



Erik D. Christensen, M.D.
Pamela S. Ulmer, D.O.
Julie A. Schrader, D.O.
Joseph K. White, D.O.
Assistant Medical Examiners

48 N. Mario Capecchi Dr.
Salt Lake City, UT 84113
Phone (801)584-8410
Fax (801)584-8435

Todd C. Grey, M.D., Chief Medical Examiner
Edward A. Leis, M.D., Deputy Chief Medical Examiner

Keith Stephens
Chief Investigator

REPORT OF EXAMINATION

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

Case #: **R201201836**
Age: 27
Race: Caucasian
Sex: Female

Date & Time of Death: 10/06/2012 -- 17:30
Date & Time of Exam: 10/07/2012 -- 11:15
Examination by: Joseph K. White, D.O.
Investigating Agency: Utah State Park Ranger
Exam Witnesses: None

Manner of Death: Accident
Immediate Cause of Death: Blunt Force Trauma of the Head

FINAL PATHOLOGIC DIAGNOSES

- I. Blunt force trauma of the head.
 - A. Ring skull fracture.
 - B. Linear skull fracture from ring fracture along right occipital and parietal bones.
 - C. Diffuse subgaleal contusion, posterior head.
 - D. Facial abrasions; lower lip and chin.
- II. Additional blunt force trauma.
 - E. Scattered minor cutaneous abrasions and contusions of torso and extremities.
- III. Ethanol intoxication.

Toxicology results:

Ethanol: 0.06 g/100ml (blood); negative (vitreous)

OPINION: This 27 year-old Caucasian female, (b)(3) Exemption 3 for 25(c), died as a result of blunt force injuries to the head. The injuries were sustained during a rollover accident of an off road vehicle in which she was a passenger. In the accident the decedent was ejected from the vehicle. Ring skull fractures are usually quickly fatal due to stretching or other type of disruption of vital brainstem structures.


Joseph K. White, D.O.
Assistant Medical Examiner
Date Signed: 01/08/13

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

Case No. - R20i201836

EXTERNAL EXAMINATION

The body is received in an unsealed body bag, clad as described in the body inventory and release sheet. A complete list of clothing and personal effects is maintained in the case file.

The body is that of a normally developed, apparently normally nourished adult Caucasian female who appears compatible with the given age of 27 years, weighs 67 kg, and is 157 cm in length with a calculated Body Mass Index of 27.2 kg/m². The body is well preserved but unembalmed, and is cold to touch after refrigeration. Rigidity is well developed in all muscle groups. Lividity is posterior and blanches slightly to pressure.

The scalp hair is brown and up to approximately 20 cm long. The earlobes are pierced multiple times bilaterally and are not creased. The eyes are capped following donation of corneas prior to examination. The sclerae and conjunctivae are unremarkable and free of petechiae or hemorrhages. The nose is free of palpable fractures. The lips have a small abrasion as described below but are otherwise unremarkable. The teeth are natural and in good repair.

The trachea is in the midline. There is no palpable adenopathy in any of the major lymph node regions. The chest is symmetric. The breasts are symmetric and free of palpable masses. The abdomen is flat and soft.

The external genitalia are those of an adult female and are unremarkable. The secondary hair is distributed appropriately for age and sex.

The upper extremities are normally formed. All digits are present. The fingernails are of irregular length, up to 0.3 cm, are clean and free of injuries. Worn black polish is on the nails of the right hand and worn pink polish is on the nails of the left hand. The lower extremities are normally formed. All digits are present. Black and red polish is on the toenails. The back is unremarkable except for the minor trauma described below. The anus is unremarkable.

An 11 cm scar is on the lower abdomen. A tattoo is on the back of the right hand.

EVIDENCE OF MEDICAL INTERVENTION:

An endotracheal tube is in the mouth. A stabilizing collar is around the neck. EKG tracing pads are on the hips and shoulders bilaterally. Small catheters are in the upper chest bilaterally and in the left lower chest. An intravascular line is in the left antecubital fossa and an intraosseous catheter is in the right lower leg.

TRAUMA

HEAD AND NECK:

The face has 2 small linear abrasions of the right lower lip and the right side of the chin. The abrasion to the lip is 0.8 cm and the injury to the chin is 1 cm long. There are no other injuries to the skin of the head or neck. Blood is seen coming from both external auditory canals.

Scattered subgaleal contusions are over the entire posterior aspect of the head. The calvarium is removed and there is no intracranial hemorrhage or gross evidence of blunt injuries to the brain tissue.

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

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The base of the skull has a ring fracture completely around the foramen ovale and linear fractures extending up into the right occipital and parietal bones.

TORSO:

A faint abrasion is on the mid chest just above the sternum. A 1 cm abrasion is on the lower abdomen. The lower back has superficial abrasions on both the right and left sides. The left lower back has an 8 x 10 cm abrasion and smaller 3 cm abrasion. A 15 x 11 cm abrasion and an additional smaller 3 cm abrasion are on the right lower back.

No significant internal musculoskeletal trauma is identified in the thorax. The internal organs of the chest and abdomen are also free of trauma. There is however, a small amount of aspirated blood noted in the lungs bilaterally.

EXTREMITIES:

A 1 cm contusion is over the right elbow. The upper extremities are otherwise free of injuries and the upper extremities are stable to palpation with no evidence of bony fractures.

A 9 x 5 cm irregular area of abrasions is on the medial left thigh just above the knee. The lower extremities are otherwise free of injuries and the lower extremities are stable to palpation with no evidence of bony fractures.

INTERNAL EXAMINATION

The body is opened with a standard Y-shaped incision and the chest plate is removed. No adhesions or abnormal accumulation of fluid are in any of the body cavities. The organs are distributed in a normal anatomic fashion. Up to 3.4 cm of fat is in the subcutaneous layer of the anterior abdominal wall.

HEAD AND CENTRAL NERVOUS SYSTEM:

The scalp is reflected. Injuries to the head and central nervous system are as described above. The brain tissue is grossly unremarkable.

Multiple sections through the 1290 gram brain reveal no focal lesions in the cortex, subcortical white matter, deep gray matter, cerebellum, or brainstem.

NECK:

The hyoid bone is intact. The laryngeal cartilages are intact and the surrounding soft tissues free of acute hemorrhage. The laryngeal lumen is unobstructed.

CARDIOVASCULAR SYSTEM:

The heart weighs 230 grams. The pericardial surfaces are smooth, glistening and unremarkable; the pericardial sac is free of abnormal fluid collections or adhesions. The coronary arteries arise normally from their respective sinuses and course normally over the heart. Serial cross sections demonstrate widely patent lumina without evidence of significant atherosclerosis or thrombosis.

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The cardiac chambers are unremarkable. The cardiac valves are normal in size and configuration. The myocardium is red-brown, firm and free of scars and discrete infarcts. The right and left ventricular walls are 3 and 12 mm thick, respectively. The atrial and ventricular septa are intact.

The aorta and its major branches arise normally, follow the usual course and are free of significant atherosclerosis or other abnormality. The vena cava and its major tributaries return to the heart in the usual fashion and are free of thrombi.

RESPIRATORY SYSTEM:

The lungs are 400 and 390 grams, right and left, respectively. The trachea and major bronchi are free of obstruction and foreign material. The mucosal surfaces are smooth, tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable bilaterally, with normal lobulation. On section, the parenchyma is dark red-purple with occasional bronchial-centric areas of maroon coloration consistent with aspiration of blood. The tissue exudes slight to moderate amounts of blood and frothy fluid from the cut surfaces. No discrete lesions or areas of consolidation are noted grossly.

The pulmonary arteries are normally developed and free of obstruction.

HEPATOBIILIARY SYSTEM:

The liver weighs 1200 grams. The capsule is intact. On section, the parenchyma is red-brown and of normal consistency. There is no nodularity or discrete lesions.

The gallbladder contains 0.5 mL green-yellow bile without stones. The gallbladder mucosa is velvety and unremarkable. The biliary tree appears patent throughout and of normal caliber.

ENDOCRINE SYSTEM:

The pituitary gland, thyroid gland, pancreas, and adrenal glands are grossly normally developed and free of disease and injury.

DIGESTIVE SYSTEM:

The tongue is normal externally, and on cut section. The oropharynx is free of obstruction. The esophagus is lined by a smooth, gray-white mucosa. The stomach contains 200 ml of thin fluid and small food particles. The underlying mucosa is arranged in the normal rugal folds. The large and small bowels are grossly unremarkable. The appendix is present.

GENITOURINARY SYSTEM:

The kidneys weigh 80 and 100 grams, right and left, respectively. The capsules strip easily to reveal smooth, slightly lobulated subcapsular surfaces. On section, the cortices are of normal thickness while the medullary pyramids are wedge-shaped and of normal size. The renal pelves and ureters are not dilated. The bladder contains 25 mL urine. The bladder mucosa is tan and unremarkable.

The ovaries, fallopian tubes, uterine corpus, cervix, and vagina are unremarkable. Sectioning of the uterus reveals an unremarkable endometrium with no gestational sac or other evidence of pregnancy.

RETICULOENDOTHELIAL SYSTEM:

The spleen weighs 100 grams. The capsule is intact and slightly wrinkled. On section, the parenchyma is moderately soft with unremarkable lymphoid follicles.

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

Case No. - R201201836

The exposed lymph nodes are not enlarged.

The exposed bone marrow is red-brown and grossly unremarkable.

MUSCULOSKELETAL SYSTEM:

The exposed skeletal musculature and bony skeleton of the thoracoabdominal cavity are grossly normally developed and free of disease and injury, except where otherwise described.

SAMPLES OBTAINED

EVIDENCE: A DNA blood card is retained. A complete list of evidence collected is retained in the case file.

TOXICOLOGY SAMPLES: Samples of heart blood, vitreous fluid, urine, and bile are sent to the Unified State Laboratories for toxicology analysis. Gastric contents and liver tissue are retained.

HISTOLOGY: The usual tissue sections are held in formalin. A single block of tissue is submitted for histology.

MICROSCOPIC FINDINGS: Multiple sections of the uterus are examined on a single H&E stained slide. In some areas the endometrium has sloughed off. The visualized portions of the endometrium show no evidence of pregnancy-related changes.



Unified State Laboratories: Public Health
 Bureau of Forensic Toxicology
 4431 South 2700 West
 Taylorsville, Utah 84119-8600
 Telephone: (801) 965-2400
 Fax: (801) 965-2455

OFFICE OF MEDICAL EXAMINER
 SHANNON SKILES
 48 MARIO CAPECCHI DRIVE
 SALT LAKE CITY, UT 84113-1105

Lab Information	
Lab Case #:	M2012-01584
Sample #:	651362
Source:	Blood
Sample Detail:	HEART
Date Received:	10/10/2012
Date Completed:	10/19/2012
Subject Information	
Subject Name:	(b)(3); Exemption 3 for 25(c)
Subject DoD:	10/06/2012
Agency Information	
Medical Examiner:	Dr. Joseph White
Agency Case #:	201201836

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TOXICOLOGY FINAL REPORT

Test Run: **Alcohol by Headspace GC**

Acetone Result: **Negative**

Isopropanol Result: **Negative**

Methanol Result: **Negative**

Ethanol Result: **0.06 grams per 100 milliliters of Blood**

Test Run: **Rx Drug Panel Screen**

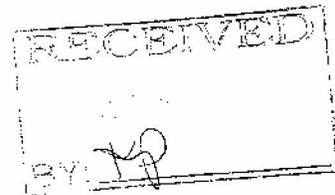
Final Result: **All test results are negative.**

Test Run: **Cocaine Screen**

Cocaine Result: **Negative**

Test Run: **Methamphetamine Screen**

Methamphetamine Result: **Negative**



Test Run: **Morphine Screen**

Morphine Result: **Negative**

Case reviewed by: Gambrelli Layco



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OFFICE OF MEDICAL EXAMINER
 SHANNON SKILES
 48 MARIO CAPECCHI DRIVE
 SALT LAKE CITY, UT 84113-1105

Lab Information	
Lab Case #	M2012-01584
Sample #	651362
Source	Blood
Sample Detail	HEART
Date Received	10/10/2012
Date Completed	10/19/2012
Subject Information	
Subject Name:	(b)(3):Exemption 3 for 25(c)
Subject DoD	10/06/2012
Agency Information	
Medical Examiner	Dr. Joseph White
Agency Case #	201201836

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TOXICOLOGY FINAL REPORT

Test Run **THC Screen**THCmtb Result **Negative**

Case reviewed by Gambrell Layco

A handwritten signature in black ink, appearing to read "Gambrell Layco".



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 Taylorsville, Utah 84119-8600
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 Fax: (801) 965-2455

OFFICE OF MEDICAL EXAMINER
 SHANNON SKILES
 48 MARIO CAPECCHI DRIVE
 SALT LAKE CITY, UT 84113-1105

Lab Information	
Lab Case #:	M2012-01584
Sample #:	651364
Source:	Vitreous Fluid
Sample Detail:	
Date Received:	10/10/2012
Date Completed:	10/19/2012
Subject Information	
Subject Name:	(b)(3):Exemption 3 for 25(c)
Subject DoD:	10/06/2012
Agency Information	
Medical Examiner:	Dr. Joseph White
Agency Case #:	201201836

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TOXICOLOGY FINAL REPORT

Test Run: Volatiles Screen

Ethanol Result: **Negative**
 Acetone Result: **Negative**
 Isopropanol Result: **Negative**
 Methanol Result: **Negative**

Case reviewed by Gambrelli Layco



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 Fax: (801) 965-2455

OFFICE OF MEDICAL EXAMINER
 SHANNON SKILES
 48 MARIO CAPECCHI DRIVE
 SALT LAKE CITY, UT 84113-1105

Lab Information	
Lab Case #	M2012-01584
Sample #	651365
Source	Urine
Sample Detail:	
Date Received:	10/10/2012
Date Completed:	10/19/2012
Subject Information	
Subject Name:	(b)(3); Exemption 3 for 25(c)
Subject DoD:	10/06/2012
Agency Information	
Medical Examiner:	Dr. Joseph White
Agency Case #:	201201836

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TOXICOLOGY FINAL REPORT

Test Run: **Cocaine Screen**

Cocaine Result: **Negative**

Test Run: **Methamphetamine Screen**

Methamphetamine Result: **Negative**

Test Run: **Morphine Screen**

Morphine Result: **Negative**

Test Run: **THC Screen**

THCmb Result: **Negative**

Case reviewed by: Gambrelli Layco



North Summit Ambulance Service
Coalville, UT 84017

Incident Date: 10/06/2012

Call #: 125148

Patient Care #: 1

Patient Information		
Name: (b)(3) Exempti	Age: 26 Years	D.O.B: (mm/dd/yyyy)
Address: N/A	Gender: Female	SSN: 000-00-0000
,, N/A	Weight: KG / LB	Race:
	Phone: 0000000000	Ethnicity:

Call Type and Location	Call Disposition	Response Times and Mileage	
911 Caller: 3rd Party Call Type: Traumatic Injury Resp. Mode: No Lights and Sirens Urgency: Immediate Response: 911 Response Location: Street or Highway Address: Icy Springs Road Coalville, Summit, UT 84017 Zone: 21	Disposition: Dead at Scene Resp. Mode: No Lights or Sirens Destination: Scene, Utah Dest. Determ.: On-line Medical Direction Diverted From: Dispatch Delay: None Response Delay: None Scene Delay: None Transport Delay: None TurnAround Delay: Clean-up Patient Barriers: None	1st Resp. Arr.: PSAP: 16:52 Disp. Notified: 16:52 Unit Disp.: 16:52 Enroute: 16:57 At Scene: 16:59 At Patient: 16:59 Depart: 19:05 Arrive Dest: In Service: 20:00 In Quarters: Cancelled:	Incident #: 125148 Start Miles: Scene Miles: To Scene: Dest. Miles: To Dest: End Miles: 0.0 To End: 0.0 Call Sign: A-21 Veh. #: 518 Veh. Type: Ambulance Primary Role: Transport

First Responder Agencies#: Summit Co Sheriff's Dept, North Summit Fire District

Unit Personnel		
Crew Member	Crew Member Level	Crew Member Role
Bosworth, Melanie	EMT-Intermediate	Primary Patient Caregiver
Gunn, Nick	EMT-Intermediate	Primary Patient Caregiver
Gunn, Dennis	EMT-Intermediate	Primary Patient Caregiver
Robertson, Mark	EMT-Intermediate	Primary Patient Caregiver
Preator, Mitch	EMT-Intermediate	Primary Patient Caregiver

Personal Protective Equipment Used: Gloves

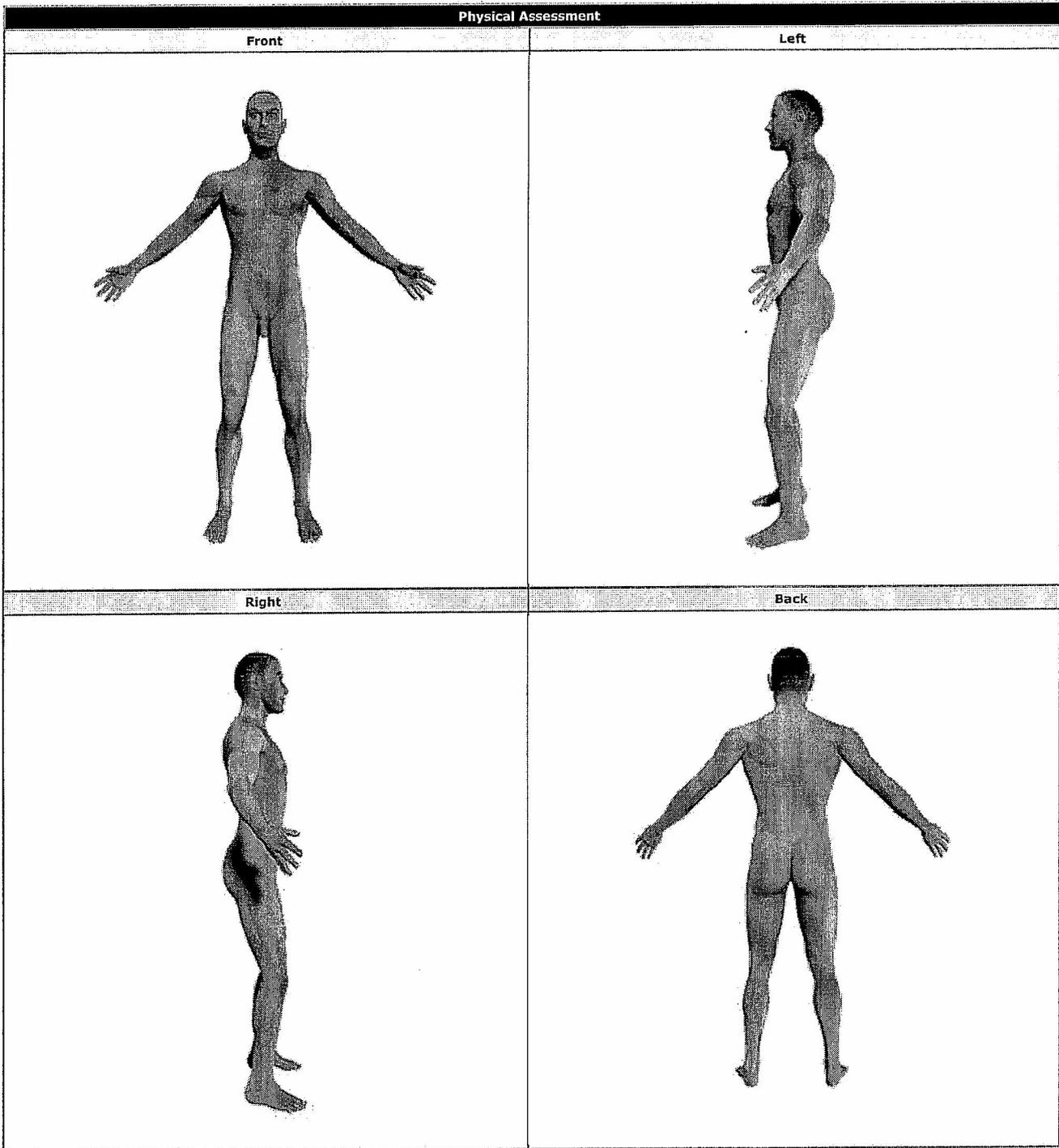
Call Information	
Destination Name: Scene	Response Request: 911 Response (Scene)
Destination Type: Not Transported	Response Disposition: Dead at Scene
Destination Determination: On-line Medical Direction	Lights Sirens To Scene: No Lights and Sirens
Vehicle Type: Ambulance	Lights Sirens From Scene: No Lights or Sirens

Factors Affecting Response
None

Patient Condition
Provider Impression: Cardiac Arrest Chief Complaint: Unresponsive X Onset Date/Time: 10/06/2012 at 16:52 Alcohol/Drug Use: Not Applicable

<p align="center">Injury Intent: Unintentional Cause of Injury: ATV Rider Dispatch Reason: Traumatic Injury</p>																
Primary Symptom																
Unresponsive/Unconscious																
Other Associated Symptoms																
Bleeding																
CardioRespiratory Arrest																
Patient Vitals																
Time	B/P	Pulse	Rhythm	Resp.	Effort	SpO2	SpO2 Qual.	EtCO2	GCS	Pain	Stroke Scl	PTA	B.G.	RTS	Limb	Patient Position
	0/0	0		0	Absent		Rm. Air									Supine
Glasgow Coma Score																
Date/Time	Glasgow Eye Opening			Glasgow Verbal			Glasgow Motor			Glasgow Coma Score						
Past Medical History																
MEDICATION ALLERGIES						Generic Name						Description				
Unknown																
Patient Medications						Generic Name						Dosage				
unknown																
Medical Surgery History																
Unknown																
History Primarily Obtained From				Pregnancy		Advanced Directives						Practitioner Name				
						Not Applicable										
Procedures and Treatments																
Time	Crew	Name	Location	Size of Equipment	Attempts	Response	Success	Comments								
	MB	CPR -Cardiopulmonary Resuscitation			1		Yes									
	MB	Airway-Laryngeal Mask		4	1		Yes									
	MB	Venous Access-Extremity		18 g	1		Yes									
	DG	Venous Access-Intraosseous Adult	Lower Extremity-Right		1		Yes									
	NG	CPR -Cardiopulmonary Resuscitation			1											
	MR	CPR -Cardiopulmonary Resuscitation			1											
	MB	Blood Glucose Analysis			1		Yes									
	MB	Airway-Suctioning			1		Yes									
Medication Administered																
Time	Crew	Medication	Route	Dosage	Response	PTA	Comments									
	MB	Oxygen by Positive Pressure Device	Endotracheal Tube	15 LPM												
17:10	MB	Normal Saline	Intravenous													
17:14	DG	Normal Saline	Intravenous													
17:15	MB	Epinephrine 1:10,000	Intravenous	1 MG												
17:21	DG	Epinephrine 1:10,000	Intravenous	1 MG												
ECG Monitor																
Time	ECG Type	ECG Lead	ECG Interpretation	ECG Ectopy	Cause For Change											
	ECG-Monitor		Asystole													
Narrative																
Summary of Events																
<p>ATV Rollover (Razor/Ranger type) rolled down embankment approximate 20 feet drop. No Seatbelts no helmets thrown from vehicle, Lying supine on back upon EMS arrival. CPR immediately started. Patient unresponsive, Asystole, Bleeding bilat ears and mouth. Raccoon eyes, pupils dilated, Bruising noted behind ears. CPR initiated, IO Right leg, D Gunn, 18 g IV Left AC M Bosworth, LMA Size 4 M Bosworth. CPR: N Gunn, D Gunn, M Bosworth, M preator, Mrobertson. C-Collar applied. Ambu bag: M Robertson R preator, M bosworth. Suctioned multiple times copious amounts of blood and gum in airway. Air med arrived and did chest De-Compression x 3 and additional IO Left Leg. Good breath sounds noted bilat with LMA. Patient remained Asystole. Air Med contacted U of U and time of death 1730. Family notified (Finance's family) per M Bosworth. ME Alan Siddoway on scene.</p> <p>**2 doses Epi 1:10,000 at 1 mg each and 2 doses Amlodorline 1 300 mg, 1 150 mg administered, blood sugar obtained....MA</p>																
Prior Aid																

Prior Aid	Performed By	Outcome
Safety Equipment Used		
No Safety Equipment/Devices Used		
Vehicular Information		
Vehicular Injury Indicators: Area of Vehicle Impacted: Seat Row Location of Patient: Position of Patient: Airbag Deployment:		
Patient/Hospital Disposition		
Emergency Dpt. Disposition: Not Known	Hospital Disposition: Not Known	
Condition of Patient at Destination:	Medical Record Number:	



Injury Details		
Injury #	Injury Site	Injury Detail
	Head	Bleeding Uncontrolled
	Head	Ecchymosis
	Head	Soft Tissue Swelling/Bruising

Service-Defined Questions		
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North Summit Ambulance Service
Coalville, UT 84017

Incident Date: 10/06/2012

Call #: 125148

Patient Care #: 2

Patient Information		
Name: (b)(3):Exemptio	Age: 30 Years	D.O.B: (b)(3): (mm/dd/yyyy)
Address: (b)(3):Exemption 3 for 25(c)	Gender: Male	SSN:
	Weight: KG / LB	Race:
	Phone: (b)(3):E	Ethnicity:

Call Type and Location	Call Disposition	Response Times and Mileage	
911 Caller: Patient Call Type: Traumatic Injury Resp. Mode: Lights and Sirens Urgency: Immediate Response: 911 Response Location: Street or Highway Address: Icy Springs Road Coalville, Summit, UT 84017 Zone: 21	Disposition: Treated, Transported by EMS (BLS/EMT-I) Resp. Mode: No Lights or Sirens Destination: University of Utah Hospital, 50 N Medical Dr, Salt Lake City, UT 84132 Dest. Determ.: Closest Appropriate Facility Diverted From: Dispatch Delay: None Response Delay: None Scene Delay: None Transport Delay: None TurnAround Delay: None Patient Barriers: None	1st Resp. Arr.: PSAP: 16:52 Disp. Notified: 16:52 Unit Disp.: 16:52 Enroute: 16:57 At Scene: 17:07 At Patient: 17:07 Depart: 17:20 Arrive Dest: 18:05 In Service: 20:22 In Quarters: Cancelled:	Incident #: 125148 Start Miles: Scene Miles: To Scene: Dest. Miles: To Dest: End Miles: 41.1 To End: 41.1 Call Sign: A-22 Veh. #: 526 Veh. Type: Ambulance Primary Role: Transport

First Responder Agencies#: Summit Co Sheriff's Dept, North Summit Fire District

Unit Personnel		
Crew Member	Crew Member Level	Crew Member Role
Andersen, Michelle	EMT-Intermediate	Primary Patient Caregiver
Glaque, Marc	EMT-Intermediate	Driver
Preator, Mitch	EMT-Intermediate	Primary Patient Caregiver

Personal Protective Equipment Used: Gloves

Call Information	
Destination Name: University of Utah Hospital Destination Type: Hospital Destination Determination: Closest Appropriate Facility Vehicle Type: Ambulance	Response Request: 911 Response (Scene) Response Disposition: Treated, Transported by EMS (BLS/EMT-I) Lights Sirens To Scene: Lights and Sirens Lights Sirens From Scene: No Lights or Sirens

Factors Affecting Response
None

Patient Condition
Provider Impression: Traumatic Injury Chief Complaint: Lower back pain X Onset Date/Time: 10/06/2012 at 16:52 Alcohol/Drug Use: Not Applicable Injury Intent: Cause of Injury: ATV Rider

Dispatch Reason: Traumatic Injury

Primary Symptom

Pain

Other Associated Symptoms

Bleeding

Patient Vitals

Time	B/P	Pulse	Rhythm	Resp.	Effort	SpO2	SpO2 Qual.	EtCO2	GCS	Pain	Stroke Scl	PTA	B.G.	RTS	Limb	Patient Position
17:25	116/82	134	RR	16	Normal	93	Rm. Air			10					Left Arm	Supine
17:50	124/63	130	RR	16	Normal	100	High O2			5					Left Arm	Supine

Glasgow Coma Score

Date/Time	Glasgow Eye Opening	Glasgow Verbal	Glasgow Motor	Glasgow Coma Score
17:25				
17:50				

Past Medical History

MEDICATION ALLERGIES	Generic Name	Description
patient denies		

Patient Medications	Generic Name	Dosage

Medical Surgery History

Patient Denies PMH

History Primarily Obtained From	Pregnancy	Advanced Directives	Practitioner Name
		Not Applicable	

Procedures and Treatments

Time	Crew	Name	Location	Size of Equipment	Attempts	Response	Success	Comments
	MA	Cervical Spinal Immobilization - Rigid Collar			1		Yes	
	MA	Spinal Immobilization - Standing Take-Down			1		Yes	
	MA	Cardiac Monitor			1		Yes	
17:27	MP	Venous Access-Extremity	Antecubital-Right	18	1		Yes	

Medication Administered

Time	Crew	Medication	Route	Dosage	Response	PTA	Comments
	MA	Oxygen by Mask	Inhalation	10 LPM			
17:27	MP	Normal Saline	Intravenous				
17:43	MP	Ondansetron (Zofran)	Intravenous	4 MG			
17:44	MP	Morphine Sulfate	Intravenous	2 MG	Unchanged		
17:48	MP	Morphine Sulfate	Intravenous	2 MG	Unchanged		

ECG Monitor

Time	ECG Type	ECG Lead	ECG Interpretation	ECG Ectopy	Cause For Change

Assessment Exam

Time of Assessment:

- Abdomen-left-lower:
- Abdomen-left-upper:
- Abdomen-right-lower:
- Abdomen-right-upper: Pain/Tenderness
- Back-cervical:
- Back-lumbar:
- Back-thoracic:
- Chest: Normal Chest Assmt
- Ext-left-low:
- Ext-left-up:
- Ext-right-low:
- Ext-right-up:
- Eyes-left:
- Eyes-right:
- GU:

Head: Heart: Mental: Normal Mental Status for Patient, Oriented-Person, Oriented-Place, Oriented-Time Neck: Neuro: Skin: Normal, Warm, Capillary Nail Bed Refill less than 2 Seconds

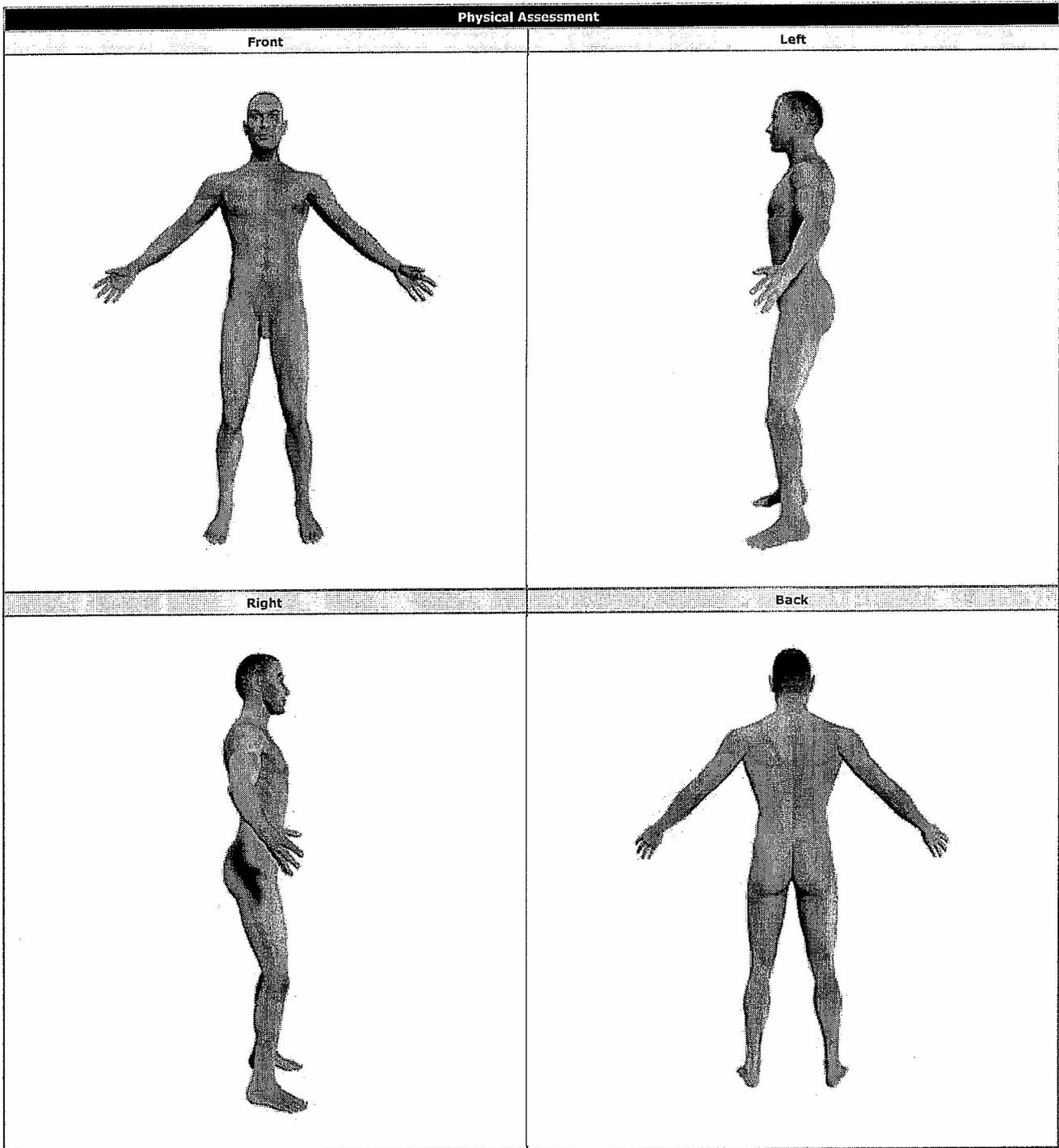
Narrative
Summary of Events Patient and girlfriend were riding on a RZR when patient lost control and ran off road down about a 20 foot hill. Patient stated he remembers entire incident and "does not think" he had LOC. Patient was not wearing a seatbelt or helmet. Passenger was unresponsive with CPR in progress when EMS arrived. Patient was performing CPR on passenger. Upon patient contact, patient was standing next to passenger fully alert and responsive. Physical exam was performed by EMT Andersen which showed strong pain in patient lower back. Patient was placed in full c-spine precautions and placed in A23 for transport to U of U. Vitals were taken while enroute, an IV was established in R AC with NS fluid at TKO. After contact with medical Control, patient was approved for 2-4 mg of MS, Zofran was given to counteract nausea from MS. EKG showed patient in Sinus tach but regular. Breath sounds were checked bilaterally by EMT Preator with no abnormalities. Patient remained alert through transport with no change in vitals. Patient able to remember number given as ambulance left scene. Patient did state the pain in his back decreased after second dose of MS. Patient had multiple lacerations to his head bleeding was controlled 5x9 was used for bleeding to head. **O2 Via mask given to patient....MA

Prior Aid		
Prior Aid	Performed By	Outcome

Safety Equipment Used
No Safety Equipment/Devices Used

Vehicular Information	
Vehicular Injury Indicators:	
Area of Vehicle Impacted:	
Seat Row Location of Patient:	Position of Patient: Driver
Airbag Deployment:	

Patient/Hospital Disposition	
Emergency Dpt. Disposition: Not Known	Hospital Disposition: Not Known
Condition of Patient at Destination:	Medical Record Number:

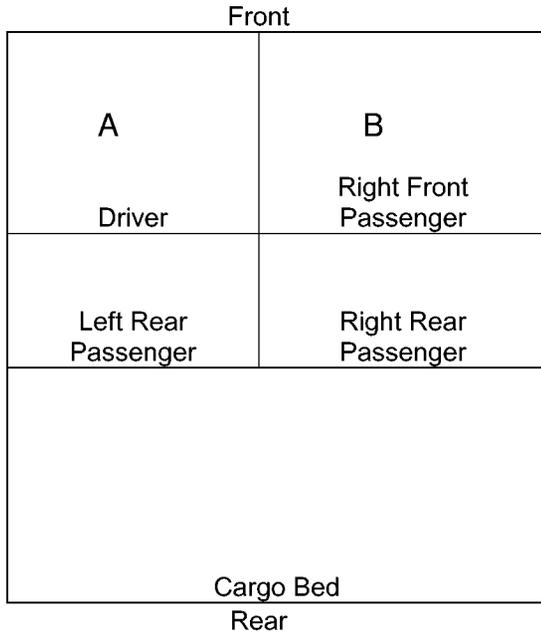


Injury Details		
Injury #	Injury Site	Injury Detail
	Skin	Abrasions
	Skin	Bleeding Controlled
	Skin	Ecchymosis
	Skin	Pain/tenderness
	Head	Laceration
	Head	Bleeding Controlled
	Abdomen	Soft Tissue Swelling/Bruising
	Spine	Abrasions
	Spine	Pain/tenderness
Service-Defined Questions		

Utility Vehicle Data Record Sheet

IDI #: 121114HCC3122

Exhibit #: 6



The Utility Vehicle

A:	Age: 30	Height: UNK
	Gender: M	Weight: UNK
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Injured	
	Injury Description: BACK Pain / lacerations	
	Did vehicle land on victim: no	
	Ejected (Either partially or fully): UNK	

B:	Age: 26	Height: 5'
	Gender: F	Weight: 150
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: Ring Skull Fracture	
	Did vehicle land on victim: NO	
	Ejected (Either partially or fully): Fullv	

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 NUMBER: 121115HCC2125



U.S. CONSUMER PRODUCT SAFETY COMMISSION

WARNING

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

The following is considered confidential or restricted:

- Exhibit A - Sheriff's Office Report
- Exhibit B - Coroner Report
- Exhibit C - Autopsy Report

1. Task Number 121115HCC2125		2. Investigator's ID 3954		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2012 09 29	5. Date Initiated YR MO DAY 2012 11 19		
6. Synopsis of Accident or Complaint UPC A nine-year-old female was operating a four-wheeled utility vehicle (UTV) on an unspecified roadway near her home. The operator attempted to turn the vehicle, when it overturned. An eight-year-old female was a passenger in the vehicle at the time of the incident and was wearing a seatbelt; however, the driver was not. The driver was ejected from the vehicle and sustained multiple internal injuries. The victim was transported to a local hospital where she was pronounced dead. The cause of death was determined to be blunt force injuries to the torso. <i>MFR/PRVLR NOTIFIED</i> COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERBULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <i>cat</i> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY <i>1/16/14 re</i>				
7. Location (Home, School, etc) 2 - FARM		8. City SLAYTON		9. State MN
10A. First Product 5044 - UTILITY VEHICLES		10B. Trade/Brand Name POLARIS		10C. Model Number RANGER XP
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC. 2100 HIGHWAY 55 MEDINA, MN 55340				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12A. Hispanic or Latino 2 - No		12B. Race 1 - White Other:		12C. Race Source 3 - Official Document
13. Age of Victim 9		14. Sex 2 - Female		15. Disposition 8 - Death
16. Injury Diagnosis 62 - Intern. Org. Inj.		17. Body Part(s) Involved 79 - LOWER TRUNK		18. Respondent 3 - 2nd Hand Info Only
19. Type of Investigation 2 - Telephone		20. Time Spent (Operational / Travel) 9.00 / 0.00		
21. Attachment(s) 9 - Multiple Attachments		22. Case Source 05 - Newspaper		23. Sample Collection Number
24. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written				
25. Review Date 12/20/2012		26. Reviewed By 9067		27. Regional Office Director Frank J. Nava
28. Distribution Sarah Garland; Tanya L. Topka			29. Source Document Number X12B0501A	

PRODUCT INFORMATION CONT.:

VIN: Unknown
Year: 2010
Manufacturer: Polaris
2100 Highway 55
Medina, MN 55340

Photos of the incident UTV were request, but were not obtained.

ATTACHMENTS:

- Exhibit A - Sheriff's Office Report
- Exhibit B - Coroner Report
- Exhibit C - Autopsy Report w/ Death Certificate
- Exhibit D - Missing Documents
- Exhibit E - Contact Information
- Exhibit - Utility Vehicle Data Records Sheet

Minnesota Recreational Vehicle Accident Report Form

VEHICLE TYPE S - Snowmobile 6 - 6 Wheel ATV 3 - 3 Wheel ATV M - Off Road Motor Cycle 4 - 4 Wheel ATV V - Off Road Vehicle	ACCIDENT TYPE F - Fatal N - Personal Injury P - Property Damage	INITIAL COMPLAINT REPORT 12000604
---	---	---

Date 9/29/12	Time 09:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Murray	Phone Number 507-836-6168	Agency Murray County Sheriff
Name of person or Investigating Officer completing Report K9 Deputy Brian Gass			Address of person or Investigating Officer 2558 29 th Street, Box 57, Slayton, MN 56172	

Machine #1

OPERATOR'S NAME (Last, First Middle) (b)(6)			DATE OF BIRTH (b)(6)	AGE 9	SEX F
(b)(6)			Did operator complete the Department of Natural Resources Safety Training? Yes/No <input checked="" type="checkbox"/> No		No
			Operator's Experience: D - 1 day, W - week, 1 - 1 year, 5 - 5 years, 10 - 10 years		1
			Hours spent riding the day of the accident?		<1
MAKE Polaris	MODEL Ranger XP	ENGINE SIZE 760 CCs	YEAR OF MACHINE 2010	EST. REPAIR COST \$2000	OWNERSHIP: O - owned, R - rented, B - borrowed, F - family machine, S - stolen B
REGISTRATION NO. (b)(6)	EXPIRATION DATE 12/99	STATE MN	ESTIMATED SPEED 5 MPH	Was operator familiar with the area? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Carbide wear rods? Yes/No <input checked="" type="checkbox"/> No N
OPERATOR ALCOHOL USE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		PBT USED <input checked="" type="checkbox"/> No <input type="checkbox"/> Pass <input type="checkbox"/> Warn <input type="checkbox"/> Fail	Chem Test <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BAC 0.	Any Violations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Explain: juvenile not old enough to be charged TRACK STUDS Yes or No N
Any Legal Action? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Explain: No charges pending					If Yes: Number of studs in track?

Machine #2

OPERATOR'S NAME (Last, First Middle)			DATE OF BIRTH	AGE	SEX
ADDRESS:			Did operator complete the Department of Natural Resources Safety Training? Yes/No >		
OWNER'S FULL NAME (If other than operator)			Operator's Experience: D - 1 day, W - week, 1 - 1 year, 5 - 5 years, 10 - 10 years		
OWNER'S ADDRESS:			Hours spent riding the day of the accident?		
MAKE	MODEL	ENGINE SIZE CCs	YEAR OF MACHINE	EST. REPAIR COST \$	OWNERSHIP: O - owned, R - rented, B - borrowed, F - family machine, S - stolen
REGISTRATION NO.	EXPIRATION DATE	STATE	ESTIMATED SPEED MPH	Was operator familiar with the area? <input type="checkbox"/> Yes <input type="checkbox"/> No	Carbide wear rods? Yes/No
OPERATOR ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No		PBT USED <input type="checkbox"/> No <input type="checkbox"/> Pass <input type="checkbox"/> Warn <input type="checkbox"/> Fail	Chem Test <input type="checkbox"/> Yes <input type="checkbox"/> No	BAC 0.	Any Violations? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: TRACK STUDS Yes or No
Any Legal Action? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:					If Yes: Number of studs in track?

	POSITION 1-Operator 2-Passenger 3-Pedestrian 4-Other (Explain)	INJURED NAME (Last, First Middle)	DATE OF BIRTH	AGE	SEX	CASUALTY F - Fatal N - Injury
A	1	(b)(6)	(b)(6)	9	F	F
B						
C						
D						

An accident resulting in injury requiring medical attention or death of any person or total property damage of \$500 or more shall be reported by the investigating officer/operator on this form, within 10 business days, to the:

MN DNR ENFORCEMENT, SAFETY TRAINING, 15011 Highway 15; LITTLE FALLS, MN 56345

Narrative: 12000604

General

Date	10/1/2012	Officer	★ GASS, BRIAN	Release To	No	Print With	No
Display Order	2			Public		Incident	

Narrative

Juvenile female operator (b)(6) had driven the off road vehicle in an effort to catch her dog, as the dog had just run from her home. Her friend, 8-year old (b)(6) was a passenger and was wearing her seat belt. As (b)(6) was retrieving the dog another animal scared her and she quickly got back into the off road vehicle and attempted to flee. Because she was scared she did not buckle her seat belt and as she tried to drive away the off road vehicle overturned. As a result of the overturn she received lacerations, soft tissue and internal injuries. She was transported by family members to the Murray County Medical Center where she died from her injuries.

- TYPE OF TERRAIN**
 1 - Lake or Stream
 2 - Road Right-of-way
 3 - Railroad Right-of-way
 4 - Private Marked Trail
 5 - Government Marked Trail
 6 - Private Unmarked Property

- 7 - Within City or Village Limits
 8 - Government Unmarked Property
 9 - Outside City or Village Limits
 10 - Other (Describe) _____

- WEATHER**
 1 - Clear
 2 - Cloudy
 3 - Rain or Sleet
 4 - Fog
 5 - Light Snow
 6 - Heavy Snow
 7 - Blowing Snow

- TYPE OF ACCIDENT**
 1 - Struck fixed object (what) _____
 2 - Machine rollover
 3 - Broke through Ice
 4 - Barbed Wire or fence
 5 - Operator Injured in Mechanism
 6 - Collision with Train

- 7 - Machine - Car Collision
 8 - Equipment Malfunction
 9 - Struck Guy Wire or Cable
 10 - Machine - Machine Collision
 11 - Operator thrown from Machine
 12 - Passenger thrown from Machine
 13 - Passenger thrown from Device being towed

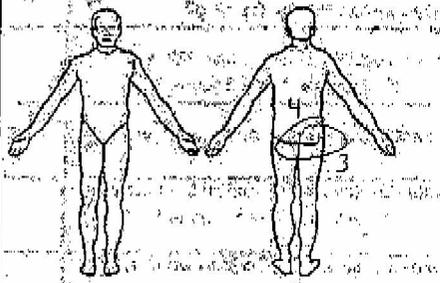
- 14 - Clothing caught in Machine
 15 - Other - _____
 16 - Excessive Speed
 17 - Loss of Control
 18 - Pedestrian

INJURIES, PERSON #1

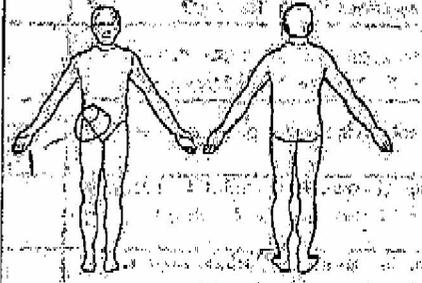
(mark all that apply)

INJURIES, PERSON #2

(mark all that apply)



- 1 - Soft Tissue
 2 - Fracture
 3 - Lacerations
 4 - Other
 UNKNOWN INTERNAL INJURIES



- 1 - Soft Tissue
 2 - Fracture
 3 - Lacerations
 4 - Other

(Place number of injury type by location of injuries on figure)

Hospital Admitted Transferred Ground Air

(Place number of injury type by location of injuries on figure)

Hospital Admitted Transferred Ground Air

WITNESS NAME (Last, First Middle)	ADDRESS	PHONE
(b)(6)		(H) (W)
		(H) (W)
		(H) (W)

Describe accident in detail, explaining cause, number of riders in group and the position the machines were in the group. (Attach additional sheets as needed or you may attach a copy of your department report.

See attached narrative.

Draw an example of machines travel and collision. Mark machines #1, #2 etc. Place an arrow in the box showing North.



VEHICLE MOVED PRIOR TO THE HOSPITAL'S REPORT OF THE INCIDENT.



December 13, 2012

Consumer Product Safety Commission
ATTN: John Martins
PO Box 6848
Spokane, WA 99217

RE: (b)(6)
Date of death: 09/29/12
UTV accident

Dear Mr. Martins,

This letter is written by your request in regards to the death of (b)(6) in a UTV accident. I do not have pictures. I was not at the scene. The parents brought the child to the hospital and did CPR in the car. We attempted to revive (b)(6) at the hospital. I was assisting the on call provider at that time. (b)(6) was a 9 year old female. The information I got from the other young lady who was in the vehicle with her was that she was not belted in. I do not know if it had roll bars or not. (b)(6) was alert at the scene reportedly. She tried to get up and then went down because of pain and eventually quit moaning and did not communicate with the other young lady who of course was trying to go get help. They were at least a mile away from the house trying to catch a dog who got loose. The report from the young lady is that (b)(6) did not wear her seatbelt in the vehicle since she couldn't reach the pedals if she had her seatbelt on but she made sure that her friend had her seatbelt on. The friend said the UTV rolled about 4-5 times. This was not witnessed by anyone. (b)(6) was thrown out early in the rolling of the vehicle. They were reaching a speed of about 60 MPH before they tried to turn around to go back towards the house. With the turn, they wound up rolling the UTV.

This is as much information I can get you because it was not a coroner call to the site. The patient was brought in to the hospital and I was here to assist at attempts of resuscitation.

continued

Murray County Hospital ~ 2042 Juniper Ave. ~ Slayton, MN 56172 ~ (507) 836-6111 ~ Fax (507) 836-6700
Murray County Clinic ~ 2040 Juniper Ave. ~ Slayton, MN 56172 ~ (507) 836-6153 ~ Fax (507) 836-8787

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Page 2

(b)(6)

(b)(6) did not have a heartbeat when she got here. We attempted the usual modes of ACLS and could not get a heartbeat. Her pupils remained fixed and dilated the whole time. The patient was sent to Sioux Falls for autopsy by pathology, since we do not have a pathologist in our county. Everything I have to date will be faxed with the autopsy and the death certificate. If you need any additional information, I will give what I can but this is about all I have available.

Sincerely,



Carol L. Lang, DO
Murray County Coroner

CLL/as

Encl.

**MURRAY COUNTY MEDICAL CENTER
2042 JUNIPER AVENUE
SLAYTON, MINNESOTA 56172
507-836-6111**



PATIENT NAME: (b)(6)
ACCOUNT NUMBER: (b)(6)
ADMISSION DATE: 09/29/12
PROVIDER NAME: LESLI KRAMER PA-C

DOB: (b)(6)
MR NUMBER: (b)(6)

(b)(6) is a 9-year old female who was brought to the ER in her family vehicle by her parents. Patient had been out on an ATV with her friend when she evidently had rolled the ATV approximately 1/2 mile from the farm place. The friend ran to the farm place to notify the parents. They then drove out and picked up the daughter and brought her in. The mother states that she did do some CPR on the way into town. The exact time of this incident is not noted. She arrived to our ER door at approximately 9:45. A cart was brought out to the car and CPR was started immediately. Patient's pupils were already fixed and dilated and extremities were cool.

PAST MEDICAL HISTORY; Non-significant.

ALLERGIES: SHE HAS GI REACTION TO AUGMENTIN.

PERSONAL/SOCIAL HISTORY; Patient lives in a private residence with her parents and sister.

Patient was transported to our ICU. CPR was done during transfer. Patient was suctioned immediately on arrival to the ICU. Brown phlegm was removed - small quantities. CPR was continued. Two IO accesses were placed in both legs. Also, a peripheral IV was placed. Dr. Lang, DO, Dan Woldt, PA-C, Brian Peterson, CRNA, Kris Rohrer, RT, lab, x-ray and nurses were present. Parents and grandparents were also present. Once IV access was available, NS was ran in all 3 lines wide open. Patient was given epi 2.7 ml IV with a saline push. Patient's rhythm remained in asystole. CPR was continued and epi 2.7 ml was given approximately 5 minutes with no response. A total of 3 epi doses were given. Again, patient remained in asystole. Patient was then given 30 ml of bicarb with no effect on her rhythm. She was then given 2.7 ml of epi again. Patient did have a large tear to her perineum approximately 2-3 inches. There was blood and stool in her undergarments. Patient was suctioned on and off throughout this process. Placement of the intubation tube was confirmed. After a total of 4 epi doses and the bicarb, doing CPR for a total of 50 minutes the flight crew arrived. They did not have any other ideas to help revive this child. The parents

**MURRAY COUNTY MEDICAL CENTER
2042 JUNIPER AVENUE
SLAYTON, MINNESOTA 56172
507-836-6111**



PATIENT NAME: (b)(6)
ACCOUNT NUMBER: (b)(6)
ADMISSION DATE: 09/29/12
PROVIDER NAME: LESLI KRAMER PA-C

DOB: (b)(6)
MR NUMBER: (b)(6)

were agreeable to us stopping CPR. Patient was pronounced dead at 10:35 a.m. The priest from their church, (b)(6) was present with the family. Patient's body will be referred for an autopsy.

