescue personnel had her stabilized as well as the could due to the position of the OHV against the tree and the terrain.

They left her seat belt in place until we were ready to move her out of the OHV . We used a back board and c spine immobilized before taking her out of the OHV. She was then placed in a rescue basket and moved back up to the trail. I assisted one of the other rescue personnel and we again confirmed MARY was deceased and placed her in a disaster pouch for transport out. We moved (b) (6) out to the trail and then transported her to transport vehicles. The Deputy Coroner (b) (6) responded and took over with her investigation.

(b) (3) was airlifted out by Tri State to Grand Junction Colorado. (b)(6) and I transported (b) (6) to the Ouray EMS garage where we transferred her to Crippins Funeral home personnel. (b) (6) made the death notification to (b) (3) husband who was waiting for her near (b) (6) Forest Service Officer (b) (6) arrived on scene and took over the investigation. I forwarded the pictures I had taken to DAVE and a copy of the report. This completed my involvement in this incident.

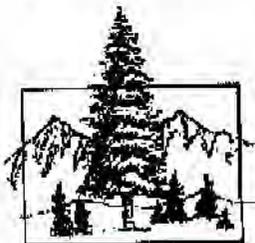
120124HCC3302  
Attachment 1

|                      |       |               |            |               |
|----------------------|-------|---------------|------------|---------------|
| Officer ID : (b) (6) | SS014 | Reviewed By : | Approved : | Date :<br>/ / |
|----------------------|-------|---------------|------------|---------------|



120124HCC3302

Attachment 2



MONTROSE MEMORIAL HOSPITAL  
800 SOUTH THIRD STREET, MONTROSE, CO 81401  
DIVISION OF FORENSIC PATHOLOGY  
TEL: (970) 240-7229 FAX: (970) 252-2508

A NOT FOR PROFIT  
REGIONAL MEDICAL CENTER

Intermountain Pathologists, P.C.

## FINAL AUTOPSY REPORT

Name: (b) (3):Exemption 3

Address: (b) (6)

INDIANAPOLIS, IN

Social Security: (b) (6)

Date of Birth: 06/08/1945

Date of Death: 09/04/2010

Date of Autopsy: 09/06/2010

### BY THE ORDER AND AUTHORITY OF:

Colleen Hollenbeck, Deputy Coroner  
Ouray County Coroner's Office

### MEDICAL FINDINGS:

1. **MULTIPLE TRAUMATIC INJURIES**
  - A) AVULSION OF SCALP
  - B) DEPRESSED FRACTURE, LEFT PARIETAL BONE
  - C) OPEN DISLOCATION, LEFT ELBOW
  - D) PULMONARY CONTUSIONS
  - E) BILATERAL RIB FRACTURES AND HEMOTHORACES
  - F) PULVERIZATION, RIGHT LOBE OF LIVER
  - G) PULVERIZATION, SPLEEN
  - H) AVULSION, LEFT KIDNEY
  - I) FRACTURE, BASE OF SKULL, TRAVERSING THE MIDDLE CRANIAL FOSSA
  - J) ATLANTO-OCCIPITAL DISLOCATION
  - K) TRANSECTION, CERVICAL SPINAL CORD
2. **SURGICALLY ABSENT UTERUS AND ADNEXA**
3. **OBESITY**

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

06/08/1945

OURAY COUNTY CORONER'S OFFICE

A-10-00070

09/06/2010

NICHOLAS D. RADOVICH, M.D./rlm

**CAUSE OF DEATH:**

120124HCC3302

Attachment 2

MULTIPLE TRAUMATIC INJURIES

**MANNER OF DEATH:**

ACCIDENT

**TOXICOLOGY:**

BLOOD ALCOHOL: NEGATIVE

URINE ALCOHOL: NEGATIVE

URINE DRUG SCREEN: NEGATIVE

(b) (3):Exemption 3 for 25  
(c) , (b) (6)

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09/06/2010

NICHOLAS D. RADOVICH, M.D./rlm

The autopsy is commencing at 1345 hours on the 6<sup>th</sup> day of September, 2010. This autopsy is authorized by Colleen Hollenbeck, Ouray County Coroner's Office. The autopsy assistant is Darlene Lorentz. The autopsy is being performed on (b) (3). Also present for the autopsy is Deputy Coroner Hollenbeck.

#### BRIEF CLINICAL HISTORY:

This is 65-year-old woman vacationing in Ouray from Indianapolis, Indiana. She had been riding an ATV near Snyder Basin in a mountainous region of Ouray County. She was the restrained driver of a "sit inside" ATV. Her passenger was her daughter. At approximately 1345 hours on September 4<sup>th</sup>, 2010 the ATV left the road falling approximately 300 to 400 feet off the side of the road and coming to rest. Responding to the scene was Ouray Mountain Rescue. (b) (3) was noted to have multiple obvious traumatic injuries including to the head and left chest wall. (b) (3) could not be resuscitated and was pronounced dead at 1710 hours on September 4<sup>th</sup>, 2010.

#### EXTERNAL EXAMINATION:

The body of the deceased is received in a black disaster pouch. On the zipper of the disaster pouch there is a coroner's tag inscribed with the name (b) (3). The bag is opened revealing the supine body of an obese Caucasian female. The body has multiple traumatic injuries that will be described in detail below. The body is clad in the following items:

#### CLOTHING:

1. Laying crumpled along the left side of the body is a blue vest. There is blood soiling of this garment. The right front pocket contains an iPhone. The left front pocket is empty.
2. On the feet and ankles is a pair of white and yellow calf high socks in a state of generally good repair. There is some soiling of the soles of the socks.
3. On the waist, hips and legs and partially pulled down from the waist is a pair of blue denim jeans. The maker is "Style and Company". The size is 22W. These jeans are blood stained. The pockets are empty.
4. About the groin is a pair of pink synthetic underwear that is extensively soiled with blood and stool.
5. On the right side of the body and on the right arm are two layers of garments. The outer layer is a charcoal-colored "Ralph Lauren" sweater, blood soiled. The size is 2X. The inner layer is a taupe T-shirt, short-sleeved. This garment is blood soaked along the right side.
6. Across the chest is a brassiere size C, clasped in back. Posteriorly the brassiere is blood soaked.

The body is that of an obese Caucasian female appearing approximately the recorded age of 65 years. In the present state the body measures 5 feet 5 inches in length and weighs an estimated 230 pounds. The head is badly traumatized. There are blood soaked white bandages encircling the head. The scalp is partially avulsed. The traumatic injuries will be described in detail below. The eyes are directed anteriorly and the pupils are equal and round at 5 mm in diameter. The irides are greenish-blue, and the sclerae are non-injected appearing. The palpebral conjunctivae are tan, pale and there are no petechial hemorrhages. The nose is normally formed and is slightly deviated to the left. There is blood in the external nares. The mouth contains native dentition which is in a state of good repair. There is blood in the oral cavity. The ears are normally formed and set. There is blood in the external auditory canals. There are prominent vertical lobar creases. The neck is asymmetric with the left side of the neck notably compressed. The trachea is right of midline. The chest is symmetric with the transverse diameter greater than the anterior-posterior diameter. The breasts are those of a normally developed adult female with no palpable breast masses. The abdomen is obese and there are no palpable masses. The genitalia are those of a normally

(b) (3); Exemption 3 for 25  
(e), (b) (6)

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NICHOLAS D. RADOVICH, M.D./rlm

developed adult female. There is no inguinal or axillary adenopathy. The upper extremities are asymmetric with the left arm shortened and notable for the presence open dislocation at the elbow. All five digits are present on the hands bilaterally. Acrylic fingernails are present on the ungues. The lower extremities are symmetric. All five digits are present on the feet bilaterally. There is dark purple nail polish present on all ungues. The back and anus are normally formed.

**JEWELRY:**

1. On the left wrist is a Seiko analog watch which reads the correct time of 1410 hours. The watch is removed from the body and will be returned with the body.
2. On the left ring finger is a yellow metallic ring with a large circular inset clear gemstone in the center and flanked by smaller rectangular clear gemstones to the side. This will be left in place on the body.
3. On the right ring finger is a yellow metallic band with side inset circular clear gemstones. This will be left in place on the body.

**IDENTIFYING MARKS AND SCARS:**

1. On the anterior aspect of the right shoulder is a vertically oriented well-healed linear scar measuring 14 cm in length.
2. On the medial aspect of the left thigh is a vertically oriented well-healed linear scar measuring 13 cm in length.

**EXTERNAL EVIDENCE OF INJURY:**

1. There is avulsion of the much scalp. The scalp is avulsed into large tattered flaps that measure up to 18 cm in greatest dimension.
2. There is depressed fracture of the left parietal bone. This fracture measures 2.5 x 1.5 cm.
3. There is a left periorbital ecchymosis.
4. There is a depressed contusion/abrasion of the left neck extending onto the anterior neck. This area of contusion/abrasion begins inferior to the left ear, measures 17 cm in length and averages 2 cm width. There is evidence of hemorrhage into the surrounding soft tissue.
5. There is an open dislocation of the left elbow. The skin defect is on the extensor surface of the forearm and measures 8.0 x 4.0 cm. The articular surface of the distal humerus can be seen through this skin defect.
6. There is an irregular area of contusion involving the lateral aspect of the right shoulder. In total this area measures 22 x 16 cm.
7. There is a contusion of the superolateral aspect of the right breast measuring 9.0 x 4.0 cm.
8. There are scattered contusions/abrasions involving the entire extensor surface of the right hand.
9. There are extensive confluent contusions and abrasions involving the entire extensor surface of the left hand.

(b) (3); Exemption 3 for 25  
(c), (b) (6)

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10. Along the left inferior costal margin is an area of abrasion and overstretch injury ("parchment") changes of the skin. This measures 12.0 x 8.0 cm.
11. Along the lower abdomen is a transversely oriented area of dried parchment-like overstretch injury. This measures 8 cm in length, ranging from 3.0 x 0.5 cm in width.
12. There is a transversely oriented horizontal contusion of the left upper thigh measuring 20 x 2.0 cm.
13. There is an obliquely oriented irregularly shaped abrasion of the right upper thigh measuring 20 x 4 cm.

**EXTERNAL EVIDENCE OF THERAPY:**

None

**INTERNAL EXAMINATION:**

The body is entered by the usual Y-shaped incision. There are 3 cm of yellow subcutaneous fat over the thorax and there are 5.5 cm of yellow subcutaneous fat over the abdomen. The thoracic musculature is red-brown and normally developed. There is hemorrhage into the soft tissues of the anterior chest, left greater than right. Entry into the abdominal cavity reveals smooth, shiny peritoneal surfaces. There is 15 mL of blood tinged fluid in the pelvis. Entry into the thorax reveals bilateral rib fractures. The fractures involve right anterior ribs 2 through 5 and left anterior ribs 2 through 6. The pleural surfaces are smooth and shiny bilaterally. There is a left chest hemothorax that measures 15 mL in total. There is a right chest hemothorax measuring 15 mL in total. Entry into the pericardial sac reveals a smooth shiny pericardium. The pericardial sac contains 5 mL of clear serous fluid

**INTERNAL EVIDENCE OF INJURY:**

1. **BILATERAL PULMONARY CONTUSIONS**
2. **BILATERAL HEMOTHORACES**
3. **SUBTOTAL DESTRUCTION OF THE RIGHT LOBE OF LIVER WITH A COMPLEX 22 CM LACERATION**
4. **SUBTOTAL DESTRUCTION OF SPLEEN WITH A COMPLEX 10 CM LACERATION**
5. **AVULSION OF THE LEFT KIDNEY WITH DISPLACEMENT INTO THE LOWER ABDOMEN/PELVIS**
6. **BASE OF SKULL FRACTURE, TRAVERSING THE MIDDLE CRANIAL FOSSA, INVOLVING THE RIGHT AND LEFT WINGS OF THE SPHENOID BONE**
7. **ATLANTO-OCCIPITAL DISSOCIATION WITH COMPLETE SEPARATION OF THE OCCIPITAL SKULL FROM (C1)**
8. **TRANSECTION CERVICAL SPINAL CORD**

**INTERNAL EVIDENCE OF THERAPY:**

None

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Attachment: 2

(b) (3); Exemption 3 for 25  
(c), (b) (6)

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**SYSTEMS REVIEW:**

**CARDIOVASCULAR SYSTEM:** Heart weight – 410 grams. The pericardial surfaces are smooth, glistening and 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 septae are intact. The aorta and its major branches arise normally, follow the usual course and distribution and are widely patent and free of significant atherosclerosis. The tricuspid and mitral valves are unremarkable. The pulmonic valve is unremarkable. The aortic valve leaflets are thickened and have reduced mobility. The vena cava and its major tributaries return to the heart in the usual distribution and are free of thrombi.

**RESPIRATORY SYSTEM:** Right lung – 420 grams; left lung – 380 grams. The hypopharynx, larynx, trachea and bronchi are normally developed and patent; the mucosal surfaces are smooth. The airways contain a moderate amount of bloody frothy fluid. The pulmonary surfaces are notable for dark purple patchy discoloration. The pulmonary parenchyma is variable ranging from tan to dark red-purple in a patchy distribution consistent with pulmonary contusions. On cut sections the lungs exude moderate to marked amounts of blood and frothy tan fluid from the cut surfaces with applied pressure. The pulmonary arteries are normally developed, patent and without thrombi or emboli.

**RETICULOENDOTHELIAL SYSTEM:** Spleen weight – 210 grams. The spleen has an extensively disrupted capsule exposing the underlying hemorrhagic dark purple splenic parenchyma. The spleen is essentially pulverized and is easily separated into fragments of friable disrupted splenic parenchyma.

**LIVER AND BILIARY TRACT:** Liver weight – 1810 grams. The hepatic capsule is notable for a jagged irregular laceration measuring 22 cm in greatest dimension and involving much of the right dome of the liver. This laceration is highly irregular and the underlying hepatic parenchyma is pulverized, divided into numerous irregularly shaped friable fragments of congested dark brown hepatic parenchyma. The gallbladder contains 15 mL of yellow-green, slightly mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi.

**ALIMENTARY TRACT:** The esophagus, stomach, small and large bowel are basically unremarkable.

**URINARY TRACT:** Kidney weights – 140 grams each. The left kidney is avulsed and is displaced inferiorly into the pelvis. The surrounding perirenal fat and Gerota's fascia are torn and hemorrhagic. There is an associated left retroperitoneal hematoma. Otherwise, the cortices of the kidneys are sharply delineated from the medullary pyramids. The collecting system is patent, empty and lined by smooth yellow-tan mucosa. The urinary bladder contains 30 mL of blood tinged urine.

**INTERNAL GENITALIA:** The uterus and adnexa are surgically absent.

**ENDOCRINE SYSTEM:** The adrenal cortices are yellow-orange. The medullae are tan to red-brown and slightly congested. The pancreatic parenchyma is yellow-pink, firm and lobulated about the central delicate duct system. The thyroid lobes are symmetrical and of normal size with red-brown, homogeneous and slightly glistening parenchyma.

**MUSCULOSKELETAL SYSTEM:** There are massive traumatic musculoskeletal injuries described in detail elsewhere in this report.

**CENTRAL NERVOUS SYSTEM:** Brain weight – 1300 grams. The dura and leptomeninges are torn and hemorrhagic, corresponding to the fracture traversing the middle cranial fossa. The external surface and

(b) (3) : Exemption 3 for 25  
(c), (b) (6)

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configuration of the brain are not unusual; the intracranial blood vessels follow the usual arrangement and distribution and are widely patent. Multiple coronal sections of the cerebral hemispheres, brain stem, cerebellum, pons and medulla oblongata present no focal lesions; the ventricular system is symmetrical, of normal dimensions and contains bloody cerebrospinal fluid. The spinal cord is transected at the point atlanto-occipital dissociation.

**SPECIMENS:** Specimens are preserved in 10% formaldehyde for histopathological examination.

**PHOTOGRAPHS:** Photographs depict the body as received.

**EVIDENTIARY:** "Blood, body fluids and tissue samples needful for histopathologic, bacteriologic, chemical and toxicologic and/or potential DNA testing have been collected during the examination which are needed to complete a thorough report. These are routinely held for a period of two years prior to biohazard disposal, unless transferred to a laboratory or other agency or otherwise released for special examination."

FAD Review performed by **NICHOLAS D RADOVICH M.D., Pathologist** Electronically signed 10/7/2010 1:41 PM

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Attachment 2

A-10-00070  
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NICHOLAS D. RADOVICH, M.D./rlm

(b) (3): Exemption 3 for 28  
(c) (1) (B) (6)

Utility Vehicle Data Record Sheet

Front

|   |  |
|---|--|
| Mother, fatality<br><br>A<br><br>Driver | Daughter<br>Injured<br><br>B<br><br>Right Front<br>Passenger |
| Left Rear<br>Passenger                  | Right Rear<br>Passenger                                      |
| Cargo Bed<br>Rear                       |  |

The Utility Vehicle

|    |   |                   |
|----|---|-------------------|
| A: | Age: 65                                 | Height: 5'5"      |
|    | Gender: F                               | Weight: 230       |
|    | Helmet (Y/N): N                         | Seatbelt (Y/N): Y |
|    | Killed/Injured/Neither/Unknown: Killed  |                   |
|    | Injury Description: Multiple Trauma     |                   |
|    | Did vehicle land on victim: unk         |                   |
|    | Ejected (Either partially or fully): no |                   |

|    |   |                   |
|----|---|-------------------|
| B: | Age: 40                                 | Height: 5'5"      |
|    | Gender: F                               | Weight: 230       |
|    | Helmet (Y/N): N                         | Seatbelt (Y/N): Y |
|    | Killed/Injured/Neither/Unknown: Injured |                   |
|    | Injury Description: unknown             |                   |
|    | Did vehicle land on victim: unknown     |                   |
|    | Ejected (Either partially or fully): no |                   |

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

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

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

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

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

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

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



This In-Depth Investigation (IDI) was initiated based on a death certificate concerning a fatality involving a **Utility Vehicle (UTV)**. The following information was obtained through the investigating officials. In the reports the UTV is referred to as a 4-wheeler ATV.

Victim #1 was a 26 year old male. His date of birth was 10/06/1983. Victim #1 was the driver of the UTV.

Victim #2 is a 36 year old male. His date of birth is 11/20/1974. Victim #2 sustained a scrape on his knee and small cut to his right elbow. Victim #2 was seated in the passenger seat to the far right on the bench of the UTV. No further information was obtained.

Victim #3 is a 32 year old male. His date of birth is 06/03/1978. Victim #3 sustained a cut on his head. Victim #3 was the owner of the UTV and was seated in the middle of the bench of the UTV. No further information was obtained.

Per the police report, both victim #2 and #3 denied witnessing the crash, but later stated they were on the UTV at the time of the crash. The officer at the scene stated that both victim #2 and #3 had a strong odor of alcoholic beverage with bloodshot and watery eyes, and had slurred speech.

The incident took place in a grassy lot between the residence and west of a highway to the north. The residence is situated on approximately 8.26 acres of ground. To the north of the property is open ground with some landscaping and several trees. The tree that the UTV struck was approximately 6-7 feet high. Some lower branches tore off and a chunk of bark was torn away from the lower part of the tree.

On 9/20/2010, the victim and two passengers were riding a UTV on open land, traveling at about 40 mph. The victim and his passengers were traveling on a grassy lot between the residences. Victim #1 was driving the UTV, circling around from the west to the east and then he turned the UTV towards the south and struck the tree on the left front. The UTV began turning counter-clockwise after the impact and flipped over, ejecting all victims. The UTV continued to roll, at least 1 ½ times before landing on victim #1.

After the incident, one of the two passengers stated that he rolled the UTV off of the victim.

When officer's arrived on the scene, they started performing CPR on victim #1, who was lying supine on the ground.

The officer observed that the UTV had a bench seat and was equipped with two “shoulder harness seats belts” in the front, but were never used. There was no restraint for the center of the seat. The seat belts had been tied up with a rope so they would be out of the way. The UTVs front left wheel was bent to the outside and was not facing the same direction as the right front wheel. The front push bar was bent on the left and right front corners.

The UTV was being driven in an open field area. The ground was pressed down by tracks that were consistent with the UTV being driven repeatedly around in the area. Several turning patterns were visible, weaving through a group of trees. There were landscaped mounds around the area where the UTV was being driven over repeatedly.

The UTV was traveling southbound through the trees in the open field area when the left front corner of the UTV struck the tree. The collision caused the UTV to spin counter clockwise. A gouge in the dirt and marks on the UTV indicated that the right front corner of the UTV dug into the dirt and flipped the UTV onto its right, passenger, side. Flattened grass and soil disruption and marks along the right side of the UTV indicated the UTV slid on its right side for a distance, then flipped back onto its wheels.

Per the death certificate, cause of death was due to blunt force injuries of abdomen and chest.

**Product Identification:**

The product involved in this In-Depth Investigation was a **Utility Vehicle (UTV)**. The product is identified as a **Polaris Ranger 800 EPS 4-wheel UTV**.

No further information was obtained.

**Exhibits:**

- (1) Sheriff's Photographs (26 Pictures)
- (2) Sheriff's Report
- (3) Coroner's Report
- (4) UTV Data Sheet

**120124HCC3304**

**Contacts:**

Morgan County Sheriff  
218 West Kiowa Ave  
Fort Morgan, CO 80701

Contact was initiated to obtain a copy of the investigation report and photographs.

Morgan County Coroner  
512 Edmunds Street  
Brush, CO 80723

Contact was initiated to obtain a copy of the autopsy report.

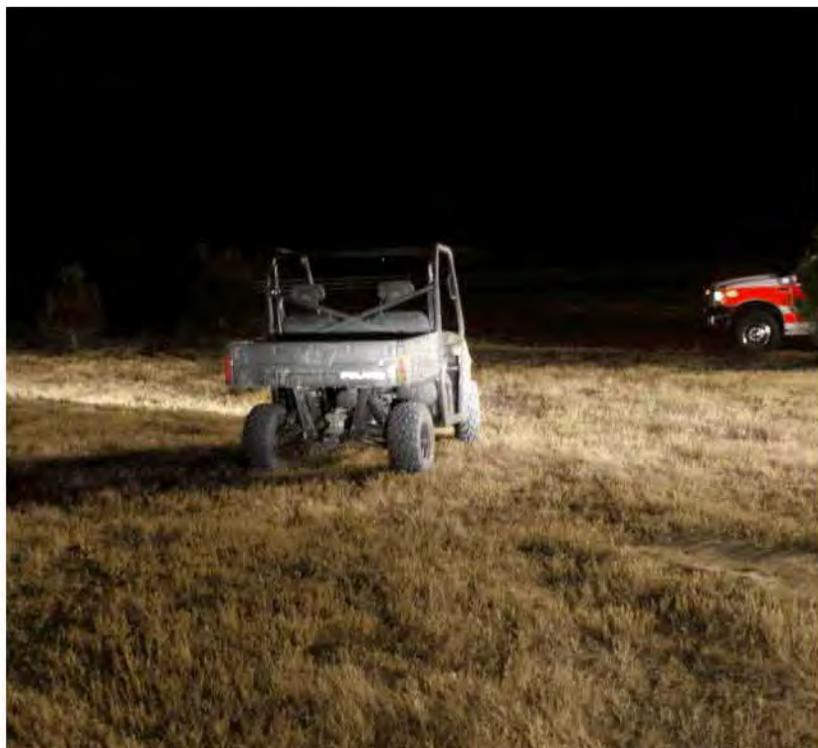


Photo #1 – This is a view of the back side of the UTV.



Photo #2 – This view faces the rear right side of the UTV.



Photo #3 – This view faces the right side of the UTV.



Photo #4 – This view faces the front side of the UTV.



Photo #5 – This is a closer view facing the passenger side of the UTV.



Photo #6 – This view faces into the cabin of the UTV from the right side.



Photo # 7 – This view faces the right side of bed on the UT V



Photo # 8 – this view faces the left side of the bed on the UTV.



Photo # 9 – This view faces the driver seat of the UTV.



Photo #10 – this is another view looking in from the driver's side.



Photo #11 – This view faces into the cabin from the passenger side.



Photo #12 – This view faces the front end of the UTV.



Photo #13 – This view faces into the cabin from the front part of the UTV.



Photo #14 – This view faces the front of the UTV.



Photo #15 – This view is of the scratches on the roll bar.



Photo #16 – more marks on the roll bar, passenger side.



Photo #17 – This view is of the break and accelerator of the UTV.



Photo #18 – more marks on the roll bar



Photo #19 – more marks on the roll bar on the passenger side.



Photo #20 – This is an area where the UTV was being driven.



Photo #21 – These are tire tracks made by the UTV.



Photo #22 – This is the tree hit by the UTV.



Photo #23 – This is another view of the tree hit.



Photo #24 – This is a closer look at where the UTV hit the tree.



Photo #25 – more marks left by the UTV.



Photo #26 – tire marks from the UTV.

**Administrative Agency: MCSO Incident #: 201000011835 Case\_Nr:  
201000000898**

**Report No. 1 Entered: 09/21/2010 01:29 By Officer: 97-08 Corey  
Gibson**

**Subject: ATV rollover**

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Statement of Deputy Corey Gibson

Victim:

(b) (3):Exemption 3 for 25(c),  
(b) (6)

Subject:

On 9/21/10, at 23:01 hours, I was dispatched to #3 Trailside for a report of a 26 year old male patient that was the victim of an ATV accident and it was a possible cor-zero (no pulse or signs of life).

Trooper John Takahashi and I arrived on scene and Officer Ken Jansma of the Fort Morgan Police Department was doing CPR on a male victim laying supine on the ground.

Morgan County Ambulance employees, (b) (6) arrived on scene along with the Fort Morgan Fire Department and began working on the male victim.

I assisted with resuscitation efforts by assisting with ventilations via bag valve mask. I also attempted an IV in the right anticubital vein with no success. I then attempted an IV in the left anticubital vein with a 16 gauge needle and I gained IV access. After securing the line in place, I assisted with loading the patient on the cot.

While I was working on the patient (who was identified as possibly being (b)(3):CPS I asked (b)(3):CPSA Section 25(c) if they saw the accident. (b) (3) told me that they had been at the house when it happened so they did not see it. Then they said they were outside and did see it. I learned later that (b) (3) told other officers that he and (b) (3):Ex were in the ATV when it wrecked and (b) (3) had been driving.

I went and asked (b) if he would give consent for us to investigate the incident on his property and he told me that he wanted to talk to his attorney and that he wanted us to get a search warrant. I told this information to Investigator Holt and Lieutenant Horton.

I photographed the scene where the patient was laying with the medical supplies in place. Initially, the fire department began picking up supplies and I told them to leave them there, which they did. The fire department cleaned up the medical debris after I took photos. I photographed the ATV, the tree that it appeared that they had run into, and I

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Gibson**

**Subject: ATV rollover**

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photographed (b)(3):CPSA Section 25(c),(b)(6) allowed me to photograph the scrape on his knee but (b)(6) told me that I could not photograph his cut on his head. Morgan County Ambulance responded and transported (b)(6) and (b)(6) to Colorado Plains Medical Center for evaluation.

Trooper Takahashi completed a diagram of the incident for me and told me that he would provide me with his supplemental report the following day.

During my contact with (b)(3):Exemption 3 for 25(c) (b)(6), I detected a strong odor of an alcoholic beverage and my initial impression of them was that they were intoxicated. They both had bloodshot and watery eyes, and had slurred speech.

After I cleared the scene, I responded to CPMC. Sheriff Crone asked me to help him photograph (b)(6) before the coroner transported him away from the hospital. I photographed (b)(6) and his injuries with and without scale.

EOS/540/CG

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Report No. 2 Entered: 09/21/2010 10:39 By Officer: 99-01 James Crone

Subject: Supplement - 501

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**SUPPLEMENT – Sheriff Jim Crone**

On 09-20-2010 I was off-duty and monitored a call of a structure fire and later heard traffic regarding a possible crash in the county. When I heard traffic of a possible "core" indicating a possible fatality, I asked Deputy Corey Gibson if he was at the fire or the crash, he said he was at an ATV accident at #3 Trailside.

I responded to the scene and saw and heard a Morgan County Ambulance transporting someone emergent to Colorado Plains Medical Center. Scene was to the west and north of #3 Trailside in a grassy lot between the residences on Trailside and Rd 16 to the west and Hwy 34 to the north. On-scene was Deputy Gibson, Lt. Jon Horton (who arrived just ahead of me), MCSO Sgt. Rob Evans, CSP Trooper John Takahashi, Fort Morgan PD Officer Ken Jansma, FMPD Sgt. Jim Parks, and Fort Morgan Fire Department.

I was told that according to witnesses at the scene, a 4-wheel Polaris Ranger ATV was being operated by the victim who had been transported by ambulance. The ATV had apparently struck a tree on the lot and flipped over, possibly rolling over the victim. I saw the ATV on its wheels basically facing north and several yards to the north from the ATV was a pine tree approx 6-7 feet high that had some lower branches torn off and a chunk of bark torn away from the lower part of the tree.

Initial look at the scene appeared the ATV was circling around from the west to the east, turned towards the south and struck the tree on the left front. It appeared the ATV then began turning counter-clockwise after the impact and rolled at least 1-1/2 times. Trooper Takahashi was taking measurements of the scene.

There were two other males at the scene that I was told were residents of #3 and the victim was another resident or acquaintance. Initially someone had told me that one of them had rolled the ATV off of the victim. I was also told initially these two denied witnessing the crash, saying they were in the house but later stated they were on the ATV at the time of the crash and were thrown off. I did not speak with either one but both had dried grass on their clothing consistent with them being on the ground in the area of the crash. Both of them apparently had some minor injuries and an additional ambulance had responded to check them out.

Deputy Gibson showed me where the victim was found upon arrival of Officer Jansma and the ATV was parked in the same location as when he arrived. This location was several yards to the south of the tree that was impacted and the ATV was a few feet further south. This ATV had a

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bench seat with three "seats" in the front. I was later told by Trooper Takahashi that there were seat belts installed but they had apparently been tied up so they would be out of the way.

At that point I left the scene to go to the emergency room. En-route I was advised the victim was pronounced dead. Upon arrival Sgt. Parks and FMPD Chief Keith Kuretich (working off-duty security at the hospital) were there. In one of the trauma bays was the body of who was later identified as (b) (3) : Exemp, age 26 (b) (6). He was still on a backboard with a plastic cervical collar and towel rolls (for head stabilization) in place, as well as EKG and defibrillator pads, endotracheal tube, IV catheter in the right upper chest (used to decompress/relieve pressure from a possible collapsed lung) finger pulse-oximeter and an IV line. (b)(6) arrived at the emergency room at 2305 hrs and was pronounced dead at 2323 hrs (initial call was received at 2240 hrs).

(b) was clothed in tan, elastic-waistband shorts without a belt, black underwear, and a gray polo shirt with the name "Greenbank, Inc" on it. There were no socks or shoes or jewelry on the body. I did see there was some blood in the nares, but no fluid coming from the ears or mouth. A chest x-ray taken of the victim indicates most of the ribs broken on the left side, as well as a number of ribs on the right. On the victim's chest/abdomen areas were several abrasion-type injuries. On the left side of the chest is a long mark that extends to/from the lower right abdomen/pelvic area, above the right hip. This mark appears to be from impact with a part of the ATV, either during the collision, or possibly from the ATV rolling onto/over the victim.

Also on the abdomen was a distinctive mark, about the size of a fifty-cent piece, caused by impact with again what looks to be a part of the ATV. Additional abraded areas/contact marks are on the right side of the chest and under the right arm. There was also what looks to be an abraded area in a linear fashion over the lower back just above the waist line.

There was also some green scuff marks on the left pocket of the shorts that appear consistent with impact with the tree (if the victim were operating the ATV, he would be seated on the left/"driver's" side).

The abdomen appears distended and bruising is starting to form over the right upper pelvic/hip area. I noticed lividity was setting in already on the back. Photos were taken of the injuries by

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Deputy Gibson and myself. Dan Schiller and Coroner Don Heer responded to the hospital and also took photos.

While at the emergency room, I did speak briefly with (b)(6) one of the other two people injured in the crash. He told me the three of them (he, victim, and (b)(6)) were all riding on the machine when they hit a tree and the ATV flipped over, throwing them all off the ATV. (b)(6) stated he was riding in the right front, with (b)(6) driving and (b)(6) in the middle. (b)(6) denied being knocked out and said the ATV was not on top of (b)(6) that it came to rest as it was found and was not moved by anyone. I asked him how fast he thought they were going and he said he looked at the speedometer and it said "30".

(b)(6) was gasping for air and they turned him on to his side to help his breathing while they called 911. He said they had had a couple of beers at the residence before riding the ATV.

(b)(3) does not live at the residence but stays at the Fort Morgan Motel. He is from South Africa and has been here working since July. He also said (b)(6) was from Australia and has worked for (b)(6) for several years and (b)(6) girlfriend was supposed to fly out here from Australia Thursday.

Initially (b)(6) has been somewhat cooperative, both at the scene and at the hospital with the ER staff. However after being told (b)(6) had died, he broke down and cried and cried much of the time I was with him for the next 30+ minutes. (b)(3) did seem substantially intoxicated however. He was very unsteady on his feet, speech was slurred, repeated and forgot things, and had a strong odor of alcoholic beverages on his breath. I also detected lesser signs of impairment with (b)(6)

I later took (b)(3):Exempti home. Initially (b)(3) did not want to stay at the house by himself and wanted to go to his business/shop located in the Fort Morgan Industrial Park. We drove out there but then he seemed confused as to why we were there. When told this was where he wanted to come, he said no, that he wanted to go home. At one point (b)(3) who was seated up front with me, asked if there would be any charges filed. I told him if it was true that (b)(6) was driving, then it would be unlikely. He made some statement to the effect that back home, someone would get charged but said or asked nothing more.

I dropped off (b)(6) at his motel and then took (b)(6) home. While there I saw open bottles of beer in the kitchen. I also got contact information for (b)(6) parents and girlfriend

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in Barritt, Victoria, Australia and took them to Coroner Heer where he contacted  
father to notify him about the death.

(b)  
(3) : Exemp

Nothing further. JEC/501

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**Report No. 3 Entered: 09/22/2010 17:37 By Officer: 02-01 Jon Holt**

**Subject: Supplement**

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Statement of Investigator Jon Holt, M.C.S.O.:

On September 20, 2010 I was the on-call investigator for the Morgan County Sheriff's Office. At approximately 2300 hours I received a telephone call from the Morgan County Communications Center at my residence. Dispatch advised me that Sergeant Rob Evans requested an investigator to respond to #3 Trailside in Morgan County, Colorado. I was informed that a 26 year old male had been involved in an accident while riding an ATV (All Terrain Vehicle) and that the male was cor-zero. Cor-zero is a term used to describe a person who has no pulse or other signs of life.

I responded and arrived at #3 Trailside at approximately 2320 hours. When I arrived; Sheriff James Crone, Lieutenant Jon Horton, Sergeant Evans, Deputy Cory Gibson, Fort Morgan Police Department Sergeant Jim Parks, Fort Morgan Police Officer Ken Jansma and Trooper John Takahashi with the Colorado State Patrol were already on scene. There were also several members of the Fort Morgan Volunteer Fire Department on scene.

#3 Trailside is situated in the Trailside subdivision in the 16000 block of Hwy 34 in rural Morgan County, Colorado. The property is comprised of a house and a detached garage that are situated on approximately 8.26 acres of ground according to the Morgan County Assessors Office. The home and garage are situated in approximately the south third of the property. The north 2/3 of the property is open ground with some landscaping and several evergreen trees. The Trailside subdivision is surrounded by a common fence that encompasses the perimeter of the subdivision along Hwy 34 and Morgan County Road 16. There are no other fences on the property known as #3 Trailside.

Approximately 100 yards north of the residence I saw a green Polaris Ranger 800EPS 4-wheeled all terrain vehicle parked, facing approximately north. I could see that the left front wheel was bent to the outside and was not facing the same direction of the right front wheel. The front push bar was bent on the left and right front corners. I also saw a blue "Crock" shoe just north of the Polaris and a green sweat jacket along with another blue "Crock" shoe slightly north and east of the Polaris. Approximately 100 feet north east of the Polaris I saw an evergreen tree with a broken branch lying near the base. There was also a small evergreen limb on the ground under the Polaris.

The Polaris was parked in the open field area of the property, outside the landscaped area around the home.

Sergeant Evans was standing near the Polaris speaking with a male, later identified as (b) (3) : Exem DOB: (b)(6) (b) (6) was speaking with another male,

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approximately 50 feet away. I recognized the male speaking with Deputy Gibson as (b) (3) : Exempt DOB: (b)(6) (b) (6) was taking measurements of the area.

I contacted Lieutenant Horton to obtain a briefing. Lieutenant Horton informed me that a third male, (b) (3) : Exe DOB (b)(6) had been transported by ambulance to Colorado Plains Medical Center. (b) (6) found (b) (6) cor-zero and had initiated CPR. Resuscitation attempts were in progress when ambulance personnel transported (b) (6)

Through previous contact, I am aware that (b) (3) : is an Australian citizen who owns and operates (b) (3) : Grain Cleaning. Based upon previous contact with (b) (6) , I am aware that he resides in the United States seasonally and returns to Australia each year. Based upon interviews that (b) (6) conducted with (b) (3) : Exemptio, I learned that (b) (6) is also an Australian citizen and (b) (6) is a citizen of South Africa. (b)(6) employs (b) (3) : Exemp

(b) (6) identified himself as the owner of #3 Trailside. This was confirmed by Morgan County Assessor's records. (b) (6) identified himself as the owner of the Polaris.

The grass in the open field area of Trailside #3 was pressed down by tracks that were consistent with the Polaris being driven repeatedly around the area. Several turning patterns were visible, weaving through a group of evergreen trees that are planted on the property. There was a landscaped mound between the Polaris and the house, to the south, and another landscaped mound between the Polaris and the detached garage, to the west. Tracks through these landscaped areas indicated that the Polaris had been driven over these mounds, repeatedly. Metal border edging had been pulled loose and was lying in the path of the tracks through the landscaped areas.

Tracks in the grass and marks on one of the evergreen trees indicated that the Polaris was travelling southbound in the open field area when the left front corner of the Polaris struck the evergreen tree. The collision caused the Polaris to spin counter clockwise. A gouge in the dirt and marks on the Polaris indicated that the right front corner of the Polaris dug into the dirt and flipped the Polaris onto its' right (passenger) side. Flattened grass and soil disruption and marks along the right side of the Polaris indicated the Polaris slid on its' right side for a distance, then flipped back onto its' wheels.

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**Subject: Supplement**

Based upon interviews with (b)(3):CPSA Section 25(c),(b)(6) was driving the Polaris at the time of the collision. (b) (6) was seated in the passenger seat and (b) (6) was seated in the middle.

The Polaris is equipped with shoulder harness seat belts for the driver's seat and the passenger seat. The vehicle is not equipped with any restraints for the center of the seat. The seat belts were tied back by a rope and were not available for use.

(b) (6) was visibly intoxicated. He had a strong odor of an unknown alcoholic beverage on his breath. His speech was slurred, he was unsteady on his feet and staggered when he walked. (b) (6) exhibited signs of intoxication, but not as obviously as (b) (6) admitted drinking beer during the evening.

(b) (3):Exemption 3 for 25(c), (b) (6) were covered with dirt and dried grass. (b) (6) had an obvious scrape on his left knee and a small cut to his right elbow. (b) (6) was cooperative. (b) (6) claimed he had a laceration to the top of his scalp but refused to allow any photographs. (b) (6) refused to make any statements without an attorney and demanded a search warrant. Ambulance personnel interviewed and examined (b) (6). (b) (3):E Based upon their observations they determined that (b) (3):Exempti

were intoxicated to a point that they could not refuse treatment and they were transported, by ambulance, to Colorado Plains Medical Center.

I took digital photographs of the scene. A fiber was located on the front roll bar of the Polaris. The fiber was flapping in the breeze and could have easily been lost. Sergeant Evans collected the fiber and placed it into an envelope. I took custody of the envelope containing the fiber. The Polaris was impounded and transported by Armstrong's Service Center to the Dive team shop building where it was secured, inside, out of the weather.

On September 21, 2010 I travelled to McKee Medical Center in Loveland, Colorado. Deputy Coroner Mike Dahl transported (b) (6) body to that location. At approximately 1200 hours Dr. James A. Wilkerson IV, MD, Larimer County Deputy Coroner/Medical Examiner performed an autopsy on (b) (6) body. James McNaughton, Larimer County Coroner's Investigator assisted. Deputy Coroner Mike Dahl and I were present. I took digital photographs of the process.

External examination of the body revealed several areas of trauma to the right abdomen, chest and lower back. One area of trauma on the abdomen, right of the midline and slightly below the umbilicus had a distinctive egg shaped pattern. Internal injuries were extensive and included; a lacerated liver, lacerated spleen and lacerated left lung. Broken

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ribs were found on both sides of the chest, with the left rib cage having ribs broken in front by the sternum and in back near the spine. Dr. Wilkerson told me that based upon his experience and training, the force, which caused the internal injuries, moved from right to left and from the waist upward across (b) ( ) body.

Dr. Wilkerson and I examined photographs of the Polaris and the scene. The distinctive egg shaped injury on the abdomen was remarkably consistent with the shape of the shift lever knob on the Polaris. We could not find any other obvious matches to other injuries that we observed. Dr. Wilkerson pointed out that, in the pictures of the Polaris, it is covered with dust, except in the driver's seat and the passenger seat. The center of the seat is covered with dust, indicating that no one was in that position when the vehicle came to rest, while something had prevented dust from settling in the driver and passenger seats.

Dr. Wilkerson stated that based upon his training and extensive experience with injuries from vehicle accidents, he did not believe that (b)(6) injuries were consistent with what he would expect to find on the driver of the Polaris.

When I returned on September 21, 2010, Lieutenant Horton and I examined the Polaris. The shift lever knob was measured and compared to a digital photograph, with scale, of the egg shaped injury on (b)(6) abdomen. The shape and size were consistent between the two. We could not locate any other place on the Polaris that was consistent with the egg shaped injury. The shift lever appeared to be twisted and shoved forward. The shift lever is to the right of the steering wheel and closely aligned to the steering wheel. Evaluating the expected forces during the collision, the driver would have continued forward when the Polaris struck the tree and began to spin counter clock wise. The driver would have continued to move forward until another force altered the direction of travel. The position of the shift lever to the steering wheel causes the steering wheel to block the path of a body from contacting the shift lever. The steering wheel is adjustable for height, above the driver's seat. The distance from the bottom of the steering wheel was measured at approximately 4 inches. If the egg shaped injury was caused by the shift lever knob, (b)(6) would have had to be seated to the right of the steering wheel and most likely in the center. The following photograph shows the relationship of the shift lever (photo left, actual right) to the steering wheel:

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On September 22, 2010 I met with Sheriff James Crone, Lieutenant Horton, Sergeant Evans, Morgan County Coroner Don Heer and Deputy Coroners Mike Dahl and Dan Schiller to examine the Polaris and photographs taken at the accident scene, the emergency room and the autopsy. The only item on the Polaris that was close to resembling the egg shaped injury was the shift lever.

Based upon the combined experience and training of this group, we evaluated the injuries that would be expected to the driver and other occupants. Based upon the anticipated trajectory of the driver, the driver would have struck the steering wheel with the front of his thighs, his abdomen and or chest. If the Polaris had spun sideways fast enough to eject the driver, prior to impacting the steering wheel, the driver would have been thrown to the left, away from the direction of travel of the Polaris. There is a support bar for the roll bar that would most likely strike the driver on the left hip in that case. (b)(6) estimated the Polaris was travelling at approximately 40 MPH when it struck the tree. Trooper Takahashi confirmed that the path of the vehicle, after impact, was consistent with that approximate speed. Based upon that speed and the abrupt change in the vehicles path, the driver would most likely have struck the steering wheel with sufficient

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force to cause bruising where the body contacted the steering wheel. In particular, the driver should have struck the bottom of the steering wheel with the front of his thighs or pelvic area. (b) ( ) did not have any injuries in that area.

On September 22, 2010 I spoke with Sergeant Burl Giffin with the Colorado State Patrol. Sergeant Giffin is a level one traffic accident investigator with extensive training and experience in traffic accident reconstruction. Prior to being promoted to Sergeant he was assigned to a team responsible for the investigation of fatal accidents and accidents involving serious bodily injury for the Colorado State Patrol. Sergeant Giffin told me that he reviewed Tropper Takahashi's report and diagrams, as part of his normal duties as Trooper Takahashi's immediate supervisor. Sergeant Giffin told me that he did not do a thorough analysis of the diagram, a process that would take several days. He stated that based upon his training and experience, the relationship of the final resting spot, of the vehicle and (b) ( ) to the path of the vehicle were not consistent with what he would have expected if (b) ( ) was the driver. He made it clear that this was an initial impression and not based upon a thorough analysis of the data.

Based upon my investigation, it is more likely than not that (b) ( ) was a passenger in the Polaris and not the driver. Determining the location, size and shape of injuries that (b) (3):Exemption might have sustained in the collision could help determine each person's location in the vehicle at the time of the collision. (b) (3):Exemption were wearing shirts and shorts at the time of the accident and there is no way to know what injuries they might have had under the clothing. The injuries to (b) ( ) were all closed trauma with internal bleeding. (b) (3):Exemption most likely would have injuries that would not have bled, but resulted in bruising. Based upon my experience and training, I am aware that the appearance and definition of bruises can be enhanced within a couple of days after their origination. With time, they loose definition and eventually disappear.

Further examination of the Polaris, using alternate light sources and chemical compounds could locate possible tissue or fluids which would contain DNA that could be compared to the occupants to help determine their location in the vehicle.

Pursuant to 18-1-901(3)(k), C.R.S.: "Motor vehicle" includes any self-propelled device by which persons or property may be moved, carried, or transported from one place to another by land, water, or air, except devices operated on rails, tracks, or cables fixed to the ground or supported by pylons, towers, or other structures. The Polaris is a self-propelled device, which meets this definition.

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Based upon the tire track evidence at the scene and statements by (b) (3) the Polaris had been driven in a reckless manner for several hours on the evening of September 20<sup>th</sup>. (b) (3):Exemption admitted consuming beer during the evening of September 20<sup>th</sup>. Based upon observations by law enforcement personnel, ambulance personnel and emergency room staff, (b) (3):Exempti were visibly intoxicated.

Based upon the autopsy of (b) (3) his death was the result of internal injuries sustained as the result of the collision of the Polaris with the tree and the subsequent flipping of the Polaris.

Pursuant to 18-3-106, C.R.S; if (b) (3):Exempti were operating the Polaris at the time of the accident in a reckless manner or while under the influence of alcohol, they would have committed the crime of Vehicular Homicide.

(b) (3) family is requesting that his body be transported back to Australia. (b) (3) body is currently being held by the coroner's office, pending further investigation. (b)(6) has informed the coroner's office that he plans to accompany the body to Australia with no set return date.

Accurate measurements and photographs of injuries may require the removal / shaving of body hair to be done properly. Buccal swabs are the most common method of collecting DNA samples for comparison.

Based upon the above information I prepared an Affidavit in Support for an Order for Non-Testimonial Identification. District Court Judge Kevin Hoyer granted the orders for (b) (6)

I also completed back ground checks on (b) (3):Exemption 3 for Documents related to that are submitted with this report to be scanned into the case file. EOR/592/jbh

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**Report No. 6 Entered: 09/27/2010 13:11 By Officer: 02-01 Jon Holt**

**Subject: Supplement**

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Statement of Investigator Jon Holt, M.C.S.O.:

On September 24, 2010 Colorado State Patrol Trooper – Pilot William Sanders flew Deputy Kevin Campbell over the property at #3 Trailside to document the tire tracks that I suspected would be visible from the air. Deputy Campbell took a large number of pictures. Images 10-0898 532 092410 242 to 10-0898 532 092410 244 allowed me to zoom into the crash scene. The tree that the Polaris struck is clearly visible, with peeled bark lying on the ground next to the tree. Tracks leading to the tree and yaw marks leading away from the tree are clearly visible. A scraped area is clearly visible at the location where the Polaris slid on its' right side before flipping onto its' wheels. An evergreen branch that was under the Polaris, when it came to rest, is clearly visible. These photographs provide a good view of the crash scene.

Also on September 24, 2010 I met with Colorado State Patrol Trooper Mike Hill. Trooper Hill is a member of the Colorado State Patrol District 3 Accident Reconstruction Team. He has received extensive training in accident reconstruction and has investigated numerous fatal and serious bodily injury accidents.

Trooper Hill reviewed the photographs of the scene, the Polaris and the injuries to (b) (3). Trooper Hill examined the Polaris, including the undercarriage, at the Dive Rescue Building where we have it stored.

Based upon Trooper Hill's evaluation of the information provided, examination of the Polaris, and photographs, he believed that (b)(6) was the driver of the Polaris at the time that it impacted the tree. Trooper Hill was able to show me how (b) (3) would have struck the steering wheel, causing the marks on his right abdomen which arc across his chest. He stated that (b) (3) most likely spun to the right, against the steering wheel, until he was upside down. Trooper Hill demonstrated how (b) (3) lower back struck the top of the roll bar, causing the bruising to his lower back. Based upon my description of the fiber that we found on the roll bar, He believed the fiber would be consistent with fibers in (b) (3) shorts or underwear. The fiber appeared to be nylon and could have been from a label inside the back of clothing. Trooper Hill explained that the impact with the roll bar forced (b) (3) body back toward the shift lever, causing the distinctive egg shaped pattern on (b) (3) s abdomen. After striking the shift lever, (b) (3) bounced onto the speedometer housing which resulted in the two parallel marks on top of the injury from the shift lever.

Trooper Hill recommended that we remove the steering wheel from the Polaris and place it against the injuries on (b) (3) body to confirm his determination. Lieutenant Horton

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and I removed the steering wheel and transported it to Heer & Dahl Mortuary where (b) (3) body was being held.

Examination of (b) (3) body revealed new, faint, bruising that was not observed at the hospital or at autopsy. An arc pattern was visible from the end of the arced injury on (b) (3) right abdomen, proceeding down and across the front of his pelvis on both sides, and then arcing up his left abdomen to meet the end of the previously visible injury to his left chest. Placing the steering wheel on the visible injuries indicated that the steering wheel fit into these patterns and was an exact match. It is now clear that the steering wheel of the Polaris caused these injuries to (b) (3) body. In addition, a large, previously invisible, bruise on his lower right abdomen was consistent with the cross members of the steering wheel.

I also examined (b) (3) clothing, which I took custody of at the autopsy. His clothing had been removed and bagged, prior to my arrival. On the left side of (b) (3) shorts and shirt, there are green stains that are consistent with the green color of the pine needles on the evergreen tree that the Polaris struck. These stains are all on the left side and they are darkest on the shoulder and left sleeve of the shirt. These stains also support Turley being seated closest to the tree when it was struck, placing him in the driver's seat.

Based upon this information, I believed that the reasonable suspicion that (b) (3) was not the driver had evaporated. I believe there is sufficient evidence to prove that (b) (3) was the driver of the Polaris when it struck the tree. I elected not to execute the Orders for Non-Testimonial Identification that I obtained for (b) (3): Exemption

On September 24, 2010 I contacted (b) (3) at his residence, #3 Trailside, I outlined my investigation to Greenbank and advised him that the case would be classified as an accident.

(b) (3): claimed to have no memory of the events leading to the accident, during the accident or immediately following the accident. (b) (3): claims that he was not ejected from the Polaris during the accident. He stated that he was restrained by the seat belt. The seat belts had been tied back and could not have been used.

(b) (6) advised me that (b) (6) was delivering a truck near the Canadian border and would not return until later that night. I asked (b) (6) to relay the information to (b) (3) upon his return.

**Administrative Agency: MCSO Incident #: 201000011835 Case\_Nr:  
201000000898**

**Report No. 6 Entered: 09/27/2010 13:11 By Officer: 02-01 Jon Holt**

**Subject: Supplement**

---

Based upon the above information, this case will be closed as an accidental death and is not homicide. EOR/592/jbh

**Administrative Agency: MCSO Incident #: 201000011835 Case\_Nr:  
201000000898**

**Report No. 12 Entered: 10/12/2010 15:38 By Officer: 02-01 Jon Holt**

**Subject: Polaris released**

---

Statement of Investigator Jon Holt, M.C.S.O.:

On October 1, 2010 (b)(6) arrived at the Morgan County Sheriff's Office and presented a receipt from Armstrong Service Center indicating that the bill for towing the Polaris had been paid.

I met (b)(6) at the Dive / Rescue building and released the Polaris to them. A copy of the receipt is submitted with this report. EOR/592/jbh

MORGAN COUNTY CORONER OFFICE  
512 Edmunds Street Brush, Colorado 80723  
(970) 842-4955 fax (970) 842-5917

**Case Number:** (b) (6) **Investigator:** Don Heer  
**Date and time of call:** September 20, 2010 2344  
**Time of pronouncement:** September 20, 2010 2323

**Name of Deceased:** (b) (3) - Exemption **Marital Status:** Not Known

**DOB/Age:** (b) (6) (26) **Color/Race:** White **Sex:** Male

**Place of Death:** ER Colorado Plains Medical Center (CPMC) Fort Morgan, CO  
**Date & Estimated time of death:** September 20, 2010 2323 hrs  
**Residence Address:** #3 Trailside Fort Morgan, Colorado

**Occupation:** Commercial Agriculture Seed Cleaning Company  
**Called by:** Morgan County Sheriff Dept

**Next of Kin:** (b) (6) **NOK notified by:** Don Heer  
**Date & Time:** September 21, 2010 0215

**Identification by:** Coroner / 2 friends with deceased when accident occurred

**Investigation:** Deceased was reportedly driver of a Polaris ATV 4 wheeler with a bench seat, driving at a high rate of speed when vehicle reportedly "sideswiped" a tree and vehicle rolled. There were a total of 3 men riding on ATV and all were ejected. Seat belts were installed on vehicle but were tied off according to CSP investigator & MCSO staff.

Deceased transported to CPMC by Morgan County Ambulance, arriving at 2308, and patient was in very critical condition. Death pronounced by (b) ER Physician.

Deceased is from Australia. Coroner notified deceased's father.

**James A. Wilkerson, IV, M.D., P.C.**  
**Forensic Pathology Consultant**

P.O. Box 419  
Loveland, Colorado 80539  
James.Wilkerson@bannerhealth.com

Monday-Friday  
8 am to 5 pm  
(970) 635-4151  
Fax  
(970) 203-2509

**AUTOPSY REPORT**

NAME (b) (3): Exemption 3  
for 25(c), (b) (6)

AUTOPSY #: AQ10-91

DOB: 10-6-83      AGE: 26

DATE OF DEATH: 9-20-10

DATE, TIME, AND PLACE OF AUTOPSY: 9-21-10; 12:00; McKEE MEDICAL CENTER;  
LOVELAND, COLORADO

PATHOLOGIST: JAMES WILKERSON

ASSISTANT: MacNAUGHTON

- I BLUNT FORCE INJURIES OF THE ABDOMEN AND CHEST:
  - A) LINEAR ABRASIONS OF THE RIGHT LOWER LATERAL CHEST
  - B) LARGE ABRASION OF THE RIGHT ABDOMEN AND BILATERAL LOWER CHEST
  - C) PATTERNED ABRASION OF THE RIGHT ABDOMEN
  - D) PATTERNED ABRASION OF THE LEFT SIDE OF THE ABDOMEN
  - E) CONTUSION OF THE LEFT BACK OF THE NECK AND CHEST
  - F) ABRASION OF THE LOWER BACK
- II AVULSION INJURIES OF THE RIGHT LOWER RIBS AND CHEST
  - A) FRACTURE AND AVULSION OF ANTERIOR RIBS 5-8 ON THE LEFT AND 4-8 Laterally ON THE LEFT
  - B) FRACTURE OF POSTERIOR LEFT RIBS 1-8 AND 10-12 WITH RIB 1 SEPARATED FROM THE SPINAL COLUMN
  - C) LEFT LUNG LACERATIONS
  - D) EXTENSIVE LACERATION OF THE LIVER WITH TRANSECTION OF THE INFERIOR VENA CAVA AND HEMIDIAPHRAGMS
  - E) LACERATION OF THE SPLEEN
  - F) PALE KIDNEYS
  - G) BILATERAL HEMOTHORAX
  - H) HEMOPERITONEUM
  - I) SUBCUTANEOUS EMPHYSEMA IN THE ABDOMEN, GROIN AND SCROTUM
- III TOXICOLOGY:
  - A) URINE DRUG SCREEN: NEGATIVE
  - B) ETHANOL, WHOLE BLOOD: 0.195 mg/dl
  - C) CARBON MONOXIDE: NONE DETECTED

continued

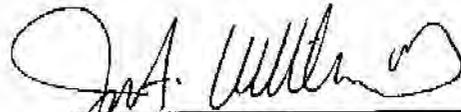
(b) (3): Exemption 3 for  
25 (c), (b) (6)

**Morgan County, Colorado  
Autopsy No. AQ10-91**

Autopsy report, continued

**CONCLUSION:**

Based upon the history and autopsy findings, it is my opinion that (b)(3):CPSA Section 2, a 26-year-old, died of multiple blunt force injuries of the chest and abdomen when the all terrain vehicle he was an occupant in sideswiped a tree and rolled. There were patterned injuries on the abdomen, which could clarify the seating position of this vehicle occupant. The manner of death is accident.



JAMES A. WILKERSON IV, M.D.  
Forensic Pathologist  
Date Signed: 10/12/10

JAW:whc

(b) (3) : Exemption 3 for  
25 (c), (b) (6)

I. **MEDICOLEGAL INVESTIGATION:**

- A. **Circumstances of Death:** The decedent was one of three people riding in a Polaris ATV four-wheeler at a high rate of speed. The vehicle sideswiped a tree and it rolled. All were ejected. The positions of the individuals are not clear at the time of autopsy. For further details, please see the investigative records.
- B. **Authorization for Autopsy:** Morgan County Coroner.
- C. **Identification:** Morgan County Coroner, fingerprints and photographs are taken.

II. **POST MORTEM EXAMINATION:**

An autopsy is performed on the body of (b)(3):CPUSA Section 2 at the McKee Medical Center morgue in Loveland, Colorado, on the twenty-first day of September, 2010, at 12:00 hours.

III. **GROSS AUTOPSY FINDINGS:**

- A. **EXTERNAL EXAMINATION:** The body is that of a well-developed, well-nourished White male clad in brown shorts, black briefs and a cut gray shirt. The body weighs 185 pounds, is 72 inches in height and appears compatible with the reported age of 26 years. No decomposition is seen. The body is cold with full rigor and posterior lividity. The scalp hair is dark and curly, measuring ½ inch in length. The irides are brown or hazel. The corneas are clear. The conjunctivae are unremarkable. The sclerae are white. The external auditory canals, external nares, and oral cavity are free of foreign material and abnormal secretions. The teeth are natural and in good condition. The complexion of the face is unremarkable. Examination of the face and neck reveals no evidence of injury. The thorax and breasts are unremarkable. No evidence of injury of the ribs or sternum is evident externally. The abdomen shows areas of injury and subcutaneous emphysema that extends into the groin and scrotum. No surgical scars are noted. The extremities show no lesions and are symmetrical. The fingernails are short and intact. No tattoos or needle tracks are seen. The external genitalia are those of a normal adult male. The posterior torso is remarkable as described below.
- B. **Evidence of Therapy:** There are multiple therapeutic interventions. There is an endotracheal tube taped in place in the mouth. A C-collar is present on the neck. EKG pads are present on the upper chest and abdomen (a total of six). There are defibrillator pads on the upper right chest and lower left chest, and a second defibrillator pad is attached to the left chest with one loose pad. There is a needle thoracostomy in the right chest and an intravenous line in the left antecubital fossa. There is a sensor on the right index finger, and an intraosseous line in the left shin.

continued

(b) (3); Exemption 3  
for 25(c), (b) (6)

Gross examination, external examination, continued

- C. Evidence of Injury: There are blunt force injuries, predominantly of the chest, abdomen and back. On the right lateral breast there is a 4 inch abrasion with a 2 inch abrasion lower down. Across the right side of the abdomen and extending across the right upper abdomen and left upper abdomen/lower chest there is a 24 inch single-tracked, focally double-tracked abrasion with some interruptions and irregularities. It measures up to 1.5 inches in maximum width. Nine inches below this curved abrasion in the right mid abdomen, centered 30 inches from the top of the head and 2 inches to the right of the anterior midline, there is a patterned abrasion that measures 2.25 x 1 inches in dimensions. It is to the right and below the umbilicus. It consists of several abrasions and interrupted areas with parallel linear abrasions. Eleven inches away from this patterned abrasion, upward and rightward, there is a 1 inch patterned abrasion. On the back of the neck/upper chest, there is a 1 inch contusion, and across the lower back is a 7 x 1 to 1.5 inch abrasion. Internally, there is avulsion injury to the right lower ribs and chest where the tissue has been separated from the ribs with associated hemorrhage. There is a fracture and avulsion of left anterior ribs 5-8 in a similar position. Ribs 4-8 are laterally fractured and associated with the avulsion. There is fracture of left ribs 1-8 and 10-12 posteriorly with number 1 separated from the spinal column. Beneath this avulsion injury and rib fractures are extensive injuries to the internal organs. There are lacerations of the left lung and extensive laceration and near transection of the liver, with transection of the inferior vena cava and the hemidiaphragms. Lacerations are also seen on the spleen measuring up to 1.5 inches in dimensions, and the kidneys are pale. There is 500 ml of blood in the right chest cavity and 1.5 liters of blood in the left chest cavity, with 500 ml of blood in the abdominal cavity.

No injuries of the face or head are observed. The extremities have also been spared.

- D. Internal Examination: The body is opened by the usual thoracoabdominal incision and the chest plate is removed. No adhesions are present in any of the body cavities. The diaphragms are ruptured. The lungs are not hyperexpanded or collapsed. All body organs are present in their normal anatomic position. The subcutaneous fat layer of the abdominal wall is approximately 1 inch thick. There is no internal evidence of penetrating injury to the thoracoabdominal region.

continued

(b) (3): Exemption 3  
for 25(c), (b) (6)

Gross examination, internal examination, continued

HEAD: (CENTRAL NERVOUS SYSTEM)

The scalp is reflected. There is no subgaleal or subscalp blood extravasation. The calvarium of the skull is intact and is removed via standard methods. The dura mater and falx cerebri are intact. There is no epidural or subdural hemorrhage present. The leptomeninges are thin and delicate. The dura lining the skull is stripped and fails to reveal any fractures or lesions. The cerebral hemispheres are symmetrical and have a normal gyral pattern. The structures at the base of the brain, including cranial nerves and blood vessels, are intact. Coronal sections through the cerebral hemispheres reveal a tan cortical ribbon and no lesions, structural anomalies, or herniation. The gray-white matter junction is distinct. The deep nuclei, hippocampi and mamillary bodies are without gross lesions. The ventricles contain no blood. The midbrain has normally pigmented substantia nigra. The pons and medulla are grossly unremarkable. Transverse sections through the brainstem and cerebellum are unremarkable. The brain weighs 1,480 grams.

NECK:

The anterior cervical strap muscles are dissected and fail to reveal any areas of blood extravasation. There is no blood extravasation in the pharyngeal tissues or prevertebral fascia. The hyoid bone, thyroid cartilage and cricoid cartilage are intact. The larynx and trachea are lined with tan mucosa and are unobstructed. The esophagus is lined with pink mucosa and has no tears, ulcers or varices. No neck fractures are detected.

CARDIOVASCULAR SYSTEM:

The pericardial surfaces are smooth, glistening, and 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 exhibit the usual size-position relationship and are unremarkable. The myocardium is dark red-brown, firm, and unremarkable; the atrial and ventricular septa are intact. The left ventricular free wall is of normal thickness. The aorta and its major branches arise normally, follow the usual course, and are widely patent, free of significant atherosclerosis, tears, aneurysms or other abnormality. Injury to the vena cava has been previously described. Otherwise, the vena cava and its major tributaries return to the heart in the usual distribution and are free of thrombi. The heart weighs 320 grams.

continued

(b) (3): Exemption 3  
for 25(c), (b) (E)

Gross examination, internal examination, continued

RESPIRATORY SYSTEM:

Injuries to the left lung have been previously described, as have bilateral hemothoraces. The upper airway is clear of debris and foreign material; the mucosal surfaces are smooth, yellow-tan, and unremarkable. The pleural surfaces are smooth, glistening, and unremarkable bilaterally. The pulmonary parenchyma is pink-purple, exuding slight to moderate amounts of blood and frothy fluid; no focal lesions are noted. The pulmonary arteries are normally developed, patent, and without thrombus or embolus. The right lung weighs 250 grams; the left lung 280 grams.

HEPATOBIILIARY SYSTEM:

Extensive injuries to the liver have been previously described. Otherwise, the hepatic capsule is smooth, glistening, and intact, covering dark red-brown, moderately congested parenchyma with no focal lesions noted. The gallbladder contains 5 ml of green-brown bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi. The liver weighs 1,780 grams.

ALIMENTARY TRACT:

The tongue exhibits no evidence of recent injury. The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 150 ml of tan liquid and food consistent with a recent meal. The small and large bowels are unremarkable. The pancreas has a normal pink-tan lobulated appearance and the ducts are clear. The appendix is present and unremarkable.

GENITOURINARY SYSTEM:

The renal capsules are smooth and thin, semitransparent and strip with ease from the underlying smooth pale tan cortical surface. The cortex is slightly congested and is sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves, and ureters are unremarkable. The urinary bladder contains 200 ml of clear urine; the mucosa is gray-tan and smooth. The right kidney weighs 120 grams; the left 130 grams. The internal and external genitalia are remarkable only for scattered subcutaneous emphysema in the scrotum and groin.

RETICULOENDOTHELIAL SYSTEM:

Injuries to the spleen have been previously described. Otherwise, the spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. The regional lymph nodes appear normal. The spleen weighs 220 grams.

continued

(b) (3): Exemption 3 for  
25 (c), (b) (6)

Gross examination, internal examination, continued

ENDOCRINE SYSTEM:

The pituitary, thyroid, and adrenal glands are unremarkable.

MUSCULOSKELETAL SYSTEM:

Muscle development is normal. No nontraumatic bone or joint abnormalities are noted.

JAW: whc

(b) (3): Exemption 3  
for 25(c), (b) (6)

### **MICROSCOPIC EXAMINATION:**

Cardiac sections demonstrate normal pink myocytes and unremarkable vessels.

Lung sections show congestion and mild peripheral emphysematous changes with breakdown of the alveolar walls. There is also patchy alveolar hemorrhage but no bronchopneumonia or tumor is seen.

Liver sections show rare steatosis and congestion.

Kidney sections are histologically unremarkable.

Sections of the central nervous system demonstrate normal neurons and glia without evidence of meningitis or other acute process.

JAW:whc

10/3/10

McKee Medical Center

2000 Boise Ave.

Loveland, CO 80538

Exhibit #2 - Coroner's Report

10 of 11

ID# 120124HCC3304

NAME: (b) (3): Exemption 3  
for 25(e), (b) (6)

CASE #: AQ10-91

DOB: 10/6/1983  
SEX: MALE

\*\*\*\*\*  
\* FORENSIC QUANTITATIVE/CONFIRMATION REPORT \*  
\*\*\*\*\*

COUNTY CORONER: DON HEER  
PATHOLOGIST: JAMES A WILKERSON, MD

SPECIMEN SOURCE: POST MORTEM URINE

COLLECTION: 9/21/2010 12:00

|   | RESULT        | UNITS  | REPORTING LIMIT |
|---|---------------|--------|-----------------|
| <b>ETHANOL CONFIRMATION, BLOOD</b>            |               |        |                 |
| Analysis by Headspace Gas Chromatography (GC) |               |        |                 |
| ETHANOL<br>Synonym(s): Ethyl Alcohol          | 0.195         | mg/dL  | 10              |
| AMPHETAMINES, URINE                           | NONE DETECTED | ng/mL  | 50              |
| BARBITURATES, URINE                           | NONE DETECTED | mcg/mL | 0.03            |
| BENZODIAZEPINES, URINE                        | NONE DETECTED | ng/mL  | 50              |
| COCAINE, URINE                                | NONE DETECTED | ng/mL  | 300             |
| METHADONE, URINE                              | NONE DETECTED | ng/mL  | 300             |
| PHENCYCLIDINE, URINE                          | NONE DETECTED | ng/mL  | 25              |
| PROPOXYPHENE, URINE                           | NONE DETECTED | ng/mL  | 300             |
| OPIATES, URINE                                | NONE DETECTED | ng/mL  | 300             |
| OXYCODONE, URINE                              | NONE DETECTED | ng/mL  | 100             |
| CANNABINOIDS, URINE                           | NONE DETECTED | ng/mL  | 20              |
| ANTIDEPRESSANTS, URINE                        | NONE DETECTED |        |                 |
| PHENOTHIAZINES, URINE                         | NONE DETECTED |        |                 |
| OTHER DRUGS, URINE                            | NONE DETECTED |        |                 |

This analysis was performed under chain of custody at NMS Labs. The chain of custody documentation is on file at NMS Labs. Unless alternative arrangements are made by you, specimen used by NMS will be discarded (12) weeks from the date of this report. Remaining specimen retained at McKee Medical Center Toxicology Laboratory will either be returned to you within 6 months.

**HORIZON LABORATORY**  
2555 East 13th Street  
Suite 115  
Loveland, CO 80537  
Physician: JAMES WILKERSON, MD

(b) (3) : Exemption 3 for 25  
(c), (b) (6)

0124HCC3304

MR#: 0459661  
DOB: (b)(6) Sex: Male  
Acc#: 90-10-264-00900

Performed by: Mari Sivert - JS  
Date: 9/22/10

**C a s e I n f o r m a t i o n**

**Client:** MORGAN COUNTY CORONER  
**Case:** AQ10-91  
**Specimen:** POST MORTEM CAVITY BLOOD  
**Coroner/Medical Examiner:** DON HEER  
**Forensic Pathologist:** JAMES A WILKERSON, MD

**F o r e n s i c D r u g A n a l y s i s**

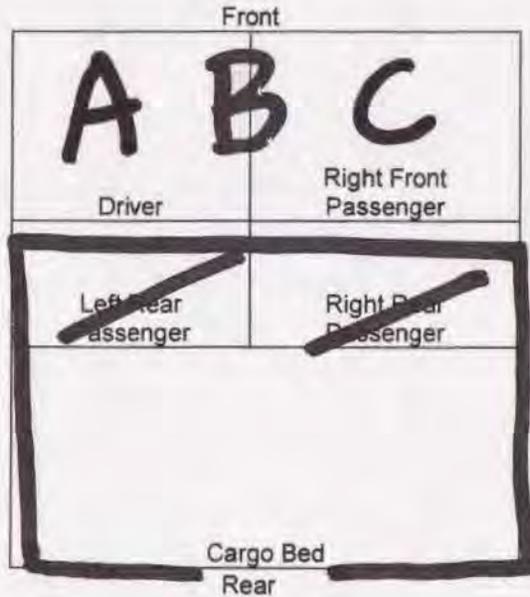
Collected Date 9/21/2010  
Collected Time 12:00:00 MDT

| Procedure         | Units         |
|-------------------|---------------|
| Carbon Monoxide ^ | None Detected |

9/21/2010 12:00:00 MDT Carbon Monoxide:  
Expected Values:  
Non-Smokers <1.5%  
Smokers 1.5 - 5.0%

9/21/2010 12:00:00 MDT Carbon Monoxide:  
Performed at McKee Medical Center 2000 Boise, Loveland, CO 80538 (970)635-4151

Utility Vehicle Data Record Sheet



The Utility Vehicle

|    |  |                   |
|----|--|-------------------|
| A: | Age: 26                                  | Height: 72"       |
|    | Gender: M                                | Weight: 185 lbs,  |
|    | Helmet (Y/N): N                          | Seatbelt (Y/N): N |
|    | Killed/Injured/Neither/Unknown: Killed   |                   |
|    | Injury Description: chest upper abs      |                   |
|    | Did vehicle land on victim: yes          |                   |
|    | Ejected (Either partially or fully): yes |                   |

|    |  |                   |
|----|--|-------------------|
| B: | Age: 32                                  | Height: unknown   |
|    | Gender: M                                | Weight: unknown   |
|    | Helmet (Y/N): N                          | Seatbelt (Y/N): N |
|    | Killed/Injured/Neither/Unknown: Injured  |                   |
|    | Injury Description: cut head             |                   |
|    | Did vehicle land on victim: No           |                   |
|    | Ejected (Either partially or fully): yes |                   |

|    |   |                   |
|----|---|-------------------|
| C: | Age: 36                                       | Height: unknown   |
|    | Gender: M                                     | Weight: unknown   |
|    | Helmet (Y/N): N                               | Seatbelt (Y/N): N |
|    | Killed/Injured/Neither/Unknown: Injured       |                   |
|    | Injury Description: knee scrap / cut elbow    |                   |
|    | Did vehicle land on victim: <del>yes</del> No |                   |
|    | 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): |                 |

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

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

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

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

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



TASK NUMBER 120126HCC3327



**U.S. CONSUMER PRODUCT SAFETY  
COMMISSION**

**WARNING**

Exhibit B should be considered as  
a restricted document.

**AN INDIVIDUAL / AGENCY WHO PROVIDED  
INFORMATION FOR THIS REPORT CONSIDERS  
SOME OF THE DATA TO BE RESTRICTED.  
PLEASE PROCESS THIS MATERIAL IN A  
CAREFUL AND PRUDENT MANNER.**



This investigation was initiated from a death certificate originally thought to concern the death on an All Terrain Vehicle (ATV). It was learned during the investigation the vehicle was an Utility Vehicle (UTV). The driver of the UTV put the vehicle in reverse and backed over a cliff into a gravel pit. The passenger in the utility vehicle was ejected. The UTV rolled over and landed on the passenger. The passenger died from compressive asphyxiation. The driver received an injury to his right shoulder. Official reports were requested and received. Additionally, the CPSC investigator interviewed the attending sheriff's deputy and also made contact with the owner of the UTV. The scene of the incident was not visited by the CPSC investigator due to travel distance.

The victim (passenger) was a 79 year-old Caucasian male, approximately 5'9" tall and 250 pounds. His physical and mental health at the time of the incident is unknown. He did not have a history of illicit drug abuse or prescription medication abuse and he was not under the influence of alcohol at the time of the incident.

The driver of the UTV was a 59 year-old Caucasian male, approximately 5'10" tall and 160 pounds. It is unknown what his physical and mental health was at the time of the incident. He was not suspected of being under the influence of any drugs, medication, or alcohol.

The incident occurred on a large ranch. The ranch operates as a guided hunting service in which individuals pay to hunt game animals. The victim was a client of the service. The driver of the utility vehicle was the victim's paid guide. The UTV is owned by the hunting service. The CPSC investigator sent a questionnaire to the owner of the UTV requesting information about the UTV. The owner of the vehicle responded to some of the questions but did not answer all of them; see Exhibit "C". Subsequently, the CPSC investigator telephoned the owner of the UTV to try and obtain more answers. She left a message requesting a call back. The owner of the UTV did not respond.

In his written response, the owner stated that the driver had taken no courses but was very experienced at driving the UTV. The owner did not provide answers to whether the UTV had any previous mechanical problems, whether there had been any previous repairs or modifications made to the UTV, or whether there were any after-market accessories added to the UTV. He also did not disclose the model of the UTV or the VIN of the UTV.

Based on information supplied by the owner of the UTV, the vehicle may have been included in previous CPSC recalls; see Exhibit "E". It is unknown whether the owner had received notice of these recalls and whether any remedy was made to the vehicle due to these recalls.

On October 12, 2010, the victim and his tour group had breakfast at the lodge on the ranch. They left the lodge around 6:15am to begin their hunting expedition. It was dark and very foggy outside. The tour guide was wearing a head lamp to supplement the light from the utility vehicle's headlights. The tour guide said he could only see a few feet in front of him. The tour guide was the driver of the utility vehicle. His passenger (the victim) was seated next to him. Both were not wearing seatbelts or helmets.

The driver drove the UTV about a half-mile from the lodge, down a dirt road to a gravel pit. The driver had turned off of the main road and realized that he had gone the wrong way. The driver then put the UTV into reverse and backed up over the embankment into the gravel pit, about a

ten foot drop. When the UTV backed over the embankment the passenger was ejected from the UTV. The UTV flipped over backwards and landed on top of the passenger. The passenger was pinned under the roof of the UTV. It is unclear how the driver escaped the vehicle.

The driver frantically called for help on his radio. The victim told the driver several times, "It's heavy." Emergency 911 was called at 6:18am. Members of the group brought a pick-up truck to the scene to hook a winch onto the UTV and lift it off the victim. The victim stopped breathing before it could be lifted. The medical examiner determined the victim died from compressive asphyxiation. An autopsy was not conducted.

According to the sheriff's deputy, speed is not believed to be a factor in the incident. He does not believe there was a malfunction of the UTV. He suspects the incident was due to the driver's limited visibility.

### **PRODUCT DESCRIPTION**

The product is a **2010 Bad Boy Buggy** utility vehicle. The model number is unknown. The VIN number is unknown. It is unknown when and where the vehicle was purchased. No other information about the vehicle is known.

The manufacturer is:

Bad Boy Buggies  
1451 Marvin Griffin Road  
Augusta, GA 30906  
Phone: 800-241-5855

### **ATTACHMENTS**

- Exhibit "A"** – Sheriff's Report, 4 pages
- Exhibit "B"** – Medical Examiner's Report, 2 pages
- Exhibit "C"** – UTV Questionnaire, 1 page
- Exhibit "D"** – Data Record Sheet – UTV, 1 page
- Exhibit "E"** – CPSC Releases (10-015, 11-079, 12-022), 8 pages

120126HCC3327  
Exhibit "A", 4 pages

# Incident Report

## DOUGLAS COUNTY SHERIFF'S OFFICE

**10-3857**

Supplement No  
**ORIG**



1036 SE DOUGLAS AVE  
ROSEBURG, OR 97470

Reported Date  
**10/12/2010**  
Nature of Call  
**57**  
Officer  
**WHIPPLE, ANDREW J**

PH: 541-440-6140  
FAX: 541-440-4470

| Administrative Information      |                            |                  |               |                   |  |  |
|---------------------------------|----------------------------|------------------|---------------|-------------------|--|--|
| Agency                          | Report No                  | Supplement No    | Reported Date | Reported Time     |  |  |
| DOUGLAS COUNTY SHERIFF'S OFFICE | 10-3857                    | ORIG             | 10/12/2010    | 06:58             |  |  |
| CAD Call No                     | Status                     | Nature of Call   |               |                   |  |  |
| 102850047                       | Non Criminal Case - Closed | UNATTENDED DEATH |               |                   |  |  |
| Location                        |                            |                  | City          |                   |  |  |
| (b)(3) Exemption 3 for 25(c)    |                            |                  | (b)(3) Exe    |                   |  |  |
| Ben Dist                        | Area                       | Beat             | From Date     | From Time         |  |  |
| (b)(3) Exemption 3 for 25(c)    | DCCP                       | RC               | 10/12/2010    | 06:58             |  |  |
| Officer                         | Assignment                 |                  | Entered by    |                   |  |  |
| AJWHIP/WHIPPLE, ANDREW J        | ROSEBURG DEPUTY            |                  | AJWHIP        |                   |  |  |
| Assignment                      | RMS Transfer               | Prop Trans Stat  | Property?     | Approving Officer |  |  |
| ROSEBURG DEPUTY                 | Successful                 | Assigned Tag No  | Yes           | NZGARC            |  |  |
| Approval Date                   | Approval Time              |                  |               |                   |  |  |
| 10/12/2010                      | 23:28:12                   |                  |               |                   |  |  |
| Photographs - 35mm              |                            |                  |               |                   |  |  |
| Yes                             |                            |                  |               |                   |  |  |

| Person Summary |         |      |                              |        |      |     |                              |
|----------------|---------|------|------------------------------|--------|------|-----|------------------------------|
| Invl           | Invl No | Type | Name                         | MNI    | Race | Sex | DOB                          |
| DEC            | 1       | I    | (b)(3) Exemption 3 for 25(c) | 672740 | W    | M   | (b)(3) Exemption 3 for 25(c) |
| MEN            | 1       | I    | (b)(3) Exemption 3 for 25(c) | 672753 | W    | M   | (b)(3) Exemption 3 for 25(c) |
| MEN            | 2       | I    | (b)(3) Exemption 3 for 25(c) | 624607 | W    | M   | (b)(3) Exemption 3 for 25(c) |
| MEN            | 3       | I    | (b)(3) Exemption 3 for 25(c) | 672765 | W    | M   | (b)(3) Exemption 3 for 25(c) |
| MEN            | 4       | L    | ME JENNI GALL                |        |      |     |                              |
| MEN            | 5       | I    | (b)(3) Exemption 3 for 25(c) | 672769 | W    | M   |                              |

| Property Summary |  |
|------------------|--|
| Involvement      | SPK  |
| Description      | ARTICLE: PURSES/WALLETS WALLET BROWN LEATHER Brown Leather Wallet with \$1273.00 inside it |

**Summary Narrative**  
(b) was killed in an ATV accident at (b)(3) Exemption 3 for 25(c)

# Incident Report

## DOUGLAS COUNTY SHERIFF'S OFFICE

10-3857

Supplement No  
ORIG

**Deceased/Dead Body 1:** (b)(3) Exemption 3 for 25(c)

|                      |                              |               |                              |           |
|----------------------|------------------------------|---------------|------------------------------|-----------|
| Involvement          | Invl No                      | Type          | Name                         | MNI       |
| Deceased/Dead Body   | 1                            | Individual    | (b)(3) Exemption 3 for       | (b)(3) Ex |
| Race                 | Sex                          | DOB           | Age                          | Juvenile? |
| White                | Male                         | (b)(3) Exempt | 79                           | No        |
| Res Status: Resident |                              |               |                              |           |
| Type                 | Address                      |               | City                         | State     |
| Home                 | (b)(3) Exemption 3 for 25(c) |               | (b)(3) Exemption 3 for 25(c) |           |
| ZIP Code: (b)(3) Ex  |                              |               |                              |           |
| Phone Type           | Phone No                     |               |                              |           |
| Home                 | (b)(3) Exemption 3           |               |                              |           |

### Medical

|                           |                      |             |      |
|---------------------------|----------------------|-------------|------|
| NOK Notified?             | Mortuary Name        | On Call?    | CCH? |
| No                        | PIERSON FUNERAL HOME | Yes         | No   |
| Injury Place              | Injury Date          | Injury Time |      |
| POSSIBLY CHEST            | 10/12/2010           | 06:15:00    |      |
| How Injured: ATV ACCIDENT |                      |             |      |

**Mentioned 1:** (b)(3) Exemption 3 for

|                     |                    |            |                              |            |       |
|---------------------|--------------------|------------|------------------------------|------------|-------|
| Involvement         | Invl No            | Type       | Name                         | MNI        | Race  |
| Mentioned           | 1                  | Individual | (b)(3) Exemption             | (b)        | White |
| Sex                 | DOB                | Age        | Juvenile?                    | Res Status |       |
| Male                | (b)(3) Exempt      | 60         | No                           | Resident   |       |
| Type                | Address            |            | City                         | State      |       |
| Home                | (b)(3) Exemption   |            | (b)(3) Exemption 3 for 25(c) |            |       |
| ZIP Code: (b)(3) Ex |                    |            |                              |            |       |
| Phone Type          | Phone No           |            |                              |            |       |
| Cell                | (b)(3) Exemption 3 |            |                              |            |       |

**Mentioned 2:** (b)(3) Exemption 3 for 25(c)

|             |                              |            |                              |            |        |
|-------------|------------------------------|------------|------------------------------|------------|--------|
| Involvement | Invl No                      | Type       | Name                         | MNI        | Race   |
| Mentioned   | 2                            | Individual | (b)(3) Exemption 3 for       | (b)(3) Ex  | White  |
| Sex         | DOB                          | Age        | Juvenile?                    | Height     | Weight |
| Male        | (b)(3) Exempt                | 44         | No                           | 5'11"      | 240#   |
| Hair Color  |                              | Eye Color  |                              | Res Status |        |
| Brown       |                              | Brown      |                              | Resident   |        |
| Type        | Address                      |            | City                         | State      |        |
| Home        | (b)(3) Exemption 3 for 25(c) |            | (b)(3) Exemption 3 for 25(c) |            |        |

**Mentioned 3:** (b)(3) Exemption 3 for 25(c)

|               |                        |            |                              |            |       |
|---------------|------------------------|------------|------------------------------|------------|-------|
| Involvement   | Invl No                | Type       | Name                         | MNI        | Race  |
| Mentioned     | 3                      | Individual | (b)(3) Exemption 3 for 25(c) | (b)(3) Ex  | White |
| Sex           | DOB                    | Age        | Juvenile?                    | Res Status |       |
| Male          | (b)(3) Exempt          | 26         | No                           | Resident   |       |
| Type          | Address                |            | City                         | State      |       |
| Home          | (b)(3) Exemption 3 for |            | (b)(3) Exemption 3 for 25(c) |            |       |
| ZIP Code: (b) |                        |            |                              |            |       |
| Phone Type    | Phone No               |            |                              |            |       |
| Cell          | (b)(3) Exemption 3     |            |                              |            |       |

**Mentioned 4: ;ME JENNI GALL**

|               |                     |                         |                |
|---------------|---------------------|-------------------------|----------------|
| Involvement   | Invl No             | Type                    | Name           |
| Mentioned     | 4                   | Law Enforcement Officer | ;ME JENNI GALL |
| Type          | Address             |                         | City           |
| Work/Business | 1036 DOUGLAS AV ,RB |                         | Roseburg       |

**Mentioned 5:** (b)(3) Exemption 3

|             |                    |            |                  |     |       |
|-------------|--------------------|------------|------------------|-----|-------|
| Involvement | Invl No            | Type       | Name             | MNI | Race  |
| Mentioned   | 5                  | Individual | (b)(3) Exemption | (b) | White |
| Sex         | Res Status         |            |                  |     |       |
| Male        | Resident           |            |                  |     |       |
| Phone Type  | Phone No           |            |                  |     |       |
| Home        | (b)(3) Exemption 3 |            |                  |     |       |

# Incident Report

## DOUGLAS COUNTY SHERIFF'S OFFICE

10-3857

Supplement No  
ORIG

| Property                                      |             |             |                        |         |     |        |  |      |                |  |
|---|-------------|-------------|------------------------|---------|-----|--------|--|------|----------------|--|
| Item  | Involvement | In Custody? | Tag No                 | Item No |     |        |  |      |                |  |
| 1   | Safekeeping | Yes         | 100002053              | 1       |     |        |  |      |                |  |
| Description                                   |             |             |                        |         |     |        |  | Type | Cat            |  |
| Brown Leather Wallet with \$1273.00 inside it |             |             |                        |         |     |        |  | A    | PURSES/WALLETS |  |
| Article                                       | Brand       | Model       | # Pieces               |         |     |        |  |      |                |  |
| WALLET  | BROWN       | LEATHER     | 1                      |         |     |        |  |      |                |  |
| Link  | Involvement | Invl No     | Name                   | Race    | Sex | DOB    |  |      |                |  |
| OWN   | DEC         | 1           | (b)(3) Exemption 3 for | W       | M   | (b)(3) |  |      |                |  |
| Modus Operandi                                |             |             |                        |         |     |        |  |      |                |  |
| Crime Code(s)                                 |             |             |                        |         |     |        |  |      |                |  |
| MISCELLANEOUS                                 |             |             |                        |         |     |        |  |      |                |  |
| Narrative                                     |             |             |                        |         |     |        |  |      |                |  |

On Tuesday, October 12, 2010 I arrived at the listed address regarding a possible unattended death.

I arrived on scene at 0745 hours. The property where the accident took place belonged to a guided hunting service called Western Oregon Outfitters. (b)(3) Exemption 3 was the owner of Western Oregon Outfitters.

The scene of the accident was about a half mile down a dirt road from the main lodge. The location of the accident looked like a gravel pit with several shelves to it. There was a road going up the left side of the gravel pit onto a large shelf. Below the large shelf was a bowl with about a ten foot vertical drop (For a more accurate description of the location see the pictures). The ATV was laying upside down at the bottom of the bowl. (b)(3) pickup was in front of the ATV with a winch cable hooked to it.

EMT's were already on scene and had pronounced (b)(3) deceased.

I contacted (b)(3) Exemption 3

(b)(3) told me (b)(3) was driving the ATV. (b)(3) said (b)(3) is a hunting guide for the ranch.

(b)(3) said (b)(3) was frantically asking for help over the radio. (b)(3) said his wife heard (b)(3) asking for help on the radio and she came running over to the lodge to tell him (b)(3). (b)(3) said he jumped on his ATV and drove to the accident site.

(b)(3) said when he got there (b)(3) was pinned underneath the overturned ATV. (b)(3) told his son (b)(3) who also went with him, to go get the pickup so they could winch the ATV off of (b)(3). (b)(3) yelled for someone to call 911. (b)(3) said (b)(3) brought the pickup back and they hooked the winch to the ATV. (b)(3) said right about the time they found a spot to connect the winch, (b)(3) stopped breathing.

(b)(3) said he was able to winch the ATV up enough to free (b)(3) body. He said he moved (b)(3) so EMT's could try to resuscitate him.

After speaking to (b)(3) I took pictures of the accident scene. I started on the dirt road leading to the accident and worked my way towards the overturned ATV. There were tracks from the ATV leading up and onto the shelf of the gravel pit.

I observed the tracks were leading straight in to the back of the gravel pit. It looked like the tracks lead from the back of the gravel pit toward the drop off in to the bowl.

Based on the tracks and the position of the ATV, it appears he backed over the north end of the bowl. The ATV went down backwards, it hit rear first and flipped backward onto it's top. (b)(3) would have been ejected from the ATV when the rear end first hit. The ATV then flipped over backward and pinned (b)(3) underneath the roof.

I contacted Medical Examiner Jenni Gall and explained the circumstances. I later received the next of kin information which I gave to Medical Examiner Gall. Medical Examiner Gall authorized the release of the body to Pearsons Funeral Home.

After Pearsons picked up (b)(3) body I went inside the lodge to contact (b)(3)

I observed (b)(3) was very distraught and crying throughout our conversation.

(b)(3) told me he got up about 4am and had breakfast in the lodge with (b)(3) at about 4:30am. (b)(3)

|                          |                  |             |
|--------------------------|------------------|-------------|
| Report Officer           | Printed At       | Page 3 of 4 |
| AJWHIP/WHIPPLE, ANDREW J | 01/31/2012 13:35 |             |

**Incident Report**  
**DOUGLAS COUNTY SHERIFF'S OFFICE**

10-3857

Supplement No  
ORIG**Narrative**

said they left the lodge at about 6:15am to go hunting.

(b) said it was very dark and foggy. (b) said it was so foggy he wore a head lamp to see in front of him. (b)(3)E said he was using the headlights on the ATV. (b) said he could only see a few feet in front of him.

(b) said he turned off the main road and up onto the shelf of the gravel pit. He drove forward into the hillside and realized he went the wrong way. (b)(3)E said he then backed up to turn around. (b) said the next thing he knew they flipped over backwards.

(b) said he tried to move the ATV off of (b) who was trapped under it. (b) said he could not move the ATV because it was too heavy.

(b)(3)E said (b) kept saying, "It's heavy"

(b)(3)E said he ran down the road for help and realized he had a radio in his pocket. (b) said he called for help on the radio and (b)(3) showed up shortly after his call.

While speaking with (b) I noticed he was in a lot of pain. He said his right shoulder hurt and he had trouble lifting his right arm. I did not detect any odor of alcohol coming from (b)(3)E's breath.

I later called (b)(3)E wife and learned they took (b)(3)E to the hospital for his shoulder. (b) wife told me (b)(3) brother (b)(3) had been contacted.

I took possession of (b)(3) wallet and placed into property for safe keeping. The wallet can be released to (b) family at any time. I noted there was \$1,273.00 in cash inside the wallet.

Case closed non-criminal.





120126HCC3327

120126HCC3327  
Exhibit "C", 1 page

Western Oregon Outfitters  
2868 South Deer Creek Rd  
Roseburg, OR 97470

**All-Terrain Vehicle involved in incident resulting in a death on October 12, 2010:**

MAKE: BAD BOY BUGGY UTV  
MODEL: ?  
YEAR: 2010  
VIN: ?

**Had there been any previous mechanical problems with the ATV prior to the incident?**

**Were there any previous repairs or modifications made to the ATV prior to the incident?**

**Were there any "after-market" accessories added to the ATV prior to the incident?**

**At the time of the incident what was the:**

**Height and Weight of Driver?**

Driver - 5'10 160 Pass - 5'9 250

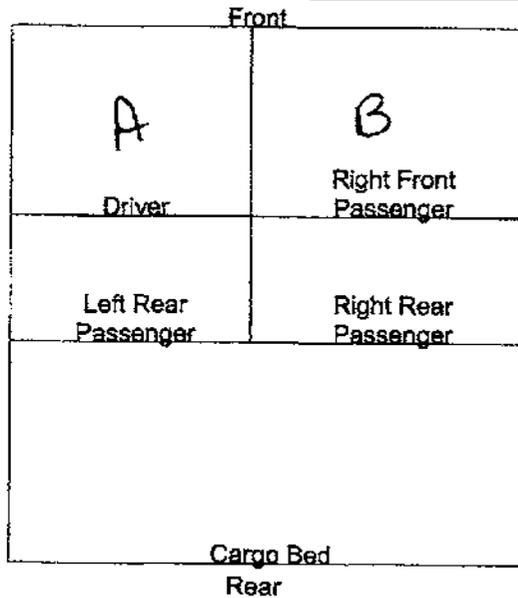
**Experience Level of Driver?**

**(Any specific ATV training courses?)**

no courses, Very experienced

Please return the completed questionnaire to:

Investigator Cheryl Jenkins  
U.S. Consumer Product Safety Commission  
1600-B SW Dash Point Rd; #99  
Federal Way, WA 98023  
Phone: 253-941-4455  
Fax: 866-855-5690



The Utility Vehicle

|    |  |                   |
|----|--|-------------------|
| A: | Age: 60                                      | Height: 5'10"     |
|    | Gender: M                                    | Weight: 160       |
|    | Helmet (Y/N): N                              | Seatbelt (Y/N): N |
|    | Killed/Injured/Neither/Unknown: Survived     |                   |
|    | Injury Description: Unknown                  |                   |
|    | Did vehicle land on victim: No               |                   |
|    | Ejected (Either partially or fully): Unknown |                   |

|    |  |                   |
|----|--|-------------------|
| B: | Age: 79                                  | Height: 5'9"      |
|    | Gender:                                  | Weight: 250       |
|    | Helmet (Y/N): N                          | Seatbelt (Y/N): N |
|    | Killed/Injured/Neither/Unknown: Killed   |                   |
|    | Injury Description: Death                |                   |
|    | Did vehicle land on victim: Yes          |                   |
|    | 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. Consumer Product Safety Commission

Office of Information and Public Affairs

Washington, DC 20207

FOR IMMEDIATE RELEASE  
October 21, 2009  
Release # 10-015

120126HCC3327  
Exhibit "E", 8 pages

**Firm's Recall Hotline: (866) 678-6701**  
CPSC Recall Hotline: (800) 638-2772  
CPSC Media Contact: (301) 504-7908

Note: there is a subsequent recall of this product

### Off-Road Utility Vehicles Recalled by Bad Boy Enterprises Due To Crash Hazard

WASHINGTON, D.C. - The U.S. Consumer Product Safety Commission, in cooperation with the firm named below, today announced a voluntary recall of the following consumer product. Consumers should stop using recalled products immediately unless otherwise instructed. It is illegal to resell or attempt to resell a recalled consumer product.

**Name of Product:** Classic Buggies

**Units:** About 3,900

**Manufacturer:** Bad Boy Enterprises LLC, of Natchez, Miss.

**Hazard:** The off-road vehicles can accelerate without warning, posing a risk of injury to the user and/or bystander.

**Incidents/Injuries:** Bad Boy Enterprises has received 32 reports of unexpected acceleration, including reports of injuries such as a fractured toe, rotator cuff injury and sore muscles.

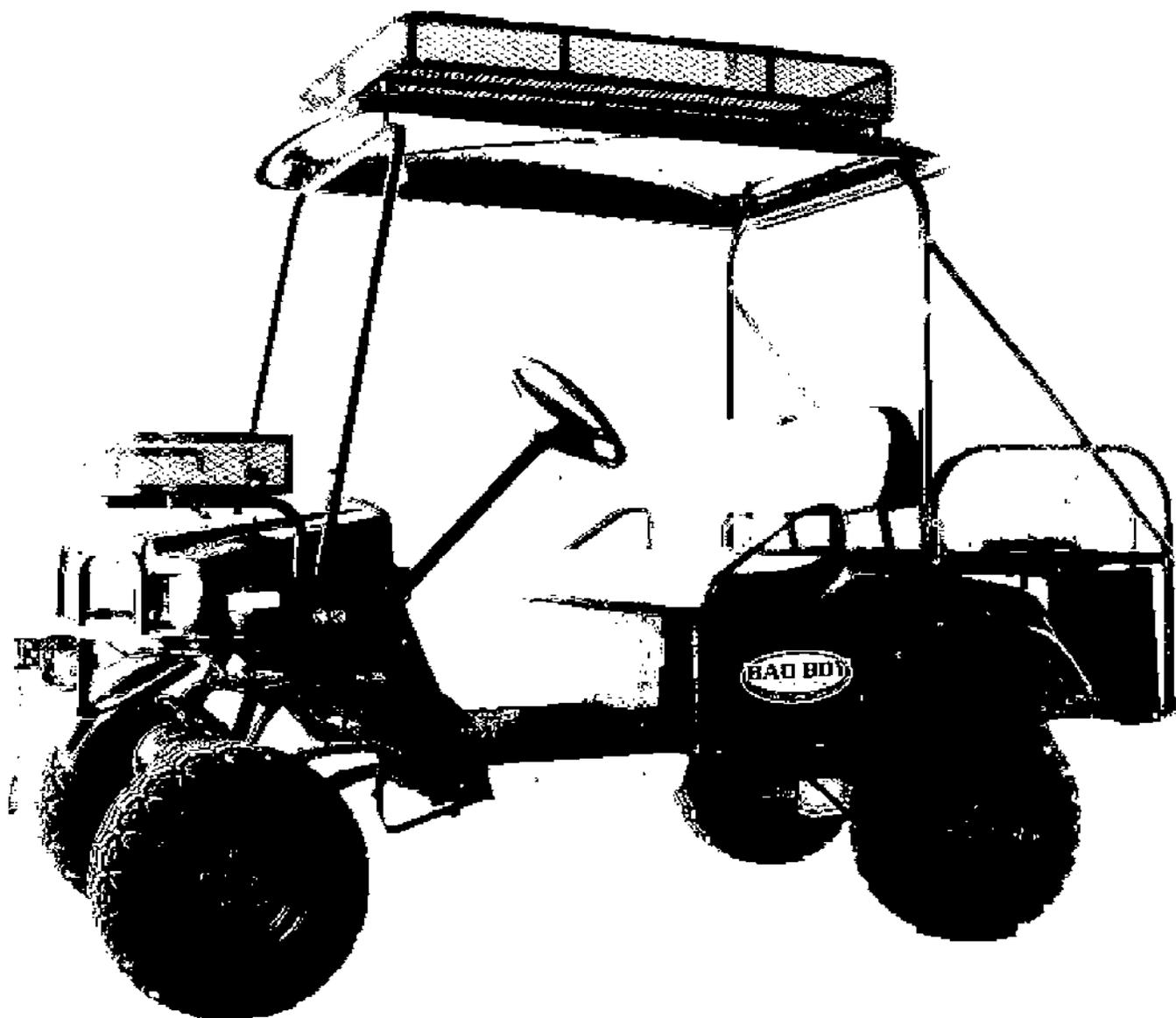
**Description:** This recall involves Bad Boy Buggy Standard model off-road utility vehicles. The Bad Boy Buggy Standard model has one row seat that allows two persons (the driver and passenger) to sit side-by-side while the vehicle is operated. The Standard has an open air design (no doors or windows), but has a roof. The Bad Boy Buggy Standard models come in Realtree camouflage pattern, Hardwoods camouflage pattern, hunter green, red and black colors. The affected models have serial numbers between 85004828 and 95010404. The serial number is located on a sticker in a cubby on the driver's side.

**Sold by:** Authorized dealers nationwide from June 2007 through July 2009 for about \$10,000.

**Manufactured in:** United States

**Remedy:** Consumers should immediately stop using the buggies and contact their Bad Boy Buggy dealer for a free repair.

**Consumer Contact:** For additional information, contact Bad Boy Enterprises toll-free at (866) 678-6701 between 8 a.m. and 5 p.m. CT Monday through Friday, or visit the firm's Web site at [www.badboyenterprises.com](http://www.badboyenterprises.com)



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The U.S. Consumer Product Safety Commission (CPSC) is still interested in receiving incident or injury reports that are either directly related to this product recall or involve a different hazard with the same product. Please tell us about your experience with the product on [SaferProducts.gov](http://www.saferproducts.gov)

CPSC is charged with protecting the public from unreasonable risks of injury or death associated with the use of the thousands of consumer products under the agency's jurisdiction. Deaths, injuries, and property damage from consumer product incidents cost the nation more than \$900 billion annually. CPSC is committed to protecting consumers and families from products that pose a fire, electrical, chemical, or mechanical hazard. CPSC's work to ensure the safety of consumer products - such as toys, cribs, power tools, cigarette lighters, and household chemicals - contributed to a decline in the rate of deaths and injuries associated with consumer products over the past 30 years.

Under federal law, it is illegal to attempt to sell or resell this or any other recalled product.

To report a dangerous product or a product-related injury, go online to: [SaferProducts.gov](http://www.saferproducts.gov), call CPSC's Hotline at (800) 638-2772 or teletypewriter at (301) 595-7054 for the hearing and speech impaired. Consumers can obtain this news release and product safety information at [www.cpsc.gov](http://www.cpsc.gov). To join a free e-mail subscription list, please go to [www.cpsc.gov/cpsclist.aspx](http://www.cpsc.gov/cpsclist.aspx).

## U.S. Consumer Product Safety Commission

Office of Information and Public Affairs

Washington, DC 20207

FOR IMMEDIATE RELEASE

December 22, 2010

Release #11-079

**Firm's Recall Hotline: (855) 738-3711**

CPSC Recall Hotline: (800) 638-2772

CPSC Media Contact: (301) 504-7908

Note: there is another subsequent recall of this product

### **BB Buggies Recalls Classic Bad Boy Buggies Again Due To Crash Hazard**

WASHINGTON, D.C. - The U.S. Consumer Product Safety Commission, in cooperation with the firm named below, today announced a voluntary recall of the following consumer product. Consumers should stop using recalled products immediately unless otherwise instructed. It is illegal to resell or attempt to resell a recalled consumer product.

**Name of Product:** Classic Buggies

**Units:** About 9,300. Consumers who participated in the October 2009 recall should also participate in this recall, because the initial repair did not adequately fix the hazard.

**Manufacturer:** Bad Boy Enterprises LLC, of Natchez, Miss. This recall is being performed by BB Buggies Inc., which recently acquired certain assets of Bad Boy Enterprises, LLC.

**Hazard:** The off-road vehicles can accelerate without warning, posing a risk of injury to the user and/or bystanders.

**Incidents/Injuries:** Since the October 2009 recall announcement, BB Buggies has received 27 additional reports of unexpected acceleration, including reports of arm and leg fractures.

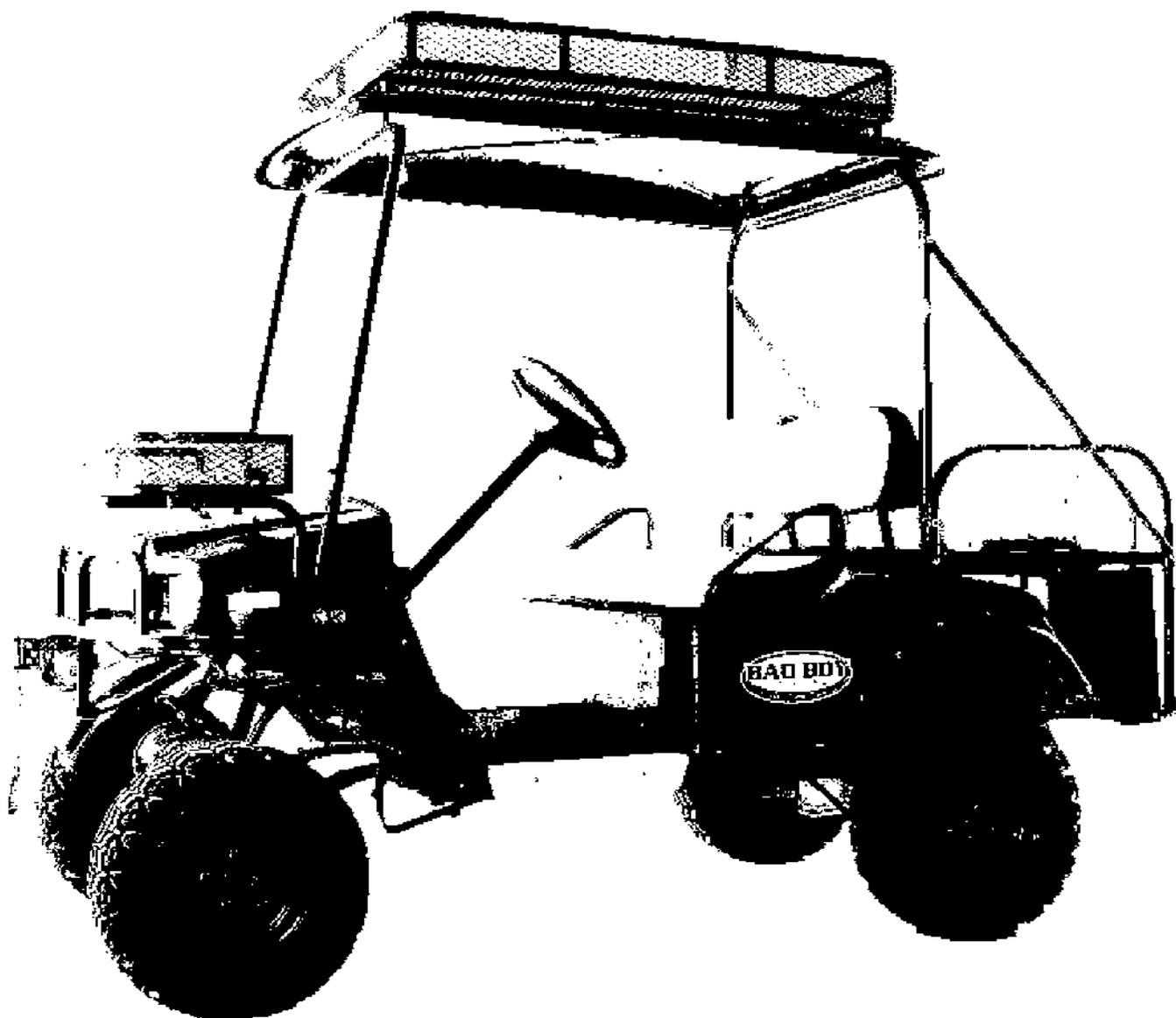
**Description:** This expanded recall involves all Bad Boy Classic model off-road utility vehicles manufactured from early 2003 through May 2010. Bad Boy Buggy Classic models come in camouflage patterns, hunter green, red and black colors. The XT model is not included in this recall.

**Sold by:** Authorized dealers nationwide from Spring 2003 through June 2010 for about \$10,000.

**Manufactured in:** United States

**Remedy:** Consumers should immediately stop using the buggies and contact their BB Buggies dealer to schedule a free repair.

**Consumer Contact:** For additional information, contact BB Buggies toll-free at (855) 738-3711 between 8 a.m. and 5 p.m. CT Monday through Friday, or visit the firm's Web site at [www.badboybuggies.com](http://www.badboybuggies.com)



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The U.S. Consumer Product Safety Commission (CPSC) is still interested in receiving incident or injury reports that are either directly related to this product recall or involve a different hazard with the same product. Please tell us about your experience with the product on [SaferProducts.gov](http://www.saferproducts.gov)

CPSC is charged with protecting the public from unreasonable risks of injury or death associated with the use of the thousands of consumer products under the agency's jurisdiction. Deaths, injuries, and property damage from consumer product incidents cost the nation more than \$900 billion annually. CPSC is committed to protecting consumers and families from products that pose a fire, electrical, chemical, or mechanical hazard. CPSC's work to ensure the safety of consumer products - such as toys, cribs, power tools, cigarette lighters, and household chemicals - contributed to a decline in the rate of deaths and injuries associated with consumer products over the past 30 years.

Under federal law, it is illegal to attempt to sell or resell this or any other recalled product.

To report a dangerous product or a product-related injury, go online to: [SaferProducts.gov](http://www.saferproducts.gov), call CPSC's Hotline at (800) 638-2772 or teletypewriter at (301) 595-7054 for the hearing and speech impaired. Consumers can obtain this news release and product safety information at [www.cpsc.gov](http://www.cpsc.gov). To join a free e-mail subscription list, please go to [www.cpsc.gov/cpsclist.aspx](http://www.cpsc.gov/cpsclist.aspx).

## U.S. Consumer Product Safety Commission

Office of Communications

Washington, D.C.

FOR IMMEDIATE RELEASE

October 26, 2011

Release #12-022

**Firm's Recall Hotline: (855) 738-3711**

CPSC Recall Hotline: (800) 638-2772

CPSC Media Contact: (301) 504-7908

### **Bad Boy Buggies Recalled by BB Buggies Due to Loss of Steering Control and Crash Hazard**

WASHINGTON, D.C. - The U.S. Consumer Product Safety Commission, in cooperation with the firm named below, today announced a voluntary recall of the following consumer products. Consumers should stop using recalled products immediately unless otherwise instructed. It is illegal to resell or attempt to resell a recalled consumer product.

**Name of Product:** Bad Boy Buggies off-road utility vehicles

**Units:** About 3,200 (Bad Boy Classic buggies were previously recalled in October 2009 and in December 2010)

**Manufacturer:** BB Buggies Inc., of Augusta, Ga. and Bad Boy Enterprises LLC, of Natchez, Miss.

**Hazard:** The steering assembly arm can break and cause the driver to lose control, posing a crash hazard.

**Incidents/Injuries:** The firm has received 15 reports of the steering assembly arm breaking. No injuries have been reported.

**Description:** This recall involves Bad Boy LT, Classic, XT, XTO and XT Safari model electric off-road utility vehicles. The utility vehicles have four wheels, bench seats for the operator and passengers and were sold in camouflage patterns, hunter green, red and black. "Bad Boy" is printed on the side or front of the vehicles.

**Sold at:** Bad Boy Buggy dealers nationwide from August 2009 through June 2011 for between \$7,000 and \$15,000.

**Manufactured in:** United States

**Remedy:** Consumers should immediately stop using the recalled utility vehicles and contact an authorized dealer or BB Buggies for a free replacement of the steering assembly.

**Consumer Contact:** For additional information, contact BB Buggies toll-free at (855) 738-3711 between 8 a.m. and 5 p.m. ET or visit the firm's website at [www.badboybuggies.com](http://www.badboybuggies.com)



**Bad Boy Buggy Classic Model**



**Bad Boy Buggy LT Model**



**Bad Boy Buggy XT and XTO Models**



Bad Boy Buggy Safari Model

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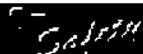
The U.S. Consumer Product Safety Commission (CPSC) is still interested in receiving incident or injury reports that are either directly related to this product recall or involve a different hazard with the same product. Please tell us about your experience with the product on [SaferProducts.gov](http://SaferProducts.gov)

CPSC is charged with protecting the public from unreasonable risks of injury or death associated with the use of the thousands of consumer products under the agency's jurisdiction. Deaths, injuries, and property damage from consumer product incidents cost the nation more than \$900 billion annually. CPSC is committed to protecting consumers and families from products that pose a fire, electrical, chemical, or mechanical hazard. CPSC's work to ensure the safety of consumer products - such as toys, cribs, power tools, cigarette lighters, and household chemicals - contributed to a decline in the rate of deaths and injuries associated with consumer products over the past 30 years.

Under federal law, it is illegal to attempt to sell or resell this or any other recalled product.

To report a dangerous product or a product-related injury, go online to: [SaferProducts.gov](http://SaferProducts.gov), call CPSC's Hotline at (800) 638-2772 or teletypewriter at (301) 595-7054 for the hearing and speech impaired. Consumers can obtain this news release and product safety information at [www.cpsc.gov](http://www.cpsc.gov). To join a free e-mail subscription list, please go to [www.cpsc.gov/cpsclist.aspx](http://www.cpsc.gov/cpsclist.aspx).

Connect with us!



YouTube



Twitter



Flickr

**CONTACTS**

*Douglas County Sheriff's Office  
1036 SE Douglas Avenue  
Roseburg, OR 97470  
FAX: 541-440-4470*

January 30, 2012 – CPSC investigator requested official reports

March 7, 2012 – CPSC investigator interviewed Deputy Andrew Whipple who was on scene reporting the incident after it happened.

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*Douglas County Medical Examiner's Office  
1036 SE Douglas Avenue  
Roseburg, OR 97470  
FAX: 541-957-2088*

January 30, 2012 – CPSC investigator requested official reports.

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*David Trinchero  
Western Oregon Outfitters  
2868 South Deer Creek Rd  
Roseburg, OR 97470  
Phone: 707-965-1430*

March 7, 2012 – CPSC investigator sent a questionnaire to the hunting firm at which the incident took place. The UTV belongs to the firm.

April 9, 2012 – CPSC investigator called Western Oregon Outfitters to obtain additional information about the UTV.

## Estelle, Gerri

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**From:** Jack, Sandra [SJack@textron.com]  
**Sent:** Wednesday, July 11, 2012 4:16 PM  
**To:** Clearinghouse  
**Subject:** Investigation Report Number 120126HCC3327

BB Buggies Inc. Comments in response to June 29, 2012 letter RE I20126HCC3327:

BB Buggies Inc. (BBI) was first advised of the October 12, 2010 Roseburg, Oregon accident through the June 29, 2012 communication from the Pamela McDonald RE: I20126HCC3327 (received July 5 by BBI). However, no information on the model or VIN number for the incident product was included in this communication. Without this information, BBI cannot verify whether the accident vehicle may have been subject to the Bad Boy Buggy recalls related to sudden acceleration and/or steering assembly failures (Oct. 2009 # 10-015, December 2010 # 11-079 or October 2011 # 12-022).

If the vehicle was manufactured prior to July 1, 2010 the selling dealer for the product would have received information concerning the sudden acceleration recalls communicated by CPSC Releases # 10-015 and # 11-079. Any vehicle manufactured after July 1, 2010 would not be subject to this recall. The loss of steering control recall, which applies to vehicles manufactured from August 2009 through June 2011, was initiated in October 2011— or roughly one year after the date of this accident.

BB Buggies, Inc. would like to be notified if the Commission receives a request under the Freedom of Information Act for disclosure of information concerning this incident. Thank you.

Sandra F. Jack  
Chief Paralegal  
Textron Inc.  
40 Westminster Street  
Providence, RI 02903  
Tel: 401-457-2471  
Fax: 401-457-3696  
email: [sjack@textron.com](mailto:sjack@textron.com)

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TASK NUMBER : 120126HCC3327

**PRODUCT SEARCH HISTORY:**

CPSC investigator conducted a basic query of CPSC databases, to include: CPSCnet, Section 15 database, CPSC 360 and IPII database for incidents involving a "Bad Boy Buggy" utility vehicle.

Findings: There are at least 43 reports of incidents involving a "Bad Boy Buggy" UTV. Many describe the vehicle as accelerating without warning.

There have been three recalls of this vehicle, Release #10-015, 11-079, and 12-022.



**U.S. CONSUMER PRODUCT SAFETY  
COMMISSION**

**WARNING - INTERNAL USE ONLY**

**Do not release this information outside CPSC**



IDI #120202HCC2312

This investigation was initiated as a result of the State of Missouri having forwarding to the Consumer Product Safety Commission (CPSC) a Certificate of Death pertaining to an individual who died as a result of a Utility Terrain Vehicle (UTV) accident.

This IDI consisted of the following investigative information: a Perry County Missouri Coroner's Report and a Missouri State Highway Patrol Accident Report.

#### **NARRATIVE**

"All information in this report was acquired from the Perry County Missouri Coroner's Office."

On 4/10/2011 a 95 year old female died while riding on a UTV. According to the Perry County Coroner's report, the driver stated his foot slipped and hit the gas pedal causing the ATV (the ATV is actually a UTV) to move forward making a sharp right turn causing the Victim to fall out of the ATV and the ATV subsequently rolled over her. The Victim was transported to an area hospital by private car belonging to a witness but the Victim later died on 6/29/2011; cause of death was identified as body trauma due to ATV roller.

The Perry County Coroner's Report and Missouri State Patrol Accident Reports do not indicate if alcohol or use of any legal/illicit drugs or medications were involved on behalf of the driver or the Victim. These two reports do not disclose any information regarding the type of terrain, weather conditions, the speed the UTV was traveling at the time of this incident; nor was any information disclosed about the kind of seatbelts that were equipped on the UTV. Also, the reports do not state if the driver or Victim were wearing helmets or seatbelts; nor do the reports indicate if the driver or Victim had completed ATV/UTV Safety Training. No other relevant information pertaining to this UTV incident was disclosed or obtained.

**SAMPLE COLLECTION**

No sample of the product was obtained.

**PRODUCT IDENTIFICATION**

The UTV involved in this incident is a 2007 Polaris Ranger, VIN# 4XARH50A67D050093; (size of the UTV's motor was not reported by the investigating official). This ATV is manufactured by Polaris Industries, 2100 Highway 55, Medina, MN 55340; Phone: (1)888-704-5290.

**ATTACHMENTS**

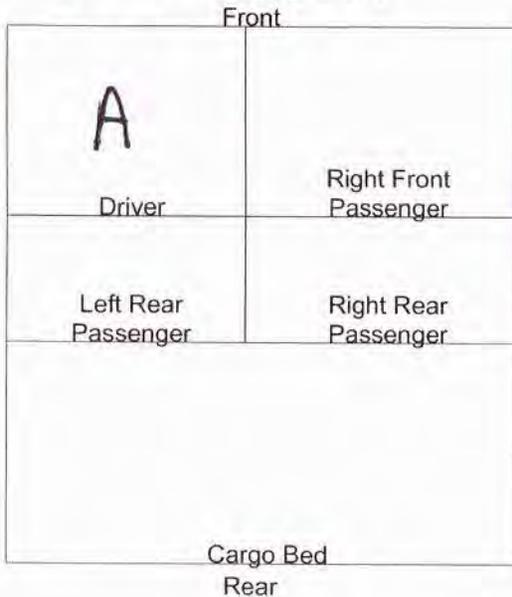
**Exhibit-A** Utility Vehicle Data Record Sheet. (1 Page)

**Exhibit-B** Copy of the Perry County Missouri Coroner's Report .....  
..... County Death Certificate.. (1 pages).

**Exhibit-C** Copy of the Missouri State Highway Patrol Accident ..  
..... Report. (This report was provided by the Perry County ..  
..... Missouri Coroner's Office).. (2 pages).

**EXACT**  
**\* LOCATION OF VICTIM ON UTV NOT KNOWN.**

Utility Vehicle Data Record Sheet



The Utility Vehicle

**DRIVER "A"**

|    |  |                            |
|----|--|----------------------------|
| A: | Age: <b>N/A</b>                                | Height: <b>N/A</b>         |
|    | Gender: <b>M</b>                               | Weight: <b>N/A</b>         |
|    | Helmet (Y/N): <b>N/A</b>                       | Seatbelt (Y/N): <b>N/A</b> |
|    | Killed/Injured/Neither/Unknown: <b>NEITHER</b> |                            |
|    | Injury Description: <b>ROLLOVER CRUSH</b>      |                            |
|    | Did vehicle land on victim: <b>YES</b>         |                            |
|    | Ejected (Either partially or fully):           |                            |

**VICTIM "B"**

|    |   |                            |
|----|---|----------------------------|
| B: | Age: <b>95</b>                                  | Height: <b>N/A</b>         |
|    | Gender: <b>F</b>                                | Weight: <b>N/A</b>         |
|    | Helmet (Y/N): <b>N/A</b>                        | Seatbelt (Y/N): <b>N/A</b> |
|    | Killed/Injured/Neither/Unknown: <b>Killed</b>   |                            |
|    | Injury Description: <b>ROLLER CRUSH</b>         |                            |
|    | Did vehicle land on victim: <b>YES</b>          |                            |
|    | Ejected (Either partially or fully): <b>N/A</b> |                            |

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

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

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

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

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

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

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

OFFICE OF THE CORONER, PERRY COUNTY, MISSOURI

PRELIMINARY REPORT FORM

Case # June 29, 1011

Date June 29, 2011 Time Notified

Person Reporting Death Perry County Memorial Hospital Phone 573-547-

Address (b) (6)

Time Arrived (b) (3): Exemption Investigator

NAME OF DECEASED Marital Status: M S D W

Address 430 North West Street Perryville, MO 63775

Date of Birth May 28, 1916 Age 95 Race White Soc. Sec. #

Height (b) (6) Weight Hair Color Eye Color

Next of Kin (b) (6) Relationship Niece

Address (b) (6) Perryville, MO 63775 Phone

Place of Death Perry Oaks Nursing and Rehabilitation Center

Who Found

When Where

Who Saw Deceased Last

When Where

Involvement Of: ALCOHOL DRUGS SMOKING

How was Subject Dressed?

Was dress appropriate for time & place?

Signs of Violence Cuts, Bruises, Etc.

Rigor Mortis Livor Mortis Body Temperature Area Temperature

MEDICAL HISTORY:

Attending Physician Will Physician Sign

Problems

RX Medications

Treatments

Medication Present (List)

Comments Driver stated that his foot slipped, hit the gas pedal, causing the ATV to move forward, making a sharp right turn, causing the victim to fall out of the ATV. The ATV rolled over the victim. Victim was transported to PCMH by private car of witness Kenneth Besand. Date of this accident was April 10, 2011. NO Law Enforcement or Emergency Services were called to the scene.

