

|  |  |  |   |  |
|--|--|--|---|--|
| 1. Task Number<br>120913HCC3850  |  | 2. Investigator's ID<br>9044                     |   | <b>EPIDEMIOLOGIC<br/>INVESTIGATION<br/>REPORT</b>        |
| 3. Office Code<br>840  | 4. Date of Accident<br>YR MO DAY<br>2012 08 09 | 5. Date Initiated<br>YR MO DAY<br>2012 09 13     |   |  |
| 6. Synopsis of Accident or Complaint<br>UPC<br>A 16-year-old male was fatally injured when the motorcycle he was operating collided into a UTV. Both vehicles were being operated in a sand dune area. The collision caused major damage to both the motorcycle and the UTV that was being operated by a 44-year-old male. The 44 YOM had his 22-year-old daughter as a passenger. Both of them were knocked unconscious in the incident. The daughter was transported to the hospital for treatment. They both had minor injuries. <del>Motorcycle VIN# [REDACTED]</del><br><br>COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br><input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED<br><input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <u>66</u> ;<br><input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY<br><i>1/16/14 pc</i> |  |  |   |  |
| 7. Location (Home, School, etc)<br>5 - OTHER PUBLIC PROPERTY   |  | 8. City<br>DOUGLAS COUNTY                        |   | 9. State<br>OR   |
| 10A. First Product<br>5044 - UTILITY VEHICLES  |  | 10B. Trade/Brand Name<br>POLARIS VIN# [REDACTED] |   | 10C. Model Number<br>RZR                                 |
| 10D. Manufacturer Name and Address<br>POLARIS INC.<br>1225 HIGHWAY 169 NORTH<br>MINNEAPOLIS, MN 55441  |  |  |   |  |
| 11A. Second Product<br>5036 - TWO-WHEELED, POWER   |  | 11B. Trade/Brand Name<br>KTM                     |   | 11C. Model Number<br>UNKNOWN                             |
| 11D. Manufacturer Name and Address<br>KTM NORTH AMERICA, INC. VIN# [REDACTED]<br>38429 INNOVATION COURT<br>MURRIETA, CA 92563  |  |  |   |  |
| 12A. Hispanic or Latino<br>2 - No  | 12B. Race<br>1 - White<br>Other:               |  | 12C. Race Source<br>3 - Official Document     |  |
| 13. Age of Victim<br>16  | 14. Sex<br>1 - Male                            | 15. Disposition<br>8 - Death                     |   | 16. Injury Diagnosis<br>54 - Crushing                    |
| 17. Body Part(s)<br>Involved<br>31 - UPPER TRUNK   | 18. Respondent<br>3 - 2nd Hand Info Only       | 19. Type of Investigation<br>2 - Telephone       |   | 20. Time Spent<br>(Operational / Travel)<br>13.00 / 0.00 |
| 21. Attachment(s)<br>9 - Multiple Attachments  |  | 22. Case Source<br>04 - Radio, TV                |   | 23. Sample Collection Number                             |
| 24. Permission to Disclose Name (Non NEISS Cases Only)<br><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written   |  |  |   |  |
| 25. Review Date<br>11/21/2012  | 26. Reviewed By<br>9021                        |  | 27. Regional Office Director<br>Frank J. Nava |  |
| 28. Distribution<br>John C. Topping; Sarah Garland   |  |  | 29. Source Document Number<br>X1280944A       |  |

## 120913HCC3850

All information contained in this report, was obtained through telephone contact with the County Sheriff and Medical Examiner. I reported this incident with an on-line news story (source document).

At about 7:43 pm, on August 9, 2012, a 16-year-old male was operating a motorcycle in a national recreation area known for their large sand dunes near the pacific coast. He was operating his motorcycle and went over a dune without using a spotter, and he crashed into a UTV coming up the other side. The 16-year-old male driving the motorcycle died from his injuries at the scene.

His motorcycle had extensive damage with the front forks and tire completely broken off the motorcycle. There was other damage to the entire motorcycle including the seat, handlebars, gas tank and frame indicating a hard impact.

There were parts of the UTV roof and hood scattered around the crash site. Investigators learned that onlookers saw the motorcycle jumping and then it hit the UTV as it was coming up the north face of the dune. The UTV had extensive damage to the front end and the roof. The bumper on the driver side had an impression of a cylinder shaped object in it, similar to the front forks of the motorcycle.

There were black marks on the front of the UTV, both top and bottom, like it he had been hit by a tire. The front half windshield and the front truck lid were missing as well as the roof. There was also a bracket for a mirror but the mirror was gone. The entire front of the UTV was buckled.

The UTV was being operated by a 44-year-old male and he had is 22-year-old daughter as a passenger in the seat next to him. Both were reportedly buckled up and wearing helmets. The 16-year-old male who died in this incident, was operating the motorcycle and he was wearing a helmet.

During the incident, the 44-year-old male UTV operator was knocked out at the moment of impact and his helmet and glasses were knocked off him. He reportedly had been drinking prior to the incident but it was not established what his blood alcohol level was. He was treated at the scene for minor injuries.

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His 22-year-old daughter was injured in this incident and she was transported to the nearest hospital by ambulance where she was treated for minor injuries. She reported that prior to the incident they had been putting around in the sand. She said there was an ATV out to the left of them and a little behind them.

She said her dad started up a dune and they were about half way up when all of a sudden there was a motorcycle sideways in mid-air in front of them. She thought it was going to come through the windshield. She remembers the motorcycle was still in the air when it hit them. She threw up her arms in front of her face even though she was wearing a helmet. She said she remembers covering her face and then she went unconscious.

She said she came to and saw the motorcycle operator on the ground. She then found her father unconscious next to her. She found that he was still belted in but was leaned over with his head out of the door. She also saw that his helmet had been knocked off. She attempted to wake her father for about 30 seconds and then he gasped for air and came to.

She unbuckled herself and went to the check on the motorcycle operator as he lay in the sand. She found someone calling 911. Several other people stopped to assist the motorcycle operator. He had numerous injuries including broken bones and internal injuries. He died from his injuries.

On November 6, 2012, I contacted the County Sheriff's Department and requested their report and photographs on this incident. They later provided them (exhibits 2 and 3). I also contacted the County Medical Examiner on that date and requested their report on the motorcycle operator who died in this incident. When it is received, it will be submitted as an addendum to this report.

This investigation was limited to collecting the official documents only because the cause of the motorcycle vs UTV accident was not related to the condition of the UTV in this incident. No contact was made with the UTV operator and no on-site visit was made. The physical condition of the UTV was observed in the official photographs and other details were provided in the report provided by the on-site investigating agencies (exhibits 2 and 3).

**OTHER VICTIMS:**

Female (2), Age 22, Crushing Injury (54), Body Part, Internal (00), Injured not hospitalized (1), White (1), Hispanic No (2)

Male (1), Age 45, Crushing Injury (54), Body Part, Internal (00), Injured not hospitalized (1), White (1), Hispanic No (2)

**PRODUCT IDENTIFICATION:**

UTV (Product Code 5044)

Type: 2 seats, side by side

Item # RZR

Color: White and Black

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

Brand: Polaris

Manufacturer: Polaris, Minneapolis, MN

Retailer: Unknown

**SAMPLES COLLECTED:** None

**ATTACHMENTS:**

Exhibit 1 - Description of Respondents

Exhibit 2 - County Sheriff's Report

Exhibit 3 - 13 Photographs (provided by the Sheriff's Department)

Exhibit 4 - Medical Examiner's Reports



**120913HCC3850**

**Exhibit 1**

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**DESCRIPTION OF RESPONDENTS:**

Record's Department (Kimm Barnes, Crime Analyst), Douglas County Sheriff's Office, Justice Building, Roseburg, OR 97470, 541-440-4458, Fax 541-947-2088, Initial Contact 11/6/2012

Jenni Gall, Chief, Medical Examiner  
Douglas County Medical Examiner's Office, 1036 SE Douglas Ave., Roseburg, OR 97470, 541-440-4453, Fax 541-957-2088  
Initial Contact 11/6/2012

# Incident Report

## DOUGLAS COUNTY SHERIFF'S OFFICE

**12-3462**

Supplement No  
**ORIG**



1036 SE DOUGLAS AVE  
ROSEBURG, OR 97470

Reported Date  
**08/09/2012**  
Nature of Call  
**40**  
Officer  
**SOLOMON, DOUGLAS E 136**

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

### Administrative Information

|  |   |   |                                    |                               |
|--|---|---|------------------------------------|-------------------------------|
| Agency<br><b>DOUGLAS COUNTY SHERIFF'S OFFICE</b> | Report No<br><b>12-3462</b>                 | Supplement No<br><b>ORIG</b>                    | Reported Date<br><b>08/09/2012</b> | Reported Time<br><b>19:43</b> |
| CAD Call No<br><b>122220453</b>                  | Status<br><b>Non Criminal Case - Closed</b> | Nature of Call<br><b>TRAFFIC ACCIDENT-FATAL</b> |                                    |                               |
| Location<br><b>3480 SALMON HARBOR DR</b>         |   | City<br><b>WinchesterBay</b>                    |                                    |                               |
| Rep Dial<br><b>WB, SALMON HARBOR, 000680</b>     | Area<br><b>DCWP</b>                         | Beat<br><b>CP</b>                               | From Date<br><b>08/09/2012</b>     | From Time<br><b>19:43</b>     |
| Officer<br><b>DESOLO/SOLOMON, DOUGLAS E 136</b>  | Assignment<br><b>REEDSPORT DEPUTY-DUNES</b> |   | Entered by<br><b>DESOLO</b>        |                               |
| Assignment<br><b>REEDSPORT DEPUTY-DUNES</b>      | RMS Transfer<br><b>Successful</b>           | Approving Officer<br><b>JHFRIE</b>              | Approval Date<br><b>08/20/2012</b> |                               |
| Approval Time<br><b>15:28:20</b>                 |   |   |                                    |                               |
| Photographs - Digital<br><b>Yes</b>              |   |   |                                    |                               |

### Person Summary

| Invl | Invl No | Type | Name                         | MNI    | Race | Sex | DOB |
|------|---------|------|------------------------------|--------|------|-----|-----|
| DEC  | 1       | I    | (b)(3):Exemption 3 for 25(c) |        |      |     |     |
| MEN  | 1       | I    | (b)(3):Exemption 3 for 25(c) |        |      |     |     |
| MEN  | 2       | I    | (b)(3):Exemption 3 for 25(c) |        |      |     |     |
| MEN  | 3       | I    | (b)(3):Exemption 3 for 25(c) |        |      |     |     |
| MEN  | 4       | I    | (b)(3):Exemption 3 for 25(c) |        |      |     |     |
| MEN  | 5       | B    | WINCHESTER BAY FIRE RESCUE   | 68419  |      |     |     |
| MEN  | 6       | B    | LOWER UMPQUA AMBULANCE       | 649129 |      |     |     |
| MEN  | 7       | O    | DR HARRIS                    | 552317 |      |     |     |
| MEN  | 8       | B    | DUNES MEMORIAL CHAPEL        | 95258  |      |     |     |
| MEN  | 9       | L    | (b)(3):Exemption 3 for 25(c) |        |      |     |     |
| WIT  | 10      | I    | (b)(3):Exemption 3 for 25(c) |        |      |     |     |

### Vehicle Summary

| Invl | Type | License No | State | Lic Year | Year | Make | Model | Style | Color   |
|------|------|------------|-------|----------|------|------|-------|-------|---------|
| ACC  | 3    |            |       |          |      | KTM  | MC    | MC    | ONG/BLK |
| ACC  | V    |            |       |          |      | POLS | RZR   | AT    | WHI/BLK |

### Summary Narrative

On August 9, 2012, at about 1943, I was advised of a ATV crash. (b)(3):Exempt was jumping his motorcycle over a dune without a spotter and crashed into a RZR coming up the other side. (b)(3): died of his injuries at the scene.

# Incident Report

## DOUGLAS COUNTY SHERIFF'S OFFICE

12-3462

Supplement No  
ORIG

|   |                              |                  |                              |            |                              |
|---|------------------------------|------------------|------------------------------|------------|------------------------------|
| <b>Deceased/Dead Body 1:</b> (b)(3):Exemption 3 for |                              |                  |                              |            |                              |
| Involvement   | Invl No                      | Type             | Name                         | MNI        |                              |
| Deceased/Dead Body                                  | 1                            | Individual       | (b)(3):Exemption 3           | (b)(3):Exe |                              |
| Race  | Sex                          | DOB              | Age                          | Juvenile?  |                              |
| White   | Male                         | (b)(3):Exemption | 16                           | Yes        |                              |
| Type  | Address                      |                  |                              |            | City State                   |
| Home  | (b)(3):Exemption 3 for 25(c) |                  |                              |            |                              |
| ZIP Code (b)  |                              |                  |                              |            |                              |
| Phone Type  | Phone No                     |                  |                              |            |                              |
| Home  | (b)(3):Exemption 3 f         |                  |                              |            |                              |
| <b>Mentioned 1:</b> (b)(3):Exemption 3 for 25       |                              |                  |                              |            |                              |
| Involvement   | Invl No                      | Type             | Name                         | MNI        | Race                         |
| Mentioned   | 1                            | Individual       | (b)(3):Exemption 3 for 25(c) |            | White                        |
| Sex   | DOB                          | Age              | Juvenile?                    |            |                              |
| Male  | (b)(3):Exemption             | 16               | Yes                          |            |                              |
| Type  | Address                      |                  |                              |            | City State                   |
| Home  | (b)(3):Exemption 3 for 2     |                  |                              |            | (b)(3):Exemption 3 for 25(c) |
| ZIP Code (b)  |                              |                  |                              |            |                              |
| <b>Mentioned 2:</b> (b)(3):Exemption 3 for 25(c)    |                              |                  |                              |            |                              |
| Involvement   | Invl No                      | Type             | Name                         | MNI        | Race                         |
| Mentioned   | 2                            | Individual       | (b)(3):Exemption 3 for 25    | (b)        | White                        |
| Sex   | DOB                          | Age              | Juvenile?                    |            |                              |
| Male  | (b)(3):Exemptio              | 44               | No                           |            |                              |
| Type  | Address                      |                  |                              |            | City State                   |
| Home  | (b)(3):Exemption 3 for 25(   |                  |                              |            | (b)(3):Exemption 3 for 25(c) |
| ZIP Code (b)  |                              |                  |                              |            |                              |
| Phone Type  | Phone No                     |                  |                              |            |                              |
| Home  | (b)(3):Exemption 3           |                  |                              |            |                              |
| <b>Mentioned 3:</b> (b)(3):Exemption 3              |                              |                  |                              |            |                              |
| Involvement   | Invl No                      | Type             | Name                         | MNI        | Race                         |
| Mentioned   | 3                            | Individual       | (b)                          | (b)        | White                        |
| Sex   | DOB                          | Age              | Juvenile?                    |            |                              |
| Female  | (b)(3):Exemption             | 22               | No                           |            |                              |
| Type  | Address                      |                  |                              |            | City State                   |
| Home  | (b)(3):Exemption 3 for 25(   |                  |                              |            | (b)(3):Exemption 3 for 25(c) |
| <b>Mentioned 4:</b> (b)(3):Exemption 3 for          |                              |                  |                              |            |                              |
| Involvement   | Invl No                      | Type             | Name                         | MNI        | Race                         |
| Mentioned   | 4                            | Individual       | (b)(3):Exemption 3           | (b)(3):Exe | White                        |
| Sex   | Male                         |                  |                              |            |                              |
| Type  | Address                      |                  |                              |            | City State                   |
| Home  | (b)(3):Exemption 3 for 25    |                  |                              |            | (b)(3):Exemption 3 for 25(c) |
| ZIP Code (b)  |                              |                  |                              |            |                              |
| <b>Mentioned 5: WINCHESTER BAY FIRE RESCUE</b>      |                              |                  |                              |            |                              |
| Involvement   | Invl No                      | Type             | Name                         | MNI        |                              |
| Mentioned   | 5                            | Business         | WINCHESTER BAY FIRE RESCUE   | 68419      |                              |
| <b>Mentioned 6: LOWER UMPQUA AMBULANCE</b>          |                              |                  |                              |            |                              |
| Involvement   | Invl No                      | Type             | Name                         | MNI        |                              |
| Mentioned   | 6                            | Business         | LOWER UMPQUA AMBULANCE       | 649129     |                              |
| <b>Mentioned 7: DR HARRIS</b>                       |                              |                  |                              |            |                              |
| Involvement   | Invl No                      | Type             | Name                         | MNI        |                              |
| Mentioned   | 7                            | Other            | DR HARRIS                    | 552317     |                              |
| <b>Mentioned 8: DUNES MEMORIAL CHAPEL</b>           |                              |                  |                              |            |                              |
| Involvement   | Invl No                      | Type             | Name                         | MNI        |                              |
| Mentioned   | 8                            | Business         | DUNES MEMORIAL CHAPEL        | 95258      |                              |

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Exhibit 2, 3 of 5

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# Incident Report

## DOUGLAS COUNTY SHERIFF'S OFFICE

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Mentioned 9: ; (b)(3):Exemption 3

| Involvement | Invl No | Type                    | Name               |
|-------------|---------|-------------------------|--------------------|
| Mentioned   | 9       | Law Enforcement Officer | (b)(3):Exemption 3 |

Witness 10: (b)(3):Exemption 3 for 25(c)

| Involvement | Invl No | Type       | Name                   | MNI | Race  | Sex  |
|-------------|---------|------------|------------------------|-----|-------|------|
| Witness     | 10      | Individual | (b)(3):Exemption 3 for | (b) | White | Male |

| Age | Juvenile? |
|-----|-----------|
| 13  | Yes       |

| Type | Address            | City                         | State |
|------|--------------------|------------------------------|-------|
| Home | (b)(3):Exemption 3 | (b)(3):Exemption 3 for 25(c) |       |

| ZIP Code |
|----------|
| (b)(3):E |

### Vehicle

| Involvement      | Type       | Make | Model | Style      | Color        |
|------------------|------------|------|-------|------------|--------------|
| Traffic accident | Motorcycle | KTM  | MC    | Motorcycle | Orange/Black |

| VIN                    |
|------------------------|
| (b)(3):Exemption 3 for |

### Vehicle

| Involvement      | Type | Make                              | Model |
|------------------|------|-----------------------------------|-------|
| Traffic accident | ATV  | Polaris Inds, Inc./Textron/E-Z-Go | RZR   |

| Style               | Color       | VIN                       |
|---------------------|-------------|---------------------------|
| All Terrain Vehicle | White/Black | (b)(3):Exemption 3 for 25 |

### Modus Operandi

| Crime Code(s)                |
|------------------------------|
| DEPARTMENT OF MOTOR VEHICLES |

### Narrative

On August 9, 2012, at about 1942, I responded to a ATV crash on Sand 3 north of the Third Beach parking lot. I was advised a motorcycle had crashed and the rider was unconscious.

Upon arrival I observed a white Suzuki quad on the south side of the top of the dune. There were several other atv's and people who not involved. I learned the white Suzuki belonged to the friend of the injured motorcycle rider. The Suzuki was not involved in the crash but turned out to be part of the investigation.

I observed several subjects half way down the north face of the dune tending to a male subject laying in the sand. One of the subjects advised the victim was having trouble breathing. Within a couple minutes Winchester Bay Fire and Lower Umpqua Ambulance arrived and began treating the crash victim, later identified as (b)(3):E

A few feet away I observed a KTM motorcycle that had received extensive damage. The front forks and tire had been completely broken off the motorcycle. There was other damage to the entire bike, seat, handlebars, gas tank and frame indicating a hard impact. There were parts from the RZR roof and hood also scattered around the crash site.

I was told by onlookers the motorcycle had been jumping and hit a RZR XP that was coming up the north face of the dune. I observed a white RZR XP at the bottom of the dune. I noted extensive damage to the front end. I also noted the roof and front hood were damaged and laying on the ground around the crash site.

I asked all the subjects standing around if they had witnessed the accident. No one stepped forward to say they had.

I asked onlookers if (b)(3):E had a spotter. I was advised a male sitting a few feet from (b)(3):E was his spotter, later identified as (b)(3):E.

Before speaking with (b)(3):Ex, paramedics indicated to me that (b)(3):E was deceased. I noted the time at about 2010. (b)(3):E body was loaded into the LUH dune response vehicle for transport off the sand.

I contacted the riding partner (b)(3):E 16 yoa. I moved (b)(3):E to the top of the dune away from onlookers.

I asked (b)(3):Ex if he was the spotting for (b)(3):E. (b)(3):Ex stated he wasn't spotting, he was taking pictures. (b)(3):E said he was sitting on his quad, the white Suzuki taking pictures of (b)(3):E jumping.

| Report Officer                | Printed At       | Page   |
|-------------------------------|------------------|--------|
| DESOLO/SOLOMON, DOUGLAS E 136 | 11/06/2012 17:57 | 3 of 5 |

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**DOUGLAS COUNTY SHERIFF'S OFFICE****Narrative**

I asked (b)(3):Ex if he saw the RZR coming south.

(b)(3):Ex **said he didn't see anything, he was looking down, taking pictures.**

I asked (b)(3):Ex if he saw the collision.

(b)(3):Ex **said he didn't, he couldn't see over the top of the dune.**

I asked (b) if he heard the crash.

(b)(3):Ex **said no, he didn't know anything was wrong until he saw parts flying, then he knew (b) had crashed.**

(b) went to help (b) and called 911.

I checked the location of (b) quad (Suzuki) he was sitting on. I was advised the quad had not been moved. The quad was parked on the south side of the top of the dune, below the crest of the dune making it hard to see atv traffic approaching from the north.

I was advised that relatives of (b) had contacted the parents of (b) and advised them of the crash and of (b) death.

With assistance from USFS Ofc. Smith, I obtained a GPS reading for the crash site at 43n 38' 11" / 124w12' 30"

USFS Ofc. Smith also took pictures of the crash site, the surrounding area and (b) motorcycle and (b)(3):Ex RZR.

I checked the damage on the RZR. I noted the front of the RZR had major damage, mostly to the drivers side. The bumper on the driver side had an impression of a cylinder shaped object in it, similar the front forks of the motorcycle. There were black marks on the front drivers A-arms, both top and bottom, like it had been hit by a tire. The front half windshield, and the front trunk lid were missing, as was the roof of the RZR. There was also a bracket for a mirror but the mirror was gone. The entire front of the RZR was buckled.

I contacted the driver of the RZR identified as (b)(3):Exemption 3.

I asked (b)(3): if he remembered anything about the accident.

(b)(3):E **told me he and his daughter had gone out for a ride in the dunes. (b)(3):E stated he didn't remember anything about the crash. He remembered his daughter (b)(3):Exemp waking him. (b)(3): said the impact had knocked his helmet and glasses off. (b)(3):E said he remembered getting out of the RZR picking up his headlight, then noticed (b) on the ground being helped by bystanders.**

I asked (b) if he had been drinking.

(b)(3):E **stated he had a drink at lunch, a vodka and cranberry cocktail.**

I asked (b)(3): if he had anything to drink after lunch and before the accident.

(b)(3):E **said he had a drink about a half hour before the crash. (b) said he had another vodka, about two shots and cranberry juice.**

I asked (b) if he would submit to a blood draw.

(b)(3): **said he was nervous about taking any tests. (b) said he was afraid blame would be placed on him if he showed any alcohol in his system.**

From the start of my contact with (b), I noted his eyes were clear. I noted no visible body sway. I noted his speech was clear and he did appear stressed. I did note what I believed to be a slight odor of an intoxicating beverage on his breath when I was close to him.

I asked (b)(3): if I could check his eyes for HGN.

At about 2150, I performed HGN on (b) and obtained no clues.

I asked (b) again if he would submit to a voluntary blood draw or a Intoxilyzer.

(b)(3): **said he didn't think so.**

At about 2210, I asked (b) if I could check his HGN again.

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**DOUGLAS COUNTY SHERIFF'S OFFICE****12-3462**Supplement No  
**ORIG****Narrative**

I performed HGN a second time and obtained no clues.

I asked (b)(3) about the blood test again.

(b)(3):E stated he felt it would hurt him rather than help him and declined the test.

I responded to Lower Umpqua Hospital and contacted (b) in the emergency room.

(b)(3):Exem was not seriously injured.

I asked (b) if she remembered anything about the crash.

(b)(3) said she was the passenger in her dad's RZR.

I asked (b) if her dad had been drinking.

(b)(3) advised she saw him have a drink at about 1630.

(b)(3) said they were putting around the sand. She said there was a quad out to the left and a little behind them. She didn't know who that subject was. She said her dad had started up a dune and they were about half way when all of a sudden there was a motorcycle in mid air in front of them. (b)(3) said she remembers covering her face and then went unconscious. (b)(3) said she came to and noticed a kid in a red shirt on the ground, her dad was unconscious beside her. She advised he was still belted in but was leaned over the right with his head out the door. She advised his helmet had been knocked off. (b) attempted to wake her dad for about 30 seconds and he gasp for air and came too.

(b)(3) said she unbuckled herself and went to the kid in the red shirt. She noticed the motorcycle rider on the ground, head pointed down hill. She advised the boy in red was on the phone with 911. Several other males who stopped to assist turned the rider around so his head was uphill.

I advised (b) if she remembered anything about the accident to call me.

On August 10, 2012 at about 1612, I was advised to contact (b) regarding details of the accident.

(b) advised she remembered a couple things about the accident. (b)(3) said when she saw the motorcycle it was sideways in the air. She said she thought it was going to come through the windshield of the RZR. (b)(3) said the motorcycle was still in the air when it hit the RZR. (b)(3) said she threw up her hands in front of her face even though she was wearing a helmet. (b)(3) said the next thing she remembered was coming to. (b) said she looked over, saw the rider on the sand on the drivers side of the RZR with a kid in the red shirt on the phone.

On August 10, 2012, I contacted Deputy ME Harris. ME Harris advised me (b) had numerous injuries, both broken bones and internal injuries. For details see ME Harris report.

On August 12, 2012, I was talking to a campers at Half Moon Bay Campground. The crash involving (b) came up and I was advised that (b) who was at the camp had witnessed the crash.

(b) stated he was on a quad riding behind and to the left of a RZR. He was going to follow it up the dune. (b)(3):E advised he saw a flag at the top of the dune and spun his quad around. (b)(3):E said a motorcycle came over the top of the dune and hit the RZR head-on.

(b) said it looked like the RZR may have tried to turn and slowed down but was still hit by the motorcycle. He said when (b)(3) hit the RZR, his boot went flying over his head and parts of the RZR went flying. (b) said he saw the girl in the RZR shaking the driver.

(b)(3):E said he didn't have a phone, so went looking for help. (b) returned to the crash scene with his dad and by that time (b) was receiving medical attention.

120913HCC3850

Exhibit 3

Incident Location



120913HCC3850

Exhibit 3

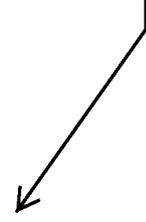
Incident Location



120913HCC3850

Exhibit 3

Incident Location



120913HCC3850  
Exhibit 3

Incident Location



120913HCC3850  
Exhibit 3

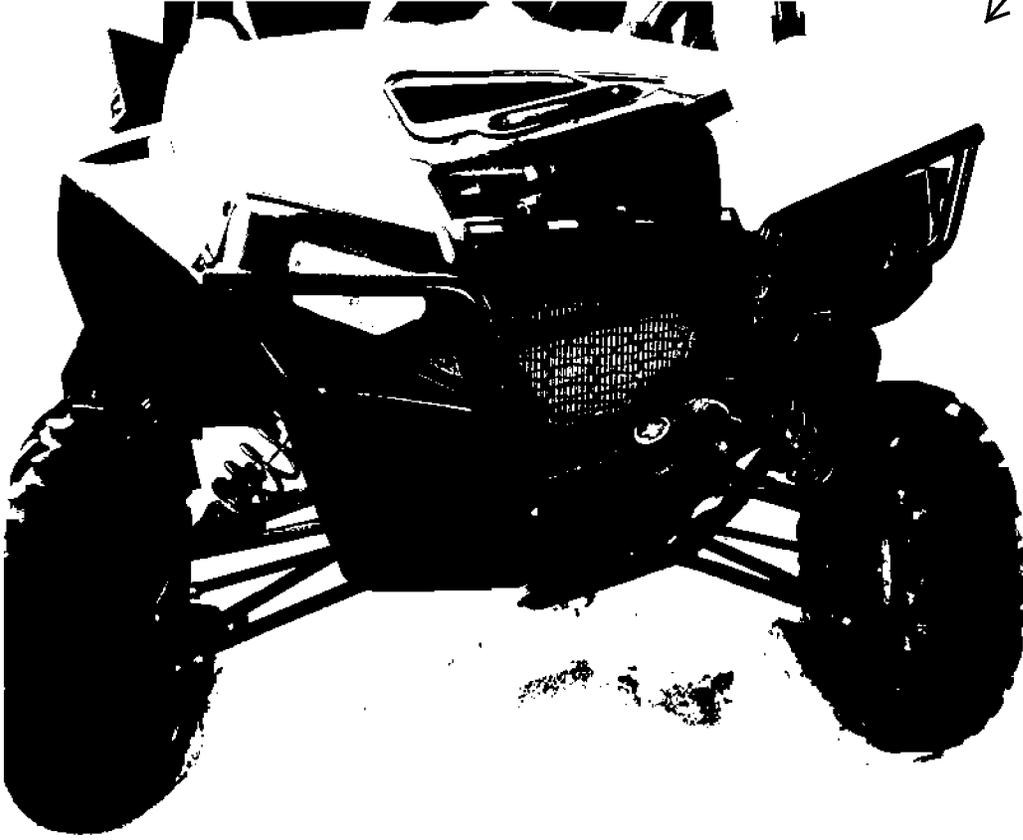
Incident UTV



120913HCC3850

Exhibit 3

Incident UTV



120913HCC3850

Exhibit 3

Incident UTV



120913HCC3850  
Exhibit 3

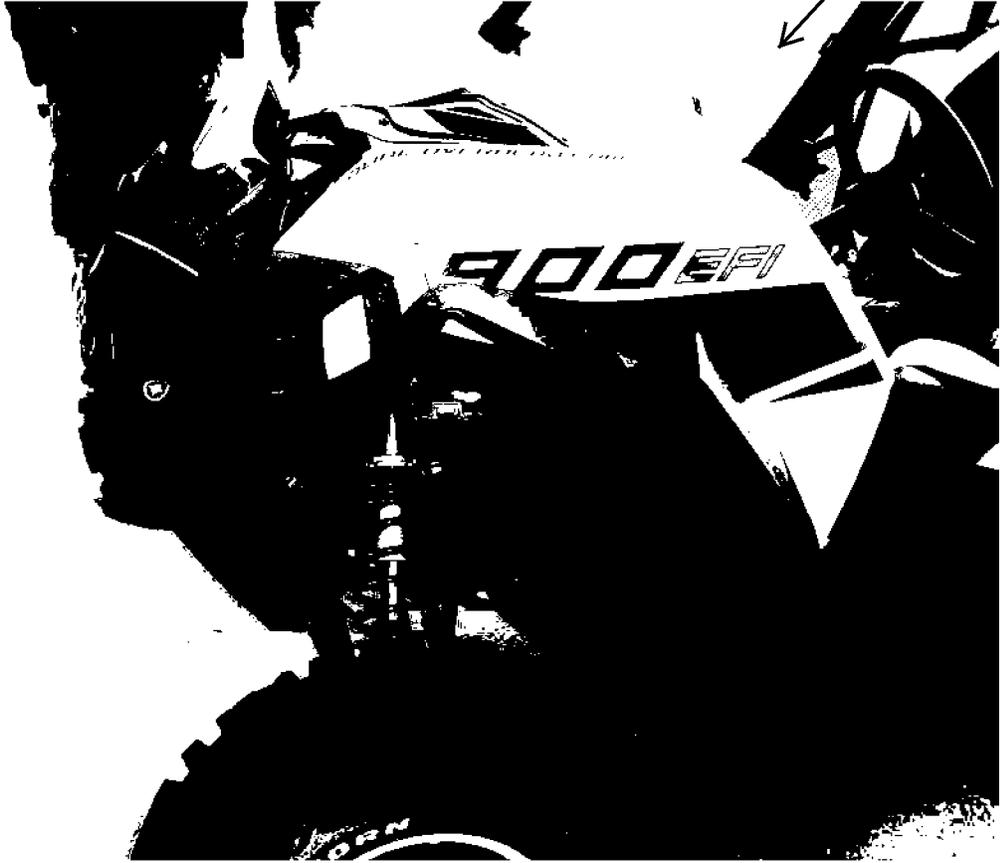
Incident UTV  
↓



120913HCC3850

Exhibit 3

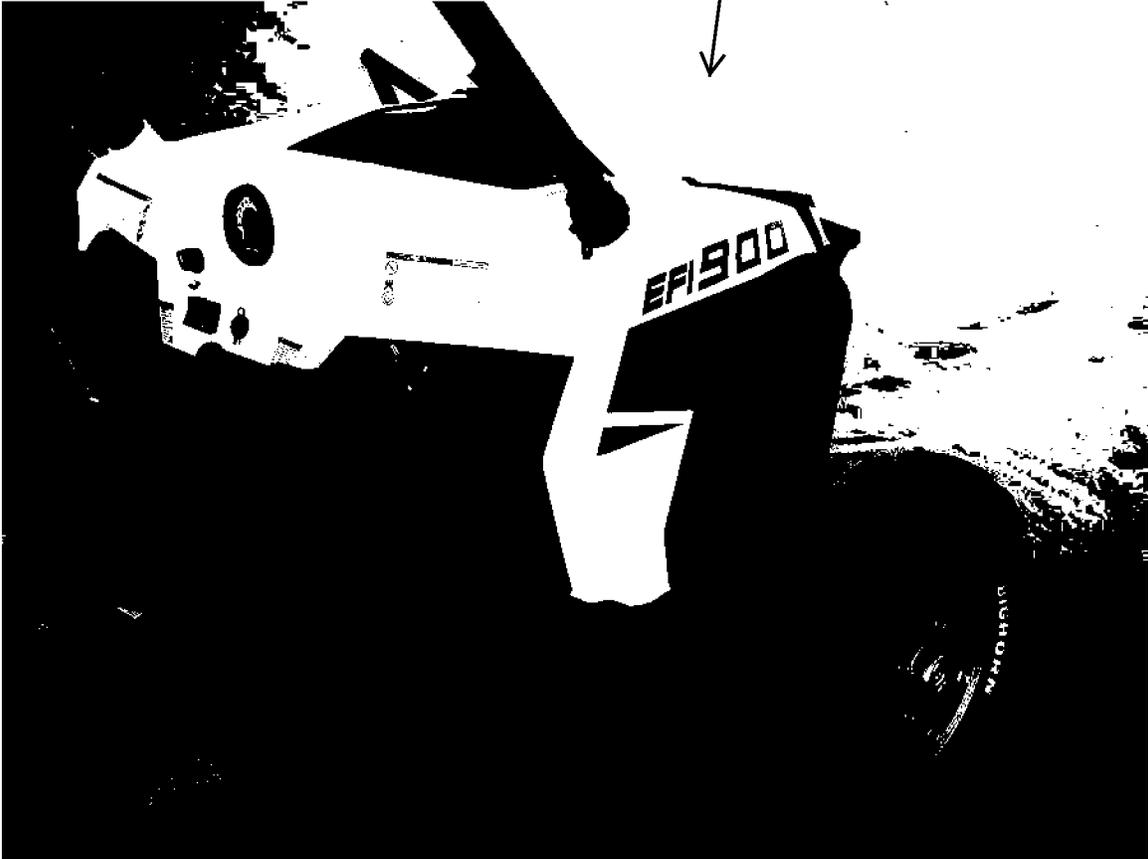
Incident UTV



120913HCC3850

Exhibit 3

Incident UTV



120913HCC3850  
Exhibit 3

Incident UTV



120913HCC3850

Exhibit 3

Incident UTV



120913HCC3850

Exhibit 3

Incident Motorcycle



U.S. GOVERNMENT MEMORANDUM

U.S. CONSUMER PRODUCT  
SAFETY COMMISSION

4330 EAST WEST HIGHWAY  
BETHESDA, MD 20814

DATE: January 29, 2013

TO: Eugene Staebell, Supervisory Investigator

FROM: Bridgette Cottral, Investigator

SUBJECT: Addendum to **120913HCC3850**

I have additional information to add to this investigation. This includes the following exhibit and additional information.

**Exhibit 4 - Medical Examiner's Reports**

Please attach this information to the original IDI. This investigation is complete.

TIME:  
1 hour



# Oregon

Theodore R. Kulongoski, Governor

120913HCC.315E  
exhibit 4, 1 of 3

**Oregon State Police**  
Medical Examiner Division  
13309 SE 84<sup>th</sup> Ave., Suite 100  
Clackamas, OR 97015  
(971) 673-8200  
FAX (971) 673-8321

Forensic Pathologists:

Karen Gunson, M.D.  
State Medical Examiner

Larry V. Lewman, M.D.  
Clifford C. Nelson, M.D.  
Christopher R. Young, M.D.  
Deputy State Medical Examiners

Eugene S. Gray  
Forensic Administrator

December 28, 2012

US Consumer Product Safety  
Bridgette Cottral  
PO Box 1593  
Brush Prairie, WA 98606,

RE: (b)  
(3) Exemption  
Date of Death: 41130  
Douglas County

Dear Mr. Cottral:

Enclosed you will find copies of the Oregon Medical Examiner Reports you have requested.

**PLEASE NOTE:**

**Oregon Medical Examiner records in accordance with ORS 146.035 are NOT FOR PUBLIC DISCLOSURE AND THEREFORE SHOULD NOT BE MADE AVAILABLE when releasing your agency reports to others.**

Medical Examiner Records are released solely by the State Medical Examiner's Office by written request. Anyone wanting access to Medical Examiner Records should contact our office by calling 971-673-8200 or by accessing our web site at [www.oregon.gov/OSP/SME](http://www.oregon.gov/OSP/SME) and looking for the records request information link.

Please do not hesitate to contact our office if you have any further questions.

Sincerely,

Kari Ellis  
Medical Transcriptionist  
971-673-8207

Enclosures



DOUGLAS

(b)(3):Exemption 3 for 25

OFFICE OF THE STATE MEDICAL EXAMINER

13309 SE 84th Suite 100 Clackamas, OR 97015 Phone 971-673-8200

REPORT FORM

|  |  |     |   |                                 |   |
|--|--|-----|---|---------------------------------|---|
| CALL INFO  | NAME OF DECEASED<br>(b)(3):Exemption 3 for 25(c)<br>LAST FIRST MIDDLE  |     |   | SME CASE#<br>12-2516            |   |
|  | PHYSICIAN / INVESTIGATOR<br>Dale Harris, M.D.  |     |   | REPORT DATE/TIME<br>10/20/12    | ARRIVAL DATE/TIME<br>17:59  |
|  | IF DELAYED, WHY?   |     |   | Death Cert No.<br>(b)           |   |
| DECEDENT   | DOB<br>(b)(3):Ex   |     | AGE<br>16   | MONTHS<br>5                     | DAYS<br>15  |
|  | HOME ADDRESS<br>(b)(3):Exemption 3 for 25(c)   |     |   | SEX<br>Male                     | RACE<br>White   |
|  | SS#<br>[REDACTED]  |     |   | MARITAL STATUS<br>Never Married | EMPLOYER / OCCUPATION<br>high school student (minor)                    |
|  | LATITUDE<br>(b)(3):Exempt  |     |   | LONGITUDE<br>N W                | HOME PHONE<br>(b)(3):Exempt   |
| DEATH  | DIED/FOUND<br>DIED   |     | DATE/TIME OF DEATH<br>8/9/2012 20:10  |                                 | FOUND BY<br>See narrative   |
|  | DEATH ADDRESS<br>Sand Area 3, north of 3rd beach parking lot, Oregon Dunes NRA near<br>Winchester Bay OR 97467<br>CITY STATE ZIP |     |   | LATITUDE<br>N                   |   |
| INCIDENT   | LAST KNOWN ALIVE DATE/TIME<br>8/9/12 17:49   |     | BY: ADDRESS:<br>CITY STATE ZIP  |                                 |   |
|  | INCIDENT DATE/TIME<br>8/9/12 17:50   |     | Sand Area 3, north of 3rd beach parking lot, Oregon Dunes NRA near<br>Winchester Bay OR 97467<br>CITY STATE ZIP |                                 |   |
|  | POLICE<br>Douglas County Sheriff's Office  |     | OFFICERS<br>Deputy Solomon And Others   |                                 | PD CASE#  |
|  | FIRE UNIT(S)   |     | AMBULANCE   |                                 | OTHER UNIT  |
| NOTIFICATION   | NEXT - OF - KIN<br>(b)(3):Exemption 3 for 25   |     |   | RELATIONSHIP<br>Father / Mother |   |
|  | NOK ADDRESS<br>(b)(3):Exemption 3 for 25(c)  |     |   | NOK PHONE<br>(b)                |   |
|  | NOTIFIED BY:<br>Guardians Here With Decedent,<br>IF NOT IN PERSON, WHY NOT?  |     |   | METHOD<br>DATE/TIME NOTIFIED    |   |
| DISPOSITION  | FINGERPRINT?   |     | FINGERPRINT BY  |                                 | METHOD ID MADE<br>Direct Identification From Guardians And Id On Person |
|  | TRANSPORTED TO MEDICAL EXAMINER'S OFFICE   |     |   | BY:                             |   |
|  | REASON FOR TRANSPORT   |     |   |                                 |   |
| CAUSE/MANNER   | FUNERAL HOME<br>Dunes Memorial Chapel - Reedsport  |     |   | NAMED BY:<br>DATE NAMED:        |   |
|  | CAUSE OF DEATH:<br>Multiple Trauma   |     |   |                                 |   |
|  | MANNER OF DEATH:<br>Accident   |     | OTHER SIGNIFICANT FINDINGS:   |                                 |   |
| AUTOPSY?<br>No   |  | BY? |   |                                 |   |
| MEDICAL EXAMINER/FORENSIC PATHOLOGIST<br>Larry V. Lewman, M.D. |  |     |   |                                 |   |

[Handwritten signature]

OFFICE OF THE STATE MEDICAL EXAMINER REPORT FORM  
 120913 HCC 3358  
 exhibit 3 of 5

DOUGLAS

12-2516

(b)(3) Exemption 3 for 25

Page 2

|  |                                     |  |  |                   |                            |              |
|--|-------------------------------------|--|--|-------------------|----------------------------|--------------|
| PHYSICIAN  | PHYSICIAN<br>None known             |  | PHONE  |                   |                            |              |
|  | MEDICATION<br>None                  |  |  |                   |                            |              |
|  | SMOKING HX.:                        |  |  |                   |                            |              |
| EXAMINATION  | DATE/TIME<br>8/9/12 21:00           |  | PLACE<br>Lower Umpqua Hospital                             |                   |                            |              |
|  | HEIGHT:<br>~69"                     | WEIGHT:<br>150 lbs.                    | HAIR COLOR<br>Dark   |                   | EYE COLOR                  |              |
|  | POSITION<br>See narrative           |  |  | MOVED?<br>Yes     |                            |              |
|  | LIVOR                               |  | RIGOR<br>None  |                   | BODY HEAT<br>Warm to touch |              |
|  |                                     |  |  |                   | SURROUNDING TEMP.          |              |
|  |                                     |  |  |                   |                            |              |
|  | LOCATION AND DEGREE OF PUTREFACTION |  |  |                   |                            |              |
| DETAILED BODY DESCRIPTION<br>No livor or rigor mortis. Recently deceased. See narrative. |                                     |  |  |                   |                            |              |
| CLOTHING   | CLOTHING<br>See narrative.          |  |  |                   |                            |              |
|  | JEWELRY                             | CASH                                   | PROPERTY REMOVED   |                   |                            |              |
|  | OTHER PROPERTY                      |  |  |                   |                            |              |
| SEROLOGY DATA  | BLOOD DRAW?<br>Yes                  | BY WHOM?<br>Dr. Dale Harris            | BLOOD ALCOHOL SENT?<br>Yes                                 | BA RESULTS:<br>No | TOX SENT?<br>No            | TOX RESULTS: |
|  | ADMIT BLOOD AT HOSP?                | PICKED UP?                             | BY WHOM?   |                   |                            |              |
|  | TESTED BY HOSP?                     | RESULTS                                |  |                   |                            |              |
|  | URINE DRAWN?                        | VITREOUS DRAWN?<br>No                  | VITREOUS TIME  |                   |                            |              |
| MISC DATA  | PHOTOS TAKEN?<br>Yes                | BY WHOM?<br>DCSO / hospital paramedics |  |                   |                            |              |
|  | CRIME LAB AT SCENE?<br>No           | WHO?                                   |  |                   |                            |              |
| INFORMANTS   | INFORMANT1<br>Deputy Solomon        |  | INFORMANT2<br>(b)(3) Exe decedent's guardian during travel |                   |                            |              |
|  | INFORMANT3                          |  | INFORMANT4   |                   |                            |              |
|     |                                     |  |  |                   |                            |              |

OFFICE OF THE STATE  
MEDICAL EXAMINER



NARRATIVE 120913HCC.3850

DOUGLAS

DOUGLAS

(b)(3) Exemption 3 for 25

12-2516

Exhibit 4, 4015

CASE HISTORY: The decedent had traveled here with family friends who were acting as his guardians. He was riding on Dunes NRA with guardian's son. He was jumping over a dune on his motorcycle without a spotter and crashed into a ZR (which is a type of vehicle) coming up from the other side. Report from the scene is that the decedent had some terminal respirations. Paramedics arrived and attempted to resuscitate him by placing bilateral needle thoracostomy tubes. He was intubated. CPR was briefly initiated but stopped when he was found to be in asystole. Police identified the other young man as (b)(3) Exempt who may have been attempting to take pictures of the jumping activity rather than acting as spotter. The pictures of the vehicle that showed impact was against the left side of the 4 wheel RCR roof, consistent with injuries as described below on the decedent's right side, primarily on his right side \_\_\_\_\_, and then with injuries on the left side of the decedent as described below.

Examination occurred at Lower Umpqua Hospital in a private area shortly after the death. The body was still warm to the touch. ET tube and needle thoracostomy catheters were in place and removed. Clothing had been partially removed but included a light yellow green sweatshirt, black T-shirt, black pants, and socks. A riding boot remained on the left lower extremity. Helmet had been removed at the scene. Riding gloves were also present. Examination of the body showed left facial fractures including bilateral jaw fractures and left maxillary fracture. A cervical deformity at about C4-C5 was easily detected. The chest wall appeared intact without clavicular or humeral fractures. The extremities showed bilateral lower extremity fractures. On the left, these included a femur fracture and tibial/fibular fracture; on the right, a femur fracture. All were closed but severely disrupted. There did not appear to be a pelvic fracture by external examination. Blood alcohol was obtained by cardiac puncture and submitted.

Time of death – 8:10 PM on 8/9/2012 with cause of death multiple trauma and death occurring within 20 minutes of initial injury.



# Oregon

John A. Kitzhaber, M.D., Governor

120413 HCC 3850  
exhibit 4, 5 of 5

Department of State Police  
Forensic Laboratory  
13309 SE 84th Ave.  
Clackamas, OR 97015  
State Medical Examiner *M*  
971-673-8200  
FAX 971-673-8321

October 17, 2012

Douglas County Medical Examiner's Office  
620 Ranch Road  
Reedsport, OR 97467

Attention: DALE HARRIS

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

## Analytical Report MVA

Described below is a summary of the analytical results and/or conclusions of the undersigned analyst concerning the referenced exhibit(s) submitted by your agency and received sealed on August 24, 2012 via Kelsey L Evans.

Exhibit 01 - A gray-stoppered blood (unknown draw site) specimen which is labeled as (b)(3) Exemption 3.

Alcohol/volatiles analysis confirms:

- Ethanol 0.00 g/dL
- Acetone Not Detected

This analysis was requested by Karen Gunson, M.D.

Evidence will be returned at the earliest convenience.

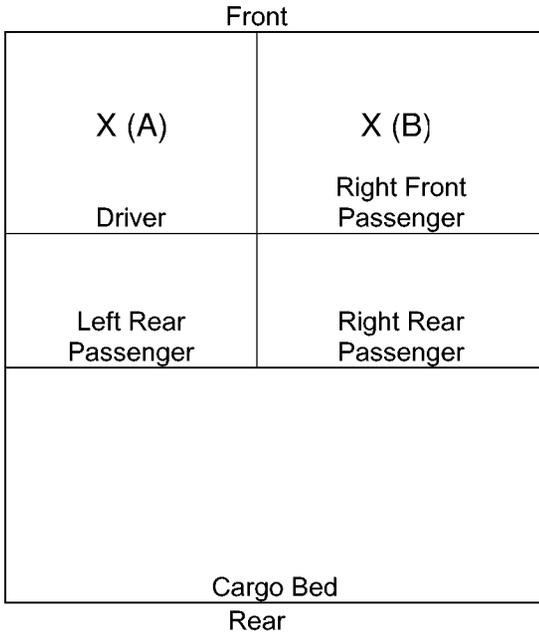
*Shane Bessett*

Shane A. Bessett, Forensic Scientist

Pursuant to ORS 40.460 (25), I hereby certify that I retrieved this document directly from the computer system maintained and operated by the Oregon Department of State Police and that this document accurately reflects and is a true copy of the information contained in that computer system. In testimony whereof, I have affixed my signature.

*Shane Bessett*

Utility Vehicle Data Record Sheet



The Utility Vehicle

|    |   |                   |
|----|---|-------------------|
| A: | Age: 45                                 | Height: ?         |
|    | Gender: Male                            | Weight: ?         |
|    | Helmet (Y/N): Y                         | Seatbelt (Y/N): N |
|    | Killed/Injured/Neither/Unknown: INJURED |                   |
|    | Injury Description: MINOR CRUSH         |                   |
|    | Did vehicle land on victim: NO          |                   |
|    | Ejected (Either partially or fully): NO |                   |

|    |   |                   |
|----|---|-------------------|
| B: | Age: 22                                 | Height: ?         |
|    | Gender: Female                          | Weight: ?         |
|    | Helmet (Y/N): Y                         | Seatbelt (Y/N): Y |
|    | Killed/Injured/Neither/Unknown: INJURED |                   |
|    | Injury Description: CRUSH               |                   |
|    | Did vehicle land on victim: NO          |                   |
|    | Ejected (Either partially or fully): NO |                   |

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

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

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

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

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

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

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



|   |  |   |   |  |
|---|--|---|---|--|
| 1. Task Number<br>120920HWE3110   |  | 2. Investigator's ID<br>4335                            |   | <b>EPIDEMIOLGIC<br/>INVESTIGATION<br/>REPORT</b>   |
| 3. Office Code<br>840   | 4. Date of Accident<br>YR MO DAY<br>2012 07 12 | 5. Date Initiated<br>YR MO DAY<br>2012 09 21            |   |  |
| 6. Synopsis of Accident or Complaint<br>UPC<br>The driver (45 YOM) and passenger (45 YOM) were riding in a UTV on a rural dirt road when the driver lost control causing the UTV to roll and eject both occupants. Both men were transported to a local hospital where the driver was pronounced dead a short time later and the passenger was found to have non-life threatening injuries. |  |   |   |  |
|   |  |   |   | MFR/PRVLBR NOTIFIED<br>COMMENTS: ___ YES <input checked="" type="checkbox"/> NO<br>___ OVERRULED; ___ ATTACHED<br>___ EXCISIONS/FOIA EXS. <u>66</u><br>___ DO NOT RE-NOTIFY ___ RE-NOTIFY<br><i>1/16/14 le</i> |
| 7. Location (Home, School, etc)<br>4 - STREET OR HIGHWAY  |  | 8. City<br>HAWORTH                                      |   | 9. State<br>OK   |
| 10A. First Product<br>5044 - UTILITY VEHICLES   |  | 10B. Trade/Brand Name<br>BIG RED                        |   | 10C. Model Number<br>UNKNOWN   |
| 10D. Manufacturer Name and Address<br>AMERICAN HONDA MOTOR CO. VIN [REDACTED]<br>1919 TORRANCE BLVD.<br>TORRANCE, CA 90501  |  |   |   |  |
| 11A. Second Product<br>0  |  | 11B. Trade/Brand Name<br>NONE                           |   | 11C. Model Number<br>NONE  |
| 11D. Manufacturer Name and Address<br>NONE  |  |   |   |  |
| 12A. Hispanic or Latino<br>2 - No   |  | 12B. Race 1 - White<br>Other:                           |   | 12C. Race Source<br>3 - Official Document  |
| 13. Age of Victim<br>45   |  | 14. Sex<br>1 - Male                                     |   | 15. Disposition<br>8 - Death   |
| 16. Injury Diagnosis<br>62 - Intern. Org. Inj.  |  | 17. Body Part(s)<br>Involved<br>75 - HEAD               |   | 18. Respondent<br>2 - Eyewitness   |
| 19. Type of Investigation<br>2 - Telephone  |  | 20. Time Spent<br>(Operational) / Travel<br>6.00 / 0.00 |   |  |
| 21. Attachment(s)<br>9 - Multiple Attachments   |  | 22. Case Source<br>12 - MECAP                           |   | 23. Sample Collection Number   |
| 24. Permission to Disclose Name (Non NEISS Cases Only)<br><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written  |  |   |   |  |
| 25. Review Date<br>09/24/2012   |  | 26. Reviewed By<br>8929                                 |   | 27. Regional Office Director<br>Frank J. Nava  |
| 28. Distribution<br>Tanya L. Topka  |  |   | 29. Source Document Number<br>X1290448A |  |

All information contained in this report was obtained through contact with the Oklahoma State Department of Public Safety (OKDPS) and the Oklahoma State Medical Examiner's (OKME) office. This investigation was initiated by a newspaper article (source document).

