

SP 7-0051 (12-2011)	REPORT TYPE <input checked="" type="checkbox"/> INCIDENT <input type="checkbox"/> OTHER	DATE(S)/DAY(S) OF INCIDENT 05/12/12 Sat.	INCIDENT NO. E02-1490307
PENNSYLVANIA STATE POLICE CONTINUATION SHEET <input type="checkbox"/> SUPPLEMENTAL INVESTIGATION REPORT <input checked="" type="checkbox"/>		TIME(S) OF INCIDENT Approx. 1940 hours	JUVENILE <input type="checkbox"/> DOMESTIC VIOLENCE <input type="checkbox"/>

ATTACHMENTS: <input type="checkbox"/> INTOXICATION WORK SHEET <input type="checkbox"/> FELONY CRIMES AGAINST THE PERSON <input type="checkbox"/> VICTIM/WITNESS ASSISTANCE GUIDE RECEIPT <input type="checkbox"/> PROPERTY RECORD <input type="checkbox"/> OTHER	<input type="checkbox"/> MISSING PERSON CHECKLIST <input type="checkbox"/> STATEMENT FORM(S) <input type="checkbox"/> RIGHTS WARNING AND WAIVER	DISP.: <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> EXCEPTIONALLY CLEARED- DATE A <input type="checkbox"/> DEATH OF ACTOR D <input type="checkbox"/> VICTIM REFUSED TO COOPERATE B <input type="checkbox"/> PROSECUTION DECLINED E <input type="checkbox"/> JUVENILE/NO CUSTODY C <input type="checkbox"/> EXTRADITION DENIED N <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> MULTIPLE CLEAR-UP
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1. ORUSTRATION PAPSP1400/Corry	2. DATE OF REPORT 05/15/12
3. OFFENSE Recklessly Endangering Another Person	4. VICTIM (b)(3):Exemption 3 for 25(

5. NARRATIVE
INTERVIEW WITH (b)(3):Exemption 3 CON'T:

(b)(3):Exemptio related that on (b)(3):Exempti second loop she wanted to play "cops and robbers" with the dogs and she began to chase them. She then explained that (b) did not follow (b)(3):Exemp instructions of staying on the square path he showed them and she began to drive through the field. (b) then added that the UTV began to descend down a hill and (b) turned the vehicle in a sharp manner. (b)(3):Exemptio explained that the vehicle's left tires appeared to have left the ground. She explained that the ride was bumpy and the terrain was rough. (b)(3):Exemptio related that the vehicle then overturned and landed on top of (b)(3):Exemp She remembered that she heard (b) swear. (b)(3):Exemptio added that she was not badly injured and she exited the vehicle right away. (b)(3):Exe exited about 30 seconds after the crash. She then related that she seen (b)(3):Exe bleeding and she could see (b)(3):Exempti arm sticking out from underneath the UTV. She further explained that (b) was not moving and (b)(3):Exe instructed her to go get help and call 911 as he was attempting to get the vehicle off of (b)

(b) related that she ran down to the house at the bottom of the hill and began to yell for help, but no one answered. She then entered the (b)(3):Exemption 3 address and obtained a cell phone that was lying on a counter top. She then related that she called 911 and a man (b) came in and took the phone from her and began to talk to 911.

(b) related that she did not go back up to the field because she was frightened.

(b) was asked about items in the vehicle and seating arrangements. (b) related that she remembered that the windshield was down because she was able to stick her arm out the front. She explained that there was a blue pillow in the center for the girls to sit on when they were no driving. (b) remembered that there were seatbelts, but they did not wear them as they did not fit appropriately. She related that (b) placed jackets in the rear of the UTV for them in case they got cold. She related that she did not see (b)(3):Exe drink and there was miscellaneous trash in the back bed of the UTV. (b) related that she did observe the trash on the ground after the crash. (b) indicated during the interview that (b)(3):Exem was not wearing any shoes. (b)(3):Exemptio related that she was wearing purple flip-flops and she ran out of them as she went to go get help. (b)(3):Exemptio did not remember (b) attempting to grab the steering wheel and estimated the speed of the UTV to be about 25 mph before crashing. (b) related that (b)(3):Exemp had a difficult time reaching the pedals of the vehicle. She explained also that she too had difficulty with the pedals, but she could reach them easier than (b)

(b) was asked why she told the ambulance personnel that (b) was driving. She related that she did tell them (b)(3):Exe was driving because at one point he did drive. (b) was asked if she said that in fear she would get into trouble and she related that she does not recall telling the ambulance personnel that (b) was driving. (b) was advised that she was in no trouble at all.