Pronounced Dead Date June 29, 2011 Time 11:10am

Estimated Time of Death Date June 29, 2011 Time 11:10am

Cause of Death Body Trauma, ATV rollover

Manner of Death Accident

Police Agency or Officer Assisting Missouri Highway Patrol

Funeral Home Selected Young and Sons

[Handwritten Signature]

MISSOURI UNIFORM ACCIDENT REPORT

PAGE \_\_\_ OF \_\_\_

|  |   |  |   |  |                                  |
|--|---|--|---|--|----------------------------------|
| SPACE USED FOR BARCODE   |   | AGENCY NAME AND/OR   |   |  |                                  |
|  |   | MISSOURI STATE HIGHWAY PATROL<br>MOMHPCC00   |   |  |                                  |
| LEFT THE SCENE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  | CLEARED<br><input type="checkbox"/> YES <input type="checkbox"/> NO | ACCIDENT CLASSIFICATION  | PROPERTY DAMAGE ONLY<br><input type="checkbox"/>  | NUMBER INJURED<br>1  | NUMBER KILLED<br>0               |
| REPORT CASE/INCIDENT NUMBER<br>110215473   |   |  |   |  |                                  |
| NUMBER OF VEHICLES INVOLVED<br>1   | ACCIDENT DATE<br>04/10/2011   | ACCIDENT TIME (MPT)<br>1100  | TIME NOTIFIED (MPT)<br>1034   | TIME ARRIVED (MPT)<br>NA   | INVESTIGATION DATE<br>07/19/2011 |
| 2 - LOCATION   |   |  |   |  |                                  |
| COUNTY<br>Perry  | MUNICIPALITY<br>079 Non-City Or Unincorporated                      | BEAT / ZONE<br>16  | TRP/DIST/ECT<br>C   | INVESTIGATED AT SCENE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                                  |
| LOCATION<br>PP at 2716 Perry County Road 946   |   | DISTANCE FROM<br>50 FEET   | LOCATION<br><input type="checkbox"/> AFTER <input checked="" type="checkbox"/> BEFORE <input type="checkbox"/> AT | INTERSECTING STREET OR ROADWAY<br>CRD north of Perry County Road 946                         |                                  |
| ROADWAY DIRECTION<br>NA  | SPEED LIMIT<br>NA   | MILES  | SPEED LIMIT<br>NA   | GEO - CODE<br>NA   | GPS W LONGITUDE<br>NA            |
| ROAD MAINTAINED BY<br><input type="checkbox"/> 1. STATE <input type="checkbox"/> 2. COUNTY <input type="checkbox"/> 3. MUNICIPAL <input checked="" type="checkbox"/> 4. PRIVATE PROPERTY <input type="checkbox"/> 5. OTHER |   |  |   | LATITUDE<br>NA   |                                  |
| 3 - DAMAGE TO PROPERTY/OTHER THAN VEHICLES<br><input checked="" type="checkbox"/> NONE   |   |  |   |  |                                  |
| GIVE OWNER'S NAME AND ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE.<br><input type="checkbox"/> MoDOT  |   |  |   |  |                                  |
| 4. DRIVER'S FULL NAME (LAST, FIRST, MI)<br>(b)(6)  |   |  |   |  |                                  |
| ADDRESS (STREET, CITY, STATE, ZIP)<br>(b)(6)   |   |  |   |  |                                  |
| DRIVER'S LICENSE NUMBER / ID NUMBER<br>(b)(6)  | STATE<br>MO   | TYPE OF LICENSE<br><input type="checkbox"/> 1. OPERATOR CLASS <input type="checkbox"/> 3. PERMIT <input type="checkbox"/> 5. MC ONLY<br><input type="checkbox"/> 2. CDL CLASS <input checked="" type="checkbox"/> 4. UNLICENSED <input type="checkbox"/> UNKNOWN | MC ENDORSEMENT<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA |  |                                  |
| PROOF OF INSURANCE<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NOT REQUIRED  | INSURANCE COMPANY<br>None   | DRIVER<br><input type="checkbox"/>   | POLICY NUMBER<br><input checked="" type="checkbox"/> NA   |  |                                  |
| YEAR<br>2007   | MAKE<br>Polaris   | MODEL<br>Ranger  | COLOR<br>Red  |  |                                  |
| LIC PLATE NO.<br>NA  | STATE<br>NA   | YEAR<br>NA   | VIN<br>4XARH50A67D050093  | TOTAL NO. OF OCCUPANTS<br>1  |                                  |
| VEHICLE OWNER NAME (LAST, FIRST, MI) COMMERCIAL CARRIER<br>(b)(6) Perryville, MO, 63775  |   |  |   |  |                                  |
| ADDRESS (STREET, CITY, STATE, ZIP) <input type="checkbox"/> SAME AS DRIVER   |   |  |   |  |                                  |
| VEHICLE DAMAGE (Circle all damaged areas)<br><input checked="" type="checkbox"/> NONE  | INITIAL IMPACT NO.<br><input type="checkbox"/> NA 12                |  | TOWED FROM SCENE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                           |  | TOW CO INFORMATION<br>NA         |
| 5. DRIVER'S FULL NAME (LAST, FIRST, MI)<br>(b)(6)  |   |  |   |  |                                  |
| ADDRESS (STREET, CITY, STATE, ZIP)<br>(b)(6)   |   |  |   |  |                                  |
| DRIVERS LICENSE NUMBER / ID NUMBER<br>(b)(6)   | STATE<br>MO   | TYPE OF LICENSE<br><input type="checkbox"/> 1. OPERATOR CLASS <input type="checkbox"/> 3. PERMIT <input type="checkbox"/> 5. MC ONLY<br><input type="checkbox"/> 2. CDL CLASS <input type="checkbox"/> 4. UNLICENSED <input type="checkbox"/> UNKNOWN            | MC ENDORSEMENT<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA            |  |                                  |
| PROOF OF INSURANCE<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED   | INSURANCE COMPANY   | DRIVER<br><input type="checkbox"/>   | POLICY NUMBER<br><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<br>(b)(6) Perryville, MO, 63775  |   |  |   |  |                                  |
| ADDRESS (STREET, CITY, STATE, ZIP) <input type="checkbox"/> SAME AS DRIVER   |   |  |   |  |                                  |
| VEHICLE DAMAGE (Circle all damaged areas)<br><input type="checkbox"/> NONE   | INITIAL IMPACT NO.<br><input type="checkbox"/> NA                   |  | TOWED FROM SCENE<br><input type="checkbox"/> YES <input type="checkbox"/> NO                                      |  | TOW CO INFORMATION               |
| 6 - WITNESS <input type="checkbox"/> NONE IDENTIFIED   |   |  |   |  |                                  |
| NAME OF WITNESS<br>(b)(6) Perryville, MO, 63775  |   |  |   | TELEPHONE NO.<br>(b)(6)  |                                  |
| NA   |   |  |   |  |                                  |
| NA   |   |  |   |  |                                  |
| NA   |   |  |   |  |                                  |

| SEAT LOCATION   |       | INJURY   | TRANSPORTED<br>(Medical Treatment)        | EJECTION   | AIR BAG  |  | SAFETY DEVICES  |
|---|-------|--|---|--|--|--|---|
| FR SR TR<br>FC SC TC<br>FL SL TL  | FRONT |  |   |  | SIDE   |  |   |
| XX - Not Known<br>P - Pedestrian<br>B - Bicycle<br>M - Motorcycle<br>OE - Occupant - Enclosed Load Area<br>OU - Occupant - Unenclosed Load Area<br>CP - Commercial Passenger<br>SV - Other (Explain in Remarks) |       | 1. Fatal<br>2. Disabling<br>3. Evident - Not Disabling<br>4. Probable - Not Apparent<br>5. None Apparent<br>6. Unknown | 1. No<br>2. EMS<br>3. Other<br>4. Unknown | 1. NA<br>2. No<br>3. Partially<br>4. Totally<br>5. Unknown | 1. None / NA<br>2. Deployed<br>3. Not Deployed | 1. None / NA<br>2. Deployed<br>3. Not Deployed | 1. None<br>2. Not Used<br>3. Shoulder Belt Only<br>4. Lap Belt Only<br>5. Shoulder and Lap Belt<br>6. Child Restraint<br>7. Helmet Used<br>8. Helmet Not Used<br>9. Use Unknown |

| 10 - DRIVERS                           |                                  |               |     |          |           |      |             |            |         |   |               |         |
|--|----------------------------------|---------------|-----|----------|-----------|------|-------------|------------|---------|---|---------------|---------|
| NAME                                   |                                  | DATE OF BIRTH | SEX | VEH. NO. | SEAT LOC. | INJ. | TRANS. PORT | EJEC. TION | AIR BAG |   | TELEPHONE NO. |         |
| ADDRESS                                |                                  | MM-DD-YYYY    |     |          |           |      |             |            | F       | S | DEV           |         |
| <input type="checkbox"/> NA            | DRIVER 1 - SAME ADDRESS AS ABOVE | 05/28/1916    | F   | 1        | FR        | 2    | 3           | 2          | 1       | 1 | 2             | Unknown |
| <input checked="" type="checkbox"/> NA |                                  |               |     |          |           |      |             |            |         |   |               |         |

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

| 12. VEHICLE BODY TYPES<br>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 (6-15 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 16 with driver)     |
| <input type="checkbox"/>                               | 9. School Bus (16 or more with driver)       |
| <input type="checkbox"/>                               | 10. Motorcycle                               |
| <input checked="" 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 Implements                          |
| <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) 1-21 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                        |
| <input type="checkbox"/>                               | GCWV 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 Released / Spilled |
| 15. ACCIDENT TYPE                   |  |
| <input type="checkbox"/>            | 1. On Roadway                                    |
| <input checked="" type="checkbox"/> | 2. Off Roadway                                   |
| COLLISION INVOLVING                 |  |
| <input 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 checked="" type="checkbox"/> | 10. Overtaking                                   |
| <input type="checkbox"/>            | 11. Other Non-Collision                          |
| TWO VEHICLE COLLISION               |  |
| <input type="checkbox"/>            | 60. Head On                                      |
| <input type="checkbox"/>            | 61. Rear End                                     |
| <input type="checkbox"/>            | 62. Sideswipe - Meeting                          |
| <input type="checkbox"/>            | 63. Sideswipe - Passing                          |
| <input type="checkbox"/>            | 64. Angle  |
| <input type="checkbox"/>            | 65. Backed Into                                  |
| <input type="checkbox"/>            | 67. Other  |

| 17. VEHICLE ACTION / SEQUENCE OF EVENTS                             |  |          |    |    |    |    |
|---|--|----------|----|----|----|----|
| 1. Going Straight   | 20. Ran Off Road - Right                               |          |    |    |    |    |
| 2. Overtaking   | 21. Ran Off Road - Left                                |          |    |    |    |    |
| 3. Making Right Turn  | 22. Overtum / Rollover                                 |          |    |    |    |    |
| 4. Right Turn on Red  | 23. Fire / Explosion                                   |          |    |    |    |    |
| 5. Making Left Turn   | 24. Immersion  |          |    |    |    |    |
| 6. Making U Turn  | 25. Jackknife  |          |    |    |    |    |
| 7. Skidding / Sliding   | 26. Cargo Loss / Shift                                 |          |    |    |    |    |
| 8. Slowing / Stopping   | 27. Equipment Failure                                  |          |    |    |    |    |
| 9. Start in Traffic   | 28. Separation of Units                                |          |    |    |    |    |
| 10. Start From Parked   | 29. Returned to Road                                   |          |    |    |    |    |
| 11. Backing   | 30. Collision Inv. Pedestrian                          |          |    |    |    |    |
| 12. Stopped in Traffic  | 31. Collision Inv. Pedalcycle                          |          |    |    |    |    |
| 13. Parked  | 32. Collision Inv. Train                               |          |    |    |    |    |
| 14. Changing Lanes  | 33. Collision Inv. Animal (enter code - explain)       |          |    |    |    |    |
| 15. Avoiding  | 34. Collision Inv. MV in Transport                     |          |    |    |    |    |
| 16. Crossover Median  | 35. Collision Inv. Parked Motor Vehicle                |          |    |    |    |    |
| 17. Crossover Centerline  | 36. Collision Inv. Fixed Object (enter code - explain) |          |    |    |    |    |
| 18. Crossing Road   | 37. Collision Inv. Other Object (explain)              |          |    |    |    |    |
| 19. Airborne  | 38. Other - Non Collision                              |          |    |    |    |    |
| V1 <input type="checkbox"/> Unknown                                 |  |          |    |    |    |    |
| 10  | 03   | 22       | NA | NA | NA | NA |
| 33. Animal Code   |  | NA       |    |    |    |    |
| 36. Fixed Object Code   |  | NA NA 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. |  |          |    |    |    |    |

**IDI #120202HCC2312**

**CONTACT LIST**

Perry County Coroner's Office  
829 W. St. Joseph Street  
Perryville, MO 63775  
Herbert E. Miller, Perry County Coroner  
Phone: (573) 547-6511; Fax: (573) 547-6511

Perry County Sheriff's Office (PCSO)  
710 W. Kings Highway  
Perryville, MO 63775  
Ms. Shay Morris, PCSO Dispatcher  
Phone: (573) 547-4576

Task Number 120202HCC2312

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

Type of respondent: Coroner's Office

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: 05 - Polaris | Manufacturer: |

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

Model: Ranger / VIN: 4XARH50A67D050093

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

Model Year: 2007

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: 06/29/2011 |          |
| Age/Sex: 95/Female        | /        |
| State of Death: MISSOURI  |          |
| City of Death: Perryville |          |
| County of Death: Perry    |          |
| Race: 1 - White           |          |
| Race Other:               |          |
| Hispanic/Latino: 2 - NO   |          |

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

|                |                |
|----------------|----------------|
| Death #1       | Death #2       |
| Yes No Unknown | Yes No Unknown |

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

A 95 YOF (Victim) died while riding on an ATV. The foot of the driver of the ATV slipped and hit the gas pedal causing the ATV to move forward and make a sharp right turn causing the Victim to fall out of the ATV and the ATV then rolled over her. The Victim was transported by private car to an area hospital but she later died as a result of this incident.

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: 0                                      Height: 00 (inches)  
Weight:                                      Sex: Male





This abbreviated report was initiated in response to a death certificated received by the CPSC. The incident involved a 3 year old male being ejected from a Utility Vehicle (UTV) and the roll bar striking his head. The child died from a traumatic brain injury. The child received treatment in a state that does not allow contact with the next-of-kin. However, the family lives in a contact-state. Attempts to contact the next-of-kin met with negative results. The following information was obtained from the police report (See Attachment 3) and the death certificate. Photographs of the incident scene were requested but could not be obtained (See Attachment 4 for the missing documents form).

On February 19, 2011, at 9:48 a.m., a 14 year old male (Victim 1) was driving a UTV on a dry, dirt road. Victim 1 had two passengers: a 3 year old male (Victim 2) and a 14 year old male (Victim 3) (See Attachment 1 for the UTV Data Records Sheet). Victim 2 was sitting in the middle of the bench seat, and Victim 3 was sitting on the passenger side of the UTV. The UTV has a bench style seat. It is unknown if the UTV had any modification or seatbelts. The occupants were not wearing seatbelts. None of the victims were wearing helmets.

The police report states that Victim 1 had turned onto a dry, dirt road and was driving straight when the UTV drove over a rut. Victim 1 lost control of the UTV and it overturned. All three victims were fully ejected from the UTV. The roll bar stuck Victim 2's head. Victims 1 and 3 received abrasions and bruises. Victim 2 was air-lifted to a hospital where he was pronounced dead from a traumatic brain injury.

Drugs and alcohol were not a factor in this incident. The police report annotated that Victim 1's vision while driving was not obscured. The weather was clear, and the incident occurred during daylight hours. Historic weather data reports that the temperature was 59°F. The PSI could not obtain any information concerning Victim 1's driving experience with UTVs. The police report did not annotate the UTV's speed at the time of the incident. The UTV was traveling east on a two-way dry, dirt road. The police report annotated that the road was straight-on-grade.

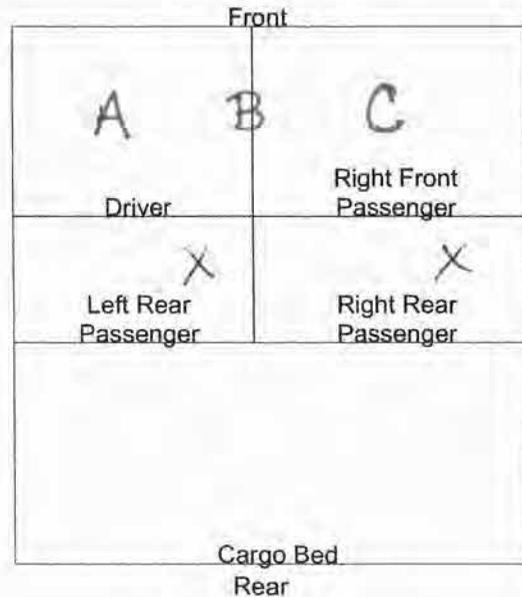
### **PRODUCT IDENTIFICATION:**

The product involved in this incident is a Polaris Ranger Utility Vehicle. The manufacturer is Polaris Industries, Inc. located at 1225 Highway 169 North, Minneapolis, MN 55441. The sheriff's department did not annotate the year of the UTV and only obtained a partial VIN: 4XATH50A5A. The next-of-kin could not be contacted to obtain further product information.

### **ATTACHMENTS:**

1. UTV Data Records Sheet
2. Contacts
3. Police Report
4. Missing Documents

Utility Vehicle Data Record Sheet



The Utility Vehicle

A: Age: 14 Height: unknown  
 Gender: M Weight: unknown  
 Helmet (Y/N): N Seatbelt (Y/N): N  
 Killed/Injured/Neither/Unknown: Injured  
 Injury Description: Cuts  
 Did vehicle land on victim: NO  
 Ejected (Either partially or fully): YES

B: Age: 3 Height: unknown  
 Gender: M Weight: unknown  
 Helmet (Y/N): N Seatbelt (Y/N): N  
 Killed/Injured/Neither/Unknown: Killed  
 Injury Description: Blunt trauma head  
 Did vehicle land on victim: YES  
 Ejected (Either partially or fully): YES

C: Age: 14 Height: unknown  
 Gender: M Weight: unknown  
 Helmet (Y/N): N Seatbelt (Y/N): N  
 Killed/Injured/Neither/Unknown: Injured  
 Injury Description: Cuts  
 Did vehicle land on victim: NO  
 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):

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.

Elbert County Sheriff  
47 Forest Ave  
Elberton, GA 30635  
Tel: 706-283-2421  
Fax: 706-283-2039- Sent request on 02/16/2012

Brad Edwards  
2535 Country Lane Dr  
Elberton, GA 30635  
Tel: 706-988-8047- Mailed letter on 03/22/2012. Called on 04/12/2012 and left message.  
Called on 04/20/2012 and left message.

[www.wunderground.com](http://www.wunderground.com)- used for weather data.

|  |  |  |   |   |                 |   |                     |   |                  |   |         |
|--|--|--|---|---|-----------------|---|---------------------|---|------------------|---|---------|
| Accident Number<br>2011-02-0878  |  | Agency NCIC No.<br>GA0520000             |   | <b>GEORGIA UNIFORM<br/>MOTOR VEHICLE ACCIDENT REPORT</b>  |                 |   | County<br>ELBERT    |   | Date Rec. by DOT |   |         |
| Date<br>02/19/2011   | Days of Week<br><input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input checked="" type="checkbox"/> S |  | Time<br>0946  | Off. Arrived  | Vehicles<br>1   | Total Number of Injuries<br>3   | Fatalities<br>1     | Inside City Of:   |                  |   |         |
| Road of Occurrence<br>PEACH TREE ROAD<br>1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.   |  |  |   | At Its Intersection With<br>COLDWATER ROAD<br>1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line   |                 |   |                     | Corrected Report?<br>Yes <input type="checkbox"/>                           |                  | Suppl. To Original?<br>Yes <input type="checkbox"/> |         |
| Not At Its Intersection But 200<br><input type="checkbox"/> Miles 1 <input type="checkbox"/> North 3 <input checked="" type="checkbox"/> East<br><input checked="" type="checkbox"/> Feet 1 <input type="checkbox"/> South 3 <input type="checkbox"/> West |  |  |   | And continuing in the direction checked above,<br>the Next Reference Point Is<br>PRESSMAN RD<br>1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line |                 |   |                     | Hit and Run?<br>Yes <input type="checkbox"/>                                |                  |   |         |
| Driver # 1<br>LAST NAME FIRST MIDDLE<br>(b) (3): Exemption 3   |  |  |   | Driver #<br>LAST NAME FIRST MIDDLE  |                 |   |                     | City  |                  | State Zip DOB                                       |         |
| Ped<br>Address<br>(b) (6)  |  |  |   | Ped<br>Address  |                 |   |                     | City  |                  | State Zip DOB                                       |         |
| Driver's License No. Class State <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female  |  |  |   | Driver's License No. Class State <input type="checkbox"/> Male <input type="checkbox"/> Female  |                 |   |                     | City  |                  | State Zip DOB                                       |         |
| Posted Speed Insurance Co. Policy No.  |  |  |   | Posted Speed Insurance Co. Policy No.   |                 |   |                     | City  |                  | State Zip DOB                                       |         |
| Year Make Model Telephone No.<br>POLARIS RANGER 7069888047   |  |  |   | Year Make Model Telephone No.   |                 |   |                     | City  |                  | State Zip DOB                                       |         |
| VIN Vehicle color<br>4XATH50A5A GRN  |  |  |   | VIN Vehicle color   |                 |   |                     | City  |                  | State Zip DOB                                       |         |
| Tag # State County Year  |  |  |   | Tag # State County Year   |                 |   |                     | City  |                  | State Zip DOB                                       |         |
| Trailer Tag # State County Year  |  |  |   | Trailer Tag # State County Year   |                 |   |                     | City  |                  | State Zip DOB                                       |         |
| <input type="checkbox"/> Same as Driver Owner's Last Name First Middle<br>(b) (6)  |  |  |   | <input type="checkbox"/> Same as Driver Owner's Last Name First Middle  |                 |   |                     | City  |                  | State Zip DOB                                       |         |
| Address<br>(b) (6)   |  |  |   | Address   |                 |   |                     | City  |                  | State Zip DOB                                       |         |
| City ELBERTON State GA Zip 30635   |  |  |   | City ELBERTON State GA Zip 30635  |                 |   |                     | City  |                  | State Zip DOB                                       |         |
| Removed By <input type="checkbox"/> Request <input type="checkbox"/> List<br>FAMILY  |  |  |   | Removed By <input type="checkbox"/> Request <input type="checkbox"/> List   |                 |   |                     | City  |                  | State Zip DOB                                       |         |
| Alcohol Test<br>2  | Type   | Results                                  | Drug Test<br>2  | Type  | Results         | Alcohol Test  | Type                | Results   | Drug Test        | Type  | Results |
| Driver Cond.<br>1  | Direction of Travel<br>3   |  | Vision Obscured<br>1  | Contributing Factors<br>10  |                 | Driver Cond.  | Direction of Travel |   | Vision Obscured  | Contributing Factors                                |         |
| Veh Cond.<br>1   | Veh Maneuver<br>5  |  | Ped. Maneuver   |   | Veh Cond.       | Veh Maneuver  |                     | Ped. Maneuver   |                  |   |         |
| Most Harmful Event<br>1  |  |  | Veh Class:<br>1   |   | Veh Type:<br>16 |   | Most Harmful Event  |   |                  | Veh Type:   |         |
| Traffic Ctrl<br>1  |  |  | Device Inoperative <input type="checkbox"/> Yes <input type="checkbox"/> No |   | Traffic Ctrl    |   |                     | Device Inoperative <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |   |         |
| Injured Taken To:<br>ANDERSON MEMORIAL   |  |  |   |   |                 | By:<br>AM MED LIFEFLIGHT  |                     |   |                  |   |         |
| EMS Notified Time<br>0947  |  | EMS Arrival Time<br>0958                 |   | Hospital Arrival Time<br>1041   |                 | Photos Taken: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                     | By:<br>LT. B. HOWELL  |                  |   |         |
| Report By:<br>BOBBY HOWELL   |  | Department:<br>ELBERT CO. SHERIFF'S OFFI |   | Report Date:<br>02/19/2011  |                 | Checked By:<br>BOBBY HOWELL   |                     | Date Checked:<br>02/19/2011   |                  |   |         |
| Witness(es): Name  |  | Address                                  |   | City  |                 | State   |                     | Zip Code  |                  | Telephone No.                                       |         |

DOT MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

| COMMERCIAL VEHICLES ONLY   |             |   |  |  |             |   |  |
|--|-------------|---|--|--|-------------|---|--|
| Carrier Name<br>Vehicle #  |             |   |  | Carrier Name<br>Vehicle #  |             |   |  |
| Address City State Zip   |             |   |  | Address City State Zip   |             |   |  |
| No. of Axles   | G.V.W.R.    | Fed. Reportable<br>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No   | Cargo Body Type  | No. of Axles   | G.V.W.R.    | Fed. Reportable<br>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No   | Cargo Body Type  |
| Vehicle Config.  | I.C.C.M.C.# | U.S.D.O.T.#   | Interstate <input type="checkbox"/><br>Intrastate <input type="checkbox"/> | Vehicle Config.  | I.C.C.M.C.# | U.S.D.O.T.#   | Interstate <input type="checkbox"/><br>Intrastate <input type="checkbox"/> |
| C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No                   |             | C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No    |  | C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No                   |             | C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No    |  |
| Vehicle Placard? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No          |             | Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |  | Vehicle Placard? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No          |             | Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |  |
| Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No                 |             |   |  | Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No                 |             |   |  |
| If YES, Name of 4 Digit Number from Diamond or Box: _____                              |             |   |  | If YES, Name of 4 Digit Number from Diamond or Box: _____                              |             |   |  |
| 1 Digit Number from Bottom of Diamond: _____   |             |   |  | 1 Digit Number from Bottom of Diamond: _____   |             |   |  |
| ___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss or Shift ___ Separation of Units |             |   |  | ___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss or Shift ___ Separation of Units |             |   |  |

**REMARKS**

I received a call to go to the intersection of Coldwater Road and Peachtree Road in reference to an ATV accident involving a three year old in which was unresponsive. I arrived and asked where the child was and was brought to a truck on the side of the road. I looked in and the child was laying in the driver's seat. I picked the child up and placed him on the ground beside the truck and immediately began performing CPR. The EMT's arrived a short time later and I turned the child over to them. I then went and found the driver of the ATV, and found him to be [REDACTED]. I asked him what happened and he stated they turned on to Peachtree Road and hit a rut which caused him to lose control and overturn. He said [REDACTED] was thrown from the vehicle and the lift bar landed on his head. [REDACTED] was airlifted by Am Med lifeflight to Anderson Memorial where he was pronounced dead.

OFFICER NAME

OFFICER NUMBER

**INDICATE ON THIS DIAGRAM WHAT HAPPENED**

|  |                             |                             |
|--|-----------------------------|-----------------------------|
| Accident Investigation Site?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | CITATIONS - VEHICLE # _____ | CITATIONS - VEHICLE # _____ |
| Site Number: _____   |                             |                             |

|                     |                  |         |               |             |                     |                            |            |           |                |                           |
|---------------------|------------------|---------|---------------|-------------|---------------------|----------------------------|------------|-----------|----------------|---------------------------|
| First Harmful Event | Traffic-Way Flow | Weather | Surface Cond. | Light Cond. | Manner of Collision | Location at Area of Impact | Road Comp. | Road Def. | Road Character | Construction / Maint Zone |
| 1                   | 1                | 1       | 1             | 1           | 5                   | 1                          | 4          | 1         | 2              |                           |

|                          |            |               |       |       |       |               |
|--------------------------|------------|---------------|-------|-------|-------|---------------|
| VEH: _____               | VEH: _____ | SKID DISTANCE | _____ | AFTER | _____ | Width of Road |
| Number of Occupants      |            | BEFORE IMPACT | _____ | VEH.  | _____ | VEH.          |
| Point of Initial Contact |            |               |       |       |       |               |
| Damage to Vehicles       |            |               |       | VEH.  | _____ | VEH.          |

| Damage Other Than Vehicle: | Owner                                      | AGE      | SEX   | VEH # | POS | INJURY | TAKEN FOR TREAT. | EJECT | SAFETY EQUIP. | EXTRIC. | AIR BAG |      |   |   |
|----------------------------|--|----------|-------|-------|-----|--------|------------------|-------|---------------|---------|---------|------|---|---|
|                            | Driver # 1 Or Pedestrian # EDWARDS, KASSEN |          |       |       |     |        |                  |       |               |         |         |      |   |   |
| Occupants (list below):    | Driver # Or Pedestrian #                   |          |       |       |     |        |                  |       |               |         |         |      |   |   |
| LAST NAME, FIRST NAME      | ADDRESS                                    | CITY     | STATE | ZIP   | XX  | XX     | XX               | XX    | XXXX          | XXXX    | XXXX    | XXXX |   |   |
| EDWARDS, KASSEN            | 2535 COUNTRY LANE                          | ELBERTON | G     | 30635 | 14  | M      | 1                | 1     | 3             | 2       | 3       | 0    | 2 | 0 |
| EDWARDS, COLE              | 2535 COUNTRY LANE                          |          |       |       | 3   | M      | 1                | 2     | 1             | 1       | 3       | 0    | 2 | 0 |
| JORDAN, JACKSON            | 2234 HARTWELL                              | ELBERTON | G     | 30635 | 14  | M      | 1                | 3     | 3             | 2       | 3       | 0    | 2 | 0 |
|                            |  |          |       |       |     |        |                  |       |               |         |         |      |   |   |
|                            |  |          |       |       |     |        |                  |       |               |         |         |      |   |   |
|                            |  |          |       |       |     |        |                  |       |               |         |         |      |   |   |
|                            |  |          |       |       |     |        |                  |       |               |         |         |      |   |   |

DOT-523 Overlay

Georgia Uniform Vehicle Accident Report Overlay

|   |   |  |   |
|---|---|--|---|
| <b>ALCOHOL AND / OR DRUG TEST GIVEN</b><br>1 - Yes 2 - No 3 - Refused   | <b>PEDESTRIAN MANEUVER</b><br>1 - Crossing, Not At Crosswalk - Other Working in Road<br>2 - Crossing at Crosswalk 7 - Playing Roadway<br>3 - Walking with Traffic 8 - Standing in Roadway<br>4 - Walking Against Traffic 9 - Off Roadway<br>5 - Pushing Or Working on Vehicle 10 - Other<br>11 - Darting Into Traffic | <b>CONTRIBUTING FACTORS</b><br>1 - No Contributing Factors<br>2 - D.U.I.<br>3 - Following Too Close<br>4 - Failed to Yield<br>5 - Exceeding Speed Limit<br>6 - Disregard Stop Sign/Signal<br>7 - Wrong Side Of Road<br>8 - Weather Conditions<br>9 - Improper Passing<br>10 - Driver Lost Control<br>11 - Changed Lanes Improperly<br>12 - Object Or Animal<br>13 - Improper Turn<br>14 - Parked Improperly<br>15 - Mechanical Or Vehicle Failure<br>16 - Surface Defects<br>17 - Misjudged Clearance<br>18 - Improper Backing<br>19 - No Signal/Improper Signal<br>20 - Driver Condition<br>21 - Driver's Vehicle<br>22 - Too Fast For Conditions<br>23 - Improper Passing Of School Bus<br>24 - Disregard Police Officer<br>25 - Distracted<br>26 - Other<br>27 - Cell Phone<br>28 - Inattentive | <b>VEHICLE TYPE</b><br>1 - Passenger Car 12 - Vehicle With Trailer<br>2 - Pickup Truck 13 - Bus<br>3 - Truck Tractor (Bobtail) 14 - Truck Towing House, Trailer<br>4 - Tractor/Trailer 15 - Ambulance<br>5 - Tractor, W/Twin Trailers 16 - Motorized Recreational Vehicle<br>6 - Logging Truck 17 - Motorcycle, Scooter, Minibike<br>7 - Logging Tractor/Trailer 18 - Moped<br>8 - Single Unit Truck 19 - Pedalcycle, Bicycle<br>9 - Panel Truck 20 - Farm or Construction Equip.<br>10 - Van 21 - All Terrain Vehicle<br>11 - Utility Passenger Vehicle 22 - Other<br>23 - Go cart |
| <b>TYPE TEST</b><br>1 - Blood 2 - Breath 3 - Urine 4 - Other  | <b>FIRST HARMFUL EVENT/MOST HARMFUL EVENT NON-COLLISION</b><br>1 - Overturn 4 - Jackknife<br>2 - Fire/Explosion 5 - Other Non-Collision<br>3 - Immersion  | <b>VEHICLE CLASS</b><br>1 - Privately Owned 6 - Military<br>2 - Police 7 - Commercial Vehicle (For Acc. Reporting Purposes Only)<br>3 - Fire 4 - School 5 - Other Govt. Owned 8 - Other  | <b>TRAFFIC CONTROL</b><br>0 - Gates 5 - Stop Or Yield Sign<br>1 - No Control Present 6 - No Passing Zone<br>2 - Traffic Signal 7 - Lanes<br>3 - RR Signal/Sign 8 - Other<br>4 - Warning Sign 9 - Flashing Lights  |
| <b>DRIVER CONDITION</b><br>1 - Not Drinking 5 - U.I. Drugs<br>2 - Not Known If U.I. 6 - U.I. Alcohol & Drugs<br>3 - Drinking, Not Impaired 7 - Physicat Impairment<br>4 - U.I. Alcohol 8 - Apparently Fell Asleep | <b>COLLISION WITH OBJECT NOT FIXED</b><br>6 - Pedestrian 11 - Motor Vehicle In Motion<br>7 - Pedalcycle 12 - Motor Vehicle In Motion - In Other Roadway<br>8 - Railway Train 13 - Other Object (Not Fixed)<br>9 - Animal 10 - Parked Motor Vehicle 14 - Deer  | <b>COLLISION WITH FIXED OBJECT</b><br>15 - Impact Attenuate 25 - Utility Pole<br>16 - Bridge Pier/Abutment 26 - Other Post<br>17 - Bridge Parapet End 27 - Culvert<br>18 - Bridge Rail 28 - Curb<br>19 - Guardrail Face 29 - Ditch<br>20 - Guardrail End 30 - Embankment<br>21 - Median Barrier 31 - Fence<br>22 - Highway Traffic Sign Post 32 - Mailbox<br>23 - Overhead Sign Support 34 - Other - Fixed Object.<br>24 - Luminaire light Support   | <b>CARGO BODY TYPE</b><br>1 - Van (Encl. Box) 4 - Dump 7 - Cargo Tanker<br>2 - Auto Camer 5 - Garbage/Refuse 8 - Concrete Mixer<br>3 - Bus 6 - Flatbed 9 - Other  |
| <b>DIRECTION OF TRAVEL</b><br>1 - North ... 2 - South ... 3 - East ... 4 - West   | <b>VISION OBSCURED BY</b><br>1 - Not Obscured 5 - Trees, Bushes<br>2 - Headlights 6 - Rain, Snow, Ice on Windshield<br>3 - Sunlight 7 - Other<br>4 - Parked Vehicle   | <b>VEHICLE CONFIGURATION</b><br>1 - Bus (Seating for More Than 15 Passengers)<br>2 - Single Unit Truck: 2 Axes<br>3 - Single Unit Truck: 3 or More Axes<br>4 - Truck Trailer<br>5 - Truck Tractor (Bobtail)<br>6 - Tractor Trailer<br>7 - Tractor With Twin Trailers<br>8 - Unknown Heavy Truck (Cannot Classify)  | <b>VEHICLE MANEUVER</b><br>1 - Turning Left 8 - Parked<br>2 - Turning Right 9 - Passing<br>3 - Making U-turn 10 - Negotiating A Curve<br>4 - Stopped 11 - Entering/Leaving Parking<br>5 - Straight 12 - Entering/Leaving Driveway<br>6 - Changing Lanes 7 - Backing   |

|   |  |  |   |  |
|---|--|--|---|--|
| <b>TRAFFIC-WAY FLOW</b><br>1 - Two-way Traffic-way With No Physical Separation<br>2 - Two-way Traffic-way With a Physical Separation<br>3 - Two-way Traffic-way With a Physical Barrier<br>4 - One-way Traffic-way<br>5 - Continuous Turning Lane | <b>LOCATION AT AREA OF IMPACT</b><br>1 - On Roadway 4 - Median<br>2 - On Shoulder 5 - Ramp<br>3 - Off Roadway 6 - Gore   | <b>AGE</b><br>00 - Up To One Year<br>01 - 97 - Actual Age<br>98 - Ninety-eight Or Older<br>99 - Unknown  | <b>SEX</b><br>M - Male F - Female   |  |
| <b>WEATHER</b><br>1 - Clear 5 - Sleet<br>2 - Cloudy 6 - Fog<br>3 - Rain 7 - Other<br>4 - Snow   | <b>ROAD COMPOSITION</b><br>1 - Concrete 4 - Dirt<br>2 - Black Top 5 - Gravel<br>3 - Tar And Gravel 6 - Other   | <b>INJURY CODE</b><br>0 - Not Injured 3 - Visible<br>1 - Killed 4 - Complaint<br>2 - Serious   | <b>TAKEN FOR TREATMENT</b><br>1 - Yes 2 - No  |  |
| <b>SURFACE CONDITION</b><br>1 - Dry 6 - Mud<br>2 - Wet 7 - Sand<br>3 - Snowy 8 - Slush<br>4 - Icy 9 - Oil<br>5 - Other  | <b>CONTRIBUTING ROAD DEFECTS</b><br>1 - No Defects<br>2 - Defective Shoulders<br>3 - Holes, Deep Ruts, Bumps<br>4 - Loose Material On Surface<br>5 - Water Standing<br>6 - Road Under Construction<br>7 - Running Water<br>8 - Other | <b>CONSTRUCTION / MAINTENANCE ZONE CODES</b><br>0 - None, 1 - Construction, 2 - Maintenance, 3 - Utility, 4 - Unknown type   | <b>EJECTION</b><br>1 - Not Ejected 3 - Totally Ejected<br>2 - Trapped 4 - Partially Ejected | <b>SEATING POSITION</b><br>00 - Overturned<br>13 - Top<br>14 - Undercarriage<br>15 - Non-Contact Vehicle |
| <b>LIGHT CONDITION</b><br>1 - Daylight 4 - Dark - Lighted<br>2 - Dusk 5 - Dark - Not Lighted<br>3 - Dawn  | <b>ROAD CHARACTER</b><br>1 - Straight And Level<br>2 - Straight On Grade<br>3 - Straight On Hillcrest<br>4 - Curve And Level<br>5 - Curve On Grade<br>6 - Curve On Hillcrest   | <b>SAFETY EQUIPMENT</b><br>0 - None Used 6 - Motorcycle Helmet<br>1 - Shoulder Belt 7 - Bicycle Helmet<br>2 - Lap Belt 8 - Unknown<br>3 - Lap and Shoulder Belt<br>4 - Child Safety Seat (Properly Used)<br>5 - Child Safety Seat (Improperly Used)  | <b>EXTRICATION (Equipment Used)</b><br>1 - Yes 2 - No                                       |  |
| <b>MANNER OF COLLISION</b><br>1 - Angle<br>2 - Head On<br>3 - Rear End<br>4 - Sideswipe - Same Direction<br>5 - Sideswipe - Opposite Direction<br>6 - Not A Collision With a Motor Vehicle  | <b>DAMAGE TO VEHICLE</b><br>1 - None 4 - Extensive<br>2 - Slight 5 - Fire Present<br>3 - Moderate  | <b>AIR BAG FUNCTION</b><br>0 - No Air Bag In This Seat<br>1 - Deployed Air Bag<br>2 - Non-Deployed Air Bag<br>3 - Deployed Side<br>4 - Deployed other Directions<br>5 - Deployed Multiple Directions<br>6 - Non-Deployed Front<br>7 - Non-Deployed Side<br>8 - Non-Deployed Other Direction<br>9 - Non-Deployed Multiple Direction |   |  |

Task No. 120207HCC1399

Date: 04/26/2012

### STATUS OF MISSING DOCUMENT(S)

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

1. Police Photographs
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Date: 4/26/2012 Investigator No: 2390

Regional office: CFIE Supervisor No: 8978



This investigation was initiated from a death certificate. The incident occurred in Val Verde County at a ranch located approximately 18.5 miles north of Comstock, TX on Ranch Road 163. The 26-year old male decedent died from severe head trauma when he fell off of a utility vehicle.

According to [www.wunderground.com](http://www.wunderground.com), the following weather conditions existed in the area on the night of the incident:

|                 |                         |
|-----------------|-------------------------|
| Temperature:    | 51.1 degrees Fahrenheit |
| Humidity:       | 100%                    |
| Visibility:     | 6.0 miles               |
| Wind Direction: | South                   |
| Wind Speed:     | 4.6 mph                 |
| Precipitation:  | None                    |
| Conditions:     | Partly Cloudy           |

On December 22, 2009 at about 2350 hours, the county sheriff's office received an emergency call reference an all terrain vehicle hitting a pole. The sheriff's office was dispatched to the incident location. The sheriff's deputy arrived at the ranch along with the emergency medical services at about 0100 hours. Approximately one mile inside the ranch, the deputy made contact with the property manager. They drove to the scene, which was another five miles inside the ranch.

The property manager advised the deputy that the son of his friend was most likely dead at the gate that led to the main house. The manager's friend was attending to his son. The medical technician examined the decedent lying on the ground and determined that he was already deceased. The decedent sustained a spinal cord injury, and severe trauma to the head and chest.

The Justice of the Peace was summoned to the scene and he pronounced the decedent at 3:15 hours. The decedent's father requested that no autopsy be performed on his son. Therefore, the Justice of the Peace did not order an autopsy.

The driver of the utility vehicle was identified as a 24-year-old male. His injuries sustained during the incident were a swollen upper lip and he was in shock. He denied any medical treatment.

The driver and the decedent were riding in a four seat utility vehicle equipped with a roll bar, headlights and seat belts. According to the driver's statement and the deputy's investigation, it was determined that the driver and the decedent were not wearing the seat belts at the time of the incident.

The driver stated to the sheriff's deputy that the decedent was in the passenger seat and they were on their way back to the main house headed north to pick up some firewood. They were traveling approximately fifteen to twenty miles per hour when the utility vehicle struck the tire rut and bounced towards the pole that held the open gate.

The driver stated that he missed the pole was unaware that either the right front tire or the top right front side passenger roll bar had rubbed on the gate. After striking the gate, he looked to the passenger side and noticed the decedent had fallen off and was lying on the ground. The driver yelled for help and the property manager who was approximately fifty feet north of the gate of the main ranch house, came to their aid and called 9-1-1.

The decedent's father, who was in the brush south of the gate where he was preparing to start a fire, also came to assist and began cardio pulmonary resuscitation on the decedent.

The deputy observed scuff marks on the gate that was caused by the utility vehicle. He also noticed a rock near the gate that may have possibly been one of the causes of the decedent's head injury.

The driver advised that they had not been drinking and the deputy did not see any signs of intoxication.

**PRODUCT IDENTIFICATION**

Product: Utility Vehicle  
Make: Polaris  
Model: Ranger Crew 800  
Year: 2010  
VIN: 4XAWH76A5A2877558

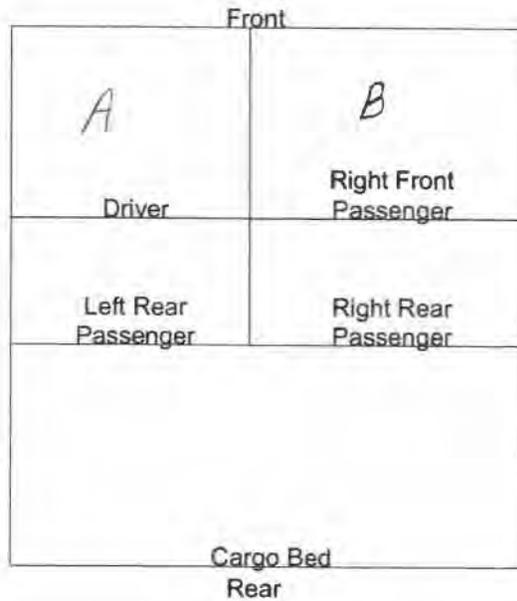
**ADDITIONAL INFORMATION**

1. No additional product information is known regarding the involved utility vehicle, to include, the following:
  - a. Date manufactured
  - b. Date of purchase
  - c. Place of purchase
  - d. Cost
  - e. Bought new or used or rented
2. The vehicle had seat belts, but it is unknown if the vehicle had any aftermarket modifications.
3. Please see photographs for the type of seat belt.
6. It is believed based on the information obtained, the decedent was not wearing a helmet.
7. It is unknown if the driver had used drugs or taken any medications prior to the incident.
8. na
9. Based on the photographs, it appears the type of terrain was packed dirt. It was dark and it is believed the headlights were in use.
14. Vehicle did not roll, flip or tip over.
15. Vehicle did not land on or crush victim

**ATTACHMENTS**

1. Utility Vehicle Data Record Sheet
2. Identity of Respondents
3. Missing Document
4. Sheriff's Office Report, 3 pages
5. Sheriff's Office Photos, 1-7

Utility Vehicle Data Record Sheet



The Utility Vehicle

|    |   |                   |
|----|---|-------------------|
| A: | Age: <i>24</i>                                    | Height: <i>na</i> |
|    | Gender: <i>male</i>                               | Weight: <i>na</i> |
|    | Helmet (Y/N): <i>N</i>   Seatbelt (Y/N): <i>N</i> |                   |
|    | Killed/Injured/Neither/Unknown: <i>Injured</i>    |                   |
|    | Injury Description: <i>upper lip swollen</i>      |                   |
|    | Did vehicle land on victim: <i>NO</i>             |                   |
|    | Ejected (Either partially or fully): <i>NO</i>    |                   |

|    |  |                   |
|----|--|-------------------|
| B: | Age: <i>26</i>   | Height: <i>na</i> |
|    | Gender: <i>male</i>  | Weight: <i>na</i> |
|    | Helmet (Y/N): <i>N</i>   Seatbelt (Y/N): <i>N</i>            |                   |
|    | Killed/Injured/Neither/Unknown: <i>Killed</i>                |                   |
|    | Injury Description: <i>Head, Chest, Spinal Cord + trauma</i> |                   |
|    | Did vehicle land on victim: <i>NO</i>                        |                   |
|    | Ejected (Either partially or fully): <i>fully ejected</i>    |                   |

|    |                                      |         |
|----|--------------------------------------|---------|
| 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.

**IDI #120221HCC3394**  
**Attachment #2**

**IDENTITY OF RESPONDENTS**

This case was initiated on February 22, 2012. Efforts to contact the next of kin, the driver of the utility vehicle and the property manager were met with negative results.

Val Verde County Sheriff's Office  
P.O. Box 1201  
Del Rio, TX 78840  
Tel: 830-774-7513

Justice of the Peace  
Judge J. Gonzalez  
209 E. Losoya  
Del Rio, TX 78840  
Tel: 830-774-7579

Attachment #3

**Task No.** 120221HCC3394

**Date:** March 23, 2012

**STATUS OF MISSING DOCUMENT (S)**

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

- 1. Justice of the Peace Report
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**Date:** March 23, 2012      **Investigator No:** 9072

**Regional office:** 8400      **Supervisor No:** 8631

03/07/2012

**Val Verde Co Sheriffs Office**

**INCIDENT REPORT**  
Incident: 200900017066

**INCIDENT DATES/TIMES:**

Reported Date/Time: 12/22/2009 23:46:21  
Completed Date/Time:  
Earliest Date/Time: 12/23/2009 5:25:00  
Latest Date/Time:

**INCIDENT LOCATION:**

Texas Hwy 163/W Us Hwy 90 Comstock TX 78837 Val Verde

**OFFENSES:**

| <i>UCR</i> | <i>Offense - Description</i>  | <i>Statute - Description</i> | <i>Degree</i> | <i>Class</i> | <i>Level</i> |
|------------|-------------------------------|------------------------------|---------------|--------------|--------------|
| 9999       | L - Local Incident Or Class C | -                            |               |              |              |

**SUBJECT(S) INVOLVED:**

| <i>Type</i> | <i>Name</i> | <i>DOB</i> | <i>Address</i> | <i>City/State/Zip</i> | <i>Phone</i> |
|-------------|-------------|------------|----------------|-----------------------|--------------|
| Contact     | (b) (6)     | (b)(6)     |                |                       | (b)(6)       |
| Contact     |             |            |                |                       |              |
| Contact     |             |            |                |                       |              |

**VEHICLE:**

| <i>Plate #</i> | <i>State</i> | <i>Type</i> | <i>VIN</i> | <i>Yr</i> | <i>Make</i> | <i>Model</i> | <i>Color</i> |
|----------------|--------------|-------------|------------|-----------|-------------|--------------|--------------|
|                |              |             |            |           |             |              |              |

**PROPERTY:**

| <i>No.</i> | <i>Type</i> | <i>Loss</i> | <i>Qty.</i> | <i>Make/Model/Style</i> | <i>Description</i> |
|------------|-------------|-------------|-------------|-------------------------|--------------------|
| 1          |             |             |             |                         |                    |

**SYNOPSIS:**

Administrative Agency: VVSO Incident #: 200900017066 Case Nr:  
 Report No. 1 Entered: 12/23/2009 06:40 By Officer: 00351693 (b) (6)  
 Subject: ATV accident

1. On 12-22-09 at approximately 2350 hours a call was received at the VAL VERDE SHERIFF'S OFFICE reference an all terrain vehicle hitting a pole at the SAN PEDRO RANCH located approximately 18.5 miles North of Comstock on Ranch Road 163.
2. DEPUTY SOTO, JUAN OF THE VAL VERDE SHERIFF'S OFFICE was dispatched to the call. Deputy Soto arrived at approximately 0100 hours along with Val Verde Regional Hospital Emergency Medical Service and first responders of the Customs and Border Protection Agency.
3. Upon arrival at the San Pedro Ranch approximately 1(one) mile inside the ranch Deputy Soto made contact with a person on an ATV later identified as manager (b)(6) with TXDL19256028 (b)(6) stated that he was one of the callers to 911.
4. He stated that the ATV he was in at the moment was the ATV involved in the accident.
5. He stated that he would follow him to the scene, which was another 5(five) miles inside the ranch.
6. He stated that the son of his friend later identified as (b) (6) (b)(3):CPSA Section 25(c) was most likely dead at the gate leading to the main house.
7. He also stated that his friend later identified as (b)(6) was attending to (b) (6) Upon arrival at the location of the scene a person laid on the ground, upon closer examination Deputy Soto observed a body laying next to another body laying on the ground next to the gate, hugging the body of the other person.
8. Both were identified as father and son (b) (6) was asked by EMS SAMPSON to move away from the body in order to check on (b)(6) (b) (6)
9. E.M.T. RESPONDER SAMPSON, SAMUEL checked on an injured person lying on the ground identified as (b)(3):CPSA Section 25(c),(b)(6) 83 the passenger of the ATV Polaris Model 800 Year 2010 V.I.N. 4XAWH76A5A2877558.
10. E.M.T. responder Sampson whom has over 10(ten) years experience stated to Deputy Soto that (b) (6) sustained an injury to the Spinal Cord, trauma to the Chest and a head injury to the left side area (back of the head) which had seeped brain matter from the open wound. Sampson stated that after checking for vital signs and the injuries sustained (b)(3):CPSA Section was deceased.
11. Deputy Soto advised dispatch to call the Justice of the Peace on call and notify the funeral home on call to travel to the location.
12. SAMPSON then made contact with the driver of the ATV later identified as (b)(6) whose injuries were a swollen upper lip and shock. (b)(6) denied medical treatment and stated that he was okay as Deputy Soto observed.
13. Upon interview (b)(6) stated that he and (b) (6) were on the way back to the main house headed north to pick up some firewood on the

Administrative Agency: VVSO Incident #: 200900017066 Case\_Nr:  
 Report No. 1 Entered: 12/23/2009 06:40 By Officer: 00351693 (b) (6)  
 Subject: ATV accident

- ATV travelling approximately at 15 (fifteen) to 20(twenty) miles per hour when he struck the tire rut and bounced towards the pole holding the open gate.
14. (b) (3) : Ex stated that he missed the pole unaware that the right front tire had rubbed on the gate or the top right front side passenger roll bar had rubbed on the gate. (viewed on photos)
  15. (b) (3) : Exemption 3 for 25 (c) Y were in a 4(four) seat ATV equipped with a roll bar and headlights and seat belts. (b) (3) : Ex was unable to explain why he was driving on the right edge of the trail. After striking the gate (b) (6) stated that he turned and looked to the passenger side and noticed that (b) (6) had fallen off. (b) (6) stated that they had not been drinking after being asked by Deputy Soto. Deputy Soto did not see signs of intoxication on (b) (6). (b) (6) stated that they were not wearing seat belts as they travelled.
  16. (b) (6) stated that he looked back and noticed that (b) (6) was on the ground. (b) (6) stated that after striking the gate the ATV was approximately 10(ten) feet from (b) (6) as he lay on the ground.
  17. (b) (6) stated that he yelled for help and the property manager later identified as (b) (6) with (b) (6) was approximately 50 feet away in a northern direction from the gate at the main ranch house arrived to assist and called 911.
  18. (b) (6) as father of (b) (6) also arrived on the scene from a southern direction in the brush where he was setting up to start a fire. (b) (6) also arrived to perform Cardio Pulmonary Resuscitation on his son (b) (6).
  19. At approximately 0310 hours Justice of the Peace PCT 2 Gonzalez, Joey arrived and pronounced (b) (3) : Exemp deceased at the scene at approximately 0315 hours.
  20. At approximately 0325 hours Sunset Funeral Homes arrived to recover the body of (b) (3) : Exempti After talking with (b) (3) : Exem whom stated to the Justice of the Peace Gonzalez that he did not want the autopsy. On 12/23/2009 at approximately 0900 hours Justice of the Peace Gonzalez advised Deputy Soto that at the request of family he did not order an autopsy.
  21. Deputy Sotos' investigation revealed no seatbelts were utilized by either (b) (6) Deputy Soto observed scuff marks on the gate caused by the ATV.
  22. Deputy Soto observed a rock which was photographed near the gate suspected as one of the causes of the head injury.
  23. Photographs attached to report.

IDI #120221HCC3394  
Attachment #5  
p. 1 of 7



Sheriff's Office photo #1. shows the involved UTV.

IDI #120221HCC3394  
Attachment #5  
p. 2 of 7



Sheriff's Office photo #2 shows the rear of the involved UTV.

IDI #120221HCC3394  
Attachment #5  
p. 3 of 7



Sheriff's Office photo #3 shows the right front roll bar that struck the pole.

IDI #120221HCC3394  
Attachment #5  
p. 4 of 7



Sheriff's Office photo #4 shows a closer view of the damaged right front roll bar.

IDI #120221HCC3394  
Attachment #5  
p. 5 of 7



Sheriff's Office photo #5 shows another view of the damaged roll bar.

IDI #120221HCC3394  
Attachment #5  
p. 6 of 7



Sheriff's Office photo #6  
shows the terrain type for the  
incident.

IDI #120221HCC3394  
Attachment #5  
p. 7 of 7



Sheriff's Office photo #7 shows another view of the terrain type.





Information contained in this report originated from a death certificate. Additional information came from a review of the related police report. The product involved in this report is a utility vehicle herein referred to as a UTV. It should be noted that this incident is a traffic accident involving an 18 wheeler/tractor trailer. The 18 wheeler was a tanker truck which was full and hauling crude oil at the time. The approximate weight of the tanker truck was 52,000 pounds. The victim involved in this incident was an 89-year-old male. He was 5'9" tall and weighed approximately 150 pounds. The UTV involved in this incident was a Cub Cadet Volunteer. It had 624 CC gas engine. It is unknown if any modifications had been made to the unit.

The incident occurred on September 10, 2010 in Giddings, Texas at approximately 11:05 AM. The victim was seen riding the UTV on city streets earlier that morning at approximately 10:30 AM. Approximately 20 to 30 minutes later, the victim was seen crossing S. Main St. also known as Highway 77 traveling north. He entered the highway and the rear axles of the 18 wheeler hit the front of the UTV. This caused the UTV to spin and flip onto the driver's side. A nearby witness grabbed his phone and called 911 while running toward the UTV. The victim was still seat belted in the seat but was in a fetal position. One of the police officers noted that the victim still had a strong pulse but could not see his head which was trapped underneath the UTV. The victim was not responding to verbal commands but had spoken to the witness initially who first arrived at the scene. Fuel was leaking from the UTV's fuel tank onto the victim and the ground surrounding the UTV. Rescue personnel lifted the UTV and freed the victim from underneath it. It was apparent to rescue personnel at this time that the victim had suffered severe head trauma and had large amounts of blood pouring from his facial injuries. The victim was placed on the ground near the UTV and covered with a blanket. The Justice of the Peace was dispatched to the scene and arrived at 11:35 AM. The victim was pronounced deceased at 11:40 AM and transported to an area funeral home.

The product is a Cub Cadet Volunteer UTV.  
It is manufactured by:

Cub Cadet Corporation  
5903 Grafton Rd.  
Valley City, OH. 44280

Phone:  
(330) 273-4550

Website:  
[www.cubcadet.com](http://www.cubcadet.com)

It should be noted that Cub Cadet is a subsidiary of MTD Products Inc.

Continued...

**The specifications of the UTV are as follows:**

Engine: 20 HP Kohler® Command® V-Twin  
Displacement: 624cc Gas  
Torque: 32.6 ft./lb. @ 2,600 RPM  
Ignition: Transistor controlled  
Lubrication: Full-pressure w/spin-on oil filter  
Engine Cooling: Air  
Air Cleaner: Replaceable, dual element  
Suspension: Shocks, Adjustable coil-over, Travel 8"  
Frame: 3" ladder construction  
Receiver: 2" - class 1  
Bumper: Steel  
Transmission/Drive: Enclosed CVT  
Differential: Hilliard® front/mechanical rear  
Speed: 0-30mph  
Transaxle: Fully enclosed, oil bath Selector  
Hurst® shifter (H-L-N-R)  
Rear Axle Housing: Cast-iron  
Electrical System: Battery 450 cold crank amps.  
Alternator: 12V-15 amp.  
Headlights: Halogen 37.5-watts  
Wiring: Automotive-style fused  
Controls: Brakes, 4-wheel 8" hydraulic disc  
Brake Lines: Stainless steel braided  
Parking Brake:  
Mechanical: Steering Rack and pinion  
Indicators: Fuel, battery, oil, parking brake & hour meter  
Towing/Payload: 1,400 lbs  
(total payload includes operator, passenger and bed capacity)  
Fuel Tank: 7 gal.  
Cargo Box: Steel (1,000 lbs)  
L/W/H: 51.6"/42"/11.5"  
Seats: Professional high-back

Continued...

**Specifications continued...**

Tires:

Front Tire Size: 25" x 10"-12"

Rear Tire Size: 25" x 11"-12"

Rims: 12" Steel

**DIMENSIONS**

Length/Width/Height

119"/63.55"/73"

Tread Center

F: 52"/R: 50"

Wheel Base: 78"

Ground Clearance: 11" (under foot platform)

Turning Circle (Diameter): 24 feet

Weight: 1,650 lbs

VIN 1J158G40014

## **Attachments**

**Attachment 1**  
**Two (2) Photographs**  
**Two (2) Pages**

**Attachment 2**  
**Police Report**  
**Eight (8) Pages**

**Attachment 3**  
**Missing Form Report**  
**One (1) Page**

**Attachment 4**  
**UTV Data Record Sheet**  
**One (1) Page**



**Stock Photo of UTV**  
**Photo 1 of 2**



UTV Direction of Travel      18 Wheeler Direction of Travel  
**The UTV failed to stop at the stop sign shown in the photo above and collided with an 18 wheeler/tractor trailer rig.**

## GIDDINGS POLICE DEPARTMENT

## Offense / Incident Report

## GENERAL OFFENSE INFORMATION

Report Type: Initial Report

|                   |                   |                |                       |
|-------------------|-------------------|----------------|-----------------------|
| Case #            | IR-10-00641       | Location       | 900 BLK S MAIN STREET |
| File #            |                   |                | GIDDINGS TEXAS 78942  |
| Offense           | FATALITY ACCIDENT |                |                       |
| Incident Status   | CLOSED            | From Date/Time | 09/10/2010 11:05      |
| Reporting Officer | CARVIN, LACEY     | To Date/Time   | 09/10/2010 11:11      |
| Initial Rep. Date | 09/10/2010 11:11  | Report Date    | 09/10/2010 11:11      |

## OFFENSE(S)

|                   |   |                 |   |
|-------------------|---|-----------------|---|
| Bias Type         | NONE (NO BIAS)                              | Bias Motivation |   |
| If Burglary:      | Burglary Entry Point                        | Entry Method    |   |
| Offense           | ACCIDENT INVOLVING PERSONAL INJURY OR DEATH |                 |   |
| Statute           | 550.021                                     |                 |   |
| Offense Status    | COMPLETED                                   |                 |   |
| Location          | HIGHWAY/ROAD/ALLEY                          |                 |   |
| Computer          | N   | Alcohol         | N |
| Weapons           |   | Drug            | N |
| Criminal Activity |   |                 |   |

## COMPLAINANT

|         |         |          |  |       |        |
|---------|---------|----------|--|-------|--------|
| Name    | (b) (6) |          |  | Phone | (b)(6) |
| Address |         |          |  |       |        |
| Race    |         | Ethnic   |  | Sex   | DOB    |
| Height  |         | Weight   |  | Hair  | Eyes   |
| S.S.N.  | ---     | DL & St. |  | JRN#  |        |

## VICTIM(S)

|                |                          |                       |       |             |  |       |        |
|----------------|--------------------------|-----------------------|-------|-------------|--|-------|--------|
| Name           | (b) (3) - Exemption      |                       |       |             |  | Phone | (b)(6) |
| Address        | 17517 Giddings, TX 78942 |                       |       |             |  |       |        |
| Race           | W                        | Ethnic                | N     | Sex         | M  | DOB   |        |
| Height         | 5'09"                    | Weight                | 150   | Hair        | BRO  | Eyes  | BLU    |
| S.S.N.         | ---                      | DL & St.              | ***** | JRN#        |  |       |        |
| Type of Victim | INDIVIDUAL               | Victim Of             | NONE  | Injury Type | POSS. INTERNAL INJURY, OTHER MAJ. INJURY, SEVERE LACERATIONS |       |        |
|                | If Homicide:             | Homicide Circumstance |       |             |  |       |        |

## SUBJECT(S)

|           |  |           |  |            |              |
|-----------|--|-----------|--|------------|--------------|
| Name      | B&M AMBULANCE,                         |           |  | Phone      | 979-542-9394 |
| Address   | 330 E AUSTIN STREET Giddings, TX 78942 |           |  |            |              |
| Race      |  | Ethnic    |  | Sex        | DOB          |
| Height    |  | Weight    |  | Hair       | Eyes         |
| S.S.N.    | ---                                    | DL & St.  |  | JRN#       |              |
| Sub. Type |  | Arrest ID |  | Citation # |              |
| Notes     |  |           |  |            |              |

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|           |         |  |       |                    |      |
|-----------|---------|--|-------|--------------------|------|
| Name      |         | PENCE, EARL                              |       |                    |      |
| Address   |         | 179 E INDUSTRY STREET Giddings, TX 78942 |       | Phone 979-540-2700 |      |
| Race      |         | Ethnic                                   |       | Sex                | DOB  |
| Height    |         | Weight                                   |       | Hair               | Eyes |
| S.S.N.    | ---     | DL & St.                                 |       | JRN#               |      |
| Sub. Type | POLICE  | Arrest ID                                |       | Citation #         |      |
| Notes     |         |  |       |                    |      |
| Name      |         | CARVIN, LACEY A                          |       |                    |      |
| Address   |         | 179 E INDUSTRY STREET Giddings, TX 78942 |       | Phone 979-540-2700 |      |
| Race      | W       | Ethnic                                   | N     | Sex                | F    |
| Height    | 5'01"   | Weight                                   |       | Hair               | BLN  |
| S.S.N.    | ---     | DL & St.                                 |       | JRN#               |      |
| Sub. Type | POLICE  | Arrest ID                                |       | Citation #         |      |
| Notes     |         |  |       |                    |      |
| Name      |         | RAMIREZ, ANTHONY                         |       |                    |      |
| Address   |         | 179 E INDUSTRY STREET Giddings, TX 78942 |       | Phone 979-540-2700 |      |
| Race      | W       | Ethnic                                   | H     | Sex                | M    |
| Height    |         | Weight                                   |       | Hair               | Eyes |
| S.S.N.    | ---     | DL & St.                                 | ***** | JRN#               |      |
| Sub. Type | POLICE  | Arrest ID                                |       | Citation #         |      |
| Notes     |         |  |       |                    |      |
| Name      |         | LEHMANN, LANDIS LEE                      |       |                    |      |
| Address   |         | 179 E INDUSTRY STREET Giddings, TX 78942 |       | Phone 979-540-2700 |      |
| Race      | W       | Ethnic                                   | N     | Sex                | M    |
| Height    | 5'07"   | Weight                                   |       | Hair               | Eyes |
| S.S.N.    | ---     | DL & St.                                 |       | JRN#               |      |
| Sub. Type | POLICE  | Arrest ID                                |       | Citation #         |      |
| Notes     |         |  |       |                    |      |
| Name      |         | (b)(6)                                   |       |                    |      |
| Address   |         | (b)(6)                                   |       | Phone (b)(6)       |      |
| Race      | W       | Ethnic                                   | N     | Sex                | M    |
| Height    | 5'00"   | Weight                                   | 150   | Hair               | BRO  |
| S.S.N.    | ---     | DL & St.                                 | ***** | JRN#               |      |
| Sub. Type | WITNESS | Arrest ID                                |       | Citation #         |      |
| Notes     |         |  |       |                    |      |
| Name      |         | (b)(6)                                   |       |                    |      |
| Address   |         | (b)(6)                                   |       | Phone (b)(6)       |      |
| Race      |         | Ethnic                                   |       | Sex                | DOB  |
| Height    |         | Weight                                   |       | Hair               | Eyes |
| S.S.N.    | ---     | DL & St.                                 |       | JRN#               |      |
| Sub. Type | OTHER   | Arrest ID                                |       | Citation #         |      |
| Notes     |         |  |       |                    |      |

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|  |                |            |                    |
|--|----------------|------------|--------------------|
| Name SHEPARD, ADAM                               |                |            |                    |
| Address 179 E INDUSTRY STREET Giddings, TX 78942 |                |            | Phone 979-540-2700 |
| Race   | Ethnic         | Sex        | DOB                |
| Height   | Weight         | Hair       | Eyes               |
| S.S.N. _____                                     | DL & St.       | JRN#       |                    |
| Sub. POLICE                                      | Arrest ID      | Citation # |                    |
| Type   |                |            |                    |
| Notes  |                |            |                    |
| Name RHOTEN, DENNIS                              |                |            |                    |
| Address 179 E INDUSTRY STREET Giddings, TX 78942 |                |            | Phone _____        |
| Race   | Ethnic         | Sex        | DOB                |
| Height   | Weight         | Hair       | Eyes               |
| S.S.N. _____                                     | DL & St.       | JRN#       |                    |
| Sub. POLICE                                      | Arrest ID      | Citation # |                    |
| Type   |                |            |                    |
| Notes  |                |            |                    |
| Name (b)(6)                                      |                |            |                    |
| Address (b)(6)                                   |                |            | Phone (b)(6)       |
| Race W   | Ethnic N       | Sex M      | DOB (b)(6)         |
| Height 5'10"                                     | Weight 196     | Hair BLN   | Eyes HZL           |
| S.S.N. _____                                     | DL & St. ***** | JRN#       |                    |
| Sub. WITNESS                                     | Arrest ID      | Citation # |                    |
| Type   |                |            |                    |
| Notes  |                |            |                    |
| Name BRIDGEFARMER, NICHOLAS                      |                |            |                    |
| Address 179 E INDUSTRY STREET Giddings, TX 78942 |                |            | Phone 979-540-2700 |
| Race   | Ethnic         | Sex        | DOB                |
| Height   | Weight         | Hair       | Eyes               |
| S.S.N. _____                                     | DL & St.       | JRN#       |                    |
| Sub. POLICE                                      | Arrest ID      | Citation # |                    |
| Type   |                |            |                    |
| Notes  |                |            |                    |
| Name (b)(6)                                      |                |            |                    |
| Address (b)(6)                                   |                |            | Phone (b)(6)       |
| Race W   | Ethnic N       | Sex M      | DOB (b)(6)         |
| Height 5'00"                                     | Weight         | Hair       | Eyes BLU           |
| S.S.N. _____                                     | DL & St. ***** | JRN#       |                    |
| Sub. OTHER                                       | Arrest ID      | Citation # |                    |
| Type   |                |            |                    |
| Notes  |                |            |                    |
| Name (b)(6)                                      |                |            |                    |
| Address (b)(6)                                   |                |            | Phone (b)(6)       |
| Race   | Ethnic         | Sex        | DOB                |
| Height   | Weight         | Hair       | Eyes               |
| S.S.N. _____                                     | DL & St.       | JRN#       |                    |
| Sub. OTHER                                       | Arrest ID      | Citation # |                    |
| Type   |                |            |                    |
| Notes  |                |            |                    |

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|           |        |           |       |            |       |        |        |
|-----------|--------|-----------|-------|------------|-------|--------|--------|
| Name      | (b)(6) |           |       |            | Phone | (b)(6) |        |
| Address   | (b)(6) |           |       |            |       |        |        |
| Race      | W      | Ethnic    | N     | Sex        | M     | DOB    | (b)(6) |
| Height    | 5'06"  | Weight    | 150   | Hair       | BRO   | Eyes   | BRO    |
| S.S.N.    | - -    | DL & St.  | ***** | JRN#       |       |        |        |
| Sub. Type | OTHER  | Arrest ID |       | Citation # |       |        |        |
| Notes     |        |           |       |            |       |        |        |

## VEHICLE(S)

|          |  |        |              |      |      |  |
|----------|--|--------|--------------|------|------|--|
| Details  | 2003 CUB CADET VOLUNTEER 37AB475H010 ATV (4-WHEELER) |        |              |      |      |  |
| VIN      | 1J158G40014  | Colors | GREEN, BLACK |      |      |  |
| Plate No |  | State  |              | Year | 0    |  |
| Impound  | Y  | Type   |              |      |      |  |
| Details  | 2006 FREIGHTLINER CLASSIC 120 TRACTOR TRUCK          |        |              |      |      |  |
| VIN      | 1FUJALDE36DW57183                                    | Colors | WHITE        |      |      |  |
| Plate No | R90339   | State  | TX           | Year | 2011 |  |
| Impound  |  | Type   |              |      |      |  |
| Details  | 2009 HEIL UNKNOWN TANK TRAILER                       |        |              |      |      |  |
| VIN      | 24900239909150051                                    | Colors | SILVER       |      |      |  |
| Plate No | X43399   | State  | TX           | Year | 2011 |  |
| Impound  |  | Type   |              |      |      |  |

## PROPERTY

|                   |   |                       |           |            |  |  |
|-------------------|---|-----------------------|-----------|------------|--|--|
| Property Category | OTHER                                   |                       | Loss Type | EVIDENCE   |  |  |
| Description       | BLOOD SPECIMEN FROM JOHN RANDALL ARNOLD |                       |           |            |  |  |
| Make              |   | Model                 |           | Style      |  |  |
| Serial No / VIN   |   |                       |           | Color      |  |  |
| Vehicle Year      |   | Plate No/ State/ Type |           |            |  |  |
| Loss Date         |   | Loss Quantity         |           | Loss Value |  |  |
| Rec Date          |   | Rec Quantity          |           | Rec Value  |  |  |
| Drug Type         |   | Drug Quantity         |           | Drug UOM   |  |  |

Entered By: CARVIN, LACEY

Officer: CARVIN, LACEY

Supervisor:

**Incident # IR-10-00641 (\*)****MEDIA RELEASE**

On September 10, 2010 at approximately 11:11 am I, Officer Lacey Carvin, responded to an accident involving an ATV and a tractor/trailer that had occurred in the 900 block of south Main Street. Upon arrival I observed that the driver of the ATV, a Cub Cadet Volunteer, to be trapped inside the ATV. EMS, Giddings Volunteer Fire Department, and Officers with the Giddings Police Department responded immediately to the scene. The driver of the ATV, identified as (b) was pronounced dead at the scene by Justice of the Peace Troy Bise. After investigation, it was determined that (b) was traveling south on Leon Street and failed to yield right of way when crossing south Main Street, striking the trailer of the tractor/trailer.

Incident # (b) (6)

(b) (6)

## NARRATIVE

On September 10, 2010 at approximately 11:11 am I, Officer Lacey Carvin, responded to an accident involving an ATV and a tractor/trailer that had occurred in the 900 block of south Main Street. Dispatch advised that there were injuries as a result of the accident and one person was trapped inside a vehicle. Upon arrival I observed that the driver, later identified as (b) (3) : Exem of the ATV, a Cub Cadet Volunteer 624 cc, to be trapped inside the ATV which was laying on the driver's side in the center of the roadway with the undercarriage of the vehicle facing north and the front of the ATV facing west. I observed that (b) (3) was still seatbelted and was in a fetal position. I could feel and see a strong pulse in (b) (3) right arm, but I could not see his head, which was trapped under the ATV. (b) (3) : Ex was not responding to my verbal commands. I observed fuel leaking from the ATV's fuel tank onto (b) (3) : E and the ground surrounding the ATV. A witness, identified as (b) (6), approached and stated that (b) (3) : was speaking just prior to my arrival. I advised dispatch to notify (b) (6) and request him to come to the accident scene and to expedite EMS; Capt (b) (6) and (b) (6) arrived a short time later. Det (b) (6) EMS, and the Giddings Volunteer Fire Department arrived on scene shortly after my arrival. All emergency personnel on scene assisted with lifting the ATV and freeing (b) (3) from under the ATV. It was apparent at this time that (b) (3) suffered severe head trauma; I observed a large amount of blood pouring from (b) (3) facial injuries and he was unresponsive. (b) (3) was placed on the ground near the ATV and was covered with a blanket.

Justice of the Peace Troy Bise was dispatched to the scene at 11:28 am and arrived on scene at 11:35 am. (b) (3) was pronounced dead at the scene a short time later. JP Bise met with (b) (3) : Exemp z, (b) (6) son, on scene and delivered the death notification at 11:45 am. Phillips and Luckey Funeral Home was contacted and dispatched to the scene. After Phillips and Lucky removed (b) (3) : body from the scene, Govan's wrecker service was dispatched to retrieve the ATV which was then taken to the old Giddings Volunteer Fire Department and placed in the east bay.

(b) (6) with Texas Department of Public Safety arrived on scene shortly after all emergency personnel and dispatched a Commercial Vehicle Enforcement Trooper to the scene to inspect the tractor/trailer, a white 2006 Freightliner (Texas license plate R90339) towing a tanker (Texas license plate X43399) filled with crude oil, which came to rest in the 1000 block of south Main Street at the intersection of south Main Street and south Madison Street. The driver of the tractor/trailer was identified as (b) (3) : Exe I observed damage to the left side of the trailer, a tanker carrying crude oil, that began just before the last set of tires and continued to the rear bumper of the trailer. The aluminum tube that holds hoses that is affixed to the tanker was torn, leaving a horizontal tear approximately two feet in length, and a second tear approximately three inches in length that traveled vertically. I observed that the tool box located under the aluminum tube to be damaged and the door pulled open and the box was damaged. I also observed that the two left, rear, outside tires had been punctured and the rim on the left rear tire was bent. The front of the rear wheel well had been pushed into the last set of tires and had to be pried away before the vehicle could be moved. Photographs were taken of the damage to the tractor/trailer.

(b) (6) arrived on scene and inspected the tractor/trailer. (b) (6)

report is included in the case file. (b) (6) transported Arnold to St Mark's Medical Center in LaGrange for the mandatory blood draw.

(b) (6) marked and numbered all debris, using orange spray paint, that was laying in the roadway and I created a list of all pieces of debris and the location of vehicles. The entire scene was photographed. A complete numbered list of the debris and vehicles is included at the end of this narrative.

(b) (6) obtained a written witness statement from (b) (6) who advised that he had witness the accident. (b) (6) advised that he was inside his place of business, (b)(6) Shop located at (b)(6) and looking out the picture window in the front of his shop. (b) (6) stated that he saw the ATV cross south Main Street (Hwy 77) traveling north at approximately 10:30 am and approximately 20-30 minutes later he observed the ATV traveling south (on Leon Street) and enter the highway where (b) (6) observed the tanker truck traveling south. (b) (6) advised that at first he thought that the ATV was just crossing the highway slowly, in an attempt to miss the tractor/trailer, but he then saw the rear axles of the tractor hit the front of the ATV. (b) (6) advised that he grabbed his phone and called 911 while running toward the ATV and notified the dispatcher of the accident and that the driver of the ATV was pinned in the vehicle.

(b) (6) met with (b) (6) at the Police Department and obtained a written statement from (b) (6) and collected the blood specimen taken from (b) (3). The blood specimen was placed in cold storage in the evidence room. (b) (3) statement is included in the case file. The blood specimen will be sent to the DPS Crime Lab for analysis and presence of drugs/alcohol.

Based upon witness statements and the evidence at the scene, it was determined that (b) (3) : was traveling south in the 700 block of south Leon Street; failed to yield right of way at the stop sign to the traffic traveling north and south on south Main Street (between the 800 and 900 blocks) where south Leon intersects. (b) (3) : struck the trailer near the tool box just ahead of the last two axles of the trailer with the front of his ATV, causing his ATV to spin and flip on the driver's side.

This case will be listed as inactive at this time, pending the results of the blood specimen. No charges will be pursued at this time.

#### List of debris and vehicles:

1. Point of impact - right rear Cub Cadet
2. Point of impact - right front Cub Cadet
3. Brake mark from truck trailer L rear tire
4. Brake mark from truck trailer L rear tire
5. Brake mark from truck trailer L rear tire
6. Brake mark from truck trailer L rear tire
7. Brake mark from truck trailer L rear tire
8. Yaw mark - center of roadway into NB lane come back to center of roadway
9. Rag
10. Rag
11. Stereo frame
12. Circular yaw mark
13. Pocket calendar / metal socket
14. Sunglasses
15. Black and clear plastic piece
16. Front of Cub Cadet (resting place)
17. Back of Cub Cadet (resting place)
18. 'J' shaped black plastic piece

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- 19.Black rubber grommet
- 20.Green plastic piece
- 21.Brown rag
- 22.Green plastic piece
- 23.Black plastic piece (laying in grass on east side of roadway)
- 24.Green plastic piece (laying in grass on east side of roadway)
- 25.Metal bracket with attached light bulb (laying in grass on east side of roadway)
- 26.Black plastic handle
- 27.Flat green plastic piece
- 28.Orange plastic lens cover
- 29.Two black plastic pieces
- 30.Green hood (from Cub Cadet)
- 31.Clear plastic windshield (from Cub Cadet)
- 32.'U' shaped black plastic piece
- 33.Black 'L' shaped plastic piece
- 34.Clear plastic lens
- 35.Radio face plate
- 36.Clear plastic piece
- 37.Left rear trailer tire (tractor/trailer)
- 38.Right rear trailer tire (tractor/trailer)

**Task Number: 120221HCC3400**

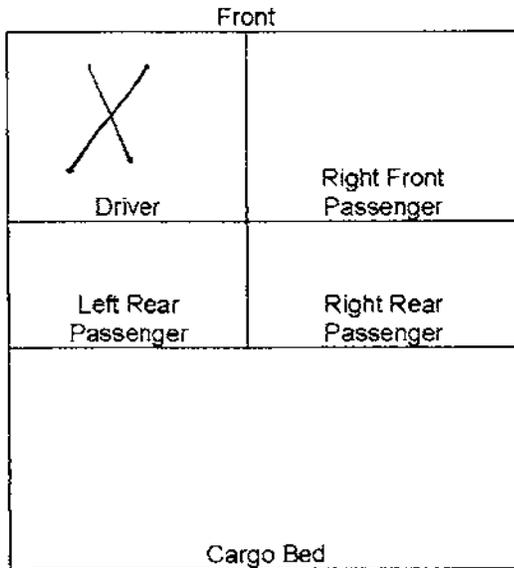
**Date: 05-18-2012**

## **Status of Missing Document(s)**

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

1. Police Photographs

Utility Vehicle Data Record Sheet



The Utility Vehicle

**A:** Age: 89 Height: 5'9"  
 Gender: M Weight: 150  
 Helmet (Y/N): N Seatbelt (Y/N): N  
 Killed/Injured/Neither/Unknown: Killed  
 Injury Description: Head Trauma  
 Did vehicle land on victim: yes  
 Ejected (Either partially or fully): Partially

**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.





The investigation was initiated from a death certificate. The information in this report was obtained from the photographs obtained from the responding TX Parks and Wildlife Department and from the responding TX Department of Safety Crash Report. The driver of the UTV was interviewed by telephone on 3/27/12. Note: The driver stated that she doesn't remember being the driver of the UTV and that she suffered a concussion during the incident; however, the accident report listed her as the driver.

The victims include a 61-year-old female (hereinafter referred to as the female victim) and a 58-year-old male (hereinafter referred to as the male victim). The female victim, at the time of the incident, weighed 129 pounds and was 62" tall. The male victim weighed 165 pounds and was 67" tall.

According to the female victim, the involved product, a utility vehicle (UTV), was owned by the male victim's elderly father, however, the male victim kept the UTV at his residence. She explained that the male victim was afraid that his father would get injured driving the UTV. She did not know the exact date of purchase; however, she guessed that it had been purchased sometime in 2008. She stated that the male victim was familiar with how to operate the involved UTV and that he owned a UTV himself. She stated that she did not have much experience operating the involved UTV and had never really driven it. **Note:** The male victim's father was not able to be interviewed due to the fact that he has passed.

The female victim did not believe that the involved UTV had any aftermarket modifications. The utility vehicle is equipped with a bench type seat. The female victim could not specify the type of seatbelts installed in the involved UTV. She explained that they never utilized the seat belts. Doors are not present on the utility vehicle.

On September 17, 2010, the weather was clear and the temperature was 84°F. According to the Crash Report, the 61-year-old female was driving the UTV and the 58-year-old male was the passenger. According to the female, both she and the male victim had had some alcoholic beverages (amount of alcohol unknown). The female victim explained that she and the male victim were apparently traveling in the UTV on the boat ramp heading toward the lake when the UTV struck rocks that lined the boat ramp. According to the Crash Report, "unit 1 {UTV} was NB on {boat ramp on UTV}. Unit 1's {UTV} driver failed to stop before hitting the drift rocks at the boat ramp launch. Unit 1 began flipping down the boat ramp. Both occupants were ejected from Unit 1. Unit 1 came to rest on its right side facing SB." The female victim stated that she believed the UTV flipped end over end at least 3 times before coming to rest. Photos of the incident site and of the involved UTV were obtained and are attached as Exhibit #3. The Crash Report lists the factors and conditions contributing to the crash were: unsafe speed and had been drinking. The Crash Report is attached as Exhibit #2.

The victims were transported to different hospitals. According to the male victim's death certificate, he died on 09/18/2010 (approximately 20 hours after the incident). His death certificate lists his cause of death as "closed head injury with brain death." The female victim stated that she sustained a concussion (with bleeding on the brain), a broken pelvis

and a broken finger. She stated that she was released from the hospital approximately three days after the incident. She declined to give permission for this Investigator to obtain her medical records. She referred this Investigator to her attorney regarding the Authorization for Release of Name form. However, due to the lack of response from her attorney, this Investigator contacted the victim by telephone on 3/29/2012 and explained that the attorney had not responded. The victim verbally requested that her name not be released.

The responding Captain Game Warden (TX Parks and Wildlife Department) provided pictures of the incident site, as well as of the involved UTV. They are attached as Exhibit #3. His department did not generate a report on this incident.

### **PRODUCT IDENTIFICATION**

**TYPE:** 4-wheeled utility vehicle (UTV)

**BRAND: POLARIS**

**MODEL NAME:** Ranger XP

**MODEL NUMBER:** 700 XP

**YEAR MODEL:** 2008

**VIN:** 4XARH68A984401851

**COLOR:** Blue and white

**DATE OF MANUFACTURE:** Unknown

**PLACE OF PURCHASE:** Unknown

**PURCHASE DATE:** Approx. 2008

**MANUFACTURER:** Polaris

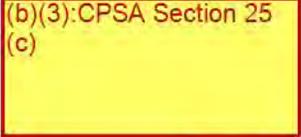
**COST:** Unknown

### **ATTACHMENTS:**

- 1) Identity of Respondents (1 page)
- 2) Crash Report (2 Pages)
- 3) Photos 1- 9
- 4) Utility Vehicle Data Record Sheet (1 Page)
- 5) Authorization for Release of Name Form (1 page)

120221HCC3401

**IDENTITY OF RESPONDENTS**

- Texas Parks and Wildlife Department  
Thomas Jenkins  
Captain Game Warden  
900 CR 218  
Brookeland, TX 75931  
v-409-698-9541  
cell-936-275-6110
  
- Texas Department of Transportation  
Crash Records Division  
Deborah Coleman  
125 East 11<sup>th</sup> Street  
Austin, TX 78701
  
- (b)(3):CPSA Section 25  
(c)  

  
- (b)(6)  Victim's Attorney

SEP 28 2010

60

Law Enforcement and TxDOT Use Only

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num Units 0 0 1 Total Num Prsns 0 0 2 TxDOT Crash ID

11637064.1 /2010278401



Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)  
Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714 Questions? Call (512)486-5780  
Refer to Attached Code Sheet for Numbered Fields

Page 1 of 2

\* These fields are required on all additional sheets submitted for this crash (ex: additional vehicles, occupants, injured, etc.)

|   |  |   |  |   |  |  |  |
|---|--|---|--|---|--|--|--|
| *Crash Date (MM/DD/YYYY) 09/17/2010   |  | *Crash Time (24HRMM) 2004                                     |  | Case ID   |  | Local Use  |  |
| *County Name San Augustine  |  |   |  | *City Name  |  | <input checked="" type="checkbox"/> Outside City Limit   |  |
| In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  | Latitude (decimal degrees) 31.20275                           |  | Longitude (decimal degrees) -094.08030                      |  |  |  |
| ROAD ON WHICH CRASH OCCURRED  |  |   |  |   |  |  |  |
| *1 Rdwy. Sys. PR  |  | *Hwy. Num. 98   |  | 3 Street Prefix   |  | *Street Name San Augustine Park Boat Ramp  |  |
| <input checked="" type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot  |  | <input type="checkbox"/> Toll Road/Toll Lane                  |  | Speed Limit 10  |  | Const. Zone <input checked="" type="checkbox"/> No   |  |
| Workers Present <input checked="" type="checkbox"/> No  |  | Street Desc.  |  |   |  |  |  |
| INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER  |  |   |  |   |  |  |  |
| At Int. <input checked="" type="checkbox"/> No  |  | 1 Rdwy. Sys. FM   |  | Hwy. Num. 1751  |  | 2 Rdwy. Part   |  |
| Distance from Int. or Ref. Marker 0.3   |  | 3 Dir. From Int. or Ref. Marker S                             |  | Reference Marker  |  | Street Desc.   |  |
| RRX Num.  |  |   |  |   |  |  |  |
| Unit Num. 1   |  | 5 Unit Desc. 1  |  | LP State  |  | LP Num.  |  |
| VIN 4XARH68A984401851   |  |   |  |   |  |  |  |
| Veh. Year 2008  |  | 6 Veh. Color BLU  |  | Veh. Make POLARIS   |  | Veh. Model 700   |  |
| 7 Body Style 98   |  | Pol. Fire, EMS on Emergency (Explain in Narrative if checked) |  |   |  |  |  |
| 8 DL/ID Type 1  |  | DL/ID State TX  |  | DL/ID Num. (b)(6)   |  | 9 DL Class C   |  |
| 10 CDL End 96   |  | 11 DL Rest 96   |  | DOB (MM/DD/YYYY) 1/1/1948                                   |  |  |  |
| Address (Street, City, State, ZIP) (b)(6)   |  |   |  |   |  |  |  |
| Person Num. 1   |  | 12 Psn. Type 1  |  | 13 Seat Position 1  |  | Name: Last, First, Middle  |  |
| Enter Driver or Primary Person for this Unit on first line  |  | 14 Injury Severity A  |  | Age 61  |  | Ethnicity W  |  |
| (b)(3): CPSA Section 25(c), (b)(6)  |  | 15 Sex 2  |  | 16 Sex 2  |  | 17 Eject 96  |  |
|   |  | 18 Restr. 97  |  | 19 Airbag 97  |  | 20 Helmet 97   |  |
|   |  | 21 Sol N  |  | 22 Alc. Spec. 96  |  | 23 Drug Spec. 96   |  |
|   |  | 24 Drug Result 97   |  | 25 Drug Category 97   |  | Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. |  |
| <input checked="" type="checkbox"/> Owner   |  | Owner/Lessee Name & Address (b)(6)                            |  |   |  |  |  |
| <input type="checkbox"/> Lessee   |  |   |  |   |  |  |  |
| Proof of Fin. Resp. <input checked="" type="checkbox"/> No  |  | 26 Fin. Resp. Type  |  | Fin. Resp. Name   |  | Fin. Resp. Num.  |  |
| 27 Vehicle Damage Rating 1 3-R & T-2  |  | 27 Vehicle Damage Rating 2                                    |  | Vehicle Inventoried <input checked="" type="checkbox"/> Yes |  | No   |  |
| Towed by (b)(6)   |  | Towed To (b)(6)   |  |   |  |  |  |
| Unit Num. 5 Unit Desc. 1  |  |   |  |   |  |  |  |
| VIN   |  |   |  |   |  |  |  |
| Veh. Year   |  | 6 Veh. Color  |  | Veh. Make   |  | 7 Body Style   |  |
| Pol. Fire, EMS on Emergency (Explain in Narrative if checked)   |  |   |  |   |  |  |  |
| 8 DL/ID Type  |  | DL/ID State   |  | DL/ID Num.  |  | 9 DL Class   |  |
| 10 CDL End  |  | 11 DL Rest  |  | DOB (MM/DD/YYYY)  |  |  |  |
| Address (Street, City, State, ZIP)  |  |   |  |   |  |  |  |
| Person Num.   |  | 12 Psn. Type  |  | 13 Seat Position  |  | Name: Last, First, Middle  |  |
| Enter Driver or Primary Person for this Unit on first line  |  | 14 Injury Severity  |  | Age   |  | Ethnicity  |  |
|   |  | 15 Sex  |  | 16 Sex  |  | 17 Eject   |  |
|   |  | 18 Restr.   |  | 19 Airbag   |  | 20 Helmet  |  |
|   |  | 21 Sol  |  | 22 Alc. Spec.   |  | 23 Drug Spec.  |  |
|   |  | 24 Drug Result  |  | 25 Drug Category  |  | Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. |  |
| <input type="checkbox"/> Owner  |  | Owner/Lessee Name & Address                                   |  |   |  |  |  |
| <input type="checkbox"/> Lessee   |  |   |  |   |  |  |  |
| Proof of Fin. Resp. <input type="checkbox"/> No   |  | 26 Fin. Resp. Type  |  | Fin. Resp. Name   |  | Fin. Resp. Num.  |  |
| 27 Vehicle Damage Rating 1  |  | 27 Vehicle Damage Rating 2                                    |  | Vehicle Inventoried <input type="checkbox"/> Yes            |  | No   |  |
| Towed by  |  | Towed To  |  |   |  |  |  |

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Law Enforcement and TxDOT Use ONLY  
Form CR-3 1/1/2010

Case ID

TxDOT Crash ID

Page 2 of 2

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To             | Taken By | Date of Death (MM/DD/YYYY) | Time of Death (24HRMM) |
|-------------------------------|-----------|------------|----------------------|----------|----------------------------|------------------------|
|                               |           | 1          | 1                    | LSU      | PHI                        |                        |
|                               | 1         | 2          | NACOGDOCHES MEMORIAL | PHI      | 09/18/2010                 | 1600                   |
|                               |           |            |                      |          |                            |                        |
|                               |           |            |                      |          |                            |                        |
|                               |           |            |                      |          |                            |                        |

| CHARGES | Unit Num. | Prsn. Num. | Charge | Citation/Reference Num. |
|---------|-----------|------------|--------|-------------------------|
|         |           |            |        |                         |
|         |           |            |        |                         |

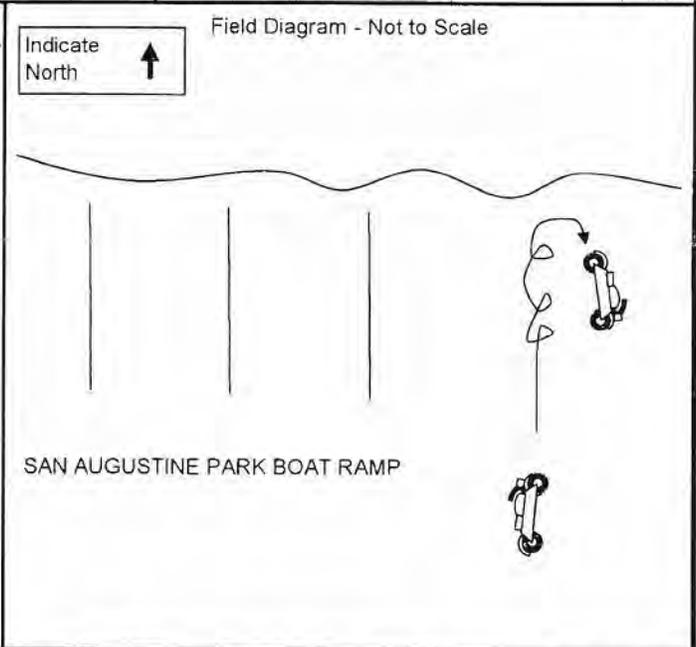
| DAMAGE | Damaged Property Other Than Vehicles | Owner's Name | Owner's Address |
|--------|--------------------------------------|--------------|-----------------|
|        |                                      |              |                 |

|                      |                                       |  |                                      |   |  |                  |
|----------------------|---------------------------------------|--|--------------------------------------|---|--|------------------|
| Unit Num.            | <input type="checkbox"/> 10,001+ LBS. | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL       | <input type="checkbox"/> 9+ Capacity | 28 Veh. Oper.   | 29 Carrier ID Type   | Carrier ID Num.  |
| Carrier's Corp. Name | Carrier's Primary Addr.               |  |                                      |   |  |                  |
| 30 Rdwy. Access      | 31 Veh. Type                          | <input type="checkbox"/> RGWW<br><input type="checkbox"/> GVWR | HazMat Released                      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | 32 HazMat Class Num.   | HazMat ID Num.   |
| 33 Cargo Body Style  | Trailer 1 Unit Num.                   | <input type="checkbox"/> RGWW<br><input type="checkbox"/> GVWR | 34 Trlr. Type                        | Trailer 2 Unit Num.   | <input type="checkbox"/> RGWW<br><input type="checkbox"/> GVWR | 34 Trlr. Type    |
| Sequence Of Events   | 35 Seq. 1                             | 35 Seq. 2  | 35 Seq. 3                            | 35 Seq. 4   | Total Num. Axles   | Total Num. Tires |

| FACTORS & CONDITIONS | 36 Contributing Factors (Investigator's Opinion) |              | 37 Vehicle Defects (Investigator's Opinion) |              | Environmental and Roadway Conditions |                  |                |                   |                 |                      |                      |                    |
|----------------------|--|--------------|---|--------------|--------------------------------------|------------------|----------------|-------------------|-----------------|----------------------|----------------------|--------------------|
|                      | Unit Num.  | Contributing | May Have Contrib.                           | Contributing | May Have Contrib.                    | 38 Weather cond. | 39 Light Cond. | 40 Entering Roads | 41 Roadway Type | 42 Roadway Alignment | 43 Surface Condition | 44 Traffic Control |
|                      | 1  | 60           | 45  |              |                                      | 1                | 3              | 97                | 98              | 2                    | 1                    | 96                 |

Investigator's Narrative Opinion of What Happened  
(Attach Additional Sheets If Necessary)

UNIT 1 WAS NB ON SAN AUGUSTINE STATE PARK BOAT RAMP ON A POLARIS 700 RANGER. UNIT 1'S DRIVER FAILED TO STOP BEFORE HITTING THE DRIFT ROCKS AT THE BOAT RAMP LAUNCH. UNIT 1 BEGAN FLIPPING DOWN THE BOAT RAMP. BOTH OCCUPANTS WERE EJECTED FROM UNIT 1. UNIT 1 CAME TO REST ON ITS RIGHT SIDE FACING SB.



|                        |  |                             |                                   |                       |             |                          |            |
|------------------------|--|-----------------------------|-----------------------------------|-----------------------|-------------|--------------------------|------------|
| Time Notified (24HRMM) | 2006   | How Notified                | DISPATCHED                        | Time Arrived (24HRMM) | 2027        | Report Date (MM/DD/YYYY) | 09/17/2010 |
| Invest. Comp.          | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Investigator Name (Printed) | BRENT MURRAY                      | ID Num.               | 10862       |                          |            |
| ORI Num.               |  | *Agency                     | TEXAS DEPARTMENT OF PUBLIC SAFETY | District/Area         | H P 2 B 1 0 |                          |            |



Photo 1 shows the boat ramp the UTV was traveling on when the incident occurred. Apparently the UTV struck the rocks that line the boat ramp. The UTV's final resting place is indicated with the arrow.



Photo 2 shows a closer view of the rocks that the UTV apparently hit, causing the UTV to begin flipping. As it began to flip the driver and passenger were both fully ejected.



Photo 3 shows a view of the involved Polaris Ranger utility vehicle in its final resting position.



Photo 4 shows another view of the involved Polaris Ranger utility vehicle. ...



Photo 5 shows a partial view of the involved UTV's cargo area.



Photo 6 shows another view of the involved UTV. The brand name "POLARIS" is printed on the middle seat.



Photo 7 shows a closer view of the involved UTV's seat area and steering wheel.

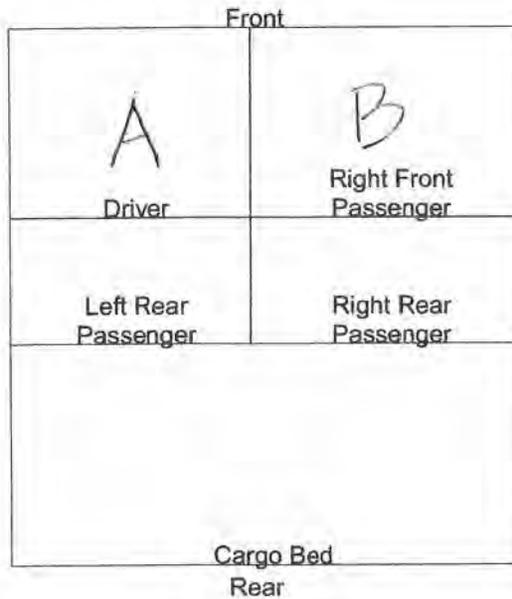


Photo 8 shows another partial view of the involved UTV.



Photo 9 shows a view of the involved UTV's vehicle identification number (4XARH68A984401851).

Utility Vehicle Data Record Sheet



The Utility Vehicle

|    |  |                   |
|----|--|-------------------|
| A: | Age: 41                                    | Height: 5'2"      |
|    | Gender: F                                  | Weight: 129       |
|    | Helmet (Y/N): N                            | Seatbelt (Y/N): N |
|    | Killed/Injured/Neither/Unknown: Injured    |                   |
|    | Injury Description: concussion, bkt pelvis |                   |
|    | Did vehicle land on victim: unknown        |                   |
|    | Ejected (Either partially or fully): fully |                   |

|    |  |                   |
|----|--|-------------------|
| B: | Age: 58                                    | Height: 5'7"      |
|    | Gender: M                                  | Weight: 165       |
|    | Helmet (Y/N): N                            | Seatbelt (Y/N): N |
|    | Killed/Injured/Neither/Unknown: Killed     |                   |
|    | Injury Description: Head trauma            |                   |
|    | Did vehicle land on victim: unknown        |                   |
|    | Ejected (Either partially or fully): fully |                   |

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

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

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

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

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

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

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

# 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)

(Signature)

By telephone

(Date)

3/29/2012







120224HCC3421

SUMMARY:

On February 7, 2012, at approximately 3:22 p.m., a 68 year-old male died from blunt force trauma when he lost control driving a four-wheeled UTV on a dirt trail in a remote desert area. The victim was accompanied by two other males seated in the front seat of the UTV. A 73 year-old male who was reportedly seated in the center front seat was seriously injured and transported by helicopter to the nearest medical hospital. The types of injuries he sustained were not reported. Another 67 year-old male passenger seated on the passenger side received a rib injury and a scrape on the forehead refused medical attention and reported the details of the incident to Sheriff's investigators.

The passenger provided an eyewitness account of the incident to Sheriff's investigators and reported the driver of the UTV was driving along a hill trail with a steep decline of an estimated 55-60 degrees consisting of loose and solid rock. He reported the driver was unable to control the speed of the vehicle along the trail and the UTV launched into a front flip and landed in a ravine. Approximate speed of travel or range of travel was not reported. All three occupants were not wearing restraints or helmets at the time of the incident. Investigators did not provide a sketch of the incident or report the driver's or passenger's positions after the incident. News articles reported the driver was ejected from the UTV however investigators did not report specific information. The UTV apparently descended straight down a decline of a hill and flipped over during descent and came to stop at the bottom in an upright position. Refer to Exhibit B.

No prior incident information was reported. The incident occurred in a remote desert area located approximately five miles from a nearest highway. The trail where the incident occurred was a combination of loose and solid rock in hilly terrain. The Vehicle report described the incident location was part of a state land trust. The victim's riding experience or familiarity with the area was not reported. Refer to Exhibit B.

All incident information was obtained from the eyewitness at the scene by Sheriff's investigators. According to the Medical Examiner, the victim died at the scene from a blunt force trauma of the chest. The Toxicology report found the victim was negative for drugs or alcohol. Refer to Exhibit A.

Historical weather data for February 7, 2012 at 3:15 p.m. reported a 71 degree temperature, 20 percent humidity, partly cloudy day with 10 mile visibility. There was no reported wind speed.

120224HCC3421

VEHICLE INFORMATION:

|               |                   |
|---------------|-------------------|
| Manufacturer: | Polaris           |
| Model:        | N/A               |
| Color:        | Black             |
| Year:         | 2009              |
| VIN:          | 4XA4Y68A894742767 |



*News Article photograph of incident UTV pictured above.*

120224HCC3421

ATTACHMENTS:

Exhibit A – Medical Examiner’s Report (11 Pages)

Exhibit B – Sheriff’s Report (6 Pages)

Exhibit C – Data Record

Exhibit D – Missing Document Report

Exhibit E – Contact Information

120224HCC3421

Exhibit A – Medical Examiner's Report

(b) (3):Exemption 3  
for 25(c), (b)  
(3):Exemption 3 for  
fairness. (b) (6)

ML 12-00312

PINAL COUNTY, ARIZONA

PINAL COUNTY SHERIFF'S OFFICE

CASE # 120207142

FEBRUARY 9, 2012

Page 1

120224HCC3421

Exhibit A – Medical Examiner’s Report

ML 12-00312

Re: (b) (3): Exemption  
3 for 25 (c) (b) (1)

Page 2

PATHOLOGIC DIAGNOSES:

1. Multiple blunt force injuries sustained in a motor vehicle accident (See “EXTERNAL EVIDENCE OF RECENT INJURY” and “INTERNAL EVIDENCE OF RECENT INJURY” for complete listing)
2. Coronary atherosclerosis
  - A. Severe occlusion of the right coronary and circumflex
  - B. Moderate to severe occlusion of the left anterior descending
3. Cardiomegaly with biventricular dilatation
4. Moderate to severe atherosclerosis of the aorta
5. Chronic obstructive pulmonary disease
6. Mild to moderate nephrosclerosis

OPINION:

The death of this adult male, (b)(3):CPS is ascribed to blunt force injuries of the chest sustain in a motor vehicle accident.

MANNER:

Accident

*Cynthia Porterfield, D.O.*  
8-1-12

Cynthia Porterfield, D.O.  
Forensic Pathologist

CMP/aef

120224HCC3421

Exhibit A – Medical Examiner’s Report

ML 12-00312

(b) (3): Exemption 3  
for 25 (c), (b) (6)

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MEDICOLEGAL INVESTIGATION

CIRCUMSTANCES OF DEATH:

The deceased is a 68-year-old male who was the driver of a vehicle involved in a single vehicle rollover accident. He was pronounced at the scene by Deputy Carino at 1611 hours on February 7, 2012.

AUTHORIZATION:

The postmortem examination is performed under the authorization of the Pinal County Medical Examiner’s Office.

IDENTIFICATION:

The deceased is identified visually at the scene by law enforcement.

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ML 12-00312

Re: (b) (3): Exemption

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POSTMORTEM EXAMINATION

CIRCUMSTANCES OF THE AUTOPSY:

The postmortem examination of the body of (b) (6) performed at the Forensic Science Center, 2825 E. District Street, Tucson, Arizona commencing at 0815 hours on February 9, 2012. Assisting in the examination are Krystal Poulin, Nina Kniffin and Ricky Rosales.

GENERAL INSPECTION:

The clad, unembalmed body is received within a black sealed body bag and a white body bag.

CLOTHING AND PERSONAL EFFECTS:

- 1) One pair of gray gym shoes
- 2) One pair of black socks
- 3) One pair of black pants
- 4) One black, white, gray and brown plaid long sleeved shirt
- 5) One black undershirt
- 6) Encircling the left wrist is a watch with a black band.
- 7) Accompanying the body are multiple personal effects to include fourteen \$100 bills.

EXTERNAL EVIDENCE OF RECENT MEDICAL THERAPY:

- 1) On the body there are defibrillator pads.

EXTERNAL EXAMINATION:

The body is that of a normally-developed, well-nourished, light-complected male appearing the stated age measuring 71 inches in length and weighing 226 pounds. The body is cold to the touch. Rigor mortis is present to an equal extent in all joints. Fixed lividity is developed posteriorly.

Head and Neck:

The head hair is gray with the longest hairs measuring approximately 2 cm. The eyes are closed. The irides are blue. The pupils appear symmetrical. The bony structures of the nose are intact. The face has a small amount of hair stubble. A full set of upper and lower dentures are present. The ears are symmetrical. The neck is free of trauma. The trachea is in the midline.

Exhibit A – Medical Examiner’s Report

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Re (b) (3) : Exemption 3

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Trunk:

The chest is symmetrical. The abdomen is rounded. The external genitalia are that of a male. The testicles are descended bilaterally. The pubic hair is gray in color and normal in amount and distribution. The back and buttocks are not remarkable.

Extremities:

The upper extremities are symmetrical. The fingernails are short. The lower extremities are symmetrical. The toenails are short.

IDENTIFYING SCARS, MARKS, TATTOOS:

None

EXTERNAL EVIDENCE OF RECENT INJURY:

- 1) On the right lateral head there is a full thickness laceration, 6 cm.
- 2) Along the right side of the face there is a large area of pink contusion measuring overall 12 x 6 cm.
- 3) Rupture of the right eye
- 4) On the anterior chest there is an area consisting of blue to red contusion measuring overall 22 x 16 cm.
- 5) On the left lateral chest there is an area of blue contusion, 7 x 8 cm.
- 6) On the abdomen there are scattered faint contusions.
- 7) On the right anterior lateral thigh, directly above the knee, there is a blue contusion, 8 x 2 cm.
- 8) Involving the right knee there are scattered pink abrasions measuring overall 8 x 7 cm.
- 9) On the right medial knee there is an area of blue contusion, 15 x 6 cm.
- 10) On the left anterior foot there is an area of blue contusion, 12 x 4 cm.
- 11) On the left anterior leg directly below the knee there are scattered red contusions measuring overall 7 x 10 cm.
- 12) On the left knee there is an area of red abrasion, 9 x 7 cm.
- 13) On the left lateral thigh, directly above the knee, there is a blue contusion, 3 x 2 cm.
- 14) Involving the left lateral forearm there are scattered lacerations and contusions.
- 15) On the left back of the head there is an area consisting of small superficial lacerations covering an area measuring overall 3 x 2 cm.
- 16) On the back of the head in the midline there is a blue contusion, 9 x 6 cm.
- 17) Involving the right posterior forearm there are areas of skin tears measuring overall 10 x 4 cm.
- 18) Involving the back and buttocks there are scattered contusions.

Exhibit A – Medical Examiner’s Report

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Re: (b) (3) - Exemption

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INTERNAL EVIDENCE OF RECENT MEDICAL THERAPY:

None

INTERNAL EVIDENCE OF RECENT INJURY:

- 1) Multiple and bilateral anterior, lateral and posterior rib fractures.
- 2) Separation fracture of the 10<sup>th</sup> and 11<sup>th</sup> thoracic vertebrae with laceration of the underlying spinal cord.
- 3) 320 cc of blood within the left pleural cavity
- 4) 960 cc of blood within the right pleural cavity
- 5) Superficial laceration of the right ventricle of the heart
- 6) Superficial lacerations of the left lung
- 7) Two small subgaleal hemorrhages involving the right parietal bone of the skull

INTERNAL EXAMINATION:

Internal injuries, having been previously described, will not be repeated in this text.

Body Cavities:

The body is entered with a Y-shaped incision. All organs are present in their usual anatomic positions. There are accumulations of blood within the pleural cavities.

Neck:

The neck is dissected in layers showing normal anatomic structures. The anterior neck muscles reveal no evidence of hemorrhage. The cartilages of the larynx and epiglottis are intact. The hyoid bone is intact.

Cardiovascular System:

The pericardial sac is smooth and glistening and free of adhesions. The heart weighs 650 gm and has a globoid shape. The epicardial surfaces are yellow to brown and show anterior and posterior fibrosis. The coronary arteries have their usual origin and pursue their usual anatomic course and serial sectioning reveals severe occlusion of the right coronary and the circumflex and moderate to severe occlusion of the left anterior descending. The vessels are extensively calcified. The valve leaflets are free of vegetations. Mild degenerative changes involve primarily the mitral valve. The right and left ventricles are dilated and measure 0.5 and 1.8 cm, respectively. The atrial and ventricular septa are intact. The endocardium is thin throughout. The myocardium is red-brown and sectioning reveals no evidence of regional fibrosis, erythema or pallor. The aorta pursues its usual anatomic course and shows moderate to severe atherosclerosis throughout.

Exhibit A – Medical Examiner’s Report

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Re: (b) (3): Exemption

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**Respiratory System:**

The larynx and trachea are free of hemorrhage and ulceration. The left and right lungs weigh 530 and 580 gm, respectively. The pleural surfaces are pink-black. Sectioning reveals mild to moderate parenchymal loss. Mild edema is noted. There are no abscesses or masses noted. The hilar lymph nodes are of normal size and shape. The pulmonary vasculature is free of thromboemboli.

**Gastrointestinal Tract:**

The esophagus is free of hemorrhage and ulceration. The stomach contains 50 cc of green fluid. The gastric mucosa is normally folded and tan. There are no ulcerations noted in the stomach or proximal duodenum. The large intestine has a focal purple shiny discoloration. The appendix is not identified.

**Liver:**

The liver weighs 1950 gm. The capsule is brown. Sectioning reveals a uniform brown parenchyma. There are no abscesses or masses noted. The gallbladder is normally developed and contains 30 cc of bile.

**Pancreas:**

The pancreas is of normal size and shape. Cut section shows lobular tan parenchyma with no evidence of fat necrosis or hemorrhage.

**Hematopoietic System:**

The spleen weighs 300 gm. The capsule is purple. Sectioning reveals a soft purple parenchyma. There are no infarctions or masses noted. The thymus appears involuted. The abdominal lymph nodes are not remarkable.

**Genitourinary Tract:**

The left and right kidneys weigh 170 gm, each. The capsules strip with ease and reveal mild to moderately scarred red-brown surfaces. On cut section the cortices are noted to be of normal width. There are no cysts or masses noted. There is fatty infiltration of the medulla. The ureters and urinary bladder are normally developed. The bladder contains 100 cc of urine. The mucosa is smooth and tan. The prostate shows mild to moderate hypertrophy and sectioning reveals tan nodules throughout. The testicles are not remarkable.

**Endocrine System:**

The pituitary is of normal size and shape. The adrenal glands are of normal size and shape. Cut sections show mild thickening of the cortices bilaterally. The thyroid gland is symmetrical and red-brown. Sectioning reveals no evidence of cysts or nodules.

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Exhibit A – Medical Examiner’s Report

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Re: (b) (3):Exemption

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**Musculoskeletal System:**

The muscles are red-brown in color and appear to be normal in bulk. The skeletal system shows no gross bony abnormalities other than what is previously stated.

**Central Nervous System:**

The scalp displays injuries as previously described. The skull is intact. On entering the cranial cavity there is no evidence of hemorrhage. Specifically there is no subdural, epidural, or subarachnoid hemorrhage. The leptomeninges are without special note. The brain weighs 1420 gm. The cerebral hemispheres are symmetrical with a normal gyral pattern. Sectioning reveals no pathologic lesions in the cortex or subcortical white matter. The basal ganglia, thalamus and hippocampus are not remarkable. The ventricles are of normal size and shape. The brainstem and cerebellum are unremarkable. The circle of Willis shows mild to moderate atherosclerosis. The cranial nerves are intact.

**TOXICOLOGY:**

Vitreous humor, heart blood and urine are sent to the toxicology laboratory for analysis.

TOXICOLOGY (SEE ATTACHED REPORT)

120224HCC3421

Exhibit A – Medical Examiner’s Report

2265 Executive Drive, Indianapolis, IN 46241  
Telephone: (800)875-3894 / Fax: (317)243-2789

|  |   |
|--|---|
| <b>Laboratory Case Number:</b> 1885106   | <b>Subject's Name:</b> (b) (3): Exe   |
| <b>Client Account:</b> 13401 / FSC01-PORTERFIE<br><b>Physician:</b><br><b>Report To:</b> Forensic Science Center<br>ATTN: Dr. Cynthia Porterfield<br>2825 E. District Street<br>Tucson, AZ 85714<br>FX: 520-243-8810 | <b>Agency Case #:</b> ML#12-00312<br><b>Date of Death:</b> 02/07/2012<br><b>Test Reason:</b> Other<br><b>Investigator:</b> TL<br><b>Date Received:</b> 02/10/2012<br><b>Date Reported:</b> 02/16/2012 |

|  |  |
|--|--|
| <b>Laboratory Specimen No:</b> 40268525<br><b>Container(s):</b> 01:RTB Blood,HEART | <b>Date Collected:</b> 02/09/2012<br><b>Test(s):</b> 70615 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 |               |       |                   |     |
| SALICYLATES             | Negative |               |       |                   |     |
| ALCOHOL                 | Negative |               |       |                   |     |
| Methanol                | Negative |               |       |                   |     |
| Ethanol                 | Negative |               |       |                   |     |
| Acetone                 | Negative |               |       |                   |     |
| Isopropanol             | Negative |               |       |                   |     |

Specimens will be kept for one year from the date received.

*Comp  
3/12*

CCRAY, WALTER  
Laboratory Case #: 1885106  
Printed Date/Time: 02/16/2012, 08:41

120224HCC3421

Exhibit A – Medical Examiner’s Report

2265 Executive Drive, Indianapolis, IN 46241  
Telephone: (800)875-3894 / Fax: (317)243-2789

Laboratory Specimen No: 40268526 Date Collected: 02/09/2012  
Container(s): 01:YTB Urine, Random Test(s): 70080 Drugs of Abuse Panel

| Analyte Name             | Result   | Concentration | Units | Therapeutic Range | Loc |
|--------------------------|----------|---------------|-------|-------------------|-----|
| AMPHETAMINES             | Negative |               |       |                   |     |
| BARBITURATES             | Negative |               |       |                   |     |
| BENZODIAZEPINES          | Negative |               |       |                   |     |
| BUPRENORPHINE/METABOLITE | Negative |               |       |                   |     |
| CANNABINOIDS             | Negative |               |       |                   |     |
| CARISOPRODOL/METABOLITE  | Negative |               |       |                   |     |
| COCAINE/METABOLITES      | Negative |               |       |                   |     |
| ENTANYL                  | Negative |               |       |                   |     |
| METHADONE/METABOLITE     | Negative |               |       |                   |     |
| OPIATES                  | Negative |               |       |                   |     |
| OXYCODONE/METABOLITE     | Negative |               |       |                   |     |
| PHENCYCLIDINE            | Negative |               |       |                   |     |
| PROPOXYPHENE/METABOLITE  | Negative |               |       |                   |     |
| TRAMADOL/METABOLITE      | Negative |               |       |                   |     |
| ALCOHOLS                 | Negative |               |       |                   |     |

*Cine*

CCRAY, WALTER  
Laboratory Case #: 1885106  
Printed Date/Time: 02/16/2012, 08:41

120224HCC3421

Exhibit A – Medical Examiner’s Report

2265 Executive Drive, Indianapolis, IN 46241  
Telephone: (800)875-3894 / Fax: (317)243-2789

Laboratory Specimen No: 40268527 Date Collected: 02/09/2012  
Container(s): 01:VIT\_CON Vitreous,EYE Test(s): 70570 Autopsy Panel, Volatiles

| Analyte Name | Result   | Concentration | Units | Therapeutic Range | Loc |
|--------------|----------|---------------|-------|-------------------|-----|
| ALCOHOL      | Negative |               |       |                   |     |
| Methanol     | Negative |               |       |                   |     |
| Ethanol      | Negative |               |       |                   |     |
| Acetone      | Negative |               |       |                   |     |
| Isopropanol  | Negative |               |       |                   |     |

The Specimen identified by the Laboratory Specimen Number has been handled and analyzed in accordance with all applicable requirements.

CCRAY, WALTER

Laboratory Case #: 1885106

Printed Date/Time: 02/16/2012, 08:41

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Exhibit B – Sheriff’s Report

04/03/2012 23281  
 08:42 LAW Incident Table: Page: 1

Incident Number: 120207142  
 Nature: ACCIDENT W INJ Case Number: Image:  
 Addr: (b)(6) Area: D41  
 City: FLORENCE St: AZ Zip: 85232 Contact: TIM PLOTZ  
 Complainant's  
 Lst: Fst: Mid:  
 DOB: SSN: Adr:  
 Rac: Sx: Tel: Cty: St: Zip:

Offense Codes: 3209 4307 Reported: 3416 Observed: 3209  
 Circumstances: LT10  
 Rspndg Officers: G CARINO K LETTEER R DRENNAN &  
 Rspnsbl Officer: G CARINO Agency: PCSO CAD Call ID: C810232  
 Received By: D TRIVETT Last RadLog: 19:57:24 02/07/2012 98  
 How Received: T TELEPHONE Clearance: 5 ACTIVE/INCIDENT REPOR  
 When Reported: 15:22:40 02/07/2012 Disposition: 5 Disp Date: 02/13/2012  
 Occurrd between: 15:19:27 02/07/2012 Judicial Sts:  
 and: 15:19:27 02/07/2012 Misc Entry:

MO:  
 Narrative: (See below)  
 Supplement: (See below) (See below) 6

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INVOLVEMENTS:

| Type | Record # | Date       | Description                    | Relationship     |
|------|----------|------------|--------------------------------|------------------|
| NM   | 3407666  | / /        | MCCRAY, WALTER GEORGE          | Victim           |
| NM   | 3407667  | / /        | OBERREUTER, GARY N             | Passenger        |
| NM   | 3407668  | / /        | OBERREUTER, RICHARD ALLEN      | Passenger        |
| VH   | 159810   | / /        | BLK 2009 POLA AZ               | Involved         |
| CA   | C810232  | 02/07/2012 | 15:22 02/07/2012 ACCIDENT W IN | *Initiating Call |
| PR   | 255001   | / /        | FILM DIGITAL \$0               | CASE PHOTOS      |
| PR   | 254647   | / /        | FILM DIGITAL \$0               | CASE PHOTOS      |
| DS   | 58218    | 04/02/2012 | JEANNIE RERRICK                | RECEIVED         |

LAW Incident Offenses Detail:

| Seq Code | Offense Codes                  | Amount |
|----------|--------------------------------|--------|
| 1        | 3209 FATAL NON COLL OVERTURNED | 0.00   |
| 2        | 4307 DEATH INVEST:ACCIDENTAL   | 0.00   |

LAW Incident Circumstances:

| Seq Code | Contributing Circumstances | Comments |
|----------|----------------------------|----------|
| 1        | LT10 FIELD/WOODS           |          |

120224HCC3421

Exhibit B – Sheriff's Report

Narrative:  
DR # 120207142

WRITTEN BY: G. CARINO #1764  
APPROVED BY: SGT. S. SHERWOOD #474

CASE TYPE: DEATH INVESTIGATION

ATTACHMENTS: VEHICLE REMOVAL REPORT  
COPY PRELIMINARY DEATH REPORT

NARRATIVE:  
ON 2/7/12 AT APPROXIMATELY 1523 HOURS I RESPONDED TO A REPORT OF AN ALL TERRAIN VEHICLE COLLISION IN AN UNKNOWN LOCATION APPROXIMATELY FIVE MILES EAST OF US HIGHWAY 79 ON EAST COTTONWOOD CANYON ROAD. THE EXACT LOCATION OF THE COLLISION WAS UNKNOWN BY THE REPORTING PARTY.

I ATTEMPTED TO LOCATE ON EAST COTTONWOOD CANYON ROAD AND MET WITH AN INDIVIDUAL WEST OF NORTH REYMERT ROAD IN A JEEP WHO ADVISED HE KNEW WHERE THE COLLISION WAS AND LED ME TO BUREAU OF LAND MANAGEMENT LAND, COORDINATES ULTIMATELY DETERMINED TO BE APPROXIMATELY NORTH 33 11.415 DEGREES AND WEST 111 13.35 DEGREES, WHICH I ARRIVED AT APPROXIMATELY 1604 HOURS.

UPON MY ARRIVAL I OBSERVED TWO MALE SUBJECTS IDENTIFIED ONLY AS "(b) (6)" AND "(b) (6)" PERFORMING CPR ON A MALE SUBJECT LATER IDENTIFIED BY FRIENDS AS "(b) (6)". I OBSERVED A BLACK POLARIS ALL TERRAIN VEHICLE BEARING STATE OF ARIZONA LICENSE PLATE 05W9MC UPRIGHT FACING SOUTH IN A RAVINE AT THE BOTTOM OF A HILL.

I WAS UNABLE TO MAKE CONTACT ON CHANNELS ONE, TWO, AND SIX WITH ANY OTHER UNITS OR DISPATCH DUE TO MY REMOTE LOCATION. NO ONE IN THE IMMEDIATE AREA HAD PHONE SERVICE SO I RETURNED TO MY VEHICLE AND DISCOVERED I DID NOT HAVE PHONE SERVICE EITHER. I COORDINATED THROUGH SGT. S. SHERWOOD #474 VIA INSTANT MESSAGING AS HE WAS THE CLOSEST ASSISTING UNIT AND DID HAVE RADIO COMMUNICATION WITH DISPATCH.

I RETRIEVED MY AUTOMATIC EXTERNAL DEFIBRILLATOR AND APPLIED THE PADS TO WALTERS BODY. THE DEFIBRILLATOR ADVISED NO SHOCK. I OBSERVED WHAT APPEARED TO BE BLOOD POOLING IN WALTER'S LEFT FINGERS AND HAND. I DID NOT OBSERVE WALTER BREATHING ON HIS OWN AND PRONOUNCED WALTER DECEASED AT APPROXIMATELY 1612 HOURS.

PINAL COUNTY SHERIFF'S OFFICE AIR UNIT ARRIVED ON SCENE AND INSERTED EMERGENCY MEDICAL PERSONNEL TO PREPARE "(b)(2); ORSA Section 25(a); (b)(6)" WHO WAS IDENTIFIED BY FAMILY MEMBERS ON SCENE FOR TRANSPORT VIA AIR. "(b)(6)" WAS A FRONT SEAT CENTER PASSENGER IN THE ATV. "(b)(6)" WAS ALSO A PASSENGER IN THE ATV IN THE FRONT PASSENGER SIDE.

Exhibit B – Sheriff's Report

(b)(7) COMPLAINED OF PAIN TO HIS RIBS, AND HAD A SCRAPE ON HIS FOREHEAD BUT REFUSED TREATMENT FROM EMERGENCY MEDICAL PERSONNEL. (b)(7) SAID (b)(6) WAS OPERATING HIS POLARIS TRAVELING NORTHBOUND ALONG THE TRAIL WITH (b)(6) AND (b)(7) AS PASSENGERS. (b)(7) SAID NONE OF THE THREE WERE WEARING THEIR SAFETY RESTRAINTS, AND NONE OF THE THREE WERE WEARING HELMETS. (b)(7) SAID NONE OF THE THREE WERE CONSUMING ALCOHOLIC BEVERAGES AND I DID NOT OBSERVE THE ODOR OF ALCOHOL ON ANY PERSON ON SCENE. I ALSO DID NOT OBSERVE ANY CONTAINERS OF

ALCOHOLIC BEVERAGE AMONG THE DEBRIS FROM THE COLLISION.

(b)(7) SHOWED ME A HILL TRAIL WHICH WAS A STEEP DECLINE OF APPROXIMATELY 55-60 DEGREES BY MY ESTIMATE AND CONSISTED OF LOOSE AND SOLID ROCK. AT THE BOTTOM OF THE HILL WAS A APPROXIMATELY 90 DEGREE CURVE TO THE WEST, WHICH LEVELED OFF FROM THE DOWN SLOPE. (b)(7) SAID (b)(7) WAS UNABLE TO CONTROL THE SPEED OF THE VEHICLE ALONG THE TRAIL AND THEY SOMEROW LAUNCHED INTO A FRONT FLIP UPON ARRIVING AT THE BOTTOM OF THE HILL AND ULTIMATELY LANDED IN THE RAVINE. DIGITAL PHOTOGRAPHS WERE TAKEN AND WILL BE SUBMITTED TO THE PINAL COUNTY SHERIFF'S OFFICE PHOTO UNIT FOR STORAGE.

(b)(7) WAS TRANSPORTED VIA AIR TO A VALLEY HOSPITAL FOR TREATMENT. SEARCH AND RESCUE UNITS B. MCGINNIS #1528, AND SGT. B. MESSING #508 ARRIVED ON SCENE AND ASSISTED IN REMOVING (b)(6) REMAINS FROM THE SCENE AND TRANSPORTING HIM TO HIGHWAY 79 AND EAST COTTONWOOD CANYON ROAD WHERE WE MET WITH PINAL COUNTY MEDICAL EXAMINERS OFFICE B. (b)(6) REMAINS WERE TURNED OVER TO CALHOUN AT APPROXIMATELY 1930 HOURS.

THE VEHICLE WAS REMOVED BY SOUTHWEST TOWING FOR STORAGE. VICTIMS SERVICES RESPONDED TO NOTIFY (b)(6) SPOUSE, ONLY KNOWN NEXT OF KIN, (b)(6) AT THEIR RESIDENCE IN MESA.

PENDING MEDICAL EXAMINERS REPORT.

CASE STATUS: ACTIVE.

120224HCC3421

Exhibit B – Sheriff’s Report

Law Supplemental Narrative:

| Seq Name      | Date                | Supplemental Narratives<br>Narrative |
|---------------|---------------------|--------------------------------------|
| 1 DA LOPEZ    | 08:51:52 02/08/2012 |                                      |
| DR#:120207142 |                     | WRITTEN BY: D. LOPEZ #845            |
| SUPPLEMENT    |                     | APPROVED BY:                         |

CASE TYPE: FATAL / INJURY ACCIDENT

ATTACHMENTS: PHOTO DEVELOPMENT REQUEST

NARRATIVE:

ON TUESDAY 2/7/12 AT ABOUT 1545 HOURS WHILE OPERATING IN PINAL COUNTY SHERIFF'S HELICOPTER "RAVEN 1", LT SCOTT ELLIOTT #419 AND I RESPONDED TO A REQUEST FOR ASSISTANCE FROM SGT S. SHERWOOD #474. SGT SHERWOOD ADVISED US OF A DOUBLE INJURY ACCIDENT INVOLVING A SIDE BY SIDE OFF ROAD VEHICLE OFF OF COTTONWOOD CANYON ROAD NORTH OF FLORENCE. DEPUTIES WERE IN THE AREA SEARCHING FOR THE ACCIDENT SCENE BUT HAD LOST RADIO COMMUNICATION WITH DISPATCH. IN ADDITION THE RESPONDING AMBULANCE HAD BLOWN A TIRE AND WAS UNABLE TO REACH THE SCENE.

UPON OUR ARRIVAL IN THE AREA WE LANDED AND PICKED UP TWO SOUTHWEST AMBULANCE PARAMEDICS ALONG WITH THEIR MEDICAL GEAR TO TRANSPORT THEM INTO THE SCENE. WE WERE ADVISED THAT DEPUTY CARINO WAS ON SCENE, ONE SUBJECT WAS DECEASED AND ONE WAS SEVERELY INJURED. UPON LOCATING THE SCENE I OBSERVED DEPUTY CARINO PROVIDING AIDE TO THE SURVIVING SUBJECT. WE LANDED NEXT TO SCENE AND DROPPED OFF BOTH SOUTHWEST AMBULANCE PARAMEDICS WHO WERE ABLE TO PROVIDE ADVANCED MEDICAL CARE TO THE SURVIVOR. WE THEN LIFTED AND PROVIDED AIRBORNE COMMAND AND CONTROL BETWEEN UNITS ON SCENE, ARRIVING UNITS, AND TWO MEDICAL EVAC HELICOPTERS. WE ASSISTED WITH GUIDING IN AND LANDING BOTH MEDICAL EVAC HELICOPTERS AND DISPATCHING SEARCH AND RESCUE UNITS INTO THE SCENE. ONCE THIS WAS COMPLETE WE LANDED BACK AT THE SCENE.

ONCE ON SCENE I ASSISTED WITH EXTRACTING THE SURVIVOR AND GETTING HIM INTO THE MEDICAL EVAC HELICOPTER FOR TRANSPORT. THE SURVIVOR WAS FLOWN TO SCOTTSDALE OSBORNE HOSPITAL BY LIFE NET OUT OF FLORENCE.

WE THEN FLEW THE SOUTHWEST PARAMEDICS BACK OUT TO THE AMBULANCE, REFUELED OUR

120224HCC3421

Exhibit B – Sheriff’s Report

AIRCRAFT, AND RETURNED TO THE SCENE.

ONCE BACK AT THE LOCATION WE ASSISTED WITH REMOVAL OF THE DECEASED'S BODY AND COORDINATION OF EXTRACTION OF THE VEHICLE. THIS CONCLUDED OUR INVOLVEMENT.

CASE STATUS: PENDING

Law Supplemental Narrative:

| Seq Name                             | Date                | Supplemental Narratives     | Narrative                          |
|--------------------------------------|---------------------|-----------------------------|------------------------------------|
| 3 G CARINO                           | 10:01:53 03/28/2012 |                             |                                    |
| **-----(lwmain10014603282012)-----** |                     |                             |                                    |
| DR#120207142/<br>SUPPLEMENT          |                     | WRITTEN BY: G. CARINO #1764 | APPROVED BY: SGT. S. SHERWOOD #474 |

ATTACHMENTS: MEDICAL EXAMINERS REPORT

NARRATIVE:

ON 3/27/12 I RECEIVED AN EMAIL THE MEDICAL EXAMINERS REPORT WAS COMPLETED AND ATTACHED TO THE INCIDENT SUPPLEMENTS. THE MEDICAL EXAMINER DETERMINED CAUSE OF DEATH AS: ASCRIBED TO BLUNT FORCE INJURIES SUSTAINED IN A MOTOR VEHICLE ACCIDENT.

