





120508HCC1670

The information in this report was obtained from a telephone interview with the detective and the witness. The police and EMS report were obtained. This investigation stemmed from EPHA on May 8, 2012.

An 18 year old male victim was working as a seasonal employee at a sports stadium. He was picking up trash with two other employees at the time of the incident.

On April 10, 2012, at approximately 10:00 a.m., the victim and two other employees were traveling on a UTV across the stadium's parking lot. The driver made a left hand turn, and the victim fell out of the vehicle and landed on the pavement. The victim had been kneeling down on several garbage bags in the rear cargo area. He hit his head when he landed on the ground and immediately started vomiting and bleeding from his mouth. A nearby witness called 911. At approximately 10:11 a.m. the paramedics arrived on the scene and found the victim unresponsive in a prone position. He was breathing lightly. The paramedics transported him to the local hospital where he was treated for the next two days. On April 12, 2012, the victim passed away from blunt head injuries and/or a fractured skull. There was no property damage.

The detective concluded that the victim was sitting in an unbalanced position in the rear cargo area which caused him to fall out of the vehicle and hit his head. There were eight bags of trash in the cargo area. She felt the UTV was not the cause of the incident. The vehicle was not photographed, but a copy of the police report is attached in exhibit #3.

There were two other 18 year old male employees on the UTV at the time of the incident; one was the driver and the other was a passenger. They were both sitting in the front seat. The vehicle did not have any seatbelts and no one was wearing a helmet. There was no evidence that the driver was speeding or driving in a reckless manner.

A witness observed the incident through some trees. He could not confirm the speed of the UTV because he was not close enough to see it. The UTV appeared to be in good condition and he did not notice any exterior damage.

The incident took place on the pavement in a parking lot. The ground was flat and there were no obstacles or objects in the way. The vehicle did not roll or tip over.

There were no drugs or alcohol involved in the incident. It was not known if the employees were trained on using the vehicle. The stadium's management staff discarded the vehicle after the incident.

The Medical Examiner's report was requested but it has not been completed. At this time, it will not be forthcoming and has been added to the missing document form (Exhibit #4). An addendum will be added to the report when it is received.

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On the day of the incident, the temperature was 53 degrees, partly cloudy, the dew point was 26 F, and humidity was 35%. The pavement was dry.

This investigator attempted to contact the driver and passenger on the UTV, but there have been no responses.

This investigator completed the Investigation guidelines for Appendix 91, Utility Vehicle. The questions can be found in exhibit #5.

***PRODUCT IDENTIFICATION***

The golf-cart style utility vehicle came with a green/yellow exterior. It came with two high-back bucket tilt forward seats in the front and a cargo area located in the back. It contained the following features:

- 10 hp, overhead valve, single-cylinder, air-cooled, 4-cycle gas engine
- The speeds ranges from 0 to 15 mph
- Wide wheel stance and low center of gravity offer passenger and operator stability
- Maximum Torque: 13.7 ft.-lb @ 2500 rpm
- Battery: 32-amp/hr, 325 cold cranking amps
- Gear Selection: Forward, reverse
- Turning Clearance Circle: 22 ft.

**Cargo Box**

Rolled-form steel, 11.2 cu. ft. capacity cargo box hauls up to 500 lb.  
44" L x 49" W (inside) x 9" D, Electrical Lift: Optional

Primary product.....Utility Vehicle  
Brand name.....John Deere Turf Gator  
Model name.....TX  
Serial number.....(b)(3):Exemption 3  
Model year.....2004  
Retail Price.....\$7,500 (estimate)

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*The photograph was provided from the internet site. It is a 2004 TX Turf Gator model similar to the one in the incident. The detective confirmed that it looked similar to the incident sample.*

***DISCREPANCY***

The MECAP report stated that the vehicle was an All Terrain Vehicle and that the driver popped a “wheelie.” After my investigation I concluded that vehicle involved was a UTV, and the driver didn’t pop a wheelie prior to the incident.

***MANUFACTURER***

John Deere and Company  
One John Deere Place  
Moline, IL 61265  
T: (309) 765-8000  
[Http://www.deere.com](http://www.deere.com)

***RETAILER***

Unknown

***EXHIBITS***

- #1: Contact Name Sheet
- #2: Utility Vehicle Data Record Sheet and questions
- #3: Police Report
- #4: Missing Document Form
- #5: EMS Report

CONTACT NAME SHEET

OFFICE OF THE MEDICAL EXAMINER'S

Medical Records, Regina (last name unknown)  
1910 Massachusetts Avenue, SE, Building 27  
Washington, DC 20003  
T: (202) 698-9055  
Telephone contact date: 5/15/2012

HAGERSTOWN POLICE REPORT

Randall Yonkers, Reporting Officer  
Tammy Jurado, Detective  
Candace Hamilton, Records  
50 North Burhans Blvd  
Hagerstown, MD 21740  
T: (301) 790-3700  
F: (301) 393-5886  
Telephone contact date: 5/15/2012, 5/23/2012, 5/24/2012

COMMUNITY RESCUE SERVICE

Terry Torvinger, Manager  
110 Eastern Boulevard North  
Hagerstown, MD 21740  
T: (301) 733-1112  
F: (301) 739-6015  
Telephone contact date: 5/15/2012

WITNESS

(b)(3).Exemption 3 for 25(c)  


Telephone contact date: 5/22/2012

PASSENGER

(b)(3).Exemption 3 for 25  
(c)  


Telephone contact date: 5/22/2012 and 5/23/2012-called and l.m.-no response.

CONTACT NAME SHEET

UTV DRIVER

(b)(3). Exemption 3 for 25  
(c)

Telephone contact date: 5/22/2012, 5/23/2012 (busy signal)

On 5/23/2012, called phone operator and she confirmed this number was for the driver. The detective had the same number and also received a busy signal.

MUNICIPAL STADIUM

Brian Saddler, Head Groundskeeper

Christine, Receptionist

274 East Memorial Boulevard

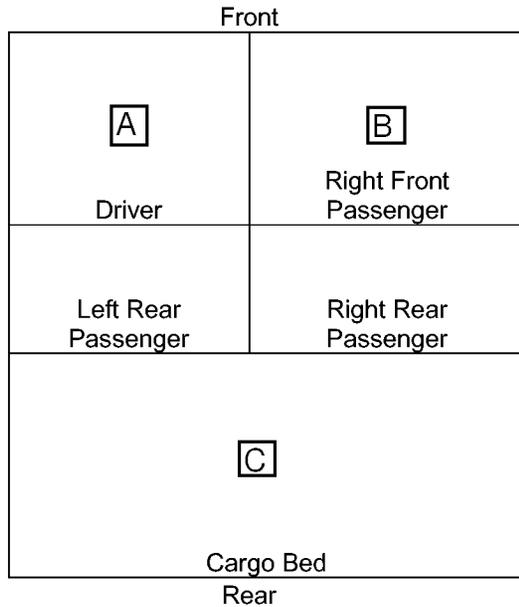
Hagerstown, MD 21740

T: (301) 791-6266

F: (301) 791-6066

Telephone contact date: 5/24/2012, 5/31/2012 (l.m. with receptionist-no response)

Utility Vehicle Data Record Sheet



The Utility Vehicle

A:	Age: 18	Height: Unk
	Gender: M	Weight: Unk
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Neither	
	Injury Description: N/A	
	Did vehicle land on victim: No	
	Ejected (Either partially or fully): No	

B:	Age: 18	Height: Unk
	Gender: M	Weight: Unk
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Neither	
	Injury Description: N/A	
	Did vehicle land on victim: No	
	Ejected (Either partially or fully): No	

C:	Age: 18	Height: Unk
	Gender: M	Weight: 200
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: Head trauma	
	Did vehicle land on victim: No	
	Ejected (Either partially or fully): 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.

**QUESTIONS FOR UTILITY VEHICLES**

There was no information available for the following questions.

**Vehicle Information**

1. There was partial information obtained and highlighted in the narrative.
2. N/A
3. There were no seat belts in the vehicle. There was no information about them obtained.

**Rider/Driver Information**

8. N/A

**Incident Information**

10. N/A
16. N/A



**Hagerstown Police Department**  
 50 North Burhans Blvd  
 Hagerstown MD 21740  
 Phone # : (301)790-3700 Fax : (301)393-5886



**INVESTIGATIVE REPORT**

**Report # : 12002157 Seq # :000**

**Report Prepared By : YONKERS, RANDALL C On : 4/10/2012 @ 10:32:00AM**

INCIDENT INFORMATION		
LCR Description :	LCR Code :	Offense Status (Attempted, Completed or N/A)
<b>Persons - Sick / Injured</b>	<b>3340</b>	<b>Completed</b>

Location Of Crime/ Incident (Street, City, State, Zip)				
<b>MUNICIPAL STADIUM, 274 E MEMORIAL BLVD Hagerstown, MD 21740</b>				
Reported Date/Time	Day of Week	Occurred From	Occurred To	Day(s)
<b>04/10/2012 10:13:03</b>	<b>Tuesday</b>	<b>04/10/2012 00:00:00</b>	<b>04/10/2012 00:00:00</b>	<b>Tue-Tue</b>

**VICTIMS, WITNESSES, REPORTING PERSONS, PERSONS INVOLVED**

Role	Name (LAST, First Middle Suffix ) or Business Name	Race	Sex	DOB	Age
<b>Victim</b>	(b)(3):Exemption 3	<b>White</b>	<b>M</b>	(b)	<b>18</b>
Premise#	Address	City	State	Zip	
(b)(3):Exemption 3 for 25(c)					
Employer/School	Premise#	Address	City	State	Zip
Occupation					
SSN #					

Role	Name (LAST, First Middle Suffix ) or Business Name	Race	Sex	DOB	Age
	(b)(3):Exemption 3 for 25(c)	<b>White</b>	<b>M</b>	(b)	
Premise#	Address	City	State	Zip	
(b)(3):Exemption 3 for 25(c)					
Employer/School	Premise#	Address	City	State	Zip
Occupation					
SSN #					

Role	Name (LAST, First Middle Suffix ) or Business Name	Race	Sex	DOB	Age
<b>Person Involved</b>	(b)(3):Exemption 3	<b>White</b>	<b>M</b>	(b)(3):Ex	<b>18</b>
Premise#	Address	City	State	Zip	
(b)(3):Exemption 3 for 25(c)					
Employer/School	Premise#	Address	City	State	Zip
Occupation					
SSN #					

Role	Name (LAST, First Middle Suffix ) or Business Name	Race	Sex	DOB	Age
<b>Person Involved</b>	(b)(3):Exem		<b>M</b>		

### INVESTIGATIVE REPORT - CONTINUED

Report # : 12002157    Seq # :000

Report Prepared By : YONKERS, RANDALL C On : 4/10/2012 @ 10:32:00AM

Premise#	Address	City	State	Zip	Home Phone	Business Phone	Cell Phone
13468	GREENSBURG RD	Smithsburg	MD	21783			
Employer/School	Premise#	Address	City	State	Zip	Occupation	
SSN #							

### NARRATIVE

**CAD #** : P121010074  
**Incident #** : 12002157  
**Occurred From** : 04/10/2012 00:00:00  
**Occurred To** : 04/10/2012 00:00:00  
**Reported Date** : 04/10/2012 10:13:03  
**Crime Location** : 274 E MEMORIAL BLVD Hagerstown MD 21740  
**CAD CFS Code & Description** : [7942] - Injured / Sick Person  
**Offenses Involved** : [3340] - Persons - Sick / Injured  
  
**Person Involved** : (b)(3) Exemption 3 for 2  
**Reason Code** : Victim  
**Person Involved** : (b)(3) Exe  
**Reason Code** : Witness  
**Person Involved** : (b)(3) Exempti  
**Reason Code** : Person Involved  
**Person Involved** : (b)(3) Exemption  
**Reason Code** : Person Involved  
**Incident Disposition Date** :  
**Incident Disposition Comments** :

On Tuesday, April 10, 2012 at 1004 hours I heard Washington County Emergency Communication dispatch a medic unit to the area of S. Cannon Ave., Hagerstown, Washington County in the area of Municipal Stadium, for an injured person with a head injury. I responded to see if I could assist.

When I arrived the Captain on the medic unit was on scene alone with several employees from the Hagerstown Suns organization. I noted that one person was lying on the ground near several garbage bags. I also noticed that a John Deere Gator was parked approximately 30 feet north of where the injured male was. The injured male, identified as one (b)(3) Exemption, was bleeding from his mouth and vomiting.

I learned that there were 3 Suns employees on the Gator. One was driving, one was seated next to the driver, and (b)(3) was sitting on numerous garbage bags that were stacked in the rear cargo area of the Gator. The driver of the Gator was (b)(3) Exemption and the other passenger was (b)(3) Exe.