## **INCIDENT REPORT**

On July 12, 2012 at 2040, the driver, 45 YOM and a passenger, 45 YOM were north bound on a rural public rural road on a UTV near Haworth, OK in McCurtain County. The UTV was reported as traveling at an unsafe speed for the road conditions and for an unknown reason the UTV to the right causing the driver to lose control. The UTV rolled once throwing both occupants from the unit injuring both men. The UTV struck the roadway ultimately landing upright. Both men were transported to a local hospital where the driver was pronounced dead a short time later. The passenger sustained non-life threatening injuries and his condition is unknown at this time.

According to the incident report neither occupants were using protective equipment including seat belts or helmets. Upon a medical examination the OKME report states the driver was intoxicated with alcohol and the cause of death was related to a fracture of the cervical spine due to blunt force trauma.

## **PRODUCT IDENTIFICATION:**

2009 Honda Big Red

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

Note: The VIN number was collected from the OKDPS report. A Honda UTV dealership was contacted requesting more information of the UTV referencing the VIN number. The dealership service manager stated the VIN is invalid.

**SAMPLES COLLECTED: None**

## **ATTACHMENTS:**

**Exhibit 1 – OKDPS Incident Report**

**Exhibit 2– OKME Medical Report**

**Exhibit 3 - UTV Data Record Sheet**

DO NOT WRITE IN THIS SPACE

Incident Report

Investigation Completed

Investigation Made at Scene

Photographs

|                                     |   |                                     |   |
|-------------------------------------|---|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Y | <input checked="" type="checkbox"/> | N |
| <input checked="" type="checkbox"/> | Y | <input checked="" type="checkbox"/> | N |
| <input checked="" type="checkbox"/> | Y | <input checked="" type="checkbox"/> | N |
| <input checked="" type="checkbox"/> | Y | <input checked="" type="checkbox"/> | N |

### OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

|  |                                       |   |  |   |   |   |
|--|---------------------------------------|---|--|---|---|---|
| (1) Reporting Agency<br><b>OKLAHOMA HIGHWAY PATROL</b>       |                                       | Case Number (Agency Use)<br><b>E00552-12</b>  |  | Motor Vehicles Involved<br><b>01</b>                          | Number Injured<br><b>01</b>   | Number Killed<br><b>01</b>                    |
| (2) Date of Collision (mm/dd/yyyy)<br><b>07 12 2012</b>      |                                       | Time<br><b>2040</b>   | County Number and Name<br><b>45 MCCURTAIN</b>  |   | Nearest City or Town Number and Name<br>In <input type="checkbox"/> Near <input checked="" type="checkbox"/> <b>00 HAWORTH</b>  |   |
| (3) Distance from Nearest City or Town Limits<br><b>0010</b> |                                       | Mi. <input checked="" type="checkbox"/> FL <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/> S | Mi. <input checked="" type="checkbox"/> FL <input type="checkbox"/> E <input type="checkbox"/> W | Control #<br><b>00</b>  | Int. ID<br><b>00</b>  | Location<br><b>00</b>                         |
| (4) Street, Road or Highway<br><b>COUNTY ROAD</b>            |                                       | Distance from<br><b>0001</b>  | Mi. <input checked="" type="checkbox"/> FL <input type="checkbox"/> S <input type="checkbox"/> W | (Nearest) Intersecting Street, Road or Highway<br><b>SH 3</b> |   |   |
| (5) Unit<br><b>01</b>  | Occupants<br><b>02</b>                | Type<br><b>D</b>  | Hit & Run<br><input type="checkbox"/>  | CMV<br><input type="checkbox"/>                               | Last Name<br><b>(b)(3): Exemption 3 for 25(c)</b>   |   |
| (6) Address<br><b>(b)(3): Exemption 3 for 25(c)</b>          |                                       | City  | State  | Zip   | Telephone (Use Area Code)<br><b>9</b>   |   |
| (7) Driver License Number<br><b>9</b>                        |                                       | State   | Class  | Endorsement(s)  | Restriction(s)  | Inj. Sev.<br><b>5</b>                         |
| (8) Ejected<br><input type="checkbox"/>                      |                                       | Extricated<br><input type="checkbox"/>  | Test<br><input type="checkbox"/>   | (% BAC)<br><b>0.0</b>   | Transported by<br><b>MCCURTAIN EMS</b>  | To Medical Facility<br><b>MCCURTAIN MEMOR</b> |
| (9) VIN<br><b>(b)(3): Exemption 3 for 25(c)</b>              |                                       | Vehicle Year<br><b>9</b>  | Color<br><b>RED</b>  | 2nd Color<br><b>0</b>   | Make<br><b>HOND</b>   | Model<br><b>BIGR</b>                          |
| (10) Insurance Company Name<br><b>JOHNSON'S</b>              |                                       | Policy Number   |  | Insurance Telephone (Use Area Code)                           |   |   |
| (11) Vehicle Removed by<br><b>JOHNSON'S</b>                  |                                       | Owner's Last Name   |  | First Middle Suffix   |   |   |
| (12) Owner's Address   |                                       | City  | State  | Zip   | Towed Veh. Type<br>Oversized Load <input type="checkbox"/> <b>0</b> <b>00</b> Rolled <input checked="" type="checkbox"/> Burned <input type="checkbox"/> Phone present <input checked="" type="checkbox"/> Phone in use <input type="checkbox"/>          |   |
| (13) Citation Number   |                                       | Statute/Ordinance Number  | Citation Number  | Statute/Ordinance Number                                      |   |   |
| (14) Unit<br><input type="checkbox"/>                        | Occupants<br><input type="checkbox"/> | Type<br><input type="checkbox"/>  | Hit & Run<br><input type="checkbox"/>  | CMV<br><input type="checkbox"/>                               | Last Name<br><input type="checkbox"/>   |   |
| (15) Address   |                                       | City  | State  | Zip   | Telephone (Use Area Code)   |   |
| (16) Driver License Number                                   |                                       | State   | Class  | Endorsement(s)  | Restriction(s)  | Inj. Sev.                                     |
| (17) Ejected<br><input type="checkbox"/>                     |                                       | Extricated<br><input type="checkbox"/>  | Test<br><input type="checkbox"/>   | (% BAC)<br><b>0.0</b>   | Transported by  | To Medical Facility                           |
| (18) VIN   |                                       | Vehicle Year  | Color  | 2nd Color   | Make  | Model   |
| (19) Insurance Company Name                                  |                                       | Policy Number   |  | Insurance Telephone (Use Area Code)                           |   |   |
| (20) Vehicle Removed by                                      |                                       | Owner's Last Name   |  | First Middle Suffix   |   |   |
| (21) Owner's Address   |                                       | City  | State  | Zip   | Towed Veh. Type<br>Oversized Load <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rolled <input type="checkbox"/> Burned <input type="checkbox"/> Phone present <input type="checkbox"/> Phone in use <input type="checkbox"/> |   |
| (22) Citation Number   |                                       | Statute/Ordinance Number  | Citation Number  | Statute/Ordinance Number                                      |   |   |
| (23) Investigating Officer<br><b>JOE NICHOLS</b>             |                                       | Badge Number<br><b>567</b>  | Trp/Div. Assigned<br><b>E</b>  | Trp/Div. Location<br><b>E</b>                                 | Reviewer (Init.)<br><b>JL</b>   | Reviewer Badge Number<br><b>105</b>           |
| Date of Report (mm/dd/yyyy)<br><b>08012012</b>               |                                       |   |  |   |   |   |

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

Case Number: E00552-12

Pg 2 of 4

|                             |  |  |             |                              |                |                           |               |                 |     |
|-----------------------------|--|--|-------------|------------------------------|----------------|---------------------------|---------------|-----------------|-----|
| (24) Unit                   | Injured <input checked="" type="checkbox"/> Witness <input type="checkbox"/> | Passenger <input checked="" type="checkbox"/> Prop. Owner <input type="checkbox"/> | Pos in Veh. | Last Name                    | First          | Middle                    | Suffix        | DOB(mm/dd/yyyy) | Sex |
| 01                          |  |  | 21          | (b)(3);Exemption 3 for 25(c) |                |                           |               |                 | M   |
| (25)                        | Address  |  | City        | State                        | Zip            | Telephone (Use Area Code) |               |                 |     |
| (26) Injury Severity / Type | OP Use   | Air Bag  | Ejected     | Extricated                   | Transported by | To Medical Facility       | Property Type |                 |     |
| 3                           | 1,5  | 01   | 0           | 0                            | OHP E-567      | MCCURTAIN MEMO            |               |                 |     |

Sample information below if this vehicle is being used for COMMERCIAL PURPOSES and has a GVWR or GVW in excess of 10,001 lbs. or a GVW or GCWR in excess of 26,000 lbs. or a placard. A BUS WILL BE LISTED FOR UNIFORM REPORTING PURPOSES.

|                      |                    |                |  |
|----------------------|--------------------|----------------|--|
| (36) Unit            | Carrier Name       | Address        |  |
| (37) City            | State              | Zip            |  |
| (38) U.S. DOT Number | NASI Report Number | Placard Number |  |
|                      | OK                 |                |  |
| (39) Unit            | Carrier Name       | Address        |  |
| (40) City            | State              | Zip            |  |
| (41) U.S. DOT Number | NASI Report Number | Placard Number |  |
|                      | OK                 |                |  |

| Position in Vehicle  | Vehicle Configuration   | Cargo Body Type  |
|--|---|--|
| <p>00. Not Applicable<br/>18. Front Row - Other<br/>28. Second Row - Other<br/>38. Third Row - Other<br/>48. Fourth Row - Other<br/>50. Sleeper Section of Truck Cab</p> <p>See manual for additional seating examples</p> | <p>00. N/A</p> <p>01. Passenger Veh.-2 Dr</p> <p>02. Passenger Veh.-4 Dr</p> <p>03. Passenger Veh. Conv.</p> <p>04. Pickup</p> <p>05. Single Unit Truck, 2 axles</p> <p>06. Single Unit Truck, 3+ axles</p> <p>07. School Bus</p> <p>08. Truck/Trailer</p> <p>09. Truck-Tractor (Bobtail)</p> <p>10. Truck-Tractor/ Semi-Trailer</p> <p>11. Truck-Tractor/ Double</p> <p>12. Truck-Tractor/ Triple</p> <p>13. Bus/Large Van 9-15 occupants including driver</p> <p>14. Bus 16+ occupants including driver</p> <p>15. Motorcycle</p> <p>16. Motor Scooter/ Moped</p> <p>17. Motor Home</p> <p>18. Farm Machinery</p> <p>19. ATV</p> <p>20. SUV</p> <p>21. Passenger Van</p> <p>22. Truck more than 10,000 lbs., Cannot Classify</p> <p>23. Van 10,000 lbs. or Less</p> <p>24. Other</p> <p>99. Unknown</p> | <p>00. N/A</p> <p>01. Bus 9-15 seats</p> <p>02. Bus 16+ seats</p> <p>03. Van / Enclosed Box / Stock Trailer</p> <p>04. Cargo Tank</p> <p>05. Flatbed</p> <p>06. Intermodal</p> <p>07. Dump Truck/ Trailer</p> <p>08. Concrete Mixer</p> <p>09. Auto Transporter</p> <p>10. Garbage/Refuse</p> <p>11. Hopper (grain/ chips/gravel)</p> <p>12. Pole Trailer</p> <p>13. Log Trailer</p> <p>14. Vehicle Towing Vehicle</p> <p>15. Other</p> <p>99. Unknown</p> |

Case Number E00552-12

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT Pg 3 of 4

|  |  |   |  |
|--|--|---|--|
| Pedestrian / Pedalcyclist Only<br>Unit Total Lanes in Roadway Legal Speed Actions Prior to Collision Location at Time of Collision Safety Equip. Unit Number of Vehicle Striking<br>01 02 55   |  | Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>    |  |
| Light 2<br>1 Daylight<br>2 Dark-Not Lighted<br>3 Dark-Lighted<br>4 Dawn<br>5 Dusk<br>6 Dark-Unknown<br>7 Lighting<br>9 Unknown   |  | Location of the Work Zone Collision<br>1 Before the First Work Zone Warning Sign<br>2 Advance Warning Area<br>3 Transition Area<br>4 Activity Area<br>5 Termination Area<br>9 Unknown |  |
| Weather 03<br>01 Clear<br>02 Fog/Smog/Smoke<br>03 Cloudy<br>04 Rain<br>05 Snow<br>06 Sleet/Hail (Freezing Rain/Drizzle)<br>07 Severe Crosswind<br>08 Blowing Snow<br>09 Blowing Sand, Soil, Dirt<br>10 Other<br>99 Unknown                 |  | Type of Work Zone<br>1 Lane Closure<br>2 Lane Shift/Crossover<br>3 Work on Shoulder or Median<br>4 Intermittent or Moving Work<br>9 Unknown   |  |
| Locality 5<br>1 Residential<br>2 Business<br>3 Industrial<br>4 School<br>5 Not Built-up<br>6 Mixed Use<br>7 Other<br>9 Unknown   |  | Workers Present Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>   |  |
| Type of Intersection 0<br>0 Not an Intersection<br>2 Y-Intersection<br>3 T-Intersection<br>4 Four-Way Intersection<br>5 Five-Point or More Intersection as Part of Interchange<br>7 Traffic Circle<br>8 Roundabout<br>9 Unknown            |  | Unsafe / Unlawful Contributing Factors Unit 1 Unit 2<br>20  |  |
| Incident Type 00<br>00 Not an Incident<br>51 Private Property<br>52 Deliberate Intent<br>53 Medical Condition<br>54 Legal Intervention<br>55 Suicide<br>57 Drowning<br>58 Other  |  | Trafficway Unit 1 Unit 2<br>2   |  |
| Location of First Harmful Event 01<br>01 On Roadway<br>02 Shoulder<br>03 Median<br>04 Roadside<br>05 Gore<br>05 Separator<br>07 Parking Lane/Zone<br>08 Off Roadway, Location Unknown<br>09 Outside Right-of-Way<br>10 Other<br>99 Unknown |  | Vehicle Removal Unit 1 Unit 2<br>2  |  |
| Driver Distracted by Unit 1 Unit 2<br>9  |  | Vehicle Condition Unit 1 Unit 2<br>01   |  |
| Road Character<br>Grade Unit 1 Unit 2<br>1 Level 1<br>2 Hillcrest<br>3 Uphill<br>4 Downhill<br>5 Sag (bottom)  |  | Road Surface Conditions Unit 1 Unit 2<br>01   |  |
| Road Alignment Unit 1 Unit 2<br>1 Straight 1<br>2 Curve - Left<br>3 Curve - Right  |  | Special Function of Vehicle Unit 1 Unit 2<br>00   |  |
| Road Surface Type Unit 1 Unit 2<br>4   |  | Point of First Contact on Vehicle Unit 1 Unit 2<br>12   |  |
| Emergency Vehicle Responding to an Emergency Unit 1 Unit 2<br>0  |  | Most Damaged Area Unit 1 Unit 2<br>12   |  |
| Road Character<br>Road Surface Type Unit 1 Unit 2<br>4   |  | Point of First Contact on Vehicle Unit 1 Unit 2<br>12   |  |

Case Number **E00552-12**

Pg **4** of **4**

Latitude

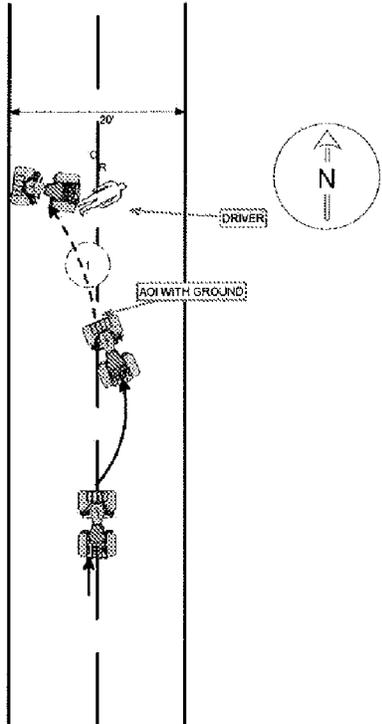
Longitude

Railroad Crossing Number

Roadway Orientation Unit Number **01**  NE  SW  N

Unit Number  NE  SW

COUNTY ROAD NO SHOULDERS



Indicate North by Arrow

**COLLISION EVENTS**

|                   |                          |                           |                          |                           |                                 |   |
|-------------------|--------------------------|---------------------------|--------------------------|---------------------------|---------------------------------|---|
| Unit<br><b>01</b> | First Event<br><b>10</b> | Second Event<br><b>73</b> | Third Event<br><b>00</b> | Fourth Event<br><b>00</b> | Most Harmful Event<br><b>73</b> | First Harmful Event for the Entire Collision<br><b>10</b> |
| Unit              | First Event              | Second Event              | Third Event              | Fourth Event              | Most Harmful Event              |   |

- |  |   |   |  |
|--|---|---|--|
| <ul style="list-style-type: none"> <li>00 Not Applicable</li> <li>10 Overturn/Rollover</li> <li>11 Fire/Explosion</li> <li>12 Immersion</li> <li>13 Jackknife</li> <li>14 Cargo/Equipment Loss or Shift</li> <li>15 Equipment Failure (Blown Tire, Brake Failure, etc.)</li> <li>16 Separation of Units</li> <li>17 Departed Road Right</li> <li>18 Departed Road Left</li> <li>19 Cross Median/Centerline</li> <li>20 Downhill Runaway</li> </ul> | <ul style="list-style-type: none"> <li>21 Fell/Jumped From Motor Vehicle</li> <li>22 Thrown Or Falling Object</li> <li>23 Other Non-Collision</li> <li><b>PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT:</b></li> <li>30 Pedestrian</li> <li>31 Pedal Cycle</li> <li>32 Railway Vehicle (train, engine)</li> <li>33 Animal</li> <li>34 Motor Vehicle in Transport</li> <li>35 Parked Motor Vehicle</li> <li>36 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle</li> </ul> | <ul style="list-style-type: none"> <li>37 Work Zone/Maintenance Equipment</li> <li>38 Other Non-Fixed Object</li> <li><b>FIXED OBJECT:</b></li> <li>40 Barrier (Cable)</li> <li>41 Barrier (Concrete)</li> <li>42 Barrier (Other)</li> <li>43 Fence Pole</li> <li>44 Fence</li> <li>45 Traffic Signal Support</li> <li>46 Traffic Sign Support</li> <li>47 Utility Pole/Light Support</li> <li>48 Other Post/Pole/Support</li> <li>49 Guardrail/Guardrail Face</li> <li>50 Guardrail End</li> <li>51 Culvert</li> <li>52 Curb</li> <li>53 Island</li> <li>54 Sand Barrels</li> <li>55 Impact Attenuator/ Crash Cushion</li> </ul> | <ul style="list-style-type: none"> <li>56 Pavement Drop-Off</li> <li>57 Ditch</li> <li>58 Embankment</li> <li>59 Tree (Standing)</li> <li>60 Dividing Strip</li> <li>61 Retaining Wall</li> <li>62 Bridge Abutment</li> <li>63 Bridge Pier or Support</li> <li>64 Bridge Rail</li> <li>65 Bridge Post</li> <li>66 Bridge Curb</li> <li>67 Bridge Super Structure (Beams)</li> <li>68 Bridge Overhead Structure</li> <li>69 Delineator</li> <li>70 Mailbox</li> <li>71 Other Fixed Object</li> <li>72 Other Highway Structure</li> <li>73 Ground</li> <li>99 Unknown</li> </ul> |
|--|---|---|--|

**Remarks**

U-1 WAS N/B ON COUNTY ROAD AT A HIGH RATE OF SPEED. FOR UNKNOWN REASON VEHICLE SWERVED TO RIGHT CAUSING UNIT TO ROLL AND STRIKE GROUND. U-1 OVERTURNED ONE TIME BEFORE COMING TO REST UPRIGHT. AOI IS APPROX. 0.1 MILE NORTH OF SH 3 AND APPROX. 8' WEST OF EAST EDGE OF COUNTY ROAD. AOR FOR U-1 IS APPROX. 14' NORTH OF AOI AND APPROX. 2' EAST OF WEST EDGE OF COUNTY ROAD. DRIVER WAS THROWN FROM VEHICLE APPROX. 14' NORTH OF AOI AND APPROX. IN THE CENTER OF COUNTY ROADWAY. PASSENGER WAS THROWN AN UNKNOWN DISTANCE FROM THE VEHICLE.

This report is based on the officer's investigation of this collision. This report may contain the opinion of the officer.

BOARD OF MEDICOLEGAL INVESTIGATIONS  
OFFICE OF THE CHIEF MEDICAL EXAMINER

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

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

OFFICE USE ONLY

Re \_\_\_\_\_ Co \_\_\_\_\_

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

By \_\_\_\_\_

Date \_\_\_\_\_

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

|   |           |                                |               |          |
|---|-----------|--------------------------------|---------------|----------|
| DECEDENT First-Middle-Last Names (Please avoid use of initials)<br><b>(b)(3) Exemptio</b> | Age<br>45 | Birth Date<br><b>(b)(3) Ex</b> | Race<br>WHITE | Sex<br>M |
|---|-----------|--------------------------------|---------------|----------|

HOME ADDRESS - No. - Street, City, State

**(b)(3) Exemption 3 for 25**

|  |                   |               |
|--|-------------------|---------------|
| EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS)<br>TROOPER JOE NICHOLS@MCCURTAIN OHP | DATE<br>7/12/2012 | TIME<br>21:20 |
|--|-------------------|---------------|

| INJURED OR BECAME ILL AT (ADDRESS)      | CITY    | COUNTY    | TYPE OF PREMISES | DATE      | TIME    |
|---|---------|-----------|------------------|-----------|---------|
| 2 MILES SOUTH OF HAWORTH ON COUNTY ROAD | HAWORTH | MCCURTAIN | ROADWAY          | 7/12/2012 | Unknown |
| LOCATION OF DEATH                       | CITY    | COUNTY    | TYPE OF PREMISES | DATE      | TIME    |
| MCCURTAIN MEMORIAL HOSPITAL             | IDABEL  | MCCURTAIN | HOSPITAL         | 7/12/2012 | 21:26   |
| BODY VIEWED BY MEDICAL EXAMINER         | CITY    | COUNTY    | TYPE OF PREMISES | DATE      | TIME    |
| 1115 WEST 17TH                          | TULSA   | TULSA     | MORGUE           | 7/13/2012 | 10:04   |

IF MOTOR VEHICLE ACCIDENT:  DRIVER  PASSENGER  PEDESTRIAN

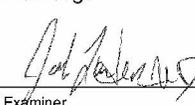
TYPE OF VEHICLE:  AUTOMOBILE  LIGHT TRUCK  HEAVY TRUCK  BICYCLE  MOTORCYCLE  OTHER: 3 WHEELER

| DESCRIPTION OF BODY  | RIGOR | LIVOR   | EXTERNAL OBSERVATION                        |  | NOSE                     | MOUTH                    | EARS                     |
|--|-------|---|---|--|--------------------------|--------------------------|--------------------------|
|  |       |   |   |  | BLOOD                    | OTHER                    |                          |
| Jaw <input checked="" type="checkbox"/> Complete <input checked="" type="checkbox"/> |       | Color PURPLE                                  | Beard _____ Hair RED                        |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Neck <input type="checkbox"/> Absent <input type="checkbox"/>                        |       | Lateral <input type="checkbox"/>              | Eyes: Color BROWN Mustache RED              |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Arms <input checked="" type="checkbox"/> Passing <input type="checkbox"/>            |       | Posterior <input checked="" type="checkbox"/> | Opacities _____                             |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Legs <input checked="" type="checkbox"/> Passed <input type="checkbox"/>             |       | Anterior <input type="checkbox"/>             | Pupils: R 3MM L 3MM                         |  |                          |                          |                          |
| Decomposed <input type="checkbox"/>  |       | Regional _____                                | Body Length 70 INCHES Body Weight 164.5 LBS |  |                          |                          |                          |

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

- I. BLUNT FORCE TRAUMA OF HEAD/NECK, LEFT LEG
  - A. DEFORMATION OF POSTERIOR NECK, LIKELY FRACTURE OF CERVICAL SPINE
  - B. ABRASIONS OF LEFT ANTERIOR DISTAL LEG
- II. S/P CRICOTHYROIDOTOMY
- III. SEE BODY DIAGRAM CME-1B6

|  |  |  |
|--|--|--|
| Probable Cause of Death:<br><b>FRACTURE OF CERVICAL SPINE</b><br>Due To: <b>BLUNT FORCE TRAUMA</b> | Manner of Death:<br>Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/><br>Suicide <input type="checkbox"/> Homicide <input type="checkbox"/><br>Unknown <input type="checkbox"/> Pending <input type="checkbox"/> | Case disposition:<br>Autopsy Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>Authorized by _____<br>Pathologist <u>JOSHUA LANTER M.D.</u><br>Not a medical examiner case <input type="checkbox"/> |
|  | Other Significant Medical Conditions:  |  |

|  |   |  |
|--|---|--|
| <b>MEDICAL EXAMINER:</b><br>Name, Address and Telephone No.<br><br>JOSHUA LANTER M.D.<br>1115 W. 17TH<br>TULSA, OK 74107 | I hereby state that, after receiving notice of the death described herein, I conducted an investigation as to the cause and manner of death, as required by law, and that the facts contained herein regarding such death are true and correct to the best of my knowledge.<br><br><br>Signature of Medical Examiner<br>Computer generated report | JOSHUA LANTER M.D.<br>Date Signed<br>7/12/2012<br>Date Generated<br><b>1202844</b> |
|--|---|--|

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

901 N. Stonewall  
Oklahoma City, Oklahoma 73117

**REPORT OF LABORATORY ANALYSIS**

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

ME CASE NUMBER: (b)(3); Exemption 3  
for 25(c)

DECEDENT'S NAME: (b)(3); Exemption 3  
for 25(c)

MATERIAL SUBMITTED: BLOOD, VITREOUS

LABORATORY NUMBER: 122453

DATE RECEIVED: 7/16/2012

HOLD STATUS: 30 DAYS

SUBMITTED BY: BRITTANY CRASE

MEDICAL EXAMINER: JOSHUA LANTER M.D.

**NOTES:**

**ETHYL ALCOHOL:**

Blood: 0.23 % W/V (Heart)

Vitreous: 0.23 % W/V

Other:

**CARBON MONOXIDE**

Blood:

**TESTS PERFORMED:**

EIA - (Heart Blood) - Amphetamine, Methamphetamine, Fentanyl, Cocaine, Opiates, PCP, Barbiturates, Benzodiazepines  
(The EIA panel does not detect Oxycodone, Methadone, Lorazepam or Clonazepam)

**RESULTS:**

NONE DETECTED

07/26/2012  
DATE

Byron Curtis, Ph.D., DABFT, Chief Forensic Toxicologist

# **CONTACT LIST IDI -120920HWE3110**

## **VICTIM**

(b)(3):Exemption 2 for 25(a)  
(b)(3):Exemption 3 for 25(c) **45 YOM (deceased)**

## **State and Local Officials**

### **Office of the Chief Medical Examiner**

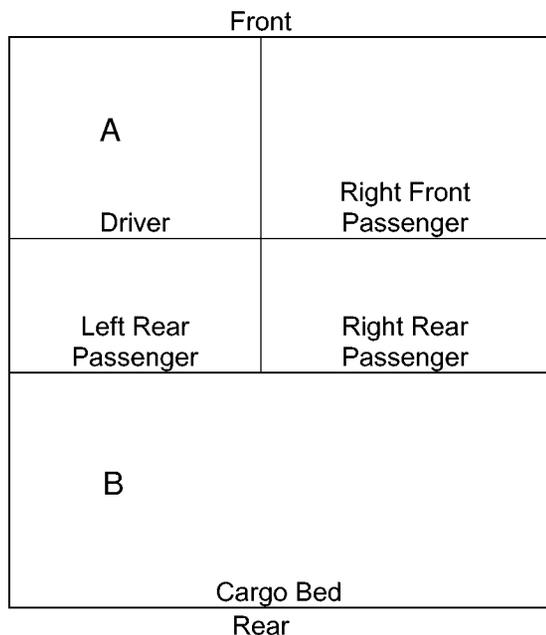
#### **Oklahoma (OKC District)**

Annette Riley  
Records Manager  
901 N. Stonewall  
OKC, OK 73117  
Phone 405-239-7141 x 231  
Fax 405-235-7301

### **OK Department of Public Safety**

Records Management Division  
P.O. Box 11415  
Oklahoma City, OK 73136-0415  
Phone 405-399-9005

Utility Vehicle Data Record Sheet



The Utility Vehicle

|    |  |                   |
|----|--|-------------------|
| A: | Age: 45                                    | Height: 70"       |
|    | Gender: Male                               | Weight: 165 lbs   |
|    | Helmet (Y/N): N                            | Seatbelt (Y/N): N |
|    | Killed/Injured/Neither/Unknown: Killed     |                   |
|    | Injury Description: C spine fracture       |                   |
|    | Did vehicle land on victim: unknown        |                   |
|    | Ejected (Either partially or fully): FULLY |                   |

|    |  |                   |
|----|--|-------------------|
| B: | Age: 45                                    | Height: unknown   |
|    | Gender: MALE                               | Weight: UNKNOWN   |
|    | Helmet (Y/N): Y                            | Seatbelt (Y/N): Y |
|    | Killed/Injured/Neither/Unknown: INJURED    |                   |
|    | Injury Description: unknown                |                   |
|    | Did vehicle land on victim: unknown        |                   |
|    | Ejected (Either partially or fully): fully |                   |

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

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

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

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

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

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

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

|  |  |  |   |   |
|--|--|--|---|---|
| 1. Task Number<br>120921HCC2004  |  | 2. Investigator's ID<br>3394                             |   | <b>EPIDEMIOLOGIC<br/>INVESTIGATION<br/>REPORT</b>   |
| 3. Office Code<br>840  | 4. Date of Accident<br>YR MO DAY<br>2012 08 19 | 5. Date Initiated<br>YR MO DAY<br>2012 09 21             |   |   |
| 6. Synopsis of Accident or Complaint<br>UPC<br>An 80 year-old man was operating a UTV in a pasture when he lost control of the vehicle and it overturned. The UTV rolled over the victim, causing severe injuries which resulted in his death. The victim was not wearing a helmet or seat belt. |  |  |   |   |
|  |  |  |   | <b>MFR/PRVLBR NOTIFIED</b><br>COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br><input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED<br><input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <u>66</u> ;<br><input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY<br><i>1/16/14 Je</i> |
| 7. Location (Home, School, etc)<br>2 - FARM  |  | 8. City<br>CHARLES CITY                                  |   | 9. State<br>IA  |
| 10A. First Product<br>5044 - UTILITY VEHICLES  |  | 10B. Trade/Brand Name<br>POLARIS VIN: [REDACTED]         |   | 10C. Model Number<br>RANGER 400/ VIN#   |
| 10D. Manufacturer Name and Address<br>POLARIS INDUSTRIES INC.<br>2100 HIGHWAY 55<br>MEDINA, MN 55340   |  |  |   |   |
| 11A. Second Product<br>0   |  | 11B. Trade/Brand Name<br>NONE                            |   | 11C. Model Number<br>NONE   |
| 11D. Manufacturer Name and Address<br>NONE   |  |  |   |   |
| 12A. Hispanic or Latino<br>2 - No  |  | 12B. Race 1 - White<br>Other:                            |   | 12C. Race Source<br>3 - Official Document   |
| 13. Age of Victim<br>80  |  | 14. Sex<br>1 - Male                                      |   | 15. Disposition<br>8 - Death  |
| 16. Injury Diagnosis<br>71 - Other/NS/No inj   |  | 17. Body Part(s)<br>Involved<br>85 - ALL OF BODY         |   | 18. Respondent<br>3 - 2nd Hand Info Only  |
| 19. Type of Investigation<br>2 - Telephone   |  | 20. Time Spent<br>(Operational / Travel)<br>14.00 / 0.00 |   |   |
| 21. Attachment(s)<br>9 - Multiple Attachments  |  | 22. Case Source<br>05 - Newspaper                        |   | 23. Sample Collection Number  |
| 24. Permission to Disclose Name (Non NEISS Cases Only)<br><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written   |  |  |   |   |
| 25. Review Date<br>10/15/2012  |  | 26. Reviewed By<br>8929                                  |   | 27. Regional Office Director<br>Frank J. Nava   |
| 28. Distribution<br>John C. Topping; Sarah Garland   |  |  | 29. Source Document Number<br>X1280899A |   |

This investigation was initiated from a newspaper article published August 21, 2012 in the Charles City Press. Information for this report was obtained via the Floyd County Sheriff's office. An autopsy report was requested from the Iowa Office of the State Medical Examiner. However, at the time of this report, the autopsy results are incomplete.

### **NARRATIVE**

The victim involved in this incident is an 80 year-old male. The victim's height and weight are unknown. There is no evidence that the victim suffered from any physical or mental limitations prior to this incident.

On August 19, 2012, the victim was seen between 1930-1945 hours operating a four-wheeled UTV in a pasture near Charles City by a witness passing by on a nearby road. According to the incident report, the witness traveled back down the same road at approximately 2000 hours and saw the UTV overturned in the pasture. The witness stopped to see if anyone needed help at the scene, and found the victim lying underneath the roll bar of the overturned UTV. The witness reported turning the UTV back onto its wheels, then called 911 for assistance and began performing CPR on the victim.

The incident report stated the responding officers determined the victim had lost control of the UTV causing it to roll over and was ejected from the vehicle. The victim was not wearing a helmet or seatbelts at the time of the incident. The victim was pronounced dead at the scene. The cause of death has not yet been determined as the autopsy results are still pending.

### **SAMPLE COLLECTION**

There were no samples collected related to this incident.

### **PRODUCT IDENTIFICATION**

Manufacturer: Polaris Industries, Inc.  
Medina, MN 55340  
888-704-5290

Model: Ranger 400

VIN Number: (b)(3):Exemption 3 for

No photographs of the incident product were provided.

**EXHIBITS**

- Exhibit A - Incident report – Floyd County Sheriff’s Office
- Exhibit B - Utility Vehicle Data Record Sheet
- Exhibit C - Status of Missing Document Form

RICK A. LYNCH, SHERIFF

PHONE 1-641-228-1821  
FAX 1-641-257-6150



FLOYD COUNTY SHERIFF'S DEPARTMENT

101 SOUTH MAIN STREET, SUITE 501  
CHARLES CITY, IOWA 50616-2791

### FLOYD COUNTY SHERIFF'S OFFICE VOLUNTARY STATEMENT

I, (b)(3):Exemption 3 for 25 (c) AM 51 YEARS OLD. MY DATE OF

BIRTH IS (b)(3):Exemption 3 for 25(c). MY SOCIAL SECURITY NUMBER IS \_\_\_\_\_

MY ADDRESS IS (b)(3):Exemption 3 for 25(c)

MY TELEPHONE NUMBER IS (b)(3):Exemption 3 for 25 (c)

THE INCIDENT OR OCCURRENCE I AM ABOUT TO DESCRIBE OCCURRED ON OR ABOUT

(DATE AND TIME) 8:30 PM 8/19/12 . PAGE \_\_\_\_\_ OF \_\_\_\_\_

I drove by the (b)(3):Exemption 3 for 25(c) at approx. 7:30-7:45PM headed to Charles City, ~~to see my neighbor at 8:30 PM to go home~~

I saw the 4 wheeler running up the west ditch by the farm and the cattle were in the pasture. When I headed home at 8:30 I saw the 4 wheeler laying on it's left side in the pasture. I turned around and went to the yard and parked my truck and went out in the pasture to see if I could help. I found (b)(3):Exempti under the roll bar of the 4 wheeler. I lifted the 4 wheeler back on it's wheels and checked for a pulse. I called 911 and gave directions to the farm and started CPR. Help arrived 5-10 minutes later.

  
SIGNATURE

# Floyd County, IA



Date Created: 8/20/2012



Overview



Legend

- Corporate Limits
- Political Townships
- Parcels
- Roads

|                              |  |                     |       |                      |                              |
|------------------------------|--|---------------------|-------|----------------------|------------------------------|
| <b>Parcel ID</b>             | 151220000200   | <b>Alternate ID</b> | n/a   | <b>Owner Address</b> | (b)(3):Exemption 3 for 25(c) |
| <b>Sec/Twp/Rng</b>           | 12-94-16   | <b>Class</b>        | A     |                      |                              |
| <b>Property Address</b>      | (b)(3):Exemption 3   | <b>Acreage</b>      | 74.19 |                      |                              |
| <b>District</b>              | PLEASANT GROVE TOWNSHIP CCC  |                     |       |                      |                              |
| <b>Brief Tax Description</b> | N1/2 NE1/4<br>EX PAR & HY<br>12-94-16<br>(Note: Not to be used on legal documents) |                     |       |                      |                              |

Last Data Upload: 8/18/2012 12:35:06 AM



developed by  
The Schneider Corporation  
www.schneidercorp.com



SWCAD CALL SUMMARY REPORT  
As of 08/20/12 at 01:05

Call: 12-011978  
 Loc: (b)(3):Exemption 3 for 25(c)  
 Type: ACCIDENT PERSONAL INJURY  
 Name: WPH2  
 Addr: (b)(3):Exemption 3 for 25(c)  
 Home:  
 Cell:  
 Work:

|                            |       |     |       |
|----------------------------|-------|-----|-------|
| Police                     | Fire  | Amb | Other |
| Grids: 13                  | 13    | 13  | 13    |
| District: EAST             | CCFD  | AMR |       |
| Agency: FCSO               | CCFD  | AMR |       |
| Cmd Area: A                | A     | A   |       |
| Priority: 2                | 1     | 1   |       |
| Disposition: OK            | OK    | OK  |       |
| Call Date/Time: 08/19/2012 | 20:45 |     |       |
| Call Source: 9             |       |     |       |
| Received By: AS002         |       |     |       |
| Actual Type: AC1           |       |     |       |

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

(AS002 08/19/2012 20:45:04)  
911 - WPH2 / 08/18 19:53

(AS002 08/19/2012 20:45:51)  
Actual Call Type changed from AC1 to AC1

(AS002 08/19/2012 20:46:35)  
CALLER REPORTS A 10-50 ROLLOVER ON ATV SUBJECT NOT RESPONDING

(AS002 08/19/2012 20:46:53)  
AUTO LAUNCH MERCY AIR

(AS002 08/19/2012 21:11:40)  
NOTIFY THE ME

(AS002 08/19/2012 21:16:52)  
 OLN/087BB3597  
 NAM/ (b)(3):Exemption 3 for 25(c) CO/FLOYD  
 RES/ (b)(3):Exemption 3 fo  
 MAIL/ (b)(3):Exemption 3 f  
 DOB/ (b)(3):Exemptio WHITE MALE 509 230 EYE/BLUE LEGAL PRES/U  
 PENDING ACT/ CDL STATUS/ NCDL STATUS/VAL  
 CLASS/C ENDOR/ RESTR/B  
 ISS/2012-08-14 EXP/2014-12-30 AUDIT/6213423  
 PREV DL/IA 482348305 PREV SOC/

| DATE       | TYP | DATE/FILE  | JUR | EXPLANATION                              |
|------------|-----|------------|-----|--|
| 2012-01-26 | CON | 2012-02-02 | IA  | SPEED (10 MPH & UNDER IN 35-55 MPH ZONE) |
| 2011-03-17 | CON | 2011-04-08 | IA  | SPEED                                    |
| 2011-03-05 | CON | 2011-03-09 | IA  | SEAT BELT VIOLATION                      |
| 2009-03-02 | CON | 2009-03-10 | IA  | SPEED (10 MPH & UNDER IN 35-55 MPH ZONE) |

REQUIREMENTS TO BE SATISFIED:  
 ELIGIBLE TO APPLY: YES  
 \*\*\*\*\* END OF RECORD\*\*\*\*\*

(AS002 08/19/2012 21:34:17)  
Actual Call Type changed from AC1 to AC1

(AS002 08/19/2012 21:49:41)  
CONTACTED DNR

(DASSI 08/20/2012 00:56:33) Updated By DASSI 08/20/2012 01:04:56  
THE SHERIFF'S OFFICE RESPONDED TO AN ALL-TERRAIN VEHICLE ACCIDENT IN A FARM  
PASTURE IN THE (b)(3):Exemption 3 for 25(c). (b)(3):Exemption 3 AGE 80 FROM (b)(3):E  
(b)(3):Exemption 3 WAS FOUND PINNED UNDER THE ALL-TERRAIN VEHICLE BY A FRIEND WHO  
WAS DRIVING BY. UPON INVESTIGATION IT WAS DETERMINED THAT (b)(3):Ex LOST CONTROL  
OF THE VEHICLE CAUSING IT TO ROLL. (b) WAS EJECTED FROM THE VEHICLE AND  
PRONOUNCED DEAD AT THE SCENE. THE FLOYD COUNTY SHERIFF'S OFFICE WAS ASSISTED  
BY THE CHARLES CITY FIRE DEPT. AMR AMBULANCE, MERCY AIR MED AND FLOYD COUNTY  
MEDICAL EXAMINER.

(DASSI 08/20/2012 01:00:48)  
SPOKE WITH C-35 RANDY SCHNOEBELEN DISTRICT SUPERVISER DNR WHO ADVISED THEY DID  
NOT NEED TO COME OUT FOR THE ACCIDENT. HE ADVISED OFFICER JOHNSON WAS ON  
VACATION AND WOULD LET HIM KNOW OF THE ACCIDENT. 34-6

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

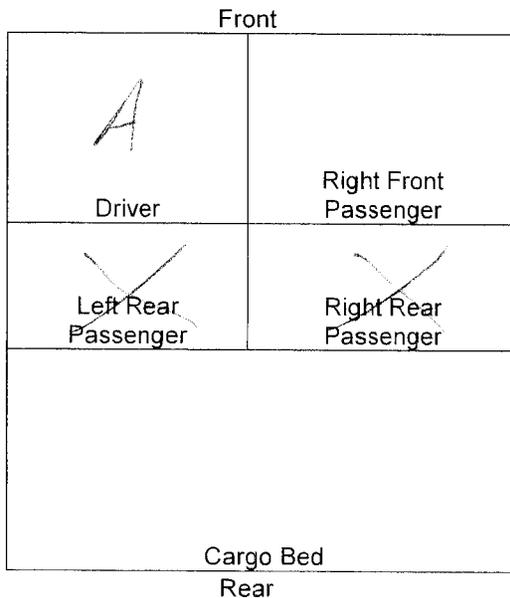
| Unit | Personnel       | Dispatch            | Enroute  | Arrive   | Clear    | Qtrs     |
|------|-----------------|---------------------|----------|----------|----------|----------|
| 10   | PS001 SHIRLEY,P | 08/19/2012 20:45:11 |          | 20:45:44 | 22:27:04 |          |
| 11   | ML001 LOVIK,MAT | 08/19/2012 21:34:17 | 21:34:17 | 21:34:21 | 22:27:04 |          |
| 282  |                 | 08/19/2012 20:45:34 | 20:45:34 | 20:45:38 | 21:53:13 | 22:12:06 |
| 6    | DA007 ASSINK,DA | 08/19/2012 20:45:51 | 20:45:51 | 20:45:54 | 22:27:04 |          |
| AMR  |                 | 08/19/2012 20:45:11 |          |          | 20:45:34 |          |
| CCFD |                 | 08/19/2012 20:45:11 | 20:56:35 | 21:03:23 | 21:27:13 | 21:34:54 |

----- Agency Call Numbers -----

AMR -- 12000766      CCFD -- 12000151      FCSO -- 12004703

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

Utility Vehicle Data Record Sheet



The Utility Vehicle

|    |  |                   |
|----|--|-------------------|
| A: | Age: 80                                    | Height: unk       |
|    | Gender: M                                  | Weight: unk       |
|    | Helmet (Y/N): N                            | Seatbelt (Y/N): N |
|    | Killed/Injured/Neither/Unknown: Killed     |                   |
|    | Injury Description:                        |                   |
|    | Did vehicle land on victim: Yes            |                   |
|    | Ejected (Either partially or fully): Fully |                   |

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

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

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

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

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

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

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

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

**Task No.** 120921HCC2004

**Date:** 10/15/2012

## STATUS OF MISSING DOCUMENT (S)

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

1. Autopsy Report - Iowa Office of the State Medical Examiner
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Date:** 10/15/2012      **Investigator No:** 3394

**Regional office:** CFIW      **Supervisor No:** 8929

**CONTACT LIST**

Floyd County Sheriff  
101 S. Main Street, Suite 501  
Charles City, IA 50616  
641-228-1821



|   |  |   |  |   |
|---|--|---|--|---|
| 1. Task Number<br>120924HCC2021   |  | 2. Investigator's ID<br>4437                            |  | <b>EPIDEMIOLOGIC<br/>INVESTIGATION<br/>REPORT</b> |
| 3. Office Code<br>840   | 4. Date of Accident<br>YR MO DAY<br>2012 09 01 | 5. Date Initiated<br>YR MO DAY<br>2012 09 26            |  |   |
| 6. Synopsis of Accident or Complaint<br>UPC<br>55 YOF died from injuries sustained during an UTV roll over incident. Victim was the front passenger in the UTV when the vehicle rolled over and crushed her. Victim was not wearing a seat belt or helmet at the time. UTV was on a pitched slope leaning significantly toward the passenger side when it stuck a rut, causing the UTV to roll over. Three other passengers were present in the vehicle and sustained minor injuries.<br><b>MFR/PRVLR NOTIFIED</b><br>COMMENTS: ___ YES <input checked="" type="checkbox"/> NO<br>___ OVERRULED; ___ ATTACHED<br><input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <u>66</u><br><input checked="" type="checkbox"/> DO NOT RE-NOTIFY ___ RE-NOTIFY<br><u>11/6/14 RL</u> |  |   |  |   |
| 7. Location (Home, School, etc)<br>2 - FARM   |  | 8. City<br>CHATFIELD                                    |  | 9. State<br>MN                                    |
| 10A. First Product<br>5044 - UTILITY VEHICLES   |  | 10B. Trade/Brand Name<br>UNKNOWN                        |  | 10C. Model Number<br>UNKNOWN                      |
| 10D. Manufacturer Name and Address<br>UNKNOWN   |  |   |  |   |
| 11A. Second Product<br>0  |  | 11B. Trade/Brand Name<br>NONE                           |  | 11C. Model Number<br>NONE                         |
| 11D. Manufacturer Name and Address<br>NONE  |  |   |  |   |
| 12A. Hispanic or Latino<br>2 - No   |  | 12B. Race<br>1 - White<br>Other:                        |  | 12C. Race Source<br>3 - Official Document         |
| 13. Age of Victim<br>55   |  | 14. Sex<br>2 - Female                                   |  | 15. Disposition<br>8 - Death                      |
| 16. Injury Diagnosis<br>62 - Intern. Org. Inj.  |  | 17. Body Part(s)<br>Involved<br>75 - HEAD               |  | 18. Respondent<br>3 - 2nd Hand Info Only          |
| 19. Type of Investigation<br>2 - Telephone  |  | 20. Time Spent<br>(Operational / Travel)<br>5.00 / 0.00 |  | 21. Attachment(s)<br>9 - Multiple Attachments     |
| 22. Case Source<br>05 - Newspaper   |  | 23. Sample Collection Number                            |  |   |
| 24. Permission to Disclose Name (Non NEISS Cases Only)<br><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written  |  |   |  |   |
| 25. Review Date<br>10/24/2012   |  | 26. Reviewed By<br>8929                                 |  | 27. Regional Office Director<br>Frank J. Nava     |
| 28. Distribution<br>John C. Topping; Sarah Garland; Tanya L. Topka  |  |   |  | 29. Source Document Number<br>X1290453A           |

This IDI was initiated from a newspaper article regarding a death that resulted from a Utility Terrain Vehicle (UTV). The local police department still considers this incident an open investigation and therefore would not provide their report to this investigator.

On September 1<sup>st</sup>, 2012 the 55 year-old female victim was riding in the front passenger seat of a four-person UTV, with her adult-daughter driving. The UTV was being operated in a farm field along with several other vehicles, but none of the other vehicles witnessed the incident. It was reported that the victim was likely not wearing a seat belt and was not wearing a helmet at the time of the incident.

At some point the UTV was slowly maneuvering on a small hill while leaning significantly toward the passenger side (reportedly at a 30-40% pitch). The vehicle reportedly got situated in a rut and while attempting to negotiate out of the rut, it tipped over and at some point during the roll over the victim was ejected from the UTV and the vehicle came to rest on top of her. Her injuries were described as severe blunt force trauma to the head, to include brain matter being visible and significant trauma to the brain stem. The other three passengers in the UTV received “minor injuries” during the incident but were not transported to the hospital. Emergency personnel responded to the scene but noted that “obvious death was visible”.

No product information was able to be obtained at this time.

#### Attachments

- Attachment 1 – Police Letter
- Attachment 2 – Medical Examiner Report
- Attachment 3 – EMS Report
- Attachment 4 – Contact List

# ROCHESTER

*Minnesota*



**ROGER PETERSON**  
Chief of Police  
Rochester Police Department  
101 4th St. S.E.  
Rochester, MN 55904-3761

October 3, 2012

To whom it may concern:

We are in receipt of your letter of request for ICR #12-917656. The report you are requesting is part of an active investigation. Pursuant to Minnesota Statute §13.82, Subdivision 7, while an investigation is active, the data is classified as confidential or protected nonpublic and is not releasable. Your request is being returned to you at this time.

Thank you for your cooperation.

Jan Strauss  
Police Records Technician  
Law Enforcement Records Unit



**Autopsy Report - Final**

Mayo Clinic - Rochester  
200 1st Street SW  
Rochester, MN 55905

**Coroner's Case-Do Not Release**



Clinic Number: 2 353 033  
Patient Name: (b)(6)  
Patient Location: (b)(6)  
Date of Birth: (b)(6) (Age: 55) Gender: F  
Place of Death: Hillfield - 16309 110th Street SE - Chatfield, MN  
Extent: Complete

Accession #: AR12-348

Date/Time of Death: 9/1/2012 20:04  
Date/Time of Autopsy: 9/2/2012 07:00

Pathologist: Anja C. Roden, M.D.  
Adam J. Wood, D.O.