CONTINUED

6. OFFICER'S NAME/SIGNATURE Trooper Joshua L. ZEIGLER	BADGE NO. 11112	7. INVEST. RECM. <input checked="" type="checkbox"/> CONT. <input type="checkbox"/> TERM.	8. SUPV. INIT./BADGE NO. 704/7086	9. <input checked="" type="checkbox"/> CONCUR <input type="checkbox"/> NONCONCUR	10. PAGE 11
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1. ORU/STATION PAPSP1400/Corry	2. DATE OF REPORT 05/15/12
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3. OFFENSE Recklessly Endangering Another Person	4. VICTIM (b)(3):Exemption 3
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5. NARRATIVE
INTERVIEW WITH (b)(3):Exemption 3 for 25(c) **CON'T:**
INTERVIEW WITH (b)(3):Exemption 3 for 25(c) **CON'T:**
 (b)(3):Exemptio then drew pictures for Trooper EDELMANN and I. I observed that she drew the yaw markings in the field exactly how they appeared in the field.
 (b)(3):Exemption injuries were then photographed by Trooper LENCH.
 Upon speaking with (b)(3):Exemption parents, they explained that (b)(3) was transported to UPMC Hamot Hospital, where she was x-rayed for precautionary reasons. (b)(3):Exemption chief complaint of pain was in her right shoulder. She also sustained a minor bump on her right portion of her forehead and minor cuts on her right fingers.
 The interview was then terminated.
 Images of (b)(3):Exemption injuries were photographed and retained as per departmental special order 2010-29.
 Photographs were added to the CD originally made that documented the scene by Trooper LENCH.

CASE STATUS:

To be supplemented upon receiving further information.

6. OFFICER'S NAME/SIGNATURE Trooper Joshua L. ZEIGLER	BADGE NO. 11112	7. INVEST. RECM. <input checked="" type="checkbox"/> CONT. <input type="checkbox"/> TERM.	8. SUPV. INIT./BADGE NO. [Signature]	9. <input checked="" type="checkbox"/> CONCUR <input type="checkbox"/> NONCONCUR	10. PAGE 12
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1. ORU/STATION PAPSP1400/Corry	2. DATE OF REPORT 05/15/12
3. OFFENSE Recklessly Endangering Another Person	4. VICTIM (b)(3):Exemption 3 for 25(

6. NARRATIVE
Supplemental:

On 05/14/12, I spoke with DA Jack DANERI via telephone. I was advised that the DA'S office is not going to pursue Homicide (involuntary manslaughter) charges on (b)(3):Exe. He explained that his office will review the case and make a determination about Endangering the Welfare of Children and Recklessly Endangering Another Person. DANERI related to me that the body can be released and there will be no Autopsy completed on the body. He then requested the (b)(3):Exempti mother's information and advised that he will contact her personally. I provided this information to him.

On 05/14/12, at 1230 hours, the obtained search warrant was executed on the vehicle. Trooper ROWLES from PSP- Meadville also assisted in conducting an inspection on the vehicle to ensure that the vehicle was in correct operating order.

Trooper LENCH collected the following as a result of this search warrant:

- 1.) Sample #1 suspected blood from driver side soft door
- 2.) Sample #2 suspected blood from frame under driver side of UTV
- 3.) Several hairs collected from driver side floor rail. (underside)

Upon the search warrant being completed, the receipt/ inventory of seized property was completed. A copy of the search warrant was placed in a conspicuous location in the vehicle.

The search warrant receipt was then returned to MDJ STROHMEYER in accordance with the PA Rules of Criminal Procedure, Chapter 200, Search Warrants on 05/14/12 at 1600 hours.

6. OFFICER'S NAME/SIGNATURE Trooper Joshua L. ZEIGLER	BADGE NO. 11112	7. INVEST. RECM. <input checked="" type="checkbox"/> CONT. <input type="checkbox"/> TERM.	8. SUPV. INIT./BADGE NO. JLZ/7086	9. <input checked="" type="checkbox"/> CONCUR <input type="checkbox"/> NONCONCUR	10. PAGE 13
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1. ORU/STATION PAPSP1400/Corry	2. DATE OF REPORT 05/15/12
3. OFFENSE Recklessly Endangering Another Person	4. VICTIM (b)(3):Exemption 3 for 25(c)

5. NARRATIVE

Supplemental:

On 05/14/12, at approx.. 0900 hours, I contacted the Linesville School District to ensure the school received information about (b)(3):Exempt death. I was informed that (b)(3):Exempt attended the [REDACTED]. I then spoke with (b)(3):Exemption 3 for 2 W/N-F-35, DOB: (b)(3):Exemption 3 (b)(3):Exemption 3 for 25(c), who is the school nurse at the [REDACTED] School. I asked if she had updated information on (b)(3):Exempt. She was able to provide me with accurate height, weight and which hand she was as it was recorded with the school district. She also assisted in obtaining her SSN.

On 05/14/12, at approx.. 0915 hours, this information was later checked with (b)(3):Exempt [REDACTED], who is the mother of (b) [REDACTED]. I refrained from contacting (b)(3):Exemptio directly due to learning that she was extremely distraught over the loss of her daughter. I further related that there would be no autopsy and that her daughter's body would be released to her custody upon her locating a proper funeral home. I further advised that the Erie County DA'S office would be contacting her. I explained to call if she has any questions about anything. She understood.

CASE STATUS:

Case to be supplemented upon receiving further information and other supplemental.

