

AKRON GENERAL MEDICAL CENTER
400 Wabash Ave. Akron Ohio 44300
FINAL REPORT

THIS IS A TRUE
AND EXACT COPY
OF THE ORIGINAL

Patient name: (b)(6)

MRN: 0000000164198
Account #: (b)(6)
Att.physician: KOHLER, LISA
DOB: (b)(6) Age: 36 Sex: F

Location: SUMMIT COUNTY MEDICAL EXAMINER
Adm.date: 11/19/11

Order Id : G7191103
Date&Time Ordered: 11/19/11 13:57

FINAL

KOHLER, LISA
85 N. Summit St.
Akron OH 443081948

COMMENTS:

ORD. COMM: Called/faxed to faxed to sme on 11/19/2011 at 15:07 by KEG

C h e m i s t r y

TEST NAME	RESULT	AB	REF RANGE	UNITS	SI
SPECIMEN LAV COLLECTED 11/19/11 13:58 BY SME RECEIVED 11/19/11 13:58 BY KEG					

Venous Blood Gases

Carboxyhemoglobin	81.70			%	
0.25-2.5%	Nonsmoker				
0.7-6.5%	Smoker				
10%	Dyspnea on Vigorous Exertion				
10-20%	Mild Headache, Dyspnea on Moderate Exertion				
20-30%	Headache,Irritation, Fatigue				
30-40%	Severe Headache, Confusion				
40-50%	Ataxia,Hyperventilation, Collapse				
50-60%	Coma, Possible Convulsions				
60-70%	Unconsciousness, Respiratory Failure				
>80%	Rapidly Fatal				

RECEIVED

NOV 22 2011

MEDICAL EXAMINER
COUNTY OF SUMMIT

* - new results

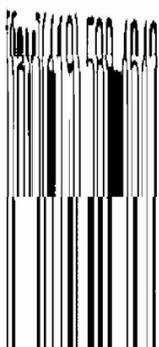
Patient name: (b)(6)

MRN: (b)(6)

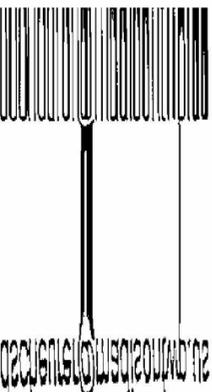
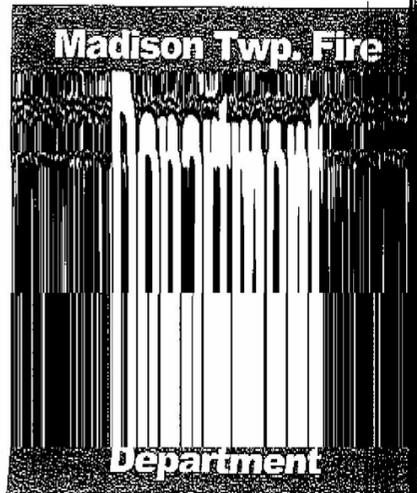
Location: SUMMIT COUNTY MEDICAL EXAMINER

Att.physician: KOHLER, LISA

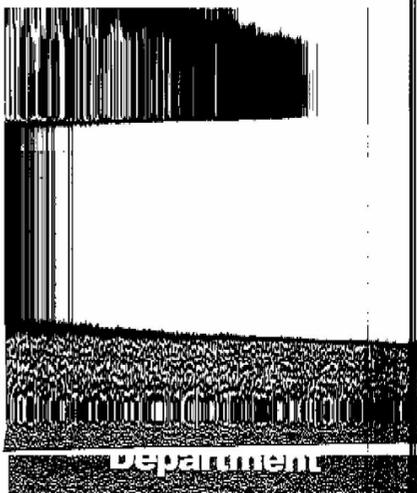
843 Expressview Dr
Mansfield, Ohio 44905
(419) 589-5555



Fax (419) 589-4642
dscheurer@madisontwp.us



Fax (419) 589-4642
dscheurer@madisontwp.us



Fax

To: Nikki Wright From: Deb Scheurer
 Fax: _____ Pages: _____
 Phone: _____ Date: 5-15-12
 Re: Report Request cc: _____
 Urgent For Review Please Comment Please Reply Please Recycle

Comments:

MM DD YYYY 70113 OH 11 21 2011 FDID * State * Incident Date * Station Incident Number * Exposure *		Delete No Activity	NFIRS -1 Basic
B Location* <input checked="" type="checkbox"/> Street address (b)(6) <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only for Wildland fires.			
C Incident Type * 551 Assist police or other Incident Type		E1 Date & Times Check boxes if dates are the same as Alarm Alarm * 11 21 2011 16:27:00 Arrival * 11 21 2011 16:32:00 Controlled Last Unit Cleared 11 21 2011 17:00:00 Cleared	
D Aid Given or Received* 1 Mutual aid received 2 Automatic aid recvd. 3 Mutual aid given 4 Automatic aid given 5 Other aid given N None		E2 Shift & Alarms Local Option 1 MAD1 Shift or Alarm District Platform	
F Actions Taken * 86 Investigate Primary Action Taken (1) Additional Action Taken (2) Additional Action Taken (3)		G1 Resources * <input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression EMS Other 0001 0002 <input type="checkbox"/> Check box if resource counts include aid received resources.	
G2 Estimated Dollar Losses & Values LOSSES: Required for all fires if known. Optional for non fires. Property \$ 000,000 Contents \$ 000,000 PRE-INCIDENT VALUE: Optional Property \$ 000,000 Contents \$ 000,000		E3 Special Studies Local Option Special Study IDs Special Study Value	
Completed Modules <input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		H1 Casualties None Deaths Injuries Fire Service Civilian H2 Detector Required for Confined Fires. 1 Detector alerted occupants 2 Detector did not alert them U Unknown	
J Property Use* Structures 131 Church, place of worship 161 Restaurant or cafeteria 162 Bar/Tavern or nightclub 213 Elementary school or kindergarten 215 High school or junior high 241 College, adult education 311 Care facility for the aged 331 Hospital Outside 124 Playground or park 655 Crops or orchard 669 Forest (timberland) 807 Outdoor storage area 919 Dump or sanitary landfill 931 Open land or field		H3 Hazardous Materials Release None 1 Natural Gas: slow leak, no evacuation or HazMat actions 2 Propane gas: cri lb. tank (as in home BBQ grill) 3 Gasoline: vehicle fuel tank or portable container 4 Kerosene: fuel burning equipment or portable storage 5 Diesel fuel/fuel oil: vehicle fuel tank or portable 6 Household solvents: home/office spill, cleanup only 7 Motor oil: from engine or portable container 8 Paint: from paint cans totaling < 55 gallons 0 Other: Special HazMat actions required or spill > 55gal., please complete the HazMat form	
341 Clinic, clinic type infirmary 342 Doctor/dentist office 361 Prison or jail, not juvenile 419 1-or 2-family dwelling 429 Multi-family dwelling 439 Rooming/boarding house 449 Commercial hotel or motel 459 Residential, board and care 464 Dormitory/barracks 519 Food and beverage sales 936 Vacant lot 938 Graded/care for plot of land 946 Lake, river, stream 951 Railroad right of way 960 Other street 961 Highway/divided highway 962 Residential street/driveway		539 Household goods, sales repairs 579 Vehicle household sales/repair 571 Gas or service station 599 Business office 615 Electric generating plant 629 Laboratory/science lab 700 Manufacturing plant 819 Livestock/poultry storage (barn) 882 Non-residential parking garage 891 Warehouse 981 Construction site 984 Industrial plant yard Lookup and enter a Property Use code only if you have NOT checked a Property Use box. Property Use 419 1 or 2 family dwelling NFIRS-1 Revision 03/11/99	