Consultants: Jennifer A. Davidson, PA (ASCP) EI 1-252  
Robert R. Reichard, M.D. HU 11

IMMEDIATE CAUSE OF DEATH

- I. Multiple blunt force injuries sustained during all terrain vehicle rollover collision including:
  - a. Head and neck:
    - i. Open head injury with
      - A) Skull fractures, multiple, including:
        - Fracture, open and depressed, left frontal associated with lacerations, mid anterior and left lateral forehead, ranging 4.6 - 7.5 cm in greatest dimensions and exposure of cerebrum.
        - Stellate fracture involving all bones of the skull base, with displaced fractures of both orbits extending into the sphenoid bone with loss of the sella turcica architecture and mildly displaced fractures of bilateral occipital bones and the posterior elements of C1 and C2
      - B) Partial ejection of left frontal lobe.
      - C) Severe disruption and distortion of brain stem (with pontine acute contusions right > left) and cerebellum.
      - D) Preterminal hypoxia-ischemia with ischemic "red" Purkinje cells, moderate.
      - E) Subarachnoid hemorrhage, acute, diffuse over entire brain.
      - F) Subdural hemorrhage, right frontotemporal.
      - G) Subgaleal hemorrhages, diffuse, involving entire scalp.
    - ii. Multiple external injuries including:
      - A) Periorbital hematomas, bilateral.
      - B) Contusion, right posterolateral neck, 4.2 x 4.0 cm.
      - C) Abrasions, multiple, interorbital, left infraorbital, nose, lower lip, and left lateral neck.
  - b. Thorax and abdomen:
    - i. Contusion, left anterior chest, 9.0 x 5.5 cm.
    - ii. Rib fractures, multiple:
      - A) Right, anterior, 5<sup>th</sup> and 6<sup>th</sup>.
      - B) Left:
        - 1) Anterior, 3<sup>rd</sup>-5<sup>th</sup>, with focal pulmonary laceration.
        - 2) Lateral, 5<sup>th</sup>.
      - C) Associated soft tissue hemorrhage.

## c. Extremities:

- i. Fractures, transverse, radius and ulna, right mid, closed, with associated contusion.
- ii. Contusions, multiple (2), right lateral knee and left posterolateral arm.

ADDITIONAL FINDINGS:

1. Calcific coronary atherosclerosis, with grade 1 (of 4) stenosis of all coronaries.
2. Aortic atherosclerosis:
  - a. Thoracic, fatty streaks.
  - b. Abdominal, grade 1 (of 4), calcific.
3. Aspiration, with:
  - a. Food particles in:
    - i. Trachea.
    - ii. Bronchi, bilaterally.
  - b. Hemorrhage in bronchi, left lung.
4. Apical scar, right upper lobe lung.
5. Hepatic hemangioma, 1.4 x 1.3 x 1.3 cm, right lobe.
6. Uterine leiomyomata, multiple (3), 0.8-1.5 cm, submucosal.
7. Kidneys with intratubular calcifications
8. Postmortem blood positive for ethanol (140 mg/dL) and diphenhydramine (160 ng/mL).

TOXICOLOGY:

## POSTMORTEM METABOLIC WORK-UP:

Vitreous Fluid: eye not specified.

|            |            |
|------------|------------|
| Creatinine | 0.4 mg/dL  |
| Na         | 136 mmol/L |
| K          | 7.3 mmol/L |
| BUN        | 17 mg/dL   |
| Cl         | 116 mmol/L |
| Glucose    | 16 mg/dL   |

## SEROLOGY:

HBsAg: Negative  
HCV Ab: Negative  
HIV-1/-2: Negative

## RADIOLOGIC PATHOLOGY REPORT:

Marked craniofacial trauma with markedly displaced fractures of the left calvarium, primarily involving the frontal bone. Displaced fractures of both orbits extending into the sphenoid bone with loss of the normal sella turcica. Mildly displaced fractures of the occipital bone and the posterior elements of C1 and C2. Subcutaneous emphysema in the neck. Transverse fractures through the mid shafts of the right radius and ulna with marked angulation and some rotation of the distal components.

## NMS LAB:

Diphenhydramine, Blood  
Analysis by gas chromatography (-BY GC/MS)

Diphenhydramine - 160 ng/mL; reporting limit 50 ng/mL.

## AUTOPSY TOXICOLOGY:

## URINE CONFIRMED DRUG ABUSE SURVEY:

Alcohol: Presumptive positive.  
Amphetamines: Negative.  
Barbiturates: Negative.  
Benzodiazepines: Negative.  
Cocaine: Negative.  
Methadone: Negative.  
Opiates: Negative.  
Phencyclidine: Negative.  
Propoxyphene: Negative.  
Tetrahydrocannabinol: Negative.

## URINE DRUG SCREEN/PRESCRIPTION/OTC RESULTS:

Diphenhydramine identified.

## FENTANYL AND METABOLITE, U

Norfentanyl = Negative

Fentanyl = Negative

## ETHANOL, U

Ethanol -by GC/FID = 203 mg/dL

## URINE ADULTERANTS SURVEY

Creatinine: 12.8 mg/dL  
Specific Gravity: 1.006  
pH: 6.2  
Oxidants: Negative

## BLOOD VOLATILE SCREEN:

Methanol = Not detected.  
Ethanol = 140 mg/dL  
Acetone = Not detected.  
Isopropanol = Not detected.

CLINICAL SUMMARY:

The decedent is a 55-year-old woman with an unknown past medical or surgical history.

On 09/01/2012 at approximately 19:00, an all terrain vehicle (ATV) was moving forward at a very low rate of speed in a farm field in Chatfield, MN when it got hung up on a rut. The vehicle was at a fairly decent pitch, leaning 30-40 degrees towards the passenger side. As the driver was attempting to get out of the rut, the ATV tipped over to the right. The deceased was the front passenger who appeared to be unrestrained and ejected from the vehicle. It is unclear if the passenger was ejected, then the ATV rolled over onto her, or if she was ejected as a result of the rolling over. Three ATVs in total were out in the field that day, but did not witness the accident. A person on a second ATV heard yelling and came to assist. At that time, the ATV was resting on top of the deceased. The time between the accident and the assistance was approximately 1-2 minutes. Once the vehicle was uprighted, cardiopulmonary resuscitation was attempted immediately, and emergency medical services were called. The time of death was listed at 20:04.

GROSS DESCRIPTION:

## EXTERNAL EXAMINATION

ADULT- Weight: 79.3 kg. Height: 167.0 cm. BMI: 28.4 kg/m<sup>2</sup>.

GENERAL- Development: normal.  
Nutrition: overweight.  
Rigor: partially fixed.  
Livor: red-purple, posterior, blanchable.  
Hydration: adequate

## EVIDENCE OF INJURY

## DESCRIPTION OF BLUNT FORCE INJURIES

1. Head and Neck
  - a. Multiple external injuries
    - i. 7.5 cm serpiginous defect, mid anterior forehead, with exposure of underlying brain parenchyma
    - ii. 4.6 x 1.8 cm rectangular defect, left lateral forehead, with exposure of underlying brain parenchyma
    - iii. Bilateral periorbital red-purple contusions
    - iv. 4.2 x 4.0 cm blue-purple contusion, right posterolateral neck
    - v. Multiple abrasions (3), 0.4-1.4 cm, between the eyes
    - vi. Multiple minute abrasions below left eye and on nose
    - vii. 0.8 cm abrasion, mucosal surface of lower lip
    - viii. Two abrasions, 1.0 cm each, left lateral neck
  - b. Subgaleal hemorrhages, diffuse, involving entire scalp
  - c. Subarachnoid hemorrhage, diffuse, over entire brain
  - d. Subdural hemorrhage, right frontotemporal area
  - e. Multiple skull fractures
    - i. Markedly displaced fractures of the left calvarium, primarily involving the frontal bone
    - ii. Stellate fracture involving all bones of the cranium floor, with:
      - 1) Displaced fractures of both orbits extending into the sphenoid bone with loss of the normal sella turcica
      - 2) Mildly displaced fractures of the occipital bone and the posterior elements of C1 and C2
2. Torso
  - a. 9.0 x 5.5 cm blue-purple contusion, left anterior superior torso
  - b. Multiple rib fractures with associated hemorrhage
    - i. Right, anterior, 5<sup>th</sup> and 6<sup>th</sup>
    - ii. Left
      - 1) Anterior, 3<sup>rd</sup>-5<sup>th</sup>, with focal pulmonary laceration
      - 2) Lateral, 5<sup>th</sup>
3. Extremities, multiple external injuries
  - a. Mid radial and ulnar closed transverse fractures, right, with overlying skin deformity and blue-purple contusion
  - b. 19.0 x 3.0 cm blue-purple contusion, right lateral knee area
  - c. 16.0 x 3.5 cm blue-purple contusion, left posterolateral arm

SKIN- No scars. No jaundice.

Four tattoos, right anterior superior torso, left posterior superior torso, left ventral forearm, and left ankle.

One pair of earrings with clear gemstone.

Single metal-colored hoop earring.

One yellow-colored necklace.

Six yellow-colored rings.

Two metal-colored rings.

Two metal-colored toe rings.

HEAD- Pupils equal and round, 0.8 cm.

Native dentition.

Blood in the mouth, nose, and ears.

Vomit in mouth.

NECK- Midline larynx and trachea. No thyromegaly or adenopathy.

No IV catheter.

THORAX- Symmetric chest. No masses.

Breasts: Normal for age.

ABDOMEN- No masses or palpable fluid.

BACK- No deformities or decubitus ulcers.

EXTREMITIES- No clubbing or edema.

Forearm: No IV catheter.

Femoral: No IV catheter.

#### THORACIC CAVITY

THYMUS- Fat replaced.

PERICARDIUM- Clear yellow fluid, < 25 mL.

Pericardium non-taut.

No adhesions.

HEART- Weight: 350 g (expected: 295 g, range: 201-433 g).

Wall thickness- LV: 1.2 cm; VS: 1.4 cm; RV: 0.4 cm.

Other: Ventricular short-axis internal diameters (cm): 2.4 left, 2.5 x 1.9 right.

Valve circumferences -

Aortic: 6.2 cm; Mitral: 9.4 cm;

Pulmonary: 6.0 cm; Tricuspid: 11.5 cm.

Valves thin and mobile.

Oval foramen fused.

Myocardium uniformly red-brown, without scars or mottling.

No hypertrophy, dilatation, or mural thrombosis of chambers.

CORONARY ARTERIES- Dominance: right.

Calcification- mild, focal.

Atherosclerosis- LMA: 1; LAD: 1; LCX: 1; RCA: 1 (of 4).

Coronary ostiums- widely patent.

THORACIC AORTA- Atherosclerosis, fatty streaks.

No aneurysm.

THORACIC SYSTEMIC VEINS- Patent, no thrombi.

PULMONARY ARTERIES- No emboli. No dilatation.

PULMONARY VEINS- No dilatation or compression.

TRACHEA- Smooth, pink mucosa containing food particles.

PLEURA- Right surface shiny. Left surface focally hemorrhagic.

No adhesions.

LUNGS- Weight- Rt: 460 g, Lt: 380 g.

(expected, Rt 350-450 g, Lt 300-400 g)

Pink parenchyma, with normal crepittance.

No congestion.

No consolidation.

Bronchi and vessels patent.

Right lung, apical scar. Left lung, focal laceration. Food particles within bronchi,

bilaterally; blood within bronchi, left lung.

ESOPHAGUS- Smooth, white mucosa with longitudinal folds and containing

food particles.

No ulcers.

No masses.

## ABDOMINAL CAVITY AND RETROPERITONEUM

PERITONEUM- Smooth, shiny surfaces. No fluid or adhesions.

OMENTUM AND MESENTERY- Fat-invested; vessels patent.

RETROPERITONEAL SPACES- No masses or hemorrhage.

STOMACH- Normal size and shape. Smooth serosa.

Smooth pink-tan mucosa with normal rugal folds.

No ulcers.

DUODENUM- Smooth tan-green mucosa with normal folds.

No ulcers.

JEJUNUM AND ILEUM- Smooth pink-tan mucosa with normal folds.

COLON- Smooth pink-tan mucosa with normal folds.

Appendix present.

No polyps or diverticulosis.

RECTUM- Smooth tan mucosa. No polyps or erosions.

LIVER- Weight: 1600 g (expected, 1127-1727).

Size: 22.5 x 20.0 x 6.0 cm.

Capsule intact.

Cut surface red-brown, with normal lobular pattern.

No congestion.

Hemangioma, 1.4 x 1.3 x 1.3 cm, right lobe.

GALLBLADDER- Present.

Velvety, green mucosa with cholesterosis. Green bile.

No stones.

BILE DUCTS- Patent, normal caliber. No stones.

PORTAL VEIN, HEPATIC ARTERY- Patent.

PANCREAS- Soft, pink-tan parenchyma with normal lobulation.

No masses.

SPLEEN- Weight: 100 g (expected 97-157 g).

Size: 11.2 x 6.5 x 1.8 cm.

Capsule intact and thin. Cut surface soft, dark red-purple, with normal follicular pattern.

No congestion.

No accessory spleen.

SPLENIC VEIN AND ARTERY- Patent. non-calcified.

ADRENALS- Cortex yellow-tan and normal.

Medulla without masses or hemorrhage.

KIDNEYS- Rt- weight: 80 g, size: 9.5 x 5.4 x 2.2 cm.

Lt- weight: 100 g, size: 10.5 x 5.0 x 3.0 cm.

(expected, 120-180 g each)

Capsules strip easily.

Smooth surface, without granularity.

Cortex brown, 0.4 cm thick (normal 0.6-1.0 cm).

Medulla light brown.

Corticomedullary junction distinct.

Pelvicalyceal system normal.

No cysts.

RENAL ARTERY AND VEIN- Single and patent on left. Two renal arteries and patent on right.

No ostial stenosis.

No fibromuscular dysplasia.

URETERS- Slender and patent bilaterally.

URINARY BLADDER- Urine clear.

Mucosa smooth and white with muscular hypertrophy.

No catheter.

ABDOMINAL AORTA- Atherosclerosis, grade: 1 (of 4), non-ulcerocalcific.

No aneurysm.

INFERIOR VENA CAVA AND TRIBUTARIES- Patent, no thrombi.

#### FEMALE GENITALIA

VULVA AND VAGINA- Smooth gray-pink mucosa.

UTERUS- Smooth mucosa. Leiomyomata (3), 0.8-1.5 cm, submucosal.

FALLOPIAN TUBES- Normal caliber.

OVARIES- Firm, white parenchyma.

#### NECK ORGANS

THYROID- Normal contour. Cut surface pink-orange, granular.

Weight: 17.3 g (Normal 10-30 g).

No nodules.

PARATHYROIDS- Rt: 1, Lt: 1.

LARYNX- Smooth, white mucosa without obstruction.

#### CENTRAL NERVOUS SYSTEM

BRAIN AND SPINAL CORD- Brain weight: 1340 g (unfixed).

See neuropathology report.

#### GENERAL

LYMPH NODES- Small, pink-tan or anthracotic nodes.

MUSCLES AND OTHER SOFT TISSUES- Muscles normally developed.

BONES- Consistency normal.

Uniform, red-brown marrow.

Fractures: See Evidence of Injury/Description of Blunt Force Injuries section above.

JOINTS- No deformities.

(b)(6)

Report Continued

AR12-348

MICROSCOPIC DESCRIPTION:

- A1 (LV-A Mid): Without diagnostic abnormalities.  
A2 (LV-L Mid): Without diagnostic abnormalities.  
A3 (LV-I Mid): Without diagnostic abnormalities.  
A4 (LV-S Mid): Without diagnostic abnormalities.  
A5 (RV Mid): Focal fat replacement.  
A6 (RUL): Mild chronic bronchiolitis and occasional poorly formed peribronchial and interstitial non-necrotizing granuloma. Agonal aspiration.  
A7 (RML): Mild chronic bronchiolitis and occasional poorly formed peribronchial and interstitial non-necrotizing granuloma. Agonal aspiration.  
A8 (RLL): Mild chronic bronchiolitis and occasional poorly formed peribronchial and interstitial non-necrotizing granuloma. Agonal aspiration.  
A9 (LUL): Mild chronic bronchiolitis and occasional poorly formed peribronchial and interstitial non-necrotizing granuloma. Agonal aspiration.  
A10 (LLL): Mild chronic bronchiolitis and occasional poorly formed peribronchial and interstitial non-necrotizing granuloma. Agonal aspiration.  
A11 (Liver): Without diagnostic abnormality.  
A11 (Pancreas): Postmortem autolysis.  
A11 (Spleen): Without diagnostic abnormality.  
A12 (R/L Kidneys): Scattered tubular calcifications.  
A13 (Sternal & Vertebral Marrow): Block only.

*Interpreted by: Anja C. Roden, M.D. 8-2179*  
*Report electronically signed by Anja C. Roden, M.D.*

Transcribed by: lrm01 10/9/2012 11:28:29

(b)(6)

END OF REPORT

Page 9 of 9

10/17/2012 10:02AM (GMT-04:00)



**Autopsy Report - Neuropathology**  
Mayo Clinic - Rochester  
200 1st Street SW  
Rochester, MN 55905

**Coroners Case-Do Not Release**



Clinic Number: (b)(6)  
Patient Name: (b)(6)  
Date of Birth: (b)(6) (Age: 55) Gender: F

Accession #: AR12-348

Date/Time of Death: 9/1/2012 20:04  
Date/Time of Autopsy: 9/2/2012 07:00

Place of Death: Hill/field - 16309 110th Street SE - Chatfield, MN

Pathologist: Anja C. Roden, M.D.

Consultants: Jennifer A. Davidson, PA (ASCP) EI 1-252  
Robert R. Reichard, M.D. HI 11

**Neuropathologic Findings**

1. Open head injury:
  - a) Extensive left frontal skull and skull base (see general autopsy report) with partial ejection of left frontal lobe.
  - b) Severe disruption and distortion of brain stem (with pontine acute contusions right > left) and cerebellum.
  - c) Preterminal hypoxia-ischemia with ischemic "red" Purkinje cells, moderate.
  - d) Subarachnoid hemorrhage, acute, diffuse over entire brain.
  - e) Brain weight 1385 g (fixed).
2. Grossly normal spinal cord.
3. No large vessel atherosclerosis.

(9/28/2012)lml

*Caterina Giannini, M.D., Pathologist*

*Report electronically signed by cxg*

Wendy W. Chang, M.D.

**Neurological Summary**

The deceased was a 55-year-old unrestrained passenger in an ATV accident. The ATV was stuck in a rut and rolled over. At the scene, the deceased was found underneath the ATV with open skull fractures and brain matter on the ATV and grass. There is no information available regarding her past medical history.

Ambulance Patient Care Report



|  |                          |   |                          |  |  |  |  |
|--|--------------------------|---|--------------------------|--|--|--|--|
| Agency Name  |                          | Date of Incident  |                          | Call Number  |  | Incident Number  |  |
| PSAP Call  |                          | Response Times  |                          | Response Information   |  | Personnel  |  |
| Arrive Scene   | In Service               | PCR Number  | Starting Mileage         | Attendant  | Driver   |  | 1  |
| Dispatch Notified  | Unit Cancelled           | # of Patients   | At Scene Mileage         | Attendant  | <input type="checkbox"/> To Scene<br><input type="checkbox"/> To Dest. |  |  |
| Unit Dispatched  | Leave Scene              | In Quarters   | Responding Unit          | Dest. Mileage  | Attendant  | <input type="checkbox"/> To Scene<br><input type="checkbox"/> To Dest.   |  |
| Enroute  | Arrive Dest.             |   | Crew Number              | Ending Mileage   | Attendant  | <input type="checkbox"/> To Scene<br><input type="checkbox"/> To Dest.   |  |
| Incident Information   |                          |   |                          | First Responder Agencies   |  |  |  |
| Incident Address   |                          |   | Room/Apt                 | Factors Affecting Care   |  |  |  |
| City   |                          | County  | State                    | Zip Code   |  | <input type="checkbox"/> Amb. Crash<br><input type="checkbox"/> Amb. Failure<br><input type="checkbox"/> Crowd<br><input type="checkbox"/> Directions<br><input type="checkbox"/> Distance         |  |
| Type of Location   |                          | <input type="checkbox"/> Home/Residence<br><input type="checkbox"/> Industrial Place<br><input type="checkbox"/> Lake, River  |                          | <input type="checkbox"/> Mine or Quarry<br><input type="checkbox"/> Place of Sport<br><input type="checkbox"/> Public Building   |  | <input type="checkbox"/> Diversion<br><input type="checkbox"/> Extrication<br><input type="checkbox"/> HazMat<br><input type="checkbox"/> Language Barrier<br><input type="checkbox"/> Staff Delay |  |
| <input type="checkbox"/> Airport<br><input type="checkbox"/> Farm<br><input type="checkbox"/> Healthcare Facility  |                          | <input type="checkbox"/> Residential Institution<br><input type="checkbox"/> Street or Highway<br><input type="checkbox"/> Trade or Service   |                          | <input type="checkbox"/> Other<br><input type="checkbox"/> None<br><input type="checkbox"/> Other  |  | <input type="checkbox"/> Safety<br><input type="checkbox"/> Traffic<br><input type="checkbox"/> Weather  |  |
| Response Request   |                          | Response Mode   |                          | Disposition  |  | Destination/Hospital Name  |  |
| <input type="checkbox"/> Response (Scene)<br><input type="checkbox"/> Interfacility Transfer<br><input type="checkbox"/> Medical Transport (Scheduled)<br><input type="checkbox"/> Standby<br><input type="checkbox"/> Intercept<br><input type="checkbox"/> Mutual Aid                              |                          | <input type="checkbox"/> Lights and Siren<br><input type="checkbox"/> No Lights or Siren<br><input type="checkbox"/> Initial No Lights and Siren Upgraded to Lights and Siren<br><input type="checkbox"/> Initial Lights and Siren Downgraded to No Lights and Siren  |                          | <input type="checkbox"/> Treated:<br><input type="checkbox"/> Transported by EMS<br><input type="checkbox"/> Transferred Care<br><input type="checkbox"/> Released<br><input type="checkbox"/> Cancelled<br><input type="checkbox"/> Patient Refused Care<br><input type="checkbox"/> Dead at Scene  |  | <input type="checkbox"/> Facility Diverted From  |  |
| Patient Information  |                          |   |                          | Destination Determination  |  |  |  |
| Last Name  |                          | First Name  |                          | M.I.   |  | <input type="checkbox"/> Closest Facility<br><input type="checkbox"/> Protocol Guideline<br><input type="checkbox"/> Patient/Family Choice   |  |
| Address  |                          |   | Room/Apt                 | Destination Type   |  |  |  |
| City   |                          | County  | State                    | <input type="checkbox"/> Hospital<br><input type="checkbox"/> Home<br><input type="checkbox"/> Medical Office/Clinic<br><input type="checkbox"/> Nursing Home<br><input type="checkbox"/> Air Ambulance  |  |  |  |
| Zip Code   | Phone Number             |   | KG                       | LB   | Gender   |  | <input type="checkbox"/> Ground Ambulance<br><input type="checkbox"/> Police/Jail<br><input type="checkbox"/> Morgue<br><input type="checkbox"/> Other |
| Social Security Number   | DOB                      |   | Age                      | Primary Role of Unit   |  |  |  |
| Patient Physician  |                          | Guardian Name   |                          | <input type="checkbox"/> ALS Ground<br><input type="checkbox"/> BLS Ground<br><input type="checkbox"/> Critical Care Ground<br><input type="checkbox"/> ERU<br><input type="checkbox"/> Fixed Wing   |  |  |  |
| Race   |                          | Ethnicity   |                          | Dispatch Reason  |  |  |  |
| <input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Hawaiian or Other Pacific Islander   |                          | <input type="checkbox"/> Asian<br><input type="checkbox"/> White<br><input type="checkbox"/> Other  |                          | <input type="checkbox"/> Abdominal Pain<br><input type="checkbox"/> Allergies<br><input type="checkbox"/> Animal Bite<br><input type="checkbox"/> Assault<br><input type="checkbox"/> Back Pain<br><input type="checkbox"/> Breathing Problem<br><input type="checkbox"/> Burns<br><input type="checkbox"/> Cardiac Arrest<br><input type="checkbox"/> Chest Pain<br><input type="checkbox"/> Choking<br><input type="checkbox"/> CO Poisoning/HazMat<br><input type="checkbox"/> Convulsions/Seizure<br><input type="checkbox"/> Diabetic Problem<br><input type="checkbox"/> Drowning<br><input type="checkbox"/> Electroconvulsion<br><input type="checkbox"/> Eye Problem<br><input type="checkbox"/> Fall Victim<br><input type="checkbox"/> Headache |  |  |  |
| <input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino   |                          | <input type="checkbox"/> Heart Problem<br><input type="checkbox"/> Heat/Cold Exposure<br><input type="checkbox"/> Hemorrhage/Laceration<br><input type="checkbox"/> Industrial Accident<br><input type="checkbox"/> Ingestion/Poisoning<br><input type="checkbox"/> MCI<br><input type="checkbox"/> Medical Transport<br><input type="checkbox"/> Pain<br><input type="checkbox"/> Pregnancy/Childbirth<br><input type="checkbox"/> Psychiatric Problem<br><input type="checkbox"/> Sick Person<br><input type="checkbox"/> Stab/Gunshot Wound<br><input type="checkbox"/> Standby<br><input type="checkbox"/> Stroke/CVA<br><input type="checkbox"/> Traffic Accident<br><input type="checkbox"/> Traumatic Injury<br><input type="checkbox"/> Unconscious/Fainting<br><input type="checkbox"/> Unknown Problem/Man Down |                          | <input type="checkbox"/> MCI<br><input type="checkbox"/> Medical Transport<br><input type="checkbox"/> Pain<br><input type="checkbox"/> Pregnancy/Childbirth<br><input type="checkbox"/> Psychiatric Problem<br><input type="checkbox"/> Sick Person<br><input type="checkbox"/> Stab/Gunshot Wound<br><input type="checkbox"/> Standby<br><input type="checkbox"/> Stroke/CVA<br><input type="checkbox"/> Traffic Accident<br><input type="checkbox"/> Traumatic Injury<br><input type="checkbox"/> Unconscious/Fainting<br><input type="checkbox"/> Unknown Problem/Man Down   |  |  |  |
| Prior Aid (Select All That Apply)  |                          |   |                          | Provider Impression - Primary/Secondary (Select One For Each)  |  |  |  |
| <input type="checkbox"/> AED - ERU<br><input type="checkbox"/> AED - First Responder<br><input type="checkbox"/> AED - Public Access<br><input type="checkbox"/> CPR<br><input type="checkbox"/> Extrication<br><input type="checkbox"/> Spinal Immobilization<br><input type="checkbox"/> Splinting |                          | Airway:<br><input type="checkbox"/> BVM<br><input type="checkbox"/> Combitube<br><input type="checkbox"/> Nebulizer Treatment<br><input type="checkbox"/> Oxygen<br><input type="checkbox"/> Suction  |                          | Performed By:<br><input type="checkbox"/> EMS Provider<br><input type="checkbox"/> Law Enforcement<br><input type="checkbox"/> Lay Person<br><input type="checkbox"/> Other Healthcare Provider<br><input type="checkbox"/> Patient  |  | Outcome/Condition:<br><input type="checkbox"/> Improved<br><input type="checkbox"/> Worse<br><input type="checkbox"/> Unchanged  |  |
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| Description   |                                       | Patient Chief Complaint   |                                     |  |                          | Onset Date / Time   |                          | Primary Organ System Affected  |                          |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
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| [Handwritten]   |                                       | [Handwritten]   |                                     |  |                          | [Handwritten]   |                          | <input type="checkbox"/> Cardiovascular<br><input type="checkbox"/> CNS/Neuro<br><input type="checkbox"/> Endocrine/Metabolic<br><input type="checkbox"/> GI/Abdomen<br><input type="checkbox"/> Global/Other Illnesses<br><input type="checkbox"/> Musculoskeletal/Injury<br><input type="checkbox"/> OB/GYN<br><input type="checkbox"/> Psych/ Behavioral<br><input type="checkbox"/> Respiratory<br><input type="checkbox"/> Renal/GU Problems<br><input type="checkbox"/> Skin |                          |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| Signs & Symptoms (Select All That Apply)  |                                       |   |                                     |  |                          |   |                          |  |                          |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| P   | S                                     | P   | S                                   | P  | S                        | P   | S                        | P  | S                        |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| <input type="checkbox"/>  | <input type="checkbox"/>              | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| <input type="checkbox"/>  | Abdominal Pain                        | <input type="checkbox"/>  | Chest Pain                          | <input type="checkbox"/>   | Fever                    | <input type="checkbox"/>  | Palpitations             | <input type="checkbox"/>   | Cardiovascular           |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| <input type="checkbox"/>  | Back Pain                             | <input type="checkbox"/>  | Choking                             | <input type="checkbox"/>   | Malaise                  | <input type="checkbox"/>  | Rash/Itching             | <input type="checkbox"/>   | CNS/Neuro                |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| <input type="checkbox"/>  | Behavioral/Psych                      | <input type="checkbox"/>  | Death                               | <input type="checkbox"/>   | Mass/Lesion              | <input type="checkbox"/>  | Swelling                 | <input type="checkbox"/>   | Endocrine/Metabolic      |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| <input type="checkbox"/>  | Bleeding                              | <input type="checkbox"/>  | Device/Equipment Problem            | <input type="checkbox"/>   | Nausea/Vomiting          | <input type="checkbox"/>  | Weakness                 | <input type="checkbox"/>   | GI/Abdomen               |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| <input type="checkbox"/>  | Breathing Problem                     | <input type="checkbox"/>  | Diarrhea                            | <input type="checkbox"/>   | None                     | <input type="checkbox"/>  | Wound                    | <input type="checkbox"/>   | Global/Other Illnesses   |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| <input type="checkbox"/>  | Change in Resp                        | <input type="checkbox"/>  | Drainage/Discharge                  | <input type="checkbox"/>   | Pain                     |   |                          | <input type="checkbox"/>   | Musculoskeletal/Injury   |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| Cause of Injury (Select One)  |                                       |   |                                     |  |                          |   |                          |  |                          |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| <b>Injury Present</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No  |                                       | <input type="checkbox"/> Aircraft Crash<br><input type="checkbox"/> Assault<br><input type="checkbox"/> Bicycle Crash<br><input type="checkbox"/> Bites<br><input type="checkbox"/> Chemical Poisoning<br><input type="checkbox"/> Child Battering<br><input type="checkbox"/> Drug Poisoning<br><input type="checkbox"/> Drowning<br><input type="checkbox"/> Electrocution (Non-Lightning)<br><input type="checkbox"/> Excessive Cold<br><input type="checkbox"/> Excessive Heat<br><input type="checkbox"/> Falls<br><input type="checkbox"/> Fire and Flames<br><input type="checkbox"/> Firearm Assault<br><input type="checkbox"/> Firearm Injury (Accidental)<br><input type="checkbox"/> Firearm (Self Inflicted)<br><input type="checkbox"/> Lightning   |                                     | <input type="checkbox"/> Machinery Accidents<br><input type="checkbox"/> Mechanical Suffocation<br><input type="checkbox"/> MV, Non-Traffic Crash<br><input type="checkbox"/> MV, Traffic Crash<br><input type="checkbox"/> Motorcycle Crash<br><input type="checkbox"/> Non-Motorized Vehicle Crash<br><input type="checkbox"/> Pedestrian Traffic Crash<br><input type="checkbox"/> Radiation Exposure<br><input type="checkbox"/> Sexual Assault / Rape<br><input type="checkbox"/> Smoke Inhalation<br><input type="checkbox"/> Stabbing/Cutting (Assault)<br><input type="checkbox"/> Stabbing/Cutting (Accidental)<br><input type="checkbox"/> Strike Blunt/Thrown Obj.<br><input type="checkbox"/> Unarmed Fight/Brawl<br><input type="checkbox"/> Venomous Stings<br><input type="checkbox"/> Water Transport Crash  |                          | <b>Injury Description</b><br>Identify the area of injury with the following numbers<br>1 Amputation<br>2 Bleeding-Controlled<br>3 Bleeding-Uncontrolled<br>4 Burn<br>5 Crush<br>6 Dislocation/Fracture<br>7 Gunshot<br>8 Laceration<br>9 Pain without swelling/bruising<br>10 Puncture/Stub<br>11 Soft Tissue swelling/bruising |                          |  |                          |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| Initial Assessment  |                                       |   |                                     |  |                          |   |                          |  |                          |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| <b>Level of Responsiveness</b><br><input type="checkbox"/> Alert<br><input type="checkbox"/> Verbal<br><input type="checkbox"/> Painful<br><input type="checkbox"/> Unresponsive  |                                       | <b>Airway</b><br><input type="checkbox"/> Patent<br><input type="checkbox"/> Non Patent<br>Action taken:  |                                     | <b>Breathing</b><br><table border="1"> <thead> <tr> <th>Rate</th> <th>Quality</th> <th>L</th> <th>Lung Sounds</th> <th>R</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> &lt; 10</td> <td><input type="checkbox"/> Normal</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Clear</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 10-24</td> <td><input type="checkbox"/> Labored</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Wet</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> &gt; 24</td> <td><input type="checkbox"/> Fatigued</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Wheezes</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Apnoic</td> <td><input type="checkbox"/> Absent</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Diminished</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Not Assessed</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Absent</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |                          |   |                          | Rate   | Quality                  | L     | Lung Sounds   | R   | <input type="checkbox"/> < 10 | <input type="checkbox"/> Normal | <input type="checkbox"/> | <input type="checkbox"/> Clear | <input type="checkbox"/> | <input type="checkbox"/> 10-24 | <input type="checkbox"/> Labored | <input type="checkbox"/> | <input type="checkbox"/> Wet | <input type="checkbox"/> | <input type="checkbox"/> > 24 | <input type="checkbox"/> Fatigued | <input type="checkbox"/> | <input type="checkbox"/> Wheezes | <input type="checkbox"/> | <input type="checkbox"/> Apnoic | <input type="checkbox"/> Absent | <input type="checkbox"/> | <input type="checkbox"/> Diminished | <input type="checkbox"/>  |  | <input type="checkbox"/> Not Assessed | <input type="checkbox"/> | <input type="checkbox"/> Absent   | <input type="checkbox"/>   | <b>Circulation</b><br><table border="1"> <thead> <tr> <th>Color</th> <th>Temp</th> <th>Condition</th> <th>Cap Refill</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Normal</td> <td><input type="checkbox"/> Normal</td> <td><input type="checkbox"/> Normal</td> <td><input type="checkbox"/> &lt; 2 sec</td> </tr> <tr> <td><input type="checkbox"/> Cyanotic</td> <td><input type="checkbox"/> Hot</td> <td><input type="checkbox"/> Diaphoretic</td> <td><input type="checkbox"/> 2 - 4 sec</td> </tr> <tr> <td><input type="checkbox"/> Pale</td> <td><input type="checkbox"/> Cool</td> <td><input type="checkbox"/> Dry</td> <td><input type="checkbox"/> &gt; 4 sec</td> </tr> <tr> <td><input type="checkbox"/> Flush</td> <td><input type="checkbox"/> Cold</td> <td></td> <td><input type="checkbox"/> Absent</td> </tr> </tbody> </table> |  |  |   | Color | Temp                              | Condition                | Cap Refill                        | <input type="checkbox"/> Normal   | <input type="checkbox"/> Normal      | <input type="checkbox"/> Normal | <input type="checkbox"/> < 2 sec | <input type="checkbox"/> Cyanotic   | <input type="checkbox"/> Hot         | <input type="checkbox"/> Diaphoretic | <input type="checkbox"/> 2 - 4 sec | <input type="checkbox"/> Pale | <input type="checkbox"/> Cool | <input type="checkbox"/> Dry | <input type="checkbox"/> > 4 sec | <input type="checkbox"/> Flush | <input type="checkbox"/> Cold |   | <input type="checkbox"/> Absent |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| Rate  | Quality                               | L   | Lung Sounds                         | R  |                          |   |                          |  |                          |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| <input type="checkbox"/> < 10   | <input type="checkbox"/> Normal       | <input type="checkbox"/>  | <input type="checkbox"/> Clear      | <input type="checkbox"/>   |                          |   |                          |  |                          |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| <input type="checkbox"/> 10-24  | <input type="checkbox"/> Labored      | <input type="checkbox"/>  | <input type="checkbox"/> Wet        | <input type="checkbox"/>   |                          |   |                          |  |                          |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| <input type="checkbox"/> > 24   | <input type="checkbox"/> Fatigued     | <input type="checkbox"/>  | <input type="checkbox"/> Wheezes    | <input type="checkbox"/>   |                          |   |                          |  |                          |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| <input type="checkbox"/> Apnoic   | <input type="checkbox"/> Absent       | <input type="checkbox"/>  | <input type="checkbox"/> Diminished | <input type="checkbox"/>   |                          |   |                          |  |                          |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
|   | <input type="checkbox"/> Not Assessed | <input type="checkbox"/>  | <input type="checkbox"/> Absent     | <input type="checkbox"/>   |                          |   |                          |  |                          |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| Color   | Temp                                  | Condition   | Cap Refill                          |  |                          |   |                          |  |                          |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| <input type="checkbox"/> Normal   | <input type="checkbox"/> Normal       | <input type="checkbox"/> Normal   | <input type="checkbox"/> < 2 sec    |  |                          |   |                          |  |                          |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| <input type="checkbox"/> Cyanotic   | <input type="checkbox"/> Hot          | <input type="checkbox"/> Diaphoretic  | <input type="checkbox"/> 2 - 4 sec  |  |                          |   |                          |  |                          |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| <input type="checkbox"/> Pale   | <input type="checkbox"/> Cool         | <input type="checkbox"/> Dry  | <input type="checkbox"/> > 4 sec    |  |                          |   |                          |  |                          |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| <input type="checkbox"/> Flush  | <input type="checkbox"/> Cold         |   | <input type="checkbox"/> Absent     |  |                          |   |                          |  |                          |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| <b>Alcohol/Drug Use</b><br><input type="checkbox"/> Alcohol/Drugs at Scene<br><input type="checkbox"/> Patient Admits Alcohol Use<br><input type="checkbox"/> Patient Admits Drug Use<br><input type="checkbox"/> Smell of Alcohol<br><input type="checkbox"/> None   |                                       | <b>Glasgow Coma Score</b><br><table border="1"> <thead> <tr> <th>Eye Opening</th> <th>Verbal</th> <th>Motor</th> <th>Time</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>4 Spontaneous</td> <td>5 Oriented</td> <td>6 Obeys Commands</td> <td rowspan="2">Time</td> <td rowspan="2">Score</td> </tr> <tr> <td>3 To Speech</td> <td>4 Confused</td> <td>5 Localized Pain</td> </tr> <tr> <td>2 To Pain</td> <td>3 Inappropriate Words</td> <td>4 Withdraws to Pain</td> <td rowspan="2">Time</td> <td rowspan="2">Score</td> </tr> <tr> <td>1 Not at All</td> <td>2 Inappropriate Sounds</td> <td>3 Flexion to Pain</td> </tr> <tr> <td></td> <td>1 None</td> <td>2 Extension to Pain</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>1 None</td> <td></td> <td></td> </tr> </tbody> </table> |                                     |  |                          | Eye Opening   | Verbal                   | Motor  | Time                     | Score | 4 Spontaneous | 5 Oriented  | 6 Obeys Commands              | Time                            | Score                    | 3 To Speech                    | 4 Confused               | 5 Localized Pain               | 2 To Pain                        | 3 Inappropriate Words    | 4 Withdraws to Pain          | Time                     | Score                         | 1 Not at All                      | 2 Inappropriate Sounds   | 3 Flexion to Pain                |                          | 1 None                          | 2 Extension to Pain             |                          |                                     |   |  | 1 None                                |                          |   | <b>Pupils</b><br><table border="1"> <thead> <tr> <th>L</th> <th>R</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Reactive</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Sluggish</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Constricted</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Dilated</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Nonreactive</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |  |  |  | L | R     | <input type="checkbox"/> Reactive | <input type="checkbox"/> | <input type="checkbox"/> Sluggish | <input type="checkbox"/>  | <input type="checkbox"/> Constricted | <input type="checkbox"/>        | <input type="checkbox"/> Dilated | <input type="checkbox"/>  | <input type="checkbox"/> Nonreactive | <input type="checkbox"/>             |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| Eye Opening   | Verbal                                | Motor   | Time                                | Score  |                          |   |                          |  |                          |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| 4 Spontaneous   | 5 Oriented                            | 6 Obeys Commands  | Time                                | Score  |                          |   |                          |  |                          |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| 3 To Speech   | 4 Confused                            | 5 Localized Pain  |                                     |  |                          |   |                          |  |                          |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| 2 To Pain   | 3 Inappropriate Words                 | 4 Withdraws to Pain   | Time                                | Score  |                          |   |                          |  |                          |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| 1 Not at All  | 2 Inappropriate Sounds                | 3 Flexion to Pain   |                                     |  |                          |   |                          |  |                          |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
|   | 1 None                                | 2 Extension to Pain   |                                     |  |                          |   |                          |  |                          |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
|   |                                       | 1 None  |                                     |  |                          |   |                          |  |                          |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| L   | R                                     |   |                                     |  |                          |   |                          |  |                          |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| <input type="checkbox"/> Reactive   | <input type="checkbox"/>              |   |                                     |  |                          |   |                          |  |                          |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| <input type="checkbox"/> Sluggish   | <input type="checkbox"/>              |   |                                     |  |                          |   |                          |  |                          |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| <input type="checkbox"/> Constricted  | <input type="checkbox"/>              |   |                                     |  |                          |   |                          |  |                          |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| <input type="checkbox"/> Dilated  | <input type="checkbox"/>              |   |                                     |  |                          |   |                          |  |                          |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| <input type="checkbox"/> Nonreactive  | <input type="checkbox"/>              |   |                                     |  |                          |   |                          |  |                          |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
| Allergies <input type="checkbox"/> NKA  |                                       | Patient's Medications   |                                     |  |                          |   |                          |  |                          |       |               |   |                               |                                 |                          |                                |                          |                                |                                  |                          |                              |                          |                               |                                   |                          |                                  |                          |                                 |                                 |                          |                                     |   |  |                                       |                          |   |  |  |  |  |   |       |                                   |                          |                                   |   |                                      |                                 |                                  |   |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               |   |                                 |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |
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Attempts               | Success                        | Medication                       | Dose                     | Route                        | Response                 | Crew #                        |                                   |                          |                                  |                          |                                 |                                 |                          |                                     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A |  |                                       |                          | <input type="checkbox"/> Improved<br><input type="checkbox"/> Worse<br><input type="checkbox"/> Unchanged |  |  |  |  |   |       |                                   |                          |                                   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A |                                      |                                 |                                  | <input type="checkbox"/> Improved<br><input type="checkbox"/> Worse<br><input type="checkbox"/> Unchanged |                                      |                                      |                                    |                               |                               |                              |                                  |                                |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A |                                 |  |  | <input type="checkbox"/> Improved<br><input type="checkbox"/> Worse<br><input type="checkbox"/> Unchanged |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A |  |  |  | <input type="checkbox"/> Improved<br><input type="checkbox"/> Worse<br><input type="checkbox"/> Unchanged |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A |  |  |  | <input type="checkbox"/> Improved<br><input type="checkbox"/> Worse<br><input type="checkbox"/> Unchanged |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A |  |  |  | <input type="checkbox"/> Improved<br><input type="checkbox"/> Worse<br><input type="checkbox"/> Unchanged |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A |  |  |  | <input type="checkbox"/> Improved<br><input type="checkbox"/> Worse<br><input type="checkbox"/> Unchanged |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> N/A |  |  |  | <input type="checkbox"/> Improved<br><input type="checkbox"/> Worse<br><input type="checkbox"/> Unchanged |  |
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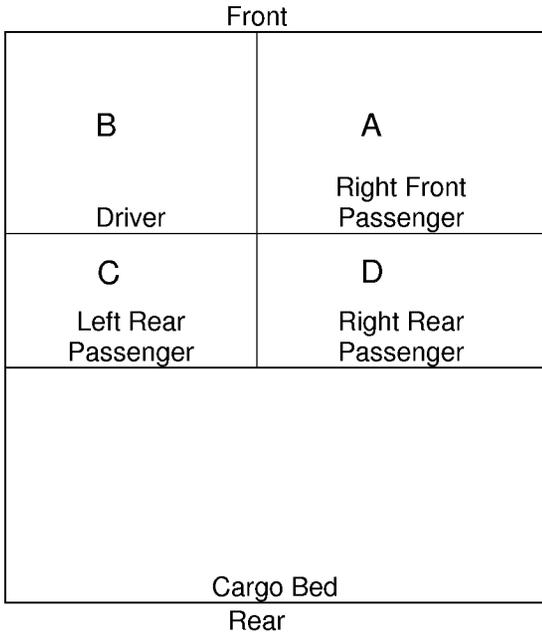


120924HCC2021

City of Chatfield (Police and EMS)  
21 2<sup>nd</sup> Street SE  
Chatfield, MN 55923

Mayo Clinic-Rochester  
200 1<sup>st</sup> Street SW  
Rochester, MN 55905

Utility Vehicle Data Record Sheet



The Utility Vehicle

|    |  |                   |
|----|--|-------------------|
| A: | Age: 55                                  | Height: 167 cm    |
|    | Gender: F                                | Weight: 79 Kg     |
|    | Helmet (Y/N): N                          | Seatbelt (Y/N): N |
|    | Killed/Injured/Neither/Unknown: Killed   |                   |
|    | Injury Description: BFI O THE HEAD       |                   |
|    | Did vehicle land on victim: Yes          |                   |
|    | Ejected (Either partially or fully): YES |                   |

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

|    |                                      |                 |
|----|--------------------------------------|-----------------|
| B: | Age: 33                              | Height:         |
|    | Gender:                              | Weight:         |
|    | Helmet (Y/N):                        | Seatbelt (Y/N): |
|    | Killed/Injured/Neither/Unknown:      |                 |
|    | Injury Description:                  |                 |
|    | Did vehicle land on victim: NO       |                 |
|    | Ejected (Either partially or fully): |                 |

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

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

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

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

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

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



This In-Depth Investigation (IDI) was issued as a follow up to document number X1290464A.

The information contained in this report was provided by the Sheriff's report and the neighbor who found victim on 9-18-2012.

The report indicates that on 9-18-2012 a 56 year old male, Victim, was discovered in a river by a neighbor who found Victim pinned under a Utility Vehicle, UTV.

The sheriff's records indicate that the Victim was found at the edge of the river and end of a boat landing. Victim was found directly behind his home at the water's edge. The tire track impressions were visible to the investigators and it appeared that the UTV was being driven down to the edge of the water and then backed up and turned. It is believed that the UTV was in reverse at the edge of the water since it was found in reverse and was backing up onto some Cypress tree roots then overturned into the water. It appeared that the victim was still in the vehicle and was partially ejected from the vehicle as his head and upper body were entangled underneath the roll-over protection bar of the vehicle. Safety restraints were not used inside the vehicle. The vehicle was submerged in about 1-2 feet of water and Victim was pinned under water. No evidence found indicating that there was foul play and therefore believed to be accidental in nature. Victim's housekeeper was the last to speak with him at 8 pm on 9-17-12.

Photos are appended to the Sheriff's report, Exh. 1, showing details of the area traveled and location where victim was found.

Contact with a neighbor revealed the following:

1. Victim purchased the UTV new from a local dealer as he traded in a motorcycle in August 2012 for the UTV. The neighbor did not know exactly where he had purchased the UTV.
2. There were no modifications made to the vehicle.
3. There was a three point seat belt restraint system which victim did not use on the day of the Incident.
4. Victim was about 5'7" tall and weighed about 120 lbs.
5. Victim did not use helmet while riding the UTV.
6. Victim drank alcoholic beverages daily and according to his neighbor was a habitual drinker and abused alcohol. Victim had high blood pressure and other unknown conditions he was taking medications for. His neighbor did not recall the other conditions victim had.
7. Victim was an experienced driver and had previously owned other ATVs. The neighbor could not be more specific regarding prior training or education received in operating such vehicles but said he had plenty of experience.
8. The weather was very warm and clear on 9-17-12 and 9-18-12.

9. The angle of the slope that was behind the victim's yard at the river's edge was about a 40 degree slope or more downward to the water.
10. There were Cypress trees, ground cover, and moist dirt since Victim lived right by the river.
11. According to the neighbor, Victim would have traveled slowly down the slope to the water's edge, perhaps 10 to 15 mph at most.
12. The neighbor stated that it looked like the UTV had just turned or rolled onto its side from the angle he observed it in and pinned Victim's head and upper body under the roll bar and submerging him under the water.

The neighbor stated that he had ridden in the UTV with victim previously and that it seemed top heavy and unstable to him.

There were no witnesses to this incident. It is believed that the incident occurred sometime after 8 pm 9-17-212 when the housekeeper last had telephonic contact with victim and prior to 8 am 9-18-2012 when he was discovered by the neighbor.

### **Product Identification**

The primary product is 2012 Yamaha Rhino All Terrain Open body vehicle with two seats, a roll bar, and dark green in color.

VIN number [REDACTED]

Manufacturer: Yamaha Motor Corp, USA  
6555 Katella Ave.  
Cypress, CA 90630

### **EXHIBITS**

1. Sheriff's report, 31 pgs., 44 photos.
2. Contact Sheet, 1 pg.
3. Missing document, 1 pg.
4. UTV Data Record Sheet, 1 pg.

**THE WHITE COUNTY SHERIFF****Ricky Shourd, Sheriff****1600 EAST BOOTH ROAD  
SUITE 100  
SEARCY, ARKANSAS, 72143  
PHONE 501-279-6279  
FAX 501-279-6287**

October 15, 2012

[REDACTED]  
US Consumer Product Safety Comm

Re: [REDACTED] ATV Incident on 09-18-2012

I have enclosed a copy of the report and pictures as you indicated in your request. Addition information about the deceased can be obtained from the White County Coroner's Office-Coroner David Powell. Feel free to call me if I can be of any further assistance.

Sincerely,

A handwritten signature in black ink that reads "LT P. E. MILLER" followed by a horizontal line.

**Lt. Phillip E. Miller**  
**Criminal Investigation Division**  
**White County Sheriff's Department**  
**(501) 279-6279 Office**  
**(501) 279-6287 Fax**  
**(501) 281-2247 Cell**  
**pmillercfi@hotmail.com**



United States  
Consumer Product Safety Commission



October 3, 2012

To: Sheriff's Office, attn.: Lt. Philip Miller  
Attn: Records Custodian  
From: [REDACTED] Product Safety Investigator  
Re: [REDACTED]  
Incident: ATV accident on 9-18-2012  
Location of incident: [REDACTED]

I am requesting the investigative report for the accidental death that is identified above. This incident took place on 9-18 2012 at the above location. The victim was a 56 year old male from Judsonia found pinned under his ATV in the river.

The U.S. Consumer Product Safety Commission is a **Federal Agency** responsible for the safety of many consumer products. We are gathering reports and statistics nationally related to these incidents. I have been requested to obtain additional information about this particular incident and would like to get a copy of the above report to include the photos taken at the scene showing the actual type of ATV involved and the vin number if possible. Please provide as much detail regarding the type of ATV and identify the manufacturer if possible.

Please send the report and photos to the address listed above or to the listed **FAX number or email**. If you have any questions regarding this request I can be reached at [REDACTED] from 7:00 a.m. to 5:00 p.m. daily, Monday through Friday.

Thank you for your cooperation in the Commission's investigation. Please contact me at my office (address and telephone are listed above) and leave your name, number, and a time when I can reach you if I am away from my office.