THE REPORT TOXICOLIGY INDICATED NO ALCOHOL OR OTHER DRUGS WERE FOUND IN THE SUBJECTS SYSTEM, SEE THEIR ATTACHED REPORT FOR FURTHER.

CASE STATUS: CLOSED.

----- (lwmain10014603282012) -----

Dissemination is restricted to criminal Justice Agencies  
And authorized Non-C.J. Agencies ONLY Secondary  
Dissemination to unauthorized agencies is PROHIBITED.  
PINAL COUNTY SHERIFF'S OFFICE  
DATE:04/03/2012  
ID#: 120207142  
Rel/to: J.BOBOLA  
Rel/By #1735

120224HCC3421

Exhibit B – Sheriff’s Report

APR-04-2012 WED 09:40 AM

FAX NO.

P. 02/02

PINAL COUNTY SHERIFF'S OFFICE  
971 NORTH JASON LOPEZ CIRCLE  
FLORENCE, ARIZONA 85132  
(520)866-5111



### VEHICLE REPORT

30 DAY IMPOUND  
30 DAY IMPOUND  
30 DAY IMPOUND

ORIGINAL REPORT     SUPPLEMENTAL REPORT

DATE/TIME REPORTED: MONTH 2 DAY 7 YEAR 12 TIME 1519

INCIDENT:  ABUSEVH     COLLISION     DUI     EXTREME/ AGGRAVATED DUI  
 TYPE:  STOLEN REC. (PCSO)     STOLEN REC. OA     TRAFFIC OFFENSE     OTHER

LOCATION: STATE TRUST LAND SO    COTTONWOOD CANYON    CONNECTING DR#:    AREA D4

PERSON CODES: R/O- REGISTERED OWNER, D- DRIVER, R/P- REPORTING/RESPONSIBLE PARTY, LIEN- LIEN HOLDER

| PERSON CODE | NAME   | Race-Sex | DOB    | ADDRESS | PHONE |
|-------------|--|----------|--------|---------|-------|
| R/D         | (b)(3):CPSA<br>Section 25(c)                           | W M      | (b)(6) | (b)(6)  |       |
| D           |  |          |        |         |       |
| LIEN        | <input checked="" type="checkbox"/> Non listed per MVD |          |        |         |       |
| R/P         |  |          |        |         |       |

OWNER NOTIFIED BY:    TIME:    STOLEN CONFIRMED BY:    NOTIFICATION LETTER SENT BY:

COLLECTION INFORMATION:    1747    1857

VEHICLE LEFT PARKED/RESTORED  
 VEHICLE RELEASED TO RESPONSIBLE PARTY  
 VEHICLE CONTAINS RELEASED

TOW COMPANY: SOUTHWEST    ADDRESS: (b)(6)    PHONE: (b)(6)

Waiver of liability: "I assume all responsibility for the vehicle and will not hold the Pinal County Sheriff's Office responsible" (signature) [Signature]

TIRE CONDITION:    VEHICLE INVENTORY: one gas can, 2 jackets

LF:     RF:     RR:     SPARE:

ACCESSORIES: YES NO LINK  
 HUB CAPS #  
 MOTOR  
 STEREO  
 KEYS  
 CUSTOM WHEELS  
 JACK

ODOMETER:

**Notice of Impound**  
 The owner, the spouse of the owner, or any other person with a registered interest in the vehicle may request an immobilization or post storage hearing within ten (10) days after the date on the notice by filing a petition with the Pinal County Sheriff's Office. The Pinal County Sheriff's Office is located at 971 North Jason Lopez Circle, Florence, Arizona 85132, Phone Number (520) 866-5277. The hearing will be conducted within five working days after receipt of the request. Should the owner, the spouse of the owner or any other person with a registered interest fail to request a hearing or fail to attend a scheduled hearing, their rights to a hearing will be forfeited. If you have any questions about this impound or the appeal process, contact the Pinal County Sheriff's Office at (520) 866-5277.

DRIVER'S SIGNATURE:    Dis-semination is restricted to original IMPOUND Justice Agencies and authorized Non-C RELEASE DATE

Agencies ONLY See original for dissemination to unauthorized agencies is PROHIBITED

| Item Number | Print Name                   | Date                | Signature |
|-------------|------------------------------|---------------------|-----------|
| From:       | PINAL COUNTY SHERIFF'S DEPT. | DATE: <u>4/4/12</u> |           |
| To:         | ID # <u>120224HCC3421</u>    |                     |           |
| From:       | Rel/ to: <u>J. Bobma</u>     |                     |           |
| To:         | Rel/ by: <u>(Signature)</u>  |                     |           |

OFFICER PRINTED NAME AND BADGE NUMBER: CABRERO 1764    OFFICER SIGNATURE: [Signature]

Impound: PCSO Records (Original); Officer Copy (YELLOW); Registered Owner (BLUE); Driver (PINK); Tow Driver/Company (GREEN)  
 Evidence: PCSO Records (Original); PCSO Evidence Unity (YELLOW); Registered Owner (BLUE); Driver (PINK); Tow Driver/Company (GREEN)  
 Standard: PCSO Records (Original); Officer Copy (YELLOW); Registered Owner (BLUE); Driver (PINK); Tow Driver/Company (GREEN)  
 Rev. 12/2010

ORIGINAL

04/04/2012 12:49PM (GMT-04:00)

Exhibit C – Data Record

Utility Vehicle Data Record Sheet

Front

|                     |                            |                            |
|---------------------|----------------------------|----------------------------|
| A<br>Driver         | B<br>Right Front Passenger | C<br>Right Front Passenger |
| Left Rear Passenger | Right Rear Passenger       |                            |
| Cargo Bed<br>Rear   |                            |                            |

The Utility Vehicle

|    |  |                   |  |
|----|--|-------------------|--|
| A: | Age: 68                                  | Height: 5'9"      |  |
|    | Gender: MALE                             | Weight: 226       |  |
|    | Helmet (Y/N): N                          | Seatbelt (Y/N): N |  |
|    | Killed/Injured/Neither/Unknown: KILLED   |                   |  |
|    | Injury Description: BUNT FORCE           |                   |  |
|    | Did vehicle land on victim: NO           |                   |  |
|    | Ejected (Either partially or fully): N/A |                   |  |

|    |  |                   |  |
|----|--|-------------------|--|
| B: | Age: 73                                  | Height: N/A       |  |
|    | Gender: MALE                             | Weight: N/A       |  |
|    | Helmet (Y/N): N                          | Seatbelt (Y/N): N |  |
|    | Killed/Injured/Neither/Unknown: INJURED  |                   |  |
|    | Injury Description: N/A                  |                   |  |
|    | Did vehicle land on victim: NO           |                   |  |
|    | Ejected (Either partially or fully): N/A |                   |  |

|    |   |                   |  |
|----|---|-------------------|--|
| C: | Age: 67                                     | Height: N/A       |  |
|    | Gender: MALE                                | Weight: N/A       |  |
|    | Helmet (Y/N): N                             | Seatbelt (Y/N): N |  |
|    | Killed/Injured/Neither/Unknown: INJURED     |                   |  |
|    | Injury Description: RIG PAW, SEARAW/INJURED |                   |  |
|    | Did vehicle land on victim: NO              |                   |  |
|    | Ejected (Either partially or fully): N/A    |                   |  |

|    |                                      |                 |  |
|----|--------------------------------------|-----------------|--|
| 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.

IC FORM 324A

120224HCC3421

Exhibit D – Missing Document Report

Task No: 120224HCC3421

Date: 4-4-2012

**STATUS OF MISSING DOCUMENT(S)**

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

1. Sheriff's Department Report Incident Photographs

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

|                |                       |
|----------------|-----------------------|
| Date: 4-4-2012 | Investigator No: 9160 |
|----------------|-----------------------|

Regional Office: \_\_\_\_\_ Supervisor No: \_\_\_\_\_

120224HCC3421

Exhibit E - Contact Information

Ms. Amanda Anaya, Records (*Contacted February 29, 2012. March 9 & 27, 2012 April 4, 2012.*)  
Pinal County Sheriff  
971 Jason Lopez Circle (Bldg. C)  
Florence, AZ 85232

Pinal County Medical Examiner's Office (*Contacted February 29, 2012. March 9, 2012*)  
500 S. Central Avenue  
Florence, AZ 85232



Task Number 120224HCC3421

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: 05 - Polaris | Manufacturer: |

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

|                |                        |
|----------------|------------------------|
| Model: Unknown | VIN: 4XA4Y68A894742767 |
|----------------|------------------------|

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

Model Year: 2009

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: 02/07/2012   |          |
| Age/Sex: 68/Male            | /        |
| State of Death: ARIZONA     |          |
| City of Death: Queen Valley |          |
| County of Death: Pinal      |          |
| 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 No Unknown |

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

68 Y/O/M driver of UTV fatally injured, 73 Y/O/M center passenger undisclosed serious injuries and 67 Y/O/M injured when lost control of UTV driving downhill on a rocky hill. Incident occurred late afternoon in remote area with limited access. Limited incident and UTV information reported.

**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.**

- 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     - Three riders

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

**Age:** 68                      **Height:** 71 (inches)  
**Weight:** 05 = 200 - 249        **Sex:** Male





This investigation was initiated from a death certificate. The incident occurred at a garden center (nursery) in Dallas, TX where the decedent was employed. The 41 year-old male decedent died from multiple blunt force injuries.

According to [www.wunderground.com](http://www.wunderground.com), the following weather conditions existed in the area in the early morning hours on the date of incident:

|                 |                       |
|-----------------|-----------------------|
| Temperature:    | 55 degrees Fahrenheit |
| Humidity:       | 74%                   |
| Visibility:     | 10 miles              |
| Wind Direction: | South                 |
| Wind Speed:     | 18.4 mph              |
| Precipitation:  | None                  |
| Conditions:     | Partly Cloudy         |

On March 27, 2010, the local police department and emergency medical personnel were dispatched at 0600 hours for an injured person. Upon arrival at the scene, emergency personnel had to climb over the exterior fence to gain access to the decedent. The police officer found the decedent, who was being held upright by a family member, in a utility vehicle. The decedent had a possible broken jaw and several teeth were missing from his mouth.

According to the police report, it appeared that the decedent had driven the utility vehicle underneath a tractor trailer and was pinned. The trailer had blood on an exposed metal corner where the decedent had gone underneath. The family member pulled the utility vehicle out and attempted to get the decedent to respond.

Based upon the decedent's condition, emergency personnel moved the decedent to the front gate by means of the involved utility vehicle. Emergency personnel cut the chain on the outside gate in order to load the decedent onto a stretcher.

The decedent was transported to a local hospital for treatment. He arrived in asystole at 0656 hours. The attending physician pronounced the decedent at 0701 hours.

On Saturday, March 27, 2010 at 0630 hours, the police detectives were dispatched to an unexplained death. Initial observations upon arrival reflected a sliding metal gate partially opened leading into the garden center. The involved utility vehicle was parked adjacent to the gate. Upon entering the gate, a trailer was observed to the west along the fence perimeter. The decedent allegedly struck the bottom of a tractor trailer.

On March 27, 2010 at 0812 hours, the county medical examiner was notified of an apparent accidental death. The medical examiner's investigator spoke with one of the officer's on the scene. The officer stated that the decedent's family found the decedent. The decedent was supposed to get off work at 0500 hours. When he did not come home, his parents became concerned and drove to his place of work at the garden center. The decedent's parents found the decedent at 0600 hours underneath an unattached box trailer parked at the garden center. The parents immediately called 9-1-1.

The decedent was in the driver seat of the utility vehicle and the vehicle was still running. The officer advised that it was still dark and the decedent most likely fell asleep while driving the utility vehicle and drove into the box trailer pinning him underneath. The manager at the garden center stated that the decedent had fallen asleep at work in the past.

On March 27, 2010 at 10:30 a.m. the county medical examiner performed an autopsy on the decedent. The decedent weighed 185 pounds and measured 64 inches in length. The toxicology report showed the following:

Alcohols and Acetone - negative

Cannabinoid Screen - negative

Drug Screen - 0.03 mg/L atropine.

Autopsy Findings:

1. Multiple blunt force injuries:

- a. Fracture of the neck.
- b. Soft tissue hemorrhage in the neck.
- c. Thin subdural hemorrhage in the posterior cranial fossa.
- d. Multiple rib fractures.
- e. Left hemothorax.
- f. Lacerations of the lips.
- g. Mandibular fracture with avulsion of multiple teeth.

Based on the autopsy and history available, it is the opinion of the medical examiner that the decedent died as a result of multiple blunt force injuries. Manner of death was ruled as an accident.

**PRODUCT IDENTIFICATION**

Product: Utility Vehicle

Make: John Deere

Model: Gator 4 X 2

Color: Green and Yellow

Serial: (b)(3) Exemption 3 for 25(a)

**ADDITIONAL INFORMATION**

1. No additional product information is known regarding the involved utility vehicle, to include, the following:
  - a. Date manufactured
  - b. Date of purchase
  - c. Place of purchase
  - d. Cost
  - e. Bought new or used or rented
2. The police officer could not recall if the vehicle had seat belts. It is unknown if the vehicle had any aftermarket modifications.
3. If the vehicle had seat belts, it is unknown if the decedent was wearing the seat belt.
6. The police officer does not recall seeing a helmet at the scene. It is believed the decedent was not wearing a helmet.

8. Not available

9. The officer believes the ground surface at the garden center was caliche. It is unknown if the headlights were in use.

10. na

11. na

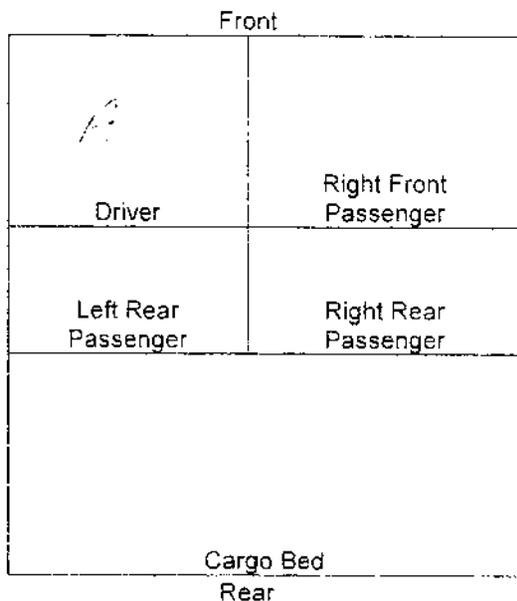
14. The vehicle did not roll, flip or tip over.

**ATTACHMENTS**

1. Utility Vehicle Data Record Sheet
2. Identity of Respondents
3. Missing Document

Utility Vehicle Data Record Sheet

IDI #120224HCC3424  
Attachment #1



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): |           |                   |

|                                      |           |                   |
|--------------------------------------|-----------|-------------------|
| 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.

IDI #120224HCC3424  
Attachment #2

IDENTITY OF RESPONDENTS

The case was initiated on February 29, 2012. Efforts to obtain information from the decedent's employer, Ruibal's Garden Center in Dallas, TX were met with negative results.

Dallas Police Department  
Lt. Todd Thomasson  
Records/Legal Serv Unit  
214-671-3369  
Ron Everett  
214-671-3840  
Forensic Services Administrator  
Officer Neal Poyner  
214-670-8345  
1400 S. Lamar Street  
Dallas, TX 75215

Southwestern Institute of Forensic Sciences  
Melinda High  
5230 Medical Center Drive  
Dallas, TX 75235  
214-920-5920

Ruibal's Plants of TX  
Garden Center of Dallas  
10469 Oakwood Dr.  
501 S. Pearl Expy  
Dallas, TX  
214-740-1111

**Task No.** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **STATUS OF MISSING DOCUMENT (S)**

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

**1.** \_\_\_\_\_

IDI 120224HCC3424

**ADDENDUM**

Attached are eleven photographs taken by the Dallas Police Department of the involved John Deere utility vehicle.

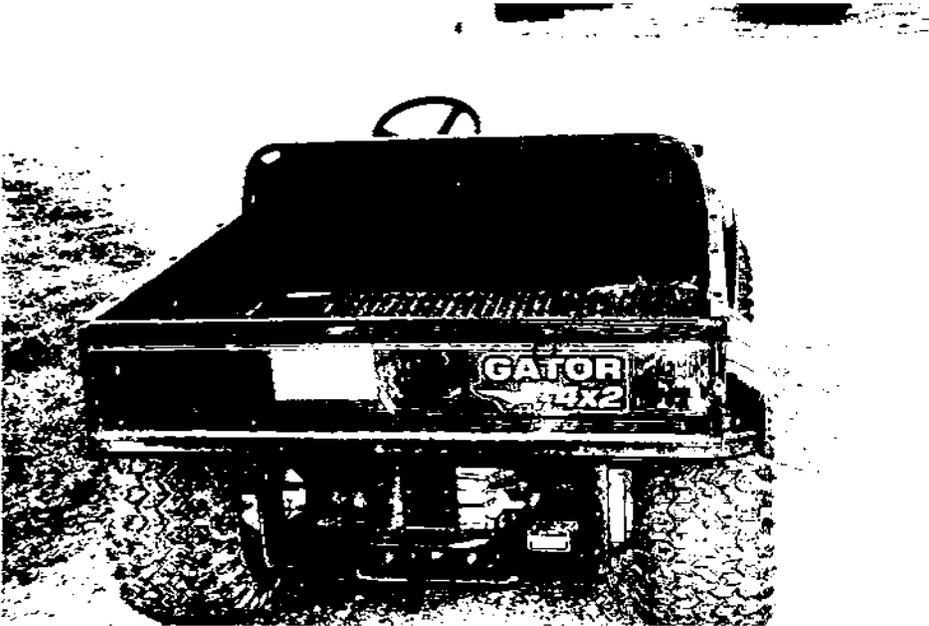
IDI #120224HCC3424

ADDENDUM

Page 1 of 6



Police photo #1 shows the involved green John Deere Gator utility vehicle.

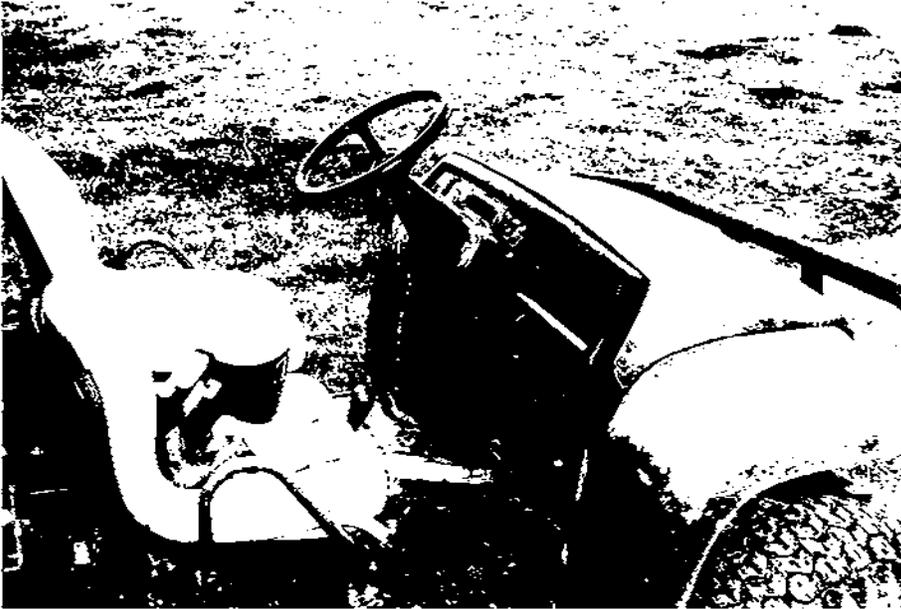


Police photo #2 shows a closer view of the rear of the utility vehicle.

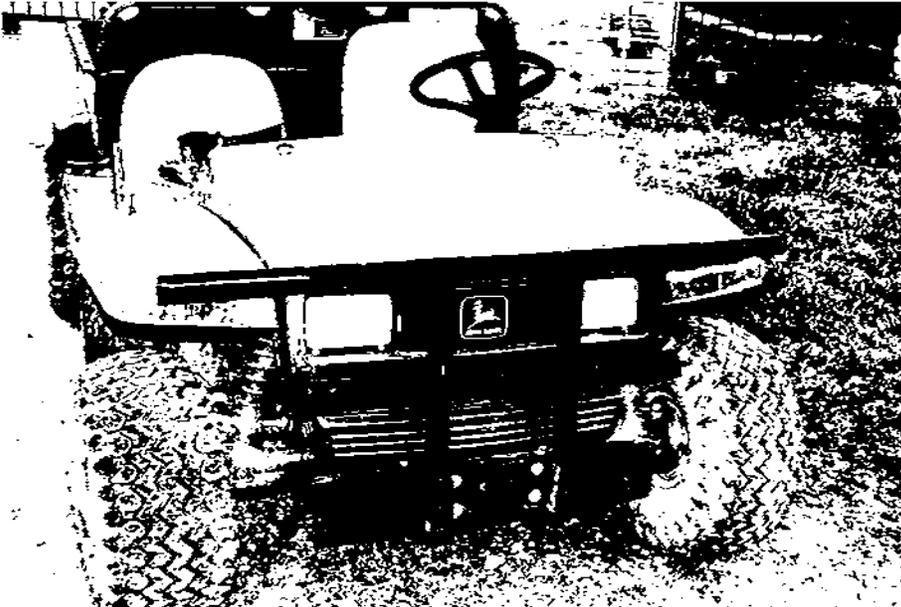
IDI #120224HCC3424

ADDENDUM

Page 2 of 6



Police photo #3 shows the front seats and the steering wheel of the involved utility vehicle.



Police photo #4 shows the front view of the utility vehicle.

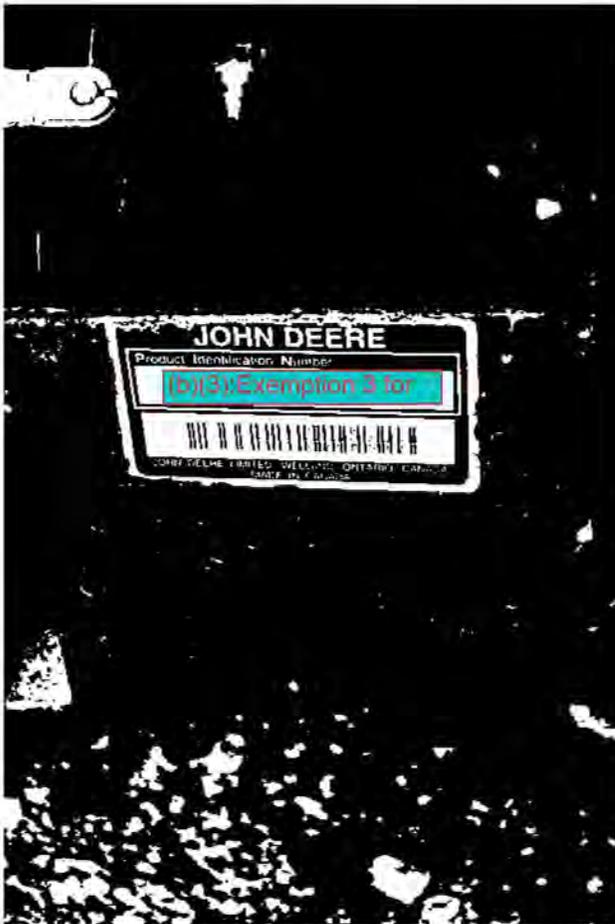
IDI #120224HCC3424

ADDENDUM

Page 3 of 6



Police photo #5 shows the side of the utility vehicle.



Police photo #6 shows the product identification number for the involved utility vehicle.

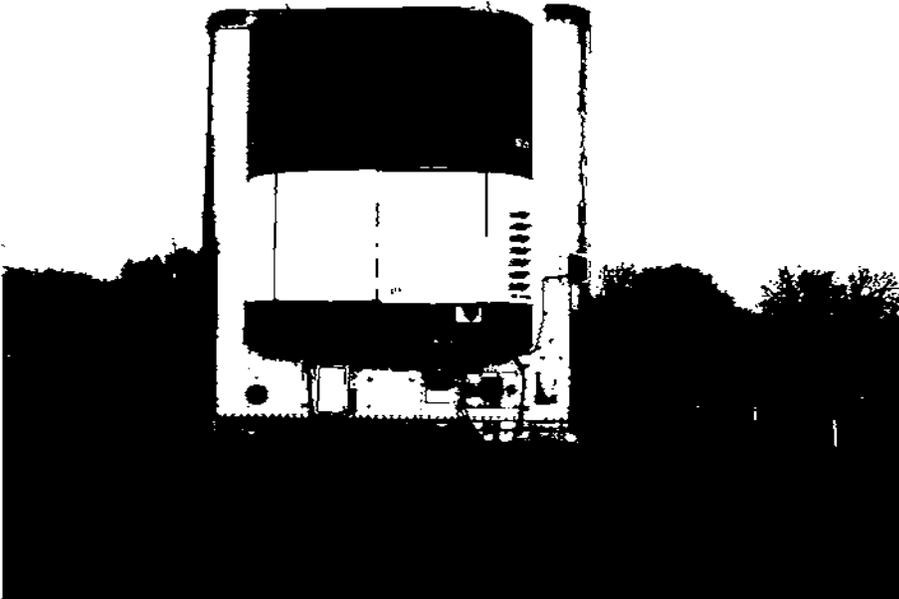
IDI #120224HCC3424

ADDENDUM

Page 4 of 6



Police photo #7 shows the parked tractor trailer that the decedent drove the utility vehicle underneath.

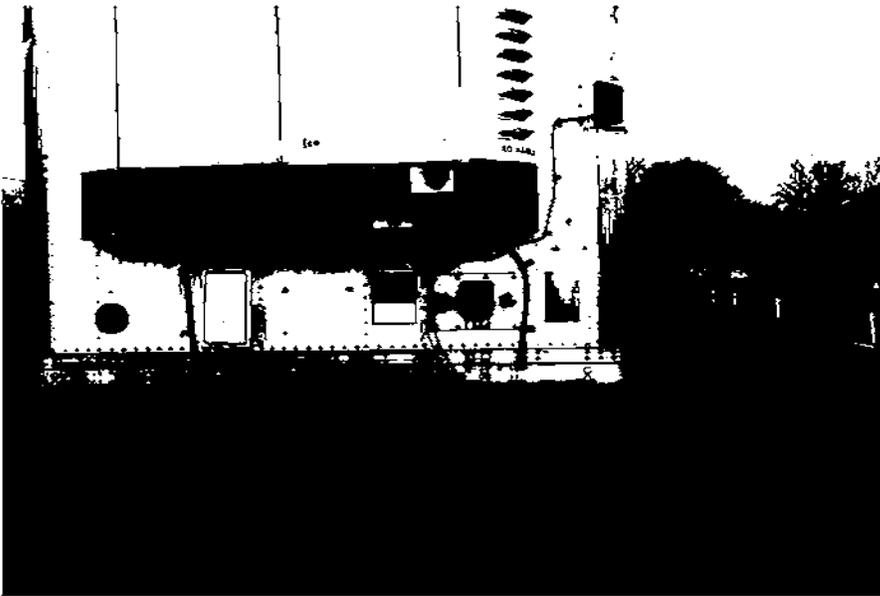


Police photo #8 shows a closer view of the parked tractor trailer.

IDI #120224HCC3424

ADDENDUM

Page 5 of 6



Police photo #9 shows the area on the tractor trailer where the decedent was pinned.

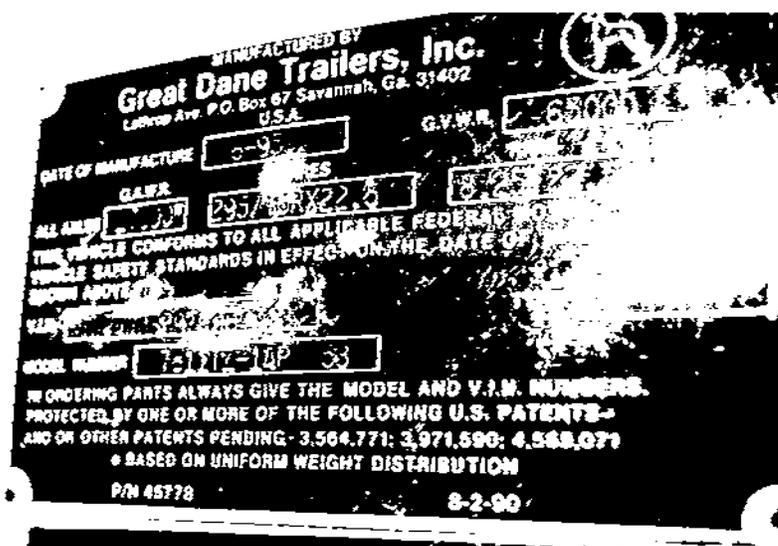


Police photo #10 shows the side view of the tractor trailer.

IDI #120224HCC3424

ADDENDUM

Page 6 of 6



Police photo #11 shows the product identification plate on the tractor trailer.

\*\*\*\*\*  
03/09/12 1110  
\*\*\*\*\*

\*\*\*\*\*  
DID RDT TCR -0733 DALLAS POLICE DEPARTMENT SERVICE #0083152-X  
TCE -0732 OFFENSE INCIDENT REPORT DATE REPORTED 03/27/10  
\*\*\*\*\*

DISPATCHED TO: AT:0614 AS SIG:40

BEAT: 355 WATCH: 1 ELEMENT: 0000

CAMP NAME: AMALIEZ, DAVID R/S/A/OUB: L/M/41/050768  
BORN: 00001983 ERAC: I: 0 SURR. ADDR.  
DALLAS TX 75212 (b)(3) Exemption 3 for 28(c)

OFF. CODE: 449 CAFE#00002 APT. DATES OF OCCURRENCE  
PREMISES: BUSINESS PROP. APT. CODE: 913 SAT, MAR 27, 2010 0000  
INV. REASON: SAT, MAR 27, 2010 0600

OFFENSE/INCIDENT: INJURED PERSON UCP CODE 1:85030

REMARKS:  
CAMP WAS FOUND INJURED AT SCENE

STATUS: 9 OCF DISP: P SPECIAL REPORT: FOLLOW UP: 1 REVIEWED BY: 28222

U. CODE: 12 RELATED REPORTS: WEATHER COND:

FAMILY VIOLENCE: N GANG ACTIVITY CRIME: N

ICV DML-01X TLD: 302000

REF. OFF: THOMAS, CARLTON 8948 OTHER OFF:

\*\*\* NARRATIVE \*\*\*

CAMP WAS FOUND BY RP INJURED AT SCENE. "END OF ELEMENTS" XXXXXXXXXXXX RO'S  
WAS DISPATCHED TO LOCATION REGARDING THE RP CALLING FOR HELP STATING  
HTS FOR WAS INJURED AND PERHAPS A TRAILER FELL ON HIM. RO'S FOUND THE  
CAMP ON A GREEN JOHN DEER GATOR UTILITY VEHICLE BEING HELD UPRIGHT BY  
THE RP. THE CAMP HAD A POSSIBLE BROKEN JAW AND SEVERAL TEETH BROKEN OUT  
AND IN HIS MOUTH. IT APPEARED THE CAMP HAD DRIVEN THE UTILITY VEHICLE  
UNDERNEATH THE TRAILER AND WAS PINNED. THE TRAILER HAD BLOOD ON A  
LYNDED METAL COVER WHERE THE CAMP WENT UNDER. THE RP PULLED THE  
TRAILER OFF AND TRIED TO GET THE CAMP TO RESPOND. RO'S ARRIVED  
AND WAS ACCOMPANIED BY LIA. CO'S AND DFR HAD TO JUMP A FENCE TO GET TO  
THE CAMP. UPON SEEING THE CONDITION OF THE CAMP, DFR IMMEDIATELY MOVED  
THE CAMP BY MEANS OF THE UTILITY TRAILER TO THE FRONT GATE. DFR CUT THE  
WEEDS AT THE OUTSIDE GATE TO GAIN ACCESS TO LOAD THE CAMP ONTO A  
DUMP TRUCK. DFR HAD TRANSPORTED THE CAMP TO BAYLOR HOSPITAL. SGT #7585  
WAS AT SCENE. FLS ELEMENT H215 ARRIVED TO PROCESS THE SCENE.  
DID BY E.S. SIS XXXXXXXXX

03/27/10 11:10

DALLAS POLICE DEPARTMENT

PAGE 2

(b)(3) Exemption 3 for 25(c)

SERVICE #0083152-X

(b)(3) Exemption 3 for

INJURED PERSON

DATE REPORTED 03/27/10

SUSPECT INFORMATION 01

CODE NAME ADDRESS NICKNAME/ALIAS ARREST #

(b)(3) Exemption 3 for 25(c)

DOB: [redacted] BOB: [redacted] WEIGHT: 243 HEIGHT: 510 HAIR COLOR: BLACK EYE COLOR: BROWN

GLASSES: LE: NONE BUILD: ORE: [redacted]

WEAPON DESCRIPTION

WEAPON TYPE

IDI #120224HCC3424  
Attachment #4  
p. 2 of 3

COMPLAINANT/WITNESS INFORMATION 01

CODE NAME R/S/A: HOME ADDRESS BUSINESS ADDRESS

(b)(3) Exemption 3 for 25(c)

L78768

(b)(3) Exemption 3 for 25(c)

SUSPECT ARRESTED: --

PATROL SUPPLEMENT ATTACHED: --

\*\*\* END OF REPORT \*\*\*

03/09/12 1110 SUPPLEMENT# 01  
DIO MDT DALLAS POLICE DEPARTMENT SERVICE #0089152-X  
DATE REPORTED 03/27/10

DISPATCHED TO:

BEAT: 3559

OFF: (b)(3) Exemption 3 for 25(c)

OFF-#00010869 GARNHOEDE DATE OF OFF.: 03/27/10

INCIDENT: INJURED PERSON UCR I:35030

REP:OFF:HOUGH,STEVE LAW 7878 SUPERVISOR:HENSON,MARVIN L 5978

STAT# 5 UCR DISP:5 FOLLOW UP: 1 REVIEWED BY: 17715

PLATE# BR16: 032710

PHYSICAL EVIDENCE SECT

NARRATIVE

ON SATURDAY, 032710 AT APPROX 0630 HRS, DET HOUGH 87878 AND ROBINSON 88930 WERE DISPATCHED TO AN UNEXPLAINED DEATH AT (b)(3) Exemption 3 for. UPON ARRIVAL CONTACT WAS MADE WITH OFFICER THOMAS 88948. THOMAS STATED HE RECEIVED A CALL FOR AN INJURED PERSON AND ARRIVED TO FIND THE COMP BEING TREATED BY DFR. THOMAS STATED DFR COULD NOT GET THE HALL OPEN AND THE VEHICLE USED BY THE COMP IN THE ACCIDENT WAS USED TO TRANSPORT THE COMP TO THE DATE. THOMAS STATED HE NEEDED PHOTOS TAKEN FOR AN INJURED PERSON REPORT. HOUGH ASKED THOMAS THE STATUS OF THE COMP, HE STATED HE DID NOT KNOW. WHEN ASKED IF ANY PATROL OFFICERS WERE AT THE HOSPITAL, HE STATED NO. THOMAS WAS ASKED IF A DFR OFFICE WAS NOTIFIED BESIDES CRIME SCENE, THOMAS STATED NO. INITIAL OBSERVATIONS UPON ARRIVAL REFLECTED A SLIDING METAL GATE PREVIOUSLY EXTENDED LEADING INTO THE FACILITY. A GREEN AND YELLOW JOHN TRACTOR, 432, SERIAL (b)(3) Exemption 3 for WAS PARKED ADJACENT THE GATE. THE AREA APPEARED TO BE A MURDER. UPON ENTERING THE GATE, A TRAILER WAS ATTACHED TO THE WEST ARMS AND FENCE PERIMETER. THE TRACTOR TRAILER, # 018 2202-279 WAS ALLEGEDLY STRUCK BY THE COMP. DIGITAL PHOTOS WERE TAKEN OF THE AREA AND BOTH VEHICLES INVOLVED. DET. HOUGH WENT TO THE HOSPITAL AND TOOK PHOTOS OF THE DECEASED COMP. THE COMP APPEARED TO BE INJURED TO

DET. OFFICER HONES 8694 WAS NOT VERY COOPERATIVE DURING THIS INVESTIGATION. DIGITAL PHOTOS ARE ATTACHED TO THIS REPORT, NFL. ;

\*\* END OF SUPPLEMENT \*

0998-10

FIELD AGENT REPORT

OFFICE OF THE MEDICAL EXAMINER  
DALLAS COUNTY, TEXAS  
INVESTIGATION REPORT

CASE #0998-10  
HOSPICE  
I.D. PHOTO

ACCEPT CODE 4  
DATE  
BY

INV. AGENCY Dallas Police D  
SERVICE NO. 83152X

*COPY # 73412-1*

DALLAS COUNTY  
INSTITUTE OF FORENSIC SCIENCES

DECEASED (b)(3) Exemption 3 f  
 AGE 40 RACE Latin SEX Male DATE OF BIRTH (b)(3) Exe  
 ADDRESS (b)(3) Exemption 3 for 25 f CITY Dallas  
 STATE (c) PHONE (b)(3) Exemption  
 OCCUPATION driver HOW LONG EMP. Rubials nursery  
 NEXT OF KIN (b)(3) Exemption 3 for 25(c) ADDRESS (b)(3) Exemption 3 f PHONE (b)(3) Exemptio  
 CITY Dallas STATE (b)(3) Exemptio  
 RELATIONSHIP parents NOTIF. Y BY present at BUMC  
 FUNERAL HOME pending CITY

IDENTIFICATION

POS Y TENT UNK CONFIRMED Y BY  
SOURCE OF ID family present at BUMC

PLACE OF DEATH Baylor University Me CITY/PCT Dallas CNTY Dallas  
 HOSPITAL Y DOA ER Y OR  
 RR IN-PATIENT NURSING HOME RES  
 OTHER

LAST KNOWN ALIVE @ BY OF  
 DEATH OCCURED 03.27.10 @  
 WITNESS OF  
 FOUND DEAD @ BY OF  
 PRONOUNCED 03.27.10 @ 0701 BY Matthew Lovitt MD AT BUMC  
 DCME NOTIFIED 03.27.10 @ 0812 BY Michelle Newsome RN OF BUMC

INCIDENT OF TRAUMA YES DATE 03.27.10 TIME FD0600 AT WORK YES  
 LOCATION 10469 Oakwood Drive  
 CITY/PCT Dallas CNTY Dallas STATE TX 75217  
 INSTRUMENT ATV Gator vs. unattached box trailer

DCME AT SCENE No ARRIVAL TIME DEPT TIME  
 PHOTOS BY  
 OFFICER AT SCENE C. Thomas BADGE # 8943  
 ELEMENT # A354 AGENCY DPD MICU DFD 751

ATTENDING DR/HOSP unknown CHART #  
 MEDICAL BRIEF BFI to the head BY RN Newsom  
 CIRCUMSTANCES drving ATV struck tractor trailer BY RN Newsom  
 FIELD AGENT Tran

FIELD AGENT

MEDICAL EXAMINER

CASE # 0998-10

DISPOSITION CASE ORDERED TO MORGUE YES @ 0912

POST PERMIT ASKED PRIOR TO DCME NOTIFICATION TRANSPORTED BY UTSW

=====

SCENE CONDITIONS : RIGOR MORTIS : LIVIDITY LOCATIONS

TEMPERATURE JAW  
HUMIDITY ARMS  
OUTSIDE WEATHER LEGS

COPY  
DALLAS COUNTY  
INSTITUTE OF FORENSIC SCIENCES

C.A.P. BADGE # OF  
P.E.S. Steve Hough BADGE # 7878 OF DPD

=====

INVESTIGATION NARRATIVE

File No: 0998-10

Name: (b)(3) Exemption 3

SPECIAL REQUESTS/NAME SPELLING CONFIRMATION:

Spelling of the deceased (decd) first and last name confirmed by niece, (b)(3) Exemption 3, present at BUMC.

CONTACTS:

Ofc. Carlton Thomas, #8943, DPD: (office) 214-670-8345  
Ofc. Neal Poyner, #9353, DPD: (office) 214-670-8345  
Det. Steve Hough, #7878, DPD PES: (office) 214-671-3840  
Michelle Newsome RN, BUMC ER: 214-820-0314

INITIAL NOTIFICATION:

On 03.27.10 at 0812 hours, RN Newsome with BUMC ER contacted DCME to report the apparent accidental death of a 41 year old Latin male identified as (b)(3) Exemption 3.

RN Newsome stated the decd was involved in an accident at work. She said the decd was driving an ATV Gator and struck the bottom of a box trailer with his head. RN Newsome stated the decd arrived in asystole at 0656 hours. Dr. Matthew Lovitt pronounced the decd at 0701 hours, on this day, at BUMC ER. RN Newsome noted trauma to the decds head.

SCENE DESCRIPTIONS:

No scene attendance

IDI #120224HCC3424  
Attachment #5  
p. 3 of 3

COPY  
MAY 2011  
WESTERN POLICE SERVICES

OTHERS INTERVIEWED:

FA Tran spoke to Ofc. Neal Poyner who was present on scene at Rubials Nursery, where the decd was found. He said the decds family originally found the decd. The decd was supposed to get off work at 0500 hours and when he did not come home his parents became concerned and went looking for him at Rubials. Ofc. Poyner said the decds parents found the decd at 0600 underneath an unattached box trailer parked at the nursery and called 911. Ofc. Poyner said Ofc. Thomas arrived on scene and found the decd pinned underneath an unattached box trailer. The decd was in the driver seat of an ATV Gator that was still running. Ofc. Poyner said it was still dark and the decd most likely fell asleep while driving the ATV and drove into the unattached box trailer pinning him underneath. Ofc. Poyner stated the manager at Rubials Nursery said the decd had fallen asleep at work in the past. He said the decd was outside in the nursery area of Rubials that is protected by a fence. Ofc. Thomas climbed the fence to gain access to the decd.

MEDICAL HISTORY:

- BFI to the head

CASE JUSTIFICATION:

- Apparent accident- ATV Gator vs. unattached box trailer

EVIDENCE/PROPERTY COLLECTED:

-None

FOLLOW-UP ACTION:

-None

L. Tran

SOUTHWESTERN  
INSTITUTE OF FORENSIC SCIENCES  
5230 Medical Center Drive  
Dallas, Texas 75235

COPY  
DALLAS COUNTY  
INSTITUTE OF FORENSIC SCIENCES

Case No. 0998-10-0736TJD

Name: (b)(3) Exemption 3 for

Age: 41 Race: Latin Sex: Male

Date of Death: 27 MAR 2010 Date of Examination: 27 MAR 2010  
Time of Death: 7:01 am Time of Examination: 10:30 am

Pronounced at: Baylor University Medical Center  
Dallas, Dallas County, Texas

AUTOPSY REPORT:

ORGAN WEIGHTS:

|       |        |         |       |           |       |
|-------|--------|---------|-------|-----------|-------|
| Brain | 1580 g | R. Lung | 510 g | R. Kidney | 220 g |
| Heart | 460 g  | L. Lung | 410 g | L. Kidney | 190 g |
| Liver | 2470 g | Spleen  | 400 g |           |       |

EXTERNAL EXAMINATION:

The body is identified by tags. Photographs and fingerprints are taken.

The body is received nude. Accompanying the body are two personal effects bags containing two blue cut away sweatshirts, two green cut away sweatshirts, and a gray cut away sweatshirt, cut away blue sweatpants, two green cut away sweatpants, cut away blue jeans with a brown belt, blue boxers, six white socks, and two brown workboots which are released. A cellphone is released with the body.

The body is that of a normally developed Latin male which appears consistent with the recorded age of 41 years. When nude, the body measures 64 inches (162.6 cm) in length and weighs 185 pounds (83.9 kg). There is good preservation in the absence of embalming. Rigidity is partial. Lividity is blanching on the posterior surfaces of the body. The body is cool, subsequent to refrigeration.

The scalp hair is straight, black-gray and 1 inch in length. The irides appear brown, and there are rare petechiae on the lower palpebral surfaces of the conjunctiva of the left and right eyes. The ears, nose, and lips are unremarkable. The mouth has natural dentition with injury to be described below. The neck is without masses. The chest is symmetrical. The back is unremarkable. The abdomen is flat. The extremities are symmetrical. The external genitalia, perineum, and anus are unremarkable.

Name: (b)(3) Exemption 3 for

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#120224HCC3424  
Attachment #6  
p. 2 of 4

**IDENTIFYING MARKS AND SCARS:**

A hyperpigmented macule is on the right side of the abdomen.

**EVIDENCE OF TREATMENT:**

An endotracheal tube is secured in the mouth. A stabilization collar is secured around the neck. EKG and defibrillator pads are on the body. A vascular access line is in the left antecubital fossa. An intraosseous vascular access line is in the anterior left leg.

**EVIDENCE OF INJURY:**

**MULTIPLE BLUNT FORCE INJURIES:**

**I. HEAD AND NECK:**

Full-thickness lacerations involve the right side of the upper and lower lips. An extensive laceration involves the right side of the lower buccal mucosa with the avulsion of multiple teeth. The underlying mandible is fractured. A linear blanching indentation is on the right side of the chin.

There are no injuries to the scalp or skull. A thin liquid subdural hemorrhage overlies the posterior cranial fossa including the cerebellum. The brain is grossly atraumatic.

Soft tissue hemorrhage is present in the lateral left side of the neck and surrounding the right side of the hyoid bone. The prevertebral fascia is hemorrhagic and cervical vertebra #6 is fractured. The anterior vertebral bodies are removed and the spinal cord is examined and is without gross trauma.

**II. TRUNK:**

Left ribs #1-#5 are fractured at their anterior-lateral aspects. The left pleural space contains 100 mL of blood.

**III. EXTREMITIES:**

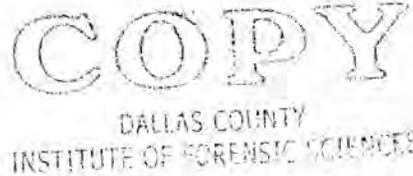
There are no external extremity injuries. There are no palpable fractures of the extremities.

These injuries, having been once described, will not be repeated.

**INTERNAL EXAMINATION:**

**BODY CAVITIES:** See EVIDENCE OF INJURY. The thoracic and abdominal organs are in their normal anatomic positions. The body cavities contain no adhesions.

Name: § 51.03 Exemption 3 (b)



|  |
|--|
| IDI #120224HCC3424<br>Attachment #6<br>p. 3 of 4 |
|--|

**HEAD:** See EVIDENCE OF INJURY. Sections through the cerebral hemispheres, brainstem, and cerebellum are unremarkable. No hemorrhages are visible within the deep white matter or the basal ganglia. The cerebral ventricles contain no blood.

**NECK:** See EVIDENCE OF INJURY. The lumen of the larynx is not obstructed.

**CARDIOVASCULAR SYSTEM:** The intimal surface of the abdominal aorta is free of significant atherosclerosis. The aorta and its major branches and the great veins are normally distributed and unremarkable. The pulmonary arteries contain no thromboemboli. The pericardium, epicardium, and endocardium are smooth, glistening, and unremarkable. The endocardium is free of mural thrombi. The foramen ovale is closed. The coronary arterial system is free of significant atherosclerosis. The atrial and ventricular septa are intact. The cardiac valves are unremarkable. The myocardium is dark red-brown and firm, without focal abnormalities.

**RESPIRATORY SYSTEM:** The upper airway is not obstructed. The laryngeal mucosa is smooth and unremarkable, without petechiae. The pleural surfaces are smooth and glistening. The major bronchi are unremarkable. Sectioning of the lungs discloses a dark red-blue, moderately congested parenchyma.

**HEPATOBIILIARY SYSTEM:** The liver is covered by a smooth, glistening capsule. The parenchyma is dark red-brown and moderately congested. The gallbladder contains approximately 20 mL of dark green bile, with no calculi.

**GASTROINTESTINAL SYSTEM:** The esophageal mucosa is gray, smooth, and unremarkable. The stomach contains approximately 80 mL of brown fluid and partially-digested food. There are no tablets or capsules. The gastric mucosa has normal rugal folds, and there are no ulcers. The small and large intestines are unremarkable externally. The appendix is present. The pancreas is unremarkable externally and upon sectioning.

**GENITOURINARY SYSTEM:** The capsules of both kidneys strip with ease to reveal smooth and slightly lobulated surfaces. The cortices are of normal thickness, with well-demarcated corticomedullary junctions. The calyces, pelves, and ureters are unremarkable. The urinary bladder contains approximately 30 mL of clear yellow urine. The mucosa is gray, smooth, and unremarkable. The prostate gland is unremarkable both externally and upon sectioning.

**ENDOCRINE SYSTEM:** The thyroid and adrenal glands are unremarkable externally and upon sectioning.

**LYMPHORETICULAR SYSTEM:** The spleen is covered by a smooth, blue-gray, intact capsule. The parenchyma is dark red. The cervical, hilar, and peritoneal lymph nodes are not enlarged.

**MUSCULOSKELETAL SYSTEM:** See EVIDENCE OF INJURY. The clavicles, sternum, and pelvis have no fractures. The diaphragm is intact.

Name: (b)(3) Exemption 3 (c)

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IDI #120224HCC3424  
Attachment #6  
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**FINDINGS:**

1. Multiple blunt force injuries:
  - a. Fracture of the neck.
  - b. Soft tissue hemorrhage in the neck.
  - c. Thin subdural hemorrhage in the posterior cranial fossa.
  - d. Multiple rib fractures.
  - e. Left hemothorax.
  - f. Lacerations of the lips.
  - g. Mandibular fracture with avulsion of multiple teeth.
2. History that the decedent was riding an ATV and struck a tractor-trailer in the dark.

**CONCLUSION:**

Based on the autopsy and history available to me, is it my opinion that (b)(3) Exem a 41-year-old Latin male, died as a result of multiple blunt force injuries. (b)(3)

**MANNER OF DEATH:** Accident.

  
Tracy V. Dyer, M.D.  
Medical Examiner

**TOXICOLOGY:**

Blood: Alcohols and Acetone - negative.  
Cannabinoid Screen - negative.  
Drug Screen - 0.03 mg/L atropine.

Vitreous: Alcohols and Acetone - negative.

Protocol typed by Ellen Christopher



**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 July 2012

Pamela Mc Donald  
Program Analyst  
National Injury Information Clearinghouse  
Division of Hazard & Injury Data Systems  
Data Intake & Injury Information Branch  
4330 East West Highway, Room 502  
Bethesda, MD 20814

**VIA EMAIL**

Re: Epidemiologic Investigation Report I20224HCC3424

Dear Ms. McDonald:

Deere & Company would like to comment on the above referenced Epidemiologic Investigation Report, which was attached to your letter dated 29 June 2012.

According to this report a 41 year-old man arrived early to work and fell asleep while driving a 4X2 Gator at a nursery center and ran into a parked tractor-trailer parked.

The Operator's Manual emphasizes the importance of staying alert and being aware of the surroundings and hazards. Clearly, the operator did not follow these warnings.

The John Deere 4X2 Gator met or exceeded all applicable standards at the time it was manufactured. Deere denies that there is any manufacturing or design defect in this product.

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

Sincerely,

Keith E. Steenlage

cc: Derek D. Murphy





This investigation was initiated as the result of a Certificate of Death received by the U.S. Consumer Product Safety Commission. The information in this report was obtained through a telephone interview with the Sheriff's Office Sergeant conducted March 6, 2012. Further information was obtained through official report reviews of the local area Sheriff's Office and Emergency Medical Services (EMS). The Medical Examiner's report was not available as the investigation is still open at the time of this investigation. The incident unit utility vehicle (UTV) was reported to have been sold after the incident to an unknown individual.

On January 1, 2011, at approximately 12:30 A.M., the 43 year old male victim was sitting around a campfire at an off-road recreational park with his 34 and 57 year old male friends. The victim was reported to measure six feet four inches tall and to weigh 250 pounds at the time of the incident. The 34 year old friend and owner of the UTV was reported to weigh 260 pounds and measure six feet one inch tall while the 57 year old friend was reported to weigh 200 pounds and measure five feet eight inches tall at the time of the incident.

The men were sitting around the fire drinking beer when one of them asked if they wanted to take the utility vehicle for a ride. The three men got into the UTV with the 34 year old driving, the 57 year old in the middle, and the 43 year old victim in the right seating position. None of the men were wearing a helmet and seat belt use is unknown. The driver entered the muddy motocross track area of the recreation park and took the UTV over a high jump, slope degree unknown. The UTV landed on the front portion of the vehicle ejecting all three passengers and overturning/flipping the UTV. The UTV was reported not to have landed on the victim and it is unknown how many times the vehicle rolled or flipped. It is unknown if the UTV headlights were on, but it was dark at the time of the incident. The UTV did not hit any obstacles just before the incident. The driver was not making a turn at the time of the incident and it is unknown if he was accelerating or braking at the time of the incident.

The victim was found approximately 12.5 feet from the incident site. He was found unconscious and not responding. One of the men went back to the lodging area in the recreation park and asked someone to call 911. EMS received the dispatch call at 3:06 A.M. and arrived on the scene at 3:36 A.M. While EMS was en route, a woman of an unknown age was "rendering aide" to the victim. It is unknown what aid was given to the victim. The 34 year old driver was reported to suffer a shoulder injury requiring surgery and the 57 year old passenger in the middle seating position was not injured during the incident.

EMS reported a late arrival to the victim due to the length of time it took to locate the patient in the recreation park. When they arrived at the victim, they reported he showed "obvious signs of death". The EMS report (Exhibit 4) indicates the victim showed signs of a broken skull in several places. The source document lists the cause of death to be blunt impact injuries of the head.

The Sherriff's Office report (Exhibit 3) shows that the driver of the UTV was the subject of a breathalyzer test and his results were .087 grams and .088 grams. This report does not list any suspicion of drugs or medication being used prior to the incident. It is unknown what type of experience the driver had with the UTV, however the UTV was owned by him and was purchased used sometime in December of 2010. The driver also owned a dirt bike and was reported to have ridden it the day before the accident.

The weather the day before the incident was reported to be 0.00 inches of precipitation with a low of 43 and high of 68 degrees Fahrenheit and visibility of 10 miles. The day of the incident was reported to be 0.00 inches of precipitation with a high of 68 and low of 53 and visibility of eight miles.

The following questions from the Appendix 91 Investigation Guideline for Utility Vehicles could not be answered because the information was not available: 2, 3, 10, 11, and 16.

### **DATA RECORD SHEET**

The Appendix 91: UTV Data Record Sheet is included as Exhibit 1 with this investigation.

### **PRODUCT IDENTIFICATION**

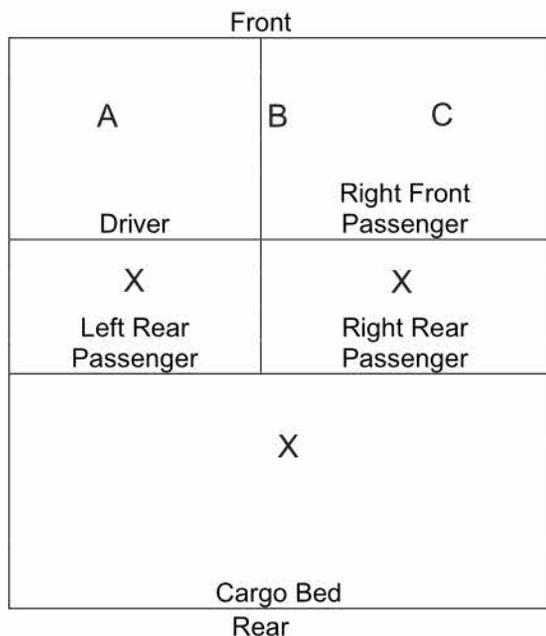
The incident unit utility vehicle is a 2008 Polaris Ranger 700 EFI 4x4. It was purchased used around December of 2010. The UTV has a model number of R08RH68AS with an engine serial number of 0120354506459 and a Vehicle Identification Number (VIN) of 4XARH68A784402268. It was originally purchased new on September 21, 2007.

### **ATTACHMENTS**

#### Exhibit

1. UTV Data Record Sheet (1 Page)
2. Identity of Respondents (1 Page)
3. Sheriff's Office Report (6 Pages)
4. EMS Report (2 Pages)
5. Missing Document Form (1 Page)

Utility Vehicle Data Record Sheet



The Utility Vehicle

|    |   |                     |
|----|---|---------------------|
| A: | Age: 34   | Height: 6'1"        |
|    | Gender: Male                                      | Weight: 260 lbs     |
|    | Helmet (Y/N): N                                   | Seatbelt (Y/N): Wpm |
|    | Killed/Injured/Neither/Unknown: <b>Injured</b>    |                     |
|    | Injury Description: Shoulder needed pin surgery   |                     |
|    | Did vehicle land on victim: No                    |                     |
|    | Ejected (Either partially or fully): <b>Fully</b> |                     |

|    |   |                     |
|----|---|---------------------|
| B: | Age: 57   | Height: 5'8"        |
|    | Gender: Male                                      | Weight: 200         |
|    | Helmet (Y/N): N                                   | Seatbelt (Y/N): Unk |
|    | Killed/Injured/Neither/Unknown: <b>Neither</b>    |                     |
|    | Injury Description: N/A                           |                     |
|    | Did vehicle land on victim: No                    |                     |
|    | Ejected (Either partially or fully): <b>Fully</b> |                     |

|    |   |                     |
|----|---|---------------------|
| C: | Age: 43   | Height: 6'4"        |
|    | Gender: Male  | Weight: 250         |
|    | Helmet (Y/N): N                                       | Seatbelt (Y/N): Unk |
|    | Killed/Injured/Neither/Unknown: <b>Killed</b>         |                     |
|    | Injury Description: Blunt impact injuries of the head |                     |
|    | Did vehicle land on victim: No                        |                     |
|    | Ejected (Either partially or fully): <b>Fully</b>     |                     |

|    |                                      |                 |
|----|--------------------------------------|-----------------|
| D: | Age: x                               | 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: x                               | 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: x                               | 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.

**IDENTITY OF RESPONDENTS**

Greene County Sheriff's Office  
1201 South Industrial Blvd  
Greensboro, GA 30642  
Phone: 706-453-3351  
Contacted 3-1-12

Greene County Emergency Medical Services  
2070 South Main St  
Greensboro, GA 30642  
Phone: 706-453-2767  
Contacted 3-5-12

Open Records Unit  
Georgia Bureau of Investigation  
3121 Panthersville Road  
Decatur, Georgia 30034  
Phone: 404-270-8527  
Contacted 3-16-12, case still open and report not releasable

GREENE COUNTY S. O.

# INCIDENT REPORT

CASE NUMBER

11-01-003

GA0660000

Internal Copy

Original

Page 1

|           |   |   |  |                                    |                           |                              |   |             |     |
|-----------|---|---|--|------------------------------------|---------------------------|------------------------------|---|-------------|-----|
| EVENT     | INCIDENT TYPE<br>DEATH INVESTIGATION  | COUNTS  | INCIDENT CODE<br>6 Commercial                  | PREMISE TYPE<br>6 Commercial       |                           |                              |   |             |     |
|           | UCR CODE<br>7399  | UCR DESC<br>OTHER:OTHER THAN WHATS AVAILABLE          | MOST SEVERE<br>Yes                             | (b)(6)                             |                           |                              |   |             |     |
|           | INCIDENT LOCATION<br>(b)(6)   | STATE<br>GA   | ZIP<br>30668                                   | ZONE                               | WEAPON TYPE               |                              |   |             |     |
| VICTIM    | INCIDENT DATE<br>01/01/2011   | TIME<br>0300  | DATE<br>01/01/2011                             | TIME<br>0307                       | WEATHER CONDITIONS        | STRANGER TO STRANGER         | CID INVEST.<br>SCOTT SMITH  |             |     |
|           | COMPLAINANT<br>(b)(6)   | ADDRESS<br>(b)(6)                                     | SOCIAL SECURITY                                | HOME PHONE                         | WORK PHONE                |                              |   |             |     |
|           | RACE<br>W   | SEX<br>F  | HEIGHT   | WEIGHT                             | HAIR                      | EYES                         | DOB   |             |     |
| OFFENDER  | VICTIM NAME<br>(b)(3):CPSA Section 25(c), (b)(6)  | ADDRESS   | SOCIAL SECURITY                                | HOME PHONE                         | WORK PHONE                |                              |   |             |     |
|           | RACE<br>W   | SEX<br>M  | HEIGHT<br>604                                  | WEIGHT<br>250                      | HAIR<br>BRO               | EYES                         | DOB   |             |     |
|           | WANTED<br><input type="checkbox"/>  | OFFENDER NAME<br>(b)(3):CPSA Secti                    | RACE<br>W                                      | SEX<br>M                           | HEIGHT<br>601             | WEIGHT<br>260                | HAIR<br>BRO   | EYES<br>BRO | DOB |
| PROPERTY  | WARRANT<br><input checked="" type="checkbox"/>  | ADDRESS<br>(b)(6)                                     | EMP/OCC<br>FAYETTE AUTO BROKERS                | HOME PHONE NUMBER                  | WORK PHONE NUMBER         |                              |   |             |     |
|           | ARREST<br><input checked="" type="checkbox"/>   | STATUTE<br>40-6-303                                   | CHARGES<br>HOMICIDE BY VEHICLE                 | COUNTS<br>1                        | INCIDENT CODE<br>0912     | JURIS. OFF. ARR.             | 1 1   |             |     |
|           | SUSPECT<br><input checked="" type="checkbox"/>  | 16-10-94  | TAMPERING WITH EVIDENCE                        | 1                                  | 4802                      | 1 1                          | 1-COUNTY<br>2-NOT IN A CITY<br>3-STATE<br>4-OUT OF STATE<br>5-UNKNOWN |             |     |
| ADM       | TOTAL NUMBER ARRESTED<br>1  | ARREST AT OR NEAR OFFENSE SCENE<br>N                  | DATE/TIME OF OFFENSE<br>01/01/2011 03:30       |                                    |                           |                              |   |             |     |
|           | NAME  | ADDRESS   | PHONE NUMBER                                   |                                    |                           |                              |   |             |     |
|           | STOLEN  | VEHICLES  | CURRENCY, NOTES, ETC                           | JEWELRY, PREC. METALS              | FURS                      | PROPERTY RECOVERY INFOR ONLY |   |             |     |
| RECOVERED |   |   |  |                                    | JURIS. CODES              |                              |   |             |     |
| STOLEN    | CLOTHING  | OFFICE EQUIP  | TV, RADIO, ETC.                                | HOUSEHOLD GOODS                    | 1-COUNTY                  |                              |   |             |     |
| RECOVERED |   |   |  |                                    | 2-NOT IN A CITY           |                              |   |             |     |
| STOLEN    | FIREARMS  | CONS. GOODS   | LIVESTOCK                                      | OTHER                              | 3-STATE                   |                              |   |             |     |
| RECOVERED |   |   |  |                                    | 4-OUT OF STATE            |                              |   |             |     |
|           |   |   |  |                                    | 5-UNKNOWN                 |                              |   |             |     |
|           |   |   |  |                                    | DATE OF THEFT             |                              |   |             |     |
|           |   |   |  |                                    | TOTALS                    |                              |   |             |     |
|           |   |   |  |                                    | STOLEN                    |                              |   |             |     |
|           |   |   |  |                                    | RECOVERED                 |                              |   |             |     |
| CLEAR     | OCIC ENTRY  | WARRANT   | MISSING PERSONS                                | VEHICLE                            | ARTICLE                   | BOAT                         | GUN   | SECURITIES  |     |
|           | DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? <input checked="" type="checkbox"/> N |   |  |                                    |                           |                              |   |             |     |
|           | IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER:   |   |  |                                    |                           |                              |   |             |     |
|           | REQUIRED DATA FIELDS FOR CLEARANCE REPORT   | <input checked="" type="checkbox"/> CLEARED BY ARREST | <input type="checkbox"/> EXCEPTIONALLY CLEARED | <input type="checkbox"/> UNFOUNDED | REPORT DATE<br>01/01/2011 |                              |   |             |     |
|           | DATE OF CLEARANCE<br>02/26/2011   | <input checked="" type="checkbox"/> ADULT             | <input type="checkbox"/> JUVENILE              | CLEARANCE CODE<br>01B              |                           |                              |   |             |     |
|           | REPORTING OFFICER<br>DAVID WHIRRELL   | NUMBER<br>48  | APPROVING OFFICER<br>RANDY MURPHY              | NUMBER<br>87                       |                           |                              |   |             |     |

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NARRATIVE

Reporting Officer: 48 DAVID WHIRRELL

On 01/01/2011 Deputy David Whirrell responded to 2350 Randolph Church Rd. (Durham Town Plantation) for the report of All Terrain Vehicle accident involving a possible fatality.

MULTIPLE ENTRY(S)SUSPECT

| NAME                             | ADDRESS | SOCIAL SECURITY | HOME PHONE |
|----------------------------------|---------|-----------------|------------|
| (b)(3):CPSA Section 25(c),(b)(6) |         |                 |            |

| RACE | SEX | HEIGHT | WEIGHT | HAIR | BLN | EYES | BLU | DOB |
|------|-----|--------|--------|------|-----|------|-----|-----|
| W    | M   | 508    | 200    | BLN  |     | BLU  |     |     |

CHARGES

COUNTS INCIDENT CODE

| JURIS. OFF. ARR. | 1-COUNTY | 2-NOT IN A CITY | 3-STATE | 4-OUT OF STATE | 5-UNKNOWN |
|------------------|----------|-----------------|---------|----------------|-----------|
|                  |          |                 |         |                |           |

SUPPLEMENT

Reporting Officer: 48 DAVID WHIRRELL

Deputy Whirrell and Corporal Randy Murphy arrived at the main building of Durham Town Plantation. Dispatch had advised that a rider was possibly injured or dead. Deputy Whirrell made contact with a (b)(6) and he explained that he had witnessed an accident and one of the riders was injured. The only thing (b)(6) could tell Deputy Whirrell was it was around one of the lakes on Durham Town property. (b)(6) had a strong odor of an alcoholic beverage coming from his person. EMS and first responders were arriving on the scene also. Finally, (b)(6) came walking up and explained that he knew where the injured rider was. (b)(6) also had a strong smell of an alcoholic beverage coming from his person. Captain Darren Harland also arrived at the main building.

Deputy Whirrell and (b)(6) got into Deputy Whirrell's vehicle. (b)(6) showed Deputy Whirrell and EMS where the injured rider was located on one of the trails close to the fish pond about a quarter of a mile from the main building. When Deputy Whirrell saw the injured rider, a white male in his late 30's or early 40's, he was on his back. Deputy Whirrell could see no movement. Deputy Whirrell heard EMS asking for a No Resuscitate order from a doctor. The rider was not breathing and there was a large amount of blood on the ground at his feet. There was also a lot of blood around his face and head. Deputy Whirrell left (b)(6) in his vehicle. Deputy Whirrell and Corporal Murphy then taped off the scene.

Deputy Whirrell then returned to his vehicle. (b)(6) was complaining about his right shoulder, so EMS looked at (b)(6) shoulder and (b)(6) refused treatment. Deputy Whirrell then left the scene with (b)(6) and went back to the main building. Captain Harland was also back at the main building and had found the ATV that the subjects were riding in. (b)(6) was still at the main building. He was also placed in Deputy Whirrell's vehicle. Deputy Whirrell transported both subjects to Union Point PD. Officer William D. Smith ran the Intoxilyzer 5000 on both of the subjects. (b)(6) and (b)(6) were taken out of Deputy Whirrell's vehicle one at a time in front of Deputy Whirrell's vehicle and read Miranda Warning and Georgia Implied Consent Notice for suspects age 21 or over. Officer William D. Smith was a witness. Deputy Whirrell's in car camera was running when (b)(6) and (b)(6) were read. (b)(6) reading was .074 grams and .075 grams. (b)(6) reading was .087 grams and .088 grams. Both subjects were then transported to Greene County LEC. (b)(6) was still complaining about his shoulder. Deputy Whirrell called for another EMS unit to look at (b)(6) shoulder at the LEC. EMS transported (b)(6) to Saint Joseph's Hospital. (b)(6) and (b)(6) were turned over to the next shift waiting for CID to come and interview them.

Cpl. Murphy stood by to secure the scene until CID arrived to begin further investigation into the incident.

SUPPLEMENT

Reporting Officer: 40 SCOTT SMITH

On Saturday, January 01, 2011 @ 03:30 am CAPTAIN SMITH was contacted by CAPTAIN HARLAND in reference to a ATV accident that caused the death of a person at Durhamtown Plantation. CAPTAIN HARLAND advised CAPTAIN SMITH that the victim was possibly a passenger in the ATV and that the possible driver of the vehicle was tampering with evidence. CAPTAIN HARLAND said that the victim was located at the motocross track and that the ATV was located at the Lodge.

Upon arrival CAPTAIN SMITH meet with CAPTAIN HARLAND at the Durhamtown Lodge and was debriefed by CAPTAIN HARLAND about the incident and his findings. CAPTAIN HARLAND said that DEPUTY WHIRRELL had transported the possible driver and a possible witness to the Union Point Police Department so that he could obtain a sample of their breathe, due to the fact they had been drinking. CAPTAIN HARLAND also said that JONI ROBERTS was a possible witness and that she was located in the Lodge. CAPTAIN HARLAND showed CAPTAIN SMITH the ATV that was involved in the accident.

CAPTAIN SMITH photographed the ATV and asked CAPTAIN HARLAND to have Yearwood's Garage en route to transport the ATV to the Greene County Sheriff's Office. While taking pictures of the ATV (b)(6) came out of the Lodge and said that she wanted the driver of the ATV prosecuted because while she was rendering aide to the

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victim the driver was more concerned with hiding stuff than helping the victim. CAPTAIN SMITH advised [REDACTED] that he would need to do a formal interview at the office and she agreed to do so. [REDACTED] advised that ANITA GRAVITT was the person that called 911 and CAPTAIN SMITH advised [REDACTED] to bring GRAVITT to the office when she came. CAPTAIN SMITH asked CAPTAIN HARLAND to secure the ATV in the Bay of the Administrative Building until a search warrant could be obtained. CAPTAIN SMITH noticed that there was a red in color jacket in the bed of the ATV and he removed it so that it would not blow out while being transported to the Sheriff's Office by Yearwood's.

CAPTAIN SMITH went to the motocross track where the accident had taken place and meet with CPL. MURPHY which showed him where the victim was located. CAPTAIN SMITH photographed the scene and processed any evidence that he could locate at the time. CAPTAIN SMITH noticed that the body was lying in a Southeast direction and that the victim was on his back. CAPTAIN SMITH removed a cell phone, matches, and a yellow receipt from the victims top left coat pocket. CAPTAIN SMITH removed a set of keys from the front left pants pocket as well as a key located on the ground between the victims legs (all keys were turned over to the victims wife). CAPTAIN SMITH removed a wallet from the victims right rear pants pocket and identified him as PHILLIP NATHANIEL ZIEMER. After processing the scene for any possible evidence the body was released to EMS ([REDACTED]) and transported to St. Joseph Emergency Room.

CAPTAIN SMITH was advised by CPL. MURPHY that he had located some goggles, exhaust plug, and a clear piece of plastic in a wooded area, this would be in a northern direction from the body of the victim. CAPTAIN SMITH photographed the area and collected the items. All items were collected and placed into a brown paper bag and the bag was labeled for each item collected.

SUPPLEMENT

Reporting Officer: 40

SCOTT SMITH

CAPTAIN SMITH was notified by CAPTAIN HARLAND that the suspected driver of the vehicle had been transported to St. Joseph's ER by DEPUTY WHIRRELL because he was complaining of injuries. CAPTAIN SMITH responded to the hospital and met with the suspected driver, which was identified as [REDACTED]. CAPTAIN SMITH asked [REDACTED] if he would speak with him about the accident at Durhamtown Plantation, in which he stated that he would.

CAPTAIN SMITH and CAPTAIN HARLAND went into [REDACTED] room @ 06:50 am and CAPTAIN SMITH introduced himself and the agency in which he is employed with. CAPTAIN SMITH then got [REDACTED] name, address, date of birth, and phone number. CAPTAIN SMITH asked [REDACTED] what had happened and he said that he doesn't remember anything. [REDACTED] said the only thing he did remember "is waking up to a lady screaming". [REDACTED] said that the lady was saying "Lord Jesus help me", Lord Jesus help me". [REDACTED] said that after he came to he remembers mud being around him. [REDACTED] said that he also remembers riding a motorcycle on Friday, December 31, 2010. CAPTAIN SMITH asked him what type motorcycle he owned and he said a KTM 250. [REDACTED] said that he remembered going to the Lodge to get some help, he said that he ran, and that it was after the lady showed up to help. [REDACTED] said that he was unconscious until the lady arrived and he heard her yelling for someone to go get help. [REDACTED] said that he remembers meeting with the Police at the Lodge and riding back down to the woods (where accident took place). CAPTAIN SMITH asked [REDACTED] if the ATV belong to him and he stated that it did. CAPTAIN SMITH asked [REDACTED] if he was driving the ATV and he said that he did not remember. CAPTAIN SMITH noticed that while interviewing [REDACTED] that he would keep his eyes closed and when he thought that CAPTAIN SMITH was writing that he would look out of the bottom of his eyes to see if CAPTAIN SMITH was looking at him. CAPTAIN SMITH asked [REDACTED] if he could remember what he had for supper on Friday and he stated chicken. CAPTAIN SMITH asked [REDACTED] if anyone knew about him being in the hospital and he stated no. CAPTAIN SMITH asked him if he wanted him to contact someone for him and he stated that he did. [REDACTED] asked CAPTAIN SMITH to contact [REDACTED] and stated that this was her cell phone number. CAPTAIN SMITH asked [REDACTED] where [REDACTED] was located and he stated at Durhamtown. CAPTAIN SMITH told [REDACTED] that she may not have phone service and that he would stop by and tell her that he was in the hospital. CAPTAIN SMITH asked [REDACTED] what cabin [REDACTED] was in and he stated cabin 53. CAPTAIN SMITH ended the interview @ 07:08 am due to the lack of cooperation by the witness.

SUPPLEMENT

Reporting Officer: 40

SCOTT SMITH

CAPTAIN SMITH went to the Greene County Sheriff's Office to meet with a possible witness. CAPTAIN SMITH met with [REDACTED], which stated that he was in the ATV when the accident occurred. CAPTAIN SMITH walked [REDACTED] down to the GCSO Administrative Building and into the interview room. CAPTAIN SMITH then asked [REDACTED] for his address, date of birth and phone number. CAPTAIN SMITH asked [REDACTED] to explain what happened and [REDACTED] stated essentially the following:

[REDACTED] said that he did not know the victim and that he was friends with [REDACTED]. [REDACTED] said that his wife worked until 5:30 or 6:00 pm on Friday and that they left home around 7:00 pm to come to Durhamtown Plantation. [REDACTED] said that he arrived at Durhamtown around 9:00 or 9:30 pm. [REDACTED] said they went to the fireworks and then went to the Lodge to see the band that was playing. [REDACTED] said that around 12:30 am (January 01, 2011) that the wife and kids had gone to bed and that HE, [REDACTED] and the victim were sitting around a camp fire at the camp site drinking

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beer. [REDACTED] said that [REDACTED] asked them if they wanted to go for a ride and they got into the ATV. [REDACTED] said that [REDACTED] was driving, he was in the middle and that the victim was on his right side. [REDACTED] said that after a few minutes that [REDACTED] turned right and went through a wooded area, turned right again and entered a motocross track. [REDACTED] said that after turning onto the track [REDACTED] took off and they went over a high jump. [REDACTED] said that the front of the ATV came down first. [REDACTED] said that when they landed that [REDACTED] was on one side, the victim was on the other side and he was in the mud. [REDACTED] said that he thought that the victim was knocked out or unconscious and that he tried to wake him up by talking to him. [REDACTED] said that he and [REDACTED] turned the ATV back over and he told [REDACTED] to go get some help. [REDACTED] said that he stayed with the victim while [REDACTED] went to the lodge to get help.

Upon arrival at St. Joseph ER [REDACTED] advised CAPTAIN SMITH that the lady standing at the end of the ramp was the victim's wife. CAPTAIN SMITH made contact with the lady and identified himself and the agency that he is employed with, she identified herself as [REDACTED]. CAPTAIN SMITH was notified by nurse [REDACTED] that [REDACTED] had been notified by the ER Doctor that her husband had past away. CAPTAIN SMITH escorted [REDACTED] back into the hospital where he received her contact information. [REDACTED] was in need of some phone numbers and keys that were in the possession of CAPTAIN SMITH. CAPTAIN SMITH turned the cell phone and keys that he had removed from the victims pockets over to [REDACTED]. [REDACTED] was given CAPTAIN SMITH contact information as well.

CAPTAIN SMITH asked [REDACTED] if the ATV landed on the front wheels? [REDACTED] replied, if there was a front windshield that it would have landed on it. CAPTAIN SMITH asked [REDACTED] if the victim came out of the front of the ATV or the side and he stated that he did not know. CAPTAIN SMITH asked if the ATV was on top of the victim and he stated that it was not.

[REDACTED] said that when [REDACTED] returned that a female was with him and that he was told to go back to the Lodge to call 911 and that's what he did. [REDACTED] said that when he arrived at the Lodge that another lady [REDACTED] had already called 911 and he waited on the Police to arrive. CAPTAIN SMITH asked [REDACTED] what time the accident happened and he said that he could not say for sure but he thought around 2:45 or 3:00 am.

See video for further on interview.

After leaving the interview room CAPTAIN SMITH asked [REDACTED] if anyone was wearing a helmet and he stated that they were not wearing helmets. CAPTAIN SMITH and DEPUTY FINCH gave [REDACTED] a ride to St. Joseph ER to meet with his wife which had arrived at the hospital.

**SUPPLEMENT**

Reporting Officer: 40

SCOTT SMITH

CAPTAIN SMITH interviewed [REDACTED] at the GCSO Administrative Building and she stated essential the following:

[REDACTED] said that a man came into the Lodge and said that he was hurt and he thought his friend was dead. CAPTAIN SMITH asked [REDACTED] if it was [REDACTED] or [REDACTED] and she said she did not know. CAPTAIN SMITH asked [REDACTED] if she remember what he was wearing and she stated that she did not but he was bloody. (based on the description, this would have been [REDACTED]).

[REDACTED] said that she told [REDACTED] to call 911 and that they went out and [REDACTED] told her to drive. [REDACTED] said that when she got into the ATV that she hit her head on the top (roll bar). [REDACTED] said that [REDACTED] lead her down Catfish Pond Road and told her to slow down that he is out here on the right. [REDACTED] said that when she arrived that she thought the victim was dead, but he was still warm to the touch. [REDACTED] said that she told [REDACTED] to go to the Lodge to guide help in but he refused to do so. [REDACTED] said that he was picking up beer cans and other items trying to hide them. [REDACTED] said that [REDACTED] left and she was there alone with the victim. [REDACTED] said that she left the victim and was walking up the road when they (EMS and Deputies) started showing up.

CAPTAIN SMITH asked [REDACTED] what the riding hours were for Durhamtown Plantation and she stated that the riding hours were from 9:00 am until 5:00 pm. CAPTAIN SMITH asked if they had night rides and she stated they did but they had two of their employees guide the riders. [REDACTED] said that they did not have a night ride on New Years Eve and that they never took the night riders on a motocross track. [REDACTED] said that the motocross track is strictly for motorcycles and sport four wheelers and they were on a .... CAPTAIN SMITH said utility type four wheeler and [REDACTED] agreed.

See Video for further on interview.

**SUPPLEMENT**

Reporting Officer: 40

SCOTT SMITH

CAPTAIN SMITH interviewed [REDACTED] at the GCSO Administrative Building and she stated essentially the following:

[REDACTED] said that she was in the Lodge with [REDACTED] and that a man came into the Lodge covered in blood and said that he was injured and that his friend was dead. CAPTAIN SMITH asked [REDACTED] what the guy was wearing and she said blue jeans and a T-shirt. (based on the description, this would have been [REDACTED]). [REDACTED] said that she was told by [REDACTED] to call 911 so she stayed at the Lodge to do so. [REDACTED] said that a second guy came into the Lodge and said that he needed to call 911 and she stated that she had already called. [REDACTED] said she got him on the phone with the 911 operator so that he could answer some questions about the incident. CAPTAIN SMITH asked what the second guy was wearing and [REDACTED] said that he had on coveralls. (based on the description, this would have been [REDACTED]).

See Video for further on interview.

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**SUPPLEMENT**

Reporting Officer: 40

SCOTT SMITH

CAPTAIN SMITH and DEPUTY FINCH returned to Durhamtown Plantation @ 12:41 pm to take measurements and photographs of the scene. CAPTAIN SMITH took several photographs during the daylight hours and measurements of the following:

Width of Track: 18.56 ft

Width of ATV Tracks: 5.13 ft

Distance from top of berm to Point of Impact: 14.78 ft

Point of Impact to Body: 12.49 ft

Distance from Point of Impact to Goggles: 58' 5"

Distance from Point of Impact to Clear Plastic 57' 7"

Distance from Point of Impact to Exhaust Plug 62' 3"

While photographing the scene CAPTAIN SMITH noticed a red and white cooler in the distance. DEPUTY FINCH went to the cooler and noticed that it contained empty beer cans, the top, and Roman Candle Fireworks. CAPTAIN SMITH photographed the cooler and the contents of the cooler. While photographing the contents CAPTAIN SMITH noticed that the cooler contained the same type Roman Candle Fireworks that were located at the scene of the accident. CAPTAIN SMITH and Deputy Finch measured the distance of the cooler from the Point of Impact and it was 267 ft. DEPUTY FINCH then located a beer can, the same type that was located in the cooler, in a briar patch that was 119 ft from the Point of Impact. This was photographed as well.

All of the above listed items were found in a northern direction of the accident.

**SUPPLEMENT**

Reporting Officer: 40

SCOTT SMITH

On Monday, January 03, 2011 CAPTAIN SMITH typed a search warrant and met with MAGISTRATE JUDGE TAMMY UNDERWOOD. CAPTAIN SMITH presented the search warrant to JUDGE UNDERWOOD and she read the search warrant as well as listened to verbal testimony present by CAPTAIN SMITH. CAPTAIN SMITH also showed JUDGE UNDERWOOD a picture, that was on his camera, of the ATV to be search. JUDGE UNDERWOOD signed the search warrant at 9:28 am.

CAPTAIN SMITH returned to the GCSO Administrative Building and began photographing the ATV at 9:50 am. CAPTAIN SMITH noticed that there was a hole in the right passenger side of the ATV. On this same side CAPTAIN SMITH noticed that the front bumper was bent inward as if the this side of the machine took on most of the impact. It then appeared that the ATV turned and landed on the top of the drivers side. CAPTAIN SMITH then examined the ATV with the use of a UV Light and did not find anything of evidentiary value other than the blood that had been located earlier by CAPTAIN HARLAND. CAPTAIN SMITH then processed the ATV for latent prints in which none were found. CAPTAIN SMITH and SGT. SMITH then took measurements of the ATV.

Width of ATV Wheels: 4.89 ft

Wheel Base of ATV: 6.24 ft

Width of Bottom Seat Cushion: 4.48 ft

Overall Length of ATV including Front Bumper: 8.92 ft

From Bottom of Pan to ground (Ground Clearance): 0.84 ft

CAPTAIN SMITH collected the blood that was previously discovered by CAPTAIN HARLAND by using a sterile cotton swab and Sodium Chloride solution (this is used as a sterile diluent). These items were allowed to dry and placed into a white envelope and secured as evidence in evidence bag A 577465 by CAPTAIN SMITH.

**SUPPLEMENT**

Reporting Officer: 40

SCOTT SMITH

On Tuesday, January 04, 2011 CAPTAIN SMITH received a call from [REDACTED] and she was concerned about the investigation. CAPTAIN SMITH advised her that the investigation was not complete and that he was still investigating. [REDACTED] asked CAPTAIN SMITH if he knew who was driving the ATV and then stated that she did not need the answer to that because [REDACTED] had already told her that he was the driver. [REDACTED] said she spoke with [REDACTED] and he told her that [REDACTED] was the driver as well. CAPTAIN SMITH asked [REDACTED] when [REDACTED] had told her this and she stated that it was Saturday, January 01, 2011. [REDACTED] wanted to know if there would be any arrest made in the case and CAPTAIN SMITH advised her that he was not finished with the investigation. [REDACTED] said that she wanted to know about a civil suit. CAPTAIN SMITH explained to her that he only dealt with the criminal side and that she needed to talk with an attorney about a civil suit. [REDACTED] asked CAPTAIN SMITH if he would contact her once the investigation was complete and he stated that he would. The conversation was ended.

**SUPPLEMENT**

Reporting Officer: 40

SCOTT SMITH

On Wednesday, January 05, 2011 CAPTAIN SMITH was called by [REDACTED], owner of Durhamtown Plantation; he was wanting information about the investigation. CAPTAIN SMITH advised [REDACTED] that the case was still active and that he could not release any information at this time. [REDACTED] said that he had been contacted by [REDACTED] and that he told him that he was the driver of the ATV. [REDACTED] wanted to know if there would be any charges against [REDACTED] and CAPTAIN SMITH advised him that the case was still under investigation. [REDACTED] advised CAPTAIN SMITH to give him a call if he could assist in any way.

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SUPPLEMENT

Reporting Officer: 40 SCOTT SMITH

On January 07, 2011 CAPTAIN SMITH met with MAGISTRATE JUDGE TAMMY UNDERWOOD and presented her with a search warrant for the medical records of JAMES ROBERT UNDERWOOD. JUDGE UNDERWOOD read the search warrant and signed it at 1:25 pm.

CAPTAIN SMITH went to St. Joseph Hospital and met with [REDACTED], custodian of records, and served her with the search warrant at 2:48 pm and gave her a copy of the search warrant. [REDACTED] assisted CAPTAIN SMITH by providing him with a copy of the medical records for [REDACTED] visit to St. Joseph ER on January 01, 2011.

SUPPLEMENT

Reporting Officer: 40 SCOTT SMITH

On Thursday, January 13, 2011 CAPTAIN SMITH contacted Adrenalin Powersports in reference to the VIN that was located on the ATV. They advised that the ATV was sold to [REDACTED] on September 21, 2007 and that the ATV was actually a 2008 Model. They provided CAPTAIN SMITH with contact information for [REDACTED]. CAPTAIN SMITH contacted [REDACTED] and learned that he had traded the ATV to Ocmulgee Outdoors and he provided CAPTAIN SMITH with a phone number for Ocmulgee Outdoors.

CAPTAIN SMITH contacted Ocmulgee Outdoors and they advised that they had recently sent the ATV to NPA (National Powersports Auction) in Atlanta to be auctioned off and provided CAPTAIN SMITH with a number. CAPTAIN SMITH contacted NPA and learned that they had sold the ATV in December 2010 to Fayette Auto Brokers. CAPTAIN SMITH asked if they had a number for the business and they stated that the owner of the business was [REDACTED] and that the number was [REDACTED].

CAPTAIN SMITH contacted [REDACTED] and advised him that he was ready to release the ATV to him. MILLER said that he did not want the ATV and that he wished to have it turned over to [REDACTED] so that he could sell it for him. CAPTAIN SMITH advised [REDACTED] that he would check to see if that was an option and that he would contact him at a later date to let him know. CAPTAIN SMITH asked [REDACTED] if his shoulder was better and he stated that he was to have pin surgery on it in 14 days, in Alabama.

[REDACTED] asked CAPTAIN SMITH if he had spoken to [REDACTED] wife and CAPTAIN SMITH advised him that he had. [REDACTED] asked how she was doing and CAPTAIN SMITH advised him as well as can be under the circumstances. [REDACTED] stated that she would not except any of his calls and that he wanted to tell her how sorry he was. The phone call was ended.

SUPPLEMENT

Reporting Officer: 40 SCOTT SMITH

On Friday, January 14, 2011 CAPTAIN SMITH made contact with [REDACTED] in reference to picking up his ATV. [REDACTED] said that he would need to see when he could make arrangements to pick it up.

SUPPLEMENT

Reporting Officer: 31 DON SMITH

On 01/21/2011 Captain Smith instructed Sgt Smith to mail the wallet of deceased [REDACTED] to his wife [REDACTED]. Sgt Smith placed the wallet in the U.S. Mail and shipped to [REDACTED] at [REDACTED] acknowledgement of service requested (Certified).

SUPPLEMENT

Reporting Officer: 40 SCOTT SMITH

On Thursday, February 10, 2011 [REDACTED] made contact with CAPTAIN SMITH in reference to picking up his ATV. [REDACTED] stated that he wanted to pick it up on Friday, February 11, 2011. CAPTAIN SMITH asked [REDACTED] if he would be willing to give a statement about the ATV wreck that was being investigated and he stated that under the advisement of his attorney that he was not to give any statements. [REDACTED] said that he was being sued by [REDACTED] so his attorney advised him not to give statements. CAPTAIN SMITH advised [REDACTED] that he understood and the phone conversation was ended.

SUPPLEMENT

Reporting Officer: 40 SCOTT SMITH

On Monday, February 21, 2011 CAPTAIN SMITH contacted [REDACTED] and advised him that he had issued a warrant for his arrest, for Vehicular Homicide and Tampering with Evidence, and that due to his injuries that he would allow him to turn himself in to the Greene County Jail. CAPTAIN SMITH explained to [REDACTED] that this would need to be done by Friday, February 25, 2011 and also explained to him what he would need to do to make bond. [REDACTED] stated that he would turn himself in and the phone conversation was ended.

SUPPLEMENT

Reporting Officer: 40 SCOTT SMITH

On Friday, February 25, 2011 [REDACTED] reported to the Greene County Law Enforcement Center and turned himself in for the warrants that had been issued for his arrest. The warrants were served by CPL. THOMAS MOORE and he was turned over to the jail staff for processing.

# Greene County EMS Patient Care Report

Use Black Ink - Press Firmly

| Service Name<br><b>GC EMS</b>   |                               | Service #<br><b>308</b>   | Response #<br><b>11 -01 -03</b>         | Today's Date<br><b>1-1-11</b> |      |       |  |
|---|-------------------------------|---|---|-------------------------------|------|-------|--|
| Incident Location<br><b>Wurham Plantation 2310 East 11th St</b>   |                               |   | Transported To<br><b>St. Joe's East</b> |                               |      |       |  |
| PATIENT INFO  | Patient Last<br><b>(b)(6)</b> | Run #<br><b>003</b>   | Enroute<br><b>0002</b>                  | Mileage<br><b>16.3</b>        |      |       |  |
|   | Street<br><b>(b)(6)</b>       | Received<br><b>0306</b>   | Arrival<br><b>0020</b>                  | Beginning<br><b>305.80</b>    |      |       |  |
|   | City<br><b>Dahlonega</b>      | Dispatched<br><b>1308</b>   |   | On Scene<br><b>37.0</b>       |      |       |  |
|   | Phone                         | Gender<br><b>M</b>  | Enroute<br><b>0312</b>                  | Arrival<br><b>43.3</b>        |      |       |  |
|   | Social Security #             |   | On-Scene<br><b>0330</b>                 |                               |      |       |  |
| CHIEF COMPLAINT<br><b>DOA - traumatic injury</b>  |                               | <input type="checkbox"/> None Known<br><input type="checkbox"/> None Known<br><input type="checkbox"/> None Known |   |                               |      |       |  |
| CURRENT MEDICATIONS   |                               |   |   |                               |      |       |  |
| ALLERGIES (MEDS)  |                               |   |   |                               |      |       |  |
| PAST MEDICAL HX   |                               |   |   |                               |      |       |  |
| NARRATIVE   |                               |   |   |                               |      |       |  |
| <p>HOSTILE M pt lying supine w/ large pool of blood at feet. Pt had 4 pulses &amp; breathing - unresponsive. DOA. Pt face completely filled w/ blood. Pt obvious signs of death. GCSO advised pt face mask full of blood approx 25 to 30 ft. Pt on UTV - only change on UTV EMS was held about was heavily damaged road - EMS never saw UTV. Pt friends states pt stated 911, dispatcher contacted advised of DOA AND to have dispatcher advise coroner - dispatcher advised that coroner wanted to speak w/ GCSO. EMS contacted St. Joe's East for non-resuscitation orders - given by Dr. Nash. GCSO took control of scene - stating a ME scene - GCSO calling an investigation team - track 1 (GCSO)</p> |                               |   |   |                               |      |       |  |
| TIME  | EMT#                          | PULSE   | RESP                                    | B/P                           | SaO2 | NEURO | ORDERS - TREATMENT - RESPONSE - Rx - EKG               |
| 0335  | 0333                          | 6   | 0                                       | 14                            | 0    | U1    | Contacted Dr. Nash for non-resuscitation orders @ 0339 |
|   |                               |   |   |                               |      |       |  |
|   |                               |   |   |                               |      |       |  |
|   |                               |   |   |                               |      |       |  |
|   |                               |   |   |                               |      |       |  |
|   |                               |   |   |                               |      |       |  |
|   |                               |   |   |                               |      |       |  |
|   |                               |   |   |                               |      |       |  |
|   |                               |   |   |                               |      |       |  |
|   |                               |   |   |                               |      |       |  |

|         |                |                             |                          |
|---------|----------------|-----------------------------|--------------------------|
|         | 1-1-11<br>Date | Y. AARON WALKER I-24797<br> | Certification and Number |
|         | Date           | Medic 1<br>H. [Signature]   | Certification and Number |
| Medic 2 |                | Certification and Number    |                          |

# Greene County EMS

## Supplemental

Patient Name Phillip Ziemer Run # 11-01-003 Date 1-1-11

| TIME | NUMBER | NARRATIVE / TREATMENT                            |
|------|--------|--|
|      |        | HAS NO INFO (Name - DOB, etc) on pt card         |
|      |        | ECSC not letting anyone touch pt to look for     |
|      |        | info until investigator team arrives.            |
|      |        | LONG response time due to attempting 2 Durhamham |
|      |        | employees & ECSC to locate pt in wooded area.    |
|      |        | ECSC #40 advised to try pt to St. JOSEPHS EAST.  |
|      |        | upon placing pt in body bag - pt awakened. pt    |
|      |        | had brain matter in rear of jacket - head        |
|      |        | removed to show cavitation to lower part of      |
|      |        | back of head. pt skull was broken in several     |
|      |        | places - able to move and fell all bones in      |
|      |        | skull. Arms & legs intact & injury noted         |
|      |        | to back - belly and appeared swollen & visible   |
|      |        | discoloration swelling on injury noted           |
|      |        | pt placed in Gurney bag and 4 per ECSC #40       |
|      |        | advised dispatched to advised. scene of EMS      |
|      |        | transporting to EC hospital. TRANSFERRED TO EC   |
|      |        | STAFF.   |

*[Handwritten signature]*

**Task No.** 120229HCC2387

**Date:** 01/01/2011

**STATUS OF MISSING DOCUMENT (S)**

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

- 1. Medical Examiner's Report
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**Date:** 03/26/2012

**Investigator No:** 4440

**Regional office:** CFIE

**Supervisor No:** 2147



|   |   |   |   |  |
|---|---|---|---|--|
| <b>1. Task Number</b><br>120316HCC1549  |   | <b>2. Investigator's ID</b><br>8925               |   | <b>EPIDEMIOLOGIC<br/>INVESTIGATION<br/>REPORT</b>        |
| <b>3. Office Code</b><br>810  | <b>4. Date of Accident</b><br>YR MO DAY<br>2012 02 12 |   | <b>5. Date Initiated</b><br>YR MO DAY<br>2012 03 22 |  |
| <b>6. Synopsis of Accident or Complaint</b> <b>UPC</b> none<br>The victim, a 34-year-old male was riding in a utility vehicle on a dry, paved road and was not wearing a helmet. He lost control, went off a bridge and was severely injured. He was taken to a hospital where he was pronounced. His cause of death was multiple injuries. |   |   |   |  |
| <b>7. Location (Home, School, etc)</b><br>4 - STREET OR HIGHWAY   |   | <b>8. City</b><br>SANDERSON                       |   | <b>9. State</b><br>WV                                    |
| <b>10A. First Product</b><br>5044 - Utility Vehicles  |   | <b>10B. Trade/Brand Name</b><br>YAMAHA/RHINO      |   | <b>10C. Model Number</b><br>450                          |
| <b>10D. Manufacturer Name and Address</b><br>YAMAHA MOTOR CORPORATION, USA<br>6555 Katella Avenue<br>Cypress, CA 90630  |   |   |   |  |
| <b>11A. Second Product</b><br>0   |   | <b>11B. Trade/Brand Name</b><br>NONE              |   | <b>11C. Model Number</b><br>NONE                         |
| <b>11D. Manufacturer Name and Address</b><br>NONE   |   |   |   |  |
| <b>12A. Hispanic or Latino</b><br>2 - No  |   | <b>12B. Race</b> 1 - White<br><b>Other:</b>       |   | <b>12C. Race Source</b><br>3 - Official Document         |
| <b>13. Age of Victim</b><br>34  | <b>14. Sex</b><br>1 - Male                            | <b>15. Disposition</b><br>8 - Death               |   | <b>16. Injury Diagnosis</b><br>62 - Intern. Org. Inj.    |
| <b>17. Body Part(s) Involved</b><br>87 - N.S./UNK   | <b>18. Respondent</b><br>3 - 2nd Hand Info Only       | <b>19. Type of Investigation</b><br>2 - Telephone |   | <b>20. Time Spent (Operational / Travel)</b><br>8 / 0    |
| <b>21. Attachment(s)</b><br>9 - Multiple Attachments  |   | <b>22. Case Source</b><br>12 - MECAP              |   | <b>23. Sample Collection Number</b>                      |
| <b>24. Permission to Disclose Name (Non NEISS Cases Only)</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written   |   |   |   |  |
| <b>25. Review Date</b><br>06/11/2012  |   | <b>26. Reviewed By</b><br>8978                    |   | <b>27. Regional Office Director</b><br>Dennis R. Blasius |
| <b>28. Distribution</b><br>Moon, Clarice; Garland, Sarah  |   |   |   | <b>29. Source Document Number</b><br>X1230565A           |

The sheriff's department and WV State Police did not have any information or a written report to obtain on the incident. On 5/30/12, information in this report was obtained in a conversation via telephone with the victim's mother.

The victim's mother indicated on Tuesday, February 21, 2012, in Sanderson, WV, her son, the victim, a 34-year-old male was riding in a utility vehicle on a dry, paved road and was not wearing a helmet. The weather condition was clear and the temperature was unknown.

The victim lost control, went off a bridge and was severely injured. He was taken to a hospital located in Charleston, WV, where he was pronounced. His cause of death was multiple injuries.

It is unknown what rate of speed he was traveling at prior to the incident. His knowledge regarding operation and/or handling the utility vehicle was not known.

She indicated the victim was 6 feet tall and weighed 170 pounds. She also believed alcohol was a contributing factor to the incident. (Note: the medical examiner's report indicated no use of drugs or alcohol was on the scene.)

Product: utility vehicle .....

**Brand/Year:** Yamaha/unknown

**Manufacturer:** Yamaha Motor Corp.  
6555 Katella Ave  
Cypress, CA 90630 (address obtain from IFS)

**Model:** Rhino 450

VIN: unknown

Description: camouflage

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

Modification: unknown

**ATTACHMENTS :**

1. Sheriff's Letter.
2. Utility Vehicle Data Record Sheet.
3. Contact Information.



## KANAWHA SHERIFF'S DEPARTMENT

### Law Enforcement Division

301 Virginia Street East  
Charleston, West Virginia 25301

Sheriff  
Mike Rutherford  
(304) 357-0216

Chief Deputy  
John Rutherford  
(304) 357-0150

Date: *3/26/2012*

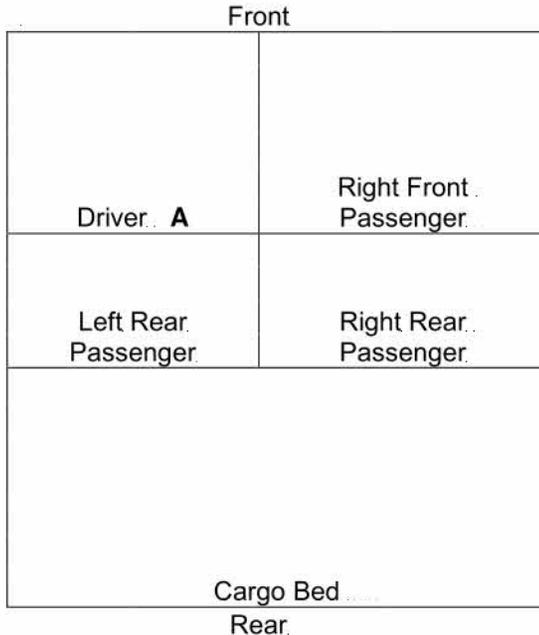
To Whom It May Concern:

This Department has No record of the report you requested.

A handwritten signature in black ink, appearing to read "Dan Bess", written over a horizontal line.

Records Clerk

Utility Vehicle Data Record Sheet



The Utility Vehicle

|    |  |                     |
|----|--|---------------------|
| A: | Age: 34                                      | Height: 6 feet      |
|    | Gender: M                                    | Weight: 170 lbs     |
|    | Helmet (Y/N): N                              | Seatbelt (Y/N): Unk |
|    | Killed/Injured/Neither/Unknown: Killed       |                     |
|    | Injury Description: multiples injuries       |                     |
|    | Did vehicle land on victim: unknown          |                     |
|    | Ejected (Either partially or fully): unknown |                     |

|    |  |                 |
|----|--|-----------------|
| 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): <b>no</b> |                 |

|    |                                      |                 |
|----|--------------------------------------|-----------------|
| 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 INFORMATION:**

Contacted on 3/22/12

Kanawha County Sheriff  
301 Virginia Street E  
Charleston, WV 25301  
(304)357-0200

Contacted on 5/30/12

WV State Police  
725 Jefferson Street  
Charleston, WV 25309  
(304)746-2128

Ira Dillard  
(304)595-1400  
c/o Rebecca Dillard  
1264 Spangler Road  
Pond Gap, WV 25160



|   |   |   |   |  |
|---|---|---|---|--|
| <b>1. Task Number</b><br>120319HCC2513  |   | <b>2. Investigator's ID</b><br>9038                 |   | <b>EPIDEMIOLOGIC<br/>INVESTIGATION<br/>REPORT</b>        |
| <b>3. Office Code</b><br>810  | <b>4. Date of Accident</b><br>YR MO DAY<br>2007 09 29 | <b>5. Date Initiated</b><br>YR MO DAY<br>2012 03 20 |   |  |
| <b>6. Synopsis of Accident or Complaint</b> <b>UPC UNKNOWN</b><br>A 43 year old male driver of an Utility Vehicle was traveling down a gravel driveway and for reasons unknown failed to negotiate a slight curve. The victim was ejected and pinned between the vehicle and the tree.<br><br><p style="text-align: right;"><u>MFR/PRVLBR NOTIFIED</u><br/>COMMENTS: ___ YES <input checked="" type="checkbox"/> NO<br/>___ OVERRULED; ___ ATTACHED<br/><input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <u>66</u><br/><input checked="" type="checkbox"/> DO NOT RE-NOTIFY ___ RE-NOTIFY<br/><u>1/16/14</u> <i>lc</i></p> |   |   |   |  |
| <b>7. Location (Home, School, etc)</b><br>1 - HOME  |   | <b>8. City</b><br>ELLIJAY                           |   | <b>9. State</b><br>GA                                    |
| <b>10A. First Product</b><br>5044 - Utility Vehicles  |   | <b>10B. Trade/Brand Name</b><br>MULE                |   | <b>10C. Model Number</b><br>2510                         |
| <b>10D. Manufacturer Name and Address</b><br>KAWASAKI MOTOR CORPORATION<br>9950 Jeronimo Road<br>Irvine, CA 92716-2016  |   |   |   |  |
| <b>11A. Second Product</b><br>0   |   | <b>11B. Trade/Brand Name</b><br>NONE                |   | <b>11C. Model Number</b><br>NONE                         |
| <b>11D. Manufacturer Name and Address</b><br>NONE   |   |   |   |  |
| <b>12A. Hispanic or Latino</b><br>2 - No  |   | <b>12B. Race</b> 1 - White<br>Other:                |   | <b>12C. Race Source</b><br>3 - Official Document         |
| <b>13. Age of Victim</b><br>43  |   | <b>14. Sex</b><br>1 - Male                          | <b>15. Disposition</b><br>8 - Death               | <b>16. Injury Diagnosis</b><br>62 - Intern. Org. Inj.    |
| <b>17. Body Part(s) Involved</b><br>75 - HEAD   |   | <b>18. Respondent</b><br>3 - 2nd Hand Info Only     | <b>19. Type of Investigation</b><br>2 - Telephone | <b>20. Time Spent (Operational / Travel)</b><br>4 / 0    |
| <b>21. Attachment(s)</b><br>2 - Documents   |   | <b>22. Case Source</b><br>14 - Death Certificate    |   | <b>23. Sample Collection Number</b>                      |
| <b>24. Permission to Disclose Name (Non NEISS Cases Only)</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written   |   |   |   |  |
| <b>25. Review Date</b><br>03/21/2012  |   | <b>26. Reviewed By</b><br>9084                      |   | <b>27. Regional Office Director</b><br>Dennis R. Blasius |
| <b>28. Distribution</b><br>Garland, Sarah   |   |   | <b>29. Source Document Number</b><br>0713047703   |  |

**120319HCC2513**

**EXHIBITS**

**Exhibit 1 – Gilmer County Sheriff's Report**

**Exhibit 2 – Contact List**

**Exhibit 3 – ATV Questionnaire**

GA0610000

0709-26053

120319HCC2513

Original Exhibit 1

Page 1 of 2

|                 |  |  |                                       |                                      |                            |
|-----------------|--|--|---------------------------------------|--------------------------------------|----------------------------|
| <b>EVENT</b>    | INCIDENT TYPE<br>DEATH INVESTIGATION   |  | COUNTS                                | INCIDENT CODE                        | PREMISE TYPE<br>8 Other    |
|                 | UCR CODE<br>9999   | UCR DESC<br>NOT REPORTED:NOT INCLUDED WITH UCR | MOST SEVERE<br>Yes                    |                                      | DRIVEWAY, WOODED AREA      |
| <b>VICTIM</b>   | INCIDENT LOCATION<br>(b)(3) Exemption 3 for 251  |  | STATE                                 | ZIP                                  | ZONE<br>3 EAST             |
|                 | WEAPON TYPE  | CID INVEST.                                    |                                       |                                      |                            |
| <b>OFFENDER</b> | INCIDENT DATE<br>09/29/2007  | TIME<br>1516                                   | DATE<br>09/29/2007                    | TIME<br>1516                         | STRANGER TO STRANGER<br>NO |
|                 | COMPLAINANT<br>(b)(3) Exemp  | ADDRESS<br>(b)(3) Exemption 3 for 251          |                                       | SOCIAL SECURITY                      | HOME PHONE<br>(b)(3) Exemp |
| <b>WITNESS</b>  | RACE<br>W  | SEX<br>M                                       | HEIGHT<br>510                         | WEIGHT<br>180                        | HAIR<br>BRO                |
|                 | EYES<br>BRO  | DOB  | EMP/OCC                               |                                      |                            |
| <b>PROPERTY</b> | VICTIM NAME<br>(b)(3) Exemption 3 for 251  |  | ADDRESS<br>(b)(3) Exemption 3 for 251 |                                      | SOCIAL SECURITY            |
|                 | RACE<br>W  | SEX<br>M                                       | HEIGHT<br>507                         | WEIGHT<br>150                        | HAIR<br>BRO                |
| <b>ADM</b>      | WANTED   |  | OFFENDER NAME                         | RACE                                 | SEX                        |
|                 | WARRANT  |  | ADDRESS                               | EMP/OCC                              | HOME PHONE NUMBER          |
| <b>DRUG</b>     | ARREST   | STATUTE  | CHARGES                               | COUNTS                               | INCIDENT CODE              |
|                 | SUSPECT  | TOTAL NUMBER ARRESTED<br>0                     |                                       | ARREST AT OR NEAR OFFENSE SCENE<br>N | DATE /TIME OF OFFENSE      |
| <b>CLEAR</b>    | NAME<br>***INFO. WITHHELD***   |  | ADDRESS                               |                                      | PHONE NUMBER               |
|                 | NAME<br>***INFO. WITHHELD***   |  | ADDRESS                               |                                      | PHONE NUMBER               |
| <b>DRUG</b>     | STOLEN   | VEHICLES                                       | CURRENCY,NOTES,ETC                    | JEWELRY,PREC. METALS                 | FURS                       |
|                 | RECOVERED  |  |                                       |                                      |                            |
| <b>DRUG</b>     | STOLEN   | CLOTHING                                       | OFFICE EQUIP                          | TV, RADIO, ETC.                      | HOUSEHOLD GOODS            |
|                 | RECOVERED  |  |                                       |                                      |                            |
| <b>DRUG</b>     | STOLEN   | FIREARMS                                       | CONS. GOODS                           | LIVESTOCK                            | OTHER                      |
|                 | RECOVERED  |  |                                       |                                      |                            |
| <b>DRUG</b>     | PROPERTY RECOVERY INFOR ONLY   |  |                                       |                                      | JURIS. CODES               |
|                 | THEFT / RECOVERY   |  |                                       |                                      | 1=COUNTY                   |
| <b>DRUG</b>     | DATE OF THEFT  |  |                                       |                                      | 2=NOT IN A CITY            |
|                 | STOLEN   |  |                                       |                                      | 3=STATE                    |
| <b>DRUG</b>     | RECOVERED  |  |                                       |                                      | 4=OUT OF STATE             |
|                 | TOTALS   |  |                                       |                                      | 5=UNKNOWN                  |
| <b>DRUG</b>     | GCIC ENTRY   | WARRANT  | MISSING PERSONS                       | VEHICLE                              | ARTICLE                    |
|                 | BOAT   | GUN  | SECURITIES                            |                                      |                            |
| <b>DRUG</b>     | DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? <input type="checkbox"/> |  |                                       |                                      |                            |
|                 | IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER:                            |  |                                       |                                      |                            |
| <b>DRUG</b>     | REQUIRED DATA FIELDS FOR CLEARANCE REPORT  | CLEARED BY ARREST                              | EXCEPTIONALLY CLEARED                 | UNFOUNDED                            | REPORT DATE<br>09/29/2007  |
|                 | DATE OF CLEARANCE  | X ADULT  | JUVENILE                              | CLEARANCE CODE                       |                            |
| <b>DRUG</b>     | REPORTING OFFICER<br>MIKE LERMAN   | NUMBER<br>516                                  | APPROVING OFFICER<br>THOMAS SPEIR     | NUMBER<br>510                        |                            |

120319HCC2513

**NARRATIVE**

Reporting Officer:

Exhibit 1

516

MIKE LERMAN

Page 2 of 2

This investigator and Sgt Speir were dispatched to the (b)(3) Exemption 3 for 25(c) reference a report of an accident involving an ATV- ( all terrain vehicle ). Upon arrival at scene, which was lot 14 within the subdivision, the atv was resting against a tree with frontend damage, the operator was pinned between the atv and the tree. At scene at this time were the reporter, his wife identified as (b)(3) Exemption 3 for 2 and the following employees of Gilmer County Fire Rescue ; First Responder-Daniel Morris and EMT- Lorraine Morris. Both Morris' informed us the victim had expired due to his injury (s). At this time Gilmer County Fire Rescue Paramedic Kelly Buddenhagen and EMT J. Morris arrived, further evaluated and upon conclusion then cleared the scene. The reporter stated he knew the deceased as only " (b)(3) " as he had met him today and that (b)(3) family lived nearby on lot 7 and 8. (b)(3) family was not available for contact at this time as they were reportedly enroute to Chattanooga Tennessee Airport. Reporter stated that (b)(3) had left his ( reporters ) home which is under construction on this 12 acre parcel and shortly afterwards he heard a noise that was unrecognizable, so he did not immediately investigate. When they did travel down their driveway they discovered the accident and called the police. Investigation at scene revealed the victim was travelling down the reporters gravel driveway and for reason(s) unknown, failed to negotiate a slight curve. There were gouge marks on two trees indicating contact with the left side of the atv, Kawasaki Mule model 2510, red in color. It appears at this point that the victim was ejected through the front windshield as evidenced by the shattered remains strewn along the path of travel. Upon ejection, the victim held onto the front of the atv with his left hand holding the top of the front brushguard just below the windshield and his right hand gripped of the right corner of the front bumper.\* Seatbelt was not in use\* The atv travelled approximately another 25 to 30 feet and struck a large tree " head-on ". As a result of the collision, the victim was "pinned" between the vehicle and the tree with his head, neck and upper torso. In addition to the obvious trauma / injury (s), the weight of the vehicle in this position would have limited his ability to breathe. Brian Nealey ( C-2 ) the Deputy Coroner of Gilmer County arrived at 1635 hrs. After completing his investigation, Nealey removed the victim form scene. The atv was removed from scene via Gilmer Towing at 1725 hrs. This writer along with Sgt Speir stood by at the residence of victims next of kin, lot 7 and 8 until 1845 hrs in attempt to make contact. Since nobody was there, Deputy Dover # 530 was assigned to deliver the notification to the family. Notification was made by Deputy Dover and the information of identity of victim was obtained for this report. No other action taken at this time.

**120319HCC2513**

**Exhibit 2 – Contact List**

**Lt. Gobble – contacted 3/20  
Gilmer County Sheriff Dept  
706-635-4162**

**Georgia State Police – contacted 3/20  
706-632-2215**

**Ellijay Police Dept – contacted 3/20  
706-635-7447**

Task Number 120319HCC2513

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: 04 - Kawasaki | Manufacturer: |

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

Model: 2510 / VIN:

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

Model Year:

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

Engine Size:

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

|                           |          |
|---------------------------|----------|
| Death #1                  | Death #2 |
| Date of Death: 09/29/2007 |          |
| Age/Sex: 43/Male          | /        |
| State of Death: GEORGIA   |          |
| City of Death: ELLIJAY    |          |
| County of Death: GILMER   |          |
| 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 No Unknown |

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

A 43 year old male driver of ATV was traveling down gravel driveway and for reasons unknown failed to negotiate a slight curve. The victim was ejected and pinned between the vehicle and the tree.

9. Did the ATV overturn/tipover/rollover? 02

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.

- 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  
 - One rider              3 - Three riders

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

Age: 43                              Height:              (inches)  
Weight:                              Sex: Male

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

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

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

09 - Non-paved road

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

02 - Private road

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

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

0 - Unknown

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

0 - Unknown

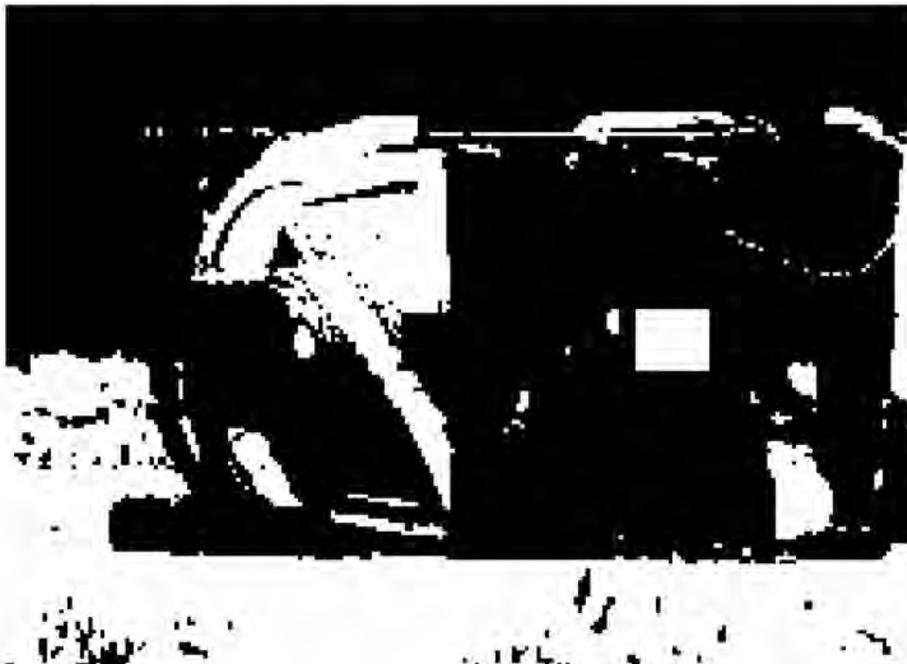
Additional Comments:



This Utility Terrain Vehicle (UTV) IDI was initiated by a newspaper article. The incident occurred on private property, specifically a field in rural Oklahoma, and was not witnessed. The victim was not wearing the seatbelt installed in the UTV and it was not mentioned that he was wearing a helmet. An autopsy was not performed on the victim.

The incident UTV was a Blue, 2011 Artic Cat Prowler, with a VIN number of (b)(5) Exemption 3 for 25f. The UTV came with manufacturer installed seat belts of unknown type, but were not being used by the victim at the time of the incident. The driver's experience with the vehicle is unknown, and there was no chemical testing of his blood by law enforcement or the medical examiner's office.

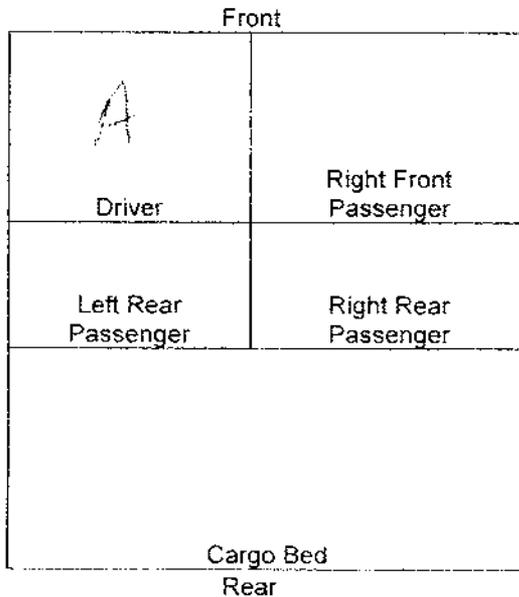
The incident occurred in a rural field in the early morning (limited visibility indicated), and the terrain was noted as being wet and generally flat. The only photograph of the scene was taken by local media and provided by the fire department (see below). A rough sketch of the scene is included as part of the crash report (Attachment 2). Reports indicate that the victim was operating the UTV (at an unknown speed) when he apparently lost control of the vehicle and it rolled approximately one and a quarter times, ejecting the victim in the process. The UTV came to rest on its side, on top of and pinning the victim to the ground, specifically his right arm was pinned beneath the overturned UTV. The victim was declared deceased at the scene.



#### Attachments

- Attachment 1 – UTV Data Record Sheet
- Attachment 2 – Police Report
- Attachment 3 – Fire Department Report
- Attachment 4 – Contact List

Utility Vehicle Data Record Sheet



The Utility Vehicle

|   |           |                   |
|---|-----------|-------------------|
| A:                                      | Age: 44   | Height: 73        |
|   | Gender: M | Weight: 220       |
| Helmet (Y/N): N                         |           | Seatbelt (Y/N): A |
| Killed/Injured/Neither/Unknown: Killed  |           |                   |
| Injury Description: multiple            |           |                   |
| 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): |         |                 |

\*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.

DO NOT WRITE IN THIS SPACE

|                             |                                     |     |
|-----------------------------|-------------------------------------|-----|
| Incident Report             | <input checked="" type="checkbox"/> | Y N |
| Investigation Completed     | <input checked="" type="checkbox"/> | Y N |
| Investigation Made at Scene | <input checked="" type="checkbox"/> | Y N |
| Photographs                 | <input checked="" type="checkbox"/> | Y N |
|                             | <input checked="" type="checkbox"/> | Y N |
|                             | <input checked="" type="checkbox"/> | Y N |
|                             | <input checked="" type="checkbox"/> | Y N |

# OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

(1) Reporting Agency: OKLAHOMA HIGHWAY PATROL  
 Case Number (Agency Use): AR00398-12  
 Motor Vehicles Involved: 01  
 Number Injured: 00  
 Number Killed: 01

(2) Date of Collision (mm/dd/yyyy): 03112012  
 Time: 0824  
 County Number and Name: 42 LOGAN  
 Nearest City or Town Number and Name: 00 GUTHRIE

(3) Distance from Nearest City or Town Limits: 0030  
 Control # Int ID Location East Grid North Grid Administrative: 00 00 00 00 037 0 022 0 300114987

(4) Street, Road or Highway: PRIVATE PROPERTY  
 Distance from (Nearest) Intersecting Street, Road or Highway: (b)(3) Exemption 3 for (b)(3) Exemption 3 for

(5) Unit: 01  
 Occupants: 01  
 Type: D  
 Last Name: (b)(3) Exemption 3 for  
 First: (b)(3) Exemption 3 for  
 Middle: (b)(3) Exemption 3 for  
 Suffix: (b)(3) Exemption 3 for  
 Date of Birth (mm/dd/yyyy): (b)(3) Exemption 3 for  
 Sex: M

(6) Address: (b)(3) Exemption 3 for  
 City: (b)(3) Exemption 3 for  
 State: (b)(3) Exemption 3 for  
 Zip: (b)(3) Exemption 3 for  
 Telephone (Use Area Code): 9

(7) Driver License Number: (b)(3) Exemption 3 for  
 State: OK  
 Class: D  
 Endorsement(s):  
 Restriction(s):  
 Inj. Sev.: 5  
 Type of Injury: 1,2,3,4  
 Drv./Ped. Cond.: 01  
 OP Use: 01

(8) Ejected: 0  
 Extricated: 0  
 Test: 5  
 (% BAC): 0  
 Transported by: COMMUNITY FUN  
 To Medical Facility: FUNERAL HOME  
 License Plate Number: NONE  
 State: OK  
 Month: 00  
 Year: 00

(9) VIN: (b)(3) Exemption 3 for  
 Vehicle Year: 2011  
 Color: BLU  
 2nd Color: 0  
 Make: ARCA  
 Model: PROW  
 Veh. Conf.: 19  
 Extent of Damage: 3

(10) Insurance Company Name: [Blank]  
 Policy Number: [Blank]  
 Insurance Verification: 9  
 Insurance Telephone (Use Area Code): [Blank]

(11) Vehicle Removed by: [Blank]  
 Driver: [Blank]  
 Same as Driver: [Blank]  
 Owner's Last Name: [Blank]  
 First: [Blank]  
 Middle: [Blank]  
 Suffix: [Blank]

(12) Owner's Address: [Blank]  
 City: [Blank]  
 State: [Blank]  
 Zip: [Blank]  
 Oversized Load: 0  
 Towed Veh. Type: 00  
 Rolled:   
 Burned:   
 Phone present:   
 Phone in use:

(13) Citation Number: [Blank]  
 Statute/Ordinance Number: [Blank]  
 Citation Number: [Blank]  
 Statute/Ordinance Number: [Blank]

(14) Unit: [Blank]  
 Occupants: [Blank]  
 Type: [Blank]  
 Last Name: [Blank]  
 First: [Blank]  
 Middle: [Blank]  
 Suffix: [Blank]  
 Date of Birth (mm/dd/yyyy): [Blank]  
 Sex: [Blank]

(15) Address: [Blank]  
 City: [Blank]  
 State: [Blank]  
 Zip: [Blank]  
 Telephone (Use Area Code): [Blank]

(16) Driver License Number: [Blank]  
 State: [Blank]  
 Class: [Blank]  
 Endorsement(s): [Blank]  
 Restriction(s): [Blank]  
 Inj. Sev.: [Blank]  
 Type of Injury: [Blank]  
 Drv./Ped. Cond.: [Blank]  
 OP Use: [Blank]

(17) Ejected: [Blank]  
 Extricated: [Blank]  
 Test: [Blank]  
 (% BAC): [Blank]  
 Transported by: [Blank]  
 To Medical Facility: [Blank]  
 License Plate Number: [Blank]  
 State: [Blank]  
 Month: [Blank]  
 Year: [Blank]

(18) VIN: [Blank]  
 Vehicle Year: [Blank]  
 Color: [Blank]  
 2nd Color: [Blank]  
 Make: [Blank]  
 Model: [Blank]  
 Veh. Conf.: [Blank]  
 Extent of Damage: [Blank]

(19) Insurance Company Name: [Blank]  
 Policy Number: [Blank]  
 Insurance Verification: [Blank]  
 Insurance Telephone (Use Area Code): [Blank]

(20) Vehicle Removed by: [Blank]  
 Driver: [Blank]  
 Same as Driver: [Blank]  
 Owner's Last Name: [Blank]  
 First: [Blank]  
 Middle: [Blank]  
 Suffix: [Blank]

(21) Owner's Address: [Blank]  
 City: [Blank]  
 State: [Blank]  
 Zip: [Blank]  
 Oversized Load: [Blank]  
 Towed Veh. Type: [Blank]  
 Rolled:   
 Burned:   
 Phone present:   
 Phone in use:

(22) Citation Number: [Blank]  
 Statute/Ordinance Number: [Blank]  
 Citation Number: [Blank]  
 Statute/Ordinance Number: [Blank]

(23) Investigator/Officer: STEPHEN SPENCER  
 Badge Number: 624  
 Trip/Div. Assigned: A  
 Trip/Div. Location: A  
 Reviewer (init.): SB  
 Reviewer Badge Number: 170  
 Date of Report (mm/dd/yyyy): 03112012

| Unit Type  | Injury Severity  | Type of Injury  | Driver/Pedestrian Condition   | Occupant Protection (OP) in Use  |
|--|--|---|---|--|
| 0 Driver<br>1 Pedestrian<br>2 Other Cyclist<br>3 Torked Car<br>4 Animal<br>5 Conveyance<br>6 Bicyclist | 0 N/A<br>1 No Injury<br>2 Possible<br>3 Non-Incapacitating<br>4 Incapacitating<br>5 Fatal<br>6 Unknown | 0 N/A<br>1 Face<br>2 Trunk<br>3 Arms<br>4 Legs<br>5 Unknown | 00 Not Applicable<br>01 Apparently Normal<br>02 Drinking - Ability Impaired<br>03 Odor of Alcohol Beverage<br>04 Illegal Drugs<br>05 Under the Influence of<br>06 Sick<br>07 Dazed/Pain<br>08 Medications<br>09 Very Tired<br>10 Other<br>11 Sleepy<br>99 Unknown | 00 Not Applicable<br>01 None Used<br>02 Lap Belt Only<br>03 Shoulder Belt Only<br>04 Shoulder and Lap Belt<br>05 Child Restraint - Type Unknown<br>06 Restraint Used - Type Unknown<br>07 Helmet<br>08 Child Restraint - Forward Facing<br>09 Child Restraint - Rear Facing<br>10 Booster Seat<br>11 Other<br>99 Unknown |

Case Number AR00398-12

Pg 2 of 4

(24) Unit: 00, Injured: , Witness: , Passenger: , Prop. Owner: , Pos in Veh: 00, Last Name: (b), First: (b), Middle: (b), Suffix: (b), DOB: (b), Sex: F

(25) Address: (b)(3) Exemption 3 for 25, City: (b), State: (b), Zip: (b), Telephone: (b)

(26) Injury Severity / Type: (b), OP Use: (b), Air Bag: (b), Ejected: (b), Extricated: (b), Transported by: (b), To Medical Facility: (b), Property Type: (b)

(27) Unit: [Blank], Injured: , Witness: , Passenger: , Prop. Owner: , Pos in Veh: [Blank], Last Name: [Blank], First: [Blank], Middle: [Blank], Suffix: [Blank], DOB: [Blank], Sex: [Blank]

(28) Address: [Blank], City: [Blank], State: [Blank], Zip: [Blank], Telephone: [Blank]

(29) Injury Severity / Type: [Blank], OP Use: [Blank], Air Bag: [Blank], Ejected: [Blank], Extricated: [Blank], Transported by: [Blank], To Medical Facility: [Blank], Property Type: [Blank]

(30) Unit: [Blank], Injured: , Witness: , Passenger: , Prop. Owner: , Pos in Veh: [Blank], Last Name: [Blank], First: [Blank], Middle: [Blank], Suffix: [Blank], DOB: [Blank], Sex: [Blank]

(31) Address: [Blank], City: [Blank], State: [Blank], Zip: [Blank], Telephone: [Blank]

(32) Injury Severity / Type: [Blank], OP Use: [Blank], Air Bag: [Blank], Ejected: [Blank], Extricated: [Blank], Transported by: [Blank], To Medical Facility: [Blank], Property Type: [Blank]

(33) Unit: [Blank], Injured: , Witness: , Passenger: , Prop. Owner: , Pos in Veh: [Blank], Last Name: [Blank], First: [Blank], Middle: [Blank], Suffix: [Blank], DOB: [Blank], Sex: [Blank]

(34) Address: [Blank], City: [Blank], State: [Blank], Zip: [Blank], Telephone: [Blank]

(35) Injury Severity / Type: [Blank], OP Use: [Blank], Air Bag: [Blank], Ejected: [Blank], Extricated: [Blank], Transported by: [Blank], To Medical Facility: [Blank], Property Type: [Blank]

Complete information below if this vehicle is being used for COMMERCIAL BUSINESS and has a GVWR of 10,000 LBS. or less, or has a HAZMAT PLACARD, or is a BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER

(36) Unit: [Blank], Carrier Name: [Blank], Address: [Blank]

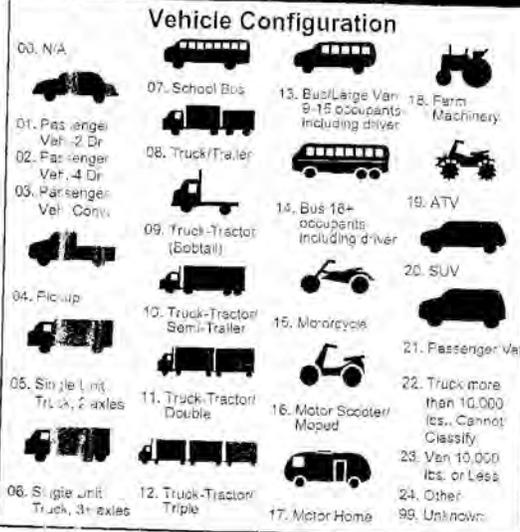
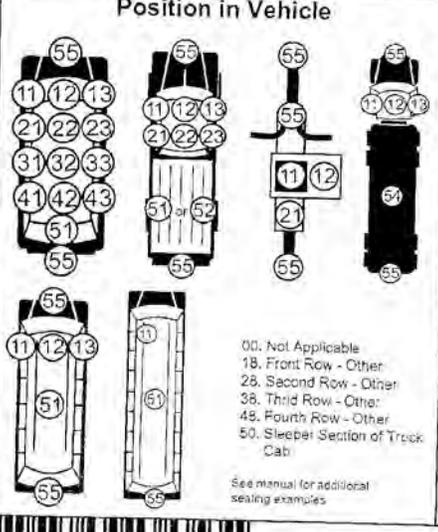
(37) City: [Blank], State: [Blank], Zip: [Blank]

(38) U.S. DOT Number: [Blank], NASI Report Number: OK, Placard Number: [Blank], GWR: [Blank], Axle Qty.: [Blank], Cargo Body: [Blank], Vehicle Use: [Blank]

(39) Unit: [Blank], Carrier Name: [Blank], Address: [Blank]

(40) City: [Blank], State: [Blank], Zip: [Blank]

(41) U.S. DOT Number: [Blank], NASI Report Number: OK, Placard Number: [Blank], GWR: [Blank], Axle Qty.: [Blank], Cargo Body: [Blank], Vehicle Use: [Blank]





Case Number AR00398-12

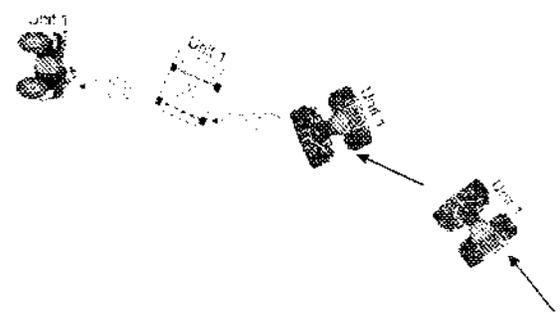
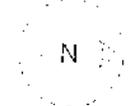
Address fields: [ ] [ ] [ ] [ ]

North Side fields: N [ ] [ ] [ ] [ ]

West Side fields: W [ ] [ ] [ ] [ ]

Railroad Crossing Number, Roadway Orientation, Unit Number 01, N/E S/W

Pg 4 of 4, Unit Number, N/E S/W



PRIVATE PROPERTY AT 4201 N WESTMINSTER

NOT TO SCALE

COLLISION EVENTS

Table with columns: Unit, First Event, Second Event, Third Event, Fourth Event, Most Harmful Event, First Harmful Event for the Entire Collision. Includes event codes like 01, 10, 00, 10, 10.