I also contacted a witness to the incident, one (b)(3) Exe. (b)(3) stated that he was traveling north bound on Eastern Blvd at Memorial Blvd. when he saw the Gator traveling in the parking lot of Municipal Stadium. (b)(3) stated that it appeared that the driver of the Gator was traveling too fast when he rounded a left hand corner, and (b)(3) fell off the back of the Gator.

(b)(3) was transported to Mertius Medical Center by Community Rescue Services. EMS run # is 206349.

On 04-10-12 at 1330 I went to MMC and checked on the status of Akers. Akers is expected to recover. At the time, he was in the Critical Care Unit of the hospital. He suffered a fractured skull.

Reporting Officer	Date	Reviewing Supervisor	Date
YONKERS, RANDALL C - P2512	4/10/2012 10:32:00 AM	WOODRING, CHAD F.-P3130	4/10/2012 4:36:51 PM
Approving Supervisor	Date Approved	Detective Assigned (or N/A)	Status
HURD, ELMER L III-P2854	4/11/2012 9:27:37 AM	YONKERS, RANDALL C-P2512	Pending



### Hagerstown Police Department

50 North Burhans Blvd  
Hagerstown MD 21740  
Phone #: (301)790-3700 Fax : (301)393-5886



## INVESTIGATIVE SUPPLEMENT REPORT

Report # : 12002157 Seq # :001

Report Prepared By : YONKERS, RANDALL C On : 4/12/2012 @ 2:46:20PM

### INCIDENT INFORMATION

Location Of Crime/ Incident (Street, City, State, Zip)

**MUNICIPAL STADIUM, 274 E MEMORIAL BLVD Hagerstown, MD 21740**

Reported Date/Time	Day of Week	Occurred From	Occurred To	Day(s)
04/10/2012 10:13:03	Tuesday	04/10/2012 00:00:00	04/10/2012 00:00:00	Tue-Tue

### VICTIMS, WITNESSES, REPORTING PERSONS, PERSONS INVOLVED

Role	Name (LAST, First Middle Suffix ) or Business Name	Race	Sex	DOB	Age		
Victim	(b)(3):Exemption 3	White	M	(b)(3):Ex	18		
Premise#	Address	City	State	Zip	Home Phone	Business Phone	Cell Phone
(b)(3):Exemption 3 for 25(c)							
Employer/School	Premise#	Address	City	State	Zip	Occupation	
SSN #							

### NARRATIVE

On the evening of Wednesday, April 11th, 2012 between the hours of 2030 and 2130 I received information that the victim from this injured person call, one Mitchell Ronald Akers, had been transferred from Meritus Medical center to a trauma hospital in Washington D.C. I was not provided with the name of the hospital. At that time I was advised that Akers was showing no brain activity and was being kept alive by artificial means. A short time later I was advised that Akers was taken off life support and had died.

Reporting Officer	Date	Reviewing Supervisor	Date
YONKERS, RANDALL C - P2512	4/12/2012 2:46:20 PM	KNODE, ERIC D.-P3129	4/12/2012 4:26:06 PM
Approving Supervisor	Date Approved	Detective Assigned (or N/A)	Status
HURD, ELMER L III-P2854	4/12/2012 4:30:08 PM	JURADO, TAMMY-P2559	Open

**TASK NUMBER: 120508HCC1670**

**INCIDENT DATE: 04/10/2012**

**STATUS OF MISSING DOCUMENT(S)**

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

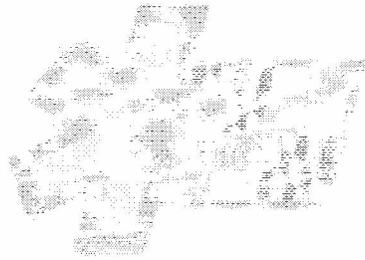
- 1. Medical Examiner's Report**
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**Date: 5/24/2012**

**Investigator No: 2118**

**Regional office: CFIE**

**Supervisor No: 2147**



### Official Hospital Report

COMMUNITY RESCUE SERVICE

110 Eastern Blvd North

HAGERSTOWN, MD 21741-0022

Incident Date: 04/10/2012

Patient Care #: (b)(3):Ex

Patient Information		
<b>Name:</b> (b)(3):Exempt	<b>Age:</b> 18 Years	<b>D.O.B.:</b> (b)(3):E (mm/dd/yyyy)
<b>Address:</b> (b)(3):Exemption 3 for 25 (c)	<b>Gender:</b> Male	<b>SSN:</b>
	<b>Weight:</b> 90.718 KG / 200.00 LB	<b>Race:</b> White
	<b>Phone:</b>	<b>Ethnicity:</b> Not Hispanic or Latino

Provider Impression				
Primary Impression	Secondary Impression	Patient Priority	Patient Priority	Patient Priority
Traumatic Injury		Priority 1 - Patient Critically Ill or Injured (Immediate / Unstable)		

Protocols Used
Not Recorded

### Narrative

**Summary of Events**  
 [04/10/12 10:06:16 5662] R75 2nd ALERT! [04/10/12 10:09:35 6623] REQUESTING MANPOWER PIECE [04/10/12 10:13:28 6623] PREALERTED MMC PRI 1 CAT A HEAD TRAUMA

Dispatched for fall with serious injury's. AOS found pt lying on the ground (paved parking lot) approx 30 feet from a off road vehicle. Witness report they were collecting trash when, while the vehicle was in motion pt fell off the back. Pt is currently in a prone position and is unresponsive with shallow breathing. Also noted pt has vomited undigested food. Airway swept clear and C-spine maintained. Pt was immediately fully immobilized on long board with CID in place, while maintaining C-spin. While pt was being immobilized he vomited again undigested food. Airway swept clear. Obvious injury's are, blood in the left ear canal, soft bruising with edema to the occipital lobe with no bleeding, and an abrasion to the lower back. Pt was placed on cot and loaded in unit via 2-man lift. Pt was transported to MMC ER as P-1 C-A trauma. While in rout Placed on o2 via N/C at 15lts spo2 was 100%. Monitor on showing NSR rate 60's to 80's IV's X's 2 was started in both A/C's running LR open through both. Airway maintained clear with suction. pt remained unresponsive but did pull away to pain. 2nd assessment found no new injuries. Lungs clear = bi-lat breathing normally rate 20's. Skin Pink WD. Abd soft non-tender. pelvic stable. Pupils PEARL approx 4mm but eyes are fixed looking up and to the left. BP 140's to 150's over 70's pt 90's. Once at facility pt was transferred over to Trauma team report given to team at bedside.

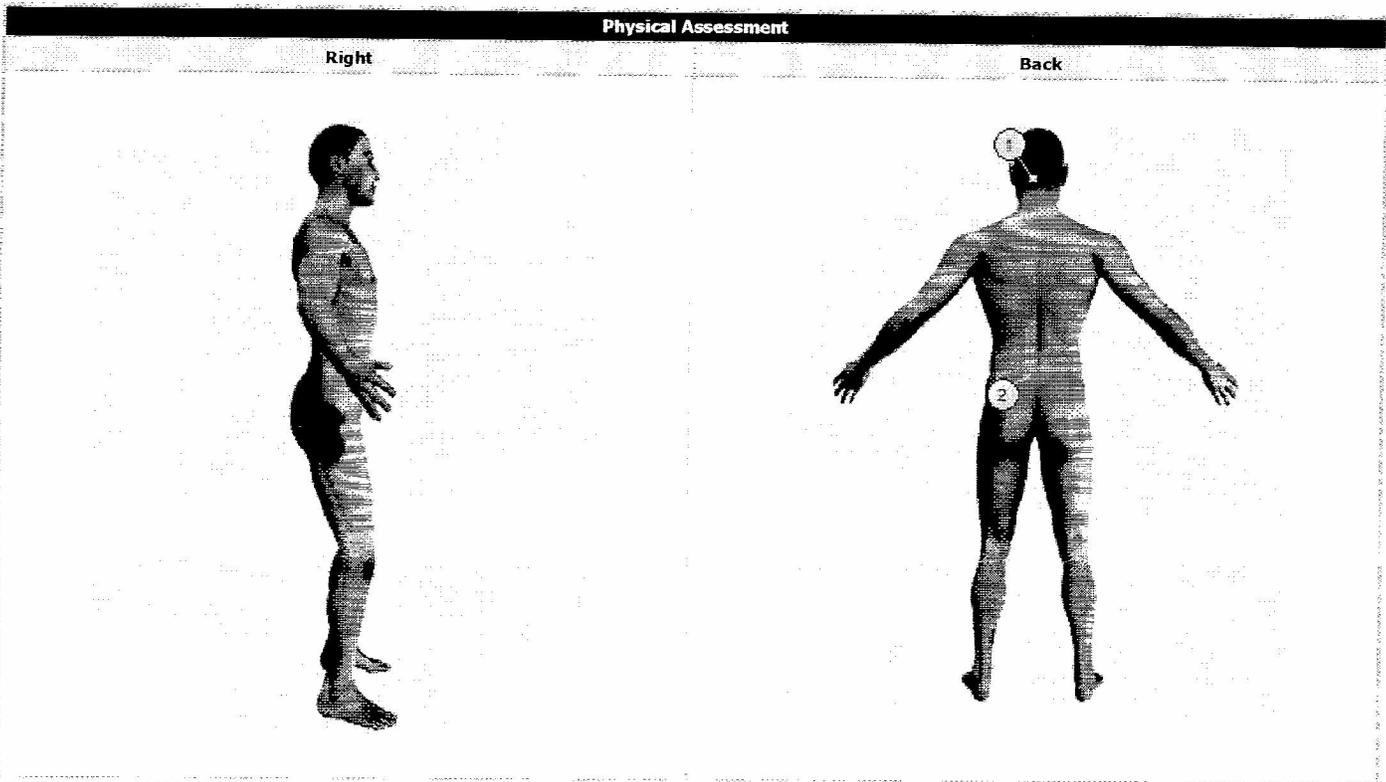
Prior Aid		
Prior Aid	Performed By	Outcome
	N/A	

Glasgow Coma Score				
Date/Time	Glasgow Eye Opening	Glasgow Verbal	Glasgow Motor	Glasgow Coma Score
10:17				
10:26				

Past Medical History		
MEDICATION ALLERGIES	Generic Name	Description
NKDA (No Known Drug Allergies)	NKDA (No Known Drug Allergies)	
Environmental/Food Allergies	Description	
None		
Patient Medications	Generic Name	Dosage
Medical Surgery History	Unable to Obtain PMH	

History Primarily Obtained From	Pregnancy	Advanced Directives	Practitioner Name
	None		

### Assessment Exam



**Injury Details**

Injury #	Injury Site	Injury Detail
1	Head	Crush, Soft Tissue Swelling/Bruisingback of head
2	Pelvis	Abrasionslower back

**Patient Safety Equipment Used**

Not Applicable

**Patient Transport/Positioning**

Call Type and Location	Call Disposition	Response Times and Mileage
<b>Call Type:</b> 30 <b>Resp. Mode:</b> Lights and Sirens <b>Urgency:</b> <b>Response:</b> 911 Response <b>Location:</b> Stadium <b>Address:</b> (b)(3) Exemption 3 for 25(c)	<b>Disposition:</b> Treated, Transported by this EMS Unit - ALS Care Provided <b>Resp. Mode:</b> Lights and Sirens <b>Destination:</b> Meritus Medical Center, Inc. - 389, 11116 Medical Campus Road, Hagerstown, MD 21742 <b>Dest. Determ.:</b> Protocol <b>Diverted From:</b> <b>Response Delay:</b> None <b>Scene Delay:</b> None <b>Transport Delay:</b> None	<b>1st Resp. Arr.:</b> PSAP: 10:04 <b>Disp. Notified:</b> <b>Unit Disp.:</b> 10:06 <b>Enroute:</b> 10:08 <b>At Scene:</b> 10:11 <b>At Patient:</b> 10:12 <b>Depart:</b> 10:21 <b>Arrive Dest:</b> 10:26 <b>In Service:</b> 11:02 <b>In Quarters:</b> 11:02 <b>Cancelled:</b>
		<b>Incident #:</b> 1206349 <b>Call Sign:</b> P753 <b>Veh. #:</b> P753 <b>Start Miles:</b> <b>Scene Miles:</b> To Scene: <b>Dest. Miles:</b> To Dest: <b>End Miles:</b> To End:

**Unit Personnel**

Crew Member	Level of Certification	Role
MILLER, JOHN (JM)	EMT-Paramedic	Primary Patient Caregiver
SMALLWOOD, RICHARD (RS)	EMT-Basic	Driver
BROWNE, DENNIS (DB)	EMT-Paramedic	Secondary Patient Caregiver

**Billing Information**

**Payment Method:**

**Work Related?** Not Applicable

Technician

Technician

acknowledge that I have provided the above assessments/treatments for this patient.