K1 Person/Entity Involved

Local Option

Business name (if applicable)

Area Code

Phone Number

MI	Last Name	Suffix
Mr., Ms., Mrs.	First Name	
Number	Prefix Street or Highway	Street Type Suffix
Post Office Box	Apt./Suite/Room	City
State	Zip Code	

Check this Box if same address as incident location. Then skip the three duplicate address lines.

More people involved? Check this box and attach Supplemental Forms (NFIRS-18) as necessary

K2 Owner

Same as person involved? Then check this box and skip The rest of this section.

Business name (if Applicable)

Area Code

Phone Number

Local Option

MI	Last Name	Suffix
Mr., Ms., Mrs.	First Name	
Number	Prefix Street or Highway	Street Type Suffix
Post Office Box	Apt./Suite/Room	City
State	Zip Code	

Check this box if same address as incident location. Then skip the three duplicate address lines.

L Remarks

Local Option

Requested by coroners office to do a CO check at this residence due to a death last week, reference run number 11-1637. Autopsy on this patient found a high level of CO. Checked the residence and the trailer that she was found in, and detected no problems at all. Completed the report with a copy to the homeowner. Reported finding to representative from coroners office, then returned in service.

L Authorization

7104	Pate, Jeffrey	CP	Assignment	11	21	2011
officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year

<input checked="" type="checkbox"/> 7104	Pate, Jeffrey	CP	Assignment	11	21	2011
Check Box if same as Officer in charge.	Member making report ID	Signature	Assignment	Month	Day	Year

Service No 70-113
Inci# 11-0001637
FDID# 70113

EMS No Patient Report
Madison Twp. Fire Dept.

Incident No 11-0001637 Crash No

Scene Address
(b)(6)

	Dates	Times
Dispatch Notified	11/16/2011	22:42:00
First Arrival	11/16/2011	22:43:00
Last Cleared	11/16/2011	22:56:00

Township MAD District MAD1 County 70
Station 1 Shift 2 Census

Occupancy
911 Used 1 911

Mutual Aid
Location Type 01 Home/Residence

Dispatched For Possible DOA

Type of Service 1 Scene

No Patient Found

EMS Narrative

On November 16, 2011 at 22:42 a squad was requested to (b)(6) for a attempted suicide/possible DOA. SQ-72 U-71 went en route and staged at Crestwood and Manner for RCSO to clear the scene. After approx 12mins Madison personal was cancelled by RCSO. SQ-72, U-71 returned to service. CAO

Officer Signatures

Signature _____
Officer Name 05/15/2012

Signature _____
Member Name 5/15/2012



INVESTIGATION GUIDELINE

DATA RECORDING SHEET: GENERAL INFORMATION

Complete for all incidents involving carbon monoxide poisoning and/or an activated CO alarm as instructed and attach to CPSC form 182, Epidemiologic Investigation Report. The purpose of this data recording sheet is to capture general information, victim information, and CO alarm information (if applicable) for all CO incidents. In addition, it is designed to capture detailed information concerning home environment conditions and individual products for CO incidents that are investigated on-site in a residence.

Instructions for all CO investigations:

Please complete the data recording sheets entitled *General Information* (pp.8-10), *Injured Persons* (pp.13-14), and *CO Alarms* (if applicable, pp.17-19) **for all incidents**. In addition, **when conducting an on site investigation in a residence** (as opposed to an RV, outdoor enclosure, etc.), complete the sections entitled *Residence Environment* (p.23-25), *Product Identification* (p.26), and *Conditions of Vented Products* (p.27-28). For these on-sites, also complete the data-recording sheet in section V (p.22) of the guideline for those products in use around the time of the incident. Each product from the *Pre- On-Site Investigation CO Product Checklist* (p. 22) is listed on a separate page (or similar products are grouped together on one page) for your convenience.

GENERAL INFORMATION

1. Task number 120510HCC2743
2. Incident date (MM/DD/YYYY) 11/15/2011
3. Completion of this investigation is based on (check one):
 - Site visit to residence where incident occurred (may include written reports)
Complete guideline sections I – V, including data recording sheets (for relevant products).
 - Telephone interview and/or written reports (e.g., fire report)
Complete guideline sections I – III, including data recording sheets contained in those sections.
 - Written reports or newsclips only
Complete guideline sections I – III, including data recording sheets contained in those sections.
 - Other, specify _____
Complete guideline sections I – III, including data recording sheets contained in those sections.
4. Type of residence: Check one.
 - Detached house
 - Attached house (e.g., townhouse, duplex)
 - Apartment building or condominium
 - Other, specify Trailer/Toy Hauler
 - Don't know

(continued next page)



INVESTIGATION GUIDELINE

DATA RECORDING SHEET: **GENERAL INFORMATION** (continued)

5. What is the approximate age of the residence where the incident occurred?

- 0 – 5 years
- 5 – 10 years old
- 11 – 20 years old
- 21 – 30 years old
- 31 years or older
- Don't know

6. Did the consumer smell an unusual odor (e.g., burning smell, rotten eggs) in the home or near a gas appliance prior to or during the incident?