- 37 Work 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 Guardrail/Guardrail End
50 Guardrail 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 Diving Stop
61 Retaining Wall
62 Bridge Abutment
63 Bridge Pier or Support
64 Bridge Rail
65 Bridge Post
66 Bridge Curb
67 Bridge Support Structure (Pylons)
68 Bridge Overhead Structure
69 Delineator
70 Mailbox
71 Other Fixed Object
72 Other Highway Structure
73 Ground
99 Unknown

Remarks

UNIT 1 WAS TRAVELING SOUTHBOUND IN A FIELD ON PRIVATE PROPERTY LOCATED AT 4201 N. WESTMINSTER. FOR UNKNOWN REASONS, UNIT 1 LOST CONTROL AND ROLLED APPROXIMATELY 1 AND 1/4 TIME EJECTING THE DRIVER. DRIVER EXPIRED AT THE SCENE. DRIVER'S RIGHT ARM WAS FINNED UNDERNEATH THE PASSENGER SIDE REAR WHEEL.

This report is based on the officer's investigation of this collision. This report may contain the opinion of the officer.



**Guthrie Fire Department**  
209 E. Springer Ave.  
GUTHRIE, OK 73044  
405-282-4433

**AMBULANCE  
RECORD**

9642273 (mtnettles)  
Page 1 of 3

**Trip Information**

|  |  |   |                                    |
|--|--|---|------------------------------------|
| <b>Dispatch ID#</b><br>15210                 | <b>Date</b><br>03-11-2012                  | <b>Responding Unit</b><br>A-4               | <b>Called By</b><br>Bystander      |
| <b>Dispatched As</b><br>Traffic Accident Mva | <b>Found To Be</b><br>Traffic Accident Mva | <b>Patient Disposition</b><br>Dead at Scene | <b>Medical Control</b><br>Protocol |

**Department Directive**

N/A

|                            |                         |                            |                            |                            |                            |
|----------------------------|-------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <b>Dispatched</b><br>08:16 | <b>Enroute</b><br>08:16 | <b>Amb On Loc</b><br>08:21 | <b>Pt Contact</b><br>08:21 | <b>Depart Loc</b><br>11:00 | <b>In Service</b><br>11:01 |
|----------------------------|-------------------------|----------------------------|----------------------------|----------------------------|----------------------------|

**Pickup**

S-Scene of Accident / Acute Ev

(b)(3) Exemption 3 for 25  
(c)

**Destination**

N/A

|                          |                             |                            |      |
|--------------------------|-----------------------------|----------------------------|------|
| <b>Response To Scene</b> | 911 call<br>Lights & Sirens | <b>Response From Scene</b> | N/A  |
| <b>Map Page:</b>         | Guthrie                     | <b>Miles Transported</b>   | 0.00 |
| <b>County</b>            | LOGAN                       | <b>County</b>              | N/A  |

**Patient Information**

|  |   |   |
|--|---|---|
| <b>Patient Name</b><br>(b)(3) Exemption 3                | <b>Gender</b><br>Male                               | <b>Ethnicity</b><br>White, non-Hispanic |
| <b>Patient Residence</b><br>(b)(3) Exemption 3 for 25(c) | <b>Date of Birth</b><br>(b)(3) Exem<br>44 years old | <b>DL</b><br>Unknown<br>OKLAHOMA        |
| <b>Phone (H)</b><br>Unknown                              | <b>Phone (W)</b><br>Unknown                         | <b>SSN</b><br>Unknown                   |

**Patient Information**

|                        |         |
|------------------------|---------|
| <b>Allergies</b>       | Unknown |
| <b>Medications</b>     | Unknown |
| <b>History</b>         | Unknown |
| <b>Chief Complaint</b> | D.O.A.  |

**Motor Vehicle Accident Information**

|  |                                    |                                      |   |
|--|------------------------------------|--------------------------------------|---|
| <b>Vehicle Type</b><br>ATV               | <b># of Vehicles</b><br>1          | <b>Position in Vehicle</b><br>Driver | <b>Direction of Impact</b><br>Driver Side |
| <b>Rollover / Entrapment</b><br>Rollover | <b>Extrication Duration</b><br>N/A | <b>Exterior Damage</b><br>Moderate   | <b>Estimated Speed</b><br>20 mph          |
|  |                                    | <b>Intrusion Location</b><br>N/A     |   |
| <b>Safety Devices</b>                    | None                               |                                      |   |
| <b>Airbag Deployment</b>                 |                                    |                                      |   |
| <b>Vehicle Injury Indicators</b>         | Ejection                           |                                      |   |

**Cardiac**

|  |                                      |                                    |
|--|--------------------------------------|------------------------------------|
| <b>Cardiac Arrest</b><br>Yes, Prior to EMS Arrival | <b>Etiology</b><br>Presumed Cardiac  | <b>Resuscitation Attempt</b><br>No |
| <b>Arrest Witnessed By</b><br>Not Witnessed        | <b>Spontaneous Circulation</b><br>No | <b>Arrest Rhythm Type</b><br>Other |

Electronically Signed

Nettles, Mike T (EMT-B) Crew #1      Reeves, Ryan P (EMT-I) Crew #2

Patient Name: (b)(3) Exem Incident Date: 03-11-2012



**Guthrie Fire Department**  
209 E. Springer Ave.  
GUTHRIE, OK 73044  
405-282-4433

**AMBULANCE  
RECORD**

9642273 (mtnettles)  
Page 2 of 3

**Initial Patient Assessment**

|  |   |                                   |   |  |  |
|--|---|-----------------------------------|---|--|--|
| <b>Chief Complaint Anatomic Location</b><br>General/Global |   |                                   | <b>Chief Complaint Organ System</b><br>Cardiovascular |  |  |
| <b>Primary Symptom</b><br>Death                            |   |                                   | <b>Other Symptoms</b><br>None                         |  |  |
| <b>Primary Impression</b><br>Traumatic injury              |   |                                   | <b>Secondary Impression</b><br>Not Applicable         |  |  |
| <b>LOC</b><br>N/A  | <b>BP</b><br>N/A                                      | <b>SpO2</b><br>N/A                | <b>ETCO2</b><br>N/A                                   |  |  |
| <b>Breath Sounds Upper</b><br>Left: N/A<br>Right: N/A      | <b>Breath Sounds Lower</b><br>Left: N/A<br>Right: N/A |                                   | <b>Resp Rate</b><br>Absent                            | <b>Pulses</b><br>Left: N/A<br>Right: N/A |  |
| <b>Pulse Rate</b><br>Absent                                | <b>Pupils</b><br>Left: N/A<br>Right: N/A              | <b>Capillary Refill</b><br>N/A    |   |  |  |
| <b>Skin Color</b><br>Pale                                  | <b>Skin Moisture</b><br>N/A                           | <b>Skin Temp</b><br>Cool          | <b>Skin Appearance</b><br>N/A                         |  |  |
| N/A  | <b>Mental Status</b><br>N/A                           | <b>Neurological Status</b><br>N/A |   |  |  |

**Glasgow Coma Score**

|                       |                                     |   |  |                   |
|-----------------------|-------------------------------------|---|--|-------------------|
| <b>GCS Total</b><br>3 | <b>Eye Opening</b><br>1-No Response | <b>Verbal Response</b><br>1-No Response | <b>Motor Response</b><br>1-No Response | <b>RTS</b><br>N/A |
|-----------------------|-------------------------------------|---|--|-------------------|

**Systemic Information - Write in Assessment**

|                    |                |
|--------------------|----------------|
| <b>Skin</b>        | PALE           |
| <b>Head / Neck</b> | NOT DONE       |
| <b>Chest</b>       | NO LUNG SOUNDS |
| <b>Abdomen</b>     | NOT DONE       |
| <b>Extremities</b> | RIGOR          |

**Trauma Injuries**

|  |   |                           |
|--|---|---------------------------|
| <b>Cause</b><br>Motor Vehicle non-traffic accident | <b>Intent</b><br>Unintentional              | <b>Mechanism</b><br>Blunt |
| <b>Trauma Triage Level</b><br>Priority 3           | <b>Trauma Triage Criteria</b>               |                           |
| <b>Injury</b><br>Unknown                           | <b>Specifics</b><br>Body region unspecified |                           |

**Sequence Chart**

| Date       | Time  | Event              | By      | Description                          |
|------------|-------|--------------------|---------|--------------------------------------|
| 03-11-2012 | 08:16 | Dispatched         |         |                                      |
| 03-11-2012 | 08:16 | Enroute            |         |                                      |
| 03-11-2012 | 08:21 | On Location        |         |                                      |
| 03-11-2012 | 08:21 | Patient Contact    |         |                                      |
| 03-11-2012 | 08:22 | Initial Assessment | RP<br>R |                                      |
| 03-11-2012 | 10:55 | Other Event        |         | funeral home arrived to pick up body |
| 03-11-2012 | 11:00 | Departed Location  |         |                                      |
| 03-11-2012 | 11:01 | In Service         |         |                                      |

**Patient Assessment at Destination**

N/A

Electronically Signed

Nettles, Mike T (EMT-B) Crew #1      Reeves, Ryan P (EMT-I) Crew #2

Patient Name: (b)(6) Exem Incident Date: 03-11-2012



**Guthrie Fire Department**  
209 E. Springer Ave.  
GUTHRIE, OK 73044  
405-282-4433

**AMBULANCE  
RECORD**

9642273 (mtnettles)  
Page 3 of 3

**Narrative**

Responded to a ATV accident in a field on **(b)(3) Exam** Upon arrival found an older male trapped under a side by side atv. Patient had no signs of life. Patient was pale and cold to the touch. Patient also was in rigor. Patient was driver of vehicle that rolled ending up on its right side pinning driver to the ground. Initial assessment as indicated. Patient contact made at time indicated above.

Resuscitation efforts were not attempted because the patient displayed signs of circulation. LCSO was on scene prior to GEMS arrival. GEMS determined patient was deceased and LCSO notified OHP. OHP was in route to work the incident as a traffic accident. Remained on scene to wait for the ME to un trap the patient. Obtained signature from Steven Spencer OHP. Funeral home arrived to transport the body due to the fact the ME was busy.

**Signatures**

EMS Personnel (Pt Unable/Pt Rep Unavail to sign)  
Deceased

**Signatures**

Steven Spencer OHP

Facility Representative

**Electronically Signed**

Nettles, Mike T (EMT-B)      Reeves, Ryan P (EMT-I)  
Crew #1                              Crew #2

Patient Name: **(b)(3) Exam** Incident Date: 03-11-2012

120319HCC3534

Contacts

Oklahoma State Patrol  
PO Box 11415  
Oklahoma City, OK 73136  
405-425-2424

Guthrie Fire Department  
209 E Springer Ave  
Guthrie, OK 73044  
405-282-4433

## **CONTACT LIST**

### **VICTIMS**

(b)(3)-Exemption 3 44 YOM (deceased)

(b)(3)-Exemption 3 for 25(c)

### **State and Local Officials**

#### Office of the Chief Medical Examiner – Eastern Division (Tulsa)

Patty Dodson,

Receptionist

Debie Mordecai, Supervisor- Ext. 210 (

(918) 582-0985 (Main Number)

(918) 585-1549 (Fax)

Patricia Dodson [p\_dodson@ocmetul.state.ok.us]

OK Department of Public Safety

Records Management Division

P.O. Box 11415

Oklahoma City, OK 73136-0415

Phone 405-399-9005

**Kerri Mankey**

**03/11/2012 12:12 PM**

To: Sig30@OKDPS

cc:

Subject: FATALITY INCIDENT-LOGAN COUNTY

NEXT OF KIN NOTIFIED

COLLISION OCCURRED 2030 HOURS ON 03-10-2012 AT (b)(3) Exemption 3 for 2  
IN LOGAN COUNTY.

VEHICLE ONE: 2011 ARTIC CAT PROWLER ALL TERRAIN VEHICLE, DRIVEN BY  
(b)(3) Exemption 3 for 2 WM, 44YOA OF (b)(3) Exemption 3 for 2 EXPIRED AT THE SCENE.

PASSENGERS: NONE

CAUSE OF COLLISION: UNKNOWN  
CONDITION OF DRIVER: APPARENTLY NORMAL

NARRATIVE: VEHICLE ON WAS TRAVELLING SOUTHBOUND IN FIELD ON PRIVATE  
PROPERTY. FOR UNKNOWN REASON, VEHICLE ONE LOST CONTROL, ROLLED ONE  
AND 1/4 TIMES, EJECTING THE DRIVER.

SEATBELTS: EQUIPPED, NOT IN USE  
AIRBAGS: NOT EQUIPPED  
HELMETS: NOT IN USE  
CHILD RESTRAINT: N/A  
WEATHER: CLEAR, DRY  
ROADWAY: FIELD  
PINNED/EJECTED: SEE NARRATIVE

DOT NUMBER: N/A  
SCHOOL BUS: N/A  
NTSB NOTIFIED: N/A

INVESTIGATED BY TROOPER STEPHEN SPENCER #624, TROOP A LOGAN COUNTY  
DETACHMENT.

"THIS REPORT IS BASED ON THE TROOPER'S INVESTIGATION OF THE COLLISION. IT MAY  
CONTAIN THE OPINION OF THE TROOPER."

Kerri J. Mankey  
Oklahoma Highway Patrol  
Troop A Communications Supervisor  
2480 West I240 Service Rd.  
Oklahoma City, Oklahoma 73159  
Work (405) 425-2323

IDI - 120413HWE3080

Exhibit 2 - OKME Medical Report

1 of 2

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)<br><b>(b)(3) Exemption 3</b> | Age<br>44 | Birth Date<br><b>(b)(3) Exemption 3</b> | Race<br>WHITE | Sex<br>M |
|--|-----------|---|---------------|----------|

HOME ADDRESS - No. - Street, City, State  
**(b)(3) Exemption 3 for 25(c)**

|   |                       |                    |                            |                   |                 |
|---|-----------------------|--------------------|----------------------------|-------------------|-----------------|
| EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS)<br>TRP SPENCER, OKLAHOMA HIGHWAY PATROL |                       |                    |                            | DATE<br>3/11/2012 | TIME<br>10:10   |
| INJURED OR BECAME ILL AT (ADDRESS)<br>300 FEET SOUTH OF 4201 N WESTMINSTER                                    | CITY<br>GUTHRIE       | COUNTY<br>LOGAN    | TYPE OF PREMISES<br>FIELD  | DATE<br>3/11/2012 | TIME<br>Unknown |
| LOCATION OF DEATH<br>300 FEET SOUTH OF 4201 N WESTMINSTER   | CITY<br>GUTHRIE       | COUNTY<br>LOGAN    | TYPE OF PREMISES<br>FIELD  | DATE<br>3/11/2012 | TIME<br>8:24    |
| BODY VIEWED BY MEDICAL EXAMINER<br>901 N STONEWALL  | CITY<br>OKLAHOMA CITY | COUNTY<br>OKLAHOMA | TYPE OF PREMISES<br>MORGUE | DATE<br>3/12/2012 | TIME<br>14:30   |

IF MOTOR VEHICLE ACCIDENT:  DRIVER  PASSENGER  PEDESTRIAN

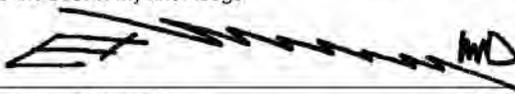
TYPE OF VEHICLE:  AUTOMOBILE  LIGHT TRUCK  HEAVY TRUCK  BICYCLE  MOTORCYCLE  OTHER: ATV

| DESCRIPTION OF BODY  | RIGOR | LIVOR   | EXTERNAL OBSERVATION                                   |  | NOSE                     | MOUTH                               | EARS                     |
|--|-------|---|--|--|--------------------------|-------------------------------------|--------------------------|
|  |       |   |  |  | BLOOD                    | OTHER                               |                          |
| Jaw <input checked="" type="checkbox"/> Complete <input checked="" type="checkbox"/> |       | Color <u>PURPLE</u>                           | Beard <u>YES</u> Hair <u>GRAY</u>                      |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Neck <input checked="" type="checkbox"/> Absent <input type="checkbox"/>             |       | Lateral <input type="checkbox"/>              | Eyes: Color <u>BROWN</u> Mustache <u>YES</u>           |  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Arms <input checked="" type="checkbox"/> Passing <input type="checkbox"/>            |       | Posterior <input checked="" type="checkbox"/> | Opacities _____  |  |                          |                                     |                          |
| Legs <input checked="" type="checkbox"/> Passed <input type="checkbox"/>             |       | Anterior <input type="checkbox"/>             | Pupils: R <u>5 MM</u> L <u>5 MM</u>                    |  |                          |                                     |                          |
| Decomposed <input type="checkbox"/>  |       | Regional _____                                | Body Length <u>73 INCHES</u> Body Weight <u>100 KG</u> |  |                          |                                     |                          |

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

EVIDENCE OF MULTIPLE RECENT BLUNT FORCE INJURIES. RIGHT HEMOTHORAX VIA POSTMORTEM ASPIRATION. SEE CME 1B5, 1B6, 1B14, 1B15.

|  |  |   |
|--|--|---|
| Probable Cause of Death:<br><b>MULTIPLE BLUNT FORCE INJURIES</b> | Manner of Death:<br>Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/><br>Suicide <input type="checkbox"/> Homicide <input type="checkbox"/><br>Unknown <input type="checkbox"/> Pending <input type="checkbox"/> | Case disposition:<br>Autopsy Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>Authorized by _____<br>Pathologist <u>ERIC PFEIFER M.D.</u><br>Not a medical examiner case <input type="checkbox"/> |
|  | Other Significant Medical Conditions:  |   |

|   |  |   |
|---|--|---|
| <b>MEDICAL EXAMINER:</b><br>Name, Address and Telephone No.<br><br>ERIC PFEIFER M.D.<br>901 N. STONEWALL<br>OKLAHOMA CITY, OK 73117 | 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.<br><br><br>Signature of Medical Examiner<br>ERIC PFEIFER M.D.<br>Computer generated report | Date Signed<br>4/6/2012<br>Date Generated<br>3/12/2012<br>1201022 |
|---|--|---|

IDI - 120413HWE3080

Exhibit 2 - OKME Medical Report

2 of 2

**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: 1201022

LABORATORY NUMBER: 120926

DECEDENT'S NAME: (b)(2) Exemption

DATE RECEIVED: 3/13/2012

MATERIAL SUBMITTED: BLOOD, VITREOUS, URINE

HOLD STATUS: 30 DAYS

SUBMITTED BY: ANTHONY AUSTIN

MEDICAL EXAMINER: ERIC PFEIFER M.D.

**NOTES:**

**ETHYL ALCOHOL:**

Blood: 0.20 % W/V (Femoral)

Vitreous: 0.19 % W/V

Other: \_\_\_\_\_

**CARBON MONOXIDE**

Blood: \_\_\_\_\_

**TESTS PERFORMED:**

EIA - (Cavity Blood) - Amphetamine, Methamphetamine, Fentanyl, Cocaine, Opiates, PCP, Barbiturates, Benzodiazepines  
(The EIA panel does not detect Oxycodone, Methadone, Lorazepam or Clonazepam)

**RESULTS:**

NONE DETECTED

04/04/2012  
DATE



Byron Curtis, Ph.D., DABFT, Chief Forensic Toxicologist



## **120321HCC2542**

This investigation was initiated from a news clipping regarding the death of a 36 year old male from a utility vehicle accident that occurred on March 14, 2012.

All of the documentation in this report was obtained from the reports provided by the county sheriff's office and the Medical Examiners Office.

The product in this incident is an utility vehicle. No additional information is available.

The victim in this incident was a 36 year old male. No additional information is available.

According to the sheriff's report, the victim had arrived at his friend's home at approximately 3:45 p.m. and consumed two beers prior to driving away from the residence.

At approximately 5:58 p.m., a single vehicle collision with injuries occurred in the 8500 block of Sauer Lane in Daviess County. Emergency personnel found the UTV resting upright on all four wheels off the shoulder of the roadway near a utility pole. The victim was found partially ejected with his upper torso laying on the ground. The victim's legs were trapped under the vehicle. The UTV was manually lifted and the victim was removed. Fire department personnel began CPR and transported him to an area hospital where he was pronounced.

Some reports indicate that the product was an ATV but that is incorrect.

### **PRODUCT IDENTIFICATION**

The product in this incident is a UTV – 2011 Polaris Ranger. No additional information is available.

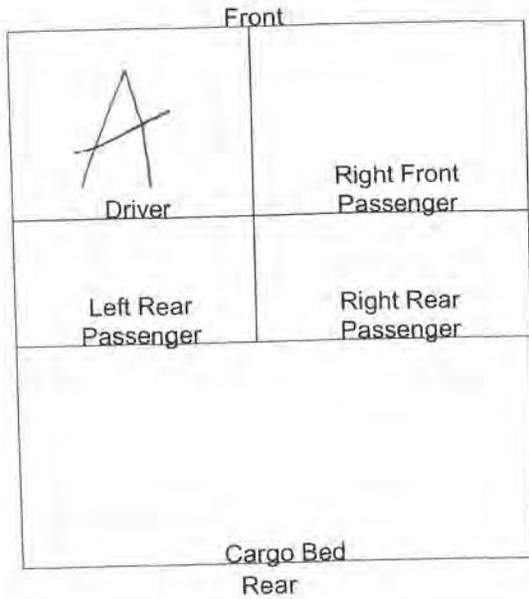
### **EXHIBITS**

**Exhibit 1 – Utility Vehicle Data Record Sheet**

**Exhibit 2 – Medical Examiners Report**

**Exhibit 3 – Sheriff's Office Report**

**Exhibit 4 – Contact List**



The Utility Vehicle

|    |  |                 |
|----|--|-----------------|
| A: | Age: 36                                | Height:         |
|    | Gender: M                              | Weight:         |
|    | Helmet (Y/N):                          | Seatbelt (Y/N): |
|    | Killed/Injured/Neither/Unknown:        |                 |
|    | Injury Description: BLUNT FORCE TRAUMA |                 |
|    | Did vehicle land on victim: YES        |                 |
|    | Ejected (Either partially or fully):   |                 |

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

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

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

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

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

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

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

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



Daviness County, Kentucky - Coroner's Office  
Investigation Report



120321HCC2542

Exhibit 2

Page 1 of 6

| Decedent Information |                           | Case Number:    |            |
|----------------------|---------------------------|-----------------|------------|
| Name:                | (b)(3):CPSA Section 25(c) | Date of Death:  | 3-14-12    |
| Address:             | (b)(6)                    | Time of Death:  | 2124       |
| City:                | O'BORO                    | State:          | Ky.        |
|                      |                           | Zip:            | 42301      |
|                      |                           | Marital Status: | M          |
| DOB:                 | 8-28-75                   | Age:            | 36         |
|                      |                           | SSN:            | [REDACTED] |
|                      |                           | Sex:            | M          |
| Height:              | 6'                        | Weight:         | 170        |
|                      |                           | Hair Color:     | RED        |
|                      |                           | EYES:           | BLUE       |
| Race:                | W                         | Occupation:     |            |

| Next of Kin   |        |
|---------------|--------|
| Name:         | (b)(6) |
| Relationship: | WIFE   |
| Address:      | SAME   |
| Phone Number: | (b)(6) |
| City:         |        |
| State:        |        |
| Zip:          |        |

| Investigation Information      |                          |
|--------------------------------|--------------------------|
| Same as Decedent Home Address  | <input type="checkbox"/> |
| Address:                       | OMHS                     |
| City:                          |                          |
| State:                         |                          |
| Zip:                           |                          |
| Describe Location of the body: | ER T-1                   |
| Clothing:                      | NUDE                     |
| Valuables on Body:             | NONE                     |
| Valuables Released to:         | —                        |
| Relationship:                  |                          |
| Rigor Mortis:                  | N                        |
| Livor Mortis:                  | N                        |
| Fixed:                         |                          |
| Consistent With Body:          |                          |

| Funeral Home Information     |             |
|------------------------------|-------------|
| Funeral Home Name:           | GLENN       |
| Funeral Home Release Signed: | [Signature] |

WORKED BY DCSO

Injuries

Date of Injury: 2013 MAR 14 Time of Injury: Exhibit 2 Injury at Work? Page 2 of 6

Describe How Injury Occurred: STRUCK SAUER LN

Place of Injury: SAUER LN (at home, farm, street, factory, office bldg., etc.)

Address: UNK

Firearm Involved? Yes  No  Motor Vehicle Accident? Yes  No

(If yes, specify type) ATV HIT POWER POLE ATV

Toxicology/ Autopsy Information

Toxicology Taken: Yes  No  AT OMHS

Manner Collected: Blood  Urine  Vitreous

Autopsy performed: Yes  No

Cause/Manner/Mechanism of Death

Manner Of Death: Natural  Accident  Suicide  Fatality  Homicide

Cause of death: a. BLUNT FORCE TRAUMA  
due to b. \_\_\_\_\_  
due to c. \_\_\_\_\_

Contributing Factors/Cause Notes: RIDING ATV LEFT RD AT CURVE HIT POWER POLE  
ALCOHOL INVOLVED

Time Pronounced: 2124 Date Of Death: 3-14-12 Pronounced By: DR CANANT

Death Certificate Sign By: D. DAY

Stats: Tobacco Use Yes  No

Diabetic Yes  No

LEO Involved

AGENT

AGENCY

DCSO

EMS

Coroner Working Case

Name of Coroner Working Case: D. DAY

Date of Worksheet: 3-14-12



**Daviess County Coroner**  
**Jeffrey S. Jones**  
212 St Ann Street, Room 204  
Owensboro, KY 42303

(270) 685-8428 Phone  
(270) 685-8473 Fax

jjones@daviessky.org  
Daviess County, Kentucky

**Name:** (b)(3):CPSA Section 25

**Address:** (b)(6)

**Age:** 36 years

**Died:** 3/14/2012

**Case:** 2012-0172

### Coroner's Report

On 3-14-12 at 2155 I responded to a page by DCSO and arrived at OMHS ER at 2212. In trauma room #1 I photographed and examined the body of (b)(3):CPSA Section 25 (c) I observed multiple injuries. According to the doctors report he had fatal brain injuries.

This man was riding a ATV on Sauer Ln. when he came to a curve, ran off the road and hit a power pole. I am not sure what time this happened but was told he had been there for a while before he was found. DCSO worked the accident and I will request a copy of the accident report.

OMHS lab report shows his blood alcohol to be 0.243. The wife and family requested Glenn FH and I will sign the certificate.

A handwritten signature in cursive script, appearing to read "Darrell L. Day".  
Darrell L. Day

PHONE (270) 685-8428  
FAX (270) 685-8473

212 ST. ANN STREET • ROOM 204  
OWENSBORO, KENTUCKY 42303

E-MAIL: jjones@daviessky.org

**Daviess County Certificate of Death**

Case Number: 2012-0172

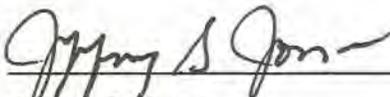
I herby certify on the 19th day of March, 2012 in accordance with the Provisions of (KRS 72.010 to 72.991) there was made an investigation of an inquiry into the cause and manner of death of (b)(3):CPSA Section 25 age 36 who died at OMHS Owensboro, Daviess  
(Address) (City) (County)  
on the 14th Day of March, 2012

I further declare that I investigated or caused to be investigated the circumstances that caused the death of said person as a result of this investigation it is my opinion that the cause of death of said decedent is by:

- A) Blunt Force Trauma  
Immediate Cause
- B) \_\_\_\_\_  
Due to, or as a consequence of
- C) \_\_\_\_\_  
Due to, or as a consequence of

And the manner of death is: Natural: \_\_\_\_\_ Homicide: \_\_\_\_\_ Accident: X  
Suicide: \_\_\_\_\_ Undetermined: \_\_\_\_\_

Autopsy: Was done: \_\_\_\_\_ Was not done: X

  
\_\_\_\_\_  
Jeffrey S. Jones  
Daviess County Coroner

|   |  |  |  |   |   |  |  |  |   |   |  |                                     |   |  |  |
|---|--|--|--|---|---|--|--|--|---|---|--|-------------------------------------|---|--|--|
| 1a. DECEDENT'S LEGAL NAME (First, Middle, Last) (Include AKA's if any)<br><b>(b)(3): CPSA Section 25(c)</b>   |  |  |  |   |   | 1b. IF FEMALE, DECEDENT'S LAST NAME PRIOR TO FIRST MARRIAGE<br><b>N/A</b>  |  | 2. SEX<br><b>MALE</b>  |   |   |  |                                     |   |  |  |
| 3. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Year)<br><b>March 14, 2012</b>  |  | 4. SOCIAL SECURITY NUMBER<br><b>[REDACTED]</b>   |  | 5a. AGE - LAST BIRTHDAY (Years)   |   | 5b. UNDER 1 YEAR (Months)  |  | 5c. UNDER 1 DAY (Hours)  |   | 6. DATE OF BIRTH (Mo/Day/Yr)<br><b>08/28/1975</b>   |  | 7. COUNTY OF DEATH<br><b>DAVISS</b> |   |  |  |
| 8. PLACE OF DEATH (Check only one)<br>HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> Dead on Arrival OTHER: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)  |  |  |  |   |   |  |  |  |   | 9. FACILITY NAME (If not institution, give street and number)<br><b>OWENSBORO MEDICAL HEALTH SYSTEM</b> |  |                                     | 10. CITY OR TOWN, STATE, AND ZIP CODE<br><b>OWENSBORO, KY 42303</b> |  |  |
| 11. BIRTHPLACE (City and State or Foreign Country)<br><b>OWENSBORO, KENTUCKY</b>  |  |  |  | 12. MARITAL STATUS<br><input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married<br><input type="checkbox"/> Married but Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown  |   |  |  | 13. SURVIVING SPOUSE (If wife, give name prior to first marriage)<br><b>BETH CARMAN</b>  |   |   |  |                                     |   |  |  |
| 14. DECEDENT'S USUAL OCCUPATION (Kind of work done during most of working life.)<br><b>FACTORY WORKER</b>   |  |  |  |   | 15. KIND OF BUSINESS/INDUSTRY<br><b>SWEDISH MATCH</b> |  |  |  | 16. WAS DECEDENT EVER IN U.S. ARMED FORCES?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |   |  |                                     |   |  |  |
| 17a. RESIDENCE - State<br><b>KENTUCKY</b>   |  | 17b. COUNTY<br><b>DAVISS</b>   |  | 17c. CITY OR TOWN<br><b>OWENSBORO</b>   |   | 17d. STREET AND NUMBER<br><b>(b)(6)</b>  |  | 17e. ZIP CODE<br><b>42301</b>  |   | 17f. INSIDE CITY LIMITS?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         |  |                                     |   |  |  |
| 18. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death.)<br><input type="checkbox"/> 8th Grade or Less<br><input type="checkbox"/> 9th -12th Grade; No Diploma<br><input type="checkbox"/> High School Graduate or GED Completed<br><input type="checkbox"/> Some College Credit but No Degree<br><input checked="" type="checkbox"/> Associates Degree (e.g., AA, AS)<br><input type="checkbox"/> Bachelor's Degree (e.g., BA, AB, BS)<br><input type="checkbox"/> Master's Degree (e.g., MA, MS, MEng, MEd, MSW, MBA)<br><input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional Degree (e.g., MD, DDS, DVM, LLB, JD)   |  |  |  | 19. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if the decedent is not Spanish/Hispanic/Latino.)<br><input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino<br><input type="checkbox"/> Yes, Mexican, Mexican American, Chicano<br><input type="checkbox"/> Yes, Puerto Rican<br><input type="checkbox"/> Yes, Cuban<br><input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) |   |  |  | 20. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)<br><input checked="" type="checkbox"/> White<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian<br><input type="checkbox"/> Asian Indian<br><input type="checkbox"/> Chinese<br><input type="checkbox"/> Filipino<br><input type="checkbox"/> Japanese<br><input type="checkbox"/> Guamanian or Chamorro<br><input type="checkbox"/> Korean<br><input type="checkbox"/> Vietnamese<br><input type="checkbox"/> Samoan<br><input type="checkbox"/> Other Asian (Specify)<br><input type="checkbox"/> Other Pacific Islander (Specify)<br><input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe)<br><input type="checkbox"/> Other (Specify) |   |   |  |                                     |   |  |  |
| 21. FATHER'S NAME (First, Middle, Last)<br><b>(b)(6)</b>  |  |  |  | 22. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)<br><b>(b)(6)</b>  |   |  |  |  |   |   |  |                                     |   |  |  |
| 23a. INFORMANT'S NAME<br><b>(b)(6)</b>  |  | 23b. RELATIONSHIP TO DECEDENT<br><b>SPOUSE</b>   |  | 23c. MAILING ADDRESS (Street and Number, City, State, Zip Code)<br><b>(b)(6)</b>  |   |  |  |  |   |   |  |                                     |   |  |  |
| 24. METHOD OF DISPOSITION (Check only one):<br><input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment<br><input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)  |  |  |  | 25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)<br><b>ELMWOOD CEMETERY</b>   |   | 26. LOCATION - City, Town, and State<br><b>OWENSBORO, KY</b>   |  |  |   |   |  |                                     |   |  |  |
| 27. SIGNATURE OF FUNERAL SERVICE LICENSEE (Or person acting as such)<br><b>(b)(6)</b>   |  |  |  | DATE SIGNED (Mo/Day/Yr)<br><b>03/16/2012</b>  |   | 28. KY LICENSE NUMBER (of licensee)<br><b>5454</b>   |  | 29. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY<br><b>GLENN FUNERAL HOME AND CREMATORY<br/>900 OLD HARTFORD ROAD<br/>OWENSBORO, KY 42303</b>   |   |   |  |                                     |   |  |  |
| 30. DATE PRONOUNCED DEAD (Mo/Day/Yr)<br><b>03/14/2012</b>   |  | 31. ACTUAL OR PRESUMED TIME OF DEATH<br><b>09:24 PM</b>  |  | 32. WAS MEDICAL EXAMINER OR CORONER CONTACTED?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |   |  |  |  |   |   |  |                                     |   |  |  |
| 33. PART I. Enter the chain of events - diseases, injuries, or complications - that caused 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 each line.<br>IMMEDIATE CAUSE (Final disease or condition resulting in death) -><br>a. <b>BLUNT FORCE TRAUMA</b><br>DUE TO (OR AS A CONSEQUENCE OF)<br>Sequentially list conditions, if any, leading to the cause listed on line a.<br>b. <b>ATV ACCIDENT</b><br>DUE TO (OR AS A CONSEQUENCE OF)<br>Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death). <b>LAST</b><br>c.<br>DUE TO (OR AS A CONSEQUENCE OF)<br>d.<br>PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I<br><b>ALCOHOL INTOXICATION</b> |  |  |  |   |   |  |  |  |   | Approximate Interval Between Onset and Death.<br><b>3 HOUR(S)</b>                                       |  |                                     |   |  |  |
| 34. MANNER OF DEATH<br><input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accident<br><input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation<br><input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined   |  |  |  |   |   |  |  |  |   |   |  |                                     |   |  |  |
| 35. WAS AN AUTOPSY PERFORMED?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | 37. DID TOBACCO USE CONTRIBUTE TO DEATH?<br><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  | 38. IF FEMALE:<br><input type="checkbox"/> Not pregnant within past year<br><input type="checkbox"/> Not pregnant, but pregnant within 42 days of death<br><input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death<br><input type="checkbox"/> Pregnant at time of death<br><input type="checkbox"/> Unknown if pregnant within past year  |   |  |  |  |   |   |  |                                     |   |  |  |
| 36. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  | 39. DATE OF INJURY (Mo/Day/Yr) (Spell Month)<br><b>March 14, 2012</b>  |  | 40. TIME OF INJURY<br><b>05:58 PM</b>   |   | 41. INJURY AT WORK?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                             |  | 42. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)<br><b>STREET/HIGHWAY</b>   |   |   |  |                                     |   |  |  |
| 43. IF TRANSPORTATION INJURY, SPECIFY:<br><input checked="" type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian<br><input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)  |  |  |  |   |   |  |  |  |   |   |  |                                     |   |  |  |
| 44. DESCRIBE HOW INJURY OCCURRED:<br><b>DRIVING ATV, RAN OFF ROAD AND HIT A POWER POLE</b>  |  |  |  |   |   | 45. LOCATION OF INJURY (Street and Number, City or Town, State, Zip Code)<br><b>8520 SAUER LN, OWENSBORO, KY 42303</b> |  |  |   |   |  |                                     |   |  |  |
| 46. TO BE COMPLETED BY CERTIFIER:<br>To the best of my knowledge, death occurred at the time, date, and place, and due to cause(s) and manner stated.<br>SIGNATURE <b>DARRELL L. DAY</b><br>(Must Use Blue/Black Ink) Electronic signature is legally acceptable pursuant to KRS 369.107 and KRS 369.118  |  |  |  |   |   | 47. DATE CERTIFIED (Mo/Day/Yr)<br><b>03/21/2012</b>  |  | 48. LICENSE NUMBER<br><b>727</b>   |   | 49. TITLE OF CERTIFIER<br><b>DEPUTY CORONER</b>   |  |                                     |   |  |  |
| 50. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (ITEM 33)<br><b>DAVISS COUNTY CORONER, 212 ST. ANN ST. ROOM 204, OWENSBORO, KY 42303</b>  |  |  |  |   |   |  |  |  |   |   |  |                                     |   |  |  |
| 51. REGISTRAR'S SIGNATURE   |  |  |  |   |   | 52. DATE FILED (Mo/Day/Yr)   |  |  |   |   |  |                                     |   |  |  |

To Be Completed By: Funeral Director (Must Be Typed)

To Be Completed By: Medical Certifier

Page 5 of 6

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



Posted: Friday, March 16, 2012 12:00 am

(b)(3):CPSA Section 25(c) Jr., 36, of Stanley passed away Wednesday, March 14, 2012, at Owensboro Medical Health System. (b)(6) was born (b)(6), in Owensboro. He grew up attending Stanley Baptist Church, was a 1993 graduate of Apollo High School and graduated from ITT Tech. He worked at Swedish Match and attended Apollo Heights Baptist Church. (b)(6) was a loving father and husband who always enjoyed spending time with friends and family. He also enjoyed hunting, fishing and working on cars. (b)(6) also was known for his Boston butt barbecue along with his love of all types of barbequing and its ability to bring friends and family together. (b)(6) was preceded in death by his mother, (b)(6); grandparents (b)(6) and (b)(6) and (b)(6); and great-grandparents, (b)(6).

(b)(6) is survived by his loving wife of five years, (b)(6); his children, (b)(6); his father, (b)(6); a brother, (b)(6); (b)(6) parents, (b)(6) and multitudes of aunts, uncles and cousins.

The funeral service is at 10 a.m. Saturday at the chapel of Glenn Funeral Home and Crematory. Brother (b)(6) will officiate with burial in Elmwood Cemetery. Visitation is from 2 to 7 p.m. today and after 9 a.m. Saturday at the funeral home. Memorial contributions may be made to (b)(6) College Fund, c/o (b)(6) (b)(6). Condolences may be made at [www.glennfuneralhome.com](http://www.glennfuneralhome.com).

KENTUCKY UNIFORM POLICE  
TRAFFIC COLLISION REPORT

MASTER FILE #

|  |                                     |                                |
|--|-------------------------------------|--------------------------------|
| INVESTIGATING AGENCY<br><b>DAVISS COUNTY SHERIFF DEPT.</b> | AGENCY ORI NUMBER<br><b>0300000</b> | LOCAL CODE<br><b>201222837</b> |
|--|-------------------------------------|--------------------------------|

|                                      |                       |                             |                           |
|--------------------------------------|-----------------------|-----------------------------|---------------------------|
| ROADWAY NAME<br><b>8500 SAUER LN</b> | PARKING LOT: <b>N</b> | INTERSECTION WITH: <b>N</b> | BETWEEN STREETS: <b>N</b> |
|--------------------------------------|-----------------------|-----------------------------|---------------------------|

|           |                         |                             |         |                    |                              |                        |                      |                               |
|-----------|-------------------------|-----------------------------|---------|--------------------|------------------------------|------------------------|----------------------|-------------------------------|
| ROADWAY # | DISTANCE FROM MILEPOINT | MILEPOINT #<br><b>0.884</b> | INJURED | KILLED<br><b>1</b> | # UNITS INVOLVED<br><b>1</b> | HIT & RUN<br><b>NO</b> | ONE WAY<br><b>NO</b> | SPEED LIMIT<br><b>035 MPH</b> |
|-----------|-------------------------|-----------------------------|---------|--------------------|------------------------------|------------------------|----------------------|-------------------------------|

|  |   |  |
|--|---|--|
| IN CITY LIMITS?<br><b>NO</b>           | LATITUDE<br>DEG: <b>37</b> MIN: <b>49.015</b> | COLLISION DATE AND TIME<br><b>03/14/2012 17:58</b> |
| MILES FROM CITY<br><b>1 MILES WEST</b> | LONGITUDE<br>DEG: <b>87</b> MIN: <b>16.19</b> |  |

|                                   |                             |      |
|-----------------------------------|-----------------------------|------|
| CITY/TOWN: <b>03005 - STANLEY</b> | RAMP: <b>NO</b>             | DIR: |
| COUNTY: <b>030 - DAVIESS</b>      | FROM:                       | DIR: |
| SECONDARY COLLISION: <b>YES</b>   | MEDIAN CROSSOVER: <b>NO</b> | TO:  |

|   |  |  |
|---|--|--|
| MANNER OF COLLISION<br><b>09 - SINGLE VEHICLE</b> | LOCATION 1ST EVENT<br><b>05 - OUTSIDE SHOULDER-RIGHT</b> | TRAFFIC CONTROL<br><b>02 - CENTER LINE<br/>03 - CURVE SIGN</b> |
|---|--|--|

|   |                         |  |  |                                      |
|---|-------------------------|--|--|--------------------------------------|
| ROADWAY TYPE<br><b>01 - COUNTY ROAD</b> | TOTAL LANES<br><b>2</b> | ROADWAY CHARACTER<br><b>03 - CURVE &amp; LEVEL</b> | ROADWAY SURFACE<br><b>01 - ASPHALT</b> | ROADWAY CONDITION<br><b>01 - DRY</b> |
|---|-------------------------|--|--|--------------------------------------|

|                              |   |                               |  |
|------------------------------|---|-------------------------------|--|
| WEATHER<br><b>02 - CLEAR</b> | LIGHT CONDITION<br><b>02 - DAYLIGHT</b> | LAND USE<br><b>07 - RURAL</b> | SCHOOL BUS RELATED<br><b>03 - NOT APPLICABLE</b> |
|------------------------------|---|-------------------------------|--|

|  |                                      |
|--|--------------------------------------|
| FIRST AID AT SCENE <b>YES</b>                                      | FIRST AID GIVEN BY <b>YELLOW EMS</b> |
| INJURED REMOVED TO<br><b>03001 - OWENSBORO MERCY HEALTH SYSTEM</b> |                                      |

|   |                      |                      |
|---|----------------------|----------------------|
| EMS AGENCY AND RUN #<br><b>10372796</b> | EMS AGENCY AND RUN # | EMS AGENCY AND RUN # |
|---|----------------------|----------------------|

|                               |                              |                                  |               |              |                  |               |              |                  |
|-------------------------------|------------------------------|----------------------------------|---------------|--------------|------------------|---------------|--------------|------------------|
| NOTIFIED TIME<br><b>18:04</b> | ARRIVED TIME<br><b>18:14</b> | TIME AT HOSPITAL<br><b>18:40</b> | NOTIFIED TIME | ARRIVED TIME | TIME AT HOSPITAL | NOTIFIED TIME | ARRIVED TIME | TIME AT HOSPITAL |
|-------------------------------|------------------------------|----------------------------------|---------------|--------------|------------------|---------------|--------------|------------------|

|   |
|---|
| INJURED OR DECEASED REMOVED BY<br><b>06 - PRIVATE AMBULANCE</b> |
|---|

|  |                          |
|--|--------------------------|
| <b>1</b> PROPERTY DAMAGE - OTHER THAN VEHICLES<br>UTILITY POLE | PROPERTY<br>UT - UTILITY |
|--|--------------------------|

|  |
|--|
| OWNER/ADDRESS <b>KENERGY<br/>3111 FAIRVIEW DR<br/>OWENSBORO KY 42303</b> |
|--|

|  |          |
|--|----------|
| <b>2</b> PROPERTY DAMAGE - OTHER THAN VEHICLES | PROPERTY |
|--|----------|

|               |
|---------------|
| OWNER/ADDRESS |
|---------------|

|  |          |
|--|----------|
| <b>3</b> PROPERTY DAMAGE - OTHER THAN VEHICLES | PROPERTY |
|--|----------|

|               |
|---------------|
| OWNER/ADDRESS |
|---------------|

|                                |                               |                                      |
|--------------------------------|-------------------------------|--------------------------------------|
| INV. COMPLETE <b>YES</b>       | PHOTOS <b>YES</b>             | PHOTOGRAPHER UNIT NO. <b>144/110</b> |
| INVESTIGATOR<br><b>FREE T</b>  | ID NUMBER<br><b>139</b>       | BEAT OR POST NO.<br><b>PATROL</b>    |
| REVIEWED BY<br><b>M PEARRE</b> | TIME NOTIFIED<br><b>18:37</b> | TIME ARRIVED<br><b>18:53</b>         |
|                                | RDWY OPENED<br><b>19:30</b>   | PAGE<br><b>1 OF 3</b>                |

KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - NARRATIVE

MASTER FILE #

INVESTIGATING AGENCY DAVIESS COUNTY SHERIFF DEPT.

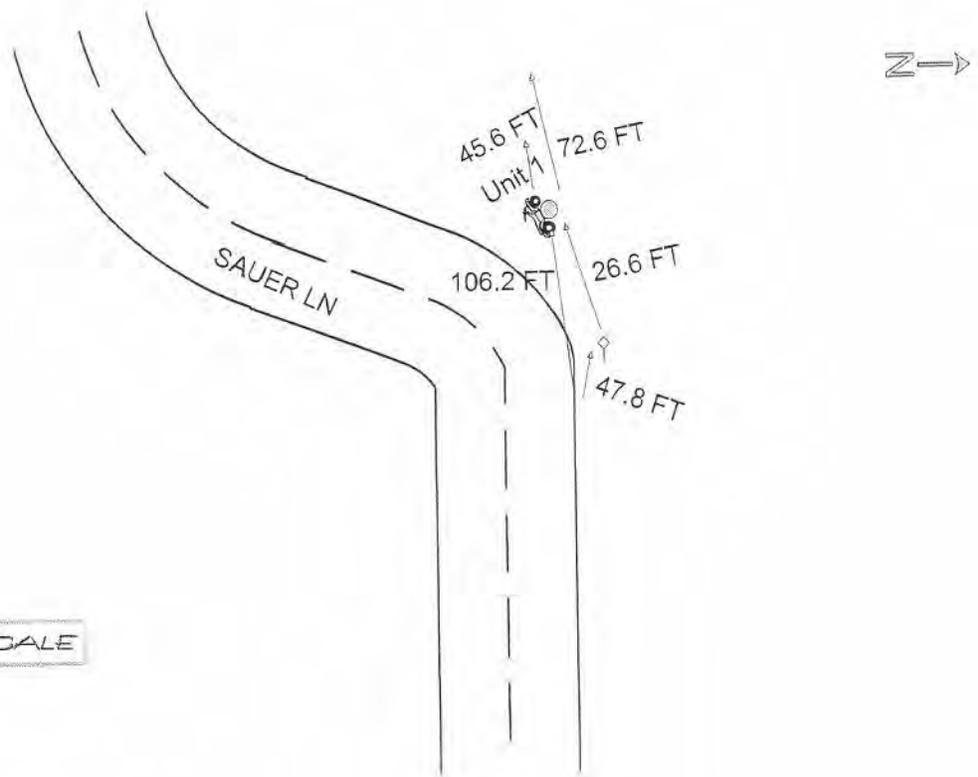
AGENCY ORI NUMBER 0300000

LOCAL CODE 201222837

SEE ATTACHED NARRATIVE.

KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - UNIT

|  |                             |                   |  |                                  |                          |  |                 |   |                               |                         |                      |                          |              |       |    |  |  |            |       |                     |  |  |      |
|--|-----------------------------|-------------------|--|----------------------------------|--------------------------|--|-----------------|---|-------------------------------|-------------------------|----------------------|--------------------------|--------------|-------|----|--|--|------------|-------|---------------------|--|--|------|
|  |                             |                   |  |                                  |                          |  |                 |   |                               | MASTER FILE #           |                      |                          |              |       |    |  |  |            |       |                     |  |  |      |
| INVESTIGATING AGENCY<br>DAVIESS COUNTY SHERIFF DEPT.   |                             |                   |  |                                  |                          | AGENCY ORI NUMBER<br>0300000                   |                 |   |                               | LOCAL CODE<br>201222837 |                      |                          |              |       |    |  |  |            |       |                     |  |  |      |
| UNIT #<br>1  | TOWED?<br>YES - ELL-BEE     |                   |  | TOWED DUE TO DISABLED?<br>YES    | # OCCUPANTS<br>1         | PEDESTRIAN FACTORS                             |                 |   |                               |                         |                      |                          |              |       |    |  |  |            |       |                     |  |  |      |
| OPERATOR'S LIC. NO.<br>R91084021   |                             |                   | STATE<br>KY                            | LIC. CLASS                       | ENDORSEMENT              | OPERATORS LICENSE RESTRICTIONS                 |                 |   |                               |                         |                      |                          |              |       |    |  |  |            |       |                     |  |  |      |
| CDL<br>NO  | CO. RESIDENT<br>YES         |                   | OWNER<br>YES                           |                                  |                          |  |                 |   |                               |                         |                      |                          |              |       |    |  |  |            |       |                     |  |  |      |
| OPERATOR NAME (I.N. FN. MI)<br>(b)(6)  |                             |                   |  |                                  |                          |  |                 |   |                               |                         |                      |                          |              |       |    |  |  |            |       |                     |  |  |      |
| DATE OF BIRTH<br>08/28/1975  |                             | ADDRESS<br>(b)(6) |  |                                  |                          |  |                 |   |                               |                         |                      |                          |              |       |    |  |  |            |       |                     |  |  |      |
| COMPLIANT<br>YES   |                             |                   |  |                                  |                          |  |                 |   |                               |                         |                      |                          |              |       |    |  |  |            |       |                     |  |  |      |
| A. PRE-COLLISION VEHICLE ACTION<br>05 - GOING STRAIGHT AHEAD   |                             |                   |  |                                  | B. UNIT TYPE<br>97-OTHER |  |                 |   | C. FIRE<br>NO                 |                         | D. OVERTURNED<br>YES |                          |              |       |    |  |  |            |       |                     |  |  |      |
| E. HUMAN FACTORS<br>01 - ALCOHOL INVOLVEMENT<br>18 - NOT UNDER PROPER CONTROL                              |                             |                   |  |                                  |                          |  |                 |   |                               |                         |                      |                          |              |       |    |  |  |            |       |                     |  |  |      |
| F-H. EVENT COLLISION<br>1ST: 37 - RAN OFF ROADWAY (ONLY)<br>2ND: 31 - UTILITY POLE<br>3RD: 36 - OVERTURNED |                             |                   |  |                                  |                          |  |                 |   |                               |                         |                      |                          |              |       |    |  |  |            |       |                     |  |  |      |
| I. VEHICULAR FACTORS<br>99 - NONE DETECTED   |                             |                   |  |                                  |                          | J. ENVIRONMENTAL FACTORS<br>99 - NONE DETECTED |                 |   |                               |                         |                      |                          |              |       |    |  |  |            |       |                     |  |  |      |
| K. UNDERRIDE/OVERRIDE<br>01 - NO UNDERRIDE/OVERRIDE  |                             |                   |  |                                  |                          |  |                 |   |                               |                         |                      |                          |              |       |    |  |  |            |       |                     |  |  |      |
| INVOLVED PERSONS: NAME, ADDRESS, CITY, STATE AND ZIP   |                             |                   |  | DOB/DOD                          |                          | 14   | 15              | 16  | 17                            | 18                      | 19                   | 20                       | 21           | 22    | 23 |  |  |            |       |                     |  |  |      |
| (b)(3):CPSA Section 25(c),(b)(6) MALE  |                             |                   |  | DOB: (b)(6)<br>DOD: 03/14/2012   |                          | 08,01  | YES             | 01  | 01                            | 08                      | 07                   | 04                       | 03           | 02    | 02 |  |  |            |       |                     |  |  |      |
| VEH YEAR   |                             |                   |  |                                  |                          |  |                 |   |                               |                         |                      | MAKE                     |              | MODEL |    |  |  | TYPE<br>MV | STATE | REGISTRATION NUMBER |  |  | YEAR |
| VEHICLE ID NUMBER  |                             |                   | VEHICLE INSURED                        |                                  | NAME OF INSURANCE CO.    |  |                 |   |                               | INSURANCE POLICY #      |                      |                          | COLOR OF VEH |       |    |  |  |            |       |                     |  |  |      |
| 1ST AREA OF CONTACT<br>03 - RIGHT SIDE   |                             |                   | 1ST AREA CONTACT - COMBINATION VEHICLE |                                  |                          | EXTENT OF DAMAGE<br>SEVERE                     |                 |   | AIR BAG SWITCH<br>NOT PRESENT |                         |                      | TRAVEL DIRECTION<br>WEST |              |       |    |  |  |            |       |                     |  |  |      |
| ESTIMATED TRAVEL SPEED<br>BETWEEN 20 & 40 MPH  |                             |                   |  | MOST HARMFUL EVENT               |                          |  |                 |   |                               |                         |                      |                          |              |       |    |  |  |            |       |                     |  |  |      |
| COMMERCIAL VEH.<br>NO  | LARGE TRUCK OR BUS<br>NO    | PLACARD PRESENT   | HAZ. CARGO                             | HAZ. SPILL                       | HAZ. MAT. #              | TYPE CARGO/COMMODITY                           |                 |   | NAS SAFETY REPORT #           |                         |                      |                          |              |       |    |  |  |            |       |                     |  |  |      |
| HM CLASS   |                             |                   |  |                                  |                          | CARRIER TYPE                                   |                 |   |                               |                         |                      |                          |              |       |    |  |  |            |       |                     |  |  |      |
| SINGLE/COMBINATION/BOBTAIL   |                             | NO. AXLES         | NO. TRAILERS                           | US DOT #                         |                          | ICC MC #                                       |                 | CRASH AVOIDANCE (Fatal Only)<br>STEERING (EVIDENCE OR STATED) |                               |                         |                      |                          |              |       |    |  |  |            |       |                     |  |  |      |
| VEHICLE CONFIGURATION  |                             |                   |  | CARGO BODY TYPE                  |                          |  |                 | BUS USE   |                               |                         |                      |                          |              |       |    |  |  |            |       |                     |  |  |      |
| GVWR TOTAL   |                             |                   | MOTOR CARRIER NAME                     |                                  |                          |  |                 | CARRIER NAME SOURCE   |                               |                         |                      |                          |              |       |    |  |  |            |       |                     |  |  |      |
| MOTOR CARRIER ADDRESS  |                             |                   |  |                                  |                          |  |                 |   |                               |                         |                      |                          |              |       |    |  |  |            |       |                     |  |  |      |
| VIOLATION CODES  |                             | CITATION NUMBER   | CASE NUMBER                            | SUSPECTED DRINKING DRIVER<br>YES |                          | METHOD OF DETERMINATION<br>97 - OTHER          |                 |   |                               |                         |                      |                          |              |       |    |  |  |            |       |                     |  |  |      |
| TAKEN BY<br>OMHS   |                             |                   |  |                                  |                          |  |                 |   |                               |                         |                      |                          |              |       |    |  |  |            |       |                     |  |  |      |
| TEST OFFERED<br>YES  | CHEMICAL TEST<br>01 - BLOOD |                   | TESTED FOR<br>ALCOHOL & DRUGS          |                                  | SENT TO<br>OMHS LAB      |  | RESULTS<br>.243 |   |                               | PAGE<br>3 OF 3          |                      |                          |              |       |    |  |  |            |       |                     |  |  |      |



NOT TO SCALE

CAD# 2012-22837

On March 14<sup>th</sup>, 2012 at approximately 17:58 hrs, a single vehicle ATV collision with injuries (resulted in a fatality) occurred in the 8500 block of Sauer Ln. I was off-duty at the time of the collision and heard on fire radio that CPR was in progress. I was contacted by Lt Ottaway Kirby via tx to be on standby. Deputy Paul Mattingly contacted me several minutes later & requested that I respond in reference to collision reconstruction. I went enroute at 18:37 hrs and arrived on the scene at 18:53 hrs.

As I arrived on scene, Lt Ottaway Kirby and Deputy Paul Mattingly with the Daviess County Sheriff's Office were on scene. Lt Kirby and Deputy Mattingly gave a briefing of the scene. Stanley Fire Department, Daviess County Fire Department, Yellow EMS, and Deputy Nathan Thomason had already cleared the scene.

Observed a 2011 Polaris Ranger (unit 1) resting upright on all four wheels off the north shoulder of the roadway near a utility pole. Fire department personnel found unit 1 resting on it's passenger side against the utility pole. The deceased was found partially ejected with his upper torso laying on the ground facing northeast. Deceased's legs were trapped in unit 1. Emergency personnel manually lifted unit 1 off the deceased and placed it upright (how unit 1 is seen in the photographs) to free the deceased from the vehicle and to perform patient care. Fire department personnel began CPR.

Unit 1 was traveling westbound on Sauer Ln. Unit 1 failed to maneuver a left curve. Unit 1's tires went off the north shoulder of the roadway 47.7 feet east of a curve warning sign. Unit 1 traveled 106.2 feet off the roadway in the grass before striking the utility pole on the passenger side of the vehicle. After striking the utility pole, unit 1 overturned, partially ejected and trapping the deceased. Two pieces believed to be off the roll cage were located 45.6 feet and 72.6 feet into the field west of the utility pole. A portion of the tire prints in the grass prior to the collision with the pole appeared wider. It appeared that the deceased attempted to turn the wheels to the left in an attempt to regain control of the vehicle back onto the roadway.

Deceased was transported by Yellow EMS to Owensboro Medical Health System but was later pronounced deceased at 21:24 hrs. Unit 1 was towed by Ell-Bee. I spoke with Firefighter/EMT Jeff Poole of the Daviess County Fire Department on March 14<sup>th</sup>, 2012 who reported possibly smelling the odor of an alcoholic beverage on the deceased's breath while providing patient care. A friend of the deceased's, (b)(6) advised that the deceased arrived at his residence at approximately 15:45 hrs and consumed approximately (2) Busch Light beers prior to driving away from the residence. A search warrant was obtained for blood work and medical records on (b)(6) (b)(6) from Owensboro Medical Health System on March 20<sup>th</sup>, 2012 and Mr (b)(6) blood alcohol level was found to be .243. Death Certificate completed

by the Daviess County Coroner's Office (Case# 2012-0172) listed the cause of death as Blunt Force Trauma.

Narrative By:  
Deputy Tyler Free  
Daviess County Sheriff's Office  
March 23<sup>rd</sup>, 2012

**120321HCC2542**

**Exhibit 4 – Contact List**

**Daviess County Medical Examiner – contacted 3/22 & 26  
270-685-8428**

**Davies County Sheriff Office – contacted 3/22, 3/26 & 4/13  
270-685-8444**



This investigation was initiated from a newspaper article published in the McCook Gazette on March 27, 2012. Information for this report was obtained from the Hitchcock County Sheriff's office and the Nebraska Department of Vital Records.

## **NARRATIVE**

The victim involved in this incident is a 45 year-old male. The victim's height and weight are unknown. There is no evidence the victim suffered from any physical or mental limitations prior to this incident.

On March 24, 2012, the victim was traveling west in his four-wheeled UTV on a dirt road near the Swanson reservoir. Accompanying the victim was a 35 year-old male friend. According to the accident report submitted by the Hitchcock County Sheriff's office, the victim lost control of the UTV attempting to negotiate a turn to the south. The UTV entered a ditch and overturned, partially ejecting the victim. The accident report documents the victim was not wearing a helmet or using a restraint belt at the time of the incident. During the rollover, the vehicle's rollbar struck the victim in the head and neck causing severe injuries. Following the rollover, the passenger of the UTV was able to roll the UTV off of the victim and back onto its wheels before summoning help.

The victim was transported by the Trenton Rescue Squad to the McCook Community Hospital, where the victim died from head trauma as a result of this incident. In addition, the accident report documents the victim's blood/alcohol level tested .157.

The passenger of the UTV was documented in the accident report as wearing a lap and shoulder belt at the time of the incident. There is no indication in the report that the passenger suffered any injuries.

## **SAMPLE COLLECTION**

No samples were collected related to this incident.

## **PRODUCT IDENTIFICATION**

The product involved in this incident is a red and black four-wheeled UTV:

|        |              |
|--------|--------------|
| Make:  | Polaris      |
| Model: | Ranger RZR S |
| Year:  | 2011         |

VIN #: 4XAVE76A7BB424922  
Manufacturer: Polaris Industries  
Medina, MN

**EXHIBITS**

- Exhibit A - Accident report – Hitchcock County Sheriff
- Exhibit B - Death Certificate
- Exhibit C - Utility Vehicle Data Record Sheet

212010567

# State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 1

|   |  |  |  |  |  |   |                  |             |            |
|---|--|--|--|--|--|---|------------------|-------------|------------|
| 001   | <b>Total Number of Vehicles</b>  | Local No./ District<br>Pleasant View             | Agency Case No.<br>201203038   | <b>HIT &amp; RUN?</b><br><input type="radio"/> YES <input checked="" type="radio"/> NO | INVESTIGATION MADE AT SCENE?<br><input checked="" type="radio"/> YES <input type="radio"/> NO                                    | L<br>1  |                  |             |            |
| A/1   | <b>DATE OF ACCIDENT</b>  | M M / D D / Y Y Y Y<br>03-24-2012                | S M T W T H F S<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | TIME OF ACCIDENT<br>1840   | STATE USE ONLY   |   |                  |             |            |
| A/2   | <b>PLACE OF ACCIDENT</b>   | COUNTY<br>Hitchcock                              | CITY   | POLICE NOTIFIED<br>1846  | LATITUDE   |   |                  |             |            |
| B   | <b>ROAD ON WHICH ACCIDENT OCCURRED</b>                                   | STREET/ HIGHWAY NO. Trail 5 of Swanson Reservoir |  |  | PRIVATE PROPERTY?<br><input type="radio"/> YES <input checked="" type="radio"/> NO   | LONGITUDE   |                  |             |            |
| C   | <b>DISTANCE FROM MILEPOST</b>  | FEET   | N S E W OF MILEPOST  | HIGHWAY NO.  | SHOULD LOCATION HAVE ENGINEERING STUDY?<br><input type="radio"/> YES <input checked="" type="radio"/> NO                         |   |                  |             |            |
| D   | <b>IF AT INTERSECTION</b>  |  |  | <b>IF NOT AT INTERSECTION</b>  |  |   |                  |             |            |
| 5   | NAME OF INTERSECTING ROADWAY   |  |  | <input checked="" type="radio"/> FEET <input type="radio"/> MILES                      | N S E W  | OF NEAREST STREET, BRIDGE, RAILROAD CROSSING                                  |                  |             |            |
| V1/M  | 118  |  |  | X  | BNSF Location DOT 677624F  |   |                  |             |            |
| V2/M  | IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN |  |  |  |  |   |                  |             |            |
| 05  | MILES  | 4.75   | N S E W  | AND MILES  | N S E W  | OF NEAREST CITY OR TOWN<br>Trenton - 2455                                     |                  |             |            |
| E   | <b>R. WORK ZONE CODES</b>  | R1 R2 R3 R4                                      | <b>S. PEDESTRIAN CLASSIFICATION CODES</b>  | S1 S2 S3 S4 S5-a S5-b S6-a S6-b  | DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY?<br><input type="radio"/> YES <input checked="" type="radio"/> NO |   |                  |             |            |
| 5   | 1  |  |  |  |  |   |                  |             |            |
| <b>VEHICLE NO. 1</b>  |  |  |  |  |  |   |                  |             |            |
| F   | <b>DRIVER LICENSE NO.</b>  | (b)(6)   |  | <b>STATE (Of License)</b>  | <b>CO</b>  | <b>SEX</b> <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE |                  |             |            |
| V1/N  | <b>DRIVER</b>  | (b)(6)   |  | <b>PHONE</b>   | (b)(6)   |   |                  |             |            |
| V2/N  | <b>DRIVER ADDRESS</b>  | (b)(6)   |  | <b>DATE OF BIRTH (MM./DD./YYYY)</b>  | (b)(6)   |   |                  |             |            |
| G   | <b>OWNER ADDRESS</b>   | (b)(6)   |  | <b>CITATION</b>  | <input type="radio"/> YES <input checked="" type="radio"/> NO  | <b>CITATION NO.</b>   |                  |             |            |
| 1   | (b)(6)   | (b)(6)   |  | <input type="radio"/> PENDING  |  |   |                  |             |            |
| H   | <b>LICENSE PLATE NO.</b>   | None   |  | <b>YEAR (Plate Expires)</b>  | <b>STATE (Of Plate)</b>  |   |                  |             |            |
| 5   | YEAR   | MAKE   | MODEL  | BODY STYLE   | COLOR  | ESTIMATED DAMAGE  |                  |             |            |
| V1/O  | <b>VEHICLE</b>   | 2011   | Polaris RZR S  | Four-wheel AT  | REDBLK   | <input type="radio"/> TOTALED \$ .00  |                  |             |            |
| V2/O  | <b>VEHICLE ID NO. (VIN)</b>  | 4XAVE76A7BB424922                                |  | INSURANCE COMPANY  |  |   |                  |             |            |
| 1   | TOWED TO   | TOWED BY   |  | POLICY NO.   |  |   |                  |             |            |
| <b>VEHICLE NO. 2</b>  |  |  |  |  |  |   |                  |             |            |
| I   | <b>DRIVER LICENSE NO.</b>  |  |  | <b>STATE (Of License)</b>  | <b>SEX</b> <input type="radio"/> FEMALE <input type="radio"/> MALE   |   |                  |             |            |
| V1/P  | <b>DRIVER</b>  | ( )  |  | <b>PHONE</b>   | ( )  |   |                  |             |            |
| V2/P  | <b>DRIVER ADDRESS</b>  | ( )  |  | <b>DATE OF BIRTH (MM./DD./YYYY)</b>  | ( )  |   |                  |             |            |
| J   | <b>OWNER ADDRESS</b>   | ( )  |  | <b>CITATION</b>  | <input type="radio"/> YES <input type="radio"/> NO   | <b>CITATION NO.</b>   |                  |             |            |
| 01  | ( )  | ( )  |  | <input type="radio"/> PENDING  |  |   |                  |             |            |
| V1/Q  | <b>LICENSE PLATE NO.</b>   |  |  | <b>YEAR (Plate Expires)</b>  | <b>STATE (Of Plate)</b>  |   |                  |             |            |
| 4   | YEAR   | MAKE   | MODEL  | BODY STYLE   | COLOR  | ESTIMATED DAMAGE  |                  |             |            |
| V2/Q  | <b>VEHICLE</b>   |  |  |  |  | <input type="radio"/> TOTALED \$  |                  |             |            |
| 01  | <b>VEHICLE ID NO. (VIN)</b>  |  |  | INSURANCE COMPANY  |  |   |                  |             |            |
| K   | TOWED TO   | TOWED BY   |  | POLICY NO.   |  |   |                  |             |            |
| 01  |  |  |  |  |  |   |                  |             |            |
| <b>Complete this section for all injured persons</b><br>(Complete a continuation report, if more than three were injured) |  |  |  |  |  |   |                  |             |            |
| VEH. #  | NAME   | ADDRESS  | DATE OF BIRTH (MM / DD / YYYY)   | 1<br>Seat Position   | 2<br>Eject   | 3<br>Body Region  | 4<br>Injury Sev. | 5<br>Trans. | SEX<br>M F |
| 1   | (b)(6)   | (b)(6)   | (b)(6)   | 01   | 2  | 03  | 1                | 2           | M          |
|   | LOCAL NO.  | MEDICAL FACILITY NAME                            | EMS SERVICE NAME   | EMS RUN REPORT NO.   |  |   |                  |             |            |
|   |  | McCook - Community Hospital - Red Willow         | Trenton Rescue Squad   |  |  |   |                  |             |            |
| VEH. #  | NAME   | ADDRESS  | DATE OF BIRTH (MM / DD / YYYY)   | 1<br>Seat Position   | 2<br>Eject   | 3<br>Body Region  | 4<br>Injury Sev. | 5<br>Trans. | SEX<br>M F |
| 1   | (b)(6)   | (b)(6)   | (b)(6)   | 03   | 1  | 11  | 4                | 1           | M          |
|   | LOCAL NO.  | MEDICAL FACILITY NAME                            | EMS SERVICE NAME   | EMS RUN REPORT NO.   |  |   |                  |             |            |
|   |  |  |  |  |  |   |                  |             |            |
| VEH. #  | NAME   | ADDRESS  | DATE OF BIRTH (MM / DD / YYYY)   | 1<br>Seat Position   | 2<br>Eject   | 3<br>Body Region  | 4<br>Injury Sev. | 5<br>Trans. | SEX<br>M F |
|   | LOCAL NO.  | MEDICAL FACILITY NAME                            | EMS SERVICE NAME   | EMS RUN REPORT NO.   |  |   |                  |             |            |
|   |  |  |  |  |  |   |                  |             |            |

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
201203038



Indicate North by Arrow

**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Vehicle #1 is a Polaris Ranger RZR S All Terrain Vehicle (ATV). It is equipped with two bucket seats with shoulder restraints, lap restraints and side web curtains. Vehicle #1 was traveling west on Trail #5, which is a non-through dirt road running from U S Highway 34 to the Swanson Reservoir. The driver of vehicle #1 lost control of vehicle #1 as it neared the corner of the trail that turns south. Vehicle #1 travelled into the ditch and rolled onto it's side. The driver of vehicle #1 was partially ejected from the vehicle, and the vehicle's rollbar struck the drivers neck and head area. The passenger of vehicle #1 rolled the vehicle on its wheels and summoned help. The driver was transported to McCook Community Hospital by Trenton Rescue Squad, where the driver later died from injuries sustained in the ATV accident. Restraints and helmet were not in use by the driver of vehicle #1. No diagram will be drawn in this accident investigation.

|           |                |            |         |              |                              |
|-----------|----------------|------------|---------|--------------|------------------------------|
| PROPERTY  | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE<br>( ) | APPROX. COST OF DAMAGE<br>\$ |
|           | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE<br>( ) | APPROX. COST OF DAMAGE<br>\$ |
| WITNESSES | NAME<br>(b)(6) | ADDRESS    |         |              | PHONE<br>(308) 737-8457      |
|           | NAME           | ADDRESS    |         |              | PHONE<br>( )                 |

|  |  |   |  |   |  |  |  |   |  |
|--|--|---|--|---|--|--|--|---|--|
| <b>VEHICLE MOVEMENT BEFORE COLLISION</b><br>VEH NO.   N   S   E   W   ROAD OR HIGHWAY NAME<br>1         X   Trail 5<br>2 |  | <b>POINT OF IMPACT AND MOST DAMAGED AREA</b><br>(Enter numbers for each vehicle)<br>VEHICLE 1   VEHICLE 2<br>POINT OF IMPACT   07   POINT OF IMPACT  <br>MOST DAMAGED AREA   07   MOST DAMAGED AREA |  | <b>AIRBAG DEPLOYED VEHICLE 1</b><br>5<br>5<br>1 Deployed - front<br>2 Deployed - side<br>3 Deployed - both front/side<br>4 Not deployed<br>5 Not applicable/ No airbag available<br>6 Unknown |  | <b>RESTRAINT USE VEHICLE 1</b><br>2<br>1<br>1 None used - vehicle occupant<br>2 Lap & shoulder belt used<br>3 Shoulder belt only used<br>4 Lap belt only used<br>5 Child safety seat used<br>6 Child booster seat used<br>7 DOT approved helmet used<br>8 Costume helmet used<br>9 Restraint use unknown |  | <b>TOTAL OCCUPANTS</b>   VEH 1   002   VEH 2  <br><b>ALCOHOL TESTING</b>   Driver No. 1   Driver No. 2   Pedestrian  <br>ALCOHOL LEVEL TESTED   Y   X   Y   Y  <br>BAC LEVEL   157      <br><b>ALCOHOL/ DRUGS SUSPECTED</b>   Driver No. 1   Driver No. 2  <br>2    <br>1 Neither alcohol nor drugs suspected<br>2 Yes - alcohol suspected<br>3 Yes - drugs suspected<br>4 Yes - alcohol & drugs suspected<br>5 Unknown |  |
| OFFICER NO.<br>9671  |  | TROOP/ TEAM/ BEAT   |  | DEPARTMENT<br>4400 Hitchcock County Sheriff Department  |  | Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |  |   |  |
| INVESTIGATOR NAME (Print or Type)<br>Chief Deputy Ronald E. Daugherty  |  |   | INVESTIGATOR SIGNATURE<br>Digital Certificate with Nebraska Crime Commission |   |  | DATE OF REPORT<br>04/09/2012   |  |   |  |

STATE OF NEBRASKA

IDI # 120410HCC3597

Exhibit B

Page 1 of 1

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

04/20/2012

LINCOLN, NEBRASKA

*Stanley S. Cooper*

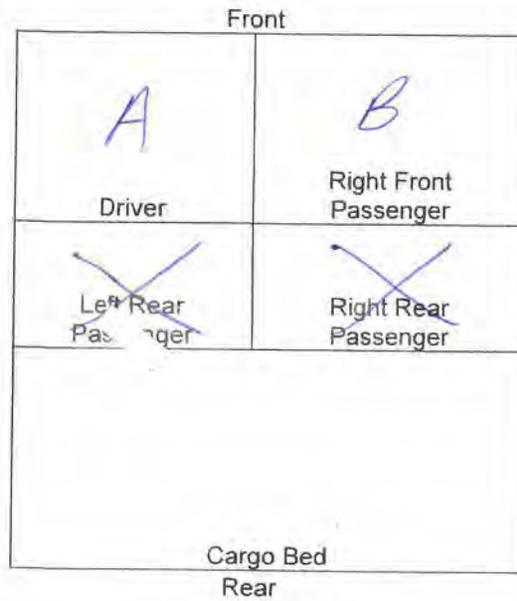
STANLEY S. COOPER  
ASSISTANT STATE REGISTRAR  
DEPARTMENT OF HEALTH AND  
HUMAN SERVICES

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES

12 01126

CERTIFICATE OF DEATH

|  |   |  |  |  |   |  |   |   |                                   |  |
|--|---|--|--|--|---|--|---|---|-----------------------------------|--|
| To be completed/verified by: FUNERAL DIRECTOR  | 1. DECEDENT'S-NAME (First, Middle, Last, Suffix)<br><b>Donald William Seiler</b>  |  |  |  | 2. SEX<br>Male  |  | 3. DATE OF DEATH (Mo., Day, Yr.)<br>March 24, 2012  |   |                                   |  |
|  | 4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH<br>Denver, Colorado   |  |  | 5a. AGE - Last Birthday (Yrs.)<br>45   | 5b. UNDER 1 YEAR<br>MOS. DAYS   | 5c. UNDER 1 DAY<br>HOURS MINS.                                 |   | 6. DATE OF BIRTH (Mo., Day, Yr.)<br>December 12, 1966   |                                   |  |
|  | 7. SOCIAL SECURITY NUMBER<br>[REDACTED]   |  |  |  | 8a. PLACE OF DEATH<br>HOSPITAL <input type="checkbox"/> Inpatient    OTHER <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Hospice Facility<br><input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> Decedent's Home<br><input type="checkbox"/> DOA <input type="checkbox"/> Other (Specify) |  |   |   |                                   |  |
|  | 8b. FACILITY-NAME (If not Institution, give street and number)<br>Community Hospital  |  |  |  | 8c. CITY OR TOWN OF DEATH (Include Zip Code)<br>McCook 69001  |  |   |   | 8d. COUNTY OF DEATH<br>Red Willow |  |
|  | 9a. RESIDENCE-STATE<br>Colorado   |  | 9b. COUNTY<br>Jefferson  |  | 9c. CITY OR TOWN<br>Arvada  |  |   |   |                                   |  |
|  | 9d. STREET AND NUMBER<br>(b)(6)   |  |  |  | 9e. APT. NO.  | 9f. ZIP CODE<br>80001  |   | 9g. INSIDE CITY LIMITS<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |                                   |  |
|  | 10a. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married<br><input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown  |  |  | 10b. NAME OF SPOUSE (First, Middle, Last, Suffix) If wife, give maiden name<br>Dawn Yunick |   |  |   |   |                                   |  |
|  | 11. FATHER'S-NAME (First, Middle, Last, Suffix)<br>(b)(6)   |  |  |  | 12. MOTHER'S-NAME (First, Middle, Maiden Surname)<br>(b)(6)   |  |   |   |                                   |  |
|  | 13. EVER IN U.S. ARMED FORCES? Give dates of service if Yes.<br>(Yes, No, or Unk.) No   |  |  | 14a. INFORMANT-NAME<br>Dawn Seiler   |   |  | 14b. RELATIONSHIP TO DECEDENT<br>Spouse   |   |                                   |  |
|  | 15. METHOD OF DISPOSITION<br><input type="checkbox"/> Burial <input type="checkbox"/> Donation<br><input type="checkbox"/> Cremation <input type="checkbox"/> Entombment<br><input checked="" type="checkbox"/> Removal <input type="checkbox"/> Other (Specify)  |  | 16a. EMBALMER-SIGNATURE<br>Donna M. Hall   |  | 16b. LICENSE NO.<br>1221  |  | 16c. DATE (Mo., Day, Yr.)<br>March 27, 2012   |   |                                   |  |
|  | 16d. CEMETERY, CREMATORY OR OTHER LOCATION<br>Colorado Crematory Service  |  |  |  | CITY / TOWN<br>Wheat Ridge  |  | STATE<br>Colorado   |   |                                   |  |
|  | 17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State)<br>Carpenter Breland Funeral Home, 305 W. C Street, PO Box 476, McCook, Nebraska   |  |  |  |   |  |   | 17b. Zip Code<br>69001  |                                   |  |
|  | <b>CAUSE OF DEATH (See instructions and examples)</b>   |  |  |  |   |  |   |   |                                   |  |
|  | 18. PART I. Enter the chain of events--diseases, injuries, or complications--that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. |  |  |  |   |  |   | APPROXIMATE INTERVAL  |                                   |  |
|  | IMMEDIATE CAUSE (Final disease or condition resulting in death)<br>IMMEDIATE CAUSE: a) Motor Vehicle Accident (ATV)   |  |  |  |   |  |   | onset to death<br>Immediate   |                                   |  |
| Sequentially list conditions, if any, leading to the cause listed on line a.<br>DUE TO, OR AS A CONSEQUENCE OF:<br>b) Head Trauma  |   |  |  |  |   |  | onset to death  |   |                                   |  |
| Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)<br>LAST<br>DUE TO, OR AS A CONSEQUENCE OF:<br>c)   |   |  |  |  |   |  | onset to death  |   |                                   |  |
| DUE TO, OR AS A CONSEQUENCE OF:<br>d)  |   |  |  |  |   |  | onset to death  |   |                                   |  |
| 18. PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to the death but not resulting in the underlying cause given in PART I.  |   |  |  |  |   |  | 19. WAS MEDICAL EXAMINER OR CORONER CONTACTED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |   |                                   |  |
| 20. IF FEMALE:<br><input type="checkbox"/> Not pregnant within past year<br><input type="checkbox"/> Pregnant at time of death<br><input type="checkbox"/> Not pregnant, but pregnant within 42 days of death<br><input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death<br><input type="checkbox"/> Unknown if pregnant within the past year |   |  | 21a. MANNER OF DEATH<br><input type="checkbox"/> Natural <input type="checkbox"/> Homicide<br><input checked="" type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation<br><input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined |  | 21b. IF TRANSPORTATION INJURY<br><input checked="" type="checkbox"/> Driver/Operator<br><input type="checkbox"/> Passenger<br><input type="checkbox"/> Pedestrian<br><input type="checkbox"/> Other (Specify)   |  | 21c. WAS AN AUTOPSY PERFORMED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                 |   |                                   |  |
| 22a. DATE OF INJURY (Mo., Day, Yr.)<br>March 24, 2012  |   |  | 22b. TIME OF INJURY<br>06:30 PM  |  | 22c. PLACE OF INJURY-At home, farm, street, factory, office building, construction site, etc. (Specify)<br>Trenton Lake   |  |   |   |                                   |  |
| 22d. INJURY AT WORK?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |   |  | 22e. DESCRIBE HOW INJURY OCCURRED<br>Four wheel All Terrain Vehicle accident   |  |   |  |   |   |                                   |  |
| 22f. LOCATION OF INJURY - STREET & NUMBER, APT.NO.<br>Swanson Reservoir, Trenton   |   |  | CITY/TOWN<br>Nebraska  |  | STATE<br>Nebraska   |  | ZIP CODE<br>69044   |   |                                   |  |
| To be completed by MEDICAL CERTIFIER ONLY  | 23a. DATE OF DEATH (Mo., Day, Yr.)<br>March 24, 2012  |  |  | 23b. DATE SIGNED (Mo., Day, Yr.)<br>March 27, 2012   |   | 23c. TIME OF DEATH<br>07:50 PM                                 |   | 24a. DATE SIGNED (Mo., Day, Yr.)  |                                   |  |
|  | 23d. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)<br>Richard Klug, MD  |  |  | To be completed by CORONER'S PHYSICIAN or COUNTY ATTORNEY ONLY                             |   | 24c. PRONOUNCED DEAD (Mo., Day, Yr.)                           |   | 24b. TIME OF DEATH  |                                   |  |
|  | 24e. 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) stated. (Signature and Title)   |  |  |  |   | 24d. TIME PRONOUNCED DEAD                                      |   |   |                                   |  |
| 25. DID TOBACCO USE CONTRIBUTE TO THE DEATH?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> UNKNOWN   |   |  | 26a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  | 26b. WAS CONSENT GRANTED?<br>Not Applicable if 26a is NO <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |   |   |                                   |  |
| 27. NAME, TITLE AND ADDRESS OF CERTIFIER (PHYSICIAN, PHYSICIAN ASSISTANT, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print)<br>Richard Klug, MD, 1401 East H Street, McCook, Nebraska, 69001   |   |  |  |  |   |  |   |   |                                   |  |
| 28a. REGISTRAR'S SIGNATURE<br><i>Stanley S. Cooper</i>   |   |  |  |  |   | 28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.)<br>March 29, 2012 |   |   |                                   |  |



The Utility Vehicle

|    |   |                          |
|----|---|--------------------------|
| A: | Age: <u>45</u>  | Height: <u>unk</u>       |
|    | Gender: <u>m</u>                                      | Weight: <u>unk</u>       |
|    | Helmet (Y/N): <u>N</u>                                | Seatbelt (Y/N): <u>N</u> |
|    | Killed/Injured/Neither/Unknown: <u>Killed</u>         |                          |
|    | Injury Description: <u>Head Trauma</u>                |                          |
|    | Did vehicle land on victim: <u>Yes</u>                |                          |
|    | Ejected (Either partially or fully): <u>Partially</u> |                          |

|    |   |                          |
|----|---|--------------------------|
| B: | Age: <u>35</u>                                  | Height: <u>unk</u>       |
|    | Gender: <u>m</u>                                | Weight: <u>unk</u>       |
|    | Helmet (Y/N): <u>unk</u>                        | Seatbelt (Y/N): <u>Y</u> |
|    | Killed/Injured/Neither/Unknown: <u>neither</u>  |                          |
|    | Injury Description: <u>N/A</u>                  |                          |
|    | Did vehicle land on victim: <u>No</u>           |                          |
|    | Ejected (Either partially or fully): <u>N/A</u> |                          |

|    |                                      |                 |
|----|--------------------------------------|-----------------|
| 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**

Hitchcock County Sheriff  
229 East D Street  
Trenton, NE 69044-0306  
308-334-5444

Nebraska Department of Vital Records  
1033 O Street, Suite 130  
Lincoln, NE 68509  
402-471-2871

TASK NUMBER 120424HCC1626

Confidential Exhibits: Exhibit #2



**U.S. CONSUMER PRODUCT SAFETY  
COMMISSION**

**WARNING**

**AN INDIVIDUAL / AGENCY WHO PROVIDED  
INFORMATION FOR THIS REPORT CONSIDERS  
SOME OF THE DATA TO BE CONFIDENTIAL  
OR RESTRICTED. PLEASE PROCESS THIS  
MATERIAL IN A CAREFUL AND PRUDENT  
MANNER.**



The following is an abbreviated report involving a 56 year-old man who drowned after apparently driving his model year 2002 utility vehicle (UTV) into a pond behind his property. The information contained in this report was obtained through the State Police Investigation Report and the Coroner's Report for the incident (Exhibits 1 and 2). Limited additional information was obtained during a phone interview with the investigating State Trooper on April 30, 2012. It is noted the State Police Investigation Report refers to the vehicle in this case as an all-terrain vehicle (ATV) but based on the make and model described in their report, it meets the definition of a UTV. The VIN number, date of manufacture, date of purchase, place of purchase, cost, and model/serial numbers were not available.

On the evening of July 11, 2011, the 56 year-old victim had been drinking heavily and became involved in a verbal and physical altercation with his wife. Shortly after midnight on July 12, 2012, the victim's wife called the police on her husband and he left the residence on his UTV. The victim's wife indicated he drove off into the woods behind their home before police arrived.

Later that morning after sunrise, the victim's wife noticed the UTV partially submerged in the pond. It is not known if the UTV was upright. She then noticed the victim floating face-down on the opposite end of the pond. The State Police Investigation Report indicates the victim had apparently driven the UTV down a grassy hill behind the property and failed to navigate a left turn onto a trail that ran along the outside of the pond, causing him to drive the vehicle into the water.

The victim was not wearing a helmet was not believed to have been wearing a seatbelt but this could not be positively confirmed. While the cause of death was listed as drowning, the victim did also sustain injuries to his face and forehead, which the State Police hypothesized could have occurred when the victim's head impacted the roll bar on the UTV. Several beer cans were noted near the point of entry of the UTV into the pond and the toxicology information from the Coroner's Report shows the victim had a blood alcohol level of 0.311%.

Due to the victim being alone at the time of the incident and the accident not being witnessed, the following questions from the UTV guidelines could not be positively confirmed or were not available: #2, #3, #8, #10 (photos not provided by State Police), #11, #12, #14, and #16 (photos not provided by State Police).

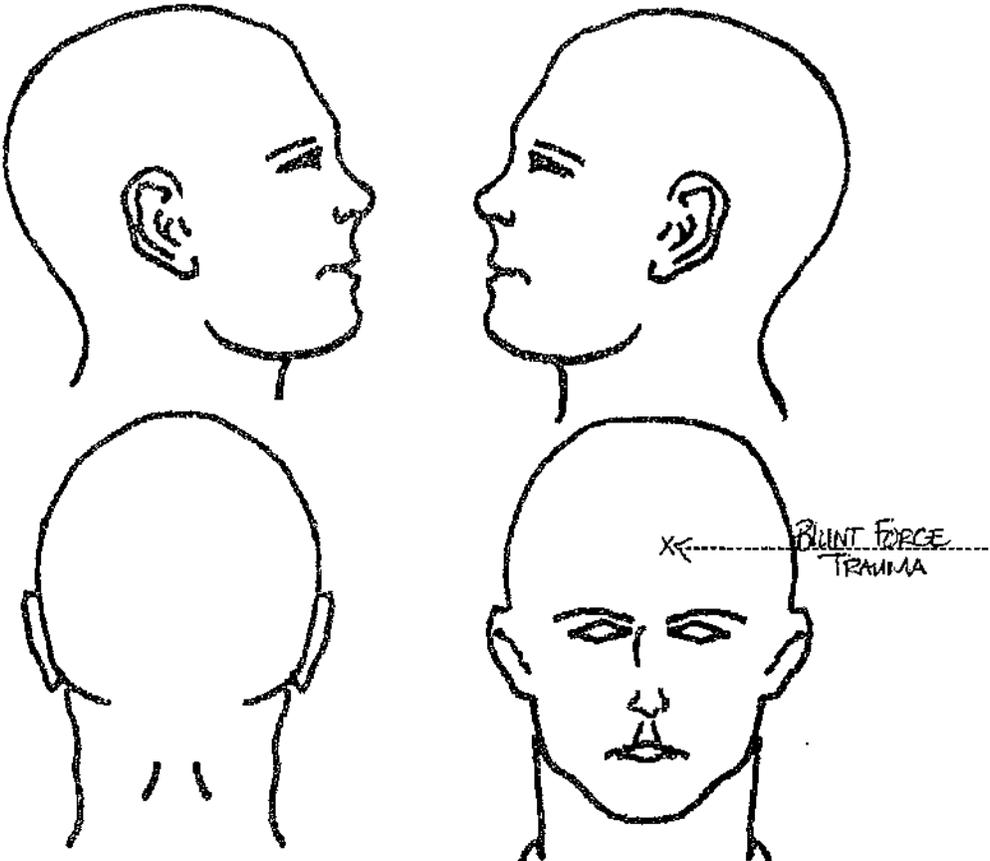
### **EXHIBITS**

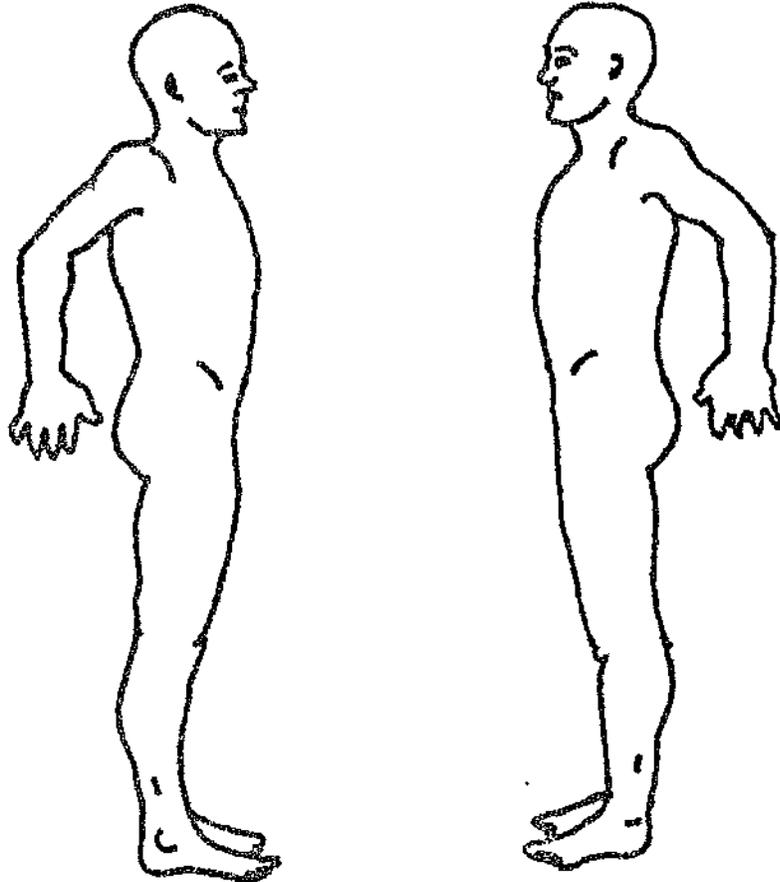
- #1. State Police Report
- #2. Coroner's Report (CONFIDENTIAL)
- #3. Contact Sheet
- #4. UTV Data Record Sheet

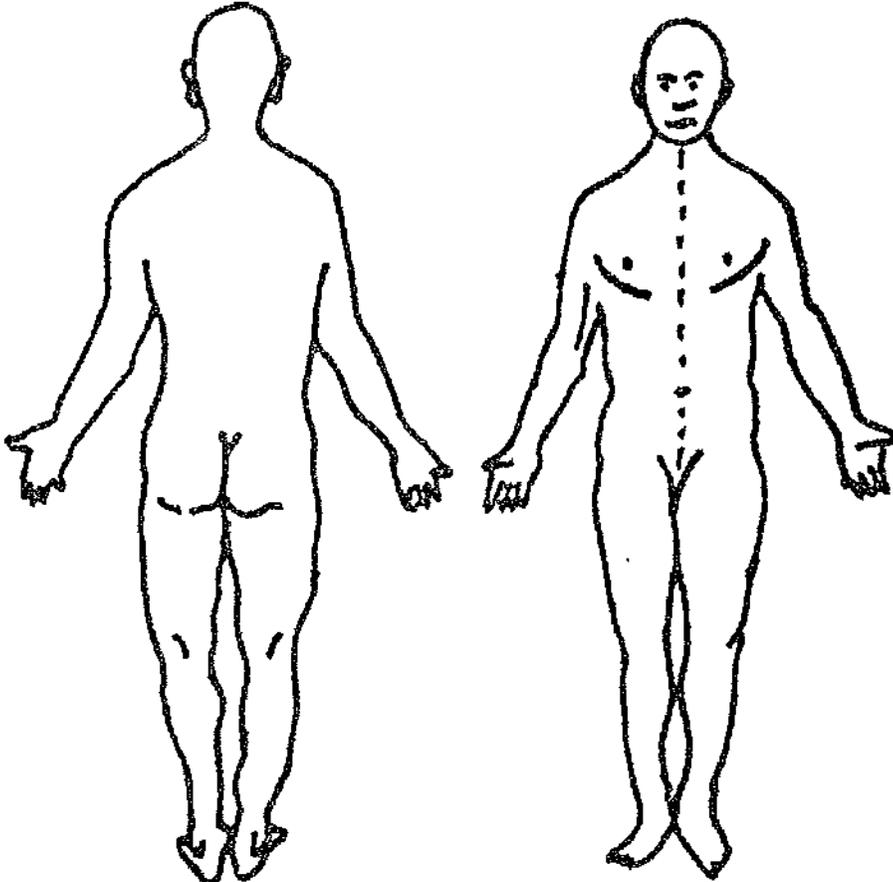
|  |                |  |               |  |           |  |             |
|--|----------------|--|---------------|--|-----------|--|-------------|
| SP 7-0000 (7-99)   |                | <b>NON-TRAFFIC DEATH INVESTIGATION REPORT</b>                                  |               |  |           | REPORT NO.<br>P01-0711788  |             |
| REPORT TYPE<br><input checked="" type="checkbox"/> ACCIDENTAL <input type="checkbox"/> NATURAL<br><input type="checkbox"/> SUICIDE |                | ORIENTATION<br>PAPSP 9300 / WYOMING  |               | STATUS<br><input checked="" type="checkbox"/> CLOSED <input type="checkbox"/> PENDING    |           |  |             |
| LOCATION<br>Pond in Rear of Residence located at [REDACTED], Lake Twp., Luzerne County   |                |  |               |  |           |  |             |
| 40 20:06.50 -76 02:24.40   |                | LOCATION CODES<br>221/40 / 05  |               | DATE AND TIME OCCURRED<br>07/12/11 approx. 0600 hours                                    |           | DATE & TIME INVESTIGATOR ARRIVED<br>07/12/11 / 0748  |             |
| VICTIM NAME<br>[REDACTED]  |                |  |               |  |           |  |             |
| ADDRESS<br>[REDACTED] Dallas, Pa. 18612  |                |  |               |  |           |  |             |
| SSN<br>[REDACTED]  | DOB<br>04/ /55 | AGE<br>56  | RACE<br>W / N | SEX<br>M   | HT<br>510 | WT<br>215  | HAIR<br>BLO |
| EMPLOYER OR SCHOOL<br>[REDACTED], Clifford, Pa.  |                | PHONE<br>[REDACTED]  |               |  |           |  |             |
| NEXT OF KIN<br>[REDACTED]  |                | RELATIONSHIP TO VICTIM<br>Wife   |               | NOTIFIED<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO          |           | BY WHOM<br>Curt SWANSON, Deputy Coroner  |             |
| APPARENT CAUSE OF DEATH<br>Drowning  |                |  |               |  |           |  |             |
| INJURIES HEAD AND NECK<br>Bruising & Trauma to forehead  |                |  |               | ARMS/HANDS<br>N/A  |           |  |             |
| FRONT TORSO<br>N/A   |                |  |               | REAR TORSO<br>N/A  |           |  |             |
| LEGS/FEET<br>N/A   |                |  |               | INJURY DIAGRAMS<br>ATTACHED <input checked="" type="checkbox"/>                          |           | IF FIREARM INVOLVED, GUNSHOT RESIDUE TEST CONDUCTED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |             |
| TREATMENT INFORMATION<br>None  |                |  |               |  |           |  |             |
| CORONER<br>Curt SWANSON  |                | AUTOPSY<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |               | AUTOPSY REQUESTED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |           | BLOOD DRAWN<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |             |
|  |                |  |               | BAG<br>.311  |           | TOXICOLOGY REQUESTED<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                |             |
| CLOTHING<br>Yellow T-Shirt and White Underwear   |                |  |               |  |           |  |             |
| DAMAGE TO CLOTHING<br>None   |                |  |               |  |           | CONSISTENT WITH INJURIES<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                            |             |
| VICTIM DISCOVERED BY NAME<br>[REDACTED]  |                |  |               |  |           |  |             |
| ADDRESS<br>[REDACTED], Dallas, Pa. 18612   |                | DOB<br>07/ /48   |               | SSN<br>[REDACTED]  |           | PHONE<br>[REDACTED]  |             |
| DESCRIBE LOCATION WHERE BODY WAS DISCOVERED<br>Pond located behind the victim's residence  |                |  |               |  |           |  |             |
| POSITION OF VICTIM AT LOCATION<br>Face down, floating in the pond  |                |  |               |  |           |  |             |
|  |                | Y  |               | N  |           |  |             |
| ANY SIGN OF TAMPERING OR DISTURBANCE AT SCENE  |                | <input type="checkbox"/>   |               | <input checked="" type="checkbox"/>  |           | ANY EVIDENCE INDICATING TIME OR DATE VICTIM DIED<br><input checked="" type="checkbox"/>                                    |             |
| EVIDENCE OF ACTION OCCURRING AWAY FROM WHERE BODY FOUND  |                | <input type="checkbox"/>   |               | <input checked="" type="checkbox"/>  |           | WAS SCENE INCONSISTENT WITH WEATHER BEFORE OR AFTER INCIDENT<br><input type="checkbox"/>                                   |             |
| WEAPON OR OTHER APPARENT IMPLEMENT OF DEATH LOCATED AT SCENE   |                | <input type="checkbox"/>   |               | <input type="checkbox"/>   |           | LIFE INSURANCE INFORMATION ON VICTIM AVAILABLE<br><input type="checkbox"/>   |             |
| FIREARM THOUGHT TO CAUSE DEATH: EXAMINED FOR WORKING ORDER BY LAB REQUEST OR OTHER METHOD  |                | <input type="checkbox"/>   |               | <input checked="" type="checkbox"/>  |           | WAS THE SCENE PHOTOGRAPHED<br><input checked="" type="checkbox"/>  |             |
| OTHER APPARENT IMPLEMENT OF DEATH EXAMINED   |                | <input checked="" type="checkbox"/>  |               | <input type="checkbox"/>   |           | WAS THE SCENE PROCESSED FOR PHYSICAL EVIDENCE<br><input checked="" type="checkbox"/>                                       |             |
| INCONSISTENCIES BETWEEN INJURIES AND APPARENT IMPLEMENT OF DEATH   |                | <input type="checkbox"/>   |               | <input checked="" type="checkbox"/>  |           | WAS VICTIM POSITIVELY IDENTIFIED<br><input checked="" type="checkbox"/>  |             |
| EVIDENCE OF ALCOHOL OR DRUGS AT SCENE  |                | <input checked="" type="checkbox"/>  |               | <input type="checkbox"/>   |           | ANY EVIDENCE VICTIM WAS DRESSED OR UNDRESSED AFTER DEATH<br><input type="checkbox"/>                                       |             |
| OTHER PHYSICAL EVIDENCE RECOVERED AT SCENE   |                | <input checked="" type="checkbox"/>  |               | <input type="checkbox"/>   |           | DID VICTIM HAVE EXISTING MEDICAL CONDITION<br><input checked="" type="checkbox"/>  |             |
| ANY SUICIDE NOTE, MESSAGE, ETC., FOUND   |                | <input type="checkbox"/>   |               | <input checked="" type="checkbox"/>  |           | DID VICTIM HAVE EXISTING MENTAL HEALTH CONDITION<br><input type="checkbox"/>   |             |
| IF NOTE FOUND, OTHER EXAMPLES OF VICTIM'S WRITING AVAILABLE  |                | <input type="checkbox"/>   |               | <input checked="" type="checkbox"/>  |           | WAS VICTIM LISTED AS WANTED/MISSING IN CLEANING<br><input type="checkbox"/>  |             |
| VICTIM'S WILL INFORMATION AVAILABLE  |                | <input type="checkbox"/>   |               | <input checked="" type="checkbox"/>  |           | ALTERNATE THEORY OF CAUSE OF DEATH POSED<br><input type="checkbox"/>   |             |
| INFORMATION AVAILABLE ON VICTIM'S ACTIVITIES 24 HRS. BEFORE DEATH  |                | <input checked="" type="checkbox"/>  |               | <input type="checkbox"/>   |           | ANY SIGNIFICANT ISSUES REMAIN AS UNRESOLVED<br><input type="checkbox"/>  |             |
|  |                |  |               |  |           | ANYONE KNOWN TO HAVE WITNESSED VICTIM'S DEATH<br><input type="checkbox"/>  |             |
| INVESTIGATING OFFICER<br>Tpr. Lisa A. BROGAN   |                |  |               |  |           | BADGE NO.<br>7918  |             |
| SUPERVISOR'S INITIALS<br>[Signature]   |                | BADGE NO.<br>7481  |               | DATE<br>07/26/11   |           | C.I. SECTION COMMANDER'S INITIALS<br>[Signature]   |             |
|  |                |  |               | BADGE NO.<br>447   |           | DATE<br>07/28/11   |             |
|  |                |  |               |  |           | PAGE NO.<br>01   |             |
| DEPARTMENT HEADQUARTERS  |                |  |               |  |           |  |             |

|  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| SP 7-0054 (3-96)   |  | REPORT TYPE<br><input type="checkbox"/> INCIDENT<br><input checked="" type="checkbox"/> OTHER Non-Traffic Death |  | DATE(S)/DAY(S) OF INCIDENT<br>07/12/11 TUE   |  | INCIDENT NO.<br>P01-0711788  |  |
| PENNSYLVANIA STATE POLICE<br>CONTINUATION SHEET <input checked="" type="checkbox"/><br>SUPPLEMENTAL INVESTIGATION REPORT <input type="checkbox"/>  |  |   |  | TIME(S) OF INCIDENT<br>0600 hours  |  | JUVENILE <input type="checkbox"/> DOMESTIC VIOLENCE <input type="checkbox"/>     |  |
| ATTACHMENTS:<br><input type="checkbox"/> MISSING PERSON CHECKLIST<br><input type="checkbox"/> FELONY CRIMES AGAINST THE PERSON<br><input type="checkbox"/> STATEMENT FORM(S)<br><input type="checkbox"/> VICTIM/WITNESS ASSISTANCE GUIDE RECEIPT<br><input type="checkbox"/> RICHIE'S WARNING AND WAIVER<br><input type="checkbox"/> PROPERTY RECORD <input type="checkbox"/> OTHER  |  |   |  | DISP.: <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> EXCEPTIONALLY CLEARED - DATE<br>A <input type="checkbox"/> DEATH OF ACTOR D <input type="checkbox"/> VICTIM REFUSED TO COOPERATE<br>B <input type="checkbox"/> PROSECUTION DECLINED E <input type="checkbox"/> JUVENILE IN CUSTODY<br>C <input type="checkbox"/> EXTRADITION DENIED N <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> MULTIPLE CLEAR-UP |  |  |  |
| 1. ORIGINATION<br>PAPSP9300 / WYOMING  |  |   |  |  |  | 2. DATE OF REPORT<br>07/20/11  |  |
| 3. OFFENSE<br>ACCIDENTAL DEATH - DROWNING  |  |   |  |  |  | 4. VICTIM<br>[REDACTED]  |  |
| 5. NARRATIVE<br><b>SYNOPSIS:</b> On 07/12/11 at 0615 hours, I was assigned to respond to [REDACTED], Lake Twp., Luzerne County. The victim, [REDACTED] DOB: 04/ [REDACTED] /55, was found face down in the pond directly behind his residence. On 07/12/11 at 0730 hours I arrived on scene and met with Tpr. Joseph PALNT, Forensic Services Unit, Cpl. John YENCHA, Tpr. James PACKER and Tpr. Ronald OSTROWSKI, Patrol Section. Deputy Coroner Curt SWANSON was on scene and had removed the victim from the pond and pronounced him deceased at 0730 hours. A 2002 Polaris Ranger All Terrain Vehicle was partially submerged in the pond. Tpr. PLANT photographed the scene and surrounding area. It appeared as the victim drove the All Terrain Vehicle down a grassy hill and attempted to veer left on a trail going around the pond. The victim failed to negotiate the turn and drove into the pond where he hit his head on the roll bar of the All Terrain Vehicle. The victim's forehead was bruised and swollen from the apparent impact with the roll bar. Several beer cans were observed on the ground near the point of entry where the All Terrain Vehicle entered the water.<br><br><b>INTERVIEW:</b> [REDACTED], DOB: 07/ [REDACTED] /48, Dallas, Pa. 18612<br>Employer: [REDACTED], Dallas, Pa.<br><br>On 07/12/11 at 0815 hours, I interviewed the victim's wife, [REDACTED], DOB: 07/ [REDACTED] /48, at her residence. [REDACTED] stated her husband, [REDACTED] is an alcoholic [REDACTED] stated he drank beer constantly from the time he woke up until the time he passed out. [REDACTED] stated her husband was recently suspended from his job at [REDACTED], where he was a heavy equipment operator because he appeared at work drunk. [REDACTED] stated she has been having many problems with her husband because of his drinking. [REDACTED] explained she had him committed for a Mental Health Evaluation last week after he tried to choke her and told her he wanted to die. [REDACTED] stated her husband was only in the hospital for four days before he was released.<br><br>[REDACTED] stated last night, 07/11/11, her husband was drinking beer and kept badgering her and even pulled her hair. [REDACTED] explained she was trying to sleep because she goes to work in the early morning. [REDACTED] stated her husband started yelling and screaming at her so she called the State Police. [REDACTED] stated it was approx. midnight. After she called the police, [REDACTED] stated her husband left the residence and got onto his All Terrain Vehicle. [REDACTED] stated she was hoping the police arrived and were able to catch him driving on the road and arrest him for Driving Under the Influence; however, by the time the police arrived her husband had disappeared into the woods behind their home. [REDACTED] stated the police advised her to obtain a Protection From Abuse Order in the morning. [REDACTED] stated she telephoned her employer and took the following day off so she could go and get the PFA. [REDACTED] stated she went to sleep and woke up at approx. 0530 hours. [REDACTED] stated she was making coffee and looked out her kitchen window and saw the All Terrain Vehicle partially submerged in the pond. [REDACTED] stated she went into another room to find the binoculars. She came back to the kitchen window with the binoculars and looked out at the pond again. This time [REDACTED] stated she saw her husband on the other end of the pond floating face down. She immediately recognized his bright, yellow T-Shirt. I asked Mrs. [REDACTED] what her husband was wearing when he left the house last night. [REDACTED] stated he was wearing the yellow T-Shirt and his underwear. I asked Mrs. [REDACTED] what kind of beer Mr. [REDACTED] drinks. [REDACTED] responded he drank Milwaukee Best Ice, twelve ounce cans. Mrs. [REDACTED] added that he drank approx. two thirty packs per day. (CONTINUED) |  |   |  |  |  |  |  |
| 6. OFFICER'S NAME/SIGNATURE<br>Tpr. Lisa A. BROGAN <i>[Signature]</i>  |  | BADGE NO.<br>7918   |  | 7. INVEST. RECM.<br><input checked="" type="checkbox"/> CONT. <input type="checkbox"/> TERM.   |  | 8. SUPV. INIT./BADGE NO.<br><i>[Signature]</i> 744                               |  |
|  |  |   |  |  |  | 9. <input checked="" type="checkbox"/> CONCUR <input type="checkbox"/> NONCONCUR |  |
| DEPARTMENT HEADQUARTERS  |  |   |  |  |  | 10. PAGE<br>02   |  |

|  |  |  |  |   |   |
|--|--|--|--|---|---|
| SP 7-0051 (3-96)<br><b>PENNSYLVANIA STATE POLICE</b><br>CONTINUATION SHEET<br>SUPPLEMENTAL INVESTIGATION REPORT <input type="checkbox"/>   |  | REPORT TYPE<br><input type="checkbox"/> INCIDENT<br><input checked="" type="checkbox"/> OTHER Non-Traffic Death  | DATE(S)/DAY(S) OF INCIDENT<br>07/12/11 TUE   | INCIDENT NO.<br>P01-0711788                         |   |
|  |  | TIME(S) OF INCIDENT<br>0600 hours  | JUVENILE <input type="checkbox"/>  | DOMESTIC VIOLENCE <input type="checkbox"/>          |   |
| ATTACHMENTS:<br><input type="checkbox"/> MISSING PERSON CHECKLIST<br><input type="checkbox"/> FELONY CRIMES AGAINST THE PERSON<br><input type="checkbox"/> STATEMENT FORM(S)<br><input type="checkbox"/> VICTIM/WITNESS ASSISTANCE GUIDE RECEIPT<br><input type="checkbox"/> RIGHTS WARNING AND WAIVER<br><input type="checkbox"/> PROPERTY RECORD <input type="checkbox"/> OTHER  |  | DISP.: <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> EXCEPTIONALLY CLEARED - DATE<br>A <input type="checkbox"/> DEATH OF ACTOR D <input type="checkbox"/> VICTIM REFUSED TO COOPERATE<br>B <input type="checkbox"/> PROSECUTION DECLINED E <input type="checkbox"/> JUVENILE NO CUSTODY<br>C <input type="checkbox"/> EXTRADITION DENIED H <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> MULTIPLE CLEAR-UP |  |   |   |
| 1. ORU/STATION<br>PAPSP9300 / WYOMING  |  |  | 2. DATE OF REPORT<br>07/23/11  |   |   |
| 3. OFFENSE<br>ACCIDENTAL DEATH - DROWNING  |  |  | 4. VICTIM  |   |   |
| 5. NARRATIVE<br>I asked Mrs. [REDACTED] if her husband had any medical conditions. [REDACTED] stated approx. six years ago her husband was treated for a Pancreatic tumor. He also suffers from high blood pressure and goat. Mrs. [REDACTED] stated her husband was discharged from the Wyoming Valley Health Care System on 07/07/11. I asked Mrs. [REDACTED] if her husband was taking any medications. Mrs. [REDACTED] stated all of his medications were on the kitchen counter. I documented the following prescriptions for [REDACTED]<br><br>1. Lisinopril 40 mg. (1 per day) dated 07/07/11 Dr. AKACH (30 tablets)<br>2. Hydrochlorothiazide 25 mg. (1 per day) dated 07/07/11 Dr. AKACH (30 tablets)<br>3. Atenolol 50 mg. dated 07/02/11 Dr. BREZINSKI (45 tablets)<br>4. Allopurinol 100 mg. dated 07/02/11 Dr. BREZINSKI (30 tablets)<br><br>Mrs. [REDACTED] stated she has been married to the victim for ten years. The victim does not have any children but does have two sisters and two brothers. ([REDACTED]) Mrs. [REDACTED] stated all of his siblings reside in the Dallas area.<br><br>On 07/12/11 at 0657 hours, the Luzerne County Communications Center faxed the CFS / Dispatch Report to the PSP Wyoming Station.<br><br>On 07/15/11 at 1654 hours, I received a fax copy of the Certificate of Title for the Polaris All Terrain Vehicle from the victim's step-daughter [REDACTED]. The All Terrain Vehicle was towed from the scene to MARANSKY'S Garage for storage. [REDACTED] stated she paid the towing bill and the vehicle was released to her.<br><br>On 07/19/11 I received a copy of the Death Certificate from the Luzerne County Coroner's Office along with the Toxicology Results. The Death Certificate listed the Immediate Cause of Death as Drowning and the Manner of Death as Accidental. The Toxicology Report revealed the victim [REDACTED] had a blood alcohol level of 0.311.<br><br>On 07/23/11 at 1306 hours a Scope Message was sent to the Commissioner and Deputy Commissioner as required by Dept. Regulations.<br><br>This investigation will continue pending receipt of the Forensic Services Report from Tpr. Joseph PLANT.<br><br><b>LIST OF ATTACHMENTS:</b> Crime Scene Entry Log<br>Luzerne County CFS Report<br>Certificate of Title (Jennifer DERHAMMER)<br>Copy of Death Certificate & Toxicology Report<br>Scope Message<br>Injury Diagrams. |  |  |  |   |   |
| 6. OFFICER'S NAME/SIGNATURE<br>Tpr. Lisa A. BROGAN <i>Lisa A. Brogan</i>   |  | BADGE NO.<br>7918  | 7. INVEST. RECH.<br><input checked="" type="checkbox"/> CONT. <input type="checkbox"/> TERM. | 8. SUPV. INIT./BADGE NO.<br><i>[Signature]</i> 7918 | 9. <input checked="" type="checkbox"/> CONCUR<br><input type="checkbox"/> NONCONCUR |
| DEPARTMENT HEADQUARTERS  |  |  | 10. PAGE<br>03   |   |   |

|   |                                     |                                     |                   |
|---|-------------------------------------|-------------------------------------|-------------------|
| SP 7-0073A (4-94)   | <b>INJURY DIAGRAM</b>               | INCIDENT NO.<br>P01-0711788         |                   |
| VICTIM<br>[REDACTED]  |                                     |                                     |                   |
|  |                                     |                                     |                   |
| COMPLETED BY<br>Tpr. Lisa A. BROGAN   | <i>Lisa A. Brogan</i>               | BADGE NO.<br>7918                   | DATE<br>07/12/11  |
| SUPERVISOR'S REVIEW   | <i>[Signature]</i><br>7481 07/26/11 | C.I. SECTION CO. <i>[Signature]</i> | PAGE NO.<br>INJ 1 |

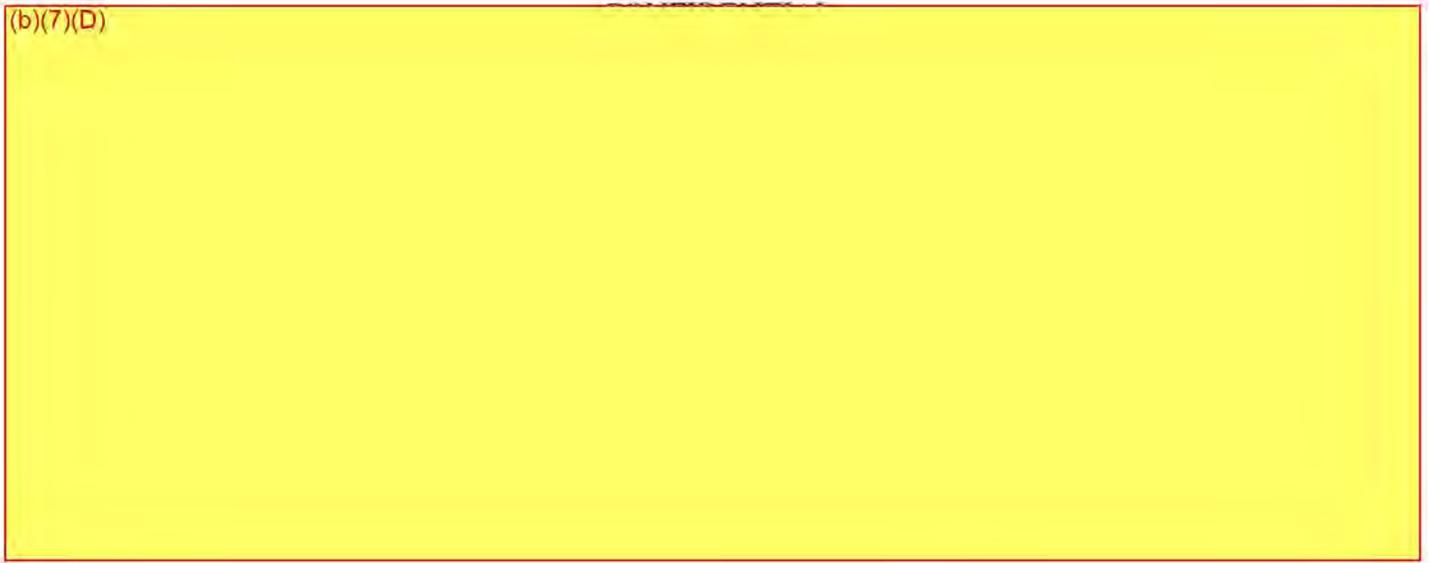
|   |  |                             |
|---|--|-----------------------------|
| SP 7-0073B (4-94)   | <b>INJURY DIAGRAM</b>                  | INCIDENT NO.<br>P01-0711788 |
| VICTIM<br>[REDACTED]  |  |                             |
| <u>"NONE NOTED"</u>   |  |                             |
|  |  |                             |
| COMPLETED BY<br>Tpr. Lisa A. BROGAN <i>Lisa A. Brogan</i>                           | BADGE NO.<br>7918                      | DATE<br>07/12/11            |
| SUPERVISOR'S REVIEW<br><i>[Signature]</i>   | C.I. SECTION NO.<br><i>[Signature]</i> | PAGE NO.<br>INJ-2           |

|  |                               |                             |
|--|-------------------------------|-----------------------------|
| SP 7-0073C (4-94)  | <b>INJURY DIAGRAM</b>         | INCIDENT NO.<br>P01-0711788 |
| VICTIM<br>[REDACTED]   |                               |                             |
| <p><u>"NONE NOTED"</u></p>  |                               |                             |
| COMPLETED BY<br>Tpr. Lisa A. BROGAN <i>Lisa A. Brogan</i>  | BADGE NO.<br>7918             | DATE<br>07/12/11            |
| SUPERVISOR'S REVIEW<br><i>[Signature]</i> 7481 07/26/11  | C.I. SECTION DS<br><i>Rok</i> | PAGE NO.<br>INJ 3           |





(b)(7)(D)





**CONTACT SHEET**

**Trooper Lisa Brogan**  
**Pennsylvania State Police – Troop P – Wyoming**  
475 Wyoming Avenue  
Wyoming, PA 18644  
(570)697-2000  
Telephone: 04/30/2012

**Mary Wallace, Office Administrator**  
**Luzerne County Coroner's Office**  
20 North Pennsylvania Avenue, Suite 201  
Wilkes-Barre, PA 18711  
In-person: 04/25/2012



Note: The original for 120424HCC1626 has been redacted (victim info) and the Help Desk was unable to recover the earlier (unredacted) version.

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| <input type="text" value="Enter a search term"/> | <input type="text" value=""/> | <input type="text" value=""/> |
| <input type="text" value="Enter a search term"/> | <input type="text" value=""/> | <input type="text" value=""/> |
| <input type="text" value=""/>                    | <input type="text" value=""/> | <input type="text" value=""/> |

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A Luzerne County deputy coroner removed a man's body from a private pond in Lake Township early Tuesday.

**(b)(3)(CP)** 56, of Dallas, was involved in a domestic dispute and was drinking alcohol. He drove his all-terrain vehicle into the woods, crashed and drowned in the pond, according to Trooper Martin Connors of state police at Wyoming.

His death was ruled an accidental drowning, said Luzerne County Coroner John Corcoran. The quad was in the water, he said.