**I Agree**

I Disagree

Not Applicable

Ambulance Crew Member Statement

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the authorized representatives were available or willing to sign on the patient's behalf.

**I Agree**

I Disagree

Not Applicable

Signature



Printed Name JOHN MILLER

Date

Reason Pt. Unable to Sign

**Valuables**

**Valuables:**

**Belongings Left:** Not Recorded

**Estelle, Gerri**

---

**From:** Tank Rita [TankRitaL@JohnDeere.com]  
**Sent:** Tuesday, August 14, 2012 4:37 PM  
**To:** Clearinghouse  
**Cc:** Steenlage Keith E  
**Subject:** EIR 120508HCC1670  
**Attachments:** EIR120508HCC1670.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 120508HCC1670

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 three eighteen year old males were picking up trash with a John Deere Turf TX Gator. Two men were in the front seats and 1 man was in the back with many plastic bags of trash. As the driver turned left, the individual in the cargo area fell out of the vehicle hitting his head on the pavement. He sustained a blunt force head injury in the fall and passed away several days later.

The John Deere Turf TX Gator has many warnings on the machine to prevent accidents like this from happening. Right in front of the right side passenger is a safety sign stating:

“WARNING: ROLLOVER OR FALLING OFF MAY CAUSE DEATH.

- Read the operator’s manual.
- Drive very slowly when turning.
- Always use brake when going down a slope.
- No loads heavier than:
- 600 lbs (TX TURF)”

Additional warnings on the machine were:

“WARNING: RIDERS CAN FALL OFF AND BE KILLED

- Maximum of one person to a seat.
- No riders in box or anywhere else, or “Keep Riders Off Vehicle”.

These warnings and many others are also included in the Operator’s Manual.

The John Deere Turf TX Gator has a maximum speed of 15.5 mph, and is a very stable vehicle if operated properly. At the time it was manufactured, it met or exceeded all applicable standards. 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,

A handwritten signature in cursive script, appearing to read "Keith E. Steenlage".

Keith E. Steenlage

cc: Derek D. Murphy







This investigation was initiated from a newsclip. The information in this report was obtained from the responding Sheriff's office, a telephone interview with the responding Deputy and from information provided by the Coroner's Office. Attempts to interview the owner of the involved UTV were unsuccessful. **The reports obtained from the responding Sheriff's and Coroner's Offices are considered confidential and should be treated as such.**

The victims include a 10-year-old female victim, two 12-year-old female victims, a 13-year-old male victim and a 2-year-old male victim.

According to the responding Deputy, the involved product, a utility vehicle (UTV) was owned by one of the 12-year-old victim's family. No information was available on when or where the involved UTV had been purchased. No information was available on vehicle aftermarket modifications.

According to the responding Deputy, on 4/28/2012, at approximately 7:00pm, all five of the victims were riding in a field on the involved utility vehicle. According to an internet weather website, it was approximately 75°F and the weather was clear. One of the 12-year-old females was driving the utility vehicle (the involved utility vehicle was owned by her family); the other 12-year-old female was seated in the right front passenger seat. A 10-year-old female was seated behind the 12-year-old driver with the 2-year-old male seated in the middle back seat and the 13-year-old male seated in the right rear passenger seat. According to the Deputy, none of the victims were wearing a helmet and none of them were wearing a seat belt.

According to the responding Deputy, the victims had been riding the involved utility vehicle a short time when the 12-year-old driver traveled up a small incline located in the field. He stated that she was traveling at a high rate of speed and that when she reached the top of the incline she encountered a large tree branch. He stated that apparently she swerved to the right to avoid striking the tree branch. He stated that when she swerved, all five of the victims were ejected from the involved utility vehicle. He believes the utility vehicle rolled over to the left one complete time before coming to rest. He stated that the utility vehicle came to rest on the 13-year-old male's left leg.

According to the responding Deputy, there were no witnesses to the involved incident. He stated that a person that lived across the street from the field where the incident occurred had heard the crash (incident) and had called 911. He stated that when he responded to the incident he noticed that the 10-year-old female victim had a large contusion on her right side by her pelvic area and was coughing up blood. He stated that the 13-year-old male complained of leg pain. He stated that the two 12-year-old victims were not complaining of any injuries and that the 2-year-old male did not appear to be injured, aside from a few scratches on his face. He was not able to determine if the involved utility vehicle had rolled over the 10-year-old victim during the incident.

The responding Deputy stated that the 10-year-old female victim was air lifted to the hospital. The 12-year-old female driver (who initially appeared uninjured) and the 13-

year-old male victim were transported to a local hospital via an ambulance. He stated that the only information he had pertaining to their injuries was that the 12-year-old was hospitalized for a contusion on the brain and that the 13-year-old male was hospitalized for an unspecified leg injury. He had no further information on their diagnosis or current condition. The two-year-old male was treated and released to his parents at the scene. The remaining victim, the 12-year-old female passenger, was treated at the hospital for an unspecified shoulder injury.

The responding Deputy stated that he spoke with the owner of the involved utility vehicle, (whom is also the parent of the 12-year-old driver and 2-year-old male victim), briefly after the incident. According to the victim's father, the 12-year-old female is accustomed to driving the involved utility vehicle and that she rode it on a regular basis on the property. The Deputy stated that he was only able to interview the 13-year-old male at the scene due to the chaotic nature of the scene. He stated that he did not photograph the scene or the involved utility vehicle. He stated that the only damage he noted to the involved utility vehicle was that the rear view mirrors located on the left and right side of the utility had apparently been knocked off during the incident. A copy of the responding Deputy's report was obtained and is attached as Exhibit #2.

On 4/29/2012, the 10-year-old female died of the injuries she sustained in the incident. An autopsy was not performed. The coroner's office provided a copy of their death investigative report which lists the primary cause of death as necrotic bowel and multiple blunt force injuries. It is attached as Exhibit #3.

### **PRODUCT IDENTIFICATION**

**TYPE:** 4-wheeled utility vehicle

**BRAND:** Polaris

**MODEL NAME:** 800 Ranger Crew Cab

**MODEL NUMBER:** 800

**YEAR MODEL:** 2010

**VIN:** 4XAWY76A5A2154910

**COLOR:** Red

**DATE OF MANUFACTURE:** Unknown

**PLACE OF PURCHASE:** Unknown

**PURCHASE DATE:** Unknown

120509HCC3662

**MANUFACTURER:** Polaris

**COST:** Unknown

No other information was available on this product. Attempts to conduct an on-site investigation were unsuccessful.

**ATTACHMENTS**

- 1) Identity of Respondents (1 Page)
- 2) Sheriff's Office Incident Report (14 Pages)
- 3) Coroner's Death Investigation Report (7 Pages)
- 4) Utility Vehicle Data Record Sheet (1 Page)
- 5) Missing Document (1 Page)

**IDENTITY OF RESPONDENTS**

- Caddo Parish Sheriff's Office  
**ATTN: Deputy C. Patterson**  
501 Texas Street  
Shreveport, LA 71101

\*Deputy Patterson advised that no pictures had been taken by the Sheriff's Office during their investigation.

- Caddo Parish Coroner's Office  
**ATTN: Cindy McClinton**  
1704 Market Street  
Shreveport, LA 71101

\*An autopsy was not performed on the victim.

- (b)(6) (f involved UTV)

\*Attempts to contact and interview (b)(6) were unsuccessful. Attempts were made by telephone as well as by mail.

- (b)(5) (and mother/legal guardian of 10y of victim)
- (b)(6) (father of 13y of victim)

- Caddo Fire District #8  
**ATTN: J. Paulette**  
1007 South Spruce  
Vivian, LA 71082
- Caddo Parish Sheriff's Office  
**ATTN: Deputy Casey R. Jones**  
501 Texas Street  
Shreveport, LA 71101

\*Interviewed by telephone on 06/08/2012

CONFIDENTIAL REPORT

2012 / 3 / 01

# Caddo Parish Sheriffs Office INCIDENT REPORT

XDO

ORI LA 0090000  
Incident Number  
201200013101

Bay No. <b>7</b>	Date <b>04/28/2012</b>	Time Disp. <b>1910</b>	Time Arr <b>1913</b>	Time Clr <b>2100</b>	Area <b>1</b>	Sec. <b>B</b>	Deputy <b>CASEY RAY JONES</b>	Comm. # <b>1641</b>
Reported By <b>CADDO PARISH SHERIFF'S OFFICE</b>	Name: Last <b>CADDO PARISH SHERIFF'S OFFICE</b>	First	Middle	Race	Sex	Age	Nature of Incident <b>ACCIDENTAL DEATH</b>	
Address <b>505 Travis St., SHREVEPORT, LA 71101</b>						Home Phone	Business Phone <b>(318)675-2170</b>	
Address of Incident / Location Description <b>18779 ATLANTA MIRA RD. IDA, LA 71044 FIELD</b>						(Date / Time Occurrence) From: Date <b>04/28/12</b> Time <b>1905</b> To: Date <b>04/28/12</b> Time <b>1910</b>		
IRS# or Parish Ord. <b>PER:500</b>	Type of Criminal Activity: # 2 _____ # 3 _____ # 4 _____ # 5 _____							
1. <b>PER:500</b>	<input type="checkbox"/> B Buying/Receiving				<input type="checkbox"/> P Possessing/Concealing	<input type="checkbox"/> J Juvenile Gang-		
2.	<input type="checkbox"/> C Cultivating/Manufacturing/Publishing				<input type="checkbox"/> T Transporting/Transmitting/Importing	<input type="checkbox"/> G Other Gang		
3.	<input type="checkbox"/> D Distributing/Selling				<input type="checkbox"/> U Using/Consuming	<input checked="" type="checkbox"/> N None/Unknown		
4.	<input type="checkbox"/> E Exploiting Children				<input type="checkbox"/> I Possession with Intent to Sell			
5.	<input type="checkbox"/> O Operating/Promoting/Assisting				<input checked="" type="checkbox"/> X Other			
Location of Incident: ( Check only one ) ( Enter Code Number for Offense # 2 _____ # 3 _____ # 4 _____ # 5 _____ )								
01 <input type="checkbox"/> Air/Bus/Train Terminal	08 <input type="checkbox"/> Department/Discount	15 <input type="checkbox"/> Jail/Prison	22 <input type="checkbox"/> School/College					
02 <input type="checkbox"/> Bank/Savings & Loan	09 <input type="checkbox"/> Drug Store/Dr.'s Office/Hospital	16 <input type="checkbox"/> Lake/Waterway	23 <input type="checkbox"/> Service/Gas Station					
03 <input type="checkbox"/> Bar/Night Club	10 <input checked="" type="checkbox"/> Field/Woods	17 <input type="checkbox"/> Liquor Store	24 <input type="checkbox"/> Specialty Store (TV, Fur, etc.)					
04 <input type="checkbox"/> Church/Synagogue/Temple	11 <input type="checkbox"/> Government/Public Buildings	18 <input type="checkbox"/> Parking Lot/Garage	25 <input type="checkbox"/> Other/Unknown					
05 <input type="checkbox"/> Commercial/Office Building	12 <input type="checkbox"/> Grocery/Supermarket	19 <input type="checkbox"/> Rental/Storage Facility	40 <input type="checkbox"/> Casino Land Based					
06 <input type="checkbox"/> Construction Site	13 <input type="checkbox"/> Highway/Road/Alley	20 <input type="checkbox"/> Residence/Home	41 <input type="checkbox"/> Casino River Boat					
07 <input type="checkbox"/> Convenience Store	14 <input type="checkbox"/> Hotel/Motel/Etc.	21 <input type="checkbox"/> Restaurant						
Offense Involved: # 2 _____ # 3 _____ # 4 _____ # 5 _____								
<input type="checkbox"/> A Alcohol	<input type="checkbox"/> D Drugs	<input type="checkbox"/> C Computers	<input type="checkbox"/> DV Domestic Violence	<input checked="" type="checkbox"/> Juv Juveniles	<input type="checkbox"/> GRO Gaming Related Offense			
Offense Attempted / Completed					( For Burglary Only )			
1. A <input type="checkbox"/> C <input checked="" type="checkbox"/>	2. A <input type="checkbox"/> C <input type="checkbox"/>	3. A <input type="checkbox"/> C <input type="checkbox"/>	4. A <input type="checkbox"/> C <input type="checkbox"/>	5. A <input type="checkbox"/> C <input type="checkbox"/>	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Unoccupied	<input type="checkbox"/> Occupied	<input type="checkbox"/> Forcible
					<input type="checkbox"/> No Force	Number of Premises Entered: _____		
Type of Weapon/Force Used: # 2 _____ # 3 _____ # 4 _____ # 5 _____								
11 <input type="checkbox"/> Firearms (type not stated)	15 <input type="checkbox"/> Other Firearm	40 <input type="checkbox"/> Personal Weapons	70 <input type="checkbox"/> Narcotics/Drugs					
12 <input type="checkbox"/> Handgun	20 <input type="checkbox"/> Knife/Cutting Instrument	50 <input type="checkbox"/> Poison	85 <input type="checkbox"/> Asphyxiation					
13 <input type="checkbox"/> Rifle	30 <input type="checkbox"/> Blunt Object	60 <input type="checkbox"/> Explosives	90 <input type="checkbox"/> Other					
14 <input type="checkbox"/> Shotgun	35 <input type="checkbox"/> Motor Vehicle	65 <input type="checkbox"/> Fire/Incendary	95 <input type="checkbox"/> Unknown					
			99 <input checked="" type="checkbox"/> None					