Another passenger in the ATV was seen in the ER and she related that they were going 65 mph on the ATV and then it stopped suddenly and they rolled 5 times.

D: 9-29-12/LK LESLI KRAMER, PA-C
T: 10-1-12/jsb

SANFORD HEALTH PATHOLOGY CENTER
P.O. Box 5039
Sioux Falls, SD 57117-5039
(605) 424-0864 (605) 333-1730

Patient Name: (b)(6) Prosecutor: PE NEWBY Pathologist: KS SNELL, M.D. Coroner Number: CL12-476	Accession #: SFA12-189 Received on: 9/29/2012 Reported: 10/13/2012 Physician: CE LANG, MD Copy To: DR. CAROL LANG SLAYTON, MN
---	--

CORONER-MURRAY COUNTY 4780562
MURRAY COUNTY COURTHOUSE
SLAYTON, MN 56172

POST MORTEM EXAMINATION REPORT

AGE: 9 RACE: W SEX: F LENGTH: 51 inches WEIGHT: 78 lbs.

FINAL DIAGNOSIS

- I. Blunt force injury of torso:
 - A. Organ lacerations: Lungs, liver, kidney
 - B. Rib fractures, right
 - C. Hemothorax and hemoperitoneum

CAUSE OF DEATH: Blunt force injury due to an ATV crash

MANNER OF DEATH: Accident

038/10/17/2012

Electronically Signed By
KS SNELL, M.D.

CASE NARRATIVE

This 9-year-old white female was involved in an ATV crash. The postmortem examination was conducted on Oct. 1, 2012 at 1000.

EVIDENCE OF INJURY

On the left upper lip is a 1/4 inch red-brown abrasion. On the left lower-mid chest is a 1 1/2 x 1/4 inch yellow-brown abrasion. Extending from the left scapula down to the mid back and then over on to the right lateral chest is a 12 inch long pattern red-brown abrasion. On the

(b)(6)

(b)(6)

POST MORTEM EXAMINATION REPORT

SFA12-189

anterior aspect of the right shoulder is a 2 x 1 1/4 inch blue-purple contusion with an associated 1/2 inch yellow-brown abrasion. On the medial aspect of the right knee is a 6 x 3 inch red-brown abrasion. On the anterior aspect of the right lower leg are a 3/4 inch blue-purple contusion and a 1/4 inch blue-purple contusion. The left femur is fractured/dislocated at the hip. Additionally, there is a distal femur fracture on the left. On the inferior-medial aspect of the left knee is a 1/2 inch blue-purple contusion.

Opening of the body cavity reveals approximately 500 ml of blood in right pleural cavity, 100 ml of blood in the left pleural cavity, and 100 ml of blood in the peritoneal cavity. There are hilar lacerations to both lungs as well as posterior mediastinal hemorrhage. The hilum of the liver has extensive lacerations. The right kidney has extensive hilar lacerations. The right fourth, fifth, and eighth ribs are fractured laterally.

EXTERNAL EXAMINATION

The following excludes any previously described injuries.

The body is that of a well developed well nourished white female child appearing the approximately recorded age, clad in pink top (previously cut). The body condition is in tact. The body temperature is cold to the touch, the extremities are in equal degree of rigor (3/3) and the livor is purple-posterior-fixed. The head hair is blonde, the eyes are blue, and the teeth are natural. Both ear lobes are pierced. The head and neck are normally developed and without abnormalities. The chest, abdomen, and back are normally developed and without abnormalities. The external genitalia are that of a prepubescent female. The upper and lower extremities are normally developed and without abnormalities. Around the left ankle is a pink and white band. No identifying scars, marks, or tattoos are noted.

EVIDENCE OF MEDICAL INTERVENTION

A single cardiac electrode lead is on the left lateral chest. Puncture sites are noted in the right lateral neck, the right and left antecubital fossa, the ventral aspect of each wrist, and the dorsal right hand. Intraosseous access is noted in the anterior aspect of each lower leg. An identification tag is on the right ankle.

INTERNAL EXAMINATION

The following excludes any previously described injuries.

(b)(6)

(b)(6)

POST MORTEM EXAMINATION REPORT

SFA12-189

SEROSAL CAVITIES: The body is opened in the usual manner with a Y-shaped incision. The serosal surfaces are smooth and glistening. There is no unusual accumulation of blood or fluid.

CENTRAL NERVOUS SYSTEM: Scalp: Reflection of the scalp reveals no evidence of injury. Skull: There are no skull fractures. Brain: 1420 gms. The leptomeninges are transparent and without hemorrhages. The brain is symmetrical with a normal gyral pattern and there is mild cerebral edema consistent of widening of the gyri and narrowing of the sulci. The vessels of the circle of Willis are thin walled and without abnormality. The cranial nerves are intact and appear normal. The pituitary is grossly unremarkable. Sectioning of the cerebrum, cerebellum, and brainstem reveals no focal abnormalities.

NECK: There is no hemorrhage into the strap muscles. The hyoid bone and thyroid cartilage are intact. The thyroid gland is of the usual size and configuration. The larynx is clear.

CARDIOVASCULAR SYSTEM: Heart: 120 gms. The heart is of a normal shape and anatomic orientation. The pericardium and epicardial surface is smooth and glistening. The coronary arteries have a usual right dominant distribution with thin delicate walls. Opening the chambers reveals normal openings and valves. The foramen ovale is not patent. The myocardium is red-brown and without focal abnormality including areas of obvious scarring. The thoracic and abdominal aorta is unremarkable.

RESPIRATORY SYSTEM: Lungs: Right: 120 gms., Left: 200 gms. The pleural surfaces are smooth and glistening. They are compressible. The major bronchi contain no foreign material. The lungs are normally formed and sectioning reveals normal appearing aerated parenchyma with no focal abnormalities including areas of obvious consolidation or caseation. The pulmonary arteries are free of thrombi.

GASTROINTESTINAL SYSTEM: The GI tract is intact throughout its length. The esophagus is empty and the mucosa is without focal abnormality. The stomach has no contents. The stomach mucosa is unremarkable. The small bowel, colon and appendix are without focal abnormality.

HEPATOBIILIARY SYSTEM: Liver: 740 gms. The liver capsule is smooth and intact. Sectioning reveals homogeneous soft red-brown parenchymal tissue without focal abnormality. The liver is free of significant fibrosis and no masses are identified. The gallbladder contains liquid green bile and the extrahepatic biliary system is intact.

GENITOURINARY SYSTEM: Kidneys: Right: 80 gms., Left: 60 gms. The kidneys are of a normal shape and anatomic orientation. The capsules are smooth and strip easily from the cortical surfaces. The cortical

(b)(6)

POST MORTEM EXAMINATION REPORT

SFA12-189

(b)(6)

surfaces are smooth and glistening. Sectioning reveals normal cortical and medullary architecture without focal abnormality. The ureters are intact. The bladder contains bloody fluid. The bladder mucosa is unremarkable. The uterus and ovaries are the normal size, and sectioning reveals no abnormalities.

HEMATOPOIETIC SYSTEM: Spleen: 100 gms. The splenic capsule is smooth and glistening. Sectioning reveals soft magenta tissue free of calcifications, infiltrates, and infarcts.

ENDOCRINE: The adrenal glands are of the usual size, shape, consistency and have a normal architecture on sectioning. The pancreas is of usual size, shape, consistency and has a normal architecture on sectioning without parenchymal abnormalities.

MUSCULOSKELETAL SYSTEM: Muscle development was normal. No bone or joint abnormalities are noted.

ANCILLARY STUDIES

POSTMORTEM RADIOGRAPHS, CHEMISTRIES, GENETIC STUDIES, AND MICROBIOLOGY:
None

MICROSCOPIC EXAMINATION: None

TOXICOLOGY: Not performed; samples collected and held.

LOGISTICAL INFORMATION

Authorization: Dr. Carol Lang, Murray County Minnesota Coroner

Identification: John Stencil with DEIS

Persons present: (b)(6)

Evidence: Photographs, DNA card, blood, and tissue

The facts stated herein are correct to the best of my knowledge and opinion at the time of report completion.

(b)(6)

Physician Handcopy

Page 4 of 4

Physician/Medical Examiner Cause of Death Worksheet

Minnesota Mortality Registry
Minnesota Department of Health

Deceased Name (First, Middle, Last, Suffix) (b)(6)		Also Known As	
Physician/Medical Examiner providing this information GAROL LANG		Title D.O.	License # (b)(6)
Date of Birth (b)(6)	Date of Death 09/29/2012	Time of Death 10:35 AM	
Was the Medical Examiner Contacted? <input checked="" type="radio"/> Yes <input type="radio"/> No		Date last saw deceased: SEPTEMBER 29, 2012	
Did INJURY or TRAUMA contribute to the cause of death? <input type="radio"/> Yes <input type="radio"/> No If Yes, please explain:			
Is there any reason to postpone final disposition? <input type="radio"/> Yes <input type="radio"/> No If Yes, please explain:			
Part I - Cause of Death Enter the chain of events - diseases, injuries, or complications that directly caused death. Do not enter terminal events such as cardiac arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause per line. Add additional lines if necessary.			Approximate Interval Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the immediate cause. Enter the UNDERLYING CAUSE (disease or injury that initiated a chain resulting in death). EAST	a. BLUNT FORCE INJURY OF TORSO DUE TO UTV CRASH Due to (or as a consequence of)		LESS THAN 1 HOUR
	b. _____ Due to (or as a consequence of)		
	c. _____ Due to (or as a consequence of)		
	d. _____ Due to (or as a consequence of)		
Part II - Other significant conditions contributing to death but not resulting in the underlying cause given in Part I			
Was an autopsy performed? <input type="radio"/> Yes <input type="radio"/> No		Autopsy Results Available to complete the cause of death? <input type="radio"/> Yes <input type="radio"/> No	
Did Tobacco use contribute to death? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Probably <input type="radio"/> Unknown	If Female: <input type="radio"/> Not pregnant within past year <input type="radio"/> Pregnant at time of death <input type="radio"/> Not pregnant, but pregnant with 42 days of death <input type="radio"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="radio"/> Unknown if pregnant within the past year		Manner of Death <input type="radio"/> Natural <input checked="" type="radio"/> Accident <input type="radio"/> Suicide <input type="radio"/> Homicide <input type="radio"/> Pending Investigation <input type="radio"/> Could not be determined
Complete Injury Information below if Manner of Death is not Natural.			
Date of Injury 09/29/2012	Time of Injury 08:45 <input checked="" type="radio"/> AM <input type="radio"/> PM <input type="radio"/> Military	Injury at work? <input type="radio"/> Yes <input checked="" type="radio"/> No	If Transportation Injury, Specify (specify) <input checked="" type="radio"/> Driver/Operator <input type="radio"/> Passenger <input type="radio"/> Pedestrian <input type="radio"/> Other
Place of Injury (e.g. Deceased's home, construction site, restaurant, wooded area) HOME-FARM SITE			
Location of Injury (Street & Number, Apt. #, City or Town, State, Zip Code) (b)(6)			
Describe How Injury Occurred UTV ROLL OVER			

Completed by: *G. Lang* *10/19/12*
Signature Date

Documentation of Death Minnesota Mortality Registry Minnesota Department of Health

Deceased Name (First, Middle, Last, Suffix) (b)(6)		Prior to First Marriage (b)(6)		Also Known As	
Date of Death 02/29/2012		Sex <input type="radio"/> Male <input checked="" type="radio"/> Female <input type="radio"/> Unknown		Social Security Number 472- 43- 5072 <input type="radio"/> None <input type="radio"/> Unknown <input type="radio"/> Not Obtainable	
Date of Birth (b)(6) <input type="radio"/> Unknown		Age (in years) 9		Under 1 Year months days	
Under 1 Day hours minutes		State/Province MINNESOTA		City/Town WORTHINGTON	
Birth Country <input checked="" type="radio"/> Born in the United States <input type="radio"/> Not U.S. Specify <input type="radio"/> Unknown		State/Province MINNESOTA		County MURRAY	
City/Town SLAYTON		Street & Number, Zip Code 1432 131ST ST., 56172		Inside City Limits? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Deceased's Residence Address <input checked="" type="radio"/> U.S. Address <input type="radio"/> Foreign country <input type="radio"/> Unknown		Education (Highest completed) <input type="radio"/> Unknown <input checked="" type="radio"/> 8th grade or less <input type="radio"/> 9th - 12th grade, no diploma <input type="radio"/> High School graduate or GED certificate <input type="radio"/> Some college credit, but no degree		Degree type (e.g., AAAS) <input type="radio"/> Bachelor's degree (e.g., BAAS, BS) <input type="radio"/> Master's degree (e.g., MA, MS, MEdg, MEd, MEdW, MBA) <input type="radio"/> Doctorate (e.g., MD, DDS, DVM)	
Ever in Armed Forces? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown		Deceased's Usual Occupation		Grad of Business or Industry	
Hispanic Origin <input checked="" type="radio"/> No, Not Spanish/Hispanic/Latino <input type="radio"/> Yes, Hispanic Origin Known <input type="radio"/> Mexican, Mexican American, Chicano <input type="radio"/> Puerto Rican <input type="radio"/> Cuban <input type="radio"/> Other, specify <input type="radio"/> Unknown if Spanish/Hispanic/Latino		Race <input type="radio"/> Unknown <input checked="" type="radio"/> White <input type="radio"/> African American <input type="radio"/> American Indian or Alaska Native Race of the Enrolled or Principal Tribe <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Asian Indian <input type="radio"/> Chinese <input type="radio"/> Filipino <input type="radio"/> Japanese <input type="radio"/> Other Asian Specify		Pacific Islander <input type="radio"/> Native Hawaiian <input type="radio"/> Samoan <input type="radio"/> Guamanian or Chamorro <input type="radio"/> Other Pacific Islander Specify <input type="radio"/> Other Race Specify	
Marital Status at time of Death <input type="radio"/> Married <input type="radio"/> Never Married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Unknown <input type="radio"/> Not Obtainable		Spouse's Name (First, Middle, Last)		Last Name Prior to First Marriage	
Father's Name (First, Middle, Last, Suffix) JASON KROHN		Mother's Name (First, Middle, Suffix) JENNIFER		Last Name Prior to First Marriage SCHOON	
Informant's Name (First, Middle, Last, or Initial) JASON KROHN		Relationship to Deceased FATHER		Address (Street & Number, City, State, Zip) 1432 131ST ST., SLAYTON, MINNESOTA, 56172 <input checked="" type="checkbox"/> Same as Deceased	
Place of Death <input type="radio"/> Hospital <input type="radio"/> Inpatient <input checked="" type="radio"/> Emergency Room/Outpatient <input type="radio"/> Death on Arrival		Other than a Hospital <input type="radio"/> Hospice <input type="radio"/> Nursing home long term care <input type="radio"/> Deceased's home <input type="radio"/> Other		County MURRAY	
Facility Name and Address (Street & Number, City, State, Zip) MURRAY COUNTY MEM HOSP 2042 JUNIPER AVE, SLAYTON, MINNESOTA, 56172		Physician/ME Providing Cause of Death Information (First, Middle, Last) JAMES F. LANG 40297 D.O.		Funeral Home or Other Institution TUTZKE FUNERAL HOME	
Funeral Director Name (First, Middle, Last) TODD D HERONIMUS		Method of Disposition <input checked="" type="radio"/> Burial <input type="radio"/> Cremation <input type="radio"/> Donation <input type="radio"/> Entombment <input type="radio"/> Removal from State <input type="radio"/> Other (Specify)			
Disposition Facility MEMORIAL GARDENS		State/Province MINNESOTA		City/Town SLAYTON	

The information on this form is correct to the best of my knowledge

Signature _____ Date _____

Form # D103 Jan/2010



U.S. Consumer Product Safety Commission

Task Number: 121115HCC2125

Date: 12/20/2012

Status of Missing Document(s)

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

1. Incident Photos
2. _____
3. _____
4. _____
5. _____
6. _____

Contact Information

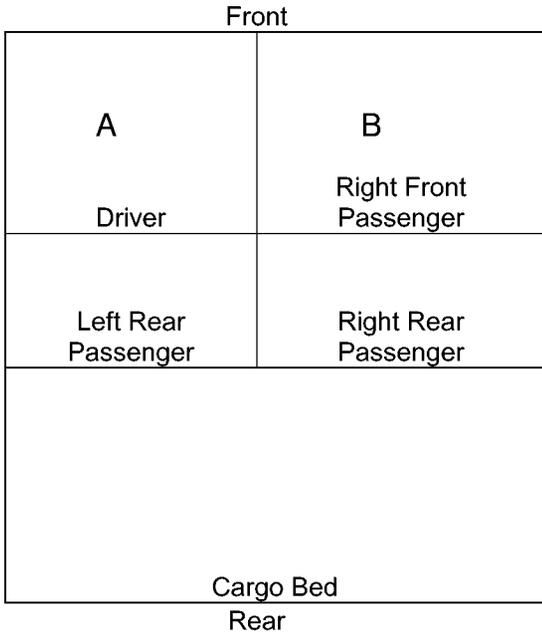
Murray County Law Enforcement Center
Records/John
2500 28th Street
Slayton, MN 56172
507-836-6168

Contacted: 11/19/12 (faxed request), 12/18/12 (follow-up call)

Murray County Coroner
Carol Lang
2040 Juniper Ave
Slayton, MN 56172
507-836-6153

Contacted: 11/19/12 (left voicemail), 12/7/12 (follow-up call)

Utility Vehicle Data Record Sheet



The Utility Vehicle

A:	Age: 9	Height: 51 inches
	Gender: F	Weight: 78 pounds
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: BLUNT FORCE TO TORSO	
	Did vehicle land on victim: NO	
	Ejected (Either partially or fully): EJECTED	

B:	Age: 8	Height: UNK
	Gender: F	Weight: UNK
	Helmet (Y/N): N	Seatbelt (Y/N): Y
	Killed/Injured/Neither/Unknown: NEITHER	
	Injury Description: None documented	
	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 121115HCC3125		2. Investigator's ID 3954		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2012 09 11	5. Date Initiated YR MO DAY 2012 11 19		
6. Synopsis of Accident or Complaint UPC A 54 year-old male was operating a four-wheeled utility vehicle (UTV), on flat ground, in a field and struck a sink hole causing the victim to be ejected from the UTV. The victim landed approximately 23 feet from the UTV's initial point of impact. The victim died at the scene. The cause of death was determined to be blunt force injuries to the head. Alcohol was determined to be a factor. MFR/PRVLBR NOTIFIED COMMENTS: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <i>ldo</i> ; <input type="checkbox"/> DO NOT RE-NOTIFY <input checked="" type="checkbox"/> RE-NOTIFY <i>3/13/14 Re</i>				
7. Location (Home, School, etc) 2 - FARM		8. City PRAIRIE COUNTY		9. State MT
10A. First Product 5044 - UTILITY VEHICLES		10B. Trade/Brand Name JOHN DEERE		10C. Model Number 8251 XUV
10D. Manufacturer Name and Address JOHN DEERE ONE JOHN DEERE PLACE MOLINE, IL 61265				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12A. Hispanic or Latino 2 - No		12B. Race 1 - White Other:		12C. Race Source 3 - Official Document
13. Age of Victim 54		14. Sex 1 - Male		15. Disposition 8 - Death
16. Injury Diagnosis 62 - Intern. Org. Inj.		17. Body Part(s) Involved 75 - HEAD		18. Respondent 3 - 2nd Hand Info Only
19. Type of Investigation 2 - Telephone		20. Time Spent (Operational / Travel) 8.00 / 0.00		
21. Attachment(s) 9 - Multiple Attachments		22. Case Source 05 - Newspaper		23. Sample Collection Number
24. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written				
25. Review Date 11/26/2012		26. Reviewed By 9067		27. Regional Office Director Frank J. Nava
28. Distribution Sarah Garland; Tanya L. Topka			29. Source Document Number X12B0515A	

IDI 121115HCC3125

All information contained in this report was obtained from the Montana Highway Patrol and the Prairie County Coroner's Office.

On September 11, 2012, at approximately 8:30 p.m., a 54 year-old male was driving a four-wheeled utility vehicle (UTV), on flat ground, in a field and struck a sink hole causing the victim to be ejected from the UTV. According to a Highway Patrol Deputy, the victim landed approximately 23 feet from the UTV's initial point of impact. According to the Coroner the sink hole was approximately 4 feet deep. The victim sustained severe head trauma and died at the scene.

No one witnessed the incident. A friend of the victim, who had been with the victim earlier that evening called 9-1-1 after finding the victim in the field unresponsive.

The victim was not wearing a seat belt or helmet when the incident occurred. The speed of travel at the time of the incident was not determined. The driver's experience operating the UTV was not determined.

The weather conditions were recorded by the Highway Patrol as 68 degrees Fahrenheit with winds 7-14 mph. Trace precipitation was recorded, however the ground was found to be dry where the incident occurred.

An autopsy was not performed. The cause of death was listed as blunt force injuries to the head with a manner of death listed as accident. Toxicology reports listed the victim's blood ethanol level of 0.13g/dl. Toxicology also found the presence of hydrocodone in the victim's system.

The incident UTV belonged to the U.S. Bureau of Land Management (BLM). The victim's friend was contracted with the BLM to spray weeds on BLM land.

PRODUCT INFORMATION:

Utility Vehicle

Brand: John Deer

Model: Gator

PRODUCT INFORMATION CONT.:

Model No.: 8251 XUV

Year: 2012

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

Manufacturer: John Deer
One John Deer Place
Moline, WI 61625

Photos of the UTV can be seen in Exhibit A. No photo of the sink hole was provided.

ATTACHMENTS:

Exhibit A - Photos (4)

Exhibit B - Highway Patrol Report

Exhibit C - Coroner Report

Exhibit D - Toxicology Report

Exhibit E - Contact Information

Exhibit - Utility Vehicle Data Records Sheet

IDI 121115HCC3125

Exhibit A-1 below shows the field where the incident occurred.



IDI 121115HCC3125

Exhibit A-2 below shows the incident UTV.



IDI 121115HCC3125

Exhibit A-3 below shows a rear view of the incident UTV.



IDI 121115HCC3125

Exhibit A-4 below shows the seat belt as found according to first responders.



MONTANA VEHICLE CRASH REPORT

Montana Highway Patrol
2550 PROSPECT AVE
HELENA, MT 59620

Non-Traffic
FATAL - not on road

Crash Number: 50042307-01
Reporting Agency: MONTANA HIGHWAY PATROL
Reporting Agency Case Number:
Reporting Agency CAD Number: MHP12CAD108898
ORI: MTMHP0000

CRASH IDENTIFIERS

County of Crash: PRAIRIE (45)
City: NOT IN CITY LIMITS ()
Crash Date/Time: 09/10/2012 08:29 PM
Reported Date/Time: 09/10/2012 09:45 PM
Dispatched Date/Time: 09/10/2012 10:19 PM
On Scene Date/Time: 09/11/2012 12:12 AM
Cleared Scene Date/Time: 09/11/2012 01:35 AM
Complete Date/Time: 10/04/2012 05:39 PM
Reason (if Investigation Not Complete):
Source of Information: MONTANA HIGHWAY PATROL

ROADWAY INFORMATION

Roadway Description for Location of Occurrence: 1.2 MILES FROM PRAIRIE CO LINE
Intersecting Roadway Description for Location of Occurrence:
Part of National Highway System: NO
Roadway Functional Class Type: RURAL
Roadway Functional Class Detail: UNKNOWN RURAL
Roadway Access Control: NO ACCESS CONTROL
Type of Shoulder: UNPAVED
Roadway Lighting: NO LIGHTING
Roadway Bikeway Facility: NONE
Signed Bicycle Route: NOT APPLICABLE

CRASH INFORMATION

Light Condition: DARK-NOT LIGHTED
Weather Condition: CLEAR
Roadway Surface Condition: DRY
Roadway Surface Composition: DIRT
Manner of Crash Collision / Impact: SINGLE VEHICLE CRASH ONLY
Crash Pictures Taken: [checked]
First Harmful Event Type: COLLISION WITH FIXED OBJECT
First Harmful Event Detail: EMBANKMENT
Location of First Harmful Event Relative To The Trafficway: OFF ROADWAY LOCATION UNKNOWN
Type of Intersection: NOT AT INTERSECTION

VEHICLE V01

Motor Vehicle Type: MOTOR VEHICLE IN TRANSPORT
Year: 2012
Make: JOHN DEER
Model: 8251 XUV
Color: GRN
Body Type Category: ALL TERRAIN VEHICLE (ATV)
Special Function of Motor Vehicle in Transport: NO SPECIAL FUNCTION
Emergency Motor Vehicle Use: NO
Type of Bus Use: NOT A BUS
Owner First Name: (b)(3)
Owner Middle Name:
Owner Last Name: (b)(3)
Owner Suffix:
Owner Business (if not Person):
Address: (b)(3)
City: (b)(3)
State:
Zip Code:
Owner Phone Number:
Owner Phone Number (other):
Insurance Company: PROGRESSIVE
Insurance Policy Number:
Insurance Broker or Agent:

Vehicle Removal: LEFT AT SCENE - NOT DISABLED
Vehicle Towed By:
Wrecker Selection Method:
Direction of Travel Before Crash: NORTHBOUND
Estimated Speed:
Roadway Type: OTHER/PRIVATE
Total Lanes:
Roadway Horizontal Alignment: STRAIGHT
Roadway Grade: LEVEL
Trafficway Description: UNKNOWN
Traffic Control Device Type:
Working Property:

Roadway Description for Vehicle Travel: 1.2 MILES FROM PRAIRIE CO LINE
Vehicle Maneuver Action (by this vehicle): MOVEMENTS ESSENTIALLY STRAIGHT AHEAD
Hit & Run (by this vehicle): YES DRIVER OR CAR AND DRIVER LEFT SCENE
Damage Extent (for this vehicle): DISABLING DAMAGE
Damage Estimate:

1st Sequence of Events Type (this vehicle): COLLISION WITH FIXED OBJECT
1st Sequence of Events Detail (this vehicle): EMBANKMENT
2nd Sequence of Events Type (this vehicle): UNKNOWN
2nd Sequence of Events Detail (this vehicle):
3rd Sequence of Events Type (this vehicle): UNKNOWN
3rd Sequence of Events Detail (this vehicle):
4th Sequence of Events Type (this vehicle): UNKNOWN
4th Sequence of Events Detail (this vehicle):
Most Harmful Event Type (this vehicle): COLLISION WITH FIXED OBJECT
Most Harmful Event Detail (this vehicle): EMBANKMENT
Contributing Circumstances 1 (this vehicle): NONE
Contributing Circumstances 2 (this vehicle): NONE

Area of Initial Impact: [] Non Collision, [] Top, [] Undercarriage, [] Unknown
Most Damaged Area: [] Non Collision, [] Top, [] Undercarriage, [] Unknown
Includes diagrams of vehicle impact points.

Occupant Type: DRIVER
Person Name (First Middle Last Suffix): (b)(3)
Injury Status: FATAL INJURY (K)

DRIVER V01

Person Type: DRIVER
NM#:
Vehicle#: V01
Person Type Detail:
First Name: (b)(3)
Middle Name: (b)(3)
Last Name: (b)(3)
Suffix:
Date of Birth: (b)(3)
Age: 54
Sex: M
Address: (b)(3)
City: (b)(3)
State:
Zip Code:
Phone Number:
Phone Number (other):
Condition at Time of Crash: APPARENTLY NORMAL

Crash Number 50042307-01		Reporting Agency MONTANA HIGHWAY PATROL			Reporting Agency Case Number		Reporting Agency CAD Number MHP12CAD108898		ORI MTMHP0000		
Driver License Number (b)(3):Exem		Class None	Expires 02/19/2016	State WA	Jurisdiction 02	Type NON-CDL DRIVER'S LICENSE			Status REVOKED		
Drivers License Restrictions 1 NONE			Drivers License Restrictions 2 NONE			Drivers License Restrictions 3 NONE					
Driver Distracted By NOT DISTRACTED				Driver Vision Obstructions VISION NOT OBSCURED							
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) DROVE TOO FAST FOR CONDITIONS						Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION					
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION						Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION					
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE				<input type="checkbox"/> Seating Position Unknown			
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT						Helmet Use NO HELMET					
Air Bag Deployed NOT APPLICABLE						Ejection EJECTED TOTALLY					
Trapped Extrication NOT TRAPPED											
Injury Severity Level Type FATAL INJURY (K)				Injury Severity Level Detail				Primary or Most Obvious of Body Area Injured During Crash HEAD			
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To					
Injury Description (Type of Injury inflicted to Primary or Most Obvious Body Area Injured during Crash. Can come from EMS / Hospital records). PRONOUNCED DECEASED AT THE SCENE BY PRAIRIE COUNTY CORNER											
Law Enforcement Suspected Alcohol Use UNKNOWN		Alcohol Test Type		Alcohol Tested TEST NOT GIVEN			Alcohol Test Results				
Law Enforcement Suspected Drug Use UNKNOWN		Drug Test Type		Drug Tested TEST NOT GIVEN			Drug Test Results				

WITNESS

Person Type WITNESS		NM#	Vehicle#	Person Type Detail						
First Name (b)(3):Exemption		Middle Name (b)(3):		Last Name (b)(3):E			Suffix	Date of Birth (b)(3):E	Age 53	Sex M
Address Other (b)(3):Exemption 3 for 25(c)				City	State	Zip Code				
Phone Number (b)(3):Exe		Phone Number (other)		Condition at Time of Crash APPARENTLY NORMAL						

NARRATIVE: 50042307

**MONTANA HIGHWAY PATROL
FATAL CRASH REPORT**

Synopsis: On September 10, 2012 at approximately 2029 hours on Bureau of Land Management Land, 1.2 miles from the Prairie County Line off the Cabin Creek Road, a 2012 John Deere Quadricycle was traveling northbound in a field. The driver and only occupant of the John Deere, **(b)(3):Exem** (DOB **(b)(3):Ex**), was ejected from the vehicle and pronounced deceased on scene.

Origination of call: An individual by the name of **(b)(3):Exe** placed a 911 call at approximately 2049. He stated there was a ATV accident involving two men that happened 19.6 miles north of the Westmore Rd. The call was received by Fallon County Sheriff's Office at approximately 2039. Once it was understood that the crash occurred in Prairie County and it was a confirmed fatality, Prairie County Dispatch called the Montana Highway Patrol. The Patrol received the call regarding this crash at 2145 and dispatched a troop at 2219.

Environmental Conditions: The weather at the time of the crash at Pine Hills in Miles City MT was; 68 degrees, wind was NNW at 7 mph and gusts of 14 mph, precipitation was 1/10 inch down, and the dew point was 41. When arriving on scene, I noticed that the ground was dry and there was no wind at the location.

Initial Observations upon arrival at scene: I arrived on scene at approximately 0012 hours on September 10, 2012. I found Fallon County Deputy Victor Wells, Prairie County Sheriff William Klunder, and Prairie County Coroner Dale Hellman on scene. I also saw **(b)(3):Ex**, the reporting party on scene. The vehicle, a green 2012 John Deere Quadcycle, was on its wheels. As I approached the vehicle I saw the body of a male individual covered by a sleeping bag southeast of the vehicle. The front of the vehicle and suspension had extreme damage and it looked to be undrivable. I continued to walk through the crash scene and saw the sink hole and tire marks which indicated the vehicle attempted stop prior to the sink hole.

EMS Times: EMS was not notified of the crash. The reporting party believed the individual involved in the crash was already deceased. Do to the non-notification, there was no arrival on scene time nor first person transported to medical facility.

On Scene medical attention: There was no medical attention provided on scene. The individual was pronounced deceased on scene by Dale Hellman (Prairie County Coroner) at 2128.

Non-contact Vehicle/Occupants- There was no non-contact vehicle/occupant on the scene. The witness that arrived on scene and found **(b)(3):Ex** was **(b)(3):Ex**. He did not witness the crash.

Crash Scene Investigation: I photographed, marked, and took hand measurements of the scene. The vehicle was released to the owner at the scene. The total station was not used on this crash due to the location.

Witnesses: **(b)(3):Exemp** was the individual to find **(b)(3):Ex**. I spoke with **(b)(3):Ex** on the night of the crash. He refused to have the discussion recorded but was willing to speak with me. **(b)(3):Ex** stated;

- **(b)(3):Ex** left the campsite they were staying to retrieve water from a well site
- **(b)(3):Ex** was gone for a while (Slayton never gave a specific or estimated time that **(b)(3):Ex** was gone)
- Once **(b)(3):Ex** did not return, **(b)(3):Ex** went looking for him
- During his search, he found **(b)(3):Ex**
- **(b)(3):Ex** did not move **(b)(3):Ex** but he did move the quadcycle from the location it came to rest

Crash Number 50042307-01	Reporting Agency MONTANA HIGHWAY PATROL	Reporting Agency Case Number	Reporting Agency CAD Number MHP12CAD108898	ORI MTMHP0000
-----------------------------	--	------------------------------	---	------------------

On 9-15-12, I spoke with (b)(3) again to see if he had remembered anything from the crash. At this time, (b)(3) stated;

- He did not give (b)(3) permission to use the vehicle
- That he found (b)(3) face down when he arrived at the crash, and he did turn him over to see if he was ok

Evidence: There was no evidence obtained at the scene. The vehicle was released to the owner and the body was taken by the coroner.

Coroner/Post Mortem Reports: The coroner on scene was, Dale Hellman of the Prairie County Coroner Office. His contact number is 406-951-3151. In speaking with Hellman, he stated that the cause of death would be blunt force trauma to the head.

Narrative: On September 10, 2012, at approximately 2219 hours, I was call out to a crash 19.6 miles north of US 12 on Westmore, to respond to an ATV fatality crash. I was responding from the City of Baker. I arrived on scene at approximately 0012 hours. The Prairie County Coroner pronounced (b)(3) deceased at 2128.

The actual location of the crash was 19.6 miles north of US 12, on Bureau of Land Management Land, 1.2 miles from the Prairie County Line off the Cabin Creek Road. This portion of the land is a dirt field. The field is not a road. It was dark, without lighting.

When I arrived on scene, there were two males present along with a white pickup and the sheriff's pickup in the field, with their headlights illuminating the crashed passenger vehicle. I could clearly see the victim, (b)(3) Exem under a blanket and quadcycle that appeared to be damaged. The two males, identified as (b)(3) Ex and a family friend, were standing near the body with Prairie County Sheriff William Klunder and Prairie County Coroner Dale Hellman. I learned that (b)(3) was the driver of a 2012 John Deere Quadcycle which had struck a sink hole in the field. Upon receiving this information, I walked the scene, took pictures and marked it with orange flags and paint. I was unable to complete the measurements needed due to the time of night and its lighting. I collected all the information I could at the scene and returned at a later time.

I returned to the crash scene the morning of 9-15-12 to complete the investigation of the scene in the daylight. Once I returned I could see the crash scene in full. This is what I was able to find;

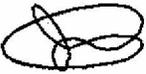
- (b)(3) had left the two track road
- The two track was 23 feet 1 inch from the right skid mark
- The right skid mark was 13 feet 7 inches long and the left skid mark was 12 feet 6 inches long
- The skids marks entered the sink hole which was 18 feet 6 inches wide and impacted the hole at 18 feet 6 inches long
- (b)(3) was ejected and landed 23 feet 8 inches from the point of impact
- The quadricycle was moved from the point of impact (where it came to rest), 33 feet 3 inches to it final resting place

The occupant of the John Deere, (b)(3) Exem, appeared to have been sitting in the driver's seat when the crash occurred. A seatbelt nor helmet was not in use at the time of the collision.

Conclusion: In my opinion, based upon my investigation, Mr. (b)(3) Exem was traveling northbound in a field on Bureau of Land Management Land, 1.2 miles from the Prairie County Line off the Cabin Creek Road on a 2012 John Deere quadricycle. During his travel, (b)(3) struck a sink hole located in the ground. (b)(3) who did not have his seatbelt on at the time of the crash, was fully ejected from the vehicle and succumbed to the blunt force injuries he incurred.

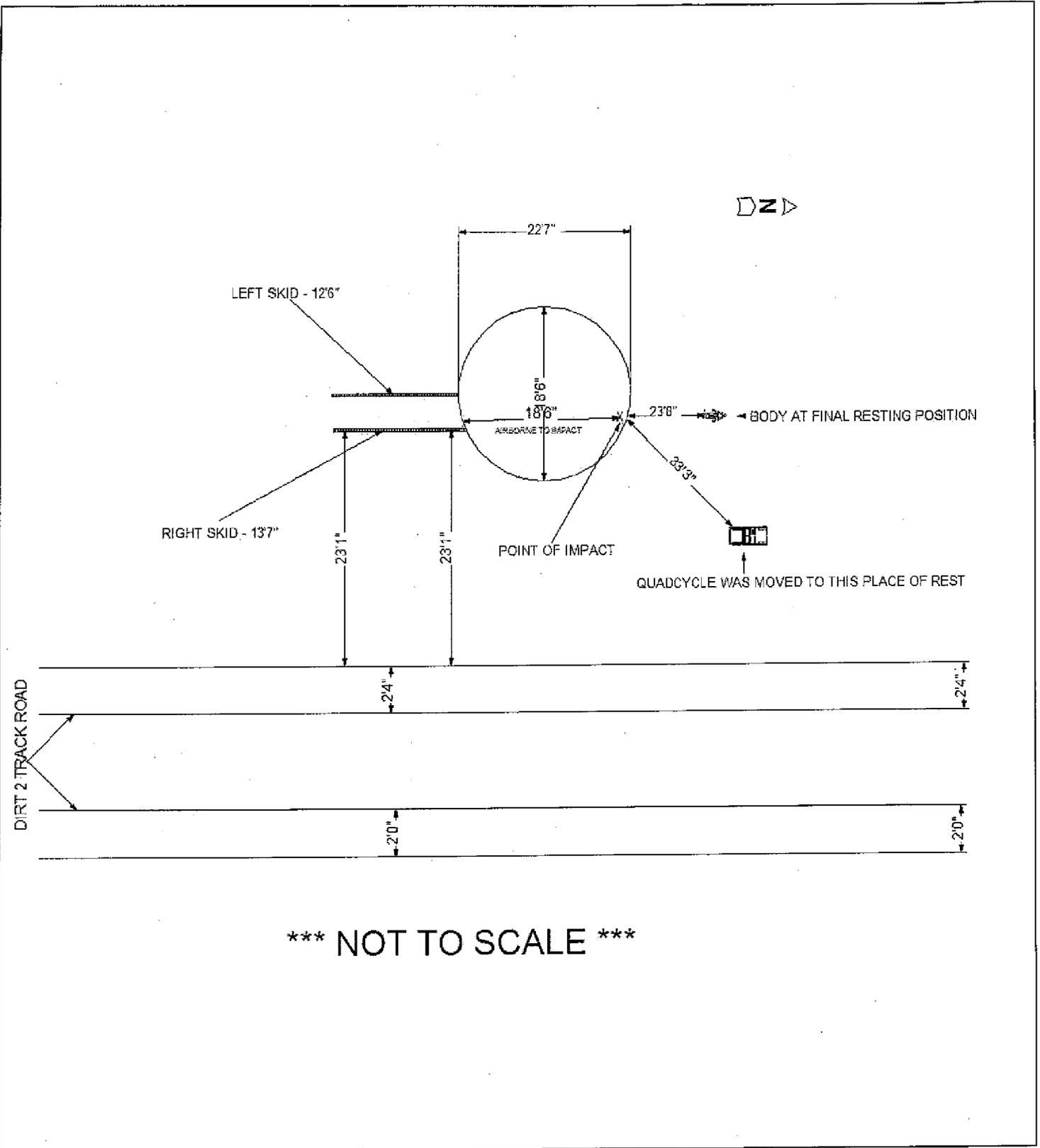
Enforcement Action: There was no enforcement action taken in this case.

REPORTING OFFICER / SUPERVISOR APPROVAL

Reporting Officer			Approving Supervisor			Case Identifier
ID Number	Rank	Name	ID Number	Rank	Name	50042307-01
1878	TROOPER	JASON R DULIN	1588	SGT	JAMES R HUNTER JR	
Signature			Signature			
						

Crash Number 50042307-01	Reporting Agency MONTANA HIGHWAY PATROL	Reporting Agency Case Number	Reporting Agency CAD Number MHP12CAD108898	ORI MTMHP0000
-----------------------------	--	------------------------------	---	------------------

DIAGRAM OF ACCIDENT





STATE OF MONTANA
DIVISION OF FORENSIC SCIENCE
 DEPARTMENT OF JUSTICE
 2679 Palmer Street
 Missoula, MT 59808 (406) 728-4970

CORONER'S REPORT FORM

Autopsy #: _____
 MDFS #: _____

E-mail to: dojcoreast@mt.gov

Submitting Agency: Prairie County
County: Prairie

Agency Case Number: 357
Coroner/ Deputy Coroner: Dale Hellman
Contact phone number: 635-5782

Decedent (Full name): (b)(3) Exemption 3

Date of birth: (b) **Gender:** Male **Race:** White

Date and Time Last Seen Alive: 09/10/2012 at 19:45 hours

Date and Time of Death; or Date and Time Found: 09/10/2012 at 20:15 hours

Place of Death: Farm Pasture near 2200 Cabin Creek Rd. 1.5 miles off county Rd

If death in hospital, date and time admitted: **Dr.'s name:**

Other primary investigating agency: Montana Highway Patroll

Agency's case number: **Contact person:**
Contact number:

Autopsy performed? No **If yes, by Dr.**

Toxicology specimens taken? Yes If yes, check Blood Vitreous Urine

Fingerprints taken? No

Scene photographs taken? Yes **If yes, Attached to report?** No

Autopsy photographs taken? No **If yes, Attached to report?** No

Death certificate certified by: Coroner/Deputy Coroner: Dale E Hellman, Coroner

Medical Examiner: **Physician:**

Cause of death: If natural: Other, see below

If non-natural: Blunt force injuries of the head

Other (please write as it appears on death certificate):

32. Part I

- a. Blunt force injuries of the head
- b.
- c.
- d.

Part II:

Pending?

Manner of death: Accident

If natural death: Decedent's primary care physician:
Primary care physician contact information:
Treating hospital/clinic:
Phone number:



Reviewed by:

Comments:

Details surrounding death: Please 1) Describe scene and investigative findings below; including, as appropriate past medical history (including hypertension, diabetes mellitus, seizures) and current medications (including name of medication, pill count in bottle, date prescribed, number of pills prescribed, dosage of pill, dosing schedule for pill, and prescribing physician), or 2) Attach separate report.

Decedant had just arrived in Montana from his home in the State of Washington, to visit friends. His friend, (b) is a contract weed sprayer for the State of Montana and Decedant had gone to see Mr (b) at his job site on Cabin Creek Road, apx 38.5 miles SE of Terry. Mr (b) left to get water for his sprayer and when he came back Mr (b) was gone from the camp. Mr (b)(3) had gotten on another ATV, a John Deere Gator, and went for a drive. Mr (b)(3) was on a two-track dirt road and cut a corner by going off the road and hit a hidden sink hole on the prairie. The hole was about four feet deep and Mr (b)(3) was thrown from the vehicle. The ATV was equiped with seat and shoulder belts and they were buckled behind the driver - not on the driver. Mr (b)(3) died shortly after being found.



Report by: Dale E Hellman, Coroner

FORM DFS3 (Computer Format 03-02-06) Distribution: Coroner/ State Medical Examiner/ County Attorney



FORENSIC SCIENCE DIVISION
 DEPARTMENT OF JUSTICE
 STATE OF MONTANA
 2679 PALMER
 MISSOULA, MT 59808
 (406) 728-4970



CORONER DAI F HELLMAN
 PRAIRIE COUNTY CORONER
 PRAIRIE COUNTY COURTHOUSE
 TERRY, MT 59349

Lab Case #: FSD-12-005327

SUBJECT: (b)(3); Exempt

TOXICOLOGY DRUG SCREEN

EVIDENCE:

Item

001 TOX KIT (b)(3); Exempt

ALCOHOL RESULTS:

ETHANOL - VITREOUS	0.16 GM/100ML	QUANTITATED IN THE VITREOUS AT THIS CONCENTRATION
ETHANOL - URINE	0.14 GM/100ML	QUANTITATED IN THE URINE AT THIS CONCENTRATION
ETHANOL - BLOOD	0.13 GM/100ML	QUANTITATED IN THE BLOOD AT THIS CONCENTRATION

DRUG CONFIRMATIONS:

HYDROCODONE	0.04 MG/L	QUANTITATED IN THE BLOOD AND DETECTED IN THE URINE
NICOTINE		DETECTED IN BLOOD AND URINE
COTININE		DETECTED IN BLOOD AND URINE
CAFFEINE		DETECTED IN BLOOD AND URINE
ACETAMINOPHEN		DETECTED IN BLOOD
METHAMPHETAMINE		DETECTED IN URINE
DIHYDROCODEINE/HYDROCODOL		DETECTED IN URINE
PENTAZOCINE		DETECTED IN URINE

Date of Report: 10/09/2012

Michelle K. Duffus
 MICHELLE DUFFUS
 Toxicology Technician

Elizabeth A. Smalley
 ELIZABETH A. SMALLLEY
 TOXICOLOGIST

Accredited by the American Board of Forensic Toxicology (since 1994) and the American Society of Crime Laboratory Directors/Laboratory Accreditation Board (since 2005)

Contact Information

Montana Highway Patrol
Records Department
Dawn Anderson
2550 Prospect Ave
Helena, MT 59620
406-444-3280
Contacted: 11/19/12

Prairie County Coroner
Dale Hellman
116 South Logan Avenue
Terry, MT 59349
406-635-5782
Contacted: 11/19/12

Prairie County Sheriff's Office
Bill Klunder
217 West Park Street
Terry, MT 59349
406-635-5738
Contacted: 11/19/12

On November 19, 2012, this investigator spoke with Bill Klunder, Sheriff, Prairie County Sheriff's Office, who claimed he responded to the incident, but said the Montana Highway Patrol generated the incident report.

Estelle, Gerri

From: Steenlage Keith E <SteenlageKeithE@JohnDeere.com>
Sent: Saturday, February 23, 2013 11:24 AM
To: Clearinghouse
Subject: Epidemiologic Investigation Report 121115HCC3125
Attachments: EIR121115HCC3125.pdf

Attached is Deere & Company's Response to Epidemiologic Investigation Report 121115HCC3125.

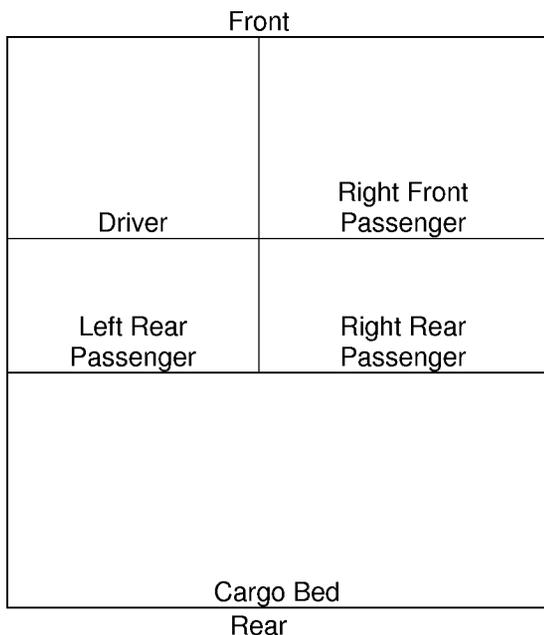
Keith

Keith E. Steenlage
Assistant General Counsel
Law Department
Deere & Company
Phone: (309) 765-4044
Cell: (309) 781-2996
Fax: (309) 749-0085
Email: SteenlageKeithE@JohnDeere.com

Nothing Runs Like a Deere™

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Utility Vehicle Data Record Sheet



The Utility Vehicle

A:	Age:	54	Height:	Unk
	Gender:	M	Weight:	Unk
Helmet (Y/N):		N	Seatbelt (Y/N): N	
Killed/Injured/Neither/Unknown: Killed				
Injury Description: Head Trauma				
Did vehicle land on victim: N				
Ejected (Either partially or fully): Ejected				

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 Number: 121115HCC3125

Purpose: mfr mailing

Redacted by: perng

Date: 2/13/13

TASK NUMBER: 121126HNE1011



U.S. CONSUMER PRODUCT SAFETY COMMISSION

WARNING

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

The following is considered confidential or restricted:

Exhibit 4 (Sheriff's Office Report)

1. Task Number 121126HNE1011		2. Investigator's ID 4454		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2012 11 22	5. Date Initiated YR MO DAY 2012 11 26		
6. Synopsis of Accident or Complaint UPC A 7-year-old boy died on scene of a fractured skull when the four-wheeled UTV he was driving rolled over. His 11-year-old passenger was also ejected and injured but recovered after being admitted to the hospital. The reports indicated that the boys were not wearing helmets or using the vehicle's seatbelts. <p style="text-align: right;"><u>MFR/PRVLR NOTIFIED</u> COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <u>66</u>; <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY <i>1/16/14 lc</i></p>				
7. Location (Home, School, etc) 1 - HOME		8. City SALISBURY		9. State NC
10A. First Product 5044 - UTILITY VEHICLES		10B. Trade/Brand Name ARCTIC CAT		10C. Model Number PROWLER XT 550
10D. Manufacturer Name and Address ARCTIC CAT, INC. / VIN: UNKNOWN 601 BROOKS AVE. S THIEF RIVER FALLS, MN 56701				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12A. Hispanic or Latino 2 - No	12B. Race 1 - White Other:		12C. Race Source 3 - Official Document	
13. Age of Victim 7	14. Sex 1 - Male	15. Disposition 8 - Death	16. Injury Diagnosis 62 - Intern. Org. Inj.	
17. Body Part(s) Involved 75 - HEAD	18. Respondent 3 - 2nd Hand Info Only	19. Type of Investigation 2 - Telephone	20. Time Spent (Operational) / Travel) 21.00 / 0.00	
21. Attachment(s) 9 - Multiple Attachments		22. Case Source 05 - Newspaper		23. Sample Collection Number
24. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written				
25. Review Date 02/25/2013	26. Reviewed By 9001		27. Regional Office Director Dennis R. Blasius	
28. Distribution Sarah Garland; Tanya L. Topka			29. Source Document Number X12B1524A	

SUMMARY

This assignment was based on an online news article dated 11/23/2012. The article reported that a 7-year-old boy was killed and an 11-year-old boy was injured when the ATV they were riding in overturned. It was discovered during the course of this investigation that the vehicle was actually a four-wheeled UTV with a steering wheel and two side-by-side seats. The information contained in this report was obtained from a telephone conversation with the investigating officer, the receipt of official reports, and internet research.

According to the cumulative sources, the 11-year-old (passenger) and his family, who live out of state, were visiting the 7-year-old (driver) and his family for Thanksgiving. The driver and passenger were cousins; their mothers are sisters.

The sources indicated that the boys had been operating the UTV around the yard since morning on 11/22/2012. The weather had been clear and dry. Around noon, the boys went inside for a Thanksgiving meal with the families. They then went back outside to resume playing with the UTV. Neither boy was wearing a helmet. After about 30 minutes, the boys crossed the front yard from left to right (looking at the residence) at a high rate of speed. As the passenger's 14-year-old brother watched, the driver turned to the left and the UTV rolled over from left to right. Both boys were completely ejected from the vehicle. Although the vehicle was equipped with seatbelts, neither boy was wearing one.

The sources reported that the 14-year-old witness ran to the house, knocked on the front window, and told the adults that there had been an accident. The adults ran outside and found both boys lying on the ground. The driver was unconscious and not breathing. The passenger was conscious and breathing but not responding appropriately.

The official reports show that a call was placed to 911 at 2:49 p.m. and CPR was begun on the driver. Emergency personnel arrived at 2:59 p.m. The first responders pronounced the driver deceased at 3:02 p.m. and made arrangements for the passenger to be airlifted to the hospital. At 3:14 p.m., the passenger was transported to a designated landing zone where he was accepted by air care at 3:40 p.m.

On the following day, the passenger was reported to be talking, doing well, and in good condition. The Medical Examiner determined the cause of the driver's death to be severe head trauma including a fractured skull.

PRODUCT INFORMATION

The product was a four-wheeled utility vehicle with a steering wheel and two side-by-side seats. It was equipped with a roll cage and seat belts but had no doors. It was also outfitted with a dumping cargo bed.