Sincerely,

[REDACTED]  
[REDACTED] Investigator  
Consumer Product Safety Commission  
[REDACTED]

|                         |                     |            |                     |            |
|-------------------------|---------------------|------------|---------------------|------------|
| Status<br><br>Active    | Exception Clearance | Date       | Reporting Officer   | ORI/Agency |
|                         | Not Applicable      |            | 119 Acevedo, Mike S | AR0730000  |
|                         | Assigned Officer    | Entered By | Approving Officer   |            |
|                         | Miller, Phillip     | Acevedo    | Reeves, David C     |            |
| Assisting Officers      |                     |            |                     |            |
| Williams, Justin Edward |                     |            |                     |            |

| Complainant  |              |            |             |             |            |                 |  |  |
|--------------|--------------|------------|-------------|-------------|------------|-----------------|--|--|
| SSN/ID/TIN   | Title        | Name       | DOB         | Age         | Sex        | Resident Status |  |  |
| [REDACTED]   | Mrs          | [REDACTED] | [REDACTED]  | 46          | F          | Resident        |  |  |
| Race         | Ethnicity    | Home Phone | Work Phone  | Other Phone | DL (#, ST) |                 |  |  |
| White        | Not Hispanic |            |             | [REDACTED]  | [REDACTED] |                 |  |  |
| US Citizen   | Legal Alien  | Doc Type   | Immig Doc # | Nationality |            |                 |  |  |
| Yes          |              |            |             |             |            |                 |  |  |
| Home Address |              |            |             | Employer    |            |                 |  |  |
| [REDACTED]   |              |            |             |             |            |                 |  |  |
| Work Address |              |            |             | Occupation  |            |                 |  |  |
|              |              |            |             | Unemployed  |            |                 |  |  |

| Offenses               |       |                      |       |      |  |
|------------------------|-------|----------------------|-------|------|--|
| Incident Location      |       |                      |       | Zone |  |
| [REDACTED]             |       |                      |       | #4   |  |
| Earliest Possible Date | Time  | Latest Possible Date | Time  |      |  |
| 09/17/2012             | 20:30 | 09/18/2012           | 10:12 |      |  |

| # | Statute/Code | Description      | Fel/Misd | Att/Comp  | Loc | Bias | Wpn | CATypes |
|---|--------------|------------------|----------|-----------|-----|------|-----|---------|
| 1 | 11           | ACCIDENTAL DEATH |          | Completed | 16  | 88   | 99  |         |

|    |                 |         |
|----|-----------------|---------|
| MO | Method Of Entry | # Prems |
|    | n/a             | 0       |

| Location Types  | 05 Commercial/Off Bldg<br>06 Construction Site<br>07 Convenience Store<br>08 Dept/Discount Store<br>09 Drug Str/Dr Off/Hosp<br>10 Field/Woods<br>11 Govt/Public Bldg | 12 Grocery/Supermarket<br>13 Hwy/Road/Alley<br>14 Hotel/Motel<br>15 Jail/Prison<br>16 Lake/Waterway<br>17 Liquor Store<br>18 Parking Lot/Garage | 19 Rental Storage Facility<br>20 Residence/Home<br>21 Restaurant<br>22 School/College<br>23 Service/Gas Station<br>24 Specialty Store<br>25 Unknown/Other | Bias Motivation Codes         | 24 Moslem<br>25 Other Religion<br>26 Multi-religious group<br>27 Atheist/Agnostic<br>31 Arab<br>32 Hispanic<br>33 Other Ethnicity<br>41 Gay (male) | 42 Lesbian<br>43 Homosexual<br>44 Heterosexual<br>45 Bisexual<br>51 Phys Disability<br>52 Mental Disability<br>88 None<br>99 Unknown |
|---|--|---|---|-------------------------------|--|--|
| 01 Air/Bus/Train Terminal<br>02 Bank/S&L<br>03 Bar/Night Club<br>04 Church/Synag/Temple |  |   |   | ANTI-<br>11 White<br>12 Black | 13 Amer Ind/Alaskan<br>14 Asian/Pacific Islander<br>15 Multi-racial group<br>21 Jewish<br>22 Catholic<br>23 Protestant                             |  |

|                    |   |  |  |   |
|--------------------|---|--|--|---|
| Suspected Of Using | Criminal Activity Types   | Weapon Type(s)   | 20 Knife/Cutting Instr   | 65 Fire/Incendiary Device   |
| None               | B Buying/Receiving<br>C Cultivating/Manuf/Publishing<br>P Possessing/Concealing<br>O Operating/Promoting/Assisting<br>D Distributing/Selling<br>T Transport/Import/Transmit<br>E Exploiting Children<br>U Using/Consuming | 11 Firearm (Auto)<br>12 Handgun (Auto)<br>13 Rifle (Auto)<br>14 Shotgun (Auto)<br>15 Other Firearm | 30 Blunt Object<br>35 Motor Vehicle<br>40 Personal Weapons<br>50 Poison<br>60 Explosives | 70 Drugs/Narc./Sleeping Pills<br>85 Asphyxiation<br>90 Other<br>95 Unknown<br>99 None |

Victim #1 Event #s Related 1

|                                    |              |   |             |                           |            |                 |
|------------------------------------|--------------|---|-------------|---------------------------|------------|-----------------|
| SSN/ID/TIN                         | Title        | Name                                      | DOB         | Age                       | Sex        | Resident Status |
| [REDACTED]                         | Mr           | [REDACTED]                                | [REDACTED]  | 56                        | M          | Resident        |
| Race                               | Ethnicity    | Home Phone                                | Work Phone  | Other Phone               | DL (#, ST) |                 |
| White                              | Not Hispanic |   |             | [REDACTED]                | [REDACTED] |                 |
| US Citizen                         | Legal Alien  | Doc Type                                  | Immig Doc # | Nationality               |            |                 |
| Yes                                |              |   |             |                           |            |                 |
| Home Address                       |              |   |             | Employer                  |            |                 |
| [REDACTED]                         |              |   |             |                           |            |                 |
| Work Address                       |              |   |             | Occupation                |            |                 |
|                                    |              |   |             | Disabled                  |            |                 |
| Victim Type                        | Injury Type  | Aggravated Assault/Homicide Circumstances |             | Relationship To Suspect   |            |                 |
| Individual                         | None         | None                                      |             |                           |            |                 |
| Justifiable Homicide Circumstances |              |   |             | Taken to: (Hospital Name) |            |                 |
| None                               |              |   |             |                           |            |                 |
| Injury Description                 |              |   |             |                           |            |                 |
|                                    |              |   |             |                           |            |                 |

| Witness #1  |              |            |        |                         |   |               |                                   |                 |               |
|---|--------------|------------|--------|-------------------------|---|---------------|-----------------------------------|-----------------|---------------|
| SSN/ID/TIN  | Title        | Name       |        |                         | DOB   | Age           | Sex                               | Resident Status |               |
| [REDACTED]  | Mr           | [REDACTED] |        |                         | [REDACTED]  | 48            | M                                 | Resident        |               |
| Race  | Ethnicity    | Home Phone |        | Work Phone              |   | Other Phone   |                                   | DL (#, ST)      |               |
| White   | Not Hispanic | [REDACTED] |        | [REDACTED]              |   | [REDACTED]    |                                   | [REDACTED]      |               |
| US Citizen  | Legal Alien  | Doc Type   |        | Immig Doc #             |   | Nationality   |                                   |                 |               |
| Yes   |              |            |        |                         |   |               |                                   |                 |               |
| Home Address  |              |            |        |                         |   | Employer      |                                   |                 |               |
| [REDACTED]  |              |            |        |                         |   |               |                                   |                 |               |
| Work Address  |              |            |        |                         |   | Occupation    |                                   |                 |               |
| [REDACTED]  |              |            |        |                         |   | Unemployed    |                                   |                 |               |
| Vehicles  |              |            |        |                         |   |               |                                   |                 |               |
| Involvement   |              |            |        |                         | Category  |               |                                   |                 |               |
| 1 None<br>2 Burned<br>3 Counterfeited/Forged<br>5 Recovered<br>6 Seized |              |            |        |                         | 7 Stolen<br>8 Unknown<br>9 Crime Location<br>10 Suspect Vehicle |               |                                   |                 |               |
|   |              |            |        |                         | 01 Aircraft<br>03 Auto  |               | 05 Buses<br>24 Other<br>37 Trucks |                 | 39 Watercraft |
| Involvement   | Category     | Tag #      | Tag Yr | State                   | Tag Type  | VIN           | NCIC Ref #                        |                 |               |
| Involved  | 24           |            | 0      |                         |   | [REDACTED]    |                                   |                 |               |
| Year  | Make         | Model      |        | Style                   |   | Primary Color |                                   | Secondary Color |               |
| 2012  | YAMAHA       |            |        | All-Terrain - Open Body |   | Green, Dark   |                                   |                 |               |
| Owner   | Description  |            |        | Est. Value              | Evidence #  | Impounded     | Towed By                          |                 |               |
|   |              |            |        | \$8,000.00              |   | Yes           | BROOKS                            |                 |               |
| Narrative & Statements  |              |            |        |                         |   |               |                                   |                 |               |

**Narrative - Acevedo, Mike S - 9/18/2012 (Initial)**

On September 18, 2012 I responded to the address of [REDACTED] in Judsonia in reference to a body found in the [REDACTED] River. Upon arrival I spoke with Mrs. [REDACTED] who stated she was the housekeeper for the victim, Mr. [REDACTED]. Mrs. [REDACTED] stated that a neighbor found Mr. [REDACTED]'s body pinned under his ATV in the river this morning. I observed a white male subject pinned under an ATV at the edge of the river and end of a boat landing. The property Mr. [REDACTED]'s body was on belonged to him and was directly behind his home. The radiator on the ATV was cold to the touch and appeared to have not been running in a while. Corporal Justin Williams arrived on scene and I instructed him to rope off the area with crime scene tape and start a crime log while I contacted Lieutenant Norman Hale. Upon speaking with Lieutenant Hale, I requested that criminal investigation personal respond to the scene for processing due to recent reports filed by the victim. I then spoke with Mr. [REDACTED] by phone after Mrs. [REDACTED] advised that he was the last person to speak with him the night before. Mr. [REDACTED] stated that he had spoken with Mr. [REDACTED] at about 8:00 pm the night before. Lieutenant Detective Phillip Miller, Detective Rebecca Gray and Deputy Matt VanWinkle arrived on scene. The scene was turned over to detectives at that time.

**Narrative - Williams, Justin Edward - 9/18/2012 (Initial)**

On 9-18-12 I responded to [REDACTED] in reference to a body being found in the [REDACTED]. When I arrived, Sergeant Mike Acevedo was already on scene and gathering information from the complainant and witness. I secured the scene by placing crime scene tape up and began a crime scene log, which is attached. Brook's towing pulled the side-by-side ATV of the victim and I noticed that the key was in the "On" position and the gear indicator light showed the vehicle to be in reverse. When Deputy Coroner Tyler Hyatt arrived, I assisted with the removal of the body. The scene was then cleared.

**Narrative - Miller, Phillip - 9/18/2012 4:30:00 PM (Investigative)**

I responded to this incident location in reference to a death investigation. Upon arrival I spoke with on-scene officers who relayed the information that they had already collected. I was familiar with the victim due to previous investigations.

I walked to the rear of the house where I could see the river; however, from that view point I was unable to see the waters edge. As I approached the edge of the water I could see the atv partially submerged in the water and it was overturned onto the driver's side of the vehicle. I photographed the area as well as the vehicle. Tire track impressions were visible and appeared consistent with the vehicle being driven down to the edge of the water and then backed-up and turned. It appeared that the vehicle was in reverse at the edge of the water and backed up onto some cypress tree roots after which it overturned into the water. The driver of the vehicle, identified as Mr. [REDACTED] was still in the vehicle although it appeared that he was partially ejected from the vehicle and his head and upper body was entangled underneath the roll over protection of the vehicle. It did not appear that the driver was using any safety restraints inside the vehicle. The vehicle was submerged approximately 1-2 feet deep in the water.

D&K Brooks wrecker service arrived on scene and assisted in removing the vehicle from the water. Once the vehicle was turned upright, the victim was secured and removed by the White County Coroner's Office. No evidence was found that would indicate that this incident was anything other than an accident.



Photo 1, above

Photo 2 below

**White County Sheriff's Department****Detective: Phillip E. Miller #1104****Date:**

9/18/12

**Location:****Case Number:**



Photo 3 above



Photo 4



Photo 5 above

Photo 6 below



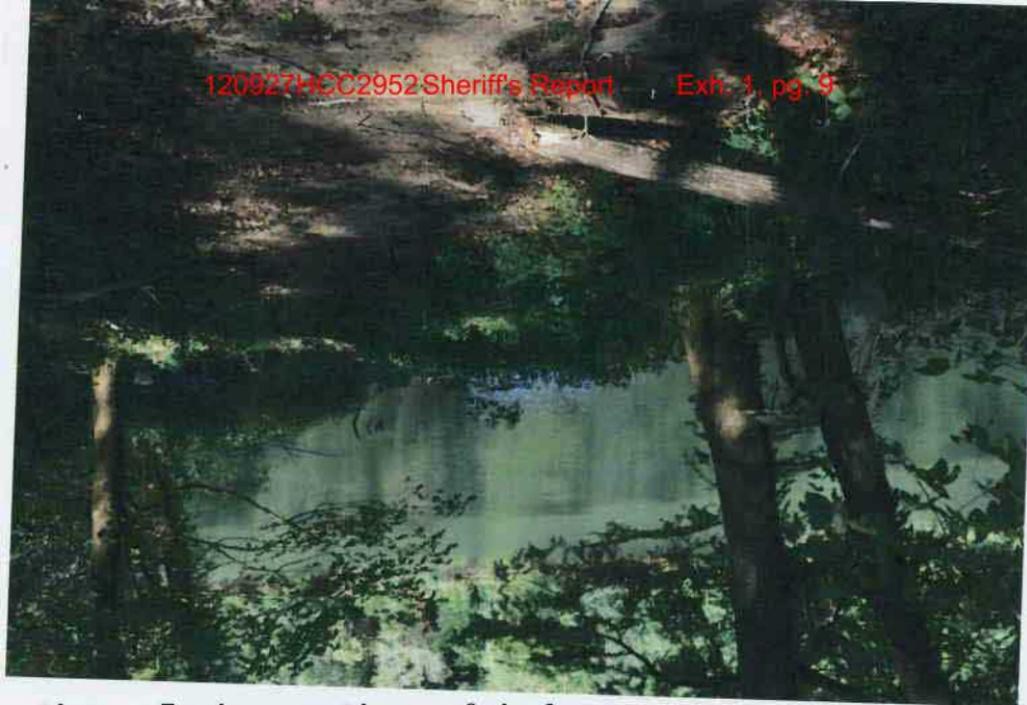


Photo 7 above, Photo 8 below





Photo 9 above, Photo 10 below



120927HCC2952

Sheriff's Report

Exh. 1, pg. 11

#  
11  
Lt

#  
12  
Rt

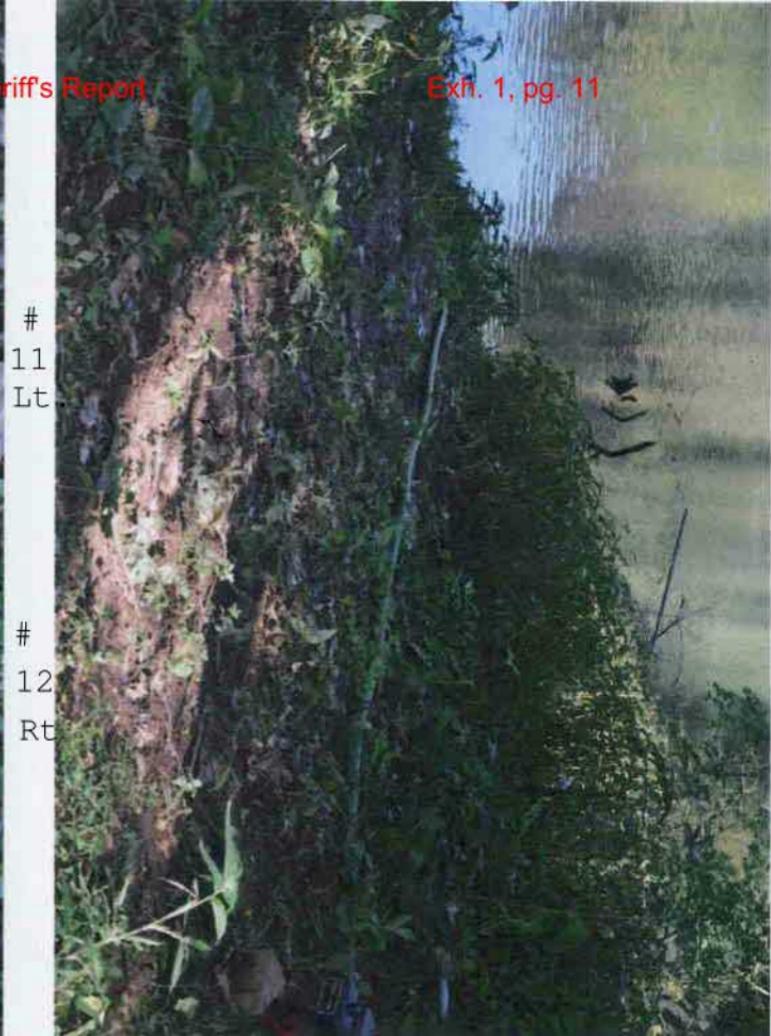




Photo #13 above

Photo #14 below





Photo #15 above

Photo #16 below



120987160105852.jpg 14



#18

120927HCC2952

Sheriff's Report

Exh. 1, pg. 15



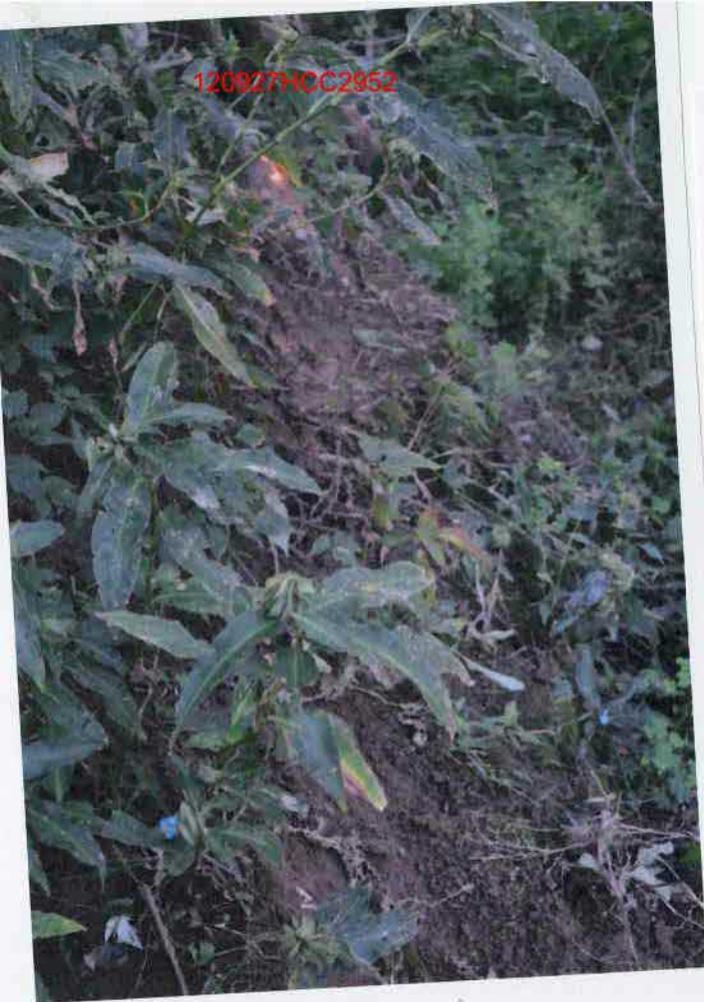


Photo 19 to left

Sheriff's Report

Exh. 1, pg. 16

Photo 20 below

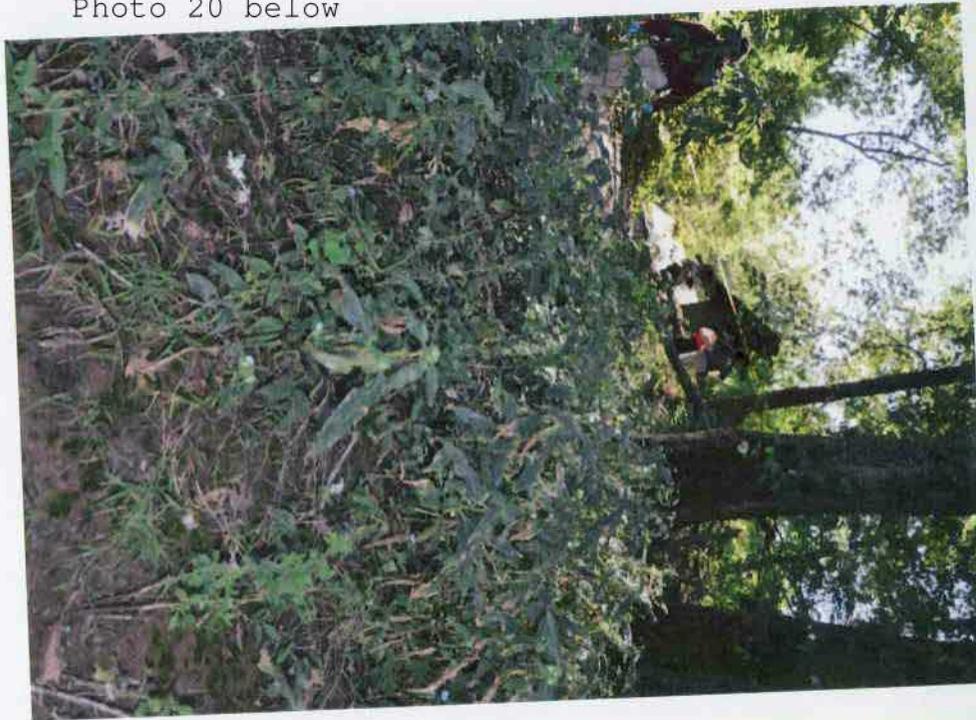




Photo 21 above Photo 22 below





Photo 23 above

Photo 24 below



Photo #25 below

120927HCC2952 Sheriff's Report

Exh. 1, pg. 19



#26

120927HCC2952 Sheriff's Report

Exh. 1, pg. 20





Photo 27 above

Photo 28 below



12095744033643.org. 20 Ph. 29



12092316079101 pg. 23

Ph. 30



Photo 31

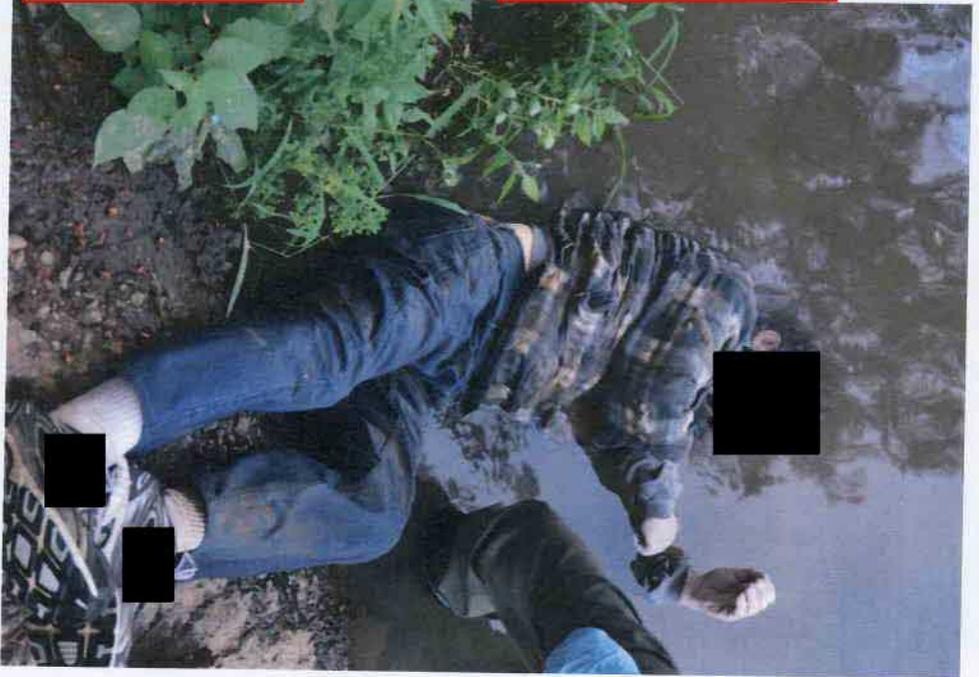
120927HCC2952 Sheriff's Report Exh. 1, pg. 25

Photo 32



Photo 33 above

Photo 34 below



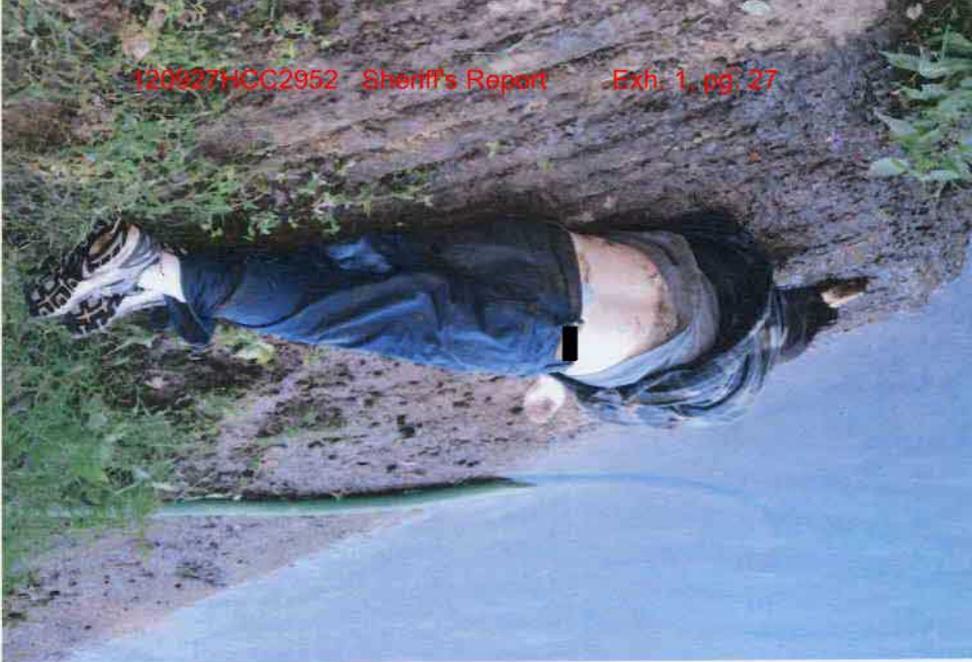


Photo 35 above

Photo 36 below





Photo 37 above

Photo 38 below

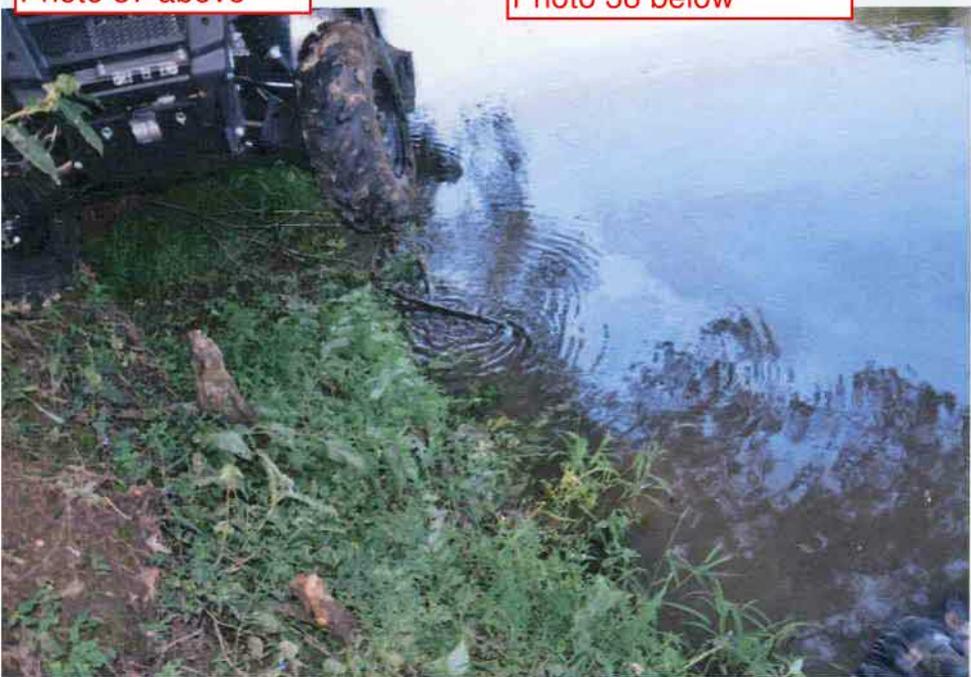


Photo 39 below

120527MCC2502



Photo 40 below

Sheriff's Report

Exh. 1, pg. 29

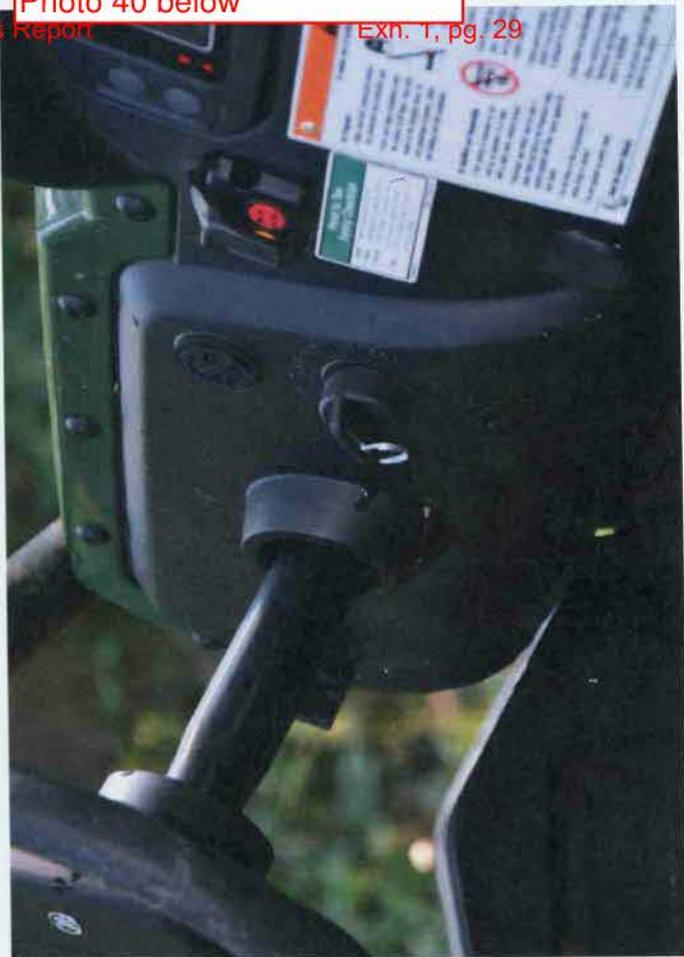




Photo 41 above

Photo 42 below





Photo 43 above

Photo 44 below



1. Lt. Phillip E. Miller, Criminal Investigator, White County Sheriff's Dept., Searcy, AR, 501-279-6279, FAX: 501-279-6287.
2. David Powell, Coroner, 501-268-7220, 501-827-3202.
3. [REDACTED], neighbor of victim, [REDACTED].
4. Dept. of Health, Vital Records, 4815 W. Markam, Slot 44, Little Rock, AR 72205, for records request.

**Task Number: 120927HCC2052**

**Date: 01-03-2013**

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

As of this writing, official records that were requested for this investigation report could not be obtained. Should a document later become available, it will be attached to the investigation report.

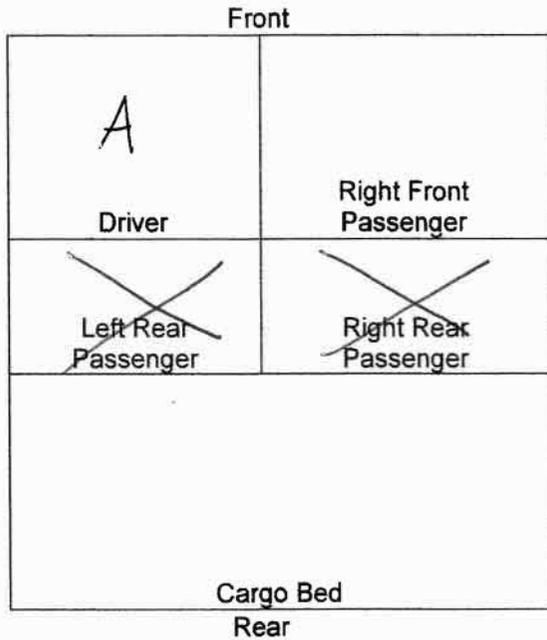
1. Coroner's report requested three times directly from secretary who advised she has provided requests to coroner who has not acted upon the requests.
2. The Health Dept. has not provided death certificate requested.

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

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

Utility Vehicle Data Record Sheet

120927HCC2052



The Utility Vehicle

**A:** Age: 56 | Height: 5'7"  
 Gender: male | Weight: 120 lbs  
 Helmet (Y/N): N | Seatbelt (Y/N): N  
 Killed/Injured/Neither/Unknown: Killed  
 Injury Description: Accidental death  
 Did vehicle land on victim: Yes  
 Ejected (Either partially or fully): Yes

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

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

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

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

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

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

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

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

Exh.

|   |  |  |  |   |
|---|--|--|--|---|
| 1. Task Number<br>120927HCC2054   |  | 2. Investigator's ID<br>2725                 |  | <b>EPIDEMIOLOGIC<br/>INVESTIGATION<br/>REPORT</b> |
| 3. Office Code<br>810   | 4. Date of Accident<br>YR MO DAY<br>2012 09 14 | 5. Date Initiated<br>YR MO DAY<br>2012 10 12 |  |   |
| 6. Synopsis of Accident or Complaint<br>UPC<br>25 YOF sustained a fatal head injury in a four-wheeled UTV accident that occurred on a wet grass field near midnight. 30 YOM UTV driver believed that the vehicle hit a rock while he was making a sharp left turn, causing the UTV to overturn onto its passenger side. Neither occupant was wearing helmets and they did not wear seatbelts. Driver's BAC was 0.106 and victim passenger was <del>0.042</del> Driver was arrested for DUI. |  |  |  |   |
| COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br><input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED<br><input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <u>66</u><br><input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY<br><u>1/16/14</u> <i>le</i>  |  |  |  |   |
| 7. Location (Home, School, etc)<br>9 - SPORTS OR RECREATION PLACE   |  | 8. City<br>CLAYTON                           |  | 9. State<br>IL                                    |
| 10A. First Product<br>5044 - UTILITY VEHICLES   | 10B. Trade/Brand Name<br>ARCTIC CAT            |  | 10C. Model Number<br>PROWLER XT                          |   |
| 10D. Manufacturer Name and Address<br>ARCTIC CAT INC<br>601 BROOKS AVE. S.,<br>THIEF RIVER FALLS, MN 56701  |  |  |  |   |
| 11A. Second Product<br>0  | 11B. Trade/Brand Name<br>NONE                  |  | 11C. Model Number<br>NONE                                |   |
| 11D. Manufacturer Name and Address<br>NONE  |  |  |  |   |
| 12A. Hispanic or Latino<br>2 - No   | 12B. Race<br>1 - White<br>Other:               |  | 12C. Race Source<br>3 - Official Document                |   |
| 13. Age of Victim<br>25   | 14. Sex<br>2 - Female                          | 15. Disposition<br>8 - Death                 | 16. Injury Diagnosis<br>57 - Fracture                    |   |
| 17. Body Part(s)<br>Involved<br>75 - HEAD   | 18. Respondent<br>3 - 2nd Hand Info Only       | 19. Type of Investigation<br>2 - Telephone   | 20. Time Spent<br>(Operational / Travel)<br>23.00 / 0.00 |   |
| 21. Attachment(s)<br>9 - Multiple Attachments   | 22. Case Source<br>05 - Newspaper              |  | 23. Sample Collection Number                             |   |
| 24. Permission to Disclose Name (Non NEISS Cases Only)<br><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written  |  |  |  |   |
| 25. Review Date<br>11/02/2012   | 26. Reviewed By<br>9001                        |  | 27. Regional Office Director<br>Dennis R. Blasius        |   |
| 28. Distribution<br>John C. Topping; Sarah Garland; Tanya L. Topka  |  |  | 29. Source Document Number<br>X1290458A                  |   |

This in depth investigation (IDI) of a fatal incident in Adams County, IL [Sept 2012] involving a 4-wheeled utility vehicle (UTV) was brought to the attention of the U.S. Consumer Product Safety Commission (CPSC) from a news article. According to the news article, a female passenger was fatally injured on a vehicle that was driven on hunting grounds. The male driver was arrested on suspicion of aggravated driving under the influence (DUI).

This report was compiled from:

- The local Sheriff's incident report, including photos (Exhibit #4):
  - Includes interviews with all involved parties (UTV & property owner, drivers, & passengers);
- The victim's Hospital ER records (Exhibit #5);
- The Coroner's report (Exhibit #6);
- General information was gathered from the internet.

Note: The reported 2008 UTV model was part of a 2006 CPSC Recall Alert #06-553 – See Exhibit #1.

The incident UTV model is not currently displayed on the manufacturer's website. According to general internet website search, UTV model involved has the following specifications (Exhibit # 3):

|  |               |                                     |                    |                                 |  |
|--|---------------|-------------------------------------|--------------------|---------------------------------|--|
|  | Engine        | Liquid cooled SOHC 4-stroke 4-valve | Suspension Travel  | 10 inches front, 10 inches rear |  |
|  | Displacement  | 641 cc                              | Ground Clearance   | 12.5 in.                        |  |
|  | Bore x Stroke | 98 x 85 (mm)                        | Suspension Type    | Double A-Arm front and rear     |  |
|  | Transmission  | Automatic CVT with EBS              | Brakes             | Hydraulic discs front and rear  |  |
|  | Drive System  | 24 WD with Diff Lock                | Fuel Capacity      | 8.2 gal.                        |  |
|  | Width         | 81.3 in.                            | Cargo Bed Capacity | 600 lbs                         |  |
|  | Height        | 77.5 in.                            | Towing Capacity    | 8.2 gal.                        |  |
|  | Length        | 115.0 in.                           | Dry Weight         | 1,160 lbs                       |  |
|  | Website Photo |                                     | UTV Model Specs    |                                 |  |

The incident UTV is 4-wheeled, mostly green-colored with black metal trim – See Exhibit #4 for additional photos.



Photo 1: Incident UTV, post incident – taken by Sheriff

The reported incident occurred late Thursday September 13, 2012 into the early hours of September 14, 2012. Weather conditions were as follows (Exhibit # 7):

| Thursday September 13, 2012 |             |
|-----------------------------|-------------|
| Mean Temp                   | 60F         |
| Avg. Humidity               | 77%         |
| Precipitation               | 0.17in      |
| Wind Speed                  | 11mph (NNE) |
| Events                      | Rain        |

| Friday September 14, 2012 |            |
|---------------------------|------------|
| Mean Temp                 | 60F        |
| Avg. Humidity             | 67%        |
| Precipitation             | 0.01in     |
| Wind Speed                | 5mph (NNE) |
| Events                    | Rain       |

According to the Sheriff's report, earlier on September 13, 2012 around 7pm, seven adults (4 males & 3 females) gathered together at a local hunting ground. One of the males was the owner of the facility. They all ate a late dinner together around 9:30pm, which included various alcoholic beverages of beer, wine, and mixed drinks. They had planned to have a bonfire, but it ended up raining that night.

Around 10pm, they all went outside to ride two ATVs and one UTV on a grassy field area in front of the east-side owner's residence. They rode the vehicles intermittently for a couple of hours. They would ride and stop to socialize and then switch between drivers and passengers. The parties involved all stated to the Sheriff that they were all aggressively driving the vehicles.



Satellite View of the Incident Scene

The driver of the incident UTV stated in the Sheriff's report that he only drove the incident UTV, and did not drive the ATVs. Also, he and the victim passenger never wore helmets and did not use the UTV seatbelts. UTV driver is about 70in tall and weighs around 160lbs. The victim passenger was about 60" tall and weighed around 120lbs.

Just before midnight, all the adults except for the UTV driver and the victim passenger went back to the house. The occupants rode the incident UTV by doing a 'donut' in the field and then go back the other direction and do a 'donut' again, for approximately 10 times. The exact rate of speed of the UTV is unknown, but the driver would go into a corner and give the UTV gas in an attempt to throw mud. At the time of the incident, the UTV driver 'cut' the wheel to the left, and the UTV tipped onto its passenger side.

Neither occupant was ejected. The victim passenger was lying on the ground and the UTV driver was lying on top of her. He was able to crawl out of the vehicle. He saw that the victim driver was bleeding from her nose and from the side of her head. She was not trapped under the vehicle. He tried to shake her to wake her up.

The other adults heard the crash and rushed outside. One of the female friends was a volunteer firefighter / nurse. She observed the victim passenger lying on her right side. She stated that the victim passenger was initially vomiting blood and had a pulse. This friend placed the victim on her back and could not feel a pulse. This friend then began to administer CPR while someone called 911.

About 12:03am, authorities arrived on scene. The victim was immediately transported by ambulance to a local hospital. Medical staff tried to revive the victim for over 1 hour, but they were unsuccessful in their attempts. At 1:40am, the victim was pronounced deceased and the Coroner was notified.

Later on September 14, 2012, the coroner performed an autopsy on the victim. Her cause of death was found to be basal skull fracture due to the UTV crash. Toxicology showed that her BAC was 0.042.

Subsequent to the incident, the UTV driver was arrested for DUI. The driver's BAC was found to be 0.106. The UTV driver stated to the Sheriff that he believed that the vehicle hit a rock or some kind of object, causing the UTV to overturn onto the passenger side.

### PRODUCT IDENTIFICATION

The product involved in this IDI is a brand name **Artic Cat** utility terrain vehicle (UTV), model **Prowler XT**.

The brandname is:

Artic Cat  
601 Brooks Ave South  
Thief River Falls, MN 56701  
<http://arcticcat.com>

The manufacturer is unknown – according to an online VIN decoder (Exhibit #2) the UTV originated from North America.

VIN: 4UF08MPV08T301002

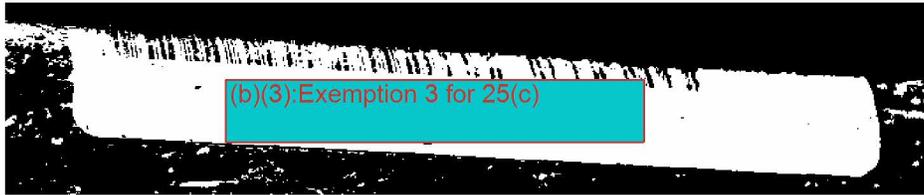


Photo 2: Incident UTV's VIN

|                                |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |
|--------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|
| Vehicle Identification Number: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
|                                | 4 | U | F | 0 | 8 | M | P | V | 0 | 8  | T  | 3  | 0  | 1  | 0  | 0  | 2  |

| <u>Description</u> | <u>Position</u> | <u>Raw Data</u> | <u>Decoded Data</u> |
|--------------------|-----------------|-----------------|---------------------|
| Region:            | 1               | 4               | North America       |
| Country:           | 1-2             | 4U              | U.S.A.              |
| Manufacturer:      | 2-3             | UF              | Unknown             |
| Model Specific:    | 4-8             | 08MPV           | Unknown             |
| Check Digit:       | 9               | 0               | Valid               |
| Year:              | 10              | 8               | 2008                |
| Assembly Plant:    | 11              | T               | T                   |
| Serial Number:     | 12-17           | 301002          | 301002              |

Color: Green

Specifications – see Exhibit #3

Displacement: 641 cc  
Width: 61.3”  
Height: 77.5”  
Length: 115.0”  
Dry Weight: 1,160 lbs

## **SAMPLES**

No samples were collected under this IDI.

## **EXHIBITS**

1. CPSC Recall Alert #06-553, 2 pages
2. VIN Decoder, 1 page  
<http://www.atv-411.com/atv-vin-decoder.html>
3. Online Retailers Websites with UTV Specs, 7 pages  
<http://www.atvriders.com>  
<http://www.atv.com>
4. Sheriff's Report, including photos 66 pages
5. Hospital ER Medical Records, 5 pages
6. Coroner's Report, 10 pages
7. Weather, 6 pages  
<http://www.wunderground.com>
8. Contacts List, 1 page
9. Utility Vehicle Data Record Sheet, 1 page

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## Recall Alert

SHARE    ...

### U.S. Consumer Product Safety Commission

Office of Information and Public Affairs

Washington, DC 20207

May 23, 2006  
Alert #06-553

## Arctic Cat Inc. Announces Recall of Off-Highway Utility Vehicles

The following product safety recall was voluntarily conducted by the firm in cooperation with the CPSC. Consumers should stop using recalled products immediately unless otherwise instructed. It is illegal to resell or attempt to resell a recalled consumer product.

**Name of Product:** Arctic Cat Prowler XT Off-Highway Utility Vehicle

**Units:** About 2,120

**Manufacturer:** Arctic Cat Inc., of Thief River Falls, Minn.

**Hazard:** The rear brake caliper used on these units could leak brake fluid, resulting in reduced braking ability at the rear wheels. The front wheel brakes are unaffected by this condition.

**Incidents/Injuries:** There have been no reported incidents of loss of braking. No injuries have been reported.

**Description:** The Prowler XT was produced in three colors: Green, Cat Green and Red. The vehicles have the words "Arctic Cat" printed on each side of the cargo box and the name "Prowler XT" centered on the front of the hood. The affected units are all 2006 Prowler XT vehicles with VIN range of 4UF06MPVO6T300001 through 4UF06MPV16T302369. The VIN is located on the rear upper-frame tube of the vehicle near the rear of the cargo box, and on the registration materials the consumer received at the time of purchase. Consumers need only refer to the last six digits of the VIN to determine if the vehicle is included in this recall. The following model numbers are included in this recall. The model number is contained in the registration materials received with the vehicle at the time of purchase.

| Model                | Model Number  |
|----------------------|---------------|
| Prowler XT Green     | U2006P2S4BUSG |
| Prowler XT Cat Green | U2006P2S4BUSZ |
| Prowler XT Red       | U2006P2S4BUSR |

**Sold at:** Arctic Cat dealerships nationwide from July 2005 through May 2006 for about \$9,000.

**Manufactured In:** United States

**Remedy:** Consumers should stop using these vehicles immediately. Consumers with a recalled Prowler XT should contact their local Arctic Cat ATV dealer to schedule a free repair. Registered owners have been notified about this recall by mail. If consumers are unsure if their Prowler XT is affected, they should contact Arctic Cat.

**Consumer Contact:** For more information, contact Arctic Cat at (800) 279-6851 between 8 a.m. and 5 p.m. CT Monday through Friday, or visit the firm's Web site at [www.arctic-cat.com](http://www.arctic-cat.com)



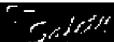
Arctic Cat Prowler XT

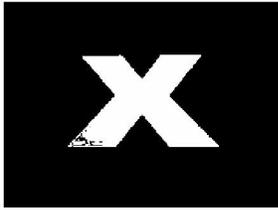
The U.S. Consumer Product Safety Commission (CPSC) is still interested in receiving incident or injury reports that are either directly related to this product recall or involve a different hazard with the same product. Please tell us about your experience with the product on [SaferProducts.gov](http://SaferProducts.gov)

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

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

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

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**VIN View**

Vehicle Identification Number (VIN):

(b)(3):Exem

**Results**

Vehicle Identification Number:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17  
4 U F 0 8 M P V 0 8 T 3 0 1 0 0 2

| Description     | Position | Raw Data | Decoded Data  |
|-----------------|----------|----------|---------------|
| Region:         | 1        | 4        | North America |
| Country:        | 1-2      | 4U       | U.S.A.        |
| Manufacturer:   | 2-3      | UF       | Unknown       |
| Model Specific: | 4-8      | 08MPV    | Unknown       |
| Check Digit:    | 9        | 0        | Valid         |
| Year:           | 10       | 8        | 2008          |
| Assembly Plant: | 11       | T        | T             |
| Serial Number:  | 12-17    | 301002   | 301002        |

**Instructions**

AnalogX VIN View is a free online VIN decoder that allows you to see the information about your vehicle that it contains. VIN View supports decoding of any vehicle identification number that was issued after 1978, which is when ISO 3779 was established to make a uniform way to track vehicles. If you have a car you would like to lookup prior to 1978, I would recommend going to [Wikipedia](#), they have one of the more comprehensive listings of VIN's plus some additional related information.

Operation is simple, enter the VIN number (17 characters, A thru Z and 0 thru 9) and click decode. On the decode page you'll see your VIN again and the position of each character, then on the bottom portion you'll see what position and characters map to what information. As more information becomes available, more details about the vehicle will be displayed (such as the model, engine size, options, etc), please be patient!

VIN's are normally located in several locations on a car, but the most common places are in the door frame of the front doors, on engine itself, around the steering wheel, or on the dash near the window. If you can't find it in any of those areas, then don't ask me because I certainly don't know! ;) Either call the dealership for the car manufacturer and ask them, or search online for a site dedicated to your particular vehicle (or check the above mentioned site).

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**2008 Arctic Cat Prowler 4x4 UTV Specifications**



**Prowler UTV Specifications:**

Prowler XT
Prowler
Prowler XT 700 EFI



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Emmanuel    Chad

---

Facebook social plugin

http://www.atvriders.com/atvmodels/arcticcat2008prowlerxtxsidebysideutvsSpecifications.html

10/18/2012

|                                     |                           |                           |                           |
|-------------------------------------|---------------------------|---------------------------|---------------------------|
| <b>Displacement (cc)</b>            | 641                       | 641                       | 695                       |
| <b>Engine Type</b>                  | SOHC 4-stroke 4-valve     | SOHC 4-stroke 4-valve     | SOHC 4-stroke 4-valve     |
| <b>Bore &amp; Stroke (mm)</b>       | 98x85                     | 98x85                     | 102x85                    |
| <b>Cooling System</b>               | liquid w/fan              | liquid w/fan              | liquid w/fan              |
| <b>Transmission</b>                 | Automatic CVT with EBS    | Automatic CVT with EBS    | Automatic CVT with EBS    |
| <b>Drive System</b>                 | 2 / 4 WD + Diff Lock (XT) | 2 / 4 WD + Diff Lock (XT) | 2 / 4 WD + Diff Lock (XT) |
| <b>Overall Width</b>                | 61                        | 61                        | 61                        |
| <b>Overall Height</b>               | 78                        | 78                        | 78                        |
| <b>Overall Length</b>               | 115                       | 115                       | 115                       |
| <b>Wheel Base</b>                   | 75.0                      | 75.0                      | 75.0                      |
| <b>Suspension Travel Front</b>      | 10.00                     | 10.00                     | 10.00                     |
| <b>Suspension Travel Rear</b>       | 10.00                     | 10.00                     | 10.00                     |
| <b>Ground Clearance</b>             | 12                        | 12                        | 12                        |
| <b>Turning Radius (AVG)</b>         | 10'10"                    | 10'10"                    | 10'10"                    |
| <b>Suspension Type - Front</b>      | Double A-Arm              | Double A-Arm              | Double A-Arm              |
| <b>Suspension Type - Rear</b>       | Double A-Arm              | Double A-Arm              | Double A-Arm              |
| <b>Front Brakes</b>                 | Hydraulic Disc            | Hydraulic Disc            | Hydraulic Disc            |
| <b>Rear Service Brake</b>           | Hydraulic Disc            | Hydraulic Disc            | Hydraulic Disc            |
| <b>Tire Front</b>                   | 26x9-14                   | 26x9-14                   | 26x9-14                   |
| <b>Tire Rear</b>                    | 26x11-14                  | 26x11-14                  | 26x11-14                  |
| <b>Wheel Width - Front</b>          | 7                         | 7                         | 7                         |
| <b>Wheel Width - Rear</b>           | 8.0                       | 8.0                       | 8.0                       |
| <b>Swaybar</b>                      | Standard                  | Standard                  | Standard                  |
| <b>Max Fuel Capacity (Gal./Lit)</b> | 8/ 30.3                   | 8/ 30.3                   | 8/ 30.3                   |
| <b>Rack Capacity - Rear</b>         | 600                       | 600                       | 325                       |
| <b>Under Hood</b>                   | 25                        | 25                        | 25                        |

|                            |         |         |         |
|----------------------------|---------|---------|---------|
| <b>Capacity (lbs.)</b>     |         |         |         |
| <b>Towing Capacity</b>     | 1,500   | 1,500   | 1,500   |
| <b>Alternator Capacity</b> | 25 Amps | 25 Amps | 25 Amps |
| <b>Speedometer</b>         | Analog  | Analog  | Analog  |
| <b>Odometer</b>            | Digital | Digital | Digital |
| <b>Dry Weight</b>          | 1160    | 1160    | 1165    |

**About Arctic Cat:**

*Arctic Cat Inc., based in Thief River Falls, Minn., designs, engineers, manufactures and markets all-terrain vehicles (ATVs) and snowmobiles under the Arctic Cat® brand name, as well as related parts, garments and accessories. Its common stock is traded on the Nasdaq National Market under the ticker symbol "ACAT." More information about Arctic Cat and its products is available on the Internet at [www.arcticcat.com](http://www.arcticcat.com)*



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Home Reviews Arctic Cat 2008 Arctic Cat Prowler 650 XT Review

# 2008 Arctic Cat Prowler 650 XT Review

A handsome and versatile rider-friendly UTV

Story by Jerry Bassett, Photography by Jerry Bassett, May. 02, 2008

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**Arctic Cat's series of Prowler UTVs have been a hit since they were first introduced. At first buyers sought them for their pickup truck utility. The small dump box could be loaded with spools of barbed wire and tools to repair fence lines and the four-wheeled vehicles were nimble and could readily cover terrain that punished a farm truck.**

More recently, the Prowler has become a favorite for motorized recreationists, especially those who like to travel with company. These side-by-side vehicles are a more comfortable and companion-friendly alternative to the 'king-queen seat' two-up ATVs, like Arctic Cat's own TRV 650 H1 4x4. The Prowler features a more familiar cockpit that emulates a truck or Jeep. There is a steering wheel, floor pedals and a stick shift for the fully automatic transmission.