CONFIDENTIAL REPORT

Victim Information										
1	Victim's	(b) (3): Exemption 3 for 25 (c), (b) (6)			Race	Sex	Age	Date of Birth	Aliases	
Address					LA 71069			Home Phone		
								(b) (6)		
Business Address / Place of Employment							Business Phone			
NONE							NONE			
Social Security No.		Resident Status:			Ethnicity:					
		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Unknown			<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown					
Victim Connected to Offense #:		Type of Victim:			Type of Injury:					
1. PER:500		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Religious			<input checked="" type="checkbox"/> None <input type="checkbox"/> Minor Injury					
2.		<input type="checkbox"/> Business <input type="checkbox"/> Society/Public			<input type="checkbox"/> Broken Bones <input type="checkbox"/> Major Injury					
3.		<input type="checkbox"/> Financial <input type="checkbox"/> Other			<input type="checkbox"/> Poss. Internal Injuries <input type="checkbox"/> Loss of Teeth					
4.		<input type="checkbox"/> Government <input type="checkbox"/> Unknown			<input type="checkbox"/> Severe Laceration <input type="checkbox"/> Unconsciousness					
5.		<input type="checkbox"/> Law Enforcement officer								
Type of Medical Treatment:		Missing Person / Recovery:			Victim Used:					
HOSPITALIZED		Disp <input type="checkbox"/> Disappeared Loc <input type="checkbox"/> Located			A <input type="checkbox"/> Alcohol					
Hospitalized at:		MH <input type="checkbox"/> Mental Health RH <input type="checkbox"/> Returned Home			D <input type="checkbox"/> Drugs					
L.S.U.H.S.C.		Vol <input type="checkbox"/> Voluntary CF <input type="checkbox"/> Contacted Family			W <input type="checkbox"/> Weapons					
Transported by:		Kid <input type="checkbox"/> Kidnapped CP <input type="checkbox"/> Contacted Police								
LIFE AIR		Unk <input type="checkbox"/> Unknown Unk <input type="checkbox"/> Unknown								
Missing Person Form Completed:				NCIC Form Completed:						
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
Relationship of Victim to Offender: (Put Offender/Arrestee Number in Blank)										
SE ___ Spouse	GP ___ Grandparent	SS ___ Stepsibling	ES ___ Estranged Spouse	RU ___ Relationship Unk.						
CS ___ Common-Law Spouse	GC ___ Grandchild	OF ___ Other Family	XS ___ Ex-Spouse	EE ___ Employee						
IL ___ In-Law	AQ ___ Acquaintance	NM ___ Non-Married Live-in	BE ___ Babysitter (baby)	ER ___ Employer						
SP ___ Stepparent	FR <u>1</u> Friend	CF ___ Child of "BC"	BG ___ Boy/Girl Friend	PA ___ Parent						
SC ___ Stepchild	NE ___ Neighbor	HR ___ Homosexual Rel	OK ___ Otherwise Known	SB ___ Sibling						
XB ___ Ex-Boyfriend/ Ex-Girlfriend	CH ___ Child	ST ___ Stranger	Vo ___ Victim was Offender							
Offender/Arrestee Information										
Off.	Arr.	Name: Last			First	Middle	Aliases			
1		(b) (6)								
Race	Sex	Age	Date of Birth	Driver's License		State	Social Security No.			
W	F	12	(b)(6)	NONE		LA				
Address							Home Phone			
(b)(6)							(b)(6)			
Business Address / Place of Employment							Business Phone			
VIVIAN MIDDLE MAGNET							NONE			

CONFIDENTIAL REPORT

**Offender/Arrestee Information**

Incident Number  
**201200013101**

<b>DESCRIPTIVE</b>	<b>Build</b>	<b>Eyes</b>	<b>Complexion</b>	<b>Hair Color</b>	<b>Hair Style</b>	<b>Hair Facial</b>	<b>Characteristics</b>	
	1. Athletic/Muscular 2. Heavy/Large 3. Average/Medium 4. Slender 5. Petite 99. Other	1. Blue 2. Green 3. Brown 4. Black 5. Gray 6. Hazel 7. Multicolor 99. Other	1. Albino 2. Black 3. Dark 4. Light 5. Fair 6. Olive 7. Ruddy 99. Other	1. Gray 2. Black 3. Red 4. Brown 5. Blond 6. White 7. Part Gray 8. Auburn 99. Other	1. Bald 2. Short 3. Medium 4. Shoulder Length 5. Long 6. Wig 7. Afro 8. Flat Top/Crew Cut 9. Curly 10. Straight 99. Other	1. Beard 2. Goatee 3. Mustache 4. Side Burns 5. Unshaven 6. Clean Shaven 99. Other	1. Scars 2. Marks 3. Tattoos 4. Disability 99. Other	
<b>Height</b>	<b>Weight</b>	<b>Build</b>	<b>Eyes</b>	<b>Complexion</b>	<b>Hair Color</b>	<b>Hair Style</b>	<b>Facial Hair</b>	<b>Characteristics</b>
5.02	120	3	3	4	4	5	99	
<b>Additional Description</b>								
<b>Date of Arrest:</b>		<b>Time</b>	<b>Location of Arrest</b>			<b>CS0 #</b>	<b>ATN #</b>	
<b>LRS # or Parish Ord:</b>		<b>Type of Arrest:</b>		<b>Arrest Result of:</b>		<b>Arrestee Armed with:</b>		
1. <b>PER:500</b>		O <input type="checkbox"/> On-View		II <input type="checkbox"/> Inv. of Incidents		01 <input type="checkbox"/> Unarmed		
2.		S <input type="checkbox"/> Summoned/Cited		OA <input type="checkbox"/> Observed Activity		11 <input type="checkbox"/> Firearm (type not stated)		
3.		T <input type="checkbox"/> Taken Into Custody		TS <input type="checkbox"/> Traffic Stop		12 <input type="checkbox"/> Handgun		
4.		F <input type="checkbox"/> Felony		W <input type="checkbox"/> Warrant		13 <input type="checkbox"/> Rifle		
5.		M <input type="checkbox"/> Misdemeanor		DV <input type="checkbox"/> Domestic Violence		14 <input type="checkbox"/> Shotgun		
<b>Arrestee Connected to Offense #:</b>			<b>Offender/Arrestee Used:</b>			<input type="checkbox"/> Multiple Clearance		
1 <input type="checkbox"/> 3 <input type="checkbox"/> S <input type="checkbox"/>			A <input type="checkbox"/> Alcohol			D <input type="checkbox"/> Drugs		
2 <input type="checkbox"/> 4 <input type="checkbox"/>			C <input type="checkbox"/> Computer Equipment			N <input checked="" type="checkbox"/> Not Applicable		
			G <input type="checkbox"/> Gaming Activity Motive of Crime			<input type="checkbox"/> Count Arrestee		
						<input checked="" type="checkbox"/> Not Applicable		
<b>Arrestee Ethnicity:</b>		<b>Resident Status:</b>		<b>Injury Type:</b>	<b>Med. Treatment/Hospitalized at:</b>			
H <input type="checkbox"/> Hispanic U <input type="checkbox"/> Unknown		R <input checked="" type="checkbox"/> Resident U <input type="checkbox"/> Unknown		<b>HEAD</b>	<b>NORTH CADDO / L.S.U.H.S.C.</b>			
N <input type="checkbox"/> Non-Hispanic		N <input type="checkbox"/> Nonresident			Transported by: <b>Caddo Fire Dist. #8</b>			
<b>Juvenile Status Offender:</b>		<b>Disposition of Arrestee Under 17:</b>			<b>Parents Notified:</b>			
<input type="checkbox"/> Run Away		D <input type="checkbox"/> Handled Within Department			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
<input type="checkbox"/> Truant		J <input type="checkbox"/> Referred to Juvenile Court or Probation Dept.			<b>Released to Parents:</b>			
<input type="checkbox"/> Ungovernable		W <input type="checkbox"/> Referred to Welfare Agency			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
<input type="checkbox"/> PINS Report Filed		P <input type="checkbox"/> Referred to Other Police Agency			<b>Agency Referred to:</b>			
		A <input type="checkbox"/> Referred to Criminal or Adult Court			<b>NONE</b>			

CONFIDENTIAL REPORT

Hate / Bias Motivation of Offender/Arrestee: # 2 \_\_\_\_\_ # 3 \_\_\_\_\_ # 4 \_\_\_\_\_ # 5 \_\_\_\_\_

- Racial**
- 11  Anti-White
  - 12  Anti-Black
  - 13  Anti American Indian/Alaskan, Native
  - 14  Anti-Asian/Pacific Islander
  - 15  Anti Multi Racial Group
- ETHNICITY/NATIONAL ORIGIN**
- 32  Anti-Hispanic
  - 33  Anti-Other Ethnicity/National Origin
- DISABILITY BIAS**
- 51  Anti-Physical Disability
  - 52  Anti-Mental Disability

- RELIGIOUS**
- 21  Anti-Jewish
  - 22  Anti-Catholic
  - 23  Anti-Protestant
  - 24  Anti-Islamic (Moslem)
  - 25  Anti-Other Religion
  - 26  Multi-Religious Group
  - 27  Atheism/Agnosticism
- SEXUAL**
- 41  Anti-Male Homosexual (Gay)
  - 42  Anti-Female Homosexual (Lesbian)
  - 43  Anti-Homosexual (Gay & Lesbians)
  - 44  Anti-Heterosexual
  - 45  Anti-Bisexual
- OTHER BIAS**
- 70  Age
  - 71  Ancestry
  - 72  Creed
  - 73  Gender
  - 74  Organizational Affiliation
  - 88  None
  - 99  Unknown

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1	Name: Last	First	Middle	Race	Sex	Age	Date of Birth	Place of Employment
	Address			Alias		Home Phone		Business Phone
2	Name: Last	First	Middle	Race	Sex	Age	Date of Birth	Place of Employment
	Address			Alias		Home Phone		Business Phone
3	Name: Last	First	Middle	Race	Sex	Age	Date of Birth	Place of Employment
	Address			Alias		Home Phone		Business Phone
4	Name: Last	First	Middle	Race	Sex	Age	Date of Birth	Place of Employment
	Address			Alias		Home Phone		Business Phone

Copies to: <i>SA 5/21/12</i> <input type="checkbox"/> DA <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Juvenile Court <input type="checkbox"/> IA	Case Status - Assigned to: <input type="checkbox"/> OCD <input type="checkbox"/> CID <input type="checkbox"/> Patrol <input checked="" type="checkbox"/> CID <input type="checkbox"/> IA <input type="checkbox"/> Other	No. of Victims: <b>6</b> No. of Arrestees No. of Offenders: <b>1</b>	Scene Processed by: <b>NONE</b> Latent Prints Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Photographs Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> CSI Report Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Investigator on Scene: <b>NONE</b>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------

Disposition: <input type="checkbox"/> Unfounded <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Open <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Cleared Exceptional Date Cleared Exceptional: <i>5/1/12</i>	A <input type="checkbox"/> Death of Offender B <input type="checkbox"/> Prosecution Declined C <input type="checkbox"/> Extradition Declined D <input type="checkbox"/> Victim Refused to Cooperate E <input type="checkbox"/> Juvenile No Custody O <input type="checkbox"/> Other N <input checked="" type="checkbox"/> Not Applicable	Reporting Deputy: <i>Casey R. Jones</i> #1641 Supervisor: <i>[Signature]</i> #218 Review Deputy: <i>[Signature]</i>	Comm. # <b>1641</b> Comm. # Comm. #
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CONFIDENTIAL REPORT

# Caddo Parish Sheriff's Office

## Supplemental Report

201200013101

Case Number

Victim's Name	Last	First	Middle	Date of Occurrence	Nature of Incident
(b) (3) : Exemption 3 for 25	(b) (6)	(b) (6)	(b) (6)	04/28/2012	ACCIDENTAL DEATH

### NARRATIVE:

Dispatched to (b)(6), in Ida, LA in reference to a private property crash involving one four wheeler. There were five occupants, four of which were transported to hospitals for treatment. The call was sent to the Caddo Sheriff's Office by Caddo Fire Communications.