- Yes No Don't know

7. At the time of the incident what was the approximate outdoor temperature where the incident occurred?

- Less than 32 degrees Fahrenheit
- 32 to 50 degrees Fahrenheit
- 51 to 70 degrees F
- 71 to 90 degrees F
- Over 90 degrees F
- Don't know

8. At the time of the incident, how windy was it where the incident occurred?

- Calm, not windy
- Slightly windy
- Very windy
- Don't know

9. At the time of the incident, what was the approximate outdoor relative humidity where the incident occurred?

- Low humidity, 50% or less
- Slightly humid, 50-80%
- Very humid, over 80%
- Don't know

10. Was it foggy or rainy at the location of the residence at the time of the incident?

- Yes No Don't know

(continued next page)



INVESTIGATION GUIDELINE

DATA RECORDING SHEET: GENERAL INFORMATION (continued)

11. Had there been a hurricane/tropical storm or ice storm near the time of the incident ?
___ Yes No ___ Don't know _____ Hurricane/storm name if known
12. Was a vehicle's engine running in a garage, carport or driveway attached to or adjacent to the residence during the incident ?
___ Yes ___ No Don't know
13. Was there a fire in the fireplace at the time of, or just prior to, the incident?
___ Yes No ___ Don't know
14. Was the CO incident related to the use of camping equipment (e.g. portable camping lanterns, heaters, stoves, grills, and hibachis)?
___ Yes No ___ Don't know
15. If incident was related to the use of camping equipment, mark the type of equipment. Check all that apply:
- Lantern
 - Heater
 - portable stove
 - grill or hibachi
 - Other, specify _____
 - Don't know
16. Did someone turn off appliances or other sources of CO post-incident?
___ Yes No ___ Don't know
17. Did someone open windows or doors to air out the residence?
___ Yes No ___ Don't know
18. If the consumer left the residence immediately, were outside doors and windows left open?
___ Yes ___ No ___ Don't know



INVESTIGATION GUIDELINE

C. Description of the Injured Person

- Please report the activity of the victim(s) at the time of the incident, and their location in relation to the suspected product or vehicle.
Victim was found deceased lying on the floor of the trailer with her feet toward the four-wheeler side.
- Estimate the length of time the victim was exposed to the CO.
Unknown
- Specify the number of persons exposed to the CO, the number who died, the number of ill who survived, and the number unaffected.
1 fatality
- Report the age, sex, and long term prognosis for each of the victims (Note: severely poisoned survivors can appear to recover initially after oxygen treatment, but 2 -4 weeks after CO exposure can experience delayed effects of CO poisoning. These effects on the central nervous system, termed “delayed neurological sequelae (DNS)”, can range from loss of memory/inability to concentrate to frank personality changes and Parkinson’s disease-like muscular effects that can have drastic impact on ability to function normally. Staff is interested in learning more about the health status of CO poisoning survivors of generator - related incidents in the weeks/months after the accident .)

The 36-year-old female victim died

- Describe all reported symptoms, the length of time these symptoms had been experienced prior to the incident, and the nature and length of time of any after -effects of the incident.

Victim complained of severe headaches & blurred vision from 11/11/2011 to time of incident

- Determine how the CO poisoning was diagnosed, such as by a medical examiner or coroner, by a physician in an emergency room or doctor’s office, or by the victim himself. Indicate type of treatment provided (specify if hyperbaric oxygen (HBO) treatment was given y/n/?), whether hospitalized, and duration of hospital stay.

Diagnosed by coroner; blood test for CO was performed on victim

- Describe health status of victim(s) prior to the incident, such as if they were pregnant, had a heart or lung condition, or allergies at the time of the incident, as these factors may influence one’s susceptibility to CO poisoning. Also indicate if any of the victims were under the influence of alcohol, drugs, or other medication. If they smoked, determine frequency and type of product used (e.g., pipe, cigar, and cigarette). Note any preexisting physical infirmities of the victim(s) that might relate to the incident.

Heavy cigarette smoker; prior drug abuse; prior suicide attempt; low blood pressure

- Specify whether the carboxyhemoglobin level in the blood of the victim(s) had been measured by the coroner or doctor and the type of COHb test done (e.g., blood test, breathalyzer, etc.). Provide the measurement, if available. Determine approximately how much time had passed between the exposure to CO and the COHb measurement and find out if oxygen was administered to the victim prior to the measurement.

Blood test, 81.7% Total Hb, specimen was taken on 11/19/2011



INVESTIGATION GUIDELINE

- Determine the method of transportation used by the victim (e.g., ambulance, driven by someone, drove self) to receive any medical attention. This may indicate the severity of the victim's symptoms and if in-transit treatment was received.

Victim was found deceased

- Indicate costs associated with any medical treatment related to CO poisoning.

None



INVESTIGATION GUIDELINE

DATA RECORDING SHEET: INJURED PERSONS

1. How many non-firefighter victims were injured? Specify 0
2. How many non-firefighter victims died? Specify 1
3. List the age, sex of each victim (up to 5 persons) and answer yes or no to whether the person was injured or died.

Victim	Age (yrs)	Sex (M/F)	Died? Y/N	Died same day at scene? Y/N	Injured? Y/N
Person 1	36	F	Y	Y	
Person 2					
Person 3					
Person 4					
Person 5					

The next questions are about the **most severely injured** victims – please complete this section for each severely poisoned victim who received hyperbaric oxygen treatment, or who was admitted to hospital for more than 24 hours. If no victims meet these criteria, complete the questions only for the most severely poisoned victim.