Arctic Cat's constantly variable transmission is smooth and effective, showing the benefits of the company's nearly half-century of building CVT-equipped snowmobiles. Unlike a snowmobile's drive, the Prowler setup allows engine braking, which was very nice to have when coming down twisty trails in those low-lying Arizona desert mountains.

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Power is provided by Arctic Cat's own 641cc single overhead cam engine. It has plentiful grunt for climbing and ample torque to power uphill over rutted and rock-strewn sections of trail. It's a setup that lets you focus on the trail and not be distracted by shifting. Simply put your foot on the gas pedal and look where you're going.

The Arctic Cat features a comfy pair of bucket seats and rear headrest. A lap belt keeps you located in the vehicle over the roughest terrain.

While we have ridden Arctic Cat ATVs in the past, we never noticed them being especially noisy. When we first peeled away from the trailhead, the engine noise seemed almost excessive. We quickly realized it was because the engine sits between the passengers. On an ATV, the engine is centered about the same place in the vehicle, but you sit above it by the length of your torso. On the Prowler you sit alongside the engine. You do get used to it, but it did catch our attention.

We were also surprised at how much drag there is in these vehicles. It seems like they are much slower off the mark than even a 400cc 'stretch' ATV. Once they get rolling they are fast enough. But when the Prowler 650 was paired against a 500cc two-passenger ATV, it was deemed a draw. The gearing and overall setup on the Prowler 650 XT is for low end torque and the capability to haul up to 1500 pounds of hay, trophy elk or camping gear. Let there be no doubt, the Prowler 650 will get you into the wilderness in relative comfort and permit you to set up an extravagant camp.

Although the Prowler comes standard with a dual range, high-low drive and locking differential, we only used it to see how it worked. The vehicle with its protective roll cage stands nearly six and a half feet high. We found the rounded bars were great for sweeping back overhanging branches and protecting us from overgrown organ cacti, which can really prick a hole in you day's ride.

The Arctic Cat Prowler comes standard with a front storage area that could accommodate ice and beverages. Of course, we didn't discover that until too late to matter. This extra storage makes a great place to pack picnic goodies or retrieval tools like ropes and blocks to pull you out of a mismanaged route deviation.

About the only odd thing with the Prowler was the funky parking brake. Positioned to the left of the brake and gas pedal, the emergency brake pedal looks really cheap. It's a simple metal pedal with no abrasive cover of rubber or plastic. And it sits higher than the other pedals; this might be so you have more leverage to engage it. But in rainy conditions we expect a wet-soled boot might easily slip off



*Cat's Prowler headrest is functional.*

Car Reviews



*The 'XT' version features stylish wheels and more features than Arctic Cat's base Prowler.*

when engaging the pedal. Also, that brake-release mechanism just doesn't seem as though it will last. You have to pull out on a T-shaped handle that seems to really stretch the wire used to release the pedal. It's effective when new, but we wonder how it will hold up under hard usage. When on the flats you don't really need to engage the parking brake. But when we were riding up the trail, we used the brake frequently to stay in place and really gave the brake and release a work out. That would be something that Arctic Cat might look at for future products.

The Arctic Cat designers might want to look at adding more tie-down locations for the box as well. Having a capacity for bulk storage is nice, but securing gear on the Prowler could be enhanced.

Overall, the Arctic Cat Prowler 650 XT is a really nifty vehicle. The XT stood out with its red bodywork and handsome 14 inch cast aluminum wheels.

The Prowler comes with either a 500cc or 641cc 4-stroke single-cylinder engine, CVT transmission, dual bucket seats, dual 12 volt plug-ins, 12.5 inches of ground clearance, 10 inches of suspension travel, disc brakes, 600 pound rated cargo box, 25-pound under hood storage area, and rugged 1,500-pound towing capacity.

Given the choice for desert adventures, we would take Arctic Cat's Prowler over a more traditional TRV 'stretch' ATV any time. We like the familiar truck-like cockpit, the side-by-side seating, ample gear storage of the rear box and overall ride confidence you get with this UTV.



*The Prowler cockpit has the familiar feel of an off-road truck.*

**Arctic Cat Prowler 650 XT Specs**

|              |                                     |
|--------------|-------------------------------------|
| Engine       | Liquid cooled SOHC 4-stroke 4-valve |
| Displacement | 641 cc                              |

|                    |                                 |
|--------------------|---------------------------------|
| Bore x Stroke      | 98 x 85 (mm)                    |
| Transmission       | Automatic CVT with EBS          |
| Drive System       | 2/4 WD with Diff Lock           |
| Width              | 61.3 in.                        |
| Height             | 77.5 in.                        |
| Length             | 115.0 in.                       |
| Suspension Travel  | 10 inches front, 10 inches rear |
| Ground Clearance   | 12.5 in.                        |
| Suspension Type    | Double A-Arm front and rear     |
| Brakes             | Hydraulic discs front and rear  |
| Fuel Capacity      | 8.2 gal.                        |
| Cargo Bed Capacity | 600 lbs                         |
| Towing Capacity    | 8.2 gal.                        |
| Dry Weight         | 1,160 lbs                       |
| MSRP               | \$10,199                        |



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| <b>ADAMS COUNTY SHERIFF<br/>CASE REPORT</b> | Case: 201209548<br><br>Page: 1 |
|---|--------------------------------|

|   |                    |                         |
|---|--------------------|-------------------------|
| Occur. Date/Time: 9/14/2012 12:03:46 AM | End Date/Time: / / | Evidence: YES           |
| Occur. Location: (b)(3) Exemption 3     | Apt:               | City: CLAYTON State: IL |

**Narrative Summary:**  
 ON 09-14-12, DEPUTIES RESPONDED TO RURAL CLAYTON IL FOR A 4-WHEELER ACCIDENT INVOLVING INJURIES. PASSENGER OF THE ATV IDENTIFIED AS (b)(3):Exe SUSTAINED SERIOUS INJURIES THAT RESULTED IN HER DEATH. DRIVER OF THE ATV IDENTIFIED AS (b)(3): (b)(3):E HAD BLOODSHOT GLASSY EYES AND HAD A STRONG TO MODERATE ODOR OF AN ALCOHOLIC BEVERAGE EMITTING FROM HIS PERSON. (b)(3): PERFORMED FIELD SOBRIETY TESTING. (b)(3): WAS TAKEN INTO CUSTODY AND LODGED IN THE ADAMS COUNTY JAIL FOR AGGRAVATED DRIVING UNDER THE INFLUENCE OF ALCOHOL.

|          |         |  |                         |
|----------|---------|--|-------------------------|
| Category | OFFENSE | Status   | CLEARED BY ADULT ARREST |
| Business |         | Location Type                                  | FARM LAND - TILLED      |
| Offense  | 2411    | AGGRAVATED DRIVING UNDER THE INFLUENCE-ALCOHOL |                         |

|              |                              |             |            |  |
|--------------|------------------------------|-------------|------------|--|
| Category     | PERSON                       | Involvement | ARRESTEE   | Person Type                              |
| Last Name    | (b)(3):Exe                   | First Name  | (b)(3):Exe | Middle Name (b)(3):Exemption 3 for 25(c) |
| Race         | WHITE                        | Sex         | MALE       | DOB (b)(3):Exemption 3 for 25(c)         |
| DL Number/St |                              | Name Type   | LEGAL      | Phone (b)(3):Exemption 3 for 25(c)       |
| HOME         | (b)(3):Exemption 3 for 25(c) |             |            |  |

|              |                              |             |          |  |
|--------------|------------------------------|-------------|----------|--|
| Category     | PERSON                       | Involvement | VICTIM   | Person Type                              |
| Last Name    | (b)(3):E                     | First Name  | (b)(3):E | Middle Name (b)(3):Exemption 3 for 25(c) |
| Race         | WHITE                        | Sex         | FEMALE   | DOB (b)(3):Exemption 3 for 25(c)         |
| DL Number/St | 71 71 IL                     | Name Type   | LEGAL    | Phone (b)(3):Exemption 3 for 25(c)       |
| HOME         | (b)(3):Exemption 3 for 25(c) |             |          |  |

12-09548

Under the penalties as provided by law pursuant to 735, Section 5-1-109, Illinois Compiled Statutes, I certify that the statements and information set forth in this report are true and correct as to those matters said to be within my personal knowledge. Other matters contained therein, on information and belief, were reported to me as true.

Reporting Deputy DOELLMAN, SCOTT *Scott Doellman 5/10/19* Supervisory Review *[Signature]*

ADAMS COUNTY SHERIFF'S DEPARTMENT  
SUPPLEMENTAL REPORT

OFFENSE DESCRIPTION

AGGRAVATED DRIVING UNDER THE INFLUENCE OF ALCOHOL

CASE FILE NUMBER

2012-09548

On 09-14-12 at approximately 12:03 a.m., I, Deputy Doellman as well as Deputy Adam Goehl responded to the address of (b)(3):Exemption 3 for 25(c) for an injury 4-wheeler accident.

Upon arriving on scene, I saw the ambulance crew putting an individual inside of the ambulance while conducting CPR. A short time later the ambulance left the scene.

This RO briefly spoke to (b)(3):Exem (b) lives on this property. (b) said that (b) and (b) were riding an ATV and it flipped causing (b) to have injuries.

This RO saw the accident scene. Located in front of this address was a large ATV that was flipped on its right side. On the ground near the ATV there was a large pool of blood.

This RO and Deputy Goehl began speaking with individuals on scene. I was able to speak with the driver of the ATV who was identified as (b)(3):Exemption 3 for 25(c) (See Deputy Goehl's report for further information on statements from other individuals.) I spoke with (b) in regards to the accident.

(b) advised he and (b)(3):Exem were on an ATV doing donuts and he believed that on this particular time a tire hit a rock or some kind of object and made the ATV overturn on its side. (b) said he had

SA 9-25 PO \_\_\_\_\_ OTHER \_\_\_\_\_  
DATE SENT DATE SENT AGENCY/DATE

Scott Doellman S#019  
DEPUTY  
DOELLMAN, SCOTT

TYPIST  
PAH 09-14-12

ADAMS COUNTY SHERIFF'S DEPARTMENT  
SUPPLEMENTAL REPORT

OFFENSE DESCRIPTION

AGGRAVATED DRIVING UNDER THE INFLUENCE OF ALCOHOL

CASE FILE NUMBER

2012-09548

done approximately 10 to 15 donuts before the accident. (b) said he is a guide for Golden Triangle Outfitters and works for (b).

(b) said after the accident he noticed that (b) was hurt and tried to help until First Responders arrived. In speaking with (b) this RO could smell a strong to moderate odor of an alcoholic beverage emitting from his person. This RO noticed (b) eyes to be bloodshot and glassy. This RO asked (b) if he had anything to drink. (b) advised he had six (6) or seven (7) beers and a little bit of vodka.

Before testing this RO read Koster his Statement of Rights by reading it from a card that I carry in my shirt pocket. (b) said he understood his Rights.

(b) was asked to perform Field Sobriety Testing. During the Horizontal Gaze Nystagmus (b) gave 6 of 6 clues. (b) gave 1 clue during the Walk and Turn Test. (b) could not keep his balance while listening to instructions. (b) gave no clues during the One Leg Stand. (b) gave a portable breath sample of .106. (b) was taken into custody.

SA \_\_\_\_\_ PO \_\_\_\_\_ OTHER \_\_\_\_\_  
DATE SENT DATE SENT AGENCY/DATE

*Scott Doellman SH019*  
DEPUTY  
DOELLMAN, SCOTT

TYPIST  
PAH 09-14-12

ADAMS COUNTY SHERIFF'S DEPARTMENT  
SUPPLEMENTAL REPORT

OFFENSE DESCRIPTION

AGGRAVATED DRIVING UNDER THE INFLUENCE OF ALCOHOL

CASE FILE NUMBER

2012-09548

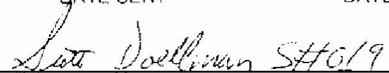
Deputy Goehl stood by the scene to collect statements from individuals.

This RO transported (b)(3) to Blessing Hospital. Investigator Smith met this RO at Blessing Hospital. While at Blessing this RO read (b) a Warning to Motorist. This RO requested a blood and urine sample from (b) (b) gave the samples. Investigator Smith stood by with (b) while the phlebotomist drew blood. This RO stood by while (b) gave the urine sample. This RO took possession of the blood and urine samples.

(b) was transported to the Sheriff's Office where this RO issued (b)(3) citation #17363 for Aggravated Driving Under the Influence of Alcohol. Investigator Smith interviewed (b) (see Investigator Smith's report for further details). This RO sat in on the interview with Investigator Smith. This RO completed an Alcohol Influence Report (see report).

Both the blood and urine samples were placed into evidence as well as the VHS and CD tapes.

(b) was lodged in the Adams County Jail for Aggravated Driving Under the Influence of Alcohol.

|  |           |             |                        |
|--|-----------|-------------|------------------------|
| SA _____   | PO _____  | OTHER _____ | _____                  |
| DATE SENT  | DATE SENT | AGENCY/DATE |                        |
| <br>DEPUTY<br>DOELLMAN, SCOTT |           |             | TYPIST<br>PAH 09-14-12 |

ADAMS COUNTY SHERIFF'S OFFICE  
Alcohol and/or Drug Influence Report

Number

CFN *A12-9548*

ARRESTEE

LAST FIRST MIDDLE  
**(b)(3) Exemption 3 for 25(c)**

CHECK APPROPRIATE CONDITIONS OBSERVED

PERFORMANCE TESTS

BALANCE  FALLING  NEEDED SUPPORT  WOBBLING  SWAYING  UNSURE  SURE

WALKING  FALLING  STAGGERING  STUMBLING  SWAYING  UNSURE  SURE

TURNING  FALLING  STAGGERING  HESITANT  SWAYING  UNSURE  SURE

ABILITY TO UNDERSTAND INSTRUCTIONS:

POOR  FAIR  GOOD

TESTS PERFORMED:

DATE *9/14/12* TIME \_\_\_\_\_ AM \_\_\_\_\_ PM

UNDER 21?  Yes  No

Where were field sobriety tests performed at:

On scene  Other \_\_\_\_\_

Horizontal Gaze Nystagmus Test

Right

Eye does not follow smoothly

Distinct nystagmus at maximum deviation

Onset before 45° with some white showing

Left

*6* Total score

(Decision: 4 or more points)

One Leg Stand Test

\_\_\_\_\_ Sways while balancing.

\_\_\_\_\_ Uses arms to balance (Raises arms more than 6 inches).

\_\_\_\_\_ Hopping.

\_\_\_\_\_ Puts foot down.

\_\_\_\_\_ Cannot do test (Puts foot down 3 or more times).

*0* Total (Decision point: 2 or more points).

Walk and Turn Test

Can't keep balance while listening to instructions.

\_\_\_\_\_ Starts before instructions are finished.

\_\_\_\_\_ Stops walking to steady self.

\_\_\_\_\_ Does not touch heel to toe.

\_\_\_\_\_ Loses balance while walking (Steps off the line).

\_\_\_\_\_ Uses arms for balance (Raise arms more than six inches).

\_\_\_\_\_ Loses balance while turning, turns incorrectly.

\_\_\_\_\_ Incorrect number of steps.

\_\_\_\_\_ Cannot do test (Steps off line 3 or more times).

*1* Total score (Decision point: 2 or more points)

FINGER TO NOSE TEST

DRAW LINES TO SPOTS TOUCHED.

①

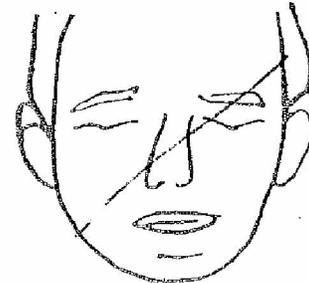
③

⑥

②

④

⑤



OPENED EYES

FIELD SOBRIETY TESTS

Describe location where field sobriety tests given:

*Hard surfaced driveway*

EFFECTS OF ALCOHOL/DRUGS OR COMBINATION:

Extreme  Obvious  Slight  None

Ability to drive:  Unfit  Fit

HANDWRITING SPECIMEN

Performance observed by:

Arresting Officer:

Identification Number:

CHEMICAL TESTS GIVEN:

None  Breath  Blood  Urine

Doctor or nurse collecting blood and/or urine sample.

Name \_\_\_\_\_

Sample to be analyzed by: \_\_\_\_\_

Location of lab \_\_\_\_\_

CHEMICAL TEST

OBSERVER'S OPINION

SIGN

REPORTING OFFICER

*Scott Dellman*

ID NUMBER

*57109*

REVIEWING OFFICER

ID NUMBER

12-9-11B

|   |  |  |
|---|--|--|
| OBSERVATIONS  | CLOTHES  | DESCRIBE: (TYPE & COLOR)<br>HAT OR CAP _____ SHOES <u>Camo boots</u><br>JACKET OR COAT _____<br>SHIRT OR DRESS <u>Camo hooded Sweatshirt</u><br>PANTS OR SKIRT <u>Blue jeans</u>   |
|   | BREATH   | CONDITION: <input type="checkbox"/> DISORDERLY <input type="checkbox"/> DISARRANGED <input checked="" type="checkbox"/> SOILED <input type="checkbox"/> MUSSED <input type="checkbox"/> ORDERLY<br>(DESCRIBE) _____  |
|   | ATTITUDE   | ODOR OF ALCOHOLIC BEVERAGE: <input checked="" type="checkbox"/> STRONG <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> FAINT <input type="checkbox"/> NONE   |
|   | UNUSUAL ACTIONS  | <input type="checkbox"/> EXCITED <input type="checkbox"/> HILARIOUS <input type="checkbox"/> TALKATIVE <input type="checkbox"/> CAREFREE <input type="checkbox"/> SLEEPY <input type="checkbox"/> PROFANITY<br><input type="checkbox"/> COMBATIVE <input type="checkbox"/> INDIFFERENT <input type="checkbox"/> INSULTING <input type="checkbox"/> COCKY <input checked="" type="checkbox"/> COOPERATIVE <input type="checkbox"/> POLITE |
|   | SPEECH   | <input type="checkbox"/> HICCOUGHING <input type="checkbox"/> BELCHING <input type="checkbox"/> VOMITING <input type="checkbox"/> FIGHTING <input checked="" type="checkbox"/> CRYING <input type="checkbox"/> LAUGHING  |
|   | INDICATE ANY OTHER UNUSUAL ACTIONS OR STATEMENTS:  |  |
|   | SIGNIFICANT OTHER UNUSUAL ACTIONS OR STATEMENTS:   |  |
|   | SIGNS OR COMPLAINT OF ILLNESS OR INJURY:   |  |
|   | INTERVIEW: MIRANDA WARNING: Answers to questions below fall under the MIRANDA RULE. Information from these questions should not be placed in evidence unless the MIRANDA WARNING has been given. |  |
|   | MIRANDA WARNING GIVEN: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes   |  |
| INTERVIEW LOCATION <u>Adams County Sheriff Dept</u> TIME <u>5:07 a.m.</u> DATE <u>9/11/12</u>   |  |  |
| WITNESSES TO INTERVIEW <u>(b)(3): Exemption</u>   |  |  |
| WHAT CITY (COUNTY) ARE YOU IN? <u>Quincy</u>  | WHEN DID YOU LAST EAT? <u>10 p.m.</u>  |  |
| WHAT TIME IS IT NOW? <u>3:00 a.m.</u>   | WHAT DID YOU EAT? <u>Hamburger</u>   |  |
| WHAT IS THE DATE? <u>11th, 13th I don't know</u>  | HAVE YOU BEEN DRINKING? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  |  |
| WHAT DAY OF THE WEEK IS IT? <u>Thursday</u>   | IF YES, WHAT? <u>couple beers and couple mixed drinks</u>  |  |
| ARE YOU ILL? <u>NO</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | HOW MUCH? _____  |  |
| IF YES, WHAT IS WRONG? _____  | WHERE HAVE YOU BEEN DRINKING? <u>(b)(3): house</u>   |  |
| DO YOU TAKE INSULIN? _____ YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | STARTED <u>8 p.m.</u> STOPPED <u>10 p.m.</u>   |  |
| IF YES, LAST DOSE? _____  | WHAT WERE YOU DOING THE LAST 3 HOURS?<br><u>Sitting here</u>   |  |
| HAVE YOU BEEN INJURED LATELY? _____ YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | WERE YOU OPERATING A VEHICLE? _____ YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |
| IF YES, DESCRIBE INJURY? _____  | WHAT STREET/HIGHWAY WERE YOU ON? <u>I don't know</u>   |  |
| HAVE YOU SEEN A DR./DENTIST LATELY? _____ YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                       | DIRECTION OF TRAVEL? <u>West</u>   |  |
| IF YES, WHO & WHAT FOR? _____   | ARE YOU UNDER THE INFLUENCE OF ALCOHOL AND/OR DRUGS NOW?<br><u>"barely"</u> YES <input type="checkbox"/> NO <input type="checkbox"/>   |  |
| HAVE YOU TAKEN ANY MEDICATION IN THE LAST 6 HOURS?<br>_____ YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF YES, WHAT? _____ | COMMENTS: _____  |  |



ADAMS COUNTY SHERIFF'S DEPARTMENT  
SUPPLEMENTAL REPORT

OFFENSE DESCRIPTION

AGGRAVATED DRIVING UNDER THE INFLUENCE OF ALCOHOL

CASE FILE NUMBER

2012-09548

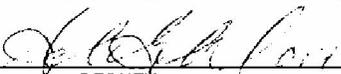
On 09-13-12, I, Deputy Adam Goehl was dispatched to the area of (b)(3):Exemption 3 for 25(c) in reference to a traffic crash with a 4-wheeler.

Upon arrival, the ambulance service had already left the scene with the victim. At that time I spoke to Deputy Doellman who was on scene. Deputy Doellman explained that voluntary statements would need to be done by the subjects that were on scene when the incident occurred.

At that time I made contact with (b) (b) and (b) After getting all their information I asked the subjects what had happened. All three (3) gave similar statements. None of the three (3) were witnesses to the crash but heard the crash and later responded. Their voluntary statements will be attached to this report.

The similar statements explained they were riding 4-wheelers earlier and they were switching between drivers and passengers. At one point everybody but the suspect (b) and victim (b) were back at the house. (b) and (b) were still riding the 4-wheeler out in the wet field. They heard a crash and that was when they looked out and noticed that the headlights of the vehicle was on its side. They were unable to see the vehicle physically on its side but was able to notice the headlights due to the time of

SA \_\_\_\_\_ PO \_\_\_\_\_ OTHER \_\_\_\_\_  
DATE SENT DATE SENT AGENCY/DATE

  
DEPUTY  
GOEHL, ADAM

TYPIST  
PAH 09-14-12

ADAMS COUNTY SHERIFF'S DEPARTMENT  
SUPPLEMENTAL REPORT

OFFENSE DESCRIPTION

CASE FILE NUMBER

AGGRAVATED DRIVING UNDER THE INFLUENCE OF ALCOHOL

2012-09548

night and it being dark out. That was when all the subjects at the residence got on their 4-wheelers and responded to the crash. When they arrived they saw (b) lying on the ground. They dialed 911 and noticed there was blood coming from her nose, her mouth and her ears. One of the female subjects on scene had performed CPR on the victim until the ambulance had arrived.

SA \_\_\_\_\_ PO \_\_\_\_\_ OTHER \_\_\_\_\_  
DATE SENT DATE SENT AGENCY/DATE

  
DEPUTY  
GOEHL, ADAM

TYPIST

PAH 09-14-12

ADAMS COUNTY SHERIFF'S DEPARTMENT  
Voluntary Statement

CFN # 412-9598

DATE 9-14-12 TIME 12:36 AM PLACE (b)(3):Exemption 3 for 25 (c)

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

NAME OF PERSON GIVING STATEMENT \_\_\_\_\_ DATE OF BIRTH 8-3-85

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

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
(b)(3):Exemption 3 for 25(c)

PHONE \_\_\_\_\_

We were all riding 4 wheelers + Side by side being aggressive, Down's + Sharp turns. Next thing we know the side by side in the field is tipped over with (b)(3):Exemptio on her side we all rushed over to see what was wrong, that's when we called for Ambulance we were all riding aggressively switching passengers numerous times.

I have read this statement consisting of 1 page(s), and I affirm to the truth and accuracy of the facts contained therein.

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

[Signature]  
Witness

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_

9-14-12 \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

ADAMS COUNTY SHERIFF'S DEPARTMENT  
Voluntary Statement

CFN # A12-9548

DATE 9-14-12 TIME 0100 AM PLACE (b)(3):Exemption 3 for 25(c)

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

NAME OF PERSON GIVING STATEMENT \_\_\_\_\_ DATE OF BIRTH 7-26-86

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

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE D ZIP \_\_\_\_\_

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

PHONE \_\_\_\_\_

All of us were riding 4 wheelers having a good time. We often switched drivers and passengers. At one point everyone but (b)(3):Exem and (b)(3):Exem were back talking at the house. We heard the crash and all of us got out there as fast as possible. When I got there I saw (b)(3):Exem lying face bleeding. We immediately call 911.

I have read this statement consisting of 1 page(s), and I affirm to the truth and accuracy of the facts contained therein.

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

Signature

9-14  
Date

[Signature]  
Witness

Witness

9-14-12 0105  
Date Time

\_\_\_\_\_  
Date Time

ADAMS COUNTY SHERIFF'S DEPARTMENT  
Voluntary Statement

CFN # AK-9548

DATE 9-14-12 TIME 0105 PLACE (b)(3):Exemption 3 for 25(c)

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

NAME OF PERSON GIVING STATEMENT \_\_\_\_\_ DATE OF BIRTH 8-25-84

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

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

PHONE \_\_\_\_\_

We were riding Yamaha's @ Colge playing around in wet grass, people were switching on and off riding with each other. ~~one~~ myself (b)(3):Exemption 3 for 25(c) (b)(3):Exemption 3 for 25(c) (b)(3):Exemption 3 for 25(c) (b)(3):Exemption 3 for 25(c) stopped riding and were setting by garage and (b)(3):Exemption 3 for 25(c) (b)(3):Exemption 3 for 25(c) were still out in field playing, we heard a noise looked realized side by side was flipped look all on our Yamaha's to see what was going on/ if they were ok & seen (b)(3):Exemption 3 for 25(c) unresponsive/bleeding from head we helped/ did what 911 Dispatcher said till ambulance got here.

I have read this statement consisting of 1 page(s), and I affirm to the truth and accuracy of the facts contained therein.

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

9/19/12  
Date

[Signature]  
Witness

Witness

Date 9-14-12 Time 0108 Date \_\_\_\_\_ Time \_\_\_\_\_

ADAMS COUNTY SHERIFF'S DEPARTMENT  
SUPPLEMENTAL REPORT

OFFENSE DESCRIPTION

AGGRAVATED DRIVING UNDER THE INFLUENCE-ALCOHOL

CASE FILE NUMBER

2012-09548

On 09-14-12 at approximately 0130 hours, this RO received a phone call from Sergeant Joc Lohmeyer requesting me to assist in regards to a possible ATV fatality. Sergeant Lohmeyer instructed this RO to assist Deputy Scott Doellman at Blessing ER while he responded to the scene of the accident.

A short time thereafter, this RO met Deputy Doellman at Blessing ER. At the time of my initial contact with Deputy Doellman, he had (b) [redacted] W/M, DOB (b) [redacted] in custody. (b) [redacted] was currently in the back of Deputy Doellman's Adams County squad car uncuffed. Deputy Doellman informed this RO that (b) [redacted] was operating an ATV that possibly rolled and the passenger of the ATV identified as (b) [redacted] was currently at Blessing ER being treated for injuries.

This RO then spoke with (b) [redacted] in the back of Deputy Doellman's squad car. Immediately upon opening the door this RO detected a strong odor of an alcoholic beverage. I identified myself as Adams County Investigator who would be assisting Deputy Doellman in his investigation of the accident. I asked (b) [redacted] if he would be willing to provide blood and urine samples voluntarily, which he did consent. At this time, this RO and Deputy Doellman escorted (b) [redacted] into Blessing Hospital. Deputy Doellman escorted (b) [redacted] into the lab area where the blood and urine would be taken.

SA \_\_\_\_\_ PO \_\_\_\_\_ OTHER \_\_\_\_\_  
DATE SENT \_\_\_\_\_ DATE SENT \_\_\_\_\_ AGENCY/DATE \_\_\_\_\_

*S. Smith*  
DEPUTY SMITH, SAM

*924*

TYPIST

PAH 09-17-12

ADAMS COUNTY SHERIFF'S DEPARTMENT  
SUPPLEMENTAL REPORT

OFFENSE DESCRIPTION

AGGRAVATED DRIVING UNDER THE INFLUENCE-ALCOHOL

CASE FILE NUMBER

2012-09548

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This RO spoke with Sergeant Lohmeyer on the phone. Sergeant Lohmeyer informed this RO that the passenger who is at Blessing ER being treated had expired. This RO then made contact with Deputy Doellman who was filling out paperwork for the blood draw and informed him the passenger of the ATV had expired at the ER. After submitting his paperwork to the phlebotomist who was identified as Donna F. Hathaway at approximately 0251 hours this RO was present when Hathaway completed the blood draw for (b)(3). While conducting the blood draw, this RO observed that (b)(3)E eyes were red and glassy. After completion of that blood draw, Deputy Doellman then received a urine sample from (b)(3). Deputy Doellman completed the remainder of his paperwork. Deputy Doellman, (b)(3) and this RO then cleared from the scene and responded to the Adams County Sheriff's Office.

This RO escorted (b)(3) to the interview room in the Adams County Sheriff's Office Investigative Unit and began audio/video recording at approximately 3:18 a.m. I asked (b)(3) if it would be possible to record the interview to which he asked if it had to be recorded. I then informed him that due to the severity of the detail that the recording would remain on that I was asking him for his consent. While attempting to get consent from (b)(3), I received a phone call from Deputy Doellman who stated Dispatch was having difficulty locating his driver's license. (b)(3) informed me that his middle name

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|   |           |             |                        |
|---|-----------|-------------|------------------------|
| SA _____  | PO _____  | OTHER _____ | _____                  |
| DATE SENT   | DATE SENT |             | AGENCY/DATE            |
| <br>DEPUTY<br>SMITH, SAM |           |             | TYPIST<br>PAH 09-17-12 |

ADAMS COUNTY SHERIFF'S DEPARTMENT  
SUPPLEMENTAL REPORT

OFFENSE DESCRIPTION

AGGRAVATED DRIVING UNDER THE INFLUENCE-ALCOHOL

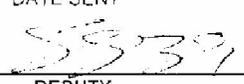
CASE FILE NUMBER

2012-09548

was (b) and I relayed that information to Deputy Doellman who then stated they were able to retrieve his driver's license information from the State of Michigan.

After that phone conversation, I again asked (b) if he would be willing to grant me consent to record the interview to which he stated yes. This RO then spoke with (b) briefly prior to Deputy Doellman's arrival in regards to his Statement of Rights being issued to him on scene. (b) did acknowledge that his Rights were read to him on scene. I then informed him I would be reading them to him again while on tape. I spoke to (b)(3) briefly in regards to his employment as a deer outfitter.

At approximately 0330 hours, Deputy Doellman arrived in the interview room. I asked Deputy Doellman if he read (b) his Statement of Rights on scene, which he stated yes he used a Statement of Rights card that he had in his pocket. I then read to (b) his Statement of Rights form, which was initialed and signed by him. The original will be attached to Deputy Doellman's original offense report. After reading the Statement of Rights to (b) this RO exited the interview room at which time Deputy Doellman entered the interview room and issued to (b) a citation for Aggravated Driving Under the Influence of Alcohol. Upon completion of Deputy Doellman issuing the citation to (b) this RO

|   |           |             |              |
|---|-----------|-------------|--------------|
| SA _____  | PO _____  | OTHER _____ | _____        |
| DATE SENT   | DATE SENT |             | AGENCY/DATE  |
|  |           |             | TYPIST       |
| DEPUTY SMITH, SAM   |           |             | PAH 09-17-12 |

ADAMS COUNTY SHERIFF'S DEPARTMENT  
SUPPLEMENTAL REPORT

OFFENSE DESCRIPTION

AGGRAVATED DRIVING UNDER THE INFLUENCE-ALCOHOL

CASE FILE NUMBER

2012-09548

began the interview in regards to the incident that occurred that evening. A summary of the interview goes as follows.

I asked (b) to go into how he ended up in Adams County. This RO knew (b) had a Michigan driver's license. (b) stated he had recently arrived in the area from Montana. He stated he is currently employed at Golden Triangle Outfitters. He came into the Adams County area to get ready for the upcoming hunting season. I asked (b) who his boss was at Golden Triangle Outfitters, which he stated (b). I asked if he was living on the property currently where Golden Triangle is located, which is where the call for service occurred. (b)(3):Exemption 3 for 25(c) (b) acknowledged that he was living on the property; however, he did not know what the address was he knew it was near the Siloam Springs State Park. This RO is familiar with the property from previous details at that location. I asked (b) if he was staying at the main house on the Golden Triangle property, which he stated no he was currently living in the guide shack, which this RO believes to be a building to the south of the main residence on the property. I asked who was living in the bigger house, which (b) stated just (b). This RO knows (b) to be (b) the son of the owner of Golden Triangle (b). I asked if anyone is currently living on the property other than those two, which he states no.

SA \_\_\_\_\_ PO \_\_\_\_\_ OTHER \_\_\_\_\_  
DATE SENT DATE SENT AGENCY/DATE

  
DEPUTY  
SMITH, SAM

TYPIST

PAH 09-17-12

ADAMS COUNTY SHERIFF'S DEPARTMENT  
SUPPLEMENTAL REPORT

OFFENSE DESCRIPTION

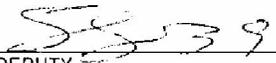
AGGRAVATED DRIVING UNDER THE INFLUENCE-ALCOHOL

CASE FILE NUMBER

2012-09548

I asked (b) (2)(Fv) to go into what he did the previous day. (b) (2)(Fv) stated he got into the area yesterday, 09-13-12 at around 9:00 a.m. from Montana. He stated upon his arrival he then took a ride with (b) (2)(Fv) to check out some farms they were currently leasing. He then stated after checking the farms, he then went to bed because he was tired from the previous day. He missed his first flight and was stuck at the airport. He stated he slept until approximately 4:00 p.m. that afternoon. He stated after waking up, he made supper and everyone ate. I then asked him to go into detail in regards to who all was at the residence. (b) (2)(Fv) stated (b) (2)(Fv), (b) (2)(Fv), (b) (2)(Fv) (didn't recall his last name), (b) (2)(Fv) girlfriend who he did not know her name at the time and also two (2) other females who he identified as (b) (2)(Fv) and also (b) (2)(Fv). He stated all those individuals were present during supper at the main house on the property. (b) (2)(Fv) stated that he cooked the supper and it was hamburgers and that everyone ate the same meal that he made at approximately 9:30 p.m. After eating, everyone sat around and talked and then got on the quads, he later identified a quad as being a 4-wheeler/ATV. (b) (2)(Fv) stated that all the individuals who were present during supper all then went out and rode 4-wheelers around. (b) (2)(Fv) stated there were three (3) 4-wheelers and one (1) side-by-side all terrain vehicle. (b) (2)(Fv) stated he believed it was a Polaris Ranger; however, it was later identified as being an Arctic Cat. (b) (2)(Fv) stated (b) (2)(Fv) father (b) (2)(Fv) is the owner of the Arctic Cat ATV and also one (1) of the 4-wheelers.

SA \_\_\_\_\_ PO \_\_\_\_\_ OTHER \_\_\_\_\_  
 DATE SENT DATE SENT AGENCY/DATE

  
 DEPUTY  
 SMITH, SAM

TYPIST  
 PAH 09-17-12

ADAMS COUNTY SHERIFF'S DEPARTMENT  
SUPPLEMENTAL REPORT

OFFENSE DESCRIPTION

AGGRAVATED DRIVING UNDER THE INFLUENCE-ALCOHOL

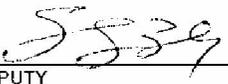
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(b) owned one (1) of the other 4-wheelers and (b) owned the last 4-wheeler. (b)(3) also stated that (b) is the owner of Golden Triangle and his son (b) assists him in the business. (b) recalled that (b)(3) girlfriend's name was (b) and then re-identified all the subjects that were at the residence at the time of the accident. He again stated that all subjects were out in front of the residence riding 4-wheelers in the front yard area, which this RO knows to be the east side of the property where the main residence is at.

I asked (b) if anyone was drinking, which he stated yes everyone was drinking a few beers during dinner. I asked him what type of beer and he stated Bud Light. I asked if there was any other type of alcohol other than Bud Light, which he stated initially no and then recalls yes some of them were having mixed drinks. He stated that the girls might have possibly had some wine. I then asked (b) if he could recall what he specifically had to drink, which he stated to be honest he believes he had approximately one (1) beer and a few mixed drinks. I asked him specifically how many mixed drinks, which he stated one and a half. I asked him what kind of mixed drinks were they, which he stated vodka and Red Bull. I then informed (b) that when I had my initial contact with him I could smell alcohol on his person. I then informed him it would be best that he be honest if he had more alcohol than what he was claiming he had he needed to be truthful. (b) stated he had a beer, at which time Deputy

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Doellman stated that when he had his first initial contact with (b) at the scene of the accident, that (b) stated he had approximately six (6) or seven (7) beers. (b) stated that at the time his head was spinning (this RO believes he's referring to being confused). (b) again reiterates that he had a beer and a couple of mixed drinks. He stated he did not completely finish his second mixed drink. I asked (b) if he recalls how much (b) had to drink, which he stated he didn't recall. I asked him if everyone was drinking, which (b) stated he couldn't tell me for sure. He stated he was cooking supper. I asked (b) what time he had his first drink, which he stated approximately 8:00 p.m. while he was in the process of cooking. I asked him if he recalled what time he had his last drink, which he stated it was with supper approximately 9:00-9:30 p.m. He again stated that his last drink was a mixed drink. I then asked him what time they finished eating supper, which he stated approximately 10:00 p.m. He then stated that after supper they all went outside to have a smoke and then fired up the quads. I asked if he smoked any cigarettes that evening, which he stated yes he had a couple of cigarettes. I asked (b)(3) if anyone was smoking any cannabis, which he stated no since we have been out there (b) has cleaned up. (b)(3) stated there were no drugs, nothing that was illegal. I asked (b) if he had smoked any marijuana, which he stated no, no drugs. I then informed him that because of the blood and urine draw that if there were any drugs in his system law enforcement would be notified. (b) then stated that he does not do any type of drugs. (This RO had previously assisted the West Central

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Illinois Drug Task Force on a search warrant at that location where a cannabis grow was located and seized.)

This RO then asked (b) to go into the activity of riding the 4-wheelers and the ATV's in front of the residence. (b) stated they rode for a couple of hours. He stated they would ride for a little while and then stop, the group would socialize and then someone would start an ATV up again and then they would ride longer. I asked (b) if he recalls what time the accident occurred and he stated he didn't recall. I then informed (b) that the time that Deputies were dispatched to that location was at 12:03 a.m. the morning of the 14<sup>th</sup>. Once again (b) reiterates that for those two (2) hours the group was riding ATV's in front of the residence. I asked (b) if they ever got on the gravel lane going out towards the blacktop, which he stated no, just stayed in the grass that was located to the east of the residence.

I asked (b) to go into details in regards to the accident specifically. (b) stated that he would get going in the field and then would do a donut and then go back the other direction and do a donut and he did it approximately 10 times. (b) then stated he didn't know but for some reason that time he didn't know if they hit a rock or if the tire grabbed a rock, the ATV dumped. I then asked (b) who was on

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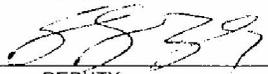
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the 4-wheeler when the accident occurred and he stated (b) and me. I asked him if he knew what (b) last name was, which he stated (b). I asked if (b) was specifically riding with him the entire time, which he stated yeah for quite a while. He stated one of the other girls that was there was riding with him as well; however, he stated that the group was switching partners in and out. I asked him if he has a relationship with (b), which he stated no they are just friends.

I asked (b) to go into what happened during the accident. He stated they were just out doing donuts. He stated he believed he did it approximately 10 to 15 times. (b) explains that he wasn't on a 4-wheeler at the time of the accident he was actually on a larger 4-wheeler/ATV similar to a Polaris Ranger. (b) drove that particular vehicle the entire time the group was out riding 4-wheelers. (b) stated it's a 2-seated side-by-side ATV with a bucket on the back. I asked (b) if the ATV had seatbelts in it, which he stated he didn't think so. I then said obviously if you would know if it has seatbelts you didn't have them on. Deputy Doellman stated he did believe that the ATV had seatbelts. I asked (b) if he had a seatbelt on, which he stated no. I asked if (b) had a seatbelt on, which he stated no. I asked if there were any helmets, which he stated no. I asked (b) approximately how fast he believed he was going and he stated he didn't know. I asked him if he was gunning it and then whipping the ATV into corners, which he stated no. I asked if he would go into a corner and give the

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ATV gas in an attempt to throw mud, which he stated yes exactly. I asked (b) so you're driving the ATV, you cut hard, do you recall if you cut the wheel to the left or the right and he stated to the left. I then drew a picture on the dry erase board in the interview room in an attempt to identify the direction of travel at the time of the accident. The diagram that I drew on the dry erase board will be photographed. While drawing the diagram I asked (b) if the other individuals who were also riding ATV's were watching them or they were just driving around, which he stated they are in the area. I asked (b)(3) if anyone was close to them and observed the crash, which he stated he has no clue.

I then asked (b) to explain to me the crash itself. (b) stated as he turned the ATV around it tipped on its side. I asked him if the ATV completely rolled over, which he stated he didn't believe so; however, he stated it happened so fast. (b) stated he is positive that the ATV did not roll completely over. He then reiterates the ATV tipped on the passenger's side. I asked (b)(3) if he knew what happened to (b) at the time of the impact of the crash. I asked if she braced out, which he shakes his head side to side (no). I then asked him after the crash what happened. He stated he crawled out and tried to wake (b) up, shaking her and calling her name. He stated she was unresponsive and then the other individuals started pulling up to them. I asked him if he was ejected from the ATV, which he stated no he was laying on top of her. Again he stated that the ATV was on its passenger's side, she's

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lying on the ground and he is lying on top of her. (b) stated they did not push the ATV over; they left it on its side. He stated the ATV wasn't lying on (b), she was free she wasn't trapped under the ATV. Again (b) stated he tried to wake her up. I asked if (b) was bleeding from anywhere, which he stated yes she was bleeding from her nose and from the side of her head. I asked if she ever talked to him, which he shook his head no. He stated she was unconscious the entire time. He again reiterates that after the crash that all the individuals who were riding ATV's then converged on their location. I asked him if he pulled (b) away from the ATV and he stated initially they didn't want to move her to create further injury and they just kept her in the location she was at and called the ambulance. He didn't know who called 911. I asked him what happened and he stated the Dispatcher told them to keep her on her side and that she was coughing. He stated they were directed to make sure that she was still breathing and to continue to check her pulse. I asked (b) who was doing these checks, which he stated he was standing there and that (b) one of the females that was on scene is a nurse and that she kind of headed it up and that he did everything that he could to help. I asked (b) if (b) was informing them if (b) has a pulse, which he stated yes. He again reiterates that (b) was coughing. I then asked if there was anything else going on with (b) that he recalls, which he stated no. I asked (b) from the time of the accident to the time 911 was called how long it took, which he stated seconds. I then asked him from the time of the 911 call to the time the first responder shows up on

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scene how long did it take, which he stated he couldn't answer that. He again stated he was just trying to do everything that he could to help. (b) stated it was a stressful situation. I then asked him the first responder that showed up who was it, which he stated he believed it was a volunteer fire fighter. (b) stated that the first responder assisted (b) in administering care until the ambulance pulled up on scene. He then stated that the ambulance crew then put (b) on a gurney and loaded her into the ambulance. I asked (b) while this was going on what is he doing, which he stated he didn't know what to do he was just walking around. I asked him if he was shell shocked, which he shook his head yes. Deputy Doellman reiterates that he was dispatched and he was the first Deputy on scene and that when he arrived on scene that the ambulance crew was loading (b) into the ambulance. I mentioned that I noticed on the dispatch ticket that someone was administering CPR, which (b) stated it was (b) and the volunteer fire fighter. I then asked Deputy Doellman to inform me in regards to how he came into contact with (b) at the scene of the accident. (b) stated he just went and sat on the back porch at which time Deputy Doellman stated they couldn't find (b) initially on scene. Deputy Doellman stated he believed one of (b)(3)E friends found him on the backside of the house. (b) stated he walked around the house to where Deputy Doellman was. I asked (b) who was he with at the back of the residence, which he stated he was all by himself just in a state of shock.

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I then asked (b) why they were riding ATV's if anyone was drinking. I informed him I didn't really care if it was him or anyone else I just needed to know if anyone was consuming alcohol, which he stated no. I then asked if while they were taking breaks in between riding around if anyone drank then, which he stated no. (b)(3) stated there wasn't much of a lull, someone would stop and switch partners and start back up again. Again (b) stated they only drank up until the point of dinner. From dinner on no one drank any alcohol. (b) stated from 9:30 p.m. until the time of the crash he did not consume any alcohol. I then asked Deputy Doellman if he read to (b) the Miranda before or after he administered Field Sobriety Testing, which he stated he didn't recall. I then asked (b) if at some point in time Field Sobriety Testing was in fact administered, which he stated yes there at the residence. I asked (b) at some point in time Deputy Doellman read to him the Miranda Warning on scene, which again he stated yes. I then asked (b) after being transported from the scene to the ER at which time I had contact with him if he provided officers with a voluntary blood draw and urine, which he stated yes. I also asked him that he understood that he was technically in custody, which he stated yes. I also reiterate that I didn't force him to talk to me that he has been cooperative in talking with officers about the incident freely, which he stated yes.

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At that time the decision was made that I was going to take a break from the interview and make contact with Sergeant Lohmeyer. (b) was allowed to take bathroom breaks whenever he needed to. Several times I asked him if he needed anything to drink or eat, he never wanted anything to eat; however, he was provided water in the interview room. I spoke with Sergeant Lohmeyer who previously to my knowledge arrived and was observing the interview. After speaking with Sergeant Lohmeyer and briefing him on the interview, I then re-entered the interview room.

I asked (b) in regards to his first initial arrival there at the Golden Triangle Outfitters lodge when he woke up at 4:00 p.m. if all the individuals who were present at the time of the accident were already there, which he stated no he was the only one that was present. I asked when did people start arriving, which he stated (b) and (b) showed up at the lodge, which was around the time he woke up. A little bit later (b) and (b) showed up. (b) stated that he, (b)(3) and (b) rode to town to get items to cook supper with. He stated he believed they went to the County Market in Quincy on the east end of town. I asked (b) if the alcohol they drank that evening if they purchased it when they went to the grocery store, which he stated no it was already there. I asked what type of vodka he was drinking, which he stated he didn't know (b)(3) was mixing his drinks. He stated they returned back to the residence and then started getting ready for supper. I asked as far as the other two (2) girls (b) and

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(b) if they were already there, or if they showed up while he was gone. (b) stated he believed they showed up right when they were starting to cook supper. I then again asked (b) from the time of the accident until the time he had contact with Deputy Doellman if he had anything to drink. I stated the reason I'm asking that question to be clear is because he told Deputy Doellman a different amount of alcohol he consumed as apposed to what he had told me in the interview. (b) stated the only reason he said that was because his mind was racing so fast. He again stated he believed he had a beer maybe two (2) beers before dinner and a couple of drinks with dinner. He stated he didn't even finish his second one. I then asked him from dinner until the time he had contact with Deputy Doellman if he had anything to drink. (b) stated from the time I ate my plate, which I stated yes, he said no not one. He stated we went out and had a cigarette, they started up the machines and then they all started riding.

Sergeant Lohmeyer then enters the interview room and asked (b) specifically after the accident if he had anything to drink, which he initially stated no. (b) then changes his statement and stated actually yeah after the accident he went inside the residence and grabbed a beer and slugged the beer down and went and had a cigarette. He stated you know because my mind is racing. (b) again stated that while everybody was loading (b) into the ambulance he went into the house, grabbed a beer from the counter, grabbed a smoke out of the ashtray, and went out on the back porch. He then stated I don't

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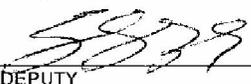
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think I even drank the whole thing, took a couple of drinks, smoked a cigarette. I then asked him where the can of beer would be, which he stated probably on the back porch. I asked if I drove out there and checked it would it still be there, which (b) stated probably. (b) stated it would be sitting right on the back steps. I then asked him if anyone told him to say that, which he stated no 100%, if you drive out there it would be sitting on the steps. I then told him law enforcement was going to and he again states for me to do that. This RO reiterated that his statement has been revised and he is now saying that after the crash he went into the residence, took a beer off the counter at which time (b) stated I grabbed a cigarette, went on the back porch and drank. He said he could everyone talking. He attempted to call his father a few times and he didn't answer. (b) stated at about that time they started hollering for me and I walked around to the front of the house.

At that time I informed (b) that (b) had expired at ER. Immediately upon hearing that news (b) became extremely upset and sat motionless in the interview room with his hands in his face. I then informed (b) he needs to be completely honest with me and all the other individuals involved in this incident needed to be honest with me as well. I reiterated to (b) it's very important that what he has told me is absolutely correct and he then stated everything he told me is true.

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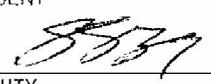
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I then gave (b) an opportunity to make contact with his family to inform them of the situation. I was going to take a break from the interview and while exiting the interview room (b) informed this RO that he feels like he is going to be physically sick. For the remainder of the interview (b) is extremely emotional, crying on and off. At one point he asked if he could exit the interview room because he can't stand being in the room any longer. He then sits at the conference room table in Investigations for a brief period of time. I again encouraged (b) to contact his family to inform them of the situation; however, (b) informed this officer he doesn't know what to say to his family. On several occasions he asks himself out loud why did this happen to him.