6. OFFICER'S NAME/SIGNATURE Trooper Joshua L. ZEIGLER	BADGE NO. 11112	7. INVEST. RECM. <input checked="" type="checkbox"/> CONT. <input type="checkbox"/> TERM.	8. SUPV. INIT./BADGE NO. 24/7086	9. <input checked="" type="checkbox"/> CONCUR <input type="checkbox"/> NONCONCUR	10. PAGE 14
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1. ORU/STATION PAPSP1400/Corry	2. DATE OF REPORT 05/22/12
3. OFFENSE Recklessly Endangering Another Person	4. VICTIM (b)(3): Exemption 3 for 25(c)

6. NARRATIVE
Supplemental:

Search Warrant:
On 05/21/12, I prepared a search warrant for medical records of (b)(3): Exemption 3 for 25(c). At approx.. 1115 hours on 05/21/12, I took the search warrant to MDJ SOUTHWICK'S office, where I swore to the facts within. The search warrant was approved. I then proceeded to UPMC Hamot Hospital, located at 201 State St., Erie, PA and served the search warrant at the medical records department. I personally handed the warrant to (b)(3): Exemption 3 for 25(c) W/N-F-46, DOB: (b)(3): Exemption 3 for 25(c) who is a clerk of records at UPMC Hamot, on 05/21/12, at 1210 hours. (b)(3): Exemption 3 for 25(c) assisted this officer in retrieving (b)(3): Exemption 3 for 25(c) medical records.

Upon receiving (b)(3): Exemption 3 for 25(c) medical record, I confirmed that his BAC on 05/12/12 was .043%.

Meeting w/ DA'S office:
On 05/21/12, I met with Erie County Assistant Districts Lisa FERRICK and Mark RICHMOND along with Erie County District Attorney Jack DANERI. We discussed this case in detail and I provided pictures and this report for them to view. I was assisted in this meeting by Corporal Timothy YETZER of the PSP-Corry Criminal Investigations Unit. All related that they would review the case and make a charging decision within the next few days.

Other Information:
On 05/22/12 the search warrant was returned to MDJ SOUTHWICK'S office at 1513 hours. I further received supplemental reports from Trooper REXFORD and Trooper ROWLS. These reports are attached.

Attachments:
-(b)(3): Exempt medical records from 05/12/12
-Copy of Search warrant from 05/21/12

CASE STATUS:
Case to be supplemented upon receiving further information and other supplementals.

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		A <input type="checkbox"/> DEATH OF ACTOR B <input checked="" type="checkbox"/> PROSECUTION DECLINED C <input type="checkbox"/> EXTRADITION DENIED
		D <input type="checkbox"/> VICTIM REFUSED TO COOPERATE E <input type="checkbox"/> JUVENILE/NO CUSTODY N <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> MULTIPLE CLEAR-UP

1. ORIGIN STATION PAPSP1400/Corry	2. DATE OF REPORT 05/24/12
3. OFFENSE Recklessly Endangering Another Person	4. VICTIM (b)(3) Exemption 3 for 25

5. NARRATIVE
Supplemental:

On 05/24/12, at 1510 hours, I contacted Lisa FERRICK from the Erie County DA'S Office. I was informed that the only charge in this incident that is applicable is VC7725(e)- Unauthorized persons to operate an ATV.

On 05/24/12, at 1425 hours, I attempted to contact (b) to inform him of this charge and to notify him that he may have his UTV back. (b) did not answer his phone. A message was left for him to return my phone call.

CASE STATUS:
Case to be supplemented upon receiving further information and other supplementals.

6. OFFICER'S NAME/SIGNATURE Trooper Joshua L. ZEIGLER	BADGE NO. 11112	7. INVEST. RECM. <input checked="" type="checkbox"/> CONT. <input type="checkbox"/> TERM.	8. SUPV. INIT./BADGE NO. AY/7066	9. <input checked="" type="checkbox"/> CONCUR <input type="checkbox"/> NONCONCUR	10. PAGE 16
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1. OR/STATION PAPSP1400/Corry	2. DATE OF REPORT 05/27/12
3. OFFENSE Recklessly Endangering Another Person	4. VICTIM (b)(3):Exemption 3

5. NARRATIVE
Supplemental:

As a direct result of this investigation, I filed citation # T0600195-1 on (b) charging him with VC7725(e).

Case to be supplemented upon receiving further information and case disposition.

6. OFFICER'S NAME/SIGNATURE Trooper Joshua L. ZEIGLER	BADGE NO. 11112	7. INVEST. RECM. <input checked="" type="checkbox"/> CONT. <input type="checkbox"/> TERM.	8. SUPV. INIT/BADGE NO. cy/7686	9. <input checked="" type="checkbox"/> CONCUR <input type="checkbox"/> NONCONCUR	10. PAGE 17
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1. ORU/STATION PAPSP1400/Corry	2. DATE OF REPORT 06/04/12
3. OFFENSE Recklessly Endangering Another Person	4. VICTIM (b)(3):Exemption 3 fo [REDACTED]

6. NARRATIVE
Supplemental:

On 05/30/12, (b) [REDACTED] arrived at PSP-Corry with a paid receipt from Dave's Towing. (b) [REDACTED] picked up the Honda UTV. HAIBACH signed for the property and it was returned to him. I further received Trooper Rico COLETTA'S supplemental report.