Manufacturer:

Arctic Cat
601 Brooks Ave. S
Thief River Falls, MN 56701
218-681-9851

Model: Prowler XT 550

VIN: Unknown (Officials were unable to locate.)

ATTACHMENTS

Exhibit 1: Identification of Contacts.

Exhibit 2: EMS Report.

Exhibit 3: Dispatch Report.

Exhibit 4: Sheriff's Office Report (**CONFIDENTIAL**).

Exhibit 5: Medical Examiner's Report.

Exhibit 6: Map of scene (Google Maps).

Exhibit 7: Environmental conditions (Weather Underground).

Exhibit 8: Vehicle specifications (UTV Blog.net).

Exhibit 9: "About Us" pages from manufacture's website.

Exhibit 10: Data Record Sheet 091 (UTVs).

IDENTIFICATION OF CONTACTS

1. Brandy Spell, Legal Services
EMS Management and Consultants
PO Box 863
Lewisville, NC 27023
800-814-5339 (phone)
336-740-9773 (fax)
01/24/2013 – *Provided copy of EMS Report.*

2. Rob Robinson, Director
Rowan County 911
232 N. Main St.
Salisbury, NC 28144
704-216-8500 (phone)
704-216-8508 (fax)
01/24/2013 – *Provided copy of Dispatch Report.*

3. Christine Brown, Detective
Rowan County Sheriff's Office
232 N. Main St.
Salisbury, NC 28144
704-216-8715 (phone)
704-216-8674 (fax)
01/30/2013 – *Provided telephone interview and copy of Sheriff's Office Report.*



FAX

Date: 1/24/2013

To: Clay Dyson

Fax:

RE: 8774691960

Total Pages: 3

From: EMS Billing

Fax: (336) 740-9773

Phone: (800) 814-5339

Brandy S

Ambulance
Report

Notice of Confidentiality: This transmission contains information that may be confidential and that may also be privileged. Unless you are the intended recipient of the message (or authorized to receive it for the intended recipient), you may not copy, forward, or otherwise use it, or disclose its contents to anyone else. If you have received this transmission in error, please notify us immediately and destroy it.

	PRID: 21710178	Incident Number: 1213518
	Service: Rowan County Emergency Services	Date: November 22, 2012
	Base: Station 84	Team: ALS
	Unit: 0819	Crew 1: Primary Caregiver *Thurston, Aaron EMT-P
	Shift: C Shift	Crew 2: Driver *Potts, John EMT-I * ALS Provider
	EMD: Yes, Without Pre-Arrival Instructions - 30DZ	Mode to Rec:
	Dispatched As: Traumatic Injury	Pt. Condition: Not Applicable
	Mass Casualty: No	
	Vehc. Grid: 84	
	Type of Svc: Scene Unscheduled	
Response Code: Lights and Siren		
Mode to Ref: Lights / Sirens		
Moved Via: Not Applicable		
Position: Not Applicable		
Outcome: Dead at Scene		
Ref Other Type: Residence		
Location: (b)(3) Exemption 3 for 25(c)		
Scene Grid: 8401		

Last Name: (b)(3) Exemption 3 for 25(c)
Address: [Redacted]
City: [Redacted]
County: [Redacted]
Phone: [Redacted]
DOB: [Redacted]
Age: 7y Sex: M Weight: 37 kg
Subscriber: No
Race: White, non-Hispanic
Barriers to Care: Unconscious

Odometer	Times
Start: 0.0	Received: 14:49
At Ref: 0.0	Dispatch: 14:52
Ld Miles: 0.0	EnRoute: 14:54
Tot Miles: 0.0	First Resp: 14:55
	At Ref: 14:59
	At Patient: 15:00
	Lv Ref:
	At Rec:
	Available: 15:37
	In Qtrs: 15:37

Consent Signed: No
Medical Necessity Signed: No

Scene Information		
Description: The patient was found supine on the ground beside a UTV which was upright on its wheels. The second patient was on his side laying beside this patient. A medical responder was with the patient and numerous family members were present.		
Num. Patients On Scene: 1		
Patient Belongings: N/A		
Other EMS: Locke Fire Department # 62, Locke Fire Department # 63, Rowan Rescue Squad		
Other Agencies: Law Law Enforcement Number: RCSO and NCSHP		
Chief Complaint (Category: Traumatic Injury)		
Traumatic Cardiac Arrest / Death		
Duration: 10 Minutes		
Anatomic Location: General/Global		
History of Present Illness		
Patient was the operator of a side-by-side UTV which was being driven in the yard of the residence. A teenager was witness to the event and stated the UTV was traveling very fast through the yard and rolled over when the operator attempted a sharp turn. Additional information was limited due to emotional distress of the family on scene. The patient was pulseless and apneic at the time of medical responder arrival. The lone medical responder started compressions only. The patient had injuries not compatible with life. Resuscitation was stopped. Patient was covered with a sheet and patient was turned over to RCSO units on scene.		
Medical History	Current Medications	Allergies
None Obtained From: Family Emergency Info Form: Not Applicable	None	None
Neurological Exam		
		Glasgow Coma Scale

Neurological Exam																						
Level of Consciousness: Unresponsive	Loss of Consciousness: Yes	<table border="1"> <thead> <tr> <th>E</th> <th>V</th> <th>M</th> <th>Tot</th> </tr> </thead> <tbody> <tr> <td>Int: 1</td> <td>1</td> <td>1</td> <td>= 3</td> </tr> <tr> <td colspan="4">Qual: Legitimate values w/o interventions such as intubation and sedation</td> </tr> <tr> <td colspan="4">Pediatric Trauma Score</td> </tr> <tr> <td colspan="4">0</td> </tr> </tbody> </table>	E	V	M	Tot	Int: 1	1	1	= 3	Qual: Legitimate values w/o interventions such as intubation and sedation				Pediatric Trauma Score				0			
E	V		M	Tot																		
Int: 1	1		1	= 3																		
Qual: Legitimate values w/o interventions such as intubation and sedation																						
Pediatric Trauma Score																						
0																						
Chemically Paralyzed: No																						
Mental: Unresponsive																						
<table border="1"> <thead> <tr> <th></th> <th>Motor</th> <th>Sensory</th> </tr> </thead> <tbody> <tr> <td>LA:</td> <td>Flaccid</td> <td>Absent</td> </tr> <tr> <td>RA:</td> <td>Flaccid</td> <td>Absent</td> </tr> <tr> <td>LL:</td> <td>Flaccid</td> <td>Absent</td> </tr> <tr> <td>RL:</td> <td>Flaccid</td> <td>Absent</td> </tr> </tbody> </table>		Motor	Sensory	LA:	Flaccid	Absent	RA:	Flaccid	Absent	LL:	Flaccid	Absent	RL:	Flaccid	Absent							
	Motor	Sensory																				
LA:	Flaccid	Absent																				
RA:	Flaccid	Absent																				
LL:	Flaccid	Absent																				
RL:	Flaccid	Absent																				

Airway	Respiratory
Status: Compromised	Effort: Apneic

Cardiovascular

Cardiac Arrest	MVI	Injury Details
Witnessed: 14:48 ALS Initiated: 14:59 Destination Rhythm: Asystole Who Witnessed: Family Etiology: Trauma Initial Rhythm: Not Known CPR Started: 14:56 CPR By: First Responder Resuscitation: Initiated Chest Compressions Defib Type: N/A Defib By: N/A	Involved: 1 Position: Driver Seat Row: 1 Risk Factors: Ejection, Rollover/Roof Deformity Vehicle Impact: Rollover Extrication Required: No	Reason for Encounter: Injury/Trauma Drugs/Alcohol?: None Intentional: No Fall Height: 0 FT Fall Surface: Not Recorded Work Related: No Injury Cause: Off-Road Motor Vehicle Mechanism: MVC - Off road Equipment: None

Initial Physical Findings
Assessment Skin: Cyanotic, Pale Head: Deformity Head Findings: Gross head deformity noted. Face: Bleeding Uncontrolled, Deformity, Laceration, Swelling/Bruising/Contusion without Pain Cervical - Midline: Deformity Cervical - Midline Findings: Noted c-spine deformity with angulation left. Left Eye: Deformity

Impression / Diagnosis
System: Global Symptoms: Death Impression: Cardiac Arrest, Traumatic injury

Activity										
Time	H.R.	B.P.	SpO2	Resp	Rhythm	GCS	ECG Method	Frtcl	CRW*	
	H.R. Method	B.P. Method	LOC	Resp Effort		GCS Qual				
14:56										Pad P A 07H
Cardiac Done by medication responder. CPR performed by Other. Done by medical responder. CPR Type was Start Compressions. Successful. Authorization: Via Protocol. Pt. Response: Unchanged.										
15:00	0		Unresponsive	Apneic		1/1/1	Legitimate values w/o interventions such as			Pad P A #1

Activity										
Time	H.R.	B.P.	SaO2	Resp	Rhythm	GCS	ECG Method	Frtcl	CRW*	
	H.R. Method	Method	LOC	Resp Effort			GCS Qual			
Action	Comment									
18:01	Intubation and sedation									
Cardiac	Patient's shirt was cut open to access for defib pads. Cardiac Monitor performed by Aaron Thurston. Successful. Authorization: Via Protocol. Pt. Response: Unchanged.									
18:02	0			0	Asystole	1/1/1			Red P A	#1
	Unresponsive Agonic Legitimate values w/o interventions such as intubation and sedation									
	Confirmed dead on scene at this time and efforts stopped.									

* Assessment Made By

Response Factors Affecting Care: None

Scene Factors Affecting Care: None, Other: 2 high priority patients on the scene.

Transportation Factors Affecting Care: Not Applicable

Dispatch Factors: None

Turn-Around Factors: None

User: MMCDANIEL	ROWAN COUNTY COMMUNICATIONS	01/28/13 14:36:09
-----------------	-----------------------------	-------------------

Event Report

Event ID: 2012-137305 Call Ref #: 414 Date/Time Received: 11/22/12 14:49:22

Rpt #: 12-13518	Call Source: W911	Prime 870 Unit: HAMRICK, WILLIAM	Services Involved	
			FIRE	EMS
Location: 1735 COUNTRY HILL DR		DIST: 105.60 FT (S)GRAHAM PLACE		
X-ST: BARGER ESTATES DR		Jur: CAD Service: EMS Agency: EMS		
Business:		St/Beat: E84 District:		RA:
Phone: () -		GP: 8401		
Nature: 30D2 TRAUMATIC INJURIES		Alarm Lvl: 3	Priority: 1	Medical Priority: 30D02
Reclassified Nature:				
Caller:	(b)(3).Exemption 3 for 25(c)			Alarm:
Addr:	(b)			Alarm Type:
Vehicle #:	St:	Report Only: No	Race:	Sex: Age:
Call Taker: LOWENS		Console: SUPERVISOR		
Geo-Verified Addr.: Yes Nature Summary Code: 30D2 Disposition: E6 Close Comments:				
Notes: <i>See Event Notes Addendum at end of this report</i>				

	Time From Call Received	
Call Received: 11/22/12 14:49:22		
Call Routed: 11/22/12 14:51:08	000:01:46	Unit Reaction: 000:07:27 (1st Dispatch to 1st Arrive)
Call Take Finished: 11/22/12 14:51:08	000:01:46	En-Route: 000:01:11 (1st Dispatch to 1st En-Route)
1st Dispatch: 11/22/12 14:52:18	000:02:56 (Time Held)	On-Scene: 001:28:57 (1st Arrive to Last Clear)
1st En-Route: 11/22/12 14:53:29	000:04:07	
1st Arrive: 11/22/12 14:59:45	000:10:23 (Reaction Time)	
Last Clear: 11/22/12 16:28:42	001:39:20	

Event Log

Unit	Empl ID	Type	Description	Time Stamp	Comments	Close Code	User
		TR	Time Received	11/22/12 14:49:22	By: E911		LOWEN
		ENT	Entered Street	11/22/12 14:49:22	(b)(3).Exemption 3 for 25(c)		LOWEN
		CHG	Changed Street	11/22/12 14:49:29			LOWEN
		CHG	Changed AddtSt	11/22/12 14:49:54			LOWEN
		CHG	Changed CallerNm	11/22/12 14:50:05			LOWEN
		ENT	Entered Nature	11/22/12 14:50:13	MEDICAL CALL		LOWEN
		MPS	Med. Pri. Started	11/22/12 14:50:13	Case Started		LOWEN
		FIN	Finished Call Taking	11/22/12 14:51:08			LOWEN
		MPD	Med. Pri. Dispatch	11/22/12 14:51:08	Case Dispatched		LOWEN
		ARM	Added Remarks	11/22/12 14:51:08			LOWEN
		CHG	Changed Nature	11/22/12 14:51:08	MEDICAL CALL --> 30D2 TRAUMATIC		LOWEN

Event ID: 2012-137305 Call Ref #: 414 30D2 TRAUMATIC INJURIES at 1735 COUNTRY HILL DR

Event Log						Close	User
Unit	Empl ID	Type	Description	Time Stamp	Comments	Code	
		RPT	Requested Report#	11/22/12 14:51:08	EMS Report #12-13518		LOWEN
		SP	Spawned	11/22/12 14:51:08	Spawned FIRE event #2012137307		LOWEN
		REC	Unit Recommendation	11/22/12 14:52:18	Plan: EMS Lvl:2 Recmnd:M841		SWARD
		CHG	Changed Alarmlev	11/22/12 14:52:18	1 --> 2		SWARD
		CHA	Radio Channel	11/22/12 14:52:18	OPS12		SWARD
		ARM	Added Remarks	11/22/12 14:52:18			SWARD
		PAG	Dispatch Page	11/22/12 14:52:19	Paged 870-X		PAGESR
		PAG	Dispatch Page	11/22/12 14:52:19	Paged M841-P		PAGESR
		PAG	Dispatch Page	11/22/12 14:52:19	Paged M852-P		PAGESR
		CHG	Changed Priority	11/22/12 14:55:48	P --> 1		LOWEN
		ARM	Added Remarks	11/22/12 14:55:59			NDEART
		ARM	Added Remarks	11/22/12 14:56:19			SWARD
		ARM	Added Remarks	11/22/12 14:59:31			LOWEN
		ARM	Added Remarks	11/22/12 15:02:14			LOWEN
		MPC	Med. Pri. Complete	11/22/12 15:02:19	Case Completed		LOWEN
		ARM	Added Remarks	11/22/12 15:02:24			HICKSA
		ARM	Added Remarks	11/22/12 15:02:39			SWARD
		ARM	Added Remarks	11/22/12 15:02:50			HICKSA
		REC	Unit Recommendation	11/22/12 15:03:10	Plan: EMS Lvl:3 Recmnd:AIRC2		LOWEN
		CHG	Changed Alarmlev	11/22/12 15:03:10	2 --> 3		LOWEN
		CHA	Radio Channel	11/22/12 15:03:10	OPS12		LOWEN
		ARM	Added Remarks	11/22/12 15:03:10			LOWEN
		PAG	Dispatch Page	11/22/12 15:03:11	Paged EMSADMIN-P		PAGESR
		ARM	Added Remarks	11/22/12 15:05:09			NDEART
		ARM	Added Remarks	11/22/12 15:07:08			SWARD
		ARM	Added Remarks	11/22/12 15:08:30			SWARD
		ARM	Added Remarks	11/22/12 15:10:53			LOWEN
		REC	Unit Recommendation	11/22/12 15:11:56	Plan: EMS Lvl:3 Recmnd:AIRC1		LOWEN
		REC	Unit Recommendation	11/22/12 15:12:03	Plan: EMS Lvl:3 Recmnd:AIRC1		LOWEN
		ARM	Added Remarks	11/22/12 15:13:40			NDEART
		ARM	Added Remarks	11/22/12 15:14:37			HICKSA
		ARM	Added Remarks	11/22/12 15:40:48			NDEART

Radio Log						Close	User
Unit	Empl ID	Type	Description	Time Stamp	Comments	Code	
870	8533	D	Dispatched	11/22/12 14:52:18	Stat/Beat: E80		SWARD
M841	8760	D	Dispatched	11/22/12 14:52:18	Stat/Beat: E84		SWARD
M852		D	Dispatched	11/22/12 14:52:18	Stat/Beat: E85		SWARD
M852		E	En-Route	11/22/12 14:53:29			Unit:M85
870	8533	E	En-Route	11/22/12 14:53:54			HICKSA
M841	8760	E	En-Route	11/22/12 14:54:07			Unit:M84
M841	8760	A	Arrived	11/22/12 14:59:45			Unit:M84
AIRC2		D	Dispatched	11/22/12 15:03:10	Stat/Beat: NCBH		LOWEN
AIRC2		E	En-Route	11/22/12 15:06:56			LOWEN
M852		A	Arrived	11/22/12 15:07:57			HICKSA
AIRC2		L	Location Change	11/22/12 15:09:30	SALEM CHURCH		LOWEN

Event ID: 2012-137305 Call Ref #: 414 30D2 TRAUMATIC INJURIES at 1735 COUNTRY HILL DR

Radio Log

Unit	Empl ID	Type	Description	Time Stamp	Comments	Close Code	User
M852		T	Transport	11/22/12 15:14:44	To: SALEM CHURCH		HICKSA
870	8533	A	Arrived	11/22/12 15:15:10			HICKSA
M852		A	Arrived	11/22/12 15:22:33			HICKSA
AIRC2		A	Arrived	11/22/12 15:30:50			SWARD
M841	8760	C	Cleared	11/22/12 15:37:28		E3	Unit:M84
AIRC2		C	Cleared	11/22/12 15:40:06		ASST	SWARD
M852		C	Cleared	11/22/12 15:42:51		ASST	NDEART
870	8533	C	Cleared	11/22/12 16:28:42		E6	LOWEN

Related Names

Last, First, MI Suffix	Type	Race	Sex	HT	WT	Eyes	DOB	Age	Home Ph/Mobile Ph	Work Ph	Ext
(b)(3)	CALL				0				(b)(3):Exem	() -	
Address: (b)(3):Exemption 3 for 25(c)											

Notes: PT RELEASED TO AIRCARE [11/22/12 15:40:48 NDEARTH]
 M852 HANDLING FLIGHT PATIENT [11/22/12 15:14:37 HICKSAR]
 16 ETA [11/22/12 15:13:40 NDEARTH]
 310 made aware [11/22/12 15:10:53 LOWENS]
 SHP AWARE [11/22/12 15:08:30 SWARD]
 LANDING ZONE IS SALEM CHURCH [11/22/12 15:07:08 SWARD]
 417 UDTS: {1610} COMMND STFF NOTFID - RCSO [11/22/12 15:05:09 NDEARTH]
 Radio Channel: OPS12 [11/22/12 15:03:10 LOWENS]
 NEED FLIGHT TO THE SCENE [11/22/12 15:02:50 HICKSAR]
 [FIRE] LANDING ZONE=- SCENE [11/22/12 15:02:39 SWARD]
 DOA [11/22/12 15:02:24 HICKSAR]
 [FIRE] Caller stated 2 boys wrecked on a 4 wheeler - one possibly non breathing. [11/22/12 15:02:14 LOWENS]
 [FIRE] 6140 on scene [11/22/12 14:59:31 LOWENS]
 [FIRE] CPR ON 7 YR OLD [11/22/12 14:56:19 SWARD]
 [FIRE] UDTS: CPR IN PROGRESS [11/22/12 14:55:59 NDEARTH]
 Radio Channel: OPS12 [11/22/12 14:52:18 SWARD]
 [Medical Priority Info] RESPONSE: Delta RESPONDER SCRIPT:
 11 year old, Male, Conscious, Breathing. Traumatic Injuries (Specific). Not alert. Caller Statement: wreck the atv.
 1.This happened now (less than 6hrs ago).
 2.There is SERIOUS bleeding.
 3.He is not completely alert (not responding appropriately).
 4.The injury is to a POSSIBLY DANGEROUS area. [11/22/12 14:51:08 LOWENS]

User: MMCDANIEL	ROWAN COUNTY COMMUNICATIONS	01/28/13 14:36:31
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Event Report

Event ID: 2012-137307 Call Ref #: 416 Date/Time Received: 11/22/12 14:51:08

Rpt #: 12-013740	Call Source: W911	Prime SQ62 Unit:	Services Involved	
			LAW	FIRE
			EMS	
Location: (b)(3):Exemption 3 for 25 (c)	DIST: 105.60 FT (S)GRAHAM PLACE			
X-ST:	Jur: CAD		Service: FIRE	Agency: FIRE
Business:	Phone: () -	St/Beat: S61	District:	RA:
				GP: 6105
Nature: 30D2 TRAUMATIC INJURIES	Alarm Lvl: 1	Priority: 1	Medical Priority: 30D02	
Reclassified Nature:				
Caller: (b)(3):Exemption 3 for 25(c)	Alarm:			
Addr:	Phone: (b)	Alarm Type:		
Vehicle #:	St:	Report Only: No	Race:	Sex: Age:
Call Taker: LOWENS		Console: SUPERVISOR		
Geo-Verified Addr.: Yes Nature Summary Code: 30D2 Disposition: C1 Close Comments:				
Notes: <i>See Event Notes Addendum at end of this report</i>				

Call Received: 11/22/12 14:51:08	Time From Call Received	Unit Reaction: 000:08:01	(1st Dispatch to 1st Arrive)
Call Routed: 11/22/12 14:51:08	: :	En-Route: 000:02:44	(1st Dispatch to 1st En-Route)
Call Take Finished: 11/22/12 14:51:08	: :	On-Scene: 001:28:00	(1st Arrive to Last Clear)
1st Dispatch: 11/22/12 14:51:23	000:00:15 (Time Held)		
1st En-Route: 11/22/12 14:54:07	000:02:59		
1st Arrive: 11/22/12 14:59:24	000:08:16 (Reaction Time)		
Last Clear: 11/22/12 16:27:24	001:36:16		

Event Log

Unit	Empl ID	Type	Description	Time Stamp	Comments	Close Code	User
		RPT	Requested Report#	11/22/12 14:51:08	FIRE Report #12-013740		LOWEN
		TS	Time Spawned	11/22/12 14:51:08	Initial call received at 11/22/12 14:49:22		LOWEN
		REC	Unit Recommendation	11/22/12 14:51:23	Plan: 6105 Lvl:1 Recmnd:OPS12		SWARD
		CHA	Radio Channel	11/22/12 14:51:23	OPS12		SWARD
		ARM	Added Remarks	11/22/12 14:51:23			SWARD
		PAG	Dispatch Page	11/22/12 14:51:24	Paged 61-X		PAGESR
		CPR	CPR IN PROGRESS	11/22/12 14:55:59			NDEART
		ARM	Added Remarks	11/22/12 14:55:59			NDEART
		PAG		11/22/12 14:55:59	Paged EMSADMIN-P		PAGESR
		PAG	CPR IN PROGRESS	11/22/12 14:55:59	Paged 61-X		PAGESR
		PAG	CPR IN PROGRESS	11/22/12 14:55:59	Paged 61-X		PAGESR

Event ID: 2012-137307 Call Ref #: 416 30D2 TRAUMATIC INJURIES at 1735 COUNTRY HILL DR

Event Log

Unit	Empl ID	Type	Description	Time Stamp	Comments	Close Code	User
	ARM		Added Remarks	11/22/12 14:56:19			SWARD
	SP		Spawned	11/22/12 14:56:32	Spawned LAW event #2012137308		NDEART
	FF		Fast Forward to LAW	11/22/12 14:56:33	LAW		NDEART
	CHG		Changed PrimeUnit	11/22/12 14:56:41	63 --> SQ62		SWARD
	ARM		Added Remarks	11/22/12 14:59:31			LOWEN
	RSW		Reset Watchdog Timer	11/22/12 15:01:02	Units: OPS12 >>> 999 Min.		SWARD
	ARM		Added Remarks	11/22/12 15:02:14			LOWEN
	ARM		Added Remarks	11/22/12 15:02:24			HICKSA
	ARM		Added Remarks	11/22/12 15:02:39			SWARD
	ARM		Added Remarks	11/22/12 15:02:50			HICKSA
	ARM		Added Remarks	11/22/12 15:05:09			NDEART
	ARM		Added Remarks	11/22/12 15:07:08			SWARD
	ARM		Added Remarks	11/22/12 15:08:30			SWARD
	ARM		Added Remarks	11/22/12 15:10:53			LOWEN
	REC		Unit Recommendation	11/22/12 15:11:50	Plan: 6105 Lvl:1 Recmnd:OPS13		LOWEN
	ARM		Added Remarks	11/22/12 15:13:40			NDEART
	ARM		Added Remarks	11/22/12 15:14:37			HICKSA
	ARM		Added Remarks	11/22/12 15:40:48			NDEART

Radio Log

Unit	Empl ID	Type	Description	Time Stamp	Comments	Close Code	User
62		D	Dispatched	11/22/12 14:51:23	Stat/Beat: S62		SWARD
63		D	Dispatched	11/22/12 14:51:23	Stat/Beat: S63		SWARD
OPS12		D	Dispatched	11/22/12 14:51:23	Stat/Beat: COTG		SWARD
62		X	Canceled	11/22/12 14:54:07	Cancelled by Exchange Command		SWARD
SQ62		D	Dispatched	11/22/12 14:54:07	Stat/Beat: S62		SWARD
SQ62		E	En-Route	11/22/12 14:54:07	Stat/Beat: S62		SWARD
R62		D	Dispatched	11/22/12 14:55:04	Stat/Beat: S62		SWARD
R62		E	En-Route	11/22/12 14:55:04	Stat/Beat: S62		SWARD
SQ63		D	Dispatched	11/22/12 14:56:35	Stat/Beat: S63		SWARD
SQ63		E	En-Route	11/22/12 14:56:35	Stat/Beat: S63		SWARD
62POV		D	Dispatched	11/22/12 14:56:39			ACARLY
62POV		E	En-Route	11/22/12 14:56:39			ACARLY
63		C	Cleared	11/22/12 14:57:56		ASST	SWARD
E633		D	Dispatched	11/22/12 14:58:25	Stat/Beat: S63		SWARD
E633		E	En-Route	11/22/12 14:58:25	Stat/Beat: S63		SWARD
62POV		A	Arrived	11/22/12 14:59:24			LOWEN
SQ62		A	Arrived	11/22/12 14:59:40			SWARD
R62		A	Arrived	11/22/12 15:00:33			SWARD
SQ63		A	Arrived	11/22/12 15:05:35			SWARD
SQ63		L	Location Change	11/22/12 15:08:51	SALEM CHURCH		SWARD
SQ63		M	Misc. Radio	11/22/12 15:08:51	SALEM CHURCH		SWARD
E633		L	Location Change	11/22/12 15:08:59	SALEM CHURCH		SWARD
E633		M	Misc. Radio	11/22/12 15:08:59	SALEM CHURCH		SWARD
630		D	Dispatched	11/22/12 15:11:39	Stat/Beat: S63		SWARD
630		A	Arrived	11/22/12 15:11:39	Stat/Beat: S63		SWARD

Event ID: 2012-137307 Call Ref #: 416 30D2 TRAUMATIC INJURIES at 1735 COUNTRY HILL DR

Radio Log

Unit	Empl ID	Type	Description	Time Stamp	Comments	Close Code	User
630		L	Location Change	11/22/12 15:11:42	SALEM CHURCH		SWARD
630		M	Misc. Radio	11/22/12 15:11:42	SALEM CHURCH		SWARD
630		C	Cleared	11/22/12 15:39:56		ASST	SWARD
630		D	Dispatched	11/22/12 15:40:03	Stat/Beat: S63		SWARD
630		A	Arrived	11/22/12 15:40:03	Stat/Beat: S63		SWARD
62POV		S	Avail on Scene	11/22/12 15:40:13			SWARD
630		S	Avail on Scene	11/22/12 15:40:13			SWARD
E633		S	Avail on Scene	11/22/12 15:40:13			SWARD
R62		S	Avail on Scene	11/22/12 15:40:13			SWARD
SQ62		S	Avail on Scene	11/22/12 15:40:13			SWARD
SQ63		S	Avail on Scene	11/22/12 15:40:13			SWARD
6200		D	Dispatched	11/22/12 15:41:05	Stat/Beat: S62		SWARD
6200		A	Arrived	11/22/12 15:41:05	Stat/Beat: S62		SWARD
6200		S	Avail on Scene	11/22/12 15:41:08			SWARD
6200		C	Cleared	11/22/12 15:45:45		ASST	SWARD
62POV		C	Cleared	11/22/12 15:45:45		ASST	SWARD
R62		C	Cleared	11/22/12 15:45:45		ASST	SWARD
SQ62		C	Cleared	11/22/12 15:45:45		C1	SWARD
E633		C	Cleared	11/22/12 15:51:53		ASST	SWARD
630		C	Cleared	11/22/12 16:27:24		ASST	SWARD
OPS12		C	Cleared	11/22/12 16:27:24		ASST	SWARD
SQ63		C	Cleared	11/22/12 16:27:24		ASST	SWARD

Related Names

Last, First, MI	Suffix	Type	Race	Sex	HT	WT	Eyes	DOB	Age	Home Ph/Mobile Ph	Work Ph	Ext
(b)(7)		CALL				0				(b)(3):Exem	()	-
Address: (b)(3):Exemption 3 for 25(c)												



Notes: [EMS] PT RELEASED TO AIRCARE [11/22/12 15:40:48 NDEARTH]
 [EMS] M852 HANDLING FLIGHT PATIENT [11/22/12 15:14:37 HICKSAR]
 [EMS] 16 ETA [11/22/12 15:13:40 NDEARTH]
 [EMS] 310 made aware [11/22/12 15:10:53 LOWENS]
 [EMS] SHP AWARE [11/22/12 15:08:30 SWARD]
 [EMS] LANDING ZONE IS SALEM CHURCH [11/22/12 15:07:08 SWARD]
 [EMS] 417 UDTS: {1610} COMMND STFF NOTFID - RCSO [11/22/12 15:05:09 NDEARTH]
 [EMS] NEED FLIGHT TO THE SCENE [11/22/12 15:02:50 HICKSAR]
 LANDING ZONE=- SCENE [11/22/12 15:02:39 SWARD]
 [EMS] DOA [11/22/12 15:02:24 HICKSAR]
 Caller stated 2 boys wrecked on a 4 wheeler - one possibly non breathing. [11/22/12 15:02:14 LOWENS]
 6140 on scene [11/22/12 14:59:31 LOWENS]
 CPR ON 7 YR OLD [11/22/12 14:56:19 SWARD]
 UDTS: CPR IN PROGRESS [11/22/12 14:55:59 NDEARTH]
 Radio Channel: OPS12 [11/22/12 14:51:23 SWARD]
 [Medical Priority Info] RESPONSE: Delta RESPONDER SCRIPT:
 11 year old, Male, Conscious, Breathing. Traumatic Injuries (Specific). Not alert. Caller Statement: wreck the atv.
 1.This happened now (less than 6hrs ago).
 2.There is SERIOUS bleeding.
 3.He is not completely alert (not responding appropriately).
 4.The injury is to a POSSIBLY DANGEROUS area. [11/22/12 14:51:08 LOWENS]

User: MMCDANIEL	ROWAN COUNTY COMMUNICATIONS	01/28/13 14:36:46
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Event Report

Event ID: **2012-137308** Call Ref #: 417 Date/Time Received: 11/22/12 14:56:32

Rpt #: 12-004219	Call Source: W911	Prime 1615 Unit: GOODMAN, ASHLEY CHASE	Services Involved		
			<input checked="" type="checkbox"/> LAW	<input checked="" type="checkbox"/> FIRE	<input type="checkbox"/> EMS
Location: (b)(3):Exemption 3 for 25(c)	DIST: 105.60 FT (S)GRAHAM PLACE				
X-ST:	Jur: CAD	Service: LAW	Agency: RCSO		
Business:	Phone: () -	St/Beat: Z07	District:	RA:	GP: Z07B
Nature: ASSIST FIRE DEPT	Alarm Lvl: 1	Priority: 1	Medical Priority: 30D02		
Reclassified Nature:					
Caller: (b)(3):Exemption 3 for 25(c)	Alarm:				
Addr: (b)(3):Exemption 3 for 25(c)	Phone: (b)(3):Exemption 3 for 25(c)	Alarm Type:			
Vehicle #:	St:	Report Only: No	Race:	Sex:	Age:
Call Taker: LOWENS		Console: SUPERVISOR			
Geo-Verified Addr.: Yes	Nature Summary Code:	Disposition: C1	Close Comments:		
Notes: <i>See Event Notes Addendum at end of this report</i>					

Call Received: 11/22/12 14:56:32	<u>Time From Call Received</u>	Unit Reaction: 000:09:17	<i>(1st Dispatch to 1st Arrive)</i>
Call Routed: 11/22/12 14:56:32	: :	En-Route: 000:01:23	<i>(1st Dispatch to 1st En-Route)</i>
Call Take Finished: 11/22/12 14:56:32	: :	On-Scene: 004:00:51	<i>(1st Arrive to Last Clear)</i>
1st Dispatch: 11/22/12 14:57:00	000:00:28 <i>(Time Held)</i>		
1st En-Route: 11/22/12 14:58:23	000:01:51		
1st Arrive: 11/22/12 15:06:17	000:09:45 <i>(Reaction Time)</i>		
Last Clear: 11/22/12 19:07:08	004:10:36		

Event Log

Unit	Empl ID	Type	Description	Time Stamp	Comments	Close Code	User
		TS	Time Spawned	11/22/12 14:56:32	Initial call received at 11/22/2012 14:51:08		NDEART
		REC	Unit Recommendation	11/22/12 14:56:56	Plan: RCSO Lvl:1 Recmnd:1613		NDEART
		PAG	Dispatch Page	11/22/12 14:57:02	Paged GOODMANA-C		PAGESR
		PAG	Dispatch Page	11/22/12 14:58:23	Paged BRADY-M-P		PAGESR
		ARM	Added Remarks	11/22/12 14:59:31			LOWEN
		PAG	Dispatch Page	11/22/12 15:00:07	Paged BASINGB-C		PAGESR
		ARM	Added Remarks	11/22/12 15:02:14			LOWEN
		ARM	Added Remarks	11/22/12 15:02:24			HICKSA
		ARM	Added Remarks	11/22/12 15:02:39			SWARD
		ARM	Added Remarks	11/22/12 15:02:50			HICKSA
		PAG	Dispatch Page	11/22/12 15:03:08	Paged LOFLINA-X		PAGESR

Event ID: 2012-137308 Call Ref #: 417 ASSIST FIRE DEPT at 1735 COUNTRY HILL DR

Event Log						Close Code	User
Unit	Empl ID	Type	Description	Time Stamp	Comments		
		PAG		11/22/12 15:05:06	Paged COMSTAFF-X		PAGESR
		PAG {1610}	COMMND	11/22/12 15:05:06	Paged BASINGB-C		PAGESR
		PAG {1610}	COMMND	11/22/12 15:05:06	Paged BRADYM-P		PAGESR
		PAG {1610}	COMMND	11/22/12 15:05:06	Paged LOFLINA-X		PAGESR
		PAG {1610}	COMMND	11/22/12 15:05:06	Paged GOODMANA-C		PAGESR
		ARM	Added Remarks	11/22/12 15:05:09			NDEART
		ARM	Added Remarks	11/22/12 15:07:08			SWARD
		PAG	Dispatch Page	11/22/12 15:07:19	Paged BROWNCHR-X		PAGESR
		ARM	Added Remarks	11/22/12 15:08:30			SWARD
		ARM	Added Remarks	11/22/12 15:10:53			LOWEN
		ARM	Added Remarks	11/22/12 15:13:40			NDEART
		ARM	Added Remarks	11/22/12 15:14:37			HICKSA
		PAG	Dispatch Page	11/22/12 15:17:36	Paged ROWLANDT-P		PAGESR
		ARM	Added Remarks	11/22/12 15:40:48			NDEART
		RPT	Requested Report#	11/22/12 16:01:22	RCSO Report #12-004219 Unit:1615		Unit:1615
		ARM	Added Remarks	11/22/12 16:23:01			Unit:1610
		ARM	Added Remarks	11/22/12 17:10:47			Unit:1611

Radio Log						Close Code	User
Unit	Empl ID	Type	Description	Time Stamp	Comments		
1615	RCSO01	D	Dispatched	11/22/12 14:57:00	On Evt: [D] at 1615 MESSAGE		NDEART
1610	RCSO00	D	Dispatched	11/22/12 14:58:23	Stat/Beat: CW		NDEART
1610	RCSO00	E	En-Route	11/22/12 14:58:23	Stat/Beat: CW		NDEART
1620	RCSO00	D	Dispatched	11/22/12 15:00:05	Stat/Beat: CW		NDEART
1620	RCSO00	E	En-Route	11/22/12 15:00:05	Stat/Beat: CW		NDEART
1615	RCSO01	E	En-Route	11/22/12 15:01:23			NDEART
1213	RCSO00	D	Dispatched	11/22/12 15:03:08			SWARD
1213	RCSO00	E	En-Route	11/22/12 15:03:08			SWARD
1610	RCSO00	CN	{1610} COMMND	11/22/12 15:05:06			NDEART
1620	RCSO00	A	Arrived	11/22/12 15:06:17			NDEART
1615	RCSO01	A	Arrived	11/22/12 15:06:20			NDEART
1212	RCSO00	D	Dispatched	11/22/12 15:07:18			NDEART
1212	RCSO00	E	En-Route	11/22/12 15:07:18			NDEART
1610	RCSO00	A	Arrived	11/22/12 15:09:22			NDEART
1610	RCSO00	L	Location Change	11/22/12 15:10:02	SALEM CHURCH		NDEART
1610	RCSO00	M	Misc. Radio	11/22/12 15:10:02	SALEM CHURCH		NDEART
1611	RCSO00	AS	Assigned	11/22/12 15:17:24			MWALL
1611	RCSO00	D	Dispatched	11/22/12 15:17:36	Stat/Beat: CW		MWALL
1611	RCSO00	A	Arrived	11/22/12 15:17:36	Stat/Beat: CW		MWALL
1213	RCSO00	A	Arrived	11/22/12 15:20:40			MWALL
1610	RCSO00	C	Cleared	11/22/12 16:23:33		ASST	MWALL
1620	RCSO00	C	Cleared	11/22/12 16:36:32		ASST	MWALL
1611	RCSO00	C	Cleared	11/22/12 16:39:30	C2	C2	NDEART
1212	RCSO00	C	Cleared	11/22/12 16:52:44		ASST	MWALL
1213	RCSO00	C	Cleared	11/22/12 16:52:46		ASST	MWALL
1615	RCSO01	C	Cleared	11/22/12 19:07:08		C1	Unit:1615

Event ID: 2012-137308 Call Ref #: 417 ASSIST FIRE DEPT at 1735 COUNTRY HILL DR

Radio Log

Close Code

User

Unit	Empl ID	Type	Description	Time Stamp	Comments
------	---------	------	-------------	------------	----------

Related Names

Last, First, MI Suffix	Type	Race	Sex	HT	WT	Eyes	DOB	Age	Home Ph/Mobile Ph	Work Ph	Ext
(b)(3)	CALL								(b)(3):Exem	() -	
Address:	(b)(3):Exemption 3 for 25(c)										
Andrew	(b)(3):Exemp		M	605	0	(b)(3):Exemption 3 for 25(c)		36	() -	() -	
Address:	(b)(3):Exemption 3 for 25(c)										
On:	(b)(3):Exempti										
(b)(3):Exempti			F	504	0	(b)(3):Exemption 3 for 25(c)		35	() -	() -	
Address:	(b)(3):Exemption 3 for 25(c)										
On:	(b)(3):Exemption 3 for 25(c)										

Notes: assisted at scene [11/22/12 17:10:47 Unit:1611]
 assisted with LZ - arrived at scene - assisted 91 with loading [11/22/12 16:23:01 Unit:1610]
 [EMS] PT RELEASED TO AIRCARE [11/22/12 15:40:48 NDEARTH]
 [EMS] M852 HANDLING FLIGHT PATIENT [11/22/12 15:14:37 HICKSAR]
 [EMS] 16 ETA [11/22/12 15:13:40 NDEARTH]
 [EMS] 310 made aware [11/22/12 15:10:53 LOWENS]
 [EMS] SHP AWARE [11/22/12 15:08:30 SWARD]
 [EMS] LANDING ZONE IS SALEM CHURCH [11/22/12 15:07:08 SWARD]
 [EMS] 417 UDTS: {1610} COMMND STFF NOTFID - RCSO [11/22/12 15:05:09 NDEARTH]
 [EMS] NEED FLIGHT TO THE SCENE [11/22/12 15:02:50 HICKSAR]
 [FIRE] LANDING ZONE=- SCENE [11/22/12 15:02:39 SWARD]
 [EMS] DOA [11/22/12 15:02:24 HICKSAR]
 [FIRE] Caller stated 2 boys wrecked on a 4 wheeler - one possibly non breathing. [11/22/12 15:02:14 LOWENS]
 [FIRE] 6140 on scene [11/22/12 14:59:31 LOWENS]
 Event spawned from 30D2 TRAUMATIC INJURIES. [11/22/2012 14:56:32 NDEARTH]
 CPR ON 7 YR OLD [11/22/12 14:56:19 SWARD]
 UDTS: CPR IN PROGRESS [11/22/12 14:55:59 NDEARTH]
 Radio Channel: OPS12 [11/22/12 14:51:23 SWARD]
 [Medical Priority Info] RESPONSE: Delta RESPONDER SCRIPT:
 11 year old, Male, Conscious, Breathing. Traumatic Injuries (Specific). Not alert. Caller Statement: wreck the atv.
 1.This happened now (less than 6hrs ago).
 2.There is SERIOUS bleeding.
 3.He is not completely alert (not responding appropriately).
 4.The injury is to a POSSIBLY DANGEROUS area. [11/22/12 14:51:08 LOWENS]

I N C I D E N T D A T A	Agency Name ROWAN COUNTY SHERIFFS OFFICE		INCIDENT/INVESTIGATION REPORT				OCA 12-004219		
	ORI NC 0800000						Date / Time Reported Month Day Yr Time 11 22 2012 14:56 Hrs.		
	#1 Crime Incident(s) Miscellaneous Fatality Traffic Accident		<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 11 22 2012 14:50 Hrs.		Last Known Secure Month Day Yr Time 11 22 2012 14:45 Hrs.			
#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident (b)(6)				Offense Tract		
#3	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type OPEN LAND AREAS			Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family			
MO	How Attacked or Committed Presence Of Victim/On Premises, Traffic/Law Enforcement MVA				Forcible <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input checked="" type="checkbox"/> No	Weapon / Tools Not Applicable/none			
V I C T I M	# of Victims 1	Type <input checked="" type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown		Injury <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth <input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations <input type="checkbox"/> Internal <input type="checkbox"/> Unconscious <input checked="" type="checkbox"/> Other Major		Drug/Alcohol Use: <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
	VI	Victim/Business Name (Last, First, Middle) (b)(6)		Victim of Crime # 1	DOB / Age (b)(6) 7	Race W	Sex M	Relationship To Offender Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown	
	Home Address (b)(6)					Home Phone			
	Employer Name/Address STUDENT					Business Phone		Mobile Phone	
	VYR	Make	Model	Style	Color	Lic/Lis	Vin		
O T H E R S	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)								
	Type: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown								
	Code IO	Name (Last, First, Middle) (b)(6)			Victim of Crime #	DOB / Age (b)(6) 10	Race W	Sex M	
	Home Address (b)(6)					Home Phone			
I N V O L V E D	Type: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown								
	Code IO	Name (Last, First, Middle) (b)(6)			Victim of Crime #	DOB / Age (b)(6) 35	Race W	Sex F	
	Home Address (b)(6)					Home Phone (b)(6)			
	Employer Name/Address					Business Phone		Mobile Phone	
Status Codes	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found (Check "OJ" column if recovered for other jurisdiction)								
P R O P E R T Y	Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number
	1	31	EVID	\$5.00		1	CAMERA/OPTICAL EQUIPMENT		
		80	V	\$10,000.00		1	0 BLU, NC	ATV Artic Cat550	
Number of Vehicles Stolen		0		Number Vehicles Recovered		0			
ID	Officer ID# GOODMAN, A. C. (RCSO01001)			Officer Signature			Supervisor Signature BRADY, M. A. (RCSO00415)		
Status	Complainant Signature			Case Status <input checked="" type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input type="checkbox"/> Closed/Leads Exhausted			Case Disposition: <input type="checkbox"/> Unfounded <input type="checkbox"/> Located <input type="checkbox"/> Extradition Declined <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Refuse to Cooperate <input type="checkbox"/> Cleared by Arrest by Another Agency <input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined		
	Page 1								

Incident Report Additional Name List

Rowan County Sheriffs Office

OCA: 12-004219

Additional Name List Page 2

**** Contains Restricted Names ****

NameCode/#	Name (Last, First, Middle)	Victim of Crime #	DOB	Age	Race	Sex
1) IO 3	(b)(6)		(b)(6)	36	W	M
Address	(b)(6)		H: (b)(6)			
Empl/Addr			B:			
			Mobile #:			
2) IO 4	(b)(6)					
Address	(b)(6)		H: (b)(6)			
Empl/Addr			B:			
			Mobile #:			
3) IO 5	(b)(6)					
Address	(b)(6)		H: (b)(6)			
Empl/Addr			B:			
			Mobile #:			

INCIDENT/INVESTIGATION REPORT

Page 3

Rowan County Sheriff's Office

** Contains Restricted Names **

OCA 12-004219

Status Codes	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found													
	DCI	Status	Quantity	Type Measure	Suspected Type			Check up to 3 types of activity for each						
D R U G S								Possess	Buy	Sale	Mfg	Importing	Operating	
O F F E N D E R	Offender Used		<input type="checkbox"/> Yes <input type="checkbox"/> Unk		Offender 1			Offender 2			Offender 3			Primary Offender Resident Status
	Alcohol/Drugs		<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Age:	Race:	Sex:	Age:	Race:	Sex:	Age:	Race:	Sex:	
	Computer		<input type="checkbox"/> Yes <input type="checkbox"/> Unk		Offender 4			Offender 5			Offender 6			<input type="checkbox"/> Non-Resident
			<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Age:	Race:	Sex:	Age:	Race:	Sex:	Age:	Race:	Sex:	<input type="checkbox"/> Unknown
S U S P E C T	Name (Last, First, Middle)				Also Known As				Home Address					
	Occupation				Business Address									
	DOB. / Age		Race	Sex	Hgt	Wgt	Build	Hair Color	Hair Style	Hair Length	Eye Color	Glasses		
	Scars, Marks, Tattoos, or other distinguishing features (i.e. limp, foreign accent, voice characteristics)													
	Hat		Jacket		Shirt/Blouse		Tie/Scarf		Coat/Suit		Pants/Dress/Skirt		Socks	Shoes
	Was Suspect Armed?		Type of Weapon				Direction of Travel				Mode of Travel			
	VYR	Make	Model	Style		Color	Lic/Lis		Vin					
	Name (Last, First, Middle)				D.O.B.	Age	Race	Sex	Mobile Phone					
Home Address				Home Phone		Employer				Phone				
Suspect Hate / Bias Motivated: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>None</i>														
N A R R A T I V E	It was reported that an accident involving two juveniles and a UTV occurred at (b)(6)													
	(b)(6)													

REPORTING OFFICER NARRATIVE

Rowan County Sheriffs Office		OCA 12-004219
Victim (b)(6)	Offense MISCELLANEOUS FATALITY TRAFFIC	Date / Time Reported Thu 11/22/2012 14:56
THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY		

I, Deputy A Goodman was dispatched to assist fire and EMS to (b)(6) on 11-22-2012. The dispatch advised CPR in progress to a 7 YO reference a UTV accident. Upon arrival, CPR was called and death was confirmed by EMS.

I arrived from the left side of the home on Country Hill Dr. The home was located to my left as well. To the right of the home I saw EMS workers beside of a UTV all terrain vehicle, blue in color and muddy. Deputy Basinger had arrived just prior and was also with the EMS workers. I walked down to the scene to find EMS loading a juvenile on a back board, found to be (b)(6). To (b)(6) left was the decedent beneath a white sheet, (b)(6). They were in front of the victim vehicle, an Artic Cat Prowler 550. There were no signs of helmets at the scene. Off to the right of the workers, were the parents of the decedent, (b)(6) and (b)(6). The two were sobbing and embraced. I spoke to (b)(6) mother briefly to obtain basic name information.

I was told that (b)(6) brother, (b)(6), had witnessed the accident. (b)(6) stated that he saw (b)(6) driving and his brother (b)(6) in the passenger seat, coming from the left side of the home at a high rate of speed across the front yard. (b)(6) stated that when (b)(6) turned the vehicle to the left, it began to turn over sideways from left to right. He stated that the UTV made a complete roll over.

I then spoke briefly with the parents for basic information. (b)(6) the mother, advised the boys had been riding on the property most of the day. She stated they had come inside for lunch. (b)(6) said that (b)(6) and (b)(6) her sister and brother in-law, were down from Indiana for the holiday. They are the parents of the passenger, (b)(6). (b)(6) then said the boys had been back riding for only about thirty minutes, when (b)(6) started banging on the front porch window saying there had been an accident with the UTV. (b)(6) said they all ran outside to find the boys, (b)(6) and (b)(6) on the ground.

I then returned to the scene and myself and Deputy Basinger attempted to find a VIN and year on the UTV. The only marking I could find was that it was an Artic Cat Prowler 550, blue in color. I did notice mud stains on the seat belt and buckle, apparent to me that no seat belt was used. Also that there were no helmets on scene as well.

I had the ME notified by communications to call my cell phone. I received a call back from Tammy Kolwalski from RRMC at 1543 hours. Tammy advised the ME would be in at 1800 hours, Christina Cooper, and would work with the decedent. I advised my findings and names of those involved to Tammy. She then advised to release the body from the scene and have him transported to RRMC. Rowan Rescue Squad was called at 1527 hours. The body was transported at 1624 hours to RRMC.

I cleared the scene and committed to the report. I was advised that Det Brown will be investigating the case after the initial report is complete.

Incident Report Related Property List

Rowan County Sheriffs Office

OCA: 12-004219

1	Property Description CAMERA/OPTICAL EQUIPMENT			Make	Model	Caliber
	Color	Serial No.	Value \$5.00	Qty 1.000	Unit	Jurisdiction Locally
	Status Evidence	Date 11/22/2012	NIC #	State #	Local #	OAN
	Name (Last, First, Middle) Rowan County Sheriff's Office,			DOB	Age	Race

Notes

photo card C19

CASE SUPPLEMENTAL REPORT
NOT SUPERVISOR APPROVED

Printed: 01/30/2013 11:25

Rowan County Sheriffs Office

OCA: 12004219

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Case Status: *FURTHER INVESTIGATION*Case Mng Status: *FURTHER INVESTIGATION*

Occured: 11/22/2012

Offense: *MISCELLANEOUS FATALITY TRAFFIC ACCIDENT*Investigator: *WOOD, C. M. (RCSO00377)*Date / Time: *11/22/2012 08:59:19, Thursday*Supervisor: *(0)*Supervisor Review Date / Time: *NOT REVIEWED*

Contact:

Reference: *Follow Up*

On Thursday, November 22, 2012, I was notified about an ATV accident involving a fatality of a 7 year old male that occurred at (b)(6). I arrived on scene, and observed several emergency personnel including Rowan EMS, Rowan County Sheriff, and State Highway patrol at the address. I parked in front of the residence, and observed a blue ATV upright on its wheels if facing the house would be to the right of it.. I approached the ATV, and observed a white sheet on the ground identified to me to be covering the victim (b)(6). I observed what appeared to be blood on the sheet toward the head area of the victim. The Sheet was partially removed from the victims upper torso area in my presence for the purpose of obtaining photographs of the victim for the report. I observed a young, white male with what appeared to be massive head injuries with a large pool of blood on the ground next to his head.

I walked over to the residence where I observed a large white male on the ground sobbing. The male identified himself as (b)(6) the father of the victim (b)(6). I attempted to interview Mr. (b)(6) but it was very difficult due to his mental state. I observed what appeared to be blood on Mr. (b)(6) face, hands, and clothing. Mr. (b)(6) stated over, and over again what a perfect son (b)(6) was, and how he didn't deserve this. Mr. (b)(6) stated that (b)(6) had been operating ATV's since he was two years old when they bought him his first one. While speaking with Mr. (b)(6) I spoke with a white female who was holding an infant child that was also sobbing uncontrollably. I identified her as the victims mother (b)(6). While trying to obtain information from (b)(6) she knelt down to the ground crying, and didn't really speak to me. I turned my attention again to the father (b)(6) who stated that the boys including (b)(6) had been riding the ATV all morning, came in for Thanksgiving dinner, and before going out to ride the ATV again hugged both he, and his wife, told them happy Thanksgiving, and told them that he loved them. Mr. (b)(6) stopped talking, and began to cry once more.