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FA  
56M  
7/12/11

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|  |  |  |  |   |
|--|--|--|--|---|
| 1. Task Number<br>120424HCC2669  |  | 2. Investigator's ID<br>8925                 |  | <b>EPIDEMIOLOGIC<br/>INVESTIGATION<br/>REPORT</b> |
| 3. Office Code<br>810  | 4. Date of Accident<br>YR MO DAY<br>2011 02 14 | 5. Date Initiated<br>YR MO DAY<br>2012 05 02 |  |   |
| 6. Synopsis of Accident or Complaint<br>UPC<br>The victim, a 61-year-old male, was riding in an utility vehicle on a dry, paved road and was not wearing a helmet. He attempted to cross the road where he failed to yield the right-of-way and was in the path of an oncoming motor vehicle. He was struck, ejected and then struck the motor vehicle's windshield. He was severely injured and taken to a hospital where he died 5 days later. His cause of death was multi-system organ failure.<br><b>MFR/PRVLBR NOTIFIED</b><br>COMMENTS: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br><input type="checkbox"/> OVERRULED; <input checked="" type="checkbox"/> ATTACHED<br><input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <u>66</u> ;<br><input type="checkbox"/> DO NOT RE-NOTIFY <input checked="" type="checkbox"/> RE-NOTIFY<br><u>3/13/14</u> <i>le</i> |  |  |  |   |
| 7. Location (Home, School, etc)<br>4 - STREET OR HIGHWAY   |  | 8. City<br>ABBEVILLE                         |  | 9. State<br>AL                                    |
| 10A. First Product<br>5044 - UTILITY VEHICLES  | 10B. Trade/Brand Name<br>JOHN DEERE            |  | 10C. Model Number<br>UNKNOWN                   |   |
| 10D. Manufacturer Name and Address<br>JOHN DEERE<br>ONE JOHN DEERE PLACE<br>MOLINE, WI &nbsp;  |  |  |  |   |
| 11A. Second Product<br>0   | 11B. Trade/Brand Name<br>NONE                  |  | 11C. Model Number<br>NONE                      |   |
| 11D. Manufacturer Name and Address<br>NONE   |  |  |  |   |
| 12A. Hispanic or Latino<br>2 - No  | 12B. Race<br>1 - White<br>Other:               |  | 12C. Race Source<br>3 - Official Document      |   |
| 13. Age of Victim<br>61  | 14. Sex<br>1 - Male                            | 15. Disposition<br>8 - Death                 | 16. Injury Diagnosis<br>62 - Intern. Org. Inj. |   |
| 17. Body Part(s)<br>Involved   | 18. Respondent                                 | 19. Type of Investigation                    | 20. Time Spent<br>(Operational) / Travel       |   |
| 21. Attachment(s)  | 22. Case Source                                |  | 23. Sample Collection Number                   |   |
| 24. Permission to Disclose Name (Non NEISS Cases Only)<br><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written  |  |  |  |   |
| 25. Review Date  | 26. Reviewed By                                |  | 27. Regional Office Director                   |   |
| 28. Distribution   |  |  | 29. Source Document Number                     |   |

The information in this report was based on information received by the AL Department of Public Safety. Contact with the victim's next-of-kin was not successful.

On Monday, February 14, 2011, at 7:53 a.m., in Henry County, Abbeville, AL, the victim, a 61-year-old male was riding alone in an utility vehicle on a dry, paved street and was not wearing a helmet. The weather condition was clear and temperature was 45 degrees Fahrenheit.

The victim attempted to cross the road, failed to yield the right-of-way and was in the path of an oncoming motor vehicle where he was struck. He was ejected and struck the motor vehicle's windshield.

Emergency personnel and paramedics arrived at the scene. He was severely injured and taken to a hospital where he died 5 days later. His cause of death was multi-system organ failure.

It is unknown what rate of speed he was traveling at prior to the incident. His knowledge regarding operation and/or handling the utility vehicle was not known.

His height, weight was not reported and

# ALABAMA UNIFORM TRAFFIC CRASH REPORT

Check if Amendment

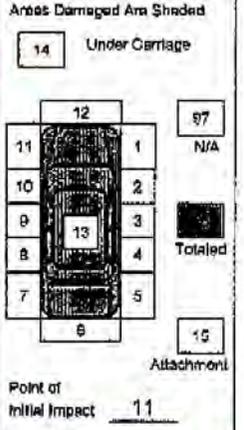
Check if Error Correction

Local Case No. 11-02-0190

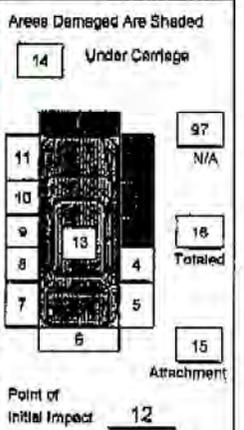
Sheet 1

|                          |                          |      |                          |                          |      |                          |             |                             |                         |  |              |                              |              |                    |     |  |
|--------------------------|--------------------------|------|--------------------------|--------------------------|------|--------------------------|-------------|-----------------------------|-------------------------|--|--------------|------------------------------|--------------|--------------------|-----|--|
| <b>LOCATION AND TIME</b> | Date                     | 02   | 14                       | 2011                     | Time | 07:53 AM                 | Day of Week | Mon                         | County                  | Henry                                  | City         | Abbeville                    | Rural        | Local Zone         | N/A |  |
|                          | Hwy Class.               | 3    | On Street, Road, Highway |                          |      |                          | AL-95       |                             |                         | At Intersection of or Between (Node 1) |              |                              | And (Node 2) |                    |     |  |
|                          |                          |      |                          |                          |      | (On) Street/<br>Road/Hwy |             |                             | 1 2<br>← →<br>Node Code | 256                                    | 1135.00 Feet |                              |              | From Node 1        |     |  |
|                          | Mile Post                | 44.0 | Control Access           | Hwy Loc                  | 1    | Primary Contrib Circum   | 37          | Primary Contributing Unit # | 1                       | First Harmful Event Location           | 22           | First Harmful Event Location | 1            | Most Harmful Event |     |  |
|                          | Distance to Fixed Object | N/A  | feet                     | Roadway Junction/Feature | 1    | Manner of Crash          | 6           | Lat Coordinate              | 99                      | Long Coordinate                        | 99           | Coordinate Type              | 97           | Hwy Side           |     |  |
|                          | School Bus Related       | 1    | Crash Severity           |                          | A    |                          |             |                             |                         |  |              |                              |              |                    |     |  |
|                          |                          |      |                          |                          |      |                          |             |                             |                         |  |              |                              |              |                    |     |  |

|               |                           |                              |                              |                          |         |                                |                         |                      |                              |                      |                    |                              |                      |                    |                           |                   |                     |                                |            |    |                    |    |  |
|---------------|---------------------------|------------------------------|------------------------------|--------------------------|---------|--------------------------------|-------------------------|----------------------|------------------------------|----------------------|--------------------|------------------------------|----------------------|--------------------|---------------------------|-------------------|---------------------|--------------------------------|------------|----|--------------------|----|--|
| <b>DRIVER</b> | 1                         | (b)(3) Exemption 3 for 25(c) |                              |                          |         |                                |                         |                      |                              |                      |                    |                              |                      |                    |                           |                   |                     |                                |            |    |                    |    |  |
|               | DOB                       | (b)(3) Exemption 3           |                              |                          | Race    | 1                              | Sex                     | 1                    | DL State                     | AL                   | Driver License No. | (b)(3)                       | DL Class             | D                  | DL Status                 | S                 | Restrict Violations | 97                             | COL Status | 97 | Endorse Violations | 97 |  |
|               | Place of Employment       | Unemployed                   |                              |                          |         |                                |                         |                      |                              |                      |                    |                              |                      |                    |                           |                   |                     |                                |            |    |                    |    |  |
|               | Liability Insurance Co.   | ALFA                         |                              |                          |         |                                |                         | Liability Policy No. | 99                           |                      |                    | Residence Less Than 25 Miles | Yes                  |                    |                           |                   |                     |                                |            |    |                    |    |  |
|               | Driver Condition          | 1                            | Sobriety/Officer Opinion     | Alcohol: No<br>Drugs: No |         |                                | Type Alcohol Test Given | 6                    |                              | Alcohol Test Results | N/A                |                              | Type Drug Test Given | 4                  |                           | Drug Test Results | 97                  |                                | Maneuver   | 7  |                    |    |  |
|               | Most Harmful Event for MV | 22                           | Travel Road Name             |                          |         |                                |                         |                      | Columbia Road                |                      |                    | Road Code                    | S095                 |                    | Travel Direction          | 4                 |                     | Unit Contributing Circumstance | 37         |    |                    |    |  |
|               | Sequence of Events        | Event 1                      | Event 2                      |                          | Event 3 |                                | Event 4                 |                      | First Harmful Event Location |                      |                    | 1                            |                      |                    |                           |                   |                     |                                |            |    |                    |    |  |
|               | Veh Year                  | 2009                         | Make                         | 98                       |         | Veh Model                      | XUV                     |                      |                              | Body                 | 98                 |                              | V.I.N.               | (b)(3) Exemption 3 |                           |                   |                     |                                |            |    |                    |    |  |
|               | Owner's Name              | (b)(3) Exemption 3           |                              |                          |         |                                |                         | License Tag Number   | N/L                          |                      | State              | 96                           |                      | Year               | 96                        |                   |                     |                                |            |    |                    |    |  |
|               | Street or R.F.D.          | (b)(3) Exemption 3 for 35(c) |                              |                          |         |                                |                         |                      |                              |                      |                    |                              |                      |                    |                           |                   |                     |                                |            |    |                    |    |  |
|               | Type                      | 21                           | Usage                        | 1                        |         | Emergency Status               | 97                      |                      | Placard Required             | 97                   |                    | Hazardous Cargo              | 97                   |                    | Hazardous Cargo Released? | 97                |                     |                                |            |    |                    |    |  |
|               | Attachment                | 1                            | Oversized Load (Req. Permit) | N/A                      |         | If Yes, Did Owner Have Permit? | N/A                     |                      | Contrib Defect               | 1                    |                    | Speed Limit                  | 45 MPH               |                    | Est Speed                 | Unk MPH           |                     | Citation Offense(s) Charged    | None       |    |                    |    |  |
|               | Damage Severity           | 4                            | Towed?                       | 3                        |         | Vehicle Towed By Whom:         |                         |                      |                              |                      |                    |                              |                      |                    |                           |                   |                     |                                |            |    |                    |    |  |
|               |                           | 97                           |                              |                          |         |                                |                         |                      |                              |                      |                    |                              |                      |                    |                           |                   |                     |                                |            |    |                    |    |  |
|               | Towed To Where:           | 97                           |                              |                          |         |                                |                         |                      |                              |                      |                    |                              |                      |                    |                           |                   |                     |                                |            |    |                    |    |  |



|               |                           |                                   |                              |                          |         |                                |                         |                      |                              |                      |                    |                              |                      |                    |                           |                   |                     |                                |            |    |                    |    |  |
|---------------|---------------------------|-----------------------------------|------------------------------|--------------------------|---------|--------------------------------|-------------------------|----------------------|------------------------------|----------------------|--------------------|------------------------------|----------------------|--------------------|---------------------------|-------------------|---------------------|--------------------------------|------------|----|--------------------|----|--|
| <b>DRIVER</b> | 2                         | (b)(3) Exemption 3 for 25(c)      |                              |                          |         |                                |                         |                      |                              |                      |                    |                              |                      |                    |                           |                   |                     |                                |            |    |                    |    |  |
|               | DOB                       | (b)(3) Exemption 3                |                              |                          | Race    | 2                              | Sex                     | 2                    | DL State                     | AL                   | Driver License No. | (b)(3)                       | DL Class             | DM                 | DL Status                 | C                 | Restrict Violations | 97                             | COL Status | 97 | Endorse Violations | 97 |  |
|               | Place of Employment       | Senior Citizen Center             |                              |                          |         |                                |                         |                      |                              |                      |                    |                              |                      |                    |                           |                   |                     |                                |            |    |                    |    |  |
|               | Liability Insurance Co.   | State Farm                        |                              |                          |         |                                |                         | Liability Policy No. | (b)(3) Exemption 3           |                      |                    | Residence Less Than 25 Miles | Yes                  |                    |                           |                   |                     |                                |            |    |                    |    |  |
|               | Driver Condition          | 1                                 | Sobriety/Officer Opinion     | Alcohol: No<br>Drugs: No |         |                                | Type Alcohol Test Given | 6                    |                              | Alcohol Test Results | N/A                |                              | Type Drug Test Given | 4                  |                           | Drug Test Results | 97                  |                                | Maneuver   | 1  |                    |    |  |
|               | Most Harmful Event for MV | 22                                | Travel Road Name             |                          |         |                                |                         |                      | Columbia Road                |                      |                    | Road Code                    | S095                 |                    | Travel Direction          | 1                 |                     | Unit Contributing Circumstance | 72         |    |                    |    |  |
|               | Sequence of Events        | Event 1                           | Event 2                      |                          | Event 3 |                                | Event 4                 |                      | First Harmful Event Location |                      |                    | 1                            |                      |                    |                           |                   |                     |                                |            |    |                    |    |  |
|               | Veh Year                  | 1994                              | Make                         | CADI                     |         | Veh Model                      | Deville                 |                      |                              | Body                 | 2                  |                              | V.I.N.               | (b)(3) Exemption 3 |                           |                   |                     |                                |            |    |                    |    |  |
|               | Owner's Name              | Same                              |                              |                          |         |                                |                         | License Tag Number   | (b)(3)                       |                      | State              | AL                           |                      | Year               | 2011                      |                   |                     |                                |            |    |                    |    |  |
|               | Street or R.F.D.          | Same                              |                              |                          |         |                                |                         |                      |                              |                      |                    |                              |                      |                    |                           |                   |                     |                                |            |    |                    |    |  |
|               | Type                      | 1                                 | Usage                        | 1                        |         | Emergency Status               | 97                      |                      | Placard Required             | 97                   |                    | Hazardous Cargo              | 97                   |                    | Hazardous Cargo Released? | 97                |                     |                                |            |    |                    |    |  |
|               | Attachment                | 1                                 | Oversized Load (Req. Permit) | N/A                      |         | If Yes, Did Owner Have Permit? | N/A                     |                      | Contrib Defect               | 1                    |                    | Speed Limit                  | 45 MPH               |                    | Est Speed                 | 45 MPH            |                     | Citation Offense(s) Charged    | None       |    |                    |    |  |
|               | Damage Severity           | 4                                 | Towed?                       | 1                        |         | Vehicle Towed By Whom:         |                         |                      |                              |                      |                    |                              |                      |                    |                           |                   |                     |                                |            |    |                    |    |  |
|               |                           | Abbeville Paint and Body          |                              |                          |         |                                |                         |                      |                              |                      |                    |                              |                      |                    |                           |                   |                     |                                |            |    |                    |    |  |
|               | Towed To Where:           | Abbeville Paint and Body/Murphy's |                              |                          |         |                                |                         |                      |                              |                      |                    |                              |                      |                    |                           |                   |                     |                                |            |    |                    |    |  |





# NARRATIVE

Vehicle #1 attempted to cross the roadway in front of a black, Z-71 Chevrolet pickup driven by (b)(3)E. Mr. (b)(3) saw Vehicle #1 entering the roadway so he started slowing down. Vehicle #2 saw the black pickup slowing down and pulled out into the south bound lane attempting to pass when Vehicle #1 continued across the roadway in the path of vehicle #2. The front of Vehicle #2 made contact at the left front wheel of Vehicle #1 approximately five feet from the center line in the south bound lane. The left front wheel of vehicle #1 was knocked off and lodged under the right front wheel of vehicle #2. The driver of Vehicle #1 was ejected from his vehicle striking the lower right front windshield of Vehicle #2. Vehicle #2 traveled 58 feet (measured to the front left wheel of Vehicle #2) after the POI with no skid marks. The driver of Vehicle #1 lay approximately 12-15 feet from the right front fender of Vehicle #2.

## ROADWAY ENVIRONMENT

|                         |    |                      |   |                     |         |                   |   |                             |    |                          |                 |                  |                           |                                   |    |  |    |                        |   |
|-------------------------|----|----------------------|---|---------------------|---------|-------------------|---|-----------------------------|----|--------------------------|-----------------|------------------|---------------------------|-----------------------------------|----|--|----|------------------------|---|
| Unit No.                | 1  | Involved Road/Bridge | 1 | Road Surface Type   | 1       | Roadway Condition | 1 | Workzone Related?           | 1  | Workzone Type            | 97              | Workers Present? | NotApplicable             | Workzone Law Enforcement Present? | 97 | Contributing Circumstances Environment | 1  | Contrib Mat In Roadway | 1 |
| Contrib Material Source | 97 | Rdway Curve & Grade  | 1 | Vision Obscur ed By | 10      | Traffic Control   | 1 | Traffic Control Functioning | 97 | Opposing Lane Separation | 2               | Trafficway Lanes | 2                         | Turn Lanes                        | 1  | One-Way Street                         | No |                        |   |
| Total Number of Units   |    | Light                |   |                     | Weather |                   |   | Locale                      |    |                          | Police Present? |                  | DOT Railroad Crossing No. |                                   |    |  |    |                        |   |
| 2                       |    | 1                    |   |                     | 1       |                   |   | 2                           |    |                          | No              |                  | N/A                       |                                   |    |  |    |                        |   |
| Unit No.                | 2  | Involved Road/Bridge | 1 | Road Surface Type   | 1       | Roadway Condition | 1 | Workzone Related?           | 1  | Workzone Type            | 97              | Workers Present? | NotApplicable             | Workzone Law Enforcement Present? | 97 | Contributing Circumstances Environment | 1  | Contrib Mat In Roadway | 1 |
| Contrib Material Source | 97 | Rdway Curve & Grade  | 1 | Vision Obscur ed By | 1       | Traffic Control   | 1 | Traffic Control Functioning | 97 | Opposing Lane Separation | 4               | Trafficway Lanes | 2                         | Turn Lanes                        | 1  | One-Way Street                         | No |                        |   |
| Total Number of Units   |    | Light                |   |                     | Weather |                   |   | Locale                      |    |                          | Police Present? |                  | DOT Railroad Crossing No. |                                   |    |  |    |                        |   |
| 2                       |    | 1                    |   |                     | 1       |                   |   | 2                           |    |                          | No              |                  | N/A                       |                                   |    |  |    |                        |   |

## INVESTIGATION

### Property Damage Description

|  |                               |                               |                    |
|--|-------------------------------|-------------------------------|--------------------|
| Description: N/A   |                               | Address:                      |                    |
| Owner:   |                               | Telephone:                    |                    |
| Name of Photographer   |                               | Non-Vehicular Property Damage |                    |
| N/A  |                               | 1                             |                    |
| Time Police Notified   | Time Police Arrived           | Time EMS Arrived              | EMS Response Run # |
| 07:53 AM   | 08:00 AM                      | 08:10 AM                      | N/A                |
| Witness Full Name  | Address                       |                               | Telephone          |
| (b)(3) Exemption   | (b)(3) Exemption 3 (or 25(c)) |                               | (b)(3) Exem        |
| Witness Full Name  | Address                       |                               | Telephone          |
| N/A  |                               |                               |                    |
| Name of Investigating Officer  | Officer ID                    | Agency ORI                    |                    |
| (b)(3) Exemp   | 103                           | AL0370100                     |                    |
| Name of Investigating Officer  | Officer ID                    | Agency ORI                    |                    |
|  |                               |                               |                    |
| The date on this report reflects the best knowledge, opinion, and belief regarding the crash, but no warrant is made as to the factual accuracy thereof. |                               |                               |                    |

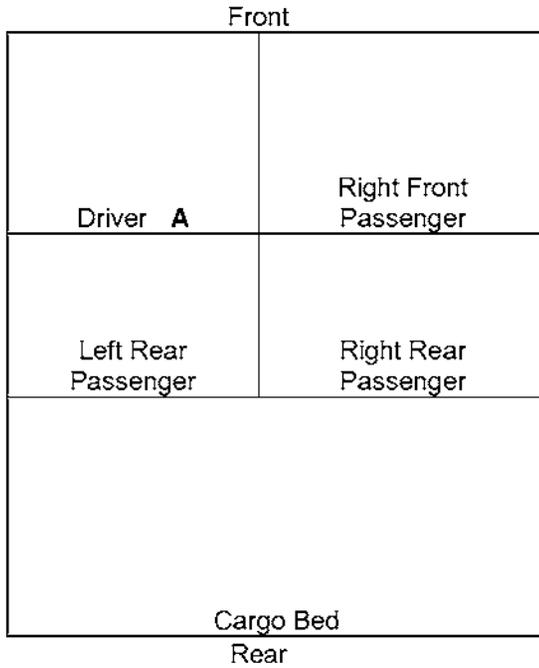
# LEGEND

| Location          | Category                           | Code | Description                                | Location | Category                          | Code           | Description                     |
|-------------------|------------------------------------|------|--|----------|-----------------------------------|----------------|---------------------------------|
| Report Header     | Unit Type                          | 1    | Passenger car                              | Driver   | Place of Employment               |                | Not Set                         |
| Report Header     | Unit Type                          | 21   | 4-wheel off road ATV                       | Driver   | Place of Employment               | Unempl<br>oyed | Unemployed                      |
| Location And Time | Contributing Circumstance          | 37   | Failed to yield right-of-way from driveway | Driver   | Race                              | 1              | White / Caucasian               |
| Location And Time | Contributing Unit                  | 10   | Unit 1                                     | Driver   | Race                              | 2              | Black / African-American        |
| Location And Time | Controlled Access Highway Location | 1    | Main road                                  | Driver   | Residence Within 25 Miles         | Yes            | Yes                             |
| Location And Time | Coordinate Status                  | 99   | Unknown                                    | Driver   | Travel Direction                  | 1              | North                           |
| Location And Time | Coordinate Type                    | 97   | Not applicable                             | Driver   | Travel Direction                  | 4              | West                            |
| Location And Time | Crash Manner                       | 8    | Angle (front-to side), opposite direction  | Vehicle  | Attachment                        | 1              | None                            |
| Location And Time | Crash Severity                     | A    | Incapacitating injury                      | Vehicle  | Body                              | 2              | Four door                       |
| Location And Time | Distance Node Unit                 | 10   | Feet                                       | Vehicle  | Body                              | 98             | Other (explain in narrative)    |
| Location And Time | Harmful Event                      | 22   | Collision with vehicle in traffic          | Vehicle  | Citation Offense                  | 99             | None                            |
| Location And Time | Highway Classification             | 3    | State                                      | Vehicle  | Damage Severity                   | 4              | Major, disabled                 |
| Location And Time | Highway Side                       | 1    | Northbound                                 | Vehicle  | Defect                            | 1              | None                            |
| Location And Time | Roadway Feature                    | 1    | No special feature                         | Vehicle  | Emergency Status                  | 97             | Not applicable                  |
| Location And Time | School Bus Related                 | 1    | No school bus involved                     | Vehicle  | Estimated Speed Code              |                | Not set                         |
| Location And Time | Time Display Format                | 10   | Standard                                   | Vehicle  | Estimated Speed Code              | Unk            | Unknown                         |
| Driver            | Alcohol Test Type                  | 6    | No Test Given                              | Vehicle  | Hazardous Cargo                   | 97             | Not applicable                  |
| Driver            | Commercial Driver License Status   | 97   | Not applicable / unlicensed                | Vehicle  | Hazardous Cargo Release Type      | 97             | Not applicable                  |
| Driver            | Contributing Circumstance          | 37   | Failed to yield right-of-way from driveway | Vehicle  | K12 Child Going To Or From School | 0              | Not Set                         |
| Driver            | Contributing Circumstance          | 72   | Unseen object / person / vehicle           | Vehicle  | Make                              | 98             | * Other                         |
| Driver            | Driver Address Code                | 0    | Not Set                                    | Vehicle  | Make                              | CADI           | Cadillac                        |
| Driver            | Driver Condition                   | 1    | Apparently normal                          | Vehicle  | Non-Motorist Action               | 0              | Not Set                         |
| Driver            | Driver License Class Code          | 0    | Not set                                    | Vehicle  | Non-Motorist Location             | 0              | Not Set                         |
| Driver            | Driver License Endorsement         | 97   | Not applicable                             | Vehicle  | Oversized Load                    | N/A            | NotApplicable                   |
| Driver            | Driver License Number              | 0    | Not set                                    | Vehicle  | Oversized Load Permit             | N/A            | NotApplicable                   |
| Driver            | Driver License Restriction         | 97   | Not applicable                             | Vehicle  | Owner Address Code                | 0              | Not Set                         |
| Driver            | Driver License State Code          | 0    | Not set                                    | Vehicle  | Owner Address Code                | Same           | Same                            |
| Driver            | Driver License Status              | C    | Current / valid                            | Vehicle  | Owner Name Code                   |                | Not Set                         |
| Driver            | Driver License Status              | S    | Suspended                                  | Vehicle  | Owner Name Code                   | Same           | Same as driver                  |
| Driver            | Driver Name Code                   | 0    | Not Set                                    | Vehicle  | Piscard Requirement               | 97             | Not applicable                  |
| Driver            | Drug Test Result                   | 97   | Not applicable                             | Vehicle  | Tag Number                        |                | Not set                         |
| Driver            | Drug Test Type                     | 4    | No test given                              | Vehicle  | Tag Number                        | N/L            | No license tag on motor vehicle |
| Driver            | Gender                             | 1    | Male                                       | Vehicle  | Tag State                         | 0              | Not set                         |
| Driver            | Gender                             | 2    | Female                                     | Vehicle  | Tag State                         | 99             | No license tag on motor vehicle |
| Driver            | Harmful Event                      | 22   | Collision with vehicle in traffic          | Vehicle  | Tag Year                          | 0              | Not set                         |
| Driver            | Liability Ins. Policy Code         | 0    | Not Set                                    | Vehicle  | Tag Year                          | 98             | No license tag on motor vehicle |
| Driver            | Liability Ins. Policy Code         | 99   | Unknown                                    | Vehicle  | Tow Status                        | 1              | Towed due to disabling damage   |
| Driver            | Maneuver                           | 1    | Movement essentially straight              | Vehicle  | Tow Status                        | 3              | Not towed                       |
| Driver            | Maneuver                           | 7    | Entering main road                         | Vehicle  | Towed Code                        | 0              | Not Set                         |
| Driver            | Phone Number Code                  | 0    | Not Set                                    | Vehicle  | Towed Code                        | 97             | Not applicable                  |

# LEGEND

| Location            | Category                                | Code | Description                                     | Location            | Category                               | Code | Description                  |
|---------------------|---|------|---|---------------------|--|------|------------------------------|
| Vehicle             | Unit Type                               | 1    | Passenger car                                   | Roadway Environment | Vision Obscuration                     | 1    | Not obscured                 |
| Vehicle             | Unit Type                               | 21   | 4-wheel off road ATV                            | Roadway Environment | Vision Obscuration                     | 10   | Moving vehicles              |
| Vehicle             | Usage                                   | 1    | Personal  | Roadway Environment | Weather Condition                      | 1    | Clear                        |
| Vehicle             | VIN                                     | 0    | Not set   | Roadway Environment | Workzone Law Enforcement Presence      | 97   | Not applicable               |
| Vehicle             | Year                                    |      | Not set   | Roadway Environment | Workzone Relationship                  | 1    | Not In / related to workzone |
| Victims             | Age Code                                | 8    | 26 - 64   | Roadway Environment | Workzone Type                          | 97   | Not applicable               |
| Victims             | Age Code                                | 8    | 65 or older                                     | Investigation       | Non-Vehicular Property Damage Severity | 1    | None visible                 |
| Victims             | Airbag                                  | 7    | Deployed front, switch on                       |                     |  |      |                              |
| Victims             | Airbag                                  | 97   | Not applicable (vehicle cannot contain airbags) |                     |  |      |                              |
| Victims             | Birth Date Code                         | 0    | Not Set   |                     |  |      |                              |
| Victims             | Ejection Status                         | 1    | Not ejected or trapped                          |                     |  |      |                              |
| Victims             | Ejection Status                         | 3    | Totally ejected                                 |                     |  |      |                              |
| Victims             | First Aid Provider                      | 1    | Paramedic / EMT                                 |                     |  |      |                              |
| Victims             | Gender                                  | 1    | Male  |                     |  |      |                              |
| Victims             | Gender                                  | 2    | Female  |                     |  |      |                              |
| Victims             | Injury Type                             | 2    | Incubating                                      |                     |  |      |                              |
| Victims             | Injury Type                             | 4    | Not visible but complains of pain               |                     |  |      |                              |
| Victims             | Medical Facility Transport              | 2    | EMS ground                                      |                     |  |      |                              |
| Victims             | Medical Facility Transport              | 4    | Private vehicle                                 |                     |  |      |                              |
| Victims             | Occupant Type                           | 1    | Driver  |                     |  |      |                              |
| Victims             | Safety Equipment                        | 2    | Shoulder and lap belt used                      |                     |  |      |                              |
| Victims             | Safety Equipment                        | 97   | Not applicable                                  |                     |  |      |                              |
| Victims             | Victim Taken By                         |      | Not Set   |                     |  |      |                              |
| Victims             | Victim Taken By                         | 99   | Unknown   |                     |  |      |                              |
| Victims             | Victim Taken To                         |      | Not Set   |                     |  |      |                              |
| Roadway Environment | Environmental Contributing Circumstance | 1    | None apparent                                   |                     |  |      |                              |
| Roadway Environment | Light Condition                         | 1    | Daylight  |                     |  |      |                              |
| Roadway Environment | Locale                                  | 2    | Residential                                     |                     |  |      |                              |
| Roadway Environment | Opposing Lane Separation                | 2    | Paved surface                                   |                     |  |      |                              |
| Roadway Environment | Opposing Lane Separation                | 4    | Broken painted line                             |                     |  |      |                              |
| Roadway Environment | Road Bridge Condition                   | 1    | None apparent                                   |                     |  |      |                              |
| Roadway Environment | Road Surface Type                       | 1    | Asphalt   |                     |  |      |                              |
| Roadway Environment | Roadway Condition                       | 1    | Dry   |                     |  |      |                              |
| Roadway Environment | Roadway Curvature And Grade             | 1    | Straight, level                                 |                     |  |      |                              |
| Roadway Environment | Roadway Material                        | 1    | None  |                     |  |      |                              |
| Roadway Environment | Roadway Material Source                 | 97   | Not applicable                                  |                     |  |      |                              |
| Roadway Environment | Traffic Control                         | 1    | No controls present                             |                     |  |      |                              |
| Roadway Environment | Traffic Control Status                  | 97   | Not applicable                                  |                     |  |      |                              |
| Roadway Environment | Trafficway Lane Count                   | 2    | Two lanes                                       |                     |  |      |                              |
| Roadway Environment | Turn Lane Presence                      | 1    | None  |                     |  |      |                              |

Utility Vehicle Data Record Sheet



The Utility Vehicle

|  |  |                   |
|--|--|-------------------|
| A:   | Age: 61  | Height: unknown   |
|  | Gender:  | Weight: unknown   |
|  |  |                   |
|  | Helmet (Y/N): N                                    | Seatbelt (Y/N): Y |
|  |  |                   |
|  | Killed/Injured/Neither/Unknown: Killed             |                   |
|  | Injury Description: multiples system organ failure |                   |
| 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): <b>no</b> |                                 |                 |

|                                      |                                 |                 |
|--------------------------------------|---------------------------------|-----------------|
| 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 INFORMATION:**

Contacted on 5/2/12

AL Department of Motor Vehicle  
Accident Records Unit  
PO Box 1471  
Montgomery, AL 36102  
(866)915-5668

## Estelle, Gerri

---

**From:** Tank Rita [TankRitaL@JohnDeere.com]  
**Sent:** Tuesday, August 14, 2012 4:52 PM  
**To:** Clearinghouse  
**Cc:** Steenlage Keith E  
**Subject:** EIR120424HCC2669  
**Attachments:** EIR120424HCC2669 .pdf

### **Rita Tank**

Product Liability Paralegal

Deere & Company

Phone: (309) 765-4037

Fax: (309) 749-0085

Email: [tankrital@johndeere.com](mailto:tankrital@johndeere.com)

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**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

14 August 2012

Pamela Mc Donald  
Program Analyst  
National Injury Information Clearinghouse  
Division of Hazard & Injury Data Systems  
Data Intake & Injury Information Branch  
4330 East West Highway, Room 502  
Bethesda, MD 20814

**VIA EMAIL**

Re: Epidemiologic Investigation Report 120424HCC2669

Dear Ms. McDonald:

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

According to this report a 61 year old man was attempting to cross a roadway with a Gator UTV and was struck by an oncoming motor vehicle. The operator was ejected from the Gator and died from the injuries he sustained.

The EIR indicates that the operator was not wearing a helmet. Since he was ejected from the Gator, it is also very likely he was not wearing his seatbelt. Occupant restraints, protective equipment, and operator awareness are crucial aspects of the safe operation of the John Deere Gator. All of the areas are addressed in the Operator's Manual and with safety signs on the machine.

The operator's manual and the safety signs on the Gator XUV both stated: to "USE SEAT BELT", and "wear a helmet when traveling at speeds greater than 56 km/h (35 mph)". The Operator's Manual further states to: "Make sure that signs and reflectors are on the vehicle to warn other drivers when operating near the roadways" and also, "Make sure these features are clean and visible at least 500 feet away." The operator involved in this incident violated some, if not all these instructions and warnings.

The John Deere XUV Gator met or exceeded all applicable standards at the time it was manufactured. Deere denies that there is any manufacturing or design defect in this product.

08 August 2012  
Page 2

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





This investigation was initiated as the result of a news article discovered by the U.S. Consumer Product Safety Commission. The information in this report was obtained through official report reviews of the local area Sheriff's Office and Emergency Medical Services. The Medical Examiner's report was not yet available for release at the time of this investigation. Further limited information was obtained from an in-person interview with the Service Manager of a local authorized dealer for the incident unit manufacturer and a telephone interview with the Service Manager of the dealership where the incident unit was purchased. The victim's next of kin and the passenger in the incident were both contacted, but did not respond to multiple contact attempts.

On April 04, 2012, a 68 year old man was driving his utility vehicle (UTV) around his 106 acre property. The five foot ten inch tall man, who weighed approximately 208 pounds, was giving his 71 year old friend a tour of his property. The 71 year old man, who weighs approximately 240 pounds and measures six feet tall, was riding in the front right seat as a passenger in the UTV.

The men were traveling a sloped grass and packed dirt trail, but the degree of the slope was unknown. The incident occurred during daylight hours and there were zero inches of precipitation reported on the day before and the day of the incident.

The driver approached a decline and as he started descending it he said, "Uh oh". The passenger looked over and witnessed the brake pedal pressed all the way to the floor as the UTV was picking up speed. Fearing injury, the passenger leaped out of the UTV. The passenger then picked himself up and called 911 while he located the victim. He saw the UTV and driver in a creek and held the driver's head out of the water while he waited for EMS. According to the EMS report (Exhibit 4) they were called at 1:19 P.M. and arrived at the patient at 1:37 P.M. Neither the passenger nor the driver was wearing a seatbelt during the incident and the driver was ejected from the UTV. It is unknown if helmets were worn by the men.

EMS personnel started cardiopulmonary resuscitation (CPR) upon arrival and waited for assistance for approximately 10 to 15 minutes to get the man out of the creek bed. The man was given oxygen and intravenous epinephrine while being transported to the hospital. The driver was described as having an open skull fracture with intracranial hemorrhaging. The driver was pronounced dead at the hospital. It is unknown what injuries, if any, the passenger sustained.

The UTV was described as having damage to the passenger side roof canopy and support beam, but was found sitting upright in the creek. The UTV went off a ledge above the creek bed which was described as approximately 10 to 12 feet high. The Sheriff's Office detectives (Exhibit 3) believed the UTV flipped over, but it is unknown how many times or if it landed on the victim. It is unknown how long the victim tried the brakes before going over the ledge. It is also unknown if

the victim only tried the foot operated brake pedal or if he also tried the hand operated parking brake. Photos of the trail, creek, and ledge can be seen in Exhibit 2.

A tow truck arrived and pulled the vehicle out of the creek to tow it to the Sheriff's Office impound lot. Once at the impound lot, the tow truck driver backed it down the tow truck flat bed and demonstrated to the Detective that the brakes worked on the UTV. The brakes were used several times during the unloading and it was noted in the Sheriff's Office report that, "It is possible that the brakes may have slipped but they were in working order when we tested them."

On May 10, 2012, the Service Manager at an authorized retailer and service center for the incident unit manufacturer was interviewed in-person. This dealership is not the dealer the incident unit was purchased from, but they were able to provide information regarding the UTV. The Service Manager was not aware of any reports from their customer's regarding other UTV's losing control either from sudden acceleration or loss of brakes. There were no records of customers bringing their UTV in for service for either of the above issues.

On May 10, 2012, the Service Manager at the dealership where the incident unit was purchased was interviewed over the phone. He was unaware of any incidents regarding the incident model UTV. The manager looked up the UTV using the vehicle identification number (VIN) and saw that there was a roof and windshield installed at the dealership before the unit was purchased. The unit has a production date of February 01, 2011, was outfitted with the windshield and roof on February 28, 2011, and sold to the victim on May 13, 2011. There were no records of any services or repairs done to the incident unit after it was purchased from the dealership.

A search on the manufacturer's website using the VIN shows that the incident unit's warranty expired on November 13, 2011, and no extended warranty was purchased.

## **DATA RECORD SHEET**

The "Appendix 91: All-Terrain Vehicles" Utility Vehicle Data Record Sheet is included as Exhibit 7 with this investigation.

The following questions from the UTV section of the UTV Appendix are unknown:  
6, 7, 8, 11, 12, 13, 16

## **SAMPLE COLLECTION**

There was no sample collected pursuant to this investigation. The incident unit UTV was collected from the victim's next of kin and kept at the Sheriff's office impound lot.

## **PRODUCT IDENTIFICATION**

The incident unit is a **Polaris** Ranger four seat utility vehicle. It is green in color and a 2011 model year. The full vehicle model code is "R11WH76AG" and is described as a 2011 Polaris Ranger 800 EFI Crew 4x4. The Vehicle Identification Number (VIN) is 4XAWH76A8B2240035. The manufacturer's website lists the manufacturer's suggested retail price starts at \$12,399. A copy of the incident unit vehicle information was obtained from the manufacturer's website using the VIN and can be seen as Exhibit 5. A copy of the general specifications from the manufacturer's website can be seen as Exhibit 6.

## **ATTACHMENTS**

### Exhibit

1. Identity of Respondents (1 Page)
2. Photos Taken by Sheriff's Office (7 Pages)
3. Sheriff's Office Report (7 Pages)
4. EMS Report (3 Pages)
5. Vehicle Information (1 Page)
6. Vehicle Specifications (1 Page)
7. UTV Data Record Sheet (1 Page)
8. Notice of Inspection (1 Page)
9. CPSC Missing Document Form (1 Page)

**IDENTITY OF RESPONDENTS**

(b) (6) Kin

Contacted 4-24-2012, 5-7-2012, 5-10-2012; multiple contact methods received no response

(b) (6)

Contacted 5-7-2012 and 5-10-2012; multiple contact methods received no response

Monroe County Sheriff's Office  
145 L. Cary Bittick Dr.  
Forsyth, GA 31029  
Phone: 478-994-7048  
Contacted 4-24-2012

Monroe County Fire Department  
507 Montpelier Ave  
PO Box 189  
Forsyth, GA 31029  
Phone: 478-994-7004  
Contacted 4-24-2012

Open Records Unit  
Georgia Bureau of Investigation  
3121 Panthersville Road  
Decatur, Georgia 30034  
Phone: 404-270-8527  
Contacted 5-15-2012

Jason Dyer, Service Manager  
Freedom PowerSports of Cumming  
594 Veterans Memorial Blvd  
Cumming, GA 30040  
Phone: 678-455-6460  
Contacted 5-10-2012

Bruce Busbee, Service Manager  
Capitol Cycle Company  
4950 Mercer University Dr  
Macon, GA 31210  
Phone: 478-475-5711  
Contacted 5-10-2012

Photo 1: Trail traveled by incident UTV



Photo 2: Trail traveled by UTV showing tracks



Photo 3: Area that UTV traveled; location of two men is reportedly approximate location where UTV went over the ledge and into the creek bed



Photo 4: Close-up of trail marks and terrain on path that UTV took



Photo 5: Trail that UTV took; unknown where other tire trail is located



Photo 6: Ledge that UTV went off



Photo 7: View from creek bed of ledge where UTV went off trail and into creek bed



**MONROE COUNTY SHERIFF**  
**Incident Report**

**Incident 2012009246-0 ORI GA1020000**

**Occur Date/Time:** 04/04/2012 13:46 **To:** 04/04/2012 13:46 **Agency#:** MCSO  
**Report Date/Time:** 04/04/2012 13:46 **File#:** SO12008264  
**Time Arrived:** 14:10 **Time Cleared:** 16:31 **Description:** FOUR WHEELER WRECK

|  |                              |                      |
|--|------------------------------|----------------------|
| <b>Complainant:</b> (b)(6)<br>[REDACTED]<br>FORSYTH,GA 31029 | <b>DOB:</b> [REDACTED]/1941  | <b>Race:</b> W       |
|  | <b>Phone(H):</b> [REDACTED]  | <b>Sex:</b> M        |
|  | <b>Phone(W):</b> [REDACTED]  | <b>Ethnic:</b> N     |
|  | <b>Phone(C):</b> [REDACTED]  | <b>Height:</b> 6'00" |
| <b>Occurred At:</b> (b)(6)<br>[REDACTED]                     | <b>Phone(O):</b> [REDACTED]  | <b>Weight:</b> 240   |
| <b>Location:</b> --  | <b>Resident:</b> R           | <b>Hair:</b> BRO     |
|  | <b>Age:</b> 71               | <b>Eyes:</b> HAZ     |
|  |                              | <b>DOC:</b>          |
| <b>Employer:</b>   | <b>Occupation:</b>           |                      |
|  | <b>Phone:</b>                |                      |
|  | <b>Date From:</b> 00/00/0000 |                      |
|  | <b>Date To:</b> 00/00/0000   |                      |

**Offenses:**

| IBR# | Offense Description Using | Activity | Statute CampusCode-Location | Status Aid Abet | Location LocalStatute | Weapons Act Type | Fel/Misd Gambi |
|------|---------------------------|----------|-----------------------------|-----------------|-----------------------|------------------|----------------|
|      | no chargeable offense     |          |                             | Completed       | Field/Woods           |                  | N              |

**Person(s) Involved:**

| Description | Name            | DOB             | Address                  | City/State        | Phone      |
|-------------|-----------------|-----------------|--------------------------|-------------------|------------|
| Victim      | (b)(3):Exemptio | [REDACTED] 1943 | [REDACTED] HIGHWAY 341   | CULLODEN,GA 31016 |            |
| Complainant | (b)(6)          | [REDACTED] 1941 | [REDACTED] MONTPELIER RD | FORSYTH,GA 31029  | [REDACTED] |

|                        |   |
|------------------------|---|
| <b>Referral:</b>       | None  |
| <b>Children:</b>       |   |
| <b>Evidence Taken:</b> | <b>Photo:</b> <b>Fingerprint(s):</b> <b>Other:</b> <b>Status Date:</b> 04/09/2012 |

**Status:** UNFOUNDED **Exceptionally Cleared:**

**Investigator:** 1229 - ADAM BLANKS **Investigator Assigned:** 04/09/2012

**Reporting Officer:** 124 - RICHARD COUGHENOUR **Investigator Due:** 00/00/0000

**Supervisor:** 895 - RICKY DAVIS **Supervisor Approved:** 04/04/2012

**Entered By:** - **Records Approved:** 00/00/0000

**Records:** -

**Addendum Codes:**

**Copies To:**

**Officer Initiated Report:** N **IBR Date:** 04/04/2012

**Arrest Exists:** N **Entered Date:** 04/04/2012

**Known Occur Date:** Y **Entered Time:** 16:35

**Media Hold:** N **Media Printed Date:** 00/00/0000

**Incident Activity:**



# Incident Supplement Updates

## Supplement 1

---

Case Status - A

Report time - 16:35:00

## Supplement 2

---

Report date - 04/09/2012

Report time - 11:21:00

Entered Date - 04/09/2012

Entered Time - 11:21:00

Officer# - 1229

Officer - ADAM BLANKS

## Monroe County Sheriff's Office 2012009246

Wednesday 4<sup>th</sup> April 2012, I, Cpl.R.N.Coughenour, III was sent to (b)(6) regarding a four wheeler collision.

Monroe County dispatch said that the EMS personnel at the location were requesting a deputy. When I arrived I was greeted by fire Chief Ronald Norris. I asked him what had occurred. He stated that a four wheeler had rolled off a hill and into a creek. He also said that one person was possibly deceased.

We all walked to the location. It was in a wooded area behind the main house. There is a small pond that is fed by a natural creek. As we continued our walk, I saw a green Polaris four seat machine, sitting in the creek bed. The machine was sitting upright and facing toward the front of the property. As I closed in on the machine I saw that the roof was bent and several items of debris were strewn about the area.

I walked further up the hill and saw a set of tire marks in the dirt. The marks track down a grade then abruptly stop. It was at this time the machine left the ground and traveled down a 10 to 12 foot drop into the rock strewn creek bed. The machine then came to a stop in the creek bed.

Information garnered from the EMS personnel on scene it would seem that the deceased fell from the machine while it was plunging toward the creek bed.

The deceased was transported to Monroe County Hospital by ambulance.

I was able to speak with the complainant/passenger later in the afternoon. (b)(6) stated that they were touring the property and started down a steep incline. It was then the deceased said "uh oh". (b)(6) said he looked over and the brake pedal was mashed to the floor. The machine seemed to pick up speed as how (b)(6) described the events. It was then (b)(6) leaped from the machine.

(b)(6) was able to locate the deceased and held his head out of the water until EMS arrived.

The machine was towed to the Monroe County Sheriff's Office impound yard.

Inv.Adam Blanks was notified and assisted in the investigation.

Photographs were taken of the scene and attached to this report.

Coughenour,III

CASE NUMBER: 2012009246

## INVESTIGATIVE SUPPLEMENTAL

April 4, 2012- Inv. Adam Blanks- I was contacted on this date by Cpl. Coughenour in regards to an ATV accident at (b)(6). I was advised that there were two people in the ATV and the driver had died at the scene and the passenger had jumped out prior to the vehicle going over the ledge of the creek located behind the house. Cpl. Coughenour advised that he was going to be taking pictures at the scene if I would go to the Monroe County ER and make contact with the passenger, (b)(6) as well as take any other photographs needed.

I arrived at the ER and attempted to make contact with (b)(6) but I was told by the family that he had already left and gone home. Hall is a friend of the decedent. I spoke briefly with (b)(6) who is the wife of the decedent. I was initially told that the decedent's name is (b)(6). I went back to the ER and made contact with the charge nurse (b)(6). She provided me with the driver's license of the decedent who was subsequently identified as (b)(3):CPSA Section 25 (c) the following information is the rest of his license information:

Douglas (b)(6)  
[REDACTED] Hwy 341  
Culloden, GA 31016  
White male 5'10" 208lbs  
DOB: [REDACTED]-43  
GADL # [REDACTED]

I was in the ER room with the nurse when this information was given to me. The decedent was lying on a stretcher in the center of the room. He was wearing a black shirt, khaki shorts, and one brown shoe. His lower half was covered in mud and his shirt had been torn in an attempt to revive. (b)(6) advised me that he had swelling in his chest and on his brain. The swelling in the brain was obvious due to the swelling of his closed eyelids. He had a cut on his chin. I was informed by (b)(6) that the decedent suffered a severe injury to the back base of his head. She also advised me that she was told that he was submerged in water for at least 10 minutes. I began my investigation by taking several photographs of the decedent. When I got around to his right side I was able to see the break at the base of his head. The skull was open and the brain was exposed. To be noted is that there are several possible contributing factors to his demise but it is likely that the head trauma was a large part of it. That is just my opinion though; I am not a medical examiner.

I was also able to get Hall's number so that I could speak to him at a later time about the incident. I waited for the coroner and we both then waited for Monroe Memorial to arrive so that they could take possession of the body. To be noted is that the wallet, phone, watch, and his GADL were returned back to the family. Also noted is that no one checked the contents of the wallet so it was not opened. It was all bagged up together.

I left the ER and discovered that Cpl. Coughenour was currently speaking with the passenger, Tom Hall. Also I was advised by Cpl. Coughenour that the vehicle was going to need to be towed for further investigation. It is to be taken to our impound lot. I contacted the radio room and requested the list wrecker to meet me at (b)(6). The list wrecker was contacted. I made my way out to the (b)(6) residence and upon arrival made contact with the family; wife included, and advised them that we would need to tow the vehicle for further investigation. They agreed and escorted me to the location of where the vehicle was at. To be noted is that I obtained (b)(6) phone numbers and they are [REDACTED] and [REDACTED].

We arrived at the creek bed and I located where the vehicle was at rest. It was a large Polaris Ranger that was green and had front and back seats. Looking at the vehicle you could see on the passenger side the canopy and beam were bent and pushed down from an impact with something, probably a rock. There were several rocks poking out all along the creek bed; many of them were fairly large. There were items strewn all around the vehicle and along the path that the vehicle took until it came to rest. I was advised by family and friends that they were told by Hall that the brakes had failed and did not work.

I walked up one of the inclines and discovered several tracks that came from the vehicle upon its travels down the steep incline. There was a point at the ledge where a large rock jutted out looking over the creek; this was the point which the vehicle went over the ledge. There was a separate set of tracks but this turned out to be where the passenger had travelled and came to a rest. I was advised by the family that the decedent had told the passenger to jump out as he lost control of the vehicle. It was apparent from the damage to the passenger frame attached to the canopy that the vehicle had made a 360 degree flip before coming to a rest at its location.

The wrecker driver arrived on scene and the rollback was backed up to our location. There was also additional help coming from the family and friends. They were able to get the vehicle out of the creek, pulling it up the slope. I advised the wrecker driver that we would be taking the vehicle to the Sheriff's Office impound lot. I met him there and as he was preparing to back it down the rollback I advised him to be careful of the brakes due to them having failed

and he then advised me that the brakes were working fine. He backed up and abruptly stopped to emphasize his point and his findings. The brakes were checked several more times as it was being backed off the rollback and all times they worked. It is possible that the brakes may have slipped but they were in working order when we tested them.

April 6, 2012- I went back out to 4800 Hwy 341 and made contact with Jerkins' son and son-in-law. They walked back down to the creek with me so that I could take more photographs. I began looking at the tracks going down the incline and was able to locate where he possibly lost control at, or where the brakes slipped at. I took several photographs of the traveled path and then took some photographs of where the rock ends and the creek start. The drop is about 10 feet. I took several photos of where Hall had stated that he jumped out at. I also located some turn around tracks at the top of the hill where they had turned back around. In all appearances this was simply a fatal accident. There is no suspected foul play and everything appears to be as it should be for what the scene says and what was relayed to us.

April 9, 2012- This case is being determined an accident and will be filed as unfounded being that there was no crime that occurred. Everything matches up with everything else.



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Investigator



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Approving Officer

### MONROE COUNTY EMERGENCY SERVICES

507 MONTPELIER AVE - FORSYTH, GA 31029-  
EMERGENCY NUMBER - (911) -  
Business Number - (478)994-7004 FAX - (478)992-5058



|              |                  |          |             |              |            |           |
|--------------|------------------|----------|-------------|--------------|------------|-----------|
| PCR: 1200987 | Date: 04/04/2012 | Shift: C | Unit: 03888 | Callsign: M1 | Station: 1 | Wkstid: 0 |
| MCN:         | Name:            | (b)(6)   |             |              |            |           |

|                  |  |      |            |            |           |
|------------------|--|------|------------|------------|-----------|
| (b)(6)           |  | SSN: | [REDACTED] |            | Allen ID: |
| Name:            | (b)(3) CPSA Sect                         |      | DOB:       | [REDACTED] |           |
| Address:         | [REDACTED]                               |      | Sex:       | Male       |           |
| City:            | State:                                   | GA   | Zip:       | 31016-     |           |
| Phone:           | [REDACTED]                               |      | Race:      | White      |           |
| History:         | UNKNOWN AT TIME OF TRANSPORT             |      |            |            |           |
| Allergies:       | UNKNOWN AT TIME OF TRANSPORT             |      |            |            |           |
| Current Meds:    | UNKNOWN AT TIME OF TRANSPORT             |      |            |            |           |
| Chief Complaint: | POSS OPEN SKULL FX WITH INTRACRANIAL HEM |      |            |            |           |
| Sec. Complaint:  | MULTI FX INVOLV SKULL OR FACE OTHR BONES |      |            |            |           |
| Medical Necess:  |  |      |            |            |           |

Incident / Scene

|                     |                   |        |              |       |        |
|---------------------|-------------------|--------|--------------|-------|--------|
| Location:           | SCENE             | Dept:  | Facility ID: | SCENE |        |
| Address:            | (b)(6)            |        | Grid / Zone: |       |        |
| City:               | FORSYTH           | State: | GA           | Zip:  | 31029- |
| Dispatch Complaint: | Traumatic Injury  |        |              |       |        |
| Dispatch Priority:  | Emergency         |        |              |       |        |
| Resp. Mode:         | Lights and Sirens |        |              |       |        |

Outcome / Destination

|              |                                |                 |                   |
|--------------|--------------------------------|-----------------|-------------------|
| Disposition: | Treated And Transported By EMS | Transport Mode: | Lights and Sirens |
| Dest. Type:  | Hospital                       | Referring MD:   |                   |
| Reason:      | Closest Facility               | Family Notif:   | Notified          |
| Dest. Name:  | MONROE COUNTY HOSPITAL         | Dept:           |                   |
| Address:     | 88 MLK JR DR                   | Facility ID:    | HOSPITAL 345      |
| City:        | FORSYTH                        | Treating Phys:  | ER PHYSICIAN      |
| State:       | GA                             | Zip:            | 31029-1682        |

Call Times and Mileage

| Times           |                  | Odometer Readings |                     |
|-----------------|------------------|-------------------|---------------------|
| Onset:          | 04/04/2012 13:19 | Transferred:      | 04/04/2012 13:38    |
| Received:       | 04/04/2012 13:19 | Left Scene:       | 04/04/2012 13:57    |
| Dispatch Notif: | 04/04/2012 13:19 | Arrive Dest:      | 04/04/2012 14:09    |
| Unit Notif:     | 04/04/2012 13:19 | In Service:       | 04/04/2012 17:09    |
| Enroute:        | 04/04/2012 13:19 | Cancelled:        | // ::               |
| Arrive Scene:   | 04/04/2012 13:32 | Back Home:        | // ::               |
| Arrive Pat:     | 04/04/2012 13:37 |                   |                     |
|                 |                  |                   | <u>Total Miles</u>  |
|                 |                  |                   | Beginning: 122.30   |
|                 |                  |                   | Scene: 136.70       |
|                 |                  |                   | Destination: 150.50 |
|                 |                  |                   | Ending: 150.50      |
|                 |                  |                   | To Scene: 14.40     |
|                 |                  |                   | Loaded: 13.80       |

May 16, 2012 1:32PM

No. 9979 3. 3

PCR: 1200887 Date: 04/04/2012 Shift: C Unit: 03888 Callsign: Mf Station: 1 Wksld: 0  
 MCN: Name: (b) (3) : Exempt

**Assessment**

| <u>Airway:</u> |          | <u>Breathing:</u> |        | <u>Circulation:</u> |        |
|----------------|----------|-------------------|--------|---------------------|--------|
| Condition:     | Patent   | Chest:            | Normal | Periph Pulse:       | Normal |
| Obstructed By: | None     | Breath Sounds:    |        | Cap Refill:         | 2      |
| Trachea:       | Midline  | Left:             | Clear  | Jugular Vein:       | Normal |
| Upper Airway:  | Normal   | Right:            | Clear  | Skin:               | Normal |
| <u>Eyes:</u>   |          |                   |        |                     |        |
| Left:          | Reactive |                   | mm     |                     |        |
| Right:         | Reactive |                   | mm     |                     |        |

**Vital Signs**

| Time             | PTA | EKG      | BP | Pulse | Resp | O2 | Type     | Gluc. | Temp | GC8 |
|------------------|-----|----------|----|-------|------|----|----------|-------|------|-----|
| 04/04/2012 13:37 | No  | Asystole | /  | 000   | 000  |    | Room Air | 0.0   |      | 3   |

**Treatment**

| Time             | PTA | Treatment Given                          | Medic |
|------------------|-----|--|-------|
| 04/04/2012 13:37 | No  | EPINEPHRINE 1:10000 1 mg Intravenous     | 5973  |
| 04/04/2012 13:37 | No  | EPINEPHRINE 1:10000 1 mg Intraosseous    | 5973  |
| 04/04/2012 13:37 | No  | OXYGEN 12 L/min Bag Valve Mask           | 5973  |
| 04/04/2012 13:37 | No  | NORMAL SALINE 1000 Liters Intraosseous   | 5973  |
| 04/04/2012 13:37 | No  | Cardiac Monitor                          | 5973  |
| 04/04/2012 13:37 | No  | Airway-Bagged                            | 5973  |
| 04/04/2012 13:37 | No  | Airway-Combitube                         | 5973  |
| 04/04/2012 13:37 | No  | Airway-Suctioning                        | 5973  |
| 04/04/2012 13:37 | No  | Assessment - Adult                       | 5973  |
| 04/04/2012 13:37 | No  | Bleeding Controlled                      | 5973  |
| 04/04/2012 13:37 | No  | CPR                                      | 5973  |
| 04/04/2012 13:37 | No  | IO-Adult                                 | 5973  |
| 04/04/2012 13:37 | No  | Patient Loaded                           | 5973  |
| 04/04/2012 13:37 | No  | Specialty Center Activation-Adult Trauma | 5973  |

**Narrative**

C: EMS on scene with an all terrain vehicle that was found sitting upright in a creek approx 10 foot down an embankment the patient was a 68 year old male unrestrained driver that was thrown from the vehicle and was lying prone in a creek bed. Upon EMS arrival at the scene the bystander ( passenger ) that was riding with the patient was sitting in the water and was attempting to hold the patient head up out of water. Patient was unresponsive and was attempting to breath upon EMS rolling patient over to the supine position. Patient was covered in mud and had numerous broken bones. CPR was begun and ventilation was assisted with BVM and oxygen. Due to location patient was unable to be removed from water until more help arrived on scene ( approx 10 -15 min) Patient was placed on LSB , CPR continued and patient was removed from creek placed in pick up truck and taken to the ambulance. CPR continued throughout transport to ambulance. Patient placed in ambulance ,CPR continued , rapid transport to closest ER.

H: see listed in report

A: skin cool to touch ( from being in water , patient covered in mud) pupils fixed and noted laceration to lower lip , open wound to back of head, deformity noted to chest wall bilaterally in both rib cages , in sternum area , noted deformity to back of neck

R: skin cool to touch ( from being in water , patient covered in mud, wet clothing was removed , CPR continued , BVM with oxygen , IV with IO in right leg , NS 1000 cc KVO with 2 epl IVP enroute to ER, airway secured with combitube confirmed with breath sounds. Placed on monitor showing asystole in two leads. report called to ER and transported patient to ER , report given to staff at the ER. Patient care transferred to staff at the ER.

T: Monroe County Hospital for further treatment and evaluation , patient report given to the staff at the ER , patient care transferred to staff at the ER.

May 16, 2012 - 1:32PM

No. 9979 - 3. 4

PCR: 1200987      Date: 04/04/2012    Shift: C    Unit: 03888    Callsign: M1    Station: 1    WksId: 0  
 MCN:              Name: (b)(3):P

Trauma Call Center notified

# 100288

Completed By:  
5973

Driver: WESLEY JACKSON 35078 EMT-Intermediate

*W JACKSON # 35078*

1st Att: JASON LOTT 5973 EMT-Paramedic

*J Lott E-P 5973*

2nd Att: N/A

3rd Att: N/A

*C Becken, MD*

Physician Giving Orders / Receiving Patient      Date

*[Signature]*

Received By      Date



SEARCH >>>

### VEHICLE INFORMATION >>

Your results for VIN number:  
 4xawh76a8b2240035  
 RNGR 11,4X4,800EFI,CREW,S,GRN  
 Search or Select Another Vehicle.  
 your info vehicle info manuals & guides Safety & Service Bulletins  
 Vehicle Identification Number 4xawh76a8b2240035

|                      |                               |
|----------------------|-------------------------------|
| Model Year           | 2011                          |
| Model Number         | R11WH76AG                     |
| Model Description    | RNGR 11,4X4,800EFI,CREW,S,GRN |
| Engine Serial Number | 0120417224209                 |
| Purchased Date       | 05/13/2011                    |
| Warranty End Date    | 11/13/2011                    |
| Extended Warranty    | N                             |
| Dealer Name          | CAPITOL CYCLE COMPANY         |

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 SPORTSMAN.  
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 NEIGHBORHOOD VEHICLES.

#### ACCESSORIES

BY YEAR & MODEL.

#### APPAREL

ALL APPAREL.  
 COLLECTIBLES.

#### PARTS & MAINTENANCE

VEHICLE INFORMATION.  
 MAINTENANCE PARTS.  
 PARTS CATALOG.

#### BUILD & QUOTE

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 2011 RANGER RZR.

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**RANGER CREW® 800**  
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PRINT 

### Engine

|                     |                           |
|---------------------|---------------------------|
| <b>Engine Type</b>  | 4-Stroke Twin Cylinder    |
| <b>Displacement</b> | 760cc - 40hp              |
| <b>Fuel System</b>  | Electronic Fuel Injection |
| <b>Cooling</b>      | Liquid                    |

### Drivetrain

|  |   |
|--|---|
| <b>Transmission/Final Drive</b>                      | Automatic PVT H/L/N/R; Shaft                |
| <b>Drive System</b>                                  | On-Demand True AWD/2WD/ VersaTrac Turf Mode |
| <b>Engine Braking System/ Active Descent Control</b> | Not Equipped                                |

### Suspension

|                         |                                     |
|-------------------------|-------------------------------------|
| <b>Front Suspension</b> | Dual A-Arm 9.6" (24.4 cm) Travel    |
| <b>Rear Suspension</b>  | Dual A-Arm, IRS 9" (22.9 cm) Travel |

### Brakes

|                          |   |
|--------------------------|---|
| <b>Front/Rear Brakes</b> | 4-Wheel Hydraulic Disc with Dual-Bore Front and Rear Calipers |
| <b>Parking Brake</b>     | Hand-Actuated   |

### Tires Wheels

|                            |                 |
|----------------------------|-----------------|
| <b>Front Tires / Model</b> | 26 x 9-12; PXT  |
| <b>Rear Tires / Model</b>  | 26 x 11-12; PXT |
| <b>Wheels</b>              | Stamped Steel   |

### Dimensions

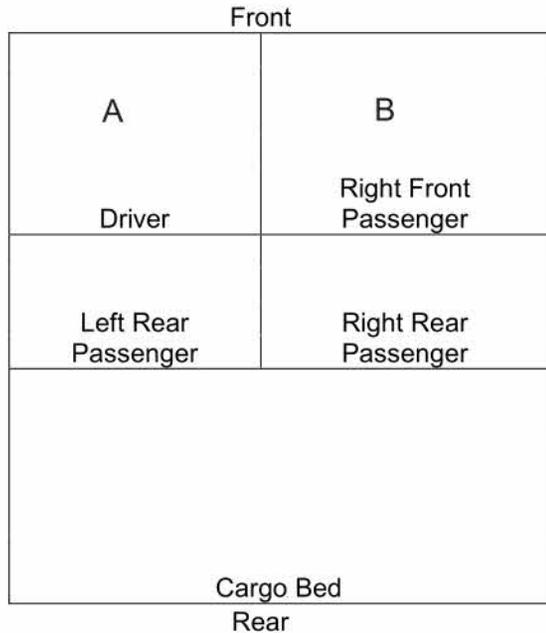
|                                     |                                     |
|-------------------------------------|-------------------------------------|
| <b>Wheelbase</b>                    | 108" (274.3 cm)                     |
| <b>Dry Weight</b>                   | 1,495 lb. (678 kg)                  |
| <b>Overall Vehicle Size (LxWxH)</b> | 145 x 60 x 76" (368 x 152 x 193 cm) |
| <b>Ground Clearance</b>             | 11.5" (29 cm)                       |

### Capacities

|                                   |                                      |
|-----------------------------------|--------------------------------------|
| <b>Fuel Capacity</b>              | 9 gal (34.1 L)                       |
| <b>Bed Box Dimensions (LxWxH)</b> | 36.5 x 54 x 11.5" (93 x 137 x 29 cm) |
| <b>Box Capacity</b>               | N.A./1,000 lb. (453.6 kg)            |
| <b>Payload Capacity</b>           | 1,750 lb (793.8 kg)                  |
| <b>Hitch Towing Rating</b>        | 2,000 lb (907.2 kg)                  |
| <b>Hitch/Type</b>                 | Standard/2" Receiver                 |

### Features

|                                  |   |
|----------------------------------|---|
| <b>Cargo System</b>              | Lock & Ride   |
| <b>Lighting</b>                  | 55W low/ 60W high, LED Tail   |
| <b>Electronic Power Steering</b> | Not Equipped  |
| <b>Instrumentation</b>           | Digital Gauge, Speedometer, Odometer, Tachometer, Tripmeter, Hour Meter, Clock, Gear Indicator, Fuel Gauge, Hi-Temp/Low-Batt Lights, DC Outlets (3) |



The Utility Vehicle

|    |  |                   |
|----|--|-------------------|
| A: | Age: 68                                    | Height: 5'10"     |
|    | Gender: Male                               | Weight: 208 lbs   |
|    | Helmet (Y/N): Unk                          | Seatbelt (Y/N): N |
|    | Killed/Injured/Neither/Unknown: Killed     |                   |
|    | Injury Description: Open skull fracture    |                   |
|    | Did vehicle land on victim: Unknown        |                   |
|    | Ejected (Either partially or fully): Fully |                   |

|    |   |                   |
|----|---|-------------------|
| B: | Age: 71                                     | Height: 6'0"      |
|    | Gender: Male                                | Weight: 240 lbs   |
|    | Helmet (Y/N): Unk                           | Seatbelt (Y/N): N |
|    | Killed/Injured/Neither/Unknown: Unknown     |                   |
|    | Injury Description: Unknown                 |                   |
|    | Did vehicle land on victim: No              |                   |
|    | Ejected (Either partially or fully): Jumped |                   |

|    |                                      |                 |
|----|--------------------------------------|-----------------|
| 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): |                 |

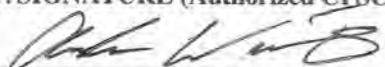
|    |                                      |                 |
|----|--------------------------------------|-----------------|
| E: | Age:                                 | Height:         |
|    | Gender:                              | Weight:         |
|    | Helmet (Y/N):                        | 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. CONSUMER PRODUCT SAFETY COMMISSION  |   |
|--|---|
| NOTICE OF INSPECTION   |   |
| <b>1. DATE</b><br>5-10-2012  | <b>3. FROM (Area Office and Address)</b><br>Atlanta, GA Field Office<br>2300 Bethelview Rd Ste 110-190<br>Cumming, GA 30040 |
| <b>2. TIME</b><br>10:05 A.M. _____ P.M.  |   |
| <b>4. TO</b>   | <b>A. NAME AND TITLE OF INDIVIDUAL</b><br>(b)(6) Service Manager  |
|  | <b>B. FIRM NAME</b><br>Freedom PowerSports in Cumming   |
|  | <b>C. NUMBER AND STREET ADDRESS</b><br>594 Veterans Memorial Blvd.  |
|  | <b>C. CITY, STATE, AND ZIP CODE</b><br>Cumming, GA 30040  |
| <p>Notice of Inspection is hereby given pursuant to:</p> <ul style="list-style-type: none"> <li>• Section 5(a) of the Flammable Fabrics Act (15 U.S.C. § 1194(a));</li> <li>• Sections 6(a), 9, and 10 of the Federal Trade Commission Act (15 U.S.C. §§ 46(a), 49, and 50);</li> <li>• Sections 16, 19, and 27 of the Consumer Product Safety Act (15 U.S.C. §§ 2065, 2068, and 2076)</li> <li>• Sections 301(e) and (f) and Section 704(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. §§ 331(e) and (f) and 374(a)) [Authority for inspections in connection with the Poison Prevention Packaging Act of 1970 (15 U.S.C. § 1471 <i>et seq.</i>); and/or</li> <li>• Sections 4(e), 11(b), and 12 of the Federal Hazardous Substances Act as Amended (15 U.S.C. §§ 1263(e), 1270(b), and 1271).</li> </ul> <p>Refer to the back of this form for pertinent statutory language.</p> |   |
| <p><b>5. PURPOSES OF INSPECTION AND NATURE OF INFORMATION TO BE OBTAINED AND/OR COPIED</b></p> <p>The purpose of this inspection is to obtain information; to review and obtain copies of items including, but not limited to, records (including electronic 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.</p>   |   |
| <p><b>6. FREEDOM OF INFORMATION REQUIREMENTS</b></p> <p>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 (5 U.S.C. § 552). Any statement 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.</p>  |   |
| <p><b>7. SIGNATURE (Authorized CPSC Official)</b></p>   |   |

Task No. 120424HNE1528

Date: 04/04/2012

### STATUS OF MISSING DOCUMENT(S)

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

- 1. Medical Examiner's Report
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

Date: 05/22/2012 Investigator No: 4440

Regional office: CFIE Supervisor No: 2147











































On July 31, 2011, a 55 year old man was killed in a UTV accident in Solon, Ohio. Failure to negotiate a turn and alcohol were believed to be factors in the crash. **It should be noted that official reports indicate the product involved was an ATV. Examination of the description of the vehicle photographs taken at the scene revealed the product is correctly classified as a UTV.**

The Geauga County Sheriff's Department report was obtained (Exhibit A)... According to the report, the victim was driving his UTV with a passenger. He was driving on grass on a friend's property. The driver took a sharp turn and the UTV rolled over, possibly two times. The victim was not wearing a helmet and likely not wearing a seat buckle.

A male passenger, approximately 42 years of age, was riding with the victim. He wore a seat belt. Neither the passenger nor the victim wore helmets. The passenger admitted to drinking two beers and two glasses of wine during the day. He saw the driver drink at least two glasses of wine.

The Geauga County, Ohio Coroner's Office listed the cause of death as blunt impact to the head, neck, trunk, and lower extremity. The Coroner's Office Report revealed that the victim's BAC was 0.076 g/dLK (Exhibit B, page 2)...

### **Product Information**

#### *UTV*

The UTV was a 2009 Polaris Razor, VIN: 4XAVH76AX9D653665. It was an 800 EFI 4x4, side by side, red and black model. It was manufactured by Polaris Industries Inc., 1225 Highway 169 North, Minneapolis, MN 55441.

### **Attachments**

Exhibit A – Geauga County, Ohio Sheriff's Department Report

Exhibit B – Geauga County, Ohio Coroner's Report

Exhibit C – Data Record Sheet

Exhibit D - Contact List

# TRAFFIC CRASH REPORT

120425HCC2678 OH-1 (Rev. 10/06)



CRASH NUMBER  
611-11463

CRASH SEVERITY  
1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY

HIT/SKIP  
1 NOT HIT/SKIP  
2 SOLVED  
3 UNSOLVED

Exhibit A Page 1 of 14

OH-1P OTHER

POLICE #  
02800

REPORTING AGENCY \*  
Geauga Co Sheriff

# UNITS  
01

UNIT NUMBER  
01  
98 = ANIMAL  
99 = UNKNOWN

DATE OF CRASH  
07312011

YEAR OF CRASH  
2007

DAY OF WEEK  
SUN

CITY  
 CITY  VILLAGE  TWP

NAME (OF CITY, VILLAGE OR TOWNSHIP) \*  
BURTON

COUNTY #  
28

LATITUDE  
LONGITUDE

CRASH OCCURRED ON  
PREFIX (CRASH LOCATION)  
(b)(6)  
TYPE LOC 1  
TYPE LOCATION POINT USED  
1 NAMED STREET 3 NUMBERED ROUTE  
2 NUMBERED STREET

ATT REFERENCE  
DIST REFERENCE DR PREFIX REFERENCE  
AT (b)(6)  
REF POINT 04  
REFERENCE POINT USED  
01 STATE LINE  
02 INTERSECTION 2 STREETS  
03 COUNTY LINE  
04 HOUSE NUMBER  
05 TOWNSHIP BOUNDARY  
06 MILE POST  
07 CORPORATION LIMIT  
08 PLACE NAME W/O REFERENCE  
09 DRIVEWAY  
10 STREET OR ROUTE W/O REFERENCE

Motorist/Non-Motorist  
A Unit # 0102  
NAME (LAST, FIRST, MIDDLE)  
(b)(6)

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
(b)(6)

DL STATE DL # (b)(6) LP STATE LP #  
INJURED TAKEN BY 2  
1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE  
TRANSPORTED BY BURTON PD  
INJURED TAKEN TO Geauga HHS

OWNER NAME (IF SAME, WRITE "SAME")  
SAME  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
SAME

YEAR 2009 MAKE POLARIS MODEL RAZOR COLOR Red INSURANCE COMPANY PROGRESSIVE TOWING SERVICE 877 Auto OWNER PHONE # 440-476-1006

OFFENSE CHARGED OFFENSE DESCRIPTION

Motorist/Non-Motorist  
B Unit #  
NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DL STATE DL # LP STATE LP #  
INJURED TAKEN BY  
1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE  
TRANSPORTED BY  
INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")  
ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION

Occupant  
C Unit # 01  
NAME (LAST, FIRST, MIDDLE)  
(b)(3): Exemption 3  
HOME PHONE # (b)(6)  
DATE OF BIRTH 05221969  
SEX M

ADDRESS (STREET, CITY, STATE, ZIP CODE)  
(b)(5)  
INJURED TAKEN BY 4  
1 NONE 4 OTHER  
2 EMS 5 UNKNOWN  
3 POLICE  
TRANSPORTED BY SELF  
INJURED TAKEN TO Geauga HHS

OWNER NAME (IF SAME, WRITE "SAME")  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
(b)(6)

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION

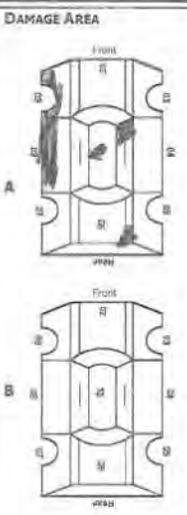
|    |   |    |  |   |                            |   |                                 |   |                           |   |                                  |   |                         |
|----|---|----|--|---|----------------------------|---|---------------------------------|---|---------------------------|---|----------------------------------|---|-------------------------|
| 01 | SEATING POSITION<br>01 FRONT - LEFT (MC DRIVER) | 01 | SAFETY EQUIPMENT<br>MOTORIST<br>01 NONE USED | 5 | AIR BAG<br>1 NOT DEPLOYED  | 1 | AIR BAG SWITCH<br>1 NOT PRESENT | 2 | EJECTION<br>1 NOT EJECTED | 1 | TRAPPED<br>1 NOT TRAPPED         | 5 | INJURIES<br>1 NO INJURY |
|    | 02 FRONT - MIDDLE                               |    | 02 SHOULDER BELT ONLY                        |   | 2 DEPLOYED-FRONT           |   | 2 IN ON POSITION                |   | 2 TOTALLY EJECTED         |   | 2 EXTRICATED BY MECHANICAL MEANS |   | 2 POSSIBLE              |
|    | 03 FRONT - RIGHT                                |    | 03 LAP BELT ONLY                             |   | 3 DEPLOYED-SIDE            |   | 3 IN OFF POSITION               |   | 3 PARTIALLY EJECTED       |   | 3 FREED BY NON-MECHANICAL MEANS  |   | 3 NON-INCAPACITATING    |
|    | 04 SECOND - LEFT (MC PASS)                      |    | 04 SHOULDER/LAP BELT                         |   | 4 DEPLOYED BOTH FRONT/SIDE |   | 4 UNKNOWN                       |   | 4 NOT APPLICABLE          |   | 4 UNKNOWN                        |   | 4 INCAPACITATING        |
|    | 05 SECOND - MIDDLE                              |    | 05 CHILD SAFETY SEAT                         |   | 5 NOT APPLICABLE           |   |                                 |   | 5 UNKNOWN                 |   |                                  |   | 5 FATAL INJURY          |
|    | 06 SECOND - RIGHT                               |    | 06 MC HELMET USED                            |   | 6 UNKNOWN                  |   |                                 |   |                           |   |                                  |   | 6 UNKNOWN               |
|    | 07 THIRD - LEFT (MC PASSENGER/SIDE CAR)         |    | 07 USE UNKNOWN                               |   |                            |   |                                 |   |                           |   |                                  |   |                         |
|    | 08 THIRD - MIDDLE                               | 04 | NON-MOTORIST<br>08 NONE USED                 |   |                            |   |                                 |   |                           |   |                                  |   |                         |
|    | 09 THIRD - RIGHT                                |    | 09 HELMET USED                               |   |                            |   |                                 |   |                           |   |                                  |   |                         |
|    | 10 SLEEPER SECTION OF CAB                       |    | 10 PROTECTIVE PADS                           |   |                            |   |                                 |   |                           |   |                                  |   |                         |
|    | 11 ENCLOSED CARGO AREA                          |    | 11 REFLECTIVE CLOTHING                       |   |                            |   |                                 |   |                           |   |                                  |   |                         |
|    | 12 UNENCLOSED CARGO AREA                        |    | 12 LIGHTING                                  |   |                            |   |                                 |   |                           |   |                                  |   |                         |
|    | 13 TRAILING UNIT                                |    | 13 OTHER                                     |   |                            |   |                                 |   |                           |   |                                  |   |                         |
|    | 14 EXTERIOR                                     |    | 14 UNKNOWN                                   |   |                            |   |                                 |   |                           |   |                                  |   |                         |
|    | 15 OTHER  |    |  |   |                            |   |                                 |   |                           |   |                                  |   |                         |
|    | 16 NON-MOTORIST                                 |    |  |   |                            |   |                                 |   |                           |   |                                  |   |                         |
|    | 17 UNKNOWN                                      |    |  |   |                            |   |                                 |   |                           |   |                                  |   |                         |

332  
611-11463

**UNIT NUMBERS**  
01

**Non-Motorist Location**

01 MARKED CROSSWALK AT INTERSECTION  
02 INTERSECTION/ NO CROSSWALK  
03 NON-INTERSECTION CROSSWALK  
04 DRIVEWAY ACCESS CROSSWALK  
05 IN ROADWAY  
06 NOT IN ROADWAY  
07 MEDIAN (BUT NOT SHOULDER)  
08 ISLAND  
09 SHOULDER  
10 SIDEWALK  
11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)  
12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)  
13 OUTSIDE TRAFFICWAY  
14 SHARED USE PATHS OR TRAILS  
15 UNKNOWN



**PRE-CRASH ACTIONS**  
01  
02

**MOTORIST**  
01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD  
02 BACKING  
03 CHANGING LANES  
04 OVERTAKING/PASSING  
05 TURNING RIGHT  
06 TURNING LEFT  
07 MAKING U-TURN  
08 ENTERING TRAFFIC LANE  
09 LEAVING TRAFFIC LANE  
10 PARKED  
11 SLOWING/STOPPED IN TRAFFIC  
12 DRIVERLESS  
13 OTHER  
14 UNKNOWN  
**NON-MOTORIST**  
15 ENTERING/CROSSING IN SPECIFIED LOCATION  
16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING  
17 WORKING  
18 PUSHING VEHICLE  
19 APPROACHING/LEAVING VEHICLE  
20 PLAYING/WORKING ON VEHICLE  
21 STANDING  
22 OTHER  
23 UNKNOWN

**SEQUENCE OF EVENTS**  
01  
02  
03  
04  
05

**NON-COLLISION**  
01 OVERTURN/ROLLOVER  
02 FIRE/EXPLOSION  
03 IMMERSION  
04 JACKKNIFE  
05 CARGO/EQUIPMENT LOSS/SHIFT LOCATION  
06 EQUIPMENT FAILURE  
07 SEPARATION OF UNITS  
08 RAN OFF ROAD RIGHT  
09 RAN OFF ROAD LEFT  
10 CROSS MEDIAN/CENTERLINE  
11 DOWNHILL RUNAWAY  
12 OTHER NON-COLLISION  
13 UNKNOWN NON-COLLISION  
**COLLISION W/ PERSON, VEHICLE, OR OBJECT. NOT FIXED**  
14 PEDESTRIAN  
15 PEDALCYCLE  
16 RAILWAY VEHICLE  
17 ANIMAL - FARM  
18 ANIMAL - DEER  
19 ANIMAL - OTHER  
20 MOTOR VEHICLE IN TRANSPORT  
21 PARKED MOTOR VEHICLE  
22 WORK ZONE MAINTENANCE EQUIPMENT  
23 OTHER MOVABLE OBJECT  
24 UNKNOWN MOVABLE OBJECT  
**COLLISION WITH FIXED OBJECT**  
25 IMPACT ATTENUATOR/CRASH CUSHION  
26 BRIDGE OVERHEAD STRUCTURE  
27 BRIDGE PIER OR ABUTMENT  
28 BRIDGE PARAPET  
29 BRIDGE RAIL  
30 GUARDRAIL FACE  
31 GUARDRAIL END  
32 MEDIAN BARRIER  
33 HIGHWAY TRAFFIC SIGN POST  
34 OVERHEAD SIGN POST  
35 LIGHT/LUMINARIES SUPPORT  
36 UTILITY POLE  
37 OTHER POST, POLE OR SUPPORT  
38 CULVERT  
39 CURB  
40 DITCH  
41 EMBANKMENT  
42 FENCE  
43 MAILBOX  
44 TREE  
45 OTHER FIXED OBJECT  
46 WORK ZONE MAINTENANCE EQUIPMENT  
47 UNKNOWN FIXED OBJECT  
48 OTHER  
49 UNKNOWN

**POSTED SPEED**  
A B

**TRAFFIC CONTROL**  
01  
02

01 NO CONTROLS  
02 STOP SIGN  
03 YIELD SIGN  
04 TRAFFIC SIGNAL  
05 TRAFFIC FLASHERS  
06 SCHOOL ZONE  
07 RAILROAD CROSSBUCKS  
08 RAILROAD FLASHERS  
09 RAILROAD GATES  
10 CONSTRUCTION BARRICADE  
11 POLICE OFFICER  
12 PAVEMENT MARKINGS  
13 CROSSWALK LINES  
14 WALK/DON'T WALK SIGNAL  
15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED  
16 OTHER

**DIRECTION**  
FROM TO FROM TO  
8 5

1 NORTH  
2 SOUTH  
3 EAST  
4 WEST  
5 NORTHEAST  
6 NORTHWEST  
7 SOUTHWEST  
8 SOUTHWEST  
9 UNKNOWN

**DRUG TEST STATUS**  
1  
2

1 NONE  
2 TEST REFUSED  
3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  
4 TEST GIVEN, RESULTS KNOWN  
5 TEST GIVEN, RESULTS UNKNOWN  
6 UNKNOWN

**DRUG TEST TYPE**  
1  
2

1 NONE  
2 BLOOD  
3 URINE  
4 OTHER

**DRUG TEST 1&2 RESULT**  
1  
2

1 NONE  
2 MARIJUANA  
3 COCAINE  
4 OPiates  
5 AMPHETAMINES  
6 PCP  
7 OTHER  
8 UNKNOWN AT TIME OF REPORTING

**TYPE OF UNIT**  
34

**MOTORIST**  
01 SUB-COMPACT  
02 COMPACT  
03 MID SIZE  
04 FULL SIZE  
05 MINIVAN  
06 SPORT UTILITY VEHICLE  
07 PICKUP  
08 PANEL/VAN  
09 SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES  
10 SINGLE UNIT TRUCK; 3+ AXLES  
11 TRUCK/TRAILER  
12 TRUCK TRACTOR (BOBTAIL)  
13 TRACTOR/SEMI-TRAILER  
14 TRACTOR/DOUBLE SHORT  
15 TRACTOR/DOUBLE LONG  
16 FIFTH WHEEL OR CONVERTER DOLLY  
17 TRACTOR/TRIPLES  
18 MOTORCYCLE  
19 MOTORIZED BICYCLE  
20 SCHOOL BUS  
21 CHURCH BUS  
22 PUBLIC BUS  
23 OTHER BUS  
24 POLICE VEHICLE  
25 FIRE TRUCK  
26 AMBULANCE/RESCUE  
27 TAXI  
28 MOTOR HOME  
29 TRAIN  
30 FARM VEHICLE  
31 FARM EQUIPMENT  
32 SNOWMOBILE  
33 CONSTRUCTION EQUIPMENT  
34 ALL OTHERS

**MOST DAMAGED AREA**  
08

01 NONE  
02 CENTER FRONT  
03 RIGHT FRONT  
04 RIGHT SIDE  
05 RIGHT REAR  
06 REAR CENTER  
07 LEFT REAR  
08 LEFT SIDE  
09 LEFT FRONT  
10 TOP AND WINDOWS  
11 UNDERCARRIAGE  
12 LOAD/TRAILER  
13 TOTAL (ALL AREAS)  
14 OTHER  
15 UNKNOWN

**CONTRIBUTING CIRCUMSTANCES**  
15

**MOTORIST**  
01 NONE  
02 FAILURE TO YIELD  
03 RAN RED LIGHT, OR STOP SIGN  
04 EXCEEDED SPEED LIMIT  
05 UNSAFE SPEED  
06 IMPROPER TURN  
07 LEFT OF CENTER  
08 FOLLOWED TOO CLOSELY/ACDA  
09 IMPROPER LANE CHANGE/  
10 DROVE OFF ROAD/  
11 IMPROPER PASSING  
12 IMPROPER BACKING  
13 IMPROPER START FROM PARKED POSITION  
14 STOPPED OR PARKED ILLEGALLY  
15 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER  
16 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC.)  
17 FAILURE TO CONTROL  
18 VISION OBSTRUCTION  
19 DRIVER INATTENTION  
20 FATIGUE/ASLEEP  
21 OPERATING DEFECTIVE EQUIPMENT  
22 LOAD SHIFTING/FALLING/SPILLING  
23 OTHER IMPROPER ACTION  
24 UNKNOWN  
**NON-MOTORIST**  
25 NONE  
26 IMPROPER CROSSING  
27 DARTING  
28 LYING AND/OR ILLEGALLY IN ROADWAY  
29 FAILURE TO YIELD RIGHT OF WAY  
30 NOT VISIBLE (DARK CLOTHING)  
31 INATTENTIVE  
32 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER  
33 WRONG SIDE OF THE ROAD  
34 OTHER  
35 UNKNOWN

**CONDITION**  
e

1 APPARENTLY NORMAL  
2 PHYSICAL IMPAIRMENT  
3 EMOTIONAL  
4 ILLNESS  
5 FELL ASLEEP, FAINTED, FATIGUED, ETC  
6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL  
7 OTHER  
8 UNKNOWN

**ALCOHOL/DRUG SUSPECTED**  
6

1 NONE  
2 YES - ALCOHOL SUSPECTED  
3 YES - HBD NOT IMPAIRED  
4 YES - DRUGS SUSPECTED  
5 YES - ALCOHOL / DRUGS SUSPECTED  
6 UNKNOWN

**TYPE OF INTERSECTION**  
01

01 NOT AN INTERSECTION  
02 FOUR-WAY INTERSECTION  
03 T-INTERSECTION  
04 Y-INTERSECTION  
05 TRAFFIC CIRCLE/ROUNDBOUT  
06 FIVE-POINT, OR MORE  
07 ON RAMP  
08 OFF RAMP  
09 CROSSOVER  
10 DRIVEWAY/ACCESS  
11 RAILWAY GRADE CROSSING  
12 SHARED-USE PATHS OR TRAILS  
13 UNKNOWN

**POINT OF IMPACT**  
10

01 NONE  
02 CENTER FRONT  
03 RIGHT FRONT  
04 RIGHT SIDE  
05 RIGHT REAR  
06 REAR CENTER  
07 LEFT REAR  
08 LEFT SIDE  
09 LEFT FRONT  
10 TOP AND WINDOWS  
11 UNDERCARRIAGE  
12 LOAD/TRAILER  
13 TOTAL (ALL AREAS)  
14 OTHER  
15 UNKNOWN

**ACTION**  
3

1 NON-CONTACT  
2 NON-COLLISION  
3 STRIKING  
4 STRUCK  
5 BOTH STRIKING AND STRUCK  
6 UNKNOWN

**VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE**

01 TURN SIGNALS  
02 HEAD LAMPS  
03 TAIL LAMPS  
04 BRAKES  
05 STEERING  
06 TIRE BLOWOUT  
07 WORN OR SLICK TIRES  
08 TRAILER EQUIPMENT DEFECTIVE  
09 MOTOR TROUBLE  
10 DISABLED FROM PRIOR CRASH  
11 OTHER DEFECTS

**FIRST HARMFUL EVENT**  
1

**MOST HARMFUL EVENT**  
1

**OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)**

**OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)**

**ALCOHOL TEST STATUS**  
1

1 NONE  
2 TEST REFUSED  
3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  
4 TEST GIVEN, RESULTS KNOWN  
5 TEST GIVEN, RESULTS UNKNOWN  
6 UNKNOWN

**ALCOHOL TEST TYPE**  
1

1 NONE  
2 BLOOD  
3 URINE  
4 BREATH  
5 OTHER

**OCCURRENCE**  
6

1 ON ROADWAY  
2 ON SHOULDER  
3 IN MEDIAN  
4 ON ROADSIDE  
5 ON GORE  
6 OUTSIDE TRAFFICWAY  
7 UNKNOWN

**ROAD CONTOUR**  
1

1 STRAIGHT LEVEL  
2 STRAIGHT GRADE  
3 CURVE LEVEL  
4 CURVE GRADE

**IN EMERGENCY RESPONSE**  
3

1 NO  
2 YES  
3 UNKNOWN

**STRIKING VEHICLE: OVERRIDE/ UNDERVERRIDE**  
1

1 NO UNDERIDE OR OVERRIDE  
2 UNDERIDE, COMPARTMENT INTRUSION  
3 UNDERIDE, NO COMPARTMENT INTRUSION  
4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN  
5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT  
6 OVERRIDE, OTHER VEHICLE  
7 UNKNOWN

**DAMAGE SCALE**  
2

1 NONE  
2 NON-FUNCTIONAL DAMAGE  
3 FUNCTIONAL DAMAGE  
4 DISABLING DAMAGE  
5 SEVERE  
6 UNKNOWN

**SPEED DETECTED**  
2

1 STATED  
2 ESTIMATED SPEED

**SPEED**  
25

**ALCOHOL TEST RESULT**  
1

**ROAD CONDITIONS**  
05

01 DRY  
02 WET  
03 SNOW  
04 ICE  
05 SAND, MUD, DIRT, OIL, GRAVEL  
06 WATER (STANDING, MOVING)  
07 SLUSH  
08 DEBRIS\*\*  
09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT\*\*  
10 OTHER  
11 UNKNOWN  
\*\*SECONDARY ROAD CONDITIONS ONLY

**DAMAGE SCALE**  
2

1 NONE  
2 NON-FUNCTIONAL DAMAGE  
3 FUNCTIONAL DAMAGE  
4 DISABLING DAMAGE  
5 SEVERE  
6 UNKNOWN

**STRIKING VEHICLE: OVERRIDE/ UNDERVERRIDE**  
1

1 NO UNDERIDE OR OVERRIDE  
2 UNDERIDE, COMPARTMENT INTRUSION  
3 UNDERIDE, NO COMPARTMENT INTRUSION  
4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN  
5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT  
6 OVERRIDE, OTHER VEHICLE  
7 UNKNOWN

**VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE**

01 TURN SIGNALS  
02 HEAD LAMPS  
03 TAIL LAMPS  
04 BRAKES  
05 STEERING  
06 TIRE BLOWOUT  
07 WORN OR SLICK TIRES  
08 TRAILER EQUIPMENT DEFECTIVE  
09 MOTOR TROUBLE  
10 DISABLED FROM PRIOR CRASH  
11 OTHER DEFECTS

**SPEED DETECTED**  
2

1 STATED  
2 ESTIMATED SPEED

**SPEED**  
25

**ALCOHOL TEST RESULT**  
1

**ROAD CONDITIONS**  
05

01 DRY  
02 WET  
03 SNOW  
04 ICE  
05 SAND, MUD, DIRT, OIL, GRAVEL  
06 WATER (STANDING, MOVING)  
07 SLUSH  
08 DEBRIS\*\*  
09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT\*\*  
10 OTHER  
11 UNKNOWN  
\*\*SECONDARY ROAD CONDITIONS ONLY

SUPPLEMENTAL REPORT # 17-11463

**Narrative** UNIT #1 WAS TRAVELING EAST THROUGH THE BACK INTO AT (b)(5) UNIT #1 TURNED LEFT NORTH/BOUND AND ROLLED OVER. UNIT #1 ROLLED OVER COMPLETELY - EJECTING THE DRIVER AND CAME TO REST UPRIGHT.

UNIT #1 DRIVER WAS FATAALLY INJURED DURING THE CRASH.

|  |   |   |  |
|--|---|---|--|
| <b>MANNER OF COLLISION OR IMPACT</b><br><input checked="" type="checkbox"/> 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT<br><input type="checkbox"/> 2 REAR-END<br><input type="checkbox"/> 3 HEAD-ON<br><input type="checkbox"/> 4 REAR-TO-REAR<br><input type="checkbox"/> 5 BACKING<br><input type="checkbox"/> 6 ANGLE<br><input type="checkbox"/> 7 SIDESWIPE, SAME DIRECTION<br><input type="checkbox"/> 8 SIDESWIPE, OPPOSITE DIRECTION<br><input type="checkbox"/> 9 UNKNOWN  | <b>SCHOOL BUS RELATED</b><br><input checked="" type="checkbox"/> 1 NO<br><input type="checkbox"/> 2 YES, DIRECTLY INVOLVED<br><input type="checkbox"/> 3 YES, INDIRECTLY INVOLVED<br><input type="checkbox"/> 4 UNKNOWN   | <b>Diagram</b><br><p style="text-align: center; font-size: 2em;">SEE<br/>OH-2</p> |  <p>Write an "N" on the compass diagram to indicate the direction of north.</p> |
| <b>WEATHER</b><br><input checked="" type="checkbox"/> 01 CLEAR<br><input type="checkbox"/> 02 CLOUDY<br><input type="checkbox"/> 03 FOG, SMOG, SMOKE<br><input type="checkbox"/> 04 RAIN<br><input type="checkbox"/> 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)<br><input type="checkbox"/> 06 SNOW<br><input type="checkbox"/> 07 SEVERE CROSSWINDS<br><input type="checkbox"/> 08 BLOWING SAND, SOIL, DIRT, SNOW<br><input type="checkbox"/> 09 OTHER<br><input type="checkbox"/> 10 UNKNOWN | <b>WORK ZONE RELATED</b><br><input checked="" type="checkbox"/> 1 NO<br><input type="checkbox"/> 2 YES<br><input type="checkbox"/> 3 UNKNOWN  |   |  |
| <b>LIGHT CONDITIONS</b><br><input checked="" type="checkbox"/> 1 DAYLIGHT<br><input type="checkbox"/> 2 DAWN<br><input type="checkbox"/> 3 DUSK<br><input type="checkbox"/> 4 DARK - LIGHTED ROADWAY<br><input type="checkbox"/> 5 DARK - NOT LIGHTED<br><input type="checkbox"/> 6 DARK - UNKNOWN LIGHTING<br><input type="checkbox"/> 7 GLARE<br><input type="checkbox"/> 8 OTHER<br><input type="checkbox"/> 9 UNKNOWN  | <b>TYPE OF WORK ZONE</b><br><input type="checkbox"/> 1 LANE CLOSURE<br><input type="checkbox"/> 2 LANE SHIFT/CROSSOVER<br><input type="checkbox"/> 3 WORK ON SHOULDER OR MEDIAN<br><input type="checkbox"/> 4 INTERMITTENT/ MOVING WORK<br><input type="checkbox"/> 5 OTHER |   |  |

|   |   |  |
|---|---|--|
| <b>Truck/Bus</b><br>Type: <input type="checkbox"/> <input type="checkbox"/> | THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:<br>A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR<br>A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR<br>A BUS DESIGNED FOR AT LEAST 9 PERSONS, INCLUDING DRIVER. | A<br>N<br>D<br>THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:<br>A FATALITY; OR<br>AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR<br>AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER. |
| Company (FROM SHIPPING PAPERS)<br><input type="text"/>                      | Company Phone<br><input type="text"/>   | Address (STREET, CITY, ST, ZIP CODE)<br><input type="text"/>   |

|   |   |  |   |   |                      |                      |                      |
|---|---|--|---|---|----------------------|----------------------|----------------------|
| US DOT  | ICC MC  | PUCO   | TRAILER LP ST.  | TRAILER LP YEAR   | TRAILER LP #         | PLACARD              | CDL                  |
| <input type="text"/>  | <input type="text"/>  | <input type="text"/>   | <input type="text"/>  | <input type="text"/>  | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>CARGO BODY TYPE</b><br><input type="checkbox"/> 01 NOT APPLICABLE<br><input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER)<br><input type="checkbox"/> 03 VAN/ENCLOSED BOX<br><input type="checkbox"/> 04 GRAM/CHIPS/GRAVEL<br><input type="checkbox"/> 05 POLE<br><input type="checkbox"/> 06 CARGO TANK<br><input type="checkbox"/> 07 FLATBED<br><input type="checkbox"/> 08 DUMP<br><input type="checkbox"/> 09 CONCRETE MIXER<br><input type="checkbox"/> 10 AUTO TRANSPORTER<br><input type="checkbox"/> 11 GARBAGE/REFUSE<br><input type="checkbox"/> 12 OTHER<br><input type="checkbox"/> 13 UNKNOWN | <b>Weight (GVWR)</b><br><input type="checkbox"/> 1 LESS/EQUAL 10,000<br><input type="checkbox"/> 2 10,001 - 25,000<br><input type="checkbox"/> 3 MORE THAN 25,000 | <b>CDL Class</b><br><input type="checkbox"/> 1 CLASS A<br><input type="checkbox"/> 2 CLASS B<br><input type="checkbox"/> 3 CLASS C<br><input type="checkbox"/> 4 CLASS M<br><input type="checkbox"/> 5 CLASS D | <b>Hazardous Materials Placard</b><br><input type="checkbox"/> 1 No<br><input type="checkbox"/> 2 Yes<br><input type="checkbox"/> 3 UNKNOWN | <b>Hazardous Materials Released</b><br><input type="checkbox"/> 1 No<br><input type="checkbox"/> 2 Yes<br><input type="checkbox"/> 3 NOT APPLICABLE<br><input type="checkbox"/> 4 UNKNOWN |                      |                      |                      |

|   |  |   |  |
|---|--|---|--|
| <b>Police Action</b><br>Dispatch: 07312011<br>Arrived: 2008<br>Cleared: 2008<br>Other: 2009<br>2352<br>60<br>28.4 | OFFICER'S NAME: <input type="text" value="Det. Brian Sebor"/>  | CHECKED BY: <input type="text" value="Sgt. BC Johnston"/> | DATE REPORT FILED: <input type="text" value="08142011"/> |
| REPORT TAKEN BY: <input checked="" type="checkbox"/> 1 POLICE AGENCY<br><input type="checkbox"/> 2 MOTORIST       | REPORT TAKEN AT: <input checked="" type="checkbox"/> 1 SCENE<br><input type="checkbox"/> 2 STATION<br><input type="checkbox"/> 3 OTHER | REPORT # <input type="text" value="2844"/>                | FILE # <input type="text" value="611-11463"/>            |

OHIO TRAFFIC CRASH REPORT - DIAGRAM / NARRATIVE CONTINUATION

120425HCC2678  
 OH-2 (OSP Rev. 1/05)  
 Exhibit A, Page 4 of 14

|   |   |  |
|---|---|--|
| LOCAL REPORT NUMBER<br><b>611-11463</b> | REPORTING AGENCY<br><b>Geauga Co. Sheriff</b> | DATE OF CRASH<br><b>M 07 D 31 Y 11</b> |
| IN COUNTY OF<br><b>Geauga</b>           | CRASH LOCATION<br><b>(b)(5)</b>               |  |

RP = South drive apex at 14685 Aspen Hills Lane.

All measurements are in feet-inches

| Point | AE       | FE      | Description                         |
|-------|----------|---------|-------------------------------------|
| A     | 200-0 e  | 55-0 s  | Left front tire track in grass      |
| B     | 200-0 e  | 58-8 s  | Right front tire track in grass     |
| C     | 230-0 e  | 64-3 s  | Left front tire track in grass      |
| D     | 230-0 e  | 67-7 s  | Right front tire track in grass     |
| E     | 260-0 e  | 73-3 s  | Left front tire track in grass      |
| F     | 260-0 e  | 76-11 s | Right front tire track in grass     |
| G     | 290-0 e  | 82-4 s  | Left front tire track in grass      |
| H     | 290-0 e  | 86-4 s  | Right front tire track in grass     |
| I     | 320-0 e  | 88-4 s  | Left front tire track in grass      |
| J     | 320-0 e  | 91-9 s  | Right front tire track in grass     |
| K     | 350-0 e  | 91-3 s  | Left front tire track in grass      |
| L     | 350-0 e  | 94-6 s  | Right front tire track in grass     |
| M     | 380-0 e  | 87-11 s | Left front tire track in grass      |
| N     | 380-0 e  | 91-0 s  | Right front tire track in grass     |
| O     | 410-0 e  | 77-11 s | Left front tire track in grass      |
| P     | 410-0 e  | 81-8 s  | Right front tire track in grass     |
| Q     | 440-0 e  | 57-0 s  | Left front tire track in grass      |
| R     | 440-0 e  | 60-0 s  | Right front tire track in grass     |
| S     | 470-0 e  | 26-5 s  | Left front tire track in grass      |
| T     | 470-0 e  | 32-4 s  | Right front tire track in grass     |
| U     | 474-4 e  | 13-10 s | Left front tire track in grass ends |
| V     | 476-5 e  | 20-2 s  | Right front tire track in grass     |
| W     | 479-4 e  | 0       | Gouge                               |
| X     | 480-9 e  | 3-3 s   | End of gouge "Y"                    |
| Y     | 480-9 e  | 5-2 s   | Gouge                               |
| Z     | 482-7 e  | 7-8 s   | Gouge                               |
| AA    | 482-10 e | 6-1 s   | End of gouge "Z"                    |
| BB    | 483-8 e  | 3-3 s   | Broken wine glass                   |
| CC    | 489-4 e  | 10-5 n  | Center of blood spot                |
| DD    | 489-4 e  | 20-6 n  | Right rear tire ATV                 |
| EE    | 489-7 e  | 23-11 n | Left rear tire ATV                  |
| FF    | 494-11 e | 19-1 n  | Right front tire ATV                |
| GG    | 495-10 e | 22-7 n  | Left front tire ATV                 |

|  |                        |          |
|--|------------------------|----------|
| OFFICER'S SIGNATURE<br><b>X</b> <i>[Signature]</i> | UNIT NO.<br><b>843</b> | PAGE NO. |
|--|------------------------|----------|

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

|                                  |                                     |                               |
|----------------------------------|-------------------------------------|-------------------------------|
| LOCAL REPORT NUMBER<br>G11-11463 | REPORTING AGENCY<br>GEARNA SHERIFFS | DATE OF CRASH<br>MAY 10 31 11 |
|----------------------------------|-------------------------------------|-------------------------------|

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, (b) (6) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
(PRINTED) (b) (6) (MY RESIDENCE)  
 SGT. BRIAN JOHNSTON AT (b)(5)  
(OFFICERS NAME) (LOCATION)

My neighbor, (b)(6), and his friend (b)(6) came over to show me a utility vehicle (Polaris Razer). The Razer was owned by (b)(6).

(b)(6) was driving the Razer when they arrived. He was wearing an orange shirt. (b)(6) was the passenger when they arrived. He was holding a glass of wine and wearing a white shirt.

We talked about the Razer and (b)(6) asked if I wanted to take it for a ride. I took my son and daughter for a ride clockwise around my house. I returned to the back of my house and took my other 2 daughters for a ride going in the same clockwise direction.

(b)(6) and I talked about the Razer and then they said they were going.

|  |  |
|--|--|
| ADDRESS OF WITNESS<br><span style="background-color: yellow; color: black;">(b)(6)</span>  | PHONE<br><span style="background-color: yellow; color: black;">(440) / (440) (b)(6)</span> |
| SIGNATURE OF WITNESS<br><span style="background-color: pink; color: black;">(b) (6)</span> | OFFICERS SIGNATURE<br>SGT Brian Johnston # 2817  |

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

|                                  |                                    |                             |
|----------------------------------|------------------------------------|-----------------------------|
| LOCAL REPORT NUMBER<br>611-11463 | REPORTING AGENCY<br>GEARDA SHERIFF | DATE OF CRASH<br>M 07/03/11 |
|----------------------------------|------------------------------------|-----------------------------|

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, (b) (6) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
 (PRINTED) (b) (6) (MY RESIDENCE)  
 SGT. BRIAN JOHNSTON AT (b) (6)  
 (OFFICERS NAME) (LOCATION)

I turned around to move my children back to the sidewalk, out of the way, so they could leave.

(b) (6) and (b) (6) got into the Razor and left. They went around my house in a counter-clockwise direction. On the second lap around my house they were heading towards the Hellis' property (the neighbor south of my home) and then turned back north-east heading back into my backyard.

I then witnessed the Razor flip over and saw an orange shirted body ejected from the Razor and land on the ground.

I turned to my daughter and instructed her to go in the house and call 911 and to bring me the phone.

|  |   |
|--|---|
| ADDRESS OF WITNESS<br><span style="background-color: pink; color: black;">(b) (6)</span>   | PHONE<br><span style="background-color: yellow; color: black;">(b) (6)</span> |
| SIGNATURE OF WITNESS<br><span style="background-color: pink; color: black;">(b) (6)</span> | OFFICERS SIGNATURE<br>SGT. B. JOHNSTON # 2517                                 |

OHIO TRAFFIC CRASH WITNESS STATEMENT

|                                  |                                       |                            |
|----------------------------------|---------------------------------------|----------------------------|
| LOCAL REPORT NUMBER<br>611-11463 | REPORTING AGENCY<br>CLEVELAND SHERIFF | DATE OF CRASH<br>MO7/03/11 |
|----------------------------------|---------------------------------------|----------------------------|

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, (b) (6) HEREBY (b) (6)  
(PRINTED)  
 Sgt. BRIAN JOANSTON AT (b) (6)  
(OFFICERS NAME) (LOCATION)

I ran to the backyard where the 2 men and Razer were.

I found (b)(6) (the orange shirt) face down first. He appeared unconscious.

I then looked in the Razer and saw (b)(6) (white shirt) leaning over the drivers' seat.

I instructed (b)(6) to turn the machine off and get out of the Razer.

My daughter then arrived with the phone and had a dispatcher on the line. I took the phone and followed his instructions.

He asked me to check both men and asked if they were breathing. I told him I couldn't tell if (b)(6) (orange shirt) was breathing because he was face down and somewhat buried in the ground. (440) (440)

ADDRESS OF WITNESS (b) (6) PHONE (b)(6)  
 SIGNATURE OF WITNESS (b) (6) OFFICERS SIGNATURE  
 BURTON, OH 44021  
 Sgt. Brian Johnston #2517

OHIO TRAFFIC CRASH WITNESS STATEMENT

|                                  |                                      |                              |
|----------------------------------|--------------------------------------|------------------------------|
| LOCAL REPORT NUMBER<br>G11-11463 | REPORTING AGENCY<br>GREYLOCK SHERIFF | DATE OF CRASH<br>MO 10/31/11 |
|----------------------------------|--------------------------------------|------------------------------|

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, (b) (6) HEREBY MAKE THIS VOLUNTARY STATEMENT TO (b) (6)  
(PRINTED)  
 SGT. BRIAN JOHNSTON AT (b) (6), Burton  
(OFFICERS NAME) (LOCATION)

I attempted to turn (b)(6) over and (b)(6) yelled at me not to move him.

(b)(6) took the phone and then we both heard the emergency squad's sirens and a sheriff car had arrived.

(b)(6) told the dispatcher that they had arrived and said he was going to hang up.

I then checked (b)(6) to see where he was hurt. He insisted he was fine and said he was going to his house to get (b)(6) wife.

I then walked back towards my home and instructed my children to go in the house and stay there.

I went back out to the accident and waited for further instructions.

|  |  |
|--|--|
| ADDRESS OF WITNESS<br><span style="background-color: pink; color: black;">(b) (6)</span>   | PHONE<br><span style="background-color: yellow;">(b)(6)</span> |
| SIGNATURE OF WITNESS<br><span style="background-color: pink; color: black;">(b) (6)</span> | OFFICERS SIGNATURE<br>SGT B. JOHNSTON # 2817                   |

①

|                                  |  |                                   |
|----------------------------------|--|-----------------------------------|
| LOCAL REPORT NUMBER<br>611-11463 | REPORTING AGENCY<br>Geauga County Sheriff's Office | DATE OF CRASH<br>MO7   D31   2011 |
|----------------------------------|--|-----------------------------------|

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, (b)(6) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

Deputy Jonauch AT U.I.H. Geauga E.R.  
OFFICER'S NAME LOCATION

Neighbor invited us over to ride on their truck in the back yard. After allowing the neighbor the opportunity to give her children a ride, Tom & I got in to go home. Instead we rode around there track two times, on the second lap, the ATV rolled over a possible 2 times. Tires caught on grass & made us roll the vehicle. I released my belt after I caught my breath & saw (b)(5) on the ground. We immediately called 911.

Q: Was (b)(6) ejected from the buggy?

A: Yes. But did not see him being ejected. R

Q: Do you know why the buggy rolled?

A: Tires caught the grass on edge of track. R

Q: Who was driving the buggy?

A: (b)(6) DeSatis. R

Q: Were you wearing a seat belt and/or helmet?

A: I was wearing seat belt, no helmet, I do not know if he was his belt, but neither were wearing a helmet. R

Q: How fast was the buggy traveling at the time of the accident?

A: I do not know for certain. But in excess of 10mph. R

Q:

|   |  |
|---|--|
| ADDRESS OF WITNESS<br><span style="background-color: yellow;">(b)(6)</span> | PHONE<br><span style="background-color: yellow;">(b)(6)</span> |
| OFFICER'S SIGNATURE<br>X Deputy Jonauch                                     |  |

2

|                                  |  |                                     |
|----------------------------------|--|-------------------------------------|
| LOCAL REPORT NUMBER<br>G11-11463 | REPORTING AGENCY<br>Geauga County Sheriff's Office | DATE OF CRASH<br>M 07   D 31   Y 11 |
|----------------------------------|--|-------------------------------------|

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, (b)(6) HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED  
Deputy Jonovich AT U.H. Geauga E.R.  
OFFICER'S NAME LOCATION

Q: How much alcohol did you consume today and over what duration of time?

A: 2 Beers from noon to 3:00. 2 glasses of wine w/ dinner. And finished my second glass just before the accident. I carried the glass w/ me while off in the ATV, while the accident happened.

Q: How much alcohol did (b)(6) consume today and over what duration of time?

A: ~~at approximately~~ prior to the accident (b)(6) may have had 2 glasses of wine w/ dinner over 3 hours or so. But I am not definite on the duration. To the best of my knowledge the last beverage he consumed was approximately 45 minutes before the accident occurred.

Q: Who owns the buggy and how long has it been at your house?

A: (b)(6) owns the ATV, & it was at our house for approximately four days.

|  |   |
|--|---|
| ADDRESS OF WITNESS<br><span style="border: 1px solid red; background-color: yellow;">(b)(6)</span> | PHONE<br><span style="border: 1px solid red; background-color: yellow;">(b)(5)</span> |
|--|---|

SIGNATURE

**Geauga County Sheriff's Office**  
 12450 Merritt Rd  
 Chardon, OH 44024  
 email: geaugaSC@co.geauga.oh.us  
 Phone: (440) 279-2009 Fax: (440) 286-3251  
**Vehicle Inventory / Towing report**

120425HCC2678  
 Exhibit A, Page 11 of 14  
 Hold? Y N  
 Date: \_\_\_\_\_  
 Time: 23:00  
 Dispatcher: \_\_\_\_\_

|   |                                |                             |                                 |                             |              |
|---|--------------------------------|-----------------------------|---------------------------------|-----------------------------|--------------|
| Incident Report #<br><u>11-11463</u>                                    | Date<br><u>7-31</u>            | Time<br><u>23:25</u>        | Location<br><u>(b)(6)</u>       | Reasons for Tow             |              |
| Vehicle Year<br><u>2009</u>   | Vehicle make<br><u>POLARIS</u> | Vehicle model<br><u>860</u> | Vehicle Style                   | Vehicle Color<br><u>Red</u> | Odometer     |
| VIN<br><u>4XAVH76AX9D653665</u>   |                                |                             | License                         | State                       |              |
| Address<br><u>(b)(3): Exemption 3 for 25<br/>(c), (b)(6)<br/>(b)(6)</u> |                                |                             | MI                              | Work Phone #                |              |
| Owner - Last Name   |                                |                             | First Name<br><u>SOLON OHIO</u> | MI <u>4139</u>              |              |
| Address   |                                |                             | Home Phone #                    |                             | Home Phone # |

- OVI
- DUS
- Wrongful Entrustment
- Forfeiture Eligibility
- Abandoned - Hazardous
- Abandoned - over 48 hours
- Evidence/Processing
- Stolen/Recovered
- Crash
- Other

|   |  |  |  |                   |  |                   |
|---|--|--|--|-------------------|--|-------------------|
| LOCATION<br>P1 - front passenger<br>P2 - rear passenger<br>G - glove box<br>T - trunk/cargo<br>E - engine | <input type="checkbox"/> AM<br><input type="checkbox"/> Cass/AM/FM<br><input type="checkbox"/> Radar Detector<br><input type="checkbox"/> CB | <input type="checkbox"/> AM/FM<br><input type="checkbox"/> CD/AM/FM<br><input type="checkbox"/> Laser Detector<br><input type="checkbox"/> Cell Phone<br># Cassettes/CDs | Total Keys<br><input type="checkbox"/> Key - Ignition<br><input type="checkbox"/> Key - Trunk<br><input type="checkbox"/> Key - Gascap<br><input type="checkbox"/> Key - Wheels<br><input type="checkbox"/> # of hubcaps | Circle Damage<br> | Condition<br>Seats<br>Glass<br>Undercarriage<br><input type="checkbox"/> Photos<br><input type="checkbox"/> Drivable | Wheels<br>Antenna |
|---|--|--|--|-------------------|--|-------------------|

| Loc | Inventory/Remarks | Loc | Inventory/Remarks |
|-----|-------------------|-----|-------------------|
|     | <u>NIA</u>        |     |                   |
|     |                   |     |                   |
|     |                   |     |                   |
|     |                   |     |                   |
|     |                   |     |                   |
|     |                   |     |                   |
|     |                   |     |                   |
|     |                   |     |                   |

Report by Sebor Unit # 2844 Date 7/31/11 Time 23:00  
 Wrecker Operator [Signature] Date 1/1 Time \_\_\_\_\_  
 Tow by ET Auto Location \_\_\_\_\_ Date 1/1 Time \_\_\_\_\_

Owner request (tow service acknowledges inventory)

|   |           |      |      |        |  |  |
|---|-----------|------|------|--------|--|--|
| RELEASE of PROPERTY                           |           |      |      |        | CONDITIONS for RELEASE                                 |  |
| <input type="checkbox"/> Plates               | signature | Date | Time | Unit # | <input type="checkbox"/> contact Dep/Sgt:              | _____  |
| <input type="checkbox"/> Vehicle              |           | / /  |      |        | <input type="checkbox"/> proof of registration         | <input type="checkbox"/> court release form    |
| <input type="checkbox"/> Plates mailed to BMV |           | / /  |      |        | <input type="checkbox"/> proof of title / bill of sale | <input type="checkbox"/> valid drivers license |
|   |           | / /  |      |        | <input type="checkbox"/> proof of tow bill paid        |  |

|          |      |      |        |                |             |
|----------|------|------|--------|----------------|-------------|
| TTY #    | Date | Time | Unit # | Owner notified | Follow - Up |
|          | / /  |      |        |                | _____ NIF   |
| Canceled | / /  |      |        | Date           | Time        |
|          | / /  |      |        | / /            | / /         |
|          |      |      |        | Phone #        | Letter Sent |
|          |      |      |        |                | / /         |

Copies: White - Incident Report file  
 Yellow - Wrecker  
 Pink - Dispatch

Supervisor Signature [Signature]



# OHIO CERTIFICATE OF TITLE

ISSUING ONLY RESIDENT CITY **CUYAHOGA CUYAHOGA** **STATE OF OHIO** No. 18 0929 3997  
ORIGINAL  
ALL PURPOSE VEHICLE - OFF ROAD USE ONLY ISSUE DATE 07/08/2011

IDENTIFICATION NUMBER **4XAVH76AX9D653665** YEAR **2009** MAKE **POL** MAKE DESCRIPTION **POLARIS**  
COMMENTS PURCHASE PRICE **\$8,200.00** BODY TYPE **AT** MODEL **RZR** MODEL DESCRIPTION **R09VH76AM**  
TAX **\$480.50** MILEAGE **EXEMPT** EVIDENCE **OH 6701233603**  
CONVERSION REG BRAND

BRAND(S)  
OWNER  
**(b)(3):CPSA Section 25(c),(b)  
(6)**

LIEN DISCHARGE  
Lienholder \_\_\_\_\_  
To: \_\_\_\_\_ date \_\_\_\_\_  
Authorized signatory \_\_\_\_\_  
CLERK OF COURTS LIEN CANCELLATION  
By: \_\_\_\_\_ date \_\_\_\_\_  
Deputy Clerk \_\_\_\_\_

WITNESS MY HAND AND OFFICIAL SEAL THIS 8th DAY OF JULY, 2011  
**7.105186506** (SEAL)

*Gerald E. Fuerst*



\* 7 1 0 5 1 8 6 5 0 6 \*

**GERALD E. FUERST**  
CLERK OF COURTS

**WITKOWSKI**  
**WITKOWSKI**

DO NOT ACCEPT TITLE SHOWING ANY ERASURES, ALTERATIONS OR MUTILATIONS.

**RECEIPT**

**STATE OF OHIO  
CUYAHOGA COUNTY  
GERALD E. FUERST  
CLERK OF COURTS**

**1809293997**  
07/08/2011 14:26:01

Batch Number: 182011070843891 - 1      Bass Receipt #:  
Receipt Name:  
Control Number: 105186506      County of Residence: CUYAHOGA  
Property ID: 4XAVH76AX9D653665      Year: 2009      Make: POL      Model: RZR      Body: AT  
Model Desc: R09VH76AM      Brand1:  
Make Desc: POLARIS      Brand2:  
Brand3:

Owner Information  
Name: THOMAS DESANTIS

Property/Tax Information

Purchase Date: 07/06/2011  
Purchase Price: \$6,200.00  
Trade-in Amount: \$0.00  
Taxable Amount: \$6,200.00  
Sales Tax: \$480.50  
Sales Tax Credit: \$0.00  
Vendor Discount: \$0.00  
Total Tax: \$480.50

Fee Information

Title Fee: \$5.00  
Affidavit Fees: \$1.00  
Misc. Fees: \$10.00  
Total Fees: \$16.00

Payment Information

Payment Type: CASH - \$500.00

Total Due: \$496.50  
Total Paid: \$500.00  
Remaining Due: \$0.00  
Change Due: \$3.50

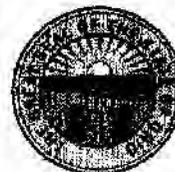
G  
WITKOWSKI



# GEAUGA COUNTY CORONER'S OFFICE

**Kevin M. Chartrand, MD, Coroner**

Geauga County Safety Center  
12450 Merritt Road, Chardon, Ohio 44024  
440-279-2165  
Fax 440-285-5390



# FAX

DATE: 6-4-12

SUBJECT: (b) (3): Exemption 3  
for 25(c), (b) (6)

TO: Betty Bernhart Safety Commission

PHONE: 734.927.4274

FAX: 855-823 2375

CC:

PAGES: 12 + cover

COMMENTS: autopsy / fax reports

# Geauga County Coroner's Office

13205 Aquilla Road, Chardon, OH 44024

## Coroner's Verdict

The State of Ohio

SS.

GEAUGA COUNTY

Case No. 2011-31072

Be it remembered that on the 31st day of July A.D., 2011 information was given to the Office of the Coroner of Geauga County, that the dead body of years, supposed to have come to his death as a result of criminal or other violent means, by casualty, by suicide, or in any suspicious or unusual manner, or suddenly when in apparent good health, or was mentally retarded or developmentally disabled, (Sec. 313.01 - 313.30 incl. O.R.C.) had been found in the Emergency Room at University Hospitals Geauga Medical Center in the Township of Claridon Geauga County, on the 31st day of July, 2011.

The body was examined at Emergency Room and found to be that of (b) (3) : Exempt who was married, about 55 year(s) of age, a resident of (b)(6), had hazel eyes, brown hair, was of the white race, and was about 66 in height, weighed about 185 pounds and was by normal occupation unknown.

Further information was obtained concerning the circumstances of the death of the said Thomas Desantis, to wit:

Deceased was driving a "Razor" brand ATV without a seatbelt and impaired by alcohol with BAC being 0.076 g/dLK. ATV rolled over ejecting deceased who was crushed. Lifelight responded and pt was transported to Geauga Hospital ED where he was pronounced dead.

Upon full inquiry based on all the known facts, I, John M. Urbancic, M.D., Deputy Coroner of Geauga County find that the said (b) came to his death officially on the 31st day of July, 2011

Thomas Desantis  
Name of Deceased

  
Deputy Coroner

Case Number: OU2011-00102  
Name: (b) [REDACTED]

Death County: Geauga

**REPORT OF AUTOPSY**

An autopsy was performed at the Cuyahoga County Medical Examiner's Office at 11:20 AM, on 8/2/2011 by Krista L. Pekarski, M.D.

**ANATOMIC DIAGNOSES:**

- I. Blunt impacts to head, neck, trunk, and left lower extremity
  - a. Abrasions of scalp face, neck, trunk, and left leg
  - b. Contusions of trunk
  - c. Fractures of multiple cranial bones with basilar hinge fracture
  - d. Fractures of multiple ribs
  - e. Deep scalp contusions
  - f. Diffuse cerebral edema
  - g. Diffuse subarachnoid hemorrhage
  - h. Cerebral and cerebellar lacerations and contusions
  - i. Subtotal transection of brainstem
- II. Atherosclerotic cardiovascular disease, moderate
- III. Congenital bicuspid aortic valve with calcification and fibrosis
- IV. Hepatic steatosis, moderate
  - a. Hepatosplenomegaly, liver (2020 g) and spleen (450 g)
- V. Cholelithiasis, up to 0.2 cm in greatest dimension
- VI. Nephrolithiasis, up to 0.6 cm in greatest dimension
- VII. Degenerative joint disease, vertebrae
- VIII. Postmortem procurement of eyes, heart with segments of great vessels, pelvic and long bones with associated soft tissue
- IX. Therapeutic intervention:
  - a. Oroendotracheal tube
  - b. Cervical spine collar
  - c. Cardiac defibrillator pads
  - d. Resuscitation fluid

**Cause of Death:** Blunt impacts to head, neck, trunk, and left lower extremity with brain, skeletal, and soft tissue injuries.

Case: **OU2011-00102**County: **Geauga**Name: (b)  
(3): Exemption**GROSS ANATOMIC DESCRIPTION**

**EXTERNAL EXAMINATION:** The body is that of a normally developed and adequately nourished white male, whose appearance is consistent with the reported age of 55 years. The body weighs 190 pounds and is 64.5 inches in length. There is full rigor mortis in the jaw. Lividity is fixed on the dorsal surfaces. The skin temperature is cold.

The scalp hair is blond and has a male pattern balding distribution. The face is clean-shaven. The conjunctivae are pale. The ears, nose, and mouth show no abnormalities. The teeth are natural and in good condition. The neck is of normal configuration, and there are no palpable masses. The breasts are of normal male configuration, and there are no palpable masses. The abdomen is flat and soft. 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.

**SCARS AND IDENTIFYING MARKS:**

1. An 8" longitudinal scar over the right knee.

**EXTERNAL AND INTERNAL EVIDENCE OF RECENT THERAPY:**

1. An oral endotracheal combination tube present in the esophagus.
2. Also received with the body separately is a cervical spine collar, a bag of 0.9% sodium chloride and cardiac defibrillator pads which have previously been removed by Life Banc recovery personnel.

**EXTERNAL AND INTERNAL EVIDENCE OF RECENT INJURY:**

1. A flattening of the right frontal and parietal head.
2. A 3" x 1 1/2" area of superficial pink abrasions over the left parietal scalp.
3. An 8" x 6" area of superficial pink abrasions and red linear abrasions over the right face and neck.
4. A linear fracture in the sagittal plane over the right parietal bone.
5. A linear fracture in the coronal plane involving the coronal suture.
6. A linear fracture in the sagittal plane of the left frontal bone.
7. A linear fracture in the coronal plane of the right frontal bone.
8. A linear fracture in the sagittal plane over the right parietal bone into the left occipital bone extending transversely into the right occipital bone.
9. A basilar hinge fracture extending through the bilateral petrous ridges.
10. A basilar skull fracture involving the orbital plates into the ethmoid and sphenoid bones with associated faint purple periorbital ecchymoses.
11. A linear fracture of the left temporal bone in the sagittal plane.
12. Diffuse deep scalp hemorrhage with relative sparing of the occipital, left frontal and superior parietal regions.
13. Diffuse cerebral edema.
14. Diffuse subarachnoid hemorrhage.
15. A 2" x 1/2" gaping laceration of the right frontal lobe.
16. A 1" x 1/2" laceration of the left superior parietal lobe.
17. A 1/2" x 3/4" lacerated contusion of the inferior right temporal lobe.
18. A 1 1/2" x 3/4" lacerated contusion over the right lateral cerebellum with multifocal hemorrhage in the white matter.
19. Subtotal transection of the brainstem at the level of the midbrain with multifocal hemorrhage of the parenchyma extending into the pons.
20. A 2" x 3" lacerated contusion of the inferior left parietal and frontal lobes.
21. A 5" x 9" area of purple-red abraded contusions in the right axilla.
22. An 8" x 3" area with dried red-brown linear abrasions over the right flank.
23. A 3" x 4" area with dried yellow abrasions over the midline chest.
24. A 1 1/2" x 1 1/2" blue-green contusion over the lower lateral left chest.
25. A 2" x 1/4" dried red abrasion of the posterior right shoulder.
26. Transverse fractures of the right anterolateral 2<sup>nd</sup> through 9<sup>th</sup> ribs.
27. A transverse fracture of the 2<sup>nd</sup> paravertebral right rib.
28. A transverse fracture of the posterolateral left 2<sup>nd</sup> through 8<sup>th</sup> ribs.
29. A transverse fracture of the left 3<sup>rd</sup> through 5<sup>th</sup> paraspinal ribs.
30. A 3/4" x 1/4" red abrasion over the anterior left thigh.