On 04/28/2012, at about 1910 hours, I, Dep. C. Jones was dispatched to the scene. When I arrived, I was directed to the crash by (b)(6), the grandmother of two of the occupants. When I arrived at the crash, in the field of (b)(5), I saw (b)(6) lying on the ground on her back. She was conscious. I saw a large contusion on her right side and her mouth was bleeding. I also saw (b)(6) lying on the ground. He complained of his left leg hurting. I told both of them not to move to prevent further injury. I told everyone at the scene to not move either of the victims and that paramedics were on the way to help. (b)(6) was holding (b)(6) was a victim of the crash. He had small scratches on the left side of his face. The driver, (b)(6) was sitting in another four wheeler. Her parents said she was not hurt, only shaken up from the incident. The involved four wheeler was right side up. It was a red 2010 Polaris 800 Ranger Crew Cab. There was a large tree branch near the four wheeler.

Next, I moved my patrol car to where the Fire District could easily see the entrance of the field. I went back to the scene. (b)(6) had been rolled onto her side by her grandfather. He said he had to, because she was choking on the blood in her mouth. I told him not to move her anymore. I knelt down beside her to make sure no one else moved her.

When Fire District arrived at the scene, I directed them to (b)(6) first. After their initial evaluation, it was decided that Life Air was needed to transport her to L.S.U.H.S.C. Paramedics tried talking to (b)(6) about the incident, but she was too upset. She said she was not sure what happened. Fire District transported (b)(6) to the North Caddo Medical Center by ambulance. I heard Fire District advise the parents of (b)(6) that he should be taken to the hospital for further evaluation.

I went to the North Caddo Medical Center and talked to (b)(6). He said they were traveling at a high rate of speed when (b)(6) turned the four wheeler to avoid a large tree branch. That was when they were all thrown from the four wheeler. (b)(6) said the vehicle landed on his leg. He said no one used any type of restraint system. He also told me (b)(6) was an occupant of the four wheeler. (b)(6) was able to tell me the seating arrangement of all the occupants at the time of the accident. He said (b)(6) was in the driver's seat and (b)(6) was the front passenger. In the second row, (b)(6) sat behind the driver's seat; (b)(6) sat in the middle of the second row; and (b)(6) sat between (b)(6). No one wore helmets.

CONFIDENTIAL REPORT

NARRATIVE continued:

Next, I called (b)(6) and asked her about (b)(6). She said (b)(6) was involved in the crash, but did not complain of injuries at the scene. (b)(6) said (b)(6) was with her at L.S.U.H.S.C. At the hospital, (b)(6) complained of her shoulder hurting. (b)(6) said (b)(6) was being seen at the hospital.

The following are guardians of the victims of the crash:

1) (b)(6) LA, is the father of (b)(6) (b)(6) and (b)(6) Phone# (b)(6)

2) (b)(6), is the grandmother of (b)(6) (b)(6) Phone# (b)(6)

3) (b)(6) LA, is the father of (b)(6) Phone# (b)(6)

<b>Disposition:</b> <input type="checkbox"/> Unfounded <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Pending <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Exceptional  <input type="checkbox"/> A Death of Offender <input type="checkbox"/> B Prosecution Declined <input type="checkbox"/> C Extradition Declined <input type="checkbox"/> D Refused to Cooperate <input type="checkbox"/> E Juvenile No Custody <input type="checkbox"/> F Other <input checked="" type="checkbox"/> N Not Applicable  Date Cleared: <u>5/1/12</u>	Reporting Deputy <i>#1641</i> <b>CASEY RAY JONES</b>	Comm # <b>1641</b>	Date <b>04/30/2012</b>
	Supervisor <i>[Signature]</i>	Comm # <b>208</b>	Date <b>5/1/12</b>
	Review Deputy <i>[Signature]</i>	Comm # <b>250</b>	Date <b>5/1/12</b>
	Copies To: <input type="checkbox"/> DA <input type="checkbox"/> IA <input type="checkbox"/> OCD <input checked="" type="checkbox"/> Coroner <input checked="" type="checkbox"/> CID <input type="checkbox"/> Juvenile Court <input type="checkbox"/> Other		

# Caddo Parish Sheriff's Office

## Victim Supplemental Form

Incident Number  
**201200013101**

✓ 2	Victim's Name: Last <b>(b) (3): Exemption 3 for 25</b>	First <b>(b) (6)</b>	Middle <b>(b) (6)</b>	Race <b>W</b>	Sex <b>F</b>	Age <b>12</b>	Date of Birth <b>(b) (6)</b>	Alias
Address <b>(b) (6)</b> , IDA, LA 71044							Home Phone <b>(b) (6)</b>	
Business Address / Place of Employment <b>VIVIAN MIDDLE MAGNET</b>							Business Phone <b>NONE</b>	
Social Security No.		Resident Status: <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Unknown			Ethnicity: <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown			
Victim Connected to Offense #:		Type of Victim:			Type of Injury:			
1. <b>PER:500</b>		I <input checked="" type="checkbox"/> Individual R <input type="checkbox"/> Religious			N <input type="checkbox"/> None M <input type="checkbox"/> Minor Injury			
2. _____		B <input type="checkbox"/> Business S <input type="checkbox"/> Society/Public			B <input type="checkbox"/> Broken Bones O <input checked="" type="checkbox"/> Major Injury			
3. _____		F <input type="checkbox"/> Financial O <input type="checkbox"/> Other			I <input type="checkbox"/> Poss. Internal Injuries T <input type="checkbox"/> Loss of Teeth			
4. _____		G <input type="checkbox"/> government U <input type="checkbox"/> Unknown			L <input type="checkbox"/> Severe Laceration U <input type="checkbox"/> Unconsciousness			
5. _____		L <input type="checkbox"/> Law Enforcement officer						
Type of Medical Treatment: <b>HOSPITALIZED</b>		Missing Person / Recovery:			Victim Used:			
Hospitalized at: <b>NORTH CADDO / L.S.U.H.S.C.</b>		Disp <input type="checkbox"/> Disappeared Loc <input type="checkbox"/> Located			A <input type="checkbox"/> Alcohol			
Transported by: <b>CADDO FIRE DISTRICT #8</b>		MH <input type="checkbox"/> Mental Health RH <input type="checkbox"/> Returned Home			D <input type="checkbox"/> Drugs			
		Vol <input type="checkbox"/> Voluntary CP <input type="checkbox"/> Contacted Family			W <input type="checkbox"/> Weapons			
		Kid <input type="checkbox"/> Kidnapped CP <input type="checkbox"/> Contacted Police						
		Unk <input type="checkbox"/> Unknown Unk <input type="checkbox"/> Unknown						
Missing Person Form Completed:			NCIC Form Completed:					
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
Relationship of Victim to Offender: (Put Offender/Arrestee Number in Blank)								
SE ___ Spouse	GP ___ Grandparent	SS ___ Stepsibling	ES ___ Estranged Spouse	RU ___ Relationship Unk.				
CS ___ Common-Law Spouse	GC ___ Grandchild	OF ___ Other Family	XS ___ Ex-Spouse	EE ___ Employee				
IL ___ In-Law	AQ ___ Acquaintance	NM ___ Non-Married Live-in	BG ___ Babysitter (baby)	ER ___ Employer				
SP ___ Stepparent	FR ___ Friend	CF ___ Child of "BG"	BG ___ Boy/Girl Friend	PA ___ Parent				
SC ___ Stepchild	NE ___ Neighbor	HR ___ Homosexual Rel.	OK ___ Otherwise Known	SB ___ Sibling				
XB ___ Ex-Boyfriend/ Ex-Girlfriend	CH ___ Child	ST ___ Stranger	VO ___ Victim was Offender					

CONFIDENTIAL REPORT

3 V (b) (3): Exemption 3 for 25(c), (b) (6)		Race <b>W</b>	Sex <b>F</b>	Age <b>12</b>	Date of Birth <b>11/09/1999</b>	Alias			
Address (b) (6) LA 71069					Home Phone (b) (6)				
Business Address / Place of Employment <b>VIVIAN MIDDLE MAGNET</b>					Business Phone <b>NONE</b>				
Social Security No.	Resident Status: <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Unknown		Ethnicity: <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown						
Victim Connected to Offense #- 1. <b>PER:500</b> 2. _____ 3. _____ 4. _____ 5. _____		Type of Victim: I <input checked="" type="checkbox"/> Individual    R <input type="checkbox"/> Religious B <input type="checkbox"/> Business    S <input type="checkbox"/> Society/Public F <input type="checkbox"/> Financial    O <input type="checkbox"/> Other G <input type="checkbox"/> Government    U <input type="checkbox"/> Unknown L <input type="checkbox"/> Law Enforcement Officer		Type of Injury: N <input type="checkbox"/> None    M <input checked="" type="checkbox"/> Minor Injury B <input type="checkbox"/> Broken Bones    O <input type="checkbox"/> Major Injury I <input type="checkbox"/> Poss. Internal Injuries    T <input type="checkbox"/> Loss of Teeth L <input type="checkbox"/> Severe Laceration    U <input type="checkbox"/> Unconsciousness					
Type of Medical Treatment: <b>EVALUATION</b>		Missing Person / Recovery: Disp <input type="checkbox"/> Disappeared    Loc <input type="checkbox"/> Located ME <input type="checkbox"/> Mental Health    RH <input type="checkbox"/> Returned Home Vol <input type="checkbox"/> Voluntary    CF <input type="checkbox"/> Contacted Family Kid <input type="checkbox"/> Kidnapped    CP <input type="checkbox"/> Contacted Police Unk <input type="checkbox"/> Unknown    Unk <input type="checkbox"/> Unknown			Victim Used: A <input type="checkbox"/> Alcohol D <input type="checkbox"/> Drugs W <input type="checkbox"/> Weapons				
Hospitalized at: <b>L.S.U.H.S.C.</b>		Transported by: <b>GRANDMOTHER:</b> (b)(6)		Missing Person Form Completed: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			NCIC Form Completed: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Relationship of Victim to Offender: (Put Offender/Arrestee Number in Blank)									
SE ___ Spouse	GP ___ Grandparent	SS ___ Stepsibling	ES ___ Estranged Spouse	RU ___ Relationship Unk.					
CS ___ Common-Law Spouse	GC ___ Grandchild	OF ___ Other Family	XS ___ Ex-Spouse	EE ___ Employee					
IL ___ In-Law	AQ ___ Acquaintance	NM ___ Non-Married Live-in	BE ___ Babysitce (baby)	ER ___ Employer					
SP ___ Stepparent	FR ___ Friend	CF ___ Child of -BG	BG ___ Boy/Girl Friend	PA ___ Parent					
SC ___ Stepchild	NE ___ Neighbor	HR ___ Homosexual Rel.	OK ___ Otherwise Known	SB ___ Sibling					
XB ___ Ex-Boyfriend/ Ex-Girlfriend	CH ___ Child	ST ___ Stranger	Vo ___ Victim was Offender						
Deputy's Name: <b>CASEY R. JONES</b>		Supervisor's Name: <i>[Signature]</i>		Date of Report: <b>04/30/2012</b>		Date of Incident: <b>04/29/2012</b>			