4. How long was the victim in the home prior to the incident?

- Less than 30 minutes
- 30 minutes to 1 hour
- 1 – 2 hours
- More than 2 hours
- Don't know

5. Was the victim a smoker?

Yes No Don't know **If "no" or "don't know" go to question 8.**

6. If the victim smoked cigarettes, how many did he/she smoke a day?

Specify, if known _____ Don't know

7. If the victim smoked cigars, how many did he/she smoke a day?

Specify, if known _____ Don't know

8. Did the victim receive medical treatment from a hospital emergency room as a result of the incident?

Yes No Don't know

(continued next page)



INVESTIGATION GUIDELINE

DATA RECORDING SHEET: **INJURED PERSONS** (continued)

9. Did the victim have a blood test to measure exposure to CO poisoning?
 Yes ___ No ___ Don't know
10. If a blood test was given for CO poisoning, will the victim allow the CPSC investigator access to the medical test result?
 Yes ___ No ___ Don't know
11. Did the victim receive hyperbaric oxygen therapy (HBO), and if so how many HBO treatments were given?
___ Yes No ___ Don't know
12. At this time, does the victim/victim's family consider the victim has fully recovered from the CO exposure?
___ Yes ___ No ___ Don't know (victim)
___ Yes ___ No ___ Don't know (family member – specify relationship _____)
____ Note how many days have lapsed since the CO exposure occurred and this assessment
13. For any victim/family member who answered “no” to question 12, please note specifics of effects/symptoms that are considered to still impact the victim and when they were first noticed .
14. Is victim still under medical care for health effects related to the CO poisoning incident?
___ Yes No ___ Don't know. If yes, provide further details.

IDENTITY OF RESPONDENTS

The respondents in this investigation are:

1. Tom Stortz, Investigator, Richland County Coroner's Office, 597 Park Avenue East, Mansfield, OH 44905. Phone: (419) 774-5868. Fax: (419) 774-6362. Initially contacted 05/15/2012.
2. Sergeant Nicholson, Richland County Sheriff's Office, 597 Park Avenue East, Mansfield, OH 44905. Phone: (419) 774-5881. Fax: (419) 522-8153. Initially contacted 05/15/2012.
3. Madison Township Fire Department, 843 Expressview Drive, Mansfield, OH 44905. Phone: (419) 589-5555. Fax: (419) 589-4642. Initially contacted 05/15/2012.

1. Task Number 120511HWE3081		2. Investigator's ID 3394		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2012 05 10	5. Date Initiated YR MO DAY 2012 05 11		
6. Synopsis of Accident or Complaint UPC A seven year-old boy was killed when the four-wheeled UTV he was driving overturned. The boy drove off the gravel road onto a grassy embankment which caused the UTV to roll over. The roll bar on the UTV struck the boy in the head causing severe trauma and a fracture to his skull. There were no witnesses or other passengers involved in this incident. The victim was not wearing a helmet or seatbelt at the time of the incident.				
				MFR/PRVLBR NOTIFIED COMMENTS: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. 25C <input type="checkbox"/> DO NOT RE-NOTIFY <input checked="" type="checkbox"/> RE-NOTIFY 8/15/12 <i>lc</i>
7. Location (Home, School, etc) 2 - FARM		8. City LAMOTTE		9. State IA
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name CLUB CAR/ VIN # UNKNOWN		10C. Model Number XRT 1550 WITH IN
10D. Manufacturer Name and Address CLUBCAR _ P.O. BOX 204658 _ AUGUSTA, GA 30917				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12A. Hispanic or Latino 2 - No	12B. Race 1 - White Other:		12C. Race Source 3 - Official Document	
13. Age of Victim 7	14. Sex 1 - Male	15. Disposition 8 - Death	16. Injury Diagnosis 62 - Intern. Org. Inj.	
17. Body Part(s) Involved 75 - HEAD	18. Respondent 3 - 2nd Hand Info Only	19. Type of Investigation 2 - Telephone	20. Time Spent (Operational / Travel) 8 / 0	
21. Attachment(s) 9 - Multiple Attachments		22. Case Source 05 - Newspaper		23. Sample Collection Number
24. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input checked="" type="radio"/> Verbal <input type="radio"/> Written				
25. Review Date 06/12/2012	26. Reviewed By 8929		27. Regional Office Director Frank J. Nava	
28. Distribution Topka, Tanya			29. Source Document Number X1250357A	

This investigation was initiated from a newspaper article published in the Des Moines Register on May 11, 2012. Information for this report was obtained from the Jackson County Sheriff's Office and the Iowa Office of the State Medical Examiner.

NARRATIVE

The victim involved in this incident is a seven year-old white male. The victim weighs 77 pounds and is approximately 52 inches tall. The victim has a reported history of asthma.

On May 10, 2012, emergency personnel were dispatched to the scene of a UTV rollover incident located on a farm in rural LaMotte, Iowa. According to the incident report, the victim was operating the UTV alone and unsupervised while completing chores on the farm. While traveling down a gravel driveway, the victim drove off the left side of the driveway onto a grassy hillside. The UTV rolled over onto the passenger side of the vehicle and on top of the victim. The UTV's roll bar contacted the victim's head upon impact and pinned his head to the ground. The victim was not wearing a helmet or seatbelt at the time of the incident. There were no eyewitnesses to this incident.

The victim was found by his mother and freed from beneath the UTV. The mother performed CPR on the victim and called 911 for assistance. The victim was transported to Mercy Hospital in Dubuque, Iowa by Bellevue ambulance. After arriving at Mercy Hospital, the victim was pronounced dead. According to the autopsy report, the cause of death is due to multiple blunt force injuries to the head, including extensive skull fracture and injury to the brain.

SAMPLE COLLECTION

No samples were collected related to this incident.

PRODUCT IDENTIFICATION

Manufacturer: Club Car, LLC (an Ingersoll-Rand company)
4125 Washington Road
Evans, GA 30809
1-800-258-2227

Model: XRT 1550 with Intellitach

Year: Unknown
Engine Size: 719cc, 3 cylinder
Number of Seats: 2
Weight: 1,709 pounds
Country of Origin: unknown

EXHIBITS

- Exhibit A - Photographs of incident scene – Jackson County Sheriff -3
- Exhibit B - Incident Report – Jackson County Sheriff
- Exhibit C - Autopsy Report – Iowa Office of the State Medical Examiner
- Exhibit D - Utility Vehicle Data Record Sheet



A1 – Photo of UTV following incident



A2 – Location of impact between victim's head and UTV rollbar



A3 – Rear view of UTV and position relation to embankment



511HWE3081

Exhibit B

Page 1 of 9

JACKSON COUNTY SHERIFF'S OFFICE

Russ Kettmann, Sheriff

104 S. Niagara
Maquoketa, IA 52060

Office Phone – 563-652-3312
Office Fax – 563-652-0662

PRESS RELEASE

5-10-12

On Thursday 5-10-12 at approximately 7:21pm, Jackson County emergency personnel responded to a 4-wheeler (Club Car 1550XRT, 4 X 4 with Intellitach) accident located on the [redacted] farm at [redacted] rural [redacted]

[redacted]

[redacted] age 7, DOB [redacted] was pronounced dead at Mercy Hospital in Dubuque, IA. [redacted] s parents are [redacted] of the above address, and [redacted]

[redacted] was operating the 4-wheeler alone while doing farm chores when it rolled over. The accident was discovered by his mother. Investigation into the incident continues by the Jackson County Sheriff's department. Deputies were assisted at the scene by LaMotte Fire and Rescue and the Bellevue Ambulance.