Case: **OU2011-00102**County: **Geauga**Name: (b)  
(3) - Exemption 3

The above injuries are numbered by convention from the top downward, and the numbering is not intended to imply the sequence in which the injuries may have been sustained. 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 AND EXTERNAL EVIDENCE OF POSTMORTEM TISSUE PROCUREMENT:**

1. Blood soaked gauze circumferentially encompassing the head with absence of the eyes and placement of beige shields.
2. A sutured V-shaped postmortem incised wound over the chest with absence of the majority of the heart and segments of attached great vessels.
3. Sutured longitudinal postmortem incised wounds over the anterior pelvis, thighs, and medial distal lower extremities and dorsal feet as well as the lateral upper extremities with absence of segments of the pelvic and long bones with associated soft tissues.
4. Perforation of the bladder.
5. Also received with the body are multiple vials of blood which are submitted to the Cuyahoga County Medical Examiner's Office Toxicology Department following the autopsy.

**INTERNAL EXAMINATION:** The body is opened by the previous incision of the chest 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.

Right lung - 210 grams  
Left lung - 310 grams  
Spleen - 450 grams  
Liver - 2020 grams  
Right kidney - 150 grams  
Left kidney - 140 grams  
Brain - 1240 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 no gross abnormalities. The larynx and trachea have a normal caliber and are free of obstruction. The laryngeal and tracheal mucosa is soft and pink with a scant amount of blood tinged mucus overlying its surface. The paravertebral musculature is unremarkable. The cervical spine, hyoid bone, and tracheal cartilage are intact.

**CARDIOVASCULAR:**

**Heart:** Received for review from Jesse E. Edwards Registry of Cardiovascular Disease are four microscopic slides and a pathology report.

**Aorta and its major branches:** The residual aorta and its principal branches are patent throughout. There is focal calcification in the abdominal aorta with no areas of erosion, or zones of significant narrowing.

**Venae cavae and their major tributaries:** The inferior vena cava and its major tributaries are patent throughout. There are no areas of extrinsic or intrinsic stenosis present.

**RESPIRATORY:** The major bronchi have a normal caliber with bloody mucus subtotally obstructing the airway. 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 collapsed and have a rubbery pink parenchyma.

**RETICULOENDOTHELIAL:** The spleen is enlarged. 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

Case: **OU2011-00102**County: **Geauga**

Name: (b)

and the mucosa is thrown into rugal folds. There are no areas of ulceration. The stomach contains approximately 1 liter of thick pink pasty partially digested food with identifiable fragments of corn and multiple irregular indeterminate food particles. The duodenum is free of ulceration and other intrinsic lesions. 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 enlarged. Multiple cross sections through the liver reveal a pale tan soft parenchyma.

Gallbladder: The gallbladder is of normal size and configuration. The wall is thin and the mucosa is bile-stained. It contains approximately 27 ml of bile. There are multiple tan irregular calculi measuring up to 0.2 cm in greatest dimension.

PANCREAS: The pancreas is firm 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. There are multiple green calculi measuring up 0.6 cm within the renal pelvis. The ureters are unremarkable.

Bladder: The bladder is of normal configuration. The mucosa has previously been compromised at the time of tissue recovery but is otherwise free of ulcerations or other lesions. It is empty.

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 non injured axial and appendicular skeleton show mild to moderate degenerative changes of the vertebral column with early osteophyte formation. The exposed musculature is unremarkable.

HEAD/BRAIN: The intact dura is smooth and glistening. The leptomeninges are thin and transparent. The cerebrum presents diffuse edema with flattening of the gyri and narrowing of the sulci. There is no evidence of herniation. The intact cerebral arteries show no significant atherosclerosis or congenital anomalies. The intact cranial nerves are unremarkable. Serial coronal sections through the uninjured cerebral hemispheres show an otherwise grossly normal cortical ribbon and underlying white matter. The uninjured portions of the basal ganglia and diencephalon show no gross abnormalities. Serial coronal sections through uninjured regions of the brainstem and cerebellum fail to show any gross abnormalities. The ventricular system is compressed.

SPINAL CORD: Serial cross sections through the entire length of the spinal cord show a focus of hemorrhage in the lower thoracic region but otherwise no gross abnormalities.

**MICROSCOPIC DESCRIPTION**

**HEART:** Mild interstitial and perivascular fibrosis.  
Scattered hypertrophic myocytes.  
Moderate intramyocardial arteriosclerosis.  
Moderate epicardial atherosclerosis.

**LUNGS:** Atelectasis.  
Patchy acute intraparenchymal hemorrhage.

Case: **OU2011-00102**

County: **Geauga**

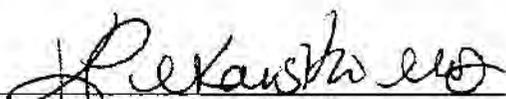
Name: (b)  
(3): Exemption

Interstitial pigment laden macrophages.

**LIVER:** Moderate macrovesicular intracytoplasmic vacuoles within hepatocytes with early bridging fibrosis.

**KIDNEY:** Mild arteriosclerosis.  
Tubular autolysis.

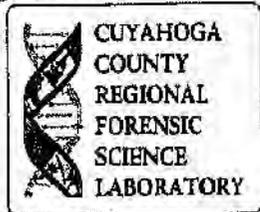
**BRAIN:** Acute subarachnoid hemorrhage.  
Vascular congestion.  
Intraparenchyma edema and multifocal acute intraparenchymal hemorrhage.  
Calcification of choroid plexus.

  
Krista L. Pekarski, M.D.

10.20.2011  
Date



**Toxicology Laboratory Report**  
**Cuyahoga County Regional Forensic Science Laboratory**  
11001 Cedar Avenue, Cleveland, Ohio 44106



**Case Number :** OU2011-00102      **Report Date :** Monday, August 15, 2011  
**Name :** (b) (3) - Example      **Receipt Date :** Wednesday, August 03, 2011  
**Agency :** Cuyahoga County (CCMEO)      **Pathologist :** KPEK - K. Pekarski, MD  
**Address :** 11001 Cedar Avenue, Cleveland, Ohio 44106

**Specimen Received**

F1 - Femoral Blood      G1 - Gastric      I1 - Bile      L1 - Liver

COMMENT : Geauga County

| F1: Femoral Blood Analysis                    |                      |              |                      |
|---|----------------------|--------------|----------------------|
| Drug Group/Class                              | Result               | Quantitation | Analyte(s)           |
| <b>Volatile Screen &amp; Confirmation</b>     | <b>Positive</b>      |              | See Page 2, Group 1  |
| Ethanol (g/dL)                                |                      | 0.076 g/dL   |                      |
| <b>Acid Neutrals by GC/MS</b>                 | <b>Positive</b>      |              | See Page 2, Group 2  |
| Caffeine                                      |                      | Positive     |                      |
| <b>Opiate ELISA Screen</b>                    | <b>None Detected</b> |              | See Page 2, Group 7  |
| <b>Basic Drugs by GC/MS</b>                   | <b>None Detected</b> |              | See Page 2, Group 8  |
| <b>Acetaminophen Screen</b>                   | <b>None Detected</b> |              | See Page 2, Group 9  |
| <b>Salicylate Screen</b>                      | <b>None Detected</b> |              | See Page 2, Group 10 |
| <b>Amphetamine ELISA</b>                      | <b>None Detected</b> |              | See Page 2, Group 7  |
| <b>Barbiturates ELISA Screen</b>              | <b>None Detected</b> |              | See Page 2, Group 7  |
| <b>Benzodiazepines ELISA Screen</b>           | <b>None Detected</b> |              | See Page 2, Group 7  |
| <b>Cannabinoids ELISA Screen</b>              | <b>None Detected</b> |              | See Page 2, Group 7  |
| <b>Carisoprodol ELISA Screen</b>              | <b>None Detected</b> |              | See Page 2, Group 7  |
| <b>Cocaine Mtb. ELISA Screen</b>              | <b>None Detected</b> |              | See Page 2, Group 7  |
| <b>Fentanyl ELISA Screen</b>                  | <b>None Detected</b> |              | See Page 2, Group 7  |
| <b>Methamphetamine ELISA Screen</b>           | <b>None Detected</b> |              | See Page 2, Group 7  |
| <b>Oxycodone ELISA Screen</b>                 | <b>None Detected</b> |              | See Page 2, Group 7  |
| <b>Phencyclidine ELISA Screen</b>             | <b>None Detected</b> |              | See Page 2, Group 7  |
| <b>Tricyclic Antidepressants ELISA Screen</b> | <b>None Detected</b> |              | See Page 2, Group 7  |
| <b>Methadone ELISA Screen</b>                 | <b>None Detected</b> |              | See Page 2, Group 7  |

| G1: Gastric Contents Analysis |        |              |            |
|-------------------------------|--------|--------------|------------|
| Drug Group/Class              | Result | Quantitation | Analyte(s) |
| <b>No Test Performed</b>      | --     |              |            |

| I1: Bile Analysis        |        |              |            |
|--------------------------|--------|--------------|------------|
| Drug Group/Class         | Result | Quantitation | Analyte(s) |
| <b>No Test Performed</b> | --     |              |            |

| L1: Liver Analysis       |        |              |            |
|--------------------------|--------|--------------|------------|
| Drug Group/Class         | Result | Quantitation | Analyte(s) |
| <b>No Test Performed</b> | --     |              |            |



0011-102

**Jesse E Edwards Registry of Cardiovascular Disease**

333 North Smith Avenue / Room 4625  
St Paul, MN 55102  
Phone: 651-241-5568  
FAX: 651-241-7114

**Major Class:** 900 **Registry Number:** D-11-493-N  
**Minor Class:** 057 351 510 493 **Date Acquired:** 08/04/2011  
**Specimen Category:** H  
**Photo:** Yes  
**TITLE:** CONGENITALLY BICUSPID AORTIC VALVE

**First Name:**

(b) (3) :Exemption 3 for 25 (c) , (b) (6)

**Age:** 55 Years **Sex:** Male

**Referral Agency:** LifeNet**Address:** 1864 Concert Drive Virginia Beach, VA 23453

**Referral Number:** LifeNet #1115203 **Case Number:** LifeBanc #2011-334

**DIAGNOSES:**  
FINAL

- I. Post-valve recovery donor heart:
  - A. All cardiac valves received; atria not present.
  - B. Cause of death listed as "trauma".
- II. Cardiac findings:
  - A. Congenitally bicuspid aortic valve with calcific and fibrotic changes.
  - B. Atherosclerotic coronary artery disease:
    1. Left main coronary artery 40-50% narrowed by atherosclerotic plaque.
    2. Left anterior descending coronary artery 60-65% narrowed by atherosclerotic plaque.

Thomas Desantis

2

D-11-493-N

LifeNet #1115203

LifeBanc #2011-334

**REMARKS****Case: D-11-493-N**

Name: (b) (3); Exem

LifeNet # 1115203 / LifeBanc #2011-334

Age/Sex: 55 year old male

Cause of death listed as "trauma"

Reported donor height: 66"

Reported donor weight: 189 lbs.

BMI: 30.5

**GROSS DESCRIPTION**

The weight of the post valve recovery donor heart is 360 grams, including the separately submitted aortic and pulmonic valves, but without the majority of the atria. The reported preprocessing heart weight was 464 grams. This weight appears elevated and the extrapolated intact heart weight is approximately 400 grams. The normal heart weight reference range for body weight is 275-478 grams and for body height is 218-435 grams; therefore, the heart is of normal size. The epicardial surfaces are smooth and glistening.

The majority of the right atrium has previously been removed. The superior vena cava, inferior vena cava and coronary sinus ostium are not present for evaluation. The remaining right atrial appendage is normal.

The remaining anterior and posterior leaflets of the tricuspid valve are normally formed. The right ventricle is normally formed; compact myocardium at the mid posterior wall measures 5 mm in thickness. No gross lesions are evident within the myocardium.

The pulmonic valve is received separately. The valve is tricuspid. The valve cusps have previously been removed and are submitted separately; they appear unremarkable. There an anomalous muscle bundle attached directly to the annulus of the right cusp.

No left atrium is present for evaluation.

The remaining posterior leaflet of the mitral valve is unremarkable. Chordae tendineae are normal and insert into two normally formed and positioned papillary muscles. The left ventricle is borderline hypertrophic and thickness of compact myocardium at the mid lateral wall is 15-16 mm. No gross lesions are evident within the myocardium.

The aortic valve is received separately and includes the anterior leaflet of the mitral valve, which has myxomatous and fibrous thickening along the line of closure and yellow plaques within the leaflet and fibrous continuity. The aortic valve is a congenitally bicuspid valve. The cusps are oriented in a right/left orientation and the right cusp is larger and contains a congenital raphe. The cusp tissue is fibrotically thickened and focally calcified. These changes are most prominent around the congenital raphe. The right coronary artery arises from the right-sided sinus and the left coronary artery arises from the left-sided sinus.

(b) (3); Exemption  
3 for 15(c), (b)  
(6)

3

D-11-493-N  
LifeNet #1115203  
LifeBanc #2011-334

The coronary arterial distribution is left dominant. Serial cross sections of the coronary arteries show 40-50% narrowing of the left main coronary artery by atherosclerotic plaque. The proximal left anterior descending coronary artery is up to 60-65% narrowed by atherosclerotic plaque. The right coronary artery and left circumflex coronary artery are patent.

### MICROSCOPIC DESCRIPTION

Conduction system and left anterior descending coronary artery (AV/LAD): Section from the region of the conduction system has normal AV node. Ventricular septal myocardium has a moderate increase in interstitial fibrosis and there are dysplastic intramyocardial arteries with up to 90% luminal narrowing by intimal and medial changes.

Four sections of the left anterior descending coronary artery are up to 60-65% narrowed by atherosclerotic plaque.

Ventricular septum, third slice and left ventricle, third slice lateral wall (3S/3L): Section of ventricular septum has normal arrangement of the myocytes within the compact myocardium. There are occasional hypertrophic myocytes.

Section from the lateral wall of the left ventricle has occasional hypertrophic myocytes.

Left ventricle, third slice anterior wall and left ventricle, third slice posterior wall (3A; notch/3P): Section from the anterior wall of the left ventricle has occasional hypertrophic myocytes and a mild increase in subendocardial interstitial and perivascular fibrosis.

Section from the posterior wall of the left ventricle has occasional hypertrophic myocytes and a mild increase in interstitial and perivascular fibrosis. A subendocardial artery is cut tangentially, but appears to have mild medial hypertrophy.

Mitral valve, posterior and right ventricle, anterior wall (Mit Post/RVA): Small portion of mitral valve is unremarkable. Ventricular myocardium has occasional hypertrophic myocytes. Atrial myocardium is unremarkable.

Section from the anterior wall of the right ventricle has occasional hypertrophic myocytes.

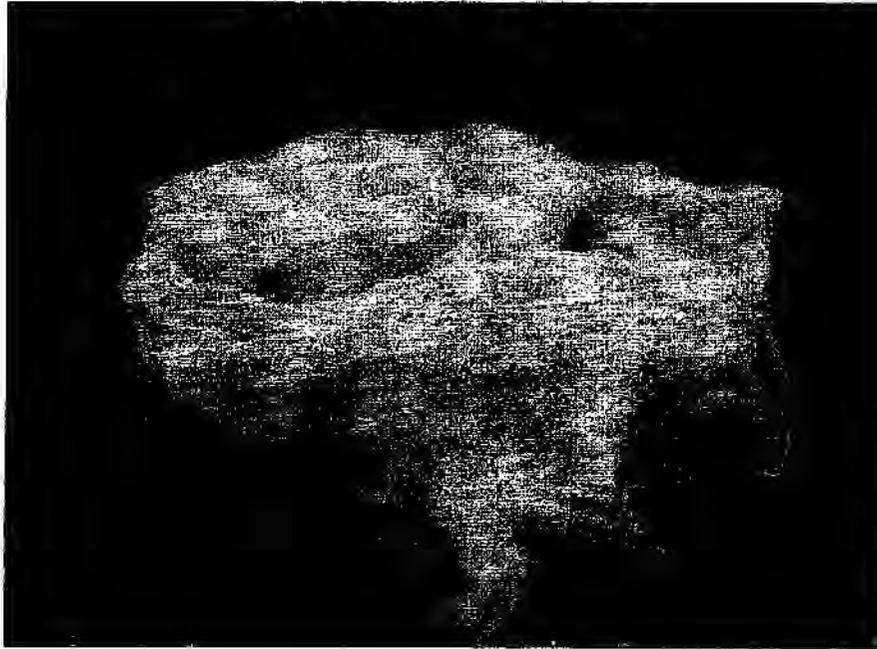
(b)  
(3) Exemption  
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(c), (b) (6)

4

D-11-493-N  
LifeNet #1115203  
LifeBanc #2011-334

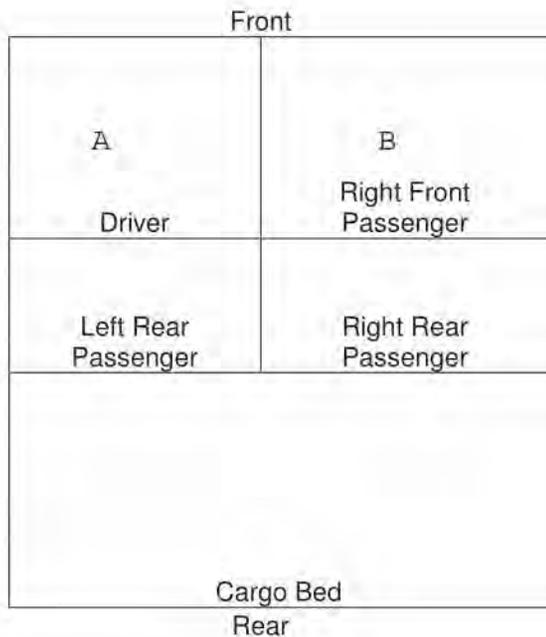
**PHOTOGRAPH**

**BICUSPID AORTIC VALVE**



Shannon M. Mackey-Bojack, MD  
Electronically signed August 10, 2011  
SMB/ja/kb

Utility Vehicle Data Record Sheet



The Utility Vehicle

|    |  |                   |
|----|--|-------------------|
| A: | Age: 55                                  | Height: 5' 6"     |
|    | Gender: Male                             | Weight: 185       |
|    | Helmet (Y/N): N                          | Seatbelt (Y/N): N |
|    | Killed/Injured/Neither/Unknown: Killed   |                   |
|    | Injury Description: head, neck, trunk, 1 |                   |
|    | Did vehicle land on victim: No           |                   |
|    | Ejected (Either partially or fully): Yes |                   |

|    |   |                   |
|----|---|-------------------|
| D: | Age: 42                                 | Height: 5' 8"     |
|    | Gender: Male                            | Weight: 195       |
|    | Helmet (Y/N): N                         | Seatbelt (Y/N): Y |
|    | Killed/Injured/Neither/Unknown: Neither |                   |
|    | Injury Description: N/A                 |                   |
|    | Did vehicle land on victim: No          |                   |
|    | 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): |                 |

|    |                                      |                 |
|----|--------------------------------------|-----------------|
| 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**

Geauga County Sheriff's Department  
Records Department  
Office: 440-279-2009  
Fax: 440-286-3251  
Contacted: 4/30/12

Geauga County Coroner's Office  
Dr. Kevin Chartrand  
Office: 440-279-2165  
Fax: 4440-285-5390  
geugacoroner@co.geauga.oh.us  
Contacted: 4/30/12



**IDI 120425HCC3626**

**Corrigan, Polk County TX UTV FATALITY**

Investigation was initiated based upon a new clipping article concerning the death of a 35 year old Corrigan Texas male. The incident involved a pickup truck towing a trailer with the UTV secured to it.

The driver of the pickup truck was towing the trailer and UTV with occupants sitting atop the non-operating UTV. The pickup up truck driver lost control of the vehicle and rolled all three vehicles. Texas DPS subsequently charged him with intoxicated manslaughter.

Information was obtained from investigating officials and the local news media. During this IDI, photocopies of the local police report and coroner's report were requested.

The decedent was reportedly in seat position #2 of the incident # 3 vehicle and that it rolled over him. Passengers # 1 and # 3 of incident vehicle #3 were only ejected.

**PRODUCT # 1 DESCRIPTION:**

**Type:** Pickup truck

**Brand:** Ford

**Model:** 1999 F-150

**VIN #:** 1FTZX1722XKA38151

**Retailer:** Unknown

**Purchase Date:** Unknown

**Approx. Price:** Unknown

**PRODUCT # 2 DESCRIPTION:**

**Type:** 16 Foot Flatbed Trailer

**Brand:** Homemade - 1990

**Model:** Utility

**VIN #:** NA

**Retailer:** Unknown

**Purchase Date:** 1990

**Approx. Price:** Unknown

**PRODUCT # 3 DESCRIPTION:**

**Type:** Utility-Terrain-Vehicle

**Brand:** Polaris

**Model:** Ranger

**VIN #:** Unknown

**Retailer:** Unknown

**Purchase Date:** Unknown

**Approx. Price:** Unknown

**ATTACHMENTS:**

- Attachment A – Polk County Today Internet news article (4 pages)
- Attachment B – Texas DOT incident reports (5 pages)
- Attachment C – CPSC Appendix 91 Utility Vehicle Data Record Sheet
- Attachment D – Texas DPS Incident reports (60 pages)
- Attachment E – Texas DPS Incident photographs (7 pages)
- Attachment F – CPSC missing documents form...
- Attachment G – Contact Information



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- [Obituaries](#)
- [County Jobs](#)
- [Emergency](#)
- [Local Wreckers](#)
- [Language Translator](#)
- [Daily Crossword Puzzle](#)
- [About Us/Contact](#)
- [I-Town](#)

**Fatal Accident on FM-287 East, Alcohol Suspected, CHESTER, July 17, 2011** - Shortly before 8 pm on July 16, 2011 a black 1999 Ford F-150 driven by (b)(6) of Corrigan, was west bound on FM-287 East. (b)(6) had two passengers with him in the truck (b)(3) - Exemption (b)(6) and was pulling a 16 foot trailer that had a Polaris Ranger all terrain vehicle (ATV) in the back. There were three passengers riding in the Ranger; (b)(6) and (b)(6). According to witnesses, the trailer started whipping and (b)(6) lost control. Both the trailer and the truck slid out of control, left the road to the right and rolled. In the process, (b)(6) (riding in the ATV in the trailer) was ejected. (b)(6) (b)(3) : Exempt were also injured. (b)(6) nor his two passengers in the truck were injured. Americare Ambulance Service was dispatched to the scene along with the Chester and Corrigan Volunteer Fire Departments. Additionally, a host of Troopers were dispatched including Kevin Burman, Darwon Evans, Corporal Michael Priest, and Buck Odom and Sergeant Christian Schanmier with the Polk County Sheriff's Office. Ryan Gene Tinsley was rushed to a Woodville Hospital where he died a short time later. Tinsley was pronounced dead at 9:09 pm by Justice of the Peace Milton Powers. Powers performed an inquest and ordered an autopsy. (b)(3) was flown to Houston by PHi Air Medical Helicopter with undisclosed injuries, and (b)(6) Lofton was transported to Livingston Memorial Hospital by private vehicle. (b)(3):CPS was allegedly intoxicated and was placed under arrest. (b)(6) is facing charges of: Intoxicated manslaughter, and multiple counts of intoxicated assault. All traffic on 287 East was blocked during investigation and cleanup. The road was littered with cans of beer when 2 coolers loaded down with beer spilled open during the rollover. The entire scene smelled of alcohol. Rollback Wreckers from Riley Wrecker Service recovered the truck, trailer, and the ATV and will be stored in Corrigan. The scene was cleared by around 10:30 pm.



Ryan Tinsley of Irving was killed when he was believed to be rolled on by this Polaris Ranger. The Ranger was in a trailer being pulled by a pickup.

Special thank you: Ken from [Ken's Towing](#)



The pickup and the trailer rolled into the edge of the woodline off FM-287, East.



120425HCC3626

Attachment A



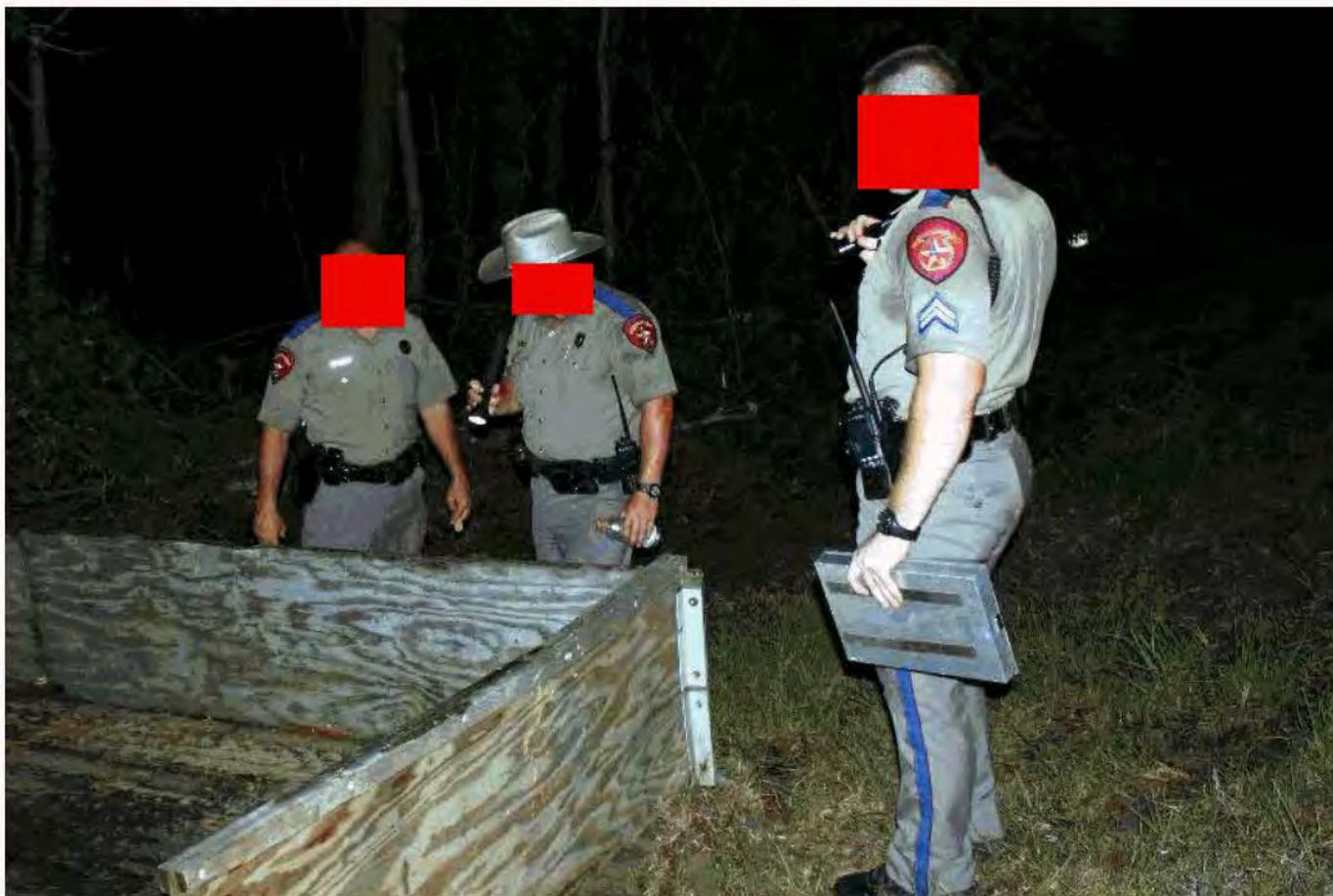
Cans of cold beer were strewn over the road. Trooper Kevin Burman pictured. Burman is the investigating Officer.



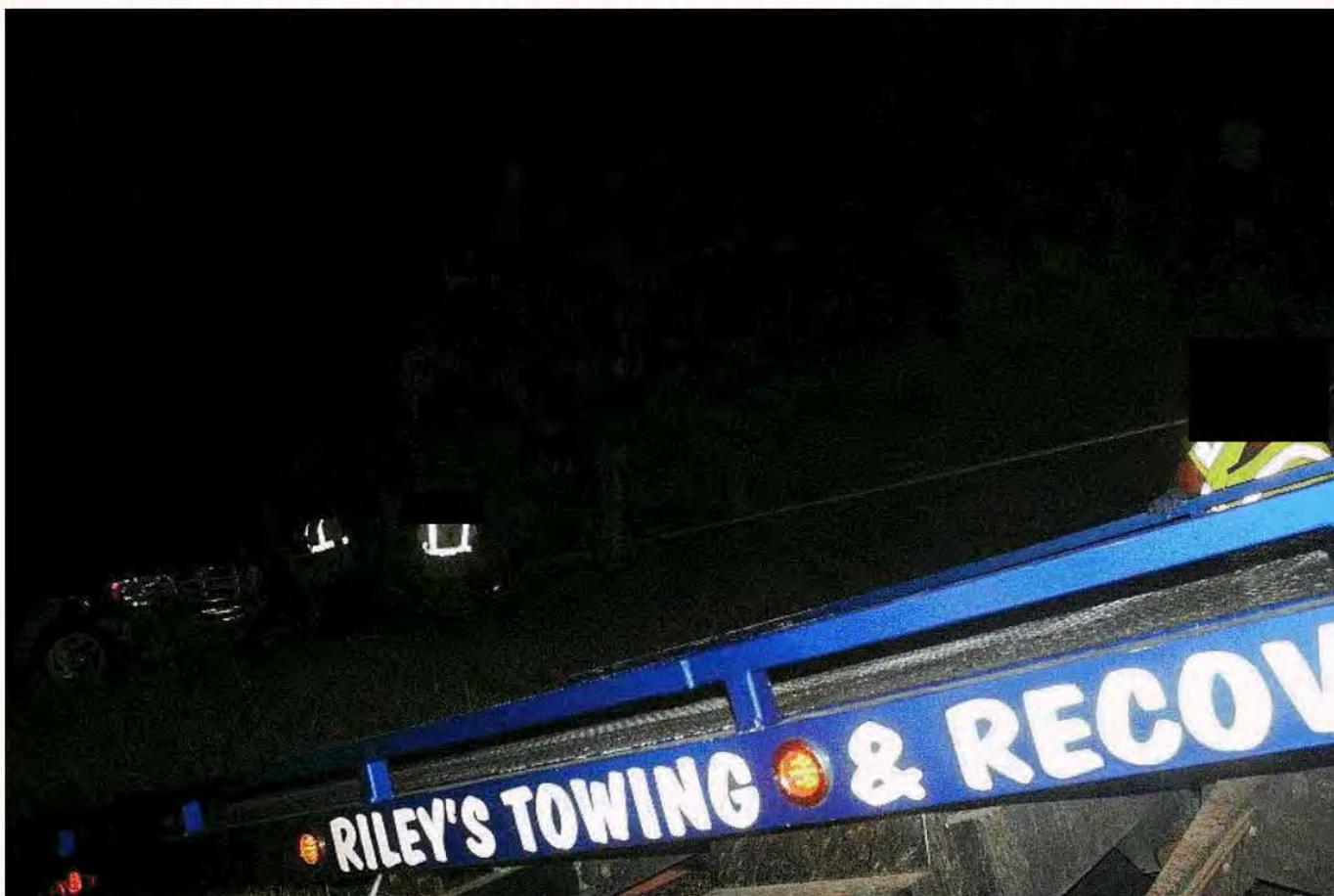
A PHI Air Medical helicopter prepares to lift off for Houston. Garrett Tolar was flown away from the scene.

120425HCC3626

Attachment A



(L - R) Trooper Kevin Burman, Trooper Buck Odom, and Corporal Michael Priest examine the trailer that was carrying the Polaris Ranger.



James Riley recovered the truck, trailer, and the ATV.

120425HCC3626

Attachment A



# Texas Department of Transportation

DEWITT C. GREER STATE HIGHWAY BLDG. • 125 E. 11TH STREET • AUSTIN, TEXAS 78701-2483 • (512) 463-8585

May 1, 2012

Mr. Michael Terrell  
U.S. Consumer Product Safety Commission  
P.O. Box 6229  
McKinney, Texas 75071

**Re: Date of Crash: July 16, 2011, occurring in Polk County involving**  
**and**

(b)  
(3) - Exempt

(b) (3) - E

Dear Requestor:

On April 30, 2012, the Texas Department of Transportation received your Open Records Request.

The copies of requested documents enclosed and now consider your request final.

While the Texas Department of Transportation is the repository for crash records only. We do not maintain photographs, officer notes, or any other documents related to the crash. If seeking other documents other than the crash records I would advise contacting the investigating agency for such items.

If you have any questions, please call me at (512) 486-5725 or via email at: [Deborah.Coleman@txdot.gov](mailto:Deborah.Coleman@txdot.gov).

Sincerely,

Deborah Coleman  
Crash Records Section  
Traffic Operations Division

Enclosures

## THE TEXAS PLAN

REDUCE CONGESTION • ENHANCE SAFETY • EXPAND ECONOMIC OPPORTUNITY • IMPROVE AIR QUALITY  
PRESERVE THE VALUE OF TRANSPORTATION ASSETS

120425HCC3626

An Equal Opportunity Employer

Attachment B

OCT 3 2011

Law Enforcement and TxDOT Use Only

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num. Units 2 Total Num. Prsns 6 TxDOT / 2011310061 Crash ID

Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)

Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714 Questions? Call (512)486-5780 Refer to Attached Code Sheet for Numbered Fields

Page 1 of 2

\* These fields are required on all additional sheets submitted for this crash (ex: additional vehicles, occupants, injured, etc.).

| *Crash Date (MM/DD/YYYY) 07/16/2011   |               | *Crash Time (24HRMM) 1945  |   | Case ID  |   | Local Use   |  |             |               |                  |   |                    |               |              |               |                |                |  |  |         |               |             |               |                |                |          |   |   |    |         |   |    |   |   |   |    |    |    |   |    |     |    |    |    |  |   |   |    |         |   |    |   |   |   |    |    |    |   |  |  |  |  |  |  |  |   |    |         |         |    |    |   |   |    |    |    |    |   |  |  |  |  |  |
|---|---------------|--|---|--|---|---|--|-------------|---------------|------------------|---|--------------------|---------------|--------------|---------------|----------------|----------------|--|--|---------|---------------|-------------|---------------|----------------|----------------|----------|---|---|----|---------|---|----|---|---|---|----|----|----|---|----|-----|----|----|----|--|---|---|----|---------|---|----|---|---|---|----|----|----|---|--|--|--|--|--|--|--|---|----|---------|---------|----|----|---|---|----|----|----|----|---|--|--|--|--|--|
| *County Name Polk   |               |  |   | *City Name   |   | <input checked="" type="checkbox"/> Outside City Limit                              |  |             |               |                  |   |                    |               |              |               |                |                |  |  |         |               |             |               |                |                |          |   |   |    |         |   |    |   |   |   |    |    |    |   |    |     |    |    |    |  |   |   |    |         |   |    |   |   |   |    |    |    |   |  |  |  |  |  |  |  |   |    |         |         |    |    |   |   |    |    |    |    |   |  |  |  |  |  |
| In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |               | Latitude (decimal degrees) 30.95413                                |   | Longitude (decimal degrees) -094.69873                   |   |   |  |             |               |                  |   |                    |               |              |               |                |                |  |  |         |               |             |               |                |                |          |   |   |    |         |   |    |   |   |   |    |    |    |   |    |     |    |    |    |  |   |   |    |         |   |    |   |   |   |    |    |    |   |  |  |  |  |  |  |  |   |    |         |         |    |    |   |   |    |    |    |    |   |  |  |  |  |  |
| <b>ROAD ON WHICH CRASH OCCURRED</b>   |               |  |   |  |   |   |  |             |               |                  |   |                    |               |              |               |                |                |  |  |         |               |             |               |                |                |          |   |   |    |         |   |    |   |   |   |    |    |    |   |    |     |    |    |    |  |   |   |    |         |   |    |   |   |   |    |    |    |   |  |  |  |  |  |  |  |   |    |         |         |    |    |   |   |    |    |    |    |   |  |  |  |  |  |
| *1 Rdwy. Sys. US  |               | *Hwy Num. 287  |   | 2 Rdwy. Part 1   | Block Num.  | 3 Street Prefix   | * Street Name  |             |               |                  |   |                    |               |              |               |                |                |  |  |         |               |             |               |                |                |          |   |   |    |         |   |    |   |   |   |    |    |    |   |    |     |    |    |    |  |   |   |    |         |   |    |   |   |   |    |    |    |   |  |  |  |  |  |  |  |   |    |         |         |    |    |   |   |    |    |    |    |   |  |  |  |  |  |
| <input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot   |               | <input type="checkbox"/> Toll Road/Toll Lane                       |   | Speed Limit 70   | Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Street Desc.   |             |               |                  |   |                    |               |              |               |                |                |  |  |         |               |             |               |                |                |          |   |   |    |         |   |    |   |   |   |    |    |    |   |    |     |    |    |    |  |   |   |    |         |   |    |   |   |   |    |    |    |   |  |  |  |  |  |  |  |   |    |         |         |    |    |   |   |    |    |    |    |   |  |  |  |  |  |
| <b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER</b>   |               |  |   |  |   |   |  |             |               |                  |   |                    |               |              |               |                |                |  |  |         |               |             |               |                |                |          |   |   |    |         |   |    |   |   |   |    |    |    |   |    |     |    |    |    |  |   |   |    |         |   |    |   |   |   |    |    |    |   |  |  |  |  |  |  |  |   |    |         |         |    |    |   |   |    |    |    |    |   |  |  |  |  |  |
| At Int. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |               | 1 Rdwy. Sys.   | Hwy Num.  | 2 Rdwy. Part   | Block Num.  | 3 Street Prefix   | Street Name  |             |               |                  |   |                    |               |              |               |                |                |  |  |         |               |             |               |                |                |          |   |   |    |         |   |    |   |   |   |    |    |    |   |    |     |    |    |    |  |   |   |    |         |   |    |   |   |   |    |    |    |   |  |  |  |  |  |  |  |   |    |         |         |    |    |   |   |    |    |    |    |   |  |  |  |  |  |
| Distance from Int. or Ref. Marker 0.2   |               | <input type="checkbox"/> FT <input checked="" type="checkbox"/> MI | 3 Dir. From Int. or Ref. Marker W   | Reference Marker 688                                     | Street Desc.  |   | RRX Num.   |             |               |                  |   |                    |               |              |               |                |                |  |  |         |               |             |               |                |                |          |   |   |    |         |   |    |   |   |   |    |    |    |   |    |     |    |    |    |  |   |   |    |         |   |    |   |   |   |    |    |    |   |  |  |  |  |  |  |  |   |    |         |         |    |    |   |   |    |    |    |    |   |  |  |  |  |  |
| Unit Num. 1   |               | 5 Unit Desc. 1   | <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run            | LP State TX  | LP Num. 97WTW4  | VIN 1F1TZX1722XKA38151  |  |             |               |                  |   |                    |               |              |               |                |                |  |  |         |               |             |               |                |                |          |   |   |    |         |   |    |   |   |   |    |    |    |   |    |     |    |    |    |  |   |   |    |         |   |    |   |   |   |    |    |    |   |  |  |  |  |  |  |  |   |    |         |         |    |    |   |   |    |    |    |    |   |  |  |  |  |  |
| Veh. Year 1999  |               | 6 Veh. Color BLU   | Veh. Make Ford  | Veh. Model F150  |   | 7 Body Style PK   | <input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked) |             |               |                  |   |                    |               |              |               |                |                |  |  |         |               |             |               |                |                |          |   |   |    |         |   |    |   |   |   |    |    |    |   |    |     |    |    |    |  |   |   |    |         |   |    |   |   |   |    |    |    |   |  |  |  |  |  |  |  |   |    |         |         |    |    |   |   |    |    |    |    |   |  |  |  |  |  |
| 8 DL/D Type 1   |               | DL/D State TX  | DL/D Num. 19034877  | 9 DL Class C   | 10 CDL End. 96  | 11 DL Rest. 96  | DOB (MM/DD/YYYY) 05/20/1982  |             |               |                  |   |                    |               |              |               |                |                |  |  |         |               |             |               |                |                |          |   |   |    |         |   |    |   |   |   |    |    |    |   |    |     |    |    |    |  |   |   |    |         |   |    |   |   |   |    |    |    |   |  |  |  |  |  |  |  |   |    |         |         |    |    |   |   |    |    |    |    |   |  |  |  |  |  |
| Address (Street, City, State, ZIP) 7235 US Hwy 287 East, Corrigan, TX 75939   |               |  |   |  |   |   |  |             |               |                  |   |                    |               |              |               |                |                |  |  |         |               |             |               |                |                |          |   |   |    |         |   |    |   |   |   |    |    |    |   |    |     |    |    |    |  |   |   |    |         |   |    |   |   |   |    |    |    |   |  |  |  |  |  |  |  |   |    |         |         |    |    |   |   |    |    |    |    |   |  |  |  |  |  |
| <table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle<br/>Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Result</th> <th>Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>(b) (6)</td> <td>C</td> <td>29</td> <td>W</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>97</td> <td>N</td> <td>2</td> <td>.15</td> <td>2</td> <td>2</td> <td>97</td> <td></td> </tr> <tr> <td>2</td> <td>2</td> <td>3</td> <td>(b) (6)</td> <td>C</td> <td>27</td> <td>W</td> <td>2</td> <td>1</td> <td>1</td> <td>1</td> <td>97</td> <td>N</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td rowspan="3">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> <tr> <td>3</td> <td>2</td> <td>6</td> <td>(b) (6)</td> <td>C</td> <td>53</td> <td>W</td> <td>2</td> <td>1</td> <td>96</td> <td>97</td> <td>97</td> <td>N</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |               |  |   |  |   |   |  | Person Num. | 12 Prsn. Type | 13 Seat Position | Name: Last, First, Middle<br>Enter Driver or Primary Person for this Unit on first line | 14 Injury Severity | Age           | 15 Ethnicity | 16 Sex        | 17 Eject.      | 18 Restr.      | 19 Airbag  | 20 Helmet  | 21 Sol. | 22 Alc. Spec. | Alc. Result | 23 Drug Spec. | 24 Drug Result | 25 Drug Result | Category | 1 | 1 | 1  | (b) (6) | C | 29 | W | 1 | 1 | 1  | 1  | 97 | N | 2  | .15 | 2  | 2  | 97 |  | 2 | 2 | 3  | (b) (6) | C | 27 | W | 2 | 1 | 1  | 1  | 97 | N |  |  |  |  |  |  | Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. | 3 | 2  | 6       | (b) (6) | C  | 53 | W | 2 | 1  | 96 | 97 | 97 | N |  |  |  |  |  |
| Person Num.   | 12 Prsn. Type | 13 Seat Position   | Name: Last, First, Middle<br>Enter Driver or Primary Person for this Unit on first line | 14 Injury Severity                                       | Age   | 15 Ethnicity  | 16 Sex   | 17 Eject.   | 18 Restr.     | 19 Airbag        | 20 Helmet   | 21 Sol.            | 22 Alc. Spec. | Alc. Result  | 23 Drug Spec. | 24 Drug Result | 25 Drug Result | Category   |  |         |               |             |               |                |                |          |   |   |    |         |   |    |   |   |   |    |    |    |   |    |     |    |    |    |  |   |   |    |         |   |    |   |   |   |    |    |    |   |  |  |  |  |  |  |  |   |    |         |         |    |    |   |   |    |    |    |    |   |  |  |  |  |  |
| 1   | 1             | 1  | (b) (6)   | C  | 29  | W   | 1  | 1           | 1             | 1                | 97  | N                  | 2             | .15          | 2             | 2              | 97             |  |  |         |               |             |               |                |                |          |   |   |    |         |   |    |   |   |   |    |    |    |   |    |     |    |    |    |  |   |   |    |         |   |    |   |   |   |    |    |    |   |  |  |  |  |  |  |  |   |    |         |         |    |    |   |   |    |    |    |    |   |  |  |  |  |  |
| 2   | 2             | 3  | (b) (6)   | C  | 27  | W   | 2  | 1           | 1             | 1                | 97  | N                  |               |              |               |                |                |  | Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. |         |               |             |               |                |                |          |   |   |    |         |   |    |   |   |   |    |    |    |   |    |     |    |    |    |  |   |   |    |         |   |    |   |   |   |    |    |    |   |  |  |  |  |  |  |  |   |    |         |         |    |    |   |   |    |    |    |    |   |  |  |  |  |  |
| 3   | 2             | 6  | (b) (6)   | C  | 53  | W   | 2  | 1           | 96            | 97               | 97  | N                  |               |              |               |                |                |  |  |         |               |             |               |                |                |          |   |   |    |         |   |    |   |   |   |    |    |    |   |    |     |    |    |    |  |   |   |    |         |   |    |   |   |   |    |    |    |   |  |  |  |  |  |  |  |   |    |         |         |    |    |   |   |    |    |    |    |   |  |  |  |  |  |
| <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee<br>Owner/Lessee Name & Address Billy W. Willson, 2317 Oak North, Nederland, TX 77627  |               |  |   |  |   |   |  |             |               |                  |   |                    |               |              |               |                |                |  |  |         |               |             |               |                |                |          |   |   |    |         |   |    |   |   |   |    |    |    |   |    |     |    |    |    |  |   |   |    |         |   |    |   |   |   |    |    |    |   |  |  |  |  |  |  |  |   |    |         |         |    |    |   |   |    |    |    |    |   |  |  |  |  |  |
| Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |               | <input type="checkbox"/> Expired <input type="checkbox"/> Exempt   | 26 Fin. Resp. Type 2  | Fin. Resp. Name State Farm                               |   | Fin. Resp. Num. 1361753C1953  |  |             |               |                  |   |                    |               |              |               |                |                |  |  |         |               |             |               |                |                |          |   |   |    |         |   |    |   |   |   |    |    |    |   |    |     |    |    |    |  |   |   |    |         |   |    |   |   |   |    |    |    |   |  |  |  |  |  |  |  |   |    |         |         |    |    |   |   |    |    |    |    |   |  |  |  |  |  |
| Fin. Resp. Phone Num. 800-252-7645  |               | 27 Vehicle Damage Rating 1   |   | 27 Vehicle Damage Rating 2                               |   | Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No        |  |             |               |                  |   |                    |               |              |               |                |                |  |  |         |               |             |               |                |                |          |   |   |    |         |   |    |   |   |   |    |    |    |   |    |     |    |    |    |  |   |   |    |         |   |    |   |   |   |    |    |    |   |  |  |  |  |  |  |  |   |    |         |         |    |    |   |   |    |    |    |    |   |  |  |  |  |  |
| Towed by Riley's Wrecker Service  |               |  |   | Towed To 1300 W 2nd St., Corrigan, TX 75939 936-398-4170 |   |   |  |             |               |                  |   |                    |               |              |               |                |                |  |  |         |               |             |               |                |                |          |   |   |    |         |   |    |   |   |   |    |    |    |   |    |     |    |    |    |  |   |   |    |         |   |    |   |   |   |    |    |    |   |  |  |  |  |  |  |  |   |    |         |         |    |    |   |   |    |    |    |    |   |  |  |  |  |  |
| Unit Num. 2   |               | 5 Unit Desc. 6   | <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run            | LP State TX  | LP Num. DGLD32  | VIN   |  |             |               |                  |   |                    |               |              |               |                |                |  |  |         |               |             |               |                |                |          |   |   |    |         |   |    |   |   |   |    |    |    |   |    |     |    |    |    |  |   |   |    |         |   |    |   |   |   |    |    |    |   |  |  |  |  |  |  |  |   |    |         |         |    |    |   |   |    |    |    |    |   |  |  |  |  |  |
| Veh. Year 1990  |               | 6 Veh. Color BLK   | Veh. Make Homemade  | Veh. Model Utility Trailer 16'                           |   | 7 Body Style TL   | <input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked) |             |               |                  |   |                    |               |              |               |                |                |  |  |         |               |             |               |                |                |          |   |   |    |         |   |    |   |   |   |    |    |    |   |    |     |    |    |    |  |   |   |    |         |   |    |   |   |   |    |    |    |   |  |  |  |  |  |  |  |   |    |         |         |    |    |   |   |    |    |    |    |   |  |  |  |  |  |
| 8 DL/D Type   |               | DL/D State   | DL/D Num.   | 9 DL Class   | 10 CDL End.   | 11 DL Rest.   | DOB (MM/DD/YYYY)   |             |               |                  |   |                    |               |              |               |                |                |  |  |         |               |             |               |                |                |          |   |   |    |         |   |    |   |   |   |    |    |    |   |    |     |    |    |    |  |   |   |    |         |   |    |   |   |   |    |    |    |   |  |  |  |  |  |  |  |   |    |         |         |    |    |   |   |    |    |    |    |   |  |  |  |  |  |
| Address (Street, City, State, ZIP)  |               |  |   |  |   |   |  |             |               |                  |   |                    |               |              |               |                |                |  |  |         |               |             |               |                |                |          |   |   |    |         |   |    |   |   |   |    |    |    |   |    |     |    |    |    |  |   |   |    |         |   |    |   |   |   |    |    |    |   |  |  |  |  |  |  |  |   |    |         |         |    |    |   |   |    |    |    |    |   |  |  |  |  |  |
| <table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle<br/>Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Result</th> <th>Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>10</td> <td>(b) (6)</td> <td>A</td> <td>21</td> <td>W</td> <td>1</td> <td>2</td> <td>97</td> <td>97</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> <td></td> </tr> <tr> <td>2</td> <td>2</td> <td>10</td> <td>(b) (6)</td> <td>K</td> <td>35</td> <td>W</td> <td>1</td> <td>2</td> <td>97</td> <td>97</td> <td>97</td> <td>N</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td rowspan="3">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> <tr> <td>3</td> <td>2</td> <td>10</td> <td>(b) (6)</td> <td>B</td> <td>21</td> <td>W</td> <td>1</td> <td>2</td> <td>97</td> <td>97</td> <td>97</td> <td>N</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>    |               |  |   |  |   |   |  | Person Num. | 12 Prsn. Type | 13 Seat Position | Name: Last, First, Middle<br>Enter Driver or Primary Person for this Unit on first line | 14 Injury Severity | Age           | 15 Ethnicity | 16 Sex        | 17 Eject.      | 18 Restr.      | 19 Airbag  | 20 Helmet  | 21 Sol. | 22 Alc. Spec. | Alc. Result | 23 Drug Spec. | 24 Drug Result | 25 Drug Result | Category | 1 | 2 | 10 | (b) (6) | A | 21 | W | 1 | 2 | 97 | 97 | 97 | N | 96 |     | 96 | 97 | 97 |  | 2 | 2 | 10 | (b) (6) | K | 35 | W | 1 | 2 | 97 | 97 | 97 | N |  |  |  |  |  | Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. | 3  | 2 | 10 | (b) (6) | B       | 21 | W  | 1 | 2 | 97 | 97 | 97 | N  |   |  |  |  |  |  |
| Person Num.   | 12 Prsn. Type | 13 Seat Position   | Name: Last, First, Middle<br>Enter Driver or Primary Person for this Unit on first line | 14 Injury Severity                                       | Age   | 15 Ethnicity  | 16 Sex   | 17 Eject.   | 18 Restr.     | 19 Airbag        | 20 Helmet   | 21 Sol.            | 22 Alc. Spec. | Alc. Result  | 23 Drug Spec. | 24 Drug Result | 25 Drug Result | Category   |  |         |               |             |               |                |                |          |   |   |    |         |   |    |   |   |   |    |    |    |   |    |     |    |    |    |  |   |   |    |         |   |    |   |   |   |    |    |    |   |  |  |  |  |  |  |  |   |    |         |         |    |    |   |   |    |    |    |    |   |  |  |  |  |  |
| 1   | 2             | 10   | (b) (6)   | A  | 21  | W   | 1  | 2           | 97            | 97               | 97  | N                  | 96            |              | 96            | 97             | 97             |  |  |         |               |             |               |                |                |          |   |   |    |         |   |    |   |   |   |    |    |    |   |    |     |    |    |    |  |   |   |    |         |   |    |   |   |   |    |    |    |   |  |  |  |  |  |  |  |   |    |         |         |    |    |   |   |    |    |    |    |   |  |  |  |  |  |
| 2   | 2             | 10   | (b) (6)   | K  | 35  | W   | 1  | 2           | 97            | 97               | 97  | N                  |               |              |               |                |                | Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. |  |         |               |             |               |                |                |          |   |   |    |         |   |    |   |   |   |    |    |    |   |    |     |    |    |    |  |   |   |    |         |   |    |   |   |   |    |    |    |   |  |  |  |  |  |  |  |   |    |         |         |    |    |   |   |    |    |    |    |   |  |  |  |  |  |
| 3   | 2             | 10   | (b) (6)   | B  | 21  | W   | 1  | 2           | 97            | 97               | 97  | N                  |               |              |               |                |                |  |  |         |               |             |               |                |                |          |   |   |    |         |   |    |   |   |   |    |    |    |   |    |     |    |    |    |  |   |   |    |         |   |    |   |   |   |    |    |    |   |  |  |  |  |  |  |  |   |    |         |         |    |    |   |   |    |    |    |    |   |  |  |  |  |  |
| <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee<br>Owner/Lessee Name & Address (b) (6)  |               |  |   |  |   |   |  |             |               |                  |   |                    |               |              |               |                |                |  |  |         |               |             |               |                |                |          |   |   |    |         |   |    |   |   |   |    |    |    |   |    |     |    |    |    |  |   |   |    |         |   |    |   |   |   |    |    |    |   |  |  |  |  |  |  |  |   |    |         |         |    |    |   |   |    |    |    |    |   |  |  |  |  |  |
| Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |               | <input type="checkbox"/> Expired <input type="checkbox"/> Exempt   | 26 Fin. Resp. Type  | Fin. Resp. Name  |   | Fin. Resp. Num.   |  |             |               |                  |   |                    |               |              |               |                |                |  |  |         |               |             |               |                |                |          |   |   |    |         |   |    |   |   |   |    |    |    |   |    |     |    |    |    |  |   |   |    |         |   |    |   |   |   |    |    |    |   |  |  |  |  |  |  |  |   |    |         |         |    |    |   |   |    |    |    |    |   |  |  |  |  |  |
| Fin. Resp. Phone Num.   |               | 27 Vehicle Damage Rating 1   |   | 27 Vehicle Damage Rating 2                               |   | Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No        |  |             |               |                  |   |                    |               |              |               |                |                |  |  |         |               |             |               |                |                |          |   |   |    |         |   |    |   |   |   |    |    |    |   |    |     |    |    |    |  |   |   |    |         |   |    |   |   |   |    |    |    |   |  |  |  |  |  |  |  |   |    |         |         |    |    |   |   |    |    |    |    |   |  |  |  |  |  |
| Towed by Riley's Wrecker Service  |               |  |   | Towed To 1300 W 2nd St., Corrigan, TX 75939 936-398-4170 |   |   |  |             |               |                  |   |                    |               |              |               |                |                |  |  |         |               |             |               |                |                |          |   |   |    |         |   |    |   |   |   |    |    |    |   |    |     |    |    |    |  |   |   |    |         |   |    |   |   |   |    |    |    |   |  |  |  |  |  |  |  |   |    |         |         |    |    |   |   |    |    |    |    |   |  |  |  |  |  |

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Attachment B

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn Num. | Taken To                     | Taken By       | Date of Death (MM/DD/YYYY) | Time of Death (24HRMM) |
|-------------------------------|-----------|-----------|------------------------------|----------------|----------------------------|------------------------|
|                               | 1         | 1         | Refused Treatment            | Refused        |                            |                        |
|                               | 1         | 2         | Refused Treatment            | Refused        |                            |                        |
|                               | 1         | 3         | Refused Treatment            | Refused        |                            |                        |
|                               | 2         | 1         | ETMC Tyler                   | PHI Helicopter |                            |                        |
|                               | 2         | 2         | Tyler County Hospital        | Tyler Co EMS   | 07/16/2011                 | 2109                   |
|                               | 2         | 3         | Livingston Memorial Hospital | POV            |                            |                        |

| CHARGES | Unit Num. | Prsn Num.            | Charge                    | Citation/Reference Num. |
|---------|-----------|----------------------|---------------------------|-------------------------|
|         | 1         | 1                    | Intoxication Manslaughter | M960153                 |
|         | 1         | 1                    | Intoxication Assault      | M960154                 |
| 1       | 1         | Intoxication Assault | M960154                   |                         |

| DAMAGE | Damaged Property Other Than Vehicles | Owner's Name        | Owner's Address                 |
|--------|--------------------------------------|---------------------|---------------------------------|
|        | Polaris Ranger ATV                   | Toler, Garrett Dean | 108 McCoy Rd., Lufkin, TX 75901 |

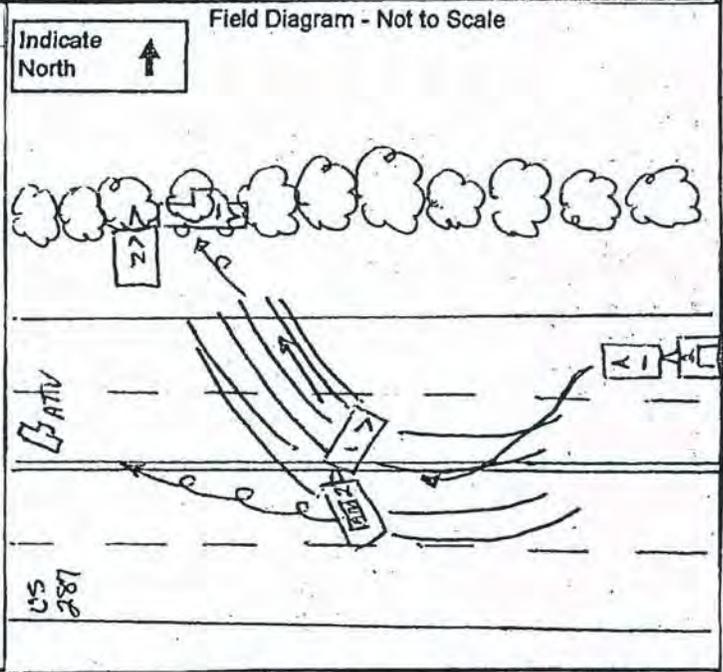
|                      |                                       |   |  |                     |   |                     |               |
|----------------------|---------------------------------------|---|--|---------------------|---|---------------------|---------------|
| Unit Num.            | <input type="checkbox"/> 10,001+ LBS. | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL      | <input type="checkbox"/> 9+ Capacity                                     | 28 Veh. Oper.       | 29 Carrier ID Type  | Carrier ID Num.     |               |
| Carrier's Corp. Name |                                       |   | Carrier's Primary Addr.  |                     |   |                     |               |
| 30 Rdwy. Access      | 31 Veh. Type                          | <input type="checkbox"/> RGWW<br><input type="checkbox"/> GWR | HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No | 32 HazMat Class Num | HazMat ID Num   | 32 HazMat Class Num | HazMat ID Num |
| 33 Cargo Body Style  | Trailer 1 Unit Num.                   | <input type="checkbox"/> RGWW<br><input type="checkbox"/> GWR | 34 Trlr. Type  | Trailer 2 Unit Num. | <input type="checkbox"/> RGWW<br><input type="checkbox"/> GWR | 34 Trlr. Type       |               |
| Sequence Of Events   | 35 Seq. 1                             | 35 Seq. 2   | 35 Seq. 3  | 35 Seq. 4           | Total Num. Axles  | Total Num. Tires    |               |

| FACTORS & CONDITIONS | 36 Contributing Factors (Investigator's Opinion) |              |                   | 37 Vehicle Defects (Investigator's Opinion) |                   | Environmental and Roadway Conditions |                |                   |                 |                      |                      |                    |
|----------------------|--|--------------|-------------------|---|-------------------|--------------------------------------|----------------|-------------------|-----------------|----------------------|----------------------|--------------------|
|                      | Unit Num.  | Contributing | May Have Contrib. | Contributing                                | May Have Contrib. | 38 Weather cond.                     | 39 Light Cond. | 40 Entering Roads | 41 Roadway Type | 42 Roadway Alignment | 43 Surface Condition | 44 Traffic Control |
|                      | 1  | 67           | 41                |   |                   |                                      | 1              | 1                 | 97              | 1                    | 3                    | 1                  |
| 2                    |  |              |                   |   |                   |                                      |                |                   |                 |                      |                      |                    |

Investigator's Narrative Opinion of What Happened  
(Attach Additional Sheets if Necessary)

Unit #1 towing Unit #2 (W/Polaris Ranger UTV as Cargo) #2 had three passengers riding in the UTV. Driver #1 stated that after he drove over a dip in the roadway, the trailer began to sway to the left and right. #1, in attempt to gain control of vehicle, applied brakes. This action caused him to go into a side skid and jackknife truck and trailer off of roadway. The UTV and passengers were ejected off of the trailer. The UTV rolled over passenger 2 mortally wounding him. The others, passengers 1 and 3 were ejected and received multiple abrasions and lacerations, coming to rest in the roadway of US 287. #1 rolled onto LH side coming to rest on WB shoulder of US 287 with moderate damage.

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|                        |  |                             |                                   |                       |         |                          |                     |
|------------------------|--|-----------------------------|-----------------------------------|-----------------------|---------|--------------------------|---------------------|
| Time Notified (24HRMM) | 1 9 5 5  | How Notified                | Dispatched                        | Time Arrived (24HRMM) | 2 0 1 7 | Report Date (MM/DD/YYYY) | 0 9 / 2 1 / 2 0 1 1 |
| Invest. Comp.          | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Investigator Name (Printed) | Kevin Burman                      | ID Num.               | 9537    | District/ Area           | H. P. 2 B. 4        |
| ORI Num.               | 120425HCC3626  | Agency                      | Texas Department of Public Safety | Attachment B          |         |                          |                     |

AUG 4 2011

Law Enforcement and TxDOT Use Only

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE  SCHOOL ZONE

Total Num. Units 2 Total Num. Prns. 6 TxDOT /2011236366 Crash ID 12196146-1

Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)

Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714 Questions? Call (512)486-5780 Refer to Attached Code Sheet for Numbered Fields

Page 1 of 2

\* These fields are required on all additional sheets submitted for this crash (ex: additional vehicles, occupants, injured, etc.).

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| *Crash Date (MM/DD/YYYY) 07/16/2011   |  | *Crash Time (24HRMM) 1945  |  | Case ID  |  | Local Use  |  |
| *County Name Polk   |  |  |  | *City Name   |  | <input checked="" type="checkbox"/> Outside City Limit   |  |
| In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  | Latitude (decimal degrees) 30.95413  |  | Longitude (decimal degrees) -094.69873                                       |  |  |  |
| ROAD ON WHICH CRASH OCCURRED  |  |  |  |  |  |  |  |
| *1 Rdw. Sys. US   |  | *Hwy. Num. 287   |  | 2 Rdw. Part 1  |  | Block Num.   |  |
| 3 Street Prefix   |  | *Street Name   |  | 4 Street Suffix  |  |  |  |
| <input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot   |  | <input type="checkbox"/> Toll Road/Toll Lane   |  | Speed Limit 70   |  | Const. Zone <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No           |  |
| Workers Present <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | Street Desc.   |  |  |  |  |  |
| INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER  |  |  |  |  |  |  |  |
| At Int. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | 1 Rdw. Sys.  |  | Hwy. Num.  |  | 2 Rdw. Part  |  |
| Block Num.  |  | 3 Street Prefix  |  | Street Name  |  |  |  |
| 4 Street Suffix   |  | Distance from Int. or Ref. Marker 0.2  |  |  |  |  |  |
| <input type="checkbox"/> FT <input checked="" type="checkbox"/> MI  |  | 3 Dir. From Int. or Ref. Marker W  |  | Reference-Marker 608   |  | Street Desc.   |  |
| RRX Num.  |  |  |  |  |  |  |  |
| VEHICLE, DRIVER, & PERSONS  |  |  |  |  |  |  |  |
| Unit Num. 1   |  | 5 Unit Desc. 1   |  | <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run |  | LP State TX  |  |
| LP Num. 97WTW4  |  | VIN 1FRTZ1722XKA38151  |  |  |  |  |  |
| Veh. Year 1999  |  | 6 Veh. Color BLU   |  | Veh. Make Ford   |  | Veh. Model F150  |  |
| 7 Body Style PK   |  | Pol, Fire, EMS on Emergency (Explain in Narrative if checked) <input type="checkbox"/> |  |  |  |  |  |
| 8 DLID Type 1   |  | DLID State TX  |  | DLID Num. 19034877   |  | 9 DL Class C   |  |
| 10 CDL End. 96  |  | 11 DL Rest. 96   |  | DOB (MM/DD/YYYY) 05/20/1982  |  |  |  |
| Address (Street, City, State, ZIP) 7235 US Hwy 287 East, Corrigan, TX 75939   |  |  |  |  |  |  |  |
| Person Num. 1   |  | 12 Psn. Type 1   |  | 13 Seat Position   |  | Name: Last, First, Middle  |  |
| Enter Driver or Primary Person for this Unit on first line  |  | 14 Injury Severity   |  | Age  |  | 15 Ethnicity   |  |
| 16 Sex  |  | 17 Eject   |  | 18 Restr.  |  | 19 Airbag  |  |
| 20 Helmet   |  | 21 Sci.  |  | 22 Alc. Spec.  |  | Alc. Result  |  |
| 23 Drug Spec.   |  | 24 Drug Result   |  | 25 Drug Result   |  | 26 Drug Category   |  |
| 1 1 1   |  | (b) (6)  |  | C 29 W 1 1 1 1 97 N  |  | 96 96 97 97  |  |
| 2 2 3   |  | (b) (6)  |  | C 27 W 2 1 1 1 97 N  |  | Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. |  |
| 3 2 6   |  | (b) (6)  |  | C 53 W 2 1 98 97 97 N  |  |  |  |
| <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee   |  | Owner/Lessee Name & Address Billy W. Willson, 2317 Oak North, Nederland, TX 77627      |  |  |  |  |  |
| Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  | <input type="checkbox"/> Expired <input type="checkbox"/> Exempt                       |  | 26 Fin. Resp. Type 2   |  | Fin. Resp. Name State Farm   |  |
| Fin. Resp. Num. 800-252-7645  |  | 27 Vehicle Damage Rating 1   |  | 27 Vehicle Damage Rating 2   |  | Fin. Resp. Num. 1361753C1953   |  |
| Towed by Riley's Wrecker Service  |  | Towed To 1300 W 2nd St., Corrigan, TX 75939 936-398-4170                               |  |  |  |  |  |
| VEHICLE, DRIVER, & PERSONS  |  |  |  |  |  |  |  |
| Unit Num. 2   |  | 5 Unit Desc. 6   |  | <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run |  | LP State TX  |  |
| LP Num. DGLD32  |  | VIN  |  |  |  |  |  |
| Veh. Year 1990  |  | 6 Veh. Color BLK   |  | Veh. Make Homemade   |  | Veh. Model Utility Trailer 16'   |  |
| 7 Body Style TL   |  | Pol, Fire, EMS on Emergency (Explain in Narrative if checked) <input type="checkbox"/> |  |  |  |  |  |
| 8 DLID Type   |  | DLID State   |  | DLID Num.  |  | 9 DL Class   |  |
| 10 CDL End.   |  | 11 DL Rest.  |  | DOB (MM/DD/YYYY)   |  |  |  |
| Address (Street, City, State, ZIP)  |  |  |  |  |  |  |  |
| Person Num. 1   |  | 12 Psn. Type 2   |  | 13 Seat Position 10  |  | Name: Last, First, Middle  |  |
| Enter Driver or Primary Person for this Unit on first line  |  | 14 Injury Severity   |  | Age  |  | 15 Ethnicity   |  |
| 16 Sex  |  | 17 Eject   |  | 18 Restr.  |  | 19 Airbag  |  |
| 20 Helmet   |  | 21 Sci.  |  | 22 Alc. Spec.  |  | Alc. Result  |  |
| 23 Drug Spec.   |  | 24 Drug Result   |  | 25 Drug Result   |  | 26 Drug Category   |  |
| 1 2 10  |  | (b) (6)  |  | A 21 W 1 2 97 97 97 N  |  | 98 96 97 97  |  |
| 2 2 10  |  | (b) (6)  |  | K 35 W 1 2 97 97 97 N  |  | Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. |  |
| 3 2 10  |  | (b) (6)  |  | B 21 W 1 2 97 97 97 N  |  |  |  |
| <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee   |  | Owner/Lessee Name & Address (b) (6)  |  |  |  |  |  |
| Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  | <input type="checkbox"/> Expired <input type="checkbox"/> Exempt                       |  | 26 Fin. Resp. Type   |  | Fin. Resp. Name  |  |
| Fin. Resp. Num.   |  | 27 Vehicle Damage Rating 1   |  | 27 Vehicle Damage Rating 2   |  | Vehicle Invented <input type="checkbox"/> Yes <input type="checkbox"/> No                            |  |
| Towed by Riley's Wrecker Service  |  | Towed To 1300 W 2nd St., Corrigan, TX 75939 936-398-4170                               |  |  |  |  |  |

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Attachment B

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To                     | Taken By       | Date of Death (MM/DD/YYYY) | Time of Death (24HRMM) |
|-------------------------------|-----------|------------|------------------------------|----------------|----------------------------|------------------------|
|                               | 1         | 1          | Refused Treatment            | Refused        | ____/____/____             | ____:____              |
|                               | 1         | 2          | Refused Treatment            | Refused        | ____/____/____             | ____:____              |
|                               | 1         | 3          | Refused Treatment            | Refused        | ____/____/____             | ____:____              |
|                               | 2         | 1          | ETMC Tyler                   | PHI Helicopter | ____/____/____             | ____:____              |
|                               | 2         | 2          | Tyler County Hospital        | Tyler Co EMS   | 07/16/2011                 | 2109                   |
|                               | 2         | 3          | Livingston Memorial Hospital | POV            | ____/____/____             | ____:____              |

| CHARGES | Unit Num. | Prsn. Num. | Charge                    | Citation/Reference Num. |
|---------|-----------|------------|---------------------------|-------------------------|
|         | 1         | 1          | Intoxication Manslaughter | M960153                 |
|         | 1         | 1          | Intoxication Assault      | M960154                 |
|         | 1         | 1          | Intoxication Assault      | M960154                 |

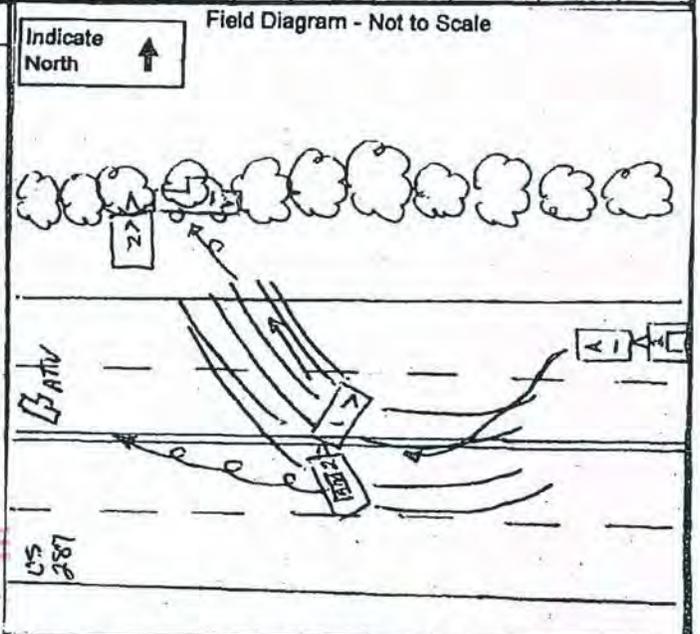
| DAMAGE                               |                    | Owner's Name        | Owner's Address                 |
|--------------------------------------|--------------------|---------------------|---------------------------------|
| Damaged Property Other Than Vehicles | Polaris Ranger ATV | Toler, Garrett Dean | 108 McCoy Rd., Lufkin, TX 75901 |

|                      |                                       |  |                                      |   |  |                  |
|----------------------|---------------------------------------|--|--------------------------------------|---|--|------------------|
| Unit Num.            | <input type="checkbox"/> 10,001+ LBS. | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL       | <input type="checkbox"/> 9+ Capacity | 28 Veh. Oper.   | 29 Carrier ID Type   | Carrier ID Num.  |
| Carrier's Corp. Name | Carrier's Primary Addr.               |  |                                      |   |  |                  |
| 30 Rdwy. Access      | 31 Veh. Type                          | <input type="checkbox"/> RGWW<br><input type="checkbox"/> GWRW | HazMat Released                      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | 32 HazMat Class Num.   | HazMat ID Num.   |
| 33 Cargo Body Style  | Trailer 1 Unit Num.                   | <input type="checkbox"/> RGWW<br><input type="checkbox"/> GWRW | 34 Trlr. Type                        | Trailer 2 Unit Num.   | <input type="checkbox"/> RGWW<br><input type="checkbox"/> GWRW | 34 Trlr. Type    |
| Sequence Of Events   | 35 Seq. 1                             | 35 Seq. 2  | 35 Seq. 3                            | 35 Seq. 4   | Total Num. Axes  | Total Num. Tires |

| FACTORS & CONDITIONS | 36 Contributing Factors (Investigator's Opinion) |              |                   | 37 Vehicle Defects (Investigator's Opinion) |                   |                  | Environmental and Roadway Conditions |                   |                 |                      |                      |                    |
|----------------------|--|--------------|-------------------|---|-------------------|------------------|--------------------------------------|-------------------|-----------------|----------------------|----------------------|--------------------|
|                      | Unit Num.  | Contributing | May Have Contrib. | Contributing                                | May Have Contrib. | 38 Weather cond. | 39 Light Cond.                       | 40 Entering Roads | 41 Roadway Type | 42 Roadway Alignment | 43 Surface Condition | 44 Traffic Control |
|                      | 1  | 67           | 41                |   |                   |                  | 1                                    | 1                 | 97              | 1                    | 3                    | 1                  |
| 2                    |  |              |                   |   |                   |                  |                                      |                   |                 |                      |                      |                    |

**Investigator's Narrative Opinion of What Happened**  
(Attach Additional Sheets if Necessary)

Unit #1 towing Unit #2 (W/Polaris Ranger UTV as Cargo) #2 had three passengers riding in the UTV. Driver #1 stated that after he drove over a dip in the roadway, the trailer began to sway to the left and right. #1, in attempt to gain control of vehicle, applied brakes. This action caused him to go into a side skid and jackknife truck and trailer off of roadway. The UTV and passengers were ejected off of the trailer. The UTV rolled over-passenger 2 mortally wounding him. The others, passengers 1 and 3 were ejected and received multiple abrasions and lacerations, coming to rest in the roadway of US 287. #1 rolled onto LH side coming to rest on WB shoulder of US 287 with moderate damage.



|                        |  |                             |              |                       |               |                          |            |
|------------------------|--|-----------------------------|--------------|-----------------------|---------------|--------------------------|------------|
| Time Notified (24HRMM) | 1,055  | How Notified                | Dispatched   | Time Arrived (24HRMM) | 2,017         | Report Date (MM/DD/YYYY) | 07/16/2011 |
| Invest. Comp.          | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Investigator Name (Printed) | Kevin Burman | ID Num.               | 9537          | ORI Num.                 |            |
| *Agency                | Texas Department of Public Safety                                      |                             |              |                       | District/Area | H, P, 2, B, 0, 4         |            |

Utility Vehicle Data Record Sheet

Front

|  |                       |
|--|-----------------------|
| A  | B                     |
| Driver   | Right Front Passenger |
| C  | Right Rear Passenger  |
| Left Rear Passenger  | Right Rear Passenger  |
| Vehicle was on a trailer being towed behind a PU truck. It was not being driven at the time of incident. Cargo Bed |                       |

Rear

The Utility Vehicle

|    |  |                 |
|----|--|-----------------|
| A: | Age: 21                                  | Height:         |
|    | Gender: M                                | Weight:         |
|    |  |                 |
|    | Helmet (Y/N): NO                         | Seatbelt (Y/N): |
|    |  |                 |
|    | Killed/Injured/Neither/Unknown: Injured  |                 |
|    | Injury Description: Unknown              |                 |
|    | Did vehicle land on victim: NO           |                 |
|    | Ejected (Either partially or fully): Yes |                 |

|    |  |                 |
|----|--|-----------------|
| B: | Age: 36                                  | Height:         |
|    | Gender: M                                | Weight:         |
|    |  |                 |
|    | Helmet (Y/N): NO                         | Seatbelt (Y/N): |
|    |  |                 |
|    | Killed/Injured/Neither/Unknown: Killed   |                 |
|    | Injury Description: Unknown              |                 |
|    | Did vehicle land on victim: YES          |                 |
|    | Ejected (Either partially or fully): YES |                 |

|    |  |                 |
|----|--|-----------------|
| C: | Age: 21                                  | Height:         |
|    | Gender: M                                | Weight:         |
|    |  |                 |
|    | Helmet (Y/N): NO                         | Seatbelt (Y/N): |
|    |  |                 |
|    | Killed/Injured/Neither/Unknown: Injured  |                 |
|    | Injury Description: Unknown              |                 |
|    | Did vehicle land on victim: NO           |                 |
|    | 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): |                 |

|    |                                      |                 |
|----|--------------------------------------|-----------------|
| 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.

Law Enforcement and TxDOT Use Only

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Unit Num Units 2 Total Num Prsns 6 TxDOT Crash ID

|   |   |   |  |  |           |  |   |
|---|---|---|--|--|-----------|--|---|
| * Crash Date (MM/DD/YYYY) <u>07/16/2011</u>   |   | * Crash Time (24HRMM) <u>1945</u>                                   |  | Case ID                                    |           | Local Use  |   |
| * County Name <u>Polk</u>   |   |   |  | * City Name                                |           | <input checked="" type="checkbox"/> Outside City Limit |   |
| In your opinion, did this crash result in at least \$1,000 damage to any one person's property? |   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  | Latitude (decimal degrees) <u>30.95413</u> |           | Longitude (decimal degrees) <u>-094.69873</u>          |   |
| <b>ROAD ON WHICH CRASH OCCURRED</b>   |   |   |  |  |           |  |   |
| * 1 Rdwy Sys  | <u>US</u>   | * Hwy. Num.   | <u>287</u>   | 2 Rdwy. Part                               | <u>1</u>  | Block Num.   |   |
| <input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot |   | <input type="checkbox"/> Toll Road/Toll Lane                        |  | Speed Limit                                | <u>70</u> | Const. Zone  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Workers Present  |   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  | * Street Name                              |           | 4 Street Suffix  |   |
| <b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER</b>     |   |   |  |  |           |  |   |
| At Int.   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 1 Rdwy. Sys.  |  | Hwy. Num.                                  |           | 2 Rdwy. Part   |   |
| Distance from Int. or Ref. Marker   |   | <u>0.2</u>  | <input type="checkbox"/> FT <input checked="" type="checkbox"/> MI | 3 Dir. From Int. or Ref. Marker            | <u>W</u>  | Reference Marker                                       | <u>688</u>  |
|   |   |   |  |  |           | Street Desc.   |   |
|   |   |   |  |  |           | RRX Num.   |   |

# TEXAS HIGHWAY PATROL DIVISION



## MAJOR CRASH INVESTIGATION

Investigated by: Kevin Burman

Approved by: Sgt. Nita Bowen Date: 07/31/11

REVISION 120425HCC3626

Attachment D

## Major Crash - Table of Contents

- 1. Cover Page \_\_\_\_\_
  - 2. Major Crash – Table of Contents \_\_\_\_\_
  - 3. CR-3 \_\_\_\_\_
  - 4. Vehicle Inspection Report – Unit 1 (if applicable) \_\_\_\_\_
  - 5. Vehicle Inspection Report – Unit 2 (if applicable) \_\_\_\_\_
  - 6. Vehicle Inspection Report – Tractor 1 (if applicable) \_\_\_\_\_
  - 7. Vehicle Inspection Report – Tractor 1 (if applicable) \_\_\_\_\_
  - 8. Trailer Information 1 (if applicable) \_\_\_\_\_
  - 9. Trailer Information 2 (if applicable) \_\_\_\_\_
  - 10. Vehicle Inspection Report – Dual Wheel (if applicable) \_\_\_\_\_
  - 11. Pedestrian (if applicable) \_\_\_\_\_
  - 12. Bike Rider or Motorcyclist (if applicable) \_\_\_\_\_
  - 13. A.T.V. Rider (if applicable) \_\_\_\_\_
  - 14. Driver Examination Report \_\_\_\_\_
  - 15. Witness Contact Log \_\_\_\_\_
  - 16. Photograph Log \_\_\_\_\_
  - 17. Test Skids (if applicable) \_\_\_\_\_
  - 18. Scale Drawing(s) Pending \_\_\_\_\_
  - 19. Autopsy Reports (if available) Pending \_\_\_\_\_
  - 20. Medical Records (if available) Pending \_\_\_\_\_
  - 21. Copies of Court Orders/Subpoenas (if applicable) \_\_\_\_\_
  - 22. Witness Statements (if applicable) \_\_\_\_\_
  - 23. CVE Inspections (if applicable) \_\_\_\_\_
  - 24. Offense Reports(if applicable) Pending \_\_\_\_\_
- 
- 
- 
- 
- 
- 
- 
-

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Num Units 2 Total Num Persons 6 TxDOT Crash ID

Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)

Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714 Questions? Call (512)486-5780 Refer to Attached Code Sheet for Numbered Fields

\* These fields are required on all additional sheets submitted for this crash (ex. additional vehicles, occupants, injured, etc.)

\*Crash Date (MM/DD/YYYY) 07/15/2011 \*Crash Time (24HRMM) 1945 Case ID \_\_\_\_\_ Local Use \_\_\_\_\_

\*County Name Polk \*City Name \_\_\_\_\_  Outside City Limit

In your opinion, did this crash result in at least \$1,000 damage to any one person's property?  Yes  No

Latitude (decimal degrees) 30.95413 Longitude (decimal degrees) -094.69873

**ROAD ON WHICH CRASH OCCURRED**

\*1 Rwy Sys US \*Hwy Num 287 2 Rwy Part 1 Block Num \_\_\_\_\_ 3 Street Prefix \_\_\_\_\_ \*Street Name \_\_\_\_\_ 4 Street Suffix \_\_\_\_\_

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot  Toll Road/Toll Lane  Speed Limit 70 Const. Zone  Yes  No Workers Present  Yes  No Street Desc \_\_\_\_\_

**INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER**

At Int.  Yes  No 1 Rwy Sys \_\_\_\_\_ Hwy Num \_\_\_\_\_ 2 Rwy Part \_\_\_\_\_ Block Num \_\_\_\_\_ 3 Street Prefix \_\_\_\_\_ Street Name \_\_\_\_\_ 4 Street Suffix \_\_\_\_\_

Distance from Int. or Ref. Marker 0.2  FT  MI 3 Dir. From Int. or Ref. Marker W Reference Marker 688 Street Desc \_\_\_\_\_ RRX Num \_\_\_\_\_

Unit Num 1 5 Unit Desc 1  Parked Vehicle  Hit and Run LP State TX LP Num 97WTW4 VIN 1F1TZX1722XKA38151

Veh Year 1999 8 Veh Color BLU Veh Make Ford Veh Model F150 7 Body Style PK  Pol., Fire, EMS or Emergency (Explain in Narrative if checked)

3 DL/DL Type 1 DL/DL State TX DL/DL Num (b)(6) 9 DL Class C 10 CDL End 96 11 DL Rest 96 DOB (MM/DD/YYYY) 05/20/1982

Address (Street, City, State, ZIP) 7235 US Hwy 287 East, Corrigan, TX 75939

| Person Num | 12 Psn Type | 13 Seat Position | Name Last, First, Middle<br>Enter Driver or Primary Person for this Unit on first line | 14 Injury Severity | Age | 15 Ethnicity | 16 Sex | 17 Eject | 18 Restr | 19 Airbag | 20 Helmet | 21 Sol | 22 Alc Spec  | Alc Result | 23 Drug Spec | 24 Drug Result | 25 Drug Category |
|------------|-------------|------------------|--|--------------------|-----|--------------|--------|----------|----------|-----------|-----------|--------|--|------------|--------------|----------------|------------------|
| 1          | 1           | 1                | (b)(6)   | C                  | 29  | W            | 1      | 1        | 1        | 1         | 97        | N      | 2  | 15         | 2            | 2              | 87               |
| 2          | 2           | 3                | (b)(6)   | C                  | 27  | W            | 2      | 1        | 1        | 1         | 97        | N      | Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. |            |              |                |                  |
| 3          | 2           | 6                | (b)(6)   | C                  | 53  | W            | 2      | 1        | 96       | 97        | 97        | N      | Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. |            |              |                |                  |

Owner  Lessee Owner/Lessee Name & Address (b)(6)

Proof of Fin Resp  Yes  Expired  No  Exempt 26 Fin Resp Type 2 Fin Resp Name State Farm Fin Resp Num 1361753C1953

Fin Resp Phone Num 800-252-7645 27 Vehicle Damage Rating 1 9-L & T-3 27 Vehicle Damage Rating 2 \_\_\_\_\_ Vehicle Inventoried  Yes  No

Towed by Riley's Wrecker Service Towed To 1300 W 2nd St, Corrigan, TX 75939 936-398-4170

Unit Num 2 5 Unit Desc 6  Parked Vehicle  Hit and Run LP State TX LP Num DGLD32 VIN \_\_\_\_\_

Veh Year 1990 8 Veh Color BLK Veh Make Homemade Veh Model Utility Trailer 16' 7 Body Style TL  Pol., Fire, EMS or Emergency (Explain in Narrative if checked)

8 DL/DL Type \_\_\_\_\_ DL/DL State \_\_\_\_\_ DL/DL Num \_\_\_\_\_ 9 DL Class \_\_\_\_\_ 10 CDL End \_\_\_\_\_ 11 DL Rest \_\_\_\_\_ DOB (MM/DD/YYYY) \_\_\_\_\_

Address (Street, City, State, ZIP) \_\_\_\_\_

| Person Num | 12 Psn Type | 13 Seat Position | Name Last, First, Middle<br>Enter Driver or Primary Person for this Unit on first line | 14 Injury Severity | Age | 15 Ethnicity | 16 Sex | 17 Eject | 18 Restr | 19 Airbag | 20 Helmet | 21 Sol | 22 Alc Spec  | Alc Result | 23 Drug Spec | 24 Drug Result | 25 Drug Category |
|------------|-------------|------------------|--|--------------------|-----|--------------|--------|----------|----------|-----------|-----------|--------|--|------------|--------------|----------------|------------------|
| 1          | 2           | 10               | (b)(6)   | A                  | 21  | W            | 1      | 2        | 97       | 97        | 97        | N      | 96   |            | 96           | 97             | 97               |
| 2          | 2           | 10               | (b)(6)   | K                  | 35  | W            | 1      | 2        | 97       | 97        | 97        | N      | Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. |            |              |                |                  |
| 3          | 2           | 10               | (b)(6)   | B                  | 21  | W            | 1      | 2        | 97       | 97        | 97        | N      | Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. |            |              |                |                  |

Owner  Lessee Owner/Lessee Name & Address (b)(6)

Proof of Fin Resp  Yes  Expired  No  Exempt 26 Fin Resp Type \_\_\_\_\_ Fin Resp Name \_\_\_\_\_ Fin Resp Num \_\_\_\_\_

Fin Resp Phone Num 120425HCC3626 27 Vehicle Damage Rating 1 \_\_\_\_\_ 27 Vehicle Damage Rating 2 \_\_\_\_\_ Vehicle Inventoried  Yes  No

Towed by Riley's Wrecker Service Towed To 1300 W 2nd St, Corrigan, TX 75939 936-398-4170

Attachment D

| DISPOSITION OF INJURED/KILLED | Unit Num | Prsn Num | Taken To                     | Taken By        | Date of Death (MM/DD/YYYY) | Time of Death (24HRMM) |
|-------------------------------|----------|----------|------------------------------|-----------------|----------------------------|------------------------|
|                               | 1        | 1        | Refused Treatment            | Refused         |                            |                        |
|                               | 1        | 2        | Refused Treatment            | Refused         |                            |                        |
|                               | 1        | 3        | Refused Treatment            | Refused         |                            |                        |
|                               | 2        | 1        | ETMC Tyler                   | Prft Helicopter |                            |                        |
|                               | 2        | 2        | Tyler County Hospital        | Tyler Co EMS    | 07/16/2011                 | 2109                   |
|                               | 2        | 3        | Livingston Memorial Hospital | POV             |                            |                        |

| CHARGES | Unit Num | Prsn Num             | Charge                    | Citation/Reference Num. |
|---------|----------|----------------------|---------------------------|-------------------------|
|         | 1        | 1                    | Intoxication Manslaughter | M960153                 |
|         | 1        | 1                    | Intoxication Assault      | M960154                 |
| 1       | 1        | Intoxication Assault | M960154                   |                         |

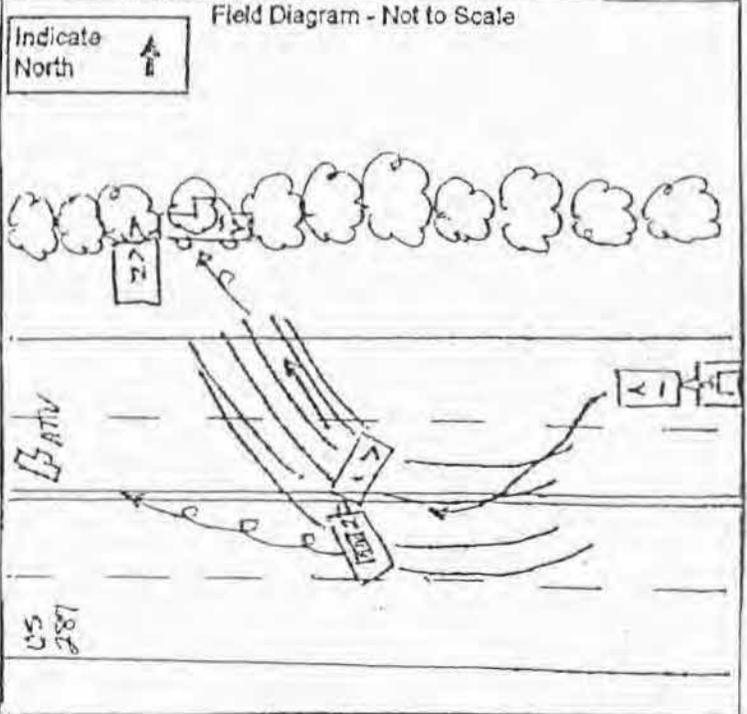
| DAMAGE | Damaged Property Other Than Vehicles | Owner's Name        | Owner's Address                 |
|--------|--------------------------------------|---------------------|---------------------------------|
|        | Polaris Ranger ATV                   | Toler, Garrett Dean | 108 McCoy Rd., Lufkin, TX 75901 |

|                     |                                      |  |  |                     |  |                                      |
|---------------------|--------------------------------------|--|--|---------------------|--|--------------------------------------|
| Unit Num            | <input type="checkbox"/> 10,001+ LBS | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL       | <input type="checkbox"/> 9+ Capacity                                     | 28 Veh. Oper.       | 29 Carrier ID Type   | Carrier ID Num                       |
| Carrier's Corp Name |                                      |  | Carrier's Primary Addr   |                     |  |                                      |
| 30 Rdwy Access      | 31 Veh. Type                         | <input type="checkbox"/> RGWW<br><input type="checkbox"/> GVWR | HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No | 32 HazMat Class Num | HazMat ID Num  | 32 HazMat Class Num<br>HazMat ID Num |
| 33 Cargo Body Style | Trailer 1 Unit Num                   | <input type="checkbox"/> RGWW<br><input type="checkbox"/> GVWR | 34 Trlr. Type  | Trailer 2 Unit Num  | <input type="checkbox"/> RGWW<br><input type="checkbox"/> GVWR | 34 Trlr. Type                        |
| Sequence Of Events  | 35 Seq 1                             | 35 Seq 2   | 35 Seq 3   | 35 Seq 4            | Total Num. Axles   | Total Num. Tires                     |

| FACTORS & CONDITIONS | 36 Contributing Factors (Investigator's Opinion) |              |                  |  | 37 Vehicle Defects (Investigator's Opinion) |                  | Environmental and Roadway Conditions |               |                   |                 |                      |                      |                    |
|----------------------|--|--------------|------------------|--|---|------------------|--------------------------------------|---------------|-------------------|-----------------|----------------------|----------------------|--------------------|
|                      | Unit Num   | Contributing | May Have Contrib |  | Contributing                                | May Have Contrib | 38 Weather cond.                     | 39 Light Cond | 40 Entering Roads | 41 Roadway Type | 42 Roadway Alignment | 43 Surface Condition | 44 Traffic Control |
|                      | 1  | 67           | 41               |  |   |                  |                                      | 1             | 1                 | 97              | 1                    | 3                    | 1                  |
| 2                    |  |              |                  |  |   |                  |                                      |               |                   |                 |                      |                      |                    |

Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)

Unit #1 towing Unit #2 (W/Polaris Ranger UTV as Cargo) #2 had three passengers riding in the UTV. Driver #1 stated that after he drove over a dip in the roadway, the trailer began to sway to the left and right. #1, in attempt to gain control of vehicle, applied brakes. This action caused him to go into a side skid and jackknife truck and trailer off of roadway. The UTV and passengers were ejected off of the trailer. The UTV rolled over passenger 2 mortally wounding him. The others, passengers 1 and 3 were ejected and received multiple abrasions and lacerations, coming to rest in the roadway of US 287. #1 rolled onto LH side coming to rest on WB shoulder of US 287 with moderate damage.



|                                   |                |                |            |                       |      |                          |            |
|-----------------------------------|----------------|----------------|------------|-----------------------|------|--------------------------|------------|
| Time Notified (24HRMM)            | 1955           | How Dispatched | Dispatched | Time Arrived (24HRMM) | 2017 | Report Date (MM/DD/YYYY) | 09/21/2011 |
| Invest. Name                      | Kevin Burman   | Invest. Title  |            | Report Num.           | 9537 |                          |            |
| Comp. <input type="checkbox"/> No | Name (Printed) |                |            |                       |      |                          |            |

120425HCC3626

Attachment D



Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)

Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714 Questions? Call (512)486-5780 Refer to Attached Code Sheet for Numbered Fields

\* These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

|   |   |  |                                      |   |   |  |                      |        |                |          |              |              |              |              |           |                  |             |                  |                   |                     |
|---|---|--|--------------------------------------|---|---|--|----------------------|--------|----------------|----------|--------------|--------------|--------------|--------------|-----------|------------------|-------------|------------------|-------------------|---------------------|
| *Crash Date (MM/DD/YYYY) 07/16/2011   |   | *Crash Time (24-HRMM) 1945   |                                      | Case ID   |   | Local Use  |                      |        |                |          |              |              |              |              |           |                  |             |                  |                   |                     |
| *County Name Polk   |   |  |                                      | *City Name  |   | <input checked="" type="checkbox"/> Outside City Limit |                      |        |                |          |              |              |              |              |           |                  |             |                  |                   |                     |
| In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   | Latitude (decimal degrees) 30.95413                                |                                      | Longitude (decimal degrees) -094.69873  |   |  |                      |        |                |          |              |              |              |              |           |                  |             |                  |                   |                     |
| ROAD ON WHICH CRASH OCCURRED  |   |  |                                      |   |   |  |                      |        |                |          |              |              |              |              |           |                  |             |                  |                   |                     |
| *1 Rdwy. Sys. US  |   | *Hwy. Num. 287   |                                      | 2 Rdwy. Part 1  | Block Num.  | 3 Street Prefix  | *Street Name         |        |                |          |              |              |              |              |           |                  |             |                  |                   |                     |
| <input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot   |   | <input type="checkbox"/> Toll Road/Toll Lane                       | Speed Limit 70                       | Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No     | Street Desc.   |                      |        |                |          |              |              |              |              |           |                  |             |                  |                   |                     |
| INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER  |   |  |                                      |   |   |  |                      |        |                |          |              |              |              |              |           |                  |             |                  |                   |                     |
| At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | 1 Rdwy. Sys.  | Hwy. Num.  | 2 Rdwy. Part                         | Block Num.  | 3 Street Prefix   | Street Name  | 4 Street Suffix      |        |                |          |              |              |              |              |           |                  |             |                  |                   |                     |
| Distance from Int. or Ref. Marker 0.2   |   | <input type="checkbox"/> FT <input checked="" type="checkbox"/> MI | 3 Dir. From Int. or Ref. Marker W    | Reference Marker 688  | Street Desc.  |  | RRX Num.             |        |                |          |              |              |              |              |           |                  |             |                  |                   |                     |
| Unit Num. 1   | 5 Unit Desc. 1  | <input type="checkbox"/> Parked Vehicle                            | <input type="checkbox"/> Hit and Run | LP State TX   | LP Num. 97WTW4  | VIN 1F, T, Z, X, 1, 7, 2, 2, X, K, A, 3, 8, 1, 5, 1    |                      |        |                |          |              |              |              |              |           |                  |             |                  |                   |                     |
| Veh. Year 1999  | 6 Veh. Color BLU  | Veh. Make Ford   | Veh. Model F150                      | 7 Body Style PK   | <input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked) |  |                      |        |                |          |              |              |              |              |           |                  |             |                  |                   |                     |
| 8 DL/DL Type 1  | DL/DL State TX  | DL/DL Num. (b)(6)  | 9 DL Class C                         | 10 CDL End. 96  | 11 DL Rest. 96  | DOB (MM/DD/YYYY) 05/20/1982                            |                      |        |                |          |              |              |              |              |           |                  |             |                  |                   |                     |
| Address (Street, City, State, ZIP) (b)(6)   |   |  |                                      |   |   |  |                      |        |                |          |              |              |              |              |           |                  |             |                  |                   |                     |
| Person Num. 1   | 12 Psn. Type 1  | 13 Seat Position 1   | Name: Last, First, Middle (b)(6)     |   |   |  | 14 Injury Severity C | Age 29 | 15 Ethnicity W | 16 Sex 1 | 17 Eject. 1  | 18 Restr. 1  | 19 Airbag 1  | 20 Helmet 97 | 21 Sol. N | 22 Alc. Spec. 96 | Alc. Result | 23 Drug Spec. 96 | 24 Drug Result 97 | 25 Drug Category 97 |
| Person Num. 2   | 12 Psn. Type 2  | 13 Seat Position 3   | Name: Last, First, Middle (b)(6)     |   |   |  | 14 Injury Severity C | Age 27 | 15 Ethnicity W | 16 Sex 2 | 17 Eject. 1  | 18 Restr. 1  | 19 Airbag 1  | 20 Helmet 97 | 21 Sol. N | 22 Alc. Spec.    | Alc. Result | 23 Drug Spec.    | 24 Drug Result    | 25 Drug Category    |
| Person Num. 3   | 12 Psn. Type 2  | 13 Seat Position 6   | Name: Last, First, Middle (b)(6)     |   |   |  | 14 Injury Severity C | Age 53 | 15 Ethnicity W | 16 Sex 2 | 17 Eject. 96 | 18 Restr. 97 | 19 Airbag 97 | 20 Helmet 97 | 21 Sol. N | 22 Alc. Spec.    | Alc. Result | 23 Drug Spec.    | 24 Drug Result    | 25 Drug Category    |
| Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.  |   |  |                                      |   |   |  |                      |        |                |          |              |              |              |              |           |                  |             |                  |                   |                     |
| <input checked="" type="checkbox"/> Owner   | Owner/Lessee Name & Address Billy W. Willson, 2317 Oak North, Nederland, TX 77627 |  |                                      |   |   |  |                      |        |                |          |              |              |              |              |           |                  |             |                  |                   |                     |
| <input type="checkbox"/> Lessee   |   |  |                                      |   |   |  |                      |        |                |          |              |              |              |              |           |                  |             |                  |                   |                     |
| Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Expired <input type="checkbox"/> Exempt                  | 26 Fin. Resp. Type 2   | Fin. Resp. Name State Farm           |   | Fin. Resp. Num. 1361753C1953  |  |                      |        |                |          |              |              |              |              |           |                  |             |                  |                   |                     |
| Fin. Resp. Phone Num. 800-252-7645  |   | 27 Vehicle Damage Rating 1   | 27 Vehicle Damage Rating 2           |   | Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                      |        |                |          |              |              |              |              |           |                  |             |                  |                   |                     |
| Towed by Riley's Wrecker Service  |   |  |                                      | Towed To 1300 W 2nd St., Corrigan, TX 75939 936-398-4170                        |   |  |                      |        |                |          |              |              |              |              |           |                  |             |                  |                   |                     |
| Unit Num. 2   | 5 Unit Desc. 6  | <input type="checkbox"/> Parked Vehicle                            | <input type="checkbox"/> Hit and Run | LP State TX   | LP Num. DGLD32  | VIN  |                      |        |                |          |              |              |              |              |           |                  |             |                  |                   |                     |
| Veh. Year 1990  | 6 Veh. Color BLK  | Veh. Make Homemade   | Veh. Model Utility Trailer 16'       | 7 Body Style TL   | <input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked) |  |                      |        |                |          |              |              |              |              |           |                  |             |                  |                   |                     |
| 8 DL/DL Type  | DL/DL State   | DL/DL Num.   | 9 DL Class                           | 10 CDL End.   | 11 DL Rest.   | DOB (MM/DD/YYYY)                                       |                      |        |                |          |              |              |              |              |           |                  |             |                  |                   |                     |
| Address (Street, City, State, ZIP)  |   |  |                                      |   |   |  |                      |        |                |          |              |              |              |              |           |                  |             |                  |                   |                     |
| Person Num. 1   | 12 Psn. Type 2  | 13 Seat Position 10  | Name: Last, First, Middle (b)(6)     |   |   |  | 14 Injury Severity A | Age 21 | 15 Ethnicity W | 16 Sex 1 | 17 Eject. 2  | 18 Restr. 97 | 19 Airbag 97 | 20 Helmet 97 | 21 Sol. N | 22 Alc. Spec. 96 | Alc. Result | 23 Drug Spec. 96 | 24 Drug Result 97 | 25 Drug Category 97 |
| Person Num. 2   | 12 Psn. Type 2  | 13 Seat Position 10  | Name: Last, First, Middle (b)(6)     |   |   |  | 14 Injury Severity K | Age 35 | 15 Ethnicity W | 16 Sex 1 | 17 Eject. 2  | 18 Restr. 97 | 19 Airbag 97 | 20 Helmet 97 | 21 Sol. N | 22 Alc. Spec.    | Alc. Result | 23 Drug Spec.    | 24 Drug Result    | 25 Drug Category    |
| Person Num. 3   | 12 Psn. Type 2  | 13 Seat Position 10  | Name: Last, First, Middle (b)(6)     |   |   |  | 14 Injury Severity B | Age 21 | 15 Ethnicity W | 16 Sex 1 | 17 Eject. 2  | 18 Restr. 97 | 19 Airbag 97 | 20 Helmet 97 | 21 Sol. N | 22 Alc. Spec.    | Alc. Result | 23 Drug Spec.    | 24 Drug Result    | 25 Drug Category    |
| Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.  |   |  |                                      |   |   |  |                      |        |                |          |              |              |              |              |           |                  |             |                  |                   |                     |
| <input checked="" type="checkbox"/> Owner   | Owner/Lessee Name & Address (b)(6)  |  |                                      |   |   |  |                      |        |                |          |              |              |              |              |           |                  |             |                  |                   |                     |
| <input type="checkbox"/> Lessee   |   |  |                                      |   |   |  |                      |        |                |          |              |              |              |              |           |                  |             |                  |                   |                     |
| Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Expired <input type="checkbox"/> Exempt                  | 26 Fin. Resp. Type   | Fin. Resp. Name                      |   | Fin. Resp. Num.   |  |                      |        |                |          |              |              |              |              |           |                  |             |                  |                   |                     |
| Fin. Resp. Phone Num. 120425HCO3626   |   | 27 Vehicle Damage Rating 1   | 27 Vehicle Damage Rating 2           |   | Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                      |        |                |          |              |              |              |              |           |                  |             |                  |                   |                     |
| Towed by Riley's Wrecker Service  |   |  |                                      | Towed To 1300 W 2nd St., Corrigan, TX 75939 936-398-4170                        |   |  |                      |        |                |          |              |              |              |              |           |                  |             |                  |                   |                     |

Attachments

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To                     | Taken By       | Date of Death (MM/DD/YYYY) | Time of Death (24HRMM) |
|-------------------------------|-----------|------------|------------------------------|----------------|----------------------------|------------------------|
|                               | 1         | 1          | Refused Treatment            | Refused        |                            |                        |
|                               | 1         | 2          | Refused Treatment            | Refused        |                            |                        |
|                               | 1         | 3          | Refused Treatment            | Refused        |                            |                        |
|                               | 2         | 1          | ETMC Tyler                   | PHI Helicopter |                            |                        |
|                               | 2         | 2          | Tyler County Hospital        | Tyler Co EMS   | 07/16/2011                 | 2109                   |
|                               | 2         | 3          | Livingston Memorial Hospital | POV            |                            |                        |

| CHARGES | Unit Num. | Prsn. Num. | Charge                    | Citation/Reference Num. |
|---------|-----------|------------|---------------------------|-------------------------|
|         | 1         | 1          | Intoxication Manslaughter | M960153                 |
|         | 1         | 1          | Intoxication Assault      | M960154                 |
|         | 1         | 1          | Intoxication Assault      | M960154                 |

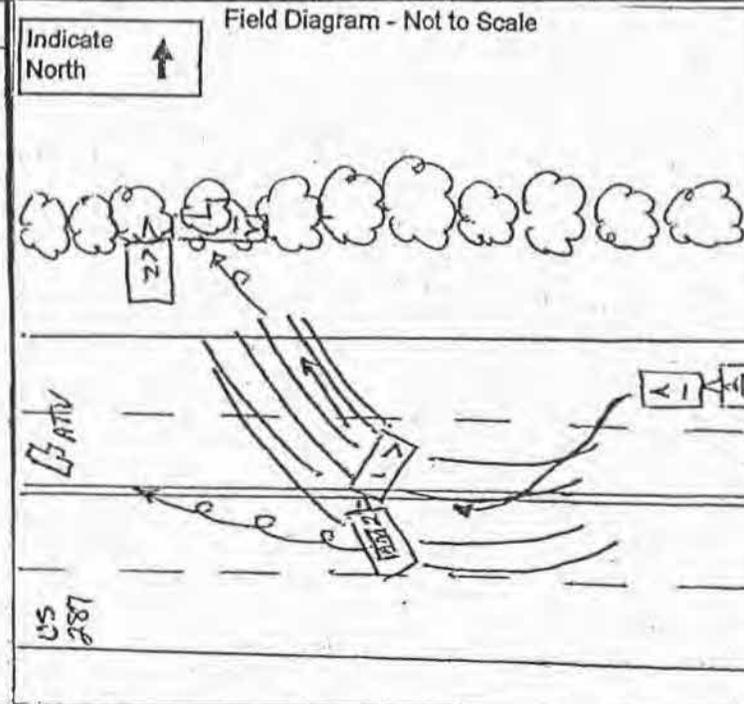
| DAMAGE | Damaged Property Other Than Vehicles | Owner's Name        | Owner's Address                 |
|--------|--------------------------------------|---------------------|---------------------------------|
|        | Polaris Ranger ATV                   | Toler, Garrett Dean | 108 McCoy Rd., Lufkin, TX 75901 |

|                      |                                       |  |   |                      |  |  |
|----------------------|---------------------------------------|--|---|----------------------|--|--|
| Unit Num.            | <input type="checkbox"/> 10,001+ LBS. | <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL       | <input type="checkbox"/> 9+ Capacity  | 28 Veh. Oper.        | 29 Carrier ID Type   | Carrier ID Num.                        |
| Carrier's Corp. Name | Carrier's Primary Addr.               |  |   |                      |  |  |
| 30 Rdwy. Access      | 31 Veh. Type                          | <input type="checkbox"/> RGWW<br><input type="checkbox"/> GWWR | HazMat Released <input type="checkbox"/> Yes<br><input type="checkbox"/> No | 32 HazMat Class Num. | HazMat ID Num.   | 33 HazMat Class Num.<br>HazMat ID Num. |
| 33 Cargo Body Style  | Trailer 1 Unit Num.                   | <input type="checkbox"/> RGWW<br><input type="checkbox"/> GWWR | 34 Trlr. Type   | Trailer 2 Unit Num.  | <input type="checkbox"/> RGWW<br><input type="checkbox"/> GWWR | 34 Trlr. Type                          |
| Sequence Of Events   | 35 Seq. 1                             | 35 Seq. 2  | 35 Seq. 3   | 35 Seq. 4            | Total Num. Axles   | Total Num. Tires                       |

| FACTORS & CONDITIONS | 36 Contributing Factors (Investigator's Opinion) |              |                   |              | 37 Vehicle Defects (Investigator's Opinion) |                  | Environmental and Roadway Conditions |                   |                 |                      |                      |                    |    |
|----------------------|--|--------------|-------------------|--------------|---|------------------|--------------------------------------|-------------------|-----------------|----------------------|----------------------|--------------------|----|
|                      | Unit Num.  | Contributing | May Have Contrib. | Contributing | May Have Contrib.                           | 38 Weather cond. | 39 Light Cond.                       | 40 Entering Roads | 41 Roadway Type | 42 Roadway Alignment | 43 Surface Condition | 44 Traffic Control |    |
|                      | 1  | 67           | 41                |              |   |                  | 1                                    | 1                 | 97              | 1                    | 3                    | 1                  | 11 |
| 2                    |  |              |                   |              |   |                  |                                      |                   |                 |                      |                      |                    |    |

**Investigator's Narrative Opinion of What Happened**  
(Attach Additional Sheets If Necessary)

Unit #1 towing Unit #2 (W/Polaris Ranger UTV as Cargo) #2 had three passengers riding in the UTV. Driver #1 stated that after he drove over a dip in the roadway, the trailer began to sway to the left and right. #1, in attempt to gain control of vehicle, applied brakes. This action caused him to go into a side skid and jackknife truck and trailer off of roadway. The UTV and passengers were ejected off of the trailer. The UTV rolled over-passenger 2 mortally wounding him. The others, passengers 1 and 3 were ejected and received multiple abrasions and lacerations, coming to rest in the roadway of US 287. #1 rolled onto LH side coming to rest on WB shoulder of US 287 with moderate damage.



|              |                        |   |              |                                   |                       |         |                          |            |
|--------------|------------------------|---|--------------|-----------------------------------|-----------------------|---------|--------------------------|------------|
| INVESTIGATOR | Time Notified (24HRMM) | 1,9,5,5                                 | How Notified | Dispatched                        | Time Arrived (24HRMM) | 2,0,1,7 | Report Date (MM/DD/YYYY) | 07/16/2011 |
|              | Invest. Compl.         | <input checked="" type="checkbox"/> Yes | Investigator | Kerrin Burman                     | ID                    | 9537    | Attachment D             |            |
|              | ORI                    | 1204261603626                           | *Agency      | Texas Department of Public Safety | District              | 402001  |                          |            |

# VEHICLE INSPECTION REPORT FOR MAJOR CRASH

Vehicle # 1 Page 1 of 6

LICENSE PLATE OR VEHICLE DESCRIPTION: Ford F150

SPEEDOMETER LOCKED ON SPEED: YES  NO  SPEED 0

HEADLAMP SWITCH: ON  OFF  OPERATIVE: YES  NO

TURN INDICATOR: UP  DOWN  OFF

HORN: OPERABLE  NOT  NO POWER

HIGH BEAM INDICATOR LIGHT: HIGH BEAM  LOW BEAM  NO POWER

HIGH BEAM SELECTOR SWITCH: OPERABLE  NOT  NO POWER

MILEAGE: 98,517 NO POWER  (DIGITAL)

POSITION OF GEAR SHIFT: Reverse

WINDSHIELD WIPER: ON  OFF  OPERATIVE: YES  NO

RADIO OR STEREO SYSTEM: ON  OFF  VOLUME: Medium

C.B. RADIO: N/A  ON  OFF  VOLUME: \_\_\_\_\_

REAR VIEW MIRROR: INTACT  GONE:  OTHER: \_\_\_\_\_

POSITION OF TEMPERATURE CONTROL: OFF HEAT  A/C VENT  DEFROST NORMAL  MAX OTHER

ASH TRAY: FULL  EMPTY  LOCATION/CONTENTS paper scrap

RADAR DETECTOR: YES  NO

|                              |           |     |                                     |    |                                     |
|------------------------------|-----------|-----|-------------------------------------|----|-------------------------------------|
| SEAT BELTS: (DRIVER)         | OPERABLE: | YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/>            |
| FRONT SEAT MIDDLE:           | OPERABLE: | YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/>            |
| SEAT BELT ANCHORS BROKEN:    |           | YES | <input type="checkbox"/>            | NO | <input checked="" type="checkbox"/> |
| PASSENGER:                   | OPERABLE: | YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/>            |
| SEAT BELT ANCHORS BROKEN:    |           | YES | <input type="checkbox"/>            | NO | <input checked="" type="checkbox"/> |
| BELTS CUT, BROKEN, OR OTHER: |           | YES | <input type="checkbox"/>            | NO | <input checked="" type="checkbox"/> |

CONDITION OF BRAKE AND GAS PEDALS: Good

NOTE ANY PROBLEMS WITH REAR SEAT BELTS: None

LOCATION OF TINTED GLASS: None

LOCATION OF BLOOD: None

LOCATION OF BODY TISSUE: None

LOCATION OF HAIR: None

LOCATION OF OTHER: None

NOTE AND DESCRIBE ANY ODORS: None

VEHICLE INSPECTION REPORT FOR MAJOR CRASH

Vehicle # 1 Page 2 of 6

FRONT LEFT

SIZE: P235/70R16 WEAR PATTERN: Good TREAD DEPTH: Unknown LUGS: 5  
MANUFACTURER: Prodigy TREAD CONDITION:  GOOD  WORN  
AIR PRESSURE: Unknown DAMAGE TO TIRE OR WHEEL: None  
BLOW OUT:  LOST AIR:  OTHER: Good  
D.O.T. SERIAL NUMBER: CC6RV1Y0509

FRONT RIGHT

SIZE: P235/70R16 WEAR PATTERN: Good TREAD DEPTH: Unknown LUGS: 5  
MANUFACTURER: Prodigy TREAD CONDITION:  GOOD  WORN  
AIR PRESSURE: Unknown DAMAGE TO TIRE OR WHEEL: None  
BLOW OUT:  LOST AIR:  OTHER: Good  
D.O.T. SERIAL NUMBER: CC6RV1Y0509

BACK LEFT

SIZE: P235/70R16 WEAR PATTERN: Good TREAD DEPTH: Unknown LUGS: 5  
MANUFACTURER: Prodigy TREAD CONDITION:  GOOD  WORN  
AIR PRESSURE: Unknown DAMAGE TO TIRE OR WHEEL: None  
BLOW OUT:  LOST AIR:  OTHER: Good  
D.O.T. SERIAL NUMBER: CC6RV1Y0709

BACK RIGHT

SIZE: P235-70R16 WEAR PATTERN: Good TREAD DEPTH: Unknown LUGS: 5  
MANUFACTURER: Prodigy TREAD CONDITION:  GOOD  WORN  
AIR PRESSURE: Unknown DAMAGE TO TIRE OR WHEEL: None  
BLOW OUT:  LOST AIR:  OTHER: Good  
D.O.T. SERIAL NUMBER: CC6RV1Y0609

# VEHICLE INSPECTION REPORT FOR MAJOR CRASH

Vehicle # 1 Page 3 of 8

### FRONT

DOOR:

FORCED OPEN BY COLLISION:  YES  NO

LOCKED INSIDE:  YES  NO

JAMMED SHUT:  YES  NO

OPERATE NORMALLY:  YES  NO

WAS THE WINDOW UP ?  YES  NO

WINDOW BROKEN:  YES  NO

BROKEN GLASS:  INSIDE  OUTSIDE

#### OUTSIDE MIRROR CONDITION:

BROKEN BEFORE ACCIDENT:  YES  NO

BROKEN DURING ACCIDENT:  YES  NO

### REAR

IS THERE A REAR DOOR ?  YES  NO

FORCED OPEN BY COLLISION:  YES  NO

LOCKED INSIDE:  YES  NO

JAMMED SHUT:  YES  NO

OPERATE NORMALLY:  YES  NO

IS THERE A REAR WINDOW ?  YES  NO

WAS THE WINDOW UP ?  YES  NO

WINDOW BROKEN:  YES  NO

BROKEN GLASS:  INSIDE  OUTSIDE

#### REAR WINDSHIELD

DAMAGED  INTACT  OBSTRUCTED/FOGGED

NOTE ANY OTHER CONDITIONS OF THE LEFT SIDE OF THE VEHICLE

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### FRONT OF VEHICLE

|   |  |
|---|--|
| LEFT HEADLAMP BROKEN: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO       | RIGHT HEADLAMP BROKEN: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO       |
| AMOUNT OF DIRT ON HEADLAMP: <u>None</u>   | AMOUNT OF DIRT ON HEADLAMP: <u>None</u>  |
| DESCRIBE FILAMENT: <u>Normal</u>  | DESCRIBE FILAMENT: <u>Normal</u>   |
| LEFT TURN INDICATOR BROKEN: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | RIGHT TURN INDICATOR BROKEN: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| DESCRIBE FILAMENT: <u>Normal</u>  | DESCRIBE FILAMENT: <u>Normal</u>   |

NOTE ANY AUXILIARY LIGHTING, TYPE, CONDITION, AND IF IN USE: N/A

NOTE LOCATION OF ANY PHYSICAL EVIDENCE: N/A

NOTE WEATHER CONDITION: Dry/Clear or pt cloudy

NOTE ROAD CONDITION: Dry

COMMENTS: N/A

# VEHICLE INSPECTION REPORT FOR MAJOR CRASH

Vehicle # 1 Page 4 of 6

## FRONT

DOOR:

FORCED OPEN BY COLLISION:  YES  NO

LOCKED INSIDE:  YES  NO

JAMMED SHUT:  YES  NO

OPERATE NORMALLY:  YES  NO

WAS WINDOW UP?:  YES  NO

WINDOW BROKEN:  YES  NO

BROKEN GLASS:  INSIDE  OUTSIDE

OUTSIDE MIRROR CONDITION:

BROKEN BEFORE ACCIDENT:  YES  NO

BROKEN AFTER ACCIDENT:  YES  NO

## REAR

IS THERE A REAR DOOR?  YES  NO

FORCED OPEN BY COLLISION:  YES  NO

LOCKED INSIDE:  YES  NO

JAMMED SHUT:  YES  NO

OPERATE NORMALLY:  YES  NO

IS THERE A REAR WINDOW?  YES  NO

WAS THE WINDOW UP?  YES  NO

WINDOW BROKEN:  YES  NO

BROKEN GLASS:  INSIDE  OUTSIDE

NOTE ANY OTHER CONDITIONS OF THE RIGHT SIDE OF THE VEHICLE

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## REAR OF VEHICLE

|   |  |
|---|--|
| LEFT TAIL LAMP BROKEN: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO      | RIGHT TAIL LAMP BROKEN: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO      |
| AMOUNT OF DIRT ON LENS: <u>None</u>   | AMOUNT OF DIRT ON LENS: <u>None</u>  |
| DESCRIBE FILAMENT: <u>Good</u>  | DESCRIBE FILAMENT: <u>Good</u>   |
| LEFT TURN INDICATOR BROKEN: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | RIGHT TURN INDICATOR BROKEN: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| DESCRIBE FILAMENT: <u>Normal</u>  | DESCRIBE FILAMENT: <u>Normal</u>   |
| BACK UP LIGHTS CONDITION: <u>Good</u>   | REAR LENSES REFLECTIVE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO      |
| REAR EXHAUST CONDITION: <input checked="" type="checkbox"/> GOOD                                | OTHER: _____   |

# VEHICLE INSPECTION REPORT FOR MAJOR CRASH

Vehicle # 1 Page 5 of 6

## TRAILER INFORMATION

TOWING ?  YES  NO WHAT ? 16' x 6' utility trailer

HITCH TYPE: 2" hitch bulldog

HITCH BROKEN ?  YES  NO WHERE ? \_\_\_\_\_

TYPE OF LIGHTING ON TRAILER:

BRAKES OF TRAILER:  YES  NO TYPE ? Electric (No controller in vehicle)

BREAK AWAY DEVICE:  YES  NO TYPE ? \_\_\_\_\_

NOTE ANY OTHER CONDITIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## UNDERCARRIAGE

CONDITION OF DRIVE SHAFT:  GOOD OTHER: \_\_\_\_\_

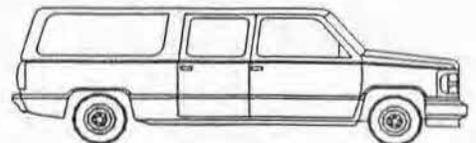
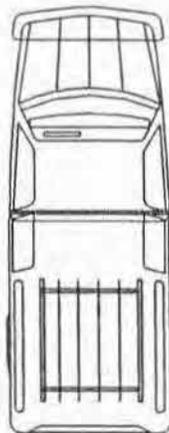
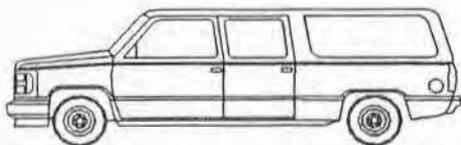
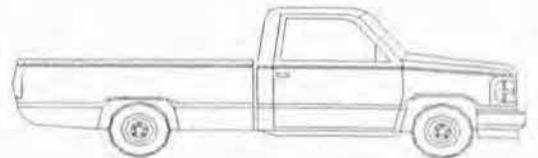
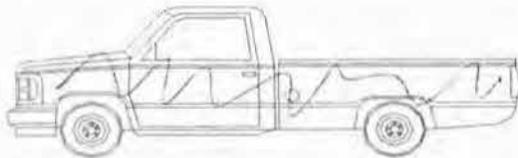
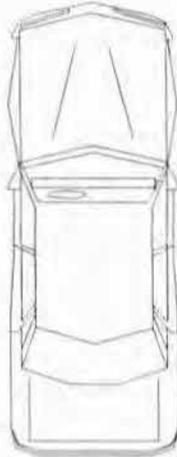
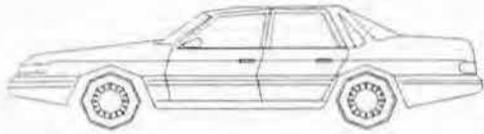
CONDITION OF SHOCKS:  GOOD OTHER: \_\_\_\_\_

CONDITION OF EXHAUST:  GOOD OTHER: \_\_\_\_\_

VEHICLE INSPECTION REPORT FOR MAJOR CRASH

Vehicle # 1 Page 6 of 6

Vehicle # 1 Date 05/28/2014



DRIVER UNIT # 1 \_\_\_\_\_

DRIVER UNIT # \_\_\_\_\_

PHYSICAL  
CONDITION

MISSING LIMBS - VISION PROBLEM - HEART CONDITION  
- FAINTING SPELLS, DIABETES, DEAF, ETC.

MISSING LIMBS - VISION PROBLEM - HEART CONDITION  
- FAINTING SPELLS, DIABETES, DEAF, ETC.

None

MENTAL  
CONDITION

ANGRY, FAMILY FIGHT-GRIEF-HURT FEELINGS-  
ELATION-ANTICIPATION-FEAR, ETC.

ANGRY, FAMILY FIGHT-GRIEF-HURT FEELINGS-  
ELATION-ANTICIPATION-FEAR, ETC.

Grief from accident

TRIP  
INFORMATION

LEFT FROM, TIME, DESTINATION, ELAPSED TIME,  
TRIP DISTANCE, IS THIS MOST DIRECT ROUTE

LEFT FROM, TIME, DESTINATION, ELAPSED TIME,  
TRIP DISTANCE, IS THIS MOST DIRECT ROUTE

Left from the river on FM 1745 east of Chester.  
Stopped at convenience store in Chester then enroute  
to Neal residence on Barnum Loop.

ANY OTHER  
CONCERNING  
THE DRIVER

LAST SLEPT, TYPE OF JOB, LAST WORKED, LAST  
STOPPED (THIS TRIP).

LAST SLEPT, TYPE OF JOB, LAST WORKED, LAST  
STOPPED (THIS TRIP).

Sleep-night prior / Job-off / Last stopped-10 min prior to  
accident.

NOTIFICATION OF NEXT OF KIN

NAME OF PERSON NOTIFIED:  
ADRESS:  
CITY, STATE & ZIP  
TELEPHONE NUMBER:  
RELATIONSHIP TO DECEASED:  
TIME NOTIFIED:  
HOW NOTIFIED:  
NAME OF DECEASED:  
ADRESS:  
CITY, STATE & ZIP

(b) (6)

Lewisville, TX 75056

NAME OF PERSON THAT MADE NOTIFICATION:

(b) (6)

LOCATION OF DECEASED: Tyler County Hospital

DECEASED PERSONAL EFFECTS LOCATION: With deceased

NAME OF PERSON NOTIFIED:  
ADRESS:  
CITY, STATE & ZIP  
TELEPHONE NUMBER:  
RELATIONSHIP TO DECEASED:  
TIME NOTIFIED:  
HOW NOTIFIED:  
NAME OF DECEASED:  
ADRESS:  
CITY, STATE & ZIP

NAME OF PERSON THAT MADE NOTIFICATION:

LOCATION OF DECEASED:

DECEASED PERSONAL EFFECTS LOCATION:

# TRAILER INFORMATION

UNIT # ON CRASH REPORT 2 Page 1 of 6

YEAR MODEL: \_\_\_\_\_ 1990 MAKE: Homemade  
MODEL NAME: Homemade BODY STYLE: utility trailer (16')  
COLOR: black LICENSE # DGLD32  
# OF AXLES: \_\_\_\_\_ 2 # OF TIRES: \_\_\_\_\_ 4  
TYPE OF HITCH bumper TOWED BY UNIT# \_\_\_\_\_ 1

## EQUIPMENT

TWO RED TAIL LAMPS-ONE ON EACH SIDE ?  YES  NO  
TWO RED STOP LAMPS-ONE ON EACH SIDE ?  YES  NO  
TWO RED REFLECTORS-ONE ON EACH SIDE ?  YES  NO  
ELECTRIC TURN SIGNAL LAMPS ONE ON EACH SIDE ?  YES  NO  
SIDE MARKER LIGHTS ON EACH SIDE OF TRAILER?  YES  NO

(LAMPS AND/OR REFLECTORS MAY BE INCORPORATED)

## DIMENSIONS OF TRAILER

OVERALL LENGTH 16'  
OVERALL WIDTH unknown

## NOTES:

Additional information was not available at this time.