Sergeant Lohmeyer speaks to (b) in regards to attempting to contact his parents. Again (b) stated he doesn't know what to do. On several occasions (b) states out loud there is nothing he can do. (b) is extremely upset and emotional throughout the remainder of this RO's contact with him.

Eventually (b) exited the interview room and wishes to contact his parents. This RO then ends the recording. (b) speaks briefly with his mother and father who are currently at that time on their way from their address in Michigan to Adams County. After allowing him to speak to his parents, this RO along with Deputy Doelman and Sergeant Lohmeyer then escorted (b) into the Adams County Jail

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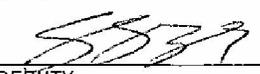
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where he was lodged on the charge of Aggravated Driving Under the Influence of Alcohol with no bond pending a first court appearance later on that morning.

After lodging (b) this RO and Sergeant Lohmeyer assisted Deputy Doellman in regards to logging his evidence. A copy of the DVD of the interview will be logged into evidence and also attached to this report. All photographs from the crime scene will be logged onto the Adams County server as well.

For further information see Deputy Doellman's initial offense report and Sergeant Lohmeyer's supplemental report.

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**CERTIFICATION OF ARRESTING OFFICER REGARDING  
PROBABLE CAUSE FOR DETENTION OF PERSON ARRESTED  
WITHOUT WARRANT**

**Arrested:**

(b)(3):Exemption 3

I, Scott Doellman, a law enforcement officer with the Adams County Sheriff's Office. Under penalties as provided by law pursuant to chapter 735, I.L.C.S., 5/1-109, certify that the statements and information set forth in this instrument are true and correct, as to those matters said to be within my personal knowledge. Other matters contained therein, on information and belief, are believed by me to be true, all of which together I believe to constitute reasonable grounds for the arrest pursuant to Chapter 725, I.L.C.S., 107-2(1)(c). I further certify that I took (b)(3):Exemptio, whose date of birth (b)(3): into custody on the 14th day of September 2012 at 1:33  P.M /  A.M and he  / she  is now in custody of the Adams County Sheriff charged with Aggravated D.U.I. Certified this 14th day of September 2012.

CFN#:A12-9548

**Probable Cause Narrative:** On 9/14/2012, at approx 0007, deputies responded to the address of (b)(3):Exemption for an injury four wheeler accident. After arriving on scene the victim, later identified as (b)(3):Exempti, was transported to Blessing Hospital for her injuries. Interviews indicated (b)(3) was a passenger of the ATV, and the driver of the ATV was an (b)(3):Exemption. This R/O spoke with (b)(3): about the accident. (b) advised he and (b) was on the ATV doing donuts and the ATV flipped on its side causing the injuries to (b). While speaking with (b) I could smell a strong to moderate odor of alcoholic beverage coming from his person. (b) had bloodshot glassy eyes. (b)(3): performed field sobriety testing in which he gave six of six clues on the horizontal gaze nystagmus. He provided one clue on the walk and turn test. He provided no clues on the one leg stand. The field sobriety test was video recorded. (b)(3): gave a portable breath test of .106. (b) was taken into custody for D.U.I. and transported to blessing hospital. At blessing hospital (b) gave both a blood and urine sample (samples will be put into evidence). (b)(3) was transported to the Sheriff's office where a more detailed interview was conducted. The interview was recorded. He was Mirandized on scene and was Mirandized again at headquarters prior to the recorded interview. He indicated he understood his rights. During interview, he confirmed he had been operating the ATV. (b)(3) was passenger. He indicated he drank 1 beer and 1 1/2 red bull vodkas. (On scene, he indicated he drank 6-7 beers and

some vodka). He indicated he was doing "doughnuts" in the front yard. He said he hit something - maybe a rock, and the ATV rolled on its side. After the accident, he was laying on top of her and he saw blood coming from her nose and her ear. He indicated that after the accident, he had a half a beer or maybe a full beer with a cigarette before officers arrived.

(b) sustained injuries from the accident that resulted in her death.

He was lodged in the Adams County Jail for Aggravated D.U.I.

Arresting Officer Signature: Det. Dellman S#019 Date: 9/14/12

ARREST SHEET

Arrest #  
12-266

|  |  |           |  |                                  |   |  |                      |           |             |              |   |  |
|--|--|-----------|--|----------------------------------|---|--|----------------------|-----------|-------------|--------------|---|--|
| Last Name<br>(b)(3):Exemption 3 for 25(c)              |  |           | First<br>(b)(3):Exemption 3 for 25(c)                  |                                  | Middle<br>(b)(3):Exemption 3 for 25(c)  |  | Aliases/ Maiden Name |           |             |              |   |  |
| Address City/State/Zip<br>(b)(3):Exemption 3 for 25(c) |  |           |  |                                  | Phone #<br>(b)(3):Exemption 3 for 25(c) |  | Sex<br>M             | Race<br>W | Hgt<br>5'10 | Wgt<br>160   | Eyes<br>Blue                              |  |
| DOB<br>(b)(3):Exemption 3 for 25(c)                    |  | Age<br>30 | Social Security Number<br>(b)(3):Exemption 3 for 25(c) |                                  |   | Hair<br>Brown  | Skin<br>F            | Read<br>Y | Write<br>Y  | Married<br>N |   |  |
| Driver's License #                                     |  |           | (b)(3):Exemption 3 for 25(c)                           |                                  |   | Scars/Marks/Tattoos (Where on body and of what)<br>Scar - chin |                      |           |             |              |   |  |
| Charge Arrested For: (If Warrant include Warrant #)    |  |           |  |                                  |   |  |                      |           |             |              |   |  |
| 1 Agg DUI  |  |           |  |                                  |   |  |                      |           |             |              |   |  |
| 2  |  |           |  |                                  |   |  |                      |           |             |              |   |  |
| 3  |  |           |  |                                  |   |  |                      |           |             |              |   |  |
| 4  |  |           |  |                                  |   |  |                      |           |             |              |   |  |
| Arresting Officer 1<br>S-19                            |  |           |  | Assisting Officers<br>S-39, S-24 |   |  |                      |           |             |              | Date & Time of Arrest<br>9-14-2012 @ 1:33 |  |
| Location Arrested<br>(b)(3):Exemption 3 for 25(c)      |  |           |  |                                  |   |  |                      |           |             |              |   |  |
| Additional Info  |  |           |  |                                  |   |  |                      |           |             |              |   |  |
| Report Case Number(s)<br>A12-9548                      |  |           |  |                                  |   |  |                      |           |             |              |   |  |

9/14/2012



# Adams County Sheriff Department Case Report

Department Case Number: A12-09548

Related Case # 's:

## Case Information

Case Officer: S19 - Scott Doellman  
Offense Date/Time: 09/14/2012 - 04:10Hrs  
Offense Location: (b)(3):Exemption 3 f  
Offense Type: 0142 - Reckless Homicide  
Expiration Date:  
Jurisdiction: Adams County  
Court Date:  
Disposition:  
Disposition Date:  
Case Comments:

## Case Names

Name Type: Suspect

Name: (b)  
Address: (3):Exemptio  
n 3 for 25(c)

Sex: M Race: W DOB: (b)(3):Ex

Home Phone#:

ID#:

Additional Name Information:

SSN#:

## Case Items

Item Number: 001

Container #:

Process: Hold for investigative purposes

Current Custody: Submitted into Property - One Way Evidence Locker

Collection Date/Time: 09/14/2012 - 02:00Hrs

Collection Purpose: Invest Evidence

Collected By: S24 - Joe Lohmeyer

Collection Location: (b)(3):Exemption

Packaging/Quantity/Item Type: One sealed plastic evidence bag containi - 1 - COMPACT DISK

Detail Description: Pictures taken from accident scene at (b)(3):Exe

Owner: There is no owner associated with this item

Item Notes:

Item Number: 002

Container #:

Process: Hold for investigative purposes

Current Custody: Submitted into Property - One Way Evidence Locker

Collection Date/Time: 09/14/2012 - 05:30Hrs

Collection Purpose: Invest Evidence

Collected By: S39 - Sam Smith

Collection Location: ACSD

Packaging/Quantity/Item Type: One sealed plastic evidence bag containi - 1 - COMPACT DISK

Detail Description: DVD of interview conducted at ACSD

Owner: (b)(3):Exe

Item Notes:

Item Number: 003

Container #:

Process: Hold for investigative purposes

Current Custody: Submitted into Property - One Way Evidence Locker

Collection Date/Time: 09/14/2012 - 04:30Hrs

Collection Purpose: Invest Evidence

Collected By: S19 - Scott Doellman

Collection Location: ACSD

Packaging/Quantity/Item Type: Heat Sealed Packet - 1 - Video Tape (VHS)

Detail Description: VHS tape from s19 Squad

Owner: (b)(3):Exe

Item Notes:

9/14/2012



Adams County Sheriff  
Department Case Report  
Department Case Number: A12-09548  
Case Items

Item Number: 004

Container #:

Process: Hold for investigative purposes

Current Custody: Submitted into Property - One Way Evidence Locker

Collection Date/Time: 09/14/2012 - 02:51Hrs

Collection Purpose: Invest Evidence

Collected By: S19 - Scott Doellman

Collection Location: ACSO

Packaging/Quantity/Item Type: One sealed DUI KIT - 1 - DUI Kit

Detail Description: 1 DUI kit containing blood and urine samples

Owner: (b)(3);Exe

Item Notes:

Requested for Analysis On: 09/14/2012

Submitted To: Illinois State Police - Springfield Lab

Requested By: Joe Lohmeyer

Submission Type:

Examination(s) Requested: Toxicology

*Scott Doellman S19*

9/14/12

*[Signature]*

Case Officer Signature

Date

Supervisor Signature

|   |                 |
|---|-----------------|
| <b>ADAMS COUNTY SHERIFF</b><br><b>SUPPLEMENTAL CASE REPORT #4</b> | Case: 201209548 |
|   | Page: 1         |

|   |                |                                    |
|---|----------------|------------------------------------|
| Occur. Date/Time: 9/14/2012 12:03:46 AM | End Date/Time: | Evidence:                          |
| Occur. Location: (b)(3):Exemption       | Apt:           | City: (b)(3):Exemption 3 for 25(c) |

|              |                              |             |            |  |
|--------------|------------------------------|-------------|------------|--|
| Category     | PERSON                       | Involvement | ADDL. PER. | Person Type                              |
| Last Name    | (b)(3):Ex                    | First Name  | (b)(3):    | Middle Name (b)(3):Exemption 3 for 25(c) |
| Race         | WHITE                        | Sex         | MALE       | DOB (b)(3):Exemption 3 for 25(c)         |
| DL Number/St | IL                           | Name Type   | LEGAL      | Phone (b)(3):Exemption 3 for 25(c)       |
| HOME         | (b)(3):Exemption 3 for 25(c) |             |            |  |

|              |                              |             |            |  |
|--------------|------------------------------|-------------|------------|--|
| Category     | PERSON                       | Involvement | ADDL. PER. | Person Type                              |
| Last Name    | (b)(3):Exe                   | First Name  | (b)(3):Ex  | Middle Name (b)(3):Exemption 3 for 25(c) |
| Race         | WHITE                        | Sex         | FEMALE     | DOB (b)(3):Exemption 3 for 25(c)         |
| DL Number/St |                              | Name Type   | LEGAL      | Phone (b)(3):Exemption 3 for 25(c)       |
| HOME         | (b)(3):Exemption 3 for 25(c) |             |            |  |

Under the penalties as provided by law pursuant to 735, Section 5/1-109, Illinois Compiled Statutes, I certify that the statements and information set forth in this report are true and correct as to those matters said to be within my personal knowledge. Other matters contained therein, on information and belief, were reported to me as true.

Reporting Deputy SMITH, SAM

*Sam Smith #53*

Supervisory Review

*[Signature]* 9/24

ADAMS COUNTY SHERIFF'S DEPARTMENT  
SUPPLEMENTAL REPORT

OFFENSE DESCRIPTION  
AGGRAVATED DRIVING UNDER THE INFLUENCE OF ALCOHOL

CASE FILE NUMBER  
2012-09548

On 09/15/12 this RO received a phone call from the arrestee in this case identified as (b) on my cell phone while I was off duty. In speaking with (b)(3) he was extremely upset again over the incident involving the death of (b)(3):Exe and wanted to speak with me in regards to the case. He kept constantly saying he didn't understand why this could happen to him and didn't know what to do with himself. He also explained to me that he couldn't eat or sleep. I then advised him of the status of the case and that it would be forwarded on to the States Attorney Office for a review. (b) also stated that he was in the process of hiring a private attorney. I advised that I couldn't provide him with any legal advise however he needed someone to talk to about the case he could seek out family, friends or any staff at a church he may know. Shortly thereafter the phone call was terminated.

On 10/02/12 this RO had an opportunity to conduct two phone interviews. First is going to be with a female who was present at the time of the accident and also a first responder. That individual is going to be identified as (b) white female, dob (b)(3):Ex. This RO spoke with (b)(3) via phone call. She was at work at the time of the interview. I asked (b)(3) to go into her involvement in regards to the accident. (b)(3) stated that her fiancée is going to be identified as (b)(3):Exempti who was there on scene at the time of the incident and friends with (b) who also does work guiding for (b) occasionally. She states that she didn't remember who initiated the idea but the statement was

SA 10/10 PO \_\_\_\_\_ OTHER \_\_\_\_\_  
DATE SENT DATE SENT AGENCY/DATE  
[Signature]  
DEPUTY TYPIST  
SMITH, SAM BJF 10/02/12  
Page 1 of 6

ADAMS COUNTY SHERIFF'S DEPARTMENT  
SUPPLEMENTAL REPORT

OFFENSE DESCRIPTION

AGGRAVATED DRIVING UNDER THE INFLUENCE OF ALCOHOL

CASE FILE NUMBER

2012-09548

made to have a cookout at (b) residence (the Golden Triangle Property) and possibly a bon fire.

(b) stated that she then texted (b)(3) who she has been very good friends with for a long time and invited her and also (b) friend (b)(3):Exempti out to Golden Triangle Outfitter business for the cookout. (b)(3) stated however it ended up raining that night so the bon fire did not occur. She stated to her knowledge (b)(3) had been out to the Golden Triangle property in the past. She stated that she believed the first time was approximately May of this year. She had invited (b) out to the property to swim in the lake. She would estimate that (b)(3) has been to the Golden Triangle property approximately 20 times for similar social gatherings. When I asked who was present at the property on the evening of the accident she stated both (b) and (b) along with (b), (b), (b)(3):E, her fiancée (b)(3):, and also (b). She stated that she had gone to the property that evening with (b). She stated that prior to supper that everyone was consuming a small amount of alcohol. She believes that the drinks were between before supper being cooked and during supper. She stated that she had approximately 2 drinks and she estimated that everyone else to have approximately 2 drinks. She said nobody was consuming any alcohol after supper whenever everyone was operating the atv's. She stated that all the girls were inside the residence and all the guys after supper had gone outside and were riding atv's. She stated that everyone was taking turns riding all the different various atv's that were on the property at the time. She stated she believed what were two atv's there and one

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DATE SENT DATE SENT

*[Signature]*  
 DEPUTY  
 SMITH, SAM

TYPIST  
 BJF 10/02/12

ADAMS COUNTY SHERIFF'S DEPARTMENT  
SUPPLEMENTAL REPORT

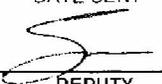
OFFENSE DESCRIPTION

AGGRAVATED DRIVING UNDER THE INFLUENCE OF ALCOHOL

CASE FILE NUMBER

2012-09548

side by side Artic Cat. (b) said the Artic Cat belonged to (b) or (b) who she stated was the owners or operators of the property. She believed the other atv belonged to (b) and the last atv belonged to her fiancée (b). She couldn't recall how (b)(3):E atv had gotten to the property - if they brought it that evening or if it was already there. She stated she wouldn't be surprised if it was already there due to the fact that he does work there at Golden Triangle on occasion. She stated prior to going out to the Golden Triangle property that evening there were no intentions to ride atv's that evening however due to the rain they couldn't have the bon fire so she believed it was just decided to ride atv's. Again, she reiterated all the females were inside the residence after supper, cleaning up and they then looked out and saw that the guys were all out on the four wheelers riding around. They then decided to go out and join in. She stated that at the time of the accident she believed she was in the garage when the accident occurred. She then went to see the accident. Upon her arrival she observed blood coming from (b)(3):Exempt car. She stated that (b) was laying on her right side and she appeared to be initially vomiting blood. She then checked (b)(3): eyes to which she stated were fixed and dilated. She stated that in her opinion would be indicative of a brain injury. She stated that upon her initial observation (b) was unresponsive however she was breathing and she stated that her heart rate would be deemed fast but a weak pulse. She stated they then held (b) there stable and someone assisted her however she couldn't say whom. She stated eventually (b)(3): breathing and color began

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|  |  | # 3-03      |                   |
| DEPUTY  |   |             | TYPIST            |
| SMITH, SAM  |   |             | BJF 10/02/12      |

ADAMS COUNTY SHERIFF'S DEPARTMENT  
SUPPLEMENTAL REPORT

OFFENSE DESCRIPTION

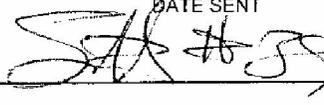
AGGRAVATED DRIVING UNDER THE INFLUENCE OF ALCOHOL

CASE FILE NUMBER

2012-09548

to worsen and at that time someone had called 911. She stated in her opinion her breathing would be agnail and she begun to vomit blood on and off again. (b) also stated she recalled on of the guys asking if (b) was ok, while she first started administering aid. (b) recalled she remembers someone asking if (b)(3) was just "knocked out". She then put (b) on her back and could not feel a pulse and could not feel any air coming from (b). She then began CPR. She stated a short time thereafter, first responder arrived on scene and assisted her and providing chest compressions while she continued rescue breathing. Eventually Adams County ambulance crew arrived on scene and she assisted them until (b)(3) was placed on the board and placed in the back of the ambulance. She stated that after (b)(3) was transported from the scene she and (b) responded to the Blessing ER. (b) then provided me with (b) contact information. I then ended the interview with (b).

I then contacted (b), white female, dob (b) via cell phone. I spoke with her during a break in her class. (b) stated that she had known (b) since they were in high school and they were going to be roommates at a house that (b) family had just purchased for her. She stated that she became closer with (b) in the recent several months due to both going through a break up with their boyfriends and that the evening of the accident (b)(3) had encouraged her to go out to the Golden Triangle property so she could introduce her to (b). She stated her and (b) had texted

|   |   |             |                   |
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|  |  |             |                   |
| DEPUTY  |   |             | TYPIST            |
| SMITH, SAM  |   |             | BJF 10/02/12      |

ADAMS COUNTY SHERIFF'S DEPARTMENT  
SUPPLEMENTAL REPORT

OFFENSE DESCRIPTION

AGGRAVATED DRIVING UNDER THE INFLUENCE OF ALCOHOL

CASE FILE NUMBER

2012-09548

several times throughout the day in regards to making arrangements to go to the Golden Triangle property for a bon fire and also a cookout. She stated she had been on the property one previous other time. She confirmed the individuals on scene the evening of the accident are going to be (b) (2)(F) (b) (2)(F) (b) (2)(F) (b) (2)(F) (b) (2)(F) and (b) (2)(F). She said she had rode out to the property with (b) (2)(F) that evening. Upon their arrival there she stated everyone had a few drinks socially before and during supper. She stated she believed she had approximately 2 drinks. When I asked if she knew who owned or operated the property she stated she believed it was (b) (2)(F). She stated she had met (b) (2)(F) the last visit out to the property through (b) (2)(F). After supper the girls were inside the residence when the guys went out and started riding which she believed were three four wheelers and one artic cat. She had no clue who owned the atv's in question. She stated she was on the artic cat just before (b) (2)(F) had got on there previous to the accident. She again stated that at the time of the accident she remembers something to the instance of (b) (2)(F) stating they had to leave fairly shortly because (b) (3) and her had to get up early the next morning. She believed it was sometime around 11:45pm when (b) (3) looked at her phone and then because she was having so much fun (b) (2)(F) stated that she was going to get on the artic cat. She stated at the time of the accident she did not see what had occurred as she was in the garage talking with (b) (2)(F). When the accident occurred she stated that her and (b) (2)(F) ran out to where the accident was and (b) (2)(F) began to provide care to (b) (3). She stated at the

SA \_\_\_\_\_ PO \_\_\_\_\_ OTHER \_\_\_\_\_ AGENCY/DATE \_\_\_\_\_  
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 DEPUTY  
 SMITH, SAM  
 TYPIST  
 BJJ 10/02/12  
 Page 5 of 6

ADAMS COUNTY SHERIFF'S DEPARTMENT  
SUPPLEMENTAL REPORT

OFFENSE DESCRIPTION

AGGRAVATED DRIVING UNDER THE INFLUENCE OF ALCOHOL

CASE FILE NUMBER

2012-09548

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time of the accident she believed it was only (b) and (b) out riding an atv. She stated she didn't know what to do when (b) was providing care to (b)(3) therefore she stayed back. She did remember hearing someone say that (b)(3) was bleeding from the ears, nose, and mouth. (b) stated that she then went inside and got (b) phone and contacted (b) parents to inform them that there had been an accident and they would be going to the ER. (b) stated after a short while the ambulance crew arrived on scene and transported (b) from the area back to the ER. She stated that then her and (b) took (b)(3) car and went to the ER. The interview was then concluded.

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|   |                 |             |                   |
|---|-----------------|-------------|-------------------|
| SA _____  | PO _____        | OTHER _____ | AGENCY/DATE _____ |
| DATE SENT _____   | DATE SENT _____ |             |                   |
| <br>DEPUTY |                 |             | TYPIST            |
| SMITH, SAM  |                 |             | BJF 10/02/12      |

ADAMS COUNTY SHERIFF'S DEPARTMENT  
SUPPLEMENTAL REPORT

OFFENSE DESCRIPTION

AGGRAVATED DRIVING UNDER THE INFLUENCE-ALCOHOL

CASE FILE NUMBER

2012-09548

On 09-14-12, I, Deputy Adam Goehl, arrived at the Adams County Sheriff's Office after responding to an ATV fatality at Golden Triangle Outfitters in Clayton IL.

I met with Sergeant Joe Lohmeyer at the Adams County Sheriff's Office in Investigations. At that time an interview was being conducted with the subject identified as (b) (2)-Exemption (b) (2)-Ex was being interviewed by Investigator Sam Smith.

During the interview, it was explained that (b) (2)-Ex had 1/2 beer and cigarette on the back porch of the residence where the incident occurred. Sergeant Lohmeyer asked me to respond back to the scene to see if the item of the 1/2 beer was still sitting on the back porch where (b) (2)-Ex had explained he sat it.

At that time I left the Adams County Sheriff's Office and responded to the scene of the incident. I made contact with (b) (2)-Ex and explained to (b) (2)-Ex that I was looking for an item on his back porch and also asked (b) (2)-Ex if any of the items outside had been cleaned up. (b) (2)-Ex stated no bottles or cans had been cleaned up from the time of the incident.

---

SA 10/12 PO \_\_\_\_\_ OTHER \_\_\_\_\_ AGENCY/DATE \_\_\_\_\_  
DATE SENT DATE SENT

*Adam Goehl*  
 DEPUTY  
 GOEHL, ADAM

TYPIST  
 PAH 09-24-12

*on*

ADAMS COUNTY SHERIFF'S DEPARTMENT  
SUPPLEMENTAL REPORT

OFFENSE DESCRIPTION

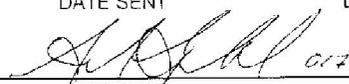
AGGRAVATED DRIVING UNDER THE INFLUENCE-ALCOHOL

CASE FILE NUMBER

2012-09548

At that time I went to the back porch area and all around the house. I was unable to locate a 1/2 bottle of Bud Light, which was explained in the interview.

I then contacted Sergeant Lohmeyer at the Adams County Sheriff's Office. Sergeant Lohmeyer stated that (b) could not remember if he had thrown the bottle or sat it down. I then checked the area around the house in a bigger span but was unable to locate the bottle.

|   |           |             |                   |
|---|-----------|-------------|-------------------|
| SA _____  | PO _____  | OTHER _____ | AGENCY/DATE _____ |
| DATE SENT   | DATE SENT |             |                   |
|  |           |             | TYPIST            |
| DEPUTY<br>GOEHL, ADAM   |           |             | PAH 09-24-12      |

ADAMS COUNTY SHERIFF'S DEPARTMENT  
SUPPLEMENTAL REPORT

OFFENSE DESCRIPTION  
AGGRAVATED DUI-ALCOHOL

CASE FILE NUMBER  
2012-09548

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On 10-10-12, this RO was forwarded an email from Sergeant Joe Lohmeyer that he received from Coroner Jim Keller in regards to (b) [redacted] toxicology at the time of her autopsy. It was revealed that her blood alcohol level was .042 with no other additional items found in her system.

---

SA 10/14 PO \_\_\_\_\_ OTHER \_\_\_\_\_  
DATE SENT DATE SENT AGENCY/DATE  
Sam Smith #37 [Signature]  
DEPUTY TYPIST  
SMITH, SAM PAH 10-12-12





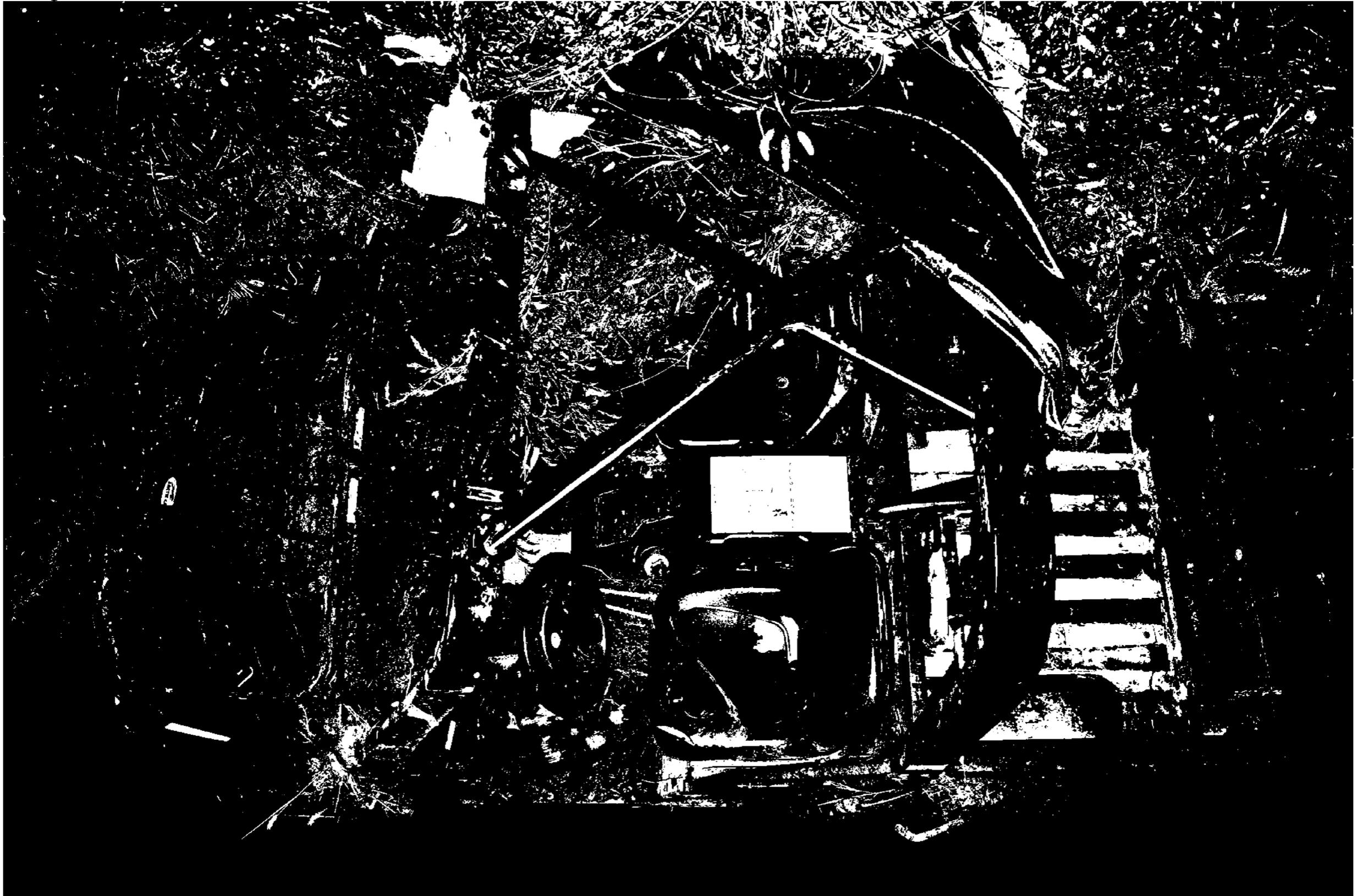


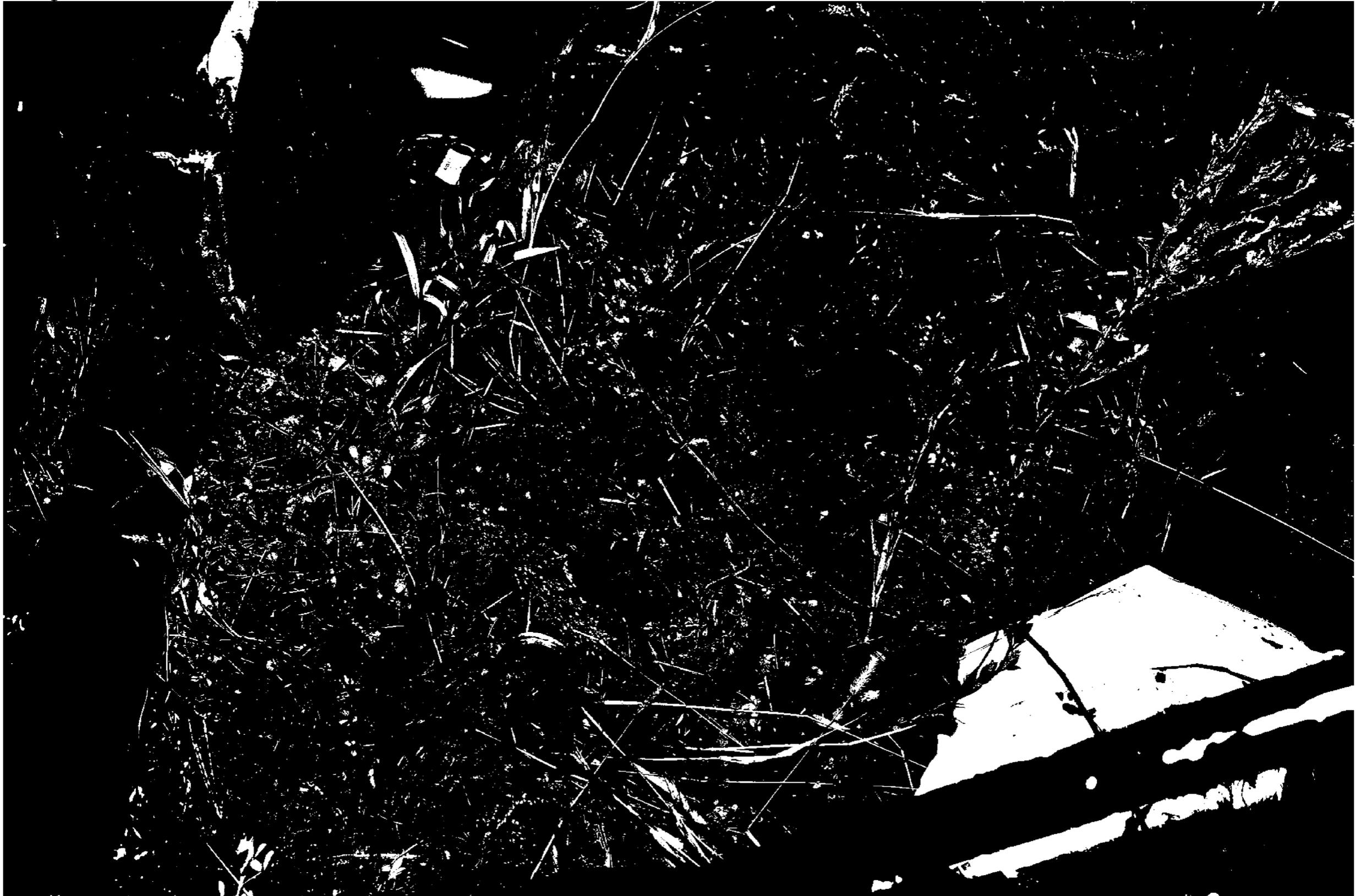
















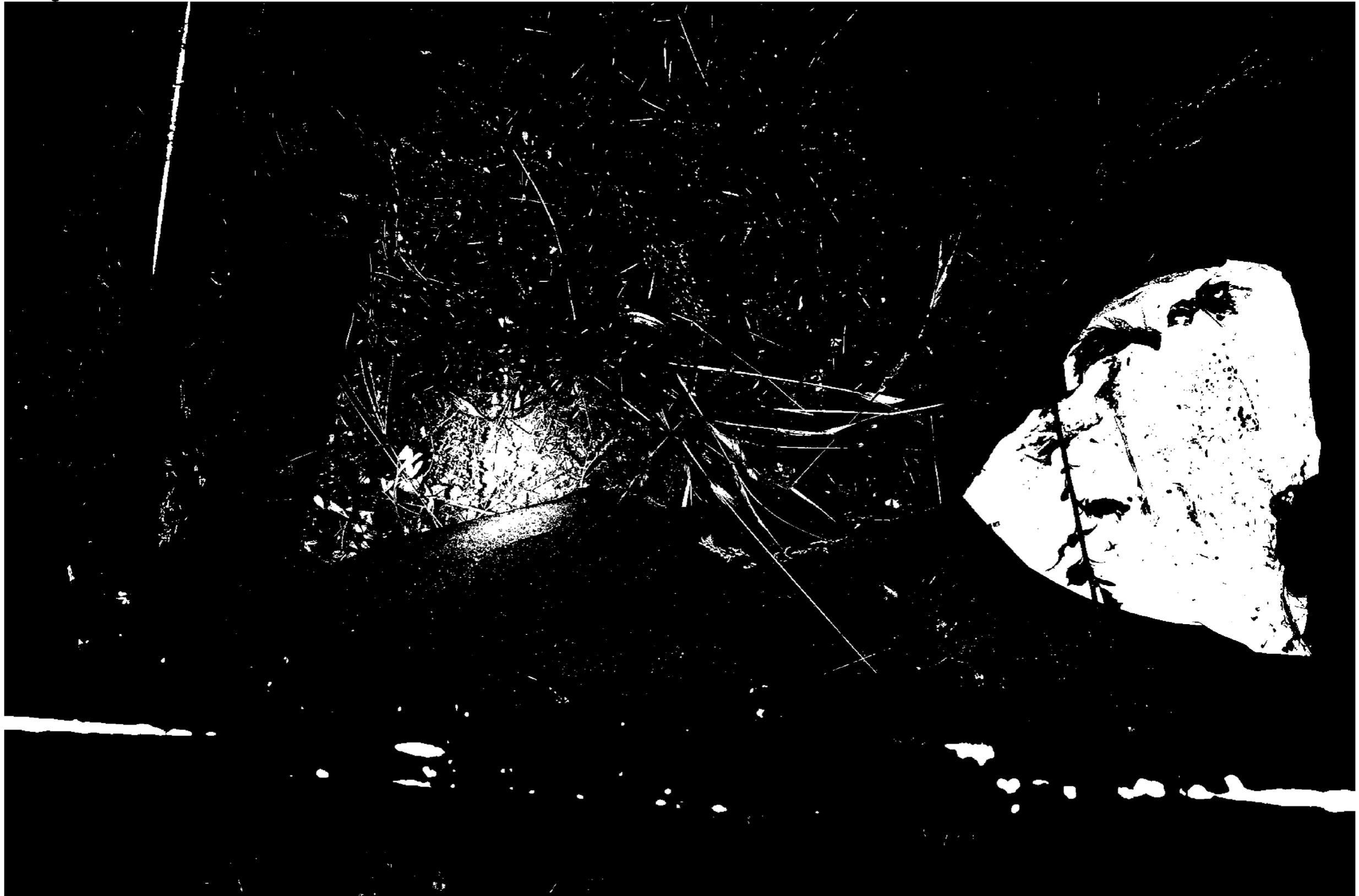


















(b)(3): Exemption 3 for 25(c)



**Blessing Hospital**

11th & Broadway Quincy, Illinois 62305 (217) 223-1200

**Selected Document**

Patient Name: (b) Admit Date: 09/14/2012 Attending: Solaro, Christopher R.  
 MRN: (3):Exempti Account Number: (b)(3):Exe  
 Date of Birth: on 3 for 25( Discharge Date: 09/14/2012  
 Age: 25y Location: ED Waiting Room  
 Gender: Female Primary Dx: Atvacc

**History and Physical**

CHIEF COMPLAINT: All-terrain vehicle accident.

HISTORY OF PRESENT ILLNESS: The patient had been found by EMS near a field, close to Siloam Springs, lying down near a multi-person ATV with bystanders attending to the patient and performing CPR. Most of the history is from the emergency personnel. Apparently the patient was a passenger of this multi-passenger ATV which had a roll bar. It is unknown how the accident happened but apparently the ATV was on its side. Bystanders had said that she was responsive for approximately one minute following the accident before she became unconscious. When emergency personnel arrived, she was asystole with no signs of life. The ACLS protocol being followed, she was brought to the trauma bay 3 in full arrest. After now, almost 1 hour and 15 minutes of asystole, the patient was evaluated with both ultrasound, performed by emergency room physician, to the heart without activity being seen. The patient had no obvious deformities. She had been intubated. She was on a back board. Reportedly she did have ETOH on board per EMS.

The patient was at that point, after conferencing with those personnel in the room, there was no other suggestions or objections to call in the code at that time. Therefore, she was pronounced dead and CPR was stopped at that point. I did speak with the parents.

D: 09/14/2012 01:40:17  
 T: 09/14/2012 02:31:09  
 TSS:US  
 Dictate # 9134348  
 Dictating Clinician: Timothy S Smith, DO  
 CC:

**Electronic Signatures:**

Smith, Timothy Scott (DO) (Signed on 17-Sep-2012 09:52)

*Authored*

Interfaces, HL7 (IT) (Entered on 14-Sep-2012 02:31)

*Entered*

*Last Updated: 17-Sep-2012 09:52 by Smith, Timothy Scott (DO)*

| Document History |                           |                 |  |                        |
|------------------|---------------------------|-----------------|--|------------------------|
| When             | Who                       | Revision Status | Signature Status                       | Reason                 |
| 09/17/12 09:52   | Smith, Timothy Scott (DO) | Not Revised     | Signed in Full                         |                        |
| 09/14/12 02:31   | Interfaces, HL7 (IT)      | Entered         | Signed w/additional Signatures Pending | Received via Interface |

The information contained in this report is confidential. If you have received this document in error, please notify the Medical Records department.

Blessing Hospital

11th & Broadway Quincy, Illinois 62305 (217) 223-1200

Selected Document

Patient Name: (b) Admit Date: 09/14/2012 Attending: Solaro, Christopher R.  
 MRN: (3);Exemptio Account Number: (b)(3);Exe  
 Date of Birth: n 3 for 25(c) Discharge Date: 09/14/2012  
 Age: 25y Location: ED Waiting Room  
 Gender: Female Primary Dx: Atv acc

ED Rapid Triage

General Information:

General Information:

· History/Chief Complaint Trauma  
 · Acuity Level 1  
 · Treatment area Acute

Vitals:

Vitals:

· Patient On Patient on AMBU bag

Pain:

Pain:

· Pain Rating 0 (no pain)  
 · Type of Pain Rating Faces

Body Measurement:

Body Measurements:

· Weight: lbs 120 lb  
 · Weight: kg 54.431 kg  
 · Height: feet 5 Feet  
 · Height: inches 7 inch  
 · Height: cm 170.1 cm  
 · Weight Type State

Allergies:

Latex Allergy:

· Allergy to Latex, Rubber, Fruit, or Nuts Unknown

Allergies:

· Allergy Status Unknown: Unresponsive Active

Electronic Signatures:

Wiley, Randi (RN) (Signed 14-Sep-2012 08:22)

Authored: General Information, Vitals, Pain, Body Measurement, Allergies

Last Updated: 14-Sep-2012 08:22 by Wiley, Randi (RN)

The information contained in this report is confidential. If you have received this document in error, please notify the Medical Records department.

**Blessing Hospital**

11th & Broadway Quincy, Illinois 62305 (217) 223-1200

**Selected Document**

Patient Name: (b) Admit Date: 09/14/2012 Attending: Solaro, Christopher R.  
 MRN: (3):Exempti Account Number: (b)(3):Exe  
 Date of Birth: on 3 for 25( Discharge Date: 09/14/2012 :  
 Age: 25y Location: ED Waiting Room  
 Gender: Female Primary Dx: Atv acc

| Document History |                  |                 |                  |        |
|------------------|------------------|-----------------|------------------|--------|
| When             | Who              | Revision Status | Signature Status | Reason |
| 09/14/12 08:22   | Wiley, Rand (RN) | Entered         | Signed in Full   |        |

09/14/2012 08:22  
 09/14/2012 08:22  
 09/14/2012 08:22

The information contained in this report is confidential. If you have received this document in error, please notify the Medical Records department.

**Blessing Hospital**

11th & Broadway Quincy, Illinois 62305 (217) 223-1200

**Selected Document**

|                            |                            |                                   |
|----------------------------|----------------------------|-----------------------------------|
| Patient Name: (b)          | Admit Date: 09/14/2012     | Attending: Solaro, Christopher R. |
| MRN: (3);Exempti           | Account Number: (b)(3);Exe |                                   |
| Date of Birth: on 3 for 25 | Discharge Date: 09/14/2012 |                                   |
| Age: 25y                   | Location: ED Waiting Room  |                                   |
| Gender: Female             | Primary Dx: Atv acc        |                                   |

**ED Patient Note**

Prehospitalization Medications:

Outpatient Medication Review:

\* Unknown Medication History as of 14-Sep-2012 08:22 documented in Structured Notes

PRL Reviewed:

|                               |           |
|-------------------------------|-----------|
| Home Medication List Reviewed | Yes       |
| INFORMATION OBTAINED FROM     | EMS staff |

Assessment:

Patient Age:

This is a 25 year old.

Assessment:

|   |  |
|---|--|
| ASSESSMENT TYPE                           | Adult (20+)  |
| - TETANUS                                 | Unknown or > 5 years                               |
| - PATIENT WISHES?                         | Full CPR   |
| - ADVANCE DIRECTIVES                      | No   |
| - HISTORY OF TOBACCO USE:                 | unknown if ever smoked                             |
| - Unknown status indicated:               | Patient unresponsive                               |
| - TOBACCO CESSATION EDUCATION - ATTEMPTED | Blessing Hospital smoking brochure left at bedside |
| - LMP                                     | Unknown  |
| - HISTORY OF CHRONIC PAIN                 | No   |

Screenings:

Screenings:

|  |                   |
|--|-------------------|
| Affect   | Inappropriate     |
| - Support  | Parents           |
| - Living Environment   | Private residence |
| - Have you had any difficulty with or sought help for...         | unknown           |
| - Do you feel safe going back to the place where you are living? | unknown           |
| - Injuries/illness consistent with history?                      | unknown           |
| - Are you able to get enough to eat?                             | unknown           |
| - Do you need any help with ADL's/Walking?                       | unknown           |

Allergies:

Allergies:

- No Known Drug Allergies: Drug, Unknown, Active
- Allergy Status Unknown: Unresponsive, Active

ED Note Complete:

ED Patient Note Complete:

The information contained in this report is confidential. If you have received this document in error, please notify the Medical Records department.

**Blessing Hospital**

11th & Broadway Quincy, Illinois 62305 (217) 223-1200

**Selected Document**

|                            |                            |                                   |
|----------------------------|----------------------------|-----------------------------------|
| Patient Name: (b)          | Admit Date: 09/14/2012     | Attending: Solaro, Christopher R. |
| MRN: (3):Exempti           | Account Number: (b)(3):Exe |                                   |
| Date of Birth: on 3 for 25 | Discharge Date: 09/14/2012 |                                   |
| Age: 25y                   | Location: ED Waiting Room  |                                   |
| Gender: Female             | Primary Dx: Atvacc         |                                   |

**ED Patient Note**

ED Patient Note Complete      Except Medications

**Electronic Signatures:**

Wiley, Randi (RN) (Signed: 14-Sep-2012 08:24)

*Autored: Prehospitalization Medications, Assessment, Screenings, Allergies, ED Note Complete*

*Last Updated: 14-Sep-2012 08:24 by Wiley, Randi (RN)*

| Document History |                   |                 |                  |        |
|------------------|-------------------|-----------------|------------------|--------|
| When             | Who               | Revision Status | Signature Status | Reason |
| 09/14/12 08:24   | Wiley, Randi (RN) | Entered         | Signed in Full   |        |

The information contained in this report is confidential. If you have received this document in error, please notify the Medical Records department.

ADAMS COUNTY CORONER'S OFFICE  
DEATH INVESTIGATION

DECEASED: (b)(3):Exemption 3 for  
ADDRESS: 25(c)  
DOD 09/14/2012  
DOB (b)(3):Exe  
TOD 01:20

On 09/14/2012, at approximately 01:48, I received a call from Adams County Dispatch to call the Blessing Hospital Emergency Department in reference to a death. Upon calling the Blessing Hospital Emergency Department, I spoke with the nursing supervisor, Mr. Chuck Miller, who stated that there had been the death of a 25-year-old female who died as a result of injuries sustained in an ATV crash in which she was a passenger. I stated to Supervisor Miller that I would respond to the Blessing Hospital Emergency Department.

Upon responding to the Emergency Department at approximately 01:57, I spoke with Supervisor Miller who stated that Ms. (b)(3):Exem, age 25, died as a result of injuries sustained in an ATV crash that occurred at a location called the Golden Triangle Outfitters in Rural Clayton, which is near Siloam State Park. The nursing supervisor stated that Ms. (b)(3) is the daughter of Dr. (b)(3):Exempti. The nurse stated that Ms. (b)(3) was a passenger on an ATV which overturned. The nurse stated that there was a fair amount of blood loss at the scene where CPR was started by an intensive care nurse who was also at the location with Ms. (b) during the evening. The nurse stated that there was blood emitting from the left ear and the nares.

I spoke with Dr. (b) who stated that he is the father of Ms. (b) and I also spoke with Mrs. (b)(3):Exemptio who stated that she is the mother of Ms. (b)(3) (b)(3): Mr. and Mrs. (b)(3): were naturally very devastated by the loss of their daughter. The family stated that they were not sure of many details of the incident at this time except that they understood that she was a passenger. I stated to Dr. and Mrs. (b)(3) that a postmortem examination would be performed on their daughter due to the fact that she was a passenger on the ATV. I stated that I would come to their residence and inform them of the preliminary results of the examination.

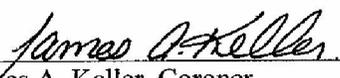
Upon examination of the decedent, the body is that of a white female who appears the stated age of 25 years. The decedent had blood emitting from her left ear and also blood appearing in both nares. There was an endotracheal tube present. There was blood, emesis and grass present in the hair of the decedent. The head appeared normal in appearance and upon palpation of the head, there were no lacerations or abrasions noted.

The nurse in charge of the patient's care stated that there were several people out at the get together and one was a nurse by the name of (b)(3):Exem. Ms. (b)(3): began administering CPR prior to the arrival of the paramedics.

The nurse stated that Ms. (b)(3) was in the family room in the Emergency Department. Upon responding to the family room, I spoke with Ms. (b)(3), whose date of birth is (b)(3)E, and whose address is (b)(3)Exemption 3 for 25(c). Ms. (b)(3) stated that they had arrived at approximately 8 p.m. to have a cookout and ride some four wheelers. Ms. (b)(3) stated that there were several, approximately 6 to 7 people. Ms. (b)(3) stated that they were riding four wheelers earlier and they were switching between drivers and passengers. She stated that everyone else was back at the house except for (b)(3), who was driving an ATV, and (b)(3) who was the passenger. Ms. (b)(3) stated that they heard a crash and that was when she noted that the vehicle appeared to be on its side. She stated that she was unable to see the vehicle itself but noted the headlights. Ms. (b)(3) stated she immediately responded to the crash and discovered (b)(3) lying on the ground with blood emitting from her nose and left ear. She stated that she first checked for a pulse and then she stated there were agonal respirations and CPR was started. I asked if the ATV was on top of (b)(3). Ms. (b)(3) stated that it was not. Ms. (b)(3) stated that 911 was immediately called and she continued CPR until the arrival of the Adams County paramedics. Ms. (b)(3) stated that everyone had been drinking and they had ate at supper at approximately 9:30 – 10:00. After they ate, everyone road the ATV's and she was fairly sure there was no drinking then. I asked if the driver was (b)(3) boyfriend and Ms. (b)(3) replied that he was not her boyfriend, that they were just riding together on the four wheeler. Ms. (b)(3) stated that the all-terrain vehicle which they were on was a gator-type all-terrain vehicle, not a normal sized four wheeler, the kind in which the passenger sits next to the driver. (b)(3) stated that they were not on a hilly terrain; they were in the field when the incident occurred.

I left the Blessing Hospital Emergency Department at approximately 03:30. I went to the Sheriff's Department and briefly spoke with Deputy Doellman, who stated that (b)(3)Ex (b)(3), age 30, whose address is (b)(3)Exemption 3 for, was the driver of the all-terrian vehicle. He had been arrested and will be charged with aggravated driving under the influence of alcohol. I stated to Deputy Doellman that a postmortem examination would be performed and that I stated that if he wished to know the results of the examination, he could call the office and obtain the results.

A Post Mortem Examination was performed on Ms. (b)(3)Exemption 3 fo on 09/14/12 at Blessing Hospital in Quincy, Illinois. The body of Ms. (b)(3)Exemption 3 for was released to the Duker & Haugh Funeral Home on completion of the examination.

  
James A. Keller, Coroner  
Adams County Coroner's Office

**Report of Coroner's Physician to the  
Coroner of Adams County, Illinois**

I, Robert W. Gutekunst, M.D. have performed a necropsy on the body identified to me by the coroner of this county as being:

NAME: (b)(3):Exemption 3 Date of Death: 9/14/12

Place of Death: Quincy, Illinois

Place of Examination: Quincy, Illinois

Performed for: James Keller, Adams County Coroner

In my opinion, the cause of death was as follows:

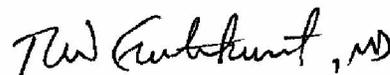
**Immediate Cause: Basal skull fracture due to motor vehicle crash.**

Other significant conditions contributing to death, but not related to the terminal conditions given above:

None

My conclusions are based on the following observations and findings:

1. Coroner's field report
2. Autopsy findings
3. Toxicology report



Robert W. Gutekunst, M.D.

name: (b)(3):Exemption 3 for  
 hospital no.: COR-274  
 age/sex: 25 y.o. F  
 date of birth: (b)(3):Exe  
 physician(s): Robert W. Gutekunst, M.D.

autopsy number: A12-22  
 date admitted: 09/14/2012  
 date expired:  
 date autopsied: 09/14/2012  
 extent of exam:

**Final Pathologic Diagnosis**

POST MORTEM EXAMINATION REPORT FOR  
ADAMS COUNTY CORONER'S OFFICE

**FINAL REPORT**

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

AUTOPSY NO: A12-22

AGE: 25 (7/6/87)

SEX: Female

PERFORMED BY: Robert W. Gutekunst, M.D.