# Caddo Parish Sheriff's Office

## Victim Supplemental Form

Incident Number  
**201200013101**

✓ 4	Victim's Name: Last <b>(b) (3):Exemption 3 for 25(</b>	First <b>(b) (3):Exemption 3 for 25(</b>	Middle <b>(b) (3):Exemption 3 for 25(</b>	Race <b>W</b>	Sex <b>M</b>	Age <b>13</b>	Date of Birth <b>(b)(6)</b>	Alias
Address <b>(b) (6)</b> <b>LA 71082</b>							Home Phone <b>(b) (6)</b>	
Business Address / Place of Employment <b>VIVIAN MIDDLE MAGNET</b>							Business Phone <b>NONE</b>	
Social Security No.		Resident Status: <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Unknown			Ethnicity: <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown			
Victim Connected to Offense #:		Type of Victim:			Type of Injury:			
1. <b>PER:500</b>		I <input checked="" type="checkbox"/> Individual R <input type="checkbox"/> Religious			N <input type="checkbox"/> None M <input type="checkbox"/> Minor Injury			
2. _____		B <input type="checkbox"/> Business S <input type="checkbox"/> Society/Public			B <input type="checkbox"/> Broken Bones O <input checked="" type="checkbox"/> Major Injury			
3. _____		F <input type="checkbox"/> Financial O <input type="checkbox"/> Other			I <input type="checkbox"/> Pass. Internal Injuries T <input type="checkbox"/> Loss of Teeth			
4. _____		G <input type="checkbox"/> government U <input type="checkbox"/> Unknown			L <input type="checkbox"/> Severe Laceration U <input type="checkbox"/> Unconsciousness			
5. _____		I <input type="checkbox"/> Law Enforcement officer						
Type of Medical Treatment: <b>HOSPITALIZED</b>		Missing Person / Recovery:				Victim Used:		
Hospitalized at: <b>NORTH CADDO MEDICAL</b>		Disp <input type="checkbox"/> Disappeared		Loc <input type="checkbox"/> Located		A <input type="checkbox"/> Alcohol		
Transported by: <b>CADDO FIRE DISTRICT #8</b>		MH <input type="checkbox"/> Mental Health		RH <input type="checkbox"/> Returned Home		D <input type="checkbox"/> Drugs		
		Vol <input type="checkbox"/> Voluntary		CF <input type="checkbox"/> Contacted Family		W <input type="checkbox"/> Weapons		
		Kid <input type="checkbox"/> Kidnapped		CP <input type="checkbox"/> Contacted Police				
		Unk <input type="checkbox"/> Unknown		Unk <input type="checkbox"/> Unknown				
Missing Person Form Completed:				NCIC Form Completed:				
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Relationship of Victim to Offender: (Put Offender/Arrestee Number in Blank)								
SE ___ Spouse	GP ___ Grandparent	SS ___ Stepsibling	ES ___ Estranged Spouse	RU ___ Relationship Unk.				
CS ___ Common-Law Spouse	GC ___ Grandchild	OF ___ Other Family	XS ___ Ex-Spouse	EE ___ Employee				
IL ___ In-Law	AQ ___ Acquaintance	NM ___ Non-Married Live-in	BG ___ Babysittee (baby)	ER ___ Employer				
SP ___ Stepparent	FR <u>1</u> Friend	CF ___ Child of "BG"	BG ___ Boy/Girl Friend	PA ___ Parent				
SC ___ Stepchild	NE ___ Neighbor	HR ___ Homosexual Rel.	OK ___ Otherwise Known	SB ___ Sibling				
XB ___ Ex-Boyfriend/ Ex-Girlfriend		CH ___ Child	ST ___ Stranger	VO ___ Victim was Offender				

CONFIDENTIAL REPORT

Victim's Name: Last First Middle <b>(b) (3): Exemption 3 for 25 (</b>		Race <b>W</b>	Sex <b>M</b>	Age <b>2</b>	Date of Birth <b>08/07/2009</b>	Alias
Address <b>(b) (6) IDA, LA 71044</b>					Home Phone <b>(b) (6)</b>	
Business Address / Place of Employment <b>NONE</b>					Business Phone <b>NONE</b>	
Social Security No.		Resident Status: <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Unknown		Ethnicity: <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown		
Victim Connected to Offense #:		Type of Victim:		Type of Injury:		
1. <b>PER:500</b>		I <input checked="" type="checkbox"/> Individual: R <input type="checkbox"/> Religious		N <input type="checkbox"/> None M <input checked="" type="checkbox"/> Minor Injury		
2. _____		B <input type="checkbox"/> Business S <input type="checkbox"/> Society/Public		B <input type="checkbox"/> Broken Bones O <input type="checkbox"/> Major Injury		
3. _____		F <input type="checkbox"/> Financial O <input type="checkbox"/> Other		I <input type="checkbox"/> Poss. Internal Injuries T <input type="checkbox"/> Loss of Teeth		
4. _____		G <input type="checkbox"/> Government U <input type="checkbox"/> Unknown		L <input type="checkbox"/> Severe Laceration U <input type="checkbox"/> Unconsciousness		
5. _____		L <input type="checkbox"/> Law Enforcement officer				
Type of Medical Treatment: <b>EVALUATION</b>		Missing Person / Recovery:			Victim Used:	
Hospitalized at: <b>NONE</b>		Disp <input type="checkbox"/> Disappeared Loc <input type="checkbox"/> Located			A <input type="checkbox"/> Alcohol	
Transported by: <b>NONE</b>		ME <input type="checkbox"/> Mental Health RH <input type="checkbox"/> Returned Home			D <input type="checkbox"/> Drugs	
		Vol <input type="checkbox"/> Voluntary CF <input type="checkbox"/> Contacted Family			W <input type="checkbox"/> Weapons	
		Kid <input type="checkbox"/> Kidnapped CP <input type="checkbox"/> Contacted Police				
		Unk <input type="checkbox"/> Unknown Unk <input type="checkbox"/> Unknown				
Missing Person Form Completed:			NCIC Form Completed:			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Relationship of Victim to Offender: (Put Offender/Arrestee Number in Blank)						
SE ___ Spouse	GP ___ Grandparent	SS ___ Stepsibling	ES ___ Estranged Spouse	RI ___ Relationship Unk.		
CS ___ Common-Law	CC ___ Grandchild	OF ___ Other Family	XS ___ Ex-Spouse	EE ___ Employee		
IL ___ Spouse In-Law	AQ ___ Acquaintance	NM ___ Non-Married Live-in	BE ___ Babysitter (baby)	ER ___ Employer		
SP ___ Stepparent	FR ___ Friend	CF ___ Child of -BG*	BG ___ Boy/Girl Friend	PA ___ Parent		
SC ___ Stepchild	NE ___ Neighbor	HR ___ Homosexual Rel.	OK ___ Otherwise Known	SB <u>1</u> Sibling		
XB ___ Ex-Boyfriend/ Ex-Girlfriend	CR ___ Child	ST ___ Stranger	Vo ___ Victim was Offender			
Deputy's Name: <b>CASEY R. JONES</b>		Supervisor's Name: <i>[Signature]</i>		Date of Report: <b>04/30/2012</b>		Date of Incident: <b>04/29/2012</b>

CONFIDENTIAL REPORT

# Additional Incident Information Sheet

201200013101

Case Number

## Suspect / Involved Vehicle

1	Year <b>2010</b>	Make <b>Polaris</b>	Model <b>Four Wheeler</b>	Color <b>Red</b>	State <b>LA</b>	Lic. Number <b>OR453466</b>	Vin. No. <b>4XAWY76A5A2154910</b>
Drivable <input checked="" type="checkbox"/> Non Drivable <input type="checkbox"/>		Owner Notified Towed <input checked="" type="checkbox"/>		Released at Scene Left at Scene <input type="checkbox"/> <input checked="" type="checkbox"/>		Hold Placed Wanted <input type="checkbox"/> Storage Report Completed <input type="checkbox"/>	
Towed By <b>N/A</b>		Stored At <b>N/A</b>			Owner/Driver Name <b>(b) (6) (Owner)</b>		

Additional Description

2	Year	Make	Model	Color	State	Lic. Number	Vin. No.
Drivable <input type="checkbox"/> Non Drivable <input type="checkbox"/>		Owner Notified Towed <input type="checkbox"/>		Released at Scene Left at Scene <input type="checkbox"/>		Hold Placed Wanted <input type="checkbox"/> Storage Report Completed <input type="checkbox"/>	
Towed By		Stored At			Owner/Driver Name		

Additional Description

<b>VICTIM WAS</b>	#1 _____	#2 _____	#3 _____	#4 _____	#5 _____																														
	1. Blind Folded	2. Forced to Cover Face	3. Bound	4. Gagged	5. Handcuffed	6. Forced to Lie on Floor	7. Forced to Move	8. Forced to Rear of Building	9. Locked In	10. Made to Count	11. Threatened	12. Tortured	13. Kidnapped	14. Disrobed by Suspect	15. Forced to Disrobe	16. Forced to Fondle Suspect	17. Forced to Masturbate	18. Forced to Have Sex w/ Other Person	19. Molested by Suspect	20. Orally Copulated	21. Raped	22. Raped More Than Once	23. Sodomized	24. Other Sex Acts	25. Forced Off Roadway	26. Forced Into Vehicle	27. Struck by Vehicle	28. Forced from Moving Vehicle	29. Beaten with a Weapon	30. Beaten non-Weapon	31. Shot	32. Stabbed/Cut	33. Burned	34. Given Drugs / Alcohol	35. Other

<b>POINT OF ENTRY</b>	1. <input type="checkbox"/> Window	<b>METHOD TO DOOR</b>	1. <input type="checkbox"/> Knob Twist	<b>POINT OF EXIT</b>	1. <input type="checkbox"/> Window
	2. <input type="checkbox"/> Door		2. <input type="checkbox"/> Lock/Slipped Key		2. <input type="checkbox"/> Door
3. <input type="checkbox"/> Roof	3. <input type="checkbox"/> Lock Pick/Punched	3. <input type="checkbox"/> Smashed	3. <input type="checkbox"/> Roof	3. <input type="checkbox"/> Floor	
4. <input type="checkbox"/> Floor	4. <input type="checkbox"/> Lock Cut/Broken	4. <input type="checkbox"/> Kicked	4. <input type="checkbox"/> Floor	4. <input type="checkbox"/> Wall	
5. <input type="checkbox"/> Wall	5. <input type="checkbox"/> Removed	5. <input type="checkbox"/> Pried	5. <input type="checkbox"/> Wall	5. <input type="checkbox"/> Front	
6. <input type="checkbox"/> Front	6. <input type="checkbox"/> Bodily Force	6. <input type="checkbox"/> Cut Fence	6. <input type="checkbox"/> Front	6. <input type="checkbox"/> Rear	
7. <input type="checkbox"/> Rear	7. <input type="checkbox"/> Timed	7. <input type="checkbox"/> Open for Business	7. <input type="checkbox"/> Rear	7. <input type="checkbox"/> Side	
8. <input type="checkbox"/> Side	8. <input type="checkbox"/> Open/Unlocked	8. <input type="checkbox"/> Hid In Building	8. <input type="checkbox"/> Side	8. <input type="checkbox"/> Unknown	
9. <input type="checkbox"/> Unknown	9. <input type="checkbox"/> Used Vehicle	9. <input type="checkbox"/> Unknown	9. <input type="checkbox"/> Unknown	9. <input type="checkbox"/> Other	
10. <input type="checkbox"/> Other	10. <input type="checkbox"/> Other	10. <input type="checkbox"/> Other	10. <input type="checkbox"/> Other		

14 Feb 04 Std

CONFIDENTIAL REPORT

VEHICLE ONLY	1. <input type="checkbox"/> Driver Side	TOOLS USED	1. <input type="checkbox"/> Bolt Cutter	SECURITY SYSTEM	1. <input type="checkbox"/> None
	2. <input type="checkbox"/> Passenger Side		2. <input type="checkbox"/> Glass Cutter		2. <input type="checkbox"/> Open
	3. <input type="checkbox"/> Convertible		3. <input type="checkbox"/> Pry Tool		3. <input type="checkbox"/> Standard Locks
	4. <input type="checkbox"/> Door		4. <input type="checkbox"/> Vise Grips		4. <input type="checkbox"/> Dead Bolt Locks
	5. <input type="checkbox"/> Hood		5. <input type="checkbox"/> Lock Pliers		5. <input type="checkbox"/> Auxiliary Locks
	6. <input type="checkbox"/> Sun Roof		6. <input type="checkbox"/> Screw Driver		6. <input type="checkbox"/> Security Camera
	7. <input type="checkbox"/> Trunk		7. <input type="checkbox"/> Pipe Wrench		7. <input type="checkbox"/> Fence
	8. <input type="checkbox"/> Windshield		8. <input type="checkbox"/> Saw		8. <input type="checkbox"/> Security Bars
	9. <input type="checkbox"/> Window		9. <input type="checkbox"/> Drill		9. <input type="checkbox"/> Outside Lights On
	10. <input type="checkbox"/> Unknown		10. <input type="checkbox"/> Brick/Rock		10. <input type="checkbox"/> Inside Lights On
	11. <input type="checkbox"/> Other		11. <input type="checkbox"/> Key		11. <input type="checkbox"/> Guard Service
	12. <input type="checkbox"/> Hanger/Slip Device	12. <input type="checkbox"/> Property Marked			
	13. <input type="checkbox"/> Tape or Wire	13. <input type="checkbox"/> Unknown			
	14. <input type="checkbox"/> Explosive Device	14. <input type="checkbox"/> Other			
	15. <input type="checkbox"/> Bum	15. <input type="checkbox"/> Silent Alarm			
	16. <input type="checkbox"/> Access Card	16. <input type="checkbox"/> Audible Alarm			
	17. <input type="checkbox"/> Other				
	18. <input type="checkbox"/> Unknown				