I was informed by Deputy A. Goodman that the other victim (b)(6) had been airlifted to the hospital for his injuries. I was informed that (b)(6) brother (b)(6) had possibly witnessed the incident, but was enroute with family to the hospital. I was unable to speak with (b)(6) for this reason.

Case remains open for further investigation.

CASE SUPPLEMENTAL REPORT

Printed: 01/30/2013 11:25

Rowan County Sheriffs Office

OCA: 12004219

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Case Status: FURTHER INVESTIGATION Case Mng Status: FURTHER INVESTIGATION Occured: 11/22/2012

Offense: MISCELLANEOUS FATALITY TRAFFIC ACCIDENT

Investigator: BASINGER, W. T. (RCSO00554)

Date / Time: 11/22/2012 16:26:38, Thursday

Supervisor: BRADY, M. A. (RCSO00415)

Supervisor Review Date / Time: 11/22/2012 16:43:26, Thursday

Contact:

Reference: Statement Of Other

After having arrived on scene, I immediately started pulling scene security. While doing security, I relayed information to Lt. Brady.

Sgt. Rowland arrived a few minutes after I did and took control of the scene. Once NCSHP had determined that the report would be done by the Sheriff's Office, I photographed the scene and body of the 7 y/o. I tried to locate the VIN number on the UTV, but was unable due to the amount of mud on the UTV. The digital camera photocard was turned over to Dep. Goodman.

The Rowan County Rescue Squad was called for transport of the victim. I assisted them in loading the victim in the back of the transport truck. I then cleared the scene.

CASE SUPPLEMENTAL REPORT

Printed: 01/30/2013 11:25

Rowan County Sheriffs Office

OCA: 12004219

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Case Status: FURTHER INVESTIGATION Case Mng Status: FURTHER INVESTIGATION Occured: 11/22/2012

Offense: MISCELLANEOUS FATALITY TRAFFIC ACCIDENT

Investigator: HAUPT, T. (RCSO00283)

Date / Time: 11/23/2012 11:56:24, Friday

Supervisor: MOOSE, C. A. (RCSO00027)

Supervisor Review Date / Time: 11/26/2012 10:58:04, Monday

Contact:

Reference: Follow Up

Det Sloop and I were asked to follow up on this case by Det. Loflin. I called the Medical Examiner's office in Chapel Hill who advised that the child was not sent there. They advised that the child was given an external exam at Rowan Regional by our local ME. I called Rowan Regional and spoke to the nursing supervisor who said that Christina Cooper had done the exam and the cause of death was head trauma. ME Cooper will be available next Wednesday. She is on vacation until then. Det Sloop is attempting to contact Baptist Hospital at this time to find out the condition of the other child involved in the accident.

CASE SUPPLEMENTAL REPORT

Printed: 01/30/2013 11:25

Rowan County Sheriffs Office

OCA: 12004219

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Case Status: *FURTHER INVESTIGATION* Case Mng Status: *FURTHER INVESTIGATION* Occured: 11/22/2012

Offense: *MISCELLANEOUS FATALITY TRAFFIC ACCIDENT*

Investigator: *SLOOP, T. M. (RCSO00873)*

Date / Time: *11/23/2012 12:01:44, Friday*

Supervisor: *MOOSE, C. A. (RCSO00027)*

Supervisor Review Date / Time: *11/26/2012 10:58:29, Monday*

Contact:

Reference: *Follow Up*

On 11/23/2012, Detective Loflin called me and requested that i call to check the status of (b)(6) and to see the results of the autopsy for (b)(6) if one was available.

Detective Haupt called to get the results for (b)(6) while i called Baptist Hospital to check the status of (b)(6)

I contacted the hospital and was advised that he was at Breeners Station room 816 and was transfered to a male subject who advised me that this was the adults hospital and that he could not transfer me or give me the number for the childrens hospital.

I researched Google and located the ER Dept. number as 336-713-9200 and was put on hold again. Finally a lady answered and i asked the status of (b)(6) and she stated that he was doing very good. I asked her if he was talking and she stated that he was up and talking and doing very well.

I advised Det. Loflin of the findings.

CASE SUPPLEMENTAL REPORT

Printed: 01/30/2013 11:25

Rowan County Sheriffs Office

OCA: 12004219

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Case Status: FURTHER INVESTIGATION Case Mng Status: FURTHER INVESTIGATION Occured: 11/22/2012

Offense: MISCELLANEOUS FATALITY TRAFFIC ACCIDENT

Investigator: LOFLIN, A. D. (RCSO00835)

Date / Time: 12/01/2012 10:59:42, Saturday

Supervisor: MOOSE, C. A. (RCSO00027)

Supervisor Review Date / Time: 12/03/2012 13:43:27, Monday

Contact:

Reference: Follow Up

On Thursday 11-22-2012 at around 1520 hrs, Detective Brown-Wood and I arrived at (b)(6)

(b)(6) in reference to a motor vehicle/ all terrain vehicle fatality.

RCSO Units on scene:

1615

1611

1620

1212

1213

Victim's Information:

(b)(6)

DOB: (b)(6) 7 YOA

W/M

Upon arrival I observed a four-wheel golf cart-like ATV upright in the front yard of the residence on the right hand side. A few feet adjacent to the driver's side I observed the deceased lying on their back, with their heading towards the front of the vehicle. At this time the deceased had been covered up a white sheet.

Vehicle Information:

Artic Cat

Prowler XT 550

Roll Cage

2-Seats (Front)

Truck/ Dump Bed

No Doors

Seat Belts

I then spoke with A. Thurston with the Rowan County EMS. Thurston advised that he and his partner where the first EMS Personnel on scene. Thurston advised that upon assessing the victim, it was called (DOA). Thurston advised that from his observation the cause of death appeared to be massive head trauma.

I then observed around 6 NCSHP vehicles and personnel on scene. After locating and speaking with Line Sgt. Shuttles

CASE SUPPLEMENTAL REPORT

Printed: 01/30/2013 11:25

Rowan County Sheriffs Office

OCA: 12004219

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Case Status: *FURTHER INVESTIGATION* Case Mng Status: *FURTHER INVESTIGATION* Occured: *11/22/2012*

Offense: *MISCELLANEOUS FATALITY TRAFFIC ACCIDENT*

Investigator: *LOFLIN, A. D. (RCSO00835)*

Date / Time: *12/01/2012 10:59:42, Saturday*

Supervisor: *MOOSE, C. A. (RCSO00027)*

Supervisor Review Date / Time: *12/03/2012 13:43:27, Monday*

Contact:

Reference: *Follow Up*

(NCSHP) I was advised by Line Sgt. Shuttles that the NCSHP would not be conducting an wreck report or assisting. At which time NCSHP cleared the scene.

During the investigation at Detective Loflin's request NCSHP Trooper Walker stayed and assisted by collecting the measurements of the wreck/ scene (at conclusion the document was turned over to Detective Brown-Wood/ Case Agent).

Upon observation of the vehicle and deceased the following were noted:

Dried mud on the seat belt buckles on both the drivers and passengers seat, indicating the neither the driver or passenger were buckled.

The deceased had massive trauma to the head/ skull. From the external observation a thick line of blood was noted on the victims cranium/ top of skull.

Deputy A. Goodman contacted the on-call ME at RRMCM and spoke with Tammy Kawaski who advised to have the deceased transported to RRMCM for review.

Rowan Rescue Squad was then transported to the scene.

At 1614 hrs, Rowan Rescue Squad arrived on scene, personnel were the following:

Love
McDaniel
Cress

At 1620 hrs, the victim was collected and left the scene.

Immediately following other personnel cleared the scene.

Copy of supplement forwarded to Case Agent/ Detective Brown-Wood.

Case remains open for further investigation.



HP-49A
Page 1
Rev. 1/05

North Carolina
State Highway Patrol

COLLISION SCENE MEASUREMENTS

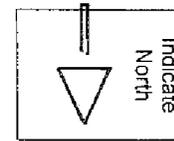
Field Sketch Prepared By: C.T. WALKER
Assisted By: RC50 ROWLAND
Date Prepared: 11/22/12
Photographs Taken: Yes No
Photographs Taken By: RC50
Fatal Collision: Yes No

Date of Collision: 11/22/12
Time: _____
County: ROWAN
Highway Number: PRIVATE PROPERTY
Sequence Number: _____
Investigated By: RC50

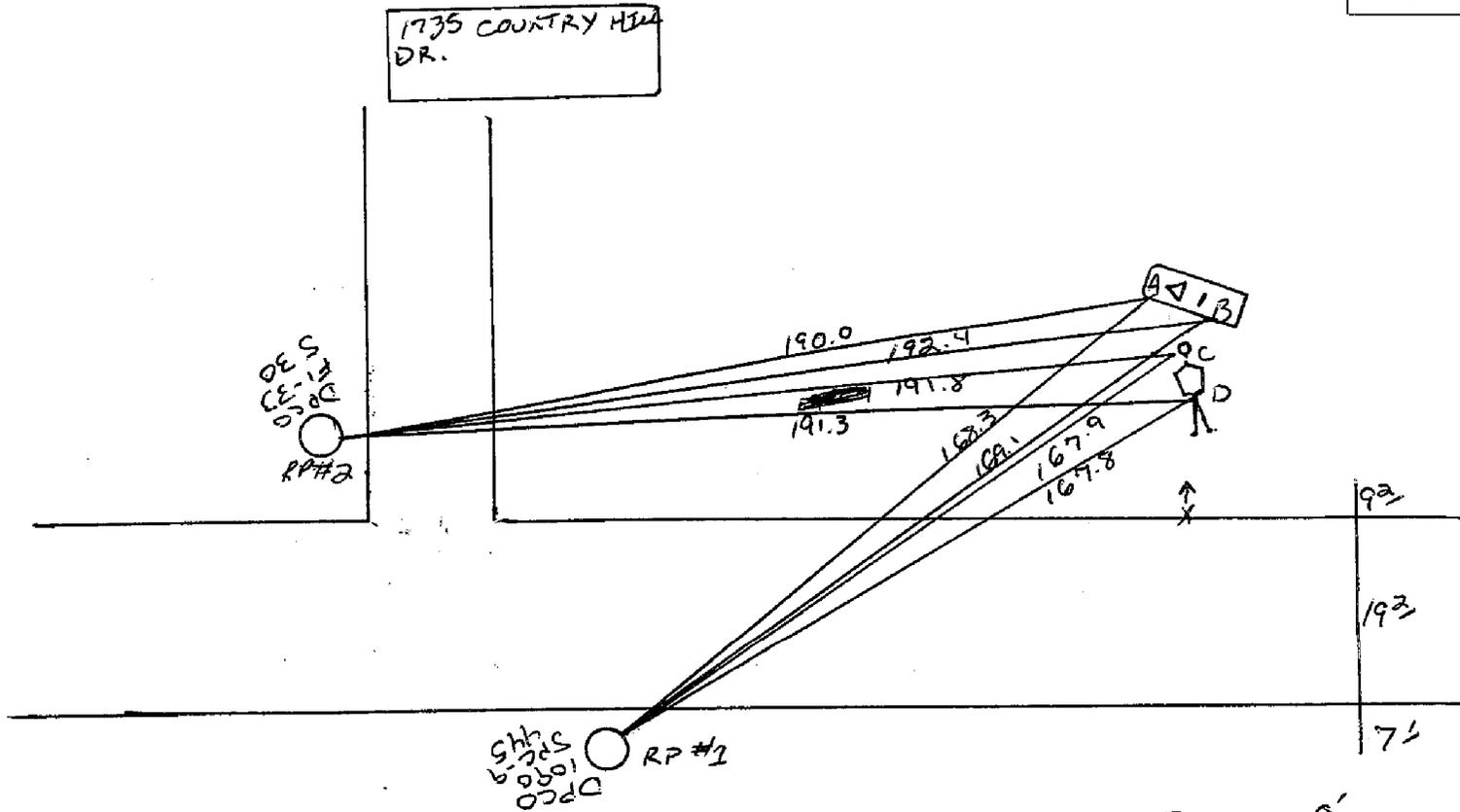
PT	From Reference #1 Point #2	From Base Line	Item Measured	Show Damaged Area of Vehicle
A	168.3	190.0	A FRONT LEFT TIRE	 <p>Vehicle #1</p> <p>Make: <u>ARTIC CAT</u> Color: <u>BLUE PRAIRIE</u></p>
B	169.1	192.4	B REAR " "	
C	167.9	191.8	C HBAD	
D	167.8	191.5	D TORSO	
E			E	 <p>Vehicle #2</p> <p>Make: _____ Color: _____</p>
F			F	
G			G	
H			H	
I			I	
J			J	
K			K	
L			L	
M			M	 <p>Vehicle #3</p> <p>Make: _____ Color: _____</p>
N			N	
O			O	
P			P	
Q			Q	
R			R	
S			S	
T			T	
U			U	
V			V	
W			W	
X			X	
Y			Y	
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.



HP-49A
Page 2
Rev. 1/05



FIELD SKETCH

BEFORE - 0'
AFTER - 19'
(TORJO) BODY FROM ROADWAY - 64'
ATV FROM ROADWAY - 69'

OCA

12-004219

Loflin notes

11/22/12

@ 1520 hrs.

(b)(6)

Sgt. Skuttles NCSHP ;
advised incident
occurred on private
property ; NCSHP will
not handle invest.

Vehicle :

Arctic cat / ATV
Prowler XT SSO

ME Cooper / info transferred
to Tammy Kawasaki RML
LT in @ 1800 hrs.

advised to transport
child to RML.

reserve squad 10-77

1502 hrs. / ET of Death; ^{LOA} Notes
A. Thourston

vic (5)

(b)(6)

(DoA)

17 / 40A

DOB

(b)(6)

w/m

(b)(6)

1st EMS on scene A. Thourston;
advised vic. deceased
from head injury.

- observation of vic.

- Media / Hugh Fisher / reporter
Salisbury Post

② - 1610 hrs. - advised vic. grand father -
if ME / transports of victim.

③ - 1614 hrs. Ro. Rescue Squad on scene
personnel

Low

McDonnell

Cross

④ 1620 hrs. bag sealed

Loftin Notes

11/22/12

NC SHP Walker;
assisted w/
measurements of scene

- @ scene

1615

1611

1620

1610

1212

1213

Stoop, TM 11/23/12.

(b)(6)

11-23-12 @ 11:51 AM

816 @ Banners Station
advised nurse station but they might not
be able to tell me anything.

guy stated I had wrong number to
call Bab. Hosp. not Wake Forest would not
provide a # to call

google search - Breener Childrens Hospital
336-713-4500 wrong @ 1154
336-713-9200 - ER Dept. @ 1156

Condition is good. talking and doing well
per Nurse.

11/22/12 1540

12004219

(b)(6)

(Father)

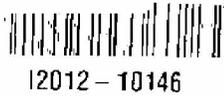
Beer can has been in ATV for weeks when
(b)(6) was weeding, 14 year old knocked
on the window, and stated there had been an accident.

(b)(6)

doesn't know if (b)(6) (Nephew) witnessed the
accident.

Hugh Fisher (Salisbury Post)

Mark Adams Funeral (Indiana)
812-525-800489
812-522-5558



NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE CHIEF MEDICAL EXAMINER
Chapel Hill, North Carolina 27599-7580

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

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

OCME USE ONLY
12-11-359
Case number
NOV 26 2012
Date received
 Res NR

DECEDENT: _____
RESIDENCE: _____
AGE: 7 City, State _____
SEX: Male Female Unknown
RACE: Black Native American Oriental White Unknown
HISPANIC ORIGIN: Yes No Unknown

INFORMATION ABOUT OCCURRENCE

	DATE	TIME	ADDRESS OR FACILITY
ONSET OF INJURY OR ILLNESS	11/22/12	17:45	(b)(3): Exemption 3 for 25(c)
DEATH	11/22/12	18:02	MEMORIAL HOSPITAL
VIEW OF BODY	11/22/12	17:50	<input type="checkbox"/> Scene of death <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Funeral home <input type="checkbox"/> Other <input type="checkbox"/> Not viewed
M.E. NOTIFIED	11/22/12	15:30	LAW ENFORCEMENT AGENCY: _____
LAST KNOWN TO BE ALIVE	11/22/12	18:02	OFFICER: A. CROOKER BY TELEPHONE: 252-205-1511 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

1. _____
DUE TO _____
2. _____
DUE TO _____
3. _____
DUE TO _____
4. _____
DUE TO _____

OCME REVIEW	SDC
1. _____ DUE TO _____	<input type="checkbox"/> None <input type="checkbox"/> AL <input type="checkbox"/> Dictated <input type="checkbox"/> COG
2. _____ DUE TO _____	
3. _____ DUE TO _____	
4. _____ DUE TO _____	

CONTRIBUTING CONDITIONS: _____
 Natural Accident Homicide Suicide Undetermined
Reviewer: _____ Date: _____
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 Chief Examiner: _____
Date: _____

Dorr, Young Soon

From: documents@ocme.unc.edu
Sent: Friday, December 14, 2012 5:01 PM
To: Dor, Young Soon
Subject: Report T201208648

TOXICOLOGY REPORT

Office of the Chief Medical Examiner Toxicology Folder: T201208648
Chapel Hill, NC 27599-7580 Case Folder: F201210359
Date of Report: 29-nov-2012
Page: 1

US Consumer Products Safety Comm.
Attn: Young Soon Dor
Room 604
4330 East West Highway
Bethesda, MD 20814

DECEDENT: (b)(3):Exemption 3

Status of Report: Approved
Report Electronically Approved By: Sandra Bishop Freeman, PhD

* * *

=====

SPECIMENS received from Christina S. Cooper on 26-nov-2012

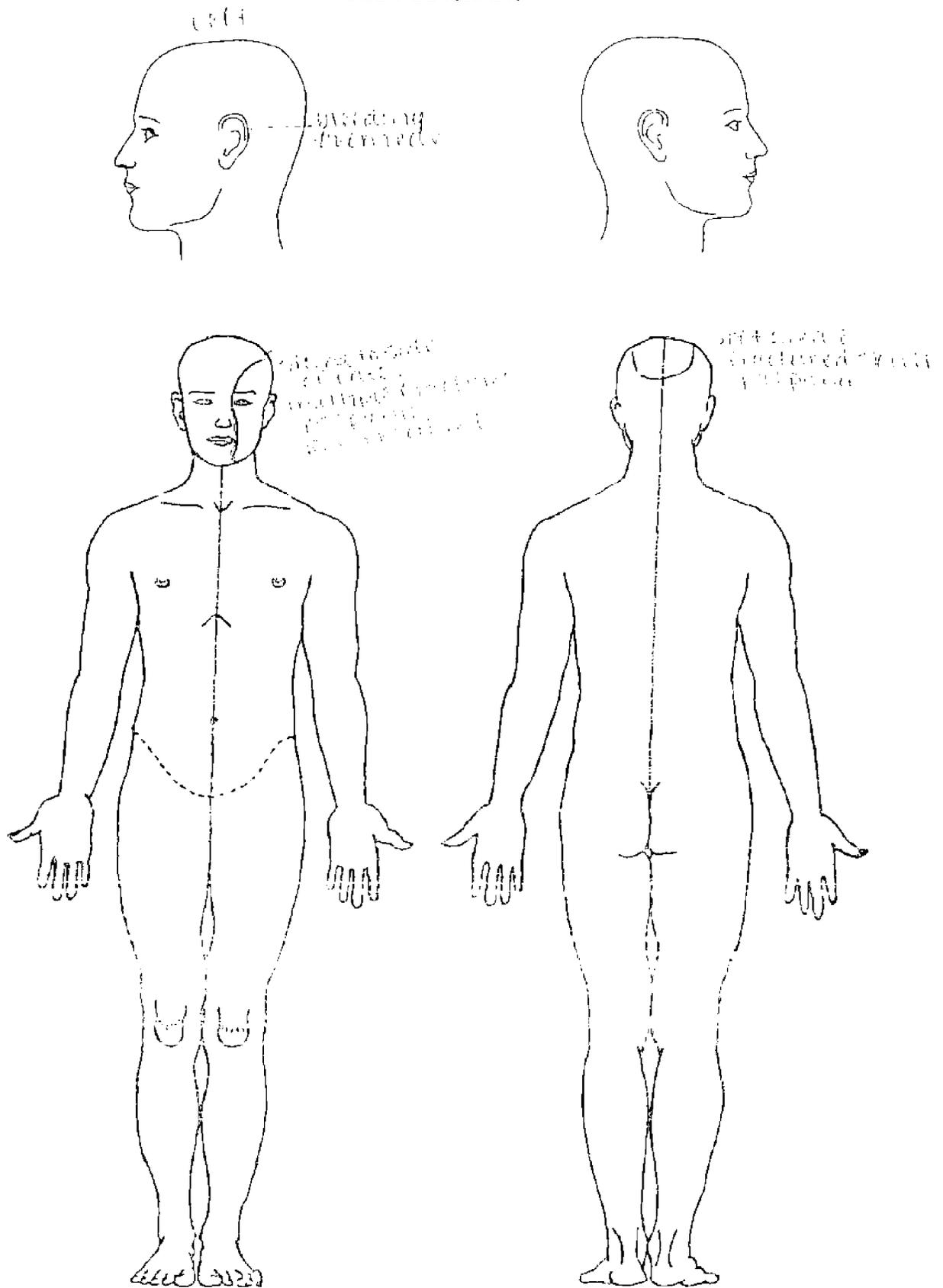
S120022229: 3.0 ml Blood CONDITION: Postmortem
SOURCE: Femoral Vessel OBTAINED: 22-nov-2012

Ethanol ----- None Detected 11/29/2012

S120022230: 0.1 ml Vitreous Humor CONDITION: Postmortem
SOURCE: Right Eye OBTAINED: 22-nov-2012

121412 17:01 * * * END OF REPORT * * *

BODY DIAGRAMS



Indicate nature and location of wounds and other lesions (abras, tattoos, medical therapy, etc.) on these diagrams.

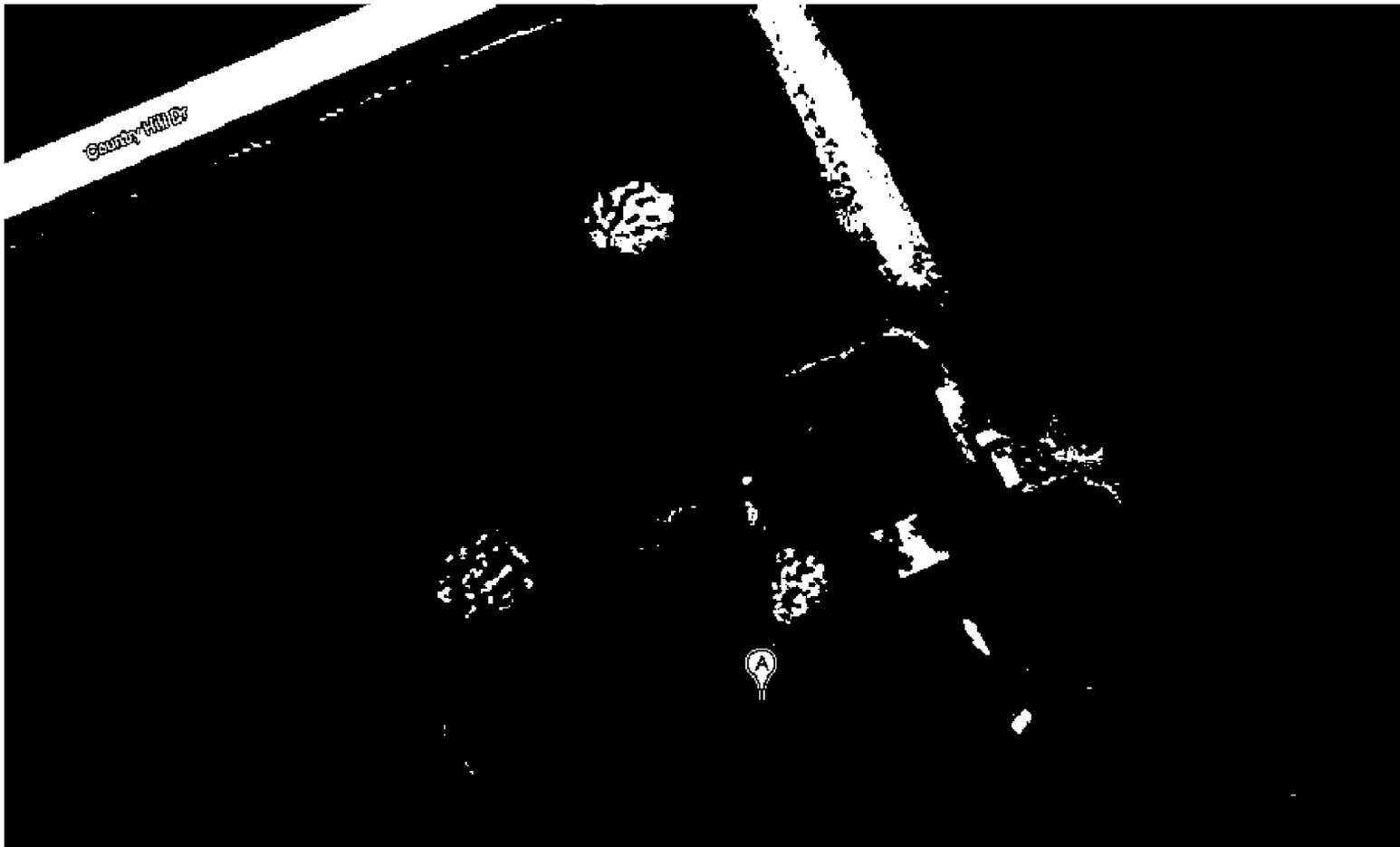
NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH

Life accident was involved in a UTV accident. He was driving
 an Arctic Cat Predator 650 and had a child passenger with him.
 They had been riding most of the day without difficulty.
 He was driving across the front yard, the UTV caught the
 ground when he made a left turn, it rolled completely
 over and landed back on all four wheels. The boy, 10 years
 old, was in the front. The driver's motor was dislodged
 and flew 20 feet to get into the yard. The passenger was the
 accident's victim. He was airlifted to a nearby hospital.
 He remains in a coma with a 100% permanent disability.
 The driver's motor was dislodged and flew 20 feet and landed
 and dislodged by him. A forensic death investigation
 is being completed by the State of North Carolina. The
 information is being used for the purpose of a death
 investigation.

PROPOSE: 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-105(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 retention schedule maintained 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.

Google

To see all the details that are visible on the screen, use the "Print" link next to the map.



History for Salisbury, NC

Thursday, November 22, 2012

Thursday, November 22, 2012

« Previous Day

November 22 2012 View

Next Day »

Daily Weekly Monthly Custom

	Actual	Average (KCLT)	Record (KCLT)
Mean Temperature	44 °F	49 °F	
Max Temperature	60 °F	60 °F	76 °F (2011)
Min Temperature	28 °F	37 °F	13 °F (2008)
Heating Degree Days	21	16	
Month to date heating degree days		288	
Since 1 July heating degree days		494	
Cooling Degree Days	0	0	
Month to date cooling degree days		0	
Year to date cooling degree days		1513	
Dew Point	30 °F		
Average Humidity	67		
Maximum Humidity	100		
Minimum Humidity	27		
Precipitation	0.00 in	0.11 in	1.68 in (2006)
Month to date precipitation		2.26	
Year to date precipitation		37.50	
Snow	0.00 in	0.00 in	T in (1989)
Month to date snowfall		0.1	
Since 1 July snowfall		0.1	

Time (EST)	Temp.	Windchill	Dew Point	Humidity	Pressure	Visibility	Wind Dir	Wind Speed	Gust Speed	Precip	Events	Conditions
7:55 AM	32.0 °F	-	30.2 °F	93%	30.25 in	10.0 mi	Calm	Calm	-	N/A		Clear
8:15 AM	32.0 °F	-	30.2 °F	93%	30.25 in	10.0 mi	Calm	Calm	-	N/A		Clear
8:35 AM	37.4 °F	-	32.0 °F	81%	30.25 in	10.0 mi	Calm	Calm	-	N/A		Clear
8:55 AM	41.0 °F	39.0 °F	32.0 °F	70%	30.26 in	10.0 mi	North	3.5 mph	-	N/A		Clear
9:15 AM	42.8 °F	41.1 °F	32.0 °F	66%	30.25 in	10.0 mi	NNE	3.5 mph	-	N/A		Clear
9:35 AM	46.4 °F	44.3 °F	32.0 °F	57%	30.26 in	10.0 mi	NNE	4.6 mph	-	N/A		Clear
9:55 AM	48.2 °F	-	32.0 °F	54%	30.26 in	10.0 mi	NNE	5.8 mph	-	N/A		Clear
10:15 AM	50.0 °F	-	32.0 °F	50%	30.26 in	10.0 mi	NNE	5.8 mph	-	N/A		Clear
10:35 AM	51.8 °F	-	32.0 °F	47%	30.26 in	10.0 mi	NE	9.2 mph	-	N/A		Clear
10:55 AM	51.8 °F	-	32.0 °F	47%	30.25 in	10.0 mi	NNE	4.6 mph	-	N/A		Clear
11:15 AM	53.6 °F	-	32.0 °F	44%	30.25 in	10.0 mi	North	5.8 mph	-	N/A		Clear
11:35 AM	55.4 °F	-	32.0 °F	41%	30.24 in	10.0 mi	NNE	6.9 mph	-	N/A		Clear
11:55 AM	55.4 °F	-	32.0 °F	41%	30.23 in	10.0 mi	North	8.1 mph	-	N/A		Clear
12:15 PM	55.4 °F	-	30.2 °F	38%	30.22 in	10.0 mi	NE	9.2 mph	-	N/A		Clear
12:35 PM	57.2 °F	-	28.4 °F	33%	30.21 in	10.0 mi	North	5.8 mph	-	N/A		Clear
12:55 PM	57.2 °F	-	28.4 °F	33%	30.20 in	10.0 mi	Calm	Calm	-	N/A		Clear
1:15 PM	59.0 °F	-	28.4 °F	31%	30.20 in	10.0 mi	NNE	4.6 mph	-	N/A		Clear
1:35 PM	59.0 °F	-	28.4 °F	31%	30.19 in	7.0 mi	North	6.9 mph	-	N/A		Clear
1:55 PM	59.0 °F	-	30.2 °F	34%	30.18 in	10.0 mi	NE	3.5 mph	-	N/A		Clear
2:15 PM	60.8 °F	-	28.4 °F	29%	30.17 in	10.0 mi	NNE	6.9 mph	-	N/A		Clear
2:35 PM	60.8 °F	-	26.6 °F	27%	30.17 in	10.0 mi	North	6.9 mph	-	N/A		Clear
2:55 PM	60.8 °F	-	26.6 °F	27%	30.17 in	10.0 mi	NE	8.1 mph	-	N/A		Clear
3:15 PM	60.8 °F	-	28.4 °F	29%	30.17 in	10.0 mi	NNE	4.6 mph	-	N/A		Clear



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ATV Parts & Accessories Find OEM Arctic Cat Parts With Our Online Parts Finder. Up to 30% Off www.ArcticCatPartsHouse.com

2009 Arctic Cat Prowler 550 H1 EFI

FEATURES

- 550 H1 EFI engine
- Flatbed
- Fully independent suspension
- Electric 2WD/4WD and front differential lock
- Rack-and-pinion steering



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Search Tires by Vehicle or Type.

SPECS

Displacement (cc): 545
Engine Type: SOHC, 4-Stroke, 4-Valve
Bore x Stroke (mm): 92 x 82
Cooling System: Liquid w/ Fan
Transmission: Automatic CVT w/ EBS, Hi/Lo Range & Reverse
Drive System: 2/4 WD + Electric Diff Lock
Overall Width (in./cm): 60.0/152.4
Overall Height (in./cm): 75/190.5
Overall Length (in./cm): 117.0/297.2
Wheelbase (in./cm): 75/190.5

UTV Forums Network



Suspension Travel – Front (in./cm): 10/25.4
Suspension Travel – Rear (in./cm): 10/25.4
Ground Clearance (in./cm): 10/25.4
Suspension Type – Front: Double A-Arm
Suspension Type – Rear: Double A-Arm
Front Brakes: Hydraulic Disc
Rear Service Brake: Hydraulic Disc
Tires – Front: 26×9-14
Tires – Rear: 26×11-14
Max Fuel Capacity (gal./liters): 8.2/30
Rack/Box/Flatbed Capacity – Rear (lbs./kg): 600/272
Towing Capacity (lbs./kg): 1500/680.4
Alternator Capacity (amps): 25
Speedometer: Digital
Odometer: Digital
Dry Weight (lbs./kg): 1205.3/546.5
Minimum Operator Age: 16
Available Colors: Green
Special Features: Flatbed, 2.5" (6.4 cm) lower floor, seat & bed height
Suggested Retail Price: \$9,499 US

Ask Arctic Cat Mechanics

Arctic-Cat.JustAnswer.com
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 Questions Answered Every 9 Seconds.

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 300-500cc Models. 50mph+ . 100% Fin.-
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HeatonArcticCat.com
 Arctic Cat OEM Replacement Parts All Snow
 Plows On Sale. Shop Now!

UTV Vertical Gun Rack

www.thegungrabber.com/
 Safely Secure Gun on UTV Side by Side
 Vertical Position Easy Access



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Passion. It's in everything we do. Within every turn of a screw. Every hole drilled. Every knuckle bloodied. It's what makes us Arctic Cat. From the assembly line workers to the R&D engineers, we all share a common bond tougher than steel. Forged of sweat and raw determination. It's a commitment to making the best ATVs, Side by Sides and Snowmobiles around.

Arctic Cat Passion. Three big words no one else can dare claim. It's what separates us from all the rest.

Arctic Cat Inc., based in Thief River Falls, Minnesota, designs, engineers, manufactures and markets snowmobiles, all-terrain vehicles (ATVs) and Side by Sides under the Arctic Cat brand name, as well as related parts, garments and accessories. The Company markets its products through a network of independent dealers located throughout the contiguous United States and Canada, and through distributors representing dealers in Alaska, Europe, the Middle East, Asia and other international markets. The Arctic Cat brand name is among the most widely recognized and respected names in the snowmobile, ATV and Side by Side industry.

Arctic News Headlines

Arctic Cat Celebrates the Brand's 50th Anniversary

Brad Darling Named Vice President/General Manager of Arctic Cat Snowmobile Division

Leadership Succession Plans

1,000,000 Reasons To Be Thankful

Bringing It Back To Minnesota

Arctic News Headlines

Arctic Cat Celebrates the Brand's 50th Anniversary



Thief River Falls, Minn. (April 28th, 2011) – Arctic Cat will celebrate the brand's 50th Anniversary as thousands of loyal Arctic Cat enthusiasts converge upon Thief River Falls, Mn on July 29th and 30th. The celebration will be open to the public and all events are free.

Arctic Cat's 50th marks a major milestone which began in 1961 when Edgar Hetteen founded Polar Manufacturing in Thief River Falls. There he began producing snowmobiles that reflected his dreams. One year later he changed the company name to Arctic Cat, and began a series of innovations that transformed hulking snow "machines" into small, playful snowmobiles.

Arctic Cat has two days of non-stop activities planned with the central location sharing space between the Pennington County Fairgrounds and the Ralph Engelstad Arenas. Highlights will include factory tours on Friday and Saturday, the world's largest Arctic Cat product display called "Years of the Cat" which will be open to all Arctic Cat – related products regardless of model or year, an Arctic Cat-only swap meet, ATV and UTV demo tracks, special 50th Anniversary clothing and memorabilia will be sold,

autograph sessions with Team Arctic heroes, race truck displays and several events for kids, plus music, food and much more.

Hotels are already filling up quickly so make your reservation now. For a listing of local lodging and camping opportunities in Thief River Falls, please log on to www.visittrf.com. For other nearby areas: www.visitcrookston.com, www.visitgrandforks.com and www.shootingstar.com.

If you are interested in the swap meet or showcasing product in the "Years of the Cat" display, please contact Joel Hallstrom at jhallstrom@arcticcatinc.com.

Brad Darling Named Vice President/ General Manager of Arctic Cat Snowmobile Division



Plymouth, MN (November 16, 2010) - Brad Darling has accepted a promotion to Vice President/General Manager of Arctic Cat Snowmobile Division effective 1/1/2011.

In this role, Brad will be responsible for leading and growing Arctic Cat's snowmobile business, building and executing a global strategy, and identifying and developing new and differentiated products and services that deliver on Arctic Cat's financial and strategic objectives.

Brad brings many years of related experience to this position as he spent 10 years in the Lawn & Garden industry before joining Arctic Cat in May 2000 as a District Sales Manager. In October 2004, he was promoted to National Sales Manager (Canada). Brad was successful in rebuilding Arctic Cat's Canadian dealer network raising Arctic Cat to a strong #2 position in Snowmobiles, and more than doubled the company's ATV market share. In May 2008, he was named North American Sales Director where he focused on strengthening the Sales Team and dealer network while growing Arctic Cat's market share for both Snowmobiles and ATVs during the most challenging economic times.

Brad grew up in Canada in the Power sports business, working with and around Snowmobiles his entire life. He worked in a family dealership for more than 18 years starting at the age of 7. Brad even began racing at the age of 6 on an Arctic Cat Kitty Cat.

Leadership Succession Plans

MINNEAPOLIS, Oct. 28, 2010 — Arctic Cat Inc. (NASDAQ: ACAT) announced today that Christopher Twomey, 62, plans to retire as chief

executive officer at the end of December 2010. He will continue to serve as executive board chair to ensure a smooth transition. The company named (b)(3):Exe, 54, to succeed Twomey as president and chief executive officer on January 1, 2011.

The company's leadership succession plan accommodates Twomey's decision to retire after serving as Arctic Cat's CEO for 24 years. He became president and CEO in 1986, was named a director of the company in 1987 and assumed the board chair position in 2003. During his tenure, Twomey led Arctic Cat through an initial public offering in 1990, increased the number of employees from 99 to more than 1,300 people, and grew revenues from \$7.5 million to more than \$450 million in fiscal 2010. Under Twomey's leadership, Arctic Cat also entered the all-terrain vehicle (ATV) business, which now accounts for the largest percent of the company's revenues. Twomey's contributions to the industry were recognized by his being named to the Snowmobile Hall of Fame in 2008.

"First, the board wants to thank Chris for his leadership of the company for more than two decades. He built Arctic Cat into a market leader in the power sports industry, and is leaving the company in strong financial shape with an outstanding team. We look forward to continuing to work with Chris as board chair," said Kenneth Roering, lead director of Arctic Cat's board. "The board also congratulates Claude on his new role. He has a proven record of success at Arctic Cat and a deep understanding of the company's business. We are confident in his ability to continue to profitably grow the company and enhance shareholder value." Jordan joined Arctic Cat as president and chief operating officer in 2008, and was elected to the company's board of directors in August 2010. During that time, Jordan has been responsible for Arctic Cat's operations and has led the company's ATV business for the past two years, implementing significant product line changes and increasing Arctic Cat's ATV market share.

Twomey commented: "During the past two years, Claude played a significant role in the company's return to profitability, despite a recession that hit the power sports industry hard. His understanding, energy and passion for this business will serve Arctic Cat well." "I'm excited to build upon Arctic Cat's strong reputation, and I look forward to working with our dedicated employees to grow this business," Jordan stated. "My initial priorities are to continue carrying out Arctic Cat's strategic plan and to further enhance the company's profitability and operational efficiency. Arctic Cat is well-positioned for success. We have the vision, proven strategies and talented people to achieve our long-term goals."

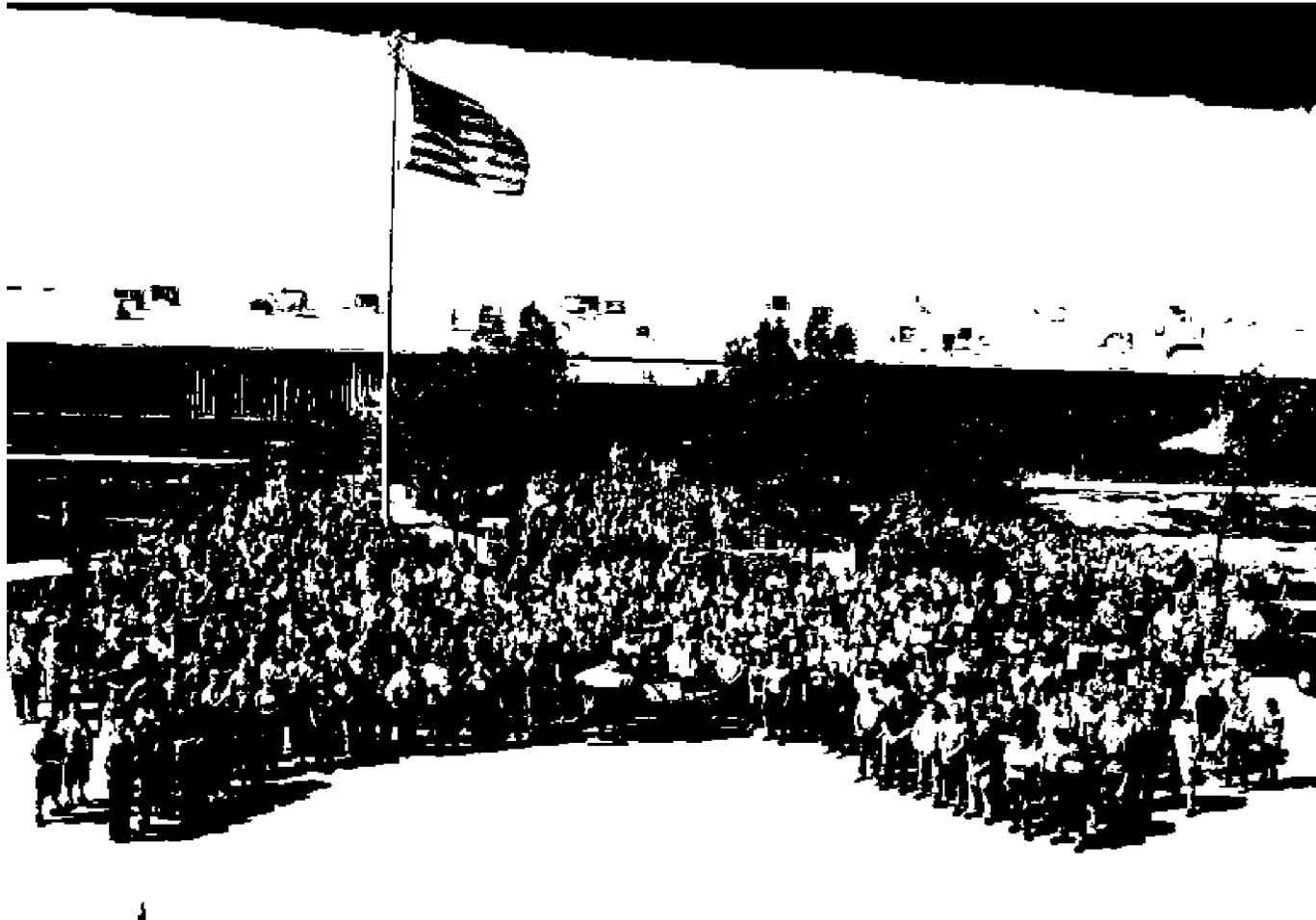
Before joining Arctic Cat, Jordan was employed most recently in executive positions with The Home Depot and General Electric. Jordan served as vice president of The Home Depot and president/general manager of its THD At-Home Services, Inc. business from 2003 until 2008.

Prior to that, Jordan was with General Electric Company from 1998 to 2003. During his last four years with General Electric, he served as president and CEO of GE Water Technologies, a worldwide water treatment manufacturing, sales and services business. Before

heading GE Water Technologies, Jordan spent a year in business development with GE Power Systems, managing mergers and acquisitions for new initiatives.

Jordan earned a bachelor's degree from the U.S. Naval Academy in Annapolis, Md., a master's degree from Catholic University in Washington, D.C., and an M.B.A. from The Wharton School at the University of Pennsylvania.





1,000,000 Reasons To Be Thankful

On August 26, 2010, Arctic Cat® built its 1,000,000th snowmobile since August 1983. The 2011 Crossfire™ 800 LTD rolled off the production line and led a procession of more than 800 employees outside for this group photo.

Arctic Cat would like to thank you for helping in achieving this goal and looks forward to the next 1,000,000 snowmobiles.



Bringing It Back To Minnesota

Arctic Cat Announces Plan to Begin Manufacturing Snowmobile Engines in Minnesota

Arctic Cat to begin manufacturing snowmobile engines in its St. Cloud facility after 2014 model year

MINNEAPOLIS, June 10, 2010 – Arctic Cat Inc. (NASDAQ: ACAT) today announced that it has entered into an agreement to transition its snowmobile engine manufacturing from Suzuki Motor Corporation. Arctic Cat will begin manufacturing some of its own snowmobile engines in St. Cloud, Minn., after the 2014 model year. Currently, Suzuki supplies all engines for Arctic Cat's snowmobiles. Suzuki will continue to supply the company with engine parts to service existing engines after the 2014 model year.

Commented Arctic Cat's chairman and chief executive officer Christopher A. Twomey: "Suzuki has been an outstanding engine supply partner for more than 25 years and remains a significant shareholder in Arctic Cat. However, we are changing our engine strategy in order to gain more control over our products, and enhance our ability to meet regulatory and performance requirements. This also will enable us to better utilize our current engine manufacturing capacity, resulting in potentially better costs."

Twomey added: "Our St. Cloud engine facility has been a great addition for the company since we began manufacturing our ATV engines there in 2007."

The 56,000-square-foot plant is located on 15 acres and currently employs 41 people. At this time, the company plans to use existing plant capacity and personnel during the transition. Arctic Cat expects snowmobile engine production to begin in St. Cloud in fiscal 2015.

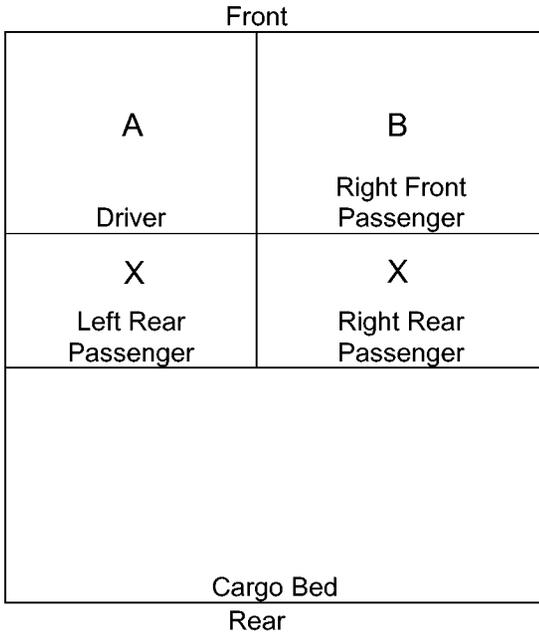


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ARCTIC CAT INC. 601 BROOKS AVENUE SOUTH THIEF RIVER FALLS, MN 56701 PHONE: 218-681-8556 FAX: 218-681-3162

Utility Vehicle Data Record Sheet

IDI #: 121126HNE1011

Exhibit #: 10



The Utility Vehicle

A:	Age: 7	Height: 53 inches
	Gender: male	Weight: 75 pounds
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: killed	
	Injury Description: skull fracture	
	Did vehicle land on victim: yes	
	Ejected (Either partially or fully): fully	

B:	Age: 11	Height: unknown
	Gender: male	Weight: unknown
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: injured	
	Injury Description: unknown	
	Did vehicle land on victim: no	
	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 121129HNE1014		2. Investigator's ID 2725		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2012 11 10	5. Date Initiated YR MO DAY 2012 11 30		
6. Synopsis of Accident or Complaint UPC A 24 YOM was fatally injured in UTV rollover incident. During the late evening, the victim driver unsuccessfully attempted to drive across a grassy field rural ravine waterway, but the UTV overturned onto the driver's side during the 10ft descent and landed on the victim. Two occupants in the cargo bed were able to jump off and avoid injury. A passenger was ejected and sustained a minor shoulder injury, which he refused medical treatment for. Victim's cause of death was compressional asphyxia and his BAC 0.154%. All occupants were not wearing helmets or seatbelts.				<p style="text-align: center;">MFR/PRVLR NOTIFIED</p> <p>COMMENTS: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OVERBULED; <input checked="" type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <u>66</u>; <input type="checkbox"/> DO NOT RE-NOTIFY <input checked="" type="checkbox"/> RE-NOTIFY 3/13/14 <i>llc</i></p>
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City ARROWSMITH		9. State IL
10A. First Product 5044 - UTILITY VEHICLES		10B. Trade/Brand Name JOHN DEERE		10C. Model Number XUV 825I
10D. Manufacturer Name and Address JOHN DEERE ONE JOHN DEERE PLACE MOLINE, IL 61265				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12A. Hispanic or Latino 2 - No	12B. Race 1 - White Other:		12C. Race Source 3 - Official Document	
13. Age of Victim 24	14. Sex 1 - Male	15. Disposition 8 - Death	16. Injury Diagnosis 65 - Anoxia	
17. Body Part(s) Involved 85 - ALL OF BODY	18. Respondent 3 - 2nd Hand Info Only	19. Type of Investigation 2 - Telephone	20. Time Spent (Operational / Travel) 13.00 / 0.00	
21. Attachment(s) 9 - Multiple Attachments		22. Case Source 05 - Newspaper		23. Sample Collection Number
24. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written				
25. Review Date 01/08/2013	26. Reviewed By 9001		27. Regional Office Director Dennis R. Blasius	
28. Distribution Sarah Garland; Tanya L. Topka			29. Source Document Number X12B1601A	

This in depth investigation (IDI) of a fatal 4-wheeled utility vehicle (UTV) incident was brought to the attention of the U.S. Consumer Product Safety Commission (CPSC) from a news article. According to the news, a male victim died on scene in McLean County, IL [Nov 2012] as a result of an ATV (later found to be UTV) crash in a ravine.

This report was compiled from:

- The local Sheriff's incident report (Exhibit #2), including photos (Exhibit #3):
 - Includes interviews with witnesses;
- The Coroner's report (Exhibit #5);
- General information was gathered from the internet.

According to the manufacturer's website brochure (Exhibit #1), the incident UTV model is 4-wheeled and has a 50hp, 812cc engine with max speed of 44mph.