Deputies Russ Long & Mike Peters
Authority



OPERATOR'S INCIDENT REPORT

Snowmobile ATV

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

Complete all blocks. Indicate items not applicable by "NA."

Agency Case # _____

Whenever any snowmobile/ATV is involved in an incident resulting in injury or death to anyone, or property damage amounting to \$200.00 or more the operator shall file with the Department of Natural Resources a report of the incident within 48 hours. If the operator is unable, then someone acting for him/her may file.

1. Registration No. _____	Make <u>Club Car</u>	C.C. <u>4x4</u>	Year _____	2. Date of Incident: <u>5/10/12</u>	Time <u>1931 P.m.</u> p.m.	Rented Machine _____	Privately Owned <input checked="" type="checkbox"/>	Demonstrator _____
---------------------------	----------------------	-----------------	------------	-------------------------------------	-------------------------------	----------------------	-----------------------------------------------------	--------------------

3. Location of Incident: County <u>Jackson</u> Nearest Town <u>St. Donatus</u> Name of Area _____ River _____ Lake _____ <input type="checkbox"/> Public Land <input type="checkbox"/> Field <input checked="" type="checkbox"/> Private Land <input type="checkbox"/> Public Road Right of Way <input type="checkbox"/> Ditch <input type="checkbox"/> Traveled Portion <input type="checkbox"/> Groomed Trail	4. Total Property Damage \$ <u>None</u> Machine & Other _____
5. Personal Injury on this Machine Yes _____ No _____ Number Injured _____	6. Fatality on This Machine: Yes <input checked="" type="checkbox"/> No _____ Number Fatally Injured <u>1</u>

7. Owner's Name (b)(3): Exemption 3 for 25(c) Address (b)(3): Exemption 3 for 25(c)

8. Driver's Name (b)(3): Exemption 3 for 25(c) Address _____

9. Was Driver Wearing a Helmet? Yes _____ No
Was Driver Wearing Goggles or Visor? Yes _____ No

10. Experience in Operating Snowmobiles/ATVs:
Days _____ Months 7 years old Years _____

11. Passenger's Name _____ Age _____ Sex _____
Address _____ City _____ State _____ Zip _____

12. Was Passenger Wearing a Helmet? Yes _____ No _____ Passenger was on Snowmobile/ATV _____, Towed Vehicle _____

13. Injuries (Describe Briefly): Fatality (Head)

14. Treated at: Doctor's name E.R. Address _____ No Treatment Needed _____
Hospital name Mercy Dubuque IA Address _____

15. Weather: Clear Cloudy _____ Fog _____ Snow _____ Extreme Wind _____ Blowing Snow _____
Visibility: Good Fair _____ Poor _____

16. If more than one snowmobile/ATV or vehicle was involved, give the following information for the other

Snowmobile/ATV or Vehicle: Registration No. _____ Make _____ Year _____
Driver's Name _____ Address _____ City _____ State _____ Zip _____

17. Estimated speed at time of incident: Your vehicle _____ M. P. H., Other vehicle _____ M. P. H.

18. Persons injured not on vehicle (by-standers, pedestrian, etc.) _____ Type of injury sustained? _____
Name _____ City _____ State _____

COMPLETE BOTH SIDES (OVER)

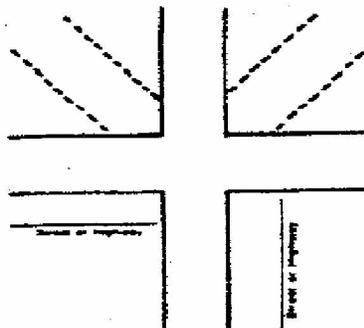
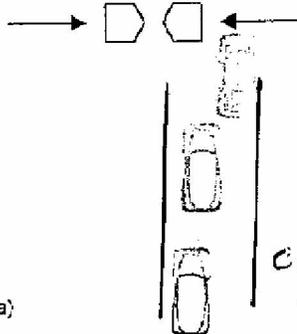
DOI# 13051 HW 3981

20. Incident Sketch (Snow, Trees, Roads, Obstacles, Terrain, Etc.)

Exhibit B

Page 3 of 9
Indicate North By Arrow

Indicate on this diagram what happened.
Number each snowmobile/ATV and indicate direction of travel.



OPEN FIELD (Use this area)

ROADWAY (Use Street Diagram)

21. Cause and description of incident (describe factors you feel contributed to the cause of the incident. Refer to vehicles by number, with yours being number 1.)

Club car was going up from driveway and rolled it over onto the driver (No witness)

22. Using the above information, indicate the cause of the incident. Check Speed too fast for conditions

- Operator inattention
- Clothing caught in snowmobile or ATV
- mechanical Failure
- Unfamiliar with area of operation
- Operator inexperience
- Unsafe Ice
- Other, Explain: _____

Operator was 7 years old

On the day of the incident did you consume any alcohol prior to the incident? Yes _____ No

23. Damage Description

Reporting Vehicle: None to the club car 4+4 No Property damage Estimate _____

Other Vehicle: _____ Estimate _____

Other Property: _____ Estimate _____

24. Witnesses

Name _____ Address _____ City _____ State _____ Zip _____

Name _____ Address _____ City _____ State _____ Zip _____

Name _____ Address _____ City _____ State _____ Zip _____

25. (A) Has Operator received DNR Safety Certificate? Snowmobile Yes No

(B) If Operator is age 12-17, did you have a safety certificate issued by the Department? Snowmobile Yes No

(C) If yes, please enter certificate number below:

Certificate Number _____

If additional space is needed for any answer, please attach a sheet of paper to report.

Signature of person completing report (if other than driver, please explain.)