TARGET OF CRIME	1. <input type="checkbox"/> Bedroom	15. <input type="checkbox"/> Bonds/Stocks	28. <input type="checkbox"/> Customer
	2. <input type="checkbox"/> Dining Room	16. <input type="checkbox"/> Auto Parts	29. <input type="checkbox"/> Owner/Employee
	3. <input type="checkbox"/> Living Room	17. <input type="checkbox"/> Fishing Equipment	30. <input type="checkbox"/> Bank Teller
	4. <input type="checkbox"/> Garage/Carport	18. <input type="checkbox"/> Clothes/Furs	31. <input type="checkbox"/> Pedestrian
	5. <input type="checkbox"/> Storage Shed	19. <input type="checkbox"/> Coin Collection	32. <input type="checkbox"/> Juvenile
	6. <input type="checkbox"/> Vending Machine	20. <input type="checkbox"/> Stamp Collection	33. <input type="checkbox"/> Elderly
	7. <input type="checkbox"/> Coin Opr. Machine	21. <input type="checkbox"/> Construction Material	34. <input type="checkbox"/> Disabled
	8. <input type="checkbox"/> Cash Register Drawer	22. <input type="checkbox"/> Household Goods	35. <input type="checkbox"/> Abandoned Property
	9. <input type="checkbox"/> Safe	23. <input type="checkbox"/> Classroom Equipment	36. <input type="checkbox"/> Unoccupied Property
	10. <input type="checkbox"/> Cash Box	24. <input type="checkbox"/> Computer Equipment	37. <input type="checkbox"/> Occupied Property
	11. <input type="checkbox"/> Automated Teller	25. <input type="checkbox"/> Office Equipment	38. <input type="checkbox"/> Other
	12. <input type="checkbox"/> Sales Area	26. <input type="checkbox"/> Firearms	39. <input type="checkbox"/> Unknown
	13. <input type="checkbox"/> School Building	27. <input type="checkbox"/> Jewelry	
	14. <input type="checkbox"/> Cash/Bank Notes		

OFFENDER ACTIONS	#1 _____	#2 _____	#3 _____	#4 _____	#5 _____
	1. Multiple Offenders	16. Used Alcohol/Drugs	31. Repair Person		
	2. Disabled Alarm	17. Defecated	32. Customer		
	3. Disabled Phone	18. Urinated	33. Employee		
	4. Disabled Power	19. Masturbated	34. Cleaning Person		
	5. Cased Location	20. Exposed Self	35. Needed Water/Bathroom		
	6. Used Lookout	21. Made Cash Demand	36. Needed Phone		
	7. Hid In Building	22. Used Demand Note	37. Seeking Employment		
	8. Hid Outside Building	23. Wore Gloves	38. Seeking Assistance		
	9. Followed/Stalked Victim	24. Used Mask/Hid Face	39. Lending Assistance		
	10. Kidnapped Victim	25. Ransacked	40. Person Who Found Money		
	11. Held Victim's Family Hostage	26. Vandalized	41. Disabled Motorist		
	12. Took Other Hostage	27. Fited Weapon	42. Gang Member		
	13. Forced Vehicle Off Road	28. Took Victim's Vehicle	43. Used False ID		
	14. Ate/Drank on Premises	29. Delivery Person	44. Other		
15. Smoked	30. Police Officer	45. Unknown			

# Caddo Parish Sheriff's Office Supplemental Report

**201200013101**

Case Number

Victim's Name	Last	First	Middle	Date of Occurrence	Nature of Incident
(b) (3):Exemption 3 for 25				04/28/2012	ACCIDENTAL DEATH

### NARRATIVE:

**This is a supplement report to case# 201200013101.**

**On 04/29/2012, at about 1438 hours, Dep. Coroner Katrina Wright contacted me, Dep. C. Jones, by telephone. She told me (b)(3):CPSA Section 25(c) was deceased as a result of the four wheeler accident at (b)(6)**

**Allison's D.O.B. was 08/31/2001.**

**I was also advised by Sgt. Cowgill that the driver, (b)(3):CPSA Section 25(c) was hospitalized in the I.C.U. at the L.S.U.H.S.C. on 04/29/2012 as a result of injuries from the accident.**

CONFIDENTIAL REPORT

**NARRATIVE continued:**

[The narrative section is mostly blank with some faint, illegible markings.]

<b>Disposition:</b> <input type="checkbox"/> Unfounded <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Pending <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Exceptional  <input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined <input type="checkbox"/> Extradition Declined <input type="checkbox"/> Refused to Cooperate <input type="checkbox"/> Juvenile No Custody <input checked="" type="checkbox"/> Other <input type="checkbox"/> Not Applicable  Date Cleared: <u>5/1/12</u>	Reporting Deputy # <u>1641</u> <i>[Signature]</i> <b>Casey Ray Jones</b>	Comm # <b>1641</b>	Date <b>04/29/2012</b>
	Supervisor <i>[Signature]</i> <b>7</b>	Comm # <b>718</b>	Date <b>5/1/12</b>
	Review Deputy <i>[Signature]</i>	Comm # <b>250</b>	Date <b>5-1-12</b>
	Copies To: <input type="checkbox"/> DA <input type="checkbox"/> IA <input type="checkbox"/> OCD <input checked="" type="checkbox"/> Coroner <input checked="" type="checkbox"/> CID <input type="checkbox"/> Juvenile Court <input type="checkbox"/> Other		



**INVESTIGATION INFORMATION**

**Notification**

04/29/2012 14:25	Answering Service	LSU HSC
Date / Time	Received By	Decedent Location
LSUHSC	Teala Lang	675-7150
Notifying Agency	Agency Representative	Phone Number
Caddo	Hospital - Inpatient	<input checked="" type="checkbox"/>
Jurisdiction / Parish	Place of Death	Location Within City Limits

**Coroner Investigators**

04/29/2012	Katrina Wright	
Date of Investigation	Primary Investigator	Investigator 2
550239		City
Report Number	Investigator 3	Invoicing Code

**DEMOGRAPHICS**

(b) (3) : Exemption 3 for 25 (c) , (b) (6)					
First	Middle	Last	SSN	Marital Status	
(b)(6)			LA	71069	
Address		City	State	Zip	
White	Female	(b)(6)	04/29/2012 14:19	10	
Race	Sex	Date of Birth	Date/Time of Death	Age	Occupation

**LE / EMS INFORMATION**

**LE Personnel**

Reporting Officer	LE Agency	Phone
Lead Detective	LE Agency	Phone
Additional Personnel	Law Enforcement Number	

**EMS**

EMS Agency	EMS Unit	EMS Intervention
		<input type="checkbox"/> Yes <input type="checkbox"/> No

**CONFIDENTIAL REPORT**  
OFFICE OF THE CORONER  
PARISH OF CADDO  
STATE OF LOUISIANA  
2900 HEARNE AVENUE, SHREVEPORT LA 71103

**INFORMANT INFORMATION**

Found Dead By:

Name	Relationship	Address	Phone	Date
------	--------------	---------	-------	------

Last Seen Alive By:

Name	Relationship	Address	Phone	Date
------	--------------	---------	-------	------

Witness to Injury / Illness / Death

Name	Relationship	Address	Phone	Date
------	--------------	---------	-------	------

**INJURY DETAILS**

**In A Field**

Yes  No

Place of Injury Injured At Work

Location of Injury

Same As Decedent Location

Location Within City Limits

(b) (6)	Ida	Caddo	LA
Injury Address	City	Parish	State

Date of Injury 04/28/2012 Time of Injury 19:10

Injury Description

**Subject involved in an All Terrain Vehicle Collision**

**MEDICAL CARE INFORMATION**

LSUHSC	1868 Kings Hwy 71103	675-5000
Hospital / Care Facility / Hospice	Address	Phone

04/28/2012	Dr. Youseff	675-5000
Admission / SOC Date	Attending Physician	Phone

Admitting Diagnosis

**Multiple Blunt Force Injuries**

**CONFIDENTIAL REPORT**  
OFFICE OF THE CORONER  
PARISH OF CADDO  
STATE OF LOUISIANA  
2900 HEARNE AVENUE, SHREVEPORT LA 71103

**MEDICAL HISTORY**

---

Death Pronounced By \_\_\_\_\_ Primary Care Physician \_\_\_\_\_ Physician Address \_\_\_\_\_ Physician Phone \_\_\_\_\_

Past Medical History

Past Surgical History

Exploratory Lab

Drugs

Yes  No

Alcohol

Yes  No

Tobacco

Yes  No

Other \_\_\_\_\_

Communicable Diseases

Yes  No  Unknown

Communicable Diseases List

Medication Collected

Yes  No

**SCENE DESCRIPTION**

---

Physical Location of Body \_\_\_\_\_ Ambient Temp (F) \_\_\_\_\_ Date / Time Taken \_\_\_\_\_ Weather Conditions \_\_\_\_\_

Yes  No

Forced Entry

Who Forced Entry \_\_\_\_\_

Doors State \_\_\_\_\_

Doors Condition \_\_\_\_\_

Windows State \_\_\_\_\_

Windows Condition \_\_\_\_\_

Yes  No

Illegal Drugs /Alcohol

Weapon Found

Weapon \_\_\_\_\_

Surface Type Where The Body Was Found \_\_\_\_\_

Scene Description

---

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MOTOR VEHICLE COLLISION (MVC) INVESTIGATION

Decedent Position Ejected Restraints Used None

Helmet Used  Yes  No No. of Vehicles 1 No. of Fatalities 1

All Terrain Vehicle

Year / Make / Model of Vehicle of Decedent \_\_\_\_\_

Illegal Drugs/Alcohol Present  Yes  No  Unknown

Were Air Bags Present  Yes  No

Did Air Bags Deploy  Yes  No

Road Type \_\_\_\_\_

Road Surface \_\_\_\_\_

Road Conditions \_\_\_\_\_

Posted Speed Limit \_\_\_\_\_

Divided Roadway  Undivided Roadway

Mile Post Marker \_\_\_\_\_

Traffic Control \_\_\_\_\_

Functioning  Yes  No

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BODY VIEW

<b>Katrina Wright</b>		<b>4/29/2012 3:03:20 PM</b>		<b>Hospital</b>
Viewed By		Viewed On		View Location
<b>Brown</b>	<b>Long</b>	<b>Straight</b>	<b>N/A</b>	<b>N/A</b>
Hair Color	Hair Length	Hair Texture	Beard	Mustache
<b>Brown</b>		<b>4'7</b>		<b>69</b>
Eye Color	Dentition	Length		Weight
Toenail Polish	Eyeglasses Present	Circumcised	Fingernail Polish	Fingernails Broken
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fingernails Length		Rigor Mortis	Rigor Description	
			<b>None</b>	
Date Time		Method Taken	Body Temperature	
<input type="checkbox"/> Livor Fixed <input type="checkbox"/> Livor Not Fixed		Livor Description		
<input type="checkbox"/> Clothed <input checked="" type="checkbox"/> Unclothed <input type="checkbox"/> Partially Clothed		Clothing Description		
Blood Present	<b>Surgical</b>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Blood Description			
Jewelry Present	Jewelry Removed	Jewelry Description		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Identifying Features				
Tattoos		Wounds	Fractures	Other
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Scars		Deformities	Signs of Medical Intervention	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Personal Effects Exists		Personal Effects Removed		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Photos Taken During Body View				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

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NEXT OF KIN

(b) (6)	Grandmother	(b) (6)
Name	Relationship	Phone
(b) (6)	Rodessa	LA 71069
Address	City	State Zip
Notified	LSU HSC	4/29/2012 2:19:51 PM
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Notified By	Date & Time Notified