Manufacturer's Brochure Photo

<p>Engine and Electrical</p> <p>Type 4-cycle gas, Electronic Fuel Injection (EFI)</p> <p>Cylinders/Valving 3, DOHC, 4 valves per cyl.</p> <p>Horsepower* 50 (37.3 kW)*</p> <p>Displacement 812cc</p> <p>Maximum torque 47 ft-lbs. (64 Nm) @3200 rpm</p> <p>Cooling system Liquid</p> <p>Battery 340CCA</p> <p>Alternator 75 amp @ 6000 rpm, regulated, 1012 watts</p> <p>Lights</p> <p>Headlights Two 37.5 watt halogen</p> <p>On-demand true 4WD system</p> <p>Front Differential Auto-locking</p> <p>Rear Differential Positive locking, mechanically actuated</p> <p>Transmission Type</p> <p>Continuously Variable Transmission (CVT) with full clutch enclosure</p> <p>Ground speed, mph (km/h) 0-44 (0-71) Hi Forward, 0-27 (0-43) Lo Forward, 0-30 (0-48) Reverse</p> <p>Transaxle Two speed (hi-lo), oil bath</p> <p>Front/Rear Brakes Hydraulic disc with twin piston front callipers</p> <p>Park brake Driveline, internal wet multi-disc</p> <p>Wheel Bearings Sealed, double-row ball</p> <p>Suspension and Steering</p> <p>Front Suspension Fully independent dual control arm with adjustable spring preload</p> <p>Front Suspension Travel 8 in. (203 mm)</p> <p>Rear Suspension Fully independent dual control arm with adjustable spring preload and sway bar</p> <p>Rear Suspension Travel 9 in. (228.6 mm)</p> <p>Turning radius 15.9 ft. (4.8 m)</p> <p>Hitches</p> <p>Front and Rear Standard 2 in. (50.8 mm) receiver</p>	<p>Occupant Protective System (OPS)</p> <p>Tubular overhead structure 1.75 in. (44.4 mm) steel tube</p> <p>Seat belts 3-point seat belts</p> <p>Certification SAE J2194 and OSHA ROPS</p> <p>Ground Clearance</p> <p>Ground Clearance Front - 11.0 in. (280 mm), Rear - 11.0 in. (280 mm)</p> <p>Under Foot Platform 12.25 in. (311 mm)</p> <p>Dimensions</p> <p>Length 119 in. (3035 mm)</p> <p>Width 62 in. (1571 mm)</p> <p>Front/Rear tread Centers 51.4 in. (1305mm) / 51.4 in. (1305mm)</p> <p>Height (with OPS) 75 in. (1903 mm)</p> <p>Wheelbase 79 in. (2007 mm)</p> <p>Weight (dry weight) 1630 lb. (739 kg)</p> <p>Towing Capacity 1,500 lb. (680 kg)</p> <p>Payload Capacity 1400 lb. (635 kg)</p> <p>Sound rating (driver's ear) 89.8 dB(A)</p> <p>Cargo Box</p> <p>Material Hybrid steel/glass-filled poly</p> <p>Dimensions, in. (mm) 45 x12 x52 (1143 x304.8x1320)</p> <p>Volume 16.4 ft³ (0.46 m³)</p> <p>Weight 1000 lb. (454 kg)</p> <p>Dump Manual with lift assist shock (factory installed power lift option)</p> <p>Tailgate Center truck-style latch</p> <p>Tires, Front / Rear</p> <p>Maxxis Big Horn 2.0, Radial 27x9xR14 / 27x11xR14</p> <p>Ancla MT (Mud Terrain) 26x9xR12 / 26x11xR12</p> <p>Terrahawk AT (All Terrain) 25x9xR12 / 25x11xR12</p> <p>Color options Green & Yellow, Camouflage, Olive & Black</p>
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UTV Model Specs – see Exhibit #1, p. 17

The incident UTV is 4-wheeled, mostly green & yellow-colored with black metal trim – See Exhibit #3 for additional photos. It was equipped with seatbelts, which according to the Sheriff’s report, that were not used by the occupants. Also, none of the occupants were wearing helmets.



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

The reported incident occurred close to midnight on Saturday November 10, 2012 into the early hours of November 11, 2012. Weather conditions were as follows (Exhibit #4):

Saturday November 10, 2012		Sunday November 11, 2012	
Mean Temp	61F	Mean Temp	51F
Avg. Humidity	71%	Avg. Humidity	86%
Precipitation	0in	Precipitation	0.5in
Wind Speed	17mph (S)	Wind Speed	22mph (SW)
Events	None	Events	Rain

According to the Sheriff’s report, the victim and some friends were having a gathering a nearby residence. In the evening, they decided to ride the incident UTV in a rural grassy field that is about ½ mile south of the residence. The victim (24 YOM) was the UTV driver. Also in the UTV were a passenger (20 YOM) and two males (18 & 22 YOM) in the cargo bed.

The passenger occupant stated to authorities that the victim driver was not from the area and was unfamiliar with the property. He continued to state that the victim driver attempted to drive down a grade into a waterway / ravine. However, the grade was too steep and the UTV began to roll. The cargo bed passengers were able to jump out to avoid injury. The passenger stated that he was ejected from the UTV and sustained a slight shoulder injury. The passenger then saw the victim underneath the UTV. All three males were unsuccessful in their attempt to lift the UTV off of the victim. They used a cell phone to call the residence and then called 911. A female from the residence went to the scene and attempted CPR (for about 15-20 minutes) until the first responders arrived.

About 11:31pm, first responders arrived on scene. Rescue personnel lifted the UTV off of the victim and blocks were propped to keep it upright. The UTV had been overturned on its driver’s side on top of the victim. Underneath the UTV, the victim was found lying face-up, slightly lying on his left side. The Sheriff observed visible injury to the victim; fragments of glass in his right ear & an abrasion between his neck and right shoulder. The Sheriff believed from the victim’s position that, as the victim was driving, he fell out of the UTV as it was rolling onto the driver’s side and he ended up pinned underneath. The victim was unresponsive and determined to be deceased on scene, so the local Coroner was notified. The other three male UTV occupants refused medical treatment.

Upon examination of the incident scene, the Sheriff noted that the waterway was approximately a 10ft drop off from either side, with tall grass filling in the area. The waterway runs east-west between two fields. The waterway was dry at the bottom. The Sheriff believed that if unfamiliar with the area and with night depth perception, it would falsely appear that the waterway could be crossed. The UTV was found positioned with its front-end pointed down and making contact with the waterway. It appeared to have been heading north directly from the south, to cross the waterway. The Sheriff believed that the UTV was travelling at a low rate of speed as it entered the waterway and the center of balance of the UTV became shifted towards the driver's side causing it to rollover and the victim driver was partially ejected. All three male occupants stated the same to the Sheriff. Lastly, the Sheriff noted that none of the parties appeared to have consumed alcohol.

On November 12, 2012, the coroner performed an autopsy on the victim (Exhibit #5). He was approximately 72in tall and about 252lbs. The victim's cause of death was determined to be compressional asphyxia. Toxicology results show that his BAC was 0.154%.

PRODUCT IDENTIFICATION

The product involved in this IDI is a brand name **John Deere** utility terrain vehicle (UTV), model **XUV 825i**.

The brandname is:

John Deere
One John Deer Place
Moline, IL 61265
<http://www.deere.com>

Note: The incident UTV's VIN was not specified in the Sheriff's report. This CPSC Investigator was unsuccessful in contacting the Sheriff to inquire about the VIN.

VIN: Unknown

Year: Unknown

Color: Green & Yellow – See Photo #1 & Exhibit #3.

Specifications – see Exhibit #1

Displacement: 812 cc
Width: 62"
Height: 75"
Length: 119"
Dry Weight: 1,630 lbs

Retail information is unknown.

SAMPLES

No samples were collected under this IDI.

EXHIBITS

1. UTV Brochure from manufacturer's website, 32 pages
2. Sheriff's Report, 5 pages
3. Additional Pictures from Sheriff, 1 page
4. Weather, 5 pages
<http://www.wunderground.com>
5. Coroner's Report, 12 pages
6. Contacts List, 1 page
7. Utility Vehicle Data Record Sheet, 1 page

GATOR™

2012 CROSSOVER UTILITY VEHICLES

XUV SERIES



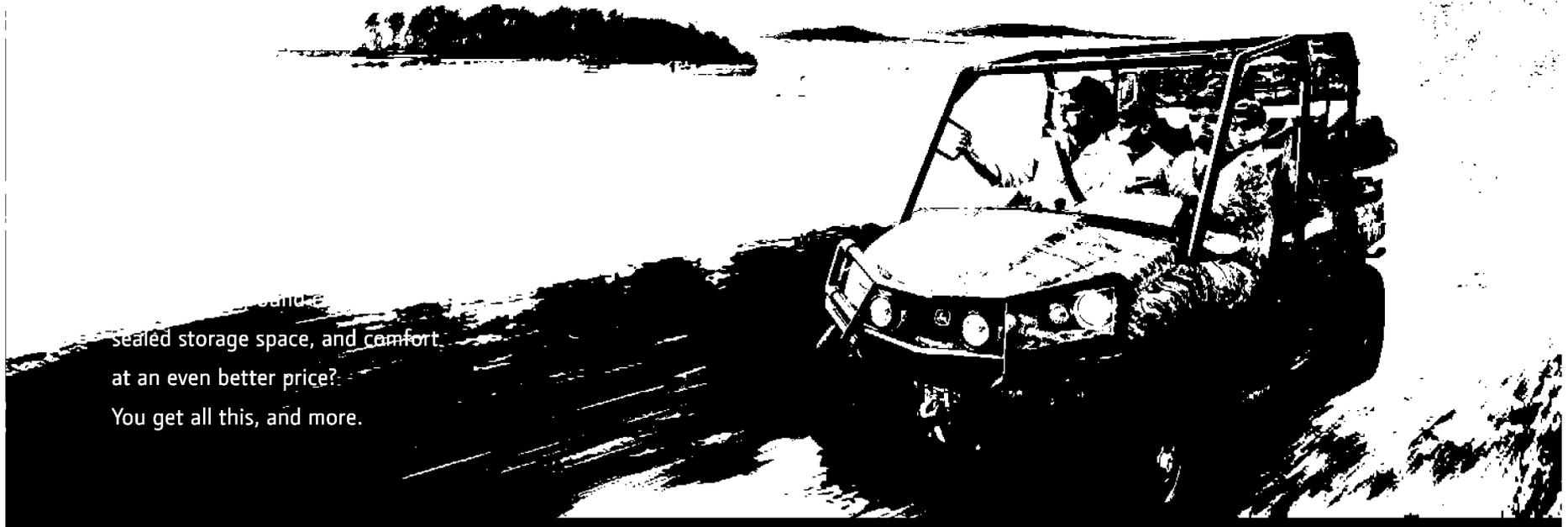
THE EXPERT



Make Boreum eat dust. With available 50 hp, 55 mph top speed, air-tuned suspension, mountain-rated 20" tires, 4WD, and a 1,500 lb. towing capacity—plus, that enough power to carry a freezer full of bait—this crossover is the only utility vehicle you'll ever need in the field.

GATOR

UTILITY VEHICLE
CROSSOVER



...and a
sealed storage space, and comfort
at an even better price?
You get all this, and more.

What's inside:

Heavy-Duty

Features	4-15
825i	16-17
625i	18
855D	19

Mid-Duty

Introduction	20-21
550 S4	22-23
550	24-25
550 Features	26-31



HEAVY DUTY

50 hp*
No heavy-duty UTV has more power.

Proven automotive strength
Heavier-duty components, like an all-aluminum head, cast block with painted interior and crank and thrust bearings ensure that this engine lasts longer than lighter-weight sport engines typical in this class of vehicle.

Patented vari-throttle
Responds like a car. Lightly press the pedal, and the vehicle eases forward. Floor it, and the vehicle gives you its all. A first in the UTV market.

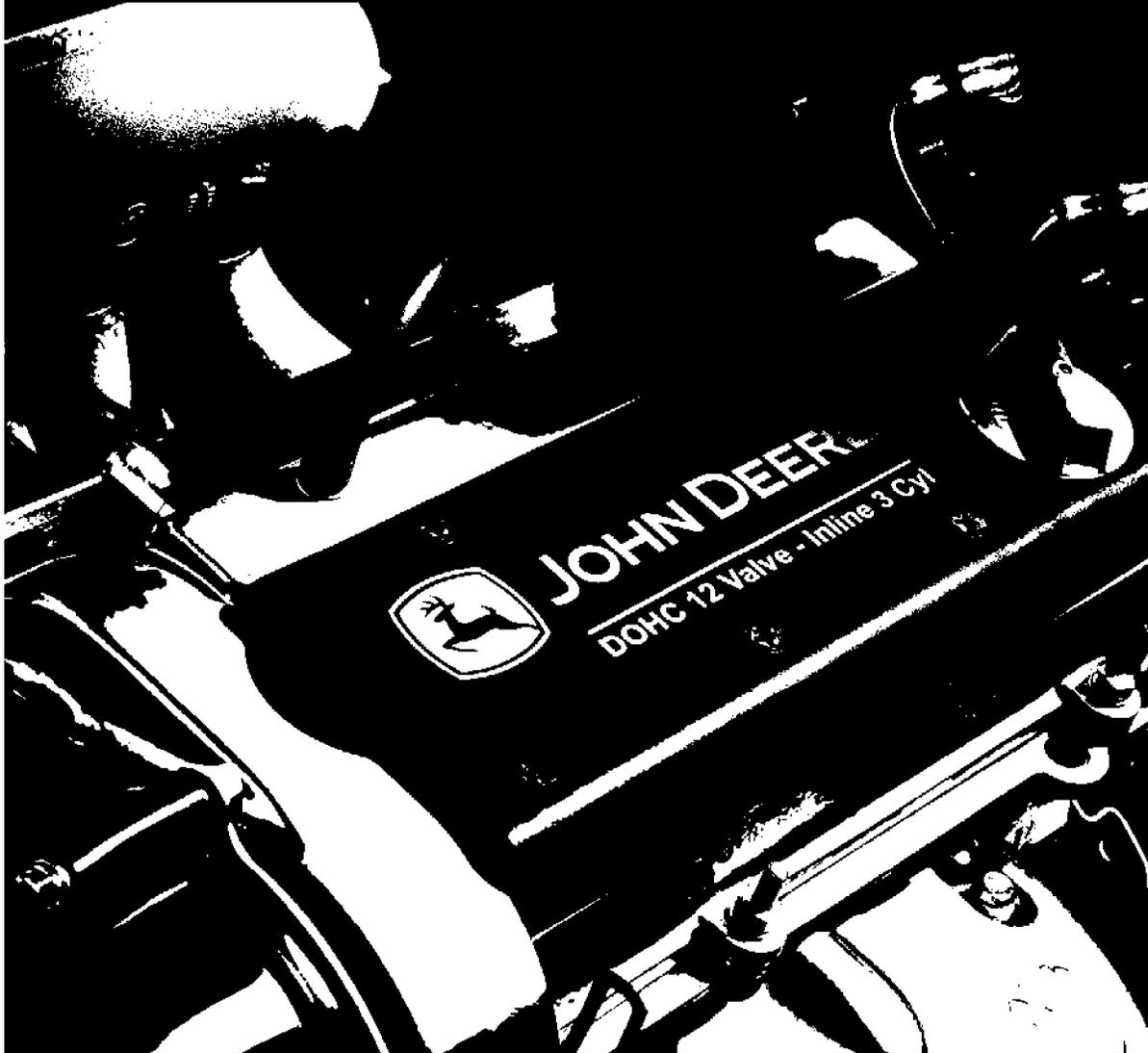
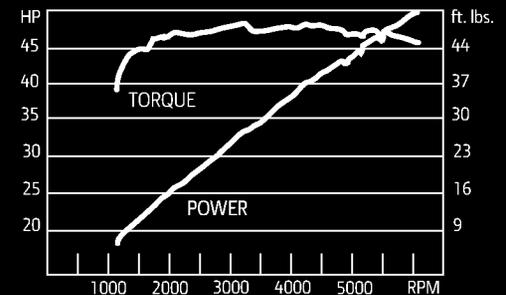
812cc displacement
The largest in its class.

Dual Overhead Cams (DOHC)
Increases airflow to the cylinders and boosts engine potential and performance in every situation.

3 cylinders
More cylinders guarantee consistent and smooth power at all RPM levels without the gaps between cycles found in gas engines with fewer cylinders.

12 valves
Four valves per cylinder (instead of just two) increase the flow of intake and exhaust gases, enhancing combustion efficiency and power.

Torque through the power band
Whether it's the low end or the top end, there's no shortage of torque.



Massive 75 amp alternator generates 1012 Watts
The industry's highest electrical power generation by far. You'll have plenty of juice for every accessory you can imagine, from rally lights to a monster winch.

Fully isolated
Massive rubber mounts absorb shocks to give you a vibration free ride.

POWER (VS.) PRETENDERS

Bragging rights? Check.

You're looking at the most advanced engine available in a UTV. Featuring a breakthrough 50 hp; with three cylinders, 12 valves, Dual Overhead Cams (for breathtaking aspiration)—plus a massive 75-amp alternator to power every accessory. Makes other UTV engines look ordinary.

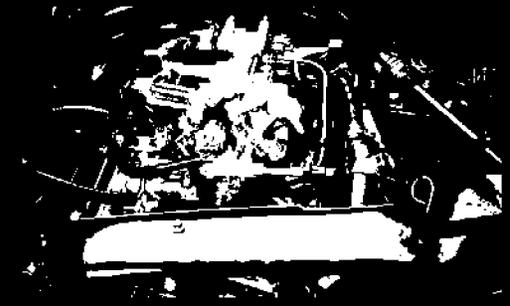
Brute power isn't the whole story. A patented vari-throttle improves everything from low-speed creeping to the response needed taking on a rock-and-roll trail. EFI self-corrects for altitude, so it runs as smooth at base camp as it will on the summit.

In short, this is the engine that knows it can.



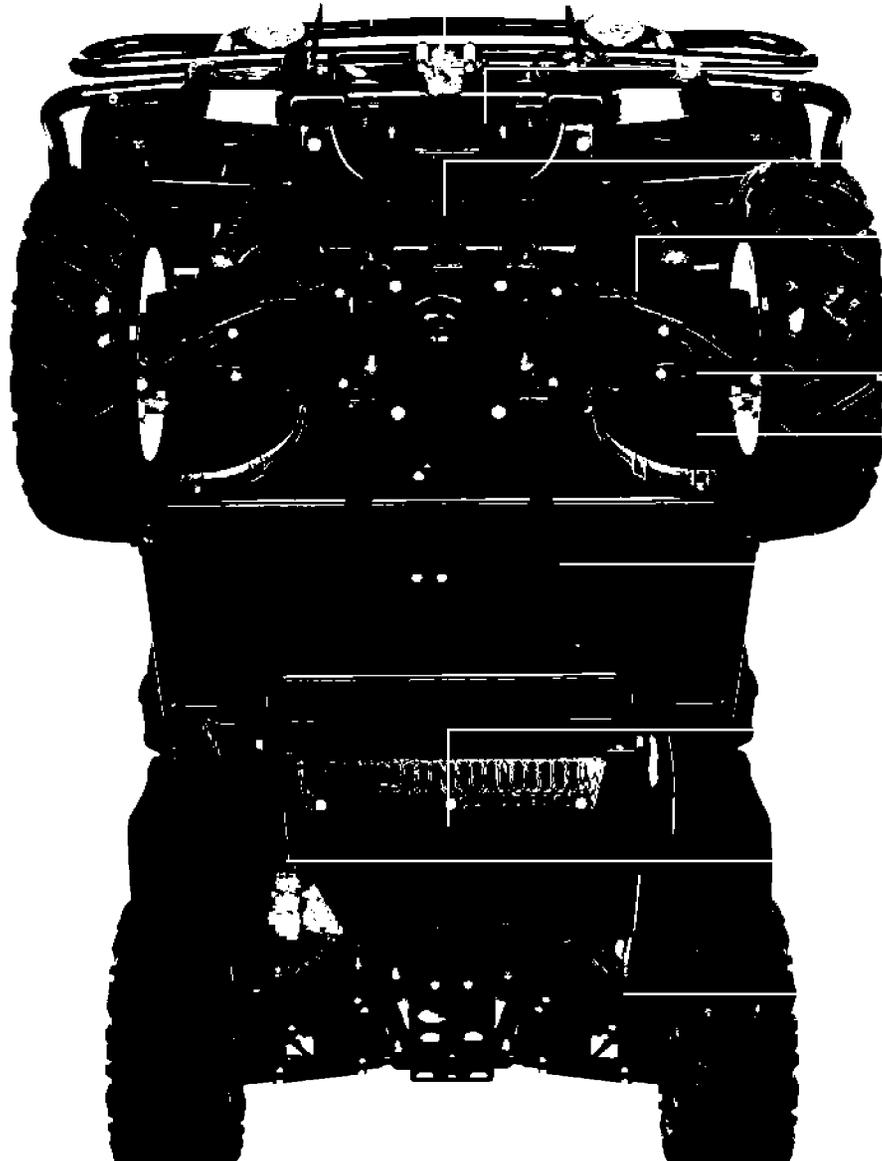
855D Engine

Diesel that delivers. 854cc's generate 23 HP, giving you the durability and confidence you'd expect from a John Deere.



625i Engine

Smart power. 23 hp' with a power management feature that increases horsepower when you need it, under load.



Powder coat electrostatic paint

Automotive-quality electrostatic paint fights corrosion by covering components more completely, providing a longer lasting, tougher finish.

Integrated winch mount

2" front and rear receivers with integrated ridged steel tow hooks

Engineered tooled steel chin guard

Cast-Iron A-Arms

Engineered ductile front cast-iron A-Arms balance strength and weight and are designed to withstand jackhammer trails.

Automotive-tolerance ball joints

JD Loy plastic

Advanced, paintable JD polymers on the XUV are much more scratch-, impact- and UV-resistant than standard polymers.

Hydroformed frame

Milk makes bones strong. Water makes steel strong. Hydroformed steel frame allows for fewer welded and bolted joints providing superior durability and exceptional tolerance for twisting under heavy loads.

Full-steel skid plates, not plastic.

Mother Nature fights dirty. That's why Gator XUVs are equipped with 9-gauge steel underbody protection, not the plastic you'll find underneath other UTVs.

Tough clutch belts

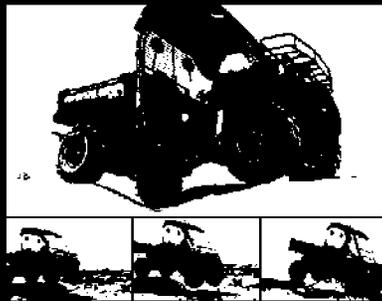
Our double-cogged, Aramid-cord, high-wear-resistance fiber-reinforced rubber construction belts are designed to wear slowly, and virtually eliminate catastrophic tears.

High-strength steel stamping in rear carrier

Underneath that largest cargo box in its class, you'll find an equally impressive foundation of carefully engineered steel mounts for the suspension.

ENGINEERING (VS.) THE REAL WORLD

It's not about tweaking specifications so they look good on paper. It's about getting your hands dirty and your knuckles scraped out on real proving grounds—to make sure in advance that reality doesn't twist your engineering design into a pretzel. Only this level of punishing evaluation can guarantee that a vehicle can really perform like you expect, day-in and day-out.



These XUVs survived over 20,000 hours of blistering real-world testing in one of the harshest environments in the United States.



**HEAVY
DUTY**



**CONTROL
(VS.) CORNERS**

A solid core steel sway bar reduces body lean and employs an incredibly efficient double-ball drop-link for increased durability.

Let's face it, about .001% of trails are straight. The rest have hidden curves, whoop-de-doos, and oh yeah, they're all helpfully paved with loose rock, dirt, and sand. That's why you want a Heavy-Duty XUV in your corner, with its precision-tuned handling, body-roll-reducing double-wishbone suspension, and on-demand traction.

You can choose from three traction modes: Pick 2WD for the best maneuverability and turf friendliness, or flip the dash-mounted switch for maneuverable on-demand 4WD that shifts torque to both front wheels only when the rear wheels begin to slip.

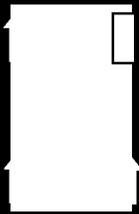


Stable cornering

An unequal-length double wishbone suspension helps maintain excellent cornering force, but is designed to maintain control in challenging situations. Extensive skid-pad testing verified predictable handling with and without a fully loaded cargo box.



GATOR XUV 825i

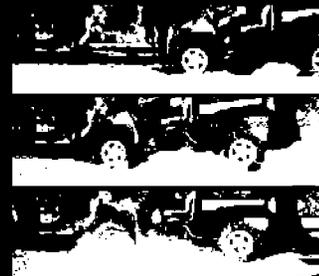


COMPETITION



Race-bred clutching design

TEAM Industries¹ clutch on the XUVs gives you power, torque, and a shot of adrenaline.



Automotive-style braking system

Massive twin piston 8.25" hydraulic disc brakes bring you to a stop, pronto. And a 66% front brake bias helps prevent the rear axle from locking up during sudden stops, so you maintain control. Ultimately, the system delivers incredible responsiveness with the right feel at all times.

Balanced performance

When you load the box, you don't want a "see-saw" effect to occur that lifts the front end and makes it hard to steer. That's why we designed the XUV to keep the front tires where they belong, even when lugging maximum cargo.

True on-demand 4WD

Switch between turf friendly traction mode to a locked rear diff to On-Demand True 4WD for maximum traction for the most challenging terrain. (In this mode, a sophisticated electronic interlock engages to prevent all power from being transferred to a wheel that has lost all traction.)

Tires for any terrain

Pick from 27" Maxxis² BigHorn 2.0 Radials for best ride quality and durability in any situation, standard 26" Ancla XTs with stiff side walls and deep lugs for good handling and mudding, and 25" Terra Hawk AT tires for excellent handling and low impact on turf.



¹ TEAM Industries is a third-party trademark used with permission.
² MAXXIS is a third-party trademark used with permission.



**HEAVY
DUTY**

CONFIDENCE **VS.** TERRAIN

To attack any trail, you've got to have three things:

A smooth ride that impresses you every time you turn the key.

A seriously capable suspension.

And rock-solid stability (with and without a load).

These Heavy-Duty XUVs have all three. Making the world your confidence course.

Gator VS. Gravity

Every one of our Heavy-Duty XUVs offer excellent stability thanks to a wide-stance, low-center of gravity and long wheelbase. These vehicles have one of the highest calculated Static Stability Factors in the industry. (This measurement of a vehicle's resistance to rollover, endorsed by the National Academy of Sciences and the National Highway Traffic Safety Administration, is the track width divided by two times the height of the center of gravity height.)

OPS

Occupant Protection System with multiple passenger side hand-holds and 3-point seat belts is SAE, ANSI, and OSHA ROPS certified.*

Custom-engineered shocks

Long-travel suspension includes custom-engineered twin-tube shocks extensively modified and tested to ensure exceptional durability and a superior ride with max or no cargo.

Independent double-wishbone suspension

Impressive front and rear suspension travel (8-in. in front and 9-in. to rear) set a comfortable new standard traversing rocks, stumps and whoa-nellies.

High ground clearance

11 inches of ground clearance prevent the Heavy-Duty XUV from getting high-centered even on extremely uneven terrain.

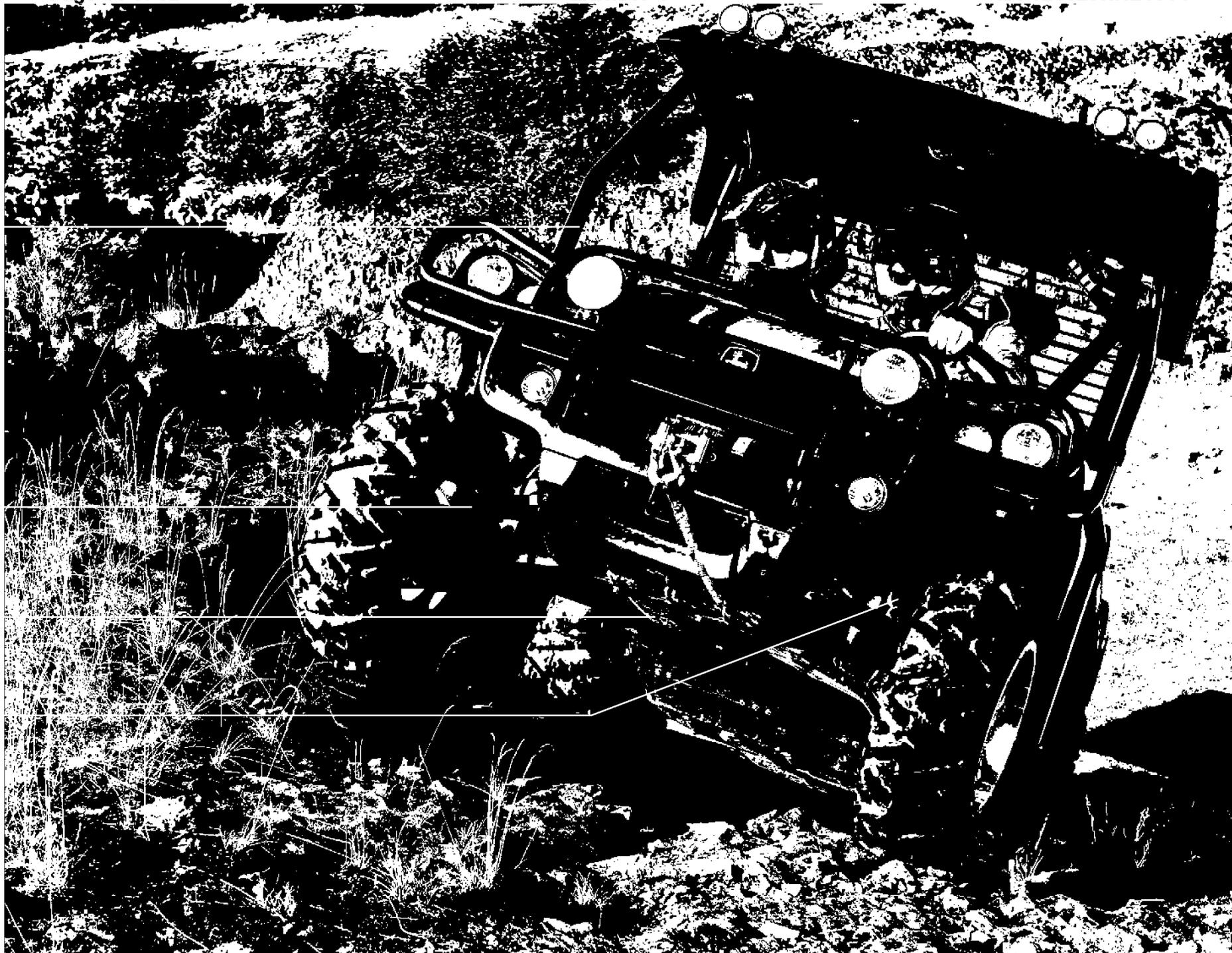
Spring preload adjustment

Suspension can be easily adjusted for varying payloads.

Lubricated pivot points

Instead of non-lubricated pivots, all 18 suspension pivots are greasable for smoother, quieter, and longer-lasting performance.

*Society of Automotive Engineers, American National Standards Institute, U.S. Occupational Safety and Health Administration rollover protection certified.





Convenient storage under hood and in glove box.

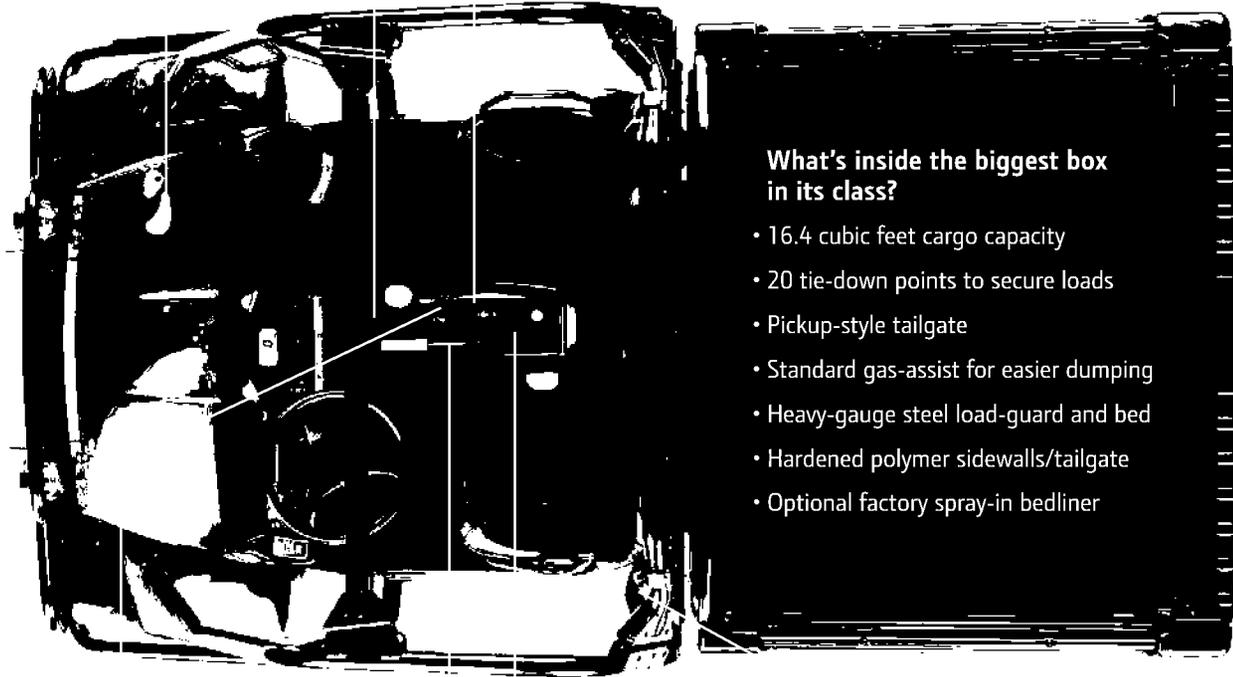
Newly designed deep cupholders.

Easy to engage rear diff lock gives you the option to engage and disengage rear drive separately from front drive giving you total control.

Get things done, fast.

Every Heavy-Duty XUV offers 1,500 pounds (680 kg) of towing and 1,400 pounds (635 kg) of payload capacity,* plus is equipped with a cargo box that's the biggest in its class. Controls are smartly placed to maximize efficiency. You can add a power lift, a winch, and much more. Plus our unique Quick Clamp system lets you install attachments without using a single tool.

No wonder these are the vehicles that will get you to the finish line first.



What's inside the biggest box in its class?

- 16.4 cubic feet cargo capacity
- 20 tie-down points to secure loads
- Pickup-style tailgate
- Standard gas-assist for easier dumping
- Heavy-gauge steel load-guard and bed
- Hardened polymer sidewalls/tailgate
- Optional factory spray-in bedliner

Spring shifter for smooth shifting from forward to reverse.

Engage park brake with simple lift handle system. Audible alarm sounds if you start to drive with brake engaged.

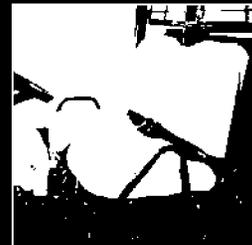
Handy center console storage includes 12-volt DC outlet, map pocket and pen holder. (Bucket seat options only.)

3 point automotive seat belts with driver-side indicator light to remind driver to buckle up.

Everywhere you look, you'll find automotive-quality fit-and-finish.

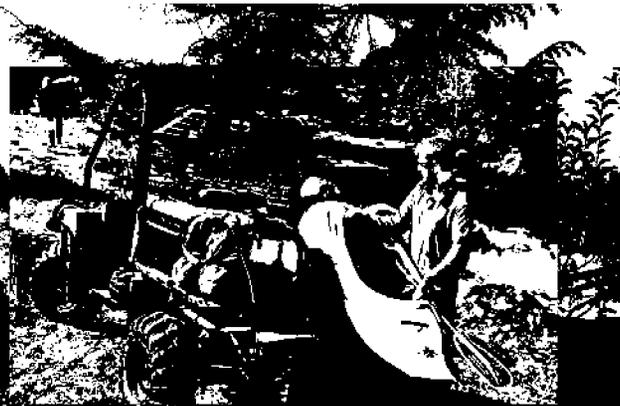


An advanced digital dash on the 825i monitors speed (mph or km/h), RPM, coolant temperature and includes a clock, trip and lifetime odometer, 4WD indicator and hour meter.



Choose the seating option that's most comfortable to you. See page 15 for all available bench and bucket seats.

CAPABILITY vs. A DAY'S WORK



Flat-bed mode

Composite cargo box sides can be removed in minutes to convert to a flat-bed—perfect for carrying large, awkward loads.



*A word about towing capability. Even though the XUV series includes the most powerful engine in its class, we recommend a vehicle should not tow more than its weight. Other manufacturers follow different guidelines when calculating recommended towing capacities.

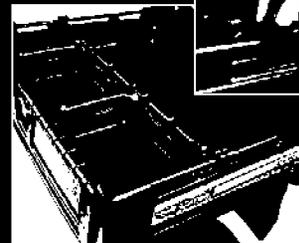
- 1,000 lb. (453 kg) cargo capacity
- 1,400 lb. (635 kg) payload*
- 500 lb. (227 kg) towing*



Standard integrated front and rear 2 inch receiver hitches with tow hooks.



Standard gas assist or automatic power lift
A standard gas assist shock makes lifting and dumping effortless. Add an optional power lift kit and conveniently raise and lower bed with a press of a button.



Integrated cargo management
Exclusive Quick-Clamp attaching system enables adding attachments like tool racks, divider walls and fuel containers to the cargo box in seconds. No tools needed. Plus since the clamps attach to rails, they offer almost infinite positioning flexibility.

**HEAVY
DUTY.**

FACTORY-INSTALLED OPTIONS

GATOR vs. ANYTHING

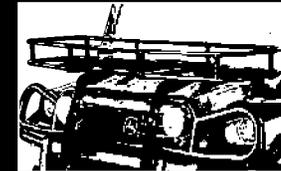
Want great weather protection and visibility? Upgrade from the standard rollover protective structure to a factory-installed Deluxe Cab Frame, with glass front and rear windshields and an electric console. Add heavy-duty automotive-glass doors for simply one of the finest cabs available anywhere. Cab is certified to SAE, ANSI, and OSHA standards for rollover and falling object protection.



Power & Front Protection Package
Includes cargo box power lift kit, heavy-duty front brushguards, front fender guards, and floor mats.
10% OFF if factory installed



Rear Protection Package
Includes heavy-duty rear bumper, fender guards, and bed mat.
10% OFF if factory installed



Front rack
Generously sized rack (48" long, 13.5" wide by 3.5" deep) will carry up to 100 lb. of gear.



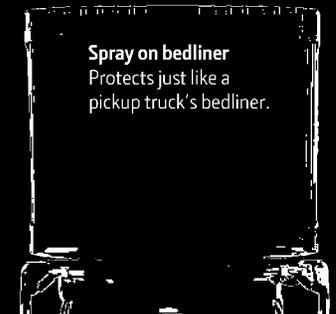
Rear screen
Provides additional protection to the rear. Includes attractive headrests.



High-performance exhaust
Head-turning good looks, low-throaty growl. Meets all EPA and CARB regulations.** Possesses an approved spark arrestor (USFS Forestry).



Integrated brake and taillights
(Options on 625i and 855D)
Standard on 825i



Spray on bedliner
Protects just like a pickup truck's bedliner.

**U.S. Environmental Protection Agency and California Air Resources Board

SELECT ATTACHMENTS

See JohnDeere.com/Gator for the full list.

Colors



Green & Yellow (G&Y)
The classic choice



Olive & Black (O&B)
The sportsman's choice



Camo
REALTREE HARDWOODS
HD[®] Pattern

Seats



Black bench seat
O&B Camo



Yellow bench seat
G&Y



Black John Deere branded
high-performance
sport seat
G&Y O&B Camo



Yellow high-back
21-in. bucket seat
G&Y



Black high-back
21-in. bucket seat
O&B Camo

Alloy Wheels



14" Matte Black
O&B Camo



14" Silver Alloy
O&B Camo



14" Yellow Alloy
G&Y

Tires



Maxxis BigHorn 2.0
Radials for extreme
terrain (alloy wheels only)
Front 27x9xR14
Rear 27x11-R14



Ancla XTs for good
mudding/extreme
terrain
Front 26x9xR12
Rear 26x11-R12



Terra Hawk AT tires for
excellent handling and
low impact on turf.
Front 25x9-R12
Rear 25x11-R12



OPS Poly Roof

All-year-round weather protection. Includes molded-in water troughs. Black or Camo (shown.)

Windshields

Half (shown), full, and full glass with wiper. Tool-less installation.

OPS Poly Cab

Economical choice for all-weather protection. (Requires Poly Roof and Full Windshield.)

Mid-Range Light Kit (2 per)

Halogen lights mount on front or rear (shown.)

Hella[®] Performance Spot Lights

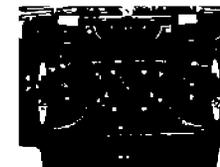
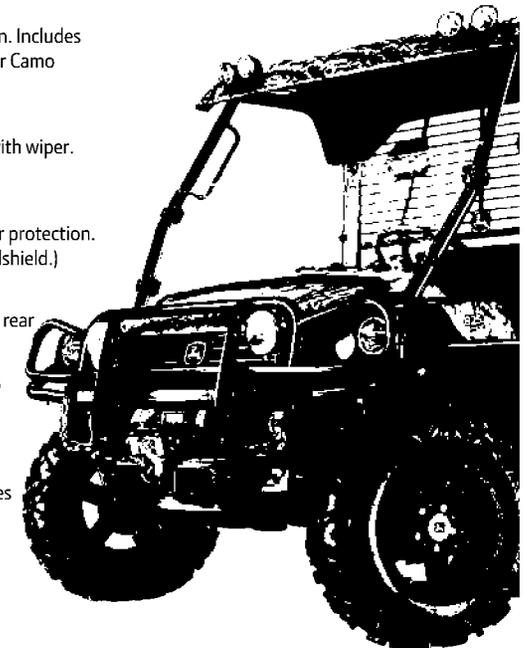
Halogen lights (two) produce great short-range pattern.

Warn[®] Winch

3,000 lb. (1361 kg) winch. Includes a water-resistant remote control (shown).

¹ Hella is a third-party trademark used with permission.

² Warn is a third-party trademark used with permission.



Front/Rear CV Guards
Protect A-Arms and CV half-shafts. Easy installation. Steel construction.



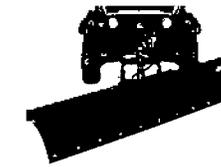
Seat Belt Comfort Strap
Increases comfort by lowering seat belt cross point.



Long-Range Light Kit
Halogen lights help illuminate long distances for driving.



Quick Clamp Attachments
See dealer for full collection of easily repositioned Quick Clamp attachments.



72-in. POWERtack[®] Blade
Joystick-controlled. High-strength design has reinforced moldboard, heavy-duty springs, and more.



Fox[®] High Performance Racing Shox
These shocks give a consistent heavy-duty fade-free damping performance.



825i





Engine and Electrical

Type 4-cycle gas, Electronic Fuel Injection (EFI)
 Cylinders/Valving 3, DOHC, 4 valves per cyl.
 Horsepower* 50 (37.3 kW)*
 Displacement 812cc
 Maximum torque 47 ft.-lbs. (64 Nm) @3200 rpm
 Cooling system Liquid
 Battery 340CCA
 Alternator 75 amp @ 6000 rpm, regulated, 1012 watts

Lights

Headlights Two 37.5 watt halogen

On-demand true 4WD system

Front Differential Auto-locking
 Rear Differential Positive locking, mechanically actuated

Transmission Type

Continuously Variable Transmission (CVT) with full clutch enclosure
 0-44 (0-71) Hi Forward, 0-27 (0-43) Lo Forward, 0-30 (0-48) Reverse
 Transaxle Two speed (hi-lo), oil bath
 Front/Rear Brakes Hydraulic disc with twin piston front calipers
 Park brake Driveline, internal wet multi-disc
 Wheel Bearings Sealed, double-row ball

Suspension and Steering

Front Suspension Fully independent dual control arm with adjustable spring preload
 8 in. (203 mm)
 Front Suspension Travel Fully independent dual control arm with adjustable spring preload and sway bar
 Rear Suspension 9 in. (228.6 mm)
 Rear Suspension Travel 15.9 ft. (4.8 m)
 Turning radius

Hitches

Front and Rear Standard 2 in. (50.8 mm) receiver

Occupant Protective System (OPS)

Tubular overhead structure 1.75 in. (44.4 mm) steel tube
 Seat belts 3-point seat belts
 Certification SAE J2194 and OSHA ROPS

Ground Clearance

Ground Clearance Front - 11.0 in. (280 mm), Rear - 11.0 in. (280 mm)
 Under Foot Platform 12.25 in. (311 mm)

Dimensions

Length 119 in. (3035 mm)
 Width 62 in. (1571 mm)
 Front/Rear-tread Centers 51.4 in. (1305mm)/ 51.4 in. (1305mm)
 Height (with OPS) 75 in. (1903 mm)
 Wheelbase 79 in. (2007 mm)
 Weight (dry weight) 1630 lb. (739 kg)
 Towing Capacity 1,500 lb. (680 kg)
 Payload Capacity 1400 lb. (635 kg)
 Sound rating (driver's ear) 89.8 dB(A)

Cargo Box

Material Hybrid steel/glass-filled poly
 Dimensions, in. (mm) 45 x12 x52 (1143 x304.8x1320)
 Volume 16.4 ft³ (0.46 m³)
 Weight 1000 lb. (454 kg)
 Dump Manual with lift assist shock (factory installed power lift option)
 Tailgate Center truck-style latch

Tires, Front / Rear

Maxxis Big Horn 2.0, Radial 27x9xR14 / 27x11xR14
 Ancla MT (Mud Terrain) 26x9xR12 / 26x11xR12
 Terrahawk AT (All Terrain) 25x9xR12 / 25x11xR12

Color options

Green & Yellow, Camouflage, Olive & Black

	Gator XUV 825i	Polaris® Ranger® XP 800	Honda® Big Red™	Kawasaki® Teryx 750™
HP	50*	50	N/A	44
Displacement	812cc	760cc	675cc	749cc
Top Speed	44 mph	55 mph	40 mph	47 mph
Cargo Capacity	16.4 cubic feet	13.1 cubic feet	11.1 cubic feet	9.3 cubic feet
4WD	On demand true 4WD	On demand true 4WD	Limited slip w/diff lock	Limited slip w/diff lock
Cylinders/Valves	3 DOHC / 12	2 SOHC / 4	1 SOHC / 2	2 SOHC / 4
Warranty	12 months	6 months	12 months	6 months

**HEAVY
DUTY**

625i

The base model. But hardly basic capabilities.



Engine and Electrical	
Type	4-cycle gas, Electronic Fuel Injection (EFI)
Cylinders/Valving	2, OHV
Horsepower*	23 (16.8 kW)*
Displacement	617cc
Maximum torque	34.6 ft.-lbs. (46.9 Nm) @2100 rpm
Cooling system	Liquid
Battery	340CCA
Alternator	25.5 amp @ 3200 rpm, regulated, 306 watts
Lights	
Headlights	Two 37.5 watt halogen
On-demand true 4WD system	
Front Differential	Auto-locking
Rear Differential	Positive locking, mechanically actuated
Transmission Type	
	Continuously Variable Transmission (CVT) with full clutch enclosure
Ground speed, mph (km/h)	0-30 (0-48) Hi Forward, 0-17 (0-27) Lo Forward, 0-20 (0 -32) Reverse
Transaxle	Two speed (hi-lo), oil bath
Front/Rear Brakes	Hydraulic disc with twin piston front calipers
Park brake	Driveline, internal wet multi-disc
Wheel Bearings	Sealed, double-row ball
Suspension and Steering	
Front Suspension	Fully Independent dual control arm with adjustable spring preload
Front Suspension Travel	8 in. (203 mm)
Rear Suspension	Fully independent dual control arm with adjustable spring preload and sway bar
Rear Suspension Travel	9 in. (228.6 mm)
Turning radius	15.9 ft. (4.8 m)
Hitches	
Front and Rear	Standard 2 in. (50.8 mm) receiver
Occupant Protective System (OPS)	
Tubular overhead structure	1.75 in. (44.4 mm) steel tube
Seat belts	3-point seat belts
Certification	SAE J2194 and OSHA ROPS
Ground Clearance	
Ground Clearance	Front - 11.0 in. (280 mm), Rear - 11.0 in. (280 mm)
Under Foot Platform	12.25 in. (311 mm)
Dimensions	
Length	119 in. (3035 mm)
Width	62 in. (1571 mm)
Front/Rear-tread Centers	51.4 in. (1305mm)/ 51.4 in. (1305mm)
Height (with OPS)	75 in. (1903 mm)
Wheelbase	79 in. (2007 mm)
Weight (dry weight)	1440 lb. (653 kg)
Towing Capacity	1,500 lb. (680 kg)
Payload Capacity	1400 lb. (635 kg)
Sound rating (driver's ear)	86.5 dB(A)
Cargo Box	
Material	Hybrid steel/glass-filled poly
Dimensions, in. (mm)	45 x12 x52 (1143 x304.8x1320)
Volume	16.4 ft ³ (0.46 m ³)
Weight	1000 lb. (454 kg)
Dump	Manual with lift assist shock (factory installed power lift option)
Tailgate	Center truck-style latch
Tires, Front / Rear	
Maxxis Big Horn 2.0, Radial	27x9xR14 / 27x11xR14
Ancla MT (Mud Terrain)	26x9xR12 / 26x11xR12
Terrahawk AT (All Terrain)	25x9xR12 / 25x11xR12
Color options	Green & Yellow, Camouflage, Olive & Black

	Gator XUV 625i	Kawasaki™ 4010 Gas	Cub Cadet Volunteer[®] 4x4
HP	23*	N/A	20
Displacement	617cc	617cc	624cc
Top Speed	30 mph	25 mph	30 mph
Cargo Capacity	16.4 cubic feet	15.7 cubic feet	14.4 cubic feet
4WD	On Demand True 4WD	Limited slip	4WD
Engine type	V Twin EFI	V Twin EFI	V Twin CARB
Warranty	12 months	12 months	12 months

855D

One of the most powerful diesel 4x4's in its class.



	Gator XUV 855D	Kawasaki™ 4010 Diesel	Kubota™ RTV 900
HP	23	N/A	21.6
Displacement	854cc	953cc	898cc
Top Speed	32 mph	25 mph	25 mph
Cargo Capacity	16.4 cubic feet	15.6 cubic feet	16 cubic feet
4WD	On Demand True 4WD	Limited Slip	Limited Slip
Suspension	Double Wishbone Independent	Leaf Spring Limited	Leaf Spring Limited
Warranty	12 months	12 months	12 months

Engine and Electrical

Type	4-cycle diesel
Cylinders/Valving	3, OHV
Horsepower*	23 hp (17.0 kw)
Displacement	854cc
Maximum torque	36.9 ft.-lbs. (50 Nm) @2400 rpm
Cooling system	Liquid
Battery	480CCA
Alternator	40 amp @ 3200 rpm, regulated, 540 watts

Lights

Headlights	Two 37.5 watt halogen
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On-demand true 4WD system

Front Differential	Auto-locking
Rear Differential	Positive locking, mechanically actuated

Transmission Type

Ground speed, mph (km/h)	Continuously Variable Transmission (CVT) with full clutch enclosure 0-32 (0-52) Hi Forward, 0-15 (0-24) Lo Forward, 0-18 (0-29) Reverse
Transaxle	Two speed (hi-lo), oil bath
Front/Rear Brakes	Hydraulic disc with twin piston front calipers
Park brake	Driveline, internal wet multi-disc
Wheel Bearings	Sealed, double-row ball

Suspension and Steering

Front Suspension	Fully Independent dual control arm with adjustable spring preload
Front Suspension Travel	8 in. (203 mm)
Rear Suspension	Fully independent dual control arm with adjustable spring preload and sway bar
Rear Suspension Travel	9 in. (228.6 mm)
Turning radius	15.9 ft. (4.8 m)

Hitches

Front and Rear	Standard 2 in. (50.8 mm) receiver
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Occupant Protective System (OPS)

Tubular overhead structure	1.75 in. (44.4 mm) steel tube
Seat belts	3-point seat belts
Certification	SAE J2194 and OSHA ROPS

Ground Clearance

Ground Clearance	Front - 11.0 in. (280 mm), Rear - 11.0 in. (280 mm)
Under Foot Platform	12.25 in. (311 mm)

Dimensions

Length	119 in. (3035 mm)
Width	62 in. (1571 mm)
Front/Rear-tread Centers	51.4 in. (1305mm) / 51.4 in. (1305mm)
Height (with OPS)	75 in. (1903 mm)
Wheelbase	79 in. (2007 mm)
Weight (dry weight)	1640 lb. (744 kg)
Towing Capacity	1,500 lb. (680 kg)
Payload Capacity	1400 lb. (635 kg)
Sound rating (driver's ear)	86.8 dB(A)

Cargo Box

Material	Hybrid steel/glass-filled poly
Dimensions, in. (mm)	45 x12 x52 (1143 x304.8x1320)
Volume	16.4 ft³ (0.46 m³)
Weight	1000 lb. (454 kg)
Dump	Manual with lift assist shock (factory installed power lift option) Center truck-style latch

Tires, Front / Rear

Maxxis Big Horn 2.0, Radial	27x9xR14 / 27x11xR14
Ancla MT (Mud Terrain)	26x9xR12 / 26x11xR12
Terrahawk AT (All Terrain)	25x9xR12 / 25x11xR12

Color options

Green & Yellow, Camouflage, Olive & Black



The all new XUV 550 and 550 S4.

It's the ultimate catch and release: you get a great price on a Gator and let go of any worries about comfort or performance. That's because we've loaded these smaller machines with powerful engines, a fully independent double wishbone suspension, four-wheel drive, room for up to four passengers and more. And with 75+ optional attachments, there's no limit to what your Gator can do for you.



Fully independent suspension

Four-wheel independent suspension takes bumps out of the equation, making the ride smoother and tackling tough trails a no-brainer.