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



Date 5/10/12

MAIL TO: Recreational Safety Programs Supervisor
Department of Natural Resources
Wallace State Office Building
502 East 9th Street
Des Moines IA 50319-0034

As of 05/10/12 at 22:19

Call: 12-006310

Loc: (b)(3) Exemption 3 for 25(c)

Type: MOTOR VEH ACCIDENT W/INJURIES

Name: (b)(3) Exemption 3 for 25(c)
Addr:
Home:
Cell:
Work:

	Police	Fire	Amb	Other
Grids:	5660	5660	5660	5660
District:	5660	5660	5660	5660
Agency:	JCSO	LAFD	BEAM	LAFD
Cmd Area:	A	A	A	A
Priority:	1	1	1	
Disposition:	RI	HA	HA	
Call Date/Time:	05/10/2012 19:31			
Call Source:	P			
Received By:	DMD1			
Actual Type:	MVAPI			

----- Call Remarks -----

(DMD1 05/10/2012 19:31:24)
ROLLED 4 WHEELER, SUBJECT NOT BREATHING

(DMD1 05/10/2012 19:35:25)
401/404 10-796

(DMD1 05/10/2012 19:35:50)
351/403 ENROUTE

(DMD1 05/10/2012 19:37:17)
8 YO BOY, NOT TRAPPED, CHEST NOT RISING , LANDED HEAD AND EAR,

(DMD1 05/10/2012 19:39:46)
PER 351 GET HELICOPTER, ON PHONE WITH MED FORCE

(DMD1 05/10/2012 19:41:42)
401 10-23

(DMD1 05/10/2012 19:43:05)
ETA MEDFORCE IS ROUGHLY 35-40 MIN

(DMD1 05/10/2012 19:43:50)
404/403 10-23

(DMD1 05/10/2012 19:47:26)
351 10-23

(DMD1 05/10/2012 19:52:34)
PER 430 WILL BE LOAD AND GO, WILL BE TAKING TO MERCY

(DMD1 05/10/2012 19:55:55)
CONTACTED MEDFORCE ENFORMED THEM TO GO TO MERCY DUB

(DMD1 05/10/2012 19:59:28) for Unit 49 7
49 7 Location updated to 10-76 TO MERCY DUB

(00:40-1WS) WZS: 2102/90/90
DMD1 05/10/2012 20:08:02, Police Only
COMPTER FROM WISC WANTS IT INVESTIGATED, 608-732-2295 THIS IS THE FATHER,
STATED THAT SOCIAL SERVICES HAVE BEEN INVOLVED WITH OTHER ALLEGATIONS AND THIS
LOCATION BEFORE, WILL PASS ALONG TO DEPUTIES

(DMD1 05/10/2012 20:14:00)
PER 49-7 351 ARRIVED AT MERCY, GAVE INFO TO MED FORCE 1

(DMD1 05/10/2012 20:18:12)
ESTIMATED MILEAGE FOR 351, NEVER GOT ENDING

(DMD1 05/10/2012 20:20:01)
ACTUAL MILEAGE FOR 351 IS 9797.3

(DMD1 05/10/2012 20:21:45) for Unit 49 7
49 7 Location updated to MERCY ER

(DMD1 05/10/2012 20:37:13) Updated By DMD1 05/10/2012 20:38:38 Police Only
PER 49-7

MOTHER: (b)(3) Exemption 3 for 25(c) BT .000 AT 2025
OTHER: PBT .000 AT 2025
FATHER: WISCONSIN

VICTIM: (b)(3) Exemption 3 for 25(c)

(DMD1 05/10/2012 20:40:51)
404 CLR > STATION

(DMD1 05/10/2012 20:42:26) Police Only
ON ORIGINAL CALL GOT ADDRESS AND SOME INFORMATION BEFORE LOOSING THE CALL, DID
NUMEROUS CALL BACKS

(DMD1 05/10/2012 20:57:41)
404 STATION

(DMD1 05/10/2012 20:58:46) Police Only
INFORMED 49-7 THAT THE FATHER CALLED AND SOUNDED UPSET, ADVISED HIM THAT THERE
COULD BE TROUBLE AT ER, GAVE HIM ALL THE INFO I HAD, ALSO MADE CONTACT WITH
DUB COUNTY THEY WERE MADE AWARE AND SENDING OFFICERS TO ER

(DMD1 05/10/2012 21:22:16)
PER 49-6 BLACKY CLAUSEN WILL HAVE THE GATOR INVOLVED IN THE ACCIDENT

(DMD1 05/10/2012 21:58:44) Police Only
THE SECOND W911 CALL I GOT I PUT IN THE HOME # BOX, FEMALE WAS NOT ABLE TO
TALK WITH BEING SO UPSET, USED THE CELL # IN THE CELL BOX FOR THE CALL BACK

----- Responding Units -----

Unit	Personnel	Dispatch	Enroute	Arrive	Clear	Qtrs
49 6	JRL1	RUSS LONG	05/10/2012 19:32:43	19:59:04	21:21:26	
49 7	JMP1	MIKE PETE	05/10/2012 19:33:01	19:50:46	21:21:26	
49 8	JBB1	BRANDON B	05/10/2012 20:34:27	20:34:27	20:47:37	21:21:38
BEA1			05/10/2012 19:31:58	19:41:09	19:47:21	21:37:12
Transport:	MERCY DUB	Start: 19:58:50	782.9	Stop: 20:13:36	796.9	
LAF1		05/10/2012 19:31:58	19:34:55	19:42:00	20:48:30	20:49:42

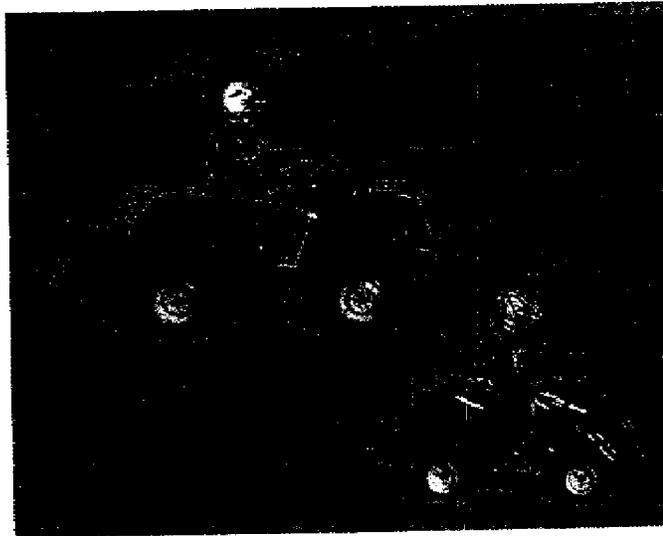
----- END OF REPORT -----



It's the Law—Iowa's Off-Road Vehicle Laws Age Restrictions for ATV Operation

There are no age restrictions for operating an all-terrain vehicle (ATV) on private land. However, the following age restrictions apply to operation of ATVs on designated public lands and ATV Parks.