DISPOSITION OF CASE

Released To Funeral Home

Funeral Home	Address	Phone
--------------	---------	-------

Autopsy Authorized By Coroner

Out Of Jurisdiction

Body On Hold At Morgue

Toxicology Without Autopsy

Cremation Authorized

Pathologist Notified  Yes  No

Pathologist

Case Transferred To \_\_\_\_\_ Date / Time of Transfer \_\_\_\_\_

Private Autopsy Ordered  Not A Coroner's Case

Pauper's Case

Transportation of Body Arranged By \_\_\_\_\_

CAUSE / MANNER OF DEATH

Natural  Accident  Suicide  Homicide  Undetermined  Pending

Primary Cause of Death

Necrotic Bowel  
Multiple Blunt Force Injuries  
All Terrain Vehicle Collision

Other Significant Conditions Contributing to Death  Tobacco  Other

Onset to Time of Death Interval

Hours  
Hours  
Hours

Pregnant During Last 90 days

Yes  No  Unknown

Autopsy Performed

Yes  No

TYPE OF DEATH

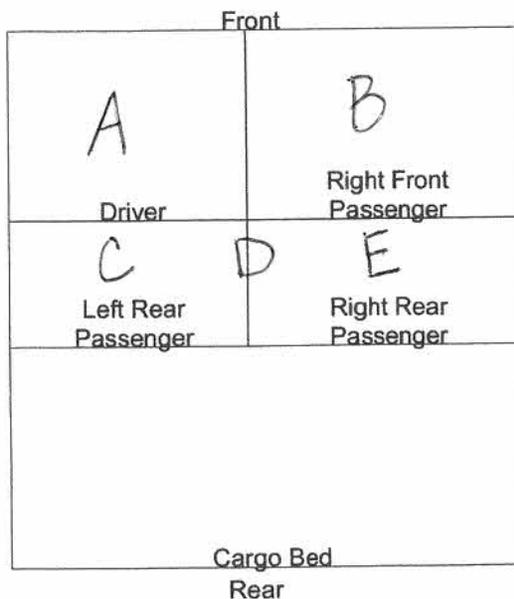
<input type="checkbox"/> Hospice	<input type="checkbox"/> Under 24hr Admit	<input type="checkbox"/> Cremation Only
<input type="checkbox"/> Suspicious, Unusual or Unnatural	<input type="checkbox"/> Reported Out of Parish	<input type="checkbox"/> NACC
<input type="checkbox"/> Found Dead	<input type="checkbox"/> Custody of Law Enforcement	<input type="checkbox"/> Under 1 YOA
<input type="checkbox"/> Suspected Poisoning	<input type="checkbox"/> Communicable Disease	<input type="checkbox"/> Nursing Home
<input checked="" type="checkbox"/> Injury/Trauma	<input type="checkbox"/> SUIDI	<input type="checkbox"/> Suspected Homicide / Suicide

CONFIDENTIAL REPORT  
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2900 HEARNE AVENUE, SHREVEPORT LA 71103

CASE NARRATIVE

I was notified by LSU Health Sciences Center of the death of a 10 year old female. (b)(3):CPSA S, was at LSU HSC at the time of death. According to Caddo Parish Sheriff Office, the decedent was on the back of an ATV as a passenger when the driver attempted to avoid hitting a tree branch and the vehicle rolled. The decedent was not wearing a helmet. Dr. Thoma was notified of this death and no autopsy was authorized. The decedent's cause of death was necrotic bowel with secondary diagnosis of multiple blunt force injuries and all terrain vehicle collision. The decedent was released.

Utility Vehicle Data Record Sheet



The Utility Vehicle

A:	Age: 12	Height: 5'2"
	Gender: F	Weight: 120 lbs
	Helmet (Y/N): N   Seatbelt (Y/N): N	
	Killed/Injured/Neither/Unknown: Injured	
	Injury Description: Contusion on brain	
	Did vehicle land on victim: unknown	
	Ejected (Either partially or fully): fully	

B:	Age: 12	Height: unknown
	Gender: F	Weight: unknown
	Helmet (Y/N): N   Seatbelt (Y/N): N	
	Killed/Injured/Neither/Unknown: Injured	
	Injury Description: Shoulder injury	
	Did vehicle land on victim: unknown	
	Ejected (Either partially or fully): fully	

C:	Age: 10	Height: 4'7"
	Gender: F	Weight: 69 lbs.
	Helmet (Y/N): N   Seatbelt (Y/N): N	
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: multiple blunt force	
	Did vehicle land on victim: unknown	
	Ejected (Either partially or fully): fully	

D:	Age: 2	Height: 2'
	Gender: M	Weight: 25 lbs
	Helmet (Y/N): N   Seatbelt (Y/N): N	
	Killed/Injured/Neither/Unknown: no injury	
	Injury Description: scrapes - minor	
	Did vehicle land on victim: no	
	Ejected (Either partially or fully): fully	

E:	Age: 13	Height: 5'4"
	Gender: M	Weight: 75 lbs.
	Helmet (Y/N): N   Seatbelt (Y/N): N	
	Killed/Injured/Neither/Unknown: Injured	
	Injury Description: unspecified leg injury	
	Did vehicle land on victim: yes	
	Ejected (Either partially or fully): 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.** 120509HCC3662**Date:** June 11, 2012**STATUS OF MISSING DOCUMENT (S)**

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

**1.** Fire Report (Medical Run Report)**2.** Medical Records**3.** \_\_\_\_\_**4.** \_\_\_\_\_**5.** \_\_\_\_\_**Date:** \_\_\_\_\_ **Investigator No:** 9096**Regional office:** 8400 **Supervisor No:** 8631



TASK NUMBER 120510HCC2743



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

**WARNING**

**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.**

<b>1. Task Number</b> 120510HCC2743		<b>2. Investigator's ID</b> 4714		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
<b>3. Office Code</b> 810	<b>4. Date of Accident</b> YR MO DAY 2011 11 15		<b>5. Date Initiated</b> YR MO DAY 2012 05 14	
<b>6. Synopsis of Accident or Complaint</b> <b>UPC</b> <p>The 36-year-old female victim was found deceased in the toy hauler trailer located next to her home. The cause of death was determined to be carbon monoxide poisoning. A four-wheeled UV was found in the trailer with its key in the ignition in the off position and fuel in the gas tank. Officials could not find any other possible source of carbon monoxide other than the UV.</p> <p style="text-align: right;"><u>MFR/PRVLBR NOTIFIED</u>  COMMENTS: ___ YES <input checked="" type="checkbox"/> NO  ___ OVERRULED; ___ ATTACHED  <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS <u>66</u>;  ___ DO NOT RE-NOTIFY ___ RE-NOTIFY  <u>1/16/14</u> <i>lc</i></p>				
<b>7. Location (Home, School, etc)</b> 1 - HOME		<b>8. City</b> MANSFIELD		<b>9. State</b> OH
<b>10A. First Product</b> 1899 - Carbon Monoxide Poisoning (w		<b>10B. Trade/Brand Name</b> NONE		<b>10C. Model Number</b> UNKNOWN
<b>10D. Manufacturer Name and Address</b> UNKNOWN				
<b>11A. Second Product</b> 5044 - Utility Vehicles		<b>11B. Trade/Brand Name</b> NONE		<b>11C. Model Number</b> NONE
<b>11D. Manufacturer Name and Address</b> NONE				
<b>12A. Hispanic or Latino</b> 2 - No		<b>12B. Race</b> 1 - White <b>Other:</b>		<b>12C. Race Source</b> 3 - Official Document
<b>13. Age of Victim</b> 36		<b>14. Sex</b> 2 - Female	<b>15. Disposition</b> 8 - Death	<b>16. Injury Diagnosis</b> 65 - Anoxia
<b>17. Body Part(s)</b> Involved 85 - ALL OF BODY		<b>18. Respondent</b> 3 - 2nd Hand Info Only	<b>19. Type of Investigation</b> 2 - Telephone	<b>20. Time Spent</b> (Operational / Travel) 13.5 / 0
<b>21. Attachment(s)</b> 9 - Multiple Attachments		<b>22. Case Source</b> 14 - Death Certificate		<b>23. Sample Collection Number</b>
<b>24. Permission to Disclose Name (Non NEISS Cases Only)</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input checked="" type="radio"/> Verbal <input type="radio"/> Written				
<b>25. Review Date</b> 06/12/2012		<b>26. Reviewed By</b> 8930		<b>27. Regional Office Director</b> Dennis R. Blasius
<b>28. Distribution</b> Hnatov, Matthew			<b>29. Source Document Number</b> 1139094661	

## **IDI 120510HCC2743**

### **Page 1**

This investigation was based upon a death certificate stating a 36-year-old white female died as a result of carbon monoxide toxicity. Information contained within this report was obtained from a telephone interview with the investigator from the Medical Examiner's (ME) Office on May 15 2012, Sheriff's Report (Exhibit 1), ME's Report (Exhibit 2) and Fire Department Carbon Monoxide Report (Exhibit 3).

On November 15, 2011, the victim's husband and son were out of town and unable to contact the victim by telephone or text message. The victim's husband contacted the victim's father on November 16, 2011 and asked him to go to the victim's house to check on her.

On November 16, 2011, the victim's father went to the house and found the dog barking inside and the television and lights on but he could not find the victim. He looked around outside the house and noticed the canvas cover was caught in the entry door of the victim's toy hauler trailer parked next to the house. The father pushed the door open part way and could see the victim's legs on the floor inside the trailer. The cover on the trailer prevented the father from pushing the door open far enough to get into the trailer.

The father went underneath the trailer and untied the canvas cover to remove it far enough to open the door. The father opened the door and found the victim lying face down to the right of the entry door with her head against the bathroom door. The father said the victim's legs were cold and it was obvious that she was dead.

The father said he smelled an odor of gasoline when he walked into the trailer but he did not notice any exhaust or propane fumes. The father said the victim's husband's four wheeler was parked inside the trailer but was not running when he entered the trailer. He said the backend of the trailer drops down to make a ramp to drive the four-wheeler into the trailer. The four-wheeler is stored in the trailer while not in use.

The trailer is also used for camping and has a kitchenette, bathroom, and beds. The father said he was able to turn a light on in the trailer so the trailer was either hooked up to power or running off of the battery which is hooked to the front of the trailer.

Upon their arrival, the sheriff's department noticed a strong odor of gasoline when they entered the trailer. They said no engines were running inside or outside of the trailer. They checked the ignition of the four-wheeler stored inside the trailer and found it in the off position with the key in it. They checked the gas tank of the four-wheeler and found the vehicle had fuel in the tank. The vehicle was connected to a charger for the battery and the driver seat was off and sitting on the passenger seat.

The sheriff's report states the victim was found face down with her feet toward the four-wheeler and her head against the bathroom door. The victim was clothed in a sweater, blouse, pants, socks and boots. A purple blanket was around her lower body. The

victim's cell phone and an empty sports drink bottle were lying on the floor next to the victim. There was an ashtray on the counter with one cigarette butt in it.

The victim's husband told officers he last spoke to the victim at approximately 2:00 PM on November 15, 2011. He said she last opened a text from him around 4:00 PM on that date.

The victim's husband said the victim had been complaining of severe pressure on the top of her head and blurred vision in her right eye since November 11, 2011. He said the victim was able to make the pressure ease by standing up, moving around, and going outside in the cold temperatures. The victim told him that exercise, such as jumping jacks or running in place, took the pressure away immediately.

The husband said the victim had low blood pressure but had no other current medical problems that he was aware of. He said she had a prior addiction to painkillers and attempted suicide by overdosing on painkillers in December 2010. He said he did not think the victim was taking any medications or painkillers at the time of the incident. The victim's father said the victim was a heavy smoker of cigarettes.

The husband said he found a text in the victim's phone that he thinks was supposed to be sent to him but thinks the victim sent it to herself by mistake. The text was sent at 4:28 PM on November 15, 2011 and stated the following: "I JUST WANT TO STOP DISAPPOINTING YOU, MY WONDERFUL HUSBAND AND FAMILY. I DON'T UNDERSTAND WHY I KEEP GETTING ALL THIS PRESSURE IN MY HEAD, AND MY VISION HAS BEEN MESSING UP. I HAVE TRIED TO DO THE RIGHT THINGS, LATELY, AND I WISH I COULD EXPLAIN HOW I HAVE BEEN FEELING, AND THEN THERE'S SOMETHING, YOU KNOW, MY OWN FAMILY WON'T EVEN". He said the text then just trailed off into gibberish.

The sheriff's department checked the victim's house for suicide notes and medication and none were found.

The husband does not believe the victim was trying to commit suicide. He said he thinks the victim went to the trailer where it was cold and quiet on the day of the incident to relieve the pressure in her head.

The victim's autopsy demonstrated no evidence of recent injury or acute drug toxicity.

The ME's report reads in part: "\*\*\*\*

Final Diagnoses:

- I. Evidence of asphyxia by carbon monoxide poisoning:
  - A. "Cherry pink" lividity.
  - B. Carboxyhemoglobin saturation 81.7%\*\*\*\*"

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**Page 3**

Per the coroner's request, the fire department checked the trailer and victim's residence on November 21, 2011 for carbon monoxide and found no problems.

The investigator with the ME's office said that a dog was inside the residence at the time the victim was found in the trailer. The dog did not seem to have any problems leading the investigator to believe there were no carbon monoxide problems inside the residence at the time of the incident. He said the four-wheeler in the trailer was the only possible source of carbon monoxide. The investigator believes the circumstances surrounding this incident are suspicious.

The victim weighed 96.5 pounds and was 65 inches in length at the time of death.

Online research found the following weather conditions for the day of the incident:

Average Temperature:	54 degrees Fahrenheit
Dew Point:	51 degrees Fahrenheit
Average Humidity:	92
Precipitation:	0
Wind Speed:	10 mph SSW
Visibility:	10 miles

A Data Recording Sheet for Carbon Monoxide Poisoning was completed and is attached as Exhibit 4.

**PRODUCT IDENTIFICATION**

Type: Four-Wheeler/