Digital dash

Bright, clear digital display includes hour meter for maintenance plus driver's seatbelt and park brake alerts. Optional dash mounted speedometer, shown, adds digital speed.





Completely re-designed cockpit.
Enjoy easy-to-reach car-like controls, like the dash mounted gear selector, 4WD engagement, and differential lock lever, plus ample leg room and best-in-class ergonomics.

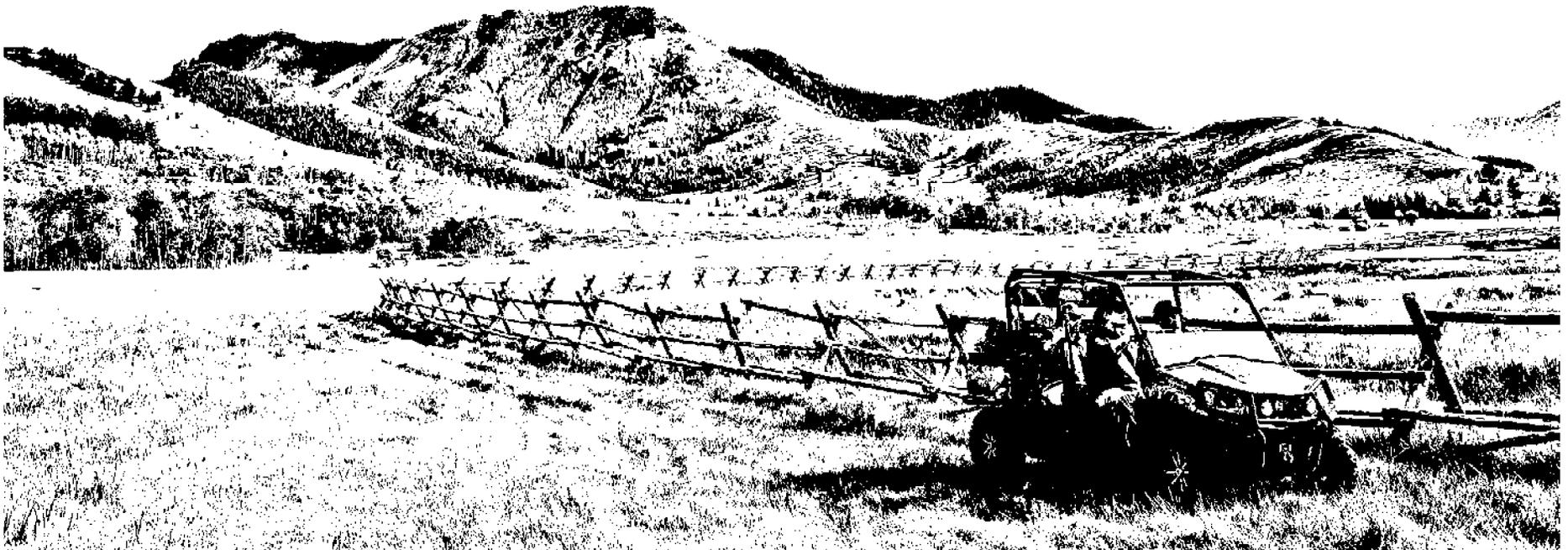


550 S4

You're going to need more friends.

Hop into the all new 550 S4.

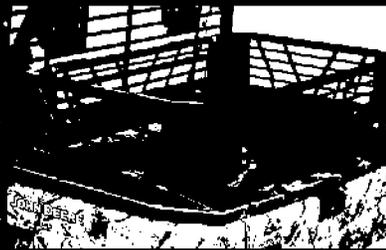
Not only do you get independent double wishbone suspension, four-wheel drive, and a convertible rear seat cargo rack, you get a backseat. The S4 Gator takes on a couple of extra passengers, so you can take on the trails together—and tackle some bigger jobs, too.





Convertible cargo rack

Flip a switch and convert your rear seat into an additional cargo area. Keeps tools secure while allowing you to raise and lower the rear cargo box. Rack adds 4.3 cu.ft. of space and holds up to 200 lbs.



Cargo box side extensions

Expands the versatility of your Gator, allowing you to carry twice the amount of light material securely.



Underseat storage

Optional underseat storage (550 S4 only) provides additional 1.2 ft³ to optimize space and keep items safe and secure on the trail.



5-Gallon bucket holder

Haul plenty of feed or seed securely with this handy, roomy container[®].

550

Our most affordable 4x4 Gator yet.

Mid-duty. Affordable. We call it a lot of things, but we'd like to call it your new Gator. With car-like controls and surprisingly smooth suspension, tough four-wheel drive and an attractive price tag, it was designed to get you off the fence and onto the nearest trail.





Buckets or bench, your choice.
Choose between standard 18-in buckets or bench seats.
Or upgrade to 21-in bucket seats with a water drain hole.



Best-in-class sealed storage
1.82 cubic feet of sealed storage lets you put your gear in a safe, dry place.



Power at your fingertips
12-volt DC power outlet will power your portable GPS, cell phone, and much more.



Cup holders
Two handy cup holders are built into the dash for keeping beverages secure and easy to reach for driver and passenger.



Compact size
Take it almost anywhere, even in the back of a pickup truck.

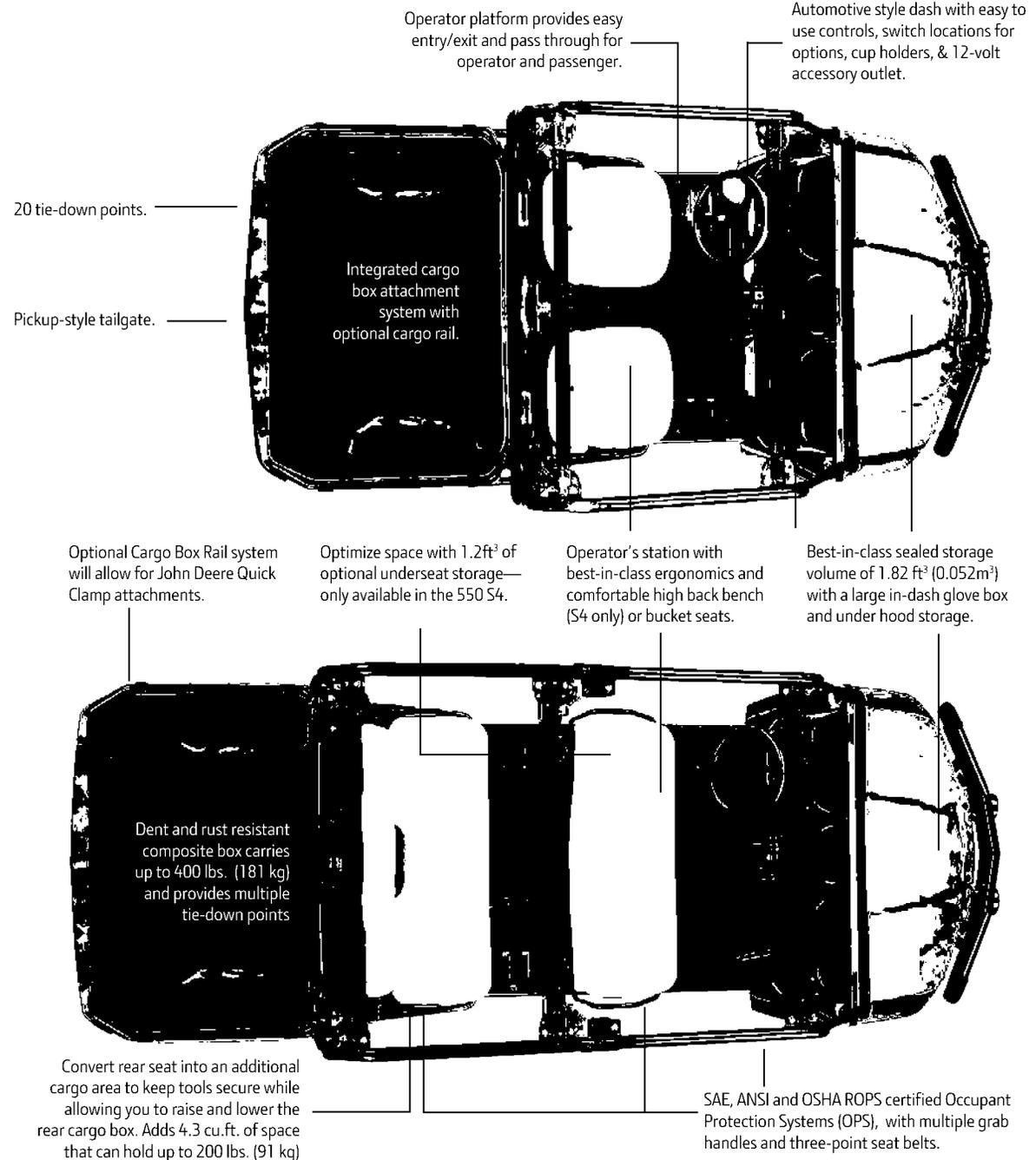


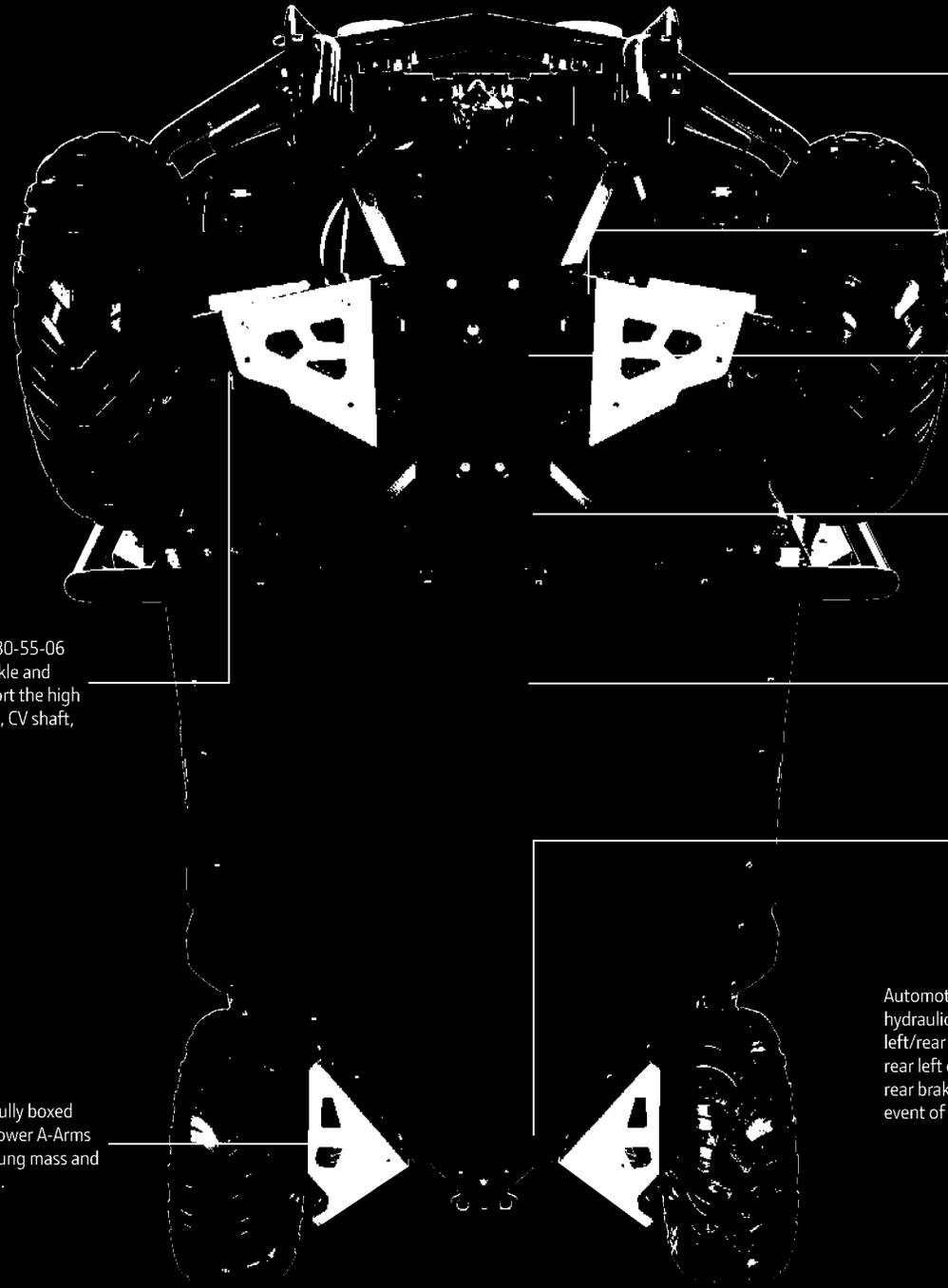
GATOR vs. GATOR

You're going to want to kick the tires in person, but until then, we've combed every inch of these XUVs for you. And what you'll notice first is the perfect mix of toughness and convenience. Up top you'll see best in class ergonomics and storage volume, double-digit tie-down points and ample cargo box space. Underneath, these machines are built like tanks, with robotically-welded frames and powerful disc brakes. Not to mention an engine with enough torque to go fast, faster (from zero—15 mph (24 km/h) in 3.2 sec).

EXHIBIT 1

IDI 121129HNE1014





1.75 in. diameter heavy duty tubular steel front bumpers and fender guards ensure protection to the front end.

Tough polymer CV joint guards protect against rocks and debris. Optional aluminum CV guard, shown, adds strength without weight.

Full, robotically welded frame design provides an unrivaled foundation for the ROPS certified occupant protection structure.

Frame is E-coated and powder painted for maximum durability in extreme temperatures, salt, and moisture .

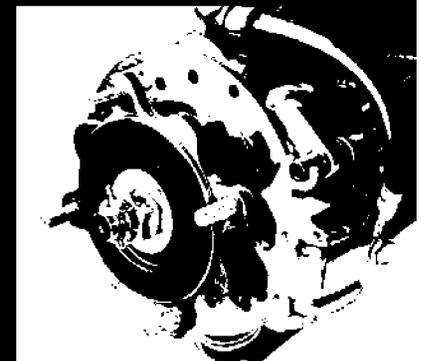
Underbody Skid Protection under critical components such as front differential, fuel tank, and power train.

Distinct rear frame design shields the rear suspension and CV shafts from sticks and rocky terrain.

High Strength ASTM 80-55-06 ductile cast-iron knuckle and upper A-Arm to support the high stresses of the shocks, CV shaft, and wheels.

Automotive style fully boxed and welded steel lower A-Arms to minimize unsprung mass and maximize strength.

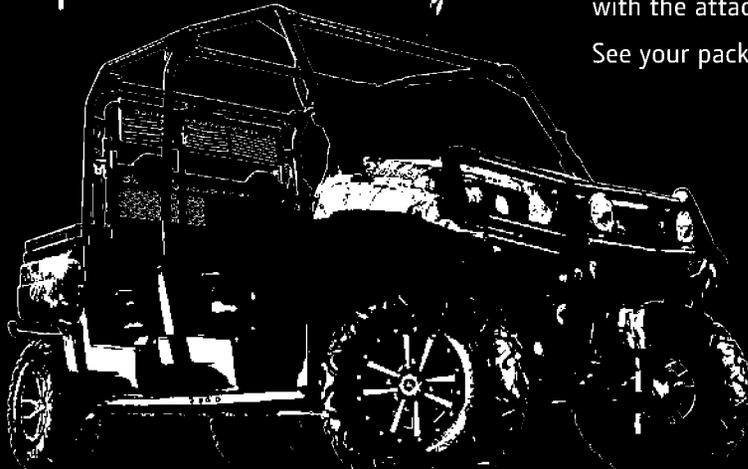
Automotive-style four-wheel hydraulic disk brakes with front left/rear right and front right/rear left circuits ensure front and rear braking capability even in the event of a damaged line.



FACTORY-INSTALLED OPTIONS

GATOR VS. ANYTHING

Want to get all you can out of your XUV 550?
 Choose the package that'll outfit your Gator
 with the attachments you want and need.
 See your package choices below.



Choose the right package and let our factory put it together for you.

Get all you can out of your Gator. Our factory installed packages serve up a professionally installed trim—from the optional OPS Poly Roof to the alloy wheels with Maxxis Bighorn 2.0 radial tires. All it needs is a little mud on it to make it yours.

*Models and availability of packages may vary. See dealer for details.



Protection Package*

Includes:

- Front Brushguard
- OPS Black Poly Roof
- Cargo Box Rail

Stocker models with this package also include Black (or yellow) Steel Wheels, Ancla M-T Extreme Terrain Tire, Bench Seat, Manual Lift, OPS w/Brake/Taillight.

(Camo 550 comes with camo poly roof.)

Utility & Protection Package

Includes:

- Front Brushguard
- OPS Black Poly Roof
- Cargo Box Rail
- Rear Bumper
- 2" Front Receiver Hitch

Stocker models with this package also includes Yellow (or black) Alloy Wheels, Maxxis Bighorn Radial Tires, Bench Seat, Manual Lift, OPS w/Brake/Taillight.

FACTORY-INSTALLED OPTIONS

Some Factory Installed Options Available Soon – See dealer for details.

Colors



Green & Yellow (G&Y)
The classic choice

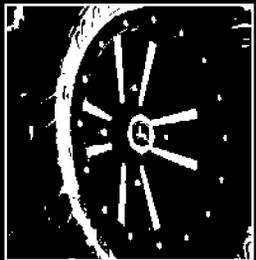


Camo
REALTREE HARDWOODS HD[®]
Pattern



Brake/Taillight
Attaches to rear bar of OPS.

Alloy Wheels



12" Matte Black

Seats



Black bench seat



High-back
21-in.
bucket seat

Yellow or Black



Yellow bench seat



Standard
bucket
seat

Yellow or black



Rear screen
Provides additional protection from
the rear. Includes headrests.



Optional Seat Storage (550 S4 only)
Optimize space with 1.2ft³ of
underseat storage.

Tires



Maxxis BigHorn 2.0 Radials for
extreme terrain (alloy wheels only)
Front 27x9xR14 Rear 27x11-R14



Ancla XTs for good mudding/
extreme terrain
Front 26x9xR12 Rear 26x11-R12



Terra Hawk ATs for excellent
handling and low impact on turf
Front 25x9-12 Rear 25x11-R12

OPTIONAL ATTACHMENTS

See JohnDeere.com/Gator for the full list.



Standard Straight Blade, 66"
Quick-attaching front blades
have replaceable cutting
edges, skid shoes, power lift
and three-position angling.



Front/Rear CV Guards
Protect A-Arms and CV
half-shafts. Easy installation.
Steel construction.



Front Fender Guards
Protects front and side
molding with heavy duty
2" steel tubing.



Front hood rack
Generously sized rack (48"
long, 13.5" wide by 3.5" deep)
will carry up to 100 lb. of gear.



**Hella[®] Performance Spot
Lights**
Halogen lights (two) produce
great short-range pattern.



Windshields
Half, full (shown), and full
glass with wiper.
Tool-less installation.



Warn[®] Winch
3,000 lb. (1361 kg) winch.
Includes a water-resistant
remote control.



OPS Poly Roof
All-year-round weather
protection. Molded water
troughs. Black or Camo.



Seat Belt Comfort Strap
Increases comfort by
lowering seat belt cross
point.

OPS Poly Cab
All-weather
protection and
comfort. (Requires
Poly Roof and
Full Windshield).





Engine and Electrical
Type
Cylinders/Valving
Horsepower*
Displacement
Maximum torque
Cooling system
Battery
Alternator
Lights --Headlights
On-demand true 4WD system
Front Differential
Rear Differential
Transmission Type
Ground speed, mph (km/h)
Transaxle
Front/Rear Brakes
Park brake
Wheel Bearings
Suspension and Steering
Front Suspension
Front Suspension Travel
Rear Suspension
Rear Suspension Travel
Turning radius
Hitches (Front and Rear)
Occupant Protective System (OPS)
Tubular overhead structure
Seat belts
Certification
Ground Clearance
Ground Clearance
Under Foot Platform
Dimensions
Length/Width
Front/Rear-tread Centers
Height (with OPS)
Wheelbase
Weight (dry weight)
Towing Capacity
Payload Capacity
Seating Capacity
Cargo Box
Material
Dimensions, in. (cm)
Volume, cu. ft. (m ³)
Weight
Dump
Tailgate
Tires, Front / Rear
Maxxis Big Horn 2.0, Radial
Ancla MT (Mud Terrain)
Terrahawk AT (All Terrain)
Color options
Storage

4 cycle gas, dynamically tuned carb
 V-Twin, OHV
 16 hp (11.9 kw)*
 570cc
 28.6 (38.8) @ 2400 rpm
 air cooled
 340 CCA
 16 amp @ 4100 rpm, regulated
 Two 37.5 watt halogen

limited slip- lever engagement
 Positive locking, mechanically actuated

Continuously Variable Transmission (CVT)
 with full clutch enclosure
 0-28 (0-45) Hi Forward,
 0-17 (0-27) Lo Forward, 0-20 (0-32) Reverse
 Two speed (hi-lo), oil bath
 Front/rear hydraulic disk w/twin
 piston calipers and stainless steel rotors.
 Foot operated, mechanical disk
 Sealed, double-row ball

Independent; double A-arm w/coil over shock
 9 in. (229mm)
 Independent; H-arm and control link w/coil over shock
 8 in. (203 mm)
 12.3 ft. (3.7 m)

Optional 2-in receiver (front),
 Integrated 2-in receiver (rear)

1.75 in. (44.4 mm) steel tube
 3-point seat belts
 SAE J2194 and OSHA ROPS

10.5 in. (267 mm)
 10.5 in. (267 mm)

119 in. (2870 mm) / 56.5in(1435mm)
 48 in. (1220mm)/46 in. (1170 mm.)
 73.5 in. (1867 mm)
 72.8in. (1950 mm)
 1220 lbs. (553 kg.)
 1100 lb. (499 kg)
 800 lb.(363 kg.)
 2

Composite
 32.3L x 47.6W x 11.7D
 (820L x 1209W x 297D)
 8.9 (0.25)

400 lb. (181 kg)
 2-sided - Manual release
 (optional factory installed power lift)
 Center truck-style latch

25x8-12/25x10-12
 25x8-12/25x10-12
 25x8-12/25x10-12

Green/Yellow, camo
 Sealed oversized Glove Box, Under hood storage
 1.82 ft³ (0.052m³)

4 cycle gas, dynamically tuned carb
 V-Twin, OHV
 16 hp (11.9 kw)*
 570cc
 28.6 (38.8) @ 2400 rpm
 air cooled
 340 CCA
 16 amp @ 4100 rpm, regulated
 Two 37.5 watt halogen

limited slip- lever engagement
 Positive locking, mechanically actuated

Continuously Variable Transmission (CVT)
 with full clutch enclosure
 0-28 (0-45) Hi Forward,
 0-17 (0-27) Lo Forward, 0-20 (0-32) Reverse
 Two speed (hi-lo), oil bath
 Front/rear hydraulic disk w/twin
 piston calipers and stainless steel rotors.
 Foot operated, mechanical disk
 Sealed, double-row ball

Independent; double A-arm w/coil over shock
 9 in. (229mm)
 Independent; H-arm and control link w/coil over shock
 8 in. (203 mm)
 19.7 ft. (6.0 m)

Optional 2-in receiver (front),
 Integrated 2-in receiver (rear)

1.75 in. (44.4 mm) steel tube
 3-point seat belts
 SAE J2194 and OSHA ROPS

9.5 in. (241 mm)
 9.5 in. (241 mm)

144 in. (3658 mm) / 56.5 (1435 mm)
 48 in. (1220mm)/46 in. (1170mm)
 74 in. (1888mm)
 79 in. (2007 mm)
 1455 in. (660 mm)
 1100 lb. (499 kg)
 1200 lb. (544 kg)
 4

Composite
 32.3L x 47.6W x 11.7D
 (820L x 1209W x 297D)
 8.9 (0.25) – Additional 4.3 ft.³
 convertible cargo rack, Total = 13.2

400 lb. (181 kg)
 2-sided - Manual release
 (optional factory installed power lift)
 Center truck-style latch

25x8-12/25x10-12
 25x8-12/25x10-12
 25x8-12/25x10-12

Green/Yellow, camo
 Sealed oversized Glove Box, Under hood storage
 1.82 ft³ (0.052m³). Optional underseat storage





John Deere **Utility Vehicle**



¹ The engine horsepower and torque information are provided by the engine manufacturer to be used for comparison purposes only. Actual operating horsepower and torque will be less. Refer to the manufacturer's web site for additional information. ² Attachments subject to change without notice. Before operating or riding, always refer to the safety and operating information on the vehicle and in the Operator's Manual. Actual vehicle top speed may vary based on belt wear, tire selection, vehicle weight, fuel condition, terrain and other environmental factors. Travel responsibly on designated roads, trails or areas, respect the rights of others, and avoid sensitive areas such as meadows, lakeshores, wetlands and streams. This literature has been compiled for worldwide circulation. While general information, pictures and descriptions are provided, some illustrations and text may include finance, credit, insurance, product options and accessories. NOT AVAILABLE in all regions. PLEASE CONTACT YOUR LOCAL DEALER FOR DETAILS. John Deere reserves the right to change specification, design and price of the products described in this literature without notice. John Deere's green and yellow color scheme, the leaping deer symbol, and JOHN DEERE are trademarks of Deere & Company. D5TA30440 (1/12)

Nothing runs like a Deere.

McLean County Incident Report - 201217996

Date: 12/07/2012 12:25

Page: 1 of 5

Report #: 201217996 McLean County Sheriff PD
Report Date: 11/10/2012 23:31 Start Date: 11/10/2012 23:31 End Date:



201217996

Summary: ON THE ABOVE TIME AND DATE DEPUTIES WERE DISPATCHED TO ASSIST MEDICAL WITH A ROLL OVER ATV ACCIDENT. UPON ARRIVAL AT SCENE IT WAS DETERMINED THAT THE DRIVER OF THE VEHICLE WAS DECEASED.

Report Type: Case Status: 201217996 01 - Referred to other jurisdiction/LEA

Incident Location

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

Beat: 4 - Sub Beat: 02 -

Addl. Info:

Incident Offenses

#1 Original Report 6003 ASSIST OTHER AGENCY

Remarks: ASSIST MEDICAL-FATAL ATV ACCIDENT

Officers Involved

- Reporting DEPUTY EVAN MOSS - MCSP - 12092 - Original Report
Assisting MICHAEL BENNETT - LER - 2509 - Original Report
Assisting OFFICER WILLIAM BORNDER - MCSP - 11688 - Original Report
Approving DEPUTY RYAN GROSS - MCSP - 12025 - Original Report
Supplemental Reporting OFFICER WILLIAM BORNDER - MCSP - 11688 - Supp. #2
Investigating CORONER BETJI KIMMERLING - MCCO - 9357 - Supp. #2
Investigating DEPUTY CORONER JASON HOSPELHORN - MCCO - 0 - Supp. #2
Investigating DEPUTY CORONER DAN COOPER - MCCO - 0 - Supp. #2
Approving SERGEANT BILL TATE - MCSP - 8603 - Supp. #2

Incident People

Deceased (b)(3):Exemptio
Sex: M Race: W DOB: (b)(3):Ex Age: 24 Original Report



100873949

Address: (b)(3):Exemption 3 for 25(c) (Date of Info: 11/11/2012)

Hgt: 600, Wgt: 225, Large, Blue Eyes, Brown Hair, Short Hair, None (Date of Info: 11/11/2012)

Witness (b)(3):Exemption
Sex: M Race: W DOB: (b)(3):Ex Age: 20 Original Report



100873950

Address: (b)(3):Exemption 3 for 25(c) (Date of Info: 11/11/2012)

Cell Phone: (b)(3):Exem (Phone Date of Info: 11/11/2012)

Hgt: 511, Wgt: 210, Large, Brown Eyes, Brown Hair, Short Hair, None (Date of Info: 11/11/2012)

Witness (b)(3):Exempti
Sex: M Race: W DOB: (b)(3):Ex Age: 18 Original Report



100873951

Address: (b)(3):Exemption 3 for 25(c) (Date of Info: 11/11/2012)

Cell Phone: (b)(3):Exem (Phone Date of Info: 11/11/2012)

Hgt: 511, Wgt: 140, Slight, Blue Eyes, Brown Hair, Short Hair, None (Date of Info: 11/11/2012)

McLean County Incident Report - 201217996

Date: 12/07/2012 12:25

Page: 2 of 5

Witness: (b)(3):Exemptio
Sex: M Race: U DOB: (b)(3):Ex Age: 22 Original Report
Address: (b)(3):Exemption 3 for 25(c) (Date of Info: 11/11/2012)
Cell Phone: (b)(3):Exem (Phone Date of Info: 11/11/2012)



Hgt: 509, Wgt: 185, Brown Eyes, Brown Hair (Date of Info: 02/29/2012)
Other: (b)(3):Exemption 3
Sex: F Race: W DOB: (b)(3):Ex Age: 28 Original Report
Address: (b)(3):Exemption 3 (Date of Info: 11/11/2012)
Cell Phone: (b)(3):Exem (Phone Date of Info: 11/11/2012)



Incident Vehicles

Other: Deere, John; Deere & Co. Supp. #2 Deere, John; Deere & Co.



Color: GRN/YEL
License: YEAR: #: TYPE: STATE:
Damage: FRONT AND REAR WINDOWS SHATTERED
Vehicle Status: Damaged / Destroyed / Vandalized

Incident Property
Total Value: \$0

AUDIO TAPE/CD
None



Description: PICTURES OF LUCAS STORK
Owner: STORK, LUCAS - 01/28/1988 - Deceased - Original Report
Quantity: 1.000

Associated LEA Cases

LEA Case Number: 201217996 LEA Case Summary: MCSP, Review Status: Cleared. Case Status: Referred to other jurisdiction/LEA 11/11/2012
Assigned To: No Officer Assigned

McLean County Incident Report - 201217996

Date: 12/07/2012 12:25

Page: 3 of 5

Incident Narrative

Reporting DEPUTY EVAN MOSS - MCSP, ID # 12092 1 11/11/2012 03:01

On 11/10/2012 at 2331 hours I was dispatched to (b)(3):Exemption 3 for 25(to assist EMS with a rollover accident involving an ATV. While en route I was advised that the male subject involved in the incident, later identified as (b)(3):Exempt (M/W DOB (b)(3):Exe) was unresponsive, did not have a pulse, and was not breathing. (b)(3):Exemptio (F/W DOB (b)(3):Exe), was at the address and was on scene at the accident and rendering first aid prior to arrival of EMS. EMS arrived on scene and took over medical care of (b)(3)

Officer Bennett of LeRoy Police Department arrived on scene to assist EMS prior to my arrival. Before I was able to make it on scene Officer Bennett requested MetCom to advise the Coroner's office of the incident.

I arrived on scene and observed there to be a John Deere Gator ATV in the bottom of a dry waterway between two fields. I also observed a white male, identified by his Illinois Driver's License from inside his wallet, as (b)(3):E (b)(3) (b)(3) was laying in the bottom of the waterway and did not exhibit any signs of life. Fire/Rescue advised that they had rolled the ATV off of (b) and now had it secured with blocks to prevent it from rolling back on top of (b)(3).

At this point Deputy Bornder arrived on scene to assist with accident reconstruction. See Deputy Borders supplemental report for further details.

While waiting for the Coroner's Office to arrive I began interviewing the subjects that were involved in the accident

I first spoke with (b) (M/W DOB (b)(3):Exe), who stated that he was riding in the front passenger seat of the ATV prior to the accident. The following is a summary of (b) statements: (b)(3): was riding in the passenger side of the Gator that (b)(3) was driving, while (b)(3):Exemp (M/W DOB (b)(3):Exe) and (b)(3):Exempti (M/W DOB (b)(3):Exe) were riding in the rear cargo area of the ATV. (b)(3) was driving the ATV and had just left to drive in the field directly south of the residence. (b)(3): informed me that (b)(3) was not from the area, and was unfamiliar with the property. While driving, (b)(3) attempted to drive down a grade and into a waterway. The grade was too steep and the ATV began to roll. (b)(3): was unsure what happened to (b)(3) and (b)(3): when the ATV began to roll. (b)(3): was ejected from the ATV and landed on his shoulder, injuring it. (b)(3): then got up and observed that (b)(3) was underneath the ATV. (b)(3):, (b) and (b) attempted to roll the ATV off of (b)(3) but were unsuccessful, so they called to the residence for help using their cell phone, and then dialed 911. (b)(3): advised that (b)(3) was underneath the ATV for an unknown amount of time. At this point (b)(3):Exemptio arrived from the residence and began rendering first aid. Shortly after this police and EMS arrived on scene. Fire and Rescue were able to roll the ATV off of (b)(3) and use stabilizing blocks to prevent the ATV from rolling back on top.

I spoke with (b)(3) and (b)(3) about the incident. Their versions of the event were similar to (b)(3):E. However they stated that once the ATV began to roll both (b)(3) and (b)(3) jumped from the rear cargo area to avoid being injured.

(b) (b) and (b) were evaluated by LeRoy EMS and refused medical attention.

The Coroner's Office arrived on scene and took over the incident at this point.

This report has been forwarded to the McLean County Coroner's Office for further investigation.

McLean County Incident Report - 201217996

Date: 12/07/2012 12:25

Page: 4 of 5

Incident Narrative

Supplemental Reporting OFFICER WILLIAM BORNDER - MCSP, 2 11/11/2012 05:14
ID # 11688

On 11/10/12 at 2331 Hrs. Deputy Moss was dispatched to a medical call at 32591E 750N. Due to the location of this incident, Leroy Officer Bennett assisted by heading to the location. Metcom advised someone was currently giving cpr to an individual on scene. Officer Bennett arrived on scene and advised the location of this incident was south of the residence in a field. Officer Bennett advised it was a atv accident and rescue personnel had lifted the atv off of the individual and were placing blocks underneath it to keep it upright. Officer Bennett advised to call the coroner.

Deputy Moss arrived on scene. Deputy Moss advised Deputy Gross (the acting desk Sgt.) that the A.I. team was needed to respond. As an active member of the A.I. team I responded to the scene. I was in contact with Sgt. Kretlow on the phone and advised him of the situation. I was able to handle this incident alone and advised Sgt. Kretlow that I did not need his assistance investigating this incident.

I set the tripometer on my squad car as I turned south from 750 North towards the location of the incident just south of the residence. The location of the atv was approximately .5 miles south of the residence. I observed approximately 15 individuals standing by the ambulance that were visibly upset. Deputy Moss was interviewing the individuals north of a waterway that runs east and west between two fields. I observed a atv in the waterway with the front end pointed down making contact with the bottom of the waterway. The atv appeared to be heading north as if it were crossing the waterway. The waterway had a drop off that would have been very difficult for any vehicle to cross. The lowest point of the waterway was approximately 10 feet below the level ground of the field on both sides. Rescue personnel from Arrowsmith advised me that when they arrived on scene individuals were attempting to lift and hold this atv off of an individual. The individual they were referring to was seen lying next to the atv west of it. The individual was identified as (b) [REDACTED]. The atv was held into place on all four wheels by blocks put into place by Arrowsmith rescue. It was described to me that the atv was lying on its drivers side on top of (b) [REDACTED]. The atv was located 5 feet away from (b) [REDACTED].

I observed (b)(3) [REDACTED] face up, slightly laying on his left side. His face was blood covered, and he had fragments of glass in his right ear. I also observed a small abrasion between his neck and his right shoulder. (b)(3) [REDACTED] was laying in a position that would appear that he was driving and fell out of the atv as it was rolling onto the driver's side and ended up pinned underneath it.

The atv was a John Deere 825i Gator. Its curb weight from the manufacturer is 1640 lbs. The fuel tank can hold 5.3 gallons. The fuel gauge read full during the time of my investigation. The top speed stated by the manufacturer is 44 mph. The wheel base was 79 inches, and the track width was 48 inches. The atv had fully functional headlights that were on at the time of the incident. This atv is equipped with halogen lights. Two on the grill of the atv and two on top the atv. The height of the atv is 75 inches, which would put the atv directly on top of (b)(3) [REDACTED] where he was found. This atv was equipped with a front and back window made of tempered glass. the glass shattered on impact and was seen in the immediate area of the final rest of the atv. The atv appeared to be very new with a digital display for all instruments. It read 0 mph and I was unable to see how many miles/hours it had been driven. The seatbelts were intact in the upright position and did not appeared to be used at the time of the incident. The brakes had proper pressure on them as I pressed them with my hands. All tires appeared to be in full working order.

The waterway was approximately a 10 foot drop off from either side with tall grass filling in the area. the waterway was dry at the bottom. If unfamiliar with the area depth perception at night would appear that that the waterway could be crossed. Physical evidence on scene appeared that the atv crossed the waterway from the south side heading north, almost directly across. I observed marks in the tall grass enter into the waterway in line with

McLean County Incident Report - 201217996

Date: 12/07/2012 12:25

Page: 5 of 5

the rear tires. This indicates the atv attempted to cross the waterway by heading straight north across it. My investigation shown that the atv entered the waterway at a low rate of speed and the center of balance was shifted towards the driver's side causing it to roll and the driver become partially ejected. It appeared that the tires may not have left the ground prior to rolling, indicating that the atv did not achieve any amount of an airborne speed.

Deputy Moss had all individuals that were not occupants of the atv stay up the house. Deputy Moss interviewed all occupants of the atv about the incident that took place. All occupants stated the same, that (b)(3) was driving at a low rate of speed and attempted to cross the waterway causing it to roll. Everyone was able to get out except for (b)(3). (b)(3):Exemp was the front seat passenger, also not wearing a safety belt. (b)(3) and (b)(3):Exe were in the bed of the atv unrestrained and were able to jump out. After the atv rolled, the occupants stated that (b) was unresponsive under the atv and they were attempting to lift it off of him. The occupants called to the house for help then 911. A period of 15-20 minutes passed from the time of the incident until the first rescue personal arrived.

None of the individuals interviewed appeared to have consumed any alcoholic beverages. They were all attending a gathering at the residence and the occupants went for a ride in the atv. For further details on this refer to Deputy Moss initial report. It should also be known that Deputy Moss discovered the atv is less than a year old.

Coroner Beth Kimmerling, and Deputy Coroners Jason Hospelhorn and Dan Cooper arrived on scene to assist. I informed them of my discovery and Lucas was placed into the coroners vehicle and transported to the Mclean County Coroner's Office by Dan cooper.

Coroner Beth Kimmerling and Deputy Coroner Jason Hospelhorn went to the house to speak to family and friends. Deputy Moss and I stood by during this time. I informed the coroner's office, that I did not feel the need to put any investigation hold on the atv and it can be removed at anytime. I verified by phone to Sgt. Kretlow of this decision since it was on private property and all other physical factors involved. After the Coroner's Office finished talking to family and friends I cleared the scene.

I attached pictures of the scene to this report. I also attached a manufactures picture of the vehicle.

A DVD was entered into evidence containing pictures of (b)

This report has been forwarded to the Mclean County Coroner's Office for further investigation.



201217996_646028



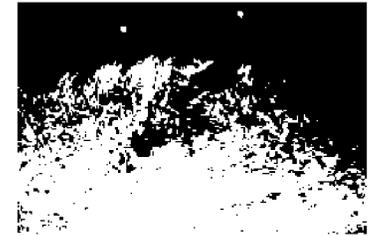
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201217996_646139



201217996_646140



201217996_646141

History for Bloomington, IL

Saturday, November 10, 2012

Saturday, November 10, 2012

« Previous Day

November 2012

Next Day »

Daily Weekly Monthly Custom

	Actual	Average	Record
Temperature			
Mean Temperature	61 °F	-	
Max Temperature	70 °F	65 °F	70 °F (2010)
Min Temperature	52 °F	41 °F	20 °F (2008)
Degree Days			
Heating Degree Days	4		
Growing Degree Days	11 (Base 50)		
Moisture			
Dew Point	50 °F		
Average Humidity	71		
Maximum Humidity	100		
Minimum Humidity	45		
Precipitation			
Precipitation	0.00 in	-	- ()
Sea Level Pressure			
Sea Level Pressure	29.96 in		
Wind			
Wind Speed	17 mph (South)		
Max Wind Speed	28 mph		
Max Gust Speed	-		
Visibility	10 miles		
Events			

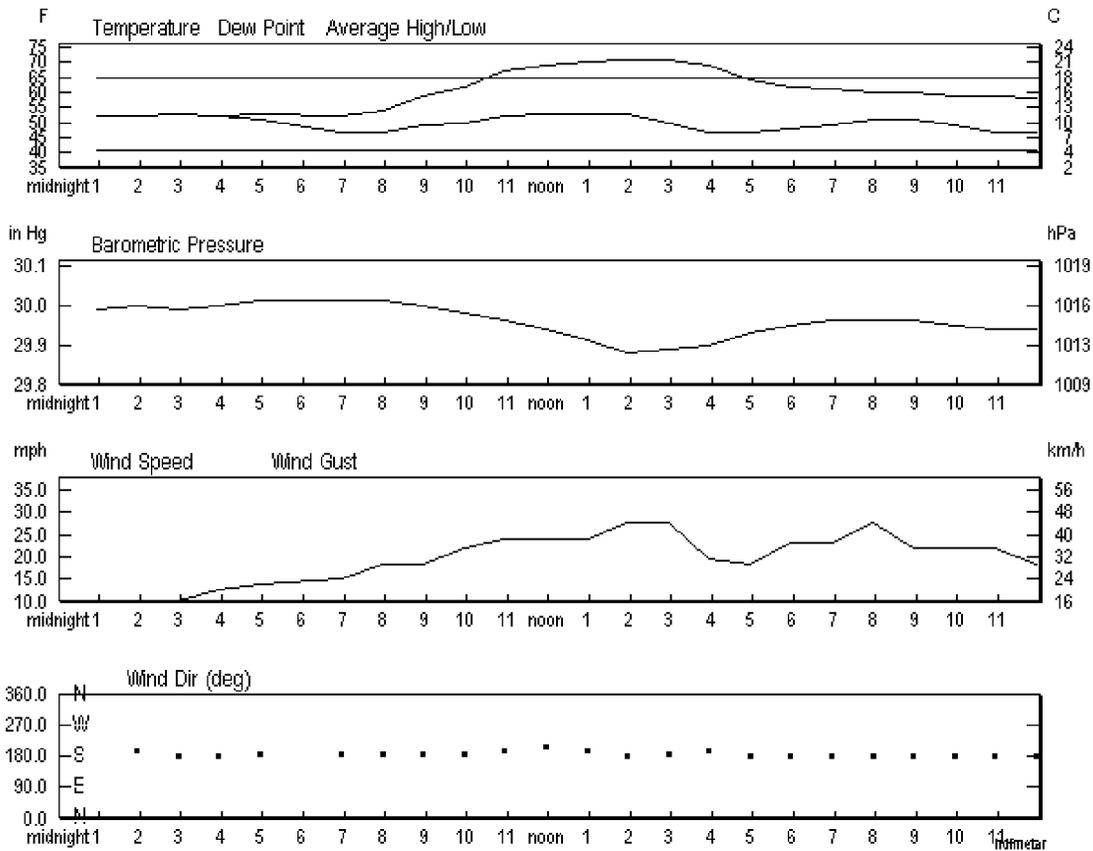
Averages and records for this station are not official NWS values.

Click here for data from the nearest station with official NWS data (KPIA).

T = Trace of Precipitation, MM = Missing Value

Source: NWS Daily Summary

[Seasonal Weather Averages](#)



Certify This Report

Hourly Observations

Time (CST)	Temp.	Dew Point	Humidity	Pressure	Visibility	Wind Dir	Wind Speed	Gust Speed	Pre
12:56 AM	52.0 °F	52.0 °F	100%	29.99 in	8.0 mi	SSW	10.4 mph	-	N/A
1:56 AM	52.0 °F	52.0 °F	100%	30.00 in	9.0 mi	SSW	10.4 mph	-	N/A
2:56 AM	52.9 °F	52.9 °F	100%	29.99 in	10.0 mi	South	10.4 mph	-	N/A
3:56 AM	52.0 °F	52.0 °F	100%	30.00 in	10.0 mi	South	12.7 mph	-	N/A
4:56 AM	52.9 °F	50.9 °F	93%	30.01 in	10.0 mi	South	13.8 mph	-	N/A
6:56 AM	52.0 °F	46.9 °F	83%	30.01 in	10.0 mi	South	15.0 mph	-	N/A

Show full METARS | METAR FAQ | Comma Delimited File

Time (CST)	Temp.	Dew Point	Humidity	Pressure	Visibility	Wind Dir	Wind Speed	Gust Speed	Prec
7:56 AM	54.0 °F	46.9 °F	77%	30.01 in	10.0 mi	South	18.4 mph	-	N/A
8:56 AM	59.0 °F	48.9 °F	69%	30.00 in	10.0 mi	South	18.4 mph	-	N/A
9:56 AM	61.9 °F	50.0 °F	65%	29.98 in	10.0 mi	South	21.9 mph	-	N/A
10:56 AM	66.9 °F	52.0 °F	59%	29.96 in	10.0 mi	SSW	24.2 mph	-	N/A
11:56 AM	68.9 °F	52.9 °F	57%	29.94 in	10.0 mi	SSW	24.2 mph	-	N/A
12:56 PM	70.0 °F	52.9 °F	55%	29.91 in	10.0 mi	SSW	24.2 mph	-	N/A
1:56 PM	70.9 °F	52.9 °F	53%	29.88 in	10.0 mi	South	27.6 mph	-	N/A
2:56 PM	70.9 °F	50.0 °F	48%	29.89 in	10.0 mi	South	27.6 mph	-	N/A
3:56 PM	68.9 °F	46.9 °F	45%	29.90 in	10.0 mi	SSW	19.6 mph	-	N/A
4:56 PM	63.9 °F	46.9 °F	54%	29.93 in	10.0 mi	South	18.4 mph	-	N/A
5:56 PM	61.9 °F	47.8 °F	60%	29.95 in	10.0 mi	South	23.0 mph	-	N/A
6:56 PM	61.0 °F	48.9 °F	64%	29.96 in	10.0 mi	South	23.0 mph	-	N/A
7:56 PM	59.9 °F	50.9 °F	72%	29.96 in	10.0 mi	South	27.6 mph	-	N/A
8:56 PM	59.9 °F	50.9 °F	72%	29.96 in	10.0 mi	South	21.9 mph	-	N/A
9:56 PM	59.0 °F	48.9 °F	69%	29.95 in	10.0 mi	South	21.9 mph	-	N/A
10:56 PM	59.0 °F	46.9 °F	64%	29.94 in	10.0 mi	South	21.9 mph	-	N/A
11:56 PM	57.9 °F	46.9 °F	67%	29.94 in	10.0 mi	South	18.4 mph	-	N/A

Show full METARS | METAR FAQ | Comma Delimited File

History for Bloomington, IL

Sunday, November 11, 2012

Sunday, November 11, 2012

« Previous Day

November 2012

Next Day »

Daily Weekly Monthly Custom

	Actual	Average	Record
Temperature			
Mean Temperature	51 °F	-	
Max Temperature	65 °F	64 °F	68 °F (2010)
Min Temperature	34 °F	44 °F	24 °F (1996)
Degree Days			
Heating Degree Days	14		
Growing Degree Days	1 (Base 50)		
Moisture			
Dew Point	49 °F		
Average Humidity	86		
Maximum Humidity	100		
Minimum Humidity	61		
Precipitation			
Precipitation	0.50 in	-	- ()
Sea Level Pressure			
Sea Level Pressure	29.91 in		
Wind			
Wind Speed	22 mph (SW)		
Max Wind Speed	41 mph		
Max Gust Speed	48 mph		
Visibility	6 miles		
Events	Rain		

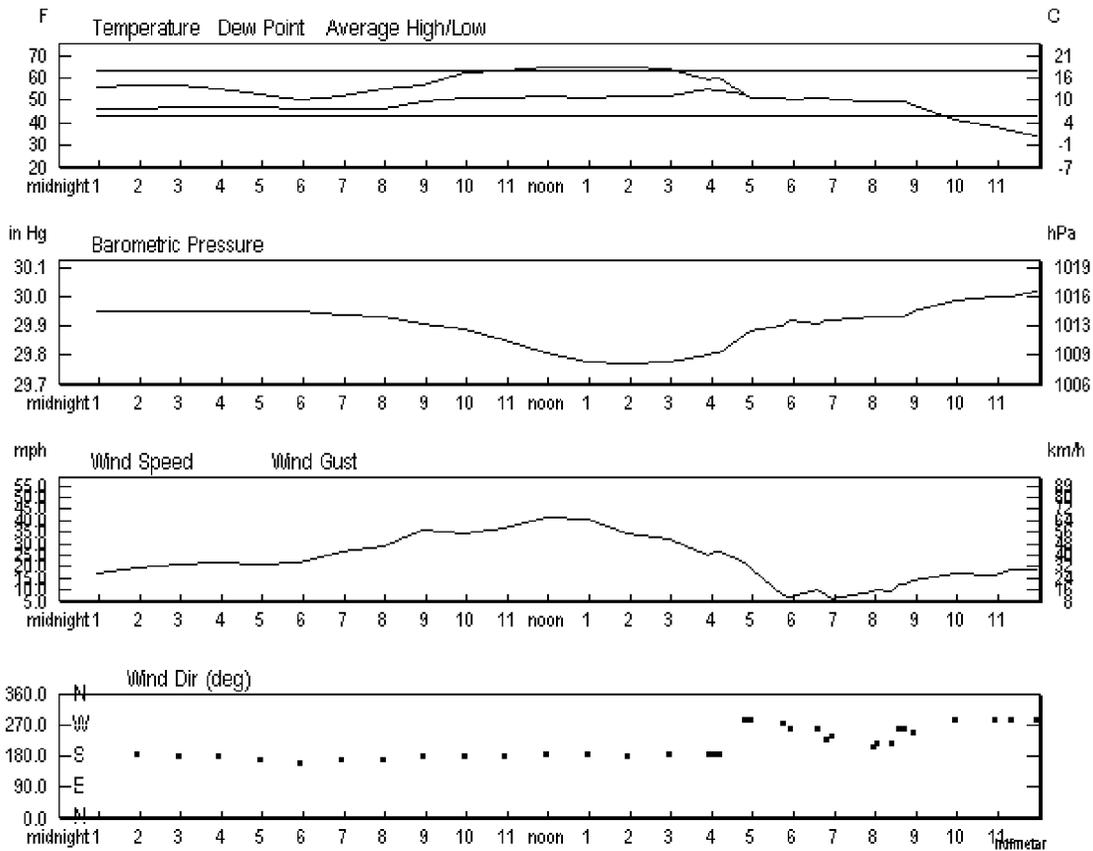
Averages and records for this station are not official NWS values.

Click here for data from the nearest station with official NWS data (KPIA).

T = Trace of Precipitation, MM = Missing Value

Source: NWS Daily Summary

[Seasonal Weather Averages](#)



Certify This Report

**Necropsy Report of the Coroner's Forensic Pathologist to the
Coroner of McLean County, Illinois**

I, J. Scott Denton MD, performed an autopsy on the body identified to me by the McLean County Coroner as being (b) [REDACTED], who died on **November 11, 2012**

Place of Death: Chatsworth, IL

Place of Examination: Bloomington, IL

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

Immediate cause:

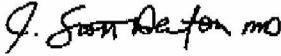
- (a) **Compressional Asphyxia**
due to, or as a consequence of a
- (b) **All-Terrain Vehicle Crash**
due to, or as a consequence of
- (c)

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

My conclusions are based on the following observations and findings.

1. Autopsy findings.
2. Coroner's investigation report and additional verbal information.
3. Toxicology testing results.
4. Police scene investigation photographs.

Date submitted: December 7, 2012


J. Scott Denton, MD
Coroner's Forensic Pathologist

01/08/2013 12:02 3098885090

PAGE 03/08



BETH C. KIMMERLING, RN, MFS
D-ABMDI
CORONER
 Office (309) 888-5210
 FAX (309) 888-5090
 beth.kimmerling@mcleancountyil.gov

104 W. Front
 P.O. Box 2400
 Bloomington, IL 61702-2400

REPORT OF POSTMORTEM EXAMINATION

NAME: (b)(3):Exemption 3 for 25(a)	CASE #: N-12-552
SEX: Male	RACE: White
	AGE: 24 Years
ADDRESS OF DECEDENT: (b)(3):Exemption 3	CITY AND STATE: (b)(3):Exemption 3 for 25(a)
DATE OF DEATH: November 11, 2012	TIME OF DEATH: 1:00 a.m.
DATE OF AUTOPSY: November 12, 2012	TIME OF AUTOPSY: 2:30 p.m.
EXAMINED BY: J. Scott Denton, M.D.	ASSISTANT: Amy Mitchell

The examination is performed at the McLean County Coroner's Office Regional Autopsy Facility, Bloomington, Illinois, under the authority of Coroner Beth C. Kimmerling.