**TEXAS DEPARTMENT OF PUBLIC SAFETY  
WITNESS CONTACT LOG**

| #  | NAME                        | ADDRESS                        | TELEPHONE  |
|----|-----------------------------|--------------------------------|--|
| 1  | Cpl. Michael Priest         | DPS Woodville                  | HOME: _____<br>BUS.: 409-283-2771<br>CELL: _____ |
| 2  | Trooper Buck Odom           | DPS Woodville                  | HOME: _____<br>BUS.: 409-283-2771<br>CELL: _____ |
| 3  | Trooper Darwon Evans        | DPS Livingston                 | HOME: _____<br>BUS.: 936-327-6858<br>CELL: _____ |
| 4  | Sgt. Chris Schanmier        | PCSO                           | HOME: _____<br>BUS.: 936-327-6810<br>CELL: _____ |
| 5  |                             |                                | HOME: 936-465-0561<br>BUS.: _____                |
| 6  | (b)(6)                      |                                |  |
| 7  | (b)(6) Pass Truck           | Unknown                        | HOME: Unknown<br>BUS.: _____<br>CELL: _____      |
| 8  | (b)(6) -Pass PU             | Unknown                        | HOME: Unknown<br>BUS.: _____<br>CELL: _____      |
| 9  |                             |                                | HOME: (b)(6)<br>BUS.: _____                      |
| 10 | (b)(6)                      |                                |  |
| 11 | (b)(3):CPSA                 | Tyler Co Hospital              | HOME: Unknown<br>BUS.: _____<br>CELL: _____      |
| 12 | JP # Tyler Co Milton Powers | Unknown                        | HOME: _____<br>BUS.: _____<br>CELL: _____        |
| 13 | (b)(6) Pass ATV             | Unknown                        | HOME: _____<br>BUS.: _____<br>CELL: _____        |
| 14 | Chester VFD                 | Unknown                        | HOME: _____<br>BUS.: _____<br>CELL: _____        |
| 15 | Corrigan VFD                | Unknown                        | HOME: _____<br>BUS.: _____<br>CELL: _____        |
| 16 | Dogwood EMS                 | Unknown                        | HOME: _____<br>BUS.: _____<br>CELL: _____        |
| 17 | Riley's Wrecker             | 1300 W 2nd, Corrigan, TX 75939 | HOME: _____<br>BUS.: 936-398-4170<br>CELL: _____ |
| 18 |                             |                                | HOME: _____<br>BUS.: _____<br>CELL: _____        |

**PHOTOGRAPH LOG****NAME OF PHOTOGRAPHER:** Kevin Burman

| Photo # | Description of Photograph   |
|---------|-----------------------------|
| 4       | ATV scrape W facing E       |
| 5       | Beer cans of scene          |
| 6       | ATV scrapes on road-ATV AOI |
| 7       | Skids from road to grass #1 |
| 8       | Skids in grass #1           |
| 9       | Skids in grass #1           |
| 10      | Undercarriage #1            |
| 11      | LP #2                       |
| 12      | #2                          |
| 13      | BR #1                       |
| 14      | LP #1                       |
| 15      | #2                          |
| 16      | Beer on road surface        |
| 17      | Blood from deceased         |
| 18      | Scrapes from UTV            |
| 19      | Beer on WB shoulder         |
| 20      | Beer on road surface        |
| 21      | Scrapes from UTV            |
| 22      | Scrapes from UTV            |
| 23      | Front UTV                   |
| 24      | Back UTV                    |
| 25      | Back UTV                    |
| 26      | Scrapes UTV to final rest   |
| 27      | Front UTV                   |
| 28      | Right side UTV              |
| 29      | Right side UTV              |
| 30      | Front UTV                   |
| 31      | Left side UTV               |

**PHOTOGRAPH LOG****NAME OF PHOTOGRAPHER:** Kevin Burman

| Photo # | Description of Photograph   |
|---------|---|
| 32      | Back #1   |
| 33      | RH #1   |
| 34      | Front #1  |
| 35      | LH #1   |
| 36      | Driver seat #1  |
| 37      | Interior dash #1  |
| 38      | Interior #1   |
| 39      | Interior #1   |
| 40      | Items that fell out of can from driver's window                                       |
| 41      | Believed to be driver's open container  |
| 42      | Believed to be driver's open container  |
| 43      | Photos 7/17/11 US 287 WB slight dip in road outside lane                              |
| 44      | Photos 7/17/11 US 287 WB slight dip in road outside lane patrol unit @ accident scene |
| 45      | Evans at dip in road surface  |
| 46      | Beginning of scene facing east (decline)  |
| 47      | Start scene facing west   |
| 48      | Start skids.  |
| 49      | Skidmarks #1  |
| 50      | Skidmarks #1  |
| 51      | Skidmarks #1  |
| 52      | Skidmarks #1 and #2   |
| 53      | Skidmarks #1 and #2   |
| 54      | Skidmarks #1 and #2   |
| 55      | Skidmarks #1 #2 and UTV   |
| 56      | UTV skids/scrapes   |
| 57      | Skidmarks #1  |
| 58      | Skidmarks #1  |
| 59      | Skidmarks #1 shoulder   |

**PHOTOGRAPH LOG****NAME OF PHOTOGRAPHER:**

Kevin Burman

| Photo # | Description of Photograph                          |
|---------|--|
| 60      | Skids #1   |
| 61      | Skids #1   |
| 62      | Skids #1   |
| 63      | Final rest #1 and #2                               |
| 64      | Final rest #1                                      |
| 65      | Front end and cab location#1 on LH side final rest |
| 66      | Front end and cab location#1 on LH side final rest |
| 67      | BR tire location #1                                |
| 68      | Top of bed #1final rest / front #2 FR              |
| 69      | Skidmarks #2                                       |
| 70      | Skidmarks #2                                       |
| 71      | Skidmarks #2 final rest                            |
| 72      | Back end #2 final rest                             |
| 73      | Front end #2 final rest                            |
| 74      | AOI ATV  |
| 75      | ATV scrapes on road                                |
| 76      | ATV scrapes on road                                |
| 77      | ATV scrapes on road                                |
| 78      | Cooler location on road / Rt final rest            |
| 79      | Rt final rest and scrapes from ATV                 |
| 80      | Gauge BR tire ATV on right                         |
| 81      | ATV seat/Scrapes to final rest ATV                 |
| 82      | ATV seat/Scrapes to final rest ATV                 |
| 83      | ATV final rest                                     |
| 84      | ATV final rest facing east                         |
| 85      | ATV final rest facing east                         |
| 86      | ATV seat facing east                               |
| 87      | ATV seat facing east                               |

**PHOTOGRAPH LOG****NAME OF PHOTOGRAPHER:**

Kevin Burman

| Photo # | Description of Photograph                                 |
|---------|---|
| 88      | RR tire gauge ATV facing east                             |
| 89      | Rt final rest facing east                                 |
| 90      | Cooler facing east  |
| 91      | ATV scrapes facing east                                   |
| 92      | ATV scrapes facing east                                   |
| 93      | ATV scrapes facing east                                   |
| 94      | ATV scrapes facing east                                   |
| 95      | ATV scrapes facing east                                   |
| 96      | ATV scrapes facing east                                   |
| 97      | Edge of road skid facing east                             |
| 98      | Shoulder skids  |
| 99      | Skids facing east   |
| 100     | Skids facing east #1 & #2 facing east                     |
| 101     | Skids facing east #2 facing east                          |
| 102     | Skids facing east #2 facing east                          |
| 103     | #1 skids facing east                                      |
| 104     | #1 skids facing east                                      |
| 105     | #1 skids facing east                                      |
| 106     | #1 skids facing east                                      |
| 107     | #1 skids facing east                                      |
| 108     | Skids facing east   |
| 109     | Skids facing east   |
| 110     | Skids facing east   |
| 111     | Start scene facing east                                   |
| 112     | Start scene facing east                                   |
| 113     | Possible tire marks (Marked night of acc by Trooper Odom) |
|         |   |
|         |   |



**PHOTOGRAPH LOG****NAME OF PHOTOGRAPHER:** Willie Openshaw

| Photo # | Description of Photograph                        |
|---------|--|
| 1824    | PHI helicopter                                   |
| 1825    | Accident scene-dark                              |
| 1826    | Polaris Ranger-Garrett Toler Owner               |
| 1827    | Polaris Ranger-Garrett Toler Owner               |
| 1828    | Polaris Ranger-Garrett Toler Owner               |
| 1829    | Polaris Ranger-Garrett Toler Owner               |
| 1830    | Polaris Ranger-Garrett Toler Owner               |
| 1831    | Beer on roadway                                  |
| 1832    | Truck and trailer in tree line-final rest        |
| 1833    | Truck and trailer in tree line-final rest        |
| 1834    | Cab of truck                                     |
| 1835    | Cab of truck                                     |
| 1836    | Cab of truck                                     |
| 1837    | Truck and trailer in tree line                   |
| 1838    | Roadway-multiple beer cans scattered             |
| 1839    | Roadway-multiple beer cans scattered             |
| 1840    | Roadway-multiple beer cans scattered             |
| 1841    | Roadway-multiple beer cans scattered             |
| 1842    | PHI helicopter                                   |
| 1843    | PCSO Sgt. Schanmier and unknown fireman          |
| 1844    | Burman notifying Sgt.                            |
| 1845    | Accident scene-road surface                      |
| 1846    | Dark   |
| 1847    | Burman and cooler ejected from UTV               |
| 1848    | Trooper Evans patrol unit                        |
| 1849    | Trooper Evans patrol unit                        |
| 1850    | Trooper Buck Odom, Cpl Priest and Unknown female |
| 1851    | FL tire #1                                       |

**PHOTOGRAPH LOG****NAME OF PHOTOGRAPHER:** Willie Openshaw

| Photo # | Description of Photograph               |
|---------|---|
| 1852    | FR tire #1                              |
| 1853    | FR tire #1                              |
| 1854    | BL tire #1                              |
| 1855    | BL tire #1                              |
| 1856    | BR tire #1                              |
| 1857    | BR tire #1                              |
| 1858    | Skid marks road surface #1              |
| 1859    | Skid marks road surface #1              |
| 1860    | Skid marks road surface #1              |
| 1861    | Skid marks road surface #1              |
| 1862    | Skid marks road surface #1              |
| 1863    | Skid marks road surface #1              |
| 1864    | Dark                                    |
| 1865    | Skid marks road surface #1              |
| 1866    | Skid marks road surface #1              |
| 1867    | Dark                                    |
| 1868    | Dark                                    |
| 1869    | Dark                                    |
| 1870    | Dark                                    |
| 1871    | Skid marks #1 on shoulder               |
| 1872    | Skid marks #1 on shoulder               |
| 1873    | Skid marks #1 on shoulder               |
| 1874    | Skid marks #1 on shoulder               |
| 1875    | Skid marks #1 on shoulder to final rest |
| 1876    | Skid marks #1 on shoulder to final rest |
| 1877    | Final rest #1                           |
| 1878    | Under carriage #1                       |
| 1879    | Under carriage #1                       |

**PHOTOGRAPH LOG****NAME OF PHOTOGRAPHER:** Willie Openshaw

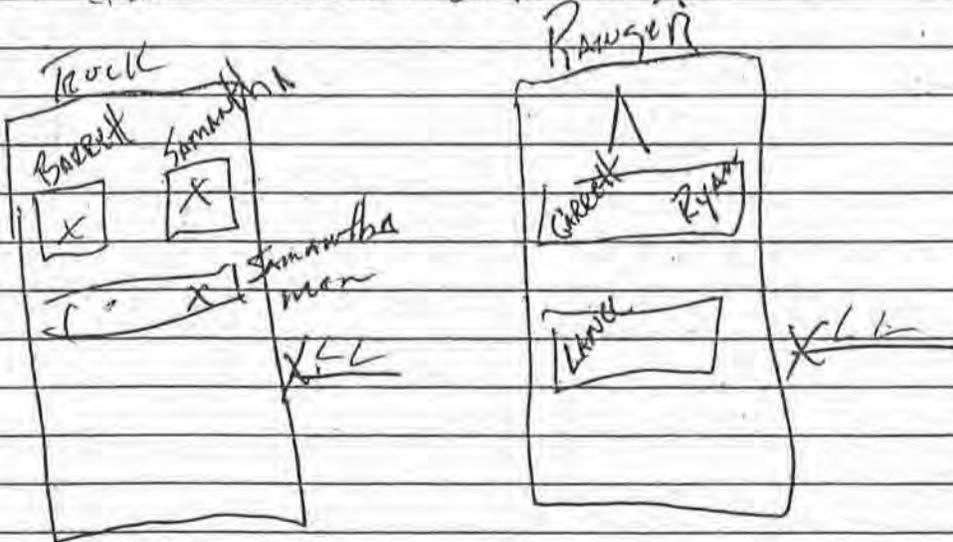
| Photo # | Description of Photograph |
|---------|---------------------------|
| 1880    | #2 final rest             |
| 1881    | FL tire #2                |
| 1882    | BL tire #2                |
| 1883    | FR & BR tire #2           |
| 1884    | BR tire #2                |
| 1885    | Wrecker recovery #1       |
| 1886    | Riley's Wrecker           |
| 1887    | Dark                      |
| 1888    | Riley's Wrecker           |
| 1889    | Interior #1               |
| 1890    | Interior #1               |
| 1891    | Interior #1               |
| 1892    | Interior #1               |
| 1893    | Seats #1                  |
| 1894    | Windshield wiper switch   |
| 1895    | Speedometer               |
| 1896    | Wrecker                   |
| 1897    | Wrecker                   |
| 1898    | Wrecker                   |
| 1899    | Left side #1              |
| 1900    | Left side #1              |
| 1901    | Back #1                   |
| 1902    | Rt side #1                |
| 1903    | Front #1                  |
| 1904    | Interior #1               |
| 1905    | Trooper Odom              |
| 1906    | Dark                      |
| 1907    | Road                      |



WITNESS STATEMENT

NAME: (b)(6) DATE OF BIRTH: 9-21-89  
ADDRESS: (b)(6) TELEPHONE: (b)(6)

me (Lance), (b)(6) mom,  
(b)(6) were comin home from  
the river with the ranger on the trailer Barrett  
was driven, Samantha in the passenger seat, and  
her man in the backseat. (b)(6) were on  
the front of the ranger and I was in the  
backseat of the ranger. We were comin down 237  
right past e. barnum to the trailer started whipping  
side to side the ranger flipped off the road  
to the left side (b)(6) then the truck flipped  
(b)(6) was laying in the middle of the Hwy.  
(b)(6) was talking to me, everybody got out  
of the truck. I went to Barrett's to get help and  
his dad - END of Statement XLL



Statement Transcribed by Jamie Taylor Poiz Lance Colton  
149 [unclear] Veal St  
Chester Tx  
(936) 933-6396

VOLUNTARY STATEMENT WITH OFFICERS WARNING

THE STATE OF TEXAS

COUNTY OF Bolk

7-10, 2011

(b)(5)

I, \_\_\_\_\_ after being duly warned by

Michael Priest, the person to whom this statement is made, that:

- 1. I have the right to remain silent and not make any statement at all and that any statement I make may be used against me at my trial; DM
- 2. Any statement I make may be used as evidence against me in court; DM
- 3. I have the right to have a lawyer present to advise me prior to and during any questioning; DM
- 4. If I am unable to employ a lawyer, I have the right to have a lawyer appointed to advise me prior to and during any questioning; DM
- 5. I have the right to terminate this interview at any time. DM

and prior to and during the making of this statement I knowingly, intelligently, and voluntarily waive those rights set forth in this document and having knowingly, intelligently, and voluntarily waived those rights I do hereby make the following free and voluntary statement:

While traveling down Hwy 287 as a passenger in a pickup pulling a trailer with a Ranger loaded on it the trailer began to move back and forth causing the driver to lose control of the truck. There were three people in the truck and three people on the Ranger. The truck was driven by Barnett Neal.

(b)(6)

Witness \_\_\_\_\_

Witness \_\_\_\_\_

Signature \_\_\_\_\_  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_

VOLUNTARY STATEMENT WITH OFFICERS WARNING

THE STATE OF TEXAS

COUNTY OF Bolk

(b) (6)

July 16, 2011

after being duly warned by

Michael P. [unclear]

the person to whom this statement is made, that:

- 1. I have the right to remain silent and not make any statement at all and that any statement I make may be used against me at my trial;
- 2. Any statement I make may be used as evidence against me in court;
- 3. I have the right to have a lawyer present to advise me prior to and during any questioning;
- 4. If I am unable to employ a lawyer, I have the right to have a lawyer appointed to advise me prior to and during any questioning;
- 5. I have the right to terminate this interview at any time.

and prior to and during the making of this statement I knowingly, intelligently, and voluntarily waive those rights set forth in this document and having knowingly, intelligently, and voluntarily waived those rights I do hereby make the following free and voluntary statement:

on May 29th we were talking about speed limit in epicup when the trailer start for taking and the driver lost control due to the wet road or road conditions. ~~and~~ and [unclear] were riding the Bullet Summit the buck

Witness

Witness

Signature

Date:

Time:

(b) (6)

Arena

WITNESS STATEMENT

(b) (6)

NAME: (b) (6)

DATE OF BIRTH: (b)(6)

ADDRESS: (b)(6)

TELEPHONE: (b)(6)

We were driving from Corrigan to Woodville on 287 and they passed us as on coming traffic. As we passed the on coming vehicle hauling a trailer with cargo the trailer began rocking back and forth, then began to fishtail. We saw the trailer crash and saw a body fly from the trailer several yards after passing us. I, Megan, called 911 for assistance and others who were passing helped us stop traffic.

~~\_\_\_\_\_~~

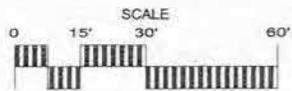
(b) (6)

8:30  
TIME

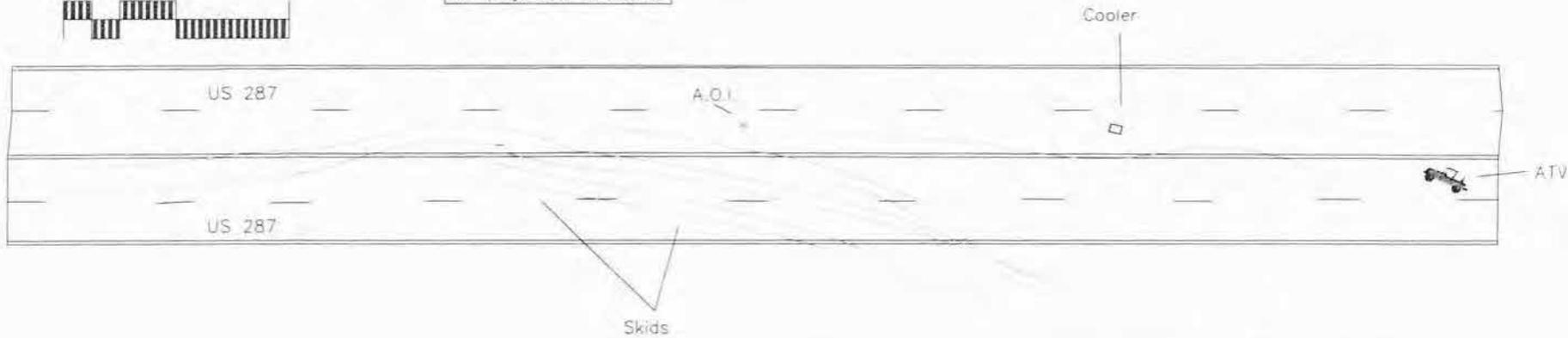
7/16/11  
DATE

Attachment D

Judy Obana  
120425HCC3626

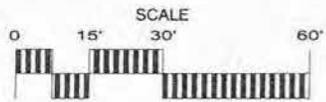


Texas Department of Public Safety  
Date: 07/16/11  
Location: US 287  
County: Park  
Investigated by: Trooper K. Burman  
Scaled by: Region 28 Crash Reconstruction Team

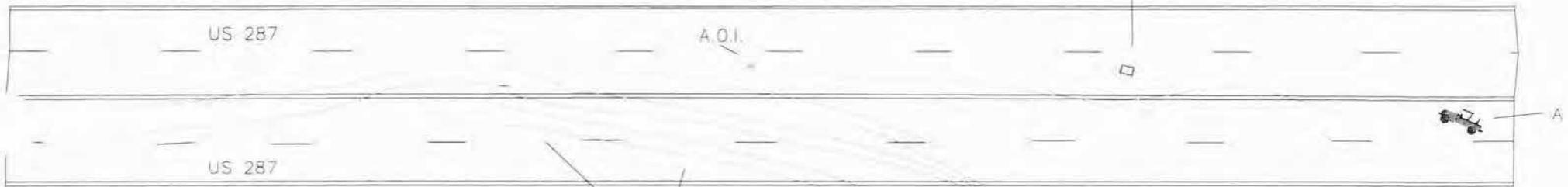


120425HCC3626

Attachment D



Texas Department of Public Safety  
Date: 07/16/11  
Location: US 287  
County: Park  
Investigated by: Trooper K. Burman  
Scaled by: Region 2B Crash Reconstruction Team

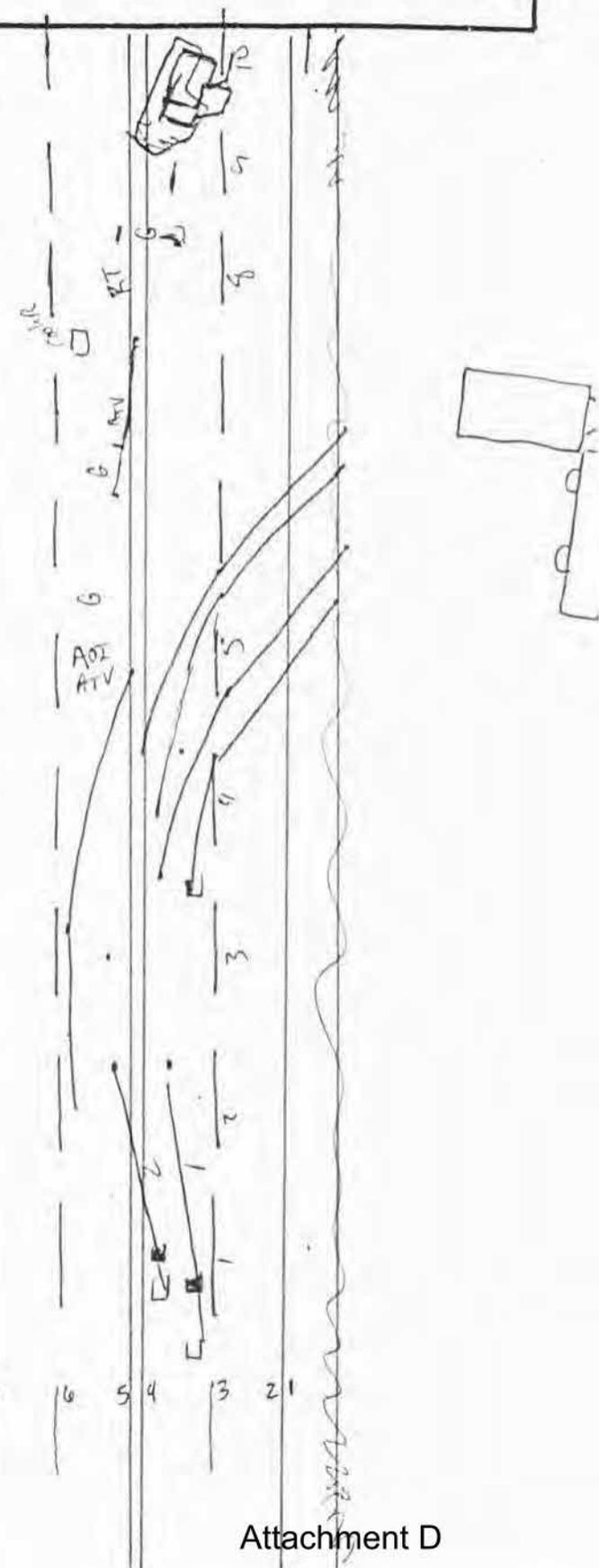




TEXAS DEPARTMENT OF PUBLIC SAFETY

FIELD SKETCH

| ITEM               | NO.              | X                  | Y    | REFERENCE POINT: |
|--------------------|------------------|--------------------|------|------------------|
| EDGE ROAD          | 1                | 0                  | 0    | N                |
| FOG LINE           | 2                | 0                  | 1    |                  |
| LANE LINE          | 3                | 0                  | 11.5 |                  |
| CENTER STRIPE      | 4                | 0                  | 23   |                  |
| CENTER STRIPE      | 5                | 0                  | 24   |                  |
| LANE LINE          | 6                | 1                  | 36   |                  |
| FOG LINE           | 7                | 1                  | 47   |                  |
| EDGE ROAD          | 8                | 1                  | 48   |                  |
| START SKID 1       | 9                | 14                 | 14   |                  |
| SKID 1             | 10               | 25                 | 14   |                  |
| START SKID 2       | 11               | 25                 | 21   |                  |
| LANE LINE B        | 12               | 29                 | 11   |                  |
| L L E              | 13               | 40                 | 11   |                  |
| S 1                | 14               | 40                 | 15   |                  |
| S 2                | 15               | 40                 | 21.5 |                  |
| L L BEGIN          | 16               | 70                 | 11   |                  |
| S 1                | 17               | 70                 | 18   |                  |
| S 2                | 18               | 70                 | 25   |                  |
| L L END            | 19               | 80.5               | 11   |                  |
| S 1                | 20               | 80.5               | 19.5 |                  |
| S 2                | 21               | 80.5               | 25.5 |                  |
| LL B               | 22               | 111                | 11   |                  |
| S 1                | 23               | 111                | 27.5 |                  |
| S 2                | 24               | 111                | 31.5 |                  |
| S 3 START          | 25               | 130                | 16   |                  |
| S 4 START          | 26               | 130                | 21.5 |                  |
| S 1                | 27               | 130                | 26.5 |                  |
| S 2                | 28               | 130                | 31.5 |                  |
| LL BEGIN           | 29               | 152                | 11   |                  |
| <del>S 3</del> S 3 | <del>30</del> 30 | <del>132</del> 132 | 16   |                  |
| <del>S 4</del> S 4 | <del>31</del> 31 | <del>132</del> 132 | 21   |                  |
| <del>S 5</del> S 5 | <del>32</del> 32 | <del>132</del> 132 | 22   |                  |
| S 1 END            | 33               | 132                | 26.5 |                  |
| S 2                | 34               | 132                | 31.5 |                  |
| S 6 START          | 35               | 119                | 32   |                  |
| S 5 START          | 36               | 132                | 22   |                  |





TEXAS DEPARTMENT OF PUBLIC SAFETY  
FIELD SKETCH

| ITEM               | NO. | X   | Y     | REFERENCE POINT: |
|--------------------|-----|-----|-------|------------------|
| S 5                | 109 | 250 | 0     | N                |
| S 4                | 110 | 250 | -8.5  |                  |
| S 3                | 111 | 250 | -11   |                  |
| S 3                | 112 | 260 | -14.5 |                  |
| S 4                | 113 | 260 | -12   |                  |
| S 3                | 114 | 270 | -19   |                  |
| S 4                | 115 | 270 | -17.5 |                  |
|                    | 116 | 270 | -7    |                  |
| S 2                | 117 | 270 | -6    |                  |
| S 8                | 118 | 270 | -4    |                  |
| 3                  | 119 | 290 | -29   |                  |
| 4                  | 120 | 290 | -26   |                  |
| 5                  | 121 | 290 | -14   |                  |
| 2                  | 122 | 290 | -14   |                  |
| 5                  | 123 | 315 | -30   |                  |
| Front Bumper       | 124 | 315 | -41   |                  |
| FRONT HOOD         | 125 | 315 | -45   |                  |
| Top Roof           | 126 | 322 | -48   |                  |
| BACK TIRE TRACK    | 127 | 329 | -42   |                  |
| BACK TOP CORNER BR | 128 | 334 | -47   |                  |
| FR TRAILER         | 129 | 335 | -46   |                  |
| TONGUE TRAILER     | 130 | 338 | -49   |                  |
| FL TRAILER         | 131 | 341 | -46   |                  |
| RB TRAILER         | 132 | 334 | 29.5  |                  |
| BL TRAILER         | 133 | 340 | 29    |                  |
|                    | 134 |     |       |                  |
|                    | 135 |     |       |                  |
|                    | 136 |     |       |                  |
|                    | 137 |     |       |                  |
|                    | 138 |     |       |                  |
|                    | 139 |     |       |                  |
|                    | 140 |     |       |                  |
|                    | 141 |     |       |                  |
|                    | 142 |     |       |                  |
|                    | 143 |     |       |                  |
|                    | 144 |     |       |                  |





TEXAS DEPARTMENT OF PUBLIC SAFETY  
FIELD SKETCH

| LL ITEM   | Start | NO. | 182 | 191              | REFERENCE POINT: |
|-----------|-------|-----|-----|------------------|------------------|
| S 3       | 8     | 37  | 152 | 13               | N                |
| S 4       |       | 38  | 152 | 17               |                  |
| S 5       |       | 39  | 152 | 22.5             |                  |
| S 2       |       | 40  | 152 | 25               |                  |
| S 6       |       | 41  | 152 | 31               |                  |
| LL END    |       | 42  | 163 | 12               |                  |
| S 3       |       | 43  | 170 | 10               |                  |
| S 4       |       | 44  | 170 | 14               |                  |
| S 5       |       | 45  | 170 | 19               |                  |
| S 2       |       | 46  | 170 | 22.5             |                  |
| S 6       |       | 47  | 170 | 30               |                  |
| EDGE ROAD |       | 48  | 170 | 0                |                  |
| EDGE LINE |       | 49  | 170 | 1                |                  |
| C STRIPE  |       | 50  | 170 | 23.5             |                  |
| C STRIPE  |       | 51  | 170 | 24.5             |                  |
| EDGE LINE |       | 52  | 170 | 47.5             |                  |
| EDGE ROAD |       | 53  | 170 | 48               |                  |
| 3         |       | 54  | 193 | 5.5              |                  |
| 4         |       | 55  | 193 | 9                |                  |
| 5         |       | 56  | 193 | 15               |                  |
| 2         |       | 57  | 193 | 18.5             |                  |
| 6         |       | 58  | 193 | 26               |                  |
| LL B      |       | 59  | 193 | 11.5             |                  |
| LL E      |       | 60  | 204 | <del>12</del> 12 |                  |
| AOI ATV   |       | 61  | 197 | 32               |                  |
| 3         |       | 62  | 215 | 0                |                  |
| 4         |       | 63  | 215 | 3.5              |                  |
| 5         |       | 64  | 215 | 10               |                  |
| 2         |       | 65  | 215 | 13.5             |                  |
| 6         |       | 66  | 215 | 22               |                  |
| ATV SKID  |       | 67  | 215 | 30               |                  |
| S 4       |       | 68  | 225 | 0                |                  |
| 5         |       | 69  | 225 | 8                |                  |
| 2         |       | 70  | 225 | 11               |                  |
| 6         |       | 71  | 225 | 19               |                  |
| ATV SKID  |       | 72  | 225 | 29               |                  |

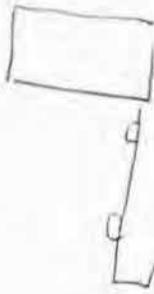
120425HCC3626



TEXAS DEPARTMENT OF PUBLIC SAFETY

FIELD SKETCH

| ITEM          | NO. | X   | Y     | REFERENCE POINT: |
|---------------|-----|-----|-------|------------------|
| 5             | 73  | 250 | 0     | N                |
| 2             | 74  | 250 | 3     |                  |
| 6             | 75  | 250 | 10    |                  |
| ATV SKID      | 76  | 250 | 28    |                  |
| ST            | 77  | 223 | 16.5  |                  |
| 7             | 78  | 236 | 12    |                  |
| 7             | 79  | 250 | 3     |                  |
| 6             | 80  | 260 | 0     |                  |
| ATV SKID      | 81  | 260 | 27    |                  |
| LL B          | 82  | 273 | 12    |                  |
| LL E          | 83  | 284 | 12    |                  |
| ATV           | 84  | 298 | 23    |                  |
| Cooler        | 85  | 298 | 31    |                  |
| RT            | 86  | 314 | 27.5  |                  |
| B ATV         | 87  | 328 | 20    |                  |
| ATV SKID      | 88  | 328 | 26    |                  |
| LL B          | 89  | 353 | 12    |                  |
| LL E          | 90  | 364 | 12    |                  |
| ATV SKID      | 91  | 356 | 18.5  |                  |
| ATV SEAT      | 92  | 354 | 21    |                  |
| FR CORNER ATV | 93  | 382 | 17.5  |                  |
| EDGE HOOD ATV | 94  | 384 | 20.5  |                  |
| CORNER ROOF   | 95  | 385 | 20.5  |                  |
| CORNER ROOF   | 96  | 388 | 19.5  |                  |
| F EDGE BED    | 97  | 391 | 17.5  |                  |
| B EDGE BED    | 98  |     |       |                  |
| BRIGHT BED    | 99  | 391 | 13    |                  |
| LL BEGIN      | 100 | 391 | 12    |                  |
| LL END        | 101 | 402 | 12    |                  |
| EDGE ROAD     | 102 | 402 | 0     |                  |
| FOG LINE      | 103 | 402 | 1     |                  |
| CC            | 104 | 402 | 23/24 |                  |
| FOG LINE      | 105 | 402 | 47.5  |                  |
| EDGE ROAD     | 106 | 402 | 48.5  |                  |
| END OF LL EB  | 107 | 402 | 37    |                  |
| 120425HCC3626 | 108 |     |       |                  |



IN THE NAME AND BY THE AUTHORITY OF THE STATE OF TEXAS;

Before me, personally appeared the undersigned Peace Officer, employed as a Trooper of the Texas Department of Public Safety, San Jacinto County, Texas, who on oath stated: Trooper Darwin Evans (Trooper's Name)

I have reason to believe and do believe (b)(6) (defendant).

Said defendant committed the offense on the 12 day of April, 2011 and under the circumstances, all as set out and described within the accompanying citation, which is referred to and incorporated herein as if set out verbatim. I arrested the accused and issued citation number TX 11246 FV.D003. At the time of arrest, I asked for the accused identity. The accused gave me the personal information shown on the citation. I looked at the accused and the identifying information matched the physical characteristics of the accused, and I described the accused as stated on the citation.

Immediately prior to the arrest, I personally observed the facts and circumstances as stated in the citation, and from those facts and the following facts, if any, I concluded that the accused committed the offense specified:

- |   |   |
|---|---|
| 1. <input type="checkbox"/> Speed ___mph in Posted ___mph zone.       | 7. <input type="checkbox"/> Fail to Display Valid Registration  |
| 2. <input checked="" type="checkbox"/> Fail to Control Speed          | 8. <input type="checkbox"/> Fail to Display Valid M.V.I.        |
| 3. <input type="checkbox"/> Unsafe Speed                              | 9. <input type="checkbox"/> Drive While License Invalid         |
| 4. <input type="checkbox"/> No Texas Driver License                   | 10. <input type="checkbox"/> Ran Stop Sign                      |
| 5. <input type="checkbox"/> Fail to Maintain Financial Responsibility | 11. <input type="checkbox"/> Pass in No Passing Zone            |
| 6. <input type="checkbox"/> Ride or Drive Not Secured by Seat Belt    | 12. <input type="checkbox"/> Disregard Official Traffic Control |
| 13. <input type="checkbox"/> Other _____                              |   |

Against the peace and dignity of the State:

Darwin Evans Darwin Evans  
Texas Highway Patrol

Sworn to and subscribed before me on 30 day of May, 2012

Lori D Lowrie  
Notary Public, ~~San Jacinto County~~, State of Texas / or Court Clerk



LORI D. LOWRIE  
Notary Public  
STATE OF TEXAS  
Comm. Exp. 9-15-2015

**DEPARTMENT OF PUBLIC SAFETY  
INTEROFFICE MEMORANDUM**

**TO:** Kevin Burman – THP Livingston

**Date:** 07/19/2011

**FROM:** Michael Priest, Corporal II – THP Woodville

**Division:** THP 2B09

**SUBJECT:** US 287 fatal crash from 07/16/2011

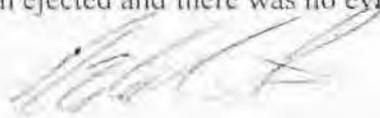
On 07/16/2011, I, Corporal Michael Priest, ID# 11150, was dispatched by Tyler County S.O. to a crash on US 287 that was said to be near the Polk / Tyler County line on US 287. I arrived on scene and found that the crash was inside Polk County. I began the crash investigation by attempting to establish some order on the scene.

I first positioned my patrol vehicle to block traffic due to an ATV being on its side and a man lying in the roadway. Dogwood EMS was on scene already when I arrived and was already working on the injured man in the roadway. I walked up to the scene and found a .22 LR rifle in the roadway. I picked up the weapon and secured it in my patrol vehicle.

I got my spray paint and camera from my unit and was going to mark the scene. Trooper Buck Odom had arrived and was talking with the occupants of the crash. As I was about to start taking pictures and beginning to paint the scene, Dogwood EMS asked me to drive the ambulance down the road for them to the landing zone while they worked on the critically injured subject in the back of the ambulance. This subject was (b) (6) a white male. I drove the ambulance down the road a short distance to the landing zone and then secured the section of highway for the helicopter to land. I controlled traffic and relayed information from Dogwood EMS to PHI Air Medical by radio. After the helicopter had landed, I began my way back to the scene.

I met briefly with some of the occupants to get an idea of what had happened. I did not get any names from the people. What I understood to happen was that the Ford pickup was towing a utility trailer that was loaded with a Polaris Ranger UTV. The trailer had begun to sway which caused the truck to lose control. The truck skidded left and right and then ran off of the road to the right while it was traveling northwest on US 287. The UTV fell off of the trailer and rolled over in the roadway. There were either two or three subjects riding on the UTV which was loaded on the trailer at the time of the crash. There were three subjects in the Ford. The driver was believed to be a white male red headed subject who had at first claimed that he was not driving. There were two female passengers in the Ford.

The driver was identified to me by name only, (b) (6). The two females both made written statements that the red headed male had been driving. The other male three subjects all had injuries placing them outside of the vehicle during the crash. These three had been ejected and there was no evidence that anyone had been ejected from within the Ford's cab.



At this point, Trooper Kevin Burman and Darwon Evans had arrived on scene. I began taking some more pictures of the crash scene and painted what was left of the scene that Trooper Odom had not yet painted.

I conducted an inventory of the units involved and noted the findings on form HQ-109. I handed over the rifle to Riley's towing to have the weapon secured with the vehicles. Riley's towing signed for the weapon and vehicles on form HQ-109. The HQ-109 forms and the two witness statement forms were then passed off to Trooper Burman.

I assisted Trooper Odom with the Major Crash Packet. We listed all of the pertinent information and then gave this packet to Trooper Burman. Afterwards, the wrecker service loaded the vehicles and I assisted all other units in opening the highway back up.

I met with the Chester Volunteer Fire Department at their fire station afterwards and wrote up a list of their members who were on scene for Trooper Burman's crash scene log. I emailed this information to Trooper Burman.

Respectfully submitted,



Michael Priest  
Corporal II  
THP Woodville

**Burman, Kevin**

---

**From:** Priest, Michael  
**Sent:** Sunday, July 17, 2011 1:26 AM  
**To:** Burman, Kevin  
**Subject:** US 287 fatal

**Chester VFD on scene :**

Nolan Fade  
Misty Fade  
Brian Davis  
Keith Mahaffey  
Doyle Woodrum

*Michael Priest, Corporal II*

Texas Highway Patrol (2B09)  
702 N. Magnolia, #102  
Woodville, TX 75979  
409-283-2771

Recd 8-31-11

**AUTOPSY REPORT**

Case 11-0739

July 17, 2011

**ON THE BODY OF**

(b) (3) : Exempt i

350 East L.S. Colines BL #1062  
Irving, Texas

**CAUSE OF DEATH:** Craniocerebral injuries with crushed left chest.

**MANNER OF DEATH:** Accident, motor vehicle - passenger.

  
Dr. Tommy J. Brown  
Forensic Pathologist

8/11/2011  
Date

**POSTMORTEM EXAMINATION ON THE BODY OF**

(b)  
(3):Exemptio

**350 East L.S. Colines BL #1062  
Irving, Texas**

**HISTORY:** This 36 year old Caucasian male was pronounced dead at 9:09 p.m. on July 16, 2011, at Tyler County Hospital in Woodville, Texas.

**AUTOPSY:** The autopsy was performed by Dr. Tommy J. Brown at the request and upon the written authorization of The Honorable Milton Powers, Justice of the Peace, Precinct 3, Tyler County, Texas, beginning at 6:10 a.m. on July 17, 2011, in the Southeast Texas Forensic Center, Inc..

**CLOTHING:** The clothing had been cut away from the body and consisted of a pair of khaki shorts and a pair of red undershorts.

**PERSONAL PROPERTY:** There was no personal property on or accompanying the body.

**EVIDENCE OF MEDICAL INTERVENTION:** A neck brace was in place around the neck. There was an endotracheal tube present within the mouth. An intravenous line was present in the proximal left forearm.

**EXTERNAL APPEARANCE:** The body was that of a white male that measured 71 inches in length, weighed 210 pounds and being the stated age of 36 years. There was full rigor mortis. The hair was reddish-brown and measured 1 inch when maximally extended. There was a 2<sup>3</sup>/<sub>4</sub> by 1 inch abrasion on the medial right forehead. There was a 1/4 inch abrasion on the left mid forehead and a 1 inch vertically oriented abrasion in the left temple area. There was a 3/4 inch vertical abrasion along the left side of the nose with another small abrasion on the left ala. The eyes were open; the conjunctivae were clear; the corneae were clear; the irides were brown. There were pledgets in the nose. There was gauze within each ear that were soaked with blood. Blood was present in both the left and right external auditory canals. The external right ear was otherwise unremarkable. There were lacerations of the external left ear. There was a mustache present. The teeth were natural. There were no abrasions, contusions or lacerations of the inner mucosa of the lips. The neck was

symmetrical and without scars. There was a 2½ inch transverse abrasion on the lower neck. The chest slanted toward the left side. The abdomen was mildly distended and without palpable masses. There was a 10 by 4 inch subtle area of abrasions of the left upper abdomen that extended down to the left lower abdomen. There was a 2½ by 1¼ inch abrasion in the far lateral left mid chest. There was a 1¾ by ¾ inch abrasion of the far lateral left upper abdomen. There were no identifiable scars of the abdomen. The pubic hair was moderate in amount. The penis appeared circumcised. Both testicles were palpable within the scrotal sac. There were small scars of the knees and anterior lower legs. There was a 1 inch abrasion over the right knee. There was a 5/8 inch abrasion of the inferior right knee. There was a 1 inch abrasion of the medial far lateral right knee. There was a 2 by 1 inch abrasion of the left knee. There were multiple small scars of the knees and anterior lower legs. There was a tattoo of flames around the left upper arm. There was a large area of abrasions that began over the anterior left shoulder, extended down the left upper arm, then over onto the left supraclavicular area and onto the back. There was a 5 by 1½ inch area of abrasions along the lateral left antecubital space. Multiple abrasions were present on the back of the left wrist and hand, more prominent over the knuckles. Abrasions were present of the second, third and fourth knuckles of the right hand and of the back of the right hand. There were small scars of the forearms and backs of the hands. The back had a large tattoo of what appeared to be wings on both the left and right sides. There was a small abrasion on the mid right back. There were abrasions over the anterior left shoulder that extended onto the upper left back. The back had posterior fixed lividity.

**INTERNAL EXAMINATION:** The body was opened with a Y-shaped thoracoabdominal incision to reveal fat and red-brown muscles of the upper anterior thorax. The abdominal panniculus at the level of the umbilicus measured 1<sup>5</sup>/<sub>8</sub> inches. The organs were in their usual locations and had normal anatomic relationships to one another. There was approximately 300 – 400 milliliters of blood within the left chest cavity. There were fractures of the first through the sixth posterior left ribs and of the eighth through the tenth lateral left ribs. There was a severe laceration of the lower lobe of the left lung. There was no fluid within the peritoneal cavity. A small amount of serous fluid was present in the pericardial sac.

**CARDIOVASCULAR SYSTEM:** The heart weighed 410 grams. It had a smooth and glistening epicardial surface with a moderate amount of fat. The coronary arteries followed a normal distribution and had minimal atherosclerosis. On sectioning, the myocardium was red-brown. There was no fibrosis. The walls of the right and left ventricles were of normal thickness. The cardiac valves were of normal size and had thin pliable cusps. The aorta was intact and unremarkable throughout.

**RESPIRATORY SYSTEM:** Both lungs were collapsed. The right lung weighed 340 grams and the left weighed 405 grams. The upper pleural surfaces were gray and became darker in the more dependent portions. The lower lobe of the left lung had severe deep lacerations from penetrating rib fractures. On sectioning, there was severe disruption of the lung parenchyma beneath this area. The right lung was intact and had no injuries. There was no tumor, infectious process or pulmonary emboli.

**HEPATOBIILIARY SYSTEM:** The liver weighed 1,760 grams. It had a dark brown external and cut surface. There was no tumor, infectious process or hemorrhage. The gallbladder contained 5 milliliters of a viscous green bile. There were no stones. The hepatobiliary ducts were patent.

**SPLEEN:** The spleen weighed 110 grams. It had a gray intact capsule. On sectioning, the parenchyma was dark red-brown. The Malpighian corpuscles were prominent.

**ADRENALS:** Both adrenal glands were surrounded by a moderate amount of fat. On sectioning, the cortices were yellow and of normal thickness. The medullae were gray-tan and unremarkable.

**PANCREAS:** The pancreas had the usual size and shape. It was red-brown and lobulated on external and cut surface. It was unremarkable.

**GASTROINTESTINAL TRACT:** The esophagus had a gray-tan mucosa. The stomach contained 100 milliliters of a thick liquid digestate. The duodenum, small and large bowels were unremarkable. The appendix was present at the tip of the cecum.

**GENITOURINARY TRACT:** The left kidney weighed 135 grams and the right weighed 140 grams. Both had capsules that stripped with ease to

reveal smooth brown surfaces. On sectioning, the cortices and medullae were well demarcated. There was no tumor, infectious process or hemorrhage. The urinary bladder contained 100 milliliters of urine. The bladder mucosa was white-tan.

**NECK:** The internal structures of the neck were examined. There were no cervical spine fractures. The proximal esophagus had a gray-tan mucosa. The larynx contained a small amount of mucous but was otherwise unremarkable. There was no food lodged in the upper airway. The hyoid bone, thyroid cartilage and cricoid cartilage were intact and had no fractures. The thyroid gland had the usual butterfly shape and was red-brown on both external and cut surfaces. There were no nodules.

**HEAD:** The scalp was incised and reflected in the usual manner. There was subscalp hemorrhage of the upper forehead area that extended back along both frontal areas into the parietal areas. There was a large area of subscalp hemorrhage in the left temporal area and beneath the temporalis muscle. The top of the skull was removed and had a fracture in the mid left temporal area that was vertically oriented. This fracture extended underneath the brain, followed along the left anterior petrous ridge then turned posteriorly into the left posterior cranial fossa and terminated in the foramen magnum. There was a small amount of subdural hemorrhage and a large amount of subarachnoid hemorrhage over the right cerebral convexity. The brain weighed 1,560 grams. There was a laceration of the inferior surface of the temporal lobe into the deeper parenchyma. On sectioning the cerebrum, cerebellum, and brainstem, there was no tumor or infectious process. There were no neck fractures.

## **PATHOLOGICAL FINDINGS**

- 1. Craniocerebral injuries:**
  - a. Skull fracture of left temporal bone that radiated into the base of the skull.**
  - b. Laceration of the inferior left temporal lobe.**
  - c. Subdural and subarachnoid hemorrhage.**
- 2. Blunt force trauma of chest:**
  - a. Fractures of the first through the sixth posterior left ribs.**
  - b. Fractures of the eighth through the tenth lateral left ribs.**
  - c. Lacerations of left lung.**
  - d. Left hemothorax.**

**CAUSE OF DEATH:** Craniocerebral injuries with crushed left chest.

**MANNER OF DEATH:** Accident, motor vehicle - passenger.

11-0739



Beaumont Tx

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1510A S. FRAZIER ST. - ~~SE~~, TEXAS 77301 - PHONE (936) 539-3336 - FAX (936) 539-3347

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ACCESSION NUMBER 0126

### AUTOPSY AUTHORIZATION

To: Pathologist on duty to perform autopsies at the Southeast Texas Forensic Center, Inc.

You are hereby authorized to perform a full and complete autopsy on the body of

(b) (3):Exemption 3 for 25(c), (b) (6), deceased, and

to retain and dispose of organs or other specimens as deemed necessary, in order to ascertain:  
1) the nature and cause of death; 2) whether the death was from natural causes or resulting from violence; and, 3) the nature and character of either of these.

*[Handwritten Signature]*

\_\_\_\_\_  
JUSTICE OF THE PEACE  
Tyler County, Texas, Precinct 3

\_\_\_\_\_  
7-16-11

Address: P.O. <sup>DATE</sup> Box 98

Colmesneil

Tx, 75938

Phone: 409-429-8539 cell

Fax: 409-283-5043

409-831-2447  
office



### FAX COVER SHEET

DATE: July 18, 2011  
 TO: Department of Public Safety - Polk County  
 ATTN: Laurie  
 FAX #: 936-327-6821

Number of pages (including cover): 2  
 Please contact this office if there are any questions or problems.

COMMENTS: SETFC case # 11-0739

|                       |   |                     |
|-----------------------|---|---------------------|
| Re: Name of Victim:   | (b)(3):CPSA<br>Section 25(c),(b)(6)   | DPS - Polk County   |
| Date of Birth:        |   | Case Number Unknown |
| Type of Incident:     | Deceased person   |                     |
| Date of Incident:     | 07/16//2011   |                     |
| Location of Incident: | Unknown at this time<br>(Pronounced at Tyler County Hospital)<br>Polk County, Texas |                     |

This office received the above referenced individual for autopsy. We respectfully request you provide us with a complete copy of the incident, accident and/or investigative report(s) at your earliest opportunity.

A copy of the Autopsy Authorization signed by the Milton Powers, Justice of the Peace, Polk County, Precinct 3, follows for your records.

Cordially,

Helga Briscoe  
 Administrative Clerk  
 Southeast Texas Forensic Center

P.O. Box 20097 - Beaumont, Texas - Phone (409) 726-2571 - Fax (409) 726-2569

120425HCC3626

Attachment D



NMS Labs

3701 Welsh Road, PO Box 433A, Willow Grove, PA 19090-0437  
Phone (215) 657-4900 Fax (215) 657-2972  
e-mail: nms@nmslabs.com

Robert A. Middleberg, PhD, DABFT, DABCC-TC, Laboratory Director

*Doc* 03.11 CONFIDENTIAL

Toxicology Report

Report Issued 08/09/2011 15:00

Patient Name (b)  
(2) - Exempt  
Patient ID 11-0739  
Chain 11308439  
Age 36 Y  
Gender Male  
Workorder 11189178

Page 1 of 5

To: 10240  
Southeast Texas Forensic Ctr -Beaumont  
Attn: Dr. Tommy Brown  
5030 Highway 69 South, Ste 700  
Beaumont, TX 77705

Positive Findings:

| Compound                          | Result   | Units  | Matrix Source |
|-----------------------------------|----------|--------|---------------|
| Ethanol                           | 131      | mg/dL  | Cardiac Blood |
| Blood Alcohol Concentration (BAC) | 0.131    | % w/v  | Cardiac Blood |
| Caffeine                          | Positive | mcg/mL | Cardiac Blood |
| Cotinine                          | Positive | ng/mL  | Cardiac Blood |
| Nicotine                          | Positive | ng/mL  | Cardiac Blood |
| Theobromine                       | Positive | mcg/mL | Cardiac Blood |
| Atropine                          | 150      | ng/mL  | Cardiac Blood |
| Lidocaine                         | 9.4      | mcg/mL | Cardiac Blood |

See Detailed Findings section for additional information

Testing Requested:

| Analysis Code | Description  |
|---------------|--|
| 8052B         | Postmortem Toxicology - Expanded, Blood (Forensic) |

Specimens Received:

| ID  | Tube/Container | Volume/<br>Mass | Collection<br>Date/Time | Matrix Source | Miscellaneous<br>Information |
|-----|----------------|-----------------|-------------------------|---------------|------------------------------|
| 001 | Gray Top Tube  | 10.5 mL         | 07/17/2011              | Cardiac Blood |                              |

All sample volumes/weights are approximations.  
Specimens received on 07/19/2011

**Detailed Findings:**

| Analysis and Comments             | Result    | Units  | Rpt. Limit | Specimen Source     | Analysis By  |
|-----------------------------------|-----------|--------|------------|---------------------|--------------|
| Ethanol                           | 131       | mg/dL  | 10         | 001 - Cardiac Blood | Headspace GC |
| Blood Alcohol Concentration (BAC) | 0.131     | % w/v  | 0.010      | 001 - Cardiac Blood | Headspace GC |
| Caffeine                          | Positive  | mcg/mL | 0.10       | 001 - Cardiac Blood | GC/MS        |
| Cotinine                          | Positive  | ng/mL  | 12         | 001 - Cardiac Blood | GC/MS        |
| Nicotine                          | Positive  | ng/mL  | 12         | 001 - Cardiac Blood | GC/MS        |
| Theobromine                       | Positive  | mcg/mL | 5.0        | 001 - Cardiac Blood | GC/MS        |
| Ethanol                           | Confirmed | mg/dL  | 10         | 001 - Cardiac Blood | EZA          |
| Atropine                          | 150       | ng/mL  | 0.40       | 001 - Cardiac Blood | LC-MS/MS     |
| Lidocaine                         | 9.4       | mcg/mL | 0.50       | 001 - Cardiac Blood | GC           |

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

**Reference Comments:**

1 Atropine (d,l-Hyoscyamine) - Cardiac Blood

Atropine is an anticholinergic alkaloid used in pre-anesthetic therapy to control airway secretions and as an antispasmodic to control gastrointestinal spasms. It is frequently used as an antidote in the treatment of anticholinesterase-type pesticides. It can be obtained naturally from deadly nightshade or jimson weed. Atropine is also used in resuscitative attempts.

Following a single IM 1.0 mg dose of atropine, peak plasma concentrations of approximately 3 ng/mL were attained in 30 min.

Toxic effects of atropine have considerable individual variation, however, at high doses, signs and symptoms include mydriasis, hot dry reddened skin, delirium and hallucinations. Death has been reported with a concentration of 200 ng/mL in blood and 1500 ng/mL in urine.

In resuscitative failure, most of the administered drug remains confined to the intravascular injection pathway. Often the drug is still present in the postmortem blood collected from the heart sampled at autopsy.

2 Caffeine (No-Doz) - Cardiac Blood

Caffeine is a xanthine-derived central nervous system stimulant. It also produces diuresis and cardiac and respiratory stimulation. It can be readily found in such items as coffee, tea, soft drinks and chocolate. As a reference, a typical cup of coffee or tea contains between 40 to 100 mg caffeine.

Following the oral ingestion of 120 and 300 mg of caffeine, reported peak plasma concentrations of the drug averaged 3.0 mcg/mL (range, 2.0 - 4.0 mcg/mL) and 7.9 mcg/mL (range, 6.0 - 9.0 mcg/mL), respectively. A single oral dose of 500 mg produced a reported peak plasma concentration of 14 mcg/mL after 30 min.

Reported concentrations of caffeine in caffeine-related fatalities averaged 183 mcg/mL (range, 79 - 344 mcg/mL).

The reported qualitative result for this substance is indicative of a finding commonly seen following typical use and is usually not toxicologically significant.

**Reference Comments:**

**3 Cotinine (Nicotine Metabolite) - Cardiac Blood**

Cotinine is a metabolite of nicotine and may be encountered in the fluids and tissues of an individual as a result of, e.g., tobacco exposure. Concentrations may be variable in blood and urine depending on the route of exposure and length of exposure. Cotinine plasma/serum concentrations in non-smokers are reported to be typically less than 15 ng/mL. Tobacco users and transdermal patch wearers have typical cotinine plasma/serum concentrations of less than 1000 ng/mL.

Anabasine is a natural product occurring in tobacco, but not in pharmaceutical nicotine and a separate test for anabasine in urine can be used to distinguish tobacco from pharmaceutical nicotine use.

**4. Ethanol (Ethyl Alcohol) - Cardiac Blood.**

Ethyl alcohol (ethanol, drinking alcohol) is a central nervous system depressant and has effects so-related, e.g., impaired judgment, reduced alertness and impaired muscular coordination. Ethanol is also a product of postmortem decomposition.

**5. Lidocaine (Xylocaine®) - Cardiac Blood**

Lidocaine is an amide type of anesthetic that is used as a topical and injectable analgesic, antiarrhythmic, and in resuscitative efforts. It is also used as a 'cutting' agent in some drugs of abuse, especially cocaine.

It is generally administered as an intravenous bolus injection of 50 to 1000 mg to control arrhythmia. Plasma lidocaine concentrations of 2 - 5 mcg/mL are considered desirable for anti-arrhythmic control usually administered by continuous intravenous infusion following bolus injection. MEGX (monoethylglycinexylidide) is an active metabolite of lidocaine.

In resuscitative failure, most of the administered drug remains confined to the intravascular injection pathway. Often the drug is still present in the postmortem blood collected from the heart sampled at autopsy.

Diphenhydramine interferes with lidocaine in this analysis. The presence of diphenhydramine will adversely affect the quantitation of lidocaine. If diphenhydramine is a potential interferent in this case, call the laboratory for alternate quantitative procedures.

**6 Nicotine - Cardiac Blood**

Nicotine is a potent alkaloid found in tobacco leaves at about 2 - 8% by weight. It is also reportedly found in various fruits, vegetables and tubers, e.g., tomatoes and potatoes, but at a smaller per weight fraction. As a natural constituent of tobacco, nicotine is found in all commonly used smoking or chewing tobacco products. It is also in smoking cessation products, e.g., patches. Nicotine has been used as a pesticide, although not as widely since the advent of more effective agents.

Nicotine is extensively metabolized, the primary reported metabolite is the oxidative product cotinine. The plasma half-life of nicotine is short (approximately 1 - 2 hr), while that of cotinine is about 20 hr. Non-smokers typically have plasma/serum nicotine concentrations of less than 10 ng/mL, however, levels may be higher depending on exposure parameters, e.g., length of time in a tobacco smoke environment, amount of airborne nicotine, etc. Tobacco users and transdermal patch wearers have typical nicotine plasma/serum concentrations less than 100 ng/mL. However, many factors influence the levels found in an individual, including frequency of use, amount of nicotine exposed to, route of administration, etc.

Toxic effects of nicotine overdose include nausea, vomiting, dizziness, sweating, miosis, EEG and ECG changes, tachycardia, hypertension, respiratory failure, seizures and death. Death from nicotine exposure usually results from either a block of neuromuscular transmission in respiratory muscles or from seizures. Reported blood levels of nicotine in deaths attributed to the compound range from 1000 - 5800000 ng/mL.

Anabasine is a natural product occurring in tobacco, but not in pharmaceutical nicotine. A separate test for anabasine in urine can be used to distinguish tobacco from pharmaceutical nicotine use.

The reported qualitative result for nicotine is indicative of a finding commonly seen following typical use and is usually not toxicologically significant.

**7. Theobromine (Xanthose) - Cardiac Blood:**

Theobromine is a methylxanthine alkaloid found in tea and cocoa products and has been reported to pass into the breast milk of nursing mothers. Theobromine has the general properties of the xanthines, including diuresis and smooth muscle stimulation.



CONFIDENTIAL

Workorder 11189178  
Chain 11308439  
Patient ID 11-0739

Page 4 of 5

Chain of custody documentation has been maintained for the analyses performed by NMS Labs.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded six (6) weeks from the date of this report, and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 11189178 was electronically signed on 08/09/2011 14:05 by

Susan Crookham,  
Certifying Scientist

**Analysis Summary and Reporting Limits:**

Acode 50030B - Ethanol Confirmation, Blood (Forensic) - Cardiac Blood

-Analysis by Enzymatic Assay (EZA) for

| <u>Compound</u> | <u>Rpt. Limit</u> | <u>Compound</u> | <u>Rpt. Limit</u> |
|-----------------|-------------------|-----------------|-------------------|
| Ethanol         | 10 mg/dL          |                 |                   |

Acode 52008B - Atropine Confirmation, Blood (Forensic) - Cardiac Blood

-Analysis by High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS) for

| <u>Compound</u> | <u>Rpt. Limit</u> | <u>Compound</u> | <u>Rpt. Limit</u> |
|-----------------|-------------------|-----------------|-------------------|
| Atropine        | 0.40 ng/mL        |                 |                   |

Acode 52062B - Lidocaine and Metabolite (MEGX) Confirmation, Blood (Forensic) - Cardiac Blood

-Analysis by Gas Chromatography (GC) for

| <u>Compound</u> | <u>Rpt. Limit</u> | <u>Compound</u>                 | <u>Rpt. Limit</u> |
|-----------------|-------------------|---------------------------------|-------------------|
| Lidocaine       | 0.50 mcg/mL       | Monoethylglycinexylidide (MEGX) | 0.50 mcg/mL       |

Acode 8052B - Postmortem Toxicology - Expanded, Blood (Forensic) - Cardiac Blood

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

| <u>Compound</u> | <u>Rpt. Limit</u> | <u>Compound</u>       | <u>Rpt. Limit</u> |
|-----------------|-------------------|-----------------------|-------------------|
| Benzodiazepines | 100 ng/mL         | Cocaine / Metabolites | 20 ng/mL          |
| Cannabinoids    | 10 ng/mL          | Opiates               | 20 ng/mL          |

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for

| <u>Compound</u> | <u>Rpt. Limit</u> | <u>Compound</u> | <u>Rpt. Limit</u> |
|-----------------|-------------------|-----------------|-------------------|
| Salicylates     | 120 mcg/mL        |                 |                   |

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for

| <u>Compound</u>            | <u>Rpt. Limit</u> | <u>Compound</u> | <u>Rpt. Limit</u> |
|----------------------------|-------------------|-----------------|-------------------|
| Buprenorphine / Metabolite | 0.50 ng/mL        |                 |                   |



Chain 11308439  
Patient ID 11-0739

**Analysis Summary and Reporting Limits:**

-Analysis by Gas Chromatography/Mass Spectrometry (GC/MS) for The following is a general list of compound classes included in the Gas Chromatographic screen. The detection of any particular compound is concentration-dependent. Please note that not all known compounds included in each specified class or heading are included. Some specific compounds outside these classes are also included. For a detailed list of all compounds and reporting limits included in this screen, please contact NMS Labs

Amphetamines, Analgesics (opioid and non-opioid), Anesthetics, Anticholinergic Agents, Anticonvulsant Agents, Antidepressants, Antiemetic Agents, Antihistamines, Antiparkinsonian Agents, Antipsychotic Agents, Anxiolytics (Benzodiazepine and others), Cardiovascular Agents (non-digitalis), Hallucinogens, Hyposedatives (Barbiturates, Non-Benzodiazepine Hypnotics and others), Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents (excluding Salicylate) and Stimulants (Amphetamine-like and others)

-Analysis by Headspace Gas Chromatography (GC) for

| <u>Compound</u> | <u>Rpt. Limit</u> | <u>Compound</u> | <u>Rpt. Limit</u> |
|-----------------|-------------------|-----------------|-------------------|
| Acetone         | 1.0 mg/dL         | Isopropanol     | 1.0 mg/dL         |
| Ethanol         | 10 mg/dL          | Methanol        | 5.0 mg/dL         |



SAM HOUSTON STATE UNIVERSITY  
REGIONAL CRIME LABORATORY

A Member of the Texas State University System

To:

Burman, Kevin  
TX DPS -Livingston  
1735 N. Washington  
Livingston, TX 77351

Laboratory Case Number: RCL-11-01336

Request Number: 0001

Agency Case Number: M960153

Forensic Alcohol Analysis Report

Subject: (b)(3):CPSA Section

DOB: 5/20/1982

Case Type:

Intoxication Offense

Incident Date:

7/16/2011

EVIDENCE

Evidence descriptions within quotation marks are agency descriptions.

The following evidence was submitted to the Regional Crime Laboratory by a representative of the TX DPS -Livingston via US Mail on 7/29/2011

- Item 001 One Sealed Blood Kit
- Submission 001: One Sealed Blood Kit
- Item 001-01 One Gray Top Tube
- Collection Date and Time: 7/16/11 9:25 pm
- Item 001-02 One Gray Top Tube
- Collection Date and Time: 7/16/11 9:25 pm

DISPOSITION: The evidence item(s) listed above are currently located at the Regional Laboratory pending further analysis.

RESULTS:

The blood sample [Item 001-01] contained 0.151 grams of alcohol per 100 mL of blood.

Analysis was performed using dual column head space gas chromatography with flame ionization detection

I, the undersigned, if called as a witness, would testify that I am: (1) employed by the crime laboratory, (2) formed the conclusions as stated in this report, and (3) declare the information is true and correct under the penalty of perjury.

*Stephanie Olofson*

Stephanie Olofson  
Forensic Scientist I

Date of Report: August 8, 2011

cc: iResults - Polk County District Attorney

*Michael R. Manes*

Reviewer: Michael Manes  
Laboratory Manager



SAM HOUSTON STATE UNIVERSITY  
REGIONAL CRIME LABORATORY

A Member of the Texas State University System

To

Burman, Kevin:  
TX DPS -Livingston  
1735 N. Washington  
Livingston, TX 77351

Laboratory Case Number: RCL-11-01336

Request Number 0002

Agency Case Number: M960153

### Toxicology Report

Subject

(b) (3) : Exempt

DOB 5/20/1982

Case Type

Intoxication Offense

Incident Date:

7/16/2011

#### EVIDENCE:

*Evidence descriptions within quotation marks are agency descriptions*

The following evidence was submitted to the Regional Crime Laboratory by a representative of the TX DPS -Livingston via US Mail on 7/29/2011.

Item 001 One Sealed Blood Kit

Submission 001. One Sealed Blood Kit

Item 001-01 One Gray Top Tube

Collection Date and Time: 7/16/11 9:25 pm

Item 001-02 One Gray Top Tube

Collection Date and Time: 7/16/11 9:25 pm

This sample will be retained at the RCL pending final disposition

#### RESULTS:

Item #001-01:

#### **NO DRUGS DETECTED**

Enzyme-linked immunosorbent assay (ELISA) and gas chromatography/mass spectrometry (GC/MS) were used to test for common drugs or drug classes including: amphetamines, antihistamines, anxiolytics, antipsychotics, antidepressants, benzodiazepines, cannabinoids, cocaine, dissociative anesthetics, hypnotics, muscle relaxants, narcotic analgesics, phencyclidine and sedatives

I, the undersigned, if called as a witness, certify that I am: (1) employed by the crime laboratory and (2) have formed the conclusions as stated in this report, and I declare the information is true and correct under the penalty of perjury.

*Monica Brady Mellon*

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Monica Mellon  
Forensic Scientist II

*Smg*

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Reviewer: Sarah Kerrigan  
Laboratory Director

Date of Report: September 13, 2011

**AFFIDAVIT OF PERSON WHO WITHDREW BLOOD**

THP-51A (2/04)

STATE OF TEXAS  
COUNTY OF Polk

Before me, the undersigned authority, personally appeared Shara Unger  
\_\_\_\_\_, who being duly sworn, deposed as follows:

"My name is (b)(3):CPSA Section 25(c) \_\_\_\_\_. I am over the age of 18 years and capable of making this affidavit. I am employed by Memorial Medical Center of Livingston as a Registered nurse. On July 16, 20 11, I withdrew a blood specimen from Barret Eugene Neal.

The blood specimen was taken using reliable procedures as recognized by the scientific community in the State of Texas and in a sanitary place as required by Tex. Transp. Code Ann. §724.017.

Shara Unger RN  
Affiant's signature

Shara Unger  
Printed Name

SWORN TO AND SUBSCRIBED before me on the 17 day of July, 20 11

Darwin Evans  
Notary Public, State of Texas Darwin Evans

Darwin Evans  
Printed Name

STATUTORY AUTHORIZATION – MANDATORY BLOOD SPECIMEN THP-51 (Rev. 9/09)

Name of Arrestee (b)(6)  
 Date and Time 9-16-11 9:19 AM  
 Location LIVINGSTON Memorial Medical Center

Pursuant to the provisions of Texas Transportation Code, § 724.012, the undersigned peace officer requires that the above-named person (hereafter "suspect") give a specimen of blood under the provisions of Texas Transportation Code (TRC), Ch. 724, Subchapter B.

Acting in my capacity as a peace officer, I have arrested the suspect for an offense under Chapter 49 of the Texas Penal Code, based on my reasonable belief that the suspect was operating a motor vehicle or watercraft while intoxicated. The suspect refused my request to voluntarily submit to the taking of a specimen. When I arrested the suspect, I reasonably believed that (check one):

- Accident with death, serious bodily injury, or hospital treatment for bodily injury.** The suspect was involved in an accident that I reasonably believe occurred as a result of the suspect's intoxication. When I arrested the suspect, I reasonably believed that as a direct result of the accident:
  - ◆ a person other than the suspect has died or will die;
  - ◆ a person other than the suspect suffered serious bodily injury; or
  - ◆ a person other than the suspect suffered bodily injury and was transported to a hospital or medical facility for medical treatment
- DWI With Minor Child Under 15.** A child under 15 years of age was a passenger in the vehicle operated by the suspect while intoxicated.
- Prior Conviction for Specified Offense.** At the time of the suspect's arrest, I possessed or received reliable information from a credible source the suspect had previously been convicted or received community supervision of an offense under Section 49.045 (DWI With/Child Under 15), 49.07 (Intoxication Assault), or 49.08 (Intoxication Manslaughter), Texas Penal Code, or an offense under the laws of another state containing elements substantially similar to the elements of an offense under those sections.
- DWI 3<sup>rd</sup>.** At the time of the suspect's arrest, I possessed or received reliable information from a credible source that on two or more occasions the suspect had previously been convicted of or placed on community supervision of an offense under Section 49.04 (DWI), 49.05 (FWI), 49.06 (BWI), or 49.065 (Amusement Ride W/Intoxicated ), Texas Penal Code, or an offense under the laws of another state containing elements substantially similar to the elements of an offense under those sections.

Therefore, I now am invoking my authority under TRC, Section 724.012(b), to require the suspect to submit to the taking of a specimen of the suspect's blood as required by TRC, Section 724.012(b).

Pursuant to my authority under TRC, Section 724.012(b), this is an **ORDER FROM A PEACE OFFICER** to you to draw a specimen of blood from the suspect. As provided by TRC, Section 724.017, the person who takes a blood specimen under TRC, Chapter 724, or the hospital or medical facility where the blood specimen is taken, is immune from civil liability for damages arising from this ORDER to take the blood specimen if the specimen is taken according to recognized medical procedures, although TRC, Section 724.017 does not release a person from liability for negligence in the taking of the specimen. Under TRC, Section 724.017, the taking of a blood specimen from a person who resists the taking of the specimen does not in itself constitute negligence and may not be considered evidence of negligence. A person whose blood specimen is taken under TRC, Chapter 724, is not considered to be present in the hospital for medical treatment or screening unless the appropriate hospital personnel determine that medical treatment or screening is required for proper medical care of the person.

Parson Evans TX OPS  
 Officer's Signature / Agency

Parson Evans 2449  
 Printed Name Badge or ID No.

Shara Unger  
 Name of Person Form Delivered To

Shara Unger RN  
 Name and Occupation of Person Taking Specimen  
**120425HCC3626**

**DIB USE ONLY**



SHSU REGIONAL LABORATORY

8301 New Trails Dr. Suite 125

The Woodlands, TX

SHSU RCL USE ONLY

Laboratory Case Numt

Evidence Sealed: Y  N  If NO Sealed by:
Date Evidence Received:

Laboratory Submission Form - Toxicology

Submitting Individual:

Form with fields for Name, Title, Agency, Mailing Address, Phone, Email, Agency Case Number, Date and Time of Offense/Incident, Case/Offense Type, Examination Requested, and Evaluation Conducted.

Specimen Taken From:

Form with fields for Suspect/Victim status, Name, Race, Sex, DOB, DL#/ID#, Living/Deceased status, Driver/Non-Driver, Blood/Urine/Other, and Collector information.

Additional Case Information:

Form with checkboxes for Breath Test, DRE Exam Administered, and Results/Comments.

Investigator:

Form with fields for Printed name and Title of the Investigator.

Use ONE Laboratory Submission Form Per Subject

BLOOD COLLECTION REPORT

SUBJECT'S NAME (b)(6)  
TIME AND DATE OF ARREST 7-16-11 8:30P  
TIME AND SITE OF COLLECTION 9-25 PM 7-16-11  
LET MY SIGNATURE STATE THAT I DREW BLOOD FROM THE ABOVE NAMED SUBJECT A  
SAID DATE

X (b)(6) 7-16-11  
SIGNATURE DATE

LET MY SIGNATURE STATE THAT I WITNESSED THE ACTUAL DRAWING OF BLOOD BY  
ABOVE STATED PERSON FROM THE ABOVE SUBJECT

*Sam E...* 7-16-11  
SIGNATURE DATE

DELIVERED TO LAB  
DATE TIME TO WHOM

BY WHOM HOW WAS IT DELIVERED

DATE OF TESTING RESULT OF TESTING

## STATEMENT OF MIRANDE RIGHTS

1. YOU HAVE THE RIGHT TO REMAIN SILENT AND NOT MAKE ANY STATEMENT.
2. ANY STATEMENT YOU MAKE MAY BE USED AS EVIDENCE AGAINST YOU IN A COURT OF LAW.
3. YOU HAVE THE RIGHT TO TALK TO A LAWYER AND HAVE A LAWYER PRESENT TO ADVISE YOU PRIOR TO AND DURING ANY QUESTIONING.
4. IF YOU ARE UNABLE TO HIRE A LAWYER, YOU HAVE THE RIGHT TO HAVE A LAWYER APPOINTED TO REPRESENT YOU PRIOR TO AND DURING ANY QUESTIONING.
5. YOU HAVE THE RIGHT TO TERMINATE THE INTERVIEW AT ANY TIME AND NOT ANSWER ANY QUESTIONS OR MAKE ANY STATEMENTS.

I HAVE READ THE ABOVE STATEMENT OF MY RIGHTS. I KNOW AND UNDERSTAND WHAT MY RIGHTS ARE.

(b)(6)

SIGNATURE:

7-16-11 8:27PM

DATE & TIME:

(b)(6)

WITNESS:

## WAIVER OF RIGHTS

I HAVE READ AND UNDERSTAND MY RIGHTS AS STATED ABOVE. I HEREBY WAIVE MY RIGHTS AND AM WILLING TO MAKE A STATEMENT AND ANSWER QUESTIONS.

SIGNATURE:

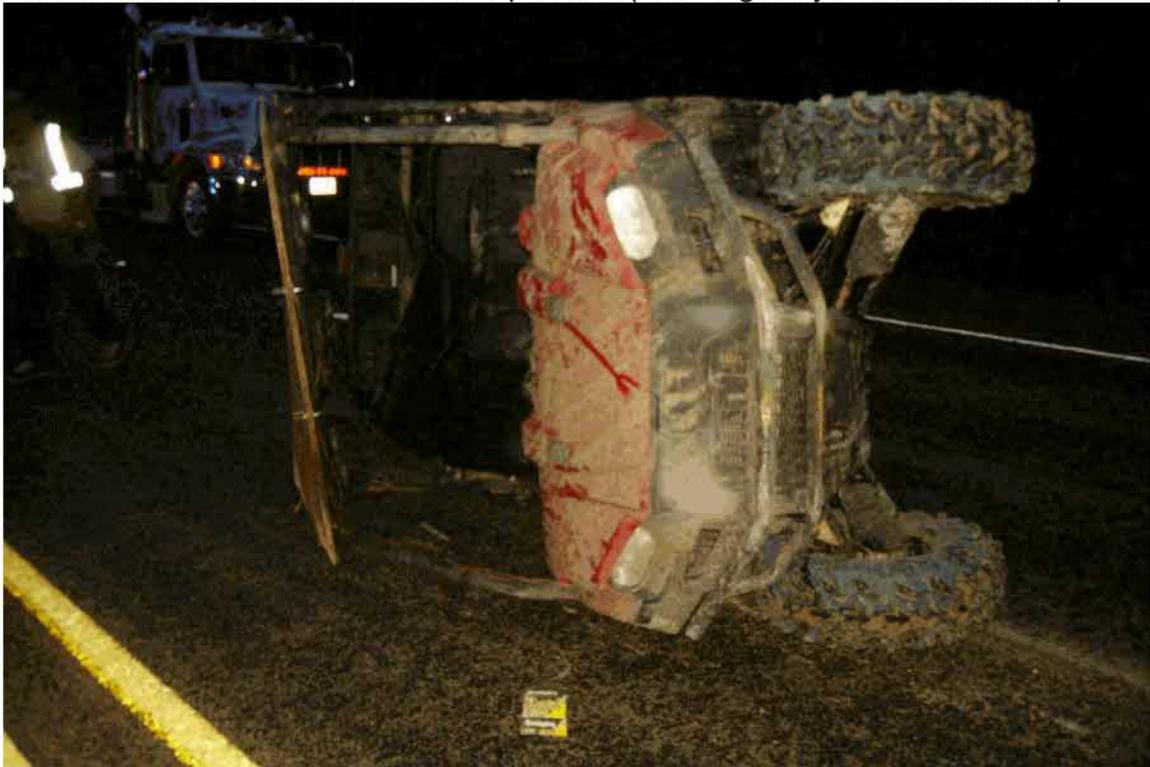
DATE & TIME:

WITNESS:

Attachment E1 – Incident Pick-up truck and trailer final position



Attachment E2 – Incident UTV final position (was originally on towed trailer)



IDI 120425HCC3626

Corrigan, Polk County TX ATV FATALITY

Attachment E3 – UTV final position (was originally on towed trailer) rear view



Attachment E4 – UTV final position (was originally on towed trailer) underside



Attachment E5 – UTV (was originally on towed trailer) right side view



Attachment E6 – UTV (was originally on towed trailer) right side view



Attachment E7 – UTV (was originally on towed trailer) front view



Attachment E8 – UTV (was originally on towed trailer) left side view



IDI 120425HCC3626

Corrigan, Polk County TX UTV FATALITY

Attachment E9 – Pick-up truck (was towing trailer with UTV on it) right side view



Attachment E10 – Pick-up truck (was towing trailer with UTV on it) left side view



**IDI 120425HCC3626**

**Corrigan, Polk County TX UTV FATALITY**

Attachment E11 – UTV (was originally on towed trailer) left side view



Attachment E12 – Final position of incident pick-up truck and trailer



Attachment E13 – Pick-up truck (was towing trailer with UTV on it) rear view



Attachment E14 – UTV (was originally on towed trailer) underside view



Task No. 120425HCC3626

Date: 6/7/2012

### STATUS OF MISSING DOCUMENT(S)

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

- 1. Tyler County Hospital – Woodville
- 2. Jefferson County Medical Examiner's Office
- 3. Precinct 3 Justice of the Peace
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

Date: 6/7/2012 Investigator No: 2342

Regional office: \_\_\_\_\_ Supervisor No: \_\_\_\_\_

**Attachment G**  
**Contact Information**

|  |   |
|--|---|
| <p>(b) (3) :Exemption 3 for 25(c), (b) (6)</p>   | <p>(b) (6)</p>  |
| <p>(b) (3) :Exemption 3 for 25(c), (b) (6)</p>   | <p>(b) (6)</p>  |
| <p><b>Texas Department of Public Safety</b><br/>5805 North Lamar Boulevard...<br/>Austin, Texas 78752-4422...<br/>512-424-2000<br/>Trooper Kevin Berman</p>                        | <p><b>Sgt. Nita Bowen</b><br/><b>Texas Department of Public Safety</b><br/>P. O Box 4087.<br/>Austin, Texas 78773-0001</p>  |
| <p><b>Tyler County Hospital – Woodville</b><br/>1100 West Bluff<br/>Woodville, Texas, 75979<br/>409-283-8141 Fax: 409-283-5858</p>   | <p><b>Jefferson County Medical Examiner’s Office</b><br/>Jefferson County Morgue<br/>Southeast Texas Forensic Center Inc..<br/>5030 Highway 69 S # 700<br/>Beaumont, TX 77705-1258<br/>409-726-2571Fax: 409-726-2569<br/><a href="mailto:susan.jones@setfc.com">susan.jones@setfc.com</a></p> |
| <p><b>Precinct 3 Justice of the Peace</b><br/>Judge Milton Powers<br/>Tyler County Courthouse<br/>100 West Bluff<br/>Woodville, Texas 75979<br/>409-837-2447 Fax: 409-283-5043</p> |   |



Task Number 120425HCC3626

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

Type of respondent: Police Department

Other, specify:

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

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

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

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

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

|               |                |
|---------------|----------------|
| Model: RANGER | / VIN: UNKNOWN |
|---------------|----------------|

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

Model Year:

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: 07/17/2011 |          |
| Age/Sex: 35/Male          | /        |
| State of Death: TEXAS     |          |
| City of Death: Corrigan   |          |
| County of Death: Polk     |          |
| Race: 1 - White           |          |
| Race Other:               |          |
| Hispanic/Latino: 2 - NO   |          |

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

|                       |                |
|-----------------------|----------------|
| Death #1              | Death #2       |
| Yes No <u>Unknown</u> | Yes No Unknown |

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

35 year old male died after being ejected from the parked UATV that was inside a trailer being towed by a F-150 pickup truck. UATV was in the trailer with several occupants sitting in it when the truck went out of control and all three vehicles rolled. The non operating UATV was reported to have landed on the decedent.

**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: 0                      Height:      (inches)  
Weight:                      Sex:

**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) NOT VALID-VEHICLE WAS BEING -NOT DRIVEN
- 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.**

- 02 - Truck

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

- 1 - Yes

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

- 0 - Unknown

**Additional Comments:**

The vehicle involved was parked on a trailer being towed by a Ford F-150 pickup truck. The decedent was riding in the UATV atop of the towed trailer. The UATV was not operating at time of incident.



## **IDI 120501HCC2691**

This death incident was brought to the attention of the U.S. Consumer Product Safety Commission through a death certificate. This report was compiled from reports from the sheriff's department and coroner's office.

### **INCIDENT REPORT**

The 78-year-old male victim owned a 2007 Polaris Ranger XP UTV. He used the UTV around his property to haul items and would also drive it out into the surrounding area. Following and included in Exhibit "A" is a picture of the UTV from the Internet.



On October 4, 2010 in the mid-afternoon a 78-year-old male was driving his UTV alone without a helmet or seat belt down a private gravel road that led from his home to a public asphalt road. It was still daylight, clear and both roads were dry. When he reached the asphalt road, he proceeded to cross. When he was in the middle of the road, a car crested the hill on the public road traveling at 45-50 mph. The 33-year-old female driver of the vehicle stated that she saw the UTV crossing the road as she crested the hill. She noted that she slammed on her brakes and attempted to swerve to miss the UTV but was unable to do so and hit the UTV broadside.

The driver of the vehicle reported that the 78 year old male was ejected from the UTV during the collision and thrown about 10-12 feet before landing on the asphalt road and hitting his head. The UTV proceeded off the road into the nearby ditch. It is unknown whether the UTV rolled over during the incident. Following the collision, the driver of the vehicle who was not injured got out of her car and went to the 78-year-old victim. She realized that he was injured and called "911" for assistance.

The sheriff's department was the first on the scene and arranged to have the victim transported to a nearby hospital. Sheriff department personnel interviewed the driver of the vehicle and obtained a statement from her on the events leading up to the accident. Attached as Exhibit "A" is a copy of the sheriff's department report.

The 78-year-old male victim was transported to an area hospital where he was treated and later released. During the ensuing nine months, the victim was in and out of the hospital for follow up care due to the collision. The victim never fully recovered from the accident and on July 13, 2011 he succumbed to his injuries and died at the hospital. Attached as Exhibit "B" are select medical records noting the diagnosis and treatment of the victim.

The coroner was notified of the death and reviewed the victim's medical records, accident report and talked with several doctors who treated the victim. He agreed with the care givers that the accident did contribute to the victim's death and signed the death certificate as accidental due to sepsis, kidney failure and head injury due to off road vehicle crash with car. Attached as Exhibit "C" is a copy of the coroner's report.

This investigator received this assignment on May 2, 2012, contacted the sheriff's department, hospital and coroner's office for copies of their reports. No photographs were taken at the scene by the investigating parties...

**PRODUCT IDENTIFICATION**

**Product:** POLARIS UTV

**Manufacturer:** POLARIS INDUSTRIES INC.  
2100 HIGHWAY 55  
MEDINA, MN 55340  
(763) 542-0500

**Model:** RANGER XP

**CC:** 700

**VIN:** 4XARL168A36D030968

**Date of Manufacture:** Unknown

**Date Purchased:** Unknown

**Place of Purchase:** Unknown

**Bought New/Used or Rented:** Unknown

**Aftermarket Modifications:** Unknown

**Helmet Used:** No

**Seatbelt Used:** No

**Experience with UTV:** Unknown

**2007 Polaris Ranger™ XP Specifications**

**Identification**

Model Type Utility  
 BASE MSRP(US) \$10,499.00  
 Warranty 6

**Engine:**

Engine Type Longitudinal Twin  
 Cylinders 2  
 Engine Stroke 4-Stroke  
 Valve Configuration OHV  
 Displacement (cc/ci) 683 / 41.7  
 Carburetion Type Fuel Injected

**Transmission:**

Transmission Type Continuously Variable (CVT)  
 Primary Drive (Front Wheel) Shaft  
 Reverse Yes

**Wheels & Tires:**

Front Tire (Full Spec) Carlisle PXT 26 X 8-12  
 Rear Tire (Full Spec) Carlisle PXT 26 X 11-12

**Brakes:**

Front Brake Type Dual Hydraulic Disc  
 Rear Brake Type Dual Hydraulic Disc

**Technical Specifications:**

Wheelbase (in/mm) 76 / 1930  
 Dry Weight (lbs/kg) 1185 / 539  
 Fuel Capacity (gal/l) 9 / 36

**Seats:**

Number Of Seats 3

**Drive Line:**

Driveline Type Selectable 4X2 / 4X4  
 Number Of Driveline Modes 2  
 Limited Slip Differential Standard  
 Differential Lock Standard

**Lights:**

Halogen Headlight (s) Standard

**ATTACHMENTS**

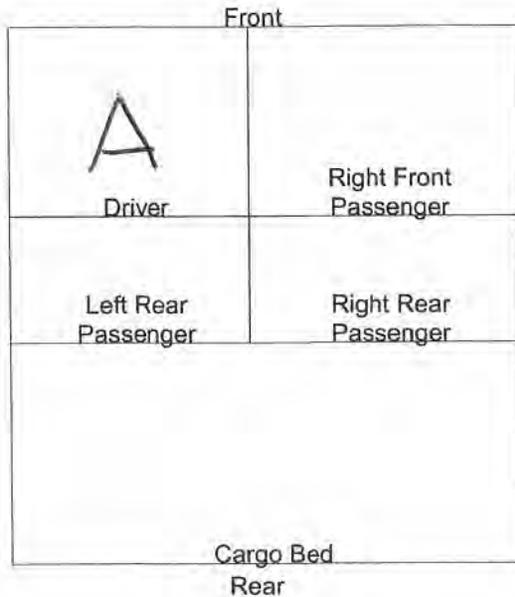
Exhibit “A” – Utility Vehicle Data Record Sheet

Exhibit “B” - Sheriff’s Department report.

Exhibit “C” – Medical records

Exhibit “D” – Coroner’s report.

Utility Vehicle Data Record Sheet



The Utility Vehicle

|    |  |                   |
|----|--|-------------------|
| A: | Age: 78  | Height:           |
|    | Gender: M  | Weight:           |
|    | Helmet (Y/N): N                                    | Seatbelt (Y/N): N |
|    | Killed/Injured/Neither/Unknown: <del>Injured</del> |                   |
|    | Injury Description: Acute head injury              |                   |
|    | Did vehicle land on victim: NO                     |                   |
|    | Ejected (Either partially or fully): YES           |                   |

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

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

|    |                                      |                 |
|----|--------------------------------------|-----------------|
| D: | Age:                                 | 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.

Amended Document # HDL 420501HCC2691

1 of 5

Exhibit "B" - Sheriff's Department

Document Number Override

# Wisconsin Motor Vehicle Accident Report

Police No. 11-38773

**INSTRUCTIONS**

Please use a Black Ink Pen or #2 Pencil.

Mark Areas as Shown

Correct Mark

Incorrect Marks

Reportable Accident

County: 28 MUN/TWP: 07

Accident Date: MONTH 04 DAY 10 YEAR 10

Time of Accident (Military Time): HOUR 15 MIN 22

Total Number: UNITS INJURED 02 UNITS KILLED 01

Hit & Run  Unit # \_\_\_\_\_

Government Property

Fire (Narrative)

Photos Taken (Narrative)

Trailer or Towed (Narrative)

Truck or Bus (Last Page)

Load Spillage

Construction Zone

Names Exchanged

Sheet No. 1 of 1

**ACCIDENT LOCATION**

Public Highway, Intersection/Related

Public Highway, Non-Intersection

Parking Lot

Private Property or Road

LATITUDE (GPS) Degrees: \_\_\_\_\_ Minutes: \_\_\_\_\_ Seconds: \_\_\_\_\_ LONGITUDE (GPS) Degrees: \_\_\_\_\_ Minutes: \_\_\_\_\_ Seconds: \_\_\_\_\_

TO: Hwy No. and / Street Name: Kiesling Rd Estimated \_\_\_\_\_ FT. \_\_\_\_\_ MI. FROM: Hwy No. and / Street Name: BANKER Rd

House # \_\_\_\_\_ Fire # \_\_\_\_\_ Other \_\_\_\_\_ Utility # \_\_\_\_\_ Railroad # \_\_\_\_\_ Agency Space:  Special Study:

| Unit Number | Unit Type | Total Number of Occupants | Direction of Travel (Before the Accident) | Unit Number | Unit Type | Total Number of Occupants | Direction of Travel (Before the Accident) |
|-------------|-----------|---------------------------|---|-------------|-----------|---------------------------|---|
| <u>01</u>   | <u>01</u> | <u>01</u>                 | <u>N</u>                                  | <u>02</u>   | <u>01</u> | <u>01</u>                 | <u>N</u>                                  |

| Speed Limit | OPERATOR Last NAME | First         | Class    | Endorse   | Speed Limit | OPERATOR Last NAME | First       | Class    | Endorse   |
|-------------|--------------------|---------------|----------|-----------|-------------|--------------------|-------------|----------|-----------|
| <u>01</u>   | <u>Leue</u>        | <u>Nicole</u> | <u>J</u> | <u>01</u> | <u>01</u>   | <u>Bourne</u>      | <u>John</u> | <u>L</u> | <u>01</u> |

ADDRESS: Street & Number: W4862 CTA Ln City & State: Lake Mills WI 53551 Phone Number: 674-5793

ADDRESS: Street & Number: W6559 Kiesling Rd City & State: Jefferson WI 53549 Phone Number: 674-5030

Driver's License Number: LS20-6367-7916-00 State: WI Exp. Year: 2014

Driver's License Number: B536-4983-3241-06 State: WI Exp. Year: 2010

| On Duty Accident                    | Classified                          | Class                               | Endorse                             | On Duty Accident                    | Classified                          | Class                               | Endorse                             |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> |

| Severity  | SEAT Position | SAFETY Equipment | AIRBAG    | EJECTED   | Severity  | SEAT Position | SAFETY Equipment | AIRBAG    | EJECTED   |
|-----------|---------------|------------------|-----------|-----------|-----------|---------------|------------------|-----------|-----------|
| <u>01</u> | <u>1</u>      | <u>0</u>         | <u>01</u> | <u>01</u> | <u>01</u> | <u>1</u>      | <u>0</u>         | <u>01</u> | <u>01</u> |

TRAPPED/EXTRICATED:  Not Applicable  Trapped/Extricated  Unknown  Medical Transport

Vehicle Owner: Same  Last Name: Leue John K

Street Address: W4862 CTA Ln City & State: Lake Mills WI 53551 Phone Number: 674-5793

Year of Vehicle: 2000 Make: Chery Model: Suburban Body Style: SUV Color: BLK

Year of Vehicle: 2007 Make: Polaris Model: Ranger xp Body Style: ATV Color: GRN

Vehicle ID Number: 3GNEFK10Y4N6210752 License Plate Number: LT-480K State: WI Exp. Year: 10

Vehicle ID Number: 4X1RU6BA36D034968 License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Year: \_\_\_\_\_

Policy Holder's Name: Same  Name: Wisconsin Mutual Ins Co State: \_\_\_\_\_

Policy Holder's Name: Same  Name: Rural Mutual Ins Co State: \_\_\_\_\_

Occupant Unit Number: 01 NAME: Leue Jena S Date of Birth: 4-11-06 Sex: M Severity: 01 SEAT Position: 2 SAFETY Equipment: 4 AIRBAG:  Deployed  Non Deployed  Not Applicable  Unknown

Address Same as Operator:  Yes  No

EJECTED:  Not Applicable  Not Ejected  Totally Ejected  Unknown

TRAPPED/EXTRICATED:  Not Applicable  Not Trapped  Trapped/Extricated  Unknown

MV4000 907

HMS Number: \_\_\_\_\_

Please Do Not Write In This Microfilm Space

Accident No. 10470

3/6 w/ Car, W/ 10/11/10

IDI 120501HCC2691

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Exhibit "B" - Sheriff's Department report

| Occupant Unit Number                     | NAME Last                                  | First   | M.I.  | Date of Birth   | Sex                       | Severity (R) (N) (A) (B) (C) | SEAT Position | SAFETY Equipment | AIRBAG   |
|--|--|---|---|---|---------------------------|------------------------------|---------------|------------------|--|
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) | ADDRESS Street & Number                    |   |   | City & State  |                           | ZIP                          |               |                  | (1) Deployed (2) Non Deployed (3) Not Applicable (4) Unknown |
| Address Same as Operator Yes No          | EJECTED (1) Not Applicable (2) Not Ejected | (3) Totally Ejected (4) Partially Ejected (5) Unknown | TRAPPED/EXTRICATED (1) Not Applicable (2) Not Trapped | (3) Trapped/Extricated (4) Trapped/Not Extricated (5) Unknown | Medical Transport (Y) (N) | Agency Space                 |               |                  |  |

| Occupant Unit Number                     | NAME Last                                  | First   | M.I.  | Date of Birth   | Sex                       | Severity (R) (N) (A) (B) (C) | SEAT Position | SAFETY Equipment | AIRBAG   |
|--|--|---|---|---|---------------------------|------------------------------|---------------|------------------|--|
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) | ADDRESS Street & Number                    |   |   | City & State  |                           | ZIP                          |               |                  | (1) Deployed (2) Non Deployed (3) Not Applicable (4) Unknown |
| Address Same as Operator Yes No          | EJECTED (1) Not Applicable (2) Not Ejected | (3) Totally Ejected (4) Partially Ejected (5) Unknown | TRAPPED/EXTRICATED (1) Not Applicable (2) Not Trapped | (3) Trapped/Extricated (4) Trapped/Not Extricated (5) Unknown | Medical Transport (Y) (N) | Agency Space                 |               |                  |  |

### Type of Accident

01 First Harmful Event

Most Harmful Event

| Unit Number                              | Unit Number                              |
|--|--|
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) | (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) |

(select one per vehicle)

#### Collision With Object Not Fixed

|                                |                          |          |                |                |                   |                  |   |                              |
|--------------------------------|--------------------------|----------|----------------|----------------|-------------------|------------------|---|------------------------------|
| (1) Motor Vehicle in Transport | (2) Parked Motor Vehicle | (3) Deer | (4) Motorcycle | (5) Pedestrian | (6) Railway Train | (7) Other Animal | (8) Motor Vehicle in Transport in Other Roadway | (9) Other Object (Not Fixed) |
|--------------------------------|--------------------------|----------|----------------|----------------|-------------------|------------------|---|------------------------------|

#### Collision With Fixed Object

|                        |                     |                   |                         |                 |           |              |                     |                    |                     |                         |                        |                        |                         |                  |              |            |           |                 |            |                         |              |
|------------------------|---------------------|-------------------|-------------------------|-----------------|-----------|--------------|---------------------|--------------------|---------------------|-------------------------|------------------------|------------------------|-------------------------|------------------|--------------|------------|-----------|-----------------|------------|-------------------------|--------------|
| (10) Traffic Sign Post | (11) Traffic Signal | (12) Utility Pole | (13) Lum. Light Support | (14) Other Post | (15) Tree | (16) Mailbox | (17) Guardrail Face | (18) Guardrail End | (19) Median Barrier | (20) Bridge Parapet End | (21) Bridge Pier/Abut. | (22) Impact Attenuator | (23) Overhead Sign Post | (24) Bridge Rail | (25) Culvert | (26) Ditch | (27) Curb | (28) Embankment | (29) Fence | (30) Other Fixed Object | (31) Unknown |
|------------------------|---------------------|-------------------|-------------------------|-----------------|-----------|--------------|---------------------|--------------------|---------------------|-------------------------|------------------------|------------------------|-------------------------|------------------|--------------|------------|-----------|-----------------|------------|-------------------------|--------------|

#### Non-Collision

|               |                     |                |                |                          |
|---------------|---------------------|----------------|----------------|--------------------------|
| (32) Overturn | (33) Fire/Explosion | (34) Immersion | (35) Jackknife | (36) Other Non-Collision |
|---------------|---------------------|----------------|----------------|--------------------------|

### Driver Condition

| Unit Number                              | Unit Number                              |
|--|--|
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) | (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) |

#### Driver Factors (Or Pedestrians)

|                     |                       |                      |                  |
|---------------------|-----------------------|----------------------|------------------|
| (1) Appeared Normal | (2) Reduced Alertness | (3) Ability Impaired | (4) Not Observed |
|---------------------|-----------------------|----------------------|------------------|

#### Presence

Neither Alcohol nor Drugs Present

Yes - Alcohol Present

Yes - Drugs Present

Yes - Alcohol & Drugs Present

Unknown

#### Alcohol

AC Value

Test Not Given

Test Refused

Test Given, Alcohol Unknown

Test Given, No Alcohol Reported

#### Drugs

Test Not Given

Test Refused

Test Given, Drugs Unknown

Test Given, No Drugs Reported

Drugs Reported (Specify Below)

|                |              |              |                   |          |                            |                   |
|----------------|--------------|--------------|-------------------|----------|----------------------------|-------------------|
| (19) Marijuana | (20) Cocaine | (21) Opiates | (22) Amphetamines | (23) PCP | (24) Other Drug Medication | (25) Type Unknown |
|----------------|--------------|--------------|-------------------|----------|----------------------------|-------------------|

### Unit #

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

#### Pedestrian

| Location           | Action                         |
|--------------------|--------------------------------|
| (1) In Crosswalk   | (1) Walking not Facing Traffic |
| (2) In Roadway     | (2) Disregarded Signal         |
| (3) Not in Roadway | (3) Darting into Road          |
| (4) On Sidewalk    | (4) Dark Clothing              |
|                    | (5) Walking Facing Traffic     |

### Manner of Collision

|  |              |             |                  |           |                               |                                   |             |
|--|--------------|-------------|------------------|-----------|-------------------------------|-----------------------------------|-------------|
| (1) No Collision with Motor Vehicle in Transport | (2) Rear-end | (3) Head On | (4) Rear to Rear | (5) Angle | (6) Sideswipe, Same Direction | (7) Sideswipe, Opposite Direction | (8) Unknown |
|--|--------------|-------------|------------------|-----------|-------------------------------|-----------------------------------|-------------|

### Unit #

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

#### Darken Numbered Area(s) of Vehicle Damage

#### Extent of Damage

|          |                   |                                 |              |             |                 |             |
|----------|-------------------|---------------------------------|--------------|-------------|-----------------|-------------|
| (1) None | (2) Undercarriage | (3) Total (Damage to All Areas) | (4) Other    | (5) Unknown |                 |             |
| (1) None | (2) Very Minor    | (3) Minor                       | (4) Moderate | (5) Severe  | (6) Very Severe | (7) Unknown |

### Unit #

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

#### Darken Numbered Area(s) of Vehicle Damage

#### Extent of Damage

|          |                   |                                 |              |             |                 |             |
|----------|-------------------|---------------------------------|--------------|-------------|-----------------|-------------|
| (1) None | (2) Undercarriage | (3) Total (Damage to All Areas) | (4) Other    | (5) Unknown |                 |             |
| (1) None | (2) Very Minor    | (3) Minor                       | (4) Moderate | (5) Severe  | (6) Very Severe | (7) Unknown |

### Fixed Object Struck

| Unit # | Unit # | Unit # | Unit # |
|--------|--------|--------|--------|
|        |        |        |        |

Govt. Damage Tag #

| PROPERTY OWNER | Last            | First | M.I.         |
|----------------|-----------------|-------|--------------|
| ADDRESS        | Street & Number |       |              |
| City & State   | ZIP             |       | Phone Number |

Vehicle Towed Due to Damage

Vehicle Removed By: OPERATOR

Vehicle Towed Due to Damage

Vehicle Removed By: OPERATOR

IDI 120501HCC2691

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Exhibit "B" - Sheriff's Department report

# JEFFERSON COUNTY SHERIFF'S DEPARTMENT TRAFFIC ACCIDENT STATEMENT

## COMPLAINT INFORMATION

#: 10-38773 DATE: \_\_\_\_\_ TIME: 1532 LOCATION: Kiesling RD 9/10 W BANKER RD

## PERSON GIVING STATEMENT

NAME: (b)(6) ADDRESS: (b)(6)  
 DOB: (b)(6) PHONE: (b)(6)  
 DRIVER#: \_\_\_\_\_ PASSENGER#: \_\_\_\_\_ WITNESS#: \_\_\_\_\_ DATE & TIME OF STATEMENT: \_\_\_\_\_

(X) I was coming over Kiesling hill doing 45-50mph when I crested the hill I saw a man (kid) cross the road with a mule type ATV. I slammed on my breaks and swerved to miss him but we hit. I got out of the car and checked on my daughter and then checked on Jack.

(b)(6)

4-11-06

LTL Hook

36NEK167446210952

POLARIS RANGER XP 700

John L BOUND 7-1-33

920-674-5230

I HAVE READ THE ABOVE STATEMENT AND IT IS TRUE TO THE BEST OF MY KNOWLEDGE

SIGNATURE: (b)(6)

WITNESS: [Signature]

IDI 120501HCC2691

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Exhibit "B", Sheriff's Department report

# Pictorial Representation of Narrative

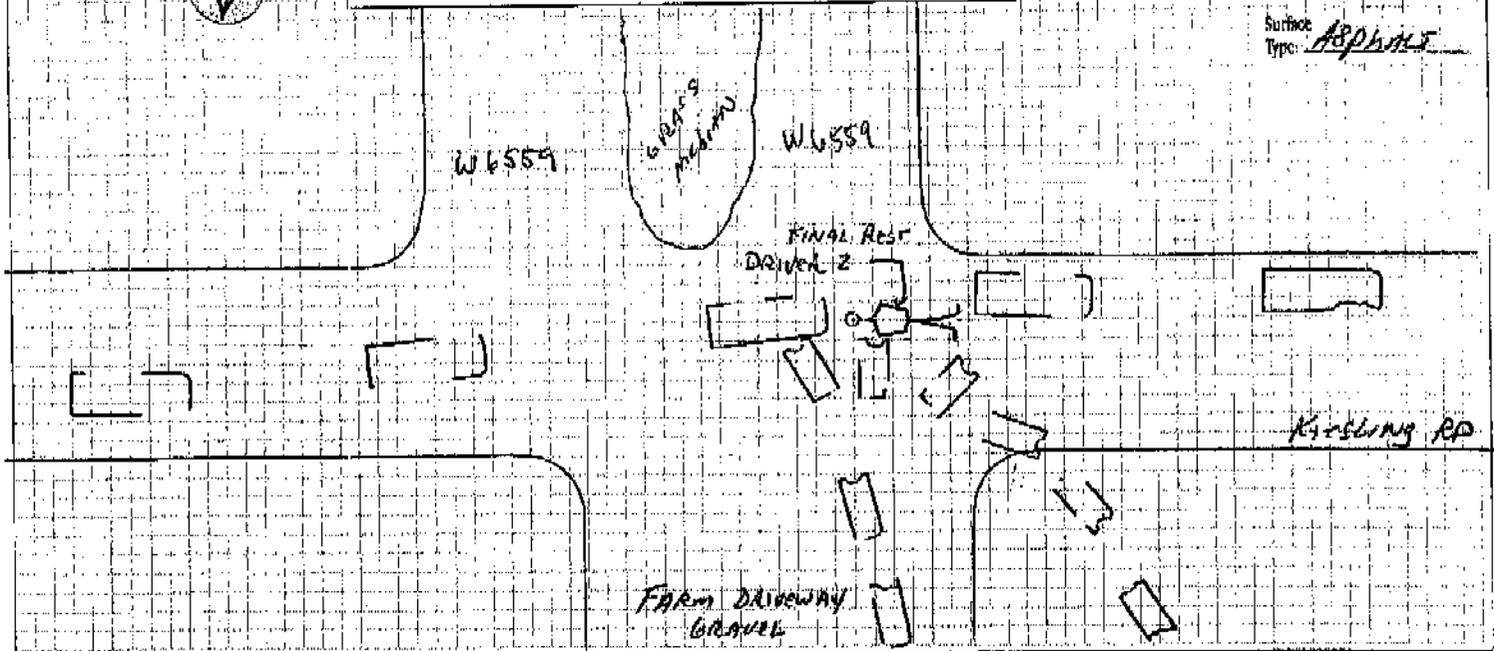
Draw Diagram of Accident & Indicate North with an arrow in the circle.



Supplemental Reports (01) (02) (03) Witness Statements (04) (05) (06) Measurements Taken (07) (08) (09) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20)

Scale Marked to Impact  
Unit 1: 100 Unit 2:  
FRET

Surface Type: Asphalt



**N** DRIVER 1 WB ON Kiesling RD.  
**A** DRIVER 2 SB ON Private Property. DRIVER 2 ENTERED  
**R** THE ROADWAY IN FRONT OF DRIVER 1. DRIVER 2 ATTEMPTED  
**A** TO AVOID A CRASH BUT WAS UNABLE TO. DRIVER 2 WAS  
**T** CROSSING THE ROAD IN A ATV.  
**V**  
**E**

Photos By: N/A

### What Drivers Were Doing

| Unit Number  | Unit Number  |
|--|--|
| <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 | 119 <input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 |
| <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10           | <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10               |
| <input checked="" type="radio"/> Going Straight  | <input checked="" type="radio"/> Making Left Turn  |
| <input type="radio"/> Making Right Turn  | <input type="radio"/> Slowing or Stopping  |
| <input type="radio"/> Stopped at Traffic   | <input type="radio"/> Legally Parked   |
| <input type="radio"/> Violating No Passing Zone  | <input type="radio"/> Illegally Parked   |
| <input type="radio"/> Parking Maneuver   | <input type="radio"/> Backing Maneuver   |
| <input type="radio"/> Changing Lanes   | <input type="radio"/> Overtaking on Left   |
| <input type="radio"/> Overtaking on Right  | <input type="radio"/> Making U Turn  |
| <input type="radio"/> Merging  | <input type="radio"/> Negotiating Curve  |
| <input type="radio"/> Other  | <input type="radio"/> Other  |

|                   |            |                         |              |     |                          |
|-------------------|------------|-------------------------|--------------|-----|--------------------------|
| WITNESS Last Name | First Name | Address Street & Number | City & State | ZIP | Phone Number (H) (A) (E) |
| NAME              |            |                         |              |     |                          |

#### ACCESS CONTROL 112

- No Control (Unlimited Access)
- Full Control (Only Ramp Entry/Exit)
- Partial Control

#### ROAD TERRAIN 113

Part A

- Straight
- Curve

Part B

- Level/Flat
- Hill

#### LIGHT CONDITION 114

- Daylight
- Dark - Not Lighted
- Dark - Lighted
- Dawn
- Dusk
- Unknown

#### TRAFFIC WAY 115

- Not Physically Divided (2-Way Traffic)
- Divided Highway, Median Strip, without Traffic Barrier
- Divided Highway, Median Strip, with Traffic Barrier
- One-Way Traffic
- Parking Lot or Private Property

#### ROAD SURFACE CONDITION 116

- Dry
- Wet
- Snow/Slush
- Ice
- Sand, Mud, Dirt, Oil
- Other
- Unknown

#### WEATHER 118

- Clear
- Cloudy
- Rain
- Snow
- Fog, Smog, Smoke
- Sleet, Hail
- Freezing Rain or Drizzle
- Blowing Sand, Silt, Dirt, Snow
- Severe Crosswinds
- Other
- Unknown

#### RELATION TO ROADWAY 117

- On Roadway
- Parking Lot or Private Property
- Shoulder (Other Than Shoulder within Median or Gore)
- Median (Other Than Median within Gore)
- Outside Shoulder - Left
- Outside Shoulder - Right
- Off Roadway - Location Unknown
- On Ramp
- Gore (Area between Ramp & Highway)
- Unknown

### Traffic Control

| Unit Number  | Unit Number  |
|--|--|
| <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 | 120 <input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 |
| <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10           | <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10               |
| <input checked="" type="radio"/> No Control  | <input checked="" type="radio"/> Traffic Signal Operating  |
| <input type="radio"/> Traffic Signal Flashing  | <input type="radio"/> Stop Sign  |
| <input type="radio"/> Stop Sign with Flasher   | <input type="radio"/> Warning  |
| <input type="radio"/> Wait Sign with Flasher   | <input type="radio"/> Yield Sign   |
| <input type="radio"/> Traffic Control Person   | <input type="radio"/> RR-Xing Signal   |
| <input type="radio"/> Other  | <input type="radio"/> Other  |

IDI 120501HCC2691

5 of 5

Exhibit "B" - Sheriff's Department report

# Officer's Opinion of Possible Contributing Circumstances

### Driver Factors

| Unit Number  | Unit Number  |
|--|--|
| (1) (2) (3) (4) (5)<br>(6) (7) (8) (9) (10)<br>N/A | (1) (2) (3) (4) (5)<br>(6) (7) (8) (9) (10)<br>N/A |
| (1) Exceeding Speed Limit                          | (11) Disregarded Traffic Control                   |
| (2) Speed Too Fast/Condition                       | (12) Improper Overtaking                           |
| (3) Fail to Yield Right of Way                     | (13) Unsafe Backing                                |
| (4) Inattentive Driving                            | (14) Failure to Have Control                       |
| (5) Following Too Close                            | (15) Driver Condition                              |
| (6) Improper Turn                                  | (16) Physically Disabled                           |
| (7) Left of Center                                 | (17) Other   |
| (8) Disregarded Traffic Control                    |  |
| (9) Improper Overtaking                            |  |
| (10) Unsafe Backing                                |  |

### Vehicle Factors

| Unit Number  | Unit Number  |
|--|--|
| (1) (2) (3) (4) (5)<br>(6) (7) (8) (9) (10)<br>N/A | (1) (2) (3) (4) (5)<br>(6) (7) (8) (9) (10)<br>N/A |
| (1) Brake System                                   | (11) Mirrors                                       |
| (2) Tires  | (12) Suspension System                             |
| (3) Steering System                                | (13) Other   |
| (4) Turn Signals                                   |  |
| (5) Head Lamps                                     |  |
| (6) Stop Lamps                                     |  |
| (7) Tail Lamps                                     |  |
| (8) Disabled in Prior Accident                     |  |
| (9) Other Disabled                                 |  |

### Highway Factors

| Unit Number  | Unit Number  |
|--|--|
| (1) (2) (3) (4) (5)<br>(6) (7) (8) (9) (10)<br>N/A | (1) (2) (3) (4) (5)<br>(6) (7) (8) (9) (10)<br>N/A |
| (1) Snow, Ice or Wet                               | (11) Other Debris                                  |
| (2) Narrow Shoulder                                | (12) Narrow Bridge                                 |
| (3) Low Shoulder                                   | (13) Construction Zone                             |
| (4) Soft Shoulder                                  | (14) Visibility Obscured                           |
| (5) Loose Gravel                                   | (15) Other   |
| (6) Rough Pavement                                 |  |
| (7) Debris From Prior Accident                     |  |

### OFFICER INFORMATION

|  |                          |                        |
|--|--------------------------|------------------------|
| Last Name: <b>DRAYTON</b>                                    | First Name: <b>DAVID</b> | MC#                    |
| Law Enforcement Agency Address:<br><b>411 S. CENTRAL AVE</b> |                          |                        |
| City & State:<br><b>JEFFERSON WA 98549</b>                   |                          |                        |
| Phone Number:<br><b>920 474-7310</b>                         |                          |                        |
| Agency: <b>4800 Jefferson Co</b>                             | Enforcement Agency       | Officer ID# <b>596</b> |

| Date Notified |     |      | Time Notified (Military Time) |     | Time Arrived (Military Time) |     | Date of Report |     |      |
|---------------|-----|------|-------------------------------|-----|------------------------------|-----|----------------|-----|------|
| MONTH         | DAY | YEAR | HR                            | MIN | HR                           | MIN | MONTH          | DAY | YEAR |
| Jan           | 04  | 10   | 15                            | 22  | 15                           | 32  | Jan            | 04  | 10   |
| Feb           |     |      |                               |     |                              |     | Feb            |     |      |
| Mar           |     |      |                               |     |                              |     | Mar            |     |      |
| Apr           |     |      |                               |     |                              |     | Apr            |     |      |
| May           |     |      |                               |     |                              |     | May            |     |      |
| June          |     |      |                               |     |                              |     | June           |     |      |
| July          |     |      |                               |     |                              |     | July           |     |      |
| Aug           |     |      |                               |     |                              |     | Aug            |     |      |
| Sept          |     |      |                               |     |                              |     | Sept           |     |      |
| Oct           |     |      |                               |     |                              |     | Oct            |     |      |
| Nov           |     |      |                               |     |                              |     | Nov            |     |      |
| Dec           |     |      |                               |     |                              |     | Dec            |     |      |

## Truck & Bus Accident Information (This Section Must Be Completed for Each Truck or Bus Involved in this Accident.)

### When to Use This Section:

Did the accident involve: ...

Part A

A truck or truck combination > 10,000 lbs GVWR/GCWR?  (Y)  (N)

Any vehicle displaying a hazardous materials placard?  (Y)  (N)

A vehicle designed to carry 9 or more people, including the driver?  (Y)  (N)

**STOP!** If all the responses to Part A are "NO" do not complete this Truck & Bus Accident Information Section. If there are any "YES" answers, continue to Part B.

Part B

Any person who was fatally injured?  (Y)  (N)

Any injured person who required transport for immediate medical treatment?  (Y)  (N)

One or more vehicles towed from the scene due to disabling damage?  (Y)  (N)

**STOP!** If all the responses to Part B are "NO" do not continue. If there are any "YES" answers, please complete this Truck & Bus Accident Information Section ...

### Hazardous Material Information

• Hazardous Material Class Numbers (1-2 digit):

• Hazardous Material "UN" Numbers (4 digit):

• Hazardous Material Placard Displayed?  (Y)  (N)

• Hazardous Cargo was Released?  (Y)  (N)

List the Hazardous Material(s) by Name in this Load:

List the Name(s) of Released Hazardous Material(s):

### Carrier Information

• Interstate Carrier?  (Y)  (N)

Carrier Name: **TR**

### Carrier Identification Numbers

Source:  Vehicle Side  Shipping Papers  Trip Manifest  Driver  Log Book

Carrier Address:

### Vehicle Information

Vehicle Configuration:

1 Single Unit Vehicle  (1)

2 Single unit trucks + 3 trailers  (2)

3 Truck/Tractor  (3)

4 Tractor/Trailer  (4)

5 Tractor/Trailer  (5)

6 Tractor/Trailer  (6)

7 Tractor/Trailer  (7)

8 Tractor/Trailer  (8)

9 Log Truck  (9)

10 Unimog Motor Truck  (10)

SEQUENCE OF EVENTS FOR THIS VEHICLE

(1) Ran off Road

(2) Jackknife

(3) Overtake (Rollover)

(4) Downhill Runaway

(5) Cargo Loss or Shift

(6) Explosion or Fire

(7) Separation of Units

(8) Collision Involving Pedestrian

(9) Collision Involving Motor Vehicle in Transp.

(10) Collision Involving Parked Motor Vehicle

(11) Collision Involving Train

(12) Collision Involving Pedalcycle

(13) Collision Involving Animal

(14) Collision Involving Fixed Object

(15) Collision Involving Other Object

(16) Other

### Cargo Body Type

1 Box  (1)

2 Unenclosed box  (2)

3 Cargo tank  (3)

4 Flatbed  (4)

5 Dump  (5)

6 Concrete Mixer  (6)

7 Auto Transporter  (7)

8 Refrigerated  (8)

9 Other  (9)

10 Log Truck  (10)

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**FORT HEALTHCARE**  
611 Sherman Ave. East, Fort Atkinson, WI 53538  
Phone: 920-568-5420 Fax: 920-568-6026

Name: (b) (3): Exemption  
DOB: (b) (6)  
Phone: (b) (6)

Acct#: V0151416418  
MR #: M116540  
FMG#: D018131  
LOC: ED

Ordering Phys: **Woeffle, Wade W MD** Primary Phys: **Anschuetz, Harold F MD**  
Other:

CC: Anschuetz, Harold F MD; Riggs, Stephen C MD

Date of Exam: 10/04/10  
Procedure: HEAD/CERV WO CONT 70450,72125  
Reason for Exam: MVA  
HEAD CT WITHOUT IV CONTRAST - 10/04/2010

COMPARISON: 12/03/2007

HISTORY: Motor vehicle accident.

FINDINGS: Axial cuts are performed through the head without IV contrast. This demonstrates acute intracranial blood in a subdural configuration along the right lateral hemisphere. There is an hematocrit level also apparent. The maximum width is 17 mm. There is approximately 5 to 6 mm of midline shift due to mass effect from this blood. Blood does extend posteriorly and also into the interhemispheric fissure.

CERVICAL SPINE CT - 10/04/2010.

COMPARISON: 12/03/07

HISTORY: Motor vehicle accident.

FINDINGS: Axial cuts were performed through the cervical spine from C1 through T1. Coronal and sagittal reformations are performed. No fractures are identified. Severe degenerative disc disease is seen at C3-4 with disc space lost and posterior listhesis of C3 with respect to C4 which appears unchanged. No acute findings are noted. Combined DLP is 1796.

**IMPRESSION**

No acute cervical spine findings. C3-4 degenerative disease.

<<Signature on File>>

Margaret I Fagerholm MD - Electronically signed on 10/05/10 0820

Margaret I Fagerholm MD/JJS  
D: 10/04/10 1725

Signed

Fort Healthcare  
EMERGENCY DEPARTMENT

ED Visit Notes

PATIENT: (b) (3)-Exemption 3 ACCT#: V0151416418 UNIT#: M116540  
DOB: (b) (6) AGE: 77 DATE OF SERVICE: 10/04/10

Patient: (b) (3):Exemption Clinical Report - Physician  
MRN: M116540 D018131 Fort Memorial Hospital-Emergency Department  
Account #: V0151416418 611 Sherman East  
PCP: Anschuetz, Harold F Ft Atkinson, WI 53538 (920) 568-5000  
77y, (b) (6), M Registration Date/Time: 10/04/2010 15:59

Arrived- By ambulance. Historian- patient.

HISTORY OF PRESENT ILLNESS

Chief Complaint- CAR VS OFF ROAD VEHICLE. Location of injuries- head, face and right shoulder. The injury occurred just prior to arrival.

The patient complains of moderate pain. The patient sustained a blow to the head, complains of neck pain and had brief loss of consciousness.

Mechanism details- Patient was driving a motorcycle (Ranger 4 wheel vehicle) and traveling at slow speed, was struck by a car and was thrown 10-12 feet, sustained a glancing blow to the front corner of the Ranger, causing it to spin and the patient to be ejected out the passenger side onto the pavement from the point of impact. Speed of vehicle that struck patient was reportedly (approx 45 MPH). Patient was not wearing a helmet. Patient was not wearing protective clothing. Patient was not wearing eye protection.

REVIEW OF SYSTEMS

The patient has had a headache and nausea and sustained skin laceration. No numbness, dizziness, loss of vision, hearing loss or chest pain. No difficulty breathing, weakness, abdominal pain, vomiting or double vision.

PAST HISTORY

Atrial fibrillation. Coronary artery disease. Prior angioplasty. Coronary stent. Congestive heart failure. Pacemaker. Aortic stenosis. Myocardial infarction. Hypertension. Peripheral vascular disease. Anemia. Diabetes mellitus. Has had diabetic complications including nephropathy. Hyperlipidemia. Thyroid disease. Gastroesophageal reflux. Renal failure. Rheumatoid arthritis. Chronic back pain secondary to disk disease and sciatica (spinal stenosis). Vertebral fracture (in back). History of prostatic cancer and lymphoma. Previous treatment includes radiotherapy. Temporal arteritis.

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07/14/2011 11:27 9205685195  
IDI 120501HCC2691

3 of 37 FORT HEALTH CARE

Exhibit "C" - Medical Records PAGE 05/11

Fort Healthcare  
EMERGENCY DEPARTMENT

## ED Visit Notes

PATIENT: (b) ACCT#: V0151416418 UNIT#: M116540  
 DOB: (b) (6) AGE: 77 DATE OF SERVICE: 10/04/10

Surgeries: Right and left shoulder surgery.

## Medications:

Amlodipine Besylate Oral 5 mg, 2x a day.  
 Vitamins daily.  
 Cilostazol Oral 100mg daily.  
 Levothyroxine Sodium Oral 50 mcg, 2x a day.  
 Zetia Oral 10mg @ hs.  
 Lovastatin Oral 10mg, at bedtime.  
 Warfarin Sodium Oral 4 mg, daily (take 6mg on Sunday and Thursday).  
 Diovan Oral 80 mg, daily.  
 Furosemide Oral 20 mg, daily.  
 Metoprolol Tartrate Oral 100mg daily.  
 Doxazosin Mesylate Oral 4mg daily.  
 Digoxin Oral 0.125 mg, daily (take 2 tabs Mon, WEDS, Fri).  
 Prednisone Oral 2mg daily.  
 ASA 81mg daily..

## SOCIAL HISTORY

Non-smoker.

## ADDITIONAL NOTES

The nursing notes have been reviewed.

## PHYSICAL EXAM

Appearance: Patient on a backboard. C-collar in place. Alert. No acute distress.  
 Vital Signs: Have been reviewed- hypertensive; heart rate normal; respiratory rate normal and oxygen saturation normal; temperature normal (- BP 205 / 99).  
 Head: Forehead: mild tenderness, moderate swelling and multiple small abrasions of the right side of the forehead. No deformity.  
 Eyes: Pupils equal, round and reactive to light. ROM intact. Right periorbital area: mild tenderness and moderate swelling of the supraorbital area of the periorbital area. No ecchymosis or deformity. No entrapment of extraocular muscles or gaze palsy.  
 ENT: No dental injury. Pharynx normal.  
 Neck: Moderate vertebral tenderness of the mid cervical spine. Note (left in cervical collar pending imaging studies).  
 CVS: Abnormal rhythm, which is irregularly irregular.  
 Respiratory: Breath sounds normal. Chest nontender.  
 Abdomen: No visible injury. Soft and nontender.  
 Back: No back tenderness. ROM normal. Log rolled off backboard to examine back and backboard removed, left on sliderboard pending imaging

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07/14/2011 11:27

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4 of 37 FORT HEALTH CARE Exhibit "C" - Medical Records PAGE 05/11

IDI 120501HCC2691

Fort Healthcare  
EMERGENCY DEPARTMENT

ED Visit Notes

PATIENT: (b) (3) : Exempti ACCT#: V0151416418 UNIT#: M116540  
DOB: (b) (6) AGE: 77 DATE OF SERVICE: 10/04/10

results.. No vertebral point tenderness.

Skin: Skin warm and dry.

Extremities: Right shoulder: moderate tenderness. Limited ROM due to pain. No swelling, ecchymosis or deformity. Right hand: superficial laceration and multiple small abrasions localized to the distal and dorsal aspect of the hand. Left hand: multiple abrasions localized to the distal and dorsal aspect of the hand. Pelvis stable.

Neuro: Oriented X 3. No motor deficit. No sensory deficit.

LABS, X-RAYS, AND EKG

Rt Shoulder X-ray: ordered but then deferred due to head CT findings.

CT C-spine: No acute findings. Degenerative joint disease. No fracture or subluxation. The study was interpreted by the radiologist and discussed with the radiologist.

CT Head: Medium-sized right parietal subdural hematoma with a small midline shift (also some blood along tentorium). Head CT performed without contrast. The study was independently viewed by me, interpreted by the radiologist and discussed with the radiologist.

Laboratory Tests: Laboratory tests have been ordered, with results reviewed and considered in the medical decision making process.

CBC: CBC is normal except as noted. Hgb 12.1- mild anemia. HCT 38.5.  
Chemistries: Mild hyponatremia- 134. Glucose - 130. Marked azotemia- 53. Markedly increased Cr- 2.3 (baseline).

Drug Levels: Digoxin level in therapeutic range- 1.1.

Coagulation Studies: PT 31.9. INR therapeutic- 2.98.

Pulse Oximetry: O2 saturation- 98% room air. Interpretation: normal.

Lab Tests Pending: CBC and CMP.

PROGRESS AND PROCEDURES

C-Spine Status: Cervical spine cleared by CT scan.

TLS Spine Status: Thoracic spine and lumbosacral spine cleared by history and physical examination. Patient alert and oriented times three and does not appear intoxicated. No complaint of back pain. No distracting injury present. There is no neurological deficit or point tenderness on examination. Full range of motion of thoracolumbar spine without pain.

Course of Care: Td (Tetanus and Diphtheria) Vaccine 0.5 mL IM.

Given 4 mg PO Zofran QMT.

16:58. 1 unit of FFP ordered after CT scan viewed.

IV NS started TKO.

Vit K 10 mg IV.

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Exhibit "C" - Medical Records

Fort Healthcare  
EMERGENCY DEPARTMENT

ED Visit Notes

PATIENT: (b) ACCT#: V0151416418 UNIT#: M116540  
 DOB: (b)(6) AGE: 77 DATE OF SERVICE: 10/04/10

Seen in conjunction with Mark Wozniak PA-C

17:26. Remains nauseated. Mental status remains normal, has severe headache. Given 4 mg IV Zofran and 0.5 mg IV Dilaudid.

Note that FFP was never given due to Med Flight arriving prior to the FFP being thawed out..

Critical care performed (40 minutes). Time includes: direct patient care, patient reassessment, coordination of patient care, interpretation of data (laboratory data), review of patient's medical records, medical consultation and documentation of patient care.