PERFORMED ON: 9/14/12

PERFORMED FOR: James Keller, Adams County Coroner

**ANATOMIC FINDINGS:**

1. Basal skull fracture.
2. Focal disruption and hemorrhage of pons.
3. Small abrasion, right 5th finger.

**TOXICOLOGY:**

**BLOOD**

|          |          |               |
|----------|----------|---------------|
| Ethanol  | POSITIVE | 0.042 % (w/v) |
| Caffeine | POSITIVE |               |

**VITREOUS**

|         |          |               |
|---------|----------|---------------|
| Ethanol | POSITIVE | 0.027 % (w/v) |
|---------|----------|---------------|

**CAUSE OF DEATH:** Basal skull fracture due to motor vehicle crash.

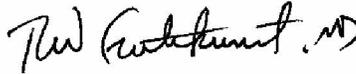
(b)(3):Exempt

autopsy number: A12-22

COMMENT: The cause of death in this case is determined to be a fairly extensive basal skull fracture. This fracture extended across both squamous temporal bones, with extension into the orbital plate of the left frontal bone as well. The fracture is associated with partial disruption of the pons, with parenchymal and subarachnoid hemorrhage. Aspirated blood from the injuries was present throughout the respiratory tract, including within intra-alveolar spaces. Although no significant external injuries are identified on the head or scalp, basal skull fractures are generally the result of blunt force trauma of the head. In general, fractures of the skull tend to run in the direction of impact. Therefore, it is most likely that the injuries in this case are related to an impact to one side of the head or the other.

No other significant anatomic findings are identified grossly or microscopically. Toxicology reveals only low levels of ethanol in blood and vitreous.

\*\*\*Electronically Signed Out\*\*\*  
Robert W. Gutekunst, M.D.  
10/05/2012 11:31



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**CIRCUMSTANTIAL SUMMARY (CLINICAL HISTORY):** The deceased was the passenger in an all terrain vehicle that apparently lost control on wet ground and crashed. She was unresponsive at the scene. She was transported to Blessing Hospital ER but could not be resuscitated.

**DOCUMENTS AND EVIDENCE EXAMINED:** Adams County Coroner's Field Report, conversation with Jim Keller of the Adams County Coroner's Office.

**X-RAYS:** None.

**IDENTIFICATION:** On 9/14/12 at approximately 11:15 A.M., a complete post mortem examination was performed on the body of Sarah Birsic, who was presumptively identified. Persons present for the autopsy include Bill Hummert, pathologist assistant, and Jim Keller, Adams County Coroner's Office.

**CLOTHING AND VALUABLES:** Black bra, pink panties, earring in left ear with clear stone, piercing on left side of nose with clear stone.

**EXTERNAL EXAMINATION:** The body is that of a well developed, well nourished white female adult appearing the given age of 25 years. The body length is 5 feet and 0 inches, and the body weight is estimated to be 120 pounds. Scalp hair is brown. Jaundice is not present in the skin or sclerae.

There are no external injuries or deformities of the head. The irides are hazel and the sclerae are white. The pupils are round and equal in diameter. There are no contact lenses present and there are no conjunctival petechiae. The nose is without fracture or deformity. There is blood in the nares and mouth. Teeth are present. There is no denture. Oral hygiene is good. The two ears are pierced. Blood is present coming from both ears.

The anteroposterior diameter of the chest is not increased. The breasts are symmetrical without palpable masses and the nipples appear normal without discharge. The abdomen is without significant distention or discoloration. The external genitalia are those of a normally developed female adult. The anus is not dilated and has no evidence of injury. There is no vaginal injury. The extremities are without edema, deformity, or blunt force injury. No scars or tattoos are visible.

**SIGNS OF DEATH:** Rigor mortis is generalized and post mortem lividity is purple and partially fixed and blanching on the posterior surface of the body.

**ARTIFACTS:** The following artifacts of medical care are present: Cardiac monitor pads, cardioversion pads on the chest, neck brace and intravenous lines in both arms and right tibial needle.

No artifacts of post mortem care or advanced decomposition are present.

**INJURIES:** There is a small 1/4 inch abrasion on the posterolateral aspect of the right fifth finger. No other significant external injuries are identified.

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There are no external injuries of the scalp. However, when the scalp is reflected, there is a small amount of subgaleal hemorrhage in the frontal region. When the calvarium is removed, there is no evidence of epidural or subdural hematoma. There appears to be a very slight amount of subarachnoid hemorrhage of the lateral aspect of the right cerebral hemisphere. There is only a small amount of blood present in the region of the mid-brain. The mid-brain itself is partially disrupted, generally in the region of the anterior pons. Sections through this reveal associated parenchymal hemorrhage. There is a small amount of blood present in the lateral ventricles. When the dura is stripped from the skull, there is an extensive basal skull fracture running horizontally across both squamous temporal bones. This fracture can be separated by almost 3/4 of an inch. There is additional extension of this fracture involving the orbital plate of the frontal bone on the left side.

**INTERNAL EXAMINATION:**

**SEROUS CAVITIES:** The body cavities are opened with a standard Y-shaped incision. The cranial cavity is opened with a coronal incision of the scalp and removal of the calvarium.

There is no evidence of pneumothorax. There is no blood or effusion in either pleural cavity. The pleural surfaces are smooth and glistening and there are no pleural adhesions. There is no evidence of pericarditis or pericardial effusion. There is no evidence of peritonitis. There is no blood in the peritoneal cavity. There is no ascitic fluid. After removal of the organs from the body, inspection of the serous cavities reveals no evidence of fracture of the ribs, sternum, clavicles, vertebral column, or pelvic bones. Contusion hemorrhage is not present in the adjacent body walls.

**NECK ORGANS:** The larynx and trachea are in the midline. No significant hemorrhage is present in the skin, fat, or sternocleidomastoid muscles of the anterior neck. The strap muscles are free of hemorrhage. The thyroid gland is symmetrical and composed of reddish-brown parenchyma. There is no hemorrhage in the intrinsic muscles of the larynx. The laryngeal cartilages and hyoid bone are not fractured. There is no obstruction of the respiratory tract in the nasopharynx, larynx, or trachea. There is blood in the larynx. The mucosa of the hypopharynx, larynx, and trachea is smooth and glistening without ulceration or tumor. Cervical lymph nodes are unremarkable in size, shape, and consistency. No fractures or dislocation of the cervical vertebra are detected from anterior palpation and range of motion evaluation.

**THYMUS:** The thymus is not identified.

**HEART:** The 240 gram heart is in the appropriate location with respect to the great vessels and chest cavity. The left ventricle is firm. The left ventricle is not significantly hypertrophied and the cardiac chambers are not dilated. On opening the aorta and pulmonary trunk, there is no evidence of air embolism and there is no evidence of pulmonary thromboembolism. There is no pericarditis. There are no epicardial petechiae. The circumflex coronary artery is a continuation of the right coronary. The coronary arteries are examined by multiple cross sections. There is no atherosclerotic plaque in the major coronary arteries.

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Thrombosis of a coronary artery is not present. The cardiac valve leaflets are delicate, translucent, and membranous. The circumferences of the cardiac valves are within normal limits for age and heart size.

There is no softening or mottling of the myocardium due to recent myocardial infarction or necrosis. There is no healed myocardial injury. There is no myocardial contusion. There are no defects in the atrial or ventricular septa. The ductus arteriosus is not patent. Autolysis is not significant.

**VASCULAR SYSTEM:** The aorta and its main branches show no atherosclerosis. There is no evidence of aneurysm, coarctation, dissection, or laceration of the aorta. The renal arteries are not stenotic.

**LUNGS:** Right: 430 grams. Left: 260 grams. There is no atelectasis. The trachea is complete, without malformation, from the larynx to the carina. There is no aspirated gastric material and slight aspirated blood in the trachea. The distal bronchi contain aspirated blood. The pleural surfaces are smooth and glistening. No petechiae are visible. The lungs and hilar nodes are not anthracotic and there is no emphysema. On cut section, there is moderate aspirated blood apparent in the alveoli. Bronchial inflammation is not recognized grossly. There is no focal consolidation and there is no gross tumor. There is no significant passive congestion of the lungs. There is no pulmonary edema. There is no pulmonary contusion. Pulmonary thromboemboli are not present.

**LIVER:** The 1270 gram liver has a smooth capsular surface. On cut section, the parenchyma is reddish-brown and has a lobular architecture. The liver is not significantly passively congested. Gross metastatic tumor is not present. The hepatic duct is patent. The gallbladder is present and contains about 5 c.c. of green, viscid bile. There are no gallstones. Autolysis of the liver is not significant.

**SPLEEN:** The 80 gram spleen is composed of bloody red and white trabecular pulp. There is no laceration of the splenic capsule. Autolysis is not significant.

**GASTROINTESTINAL TRACT:** The esophagus is lined with glistening white mucosa. The stomach contains approximately 500 ml. of gray-tan semiliquid food. There are no erosions or ulcers in the stomach or duodenum. The small bowel and colon are intact without perforation, diverticula, or palpable tumors. The vermiform appendix is present.

**PANCREAS:** The pancreas is of normal size and is without deformity. On cut surface, it is lobular with interspersed fat without focal calcification, fibrosis, hemorrhage or fat necrosis. Autolysis is not significant.

**ADRENALS:** Two adrenals are present with golden brown cortices and white medulla. No cortical nodules are present in either adrenal. Autolysis is not significant.

**URINARY TRACT:** Right kidney: 100 grams. Left kidney: 100 grams. The two kidneys, ureters, and a bladder are present in their usual positions without dilatation. The kidneys are symmetrical in shape and size. The capsules strip from the cortices with ease and the cortical surfaces are smooth. On cut section, the cortex appears of ample thickness and the medulla appears ample. The kidneys are not congested. There are no stones or tumors in

A12-22

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the kidneys, pelvis, ureters, or bladder. There are no genitourinary anomalies. The mucosa of the urinary bladder appears glistening. No urine is present in the bladder. Autolysis of the kidneys is not significant.

**REPRODUCTIVE SYSTEM:** The uterus, fallopian tubes and ovaries are present. They are of usual size and shape for age. No tumors are present. There is no evidence of current pregnancy.

**CENTRAL NERVOUS SYSTEM:** See "Injuries". There is no hemorrhage in the scalp. The dura, removed by stripping from the calvarium and base of the skull, shows no epidural or subdural hemorrhage. The cerebral and cerebellar hemispheres of the 1570 gram brain are symmetrical. The leptomeninges are transparent and can be stripped with ease. There is slight subarachnoid hemorrhage on the right. There is no flattening of the gyri and no widening of the sulci. The major vessels at the base of the brain have a normal anatomic distribution and there is no atherosclerosis. No vascular aneurysms are present. The cranial nerves are symmetrical and intact. There is no evidence of herniation. On serial coronal sectioning of the brain, there is no internal evidence of edema, tumor, atrophy, infection, or infarction in the cerebrum, cerebellum, and brain stem. There is a large basal skull fracture across both squamous temporal bones. There is extension of this fracture into the left orbital plate. There is disruption and hemorrhage of the pons. The craniocervical junction demonstrates a usual range of motion. The spinal cord is not examined.

**PHOTOGRAPHS:** Adams County Coroner's Office.

**SPECIMENS FOR FIREARMS EXAMINATION OR TRACE EVIDENCE:** Blood sample.

**SPECIMENS RETAINED FOR TOXICOLOGY AND/OR OTHER CHEMICAL STUDIES:**  
Vitreous and blood.

**SPECIMENS FOR MICROBIOLOGIC CULTURE:** None.

**MICROSCOPIC EXAMINATION:** Sections are submitted into blocks as follows: A and B – Heart; C and D – Lungs; E – Liver, Spleen; F – Kidneys; G – Uterus, Ovaries; H – Thyroid, Adrenals; I – Gallbladder, Stomach, Bladder; J, K, L – Brain.

**MICROSCOPIC DESCRIPTION:**

Glass slides of tissue samples were prepared and the **MAJOR** findings are described below:

**Heart:** Unremarkable.

**Lungs:** Intra-alveolar blood.

**Liver:** Unremarkable.

**Spleen:** Unremarkable.

**Kidneys:** Unremarkable.

**A12-22**

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**Pancreas:** Unremarkable.

**Thyroid:** Unremarkable.

**Adrenals:** Unremarkable.

**Gastrointestinal system:** Unremarkable.

**Uterus/Ovaries:** Unremarkable

**CNS:** Focal acute subarachnoid and parenchymal hemorrhage.

RWG/

# History for Quincy, IL

Thursday, September 13, 2012

Thursday, September 13, 2012

« Previous Day

September  2012

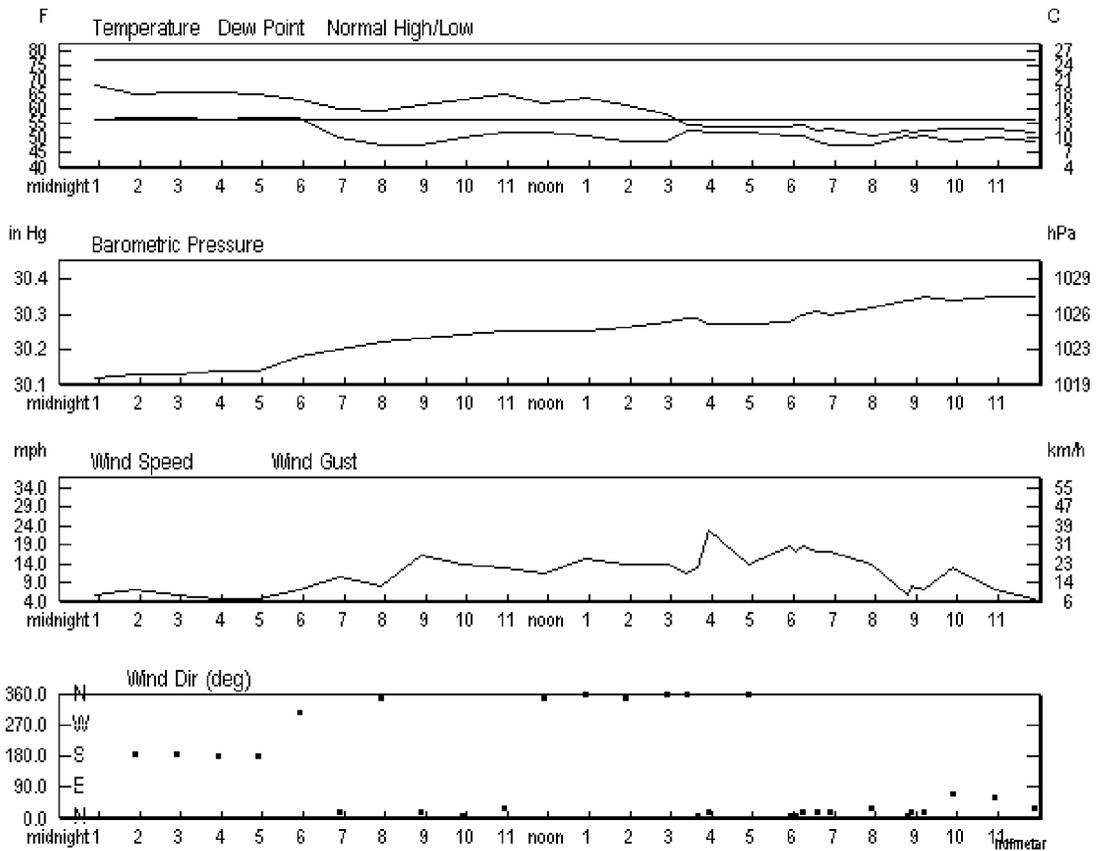
Next Day »

**Daily** Weekly Monthly Custom

|                                   | Actual       | Average | Record         |
|-----------------------------------|--------------|---------|----------------|
| Temperature                       |              |         |                |
| Mean Temperature                  | 60 °F        | 68 °F   |                |
| Max Temperature                   | 68 °F        | 78 °F   | 100 °F (1927)  |
| Min Temperature                   | 52 °F        | 57 °F   | 33 °F (1902)   |
| Degree Days                       |              |         |                |
| Heating Degree Days               | 5            | 2       |                |
| Month to date heating degree days | 9            | 14      |                |
| Since 1 July heating degree days  | 9            | 19      |                |
| Cooling Degree Days               | 0            | 4       |                |
| Month to date cooling degree days | 102          | 76      |                |
| Year to date cooling degree days  | 1549         | 1029    |                |
| Growing Degree Days               | 10 (Base 50) |         |                |
| Moisture                          |              |         |                |
| Dew Point                         | 52 °F        |         |                |
| Average Humidity                  | 77           |         |                |
| Maximum Humidity                  | 93           |         |                |
| Minimum Humidity                  | 60           |         |                |
| Precipitation                     |              |         |                |
| Precipitation                     | 0.17 in      | 0.11 in | 4.12 in (1961) |
| Month to date precipitation       | 1.33         | 1.43    |                |
| Year to date precipitation        | 16.96        | 27.18   |                |
| Sea Level Pressure                |              |         |                |
| Sea Level Pressure                | 30.26 in     |         |                |
| Wind                              |              |         |                |
| Wind Speed                        | 11 mph (NNE) |         |                |
| Max Wind Speed                    | 23 mph       |         |                |
| Max Gust Speed                    | 29 mph       |         |                |
| Visibility                        | 9 miles      |         |                |
| Events                            | Rain         |         |                |

T = Trace of Precipitation, MM = Missing Value

Source: NWS Daily Summary



Certify This Report

### Hourly Observations

| Time (CDT) | Temp.   | Dew Point | Humidity | Pressure | Visibility | Wind Dir | Wind Speed | Gust Speed | Pre |
|------------|---------|-----------|----------|----------|------------|----------|------------|------------|-----|
| 12:54 AM   | 69.1 °F | 57.0 °F   | 65%      | 30.12 in | 10.0 mi    | South    | 5.8 mph    | -          | N/A |
| 1:54 AM    | 66.0 °F | 57.9 °F   | 75%      | 30.13 in | 10.0 mi    | South    | 6.9 mph    | -          | N/A |
| 2:54 AM    | 66.9 °F | 57.9 °F   | 73%      | 30.13 in | 10.0 mi    | South    | 5.8 mph    | -          | N/A |
| 3:54 AM    | 66.9 °F | 57.0 °F   | 70%      | 30.14 in | 10.0 mi    | South    | 4.6 mph    | -          | N/A |
| 4:54 AM    | 66.0 °F | 57.9 °F   | 75%      | 30.14 in | 10.0 mi    | South    | 4.6 mph    | -          | N/A |
| 5:54 AM    | 64.0 °F | 57.9 °F   | 80%      | 30.18 in | 10.0 mi    | NW       | 6.9 mph    | -          | N/A |

Show full METARS | METAR FAQ | Comma Delimited File

| Time (CDT) | Temp.   | Dew Point | Humidity | Pressure | Visibility | Wind Dir | Wind Speed | Gust Speed | Prei |
|------------|---------|-----------|----------|----------|------------|----------|------------|------------|------|
| 6:54 AM    | 61.0 °F | 51.1 °F   | 70%      | 30.20 in | 10.0 mi    | NNE      | 10.4 mph   | -          | N/A  |
| 7:54 AM    | 60.1 °F | 48.9 °F   | 67%      | 30.22 in | 10.0 mi    | North    | 8.1 mph    | -          | N/A  |
| 8:54 AM    | 62.1 °F | 48.9 °F   | 62%      | 30.23 in | 10.0 mi    | NNE      | 16.1 mph   | -          | N/A  |
| 9:54 AM    | 64.0 °F | 51.1 °F   | 63%      | 30.24 in | 10.0 mi    | North    | 13.8 mph   | -          | N/A  |
| 10:54 AM   | 66.0 °F | 53.1 °F   | 63%      | 30.25 in | 10.0 mi    | NNE      | 12.7 mph   | -          | N/A  |
| 11:54 AM   | 63.0 °F | 53.1 °F   | 70%      | 30.25 in | 10.0 mi    | North    | 11.5 mph   | -          | N/A  |
| 12:54 PM   | 64.9 °F | 52.0 °F   | 63%      | 30.25 in | 10.0 mi    | North    | 15.0 mph   | -          | N/A  |
| 1:54 PM    | 62.1 °F | 50.0 °F   | 65%      | 30.26 in | 10.0 mi    | North    | 13.8 mph   | -          | N/A  |
| 2:54 PM    | 59.0 °F | 50.0 °F   | 72%      | 30.28 in | 10.0 mi    | North    | 13.8 mph   | -          | N/A  |
| 3:22 PM    | 55.4 °F | 53.6 °F   | 94%      | 30.29 in | 5.0 mi     | North    | 11.5 mph   | -          | 0.00 |
| 3:40 PM    | 55.4 °F | 53.6 °F   | 94%      | 30.29 in | 5.0 mi     | North    | 12.7 mph   | -          | 0.01 |
| 3:54 PM    | 55.0 °F | 53.1 °F   | 93%      | 30.27 in | 4.0 mi     | NNE      | 23.0 mph   | 26.5 mph   | 0.01 |
| 4:54 PM    | 55.0 °F | 53.1 °F   | 93%      | 30.27 in | 10.0 mi    | North    | 13.8 mph   | -          | 0.00 |
| 5:54 PM    | 55.0 °F | 52.0 °F   | 89%      | 30.28 in | 10.0 mi    | North    | 18.4 mph   | -          | N/A  |
| 6:03 PM    | 55.4 °F | 51.8 °F   | 88%      | 30.29 in | 7.0 mi     | North    | 17.3 mph   | -          | 0.00 |
| 6:13 PM    | 55.4 °F | 51.8 °F   | 88%      | 30.30 in | 5.0 mi     | NNE      | 18.4 mph   | -          | 0.00 |
| 6:34 PM    | 53.6 °F | 50.0 °F   | 88%      | 30.31 in | 9.0 mi     | NNE      | 17.3 mph   | -          | 0.01 |
| 6:54 PM    | 54.0 °F | 48.9 °F   | 83%      | 30.30 in | 8.0 mi     | NNE      | 17.3 mph   | -          | 0.01 |
| 7:54 PM    | 52.0 °F | 48.9 °F   | 89%      | 30.32 in | 9.0 mi     | NNE      | 13.8 mph   | -          | 0.05 |
| 8:47 PM    | 53.6 °F | 51.8 °F   | 94%      | 30.34 in | 10.0 mi    | North    | 5.8 mph    | -          | 0.00 |
| 8:54 PM    | 53.1 °F | 51.1 °F   | 93%      | 30.34 in | 8.0 mi     | NNE      | 8.1 mph    | -          | 0.04 |
| 9:10 PM    | 53.6 °F | 51.8 °F   | 94%      | 30.35 in | 8.0 mi     | NNE      | 6.9 mph    | -          | 0.01 |
| 9:54 PM    | 54.0 °F | 50.0 °F   | 86%      | 30.34 in | 10.0 mi    | ENE      | 12.7 mph   | -          | 0.05 |
| 10:54 PM   | 54.0 °F | 51.1 °F   | 90%      | 30.35 in | 10.0 mi    | ENE      | 6.9 mph    | -          | 0.01 |
| 11:54 PM   | 53.1 °F | 50.0 °F   | 89%      | 30.35 in | 10.0 mi    | NNE      | 4.6 mph    | -          | 0.00 |

Show full METARS | METAR FAQ | Comma Delimited File

## History for Quincy, IL

Friday, September 14, 2012

Friday, September 14, 2012

« Previous Day

September  2012

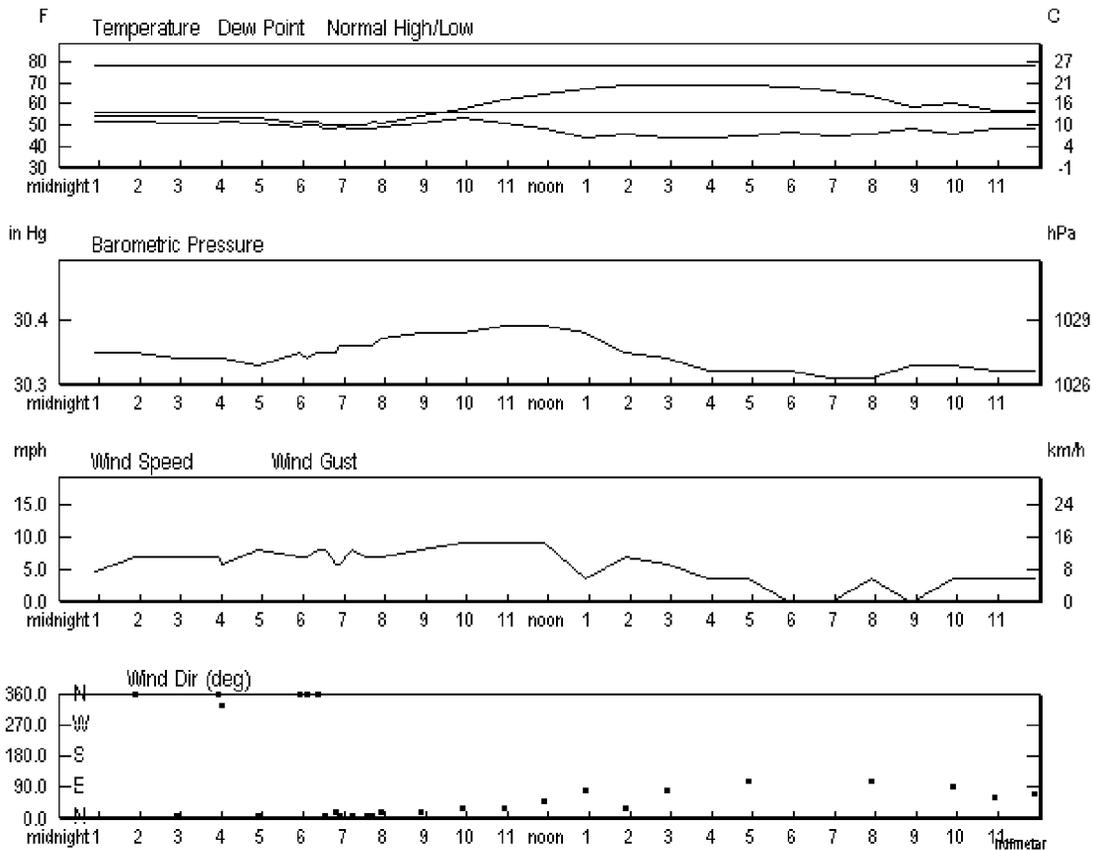
Next Day »

**Daily** Weekly Monthly Custom

|                                   | Actual       | Average | Record         |
|-----------------------------------|--------------|---------|----------------|
| Temperature                       |              |         |                |
| Mean Temperature                  | 60 °F        | 67 °F   |                |
| Max Temperature                   | 70 °F        | 78 °F   | 99 °F (1939)   |
| Min Temperature                   | 50 °F        | 56 °F   | 38 °F (1996)   |
| Degree Days                       |              |         |                |
| Heating Degree Days               | 5            | 2       |                |
| Month to date heating degree days | 14           | 16      |                |
| Since 1 July heating degree days  | 14           | 21      |                |
| Cooling Degree Days               | 0            | 4       |                |
| Month to date cooling degree days | 102          | 80      |                |
| Year to date cooling degree days  | 1549         | 1033    |                |
| Growing Degree Days               | 10 (Base 50) |         |                |
| Moisture                          |              |         |                |
| Dew Point                         | 48 °F        |         |                |
| Average Humidity                  | 67           |         |                |
| Maximum Humidity                  | 93           |         |                |
| Minimum Humidity                  | 40           |         |                |
| Precipitation                     |              |         |                |
| Precipitation                     | 0.01 in      | 0.11 in | 2.33 in (1909) |
| Month to date precipitation       | 1.34         | 1.54    |                |
| Year to date precipitation        | 16.97        | 27.29   |                |
| Sea Level Pressure                |              |         |                |
| Sea Level Pressure                | 30.35 in     |         |                |
| Wind                              |              |         |                |
| Wind Speed                        | 5 mph (NNE)  |         |                |
| Max Wind Speed                    | 13 mph       |         |                |
| Max Gust Speed                    | 16 mph       |         |                |
| Visibility                        | 7 miles      |         |                |
| Events                            | Rain         |         |                |

T = Trace of Precipitation, MM = Missing Value

Source: NWS Daily Summary



Certify This Report

### Hourly Observations

| Time (CDT) | Temp.   | Dew Point | Humidity | Pressure | Visibility | Wind Dir | Wind Speed | Gust Speed | Pre  |
|------------|---------|-----------|----------|----------|------------|----------|------------|------------|------|
| 12:54 AM   | 54.0 °F | 52.0 °F   | 93%      | 30.35 in | 9.0 mi     | North    | 4.6 mph    | -          | 0.00 |
| 1:54 AM    | 54.0 °F | 52.0 °F   | 93%      | 30.35 in | 10.0 mi    | North    | 6.9 mph    | -          | 0.00 |
| 2:54 AM    | 54.0 °F | 51.1 °F   | 90%      | 30.34 in | 10.0 mi    | North    | 6.9 mph    | -          | N/A  |
| 3:54 AM    | 53.1 °F | 51.1 °F   | 93%      | 30.34 in | 4.0 mi     | North    | 6.9 mph    | -          | N/A  |
| 4:01 AM    | 53.6 °F | 51.8 °F   | 94%      | 30.34 in | 3.0 mi     | NNW      | 5.8 mph    | -          | N/A  |
| 4:54 AM    | 53.1 °F | 51.1 °F   | 93%      | 30.33 in | 4.0 mi     | North    | 8.1 mph    | -          | N/A  |

Show full METARS | METAR FAQ | Comma Delimited File

| Time (CDT) | Temp.   | Dew Point | Humidity | Pressure | Visibility | Wind Dir | Wind Speed | Gust Speed | Prei |
|------------|---------|-----------|----------|----------|------------|----------|------------|------------|------|
| 5:54 AM    | 51.1 °F | 48.9 °F   | 92%      | 30.35 in | 2.5 mi     | North    | 6.9 mph    | -          | 0.01 |
| 6:06 AM    | 51.8 °F | 50.0 °F   | 94%      | 30.34 in | 0.8 mi     | North    | 6.9 mph    | -          | N/A  |
| 6:20 AM    | 51.8 °F | 50.0 °F   | 94%      | 30.35 in | 2.0 mi     | North    | 8.1 mph    | -          | N/A  |
| 6:32 AM    | 50.0 °F | 48.2 °F   | 94%      | 30.35 in | 3.0 mi     | North    | 8.1 mph    | -          | N/A  |
| 6:47 AM    | 50.0 °F | 48.2 °F   | 94%      | 30.35 in | 2.5 mi     | NNE      | 5.8 mph    | -          | N/A  |
| 6:54 AM    | 50.0 °F | 48.9 °F   | 96%      | 30.36 in | 2.5 mi     | North    | 5.8 mph    | -          | N/A  |
| 7:12 AM    | 50.0 °F | 48.2 °F   | 94%      | 30.36 in | 1.2 mi     | North    | 8.1 mph    | -          | N/A  |
| 7:33 AM    | 50.0 °F | 48.2 °F   | 94%      | 30.36 in | 2.0 mi     | North    | 6.9 mph    | -          | N/A  |
| 7:40 AM    | 51.8 °F | 48.2 °F   | 88%      | 30.36 in | 3.0 mi     | North    | 6.9 mph    | -          | N/A  |
| 7:54 AM    | 51.1 °F | 48.9 °F   | 92%      | 30.37 in | 4.0 mi     | NNE      | 6.9 mph    | -          | N/A  |
| 8:54 AM    | 54.0 °F | 51.1 °F   | 90%      | 30.38 in | 7.0 mi     | NNE      | 8.1 mph    | -          | N/A  |
| 9:54 AM    | 57.9 °F | 53.1 °F   | 84%      | 30.38 in | 10.0 mi    | NNE      | 9.2 mph    | -          | N/A  |
| 10:54 AM   | 62.1 °F | 51.1 °F   | 67%      | 30.39 in | 10.0 mi    | NNE      | 9.2 mph    | -          | N/A  |
| 11:54 AM   | 64.9 °F | 48.0 °F   | 54%      | 30.39 in | 10.0 mi    | NE       | 9.2 mph    | -          | N/A  |
| 12:54 PM   | 66.9 °F | 44.1 °F   | 44%      | 30.38 in | 10.0 mi    | East     | 3.5 mph    | -          | N/A  |
| 1:54 PM    | 69.1 °F | 46.0 °F   | 44%      | 30.35 in | 10.0 mi    | NNE      | 6.9 mph    | -          | N/A  |
| 2:54 PM    | 69.1 °F | 44.1 °F   | 40%      | 30.34 in | 10.0 mi    | East     | 5.8 mph    | -          | N/A  |
| 3:54 PM    | 69.1 °F | 44.1 °F   | 40%      | 30.32 in | 10.0 mi    | Variable | 3.5 mph    | -          | N/A  |
| 4:54 PM    | 69.1 °F | 45.0 °F   | 42%      | 30.32 in | 10.0 mi    | ESE      | 3.5 mph    | -          | N/A  |
| 5:54 PM    | 68.0 °F | 46.9 °F   | 47%      | 30.32 in | 10.0 mi    | Calm     | Calm       | -          | N/A  |
| 6:54 PM    | 66.0 °F | 45.0 °F   | 47%      | 30.31 in | 10.0 mi    | Calm     | Calm       | -          | N/A  |
| 7:54 PM    | 64.0 °F | 46.0 °F   | 52%      | 30.31 in | 10.0 mi    | ESE      | 3.5 mph    | -          | N/A  |
| 8:54 PM    | 59.0 °F | 48.0 °F   | 67%      | 30.33 in | 10.0 mi    | Calm     | Calm       | -          | N/A  |
| 9:54 PM    | 60.1 °F | 46.0 °F   | 60%      | 30.33 in | 10.0 mi    | East     | 3.5 mph    | -          | N/A  |
| 10:54 PM   | 57.0 °F | 48.0 °F   | 72%      | 30.32 in | 10.0 mi    | ENE      | 3.5 mph    | -          | N/A  |
| 11:54 PM   | 57.0 °F | 48.0 °F   | 72%      | 30.32 in | 10.0 mi    | ENE      | 3.5 mph    | -          | N/A  |

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## CONTACTS LIST

Sheriff:

Adams County Sheriff's Office  
Attn: Rhonda Goodwin, Records Department - FOIA  
521 Vermont St  
Quincy, IL 62301  
FAX: 1-217-277-2214

On 10/15/2012, CPSC Investigator received via postal mail a copy of their incident report, including photo CD.

Hospital:

Blessing Hospital  
Attn: Medical Records – HIM  
PO Box 7005  
Quincy, IL 62305  
FAX: 1-217-223-6895

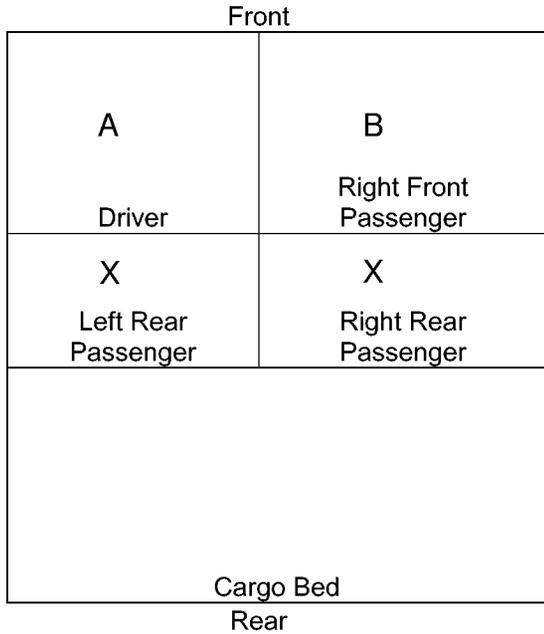
On 10/29/2012, CPSC Investigator received via postal mail a copy of the victim's ER medical record.

Coroner:

Adams County Coroner  
Attention: James A. Keller, Coroner  
507 Vermont  
Quincy, IL 62301  
Fax: 1-217-277-2222  
E-Mail: [jkeller@co.adams.il.us](mailto:jkeller@co.adams.il.us)

On 10/29/2012, CPSC Investigator received via email a copy of their autopsy report.

Utility Vehicle Data Record Sheet



The Utility Vehicle

|    |   |                   |
|----|---|-------------------|
| A: | Age: 30                                 | Height: 70 in     |
|    | Gender: M                               | Weight: 160 lbs   |
|    |   |                   |
|    | Helmet (Y/N): N                         | Seatbelt (Y/N): N |
|    |   |                   |
|    | Killed/Injured/Neither/Unknown: Neither |                   |
|    | Injury Description: NONE                |                   |
|    | Did vehicle land on victim: No          |                   |
|    | Ejected (Either partially or fully): NO |                   |

|    |   |                   |
|----|---|-------------------|
| D: | Age: 25                                 | Height: 60 in     |
|    | Gender: F                               | Weight: 120 lbs   |
|    |   |                   |
|    | Helmet (Y/N): N                         | Seatbelt (Y/N): N |
|    |   |                   |
|    | Killed/Injured/Neither/Unknown: Killed  |                   |
|    | Injury Description: Skull Fracture      |                   |
|    | Did vehicle land on victim: No          |                   |
|    | Ejected (Either partially or fully): NO |                   |

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

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

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

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

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

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

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





Information contained in this report originated from a newspaper article. Additional information came from the related police report and accident scene photographs. The item involved in this incident is a Utility Terrain Vehicle (UTV). The assignment was done by phone due to time and distance constraints. There were eight riders on the UTV. The victim that died during the incident was a 15 year old female. There was no medical examiner's report done on the victim. She was riding as an unrestrained passenger in the front seat of the vehicle. The height and weight of the victims are unknown.

The product involved in this incident is a four-wheeled, gas powered UTV. The UTV is a Polaris brand UTV camouflaged in color. The model name is "Ranger Crew 500" and the engine size is 500 cc. The model year of the UTV is 2012. The VIN is 4XAWH50A4CB452736. It is unknown if the UTV had been modified or repaired.

The incident occurred on September 17, 2012 at 7:30 PM. The temperature was approximately 83 degrees with winds out of the east as 10 miles per hour. Eight girls were driving in a large UTV traveling east in a straight line on a dirt, county road. According to the incident report, the UTV was traveling on the dirt road when the UTV's front and rear right side tires caught a muddy portion of the roadway and began to skid to the right causing it to lose control due to an unsafe safe speed. The right rear tire deflated because of this and caused the rim to dig into the dirt. This caused the UTV to roll to its right and top. The UTV came to rest on its left side with its tires facing a northeast direction.

Three point seatbelts were being worn by the driver and three passengers. Two passengers were riding in the back of the UTV cargo area and jumped out of the UTV as the incident occurred. The remaining two passengers were unrestrained and ejected from the vehicle. The vehicle landed on top of them. One of the passengers was pronounced deceased at the scene. The driver and the rest of the passengers were transported to an area hospital and later released with minor injuries. No one was wearing a helmet. There was no alcohol involvement.

**Product Manufactured by:**

Polaris Inc.  
2100 Minnesota 55  
Medina, MN 55340

Phone:  
(763) 542-0500

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

Continued...

The following information about the UTV involved in this incident was obtained from the manufacturer's website:

**Polaris Ranger 500 Specifications**

(Obtained from the manufacturer's website)

|   |  |
|---|--|
| Engine Type                                   | 4-Stroke Single Cylinder                             |
| Displacement                                  | 498cc  |
| Fuel System                                   | Electronic Fuel Injection                            |
| Cooling                                       | Liquid   |
| <b>DRIVETRAIN</b>                             |  |
| Transmission/Final Drive                      | Automatic PVT H/L/N/R/P; Shaft                       |
| Drive System                                  | On-Demand True AWD/2WD/ VersaTrac Turf Mode          |
| Engine Braking System/ Active Descent Control | Not Equipped   |
| <b>SUSPENSION</b>                             |  |
| Front Suspension                              | MacPherson Strut 8" (20.3 cm) Travel                 |
| Rear Suspension                               | Dual A-Arm, IRS 9" (22.9 cm) Travel                  |
| <b>BRAKES</b>                                 |  |
| Front/Rear Brakes                             | 4-Wheel Hydraulic Disc with Dual-Bore Front Calipers |
| Parking Brake                                 | Park In-Transmission                                 |
| <b>TIRES/WHEELS</b>                           |  |
| Front Tires / Model                           | 25 x 10-12; 489                                      |
| Rear Tires / Model                            | 25 x 11-12; 489                                      |
| Wheels  | Stamped Steel  |

Continued...

### **DIMENSIONS**

|                              |   |
|------------------------------|---|
| Wheelbase                    | 104" (264 cm)                           |
| Dry Weight                   | 1288 lb (585 kg)                        |
| Overall Vehicle Size (LxWxH) | 140 x 58.0 x 73" (355.6 x 144 x 185 cm) |
| Ground Clearance             | 10" (25.4 cm)                           |

### **CAPACITIES**

|                            |                                    |
|----------------------------|------------------------------------|
| Fuel Capacity              | 9 gal (34.1 L)                     |
| Bed Box Dimensions (LxWxH) | 32 x 42 x 11.5" (81 x 107 x 29 cm) |
| Box Capacity               | N.A./500 lb (226.8 kg)             |
| Payload Capacity           | 1,250 lb (567 kg)                  |
| Hitch Towing Rating        | 1,250 lb (567 kg)                  |
| Hitch/Type                 | Standard/2" Receiver               |

### **FEATURES**

|                           |  |
|---------------------------|--|
| Cargo System              | Lock & Ride  |
| Lighting                  | 50W Headlight, LED Tail  |
| Electronic Power Steering | Not Equipped   |
| Instrumentation           | Digital Gauge, Speedometer, Odometer, Tachometer, Tripmeter, Hour Meter, Gear Indicator, Fuel Gauge, Hi-Temp, DC Outlets |

**Please note that a manual data record sheet was generated as the electronic data record sheet was unable to encompass all of the details of the incident.**

Data Record Sheet:

#5 unknown

#8 unknown

## **Attachments**

**Attachment 1  
Respondents  
One (1) Page**

**Attachment 2  
Police Report  
Four (4) Pages**

**Attachment 3  
Five (5) Photographs  
Five (5) Pages**

**\*Please note that the UTV photos were taken after the UTV had been moved from its original accident position.**

## **Respondents**

**Texas Department of Public Safety  
5805 North Lamar Blvd.  
Austin, Texas 78752**

**Phone:  
512-424-2000**

ML



Texas Peace Officer's Crash Report (Form CR-3 11/2010)
Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714 Questions? Call (512)486-5780
Refer to Attached Code Sheet for Numbered Fields

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

IDENTIFICATION AND LOCATION
\* Crash Date (MM/DD/YYYY) 09/17/2012 \* Crash Time (24HRMM) 1930
\* County Name Willacy \* City Name [X] Outside City Limit
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? [X] Yes [ ] No
ROAD ON WHICH CRASH OCCURRED
\* 1 Rdwy. Sys. CR \* Hwy. Num. 2390
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER
At Int. [X] No 1 Rdwy. Sys. CR Hwy. Num. 397

VEHICLE, DRIVER, & PERSONS
Unit Num. 1 5 Unit Desc. 1
Veh. Year 2012 6 Veh. Color CAM Veh. Make Polaris
8 DL/ID Type 1 DL/ID State TX DL/ID Num (b)(3):Exe 9 DL Class C 10 CDL End. 96 11 DL Rest. R
Address (Street, City, State, ZIP) (b)(3):Exemption 3 for 25(c)

Table with 14 columns: Person Num, 12 Prsn. Type, 13 Seat Position, Enter D, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject, 18 Restr, 19 Airbag, 20 Helmet, 21 Sol, 22 Alc. Spec, Alc. Result, 23 Drug Spec, 24 Drug Result, 25 Drug Category. Rows 1-4 contain driver and passenger information.

Owner/ Lessee Name & Address (b)(3):Exemption 3 for 25(c)
Proof of Fin. Resp. [X] No [ ] Yes [ ] Expired [ ] Exempt
26 Fin. Resp. Type [ ] Yes [ ] No [ ] Expired [ ] Exempt
27 Vehicle Damage Rating 1 3 - R & T - 1 27 Vehicle Damage Rating 2
Towed by Gomez Towing Towed To 17595 Lily CR, Lyford Texas, 78569

Unit Num. 5 Unit Desc. 1
Veh. Year 2012 6 Veh. Color CAM Veh. Make Polaris
8 DL/ID Type 1 DL/ID State TX DL/ID Num (b)(3):Exe 9 DL Class C 10 CDL End. 96 11 DL Rest. R
Address (Street, City, State, ZIP) (b)(3):Exemption 3 for 25(c)

Table with 14 columns: Person Num, 12 Prsn. Type, 13 Seat Position, Enter Driver or Primary Person for this Unit on first line, 14 Injury Severity, Age, 15 Ethnicity, 16 Sex, 17 Eject, 18 Restr, 19 Airbag, 20 Helmet, 21 Sol, 22 Alc. Spec, Alc. Result, 23 Drug Spec, 24 Drug Result, 25 Drug Category.

Proof of Fin. Resp. [X] No [ ] Yes [ ] Expired [ ] Exempt
26 Fin. Resp. Type [ ] Yes [ ] No [ ] Expired [ ] Exempt
Vehicle Inventoried [ ] Yes [ ] No

| DISPOSITION OF INJURED/KILLED | Unit Num. | Prsn. Num. | Taken To                   | Taken By                   | Date of Death (MM/DD/YYYY) | Time of Death (24HRMM) |
|-------------------------------|-----------|------------|----------------------------|----------------------------|----------------------------|------------------------|
|                               | 1         | 1          | VBMC                       | Family member              |                            |                        |
|                               | 1         | 2          | Good Shepherd Funeral Home | Good Shepherd Funeral Home | 09/17/2012                 | 2034                   |
|                               | 1         | 3          | VBCM                       | Family member              |                            |                        |
|                               | 1         | 4          | VBMC                       | Family member              |                            |                        |

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

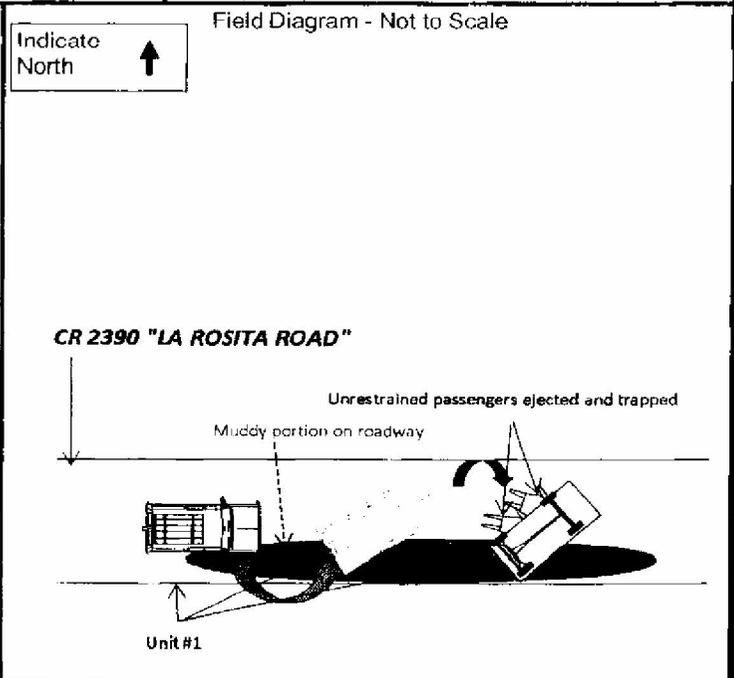
| DAMAGE | Damaged Property Other Than Vehicles | Owner's Name | Owner's Address |
|--------|--------------------------------------|--------------|-----------------|
|        |                                      |              |                 |

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

| FACTORS & CONDITIONS | 36 Contributing Factors (Investigator's Opinion) |              | 37 Vehicle Defects (Investigator's Opinion) |              | Environmental and Roadway Conditions |                  |                |                   |                 |                      |                      |                    |
|----------------------|--|--------------|---|--------------|--------------------------------------|------------------|----------------|-------------------|-----------------|----------------------|----------------------|--------------------|
|                      | Unit Num.  | Contributing | May Have Contrib.                           | Contributing | May Have Contrib.                    | 38 Weather cond. | 39 Light Cond. | 40 Entering Roads | 41 Roadway Type | 42 Roadway Alignment | 43 Surface Condition | 44 Traffic Control |
|                      | 1  | 60           |   |              |                                      | 1                | 1              | 97                | 1               | 1                    | 7                    | 96                 |

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

Unit #1 (ATV) was traveling east on CR 2390 (La Rosita) with 1 driver and 7 passengers. Unit #1's rear and front right side tires caught a muddy portion of the roadway and began to skid to the right due to an unsafe speed of travel causing it to lose control. Unit #1 skid to the right causing the rear right tire to deflate and the rim to dig into the dirt causing it to roll to its right and top resting with its tires up and facing northeast. The Driver of unit #1 and 3 passengers were restrained by safety belts. Another 2 passengers were riding on the back of the ATV (cargo area) and jumped out of the ATV. The other 2 passengers were unrestrained and were ejected. Unit #1 landed on top of them. One of the Passengers (b)(3):Exemption 3 fo was pronounced dead at the scene by Judge Juan Silva. The other passenger (b)(3): (b)(3): was transported to the VBMC in Harlingen in critical condition. Passenger (b)(3):Exempti suffered a broken bone. The driver and the rest of the passengers were transported to the VBMC and later released with minor injuries.



|              |                        |  |                             |                                   |                       |              |                          |                 |
|--------------|------------------------|--|-----------------------------|-----------------------------------|-----------------------|--------------|--------------------------|-----------------|
| INVESTIGATOR | Time Notified (24HRMM) | 1,9,5,4  | How Notified                | Weslaco Communications            | Time Arrived (24HRMM) | 2,0,1,3      | Report Date (MM/DD/YYYY) | 1,0,0,3,2,0,1,2 |
|              | Invest. Comp.          | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Investigator Name (Printed) | Jesus Garza                       | ID Num.               | 12429        |                          |                 |
|              | ORI Num.               | T X D P S 8,2,0,0  | *Agency                     | Texas Department of Public Safety | District/Area         | H.P.3, A.0,7 |                          |                 |







**UTV Front Right Front View**  
**Photo 1 of 5**



**UTV Right Rear View**  
**Photo 2 of 5**



**UTV Front View**  
**Photo 3 of 5**



**UTV Daylight Photo 1**  
**Photo 4 of 5**



**UTV Daylight Photo 2**  
**Photo 5 of 5**



## SUMMARY

This assignment was based on an online news article dated 10/02/2012. The article reported that the District Attorney's Office was determining whether to criminally charge the owner of a four-wheeled utility vehicle (UTV) for allowing a 12-year-old boy to operate the UTV unsupervised on 09/14/2012. The article explained that one of the boy's two passengers, a 13-year-old boy, died as the result of being ejected from the UTV while they were riding in a field.

The limited information contained in this report was obtained from the State Highway Patrol's accident file, the Medical Examiner's reports, and internet research. Additional reports (EMS and 911) were requested but were not released by the county.

The cumulative sources report that on 09/14/2012, three boys were riding in a UTV in a field on private property. The operator was 12-years-old and the passengers were both 13-years-old. The boys were seated together on the vehicle's bench style seat. None of the boys were wearing helmets or utilizing the vehicle's seat belts.

According to the sources, at about 7:40 p.m. the driver went into a curve in the field's trail at a speed of approximately 35 mph. The UTV overturned in the curve and all three boys were thrown out. The vehicle came to rest 11 feet after the impact. The driver and passenger who, had been seated in the middle, then noticed that the victim was severely injured around his head and face. The boys then ran to the driver's house and notified the driver's father. Emergency personnel attempted unsuccessfully to resuscitate the victim.