FURTHER INFORMATION:

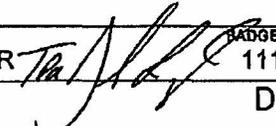
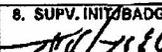
Due to the Erie County District Attorney's Office not wanting to pursue criminal charges, Evidence from this case was disposed of. Evidence was destroyed by Cpl. Timothy YETZER in this officer's presence. Evidence was disposed of in accordance with departmental regulations, AR 3-3.

On 06/04/12, I received a copy of the Coroner's report from the Erie County Coroner's Office. It was ruled that (b)(3):Exempti cause of death was from multiple blunt force trauma due to the all-terrain vehicle accident. This death was ultimately ruled accidental.

ATTACHMENTS:

- Coroner's Report
- Receipt showing that (b) [REDACTED] paid the tow bill in full.

Case to be supplemented upon receiving further information and case disposition.

6. OFFICER'S NAME/SIGNATURE Trooper Joshua L. ZEIGLER 	BADGE NO. 11112	7. INVEST. RECM. <input checked="" type="checkbox"/> CONT. <input type="checkbox"/> TERM.	8. SUPV. INIT/BADGE NO.  7186	9. <input checked="" type="checkbox"/> CONCUR <input type="checkbox"/> NONCONCUR	10. PAGE 18
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Task Number: 120516HCC1687
Date: 9/11/12

Status of Missing Document(s)

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

1. photo, utility vehicle
2. _____
3. _____
4. _____

Date: 9/11/12 Investigator No. 8925

Regional Office: CFIE Supervisor No. 8978

ERIE COUNTY CORONER'S OFFICE

Investigation Report

Lyell P. Cook

Coroner

PH: (814) 452 2911 FAX: (814) 451 6183

140 W. 6th St.

Erie, PA 16501



Korac J. Timon

Chief Deputy

Dennis Suscheck

First Deputy

Year: 2012 Month: May Manner of Death: ACCIDENTAL

Last Name: (b)(3):Exemption First Name: (b)(3):Exempti MI: (b)(3):

Sex: Female Race: WHITE

Birthdate: (b)(3): Age (Years): 8

SSN: (b)(3):Exem

Occupation: student Marital Status: Single

Home Address: (b)(3):Exemption 3 f City: (b)(3): State: (b)(3):

Township: (b)(3):Ex County: (b)(3): Zip: (b)(3):

Next of Kin: (b)(3):Exempti (mother)

Date Called: 5/12/2012 Time Called: 19:55 Called By: PENNSYLVANIA STATE POLICE

Location: near 13227 Arbuckle Road, Wattsburg Arrival Time: 20:35

Temperature: 60 Weather/Road Conditions: clear / mild

Pronounced By: First Deputy Dennis Suscheck Time: 20:40 Day of the Week: Sat

DATE OF DEATH: 5/12/2012 County of Injury: ERIE

CAUSE OF DEATH:

MULTIPLE BLUNT FORCE TRAUMA DUE TO ALL TERRAIN VEHICLE ACCIDENT

Circumstance: RV CORE INTERVENTION

Coroner: First Deputy Dennis Suscheck

Police Department: PSP - CORRY Medical Unit: Wattsburg Fire Department

Station: Corry / Lawrence Park Physician:

Officers: Trooper Zeigler / Edelman Photographed By: PSP Lawrence Park

Date/Time of Incident: 5/12/2012 19:30 hrs

Location of Incident: Field behind 13227 Arbuckle Road, Wattsburg, Pa Amity Township

Toxicology Submitted Alcohol Drugs

AUTOPSY By: Autopsy No. :

Funeral Home: WHITE-COOL



NMS Labs

3701 Welsh Road, PO Box 433A, Willow Grove, PA 19090-0437
Phone: (215) 657-4900 Fax: (215) 657-2972
e-mail: nms@nmslabs.com

Robert A. Middleberg, PhD, DABFT, DABCC-TC, Laboratory Director

Toxicology Report

Report Issued 05/23/2012 09:01

Patient Name (b)(3); Exemption 3 for 25(c)
Patient ID
Chain 11364558
Age 8 Y
Gender Female
Workorder 12162778

Page 1 of 4

To: 10069
Erie County Coroner's Office
Lyell Cook
140 West 6th Street
Erie, PA 16501

Positive Findings:

<u>Compound</u>	<u>Result</u>	<u>Units</u>	<u>Matrix Source</u>
Caffeine	Positive	mcg/mL	Cardiac Blood
Theobromine	Positive	mcg/mL	Cardiac Blood
Caffeine	Positive	mcg/mL	Urine
Theobromine	Positive	mcg/mL	Urine

See Detailed Findings section for additional information

Testing Requested:

<u>Analysis Code</u>	<u>Description</u>
8052B	Postmortem Toxicology - Expanded, Blood (Forensic)
8052U	Postmortem Toxicology - Expanded, Urine (Forensic)

Specimens Received:

<u>ID</u>	<u>Tube/Container</u>	<u>Volume/ Mass</u>	<u>Collection Date/Time</u>	<u>Matrix Source</u>	<u>Miscellaneous Information</u>
001	Gray Top Tube	9.5 mL	05/13/2012 11:30	Cardiac Blood	
002	Gray Top Tube	8 mL	05/13/2012 11:30	Cardiac Blood	
003	Red Top Tube	1 mL	05/13/2012 11:30	Vitreous Fluid	
004	Clear Plastic Container	7 mL	05/13/2012 11:30	Urine	

All sample volumes/weights are approximations.
Specimens received on 05/15/2012.



Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Caffeine	Positive	mcg/mL	0.10	001 - Cardiac Blood	GC/MS
Theobromine	Positive	mcg/mL	5.0	001 - Cardiac Blood	GC/MS
Caffeine	Positive	mcg/mL	0.10	004 - Urine	GC/MS
Theobromine	Positive	mcg/mL	5.0	004 - Urine	GC/MS

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

1. Caffeine (No-Doz) - Cardiac Blood:

Caffeine is a xanthine-derived central nervous system stimulant. It also produces diuresis and cardiac and respiratory stimulation. It can be readily found in such items as coffee, tea, soft drinks and chocolate. As a reference, a typical cup of coffee or tea contains between 40 to 100 mg caffeine.

Following the oral ingestion of 120 and 300 mg of caffeine, reported peak plasma concentrations of the drug averaged 3.0 mcg/mL (range, 2.0 - 4.0 mcg/mL) and 7.9 mcg/mL (range, 6.0 - 9.0 mcg/mL), respectively. A single oral dose of 500 mg produced a reported peak plasma concentration of 14 mcg/mL after 30 min.

Reported concentrations of caffeine in caffeine-related fatalities averaged 183 mcg/mL (range, 79 - 344 mcg/mL).

The reported qualitative result for this substance is indicative of a finding commonly seen following typical use and is usually not toxicologically significant.

2. Caffeine (No-Doz) - Urine:

Caffeine is a xanthine-derived central nervous system stimulant. It also produces diuresis and cardiac and respiratory stimulation. It can be readily found in such items as coffee, tea, soft drinks and chocolate. As a reference, a typical cup of coffee or tea contains between 40 to 100 mg caffeine.

3. Theobromine (Xantheose) - Cardiac Blood:

Theobromine is a methylxanthine alkaloid found in tea and cocoa products and has been reported to pass into the breast milk of nursing mothers. Theobromine has the general properties of the xanthines, including diuresis and smooth muscle stimulation.

4. Theobromine (Xantheose) - Urine:

Theobromine is a methylxanthine alkaloid found in tea and cocoa products and has been reported to pass into the breast milk of nursing mothers. Theobromine has the general properties of the xanthines, including diuresis and smooth muscle stimulation.

Sample Comments:

004 Due to the nature of this specimen, some analytes may not be detected by the GCMS screen.

Chain of custody documentation has been maintained for the analyses performed by NMS Labs.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded six (6) weeks from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.



(b)(3):Exem

Workorder 12162778 was electronically signed on 05/23/2012 08:55 by:

Susan Crookham,
Certifying Scientist

Analysis Summary and Reporting Limits:

Acode 8052B - Postmortem Toxicology - Expanded, Blood (Forensic) - Cardiac Blood

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Benzodiazepines	100 ng/mL	Cocaine / Metabolites	20 ng/mL
Cannabinoids	10 ng/mL	Opiates	20 ng/mL

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Salicylates	120 mcg/mL		

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Buprenorphine / Metabolite	0.50 ng/mL		

-Analysis by Gas Chromatography/Mass Spectrometry (GC/MS) for: The following is a general list of compound classes included in the Gas Chromatographic screen. The detection of any particular compound is concentration-dependent. Please note that not all known compounds included in each specified class or heading are included. Some specific compounds outside these classes are also included. For a detailed list of all compounds and reporting limits included in this screen, please contact NMS Labs.

Amphetamines, Analgesics (opioid and non-opioid), Anesthetics, Anticholinergic Agents, Anticonvulsant Agents, Antidepressants, Antiemetic Agents, Antihistamines, Antiparkinsonian Agents, Antipsychotic Agents, Anxiolytics (Benzodiazepine and others), Cardiovascular Agents (non-digitalis), Hallucinogens, Hypnotics (Barbiturates, Non-Benzodiazepine Hypnotics and others), Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents (excluding Salicylate) and Stimulants (Amphetamine-like and others).