- **Under 12 years of age:** A person under the age of 12 shall not operate an all-terrain vehicle, including an off-road motorcycle, on a designated riding area or designated riding trail or on ice unless one of the following applies:
 - The person is taking a prescribed safety training course and operation is under the direct supervision of a certified all-terrain vehicle safety instructor.
 - ATV and off-road motorcycle riders under the age of 12 must be under the direct supervision of an adult possessing a valid drivers license. Direct supervision means maintaining visual and verbal contact at all times.
- **12 to 17 years of age:** Persons between the ages of 12 and 17, inclusive, may operate on designated public lands or ice or ATV parks if they have a valid ATV safety certificate.
- **Persons 18 or older:** Persons age 18 and up may operate on designated public lands or ice or ATV parks without a valid ATV safety certificate.



[< Back to Previous Page](#)

[Table of Contents](#)

[Go to Next Page >](#)

- It's the Law!
- Definitions
- Quick Reference
- Iowa's ATV Laws
- Off-Road Basics
 - Before You Ride
 - Riding Your ATV
 - Kids on Wheels
 - For All Riders
- OHV Parks
 - OHV Parks



[Printable PDF Version of Handbook](#)

Online offroad vehicle safety handbook, last modified, November 29, 2007
Send mail to Iowa Offroad Handbook Webmaster with questions or comments about this web site.

Questions? Call Offroad Ed at 1-800-830-2268

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INCIDENT REPORT

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

5-10-12

VICTIM: (b)(3): Exemption 3 for 25(c) age 7

REPORTING DEPUTY: Russ Long #49-6 (5-12-12)

On Thursday 5-10-12 at approximately 7:31pm, I responded to a 4-wheeler (Club Car 1550XRT, 4 X 4 with Intellitach) accident located on the (b)(3): Exemption 3 for 25(c) farm at (b)(3): Exemption 3 for 25(c) rural (b)(3): Exemption 3 for 25(c) (b)(3): Exemption 3 for 25(c) age 7 (b)(3): Exemption 3 for 25(c) was the driver and lone occupant of the Club Car. I arrived on scene at approximately 7:59pm. I only observed (b)(3): Exemption 3 for 25(c) briefly as he was being loaded into the Bellevue ambulance, and they appeared to be administering CPR. (b)(3): Exemption 3 for 25(c) was pronounced dead a short time later at Mercy Hospital in Dubuque, IA.

Preliminary investigation indicated that (b)(3): Exemption 3 for 25(c) was driving the Club Car northbound on a gravel farm field drive with a slight incline (approximately 100' on the south side of (b)(3): Exemption 3 for 25(c)) leading to (b)(3): Exemption 3 for 25(c) and their home. I did not observe any signs of recklessness, excessive speed, or any obstacles which would have caused the accident. It appeared that (b)(3): Exemption 3 for 25(c) drove off the left side of the drive onto a grassy hillside by approximately 4 feet, and the Club Car slowly rolled over onto the passenger side. (b)(3): Exemption 3 for 25(c) was not wearing a seatbelt and slid across the seat as it was overturning. The roll bar of the Club Car then pinned his head against the gravel drive. The Club Car and (b)(3): Exemption 3 for 25(c) remained in this position until he was discovered by his mother, or (b)(3): Exemption 3 for 25(c), a relatively short time later. (b)(3): Exemption 3 for 25(c) reportedly freed (b)(3): Exemption 3 for 25(c) and started CPR because he was not breathing. At the time of this report I have not spoken with (b)(3): Exemption 3 for 25(c) or (b)(3): Exemption 3 for 25(c). Deputy Mike Peters did go to Mercy hospital and spoke with them briefly. Please refer to his report.

I remained at the scene when (b)(3): Exemption 3 for 25(c) was transported by ambulance. I took pictures of the scene and called for "Clasen towing" (Mike "Blacky" Clasen, 905 Park Ave., LaMotte, IA; 563-773-2322 or cell 563-357-0846) to impound the Club Car. Some neighbors that were at the scene were very upset that this was "allowed to happen". It appeared that they were aware of the complaints that (b)(3): Exemption 3 for 25(c)'s father (b)(3): Exemption 3 for 25(c) had made. (b)(3): Exemption 3 for 25(c)

(b)(3):Exemption 3 for 25(c) told me that he knew this was going to happen. (b)(3):Exemption 3 for 25(c) stated that (b)(3):Exemption 3 for 25(c) and (b)(3):Exemption 3 for 25(c) often allowed (b)(3):Exemption 3 for 25(c) to operate equipment that they felt he was too young to be operating. This was often unsupervised. (b)(3):Exemption 3 for 25(c) stated that they had been good friends with (b)(3):Exemption 3 for 25(c) but that ended when they became aware of this. (b)(3):Exemption 3 for 25(c) stated that he could speak for his father, (b)(3):Exemption 3 for 25(c) who felt the same. I asked (b)(3):Exemption 3 for 25(c) to write a statement, but have not received anything at time of this report.

(b)(3):Exemption 3 for 25(c) lives with his mother, (b)(3):Exemption 3 for 25(c), and her boyfriend (b)(3):Exemption 3 for 25(c), at the above address. His biological father is (b)(3):Exemption 3 for 25(c). The divorce was bitter. (b)(3):Exemption 3 for 25(c) use to work for (b)(3):Exemption 3 for 25(c), and (b)(3):Exemption 3 for 25(c) reports that (b)(3):Exemption 3 for 25(c) often sent him away overnight and (b)(3):Exemption 3 for 25(c) befriended (b)(3):Exemption 3 for 25(c). Our office does have a call history from (b)(3):Exemption 3 for 25(c) complaining that (b)(3):Exemption 3 for 25(c) was often being injured, and operating equipment that he should not have been. Investigating deputies could not find any Iowa law pertaining to his complaints, and likewise the complaints of injuries were simply kid related. (b)(3):Exemption 3 for 25(c) was referred to Iowa DHS and his personal attorney.