## PRODUCT INFORMATION

**Description:** 4X4 Utility Vehicle

**Brand:** Polaris

**Model:** Ranger XP Rally Limited Edition

**VIN:** (b)(3):Exemption 3 for 25

**Date of Manufacture:** 04/17/2008

**Engine:** Liquid-cooled, 40 HP, 683cc, 2-cylinder with EFI and electric start

**Color:** Orange Crush

**Manufacturer:**

Polaris Industries Inc.  
2100 Highway 55  
Medina, MN 55340  
763-542-0500 (phone)

**Retailer:** Unknown

**Date of Purchase:** Unknown

## ATTACHMENTS

**Exhibit 1:** Identification of Contacts.

**Exhibit 2:** Medical Examiner's Report.

**Exhibit 3:** Toxicology Report.

**Exhibit 4:** State Highway Patrol Report.

**Exhibit 5:** Photographs (8).

**Exhibit 6:** Vehicle Identification Information from [www.purepolaris.com](http://www.purepolaris.com).

**Exhibit 7:** Vehicle Specifications from [www.powersportsnetwork.com](http://www.powersportsnetwork.com).

**Exhibit 8:** Missing Documents Form.

**Exhibit 9:** Data Record Sheet (UTV).

**IDENTIFICATION OF CONTACTS**

1. Ricky Hooks, First Sgt.  
NC Highway Patrol  
305 North Blvd.  
Clinton, NC 28328  
910-592-3141 (phone)  
910-592-3141 (fax)  
**11/20/2012** – *Provided Wreck Report and Photographs.*
  
2. Ronald Bass, Director  
Sampson County EMS  
PO Box 8  
Clinton, NC 28329  
910-592-8996 (phone)  
910-590-5383 (fax)  
**11/16/2012** – *Forwarded EMS Report to County Attorney's Office.*
  
3. Marie Carroll, Supervisor  
Sampson County 911  
PO Box 8  
Clinton, NC 28329  
910-592-1150 (phone)  
910-590-5383 (fax)  
**11/16/2012** – *Forwarded Dispatch Report to County Attorney's Office.*

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF THE CHIEF MEDICAL EXAMINER  
Chapel Hill, North Carolina 27599-7580



12012-08069

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

|  |
|--|
| OCME USE ONLY  |
| 12-8259  |
| Case number  |
| SEP 19 2012  |
| Date received  |
| <input type="checkbox"/> Res <input type="checkbox"/> NR |

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

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

AGE: 33 (b)(3): Exemption 3 for 25(c) SEX:  Male  Female  Unknown

RACE:  Black  Native American  Oriental  White  Unknown

HISPANIC ORIGIN:  Yes  No  Unknown

INFORMATION ABOUT OCCURRENCE

|                            | DATE    | TIME     | ADDRESS OR FACILITY  | COUNTY |
|----------------------------|---------|----------|--|--------|
| ONSET OF INJURY OR ILLNESS | 9-14-12 | 6:45 pm  | Prison along S.B. Wilson Rd. (SR # 1425)<br>7.8 mi. W. of Newton Grove   | Sayson |
| DEATH                      | "       | 7:45 pm  | " " " " " " " "  | "      |
| VIEW OF BODY               | 9-15-12 | 11:30 am | <input type="checkbox"/> Scene of death <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Funeral home<br><input type="checkbox"/> Other _____ <input type="checkbox"/> Not viewed |        |
| M.E. NOTIFIED              | 9-14-12 | 9:30 am  | LAW ENFORCEMENT AGENCY: NC State Hwy Patrol<br>OFFICER: Trooper David Turner TELEPHONE: 552-3141   |        |
| LAST KNOWN TO BE ALIVE     | 9-14-12 | 6:30 pm  | Death occurred while in custody: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown  |        |

AUTOPSY:  None  M.E. Authorized  Non-M.E. Autopsy facility: \_\_\_\_\_

BLOOD SAMPLE:  Mailed  Obtained by pathologist  Reason not obtained: \_\_\_\_\_

IF CLINICAL ALCOHOL DONE, RESULT: \_\_\_\_\_ By whom: \_\_\_\_\_

PROBABLE CAUSE OF DEATH:  Pending

- Blunt force trauma, head
- Single vehicle, ATV crash
- \_\_\_\_\_
- \_\_\_\_\_

| OCME REVIEW   |               | SDC                               |
|---|---------------|-----------------------------------|
| 1. _____  | DUE TO        | <input type="checkbox"/> None     |
| 2. _____  | DUE TO        | <input type="checkbox"/> AL       |
| 3. _____  | DUE TO        | <input type="checkbox"/> Dictated |
| 4. _____  | DUE TO        | <input type="checkbox"/> COG      |
| CONTRIBUTING CONDITIONS   |               |                                   |
| <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined |               |                                   |
| Reviewer: _____   | Date: 10/3/12 |                                   |
| Information in this block supersedes that contained in space at left.   |               |                                   |

CONTRIBUTING CONDITIONS

MANNER OF DEATH:

Natural  Accident  Homicide  Suicide  Pending

I hereby certify that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with Article 16 of Chapter 130A of the N.C. General Statutes and the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

Signature of Medical Examiner: [Signature] Date: 9-15-12 County of Appointment: Sayson M.E. Number: 8218

MEDICAL HISTORY

- Alcoholism       Diabetes       IV drug abuse       Ischemic heart disease       Smoking
- Seizure disorder       Cancer       Hypertension       Depression       HIV/ AIDS
- Other \_\_\_\_\_       Attending Physician \_\_\_\_\_      City \_\_\_\_\_

MEANS OF DEATH

- VEHICLE: Type of vehicle associated with this decedent:
  - Passenger car     Pickup truck     Truck--more than 2 axes     Motorcycle
  - Bicycle     Farm vehicle     ATV     Moped     Other ATV vehicle
 Position:  Driver     Passenger     Pedestrian     Unknown  
 Devices:  Seat restraints     Air bag     Helmet     Child restraint     None     Unknown  
 Number of vehicles involved 1
- GUN:  Rifle--Caliber \_\_\_\_\_     Handgun--Caliber \_\_\_\_\_     Shotgun--Gauge \_\_\_\_\_  
 Other \_\_\_\_\_     Unknown
- INSTRUMENT:  Blunt     Sharp    Description: \_\_\_\_\_
- TOXIC AGENT(S) SUSPECTED:  Alcohol     Others \_\_\_\_\_
- DROWNING:  Pond     Lake or river     Ocean     Pool     Bathtub     Other \_\_\_\_\_  
 Life preserver:  Yes     No     Unknown    Able to swim:  Yes     No     Unknown  
 Activity \_\_\_\_\_
- FIRE: Suspected cause \_\_\_\_\_    Smoke detector:  Yes     No     Unknown
- FALL: From \_\_\_\_\_ to \_\_\_\_\_    Approximate distance \_\_\_\_\_ feet

ACTIVITY OF DECEDENT AND PREMISES

FATAL INJURY OR ILLNESS: Activity 4-wheeling in a field  
 Type of place Country Club Specific location field

Fatal injury or illness occurred on a job:  Yes     No     Unknown  
 If yes, was employment:  Primary job     Secondary     Volunteer work     Unknown  
 Name of this employing firm or agency \_\_\_\_\_  
 Type of business or industry \_\_\_\_\_    Decedent's occupation \_\_\_\_\_

DEATH: Type of place Country Club Specific location field

Examples:  
**Activity:** Running, lifting hay bales, eating, typing letter, driving commercial truck, sleeping, bathing, watching television, fighting, etc.  
**Type of place:** House, apartment, trailer, school, jail, bar or tavern, hotel, restaurant, store, street, hospital, farm, highway, factory, etc.  
**Specific location:** Bathroom, assembly line, kitchen, front yard, office, parking lot, emergency room, roadside, ambulance, car, etc.  
**On a job:** Any activity that is income generating regardless of age of decedent including farming or part time work; also include non-income generating volunteer or charity work.

DESCRIPTION OF BODY

- CONDITION:  Intact     Decomposition     Skeletonized  
 Embalmed     Charred     Prolonged immersion     Exhumed
- RIGOR:  None     1+     2+     3+    LIVOR:  None     Anterior     Posterior     Lateral
- HEIGHT: 64 inches     Estimate    WEIGHT: 133 pounds     Estimate
- BODY TEMPERATURE:  Warm     Cool     Cold    HAIR: Color Black     Beard     Mustache
- EYES: Color Brown    Abnormalities fale sclera
- TEETH: Upper  Natural     Dentures     Abnormalities  
 Lower  Natural     Dentures     Abnormalities Ret. Protheses & discolored teeth
- CLOTHING: Blue football uniform shirt under short pants & padded shorts     Not clothed
- VALUABLES: Underwear & last shoes with socks     No valuables



NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH

13yo teen, riding on 4 wheel drive (4WD) vehicle (SUV), who  
apparently was thrown off the vehicle when it overturned. The  
boy, who was not wearing a helmet, appears to have hit  
his head in the crash and sustained a highly linear fracture  
of left side of head.  
All attempted resuscitation of the scene was unsuccessful.

**PURPOSE:** To document the findings of a medical examiner investigation. When completed, this form constitutes a report to the Chief Medical Examiner as required by G.S. 130A-385(a).  
**PREPARATION:** The investigating medical examiner completes all appropriate information, and signs the certification statement on the front of the form.  
**DISTRIBUTION:** Mail original copy to the Office of the Chief Medical Examiner, Chapel Hill, NC 27599-7580.  
**DISPOSITION:** This form is maintained by the Chief Medical Examiner in accordance with the current records disposition schedule published by the N.C. Division of Archives and History.  
**COPIES:** Additional copies may be ordered from the Office of the Chief Medical Examiner, Chapel Hill, NC 27599-7580.

**Dyson, Brian**

---

**From:** documents@ocme.unc.edu  
**Sent:** Tuesday, November 06, 2012 10:01 AM  
**To:** Dyson, Brian  
**Subject:** Report T201206899

TOXICOLOGY REPORT

Office of the Chief Medical Examiner      Toxicology Folder: T201206899  
Chapel Hill, NC 27599-7580                      Case Folder: F201208259  
Date of Report: 21-sep-2012  
Page: 1

Brian Dyson  
PO Box 851  
Clemmons, NC 27012

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

Status of Report: Approved  
Report Electronically Approved By: Sandra Bishop-Freeman, PhD

\* \* \*

=====

SPECIMENS received from Falvy C. Barr, Jr. on 19-sep-2012

S120017904: 18.0 ml Blood                      CONDITION: Postmortem  
SOURCE: Subclavian Vessel                      OBTAINED: 15-sep-2012

Ethanol ----- None Detected                      09/21/2012

---

S120017905: 20.0 ml Urine                      CONDITION: Postmortem  
SOURCE: Urinary Bladder                      OBTAINED: 15-sep-2012

---

110612 10:01      \* \* \* END OF REPORT \* \* \*

FAULT ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATES LOOKING UP

NON-TRAFFIC FATAL

No. of Units Involved Form 1 of 1 Supplemental Report  Non-Reportable

Crash Date 09/14/2012 County SAMPSON Time 19:41 Local Use/Patrol Area 120914120BA/04 Date Received by DMV

33 Relation to Roadway Surface 5 Crash occurred  In  Near NEWTON GROVE or 9.20 Miles N S E W outside municipality

On PP (JIMMY BEST) Municipality Ramp or Service Road (RR Crossing # 0.19 Miles ft. N S E W

at or from SR 1475 Use Highway Number, Street Name or Adjacent County or State Line Use Highway Number, Street Name or Adjacent County or State Line

UNIT # 1  VEHICLE  PEDESTRIAN  HIT & RUN  COMMERCIAL VEHICLE

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

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

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

Same Address on Driver's License?  Yes  No Driver's Phone Numbers H (b)(3): Exemption 3 for 25(c) W ( )

D.L. # NONE D.L. Class State

DOB (b)(3): Exemption 3 for 25(c) 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restrictions

37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (if known) 0 40 Vehicle Seizure (DWI)

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

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

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

Plate # NONE Plate State Plate Year

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

Vehicle Make POLARIS Vehicle Year 2008 41 Vehicle Style (Type) 26 42 Vehicle Drivable  Yes  No

43 TAD L & T - 1 44 Estimated Damage \$700.00

Insurance Company Policy #

COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source

Carrier Identification Numbers: GVWR, Axles

US DOT# State State # IFTR# Gross Weight Rating

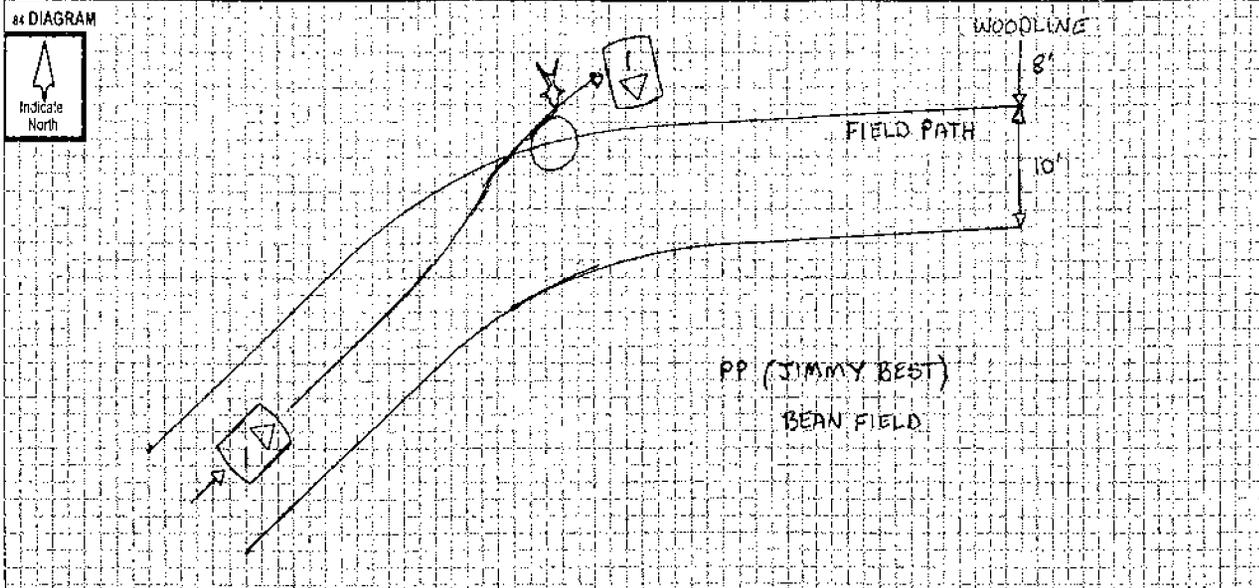
Names and Addresses for All Persons (Unit 1 Unit 2 Div, Ped, etc. - See Above). Use check blocks if address same as Driver

| Unit | Div | Person | Name                             | Address | City | State | Zip | Notes |
|------|-----|--------|----------------------------------|---------|------|-------|-----|-------|
| A    | 1   | 1      | Unit 1-Driv, Ped, etc. see above | W M O   | O. O | 2     | 2   | 4     |
| B    |     |        | Unit 2-Driv, Ped, etc. see above |         |      |       |     |       |
| C    | 1   | 2      | 10,09,1998                       | W M O   | O. O | 2     | 2   | 1     |
| D    | 1   | 2      | 12,12,1998                       | W M O   | O. O | 2     | 2   | 4     |
| E    |     |        |                                  |         |      |       |     |       |
| F    |     |        |                                  |         |      |       |     |       |
| G    |     |        |                                  |         |      |       |     |       |
| H    |     |        |                                  |         |      |       |     |       |

46 Name of EMS C- SAMPSON COUNTY EMS 46 Name of EMS D- SAMPSON COUNTY EMS

47 Injured Taken by EMS to SAMPSON COUNTY ER, CLINTON (Treatment Facility and City or Town) 47 Injured Taken by EMS to BETSY JOHNSDAL ER, DUNN (Treatment Facility and City or Town)

|   |   |   |                          |  |   |   |   |
|---|---|---|--------------------------|--|---|---|---|
| (Write in Codes) Unit# _____                  |   | 80 Authorized Speed Limit   | -                        | 85 Road Feature                                    | 5 | 78 Workzone Area                            | 5 |
| <b>CRASH SEQUENCE (Unit Level)</b>            |   | 81 Estimate of Original Traveling Speed   | 35                       | 76 Road Character                                  | 5 | 79 Work Activity                            |   |
| 49 Vehicle Maneuver/Action                    | 4 | 62 Estimate of Speed at Impact  | 30                       | 71 Road Classification                             | 8 | 80 Work Area Marked                         |   |
| 50 Non-Motorist Action                        | - | 63 Tire Impressions Before Impact (ft.)   | 62                       | 72 Road Surface Type                               | 6 | 81 Crash Location                           |   |
| 51 Non-Motorist Location Prior to Impact      | - | 64 Distance Traveled After Impact (ft.)   | 11                       | 73 Road Configuration                              | 1 | <b>TRAILER INFO</b>                         |   |
| 52 Crash Sequence - First Event for This Unit | 2 | 65 Emergency Vehicle Use  | -                        | 74 Access Control                                  | 1 | 82 Trailer Type                             | 6 |
| 53 Crash Sequence - Second Event              | 5 | 66 Post-Crash Fire (if "Yes" check block)   | <input type="checkbox"/> | 75 Number of Lanes                                 | 1 | 1st Trailer No. Axles                       |   |
| 54 Crash Sequence - Third Event               | 1 | 67 School Bus - Contact Vehicle   | <input type="checkbox"/> | 76 Traffic Control Type                            | 0 | Width (inches)                              |   |
| 55 Crash Sequence - Fourth Event              | - | 68 School Bus - Noncontact Vehicle  | <input type="checkbox"/> | 77 Traffic Control Oper                            | - | Length (feet)                               |   |
| 56 Most Harmful Event for This Unit           | 5 | <b>COMMERCIAL VEHICLE - Hazardous Materials Involvement Unit</b>                                |                          |  |   | 2nd Trailer No. Axles                       |   |
| 57 Distance/Direction to Object Struck        | 0 | Haz Mat Placard: <input type="checkbox"/> Yes <input type="checkbox"/> No                       |                          | From Placard indicate:                             |   | Width (inches)                              |   |
| 58 Vehicle Undercar/Override                  | 3 | Hazardous Cargo: <input type="checkbox"/> Yes <input type="checkbox"/> No                       |                          | 4-digit placard number or name from diamond or box |   | Length (feet)                               |   |
| 59 Vehicle Defects                            | 7 | Released (does not include fuel tank): <input type="checkbox"/> Yes <input type="checkbox"/> No |                          | 1-digit number from bottom of diamond              |   | 83 Unit #                                   |   |
|   |   | Carrying Haz Mat: <input type="checkbox"/> Yes <input type="checkbox"/> No                      |                          |  |   | Overwidth Trailer and Overwidth Mobile Home |   |



Unit # 1 was:  Traveling  Parked Facing N S E W on PP (JIMMY BEST) Unit # was:  Traveling  Parked Facing N S E W on

85 NARRATIVE (include pertinent and unusual aspects, which are not listed elsewhere on the form)

VEHICLE 1 A POLARIS RANGER UTV WAS TRAVELING EAST ON PP (FIELD PATH). VEHICLE 1 LOST CONTROL IN A CURVE AND OVERTURNED, AND ALL OCCUPANTS WERE EJECTED. VEHICLE 1 CONTINUED A SHORT DISTANCE AWAY AND CAME TO REST.

86 Type/Owner \_\_\_\_\_ Owner Address \_\_\_\_\_ Phone \_\_\_\_\_ State Property?  Estimated Damage \$ \_\_\_\_\_

WITNESSES

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_

TRAFFIC VIOLATION(S)

Name \_\_\_\_\_ Charge(s) \_\_\_\_\_ (Citation # optional) \_\_\_\_\_

Name \_\_\_\_\_ Charge(s) \_\_\_\_\_

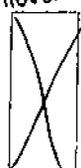
Officer Name: TRP, D-C TANNER Officer Number: 2923 Department: NCHHP0000 Date of Report: 09/16/2012

M6m

**COLLISION SCENE MEASUREMENTS**

Field Sketch Prepared By: D.C. Tanner  
 Assisted By: TRP LEWIS  
 Date Prepared: 9-14-12  
 Photographs Taken:  Yes  No  
 Photographs Taken By: TRP PEARSON  
 Fatal Collision:  Yes  No

Date of Collision: 9-14-12  
 Time: 1940  
 County: Sampson  
 Highway Number: private property  
 Sequence Number: 180  
 Investigated By: D.C. TANNER

| Point        | From Reference Point | From Base Line | Item Measured | Show Damaged Area of Vehicle  |
|--------------|----------------------|----------------|---------------|---|
| A            | W 15'                |                | A Head        | Vehicle #1<br>Rollover<br><br>Make: <u>Polaris</u><br>Color: <u>orange</u> |
| B            | W 9'6"               |                | B Toe         |   |
| C            | E 11'                |                | C RFT         |   |
| D            | E 7'                 |                | D RRT         |   |
| E            |                      |                | E             |   |
| <del>F</del> |                      |                | F             | Vehicle #2<br><br>Make: _____<br>Color: _____                            |
| GA           | E 25'                |                | G Head        |   |
| GB           | E 87                 |                | H TOE         |   |
| GC           | E 34'2"              |                | I RFT         |   |
| GD           | E 37'2"              |                | J RRT         |   |
| K            |                      |                | K             | Vehicle #3<br><br>Make: _____<br>Color: _____                            |
| L            |                      |                | L             |   |
| M            |                      |                | M             |   |
| N            |                      |                | N             |   |
| O            |                      |                | O             |   |
| P            |                      |                | P             | Vehicle #4<br><br>Make: _____<br>Color: _____                            |
| Q            |                      |                | Q             |   |
| R            |                      |                | R             |   |
| S            |                      |                | S             |   |
| T            |                      |                | T             |   |
| U            |                      |                | U             | Vehicle #5<br><br>Make: _____<br>Color: _____                            |
| V            |                      |                | V             |   |
| W            |                      |                | W             |   |
| X            |                      |                | X             |   |
| Y            |                      |                | Y             | Vehicle #6<br><br>Make: _____<br>Color: _____                            |
| Z            |                      |                | Z             |   |

If the coordinate measuring method is used, enter the direction N (North), S (South), E (East), and W (West) in the blocks provided at the top of the form under From Reference Point and From Base Line. If the triangulation method is used, strike out Reference Point and Base Line and enter RP1 and RP2 at the top of the form.

If points to be located exceeds the spaces provided, continue listing points on the reverse side of this form. If more than three vehicles are involved, draw additional vehicles and show the damaged areas on the reverse side of this form.

R DAILY REPORT OF ACCIDENTS - INQUIRY 10/01/2012 14:09 HPCS131

SLIP: 1209141208A 10-CODE 50 SIG F COUNTY 082 DOA 120914 TIME 1941  
HIGHWAY NO.: SR0000 9.2 MI. W. NEWTON GROVE; .1 MI. S. TWDS SR1475  
AUTHORITY: TRP D.C. TANNER CLASS 4 UNIT B231 DOE 120915  
CONTRIB CIRCUM 26 ALC N NO. VEHICLES 01 NO. FATALITIES 01 NO. INJURED 02

----- PERSONS KILLED -----

|   | NAME                      | R/S/AGE/B/PS/V | ADDRESS                   |
|---|---------------------------|----------------|---------------------------|
| 1 | (b)(3):Exemption 3 for 25 | W M 013 X CF 1 | (b)(3):Exemption 3 for 25 |

2  
3  
4  
5  
6  
7  
8  
9

REMRKS: VEH.1 (UTV) TRV. PRIVATE PROPERTY, AROUND CURVE, OVERTURNED, DECEASED  
: EJECTED.

ENTRY DATE: 20120915 0127 ID: 7356 UPDATE DATE: 20121001 1407 ID: 7042  
I/U/J/? = INQ/UPD/RPT/HELP-(F5/F4//F12) R/S = RETURN/SYSTEM MENU----- (F2/F1)

### VOLUNTARY STATEMENT

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

First M.L. Last

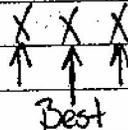
Phone Number: ( ) (b)(3):Exemption 3 for 25(c) Business Address: 12-12-98

Home

( ) Office

Begin statement here:

(b)(3):Exemption 3 for 25(c), Coming from (b)(3):Exemption 3 for 25(c) house on the ranger  
 coming down the path rode toward that mans house going rather  
 fast like. (b)(3):Exemption 3 for 25(c)



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

Continued.  Yes  No

Page 1 of

I have voluntarily prepared this statement which is a true and accurate reflection of what I witnessed. This statement was prepared at  AM /  PM

Date (mm/dd/yyyy)

Signature of Witness: \*in stretched.

### VOLUNTARY STATEMENT

Name: (b)(3):Exemption 3 for 25(c) Address: (b)(3):Exemption 3 for 25(c)  
First M.I. Last

Phone Number: (b)(3):Exemption 3 for 25(c) Business Address: \_\_\_\_\_  
Home

( ) \_\_\_\_\_  
Office

Begin statement here: We were riding in the field and we must have hit something. Then we all fell out and (b)(3):Exemption 3 for 25(c) was beside me and (b)(3):Exemption 3 for 25(c) was beside (b)(3):Exemption 3 for 25(c). I ran home and told my dad and here we are

Continued.  Yes  No  
 Page 1 of \_\_\_\_\_

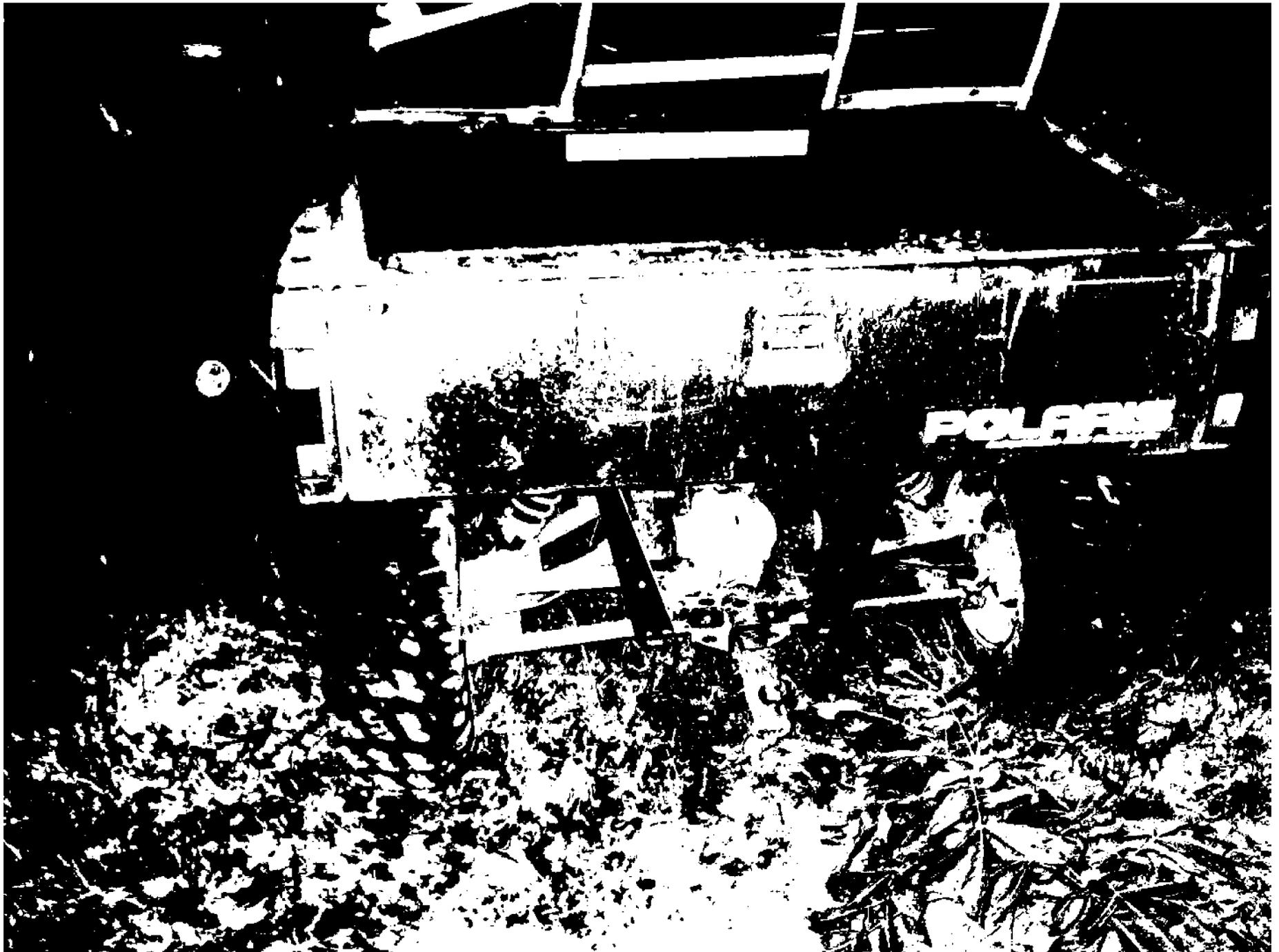
I have voluntarily prepared this statement which is a true and accurate reflection of what I witnessed. This statement was prepared at 8:35  AM /  PM. 9/14/12  
Date (mm/dd/yyyy)

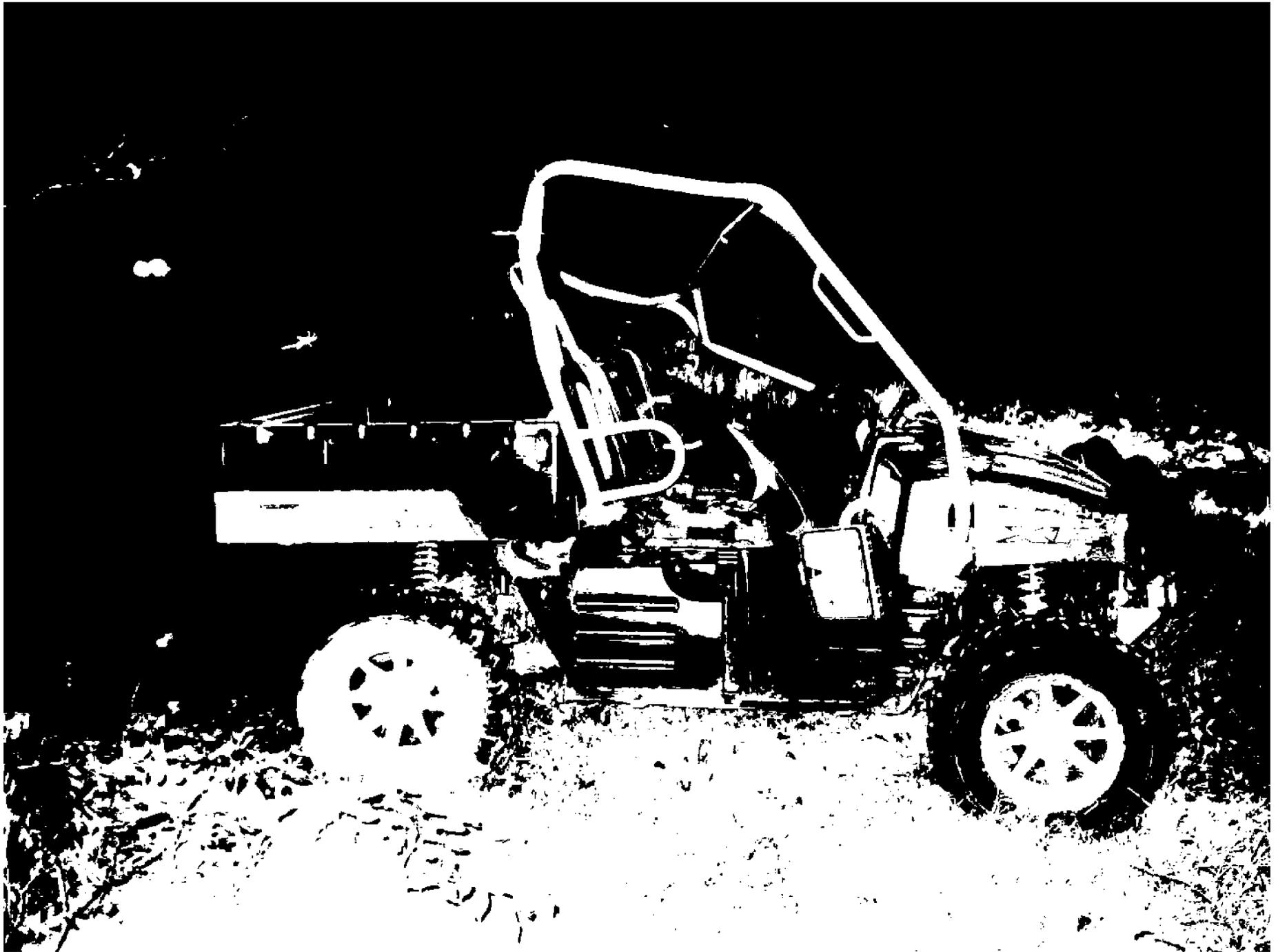
Signature of Witness: (b)(3):Exemption 3 for 25(c)











 **POLARIS®**  
INDUSTRIES INC.  
2100 Highway 55  
Medina MN 55340

DATE: 04/17/2008

VIN:  (b)(6)









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Your results for VIN number:  
**4xarh68a184727496**  
 RNGR-08,4X4,700EFI,OC RALLY,LE  
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**If you are not JAMES BEST, visit your local dealer for help changing ownership.**  
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2008 Polaris Ranger XP Orange Crush Rally Limited Edition



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The Painted Orange Crush Rally XP has all of the extreme off-road performance of Ranger XP with a 700 EFI engine, new hand-operated parking brake with shift interlock and one-ton towing.

| GENERAL INFORMATION |                        |
|---------------------|------------------------|
| INSURANCE           | Get an Insurance Quote |
| MANUFACTURER        | Polaris                |
| MODEL YEAR          | 2008                   |
|                     | Ranger XP Orange Crush |

**Contact a Polaris Dealer**

Choose a Dealer your wish to contact regarding the 2008 Ranger XP Orange Crush Rally Limited Edition

- 📍 [MR Motorcycle](#) - Asheville NC
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|                              |   |
|------------------------------|---|
| <b>MODEL</b>                 | Rally Limited Edition   |
| <b>M.S.R.P. *</b>            | \$11,499.00   |
| <b>DI MENSIONS</b>           |   |
| <b>LENGTH</b>                | 113 in. (287 cm)  |
| <b>HEIGHT</b>                | 75 in. (190.5 cm)   |
| <b>WIDTH</b>                 | 60 in. (152.4 cm)   |
| <b>WEIGHT</b>                | 1,185 lbs. (539 kg)   |
| <b>GROUND CLEARANCE</b>      | 11 in. (27.9 cm)  |
| <b>WHEELBASE</b>             | 76 in. (193 cm)   |
| <b>TURNING RADIUS</b>        | 148 in. (376 cm)  |
| <b>ENGINE</b>                |   |
| <b>ENGINE</b>                | Polaris 2-cylinder, liquid-cooled   |
| <b>HORSEPOWER</b>            | 40 hp   |
| <b>DISPLACEMENT</b>          | 683 cc  |
| <b>CARBURETION</b>           | Electronic Fuel Injection (EFI)   |
| <b>FUEL CAPACITY</b>         | 9 gal. (34.1 l)   |
| <b>STARTING</b>              | Electric  |
| <b>LUBRI CATION</b>          | Pressurized wet sump  |
| <b>DRIVETRAIN</b>            |   |
| <b>TRANSMISSION</b>          | Automatic PVT (Polaris Variable Transmission)   |
| <b>DRIVE SYSTEM</b>          | Switch-engaged on-demand true 4-wheel shaft drive   |
| <b>BRAKES/ WHEELS/ TIRES</b> |   |
| <b>BRAKES</b>                | Front: 2-piston, 4-wheel hydraulic disc, stainless steel lines<br>Rear: 1-piston, 4-wheel hydraulic disc, stainless steel lines<br>Parking: Hand lever activated dedicated mechanical disc with shift interlock |
| <b>TIRES</b>                 | Front: 26 x 9-14 Goodyear MTR radial<br>Rear: 26 x 11-14 Goodyear MTR radial  |

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Change State: North Carolina

First Name: Last Name:

Address:

City: ST/Prov: Zip/Postal:  
NC

Work Phone: Home Phone:

Email:

Preferred Color: Purchase Timeframe:  
**1 Month**

Extended Warranty: (Subject to Availability) Yes  No

Additional Accessories:

| OPERATIONAL   |  |
|---|--|
| <b>SUSPENSION</b>   | Front: MacPherson strut; 8 in. (20.3 cm) travel<br>Rear: Independent; 9 in. (22.9 cm) travel |
| <b>LOAD CAPACITY</b>  | Box: 1,000 lbs. (454 kg)<br>Payload: 1,500 lbs. (681 kg)                                     |
| <b>TOWING CAPACITY</b>  | 2,000 lbs. (907 kg)  |
| <b>Insurance:</b>   | <a href="#">Request A Quote</a>  |
| <p><b>PowerSports Network Tip:</b><br/>Insurance is a part of the cost of any vehicle purchase. <a href="#">Click here</a> for a free insurance quote on this vehicle. You can also get a quote for your car.</p> <p>* Manufacturer's Suggested Retail Price (MSRP) if shown for a vehicle excludes set-up, freight, taxes, title, licensing or other dealer charges, and is subject to change. Individual dealer prices may vary. Please request a quote or contact the PowerSports Network Dealer nearest you for specific pricing.</p> |  |

Comments:

Where did you hear about us?  
**Unselected**

**Have a trade in?**

Trade In Mfg:                      Trade In Model:

Trade In Year:                      Trade In Miles:

Trade-In Accessories:

**Contacting out of state dealer?**

Reason for contacting dealer

Delivery Method:  
**Select**

**Want to receive our Newsletter?**

html     text

Frequently includes money saving coupons on accessories



# U.S. Consumer Product Safety Commission

Task Number: 121009HCC1030

Date: 11/20/2012

## Status of Missing Document(s)

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

1. EMS Treatment Record

2. 911 Dispatch Report

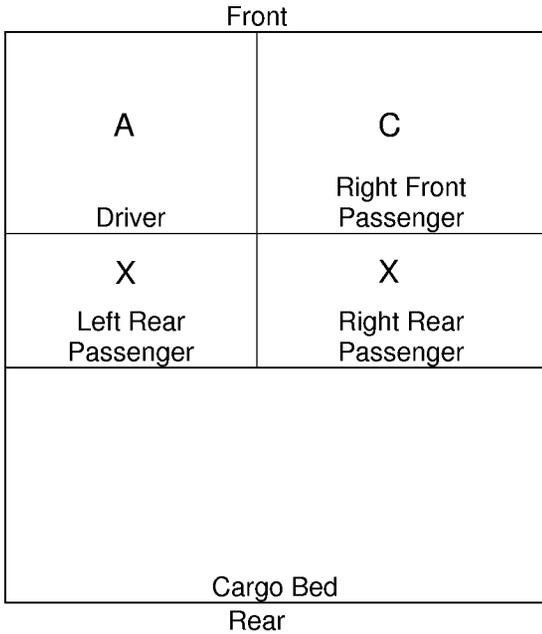
3. \_\_\_\_\_

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

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

6. \_\_\_\_\_

Utility Vehicle Data Record Sheet



The Utility Vehicle

|    |  |                    |
|----|--|--------------------|
| A: | Age: 12                                  | Height:            |
|    | Gender: male                             | Weight:            |
|    | Helmet (Y/N): No                         | Seatbelt (Y/N): No |
|    | Killed/Injured/Neither/Unknown: neither  |                    |
|    | Injury Description:                      |                    |
|    | Did vehicle land on victim: no           |                    |
|    | Ejected (Either partially or fully): yes |                    |

|    |  |                    |
|----|--|--------------------|
| B: | Age: 13                                  | Height: 64"        |
|    | Gender: male                             | Weight: 122 lbs.   |
|    | Helmet (Y/N): NO                         | Seatbelt (Y/N): NO |
|    | Killed/Injured/Neither/Unknown: Killed   |                    |
|    | Injury Description: head trauma          |                    |
|    | Did vehicle land on victim: yes          |                    |
|    | Ejected (Either partially or fully): yes |                    |

|    |  |                    |
|----|--|--------------------|
| C: | Age: 13                                  | Height:            |
|    | Gender: male                             | Weight:            |
|    | Helmet (Y/N): NO                         | Seatbelt (Y/N): NO |
|    | Killed/Injured/Neither/Unknown: neither  |                    |
|    | Injury Description:                      |                    |
|    | Did vehicle land on victim: no           |                    |
|    | Ejected (Either partially or fully): yes |                    |

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

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

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

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

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

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



|  |   |   |  |   |
|--|---|---|--|---|
| <b>1. Task Number</b><br>121009HCC3011   |   | <b>2. Investigator's ID</b><br>4335                 |  | <b>EPIDEMIOLOGIC<br/>INVESTIGATION<br/>REPORT</b> |
| <b>3. Office Code</b><br>840   | <b>4. Date of Accident</b><br>YR MO DAY<br>2011 08 04 | <b>5. Date Initiated</b><br>YR MO DAY<br>2012 10 12 |  |   |
| <b>6. Synopsis of Accident or Complaint</b> <b>UPC</b><br>A 39 YOF died as a result of a UTV accident. The victim was a passenger of an UTV when the 27 YOM UTV driver attempted to cross a railway crossing in a railway yard where flatbed rail cars are gravity feed to become attached to other rail cars. The UTV occupants were performing duties when the driver failed to gain permission from the rail yard pilot when the rail car made contact with the UTV and its occupants. The victim died at the scene from Multiple blunt force trauma.<br><br><b>MFR/PRVLDH NOTIFIED</b><br><br>COMMENTS: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br><input checked="" type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED<br><input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <i>bb</i><br><br><input type="checkbox"/> DO NOT RE-NOTIFY <input checked="" type="checkbox"/> RE-NOTIFY<br><i>1/16/14 re</i> |   |   |  |   |
| <b>7. Location (Home, School, etc)</b><br>7 - INDUSTRIAL PLACE   |   | <b>8. City</b><br>TULSA                             |  | <b>9. State</b><br>OK                             |
| <b>10A. First Product</b><br>5044 - UTILITY VEHICLES   |   | <b>10B. Trade/Brand Name</b><br>KUBOTA              |  | <b>10C. Model Number</b><br>RTV9                  |
| <b>10D. Manufacturer Name and Address</b><br>KUBOTA TRACTOR CORPORATION<br>3401 DEL AMO BLVD.<br>TORRANCE, CA 90509-1636   |   |   |  |   |
| <b>11A. Second Product</b><br>0  |   | <b>11B. Trade/Brand Name</b><br>NONE                |  | <b>11C. Model Number</b><br>NONE                  |
| <b>11D. Manufacturer Name and Address</b><br>NONE  |   |   |  |   |
| <b>12A. Hispanic or Latino</b><br>2 - No   | <b>12B. Race</b> 1 - White<br>Other:                  |   | <b>12C. Race Source</b><br>3 - Official Document               |   |
| <b>13. Age of Victim</b><br>39   | <b>14. Sex</b><br>2 - Female                          | <b>15. Disposition</b><br>8 - Death                 | <b>16. Injury Diagnosis</b><br>71 - Other/NS/No inj            |   |
| <b>17. Body Part(s)</b><br>Involved<br>87 - N.S./UNK   | <b>18. Respondent</b><br>2 - Eyewitness               | <b>19. Type of Investigation</b><br>2 - Telephone   | <b>20. Time Spent</b><br>(Operational / Travel)<br>2.00 / 0.00 |   |
| <b>21. Attachment(s)</b><br>9 - Multiple Attachments   |   | <b>22. Case Source</b><br>14 - Death Certificate    |  | <b>23. Sample Collection Number</b>               |
| <b>24. Permission to Disclose Name (Non NEISS Cases Only)</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written  |   |   |  |   |
| <b>25. Review Date</b><br>10/22/2012   | <b>26. Reviewed By</b><br>8929                        |   | <b>27. Regional Office Director</b><br>Frank J. Nava           |   |
| <b>28. Distribution</b><br>Sarah Garland   |   |   | <b>29. Source Document Number</b><br>1140021058                |   |

IDI -121009HCC3011

1 of 1

**PRODUCT IDENTIFICATION:**

2010 KTM RTV9

VIN number:

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

**SAMPLES COLLECTED: None**

**ATTACHMENTS:**

**Exhibit 1 – OK DPS Incident Report**

**Exhibit 2 – OKME Medical Report**

**Exhibit 3 – OK Certificate of Death**

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

Incident Report [X] Revised [X]
Investigation Completed [X] Fatality [X]
Investigation Made at Scene [X] Hit and Run [X]
Photographs [X]

Form containing fields for Reporting Agency (OKLAHOMA HIGHWAY PATROL), Date of Collision (08042011), County (72 TULSA), Driver License Number, Vehicle Information (2010 KTM RTV9), and Investigating Officer (DARRICK EADES).

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

Case Number B01147-11

Pg 2 of 6

(24) Unit Injured  Witness  Passenger  Prop. Owner  Pos in Veh. 13 Last Name (b)(3):Exemption 3 for 25(c) First Middle Suffix DOB (mm/dd/yyyy) Sex F

(25) Address (b)(3):Exemption 3 for 25(c) City State Zip Telephone (Use Area Code)

(26) Injury Severity / Type 5 OP Use 1 Air Bag 0 Ejected 1 Extricated 2 Transported by REYNOLDS F.H. To Medical Facility M.E. OFFICE Property Type

(27) Unit Injured  Witness  Passenger  Prop. Owner  Pos in Veh. 00 Last Name (b)(3):Exemption 3 for 25(c) First Middle Suffix DOB (mm/dd/yyyy) Sex M

(28) Address (b)(3):Exemption 3 for 25(c) City State Zip Telephone (Use Area Code)

(29) Injury Severity / Type OP Use Air Bag Ejected Extricated Transported by To Medical Facility Property Type

(30) Unit Injured  Witness  Passenger  Prop. Owner  Pos in Veh. Last Name First Middle Suffix DOB (mm/dd/yyyy) Sex

(31) Address City State Zip Telephone (Use Area Code)

(32) Injury Severity / Type OP Use Air Bag Ejected Extricated Transported by To Medical Facility Property Type

(33) Unit Injured  Witness  Passenger  Prop. Owner  Pos in Veh. Last Name First Middle Suffix DOB (mm/dd/yyyy) Sex

(34) Address City State Zip Telephone (Use Area Code)

(35) Injury Severity / Type OP Use Air Bag Ejected Extricated Transported by To Medical Facility Property Type

Complete information below if this vehicle is being used for interstate purposes and has a gross weight in excess of 10,000 lbs. or is a flatbed placard or a bus with seating for nine or more including the driver.

(36) Unit Carrier Name Address City State Zip GVWR  0-10K lbs.  10,001-26K lbs.  26K+ lbs. Axle Qty. Cargo Body Vehicle Use Interstate Commerce  Intrastate Commerce  Other Non-Commerce  Government

(37) U.S. DOT Number NASI Report Number OK Placard Number Haz. Mat. Class Haz. Mat. Involved Haz. Mat. Release Yes  No  Yes  No

(38) Unit Carrier Name Address City State Zip GVWR  0-10K lbs.  10,001-26K lbs.  26K+ lbs. Axle Qty. Cargo Body Vehicle Use Interstate Commerce  Intrastate Commerce  Other Non-Commerce  Government

(39) U.S. DOT Number NASI Report Number OK Placard Number Haz. Mat. Class Haz. Mat. Involved Haz. Mat. Release Yes  No  Yes  No

| Position in Vehicle  | Vehicle Configuration  | Cargo Body Type   |
|--|--|---|
| <p>00. Not Applicable<br/>18. Front Row - Other<br/>28. Second Row - Other<br/>38. Third Row - Other<br/>48. Fourth Row - Other<br/>50. Sleeper Section of Truck Cab</p> <p>See manual for additional seating examples</p> | <p>00. N/A</p> <p>01. Passenger Veh.-2 Dr<br/>02. Passenger Veh.-4 Dr<br/>03. Passenger Veh. Conv.<br/>04. Pickup<br/>05. Single Unit Truck, 2 axles<br/>06. Single Unit Truck, 3+ axles</p> <p>07. School Bus<br/>08. Truck/Trailer<br/>09. Truck-Tractor (Bobtail)<br/>10. Truck-Tractor/Semi-Trailer<br/>11. Truck-Tractor/Double<br/>12. Truck-Tractor/Triple</p> <p>13. Bus/Large Van 9-15 occupants including driver<br/>14. Bus 16+ occupants including driver<br/>15. Motorcycle<br/>16. Motor Scooter/Moped<br/>17. Motor Home</p> <p>18. Farm Machinery<br/>19. ATV<br/>20. SUV<br/>21. Passenger Van<br/>22. Truck more than 10,000 lbs., Cannot Classify<br/>23. Van 10,000 lbs. or Less<br/>24. Other<br/>99. Unknown</p> | <p>00. N/A</p> <p>01. Bus 9-15 seats<br/>02. Bus 16+ seats<br/>03. Van / Enclosed Box / Stock Trailer<br/>04. Cargo Tank<br/>05. Flatbed</p> <p>06. Intermodal<br/>07. Dump Truck/Trailer<br/>08. Concrete Mixer<br/>09. Auto Transporter<br/>10. Garbage/Refuse</p> <p>11. Hopper (granul./chips/gravel)<br/>12. Pole Trailer<br/>13. Log Trailer<br/>14. Vehicle Towing Vehicle<br/>15. Other<br/>99. Unknown</p> |



Case Number **B01147-11**

Latitude     Longitude

Railroad Crossing Number  W  Roadway Orientation Unit Number **01** NE E SW

Unit Number  NE SW

Pg **4** of **6**

Indicate North by Arrow

**COLLISION EVENTS**

| Unit                 | First Event          | Second Event         | Third Event          | Fourth Event         | Most Harmful Event   | First Harmful Event for the Entire Collision |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--|
| 01                   | 32                   | 00                   | 00                   | 00                   | 32                   | 32   |
| <input type="text"/>                         |

- 10 Not Applicable
- 11 Fire/Explosion
- 12 Immersion
- 13 Jackknife
- 14 Cargo/Equipment Loss or Shift
- 15 Equipment Failure (Blown Tire, Brake Failure, etc.)
- 16 Separation of Units
- 17 Departed Road Right
- 18 Departed Road Left
- 19 Cross Median/Centerline
- 20 Downhill Runaway

- 21 Fell/Jumped From Motor Vehicle
- 22 Thrown Or Falling Object
- 23 Other Non-Collision
- PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT:**
- 30 Pedestrian
- 31 Pedal Cycle
- 32 Railway Vehicle (train, engine)
- 33 Animal
- 34 Motor Vehicle in Transport
- 35 Parked Motor Vehicle
- 36 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle

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

**Remarks**

UNIT 1 WAS EASTBOUND CROSSING TRACKS WHEN IT WAS STRUCK BY A FLAT CAR (GRAVITY POWERED) TRAVELING NORTHBOUND ON THE RAILROAD TRACKS. P.O.I. WAS APPROX. 258 FT. SOUTH OF POWER BOX #18158 AND 157 FT. EAST OF RADIO TOWER. UNIT 1'S P.O.R. WAS APPROX. 133 FT. NORTH OF P.O.I. FLAT CAR'S P.O.R. WAS SAME AS UNIT 1'S P.O.R. UNIT 1'S DRIVER STATED HE DID NOT SEE THE FLAT CAR. UNIT 1'S DRIVER FAILED TO YIELD FROM A POSTED STOP SIGN. UNIT 1'S DRIVER DID NOT REQUEST PERMISSION TO CROSS FROM THE CREST TOWER. NOTE: WHEN CROSSING AT THIS PARTICULAR LOCATION PERMISSION MUST BE GRANTED TO CROSS. UNIT 1'S DRIVER AND PASSENGER WERE RAILCAR SWITCH PERSONNEL, THEY WERE ACTIVELY ENGAGED IN THE PERFORMANCE OF THEIR DUTIES WHEN THE INCIDENT OCCURRED. THE CREST TOWER PERSONNEL RELEASES THE RAILCARS ON A GRAVITY SYSTEM DOWN TO THE SWITCH YARDS TO FORM TRAINS. THE FLAT CAR INVOLVED IN THE INCIDENT WAS IDENTIFIED AS TTHX 97102 OWNED BY BNSF RAILWAY. UNIT 1 PASSENGER WAS PINNED FOR APPROX. 2HRS. BEFORE BEING F

This report is based on the officer's investigation of this collision. This report may contain the opinion of the officer.

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT  
DIAGRAM SUPPLEMENTAL

Case Number B01147-11

Pg 5 of 6