-Analysis by Headspace Gas Chromatography (GC) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL

Acode 8052U - Postmortem Toxicology - Expanded, Urine (Forensic)

-Analysis by Enzyme Immunoassay (EIA) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Benzodiazepines	50 ng/mL	Cocaine / Metabolites	300 ng/mL
Cannabinoids	20 ng/mL	Opiates	300 ng/mL

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:



CONFIDENTIAL

Workorder 12162778
Chain 11364558
Patient ID (b)(3):Exem

Page 4 of 4

Analysis Summary and Reporting Limits:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Salicylates	120 mcg/mL		

-Analysis by Gas Chromatography/Mass Spectrometry (GC/MS) for: The following is a general list of compound classes included in the Gas Chromatographic screen. The detection of any particular compound is concentration-dependent. Please note that not all known compounds included in each specified class or heading are included. Some specific compounds outside these classes are also included. For a detailed list of all compounds and reporting limits included in this screen, please contact NMS Labs.

Amphetamines, Analgesics (opioid and non-opioid), Anesthetics, Anticholinergic Agents, Anticonvulsant Agents, Antidepressants, Antiemetic Agents, Antihistamines, Antiparkinsonian Agents, Antipsychotic Agents, Anxiolytics (Benzodiazepine and others), Cardiovascular Agents (non-digitalis), Hallucinogens, Hypnosedatives (Barbiturates, Non-Benzodiazepine Hypnotics and others), Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents (excluding Salicylate) and Stimulants (Amphetamine-like and others).

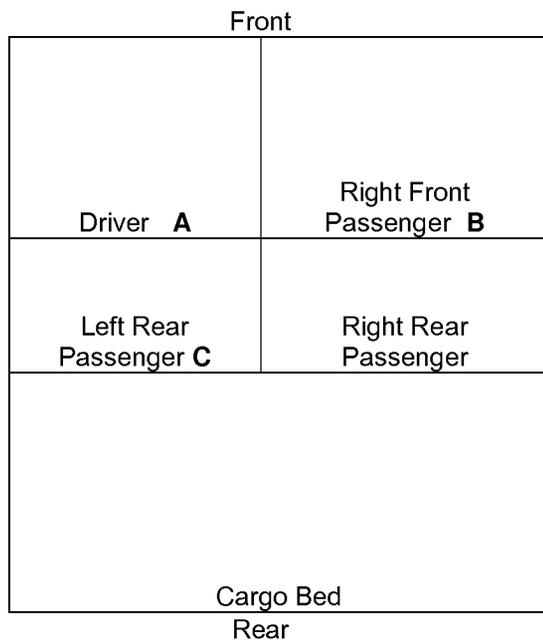
-Analysis by Headspace Gas Chromatography (GC) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL

-Analysis by Immunoassay (IA) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Buprenorphine / Metabolite	5.0 ng/mL		

Utility Vehicle Data Record Sheet



The Utility Vehicle

A:	Age: 8	Height: unknown
	Gender: Female	Weight: unknown
	Helmet (Y/N): No	Seatbelt (Y/N): No
	Killed/Injured/Neither/Unknown: killed	
	Injury Description: multi blunt force trauma	
	Did vehicle land on driver A: yes	
	Ejected (Either partially or fully): partially	

B:	Age: 9	Height: unknown
	Gender: Female	Weight: unknown
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: neither	
	Injury Description: non-severe	
	Did vehicle land on victim: no	
	Ejected (Either partially or fully): fully	

C:	Age: 49	Height: unknown
	Gender: male	Weight: unknown
	Helmet (Y/N): no	Seatbelt (Y/N): no
	Killed/Injured/Neither/Unknown: neither	
	Injury Description: non-severe	
	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.

CONTACT INFORMATION:

Contacted on 5/18/12

PA State Police
1800 Elmerton Avenue
Harrisburg, PA 17110
(717)705-4245

Lyell Cook
Erie County Coroner
140 W. 6th Street
Erie, PA 16501
(814)452-2911

The information in this report was based on information received by the Department of Natural Resources and the coroner's office. Contact with the victim and passenger's next-of-kin was not successful.

On Monday, May 14, 2012, at 9:39 p.m., in Ripley County, Johnson Township, Versailles, IN, the victim, a 15-year-old female, her passenger, another 15-year-old female were riding in a 4-wheeled utility vehicle on a dry paved road and they were not wearing helmets. The weather condition was scattered clouds and the temperature was 64 degrees.

The victim lost control in a turn and caused the vehicle to overturn. The vehicle landed on the victim and she was severely injured. She was taken to a hospital where she was later airlifted to another hospital and died. Her cause of death was head trauma. The victim was 68 inches tall and she weighed 140 pounds.

The passenger was not injured. She had summoned for assistance.

Product: 4-wheeled utility vehicle
Manufacturer: Polaris, Inc.
1225 Hwy 169N
Minneapolis, MN 55441
Brand/Model: Polaris/Ranger
Year/VIN: 2005/4XARD50AX5D456029
Description: green in color
Condition/Modification: unknown

ATTACHMENTS:

1. Accident Report and photos (5)
2. Coroner's report.
3. UTV Data Record Sheet.
4. Contact Information.



REPORT OF RECREATION VEHICLE ACCIDENT

State Form 3815 (R4/8-95)

Department of Natural Resources

Snowmobile

Off-road

Property Code 000	Case Number 09-12-00388
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ACCIDENTS RESULTING IN INJURY, DEATH OR DAMAGE OF \$100.00 OR MORE MUST BE REPORTED.
AUTHORITY: IC 14-16-2-25 AN IC 14-16-1-24