As of 5-28-12 I have spoken with attorney (b)(3):Exemption 3 for 25(c), cell (b)(3):Exemption 3 for 25(c) representing (b)(3):Exemption 3 for 25(c). Attorney (b)(3):Exemption 3 for 25(c) and his paralegals representing (b)(3):Exemption 3 for 25(c) DHS worker Kelsay Wade (563-212-2481) who is conducting an investigation. Laura Wood (515-868-2453) an investigator with Iowa Child Labor Enforcement. Jeff Stewart (706-228-2765) with Club Car in Georgia. Jeff will be conducting an inspection of the Club Car involved on Wed 5-30-12, 1pm at Clasen's in LaMotte. All attorneys have been informed of this.

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

4-wheeler Fatality 05/10/2012

Case Number [redacted]

On 05/10/2012 at 7:21pm the Jackson County Sheriff's office received a call of a 4 wheeler accident at (b)(3):Exemption 3 for 25(c) rural LaMotte Iowa at the (b)(3):Exemption 3 for 25(c) farm.

On arrival The LaMotte and Bellevue Rescue were doing cpr on (b)(3):Exemption 3 for 25(c) DOB (b)(3):Exemption 3 for 25(c) Mother (b)(3):Exemption 3 for 25(c) DOB (b)(3):Exemption 3 for 25(c) said she found (b)(3):Exempt under the Club Car 4x4 so she pulled him out and started cpr because he was not breathing. (b)(3):Exemption 3 for 25(c) DOB (b)(3):Exemption 3 for 25(c) the owner of the farm and boyfriend of (b)(3):Exem was there helping also. (b)(3):Exempti was lying in the middle of the farm driveway with the Club Car lying on its side in the driveway also. (b)(3):Exempti was taken to Mercy Hospital in Dubuque Iowa.

At the Hospital in Dubuque I talked with (b)(3):Exemption 3 for 25(c) and (b)(3):Exemption 3 for 25(c) the mother of (b)(3):Exempti they both said (b)(3):Exempti was driving the Club Car 4x4 by himself and doing chores like he did all the time they did not know how he flipped it over The road he was driving on had a slight incline but was flat.

I did ask for a pbt from (b)(3):Exemption 3 for 25(c) and (b)(3):Exemption 3 for 25(c) and both tested negative for alcohol

Deputy Mike Peters 05/10/12



Iowa Department of Public Health
Promoting and Protecting the Health of Iowans

Mariannette Miller-Meeks, B.S.N., M.Ed., M.D.
 Director

Terry E. Branstad
 Governor

Kim Reynolds
 Lt. Governor

REPORT OF AUTOPSY

CASE NO.: (b)(3):Exemption 3 for 25(c)

DATE/TIME: May 12, 2012
 10:20 a.m.

COUNTY: Dubuque

PLACE: Iowa Office of the State Medical Examiner
 Ankeny, Iowa

DECEDENT: (b)(3):Exemption 3 for 25(c)

SME INVESTIGATOR: Walker Hodges

PATHOLOGIC DIAGNOSES

- I. Multiple blunt force injuries of the head and neck.
 - A. Abrasions on both sides of the head.
 - B. Lacerations of the left ear.
 - C. Multiple comminuted fractures of the base of the skull, including hinge fracture.
 - D. Multifocal subgaleal hemorrhage/contusion.
 - E. Cerebral edema.
 - F. Subdural hemorrhage, approximately 20 cc.
 - G. Diffuse subarachnoid hemorrhage.
 - H. Lacerations of the cerebrum and brain stem.
- II. Contusions of the lower extremities.
- III. Small abrasion of left thumb.
- IV. Clinical history of asthma.

CAUSE OF DEATH: Multiple blunt force injuries of the head.

MANNER OF DEATH: Accident.



Page 2 of 6

Case No. (b)(3) Exemption 3 for 25(c)

AUTHORIZATION: Dubuque County Medical Examiner.

BODY IDENTIFIED BY: (b)(3) Exemption 3 for 25(c) mother of the decedent, who viewed the body.

AUTOPSY TECHNICIANS: (b)(3) Exemption 3 for 25(c)

EVIDENCE: Digital photographs, Polaroid, histology, microscopic slides, bloodstain card, thumb and index fingerprints, tissue sections, femoral blood x 2, heart blood x 4, urine, vitreous.

EVIDENCE DISPOSITION: Items listed in the above evidence section and not specifically addressed on the Evidence Disposition Form are scheduled to be destroyed six months from the date of autopsy. The Iowa Office of the State Medical Examiner must receive written request within six months of the date of this report to extend the retention time of these items.

EXTERNAL EXAMINATION

The body is received in a black body bag with evidence tape over a blue seal securing the zippers. The seal number is "5398369." An identification tag is also attached to the outside of the body bag with the following information: (b)(3) Exemption 3 for 25(c) Visual ID, Date and Time Found: May 10, 2012 at 2134, DOB: (b)(3) Exemption 3 for 25(c) County: Dubuque, Tagged By: Jim Abitz, EMTP/CMEI 12-31-7810."

The body is that of a Caucasian male child who weighs 77 pounds, is 52 inches in height, and appears compatible with the reported age of 7 years.

The body is received clad only in a partially cut away short-sleeve black t-shirt. In the body bag is a cut away pair of yellow and blue nylon shorts and red knit boxers.

The body is further identified by a tag on the left ankle, which has the same information as the tag on the outside of the body bag. There is also a band on the left ankle with a barcode and "MRN (b)(3) Exemption 3 for 25(c) (b)(3) Exemption 3 for 25(c) 05/10/2012, DOB (b)(3) Exemption 3 for 25(c) 2005, 7Y."

The body is cool to touch. Rigor mortis is present and fixed to an equal degree in all extremities. Livor mortis is faint purple and fixed over the posterior surfaces of the body, except in areas exposed to pressure.

The scalp hair is dark brown and up to 1.25 inches in length from the crown. The irides are brown. The pupils are bilaterally equal at 0.7 cm. The cornea are translucent. The sclerae and conjunctivae are unremarkable. The nose and ears are not unusual. There is injury to the head with blood over the face. The decedent has natural teeth. The neck is unremarkable, except for injury.