EXTERNAL EXAMINATION:

The body is received in a sealed body bag with a coroner's identification tag stating identity, clothed in an anteriorly cut green hooded sweat shirt, a blue T-shirt, blue jeans with a brown belt through the loops, blue underwear, a pair of white socks, and black and white tennis shoes. On the clothing are multiple pieces of grass. Items within the pockets include a can of chewing tobacco, a condom within a wrapper, a flat pen light, an operational cell phone, two keys and two fobs on a key ring, and 16 gray metal pop top beverage can tabs.

The unclothed body is that of an adult, well-developed and well-nourished, white male, weighing 252 lbs., measuring 6 ft., and appearing the stated age of 24 years. The skin is cold, after refrigeration. Rigor mortis is well developed in the extremities and jaw. Livor mortis is red and blanchable, posteriorly, with red-purple congestion of the upper chest, neck, and head.

The skin shows good nutrition, hydration, and cleanliness, with injuries described below. The scalp is covered by short, brown hair. Injuries of the head are described below. The eyes are open. The irides are blue. The pupils are bilaterally symmetrically dilated, 6.0 mm, each. The medial right eye shows a large, petechial hemorrhage, 5.0 mm. The remaining sclerae and conjunctivae show congestion without additional petechiae. The

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

CASE #: N-12-552

skeleton of the nose has a palpable fracture. The nares contain a small amount of bloody fluid. The face is clean-shaven. The earlobes are without creasing holes, without blood in the ear canals. The upper lip and inner oral mucosa are unremarkable, with injuries of the lower oral mucosa described below. The teeth are natural. The tongue is behind the teeth without foreign material or obstruction. The neck shows hypermobility, with cutaneous injuries described below, with edema of the neck, with the trachea palpable in the midline. The chest and abdomen are symmetrical and normally developed, with faint injury and differential congestion described below. The abdomen is soft and protuberant. Genitalia appear normally developed male with both testes in the scrotum. The posterior neck, back, buttocks, and anus are symmetrical and normally developed without evidence of injury. The upper and lower extremities are symmetrical and normally developed, with focal injuries described below. The fingernails are short with marginal mud. The toenails are short and clean. The soles of the feet are unremarkable. The ankles show normal hair distribution without edema or fracture. No palpable fractures are identified in the extremities.

EXTERNAL EVIDENCE OF INJURY:

1. There is mild hypermobility of the neck, with the neck deviating from the midline towards the left, without palpable crepitus.
2. Within the midline lower lip, at the attachment to the gums, is an open gaping laceration with tissue bridging, 0.75 x 0.4 in. deep.
3. There is palpable fracture of the nasal bone with deviation towards the left.
4. On the right upper nose is a horizontal laceration, 0.3 x 0.1 in.
5. There is right medial upper and lower eyelid red-purple contusion, 1.0 x 1.0 in.
6. There is an open, gaping laceration beneath the medial to lateral right eye, 1.5 x 0.2 in., to a depth of approximately 0.7 in.
7. There is a large petechial scleral hemorrhage of the right eye.
8. Within the left eyebrow are three superficial lacerations, 0.5 in., 0.5 in., and 0.1 in.
9. On the left lateral neck is an abraded superficial laceration, 0.5 x less than 0.1 in.
10. On the left anterior neck is a horizontal, red contusion, 0.5 x 0.1 in.
11. On the midline to right lateral neck, extending to the jaw line, is a curvilinear, red-brown abrasion, 4.0 x 0.5 in.
12. On the left lateral neck, extending to the chest, are four red-brown abrasions, with a thick, darker black, burn-type, thermal injury, 2.5 x 2.5 inch in total area.

**OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT
ADDITIONAL NARRATIVE**

Case Number 801147-11

Pg 6 of 6

REED BY TULSA FIRE DEPARTMENT BY USING THE JAWS OF LIFE. PHOTOS TAKEN BY  ARE BEING HELD AT TROOP B HEADQUARTERS.



**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) (b)(3):Exemption	Age 39	Birth Date (b)(3):Ex	Race WHITE	Sex F
--	-----------	--------------------------------	---------------	----------

HOME ADDRESS - No. - Street, City, State
(b)(3):Exemption 3 for 25(c)

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) TROOPER DERRICK EADES, OKLAHOMA HIGHWAY PATROL				DATE 8/4/2011	TIME 2:25
INJURED OR BECAME ILL AT (ADDRESS) 1632 WEST 33RD PLACE	CITY TULSA	COUNTY TULSA	TYPE OF PREMISES RAIL YARD	DATE 8/4/2011	TIME Unknown
LOCATION OF DEATH 1632 WEST 33RD PLACE	CITY TULSA	COUNTY TULSA	TYPE OF PREMISES RAIL YARD	DATE 8/4/2011	TIME 2:08
BODY VIEWED BY MEDICAL EXAMINER 1115 WEST 17TH STREET	CITY TULSA	COUNTY TULSA	TYPE OF PREMISES MORGUE	DATE 8/4/2011	TIME 8:47

IF MOTOR VEHICLE ACCIDENT: DRIVER PASSENGER PEDESTRIAN

TYPE OF VEHICLE: AUTOMOBILE LIGHT TRUCK HEAVY TRUCK BICYCLE MOTORCYCLE OTHER: KUBOTA

DESCRIPTION OF BODY	RIGOR	LIVOR	EXTERNAL OBSERVATION		NOSE	MOUTH	EARS
					BLOOD	OTHER	
EXTERNAL PHYSICAL EXAMINATION	Jaw <input checked="" type="checkbox"/> Complete <input checked="" type="checkbox"/>	Color <u>PURPLE</u>	Beard _____ Hair <u>BROWN</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Neck <input checked="" type="checkbox"/> Absent <input type="checkbox"/>	Lateral <input type="checkbox"/>	Eyes: Color <u>BLUE</u> Mustache _____		<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 <u>4MM</u> L <u>4MM</u>				
	Decomposed <input type="checkbox"/>	Regional _____	Body Length <u>69 INCHES</u> Body Weight <u>310 LBS</u>				

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

** SEE AUTOPSY PROTOCOL **

Probable Cause of Death: MULTIPLE BLUNT FORCE INJURIES	Manner of Death: Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Unknown <input type="checkbox"/> Pending <input type="checkbox"/>	Case disposition: Autopsy Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Authorized by _____ Pathologist <u>JOSHUA LANTER M.D.</u> Not a medical examiner case <input type="checkbox"/>
	Other Significant Medical Conditions:	

MEDICAL EXAMINER:

Name, Address and Telephone No.

JOSHUA LANTER M.D.
1115 W. 17TH
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.

Signature of Medical Examiner

JOSHUA LANTER M.D.

Date Signed

8/4/2011

Computer generated report

1103121

Date Generated



Board of Medicolegal Investigations
Office of the Chief Medical Examiner
 1115 West 17th Street
 Tulsa, Oklahoma 74107-1800
 918-582-0985 Voice
 918-585-1549 Fax

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

REPORT OF AUTOPSY

Decedent (b)(3):Exemption 3 for 25(c)	Age 39	Birth Date (b)	Race WH	Sex F	Case No 1103121
Type of Death Violent, unusual or unnatural	Means Blunt Trauma	ID By Railroad Supervisor	Authority for Autopsy JOSHUA LANTER, M.D.		
Present at Autopsy (b)(3):Exemption 3 for 25(c)					

PATHOLOGIC DIAGNOSES

- I. Multiple blunt force injuries
 - A. Head and neck
 - 1. Lacerations, abrasions, and contusions of face and scalp
 - 2. Fractures of facial and nasal bones
 - 3. Fractures of 1st and 2nd cervical vertebrae with spinal cord transection
 - B. Torso
 - 1. Abrasions, contusions and lacerations
 - 2. Multiple bilateral rib fractures
 - 3. Lacerations of bilateral lungs, spleen, and liver
 - C. Extremities
 - 1. Abrasions and contusions
- II. Other finding
 - A. Cardiomegaly with biventricular hypertrophy

CAUSE OF DEATH: MULTIPLE BLUNT FORCE INJURIES

The facts stated herein are true and correct to the best of my knowledge and belief.

JOSHUA LANTER, M.D.

Forensic Pathologist

OCME, Eastern Division

Location of Autopsy

8/4/2011 8:47 AM

Date and Time of Autopsy

OFFICE OF THE CHIEF MEDICAL EXAMINERDecedent : (b)(3) Exemption 3 for
25(c)

CASE NO: 1103121

MEDICOLEGAL INVESTIGATION

I. CIRCUMSTANCES OF DEATH:

This 39 year old female (DOB: (b)(3) Exe) reportedly died after being struck by a flatbed rail car while a passenger on an all terrain vehicle.

II. AUTHORIZATION:

The postmortem examination is performed under the authorization of the Office of the Chief Medical Examiner, Eastern Division, Tulsa, Oklahoma.

III. IDENTIFICATION:

The body is identified by railroad supervisor, Dale Devault. Digital photographs of the deceased are taken.

POSTMORTEM EXAMINATION

I. CIRCUMSTANCES OF THE EXAMINATION:

The postmortem examination of Deborah Beeler is performed at the Office of the Chief Medical Examiner, Eastern Division, Tulsa, Oklahoma, on August 4, 2011 commencing at 0847 hours. Assisting in the examination are Ashley Hancock and Bryan Sullivan.

II. CLOTHING AND PERSONAL EFFECTS:

Orange/silver reflective vest, gray t-shirt, white bra, blue jeans (\$51.45 in right front pocket), brown boots of bilateral feet, white socks of bilateral feet, peach underwear, yellow metal earring with multiple stones of right ear lobule, walkie talkie attached around neck.

III. EXTERNAL EVIDENCE OF RECENT MEDICAL THERAPY:

Cardiac monitor pads of torso and right arm.

IV. COLLECTIONS

Liquid and solid tissue samples were collected as per Federal Railroad Administration protocol.

EXTERNAL EXAMINATION

The body is that of an unembalmed, well developed, well nourished female appearing consistent with the recorded age of 39 years. The body weight is measured at 310 pounds. The body length is measured at 69 inches. The state of preservation is good in this unembalmed body. Rigor mortis is moderately advanced in arms, legs, and jaw. Lividity is noted in the posterior arms, legs, and back, is purple in color, and blanches. The chest and back are symmetrical with normal conformation. The neck is symmetrical and without masses or unusual mobility. Both upper and lower extremities are symmetrical throughout. The head, neck, and shoulders are not

OFFICE OF THE CHIEF MEDICAL EXAMINER**Decedent :** (b)(3):Exemption 3**CASE NO: 1103121**

congested. There is no peripheral edema present. Personal hygiene is good. No unusual odor is detected as the body is examined. The hair is brown and worn to a medium length. It represents the apparent natural color. The body hair is of normal female distribution. The pupils are round, regular, equal, and somewhat dilated. The sclerae are normal in color. The orbital and periorbital tissues are unremarkable. The conjunctival surfaces are not remarkable. The irides are blue in color. Contact lenses are noted and are in bilateral eyes. The teeth are in a fair state of repair. The gums are normal in appearance. The oral cavity is normal. There are no injuries to the lip or tongue. The nose is symmetrical and the air passages are open. The external ears are normal in appearance and without injury. The female breasts are normal. Examination shows no significant external lymphadenopathy.

INJURIES

There are multiple blunt force injuries.

Head/Neck:

A 2.0 x 2.0 cm red contusion is noted of the left cheek anterior to the left ear. There is a 2.5 x 1.5 cm blue contusion of the left cheek under the left eye. A 4.0 x 0.3 cm blue contusion is noted below the nose. There is an 8.1 x 3.1 cm abrasion of the right upper cheek and an 8.2 x 1.5 cm laceration of the right cheek under the right eye. There are multiple abrasions which range in size from 0.9 to 2.9 cm of the right medial aspect of the bridge of the nose and a 3.0 x 2.1 purple contusion of the nose. There is a 7.9 x 0.4 cm laceration of the right parietal aspect of the scalp, which extends deep to the skull. There are multiple fractures of the right facial bones and nasal bones. Fractures of the 1st and 2nd cervical vertebra are identified and spinal cord transection is noted at this level.

Torso:

A 5.0 x 2.1 blue contusion is noted of the upper aspect of the left breast. A 12.2 x 2.5 cm laceration is noted of the left axilla extending to the left lateral aspect of the back and left lateral breast. There is an 11.0 x 11.0 cm blue contusion of the midline upper back. A 2.0 x 2.0 cm blue contusion is noted of the right upper back and there is an 8.1 x 1.5 cm abrasion of the right lateral aspect of the back. Multiple abrasions extend from the middle back to the left back and range in size from 0.9 to 8.1 cm. Multiple abrasions are identified of the left lower back which range in size from 0.2 to 0.9 cm. There is a 3.0 x 2.0 blue contusion of the left lower back. A 17 cm laceration involves the soft tissues between the left 4th and 5th ribs. There is fracture of right ribs 7 through 10 at the posterior aspects and a 5 cm laceration involves the soft tissues between the right 9th and 10th ribs. There are fractures of left ribs 3 through 10 at the posterior and lateral aspects and fractures of right and left ribs 1, 2, and 5 at the anterior aspects. A 7 cm laceration is noted of the anterior aspect of the lower lobe of the right lung and an 8 cm laceration is noted of the anterior aspect of the lower lobe of the left lung. These lacerations extend deep into the lung parenchyma. There is an 8 cm laceration of the anterior aspect of the right lobe of the liver which extends deep into the liver parenchyma. Numerous lacerations are noted of the spleen which range in size up to 3.9 cm.

OFFICE OF THE CHIEF MEDICAL EXAMINER**Decedent :** (b)(3):Exemption 3 for**CASE NO: 1103121**

Extremities:

A 1.0 x 1.0 cm brown contusion and a 3.0 x 2.0 blue contusion are noted of the right medial thigh and right anterior leg at the knee. A 3.0 cm linear abrasion is present of the right posterior thigh. Multiple striae-like superficial tears are noted of the right groin which range in size from 0.2 to 1.9 cm.

BODY CAVITIES

The body is opened through the customary “Y” shaped incision.

Subcutaneous fat shows acute hemorrhage adjacent to injuries of the torso as described in the “Injuries” section above; otherwise the soft tissue is normally distributed, moist, and bright yellow. The musculature through the chest and abdomen is rubbery, maroon, and shows no gross abnormality.

PARIETAL PLEURA:

Injuries of the ribs are described in the “Injuries” section above.

PERICARDIUM:

Is a smooth, glistening, intact membrane, and the pericardial cavity, itself, contains the normal amount of clear, straw-colored fluid.

PERITONEUM:

Smooth, glistening membrane in both the abdominal and pelvic cavities. The peritoneal cavity contains no abnormal fluid or adhesions.

HEART:

Weights 450 gm. It has a normal configuration and location and is enlarged. There are no adhesions between the parietal and visceral pericardium, and the latter is a smooth, glistening, fat laden characteristic membrane. The coronary arteries arise and distribute normally with no significant atherosclerosis. The coronary ostia are normally located and widely patent. The chambers and atrial appendages are unremarkable. The endocardium is a smooth, gray, glistening, translucent membrane uniformly. The myocardium is intact, rubbery, and red-tan, with the left ventricle measuring 1.6 cm and the right ventricle measuring 0.5 cm. The papillary muscles and chordae tendineae are intact and unremarkable. The aorta (arch, thoracic and abdominal) and its major branches are unremarkable. The vena cava and major tributaries are widely patent.

OFFICE OF THE CHIEF MEDICAL EXAMINER**Decedent :** (b)(3):Exemption 3 for**CASE NO: 1103121****NECK ORGANS:**

Acute hemorrhage is noted of the soft tissues anterior to the proximal cervical spine which is related to the cervical spine fractures as described in the "Injuries" section above. Otherwise, the musculature is normal, rubbery, and maroon, and the organs are freely movable in a midline position. The tongue is intact and normally papillated, without evidence of tumor or hemorrhage. The hyoid bone is intact. The cartilaginous structures forming the larynx are intact and without abnormality. The thyroid gland is symmetric, rubbery, light tan to maroon, and in its normal position without evidence of neoplasm. The epiglottis is a characteristic plate-like structure which shows no evidence of edema, trauma, or other gross pathology. The larynx is comprised of unremarkable vocal cords and folds, is widely patent without foreign material, and is lined by a smooth, glistening membrane. There are no petechiae of the epiglottis, laryngeal mucosa, or thyroid capsule.

THYMUS:

No significant tissue is identified grossly.

LUNGS:

The right lung weighs 500 gm, and the left weighs 490 gm. Injuries to the left and right lungs are described in the "Injuries" section above. Visceral pleurae are smooth, glistening, and intact with minimal anthracosis and no bleb formation. The overall configuration is normal. The trachea is widely patent and lined by characteristic pink membrane. Likewise, the major bronchi and bronchioles bilaterally are patent, normally formed, and contain no significant occlusive material. The pulmonary arterial tree is free of emboli or thrombi. Acute hemorrhage is noted adjacent to the lacerations; otherwise the parenchyma is uniformly spongy, varies from pink-tan to dark purple, and exudes moderate amounts of blood and clear, frothy fluid from its cut surfaces. There is no evidence of consolidation, granulomatous, or neoplastic disease. Hilar lymph nodes are within normal limits with relation to size, color, and consistency.

G.I. TRACT:

The esophagus shows an unremarkable mucosa, a patent lumen, and no evidence of gross pathology. The esophagogastric junction is unremarkable. The stomach is of normal configuration, is lined by a smooth, glistening, intact mucosa, has an unremarkable wall and serosa, and contains approximately 200 ml of tan homogenate with a food-like substance which has passed to the duodenum. The duodenum, itself, is patent, shows an unremarkable mucosa and no evidence of acute or chronic ulceration. Jejunum and ileum are unremarkable and contain soft brown fecal material. There is no Meckel's diverticulum. The ileocecal valve is intact and unremarkable. The appendix is identified. The colon is examined segmentally and shows no evidence of neoplasm or trauma. There are no diverticula. Anus and rectum are unremarkable.

OFFICE OF THE CHIEF MEDICAL EXAMINER**Decedent :** (b)(3):Exemption 3 for**CASE NO: 1103121**

LIVER:

Weighs 1280 gm. The injuries involving the liver are described in the "Injuries" section above; otherwise, the liver is of normal configuration, rubbery, and tan. Cut surface shows no pathology.

GALLBLADDER:

Lies in its usual position, contains liquid bile, no calculi, and shows a normal mucosa. The biliary tree is intact and patent without evidence of neoplasm or calculi.

PANCREAS:

Lies in its normal position, shows a normal configuration, is pink-tan and characteristically lobulated with no apparent gross pathology.

SPLEEN:

Weighs 150 gm. Injuries of the spleen are described in the "Injuries" section above; otherwise the organ is rubbery, maroon, and shows characteristic follicular pattern.

ADRENALS:

Lie in their usual location, show yellow cortices and tan to gray medullae.

KIDNEYS:

The right kidney weighs 150 gm and the left weighs 140 gm. Both are configured normally with no abnormality. The capsules strip with ease bilaterally and the subcapsular surfaces are smooth. Sections show the organs to be moderately congested with unremarkable cortices, medullae, calyces and pelves. Ureters and blood vessels are patent and unremarkable.

URINARY BLADDER:

Contains urine. Its serosa and mucosa are unremarkable.

FEMALE GENITALIA:

The vagina is intact and shows no gross pathology. The cervical mucosa is pink, smooth and unremarkable. The endocervical canal is within normal limits. The uterus has a symmetrical overall unremarkable configuration and is nongravid. The myometrium is light tan and rubbery. Bilateral adnexa are unremarkable. An intrauterine device is noted within the cervix and uterus, in the appropriate location.

OFFICE OF THE CHIEF MEDICAL EXAMINER**Decedent :** (b)(3):Exemption 3 for**CASE NO: 1103121**

BRAIN AND MENINGES:

The scalp is opened through the customary intermastoid incision. The calvarium is removed through the use of an oscillating saw and is intact without evidence of osseous disease. The brain weighs 1360 gm. Dura and leptomeninges are unremarkable without evidence of trauma. Cranial nerves and circle of Willis arise and distribute normally and show no significant pathology. Externally the brain is normally configured and symmetric, and multiple serial sections of cerebral hemispheres, midbrain, pons, medulla, and cerebellum show no gross pathological change apart from moderate congestion. The ventricular system is also symmetric and unremarkable. The base of the skull is intact without osseous abnormality.

RIBS:

Injuries to the ribs are described in the "Injuries" section above.

PELVIS:

Intact.

VERTEBRAE:

Injuries to the cervical vertebrae are described in the "Injuries" section above.

BONE MARROW:

Moist and dark red. Unremarkable.

TOXICOLOGY

See attached report.

OPINION

The cause of death is multiple blunt force injuries. The manner of death is ruled an accident.

**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 in-print by the office seal.

By _____

Date _____

ME CASE NUMBER: (b)(3):

LABORATORY NUMBER: 112807

DECEDENT'S NAME: (b)(3) Exemption

DATE RECEIVED: 8/8/2011

MATERIAL SUBMITTED: BLOOD, VITREOUS, URINE, LIVER, BRAIN, GASTRIC

HOLD STATUS: 5 YEARS

SUBMITTED BY: ASHLEY HANCOCK

MEDICAL EXAMINER: JOSHUA LANTER M.D.

NOTES:

ETHYL ALCOHOL:

Blood: NEGATIVE (HEART)

Vitreous:

Other:

CARBON MONOXIDE

Blood:

TESTS PERFORMED:

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

RESULTS:

NONE DETECTED

08/17/2011

DATE



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

1140021058



STATE OF OKLAHOMA CERTIFICATE OF DEATH

STATE FILE NUMBER 40 2011-021058

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) (b)(3): Exemptio				1a. LAST NAME PRIOR TO FIRST MARRIAGE		2. SEX FEMALE	
3. SOCIAL SECURITY NUMBER (b)		4. EVER IN US ARMED FORCES? NO		5a. AGE - Last birthday (years) 39		5b. UNDER 1 YEAR Months: Days: Hours: Minutes:	
6. DATE OF BIRTH (Mo/Day/Yr) (b)(3): Exem							
7. BIRTHPLACE (City and State or Foreign Country) (b)(3): Exemption 3 for 25(c)							
8d. RESIDENCE - Zip Code (b)(3): Exem		8e. RESIDENCE - Inside City Limits? NO		8f. RESIDENCE - Street and Number (b)(3): Exemption 3 f		8g. RESIDENCE - Apt. Number	
9. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married but separated <input type="checkbox"/> Unknown				10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) MICHAEL LEE CALVIN BEELER			
11. FATHER'S NAME (First, Middle, Last) (b)(3): Exemptio				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) (b)(3): Exemption 3			
13. DECEDENT OF HISPANIC ORIGIN? NO, NOT SPANISH/HISPANIC/LATINO			14. DECEDENT'S RACE WHITE			15. DECEDENT'S EDUCATION BACHELOR'S DEGREE (BA, AB, BS)	
16. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED) CONDUCTOR				17. KIND OF BUSINESS / INDUSTRY RAILROAD			
18a. INFORMANT'S NAME (b)(3): Exem		18b. RELATIONSHIP TO DECEDENT HUSBAND		18c. MAILING ADDRESS (Street, P.O. Box, Apt. No., City, State, and Zip Code) (b)(3): Exemption 3 for 25(c)			
19. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (specify)				20. PLACE OF DISPOSITION (Name of cemetery, crematory, other, etc.) 4-H FAMILY CEMETERY (b)(3): Exe			
22. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MUSGROVE-MERRIOTT-SMITH FUNERAL SER. & CREMATORY - CLAREMORE, 102 WEST 5TH, CLAREMORE, OKLAHOMA, 74017						23. NAME, RELATIONSHIP TO DECEDENT, AND ADDRESS OF FUNERAL HOME OR FAMILY MEMBER ACTING AS SUCH (b)(3): Exemp	
24. DRIVER'S LICENSE # 1059ES							
25. PLACE OF DEATH (Check only one box) IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival IF DEATH OCCURRED OTHER THAN IN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long term care facility <input type="checkbox"/> Decedent's home <input checked="" type="checkbox"/> Other (specify): RAIL YARD							
26. FACILITY NAME (If not institution, give street & number) (b)(3): Exemptio				27. CITY OR TOWN, STATE AND ZIP CODE OF DEATH TULSA OKLAHOMA, 74107		28. COUNTY OF DEATH TULSA	
29. DATE OF DEATH (Mo/Day/Yr) AUGUST 4, 2011		30. TIME OF DEATH 02:08		31. WAS MEDICAL EXAMINEE CONTACTED? YES		32. WAS AN AUTOPSY PERFORMED? YES	
33. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? YES							
34. PART I. Enter the chain of events, diseases, injuries or complications - that directly caused the death. DO NOT use terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT abbreviate. Enter only one cause or a few. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. MULTIPLE BLUNT FORCE INJURIES Sequentially list conditions, if any, leading to the cause listed on line a. b. _____ Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. c. _____ d. _____						Approximate interval Onset by death: UNDETERMINED V866	
35. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							
36. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined				37. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year			
38. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		39. DATE OF INJURY (Mo/Day/Yr) 08/04/2011		40. TIME OF INJURY UNKNOWN		41. WHERE INJURY OCCURRED (e.g., Decedent's home, construction site, wooded area) RAIL YARD	
42. DESCRIBE HOW INJURY OCCURRED: PASSENGER ATV, STRUCK BY FLAT BED RAIL CAR				43. INJURY AT WORK? YES			
44. LOCATION OF INJURY: State: OKLAHOMA City or Town: TULSA Zip Code: 74107				45. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (specify)			
46. CERTIFIER (Check only one) ATTENDING PHYSICIAN <input type="checkbox"/> Physician in charge of the patient's care <input type="checkbox"/> Physician in attendance at time of death only To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input checked="" type="checkbox"/> MEDICAL EXAMINER On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Certifier: JOSHUA LANTER, MD				47. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 34) JOSHUA LANTER, MD 1115 WEST 17TH STREET TULSA, OKLAHOMA 74107			
48. LICENSE NUMBER 26295OK				49. DATE CERTIFIED (Mo/Day/Yr) AUGUST 4, 2011			
50. REGISTRAR'S SIGNATURE <i>Jessy M Baker</i>						52. DATE RECEIVED BY STATE REGISTRAR (Mo/Day/Yr) AUGUST 9, 2011	

CONTACT LIST IDI - 121009HCC3011

VICTIM

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

(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

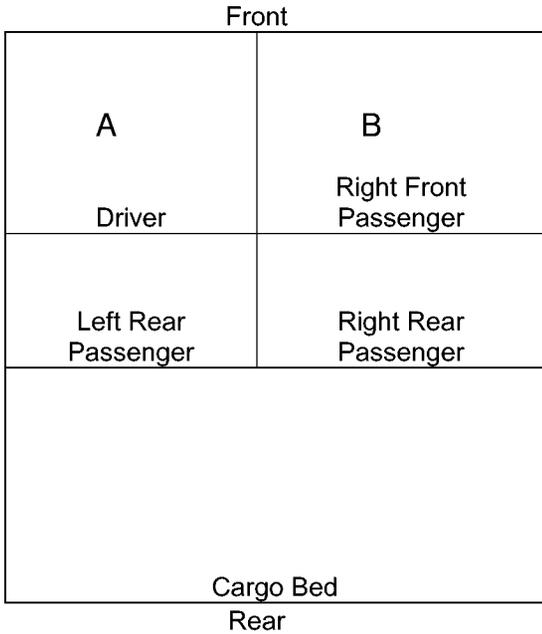
Records Management Division

P.O. Box 11415

Oklahoma City, OK 73136-0415

Phone 405-399-9005

Utility Vehicle Data Record Sheet



The Utility Vehicle

A:	Age: 27	Height: unk
	Gender: Male	Weight: unk
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: No injury	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully): NEITHER	

B:	Age: 39	Height: 69 inches
	Gender: F	Weight: 310
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: Mult blunt injuries	
	Did vehicle land on victim:	
	Ejected (Either partially or fully): unk	

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

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

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

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

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

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

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

The information in this report was based on information received by the police department and the medical examiner's office. Contact with the victim's next-of-kin was not successful.

On Friday, October 19, 2012, in Steuben County, Addison, NY, the weather condition was scattered clouds and the temperature was 54 degrees when the victim, a 14-year-old male, was operating a 4-wheeled utility vehicle



POLICE REPORT FOR FATAL MOTOR VEHICLE ACCIDENTS



MV-104D (3/02)

Page 1 of 1 Pages

Local Code 4806411 SP3E25000860	Accident Date Month Day Yr. 10 19 2012	Military Time 18:30	County STEBEN	City/Town/Village ADDISON, TOWN OF	No. Killed 1	No. Vehicles 1	Work Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name and Address of Deceased 1: (b)(3):Exemption 3 for 25(c)							

ACCIDENT DATA

Speed Limit (MPH) 55	Location (Route or Street Name) PRIV. LOT (b)
Estimated Speed: Vehicle 1 _____ MPH <input checked="" type="checkbox"/> Unknown Vehicle _____ MPH <input type="checkbox"/> Unknown Vehicle _____ MPH <input type="checkbox"/> Unknown	
Vehicle Model (for example, Mustang or Corvette): Vehicle 1 RANGER 4X4 Vehicle _____ Vehicle _____	
Roadway Surface: <input type="checkbox"/> Concrete <input type="checkbox"/> Blacktop <input type="checkbox"/> Brick or Block <input checked="" type="checkbox"/> Dirt <input type="checkbox"/> Slag <input type="checkbox"/> Gravel <input type="checkbox"/> Stone <input type="checkbox"/> Other	
No. of Lanes 0	Roadway Flow: <input type="checkbox"/> One Way Traffic <input type="checkbox"/> Divided highway, median strip <input type="checkbox"/> Divided highway, guard rail <input type="checkbox"/> Divided highway, other barrier or barrier type unknown <input type="checkbox"/> Not physically divided
EMERGENCY MEDICAL SERVICES * Time (Military): Notified _____ 18:30 Arrived at Scene _____ 21:03 Arrived at Hospital _____ 23:00	HOSPITAL INFORMATION If the victim was taken to a hospital outside of NYS, give name, county and state of that hospital: 1: MONROE - STRONG MEMORIAL HOSPITAL If the victim was transferred to another hospital (after initial transportation), give the name, county and state of that hospital:

OCCUPANT DATA

Name	Deceased Yes/No	Time of Death	Extricated Yes/No**	Type of Extrication Equip. Used	Air Bags Deployed Yes/No	Not in Vehicle	Initial Point of Impact to Vehicle***
V E H I C L E 1 Driver (b)(3):Exemption	YES	20:00	NO		NO	YES	16 - OVERTURNED
Passenger							
Passenger							
Passenger							
Passenger							
Passenger							

* This includes any type of EMS service (for example, fire, police, private). If you are unable to furnish the EMS data, please give the name, address and plate number of the ambulances so we can contact them:
 ** To be "extricated", the victim must be pried from the wreckage. Unfastening the seat belt is not considered "extricated".
 *** Indicate the first area of the vehicle that was impacted, for example, right front, undercarriage.

Additional Information

SIGN HERE	Officer's Rank and Signature TROOPER <i>[Signature]</i>	Badge/ID No 3422	Department 15002	Precinct/Post Troop/Zone E3	Station/Beat/ Sector 21	Reviewing Officer CASE, MICHAEL	Date/Time Reviewed 10/30/2012 06:56
	Print Name in Full J O Stelmack						

POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
4806411
SP3E25000860

AMENDED REPORT

1 Accident Date: Month 10, Day 19, Year 2012. Day of Week: Friday. Military Time: 18:30. No. of Vehicles: 1. No. Injured: 0. No. Killed: 1. Not Investigated at Scene: . Left Scene: . Police Photos: Yes No. Accident Reconstructed: .

VEHICLE 1 VEHICLE BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2 VEHICLE 1- Driver License ID Number: UN. State of Lic. UN. Driver Name - exactly as printed on license: (b)(3):Exemption

Address (Include Number and Street): (b)(3):Exemption 3 for. Apt. No. City or Town: State: Zip Code

3 Date of Birth: (b)(3):Exemption. Sex: M. Unlicensed: . No. of Occupants: 01. Public Property Damaged:

Name - exactly as printed on registration: (b)(3):Exemption 3 for. Sex: M. Date of Birth: Month Day Year

4 Address (Include Number and Street): (b)(3):Exemption 3. Apt. No. Haz. Mat. Code: Released: City or Town: State: Zip Code

5 Plate Number: UN. State of Reg.: UN. Vehicle Year & Make: 2011 POLA. Vehicle Type: ATV. Ins. Code: Ticket/Arrest Number(s):

6 Violation Section(s): 1. Check if involved vehicle is: more than 95 inches wide; more than 34 feet long; operated with an overweight permit; operated with an overdimension permit.

7 VEHICLE 1 DAMAGE CODES. Box 1 - Point of Impact: 16. Box 2 - Most Damage: 5. Enter up to three more damage codes: 4, 3, 6. Vehicle By: Towed To:

VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER

8 Place Where Accident Occurred: County STEUBEN. Road on which accident occurred: PRIV. LOT (b)(3):Exemp at 1) intersecting street or 2) 530 feet miles of (b)(3):E (Milepost, Nearest intersecting Route Number or Street Name)

9 Accident Description/Officer's notes: Unit 1 w/b in cornfield behind residence (b)(3):Exemption 3 for 25(c). Op unit 1 loses control of vehicle causing unit to over turn. Op unit 1 ejected. Unit 1 rolls on top of operator and comes to rest back on it's wheels. WITNESS #1 (b)(3):Exemption 3 for 25(c) (b)(3):Exemption

10 Reference Marker: Coordinates (if available) Latitude/Northing: 4662441 Longitude/Easting: 314242

11 Accident Diagram: See the last page of the MV-104A for the accident diagram.

12 Cost of repairs to any one vehicle will be more than \$1000. Unknown/Unable to determine Yes No

13 Names of all involved: (b)(3):Exemption 3 for. Date of Death Only: 10/19/2012

14 Officer's Rank and Signature: TROOPER [Signature]. Badge/ID No.: 3422. NCIC No.: 15002. Precinct/Post Troop/Zone: E3. Station/Beat Sector: 21. Reviewing Officer: CASE, MICHAEL. Date/Time Reviewed: 10/30/2012 06:56

15 Print Name in Full: J O Stelmack

16 All Involved: A, B, C, D, E, F

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USE COVER SHEET

N

Local Codes
4806411
SP3E25000860

POLICE ACCIDENT REPORT

MV-104A (6/04)

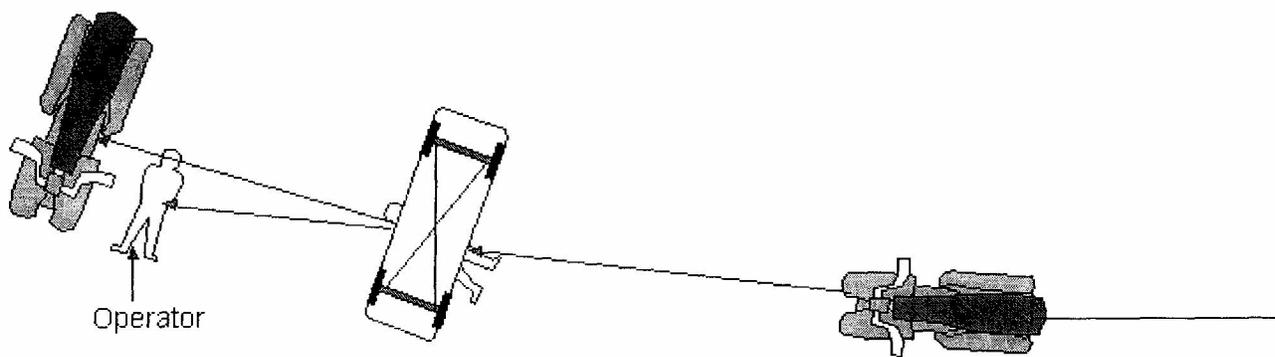
AMENDED REPORT

Accident Date			Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos
Month	Day	Year						<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10	19	2012	Friday	18:30	1	0	1	Accident Reconstructed <input type="checkbox"/>	<input type="checkbox"/>	



NOT TO SCALE

Private Lot (b)(3) Exemption





U.S. Consumer Product Safety Commission

Task Number: 121023HCC1086

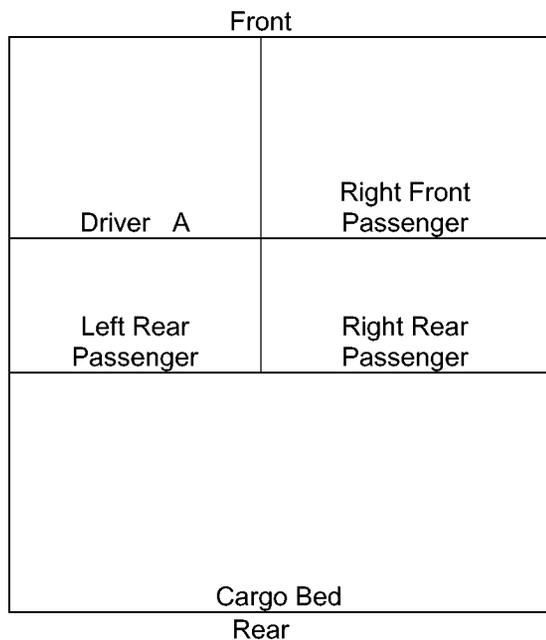
Date: 3/27/13

Status of Missing Document(s)

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

1. photo, utility vehicle
2. medical examiner's report
3. _____
4. _____
5. _____
6. _____

Utility Vehicle Data Record Sheet



The Utility Vehicle

A:	Age: 14	Height: unknown
	Gender: male	Weight: unknown
	Helmet (Y/N): No	Seatbelt (Y/N): No
	Killed/Injured/Neither/Unknown: killed	
	Injury Description: blunt force head injury	
	Did vehicle land on driver A: yes	
	Ejected (Either partially or fully): yes	

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

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

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

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

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

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

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

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

CONTACT INFORMATION:

Contacted on 10/26/12

NY State Police
Bldg 22, 1220 Washington Ave
Albany, NY 12226
(585)398-4100

Monroe County Medical Examiner
740 E. Henrietta Road
Rochester, NY 14623
(585)753-5905

This IDI was initiated from a newspaper article reporting on a death involving a Utility Vehicle (UTV). The article stated that the victim had been using the UTV in the woods during fall deer hunting season and the police investigation supported that information. There was no suspicion of drug or alcohol use and no indication that the victim was wearing seatbelt; he was not wearing a helmet.

In the morning of November 3, 2012 the victim was out hunting and went to park the incident UTV after dropping his weapon off at his deer stand. Apparently, he attempted to navigate a steep incline at an angle, causing the UTV to roll over the passenger side.

After an unknown amount of time, the victim called a fellow hunter in the area on his cell phone and stated that he had rolled the UTV and his arm was now trapped beneath it. When the friend arrived at the scene of the incident the victim's arm was still pinned beneath the UTV but he was still conscious. The responding party called several other individuals who arrived at the scene and helped move the UTV off of the victim's arm; at that time the victim was reported to be dark purple and blue in color and no longer had a pulse. It was not known how long altogether the victim's arm had been pinned beneath the UTV.

Responding emergency service personnel performed life saving measures on the victim but were unable to revive him. They then contacted a local emergency room doctor who pronounced the victim at 9:33 AM.

Attachments

Attachment 1 – Sheriff's Report

Attachment 2 – Missing Document (EMS Report)

BECKER COUNTY SHERIFFS OFFICE DISPATCH ENTRY

CFS #: 245245 ORI: MN0030000 Date: 11/03/2012 Location Name: (b)(3):Exemption 3 for 25(c)

Zone: Reported: Phone Address: (b)(3):Exemption 3 for 25(c)

Incident Case Number: B-12-011376 Operator: Swanson, Jeff City, State, Zip: (b)(3):Exemption 3 for 25(c)

Type of Call: Accident (ATV) Assigned Officer: 6111 Steven Viste Phone: Apt/ Suite #:

PERSONS INVOLVED

Type	Name	Address	City, State, Zip	SSN	Sex	DOB	Phone	Cell #
Victim	(b)(3):Exemption 3 for 25(c)				Male	(b)(3):Exemption 3 for 25(c)		
Reported By	(b)(3):Exemption 3 for 25(c)				M	(b)(3):Exemption 3 for 25(c)		
Other	(b)(3):Exemption 3 for 25(c)					(b)(3):Exemption 3 for 25(c)		

TYPES/ UNITS

Type Unit	Unit/ Driver	Received	Dispatched	Enroute	Arrived	Completed
440 WEAMB		11/03/2012 08:31	False		11/03/2012 09:01	11/03/2012 11:46
6111 Steven Viste		11/03/2012 08:31	False		11/03/2012 09:04	11/03/2012 10:33
6291 St. Marys EMS Crew 1		11/03/2012 08:31	False	11/03/2012 08:39	11/03/2012 09:17	11/03/2012 10:06
6850 Carsonville Fire & Rescue		11/03/2012 08:31	False	11/03/2012 08:38	11/03/2012 08:59	11/03/2012 10:17
USFish & Wildlife		11/03/2012 08:31	False	11/03/2012 08:31	11/03/2012 08:43	11/03/2012 10:41

DETAILS

4 WHEELER ACC MALE PARTY TRAPPED UNDER CALLEER STATES HE IS UNCON
 NORTH MEM CALLED
 CPR STARTED 8:43:55 OR SHORTLY AFTER

440 TRANSPORT BODY TO D.L.

440 TRANSPORTING TO PARK RAPIDS FUNERAL HOME

CONFIRMED WITH DAVID DONEHOWER THAT THE BODY IS NOT COMING THERE

CONTACT WITH CEASE FUNERAL HOME HAS BEEN MADE

958ZQ

Becker County Sheriffs Office
NARRATIVE #2

Case # **B-12-011376** Officer **Viste. Steven** Date **11/03/2012** ORI **MN0030000**

On November 3, 2012 at approximately 08:31 the Becker County Sheriffs Department recieved a 911 call from (b)(3): (b)(3) reporting a male party trapped under a ATV off Whaleys Resort road East of CSAH 35. I arrived on scene along with EMS, Carsonville fire and rescue, White Earth Ambulance, and US fish and Wildlife. Spoke with the first party that had found him and he was identified as (b)(3):Exemption 3 for 25(c) of (b)(3):Exemption 3 for 25(c) Phone# (b)(3):Exemp (b)(3): said that they had been hunting together when he recieved a cell phone call from (b)(3):Exe (b)(3): stating that he had rolled his ATV and his arm was trapped under it and needed help. (b)(3) said that he got there and found (b)(3):E conscious but still trapped. Due to the weight of the machine he couldn't move it. (b)(3):Ex had called (b)(3):Exe and along with Four more individuals had arrived on scene and with the help of (b)(3) (b)(3) ATV (reporting party) wench they where able to lift the machine and pull the body from it. (b)(3):Ex at this time was dark bluish and purple with no pulse. CPR was administered with no luck reviving. EMS personnal contacted ER doctor (NANA TACKIE) who called the time of death at 09:33am.

Deceased was identified as (b)(3):Exemption 3 for 25(c) DOB (b)(3):Exe of (b)(3):Exemption 3 for 25(c) (b)(3): (age 55). (b)(3):Exe at the time of the accident had been operating a 2012 Polaris 800 side by side bearing license# (b)(3): registered to him. (b)(3):Ex had just dropped off his gun at his deerstand and drove a short distance to park the vehicle. He attempted to go up a sharp incline at an angle when the ATV rolled on the passenger side pinning him. (b)(3):Ex was transported to Cease Funeral home in Park Rapids.

Four other individual identified on scene where:

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

Deputy Steve Viste

121113HCC2106

W < S - Snowmobile 6 - 6 wheel ATV
 3 - 3 wheel ATV M - Off road motorcycle
 4 - 4 wheel ATV V - Off road vehicle

Recreational Vehicle Accident Report Form

Accident Type
 F = Fatal
 N = Personal Injury
 P = Property Damage
 F

Date: 11-03-2012 Time: 8:30 AM/PM County or County Number: 03 Phone Number: 218-847-2661 Agency: Sheriff's Dept
 Name of Person or Investigating Officer Completing Report: Deputy Steve Viste
 Address of Person or Investigating Officer (No. & Street, RFD, Box No., City, Zip Code): 925 Lake Ave Detroit Lakes 56501

Machine #1

Operator's Name (First, Middle, Last): (b)(3):Exemption 3 for 25(c) Date of Birth MM/DD/YY: (b)(3):Exemption 3 for Age: 55 Sex: M
 Did operator complete the Dept. of Natural Resources Safety Training? Yes/No: N
 Operator's Experience: D - 1 day W - week 1 - 1 year 5 - 5 years 10 - 10 years +: 10
 Hours spent riding the day of the accident?: 1
 Make: Polaris Model: Ranger Engine Size: 760 CCs Year of Machine: 2012 Estimated Repair Cost: \$ 0
 Ownership: O - owned R - rented B - borrowed F - family machine S - stolen: O
 Registration No.: (b)(3):Exemption 3 for 25(c) Exp. Date: 12/13 State: MN Estimated Speed MPH: N/A Was operator familiar with the area? Yes/No: Yes
 Carbide Wear Rods Yes or No: N
 Operator Alcohol Use: Yes/No: N PBT Used: N - No P - Pass W - Warn F - Fail Chem Test Yes or No: N BAC: N
 Any violations? Yes or No: FATAL Explain: Explain
 Track Studs Yes or No: N
 Any legal action? Yes or No: Explain: Explain
 If Yes: Number of studs in track: Explain: Explain

Machine #2

Operator's Name (First, Middle, Last): _____ Date of Birth MM/DD/YY: ____/____/____ Age: _____ Sex: _____
 Address (No. & Street, RFD, Box No., City, ZIP Code): _____ Did operator complete the Dept. of Natural Resources Safety Training? Yes/No: _____
 Owner's Full Name (First, Middle, Last) (If other than operator): _____ Operator's Experience: D - 1 day W - week 1 - 1 year 5 - 5 years 10 - 10 years +: _____
 Owner's Address: _____ Hours spent riding the day of the accident?: _____
 Make: _____ Model: _____ Engine Size: _____ CCs Year of Machine: _____ Estimated Repair Cost: \$ _____
 Ownership: O - owned R - rented B - borrowed F - family machine S - stolen: _____
 Registration No.: _____ Exp. Date: _____ State: _____ Estimated Speed MPH: _____ Was operator familiar with the area? Yes/No: _____
 Carbide Wear Rods Yes or No: _____
 Operator Alcohol Use: Yes/No: _____ PBT Used: N - No P - Pass W - Warn F - Fail Chem Test Yes or No: _____ BAC: _____
 Any violations? Yes or No: _____ Explain: _____
 Track Studs Yes or No: _____
 Any legal action? Yes or No: Explain: Explain
 If Yes: Number of studs in track: Explain: Explain

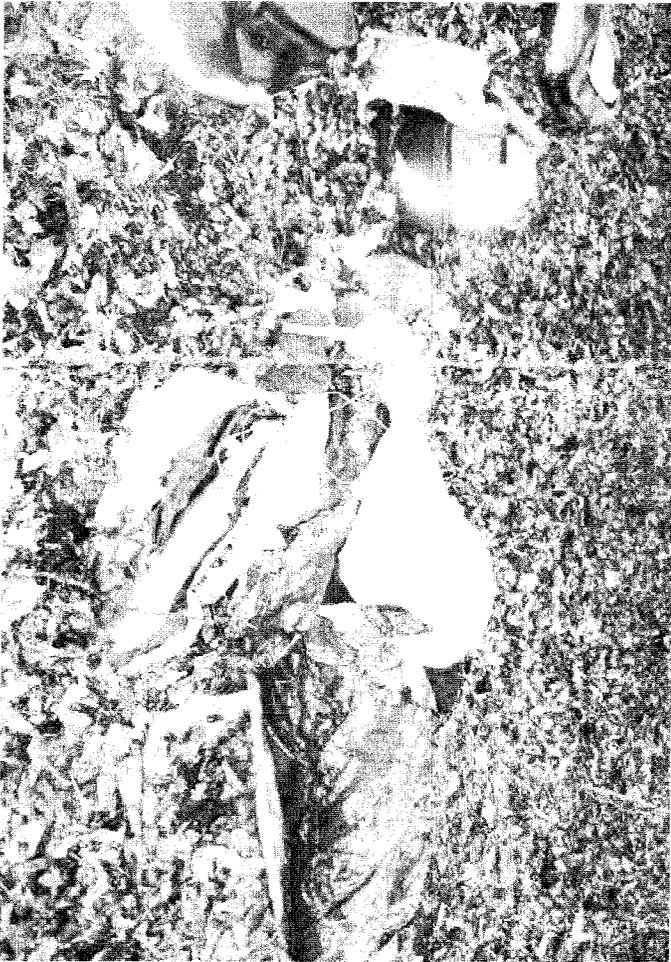
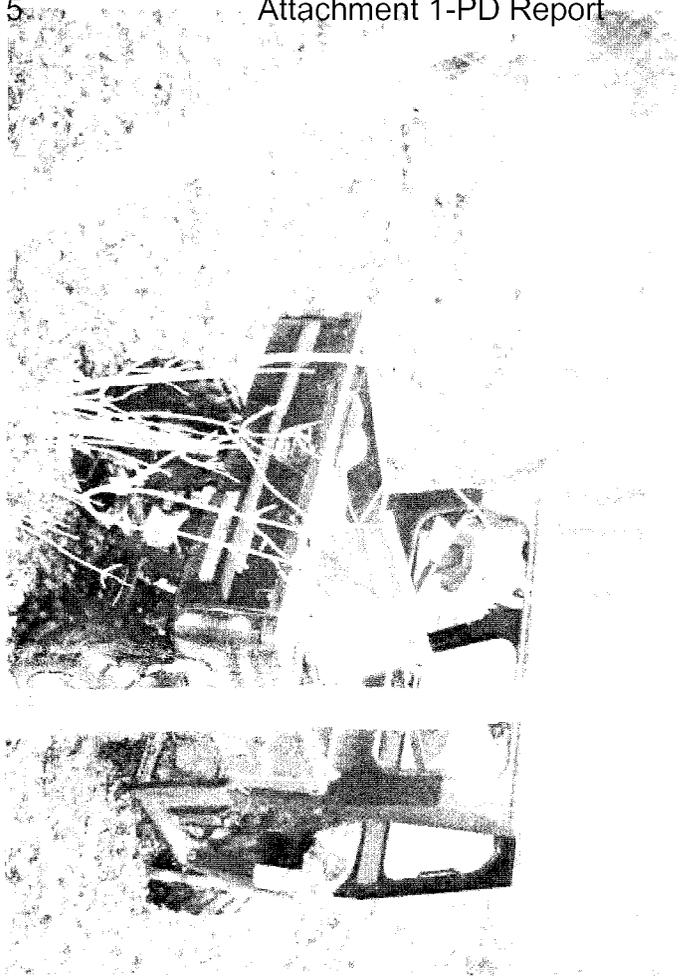
Position
 1 - Operator 2 - Passenger 3 - Pedestrian
 4 - Other (Explain) _____

Casualty
 F - Fatal
 N - Injury

	Injured Name (First Middle Last)	DOB	Age	Sex
A				
B				
C				
D				

The operator or an officer investigating an accident resulting in injury requiring medical attention or hospitalization or death of a person or total damage of 500.00 or more to the machine (\$300.00 for ORV) shall forward within 10 business days to:

MN DNR Enforcement Safety Training
 15011 Hwy. 115
 Little Falls MN 56345







U.S. Consumer Product Safety Commission

Task Number: 121113HCC2106

Date: 12/17/2012

Status of Missing Document(s)

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

1. EMS Incident Report
2. _____
3. _____
4. _____
5. _____
6. _____

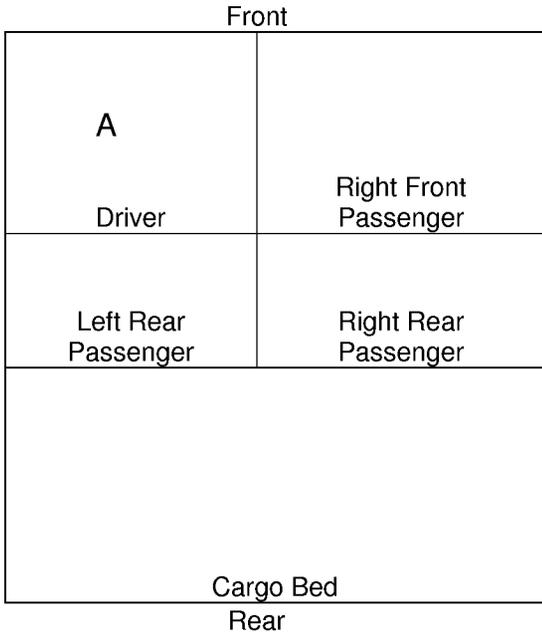
121113HCC2106

Contacts

Becker County Sheriff's Department
Deputy Travis Viste
925 Lake Ave
Detroit Lakes, MN 56501
218-847-1604

White Earth Ambulance Service
26246 Crane Road
White Earth, MN 56591
218-883-3285

Utility Vehicle Data Record Sheet



The Utility Vehicle

A:	Age: 55	Height:
	Gender: M	Weight:
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: Blunt Force Trauma	
	Did vehicle land on victim: Yes	
	Ejected (Either partially or fully): Yes	

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

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

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

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

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

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

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

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

[<< Back](#)

Fla. hunter dies in Minn. ATV crash

Recommend Sign Up to see what your friends recommend.