Date (month, day, year) 5/14/2012	Day of Week MONDAY	Actual Local Time 2138	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Number of Veh. 1	Number of Injuries 1	Number of Fatalities 1	Total Damage \$1,000.00
City VERSAILLES	Township JOHNSON	County RIPLEY	State IN	Exact Location WOOD RD VERSAILLES IN 47042			
Visibility <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input checked="" type="checkbox"/> Night	Wind (MPH) <input type="checkbox"/> None <input type="checkbox"/> Strong (15-25) <input checked="" type="checkbox"/> Light (0-6) <input type="checkbox"/> Storm (over 25) <input type="checkbox"/> Moderate (7-14)	Terrain/Snow Condition <input checked="" type="checkbox"/> Smooth <input type="checkbox"/> Rough <input type="checkbox"/> None	Type of Terrain <input type="checkbox"/> Woods <input checked="" type="checkbox"/> Roadway <input type="checkbox"/> Fields <input type="checkbox"/> Lake Ice <input type="checkbox"/> Trail	Weather <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Hazy			

OPERATOR 1

Name (Last, First, Middle)
(b) (3) - Exempt

Sex M F

Address (Number and Street, Apt. Number)
(b) (6)

City, State, ZIP Code
VERSAILLES, IN 47042

Telephone Number
(b) (6)

Age
15

Date of Birth
(b) (6)

Experience of Operator
 Under 20 Hours 20 to 100 101 to 500 Over 500 Hours

Formal Instruction Yes No

Name of Instructing Agency

Test Given None Refused Alcohol Drug BAC ____%
Type Type Urine Other Blood Breath

OPERATOR 2

Name (Last, First, Middle)

Sex M F

Address (Number and Street, Apt. Number)

City, State, ZIP Code

Telephone Number

Age

Date of Birth

Experience of Operator Under 20 Hours 20 to 100 101 to 500 Over 500 Hours

Formal Instruction Yes No

Name of Instructing Agency

Test Given None Refused Alcohol Drug BAC ____%
Type Given Urine Other Blood Breath

VEHICLE 1

Name (Last, First, Middle)
(b) (6)

Address (Number and Street, Apt. Number)
(b) (6)

City, State, ZIP Code
VERSAILLES, IN 47042

Registration Number
4XARD50AX5D456029

VIN

Make
POLARIS

Model
RANGER

Year
2005

Number of Wheels
4

No. of persons on/in Vehicle
2

Vehicle Damage
\$1,000.00

Other Property Damage
\$0.00

Operation at Time of Accident
 Cruising Being Towed Fueling Attended
 Maneuvering Towing Sled Racing Other

VEHICLE 2

Name (Last, First, Middle)

Address (Number and Street, Apt. Number)

City, State, ZIP Code

Registration Number

VIN

Make

Model

Year

Number of Wheels

No. of persons on/in Vehicle

Vehicle Damage

Other Property Damage

Operation at Time of Accident Cruising Being Towed Fueling Attended
 Maneuvering Towing Sled Racing Other

WITNESS 1

INJURED DECEASED WITNESS

Name (Last, First, Middle)
(b) (6)

Address (Number and Street, Apt. Number)
(b) (6)

City, State, ZIP Code
VERSAILLES, IN 47042

Date of Birth (Month, Day, Year)
(b) (6)

Age
15

Telephone Number
(b) (6)

Nature of Injury / Cause of Death
HEAD TRAUMA Interviewed Statement

WITNESS 2

INJURED DECEASED WITNESS

Name (Last, First, Middle)

Address (Number and Street, Apt. Number)

City, State, ZIP Code

Date of Birth (Month, Day, Year)

Age

Telephone Number

Nature of Injury / Cause of Death Interviewed Statement

WITNESS 1

INJURED DECEASED WITNESS

Name (Last, First, Middle)
(b) (6)

Address (Number and Street, Apt. Number)
(b) (6)

City, State, ZIP Code
VERSAILLES, IN 47042

Date of Birth (Month, Day, Year)
(b) (6)

Age
15

Telephone Number
(b) (6)

Nature of Injury / Cause of Death Interviewed Statement

WITNESS 2

INJURED DECEASED WITNESS

Name (Last, First, Middle)

Address (Number and Street, Apt. Number)

City, State, ZIP Code

Date of Birth (Month, Day, Year)

Age

Telephone Number

Nature of Injury / Cause of Death Interviewed Statement

RECREATION VEHICLE ACCIDENT NARRATIVE / SUPPLEMENT
09-12-00388

ACCIDENT DESCRIPTION

Sequence of events (include failure of equipment, any information regarding the involvement of alcohol and/or drugs in causing or contributing to the accident and any descriptive information about the use of safety equipment. Continue on additional sheets if necessary.