Discussed case with on-call physician. Dr. Svenson (UW ED physician), accepts patient in transfer. Reviewed test results. Agreed upon treatment plan. Physician will see patient in ED. Patient and spouse counseled regarding the patient's test results, diagnosis and need for transfer. Old ED and clinic records reviewed.

Differential Diagnosis:

I considered subarachnoid hemorrhage and cerebral aneurysm as a possible cause of headache in this patient.

Above considerations are based on history, physical exam, past history, reassessment, laboratory data and X-Ray data.

Differential diagnosis was discussed with patient and patient's spouse.

Transition orders written. Medication administered under direct supervision of physician; IV fluid administered under direct supervision of physician; EMS run sheet reviewed; transfer form completed.

Disposition: Transferred to University of Wisconsin Hospital (via Med Flight). Condition: serious.

CLINICAL IMPRESSION

- Major closed head injury with subdural bleed.
- Nausea.
- Chronic atrial fibrillation with controlled rate.
- Moderate chronic renal failure.
- Multiple abrasions to the face, right hand and left hand.
- Acute cervical strain.
- Mild anemia.
- Oral anticoagulation therapy with therapeutic INR.
- Off-road vehicle accident- driver (off-road vehicle vs car).

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Fort Healthcare  
EMERGENCY DEPARTMENT

ED Visit Notes

PATIENT: (b) ACCT#: V0151416418 UNIT#: M116540  
DOB: (b) (6) AGE: 77 DATE OF SERVICE: 10/04/10

Tetanus immunization update.

(Electronically signed by Wade Woelfle, M.D. 10/05/2010 11:24)

Clinical Reprt - Nurses  
Fort Memorial Hospital Emergency Department  
611 Sherman East, Ft Atkinson, WI 53538 - (920) 568-5000

Patient Name: (b)(3):CPSA Section 25(c) 77y, M  
Unit#: M116540 Account #: V0151416418  
10/04/2010

TRIAGE

Triage time 15:57. Acuity: LEVEL 4.  
BP: 205 / 99. HR: 71. RR: 16. Temp: 97.6. O2 saturation: 98 % room  
air. Alert. --16:07 Patricia Tully, R.N..

Medications

ASA 81mg daily. --1600 (10/04/10) Patricia Tully, R.N.  
PrednisONE Oral 2mg daily. --1600 (10/04/10) Patricia Tully, R.N.  
Digoxin Oral 0.125 mg, daily (take 2 tabs Mon, WEDES, Fri). --1601  
(10/04/10) Patricia Tully, R.N.  
Doxazosin Mesylate Oral 4mg daily. --1602 (10/04/10) Patricia Tully,  
R.N.  
Metoprolol Tartrate Oral 100mg daily. --1602 (10/04/10) Patricia Tully,  
R.N.  
Furosemide Oral 20 mg, daily. --1602 (10/04/10) Patricia Tully, R.N.  
Diovan Oral 80 mg, daily. --1603 (10/04/10) Patricia Tully, R.N.  
Warfarin Sodium Oral 4 mg, daily (take 6mg on Sunday and Thursday).  
--1603 (10/04/10) Patricia Tully, R.N.

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Fort Healthcare  
EMERGENCY DEPARTMENT

ED Visit Notes

PATIENT: (b) ACCT#: V0151416418 UNIT#: M11540

DOB: (b)(6) AGE: 77 DATE OF SERVICE: 10/04/10

Lovastatin Oral 10mg , at bedtime. --1603 (10/04/10) Patricia Tully, R.N.  
Zetia Oral 10mg @ hs. --1604 (10/04/10) Patricia Tully, R.N.  
Levothyroxine Sodium Oral 50 mcg, 2x a day. --1604 (10/04/10) Patricia Tully, R.N.  
Cilostazol Oral 100mg daily. --1604 (10/04/10) Patricia Tully, R.N.  
Vitamins daily. --1605 (10/04/10) Patricia Tully, R.N.  
Amlodipine Besylate Oral 5 mg, 2x a day. --1605 (10/04/10) Patricia Tully, R.N..

History

Location of injuries: head, face, right hand and left hand. This occurred just prior to arrival. Patient was riding a motorcycle (ranger type of 4 wheeler) and patient was struck by a car and was thrown from the point of impact. Speed of vehicle that struck patient was reportedly (5 MPH). Patient was not wearing a helmet. No loss of consciousness.

Treatment PTA:

EMS treatment PTA verbally communicated. See EMS report. External bleeding controlled. C-collar applied. Patient placed on backboard.

PAST MEDICAL HX: Hypertension. Heart disease with myocardial infarction xl. Atrial fibrillation. Hypercholesterolemia. Thyroid disease.

SURGERY HX: Coronary angioplasty with stent placement. Pacemaker. Right and left shoulder surgery.

SOCIAL HX: Nonsmoker. No alcohol use or drug use. Functional assessment performed: independent with the activities of daily living; wears glasses. The nutritional risk assessment revealed no deficiencies.

Arrived by EMS. Historian: EMS. --16:07 Patricia Tully, R.N.

PAST MEDICAL HX: Prostatic cancer. Previous treatment includes radiotherapy.

SURGERY HX: (laminectomy L3-5 decompression). --16:09 Patricia Tully, R.N.

PAST MEDICAL HX: Tetanus status: unknown. --16:43 Patricia Tully, R.N..

Assessment

Alert. Oriented X 3. Respirations not labored. Skin is warm and dry.

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Fort Healthcare  
EMERGENCY DEPARTMENT

ED Visit Notes

PATIENT: (b) (3) : Exemption ACCT#: V0151416418 UNIT#: M116540  
DOB: (b) (6) AGE: 77 DATE OF SERVICE: 10/04/10

The patient has an abrasion on the right hand and left hand. Skin color is within normal limits for race. Skin color is pink. --16:08  
Patricia Tully, R.N..

Interventions

ID band on patient. To room. --16:07 Patricia Tully, R.N..

NURSING PROGRESS NOTES

Two patient identifiers checked. Blood samples drawn by lab. (pt presents back boarded and c-collared pt awake and alert x3 Mark W Pa into exam pt pt has large contusion to right forehead ice to area some redness noted to right knee cap area abd soft no distention heart tones normal pt log rolled c-spine precautions maintained for exam back board removed after exam c-collar remain intact c/o neck tenderness). No respiratory distress. Breath sounds normal. Abdomen nontender. Capillary refill less than 2 seconds. Call light placed in reach. Side rails up x 2. Bed placed in lowest position. Brakes of bed on. --16:13 Patricia Tully, R.N.

(wife @ bedside). --16:13 Patricia Tully, R.N.

BP: 205 / 99. HR: 71 regular. RR: 19. O2 saturation: room air 98%.  
--16:13 Patricia Tully, R.N.

ZOFRAN 4 mg ODT PO.

Patient reports current pain level as 7/10. Pain level (headache).  
--16:27 Knedler, Amy

(Patient transported to x-ray and CT via transport.). --16:45 Knedler, Amy

1600. BP: 205 / 99. HR: 70. --16:48 Knedler, Amy

1615. BP: 187 / 90. HR: 68. --16:49 Knedler, Amy

1630. BP: 176 / 97. HR: 68. --16:50 Knedler, Amy

BP: 178 / 95. HR: 65. RR: 16. O2 saturation: 96% on room air. IV access: site #1, left antecubital space, 20g angiocath, with aseptic technique and good blood return; two attempts. Lock flushed with 5 mL saline. --17:47 Knedler, Amy

DILAUDID 0.5 mg slow IVP over 2 minutes. IV patency established. IV site checked: no pain, redness, or swelling. IV flushed thoroughly pre- and

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Fort Healthcare  
EMERGENCY DEPARTMENT

ED Visit Notes

-----  
 PATIENT: (b) (3) : Exempt i ACCT#: V0151416418 UNIT#: M116540  
 DOB: (b) (6) AGE: 77 DATE OF SERVICE: 10/04/10  
 -----

post-medication administration. Sedative drug warning given to the family.  
 VIT K 10mg IM.  
 ZOFRAN 4 mg slow IVP over 1 minute. IV patency established. IV site checked: no pain, redness, or swelling. IV flushed thoroughly pre- and post-medication administration.

IV fluids started: bag #1-1000 mL NS. Rate = TKO. --17:48 Knedler, Amy.

DISPOSITION / DISCHARGE

IV fluids continued bag #1 at time of transfer (left antecubital space): 1000 mL bag NS. Rate = TKO. (125). BP: 178 / 95. HR: 90. RR: 16. O2 saturation: 95% on room air. Condition at departure: unchanged. Pain level (headache). Patient reports pain level on departure as 7/10. Teaching performed with the patient and family. Patient and spouse verbalized understanding. Written instructions provided in English. Report was given to a nurse via a phone call. Report included patient's care, treatment, medications and condition (including any recent changes or anticipated changes). All questions were answered. Report was acknowledged. Transported via helicopter by transport team with monitor and IV. Transferred to trauma center. Patient has no belongings.  
 --18:03 Knedler, Amy.

Locked/Released at 10/04/2010 18:16 by Knedler, Amy,

MERITER HOSPITAL, INC.  
Medical Records  
202 South Park St  
Madison, WI 53715  
All Pertinent Info

(b) (3) : Exe

MRN: 434553  
Sex: M  
Adm: 7/12/2011, D/C: 7/13/2011

H&P - H&P Notes (continued)

Collection Time  
7/12/11 7:04 PM

| Component     | Value           | Range                 |
|---------------|-----------------|-----------------------|
| • WBC         | 8.8             | 3.5 - 10.7 (Thou/uL)  |
| • RBC         | 3.74 (*)        | 4.42 - 5.95 (Mill/uL) |
| • HGB         | 11.9 (*)        | 13.7 - 17.7 (g/dL)    |
| • HCT         | 36.7 (*)        | 40.6 - 52.6 (%)       |
| • MCV         | 98.2            | 85.0 - 98.4 (fL)      |
| • MCH         | 31.7            | 28.5 - 33.5 (pg)      |
| • MCHC        | 32.3            | 32.0 - 36.5 (%)       |
| • RDW         | 21.1 (*)        | 11.5 - 15.0 (%)       |
| • PLATELET    | 161             | 150 - 425 (Thou/uL)   |
| • MPV         | 8.2             | 6.4 - 10.4 (fL)       |
| • NEUT%       | 78.0 (*)        | 40.0 - 75.0 (%)       |
| • LYMPH%      | 10.9 (*)        | 15.0 - 46.0 (%)       |
| • MONO%       | 7.5             | 2.0 - 12.9 (%)        |
| • EO%         | 2.5             | 0.0 - 9.0 (%)         |
| • BASO%       | 1.1             | 0.0 - 2.0 (%)         |
| • NEUT#       | 6.8             | 1.4 - 8.0 (Thou/uL)   |
| • LYMPH#      | 1.0             | 0.5 - 4.9 (Thou/uL)   |
| • MONO#       | 0.7             | 0.1 - 1.4 (Thou/uL)   |
| • EOS#        | 0.2             | 0.0 - 1.0 (Thou/uL)   |
| • BASO#       | 0.1             | 0.0 - 0.3 (Thou/uL)   |
| • SCAN RESULT | See Manual Diff |                       |
| • SLIDE SCAN  | Required        |                       |

PRO BNP (NT)

Collection Time  
7/12/11 7:04 PM

| Component      | Value     | Range           |
|----------------|-----------|-----------------|
| • PRO-BNP (NT) | 19510 (*) | 0 - 124 (pg/mL) |

PT/INR

Collection Time  
7/12/11 7:04 PM

| Component | Value    | Range     |
|-----------|----------|-----------|
| • INR     | 11.3 (*) | 0.8 - 1.2 |

SED RATE WESTERGREEN

Collection Time  
7/12/11 7:04 PM

| Component  | Value | Range          |
|------------|-------|----------------|
| • SED-WEST | 15    | 0 - 20 (mm/hr) |

CRP C-REACTIVE PROTEIN FOR INFECTION

Collection Time  
7/12/11 7:04 PM

| Component | Value | Range |
|-----------|-------|-------|
|-----------|-------|-------|

IDI 120501HCC2691

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Exhibit "C" - Medical Records

MERITER HOSPITAL, INC.  
Medical Records  
202 South Park St  
Madison, WI 53715  
All Pertinent info

(b) (3) : Extemp

MRN: 434553  
DOB: [REDACTED] Sex: M  
Adm:7/12/2011, D/C:7/13/2011

H&P - H&P Notes (continued)

• CRP 7.95 (\*) 0.02 - 0.80 (mg/dL)

CPK(CK)

Collection Time  
7/12/11 7:04 PM

| Component  | Value | Range         |
|------------|-------|---------------|
| • CK (CPK) | 32    | 0 - 250 (U/L) |

CK-MB

Collection Time  
7/12/11 7:04 PM

| Component        | Value     | Range             |
|------------------|-----------|-------------------|
| • MB             | 1.5       | 0.0 - 3.7 (ng/mL) |
| • CKMB INDEX     | see below | 3.0 - 5.0         |
| • INTERPRETATION | see below |                   |

MANUAL DIFF-REFLEXED

Collection Time  
7/12/11 7:04 PM

| Component | Value    | Range            |
|-----------|----------|------------------|
| • SEGS    | 70.5 (*) | 36.0 - 70.0 (%)  |
| • BANDS   | 3.5      | 0.0 - 7.0 (%)    |
| • LYMPHS  | 12.5 (*) | 18.0 - 50.0 (%)  |
| • MONOS   | 8.0      | 2.0 - 10.0 (%)   |
| • EOS     | 4.5      | 0.0 - 8.0 (%)    |
| • BASOS   | 1.0      | 0.0 - 2.0 (%)    |
| • NRBCS   | 9 (*)    | 0 - 0 (/100 WBC) |
| • POLY    | Occ      |                  |

FIBRINOGEN

Collection Time  
7/12/11 10:00 PM

| Component    | Value   | Range             |
|--------------|---------|-------------------|
| • FIBRINOGEN | 411 (*) | 170 - 410 (mg/dL) |

LACTATE VENOUS

Collection Time  
7/12/11 10:00 PM

| Component        | Value | Range              |
|------------------|-------|--------------------|
| • LACTATE VENOUS | 1.8   | 0.5 - 2.2 (mmol/L) |

FRESH FROZEN PLASMA

Collection Time  
7/12/11 10:00 PM

| Component             | Value     | Range |
|-----------------------|-----------|-------|
| • FRESH FROZEN PLASMA | SEE BELOW |       |

TSH W/REFLEXIVE FREE T4

Collection Time  
7/12/11 10:00 PM

| Component | Value | Range |
|-----------|-------|-------|
|           |       |       |

MERITER HOSPITAL, INC.  
Medical Records  
202 South Park St  
Madison, WI 53715  
All Pertinent Info

(b) (3) : E  
MRN: 434658  
DOB: 7/1/1938, Sex: M  
Adm: 7/12/2011, D/C: 7/13/2011

**H&P - H&P Notes (continued)**

• TSH 0.40 (\*) 0.47 - 5.00 (mIU/mL)

**FREE T4 (THYROXINE)**

Collection Time  
7/12/11 10:00 PM

| Component | Value   | Range             |
|-----------|---------|-------------------|
| • FREE T4 | 2.0 (*) | 0.8 - 1.8 (ng/dL) |

**BLOOD TYPE**

Collection Time  
7/12/11 10:00 PM

| Component         | Value    | Range |
|-------------------|----------|-------|
| • ABO BLOOD GROUP | O        |       |
| • RH              | Positive |       |

The following EKG and imaging were reviewed:

CXR: Redemonstration of large bilateral pleural effusions and associated airspace opacities in the lung bases bilaterally greater on the right than the left. Allowing for technical differences there has been little change as compared to July 8, 2011.

EKG: afib w/ RVR, LAD, RBBB

**Assessment/Plan:**

78 yo male w/ MSSA bacteremia possible sepsis (unk source), ESRD on HD, shingles, afib w/ RVR, possible DIC, coagulopathy, elevated LFTs, Fluid overloaded, elevated troponin

- 1) MSSA Bacteremia, Possible sepsis: ID has been contacted and is helping w/ care of this patient. Possible sources of infection include: defibrillator, endocarditis, diskitis, dialysis catheter, pneumonia. Current Tx plan Nafcillin. Repeat cultures at dialysis (central and peripheral). Check urinalysis and urine culture. Planning TEE when INR comes down. May consider asking neurosurgery to review CT films to see if they actually think this is an infection in the spine. Pt does not have any neck pain. Concern for sepsis bc of increasing INR and elevated LFTs, although BP stable, and lactic acid normal. Vanco was given at dialysis today. Levaguin added for broader coverage one dose (anaerobe bc asp risk, pseudomonas coverage bc nosocomial, gram neg, and pna coverage)
- 2) Afib w/ RVR: has pacemaker which was interrogated by cardio tonight. Coumadin held due to high INR. Mgt per cardio. Check thyroid labs, Tele
- 3) Coagulopathy; Rising rapidly. Earlier today 9.3 now 11. FFP, Vit K. Spoke w/ Hematology about possible DIC. They said if INR does not come down w/ Vit K it is possible DIC. If it does come down it is likely from coumadin despite being held. Consider from liver disease as well.
- 4) Elevated LFTs: possibly from sepsis. Check hepatitis panel and ruq us. He looks like he might have ascites. If present consider SBP as source of infection.
- 5) Elevated troponin: Cardio consulted. No hep gtt w/ coagulopathy. Cont asa, bb. No statin due to elevated LFTs. No ACE I w/ renal failure unless appropriate per nephrology.
- 6) Shingles: acyclovir, isolation. No steroids w/ acute infection. No pain so no neurontin indicated.
- 7) Yeast infection: in groin. 1x fluconazole and topical nystatin.

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(b)(3):CPSA S  
MRN: 434553  
(b)(6) Sex: M  
Adm:7/12/2011, D/C:7/13/2011

**H&P - H&P Notes (continued)**

- 8) ESRD on HD: spoke w/ nephrology and will see him tomorrow. Fluid overloaded. Electrolytes stable. Consider dialysis cath infection
  - 9) h/o CVA: cont asa. Left hemiparesis
  - 10) hypothyroidism: check thyroid TSH/T4
  - 11) Diabetes: SSI, NPH
  - 12) CAD: Cont asa, bb. No statln due to elevated LFTs. No ACE I w/ renal failure unless appropriate per nephrology. UNK LV function bc TTE unavailable in records.
- Full code: discussed w/ pt

Total time = 120 minutes, and more than 50% of that time was spent counseling patient on plan of care and coordinating care with consulting physicians

Alison Perkins Neff, MD  
7/12/2011

CC:  
PCP: Henry W. Aufderhaar

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202 South Park St  
Madison, WI 53715  
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(b)(3)-CPSA S  
MRN: 434553  
(b)(6) Sex: M  
Adm:7/12/2011, D/C:7/13/2011

**Consults - Consult Notes**

**Consults signed by Hanna, Amgad S., MD at 07/14/11 1342**

| Author:             | Service: | Type: | Physician |
|---------------------|----------|-------|-----------|
| Hanna, Amgad S., MD | (none)   |       |           |

Filed: 07/14/11 1342      Note Time: 07/13/11 1631

Related Original Note by: Ng, Jana, MD filed at 07/13/11 1725  
Notes:

**Consult Orders:**

1. IP CONSULT TO NEUROSURGERY [38549701] ordered by Yelk, Jason A., DO at 07/13/11 1505

**Neurosurgery Consult Note**

**Requesting Provider:** Dr Yelk

**Date of Consultation:** 7/13/2011

**Reason for Consultation:** Suspicious lytic lesions of the L3 vertebral body

**Background**

ESRD on haemodialysis, multiple lines placed  
Coronary artery disease: pacemaker in situ  
Stroke  
Hypertension  
Peripheral vascular disease  
Diabetes

**History of Present Illness:** 78 y.o. male, admitted from Fort Atkinson with MSSA septicaemia  
Likely source of sepsis is from dialysis line  
2 previous line infections: MRSA 4/23/11 and 6/10/11  
Both times lines were changed and patient was given a course of vancomycin  
Recently switched to nafcillin

Currently complaining of lower back pain  
Denies any weakness, numbness or tingling in his lower limbs

**Past Medical History**

| Diagnosis                                    | Date |
|--|------|
| • CAD (coronary artery disease)              |      |
| • ESRD (end stage renal disease) on dialysis |      |
| • CVA (cerebral infarction)                  |      |
| • HTN (hypertension)                         |      |
| • PVD (peripheral vascular disease)          |      |
| • Hypothyroid                                |      |
| • Degenerative joint disease                 |      |

IDI 120501HCC2691

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Exhibit "C" - Medical Records

MERITER HOSPITAL, INC.  
Medical Records  
202 South Park St  
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All Pertinent Info

(b) (3) : Exe

MRN: 494553

(b) (6) , Sex: M

Adm:7/12/2011, D/C:7/13/2011

**Consults - Consult Notes (continued)**

- Prostate ca
- A-fib
- Diabetes
- MRSA (methicillin resistant staph aureus) culture positive
- UTI (lower urinary tract infection)
- ATN (acute tubular necrosis)
- Subarachnoid hemorrhage

**Past Surgical History**

| Procedure  | Date |
|--|------|
| <ul style="list-style-type: none"> <li>• Pacemaker dual chamber nonrate-respo</li> <li>• Angioplasty</li> <li>• Shoulder arthroplasty</li> <li>• Tracheostomy, other</li> <li>• Hx prostate surgery</li> </ul> |      |

**Allergies**

| Allergen  | Reactions   |
|---|-------------|
| <ul style="list-style-type: none"> <li>• Morphine<br/><i>URINARY RETENTION</i></li> </ul>       |             |
| <ul style="list-style-type: none"> <li>• Sulfa Drugs</li> <li>• Hmg-coa-r Inhibitors</li> </ul> | Nausea Only |

**Medications Prior to Admission:**

| Current Rx   |  |
|--|--|
| ACETAMINOPHEN (TYLENOL) 325 MG TABS                  | Take 650 mg by mouth every 4 hours as needed. Indications: Do not exceed 4000 mg of acetaminophen in 24 hours. |
| ALBUTEROL-IPRATROPIUM (DUONEB) 2.5-0.5 MG/3ML SOLN   | Take 3 mL by nebulzer every hour as needed.  |
| ASPIRIN (ECOTRIN) 81 MG TBEC                         | Take 81 mg by mouth (do not crush) once a day.   |
| B COMPLEX-C-FOLIC ACID (B COMPLEX-C-FOLIC ACID) TABS | Take 1 Tab by mouth once a day.  |
| BISACODYL (DULCOLAX) 10 MG SUPP                      | Insert 10 mg into the rectum once a day as needed.   |
| CILOSTAZOL 50 MG TABS                                | Take 50 mg by mouth once a day.  |
| DOCUSATE CALCIUM (SURFAK) 240 MG CAPS                | Take 240 mg by mouth once a day.   |
| EPOETIN (EPOGEN, PROCRIT) 10000 UNIT/ML SOLN         | Inject 8,000 Units subcutaneously every Tuesday, Thursday, and Saturday. Given at dialysis.                    |

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Exhibit "C" - Medical Records

MERITER HOSPITAL, INC.  
Medical Records  
202 South Park St  
Madison, WI 53716  
All Pertinent Info

(b)

MRN: 434553

(b) (6) Sex: M

Adm:7/12/2011, D/C:7/13/2011

Consults - Consult Notes (continued)

|   |   |
|---|---|
| FLEET PHOSPHO-SODA (FLEET PHOSPHO-SODA) 18-48 GM/100ML SOLN               | Take 45 mL by mouth once a day as needed.   |
| FLUTICASONE 50 MCG NASAL SUSP (FLONASE) 50 MCG/ACT SUSP                   | Spray 2 Sprays nasally twice a day.   |
| FOLIC ACID 1 MG TABS  | Take 1 mg by mouth once a day.  |
| GLUCOSE 4 GM CHEW   | Take 16 g by mouth as needed. Indications: Take for BS <60.   |
| GUAIFENESIN CR (GUAIFENEX LA, MUCINEX) 600 MG TB12                        | Take 1,200 mg by mouth once a day as needed.  |
| HYDROCODONE-ACETAMINOPHEN 5-325 MG (LORTAB, VICODIN, NORCO) 5-325 MG TABS | Take 1 Tab by mouth every 4 hours as needed. Indications: Do not exceed 4000 mg of acetaminophen in 24 hours.   |
| INSULIN ISOPHANE, NPH, HUMAN (HUMULIN-N, NOVOLIN-N) 100 UNIT/ML SUSP      | Inject 4 Units subcutaneously every morning.  |
| INSULIN ISOPHANE, NPH, HUMAN (HUMULIN-N, NOVOLIN-N) 100 UNIT/ML SUSP      | Inject 2 Units subcutaneously daily, in the evening.  |
| INSULIN LISPRO, HUMAN, (HUMALOG) 100 UNIT/ML SOLN                         | Inject 0-10 Units subcutaneously 4 times daily with meals and at bedtime based on blood sugar result. Indications: BS < 150, inject 0 units; 151-200, 2 units; 201-250, 3 units; 251-300, 5 units; 301-350, 7 units; 351-400, 9 units; if BS >400, inject 10 units and call MD. |
| IRON SUCROSE (VENOFER) 20 MG/ML SOLN                                      | Inject 100 mg Intravenously every Tuesday. Given at dialysis.   |
| LEVOTHYROXINE (LEVOXYL) 125 MCG TABS                                      | Take 125 mcg by mouth once a day.   |
| METOPROLOL XL (TOPROL XL) 25 MG TB24                                      | Take 25 mg by mouth (do not crush) SEECOM. Indications: Take 25 mg by mouth on Monday, Wednesday, Friday and Sunday.  |
| METOPROLOL XL (TOPROL XL) 25 MG TB24                                      | Take 12.5 mg by mouth (do not crush) every Tuesday, Thursday, and Saturday.   |
| MULTIPLE VITAMIN (MULTIVITAMIN PO)  | Take 1 Tab by mouth once a day.   |
| NIACIN CR (NIASPAN) 500 MG TBCR   | Take 500 mg by mouth at bedtime.  |
| OMEGA-3 FATTY ACIDS (FISH OIL PO)   | Take 1,000 mg by mouth.   |
| OMEPRAZOLE (PRILOSEC) 40 MG CPDR  | Take 40 mg by mouth once a day.   |
| PREDNISONE (METICORTEN) 1 MG TABS   | Take 2 mg by mouth once a day.  |
| PSYLLIUM PACK (METAMUCIL) 95 % PACK                                       | Take 1 Packet by mouth four times a day.  |
| VANCOMYCIN (VANCOBIN) 1000 MG SOLR  | Inject 1,000 mg intravenously 3 times a week. Indications: (with dialysis)  |
| VERAPAMIL (CALAN) 80 MG TABS  | Take 80 mg by mouth twice a day. Indications: Hold for SBP <100.  |
| WARFARIN (JANTOVEN, COUMADIN) 2.5 MG TABS                                 | Take 2.5 mg by mouth SEECOM. Indications: Take 2.5 mg by mouth every Sunday, Tuesday, Wednesday, Thursday, and Saturday.  |

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(b) (3) : Ex

MRN: 434553  
[REDACTED], Sex: M  
Adm: 7/12/2011, D/C: 7/13/2011

Consults - Consult Notes (continued)

WARFARIN (JANTOVEN, COUMADIN) 5 MG  
TABS

Take 5 mg by mouth SEECOM. Indications:  
Take 5 mg by mouth every Monday and Friday

ZINC OXIDE 20 % OINTMENT 20 % OINT

Apply to affected area twice a day. Indications:  
Apply to buttocks.

Current facility-administered medications:

|  |             |                                 |
|--|-------------|---------------------------------|
| Acetaminophen 650 mg Tab (TYLENOL)   | 650 mg      | Q4H PRN                         |
| Acyclovir 300 mg in Dextrose 5% 50 mL  | 300 mg      | DAILY PM                        |
| Albuterol-Ipratropium 3 mL INH (DUONEB)  | 3 mL        | Q1H PRN                         |
| Aspirin 81 mg EC Tab (ECOTRIN)   | 81 mg       | DAILY (09)                      |
| Bisacodyl 10 mg Supp (DULCOLAX)  | 10 mg       | Daily PRN                       |
| Calcium Acetate 667 mg Cap (PHOS-LO)   | 667 mg      | TIDCC                           |
| Clozapine 50 mg Tab (PLETAL)   | 50 mg       | DAILY (09)                      |
| Dextrose 40% Gel 15 g Gel (GLUCOSE, INSTA-GLUCOSE)                                 | 15 g        | PRN(2)                          |
| Docusate 200 mg Cap (COLACE)   | 200 mg      | BID (09-21)<br>Tue,thu,sat-1700 |
| Epoetin 8,000 Units Inj (EPOGEN, PROCRIT)  | 8,000 Units |                                 |
| Esomeprazole 40 mg Cap (NEXIUM)- Therapeutic Interchange for omeprazole (PRILOSEC) | 40 mg       | DAILY N (06)                    |
| Fluticasone 50 mcg Nasal Susp 2 Spray (FLONASE NASAL SPRAY)                        | 2 Spray     | BID (09-21)                     |
| Folic Acid 1 mg Tab  | 1 mg        | DAILY (09)                      |
| Guaifenesin CR 1,200 mg Tab (GUAIFENEX LA, MUCINEX)                                | 1,200 mg    | Daily PRN                       |
| Guar gum 1 Packet (BENEFIBER)- Therapeutic Interchange for psyllium (METAMUCIL)    | 1 Packet    | BID (09-21)                     |
| Hydrocodone-Acetaminophen 5-325 mg 1 Tab Tab (LORTAB, VICODIN, NORCO)              | 1 Tab       | Q4H PRN                         |
| Insulin ISOPHANE (NPH) Human 2 Units Inj (HUMULIN-N, NOVOLIN-N)                    | 2 Units     | DAILY PM                        |
| Insulin ISOPHANE (NPH) Human 4 Units Inj (HUMULIN-N, NOVOLIN-N)                    | 4 Units     | DAILY AM                        |
| Insulin REGULAR Human 1-5 Units Inj (HUMULIN-R, NOVOLIN-R)                         | 1-5 Units   | SLIDE TID CC                    |
| Lactobacillus/Bifidobacterium combo 1 Cap (FLORAJEN-3)                             | 1 Cap       | TID ES                          |
| Metoprolol XL 12.5 mg Tab (TOPROL XL)  | 12.5 mg     | TUE, THU, SAT                   |
| Metoprolol XL 25 mg Tab (TOPROL XL)  | 25 mg       | Mon Wed Fri Sun                 |
| Nafcillin 2 g in Sodium Chloride 0.9% 100 mL                                       | 2 g         | Q4H (01)                        |

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Exhibit "C" - Medical Records

MERITER HOSPITAL, INC.  
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All Pertinent Info

(b) (3) : Ex

MRN: 434553  
Sex: M  
Adm: 7/12/2011, D/C: 7/13/2011

**Consults - Consult Notes (continued)**

|   |          |                  |
|---|----------|------------------|
| Niacin CR 500 mg Tab (NIASPAN)                      | 500 mg   | at bedtime       |
| Nystatin Powd (MYCOSTATIN, NYSTOP, PEDI-DRI)        |          | TID              |
| PredniSONE 2 mg Tab (METICORTEN)                    | 2 mg     | DAILY (09)       |
| Saline Flush 3-5 mL                                 | 3-5 mL   | PRN (0)          |
| Sodium Chloride 0.9%                                | 50 mL/hr | Cont             |
| Verapamil 40 mg Tab (CALAN)                         | 40 mg    | BID (09-21)      |
| Warfarin 1 Each Protocol patient (INFORMATION ONLY) | 1 Each   | Pharmacy to Dose |

**Family History:**

Non contributory

**Social History:**

Married ex smoker

**Review of Systems:**

12 system review is negative except for that mentioned above

**Vital Signs:**

BP 83/51 | Pulse 106 | Temp(Src) 97.3 °F (36.3 °C) (Axillary) | Resp 18 | Ht 5' 7" (1.702 m) | Wt 130 lb (59.24 kg) | BMI 20.45 kg/m<sup>2</sup> | SpO<sub>2</sub> 96%  
Temp (24hrs), Avg: 97.5 °F (36.4 °C), Min: 96 °F (35.6 °C), Max: 98.7 °F (37.1 °C)

**Intake/Output Summary (Last 24 hours) at 07/13/11 1631**

Last data filed at 07/13/11 1544

|        | Gross per 24 hour |
|--------|-------------------|
| Intake | 1072.42 ml        |
| Output | 55 ml             |
| Net    | 1017.42 ml        |

**Physical Exam:**

**GENERAL:** No acute distress, lying in bed, looks unwell, yellow tinge to skin

**NECK/BACK:** Neck supple, non-tender to palpation

**NEUROLOGIC:**

**Consciousness:** Alert and oriented x 3, GCS 15 (E4 V5 M6), Fluent speech.

Wasted throughout

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(b)  
MRN: 434553  
(b) (6), Sex: M  
Adm: 7/12/2011, Dis: 7/13/2011

**Consults - Consult Notes (continued)**

**Motor:**

| <u>Upper limbs:</u> | <u>Right</u> | <u>Left</u> | <u>Lower limbs</u> | <u>Right</u> | <u>Left</u> |
|---------------------|--------------|-------------|--------------------|--------------|-------------|
| Deltoid:            | 5/5          | 5/5         | Hip flexors:       | 5/5          | 5/5         |
| Biceps:             | 5/5          | 5/5         | Knee extensors     | 5/5          | 5/5         |
| Triceps:            | 5/5          | 5/5         | Knee flexors       | 5/5          | 5/5         |
| Wrist extension:    | 5/5          | 5/5         | Dorsiflexion       | 5/5          | 5/5         |
| Wrist flexion:      | 5/5          | 5/5         | Plantar flexion    | 5/5          | 5/5         |
| Hand grip:          | 5/5          | 5/5         |                    |              |             |
| Finger abduction:   | 5/5          | 5/5         |                    |              |             |

**Imaging:**

CT abdomen, reconstructions: multiple lytic lesions of the L3 vertebral body and the inferior part of the L2 vertebral body. The superior endplate of the L3 vertebral body is breached. There are no associated soft tissue masses or collections noted. The spinal canal is not breached. Marked chronic degenerative change noted with osteophyte formation at multiple levels, and likely previous compression endplate fracture of L1. Note previous L4 and L5 laminectomies.

**Assessment:**

78 y M, ESRD, admitted with an MSSA septicaemia secondary to a dialysis line infection. Complains of lower back pain, is neurologically intact, and is seen to have lytic lesions of his L3 > L2 vertebral bodies, on the background of chronic degenerative change. Differential diagnosis does include neoplasia or infection.

**Plan:**

- Recommend tissue diagnosis via a needle guided biopsy of the vertebra and disc by interventional radiology
- There is no indication for neurosurgical intervention at this point

**Full Code**

Consult discussed with Dr. Hanna.  
I reviewed the resident's note and agree with the findings. I reviewed the MRI and agree with Bx.

Jane Ng, MD  
7/13/2011

CC: PCP Henry W. Aufderhaar

07/13/11 1725 Consults Signed by: Ng, Jane, MD

Consults signed by Thomas-Gosain, Neena F., MD at 07/14/11 1158

Author: Thomas-Gosain, Service: (none) Author Physician

Printed on 6/20/2012 12:21 PM

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Madison, WI 53715  
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(b) (3) : Exe

MRN: 434553

(b) (6) Sex: M

Adm:7/12/2011, D/C:7/13/2011

Consults - Consult Notes (continued)

Consults signed by Thomas-Gosain, Neena F., MD at 07/14/11 1158 (continued)

| Filed:        | Note         | Time:         | Type: |
|---------------|--------------|---------------|-------|
| 07/14/11 1158 | Neena F., MD | 07/13/11 1406 |       |

DATE OF CONSULTATION: 07/13/2011

INFECTIOUS DISEASE CONSULTATION

INDICATION: MSSA septicemia.

REQUESTING PHYSICIAN: Dr. Alison Neff.

HISTORY OF PRESENT ILLNESS: (b) is a 79-year-old male who was transferred from Fort Memorial Hospital yesterday. He had originally been admitted there on 07/08/2011 with symptoms of dyspnea. This was thought to be secondary to fluid overload, and symptoms improved while he was on nitroglycerin drip as well as after dialysis. The patient was initially started on ceftriaxone and azithromycin for what was thought to be community-acquired pneumonia with pleural effusions. Patient had blood cultures drawn, and these were subsequently positive for MSSA on June 8. Repeat cultures on June 10 were also positive for MSSA. It appears that patient had been receiving IV vancomycin as an outpatient with dialysis since June. At that time, on June 16th, he had a new dialysis catheter placed in the right IJ secondary to MSSA septicemia. Patient was continued on IV vancomycin as an outpatient. According to notes from Fort Memorial Hospital, this most recent admission represents his 3rd episode of MSSA bacteremia, despite multiple courses of IV vancomycin. Patient was noted to have a temperature maximum of 100 degrees and elevated white count of 14.5. Antibiotics were subsequently changed to Zosyn and vanc, and according to the discharge summary, he remained stable and afebrile after introduction of Zosyn. He also had a CT of the chest which showed compression deformity of L3 vertebral body with possible lytic lesion which was thought to be secondary to malignancy versus discitis and osteomyelitis. He subsequently underwent tagged white cell CAT scan which was found to be consistent with discitis and osteomyelitis of L3. Patient reports that his breathing is overall better, but he still has a cough, some shortness of breath. Denies any chest pain. Denies any pain at all with regard to his pacemaker or his line. Denies any nausea, vomiting or diarrhea, although it looks like he did have some over at Fort Memorial Hospital. Continues to make some urine, but denies any dysuria, (b) (3) any arthralgias. He does report some midback pain which he says has been chronic for months. According to the wife, who is also at the bedside, the patient had been doing well up until last October, when he sustained a subdural hematoma after an ATV motor vehicle accident. This subsequently led to worsening of his chronic renal insufficiency, and the patient was

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All Pertinent Info

(b) (3) - Ex

MRN: 434553

(b) (6), Sex: M

Adm:7/12/2011, D/C:7/13/2011

**Consults - Consult Notes (continued)**

started on dialysis. Please note that the patient was admitted from the nursing home to Fort Memorial Hospital with fevers. Patient underwent transthoracic echo which was inconclusive and was subsequently transferred over here to Meriter for a transesophageal echo. Rest of 12-point system review is otherwise negative.

**PAST MEDICAL HISTORY: Includes:**

1. End-stage renal disease, now on dialysis.
2. Coronary artery disease.
3. CVA.
4. Hypertension.
5. PVD.
6. Hypothyroid.
7. DJD.
8. Prostate cancer.
9. Afib.
10. Diabetes.
11. Subdural hematoma.

**PAST MEDICAL HISTORY: Includes:**

1. Pacemaker.
2. Shoulder arthroplasty.
3. Tracheostomy.
4. History of prostate surgery.

**ALLERGIES: SULFA WHICH CAUSES NAUSEA.**

**MEDICATIONS: Patient is currently on:**

1. Nafcillin 2 grams every 4 hours.
2. He is also started on acyclovir 300 mg once a day.
3. Patient was also given a 1-time dose of Levaguan as well as Diflucan yesterday.

**SOCIAL HISTORY: Patient is married. Heavy history of smoking. No alcohol or drugs currently.**

**FAMILY HISTORY: Significant for coronary artery disease in father.**

**PHYSICAL EXAMINATION:**

**VITAL SIGNS: The patient has a temperature of 96.0, heart rate is 39, respiratory rate 18, BP is 105/51. T-max since admission 98.7.**

**GENERAL: The patient is awake, alert, in no acute distress. He is sleepy but arousable. Answers questions appropriately.**

**CARDIOVASCULAR: Regular rate and rhythm.**

**LUNGS: Have decreased breath sounds at bases, left more so than right.**

MERITER HOSPITAL, INC.  
Medical Records  
202 South Park St  
Madison, WI 53716  
All Pertinent Info

(b) (3) : Exe

MRN: 434553

(b) (3) : Sex: M

Adm: 7/12/2011, D/C: 7/13/2011

**Consults - Consult Notes (continued)**

**ABDOMEN:** Soft, nontender, nondistended.

**EXTREMITIES:** Patient without any edema. Patient has a right IJ tunneled catheter which is nontender. No erythema. Currently dressed. He has a pacemaker in place which is not palpable on the left side of the chest wall. Patient has multiple ecchymoses, primarily in the upper extremities. He also has an emerging vesicular rash around approximately T4 dermatome in the posterior back on the right side. Patient is without any spinal, paraspinal tenderness.

**LABORATORIES:** Patient has a creatinine of 4.5. AST is 167, ALT is 523; these are actually down from yesterday. Bilirubin is 1.9. Alk phos 100. These were normal on admission to Fort Memorial Hospital. CRP was 7.95. White count is 10.2. Hemoglobin is 10.9, and platelets are 144. Blood cultures x1 set yesterday are pending. Patient had multiple sets drawn earlier today. Patient has blood cultures from July 8 x2 sets, both sets positive for MSSA. Patient also has blood cultures from July 10, which were both reportedly positive for MSSA as well; however, I do not have access to those.

**ASSESSMENT AND PLAN:** A 78-year-old male with end-stage renal disease with history of recurrent methicillin-sensitive *Staphylococcus aureus* bacteremia treated in the past with vancomycin, status post line change approximately 4 weeks ago. Patient, I believe, had been receiving IV vancomycin as an outpatient with recrudescence of his MSSA septicemia. It appears that most likely that the line was the source, but question whether or not he has had secondary seeding relating to lumbar diskitis osteomyelitis as well as possible pacemaker infection. Patient was started on nafcillin, which I would continue for right now. He has elevated LFTs, but I believe this occurred actually before he started on nafcillin, and these are actually trending downward. He was also given a one-time dose of Levaguan and fluconazole, which I would not continue for right now. He is to undergo transesophageal echo tomorrow. We can evaluate whether or not pacemaker wires are infected. If repeat blood cultures are positive, regardless, I think that the dialysis catheter will need to be removed. If repeat blood cultures are positive despite this, pacemaker will likely need to be removed as well, even if there is no sign of vegetation or infection on the transesophageal echo. With regard to his diskitis/osteomyelitis, no focal, drainable fluid collection was noted on the CAT scan. I would consider rescanning him in the next few weeks and watch him neurologically. Would continue to follow the sed rates.

Thank you very much for this interesting consultation. Will continue to follow with you.

IDI 120501HCC2691

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Exhibit "C" - Medical Records

MERITER HOSPITAL, INC.  
Medical Records  
202 South Park St  
Madison, WI 53715  
All Pertinent Info

(b)  
MRN: 434563  
(b) (6), Sex: M  
Adm:7/12/2011, D/C:7/13/2011

**Consults - Consult Notes (continued)**

Dictated by: NEENA F THOMAS-GOSAIN MD

DD: 07/13/2011 14:06:20  
DT: 07/13/2011 15:34:04  
DR: 07/13/2011 22:43:07  
DID: 108638E  
ON:

**Consults signed by Grogan, E. Wayne, MD at 07/14/11 1148**

| Author               | Service | Note Time     | Author Type | Physician |
|----------------------|---------|---------------|-------------|-----------|
| Grogan, E. Wayne, MD | (none)  | 07/12/11 2:45 |             |           |
| Filed: 07/14/11 1148 |         |               |             |           |

DATE OF CONSULTATION: 07/12/2011

This 78-year-old man was transferred from Fort Atkinson Memorial Hospital because of persistent staphylococcal bacteremia despite being on vancomycin. He has a long and complicated history. He previously had had a history of intermittent atrial fibrillation. He had sinus node dysfunction and had a pacemaker implanted in February 2009. He subsequently would intermittently have atrial fibrillation, ultimately controlled medically. He has had negative sestamibi stress myocardial perfusion studies back in the time period surrounding the pacemaker. He ultimately had cardiac cath on 09/16/2009, which showed a chronic right coronary artery occlusion and mild but not severely obstructed disease in the other vessels. He previously had mildly reduced left ventricular systolic function in the 40-50% range.

In October 2010, he was driving an all-terrain vehicle and struck a car and suffered a subdural hematoma. He was hospitalized at UW Hospital and had several months of hospitalization with prolonged respiratory failure and tracheostomy and the gastrostomy tube. He developed renal failure and required dialysis. During that hospitalization, he continued to have his usual spells of atrial fibrillation and flutter. Because of the renal insufficiency, the dofetilide which he had been on was stopped and he was treated instead with amiodarone.

He was hospitalized in Select Specialty Hospital. He developed a major hematoma of his left forearm, which required surgery. He eventually went home from Select Specialty Hospital in January 2011. In March, he was hospitalized in Fort Atkinson for pneumonia and bilateral pleural effusions and urinary tract infection. He had been continued on

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MERITER HOSPITAL, INC.  
Medical Records  
202 South Park St  
Madison, WI 53715  
All Pertinent Info

(b) (3); Ex

MRN: 434553

(b) (6) Sex: M

Adm: 7/12/2011, D/C: 7/13/2011

**Consults - Consult Notes (continued)**

amiodarone ever since he was initially hospitalized last fall at UW Hospital because of the atrial fibrillation. During that hospitalization in addition the warfarin was discontinued and never restarted and it was not entirely clear whether there was a long-term plan regarding ongoing anticoagulation.

He was seen by us on March 31 and April 11, 2011. I arranged for him to get a sestamibi stress myocardial perfusion study which he had and which showed an ejection fraction of 53% and no reversible ischemia. Because of the ongoing need for dialysis, plans were made for him to have an AV fistula put in his right arm. The pacemaker is located on the left side. I gather he never got to the point of having the AV fistula put in. We had not seen him since April 11th, but at some point he was admitted to Fort Atkinson Memorial Hospital with what was described as a stroke involving slurred speech and left upper extremity weakness. I do not have any other direct records of that or of the CT scan results.

He was also admitted for chest pain and shortness of breath. He had methicillin-sensitive Staphylococcus aureus bacteremia and had been treated with vancomycin during dialysis treatments as an outpatient. At one point, I believe in June the dialysis catheter was removed. The culture tip was negative. Another right internal jugular vein catheter was inserted.

He had been admitted on June 10th and discharged on June 19th and then was readmitted to Fort Atkinson Memorial Hospital again on July 8th again with fever and with positive blood cultures for MSSA. Urine culture was negative. Chest CT and white cell scan was performed. There was a compression deformity of the L3 vertebral body and lytic lesion which was worse than on previous CT scans and this was thought to be likely diskitis or osteomyelitis and white cell scan apparently was also consistent with that diagnosis. There was no mention of any inflammation at the pacemaker site.

Because of recurrent bouts of bacteremia, it was hypothesized that the patient might have infective endocarditis or infected pacemaker leads and arrangements were made for him to transfer on 07/12/2011 to Meriter Hospital for further evaluation, in particular with a transesophageal echo to evaluate for this.

Since his admission on 07/08, his INR has gone up dramatically and his warfarin has basically been held for several days, but the INR had gotten up to greater than 9, nevertheless. His liver enzymes were also dramatically elevated.

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Exhibit "C" - Medical Records

MERITER HOSPITAL, INC.  
Medical Records  
202 South Park St  
Madison, WI 53715  
All Pertinent Info

(b)  
(3): Exempti

MRN: 434553  
Sex: M  
Adm: 7/12/2011, D/C: 7/13/2011

**Consults - Consult Notes (continued)**

During the hospitalization in June, an echo was reportedly performed which did not show any evidence of definite intracardiac thrombus or vegetation and this was apparently a transthoracic echo. His other problems include COPD, hypertension, gastroesophageal reflux disease, diabetes, hyperlipidemia, hypothyroidism, the subdural hematoma, now end-stage renal failure since last fall, the recent history of an apparent stroke, the history of intermittent atrial fibrillation and the current bilateral pleural effusions as well as the staphylococcal bacteremia. He has also had a history of coronary artery disease.

His medications on transfer are as noted in the records.

On physical exam, he is a chronically ill-appearing man. He is alert and he is able to give a reasonable history, although he is not very definite on the details of when his hospitalizations occurred. He looks quite ill. He is very thin. He has ecchymoses up and down both arms. His chest exam, he is aerating both sides, though there are decreased breath sounds at the bases. I found his heart sound somewhat distant. I did not appreciate any definite murmur. His pacemaker site looks fine. There is no sign of infection, inflammation or tenderness there. The dialysis catheter is on the right side and I did not examine the entry point. I did not see any obvious signs of infection at any IV sites on his arms. He is said to have herpes zoster on his buttocks. His abdomen is soft. He has intact bowel sounds. He has very thin extremities with very little muscle mass. There is no edema, clubbing or cyanosis.

His electrocardiogram shows right bundle-branch block and there are no acute ischemic abnormalities. On telemetry he appears to be in atrial fibrillation part of the time when I was here and sinus tachycardia part of the time.

His labs here show that his INR at the moment is 11.3, his proBNP is 19,510, his creatinine is 3.9, his electrolytes show potassium of 3.4, sodium of 133. His AST and ALT are markedly elevated at 206 and 651. His CK is 32 and his troponin I is very slightly elevated at 0.449. Right now, his white count is 8800 with 70% neutrophils.

**IMPRESSION:** He has had a variety of problems, most significant of which is this recurrent methicillin-sensitive staphylococcal bacteremia. Historically, it sounds as though the most likely entry point may have been the dialysis catheter or some undefined skin break or skin lesion. The permanent pacemaker was implanted in February 2008 and this has never previously shown any signs of infection, so it is doubtful the pacemaker is the source of infection. If the pacemaker or leads were to be found to be infected, this would likely be due to secondary seeding rather than a

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Medical Records  
202 South Park St  
Madison, WI 53715  
All Pertinent Info

(b) (3) : Exe

MRN: 434653

(b) (6) Sex: M

Adm: 7/12/2011, D/C: 7/13/2011

**Consults - Consult Notes (continued)**

primary pacemaker infection.

He has bilateral pleural effusions, but it sounds as though these have been present since March. If he has problems with oxygenation or other respiratory symptoms, these could be tapped therapeutically, but ideally not when his INR is still markedly elevated.

With respect to the bacteremia, I agree he should have transesophageal echo. It would be ideal to wait until the INR is better before doing this. He has already received quite a bit of oral vitamin K and he may have not been absorbing it well. On the other hand, his liver function tests are markedly abnormal with elevated transaminases and it may be difficult for his liver to re-synthesize the chronic factors with or without the vitamin K, so we may need to wait until the INR comes down better. Right now, he does not have any active bleeding. If he should develop bleeding, he would likely need to receive fresh-frozen plasma and intravenous vitamin K.

He needs to continue with his usual dialysis schedule.

With respect to his cardiac rhythm, I brought up the pacemaker programmer and did a full programming evaluation on the pacemaker. He was initially in atrial fibrillation with intact conduction on his own to the ventricles and a ventricular rate in the low 100s. He was not pacemaker dependent and was not requiring any pacing. I tested the pacing threshold in the ventricle and it was good with the threshold of 1.0 volts.

While I was examining him, he spontaneously converted to sinus tachycardia with a rate of 109 and he appears to have good atrial and ventricular sensing. He has normal lead impedance. The pacemaker battery is expected to last another 5.5 years. Most importantly is he does not appear to be pacemaker dependent, at least not most of the time. If he should be found to have a pacemaker infection and if it were to be necessary to remove the pacemaker at least he is not pacemaker dependent, so one would hope he would be able to do without the pacemaker for at least a period of time with careful attention to his medications.

With respect to the atrial fibrillation and his recent stroke, I would like to try to get the results of the CT scan that was done in Fort Atkinson. Ideally, he should remain anticoagulated unless he is having invasive procedures done. We of course need to wait for the INR to come down at this point. I presume that his hepatic insufficiency and his markedly elevated INR come from under perfusion of the liver and perhaps nutritional factors as well.

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IDI 120501HCC2691

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Exhibit "C" - Medical Records 10, #102 F. 55/66

MERITER HOSPITAL, INC.  
Medical Records  
202 South Park St  
Madison, WI 53715  
All Pertinent Info

(b) (3): Exe  
MRN: 434553  
Sex: M  
Adm: 7/12/2011, D/C: 7/13/2011

**Consults - Consult Notes (continued)**

**ACTION** (nursing interventions): Chart reviewed. Skin evaluated as above. Spoke with Dr Yeak re plan and he was in agreement. I informed him that the L heel lesion has a area of clearly poor circulation, and is boggy, red. I asked him to re evaluate that area as a potential infection source (longstanding wound-osteo?). He agreed to look again at the area. Patient and wife instructed re need to decrease time that patient spends in bed and in wheelchair- alternating positions is best, and he may not tolerate more than 1 hour in any one position for now,

**RESPONSE OF PATIENT** (evaluation of effectiveness): Patient was sleepy this afternoon, evidently not uncommon for him. I was able to understand his questions ad he verbalized good understanding of my instructions.

**PLAN:** Low air loss mattress replacement with bed frame to allow patient to be weighed. Discontinue use of the pad under patient, being used as a draw sheet. Use a sheet under patient as a draw sheet. Begin use of the specialty Chux for the low air loss mattresses. Leave the dry lesions dry. Mepilex over the shingles lesions that are open to contain the drainage. Mepilex will be gentle when placed and removed. Discontinue the zinc oxide and apply Nystatin powder to the bottom rash in addition to the groin areas. Turn patient regularly and keep heels off the mattress as possible. Wife agreed to bring one of the pairs of patient's heel boots to the hospital for him. Until then we will continue to use pillows.

**Consults signed by Thomas-Gosain, Neena F., MD at 07/13/11 1407**

|         |                                |               |                   |                 |           |
|---------|--------------------------------|---------------|-------------------|-----------------|-----------|
| Author: | Thomas-Gosain,<br>Neena F., MD | Service:      | Internal Medicine | Author<br>Type: | Physician |
| Filed:  | 07/13/11 1407                  | Note<br>Time: | 07/13/11 1406     |                 |           |

**Consult Orders:**

1. IP CONSULT TO INFECTIOUS DISEASES [38531300] ordered by Neff, Alison Perkins, MD at 07/12/11 1838

IID consult dictated

008521

Continue with IV nafcillin for now.

Suspect HD line +/- pacemaker will need to be removed

Will follow

Thank you for this interesting consultation

Neena F. Thomas-Gosain, MD

**Consults signed by Saliba, Wissam, MD at 07/13/11 1034**

|         |                    |               |               |                 |          |
|---------|--------------------|---------------|---------------|-----------------|----------|
| Author: | Saliba, Wissam, MD | Service:      | (none)        | Author<br>Type: | Resident |
| Filed:  | 07/13/11 1034      | Note<br>Time: | 07/13/11 1015 | Note Status:    | Revised  |

JUN 20 2012 1:05PM  
IDI-20501HCC269

MERITER MED RECORDS

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Exhibit "C" - Medical Records  
NO: 3102 3 5766

MERITER HOSPITAL, INC.  
Medical Records  
202 South Park St  
Madison, WI 53715  
All Pertinent Info

(b) (3) : Exe

MRN: 434553

(b) (6) Sex: M

Adm: 7/12/2011, D/C: 7/13/2011

**Consults - Consult Notes (continued)**

**Consults signed by Saliba, Wissam, MD at 07/13/11 1034 (continued)**

Related Addendum by: Shah, Sanjeev R., MD filed at 07/14/11 0853

Notes:

Cosign: Shah, Sanjeev R., MD  
er: at 07/14/11 0853

**Consult Orders:**

1. IP CONSULT TO NEPHROLOGY [38531299] ordered by Neff, Alison Perkins, MD at 07/12/11 1838

**Renal Consult Note**

Patient : (b) (3) : Ex 78 y.o. MRN# 434553

Location: 11T/1124-C

Primary Service: MED/SURG - Attending: Yelk, Jason A., DO

Admit Date: 7/12/2011 6:21 PM

**Reason for Consult:** Asked by Dr Yelk to see for AKI.

**History of Present Illness:**

This is a 78 y old M patient, known to have ESRD on HD, admitted for MSSA bacteremia. His hx started on 7/08/11 when he was transferred from his nursing home to the ER for SOB. He was admitted to an OSH and was dialyzed. His blood cultures grew MSSA (unsure if peripheral or central). He had an echocardiogram to R/O endocarditis but it was inconclusive. He was transferred to Meriter for a TEE.

On chart review, the patient had 2 previous episodes of sepsis due to HD catheter infection by MRSA, one on 4/23/11 and one on 6/10/11. He had his HD catheter changed both times and was discharged on Vanc. He recently completed a 3 week-course of vancomycin on 7/09. He was switched to Nafcillin in the OSH prior to transfer.

**Dialysis Hx:** dialyzes in Fort Atkinson on TRS for 3h, uses his RIJ tunneled catheter, uses heparin, gets EPO 8,000 units three times per week, gets also Venofer 100mg IV weekly, his DW is 62 Kg. He was evaluated for a fistula placement but never got one due to poor vessels per his wife's report. He has a pacemaker at left side. He was last dialyzed yesterday.

**Past Medical History:**

**Past Medical History**

| Diagnosis                                    | Date |
|--|------|
| • CAD (coronary artery disease)              |      |
| • ESRD (end stage renal disease) on dialysis |      |
| • CVA (cerebral infarction)                  |      |
| • HTN (hypertension)                         |      |
| • PVD (peripheral vascular disease)          |      |
| • Hypothyroid                                |      |
| • Degenerative joint disease                 |      |

MERITER HOSPITAL, INC.  
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(b)(3):CPSA  
MRN: 434553  
(b)(6) Sex: M  
Adm. 7/12/2011, D/C. 7/13/2011

**Consults - Consult Notes (continued)**

- Prostate ca
- A-fib
- Diabetes
- MRSA (methicillin resistant staph aureus) culture positive
- UTI (lower urinary tract infection)
- ATN (acute tubular necrosis)
- Subarachnoid hemorrhage

**Allergies:**

**Allergies**

| Allergen                               | Reactions   |
|--|-------------|
| • Morphine<br><i>URINARY RETENTION</i> |             |
| • Sulfa Drugs                          | Nausea Only |
| • Hmg-cca-r Inhibitors                 |             |

**Social History:**

**History**

| Social History        |         |
|-----------------------|---------|
| • Marital Status:     | Married |
| • Spouse Name:        | N/A     |
| • Number of Children: | N/A     |
| • Years of Education: | N/A     |

**Occupational History**

• Not on file.

**Social History Main Topics**

|                      |               |
|----------------------|---------------|
| • Smoking status:    | Former Smoker |
| • Smokeless tobacco: | Never Used    |
| • Alcohol Use:       | No            |
| • Drug Use:          | No            |
| • Sexually Active:   | Not on file   |

| Other Topics  | Concern |
|---------------|---------|
| • Not on file |         |

**Social History Narrative**

• No narrative on file

**Outpatient Medications:**

**Prescriptions prior to admission**

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IDI 120501HCC2691MERITER VED RECORDS  
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NO. 8102 P 59/66

MERITER HOSPITAL, INC.  
Medical Records  
202 South Park St  
Madison, WI 53718  
All Pertinent Info

(b) (3) : Ex

MRN: 484653

DOB: 7/11/1955 Sex: M

Adm: 7/12/2011, D/C: 7/13/2011

### Consults - Consult Notes (continued)

| Medication  | Sig  | Dispense | Refill |
|---|--|----------|--------|
| • Acetaminophen (TYLENOL) 325 MG TABS                                       | Take 650 mg by mouth every 4 hours as needed. Indications: Do not exceed 4000 mg of acetaminophen in 24 hours. |          |        |
| • ALBUTEROL-IPRATROPIUM (DUONEB) 2.5-0.5 MG/3ML SOLN                        | Take 3 mL by nebulizer every hour as needed.   |          |        |
| • Aspirin (ECOTRIN) 81 MG TBEC  | Take 81 mg by mouth (do not crush) once a day.   |          |        |
| • B Complex-C-Folic Acid (B COMPLEX-C-FOLIC ACID) TABS                      | Take 1 Tab by mouth once a day.  |          |        |
| • Bisacodyl (DULCOLAX) 10 MG SUPP   | Insert 10 mg into the rectum once a day as needed.   |          |        |
| • Cilostazol 50 MG TABS   | Take 50 mg by mouth once a day.  |          |        |
| • Docusate Calcium (SURFAK) 240 MG CAPS                                     | Take 240 mg by mouth once a day.   |          |        |
| • Epoetin (EPOGEN, PROCRIT) 10000 UNIT/ML SOLN                              | Inject 8,000 Units subcutaneously every Tuesday, Thursday, and Saturday. Given at dialysis.                    |          |        |
| • Fleet Phospho-Soda (FLEET PHOSPHO-SODA) 18-48 GM/100ML SOLN               | Take 45 mL by mouth once a day as needed.  |          |        |
| • Fluticasone 50 mcg Nasal Susp (FLONASE) 50 MCG/ACT SUSP                   | Spray 2 Sprays nasally twice a day.  |          |        |
| • Folic Acid 1 MG TABS  | Take 1 mg by mouth once a day.   |          |        |
| • Glucose 4 GM CHEW   | Take 16 g by mouth as needed. Indications: Take for BS <60.  |          |        |
| • GuaiFENesin CR (GUAIFENEX LA, MUCINEX) 600 MG TB12                        | Take 1,200 mg by mouth once a day as needed.   |          |        |
| • Hydrocodone-Acetaminophen 5-325 mg (LORTAB, VICODIN, NORCO) 5-325 MG TABS | Take 1 Tab by mouth every 4 hours as needed. Indications: Do not exceed 4000 mg of acetaminophen in 24 hours.  |          |        |
| • Insulin ISOPHANE, NPH, Human (HUMULIN-N, NOVOLIN-N) 100 UNIT/ML SUSP      | Inject 4 Units subcutaneously every morning.   |          |        |
| • Insulin ISOPHANE, NPH, Human (HUMULIN-N, NOVOLIN-N) 100 UNIT/ML SUSP      | Inject 2 Units subcutaneously daily, in the evening.   |          |        |
| • Insulin LISPRO, Human,  | Inject 0-10 Units subcutaneously   |          |        |

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MRN: 434553

(b) (6) Sex: M

Adm: 7/12/2011, D/C: 7/12/2011

Consults - Consult Notes (continued)

- (HUMALOG) 100 UNIT/ML SOLN 4 times daily with meals and at bedtime based on blood sugar result. Indications: BS < 150, inject 0 units; 151-200, 2 units; 201-250, 3 units; 251-300, 5 units; 301-350, 7 units; 351-400, 9 units; if BS >400, inject 10 units and call MD.
- Iron Sucrose (VENOFER) 20 MG/ML SOLN Inject 100 mg intravenously every Tuesday. Given at dialysis.
- LevoTHYROXINE (LEVOXYL) 125 MCG TABS Take 125 mcg by mouth once a day.
- Metoprolol XL (TOPROL XL) 25 MG TB24 Take 25 mg by mouth (do not crush) SEECOM. Indications: Take 25 mg by mouth on Monday, Wednesday, Friday and Sunday.
- Metoprolol XL (TOPROL XL) 25 MG TB24 Take 12.5 mg by mouth (do not crush) every Tuesday, Thursday, and Saturday.
- Multiple Vitamin (MULTIVITAMIN PO) Take 1 Tab by mouth once a day.
- Niacin CR (NIASPAN) 500 MG TBCR Take 500 mg by mouth at bedtime.
- Omega-3 Fatty Acids (FISH OIL PO) Take 1,000 mg by mouth.
- Omeprazole (PRILOSEC) 40 MG CPDR Take 40 mg by mouth once a day.
- PrednisONE (METICORTEN) 1 MG TABS Take 2 mg by mouth once a day.
- Psyllium Pack (METAMUCIL) 95 % PACK Take 1 Packet by mouth four times a day.
- Vancomycin (VANCOBIN) 1000 MG SOLR Inject 1,000 mg intravenously 3 times a week. Indications: (with dialysis)
- Verapamil (CALAN) 80 MG TABS Take 80 mg by mouth twice a day. Indications: Hold for SBP <100.
- Warfarin (JANTOVEN, COUMADIN) 2.5 MG TABS Take 2.5 mg by mouth SEECOM. Indications: Take 2.5 mg by mouth every Sunday, Tuesday, Wednesday, Thursday, and Saturday.
- Warfarin (JANTOVEN, Take 5 mg by mouth SEECOM.

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IDI 120501HCC2691MERITER MED RECORDS  
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Medical Records

MERITER HOSPITAL, INC.  
Medical Records  
202 South Park St  
Madison, WI 53715  
All Pertinent Info

(b) (3) - E  
MRN: 434553  
(b) (3) - E Sex: M  
Adm: 7/12/2011, D/C: 7/13/2011

**Consults - Consult Notes (continued)**

- COUMADIN) 5 MG TABS Indications: Take 5 mg by mouth every Monday and Friday
- \* Zinc Oxide 20 % Ointment 20 % OINT Apply to affected area twice a day. Indications: Apply to buttocks.

**Current Inpatient Medications:**

## Current facility-administered medications:

|  |           |               |
|--|-----------|---------------|
| Acetaminophen 650 mg Tab (TYLENOL)   | 650 mg    | Q4H PRN       |
| Acyclovir 300 mg in Dextrose 5% 50 mL  | 300 mg    | at bedtime    |
| Albuterol-Ipratropium 3 mL INH (DUONEB)  | 3 mL      | Q1H PRN       |
| Aspirin 81 mg EC Tab (ECOTRIN)   | 81 mg     | DAILY (09)    |
| Bisacodyl 10 mg Supp (DULCOLAX)  | 10 mg     | Daily PRN     |
| Cilostazol 50 mg Tab (PLETAL)  | 50 mg     | DAILY (09)    |
| Dextrose 40% Gel 15 g Gel (GLUTOSE, INSTA-GLUCOSE)                                 | 15 g      | PRN(2)        |
| Docusate 200 mg Cap (COLACE)   | 200 mg    | BID (09-21)   |
| Esomeprazole 40 mg Cap (NEXIUM)- Therapeutic Interchange for omeprazole (PRILOSEC) | 40 mg     | DAILY N (06)  |
| Fleet Phospho-Soda 45 mL Soln (FLEET PHOSPHO-SODA)                                 | 45 mL     | Daily PRN     |
| Fluticasone 50 mcg Nasal Susp 2 Spray (FLONASE NASAL SPRAY)                        | 2 Spray   | BID (09-21)   |
| Folic Acid 1 mg Tab  | 1 mg      | DAILY (09)    |
| Guaifenesin CR 1,200 mg Tab (GUAIFENEX LA, MUCINEX)                                | 1,200 mg  | Daily PRN     |
| Guar gum 1 Packet (BENEFIBER)- Therapeutic Interchange for psyllium (METAMUCIL)    | 1 Packet  | BID (09-21)   |
| Hydrocodone-Acefaminophen 5-325 mg 1 Tab Tab (LORTAB, VICODIN, NORCO)              | 1 Tab     | Q4H PRN       |
| Insulin ISOPHANE (NPH) Human 2 Units Inj (HUMULIN-N, NOVOLIN-N)                    | 2 Units   | DAILY PM      |
| Insulin ISOPHANE (NPH) Human 4 Units Inj (HUMULIN-N, NOVOLIN-N)                    | 4 Units   | DAILY AM      |
| Insulin REGULAR Human 1-5 Units Inj (HUMULIN-R, NOVOLIN-R)                         | 1-5 Units | SLIDE TID CC  |
| Lactobacillus/Bifidobacterium combo 1 Cap (FLORAJEN-3)                             | 1 Cap     | TID ES        |
| Metoprolol XL 12.5 mg Tab (TOPROL XL)  | 12.5 mg   | TUE, THU, SAT |
| Metoprolol XL 25 mg Tab (TOPROL XL)  | 25 mg     | Mon Wed Fri   |

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 Adm: 7/12/2011, D/C: 7/13/2011

**Consults - Consult Notes (continued)**

|   |          |                        |
|---|----------|------------------------|
| Nafcillin 2 g in Sodium Chloride 0.9% 100 mL        | 2 g      | Sun                    |
| Niacin CR 500 mg Tab (NIASPAN)                      | 500 mg   | Q4H (01)<br>at bedtime |
| Nystatin Powd (MYCOSTATIN, NYSTOP, PEDI-DRI)        |          | TID                    |
| PredniSONE 2 mg Tab (METICORTEN)                    | 2 mg     | DAILY (09)             |
| Saline Flush 3-5 mL                                 | 3-5 mL   | PRN (0)                |
| Sodium Chloride 0.9%                                | 50 mL/hr | Cont                   |
| Verapamil 40 mg Tab (CALAN)                         | 40 mg    | BID (09-21)            |
| Warfarin 1 Each Protocol patient (INFORMATION ONLY) | 1 Each   | Pharmacy to<br>Dose    |
| Zinc Oxide 20 % Ointment                            |          | BID (09-21)            |

**Review of Systems:**

An extensive 10 point review of systems was performed and was essentially negative except as mentioned in the HOPI.

**Vitals:**

BP 117/59 | Pulse 89 | Temp(Src) 98.6 °F (37 °C) (Tympanic) | Resp 18 | Ht 5' 7" (1.702 m) | Wt 128 lb 12.8 oz (58.423 kg) | BMI 20.17 kg/m<sup>2</sup> | SpO2 98%

**I/O:**

Intake/Output Summary (Last 24 hours) at 07/13/11 1016  
 Last data filed at 07/13/11 0825

|        | Gross per 24 hour |
|--------|-------------------|
| Intake | 307 ml            |
| Output | 55 ml             |
| Net    | 252 ml            |

**Physical Exam:**

**GENERAL:** AAO x 3, NAD, speaking in full sentences, no accessory muscle use.  
**H & N:** Atraumatic, normocephalic.  
**EYE:** Pupils equal round reactive to light, extra ocular muscles intact.  
**ENT:** No oropharyngeal erythema, mucous membranes moist.  
**HEMATOLOGY/LYMPH NODES:** No palpable lymphadenopathy.  
**CHEST:** Bilateral vesicular breath sounds, no rales or wheezes, RIJ tunneled catheter in place with no pain on palpation.  
**CARDIAC:** S1 S2 RR, no murmurs, gallops or rubs appreciable, JVP raised to midneck.

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 Adm:7/12/2011, DIC:7/13/2011

**Consults - Consult Notes (continued)**

ABDOMEN: Soft, non-tender, non-distended, normoactive bowel sounds, no masses or organomegally appreciable, no abdominal bruits.  
 GU: No suprapubic or flank tenderness.  
 NEURO: AAO x 3, CN II-XII grossly intact, no asterixis.  
 SKIN: No rashes, good skin turgor.  
 EXTREMITIES: No edema, palpable peripheral pulses, no cyanosis.

**Recent Labs:**

**Recent Labs**

| Basename   | 7/13/11 0732 | 7/12/11 1904 |
|------------|--------------|--------------|
| • WBC      | 10.2         | 8.8          |
| • HGB      | 10.9*        | 11.9*        |
| • HCT      | 33.9*        | 36.7*        |
| • PLATELET | 144*         | 161          |

**Recent Labs**

| Basename     | 7/13/11 0732 | 7/12/11 1904 |
|--------------|--------------|--------------|
| • SODIUM     | 132*         | 133*         |
| • POTASSIUM  | 3.7          | 3.4          |
| • CHLORIDE   | 90*          | 92*          |
| • TOTALCO2   | 23           | 27           |
| • BUN        | 37*          | 30           |
| • CREATININE | 4.5*         | 3.9*         |
| • GLUCOSE    | 114*         | 127*         |
| • CALCIUM    | 9.1          | 9.0          |
| • MAGNESIUM  | 2.1          | 2.2          |
| • PHOSPHORUS | 6.1*         | 4.8          |

**BUN/Creatinine Trend:**

**Recent Labs**

| Basename     | 7/13/11 0732 | 7/12/11 1904 |
|--------------|--------------|--------------|
| • BUN        | 37*          | 30           |
| • CREATININE | 4.5*         | 3.9*         |

**Assessment/Recommendations:**

A 78 y old M patient, known to have ESRD, admitted for MSSA bacteremia.

1. **MSSA bacteremia:** unclear if this is a line infection vs endocarditis or other sources.

- Patient will get TEE this AM
- Currently restarted on Nafcillin
- Will get blood cultures from the HD catheter.

MERITER HOSPITAL, INC.  
Medical Records  
202 South Park St  
Madison, WI 53710  
All Pertinent Info

(b)

MRN: 434553  
DOB: [REDACTED] Sex: M  
Adm: 7/12/2011, D/C: 7/13/2011

**Consults - Consult Notes (continued)**

- Please consult ID. If this is an endocarditis or there is evidence offline infection, will dialyze tomorrow and Friday and pull the HD catheter after that. Will keep the patient catheter free until Monday. If his cultures are negative on Monday, then will insert a new HD tunneled catheter and dialyze.

**2. ESRD:** patient was dialyzed yesterday and on Monday. No need for HD today.

- Plan is to dialyze tomorrow and on Friday as above.
- Will use a 3K bath and try to reach his DW. Please get daily weight.

**3. Lytes:** mild hyponatremia due to #1, will watch.

**4. Anemia:** Will restart EPO at his outpatient dose.

- Avoid Iron IV while bacteremic.

**5. Bone mineral metabolism:** patient is not on any binder.

- Will start Phoslo TID with meals
- Please avoid Phos-based enema

**6. Nutrition:** Please ensure that patient is on a dialysis diet. Avoid nephrotoxic drugs/contrast exposure.

Thank you for the consultation. Please do not hesitate to contact us for any further questions/concerns. We will continue to follow along with you.

Wissam Saliba  
Nephrology fellow  
Pager # 8192

**Consults signed by Klein, Katelyn G., ICP at 07/13/11 0845**

|         |                        |            |               |              |                   |
|---------|------------------------|------------|---------------|--------------|-------------------|
| Author: | Klein, Katelyn G., ICP | Service:   | (none)        | Author Type: | Infection Control |
| Filed:  | 07/13/11 0845          | Note Time: | 07/13/11 0843 |              |                   |

**Consult Orders:**

- 1. CONSULT - INFECTION CONTROL [38533663] ordered by Neff, Alison Perkins, MD at 07/12/11 2050

**GASTROINTESTINAL ILLNESS, MSSA BACTEREMIA**

**TYPE OF ISOLATION REQUIRED: PATIENT WILL BE PLACED IN CONTACT ISOLATION PRECAUTIONS.** Admitted with diarrhea and/or vomiting and/or nausea.

Contact Isolation until 48 hours after resolution of illness or MD determines the gastrointestinal illness is not an infectious condition.

MERITER HOSPITAL, INC.  
Medical Records  
202 South Park St  
Madison, WI 53715  
All Pertinent Info

(b)  
(3) - Exempt 1

MRN: 434553  
DOB: 7/1/1933, Sex: M  
Adm: 7/12/2011, D/C: 7/13/2011

**Consults - Consult Notes (continued)**

This was present on admission.

Infection Prevention and Control Program  
Phone: 417-6516 Cell Phone 234-2485

**Consults signed by Lintner, Kimberly A., RPh at 07/12/11 2220**

| Author:                   | Service:                 | Author   |
|---------------------------|--------------------------|----------|
| Lintner, Kimberly A., RPh | Pharmacy                 | Pharmacy |
| Filed: 07/12/11 2220      | Note Time: 07/12/11 2219 | Type:    |

Warfarin per pharmacy

Uses for a fib. Current INR 11.3. Receiving Vitamin K 10 mg PO.  
Plan to resume warfarin when INR 3 or less with goal INR range 2-3.  
Previous dosing regimen as recorded in admission history.  
Will order daily INR's.

JUN 20 2012 1:00PM  
IDI 120501HCC2691

VERITER VED RECORDS

37 of 37

NO. 8107 P. 66/66  
Exhibit "C" - Medical Records

MERITER HOSPITAL, INC.  
Medical Records  
202 South Park St  
Madison, WI 53715  
All Pertinent Info

(b) (3) : Exe

MRN: 434553  
[REDACTED], Sex: M  
Adm: 7/12/2011, D/C: 7/13/2011

**Procedure Notes**

**Procedures signed by Cattapan, Steven E., MD at 07/13/11 2020**

|                                 |                          |                        |
|---------------------------------|--------------------------|------------------------|
| Author: Cattapan, Steven E., MD | Service: Pulmonology     | Author Type: Physician |
| Filed: 07/13/11 2020            | Note Time: 07/13/11 2010 |                        |

**Procedure Orders:**

1. INTUBATION FOR PROCEDURE DOCUMENTATION [38554579] ordered by Cattapan, Steven E., MD at 07/13/11 2010

**PCP:** Henry W. Aufderhaar

**Date of Procedure:** 7/13/2011

**Reason for Hospitalization:**

John L Bound is a 78 y.o. male patient here for MSSA bacteremia.

**INTUBATION FOR PROCEDURE DOCUMENTATION**

Date/Time: 7/13/2011 8:40 PM

Performed by: CATTAPAN, STEVEN E.

Authorized by: CATTAPAN, STEVEN E.

Consent: The procedure was performed in an emergent situation.

Patient identity confirmed: provided demographic data

Indications: respiratory failure

Intubation method: direct

Patient status: unconscious

Laryngoscope size: Mac 3

Tube size: 8.0 mm

Tube type: cuffed

Number of attempts: 1

Cricoid pressure: yes

Post-procedure assessment: chest rise and ETCO2 monitor

Breath sounds: equal

Cuff inflated: yes

Tube secured with: ETT holder

Comments: Code blue was called, and I came to help with intubation. Patient unresponsive without pulse, receiving CPR. Dentures removed. Grade one view with cricoid pressure. Intubated on first attempt. Dr. Cole and code team present to run code.

Steven E. Cattapan, MD  
7/13/2011

# Coroner's Inquisition

Wisconsin Statute 979.01

JEFFERSON COUNTY CORONER'S OFFICE

CALL INFORMATION: Date 7-13-2011 Time 1909  A.M.  P.M.  
 Called by: JCSD P.D.  OTHER: \_\_\_\_\_  
 Coroner to scene  YES  NO HOSPITAL Meriter Hospital  
 Coroner to hospital  YES  NO OTHER \_\_\_\_\_  
 Cause of Death Head Injury 4wheeler crash  
 Type of Death  Natural  Suicide  Homicide  Accident  Undetermined

DECEDENT INFORMATION:  
 Name (b) (3) : Exe Date of Birth 7-1-33 Age 78  
 Address (b) (6) City Jefferson State WI 53549  
 Social Security Number \_\_\_\_\_  
 Next of kin (b) (6) Relationship Wife  
 Address same City \_\_\_\_\_ State \_\_\_\_\_  
 Next of kin notified at: \_\_\_\_\_ Date 7-13-11 Time \_\_\_\_\_  
 Deceased identified by:  I.D. on body  Fingerprints  Dental  Photo  
 Relative: Wife  Friend: \_\_\_\_\_  
 Physician of Deceased Dr. Yelk Dr. Anschuetz Notified  YES  NO  
 Medical History Yes  
 Funeral Home Michaelis Cremation:  YES  NO  
 Personal Belongings \_\_\_\_\_

Secured by:  Coroner  Hospital  Mortician  Other \_\_\_\_\_  
 Given to:  Next of kin  Other \_\_\_\_\_

DEATH INFORMATION:  
 Place of Death: Meriter Hospital Madison  
 Date of Death: 7-13-11 Time 1909  A.M.  P.M.  
 Date body found: 7-13-11 Time 1909  A.M.  P.M.  
 Pronounced by: Dr. Yelk Time 1909  A.M.  P.M.  
 Death Certificate Signed by:  Coroner P. Theder  Physician: \_\_\_\_\_

CONVEYANCE:  
 Ambulance \_\_\_\_\_ Funeral Home Michaelis  
 Police Agency Notified:  
 JCSD  MPD  
 Officers: P. Theder

TOXICOLOGY:  
 Type:  Traffic death  Suicide  Homicide Other \_\_\_\_\_  
 Blood sample taken by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Sent to:  Hygiene lab  Crime lab  Other \_\_\_\_\_  
 Results: Blood alcohol \_\_\_\_\_ Drugs \_\_\_\_\_  
 Carbon Monoxide \_\_\_\_\_ Other \_\_\_\_\_

AUTOPSY INFORMATION:  
 Requested by:  Coroner  Family  District Attorney  Physician  
 Held at: \_\_\_\_\_ Hospital \_\_\_\_\_  
 Pathologist: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_

## CORONERS INQUISITION

(b) (3):Exemption  
3 for 25 (c), (b)  
(6)

7-13-2011

I was paged by the Jefferson Sheriffs Dispatch to contact Meriter Hospital for a reportable death. I contacted them and learned of the death of (b)(6) (b)(6) who passed away at their facility at 1909 PM this date and was involved in a 4wheeler crash on 10-4-10 and has never fully recovered from that accident. I investigated his death and reviewed his past medical records, accident report and talked with several doctors who treated (b)(3):CPSA I agreed with his care givers that the accident did contribute to his death and I will sign the death certificate as accidental due to sepsis, Kidney failure, and head injury due to off road vehicle crash with car. All parties involved with this investigation were informed of my findings. The Michaelis Funeral home will be in charge of final disposition.

Patrick J. Theder

Jefferson County Coroner

IDI 120501HCC2691 – Contact List

## Contact List

Records – Tammy  
Jefferson County Sheriff's Department  
411 S. Center Avenue  
Jefferson, WI 53549  
(920) 674-7310

ATTN: Medical Records  
Meriter Business Office  
2650 Novation Parkway  
Madison, WI 53713  
(608) 417-6000

Patrick Theder, Coroner  
Jefferson County  
320 S. Main Street  
Jefferson, WI 53549  
(920) 674-7119

## Victims

(b) (3) : Exemption 3 for 25 (c), (b)  
(6)

Jefferson, WI 53549



This investigation was initiated from a newspaper article dated April 23, 2012 and published in the Fargo Forum. Information for this report was obtained from the North Dakota Highway Patrol and the North Dakota State Forensic Medical Examiner's office.

## **NARRATIVE**

The victims involved in this incident are an eight year-old white male (Victim 1) and a five year-old white male (Victim 2). Victim 1 is 54 inches tall and weighs 68 pounds. The height and weight of Victim 2 is unknown. There is no evidence that either victim suffered from any physical or mental limitations prior to this incident.

On April 22, 2012, Victim 1 was traveling in a UTV eastbound on a gravel driveway located on the property of the family residence. Victim 1 was seated in left-hand driver's seat and operating the UTV. Victim 2 was seated in the right-hand passenger seat. Both Victim 1 and Victim 2 were wearing lap belts. However, neither victim was wearing a helmet. The weather was sunny with a light wind on the day of the incident. As the UTV was traveling eastbound, the vehicle passed through a puddle of water on the road. Victim 1 lost control of the vehicle, which caused a sideways slide on the muddy surface. The UTV rolled over when the vehicle passed through the muddy surface onto a dry surface, and came to a rest on the passenger side.

The mother of Victim 1 was interviewed by the North Dakota Highway Patrol, and reported hearing the crash outside her home. The mother stated she ran to the crash site, and found both victims still belted into their seats. Victim 1 was partially ejected from the UTV. Victim 2 was fully inside the vehicle. The mother stated she called 911 and removed Victim 1 from the UTV. Shortly after removing Victim 1, a first responder arrived at the scene and started performing CPR on Victim 1.

Victim 1 was transported from the scene by Edgeley Ambulance to meet a Life Flight helicopter in Verona, North Dakota. Victim 1 died from his injuries before arriving at the hospital. The autopsy report determined Victim 1 died from severe blunt trauma to the chest and multiple abdominal injuries. The victim also suffered trauma injuries to the head and face, but these were not determined to be fatal. Victim 2 was transported to Jamestown Hospital for treatment of minor injuries.

## **SAMPLE COLLECTION**

No samples were collected related to this incident.

### **PRODUCT IDENTIFICATION**

According to the incident report submitted by the North Dakota Highway Patrol, the product involved in this incident is a 2009 Polaris Ranger UTV, manufactured by Polaris Industries, Inc., Medina, MN. The product was equipped with two lap restraint belts. Additional information about the product such as VIN number, engine size, etc. are not documented by investigating officers in the incident report. Also, photographs taken at the scene were not provided at the time this report was written.

### **EXHIBITS**

- Exhibit A - Incident Report – North Dakota Highway Patrol
- Exhibit B - Autopsy Report – North Dakota State Forensic Medical Examiner
- Exhibit C - Utility Vehicle Data Record Sheet
- Exhibit D - Status of Missing Document Form

**CONTACT LIST**

North Dakota Highway Patrol  
205 6<sup>th</sup> Street SE  
Jamestown, ND 58401-4295  
701-251-6229

North Dakota State Forensic Medical Examiner  
2637 East Main  
Bismarck, ND 58506-5520  
701-328-6138



**CASE/INCIDENT REPORT**  
**NORTH DAKOTA HIGHWAY PATROL**

|                 |              |
|-----------------|--------------|
| <b>HQ ONLY:</b> |              |
| Date:           | Reviewed by: |

|                   |
|-------------------|
| Case No.          |
| <b>2012003105</b> |

|   |   |            |
|---|---|------------|
| Employee:<br><b>352 - Maley, Wesley R.</b>        | Accidents:<br><b>403 - Fatal</b>          | Incidents: |
| Date/Time:<br><b>04/22/2012 16:13</b>             | District:<br><b>04 - Southeast Region</b> |            |
| Status:<br><b>Field Closed 04/22/2012 Routine</b> |   |            |
| Additional Officers:                              |   |            |

|          |             |                      |              |           |        |       |  |
|----------|-------------|----------------------|--------------|-----------|--------|-------|--|
| Highway: | Ref. Point: | County:<br><b>23</b> | County Road: | Township: | Range: | Node: | Other Location:<br><b>6847 Cty Rd 62 Berlin ND</b> |
|----------|-------------|----------------------|--------------|-----------|--------|-------|--|

|                                    |  |                        |                             |                            |                                  |
|------------------------------------|--|------------------------|-----------------------------|----------------------------|----------------------------------|
| Name:<br><b>(b)(6)</b>             | Address:<br><b>(b)(6)</b>                                    |                        | Height:<br><b>6' 01"</b>    | Weight:<br><b>195</b>      | Race:<br><b>White</b>            |
| SSN/OLN:<br><b>(b)(6)</b>          | OLN State:<br><b>ND</b>                                      |                        | Hair Color:<br><b>Brown</b> | Eye Color:<br><b>Brown</b> |                                  |
| Date of Birth:<br><b>(b)(6)</b>    | Sex:<br><b>Male</b>  | City:<br><b>Berlin</b> | State:<br><b>ND</b>         | Zip Code:<br><b>58415-</b> | Home Telephone:<br><b>(b)(6)</b> |
| Involvement:<br><b>500 - Owner</b> | Other Information:<br><b>Owner: Vehicle 1 Parent: (b)(6)</b> |                        |                             |                            | Work Telephone:<br><b>( ) -</b>  |
|                                    |  |                        |                             |                            | Cell Telephone:<br><b>( ) -</b>  |
|                                    |  |                        |                             |                            | Fax No:<br><b>( ) -</b>          |

|                                     |                           |                        |                          |                            |                                  |
|-------------------------------------|---------------------------|------------------------|--------------------------|----------------------------|----------------------------------|
| Name:<br><b>(b)(3):CPSA Secti</b>   | Address:<br><b>(b)(6)</b> |                        | Height:<br><b>0' 00"</b> | Weight:                    | Race:<br><b>White</b>            |
| SSN/OLN:                            | OLN State:                |                        | Hair Color:              | Eye Color:                 |                                  |
| Date of Birth:<br><b>(b)(6)</b>     | Sex:<br><b>Male</b>       | City:<br><b>Berlin</b> | State:<br><b>ND</b>      | Zip Code:<br><b>58415-</b> | Home Telephone:<br><b>(b)(6)</b> |
| Involvement:<br><b>700 - Driver</b> | Other Information:        |                        |                          |                            | Work Telephone:<br><b>( ) -</b>  |
| <b>900 - Fatal</b>                  |                           |                        |                          |                            | Cell Telephone:<br><b>( ) -</b>  |
|                                     |                           |                        |                          |                            | Fax No:<br><b>( ) -</b>          |

|  |                           |                        |                          |                            |  |
|--|---------------------------|------------------------|--------------------------|----------------------------|--|
| Name:<br><b>Shockman, Maddux</b>       | Address:<br><b>(b)(6)</b> |                        | Height:<br><b>0' 00"</b> | Weight:                    | Race:<br><b>White</b>                    |
| SSN/OLN:                               | OLN State:                |                        | Hair Color:              | Eye Color:                 |  |
| Date of Birth:<br><b>09/15/2006</b>    | Sex:<br><b>Male</b>       | City:<br><b>Berlin</b> | State:<br><b>ND</b>      | Zip Code:<br><b>58415-</b> | Home Telephone:<br><b>(701) 883-4411</b> |
| Involvement:<br><b>800 - Passenger</b> | Other Information:        |                        |                          |                            | Work Telephone:<br><b>( ) -</b>          |
|  |                           |                        |                          |                            | Cell Telephone:<br><b>( ) -</b>          |
|  |                           |                        |                          |                            | Fax No:<br><b>( ) -</b>                  |

Narrative for officer: **Maley, Wesley R.**

**State Crash:**

Vehicle 1 was traveling east bound on a gravel driveway. Driver 1 lost control of the vehicle and it began to slide sideways. Vehicle 1 rolled coming to rest on its side facing southwest. Driver 1 was transported from the scene by Edgeley Ambulance. Driver 1 later died from his injuries. The passenger involved in the crash was treated for minor injuries at the Jamestown Hospital. Vehicle 1 was left at the scene due to being on the owner's property.

Narrative for officer: **Maley, Wesley R.** \_\_\_\_\_

On the above date and time I received a call from State Radio stating the Lamoure County SO was asking for assistance with an injury crash north of Berlin. I responded to the call from Jamestown. While enroute I was informed an eight year old male was seriously injured and was being transported from the scene to meet Life Flight in Verona.

Upon arriving on scene I met with the Lamoure County Deputy. He informed me that the male injured was (b) (3): Exempt. He stated the injuries appeared to be extremely serious. I took pictures of the scene and assessed the damage to the Polaris Ranger. I took measurements of the marks and final rest of the OHV. While at the scene I was informed that (b) (3) had died from the injuries he received during the crash. From the scene I went to Dahlstrom Funeral Home to meet up with Sheriff Fernandez. The Sheriff gave me some information about the two occupants involved in the crash. He informed me that one male was taken to Jamestown Hospital to be checked out. I made contact with Trooper Danke and asked him to go speak with the family and try to obtain some information. Sheriff Fernandez was able to provide me with birth dates and a couple facts from the case.

**Roadway Evidence:** From the marks at the scene it appears the Ranger was east bound on the gravel roadway. After Traveling through a puddle of water the vehicle begins to go into a yaw. As the vehicle rotated clock wise it began to slide sideways. The surface went from muddy to dry and thats when the vehicle began to roll. The Polaris Ranger came to rest on its passenger side facing southwest. From the crash scene I was unable to determine where the occupants came to rest at.

**Roadway:** Gravel, Private Driveway on the North Edge of the Farm  
**Weather Conditions:** Sunny, Light Wind. Not a Factor in the Crash

**Follow Up Interview:**

A Interview was conducted with (b) (6), the mother of (b) (3): Exemption stated she was in the yard and heard the crash. She ran through the trees to the crash scene. (b) (6) stated both boys were still seatbelted in the Ranger. (b) (3) was in the drivers seat and part of his body was sticking out the side of the vehicle. (b) (6) is the individual that made the 911 call for help. (b) (3) was unseatbelted by his parents and set on top of the Ranger. Shortly there after that a first responder showed up. CPR was started at that time.

**Vehicle 1:** 2009 Polaris Ranger ND(3111AT)  
**Insurance:** Farm Policy  
**DVR#** 917576

Investigating Officer:

Date:

**MOTOR VEHICLE CRASH WORKSHEET**

20090515

|  |                                       |   |                           |                     |                             |
|--|---------------------------------------|---|---------------------------|---------------------|-----------------------------|
| <b>A<br/>G<br/>E<br/>N<br/>C<br/>Y</b>             | Crash Date (M/D/Y)                    | Time (24HR)                                   | Officer No                | Officer Name        | Agency Name                 |
|  | 4/22/2012                             | 4:10:00 PM                                    | 425                       | MALEY, WESLEY       | NORTH DAKOTA HIGHWAY PATROL |
|  | Police Notified                       | Time (24 HR)                                  | Emergency Unit Responding | Emergency Unit No   | Agency Report No            |
| <b>L<br/>O<br/>C<br/>A<br/>T<br/>I<br/>O<br/>N</b> | 4/22/2012                             | 4:13:00 PM                                    | EDGELEY AMBULANCE SERVICE | 0031                | 2012003105                  |
|  | Originating Agency Identifier         |   |                           |                     |                             |
|  | County Code                           | County  | City Code                 | City                |                             |
| <b>U<br/>N<br/>I<br/>T</b>                         | 23                                    | LAMOURE                                       |                           |                     |                             |
|  | Highway                               | Reference Point                               | Latitude                  | Longitude           |                             |
|  |                                       |   | 46.4302                   | -98.4959            |                             |
|  | Township                              | Range   |                           |                     |                             |
|  | 134                                   | 62  |                           |                     |                             |
|  | On Street Name                        | FT From Intersection                          | Intersecting Street 1     |                     |                             |
|  | WEST OF COUNTY ROAD 82                | 0   | NONE                      |                     |                             |
|  |                                       |   | Intersecting Street 2     |                     |                             |
|  |                                       |   |                           |                     |                             |
|  | No of Units                           | No of Passengers, Witness, or Property Damage |                           |                     |                             |
| 1  | 1                                     |   |                           |                     |                             |
| <b>U<br/>N<br/>I<br/>T</b>                         | R - Unit Configuration                |   |                           | Vehicle Movement    | Is Owner Same as Operator?  |
|  | OFF-HIGHWAY VEHICLE - 07              |   |                           | NOT ON ROADWAY - 37 | NO                          |
|  | Operator Last Name                    | Operator First Name                           | Op MI                     | Owner Last Name     | Owner First Name            |
|  | (b)(3) CPSA Section 25(c)             |   | A                         | (b)(5)              |                             |
|  | Operator Address                      | Operator Phone                                | Owner Address             | Owner Phone         |                             |
|  | (b)(6)                                |   | (b)(6)                    |                     |                             |
|  | Operator City                         | State   | Zip Code                  | Owner City          | State                       |
|  | BERLIN                                | ND  | 58415                     | BERLIN              | ND                          |
|  | Operator License No                   | State   | DOB                       | Age                 | Sex                         |
|  | NONE                                  | ND  | (b)(6)                    | 8                   | MALE                        |
|  | Insurance Company Name                | Policy No                                     | Card Issued               | Damage Amount       |                             |
|  | OTHER - SEE NARRATIVE                 |   | YES                       | 500.00              |                             |
|  | S - Attachments                       | T - Truck Cargo Body Type                     |                           |                     |                             |
|  | NONE - 0                              | NOT APPLICABLE - 00                           |                           |                     |                             |
|  | DVR Number                            | VIN (Out-of-State Vehicles Only)              | J - Trafficway            |                     |                             |
| 917578   |                                       | NOT APPLICABLE - 9                            |                           |                     |                             |
| Q - Visual Obstruction                             | V - Original Direction of Travel      | W - Traffic Control                           |                           |                     |                             |
| NONE - 00  | E - 3                                 | NONE - 00                                     |                           |                     |                             |
| Work Zone Related - Location of Crash              | Work Zone Related - Type of Work Zone | Workers Present                               |                           |                     |                             |
| NOT APPLICABLE - 0                                 | NOT APPLICABLE - 0                    | NOT APPLICABLE - 0                            |                           |                     |                             |
| 1st - Sequence of Events                           | 2nd Sequence of Events                | 3rd - Sequence of Events                      |                           |                     |                             |
| OVERTURN/ROLLOVER - 20                             |                                       |   |                           |                     |                             |
| BB - Most Harmful Event                            | Contrib Factor 1                      |   |                           |                     |                             |
| OVERTURN/ROLLOVER - 20                             | SPEED - 03                            |   |                           |                     |                             |
| Contrib Factor 2                                   | Contrib Factor 3                      |   | Evasive Action            |                     |                             |
| OVER-CORRECTING/OVER-STEERING - 25                 | NO CLEAR CONTRIBUTING FACTOR - 00     |   | TURNED RIGHT - 03         |                     |                             |
| Driver Condition                                   | Point of First Contact                | Extent of Damage                              |                           | Towed               |                             |
| NORMAL - 00  | LEFT SIDE - 07                        | MINOR - 1                                     |                           | NO                  |                             |

|   |  |                     |  |
|---|--|---------------------|--|
| Seat Position                                 |  | Citation            |  |
| ID # 120502HCC3638                            |  | Exhibit A           |  |
| FRONT SEAT-LEFT SIDE (MOTORCYCLE DRIVER) - 11 |  | NONE - 00           |  |
| ADI   |  | AT                  |  |
| NEITHER ALCOHOL NOR OTHER DRUGS               |  | TEST NOT GIVEN      |  |
| Safety Equipment                              |  | DT                  |  |
| LAP BELT ONLY - 02                            |  | NONE GIVEN          |  |
| Injury Class                                  |  | Spd Lmt             |  |
| FATAL - 01                                    |  | 0                   |  |
| Taken to Medical Facility                     |  | Retest              |  |
| NO - 2  |  | NO                  |  |
| Ejected Ext                                   |  | Air Bag             |  |
| PARTIALLY EJECTED                             |  | NONE-NOT APPLICABLE |  |

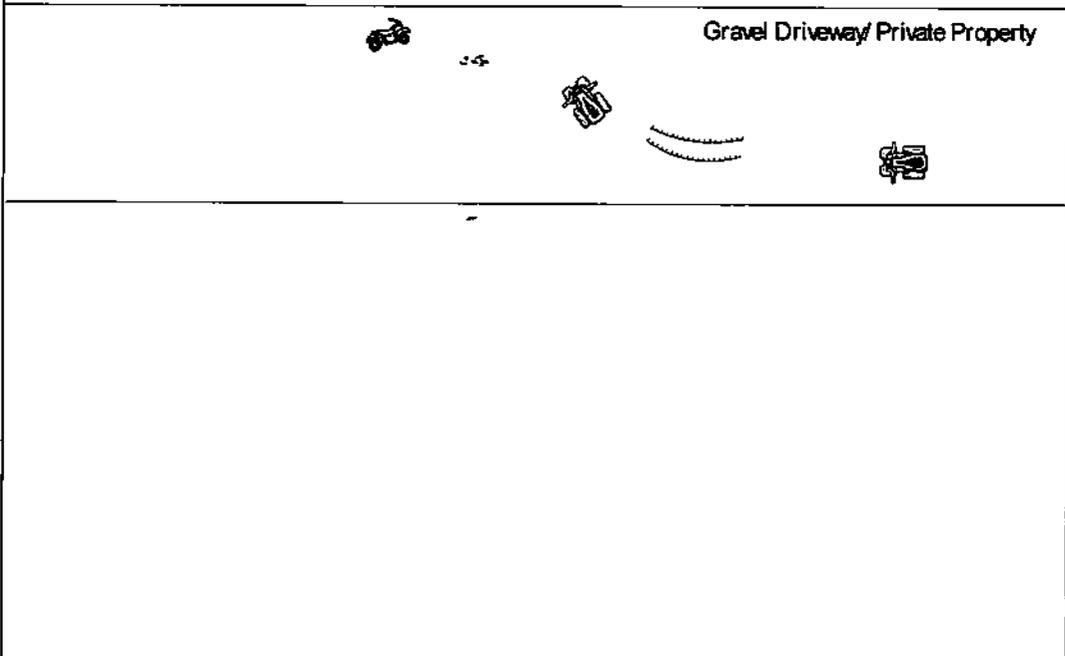
|  |   |                 |  |                    |                          |                       |                         |             |
|--|---|-----------------|--|--------------------|--------------------------|-----------------------|-------------------------|-------------|
| P<br>A<br>S<br>S<br>W<br>I<br>T<br>P<br>R<br>O<br>P<br>001 | Unit  | Last Name       | First Name   |                    | Address                  |                       |                         | City        |
|  | 001   | (b) (6)         | (b) (6)  |                    | (b) (6)                  |                       |                         | BERLIN      |
|  | State   | Zip             | Phone  | DOB                | Age                      | Sex                   | Owner Notified          |             |
|  | ND  | 58415           | (b)(6)   | 9/15/2006          | 5                        | MALE                  | UNKNOWN                 |             |
|  | Seat Position                                 |                 |  |                    |                          |                       |                         | Ejected Ext |
|  | FRONT SEAT-RIGHT - 13                         |                 |  |                    |                          |                       |                         | NOT EJECTED |
|  | ADI   |                 |  | AT                 |                          |                       | DT                      |             |
|  | UNKNOWN                                       |                 |  | TEST NOT GIVEN     |                          |                       | NONE GIVEN              |             |
|  | Safety Equip                                  |                 |  |                    |                          | Air Bag               |                         |             |
|  | LAP BELT ONLY - 02                            |                 |  |                    |                          | NONE-NOT APPLICABLE   |                         |             |
| S<br>U<br>M<br>M<br>A<br>R<br>Y                            | Injury Class                                  |                 | Property Owner Description                         |                    |                          |                       |                         |             |
|  | NON-INCAPACITATING - 03                       |                 | 0  |                    |                          |                       |                         |             |
|  | A - Report Type                               | B - Crash Type  | C - Crash Severity                                 |                    | D - Hit and Run          | E - Agency Type       | F - Intersection Type   |             |
|  | 1   | NON-TRAFFIC - 2 | FATAL - 1  |                    | NO                       | HIGHWAY PATROL        | NON-INTERSECTION - 1    |             |
|  | G - Relation to Roadway                       |                 |  |                    | H - Relation to Junction |                       | I - Roadway Geometrics  |             |
|  | PRIVATE PROPERTY (OUTSIDE OF TRAFFICWAY) - 04 |                 |  |                    | NON-JUNCTION - 01        |                       | STRAIGHT (ON LEVEL) - 1 |             |
|  | K - Access Control                            |                 |  | L - Road Condition |                          |                       | M - Surface Type        |             |
|  | NO CONTROL (UNLIMITED ACCESS)                 |                 |  | NORMAL - 01        |                          |                       | GRAVEL/SCORIA - 3       |             |
|  | N - Surface Condition                         |                 | O - Weather  |                    | P - Light                |                       | X - Observations        |             |
|  | WET - 02                                      |                 | CLEAR - 01   |                    | DAYLIGHT - 1             |                       | NONE - 00               |             |
| Z - First Harmful Event                                    |   |                 | Y - Manner of Collision                            |                    |                          | Other Property Damage |                         |             |
| OVERTURN/ROLLOVER - 20                                     |   |                 | NON-COLLISION WITH MOTOR VEHICLE IN TRANSPORT - 07 |                    |                          | .00                   |                         |             |
| Accepting Officer  |   |                 |  |                    | Date Accepted            |                       |                         |             |

Crash Diagram



NOT TO SCALE

C  
R  
A  
S  
H  
  
D  
I  
A  
G  
R  
A  
M



**OFFICER'S NARRATIVE**

**STATE CRASH:**

VEHICLE 1 WAS TRAVELING EAST BOUND ON A GRAVEL DRIVEWAY. DRIVER 1 LOST CONTROL OF THE VEHICLE AND IT BEGAN TO SLIDE SIDEWAYS. VEHICLE 1 ROLLED COMING TO REST ON ITS SIDE FACING SOUTHWEST. DRIVER 1 WAS TRANSPORTED FROM THE SCENE BY EDGELEY AMBULANCE. DRIVER 1 LATER DIED FROM HIS INJURIES. THE PASSENGER INVOLVED IN THE CRASH WAS TREATED FOR MINOR INJURIES AT THE JAMESTOWN HOSPITAL. VEHICLE 1 WAS LEFT AT THE SCENE DUE TO BEING ON THE OWNER'S PROPERTY.

VEHICLE 1: 2009 POLARIS RANGER

INSURANCE: RANGER IS COVERED UNDER FARM POLICY. NOT REQUIRED ON PRIVATE PROPERTY



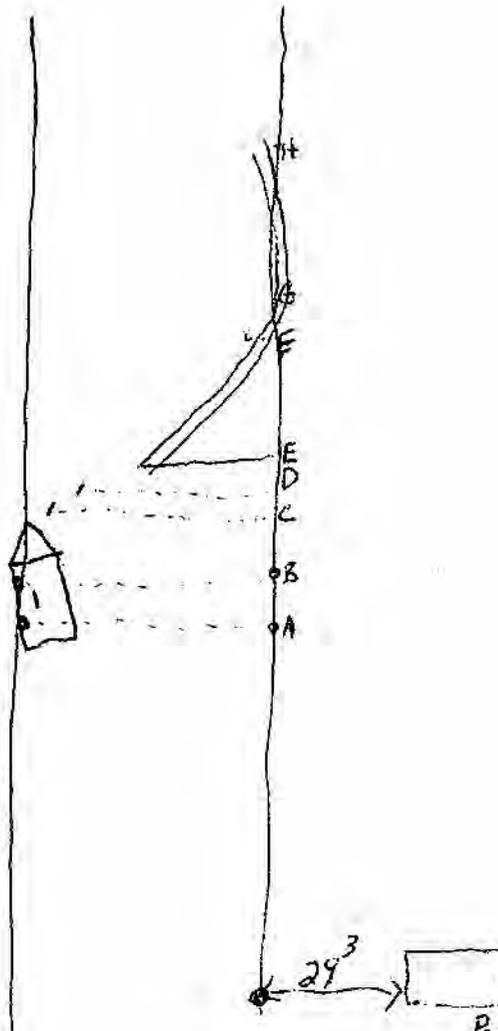
# OFFICER'S NARRATIVE AND COLLISION DIAGRAM

NORTH DAKOTA HIGHWAY PATROL  
SFN 53918 (5/05)

## COLLISION DIAGRAM

|          |                       |                         |            |                         |
|----------|-----------------------|-------------------------|------------|-------------------------|
| Driver 1 | (b)<br>(3): Exemption | Case No.                | 2012003105 |                         |
| Driver 2 |                       | Crash Date (MM/DD/YYYY) | 04/22/12   | Time (24 hours)<br>1613 |
| Driver 3 |                       | Officer                 | 352        |                         |
| Driver 4 |                       | Assisted By             | 4373       |                         |
| Location | Shockman Farm         |                         |            |                         |

Gravel  
Driveway



Base To:

| From 0 To               | 1 | 2 | 3 | 4 |
|-------------------------|---|---|---|---|
| A 113 14 <sup>2</sup>   |   |   |   |   |
| B 117 15 <sup>2</sup>   |   |   |   |   |
| C 123 14 <sup>2</sup>   |   |   |   |   |
| D 127 13                |   |   |   |   |
| E 137 2                 |   |   |   |   |
| F 149 .8 1 <sup>2</sup> |   |   |   |   |
| G 163 0                 |   |   |   |   |
| H 170 0 <sup>4</sup>    |   |   |   |   |
| I                       |   |   |   |   |
| J                       |   |   |   |   |
| K                       |   |   |   |   |
| L                       |   |   |   |   |
| M                       |   |   |   |   |
| N                       |   |   |   |   |
| O                       |   |   |   |   |
| P                       |   |   |   |   |
| Q                       |   |   |   |   |
| R                       |   |   |   |   |
| S                       |   |   |   |   |
| T                       |   |   |   |   |
| Photographs Δ           |   |   |   |   |
| 1                       | ✓ |   |   |   |
| 2                       |   |   |   |   |
| 3                       |   |   |   |   |
| 4                       |   |   |   |   |
| 5                       |   |   |   |   |
| 6                       |   |   |   |   |
| 7                       |   |   |   |   |
| 8                       |   |   |   |   |
| 9                       |   |   |   |   |
| 10                      |   |   |   |   |

Case No.

OFFICER'S NARRATIVE

(b) (3): Exemption 3 for 25 (c), (b) (6)

12/02/03

(b) (6)

Berlin 58415

(b) (6)

Passenger

(b) (6)

Grandson 5 # FOA

(b) (6)

9/15/06

No injuries

(b)(6)

Insurance:

(b)(6)

TOD: 1640

Date of Report

Signature(s)

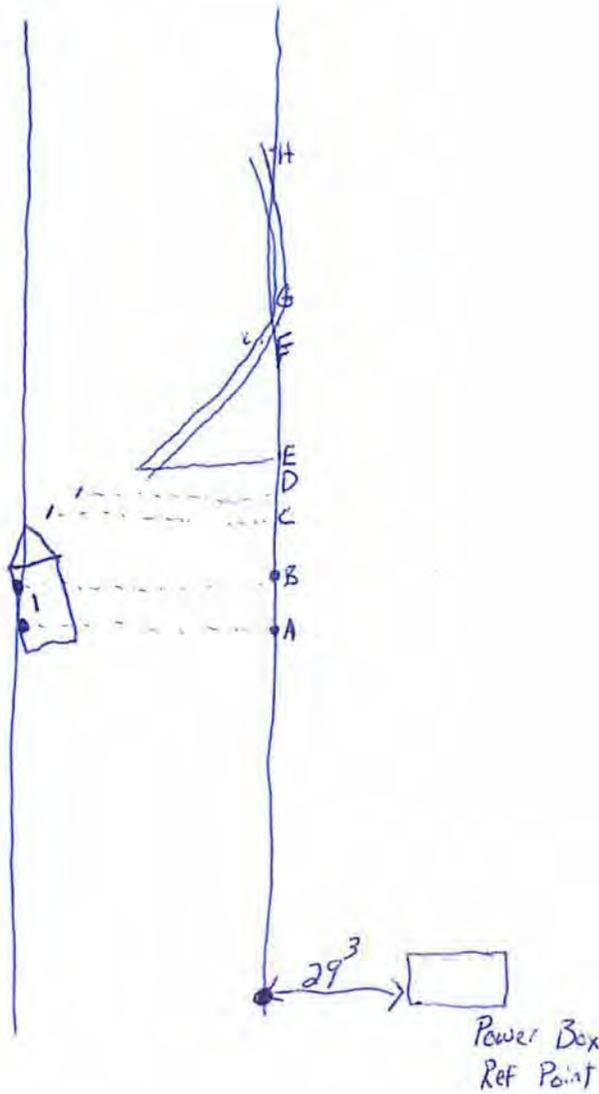


**OFFICER'S NARRATIVE AND COLLISION DIAGRAM**  
 NORTH DAKOTA HIGHWAY PATROL  
 SFN 53918 (5/05)

**COLLISION DIAGRAM**

|          |               |                         |            |                      |
|----------|---------------|-------------------------|------------|----------------------|
| Driver 1 | (b)(6)        | Case No.                | 2012003105 |                      |
| Driver 2 |               | Crash Date (MM/DD/YYYY) | 04/22/12   | Time (24 hours) 1613 |
| Driver 3 |               | Officer                 | 352        |                      |
| Driver 4 |               | Assisted By             | 4373       |                      |
| Location | Shockman Farm |                         |            |                      |

Gravel  
Driveway



|               |    | Base To:  |                 |                |   |   |
|---------------|----|-----------|-----------------|----------------|---|---|
|               |    | From 0 To | 1               | 2              | 3 | 4 |
| Final Rest    | A  | 113       | 14 <sup>2</sup> |                |   |   |
|               | B  | 117       | 15 <sup>2</sup> |                |   |   |
| Gouge         | C  | 123       | 14 <sup>2</sup> |                |   |   |
|               | D  | 127       | 13              |                |   |   |
| Marks         | E  | 137       | 2               |                |   |   |
|               | F  | 149       | .8              | 1 <sup>2</sup> |   |   |
|               | G  | 163       | 0               |                |   |   |
|               | H  | 176       | 0 <sup>4</sup>  |                |   |   |
|               | I  |           |                 |                |   |   |
|               | J  |           |                 |                |   |   |
|               | K  |           |                 |                |   |   |
|               | L  |           |                 |                |   |   |
|               | M  |           |                 |                |   |   |
|               | N  |           |                 |                |   |   |
|               | O  |           |                 |                |   |   |
|               | P  |           |                 |                |   |   |
|               | Q  |           |                 |                |   |   |
|               | R  |           |                 |                |   |   |
|               | S  |           |                 |                |   |   |
|               | T  |           |                 |                |   |   |
| Photographs Δ |    |           |                 |                |   |   |
|               | 1  | ✓         |                 |                |   |   |
|               | 2  |           |                 |                |   |   |
|               | 3  |           |                 |                |   |   |
|               | 4  |           |                 |                |   |   |
|               | 5  |           |                 |                |   |   |
|               | 6  |           |                 |                |   |   |
|               | 7  |           |                 |                |   |   |
|               | 8  |           |                 |                |   |   |
|               | 9  |           |                 |                |   |   |
|               | 10 |           |                 |                |   |   |

NDME 12-099

STATE FORENSIC MEDICAL EXAMINER  
North Dakota Department of Health  
PO Box 5520  
Bismarck, ND 58506-5520  
(701) 328-6138

## REPORT OF DEATH

Decedent: (b) (3) : Exem  
Date of Birth: (b)(6)  
Date of Death: 4/22/12  
Time of Death: 4:40 p.m.  
County: LaMoure  
Place Death Pronounced: Ambulance  
Location Death Pronounced: Baseball field, Verona, ND

Cause of Death: Blunt chest and abdominal injuries  
Due to single all-terrain vehicle rollover collision

Other Significant Conditions:

Manner of Death: Accident

Date of Injury: 4/22/12  
Time of Injury: 4:13 p.m.  
Place of Injury: Farmyard  
Location of Injury: (b) (6), Berlin  
How Injury Occurred: Driver of all-terrain vehicle in rollover collision

Autopsy Performed by: William Massello III, MD      Date: 4/24/12      Time: 11:45 a.m.

Death Certificate Signed by: William Massello III, MD

Investigating Agencies: LaMoure County Sheriffs Office



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AUTOPSY NO. NDME 12-099  
DATE/DAY 04/24/2012  
TIME 11:45 a.m.

REPORT OF AUTOPSY

DECEDENT (b) (2) - Exempt

AUTOPSY AUTHORIZED BY: Bob Fernandez, coroner- LaMoure County

BODY IDENTIFIED BY: Dahistrom Funeral Home; visual by family.

PERSONS PRESENT AT AUTOPSY: Dr. Massello, Ranae Kunz, Deland Weyrauch, and Becky Meager.

Rigor: Complete Livor: Color: Maroon Distribution: Posterior  
Age: 8 Race: White Sex: Male Length: 54 Weight: 68 Eyes: Brown Pupils: R-4mm, L-4mm  
Hair: Blonde Moustache: No Beard: No Body heat: Refrigerated

PATHOLOGIC DIAGNOSES:

1. Blunt head and face injuries, non-lethal, as demonstrated by: Bruise, right buccal cheek and right orbit; abrasion and contusion, left mastoid scalp.
2. Blunt thoracoabdominal injuries, as demonstrated by: Rib fractures with intercostal contusions, right chest wall; multiple contusions, both lungs, right greater than left; bilateral hemothoraces; contusion of pericardium and heart; contusions of diaphragm; lacerations of right adrenal gland, liver, right kidney, extensive; rupture of stomach; contusion and laceration of duodenum and pancreas; laceration of mesentery; stretch tear of right inguinal region of anterior abdominal wall, with evisceration of intestines; brush burns, right chest wall, right upper extremity and right groin; fracture of left clavicle.

POSTMORTEM SUMMARY:

This 8-year-old white male had been driving an all-terrain vehicle. He was found belted in the vehicle which had apparently rolled and slid sideways. His full postmortem revealed lethal chest and abdominal injuries consistent with having been the result of crushing by a heavy object such as an all-terrain vehicle. No other abnormalities of the internal organs were noted which would have caused or contributed to his death.

CAUSE OF DEATH: BLUNT CHEST AND ABDOMINAL INJURIES DUE TO SINGLE ALL-TERRAIN VEHICLE ROLLOVER COLLISION.

Provisional Report: \_\_\_\_\_

Final Report: xx

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

5/1/2012  
Date Signed

ND State Forensic Examiners Office  
Place of Autopsy

  
Signature of Pathologist  
William Massello III, M. D.  
State Forensic Examiner

**GROSS DESCRIPTION****EXTERNAL FINDINGS:**

**CLOTHING:** Clothed; green t-shirt; white stretchable underpants with grey waistband; body covered with maroon towel; white sweat socks with grey heel and toe pads; camouflage trousers and blood-stained white t-shirt (received separately).

**PERSONAL EFFECTS:** See inventory.

**EVIDENCE OF THERAPY:** Endotracheal tube; intraosseous catheter, left foreleg; defibrillator pad on front of chest.

**IDENTIFYING FEATURES:** None prominent.

**GENERAL APPEARANCE:** Prepubescent male child; non-obese, non-emaciated body habitus; external injuries present (see below).

**SKIN:** Fair complected; suntan present on exposed portions; skin covered by black dirt; few light brown nevi; no prominent lesions; no rashes.

**EXTREMITIES:** No anomalies. Muscular definition is prepubescent; uniform, moderately long, slightly dirty fingernails; no scars or needle tracks on arms. No fractures.

**TRUNK:** Planar abdomen; chest and abdominal hair are absent; muscular definition is prepubescent.

**HEAD, FACE, NECK:** Clear corneas; pale sclerae and conjunctivae; blood present in left nostrils; nasal septum intact; front teeth without decay, occluding tip of tongue, erupting left central upper incisor and right lateral incisor; no intraoral injuries; no neck ligature imprints.

**EXTERNAL GENITALIA:** Circumcised; both testes palpable in scrotum; normal perianal skin and mucosa without injury.

**EXTERNAL INJURIES:****Head and face injuries:**

- Triangular-shaped abrasion, left mastoid prominence, behind lobule of left ear, 1 inch x 1 inch x 1 inch, maroon color.
- Bruise, faint, purple/red, 2 inch x 3 inch area, right buccal cheek, extending upward to right orbit.

**Trunk injuries:**

- Diffuse generally transverse, light brown, parchment colored, brush burns, right lateral chest wall and right flank, in area measuring 6 inches x 7 inches, with extension to right tricipital region in area measuring 5 inches x 2 inches, with these tricipital bruises being generally vertically oriented in the anatomic plane and red to parchment in color.
- Stretch laceration, right groin, with satellite cutaneous stretch marks, 6 inches long, extending into right scrotum, exposing fascia and muscle of right femoral triangle region, with evisceration of bowel noted within depths of wound.
- Area of abrasion, linear, left posterior trunk, maroon color.
- Linear abrasions, right lower chest wall, vertical and transverse, one measuring 3 inches, the most superior being oriented transversely measuring 3 inches, curvilinear in character with associated punctate satellite abrasions above it in an area measuring 2 inch x 1 inch.
- Bruise, red, polygonal, 1 inch x 1 inch, overlying left mid-clavicle.

**Extremity injuries:**

- Brush burns, parchment, vertically to obliquely oriented, right medial thigh, 5 inch x 3 inch area.
- Petechial contusion, diamond-shaped, ½ inch x ½ inch, right medial tibial plateau region.

**CRANIAL FINDINGS:** Petechial-type scalp hemorrhages noted of the galeal aponeurotica and pericranium over the left parietal and temporal scalp and skull. Concentrated hemorrhage is noted superficial to the left mastoid prominence behind the left auricle. No skull fractures. **BRAIN:** Weight 1510 grams. Congested. No subdural or epidural hemorrhages. No lesions, especially no injuries.

**INTERNAL FINDINGS:**

**GENERAL:** Blood present in peritoneal cavity. Estimated 200 to 500 cc of blood present in each chest cavity. Anterior pericardium is noted to be contused.

**AXIAL SKELETON:** No vertebral or pelvic fractures. No hemorrhages in buccopharyngeal or prevertebral spaces. Intercostal hemorrhages present posterolaterally on right side of chest with associated fractures of ribs 10, 11, and 12 which do not lacerate parietal pleura.

**ORONASAL CAVITY, NECK STRUCTURES:** No injuries to tongue, hyoid, larynx or strap muscles. Fracture of clavicle identified in midshaft area. Small amount of blood present in airway. Slight pallor of respiratory mucosa. Normal thyroid architecture.

**AORTA AND GREAT VESSELS:** Elastic with smooth intima. No anomalies or injuries.

ESOPHAGUS: No lesions. Serosal hemorrhage noted at cardioesophageal junction.

STOMACH: Contains an estimated 50 cc of largely undigested material much of which appears to be non-specific orange and white food fragments. Rupture of gastric fundus is present with surrounding hemorrhage of margins. Gastric mucosa otherwise normal. Contusion is noted of duodenal C-loop with associated partial laceration and transection of pancreatic head posteriorly (see below).

INTESTINES: Appendix present. Mesentery demonstrates multiple hemorrhages and laceration noted in area of ilium. No perforations. Serosal hemorrhage noted around cecum. Small bowel evisceration through abdominal wall defect is noted. Deep subcutaneous laceration pocket is noted superficial to the right iliac crest because of avulsion of transversus abdominis and internal oblique muscles from bony attachments.

HEART: Weight 200 grams. Contusion of right atrial appendage present. Right atrium demonstrates subintimal hemorrhages. Myocardium otherwise normal. Normal valves.

CORONARY ARTERIES: No anomalies.

LUNGS: Right 270 grams, left 280 grams. Right lung demonstrates pleural abrasion and an abundance of intraparenchymal deep contusions with hematoma formation. Areas of resorption atelectasis of right lung also present. Left lung demonstrates contusions of sharp margin of posterior basilar segment as well as subpleural hexagonal foci of aspirated blood and punctate contusions of lateral costal surfaces. No pulmonary emboli.

DIAPHRAGM: Contusions noted of thoracic surface of both diaphragmatic leaflets.

PERICARDIUM: Contusion present. No ruptures. Mesothelium is glistening.

LIVER: Weight 910 grams. Vertical laceration noted of the right hepatic lobe immediately lateral to the ligament venosum nearly dividing the liver in half. The posterior aspect of the right hepatic lobe is extensively lacerated and parenchyma laceration extends deep into the parenchyma of the right hepatic lobe. Bits of liver are noted free-floating in peritoneal cavity.

GALLBLADDER: Common bile duct is transected from liver in area of portal triad. Bile present in lumen. No calculi.

ADRENALS: Right adrenal gland extensively lacerated. Right adrenal gland demonstrates normal architecture.

PANCREAS: Laceration of posterior aspect of pancreatic head noted with near transection of pancreas in this area which is in proximity to contusion of duodenal C-loop.

SPLEEN: Weight 110 grams. Intact capsule. Slightly pale parenchyma with normal architecture on cut surface.

KIDNEYS: Right 80 grams, left 100 grams. Right kidney is completely avulsed from its normal anatomic position within Gerota's fascia. Transection of the right renal vein and renal artery is present at the hilum. Capsular surfaces smooth bilaterally. Right kidney demonstrates complete transection dividing the kidney into upper and lower halves. Normal architecture on cut surfaces bilaterally. Ureters not dilated.

URINARY BLADDER: Empty. Normal mucosa. Perivesical hemorrhages.

PROSTATE: Juvenile. No lesions.

LYMPH NODES: Normal size and consistency.

THYMUS: Weight 60 grams. Normal architecture with pale parenchyma.



OFFICE OF ATTORNEY GENERAL  
 Crime Laboratory Division  
 2641 East Main Avenue  
 Bismarck, ND 58501-5044

Tel. (701) 328-6159  
 (800) 296-2054  
 Fax (701) 328-6185

**TOXICOLOGY ALCOHOL/VOLATILES ANALYTICAL REPORT**

**Case Number:** CLD12-02483  
**Subject:** (b) (3) - Exemption 3  
**Report Date:** May 2, 2012  
**Report To:** Dr. William Massello, III  
**Submitting Agency:** ND State Forensic Examiner's Office  
**Agency Case Number:** NDME12-099  
**Submitted Date/Time:** April 24, 2012 14:33  
**Delivery Method:** Hand to Hand via Connie Serhienko  
**Collection Kit:** Item 1  
 Sealed Container - Yes  
 Labeled Tube or Container - Yes

**Item(s) Submitted:**

Item 1: One sealed grey stoppered tube containing 9 mL of blood

**Summary of Analysis:**

| Item   | Test                      | Results               | Method   | Instrument                        |
|--------|---------------------------|-----------------------|--|-----------------------------------|
| Item 1 | Alcohol/Volatile Analysis | Ethanol 0.000 g/100mL | Approved Method to Conduct Blood Alcohol Analysis (Rev. 0.0) | PE Clarus 500 GC SN: 650S09110508 |

**Notes:**

Drug Screening results will be issued in a separate report.

**Disposition:**

All items: Samples will be returned to your office at our earliest convenience.

The results and conclusions in this report are the opinions and interpretations of the analyst(s) from the analysis of submitted evidence.

Sincerely,

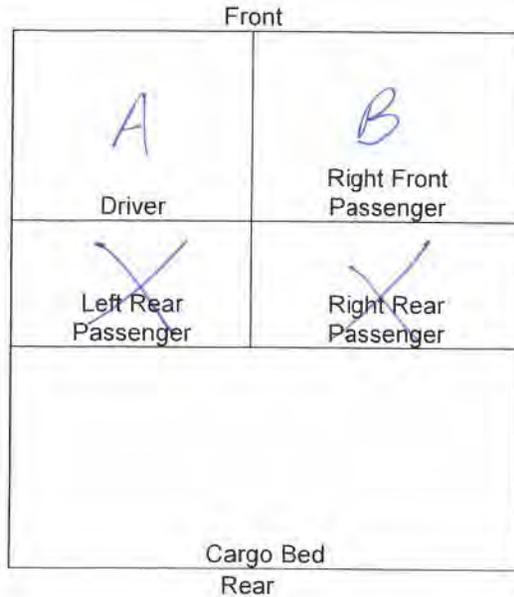
Crime Laboratory Division



---

**Ahmad Naeem Akhtar**  
**Forensic Scientist**

Analysis Performed:  
Alcohol/Volatile Analyst



The Utility Vehicle

|    |  |                   |
|----|--|-------------------|
| A: | Age: 8   | Height: unk       |
|    | Gender: m                                      | Weight:           |
|    | Helmet (Y/N): N                                | Seatbelt (Y/N): Y |
|    | Killed/Injured/Neither/Unknown: Killed         |                   |
|    | Injury Description: Chest + Abdominal          |                   |
|    | Did vehicle land on victim: Yes                |                   |
|    | Ejected (Either partially or fully): Partially |                   |

|    |   |                   |
|----|---|-------------------|
| B: | Age: 5                                  | Height: unk       |
|    | Gender: m                               | Weight: unk       |
|    | Helmet (Y/N): N                         | Seatbelt (Y/N): Y |
|    | Killed/Injured/Neither/Unknown: Injured |                   |
|    | Injury Description: Minor injuries      |                   |
|    | Did vehicle land on victim: No          |                   |
|    | Ejected (Either partially or fully): No |                   |

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

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

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

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

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

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

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

**Task No.** 120502HCC3638

**Date:** June 4, 2012

**STATUS OF MISSING DOCUMENT (S)**

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

- 1. Incident scene photographs - North Dakota Highway Patrol
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**Date:** June 4, 2012      **Investigator No:** 3394

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