Posted: Nov 05, 2012 3:49 PM EST

Updated: Nov 05, 2012 3:49 PM EST

PONSFORD, Minn. (AP) - A Florida man has died in an all-terrain vehicle crash during opening weekend of Minnesota's firearms deer season.

The Becker County sheriff's office says 55-year-old **(b)(3):Exemption 3 fo** of North Palm Beach, Fla., was traveling to his hunting site near Ponsford when his ATV rolled, pinning him.

Authorities got a 911 call around 8:30 a.m. Saturday of a hunter trapped under his ATV. **(b)(3)** died at the scene.

At least two hunters died in Minnesota during the deer opener. A 66-year-old deer hunter was shot and killed Saturday morning near Bemidji (behm-ID'-jee).

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1. Task Number 121114HCC2113		2. Investigator's ID 4437		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2012 10 07	5. Date Initiated YR MO DAY 2012 11 15		
6. Synopsis of Accident or Complaint UPC 61 YOM was injured and 5 YOF was killed when she accidentally depressed the gas pedal of the UTV they were in. Neither victim was restrained nor wearing a helmet when incident occurred. UTV apparently operated out of control for some distance before going down a decline, striking several small trees, and then ejecting the occupants. Female victim was taken to the hospital and underwent surgery but to no avail. MFR/PRVLBR NOTIFIED COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <u>66</u> ; <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY <i>1/16/14 le</i>				
7. Location (Home, School, etc) 2 - FARM		8. City ANTIGO		9. State WI
10A. First Product 5044 - UTILITY VEHICLES	10B. Trade/Brand Name TERYX		10C. Model Number 750	
10D. Manufacturer Name and Address KAWASAKI MOTOR CORPORATION P. O. BOX 25252 SANTA ANA, CA 92799-5252				
11A. Second Product 0	11B. Trade/Brand Name NONE		11C. Model Number NONE	
11D. Manufacturer Name and Address NONE				
12A. Hispanic or Latino	12B. Race Other:		12C. Race Source	
13. Age of Victim 5	14. Sex 2 - Female	15. Disposition 8 - Death	16. Injury Diagnosis 62 - Intern. Org. Inj.	
17. Body Part(s) Involved 79 - LOWER TRUNK	18. Respondent 3 - 2nd Hand Info Only	19. Type of Investigation 2 - Telephone	20. Time Spent (Operational / Travel) 4.00 / 0.00	
21. Attachment(s) 9 - Multiple Attachments	22. Case Source 05 - Newspaper		23. Sample Collection Number	
24. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written				
25. Review Date 12/28/2012	26. Reviewed By 8631		27. Regional Office Director Frank J. Nava	
28. Distribution Sarah Garland; Tanya L. Topka			29. Source Document Number X12B0358A	

This IDI was initiated from a newspaper article regarding a fatal Utility Vehicle (UTV) incident. The incident vehicle was being operated by a 61 year-old male who had a five year-old female passenger, his granddaughter, in the UTV at the time the incident occurred. The gentleman was slightly injured but did not require medical treatment, while the female was taken to the hospital and underwent surgery, but later died from her injuries. Neither individual was wearing a helmet nor seatbelt, and alcohol was not a contributing factor. The medical records for the victim have been requested but not yet received.

On the afternoon October 7, 2012 the man and his granddaughter were burning brush on some rural property that he owned. They decided to go for a ride on his UTV so the man entered the UTV and started it and put it in gear. At that point the female apparently jumped into the UTV, either on or over the driver, in an attempt to climb onto the passenger seat (the UTV is a two person, side-by-side design). She inadvertently depressed the gas pedal causing the vehicle to take off suddenly with neither passenger restrained. The UTV reached speeds of approximately 45 miles per hour before it went down a steep decline and then stuck several small trees before each person was ejected. Reportedly neither victim struck any trees, but merely landed in leaves on the ground. Complaining of only sore ribs, the grandfather carried the girl into their nearby home as she had immediately began complaining that her stomach hurt after the incident. Once inside the home the grandfather left the child with her father and went back outside to check on the UTV.

After approximately 5-10 minutes the child began vomiting, her lips turned blue, and her eyes reportedly rolled back in her head. It was determined that she required medical attention and she was transported by private vehicle to a local hospital. Staff there determined she needed surgery so she was flown by medical helicopter to another hospital where the procedure was performed, but unfortunately she succumbed to her injuries.

Attachments

Attachment 1 – Photographs 1-3

Attachment 2 – Department of Natural Resources Report

Attachment 3 – Missing Document

121114HCC2113, Photograph 1 – Front end of Incident UTV



121114HCC2113, Photograph 2 – Damage to steering wheel



121114HCC2113, Photograph 3 – Inside of UTV



OFFICER INCIDENT REPORT FOR: Snowmobile Crash
 ATV Crash

Mail To: WI Department of Natural Resources
 ATT. Bureau of Law Enforcement
 P.O. Box 7921
 Madison, WI 53707-7921

F. Warden
 W. Supervisor
 Rec. Safety Warden

On Scene Investigation
 Post Incident Investigation

Instructions to Officers: Complete all portions of this report. For the purpose of this report, fatal snowmobile and ATV incidents, along with all reportable two-party incidents, shall be investigated. Reportable being injury incidents which require a physician's attention. Two-party incidents are those with two or more machines involved, or one machine and a person not on a snowmobile/ATV. Other snowmobile/ATV incidents may be investigated as time permits.

Report Number 12-C252-004AAD
--

CRASH INCIDENT CRITERIA

Number of Vehicles in crash: 1 Death related to incident? Yes No
 Injuries requiring medical treatment? Yes No Disappearance of person indicating injury or death? Yes No

Date of Incident 10/07/2012	Day of Week Sunday	Time of Day 4:30 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	Location of Incident:		
			<input checked="" type="checkbox"/> Private Land	<input type="checkbox"/> Public Road	<input type="checkbox"/> Public Trail
			<input type="checkbox"/> Public Land	<input type="checkbox"/> Hwy. Right-of-way	<input type="checkbox"/> Lake or Stream
			<input type="checkbox"/> Private Trail	<input type="checkbox"/> Route	
County: Langlade			City or Township: Polar		State: WI

OPERATOR A

Operator's Name (b)(3):Exemption 3 for 25(c)	Telephone Number () -	Owner's Name (if different than operator) same	Telephone Number () -
Address (b)(3):Exemption 3 for 25(c)		Address	
Operator's Date of Birth (M-D-Y) Age 51 Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		City, State, Zip Code	
Operator Completed DNR Snowmobile/ATV Safety Training Course? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Operator's Experience <input type="checkbox"/> 0 – 100 Hours <input checked="" type="checkbox"/> Over 100 Hours	
Was the Operator Wearing A Helmet? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Operator Factor <input type="checkbox"/> Appeared Normal <input type="checkbox"/> Ability Impaired	
Did the Operator Have Eye Protection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Operator's Condition <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Physical Disability <input type="checkbox"/> Using Drugs <input checked="" type="checkbox"/> Other <u>cant determine, was not</u>	
Blood Alcohol Test <input type="checkbox"/> Intoxilyzer <input type="checkbox"/> Blood Results _____ <input checked="" type="checkbox"/> No		reported till the next day.	
Operator Cited For OWI? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statement Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Comments:

OPERATOR B

Operator's Name N/A	Telephone Number () -	Owner's Name (if different than operator)	Telephone Number () -
Address		Address	
City, State, Zip Code		City, State, Zip Code	
Operator's Date of Birth (M-D-Y) Age Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Operator's Experience <input type="checkbox"/> 0 – 100 Hours <input type="checkbox"/> Over 100 Hours	
Operator Completed DNR Snowmobile/ATV Safety Training Course? <input type="checkbox"/> Yes <input type="checkbox"/> No		Operator Factor <input type="checkbox"/> Appeared Normal <input type="checkbox"/> Ability Impaired	
Was the Operator Wearing A Helmet? <input type="checkbox"/> Yes <input type="checkbox"/> No		Operator's Condition <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Physical Disability <input type="checkbox"/> Using Drugs <input type="checkbox"/> Other _____	
Did the Operator Have Eye Protection? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Blood Alcohol Test <input type="checkbox"/> Intoxilyzer <input type="checkbox"/> Blood Results _____ <input type="checkbox"/> No			
Operator Cited For OWI? <input type="checkbox"/> Yes <input type="checkbox"/> No		Statement Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:

OFFICER INCIDENT REPORT FOR ATV/SNOWMOBILE CRASH

VEHICLE A

Vehicle Type <input type="checkbox"/> Snowmobile <input type="checkbox"/> Three Wheel ATV <input checked="" type="checkbox"/> Four Wheel ATV		Name of Passenger – Vehicle A (b)(3):Exemption 3 for 25(c)		Telephone Number (b)(3):Exemption 3 for 25(c)	
Vehicle Rented <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vehicle Borrowed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Address (b)(3):Exemption 3 for 25(c)	
Make of Vehicle Kawasaki UTV		Chassis Serial Number (b)(3):Exemption 3		City, State, Zip Code (b)(3):Exemption 3	
Vehicle Registration Number (b)(3):Exemption 3		Expiration Date 06/30/2014		State WI	
Model of Vehicle UTV		Year 2009		CC/Horsepower 750	
Studded Tracks <input type="checkbox"/> Yes <input type="checkbox"/> No		Estimated Speed At Time of Incident 45 MPH		Was Passenger Wearing A Helmet? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Did Passenger Have Eye Protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

VEHICLE B

Vehicle Type <input type="checkbox"/> Snowmobile <input type="checkbox"/> Three Wheel ATV <input type="checkbox"/> Four Wheel ATV		Name of Passenger – Vehicle A () -		Telephone Number () -	
Vehicle Rented <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Borrowed <input type="checkbox"/> Yes <input type="checkbox"/> No		Address () -	
Make of Vehicle () -		Chassis Serial Number () -		City, State, Zip Code () -	
Vehicle Registration Number () -		Expiration Date () -		State () -	
Model of Vehicle () -		Year () -		CC/Horsepower () -	
Studded Tracks <input type="checkbox"/> Yes <input type="checkbox"/> No		Estimated Speed At Time of Incident MPH		Was Passenger Wearing A Helmet? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Did Passenger Have Eye Protection? <input type="checkbox"/> Yes <input type="checkbox"/> No	

TYPE AND CAUSE OF INCIDENT

ENVIRONMENT

Type Of Incident <input type="checkbox"/> Fell from moving Snowmobile/ATV <input checked="" type="checkbox"/> Collision with fixed object <input type="checkbox"/> Collision with another Snowmobile/ATV <input type="checkbox"/> Collision with moving motor vehicle <input type="checkbox"/> Collision with parked motor vehicle <input type="checkbox"/> Broke through ice <input type="checkbox"/> Driven into open water <input type="checkbox"/> Snowmobile/ATV rolled over <input type="checkbox"/> Struck fence or cable <input type="checkbox"/> Injured by contact with part of Snowmobile/ATV <input type="checkbox"/> Pedestrian struck by Snowmobile/ATV <input type="checkbox"/> Being pulled by Snowmobile/ATV <input type="checkbox"/> Other: _____		Activity at Time Of Incident <input checked="" type="checkbox"/> Recreational <input type="checkbox"/> Farm related <input type="checkbox"/> Sanctioned race/event <input type="checkbox"/> Construction <input type="checkbox"/> Hunting What in Your Opinion Contributed to the Incident? <input type="checkbox"/> Drinking or Drugs <input checked="" type="checkbox"/> Vehicle speed <input type="checkbox"/> Equipment failure <input type="checkbox"/> Failure to yield <input type="checkbox"/> Inexperience <input type="checkbox"/> Trail conditions <input checked="" type="checkbox"/> Other: riding on lap of operator		Weather <input type="checkbox"/> Foggy – Mist <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input checked="" type="checkbox"/> Clear Temperature 50's ° F Trail Condition <input type="checkbox"/> Icy <input type="checkbox"/> Smooth <input type="checkbox"/> Rough <input type="checkbox"/> Muddy <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Other: _____		Visibility <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Day <input type="checkbox"/> Night Road Condition <input type="checkbox"/> Dry <input type="checkbox"/> Snow Covered <input type="checkbox"/> Wet <input type="checkbox"/> Gravel <input type="checkbox"/> Paved <input type="checkbox"/> Other: <u>N/A</u>	
---	--	---	--	---	--	--	--

DESCRIBE WHAT HAPPENED (The Sequence of Events Leading Up to the Incident):

On October 07, 2012 at approximately 4:30 PM, (b)(3):Exempt DOB (b)(3):Ex was burning some brush on property that he owns, but his daughter and granddaughter (b)(3):Ex reside at, when he and (b)(3):Exe decided to go for a ride on his Kawasaki UTV.

According to (b)(3), he got into the driver' side seat and sat down. (b)(3) had the UTV running and in gear, when (b)(3):Ex climbed on his lap in attempts to get into the passenger side of the UTV.

Somewhere in the process, (b)(3):Ex depressed the gas pedal all the way to the floor causing the machine to take off out of control. (b)(3) stated that (b)(3) was located just to his right hand side of (b)(3) standing on the gas pedal.

The vehicle and passengers sped to approximately 45 miles per hour on level land and after approximately 58 feet descended down a steep hill striking multiple trees. Both subjects were thrown from the UTV into the woods. (b)(3) stated that (b)(3):Ex and (b)(3) did not hit any trees or brush and just landed in the leaves in the woods.

The UTV sustained significant damage including the steering wheel being broken into pieces.

(b)(3) said that he did not incur any injuries during the incident other than some sore ribs.

(b)(3):Exe complained that her stomach hurt immediately after the incident. (b)(3) carried (b)(3):Ex back to the house – approximately 100 yards. Once inside, (b)(3):Ex was placed on the couch and (b)(3):Exe father (b)(3):Exe was told that (b)(3) and Emily Essert “rolled the atv”. Walton went outside after a minute or two to check on the UTV.

(b)(3):Exe told her father that her stomach hurt, but was left on the couch. (b)(3):Exe claimed that after 5 to 10 minutes, (b)(3):Exe began vomiting, her lips starting turning blue, and her eyes were rolling back in her head. (b)(3):Exe called his girlfriend (b)(3):Exe mother) (b)(3):Exe who was a short distance away and informed her of what was happening. Within minutes, (b)(3):Exe returned home and rushed (b)(3):Ex to Antigo Memorial Hospital.

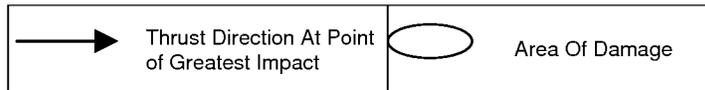
(b)(3):Exe was med flighted to Marshfield clinic and succumbed to fatal internal injuries after 4 hours of surgery.

OFFICER INCIDENT REPORT FOR ATV/SNOWMOBILE CRASH

Draw a Diagram of Crash Incident. Indicate North with an arrow in the circle. (Attach additional sheets if necessary.)



Diagram area of damage on appropriate chart below.



Snowmobile-A



Snowmobile-B



ATV-B



ATV-B



INJURIES/DEATHS

<p>Vehicle (Circle One) Name: _____ Address: _____ City, State, Zip Code: _____ Telephone Number: _____ Date of Birth & Age: _____</p> <p>Was The Victim: <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian</p> <p>Type of Injury: <input type="checkbox"/> Minor – No Permanent Injury <input checked="" type="checkbox"/> Major – Required Hospitalization <input checked="" type="checkbox"/> Fatal</p> <p>Specific Injury: (If more than one, number choices in order of severity)</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Amputation</td> <td><input type="checkbox"/> Laceration</td> </tr> <tr> <td><input type="checkbox"/> Broken Bone(s)</td> <td><input type="checkbox"/> Spinal Injury</td> </tr> <tr> <td><input type="checkbox"/> Burns</td> <td><input type="checkbox"/> Sprain/Strain</td> </tr> <tr> <td><input type="checkbox"/> Contusion</td> <td><input type="checkbox"/> Neck Injury</td> </tr> <tr> <td><input type="checkbox"/> Head Injury</td> <td><input type="checkbox"/> Back Injury</td> </tr> <tr> <td><input type="checkbox"/> Hypothermia</td> <td><input type="checkbox"/> Shock</td> </tr> <tr> <td><input type="checkbox"/> Internal Injuries</td> <td><input type="checkbox"/> Dislocation</td> </tr> </table> <p>Cause Of Death: <input checked="" type="checkbox"/> Trauma/Impact Injury <input type="checkbox"/> Drowning _____ <input type="checkbox"/> Hypothermia <input type="checkbox"/> Other _____</p>	<input type="checkbox"/> Amputation	<input type="checkbox"/> Laceration	<input type="checkbox"/> Broken Bone(s)	<input type="checkbox"/> Spinal Injury	<input type="checkbox"/> Burns	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Contusion	<input type="checkbox"/> Neck Injury	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Back Injury	<input type="checkbox"/> Hypothermia	<input type="checkbox"/> Shock	<input type="checkbox"/> Internal Injuries	<input type="checkbox"/> Dislocation	<p style="text-align: center;">A B</p> <p style="text-align: center;">_____ _____ _____ () _____ _____ & _____</p> <p><input type="checkbox"/> Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian</p> <p><input type="checkbox"/> Minor – No Permanent Injury <input type="checkbox"/> Major – Required Hospitalization <input type="checkbox"/> Fatal</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Amputation</td> <td><input type="checkbox"/> Laceration</td> </tr> <tr> <td><input type="checkbox"/> Broken Bone(s)</td> <td><input type="checkbox"/> Spinal Injury</td> </tr> <tr> <td><input type="checkbox"/> Burns</td> <td><input type="checkbox"/> Sprain/Strain</td> </tr> <tr> <td><input type="checkbox"/> Contusion</td> <td><input type="checkbox"/> Neck Injury</td> </tr> <tr> <td><input type="checkbox"/> Head Injury</td> <td><input type="checkbox"/> Back Injury</td> </tr> <tr> <td><input type="checkbox"/> Hypothermia</td> <td><input 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type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian</p> <p><input type="checkbox"/> Minor – No Permanent Injury <input type="checkbox"/> Major – Required Hospitalization <input type="checkbox"/> Fatal</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Amputation</td> <td><input type="checkbox"/> Laceration</td> </tr> <tr> <td><input type="checkbox"/> Broken Bone(s)</td> <td><input type="checkbox"/> Spinal Injury</td> </tr> <tr> <td><input type="checkbox"/> Burns</td> <td><input type="checkbox"/> Sprain/Strain</td> </tr> <tr> <td><input type="checkbox"/> Contusion</td> <td><input type="checkbox"/> Neck Injury</td> </tr> <tr> <td><input type="checkbox"/> Head Injury</td> <td><input type="checkbox"/> Back Injury</td> </tr> <tr> <td><input type="checkbox"/> Hypothermia</td> <td><input type="checkbox"/> Shock</td> </tr> <tr> <td><input type="checkbox"/> Internal Injuries</td> <td><input type="checkbox"/> Dislocation</td> </tr> </table> <p><input type="checkbox"/> 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<input type="checkbox"/> Hypothermia	<input type="checkbox"/> Shock																																											
<input type="checkbox"/> Internal Injuries	<input type="checkbox"/> Dislocation																																											

WITNESSES (Other Than Operator or Injured Persons)

<p>Name: <u>Operator Only</u></p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>Telephone #: () _____</p> <p>Date Of Birth: _____</p>	<p style="text-align: center;">_____ _____ _____ () _____ _____</p>	<p style="text-align: center;">_____ _____ _____ () _____ _____</p>
---	--	--

INFORMATION SOURCES

<p>Other Investigating Agencies: <u>Langlade County Sheriff's Department</u></p> <p>_____</p>	<p>_____ _____</p>
<p>Other Agencies Rendering Assistance:</p> <p>_____</p>	<p>_____ _____</p>

ATTATCH ALL CASE ACTIVITY REPORTS AND DIAGRAMS

Attachments To This Report:

<input checked="" type="checkbox"/> Narrative/Case Activity Report	<input checked="" type="checkbox"/> Coroner's Report	<input checked="" type="checkbox"/> Statements	<input type="checkbox"/> Other: _____
<input checked="" type="checkbox"/> Diagram Of Incident	<input type="checkbox"/> Citation Or Criminal Complaint	<input checked="" type="checkbox"/> Photographs/Negatives	
<input type="checkbox"/> BAC Report	<input type="checkbox"/> Other Agency Reports	Were Photos Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No By Whom? <u>Warden</u>	

Dauterman and Deputy Mark Hoerman

Enforcement Action Taken (Please Attach Copy Of Citation Or Complaint)
 Yes No If Yes Explain: _____

VALIDATION

Investigation Prepared By: <u>Warden Andrew Dryja</u>	Date: <u>10/09/12</u>	Agency: <u>Wisconsin Department of Natural Resources</u>
Primary Cause Of Incident <u>riding on lap of operator</u>	Secondary Cause Of Incident: <u>no seatbelt</u>	Causes Based On: <input type="checkbox"/> Invest. & Oper. Report <input checked="" type="checkbox"/> Investigation <input type="checkbox"/> Other

REVIEWER

Reviewed By (Supervisor) _____	Date: _____	Agency: _____
--	-----------------------	-------------------------

•• ATTACH ALL CASE ACTIVITY REPORTS AND DIAGRAMS ••



U.S. Consumer Product Safety Commission

Task Number: 121114HCC2113

Date: 12/28/2012

Status of Missing Document(s)

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

1. Medical Records for Victim
2. _____
3. _____
4. _____
5. _____
6. _____

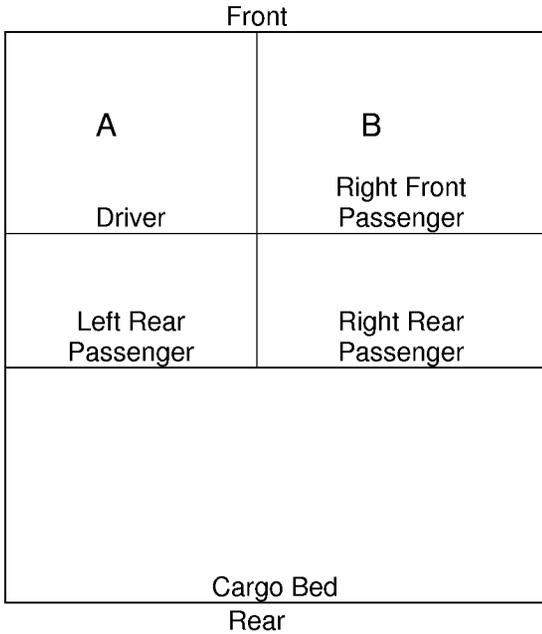
121114HCC2113

Contacts

Wisconsin Department of Natural Resources
PO BOX 7921
Madison, WI 53707

Marshfield Hospital
2116 Craig Road
Eau Claire, WI 54701
715-221-6992

Utility Vehicle Data Record Sheet



The Utility Vehicle

A:	Age: 61	Height: unk
	Gender: M	Weight: unk
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Injured	
	Injury Description: SORE RIBS	
	Did vehicle land on victim: N	
	Ejected (Either partially or fully): FULLY	

B:	Age: 5	Height: unk
	Gender: F	Weight: UNK
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: Internal injuries	
	Did vehicle land on victim: N	
	Ejected (Either partially or fully): Fullv	

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 121114HCC3122		2. Investigator's ID 2259		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2012 10 06	5. Date Initiated YR MO DAY 2012 11 26		
6. Synopsis of Accident or Complaint UPC A 30-year-old male driver and 27-year-old female passenger were traveling in a two seat side by side UTV on a paved rural two lane road in dry condition. Shortly after the road made a slight left hand bend and had straightened out, the vehicle drove off the right hand side of the road. The shoulder immediately drops off at the edge of the road and the UTV left the ground. It struck a T post of a barbed wire fence and was thrown into the air again and flipped. Neither occupant was wearing seat belts or a helmet. The female passenger was ejected and suffered immediate fatal head injuries. The driver received superficial injuries. Driver blood alcohol % was .26. COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. 66; 1/16/14 <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY				
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City COALVILLE		9. State UT
10A. First Product 5044 - UTILITY VEHICLES		10B. Trade/Brand Name POLARIS		10C. Model Number RZR 800 S
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC. 2100 HIGHWAY 55 MEDINA, MN 55340				
11A. Second Product 1871 - FENCES OR FENCE POS		11B. Trade/Brand Name UNKNOWN		11C. Model Number UNKNOWN
11D. Manufacturer Name and Address UNKNOWN				
12A. Hispanic or Latino 2 - No		12B. Race 1 - White Other:		12C. Race Source 3 - Official Document
13. Age of Victim 27		14. Sex 2 - Female		15. Disposition 8 - Death
16. Injury Diagnosis 57 - Fracture		17. Body Part(s) Involved 75 - HEAD		18. Respondent 3 - 2nd Hand Info Only
19. Type of Investigation 2 - Telephone		20. Time Spent (Operational) / Travel 14.00 / 0.00		
21. Attachment(s) 9 - Multiple Attachments		22. Case Source 05 - Newspaper		23. Sample Collection Number
24. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written				
25. Review Date 01/17/2013		26. Reviewed By 9067		27. Regional Office Director Frank J. Nava
28. Distribution Sarah Garland; Tanya L. Topka			29. Source Document Number X12B0342A	

This investigation was initiated through a news article which indicated a woman died in an off road vehicle accident. The woman was a passenger in the vehicle. The driver was injured but not fatally. This report will be a review of official reports only with information obtained from a review of State Park Ranger reports, EMS reports and Autopsy reports. The driver of the UTV is being prosecuted for vehicular homicide.

The deceased victim in this incident is a 27 year old female who was approximately 5' tall and 150 pounds. Nothing else is known about her history. Her blood alcohol concentration (BAC) following the accident was .06%

The injured victim is a 30 year old male. He was the driver of the UTV at the time of the accident. No other background information is known about this victim. His BAC following the accident was .26%. This is more than three times the legal limit to operate a motor vehicle in the state where this incident occurred.

The product involved in this incident is a side by side off road utility vehicle. (UTV) It is a two passenger vehicle with side by side seating. The vehicle did not have any side doors but did have a steel tube bar partially blocking the egress on each side of the vehicle. There was a hand grip T-bar installed in the dash of the passenger side. (Photo below)

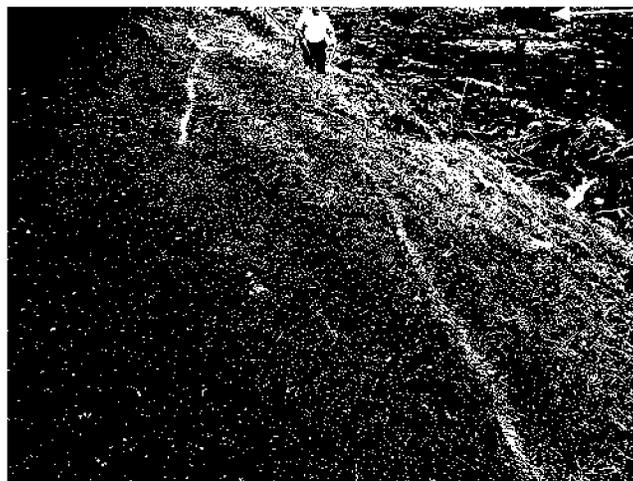


No other information is known about the involved vehicle or if the driver was the owner.

The incident occurred on October 6th approximately 4:55 PM. The temperature was approximately 60°, winds were calm, the skies were clear and the road surface was dry. The victims were traveling North bound on a rural two lane paved road. The incident occurred on a straight portion of the road right after coming out of slight left bend. (Image Below)



The UTV drove off the right hand shoulder of the road for an unknown reason. The driver would not give a statement to the investigating law enforcement official per his attorney. Immediately off the right shoulder, the terrain drops off. After leaving the road the UTV went airborne for approximately 50ft. After hitting the ground again it rolled approximately 15 before striking a barbed wire fence T-Post. This vaulted the UTV in to the air again this time rolling and/or flipping as it traveled in the air.



UTV Final position

Deceased victim is behind officer in image

T-Post

The passenger was ejected from the UTV during this period of time in the air. The UTV hit the ground while still in some form of torque movement. Its direction of travel shifted to a right turn direction from its original path and it rolled or flipped over a pile of brush and came to rest on the tires facing South approximately 33 feet East of the fence. All tires were flat. There is no estimation of speed given in the investigative report. There were no identifiable slide, skid or yaw marks on the pavement where the vehicle traveled off the road. Neither occupant was wearing restraint belts or a helmet.

EMS and law enforcement responded to the scene and the passenger was declared dead at the scene. The driver was transported to a hospital in a metropolitan area approximately ½ hour away where he was treated and released with his major complaint being low back pain. He did have superficial head lacerations as well.

An autopsy was performed on the passenger. (Exhibit #3) The cause of death was listed as:

1. Blunt force trauma of the head.
 - a. Ring skull fracture.
 - b. Linear skull fracture from ring fracture along right occipital and parietal bones.
 - c. Diffuse subgaleal contusion, posterior head.
 - d. Facial abrasion; lower lip and chin.
2. Additional blunt force trauma.
 - a. Scattered minor cutaneous abrasion and contusion of torso and extremities.
3. Ethanol Intoxication

The law enforcement report (Exhibit #2) and their photographs (Exhibit #1) were obtained for this report along with EMS reports (Exhibit #4) and an autopsy report for the victim (Exhibit #3)

PRODUCT DESCRIPTION:

The product involved in this incident is a POLARIS INDUSTRIES 2012 RZR 800 S side by side UTV. No VIN number is included in the report and the color of the vehicle in the provided pictures is not a color offered in the 2012 model year by the manufacturer as shown on their web site but it is reported in the law enforcement report as a 2012.

Manufacturer:

Polaris Industries
2100 Minnesota Highway 55
Medina, MN 55340
(763) 542-0500

Retailer:

Unknown

Specifications:

Identification

Model Type Sport Utility
BASE MSRP(US) **\$12,699.00**

Engine:

Engine Type	Longitudinal In-Line
Cylinders	2
Engine Stroke	4-Stroke
Cooling	Liquid
Valves	4
Valves Per Cylinder	2
Valve Configuration	OHV
Bore (mm/in)	80 / 3.15
Stroke (mm/in)	76 / 2.99
Displacement (cc/ci)	760 / 46.4
Compression Ratio	10:1
Starter	Electric
Fuel Requirements	Regular
Fuel Type	Gas
Fuel Injector	Yes
Fuel Injector Size (mm)	40
Carburetor	No
Carburetion Type	Fuel Injected

Transmission:

Transmission Type	Continuously Variable (CVT)
Primary Drive (Front Wheel)	Shaft
Primary Drive (Engine / Transmission)	Belt
Reverse	Yes
Transmission Brand	Polaris Variable Transmission (PVT)
Hi / Low Range	Yes

Wheels & Tires:

Wheels Composition	Aluminum
Front Tire Diameter (in)	27
Rear Tire Diameter (in)	27
Tire Brand	ITP
Front Tire Width	9
Front Wheel Diameter	12
Rear Tire Width	12
Rear Wheel Diameter	11
Front Tire (Full Spec)	ITP 900 XCT: 27 x 9-12
Rear Tire (Full Spec)	ITP 900 XCT: 27 x 11-12
Tread Type	All Terrain

Brakes:

Front Brake Type	Hydraulic Disc
Rear Brake Type	Hydraulic Disc
Engine Braking	Standard

Suspension:

Front Suspension Type	Independent Double A-Arm
Front Travel (in/mm)	12 / 305
Front Adjustable Fork Pre-Load	Yes
Front Stabilizer Bar	Yes
Rear Suspension Type	Independent Double A-Arm
Rear Travel (in/mm)	12 / 305
Rear Adjustable Shock / Spring Pre-Load	Yes
Number Rear Shock Absorbers	2
Rear Suspension Material	Steel
Rear Stabilizer Bar	Yes
Air Adjustable	No

Steering:

Steering Type	Manual
Steering Control	Steering Wheel
Tilt Steering	Standard

Technical Specifications:

Length (ft)	8.67
Width (in/mm)	60.5 / 1537
Height (in/mm)	70.5 / 1790
Wheelbase (in/mm)	77 / 1960
Ground Clearance (in/mm)	12.5 / 320
Length (ft/ft)	8
Length (ft/in)	8
Dry Weight (lbs/kg)	1022 / 464
Payload Capacity (lbs/kgs)	740 / 335.6
Towing Capacity (lbs/kgs)	1500 / 681
Fuel Capacity (gal/l)	7.3 / 27.4
Engine Displacement to Weight (cc)	0.76

Seats:

Seat Type	Bucket
Seat Material	Vinyl
Folding	No
Headrest	Yes
Number Of Seats	2
Number Of Rows	1
Grab Rail or Strap	Standard

Exterior:

Frame	Steel
Body Material	Plastic
Chain Guard	No
Engine Case Guard	No
Brush Guard	Yes
Exhaust Guard	No
Front Mud Guards	No
Rear Mud Guards	No
Exterior Covers	Standard
Front Bumper	Standard
Bash Plate (Front)	Yes
Cab Cage	Standard
Cab Rollbar	Standard

Instrumentation:

Digital Instrumentation	Standard
Clock	Standard
Tachometer	Standard
Trip Odometer	Standard
Speedometer	Standard
Hour Meter	Standard
Temperature Warning Type	Light
Fuel Level Warning Type	Gauge

Pricing:

Warranty (Months/Condition)	6 / Limited
-----------------------------	-------------

Identification:

Generic Type (Primary)	Sport Utility
Manufacturer Country	USA
Introduction Year	2009
Manufacturer Recommend Minimum Age	16
Display Name	Ranger® RZR® S 800

Towing & Hauling:

Tongue Weight (lbs/kgs)	150 / 68
Rear Hitch Type	Receiver

Drive Line:

Driveline Brand	On-Demand™
Driveline Type	Selectable 4X2 / 4X4
Number Of Driveline Modes	2
Rear Unlocking Differential	No
Rear Solid Axle	No
Limited Slip Differential Location	Center

Convenience:

Power Outlet	Standard
Seat Belts	Standard

Storage:

Bed Length (in/mm)	22 / 560
Bed Height (in/mm)	6.5 / 165
Bed Width (in/mm)	42 / 1070
Bed Capacity (lbs./kgs.)	300 / 136.1
Cargo Bed Tilt	No
Bed Volume (ft3/m3)	3.48 / 0.1
Integral Tie-Down Hooks	Yes
Front Storage Well	Standard

Lights:

Halogen Headlight (s)	Standard
-----------------------	----------

Paint & Finish:

Metallic	No
----------	----

ATTACHMENTS:

Exhibit #1:	Photos Provided by Investigating Law Enforcement Agency (6 pages, 12 Photos)
Exhibit #2:	Law Enforcement Report
Exhibit #3:	Autopsy Report
Exhibit #4:	Passenger EMS Reports
Exhibit #5:	Driver EMS Reports
Exhibit #6	UTV Data Record Sheet

CONTACTS:

- 1: Park City Fire District – EMS – Contacted 12-17-2012
736 Bitner Road
Park City, UT 84098
(435) 649-6706

- 2: Utah State Park Rangers – Law Enforcement – Contacted 11-26-2012
1594 West North Temple
Suite 116
Salt Lake City, UT 84114

- 3: Utah Medical Examiner’s Office – Medical Examiner – Contacted 12-17-2012
48 N. Mario Capechi Dr.
Salt Lake City, UT 84113



Photo 1: Overview from where vehicle left the road



Photo 2: Vehicle returned to ground, rolled forward to fence post, then into air again after impacting post



Photo 3: Victim under sheet. Orange paint circles where vehicle returned to ground, then rolled to right out of frame



Photo 4: Post struck by vehicle



Photo 5: Reverse view from victim to road exit point



Photo 6: Final resting point of UTV in relation to victim and post



Photo 7: Front



Photo 8: Rear



Photo 9: Driver's Side



Photo 10: Passenger Side



Photo 11: Interior

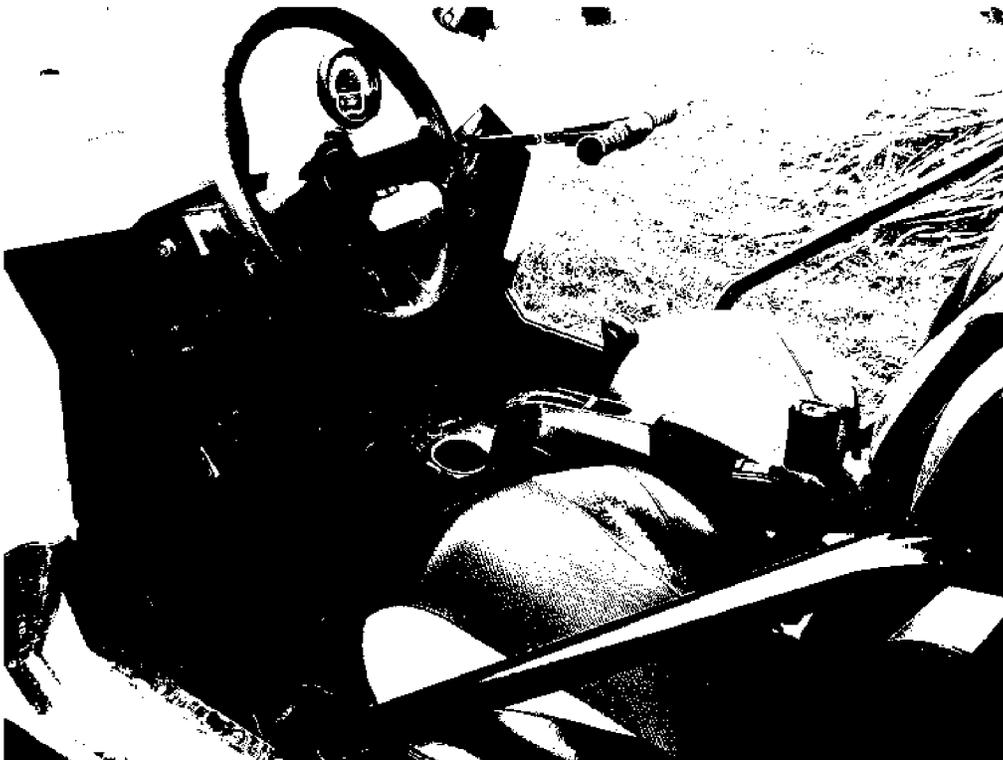


Photo 12: Interior

Case 2012-001745

UTAH Parks - 1594 West North Temple suite 116 Salt Lake City, Utah 84114

Retrieved December 18th 2012

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Case Details

Case Number: 2012-001745
 Refer To Investigations: Yes
 Original Date: Oct 6, 2012, 4:55 p.m.
 Original Location: North Icy Springs Road, COALVILLE, Summit, COALVILLE
 Status: New
 Description: (b)(3): Exemption 3 for 25(c)

People

(b)(3): Exemption 3 for 25(c) Passenger
 Aliases:
 Gender: Female
 Race: White
 Ethnicity: non Hispanic
 Blood Alcohol: 0.06
 Incidents: I435084,I409016,I409015,L454114

(b)(3): Exemption 3 for 25(c) Driver
 Aliases:
 Gender: Male
 Race: White
 Ethnicity: non Hispanic
 Blood Alcohol: 0.24
 Incidents: I435084,L454114,I409016

Vehicles

2012 POLARIS INDUSTRIES RZR 800 S AMETHYST Vehicle Accident

Plate:
 Plate Expires: Mar 31, 2013
 VIN:
 Style: OHV Off Highway Vehicle
 Make: POLARIS INDUSTRIES
 Model: RZR 800 S
 Color: AMETHYST
 Manufacture Year: 2012
 Value: \$5,000.00
 Estimated Damage Amount: \$1,500 or MORE

People
 Passenger: (b)(3): Exemption 3 for 25(c)
 Driver:
 Owner:

Incident

L454114

121114HCC3122 Exhibit #2
Case 2012-001745

Page 2 of 13

Page 2 of 13

Retrieved December 18th 2012

UTAH Parks - 1594 West North Temple suite 115 Salt Lake City, Utah 84114**Public Copy****Incident**

Occurred Time: **Oct 6, 2012, 4:55 p.m.**
 Reported Time: **Oct 6, 2012, 4:55 p.m.**
 Field Report: **R588357 UTACCIDENT Report - 2012-001745 (North Icy Springs Road) (Unofficial)**
 Reporting Officer: **Zachary Howick**

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

Vehicles: **2012 POLARIS INDUSTRIES RZR 800 S AMETHYST**

(b)

Synopsis

Vehicle #1, being operated by (b)(3):Exempt was traveling north bound on Icy Springs Road when he lost control of his 2012 Polaris Razor 800 S. (b)(3):Exemptio was riding as a passenger in the Razor. Mr. (b)(3):E was heading north bound just past the cattle guard on Icy Springs Road (an asphalt road). The road banks left. To the right is a downhill slope and a barb wire fence. Vehicle #1 went off the road to the right and traveled down the slope and struck a T-Post. This caused the vehicle to flip and ejected the passenger. The vehicle came to rest approximately 33 feet from the fence and was facing south.

Initial Call/ response

On Saturday October 6th at approximately 16:51, Summit County Dispatch received a call of an OHV accident on Icy Springs Road. RP was (b)(3):Exempt. Several Summit County units responded to the scene. Dispatched advised that the RP's girlfriend's lips where purple, she was not breathing, and her eyes were glazed over. The first deputy to arrive verified the victim's status and had dispatch request AirMed. Summit Deputies asked if a Park Ranger was on duty and dispatch requested me to respond to the scene. At approximately 16:55 I was en route and at 17:05 I arrived on scene.

Patient Care

When I arrived on scene, several EMS units were working on the victim, (b)(3):Exemptio. They were doing CPR and trying to get an airway. The RP (b)(3):Exempt, was up and walking. He was quickly ushered towards a waiting ambulance. He was placed onto a backboard and then onto a gurney. He had head trauma and EMS was concerned about neck, back, and internal injuries. (b)(3): family (mother and father) were at the scene. I told them that I would come to the hospital and talk with (b)(3). He was then transported by Ambulance to the U of U medical center. During this time AirMed arrived on scene and the flight nurse was assisting EMS with Ms. (b)(3):Ex. They could not revive the victim and she was pronounced dead at the scene. At approximately 17:36 Summit Deputies requested an ME to respond.

Evidence Gathered at the Scene

At the scene I observed the following. There were no skid marks on the roadway leading up to the point where the vehicle left the road. The vehicle traveled approximately 66 ft. down the embankment before striking the T-Post. The front of the vehicle struck the ground 15 ft. prior to hitting the T-Post. The vehicle then rolled ejecting the passenger (b)(3):Exe. The vehicle then rolled several times and landed on its wheels facing south approximately 33 ft. from the fence. The victim was lying approximately 30 ft. from the OHV on the fence line. Her head was north. EMS stated that the victim was not moved and was at that location when they arrived. Several items were thrown from the OHV during the accident. To the west of the T-Post, a rifle in a scabbard was found on the embankment. To the east a glove and parts of the roof where found. All items were photographed and documented in the diagram. I inspected the rifle and made it safe. The rifle was a Savage model bolt action (left handed). There was a round chambered in the action. I cleared the rifle and documented it. I then released the rifle to (b)(3): father.

Inspection of the OHV

The OHV came to rest in an upright position on its wheels and was facing south (see photos). All tires were flat. The A-arm on the passenger side rear had broken. There was blood on the rear of the machine (cargo area) and passenger seat. There was visible damage to the front end of the machine and the passenger side roll bar was damaged. There was visible scuff marks to the front of the machine (see Photos). The OHV was towed by Moore's (Coalville) as a hold for Owner.

Contact with ME

Summit County sent Alan Siddoway (County ME) to the scene. After he did his initial investigation of the victim, he contacted me by phone. He stated that he could detect an odor of an alcoholic beverage coming from the deceased. He also stated that he would assist in anyway with the ME's report for our investigation.

Case 2012-001745

UTAH Parks - 1594 West North Temple suite 116 Salt Lake City, Utah 84114

Public Copy**Incident****Zachary Howick**

Contact with Mr. (b)(3):E at the U of U Hospital

I made contact with Mr. (b)(3):Ex family at the hospital. The hospital staff was concerned about his well-being and did not want me to talk with him about the accident (at that time he was not told that (b)(3) was deceased). He made several comments to staff and family that if she had died that he would kill himself. The doctor stated that there was no reason to hold him at the hospital (no injuries) and they could not make him stay, but the family wanted to keep him overnight for observation. I talked with both his parents and the doctor. I told them my intention to get a blood draw due to the severity of the accident. That upset the family and I stated that I did not want to make it any worse for him or the family and would be willing to make contact with him tomorrow at his parent's house. I left and contacted LT. Stucki and told him about the situation. He stated that we could get a search warrant for the admissions blood from the hospital. I then updated Joe Donnell (Park Supervisor) of what the LT had told me.

The next day I was contacted by Mr. (b)(3):Exe attorney, (b)(3):Exemption 3 for 25(c). He advised me that he had informed his client not to talk with me or answer any questions regarding the accident.

As of today, I have not gotten any statement from Mr. (b)(3):Ex regarding the accident.

Other Information

Coordinates:

Scene

N 40 54'59.6

W 111 24'35.3

Case #s

State Park- 2012-001745

Summit County- 12-L24063

Park City Fire District (EMS reports)- 125148

Photo Log

- 1- Looking South from Road way (scene overview)
- 2- Position of OHV
- 3- EMS and Fire working on victim
- 4- EMS and Fire working on victim
- 5- EMS and Fire working on victim
- 6- Damage to rear tire of OHV
- 7- EMS and Fire working on victim
- 8- EMS and Fire working on victim
- 9- Position of Rifle
- 10- Position of Property that was thrown from the OHV (see Diagram)
- 11- Position of Property that was thrown from the OHV (see Diagram)
- 12- Roof parts (see Diagram)
- 13- Passenger side of OHV
- 14- Front OHV
- 15- Driver side of OHV
- 16- Rear of OHV
- 17 Interior of OHV
- 18- Interior of OHV
- 19- Victim was pronounced dead
- 20- Victim was pronounced dead
- 21- Victim was pronounced dead
- 22- Victim was pronounced dead
- 23- Victim was pronounced dead
- 24- Victim was pronounced dead
- 25- AirMed (south of accident scene)
- 26- AirMed (south of accident scene)
- 27- OHV travel line from the position of the victim
- 28- OHV travel line from the position of the victim
- 29- Rear of OHV

Case 2012-001745

UTAH Parks - 1594 West North Temple suite 116 Salt Lake City, Utah 84114

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Incident

Zachary Howick

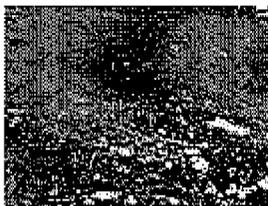
- 30- Rear of OHV
- 31- Location were OHV left roadway
- 32- Location were OHV left roadway
- 33- Showing scuff marks coming off of the incline
- 34- First impact site prior to the t-post
- 35- Travel line to the t-post
- 36- Impact at t-post
- 37- Location of the body to t-post
- 38- Location of the body
- 39- Location of debris pile north of the body
- 40- Location of debris pile next to OHV
- 41- First impact with ground from OHV
- 42- Impact with the t-post
- 43- Travel line coming off the road way
- 44- Travel line coming off the road way
- 45- Travel line coming off the road way
- 46- Travel line coming off the road way
- 47- Travel line coming off the road way
- 48- Location of body at the end the travel line
- 49- Location of the body
- 50- Debris pile
- 51- Location of OHV to debris field

Attachments



25.JPG

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34.JPG

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6.JPG

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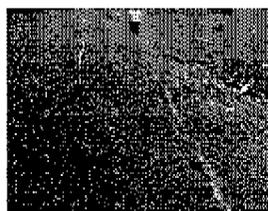
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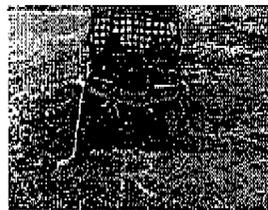
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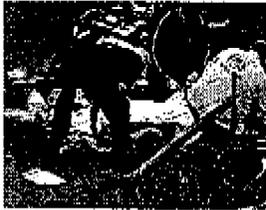
Case 2012-001745

UTAH Parks - 1594 West North Temple suite 116 Salt Lake City, Utah 84114

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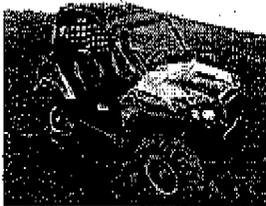
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Case 2012-001745

UTAH Parks - 1594 West North Temple suite 116 Salt Lake City, Utah 84114

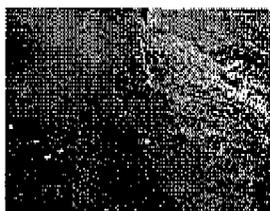
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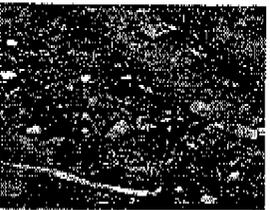
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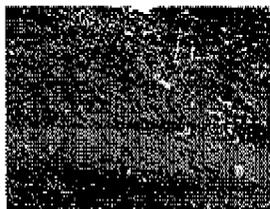
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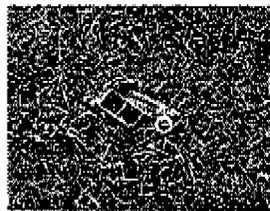
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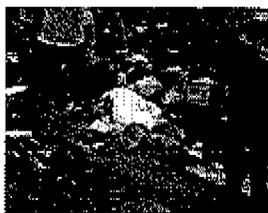
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UTAH Parks - 1594 West North Temple suite 116 Salt Lake City, Utah 84114

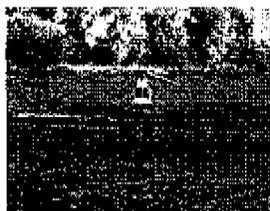
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26.JPG

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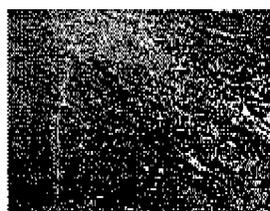
38.JPG

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37.JPG

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45.JPG

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39.JPG

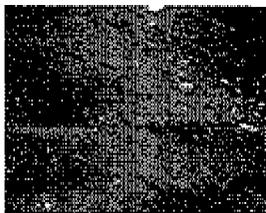
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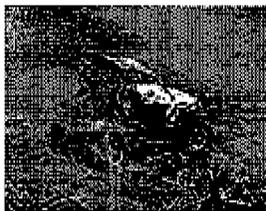
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Attachments



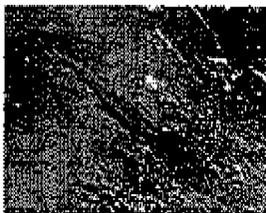
46.JPG

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2.JPG

Download Attachment (198 KB)



9.JPG

Download Attachment (207 KB)



15.JPG

Download Attachment (198 KB)



1.JPG

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17.JPG

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Report

Date Created	Report No.	Reporting Officer	Title	Supplemental	Pending Review / Status
Oct. 7, 2012	R588357 [Open / Print]	Zachary Howick	UTACCIDENT Report - 2012-001745 (North Icy Springs Road)		<i>Committed</i>