ON 05/14/12, AT APPROXIMATELY 22:13 HRS, I RETURNED A TELEPHONE CALL TO INDIANA CONSERVATION OFFICER'S DISPATCH. THEY REPORTED TO ME THAT RIPLEY COUNTY SHERIFF'S DEPT. HAD REQUESTED A CONSERVATION OFFICER RESPOND TO AN ORV (OFF ROAD VEHICLE) CRASH RESULTING IN SERIOUS INJURIES TO THE OPERATOR OF THE ORV. THE CRASH OCCURRED ON WOODS RD. APPROXIMATELY ¼ MILE NORTH OF CR 450 S. RIPLEY COUNTY SHERIFF'S DEPUTY RANDY L. HOLT WAS THEIR OFFICER ON SCENE THAT I WOULD NEED TO CONTACT.

I ARRIVED ON THE SCENE OF THE CRASH AT APPROXIMATELY 22:35 HRS. DEPUTY HOLT AND DEPUTY AARON A. SMITH, JR. WERE THE ONLY PEOPLE STILL AT THE SCENE. THE CRASHED 2005 POLARIS RANGER WAS OFF THE ROADWAY WITH A LARGE POOL OF BLOOD ON THE ROAD NEXT TO IT. DEPUTY HOLT DESCRIBED TO ME THE WITNESSES' STATEMENTS OF HOW THE ACCIDENT OCCURRED. THE PHYSICAL EVIDENCE SUPPORTED WHAT HE TOLD ME.

THE PASSENGER IN THE VEHICLE, (b) (6) AT THE TIME OF THE CRASH RELAYED TO DEPUTY HOLT THAT (b) (3) : Ex WAS OPERATING THE RANGER AT THE TIME OF THE CRASH. (b) () SAW THE TURN IN THE ROAD COMING UP AND "YELLED" AT (b) () TO SLOW DOWN SEVERAL TIMES. (b) () LOST CONTROL OF THE RANGER IN THE TURN AS INDICATED BY THE YAW MARKS LEFT ON THE ROAD. (SEE PHOTOGRAPHS) (b) (6) WAS THROWN FROM THE ORV AFTER WHICH THE ORV TURNED OVER ON ITS TOP AND CAME TO REST ON TOP OF (b) (6) (b) (6) THEN CALLED HER (b) (6) AND IN A FRANTIC STATE TOLD HER SHE AND (b) (6) HAD WRECKED THE RANGER. (b) (6)

(b) (6) GIRLFRIEND), DROVE THEIR TRUCK TO THE SCENE OF THE CRASH. (b) (6) THE RANGER OFF OF (b) (6) AND (b) (6) STARTED CPR ON (b) () AFTER FEELING A FAINT PULSE.

(b) (6) A NEIGHBOR OF THE (b) (6) STATED HE HEARD THE RANGER "GO FLYING BY HIS HOUSE" MOMENTS BEFORE THE CRASH.

EMERGENCY PERSONNEL CONTINUED CPR ON (b) () WHEN THEY ARRIVED ON SCENE AND AS THEY TRANSPORTED HER TO MARGARET MARY COMMUNITY HOSPITAL IN BATESVILLE. THE EMT'S RESTORED A PULSE AND BLOOD PRESSURE ON THE WAY TO MARGARET MARY COMMUNITY HOSPITAL. (b) () WAS THEN AIRLIFTED TO CHILDREN'S HOSPITAL IN CINCINNATI, OH, WHERE SHE DIED OF HER INJURIES.

VEHICLE 1	Nature of Classification of Accident		<input type="checkbox"/> Collision with Another Off-Road Veh.	VEHICLE 2	Nature of Classification of Accident		<input type="checkbox"/> Collision with Another Off-Road Veh.
	<input checked="" type="checkbox"/> Fell From Machine	<input type="checkbox"/> Fire or Explosion			<input type="checkbox"/> Fell From Machine	<input type="checkbox"/> Fire or Explosion	
	<input checked="" type="checkbox"/> Over Turning	<input type="checkbox"/> Collision with Another Snowmobile			<input type="checkbox"/> Over Turning	<input type="checkbox"/> Collision with Another Snowmobile	
	<input checked="" type="checkbox"/> Skidding	<input type="checkbox"/> Collision with Another Object			<input type="checkbox"/> Skidding	<input type="checkbox"/> Collision with Another Object	
	<input type="checkbox"/> Collision with Another Person	<input type="checkbox"/> Struck Hidden Object in Snow			<input type="checkbox"/> Collision with Another Person	<input type="checkbox"/> Struck Hidden Object in Snow	
	<input type="checkbox"/> Collision with Another Vehicle	<input type="checkbox"/> Other (Specify)			<input type="checkbox"/> Collision with Another Vehicle	<input type="checkbox"/> Other (Specify)	

ACCIDENT DIAGRAM



Operator 1 Insured By		Operator 2 Insured By		Date of Report (Month, Day, Year) 5/14/2012
Name of Investigating Officer ANDY CROZIER	I.D. Number C7506	Agency 09	Name of Field Supervisor ANTHONY STOLL	Date (Month, Day, Year) 5/30/2012
Name of Assisting Officer RANDY L. HOLT	I.D. Number	Agency DF	Photos Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were any charges filed as a result of this accident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

